

# Addressing Childhood Obesity and Diabetes in Tribal Communities in New Mexico

Building stakeholder consensus through research, meetings, and interviews

## **SUMMARY**

In 2012, the Notah Begay III Foundation sponsored research and stakeholder meetings and interviews on the incidence, causes, and impact of obesity and type 2-diabetes among Native American youth in New Mexico, and how to address those challenges.

The foundation, based at Santa Ana Pueblo, N.M., works to curb obesity and diabetes among Native American youth, and foster their leadership potential, through sports and health and wellness programs.

# **Key Findings**

The project team cited these key findings in its final report to the Robert Wood Johnson Foundation (RWJF):

- Many tribes in New Mexico lack the infrastructure and resources to provide good data on the incidence of obesity and type 2 diabetes among their youth.
- Native American populations face unique risk factors, and social determinants of obesity and type 2 diabetes among youth, including family medical history and genetics, high poverty rates, historical trauma, and cultural disintegration.
- Federal and state agencies, tribes, and foundations have not provided clear and consistent leadership in addressing obesity and diabetes among Native American youth.

# **Key Recommendations**

The project team offered these key recommendations in its final report:

 Build culturally appropriate capacity to address obesity and type 2 diabetes among Native American youth through peer-to-peer learning, cross-sector collaboration, and evidence-based program evaluation and research

- Educate parents on healthy eating and cooking, and improve the built environment through safe roads and sidewalks, safe places to play, and new or improved community facilities
- Provide flexible funding to allow tribes to design appropriate programs
- Implement a culturally relevant communications campaign to raise awareness of the obesity epidemic in tribal communities
- Invest in established Native American nonprofits and institutions to serve as intermediary funders and bridge builders to help guide investment, capacity building and connection to best practices and national policy and advocacy strategies to fight childhood obesity and type-2 diabetes.

## **Funding**

RWJF supported this project with a grant of \$89,555 from January to August 2012.

#### CONTEXT

Overweight, obesity, and type 2 diabetes—formerly known as adult-onset diabetes—are rampant in Native American communities, including those in New Mexico, where Native Americans account for more than 10 percent of the population.

In 2009, for example, the state's Middle School Youth Risk and Resiliency Survey found that 34 percent of Native American middle school students self-identified as overweight. Some 39 to 46 percent of Native American students in grades 9 to 12 self-identified as overweight.

In 2011, a report from the New Mexico Department of Health found that 42.7 percent of Native American kindergartners were overweight or obese, and that 49.7 percent of Native American third-graders were obese.

### THE PROJECT

The project team from the Notah Begay III Foundation, led by Crystal Echo Hawk, subcontracted with Blue Stone Strategy Group to report on obesity and type 2 diabetes among Native American youth and interview 23 key stakeholders in New Mexico, including representatives from tribes, tribal health programs, and state agencies.

The project team also held four meetings—three in the Albuquerque area and one in Santa Fe—to identify challenges and opportunities in reducing obesity and type 2 diabetes among Native American children in New Mexico. Some 255 people attended the meetings, including representatives from New Mexico pueblos and tribal health

programs, state agencies, health organizations, and New Mexico and Native American foundations and nonprofit organizations.

Kabotic Consulting facilitated the meetings and produced reports on them. First Nations Development Institute collaborated on one of the meetings. Ken Lucero, then director of the Center for Native American Health and Policy, at the RWJF Center for Health Policy at the University of New Mexico, served as a consultant.

## **Other Funding**

The PNM Resources Foundation, the corporate foundation of New Mexico's largest electricity provider, based in Albuquerque, provided \$10,000 for this project. The New Mexico Gas Company provided \$3,000, Pueblo Insurance Agency of Albuquerque provided \$3,000 and the Pueblo of Santa Ana provided \$1,000 to support the dissemination of the final white paper and a final convening for 100 participants held December 6, 2012 at the Santa Ana Pueblo in New Mexico.

### **FINDINGS**

The project team cited these findings in reports (see the Bibliography) and an interview for this report:

- Many tribes in New Mexico lack the infrastructure and resources to provide good data on the incidence of obesity and type 2 diabetes among their youth. Moreover, sharing of data among the federal Indian Health Service (the primary health provider in tribal communities), tribes, and state epidemiologists is limited.
- Native American populations face unique risk factors and social determinants of obesity and type 2 diabetes among youth. These include:
  - Family medical history and genetics
  - High poverty rates, which are associated with a lack of access to healthy and affordable food, built environments that foster physical activity (such as playgrounds and bicycle paths), prevention programs, and health care
  - Social injustice, historical trauma, and forced displacement, which have led to cultural disintegration among Native American populations, including loss of traditional practices and diets
    - According to one stakeholder who was interviewed, "We used to have a healthy, sacred relationship with food and with each other... We need to figure how to restore this."
  - Inconsistent policies among different levels of government designed to address obesity and type 2 diabetes, and a focus on changing individual behavior rather than community-based environmental change

- Federal and state agencies, tribes, and the philanthropic community have not provided clear and consistent leadership in addressing obesity and diabetes among Native American youth. According to one stakeholder interviewed, the "biggest challenge is a lack of a clear vision at the tribal level... We're without a destination, so how can we create a map to get to that destination?"
- **Promising practices lack coordination and collaboration.** Some tribes have begun to promote Native American food systems, sports programs and other physical activity, and education to prevent childhood obesity and diabetes. However, most of these efforts have occurred in isolation.
- Obesity and diabetes prevention programs for Native American youth lack enough funding to have an impact. For example:
  - Of 34 grants in 2011 from the Indian Health Service to New Mexico tribes and tribal health care facilities to address diabetes, only one focused on obesity and diabetes among youth.
  - Just 0.3 percent of all philanthropic funding in the United States goes to Native Americans, and only 10 percent of that focuses on health.<sup>1</sup>
- Grant funding also often comes with cookie-cutter requirements that make it difficult for tribes to implement culturally appropriate programs.

## **RECOMMENDATIONS**

In its final project report, the project team offered these recommendations:

- Develop accurate demographic, socioeconomic, and environmental information on obesity and type 2 diabetes among Native American youth
- Build culturally appropriate capacity to address obesity and type 2 diabetes among Native American youth through peer-to-peer learning, cross-sector collaboration, and evidence-based program evaluation and research
- Educate parents on healthy eating and cooking, and improve the built environment through safe roads and sidewalks, safe places to play, and community facilities
- Provide flexible funding to allow tribes to design appropriate programs
- Invest in established Native American nonprofits and entities to serve as intermediary funders in order to ensure culturally appropriate engagement, capacity building, and cultural competency. These entities can serve as a bridge between tribal communities and non-Native American funders, policy-makers and influencers in the childhood obesity and type-2 diabetes prevention movement.

<sup>&</sup>lt;sup>1</sup> Foundation Funding for Native American Issues and Peoples. New York: The Foundation Center, 2011.

- Implement a culturally relevant communications campaign to raise awareness of the obesity epidemic among tribal communities. The campaign should focus on:
  - The social determinants of health in tribal communities
  - Revitalizing Native American cultural traditions that promote healthy diets and physical activity
- Increase enrollment in federal nutrition programs such as the Women, Infants, and Children (WIC) program and food stamps, and voucher programs that allow purchase of food at farmers' markets and food co-ops.
- Expand local food systems and access to fresh foods in tribal areas, and in urban areas where off-reservation populations lack access to healthy food
- Remove sweetened beverages and highly processed foods from school concessions and support legislation to tax sweetened beverages

### **LESSONS LEARNED**

- Geographic isolation, distrust of "outsiders," and a lack of resources, programs, staffing, and infrastructure make outreach and advocacy in tribal areas challenging. Project staff worked with strategic allies to overcome such barriers. (Project Director/Echo Hawk)
- 2. When creating programs to address Native American health, foster community ownership. A lack of locally driven research and programs negates the knowledge and cultural resources of Native American communities and reduces the chance that programs will be sustainable. (Project Director/Echo Hawk)

#### **AFTERWARD**

In September 2012, after a presentation from project leaders, the All Indian Pueblo Council of New Mexico unanimously passed a resolution supporting the project's goals and findings, and promoting engagement on them with leaders of the state's 20 pueblos.

In December 2012, the project team sponsored a meeting on its findings and recommendations at the Santa Ana Pueblo, attended by some 100 participants.

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