

Health Care Challenges faced by Native American Nations: Obesity and Diabetes

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Abstract

The article aims to discuss and analyze one of the serious challenges faced by Native American Nations across the United States. On the example of the largest Native American ethnic group – Navajo Nation. The article states the problem of high rates of overweight and obesity, Type 2 diabetes that create serious public health concerns for the Navajo Nation. It has more than 300,000 enrolled members in 110 chapters spread across 27,000 square miles in northeastern Arizona, New Mexico and Utah. The Indian Health Service estimates that 25,000 members of the Navajo have Type 2 diabetes and 75,000 are pre-diabetic.

Keywords: Diabetes, Navajo Nation, obesity, historical trauma, health

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Introduction

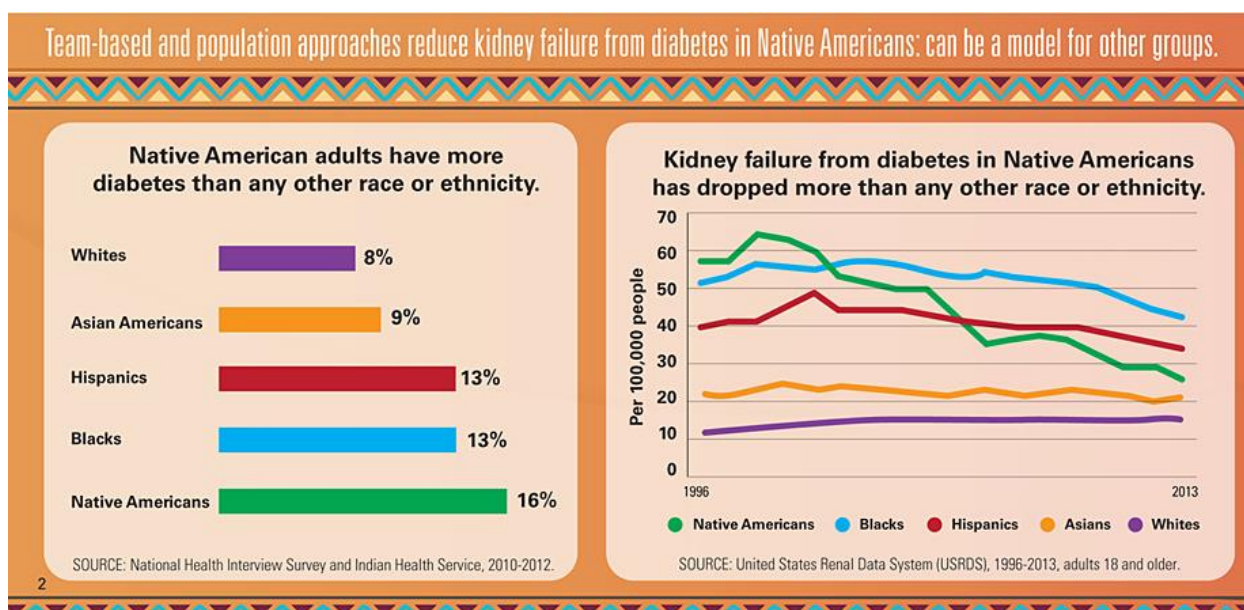
In recent years, nutrition and weight control have become issues of major concern for a lot of Native American communities in the United States. According to the Department of Health and Human Services' Office of Minority Health, American Indian and Alaska Native adults are 1.6 times more likely to be obese than Caucasians. In addition, almost 33 percent of all-American Indians and Alaskan Natives are obese. This obesity epidemic is also disproportionately affecting certain groups in the community. Over half of American Indian and Alaska Native women are overweight. Additionally, before 10 years of age, 40 percent to 50 percent of American Indian children of many tribal communities are classified as either overweight or obese by modern definitions in contrast to data from a

century ago in which Caucasian and Lakota children were equivalent in weight and body mass index (Jollie-Trottier, Holm, & McDonald, 2015).

Taking into consideration these alarming statistics, steps are made to raise awareness and increase education about obesity among Native American communities.

Alarming Statistics

According to the data provided by the U.S. Department of Health and Human Services, Office of Minority Health, Native American adults are 50% more likely to be affected by obesity compared to non-Hispanic whites (Office of Minority Health, 2020).



(Center for Disease Control and Prevention, 2013).

Besides, according to the federal Centers for Disease Control and Prevention, the representatives of this minority group are twice as likely as non-Hispanic whites to have diabetes.

Obesity Action Coalition provides information about the link that exists between diabetes and obesity,

more than 90% of people with Type 2 diabetes are affected by some degree of obesity (Understanding Obesity and Type 2 Diabetes, 2021).

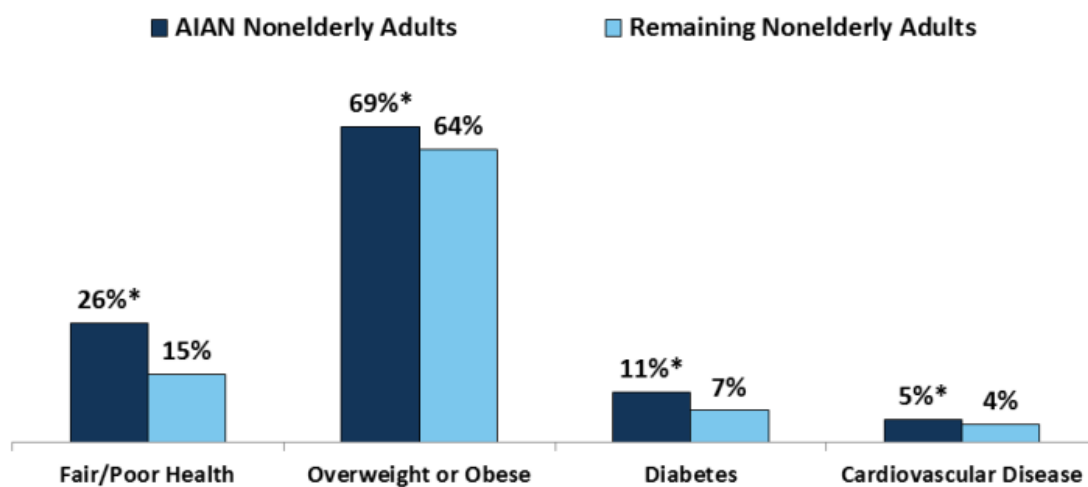
We can not avoid mentioning historical discrimination that was experienced by this ethnic group, moreover, modern disparities have left Natives

with less access to good farmland. We can provide a particular example of the Navajo Nation Reservation which is the largest reservation in the U.S., sprawls across 27,413 square miles but has only 13 grocery stores, according to the American Nutrition Association

(American Nutrition Association, 2021). This reservation demands to initiate special programs that will help its members to get more information about the ways how to deal with this problem.

Figure 3

Health Status and Rates of Selected Chronic Diseases for American Indian and Alaska Native Nonelderly Adults, 2015



Notes: Includes nonelderly adults ages 18-64. Includes individuals identifying race as AIAN only, including those of Hispanic origin. Does not include individuals identifying as AIAN in combination with another race. Cardiovascular disease includes adults who report being told by a doctor they had a heart attack (myocardial infarction), angina or coronary heart disease.

* Indicates a statistically significant difference from the remaining nonelderly adults at the p < 0.05 level.

SOURCE: Kaiser Family Foundation Analysis of CDC, Behavioral Risk Factor Surveillance System Survey (BRFSS), 2015.



(Artiga, Ubri, & Foutz, 2017).

In 2014, president of the Navajo Nation Ben Shelly signed the Healthy Diné Nation Act (HDNA) in order to fight against these problems, which health experts associate with overconsumption of soda, fat

and processed foods and inadequate physical activity. This law mandated a 2 percent tax on “unhealthy foods” purchased in the Navajo Nation (Bennett, 2017).

Food Quality and Historical Trauma Experienced by Native Americans

Lucinda Charleston is a program director of the Navajo Special Diabetes Project, provided by the Navajo Department of Health. As she notes, Native Americans across the Navajo reservation have fast

food restaurants, most of the Natives are tired from work and are looking for a quick meal which leads them to eat junk food. We should agree to the fact, that obesity can start at a young age, when access to physical activity is limited.

Executive director for the Navajo Department of Health, Dr. Jill Jim emphasizes the

importance of P.E. (physical education), very often teachers of P.E. are cut out from schools in the Navajo Nation due to the lack of available funding.

Furthermore, those students who live remotely in the reservation are spending more than an hour while riding through the school bus, it is more time spent sedentary, that creates more problems.

Shervin Aazami, deputy director of congressional relations at the National Indian Health Board directs this problem to the historical discrimination against indigenous population of the U.S., as this people were forcibly relocated from their ancestral lands, had to transform from their traditional way of life to the western lifestyle and assimilate into the mainstream society. All these have resulted in disproportionately higher rates of health problems.

Aazami directs the federal government for not providing enough funds into the Native American health system, contributing to diabetes and obesity. In fiscal year 2019, funding for the Indian Health Service that is a division of the U.S. Department of Health and Human Services, was approximately \$5.8 billion (Gatalica, 2020).

As Aazami says, “the IHS Tribal Budget Formulation Workgroup, which is a nationally representative body of tribal leaders, budget experts, and tribal policy experts, estimate that IHS needs to be funded at over \$37 billion to meet current health needs. Chronic underfunding of the Indian health system forces a greater allocation of resources to the most dire health conditions, and contributes to less investment in public health prevention” (Gatalica, 2020, pp. 3-4)

Initiated Programs and Services to Deal with the Problems of Obesity and Diabetes

Leaders of tribes and federal officials are involved in the implementation programs and services, that aim to deal with the problems of obesity and diabetes. For example, there is a Special Diabetes

Program for Indians provided by the Indian Health Service that is concerned on the prevention and treatment. According to Aazami, “the program has reduced end-stage kidney failure by 54% and diabetic eye disease by 50% in the Native population” (Gatalica, 2020, pp. 5-6).

Furthermore, Good Health and Wellness in Indian Country program was founded in order to revitalize Native foods, improve reconnections to culture and inform communities about traditional tools and ways for staying healthy.

In 2014, the Navajo Nation Council approved a 2% junk food tax on sweetened beverages and foods high in fat, salt and sugar, including candy, chips, pastries and fried foods bought on the reservation (Gatalica, 2020).

Officials of the Navajo Nation together with Northern Arizona University’s department of health services conducted a research about the effectiveness of the law. They came to the conclusion that obesity, diabetes and related diseases are multifaceted health problems (Gatalica, 2020) that cannot be solved based on diet only; there should be initiated junk food tax that they think will address the critical public health concern more effectively; communities will be able to improve their health through physical activity, health education and traditional knowledge.

Navajo officials point out that they are primarily focused on the implementation of three areas for diabetes prevention:

- Increasing diabetes education;
- Increasing nutrition education;
- Increasing more physical activity events across the Navajo Nation.

Besides, they plan to provide members of this Nation with the basic information, what is prediabetes, obesity, implement wellness activities, wellness centers where school children will be more active physically.

Conclusion

According to the above-mentioned issues, we can say that indigenous people of the U.S. are in severe health crisis.

The primary goal should be to identify timely and remediable risk factors this unique and underserved population. Although there are many genetic and nongenetic factors that likely cause an increase in risk for obesity and diabetes in this population, a case is made that the introduction of

Western diet, and especially the consumption of added sugar such as sugar-sweetened beverages, is likely involved. One of the public health priorities should be to improve health care of this ethnic group. Clinical intervention studies investigating these potential remediable risk factors may help slow this epidemic. Most importantly, prevention and treatment strategies must include multicultural perspectives and interdisciplinary applications.

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