

Background Report on the Use and Impact of Food Assistance Programs on Indian Reservations

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Abstract

The report reviews existing data sources and prior research on six programs operated by the U.S. Department of Agriculture that provide food assistance to American Indians living on or near reservations. The purpose of the review is to help identify future research needs and opportunities to exploit administrative data systems and recurring national surveys. The programs covered are the Food Distribution Program on Indian Reservations (FDPIR), the Food Stamp Program (FSP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program, the School Breakfast Program, and the Commodity Supplemental Food Program (CSFP). Research topics of continuing importance include the impacts of reservation food assistance on health and nutrition, the characteristics that make nutrition education effective on reservations, the dynamics of program participation, and the contribution of tribal administration to program coordination.

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Summary

Four food assistance programs operated by the U.S. Department of Agriculture (USDA) specifically designate American Indians and Alaska Natives as beneficiaries: the Food Distribution Program on Indian Reservations (FDPIR), the Food Stamp Program (FSP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the Commodity Supplemental Food Program (CSFP). Two additional programs, the National School Lunch Program and the School Breakfast Program, are widely used but do not have special provisions for reservations. To inform USDA decisions on future efforts to collect data and support research, we summarize prior research and existing data sources on the use and impact of these programs on Indian reservations.

We reviewed existing data sources, including both survey and administrative data; reviewed previous research studies, including studies pertaining to particular tribes or geographic regions; and discussed data and research on reservation food assistance with subject area experts, including federal food program administrators, tribal food program managers and service providers, and researchers. The paper identifies data sources as well as information gaps and provides suggestions for improving data sources and furthering research on this topic.

We identified four clusters of current issues, related to nutrition, participation, program administration, and cultural content in the food assistance programs discussed above. There is widespread interest in understanding and improving the nutritional effects of reservation food assistance programs. This interest is a response to the prevalence of obesity, diabetes, and other diet-related health conditions among American Indians. Little is known about patterns of participation and nonparticipation in reservation food programs. Discussions of program administration revolve around the stringent requirements for tribal administration of the FSP, which have never been met, and funding levels for WIC, the FDPIR, and the CSFP, which are administered by Indian Tribal Organizations (ITOs) on many reservations. Cultural concerns involve the inclusion of specific traditional foods in commodity packages and the relationship of food assistance programs to tribal norms such as sharing of food and respect for elders.

The most useful data sources on the use and impact of food assistance programs on Indian reservations provide information on population characteristics (for both participants and eligible nonparticipants), program participation, and health and nutrition outcomes. The paper reviews 26 surveys conducted at the national, state, or tribal level and the extent to which they provide the data discussed above. Many of these surveys include data on participation in the Food Stamps program and WIC; some also cover the school breakfast and lunch programs. Only the Navajo Health and Nutrition Survey (NHNS) measures FDPIR participation, and none of the surveys we reviewed provides data on the CSFP. The health and nutrition content of the surveys reflects the purposes for which data were collected.

Most of the surveys make it possible to identify American Indians, but except for the NHNS and tribal surveillance surveys, which only cover reservation populations, public-use survey data are generally inadequate to identify the subset of American Indians who live on reservations. Several strategies, however, might be used to work around these limitations.

Particularly promising resources for analysis of the use and impact of food assistance programs on Indian reservations include the NHNS, the California Health Interview Survey (CHIS), the Early Childhood Longitudinal Survey Birth Cohort (ECLS-B), and the Early Childhood Longitudinal Survey Kindergarten Cohort (ECLS-K). Four surveillance systems—the Pediatric Nutrition Surveillance System (PedNSS), the Pregnancy Nutrition Surveillance System (PNSS), the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk Behavior Surveillance System (YRBSS)—have relevant content but limited information on program participation. Minor changes would increase the value of the Current Population Survey (CPS), the National Health Interview Survey (NHIS), and the Survey of Income and Program Participation (SIPP) for analysis of the use and impact of food assistance on Indian reservations.

Special surveys designed to measure program participation and related health and nutrition outcomes among Indians living on reservations provide additional sources of data on the use and impact of food assistance programs. The content and coverage of these surveys make them more relevant to the topic than multipurpose state and national surveys, but the special surveys are less likely to be conducted regularly, and their data is less likely to be archived for public use by researchers other than those involved in the original studies. Future efforts to collect and analyze survey data on the use and impact of food assistance programs on Indian reservations are likely to involve tribal authorities as well as individual American Indian respondents.

Administrative data generated or collected by each of the food assistance programs for purposes such as case management or quality control can be valuable resources for research. Administrative data, however, can only be used to examine the characteristics of program participants; comparable information about eligible nonparticipants is not collected. Administrative data appear to be more useful for studying the FDPIR and WIC on Indian reservations than for studying the FSP as reservation food assistance.

Continuing research questions concern the impacts of reservation food assistance, the characteristics that make nutrition education effective on reservations, participation in the FSP, FDPIR, and WIC, and the extent to which tribal administration can improve coordination, both among food assistance programs and with other low-income programs. The USDA could improve the capacity to address these questions by devoting more resources to archiving data from special surveys; supporting experiments with imputation of reservation status in survey data; working with other federal agencies to make the CPS, NHIS, and SIPP more useful for analysis of reservation populations; and regularly including at least one reservation food assistance program in multisite studies. Recent proposals for development and linkage of administrative data on food assistance programs, though not designed with reservation programs in mind, would increase information on the use and impact of food assistance on Indian reservations, particularly if the FDPIR is included in the initiatives.

Introduction

National surveys on food program use and nutritional status provide limited information about American Indians and Alaska Natives, because of their relatively small numbers and dispersed population.¹ In this background paper, we summarize prior research and existing data sources on the use and impact of food assistance programs on Indian reservations. Our purpose in doing so is to inform decisions by the United States Department of Agriculture (USDA) on future efforts to collect data and support research about these programs. The study focuses on six programs operated by USDA's Food and Nutrition Service (FNS): the Food Distribution Program on Indian Reservations (FDPIR), the Food Stamp Program (FSP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the Commodity Supplemental Food Program (CSFP), the National School Lunch Program, and the School Breakfast Program.

We reviewed existing data sources, including both survey and administrative data; reviewed previous research studies, including studies pertaining to particular tribes or geographic regions; and discussed data and research on reservation food assistance with subject area experts, including federal food program administrators, tribal food program managers and service providers, and researchers. The paper identifies data sources as well as information gaps and provides suggestions for improving data sources and furthering research on this topic.

Four of the six federal food assistance programs on which we focus specifically designate American Indians and Alaska Natives as beneficiaries (USDA 1997). The FDPIR exists *only* on Indian reservations, in approved areas near reservations, and in approved service areas in Oklahoma for federally-recognized tribes that do not have reservation land. The FDPIR can be administered by either the state or an Indian Tribal Organization (ITO), which can be a tribe, a band within a tribe, or an intertribal organization. The FSP, WIC, and the CSFP are not restricted to reservations or to American Indians, but the statutes governing each of these programs provide for possible ITO administration. The National School Lunch Program and the School Breakfast Program are widely implemented on Indian reservations but have no provisions unique to reservations.

Some of the current issues concerning these six programs affect all potential participants, but are especially critical for American Indians, who are more likely than other Americans to be poor, unemployed, food insecure, hungry, obese, and diabetic.² How can food assistance

¹ For ease of reading, we use "American Indian" to refer to both American Indians and Alaska Natives, unless otherwise noted. Similarly, unless otherwise noted, we use "Indian reservation" to describe Alaskan tribal villages as well as nonreservation areas of Oklahoma where, for historic reasons, Indian residents can participate in federal programs on the same basis as Indians living on reservations in other states.

² From 2001 to 2003, 20.0 percent of American Indians were poor, compared to the national poverty rate of 12.1 percent. The median income of American Indians was 79.8 percent of the national median over the same period (DeNavas-Walt, Proctor, and Mills 2004). Data from the 2000 Census suggest that 12.4 percent of American Indians were unemployed, compared with 5.8 percent of the general working-age

programs improve nutritional quality while continuing to fight food insecurity and hunger? How can these programs encourage greater participation by working families while continuing to serve the elderly, disabled, and unemployed? How can food assistance programs be better integrated with one another and with other programs serving people with low incomes?

Other issues are specific to food assistance programs on Indian reservations. Under what conditions, and on what terms, can tribal organizations administer these programs? What foods should be included in the monthly FDPIR packages? How can food assistance programs build upon native traditions regarding food and community responsibilities?

National surveys such as the Current Population Survey (CPS), the Survey of Income and Program Participation (SIPP), the Survey of Program Dynamics (SPD), and the National Survey of America's Families (NSAF) provide data about eligibility for food assistance programs, participation in them, and the impacts on nutrition and health among the general population. National surveys, however, are problematic sources of data on the use and impact of the programs on reservations. On the 2000 Census, 1.5 percent of the U.S. indicated that they considered themselves American Indian or Alaska Native, either as their only race or in combination with other races (Ogunwole 2002). This share of the population is large enough to include over four million people, yet small enough that national surveys based on random selection of respondents often have too few American Indians for reliable analysis. The dispersion of the American Indian general population, in combination with the clustering of tribal subgroups, creates additional sampling problems (Ericksen 1996).

All the difficulties of studying the use and impact of food assistance programs (and other low-income programs) among American Indians overall are compounded when the population of interest is the 25 percent of American Indians who live on reservations, or the 51 percent who live on or near reservations.³ Yet, these subgroups are poorer than American Indians living elsewhere (Cole 2002), and they are therefore less likely to be able to meet their nutritional needs without federal assistance.

population (U.S. Census Bureau 2003). The 1996 age-adjusted prevalence of diabetes was 10.9 per 100 persons of age twenty and older for American Indians and 3.9 per 100 persons for non-Hispanic whites (Indian Health Service 2000). Data from selected states, collected by the Racial and Ethnic Approaches to Community Health (REACH) 2010 project, suggest that in 2001-2002, 40.1 percent of American Indian men and 37.7 percent of American Indian women were obese (body-mass index of 30 kg/m² and higher). These rates exceeded those for black, Hispanic, or Asian men and women (Liao, Tucker, and Giles 2003). In 1995-1997, 22.2 percent of American Indian households were food insecure, and 8.6 percent were food insecure with hunger (Food Research and Action Council 2000); both rates were about double the rates for all U.S. households (Bickel, Carlson, and Nord, 1999).

³ Percentage of American Indians living on reservations calculated by authors from Census 2000 Summary File 1, 100-Percent Data. Percentage of American Indians living on or near reservations calculated by authors from FY 2000 estimate of the Indian Health Service service population (Indian Health Service 1999) and bridged-race estimate of April 2000 American Indian or Alaska Native population (Ingram et al. 2003:21).

Approaches Used

In this background study of food assistance programs on Indian reservations, we review existing sources of data and previous studies and suggest future projects to provide the data needed to answer key questions about these programs. We used multiple approaches to identify current issues, data sources, and earlier research.

One approach was to consult with subject area experts. Together with our Technical Representatives from ERS, we met with officials from FNS, including top staff members from each of the four programs and researchers from the Office of Analysis, Nutrition, and Evaluation. We conducted telephone interviews or corresponded by email with representatives of Indian organizations, tribal leaders who have worked with states to facilitate collaboration in administering federal food assistance programs, federal officials from agencies outside the USDA, and other researchers who had studied the programs. All of these consultations were organized around four broad questions:

- What research have you found most useful for your work with food assistance programs on Indian reservations?
- What data have you found most useful for your work with these programs?
- What do you think will be the most important issues related to these programs over the next few years?
- What new research or data would you find most useful for discussions and decisions about these issues?

We found the consultations particularly helpful in identifying current issues and helping us understand different perspectives on them.

In addition to reviewing data sources recommended by our experts or used in studies we found relevant, we reviewed the sources discussed by Logan, Fox, and Lin (2002) in their report on data sources for the effects of food assistance programs on nutrition and health. We examined additional data sources available through DataFerrett, an on-line tool for data analysis and extraction of data developed by the Census Bureau and the Centers for Disease Control and Prevention (CDC). We also reviewed other data sources with which we were familiar from earlier projects. The surveys we reviewed included two state surveys, the California Health Interview Survey (CHIS) and the Washington State Population Survey (WSPS), and the Navajo Health and Nutrition Survey, which is a unique resource for the study of food assistance programs on Indian reservations. We also reviewed the Food Stamp Quality Control data available from the FNS web site and investigated the availability and usefulness of administrative data on the FDPIR, the CSFP, and WIC.

To identify relevant studies, we used a snowball technique. We started with the bibliography compiled by Stauss, Nelson, and Mortensen (2000), the sources in two studies of FDPIR (Usher, Shanklin, and Wildfire 1990; Fox, Hamilton, and Lin 2004), and a study of Indian participation in WIC (Cole 2002). Those sources led us in turn to others. We also performed computerized searches. We used subject classifications to search for relevant articles using the on-line catalogs of the Library of Congress, the National Agricultural Library, and the National Library of Medicine. We used keywords to search for articles in Agricola, EbscoHost,

EconLit, J-STOR, Lexis-Nexis, ProQuest, PubMed and the two Native Health Databases maintained by the University of New Mexico Health Sciences Library and Informatics Center with support from the Indian Health Service (IHS) and the National Library of Medicine. We also reviewed relevant papers from the American Indian Studies program at the University of Arizona and the four other institutions in the ERS Small Grants Program.⁴

In the next sections of the paper, we provide brief overviews of the four food assistance programs and discuss current issues related to their use and impact. After that, we review existing sources of data on the food assistance programs and reservation populations and discuss gaps in the data sources that are currently available. We then review previous research studies, both quantitative and qualitative. We conclude by identifying key questions that have not been adequately addressed, or have been addressed with research that may now be outdated, and by suggesting future efforts to collect the data needed to answer these questions. To be realistic about the challenges ahead, we identify likely sources of problems in the proposed data collection efforts.

⁴ The other institutions in the ERS Small Grants Program are the Southern Rural Development Center, Mississippi State University; the Institute for Research on Poverty, University of Wisconsin; the Joint Center for Poverty Research, University of Chicago, Harris School of Public Policy Studies; and the Department of Nutrition, University of California, Davis.

Program Overview

Food Stamp Program (FSP)

In FY 2002, an estimated monthly average of 303,000 American Indians (Rosso and Faux 2003) participated in the Food Stamp Program, which provides recipients with benefits that can be used in place of cash, for the purchase of food items only. Benefits were originally provided in paper coupon form, but all participants now receive and use benefits electronically, through transactions over point-of-sale devices installed at supermarket checkout counters.

Basic eligibility standards and benefit levels for the Food Stamp Program are set nationally, but the states are responsible for program administration. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and the Farm Security and Rural Investment Act (also known as the 2002 Farm Bill) increased the variation in Food Stamp policy among states. States have limited options to exempt able-bodied adults without dependents (ABAWDs) from the FSP time limits, which restrict unemployed ABAWDs to three months of benefits in a thirty-six-month period. States also decide whether to use various options or waivers to adapt the program to the needs of the working poor. In determining whether an applicant's assets are above FSP limits, for example, the standard FSP rules count the value of automobiles above an exemption of \$4,650. States can now choose to apply the vehicle rules of their Temporary Assistance for Needy Families (TANF) programs instead. States that exclude the entire value of automobiles from their TANF asset limits can thus do the same for Food Stamps (USDA 2004c).

Federal regulations (7 CFR 281) permit tribes to administer the FSP, but only upon findings by the USDA that state administration has failed, and that the ITO has the capacity to administer the program. No such findings have ever been issued. Some tribes, however, do play more limited roles in FSP administration. Minnesota's TANF program, the Minnesota Family Independence Program (MFIP), includes a Food Stamps component. The Mille Lacs band of the Ojibwe has used its authority to run a tribal TANF program to operate a slightly modified version of MFIP, under which it administers Food Stamps for tribal MFIP participants. Under Wisconsin's Food Stamp Program, known as FoodShare, county or tribal workers at local agencies assess eligibility and issue benefits. Eight Wisconsin tribal agencies (Bad River, Forest County Potawatomi, Lac Courte Oreilles, Lac du Flambeau, Oneida, Red Cliff, Sokaogan Chippewa, and Stockbridge Munsee) participate in this capacity.

Other tribes have worked with state and county social service agencies to facilitate eligibility determination and coordination with other food assistance programs. For example, the Port Gamble S'Klallam Tribe in Washington, which operates a tribal TANF program, has clients complete applications to the state Food Stamp Program at the reservation and faxes the information to the state. Interviews can be conducted via telephone and EBT cards are mailed to

participants. Only those individuals who can't wait for their EBT cards to be mailed need go the county social services office for card issuance. The tribe also works closely with an assigned liaison at the county office, sharing information on any changes in client activities that might affect eligibility status.

Food Distribution Program on Indian Reservations (FDPIR)

The Food Distribution Program on Indian Reservations (FDPIR) provides monthly food packages to low-income individuals and families living on reservations, and to American Indian households living in approved areas near reservations and in approved service areas in Oklahoma. The eligibility requirements, which are similar to those for the Food Stamp Program, include a net income limit of 100 percent of the federal poverty guidelines, adjusted by the appropriate standard deduction for each household size. FDPIR participants, however, are not subject to Food Stamp Employment and Training requirements or the time limit on receipt of assistance by unemployed able-bodied adults without dependent children.

Households cannot participate in FDPIR and the Food Stamp Program at the same time. Usher, Shanklin, and Wildfire (1990) found that FDPIR households were more likely to be elderly than FSP households, while FSP households were more likely to be receiving benefits from Aid to Families with Dependent Children (AFDC), the predecessor to today's TANF program. They concluded that the distance to either the FSP office or grocery stores where Food Stamps could be used was only a minor factor in the choice between the two programs.

The FDPIR is administered by state agencies or by ITOs. In FY 2003, five states and 98 ITOs administered the program on 243 reservations. Recent changes have improved the nutritional quality and variety of commodity packages (Fox, Hamilton, and Lin 2004). Despite these changes, average monthly participation has dropped to 108,000, a 26 percent decline from the FY 1987 peak of 146,000, and 17 percent below the 130,000 average for FY 1999 (USDA 2004d).

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides critical food supplements (usually in the form of vouchers for purchases of specific items in retail stores) and nutrition education to low-income pregnant, breastfeeding, and postpartum, nonbreastfeeding women; infants; and children. Infants and children under age 5, pregnant women, nonbreastfeeding mothers less than 6 months postpartum, and breastfeeding mothers less than 12 months postpartum are categorically eligible for benefits. Categorically-eligible individuals must either be income eligible (live in a family with income at or below 185 percent of the federal poverty guidelines), or adjunctively eligible (enrolled in TANF, Food Stamps, Medicaid, or another program for which the state of residence confers adjunctive eligibility). WIC eligibility also requires that individuals meet at least one condition of

nutritional risk. WIC's importance has been demonstrated through numerous studies showing that it contributes to improved birthweight, reductions in Medicaid costs after birth, and reductions in anemia among young children (National Research Council 2003).

Federal regulations allow tribes or ITOs to administer WIC. The participating tribes and ITOs are considered State WIC Agencies, with the same authority over tribal jurisdictions that state governments have elsewhere. In FY 2003, tribes or ITOs administered thirty-three WIC programs with a combined enrollment of 54,544 (USDA 2004a).

Commodity Supplemental Food Program (CSFP)

The Commodity Supplemental Food Program (CSFP) provides packages of USDA commodity foods, rather than vouchers, to low-income pregnant and breastfeeding women, other new mothers up to one year postpartum, children up to age six, and senior citizens of at least 60 years of age. To be eligible for the program, recipients must reside in a participating state or reservation. Elderly persons must have an income at or below 130 percent of the federal poverty guidelines, while nonelderly women and children must meet income eligibility requirements established by the state. States may establish additional requirements.

The CSFP and the WIC Program have some overlap in their eligible populations among women and children, but only the CSFP offers assistance to the elderly. Dual participation in the programs is prohibited. Over time, and as WIC funding has grown, this dual eligible population has increasingly opted to participate in the WIC program. Consequently, more than 87 percent of current CSFP participants are elderly (USDA 2004b).

Unlike WIC, the National School Lunch Program, or the Food Stamp Program, the CSFP is not available in every state. The program is currently authorized to operate in 32 states and the District of Columbia. Two ITOs—the Oglala Sioux, in South Dakota, and the Red Lake Band of Chippewa Indians, in Minnesota—substitute for their states in administering CSFP programs on their reservations. In calendar year 2004, the Oglala Sioux CSFP caseload was 700 people, and the Red Lake Band of Chippewa Indians caseload was 113 (USDA 2004b).

Other USDA Programs

The National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program, the Special Milk Program, and the Summer Food Service Program do not specifically identify American Indians as participants but do serve Indians on reservations, as well as others who meet program eligibility criteria (USDA 1997). Several data sources include information on participation in the School Breakfast and National School Lunch Programs and some of the studies we reviewed (for example, Snyder et al. 1999 and Story et al. 2002) focus on these programs as they operate at reservation schools. The National Food Stamp Program Survey conducted by FNS in 1996-97 included questions on the Child and Adult Care Food Program, as well as the School Breakfast Program, the National School Lunch Program, Food Stamps, and WIC, but the survey's small sample size suggests that few Indians living on reservations were interviewed.

The Nutrition Services Incentive Program (NSIP), a nutritional program for the elderly, is now operated by the Department of Health and Human Services, Administration on Aging. Title VI of the Older Americans Act authorizes ITO participation in the program. One difference from the USDA programs is that Native Hawaiian organizations can qualify for ITO status and administer the NSIP. The NSIP program was administered by the USDA from 1978 to 2003; the program was operated under different names for most of that period. The USDA continues to provide commodities for use in the NSIP program. Evaluations of the Title VI program in its earlier form were published in 1983 (Lustig 1983) and 1996 (Ponza et al. 1996).⁵

⁵ See also Jackson and Godfrey (1990).

Current Issues

We identified four clusters of issues, related to nutrition, participation, program administration, and cultural content, in the food assistance programs discussed above. The issues were selected based on discussions with FNS personnel and others involved in the programs.

Nutrition

There is widespread interest in understanding and improving the nutritional effects of reservation food assistance programs. This interest is a response to the prevalence of obesity, diabetes, and other diet-related health conditions among American Indians. Although obesity is an increasingly important health problem for all groups, obesity rates for American Indians are more than double those for whites (Story, et al. 1999). Obesity, in turn, is a risk factor for diabetes, which is also more prevalent among American Indians than among other groups (Gohdes 1995).⁶ Diabetes is especially prevalent among the Pima Indians and other Southwestern tribes, who may have a genetic disposition toward the disease that became more harmful with the shift from traditional foods to a typical American high-fat diet (Knowler, et al. 1983; Neel 1999). Diabetes rates are lower than the U.S. average among Alaska Natives, whose consumption of salmon and seal oil may give them some protection, but the prevalence of diabetes among this group is increasing (Naylor, et al. 2003).

For all of the food assistance programs, diet-related health problems raise questions about how much to spend on nutrition education and how to design effective, culturally appropriate nutrition education programs in which American Indians will be able and willing to participate. Shanklin, Usher, and Wildfire (1992) found that in 1989, eight of 30 FDPIR programs surveyed reported no spending on nutritional education; only two of the 30 programs had full-time nutrition coordinators on staff.⁷

Tribal administrators repeatedly cite program literature received from the USDA as their main source of nutritional information. Administrators share the information they receive from the USDA with their counterparts in the other food assistance programs. Nutrition information that is culturally appropriate appears to be especially attractive; one FDPIR and CSFP administrator found information on the nutritional content of local and traditional foods, with recipes for healthier versions, to be particularly useful among program participants. Two of the tribal WIC administrators mentioned the need for more “best practices” information, particularly

⁶ More precisely, American Indians have a high prevalence of non-insulin-dependent diabetes mellitus (NIDDM), also known as Type 2 or adult-onset diabetes. Insulin-dependent diabetes mellitus (also known as Type 1 or juvenile diabetes) is less prevalent among American Indians than in the general population. The prevalence of gestational diabetes is high among some tribes but comparable to or lower than the general population among others (Brown and Brenton 1994; Gohdes 1995).

⁷ While only two ITOs had full-time nutritionists on staff, 19 of the 30 reported personnel expenditures related to nutrition education. Four of the eight with no direct nutrition education expenses reported coordination with WIC, IHS, or Cooperative Extension staff. Two of these four, however, did not report conducting any activities.

for innovations in breastfeeding promotion and nutrition education. Both administrators inquired about innovative social marketing strategies specifically targeted at the American Indian population.

The commodity programs (FDPIR and CSFP) and the School Lunch and Breakfast programs also face the challenge of providing healthier foods within budget constraints. Commodity packages and school meals with more fresh fruits and vegetables, less salt, and less sugar would make it easier for recipients to follow restricted diets and might reduce the future prevalence of obesity, diabetes, and other health problems. Tribal administrators of the commodity programs have noticed improvements in the content, quality, and variety of foods offered but say that the ingredients of the products could still be made healthier. Many tribes have better facilities for food storage than in the past, allowing them to offer more fresh foods. Both FDPIR and CSFP have convened work groups to evaluate the respective food packages; these work groups include local program administrators as well as health and nutrition experts.

Participation

Food assistance programs can only improve health and nutrition outcomes to the extent that individuals who are eligible for these programs participate in them. Participation is voluntary and may require eligible individuals to travel to distant government offices and complete extensive paperwork. Participation in Food Stamps has become an important issue due to the decline in estimated national participation rates in the mid- and late 1990s and the low participation rate among working families (Cunyngham 2004b; Zedlewski 2004).

Cole (2002) estimated that 65 percent of American Indian pregnant women, and 48 percent of American Indian infants and children, were enrolled in WIC. These estimates suggest that participation rates among categorically eligible American Indians who also meet WIC's income and nutritional risk criteria are high. Others familiar with tribal WIC programs also thought that a high proportion of eligible women and children participate.

Reservation participation rates for the FDPIR and the FSP are harder to gauge. Both programs collect self-identified racial and ethnic information from participants, but estimates of the eligible population, which are also necessary to estimate participation rates, are difficult to construct. The most extensive study of the FDPIR (Usher, Shanklin, and Wildfire 1990) did not attempt to calculate a participation rate for the program, and the most recent FNS report on Food Stamps participation (Cunyngham 2004a) does not present a separate estimate for American Indians.

Research on the Northern Cheyenne of southeastern Montana, funded through the ERS Small Grants Program, suggests that patterns of food assistance use have been altered by welfare reform and related policy changes affecting eligibility and the duration of benefits (Davis et al. 2000). In-depth interviews with participants identified obstacles to obtaining Food Stamps benefits, including difficulties with completing the paperwork needed for meeting new eligibility requirements and maintaining benefits, the lack of transportation and phones needed to keep appointments with program personnel, and child care needs. One administrator we interviewed suggested transportation to school was the main hurdle to expanding participation in the School

Breakfast Program: students who must take the bus to school do not arrive with enough time before class to eat breakfast, and thus are rushed to class with empty stomachs.

Administration

Provisions for tribal administration of food assistance vary by program. The standards that must be met for ITOs to assume responsibility for Food Stamps are extremely restrictive. Under Section 11 of the Food Stamp Act of 1977 (7 USC 2020), the Secretary of Agriculture must find that the state is failing to properly administer the program, and that the ITO is capable of doing so, before transferring authority to the ITO. The USDA has never issued such findings. In 1979, FNS, without issuing the required findings, approved a demonstration waiver for the Navajo Nation to administer the program, but the Nation could not reach agreement with Arizona, New Mexico, and Utah on the terms of the demonstration project and the waiver was terminated in 1981 (U.S. General Accounting Office 1994). In 2001, the National Congress of American Indians (NCAI), citing tribal administration of the FDPIR and the need for better integration between tribal TANF programs and the Food Stamp Program, endorsed legislation to allow tribes to administer the Food Stamp Program or determine eligibility for it (National Congress of American Indians 2001).

The standards for tribal administration of WIC, the FDPIR, and the CSFP are less stringent than those for the FSP. Cole (2002) notes that there was little change in the list of ITOs operating WIC programs between 1992 and 1998. Tribal administration of the FDPIR and CSFP appears fairly stable as well. Tribal program directors identified insufficient funding as the largest issue in program administration. They told us it is difficult for some programs or regions to get all the money they need when other programs do not spend all the money they are given. Unspent FDPIR funds, which averaged \$300,000 per year in FY 1999-2003, must be returned to the Treasury and are lost to the program each year.

FDPIR has seen a number of changes in program operations. The change to allow vendors to use commercial brand-name labels instead of generic USDA labels has been very popular among the tribes. Program participants perceived commodities with generic USDA labels to be inferior in quality to products they could buy in their grocery stores. Use of commercial labels has also reduced the stigma associated with participation in the program, as USDA commodities now look like other store-bought foods. Another benefit is that the standard commercial packaging provides more nutrition information.

In the Prime Vendor Pilot, the FDPIR, in partnership with the Department of Defense, contracted food orders, storage, and delivery to Reinhart Foods throughout FNS's Midwest Region. Orders are placed via the internet, and deliveries are more reliable and can be made on a more frequent basis. Expected cost savings did not occur, but ITOs expressed more satisfaction with the program (Kamara 2004). FNS is conducting a similar pilot in its Southwest Region, designed to provide similar customer service at a reduced cost.

An issue affecting all the food assistance programs is how they can be better integrated—with each other, and with non-USDA programs such as TANF, IHS health programs, and the economic development programs of the Bureau of Indian Affairs. The transportation problems of many Indians living on reservations make the idea of a single, tribally-administered site for all

low-income programs particularly appealing. The NCAI Food Stamps resolution made the point that tribal TANF recipients have to go to different offices for TANF cash assistance and for Food Stamps.

Some have raised questions about the level of coordination between the FDPIR and the FSP. Because one program is administered by tribes and the other is not, it is not possible for one worker on the reservation to counsel clients and facilitate enrollment for both programs. Administration of both programs by the tribe would facilitate nutrition education because FDPIR participants would have more contact with the FSP's more extensive nutritional efforts. Close integration of the FSP and the FDPIR makes it easier for recipients to move between programs as their circumstances change. In many locations, the FSP offers a wider selection of foods, particularly fresh fruits and vegetables. But when a household's income increases to the point that it is eligible for only a small Food Stamp benefit, it may be better served by participating in the FDPIR. Where seasonal or temporary work is common, as on some of the reservations where many residents are employed at casinos, education about the advantages and disadvantages of each program and the ability to easily switch with changing household income would improve access to adequate food assistance for participants. More frequent movement between the FDPIR and the FSP would, however, increase these programs' administrative costs.

A former WIC administrator working with Alaska Natives discussed the unique challenges of providing food assistance to that population. In many remote regions of Alaska, food supply is limited and it is difficult to import food, which would have to be flown in. In these settings, food insecurity takes on a different meaning than not having enough money to buy food each month.

Cultural Concerns

Particular regional foods are mainstays of the traditional diets of many American Indian tribes. Examples include bison, on the Plains; blue corn and culinary ash, in the Southwest; wild rice, in Minnesota; and salmon, in the Pacific Northwest. These foods are often invested with spiritual significance and healthier than modern replacements such as corn-fed beef and white flour (Jackson and Mead 1990; Kuhnlein, Calloway, and Harland 1979; Naylor, et al. 2003). Elders within Alaska Native subsistence communities have their own strict guidelines for preparing and storage of harvested game, but the game cannot be offered in the federal commodity programs without passing inspection by the USDA.

Many tribal leaders have expressed their desire that the commodity packages provide more traditional foods. The addition of culturally significant foods, they suggest, would demonstrate that the USDA is responsive to tribal needs and wants, and would also have a positive economic impact for the localities. In response, FDPIR has offered bison meat to program participants since Fiscal Year 2001. However, the FDPIR Food Package Work Group determined that some culturally preferred foods (for example, blue cornmeal) were much more expensive and provided no nutrition advantage over the product currently offered (in this case, yellow cornmeal). One WIC administrator lamented that cultural appropriateness was not an issue for her American Indian population because so many nontraditional foods have permeated the culture. "There is just too much fast food on the reservation," she told us.

Program administrators have to weigh tradition and nutrition against cost and shelf life and decide whether to include traditional foods in the FDPIR and CSFP commodity packages, and in the meals served by the school breakfast and lunch programs. The market-based Food Stamp Program, in contrast, leaves these choices to the recipient as consumer.

An issue applicable to all of the food assistance programs is how the programs interact with tribal norms, such as the sharing of food (Calloway and Gibbs 1976; Hiwalker et al. 2002) and respect for elders (Jackson and Mead 1990). Slonim, Kolasa, and Bass (1981) reported that Cherokee participants shared WIC foods with other family members, helping to meet family needs, but therefore reducing the nutritional impact for the targeted groups—women, infants, and children. More positively, Alves (1993) observed that multigenerational, extended families were valuable networks for her Extension Service work with the Navajo Nation. Smith and Wiedman (2000), similarly, found that program endorsement by female elders was the key to connecting eligible mothers with WIC services in an Aleutian community. Dillinger, et al. (1999) identified potlucks and powwows as good opportunities for nutrition education.

Data Sources

An ideal data source for analysis of the use and impact of food assistance programs on Indian reservations would provide information on three types of variables: population characteristics, program participation, and health and nutrition outcomes. The three types of variables can be envisioned as the three points of a triangle, with the triangle's sides representing the relationships that link each type of variables to the other two types.

The ideal data on population characteristics would provide information on both participants and eligible nonparticipants. It would include variables that are generally important for program eligibility and participation, such as age, gender, and income. It would also include the variables needed to define the population of interest, American Indians living on reservations. When data collection efforts permit the identification of more than one race, as under the racial and ethnic classification standards issued by the Office of Management and Budget (OMB) in 1997, two different ways of counting American Indians and Alaska Natives are possible: a single-race count, including only those who indicated that as their only race, and an inclusive count that also includes those who identified themselves as belonging to one or more additional categories. A third way of counting, a primary-race count in which all respondents are assigned to one and only one racial category, is the most consistent with federal practice before 1997.

“Living on reservations” is also more problematic than it might first appear to be. Reservations are the relevant geographic units in most states, but Alaska Natives live in tribal villages, not reservations, and Oklahoma has “Tribal Statistical Areas” in addition to its single reservation. Moreover, the one food assistance program defined with reference to reservations, the FDPIR, provides benefits to Indian households living in designated areas near reservations, as well as to households (Indian or not) living on reservations (Kamara 2004). IHS Service Units also include both reservations and nearby areas. Geographic Information System (GIS) data would be valuable for determining location relative to reservation lands.

The ideal participation data would include information on receipt of benefits from the FDPIR, FSP, CSFP, WIC, National School Lunch Program, School Breakfast Program, and the other food programs. For Food Stamps, the only one of these programs providing benefits that are delineated in dollars, information on benefit amounts would also be useful. More detailed information on other food assistance programs would include the contents and value of commodity packages and school or elderly meals.

The ideal data on nutritional outcomes, finally, would include measures of food security, expenditures, and intake. The ideal data on health outcomes would include health status and information on anemia, dental problems, diabetes, heart disease, hypertension, and obesity, all of which are related to diet. It would also include information on breastfeeding, which is associated with improved child health and encouraged by WIC, but less prevalent among American Indians than among other women (Long, et al. 1995; Wright, et al. 1997).

Survey Data

Appendix A provides summary information on 26 surveys conducted at the national, state, or tribal level and the extent to which they provide the data discussed above. Many of these surveys include data on participation in the Food Stamp Program and WIC; some also cover the school breakfast and lunch programs. Only the Navajo Health and Nutrition Survey (NHNS) measures FDPIR participation, and none of the surveys we reviewed provides data on the CSFP. The health and nutrition content of the surveys reflects the purposes for which data were collected.

Most of the surveys make it possible to identify American Indians by at least one method of counting (single race, inclusive, and primary race). Except for the NHNS and tribal surveillance surveys, which only cover reservation populations, public-use survey data are generally inadequate to identify the subset of American Indians who live on reservations. Several strategies, however, might be used to work around these limitations. One would be to seek access to confidential or restricted location data that could be matched, through use of geocodes, against reservation boundaries. Another would be to treat IHS use or insurance coverage as a proxy for location on or near a reservation. A third approach would be to impute reservation status from other data. Many American Indians, for example, live in states or counties with no reservations, so if the state and county data are available, they can be assigned zero probability of living on a reservation. Probabilities based on population totals and relevant demographic characteristics can then be assigned to other American Indian survey respondents.

The following surveys are particularly promising resources for analysis of the use and impact of food assistance programs on Indian reservations:

- The **Navaho Health and Nutrition Survey (NHNS)** provides data on participation in the FDPIR, FSP, WIC, and the school breakfast and lunch programs, as well as data on food expenditures and difficulties obtaining food. Several diet-related health conditions are measured through both respondent questionnaires and physical tests. Respondents are Navajo Indians living on or near the main Navajo reservation. The survey has now been conducted twice, in 1991-1992 and 2001-2002, making it possible to analyze changes over time (Ballew, et al. 1997; Benally 2004; White, et al. 1997). One limitation is that findings about the Navajo people do not necessarily apply to Indians living on reservations in other parts of the U.S., or even to other Southwestern tribes. Also, income is measured less directly than on most other surveys. Another limitation is that the Navajo Nation, the IHS, and the CDC have all been involved in collection of the data, which may make the process of gaining access unusually complicated.
- The **California Health Interview Survey (CHIS)** collects information on tribal affiliation and enrollment status. American Indians were oversampled in 2001, but were not oversampled in 2003. Variables cover participation in Food Stamps and WIC (Harrison, et al. 2002), food security (using the six-item version of the scale developed by the Food Security Measurement Project), health status, diabetes, heart disease, hypertension, and body-mass index (BMI). It may be possible to distinguish reservation households using confidential data available through the Data Access Center of the UCLA Center for Health Policy Research, which provides access to detailed geographic identifiers (strata, county, zip code, latitude,

and longitude) and additional demographic information. The main limitation is that data is only for California, which has the largest American Indian population of any state, but may not be representative of all parts of the U.S.

- The **Early Childhood Longitudinal Survey Birth Cohort (ECLS-B)** includes information on FSP and WIC participation, food security, health status (as reported by the parent), breastfeeding, dental care, child's height and weight, and mother's weight before and after pregnancy. American Indian children are oversampled; information on tribal affiliation, enrollment, and reservation status is collected; and a variable for IHS coverage is available. Restricted use data can be geocoded and merged with reservation maps. The content and sample (children from 9 months through first grade) make the ECLS-B most valuable for analyses related to WIC. The longitudinal structure of the ECLS-B allows analyses of individual children over time but poses the danger that attrition may bias estimates and shrink sample sizes.
- The **Early Childhood Longitudinal Survey Kindergarten Cohort (ECLS-K)**, generally similar to the ECLS-B, provides information on children through their elementary school years. The ECLS-K has a larger overall sample size but does not oversample American Indian children. The content and sample make the ECLS-K most valuable for analyses related to the School Breakfast and National School Lunch Programs, although the data also cover FSP participation. The spring-kindergarten and spring-third grade data files also include the full 18-question version of the U.S. household food security scale and categorical measures of food insecurity and hunger. In addition to the household scale, the spring-third grade file has information on children's food security and hunger; this is important because "in most households classified as food insecure with hunger, the children in the household were not hungry" (National Center for Education Statistics 2004). Information on program participation and food security could be linked with data on BMI and health status to explore the impact of food assistance on obesity and health among children or their parents. As with the ECLS-B, attrition may create problems in analysis of the data.

Four surveillance systems maintained by the CDC are potentially useful for research on the health and nutrition impacts of food assistance programs on Indian reservations. Surveillance systems are data collection efforts aimed at monitoring key behavioral or risk factors over time. They are set up to have continual data collection and reports usually focus on tracking key indicators. A major limitation is that the surveillance systems provide little or no information on program participation.

- The **Pediatric Nutrition Surveillance System (PedNSS)** collects nutritional status data at the clinic level from low-income children 0 to 5 years old enrolled in federally-funded child health programs. Six tribal governments (Cheyenne River Sioux, Chickasaw Nation, Inter Tribal Council of Arizona, Navajo Nation, Rosebud Sioux, and Standing Rock Sioux) currently participate. While the information collected—WIC participation and a few key nutritional indicators—is limited, the overall number of records collected each year is impressive. In some years as many as 9 million records were collected, providing data on over 100,000 American Indian children. As with the PNSS, however, participating clinics are not randomly selected, so the data is not suitable for providing national estimates. Access to data is controlled by the reservation, state, or territory that collected it.

- The **Pregnancy Nutrition Surveillance System (PNSS)** monitors prevalence of nutritional problems among women at high risk for an adverse pregnancy outcome, including teenagers. The Chickasaw Nation (Oklahoma), the Inter Tribal Council of Arizona, and the Navajo Nation currently participate in PNSS data collection. In some years, more than 10,000 records are available for American Indian women. Data is collected at the clinic level and covers WIC participation and a few key nutritional indicators. Data collection methods and respondent eligibility criteria differ among health clinics. Data is collected at different times during a women's pregnancy and many women drop out of the study before completion, creating a missing data problem. Participating clinics are not randomly selected and many states and tribes are not represented, so the data is not suitable for providing national estimates. Access to data is controlled by the reservation, state, or territory that collected it.
- The **Behavioral Risk Factor Surveillance System (BRFSS)**, the world's largest telephone survey, tracks health risks. Information from the survey is used to improve the health of the American people. The data is collected annually, without oversampling; the number of American Indian respondents in any given year is usually about 1,200. Although the BRFSS is a national survey, data is actually collected at the state level and states can receive funding to do geographic oversamples. Some states have used this funding to oversample particular tribes or reservations (see Appendix A). Examples of research using the BRFSS data in combination with these Indian oversamples include Sugarman, et al. (1992) and Levin, et al. (2002). A recent CDC report (Denny, Holtzman, and Cobb 2003) provides a good summary of health behaviors of American Indians and Alaska Natives using BRFSS 1997 to 2000 data.
- The **Youth Risk Behavior Surveillance System (YRBSS)** provides representative data on U.S. high school students. The biennial survey has a wealth of questions on nutrition but does not include questions on program participation. American Indian students are not oversampled, so the national sample usually includes about 150 American Indian students. The CDC, however, has provided technical assistance to the Bureau of Indian Affairs and the Navajo Nation to help them conduct the YRBSS. The Navajo Nation YRBSS data have been collected since 1997 but the data have not been made available for public use.

Minor changes would make three federal surveys that are currently of limited value for analysis of reservation food assistance much more useful for assessing the use and impact of food assistance programs on Indian reservations:

- The **Current Population Survey (CPS)** includes a monthly survey and topical supplements. The annual demographic supplement, conducted each March, provides detailed income data and data on Food Stamps and school lunch participation, self-reported health status, and IHS coverage. The Food Security Supplement, last conducted in December 2002, includes data on participation in WIC, school breakfast, and private food assistance, as well as in Food Stamps and school lunch. It also uses the full 18-item U.S. household food security scale. Under the rotation schedule, only one-quarter of the 56,000 households in the December 2002 Food Security Supplement were included in the March 2003 demographic supplement, and attrition further reduced the overlap. Matching data from the Food Security and demographic supplements to identify the households responding to both, moreover, has proven difficult (Madrian and Lefgren 1999). USDA attempted to reschedule the Food

Security Supplement to be closer to the March Demographic supplement but this was not possible given the Census Bureau's priorities. Doing so, however, would create a data source of great value for analysis of reservation food assistance programs and many other topics related to federal food programs.

- The **National Health Interview Survey (NHIS)** includes data on FSP and WIC participation, IHS coverage, and a wide range of health conditions. Detailed income data allows rough estimation of program eligibility. The National Center for Health Statistics (NCHS), which administers the NHIS, has frequently collaborated with other federal agencies to add questions to the survey. Adding questions such as whether an American Indian respondent lives on or near a reservation and whether the respondent participates in the FDPIR would improve the value of the survey for analysis of reservation food assistance. The cost of adding these or related questions would be limited by the small proportion of NHIS respondents who would be asked them: only the 1-2 percent of respondents who identified themselves as American Indian would be asked about their reservation status, and only those who said they lived on or near a reservation would be asked about the FDPIR.
- The **Survey of Income and Program Participation (SIPP)** includes cross-sectional and longitudinal data on FSP and WIC participation as part of its core content. Beginning with the 1996 panel, five questions from the Food Security Measurement Project have also been included in the Wave 8 Adult Well-Being Topical Module. Although the sample size for the overall American Indian population in Wave 1 of the 2001 SIPP panel was over 1,200, the sample size dropped to 980 by Wave 8. Because approximately one quarter of American Indians live on reservations, attrition may reduce sample sizes for the reservation population below the minimum levels needed for reliable analyses. The SIPP, moreover, was not designed to support state-level analyses, and so may not support reservation-level analyses.

Despite these limitations, the benefits of longitudinal data when looking at the dynamics of participation and the changing characteristics of the American Indian population using food assistance programs make the SIPP a promising survey for this type of analysis. A compounding factor, however, is the inability to identify in the public-use data whether an American Indian is living on a reservation. Even the restricted-use data do not identify participants below the county level. As with the NHIS, the addition of survey questions to determine reservation status would greatly improve the utility of the survey for analysis of the use of food assistance programs on Indian reservations. The 2008 panel is the earliest that these questions could be added as the 2004 panel is currently in process.

A number of recurring issues limit the usefulness of other surveys with relevant content. Surveys with small overall sample sizes, such as the Early Head Start Research and Evaluation Survey, are unlikely to have adequate numbers of Indians living on reservations for reliable analyses. Attrition and reductions in sample size due to budget constraints have been serious problems for the longitudinal Survey of Program Dynamics (Logan, Fox, and Lin 2002). Data from surveys that were only conducted once, or from discontinued series, cannot be used to study the impact of recent policy changes, and may already be outdated for cross-sectional analyses.

Special surveys measuring program participation and related health and nutrition outcomes among Indians living on reservations provide additional sources of data on the use and impact of food assistance programs. The content and coverage of these surveys are designed for this purpose, which makes them more relevant to the topic than the multipurpose surveys discussed in this section. Compared to the multipurpose surveys, however, the special surveys are less likely to be conducted regularly, and their data is less likely to be archived for public use by researchers other than those involved in the original studies. Most of the pertinent special surveys have been conducted under the auspices of the University of Arizona American Indian Studies program with funding from the ERS Small Grants Program (see Appendix B).

Future efforts to collect and analyze survey data on the use and impact of food assistance programs on Indian reservations will necessarily involve tribal authorities as well as individual American Indian respondents. As Roubideaux (2002:1402) observes,

Tribes are also taking more control over the research that is conducted in their communities and are establishing institutional review boards to ensure that the research benefits their tribes, addresses their own research priorities, and involves the community at all levels of the research—design, conduct, and interpretation of the results. It is no longer acceptable for researchers and public health workers to enter Indian communities without the approval and participation of the tribe, collect data, and leave.

Outside researchers and national or state administrators should recognize that the new decisionmaking processes are likely to take longer and may result in additional restrictions on survey content and data release. They should also recognize, however, that tribal participation can improve the cultural competency of data collection and therefore produce more accurate and meaningful data. For example, Teufel (1997) worked with members of four Southwestern tribal communities to adapt a standard food frequency questionnaire by modifying the list of possible foods, the categories into which foods were grouped, and the ways in which information about preparation methods and serving sizes was obtained. Of the surveys discussed, tribal authorities have participated most in the development of the Navajo Health and Nutrition Survey, the tribal surveillance surveys, and the special surveys, so the instruments for these surveys may be more culturally appropriate than those developed for the national or state surveys.

Administrative Data

Each of the food assistance programs generates or collects detailed data for administrative purposes, such as case management or quality control. Though produced for other purposes, these administrative data can also be valuable resources for research. The limitations of other sources of data on American Indians living on reservations may make the value of administrative data that much greater when they are the population of interest. Administrative data, however, can only be used to examine the characteristics of program participants; comparable information about eligible nonparticipants is not collected.

Appendix C contains the form that FNS uses to collect information on the self-identified race and ethnicity of FSP and FDPIR participants. The information is collected each July. A revised version of the form, allowing participants to select more than one race, is currently under

review by the Office of Management and Budget. FNS administrative systems can generate reports showing the number of households participating in the FSP and FDPIR by race and ethnicity. For the FDPIR, the data can be broken down by reservation. These reports are designed for internal use but can be released to outside parties upon request.

Appendix D contains the FDPIR Commodity Acceptability Progress (CAP) form. Under the FDPIR, CSFP, NSLP, and the Child and Adult Care Food Program, ITOs and their state counterparts collect data on the most acceptable and least acceptable commodities among participants, in addition to the most frequently requested additions to commodity packages and prepared meals. The data collection is not specific to American Indians, but may be especially valuable for programs operating on reservations, given the interest in more nutritious and culturally-significant foods.

Appendix E contains the FDPIR form used to collect monthly data on the distribution of commodity foods. The data collected include the number of households certified, the number of households participating, and the total number of participants. These forms also collect information on the amounts of each commodity delivered from the central distribution point to the reservations, distributed to households, and returned. FNS uses these data to generate monthly participation reports by region, state, and reservation.

FNS officials have expressed interest in updating the 1990 report by Usher, Shanklin, and Wildfire and collecting additional data on the characteristics of FDPIR households. The data desired by FNS include information on household size, composition, income, and poverty; age, gender, health, nutrition, employment, and school status of household members; access to and participation in other assistance programs; housing arrangements, including availability of food preparation and storage resources; and perceived food need. If collected for all FDPIR households, these data would provide a rich source of information on program participants.

Every other April, WIC collects participant characteristics (PC) data on persons enrolled in the program. Content includes enrollment category, nutritional risks, and use of other food assistance programs. PC data from WIC programs operated by ITOs provide this information for Indians living on or near reservations. FNS produces a biennial report describing WIC participant and program characteristics using the PC data; data are reported at the reservation level. In May 2002, USDA issued an additional report describing the characteristics of Native American WIC participants on and off reservations, based on PC data from 1992 through 1998 (Cole 2002). This was a special extraction report that FNS does not plan to update.

Administrative data are not as useful for analysis of Food Stamps on Indian reservations as they are for analysis of WIC and the commodity programs. American Indians are identified in the FSP Quality Control (QC) data, but their reservation status is not (Cunnyngham and Ewell 2003). Because there are no tribal Food Stamp Programs, sub-state data on participants and benefit amounts are aggregated by county, and not by reservation. Even if reservation status was available, the number of reservation residents in the QC sample would likely be small since many American Indians living on reservations choose to enroll in FDPIR over the FSP.

Continuing Research Questions

Research on the use and impact of food assistance programs on Indian reservations has involved both quantitative studies, using the data resources we have described, and qualitative studies, conducted by tribal members or by outside researchers able to orient themselves to tribal norms such as the role of elders (Jackson and Mead 1990). We conclude the paper by identifying key questions for future research and summarizing the main insights from previous efforts to answer these questions.

What are the Impacts of Reservation Food Assistance?

As late as the end of the 1960s, the health and nutritional problems experienced by American Indians living on reservations could be traced to lack of food. Children were frequently underweight and some were diagnosed with kwashiorkor and marasmus, malnutrition syndromes stemming from inadequate protein and calorie intake (Van Duzen, Carter, and Zwagg 1976; Calloway and Gibbs 1976).

High rates of poverty, unemployment, food insecurity, and hunger have persisted on many reservations (U.S. General Accounting Office 1990; Miller 1994; Hiwalker et al. 2002). Yet by 1990, severe malnutrition was rare, and children were more likely to be overweight than underweight. In a transition that has also been observed in developing countries, American Indians experienced a new set of problems related to consumption of a modern American high-fat diet and lack of physical exercise. Obesity and diabetes became more prevalent on the reservation than elsewhere in the U.S. (Welty 1991; Jackson 1993; Teufel 1996).

Studies of reservation food assistance programs have found large numbers of participants for whom these programs are the main, or even the only, source of food. Miller (1994), for example, reported that the FDPIR was the main source of food for 51.5 percent of participating households, and the only source of food for 7.4 percent. A General Accounting Office study (U.S. General Accounting Office 1990) reached similar conclusions. More recently, Hiwalker et al. (2002) found that the major sources of food on the Northern Cheyenne reservation were wages (64 percent of respondents), the FDPIR (33 percent), Food Stamps (31 percent), and WIC (26 percent). Virtually all those interviewed said that when they could, they shared with neighbors, family, and friends in need of food.

The extensive use of food assistance suggests the possible contributions of these programs to both the health and nutritional gains that have been made on Indian reservations and the new problems that have emerged. Reservation residents developed the term, “*commod bod*,” to describe the physique of American Indians who relied heavily on commodity packages that were high in fat and highly sweetened (Welty 1991; Dillinger, et al. 1999). With recent changes in the FDPIR commodity package (Fox, Hamilton, and Lin 2004), however, the effects of the program on health and nutritional outcomes may be better than in the past. Further research can provide a more current and more detailed understanding of use of the different food assistance programs and the effects of participation on food expenditures, diet, and health and nutritional outcomes.

What Kinds of Nutrition Programs are Most Effective on Indian Reservations?

The prevalence of obesity, diabetes, and related health problems on Indian reservations suggests that effective programs of nutrition education are needed. Research suggests that well-designed, culturally appropriate nutrition programs can improve outcomes. Specific aspects include an understanding of specific food preferences as well as cultural traditions related to serving food and the importance of food as part of family and other celebrations. The diversity of tribal cultures supports the need for continuing small scale studies of individual tribes or regional studies. Diabetes education experiences with the Spokane tribe also suggested the importance of cultural considerations (Burke 2001). In some programs, such as the elderly feeding programs that are now part of NSIP, local programs do their own menu planning and emphasize cultural foods (Jackson and Godfrey 1990).

Several intervention programs involved changes in both diet and physical activity. The interventions vary with respect to structure, intensity, and target population. A randomized clinical trial of lifestyle interventions to address diabetes risk factors in adult Pima Indians found that a less direct, less structured, more participatory intervention that focused on history and culture was more effective than a more structured intervention (Narayan, et al. 1998). A program of increased physical activity and nutrition education, coordinated with the school breakfast and lunch programs, provided a stable environment for behavior change interventions that slowed early childhood weight gain among Pima children living in the Gila River Indian Community (Cook and Hurley 1998). Nutrition education, provided to pregnant adolescents by cooperative extension service paraprofessionals in cooperation with the Chickasaw and Choctaw WIC programs, was effective in improving dietary intake, maternal weight gain, and infant birthweight (Hermann, Williams, and Hunt 2001).

Pathways, a school-based, randomized controlled trial for prevention of obesity in American Indian schoolchildren, was conducted in schools serving American Indian communities in Arizona, New Mexico, and South Dakota. Program components included classroom education promoting healthy eating and increased physical activity, changes in school lunch and school breakfast meals, physical education, and family involvement. The program did not result in a significant reduction in body fat, but did result in a reduction in the percentage of energy from fat and increased food and health related knowledge and behavior. The researchers concluded that a more intense or longer intervention may be needed (Caballero, et al. 2003).

Access to either the FDPIR or stores that accept Food Stamps does not appear to be a problem generally, but access to healthy food may be more difficult due to the limited number of grocery stores on reservations and the limited selection in these stores. Studies of the Ojibwa and Tohono O'odham tribes, for example, reported limited availability of traditional foods that would support a healthy diet (Parrish 2002; Lopez, Reader, and Buseck 2002). Several nutritional initiatives have been designed to improve access to such foods. For example, the Ojibwa project (Parrish 2002) plans to produce a cookbook of traditional food and encourage local restaurants and feeding programs to incorporate traditional foods in their menus. The Apache Healthy Stores project, funded by USDA, works with grocery stores on Arizona's White Mountain and San Carlos Reservations to promote healthy foods. Participating stores stock healthy food choices, use shelf labels to identify healthy foods, offer cooking demonstrations and taste tests, provide recipes, distribute fliers, and display posters. An underlying concept of this program is that the

involvement of self-sustaining enterprises such as grocery stores on the reservation will provide long term benefits for the tribe.⁸

A number of nutrition education efforts involved coordination with the Cooperative Extension Service to develop materials or programs, including classes or videos featuring healthy recipes and food preparation tailored to traditional Native American recipes. Coordination of nutrition education with the IHS was reported as well. Other programs such as school and child care meal programs and elder programs can also offer and coordinate nutrition education. The USDA's Fruit and Vegetable Pilot Program, which included schools on the Zuni reservation in New Mexico, identified operational challenges, such as nonfood costs and planning time, which can be addressed to improve implementation of this program (Buzby, Guthrie, and Kantor 2003; Pareo & Booker 2003).

Diet is an integral part of traditional medicine in Native American communities, and practitioners would benefit from awareness of the traditional medicine practices of particular tribes, which sometimes conflict with diets prescribed by biomedical practitioners, resulting in noncompliance. For example, Jackson and Broussard (1987) report that discussions with Seminoles using Indian medicine revealed that they could not follow diets as prescribed by biomedicine practitioners because many fruits and vegetables are forbidden under traditional medicine.

Who Participates in the FDPIR, Who Participates in Food Stamps, and Does It Make a Difference Which Program They Participate In?

Unlike others with incomes below program eligibility limits, residents of Indian reservations and American Indians living near reservations may be able to choose whether to receive food assistance through the FDPIR or FSP. Usher, Shanklin, and Wildfire (1990) found that older American Indians were more likely to prefer the FDPIR, and that American Indians with incomes closer to program limits preferred the FDPIR because it offered a commodity package based on family size only, whereas Food Stamps benefits were reduced as income increased. The same authors found that FSP participants were more likely than FDPIR participants to receive AFDC cash assistance. An FDPIR administrator suggested that participants preferred that program over the FSP because the FDPIR offered better delivery service; was perceived as healthier because commodities had to meet USDA guidelines; and was not affected by high food prices on reservations, which reduce the purchasing power of Food Stamp benefits.

FDPIR food packages were updated in FY 1998 and distribution continues to improve, making the program healthier and more consumer-friendly than it was (Fox, Hamilton, and Lin 2004). Yet FDPIR participation has been dropping in recent years (USDA 2004d). Analysis of survey and administrative data could provide a better understanding of this decline and determine whether people eligible for either program are shifting from the FDPIR to the FSP, or going without food assistance from either program.

⁸ More information on the Apache Healthy Stores project is available on the project website, <http://www.healthystores.org/AHS.html>.

Apart from the factors affecting choice between the two programs, we do not really know whether one or the other produces better health and nutritional outcomes. Any differences between the programs could be due to differences in the value of benefits, in the foods obtained through each program, or in exposure to nutrition programs: FDPIR participants are eligible for Food Stamp Nutrition Education, but may have less access to it than FSP participants. Data sources such as the NHNS, for the Navajo Nation, and the CHIS, for California tribes, provide information on program participation and on health and nutrition outcomes, and so may allow researchers to address these questions. Qualitative studies could clarify the extent to which Food Stamp Nutrition Education efforts reach FDPIR participants.

What is the WIC Participation Rate on Indian Reservations, and What Factors Affect WIC Participation?

Between 1992 and 1998, American Indian enrollment in WIC increased at a slower rate (17 percent) than the overall WIC population, which grew 40 percent (Cole 2002). Nearly three-quarters of American Indian WIC participants have incomes below federal poverty guidelines, making them the most disadvantaged racial or ethnic group in the WIC population (Food Research and Action Center 2000). What is unclear from previous research on American Indian participation in the WIC program is whether participation rates for eligible American Indians, on and off reservations, are significantly different from the rates for other groups. Further, do the participation rates vary among participant groups (pregnant and postpartum women, infants and children under age 5) or by region, reservation status, or presence of an ITO? These are key questions for understanding whether the benefits of the WIC program are permeating American Indian communities.

To better understand WIC eligibility and participation among the general population, USDA recently contracted with the National Research Council to re-evaluate the methodology used to determine the number of persons eligible for WIC. The new methodology uses both CPS and SIPP data to estimate the size of the WIC eligible population. The most recent calculations using the new methodology are for 1998. These calculations suggest that about 86 percent of infants, between 40 and 50 percent of children, and about 70 percent of pregnant women who are eligible for WIC participated in WIC during 1998 (National Research Council 2003).

Although the general perception is that WIC participation rates tend to be high, it is not clear from the literature on the WIC program in the American Indian population whether this is the case for American Indians on or off reservations. The NRC report did not estimate participation rates by any demographic characteristics. Although over a decade old and limited by a small sample, one study by Ikeda et al. (1993) did find that only seven of seventeen eligible American Indian women in California's Yosemite-Mariposa region participated in WIC, a participation rate of only 41 percent. It is not appropriate to apply this finding to other American Indian populations, but it does suggest the need to examine eligibility and coverage rates for the broader American Indian population.

USDA's improved methodology for estimating WIC eligibles in the CPS and SIPP could be used to estimate participation rates for the overall American Indian population. However, in view of the limitations of these data sources for reservation populations, it would then be advisable to apply the new methodology to other data sources that offer better information on

reservation status. The ECLS-B, for example, collects information on a cohort of children born in 2001, including data on tribal affiliation, enrollment, and reservation status as well as family income and participation in TANF, Medicaid, Food Stamps and WIC. The ECLS-B could be used to estimate WIC categorical and income eligibility for infants, and to generate coverage rates based on reported participation in WIC.

Would Tribes be Better Served by Increased Program Coordination?

Coordination, both among the various food assistance programs and with other programs related to health, employment, education, and social services, is an issue that was raised by several of the experts we interviewed. The importance of program coordination is also discussed in the research literature. Increased coordination has been suggested as a way to improve participation in food assistance programs, improve access to services, and improve the availability and effectiveness of nutrition education. For example, if one caseworker is responsible for eligibility determination for both Food Stamps and FDPIR, participants might be more easily enrolled in the appropriate program and be able to switch between programs according to their needs. Access to services might also be improved when more services directed to low-income populations are housed in one place, especially if the services are available on the reservation rather than at a county social services office.

Tribal operation of TANF increases opportunities for coordination between tribal TANF and other tribal programs. When a tribe takes over TANF, it opens one or more offices on the reservation. Often, the tribal TANF offices are in the same facilities as other tribal programs, improving access for tribal members and making it more feasible to have TANF and other program staff in close communication. In some tribes, several programs may even share staff, with one or more staff partially funded by TANF and tribal employment programs such as Native Employment Works (Hillabrant, Rhoades, and Pindus 2003). The experts we interviewed identified coordination with IHS programs as a way to reinforce and provide consistent messages about nutrition to participants in food assistance programs.

Several of the experts we interviewed mentioned tribal operation of the Food Stamp Program in the context of improving coordination and access. Additional research is needed to assess the capacity of tribes to operate the Food Stamp Program and to determine whether, and in what ways, tribal operation of Food Stamps would improve food assistance and nutrition education for American Indians living on reservations. Congress, by statute, or the Secretary of Agriculture, by waiver, could authorize one or more demonstrations with tribal administration of the Food Stamp Programs, to be run on the model of current tribal FDPIR, CSFP, or WIC programs. The demonstration programs could be closely monitored, then carefully evaluated. There would then be sufficient evidence to support a decision either to terminate the experimental programs or to provide other tribes meeting appropriate criteria with the same opportunity to run their own reservation-based Food Stamp Program.

In the absence of such demonstrations, conclusions about the viability of tribal Food Stamp Programs and their effects on service delivery must be inferred. Evidence about tribal administration of the FDPIR (Usher, Shanklin, and Wildfire 1990; Fox, Hamilton, and Lin 2004); WIC (Cole 2002); and the CSFP would be relevant, as would evidence about tribal

administration of TANF (Hillabrant, Rhoades, and Pindus 2003), the Welfare-to-Work program (Hillabrant, et al. 2001), and other low-income programs outside the USDA.

More evidence could come from close study of ITOs with some involvement in FSP administration, including the Mille Lacs Band of Ojibwe, which administers the Food Stamps component of Minnesota's MFIP for participants in its tribal TANF program; the eight Wisconsin tribal agencies that determine FSP eligibility and issue benefits; and the Port Gamble S'Klallam Tribe in Washington, which coordinates its tribal TANF program with the state-run FSP. Both qualitative and quantitative techniques could be used to understand the operations of these programs, investigate their use, and determine whether any outcomes are different from those on reservations where ITOs are not involved with the FSP. It would be important in doing so to delineate the boundaries of ITO, county, and state authority. Additional research could identify other ITOs with FSP roles.

What Steps Can Improve the Infrastructure for Research on the Use and Impact of Food Assistance Programs on Indian Reservations?

In the course of this background paper, we have suggested several steps that ERS could take to improve data on the programs we have discussed, without spending a disproportionate amount of its limited budget for food and nutrition research on the reservation population. ERS could devote more resources to archiving data from special surveys conducted under the University of Arizona American Indian Studies program with funding from the ERS Small Grants Program. It could support experimentation with imputations of reservation status, using variables such as IHS coverage, state and county of residence, urban/rural location, and tribal enrollment. It could work collaboratively with the Census Bureau and NCHS to make slight modifications to the CPS, NHIS, and SIPP that would enhance their value for the study of food assistance on Indian reservations. And it could establish a practice of including at least one reservation site in any multisite studies, following the precedents of the Fruit and Vegetable Pilot Program, which included schools on the Zuni reservation in New Mexico (Buzby, Guthrie, and Kantor 2003; Pareo and Booker 2003), and the study of twenty innovative WIC programs, which included information on the Eastern Band of Cherokee Indians, whose WIC program delivers services at the workplaces of women with jobs on the reservation (Gordon, Hartline-Grafton, and Nogales 2004).

In addition, ERS and FNS could collaborate to add variables needed for research on reservation food assistance to the administrative data generated by the FDPIR, FSP, CSFP, WIC, National School Lunch Program, School Breakfast Program, and the other programs operating on reservations. Many of the administrative data initiatives discussed by Wittenburg et al. (2001) and Cole (2003), though not proposed with reservation food assistance programs in mind, would increase the capacity for quantitative analysis of these programs. Wittenburg et al. proposed ten potential data initiatives. ERS selected three for further development: linkage between the CPS and state FSP administrative data (Wittenburg and Alderson 2004); creation of a national research database combining WIC, Medicaid, and vital records data (Bell 2004); and a web-based data collection system for School Breakfast Program and National School Lunch Program data (Bell, et al. 2004). Cole (2003) collected data from state directors of FSP, WIC, and child nutrition programs in 26 states on characteristics of their participant database, integration with other public assistance programs, and the feasibility of linking records across programs. She

concluded that linking the USDA data systems was possible in a number of states, but that FSP and WIC state data systems vary significantly and would require probabilistic record linking methods to integrate nationally. Data initiatives such as these could provide valuable information on the dynamics of participation across programs for the American Indian population, particularly if the food assistance programs covered included the FDPIR.

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Appendix A: National, State, and Tribal Surveys as Data Sources on the Use and Impact of Food Assistance Programs on Indian Reservations

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Americans' Changing Lives (ACL)

Responsible Organization:	U.S. Department of Health and Human Services.
Frequency:	Conducted in 1986, 1989, and 1994.
Coverage:	Longitudinal study of adults age 25 and older, excludes residents of Alaska and Hawaii and individuals residing in group quarters or institutions. Oversampled for blacks and persons 60 years and older. Original 1986 sample had 3,617 respondents. By 1994, the number responding was 2,562 and included 164 proxy respondents not part of the original sample.
American Indian/Alaska Native identification:	"American Indian," primary-race, also inclusive.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Region of residence. Primary area, state, county, SMSA, rural/urban on confidential data.
Indian Health Service:	Not available.
Income and Poverty Data:	Family income
Food Assistance Programs:	FSP.
Food Expenditures:	Total spent on food.
Food Sufficiency/Hunger:	Not available.
Health Status:	Satisfaction with health and health status, respondent-reported.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Not available.
Diabetes:	Diabetes or high blood sugar, or taken medicine.
Heart Disease:	Heart attack or heart trouble over last 12 months.
Hypertension:	Hypertension over last 12 months.
Obesity:	Height, weight, BMI, and overweight.

Behavioral Risk Factor Surveillance System (BRFSS)

Responsible Organization:	Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Frequency:	Annually; began in 1984. Data is available the year after it is collected.
Coverage:	This is a telephone survey that each state is responsible for collecting and in some years certain states did not conduct the survey. The sample design is a random-digit dial (RDD) statewide sample and oversamples of certain populations within states occur periodically. The national sample usually has between 1,000 and 1,500 American Indian and Alaska Native respondents in a given year. In addition, some community surveys have been conducted with select tribes and, in collaboration with the CDC, use survey items found in the BRFSS. Tribal community surveys: Blackfeet Reservation (1987); Great Falls: Chippewa-Cree, Little Shell Blackfeet (1987); Fort Peck Reservation (1989); Catawba Diabetes Health Survey (1998); Lumbee Diabetes Health Survey (1998-99); and the Inter-Tribal Heart Project (1992-94).
American Indian/Alaska Native identification:	“American Indian/Alaska Native,” starting in 2001, data collection was changed to allow multiple selection of race categories with a follow-up question on primary race. Prior to 2001, race asked as a single race question. .
American Indian/Alaska Native subgroups:	Not Available.
Location Information:	State – County code is suppressed on public use files – but data is available for Metro statistical areas with more than 500 completed interviews.
Indian Health Service	Not available.
Income Data:	Household income (8 categories).
Food Assistance Programs:	Not Available.
Food Availability/Spending:	Not Available.
Food Sufficiency/Hunger:	Not Available.
Health Status:	Perceived health status, number of healthy days past month (asked separately for physical versus mental health).
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Last time seen dentist, number of permanent teeth removed, last cleaning.

Diabetes:	Optional module (chosen on a state by state basis and not asked every year) asks a series of questions about diabetes and treatment.
Heart Disease:	Optional module (chosen on a state by state basis and not asked every year) asks a series of questions about behavior associated with preventing heart disease.
Hypertension:	Optional module (chosen on a state by state basis and not asked every year) asks a series of questions about hypertension and high blood pressure and associated treatment.
Obesity:	Not available.

California Health Interview Survey (CHIS)

Responsible Organization:	UCLA Center for Health Policy Research, California Department of Health Services, and the Public Health Institute.
Frequency:	Biennially, most recent data for public use from 2001.
Coverage:	55,000 households in 2001; oversampled American Indians and Asian American subgroups.
American Indian/Alaska Native identification:	“American Indian/Alaskan Native,” primary-race, single-race, inclusive variable, also “Non-Latino American Indian/Alaskan Native.”
American Indian/Alaska Native subgroups:	Able to identify enrolled members of a federally or state recognized American Indian tribe. May also identify individuals with California Tribal heritage. Other tribal information collected in survey is not available for public use but may be available through the Data Access Center, which provides access to confidential files.
Location Information:	Urban/rural by several definitions and areas of analysis, region of residence, county or county group, and Los Angeles County Service Planning Areas (SPA). Detailed geographic identifiers (strata, county, zip code, latitude, and longitude) are available through the Data Access Center.
Indian Health Service:	Insurance coverage by Indian Health Service.
Income and Poverty Data:	Annual household income and ratio of income to poverty level.
Food Assistance Programs:	FSP and WIC.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Food security.
Health Status:	Respondent-reported health status.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Dental insurance, last dentist visit and reason, fluoride use, use of free community or public dental program, use of toothpaste, child sleeps with object in mouth and type, type of fluid/milk in bottle when child sleeps.
Diabetes:	Diagnosis and treatment of diabetes.
Heart Disease:	Diagnosis and medication for heart disease.
Hypertension:	Diagnosis and medication for high blood pressure.
Obesity:	BMI.

Consumer Expenditure Surveys (CES) Interview and Diary Surveys

Responsible Organization:	Bureau of Labor Statistics, U.S. Department of Labor.
Frequency:	Four times a year.
Coverage:	Nationally-representative sample of the non-institutionalized population; covers approximately 7,500 households (5,000 prior to 1999).
American Indian/Alaska Native identification:	“American Indian, Aleut, or Eskimo”
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Urban/rural, region, state of residence, population size, MSA.
Indian Health Service:	Not available.
Income and Poverty Data:	Includes wide range of income data and a variable indicating relation of income to the poverty threshold.
Food Assistance Programs:	FSP.
Food Expenditures:	Expenditure information for food and beverages in house and away from home.
Food Sufficiency/Hunger:	Not available.
Health Status:	Not available.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Not available.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Not available.

Continuing Survey of Food Intakes by Individuals and the Diet and Health Knowledge Survey (CSFII/DHKS 1994-96, CSFII 1998)

Responsible Organization:	Agricultural Research Service, U.S. Department of Agriculture.
Frequency:	CSFII has been conducted periodically since 1985. It was conducted in 1994-96 in conjunction with the first DHKS. A supplemental sample of 5,765 children age 9 and younger was surveyed in 1998. In 2001, a decision was made to discontinue the survey.
Coverage:	Over the period 1994-96, the CSFII sampled 19,830 persons and oversampled the low-income population. DHKS had 5,765 respondents.
American Indian/Alaska Native identification:	“American Indian,” primary-race (respondent unable to select more than one race category).
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Region of residence, MSA.
Indian Health Service:	Not available.
Income and Poverty Data:	Last year’s income before taxes, income by source, ratio of income to poverty.
Food Assistance Programs:	WIC, FSP, NSLP, and SBP.
Food Expenditures:	Expenditures on food in home and away from home.
Food Sufficiency/Hunger:	Sufficiency of food in house and explanation.
Health Status:	Self-assessed health status.
Anemia:	Not available.
Breastfed:	Lactation status; breastfeeding status of children age 3 and younger.
Dental:	Not available.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Self-assessed height and weight, self-assessment of weigh status (overweight), BMI, dieting status.

Current Population Survey (CPS)

Responsible Organization:	Conducted by the Bureau of the Census for the Bureau of Labor Statistics, U.S. Department of Labor.
Frequency:	Monthly with an annual demographic supplement (every March) – 2004 current available. Food supplement (December 2002, previously April 1995, September 1996, April 1997, August 1998, April 1999, September 2000, April 2001, and December 2001).
Coverage:	Nationally representative household survey of civilian noninstitutionalized population. Monthly sample is about 50,000 households. There are 8 monthly panels. Each panel is interviewed 4 months, gets 8 months rest, then interviewed again 4 months. Each month one eighth of sample is new. Households in same panel can be linked across months. March supplement has an additional Hispanic sample. In 2001, additional sample was added to improve state-level estimates of children's SCHIP coverage. There were about 98,000 households in 2004. December supplement has about 56,000 households in 2002.
American Indian/Alaska Native identification:	"American Indian," single race categories.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	States are identified. Within "confidentiality restrictions" (i.e., sample size), indicators are available for states, certain metropolitan areas, certain counties, certain central cities, the balance of metropolitan areas, and metropolitan vs. nonmetropolitan areas.
Indian Health Service	Health insurance coverage, including Indian Health Service (demographic supplement).
Income and Poverty Data:	Earned income, sources of income, and ratio of income to poverty.
Food Assistance Programs:	FSP, NSLP, WIC, SBP, CACFP, elderly nutrition (food supplement); FSP, NSLP, WIC (demographic supplement; provides less data than food supplement on programs covered in both).

Food Availability/Spending:	Food spending patterns, total food spending, and minimum food spending needed (food supplement).
Food Sufficiency/Hunger:	USDA 18-item food sufficiency, food insecurity and hunger scale (food supplement).
Health Status:	Self-reported health status; health problem or disability which prevents working (demographic supplement).
Anemia:	Not available.
Dental:	Not available.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Not available.

Early Childhood Longitudinal Survey Birth Cohort (ECLS-B)

Responsible Organization:	National Center for Education Statistics, U.S. Department of Education.
Frequency:	Information is collected when the sample children are 9 months, 2 years, 4 years, and in kindergarten and first grade. Public use data is not yet available for the 9 month interview.
Coverage:	Nationally-representative sample of 10,600 children born in 2001. Oversampled Asian and Pacific Islander children, American Indian children, Chinese children, twins, and low/very low birth weight children.
American Indian/Alaska Native identification:	“American Indian or Alaska Native (specify)” is a possible response on the questionnaire. Respondent is able to select more than one race. Race variables of individuals include a non-specific American Indian category.
American Indian/Alaska Native subgroups	Tribal affiliation will be made available on the 2-year data file. Data on enrollment status have also been collected as part of the 2-year file but as of November 2004 no decision on the availability of these data has been made.
Location Information:	Region, urbanicity, state of interview, state of birth, county, and county population size are available on the restricted-use 9-month file. Data on reservation residence has been collected as part of the 2-year file, but as of November 2004 no decision on the availability of these data has been made.
Indian Health Service:	Able to identify coverage through IHS.
Income and Poverty Data:	Household income in last year.
Food Assistance Programs:	FSP, WIC.
Food Expenditures:	Not available.
Food Sufficiency/Hunger	Food security.
Health Status:	Child’s overall health status (respondent-reported) at birth, prenatally, and at regular intervals during early childhood; respondent’s overall health.
Anemia:	Not available.
Prenatal care/Breastfed:	Whether breastfed and length of time breastfeeding, early feeding, and feeding practices.
Dental:	Dental care.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.

Obesity	Child's weight and length; parent's weight and height, as well as weight control before and after pregnancy.
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Early Childhood Longitudinal Survey Kindergarten Cohort (ECLS-K)

Responsible Organization:	National Center for Education Statistics, U.S. Department of Education.
Frequency:	The sample was followed from kindergarten to fifth grade, 1998-2004. Full-sample data collection occurred in the fall and spring of kindergarten, and the spring of the first, third, and fifth grades. Information on a 30 percent subsample was taken in the fall of first grade. Data from the third grade interview is the most recently released data file for public use (Spring 2001-02).
Coverage:	22,666 kindergartners in the base sample, oversampled for Asian and Pacific Islanders. New students entered the sample in the spring of first grade.
American Indian/Alaska Native identification:	“American Indian or Alaska Native,” value of a composite race variable, and “American Indian,” a dichotomous variable.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Census region and urban/rural. Other location information suppressed for reasons of confidentiality.
Indian Health Service	Not available.
Income and Poverty Data:	Total household income, general poverty indicator.
Food Assistance Programs:	FSP, NSLP, and SBP.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Food security; food security raw score and scale score.
Health Status:	Scale of child’s health (parent-reported) and respondent-reported health status.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Not available.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Child height, weight, and BMI.

Early Head Start Research and Evaluation Study (EHSRE), 1996-2001

Responsible Organization:	Administration for Children and Families, U.S. Department of Health and Human Services.
Frequency:	One-time study.
Coverage:	Applicants, with a child up to 12 months old, to 17 selected Early Head Start programs during the enrollment period of July 1996 – Sept. 1998. 1,513 families were randomly assigned to the program group and 1,488 families to the control group.
American Indian/Alaska Native identification:	Included in the “Other” race category in the public-use data file. American Indian and Alaska Native children may be identified on the restricted-use data file but the sample size is small.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Location information on public-use file is limited but more contextual information is available on the restricted-use file.
Indian Health Service:	Not available.
Income and Poverty Data:	General poverty indicator.
Food Assistance Programs:	FSP and WIC.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Inadequate supply of food.
Health Status:	Overall health status.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Dental visits.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Child’s birth weight relative to 2500 grams.

Medical Expenditure Panel Survey (MEPS)

Responsible Organization:	Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services.
Frequency:	Annual survey that started in 1996.
Coverage:	Representative of the U.S. civilian non-institutionalized population, with oversampling of blacks and Hispanics; 39,165 respondents participated in the 2002 round of the household component of the survey.
American Indian/Alaska Native identification:	“American Indian/Alaska Native- no other race reported,” respondent able to select multiple race categories but no primary-race or inclusive variable available for American Indian and Alaska Native.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Census region and MSA status.
Indian Health Service:	Not available.
Income and Poverty Data:	Total income, income as percent of poverty (not yet available for 2002).
Food Assistance Programs:	Not available.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Not available.
Health Status:	Perceived health status.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Frequency of dental visits, dental insurance.
Diabetes:	Diabetes diagnosis.
Heart Disease:	Heart attack, coronary heart disease, angina, or other heart disease diagnosis.
Hypertension:	High blood pressure, last checked blood pressure.
Obesity:	Not available.

National Food Stamp Program Survey (NFSPS 1996-97)

Responsible Organization:	Food and Nutrition Service, U.S. Department of Agriculture.
Frequency:	One-time survey.
Coverage:	Nationally-representative sample of Food Stamp Program participants and potential participants; covers information for 3,473 households.
American Indian/Alaska Native identification:	“American Indian or Alaska Native,” primary-race (respondent not given option to choose multiple race categories).
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Zip code and urban/rural.
Indian Health Service:	Not available.
Income and Poverty Data:	Income, earned and unearned, sources of income, general poverty indicator, and ratio of poverty to income.
Food Assistance Programs:	WIC, FSP, NSLP, SBP, CACFP, and Nutrition Program for the Elderly.
Food Expenditures:	Expenditures on food in home and away from home.
Food Sufficiency/Hunger:	Food security index, severity of hunger, reasons for food insufficiency, and reduced intake of food.
Health Status:	Not available.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Not available.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Not available.

National Health and Nutrition Examination Survey (NHANES)

Responsible Organization:	Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Frequency:	Continuous, annual survey; public use files released every two years.
Coverage:	11,039 persons in 2001-2002; oversampled low-income persons, persons 12-19 years of age, persons 60+ years of age, African Americans, and Mexican Americans.
American Indian/Alaska Native identification:	“Other Race – Including Multi-Racial”
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Not available.
Indian Health Service:	Not available.
Income and Poverty Data:	Annual household and CPS income available, as well as ratio of income to poverty level.
Food Assistance Programs:	FSLP, SBP. The 2001-2002 survey included FSP and WIC questions but these data are not yet available.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Food security information has not yet been released for 2001-2002.
Health Status:	General health condition.
Anemia:	Taking treatment for anemia past 3 months.
Breastfed:	Breastfed or fed breast milk, age stopped breastfeeding.
Dental:	Dental coverage included in single service plan.
Diabetes:	Diagnosis, treatment, and symptoms of diabetes. Blood relatives with diabetes.
Heart Disease:	High cholesterol, cardiovascular disease. Personal history of heart disease; blood relatives with heart attack.
Hypertension:	High blood pressure, prescribed medicine and treatment of hypertension. Blood relatives with hypertension.
Obesity:	Self-reported weight; weight control and exercise.

National Health Interview Survey (NHIS)

Responsible Organization:	Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Frequency:	Conducted continuously since 1957. Public-use files are released annually.
Coverage:	Interviewed sample for 2002 was 36,106 households; oversampled for blacks and Hispanics.
American Indian/Alaska Native identification:	“American Indian and Alaska Native only” and “Indian (American), Alaska Native,” single-race and primary-race.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Region.
Indian Health Service:	Insurance coverage through Indian Health Service.
Income and Poverty Data:	Total family income, earned income, sources of income, and ratio of income to poverty.
Food Assistance Programs:	FSP and WIC.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Not available.
Health Status:	Health status compared to 12 months ago.
Anemia:	Anemia during past 12 months.
Breastfed:	Not available.
Dental:	Dental pain, dental visit, postponed dental care, dental care provided by single service plan.
Diabetes:	Diabetes diagnosis, limited activity due to diabetes.
Heart Disease:	Congenital heart disease, coronary heart disease, heart attack, irregular heartbeats, congestive heart failure, heart disease or heard condition diagnosis. Limited activity due to heart problem.
Hypertension:	Hypertension diagnosis, limited activity due to hypertension/high blood pressure.
Obesity:	Birth weight (for children), height and weight, BMI, desirable body weight, limited due to weight problem/overweight/obesity.

National Household Education Survey (NHES)

Responsible Organization:	National Center for Education Statistics, U.S. Department of Education.
Frequency:	Conducted every 1 to 2 year(s) since 1991.
Coverage:	The 2001 survey oversampled areas with high percentages of blacks and Hispanics, and had three components: the Early Childhood Program Participation Survey (ECP) completed interviews with the parents of 6,749 children in preschool or younger in 2001. The Before- and After-School Programs and Activities Survey (ASPA) had interviews with the parents of 9,583 children in kindergarten through eighth grade. The Adult Education and Lifelong Learning Survey (AELL) had 10,873 interviews with adult respondents.
American Indian/Alaska Native identification:	“American Indian or Alaska Native,” primary-race.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Census region, urbanicity, percent of blacks and Hispanics, and percent of persons under 18 living in poverty within zip code. Zip code identification was excluded from public-use files for confidentiality reasons.
Indian Health Service:	Not available.
Income and Poverty Data:	Total household income.
Food Assistance Programs:	FSP and WIC.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Not available.
Health Status:	Not available.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Child has seen dentist.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Not available.

National Longitudinal Survey of Youth (NLSY)*

Responsible Organization:	Bureau of Labor Statistics, U.S. Department of Labor.
Frequency:	Survey based on 1979 cohort: annually, 1986-1994; bi-annually 1996-2002. Survey based on 1997 cohort: annually, 1997-2002.
Coverage:	The NLSY79 is a nationally-representative sample of 12,686 adults who were of the ages 14-22 when first interviewed, with oversampled blacks, Hispanics, and the non-black, non-Hispanic economically disadvantaged. The NSLY97 sample is composed of 8,984 youths of the ages 12-16 when initially interviewed, with black and Hispanic oversamples.
American Indian/Alaska Native indicator:	“American Indian, Eskimo, Aleut,” primary-race. In 1979, respondents were able to list up to 6 categories for race/ethnicity. Using the 6 variables constructed from their responses, it is possible to create an inclusive race variable.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Urban/rural and region. The confidential geocode data provides information on the state, county, CMSA, PMSA, SMSA, and MSA of residence.
Indian Health Service	Not available.
Income and Poverty Data:	Ratio of household income to poverty level, poverty indicator, earned income, elements of unearned income.
Food Assistance Programs:	WIC and FSP.
Food Expenditures:	Expenditures on food to be consumed in the household.
Food Sufficiency/Hunger:	Not available.
Health Status:	Respondent-rated health status.
Anemia:	Presence of anemia.
Breastfed:	Whether breastfed children or if children were breastfed and for how long.
Dental:	Last dental visit for child.
Diabetes:	Presence of diabetes and when diagnosed.
Heart Disease:	Presence of cardiovascular or heart condition. Personal history of angina, congestive heart failure, and date of most recent heart attack.
Hypertension:	High blood pressure is lumped together with diabetes.
Obesity:	Height, weight, perception of weight, and weight control.

* This summary examines the NLSY79, NLSY-YA, NLSY-MC, and NLSY97. Some information presented here may only be available in one of these surveys.

National Survey of America's Families (NSAF)

Responsible Organization:	Urban Institute.
Frequency:	Conducted in 1997, 1999, and 2002. No plans for future rounds of data collection.
Coverage:	Information gathered on more than 100,000 people in approximately 40,000 households in each round. Data covers children (up to 18) and nonelderly adults (18-64). Oversampled 13 target states and low-income families with children.
American Indian/Alaska Native identification:	"American Indian/Native American/Aleutian or Eskimo," primary-race (respondent is unable to select multiple race categories).
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Region, state of residence, county code, and MSA. Census block group is available on confidential data files.
Indian Health Service:	IHS coverage identified if individual is currently without employer-sponsored insurance but has current coverage under the Indian Health Service.
Income and Poverty Data:	Total income for social and CPS-defined families, earned and unearned income, ratio of income to poverty level.
Food Assistance Programs:	WIC, FSP, NSLP, and SBP.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Food security.
Health Status:	Respondent-reported health status.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Number of dental visits, postponed dental care.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Not available.

National Survey of Family Growth (NSFG)

Responsible Organization:	Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Frequency:	Conducted in 1973, 1976, 1988, 1995, and 2002-2003. Data from the latest round is not yet available for public use.
Coverage:	The 2002-2003 sample is nationally-representative of the male and female non-institutionalized population between the ages of 15 and 44, with over 12,500 in-person interviews. Oversampled for blacks, Hispanics, and persons between the ages of 15 and 24. Note: before the 2002-2003 survey, all other years interviewed females only.
American Indian/Alaska Native identification:	“American Indian or Alaska Native,” primary-race and inclusive (respondent able to choose multiple race categories).
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Address and county.
Indian Health Service:	Coverage by Indian Health Service.
Income and Poverty Data:	Total family income, earned income, and sources of income.
Food Assistance Programs:	FSP and WIC.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Not available.
Health Status:	Respondent-reported health status.
Anemia:	Not available.
Breastfed:	Whether breastfed child, age when stopped.
Dental:	Not available.
Diabetes:	Diabetes diagnosis.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Height and weight.

Navajo Health and Nutrition Survey (NHNS)

Responsible Organization:	Navajo Nation, Indian Health Service, Centers for Disease Control and Prevention
Frequency:	1991-92, 2001-02
Coverage:	1,137 interviews in 715 households, all Navajo people living on or near the Navajo Reservation.
American Indian/Alaska Native identification:	All Navajo.
American Indian/Alaska Native subgroups:	All Navajo.
Location Information:	IHS Service Unit.
Indian Health Service:	Whether used IHS or Public Health Service in last 12 months.
Income and Poverty Data:	Not asked directly; education and employment questions used to assess socioeconomic status.
Food Assistance Programs:	FDPIR, FSP, WIC, SBP, SLP.
Food Expenditures:	Types of food bought, how often purchase food; 24-hour diet recall.
Food Sufficiency/Hunger:	Difficulty getting enough food for family.
Health Status:	Not available.
Anemia:	Yes.
Breastfed:	Yes.
Dental:	Not available.
Diabetes:	Yes, survey questions and blood test.
Heart Disease:	Yes, survey questions and cholesterol test.
Hypertension:	Yes, survey questions and blood pressure check.
Obesity:	Yes, height and weight both reported by respondent and taken by interviewer.

Panel Study of Income Dynamics-Child Development Supplement (PSID-CDS)

Responsible Organization:	Institute for Survey Research, University of Michigan.
Frequency:	Conducted in 1997 and 2002-2003.
Coverage:	CDS-I in 1997 interviewed 2,394 families, providing information on 3,563 children (0-12 years); oversampled low-income families and immigrant families. In 2002-2003, CDS-II re-interviewed 2,071 families and collected information on 2,908 children/adolescents (5-18 years).
American Indian/Alaska Native deification:	“American Indian, Aleut, Eskimo”
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Able to identify state on public-use files. Geocode and county identification available on PSID sensitive data files.
Indian Health Service:	Insurance coverage from Indian Health Service.
Income and Poverty Data:	Total family income.
Food Assistance Programs:	NSLP, SBP.
Food Expenditures:	Food expenditures.
Food Sufficiency/Hunger:	Food security was available in 1997; the 1997 PSID-CDS included a Food Security Core Survey Module.
Health Status:	Self-rated health
Anemia:	Anemia or iron deficiency diagnosed by physician
Breastfed:	Breastfed as an infant, age when stopped breastfeeding.
Dental:	Expenditures on dental care, dental insurance
Diabetes:	Diabetes diagnosed by physician
Heart Disease:	Heart condition diagnosed by physician, chest pain occurrence
Hypertension:	Hypertension diagnosed by physician
Obesity:	Obesity diagnosed by physician, perception of weight, weight control and methods

Pediatric Nutrition Surveillance System (PedNSS)

Responsible Organization:	Centers for Disease Control and Prevention, Department of Health and Human Services
Frequency:	Data is collected at the clinic level and aggregated at the state level. Data collection is ongoing but summaries are available every six and twelve months.
Coverage:	Children (age 0-5) enrolled in federally-funded programs that serve low-income children in 38 states and 6 tribal governments. Data was collected for over five million children in 2002, approximate percentage reported as American Indian and Alaska Native at 1%. Children are not randomly selected; therefore, it is a convenience sample that may not be representative of the American Indian and Alaska Native population.
American Indian/Alaska Native sample size:	“American Indian/Alaska Native,” primary-race, respondents are unable to select more than one racial category.
American Indian/Alaska Native subgroups:	Able to identify by tribe: Cheyenne River Sioux (SD), Chickasaw Nation (OK), Inter Tribal Council (AZ), Navajo Nation (AZ), Rosebud Sioux (SD), Standing Rock(ND).
Location Information:	County level of the clinic (does not necessarily represent the county of residence of the respondent) and clinic level for those counties with more than one reporting clinic.
Indian Health Service	Not available.
Income Data:	Not available.
Food Assistance Programs:	WIC program.
Food Availability/Spending:	Not available.
Food Sufficiency/Hunger:	Not available.
Health Status:	Not available.
Anemia:	Yes – low hemoglobin measure.
Breastfed:	Whether breastfed and length of time breastfed.
Dental:	Not available.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Yes: BMI for age, birth weight, height for age.

Pregnancy Nutrition Surveillance System (PNSS)

Responsible Organization:	Centers for Disease Control and Prevention, Department of Health and Human Services
Frequency:	Collected monthly and tabulated annually. Data is collected at the clinic level and analyzed by the CDC, as well as at state and local levels.
Coverage:	Low-income (near or below poverty) pregnant women, including teenagers (26%), enrolled in public health programs. Currently 28 states, the District of Columbia, 3 tribal governments, Puerto Rico, and the American Samoa are implementing, or in the process of implementing, the PNSS. Sample of American Indian and Alaska Native population generally fluctuates between 6,000 and 11,000 records. This is not a random sample, but a convenience sample that is not representative of all American Indian and Alaska Native low-income pregnant women. Also note that the data suffers from data records that have many missing data elements. Also, many low-income women do not participate in programs that contribute data to the PNSS and many states do not participate at all – so there are some serious limitations to using the PNSS data.
American Indian/Alaska Native identification:	“American Indian/Alaska Native,” single race option.
American Indian/Alaska Native subgroups:	Chickasaw Nation (OK), Inter Tribal Council (AZ), and the Navajo Nation.
Location Information:	County level of the clinic (does not necessarily represent the county of residence of the respondent) and clinic level for those counties with more than one reporting clinic.
Indian Health Service	Not available.
Income Data:	Not available.
Food Assistance Programs:	WIC. Data on other food assistance programs, such as the Food Stamp Program, may be collected as optional items.
Food Availability/Spending:	Not available.
Food Sufficiency/Hunger:	Not available.
Health Status:	Not available.
Anemia:	Yes, low hemoglobin measure.
Breastfed:	Ever breastfed child.
Dental:	Not available.
Diabetes:	Not available.
Heart Disease:	Not available.

Hypertension:	Not available.
Obesity:	Yes. Height, weight, and BMI measure for women and also the infants birth weight.

Pregnancy Risk Assessment Monitoring System (PRAMS)

Responsible Organization:	Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.
Frequency:	State-specific data collected annually.
Coverage:	Thirty-one states and NYC participate in PRAMS. Each state samples between 1,300 and 3,400 women per year. Smaller but higher risk populations are oversampled. A set of core questions is asked by all states and states have the option to add additional questions, either from a standard set of questions or state-developed. The most recent data for researcher use is 2001 data.
American Indian/Alaska Native identification:	Yes, "American Indian" or "Alaskan Native." Information taken from the child's birth certificate.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	State and county of residence.
Indian Health Service:	State-developed question identifies coverage by IHS.
Income and Poverty Data:	Total family income range (before and after pregnancy).
Food Assistance Programs:	WIC. Standard question: FSP during pregnancy.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	State-developed question: Food insufficiency.
Health Status:	Not available.
Anemia:	Standard question: Anemia in 3 months before pregnancy.
Breastfed:	Whether breastfed baby and for how long. Standard question: Reasons for not breastfeeding or stopping breastfeeding? State-developed: When you went to WIC visits, did you receive information on breastfeeding?
Dental:	Standard question: Length of time since teeth were cleaned.
Diabetes:	Standard question: Diabetes in 3 months before pregnancy.
Heart Disease:	Standard question: Heart problems in 3 months before pregnancy.
Hypertension:	Standard question: High blood pressure in 3 months before pregnancy.
Obesity:	Height and weight before pregnancy.

Survey of Income and Program Participation (SIPP)

Responsible Organization:	Bureau of the Census, U.S. Department of Commerce.
Frequency:	The SIPP is a continuous series of national panels with monthly interviewing. For the 1984-1993 panels, a panel of households was introduced each year in February. A 4-year panel was introduced in April 1996. A 2000 panel was introduced in February 2000 for 2 waves. A 3-year 2001 panel was introduced in February 2001. The 2004 panel was introduced in February 2004 and will be a 4-year, 12 wave panel.
Coverage:	<p>Sample sizes range from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2 1/2 years to 4 years. The SIPP sample is a multistage-stratified sample of the U.S. civilian noninstitutionalized population. Oversampling of low-income households occurred in the 1990, 1996, 2001 and 2004 panels.</p> <p>SIPP is administered in panels and conducted in waves and rotation groups. Within a SIPP panel, the entire sample is interviewed at 4-month intervals. These groups of interviews are called waves. Sample members within each panel are divided into four subsamples of roughly equal size; each subsample is referred to as a rotation group. One rotation group is interviewed each month. During the interview, information is collected about the previous 4 months, which are referred to as reference months. Thus, each sample member is interviewed every 4 months, with information about the previous 4-month period collected in each interview.</p> <p>SIPP is a longitudinal survey that collects information on topics such as poverty, income, employment, and health insurance coverage. SIPP <i>core content</i> covers demographic characteristics, work experience, earnings, program participation, transfer income, and asset income. Each interview wave contains additional <i>topical content</i>, including one or more <i>topical modules (TM)</i>, allowing the Census Bureau to address a range of subjects.</p>

American Indian/Alaska Native identification:	“American Indian, Aleut, or Eskimo”
American Indian/Alaska Native subgroups:	Not available.
Location Information:	Region, state of residence, metropolitan area, and MSA. Data do not support analysis of non-metropolitan areas. Census does not recommend analyses at the state level.
Indian Health Service:	Not available.
Income and Poverty Data:	Data for about 70 cash and in-kind Sources at each 4- month wave, with monthly reporting for most Sources.
Food Assistance Programs:	WIC, Food Stamps.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Whether members of household had sufficient food to eat during the 4 month reference period, Adult Well Being, TM.
Health Status:	Self reported and proxy health status from Medical Expenses and Work Disability TM; health and disability status from Health and Disability TM, and Adult and Child Functional Limitation and Disability TMs.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Visits to dental professionals in the Utilization of Health Care Services TM; needed to see a dentist past 12 months but did not go, Adult Well Being TM.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Not available.

Survey of Program Dynamics (SPD)

Responsible Organization:	Bureau of the Census, U.S. Department of Commerce.
Frequency:	Annually, 1997-2002
Coverage:	Sample was drawn from 1992 and 1993 SIPP panels. The 2002 SPD interviewed 12,496 households; the survey oversampled for low-income families with children.
American Indian/Alaska Native identification:	“American Indian, Aleut or Eskimo,” primary-race (not able to select multiple race categories).
American Indian/Alaska Native subgroups:	Not available.
Location Information:	State and region. Household address may be accessed on confidential files.
Indian Health Service:	Coverage by Indian Health Service.
Income and Poverty Data:	Total income, earned and unearned income, income percentile rank, ratio of income and family income to poverty.
Food Assistance Programs:	FSP, WIC, NSLP, SBP.
Food Expenditures:	Amount spent on food in house and away from home.
Food Sufficiency/Hunger:	Sufficiency of food in house and explanation, food security.
Health Status:	General health condition, respondent-rated.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Number of dental visits.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Not available.

Washington State Population Survey (WSPS)

Responsible Organization:	Office of Financial Management, State of Washington.
Frequency:	Biennially, most recent public-use data from 2002.
Coverage:	6,700 Washington state households. Oversampled African Americans, Native Americans, Asian/Pacific Islanders, and Hispanics.
American Indian/Alaska Native identification:	“American Indian/Alaska Native,” primary-race. Also, variables identify as 1st choice race through 8th choice race.
American Indian/Alaska Native subgroups:	Not available.
Location Information:	County of primary residence, region.
Indian Health Service:	Not available.
Income and Poverty Data:	Total household income, earned and unearned income, sources of income, ratio of income to poverty level.
Food Assistance Programs:	FSP.
Food Expenditures:	Not available.
Food Sufficiency/Hunger:	Not available.
Health Status:	Respondent-reported health status.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Not available.
Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Not available.

Youth Risk Behavior Surveillance System (YRBSS)

Responsible Organization:	Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
Frequency:	Biennially since 1991. Most recent public-use file is for 2001.
Coverage:	National school-based sample of students, grades 9 to 12, with an oversample of schools with substantial numbers of black and Hispanic students. The target population comprises all public and private high school students in the 50 states and the District of Columbia. U.S. territories are excluded from the sampling frame. Therefore there are only about 150 interviews completed with American Indian and Alaska Native youth in the national survey, which has an overall sample size of approximately 15,000. However, special population surveys have been conducted periodically. Examples of special population surveys are those conducted among American Indian youth. CDC has provided technical assistance to the Bureau of Indian Affairs (BIA) and the Navajo Nation to conduct the YRBSS. Since 1994, BIA periodically has conducted surveys of American Indian youth attending middle and high schools funded by BIA. Since 1997, the Navajo Nation has periodically conducted surveys in both schools on Navajo reservations and those in border towns having high Navajo enrollment.
American Indian/Alaska Native identification:	“American Indian or Alaska Native,” single race option.
American Indian/Alaska Native subgroups:	Navajo Nation, through the special population surveys
Location Information:	Census region (4 groups) and metro status(urban, suburban, rural)
Indian Health Service	Not available.
Income Data:	Not available.
Food Assistance Programs:	Not available.
Food Availability/Spending:	Not available.
Food Sufficiency/Hunger:	Not available.
Health Status:	Not available.
Anemia:	Not available.
Breastfed:	Not available.
Dental:	Yes , date of last dental visit.

Diabetes:	Not available.
Heart Disease:	Not available.
Hypertension:	Not available.
Obesity:	Height, weight, and self-assessed weight category (slightly or very overweight or underweight).

Appendix B: Special Surveys with Data on the Use and Impact of Food Assistance Programs on Indian Reservations

Author (Year)	Population Studied	Survey Content
Davis et al. (2000)	30 FSP participants, Northern Cheyenne Reservation (Montana)	use of benefits; obstacles to maintaining eligibility; experiences with work requirements
Davis et al. (2002)	32 reservation residents who worked seasonally or faced barriers to employment, Northern Cheyenne Reservation (Montana)	experiences with food assistance; food security
Grant (2000)	Gros Ventre and Assiniboine people living on or near the Fort Belknap Reservation (Montana)	program participation; use of traditional foods
Henry (2000)	college students, Pine Ridge Reservation (Oglala Lakota, South Dakota)	food security; nutritional knowledge
Hiwalker et al. (2002)	475 households, Northern Cheyenne Reservation (Montana)	program participation; diabetes risk factors; food security
Ikeda et al. (1993)	51 users of the Mariposa Indian Health Center (California)	FSP eligibility and participation; WIC eligibility and participation
Lopez, Reader, and Buseck (2002)	128 Tohono O'odham households (Arizona)	program participation; use of traditional foods; diabetes prevalence
Miller (1994)	1,356 FDPIR households on seven Montana reservations	participation in, and extent of reliance on, the FDPIR and other food assistance programs; health problems; use of special diets
Pareo and Bauer (2002)	171 Navajo Head Start students (New Mexico and Arizona)	nutritional status; food preferences
Parrish (2002)	40 elders among Keweenaw Bay Ojibwa living on or near the L'Anse Reservation (Michigan)	health status; food consumption
Phillips (2000)	216 Cheyenne River Lakota households (South Dakota)	dietary choices; weight control practices
Usher, Shanklin, and Wildfire (1990)	757 FDPIR participants and 107 American Indians living on reservations with FDPIR programs who chose to participate in the FSP instead	program participation; perceptions of FDPIR and FSP; accessibility of program offices and grocery stores; food expenditures; supplementary food sources

***Appendix C: Food Stamp Program/Food Distribution Program on
Indian Reservations, "Participation in Food Programs - by Race"***

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

PARTICIPATION IN FOOD PROGRAMS - BY RACE

FNS Instruction 113-1

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0025. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

1. STATE/ITO	2. PROGRAM ("X" one only). Use separate form for each program). <input type="checkbox"/> FOOD STAMP <input type="checkbox"/> FDPIR	3A. NAME OF PROJECT AREA	4. NAME & ADDRESS OF REPORTING WELFARE AGENCY OR DISTRIBUTING AGENCY				
5. REPORTING YEAR July _____		3B. PROJECT AREA CODE					
	AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMER	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE	MORE THAN ONE RACE	TOTAL <i>(See Note Below)</i>
6. NO. OF HOUSEHOLD CONTACTS PARTICIPATING BY RACE							
7. NO. OF HISPANIC OR LATINO HH CONTACTS BY RACE							

NOTE: Total number of participating household contacts in item 6 should agree with the data reported on the respective monthly report (July) submitted for the Food Stamp Program (Form FNS-388A) or the Food Distribution Program on Indian Reservations (Form FNS-152).

8. REMARKS

DATE	TITLE	SIGNATURE
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FORM FNS-101 (9-98) *Previous edition obsolete*
Electronic Form Version Designed in JetForm 5.01

ORIGINAL - FNS Regional Office

No further monies or other benefits may be paid out under these programs unless this report is completed and filed as authorized by existing law (Title VI of the Civil Rights Act of 1964).

INSTRUCTIONS

This report will be prepared annually covering the month of July.

REPORTING UNITS - Send the original and one copy to reach the State Agency as soon as possible, but no later than the 20th of August.

STATE AGENCIES AND INDIAN TRIBAL ORGANIZATIONS (ITOs) - shall determine that reports have been received from all reporting units. The original copy shall be forwarded to the appropriate FNS Regional Office to reach that office as soon as possible, but no later than the 19th of September.

REGIONAL OFFICES - shall determine that reports have been received from all State Agencies, Indian Tribal Organizations, and reporting units. *The regional office shall enter all local agency information into FSPIIS and SNPIIS databases by the 20th of November.*

Items 1 thru 5 and 8 - self explanatory.

Item 6 - A household contact is the person who completes the application or is interviewed. Report for only one household contact per participating household. Report for each racial group the number of household contacts that participated (received coupon benefits or commodities) during July and that selected one race. Report the number of household contacts that participated in July and that reported they are more than one race in the "More Than One Race" block.

Item 7 - Using the same racial categories from item 6, in item 7 blocks, report for each racial group the number of household (HH) contacts who participated in July who are Hispanic or Latino.

*Appendix D: Food Distribution Program on Indian Reservations,
“Commodity Acceptability Progress Report”*

**FOOD DISTRIBUTION
COMMODITY ACCEPTABILITY PROGRESS (CAP) REPORT
FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS**

[Please Scroll Down Page to Continue]

NOTICE: The participating States

PURPOSE OF
indicators will be

NAVIGATION TIPS FOR COMPLETING THIS SCREEN FILLABLE DOCUMENT!!! You can scroll through this fill-in document by using the mouse and the vertical scroll bar on the right side of your screen. Or you can use the tab key to scroll through this document field-by-field and page-by-page. After scrolling or using the tab key, you can click on the imbedded form field where you want to start typing. For some data fields, you can simply click on the square-shaped check boxes [] to insert a check mark ["X"] in the check box. You can then use your mouse or tab key to scroll to the next form field or page. When finished, you can save the form with the filled-in data and then email this electronic version of the report to your FNS Regional Office.

may be used by
the date.

and marketing

- for Americans,
- (2) Make purchasing decisions regarding the forms and quantities of commodities to procure for program participants for the applicable fiscal year;
 - (3) Improve commodity specifications to ensure that USDA commodities are acceptable to households participating in the Food Distribution Program on Indian Reservations (FDPIR); and
 - (4) Identify new products desirable to program participants.

**PLEASE COMPLETE THIS REPORT AND RETURN IT TO YOUR
FNS REGIONAL OFFICE BY APRIL 30, 2004**

Part I – Indian Tribal Organizations (ITO) Information

1. State: <input style="width: 80%;" type="text"/>	2. ITO/DA 3-Digit Code: <input style="width: 80%;" type="text"/>	3. ITO/DA Name: <input style="width: 95%;" type="text"/>
4A. Number of Eligible FDPIR Households Served Per Month: <input style="width: 80%;" type="text"/>	4B. Number of FDPIR Households Surveyed: <input style="width: 80%;" type="text"/>	4C. Number of Respondent FDPIR Households: <input style="width: 80%;" type="text"/>
5C. Name of State Official (Please Print): <input style="width: 80%;" type="text"/>	5B. Signature of State Official: <input style="width: 80%;" type="text"/>	5C. Date Signed: (mm/dd/yyyy) <input style="width: 80%;" type="text"/>

ALTERNATIVE STATE CAP REPORT – FDPIR (DA-663E)

Commodity Acceptability Progress Report

Part II – Product Acceptance

6. "TOP FIVE" MOST ACCEPTABLE and LEAST ACCEPTABLE PRODUCTS – BY FOOD GROUP – i.e., Meats, Meat Alternates, Fruits, Vegetables, Grains, and Other Products. The USDA donated commodities listed in Items 6A - 6F of this report were available during this reporting period. For each Food Group, please place an "X" in the column labeled "**TOP FIVE MOST ACCEPTABLE PRODUCTS**" for no more than FIVE products receiving the highest evaluations by FDPIR households. Also, please place an "X" in the column labeled "**TOP FIVE LEAST ACCEPTABLE PRODUCTS**" for no more than FIVE products that received the lowest ratings by your households. (Note: In Item 8, Part IV of this report, you will be able to provide feedback to us on how to improve any of our USDA products -- whether they are identified as either Least Acceptable or Most Acceptable in this part.)

6A. MEATS (Beef, Chicken, Fish, Pork)

USDA/FNS CODE	COMMODITY DESCRIPTION	PACK SIZE	TOP FIVE MOST ACCEPTABLE PRODUCTS (Click on Check Box to Insert "X")	TOP FIVE LEAST ACCEPTABLE PRODUCTS (Click on Check Box to Insert "X")
A609	Beef Ground 1, Frozen Fine	40/1 lb packages	<input type="checkbox"/>	<input type="checkbox"/>
A610	Beef w/Natural Juices, Canned	24/29 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A590	Beef Stew Chunky Canned	24/24 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A606	Bison Ground Frozen 10	4/10 lb packages	<input type="checkbox"/>	<input type="checkbox"/>
A634	Bison Ground Frozen 2	20/2 lb packages	<input type="checkbox"/>	<input type="checkbox"/>
A611	Bison Stew Meat, Canned	24 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A633	Bison Stew Meat, Canned	20/2 lb packages	<input type="checkbox"/>	<input type="checkbox"/>
A635	Buffalo Lean, Ground, Frozen	20/2 lb packages	<input type="checkbox"/>	<input type="checkbox"/>
A562	Chicken Canned, Boned	24/29 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A557	Chicken Cut-Up 4 lb. Frozen	12/#4 lb packages	<input type="checkbox"/>	<input type="checkbox"/>
A669	Ham Water Added 3, Frozen	12/3 lb carton	<input type="checkbox"/>	<input type="checkbox"/>
A617	Luncheon Meat Canned Pork	24/30 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A803	Salmon 24	24/14.75 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A743	Tuna 12 Chunk Light In Water	24/12 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

6B. MEAT ALTERNATES (Beans, Cheese, Eggs/Egg Products, Peanut Products)

A912	Beans Baby Lima 2 Dry	12/2 lb package	<input type="checkbox"/>	<input type="checkbox"/>
A062	Beans Blackeye 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A917	Beans Great Northern 2 Dry	12/2 lb package	<input type="checkbox"/>	<input type="checkbox"/>

A920	Beans Light, Red Kidney 2 Dry	12/2 lb package	<input type="checkbox"/>	<input type="checkbox"/>
A912	Beans Baby Lima 2 Dry	12/2 lb package	<input type="checkbox"/>	<input type="checkbox"/>
A914	Beans Pinto 2 Dry	12/2 lb package	<input type="checkbox"/>	<input type="checkbox"/>
A093	Beans Refried 300	24/#300 can	<input type="checkbox"/>	<input type="checkbox"/>
A090	Beans Vegetable 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
B060	Cheese 30 Processed Block	6/5 lb loaves	<input type="checkbox"/>	<input type="checkbox"/>
B119	Cheese-Blend Amer/Skim Milk Sliced - Yellow	6/5 lb loaves	<input type="checkbox"/>	<input type="checkbox"/>
A570	Egg Mix 6	48/6 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B474	Peanut Butter Smooth 18	12/18 oz	<input type="checkbox"/>	<input type="checkbox"/>
B501	Peanuts Roasted 12	24/12 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Commodity Acceptability Progress Report

Part II – Product Acceptance

6C. FRUITS/JUICES (Canned, Fresh, Frozen)

USDA/FNS CODE	COMMODITY DESCRIPTION	PACK SIZE	TOP FIVE MOST ACCEPTABLE PRODUCTS (Click on Check Box to Insert "X")	TOP FIVE LEAST ACCEPTABLE PRODUCTS (Click on Check Box to Insert "X")
A282	Apple Juice	12/46 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A351	Applesauce 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A353	Apricots Halves 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A287	Cranberry Sauce	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A279	Cranberry-Apple Juice	12/46 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A403	Fruit Cocktail 300 Canned	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A260	Fruit-Nut Mix 24 Dried	24/1 lb	<input type="checkbox"/>	<input type="checkbox"/>
A285	Grape Juice, Cans	12/46 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A284	Grape Juice 46, Cartons	12/46 oz cartons	<input type="checkbox"/>	<input type="checkbox"/>
A280	Grapefruit Juice	12/46 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A300	Orange Juice	12/46 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A411	Peaches Cling 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A437	Pears 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A446	Pineapple 2	24/#2 cans	<input type="checkbox"/>	<input type="checkbox"/>
A286	Pineapple Juice	12/46 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
A489	Plums Dried 24 (Prunes)	24/1 lb	<input type="checkbox"/>	<input type="checkbox"/>
A501	Raisins 24	24/15 oz packages	<input type="checkbox"/>	<input type="checkbox"/>
A290	Tomato Juice	12/46 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6D. VEGETABLES (Canned, Fresh, Frozen)

A059	Beans Green 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A098	Carrots 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A119	Corn Kernel 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A122	Corn Cream 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A144	Peas 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A196	Potatoes Dehydrated 12 Flakes	12/1 package	<input type="checkbox"/>	<input type="checkbox"/>
A170	Potatoes Sliced White	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A164	Pumpkin 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A219	Soup Tomato	24/#1 cans	<input type="checkbox"/>	<input type="checkbox"/>
A218	Soup Vegetable	24/#1 cans	<input type="checkbox"/>	<input type="checkbox"/>
A236	Spaghetti Sauce Meatless	24#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A167	Spinach 300	24#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A223	Sweet Potatoes 300	24#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A244	Tomato Sauce 300	24#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A240	Tomatoes 300	24/#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
A057	Vegetable Mix 300	24#300 cans	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Commodity Acceptability Progress Report

Part II – Product Acceptance

6E. GRAINS (Cereal, Cornmeal, Flour, Rice, Pasta Products)

USDA/FNS CODE	COMMODITY DESCRIPTION	PACK SIZE	TOP FIVE MOST ACCEPTABLE PRODUCTS (Click on Check Box to Insert "X")	TOP FIVE LEAST ACCEPTABLE PRODUCTS (Click on Check Box to Insert "X")
A263	Almonds Roasted 2	12/2 lb	<input type="checkbox"/>	<input type="checkbox"/>
B855	Cereal Corn & Rice 12	14/12 oz packaging	<input type="checkbox"/>	<input type="checkbox"/>
B846	Cereal Corn 12 Squares	14/ 12 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B851	Cereal Corn 16 Squares	14/16 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B878	Cereal Corn Flakes 18	12/18 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B879	Cereal Corn Flakes 18	12/18 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B853	Cereal Oats 15 Circles	12/15 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B856	Cereal Rice 12 Crisps	12/13.5 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B857	Cereal Rice 13.5 Crisps	14/13.5 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B877	Cereal Wheat Bran Flakes 12	12/17.3 oz packages	<input type="checkbox"/>	<input type="checkbox"/>
B876	Cereal Wheat Bran Flakes 14	14/17.3 oz packages	<input type="checkbox"/>	<input type="checkbox"/>
B138	Cornmeal Degermed 8/5	8/5 lb package	<input type="checkbox"/>	<input type="checkbox"/>
B370	Crackers Unsalted	12/16 oz box	<input type="checkbox"/>	<input type="checkbox"/>
B160	Farina	24/14 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B182	Flour All Purpose Bleached 8/5	8/5 lb package	<input type="checkbox"/>	<input type="checkbox"/>
B367	Flour/Bakery Mix	6/5 lb bag	<input type="checkbox"/>	<input type="checkbox"/>
B368	Flour/Bakery Mix Low Fat, Biscuit	6/5 lb bag	<input type="checkbox"/>	<input type="checkbox"/>
B437	Oats 24 Rolled	12/42 oz tube	<input type="checkbox"/>	<input type="checkbox"/>
B424	Egg Noodle 1	12/1 lb package	<input type="checkbox"/>	<input type="checkbox"/>
B436	Macaroni & Cheese	12/26 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B425	Macaroni 1	24/1 lb package	<input type="checkbox"/>	<input type="checkbox"/>
B510	Rice 2 Milled	24/2 lb package	<input type="checkbox"/>	<input type="checkbox"/>
B528	Rice Long-Grain Milled	30/2 lb package	<input type="checkbox"/>	<input type="checkbox"/>
B835	Spaghetti 2 Enriched	12/2 lb package	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

6F. OTHER PRODUCTS (Butter, Milk, Syrup, Oils/Shortenings)

B050	Butter 36	30/1 lb cartons	<input type="checkbox"/>	<input type="checkbox"/>
B117	Milk Evaporated 24	24/12 oz cans	<input type="checkbox"/>	<input type="checkbox"/>
B095	Milk Instant 2 - Nonfat Dry	12/25.6 oz package	<input type="checkbox"/>	<input type="checkbox"/>
B666	Oil Vegetable 48	8/48 oz	<input type="checkbox"/>	<input type="checkbox"/>
B720	Shortening 3 Vegetable	12/3 lb cans	<input type="checkbox"/>	<input type="checkbox"/>
A258	Syrup	12/24 oz plastic btl.	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Commodity Acceptability Progress Report

Part III – DoD Fresh Produce Acceptance

7. MOST POPULAR DoD FRESH PRODUCE ITEMS. The items listed below were available to FDPIR households during this reporting period through the Department of Defense (DoD) Fresh Fruits and Vegetable Project. If you received DoD fresh produce, please mark an "X" next to the Most Popular fruits and vegetable items that your FDPIR households rated the highest. You may also provide additional comments about any of the DoD fresh produce items listed below.

7A. DoD FRESH FRUITS

COMMODITY	MOST POPULAR DoD PRODUCE ITEMS (Click on Check Box to Insert "X")	COMMENTS (OPTIONAL--- Not to exceed one line of text per commodity)
Apples	<input type="checkbox"/>	
Grapefruit	<input type="checkbox"/>	
Mixed Fruits	<input type="checkbox"/>	
Oranges	<input type="checkbox"/>	
Pears	<input type="checkbox"/>	
Peaches	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

7B. DoD FRESH VEGETABLES

Carrots	<input type="checkbox"/>	
Carrots Baby	<input type="checkbox"/>	
Celery	<input type="checkbox"/>	
Cucumbers	<input type="checkbox"/>	
Green Peppers	<input type="checkbox"/>	
Onions, Dry	<input type="checkbox"/>	
Onions, Red 1	<input type="checkbox"/>	
Potatoes, Red	<input type="checkbox"/>	
Potatoes, Russet	<input type="checkbox"/>	
Squash, Winter 1	<input type="checkbox"/>	
Squash, Yellow Summer 1	<input type="checkbox"/>	
Sweet Potatoes	<input type="checkbox"/>	
Turnips	<input type="checkbox"/>	
Corn	<input type="checkbox"/>	
Cabbage Green	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
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	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Commodity Acceptability Progress Report

Part IV – Product Improvements

8. USDA PRODUCTS THAT NEED TO BE IMPROVED. Please provide a brief explanation of the problems found with each of the Least Acceptable Products identified in items 6A – 6F (Part II) of this report. We would also like to know how USDA can further improve any other products received by FDPIR households during this reporting period, including those identified as Most Acceptable Products in Part II of this report. (Note: For the Block labeled “Problem Codes/No. Of Respondents,” please check all of the problem codes that correspond with codes listed in the “Problem Code Table” shown below. Also, please be sure to enter the 4-digit USDA/FNS “commodity code” and “commodity description” for each product for which you provide comments---see list of commodities/codes in Items 6A-6F).

Problem Code Table
(multiple codes may be used below – e.g. 1,2,3,4,5,6)

1. **Overall Product Evaluation** – program recipients do not like; too labor intensive.
2. **Nutrition** – too much fat, grease, salt/sodium and/or sugar.
3. **Quality** – bad taste/ flavor; poor texture; too tough; strong aroma/smell, cookability/ meltability problems; or poor appearance.
4. **Delivery/Timing** - damaged packages/ products; timeliness of deliveries.
5. **Packaging** - poor quality or wrapping; pack size too small, or pack size too large.
6. **Other** (see “Additional Comments” block).

Code	Commodity	Problem Codes/No. Of Respondents (Click Mouse to Check All That Apply)							Total Respondents	Additional Comments
		1	2	3	4	5	6			
MEATS (Beef, Fish, Pork, Poultry)										
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
MEAT ALTERNATES (Beans, Cheese, Eggs/Egg Products, Peanut Products)										
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
FRUITS/JUICES (Canned, Fresh, Frozen)										
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Commodity Acceptability Progress Report

Part IV – Product Improvements – Cont’d

Problem Code Table

(multiple codes may be used below – e.g. 1,2,3,4,5,6)

1. **Overall Product Evaluation** – program recipients do not like; too labor intensive.
2. **Nutrition** – too much fat, grease, salt/sodium and/or sugar.
3. **Quality** – bad taste/flavor; poor texture; too tough; strong aroma/smell, cookability/ meltability problems; or poor appearance.
4. **Delivery/Timing** - damaged packages/ products; timeliness of deliveries.
5. **Packaging** - poor quality or wrapping; pack size too small, or pack size too large.
6. **Other** (see “Additional Comments” block).

Code	Commodity	Problem Codes/No. Of Respondents (Click Mouse to Check All That Apply)							Total Respondents	Additional Comments
		1	2	3	4	5	6			
VEGETABLES (Canned, Fresh, Frozen)										
<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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Commodity Acceptability Progress Report

Part V – New Products and General Comments

9. NEW PRODUCTS – (OPTIONAL). Please list no more than FIVE products **NOT** currently offered by USDA, which at least 25 percent of respondent FDIIR households would be interested in receiving, especially those products that might help them meet the FEDERAL DIETARY GUIDELINES FOR AMERICANS. Also, please list and rank the items in “1-2-3” priority order with “Item 1” representing the product “**MOST**” preferred by your households along with the number of respondents requesting that product. For the block labeled Planned Usage, click on the applicable field and select only “ONE” item per commodity from the drop-down list that represents the “Primary” way in which the product will be used—e.g., as an Entrée Item, for Sandwiches, etc. (**Note: Please do NOT request any type of condiments such as catsup, mustard, salt, pepper, etc. since USDA does not purchase such items).**)

A	B	C	D	E
ITEM	NEW PRODUCT REQUESTED	PREFERRED FORM/ PACK SIZE	PLANNED USAGE CODE KEY (Click on each form field box below and make only “1” selection per Item from the drop-down list) 1. Entrée Item 4. Salads 2. Sandwiches 5. Stews 3. Soups 6. Casseroles	# OF FDIIR HOUSEHOLDS REQUESTING THIS ITEM
1	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>
2	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>
3	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>
4	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>
5	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 50%;" type="text"/>

10A. How do FDIIR households the overall quality and acceptability of USDA donated commodities received during this reporting period? Please indicate the “number” of respondent households that gave USDA commodities an overall rating of

Excellent	<input style="width: 50px; height: 20px;" type="text"/>
Satisfactory	<input style="width: 50px; height: 20px;" type="text"/>
Unsatisfactory	<input style="width: 50px; height: 20px;" type="text"/>
Total Respondents	<input style="width: 50px; height: 20px;" type="text"/>

10B. For those FDPIR households that received fresh produce through the DoD Fresh Fruits and Vegetable Project, how would they rate the overall quality and acceptability of the fresh produce items provided by DoD? Please indicate the “number” of respondent FDPIR households that gave DoD fresh produce items an overall rating of

Excellent	<input type="text"/>
Satisfactory	<input type="text"/>
Unsatisfactory	<input type="text"/>
Total Respondents	<input type="text"/>

11. General Comments/Recommendations – (Optional):

1.
2.
3.
4.
5.
6.
7.
8.
9.

*Appendix E: Food Distribution Program on Indian Reservations,
“Monthly Distribution of Donated Foods to Family Units”*

U.S. DEPARTMENT OF AGRICULTURE
FOOD AND NUTRITION SERVICE

MONTHLY DISTRIBUTION OF DONATED
FOODS TO FAMILY UNITS

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0293. The time required to complete this collection is estimated to average 2.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information.

1. HOUSEHOLDS CERTIFIED	3. NUMBER OF PARTICIPANTS	5. NAME OF SDA/ITO	6. DA CODE
2. HOUSEHOLDS PARTICIPATING	4. STATE	7. REPORT MONTH	

8. USDA COMMODITY				9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			
LINE NO.	COMMODITY	CODE	REPORTING UNIT	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT ON HAND FIRST OF MONTH (10c)	FOOD LOSS (10d)	TOTAL WITH DRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d) - (10e) = (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/ NEGATIVE (11a) -/+ 11b) = (11c)	
1	BEANS GREEN 300	A059	#300 can													1
2	BEANS GREEN 303	A060	#303 can													2
3	BEANS VEG/ 300	A090	#300 can													3
4	CARROTS	A095	#303 can													4
5	CARROTS 300	A098	#300 can													5
6	CORN KERNEL 300	A119	#300 can													6
7	CORN CREAM	A120	#303 can													7
8	CORN KERNEL	A121	#303 can													8
9	CORN CREAM 300	A122	#300 can													9
10																10
11																11
12	LENTILS	A135	2# pkg.													12
13	PEAS 300	A144	#300 can													13
14	PEAS 303	A145	#303 can													14
15	PUMPKIN	A163	#303 can													15
16	PUMPKIN 300	A164	#300 can													16

I certify that this report is true and correct to the best of my knowledge and belief.	12. SIGNATURE OF APPROVING OFFICIAL	13. TITLE	14. DATE
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REMARKS

8. USDA COMMODITY				9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO.
LINE NO.	COMMODITY	CODE	REPORTING UNIT	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT ON HAND FIRST OF MONTH (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d) - (10e) = (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/NEGATIVE (11a) -/+ (11b) = (11c)	LINE NO.
17	SPINACH	A166	24#303 can													17
18	SPINACH 300	A167	24#300 can													18
19	POTATOES 303	A169	24#300-303													19
20	POTATOES SLC 300	A170	24#300 can													20
21	POTATOES DHY 12	A196	12/1 # pkg													21
22																22
23	SWT POTATOES 303	A221	24#303 can													23
24	SWT POTATOES 300	A223	24#300 can													24
25	TOMATOES 300	A240	24#300 can													25
26	TOM SAUCE 300	A244	24#300-303													26
27	TOMATOES 303	A248	24#303 can													27
28	SYRUP P	A251	12/24 oz													28
29	SYRUP P 12/24	A258	12/24 oz													29
30																30
31	GRAPEFRUIT J	A280	12/46 oz													31
32	APPLE J	A282	12/46 oz													32
33	GRAPE J	A285	12/46 oz													33
34	PINEAPPLE J	A286	12/46 oz													34
35	TOMATO J	A290	12/46 oz													35
36	ORANGE J	A300	12/46 oz													36
37																37
38	APPLESAUCE 303	A355	24#303 can													38
39	F COCKTAIL 303	A401	24/#303 can													39
40	F COCKTAIL 300	A403	24/#300 can													40
41	PEACHES CLG 300	A411	24/#300 can													41
42	PEACHES CLG 303	A412	24/#303 can													42
43																43

SDA/ITO	DA CODE	REPORT MONTH
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8. USDA COMMODITY				9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			
LINE NO.	COMMODITY	CODE	REPORTING UNIT	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT ON HAND FIRST OF MONTH (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d) - (10e) = (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/NEGATIVE (11a -/+ 11b) = (11c)	LINE NO.
44																44
45	PEARS 300	A437	24/#300 can													45
46	PEARS 303	A439	24/#303 can													46
47	PINEAPPLE 2	A446	24/#2 can													47
48	PLUMS 303	A461	24/#303 can													48
49																49
50	PRUNES 1	A480	24/#1 can													50
51																51
52	RAISINS 48	A502	48/#1 can													52
53																53
54																54
55	CARROTS 5	F111	10/5 lb.													55
56	CARROTS 1	F113	48/1 lb.													56
57	ONIONS 3	F120	16/3 lb.													57
58	POTATOES RUS BIN	F130	200/5 lb.													58
59	POTATOES RUS 5	F131	8/5 lb.													59
60	POTATOES RED	F140	16/3 lb.													60
61	SQUASH YEL	F151	1/24 lb.													61
62	TURNIPS 3	F171	16/3 lb.													62
63	APPLES FRESH	F511	8/5 lb.													63
64	GRAPEFRUIT 5	F521	8/5 lb.													64
65	ORANGE FRESH	F530	8/5 lb.													65
66																66
67																67
68	CHICKEN CND	A562	24/29 oz.													68
69	EGG MIX 6	A570	48/6 oz.													69
70	STEW CND	A587	24/24oz.													70

SDA/ITO	DA CODE	REPORT MONTH
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8. USDA COMMODITY				9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO.
LINE NO.	COMMODITY	CODE	REPORTING UNIT	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT ON HAND FIRST OF MONTH (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d) - (10e) = (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/NEGATIVE (11a -/+ 11b) = (11c)	
71	STEW 24/15	A589	24/15 oz.													44
72	BEEF 1	A598	36/#1													45
73	BEEF NJ	A610	24/29 oz.													46
74	LUNCHMEAT P 24	A617	24/30 oz.													47
75	PORK NJ	A630	24/29 oz.													48
76	TUNA 12.5	A740	24/12.5 oz.													49
77	TUNA 12.25	A741	24/12.25 oz.													50
78	SALMON PINK	A800	48/14.75 oz.													51
79	SALMON 24	A803	24/14.75 oz.													52
80																53
81	BEANS DK R KIDNEY	A906	12/#2													54
82	BEANS BLKEYE 2	A910	12/#2													55
83	BEANS B LIMA 2	A912	12/#2													56
84	BEANS PINTO	A914	12/#2													57
85	BEANS R KIDNEY 2	A915	12/#2													58
86	BEANS GRT NORTH 2	A917	12/#2													59
87	BEANS NAVY PEA 2	A918	12/#2													60
88	BEANS LT KIDNEY 2	A920	12/#2													61
89	PEAS SPLIT 2	A922	12/#2													62
90																63
91	BUTTER 36	B050	36/1 lb.													64
92	CHEESE 30	B060	6/5 lb.													65
93																66
94	EVAP 12	B081	48/12 fl oz.													67
95	INSTANT 24	B090	6/4 lb.													68
96	EVAP 24	B117	24/12 fl oz.													69
97	CORNMEAL 5 DEG	B137	10/5 lb.													70

SDA/ITO				DA CODE				REPORT MONTH								
8. USDA COMMODITY				9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			
LINE NO.	COMMODITY	CODE	REPORTING UNIT	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT ON HAND FIRST OF MONTH (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d) - (10e) = (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/NEGATIVE (11a -/+ 11b) = (11c)	LINE NO.
98	CORNMEAL 8/5 DEG	B138	8/5 lb.													98
99	CORNMEAL 10 DEG	B141	5/10 ;lb.													99
100	CORNMEAL 40 DEG	B142	4/10 lb.													100
101	FORMULA PWDR 14.1	B158	24/14 oz.													101
102																102
103	FARINA	B160	24/14 oz.													103
104																104
105	CEREAL INFANT R8	B161	12/8 oz.													105
106	FORM SOY DRY 6/14	B162	6/14 oz.													106
107	FORMULA SOY 12	B163	12/13 fl oz.													107
108	FORMULA 12	B164	12/13 fl oz.													108
109	FORMULA	B165	24/13 fl oz.													109
110	FORMULA SOY	B166	24/13 fl oz.													110
111	FORMULA POWDER	B167	12/1 lb.													111
112	FORMULA POWDER 6	B168	6/1 lb.													112
113	FORM SOY PWDR 6	B169	6/1 lb.													113
114																114
115	FLOUR AP 5	B179	10/5 lb.													115
116	FLOUR AP 10	B180	5/10 lb.													116
117	FLOUR AP 10 UNBL	B181	5.10 lb.													117
118	FLOUR AP 8/5	B182	8/5 lb.													118
119	FLOUR AP 40	B183	4/10 lb.													119
120	FLOUR AP 40 UNBL	B188	4/10 lb.													120
121	FLOUR B 10	B230	5/10 lb.													121
122	FLOUR B 8/5	B232	8/5 lb.													122
123	FLOUR B 40	B233	4/10 lb.													123
124	FLOUR WW 10	B350	5/10 lb.													124

8. USDA COMMODITY				9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			LINE NO
LINE NO.	COMMODITY	CODE	REPORTING UNIT	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT ON HAND FIRST OF MONTH (10c)	FOOD LOSS (10d)	TOTAL WITH DRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d) - (10e) = (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/ NEGATIVE (11a -/+ 11b) = (11c)	
125	FLOUR WW 40	B351	4/10 lb.													125
126	FLOUR MIX	B367	6/5 lb.													126
127	FLOUR MIX LOFAT	B368	6/5 lb.													127
128																128
129	GRITS CW 5	B381	10/5 lb.													129
130	GRITS CW 40	B382	8/5 lb.													130
131																131
132	HONEY 24	B403	24/24 oz.													132
133																133
134	MACARONI 1	B425	24/1 lb.													134
135	MAC N CHEESE	B436	12/26 oz.													135
136	OATS 3	B445	12/3 lb.													136
137	PB 2	B470	24/2 lb.													137
138	PB RDI-FAT 2	B471	24/2 lb.													138
139	CHUNKY RDU-FAT 2	B488	24/2 lb.													139
140	ROASTED 12	B501	24/12 oz.													140
141	RICE 2	B510	24/2 lb.													141
142																142
143	VEG OIL 48	B666	8/48 oz.													143
144	SHORT S	B720	12/3 lb.													144
145	SPAGHETTI 2	B835	12/2 lb.													145
146																146
147	CER CORN RTE 17.5	B847	14/17.5 oz.													147
148	CERAL RICE 15	B848	12/15 oz.													148
149	CERAL CORN 18	B849	12/18 oz.													149
150	CERAL OATS 16	B851	14/16 oz.													150
151	CEREAL CORN 17.5	B852	12/17.5 oz.													151

SDA/ITO				DA CODE				REPORT MONTH								
8. USDA COMMODITY				9. RECEIPTS				10. WITHDRAWALS					11. INVENTORY			
LINE NO.	COMMODITY	CODE	REPORTING UNIT	AMOUNT ON HAND FIRST OF MONTH (9a)	AMOUNT RECEIVED (9b)	AMOUNT REDONATED IN (9c)	TOTAL AMOUNT AVAILABLE DURING MONTH (9a) + (9b) + (9c) = (9d)	AMOUNT ISSUED (10a)	AMOUNT REDONATED OUT (10b)	AMOUNT ON HAND FIRST OF MONTH (10c)	FOOD LOSS (10d)	TOTAL WITHDRAWALS (10a) + (10b) (10c) + (10d) = (10e)	BOOK INVENTORY END OF MONTH (9d) - (10e) = (11a)	PHYSICAL INVENTORY END OF MONTH (11b)	ADJUSTMENTS POSITIVE/NEGATIVE (11a -/+ 11b) = (11c)	LINE NO.
152	CEREAL OATS 15.5	B854	12/15.5 oz.													152
153	CEREAL OATS	B860	12/15 oz.													153
154	CEREAL OATS 16	B861	12/16 oz.													154
155	CEREAL RICE 12	B866	12/13 oz.													155
156	CEREAL RICE 17.5	B867	12/17.5 oz.													156
157	CER RICE RTE 17.5	B868	14/17.5 oz.													157
158	CEREAL WHEAT 16	B871	12/16 oz.													158
159	CER WHEAT RTE 16	B872	14/16 oz.													159
160																160
161																161
162																162
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FORM FNS-152 INSTRUCTIONS

SUBMISSION: Forward the original of this document to the appropriate Food and Nutrition Service (FNS) office no later than 30 calendar days following the last day of the month being reported. SDAs do not complete items 1, 2, 3, or Column 10c. SDAs are those facilities which hold FDPIR inventory but do not issue commodities to program participants.

ITEM

- 1. Number of Households Certified.** Enter the number of **households** (not individual persons) which have been certified eligible to receive commodities from this Distribution Center during the report month.
- 2. Number of Households Participating.** Enter the total number of **households** (not individual persons) which actually received commodities from this Distribution Center during the report month.
- 3. Number of Participants.** Enter the total number of **persons** in households which actually received commodities from this Distribution Center during the report month.
- 4. State.** Enter the name of the State in which the SDA or ITO is located.
- 5. Name of State Distributing Agency (SDA) or Indian Tribal Organization (ITO).** Enter the name of the SDA or the reporting ITO acting as the SDA.
- 6. Distributing Agency Code.** Enter the 4 digit SNPIIS code for the reporting SDA or ITO.
- 7. Report for the Month of.** Enter the month and year for which data is reported.

COLLUMNS

(8a) (8b) & (8c) Preprinted.

All commodities being reported must agree with the commodity title and commodity code as preprinted on the form. If a specific commodity is not preprinted, it must be written in along with the correct commodity short title, commodity code and reporting unit (e.g., #300 can, 16 oz. box, 2 lb. bag). Blank spaces are provided for this purpose. For all commodities, report the number of **individual units**, such as bags, boxes, cans, foils, etc., **not** the number of containers in which multiple units are packed.

(9a) Amount on hand first of month. This amount must be the same as the previous month's "**Physical inventory end of month (11b).**" Include all foods held in storage by the SDA or reporting ITO.

(9b) Amount received. Indicate in this column the quantity of **individual units** received in good condition from USDA during the month.

(9c) Amount redonated in. Indicate the quantity of **individual units** redonated from another SDA, program or ITO.

(9d) Total amount available during month. Enter the total of columns: (9a) amount on hand first of month, (9b) amount received, and (9c) amount redonated out.

(10a) Amount issued. ITOs enter the total number of commodity units actually issued to and accepted by participants during the report month as specified below. This figure should exclude (1) those commodities not accepted by the participant at the time of food pick-up, and (2) any commodities returned to the ITO by participants during the report month. If a participant has refused a commodity at pick-up, it should not be considered issued. SDAs enter commodity units delivered to ITOs for distribution to program participants.

(10b) Amount redonated out. When a commodity is redonated to another SDA, program or ITO, indicate the amount redonated.

(10c) Amount used for nutrition education. When a commodity is used for food demonstrations or taste testing as part of the SDA's or ITO's nutrition education program, indicate the amount (in units) used for this purpose.

(10d) Food loss. Provide the appropriate explanation code for all lost food. Enter the number of commodities that are **actual** food losses. These would include foods that: (A) after consignee receipt were found to have concealed damage; (B) were damaged in the warehouse or during transit from the State warehouse to the local site; (C) were found to be out of condition or unfit for human consumption; or (D) were known to have been stolen or lost due to fraud, misuse or embezzlement. Additional details may be provided in the REMARKS section. (Attach additional pages if necessary.)

(10e) Total withdrawals. Enter the total of columns: (10a) issued to participants, (10b) redonated out, (10c) used for nutrition program, and (10d) lost.

(11a) Book inventory end of month. Column (9d) minus Column (10e).

(11b) Physical inventory end of month. Report total number of **individual units** for each commodity which a physical inventory determines to be in warehouse.

(11c) Inventory Adjustments - Positive/Negative. Column (11a) minus/plus equal Column (11b).

12. Signature. The approving official signs the form here to certify that a physical inventory was taken and that the report is true and accurate.

13. Title. Enter the approving official's title.

14. Date. Enter the date the report is signed.