WIC Nutrition Program - Rio Rancho, New Mexico

Project Overview: Five Sandoval Indian Pueblos (FSIP) provides a range of community and health services to the members of Pueblo de Cochiti, Pueblo of Jemez, Sandia Pueblo, Santa Ana Pueblo and Zia Pueblo in Sandoval County, NM. As a sub-awardee of the NWA Community Partnerships for Healthy Mothers and Children (CPHMC) project, FSIP WIC is collaborating with the Pueblos, the surrounding south and central Sandoval County community, and local businesses to implement increased availability of healthy fresh foods in the Community and to expand clinical services in the Community to support prevention, identification and risk management of chronic disease.

We are uniquely applying indigenous knowledge to shift the paradigm to community-based systems, environmental changes and interventions towards Food Sovereignty in the Native American setting.

Sandoval County reports high levels of food insecurity, lack of access to food sources (including full service grocery stores, SNAP- and WIC-authorized stores, and farmers’ markets), and lack of high quality fruits and vegetables within certain stores. Adult consumption of fresh fruits and vegetables has been measured as extremely low (77% inadequate consumption age > 18 years).

At the same time, 38% of adults in the community are classified as overweight (BMI between 25 and 30) and an additional 24% are categorized as obese (BMI > 30). Additional chronic diseases diagnosed in this group include High Blood pressure (25.5%), High Cholesterol (30.4%), Heart Disease/Angina (3.54%) and Diabetes (7.2%). The incidence of both Obesity and Diabetes has been trending upwards in the past 6 years.

Building on the Cohort 1 experience, lessons learned, and a better understanding of the Sandoval County needs and resources we chose to focus on 3 objectives for Cohort 2:

1. Increase the number of stores that accept WIC in the target community from 3 to 4.
2. Increase the number of existing stores that expand their inventory of “healthy” foods in the target community from 2 to target 4.

At the start of the project FSIP WIC had 3 participating food retailers. Two of the stores are medium and large full service groceries located in the more populous area of Sandoval County (Rio Rancho) and one is a Pueblo owned Convenience store approximately 30 mi northwest of the city.

Approximately 35 mi northeast of the city is a Pueblo-owned Convenience store that is not yet a WIC-eligible vendor. The store does not typically offer fresh foods such as fruits and vegetables. We worked with the store management to complete the requirements to
become WIC approved; unfortunately just as the WIC application was being finalized the sole small-store grocery distributor in the region, which was willing to provide WIC-appropriate products abruptly ceased operation. We are actively working with the C-store and regional grocery distributors to find a way to fill the need for small-volume purchasing.

Of the 4 food stores in our target area, two (a national chain grocery and a local independent market) were judged to have adequate fresh produce supplies. The existing WIC C-store usually has a small supply of a few fresh products. The non-WIC C-store store typically does not carry fresh fruits and vegetables. It has taken significant time and effort to educate and incentivize this store to add fresh produce.

One focus of this effort is to organize a purchasing collaborative among small local stores in the region to combine grocery orders to take advantage of economies of scale. Several of the local tribes have expressed interest in this model and we are seeking a wholesale grocery business partner. And we are investigating a purchasing cooperative between the local stores and the local farmers as a component of the grocery purchasing collaborative.

3. *Provide Culturally-Specific breastfeeding education to tribal governments and families.*

Our research and analysis of health and wellness in the Native American community showed an alarming prevalence of overweight and obesity and diabetes among native children. Clinical evidence reveals that excessive weight gain starts in NAI children younger than two years old. In addition, the health benefits of breastfeeding for mother and child are well known in the medical community. The Surgeon General of the United States has identified that the top barrier women encounter when attempting to breastfeed is lack of experience or understanding among family members of how best to support mothers and babies.

This project demonstrates a unique approach to education of extended families and community members who share the responsibility for care of the children. Utilizing the Native-based “Medicine Wheel” model to stimulate reflection and discussion, we developed a multi-part breastfeeding curriculum which includes the physiology of lactation, while significant time is spent on the Native social and cultural components of the experience.

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