



# NATIVE NUTRITION POLICY

Historical Context, Barriers and  
Solutions, and Recommendations  
for Advocacy and Policymakers

# ACKNOWLEDGEMENTS

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*A Partner With Communities Where Children Come First*

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# INTRODUCTION

Since time immemorial, innovative and thriving food systems have provided the nutrition needed to maintain solid and diverse Native communities. Unfortunately, since contact with European settlers, the decisions and policies imposed on Native communities by settler colonial powers shape and impact nutrition realities in Native communities. Before discussing present-day nutrition policies in Indian Country, it is essential to examine the consequences of those policy choices and the resiliency and strength of Native communities throughout time.

To better understand Native nutrition policy needs, First Nations Development Institute (First Nations) collaborated with Tahoma Peak Solutions (TPS), a Native woman-owned firm. TPS facilitated research through a literature review and interviews with key subject matter experts across Indian Country to identify barriers and solutions to nutritional deficits in Native communities. Through this work, TPS identified current and emerging issues and recommendations for advocacy and tribal, state, and federal policymakers. Nutrition policy is a critical community investment impacting the quality of life of present and future generations.





*“So much of [nutrition policy] work is rooted in the changing of relationship: relationship with each other, relationship with land, relationship with ancestors.”*

– VALERIE SEGREST, M.A.  
Muckleshoot

## RESEARCH METHODOLOGY

TPS conducted a literature review of secondary research data sources, including media coverage, web-based sources, and published reports. Those initial findings identified gaps in available data and trends that shaped the development of learning questions used to conduct key stakeholder and subject-matter expert interviews. Interviewees received an honorarium for their time and knowledge-sharing. (See Appendix A for interview questions.) Participants were chosen based on professional and lived experience, and invited to participate through a personal invitation. Their backgrounds included registered dietitians, public health professionals, environmental health scientists, nurses, community herbalists, and federal nutrition program administrators, spanning a diverse, regional representation of Native communities. TPS did a qualitative analysis of the 10 interviews and identified common themes through common keywords or phrases identified during that process. TPS then analyzed the data gathered in the 10 interviews and literature review and organized them into the themes identified: barriers and solutions to nutritional deficits in Native communities, current and emerging issues, and advocacy opportunities, found below.

# A BRIEF HISTORY OF NATIVE NUTRITION POLICY IN INDIAN COUNTRY

Native nutrition policies need to be formed by Native communities and reflect a holistic understanding of nutritional needs. To fully understand Native nutrition policy today, it is necessary to understand the historical inception and cultural context of nutrition in Native communities. Native foodways have always been strong, vibrant, and a critical lifeway to the holistic health and well-being of Native communities. The United States government has used nutrition policies as a tool of control and assimilation, which have caused both intended and unintended consequences on the health of Native communities. Nutrition policy in Indian Country takes many forms through legislation and decisions that impact food access programs, soil health, water safety, religious freedom, and political sovereignty. Through a Native lens, nutrition is about reciprocal relationships with the land, water, and plant and animal relatives. It also includes food access, treaty rights, tribal sovereignty, traditional spiritual and cultural practices, and is in many cases, intertwined with creation stories. Current Native nutrition policies should reflect this interconnection as it addresses historical consequences of past negative policies and supports the health of future generations across Indian Country.

## *Thriving Ancestral Native Foodways and Settler Colonial Arrival*

Since time immemorial, Native peoples have sustainably managed lands and waters and created food systems integrated with their environments. Native communities in what is now known as the United States have always been diverse in their languages, spiritual beliefs, traditions, societal traditions, and geographical location; however, communal care and land management were central practices to feed their people seasonal, diverse, and nutritionally dense foods. Native communities organized entire societies and political structures around food-resource management and saw themselves as inextricably connected to water and land relatives. The focus on foodways supported people's health through a communal and interdependent network. Languages and creation stories revolved around seeking, cultivating, preparing, and sharing foods.<sup>1</sup> Native communities provided food for their people through diverse management practices and technologies, such as burning undergrowth annually, clearing and replanting forests, building canals, planting fields of maize, hunting bison, and netting salmon.<sup>2</sup> There was an abundance of plants, seafood, and wild game across the managed land and waters. For thousands of years before European contact, Native communities thrived due to their societal ties to a traditional diet consisting of nutritionally robust foods.<sup>3</sup> The great diversity of managed

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1 Segrest, Valerie and Janie Simms Hipp. *Traditional Food Knowledge Among Native Americans*. American Federation of Teachers, 2020. Available at: [https://www.aft.org/hc/fall2020/segrest\\_hipp](https://www.aft.org/hc/fall2020/segrest_hipp)

2 Mann, Charles C. *1491: New Revelations of the Americas before Columbus*. New York: Knopf, 2005. Pg 363.

3 *Traditional Food Knowledge Among Native Americans*

foods consumed also provided a nutrient-rich diet that upheld health by addressing and preventing nutrition-related diseases.<sup>4</sup> Additionally, complex networks of trade routes spanning the continent connected Native communities. These trade routes led to the exchange and spread of goods, including foods and seeds, which led to a diverse diet and a system of complex disaster preparedness.<sup>5</sup> Native communities flourished due to their community-centric practices to transform vast swaths of landscape to meet their agricultural needs.<sup>6</sup>

When colonizers invaded the continent, starting with the accidental arrival of the lost Christopher Columbus in 1492, they brought their distinct worldview focused on controlling and extracting natural resources to spur personal and aristocratic capital. The first Western European colonists in what is known as the Americas today did not recognize the complex managed food system they encountered because of different Western agriculture practices. Through private land ownership and control, resource control and extraction became the central driving factor of colonial efforts across the continent in direct conflict with Native communities' way of life since time immemorial. Contact decimated Native populations through disease, targeted genocide, and overt control of land and water. Before European arrival, impressive Native cities and towns had a population somewhere between 90 to 112 million people, more than Europe during the same period.<sup>7</sup> Disease, alone, claimed the lives of 80 to 100 million Native people by the first third of the 1600s.<sup>8</sup> An estimated 80% to 95% of the Native American populations died within the first 100-150 years of European contact with the Americas.<sup>9</sup> This decimation of Native American populations and foodways with the arrival of Europeans also destroyed the ecosystems they managed, and without sustainable land management practices, the forests grew thicker, and untended maize fields filled in with weeds and then bushes and trees.<sup>10</sup> Throughout settler colonialism, targeted policies continued to impact Native communities' nutrition policy and health realities; nevertheless, Native communities continued to resist control and sustain ancestral practices to care for the health of their communities.

## Treaty-Making Era

Historical treaties with the United States affirm the inherent sovereignty of American Indian nations today as tribal governments maintain nation-to-nation relationships with the federal government.<sup>11</sup> Between 1774 and 1871, the newly formed United States government used the 377 negotiated treaties as a tool to legitimize

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4 *Traditional Food Knowledge Among Native Americans*

5 Indigenous Trade routes. Native America Calling. Podcast. March 2019. Available at: <https://www.nativeamericacalling.com/wednesday-march-27-2019-indigenous-trade-routes/>

6 *1491: New Revelations of the Americas before Columbus*. Pg 108.

7 *1491: New Revelations of the Americas before Columbus*. Pg 108.

8 *1491: New Revelations of the Americas before Columbus*. Pg 108.

9 The National Archives. *Native North Americans*. The National Archives. April 21, 2023.

Available here: <https://www.nationalarchives.gov.uk/education/resources/native-north-americans/>

10 *1491: New Revelations of the Americas before Columbus*. Pg 371.

11 *Land Tenure History*. The Indian Land Tenure Foundation. Available at: <https://iltf.org/land-issues/history/>

their status as an independent nation.<sup>12</sup> Treaty-making demonstrates the settler colonialism mindset of capitalism and highlights how Indigenous people have always viewed their relationship to the land. Native ancestors understood how important it was to maintain access to usual and accustomed (U&A) fishing, hunting, and gathering areas to protect their foodways and cultural practices for future generations. Treaties are some of the most influential pieces of the environmental and nutritional legislature due to the protections in accessing traditional lands and waters for the spiritual and nutritional health of Native communities. Foods have always been, and will continue to be, a lifeway of culture. In negotiations with Native nations, American officials promised that Indian reservations would always belong to the tribes, with treaty payments and provisions included.<sup>13</sup> The treaties implemented policies that controlled Native people's access to land and waters and, therefore, foodways as a tool of assimilation and punishment. These calculated decisions and informal policies led to large-scale, formal policies that decimated many cultural practices and food systems. After treaty-making ended in 1871, the United States government continued to exploit tribal resources and attempted to dismantle tribal land ownership and cultural traditions.

## *Removal, Reservation Systems, and the Boarding School Era*

The first official removal policy by the United States federal government was the Indian Removal Act of 1830, resulting in the forced relocation of many Eastern Native American tribes from their ancestral lands. This displacement further disrupted the management of, and access to, traditional food sources and dietary practices. These policies severed access to the lands and waters Native peoples had cared for, and from which they received sustenance for generations. The 1850 Donation Land Claim Act expanded the colonization of spaces historically used for food cultivation. The Homestead Act of 1862 encouraged the settlement of Native American lands, further disrupting traditional food systems and removing people from traditional lands. Land became individual property taken by force rather than stewarded by communities. For example, in the Southwest in 1863, the U.S. military carried out a “scorched earth” policy to forcibly remove the Navajo Tribe, burning houses and crops, slaughtering livestock, and vandalizing properties.<sup>14</sup>

Indian boarding school policies existed from 1819 to 1969, and by 1925, over 80% of Native youth attended boarding schools away from their families.<sup>15</sup> While there, Native children could not practice their cultural traditions, including speaking Native languages, planting food, gathering, and preparing with the explicit goal to

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12 *American Indian Treaties: Supporting Documentation*. National Archives and Records Administration.

Available here: <https://www.archives.gov/research/native-americans/treaties/supporting-documentation>

13 *Broken promises*. Why Treaties Matter. Available at: <http://treatiesmatter.org/exhibit/welcome/broken-promises/>

14 *Navajo Nation*. Indian Health Services. Available at: <https://www.ihs.gov/navajo/navajonation/>

15 Maillacheruvu, Sara Usha. *The Historical Determinants of Food Insecurity in Native Communities*. Center on Budget and Policy Priorities. October 4, 2022. Available at: <https://www.cbpp.org/research/food-assistance/the-historical-determinants-of-food-insecurity-in-native-communities>

“kill the Indian, save the man.”<sup>16</sup> Boarding schools replaced traditional nutritional fuels with fast and complex carbs, such as flour and sugar.<sup>17</sup> This fuel absorbs quickly into the bloodstream, causing insulin levels to rise to accommodate the higher spike in sugar, contributing to the surge of Type 2 diabetes and obesity. This generational displacement removed children from their pathway of nutritional abundance grounded in their culture. The diet shift altered a generation of Native children’s taste buds and created preferences for Western foods, as opposed to historically nutritionally dense foods their ancestors had eaten.<sup>18</sup> This disconnection and disruption from traditional healthy foodways had catastrophic implications for the health of future generations.



*Dining hall, Carlisle Indian Industrial School, 1901.*

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- 16 Official Report of the Nineteenth Annual Conference of Charities and Corrections (1892) 46-59. Reprinted in Richard H. Pratt, “The Advantages of Mingling Indians with Whites,” *Americanizing the American Indians: Writings by the “Friends of the Indian” 1880-1900* (Cambridge, Mass.: Harvard University Press, 1973), Pg. 260.
- 17 Romero-Briones, A-dae (2019). *Fighting for the taste buds of our children*. *Journal of Agriculture, Food Systems, and Community Development*, 9(Suppl. 2), 35–43. Available at: <https://doi.org/10.5304/jafscd.2019.09B.020>
- 18 *Fighting for the taste buds of our children*.

## Allotment, Indian New Deal, and Reorganization

The General Allotment Act of 1887, also known as the Dawes Act, promoted assimilation and the breakup of communal Native American lands, leading to further loss of collective food resources and land management that had guided communities from time immemorial.<sup>19</sup> This act instituted allotment, dividing tribal land into private property to practice European-style agriculture. The effect was to destabilize Native communal life further and change collective ownership to individual ownership or allotment. The act caused many reservations to split apart, shifting tribes with nomadic lifestyles to sedentary ones. This act opened land to mining, railroads, and development. From 1887 to 1934, Native people lost two-thirds of their post-treaty landholdings, leaving tribal nations with 48 million acres.<sup>20</sup> Land access and control are central to the health of Native communities. Allotment further separated and isolated tribes, many times on lands which their ancestors did not manage or practice foodways. In 1928, The Merriam Report, a federal government-requested study, revealed just how extensively the federal government's policies had oppressed American Indian people for generations, including the Dawes Act.<sup>21</sup> In response to the report's findings, the Indian Reorganization Act of 1934, also known as the Indian New Deal, ended allotment as official federal policy and allowed tribal nations to draft governments and constitutions to promote self-governance and cultural preservation.<sup>22</sup> However, policies did not specifically address nutrition or health concerns, and it would be another 40 years before most residential schools closed. The Indian New Deal allowed tribes to manage some of their affairs without Bureau of Indian Affairs involvement, but paternalism and lack of Native-specific programming persisted. In the 1950s, a steady increase began of those across Indian Country impacted by diet-related Type 2 diabetes, a disease never before experienced by Native Americans.

## Termination, Relocation, and Civil Rights

Assimilation efforts continued well into the 20th century, alongside the fierce defense of culture and tribal sovereignty, culminating in a push for civil rights for Native communities. In 1954, the U.S. government's termination policy terminated the tribal status of numerous groups and cut off previous assistance to tribal citizens, with the intention to assimilate Native Americans into mainstream society. This policy also included The Indian Relocation Act of 1956, which enticed Native people with false promises of education and jobs to move to urban areas. This policy increased Native American migration to urban centers from 1952 to 1972, further disconnecting people from their land and fresh, traditional foods and leading to a more sedentary lifestyle. These policies led to the continued loss of a million acres of tribal lands, traditional food sources, cultural identity, and connection, and exacerbated food insecurity and poor nutrition.<sup>23</sup> This was one of the most blatant attacks

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19 *Land Tenure History.*

20 Project 1492. *1887-1928: Allotment and Assimilation.* Available here: <https://project1492.org/category/allotment-assimilation/>

21 *1887-1928: Allotment and Assimilation.*

22 *1887-1928: Allotment and Assimilation.*

23 Project 1492. *1945-1961: Termination.*

on tribal sovereignty. The federal government aimed to terminate tribes as governments and nullify all of its obligations to tribes. The termination of hundreds of tribes occurred mainly in resource-rich areas. The 1960s saw increased violence, harassment, and explicit exclusion of Native fishers by white commercial and sport fishers in traditional fishing waters promised and protected in treaties signed with the federal government in the Great Lake Region and Pacific Northwest region. These clashes led to Native communities organizing and resisting through peaceful protests called “Fish Ins,” and resulted in policy and court rulings to uphold tribal sovereignty. Fish Ins spurred coalition-building and support between Black and Indigenous folks.<sup>24</sup> Native communities continued to push for the rights they were promised and equitable access to nutrition projects.

## *Continued Nutrition Program Creation and Self-Determination*

The second half of the 20th century saw a rapid creation of federal nutrition programs that still provide vital nutrition access to communities across the United States, including Native communities. The National School Lunch Act was passed in 1946, followed by the Child Nutrition Act of 1966 introduced by President Lyndon B. Johnson. It authorized all federal school meal and child nutrition programs, and provided millions of children, including Native children, free or reduced-price school meals still today.<sup>25,26</sup> While many of these programs were important for Native communities to have access to nutrition, especially children, the provided foods continued to be mostly commodity foods, disconnected from cultural practices and without tribal input. Following a period of broad civil rights struggles and activism across the United States, the decade of the 1960s saw a dramatic increase in Native-specific food assistance services. The demand for improved healthcare services for Native American communities culminated in establishing the National Indian Health Board in 1969, which recognized the importance of nutrition education and access to healthy food.

During this time, the courts reinforced tribal sovereignty. One of the most significant decisions regarding treaty rights was the Boldt Decision of 1974, reaffirming the treaty rights of Washington State tribes. This decision forced the state of Washington to support access to fishing rights in the “usual and accustomed territories” and empowered tribes as co-managers of salmon fisheries.<sup>27</sup> In the Great Lakes Region, two lengthy federal cases, *People v. LeBlanc* and *U.S. v. Michigan*, were critical to defining and upholding treaty-created fishing rights.<sup>28</sup> Tribal management brought a positive change in the abundance of salmon and shellfish in the region,

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24 Mahoney, Adam. *Activist Recounts the Forgotten History of Black-Native Solidarity*. Capital B. Jul 7, 2023  
Available here: <https://capitalbnews.org/mariame-kaba-qa/>

25 Congressional Research Service. *Child Nutrition Reauthorization (CNR): An Overview*. April 2022. <https://crsreports.congress.gov/product/pdf/IF/IF10266>

26 <https://www.fns.usda.gov/cna-amended-pl-111-296>

27 *Introduction to United States v. Washington*. Indian and Tribal Law. University of Washington Gallagher Law Library  
Access here: <https://lib.law.uw.edu/c.php?g=1239321&p=9069754>

28 Clarke Historical Library. *Treaty Rights and the Great Lakes Fishery*. Central Michigan University. <https://www.cmich.edu/research/clarke-historical-library/explore-collection/explore-online/native-american-material/native-american-treaty-rights/contemporary-issues/treaty-rights-and-the-great-lakes-fishery#a7>

and increased access to local and traditional foods and a source of income. In 1975, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) expanded to include Native Americans. Still today, this program provides access to nutritious foods, nutrition education, and healthcare referrals for low-income, pregnant women, new mothers, and young children. The Indian Self-Determination and Education Assistance Act of 1975, also called Public Law 93-638, authorized federally recognized tribes to operate government services for their communities. This act was essential to ensuring that individual Native communities could shape programs to best serve their communities. It served as the basis for tribes to create not only tribal governments, but also, schools and health facilities. A few years later, the Food Stamp Act of 1977 established the Supplemental Nutrition Assistance Program (SNAP) and the Food Distribution Program on Indian Reservations (FDPIR).<sup>29</sup> FDPIR was authorized to provide nutritious foods to low-income Native American households and to give those living in rural reservations an alternative to the food-stamp program, which required participants to shop in grocery stores that required as much as a full day of travel to access.<sup>30</sup>

The American Indian Religious Freedom Act of 1978 impacted spiritual and cultural practices connected to foodways, including potlatch, previously outlawed for almost 100 years. This act revitalized foodway ceremonies inextricably intertwined with food consumption, traditions, and knowledge-sharing. In 1980, the “Dietary Guidelines for Americans” profoundly impacted nutrition standards for the following decades. The guidelines set the standard for all federal nutrition programs, including those accessed by Native people. The National Nutrition Monitoring and Related Research Act of 1990 mandated an updated version every five years based on current bodies of nutrition science. The Dietary Guidelines Advisory Committee would ensure compliance with the act, provide opportunities for public input, and develop the next edition of the “Dietary Guidelines.” In 1989, with the inception of the National Association of Food Distribution Programs on Indian Reservations (NAFDPIR), a collection of tribal representatives acted as consultants and advocates for tribes in this process. This allowed Native communities to have their voices heard by federal controllers of the program. The Native American Nutrition and Health Promotion Act of 1990 aimed to improve nutrition education and access to healthy foods in Native communities. It explicitly recognized the importance of traditional foods in Native diets and sought to promote their consumption. Later in 1992, the Native American Nutrition and Elder Care Act funded nutrition education programs targeting Native elders and Native American communities more broadly. The Native American Graves Protection and Repatriation Act of 1992 provided vital legal protection for Native American cultural items, including traditional ones associated with food practices. These increases in legal protections further contributed to the work in Indian Country to regain sovereignty over Indigenous food systems.

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29 Pindus, N, Hafford, C. *Food security and access to healthy foods in Indian country: Learning from the Food Distribution Program on Indian Reservations*. J Public Affairs. 2019. Pg.1. Available at: <https://doi.org/10.1002/pa.1876>

30 *Food security and access to healthy foods in Indian country: Learning from the Food Distribution Program on Indian Reservations*.

## Indigenous Food Sovereignty Movement and Increased Respect for Tribal Sovereignty

Today, there are 574 federally recognized tribal nations and Alaska Native villages in addition to state-recognized and unrecognized tribes across the United States.<sup>31</sup> Native-controlled lands comprise more than 100 million acres, making the combined scale of Indian Country roughly the size of the state of Montana.<sup>32</sup> Indian Country has abundant social, economic, and political power and has come together significantly to impact nutrition policy positively. The Indigenous Food Sovereignty Movement has spurred much of what started in the early part of the 21st century. It has worked to increase Native control over their food systems, while acknowledging the ceremonial connection to food, land, society, and economies.<sup>33</sup> In 2010, the Healthy, Hunger-Free Kids Act passed, which set new nutrition standards for school meals, including those served in Native American schools. These standards aimed to increase the availability of fruits, vegetables, whole grains, and low-fat dairy products, while limiting the amount of sodium, saturated fat, and added sugars in school meals. In September 2016 and occurring yearly, the First Annual Conference on Native American Nutrition brought together more than 450 Native leaders, academics, and public health workers to collaborate and support the growing movement to restore Native American health by reclaiming traditional diets and foodways, and increasing access to nutritious food.<sup>34</sup> The Native Farm Bill Coalition helped advocate for the 63 tribal parity and pilot programs provisions in the 2018 Farm Bill.<sup>35</sup> This included a \$5 million demonstration project to procure foods for FDIPIR packages through the 638 provision.<sup>36</sup> Crucial Native representation

***“You have to go back over 100 years. Every tribe suffered from major disruptions to their food system. Each [tribe] had a food system that sustained their health. We have plenty of evidence. We had a whole lifestyle and food system supporting outstanding health.”***

**– KIBBE MCGAA  
BROWN, RD**

Oglala Band of Lakota

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31 Leichenko, R. (2018). *Housing and economic development in Indian Country: Challenge and opportunity*. New York: NY: Routledge.

32 Leichenko, R. (2018). *Housing and economic development in Indian Country: Challenge and opportunity*. New York: NY: Routledge.

33 <https://www.firstnations.org/publications/food-sovereignty-assessment-tool-2nd-edition/>. Pg 4

34 *Native American Nutrition: September 26-27, 2016*. University of Minnesota. Available at: <https://nativenutrition.umn.edu/past-conferences/first-annual-conference-native-american-nutrition>

35 Native Farm Bill Coalition. *2022 NFBC Gaining Ground Report*. Available here: <https://www.nativefarmbill.com/gaining-ground>

36 *2022 NFBC Gaining Ground Report*.

impacts have brought a vital Native perspective to policy-shaping. One example is the 2021 appointment of Secretary Deb Haaland, a citizen of the Laguna Pueblo Nation, as the first Native person appointed Secretary of the Interior, the federal administration that oversees land and land access in the United States. In the fall of 2022, the Biden-Harris administration announced new actions to support Indian Country nutrition centered on increasing traditional food access for tribes and in nutrition programs.<sup>37</sup> These actions included the United States Department of Agriculture (USDA) and U.S. Department of the Interior (DOI) efforts to restore bison populations and serve tribally produced bison in future child nutrition programs.<sup>38</sup> To further this work, DOI committed to adopting Indigenous-based land and agricultural management practices and metrics for BIA-managed lands.<sup>39</sup> The USDA and DOI announced they would hold listening sessions to receive feedback on barriers and solutions to inform guidance on improving sustainability for flora and fauna biodiversity and sound Indigenous agricultural practices.<sup>40</sup> Native communities have always been resilient and are continuing on a path to further bring revitalized Native nutrition to their communities.



*Dee Briones, Big Valley Rancheria Tribal Member, Seaweed Gathering.*

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37 *Fact Sheet: Biden-Harris Administration Announces New Actions to Support Indian Country and Native Communities Ahead of the Administration’s Second Tribal Nations Summit.*

38 *Fact Sheet: Biden-Harris Administration Announces New Actions to Support Indian Country and Native Communities Ahead of the Administration’s Second Tribal Nations Summit.*

39 *Fact Sheet: Biden-Harris Administration Announces New Actions to Support Indian Country and Native Communities Ahead of the Administration’s Second Tribal Nations Summit.*

40 *Fact Sheet: Biden-Harris Administration Announces New Actions to Support Indian Country and Native Communities Ahead of the Administration’s Second Tribal Nations Summit.*

# SUMMARY OF FINDINGS: BARRIERS AND SOLUTIONS TO NUTRITIONAL DEFICITS IN NATIVE COMMUNITIES

A rooted understanding of historical impacts on Native communities is necessary to build the groundwork for thriving nutrition and health in Native communities. Despite countless targeted efforts to eradicate Native culture, Native communities have held onto and passed down cultural traditions and innovative practices to address community health issues. Policies have shaped harmful nutrition consequences in Native communities and can be used to shape thriving, culturally rooted nutritional guidelines decided, and controlled, by tribes. Future Native nutrition policy should be driven by a multisectoral approach, which includes nutrition, agriculture, education, environmental, and health care policies. Insights from Native nutrition leaders provide helpful insights into nutritional barriers and solutions in Native communities.

## *Native Nutrition Data, Participatory Research, and Data Sovereignty*

Nutrition research, which informs and provides the basis for policy decisions in Indian Country, should always be led by, or created in, partnership with Native communities and leverage strength-based interventions. Projects should focus on specific goals the community wants to achieve through participatory research by ensuring the community is involved in every level and every stage of a study. Data on specific Native communities is limited or nonexistent. American Indians and Alaska Natives comprise around 2% of the U.S. population. It is challenging to find data on Native people in existing databases because they are often included in an “other” category, or are not included in studies at all.<sup>41</sup> The lack of uniform communication streams across Native communities poses difficulties and creates a severe information gap as policymakers attempt to understand realities and identify solutions to health disparities. Improving the collection and handling of data in Indian Country will improve health equity and outcomes in Indigenous Communities. Improving how we form, interpret, and handle data disaggregated by race and ethnicity is central to the pursuit of health equity.<sup>42</sup> For example, the National Health and Nutrition Examination Survey (NHANES), the survey on United States population diet consumption that informs the dietary guidelines, does not explicitly include American Indian, Alaskan Native, or Native Hawaiian as race identification options. In the 2017-2020 report, race and ethnicity categories were only “non-Hispanic,” including options for white, black,

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41 *Fact Sheet: American Indians and Alaska Natives –By the Numbers*. Administration for Native Americans. Available at: <https://www.acf.hhs.gov/ana/fact-sheet/american-indians-and-alaska-natives-numbers>

42 Rubin, Victor, Danielle Ngo, Ángel Ross, Dalila Butler and Nisha Balaram. *Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health*. Available at: [http://www.policylink.org/sites/default/files/Counting\\_a\\_Diverse\\_Nation\\_08\\_15\\_18.pdf](http://www.policylink.org/sites/default/files/Counting_a_Diverse_Nation_08_15_18.pdf)

43 *Continuous NHANES 2017-March 2020 Pre-Pandemic*. Centers for Disease Control and Prevention. Available at: <https://wwwn.cdc.gov/nchs/data/nhanes3/ResponseRates/ACS-Population-Totals-For-2017-March2020-508.pdf>

**“[Native] dietitians and non-Native dietitians should understand it takes time to build rapport and trust. Trust is huge. Also, you have to get to know the community. You have to get to know the culture-bearers and the community champions in each community, learn from them, and not be in the role of the dietitian pointing their finger and being the food police. There has to be a humility component where you learn and observe, talk with people, and are in the community.”**

**– KELLI BEGAY,  
MS, MBA, RDN**  
Kickapoo, Seminole,  
and Muscogee Creek

Asian, or “other” and “Hispanic,” including “Mexican American” and “other Hispanic.”<sup>43</sup> The omission of Native communities leads to invisibility in data and a lack of representation in policy formation. This omission makes it hard, if not impossible, to make nutrition policy decisions that positively impact Native nutrition and health. Nutrition realities in communities are a direct result of previous strategic policy decisions. There is an urgent need to address diet-related diseases in Native communities, as the rates of Type 2 diabetes, hypertension, colon cancer, and heart disease are higher than any other racial or ethnic group.<sup>44</sup> Indigenous data sovereignty is central to honoring tribal sovereignty and ensuring thriving health futures based in Native-specific research data. For example, one cornerstone of the 12 current Tribal Epidemiology Centers (TECs) is ensuring the existence of reliable data to impact culturally specific Native health-care policy, funding, and decision-making.<sup>45</sup> TECs provide data analysis and dissemination, surveillance and applied epidemiological studies, culturally appropriate health information, and technical assistance and training resulting in Natives communities’ greater knowledge, empowerment, and influence over their own health care and wellness.<sup>46</sup> Tribes, as sovereign nations, need to own and control the use and dissemination of their data in order to make informed decisions for their own communities.

## **Culturally Relevant Nutrition Policy**

Federal nutrition standards and policies impact Native communities through gatekeeping food-access programs, such as SNAP, WIC, School Lunch, the Child and Adult Care Food Program (CACFP), or FDPIR. The “Dietary Guidelines for Americans” shape federal food-related programs and many Native communities’ access to nutritional support. In addition, they provide health professionals with guidance and resources to assist the public in choosing an overall healthy diet that works for them. After its inception in 1980, in 2023, Dr. Valarie Blue Bird Jernigan, a member of the Choctaw Nation, became the first Native representative

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44 National Academies of Sciences, Engineering, and Medicine. *Communities in action: Pathways to health equity*. Washington, DC: The National Academies Press. 2017. Pg. 60.

Available at: <https://www.ncbi.nlm.nih.gov/books/NBK425844/>

45 *History*. Tribal Epidemiology Centers. [tribalepicenters.org](http://tribalepicenters.org). 2023.

Available at: <https://tribalepicenters.org/history/>

46 *History*. Tribal Epidemiology Centers.

appointed to the committee.<sup>47</sup> While this is a massive win for advocating for culturally relevant Native nutrition, it also highlights the lack of Native representation on the committee since its inception in 1980. Native communities are not monolithic in their dietary traditions; therefore, a single, culturally relevant nutrition policy is not applicable across all Native communities. This statement is especially true for urban Native populations, which are diverse and make up approximately 71% of Natives today.<sup>48</sup> One effective strategy for crafting Native nutrition standards is to develop a framework or model focused on regional foods and cultures which similarly align with a community and enable the policy or guidelines to be modified to adapt to community-specific needs. One example of a regional, culturally rooted Native nutrition model is the Medicine Wheel Model for Nutrition.<sup>49</sup> A tribal member designed this tool with input from the tribal leaders and members to encourage the consumption of a diet patterned after the traditional consumption of macronutrients for Northern Plains tribal communities.<sup>50</sup> All current federal nutrition programs should offer services and programming to support the development of culturally relevant and appropriate nutrition guidelines for Indian Country based on specific, traditional ecological knowledge and community-driven population studies.

#### PROGRAM HIGHLIGHT:

##### SNAP-Ed Nutrition Education Pilot Program:

Through a cooperative agreement, Oklahoma Tribal Engagement Partners (OKTEP) collaborates with sovereign Tribal nations and Tribal organizations throughout Oklahoma to tailor SNAP-Ed programming to meet the needs of Native families.<sup>51</sup> This pilot was community requested and driven and provides a road map to further expansion and integration to SNAP-Ed across Indian Country.

## *Holistic Healthcare Models to Support Nutrition*

A profit model drives health care in the United States of America and lags far behind other countries in the world with similar economic development.<sup>52</sup> The current healthcare system in Indian Country was imposed on Native communities by the federal government and has led to a healthcare approach disconnected from traditional holistic health practices. The health of Indian Country cannot thrive without supporting the connection

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47 Thompson, Heather Dawn. *The Committee to Update 2025 Dietary Guidelines is Strengthened by Diverse and Indigenous Perspective*. Food and Nutrition Service. February 3 2023.

Available at: <https://www.fns.usda.gov/blog/committee-update-2025-dietary-guidelines-strengthened-diverse-and-indigenous>

48 Urban Indian Health. *Homepage: Urban Indian Health Institute*. 2022. Available at: <https://www.uihi.org/urban-indian-health/>

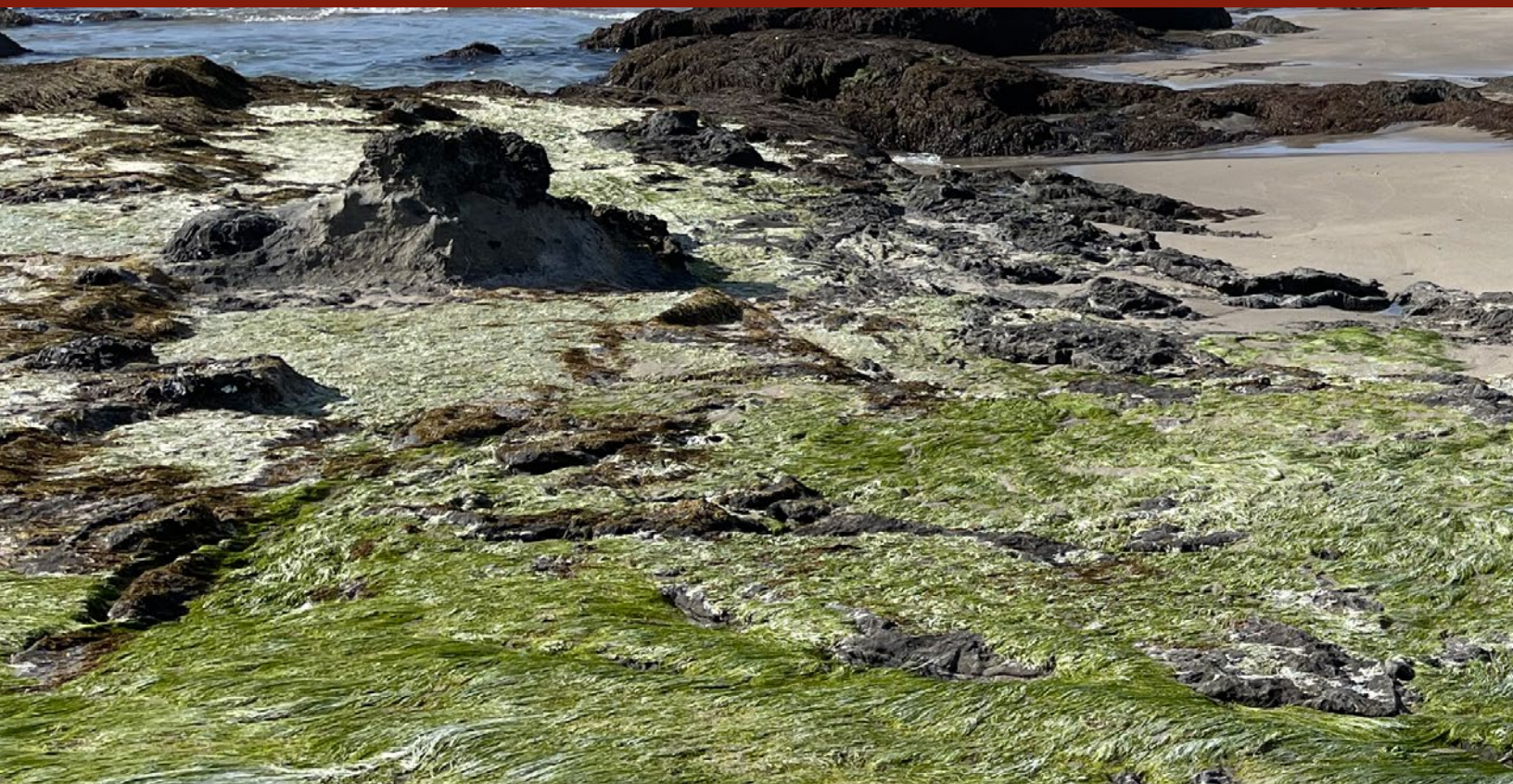
49 Kattelman, K. K., Conti, K., & Ren, C. *The medicine wheel nutrition intervention: a diabetes education study with the Cheyenne River Sioux Tribe*. *Journal of the American Dietetic Association*, 109(9), 1532–1539. 2009.

50 *The medicine wheel nutrition intervention: a diabetes education study with the Cheyenne River Sioux Tribe*.

51 Burgess, Kimberly. *Cultural Relevance in SNAP-Ed: Let's Get "Real."* United States Department of Agriculture.

52 Eric C. Schneider et al., *Mirror, Mirror 2021 – Reflecting Poorly: Health Care in the U.S. Compared to Other High-Income Countries*. Commonwealth Fund, August 2021.

Available at: <https://www.commonwealthfund.org/publications/fund-reports/2021/aug/mirror-mirror-2021-reflecting-poorly>



between healthy traditional foods and health outcomes. How each community fosters this connection may look different. Nutrition policy connects to environmental degradation, land access, income inequality, and systemic racism. Developing and implementing nutrition policy must be approached holistically and multifaceted. First Nations Development Institute's Food Sovereignty Assessment Tool (FSAT) empowers communities to reclaim traditional holistic nutrition practices. The FSAT tool guides communities in the reclamation of local food systems and health by measuring and assessing food access, land use, and food policy in communities.<sup>53</sup> It can be a community-led tool to gather specific data to gain leadership support for collective nutrition and health needs. The sooner Native communities can introduce traditional foods to children, the more likely they are to incorporate them into their diet, and the deeper the health impacts are for future generations. WIC is an important program that has had an incredible effect on nutrition access for mothers, infants, and children in the critical years of development. For example, WIC programming does not currently include specific programming for Native mothers and children that integrates traditional or first foods. Holistic nutrition policy should start before children are born with care for maternal health, followed by infant and child nutrition.

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53 First Nations Development Institute. *Food Sovereignty Assessment Tool – 2nd Edition*. 2015. [www.firstnations.org](http://www.firstnations.org). Available at: <https://www.firstnations.org/publications/food-sovereignty-assessment-tool-2nd-edition/>



## PROGRAM EXAMPLE:

### Alaska Native Tribal Health Consortium (ANTHC): Holistic Healthcare and Nutrition Policy in Action

The Alaska Native Tribal Health Consortium (ANTHC) is an essential example of holistic healthcare and nutrition policy. It provides quality health services for Alaska Native people at the Alaska Native Medical Center and across Alaska through training, health education, disease and injury prevention, and rural water and sewer construction. Their Traditional Foods & Nutrition initiative is rooted in the idea that healthy eating and food security are the building blocks of health.<sup>54</sup> ANTHC helps promote the knowledge and use of traditional foods and lifeways that support Alaska Native health through programs such as:

- Store Outside Your Door: an ANTHC wellness and prevention initiative to promote the knowledge and use of traditional foods and ways.<sup>55</sup>
- Food Distribution Program on Indian Reservations (FDPIR): a program providing access to healthy food for those who need it most.<sup>56</sup>
- Alaskan Plants as Food & Medicine: a regional symposium promoting traditional plant knowledge and ethical harvesting.<sup>57</sup>

54 *Traditional Foods & Nutrition*. Alaska Native Tribal Health Consortium.  
Available at: <https://www.anthc.org/what-we-do/traditional-foods-and-nutrition/>

55 *Traditional Foods & Nutrition*.

56 *Traditional Foods & Nutrition*.

57 *Traditional Foods & Nutrition*.

# CURRENT AND EMERGING ISSUES

Indian Country is resilient and abundant in its knowledge and ancestral practices. Each generation has had issues to address in their communities in response to policies, natural disasters, or health emergencies. While Native communities are diverse, there are common, current, and emerging issues that tribes are considering how best to address.

## *Accessibility for Elders and People with Disabilities*

The COVID-19 pandemic magnified the need for food sovereignty programs and investments. Many Native communities saw how quickly someone could move from food secure to insecure and sought to address the issues with innovative responses rooted in community needs and sustainable solutions. While income immediately impacts food insecurity, there are also multifaceted barriers to accessing proper nutrition. COVID-19 also magnified obstacles for people with disabilities and people who are immunocompromised, as the virus was markedly more life-threatening for those with underlying conditions. Exposure risk from a trip to the grocery store or food pantry is far more life-threatening. For others, COVID-19 resulted in a loss of employment or reduced hours, exacerbating the challenges of accessing public transportation or keeping a personal vehicle. Native communities adapted to address these issues by pivoting, so people could receive nutritional intake from programs like pantries, FDPIR, or school lunches in bags or boxes from their cars. Many grocery stores had special hours for elders and the immunocompromised to shop for food to protect those most vulnerable to the virus.<sup>58</sup> Urban and rural residences in need could receive more flexible food deliveries and services. These shifts were vital to serve the needs of diverse populations, center eldercare, and increase accessibility for many with accessibility needs. These programs have become models moving forward that can support those who need ongoing accommodations to access health and nutrition services.<sup>59</sup>

## *Fresh Produce Distribution and Prescription Programs*

There is growing interest from Native nutrition programs to develop fresh produce and traditional foods due to their connection to better health outcomes and the revitalization of cultural practice. Produce-specific distributions and prescription grants are emerging models of nutrition barriers and high rates of nutrition-related disease. Indian Health Services and the Gus Schumacher Nutrition Incentive Program

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58 Kloss, Kelsey. *What to Know About Grocery Shopping in Person If You're Fully Vaccinated but Immunocompromised*. Creaky Joints. June 09, 2021.

Available at: <https://creakyjoints.org/living-with-arthritis/coronavirus/daily-living/grocery-shopping-fully-vaccinated-immunocompromised/>

59 Flanders, Laura. *Why Disability Justice Is Crucial for Liberation*. The Nation. February 10, 2023.

Available at: <https://www.thenation.com/article/activism/leah-lakshmi-piepzna-samarasinha-interview/>

Produce Prescription Program (GusNIP-PPR) award large, multi-year grants to produce prescription programs.<sup>60, 61</sup> Programs like these ensure the consistent flow of food going to the most food-insecure families in tribal communities. Unfortunately, they have had to rely on volunteer labor, which negatively impacts the sustainability of programs. The IHS Produce Prescription grant includes five-year funding and can consist of hiring permanent staff to run programs to ensure program sustainability. When bringing projects into a community, sustainability should be top of mind to benefit present and future generations' health. Sustainability can include planning for sustainable funding, involving elders, integrating education, or collaborating with health centers to create a program rooted in culture and community.

## *Educational Opportunities for Gathering, Gardening, and Cooking at Home*

During the COVID-19 pandemic, many families quarantined inside their homes with their children and extended families. For many, the pandemic offered more time to devote to activities connected to nutrition both inside and outside the home. People became interested in growing and learning to cook their food and looked to holistic and, many times, culturally rooted programming for support. Due to social distancing guidelines, foraging and gardening traditional foods were some of the first activities accessible while maintaining social distancing recommendations. Cooking became a critical skill many people needed, and they asked programs for virtual offerings on topics like canning, plant identification and gathering, gardening, cooking, and nutrition. For example, at the Snoqualmie Tribe, people were interested in growing their food, and the tribe started a doorstep garden delivery program that delivered seeds, plant starts, and soils for families to grow a garden. While it was a solution to food insecurity, it was also a way to introduce or reintroduce people to gardening and give people basic building blocks to increase access to healthier foods, regardless of where they lived. One of the most significant learning areas community members request is access to traditional food items. A virtual delivery model can support people to adapt to current realities and access education to empower their families to eat healthier and become more active. COVID-19 further demonstrated the flexibility and strength of tribes to adjust and serve their community as restaurants closed and grocery stores operated differently during the pandemic.

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60 *HHS Announces \$2.5 Million for Produce Prescription Programs in Indian Country*. U.S. Department of Health and Human Services. April 26, 2023.

Available at: <https://www.hhs.gov/about/news/2023/04/26/hhs-announces-25-million-produce-prescription-programs-indian-country.html>

61 *Home: Gus Schumacher Nutrition Incentive Program - Produce Prescription (GusNIP-PPR)*. National Institute of Food and Agriculture. Wednesday, April 19, 2023

Available at: <https://www.nifa.usda.gov/gusnip-request-applications-resources-ppr#Underrepresented%20Communities%20and%20Geographies>

## Historically Accurate Native Foodways and Nutrition Curriculums

Culturally relevant nutrition policies are rooted in Native histories, including foodways. This understanding is critical as foodways intertwine with the creation stories of many tribes and cultural and spiritual practices. According to the Reclaiming Native Truth research, education from pre-K through higher education is a crucial lever for change.<sup>62</sup> When non-Natives understand that Native peoples still face prejudice and discrimination, they are more likely to support Native issues and uphold Native sovereignty practices.<sup>63</sup> In the research, a study of schools in 2011–2012 found that nearly 87% of state history standards failed to cover Native American history in a post-1900 context, and 27 states did not specifically name any individual Native Americans in their standards at all.<sup>64</sup> There have been many important initiatives across what is known as the United States today to provide culturally relevant and historically accurate Native histories and serve as important examples for replication in other states or organizations. The increase of mandatory Indigenous history and culture curricula in public schools statewide is on the rise, with models such as the 2015 Senate Bill 5433 in Washington State requiring the “Since Time Immemorial: Tribal Sovereignty in Washington State” curriculum or other tribally developed curriculum statewide.<sup>65</sup> Regional Native groups are reclaiming histories and present-day structures. School districts adopt curriculums such as the “Tend, Gather, Grow, or 13 Moons: First Foods and Resources” curriculums to teach Native and non-Native students about the first foods of the lands they are from or occupy.<sup>66,67</sup> These lessons teach non-Native students how to be an ally and the importance of protecting these critical foods for the Native community. They also provide culturally relevant education and increase representation for Native students. Studies have shown that learning accurate histories of Native populations led to significantly greater support for protecting tribal sovereignty rights and providing Native communities with resources meant to promote resource equity.<sup>68</sup> While progress has occurred to expand representation and increase understanding of Native people, only several such initiatives exist across what is known as the United States today. For society to begin to heal and provide culturally relevant nutrition, it is imperative to decolonize our education and share an accurate history of the Indigenous people who have inhabited these lands since time immemorial.

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62 First Nations Development Institute. *All Research from the Reclaiming Native Truth Project*. www.firstnations.org. 2018. Pg 31. Available at: <https://www.firstnations.org/publications/compilation-of-all-research-from-the-reclaiming-native-truth-project/>

63 *All Research from the Reclaiming Native Truth Project*. Pg. 31.

64 *All Research from the Reclaiming Native Truth Project*. Pg. 31.

65 Washington Office of Superintendent of Public Instruction. *Since Time Immemorial: Tribal Sovereignty in Washington State*. www.k12.wa.us Available here: <https://www.k12.wa.us/student-success/resources-subject-area/time-immemorial-tribal-sovereignty-washington-state>

66 *Wild Foods & Medicines: Tend, Gather & Grow*. Grub Available here: <https://www.goodgrub.org/tend-gather-grow>

67 *Resources for place-based environmental education in the Pacific Northwest*. Clearing Magazine. 2022. Available at: <https://clearingmagazine.org/wp-content/uploads/2022/09/CLEARINGsummer22Full-1.pdf>

68 *Research Findings: Compilation of All Research*. Reclaiming Native Truth.

## EDUCATION POLICY HIGHLIGHT:

### Cornell Cooperative Extension's 'Restoring Relationships' Education Series

Cornell Cooperative Extension (CCE) service offices in New York State found relationships needed mending to increase tribal outreach and access to programs. The Restoring Relationships project teaches extension educators an understanding of accurate Native histories and experiences of exclusionary, harmful, and paternalistic relationships with state and federal entities. Funded by an Innovation Grant from the USDA, the project is a series of virtual and in-person learning experiences for extension educators and administrative staff interested in working with Native communities or having Native communities in their county service area. The main objectives of the program are to support CCE staff on how to:

- Work more effectively with Indigenous communities and individuals on and away from reservations.
- Respect and engage Indigenous ways of knowing in relation to extension work.
- Work toward strengthening CCE's relationships with Indigenous peoples.

## *Traditional Foods Research*

Since time immemorial, traditional foodways have sustained and nourished Native people. However, in today's compounding effects of colonial systems and a history of forced separation from traditional lands and foodways, more baseline research is needed to demonstrate this relationship between health and traditional diets. For example, a baseline research project led by Native communities could create a study that could use a tribe's traditional diet against a control group using the Standard American Diet (SAD) in a human nutrition lab-type facility, such as the USDA's Grand Forks Human Nutrition Research Center in Grand Forks, North Dakota. These outcomes could include the impacts of diet on the development, management, or prevention of chronic disease, gut and brain health, and effects on insulin secretion. This data could ultimately support more culturally relevant interventions that support optimal health outcomes for Indian Country. For programs such as the USDA's FDPIR Self-Determination Demonstration Project, one of the few requirements associated with the tribally procured foods is demonstrating that the foods are of similar or higher nutritional value as the replacement foods.<sup>69</sup> This research could demonstrate through data the importance of funding positive, traditional food program development. It could also illustrate the impact nutrition policies have on health outcomes for future generations, while uplifting the strengths and wisdom of Native communities. This research and corresponding policy could support, promote, and reconnect Native peoples with traditional foods.

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69 *FDPIR Self-Determination Demonstration Project*. Access here: <https://www.fns.usda.gov/fdpir/self-determination>

# RECOMMENDATIONS FOR ADVOCACY AND POLICY

Native communities and allied advocates have fought hard to protect and exercise sovereign rights to protect the nutrition and health of their communities. Communities need the support of policymakers to further invest in Native-led solutions to the consequences of settler colonial occupation and policies.

## *Federal Nutrition Programs and the 2023 Farm Bill*

Many Native communities partially rely on the federal nutrition programs that comprise almost 80% of the Farm Bill, including SNAP, FDPIR, The Emergency Food Assistance Program (TEFAP), and the Commodity Supplemental Food Program (CSFP). With the impending 2023 Farm Bill, organizations such as the Native Farm Bill Coalition (NFBC) gathered Native communities' expressed needs and translated them into clear advocacy goals to further protect tribal sovereignty, and invest in health for tribal nations today and for future generations.

- Review the NFBC's Native nutrition advocacy opportunities in the Nutrition Title of "Gaining Ground: A Report on the 2018 Farm Bill Successes for Indian Country and Opportunities for 2023."<sup>7</sup> A few examples include:
  - Create a pilot program to enable FDPIR Indian Tribal Organizations (ITOs) to source locally produced herbs and spices from Native farmers directly. Currently, USDA sourcing of foods for FDPIR does not include any flavorful herbs or spices, such as cilantro, parsley, oregano, thyme, or rosemary. These would enhance the nutrition and flavor of meals prepared with FDPIR foods and support local farmers.
  - Provide additional infrastructure dollars to FDPIR for necessary upgrades to facilities and equipment.
  - Continue to increase regionally based food sourcing for Native-produced traditional or culturally appropriate foods in all federal nutrition programs.
  - Ensure fresh produce is available, especially traditional foods or community-requested foods.
  - Address transportation challenges for clients to access nutrition services.
  - In FY22 appropriations, USDA-FNS requested and received additional nutrition education funds for FDPIR. Continue to provide these funds to Indian ITOs which run FDPIR, especially on a noncompetitive basis.

## *Scholarships for Native Nutritionists and Public Health Specialists*

The number of community healthcare workers is at an all-time low across the United States. Native nutrition professionals are few and far between, as well, as obtaining the necessary training to become a registered dietitian is challenging for many. Only some people have the financial resources to become full-time students, take unpaid or low-paying internships, and pay for expensive exams to become registered dietitians. Recommendations to improve participation in these fields include:

- Increase scholarship opportunities for Native students interested in nutrition careers like food service managers, researchers, and community healthcare specialists who need additional financial resources and scholarship opportunities.
- Communities should leverage mechanisms already in place to push out financial support and ensure the inclusion of nutrition professionals permanently in funding.
- Tribal governments should carve out scholarship programs or funding specific to nutrition in their available scholarship opportunities.
- Indian Health Service scholarship funding should prioritize nutrition professionals to receive financing or include nutrition professionals eligible to apply for loan repayment programs.
- Funding is needed to ensure Native community members work in their communities and provide culturally relevant nutrition work.

## *Continued Flexibility in Virtual Services*

Flexibility in funding for Native communities is vital to increasing access to programming and ensuring that traditional ecological knowledge and cultural practices are acknowledged and upheld. For example, many Native communities in rural areas make virtual health provider visits a great option to ensure more people can access treatment and education more efficiently, and healthcare providers can reach more people. Also, virtual visits enable healthcare workers, like dietitians and diabetes educators, to reach more people and provide nutrition education. It is not a replacement for in-person visits, but has become a vital resource for those most vulnerable during COVID-19 and those whose need for accommodations and protections has not changed with the end of the pandemic. Further recommendations for flexibility include:

- Maintain policies that enabled Medicare flexibility for virtual services during the COVID-19 pandemic. For patients who live hours away from clinics, it can be expensive, if not impossible, to travel to, get time off work, or find child care for, appointments.
- Increase investment in infrastructure for robust and consistent internet access in rural areas and better transportation options.
- Increase flexibilities for tribal nations on international boundary lines with bands or communities across international borders. Allow tribes to source from those across the border for traditional and culturally significant food products in programs by considering them domestic products in FDPIR.

# CONCLUSION: THE FUTURE OF NUTRITION POLICY

Policies and decisions made for, and forced upon, Native communities resulted in real consequences and impacts on health, culture, and sovereignty.

Addressing these barriers through nutrition policy will take time, intentionality, and a multifaceted and holistic approach. Native communities are still here and are actively reclaiming their cultural lifeways. We remain cautiously hopeful and encouraged by community-driven mobilization and increased representation.

We can support the development of tribal nutrition policies through funding, technical assistance, and facilitating knowledge-sharing opportunities between tribes. Tribal sovereignty is about autonomy, respect, and control over self-governance. Native people hold vital insights that can substantially impact sustainability, climate change, and land and water management. Broad, systemic policy coupled with grassroots movements can meet in the middle to formulate multifaceted and comprehensive impacts that can positively impact generations. Earlier access to nutrition education can help shape nourishing diets, promote health, and connect Native people to their culture, lands, and lifeways.

**Strengthening this relationship to food upholds the foodways of our ancestors.**

***“I feel confident and hopeful [about the future of Native nutrition policy]. The younger generation I have seen coming up are our greatest teachers because they’re coming in with the perspective of fully who they are as Native people. They want change. I have a lot of hope because I’ve seen so much goodness come and so much change happen.”***

**– DR. VALARIE BLUE BIRD JERNIGAN, DRPH, MPH  
Choctaw**



# APPENDIX A

## Interview Guide for Nutrition Policy Advisory Group Individual Interviews

### SECTION 1: Historical Impact and Present Challenges and Successes

- i. Historically, which policy or policies stand out to you in having the most direct impact on the present state of American Indian/Alaskan Native communities and/or in the Native community you work alongside the most?
- ii. Since the beginning of your career, what shifts, if any, have you seen in nutrition policies in programs that have positively impacted the Native communities you work with?
  - i. What are some of the nutrition policies during your career that you have seen cause the most harm?
- iii. How were Native nutrition policies impacted by COVID-19?
  - i. Did you see policies adapt to issues that were highlighted or exacerbated by COVID-19 (such as chronic disease prevalence, supply chain disruptions, rural or isolated communities' access, etc.)? Please describe.
    1. Did you see any policies fall short of supporting needs in communities as a result of COVID-19?

### SECTION 2: Culturally Relevant Nutrition Policy and Research

- iv. What are the unique needs of the community or communities you serve and how can policies support their success?
  - i. What key factors or components of successful policies were necessary for their success?
- v. What does it mean to provide culturally relevant and appropriate nutrition guidelines in Indian Country?
  - i. How have past and present policies impacted traditional foods consumption and availability to support a diet that is culturally relevant?
  - ii. Do you have any examples from your own work or work you have interacted with in communities?
  - iii. Are there any recommendations for nutrition standards that are culturally relevant and make sense in tribal communities you would recommend or for which you would like to see more advocacy?
- vi. Are there any studies you know of which directly show the connection between traditional foods and impacts on Native health?
  - i. If so, please describe.
  - ii. If not, what area of research would you like to see more of to make a positive impact on nutrition policies in Native communities?

### SECTION 3: Advocacy Needs and Looking Forward

- vii. What are some of the current and emerging issues in Native communities related to nutrition policy?
  - i. What types of advocacy, research, or policy are needed most to address these issues?
- viii. What do you envision for the future of nutrition policy in Native communities?
  - i. What kind of support, both internal and external, might be helpful to help this vision succeed?
- ix. Anything else you'd like to share related to nutrition policy impacts and the future in American Indian/Alaskan Native communities?

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