Prior to COVID-19

Hunger: Few studies have focused on food insecurity in Native communities. One study aggregating data from the 2000–2010 Current Population Survey Food Security Supplement Survey found that 25 percent of AIAN households were food insecure, or twice as likely as White households.1 It is important to note that while more research is needed at the national level, experiences across Tribes differ widely.

Disparities in food insecurity are a result of the structural racism originating with colonization and continuing to the present.2 Historical traumas have impacted traditional foodways, or the connection between culture, community, and the production and consumption of food.3 These traumas include the loss of food sovereignty from the forced relocation of Native Americans from ancestral lands, cultural assimilation policies, disrupted land management, Tribal termination and land privatization, and the substitution of Native traditional foods with commodity foods.4,5,6 These have caused limited access to hunting, fishing, and farming,7,8 and the higher cost of food in Tribal areas.9

Traditional foods and food culture are integral to the cultural well-being of Native communities. Access to Native foods is associated with higher food security.10 In addition, the protective role of cultural practices associated with traditional foodways, like growing or hunting food and intergenerational social cohesion, also reduce disparities in health.11

Poverty: The poverty rate in 2019 among individuals who identified only as AIAN was 23 percent,12 higher than the poverty rate for any other racial or ethnic group.13 High poverty rates reflect critical gaps in infrastructure on Tribal lands due to lack of federal funding,14 including severely crowded housing and lack of clean water and plumbing.15,16,17 AIAN people were also more likely to be unemployed18 or to be essential workers or in jobs that did not accommodate telework options.19

Health: Native communities are at higher risk of serious illness if infected with COVID-19 due to underlying health conditions and high rates of being uninsured when compared to other racial or ethnic groups.20

During COVID-19

Hunger: Although only 28 counties have a Native American majority, 18 of those counties are projected to be in the top 10...
percent of counties with the highest food insecurity rates of 2020.\textsuperscript{21} However, little data on national trends in food security among AIAN populations exists because AIAN data are not disaggregated in the Census Pulse data.\textsuperscript{22}

\textbf{Poverty:} The closure of Tribal businesses to prevent the spread of COVID-19 has resulted in a loss of jobs from these businesses as well as a loss of the main source of revenue for Tribal governments to employ their own staff and provide critical services.\textsuperscript{23,24} In April 2020, unemployment among Native Americans jumped to be 14 percentage points higher than White unemployment,\textsuperscript{25} with large variation by location.

\textbf{Health:} Disparities in COVID-19 cases and deaths among Native Americans have worsened during the pandemic.\textsuperscript{26,27} As of March 2, 2021, the age-adjusted COVID-19 mortality rate was higher for AIAN peoples than for any other racial or ethnic group at 401 deaths per 100,000 people. In comparison, the mortality rate among White individuals was 121 per 100,000 people.\textsuperscript{28} In Tribal areas, high rates of COVID-19 have been associated with structural inequalities and environmental racism.\textsuperscript{29,30,31,32} Despite high rates of COVID-19, Tribes and Tribal Epidemiology Centers have not been given timely access to data, denying them the ability to respond to the spread of COVID-19 in their communities.\textsuperscript{33}

\section*{Impact of the Federal Nutrition Programs}

The federal nutrition programs reduce food insecurity, improve educational outcomes, support physical and mental health, and promote economic stability.\textsuperscript{34,35} The Food Distribution Program on Indian Reservations (FDPIR) is a nutrition assistance program that provides access to food to low-income Native families who do not have easy access to grocery stores through the delivery of food boxes.\textsuperscript{36} While additional funding was provided for FDPIR under the CARES Act in March 2020, FRAC recommends allowing Tribal organizations to enter self-determination contracts to procure foods for FDPIR packages and to allow participants to use benefits from the FDPIR and the Supplemental Nutrition Assistance Program at the same time.

The shortfalls and successes of federal nutrition program access and benefit adequacy in Tribal lands during COVID-19 provide important lessons for making significant and permanent improvements. The Biden administration and Congress must continue to invest in these critical programs. In addition, FRAC supports a broad range of policies to address the root causes of hunger, poverty, and poor health. For current recommendations, see FRAC’s \textbf{Action Center page}. 

Want to learn more? This brief summarizes information from the report \textbf{Hunger, Poverty, and Health Disparities During COVID-19 and the Federal Nutrition Programs’ Role in an Equitable Recovery}. See \textbf{FRAC’s COVID-19 dashboard} for the full report and additional statistics on hunger during the pandemic. 

\textbf{Read More: Hunger in Native America and Our Resilient Response}
Endnotes


12 Note that data for American Indian and Alaska Native and the Native Hawaiian and Pacific Island populations come from the American Community Survey (ACS), rather than the Current Population Survey (CPS). While both are administered by the Census Bureau, the CPS is used to estimate official poverty statistics. However, data are only reported for White, Black, Latinx, and Asian populations — all other races are pooled together due to small sample size. This policy contributes to the invisibility of Native populations from official statistics. For comparison, according to the 2019 ACS, overall poverty was 12.3 percent (compared to 10.5 percent in the CPS) and poverty among the White population was 10.3 percent (compared to 9.1 percent in the CPS).


