FAST FACTS

STOP OBESITY ALLIANCE — STRATEGIES TO OVERCOME & PREVENT

Obesity and AI/AN Populations

OBESITY is a complex chronic disease in which abnormal or excessive accumulation of body fat impairs health. Adult obesity rates have more than doubled since the 1980s — in the U.S. today, obesity affects over 42% of adults and 19% of youth.[1,2] Obesity and its related complications are major drivers of rising healthcare costs, diminished health-related quality of life, and the recent decline in U.S. life expectancy. This fact sheet is part of a series designed to provide basic information about the science of obesity and current strategies to address it.

KEY TAKEAWAYS

- American Indian/Alaska Natives face one of the highest rates of obesity and increased obesity-related mortality compared to other races.
- Colonialism and the displacement of AI/AN tribes led to the disruption of food systems, but there are current efforts to embrace indigenous foods.
- Efforts to diminish obesity rates should prioritize systemic, community-led, culturally relevant change for the most effective and lasting results.

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National American Indian Heritage Month

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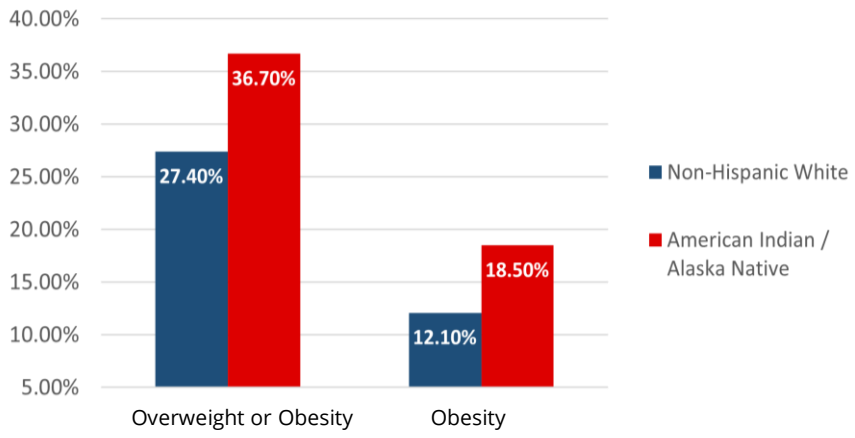
Sean Sherman: The (R)Evolution of Indigenous Foods

Obesity Prevalence Among AI/AN Populations

American Indian/Alaska Natives (AI/ANs) experience one of the highest rates of obesity across all racial and ethnic groups in the U.S.[3] Disparities in obesity prevalence also coincide with disparities in life expectancies and mortality for AI/AN populations.

- AI/ANs make up 1.7% of the total U.S. population. As of 2019, an estimated 5.7 million people identified as AI/AN alone or in combination with one or more other races.[4]
- In 2018, 48.1% of AI/AN adults aged 18 and over had obesity.[5]
  - AI/AN adults are approximately **60% more likely to have obesity** than non-Hispanic White adults.[6]
- The prevalence of obesity among AI/AN children is **consistently higher than the prevalence for U.S. children overall**.[7]
  - In 2015, the prevalence of obesity in AI/AN children aged 2-19 was 29.7%.[8] Among children ages 2 through 4 enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in 2016, AI/AN children experienced much higher prevalence of overweight and obesity compared to Non-Hispanic White children.[9]
- AI/AN individuals born in 2019 have a life expectancy that is **5.5 years less than the U.S. average** for all races (73.0 years versus 78.5 years).[10]
  - AI/AN populations experience higher mortality rates due to obesity-related conditions such as heart disease, diabetes, stroke, and chronic liver disease and cirrhosis compared to all U.S. races.[10]

Prevalence of Overweight and Obesity Among Children Ages 2-4 Enrolled in WIC, 2016



Source: Graph adapted from Pan et al., 2019

Risk Factors for Obesity in AI/AN Communities

Various upstream factors have contributed to the disproportionately high rates of obesity in AI/AN communities. Many of these are historically rooted, systemic inequities that continue to perpetuate adverse health effects on these communities today. These factors include:

- Food insecurity – historically, the forced relocation of AI/AN peoples away from their ancestral lands and onto reservations severely restricted their access to **traditional, regionally-specific food systems** such as hunting, gathering, fishing, and farming.[11]
  - Many tribes were agriculturalists, and they **originated the concept of regenerative agriculture**. One example is seen in the Iroquois' cultivation of the "Three Sisters" (corn, beans, and squash).[12]
  - This disruption of indigenous food systems has resulted in dependence on federal government programs which include unhealthy foods.[11] While AI/AN communities have adapted to these systemic changes – inventing new traditional foods such as fry bread[13] – inconsistent funding for these food assistance programs and other social services continue to contribute to food insecurity.[14]
  - AI/AN tribal area populations are mostly rural and experience high rates of poverty, resulting in **restricted geographic and economic access to food**.[15]
- Barriers in accessing and navigating health care services, including:
  - Geographical isolation of rural areas, the costs of travel, and/or lack of access to transportation.[16]
  - Unemployment, poverty, and lower rates of insurance coverage among AI/AN populations.[16]
  - The underfunding of the Indian Health Service (IHS), which contributes to staff shortages and prolonged wait times in IHS clinics.[16]

Recommendations to Reduce Obesity and Comorbidities for AI/AN Communities

There exist many proposed solutions to the inequities that AI/AN communities experience. Recommendations include:

- Recognize and address the historical trauma that AI/AN tribes have faced. It is critical that we recognize the lasting impact of systemic racism while **honoring the strength and resiliency of AI/AN communities**.[17-18]
- Restore the cultural tradition of physical activity. Historically, tribes such as several Pueblo and Navajo chapters ran long distances on a regular basis. Restoring this cultural tradition via investment in community-led strategies can improve physical activity rates and help control obesity.[19]
- Improve research efforts to gather more comprehensive, accurate data on AI/AN population health, including further research on food insecurity in rural AI/AN communities. Research can then inform policy decisions to improve the health of AI/AN communities.[11,14]
- Engage with communities to conduct community-based participatory research and implement culturally relevant programs to **promote local food production and increase food security**.[11,14, 20]
- Promote food sovereignty, embrace indigenous diets, and improve access to traditional foods.[11,21-22]
- Promote early childhood nutrition through culturally tailored programs.[11]
- Tax unhealthy foods and subsidize healthier options.[11]
- Increase funding for the IHS and enable greater tribal control of health programs and services.[16]

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