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HEARING TO REVIEW THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS

HEARING

BEFORE THE

SUBCOMMITTEE ON DEPARTMENT OPERATIONS, OVERSIGHT, NUTRITION, AND FORESTRY

OF THE

COMMITTEE ON AGRICULTURE
HOUSE OF REPRESENTATIVES

ONE HUNDRED ELEVENTH CONGRESS

SECOND SESSION

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HEARING TO REVIEW THE FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS

WEDNESDAY, JUNE 23, 2010

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON DEPARTMENT OPERATIONS,
OVERSIGHT, NUTRITION, AND FORESTRY,
COMMITTEE ON AGRICULTURE,
Washington, D.C.

The Subcommittee met, pursuant to call, at 10:00 a.m., in Room 1300, Longworth House Office Building, Hon. Joe Baca [Chairman of the Subcommittee] presiding.

Members present: Representatives Baca, Dahlkemper, Fortenberry, and Lummis.

Staff Present: Claiborne Crain, Tyler Jameson, John Konya, James Ryder, Lisa Shelton, Pam Miller, Mary Nowak, Jamie Mitchell, and Sangina Wright.

OPENING STATEMENT OF HON. JOE BACA, A REPRESENTATIVE IN CONGRESS FROM CALIFORNIA

The CHAIRMAN. The hearing of the Subcommittee on Department Operations, Oversight, Nutrition, and Forestry to review the Food Distribution Program on Indian Reservations will come to order. With that, I will begin with opening statements.

I am Congressman Joe Baca from southern California, representing the 43rd Congressional District. After I make my opening statement I will turn to the Ranking Member, Mr. Fortenberry from Nebraska, to give his opening remarks. And any other Members, as they show up this morning, we will allow them an opportunity to make some remarks if they wish so. If not, then we will turn to the witnesses.

Good morning, and thank you for being here before the Subcommittee to examine the Food Distribution Program on Indian Reservations. For many months, I have hoped to hold this hearing to take a closer look at the FDPIR program, which in my opinion, does not get enough attention. It is unfortunate, but a fact of life is that the squeaky wheel gets the grease here in Washington, D.C.: out of sight, out of mind. And while the tribes have continued to work hard for their communities, they are, unfortunately, not always given the attention they deserve from Congress.

With that said, we are long overdue in reviewing the effectiveness of this program. In fact, we went back and looked at the official records and could not find—and I state, *could not*—find a hear-

ing that focused exclusively on Food Distribution Program on Indian Reservations at any time in the recent past. So your comments are even more important.

Not to make you fearful, but you are representing many other tribes that are not here, so your statements today are on behalf of many others are very much interested in assuring that we address the needs of the many tribes throughout the nation. And your comments will also be taken into consideration as we look at reauthorization of the 2012 Farm Bill.

We look forward to hearing from our excellent witnesses on the range of issues that concern the Food Distribution Program on Indian Reservations.

We all know that access to wholesome and nutritious foods affects health, particularly among children and low-income populations. The First Lady, Michelle Obama, has done a great job of bringing much attention to the needs of better nutrition across America. But as we look across America, we must look at our reservations and the impact it is having on the tribes.

In the most recent farm bill, Congress made it a priority to strengthen and modernize the nutritional programs like SNAP and TEFAP which affect millions of Americans. But we must not overlook the Federal nutrition program that serves our tribal communities.

Sadly, the rate of diabetes in these communities is at 17 percent, almost double the rate of the rest of the population. There is a direct correlation between poor nutrition, obesity, and the onset of Type 2 diabetes. Proper nutrition and health among Native American populations should be a top priority for the Federal Government, as well as every taxpayer and every individual, because the higher the cost of obesity due to a lack of good nutrition, we all ultimately end up paying the price.

That is why we are here; to get answers to so many questions: what can we do to stay more informed on unique circumstances of each tribal community; how can we work together to better understand the issues like geographical isolation? We all know what happened with the storms last year on many reservations where you couldn't even get in. There are chronic health problems and cultural concerns. What method works to improve nutrition and health in tribal communities? And what methods do not work?

What are the language barriers? What changes, if any, need to be made to the existing Food Distribution Program on Indian Reservations to improve its effectiveness? These are just a few of those critical questions that we hope to answer at today's hearing.

Again I want to thank you for your willingness to participate in today's hearing. It is part of history. You are making history and we are creating the kind of awareness and the dialogue and collaboration that is needed. We are here to listen and to learn so that we can make good policy choices. We owe it to you and to our country to act to the best of our ability.

[The prepared statement of Mr. Baca follows:]

PREPARED STATEMENT OF HON. JOE BACA, A REPRESENTATIVE IN CONGRESS FROM CALIFORNIA

Good morning, and thank you for being here before this Subcommittee to examine the Food Distribution Program on Indian Reservations.

For some months now, I have hoped to hold this hearing to take a close look at a program that—in my opinion—does not get enough attention.

It is an unfortunate fact of life that the squeaky wheel usually gets the grease in Washington, D.C.

And while the tribes have continued to work hard for their communities, they are unfortunately, not always given the attention they deserve from Congress.

With that said, we are long overdue in reviewing the effectiveness of this program.

In fact, we went back and looked at the official records and could not find a hearing that focused exclusively on FDPIR at any time in the recent past.

So, your comments are even more important, as we anticipate farm bill reauthorization in 2012.

We look forward to hearing from our excellent witnesses on the range of issues that concern FDPIR.

We all know that access to wholesome and nutritious foods affects health—particularly among children and low-income populations.

First Lady Michelle Obama has done a great job of bringing much needed attention to the need for better nutrition across America.

In the most recent farm bill—Congress made it a priority to strengthen and modernize nutrition programs like SNAP and TEFAP, which affect millions of Americans.

But we must not overlook the Federal nutrition programs that serve our tribal communities.

Proper nutrition and health among Native American populations should be a top priority of the Federal Government.

That's why we are here today.

What can we do to stay more informed on the unique circumstances of each tribal community?

How can we work together to better understand issues like geographic isolation, chronic health problems, and cultural concerns?

What methods work to improve nutrition and health in tribal communities; and what methods do not work?

What changes, if any, need to be made to the existing FDPIR program to improve its effectiveness?

These are just a few of the critical questions we hope to answer at today's hearing.

Again, I thank all of you for your willingness to participate in today's hearing.

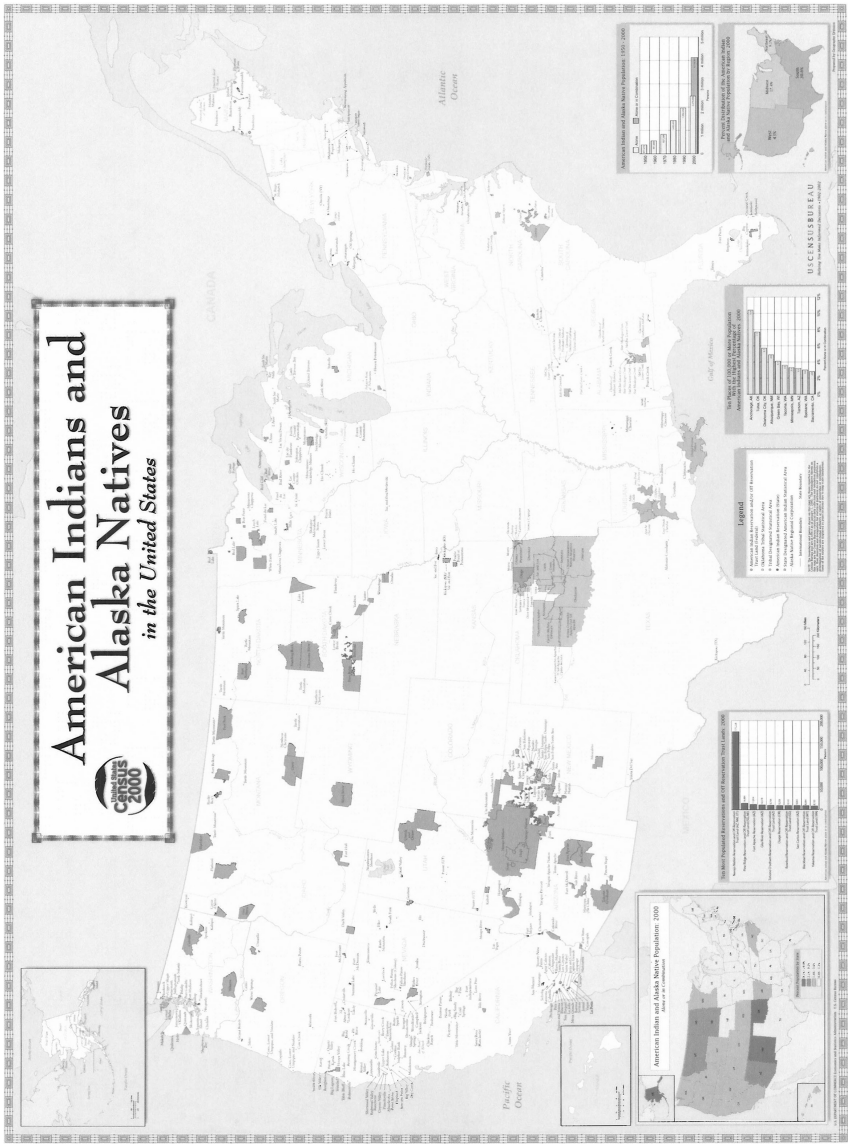
It is important that you share your candid thoughts with us so we can make good decisions about this program.

We are here to listen and to learn so we can make good policy choices.

We owe it to you and to the country to serve to the best of our ability.

I am now pleased to yield to our Ranking Member, Rep. Jeff Fortenberry, for his opening comments.

ATTACHMENT


American Indians and Alaska Natives
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MEXICO
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Atlantic Ocean
Gulf of Mexico
Legend
American Indian and Alaska Native Population: 2000
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The CHAIRMAN. I am now pleased to yield to our Ranking Member, Representative Jeff Fortenberry from Nebraska, for his opening comments.

OPENING STATEMENT OF HON. JEFF FORTENBERRY, A REPRESENTATIVE IN CONGRESS FROM NEBRASKA

Mr. FORTENBERRY. Thank you, Mr. Chairman, for holding this hearing today to review the Food Distribution Program on Indian Reservations. I appreciate the witnesses' time and look forward to the testimony on this important subject.

This program does operate differently than the Supplemental Nutrition Assistance Program—SNAP, as we call it—which allows participants to purchase almost any food item from an authorized food retailer with an electronic benefit transfer card, EBT. Instead, the Food Distribution Program provides participants with a monthly food package to help them maintain a nutritionally balanced diet.

While both SNAP and the Food Distribution Program have the same goal of providing access to healthy food, the manner in which each program achieves that goal is quite different, as the Chairman pointed out.

As we begin this process of reauthorizing the farm bill and nutrition programs, I am hopeful today that the witnesses will share with us what is working well in the Food Distribution Programs and what changes may actually need to be considered.

Chairman Baca and I have both spent a great deal of time, together and separately, discussing health and wellness initiatives, and agree that balanced nutrition is the key to a healthier America.

This Subcommittee has held a number of hearings to discuss the causes, ramifications, and potential solutions to the rising rate of obesity across the country. I am always interested in learning about innovative approaches that encourage a healthy lifestyle that includes nutritious diet and increased physical activity.

Seven out of every ten deaths in this country are caused by a chronic condition, and the top four killers are heart disease, diabetes, cancer and strokes. These are largely lifestyle-related diseases. They could be prevented or better managed, and in some cases even reversed through healthy lifestyle changes. The Food Distribution Program can be a part of this solution by providing a nutritionally balanced food package that includes quality, fresh, desirable foods that appeal to the participants in the program as well.

I look forward, again, to hearing from our witnesses today to learn more about how the program has actually been operating and, again, what has been successful and what we might seek to change in the 2012 Farm Bill.

Again, Mr. Chairman, thank you for your leadership on this issue. And I look forward to the insights that we learn together today.

The CHAIRMAN. Thank you very much for your comments and your continued concern as we address this issue and many other issues in this Committee, as well.

I am going to request that other Members submit their opening statements for the record.

[The prepared statement of Mr. Peterson follows:]

PREPARED STATEMENT OF HON. COLLIN C. PETERSON, A REPRESENTATIVE IN CONGRESS FROM MINNESOTA

Thank you, Chairman Baca, for calling today's hearing. I am glad we are here to discuss the Federal Food Distribution Program on Indian Reservations (FDPIR). This is the first hearing of the House Agriculture Committee focused primarily on FDPIR and issues related to food distribution on Indian Reservations. So, we are long overdue to have a productive and frank conversation about how this program is working.

Today, I hope we can take a look at the FDPIR and how it is working for the Native American populations it is intended to serve. One of this Committee's many responsibilities is oversight, and we need to ensure that both the beneficiaries of FDPIR and the American taxpayer are being well-served. As the Committee begins to consider the 2012 Farm Bill, we are taking a look at many of the programs under the Committee's jurisdiction to be sure that we are spending available money as effectively as possible, and today's hearing is exactly the type of conversation we need to have.

Most people agree that FDPIR needs some improvements. And so, we need to hear from those who use FDPIR to help us assess the current situation and consider possible changes. I want to thank our witnesses for testifying today and sharing their views and expertise, because is absolutely critical to that conversation.

Chairman Baca, thank you again for holding today's hearing, and I look forward to the testimony.

The CHAIRMAN. At this time we would like to turn it to our first witness. We would like to welcome Honorable Kevin Concannon, Under Secretary for Food, Nutrition, and Consumer Services, U.S. Department of Agriculture in Washington, D.C. Mr. Concannon, please begin when you are ready.

STATEMENT OF HON. KEVIN W. CONCANNON, UNDER SECRETARY FOR FOOD, NUTRITION, AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE, WASHINGTON, D.C.

Mr. CONCANNON. Thank you very much. Good morning and thank you, Mr. Chairman and Ranking Member Fortenberry, and Members of the Committee, for this opportunity to discuss the Food Distribution Program on Indian Reservations, or as we refer to it, FDPIR.

I am pleased to be here today to give an overview of this important USDA program that fulfills a vital need serving low-income Native Americans who live on or near reservations. FDPIR is an alternative to the Supplemental Nutrition Assistance Program and is authorized under the Food and Nutrition Act of 2008. The program provides packages of nutritious USDA foods on 275 Indian Reservations, pueblos, rancherias and Alaska Native Villages. Five state agencies and 99 Indian Tribal Organizations, or ITOs, provide this assistance to an average of 90,000 participants each month.

How the program works. Today's FDPIR is an updated, modern version that is attuned to nutritional goals, and purchases food specifically for the food package, rather than relying on surplus items. And I think that is really important.

USDA ships foods to the ITOs and state agencies based on their orders from a list of more than 100 available foods. These agencies store and distribute the food, determine applicants' eligibility, and provide nutrition education to recipients. ITOs have latitude to decide how to set up their food delivery system to be responsive to

participant needs in their communities, including pickup from a local warehouse, delivery to a central location within the community, store-like locations or, as I saw last week up in Minnesota, even routes that may be 150 miles in terms of range that are delivered from a central location.

President Obama's budget for this program for Fiscal Year 2011 is $110 million, which breaks out to be approximately $73 million for food purchases and approximately $37 million for administrative funding.

The food package provides a variety of food items to participating households to help meet their nutritional needs. It is reviewed on an ongoing basis for its nutritional profile and customer satisfaction by the FDPIR Food Package Review Work Group, which includes representatives of the tribally and state-appointed FDPIR directors, USDA procurement specialists, nutrition and health experts from the Food and Nutrition Service, the Centers for Disease Control and Prevention, and the Indian Health Service.

One clear focus of this work group has been to reduce fat, sugar, and sodium levels and to improve food package appeal and convenience to recipients. As a part of the strategic plan of the Department of Agriculture to encourage local and regional food production, FNS is continuing to explore how traditional foods important to many Native communities can be incorporated into FNS' nutrition assistance programs.

With regard to Native communities, we already possess the authority to purchase traditional foods. Incorporating these more culturally appropriate foods will improve farm income within the reservation communities.

Complementing the foods offered in the FDPIR are several nutrition education initiatives. We are working with tribal communities and other health organizations to continue to understand the health and nutritional challenges facing those who receive FDPIR services such as—as the Chairman has noted—the high rates of overweight, obesity and diabetes found among American Indians.

We have awarded approximately $1 million each year to Indian Tribal Organizations in grants for nutrition education since 2008, and I witnessed one of those again last week when I was in Minnesota. These have included individual nutritional counseling, cooking demonstrations, nutrition classes, dissemination of information on how to use and store USDA foods that are part of the Indian tribal food distribution programs.

Funds for administrative costs in FDPIR have been a concern for the Indian Tribal Organizations. In 2005, FNS convened a funding work group comprised of FNS staff, state and ITO representatives, which resulted in a funding methodology that allocates funding based on the number of FDPIR participants and the number of programs in each of the seven FNS regions of the country.

Another important enhancement for FDPIR was $5 million in the American Recovery and Reinvestment Act funding last year to purchase equipment and improve facilities. Funds were used for the purchase of trucks, warehouse equipment, needed upgrades or repairs to heating and cooling systems, roofing, and even warehouse structures.

FNS remains committed to meeting its responsibilities as identified in President Obama's memorandum regarding tribal consultation and collaboration. Secretary Vilsack, our Secretary, has an action plan for the Department of Agriculture with regard to tribal consultation. To those ends, FNS is working with Department officials to develop a plan to actively engage with tribal governments in consultation regarding this very feeding program.

Looking forward, it is clear that FDPIR continues to fulfill an important place in the Federal food safety net. It combines extensive reach into Indian Country with the opportunity for local administration. Yet we are always looking for ways to improve the program. We will continue to work closely with partners such as ITOs, state agencies, and Congress to ensure that we are doing all we can to assist the Native American community.

And I thank you for the opportunity to testify today. I look forward to answering any questions that you may have. Thank you very much.

[The prepared statement of Mr. Concannon follows:]

PREPARED STATEMENT OF HON. KEVIN W. CONCANNON, UNDER SECRETARY FOR FOOD, NUTRITION, AND CONSUMER SERVICES, U.S. DEPARTMENT OF AGRICULTURE, WASHINGTON, D.C.

Good morning, and thank you, Mr. Chairman, Ranking Member Fortenberry, and Members of the Committee, for the opportunity to discuss the Food Distribution Program on Indian Reservations (FDPIR).

I am pleased to be here today to give an overview of this important USDA program that fulfills a vital need to serve low-income Native Americans who live on or near reservations. FDPIR is an alternative to the Supplemental Nutrition Assistance Program (SNAP, formerly the Food Stamp Program) and is authorized under Section 4(b) of the Food and Nutrition Act of 2008. The Program provides food packages of nutritious USDA foods on 275 Indian Reservations, pueblos, rancherias, and Alaska Native Villages. Five state agencies and 99 Indian Tribal Organizations (ITOs) provide this assistance to approximately 90,000 participants each month.

History of FDPIR

The FDPIR was born from the Needy Family Program, which predated the Food Stamp Program and utilized surplus food donations while operating in many counties and Indian Reservations in the 1960s and 1970s. With the effort to make the Food Stamp Program available nationwide in the 1970s, there was also an effort to phase out the Needy Family Program. Several tribes that were operating that program, however, were reluctant to move toward food stamps because stores that accepted food stamps were not always conveniently located and may not have offered products at affordable prices. The Food Stamp Act of 1977 afforded low-income households on reservations the option of participating in either the Food Stamp Program or FDPIR; if they so choose, participants are actually able to switch between the two programs each month according to their need and preference. However, access to healthy and affordable food remains limited in or on many reservations.

How FDPIR Works

Today's FDPIR is an updated, modern program that is attuned to nutritional goals and purchases food specifically for the food package rather than relying on surplus items. USDA ships food to the ITOs and state agencies based on their orders from the list of available foods. These agencies store and distribute the food, determine applicant eligibility and provide nutrition education to recipients. FDPIR operates on established Indian reservations, which are located mostly in the West, Midwest, and Southwest and are often very rural. There are a number of ways that participants can obtain their food packages, including pick up from a local warehouse, delivery to a central location within the community, or from "store locations" at some reservations. ITOs have latitude to decide how to set up their food delivery system to be responsive to participant needs in their community. USDA provides administrative costs to administering ITOs and state agencies to support program delivery. The President's budget for this program for Fiscal Year 2011 is $110 million

which breaks out to approximately $72.9 million for food purchases and about $37.1 million for administrative funding.

FDPIR Food Package

FDPIR provides a variety of food items to participating households to help meet their nutritional needs. Included in the food package are: frozen meats, canned meats, fresh and canned fruits and vegetables, juices, peanuts and peanut butter, vegetable oil, soups, pastas, rice, cereals, cheese, beans, flour, and low-fat bakery mix.

The food package is reviewed on an on-going basis for its nutritional profile and customer satisfaction by the FDPIR Food Package Review Work Group that includes representatives of the tribally- and state-appointed FDPIR directors, procurement specialists from the Farm Service Agency and the Agricultural Marketing Service, and nutrition and health experts from the Food and Nutrition Service (FNS), the Centers for Disease Control and Prevention, and the Indian Health Service.

A clear focus of the work group has been to reduce fat, sugar, and sodium levels and to improve food package appeal and convenience to participants. We are very proud of the FDPIR Food Package Review Work Group and what this partnership has accomplished so far. The Work Group is considering more improvements to the food package, such as more fruits, vegetables, meats, reduced-fat dairy products, and whole grain selections.

One recent item under consideration for the FDPIR food package is bison. This item has been popular with tribes. However, due to its higher cost, bison has only been offered with specific Congressional appropriation. In recent discussions with the FDPIR Food Package Review Work Group, the possibility of offering this on a seasonal basis has been discussed, and we are working to see if this can be accommodated. As we come closer to a resolution, we will be advising the Committee of our progress.

Over the past several years, all USDA foods—including those offered under FDPIR—have been subject to nutritional review and the items in the package now have reduced sodium, sugar, and fat content. FNS is guided in this effort by the Dietary Guidelines for Americans.

Before leaving the discussion of the food package, I want to explain something we call DOD Fresh. Started as a pilot in October 1995, in cooperation with the Department of Defense (DOD), the program allows DOD to supply fresh fruit and vegetables directly to schools. Due to its success, DOD Fresh was expanded to include purchases for FDPIR, thereby allowing the programs to order fresh fruits and vegetables using DOD purchasing agents. About 91 percent of FDPIR programs are enrolled in this option, allowing for a variety of fruits and vegetables probably not available any other way. Households may select the fresh produce in lieu of the canned fruits and vegetables when they pick up their monthly food package.

To give an example of the fresh produce offered through DOD Fresh, some recently added selections include more apple varieties, asparagus, avocado, Brussels sprouts, cauliflower, cherries, seedless grapes, honeydew melon, kiwis, Romaine lettuce, nectarines, plums, and radishes.

FNS is working with other USDA agencies to encourage local and regional food production as part of the overarching strategic plan of the Department. FNS is exploring how traditional foods important to many Native communities can be incorporated into FNS' nutrition assistance programs. With regard to Native communities, we already possess the authority to purchase traditional foods. Incorporating these more culturally appropriate foods will improve farm income within reservation communities.

Food Package Quality

The 2008 Farm Bill required USDA to review the nutritional quality of the food package provided for FDPIR, comparing its content to scientific standards including the Dietary Guidelines for Americans and nutrition benefits under SNAP. We also made comparisons to the Dietary Reference Intakes (DRIs), the Thrifty Food Plan nutrient standards and the Healthy Eating Index—2005. To quote from the summary of the *FDPIR Food Package Nutritional Quality: Report to Congress:*

> *The FDPIR food package provides a nutritious variety of foods, and sufficient calories to meet the energy needs of most sedentary individuals and many moderately active children. While, similar to American diets in general, there is room for improvement in the quantities of fruits, vegetables, low-fat dairy products and whole grains, the nutritional content of the package is considerable.* ***Individuals consuming FDPIR foods in the quantities provided would achieve a HEI–2005 score of 81 out of 100, considerably better than Americans in general (58 out of 100) and SNAP participants (52 out of***

100). *The efforts of the FDPIR Food Package Review Work Group, a partnership between FNS and the American Indian community to improve the food package, have contributed to the package's quality.*[1]

Web-Based Ordering

FNS is currently in the midst of major system changes that will affect the ordering process for our program operators. In the coming months, FNS and other agencies will be transitioning to Web-Based Supply Chain Management (WBSCM). WBSCM is an initiative to replace the aging Processed Commodity Inventory Management System (PCIMS) and satellite systems including USDA's Electronic Commodity Ordering System (ECOS). WBSCM is a commercial off-the-shelf system featuring standard e-commerce food order entry, real-time order and shipment status, online viewing of shipment documents, and an integrated enterprise supply chain system. It will make doing business with USDA easier by increasing collaboration, data and information visibility, efficiency, and improving service to customers, suppliers, and business partners through a seamless, efficient supply chain.

WBSCM is slated to go live at the end of this month (June 2010). This will impact FDPIR because FNS must temporarily stop most food ordering in mid-June. FNS has been preparing FDPIR ITOs and state agencies for this transition by providing training sessions on the new system and encouraging all ITOs and state agencies to order the foods they need to serve full food packages to participants in advance of the mid-June cutoff date. Ordering through the new system will start at the beginning of July.

Nutrition Education Materials

Complementing the foods offered in the FDPIR are several nutrition education initiatives. We are working with Tribal communities and other health organizations to continue to understand the health and nutritional challenges facing those who receive FDPIR services. American Indians in general face high rates of over weight, obesity, and diabetes. Our concern over these diet-related illnesses is linked to our broader concerns with the obesity epidemic. Strengthening FDPIR is one of the many steps USDA will be taking to contribute the Administration's goal of solving the problem of childhood obesity within a generation. Over 16 percent of American Indian and Alaska Native adults served by the Indian Health Service have been diagnosed with diabetes, about twice the rate found in U.S. non-Hispanic whites. Diabetes-related mortality for these groups is about three times the national rate. In addition, up to 75 percent of American Indians are lactose intolerant, potentially limiting their use of low-cost dairy products containing lactose and presenting a challenge in delivering adequate calcium, potassium and vitamin D.[2] We at USDA want to be sure that our programs are responsive to concerns about diet-related illnesses.

We understand that we need to be part of the solution and. USDA is committed to ensuring that we have materials and support for increasing nutrition awareness and effecting wise food choices. We provide FDPIR participants with information about nutrition and suggestions for making the most nutritious use of USDA foods. Available materials include:

- USDA food fact sheets that provide storage, preparation tips, nutrition information, and recipes are accessible on the FNS website: *www.fns.usda.gov/fdd/programs/fdpir/cfs_fdpir.htm.*
- "A River of Recipes: Native American Recipes Using Commodity Foods"—A collection of tried and true recipes submitted by program participants (accessible on the website at: *www.fns.usda.gov/fdd/recipes/hhp/fdpir-cookbk_river1.pdf*). Also, we are developing another book containing 40 culturally relevant recipes using USDA foods along with photographs and graphics. Some of these recipes were submitted to us by program participants.

In FY 2010, we distributed seven different nutrition education videos in DVD format to each ITO and state administering FDPIR. The videos can be shown to program participants in waiting areas, during nutrition education classes and special events, and in other venues. Topics covered include how to analyze food labels, eating healthy portion sizes, and choosing healthy beverages.

In FY 2007, we initiated a FDPIR NutritionTalk Listserv. The listserv plays a role in promoting open communication and an exchange of information between tribal

[1] The entire report can be found at *http://www.fns.usda.gov/oane/menu/Published/FoodDistribution/FDStudies.htm.*

[2] *FDPIR Food Package Nutritional Quality: Report to Congress—Summary,* Food and Nutrition Service, Office of Research and Analysis, November 2008. *http://www.fns.usda.gov/oane/*

communities, USDA, and other agencies and organizations that provide diverse nutrition education, materials, resources, and/or health-related services to participants in FDPIR.

Administering agencies are responsible for providing nutrition education to participants. Federal administrative funding is available for these activities, which can include individual nutrition counseling, cooking demonstrations, nutrition classes, and the dissemination of information on how USDA foods may be used to contribute to a nutritious diet and on the proper storage of USDA foods. In FY 2008–2010, we awarded nutrition education grant funds totaling approximately $1 million each year to ITOs. These grants were created to enhance the nutritional knowledge of participants and to foster positive lifestyle changes for eligible household members through intensive, integrated nutrition education interventions.

Additionally, we are currently working in conjunction with USDA's Food and Nutrition Information Center to develop a nutrition education training module for FDPIR staff providing nutrition education to recipients. The module will be available via the Internet. It will provide tips on making nutrition education fun, advice on serving low-literacy recipients, and information on reading food labels, nutrient basics, food safety, and other topics. We are also developing a depository site where nutrition education and technical assistance materials for FDPIR recipients, and best nutrition education practices can be shared by ITOs and states. FNS is committed to working with Tribal governments to ensure that the administrative and delivery mechanisms for FDPIR ensure to the greatest extent possible the dignity and self-worth of those receiving package benefits.

Administrative Costs

Funding for administrative costs in FDPIR has been a concern for the ITOs and, in 2005, FNS convened a FDPIR Funding Work Group comprised of FNS staff and representative of the tribally- and state-appointed Program Directors to develop a funding methodology that would be fair and easy to understand.

This was a large and difficult undertaking—bringing divergent perspectives together to solve a common problem. The result was a funding methodology that allocates funding among the FNS Regional Offices, with 65 percent of the funds allocated based on each Regional Office's share of the national number of FDPIR participants, and 35 percent allocated according to the number of FDPIR programs in the region. Each Regional Office continues to negotiate with individual FDPIR administrators on the approval of their annual program budgets, within the amount of funds allocated to the Regional Office.

Another important enhancement for FDPIR was $5 million in American Recovery and Reinvestment Act (Recovery Act) funding last year to purchase equipment and improve facilities. Funds were used for the purchase of trucks and warehouse equipment and needed upgrades or repairs to heating and cooling systems, roofing, and warehouse structures.

Comparison to SNAP

I mentioned earlier that FDPIR was intended to be an alternative to SNAP. In fact, household eligibility is very similar between the two programs. For example, under both programs, a household's net monthly income must be less than 100 percent of the Federal Poverty Guidelines. However, under SNAP, states have options like waiver authority (where, for example, the requirement for face-to-face interviews could be waived), categorical eligibility, and other rules allowing for flexibility. In FDPIR, the original design goal was to keep the income and resource limits at the same level as SNAP so that most households would be eligible for both programs. Month-to-month switches between the programs are allowed. The more complex features in SNAP were not carried over to FDPIR so that the program would be easier to administer. The benefit delivered also makes the two programs differ. In SNAP, as household income rises, the amount of SNAP benefit decreases up to the minimum allotment. In FDPIR, there is no benefit reduction from the full food package amount, making the food package a better deal for those with net monthly incomes close to the income limit.

There are also practical and cost limits to what is available for delivery in FDPIR. While USDA does work continuously to improve the healthfulness and variety of the foods we offer, large grocery stores can offer thousands of items that can be purchased with SNAP Electronic Benefits Transfer (EBT) cards; this variety of food choices is one widely reported reason that households switch from FDPIR to SNAP. Under the Recovery Act, the law raised the Thrifty Food Plan allotment by 13.6 percent starting in April 2009, giving households in SNAP increased purchasing power and improving the comparative attractiveness of SNAP to FDPIR.

Future Considerations

As we move forward, we will continue to look for opportunities to support the nutrition needs of Native Americans, not only through FDPIR but our other nutrition programs as well. For example, we are currently exploring strategies for encouraging greater use of traditional native foods through the school meals program. The 2008 Farm Bill gave schools greater flexibility to preferentially purchase locally-produced unprocessed agricultural projects. USDA is now working with Bureau of Indian Affairs and Bureau of Indian Education to improve school lunch offerings in BIA schools, while encouraging farm-to-school market opportunities for farmers and ranchers, increasing access to traditional foods, and implementing the First Lady's 'Let's Move' initiative focused on reducing childhood obesity within BIA schools.

FNS remains committed to meeting its responsibilities as identified in the Presidential Memorandum regarding Tribal Consultation and Collaboration, and the Secretary's Action Plan for the Department with regard to implementation of E.O. 13175. We recognize the responsibilities USDA and FNS hold with regard to Tribal governments and their citizens and we respect the government-to-government relationship. USDA's Strategic Plan additionally recognizes and incorporates these important responsibilities. To those ends, FNS is working with Department officials to craft a plan to actively engage with Tribal governments in consultation with regard to FDPIR. We would be glad to brief the Committee at a future date concerning the outcomes of those consultation sessions.

Looking forward, it is clear that FDPIR continues to fulfill a unique place in the Federal food safety net. No other nutrition assistance program combines the reach into Indian Country with the opportunity for local administration. Yet we are always looking to improve the program and will continue to work closely with partners such as ITOs, state agencies, and Congress to ensure that we are doing all we can to assist the Native American community.

Thank you for the opportunity to testify today. I look forward to answering any questions that you may have.

The CHAIRMAN. Thank you very much for your testimony this morning.

Before I begin with the questions, I would like to welcome Kathy Dahlkemper from Pennsylvania to our Committee.

With that, I will begin with some of the questions. We will have 5 minutes, and then at the end of 5 minutes I will turn it over to other Members here to ask additional questions.

Under Secretary, one of the questions that I have is pertaining to diabetes. With the high rate of diabetes among Indian populations, is there a way to combine the nutritional goals of FDPIR with the health needs of those with diabetes?

Mr. CONCANNON. Mr. Chairman, yes, indeed. And again, I was fortunate to fly up to Minnesota last week to observe firsthand an Ojibwe Reservation's efforts and initiatives in the FDPIR program. And while I was there, I also got to meet representatives from the Indian Health Service, from the tribal leadership itself, and from the FDPIR program operated in those communities; in this case, White Earth. And they had a specific focus on education, both preventive education to prevent diabetes, and they showed me some very culturally aligned, very appropriate versions of the food, My Food Pyramid that had been adopted—or adapted, I should say—to the tribal community. It was a tepee-shaped MyPyramid that showed in each of the categories of MyPyramid the specific FDPIR foods and where they fit in: the grains, the fresh vegetables, *et cetera*. And they showed me some, again, efforts that they make with families when they come in. And I was particularly pleased to see the engagement with the Indian Health Service and the commitment of the tribal leadership itself on the nutrition education side. They were very much aware of it. This was an outstanding example to see it firsthand.

So I know, as I mention in my testimony, when we select the foods for this, we have participation from that advisory group from the Centers for Disease Control that has a pretty significant initiative, as it pertains to diabetes in the Indian community. We link our education funds, and, in fact, a person, a Native representative who was there last week, who is actually part of the SNAP education program. So, in this particular community, there is a lot of integration of the various education efforts, recognizing the terrific challenges that are there with the very high rates of diabetes that you mentioned in your statement.

The CHAIRMAN. Thank you. Have there been any studies that have been done? Because we should look at nutrition and diabetes and the effects on our children and adults, and on the life span of individuals on our reservations.

Mr. CONCANNON. I am not directly aware myself. I know there have been studies done by us under CDC auspices around diabetes in the Native Community, but I am unaware directly. I will have that checked out in terms of life span. But I would expect it would adversely affect life expectancy, just because of those very high rates.

The CHAIRMAN. Right. A lot of our children are dying a lot sooner because of obesity. That has led to a lot of interest around the issue of nutrition and changing the culture in terms of eating. I know that you addressed that in part of your testimony, that we need to begin to change the culture of what we eat. It doesn't mean that we can't eat some of the same food, but we have to eat in moderation. It impacts us. And it impacts the type of food distribution on our reservations, too.

Mr. CONCANNON. You know, Mr. Chairman, I appreciate your reference to the food that is distributed on the reservations. I took the occasion to spend some time in the warehouse of this tribal organization, and the warehouse manager, as well as the FDPIR director for the tribal community, were pointing out to me the individual items that are now available through FDPIR. And as I mentioned in my testimony, it is no longer the surplus food program that it was when it started back in the 1970s. The food has been markedly improved in terms of less sodium, less sugar. There is much more focus on nutritious foods, more whole grains.

And the staff in the warehouse pointed that out to me as they were filling orders for individual families. Less salt, for example, in the canned vegetables that were available. They brought me into the freezer to show me the fresh produce that is available through the Department of Defense as part of the FDPIR program, which are additions to the program in recent years. So we know the food package is getting healthier.

But I was also reminded by a tribal nurse that they have the same challenges in tribal communities that the rest of the country has with young people not exercising enough. We spend too much time watching television, playing computer games, working on computers. And interestingly enough, this particular tribal community had a program they run in the summertime, a camp that is very much focused on nutrition, but also activity. But you have to physically be active.

The CHAIRMAN. Okay, thank you. You mentioned at the beginning of your testimony, if I am correct, that in the food distribution allocation for 2011, the President has allocated $110 million. Is that correct?

Mr. CONCANNON. Yes, sir.

The CHAIRMAN. Is that enough for food distribution on our reservations in light of the high unemployment, and in light of the economic situation that we are in right now?

Mr. CONCANNON. That is a fair question to ask. But it reflects our best belief that this will be adequate to cover the needs, because there has been a slight decline in the actual number of FDPIR recipients because, as I think you and the Ranking Member realize, Native Americans have the option of either participating in FDPIR program or in the SNAP program.

And I have asked internally at FNS that in the next year, whereas we are now developing our research agenda, that we look at the interaction between SNAP and the FDPIR program.

I believe that some individuals are moving from FDPIR over to the SNAP program because, in the stimulus bill, if you will recall, the average monthly benefit in SNAP was increased, and that same increase was not accorded to the FDPIR program. So I believe there are individuals who are making decisions to move into SNAP.

Of the 40 million people in the U.S. currently on the SNAP program, 1.4 million of that 40 million identify themselves as Native Americans.

Personally, that's unfortunate because the FDPIR program offers a particularly relevant and healthy set of food choices. But, its average monthly value may be viewed as less than should that family be on the SNAP program in areas where they have access to other food stores. And in many places, as I think the Chairman and Members are aware, tribal communities are located in isolated regions, and they don't have good access to supermarkets. They are in virtual "food deserts," as the term has come to be used.

The CHAIRMAN. What can be done to create the awareness of what is available to many of our tribes in the reservations? This is money that has already been allocated in our past farm bill. Yet, there is lack of participation. Individuals are still not applying and utilizing the SNAP program the way they should be.

It is not like it is going to cost the state or the reservations or anyone additional dollars. These are dollars that are already allocated that are just sitting there that are not being used.

What do we need to do to educate our communities and create the kind of awareness that will make our tribes a lot healthier? What can be done, either through education programs, awareness programs, outreach programs?

Mr. CONCANNON. Well, Mr. Chairman, I think clearly one of the areas in which more effort and more focus has to be devoted is to communicate to the tribal communities that the food package, the 100+ foods that are available through the FDPIR, indeed, are not the surplus commodities of old. It is a much improved food package. And we suffer, frankly, from the sort of stereotype or the legacy of that old-line surplus food program.

These are much healthier foods. And I know that is an area that we are very interested in, in basically communicating a more up-to-date brand, if you will, on the fact that these foods are healthier, they have less salt, less sugar. You no longer can purchase or receive certain commodities in this because they were out of compliance with the dietary guidelines.

Interestingly enough, Congress directed the Food and Nutrition Service in the 2008 Farm Bill to assess the health quality in the FDPIR food package. And four measures were used. Those were the dietary guidelines for all Americans, the MyPyramid, the thrifty food plan that we rely upon, and the healthy eating index that has been developed by the Center for Nutrition Policy and Promotion.

And interestingly enough, the food package available in the FDPIR program received a composite score of 81. The food that the average American eats in all income levels received a score of 58. And the SNAP program participants received a score of 52. So actually, this program, FDPIR, both on the basis of the foods available and the foods selected by recipients, has moved much further in the direction of better nutritional eating.

So part of it is our goal to overcome the stigma, if you will, of the history of the past program. But also, we need to make sure that we keep the program in alignment in terms of eligibility and benefits with the SNAP program because that has historically been the intent of Congress: to make sure that this program parallels the SNAP program.

The fact that with the stimulus additions to SNAP, SNAP may be viewed in certain communities across the country as more financially beneficial than the FDPIR. And I think that would be an important area to look at in the reauthorization of the next farm bill.

The CHAIRMAN. Thank you very much.

At this time, I would like to turn it over to our Ranking Member, Mr. Fortenberry.

Mr. FORTENBERRY. Thank you, Mr. Chairman.

I am very interested in the last comment you made, because it is related to what I have been interested in finding out. Whether or not there is a correlation with this subset of food delivery program, as a part of our larger nutritional programs to improved outcomes in health, reduced costs, while we are protecting vulnerable persons. It is more than just us talking about how effective this is, this program that is being delivered, how it is meeting the mandate of Congress. Can it be viewed as a trial subset of a paradigm shift potentially, in the way in which all nutrition programs are potentially effective and then delivered? So can you speak to that?

Have you run any studies that, again, try to look at this methodology and compare it to other methodologies of food distribution, measured by improved healthcare outcomes, reduced costs, as well as the proper protection for vulnerable persons?

Mr. CONCANNON. Mr. Fortenberry, I understand your question. To my knowledge, I don't think there are any current studies that incorporate all of those elements. I am very mindful that we are about to award a healthy eating pilot that Congress authorized in the last farm bill that is intended to test creating incentives for in-

dividuals enrolled in the SNAP program to purchase more fruits and vegetables. And we are very interested in that.

And actually, earlier this week I had a meeting with a coalition of organizations that are deeply committed to locally grown foods, but also encouraging low-income folks to have better access to farmers markets and healthier foods. And I know there are private sector initiatives that we are watching very closely through organizations like Wholesome Wave, where they are creating additional incentives for people to buy healthier foods.

I am also mindful that one of the largest food chains in the country is tracking very carefully the purchases made under the SNAP program. And they indicate to me that purchases made by the SNAP enrollees aren't significantly different from the rest of us. And so I think that brings us back to the need to do a better job of both educating and nudging people in the direction of eating healthier.

The Center for Nutrition Policy and Promotion is part of our mission area at USDA that I have responsibility for. And I was reminded months ago by the director that only two percent of Americans—unfortunately, only two percent of Americans—fully adhere to the dietary guidelines for all Americans. And even though we intellectually may know we should eat better, not enough people really live up to that. And I think it is a challenge for us.

We have lots of professional nutritionists and dieticians, but we are also beefing up our capacity with more behaviorists, more people who have some understanding. I am confident that the supermarket chains know what motivates us to pick up an item from one shelf *versus* the other. And we don't have that corresponding knowledge capacity on the Federal level. I think we need to develop more of that.

And we are also, currently, very actively involved in the recommendations of the Dietary Guidelines, the next version which will come out late this year, 2010. And there are no surprises in it. It suggested all of us consume too much sodium, too much sugar, too much fat, not enough vegetables, not enough whole grains. There are the basic things. So we are very interested in trying to redirect people back to fewer processed foods and eating healthier.

Mr. FORTENBERRY. Well, that is a commendable goal that we share as well. And part of the answer that you gave to my direct question actually touches upon some of the hearing topics that we have held in other formats. It strays a bit from our topic today, but I understand you are trying to give a holistic answer to the overview of this question.

But I do think we have an opportunity here to think about what I proposed earlier; that if this program could be analyzed further to see if it meets that threefold test of, again, as a novel program, basically improving healthcare outcomes, reducing costs as compared to other delivery mechanisms, as well as protecting vulnerable persons, we should think through that more carefully.

I think that, if you would, Mr. Secretary, I think that is a recommendation I would like to give you to take back to the Department. We may have a data set available here that, again, could

give us evidence of how to shift some of the nutrition programs to meet that threefold test, which I think we all share.

Let me ask you another quick question. If the tribe grows fruits and vegetables, or has livestock production, or grows other commodities, could these products actually become part of the Food Distribution Program, again, enhancing the option for locally grown foods and creating more vibrant local economies through agricultural entrepreneurship?

Mr. CONCANNON. Thank you. I believe we have that authority now from a prior, more recent farm bill. Its access has been very limited to date, in part because of the challenges of if you have too much variation across the country in those 100+ foods, is it going to be a challenge to track? But it is a direction we want to go both as an agency, and we recognize, to your point, fresher local foods plus helping the economy, we do two goods things in the process.

Mr. FORTENBERRY. Thank you very much. That is all I have, Mr. Chairman.

The CHAIRMAN. Thank you very much. Now I would like to turn it over to the gentlewoman from Pennsylvania, Mrs. Dahlkemper.

Mrs. DAHLKEMPER. Thank you very much, Mr. Chairman. Thank you Mr. Concannon. I want to follow up on Mr. Fortenberry a little bit here and ask you about the nutrition education portion of the FDPIR program, and maybe if you could tell me how that compares to SNAP recipients' nutrition education.

Mr. CONCANNON. Yes. As I mentioned in my testimony, the program now expends about $1 million a year through the tribal organizations focused on nutrition education, with the FDPIR program specifically. And the tribal community that I recently visited actually had adapted a number of the MyPyramid graphics to a tribal, culturally, appropriate sort of applications.

One was literally a tepee shape—each panel on it reflected one of those triangles currently on the MyPyramid. So they do education. In this case, they do education with children who appear to be overweight. They run a camp as part of their summer camp.

Mrs. DAHLKEMPER. Mr. Concannon, can you compare that to me, for example, to a culturally specific group in an inner city, here in Washington? I guess I am just trying to find out if some of the improvements that we are seeing through this program have more to do with having a cohesive group culturally who you are able to work with on this nutrition education *versus* a SNAP program here in Washington, D.C., in which you have people from all over, different cultures, whether they are white, African American, Hispanic, from many other countries.

And so I am just wondering if you think that there is any correlation with the fact that you have a very specific subset of people that you are dealing with.

Mr. CONCANNON. I don't have any evidence that I am aware of or can point to saying that the nutrition education focused in these communities is more effective than SNAP education, generally. But I am aware that it is very much tailored across the country in these tribal communities.

During the visit that I made, one of the educators was paid for through FDPIR education. But there was also a SNAP Ed representative there as well. And she said, "I am paid for by SNAP

Ed. I work with the schools in terms of their nutrition education as well as here."

So I guess what I would say is there was a much more cohesive, coordinated effort in the tribal community than we often see in urban areas, or in other parts of the country.

Mrs. DAHLKEMPER. I think as we look forward, and if we are going to look into this and the effectiveness, that is obviously one of the factors.

I wanted to ask you a little bit about the fruits and vegetables brought in, the supply chain on that, how difficult that is to get into these fairly remote areas; because, obviously, that is one of the issues why we have the program *versus* SNAP.

And then is there any incentive for local production, and how that then is tied into the program? Because, obviously, I think that is very important in terms of the culture and the foods that the individuals are accustomed to eating.

Mr. CONCANNON. Yes. To your first question, we rely upon the Department of Defense actually, the same contract that we piggyback on, so to speak, nationally, for distribution of fresh fruits and vegetables. And in this tribal visit I saw them firsthand. The tribal leadership told me they were demanding and making sure that the products they received met their standards. They referred to the first delivery not meeting their standards. They sent them back and they said, "We haven't had that problem since." So they were very positive about the fruits and vegetables on that question.

And as far as the supply chain, we are about to make changes in how communities can order electronically. We are about to convert to a web-based ordering system that will be effective the 1st of July, a couple of weeks from now, that actually will allow communities to order today for delivery within the next few days. Right now in our system, they have to order weeks ahead on the fresh fruits and vegetables. So we are making changes that will be better and easier.

Mrs. DAHLKEMPER. Do they all have the capability for that web-based ordering?

Mr. CONCANNON. I believe they do. Yes.

Mrs. DAHLKEMPER. That is good. Well, thank you very much. I appreciate it.

And the other question, I have is about local production and if there are incentives to do any local production of food on the reservation?

Mr. CONCANNON. There is authority for us to do that. I don't think we have done enough of it, to be perfectly frank with you. I think there is interest in the community. Wild rice, for example, as a purchase that is grown locally. And one of the challenges we have in that regard is balancing the average cost. Some of these locally produced items, like bison meat or wild rice, in this case, cost more.

So in order to accommodate that, we would have to reduce other items in the package and we haven't figured out how to balance both goals. But we definitely want to encourage more local production, more local foods. And one of the areas we may be able to link that up with are the school-based programs.

We are encouraging farmers to grow at scale. If they know they are going to get an order from the school system as well as from the USDA FNS, for example, then we think it is more likely we would be able to both produce sufficient quantities but also price. Price is an issue.

Mrs. DAHLKEMPER. Can you do that scale in terms of across the whole program? You know, where one group could produce the bison, for example, and then that would be utilized throughout the whole system with that economy of scale that you are looking for?

Mr. CONCANNON. My understanding on the bison, it is occasionally made available, but for the most part it is a price issue. And I don't know. I will have that question researched.

Mrs. DAHLKEMPER. Thank you very much. I yield back.

The CHAIRMAN. Thank you very much. I have some additional questions that I am going to ask, and then if any other individuals here would like to ask any additional questions they are also welcome.

While I am happy to hear that FNS is moving forward with new technology advancement, like the Web-Based Supply Chain Management System, I do have some concerns as to how this transition will affect the FDPIR.

As you are aware, many of the tribal communities and reservations that take part in FDPIR are extremely rural areas. Do these areas all currently possess broadband infrastructure necessary to effectively use the web-based ordering system?

Mr. CONCANNON. I don't believe that they all have broadband at this point. But, I think they have it, in the program area access to the Web, to be able to request foods. And the intent, obviously, is to make it easier for the tribal communities. Rather than several weeks where they have to plan now, this will allow them on a quick turn-around, within a matter of days, to order these foods. So it is on hold, and there has been a lot of work done for this very time period we are in.

The CHAIRMAN. Well, how do we plan on accommodating these tribes or these organizations that lack the appropriate Internet access technology?

Mr. CONCANNON. The program directors, I am advised, are able to order even if they don't have a full range of current electronic capacity.

The CHAIRMAN. I hope that we can continue to do that until everybody becomes modernized and has the kind of technology to make sure we provide the same kind of service.

Let me ask as a follow-up question, I understand that one significant difference between SNAP and FDPIR is high administrative costs associated with food storage and transportation, that participating tribes and states must absorb in FDPIR. What has been the reception from states and tribal organizations with regards to the 2005 working group decision to change the administrative funding formula?

Mr. CONCANNON. I know it has been negotiated. As I mention in my testimony, it is a portion, those administrative funds, about $37 million in the upcoming year, that are apportioned by the USDA regions and then apportioned to tribal organizations or states

based on the number of FDPIR enrollees in that area. And, formulas are always challenging, but I believe it is working.

The CHAIRMAN. Okay. And how does USDA coordinate the efforts of FDPIR to serve nutritional foods with the efforts of Indian Health Services and other agencies that look after the health of Native Americans?

Mr. CONCANNON. Mr. Chairman, we have an advisory group that advises us on this. And that advisory group includes representatives from the Native American FDPIR providers. But it also includes a representative from the Centers for Disease Control and Prevention and also a representative from the Indian Health Service. So the intent is to reflect the best science, if you will, across the government.

But I have also mentioned in my testimony that we are committed. The President has issued an Executive Order and the Secretary has made it unequivocally clear to us, the various mission areas within USDA, of his commitment to do tribal consultation on these matters. And that is an area that we haven't done as well as we should have in the past. We are in the process right now of devising a plan that extends across all the mission areas within USDA to do tribal consultation on matters such as the engagement with tribes in FDPIR.

The CHAIRMAN. Okay, thank you. One final question: What steps can be taken, either by USDA or Congress, to improve the public image of the USDA's commodity foods?

Mr. CONCANNON. I certainly believe that, as I mentioned, we suffer under a stigma of the past in that regard. I think better branding, really making it clear, in the same way we communicate changes and improvements to these tribal communities of the healthier package that it represents. I think a number of things can be done that way, certainly. But first, importantly, education to the affected communities that it is not your commodities program of old. It is a better program.

The CHAIRMAN. Thank you. At this time I will turn it over to Mr. Fortenberry.

Mr. FORTENBERRY. The only thing I would like to add is an answer to the Chairman's questions: Is it improving health care outcomes? Is it helping reduce costs? And is it protecting vulnerable persons? I think if we get an answer to all of those things, the appropriate benefit costs compared to other delivery systems, this will market itself and, again, perhaps become a type of paradigm shift in the way in which we think about delivering nutritional programs as social safety nets.

Mr. CONCANNON. Thank you.

The CHAIRMAN. With that, that concludes our questions of the Under Secretary, so thank you very much for your testimony this morning. Thank you.

At this time, we would like to welcome our next panel. Thank you. We have Honorable Andy Joseph, Chairman of the Northwest Portland Area Indian Health Board, Tribal Council Member, Confederated Tribes of the Colville Reservation, and Chairman of the Health Committee of the Affiliated Tribe of Northwest Indians, Portland, Oregon.

And then we have Norma Merriman, Group Leader, Cherokee Nation Human Services.

Mr. Joseph, you may begin when you are ready.

STATEMENT OF HON. ANDREW JOSEPH, JR., COUNCIL MEMBER, CONFEDERATED TRIBES OF THE COLVILLE RESERVATION; CHAIRMAN, HEALTH SUBCOMMITTEE, AFFILIATED TRIBES OF NORTHWEST INDIANS; CHAIRMAN, NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD, PORTLAND, OR

Mr. JOSEPH. My name is "Badger" in my language. I am a councilman from the Confederated Tribes of the Colville Reservation. As you stated my different titles, I also am an Executive Committee Member of the National Indian Health Board.

Good morning, Chairman Baca and Ranking Member Fortenberry. Thank you for allowing me to give this testimony today. I am here on behalf of ATNI and represent the 57 tribes from the States of Alaska, California, Idaho, Montana, Nevada, Oregon, and Washington.

The United States has a Federal trust responsibility that is based on numerous treaties and active Executive Orders. These legal instruments cede millions of acres of land to the U.S. in exchange for certain reserved rights and basic provisions that include programs such as the Food Distribution Program on Indian Reservations. The Food Distribution Program on Indian Reservations is very important for Indians and, in many cases, it is the sole source of food for Indian people that live on isolated Indian reservations.

The fact is that Indian people live in desperate poverty and are among the poorest in the United States, 25 percent of Indians in the U.S. live at or below poverty level, and this rate is substantially higher on Indian reservations. As an example, for Indian reservations in South Dakota, as many as 44 percent of Indians live below the poverty level. In the seven poorest counties in the U.S., five consist of Indians that make up the majority of the population.

This poverty causes food insecurity and leads to other medical and public health issues, as well as affecting the learning ability of our Indian children when participating in the educational system.

The drastic shift from help subsistence and traditional foods to foods high in sugar, starch, and fat created a healthcare crisis in Indian Country. High obesity and diabetes have resulted in a kind of cardiovascular disease, the number one killer in Indian Country.

Because of these reasons, it is critical that this program be continued and improved and provide quality nutritional products. If this program is reduced or eliminated, it would have a devastating impact on the food security of Indian people throughout the United States.

Our recommendations: One, for decades USDA's answer to tribal questions for the inclusion of healthier and more traditional native foods in the Food Distribution Program food packages has been that the program has insufficient funds. The FDPIR is a crucial program for Indian tribes, and it is imperative that Congress provide increased funding needed to improve the nutritional content of

the food packages and offset rising transportation and maintenance costs.

Two, tribes have always been concerned about efforts to establish a more equitable methodology for allocating the FDPIR administrative funds among the Independent Tribal Organizations and state agencies, with many voicing concerns about the potential funding cuts and some proposed provisions to protect against funding cuts. Again, it is critical that Congress provide adequate funding for the FDPIR, so that such administrative issues do not reduce the level of food and services provided to American Indians and Alaska Native people.

Three, integration of health promotion and disease prevention, along with the nutritional counseling, should be incorporated with the FDPIR, along with increased funding to carry out these functions. This would assist to address the high rates of obesity, diabetes in tribal communities.

Four, many tribes have requested and support including traditional food choices such as Indian corn, bison, smoked salmon, accounting for differences among tribes as permanent items in the food package.

Thank you, Mr. Chairman and Members of the Committee. And I remain ready to answer any questions to provide additional information.

One thing I would like to include, on my reservation, we did a survey, and 37 percent of our youth in the nine school districts on our reservation, 37 percent from K–8 were at the pre-diabetic stage. And you know, this program would help. The nutritionists really do a good job on helping teach our people how to use these foods also.

[The prepared statement of Mr. Joseph follows:]

PREPARED STATEMENT OF HON. ANDREW JOSEPH, JR., COUNCIL MEMBER, CONFEDERATED TRIBES OF THE COLVILLE RESERVATION; CHAIRMAN, HEALTH SUBCOMMITTEE, AFFILIATED TRIBES OF NORTHWEST INDIANS; CHAIRMAN, NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD, PORTLAND, OR

Good morning, Chairman Baca, Ranking Member Fortenberry, and distinguished Members of the Committee. My name is Andrew Joseph, Jr., and I serve as a Tribal Council Member for the Confederated Tribes of the Colville Reservation. I also serve as the Chairman of the Northwest Portland Area Indian Health Board, which serves as the Health Subcommittee for the Affiliated Tribes of Northwest Indians. I am pleased to provide views on the "Food Distribution Program on Indian Reservations" on behalf of ATNI's Health Subcommittee and the Confederated Tribes of the Colville Reservation.

Background on ATNI

Founded in 1953, ATNI represents 57 tribal governments from Alaska, California, Idaho, Montana, Nevada, Oregon, and Washington. As the Subcommittee may be aware, ATNI and its member tribes in the Pacific Northwest have been outspoken supporters about the manner in which the Federal Government administers its Federal trust responsibility and resources that emanate from that fact. ATNI has established its Health Subcommittee comprised of Northwest Tribal leaders, health directors, and technical staff to monitor health issues that affect Northwest Tribes including food nutrition programs. ATNI's support for advocacy is grounded in its commitment to maintaining the integrity of the Federal trust responsibility that is based upon the historical cession of millions of acres of ancestral lands by the tribes. Against this backdrop, ATNI appreciates this opportunity to provide its views on the Food Distribution Program on Indian Reservations (FDPIR).

Discussion on the FDPIR

The Food Distribution Program on Indian Reservations (FDPIR) program is administered by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture. The FDPIR is administered locally by either Indian Tribal Organizations (ITOs) or a state government agency. Currently, there are approximately 271 tribes receiving benefits under the FDPIR through 99 ITOs and five state agencies. The U.S. Department of Agriculture (USDA) purchases and delivers commodities to the ITOs or state agencies based on their selection from a list of available foods. These administering agencies store and distribute the food, determine applicant eligibility, and provide nutrition education to recipients. USDA provides the administering agencies with funds for program administrative costs.

For Indian Country, the FDPIR is more than a supplemental program, in many cases it is the sole source of food for low income American Indian and Alaska Natives (AI/AN) people living on or near geographically isolated reservations. According to census data, approximately 1.5% of the United States population is comprised of AI/AN people. Poverty disproportionately affects AI/AN people, with approximately 25% living with an income at or below poverty level. The median income of AI/AN in the U.S. is just over $30,000, relative to the median income of $41,000 for all Americans. The rate of poverty is substantially higher on Indian reservations. As an example, on Indian reservations in South Dakota as many as 44% of AI/AN people live below the poverty level. In fact, in the seven poorest counties in the nation, five consist of AI/AN people that make up the majority of the population. This stands to reason that AI/AN people are affected by poverty and food insecurity at a greater rate than most in America. The consequence of these poor economic standards is that 43% of AI/AN children under the age of 5 are also living in poverty. This poverty causes food insecurity that leads to other medical and public health issues, as well as affects the learning ability of our Indian children when participating in the educational system.

Historically, food packages have included what remains of Federal commodity programs, such as bleached flour, sugar, potatoes, corn, and butter. The immediate and drastic shift from healthy subsistence and traditional foods to foods high in sugar, starch and fat created an epidemic of obesity and diabetes across Indian Country. Overall, AI/ANs have the highest age-adjusted prevalence (percent) of diabetes among all U.S. racial and ethnic groups. It has been documented that over 16% of all AI/AN adults have diabetes and that AI/AN mortality from diabetes is 4.3 times higher than the general U.S. population. Even though Type-2 diabetes used to be rare in individuals under the age of 40, the prevalence (percent) of diabetes among AI/ANs aged 25–34 years increased 112% from 1994–2004. Because of this it is imperative that food assistance to Indian tribes be improved to deliver healthier alternatives to improve health for tribal members receiving foods from FDPIR.

The FDPIR is a critical program that assists to meet the nutritional needs of many AI/AN people. While access to grocery stores in many parts of the country have improved, the remote distances and the lack of reliable and economical transportation for most AI/AN people continues to be a barrier to accessing grocery stores and nutritional food sources. In most instances if the FDPIR were to be reduced or eliminated it would have a devastating impact on the food security of large numbers of eligible families residing on Indian reservations and risk starvation.

Recommendations to Improve the FDPIR

1. Given the importance of this program to Indian Country, tribal leaders have long stressed the importance of following appropriate government-to-government protocols and respecting existing treaty agreements when making changes to FDPIR.

2. For decades the USDA's answer to Tribal requests for the inclusion of healthier and more traditional Native foods in the FDPIR food packages has been that the program has insufficient funds. The FDPIR is a crucial program for Indian tribes, and it is imperative that Congress provide increased funding needed to improve the nutrition content of food packages and offset rising transportation and maintenance costs.

3. Many tribes have suggested the need for improvements in the quality of the food package to ensure that it meets dietary guidelines and for improvements in delivery to ensure that food products are distributed before their expiration dates.

4. Tribes have always been concerned about efforts to establish a more equitable methodology for allocating FDPIR administrative funds among the Independent Tribal Organizations (ITO) and state agencies, with many voicing concerns about potential funding cuts and some proposing provisions to protect against

funding cuts. Again, it is critical that Congress provide adequate funding for the FDPIR so that such administrative issues do not reduce the level of food and services provided to AI/AN people.

5. Integration of health promotion and disease prevention along with nutritional counseling should be incorporated with the FDPIR along with increased funding to carry-out these functions. This will assist to address the high rates of obesity and diabetes in Tribal communities.

6. Many tribes have requested and support including traditional food choices such as Indian corn, bison, and smoked salmon (*etc.,* accounting for differences among tribes) as permanent items in the food package.

Conclusion

Given the improved state of health most Americans are benefiting from, the lingering health disparity among AI/ANs is troubling. Food insecurity, poverty and health problems continue to disproportionately affect AI/AN people. Food assistance programs continue to be a key factor in building healthy and economically strong communities. Strengthening Federal nutrition programs requires enhancing and not reducing benefits.

Thank you, Mr. Chairman and Members of the Committee, and I remain ready to answer any questions or provide additional information you may require.

The CHAIRMAN. Thank you very much, Mr. Chairman. At this time I would like to call on Norma Merriman for her testimony. You may begin.

STATEMENT OF NORMA MERRIMAN, GROUP LEADER, CHEROKEE NATION HUMAN SERVICES, TAHLEQUAH, OK; ACCOMPANIED BY JERRY SNELL, DIRECTOR OF FAMILY ASSISTANCE; AND BUD SQUIRREL, MANAGER, FOOD DISTRIBUTION PROGRAM

Ms. MERRIMAN. Good morning, Chairman Baca, Ranking Member Fortenberry, and Members of the Committee. Thank you for allowing us to be here today. I bring the thanks of the Cherokee Nation Principal Chief Chad Smith for convening this hearing on a service program that is of vital importance to Cherokee people and Indian Country as a whole, as Mr. Joseph has so eloquently described.

I am Norma Merriman. I am the Group Leader for Cherokee Nation Human Services which is a social service branch of our tribe. I am accompanied today by Mr. Jerry Snell, Director of our Family Assistance Programs, and Mr. Bud Squirrel, who is the Food Distribution Manager for our tribe.

The Cherokee Nation appreciates the opportunity to submit testimony regarding the Food Distribution Program on Indian Reservations. I would like to take just a moment to give you an overview of the Cherokee Nation Food Distribution Program. Our program consists of 52 members in staff, including store managers, clerks, warehouse workers, inventory, data personnel, nutrition aids, and truck drivers.

The Cherokee Nation currently operates five food distribution centers at strategic locations throughout the Nation's 14 county jurisdiction. In addition to these strategic hubs, the Nation also operates seven tailgate sites where food is delivered to the most remote communities on a monthly basis. At this time, our Food Distribution Program currently serves approximately 10,000 participants every month.

Chairman Baca, you have received our written testimony prior to these proceedings, and I would request that our testimony be en-

tered into the record of the hearing. And to that end, I would simply summarize our statements this morning.

In summary, the Cherokee Nation supports the following propositions: Proposition A, excluding household funds held in educational savings accounts; Proposition B, clarification regarding the resource exclusion for qualified retirement accounts; Proposition C, clarifying the application of SNAP net income standards to FDPIR; D, excluding combat pay.

Mr. Chairman, it is well recognized that, historically, Native Americans have the highest record of service per capita when compared to any other ethnic group in the United States in our military services. So aligning FDPIR and SNAP provisions regarding combat pay is simply a necessity.

Additionally, we want to emphasize our strong support for parity between SNAP and FDPIR funding. We also recommend the following actions be taken under consideration by this Committee.

First, a tribal liaison be named to enhance communication between Food and Nutrition Services and the FDPIR National Association. This action will be a major step to assure FDPIR representation is at the table when SNAP and FDPIR concerns are being discussed and negotiated. I think you, Chairman Baca, when you talked about the squeaky wheel, this would allow us to squeak a little better if we could do this.

Second, consideration should be given to increasing cultural foods in the food package, such as salmon, wild rice, buffalo and blue corn, to name a few.

Third, that Food and Nutrition Services consider allowing tribes to carry over, at a minimum, five percent of their annual FDPIR administrative appropriations, which would be very helpful, I know, to our tribe.

In conclusion, we would like to acknowledge the initiative on the part of the Committee to provide low-fat and low-sodium food choices in the FDPIR food packages. These additions address the epidemic of diabetes, hypertension, and heart disease in the Native population by providing healthy choices.

Once again, thank you for convening this hearing and for allowing the Cherokee Nation to comment on these important issues. Thank you.

[The prepared statement of Ms. Merriman follows:]

PREPARED STATEMENT OF NORMA MERRIMAN, GROUP LEADER, CHEROKEE NATION HUMAN SERVICES, TAHLEQUAH, OK

Chairman Baca, Ranking Member Fortenberry, Members of the Committee, I bring the thanks of Cherokee Nation Principal Chief Chad Smith for convening this hearing on a service program that is of vital importance to Cherokee people and Indian Country as a whole. My name is Norma Merriman and I am the Group Leader for Cherokee Nation Human Services. I am accompanied by Jerry Snell, Director of Family Assistance, and Bud Squirrel, Food Distribution Manager. The Cherokee Nation appreciates the opportunity to submit testimony regarding the Food Distribution Program on Indian Reservations (FDPIR).

Overview of Cherokee Nation Food Distribution Program

The Cherokee Nation Food Distribution Program consists of 52 staff members including store managers, clerks, warehouse workers, inventory and data personnel, nutritionists and truck drivers. The Cherokee Nation currently operates five food distribution centers (FDCs) at strategic locations throughout the Nation's 14 county jurisdiction. In addition to these strategic "hubs", the Nation also operates seven

tailgate sites where food is delivered to the most remote communities on a monthly basis.

The Food Distribution Program currently serves approximately 10,000 participants every month and has been one of the largest, most successful FDPIR programs in Indian Country. The Cherokee Nation was the first FDPIR to implement the "grocery store" concept where clients are allowed to shop at their leisure in a retail environment. Our patrons enjoy the convenience of choosing their products like everybody else instead of receiving boxes of food from the back of a truck.

The Cherokee Nation currently has one additional FDC in planning that will be built and fully operational in 2011. The Nation also has a long-term plan to develop three more strategically located FDCs so that all clients in the 14 county jurisdiction are no more than thirty minutes away from a distribution center. This will eliminate the need for tailgate sites altogether.

Recommendations for Proposed Rule Changes

The Cherokee Nation appreciates the opportunity to comment on the following proposed rule changes governing the FDPIR. I would like to preface our comments by generally expressing our support for streamlining the regulations governing the Supplemental Nutrition Assistance Program (SNAP) and the FDPIR. In April 2009, USDA increased the SNAP benefits for their participants an average of $20 per client by using funds provided by the American Recovery and Reinvestment Act of 2009. Unfortunately, there was not a corresponding *pro rata* increase for FDPIR participants. The Cherokee Nation is enthused by this hearing and the proposed rule changes as they present a great opportunity to improve parity of these two programs and allow greater access to nutrition assistance for Indian Country.

Proposition A: Excluding Household Funds Held in Education Savings Accounts from Consideration as a Resource

Education has always been a major priority to the Cherokee Nation. We have a vested interest in the education of our citizens as evidenced by the many scholars and leaders that adorn our history. The Nation is very supportive of this measure as it would encourage the higher education of our citizens and provide greater ability for those citizens in impoverished and needy communities to pursue greater levels of self-reliance.

Proposition B: Clarification Regarding the Resource Exclusion for Qualified Retirement Accounts

The Nation is supportive of provisions protecting the retirement accounts of our citizens and ensuring that those funds are not interpreted to be a detriment to their access to the FDPIR. In addition to improving access, allowing resource exclusion for properly setup and administered retirement accounts will undoubtedly encourage our citizens to save for retirement regardless of their financial status and participation in the FDPIR.

Proposition C: Clarifying the Application of SNAP Net Income Standards to FDPIR

The Nation supports equitable consideration for both SNAP and FDPIR, and is supportive of the provision to consider net income, as opposed to gross income, as the qualifying standard to participate in the FDPIR. The Nation appreciates this clarification as it will provide consideration for pre-tax deductions from salaries and reduce confusion around standards of enrollment in the program. Similar to proposition B, this proposal will increase the willingness of our citizens to establish deductions in their payroll to provide for their retirement.

Proposition D: Excluding Combat Pay from Income

Aligning FDPIR and SNAP provisions regarding combat pay is simply a necessity. Some of our Cherokee service members come from impoverished communities and while they are compensated for their service overseas; their pay is simply not on par with the risks they face during deployment. The Cherokee Nation appreciates this consideration for military personnel as it will help to provide assistance to military families while their loved ones serve abroad.

Proposition E: Amending the Dependent Care Deduction

Allowing participants to claim the full cost of their dependent care deductions would be a welcome benefit. The nature and intent of the FDPIR and the Cherokee Nation Food Distribution Program is primarily focused on the care and protection of Indian families. Naturally there is a strong emphasis on nutrition and healthy rearing of our Indian children. Removing regulatory language focused on dependent

care would be a welcome adjustment to the current policy and this provision would inevitably improve the health and well-being of many of our Nation's children.

Mr. Chairman, once again I thank you for convening this hearing and allowing the Cherokee Nation to express comment on a highly successful program that helps to improve the lives of Indian people on a daily basis. The Cherokee Nation is committed to FDPIR and appreciates your interest and enthusiasm for the program. We are dedicated to elevating our indigent and impoverished communities so that they may adequately pursue our declaration of designed purpose to become a happy, healthy Nation through our initiatives in jobs, language and community. The FDPIR is an essential element to improving the wellness of our most needy population and we appreciate your regard for the importance of this issue.

This concludes my testimony. Should you require further information on any of the Cherokee Nation's programs and services, I invite you to contact the Cherokee Nation Washington Office, [Redacted].

The CHAIRMAN. Thank you very much for your testimony.

First of all, USDA is seeking public comment on the proposed rule, regarding the counting of education accounts, retirement accounts, and combat pay. The comment period is open until June 28th, next week. Comments should be submitted at the USDA and FNS. So with that, I would like to thank you.

This proposed rule that should become final later this year will make all of the adjustments in reference to the proposals that you mentioned. These changes make FDPIR in line with the SNAP eligibility, so hopefully that will be done.

I will begin with some questions. Chairman Joseph, you mentioned that the poverty level in South Dakota is 44 percent and the national poverty level is about 25 percent. When you average it out, the poverty level amongst the Food Distribution Program on Indian Reservation is probably, if you average them out, it is about 35, 30 percent overall poverty level, below poverty level? Which means almost everyone is eligible, basically, within that area, yet, how many are actually even taking advantage of the FDPIR or SNAP program within Indian Reservations?

And Mr. Fortenberry has continued to be a strong advocate in the area of obesity and the cost to our consumers and others; and if we can provide adequate nutrition and food, then we are reducing our costs overall. Ultimately, we end up paying in the long run because of either heart conditions, diabetes, the high cost of healthcare.

So on one hand we want to make sure that, as Mr. Fortenberry says, on being cost effective so that in the long run, it is a savings.

But let me ask you this question, Mr. Joseph. According to the experts at the Congressional Research Service, the average person enrolled in the FDPIR receives about $55 per month in commodity assistance. From your experience working with various tribes in the Northwest, is this an adequate amount of food assistance?

Mr. JOSEPH. I would say that it isn't. You know, a lot of our people are living in poverty. You know, when I was a young man and I was raising my three younger children, being able to help them grow up, a lot of times we would run short on some of the commodities, foods that we would be getting from our Food Distribution Program, and we had to rely on some of our own foods that we gather. We still have some places where we gather our traditional foods, our roots and our berries, and we would have to really rely on those as much as we could.

Currently our tribe is working with the conservation program to set aside some of our traditional lands that we gather some of these foods, our roots and berries. Before it was moved to the reservation, a lot of these sites where our people were actually from, we were moved onto the reservations and there are not big food sources out there that grow naturally, the different bitter roots and the different berries that we gather. Some of our choice hunting grounds were taken.

Earlier, in the testimony I heard, the cost for including bison and salmon, different things like that. It is a little more expensive. But to me it would save more lives because it is more natural to our physical body and what we intake. And that would save a lot more lives.

Bison, they are a leaner animal and chemically our bodies take it better. The same with the salmon. Our people lived off of salmon in the Northwest, and it is something that we really need. The gardens too, if we work with, through the EQIP program, if there could be more funding in EQIP for equipment to grow our own gardens, I think that would really help.

The CHAIRMAN. Thank you. In your testimony you mention, Mr. Chairman, the need of improvement of deliveries in the FDPIR to ensure that food products are distributed before their expiration dates. In your experience, is it common for food that has expired to be delivered to tribal communities through FDPIR? If this is indeed the case, it is a shameful failure on the part of the Federal Government. Can you respond to that?

Mr. JOSEPH. Well, my tribe is a timber tribe, and right now we had to lay off a lot of our people. And, just the transportation to go out to go to the food distribution site to pick up the food is a hardship.

And, if it was funded more where some of these foods could be distributed out to our members, some of our elders that use the program that are raising their children and grandchildren, can't afford to come in and pick up their supply like they normally would. So I guess if that part could be used to help distribute the foods, it probably wouldn't be expiring.

The CHAIRMAN. Ms. Merriman, can you please give us some additional details as to how the Cherokee developed the system and how it operates for the average Cherokee and FDPIR recipients that integrate the innovative grocery concept that you mentioned in your testimony?

Ms. MERRIMAN. We do a couple of things, and I hope I am answering your question correctly. One of the things that we do monthly is that we have nutrition aids who assist in providing nutritional recipes using the food distribution foods, specifically to make tasty meals and nutritious meals, to show people how they can be used and encourage them to eat in a more healthy way. They even make samples so that when the people come in to get their food packages, there will be samples there so it is not just merely a recipe laying out, because some of us might not pick that up.

We also do a monthly calendar showing when certain things will be happening in the program. And also there are nutritional recipes on that calendar.

I would like to ask that Mr. Bud Squirrel, who operates the daily operation of our food distribution, join me if that is all right with you. I believe he can be more specific than I, since I am kind of the boss and he does the everyday stuff.

The CHAIRMAN. All right.

Mr. SQUIRREL. Thank you, Mr. Chairman. Approximately in 1980 the Cherokee Nation did a 25 year plan on how we were going to set up our deliveries of the different services that we offered, and food was included. Health and other social services was included. And we picked out certain communities in the Cherokee Nation area such as Bonita, Nowata—I know you are not familiar with these places but just to name a few—Sallisaw, Stilwell, that were geographically located where there was a density of population that would justify building something there that is kind of a one-stop service center for the different services that we offered.

And that is how this concept came into being, to develop a grocery store where they could come in and not have to drive more than 30 minutes or 30 miles. We developed 60 mile radiuses with the center being in the middle of this territory. And we currently have five of these. We would like to have eight. We are going to build a sixth one this fall which will be in operation in 2011, which will leave us a couple of centers short. And these are in conjunction with our health centers and other social service provision centers.

So that is where the concept got started. And what we do is we bring in the clients to an area where they fill out their applications, make sure they are eligible, certify them. Then we give them a list of the items, the foods that they are eligible for—we currently have 79 items that we provide—and give them a list of what they are eligible for. Then they just go into the store, the adjoining store, and get them a cart or two—if they are a big family they will need two or three carts—and just go down the aisles. This list is kind of configured so the aisle of the first four items are on aisle one, the next items, they are all coordinated where you just go up and down these aisles. And then you will check out on your way out.

And we have computerized scanning systems also. Instead of doing it on a manual basis, writing down everything they decide to take, they are checked out, they are scanned when they go out the door. So that is how the stores, the grocery store concept was developed about 30 years ago.

The CHAIRMAN. In some of these areas it becomes so difficult for many of these individuals to go to these stores to get what they need. What is being done to make sure that we reach some of these areas where they don't have the transportation? And what can be done in terms of the delivery to make sure that nutrition is also provided to some of these families that don't have a mode of transportation and need the services, or, if weather conditions impact receiving the kind of nutrition that they need.

Mr. SQUIRREL. We utilize what we call Community Health Representatives, CHR program, that is funded through the Human Health Service. There may be a community transportation system that goes through that area and brings them to our centers to pick up their food on a monthly basis. Or as a last resort, we have a system where they can call in to us and tell us that there is no way, "I don't have any friends or family that can take me either,

I can't drive, I am almost bedridden." And we will make a list of these and wait until the last week of the month when we are not so busy and we can spare the staff. We send them out to do home deliveries to these people. So they can get on the list and we do home deliveries.

The CHAIRMAN. But that is waiting towards the end. When are they eligible to receive it? Is it the beginning of the month? Are they waiting a week or 2? Are they trying to survive on what they have, until someone goes there?

Mr. SQUIRREL. That is correct; they get it once a month. We try to make sure they get it every 4 weeks. Once we get them on the schedule, they usually stay on the schedule and then we try to do it every 4 weeks. So it is just 4 weeks, or once a month. We don't make them wait 50 days. So it is a regular interval. There is a 30–31 day interval in between.

The CHAIRMAN. Ms. Merriman, in your experience working with Human Services with the Cherokee Nation, do people frequently switch between SNAP and FDPIR? If so, how does that complicate administering the program?

Ms. MERRIMAN. They do switch. And I want to echo what Mr. Concannon said earlier: that when we had this disparity arise between SNAP and FDPIR's first funding recently, people did switch. And of course any time people switch, it is more difficult on staff and on that person because they have to do more paperwork, they have to go to a different location. As far as what the volume is of people switching back and forth, I would probably have to ask Mr. Squirrel to respond to that, but we have seen that recently.

Mr. SQUIRREL. That volume has not been drastic, but it has been noticeable. I would think out of the 10,000 people that we serve a month, probably a couple of hundred a month switched over. And we can tell it in our monthly totals, the total number of clients served every month when we do a final count. So they have impacted our program noticeably.

The CHAIRMAN. A question to any one of you three up there now. In your opinion, what effects is the nutritional, educational component of FDPIR? Do we need to do more? What is the level of awareness? What else can be done? Do we need to do it differently? If so, how? Do we need to utilize other individuals in assuring that the FDPIR qualified people are aware of SNAP or other programs? In your opinion, do you feel that it is effective, the educational program component, or do we need to do something else?

Mr. JOSEPH. I would say that it is really important. Our nutritionists do these trainings where they teach our young parents. In Indian Country, we have some really young parents that need to learn how to prepare these meals. As a former boarding school student, we weren't really raised in the home where we could watch our mothers do the cooking.

So to me, it is really important that that kind of training come back into our families. And as they are young mothers or fathers, some of them are single parents, they might be able to pass this training on to their children. And that would be a real benefit. And to me I think that it would save a lot of our people's lives and make us live a lot longer. Thank you.

Mr. SQUIRREL. If I may, sir. I think the initiative is on the right track. All of the things that they mention, the demonstrations, the recipes that we do and the screenings that we do. The only thing that I might suggest, with the money that we get at the Cherokee Nation with the amount of people that we serve per month, we have only two nutrition aides on staff. Next year we hope to be able to get at least one more. We call them nutrition aides. They are not certified, they are not college educated. They are just their own peers that have been taught to go out and talk to their neighbors, sometimes their own families, on how to wisely use these foods as far as nutritional value and benefit is concerned.

So, I think there is not enough. We are putting a Band-Aid on a hemorrhage. We need something that is a little bit more effective. And to do that, maybe to double that $1 million nationwide to $2 million, something like that; which probably is insignificant money when it comes to where I am sitting today, but that would help us to do twice as much from what I can tell. Thank you.

The CHAIRMAN. Okay. Thank you very much.

Mr. JOSEPH. Could I add one more thing to that? I believe it would be saving the government a whole lot of money from doing amputations for diabetics and for having to have our people doing open-heart surgeries, which costs the government a whole lot more money, nationally, for our people.

And, as you know, the Indian Health Service is only funded at about 50 percent of what its real need is, based on a comparison of other Federal programs. A Federal penitentiary inmate receives twice the amount of healthcare per capita than a Native American.

Anyway, we are all here to try to save the government a lot of tax money, and prevention would be a big part of that. Nutrition is a big part of the overall health plan. Thank you.

The CHAIRMAN. Thank you very much for your testimony and response to the questions. And this is what we are all trying to do right now, is look at preventive measures and also look at services that need to be provided to promote longer and healthier lives, along with how we can reduce our cost, and improve the quality of life for many of our youth and our adults, as well.

And that is what Mr. Fortenberry has constantly been striving and pushing for; the effects it has and the costs. But if we do more preventive care, we actually end up reducing our costs in the long run.

So thank you very much, Mr. Chairman. At this time I will turn it over to our Ranking Member, Mr. Fortenberry.

Mr. FORTENBERRY. Mr. Chairman, your comments were very germane following up on what Mr. Joseph was speaking of, which is part of the core issue here. When we think about nutritional programs, we are clearly trying to protect persons who are in a vulnerable or fragile position.

But to think about the larger policy implications on health care, on local economies, on the preservation of, as you suggested, traditional tribal recipes in a traditional culture, is I think an appropriate finding for this hearing. I think that Committee hearings should be about looking at difficulties and solving problems and the technical aspects of delivery, and a lot of the things we talked about today.

But in this regard, you as tribal leaders, potentially, can be very, very helpful in terms of leading this program's effect on multiple-policy objectives.

Mr. Joseph, you also talked about the difficulties, given that reservation land is not often—is sometimes not the same land that people originally arranged to find their food sources, and so it would be a little bit difficult to fully integrate the traditional or original Native American diet into a food distribution program.

With that said, however, if there is a willingness on your part to think creatively, and the Under Secretary had mentioned earlier, the very eager openness in the Department to the idea of combining policy objectives to ensure that, when possible, local food production is integrated into food distribution so that we are achieving, again, a winner on a lot of different levels, creating more local economic opportunity, increasing nutritional delivery of foods in a most convenient and efficient manner, and again protecting vulnerable persons with the core part of the program.

So I would encourage you as well to—although this hearing, this is a bit beyond the parameters of what we originally intended for the hearing, I think this is an opportune time to think creatively. We all have the problem; we are all in government and tend to stovepipe programs and define them by narrow outcomes, but how they can be more fully integrated to meet these multiple objectives of protection of people, increased healthcare outcomes and a strengthening of local economic opportunities.

So I just want to leave that comment with you all, and I appreciate your testimony today. I am glad the Under Secretary is still here to hear this. And he did indicate earlier an eagerness on the Department to look at meeting those objectives, and potentially it is possible through this program. Thank you.

The CHAIRMAN. Thank you. Mrs. Lummis from Wyoming.

Mrs. LUMMIS. Thank you, Mr. Chairman. I would like to expand a little more, if I could, with all three of you about the FDPIR *versus* SNAP in terms of why a clientele would choose FDPIR over SNAP when the Food Distribution Program provides fewer benefits than SNAP. Could you enlighten me about why that occurs, anyone?

Mr. JOSEPH. The Food Distribution Program, the way it is packaged, probably would have a little longer shelf life. When I used to use the program with my family, sometimes we could get certain types of foods in one program. It would be like, kind of like a storage for when you really needed that type of food. And then you switch, I guess, over to the SNAP.

Our people probably would want to have a little more choice on what their intake is. My kids really loved the cheese, and they craved that stuff. But, in the store system, there might be a different type of cheese that they would use for different ingredients. I think it is a combination of just the choice and having something a little bit different would be my guess.

Mrs. LUMMIS. Thank you.

Mr. SQUIRREL. On my reservations, if I may, on some reservations it is the only option, realistically, insofar as your decent grocery store may be 120 miles away. Economically it is the main option, the only option on the reservation because of the remoteness.

Another thing that we have already established is that it is nutritionally better. If you recall, the scores were like 81 for the foods that we have in our program and SNAP got a 52, I believe. I have read that a few times before, and I proudly mention that to anybody that will listen to me.

The other thing is Native Americans identify with this program, they grew up with it. I remember it when I was a little kid. I was one of the people that was too remote or too poor to even afford to go and get commodities because it was 30 miles away. And back then they only had four, five or six things that you could pick up. But, we didn't have a car. My mother wouldn't drive, couldn't drive, and my father was off working wherever he could. So we didn't have a way to go over there to get it. So we were too poor to get commodities. Now, what does that tell you?

Another thing is it is a social get-together nowadays for people. I can hear elderly, "I will see you next month on the 23rd," whenever they leave our stores. They get to see family and friends. We get 50 to 140, 150 families a month come through these stores. And it is kind of a social get-together for them. They look forward to it. It is a one-stop shopping for them. They come and get their groceries, they go to Wal-Mart to get other things they need, then they go stop by the clinic or whatever. So they try to plan it all in 1 day so it only costs them $12.50 for gas, instead of going 4 days and paying $50 a month for gas. So that is the way it goes at the Cherokee Nation.

Ms. MERRIMAN. I am going to talk about the other side, about people who may choose SNAP over FDPIR. Young people don't cook like our families used to. And if you use FDPIR, you would need to cook for a lot of the items in the food package, which we know that usually means it is more nutritious and well balanced, especially if they are cooking the food in the food package. So I think that is one thing with maybe some of our younger families.

Also, I think their children may want the tastier, which are usually fattier and more sugary, saltier-type things that they would get under the SNAP program. That is not a good choice, but that is what some people choose, want, or desire.

I think there is still some misinformation. I think this was mentioned a little earlier, but maybe not in this aspect. When the program first started, it was not unusual if you were driving on some of the back roads to see some of the items that people were given without choice dumped, because they would become wormy or they just could not use that much meal or flour. And, you are not supposed to give that to anybody else or sell it. So it is much different now. I think still there are people who believe that that is still the way, that you don't have a choice.

And I know Mr. Squirrel in our program has been in the trenches for a long time and fought for choice and for labeling of food so that they don't look like mystery meat or, really pale some kind of labels; that now they are more lively. Tony the Tiger is there and other things.

I think there are some of those things that would have people going to SNAP *versus* FDPIR. We always try to encourage people in our other social service programs to try FDPIR because we know that it is going to be healthier for them.

Mr. JOSEPH. I might add one more thing. In food distribution some of our people would get the buffalo burger, and we don't have that in our stores. So to me, a lot of them would probably be wanting to get as much of the buffalo as they can, to have something different; then they might switch over to SNAP, to get something else *versus* the buffalo. But, they really crave that meat because it is lower in fat and it is actually healthier for our bodies.

Mrs. LUMMIS. Thank you, Mr. Chairman. I think in a year and a half in Congress, those are the most practical responses to any question I have ever asked, so thank you. It is a pleasure listening to you. I yield back.

The CHAIRMAN. Thank you very much. And we want to thank all of you for your testimony. And I appreciate Chairman Joseph, when you talked about your family and others. I know what it was like because my family also received the commodities. And I remember us having to go to get them when I was in New Mexico to get commodities during that period of time as a young child. And because of the lack of education that we had, we knew that the commodities that we received *versus* SNAP—and that is a problem that we have even now, is to begin to educate. We know there is a better opportunity, because now you can eat a lot healthier.

At that point we knew what we were going to get, so we always made sure that we had a lot of tortillas and frijoles and some of the other good food that I loved eating.

I want to ask one final question, and any one of the three of you can answer. Do you think that FDPIR eligibility guidelines should take into consideration some of the expenses such as heating costs, electric bills, medical expenses that are not currently allowable deductions, and if so, can you elaborate on that?

Mr. JOSEPH. I live up in the Northwest and the temperatures get really cold and learned through e-mails that the area in the Dakotas had the severe weather this past year, even over on the coast, on the coastline we have had some severe weather. And so the heating and transportation costs are really extreme. And when all of a sudden you get laid off from work, like probably around a thousand of the members of my tribe, due to the housing market experienced a real hardship. And like I said, some of our elders trying to raise grandchildren on a fixed income, they are really low income, and heating expenses, and just trying to get the kids to school and everything is a real hardship. And if there could be some guidelines to waive some of those for some of our people it would help bring up our children a lot healthier. And to me I think that should really be looked at. Thank you.

Ms. MERRIMAN. I would concur. We all know that the cost of utilities and medical care are very high and not going down. So I believe there really should be some consideration in looking at those issues. And I appreciate you bringing those up.

I don't know if Mr. Squirrel wants to add to that, but I know we see that all the time.

Mr. SQUIRREL. I think we should support it. The only thing I would add is I am a person that believes very strongly in equity, parity. So I would suggest that these be considered for a SNAP program, any program that is funded by Agriculture to be considered

for SNAP or WIC, or any of the programs that are administered by the Department of Agriculture. Thank you.

The CHAIRMAN. Thank you. This concludes our hearing for today, but is there anything that any one of you would like to state in how we could better provide better coordination, look at the services that we need that we are providing now, and then what can we possibly do as we look at reauthorization of the 2012 Farm Bill as it pertains to nutrition?

Are there any additional comments that any one of you would like to make at this point, just for the record, in areas that we should begin to look at? I know that on both sides we are very much interested in having improvements in these areas, and how can we best provide the services that are being cost effective. Under the PAYGO legislation, as we try to comply with that, do we have the funds? Are there areas that we need to provide some services? So if any of you would like to make a statement, any additional statement at this point.

Mr. SQUIRREL. Yes, I would like to respond to that. But first I would like to tell you that the Cherokee Nation program is in better shape in the last 2½ years than it has been the previous 22 years because of the funding formula that they developed 2½ years ago.

The CHAIRMAN. Well, Jeff and I weren't on the program before, and we have been on there so that is why it has improved.

Mr. FORTENBERRY. Very well said.

Mr. SQUIRREL. Anyway, sometimes we were the leading program in the United States as far as the number of clients served, and sometimes we were number two. But whenever the funding program came along, it increased our annual budget by $1 million.

So at that time with disparity, there wasn't funding even though we were the leaders in service and serviced a number of clients, but that change put us in great shape. But we still have a couple of frustrations. And this one has been mentioned.

The reason our client participation has been going down since April of 2009 is because some of those people that have the option of choosing us or SNAP; they went to SNAP, and they would come in and tell me why. "You know, it is $20, it is $80 a month more for my family." And I would tell them, "I don't blame you, that is a good decision for you and your family." I would support that. So they would come in and kind of apologize for switching programs.

And these are only the ones that have the option to. Some reservations don't have the option because there is not a store within a reasonable distance. So there was a disparity there. But if we had gotten some kind of *pro rata* increase in the number of items that we could offer, we could have been competitive and kept our clients.

But the second one is the fact that we are not allowed to carry over any of our funds at the end of the year. If I have a couple hundred thousand dollars left, I have to give it back and get looked at as a bad financial manager, because I couldn't get rid of all my money to the penny. If we could carry over, I could carry over that $200,000 and combine it with the next year's money and be able to buy a new truck or a new freezer, or something like that. A tractor-trailer rig costs $220,000, by the time you get all the amenities

that you need on there, like a freezer, a refrigerator trailer and that sort of thing. So that would allow us to buy major equipment that we need maybe every 6, 8, 10 years, if we could have carry-over and combine it with 2 years' worth of money. Thank you.

Mr. JOSEPH. I would say, if there could be more work with the Department of Agriculture and getting tribes funding for those little rototillers or tractors that could help our people actually farm some of the fresh produce to mix in with the Food Distribution Program, I think it would help.

Actually you have to get some physical labor in doing that; and that would promote some physical activity. And training, if there are training sources for our young people to learn how to be farmers, to grow their own produce, it would be good.

Protecting our natural food sources is another thing I would like to really see. I was talking with a lady earlier, and on some of the coastal waters, you see the oil spill that is out there, and we want to protect our water, our foods that come from those areas also. My wife is from Port Gamble S'Klallam Tribe, and they really rely on their oyster beds and the clams and different foods that they gather on the coast. And we would want to do everything we can to protect that and those food sources.

Anything that we could do to, preserve our root digging grounds. We are working with the conservationists to set aside some of these grounds and keep them safe from people that might be spraying weeds or running cattle out there and grazing in some of these areas where our natural foods grow. If we can protect those lands and set some aside, that would really help. Thank you.

The CHAIRMAN. Thank you very much. I appreciate your testimony this morning. And I know that there is a lot of work that we still need to do in a lot of the areas as to how we can improve on nutrition and services in the areas. And I know that we talked about also farming fresh fruits and vegetables and having our own gardens, too. As we look at even providing training, we must make sure that water is available. And that is something that we need to begin to start looking at as we begin to cultivate our own land. As I mentioned to the Ranking Member here, it becomes a U.S. product. It is not coming from somewhere else, but it is actually being produced here in the United States *versus* something that we are buying at our grocery stores that we don't know where it is coming from. And the safety of it too.

So thank you very much. I would like to thank each of our witnesses for your participation in today's hearing and your thoughtful testimony, your knowledge, your ideas, your expertise. I hope it will be used by Congress to find better policy solutions for improving nutrition health of America's tribal communities.

We all know the importance of the links between nutrition and health. We must do all we can to make sure that FDPIR programs and other tribal programs are more effective.

Again, I want to thank the witnesses and the Members for their time today. With that, I would like to adjourn the meeting. So at this time, under the rules of the Committee, the record of today's hearing will remain open for 10 calendar days to receive additional materials and supplemental materials, written responses from the witnesses, to any questions posed by Members.

The hearing of the Subcommittee on Department Operations, Oversight, Nutrition and Forestry is now adjourned. Thank you very much for coming.

[Whereupon, at 11:50 a.m., the Subcommittee was adjourned.]

[Material submitted for inclusion in the record follows:]

SUBMITTED STATEMENT BY JUDY GOFORTH PARKER, PH.D., R.N., ADMINISTRATOR, NATION DIVISION OF HEALTH, THE CHICKASAW NATION

Mr. Chairman and members of the Subcommittee, thank you for your invitation to present testimony today. My name is Judy Goforth Parker, Ph.D., R.N., administrator for Chickasaw Nation Division of Health. In this capacity, I oversee the operations of all of the health programs and facilities within the Chickasaw Nation. This includes, but is not limited to, Carl Albert Indian Health Facility in Ada, OK, satellite clinics in Ardmore, Tishomingo, Durant, and Purcell, OK as well as the wellness facilities and nutrition programs. I served as a legislator for the Chickasaw Nation for fifteen years. I am pleased and honored to be invited to testify today. I bring you greetings from Governor Bill Anoatubby of the Chickasaw Nation.

Thank you, Mr. Chairman, for your commitment to ensuring the viability, strength and quality of federal nutrition programs, many of which have benefited the American Indian tribal governments and their citizens.

The Chickasaw Nation has administered a number of USDA nutrition programs for many years, including four of those addressed in the Farm Bill. We serve over 10,000 individuals and work with approximately 95 farmers, all benefiting from either the Chickasaw Nation Food Distribution Program on Indian Reservations (FDPIR), the SNAP Nutrition Education Program, Senior Farmers' Market Nutrition Program or the Summer Food Program.

Background Information Regarding Factors in Health of Native Americans

Poverty disproportionately affects the Native American population, with some 25% living with an income at or below poverty level. The consequence of these poor economic standards is that 43% of Native American children under the age of 5 are also living in poverty.

With poverty being the principal factor causing food insecurity, the Native American community suffers from a much higher incidence of food insecurity and hunger than the general population. In fact, on average, rates of food insecurity in Indian communities are twice as high those of the general U.S. population. Nearly one in four Native American households is hungry or on the edge of hunger. Food insecurity and hunger take a serious toll on the health and well-being of the Native American community. These circumstances, which include the inability to afford nutritionally adequate and safe food or the ability to acquire acceptable foods in socially acceptable ways, can profoundly impair physical and mental health status.

Certainly, poverty also imposes barriers on transportation options. Isolation and financial constraints have forced families in some rural areas to rely on less expensive, often high-fat foods, and few fruits and vegetables.

Paradoxically, at the same time that Native Americans experience hunger and food insecurity, obesity has been declared an epidemic. Both obesity and hunger can exist in the same families and the same individuals within that family. A paper called, "The Paradox of Hunger and Obesity in America," developed by the Center on Hunger and Poverty and the Food Research and Action Center, discusses this dilemma. Though it sounds contradictory, those with insufficient resources to purchase adequate food can still be overweight, for reasons that researchers are now beginning to understand. It is especially so in many American Indian communities and families. We need to better grasp this paradox if we are to grapple with these parallel threats to the well-being of so many, and avoid potentially damaging policy development in our food assistance programs.

The fear of running out of food causes people to reduce the quality of their diets and/or reduce the quantity of food they consume. Therefore, the lack of adequate resources for food could result in weight gain in several ways:

- Low income families, in an attempt to stretch their food dollars, consume lower cost foods with typically higher calories to stave off hunger, affecting the overall energy density of the diet;
- Research shows that food insecure households are willing to trade food quality for food quantity as a coping strategy; after all, the stomach registers satiety rather than nutritional value;
- Obesity can be an adaptive response to periods when people are unable to get enough to eat, as people tend to eat more than they normally would when food becomes available, and, over time, this cycle can result in weight gain; and
- Physiological changes may occur to help the body conserve energy when diets are periodically inadequate, basically storing more calories as fat.

Both obesity and hunger/food insecurity require solutions that include regular access to nutritionally adequate food. Suggestions that food allocations in Federal nu-

trition programs should be reduced, on the grounds that they contribute to obesity among the poor, are without scientific merit.

While Native Americans have experienced certain declines in the rates of anemia, growth stunting, underweight and maternal and infant mortality over the last 25 years, there is still much work to be done. Chronic diseases now account for six of the top ten leading causes of death of Native Americans, with the epidemic of obesity and diabetes affecting every community. Diabetes is most common among American Indians at alarming rates throughout United States. Diabetes is a major risk factor for cardiovascular disease in all Native American populations, and cardiovascular disease is the leading cause of death in this group. Of equal concern is the prevalence of obesity in Native American children and adolescents, reported at almost 40%. This is attributed to a number of factors, including the paradox described earlier and reduced activity in lifestyles. It seems that parents are not necessarily making the connection between childhood obesity and the high health risks later in life.

Life expectancy has increased by 10 years since 1955 for American Indians, leading to a rapid increase in the number of elders. The incidence of food insecurity and hunger may be even more prevalent among the elders as they are often left to raise their grandchildren, resulting in their doing without as they struggle to make sure the children are fed.

Nutrition and food assistance programs can help Native American communities in addressing some of these devastating diseases. Health promotion and disease prevention is key—gratefully, many USDA programs are targeted toward this end.

I would contend, however, that guidance on proper selection and preparation of foods is every bit as important as just making food available. Education and empowering caretakers with the ability to make healthy food choices are critical if Indian youth are to achieve the successes available to the non-Indian population. Although SNAP benefits have increased the total dollars spent on food in households, the rate of obesity has increased as well—again, an education challenge. If participants purchase higher priced but healthier foods that were previously out of reach, programs could have a positive effect on weight. Data indicates, however, that SNAP recipients do not necessarily tend to purchase more fruits, vegetables and grains, quite possibly because they still fear that possible shortfall at some point each month. Nutrition education must accompany food benefits in every food delivery venue.

The Food Distribution Program on Indian Reservations (FDPIR) Today

The FDPIR program has seen a number of enhancements in recent years through the addition of fresh fruits and vegetables, frozen chicken and beef, as well as reduction or elimination of many of the high fat, high sodium foods. Additionally, the recent increase in variety of fresh fruits and vegetables, made available as a result of collaboration between FNS and ITO representatives via the Food Package Review Committee, is highly anticipated and should be available later this summer. On an administrative front, the establishment of a long awaited Funding Methodology in 2008 to assure fair and equitable funding to programs across the country was another tremendous partnership endeavor between FNS and tribal leaders. We are very grateful for these advancements, allowing FDPIR to serve our clients in more meaningful ways.

In our area, because we have very few reservations in Oklahoma, eligible Native American families can access either the SNAP program or the FDPIR at their convenience, as long as they are only enrolled in one program at a time. We serve our Chickasaw Nation clients in a friendly and attractive grocery store setting, for which we were recognized with the 2000 USDA Pyramid of Excellence Award. We feel strongly that families should be served with dignity and respect and thus, we continue to expand the availability of FDP grocery stores across our 13 county area. We constantly offer education to make customers aware of the enhanced value of participating in the FDPIR, including more total volume of food (80 lbs./person/month) and maximum nutrient benefit of food choices, *i.e.,* fresh produce rather than canned, heart healthy substitutions.

Federal policy should encourage rather than discourage tribes from taking their own creative initiatives. A rubber stamp approach will not meet the needs of all tribes in Indian Country. Given the food insecurity, poverty and health problems disproportionately affecting so many Native Americans, it is only sensible that nutrition and food assistance programs will continue to be a key ingredient in building healthy communities. Tribes need to be allowed the flexibility to implement programs in an innovative and culturally appropriate manner.

Recommendations for Further Enhancing FDPIR Effectiveness

We encourage the Subcommittee to provide policy changes and adequate funding authorization that enables tribes to:

- Continue to improve the nutritional quality of the food package by offering foods with lower fat content, higher whole grain content and lower sugar and sodium content. Foods that are convenient to serve and culturally appropriate are key with many families we serve today.
- Provide a method in the SNAP (Food Stamp) Act for tribal governments to directly access SNAP Nutrition Education (SNAP NE) funds, just as individual state governments do. This Federal Government-to-government partnership has been correctly extended to most of our nutrition programs, *i.e.,* FDPIR, WIC and Farmers' Market Nutrition programs. The current posture of forcing tribes to negotiate through the various state department of human services/other agencies for SNAP NE is contrary to the basic tenants of tribal sovereignty, and also makes it more difficult to help families with special needs due to extensive delays in approval decisions.
- Provide more nutrition education monies to the FDPIR grantees, as an alternate to tribes directly accessing SNAP NE funds.
- Provide infrastructure funding to facilitate one-time funding needs for the FDPIR. Many needs of tribes in administration of this program could be met if there was opportunity to compete for infrastructure grants, much like those provided in the WIC program, to address the periodic equipment need, renovation of space to better meet client needs, expansion of a warehouse or to create a grocery store setting with a food demonstration kitchen for education, all of which enhance program service delivery.
- Allow Native American families living outside of tribal reservations, but close to FDPIR distribution sites, to elect to participate in the FDPIR rather than SNAP, recognizing that they will likely receive far more nutrient-dense foods in the 80 lbs./person/month.
- Recommend the USDA facilitate study of the causes for decline in FDPIR participation over recent years. Decrease in FDPIR caseload is of great concern. It appears that FDPIR is losing many households to SNAP. It is our belief that the main reason is the lack of restrictions on food items purchased with SNAP funds. FDPIR continues to make great strides in improving the nutritional value of the food package while there are no nutritional requirements concerning the use of SNAP benefits. It is of additional concern that the recent ARRA increase in SNAP benefits, while seemingly a positive move, has resulted in a direct impact in FDPIR households further leaving FDPIR for SNAP, and ultimately consuming more convenient, low nutrient-dense foods, perpetuating the advancement of chronic diseases we hope to negate.

Barriers To Accessing Other USDA Nutrition Programs

There are significant barriers for many tribes to access some of the very best nutrition and food assistance programs USDA offers, including a number of those addressed in the farm bill: the Farmers' Market Nutrition Programs, the SNAP Nutrition Education program and the Summer Food Service Program. There are simply too many people in Indian Country and on reservations who do not have the opportunity to experience the health and economic benefits these programs offer.

I urge you to consider the following recommendations to eradicate access barriers to USDA nutrition and food assistance programs and to take the following actions:

- Facilitate tribes' direct access, through a government-to-government agreement, to participate in the Summer Food Service Program and At-risk After School Snack Program, as recommended above with the SNAP ED program. Both of these offer terrific opportunities to address hunger for children in a meaningful way. Again, only accessible through the state education department and very limited in administrative funds, these programs present an access challenge for tribes. The program encourages partnering and community involvement for administrative in-kind, but the training burden is high for these individuals.
- Expand funding for WIC and Senior Farmers Market Nutrition programs to allow more tribes to participate in these programs. Funding levels have varied little for several years, in spite of the programs' tremendous popularity, thus preventing any new applicants to participate. Only a handful of tribes in the entire country currently have FMNP grants. This program helps produce fruits and vegetables and addresses one of the primary objectives of all nutrition education efforts today. The Chickasaw Nation Senior Farmers' Market Nutrition

Program (SR FMNP) has brought a considerable infusion of potential funding to growers in the area—over $1.5 million since inception, thus creating opportunity for Native American farmers. Approximately 2,600 Native American low-income seniors benefit from participation in our FMNP each year. Native American seniors appreciate and utilize the FMNP benefits as evidenced by the redemption rate of more than 80%.

- Promote the recruitment and retention of registered dietitians to support programs at the tribal level. Employing nutrition professionals in the Native American nutrition programs could help in developing culturally appropriate nutrition education materials, shaping policy or counseling program participants toward healthier choices.
- Improve the use of information technology in nutrition programs to enhance service delivery and program management.
- Continue promoting breastfeeding as the method of choice for infant feeding.
- Update Meal Pattern Requirements in the Child and Adult Care Food Program (CACFP) to be more congruent with current nutrition recommendations and allow comparable substitutions for fluid milk, *i.e.,* yogurt or cheese. Cultured milk products are often better tolerated by the Native American population.

Conclusion

Given the improved state of health enjoyed by many Americans, the lingering health disparity among American Indians and Alaskan Natives is troubling. Food insecurity, poverty and health problems continue to disproportionately affect more than 65% of Native Americans. Strengthening Federal nutrition programs continues to be a key factor in building healthy and economically strong communities.

Investment by Federal nutrition programs in foods of high nutritional quality and the educational support to assist families in using those optimally is far less costly than funding care for the chronic diseases many develop in the absence of sound nutritional status. Nutrition education and provision of foods high in nutritional value can do much to ward off hunger and food insecurity, as well as combat increasing rates of obesity and diabetes. Improving the health and food security of Native American families must ever be present in the minds and hearts of Congress as it establishes policy and fulfills the Federal trust responsibility to the native people.

Thank you, Mr. Chairman and Members of the Subcommittee. I remain ready to answer any questions or provide more information you may need.

SUBMITTED STATEMENT BY GLORIA GOODWIN, SECRETARY, NATIONAL AND REGIONAL BOARD OF DIRECTORS, NATIONAL ASSOCIATION OF FOOD DISTRIBUTION PROGRAMS ON INDIAN RESERVATIONS

6/20/10

Good morning, Members of Congress,

My name is Gloria Goodwin from Minnesota's White Earth Indian Reservation. I've worked with Food Distribution for 28 years. I serve on the National and Regional Board of Directors as Secretary for Food Distribution Programs on Indian Reservations. Currently NAFDPIR represents over 200 tribes in the Food Distribution Program. There are 115 agencies that distribute foods in FDPIR.

It's an honor to be able to advocate on behalf of the people that access the program. My heart really goes out to the people.

I'd like to take this opportunity to thank Under Secretary Kevin Concannon and his staff for visiting White Earth Reservation Food Distribution Program to witness first hand how services are applied to our people.

The Commodity feeding program has been in existence for more than 30 years. White Earth and Leech Lake Reservations in Minnesota were the first programs to operate in 1979. White Earth served approximately 2,000 customers when the program began.

Participation has significantly declined since then.

Issues and concerns that I feel needs to be addressed:

1. Declining participation rates.
2. Inequities between SNAP & FDPIR.
3. Nutrition Education grant matching requirements.
4. Cultural food offerings.
5. The discontinuation of Butter.

6. Administrative dollars.

- This program has a significant impact on our membership. FDPIR participation continues to decline. The numbers will tell you that this is a national trend. USDA recently increased the SNAP benefits for participants on average of $20 per household member using additional ARRA funds. This caused a number of FDPIR participants to choose to switch programs resulting in the decline in FDPIR participation. Both programs are funded by USDA and should be governed by the same policies regarding food benefits. Consumers are often seen purchasing unhealthy food choices with SNAP benefits, such as buying pizza, pop, potato chips, candy and the list goes on. We've come a long way to make our FDPIR food package healthy and nutritious. Products are now much lower in fat, sodium and sugar. Labels are more appealing and attractive. The stigma of the generic government labels are a thing of the past.
- There are many inequities between SNAP and FDPIR. We are asking that guidelines increase and deductions expand in parallel with our sister program, SNAP.
- We need to invest more in Nutrition education and provide an easier method to access funds. Many programs do not staff Nutrition Educators and there is a great need for tribes to employ full time FDPIR nutrition educators. Nutrition Educators are vital assets to our programs. The 25% matching requirement is a common barrier for some tribes. Program Directors are often intimidated by the grant writing and reporting process, so we need to find ways to make the process much easier. We need to make a unified effort to encourage healthy eating and provide more incentives to keep health care costs down. Customers need to eat and live well. Diseases are prevalent on the reservations. We recognize the health crisis of diabetes, obesity and other health related issues that impact the clients that we serve on a daily basis. Native Americans suffer from the highest rate of diabetes in the nation and the incidence of this disease has more than doubled in the last two generations. We need to combat this ongoing problem. We need to educate and encourage our clients how to eat better. I ask that we examine waiving the 25% match to make the process easier to access nutrition education funds.
- I believe we need additional food dollars to expand our nutritional profile to include native foods such as wild rice, bison, salmon and cranberries. Native foods provide significant sources of high nutritional value. Native foods can serve as a return to the traditional dietary habits that can prevent the onset of diseases and expensive medical costs. The food additions will enhance the variety of foods which will encourage participants to apply and reapply for commodity foods. Tribal cultures vary greatly within each Region and sometimes within each State. As cultures vary, so do food preferences.
- Customers want their butter back. FNS Headquarters made a decision to discontinue the butter product because of the high fat content. This decision has been made without Tribal consultation. Shortening has also been discontinued. Customers now have a choice between low fat margarine and vegetable oil—or—both for bigger households. Research will prove that butter is better for you because it is a natural product without all the additives. The low fat margarine has limited uses and is not recommended for baking. With education and encouragement to eat healthier, butter is a healthier option when eaten in moderation.

I believe you recognize there is poverty in America and in many instances our people are still the poorest of the poor.

This is a very good program that serves many tribes but it gets increasingly difficult to deliver to our people because of costs and availability of food product. This program serves as the tribes most basic need which is Food.

And last but not least, additional discretionary dollars are always a priority to effectively and efficiently administer programs.

We are seeking your assistance in resolving some of these issues to better deliver the food package to some of the nation's poorest people.

NAFDPIR's partnership with FNS has resulted in significant improvements to the FDPIR food package and we look forward to continue working together in the future to better service our customers. Thank you for your time.

SUBMITTED STATEMENT BY SUSIE ROY, FOOD DISTRIBUTION DIRECTOR, LEECH LAKE BAND OF OJIBWE; MEMBER, BOARD OF DIRECTORS, NATIONAL ASSOCIATION OF FOOD DISTRIBUTION PROGRAMS ON INDIAN RESERVATIONS

6/21/10

Good morning Committee Members,

My name is Susie Roy and I am from Minnesota, I am also the Food Distribution Director for the Leech Lake Band of Ojibwe and the elected President for the Midwest Region. I also sit on the board of the National Association of Food Distribution Programs on Indian Reservations (NAFDPIR) representing the Midwest Region.

Thank you for inviting me. This is an honor to be here, I must admit that I am a little nervous here in front of all of you, but I am going to do my best.

I feel that we have come a long ways with the Food Distribution Programs on Indian Reservations since 1979 but we still have a long ways to go to be able to provide quality service to our people.

Some of our reservations sit in remote areas with only one grocery store or one convenience store and gas station and the business owners can charge what they want for their products, this has been a big concern as some of the low-income households can't afford to feed their families healthy food items.

We need to look at increasing our food package guide rates so families that choose to participate on the Food Distribution Program can have enough healthy foods to feed their families all month.

The eligibility guidelines are a big issue that also needs to be looked at closely. The 20% standard deduction for earned income has been there since 1979 we need to move the Food Distribution Program along with inflation. We live in an area where in the winter months it gets to 40° below zero sometimes and people have high heating cost, electrical bills and medical expenses and these are not allowable deductions for eligibility for the Food Distribution Program. Sometime families are only $1 to $5 over the income guidelines. All Social Security clients should also be automatically eligible.

The SNAP program continues to raise their benefits for clients to purchase unhealthy food choices for their families this is a known fact that they purchase pizzas, potato chips, pop, candy and other unhealthy foods.

To increase our food packages to low income households on Indian Reservations we would need to have an increase in our appropriated food dollars.

With the healthy food packages we provide on the Food Distribution Program we need a significant amount of Nutrition dollars to provide each Food Distribution Program on Indian Reservations with Nutrition Educators on a daily basis.

I think that everybody in Indian Country has had a loss of a family member to cancer or diabetes. We have a significant amount of Native American people just on my reservation with diabetes and some of my own family members. Diabetes is now being detected at an alarming rate in young children on reservations.

Nutrition Educators need to start providing healthy choices now. A handful of Food Distribution Programs might have access to Nutrition Educators but not on a full time basis.

Nutrition funds should not be competitive for programs it should be a given when it comes to nutrition, we should not have to compete over funds with other programs.

Native foods for each region should be allowed on our food packages they are high in nutrition for Native people.

I could go on and on but I will end here.

Thank you for giving me this opportunity to voice my concerns on a very needed program on Indian Reservations.

SUBMITTED STATEMENT AHNIWAKE ROSE, POLICY ANALYST, HEALTH AND EDUCATION, NATIONAL CONGRESS OF AMERICAN INDIANS

Background of NCAI

The National Congress of American Indians (NCAI) is the oldest and largest American Indian organization in the United States. In 1944, NCAI was created by tribal leaders as a response to termination and assimilation policies that threatened the existence of American Indian and Alaska Native tribes. Since then, NCAI has fought to preserve the treaty rights and sovereign status of tribal governments, while ensuring that Indian people may fully participate in the political system. As the most representative organization of American Indian tribes, NCAI serves the broad interests of tribal governments across the nation

American Indian and Alaska Native Economic Disparities

Many American Indian and Alaska Native families depend on the food that is provided by the Food Distribution Program on Indian Reservations (FDPIR). The economic situation on Indian reservations is significantly challenging, resulting in many American Indians and Alaska Natives having limited access to nutritious and quality foods. Twenty-five percent of American Indians and Alaska Natives are living in poverty, while 13% of the U.S. lives at or below the poverty line.[1] While the unemployment rate is reaching 9.5% for the overall population, some tribal communities are suffering from a 70% unemployment rate.[2] Additionally, most reservations lack the infrastructure and urban environment to attract business development. As such, local grocery stores are unable to offer affordable, fresh, and nutritious foods for the impoverished community they serve. In the Sioux Standing Rock Reservation, for example, one grocery store serves 2.5 million acres. As a result, the cost of food increases, and the variety of fresh produce is reduced.

To further complicate this situation, many American Indians and Alaska Natives do not have the resources to maintain fresh and nutritious foods within their homes. Fourteen percent on Indian people do not have electricity, a necessity for refrigeration, freezing, and cooking. An additional 13% do not have access to clean water, which creates a hazardous obstacle for cleaning and cooking fresh foods.[3]

On reservations, these economic challenges create additional barriers to obtaining fresh produce and healthy foods. As a result, American Indian and Alaska Native communities are suffering from the highest rates of obesity and diabetes in the country.[4] American Indian and Alaska Native adults are 1.6 times more likely as White adults to be obese, which is equivalent to 34% of American Indian and Alaska Native adults and 21.3% of White adults.[5] More alarming, however, is the rapid proliferation of obesity among Native youth. More than 39% of low-income American Indian and Alaska Native children ages 2 to 5 are overweight or obese.[6] Also, the obesity rate among American Indian and Native Alaskan 4 year olds is 31%, which is double the obesity rate of their White counterparts.[7]

A natural result of obesity and poor eating habits is the development of diabetes and other health complications. According to the Indian Health Service (IHS) Diabetes Program, there was a 161% increase in diabetes in young people aged 25 to 34 years of age, and a 110% increase in diabetes in youth between the ages of 15 to 19.[8] The Robert Wood Johnson Foundation also released a recent report that highlighted a 68% increase of diabetes cases among American Indian and Alaska Native adolescents over a 10 year period.[9] These alarming statistics result in Native people dying from diabetes at a rate of 189% higher than other Americans.[10]

Benefits Obtained from FDPIR

For the past 20 years, FDPIR has been working to create a food package that offers a variety of nutritious and healthy foods that meet the dietary guidelines for Indian people. To support this endeavor, the FDPIR Food Package Review Work Group was created to monitor customer satisfaction and continually improve the food package by recommending healthy, nutritious, and flavorsome foods. In comparison to the Supplemental Nutritious Assistance Program (SNAP), another food program that tribal members have the option of choosing, FDPIR scores 29 points

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[1] U.S. Census, 2000; Energy Information Administration, *Energy Use and Renewable Energy Development Potential on Indian Lands, 2000;* 2006 GAO 06–189 Report, *Challenges to Assessing and Improving Telecommunications for Native Americans on Tribal Lands.*

[2] U.S. Census, 2000; Energy Information Administration, *Energy Use and Renewable Energy Development Potential on Indian Lands, 2000;* 2006 GAO 06–189 Report, *Challenges to Assessing and Improving Telecommunications for Native Americans on Tribal Lands.*

[3] U.S. Census, 2000; Energy Information Administration, *Energy Use and Renewable Energy Development Potential on Indian Lands, 2000;* 2006 GAO 06–189 Report, *Challenges to Assessing and Improving Telecommunications for Native Americans on Tribal Lands.*

[4] American Diabetes Association.

[5] CDC 2005. *Health Characteristics of the American Indian and Alaska Native Adult Population: United States, 1999–2003*. Advance Data (356), Table 2.

[6] Polhamus B., Dalenius K., Borland E., *et al. Pediatric Nutrition Surveillance 2006 Report.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.

[7] Anderson S.E. and Whitaker R.C. "Prevalence of Obesity Among U.S. Preschool Children in Different Racial and ethnic Groups." *Archives of Pediatrics & Adolescent Medicine,* 163(4): 344–348, 2009.

[8] IHS Diabetes Program Statistics.

[9] Acton K.J., Burrows N.R., Wang J., *et al.* "Diagnosed Diabetes Among American Indians and Alaska Natives Aged < 35 Years—United States, 1994–2004." *Morbidity and Mortality Weekly Report,* 55(44): 1201–1203, 2006.

[10] SAMHSA, National Survey on Drug Use and Health, 2003.

higher on the USDA's Healthy Eating Index. Out of 100, FDPIR scored 81, the average American followed with 58, and SNAP participants trailed with a rating of 52.[11]

Based on these nutrition statistics, some tribes are concerned that SNAP participants are not spending their food stamps wisely. Instead of choosing nutritious foods that will benefit their health and overall well-being, they are opting for fast, processed, and unhealthy foods. In addition, many SNAP participants are exhausting all of their food benefits before the month expires.

In terms of convenience, many FDPIR programs have identified the individuals who lack transportation. The Standing Rock Sioux tribe, for example, offers home delivery to the elderly, the handicapped, and those who lack transportation each month. Alternatively, SNAP is not a realistic option for reservations where the only grocery store is located a hundred miles away. Even for those reservations where a grocery store is conveniently located, the food options are limited to what is practical for a rural store to have delivered.

Improving the FDPIR

The following recommendations were gathered from tribal FDPIR agencies and tribal leaders who have shared their concerns with NCAI. NCAI, however, is still in the process of establishing a task force to develop additional FDPIR policies recommendations.

Permanent implementation of traditional Native foods. Before processed foods entered the diets of American Indians and Alaska Natives, tribal communities lived from traditional hunting, fishing, gathering and agriculture. By doing so, they had few diseases, and maintained healthy and strong lives. Many tribal leaders have voiced their support in returning to these traditional foods that encourage healthy living and cultural sustainability. A major element is ensuring that traditional foods are permanently included in FDPIR.

Encourage local food production and markets. Establishing and supporting local food markets would support the local economy, encourage the production and consumption of tribal traditional foods, and offset additional costs for the delivery of fresh foods to rural tribal communities.

Eliminate asset tests. USDA has traditionally aligned FDPIR rules with those governing SNAP, both for administrative convenience and as a matter of fairness. By maintaining parallel eligibility standards between the two programs, USDA ensures that the program is a comparable alternative to SNAP. Tribes, however, do not have the same option as states to lift the asset test on eligibility. Further, it does not ensure that American Indian and Alaska Native families living in states that have lifted the asset test for SNAP, are free of an asset test administered by FDPIR. If not addressed, FDPIR will be the only federal nutrition program that requires an asset test as part of eligibility.

Interagency collaboration. While FDIPR remains an important food source for Native communities, it is also important to seek collaborative efforts with other government agencies that continuously distribute food. For instance, the Bureau of Indian Affairs and Bureau of Indian Education distribute school breakfasts and lunches to Native students. Encouraging interagency collaboration with local producers will assist in efforts to regularly secure healthy and nutritious foods for Native communities.

Educate tribal communities. FDPIR still maintains a negative stereotype from its establishment in the 1960's, thus many tribal members are hesitant in returning. As a result, tribal communities need specific outreach to inform them of the updated and modernized program. The image of FDPIR needs to be changed, where it aligns with the nutritious, healthy, and flavorsome foods it offers. Several tribes have taken on this work themselves, presenting cooking demonstrations, offering cooking classes, and producing cook books. Each of these solutions provide a way for tribal members to become familiar with the new food packages that are being provided, while teaching them skills that will encourage a nutritious and healthy lifestyle. In addition, many of the youth do not possess the skills to cook, so these are educational skills for them to develop as well.

To ensure maximum outcomes for these innovative practices, appropriate staff is needed to educate FDPIR participants. Recruiting and retaining registered dieticians and nutrition professionals would assist tribal communities by developing culturally appropriate nutrition education materials, shaping policy, and counseling FDPIR participants toward healthier choices.

Allow unused funds to be carried over to the next year and increase funding. Additional funding would allow tribal programs to upgrade facilities and purchase new

[11] USDA FNS, Office of Research and Analysis, *FDPIR Food Package Nutritional Quality: Report to Congress, 2008.*

equipment, such as trailers, trucks, and freezers. These funds would also allow tribal programs to create educational programs and hire additional staff.

Tribal Consultation

A unique government-to-government relationship exists between federally-recognized tribes and the Federal Government. This relationship is grounded in numerous treaties, statutes, and executive orders, which reinforce the legal status of tribal governments. An integral element of this government-to-government relationship is that consultation occurs with Indian tribes. President Obama recently reaffirmed this relationship with an Executive Memorandum, which requires each federal agency to develop a plan to implement consultation and coordination with Indian tribal governments as required by Executive Order 13175.

Because FDPIR is administered by the U.S. Department of Agriculture, tribal governments should be consulted before any changes are made to the existing program. Moreover, FDPIR is a program that was established to specifically meet the food shortage of Native people.

Conclusion

Although FDPIR has significantly improved, the alarming rates of diabetes and obesity continue to grow within Indian Country. Therefore, it is vital to address the need for fresh, healthy, and traditional foods. As policies and recommendations are being considered, NCAI encourages the Committee to seek further comments as needed.

ATTACHMENT

Diabetes and Obesity in Indian Country Fact Sheet

Diabetes

- American Indians and Alaska Natives have the highest prevalence of diabetes among all U.S. racial and ethnic groups.[1]
- In some American Indian and Alaska Native communities, more than half of adults aged 18 and older have diagnosed diabetes, with prevalence rates reaching as high as 60%.[2]
- Between 1990–2009, among American Indians and Alaska Natives there was a 161% increase in diabetes in young people aged 25–34 years and a 110% increase in diabetes in youth aged 15–19 years.[3]
- Native people die from diabetes at a rate of 189% higher than other Americans.[4]
- American Indians and Alaska Natives are twice as likely to be told by a physician that they have diabetes as their non-Hispanic white counterparts.[5]
- In 2005, American Indian and Alaska Natives were 1.9 times as likely as non-Hispanics white to die from diabetes.[6]
- Over a 10 year period, the number of diabetes cases increased by 68 percent among American Indian and Alaska Native adolescents.[7]

Obesity

- More than 39% of low-income American Indian and Alaska Native children ages 2 to 5 are overweight or obese.[8]
- American Indian and Alaska Native adults are 1.6 times as likely as White adults to be obese, which is equivalent to 34% of American Indian and Alaska Native adults and 21.3% of White adults.[9]

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[1] American Diabetes Association.
[2] IHS Report to Congress, 2007.
[3] IHS Diabetes Program Statistics.
[4] SAMHSA, National Survey on Drug Use and Health, 2003.
[5] CDC 2005. *Health Characteristics of the American Indian and Alaska Native Adult Population: United States, 1999–2003.* Advance Data (356), Table 4.
[6] CDC 2007. Health United States, 2007. Table 29.
[7] Acton K.J., Burrows N.R., Wang J., *et al.* "Diagnosed Diabetes Among American Indians and Alaska Natives Aged < 35 Years—United States, 1994–2004." *Morbidity and Mortality Weekly Report*, 55(44): 1201–1203, 2006.
[8] Polhamus B., Dalenius K., Borland E., *et al. Pediatric Nutrition Surveillance 2006 Report.* Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.
[9] CDC 2005. *Health Characteristics of the American Indian and Alaska Native Adult Population: United States, 1999–2003.* Advance Data (356), Table 2.

- A national survey found that 31.2 percent of American Indian and Native Alaskan 4 year olds are obese. The obesity rate among American Indians and Native Alaskans was higher than that of any other racial or ethnic group studied and almost double the rate among White 4 year olds.[10]

SUBMITTED PAPER BY ROXANNA NEWSOM, PRESIDENT, NATIONAL ASSOCIATION OF FOOD DISTRIBUTION PROGRAMS ON INDIAN RESERVATIONS

Food Distribution Program on Indian Reservations

Farm Bill 2012

Position Paper

We greatly appreciate recent visits made to reservations: Secretary Vilsack's visit to Chickasaw Nation and Under Secretary Kevin Concannon's visit to White Earth Reservation. We want to point out that "one size doesn't fit all". There are vast geographical differences between ITO's and for many of our citizens nothing has changed since the inception of the program.

When comparing FDPIR to SNAP,* FDPIR is the healthier alternative. With the epidemic proportions of Diabetes, Heart disease and obesity, NAFDPIR submitted a resolution requesting establishment of a Food Package Review Committee consisting of Program Directors, Tribal Dietitians and FNS staff. This collaboration has resulted in improvements in the food package, including a decrease in fat and sodium and an increase in fresh produce. Whereas SNAP has no restrictions on any foods purchased.

FDPIR requests re-alignment of income guidelines based on the poverty level since FDPIR operates only on reservations, near reservations and Oklahoma where SNAP operates in all states. Separate guidelines are offered for Alaska due to their economic status, and according to Per Capita Personal Income by State and County, many reservations are located in the lowest ranked areas.

The lack of affordable housing is forcing Tribal members to seek housing in larger communities near reservations. The current 10,000 population cap regulation prohibits us from serving many Native families that would benefit from FDPIR services. Although we have the opportunity to submit a waiver to serve this eligible population the process is cumbersome and determination is often inconsistent. If this regulation was amended a majority of the programs currently have the capability to provide services to these families.

Although the $1,000,000 Nutrition education grant has been beneficial to programs awarded funds, the grant process is cumbersome and inefficient. Many ITO's do not have the resources to successfully apply for competitive grants. All regions have established Nutrition Education committees providing NE resources to all ITO's in their respective region; it would be more practical to allocate the funds to regions by current funding methods with the exclusion of the 25% Tribal match.

FDPIR requests our annual funding level be at 100% and eliminate the 25% match.

FDPIR requests authorization to allow the carryover of administrative funding as allowed in other FNS programs.

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[10] Anderson S.E. and Whitaker R.C. "Prevalence of Obesity Among U.S. Preschool Children in Different Racial and Ethnic Groups." *Archives of Pediatrics & Adolescent Medicine,* 163(4): 344–348, 2009.

*FDPIR *Food Package Nutritional Quality: Report to Congress—Summary,* Food and Nutrition Service, Office of Research and Analysis, November 2008. *http://www.fns.usda.gov/oane/*