

# National Indian Health Board



Submitted via email: [rosemarie.downer@fns.esda.gov](mailto:rosemarie.downer@fns.esda.gov)

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Rosemarie Downer  
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U.S. Department of Agriculture  
3101 Park Center Drive Room 1014  
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**Re: Assessment of the Barriers that Constrain the Adequacy of Supplemental Nutrition Assistance Program (SNAP) Allotments**

Dear Rosemarie Downer:

On behalf of the National Indian Health Board (NIHB), I write to submit comments on the Food and Nutrition Service's request for comments regarding current barriers restricting the adequacy of the Supplemental Nutrition Assistance Program (SNAP). Established in 1972, the NIHB is an inter-Tribal organization that advocates on behalf of Tribal governments for the provision of quality health care to all American Indians and Alaska Natives (AI/ANs). The NIHB is governed by a Board of Directors consisting of a representative from each of the twelve Indian Health Service (IHS) Areas. Each Area Health Board elects a representative to sit on the NIHB Board of Directors. In areas where there is no Area Health Board, Tribal governments choose a representative who communicates policy information and concerns of the Tribes in that area with the NIHB. Whether Tribes operate their entire health care program through contracts or compacts with IHS under Public Law 93-638, the Indian Self-Determination and Education Assistance Act (ISDEAA), or continue to also rely on IHS for delivery of some, or even most, of their health care — the NIHB is their advocate.

SNAP is a critical anti-hunger and anti-poverty program utilized by a considerable number of AI/AN individuals and families living on reservations. According to data released by the USDA Food and Nutrition Service in their January 2012 report to Congress, approximately "...24 percent of AI/AN households received SNAP benefits in 2010, whereas 13 percent of the U.S. population received SNAP benefits." In total numbers, that same report documented that 540,000 AI/AN individuals received SNAP benefits in 2008, including an additional 260,000 who identified as both AI/AN and White.

Food insecurity has long been a serious concern for residents of Indian Country. For instance, the USDA has classified the entire Navajo Nation, which encompasses over 27,000 square miles— a landmass roughly the size of West Virginia—as a food desert with only 10 fully operable grocery stores. Moreover, it is not uncommon for residents to travel upwards of 240 miles roundtrip to

access a supermarket. Additionally, a 2011 study published in the National Library of Medicine documented that of the 29 federally-recognized Tribes in the state of Washington, 22 of them either own or have land held in trust by the federal government. Of those 22 Tribes with land holdings, “Seventeen reservations lacked a supermarket, and of these 15 also lacked a grocery store but had a convenience store. Five others lacked any on-reservation food stores, while eight of the 16 grocery stores and five of the nine supermarkets were all on one large reservation. Convenience stores were thus the most and supermarkets the least common on the reservations studied.” These statistics only provide a spotlight on the challenges in healthy food access faced by a few Tribal communities. Nevertheless, food insecurity across all of Indian Country remains a pressing concern that requires a comprehensive analysis.

As is well-documented in scientific literature, there are clear correlations between food insecurity and high chronic disease morbidity rates. AI/AN individuals and families living in food deserts are no exception to this rule. Tribal communities have long experienced lower health status when compared to other Americans and they continue to experience disproportionate health disparities. In 2011, the Indian Health Service reported that roughly 80% of AI/AN adults are classified as being either overweight or obese, and 1 in 2 AI/AN youth are slated to develop diabetes in adulthood. In 2009, the Centers for Disease Control and Prevention (CDC) reported that AI/AN youth are the only demographic with rising obesity rates, while in 2007 the Department of Health and Human Services (HHS) reported to Congress that since 1990, obesity rates have doubled for 12-19 year old AI/AN youth and tripled for 6-11 year olds. This rise has been matched with a 68 percent increase in diabetes rates for 15-19 year old AI/AN youth between 1994-2004, as reported by the American Diabetes Foundation (ADA).

Within this very notice on the Federal Register, the Food and Nutrition Service documented that, “The Supplemental Nutrition Assistance Program (SNAP) is intended to alleviate food insecurity among low-income households.” We applaud FNS’ recognition of this integral role that SNAP can play. However, much more needs to be done to address the inequities faced by AI/AN individuals and households in Indian Country in order to accomplish SNAP’s objectives.

In 2016, the First Nations Development Institute developed a telling report outlining the “food price index” for Indian Country. The report analyzed average nationwide prices for commonly consumed foods such as milk, eggs, bread, apples, ground beef, tomatoes, coffee and Cheetos. With the disheartening but unsurprising exception of Cheetos, each and every food item was more expensive in Indian Country by an average range of 30 to 75 cents, while Cheetos cost roughly 45 cents less. Although the study was not representative of all of Indian Country, it covered both grocery stores and convenience stores in Tribal communities in South Dakota, Arizona, New Mexico, North Carolina and Washington State.

What this study demonstrates is that not only are residents of Indian Country beset with high rates of food insecurity; lack of access to fresh, healthy foods; poverty; and high mortality rates—but that these barriers are further exacerbated by higher prices for the little healthy food available. Although AI/AN communities living on or near reservations have access to supplemental food sources to offset lack of access to grocery stores, such as the congressionally enacted Food Distribution Program on Indian Reservations (FDPIR), many AI/AN households remain reliant on SNAP benefits as a primary or additional source of income for food. Therefore, proper assessments of current usage, allotments and environmental factors such as food pricing and access need to be made in order to properly prescribe solutions for improving the program.

We applaud FNS' decision to assess how SNAP can be more equitably and effectively utilized. The National Indian Health Board has set forth several recommendations to improve how SNAP can be used in Tribal communities.

**1. Conduct a national analysis of food deserts in rural, urban and reservation-based AI/AN communities.**

- Developed by the USDA Economic Research Service, the publically available “Food Desert Locator” provides a map of food deserts nationwide. A close view of the interactive map clearly demonstrates the glut of fresh and healthy food available on or near Tribal reservation-based communities. However, no special demarcation nor analysis has identified what percentage of Indian reservations overall are classified as food deserts. Collection of this data is critical. A comprehensive analysis of reservation-based food deserts would bring much-needed awareness to the inequities faced by Tribal communities, while also building evidence-based support for targeted policy and programmatic interventions.

**2. Collect and update data to provide a clear representation of AI/AN individuals registered to receive SNAP benefits**

- In 2010, the USDA reported that 24 percent of AI/AN households received SNAP benefits as opposed to 13 percent of the general U.S. population. However, data detailing the number of AI/AN recipients of SNAP has not been updated in nearly a decade. Given that more Tribal households are reliant on SNAP benefits in comparison to the general U.S. population, it would benefit USDA to assess the number of households receiving services. Such an analysis would shed light on where SNAP outreach and nutrition education is needed most, and can also assist USDA in determining how many Tribal SNAP recipients live in food deserts.

**3. Adjust SNAP benefits to reflect the higher cost of food in Tribal communities**

- In 2016, First Nations Development Institute released a report that analyzed food costs in Indian Country in comparison to their average cost nationwide. The results provided a clear picture of the stark disparities in food costs. Moreover, not only do Tribal

communities face inequities in access to healthy foods, the limited food available is also more expensive and more out of reach in many parts of Indian Country that experience high levels of poverty. Therefore, we recommend that SNAP utilize their analysis of food deserts in Indian Country to adjust SNAP benefits to align with the true cost of food in Tribal communities.

**4. Increase SNAP nutrition education funding to \$3 million and provide set-asides for Tribes.**

- Currently, nutrition education programs are funded at less than \$1 million annually in Indian Country. Although USDA has made strides towards improving access to such education—including increases in nutrition education funding for AI/AN residents on reservations through the Food Distribution Program on Indian Reservations (FDPIR)— Tribes remain woefully underfunded in this regard. Additionally, portions of SNAP-Ed monies are not allocated specifically for Tribes, which means that Tribes are forced to compete with states and counties to receive funding. FNS can convey its dedication towards better health outcomes in Indian Country by increasing funding for nutrition education programs and creating programs that are tailored specifically for Tribes through direct Tribal set-asides.

**5. Connect with Tribal leaders and Inter-Tribal Organization (ITO) administrators in order to obtain their input on how to more effectively direct SNAP.**

- Executive Order 13175 requires all federal agencies to engage in meaningful, robust consultation with Tribes and Tribal organizations prior to enacting policies that may have implications for Indian Country. Although we applaud FNS’ request for comments on this issue, we believe that the most important and needed recommendations will come from open dialogue with Tribes. Therefore, we encourage FNS to engage ITO offices and Tribal governments and gain their input on how best to adjust SNAP benefits, eligibility and application requirements in order to better meet the needs of AI/AN recipients.

We appreciate the USDA FNS for their continued efforts to engage Tribes and improve the livelihood of Indian Country. Thank you for your consideration of these recommendations. Please contact Devin Delrow, NIHB Federal Relations Director at [ddelrow@nihb.org](mailto:ddelrow@nihb.org) if you have any questions on the concerns raised above.

Sincerely,

Lester Secatero  
Chairman, National Indian Health Board