

Contributors to Obesity for Indigenous Elders

A Fact Sheet by the American Society on Aging

Obesity in Indigenous elders is caused by a constellation of factors, including **inconsistency in access to treatment, lack of funding and aid, and the loss of culturally appropriate care**. Each factor contributes to the disproportionately high rates of obesity in the Indigenous elder community.

During a series of roundtables with the American Society on Aging in the fall of 2023, more than 40 Indigenous elders, service providers and researchers shared knowledge, data and personal experiences with obesity in their communities and families.

These conversations highlighted that obesity is viewed as a lifelong, intergenerational issue and **cannot be addressed without consistent and equitable access to healthy food, transportation to service providers, and healthcare services that are delivered via cultural appreciation and trust**. There is great variance in resources between tribal communities, making treatment for obesity difficult to assess and solve for, but first, many elders feel that even their most basic needs are not being met.



The United States' healthcare systems—both healthcare providers and insurance providers—must acknowledge and meet the range of needs of all Indigenous communities. Then Indigenous communities will be better suited to treat obesity in the manner that individuals and the tribal community feel are most appropriate. These solutions also may vary greatly based upon an individual's or communities' values, but roundtable attendees expressed the desire to have **full access to all care options, and the ability to integrate traditional healing practices with Western care.**

“And then we also have regulations and things that are imposed upon us [such as] how many deer can we harvest to feed our communities? How much fish can we catch?”

—Elder

I look at food as medicine and I promote traditional food as much as I can, and I talked about using organic as much as possible.

—Program Coordinator



“You know, culturally, my health is tied to how my water is, how my air is that I’m breathing, the foods that I’m eating, how my community is doing.”

—Elder



“If they can’t get to their doctor’s appointments, they won’t go. And then the ones [who] do ask, they’re very limited income and so they have to use paratransit or some kind of transportation and with paratransit you have to continuously call to get through the line. The longest I’ve heard somebody wait is like 3 hours.”

—Program Coordinator

Disconnection from Tradition Contributes to Obesity

- Over time, some communities have felt a loss of connection to nature, to traditional foods, and to spiritual aspects of health, which have directly led to poorer health.
- Indigenous methods of hunting and gathering have been severely limited due to land restrictions and climate change.
 - Indigenous peoples’ deep spiritual connection to nature underscores their unwavering commitment to environmental protection.
 - Indigenous communities are instrumental in safeguarding the environment and contributing to climate preservation.
 - Sourcing locally grown and cultivated foods provides nutritional meals that often align with traditional values.
 - The primary objective of many Indigenous communities is to improve the well-being of their communities, relying upon natural land and [river systems](#).

Access to Healthy Foods and Transportation Are Persistent Barriers to Health

- Commodity foods provided through U.S. government programs have become an unhealthy but preferred staple in the community and are now considered the norm, fostering a continued distrust of government.
 - The Food Distribution Program on Indian [Reservations](#) (FDIR) aims to “increase access to healthy foods in Indian country,” but:
 - The FDIR uses foods available from the “[2024 commodity food list](#)” that heavily relies upon canned and processed goods.
- Many elders have very low incomes and/or no access to transportation, making it difficult to access healthy food and community supports.
- Despite the expectation that the Indian Health Service (IHS) would fully meet the healthcare needs of Indigenous elders, insufficient funding, lack of insurance coverage, and limited access for American Indian elders living outside reservations lead to healthcare challenges and financial [burdens](#).

Obesity Is a Chronic Condition for Indigenous Elders

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Obesity was first designated as a disease by the American Medical Association in 2013, and this resolution was reaffirmed in 2023, stating that obesity is a disease state “with multiple pathophysiological aspects requiring a range of [interventions](#).” Despite this official [recognition](#), Medicare does not classify the condition as chronic.

This leaves Indigenous elders and their families with no access to the full continuum of available weight-management and obesity-care options. Yet Indigenous communities and their elders have disproportionately higher rates of obesity than other populations in the United States, a statistic driven by lack of access to health insurance, transportation and healthy [diets](#).



During a series of roundtables with the American Society on Aging in the fall of 2023, more than 40 Indigenous elders, service providers and researchers shared knowledge, data and personal experiences with obesity in their communities and families.



These conversations highlighted that **obesity concerns span generations** and **cannot be addressed without consistent and equitable access** to food, transportation and services delivered via **cultural appreciation and trust**.

The United States' healthcare systems—both healthcare providers and insurance providers—must acknowledge and meet the range of needs of all Indigenous communities. With the designation of obesity as a chronic condition, Indigenous communities will be better suited to treat obesity in the manner that individuals and the tribal community feel are most appropriate.

48%

of American Indian and Alaska Native adults were living with obesity [in 2018](#)

Obesity Concerns Reach Across Generations

- A community health clinic survey revealed that obesity is the No. 1 health concern, as it leads to many negative health outcomes.
- Obesity is seen as a multigenerational problem. The lack of proper nutrition, exercise and access to resources affects multiple generations.
- Developing obesity or diabetes is often viewed as inevitable.

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Our people are susceptible [to obesity].

—Elder

We know people that have lost their toes, their legs, and it's just like, oh, so and so lost their feet.

—Elder

Access to Food, Transportation and Other Services Can Be a Barrier to Healthy Lives

- Access to resources for living healthy lifestyles varies widely, based upon community and tribal wealth.
- Low-income individuals have a harder time accessing services and transportation, which means:
 - Elders cannot always attend medical appointments or community events, or find healthy produce and grocery options.
 - Medical specialists can be as far away as 3 hours.

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When you're trying to clean up hundreds, hundreds of years of challenges, you're going to need resources to be able to do that. And we don't have the resources.

—Elder

Trust Stands in the Way of Effective Obesity Prevention and Interventions

- There is a continued lack of trust in the U.S. government due to generational trauma that has endured for centuries.
 - Commodity foods given to Indigenous peoples from the U.S. government are viewed as unhealthy, yet have become the preferred diet for Indigenous elders.
- Despite the expectation that the Indian Health Service (IHS) would meet the healthcare needs of American Indian Elders (AIE) and Alaska Native populations, insufficient funding, lack of insurance coverage and limited access for AIE individuals living outside reservations have led to healthcare challenges and financial [burdens](#).

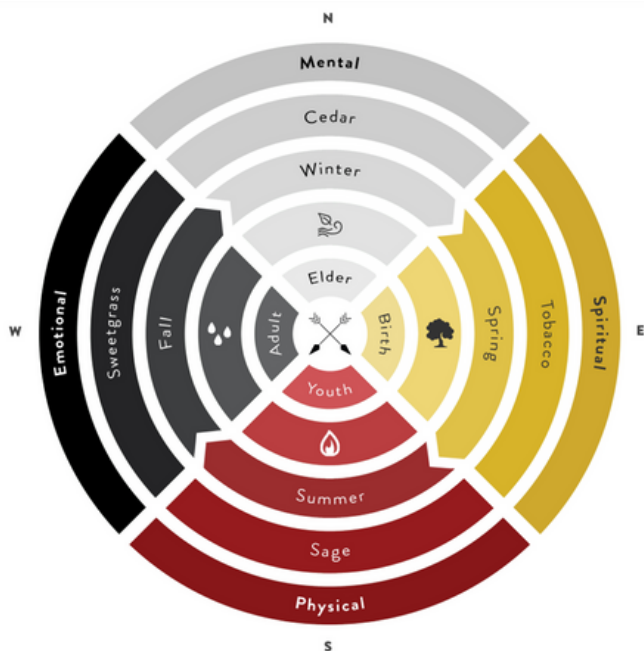


Range in Care Options for Indigenous Elders with Obesity

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Federally supported care systems currently in place for Indigenous elders do not recognize traditional ways of healing and medicine. There is a great need to change these care systems to match the variety in care options desired by elders and tribal communities. **Western healthcare (insurance providers and healthcare service providers) must recognize and incorporate into care options the traditional healing practices many communities have been practicing for centuries.**

During a series of roundtables with the American Society on Aging in the fall of 2023, more than 40 Indigenous elders, service providers and researchers shared knowledge, data and personal experiences with obesity in their communities and families. In these conversations, the value and importance of quality care was expressed, but access to it remains a serious problem. To provide better care specifically for obesity, Indigenous elders need more options covered by culturally cognizant insurance providers and care providers.



Providers and insurance services must acknowledge and meet the range of healthcare needs of all Indigenous communities. Then these communities will be better suited to treat obesity in the manner that individuals and the tribal community feel is most appropriate. These solutions also may vary greatly based upon an individual's or communities' values, but **roundtable attendees expressed the desire to have full access to all care options, and the ability to integrate traditional healing practices with Western care.**

The MEDICINE WHEEL

The circle represents balance, connection, and the continuous nature of all creation.

A system of teachings and visual tool for passing down indigenous cultural knowledge.

Source: The Indigenous Medicine Wheel, [Tribal Trade](#)



Incorporate Two-eyed Seeing Strengths of Indigenous and Western Care

- Balance, in all aspects of life, traditionally has been highly valued in Indigenous communities. Merging and balancing more traditionally Western medical care models with Indigenous healing practices can have positive effects for everyone.
 - Individuals' connection to traditional healing practices varies. Some people may seek only traditional healers, some people may seek guidance from tribal elders on healthcare decisions, and some elders may be interested only in Western medicine.
 - Indigenous people want access to all options, seamlessly, accompanied by insurance coverage that is fair, easy to access and understandable.



Offering Consistent Care Through IHS to Achieve Better, More Equitable Health Outcomes

- Many Indigenous elders struggle to access consistent and effective care and providers through the Indian Health Service.

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There is frustration with the fragmented and inconsistent care offered through the Indian Health Service, which is also a very real barrier to seeking medical care.
—Elder

But when I call, you know, Indian Health Service, it might be a 3-month wait or a 6-month wait.

—Elder

Understanding Cultural Needs and Values

- Cultural competency in care is critical, but not always available in a Western healthcare setting.

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There should be some kind of training [for medical practitioners] prior to going into these, our, communities.
—Elder

It's very difficult to trust and go into that Western biomedical model when we're used to our traditional way. And when there's no collaboration between the two, that also makes it very difficult.

—Elder

Variety and Affordable Care Options

- Cost and insurance coverage is a consideration for all medications, for many people.
- In a few instances, some elders have access to weight-loss medications and bariatric surgery and are utilizing those options.

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Health insurance is holding us hostage.
—Elder