Health Epidemics on Tribal Lands
By Sia Davis

For several decades, the American population has fallen victim to poor nutritional habits, where healthy, natural foods have been replaced with unwholesome foods prepared with too much sugar, saturated fat and artificial additives. American Indian and Alaska Native populations have fared no better. Being forced onto reservations caused most tribes to deviate from their customary way of life. This, coupled with poor farming conditions and the desolate locations of many reservations, caused many tribes to become dependent upon substandard food and government rations. Tribes have witnessed the replacement of their traditional Native foods—root vegetables, beans, fish and venison—with prepackaged, processed foods laden with fat and sugar and devoid of real nutritional value. As a result, this population is afflicted with increasingly high occurrences of obesity, diabetes and cardiovascular disease at double the rates other populations experience.

Obesity and Diabetes. Tribal populations have not been spared the widespread increase in obesity and, for many tribes, the past two generations have been adversely affected. Close to one-third of Native American children in California are overweight, and this trend is common among children and teens throughout Indian Country. Lack of physical activity and high-fat diets, among other factors, have caused obesity rates to soar among Native American youth and adults.

Individuals who are obese also are often diagnosed with diabetes. American Indians and Alaska Natives report the highest rate of type 2 diabetes in the world. Type 2 diabetes accounts for roughly 90 percent of all diabetes cases and, as with obesity, it has been rising rapidly among children. More than 40 percent of American Indian adults (between the ages of 45 and 75) are at risk for or currently have diabetes. The disease affects countless tribes, and is common among American Indian populations in the southern United States, especially southern Arizona. For example, 50 percent of adults from both the Tohono O’odham Nation and Pima Indian Community in Arizona have diabetes.

Sufferers of type 2 diabetes are not born with the disease; therefore, lifestyle changes (decreasing bodyweight, increasing physical activity) can either prevent or delay type 2 diabetes complications. Gene research also is being conducted to determine whether Native Americans are more prone to the disease.

Cardiovascular Disease. Both diabetes and obesity are major risk factors for what is currently the leading cause of death among Native Americans—cardiovascular disease. The Centers for Disease Control and Prevention report that American Indians and Alaska Natives are more likely to die early from heart disease than any other racial or ethnic group. According to other studies, American Indians in Alaska and the northern plains are at increased risk of heart disease due to heavy
smoking. In these communities, Native adults and youth smoke at nearly twice the rate of non-Natives.

**Tribal Solutions.** Tribes are well aware of the health issues that afflict their communities, and many have taken steps to mitigate unhealthy practices within their populations.

- The Gila River Reservation in Arizona is taking steps to improve the health of their community by returning to their agricultural roots through the use of school gardens. Students harvest healthier foods while also learning about farming.
- The Yakama Tribe in Washington developed a Native American food guide in conjunction with the state’s Women, Infants and Children program that incorporates traditional northwest Indian foods into daily diets.
- The Winnebago Tribe in Nebraska is designing a more pedestrian-friendly community, with wider sidewalks and safer streets, to increase residents’ physical activity.
- The new state-of-the-art Diabetes Care Center in the Chickasaw Nation in Oklahoma opened in 2004 to provide diabetes care to its residents.

**State Action**

States, as well, have taken steps to reduce—or at least to examine—the health disparities found among white populations and minorities, specifically Native Americans.

- **Nebraska.** A state statute created the Excellence in Health Care Trust Fund, which supports services such as health education and preventive health measures for the state’s federally recognized Native American tribes.
- **New Mexico.** In 2004, New Mexico enacted legislation requiring the Department of Health to develop a comprehensive, statewide health plan that includes consultation with Indian nations, tribes and pueblos.
- **Wisconsin.** State legislation requires the Department of Health to revisit its state health plan every 10 years. The plan, *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*, includes input from the Native American community. A law also was passed to provide grants for American Indian health projects that promote cooperation among tribes, tribal agencies and inter-tribal organizations.
- **Healthy People 2010.** Several states are participating in the Healthy People 2010 project—a comprehensive plan that outlines disease prevention and health promotion objectives for the nation. One major goal of the plan is to eliminate health disparities, and some states are specifically addressing the health of their minority populations.

The chronic diseases that adversely affect the health of many tribal communities are not solely the result of poor food choices or lack of exercise. They also are consequences of poverty, substance and alcohol abuse, high unemployment rates, substandard education and inadequate health care that many of these communities face. Initiatives by both states and tribes to improve their citizens’ health are small steps that, taken now, can stop the spread of current health epidemics.

**Contacts for More Information**

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