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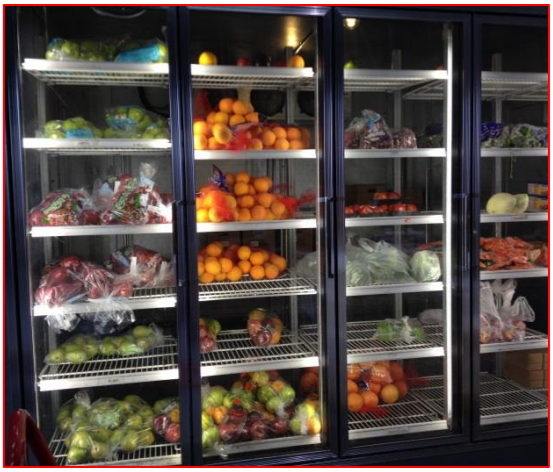
Study of the Food Distribution Program on Indian Reservations (FDPIR) FINAL REPORT



Food and Nutrition Service

June 2016

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United States Department of Agriculture

Food and Nutrition Service, Office of Policy Support June 2016

Study of the Food Distribution Program on Indian Reservations (FDPIR)

FINAL REPORT

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This study was conducted under contract number AG-3198-D-11-0066 with the Food and Nutrition Service, United States Department of Agriculture.

This report is available on the Food and Nutrition Service website:
http://www.fns.usda.gov/ops/research-and-analysis

Suggested Citation:

Pindus, Nancy M., Carol Hafford, Diane K. Levy, Jennifer Biess, Jasmine Simington, Carl Hedman, and Jodie Smylie. 2016. "Study of the Food Distribution Program on Indian Reservations (FDPIR): Final Report." Prepared by the Urban Institute for the U.S. Department of Agriculture Food and Nutrition Services, June.

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Acknowledgments

This report was funded by the Food and Nutrition Service, U.S. Department of Agriculture. We are grateful to our funders, who make it possible for Urban to advance its mission. It is important to note that funders do not determine our research findings or the insights and recommendations of our experts.

The authors thank the Tribal leaders and FDPIR directors at the 23 Indian Tribal Organizations (ITOs) that agreed to participate in this study and facilitated the approval process and data collection efforts. We are especially grateful to the FDPIR participants who responded to the household survey. This report would not have been possible without them. We thank the FDPIR staff, staff of other programs, and discussion group participants who agreed to talk with us at site visits, sharing their knowledge and providing valuable insights that were critical to this study. Everyone's contributions were richer in detail than it was possible to reflect in this report.

NORC at the University of Chicago was responsible for the case record review and household survey that form the basis for the national profile of FDPIR participants. This complex effort was completed successfully and with cultural sensitivity. The authors wish to thank Suzanne Bard (survey director), Steven Pedlow (statistician), Beth Fisher, Tess Gilbert, Eram Khan, Patricia Maugherman, Kim Nguyen, and former colleagues Athena Diaconis and Jennie Alfaro for the important roles they played in outreach, sampling design, case record abstraction, survey administration, quality control, and analysis.

Walter Hillabrant and Judy Earp (Support Services International, Inc.) played major roles in this study. They contributed to the research design and data collection protocols, conducted site visits, and contributed to the insights and analysis describing program operations and participant satisfaction.

The authors also thank Urban Institute colleagues and former colleagues who contributed to the successful completion of the study. Doug Wissoker advised on sampling design and analysis throughout the study. Laura Wheaton and Paul Johnson conducted a microsimulation analysis examining whether changes in the share of the population that is eligible for the FDPIR program are related to changes in overall participation. Wheaton also reviewed sections of the draft report. Chris Hayes advised the survey analysis team and provided ongoing technical review. Sierra Latham and Lily Posey were key contributors to the analysis. Molly Scott reviewed the first full draft of this report and provided thoughtful comments and edits. Former colleagues Abigail Baum and Jessica Luna participated in site

visits and, along with former colleague Brittany Murray, contributed to analysis and early drafts of the report.

Finally, Bob Dalrymple, Office of Policy Support, and Dana Rasmussen and Barbara Lopez, both of the Food Distribution Division of the Food and Nutrition Service (FNS), U.S. Department of Agriculture, provided excellent guidance and oversight during this research effort. We also thank FNS staff who provided helpful comments on drafts of the report, providing important factual corrections and details about FNS programs.

Executive Summary

The U.S. Department of Agriculture (USDA) has been providing nutrition assistance to Tribal communities in different forms for over 60 years. The current program, the Food Distribution Program on Indian Reservations (FDPIR), which has been operating since 1977, provides income-eligible families with a monthly package of foods referred to by the USDA as "USDA Foods." Few studies have been conducted on FDPIR, and the only one that provides nationally representative data on FDPIR participants and local programs was conducted in the late 1980s (Usher et. al 1990). Over the life of the program, there have been many changes in FDPIR affecting eligibility, warehouse operations and distribution, customer service, allocation of Federal funds among ITOs and State agencies, and improvements in the types and variety of products offered in the food package.

This report provides an update on participant characteristics and program operations that is based on a nationally representative sample of participants served by 23 ITOs and site visits to 17 of those local programs. The program continues to evolve at both the Federal and local levels. Nationally, the Food and Nutrition Service (FNS) establishes program eligibility requirements and benefit levels, and makes administrative changes. Locally, ITOs and State agencies implement these changes, issue benefits, and work continuously to improve their local programs.

Overview of the FDPIR program

The Food Stamp Act of 1977 (P.L. 95-113), which gave the Supplemental Nutrition Assistance Program (SNAP) its current form, established FDPIR as an explicit alternative to the general policy of providing nutrition assistance through vouchers rather than food distribution. At that time, members of Congress were particularly concerned about the distances some reservation residents would have to travel to SNAP offices and grocery stores in order to obtain and use SNAP benefits. Although access to supermarkets and grocery stores that accept electronic SNAP benefits is still a challenge for many Native Americans today, retailers that are authorized to provide Electronic Benefit Transfers (EBTs) are more numerous and accessible than they were in 1977.

The Agricultural Act of 2014 (Public Law 113-79, the 2014 Farm Bill) authorized FDPIR through 2018. FDPIR was funded in fiscal year (FY) 2015 at $145.2 million (USDA 2015f). FDPIR provides monthly food packages to income-eligible households living on Indian reservations, on Tribal lands, and in Alaska Native Villages, and to American Indians residing in designated areas near reservations or in

the State of Oklahoma. USDA's Food and Nutrition Service (FNS) administers the program at the Federal level. USDA purchases and ships food to the respective organizations for distribution, sets guidelines for household eligibility, and provides funds for program administration.

ITOs or State government agencies administer programs locally. ITOs can be the governing body of a single Tribe or an intertribal organization. If an ITO chooses to operate the program instead of a State agency, FNS must determine that the ITO has sufficient capacity. Today, ITOs run most FDPIR programs. ITOs and State agencies determine household eligibility, store and distribute FDPIR foods, and provide nutrition education. FNS provides local agencies with flexibility in designing program structures and food delivery methods. Reflecting the diversity of Tribal governments, cultures, and geographic settings, there is a great deal of variety in program structures and delivery models offered by ITOs and State agencies. ITOs and State agencies contribute a 25 percent match of monetary and in-kind contributions for the costs of FDPIR administration, though FNS can waive this requirement or accept a smaller match amount if programs provide compelling justification as to why they cannot meet it.

Similar to SNAP, FDPIR aims to provide low-income households with a healthy variety of foods to supplement their diets. However, FDPIR is designed as a more accessible alternative to SNAP for households with limited access to SNAP retailers, as FDPIR distribution centers are located within the tribal areas they serve. In addition to providing households with food packages, FDPIR promotes healthy eating through nutrition education activities such as individual nutrition counseling, group cooking demonstrations, and distribution of recipes for preparing USDA Foods.

FDPIR has both geographic and income requirements for program eligibility. In approved areas outside reservation boundaries and in Oklahoma Tribal Jurisdictions, eligible households must include at least one enrolled member of a Federally recognized American Indian Tribe or Alaska Native Village. FDPIR programs cannot serve urban communities with large populations without prior approval from FNS.

FDPIR exclusively serves low-income households. The program's income requirements are very similar to those for SNAP. Regulation changes implemented in September 2013 further aligned the SNAP and FDPIR requirements. Specifically, the 2013 changes expanded deductions for medical expenses, created a new deduction for shelter and utility expenses, and eliminated the household resource (asset) limit. FDPIR households cannot participate in both FDPIR and SNAP in the same month, so those who are eligible for both programs must choose between them.

After 1987, and through September 2013, program participation generally declined, though there were some increases in relation to changes in SNAP and FDPIR eligibility criteria and economic conditions. FNS data show that average monthly FDPIR participation increased by about 10,000 participants, from 75,600 in FY 2013 to 85,400 participants in FY 2014, which is likely due in some part to the September 2013 regulatory changes.

Research objectives and methods

This study was conducted using a mixed-methods approach in order to provide updated information on those who participate in FDPIR and how local FDPIR programs currently operate, as well as to identify innovative practices and areas for program improvement. This study was designed to address nine broad objectives. Taken together, they provide a comprehensive description of FDPIR program and participant characteristics:

- *Objective 1: Provide a demographic profile of households and individuals who currently participate in FDPIR, including their participation in other assistance programs*
- *Objective 2: Assess FDPIR's contribution to participants' food supply*
- *Objective 3: Quantify switching between FDPIR and SNAP and reasons for movement between the two programs*
- *Objective 4: Understand drivers of participation change*
- *Objective 5: Describe key aspects of FDPIR operations*
- *Objective 6: Identify resources devoted to nutrition education and describe the formats of information provided directly to participants*
- *Objective 7: Explore factors that affect managers' decisions on which FDPIR foods are ordered*
- *Objective 8: Describe approaches used to distribute food packages and why they are selected*
- *Objective 9: Report on participant satisfaction*

Objectives 1, 2, and 3 pertain to the participant profile and objectives 5, 7, and 8 pertain to program operations.

Data sources and data collection procedures

This study included three separate efforts to collect primary data, as well as procurement of secondary data. In order to inform Tribes about the study, solicit their input on the study design, and build support for the study among ITOs, we conducted Tribal Consultations with FNS in advance of the research effort, in 2012 and 2013. We also conducted targeted outreach and engagement with Tribes selected for the study to inform them about what their participation would entail and obtain necessary approvals.

- **Case record reviews.** In order to obtain data on households' demographic characteristics, size, income, and other variables that form the basis of the national profile, we collected administrative data from households' FDPIR applications or most recent recertification paperwork. We conducted this process, which we refer to as the case record review, between December 2013 and December 2014. We reviewed case files for 1,053 households among the 23 Tribes in the study sample.

- **Survey of participants.** To supplement the case record review data and to address the other study objectives related to program participants, we fielded a 30-minute, "paper and pencil interview" survey administered either in person or by telephone with FDPIR participants. We hired 28 Tribal community members to serve as field interviewers for the in-person data collection effort. We completed 849 interviews, achieving an 83 percent response rate.

- **Program site visits.** To address research objectives related to program operations, we conducted site visits to 17 of the 23 FDPIR programs selected for the case record review and household survey. We picked these 17 in order to include programs from different regions and of different sizes, and, to the extent possible, to reflect diversity in approaches to program operations. They were not selected randomly, however, and are not representative of all FDPIR programs. During the three- to four-day site visits, staff completed three data collection activities: (1) interviews with FDPIR staff, Tribal leaders, and other community members; (2) visits to FDPIR programs to observe facilities related to participant enrollment, warehouses, and food distribution; and (3) discussion groups with program participants and potential participants. In these activities, we conducted 133 interviews, and 142 individuals participated in discussion groups.

- **Secondary data.** Our examinations of participation trends, food access, and nutrition education funding were also informed by several sources of secondary data. Specifically, we used the

2000 and 2010 decennial censuses, the 5-year 2008–12 American Community Survey, the 2003 and 2009 Current Population Survey Annual Social and Economic Supplement (CPS-ASEC), the 2000 and 2010 USDA Economic Research Service (ERS) research atlas, allocation and project summary data for the Food Distribution Program Nutrition Education (FDPNE) Grants, and FDPIR participation data provided by FNS.

Sampling design and analytic methods

The quantitative analysis presenting participant characteristics is based on case records and surveys of a nationally representative sample of participating households in each of 23 FDPIR sites (see exhibit ES.1). We selected a random sample of 1,053 households. The two-stage sampling strategy, selecting first the sample of Tribes and then the sample of households in each of the Tribes, was designed to produce nationally representative estimates, and the survey response was consistently high across programs. The sample of completed surveys is weighted to account for differential rates of sampling and response. Unless otherwise noted, our presentation of findings presents the national estimates.

In order to address the study objectives, we used a combination of (1) descriptive analyses of case record review data, survey data, and secondary data; (2) Transfer Income Model Version 3 (TRIM3) modeling; and (3) qualitative analysis of data from interviews, discussion groups, and observations.[1]

Key findings

Profile of FDPIR participants

FDPIR serves people of all ages, including very young children, school-age children, young and older adults, and elders from age 60 to beyond 75.

The profile of FDPIR participants for the reference month of September 2013 remains very similar to that reported in 1990. FDPIR continues to serve a very low-income population that relies heavily on Social Security, Supplemental Security Income (SSI), and Social Security Disability Insurance (SSDI).[2]

[1] Funding for the Urban Institute to develop and maintain TRIM3 comes primarily from the Department of Health and Human Services, Assistant Secretary for Planning and Evaluation.

[2] SSI provides benefits to low-income disabled adults and children or elders over age 65 whereas SSDI provides benefits to workers who become disabled before retirement age.

Most notable changes in the participant profile over the 25-year period are related to household composition, gender, and age. The proportion of households with no income (1 in 10) has not changed over time, nor has there been a change in the very limited amount of financial assets owned by FDPIR households.

DEMOGRAPHIC CHARACTERISTICS

- **The percentage of one-person households has increased significantly over time.** Findings from the earlier study conducted by Usher et al. (1990) indicated that 33 percent of participant households contained only one member, and in 2013 the percentage had risen to 48 percent.
- **Most household heads are women, and more than half of participants are women.** As of September 2013, approximately two-thirds of the household heads participating in the FDPIR program were women (62 percent). Of all individuals who participate, 54 percent are female and 46 percent are male.
- **Adult participation has remained constant over time, but participation by children and elders has changed.** The participation of children in FDPIR has declined, while the participation of elders has increased.
    - Twenty-one percent of FDPIR participants are elderly adults age 60 or older and 31 percent are children under the age of 18.
    - Twenty-nine percent of households participating in FDPIR have elderly members only; 85 percent of these elders live alone and 15 percent live with another elder.

INCOME AND EMPLOYMENT CHARACTERISTICS

- **The monthly income of FDPIR households is very low.** The average monthly income for those households that reported earned or unearned income was $1,144. Average monthly household income ranged from $778 for a one-person household to $2,367 for households with eight or more members (12 percent of all FDPIR households reported zero income and are not included in this analysis).
- **Many FDPIR households live below the poverty line.** The mean annual incomes for one-person FDPIR households ($9,340) and for two-person FDPIR households ($12,756) are 79 and 80 percent of the poverty thresholds, respectively. (The Federal poverty threshold is $11,880 for

one-person households and $16,020 for two-person households.) The mean income of three-person households ($16,761) is 83 percent of the poverty threshold ($20,160).

- **The three main sources of income for FDPIR participants are Social Security, SSI/SSDI, and wages.**
    - Many more households now receive SSI/SSDI than in the past, increasing from 18 percent in 1990 to 31 percent in 2013.
    - Parents with children under the age of 18 are most likely to have income from wages (74 percent). This is consistent with findings in the 1990 study.
- **FDPIR households still have very limited financial assets.** Only 5 percent of FDPIR households in September 2013 reported total assets of $500 or more. These findings tell a story similar to that from nearly 25 years ago. Findings from the 1990 study indicate that only 3.3 percent of households had total assets of $500 or more.

FDPIR CONTRIBUTION TO HOUSEHOLD FOOD SUPPLY

Although FDPIR is intended to be a supplemental food package program, survey responses indicate that it was the sole or primary source of food for 38 percent of households. For the 62 percent of households that did not rely exclusively or primarily on FDPIR, most obtained some of their food from a grocery store, supermarket, or convenience store. Over 31 percent of these participants obtained some of their food from traditional or native food sources, such as hunting, fishing, farming, and gardening. Other sources of food reported include takeout food; other food assistance programs such as the National School Lunch Program, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Meals on Wheels; food provided by extended family or by the Tribal community; and food from food pantries or food banks.

SWITCHING BETWEEN FDPIR AND SNAP

According to our national survey of participants, only a small minority of households, about 5 percent, switched to FDPIR from SNAP or vice versa in the 12 months prior to the survey (i.e., participated in one program, terminated this participation, and enrolled in the other program the following month).

For many households, the value of the benefit they receive from each program is a critical factor. Because the amount of SNAP benefits depends not only on household size but also household income,

whereas the amount of food received from FDPIR depends on household size, some households will receive a larger benefit from one program, while others will receive more from the other.

It is important to note that the amount of switching varies by site, as learned through site visits and interviews with program staff. It is clear that FDPIR and SNAP each offer their own advantages. For some households, decisions to switch relate to household needs. For other households, programmatic changes have led some participants to switch. Households noted a preference for FDPIR's enrollment procedures, customer service, and cultural sensitivity. Other households preferred SNAP because of the perceived quality of food at supermarkets and the greater choice of foods that they can obtain with SNAP benefits.

Drivers of participation change

We considered several key factors that might be related to changes in FDPIR participation levels over time: changes in the demographic characteristics of the population in FDPIR service areas, changes in FDPIR and SNAP eligibility rules, and changes in economic conditions. Our analysis of decennial Census data for 2000 and 2010 found no evidence that changes in demographic characteristics contributed to the decrease in FDPIR participation during this period. Our microsimulation analysis of households eligible for FDPIR and SNAP for the years 2002 and 2008 found that among households who were eligible for FDPIR, most also were eligible for SNAP, with only modest change over this period. We also considered the effect of significant shifts in FDPIR and SNAP eligibility policies, including SNAP's broad-based categorical eligibility. SNAP's time limits for Able-bodied Adults without Dependent Children (ABAWD), the temporary increase in SNAP benefits in response to the recession, and 2013 changes in FDPIR eligibility regulations.

We conclude that, overall, changes in demographic characteristics and eligibility rules do not appear to have driven FDPIR participation levels in the period examined. However, it is possible that changes not factored into our analysis contributed to the reduction in FDPIR participation in the 2000s by making SNAP a more attractive alternative for some households. Possible explanations include the relaxation or elimination of SNAP vehicle limits in a number of states (not captured in our microsimulation analysis), SNAP modernization efforts that eased the application and recertification process, and the possible increased accessibility of retail outlets with affordable food. The temporary increase in SNAP benefits and waiver of ABAWD time limits during the recession may have provided an additional incentive for some households to choose SNAP instead of FDPIR. The growth in FDPIR household participation after 2013 coincides with the end of the temporary increase in SNAP benefits, as well as with FDPIR policy changes that more closely align FDPIR and SNAP eligibility rules. Although

not proven in our analysis, the patterns of increases and decreases in FDPIR participation thus appear likely to be influenced by broader changes in the eligibility rules and benefit levels for both SNAP and FDPIR, and may also be affected by the ease with which households can access retail outlets that offer affordable food.

Program operations

Local FDPIR program operations vary considerably even as individual programs adhere to required guidelines. Our site visits found that staff members are acutely aware of the food assistance needs of participants and committed to customer service. To the extent possible at each program site, managers tailored warehouse hours, tailgate and/or home delivery options, and product selection to the circumstances and preferences of participants.[3] FDPIR managers and staff were resourceful in the face of budget constraints and logistical and infrastructure barriers. Program staff stepped in to help each other as needed to ensure that participants received their food packages.

APPLICATION AND CERTIFICATION PROCESS

- Each of the FDPIR programs in the study accepted applications in person, and the vast majority of applications were submitted at either a program office or a tailgate site.
- Nearly all programs allowed people to submit applications without an appointment. Several of the 13 programs with tailgate distribution accepted and certified applications at tailgates. Other methods of receiving and certifying applications included telephone, fax, postal mail, and email.
- Some programs use computer technology to support program application and certification processes, though remote locations and lack of participant access to computers or to the Internet inhibit expansion of these technologies in some places.

ORDERING PROCESS

The ordering process for USDA Foods also varied across sites, as did the frequency of ordering.

- Most programs placed an order once a month, but the frequency of ordering depended on the size of the program and on food storage capacity. Availability of food at the national warehouse also affected the frequency of ordering.

[3] A tailgate distribution is a mobile or traveling service site in which all functions are performed where the actual distribution takes place. Instead of participants coming to a distribution center to be qualified and receive their food packages, the distribution center goes to the participants (FNS Handbook 501).

- Programs used many methods to decide what to order and when to place orders, including calculations based on previous monthly distribution activity, visual inspection of food remaining in the warehouse, and estimates based on experience and knowledge of what participants like and take each month.
- Almost every site reported that delivery of USDA Foods occurred once a month; usually a week after an order was placed.
- The process for ordering fresh produce differed from that for ordering other USDA Foods. All produce was ordered online through the Department of Defense Fresh Fruit and Vegetable Program (DoD Fresh). Nearly all programs ordered produce to be delivered once per week, to ensure that fresh fruits and vegetables were available to participants throughout the month.
- DoD Fresh was very popular and often cited as one of the best features of the program, by both staff and participants. Many sites that had been participating in the fresh produce program for years observed that the variety of offerings has increased over time. The greatest challenge with the fresh produce program has been the varying quality of vendors.

FOOD DISTRIBUTION MODES

- By far the most commonly used food pickup locations were warehouses and other FDPIR locations, which included store settings and nutrition centers. Eighty-five percent of household survey respondents said they usually picked up their food packages at these locations.
- Tailgate pickup and home delivery options were used by 5 and 6 percent of respondents, respectively.
- Most programs indicated that participants who pick up food at a warehouse did so once a month. Staff from a few programs indicated that they allow pickup of food benefits—within established monthly guide rates—more than once a month, although some said that few participants took advantage of the option.
- Among programs that offered tailgate pickup, several delivered USDA Foods to one or more of their tailgate sites once each month; a few programs delivered to one or more (but not all) of their tailgate sites twice a month; and one program delivered to both of its sites twice a month.
- Most programs offered a home delivery option for participants who are unable to come to a distribution site, particularly for elders. Programs that offered home delivery services made deliveries once a month or as needed for participants who requested such assistance.

Nutrition education

Nutrition education is provided by FDPIR programs in a variety of ways, with topics ranging from healthy food preparation to physical fitness and healthy food choices.

FUNDING

FDPIR programs can fund nutrition education activities in several ways. FNS allocates funding for FDPIR nutrition education to regional offices under the same formula used for standard administrative funds. Regional offices then disseminate the funds to ITOs. ITOs can supplement this funding with matching funds they provide, and they can also request additional funding from regional offices for special projects. Another funding source is the Food Distribution Program Nutrition Education (FDPNE) competitive grant program, initiated by FNS in 2008 to support nutrition education activities. The annual grant awards are based on the availability of funds and the quality of applications. Tribes can also apply to their SNAP State Agency for nutrition education funds through the SNAP Education (SNAP-Ed) State Plan. To provide nutrition education, FDPIR staff worked collaboratively with programs in their region and with the FNS regional offices; applied for competitive grants; and coordinated with other State and Tribal nutrition education resources, local agricultural extension service, and others.

NUTRITION EDUCATION ACTIVITIES AND PARTICIPATION

- **Participation in activities that consist of distribution of materials—recipes, calendars, newsletters, and fact sheets—is high.** Participants can conveniently choose from available materials or receive materials from staff when they pick up their food packages.
    - Nearly three-quarters (74 percent) of the households who participated in at least one activity indicated that someone in their household had picked up recipes and cookbooks offered by the program.
    - Well over half (58 percent) picked up calendars that featured monthly healthy habits. Additional materials that respondents indicated were offered include newsletters (38 percent) and factsheets (29 percent).
- **Participation is lower in cooking demonstrations and workshops.** These activities require additional effort from participants and may be held outside the FDPIR distribution center. Such activities may not be accessible to those who use home delivery or pick up their food package at a tailgate site.

- Cooking demonstrations were offered to 16 percent of FDPIR households, according to the participant survey.
- An estimated 15 percent of FDPIR participants said that they participated in tastings offered at their site.
- "How to" workshops on budgeting and grocery shopping were two other commonly offered activities, with 12 percent and 11 percent of respondents, respectively, saying they or a household member took part in workshops at their site.

IMPACT OF NUTRITION EDUCATION

Nutrition education is helping to change the way program participants cook and eat. According to the household survey, of the respondents who had picked up educational materials or taken part in nutrition education activities:

- An estimated 52 percent made changes to their cooking or eating, and 40 percent of those who made changes used the recipes offered.
- A smaller group, 12 percent, took part in other program services offered by FDPIR, such as fitness and health classes, cooking classes, health fairs, and similar activities. Approximately 70 percent of these participants made changes in their level of physical activity or health and fitness. Of those 70 percent, 49 percent exercised more and about 37 percent said they ate more healthily.

CHALLENGES TO NUTRITION EDUCATION EFFORTS

Across programs, staff talked about their need for more funding to carry out nutrition-related activities and to hire additional staff who are qualified to offer nutrition education.

- Staff at a few programs visited had never applied for FDPNE funds. Those programs, as well as others, noted several barriers to applying, including uncertain funding as a result of the competitive process; limited staff capacity to take on more work; difficulty processing the FDPNE grant through Tribal channels (resulting in concerns about spending the grant within the required time period); and concerns about meeting the 25 percent matching requirement, although in compelling cases FNS may waive a portion or the entirety of the match requirement.

- Hiring qualified staff appeared to be a significant barrier to providing high-quality nutrition education. A few programs had staff nutritionists with training in health or nutrition. Others hired capable members of the Tribe who were reliable and could carry out whatever duties were needed, but could give only limited nutrition advice to participants.
- Staff as well as participants in discussion groups identified logistical barriers to attending nutrition education activities. Participants face transportation challenges, including lack of a vehicle or the prohibitive cost of gasoline. At several programs, one or more participants noted that if they were able to get a ride to pick up their food package, they did not feel they could ask their driver to stay longer so they could attend nutrition education or a cooking demonstration. At one program, nutritionists divide their time between the warehouse and several tailgate locations, so participants may miss the nutrition education classes or cooking demonstration at one location when they come to pick up their food package at another location.

Food products and preferences

Overall, program participants were satisfied with the products in the food packages. Almost 90 percent of survey respondents indicated that they were satisfied with the variety of food, the freshness, the quality, the nutritional value, and the taste and visual appeal. Across programs visited, there was a commonly held perspective that the quality of food in FDPIR has improved over time. Participants appreciated the expanded variety of food items and the, for the most part, consistent quality of the products. The fresh produce program, DoD Fresh, and the addition of certain frozen meats, in particular, were noted by nearly everyone.

Participants' opinions varied with respect to improvements they would like in the food package. According to the participant survey, the most commonly requested food items were more meat options (28 percent). This was also reflected in the site visits, during which many participants and staff indicated that they would appreciate larger quantities and more varieties of meat and other animal proteins—chicken, canned tuna, pork, and traditional foods such as salmon, venison, and bison. Many survey respondents also requested additional fruit (18 percent) and vegetable options (17 percent), especially bananas (3 percent). Fresh eggs (9 percent) and fresh milk (5 percent) also were requested by some participants. Spices (mentioned by 7 percent of survey respondents), particularly salt and pepper, were items that some respondents said they would like the program to offer. Multiple respondents in discussion groups indicated that they were dissuaded from cooking or following some recipes because they would have to purchase spices and seasoning.

Participant suggestions for improvements centered on building a more culturally relevant, local, and fresh food package. The diversity across programs is perhaps most apparent in requests for traditional foods. Food items that are viewed as cultural vary considerably across Indian Country. Respondents observed that the regional foods available were not necessarily representative of what participants in a specific Tribe eat, lending support to the suggestions by FDPIR programs for more locally sourced food. The most regularly requested traditional food was bison. Although it was mentioned by only 3 percent of survey respondents, participants and staff from many programs indicated that participants would like to see more bison options in their food packages. The second most requested traditional food was salmon (mentioned at a few sites). Although many programs offered canned salmon, some participants were dissatisfied with the taste or quality of the product. Other cultural food options requested were venison, blue cornmeal, and wild rice.

Participant satisfaction

Participant satisfaction with FDPIR is overwhelmingly positive. FDPIR households report high satisfaction rates in all areas assessed—food package, program staff, facilities, and application process. Across sites, a majority of participants felt that FDPIR was a necessary program that helped to keep their family healthy, and that provided services in a friendly and respectful manner.

Aside from the certification and enrollment process, participants' most frequent interaction with program staff occurred during food pickup. Most FDPIR households were pleased with their interactions with program staff. On the basis of the participant survey, an estimated 73 percent were very satisfied and another 20 percent were somewhat satisfied. In discussion groups, participants described program staff as very knowledgeable and helpful.

Conclusions

FDPIR continues to be an important nutrition assistance program in Tribal communities. The wealth of information collected in this study offers many opportunities for considering further improvements to FDPIR, which is already positively received by program participants. Here, we highlight a few policy areas raised in this study for consideration by FNS as the program moves forward.

- Demographic changes since 1989 warrant consideration of adjustments to the food package. In particular, the increase in the number of one-member households and participant feedback

about the limited quantities provided to these households suggest that an increase in the size and/or composition of the package for single-person households should be explored, to the extent that funding and overall nutritional values permit. Similarly, the increased number of elders in the program suggests consideration of the particular nutritional needs of this group.

- Although changes in FDPIR and SNAP eligibility and relative benefit levels do not appear to explain the reduction in FDPIR participation between 2002 and 2008, it appears to coincide with key SNAP policy changes over the longer term. FNS should continue to track the relationship between the two programs and support close coordination of policies with SNAP.
- Only a small minority of households switch between the two programs over the course of a year. Households that experience seasonal fluctuations in income or household size may be well-served by the ability to switch. Policies should continue to reflect the need for and value of both programs in Indian Country.
- In light of the positive changes in eating and food preparation reported by program participants, further improvements can be made to enhance nutrition education programming across local programs with increased funding and more qualified staff.
- The diversity of preferences, needs, and conditions across Indian Country and the innovation shown by ITOs in tailoring operations to their Tribal communities and in stretching tight budgets through ingenuity, collaboration, and leveraging of resources speaks to the importance of encouraging flexibility and incentives to promote innovation across Tribes.
- The limited income and financial resources of households served by FDPIR and the evidence that there has been little change in these indicators over the past 25 years supports further examination of how USDA can work with other agencies and public assistance programs to further assist those in need.

EXHIBIT ES.1

FDPIR Study Sample

(Tribes in bold also participated in site visits)

	FNS Region	Indian Tribal Organization	State
1	Mountain Plains	**Fort Peck Reservation**	MT
2	Mountain Plains	**Flathead Reservation**	MT
3	Mountain Plains	**Oglala Sioux Tribe**	SD
4	Mountain Plains	**Standing Rock Sioux Tribe**	ND, SD
5	Mountain Plains	Winnebago Tribe of Nebraska	NE
6	Midwest	**Bad River Reservation**	WI
7	Midwest	**Lac Courte Oreilles**	WI
8	Midwest	**Sault Ste. Marie Tribe of Chippewa Indians**	MI
9	Southeast	**Mississippi Band of Choctaw Indians**	MS
10	Southwest	**Eight Northern Indian Pueblos Council (ENIPC)**	NM
11	Southwest	Apache Tribe of Oklahoma	OK
12	Southwest	**Cherokee Nation**	OK
13	Southwest	**Chickasaw Nation**	OK
14	Southwest	Choctaw Nation	OK
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17	Southwest	Sac and Fox Tribe	OK
18	Western	**Hoopa Valley Reservation**	CA
19	Western	**Navajo Nation**	AZ
20	Western	**Spokane Tribe of Indians**	WA
21	Western	Shoshone-Bannock Tribes	ID
22	Western	**Sherwood Valley Band of Pomo Indians**	CA
23	Western	**Yakama Indian Nation**	WA

Chapter 1. Introduction

The U.S. Department of Agriculture (USDA) has been providing nutrition assistance to Tribal communities in different forms for over 60 years. The current program, the Food Distribution Program on Indian Reservations (FDPIR), which has been operating since 1977, provides income-eligible families with a monthly package of foods referred to by USDA as "USDA Foods." However, few studies have been conducted on FDPIR, and the only one that provides nationally representative data on FDPIR participants and local programs was conducted in the late 1980s (Usher et al. 1990). Over the life of the program, there have been many changes affecting eligibility, warehouse operations and distribution, customer service, allocation of Federal funds among ITOs and State agencies, and improvements in the types and variety of products offered in the food package.

This report provides an update on participant characteristics and program operations. It is based on a nationally representative sample of participants served by 23 ITOs and site visits to 17 of those programs (see exhibit 1.1). FDPIR continues to evolve at both the Federal and the local levels. Nationally, the Food and Nutrition Service (FNS) establishes program eligibility requirements and benefit levels, and makes administrative changes. Locally, ITOs and State agencies implement these changes, issue benefits, and work continuously to improve their local programs. This chapter provides background about the FDPIR program and changes over time, both up to the reference date for our participant profile (September 2013) and beyond. It frames the broader report by discussing the origins of Tribal food assistance, reviewing literature on Native American and Alaska Native health and nutrition issues, providing an overview of FDPIR, and outlining topics discussed in the remainder of the report.

Origination of U.S. food assistance programs

During the 1960s and 1970s, the expanding Food Stamp Program (FSP) gradually replaced food distribution under the Needy Family Program (USDA 2009). The Food Stamp Act of 1977, which gave the Supplemental Nutrition Assistance Program (SNAP) (renamed in 2008) its current form, established FDPIR as an explicit alternative to the general policy of providing food assistance through vouchers rather than food distribution. At that time, members of Congress were particularly concerned about the distances some reservation residents would have to travel to SNAP offices and grocery stores in order to obtain and use food stamps. Although access to supermarkets and grocery stores that accept electronic SNAP benefits is still a challenge for many Native Americans today, retailers authorized to use Electronic Benefit Transfers (EBTs) are more numerous and accessible than they were in 1977.

The Agricultural Act of 2014 (Public Law 113-79, the 2014 Farm Bill) authorized FDPIR through 2018. FDPIR was funded in FY 2015 at $145.2 million (USDA 2015f).

Nutrition-related health issues among American Indians and Alaska Natives

FDPIR serves a population that has significant health and food security issues and nutrition assistance needs. American Indians and Alaska Natives (AIANs), particularly those living on Tribal reservations, disproportionately experience economic hardship; they have lower average incomes and higher unemployment and poverty rates than the non-AIAN population (Pettit et al. 2014). These disparities limit the ability of AIAN households to afford healthy foods. There is a documented link between income and health. In general, lower-income people tend to report poor health conditions to a greater extent than higher-income people. Woolf et al. (2015) found that nearly 23 percent of adults with incomes below $35,000 reported being in poor and fair health, compared with 13 percent of adults with incomes between $35,000 and $49,999, and only 6 percent of adults with incomes of $100,000 or more. Woolf et al. (2015) also found that prevalence rates for a range of health problems, including diabetes, coronary heart disease, stroke, and kidney disease, are highest for low-income adults and decrease with income level.

AIANs also tend to be in worse health than the general population. Data from the Centers for Disease Control (CDC) shows that AIANs report being in fair or poor health at higher rates than the general population: 17 percent of those identifying as American Indian or Alaska Native report fair or poor health, compared with 10 percent of the total population (Adams, Kirzinger, and Martinez 2013). Obesity, diabetes, heart disease, and other diet-related health conditions, which are increasingly prevalent among the general population, are particularly widespread among AIANs (Halpern 2007). According to the Indian Health Service (HIS), AIAN adults are more than two percent more likely than non-Hispanic white adults to be diagnosed with diabetes, and rates of diabetes among AIAN youth are nine times higher than those of non-Hispanic white youth (IHS 2012). AIAN rates of kidney failure due to diabetes are nearly twice that of the general population, and rates of death due to diabetes are 1.6 times that of the general population (IHS 2012).

Native Americans also face greater food insecurity and access challenges. Native Americans, particularly those living in nonmetropolitan areas, face higher levels of food insecurity, especially among households with children (Gunderson 2008). Furthermore, because Tribal lands and Alaska Native Villages tend to be in more remote, rural locations, households need to travel farther to get to the nearest supermarket. A recent USDA ERS study found that only 26 percent of people living on Tribal lands lived

within walking distance (defined as 1 mile or less) of their nearest supermarket, compared with 59 percent of the general population. This study also found that, of the low-income population, only about 28 percent of those on tribal lands lived within walking distance of a supermarket, less than half the rate for all low-income Americans of 64 percent (Kaufman et al. 2014). Access to SNAP-authorized food retailers was even lower: only 19 percent of Native Americans living on Tribal reservations, 21 percent of those living in Alaska Native Villages, and 25 percent of AIANs who lived in Oklahoma Tribal statistical areas were within walking distance of a SNAP retailer. However, FDPIR does improve Native Americans' access to food assistance: 29 percent of Native Americans on Tribal reservations, 27 percent of AIANs living in Oklahoma Tribal statistical areas, and 63 percent of those living in Alaska Native villages lived within walking distance of a SNAP-authorized retailer or FDPIR location (Kaufman et al. 2014).

FDPIR program administrators have worked in coordination with FNS to improve the nutritional value of the food package by incorporating more fresh and frozen alternatives to canned goods. Recent research on FDPIR nutritional quality found that an individual consuming the average FDPIR food package would score higher on the Healthy Eating Index (HEI) than SNAP participants and most Americans (Harper et al. 2008). Additional research substantiated this claim and indicated that in the FDPIR package participants receive an estimated 75 percent of the recommended daily intake of nutrients (Zimmerman et al. 2012). ITOs have also developed innovative nutrition education and wellness programs, as described in chapter 7.

Overview of FDPIR

This section explains the organizational structure of FDPIR, who is eligible to participate, and what benefits they receive, and previews important evolutions in program administration and participation trends.

Organizational structure

FDPIR provides monthly food packages to income-eligible households living on Indian reservations, Tribal lands, and Alaska Native Villages, and to American Indians residing in designated areas near reservations or in the state of Oklahoma. FNS administers the program at the Federal level. USDA purchases and ships food to the respective organizations for distribution, sets guidelines for household eligibility, and provides funds for program administration.

ITOs or State government agencies administer programs locally. ITOs can be the governing body of a single Tribe or an intertribal organization. If an ITO chooses to operate the program instead of a State agency, FNS must determine that the ITO has sufficient capacity. Today, ITOs run most FDPIR programs. ITOs and State agencies determine household eligibility, store and distribute FDPIR foods, and provide

nutrition education. FNS allows local agencies flexibility in designing program structure and food delivery methods. Reflecting the diversity of Tribal governments, cultures, and geographic settings, there is a great deal of variety in the program structures and delivery models offered by ITOs and State agencies. They also contribute a 25 percent match of monetary and in-kind contributions for the costs of FDPIR administration, though FNS can waive this requirement or accept a smaller match amount if programs provide compelling justification as to why they cannot meet it.

Historically, FDPIR programs received administrative funding from the regional FNS offices; each FNS Regional Office received a percentage of funds from the FNS National Office, and each Regional Office in turn allocated funds to ITOs and/or State agencies. The regional funding percentages varied from one region to the next, did not change for many years prior to fiscal year (FY) 2008, and did not reflect cost drivers such as each region's share of national program participation and current number of ITOs and agencies. Tribal leaders and FDPIR directors raised concerns about this inequity, and during the mid-2000s, FDPIR program directors, Tribal leaders, and USDA worked to create an administrative funding formula that took into account FDPIR participation levels by FNS region, as well as each FNS region's share of the number of FDPIR programs. The new funding methodology was piloted beginning in FY 2008 and finalized in regulation in 2012 (USDA 2012a).

Type of assistance provided

Like SNAP, FDPIR aims to provide low-income households with a healthy variety of foods to supplement their diets. However, FDPIR is designed as a more accessible alternative to SNAP for households that have limited access to SNAP retailers, since FDPIR outlets are located within the tribal areas they serve. Furthermore, whereas SNAP provides electronic, monetary benefits that can be used in authorized grocery stores or supermarkets, FDPIR distributes a monthly food package for which participants can choose from a wide variety of nutritious foods, including fresh and canned fruits and vegetables, juices, cereals, grains (including whole-grain products), pasta, vegetable oil, meats, poultry, fish, and other proteins such as canned and dry beans, peanut butter, and powdered egg mix.

As mentioned earlier, the nutritional quality of the food package has improved in recent years (Cook 2004, Finegold et al. 2005, Finegold et al. 2009). In large part, these improvements are due to advocacy from the National Association of Food Distribution Programs on Indian Reservations (NAFDPIR), a national group composed of elected FDPIR directors and staff. Since 2002, a Food Package Review Work Group of local FDPIR staff and other Tribal nutrition or health professionals as well as FNS staff has reviewed the FDPIR food package and worked to improve the availability of nutritious foods and new foods through the program. The program now offers ITOs and State agencies over 100 products to choose from, as well as the option of providing fresh fruits and vegetables to participants through a partnership between the USDA and the U.S. Department of Defense (DoD). As of 2009, nearly all FDPIR programs were providing fresh produce

through this initiative (Finegold et al. 2009). In addition, FNS has reduced the fat, sugar, and sodium levels in many of the products offered and offers more frozen meats in lieu of canned meats. Packaging and labeling for many products have been updated to more closely resemble commercial products and provide more nutrition information.

The Food, Conservation, and Energy Act of 2008 (P.L. 110-246, the 2008 Farm Bill) provided for the establishment of a fund, subject to appropriations, to expand and improve the food available in FDPIR by allowing for the purchase of traditional and locally grown foods. The 2014 Farm Bill reauthorized this provision, which was funded for the first time in FY 2015 at $5 million.[4] In addition, for FYs 2014 through 2018, the 2014 Farm Bill authorized, subject to appropriations, a traditional and local foods demonstration project to be implemented by one or more Tribal organizations. To date, Congress has not funded this provision.

FDPIR programs can fund nutrition education activities in several ways. FNS sets aside funds from the annual appropriation for FDPIR administration to be allocated to the ITOs and State agencies for nutrition education activities. The ITOs and State agencies supplement this funding with matching funds they provide. Tribes can apply to their SNAP State agency for nutrition education funds through the SNAP-Ed) State Plan. FDPIR programs can also apply for the competitive Food Distribution Program Nutrition Education (FDPNE) grant program, which was established in 2008. Activities funded by FDPNE are discussed in chapter 7. FDPIR nutrition education activities promote healthy eating through activities such as individual counseling, group cooking demonstrations, and distribution of recipes for preparing USDA Foods at home.

Eligibility and benefits

FDPIR has both geographic and income-level requirements for program eligibility. To participate, households residing on a reservation that operates the program must meet both requirements. Tribes may be approved to serve areas outside their reservation boundaries (near areas) that have concentrations of Native Americans. In these near areas, eligible households must include at least one enrolled member of a Federally recognized American Indian Tribe or Alaska Native Village. This person does not have to be enrolled in the specific Tribe that operates the FDPIR program in that service area. About 30 percent of participants live in the state of Oklahoma, which has special circumstances because reservation boundaries generally do not exist as in other states. The Osage Nation Reservation, the only reservation in the state, is subject to the standard rules, but other Tribes in Oklahoma operate food distribution programs within approved service areas. To be eligible for benefits, applicant households that live within the Oklahoma-

[4] The 2014 Farm Bill provision to establish a fund to purchase traditional and locally grown food for FDPIR continues to be supported in FY 2016 at $5 million.

approved service areas must include at least one enrolled member of a Federally recognized American Indian tribe or Alaska Native village.

In general, FDPIR programs serve rural communities with populations not exceeding 10,000 residents. There are some exceptions, however. Communities on reservations can be served regardless of size. Communities in designated near areas can continue to be served if their population was smaller than 10,000 when they first provided FDPIR benefits. Urban areas of more than 10,000 people can be served if FNS grants a waiver. This rule was established because communities of that size typically have adequate access to grocery stores where low-income residents can obtain and use SNAP benefits. FNS has granted waivers to isolated towns that are not near grocery stores and to places where Indian reservations or trust land lies within city boundaries.

FDPIR exclusively serves low-income households. In general, the program's income requirements are very similar to those for SNAP. Regulation changes implemented in September 2013 further aligned the SNAP and FDPIR requirements (USDA 2013). A more detailed discussion of the eligibility requirements and policy changes related to program eligibility appears in chapter 5.

Participation trends

Since FDPIR was established in 1977, program participation initially experienced a period of growth, followed by subsequent decline and now a more recent period of growth. In 1977, the program had about 80,000 participants. This number grew to a high of 146,000 in 1987, after which participation generally declined, though trends show some increases in relation to changes in SNAP and FDPIR eligibility criteria and economic conditions. For 2014 and 2015, reports on program participation show a sharp uptick in participation with an average of 85,400 participants per month in 2014 and over 88,600 in 2015. These trends and drivers of participation change are discussed in detail in chapter 5.

Overview of the report

This chapter provided an overview of the historical roots of Tribal food assistance, nutrition, and health issues for those served by FDPIR, and a general overview of the FDPIR program and important program changes to provide context for our findings in the rest of this report. Chapter 2 presents the design of the current study and the research methods. Chapter 3 provides a national profile of households participating in FDPIR, including demographic, socioeconomic, and housing characteristics as well as information on health and food security issues. Chapter 4 discusses FDPIR households' access to food and the contribution that the FDPIR food package makes to households' overall food supply. As mentioned earlier, chapter 5 discusses trends in FDPIR and SNAP participation, especially macro-level factors that could drive

participation change (e.g., economic conditions, eligibility rules) and household-level decision making. Chapter 6 provides a profile of how local FDPIR programs operate, highlighting common practices and innovations. It discusses program operations, food package selection, and distribution methods. Chapter 7 describes local programs' nutrition and health education initiatives and how they are funded and staffed. Chapter 8 assesses households' satisfaction with FDPIR in general and with specific elements of the program (e.g., the application process, the frequency of distribution, the food package) and provides recommendations from participants for program improvements. Chapter 9 reviews key findings and offers policy implications and suggestions for further study. Volume 2 of this report contains the technical appendices, including detailed tables of case record reviews and survey results.

EXHIBIT 1.1

FDPIR Study Sample

(Tribes in bold also participated in site visits)

	FNS Region	Indian Tribal Organization	State
1	Mountain Plains	**Fort Peck Reservation**	MT
2	Mountain Plains	**Flathead Reservation**	MT
3	Mountain Plains	**Oglala Sioux Tribe**	SD
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12	Southwest	**Cherokee Nation**	OK
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19	Western	**Navajo Nation**	AZ
20	Western	**Spokane Tribe of Indians**	WA
21	Western	Shoshone-Bannock Tribes	ID
22	Western	**Sherwood Valley Band of Pomo Indians**	CA
23	Western	**Yakama Indian Nation**	WA

Chapter 2. Study Design and Methods

This study was conducted using a mixed methods approach in order to provide updated information on who participates in FDPIR and how local programs currently operate, as well as to identify innovative practices and areas for program improvement. In this section we provide an overview of the objectives the study aims to address and summarize data collection, sampling, and analytic strategies we employed to achieve those objectives.

Study objectives

This study was designed to address nine broad objectives. Taken together, they provide a comprehensive description of program and participant characteristics. Here we present the study's objectives and research questions.

Objective 1: Provide a demographic profile of households and individuals who currently participate in FDPIR, including their participation in other assistance programs

This objective focuses on understanding who participates in the FDPIR program. To address it, we provide a descriptive assessment of basic demographic and economic characteristics, economic need and program eligibility, access to the program, and access to other food resources.

Objective 2: Assess FDPIR's contribution to participants' food supply

In addressing this objective, we focus on the role of the FDPIR benefit in a household's total food supply, including whether the household has other sources of food, and whether other nutrition assistance programs are available to, accessible to, and utilized by the household.

Objective 3: Quantify switching between FDPIR and SNAP, and reasons for movement between the two programs

Because the eligibility criteria for SNAP and FDPIR are similar, many people are eligible for both programs. Although participation in both programs simultaneously is prohibited, it is possible for individuals or families to switch between the programs, i.e., participating first in one, terminating this participation, and enrolling in the other in the following month. In addressing this objective, we examine the incidence and popularity of switching (i.e., the percentage of participants who switch) and the reasons given for doing so.

Objective 4: Understand drivers of participation change

This objective aims to identify what motivates changes in participation. To address it, we explore how different factors (e.g., demographic and economic shifts, changes to FDPIR and SNAP eligibility rules, relative benefit levels of FDPIR and SNAP, and preferences of eligible households) affect aggregate levels of FDPIR participation.

Objective 5: Describe key aspects of FDPIR operations

The operation of FDPIR can vary widely across ITOs, while still meeting statutory and regulatory requirements. To address this objective, we describe the range of program operations and practices, including outreach, expedited services, certification practices, computer use, and colocated programs or services.

Objective 6: Identify resources devoted to nutrition education and describe the formats of the information provided directly to participants

This objective explores funding for and products of education conducted by programs. In addressing it, we review programs' current nutrition education activities and barriers to providing such education, as well as funding for doing so: both from FDPIR and from the FDPNE grants and other sources.

Objective 7: Explore factors that affect FDPIR managers' decisions about which FDPIR foods they order

A number of factors may influence which USDA Foods FDPIR managers order. Although it is likely that managers base their decisions to a large degree on participant preferences and food storage capabilities, we examine whether these are the key factors or other factors are as, or more, important. We also examine any differences between what managers want to order and what they are able to order.

Objective 8: Describe approaches used to distribute FDPIR food packages and why they are selected

In addressing this objective, we examine a number of issues related to the distribution of FDPIR food packages in order to describe the range of scheduling practices and distribution modes, and to expand what is known about the proportion and characteristics of participants who pick up USDA Foods at primary sites, satellite sites, and tailgate locations.[5] Likewise, we discuss the distribution alternatives that programs offer to participants who, on a regular or a periodic basis, are unable to retrieve USDA Foods from a permanent

[5] A tailgate distribution site is a mobile or traveling service site in which all functions are performed at the site(s) where the distribution takes place. Instead of participants coming to a distribution center to be qualified and receive their food packages, the distribution center goes to the participants (FNS Handbook 501).

distribution site. We also explore changes in modes of distribution and in the numbers of participants using a particular mode, along with staff perceptions of reasons for changes.

Objective 9: Report on participant satisfaction

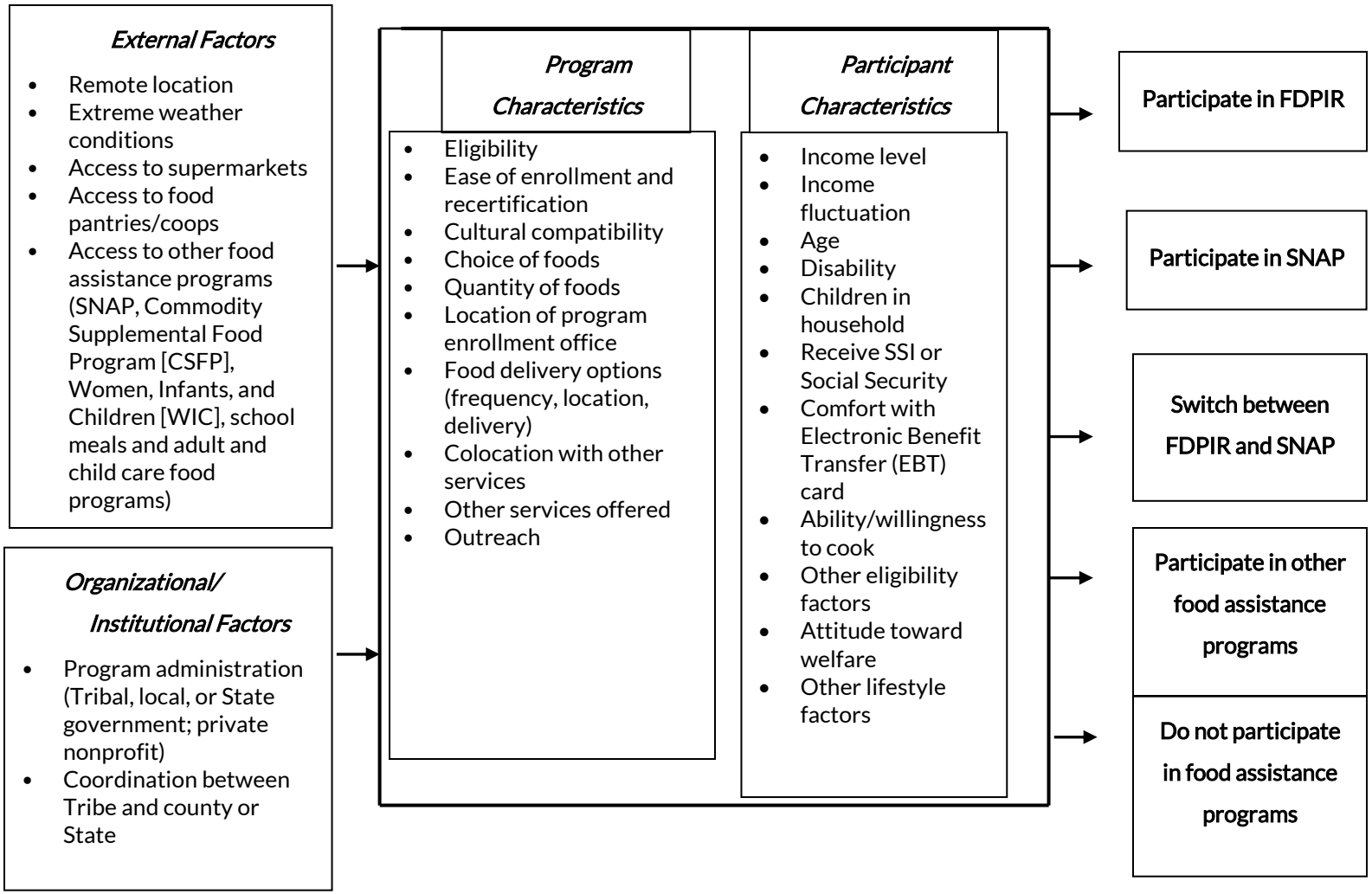
Past research has identified aspects of FDPIR with which participants are satisfied and others which participants would like to see changed (Usher et al. 1990, Finegold et al. 2005, Finegold et al. 2009); however, these studies do not weigh the relative importance of these and other aspects. In addressing this objective, we aim to learn more about which factors related to participant satisfaction are more likely to affect short- and longer-term participation rates and which factors affect enrollment only at the margins.

Conceptual framework

In order to fully address the nine study objectives, we developed a conceptual framework to guide our understanding of participant characteristics and factors that influence program development, and participants' choices regarding whether to participate in a nutrition assistance program and, if so, whether they participate in FDPIR or SNAP (see exhibit 2.1). Our understanding of each of these components of the framework and how they interrelate guided the development of the data collection efforts and how we synthesized that data to address the study objectives.

EXHIBIT 2.1

Conceptual Framework for Studying FDPIR Participation



Data sources and data collection procedures

This mixed-method evaluation required three separate efforts to collect primary data, which required outreach to and engagement with Tribes, as well as procurement of secondary data. We provide a summary of those activities below. Tables presenting a complete analysis of the case record review and additional detail appear in technical appendices A through K. Sampling strategies used for the case record review and interview components, and the site selection process for the site visits are discussed in the next section.

Outreach to Tribes and FDPIR programs

In order to inform Tribes about the study, solicit their input on the study design, and build support for the study among ITOs, we worked with FNS to conduct Tribal Consultations in advance of the research effort in 2012 and 2013. We also conducted targeted outreach and engagement with Tribes selected for the study to inform them about what their participation would entail and obtain necessary approvals. Specifically, these activities included the following:

- Sending informational materials to Tribes in advance, including a cover letter to each Tribe that introduced the research team, a letter to the FDPIR program, and a sample letter from USDA/FNS to participants about the participant survey. The materials also included a brochure about the study for participants and a fact sheet about the study to disseminate to Tribal leaders and community members, at each Tribe's discretion.
- Making follow-up calls with Tribal leaders and FDPIR staff to answer questions about the study, including optimal timing for data collection, tribal protocols and etiquette to observe while visiting on site, use of the information collected, and how findings would be conveyed to FNS and back to the community.
- Attending the annual NAFDPIR meetings in 2012 and 2013 to conduct informational sessions.
- Obtaining approval from FDPIR directors and Tribal leaders for each Tribe's participation in the study, including working with Tribes to get Tribal resolutions passed or negotiate memoranda of understanding.

- Complying with Tribal Institutional Review Board (IRB) procedures.[6]

Tribes have increasingly heightened their stewardship of research conducted on Tribal lands and have expectations regarding reciprocity in the research process. Researchers have an ethical obligation to help build a Tribe's research capacity by relying on Tribal members to serve as part of the research team and by using community-based participatory research methods to build capacity to conduct research in the future (NCAI, 2009: 23). To this end, we hired 28 Tribal community members to serve as field interviewers for the in-person data collection. We asked all of the Tribes/ITOs if and how they would like to be involved in any of the sampling or data collection preparation activities. The extent of Tribal/ITO participation in the sampling or data collection preparation activities varied.

Case record reviews

In order to obtain data on households' demographic characteristics, size, income, and other variables that form the basis of the national profile (see objective 1 and chapter 3), we collected administrative data from individual households' FDPIR applications or most recent recertification paperwork. We conducted this process, which we refer to as the case record review, between December 2013 and December 2014. After conducting outreach to understand how each ITO collected and stored their data, and obtaining approval, we accessed lists of participating households for the month of September 2013. These lists served as ITO-specific sampling frames from which we drew a random sample. Next, we visited 22 of the 23 programs in the study to conduct the case record review. While on site, trained members of the research team worked with program staff to obtain the administrative records of the households selected for the study. Researchers then manually entered the relevant data on selected variables from the records into a secure database and conducted reliability checks. The remaining ITO maintained an electronic database, so we were able to obtain data through a secure file transfer protocol site to complete the data abstraction for all 23 programs. Prior to the data abstraction, researchers visited the ITO to identify the variables needed for the case record review and to examine the data for quality assurance and ensure it was ready for secure transfer and uploading to

[6] Over the past decade, Tribes—as sovereign nations—have heightened their stewardship and oversight of research conducted on Tribal lands to ensure that research enhances community well-being and protects the community from harmful research (NCAI, 2009: 18). Their efforts have included development of Institutional Review Boards, culturally specific guidelines for conducting research, assessment checklists reflecting Tribal community values to guide the review of research protocols, Tribal research codes, policies for data sharing, and requirements for community consultation. We worked with eight Tribal IRBs to submit an IRB protocol to obtain permission to conduct the study: the Cherokee Nation IRB, the Chickasaw Nation Department of Health IRB, the Choctaw Nation of Oklahoma IRB, the Fort Peck Community College IRB, the Muscogee Creek Nation IRB, the Navajo Nation Human Research Review Board, the Oglala Sioux Tribe Review Board, and the Sitting Bull College IRB (for the Standing Rock Sioux Tribe).

the master database. On completing the data abstraction at each site, to ensure privacy, all household names were removed and dates of birth were converted to ages. Technical appendix A provides detailed tables of the case record review analysis; see technical appendix B for a thorough discussion of the data abstraction process and quality control procedures. We completed this data abstraction for every household in the study sample. For the survey, we contacted the same households for which we conducted the case record review; those data sources cannot be linked.[7]

Survey of participants

During the case record review data abstraction process, with Tribal approval, researchers also populated a database of contact information for the sampled households to use to contact households for the survey. Though the case record review data provided many essential variables for the national profile, in order to address the other study objectives we needed a broader array of data from participating households. To obtain that data, we fielded a 30-minute, "paper and pencil" survey administered either in person or by telephone with the FDPIR applicant. Twenty-eight Tribal members or Native American interviewers were recruited, hired, and trained, and then conducted the household survey.

The interviewers collected data that described the extent of household participation in other nutrition assistance programs, access to food stores, access to facilities for storing and preparing food, perspectives on FDPIR customer service, and reasons for participating in FDPIR and for switching between FDPIR and SNAP. The survey questions focused on information and qualitative perceptions that could not be obtained from case records. Although certain information about household members (relationship to head of household, age or date of birth, type of income sources) was available on the application form, we obtained additional demographic information during the in-person survey. See technical appendix C for the survey instrument.

The number of interviews completed at each site varied depending on the size of the program. We completed more interviews in the two largest programs. Specifically, we completed 69 interviews in the Navajo Nation and 73 interviews in the Cherokee Nation. In each of the remaining 21 programs, we completed 34 interviews, on average, with a minimum of 27 and a maximum of 41.

[7] We received Tribal approval to abstract the administrative data for the demographic profiles and to collect contact information for the survey. Because it was deemed infeasible to procure consent from every household in the study to extract their identified data from the administrative records, we could populate the case record review database only with de-identified data. Because the case record review database does not contain identifiers, it cannot be linked to any household's survey responses.

To administer the survey, we used a mixture of telephone and in-person interviewing. In most programs, we attempted to conduct the interview by telephone. For households for which this was not successful, the field interviewer conducted an in-person interview. Some Tribes and Tribal IRBs required us to conduct all interviews in person. Overall, 49 percent of interviews were conducted in person, while 51 percent were conducted by phone. Verbal or written consent was obtained from all respondents. All in-person interviews were pre-arranged and conducted in the participants' preferred location—their home, in all cases. Respondents received a $25 incentive.[8] For more information on survey administration procedures, including staff training and support, quality assurance, and use of proxies or translators, see technical appendix D.

Program site visits

To address research objectives related to program operations (objectives 5 to 8), we conducted site visits to 17 of the 23 programs selected for the case record review and household survey (see the following section for sample design). We picked these 17 in order to include programs from different regions and of different sizes, and, to the extent possible, to reflect diversity in approaches to program operations. They were not selected randomly, however, and are not representative of all FDPIR programs. Through the site visits, we collected nuanced information on each of the following components: (1) outreach; (2) enrollment; (3) ordering and selection of foods, food storage, and distribution of food; (4) nutrition education and health promotion; (5) communication about enrollment between FDPIR and SNAP offices; (6) availability and access to SNAP and other food assistance programs, as well as other social programs, such as Temporary Assistance for Needy families (TANF) and workforce development; (7) staff recommendations for improving access to healthy foods and traditional foods; and (8) program participation levels and participant satisfaction.

A two-person research team conducted each site visit, which typically occurred over the course of 3 to 4 days. Before each visit, the team contacted the FDPIR director to discuss the visit and to obtain additional background information, identify interview respondents, discuss scheduling, and establish procedures for recruiting participants and eligible nonparticipants for the discussion group. During the site visits, staff completed three data collection activities: (1) interviews with the FDPIR directors and staff, Tribal leaders, and other community members; (2) visits to program sites to observe facilities related to participant enrollment, warehouses, and food distribution; and (3) discussion groups with

[8] Providing incentives is beneficial in gaining respondent cooperation and demonstrates to respondents that their contributions are valued. Incentives have been shown to be effective in increasing overall response rates in all modes of surveys (Singer 2002).

program participants and potential participants. Instruments for these activities can be found in technical appendix E.

Interviews with administrators, staff, and other service providers

We conducted interviews with FDPIR directors, certification staff, warehouse managers, staff responsible for issuance and inventory, and nutrition education staff, as well as staff from other service providers knowledgeable about the area's nutrition assistance needs and Tribal leaders. Interviews were about an hour in duration, though the interview with the FDPIR program manager was longer (about 1.5 hours). The interviews were semi-structured and covered the following topics if relevant to their position: (1) respondent and organizational background; (2) perceptions of social and economic conditions and trends; (3) participant households; (4) participant household food choices; (5) enrollment and certification; (6) reasons for change in participation; (7) participant switching between FDPIR and SNAP, access to food sources, nutrition education activities, and impact; (8) nutrition education staffing and funding; (9) warehouse and food package components and decisions; (10) methods of food package distribution; (11) coordination and outreach between FDPIR and other programs; (12) Tribal government administration and the FDPIR program; and (13) overall program successes and challenges.

During interviews, one of the field staff members led the interview, while the second staff person took detailed notes, either on a laptop or by hand. Interviews were not recorded. Upon returning from the visit, the two staff members edited the notes for completeness and clarity, then reviewed them to identify any points where their interpretation differed. If there were such points of disagreement, the field staff followed up with the respondent to clarify. The interview guide can be found in technical appendix E. Across the 17 sites, we conducted a total of 133 interviews, with the 17 FDPIR directors, 83 other FDPIR staff, and 33 others, including Tribal leaders, program partners, and other agency staff. A list of interview respondents by job category or position is included in technical appendix F.

VISITS TO FDPIR CERTIFICATION SITES, WAREHOUSES, AND DISTRIBUTION SITES

We also observed program facilities and activities. Where possible, staff observed participant certification and recertification procedures; warehouse facilities and operations; distribution sites and operations, including tailgate distributions; and any nutrition education activities that might be taking place. The observation checklists appear in technical appendix E.

FDPIR PARTICIPANT AND ELIGIBLE NONPARTICIPANT DISCUSSION GROUPS

We also conducted moderated discussions with FDPIR participants and eligible nonparticipants, which focused on food access, reasons for participating in FDPIR or other food support programs, and

program satisfaction. The discussions lasted no more than 2 hours, and participants received a $25 incentive payment for their participation. Across the 17 sites, a total of 142 individuals participated in discussions. A summary of their characteristics is included in technical appendix G.

Secondary data

This study is also informed by several sources of secondary data. Specifically, we used the 2000 and 2010 decennial censuses, the 2008–12 American Community Survey 5-Year Estimates, the 2003 and 2009 Current Population Survey Annual Social and Economic Supplement (CPS-ASEC), the 2000 and 2010 USDA ERS research atlas, allocation and project summary data for the Food Distribution Program Nutrition Education Grants, and FDPIR participation data provided by FNS.

Sampling design and methods

This section reviews how the nationally representative sample was drawn for the case record review and the survey, and describes how programs were selected for the site visits.

Sampling ITOs for case record review and survey

As described earlier, the quantitative analyses addressing objectives 1 through 4 and objective 9 were based on case records and interviews of a nationally representative sample of participating households in each of the 23 FDPIR sites. We selected a random sample of 1,053 households and achieved an 83 percent response rate, yielding 849 completed interviews.[9] The two-stage sampling strategy was designed to produce national estimates, and weights were constructed to correct for differential sampling rates and differential response rates by program.

SAMPLING STAGE ONE

In the first stage, we sampled 26 Indian Tribal Organizations (ITOs) and State organizations with a probability proportionate to the number of households participating in the FDPIR program.[10] We used monthly household participation data for FY 2011 to draw the sample.[11] Of the 26 ITOs and State organizations, the largest 6 were included in the sample with certainty (Navajo Nation, Cherokee

[9] Of the sampled households, 23 were determined to be out of scope (i.e., the applicant was deceased or could not be located). We excluded these households from the total in calculating our response rate.

[10] Since the household is the unit for program eligibility decisions and case files are maintained by household, the sampling frame used is household units.

[11] National Data Bank Version 8.2, Food Distribution Program on Indian Reservations, Participation Report (FNS 152), FY 2011.

Nation, Choctaw Nation, Oglala Sioux, Chickasaw Nation, and Muscogee (Creek) Nation). The remaining programs were chosen using systematic random sampling, with probability proportionate to the number of participating households. We stratified the sample, sorting the programs first on region, and then on whether individual participation between 2001 and 2011 fell by more than 25 percent, fell by less than 25 percent, or increased by any percentage. We added this latter dimension to ensure that our sample matched the distribution of all participants in terms of their location in programs that were growing or declining.

Under this sampling plan, small programs are represented in proportion to their numbers of participants, rather than oversampled to ensure a target number of small ITOs. When we selected all but the six certainty programs, we also paired a set of suitable replacement programs with the sample programs, in case selected Tribes declined to participate.

In order to ensure that the programs selected had a high probability of achieving our original target number of interviews (29 households), only programs with at least 33 participating households were eligible for the first-stage sample. By imposing this threshold, we included 104 programs in the sampling frame and excluded 8. Because the excluded programs represent less than 1 percent (0.4 percent) of the FDPIR participant population, the sampling frame provides a coverage rate of 99.6 percent.

Of the 26 programs originally selected, 3 declined to participate and 1 was dropped after consultation with the FNS, owing to longstanding administrative issues. One of the programs that declined to participate was successfully replaced with its identified replacement program. We approached the replacement site for the second program, but it also declined to participate. Because we did not have replacements identified for the replacement programs, it was not replaced. The third program declined to participate late in the data collection period, so we did not replace that program owing to time constraints. For these reasons, our final sample included 23 programs. A detailed memorandum about the national sample is included in technical appendix H.

SAMPLING STAGE TWO

In the second stage, samples of participating households were selected from each of the 23 selected programs, using the programs' administrative case records. Because FDPIR participating households can end their participation in any month, we first had to identify which month's participation records we would use across all programs. We refer to this as the "reference month" and decided to use September 2013. When making this choice, we considered the amount of time needed for sample frame

construction and the anticipated timing of data collection.[12] In an effort to select a month that reflected typical program activity, we also considered seasonal fluctuation in FDPIR participation.

The sampling frame for each ITO consisted of a list of all FDPIR participating households for September 2013. Each ITO provided the research team with a list of all heads of household (i.e., the member of the household who applied for the program and is participating) in alphabetical order (by last and first names). Once the list was established, systematic random sampling was implemented at each ITO. Using the site-specific list of participants for the designated reference month, NORC's sampling statistician selected a systematic random sample of the required size (following the procedure detailed in Usher et al. (1990)). More information on how each sample was drawn for the ITOs in the current study can be found in technical appendix I.

In order to account for the smaller number of programs in the sample (23 instead of 26), we increased the number of sampled households in each program from that identified in our original plan. In all but the two largest programs, we sampled 37 to 48 households. In each of the two largest programs, Cherokee Nation and Navajo Nation, we sampled 89 households. The increased sample size in these two programs reduced the extent to which weighting was needed to represent the entire population. The total sample size was 1,053 households.

CONSTRUCTION OF WEIGHTS

Our sampling strategy was designed to produce national estimates, and the survey response was consistently high across programs. The sample of completed interviews is weighted to account for differential sampling rates and differential nonresponse.

We first created the weights for the case record abstractions. Because the case-record data effectively had a 100 percent response rate, we had to weight only for differential sampling rates across programs. To do this, we created a site-specific base weight for each case. The base weight is defined as the inverse of the probability of selecting a case.

In certainty sites, the probability of selecting a case for interview =

$$\textit{Number of sampled records in site } j \,/\, Nj^* = nj \,/\, Nj^*$$

For non-certainty sites, the probability of selecting cases for interview =

[12] To increase the probability of accurate contact information and availability for interviews, the reference month needed to be as close as possible to the onset of data collection. For this reason, the reference month was not selected until outreach to ITOs was under way.

probability(selecting site j) * number of sampled records in site j / Nj*
= (Nj / sampling interval) * (nj / Nj*) = (Nj / 990) * (nj / Nj*)

where

Nj = number available for sampling based on FY 2011 administrative data

Nj* = actual number in case records at time of sampling households

nj = number of sampled records

and the sampling interval was 990.

The base weight is the inverse of the probability of selection. That is, in certainty sites,

base weight = Nj / nj*

In non-certainty sites,

base weight = (Nj / nj) * (990 / Nj).*

We then post-stratified to ensure that (1) in the aggregate, cases from the certainty sites accounted for their total share of FY 2011 monthly participation, and (2) cases from non-certainty sites within a region were assigned the share of FY 2011 monthly participation in that region.[13] Weights were then deflated to ensure an average weight equal to 1. The administrative weights ranged from 0.55 to 1.24 for the cases from noncertainty sites and from 0.94 to 1.62 for the cases from certainty sites.

To analyze the participant interview data, we adjusted the administrative weights to account for the response rate in each site. That is, we multiplied the administrative weight by the ratio of the number sampled to the number interviewed within each site. Again, we deflated to ensure that the average weight was equal to 1. Because response rates were generally high in all sites, the interview weights are quite similar to the administrative weights. The interview weights ranged from 0.79 to 1.54 for non-certainty sites and from 0.96 to 1.69 for certainty sites.

Selecting the site visit sample

Site visits and interviews with program staff were conducted to provide a description of program operations, management choices and challenges, and the range of contexts in which the FDPIR program operates. Because budget constraints precluded visiting all local sites that were included in the nationally representative sample, we used a purposive approach to select 17 of the programs in the

[13] In the Western region, because there were a large number of programs, we post-stratified separately by whether program participation grew, fell by less than 25 percent, or fell by more than 25 percent.

national sample for site visits. We chose these sites on the basis of a number of factors in order to obtain a picture of the variety of local experiences across the country.

Specifically, we considered the following factors: (1) size (average monthly participants); (2) region (FNS region); (3) economy (unemployment rate; per capita payments); (4) participation change (2006–2011, including sites with increasing as well as decreasing participation levels); (5) program administration (Tribal or State-administered; service area, including size of service area and whether the program serves a single Tribe or multiple Tribes; coordination of FDPIR with other Tribal programs); (6) coordination with and access to other food programs (SNAP State or county-administered; ease of access to SNAP for reservation residents; other programs on the reservation such as the Commodity Supplemental Food Program (CSFP) and Tribal Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)); and (7) program features (food delivery/pickup options; warehouse and ordering features; participation in DoD Fresh; nutrition education and health promotion activities). Discussions with FNS headquarters and regional staff, as well as the Tribal consultations also informed the site selection process.

Analysis methods

In order to address the study objectives, we used a combination of (1) descriptive analyses of case record review data, survey data, and secondary data; (2) TRIM3 modeling; and (3) qualitative analysis of interview, discussion group, and observation data. Objectives 1, 2, 3, 4, and 9 were addressed with a combination of descriptive statistical analysis and qualitative data analysis, while objectives 5, 6, 7, and 8 relied most heavily on the qualitative data. The TRIM3 modeling informed objectives 3 (households switching between FDPIR and SNAP) and 4 (understanding changes in program participation). This section describes each of these processes in more detail.

Descriptive analyses

In order to address objectives 1, 2, 3, 4, and 9, we analyzed quantitative data from the case record review and survey (see appendix A for detailed tables). We calculated percentages, average and median incomes, distances traveled, times traveled, as well as standard errors and confidence intervals for a range of indicators of the characteristics of participating households and their experiences and satisfaction with the FDPIR program. Open-ended questions were reviewed and grouped into answer categories. Our estimates coded “don’t know” and “refused” responses as missing values. For all variables, less than 10 percent of values were missing.

We supplemented analysis of primary data with secondary data in several ways. First, we used decennial census data from 2000 and 2010 and American Community Survey 5-year Estimates data from the 2008–12 period to assess demographic and socioeconomic changes on Tribal lands served by FDPIR over the 2000–10 period. We also used the 2000 and 2010 data from the USDA ERS research atlas to determine the pervasiveness of food deserts on Tribal lands served by FDPIR. We also used grant allocation data (both amounts and summaries of projects funded) for the FDPIR Nutrition Education Grants from 2008 to 2014 to determine trends in the grant amounts and types of projects funded over time.

TRIM3 modeling

We used the Transfer Income Model Version 3 (TRIM3) to model FDPIR and SNAP eligibility and benefit value in 2002 and 2008.[14] Specifically, we investigated the extent to which American Indian and Alaska Native (AIAN) households living in likely FDPIR service areas were eligible for FDPIR only, SNAP only, or both programs and compared the sizes of FDPIR and SNAP benefits in those years. We selected 2002 and 2008 for two reasons. First, we aimed to understand general drivers of FDPIR trends rather than drivers related to the American Reinvestment and Recovery Act (ARRA) time-limited increases in SNAP benefits, which went into effect in 2009. Second, the CPS-ASEC race categories changed after 2002. We wanted to limit those included to households who likely live in FDPIR service areas and meet Tribal membership requirements. However, because Tribal membership data is not available in the CPS ASEC, we used race as a proxy and thus needed the race question to be asked consistently across both years. Because we chose to model trends for 2002 and 2008, we used data from the CPS ASEC for 2003 and 2009. However, because of the years selected, this analysis does not account for the effect of the September 2013 FDPIR regulation changes that expanded FDPIR eligibility rules to achieve greater parity with SNAP eligibility rules.[15] A detailed memo describing this analysis and its results can be found in technical appendix J.

[14] Funding for the Urban Institute to develop and maintain TRIM3 come primarily from the Department of Health and Human Services, Assistant Secretary for Planning and Evaluation. More information on TRIM3 is available at http://trim.urban.org.

[15] On August 27, 2013, FNS issued a final rule amending the income deduction and resource eligibility requirements for FDPIR to simplify and improve administration, expand access to FDPIR, and promote conformity with SNAP eligibility requirements. The rule, which went into effect on September 26, 2013, expanded the medical deduction, created a new shelter and utility deduction, and eliminated the resource (asset) limit from FDPIR eligibility.

Qualitative analyses

To analyze the site visit notes from the key informant interviews, observations, and discussion groups, we used the NVivo10 unstructured data analysis software. First we generated a coding scheme based on the study objectives and topics covered by the data collection protocols. The coding scheme was then reviewed by all of the field staff for completeness and clarity. Then the coding staff coded notes from one interview to test the coding scheme for exhaustiveness and conduct an inter-rater reliability check to ensure that the coders categorized information similarly. After this test, the coding scheme was updated for clarity and completeness and used to code all of the site visit data. Once this coding was complete, coders examined all of the content for each code to identify common responses and points of disagreement among respondents, and draw out key themes and findings. This information was summarized by research objective and shared with the entire field staff to review for accuracy and completeness.

Limitations

Confidence intervals

Case record review and survey data were collected from a sample of all FDPIR participants. We have taken appropriate steps to ensure that the samples selected were representative of program participants overall and appropriately weighted, and we therefore have confidence in the accuracy of the reported results. Production of estimates from a sample of the population, however, involves some degree of uncertainty in the precision of the estimates. This precision is affected by the size of the sample and the survey methodology.

For each estimate, the degree of uncertainty is reflected in the confidence interval, the range within which we have 95 percent confidence that the actual value will fall. For example, from the survey, for the percentage of households headed by women, our estimate of 34 percent is accompanied by a confidence interval of 3 percent, meaning that we are 95 percent confident that the actual value is between 31 percent and 37 percent. For questions answered by all survey respondents that have a small number of answer options, the confidence interval will be smaller. For questions with low numbers of respondents or response categories chosen by few participants, the confidence interval will be larger and may represent a large proportion of the actual estimate. Confidence intervals have been calculated taking into account weighting and clustering effects from the sampling methodology.

Respondent error

Another potential limitation of survey results is the dependence on respondents' understanding of the questions and the accuracy of their answers. Training and quality control methods to minimize these issues are described in technical appendix D. In one instance, we encountered an indication of misinterpretation in survey responses for a question, so the ambiguous responses were treated as "missing."

Subgroup analyses

We selected the target number of interviews in order to produce a nationally representative sample of program participants, and the combined responses across all Tribes provide meaningful data for this analysis. The sample size, however, is not sufficient for reliable analysis of program participants at the level of an individual Tribe or other small populations within the sample. Therefore, all results are reported for the full sample only.

Response rates

Overall, we achieved an 83 percent response rate. Response rates within programs were also high, ranging from 69 to 95 percent. For this reason, response rates do not represent a limitation on the participant survey data. Technical appendix K provides response rates for each program.

Qualitative data

Qualitative data collected during site visits is incorporated throughout the report to reflect information gleaned from program staff as well as from discussion group participants. General terms are used to describe the number of responses related to a particular topic, in order to provide a sense of the prevalence of certain practices or perceptions. However, because the site visit sample was selected purposively, the general terms presented are based on counts of actual interviews or observations, and are not nationally representative. Furthermore, although common discussion guides and data collection procedures were followed for all site visits, it was not always possible to quantify responses across sites, owing to differences in staffing, schedules, and the flow of discussions.

Chapter 3. Profile of FDPIR Participants

This chapter describes the characteristics of households and individuals who currently participate in FDPIR. Based on a nationally representative sample, we provide an updated national profile of demographic and socioeconomic characteristics as well as other household and participant characteristics such as housing characteristics, health and nutritional needs, and food security. Our study design was structured to facilitate comparison with the last nationally representative study of FDPIR participants (Usher et al. 1990). Understanding changes as well as similarities in household and participant characteristics over a 25-year period will enable the USDA and FDPIR program staff to understand changes in participation and better serve FDPIR-eligible households.

To develop this profile, we collected data from two sources about households that participated in FDPIR during September 2013, the reference month for the study: the case records of the 1,053 households selected for this study and surveys conducted with heads of households (or their designated proxy) for 849 of those households. The case record sample is the more complete of the two data sources (essentially, a 100 percent response rate) and, consistent with the requirements of the FDPIR eligibility determination process, contains detailed and documented information about household size and composition, and income and employment. The first two sections of this chapter rely primarily on the case record data. The survey of participating households included questions that could not be answered from administrative data or case records, such as those related to household food storage and preparation facilities, health issues, and special dietary needs that may affect food choices. Responses from both sources are weighted to provide national estimates and, unless otherwise noted, our discussion of findings presents the national estimates.

Household demographic characteristics

Household size

In the discussion here, we base our findings related to household size on the data obtained from the case records, for the reference month of September 2013. Comparisons are made with the 1990 demographic profile of FDPIR participants where appropriate.[16] For program eligibility purposes, a household consists of an individual living alone; an individual living with others but purchasing food and preparing meals for home consumption separate and apart from the others; or a group of individuals living together who purchase food in common and who prepare meals together for home consumption.

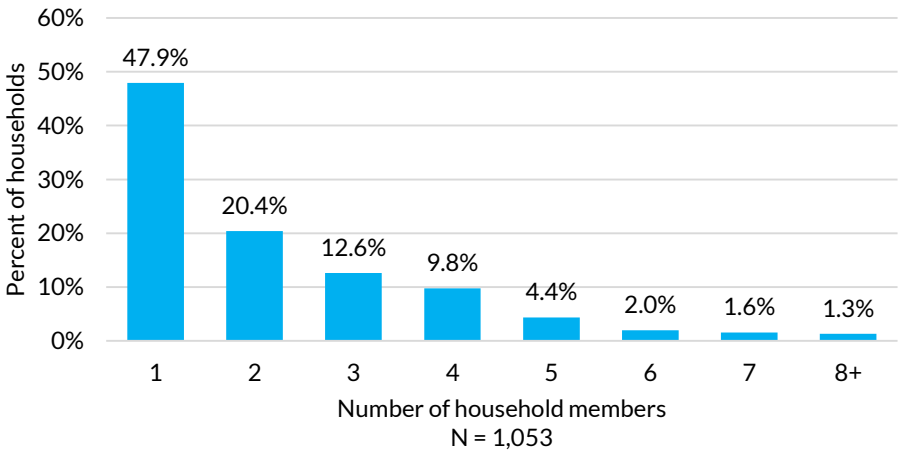
Nearly half of all households served by the FDPIR program have one member, and one-fifth have two members. An additional 22 percent have three to four members. As shown in exhibit 3.1, 48 percent of the households served had only one member, while 20 percent of households had two members. Thirteen percent of all households had three members and nearly 10 percent of all households had four members. The remaining 9 percent of households ranged in size from five members to more than eight. The average household size was 2.2, and the median size was 1.

The number of one-person households has increased significantly over time. Findings from the earlier study conducted by Usher et al. (1990) indicated that 33 percent of participant households contained only one member, and in 2013 the percentage had risen to 48 percent.[17] The percentage of one-person households served by FDPIR has thus increased by 45 percent over this 25-year period.

[16] Usher et al. (1990), collected in September 1989 (p. III-3).
[17] Usher et al. (1990), Exhibit III.1, Size of FDPIR Participant Households, N = 757 households (survey).

EXHIBIT 3.1

Size of FDPIR Households, 2013



Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. Sample sizes shown are unweighted.

Household composition

Across all FDPIR households, the average size is 2.2 persons. In households with adults age 60 or older, the average size is 1. In households with children under the age of 18, the average size is 2. In households containing adults aged 18-59, the average size is 2.[18]

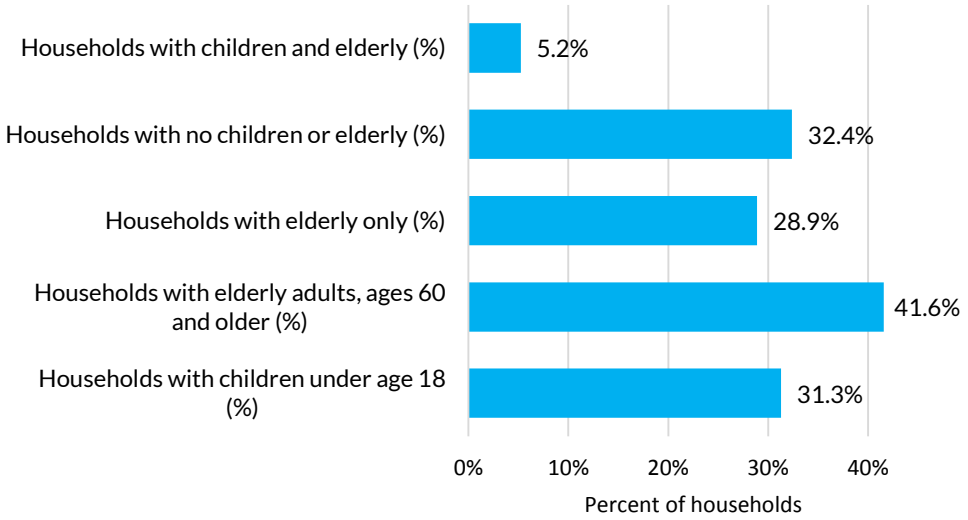
- **Nearly one in three FDPIR households has children.** As shown in exhibit 3.2, 31 percent of FDPIR households have children under the age of 18.
- **About two in five FDPIR households have elderly members.** Forty-two percent of all FDPIR households included adults aged 60 or older. Twenty-nine percent have only elderly members. Eighty-five percent of these elders live alone, and 15 percent live with another elder.
- **Some FDPIR households are multigenerational.** Only 5 percent of households were multigenerational, with children, adults, and elders in residence.
- **Nearly one in three FDPIR households has adults only.** Thirty-two percent have neither children nor elders residing in them and are composed of adults only.

[18] Further information about household composition is provided in the technical appendix, table 1a, Characteristics of FDPIR Households—CRR.

The proportion of FDPIR households with children has decreased over time, but the proportion with elders has stayed about the same. Findings from the 1990 study indicate that half of the FDPIR households included children under the age of 18.[19] Now just about one-third include children. As noted in the 1990 report, a substantial proportion (39 percent) of all FDPIR households then included a person aged 60 or older, which is similar to the 42 percent of households containing elders today.[20]

EXHIBIT 3.2

Children and Elders in FDPIR Households



Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. Totals do not add up to 100 percent because categories are not mutually exclusive.

MARITAL STATUS

Most heads of FDPIR households are single. Seventy-seven percent of the household heads identified as single. Twenty-one percent are married. Very few have an identified domestic partner (less than 2 percent).

Many children reside with an unmarried head of household. Exhibit 3.3 presents the marital status of the household head and the presence of children, elders, and other adults in the household. Among married household heads, almost 11 percent reside with children and almost 2 percent reside with children and other adults. Among unmarried household heads, 19 percent live with children and an

[19] Usher et al. (1990), Exhibit III.2, Household Composition of Sample FDPIR Households (N = 757), p. III-5.
[20] Usher et al. (1990), p. III-7.

additional 4 percent live with both children and other adults. Just over one-half of the unmarried heads of household do not reside with children or other adults. Almost 6 percent reside with other adults.

The proportion of married heads of households has declined over time. According to the 1990 study, married couples were present in 64 percent of FDPIR households and unmarried couples were present in 36 percent.[21] These patterns have reversed dramatically over time, as today there are more unmarried than married heads of households (79 percent and 21 percent, respectively).

EXHIBIT 3.3

Households by Family Relationship

Family Relationship	Estimated Share of Respondents (%)	N
Married	21.0%	204
No children, no other adults	7.9%	72
No children, with other adults	0.6%	5
With children, no other adults	10.9%	110
With children, with other adults	1.5%	17
Not Married	79.0%	790
No children, no other adults	50.7%	492
No children, with other adults	5.8%	59
With children, no other adults	19.1%	203
With children, with other adults	3.5%	36

Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. Sample sizes shown are unweighted.
Note: In 59 households, relationship to the applicant was either missing or unknown from the FDPIR application form.

GENDER AND AGE

Most FDPIR households are headed by women. As of September 2013, approximately two-thirds of the household heads participating in the FDPIR program are women (62 percent) and more than one-third are men (38 percent). Of all individuals who participate, 54 percent are female and 46 percent are male. In the earlier study, individual participation was equally divided by gender (50.5 percent female and 49.5 percent male).[22]

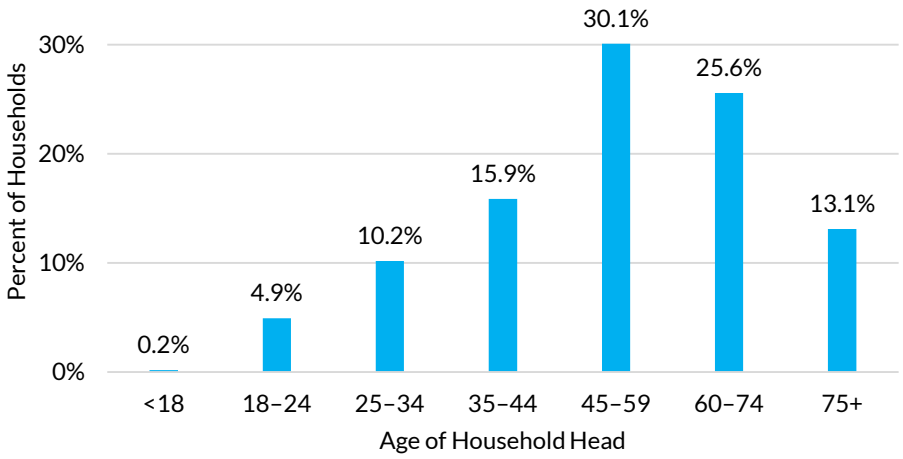
Most FDPIR household heads are older adults and elders. The average and median ages of a household head is 54 years. As shown in exhibit 3.4, 56 percent of FDPIR household heads are between

[21] Usher et al. (1990), Exhibit III.2, Household Composition of Sample FDPIR Households (N = 757), p. III-5.
[22] Usher et al. (1990), p. III-9.

the ages of 25 and 59 years. Ten percent are between the ages of 25 and 34, 16 percent are between the ages of 35 and 44, and 30 percent are between the ages of 45 and 59. Significantly, 39 percent of FDPIR household heads are elders, age 60 or older. In this group, 26 percent are between the ages of 60 and 74 years and 13 percent are age 75 or older. Only 5 percent of household heads are young adults between the ages of 18 and 24 years. Less than 1 percent of household heads are under the age of 18, and they represent child-only TANF cases.

EXHIBIT 3.4

Age of FDPIR Household Head

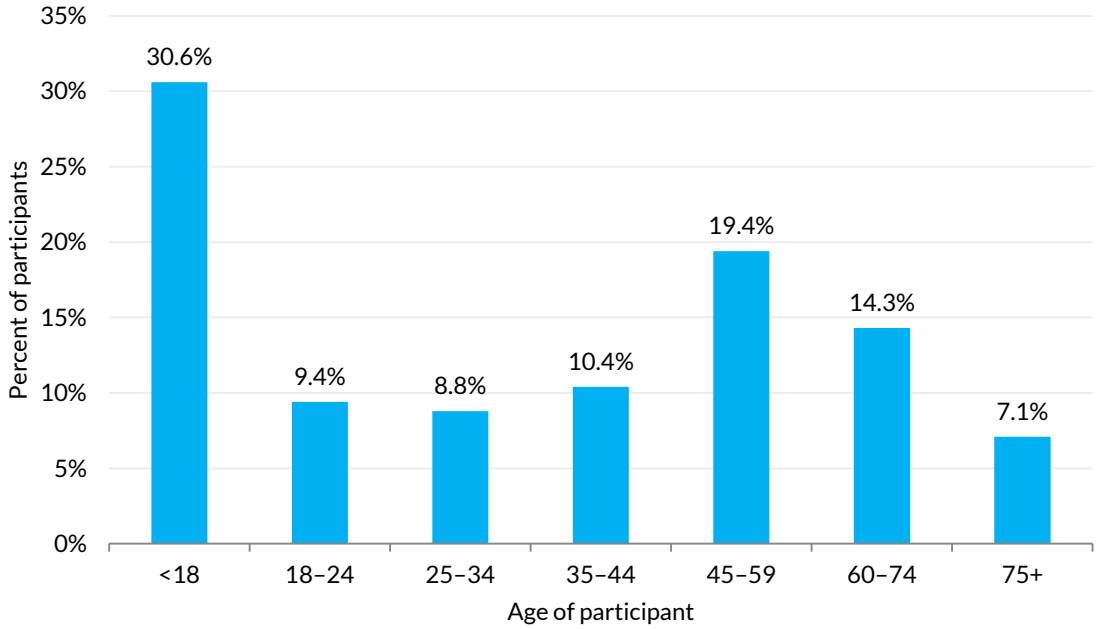


Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR.

FDPIR serves people of all ages, including very young children, school-age children, young and older adults, and elders from age 60 to beyond 75 (exhibit 3.5). Turning from household heads to participants overall, 31 percent of participants are children under the age of 18, with about 7 percent age 5 or younger, 10 percent between the ages of 6 and 11 years, and 14 percent between the ages of 12 and 17. Forty-eight percent of participants are adults between the ages of 18 and 59, of which 9 percent are young adults between the ages of 18 and 24. Twenty-one percent of participants are elders: 14 percent are between the ages of 60 and 74 and 7 percent are age 75 and older, including some in their eighties and their early nineties.

EXHIBIT 3.5

Age of FDPIR Participants



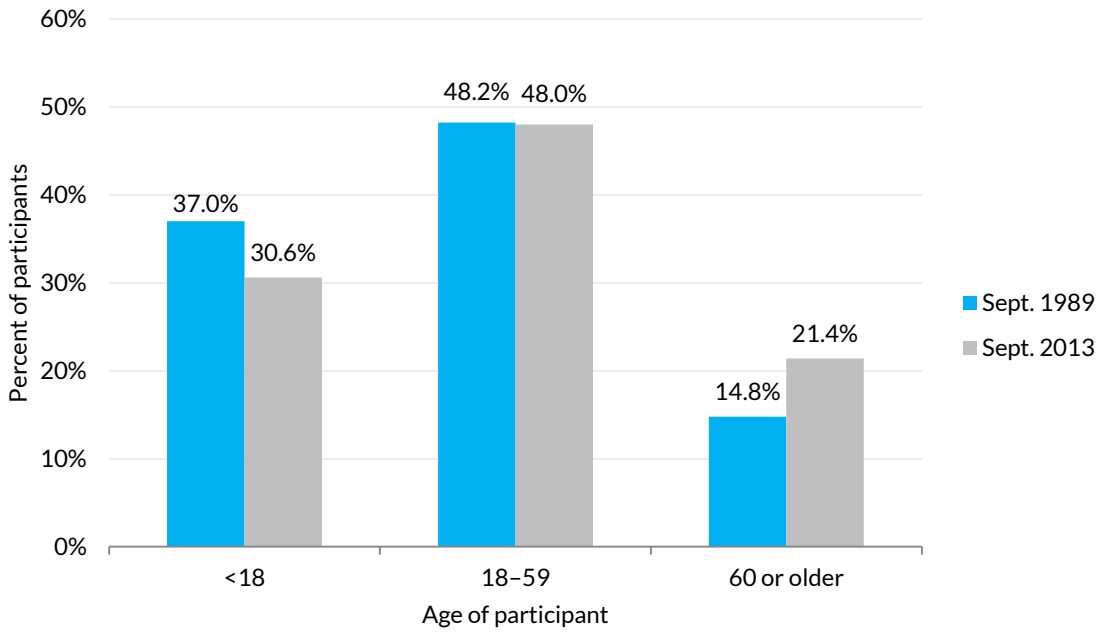
Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR.

Adult participation has remained constant over time, but participation by children and elders has changed. These trends are compared in exhibit 3.6.[23] The 1990 study found that 48 percent of FDPIR participants are adults between the ages of 18 and 59. An equivalent number of adults participate today. What has changed is the participation by children and by elders, with one group's participation decreasing and the other increasing. In 1990, 37 percent of participants were children under the age of 18. This has since declined to 31 percent. In contrast, the 1990 study found that nearly 15 percent of participants were elders age 60 or older. This has increased to 21 percent.

[23] Usher et al. (1990), Exhibit III-5, Percentage of FDPIR Participants by Gender and Age, p. III-10. This table presented findings in four age groupings: younger than 18; 18–39; 40–59; and 60 or older. The September 2013 data uses six age groups: younger than 18, 18–24, 25–34, 35–44, 44–59, 60–74, and 75 or older. Data for age groups between 18 and 59 were aggregated for comparability.

EXHIBIT 3.6

Change in Age of FDPIR Participants over Time



Source: FDPIR case record review, 2013 for September 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. Data source for September 1989 is Usher et al. 1990, exhibit III-5.

Income and employment characteristics

This section describes income sources for FDPIR households in 2013, compares income sources with those reported in 1990, presents findings on household income, compares wage-earner and non-wage-earner households, and presents findings about household composition and sources of income, and financial assets of FDPIR households.

FDPIR household employment and sources of income in 2013

Many members of participating households are or have been part of the labor force. Sources of income for FDPIR household members in September 2013 included both earned and unearned income, as shown in exhibit 3.7.[24] Twenty-seven percent have earnings (including self-employment) and 36 percent receive Social Security, which is consistent with the older age of the head of household. For

[24] Under FDPIR, the household's net monthly income is determined by taking the household's total monthly gross income and subtracting all allowable income deductions.

those FDPIR households receiving Social Security, the average benefit amount is $788 per month. Pensions, unemployment insurance, workers compensation, and veterans' benefits are sources of income for a very small percentage of households. The military service of a few FDPIR participants is reflected in the receipt of veterans' benefits, with an average monthly benefit of $568, although only 1.3 percent of households reported this source of income.

Many households have disabled members who receive cash benefits. Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI)[25] are the second most common sources of income, received by 31 percent of households. The average benefit for SSI is $616 per month and for SSDI is $949 per month.

Few households rely on other forms of cash assistance. In general, participation in income assistance programs is fairly low. A few FDPIR households (3 percent) receive income from the Bureau of Indian Affairs' general assistance fund or State welfare agencies to meet essential needs of food, clothing, shelter, and utilities. Very few households receive TANF benefits (less than 3 percent).

Additional sources of unearned income are limited. About 3 percent of households have income from child support payments. Only a few FDPIR households received income from Tribal per capita payments (3 percent) or other forms of Tribal revenue sharing (1 percent).[26] One percent of households received income through leases or royalties for oil or gas extraction. Six percent of unearned income was obtained from other sources.

Comparison of income sources over time

Receipt of Social Security and SSI/SSDI in FDPIR households has increased over time. Slightly more FDPIR households (36 percent) receive Social Security benefits in September 2013 than in September 1989 (29 percent). Many more households now receive SSI/SSDI than in the past, increasing from 18 percent to 31 percent.

Work-related income has decreased over time. Households reporting earned income from wages have declined, from 31 percent in September 1989 to 26 percent in September 2013. Although about 4 percent of FDPIR households received unemployment insurance in 1989, that figure had declined to

[25] SSI provides benefits to disabled adults and children or elders over age 65, whereas SSDI provides benefits to workers who become disabled before retirement age.

[26] On August 27, 2013, FNS issued a final rule, effective September 26, 2013, amending the income deduction and resource eligibility requirements for FDPIR. With the publication of the final rule, profits from gaming and other tribal enterprises paid to tribal members on a regular monthly basis are considered unearned income. Per capita payments received less frequently than monthly (e.g., quarterly, semiannually, annually) are excluded from consideration as income (FNS Handbook 501).

just over 2 percent in September 2013. Self-employment previously accounted for 3 percent of earnings, but that share had all but disappeared as a source of income in 2013 (less than 1 percent). Pensions have decreased over time as well, declining from 3.4 percent to 2.1 percent. Twelve percent of households have no source of income as of September 2013, a small percentage increase from 10 percent in September 1989.

Receipt of benefits from general assistance and TANF has decreased. Receipt of general assistance has declined over time, with nearly 14 percent of households receiving this form of assistance in September 1989 and only 3 percent of households in September 2013. Whereas 5.2 percent of households received Aid to Families with Dependent Children benefits in September 1989, only 2.7 percent received TANF benefits as of September 2013.

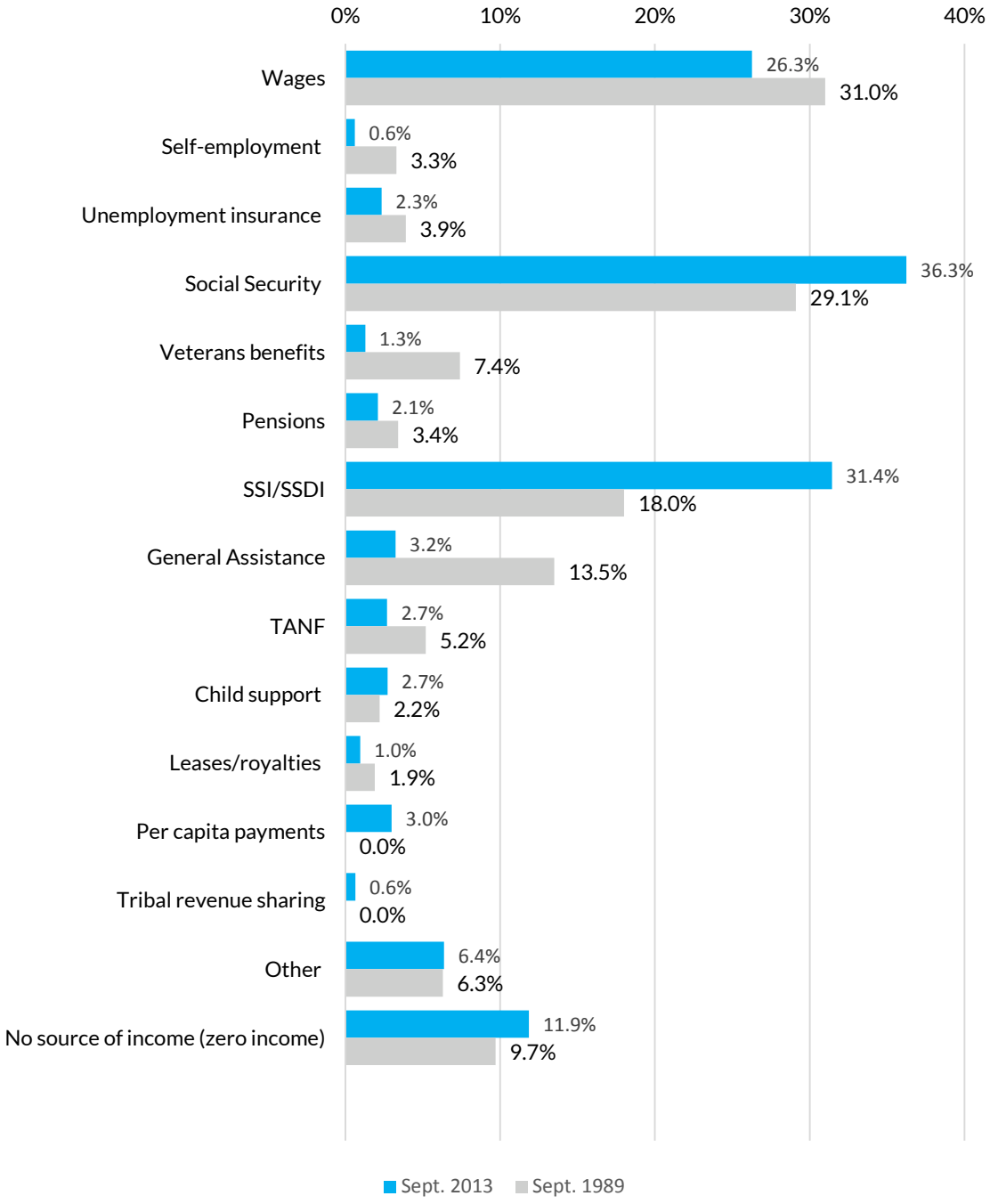
Fewer households received veterans' benefits (7 percent in 1989) and pensions (3 percent in 1989) in September 2013.[27]

Additional sources of unearned income remain limited over time. Receipt of child support payments did not change over time, increasing from 2.2 percent in September 1989 to 2.7 percent in September 2013. Income from leases or royalties was about the same but decreased from 1.9 percent in September 2013 to 1 percent in September 2013. Households obtained 6 percent of their income from other sources at both points in time. There was no information available for per capita payments and Tribal revenue sharing in September 1989.

[27] Information was not available for SSDI in the Usher et al. (1990) report.

EXHIBIT 3.7

Sources of Income among FDPIR Participant Households: September 1989 and September 2013



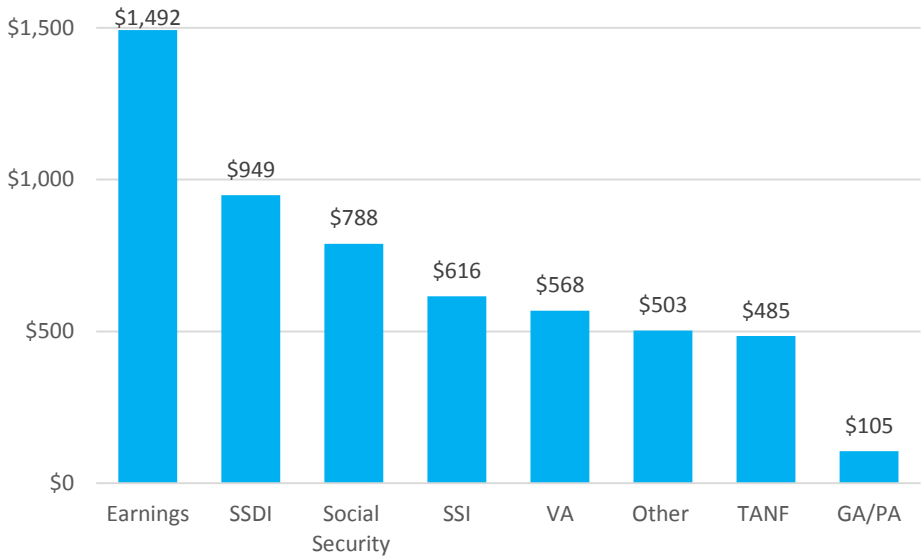
Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. September 1989 data source is Usher et al. (1990), exhibit III-6.

Household income and earnings

The monthly income for FDPIR households is very low. The average monthly income for those households that reported earned or unearned income was $1,144. Average monthly household income ranged from $778 for a one-person household to $2,367 for households with eight or more members[28] (12 percent of all FDPIR households reported zero income and are not included in the analysis presented here). As shown in exhibit 3.8,[29] the average contribution to monthly income ranged from a high of $1,492 for wage-earning households to a low of $105 from general assistance for participants receiving it. Comparable information is not available from the Usher et al. (1990) report.

EXHIBIT 3.8

Average Monthly Household Income by Source (for Households Reporting Earned and/or Unearned Income)



Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR.
Notes: Does not include zero-income households. GA/PA = General Assistance/public assistance.

Many FDPIR participants work. About 26 percent of all FDPIR households have a wage earner contributing to the household income from a job. However, 74 percent do not. As shown in exhibit 3.9, in households with earnings, 24 percent have one wage earner and 2 percent have two wage earners.

[28] Further information about the relationship of household size to income is provided in the technical appendix, table 1e-1, Amounts of Households Income by Source-CRR.

[29] Exhibit 3.8 does not include zero-income households. For more information on zero-income households, see the discussion on pages 70–71 and table 1e_1, Amounts of Households Income by Source-CRR in appendix A.

On average, the monthly income of a household with one wage earner is $1,450. For households with two wage earners, the average monthly income was $2,482. In comparison, the average monthly income of SNAP households was smaller than that of FDPIR households.[30] The average monthly income for a SNAP household with one wage earner was $1,235. For SNAP households with two wage earners, the average monthly income was $1,895.

Comparing annual FDPIR household incomes with the poverty guidelines, the mean annual incomes for one-person households ($9,340) and for two-person households ($12,756) are 79 and 80 percent of the poverty guidelines, respectively. (The Federal poverty threshold is $11,880 for one-person households and $16,020 for two-person households.) The mean income of three-person households ($16,761) is 83 percent of the poverty threshold ($20,160).

EXHIBIT 3.9

Mean Annual Income by Household Size

	Mean Annual Income ($)
Household Size	
One-person household	9,339.60
Two-person household	12,755.88
Three-person household	16,761.00
Four-person household	19,032.36
Five-person household	24,461.04
Six-person household	26,947.80
Seven-person household	27,684.36
Eight-person household	28,406.52

Source: FDPIR case record review, 2013.
Note: Twelve percent of all FDPIR households reported zero income and are not included in the analysis presented here.

The average monthly income of households with one wage earner equaled 58 percent of that of dual-earner FDPIR households. In other words, a second earner contributed about 42 percent of additional income. This is smaller than the average monthly income of the single-wage SNAP earner, which was 65 percent of the dual-earner SNAP households, meaning a second-earner contributed about 35 percent of additional income in a SNAP household. In FDPIR households without a wage earner, 54 percent were headed by a woman and 46 percent were headed by a man, while among SNAP participants, 62

[30] Information on average monthly income for SNAP households was taken from the SNAP Quality Control System.

percent of households without a wage earner were headed by a woman and 38 percent were headed by a man.

Most wage earners are women but they earn less than men. Sixty-five percent of wage earners are women and 35 percent are men. The average monthly income for women is $1,404 and for men is $1,455. In households without a wage earner, 54 percent are headed by a woman and 46 percent are headed by a man.

The number of working women has grown over time. While the proportion of adult wage earners in an FDPIR household is consistent over the 25 years between the two studies, more women are working than men. As reported in the 1990 study, about 26 percent of all households had an adult member who was working.[31] At that time, more men reported working than women (29 percent versus 22 percent).[32] Today, the situation is reversed, with more women working than men (65 percent versus 35 percent).[33]

[31] Usher et al. (1990), Exhibit III.6, Activity of FDPIR Participants during the Survey Month, p. III-12.
[32] Usher et al. (1990), Exhibit III.7, Activity of Adult Male and Female Participants, p. III-13.
[33] Information on the monthly income earned by men and by women was not available in the 1990 study; therefore a direct comparison cannot be made.

EXHIBIT 3.10

Characteristics of Wage and Non-Wage Earners in FDPIR Participant Households

	Estimated Share of Households (%)	N
Wage earners	**25.9%**	**284**
One wage earner	24.0%	264
Two wage earners	1.9%	20
Female wage earners	64.8%	198
Male wage earners	35.2%	110
Non-wage earners		
Non-wage earners	**74.1%**	**765**
Female	54.1%	716
Male	45.9%	628
Earnings Characteristics	**Estimated Wages ($)**	**N**
One wage earners		
Average monthly income	$1,450	264
Median monthly income	$1,499	264
Two wage earners		
Average monthly income	$2,482	20
Median monthly income	$2,395	20
Female wage earners		
Average monthly income	$1,404	198
Median monthly income	$1,436	198
Male wage earners		
Average monthly income	$1,455	110
Median monthly income	$1,546	110
Total households		1,046

Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. Sample sizes shown are unweighted.
Note: Wage information was missing from four case records.

Household composition and sources of gross income

Households participating in FDPIR include adults without children, single parents with children, two-parent families with children, and multigenerational families. Households composed of adults only include single adults and couples (either married or partnered). Many households include children under the age of 18 years as well as young adult children between the ages of 18 and 24. Some are biological children or grandchildren, others are nieces and nephews or foster children. Other adults in

the household include siblings and cousins of the FDPIR applicant, along with in-laws, friends or boarders.

FDPIR households have varied sources of earned and unearned income. Exhibit 3.11 presents these sources of gross income by household composition. Households with children include (1) grandparents with adult children and grandchildren, (2) grandparents and grandchildren (only), (3) parents with adult children age 18 or over, (4) parents with children under age 18, (5) single parents with children over age 18, and (6) single parents with children under age 18.[34] Adult households without children include married couples as well as domestic partners and single adults. Many households include elders only. Certain relationships between sources of income and household composition are apparent.

- **Most households with children have earnings from wages.** The type of household most likely to have earnings from wages is parents with children under the age of 18 (74 percent). Single parents with children under the age of 18 as well as parents with children over the age of 18 also have earning from wages (60 percent). Wages were shown in the case record of more than 60 percent of these three groups. The type of households least likely to have earnings from wages are households composed solely of elders age 60 years or older (3 percent).
- **Social Security is a common source of income across households, particularly for elders.** Social security is the most commonly listed source of income for households composed of elders age 60 and older (81 percent) and for married couples without children (61 percent). It is also an important resource for households composed of grandparents and grandchildren (40 percent), three-generation households (35 percent), and single parents with children over age 18 (35 percent).

[34] This differs from the approach used in the Usher et al. (1990) study, which focused on households composed of couples with and without children, single parents, and single adults (exhibit III-11). More complex household composition was revealed through the September 2013 case record review.

EXHIBIT 3.11.

Sources of Gross Income by Household Composition

Household composition	Households with Given Sources of Income (%)									
	Earnings	Social Security	SSI	SSDI	General Assistance/Public Assistance	VA	TANF	Other	Households with $0 income	N
Grandparents with adult children and grandchildren	50.3	35.4	23.5	8.0	5.0	0.0	6.7	8.8	1.9	51
Grandparents and grandchildren (only)	23.3	39.9	20.5	9.4	1.4	0.0	15.2	23.9	4.2	50
Parents with adult children age 18 or over	59.5	19.7	20.5	4.1	0.0	1.9	0.0	24.1	6.9	35
Parents with children under age 18	74.1	7.2	11.1	5.5	1.5	0.7	1.0	21.1	1.3	87
Single parent with children over age 18	42.4	35.4	16.6	4.5	3.0	0.9	2.6	10.1	6.1	95
Single parent with children under age 18	59.5	9.2	17.8	2.3	0.6	0.0	3.7	23.5	10.0	126
Adults without children (by age only, ≤24)	11.6	47.9	33.2	4.9	4.3	1.9	0.0	11.3	14.4	650
Couples	26.4	59.0	30.3	4.0	3.6	5.6	0.0	10.4	3.3	82
Married	24.0	61.3	28.9	4.3	2.7	6.1	0.0	11.2	3.6	76
Partners	54.9	29.9	47.5	0.0	15.1	0.0	0.0	0.0	0.0	6
Single	9.3	46.2	33.7	5.0	4.3	1.4	0.0	11.4	16.1	568
Elderly only (by age, ≥60)	2.7	80.6	38.2	2.5	2.8	2.3	0.0	11.6	2.1	287

Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. Sample sizes are unweighted.

Notes: This table is modeled on exhibit III-11 in Usher et al. (1990), which focused on couples with and without children, as well as single parents and adults. This table presents more complex types of household composition, as revealed through the case record review. Certain categories are not mutually exclusive. Two-parent and single-parent households may include children ranging in age from 0 to 24 years (i.e., infants to young adults). Adults without children (both couples and singles) may also include elders. A separate analysis of elderly-only households is included.

- **One-third of adult-only households received SSI.** The type of household most likely to have SSI as a source of income is elders (38 percent) and unmarried partners without children (48 percent). Less than 10 percent of other households receive this type of income.

- **Few households have other public benefits as income sources.** The type of household most likely to receive general assistance as a source of income is composed of unmarried partners without children (15 percent). Use of TANF funds as a source of income is found in households composed of grandparents with grandchildren (15 percent) and three-generation households (7 percent).

- **Some households with and without children have no source of income.** The type of household most likely to have no source of income is single adults without children (16 percent), followed by single parents with children under age 18 (10 percent) and parents with children over the age of 18 (10 percent).

Comparison of income sources by household composition with 1990

Wages and Social Security continue to be key income sources. The earlier study found that the type of households most likely to have earnings from wages were couples with children.[35] This holds true today for households composed of parents and children under age 18. Earlier, Social Security was the most common source of income for couples without children.[36] This pattern has not changed.

Receipt of cash assistance as a source of income for households with children has declined. One difference between the findings of the 1990 study and this study is that fewer FDPIR households with children receive public assistance. Receipt of Aid to Families with Dependent Children was most commonly found among single-parent households (24 percent) in September 1989. The September 2013 case records show that receipt of TANF benefits has declined to 4 percent for single-parent households. Receipt of these benefits is now largely found in households of grandparents raising grandchildren.

[35] Usher et al. (1990), Exhibit III-11, Sources of Income by Composition of Household and Mean Monthly Income (N = 827).

[36] Usher et al. (1990) did not disaggregate household composition by elderly status.

Zero-income households

More than 1 out of 10 FDPIR households have no source of income. According to the September 2013 case record review, almost 12 percent of FDPIR households have no source of earned or unearned income. About 68 percent of zero-income households are one-person households, while 14 percent have two members and 9 percent have three members. An additional 9 percent of zero-income households have four to six members. Information in the case records provided by FDPIR applicants at the time of application or recertification indicated that they received cash and goods from family and friends, borrowed money, or bartered in exchange for housing, utilities, transportation, and food.[37] As the case record review was limited to the month of September 2013, it was not possible to determine whether having no source of income reflects transient economic circumstances or a longer-term lack of income.

Most zero-income household heads are male. Nearly two-thirds of the household heads of zero-income households are men (64 percent) and slightly more than one-third are women (36 percent). The average age is 42 years. As shown in exhibit 3.12, 60 percent of these households are headed by adults between the ages of 35 and 59; 31 percent by adults between the ages of 18 and 34; and 9 percent by individuals over 60 years of age. Some of the young adults between the ages of 18 and 24 (who account for 16 percent of the zero-income households) may be disconnected youth (i.e., not connected to work or school).

The proportion of zero-income households as part of the FDPIR caseload has not changed over time. The 1990 study found that nearly 10 percent of FDPIR households reported that they had no source of income.[38] However, no findings are available from the previous study on the household size or the age and gender of the FDPIR applicant to enable further comparisons.[39]

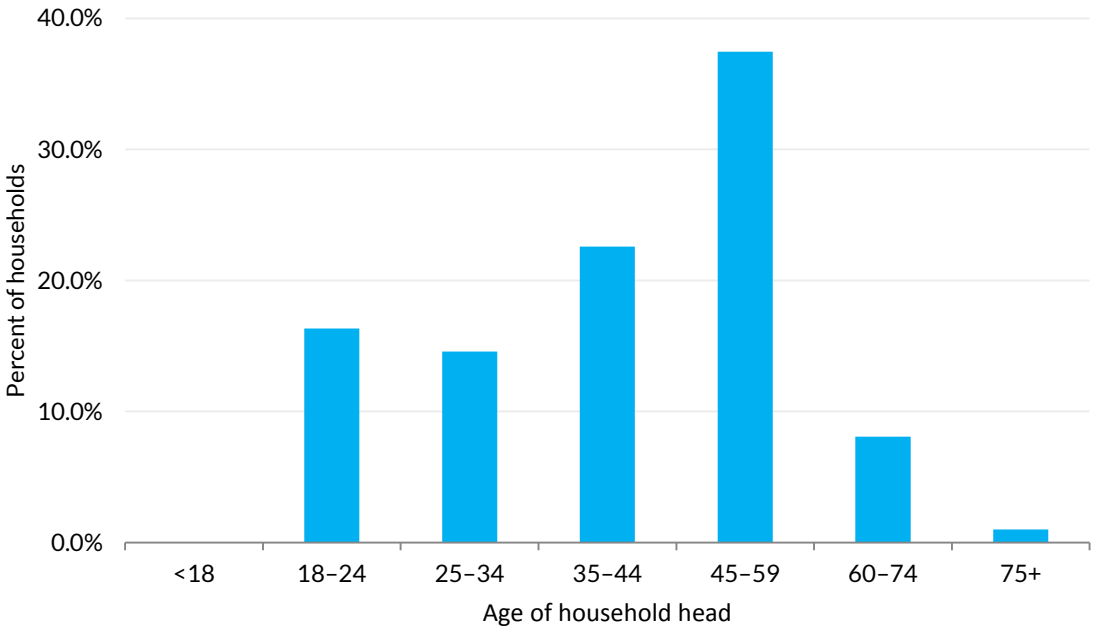
[37] Some sites used a zero-income form, completed by FDPIR applicants at the time of application. This form asks about household size, income, and resources. Questions may ask whether the household received cash in the past 30 days; what the applicant's housing situation is; how food is obtained; how utility and transportation costs are paid; how the applicant meets basic personal needs (e.g., clothing, personal hygiene); and whether the applicant has applied for benefits or public assistance.

[38] Usher et al. (1990), Exhibit III.10, Sources of Income Among FDPIR Participant Households, N = 827.

[39] Usher et al. (1990), on p. III-16, reported that despite extensive analysis across a number of variables, the findings "did not point to a possible pattern that might merit further investigation."

EXHIBIT 3.12

Age of Zero-income Household Head



Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR.

Financial assets

FDPIR households have very limited financial assets. As shown in exhibit 3.13, only 5 percent of FDPIR households in September 2013 reported total assets of $500 or more. More than three-fourths of households had no cash on hand and no funds in a checking or savings account at the time they applied for FDPIR benefits or were last certified. Among the 22 percent of households with cash on hand in September 2013, 15 percent had less than $50. For the 23 percent of households with funds in a checking or savings account, one-half (12 percent) had less than $99 in their accounts. Fewer than 2 percent of FDPIR households reported assets in the form of certificates of deposit (CDs), stocks, or saving bonds. Information on the liquid assets of FDPIR participants was available for 89 percent of the case records for the month of September 2013.[40]

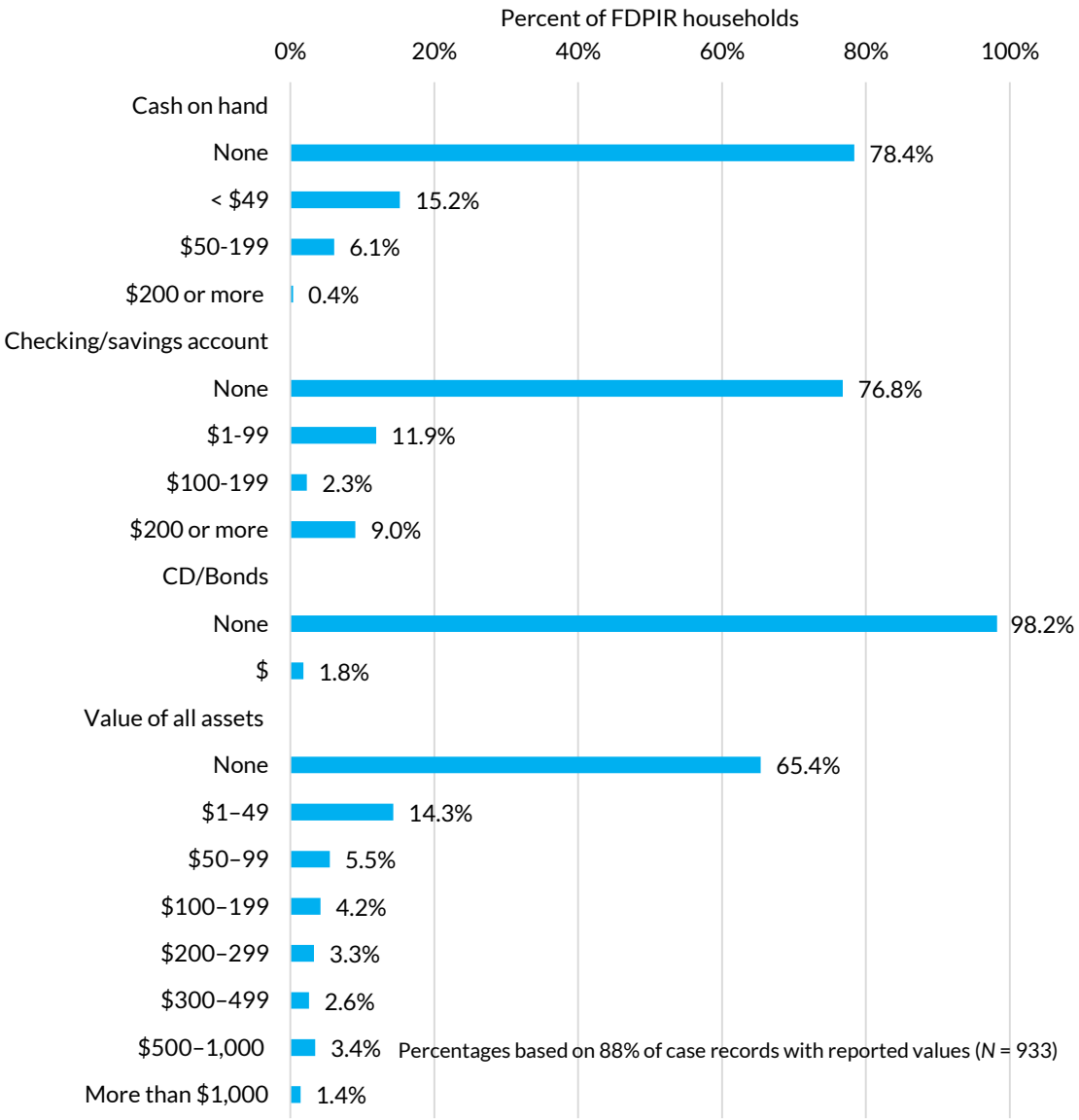
The extremely limited amount of financial assets owned by FDPIR households has not changed over time. These findings tell a similar story to that from nearly 25 years ago.[41] Findings from the 1990 study indicate that only 3.3 percent of households had total assets of $500 or more. Similarly, 79 percent of FDPIR households had no cash on hand at the time they received FDPIR benefits or were last certified. Ninety-one percent of households did not have a checking account, 93 percent did not have a savings account, and 72 percent had no liquid assets.

[40] Eleven percent of the case records reviewed did not have information on financial assets; this information was missing for a few Tribes. Information on liquid assets of any type was not available for 120 households in the 1,053 case record sample.

[41] Usher et al. (1990), Exhibit III.12, Liquid Assets of FDPIR Participant Households, N = 827 households.

EXHIBIT 3.13

Liquid Assets of FDPIR Participant Households



Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. Sample sizes shown are unweighted.

Student financial aid in FDPIR participant households

Financial aid for postsecondary education is rare among FDPIR households. Very few members of FDPIR households receive student financial aid from Pell Grants, other educational loans with deferred repayments, scholarships, grants, veterans educational benefits, or work-study earnings.[42] As shown in exhibit 3.14, only eight households with students received financial aid in September 2013, representing less than 1 percent of the 1,053 households. Across these eight households, 10 students are receiving financial aid and the average amount they receive is $5,134. [43]

EXHIBIT 3.14

Postsecondary Students in FDPIR Participant Households

	Estimate	N
Percentage of FDPIR households with students receiving financial aid	0.7%	8
Average financial aid amount for those receiving financial aid	$5,134	10

Source: FDPIR case record review, 2013. Estimates are weighted to be nationally representative of households participating in FDPIR. Sample sizes shown are unweighted.
Note: The FDPIR form asks only if there are students in the household who receive financial aid. The form does not ask about students in households who do not receive financial aid.

Housing characteristics

The survey included questions about aspects of housing that might relate to food choices, need for food assistance, and access to food assistance. Specifically, we asked survey respondents about food storage and preparation facilities in their homes and costs associated with housing. We also asked about household Internet access and ownership or access to a vehicle.

Food storage and preparation facilities

Generally, FDPIR households had adequate food storage and preparation facilities, and almost all of those responsible for preparing meals indicated that they are able to cook the food they selected as part of the FDPIR food package. The most common cooking equipment was a gas or electric stove (estimated to be

[42] The FDPIR applications used by the ITOs request the following information regarding students: Are there any students in your household who receive education grants, scholarships or loans? Yes/No. If yes, indicate: amount of loan/grant; period of time intended to cover; type of payment (Pell grant student loan, BIA); amount used to pay tuition/school fees/other related expenses. Information on the actual number of household members who were secondary students is not available on the FDPIR application form. The household survey asked if any adult in the household was currently a student but did not specify postsecondary. According to the survey, just under 10 percent of FDPIR households have an adult in the household who is a student.

[43] One household had multiple students.

available in 93 percent of FDPIR households), gas or electric oven (91 percent), and microwave oven (91 percent). Households also mentioned hot plates (15 percent) and open fires (13 percent).[44] With respect to food storage, almost 98 percent of households were estimated to have a refrigerator, but just 80 percent of FDPIR households were estimated to have a freezer.

Most FDPIR households (76 percent) were estimated to have access to a public water supply that serves as their main source of water for preparing meals, whereas an estimated 18 percent obtain their water from individual wells. On the basis of the survey data, over 5 percent of FDPIR households rely on commercial bottled water; a spring, stream or lake; or other water source for food preparation. Although their survey questions were not exactly the same as ours, Usher et al. (1990) noted that 15 percent of program participants reported no running water of any kind in their home.

Housing costs

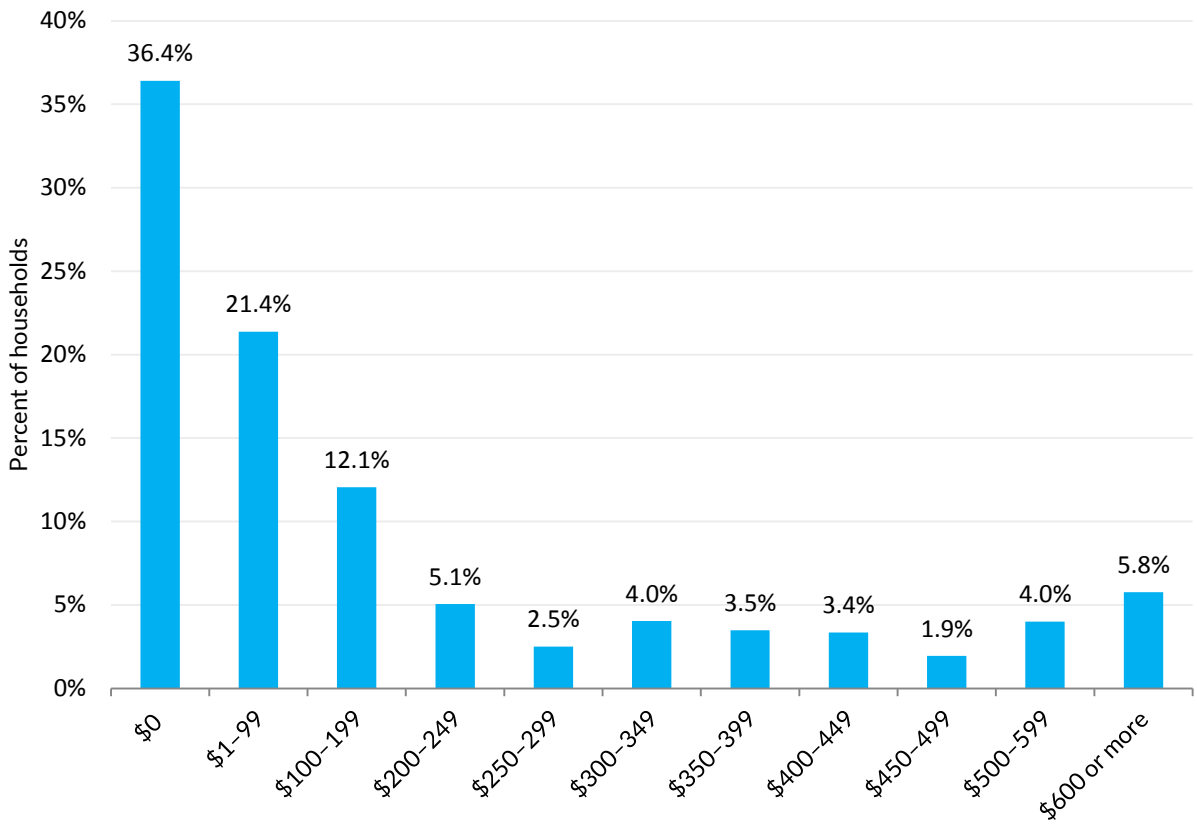
Housing expenses for low-income populations can affect a household's ability to obtain sufficient food or to ensure adequate storage and food preparation facilities. The survey asked participants whether they were buying their home, owned their home, rented, lived rent-free, or had some other arrangement. They were then asked about their monthly rent or mortgage payments, excluding utilities. Finally, they were asked about the amount they paid for utilities each month and which utilities or services were included in that amount.

Based on the survey responses, an estimated 51 percent of participants own their homes and 34 percent are renters. Other living arrangements, such as staying with family or friends, temporary shelter, or homelessness describe the remaining 15 percent of participants. As shown in exhibit 3.15, an estimated 36 percent of participants reported no monthly payment for their housing (e.g., no rent, mortgage, or utility costs). Of those who did have a monthly payment, the largest percentage (21 percent) paid between $1 and $99 per month, and the next highest percentage (12 percent) paid $100–199 per month.

[44] Since respondents were asked to identify all cooking methods and equipment that applied to their households, this does not imply that hot plates or open fires were the only cooking method or equipment used by the household.

EXHIBIT 3.15

Monthly Mortgage or Rent Housing Payments among FDPIR Households (excludes utilities)

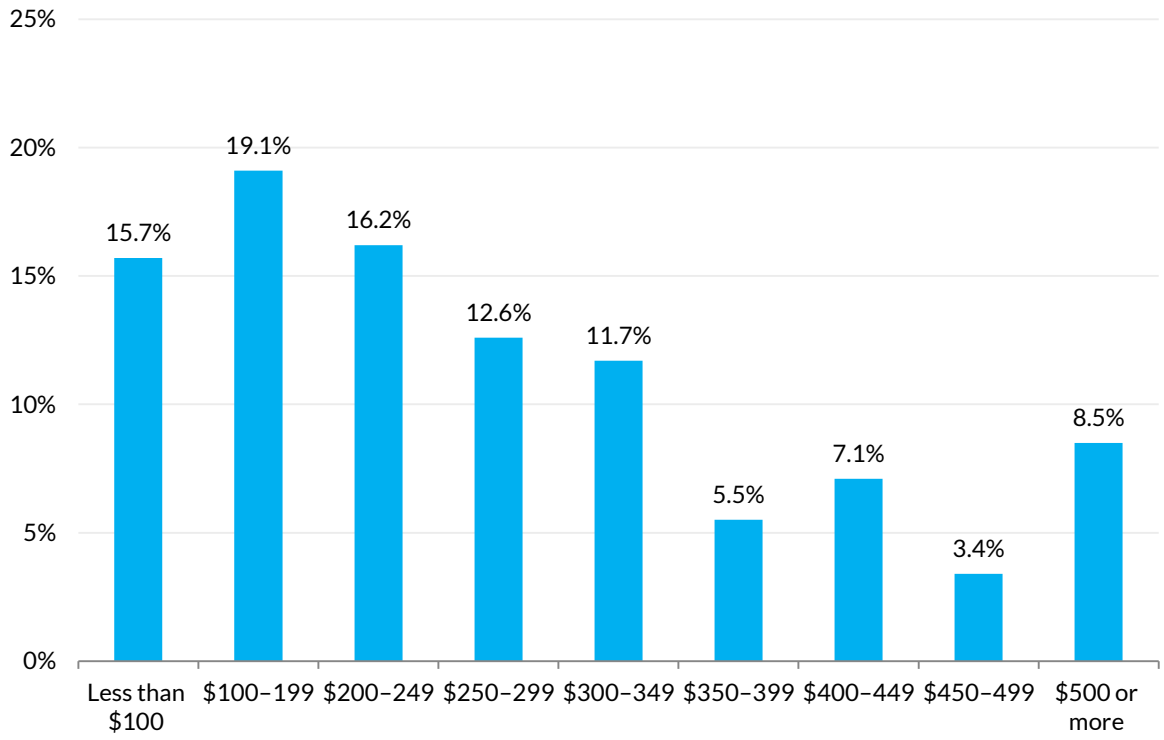


Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of households participating in FDPIR.

Utilities accounted for a higher percentage of monthly costs than did rent or mortgage payments. As shown in exhibit 3.16, only 16 percent of participants are estimated to have utility payments of less than $100 per month. The largest percentage of participants (19 percent) paid between $100 and $199 per month for utilities, and 16 percent paid $200–249 per month. These utility payments included electricity (94 percent of those who paid for utilities), telephone (72 percent), water (66 percent), and trash collection (44 percent).

EXHIBIT 3.16

Monthly Utility Payments among FDPIR Households



Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of households participating in FDPIR.

Other household characteristics

Other household characteristics included in the survey that may have a bearing on participant access to food, information, and services are Internet access and ownership of or access to a vehicle.

On the basis of the survey data, we estimate that a majority of FDPIR households (59 percent) do not have Internet access. In the other 41 percent of households, at least one person has access. This access might not necessarily be at home, however, but could be at work, school, or at the public library, for example. Although the practice is not prevalent in FDPIR, many other food and income assistance programs are moving to online operations for accessing information, enrolling in the program, and obtaining account statements. Although there are advantages in terms of efficiency as well as convenience for participants with reliable technology and Internet access, FDPIR participants might not be well served by this approach.

Access to a vehicle and distances traveled are critical factors in obtaining services in the rural and remote locations of many Tribal areas. In 69 percent of households, one or more family members own or lease a vehicle, but almost one-third (31 percent) of FDPIR households do not have a vehicle. Participants

travel an average of 16 miles to pick up the FDPIR food package. Additional detail from the survey about access to FDPIR is provided in chapter 4.

Health insurance and access to health services

Research demonstrates that health insurance influences the quantity and quality of medical care, which in turn influences health status (Hadley 2002). The survey included questions about health insurance coverage and sources of medical services. This information adds to the understanding of additional factors that may affect household costs and household food purchases. It is also useful in considering the coordination and location of services for FDPIR participants.

Three-quarters of FDPIR households have health insurance or other health plan coverage, mostly from Government programs.[45] Respondents were asked to report all types of health insurance coverage used by members of their household; the results are shown in exhibit 3.17. Fifty-seven percent of covered respondents mentioned Medicare and 53 percent mentioned Medicaid, while 23 percent mentioned single-service health insurance (such as vision, dental, or prescription drug coverage), and 22 percent mentioned private health insurance.

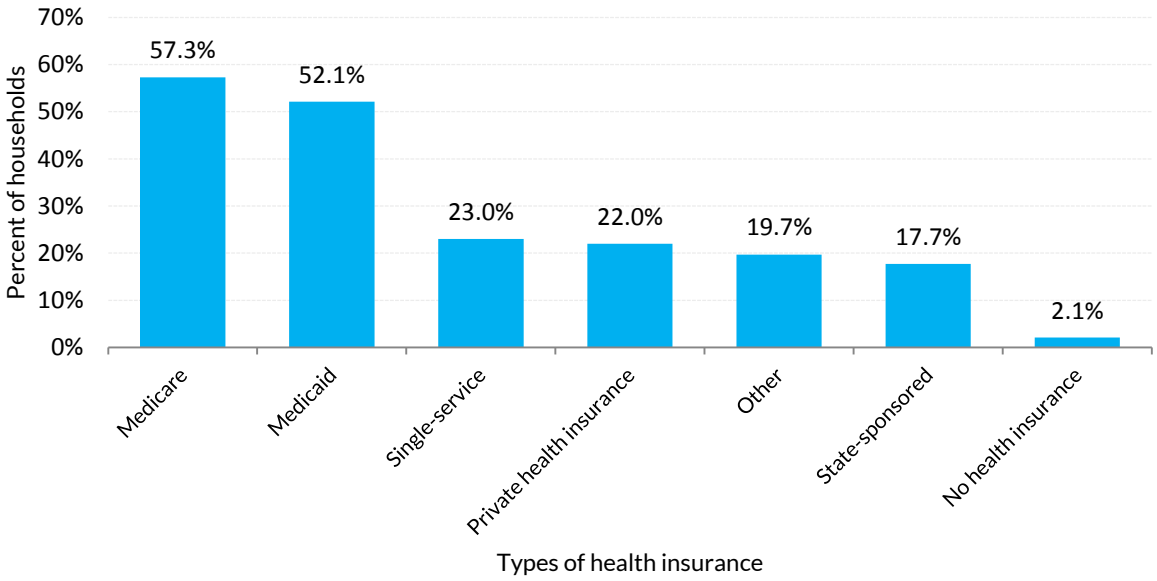
An estimated 86 percent of FDPIR households receive medical services on the reservation, rancheria,[46] or Tribal service area, or in an Alaska Native Village. For those households who reported receiving medical services on Tribal lands, 90 percent received the care at a Tribal or IHS clinic. The next most common source of care, for 44 percent of households, was a hospital managed by the Tribe or IHS hospital. Over 38 percent of FDPIR households received services from emergency medical providers.

[45] Members of Federally recognized AIAN tribes and their descendants are eligible for services provided by the IHS, an agency within the Department of Health and Human Services. Health services are provided directly by the IHS, through Tribally contracted and operated health programs, and through services purchased from private providers.

[46] Rancherias, like reservations, pueblos, missions, and villages, are designated lands on which Native American tribes may reside and maintain their communities. The term is most often associated with tribal communities in the Southwest and in California.

EXHIBIT 3.17

Health Insurance among Insured FDPIR Households



Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of households participating in FDPIR.

Health status and dietary restrictions

An estimated 77 percent of FDPIR households had one or more household members with a health condition. The most frequently reported health conditions were high blood pressure (57 percent), diabetes (39 percent), overweight/obesity (35 percent), and gastrointestinal problems (23 percent), as shown in exhibit 3.18.[47] An estimated 27 percent of households have at least one member who has food restrictions related to allergies or special diets. The most commonly cited food and nutrient restrictions were sugar (61 percent), salt (54 percent), fat (46 percent), and lactose (43 percent).

[47] Interviewers were trained to tell respondents that gastrointestinal problems included conditions such as irritable bowel syndrome, ulcers, lactose intolerance, and diarrhea.

EXHIBIT 3.18

Health Conditions Reported by FDPIR Households

Health Conditions of Household Members	Estimated Share (%)	N
High blood pressure	56.7	476
Diabetes	39.4	332
Overweight/obesity	34.9	311
Gastrointestinal problems (e.g., irritable bowel syndrome, ulcers, lactose intolerance, diarrhea)	23.2	203
Other health condition	22.7	190
Heart disease	16.6	146
Vitamin or mineral deficiencies or anemia	14.9	128
Cancer	6.3	60
Underweight	4.1	40
Liver disease	3.1	27

Source: Household survey of FDPIR program participants, 2014–15. Estimates are weighted to be nationally representative of households participating in FDPIR. Sample sizes shown are unweighted.

Food security

Food security is defined as access by all people at all times to enough food for an active, healthy life. USDA characterizes a household as food insecure when "consistent access to adequate food is limited by a lack of money and other resources at times during the year."[48] Understanding that FDPIR is a supplemental benefit program targeted to a population that has a high incidence of food insecurity, we explored degrees of food security through the participant survey, which included a six-item short form measure of food security used by ERS (USDA 2015b).[49]

An estimated 34 percent of households experienced low food security, meaning they reported reduced quality, variety, or desirability of diet but no indication of reduced intake, or scored between 2 and 4 on the six-item short form food security scale. Approximately 22 percent of FDPIR households did report disrupted eating patterns and reduced food intake, and are considered to have very low food security, with a raw score of 5 or 6 on the six-item short form food security scale. These rates are significantly higher than the national averages, as reported in a study on household food security in the United States in 2014 conducted by ERS (Colman-Jensen et al. 2015). Nationally, 8 percent of households experience low food

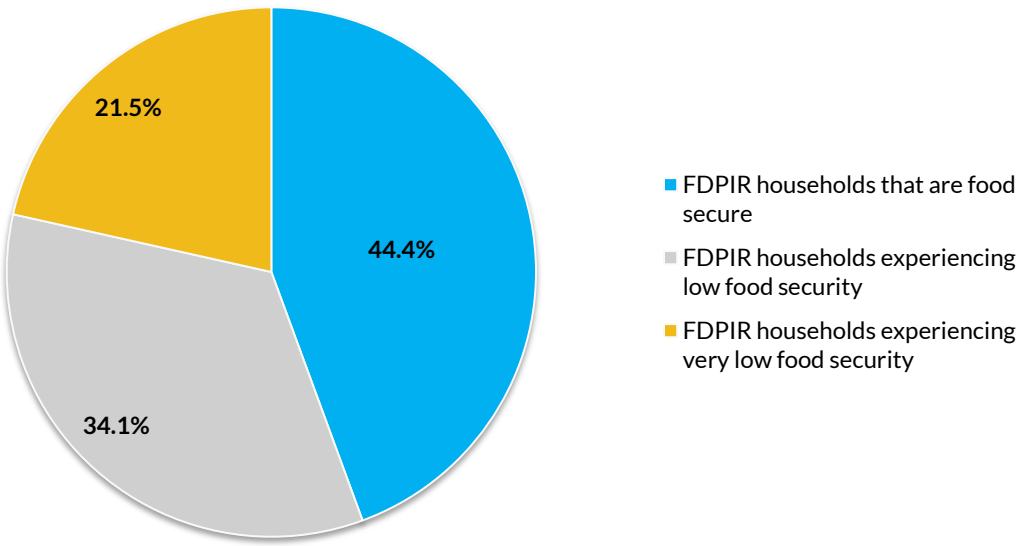
[48] "Food Security in the U.S.," USDA, http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx, last accessed December 15, 2015.

[49] Although the ERS has developed an 18-item measure for food security, its 6–item short-form scale is a reliable substitute. The questions can be found here: http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools.aspx#household.

security and 6 percent experience very low food security, meaning that FDPIR households are four times as likely as people nationwide to experience low and very low food security. Not surprisingly, FDPIR households also rated higher on the individual categories of the food security scale. Exhibit 3.19 shows the status of food security, and exhibit 3.20 compares food security estimates from the six-item short form food security scale for FDPIR households with those of the United States.

EXHIBIT 3.19

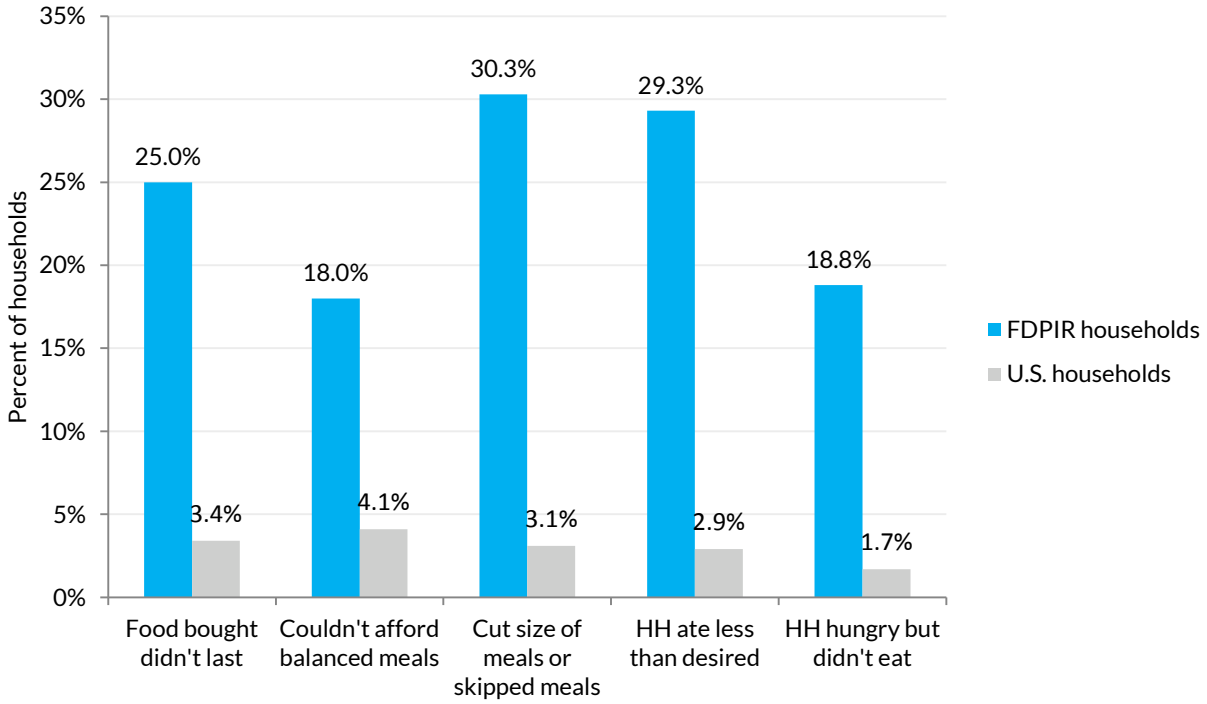
Food Security Status among FDPIR Households



Source: Household survey of FDPIR program participants, 2014–15. Estimates are weighted to be nationally representative of households participating in FDPIR.

EXHIBIT 3.20

Results of Six-Item Short-Form Food Security Scale among FDPIR Households



Source: Household survey of FDPIR program participants, 2014–15. USDA 2014. Estimates are weighted to be nationally representative of households participating in FDPIR.
Notes: HH = household.

On all six categories of the food security scale, the share of FDPIR households who experience instances of food insecurity is between three and four times the share of all U.S. households. These striking statistics point to the need for making additional foods, outside of the FDPIR food package, more accessible, since FDPIR is a supplemental benefit program.

Although measured slightly differently, findings from our 2014 household survey echo findings on "perceived food need" from Usher et al.'s 1990 study. In 1990, an estimated 12 percent of respondents reported that they sometimes or often did not have enough food to eat. Two-thirds of households that did not have enough food reported skipping meals on an average of four days per month.

Summary

The profile of FDPIR participants in 2013 remains very similar to that from 1990—the program continues to serve a very low-income population that relies heavily on Social Security and SSI/SSDI. Most

notable changes in the participant profile over the 25-year period are related to family composition, gender, and age. The proportion of households with no income (1 in 10) has not changed over time, nor has there been a change in the very limited financial assets of FDPIR households. Many FDPIR households live below the poverty line. Comparing annual FDPIR household incomes with the poverty guidelines, the mean annual incomes for one-person households ($9,340) and for two-person households ($12,756) are 79 and 80 percent of the poverty thresholds, respectively. (The Federal poverty threshold is $11,880 for one-person households and $16,020 for two-person households.) The mean income of three-person households ($16,761) is 83 percent of the poverty threshold ($20,160).

The proportion of one-person households participating in FDPIR has significantly increased. Most FDPIR household heads are older adults or elders (age 60 and above), and most are women. The proportion of married heads of households has also declined.

FDPIR serves people of all ages, including very young children, school-age children, young and older adults, and elders beyond 75 years of age. Participation of adults in FDPIR remained constant over time, with adults ages 18 and 59 comprising 48 percent of participants. But participation by children has decreased, while participation by elders has increased. Our 2013 profile finds that 21 percent of FDPIR households had elderly adults aged 60 years or older, compared with 15 percent in the 1990 study.

In 2013, the incidence of health conditions was high for FDPIR participants. An estimated 77 percent of FDPIR households had one or more household members with a health condition. The most frequently reported health conditions were high blood pressure, diabetes, overweight/obesity, and gastrointestinal problems. Over one-fourth of households have at least one member who has food restrictions related to allergies or special diets.

FDPIR targets a population known to have a high incidence of food insecurity, and our survey confirms this. Food insecurity is dramatically higher for FDPIR participants as compared with all U.S. households. About one-third of households experienced low food security, and about one-fifth of FDPIR households are considered to have very low food security. Nationally, less than one-tenth (8.4 percent) of households experience low food security and less than one-tenth (5.4 percent) experience very low food security.

The continued need for food assistance and access to healthy foods and nutritional information supports further examination of how to further assist those in need. The chapters that follow contribute to those efforts by providing information on eligibility, program operations, and participant preferences.

Chapter 4. Food Access and FDPIR's Contribution to Participants' Food Supply

Because FDPIR seeks to address issues of food access that Native Americans face living on Tribal lands, we examined participants' distance to program distribution sites as well as to other food vendors, and barriers to securing food. In this chapter we also explore FDPIR's contribution to a household's monthly food supply in comparison with other sources of food, such as grocery stores or other nutrition assistance programs. This chapter relies heavily on analysis of survey data and includes illustrative examples from site visit interviews and discussion groups.

Participant access to FDPIR

Participants' access to FDPIR varied by the distance traveled, as well as by the means of transportation used. We first discuss travel to apply for the program, followed by travel to pick up FDPIR food. According to the survey results, an estimated 30 percent of participants traveled less than 5 miles to apply for FDPIR, 27 percent traveled 10–24 miles, and 28 percent traveled 25–99 miles. Participants traveled an average of 19 miles to apply for the program, and the average travel time was 27 minutes. The greatest share, 44 percent, traveled 11–29 minutes. The majority, 64 percent, used their own car or truck to travel to an FDPIR office or tailgate site, and 27 percent caught a ride from someone else. Very few participants walked (2 percent) or took public transportation (2 percent) to apply for FDPIR.

To pick up the FDPIR food package, the largest share of participants, an estimated 32 percent, traveled less than 5 miles; 28 percent traveled 10–24 miles, and 24 percent traveled 25–99 miles (exhibit 4.1). The average distance traveled to pick up food was 16 miles. Similar to the amount of time traveled to apply for FDPIR, the average amount of time traveled to pick up the food package was 23 minutes, and the largest share, 46 percent, traveled 11–29 minutes.

According to the survey results, the majority of participants, 66 percent, used their own car or truck to pick up food packages. For 28 percent, someone else drove them; only 1 percent used public transportation. For example, at every site visited, some participants said they gave one another rides to pick up food. In many of the study sites, some sort of Tribal transportation was available, such as a Tribal bus. These services tended to be limited in frequency and areas covered. Staff and participants from several sites said it could be

easy to take the bus while carrying their FDPIR food package, but people from several other sites said it was challenging because the buses were small or the routes were inconvenient. At a few sites, we observed participants using unconventional methods such as a bulldozer, wagon, and wheelbarrow to carry FDPIR food. This occurred at tailgates where residents lived close to the pickup location and neighbors helped each other transport packages over short distances.

EXHIBIT 4.1

Miles Traveled to Pick Up FDPIR Food Package (Excludes Home Delivery)

Miles Traveled by Participant	Estimated Share of Participants (%)	N
< 5 miles	32.4	265
5–9 miles	15.2	121
10–24 miles	28.4	227
25–99 miles	23.5	166
100 or more miles	0.3	2
Average number of miles traveled	16.1	781
Median number of miles traveled	9.5	781

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

The survey indicated that about half of participants used an authorized representative to pick up food.[50] For participants who had authorized representatives pick up their food package, the average distance traveled was similar, 16 miles, with the largest share, 31 percent, traveling less than 5 miles. The next largest share, 30 percent, traveled 10–24 miles. Authorized representatives traveled a longer amount of time than did participants who picked up their own food package, an average of 27 minutes; 45 percent traveled 11–29 minutes and 23 percent traveled 30–59 minutes. The largest share of authorized representatives, 84 percent, used their own car or truck.

Almost all participants, 92 percent, were satisfied with the FDPIR pickup method. However, just over 21 percent reported that traveling to the FDPIR site presented challenges or problems (exhibit 4.2). For those reporting challenges, lacking a car or other means of transportation was the most common barrier, at 29 percent. The cost of gas and other travel costs was a common challenge, noted by 24 percent, and 24 percent of respondents mentioned difficult travel conditions in winter. A smaller share, 11 percent, mentioned that health conditions make travel difficult.

[50] An authorized representative is another responsible household member or an adult non-household member, designated by the FDPIR applicant for the purpose of applying for the program or for obtaining USDA Foods on behalf of the household.

EXHIBIT 4.2

Challenges to Traveling to Pick Up FDPIR Food Package (Excludes Home Delivery)

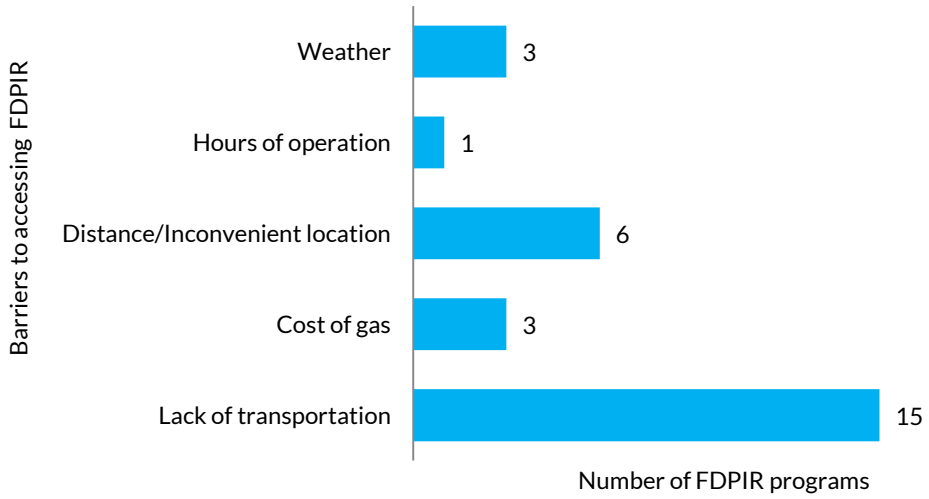
Challenges	Estimated Share of Participants (%)	N
Challenges reported	21.1	158
Gas/travel cost	23.7	42
Difficult travel conditions in winter	23.7	36
Health conditions make travel difficult	11.2	21
Lack of car or other form of transportation	29.0	40
No Challenges reported	78.9	617

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

In most sites visited, transportation was identified as a barrier by staff, specifically if participants did not have a car, could not find a ride, or did not have money to pay someone for gas. Transportation was cited as more of an issue at programs where the warehouse was the primary or sole site for food delivery. Hours of operation and weather were also noted as barriers in interviews at a few programs (exhibit 4.3).

EXHIBIT 4.3

Barriers to Accessing FDPIR Reported at Site Visits



Source: FDPIR program site visit interviews, 2014–15.
Note: At two sites, staff stated that transportation was not a barrier to accessing FDPIR.

Food store access and cost

The survey asked about participants' distance and time to travel to several types of retailers: a retail store that sells produce, a grocery store, convenience stores, and a warehouse/department or other large stores that sell groceries. For a food retail store that sells produce, the largest share of participants, 47 percent, were less than 5 miles away, and 21 percent of participants were located 10–24 miles away. The average distance to a food retail store that sells produce was estimated to be 10 miles and an average of 17 minutes away. The greatest share of participants, 43 percent, travel 11–29 minutes, and 36 percent traveled less than 10 minutes.

When asked about the nearest grocery store, the survey responses indicate that participants traveled an average of 10 miles, and the trip took 17 minutes. The largest share, 47 percent, traveled less than 5 miles, and 22 percent of participants traveled 10–24 miles. Convenience stores were located closer to a majority of people; the nearest convenience store was an average of 6 miles away and took 13 minutes of travel time. The largest share of participants, 61 percent, were located less than 5 miles away, and the next largest share, 18 percent, were located 5–9 miles from the nearest convenience store. For 53 percent of participants, it took less than 10 minutes to get to the convenience store.

The site visits illustrate the types of food stores available. Almost every site visited mentioned a store located in the hub of the reservation. However, these stores tended to be very expensive, with prices almost twice the cost of other convenience stores outside the hub of the reservation. In several sites, the local stores were categorized as small shops, similar to a convenience store rather than a full grocery store, lacking in quality and variety of products. In several other sites, the stores were full grocery stores that were said to be expensive because they had no competition.

Discussion group participants at several sites mentioned grocery stores that were located in a larger town on or near the reservation. These stores were described as having greater variety and lower prices, but they were not accessible to all FDPIR participants because of the travel distance. One respondent summarized access to food as, "only if you live in a city, is it easy to get to a grocery store." Respondents at several sites mentioned that for some communities served by the FDPIR program, there was little to no food store access. Furthermore, FDPIR participants in a few sites commented on the challenges of being located in remote places and the increased delivery costs of rural grocery stores, leading to high prices and low stock of food. The specific products participants said were expensive included dairy, meat, and produce.

National warehouse/department store chains or other large stores that sell groceries were popular with participants because of the affordable cost of food, but distance to such stores varied by site. Households preferred to travel the longer distances if the cost of gas did not offset the savings. The largest

share of the participants surveyed, 40 percent, traveled 25–99 miles to the nearest warehouse or other large store that sold groceries. The average distance traveled was 33 miles and took 42 minutes. The largest share, 37 percent, traveled 11–29 minutes, and the next share, 25 percent, traveled 30–59 minutes.

For the 65 percent of the participants who responded to the survey question, "Approximately how many miles is the nearest farmers market, and what is the travel time to get there?" an estimated 37 percent lived less than 5 miles from farmers markets and 28 percent lived 10–24 miles from a farmers market. Participants traveled an average of 25 minutes to the farmers market.

Examples from the site visits provide further insight into food store access and additional sources of food. Getting to any food retail store was a challenge for reasons similar to those that affected FDPIR access—cost of gas, lack of a vehicle, and limited public transportation. However, at a few sites, respondents mentioned that the Tribal transit system took people to the grocery stores and a large national chain store. Respondents at other sites stated that they would go to the grocery store only if they could get a ride with someone.

Several sites mentioned farmers markets, a food coop in a nearby town, and community-supported agriculture as other sources of food. Discussion group respondents in several sites mentioned hunting, fishing, and gathering berries as food sources, and at a few sites people mentioned having gardens. At one site respondents reported that Tribal members dry meats obtained from hunting to share with others, and the Tribe supplies bison for special occasions such as funerals. The Tribe also grows sweet corn that is available to share with all Tribal members.

Analysis of food access for FDPIR census tracts

We also examined food access using the research atlas produced by the ERS (USDA 2015e). This tool presents a spatial overview of food access indicators for low income and other census tracts using different measures of supermarket accessibility. This analysis allowed us to compare food access for census tracts in FDPIR service areas (FDPIR census tracts) over time (comparing 2000 and 2010) and to contrast the access of FDPIR census tract populations with the total U.S. population.[51] One measure that ERS uses for low access to a healthy food retail outlet is distance—being more than 1 mile from a supermarket or large grocery store in urban areas and more than 10 miles from a supermarket or large grocery store in rural areas. A low-income census tract where a substantial number or share of residents has low access is considered to be a food desert (USDA 2015e).

[51] For this analysis we used the same geographical parameters as defined for the TRIM analysis (see chapter 3 and appendix J), which identified tracts in counties with Tribal land covered by an FDPIR program for each year. Because programs in operation changed slightly over the decade, as did Tribal area boundaries, the group of tracts that were considered FDPIR tracts in 2000 and 2010 differ. However, this is appropriate, as our goal is to understand conditions in areas served by FDPIR.

For all of the continental United States, Ver Ploeg et al. (2012) found a mixed picture of changes in access over time, likely due more to the greater number of low-income areas in 2010 than in 2006, and not to substantial changes in store openings and closings. Following ERS's definitions, we found that in 2010, 4.7 percent of people living in FDPIR census tracts lived in food deserts (i.e., the population was low income and had low access to food retailers). This percentage had increased from 1.4 percent in 2000 (exhibit 4.4).

Across all incomes, the proportion of the FDPIR tract population with low access increased from 6.1 percent in 2000 to 9.6 percent in 2010. Over the same period, low access in FDPIR census tracts also became more prevalent among children and those age 65 and older, with the share of children growing from 1.7 percent to 2.5 percent and the share of those age 65 and older nearly doubling from 0.7 percent to 1.3 percent. Though this data shows increasing inaccessibility, survey responses indicated that most FDPIR participants (92 percent) did not experience any change in access to food sources in the past year. Of the 8 percent who did experience a change, the most common changes included the closure or opening of a grocery store or a change in FDPIR eligibility.

EXHIBIT 4.4

Analysis of Proximity to Food Retailers for FDPIR Census Tract Populations, 2000 and 2010

	2000		2010	
Characteristics	N	%	N	%
Total FDPIR tract population that is low income with low access	460,315	1.4	1,848,282	4.7
Total FDPIR tract population with low access	2,078,598	6.1	3,750,028	9.6
FDPIR tract population under age 18 with low access	592,851	1.7	975,295	2.5
FDPIR tract population age 65 and older with low access	241,217	0.7	509,516	1.3

Source: USDA 2015e.

Food cost

According to the survey, the average amount spent per month by households on food consumed inside and outside the home was $206. The survey asked if there were seasons when the household spent considerably less on food, and also whether there were seasons when the household spent considerably more. More households reported seasonal variation that resulted in higher spending than lower spending (exhibit 4.5). Summer was most often reported as the season when spending was less (reported by 56 percent of those who answered "yes" to seasonal variation resulting in lower costs). The most common reasons why households indicated they spent less money in the summer were growing personal food in a garden (7 percent) and consuming less food during periods of high temperatures (5 percent). Winter was most often reported as the season when spending was higher (reported by 53 percent of those who

answered "yes" to seasonal variation resulting in higher costs). The most common reasons mentioned were costs associated with the holidays (16 percent), children on break from school (6 percent), having house guests (5 percent), and the more expensive cost of fresh produce (4 percent).

EXHIBIT 4.5

Seasonal Variation in Food Expenses

Survey Question	Estimated Share of Respondents (%)	N
Are there seasons where food expenses are considerably less?		
Yes	37.2	315
No	62.8	506
Are there seasons where food expenses are considerably more?		
Yes	51.0	414
No	49.0	368

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

FDPIR contribution to the household food supply and other sources of food

The survey included a series of questions about the role of FDPIR in household food supply, other sources of food, the contribution of FDPIR and other sources to household food supply, and participation in other food assistance programs. Although FDPIR is intended to be a supplemental food package program, it was the sole or primary source of food for 38 percent of households, according to survey responses. The remaining 62 percent of households, where FDPIR was not the primary or only source of food, were asked what other sources contributed to the household's food supply (exhibit 4.6).[52]

[52] The 42 households that either responded "don 't know" or did not answer the first question were asked the follow-up questions about other sources of food.

EXHIBIT 4.6

Sources of Household Food Supply

Sources	Estimated Share of Respondents (%)	N
FDPIR is the sole or primary source of food		849
Yes	37.7	291
No	62.3	516
Don't know/refused		42
In households where FDPIR is NOT the primary source of food		
Other sources with at least some contribution to household food supply		558
Other food program	24.1	140
Extended family or Tribal community	19.5	104
Grocery/supermarket/convenience store	94.5	512
Traditional/native food sources	31.3	173
Food pantries or food banks	15.1	85
Takeout	27.5	147
Other	4.5	26

Source: Household survey of FDPIR program participants, 2014**.** Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

Most FDPIR recipients (almost 95 percent) who did not rely exclusively or primarily on FDPIR obtained some of their food from a grocery store, supermarket, or convenience store. Over 31 percent of participants obtained some of their food from traditional or native food sources, such as hunting, fishing, farming, and gardening. Other sources of food reported included takeout food; other food assistance programs such as the National School Lunch Program, WIC, and Meals on Wheels; food provided by extended family or the Tribal community; and food pantries or food banks.

These same respondents were asked to estimate the contribution of each food source. For most of these households, food from FDPIR made up over 20 percent of household food supply, including an estimated 45 percent of households where FDPIR contributed 41 to 60 percent of the household's food supply (exhibit 4.7).

Purchasing food from a grocery store, supermarket, or convenience store was the second most common source of food for the surveyed participants after FDPIR. It was the only other source of food that contributed more than 20 percent of the household food supply for a majority of respondents (exhibit 4.8). An estimated 26 percent of households obtained 21–40 percent of their food from grocery or other retail food stores, and an estimated 29 percent obtained 41–69 percent from this source.

EXHIBIT 4.7

Estimated Contribution of FDPIR to Total Food Supply

Share of Food Supply (%)	Estimated Share of Respondents (%)	N
FDPIR		558
1–20	9.7	47
21–40	21.2	107
41–60	44.6	217
61–80	16.7	88
81–100	7.8	42

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.
Note: A total of 558 households responded to this question (516 who indicated that FDPIR was not the sole or primary source of food for their household and 42 that either responded "don't know" or did not answer the first question).

EXHIBIT 4.8

Estimated Contribution of Grocery and Other Retail Food Stores to Total Food Supply

Share of Source (%)	Estimated Share of Respondents (%)	N
Grocery/supermarket/convenience store		558
0	5.5	32
1–20	26.8	149
21–40	26.1	145
41–60	28.6	146
61–80	8.7	48
81–100	4.4	24

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.
Note: A total of 558 households responded to this question (516 who indicated that FDPIR was not the sole or primary source of food for their household and 42 who either responded "don't know" or did not answer the first question).

Each of the other sources reported in exhibit 4.6 accounted for less than 21 percent of the food supply for the majority of households. During the preceding month, the majority of participants surveyed—57 percent—did receive a meal that was prepared away from the home. Less commonly, an estimated 42 percent of households received meals prepared by extended family or by a community group.

Respondents who reported receiving benefits from other food assistance programs (24 percent, as reported in exhibit 4.6) were asked to identify all programs from which they received assistance. Of this group of respondents, 16 percent participated in elderly meals or feeding programs, 13 percent participated in the WIC Farmers Market Nutrition Program, and 12 percent participated in Meals on Wheels. Additional

programs included receiving Tribal emergency funds (8 percent); summer feeding programs or the summer food service programs (7 percent), and a senior farmers market nutrition program (6 percent). No respondent who participated in a food program mentioned using a soup kitchen. However, 41 percent of the participants who responded yes to the question about participating in other food programs indicated that they participated in "other" programs not categorized above.

These national results suggest strong reliance on FDPIR but also a wide range of additional food programs and sources that contribute to the household food supply. Site visit information provided more detail about the availability and diversity of food sources across Indian Country. Program staff from several sites estimated that a majority of participating households supplemented the food they received from FDPIR with additional and different food, but there were a few households for which FDPIR was the only source of food. However, it was challenging for the program staff to estimate the percentage of a household's food that had been contributed by FDPIR. The estimates varied within sites, and staff estimates sometimes differed from the responses heard from participants in the discussion groups. The variation reported by discussion group participants could be due to household size, living situations, and household income. For example, for households of one or two members, participants stated that the amount of FDPIR food does not last long, and their households had to supplement by buying food at a store. Families with some income were able to purchase additional food, while many elders, who were on fixed incomes, received a majority of their total food from FDPIR. Households who lived with other families or in situations with multiple individuals indicated that they may sometimes have additional food from sources other than FDPIR, such as SNAP, food pantries, and store purchases.

Site visits also provided some examples of those programs that may not have been named in the survey but that were reported as "other" by responding households. At several sites, participants mentioned programs that provide vouchers for fresh fruits and vegetables. At one site, they described a collaboration with local farmers to obtain fresh produce. Some Tribes distributed food to members during the holidays, such as turkeys during Thanksgiving, or meat and fish that were caught through Tribal programs. One Tribe mentioned a backpack food program for children after school, and residents in a few sites commented on food from disaster services being distributed to the community members. Staff at a few sites mentioned that their Tribal emergency funds offered food vouchers that members could redeem at the store. Others noted that food and supplies were kept at the family resource center or the Tribal child welfare program for households in need. At some sites, a Tribal diabetes program provided a meal for participants.

At every site visited, staff mentioned food pantries as additional sources of food assistance. Some of the food shelves were operated by churches in town, by a State or county food bank, or through the Tribe for emergency situations. Staff at a few FDPIR programs described receiving food through county food banks that they then distributed to participants who needed additional food. Across sites, discussion group

respondents noted that the amount of food available at the food pantries varied, described limited hours and unreliability, and, in a few cases, complained about the quality of the food available through the food pantry.

Participants in the discussion groups as well as staff interviewed during site visits mentioned a number of other nutrition assistance programs available to households living on reservations. WIC was mentioned in each of the sites. WIC is available only to eligible mothers and children,[53] and several of the participants in the discussion groups had been on WIC at some point. Depending on the site, WIC was administered by the county, IHS, or the Tribal health department. At one site, the WIC office was colocated with FDPIR office. Respondents at a few sites identified additional nutritional programs that were offered, including a garden project and vegetable vouchers for the farmers market.

According to the site visit interviews with FDPIR staff and discussion group participants, people supplemented food from FDPIR with things that were unavailable in the package, such as bread or fresh eggs, or they bought more of the products they got from FDPIR when the amount of those products was not sufficient. For individuals who had special dietary needs, discussion group respondents stated that FDPIR food made up a smaller total percentage of their food because the specialty foods (such as gluten-free) were not available in the FDPIR package.

Elder or senior programs were another nutrition assistance program mentioned by respondents in most of the sites. The most common was a meal program that provided one or two meals a day, either as a congregate lunch where seniors came to a center or by home delivery of prepared meals (see text box for one example). At a few sites, we learned that in the elder programs a nutritionist helped with the menus. The number of meals provided and the days of operation varied across sites. At a few sites, staff also noted that State-sponsored senior programs were offered in the towns.

[53] Eligible participants include women who are pregnant (during pregnancy and up to 6 weeks after the birth of an infant or the end of the pregnancy, women who have just given birth (up to 6 months after the birth of the infant or the end of the pregnancy), and women who are breast-feeding (up to the infant's first birthday). Infants are eligible up to their first birthday and children up to their fifth birthday.

CONGREGATE MEALS FOR ELDERS AT CHAPTER HOUSES

Chapter houses are the most basic political unit in the Navajo Nation. They provide a variety of services and support for Tribe members. The chapter houses visited by the study team all had running water and electricity, which are not available for many Navajo households located in remote areas. FDPIR staff at all of the warehouses visited said that chapter houses provide services for Navajo elders. These services include lunch and, in many cases, breakfast as well. These meals are especially important to senior Tribal members who lack electricity, running water, and, therefore, access to refrigeration and food preparation appliances that require electricity or gas. The nutrition services obtained by seniors at congregate meals provided by chapter houses are an important component of nutrition and health for this population.

Traditional or native foods were mentioned in both the survey and at site visits as a source of food, but did not comprise a substantial portion of the household food supply. Among those for whom FDPIR was not the only food source, 27 percent reported that 1-20 percent of the food supply came from traditional sources such as hunting, fishing, berry picking, ricing, gardening, and farming and less than 5 percent of respondents reported that more than 20 percent of their food supply came from traditional sources. At the site visits, respondents mentioned these traditional hunting, gathering, and harvesting activities as taking place, but not as a major source of food. Tribal leadership in at least one site was actively trying to encourage more traditional food sources (see example in text box).

RETURNING TO TRADITIONAL FOODS AND PROMOTING FOOD SELF-SUFFICIENCY

Tribal leadership of one Tribe made a conscious choice to promote food sustainability, utilizing the reservation's rich natural resources and treaty rights regarding hunting, fishing, and rice harvesting. The goal is to reestablish independence in living off the land and to promote positive outcomes that include family building, prevention of drug abuse, and promotion of physical activity.

The Tribe directly manages thousands of acres of interconnected lakes, wetlands, streams, and rivers, and is committed to maintaining the infrastructure that supports the growth and harvesting of wild rice in culturally compatible ways. As an example, the Tribal chairman authorized spending $1,500 to purchase 30 gas cards at $50 each so Tribe members could get to the rice beds for harvesting. Tribe members harvest rice for themselves and their families, and provide a portion of the rice to the Tribe to distribute to elders and to other Tribe members in need. This Tribe also has a fish hatchery, stocking more than 15 million walleye into reservation rivers and other area lakes and streams every year. In order to protect the fish and the environment, there are limited netting and dip-netting seasons.

Summary

These national results show strong reliance on FDPIR but also a wide range of additional food programs and sources that contribute to the household food supply. Participants face transportation barriers and limited options for retail grocery purchases.

Distances and travel time to apply for FDPIR and to pick up FDPIR food packages at a warehouse or a tailgate site were similar. Just under one-third of participants traveled fewer than 5 miles, and just over one-fourth of participants traveled 10–24 miles, and 25–99 miles, respectively. The majority of participants, 64 percent, used their own car or truck to travel to an FDPIR office or tailgate site. The average distance participants traveled to pick up food was 16 miles.

Traveling to the FDPIR site presented challenges for just over 21 percent of participants. Lacking a car or other means of transportation was the most common barrier, followed by the costs of gas and other travel costs, and difficult travel conditions in winter. Just under 5 percent of people living in FDPIR census tracts lived in food deserts (i.e., the population was low income and had low access to food retailers) in 2010. This percentage had increased from 1.4 percent in 2000.

FDPIR was the sole or primary source of food for 38 percent of households, according to survey responses. Most FDPIR recipients who that did not rely exclusively or primarily on FDPIR obtained some of their food from a grocery store, supermarket, or convenience store. Over 31 percent of these participants obtained some of their food from traditional or native food sources, such as hunting, fishing, farming, and gardening. Other sources of food reported include take-out food; other food assistance programs such as National School Lunch Program, WIC, and Meals on Wheels; food provided by extended family or the Tribal community; and food pantries or food banks. For most of these households, when FDPIR was not the sole or primary source of food, it did make up over 20 percent of the household food supply, including for an estimated 45 percent of households in which FDPIR contributed 41–60 percent to the household's food supply.

Site visit information provided more detail about the availability and diversity of food sources across Indian Country, including meal programs for elders, Tribal holiday and other food distributions, gardening projects, and Tribal initiatives to promote traditional methods for hunting, gathering, and preparing traditional foods.

Chapter 5. FDPIR and SNAP Participation

Households in FDPIR service areas regularly choose whether to participate in a nutrition assistance program, and if so, whether to participate in FDPIR or SNAP. This chapter describes those choices and the reasoning behind them. It also addresses broader demographic, economic, and programmatic changes that could affect program participation, to develop a more holistic understanding of what drives changes in FDPIR participation. It relies on analysis using the Urban Institute's TRIM3 Model, the household survey, and information provided during interviews with program staff and discussion groups with participants and eligible non-participants.

Broader trends and changes affecting FDPIR participation

We begin this section with an overview of FDPIR and SNAP participation over time. To provide additional insight into factors influencing changes in participation over time, we next describe results of two auxiliary analyses. First, we conducted a detailed eligibility analysis of AIAN households living in likely FDPIR service areas using national survey data from the CPS-ASEC. The analysis compared FDPIR and SNAP eligibility and benefits in the years from 2002 to 2008 (a period during which national FDPIR participation declined). The analysis found little evidence to support the hypothesis that either changes in overall FDPIR eligibility or the relationship between FDPIR and SNAP eligibility and benefits explain the reduction in FDPIR participation during this period.

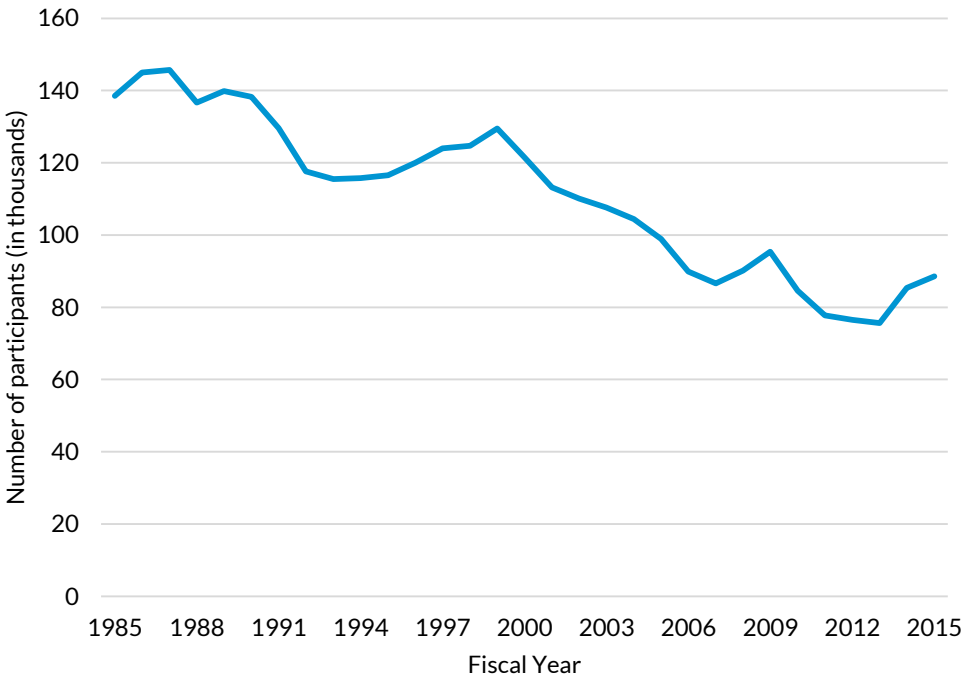
Our second auxiliary analysis used data from the 2000 and 2010 Decennial Censuses to investigate whether there was a reduction in the share of the AIAN households in FDPIR service areas headed by persons aged 45 or older or that consisted of one- or two-person households (groups constituting the majority of FDPIR households). However, we found that these groups constituted a higher share of the population in 2010 than in 2000, and so find no support for the hypothesis that changes in the composition of AIAN households in FDPIR service areas explained the reduction in FDPIR participation between these two years.

Trends in FDPIR participation

FDPIR participation has ranged over the past 30 years from a high of 145,700 participants in 1987 to a low of 75,600 in 2013, as shown in exhibit 5.1. Over the 1985–2014 period, participation has averaged 111,800 participants per year. FDPIR participation has trended downward, though there have been relative high points in 1999, 2009, and recently in 2014 and 2015. These years correspond to significant policy, regulatory, and economic changes. Most recently, in the last two years since 2013, FDPIR participation levels have consistently trended upward, with a monthly average of 85,400 individuals in 2014 and 88,600 individuals in 2015.

EXHIBIT 5.1

Number of FDPIR Participants by Fiscal Year, 1985–2015



Source: USDA 2016.

Eligibility rates in 2002 and 2008 from TRIM3

Examining eligibility rates enables us to determine whether changes in the share of the population that is eligible for the program are related to changes in overall participation. Using the TRIM3 Model, we estimated the share of households with a native-born AIAN adult in likely FDPIR service areas that were eligible for FDPIR and SNAP for the years 2002 and 2008. We found that rates of FDPIR-eligible households declined modestly over the period while rates of SNAP-eligible households increased. The share of households in the sample that were eligible for FDPIR declined from 2002 to 2008 (exhibit 5.2). In 2002, 32 percent of households with a native-born AIAN adult were eligible for FDPIR, compared with 28 percent in 2008.[54] This aligns with Finegold et al. (2009), which found that 30 percent of such households were eligible for FDPIR in 2005.

EXHIBIT 5.2

Percentage of Households Eligible for FDPIR and SNAP, 2002 and 2008

Households with a Native-Born AIAN Adult Eligible	2002 %	2008 %
For FDPIR total	31.5	27.8
For both FDPIR and SNAP	27.9	24.8
For FDPIR only	3.5	3.0
For SNAP only	1.7	4.1

Source: TRIM3 results using CPS-ASEC 2003 and 2009 data.

Among households who were eligible for FDPIR, most also were eligible for SNAP, though the size of this group declined modestly. Of the full sample, 28 percent of survey respondents were eligible for both programs in 2002, and 25 percent were eligible for both in 2008. Furthermore, about 89 percent of those eligible for FDPIR were also eligible for SNAP in both years. This suggests that changes in participation are not related to the extent of SNAP eligibility among the FDPIR-eligible population in this period.

The share of households eligible only for FDPIR held fairly constant at 3.5 percent in 2002 and 3 percent in 2008. The share eligible for SNAP only increased over the period from 2 percent in 2002 to 4 percent in 2008, primarily because more States adopted broad-based categorical eligibility in their SNAP

[54] As described in appendix J, our estimates reflect AIAN households in areas that are likely to be served by FDPIR. However, data limitations restrict our ability to identify FDPIR service areas precisely. Sensitivity analyses conducted on two subpopulations—households containing at least one person who identifies as AIAN alone, and a population further restricted to those reporting IHS coverage—show a respective 0.8 percentage point decrease and 1.3 percentage point increase in the share of households eligible for FDPIR between 2002 and 2008.

programs. We discuss this policy change in more detail and compare relative benefit values of FDPIR and SNAP in the following sections.

FDPIR and SNAP eligibility policy changes

Levels of participation in any program, when tracked as a raw count rather than as a percentage of eligibles or total population, as is the case in FDPIR, are driven by how broadly or narrowly the eligibility criteria are defined. Because FDPIR was designed as an alternative to SNAP and serves largely overlapping populations on reservations, it is important to understand changes in eligibility rules for both programs. This section discusses significant shifts in FDPIR and SNAP eligibility policies. For a full discussion of all of the FDPIR and SNAP eligibility rules, see "Final Memorandum on FDPIR and SNAP Eligibility and Benefits in FY 2002 and 2008 Using TRIM Analysis" in technical appendix J.

SNAP BROAD-BASED CATEGORICAL ELIGIBILITY

States can choose to adopt broad-based categorical eligibility criteria for their SNAP programs. Such policies convey automatic SNAP eligibility to households that receive TANF benefits or Maintenance of Effort funded benefits or services (such as an informational brochure). This often means that households do not have to pass an asset test and may be eligible at higher income levels than under standard SNAP eligibility rules (Laird and Trippe 2014). In 2002, only three states with FDPIR had adopted broad-based categorical eligibility policies for their SNAP programs (Michigan, North Dakota, and Oregon). By 2008, five more states had adopted these policies (Arizona, Minnesota, New York, Washington, and Wisconsin). As mentioned above, the expansion of these policies explains much of the increase in the share of households eligible only for SNAP, which more than doubled between 2002 and 2008, from 1.7 percent to 4.1 percent. As of April 2015, the vast majority of states (39), as well as the District of Columbia, the Virgin Islands, and Guam, had adopted broad-based categorical eligibility policies for their SNAP programs (USDA 2015a).

SNAP TIME LIMITS FOR ABLE-BODIED ADULTS WITHOUT DEPENDENT CHILDREN

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 limits the receipt of SNAP benefits to 3 months in a 36-month period for ABAWDs who are not working at least 80 hours per month, participating in qualifying education and training activities at least 80 hours per month, or complying with a workfare program. Individuals are exempt from the time limit if they are[55]

- Under 18 or 50 years of age or older,
- Responsible for the care of a child or incapacitated household member,

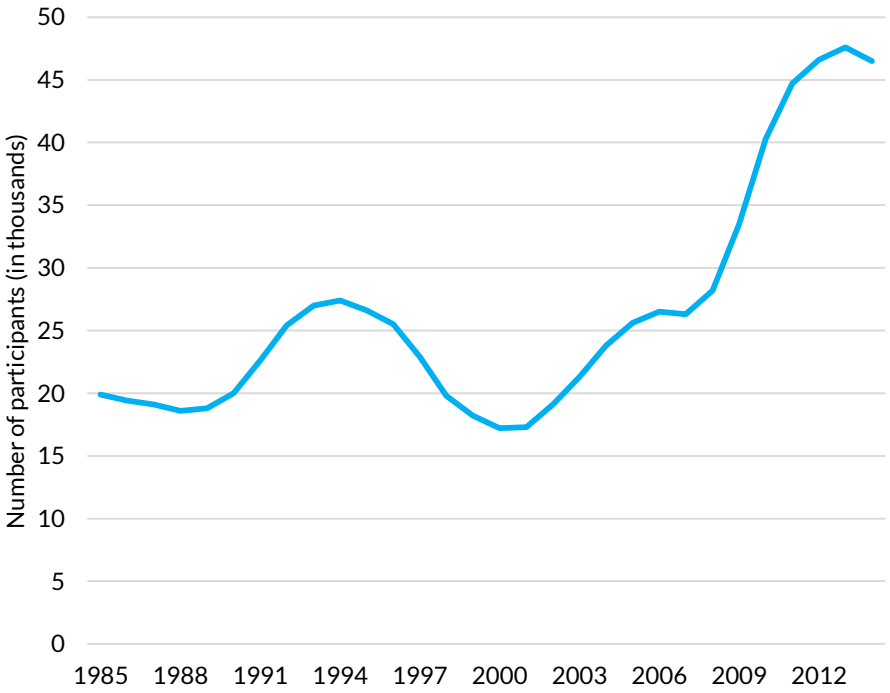
[55] http://www.fns.usda.gov/snap/able-bodied-adults-without-dependents-abawds.

- Medically certified as physically or mentally unfit for employment, pregnant, or
- Already exempt from the general SNAP work requirements.

States may request waivers to exempt ABAWDs from the time limit in areas that have an unemployment rate above 10 percent or that lack sufficient jobs. Examples of ways to establish that there are insufficient jobs are designation as a labor surplus area or a recent 24-month average unemployment rate that is 20 percent greater than the national average unemployment rate for the same period. The addition of a work requirement created an important difference between SNAP and FDPIR, which has never had a work requirement. In the late 1990s, after the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 was enacted and the economy improved, with declining unemployment and poverty levels, SNAP participation also declined, as shown in exhibit 5.3, while FDPIR participation hit a relative high (see exhibit 5.1), perhaps owing to the work requirement change. The TRIM3 analysis also shows that SNAP's ABAWD time limit was the primary reason a household would be eligible for FDPIR but not SNAP. ARRA suspended ABAWD time limits from April 2009 through October 2010 in response to the recession. This and other impacts of the economic downturn are discussed in the following section.

EXHIBIT 5.3

Number of SNAP Participants by Fiscal Year, 1985–2014



Source: USDA 2015h.

2013 FDPIR ELIGIBILITY REGULATION CHANGES

In September 2013, FDPIR adopted several new regulations to better align FDPIR and SNAP eligibility rules. Specifically, the 2013 changes expanded FDPIR deductions for medical expenses, created a new deduction for shelter and utility expenses, and eliminated the household resource (asset) limit.[56] The elimination of the resource test was an important change in how Tribal per capita payments were counted. Previously, Tribal per capita payments received less frequently than once per month were counted as resources in the month in which they were received and in each subsequent month that the funds were still available to the household until the funds were spent down. This caused many households to lose eligibility in certain months of the year. With the elimination of the resource test, no per capita payments received less frequently than monthly are counted toward eligibility. FDPIR participation increased by about 10,000 participants, from 75,600 participants in FY 2013 to 85,400 participants in FY 2014, and increased again in FY 2015 to 88,600 participants, as shown in exhibit 5.1. Local program staff whom we interviewed confirmed these changes and commented that participation numbers increased after the rule went into

[56] Previously, households with assets greater than $1,750 (or $3,000 for households with at least two members and at least one member age 60 or older) were ineligible for FDPIR (Federal Register).

effect. Some programs conducted targeted outreach to households they thought might be eligible under the new regulations (for more on outreach related to the rule change, see chapter 6).

Demographic changes

FDPIR participation levels might also change if the shares of people with whom the program is popular change. We examined demographic trends for reservations with FDPIR programs to determine whether changes in those characteristics common among FDPIR participants affected participation rates. As noted in chapter 3, FDPIR heads of households tend to be older. About 30 percent of households were headed by someone between the ages of 45 and 59; 28 percent were headed by someone between the ages of 60 and 74; and 14 percent were headed by someone age 75 or older. Furthermore, about 48 percent of FDPIR households include a member age 60 or older. In addition, most households have only one (35 percent) or two members (25 percent).

If demographic change was driving a decline in FDPIR participation, we would expect to see the share of households headed by older persons and smaller households decrease. However, from 2000 to 2010, across the AIAN-alone population in FDPIR service areas, the share of households with older heads increased. Among AIAN-alone households in areas served by FDPIR, the share of households headed by 45 to 59 year olds increased by 7 percentage points to reach 40 percent in 2010. The share of households with a head between 60 and 74 years of age grew by a smaller margin, 3 percentage points, to reach 15 percent in 2010. The share of households with a head age 75 or older stayed about the same over the decade. Furthermore, the share of households that included a person age 65 or older increased by 4 percentage points, from 15 percent in 2000 to 19 percent in 2010. This data shows that the general AIAN population on FDPIR reservations has aged, which does not support the hypothesis that a declining share in the older population, among whom FDPIR is popular, drove participation change over the decade.

Similarly, the share of one- and two-person households also grew over the decade, albeit modestly. In 2000, about 20 percent of AIAN-alone households in areas served by FDPIR were single-person households. By 2010, that share increased to 22 percent. The share of two-person households increased by a smaller margin, from 26 percent to 27 percent. Again, this suggests that the decline in FDPIR participation over the decade was not due to declining shares in types of households that commonly participate in FDPIR.

Economic factors influencing program participation

Because nutrition assistance programs serve low-income households, participation levels are linked to economic conditions. Studies of SNAP participation rates and economic conditions show connections between economic conditions and SNAP caseloads (USDA 2012b). Specifically, a 1 percent increase in the unemployment rate increases SNAP participation by about 6 percent (Mabli, Martin, and Castner 2009). The recession of the late 2000s led to increased unemployment and increased uptake of food assistance

nationally. In response, ARRA included several time-limited changes to the SNAP program. SNAP received $45.2 billion in ARRA funds, which were used to increase the benefit amount that families received (USDA 2010). On average, a household of four received an additional $80 per month after the ARRA was signed into law in April 2009 (USDA 2010). Furthermore, as mentioned above, ARRA suspended the ABAWD time limits from April 2009 to December 2010. These changes meant that households who otherwise would not have been eligible could receive SNAP and that all participants received a more attractive benefit. FDPIR also received additional funding ($5 million) under ARRA, which was allocated for facility improvements and equipment upgrades (USDA 2011). These funds were helpful to ITOs but did not directly increase the benefits received by participants. It is likely that SNAP was perceived as the more attractive option for some households during that period. Staff at several sites stated that as SNAP benefits began to decrease after ARRA funding ended, people returned to FDPIR.

LIMITATIONS

Our analysis does not cover additional possible explanations for changes in FDPIR participation levels over time. Owing to data limitations, our eligibility analysis does not count vehicles in the SNAP asset test (vehicles are not counted when determining FDPIR eligibility). However, beginning in the early 2000s, states have increasingly made use of SNAP policy options that enable them to decrease the extent to which vehicles count toward assets or to eliminate the vehicle or asset test entirely. This may have enabled FDPIR participants who previously were ineligible for SNAP due to vehicle ownership to become eligible and to switch from FDPIR to SNAP.

The 2002–2008 period also coincided with a time during which many states were taking steps to modernize their SNAP operations in order to make the application and recertification process easier. Although some households surveyed noted a preference for FDPIR because of perceived better customer service, modernization of SNAP may have reduced a perceived limitation or barrier to SNAP participation among other households who then switched to SNAP (and therefore were not in the sample for the household survey).

Furthermore, the TRIM analysis does not incorporate changes in food access during the 2002–2008 period. As noted in chapter 4, from 2000 to 2010, the ERS research atlas data suggests that food access declined over the 2000–2010 period, with the percentage of the population in FDPIR census tracts who had low food access increasing by 3.5 percentage points over the decade. This could influence households' decisions about whether to participate in SNAP versus FDPIR in ways we have not accounted for in the TRIM analysis.

Household-level participation choices

In this section we examine the choices that FDPIR participants have made to understand how long they tend to participate in FDPIR, what attracts them to FDPIR, why they leave FDPIR, what they like about SNAP, whether and why they switched between the programs, and why they do not participate in either program. In general, households tend to stay with FDPIR for long periods, and very few households switch between FDPIR and SNAP. Household preferences for FDPIR over SNAP are shaped largely by which program provides their household with a larger benefit. Beyond that, households who prefer FDPIR cited the ease of the FDPIR application processes and its customer service, whereas households who prefer SNAP focused on the greater choice and quality of foods available to them.

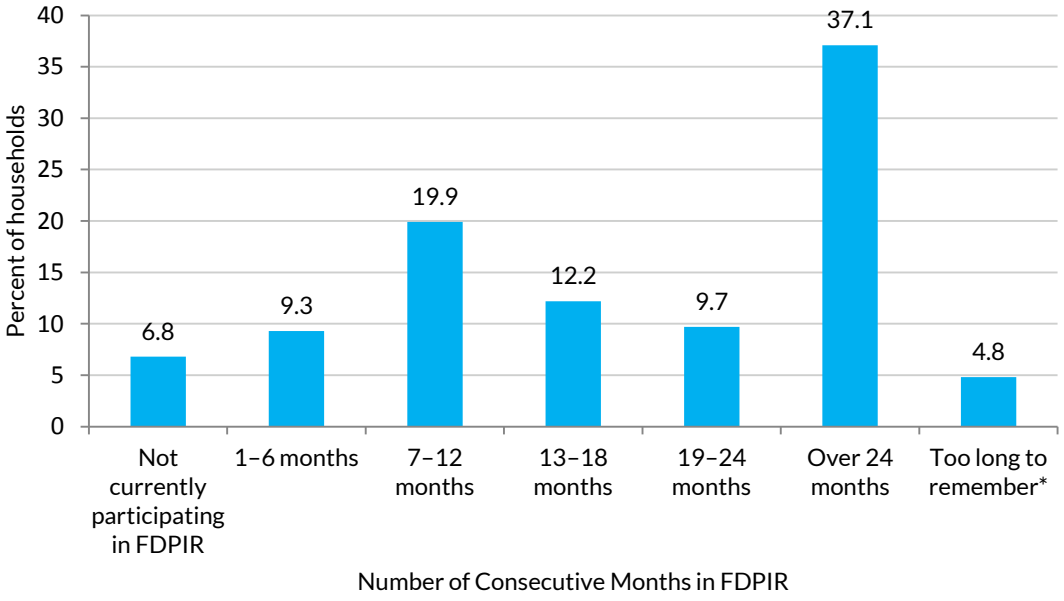
Time spent on FDPIR

Overall, FDPIR participants tend to stay on the program for many months in a row. As shown in exhibit 5.4, about 37 percent of households had been participating in FDPIR for 2 years or more without interruption, being recertified as needed per program requirements, and a majority (about 59 percent) had been participating for a year or more. Less than 10 percent had been receiving FDPIR for 1 to 6 months. The average length of participation was 52 months, but the median was only about 18 months.[57] This suggests that a small number of participants who have been in the program for many years skewed the average.

[57] About 4 percent of respondents said they had been participating in FDPIR for at least a year but had been on the program too long to remember exactly when they started. Because they could not provide a number of months, they are excluded from the average and median calculations.

EXHIBIT 5.4

Percentage of Households by Number of Consecutive Months in FDPIR



Source: Household survey of FDPIR program participants, 2014.
Notes: Estimates are weighted to be nationally representative of households participating in FDPIR.
*Respondents indicated they had participated in FDPIR for at least a year, but "too long to remember."

Extent of switching between FDPIR and SNAP and characteristics of switchers

As we would expect given the lengths of FDPIR participation, it was uncommon for households to switch between FDPIR and SNAP (i.e., participate in one program, terminate their participation, and enroll in the other program for the following month) in the 12 months preceding the survey. Only a small share of households, about 5 percent, either switched to FDPIR from SNAP or vice versa in that period. It was slightly more common to switch from FDPIR to SNAP than from SNAP to FDPIR: 4 percent of FDPIR households switched to SNAP, while 2 percent of FDPIR households switched to FDPIR.[58] This aligns with findings from Finegold et al. (2009). Though that study did not conduct a survey, researchers asked local FDPIR programs to characterize the extent of switching in their programs. The estimates ranged from very few to 10 to 20 percent of households (Finegold et al. 2009).

The 5 percent of FDPIR households who switched at all (either to or from FDPIR) tended to spend more months in the preceding year on FDPIR than on SNAP. The average number of months for which

[58] The percentages switching to and from FDPIR sum to a larger percentage than the total percentage of households who switched, because some household switched both to and from FDPIR.

participants were enrolled in FDPIR in the preceding 12 months was about 7, while the average number of months on SNAP was about 5. The medians were about the same (7 and 4 months, respectively). These trends should be interpreted with caution because they are based on a small sample size.

An important limitation of the household survey in understanding switching is that the results do not fully reflect households that switched from SNAP to FDPIR, because the sample was limited to households that were on FDPIR in September 2013, thus excluding households who were on SNAP in September 2013. Furthermore, survey estimates are limited because they provide only a national estimate and do not describe variations between programs. The data does not support an analysis of characteristics of switchers because of the small size of this subgroup. Interviews with program staff suggest that switching to FDPIR from SNAP is more common in some FDPIR programs. In several sites, staff reported that more people switched from SNAP to FDPIR than the other way around. Though most interview respondents did not comment on the characteristics of switchers, staff at one site estimated that 90 percent of FDPIR participants had been on SNAP at one time or another. Those certified for FDPIR for 6 months or fewer were more likely to switch than those certified for a year or more.

Reasons why households switch and preferences for FDPIR vs. SNAP

Though there is some evidence to suggest that aggregate FDPIR participation is shaped by broader forces, individual households regularly choose whether to participate in nutrition assistance and if so, whether they prefer FDPIR or SNAP. For many households, the value of the benefit they receive in each program is a critical factor. Of the small number of households who reported switching to or from FDPIR on the survey, some said they preferred SNAP over FDPIR because they got a larger benefit on SNAP. Others said they switched to FDPIR because they got a greater benefit there. Discussion group participants from several sites noted, in particular, that they liked being able to stock up on the staple goods provided through FDPIR. Because the amount of SNAP benefits depends not only on household size but also on household income, whereas the amount of food received on FDPIR is based on household size, some households will receive a larger benefit on one program, while other households will receive more on the other. Using TRIM3, we found that the majority of households eligible for both programs received a larger benefit on SNAP in both 2002 and 2008, but the share receiving a bigger benefit on SNAP decreased over the period. In 2002, 61 percent of dually eligible households received a bigger benefit on SNAP, while in 2008 only 51 percent did. For details on how we estimated the value of the FDPIR package, see "Final Memorandum on FDPIR and SNAP Eligibility and Benefits in FY 2002 and 2008 Using TRIM Analysis" in technical appendix J.

In addition, program staff and discussion group participants noted that households prefer FDPIR for several other reasons related to program operations. Participants and staff from many of the sites noted that people found FDPIR's application and certification process more convenient and efficient than SNAP's

process. Specifically, FDPIR staff at several sites said participants preferred FDPIR because getting certified required less paperwork. Staff at those sites also noted that FDPIR provided high-quality customer service, while participants at several other sites noted that participants had negative interactions with staff at local agencies where SNAP is administered. Staff at one site said that participants struggled to feel culturally accepted at county agencies where they apply for SNAP, so they felt more comfortable coming to the FDPIR office to apply. Staff from another program also mentioned that FDPIR offices were geographically closer to households and processed eligibility verification more quickly than SNAP offices.

In addition to receiving a larger benefit on SNAP, households who switched from FDPIR to SNAP gave several other reasons why they made that choice, several related to the quality or types of food available at supermarkets. Specifically, they noted

- Preferring the quality of food at the supermarket to the food available from FDPIR
- Having less time to cook or not knowing how to cook, and being able use SNAP benefits to buy foods that require less preparation or from-scratch cooking
- Needing specific foods because of dietary restrictions or other reasons
- Preferring a greater variety of food choices
- Changes in household size and income that made the household eligible for SNAP when it had not been eligible previously
- Being able to use SNAP's EBT card to purchase food at gas stations and convenience stores

To some extent, the amount of switching that occurs within programs could also be influenced by the local FDPIR program's support for switching. We learned that some program sites supported households' choices to switch between SNAP and FDPIR more than other sites did.

Barriers to FDPIR participation and reasons for leaving

Some households face obstacles that make it difficult for them to participate in FDPIR, while others may leave the program when they are dissatisfied. The three most common barriers to participation were pride, availability of transportation, and understanding eligibility requirements. Staff at several sites noted that some potentially eligible households felt embarrassed to apply or were worried about the stigma of enrolling in an assistance program. At several sites, program staff thought that potential participants faced transportation barriers in getting to warehouses and tailgate sites. Staff at several sites said better outreach needs to be done so that families understand the eligibility criteria. Sometimes, respondents said that they assume they are eligible for both programs if they are eligible for one, but this is not always the case.

Reasons for not participating in either FDPIR or SNAP

A substantial minority of the surveyed households—nearly one in five—spent some portion of the preceding 12 months without assistance from either FDPIR or SNAP. On average, those households did not receive nutrition assistance through FDPIR or SNAP for 6 of those 12 months. Participants gave several reasons for why they did not receive food assistance for at least one of the preceding 12 months. By far the most common was that they were not eligible (42 percent). A smaller share (15 percent) said they did not apply or had forgotten to apply, while 10 percent said they had other sources of food and 7 percent lived outside the service area. Program staff in one Tribe observed that teachers tend to apply only in the summer months, when they experience a decline in income.

Furthermore, about 5 percent of households surveyed said they had been disqualified from FDPIR. We did not ask staff about factors that would disqualify participants from FDPIR, but discussions with program staff lead us to believe that disqualification likely resulted from being enrolled in SNAP.

Summary

Overall, changes in demographic characteristics and eligibility rules do not appear to have driven FDPIR participation levels in the period examined. However, it is possible that changes not factored into our analysis contributed to the reduction in FDPIR participation in the 2000s by making SNAP a more attractive alternative for some households. The growth in FDPIR household participation after 2013 coincides with the end of the temporary increase in SNAP benefits, as well as with FDPIR policy changes that more closely align FDPIR and SNAP eligibility rules. Although not proven in our analysis, the patterns of increases and decreases in FDPIR participation thus appear likely to be influenced by broader changes in both SNAP and FDPIR eligibility rules and benefit levels, and may also be affected by the ease with which households can access retail outlets that have affordable food.

Only a small minority of households switch between the two programs in a 12-month period. Households noted a preference for FDPIR's enrollment procedures, customer service, and cultural sensitivity. Other households preferred SNAP because of the quality of food at supermarkets and the greater choice of foods, particularly to accommodate special dietary needs.

Chapter 6. FDPIR Operations, Food Selection, and Distribution

The operational details across FDPIR programs vary considerably even as individual programs adhere to required guidelines. In this chapter we present findings on program structure and operations, food selection processes, and food distribution approaches. Findings are drawn from interviews with program staff and discussions with participants.

Exhibit 6.1 presents an overview of the 17 FDPIR programs visited for this study. The information on program location and size provides context for the rest of the chapter.

EXHIBIT 6.1

Overview of FDPIR Programs

FDPIR Program	State	FNS Region	Average Monthly Household Participation in FDPIR, FY 2014[1]	Service Area Size[2]	Serves Multiple Tribal Areas
Flathead Reservation	MT	Mountain Plains	S	M	Single Reservation with Multiple Tribes
Fort Peck Reservation	MT	Mountain Plains	S	M	Single Reservation with Multiple Tribes
Oglala Sioux	SD	Mountain Plains	L	M	Single
Standing Rock Sioux Tribe	ND/SD	Mountain Plains	M	M	Single
Bad River Reservation	WI	Midwest	S	S	Single
Lac Courte Oreilles	WI	Midwest	S	S	Single
Sault Ste. Marie Tribe Of Chippewa Indians	MI	Midwest	M	S	Single
Mississippi Band Of Choctaw Indians	MS	Southeast	S	S	Single
Eight Northern Indian Pueblos Council, Inc. (ENIPC)	NM	Southwest	M	S	Multiple Tribal Areas
Cherokee Nation	OK	Southwest	L	L	Single
Chickasaw Nation	OK	Southwest	L	L	Single
Comanche Nation	OK	Southwest	S	L	Single
Hoopa Valley Reservation	CA	Western	S	S	Multiple Tribal Areas
Navajo Nation	AZ	Western	L	L	Multiple Tribal Areas
Spokane Tribe of Indians	WA	Western	S	S	Multiple Tribal Areas
Sherwood Valley Band of Pomo Indians	CA	Western	M	S	Multiple Tribal Areas
Yakama Indian Nation	WA	Western	S	M	Single

Sources: Names of FDPIR program and regions provided by Food and Nutrition Service (http://www.fns.usda.gov/fdd/contacts/fdpir-contacts.htm); FDPIR average monthly household participation for 2014 provided by National Data Bank Version 8.2 public use file and FNS staff. Service area size was compiled using Census 2010 data for Tribal areas (program service areas constituting multiple Tribes) and tribal areas were aggregated to estimate the service area of the entire program.

Notes:

(1) Monthly FDPIR household participation: small = <500, medium = 500–1,000, large = >1,000. All but one site visit occurred in 2014. The final site visit was completed in July 2015.

(2) Land area categories: small = <500 sq. mi., medium = 501–5,000 sq. mi., large = > 5,000 sq. mi.

Operations

Operations encompass the administrative placement of FDPIR within Tribal governance or an agency of a State government and details of the program itself, including staffing, facilities, and coordination with other Tribal services. Included also are processes for certifying applicants and participants.

Administrative structure

Most of the FDPIR programs in the study operated under the administrative umbrella of a Tribal social service entity, such as a department or division of human services, family services, nutrition services, or the health department. This diversity in administrative homes meant that one program might be under a nutrition services department along with WIC, Senior and WIC Farmers Market, and Nutrition Education programs while at other sites, FDPIR was under shared oversight with elder services programs, the Low-Income Home Energy Assistance Program (LIHEAP), Head Start, or public and behavioral health programs. Seven of the FDPIR programs were independent. Directors of these programs reported directly to the Tribal chairman or Tribal council for program requests and budget approval.

Interactions between program directors and Tribal leaders varied across the study sites, ranging from periodic presentations on FDPIR during Tribal meetings throughout the year to meetings during the annual budget approval process. Across programs, staff characterized the relationship with Tribal leaders as positive. Tribal leaders likewise spoke positively about the FDPIR program, especially about its importance to their communities.

Organizational structure

Of the 23 FDPIR programs in the study, all but four have directors who are responsible for FDPIR only. The other four directors also are responsible for other programs, such as Tribal food vouchers, LIHEAP, and senior food programs. The number of FDPIR staff at the study sites ranged from 1 to 79, not counting volunteers and positions not paid for through FDIPIR.[59] Nine programs had five or fewer staff members. Six had between 6 and 10 staff positions. Even among large programs—those with more than 1,000 households—most programs had 10 or fewer staff positions. The Cherokee program, with a staff of 36 and 3,918 households, and the Navajo program, with a staff of 79 and 4,624 households, were the exceptions.

[59] Information collected on the number of staff and staff titles at each program visited was not consistent or complete; therefore, we report ranges for the number of staff.

Most programs with fewer than 1,000 households had one or two certifiers (eligibility workers or technicians), whereas the large programs had two or three. The exceptions were the Cherokee program, with eight certifiers, and the Navajo program, with one to three eligibility workers at each of its seven warehouses that serve participants (see text box). Similarly, larger programs were more likely to have more warehouse staff (three to six) than programs with fewer than 1,000 households (one to three). The Cherokee program had 25 warehouse positions.

STRUCTURE OF THE LARGEST FDPIR PROGRAM

The FDPIR program at Navajo Nation has a unique structure because of its large land area (about the size of West Virginia) and the large number of households (over 4,600 in September 2013) that it serves. The program has a central administrative office, an equipment and maintenance facility, and a central receiving facility for USDA Foods, as well as seven warehouses across the reservation that serve participants. Each warehouse operates like a mini-FDPIR program, with its own food storage facilities, distribution procedures, and staff. Each warehouse supervisor is responsible for management and delivery of all services to participants. Each warehouse has its own complement of eligibility workers, warehouse staff and drivers, as well as a nutrition educator.

Whether staff members were cross-trained for positions varied by program. Some small programs trained all staff to act as certifiers, while staff at other sites were specialized by position. At one site, some staff were certified as drivers so they could fill in when the driver was not available for a tailgate or home delivery. Staff at most sites said that when one person was absent, other people helped cover the person's responsibilities to the extent possible.

In addition to program staff, volunteers and persons paid through other programs were important to the functioning of some programs. Several programs made use of people who were not FDPIR staff. They included volunteers, such as youth or community members; people paid by other programs and placed with the FDPIR to fulfill program requirements, such as Tribal TANF and Tribal career services programs; and people working to fulfill the terms of a court order, such as community service sentences or work release requirements. Most of the non-FDPIR staff provided temporary or part-time help. Duties usually included helping in the warehouse to stock shelves, assembling food packages for distribution, and cleaning facilities.

PROGRAM FACILITY CHARACTERISTICS

The siting of the programs varied widely. About half of the FDPIR programs were located near Tribal administrative buildings and other Tribal social service programs. Others were located within a couple of miles of activity centers. Staff from a few programs that were located in more isolated areas said they would like to move to a more central location. Most of the programs were based in a dedicated building, though several programs shared a location with other service providers.

The warehouses were either attached to or near program offices or program supermarkets. In some places, the structures had been converted to program warehouses from other uses, whereas in other sites the warehouses had been constructed specifically for the program. Regardless of building history, staff from most of the programs said their space was adequate. At two, staff said their current space presented challenges for running the program because of increasing numbers of participants. Staff from two other programs said they needed a new building because of insufficient space.

Some programs identified improvements needed in their warehouses, such as power upgrades, heat pumps, central air systems, or new loading docks. Staff from a few programs cited the age of their buildings when talking about the need for new ones. Problems mentioned by staff from several programs included cracking floors, leaking roofs, and a lack of climate control, both heating and cooling.[60] At several program sites, staff pointed out improvements they had made, including a new loading dock and new heating or cooling systems.

All of the programs had at least one refrigerator and one freezer, and a few programs had four or more. At least a few programs kept an additional refrigerator or freezer as backup. Several programs had purchased or repaired equipment in the past 5 or so years. At a few sites, staff indicated that limited cool-storage capacity in the warehouse or stores affected the ability to stock the quantity or variety of fresh produce they would like to offer.

Capacity also affected the availability of fresh produce and frozen foods at tailgate sites. The programs with tailgate sites all had delivery trucks with refrigeration or freezer capacity but not always enough space to carry the quantity of fresh or frozen foods that participants would like. Most programs that offered home delivery had a vehicle for that purpose, but some borrowed a car or truck from another program or had staff use their personal vehicles, which were not equipped with refrigeration or freezer capacity.

[60] Some of these programs mentioned one problem, while others mentioned multiple problems.

Colocation and coordination with other programs

Several FDPIR programs were colocated with other programs or services, some of which addressed food or nutrition needs. For example, one program that used the grocery store model had a store colocated with a WIC clinic; another program shared a building with the LIHEAP and the Tribal Emergency Food Voucher programs. FDPIR staff who worked in colocated settings reported that people took advantage of program proximity to learn about and, if they were eligible, to apply for other services. For example, staff said that FDPIR participation numbers increased when participants came to receive LIHEAP benefits.

The most frequently cited partnership or program coordination, regardless of colocation, was nutrition education. FDPIR nutrition staff commonly worked with other nonprofit organizations and gave presentations in the community. Programs that lacked nutrition education staff coordinated with other services, such as IHS or SNAP, to provide nutrition education for FDPIR participants. See chapter 7 for a discussion of nutrition education partnerships.[61]

Most of the FDPIR programs that have tailgate sites coordinated with other programs to access space. Tailgate distributions tended to be held in community centers, senior centers, chapter houses (Navajo Nation), or on the property of other programs, such as IHS or WIC. FDPIR rented or used these spaces for free under agreements with a Tribal office or the appropriate program.

Relationships between FDPIR and other programs included participant referrals. Staff from FDPIR and other programs would tell participants about Tribal and other services for which they might be eligible or make calls on their behalf. For example, staff from a few sites talked about keeping a list of other programs to which they would refer participants. FDPIR directors also maintained relationships with other service providers by attending meetings with directors of other programs.

Outreach

Programs used a diversity of outreach methods, some of which occurred during regular program activities and others that were special efforts. The former types of outreach included distributing information during tailgates and sending letters to inactive participants encouraging them to reapply. Most FDPIR programs rely heavily on radio announcements, brochures, posters, and news articles to provide information to participants. Special activities included setting up an information table during Tribal health and other fairs, and conducting food preparation or food safety and storage demonstrations in schools and

[61] Coordination between FDPIR and SNAP included checks on dual participation in the programs as well as partnerships in nutrition education in some sites.

organizations.[62] Programs also placed program information and application forms at social service agencies and the Tribal office and advertised on the radio or in print media (newsletters or newspapers).

It is unclear whether programs gathered data on how participants learned about the program or on the effectiveness of various outreach methods. Staff and participants believed that word of mouth was the most effective way that people learned about the program. Some staff thought that handing out fliers was ineffective. Less often, staff mentioned Internet-based approaches, including using program websites, email, and Facebook, with Facebook considered slightly more effective than email.

At least a few sites conducted outreach specifically in response to the 2013 rule change to inform people who had been denied previously that they should reapply (see text box example). Staff from one program said that the targeted outreach led to an increase in the number of participants.

TARGETED OUTREACH

After the new FDPIR income guidelines were enacted in October 2013, a case certifier at Hoopa Valley FDPIR reviewed files of people who were denied enrollment because of income before October and rescreened them for eligibility. The certifier then called eligible people to invite them to reapply to the program. After using the new guidelines to review 100 files with denied applications, the certifier identified 10 newly eligible applicants. Because of the change to allow higher household income, there has been a slight increase in the share of participants with higher income.

In addition, twice a year, staff members send an application to inactive participants to see if they are interested in signing up again. This has been a successful practice because the staff had observed that some FDPIR participants left the program for a while because the household was overstocked on some food package items, rather than dissatisfied with the program itself.

Application and certification process

Each of the FDPIR programs in the study accepted applications in person, and the vast majority of applications were submitted either at a program office or a tailgate site. Nearly all programs allowed people to submit applications without requiring an appointment to do so. Several of the 13 programs with tailgate

[62] According to FNS staff, local programs received program brochures and pop-up banners for use at outreach events.

distribution accepted and certified applications at tailgates. Other methods of receiving and certifying applications included telephone, fax, postal mail, and email. Exhibit 6.2 shows the number of programs that allow the various application and certification methods.

The Navajo Nation program accepted applications and documentation by fax because some remote locations within its service area had telephone but no Internet service. Participants faxed materials from offices they visited to obtain documentation (such as a SNAP office, a utility company, or their employer) or from a library. One site received most applications by postal mail and conducted many of its applicant interviews by telephone because its service area was so large. Staff said that conducting the application process by postal mail tends to take longer. This site was also the only site that did not certify or recertify at tailgates, though tailgate staff did accept applications. Only one program indicated that it accepted applications by every possible method.

The programs at many of the 17 sites visited took applications, interviewed and certified applicants, and allowed food pickup on the same day. Several others had a wait time for approval during which staff checked for dual participation in SNAP. Staff said that the time it takes to check on SNAP enrollment slows the certification process.

According to program staff, the most common certification challenge was getting applicants and participants to submit all the required paperwork, especially income statements from SSI, Social Security or other income sources that staff could then verify.

EXHIBIT 6.2

Application and Certification Methods Used by FDPIR Programs

Method	Number of Programs
Office in-person	17
Tailgate in-person	12 (of 13)
Telephone	2
Fax	6
Postal mail	9
Email	2

Source: FDPIR program site visit interviews, 2014–15.
Notes: Sample size = 17 sites.

USE OF TECHNOLOGY

In the application and certification process, the use of computer technology by FDPIR staff is low. Most of the programs used paper applications and maintained hard-copy participant files. As shown in exhibit 6.3, a few programs did allow applicants to begin the process electronically and submit forms by email. In most

programs, staff checked for dual participation in SNAP by telephone. A few programs used an electronic spreadsheet or an online portal to check dual enrollment or checked by email. At Chickasaw Nation, case files are maintained electronically. When people come in to certify, a staff member fills out the application online with the applicant, using a system (the Great Plains electronic system) that pre-populates the information on the application. The application is printed out and then signed by the applicant. Once the certification process is complete, staff from all 17 programs store participant information in the Automated Inventory System (AIS) or a like program. ***

EXHIBIT 6.3

Use of Computers for FDPIR Certification

Reason Computer Is Used	Number of Sites Where Computer Is Used
Screen households for eligibility	1
Initiate an application	3
Collect and store participant information	17
Validate information	2
Check for dual participation in SNAP	3

Source: FDPIR program site visit interviews, 2014–2015.

The use of computers is hindered in some sites, particularly those that are remote, by the lack of computer-based technology infrastructure and the lack of computer access among prospective and current participants. In some remote locations, especially some tailgate sites where applications and certifications are handled, staff relied on telephones or fax technologies to submit or exchange information because there was no web-based infrastructure or Internet access. For example, at one tailgate site, the eligibility worker used a cell phone to call the SNAP office to check on dual participation before she certified an applicant for FDPIR; no landline was available at the tailgates. A certifier with another program took a tailgate-specific cellphone provided by FDPIR that participants or others could call if they needed to contact her.

Staff from some programs said that their State was moving program documents online, which has made it challenging for participants to access information they need to complete an application. For example, staff from several programs said information from yearly Social Security award letters was now available on *mysocialsecurity.gov.* FDPIR applicants without computer access had to seek assistance to gather the

documentation they needed, which delayed the process. According to the household survey, 59 percent of survey respondents said no one in their household had Internet access.[63]

Several programs used computer technologies during tailgate distribution. Staff used laptop computers, scanners, and printers to issue food, scan copies of documents, and print food order sheets. Programs that had the AIS inventory system loaded on a laptop could synchronize records of foods issued with the program's inventory at the main program site. In addition to tracking inventory by directly entering food orders into a program-issued laptop, certifiers for one program could take an application electronically and recertify participants at tailgate sites. In a few programs, staff used laptops to track food availability and distribution (see text box).

EXPEDITED SERVICE, CERTIFICATION, AND RECERTIFICATION

When asked about the frequency and use of expedited service, staff from a couple of programs described their use of a pending-status designation for people who need food immediately. If people were in immediate need and did not have all the required documents to complete an FDPIR application but appeared to be income-eligible, staff would authorize the distribution of USDA Foods the same day. Pending, or expedited, status could be used for only one month; pending applicants had to present all required documents before they were allowed to receive benefits in a subsequent month.

Staff indicated that requests for expedited certification were rare. Staff from one program offered an example of expediting a family's application because the family was in a desperate situation and had no food. Another program explained how they have worked to expedite services for homeless applicants. A staff member would visit the location where a homeless applicant stayed to confirm where the person was staying and to use the location as the person's address on the program application.

[63] The household survey asked, *Does anyone in the household have access to the Internet?* If the respondent answered yes, they were asked who had access. Respondents were not asked about computer ownership or access per se.

FDPIR CERTIFICATION PROCESS AND EXAMPLES OF USE OF TECHNOLOGY AT TAILGATES

The Cherokee Nation's largest FDPIR tailgate site serves an average of 30 households. This tailgate is held at a community center where program participants wait their turn in a comfortable space set up with tables and chairs. Program staff certify and recertify participants during the tailgate, reserving the first 30 minutes of each visit for elders. After clarifying whether the participant is new to the program or recertifying, the certifier contacts the FDPIR office by cell phone to check on SNAP participation. Staff in the program office have electronic access to a list of SNAP participants. The certifier brings paper files to the tailgate for only those recipients who must recertify. A portable copier-scanner allows the certifier to scan required documents and return the originals to participants immediately. Once the certification or recertification process is completed, participants give their food selection sheet to the data clerk, who handwrites the order on an issuance sheet that tracks the foods people can receive, which is based on household size. The clerk clips the participant's program ID card to the issuance sheet, which the participants take to the food delivery truck. Staff working on the truck keep the issuance sheet, which the data clerk uses to enter the food order into the AIS system after staff return to the office. Likewise, the certifier enters certification information into AIS.

One of the tailgate sites of the FDPIR program of the Standing Rock Sioux Tribe is in a building that offers an elderly lunch program. This tailgate serves about 45 people on average. The certifier and issuance clerk each bring a laptop and printer with wireless capability and access to the program's AIS system. Staff bring the paper files of all program participants for the site rather than only those who are expected to recertify. The files include the previous month's food order, which can expedite the issuance process. Finally, staff bring a list of active SNAP participants to use when checking for dual participation. Unlike the process at the Cherokee tailgate site, the staff do not have a scanner, so they collect required documents from new or recertifying participants and take them back to the program office. After completing the application or the recertification, staff return the documents by postal mail. Once participants are cleared for food pickup, the issuance clerk enters their order into the computer and prints a copy that the participant takes to the delivery truck.

USE OF AUTHORIZED REPRESENTATIVES

In most of the 17 programs visited, some participants used an authorized representative to pick up and deliver their food. The representative could be another family member or an adult, non-household member designated by the head of household or spouse for the role. Program staff kept the names of authorized

representatives on file as a check when food packages were picked up. Staff viewed the use of authorized representatives as a valuable accommodation for elderly and disabled participants and for those who work during the day. Some participants in one program relied on Community Health Representatives (CHRs) as their designee to pick up food at FDPIR locations and deliver it.

The use of authorized representatives varied across the sites. Staff from some programs said that nearly every participant had identified an authorized representative and that anywhere from 20 to 75 percent of participants used this delivery option at some time. Other programs estimated that only a small number of participants had authorized a person to pick up food. Staff at some sites put checks in place to minimize or avoid the occasional problems of an authorized representative not giving food to the participant or of two authorized representatives picking up for the same participant in the same month. For example, one program was working with the CHR program to have participants identify CHRs as designated representatives in order to make sure participants get their food, since there had been instances when a family member picked up the food package but did not provide it to the FDPIR participant.

Food selection

This discussion of food selection is drawn from interviews with FDPIR staff and includes consideration of the inventory and food ordering systems and processes, along with participants' influence on the selection of food items.

Inventory

All but one of the programs visited used the AIS to facilitate managing the food inventory. The AIS is a software system used for ordering and tracking FDPIR products. In some programs with multiple distribution sites, each facility was responsible for its own inventory, but the AIS system allowed the warehouse coordinator to look across all sites. One site used the Great Plains inventory system instead of the AIS. The Tribe purchased this private software system for use in various Tribal programs, including FDPIR. The system included a customized certification piece that allowed the warehouse manager to pull inventory reports for the whole program, which includes three permanent distribution sites. This inventory system also was used to track food taken to tailgates.

INVENTORY MANAGEMENT PROCESSES

Inventory management processes varied across programs. In some of the larger programs, program staff used scanners to update inventory based on deliveries, tailgates, and transfers from one store to another, and conducted physical counts monthly. For example, one program used handheld scanners to

conduct inventories. The scanners were placed in a docking station on a computer that staff used to upload the scanned information into the inventory system. Other sites closed doors to participants for a half day to two days each month to count everything in the warehouse and compare numbers with those in the computer. To do this, issuance clerks ran an AIS report of all the items reported to be in stock, and warehouse staff compared this electronic record with physical counts. Often two or more staff carried out the count and compared numbers with each other. After the physical count was finalized, they would make adjustments in the computer. One site counted inventory weekly, after they had finished issuing food.

Staff from several sites said that they conduct a daily count of food items in their stores or warehouses. One of these sites that has a store does what staff called spot checks to ensure the number of items on store shelves match the electronic inventory, which is updated when checkout staff scan participants' food selections. In addition to a daily count, another of these sites conducts a whole warehouse inventory twice a week and a final inventory at the end of the month when the warehouse is closed. According to project managers, this process helped staff discover discrepancies due to theft or simple issuance mistakes, e.g., distributing tomato sauce instead of spaghetti sauce.

Sites used their respective inventory process to help with restocking and organizing foods in the warehouse. Sites followed the "first-in, first out" (FIFO) inventory method, but some sites said they received products on occasion with "best by" or "use by" dates that were earlier than those on products already in stock. They would reorganize stock to distribute these items first. A few programs said this problem has diminished.

One respondent observed that the inventory tracked in the AIS reflected what was currently in the warehouse with about 90–95 percent accuracy. After receipt and verification of food shipments, FDPIR staff have discovered damaged or missing foods, which resulted in discrepancies between the online and actual inventories.

Ordering

In this section, we describe the process used by sites to order USDA Foods, procedures for ordering fresh produce, and the role of participant preferences in food ordering.

ORDERING USDA FOODS

The ordering process varied across sites. For some programs with multiple stores or distribution centers, each individual site ordered its own food. However, if there was low inventory at one of the sites there was the possibility of sharing food across sites. In another larger program, the main warehouse placed the order and then delivered to the multiple stores. Across the sites, the person who placed the orders varied. At some sites, the ordering was done entirely by the FDPIR director or the warehouse manager,

director or supervisor, whereas in others the issuance clerk was responsible for ordering. Often several staff members were involved in the process, working together to determine what to order.

Frequency of ordering also differed across programs. The number of times that orders were placed for USDA Foods depended on the size of the program and the storage capacity of the facilities. For example, in a program with multiple distribution centers, two stores placed an order twice a month, and smaller stores placed an order once a month. Most programs placed an order once a month. Availability of food at the national warehouse was an additional factor affecting the frequency of ordering. One respondent responsible for ordering stated that he checked online every day, sometimes twice a day, for the availability of product and would make adjustments to the order throughout the month, placing a final order at the end of the month. Another respondent also commented that he checked online daily to find out whether inventory of an item was low, in which case he would place an order right away. Several programs mentioned "starting" an order online as soon as they could, and checking online often throughout the month to see when foods were available to be added to the order.

The sites varied in the amount of inventory they kept on hand. Some sites kept 2 or 3 months' supply of food in their warehouse. One site mentioned keeping less during the summer months and, during August to March, keeping a 3-month supply in case an order did not come in. Sites with smaller warehouses kept only a one- or one-and-a-half-month supply. In one site that had tailgates, the director wanted to be able to offer the exact same foods on tailgates as was available in the warehouse. Consequently, transferring portions of all food items from the warehouse to the tailgate was a factor in determining the amount and variety of food to order.

Although most programs placed an order each month, respondents from all the sites stated that they do not order each food item each month. Orders for some items are placed anywhere from every 6 weeks to once every 3 months. For example, one program orders flour, juices and low-fat canned milk once every 6 months. Programs used many methods both to decide what to order and to place orders. For example, to figure out what to order, some programs printed out the FNS-152 report from the AIS (a report that outlines the monthly distribution of food to households), looked at how much food was left, how many issuing days were left, and what items were issued per day that month. Others used worksheets to calculate the average monthly usage of each item over a 3-month period. One program used its own spreadsheet, which showed a 9-month average, to inform its order. In some places, the person responsible for ordering decided what to order based on their experience and knowledge of what participants like and take each month. A respondent at one site said that he surveyed participants twice a year to learn which items to order, and others walk around the warehouses and see which food items need replenishing. Another respondent figured out her order based on her experience of knowing what people like, what is in the warehouse, and how many participants the program had in a given month.

Every site but two in Montana reported placing food orders online through the Web-Based Supply Chain Management system. Programs in Montana faxed their orders to the State FDPIR office. Almost every site reported that delivery of USDA Foods occurred once a month, usually a week after an order was placed.

ORDERING FRESH PRODUCE

The process for ordering produce was different from that for ordering other USDA Foods. Nearly all sites ordered produce to be delivered once per week to ensure the availability of fresh produce to participants throughout the month. A few sites received deliveries less often than once per week (for items with longer shelf lives such as potatoes or mixed fruits), and one site had produce delivered twice a week. Three sites said their delivery dates from their vendors were unpredictable. The person responsible for ordering produce was commonly the issuance or AIS clerk, rather than the warehouse manager or FDPIR director, although in a few sites, it was the same person.

All programs ordered produce online through a DoD website rather than the Web-Based Supply Chain Management system. The person placing the order often checks with others in the warehouse about the number of produce items that remained and that were distributed the week before. Instead of tracking USDA Foods using spreadsheets and then ordering online, respondents stated that ordering produce was a little like guesswork. They wanted to have enough produce to last the week but not order too much which would then go to waste.

Given the delay in distribution and the fragility of the product, program staff in charge of ordering fresh produce took measures to ensure that produce would remain edible by the time it was distributed to the FDPIR households. One AIS clerk reported that he informed the produce distributer to choose produce that would last when selecting produce to be delivered to the warehouse. Staff were careful with the specific items they ordered, choosing the least perishable. For example, staff at one site would not order celery or cucumbers because they would not stay fresh long. Owing to the shelf life of the produce, staff had to be more precise and careful with their produce orders in comparison with their regular USDA Foods orders, for which a larger supply is beneficial. They indicated that it was important, for this reason, to understand the preferences of households when placing produce orders.

Issues related to seasonal foods and ordering were particularly relevant for fresh produce. Different foods were available at different times during the year, depending on what was in season. Both staff members and participants commented on being frustrated when produce was no longer available. FNS staff did say that the USDA emphasizes that many fresh produce items are available only seasonally. One AIS clerk mentioned strategically ordering produce that he knew was appropriate for the season and would be selected by the households.

The fresh produce component of the FDPIR program was very popular and often cited as one of the best features of the program. Specifically, participants liked having access to fresh fruits and vegetables, and other respondents enjoyed the nutritional benefits of fresh produce to participants' diets. Participants requested more variety and the ability to be able to get more fresh food in volume. For example, participants were unhappy that fresh produce and canned produce were placed in the same category as choices; instead, they wanted to have all of the fresh produce available in addition to the canned goods that would last later into the month. Participants from a few programs commented that produce availability was low at the end of the month. It also was noted that the fresh produce could be inconsistent in quality and availability.

Sites varied in the length of time that they had participated in the fresh produce program, from sites whose staffs were actively involved in bringing the fresh produce to FDPIR as a pilot to those that had joined within the last several months. Many sites that had been participating in the program for years observed the increased variety of offerings over time.

The greatest challenge with the fresh produce program, as reported by some sites, has been the varying quality of vendors. For example, the availability of items was sometimes an issue and the quality of the products was not always good.[64] A few programs switched vendors, which staff said led to vast improvements. With some vendors the truck driver would wait after the boxes were unloaded while staff reviewed the entire delivery, whereas with others, the driver would leave after the boxes were unloaded. This was an issue because, at times, damaged products were not discovered until after the truck driver left, and sites were left with produce of potentially damaged or compromised quality that could not be replaced for a week. Many sites noted problems with produce upon delivery (e.g., damage or quality issues) from the vendors. Staff and participants at several sites noted that particular produce items would go bad quickly when taken home. For at least one site, the program was able to communicate with the main warehouse when they received poor-quality produce, possibly put the boxes of spoiled produce back on the same truck that brought it, and then receive more produce during the next delivery or organize an emergency delivery. However, sites reported varied results on whether or not vendors would replace damaged items.

Role of participant food preferences

Several factors went into managers' decisions about which food items to order. According to the interviews, the number one driver was the availability of food. Staff who are responsible for ordering food for their programs checked the website frequently to see updated availability and place orders immediately, or ordered more food to accommodate any anticipated deficits.

[64] FNS works with DoD to address issues with the quality of fresh produce when the problems are brought to their attention.

The next factor was participant preferences, as measured by records of what participants took each month. Methods of determining participants' food preferences (described above in the ordering process) varied by site, but very few mentioned formal processes to solicit participant feedback. Most sites received feedback from participants through close personal interactions with them as well as through hearing participants ask about products that were no longer included or, in some cases, mentioning products they would like to see. A few sites implemented a survey asking about food preferences.

PARTICIPANT-REQUESTED IMPROVEMENTS

Participants commonly suggested adding back to the food package products that had been removed, including lunchmeat or spam, tuna, and syrup. Other products that participants would like to see, in no particular order, included spices, garlic, frozen vegetables, baking soda or baking powder or yeast, fresh eggs (currently being piloted), sugar, frozen fish, whole milk, bread, alternative grains and flours (barley, quinoa), and coffee and tea.

Other participants requested a greater variety of frozen meats, canned beans, and canned soups. In the discussion groups, households in one program indicated that they would like more meat and to be able to receive both oil and butter. Staff noted that the amount of butter offered has decreased since its reintroduction into the food package, and recipients would like more of it. For a detailed discussion of participants' food preferences, see chapter 8.

Challenges

Some participants in discussion groups raised issues about the availability of all food items. For example, they mentioned food being out of stock when they arrived or not available that month. Unavailability of products and inconsistency of inventory were mentioned as key reasons why people might leave the program (see Major Challenges for further discussion).[65] Staff from a few tribes talked about the impact of the Federal budget sequester and the 2013 shutdown of the Federal Government on food availability. Staff at one of these programs said it ran out of certain food items, and the others commented that the shutdown led to a series of problems with the food procurement process from which they were still recovering at the time of the site visits.

[65] FNS staff commented that, "ensuring that the food package meets the nutritional and cultural needs of the people that FDPIR serves is of great importance to FNS. During FY 2014, there were some challenges in ordering and obtaining popular food items from the program's national warehouses. These challenges were due to an unexpected increase in participation of more than 10 percent during the year. While some items were unavailable, FDPIR administering agencies continued to offer participants their full FDPIR benefits; products were available in each food category to complete food package issuances."

Some limitations of the fresh produce program relate to space and equipment issues. Some tailgate sites cannot offer the full variety of fresh or canned foods because of truck limitations, such as limited on-board refrigeration. However, other sites offer a full range of products and make it a point to offer the same food package on tailgates as at the warehouse. Staff at one site mentioned that because they wanted to offer the same products on tailgates that are available in the store, they limited what they offered at the store. Staff from sites whose programs were growing or that had restricted warehouse space also mentioned the impact that limited space had on the quantity of food they could order and the monthly inventory of food they maintained.

Distribution

In this section, we describe programs' approaches to distributing food packages to participants and provide insight into the selection of approaches.

Food distribution modes

Most of the 17 programs visited distributed food at their warehouses and tailgate sites and through home delivery, as shown in exhibit 6.4. Among the 13 programs that distributed at a warehouse, two had more than one warehouse that supported food pickups. Programs with tailgate distribution varied considerably in the number of pickup sites, with half of these 13 programs supporting 7 or more sites.

Three programs offered food pickup in a grocery or supermarket setting instead of a warehouse. The Mississippi Choctaw program had one grocery store-type distribution site. The Chickasaw Nation and the Cherokee Nation had three and seven stores, respectively. Most of these programs used an automated scanner system linked with AIS or another electronic inventory system at checkout.

Most programs offered a home delivery option for participants who were unable to come to a distribution site. Of these 16 programs, 13 had a more formalized approach to home delivery that included a systematic approach to determine who could receive this service and routine, monthly deliveries. Three of the programs operated deliveries on a more informal, as-needed basis. Staff of these programs said they made few deliveries. One program interacted with CHRs that delivered the food packages to some participants as their authorized representative but the program itself did not make home deliveries. (This program is not included in the home delivery count in exhibit 6.4.)

EXHIBIT 6.4

Food Distribution Approaches in FDPIR Programs

Pickup Option	Number of Programs That Offer the Option
Warehouse pickup:	13
One location	11
Multiple locations	2
Tailgate pickup sites:	13
No tailgate sites	4
1–3 sites	4
4–6 sites	2
7–9 sites	4
10 or more sites	3
Supermarket-like setting	4
Home delivery:	16
Formal (system for determining home delivery participants; FDPIR staff make routine deliveries monthly)	13
Informal (on an as-needed basis)	3

Source: FDPIR program site visit interviews, 2014–15.
Notes: Sample size = 17 sites.

By far the most commonly used locations for food pickup were warehouses and other FDPIR locations, which included store settings and nutrition centers. When asked where they usually picked up their food package, 85 percent of household survey respondents said at an FDPIR site, which included warehouses, and an additional 3 percent said at a different warehouse location. Tailgate pickup and home delivery options were used by 5 and 6 percent of respondents, respectively. Only a very small percentage use other options, such as picking up food at other locations or arranging for another person to pick up and deliver their food package.

Deliveries by mode

WAREHOUSES

Staff at most programs indicated that participants who pick up food at a warehouse did so once a month. Several indicated that they restricted pickup to once a month, though a few of these programs allowed participants to return within a month's time if an item was unavailable at the time of pickup. A few other programs assigned a pickup day to participants or required appointments.

Staff from a few programs indicated that they allow pickup more than once a month, although some of them said that few participants took advantage of the option. One warehouse of a large program allowed multiple visits a month, which staff attributed to the program's use of electronic tracking systems (see text box).

THE IMPACT OF TECHNOLOGY ON FOOD PICKUP

The use of bar codes on food items at one FDPIR warehouse of the Navajo Nation had, in effect, created a hybrid model for food distribution that falls between the warehouse and store models. By using bar codes, staff could allow participants to walk through the food stock in the warehouse with a grocery cart and select the items they wanted in each food category. The program provided participants with cards that list allowable food items and quantities by household size, which they used to select food. At the checkout stand, their items were scanned and the automated system determined whether the food selected complied with regulations for family size, commodity type, and other variables. Then participants boxed their food and loaded it into their vehicle. Staff members offered assistance throughout the process, as needed.

TAILGATE SITES

Among sites that offered tailgate pickup, several programs delivered USDA Foods to one or more of their tailgate sites once each month; a few programs delivered to one or more (but not all) of their tailgate sites twice a month; and one program delivered to both of its sites twice monthly. It is unclear whether participants were permitted to go to tailgates more than once a month or whether the second monthly delivery was limited to participants who did not pick up food during the first delivery. Staff from a few programs with multiple tailgate sites said they did not allow participants to switch their pickup location from one tailgate site to another one unless a participant moved to another location within the program's service area.

GROCERY STORE MODEL

Among the few programs that offered a store model of food distribution, only one allowed participants to pick up food more than once a month. Staff from another program said that they were working on how to use the AIS to support multiple pickups a month by a participant but had not yet implemented such an option.

HOME DELIVERIES

ITOs and State agencies are encouraged by FNS to respond, whenever possible, to reasonable requests for home delivery services to elderly, disabled, and other homebound individuals who have been determined to be eligible to participate in FDPIR. Programs that offered home delivery services made deliveries once a month or as needed for participants who requested such assistance.

SCHEDULING

All the programs reported being open year round except during inclement weather when staff and participants were unable to travel to a distribution site safely. Exact hours for warehouse and store distribution sites varied across sites but, in general, followed regular business hours. One program also opened its FDPIR store one Saturday morning a month from 9 a.m. to 12 noon. In some locations, staff stopped certifying participants in the mid-afternoon to allow warehouse staff time to assemble the food order or the participant time to pick up food. Many programs also closed to participants one or two days each month to enable staff to conduct food inventories and complete required reports.

Tailgate distributions were scheduled to accommodate truck deliveries and were dispersed throughout the month, depending on the number of tailgate sites. As previously mentioned, home deliveries were scheduled once a month or as necessary. Inclement weather also could cause a delay in tailgate distribution and home-delivery schedules. If a delivery is canceled, staff reschedule the delivery date.

SATELLITE WAREHOUSES

A few of the programs visited had satellite warehouses. At one program, the main warehouse delivered all food except fresh produce to its satellite warehouse, which ordered produce through DoD Fresh. Similarly, another program delivered food items from its main warehouse to the satellite sites while the satellite warehouses ordered their own produce. In another program with three warehouses, each ordered all of its food directly. The satellite warehouses operated on the same schedule as programs' primary warehouses. Navajo operates its own large central warehouse, which takes orders from and delivers food to the seven satellite warehouses. One of the satellite warehouses coordinates the fresh produce orders for all the warehouses.

DELIVERY VEHICLES

All of the programs with tailgate sites reported having refrigerated trucks and freezer capacity. The size of the refrigerator and freezer compartments and the reliability of the trucks were critical components of successful tailgate distribution. Vehicles used for home deliveries varied as to whether they had refrigeration or freezer capacity.

Package composition

At least a few programs limit the variety of produce and canned items they offer at tailgate sites compared with the items available at warehouses. For example, one program took about 5 vegetable items to tailgates from the 10 available in the stores. Staff said the limitations were due to delivery truck capacity. Staff rotated the foods offered at tailgate sites or did not deliver the less popular items. Most programs allowed participants to select their foods at the tailgate pickup; participants would work with a certifier or issuance clerk to check items on a form and then take the list to the truck for package assembly. One program, however, has participants place their order in advance by postal mail or by completing their order for the next month at the time that they pick up food. In this program, the orders were filled at the warehouse, and boxes marked with participants' names were loaded on trucks and driven to tailgate sites. In a variation of this approach, participants in another program could indicate the foods they did not want the following month at the time that they picked up food. Both of these approaches helped staff determine the foods they would deliver to tailgates the following month.

One program tried to offer the same foods at its eight tailgate sites as were available in the program's store. Staff said that they probably could order more items for the store but felt it would be unfair to participants who rely on tailgate pickup. In a similar vein, staff at another program said they wanted to offer the same food choices at each of their seven store locations, but they did not have the cooler and freezer space to hold enough fresh produce. As one person explained, if they offer apples to one household they want to offer apples to all households, but they are limited by their equipment.

Coordinated services

Overall, few other services were coordinated with food delivery. Where there was coordination, it was likely to involve nutrition education. A nutrition educator accompanied tailgate deliveries in several sites. The educators offered taste tests of foods prepared in advance and handed out recipes. There were colocated programs in some sites that intentionally overlapped with food delivery. For example, one program's Commodity Supplemental Food Program (CSFP) made deliveries to tailgate sites on the same schedule as FDPIR.

Challenges

During discussions of program operations, the challenges that staff identified concerned issues related to training and budgeting.[66]

Training

Staff from smaller programs spoke of a need for additional funding and support for training. In particular, they talked about needing to train more staff on the use of the AIS, forklift operation, and food safety. Additional training would enable all staff to cover for others when necessary. A challenge to gaining additional training however, was the fact that small programs need all their staff on hand to run day-to-day operations. Were one or more people to attend a training session at a national conference, it would create a (short-term) problem.

Budget

Local staff identified budget challenges that stemmed from the interaction of external factors and the FDPIR program at the Federal level. The 2013 shutdown of the Federal Government led to budget challenges for a few programs even though the shutdown itself was limited to 16 days. For example, one program was able to cover costs with funds provided by the Tribal government, which were repaid once FDPIR funding resumed. Another Tribal government drew money from its reserves to cover FDPIR staff wages during the shutdown. According to respondents, it has been difficult to replenish the reserve funds.

Staff said it is not unusual for programs to receive their annual budget from FNS late.[67] Depending on tribal rules, programs are required to either spend or obligate funds by the end of the fiscal year. For those that must spend down the budget, there can be a gap in budget until the next year's funds are received. FDPIR staff interviewed at site visits talked about the cash flow problems they have faced between the end of the fiscal year and the date on which the next year's funding is received.

Another challenge involved the FDPIR budget modification process, which staff said took too long to allow quick response to relatively small needs. For example, if a delivery truck were to break down and the budget needed to be modified before covering the costs, the program would be without the truck for too long a time under the current process.

[66] We did not ask about these topics systematically across all sites. Rather, these are issues that respondents raised during site visit interviews, so the problems and solutions might be particular to a small number of programs.

[67] FNS staff explained that, as with all FNS programs, full-year funding cannot be distributed until Congress passes an annual appropriations bill. However, programs do receive a prorated share of administrative funding under any continuing resolutions passed by Congress close to the beginning of the fiscal year.

Local staff offered two suggestions for addressing the budgeting challenges. The first was to allow a 5 percent carryover provision rather than require all funds to be spent or obligated by the end of each fiscal year. Such a change would address the issues associated with gaps in funding related to budget processes. The second suggestion was to allow an emergency budget modification process for unexpected maintenance or other issues that necessitate a quick and modest budget change.

Summary

Most of the programs in the study operated under the administrative umbrella of a Tribal social service entity, such as a department or division of human services, family services, nutrition services, or the health department. Most programs had a full-time FDPIR director. The programs varied in whether staff members were cross-trained for positions, but program staff generally stepped in where they could to help each other and to ensure that participants received their food packages. Although only a small number of programs were colocated with other services, coordination with other programs was common, such as with nutrition education providers.

Most programs had adequate space and food storage equipment. Limited cool-storage capacity in a few programs affected the ability to offer the quantity or variety of fresh produce that staff would like. Although some programs use computer technology to support program application and certification processes, for the most part, certification remains an in-person and paper-based transaction. Remote locations and lack of participant access to computers or to the Internet inhibits expansion of these technologies in some places.

Inventory and ordering were aided by the AIS system but remain time-intensive processes that are the core of warehouse management. By far the most commonly used food pickup locations were warehouses and other FDPIR locations, which included store settings and nutrition centers. To the extent possible at each program, managers tailored warehouse hours, tailgate and/or home delivery options, and product selection to the circumstances and preferences of participants.

Chapter 7. Nutrition and Health Education

Nutrition education is integrated across FDPIR programs in a variety of ways, with topics ranging from healthy food preparation to physical fitness and healthy food choices. It is a priority for all sites, although many found it difficult to sustain nutrition education activities from year to year. This chapter presents findings on the funding sources and programming for nutrition education and other health promotion programs. Findings are drawn from administrative data, the household survey, discussion groups with participants, and interviews with program staff.

Funding

The structure and continuity of nutrition education programming is dictated and sustained by funding sources, and by staff expertise and availability. These two elements are critical factors in the implementation of programs and shape the overall effectiveness of nutrition education. Across sites, program staff spoke of insufficient funding and staffing, which have led to program challenges. Staff offered a number of recommendations for improving access to existing funding streams, expanding the opportunity for nutrition education funding, and hiring the most qualified nutrition staff. These recommendations are included at the end of this chapter.

General administrative nutrition education funds

FNS makes $250,000 available annually for the purposes of FDPIR nutrition education. These funds are first allocated to regional offices under the same formula used for standard administrative funds; then regional offices disseminate the funds to ITOs. Sites used this source of nutrition education funding for a variety of purposes. One site used the funds to highlight one recipe a month and serve it at each of the food distribution locations, while another site used funds to buy FDPIR cookbooks, calendars, and cooking equipment. A few other sites also purchased cooking tools, including spice packs, cutting boards, cooking thermometers, and nutrition labels for distribution to participants.

Several sites combined funds from their administrative grants with other sources to expand their nutrition education activities. One site combined the administrative funds to buy starter plants for their community garden, and one used the funds to support financing for a building dedicated to nutrition education. Several sites used the administrative grants, in combination with other funding, to cover salaries of nutrition education staff.

Food Distribution Program Nutrition Education (FDPNE) grants

In addition to allocated nutrition education funds, nutrition and health education activities are funded by a variety of other sources. Programs can request additional funding for special projects and resources from regional offices or apply for the USDA Food Distribution Program Nutrition Education (FDPNE) grant.

FNS initiated the FDPNE competitive grant program in 2008 to support nutrition education activities. The grants, in amounts that have ranged from $2,000 to $213,000, are awarded annually on the basis of the availability of funds and quality of applications. ITOs and State agencies that administer FDPIR may apply individually or as a consortium. In addition to nutrition education, activities may include physical activity demonstrations, promotions, and referrals alongside a nutrition-related message. ITOs and State agencies must provide a 25 percent match of the total amount spent on the FDPNE. In compelling cases, the FNS may waive a portion or the entirety of the match requirement. Other Federal funds cannot be used as the match (USDA 2015d).

In 2014, award amounts for sites that received FDPNE grants ranged from approximately $5,000 to $135,000 for two to four activities. According to administrative data, the most common activities supported by these funds were gardening education, cooking demonstrations, nutrition education, physical education paired with nutrition activities, and distribution of recipes. The same activities were noted as the most useful aspects of nutrition programming by participants in the household survey. In some instances, programs applied for funds to support the same activities but were awarded significantly more or less from year to year for a variety of administrative reasons, such as availability of funds, number of staff available to implement the activities, and number of activities. Exhibit 7.1 shows that grant amounts vary across programs and time.[68] Several sites received FDPNE grants for the 2014 fiscal year. In that year, a few of the sampled sites were awarded grants above the average amount. A few sites have been awarded a grant every

[68] For a complete summary of FDPNE grant awards for FY 2008–2015, see appendix A, table 14.

year for the past 7 years. Average grant sizes between 2008 and 2014 range from $43,116 to $65,902, as shown in exhibit 7.2. The total funds awarded across the 7 years were $6,042,411.

EXHIBIT 7.1

FDPNE Grants Received by Sampled Sites, 2014

	2014 Grant Amount ($)	Nutrition Education (NE) Activities Funded	Average Grant Amount ($)	Total FDPNE Funds Received, 2008–14 ($)
Chickasaw	30,591	NE classes, Cooking demonstrations	103,238	516,192
Confederated Salish & Kootenai Tribes (Flathead Reservation)	93,402	Gardening education, Cooking demonstrations, NE classes, Fitness program	110,370	772,588
Lac Courte Oreilles Band of Lake Superior Chippewa	26,657	Gardening education, Cooking demonstrations	54,539	109,078
Mississippi Band of Choctaw Indians	5,210	Cooking demonstrations, Fitness program	25,076	50,151
Sherwood Valley	72,634	NE classes, Cooking demonstrations, Fitness program	50,143	350,999

Source: FNS administrative records, 2008–15.

The Midwest Region FDPIR nutrition advisory committee, composed of 23 ITOs, was awarded a grant each year from 2008 to 2010. FDPIR participants from all 23 ITOs benefit from the resources. A few sites received the funding for the last 7 years. One of these programs used the grant to expand cooking methods to include the use of fresh vegetables and target their elderly participants. In 2014, one site used the grant to provide nutrition education targeted towards youth. They performed cooking demonstrations and took the youth on field trips to farmers markets to see where food items are planted, grown, and processed.

One grantee in the site visit sample relied on the FDPNE grant as a critical source of nutrition education funding, stating that their entire nutrition education program was supported by the grant (excluding staff salaries that were supported through the general nutrition education funds). Staff from this program said they did not know how they would continue to provide nutrition education activities if they did not receive FDPNE funding in a given year.

Two sites received a grant in 2008 but have not received funds since then. One of these sites said they did not apply for an FDPNE grant after the first year due to the small amount awarded compared with the effort it took to write the grant. They were unable to recoup indirect costs out of nutrition education grants, so the grant amount felt insufficient to the FDPIR office, relative to the requirements. Of the one-time

grantees, one was awarded $18,945 for nutrition education classes and the other $20,800 to offer cooking demonstrations.

EXHIBIT 7.2

Average Food Distribution Program Nutrition Education (FDPNE) Grant Awards

Year	Average Grant Amount Awarded ($)
2008	65,902
2009	61,136
2010	63,659
2011	65, 287
2012	56,865
2013	62, 960
2014	43,116
Total Funds Awarded 2008–14	6,042,411

Source: FNS administrative records, 2008–15.

Staff at a few sites had never applied for FDPNE funds. These programs said the funds were competitive, and one ITO said they only had two staff members and didn't want to stretch them too thin by giving them more work.

Other barriers to applying for FDPNE funding expressed by staff included difficulty processing the FDPNE grant. For one site, the process of submitting a grant through the Tribal government could take a long time, and any awards would need to go through the Tribal budget process, leaving little time to spend the funds. Another site had been awarded $65,000 for a planned period of performance of 9 months but did not receive the funding until 6 months into the grant period. Staff decided to return the funding because they could not complete the activities in the remaining 3 months. Staff at one site had concerns about the matching requirement. They could not pay the 25 percent Tribal contribution and returned the award to FNS. (There was no indication that the site knew about the waiver policy). Program staff at another site had applied in the past, but reported that the amount awarded was so small that they could not do much with it. They also stated that the reporting requirements were so demanding that it was not worth it.

Additional funding sources

In addition to the general administration funds for FDPIR and the FDPNE grants, staff listed a variety of alternate nutrition education funding sources and resources that contributed to many components of their

programs. Some programs took advantage of other Federal funds, while others were supported through State grants and local Tribal resources (see text box).

SNAP NUTRITION EDUCATION GRANTS AND OTHER FEDERAL FUNDING SOURCES

The Supplemental Nutrition Assistance Program Education grants, also known as SNAP-Ed, is funded by FNS and provides funds to States for nutrition education and obesity prevention activities (USDA 2015i). The grants support evidence-based nutrition education and obesity prevention interventions for people eligible for SNAP. They fund a variety of approaches to improve nutrition, including direct education, public health approaches, and multilevel interventions. A State SNAP agency is required to submit a SNAP-Ed plan to FNS for approval in order to request grant funds to conduct SNAP-Ed activities. Recipients of the grant may partner with other agencies to carry out the activities but States can submit only one request and any FDPIR activities must be integrated into the State's application.

Two programs reported that they had applied for SNAP-Ed grants. In one, the grant was used to cover some costs for cooking demonstrations. At the other, the grant covered the nutrition educator's salary until the Tribal nutrition program took over supporting that salary.

As discussed earlier, many sites are integrating gardening and farming skills into their nutrition programming to educate participants on quality of food and freshness. The USDA's Agricultural Marketing Service has a Specialty Crop Block Grant to encourage people to grow special crops, defined as "fruits, vegetables, tree nuts, dried fruits, horticulture, and nursery crops (including floriculture)" (USDA 2015i). One program used the grant to support its plant nursery for specialty crops and help people set up mini-farms if they contract to sell at a farmers market. Staff did not comment on how successful this effort had been.

Another Federally funded program that one program benefited from is the Expanded Food and Nutrition Education Program (EFNEP), sponsored by the USDA's National Institute of Food and Agriculture. EFNEP is a community outreach program that uses peer educators to implement holistic nutritional programming grounded in diet quality, physical activity, food resource management, food safety, and food security. In FY 2015, EFNEP had $67,934,000 available for U.S. States, territories, and Washington, DC (USDA 2015c). EFNEP has no cost-sharing or matching requirement and is usually administered to and implemented by land-grant universities. EFNEP funds were awarded to a local State university, and the local FDPIR program was able to utilize the funds to bolster its food demonstrations. Program staff did not offer specific comments about EFNEP.

VEGGIE CLUB

One ITO offers an example of using FDPIR administrative nutrition education funds and funds from local sources in innovative ways to support both greater community access to fresh and locally grown produce and grassroots "healthy eating" efforts. The Hoopa Valley FDPIR program purchased starter plants for a community garden with some of its FNS nutrition education funds. Next, the program partnered with the Klamath Trinity Resource Conservation District (RCD), an independent community organization chartered by the Tribe, to support a vegetable club. The Veggie Club has evolved from the original community-supported agriculture model, which required a 3-month commitment from participants, to now operating on a week-to-week basis. People notify the club manager if they plan to buy produce that week so she knows in advance approximately how many people will come. The bag of vegetables that participants can purchase comes from two to four local farms; the price of each share is kept at the $15 wholesale value. The Klamath Trinity RCD purchases 10 shares each week, and the director brings the vegetables to the FDPIR warehouse to give to 10 households. Sometimes participants are not familiar with some of the vegetables, so the FDPIR staff are working with Klamath Trinity RCD to become better informed about the vegetables and how to cook them. Also, the club manager tries to educate FDPIR staff about keeping the produce fresh. In addition to the bonus vegetables that some FDPIR households receive each week from sources outside the program, the first six households to show up that receive Tribal TANF benefits can receive a share of vegetables from the Veggie Club at no cost. The Veggie Club invoices the Tribal TANF program for those six participants.

LOCAL AND REGIONAL FUNDING SOURCES

Programs took advantage of a number of local and regional funding options. One program received monetary support from a local foundation that reserved money for Indian Country. After receiving a smaller FDPNE amount than the previous year for its community garden, that program applied to the foundation to support these gardening activities. Other programs received funding from State universities or Tribal governments that supported the cost of staff not covered by the general administration allocation.

Nutrition education staff

As the nutrition education stream of funding is diverse, so are the partnerships that shape nutrition education programing and the staff leading the activities. Across programs, staff talked about the need for

more funding to carry out activities and to hire additional staff who are qualified to offer nutrition education.

Several programs had full-time nutrition staff on the FDPIR payroll; a few of these had more than one. A few programs had strong partnerships between FDPIR regional nutrition staff and nutrition staff from non-FDPIR programs. Other FDPIR programs relied on a partner organization, such as a State university extension agency, IHS, or some other entity, to provide nutrition education. Staff at one program reported that nutrition staff based outside the FDPIR program came on site or to satellite offices anywhere from once a month to twice a week. A few programs had no current partnership with nutrition education staff or had had partnerships in the past. Staff at one program said that they had a partnership, but activities were sporadic. Whereas some programs' nutrition education programs were enriched by a number of partnerships, others expressed difficulty in collaborating with non-FDPIR nutritionists owing to the availability and sometimes organizational constraints of partners.

The most common titles of FDPIR nutrition staff were "nutritionist" or "nutrition aide." A nutritionist may be licensed or not, and is primarily responsible for providing advice and counseling to participants on nutritional and dietary matters.[69] A nutrition aide is responsible for preparing and delivering food to designated recipients. Other staff working in nutrition education across the programs included "healthy lifestyle coordinators," dieticians, and gardening staff.

Hiring qualified staff appeared to be a significant barrier to providing high-quality nutrition education, as reported in staff comments on their ability to offer nutrition information and advice to program participants. Although a few programs did have staff nutritionists with training in health or nutrition, other programs hired capable members of the Tribe who were reliable and could carry out whatever duties were needed. Owing to lack of knowledge, staff members at one program—who had the job title of nutritionist but no formal background—were limited in the advice they could give program participants. Most of the staff who had certifications were dieticians or were certified in culinary arts, diabetic training, or holistic health. Only a few programs had registered dieticians; others mentioned using the time and resources of Tribal dieticians and dieticians from WIC or IHS when possible.

Staff from a few programs relied on volunteers or interns to carry out nutrition education programming. Volunteers included professionals with extra time to extend to the program and students fulfilling service requirements or looking for extracurricular or professional experience. One program used volunteers for hosting food clinics, and another program relied on volunteers to assist with nutrition-related activities,

[69] "Nutritionist Overview," Nutrition Ed, http://www.nutritioned.org/nutritionist.html

such as gardening or coordinating special activities for children. One site (see text box) has supported the work of an innovative FDPIR participant.

HOMEGROWN NUTRITION EDUCATION

Hoopa Valley's partnership with Klamath Trinity Resource Conservation District (see Veggie Club text box) also supports the work of an FDPIR participant who works as the community garden manager. She had successfully transitioned her large family to eating healthfully by getting everyone to eat more vegetables. She started making YouTube videos about how to incorporate vegetables into cooking and demonstrated cooking with fresh produce and FDPIR food. Her show is called "Cooking Healthy in Indian Country." Because most people in Hoopa Valley have access to a computer or a smartphone, the viewership for her videos is fairly widespread. The videos have appeared in the "Indian Country Today" and "Native Health and Wellness" blogs. She cooks in in a way that is simple, and she offers an on-the-ground perspective. This encourages other people to follow her example. Initially, she recorded the videos on her phone, but then she held an online fundraiser to buy a camera and tripod. She has also conducted live cooking demonstrations with programs such as the diabetes clinic.

Nutrition activities

Despite limited funding sources, procedural barriers to partnering with other nutrition-focused programs, and staff with limited capacity, the nutrition education departments of many FDPIR programs support a robust portfolio and have most of the equipment necessary to properly educate participants about new ways to select, prepare, and cook their food.

About 41 percent of FDPIR households surveyed said they participated in at least one of the nutrition education activities offered to them; 29 percent said they were not interested in the program. Participation in nutrition education activities varies with the timing and location of the offerings, in addition to other factors such as personal choices. Distribution of materials—recipes, calendars, newsletters, and fact sheets—is considered passive participation, because participants can pick them up or receive them when they pick up their food package. Cooking demonstrations or workshops that require additional effort from participants and may be held outside the distribution center are characterized as active participation. Such activities may not be accessible to those who use home delivery or pick up their food package at a tailgate

site. Our discussion of nutrition education activities uses this grouping to paint a clearer picture of how participation rates differ and why this may occur.

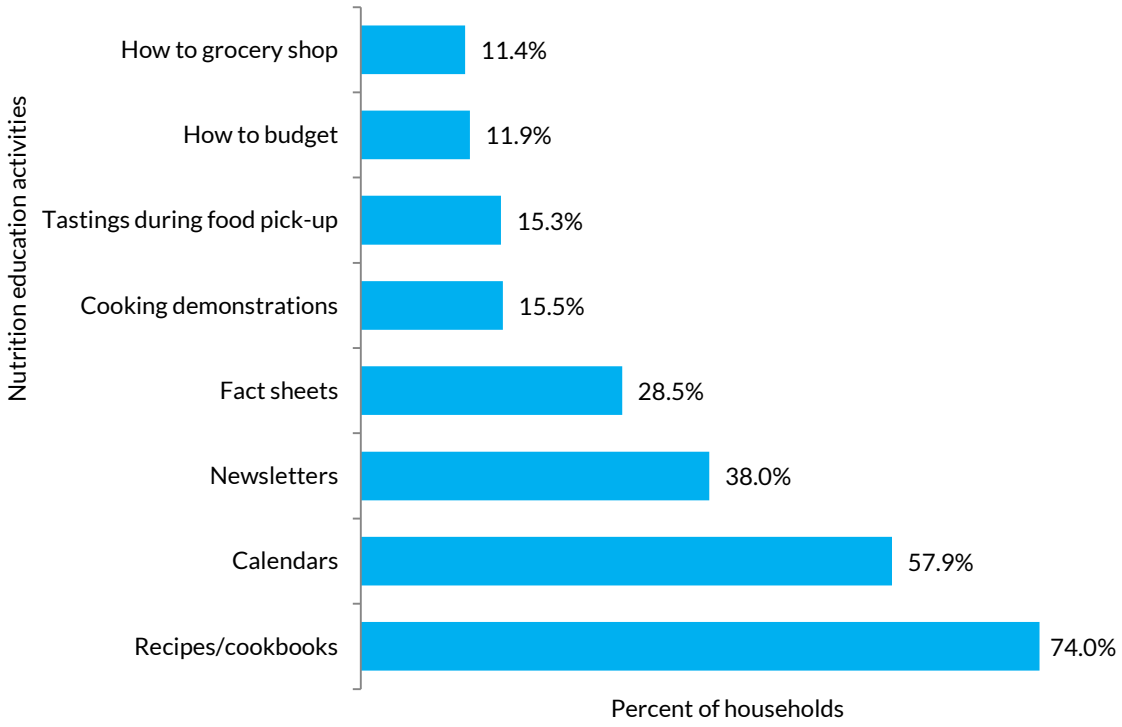
The four nutrition education activities with the highest participation rates, of those participating in at least one activity, were all passive activities. Nearly three-quarters (74 percent) of the households who participated in at least one activity indicated that they or someone in their household had picked up recipes and cookbooks offered by the FPDIR program. Well over half (58 percent) picked up calendars that featured monthly healthy habits, as shown in exhibit 7.3. Additional materials that respondents indicated were offered included newsletters (38 percent) and fact sheets (29 percent).

The four activities with the next highest participation rates were various active nutrition education offerings. Cooking demonstrations were offered to 16 percent of FDPIR households, according to the participant survey. Program staff we interviewed noted that a key component for adequate nutrition education was appropriate space. Most sites have a kitchen in the main warehouse that can be used to prepare foods. A few sites have kitchens large enough to use for cooking demonstrations with an audience or cooking classes with hands-on participation. One site hosted cooking shows, in which an audience watched nutrition educators prepare FDPIR foods and talk about healthy eating. A few sites convened small classes in which participants helped prepare a specific type of food. Taste tests, or samples, were conducted by a staff person on site who would use all or mostly FDPIR foods to prepare a dish and allow participants to pick the samples up in a warehouse, tailgate site, or store setting. An estimated 15 percent of FDPIR participants said that they had participated in tastings offered at their site. “How to” workshops on budgeting and grocery shopping were two other commonly offered activities, with 12 percent and 11 percent of respondents, respectively, saying that they or a household member took part in such workshops at their site.

A number of programs offered nutrition education activities for youth, including targeted cooking classes (see text box example). One program also placed a coordinator in one of the local schools to help integrate gardening into classroom activities. Another has a nutrition staff member who takes youth on field trips that include picking berries, bay leaves, and other plants that can be used in cooking, and then demonstrates how to cook with them. That program also hosts a range of physical activity programs and competitions through its youth group. The group focuses on wellness, health, and leadership for youth in grades K–12.

EXHIBIT 7.3

Nutrition Education Activities Reported by FDPIR Households



Source: Household survey of FDPIR program participants, 2014.

NUTRITION EDUCATION TARGETED TO YOUTH

Mississippi Band of Choctaw Indians operates a youth nutrition education program funded by the FDPNE grant. The program started with children ages 10 to 18, and then expanded to include younger children (the youngest was 6). The FDPIR nutritionist goes to the Boys and Girls Club, and youth involved in the juvenile justice system come to the program. They take the youth to tour green houses and high tunnels (structures for growing crops that are an alternative to greenhouses) of a produce company. The youth pick their own vegetables, eat some of the vegetables, and see the gardens. Then an educator from Mississippi State Extension Services does a hands-on cooking demonstration with the youth. At the sessions, participants get handouts about physical activities and about fruits and vegetables. They may also receive T-shirts, pencils, water bottles, frisbees, jump ropes, and other incentives to encourage healthy eating and exercise.

Sault Ste. Marie's FDPIR nutritionist works with the local schools and with the IHS to reach out to youth. One of the schools has a youth education coordinator on site who maintains a garden, and the school has incorporated that garden into classroom activities. The FDPIR nutritionist sees this as a good model, and FDPIR is working with IHS to develop a youth community garden. The FDPIR nutritionist also works with the Tribe's preschool, scheduling sessions on preparing a meal, sometimes with the help of parents. The nutritionist also visits the Tribal youth program and the local public school to promote healthy snacks and distribute recipes for the students to take home.

Program staff at a few sites thought outreach activities were effective ways to educate participants about nutrition. Outreach included participating in health fairs or sharing information with Tribal councils and offices that could spread the word about the program initiatives on how to eat better (see text box). Less than 10 percent of survey respondents, however, identified health or nutrition fairs as a source for nutrition-related information.

HEALTHY EATING AND EXERCISE COMPETITION

Modeled after a popular reality TV show, a healthy eating and exercise competition was initiated by the IHS at Sherwood Valley with the assistance of FDPIR nutrition staff. The event was open to employees and community members, and had 40 participants in all. FDPIR participated by providing weekly support luncheons that demonstrated healthy choices and how to prepare healthy meals, including using a plate that showed portion sizes. The competition lasted about 14 weeks, with optional weekly weigh-ins and walking groups scheduled several times a week. Prizes were awarded at the end of the competition for those who lost the most weight. Some participants were very successful and lost many pounds—one person lost as much as 40 pounds. The grand prize was a choice of a laptop computer or a 1-year fitness club membership. There were prizes for the runners-up and small incentive prizes for participants.

A similar competition held by the Mississippi Band of Choctaw Indians ran for 9 weeks. Those who lost at least 10 percent of their body weight qualified for a prize, and the grand prize was $500. The casino owned by the tribe sponsored the contest and the FDPIR nutritionist shared the opportunity with participants.

Barriers to participation in FDPIR nutrition activities

Staff members as well as participants in discussion groups noted logistical barriers to attending nutrition education activities. As noted in previous chapters, participants face transportation challenges, including the lack of a vehicle and the prohibitive cost of gasoline. Some participants rely on getting a ride from a neighbor or friend, and more than half of participants have to travel more than 9 miles to pick up food. At several sites, one or more participants noted that if they were able to get a ride to pick up their food package, they did not feel they could ask their driver to stay longer so they could attend nutrition education or a cooking demonstration. At one site, nutritionists divide their time between the warehouse and several tailgate locations. Consequently, participants may miss the nutrition education classes or cooking demonstration when they come to pick up their food packages. Given the distances and transportation challenges, it is unlikely that a participant would make a second trip during the month for nutrition education.

Nutrition education by non-FDPIR organizations

Almost every site noted that Tribal nutrition education or other health promotion programs were offered to FDPIR participants by non-FDPIR organizations. Often, these programs were provided by an FDPIR nutrition educator partner, either as a primary job responsibility or with supporting nutrition staff. A variety of organizations provided nutrition education, including WIC, Child Welfare Services, Head Start,

SNAP-Ed, Tribal colleges, State extension workers, Indian Long-Term Care Services, senior nutrition services, the IHS, Tribal diabetes programs, and CHRs.

Impact of nutrition education

Methods of evaluating nutrition education were largely anecdotal. Program staff said they did not know how effective their nutrition education activities were but believed that they provided benefits to participants. Staff at a few sites reported that participants have told them that they were changing eating habits, trying new foods in the food package, and enjoying the classes and food tastings. Programs reported that cookbooks and recipes were popular and went quickly, and mentioned participants' genuine interest in nutrition, such as asking how to modify recipes or provide special recipes for diabetics or those who need gluten-free diets.

Most programs did not conduct formal evaluations of the nutrition education activities although several have surveyed participants at least once. Staff at one program surveyed participants at the end of a series of cooking demonstrations to see whether people made changes and what they would like to see more of, while another program conducted surveys before and after a nutrition program to measure any knowledge gained as a result of the five-session curriculum on healthy eating.

Household survey respondents provided insight into the effect that nutrition activities have had on participants' food preparation and eating behaviors. Of the respondents who had picked up educational materials or taken part in nutrition education activities, an estimated 52 percent made changes to their cooking or eating and 40 percent of those who made changes used the recipes offered. A smaller group of respondents, 12 percent, indicated that they had taken part in other program services offered by FDPIR such as fitness and health classes, cooking classes, health fairs, and similar activities. Approximately 70 percent of these participants made changes in their level of physical activity or health and fitness. Of those 70 percent, 49 percent exercised more and about 37 percent said they ate more healthily. Sixty-nine percent of respondents made changes in food preparation, with 26 percent of those households reporting that they fried food less often.

Discussion group participants said that recipes and cookbooks were the most helpful materials offered by FDPIR. The materials encouraged them to try new foods and preparation methods, and to eat more fruits and vegetables. Fewer participants said they learned about fat and salt content, portion sizes, calories, and cholesterol. Participants also mentioned that many of the activities have helped them to learn about foods appropriate for people with diabetes and high blood pressure.

Staff recommendations

FDPIR program staff made a number of recommendations for improving access to nutrition education funding sources and to nutritional health and education programming and activities.

Interviews with program staff suggest that faster grant processing and better communication about the application process and requirements would improve programs' ability to use FDPNE funds. They indicated that they could benefit from active support from FNS, especially since the FDPNE application process and requirements mirror that of all Federal funding and cannot be altered. In addition, ITOs indicated that they could benefit from the active support of partnerships with other programs as a way to access qualified staff to provide nutrition education. One program expressed hesitation about applying for the FDPNE grant a second time, and a few programs that did not see the benefit of applying, which suggests there is room for more technical assistance to motivate programs to take advantage of the funds. [70]

Staff from several programs said it would be helpful to get updated equipment, including larger and more modern kitchens and demonstration areas, classroom space, food models, and cooking demonstration videos. Staff from many programs said they would like to offer cooking demonstrations and classes to provide hands-on education for participants. Staff said they would like to tailor classes; for example, classes on preparing and cooking venison were suggested at one program, while classes in collecting and cooking or baking with berries were suggested at two others. Staff thought that all programs should provide basic activities related to cooking and preparing traditional foods.

Participants in discussion groups mentioned difficulty using recipes that included many non-USDA foods and would prefer that recipes be based exclusively on ingredients available through FDPIR. Several programs suggested providing small incentives to increase participation, such as handing out measuring cups and spoons or healthy seasonings (such as salt-free seasonings or spices, such as chili powder). Some sites do, however, request such cooking tools through FDPNE grants or other sources of funding. Furthermore, regular access to a nutritionist for participants was requested at several programs. Staff thought that such access should be the top priority if education activities are to be grounded in an informed understanding of health and well-being.

[70] FNS has taken steps over the years to streamline the grant process, improve communication, and further support applicants by offering training on the process. FNS staff understand that some issues continue to arise, notably related to clearances required by the Tribe, including obtaining the required signatures from the Tribal government.

Summary

Nutrition education appears to benefit participants in FDPIR, according to both informal feedback to program staff and household survey data. Barriers to nutrition education include transportation and scheduling, the limited number of trained and certified staff, and limited space. Programs have developed some innovative and promising approaches. Further improvements can be made to enhance nutrition education programming across programs through increased funding and more qualified staff.

Chapter 8. Participant Satisfaction

Participant satisfaction with FDPIR was overwhelmingly positive. Of the 15 household survey questions that asked respondents to rank satisfaction on food packages, facilities, and the operation of the program, respondent satisfaction rates on 12 items were over 90 percent. Strikingly, 99 percent of survey respondents indicated that they would recommend FDPIR to family and friends. The results of discussion groups with participants largely reinforced the survey findings. Participants were pleased with most aspects of the program and expressed appreciation for having FDPIR in their community. Interviews with program staff pointed to a similar perspective. The staff perception of participant satisfaction mainly came from interactions with participants. Very few programs had a formal mechanism for receiving feedback from their participants. Though most of the feedback was positive, the survey and qualitative data from the site visits provide insights into aspects of the program that are unpopular with participants and respondents' recommendations for improving the program.

This chapter presents findings on participant satisfaction related to the application and recertification process, location and features of the distribution facilities, frequency of food distribution, food package content, interactions with program staff, and participant recommendations.

Ninety-nine percent of survey respondents indicated that they would recommend FDPIR to family and friends.

Application and recertification process

Participant feedback on the application and recertification process for FDPIR was very positive. Over 93 percent of survey respondents indicated that they were satisfied with the application process, 68 percent reported that they were "very satisfied," and 25 percent were "somewhat satisfied." Similarly, respondents were satisfied with the recertification process: 67 percent indicated that they were "very satisfied" and 25 percent were "somewhat satisfied." These findings were reflected in the site visits, during which participants and staff in several sites noted the ease of the program application process compared with the amount of paperwork required for SNAP. Still, staff respondents from a few sites said that the level

of paperwork was a barrier to participation. Participants appreciated the quick processing of applications, with participants from a few programs noting that they were able to receive food within a day of completing an application or, in some cases, even on the same day. Many respondents thought that the staff who processed the applications and certifications were friendly and professional.

Although many participants thought that the certification process for FDPIR was easier than the process for other nutrition assistance programs, the frequency of recertification was a frustration for some participants. In a discussion group, a participant said their household was thinking of switching to SNAP to take advantage of what appeared to be a longer certification period.[71] Some participants voiced confusion on the differences in recertification periods among FDPIR participants. As one participant explained: "I want to know why there is a difference [in certification] because we are every 2 months, she is once a year, you are 6 months, why are we every 2 months, and then 6 months, 4 months, 1 year?" Recertification periods are based primarily on the likelihood of a household's income changing and each household is considered on a case-by-case basis, but this was not clear to all FDPIR participants.

At a few sites, program staff and participants thought that the income threshold of the program should be raised. Participants and FDPIR staff suggested that an income buffer should be put in place so that if one's income increases by a few dollars over the limit, a participant would not be disqualified from the program. One participant suggested that the program remove the income guidelines altogether for Tribal members. Participants did note that staff worked with them through the application process. As one participant explained, if a participant's income is over the limit, FDPIR staff will work with them to see if they qualify for deductions that will allow them to qualify for the program. Recently, FDPIR eliminated resource eligibility, expanded current deductions for medical expenses, and established a new deduction for shelter and utility expenses. Still, many respondents, particularly program staff, were frustrated that the income guidelines forced them to turn away needy individuals.

Features of distribution facility and distribution approaches

Participant survey feedback on the location and features of the FDPIR distribution facilities was positive. As exhibit 8.1 demonstrates, over 88 percent of survey participants indicated they were satisfied with the location of distribution sites, their attractiveness and atmosphere, and features of the distribution facility. Again, discussion groups with participants and interviews with program staff largely support these survey findings. Many participants appreciated the program staff at the distribution facilities, commonly

[71] The length of certification periods in for FDPIR and SNAP differ and depend on household information received.

highlighting their professionalism, helpfulness, and friendly attitudes. Some participants thought that the staff at the distribution centers went above and beyond their job responsibilities to support customers, especially the elderly and disabled. As one discussion group participant explained: "All staff at warehouse works well together. They do all steps for the elderly. All elderly has to do is sign up for food." Many participants also appreciated how organized the warehouses were and the ease of the distribution process.

EXHIBIT 8.1

FDPIR Household Satisfaction with Distribution Site and Facilities

	Estimated Share of Respondents %	N
Location of distribution site		
Very satisfied	69.2	576
Somewhat satisfied	23.0	199
Neither satisfied or dissatisfied	3.4	30
Somewhat dissatisfied	2.9	24
Very dissatisfied	1.5	11
Attractiveness and atmosphere of distribution site		
Very satisfied	65.7	545
Somewhat satisfied	26.7	226
Neither satisfied or dissatisfied	4.3	37
Somewhat dissatisfied	2.5	20
Very dissatisfied	0.8	7
Features of distribution facility		
Very satisfied	63.7	538
Somewhat satisfied	25.0	213
Neither satisfied or dissatisfied	4.4	37
Somewhat dissatisfied	4.9	36
Very dissatisfied	2.0	16

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

A commonly voiced frustration concerned the scheduling of food pickups. Participants who were assigned a date late in the month potentially faced fewer food choices. This issue often was raised about fresh fruit and vegetables, which, as many participants noted, run out of stock much faster than other foods.[72] There was some frustration voiced about the rotation of the fresh fruits and vegetables. Some participants and staff noted that because of the way in which fresh produce was stored, vegetables on the bottom were not fresh when participants picked up their food. The frustrations expressed about the distribution sites were commonly outweighed by the general satisfaction with the facilities. Furthermore, according to FNS staff, ITOs and State agencies are encouraged to immediately notify the appropriate FNS Regional Office should an issue with food quality occur, so that it can be addressed as quickly as possible.

Home deliveries and tailgate sites were less common methods for receiving foods than warehouse distribution, and participants who used the tailgate or home delivery approach generally were satisfied with the process. Older participants and those with limited transportation access or limited mobility were grateful to have their food package delivered to their door through the home delivery program. Although complaints about the home delivery program were very rarely mentioned in the discussion groups, one participant expressed frustration that the program did not have set times for delivery, which left people to "sit there all day long" waiting for a delivery. Participants in discussion groups generally were pleased with the tailgate or distribution site process. One of the very few complaints raised by participants was that a participant at one site felt rushed in the ordering process at tailgate sites because of the limited number of staff members present.

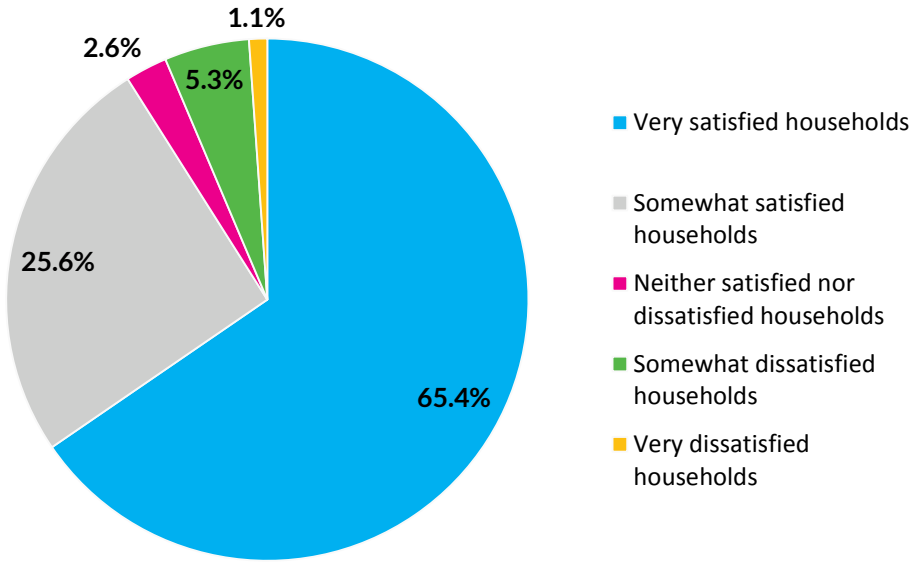
Frequency of food distribution

Overall, the majority (91 percent) of FDPIR households were satisfied with the frequency of distribution, as shown in exhibit 8.2. Only 6 percent were dissatisfied. Some programs assigned pickup dates to participants, and staff indicated that there were some complaints about that process. Participants at those programs noted that because they do not choose their pickup date, it can be difficult to anticipate and schedule around that time. As noted previously, if their pickup date is later in the month, produce may no longer be available or some items might not be as fresh.

[72] Running out of certain types of fresh produce appeared to result from a combination of insufficient quantities and food spoilage. Ordering the right amount and combination of fresh produce requires balancing the anticipated demand, the capacity of appropriate storage, and the limited shelf life of the produce.

EXHIBIT 8.2

FDPIR Household Satisfaction with Frequency of Food Package Distribution



Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR.

Food package

Overall, program participants were satisfied with the contents of the FDPIR food package. Over 90 percent of survey respondents indicated that they were satisfied with the variety of food, the freshness, the quality, the nutritional value, and the taste and visual appeal. Across sites, respondents said that FDPIR food options had improved over time. For example, participants pointed to the inclusion of fresh produce, increased meat options, and the change in product labeling from generic to brand labels.

Over 90 percent of survey respondents indicated that they were satisfied with the variety of food, the freshness, the quality, the nutritional value, and the taste and visual appeal.

Brand-name labels

Program participants and staff from many programs indicated that participants preferred receiving food with brand name labels (e.g., Del Monte canned vegetables). Despite many staff explaining that there were no substantive differences in taste or quality between brand-label and generic-label food items, participants overwhelmingly viewed the transition to brand name labeling positively. Participants in discussion groups mentioned that they would ask staff to select a specific brand for their monthly package, preferring one brand name over another brand name or the USDA-labeled item. Still, more brand-name items were requested at a few sites. Several participant and staff respondents indicated that there was stigma associated with the generic food items, specifically the black and white labels (or non-brand name labels), and people did not like to stock the items in their cabinets for that reason. Staff noted that participants appreciated and expected consistency, and asked questions when labels on products changed or when a product was available for only a limited time.

Food preference

Program participants surveyed were asked to name the food items they liked the most; the results are shown in exhibit 8.3. Some of the most popular items were cheese (27 percent), meat (29 percent), fruit (29 percent), and vegetables (24 percent). The data gathered through discussion groups with participants and interviews with FDPIR staff largely reinforced the findings from the survey. For example, across the sites, staff and participants said that cheese was the most popular item, and participants preferred block cheese over sliced cheese at a few sites. Participants also appreciated DoD Fresh and were eager to receive the new items offered. Many participants mentioned that children appreciate the fruit. Other popular items included frozen meats, boxed milk (offered in shelf-stable packaging), potatoes, juices, and fresh produce.

Staff at a number of programs mentioned the seasonal foods available in the winter (hams, sweet potatoes, cranberries, and pumpkin) as being especially popular. Some foods noted as unpopular in some programs, such as frozen ground beef and powdered egg mix, were well-liked in other sites. Specific fresh produce items that were mentioned as particularly popular varied across programs; they included potatoes, carrots, corn, onions, apples, oranges, celery, tomatoes, and grapefruit. Staff at some programs said the entire program was popular regardless of the individual items.

Staff at several programs mentioned that participants enjoyed receiving pork chops and were unhappy when they were discontinued. The availability of pork chops came up in nearly every discussion group and was also commonly mentioned by staff.[73] Another common food preference was frozen chicken; participants reported being frustrated when chicken was unavailable or when there was a change in

[73] In response to ITO feedback, in 2015FNS added pork chops as a regular protein item in the FDPIR food package.

offerings (split breast or whole chicken). According to FNS staff, the availability of cuts—chicken breasts or whole chickens—alternates quarterly.

Participants in several programs mentioned that the quantity of starches (such as pasta and flour) in the food package was too much and they either did not take it all, or they took the full amount and it would pile up in their homes unused. Instead, they would rather receive more of another food. Dietary issues were mentioned in connection with this preference. Although people generally noted that foods were now low-sodium and healthier, a few mentioned that canned items still must be rinsed to remove salt.

EXHIBIT 8.3

Foods Survey Respondents Liked Most

Foods Liked Most	Estimated Share of Respondents %	N
All of it	10.4	88
The variety	5.0	42
Dairy		
Cheese	27.0	231
Butter	2.5	23
Milk	6.0	51
Fruits and Vegetables		
Fruit	29.5	242
Vegetables	24.0	204
Fresh fruits and vegetables	8.9	74
Fresh fruits	13.3	108
Fresh vegetables	10.0	86
Juices	6.1	55
Meat	29.4	251
Canned meat	2.1	15
Fresh meat	1.5	11
Frozen meat	2.4	18
Roast	3.3	28
Chicken	6.6	58
Beef	8.0	65
Starches		
Noodles	3.6	31
Flour	3.8	31
Potatoes	3.9	32
Cereal	5.0	37
Canned food	5.1	40

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

Respondents' least favorite foods tended to be fairly diverse and specific to individual tastes and diets. Exhibit 8.4 presents the food items that survey respondents indicated that they liked the least. Notably, 27 percent of respondents indicated that they liked everything or that they could not think of an item that they liked least. The powdered egg mix was the least favorite item (11 percent), followed by canned items generally (10 percent) and beans (9 percent). In interviews, program staff and participants said the powdered egg mix and dried milk were unpopular items; participants would prefer fresh eggs and milk instead. However, the powdered egg mix and milk were important to those who lack refrigeration, as was pointed out at one program. At a few programs, some staff and participants also thought that the quantity of

starches (particularly flour and pasta) offered by the program was too high and noted that families often take all the starch they are allowed even if they do not use it.

EXHIBIT 8.4

Foods Survey Respondents Liked Least

Foods Liked Least	Estimated Share of Respondents %	N
Nothing	27.4	219
Dairy		
Powdered milk	7.4	65
Egg mix	11.4	100
Fruits and Vegetables		
Fruit	3.4	29
Vegetables	4.3	37
Fresh fruits and vegetables	4.3	32
Beans	9.3	72
Soups	2.7	25
Meat		
Beef	2.3	22
Chicken	2.9	27
Canned foods	9.6	80
Dried foods	3.2	27

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

There was a commonly held perspective that the quality of food in FDPIR had improved over the preceding 10 years. Discussion group participants appreciated the expanded variety of food items and, for the most part, the consistent quality of the products. DoD Fresh and the addition of frozen meats, in particular, were supported by nearly everyone. As one discussion group participant noted: "This is not the same FDPIR that I knew as a kid."

FOODS REQUESTED

There was diversity in the food requests by survey respondents. As exhibit 8.5 shows, the most commonly requested food items were more meat options (28 percent). This was reflected in the site visit data, which noted that many participants and staff indicated that they would appreciate larger quantities and more varieties of meat and other animal proteins—chicken, canned tuna, pork, and traditional foods such as salmon, venison, and bison. Many respondents also requested additional fruit (18 percent) and

vegetable options (17 percent), especially bananas[74] (3 percent). Fresh eggs (9 percent) and fresh milk (5 percent) also were commonly requested.

EXHIBIT 8.5

Additional Foods Survey Respondents Suggested

Additional Foods Suggested	Estimated Share of Respondents %	N
Dairy		
Eggs	8.5	70
Milk	4.7	41
Cheese	2.8	21
Butter	2.1	19
Fruits and vegetables		
More fruit options	18.1	70
More vegetable options	16.5	41
More produce options	4.0	21
More fresh produce options	12.2	19
Bananas	3.4	70
Meat		
Lunchmeat	2.1	20
SPAM	3.0	25
Bison	2.5	19
Fish	7.9	66
Chicken	3.9	33
Pork	11.1	93
Beef	5.5	43
More meat options in general	28.3	226
Starches		
Bread	5.0	48
Coffee and tea	7.1	56
Sugar	8.0	72
Spices	7.3	62
Fats—butter, lard, oil	3.3	30

Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

Another frequently requested item was the canned pork that FDPIR has discontinued. Requests to bring back the product commonly referred to as SPAM or luncheon meat were common in both the participant discussions and the staff interviews, across programs. Spices (mentioned by 7 percent of survey

[74] Bananas cannot be offered because all USDA Foods, including those offered in FDPIR, must be 100 percent American grown, and there is no domestic supply of bananas.

respondents), particularly salt and pepper, were items that many people said they would like the program to offer. Multiple respondents in discussion groups indicated that they were dissuaded from cooking or following recipes because they would have to purchase spices and seasoning. Coffee, tea, and sugar also were frequently requested items.

TRADITIONAL FOODS

The most regularly requested traditional food was bison. Although it was mentioned by only 3 percent of survey respondents when asked about adding foods, participants and staff from many programs indicated that participants would like to see more bison options in their food packages. The second most requested traditional food was salmon (mentioned at a few programs). Although canned salmon was offered by many programs, some participants were dissatisfied with the taste or quality of the product. Other requested cultural food options were venison, blue cornmeal, and wild rice.[75]

Regarding traditional or native foods, respondents observed that the regional foods available were not necessarily representative of what participants in a specific Tribe eat. For instance, participants in one program did not like bison meat, and FDPIR canned salmon was not popular at sites where fresh salmon was available outside of FDPIR. Hominy was a traditional food for some but not all Tribes, and white hominy was preferred in some areas whereas yellow hominy was preferred in others. This regional diversity in native foods could explain survey participants' responses when asked whether they consider the foods available in the food package as cultural or traditional: Two-thirds (66 percent) of respondents replied "no."

When asked how the FDPIR program could be improved, participants from many programs mentioned traditional foods they would like to see made available. These foods included venison, walleye, salmon, maple sugar, bison, blue corn, and wild rice. At a number of programs they also noted that traditional foods were grown locally and that being able to sell these foods to FDPIR would generate revenue and employment benefits to the Tribes and local businesses. Furthermore, it was suggested that such a practice could improve the quality of the food and reduce the cost of delivery.

Meeting food and nutrition needs

The vast majority of survey respondents, 93 percent, believed that the FDPIR food packages met their food and nutrition needs. When asked how FDPIR foods meet these needs, respondents commonly cited the fruits and vegetables, as shown in exhibit 8.6. Other reasons were general: the food is nutritious (13

[75] The 2014 Farm Bill reauthorized the 2008 Farm Bill provision, which provided for the establishment of a fund, subject to the availability of appropriations, for use by USDA to directly procure traditional and locally grown foods for FDPIR. The provision was funded for the first time in FY 2015 and maintained in FY 2016 at $5 million annually. Bison and blue cornmeal were offered starting in FY 2015 and will continue in FY 2016. FNS is exploring additional traditional food options.

percent), the food keeps their family healthy (12 percent), and the food meets basic nutritional needs (12 percent). Similarly, when asked to give feedback on the nutritional value of the food package, 66 percent of respondents said they were "very satisfied," 27 percent "somewhat satisfied," and less than 1 percent "very dissatisfied." Participants and staff at site visits thought that FDPIR foods were healthier than the foods that people purchased with SNAP benefits. Discussion group respondents also made it clear that they thought that the nutritional value of FDPIR food had improved over time and that they appreciated the changes in variety and quality.

EXHIBIT 8.6

Meeting Food and Nutrition Needs

Ways Needs Are Met	Estimated Share of Respondents %	N
Variety of foods offered	8.2	57
Availability of types of foods		
Availability of fruits and vegetables		
Fresh fruits and vegetables	5.3	40
Fresh fruits	3.0	24
Fresh vegetables	2.7	22
Fruits generally	13.9	106
Vegetables generally	17.1	131
Availability of meat and protein items		
Meat	8.3	64
Protein	2.0	15
Availability of milk and other dairy items	4.8	36
Availability of other items		
Bread	1.7	14
Juices	1.5	11
Availability of low-sodium options	2.5	18
Food meets basic nutritional needs	11.6	79
Food is nutritious	13.1	84
Food keeps their family healthy	12.0	84
Foods are appropriate for someone with diabetes	1.8	12
Foods keep them from going hungry	6.6	52

Source: Household survey of FDPIR program participants, 2014**.** Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

Ninety-three percent of survey respondents said that FDPIR met their food and nutrition needs; only 7 percent said it did not. Exhibit 8.7 depicts the most common reasons given. The most common response was that FDPIR did not offer enough food (36 percent). Other respondents suggested that the program offer more fresh produce (11 percent) or more of other specific items, such as more meat or greens (9 percent). Other reasons were that the food did not meet nutritional needs (10 percent) or did not meet their dietary

needs (10 percent). During interviews and discussion groups, some participants and staff raised these same issues. Respondents from several sites thought the food package amount was insufficient. In particular, participants and staff said the food package was too small for participants who live alone.

EXHIBIT 8.7

Gaps in Meeting Food and Nutrition Needs

Ways Needs Are Not Met	Estimated Share of Respondents %	N
FDPIR meets food and nutrition needs	93.1	771
FDPIR does not meet food and nutrition needs	6.9	59
Don't get enough food	36.0	22
Want more fresh produce	10.7	7
Want more of other items (e.g., more meats, more greens)	8.8	6
Food is not nutritious enough or does not meet their nutritional needs	10.3	7
Food is not appropriate for their dietary restrictions	10.2	6
Ordering/inventory process interferes with program's ability to provide foods that meet their needs	6.7	5

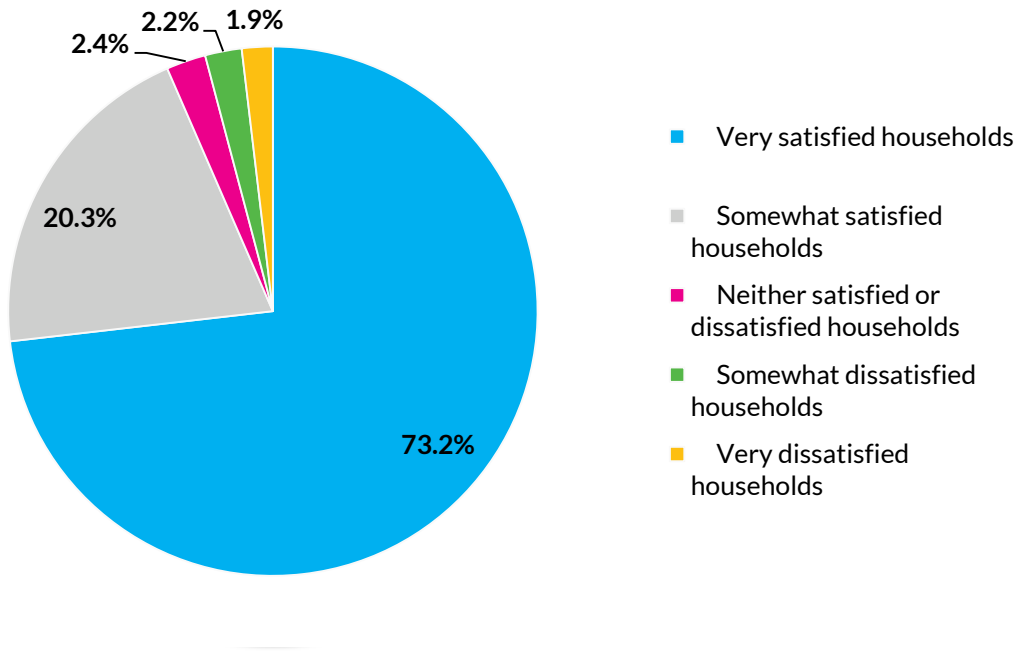
Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR. Sample sizes shown are unweighted.

Interaction with program staff

Outside of the certification and enrollment process in FDPIR, participants' most frequent interaction with program staff occurred during food pickup, according to site visit data. Most FDPIR households were pleased with their interactions with program staff. According to the participant survey, an estimated 73 percent were very satisfied and another 20 percent were somewhat satisfied. In discussion groups, participants described program staff as very knowledgeable and helpful. They stated that supervisors were careful to protect their confidentiality and they were grateful that staff helped load food into vehicles even though that is not a requirement of their positions. In addition, participants appreciated longer business hours and Saturday hours to accommodate households, at the sites where we heard this happened. In general, the flexibility of program staff made participants' experience with FDPIR very positive. Just 4 percent of households were dissatisfied with program staff, as seen from the survey data in exhibit 8.8.

EXHIBIT 8.8

FDPIR Household Satisfaction with Program Staff Interactions



Source: Household survey of FDPIR program participants, 2014. Estimates are weighted to be nationally representative of all households participating in FDPIR.

Participant recommendations

FDPIR households are satisfied, for the most part, with many components of the program, including the application and certification process, food package, and program staff. Participants did offer a number of recommendations to improve the program and tailor it to local needs.

Participants and staff across many programs suggested improvements that centered on building a more culturally relevant, local, and fresh food package. As discussed earlier, only one-third of participants felt that there traditional food options were offered. Food items that were considered traditional varied across Tribes and regions, and most participants and program staff expressed a strong interest in incorporating local or regional items into their diet. FDPIR households encouraged programs to look to local farms and Tribes as the source for these foods. For example, staff at one program thought that by integrating Tribal food surpluses into the FDPIR food package, it would be easier to obtain local traditional foods, such as

pashopa, instead of hominy, and more bison. Furthermore, by relying on local foods and produce, participants anticipated having fresher foods and more variety. Also, if fresh food items were sourced closer to each program, participants across the sites thought the food would remain fresh longer and that there would be sufficient quantity so that those households assigned pick up dates at the end of the month would be more likely to receive fresh produce. Participants also expressed the need to include seasonings in the food package so that they can prepare meals with different flavors even if they are using the same food item. As far as recommendations on using nutrition education to improve their diet, most staff commented that everything in the food package already was low-sodium and healthy so they did not see other substantial improvements to make.

Participants in discussion groups noted a few structural changes that would improve their experience as consumers of the program. For example, participants said they would like to know before they arrive to pick up food that a food item has run out. They suggested creating a newsletter to send out before they arrive at the warehouse or an automated numbering system on site that alerts people that an item is no longer available before they receive their package (either when they are ordering or even before the pickup date).

Participants also expressed some disappointment that staff were sometimes unable to answer questions related to the food package on the spot. For example, staff did not always know when certain items would be available. Ensuring that staff knew what was available and what was not on a scheduled pickup day was important to many participants. Furthermore, discussion group participants in programs that assign a pickup date desired alternating pickup dates so that they were not always left to pick up at the end of the month, when produce was not at its freshest or certain items had already run out. Participants requested staff guidance for first time participants—walking them around the facility and advising them step by step through the ordering process if they have never done it before.

Summary

Participant satisfaction with FDPIR is very high. FDPIR households report high satisfaction rates in all domains assessed—food package, program staff, facilities, and the application process. There were aspects of the program that the participants wished to have changed, and there were a variety of recommendations from participants, ranging from improvements in the food package to programmatic changes.[76] Across sites, a majority of participants felt that FDPIR was a necessary program that helped to keep their family healthy and that services were provided in a friendly and respectful manner.

[76] According to FNS, most of the programmatic changes requested (e.g., larger food packages, local food procurement) would most likely require Congressional action.

Chapter 9. Conclusions and Policy Implications

This report provides an update of FDPIR participant and household characteristics based on a nationally representative sample of participants served by 23 ITOs. Site visits to 17 of those programs formed the basis for describing program operations. Secondary data and discussions with participants and nonparticipants further informed our understanding of participation trends and program satisfaction.

FDPIR participants

FDPIR serves people of all ages, including very young children, school-age children, young and older adults, and elders beyond 75 years of age. In 2014, FDPIR served an average of 85,400 participants per month.

DEMOGRAPHIC PROFILE

The profile of FDPIR participants for the reference month of September 2013 remains very similar to that reported in 1990—FDPIR continues to serve a very low-income population that relies heavily on SSI and SSDI. Most notable changes in the participant profile over the 25-year period are related to household composition, gender, and age. The proportion of households with no income (1 in 10) has not changed over time, nor has there been a change in the very limited amount of financial assets owned by FDPIR households.

The number of one-person households has significantly increased over time. Findings from the earlier study conducted by Usher et al. (1990) indicated that 33 percent of participant households contained only one member, and in 2013 the percentage has risen to 48 percent.[77] The percentage of one-person households served by FDPIR has thus increased by 45 percent over this 25-year period.

Most households are headed by women. As of September 2013, approximately two-thirds of the household heads participating in the FDPIR program were women (62 percent) and more than one-third were men (38 percent). Of all individuals who participate in FDPIR, 54 percent are female and 46 percent

[77] Usher et al. (1990), Exhibit III.1, Size of FDPIR Participant Households, N = 757 households (survey).

are male. In the earlier study, individual participation was equally divided by gender (50.5 percent female and 49.5 percent male).[78]

Adult participation has remained constant over time, but participation by children and elders has changed. Turning from household units to look at participants, the participation of children in FDPIR has declined while the participation of elders has increased. The 1990 study found that 48 percent of FDPIR participants were adults between the ages of 18 and 59. An equivalent number of adults participate today. Findings from the 1990 study indicate that 37 percent of participants were children under the age of 18.[79] This had declined to 30 percent in 2013. Our 2013 profile finds that 21 percent of FDPIR participants are elderly adults aged 60 years or older. Survey findings from the 1990 study conducted by Usher et al. (1990) indicated that nearly 15 percent of participant households included an adult aged 60 or over.

Many households consist of elders only. In 2013, 29 percent of households participating in FDPIR had elderly members only. In 85 percent of these households, elders live alone; in 15 percent, they live with one other elder.

INCOME AND EMPLOYMENT CHARACTERISTICS

The monthly income for FDPIR households is very low. The average monthly income for those households that reported earned or unearned income was $1,144. Average monthly household income ranged from $778 for a one-person household to $2,367 for households with eight or more members,[80] (Twelve percent of all FDPIR households reported zero-income and are not included in this analysis.)

Many FDPIR households live below the poverty line. Comparing annual FDPIR household incomes with the poverty guidelines, the mean annual incomes for one-person households ($9,340) and for two-person households ($12,756) are 79 and 80 percent of the poverty thresholds, respectively. (The Federal poverty threshold is $11,880 for one-person households and $16,020 for two-person households.) The mean income of three-person households ($16,761) is 83 percent of the poverty threshold ($20,160).

The three main sources of income for FDPIR participants are Social Security, SSI/SSDI, and wages. The earlier study found that the type of households most likely to have earnings from wages consisted of couples with children.[81] This holds true today for households composed of parents and children under age 18.

[78] Usher et al. (1990), p. III-9.
[79] Usher et al. (1990), Exhibit III.5, Percentage of FDPIR Participants by Gender and Age, p. III-10.
[80] Further information about the relationship of household size to income is provided in appendix A, Table 1e-1, Amounts of Households Income by Source-CRR.
[81] Usher et al. (1990), Exhibit III-11, Sources of Income by Composition of Household and Mean Monthly Income (N = 827).

Earlier, Social Security was the most common source of income for couples without children.[82] This pattern has not changed.

A slightly greater share of FDPIR households received Social Security benefits in September 2013 (36 percent) than in September 1989, when 29 percent of households received Social Security. For those FDPIR households receiving Social Security in 2013, the average benefit amount was $788 per month. Many more households now receive SSI/SSDI than in the past, increasing from 18 percent in 1989 to 31 percent in 2013.

The type of household most likely to have earnings from wages is parents with children under the age of 18 (74 percent). Single parents with children under the age of 18 as well as parents with children over the age of 18 also have earning from wages (60 percent). Overall, however, the percentage of households reporting earned income from wages has declined, decreasing from 31 percent in September 1989 to 26 percent in September 2013. Unemployment insurance, self-employment income, pensions, and veterans benefits has decreased as sources of income, and receipt of benefits from general assistance and TANF has decreased as well.

FDPIR households have very limited financial assets. Only 5 percent of FDPIR households in September 2013 reported total assets of $500 or more. These findings tell a story similar to that from nearly 25 years ago.[83] Findings from the 1990 study indicated that only 3.3 percent of households had total assets of $500 or more.

FOOD STORAGE AND PREPARATION FACILITIES

Generally, FDPIR households had adequate food storage and preparation facilities, and almost all of those responsible for preparing meals indicated that they are able to cook the food they select as part of the FDPIR food package. With respect to food storage, almost 98 percent of FDPIR households have a refrigerator, but just 80 percent have a freezer. Three-quarters of FDPIR households have access to a public water supply that serves as their main source of water for preparing meals, whereas 18 percent obtain their water from individual wells. Over 5 percent of FDPIR households rely on commercial bottled water; a spring, stream, or lake; or another water source for food preparation. Although this percentage appears to have decreased since 1989, a lack of running water is still common in remote areas of some reservations.

[82] Usher et al. (1990) did not disaggregate household composition by elderly status.
[83] Usher et al. (1990), Exhibit III.12, Liquid Assets of FDPIR Participant Households.

HOUSING COSTS

Housing expenses for low-income populations can affect a household's ability to obtain sufficient food or to ensure adequate storage and food preparation facilities. Just over half of FDPIR participants own their homes, and one-third are renters. The rest have other living arrangements, such as staying with family or friends, staying in a temporary shelter, or being homeless. Over one-third of participants reported no monthly payment for their housing (e.g., no rent, mortgage, or utility costs). Of those who did have a monthly payment, the largest percentage (21 percent) paid between $1–99 per month, and the next highest percentage (12 percent) paid $100–199 per month. Utilities accounted for a higher percentage of monthly costs than rent or mortgage payments. The largest percentage of participants (19 percent) paid $100–199 per month for utilities, and 16 percent paid $200–249 per month. These utility payments included electricity, telephone, water, and trash collection.

HEALTH INSURANCE, HEALTH STATUS, AND DIETARY RESTRICTIONS

Three-quarters of FDPIR households have health insurance or another form of health plan coverage, mostly from Government programs.[84] An estimated 86 percent of FDPIR households received medical services on Tribal lands, and 90 percent of these households received their care at a Tribal or IHS clinic. The next most common source of care, for 44 percent of households, was a hospital managed by a tribe or the IHS. Over 38 percent of FDPIR households received services from emergency medical providers.

In 2013, the incidence of health conditions was extremely high for FDPIR participants. An estimated 77 percent of FDPIR households had one or more members with a health condition. An estimated 27 percent of households had at least one member with food restrictions due to allergies or special diets. The most commonly cited food and nutrient restrictions were sugar (61 percent), salt (54 percent), fat (46 percent), and lactose (43 percent).

FOOD SECURITY

USDA characterizes a household as food insecure when "consistent access to adequate food is limited by a lack of money and other resources at times during the year."[85] FDPIR targets a population known to have a high incidence of food insecurity, and our survey confirms that it reaches this population. We explored degrees of food security through the participant survey, which included a six-item short form measure of food security used by ERS (USDA 2015b). We found that an estimated 34 percent of households

[84] Members of Federally recognized AIAN Tribes and their descendants are eligible for services provided by the IHS, an agency within the Department of Health and Human Services. Health services are provided directly by the IHS, through Tribally contracted and operated health programs, and through services purchased from private providers.

[85] "Food Security in the U.S.," http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx, accessed December 15, 2015.

experienced low food security, meaning they reported reduced quality, variety, or desirability of diet but no indication of reduced intake. Almost 22 percent of FDPIR households did report disrupted eating patterns and reduced food intake, and are considered to have very low food security. These rates are significantly higher than the national averages of 8 percent of households experiencing low food security and 6 percent experiencing very low food security (Colman-Jensen et al. 2015).

FDPIR contribution to the household food supply

The portion of a participating household's food supply that came from FDPIR varied from being the sole or primary source of food to making up only a portion of the food a family ate each month. Although FDPIR is intended to be a supplemental food package program, FDPIR was the sole or primary source of food for 38 percent of households based on survey responses; FDPIR contributed 81–100 percent of their food supply. For 17 percent of households, FDPIR contributed 61–80 percent of their food supply. For the 62 percent of households for which FDPIR was not the sole or primary source of food, 95 percent obtained some of their food from a grocery store, supermarket, or convenience store.

Access to food

The main argument for establishing FDPIR in 1977 as an explicit alternative to the general policy of providing food assistance through vouchers rather than food distribution was that the residents of some reservations would have to travel great distances to county offices and grocery stores to obtain and use food stamps. Although for many Native Americans EBT-authorized retailers are more numerous and accessible today than they were in 1977, we find that challenges to access still persist.

Our survey found that the largest share of participants (32 percent), traveled less than 5 miles to pick up food from FDPIR, but also that there were many that traveled longer distances. The average distance traveled to pick up food was 16 miles, with an average one-way travel time of 23 minutes. With respect to access to retail food stores, the average distance to a store that sells produce was estimated to be 10 miles, and the trip took participants an average of 17 minutes. Our visits to FDPIR programs document the diversity of conditions across Indian Country. Many communities are quite remote, and long distances to supermarkets are exacerbated by a lack of reliable transportation, the cost of gasoline, limited or no public transportation, and roads on many reservations that are hazardous or impassable in bad weather.

Drivers of participation change

To provide additional insight into factors influencing changes in participation over time, we conducted two auxiliary analyses. First, using a microsimulation model, we conducted a detailed eligibility analysis of AIAN households living in likely FDPIR service areas using national survey data from the CPS-ASEC. The analysis compared FDPIR and SNAP eligibility and benefits in 2002 to 2008 (a period during which national FDPIR participation declined). The analysis found little evidence to support the hypothesis that changes in overall FDPIR eligibility or the relationship between FDPIR and SNAP eligibility and benefits explain the reduction in FDPIR participation during this time period.

Our second auxiliary analysis used the 2000 and 2010 Decennial Censuses to investigate whether there was a reduction in the share of the AIAN households in FDPIR service areas headed by persons aged 45 or above or that consisted of one- or two-person households (groups making up the majority of FDPIR households). However, we found that these groups contained a higher share of the population in 2010 than in 2000, and so find no support for the hypothesis that changes in the composition of AIAN households in FDPIR service areas explains the reduction in FDPIR participation between these two years.

Levels of participation in any program are driven by how broadly or narrowly the eligibility criteria are defined. Because FDPIR was designed as an alternative to SNAP and serves largely overlapping populations on Tribal reservations, we considered the effect of significant shifts in FDPIR and SNAP eligibility policies, including SNAP broad-based categorical eligibility, SNAP time limits for ABAWD, and 2013 FDPIR eligibility regulation changes. FDPIR participation was at its lowest (in recent years) between 2010 and 2013, years that coincided with a temporary increase in SNAP benefits authorized by the ARRA, which took effect in April 2009. The ARRA also temporarily waived the SNAP time limit for ABAWD who fail to meet work requirements. Although this waiver extended only through October 2010, waivers remained in effect in most areas over the following few years due to continuing high unemployment in the aftermath of the recession. FDPIR does not have a time limit, and some households may have switched from FDPIR to SNAP when they gained SNAP eligibility through the ABAWD waiver.

The growth in FDPIR household participation after 2013 coincides with the end of the temporary increase in SNAP benefits, as well as with FDPIR policy changes that more closely align FDPIR and SNAP eligibility rules. These include elimination of the FDPIR asset test (which makes FDPIR policy consistent with SNAP policy in states that have chosen to eliminate the SNAP asset test) and introduction of a shelter expense deduction and expanded medical expense deduction.

Although not proven in our analysis, the patterns of increases and decreases in FDPIR participation thus appear likely to be influenced by broader changes in both SNAP and FDPIR eligibility rules and benefit

levels, and may also be affected by the ease with which households can access retail outlets that have affordable food.

Switching between FDPIR and SNAP

Only a small share of households, about 5 percent, either switched to FDPIR from SNAP or vice versa in the 12 months preceding the survey (i.e., participated in one program, terminated this participation, and enrolled in the other program the following month). It was slightly more common to switch from FDPIR to SNAP than from SNAP to FDPIR: 4 percent of FDPIR households switched to SNAP, while 2 percent of SNAP households switched to FDPIR.[86] In understanding switching, an important limitation of the household survey is that because the sample is limited to households that were receiving FDPIR benefits in September 2013, the results do not fully reflect households that switched from SNAP to FDPIR because the sample excludes households who were on SNAP in September 2013.

For many households, the value of the benefit they receive on each program is a critical factor. Because the amount of SNAP benefits depends not only on household size but also household income, whereas the amount of food received through FDPIR is based on household size, some households will receive a larger benefit on one program, while other households will receive more on the other.

In addition to the benefit amount, households who switched from FDPIR to SNAP gave several other reasons why they made that choice, several related to quality or variety of food available at supermarkets. Specifically, they noted the ability to use SNAP benefits to purchase cold prepared and convenience foods at authorized stores. Program staff and discussion group participants at site visits noted that households preferred FDPIR because there was less paperwork for getting certified.

FDPIR operations

Information on program operations was gathered through site visits to 17 ITOs, selected to include programs from different regions and of different sizes, and, to the extent possible, to achieve diversity in approaches to program operations. They were not selected randomly, however, and are not representative of all FDPIR programs.

[86] The percentage switching to and from FDPIR sum to a larger percentage than the total percentage of households who switched, because some households switched both to and from FDPIR.

Staff from most of the programs said their space was adequate. A few exceptions were programs where staff said that their current space presented challenges for running the program because of increasing participation numbers or that they needed a new building because of insufficient space.

Staff at some programs identified needed improvements to their warehouses, such as power upgrades, heat pumps, central air systems, or a new loading dock. At a few programs, staff cited the age of their buildings when talking about the need for new ones. At several they pointed out improvements they had made, including a new loading dock and heating or cooling systems.

At a few programs, staff indicated that limited cool-storage capacity in the warehouse or stores affected the ability to offer the quantity or variety of fresh produce that staff would like to. Capacity also affected the availability of fresh produce and frozen foods at tailgate sites. The programs with tailgate sites all had delivery trucks with refrigeration or freezer capacity, but not always enough space to carry the quantity of fresh or frozen food that participants would like.

APPLICATION AND CERTIFICATION PROCESS

Each of the FDPIR programs in the study accepted applications in person, and the vast majority of applications were submitted either at a program office or a tailgate site. Nearly all programs allowed people to submit applications without requiring an appointment. Several of the 13 programs with tailgate distribution accepted and certified applications at tailgates. Other methods of receiving and certifying applications included telephone, fax, postal mail, and email.

USE OF TECHNOLOGY

The use of computer technology by FDPIR staff in the application and certification process is low. Most of the programs used paper applications and maintained hard-copy participant files. A few programs allowed applicants to begin the process electronically and submit forms by email. Staff at most programs checked for dual participation in SNAP by telephone. Once the certification process was complete, staff from all site-visit programs stored participant information in the AIS or a similar system.

The use of computers is hindered in some sites by the lack of computer-based technology infrastructure and the lack of computer access by prospective and current participants. In some remote locations, especially some tailgate sites where applications and certifications are handled, staff relied on telephone or fax to submit or exchange information because there was no web-based infrastructure or Internet access. However, several programs did use computer technologies during tailgate distribution. In these, staff used laptop computers, scanners, and printers to issue food, scan copies of documents, and print food order sheets. Staff at programs that had the AIS loaded on a laptop could synchronize records of the foods issued with the inventory when they returned to their main site.

INVENTORY AND ORDERING

All but one of the programs visited used the AIS to facilitate managing the food inventory. Inventory management processes varied across programs. In some of the larger programs, staff used scanners to update the inventory on the basis of deliveries, tailgates, and transfers from one store to another, and conducted physical counts each month. Other sites dedicated a half-day to two days each month solely to counting everything in the warehouse and comparing numbers with those in the computer.

The ordering process for USDA Foods also varied across sites, as did the frequency of ordering. The number of times orders were placed for USDA Foods depended on the size of the program and the storage capacity of the facilities. Several programs mentioned "starting" an order online as soon as they could, and checking online often throughout the month to see when foods were available to be added to the order. Although most programs placed an order each month, respondents from all the sites stated that they do not order each food item each month. Programs used many methods to decide what to order and to place orders, including calculations based on previous monthly distribution activity, visual inspection of food remaining in the warehouse, and estimates based on past experience and knowledge of what participants like and take each month. Almost every site reported that delivery of USDA Foods occurred each month, usually a week after an order was placed.

The process for ordering produce under DoD Fresh was different from that for ordering other USDA Foods. Nearly all sites ordered produce to be delivered once per week, to ensure availability of fresh produce to participants throughout the month. A few sites received deliveries less than once per week (for items with longer shelf lives such as potatoes or mixed fruits), and one site had produce delivered twice a week. All produce was ordered online. Respondents stated that ordering produce from DoD Fresh involved more guesswork than ordering from USDA Foods because they wanted to have enough produce to last the week but not so much that it would go to waste.

Across all programs, the fresh produce component of the FDPIR program was very popular and often cited as one of the best features of FDPIR, by both staff and participants. Many programs that had been participating in the fresh produce component for years noted the increased variety of offerings over time. The greatest challenge with the fresh produce program has been the varying quality of vendors. Concerns voiced by staff included the availability of items, the quality of the products, and whether the truck driver would wait while staff reviewed the entire delivery or would leave after the boxes were unloaded. This was an issue because, at times, damaged products were not discovered until after the truck driver left, and programs were left with potentially damaged produce or produce of compromised quality that could not be replaced for a week. FNS staff noted that they have taken action on issues noted with DoD Fresh.

FOOD DISTRIBUTION MODES

Most of the 17 programs we visited distributed food at their warehouses and tailgate sites and through home delivery. Among the 13 programs that distributed at a warehouse, 2 had more than one warehouse that supported food pickups. At programs with tailgate distribution, the number of pickup sites varied considerably, with half of these 13 programs supporting 7 or more sites.

A few programs offered food pickup in a grocery or supermarket setting instead of a warehouse. Most of these used an automated scanner system at checkout that was linked with AIS or another electronic inventory system. Only one of these programs allowed participants to pick up food benefits—within established monthly guide rates—more than once a month. Staff from another program with a grocery store model said that they were working on how to use the AIS to support multiple pickups a month by a participant but had not yet implemented such an option.

By far the most commonly used locations for food pickup were warehouses and other FDPIR facilities, which include store settings and nutrition centers. When asked where they usually picked up their food packages, 85 percent of household survey respondents said at an FDPIR site, which included warehouses, and an additional 3 percent said at a different warehouse location. Tailgate pickup and home delivery options were used by 5 and 6 percent of respondents, respectively. Staff at most programs indicated that participants who pick up food at a warehouse did so once a month. Staff from a few programs indicated that they allow pickup of food benefits—within established monthly guide rates—more than once a month, although some of them said that few participants took advantage of the option.

Among sites that offered tailgate pickup, several programs delivered USDA Foods to one or more of their tailgate sites once each month; a few programs delivered to one or more (but not all) of their tailgate sites twice a month; and one program delivered to both of its sites twice monthly.

Most programs offered a home delivery option for participants who are unable to come to a distribution site. Programs that offered home delivery services made deliveries once a month or as needed for participants who requested such assistance. Of the 16 that offered home delivery, 13 had a more formal approach that included a systematic process to determine who could receive this service and routine, monthly deliveries. A few of the programs operated deliveries on a more informal, as-needed basis.

Local FDPIR program operations vary considerably, even as individual programs adhere to required guidelines. Our site visits found that staff are acutely aware of the food assistance needs of participants and committed to customer service. To the extent possible at each program, managers tailored warehouse hours, tailgate and/or home delivery options, and product selection to the circumstances and preferences of participants. FDPIR managers and staff were resourceful in the face of budget constraints and logistical and

infrastructure barriers, and program staff stepped in to help each other as needed to assure that participants received their food packages.

Site visits also revealed the importance of FDPIR to the Tribes and ITOs that participate. The program is not only important to the health and nutrition of the neediest Tribal members—it is also a major source of funding and Tribal employment for some Tribes. This value to the Tribe provides an added incentive to maintain a well-run, customer-focused program. At the program level, this translates into ensuring that regulations are followed, staff are properly trained, the program is continuously improved, and participants and eligible nonparticipants are made aware of the program and updated about any program changes.

Nutrition education

Nutrition education is provided by FDPIR programs in a variety of ways, with topics ranging from healthy food preparation to physical fitness and healthy food choices. According to informal feedback to program staff and household survey data, nutrition education appears to benefit FDPIR participants. Barriers to nutrition education include transportation and scheduling issues as well as limited staff, funding, and space.

Several sources are available to FDPIR programs to fund nutrition education activities. FNS allocates funding for FDPIR nutrition education to regional offices under the same formula used for standard administrative funds. Regional offices then disseminate the funds to ITOs. ITOs supplement this funding with matching funds that they provide, and they can also request additional funding from regional offices for special projects. Another funding source is the Food Distribution Program Nutrition Education (FDPNE) competitive grant program, initiated by FNS in 2008 to support nutrition education activities. The grants are awarded annually on the basis of availability of funds and quality of applications. Tribes can also apply to their SNAP State agency for nutrition education funds through the SNAP-Ed State plan. To supplement the basic administrative funding provided by FNS for nutrition education, staff worked collaboratively with programs in their region and with the FNS regional offices; applied for competitive grants; and coordinated with other Tribal nutrition education resources, local agricultural extension service, and others.

In many sites, nutrition education led to coordination with other programs and creativity in seeking out funding sources. In addition to the general administration funds for FDPIR and the FDPNE grants, staff listed a variety of alternative nutrition education funding sources and resources that contributed to many components of their programs. Some programs took advantage of other Federal funds, while others were supported through State grants and local Tribal resources. Many are integrating gardening and farming skills into their nutrition programming to educate participants on quality of food and freshness. The USDA's

Agricultural Marketing Service has a Specialty Crop Block Grant to encourage people to grow special crops, defined as "fruits, vegetables, tree nuts, dried fruits, horticulture, and nursery crops (including floriculture)" (USDA 2015g). One program used the grant to support a plant nursery for specialty crops and help people set up mini-farms if they contract to sell at a farmers market. Another Federally funded program that benefited one FPDIR program is EFNEP, sponsored by the USDA National Institute of Food and Agriculture. EFNEP is a community outreach program that uses peer educators to implement holistic nutritional programming grounded in diet quality, physical activity, food resource management, food safety, and food security. EFNEP has no cost-sharing or matching requirement and is usually administered and implemented by land grant universities. Programs also took advantage of a number of local and regional funding options, such as local foundations, State universities, or Tribal governments that supported the cost of staff not covered by the general FDPIR administration grant.

To better document participation, we grouped nutrition education activities as passive or active. Distribution of materials—recipes, calendars, newsletters, and fact sheets—is considered passive, because participants can conveniently pick them up or receive them when they pick up their food packages. These were the activities with the highest participation rates. Nearly three-quarters (74 percent) of the households who participated in at least one activity indicated that they or someone in their household had picked up recipes and cookbooks offered by the program. Well over half (58 percent) picked up calendars that featured healthy habits on each month's page. Additional materials that respondents indicated were offered include newsletters (38 percent) and factsheets (29 percent).

Cooking demonstrations or workshops that require additional effort from participants and may be held outside the distribution center are characterized as active. Such activities may not be accessible to those who use home delivery or pick up their food packages at tailgate sites. Cooking demonstrations were offered to 16 percent of FDPIR households, according to the participant survey. An estimated 15 percent of FDPIR participants said that they participated in tastings offered at their site. "How to" workshops on budgeting and grocery shopping were two other commonly offered activities; 12 percent and 11 percent of respondents, respectively, said they or a household member took part in workshops at their site. In addition, a number of programs offered nutrition education activities for youth, including targeted cooking classes.

Impact of nutrition education

Of survey respondents who had picked up educational materials or taken part in nutrition education activities, 52 percent indicated that they made changes to their cooking or eating and 40 percent of those who made changes used the recipes offered. A smaller group of respondents, 12 percent, indicated that they had taken part in other program services offered by FDPIR such as fitness and health classes, cooking classes, health fairs, and similar activities. Approximately 70 percent of these participants made changes in

their level of physical activity or health and fitness. Of those 70 percent, 49 percent exercised more and about 37 percent said they ate more healthily. Sixty-nine percent of respondents reported that they made changes to food preparation, with 26 percent of those households reporting that they fried food less often.

Challenges

Across programs, staff talked about their need for more funding to carry out activities and to hire additional staff who are qualified to offer nutrition education. Staff at a few sites had never applied for FDPNE funds. Those sites, as well as others, noted several barriers to applying, including the following: the competitive process means that funding was uncertain; they had limited staff capacity to take on more work; it was difficult to process the FDPNE grant through Tribal channels, resulting in concerns about spending the grant within the required time period; and they had concerns about meeting the 25 percent matching requirement.

Hiring qualified staff appeared to be a significant barrier to providing high-quality nutrition education. Although a few programs did have staff nutritionists with training in health or nutrition, other programs hired capable members of the Tribe who were reliable and could carry out whatever duties were needed, but were limited in the advice they could give to program participants.

Staff as well as participants in discussion groups noted logistical barriers to attending nutrition education activities. Participants face transportation challenges, including the lack of a vehicle and the prohibitive cost of gasoline. At several sites, one or more participants noted that if they were able to get a ride to pick up their food packages, they did not feel they could ask their driver to stay longer so they could attend nutrition education or a cooking demonstration. At one site, nutritionists divide their time between the warehouse and several tailgate locations. Consequently, participants may miss the nutrition education classes or cooking demonstration when they come to pick up their food packages.

Program staff we interviewed noted that a key component for adequate nutrition education was appropriate space. Most sites have a kitchen in their main warehouse that can be used to prepare foods, but fewer have kitchen space large enough to use for cooking demonstrations with an audience or cooking classes with hands-on participation.

Foods products and preferences

Overall, program participants were satisfied with the products in the food package. Almost 90 percent of survey respondents indicated that they were satisfied with the variety of food, the freshness, the quality, the nutritional value, and the taste and visual appeal. Across sites, there was a commonly held perspective

that the quality of food provided through FDPIR has improved over time. Participants pointed to the inclusion of fresh produce, the meat options, and the change in the product labeling to include name brands. Participants appreciated the expanded variety of food items and, for the most part, the consistent quality of the products.

The fresh produce program and the addition of certain frozen meats, in particular, were supported by nearly everyone. Many participants mentioned that children appreciate the fruit. Some of the most popular food package items were cheese, meat, and vegetables. Program participants surveyed were asked to name the food items they liked the most. Some of the most popular items were cheese (27 percent), meat (28 percent), fruit (29 percent), and vegetables (24 percent). The data gathered through discussion groups with participants and interviews with FDPIR staff largely reinforced the findings from the survey.

Participants' opinions varied with respect to improvements they would like in the food package. The food items most commonly requested were more meat options (28 percent). This was reflected in the site visit data: many participants and staff indicated that they would appreciate larger quantities and more varieties of meat and other animal proteins—chicken, canned tuna, pork, and traditional foods such as salmon, venison, and bison. Many respondents also requested additional fruit (18 percent) and vegetable options (17 percent), especially bananas (3 percent). Fresh eggs (9 percent) and fresh milk (5 percent) also were commonly requested. Spices (mentioned by 7 percent of survey respondents), particularly salt and pepper, were items that many people said they would like the program to offer. Multiple respondents in discussion groups indicated that they were dissuaded from cooking or following recipes because they would have to purchase spices and seasoning.

Participants are sensitive to the removal of products from the food package as well as the limited or sporadic availability of some products. Housing conditions did affect food choices in some locations. For example, the dried egg mix and powdered milk were important to those participants that lack refrigeration, as was a need for canned meat options over frozen meat. Participants in some discussion groups thought that the quantity of starches (particularly flour and pasta) offered by the program was too high. While people generally noted that foods were now low-sodium and healthier, a few mentioned that the canned items still had to be rinsed to remove salt. Participants requested more variety and the ability to be able to get more fresh food in volume. For example, participants were unhappy that fresh produce and canned produce were placed in the same category; instead they wanted to have all of the fresh produce available to them, in addition to the canned goods that would last later into the month. Participants from a few programs commented that produce availability was low at the end of the month. It also was noted that the produce could be inconsistent in quality and availability.

The diversity across programs is perhaps most apparent in requests for traditional foods. Which food items are viewed as cultural varies considerably across the country. Respondents observed that the regional foods available were not necessarily representative of what participants from a specific Tribe eat, lending support to the suggestions by FDPIR programs for more locally sourced food. The most regularly requested traditional food was bison. Although it was mentioned by only 3 percent of survey respondents when asked about adding foods, participants and staff from many programs indicated that participants would like to see more bison options in their food packages. The second most requested traditional food was salmon (mentioned at a few programs). Although many programs offered canned salmon, some participants were dissatisfied with the taste or quality of the product. Other cultural food options requested were venison, blue cornmeal, and wild rice.

Participant satisfaction

Participant satisfaction with FDPIR is very high. FDPIR households report high satisfaction rates in all domains assessed—food package, program staff, facilities, and the application process. Across programs, a majority of participants felt that FDPIR was a necessary program that helped to keep their family healthy, and that services were provided in a friendly and respectful manner.

Aside from the certification and enrollment process, participants interacted most frequently with program staff during food pickup, according to site visit data. Most FDPIR households were pleased with their interactions with program staff. According to the participant survey, an estimated 73 percent were very satisfied and another 20 percent were somewhat satisfied. In discussion groups, participants described staff as very knowledgeable and helpful. In general, the flexibility of staff made participants' experience with FDPIR very positive. According to the survey data, just 4 percent of households were dissatisfied with staff.

Policy implications

The wealth of information collected in this study offers many opportunities for considering further improvements to FDPIR, which is already positively received by program participants. In this section we highlight a few policy areas raised by this study for consideration by FNS as the program moves forward.

- Demographic changes since 1989 warrant consideration of adjustments to the food package. In particular, the increase in the number of one-member households and participant feedback about the limited quantities provided to these households suggest that an increase in the size and/or

package composition for single-person households should be explored, to the extent that funding and overall nutritional values permit. Similarly, the increased number of elders in the program suggests that the particular nutritional needs among this group should be considered.

- Although changes in FDPIR and SNAP eligibility and relative benefit levels do not appear to explain the reduction in FDPIR participation between 2002 and 2008, changes in the level of FDPIR participation appear to coincide with key SNAP policy changes over the longer term. FNS should continue to track the relationship between the two programs and support close coordination of policies with SNAP.
- Only a small minority of households switch between the two programs over the course of a year. And households that experience seasonal fluctuation in income or household size may be well-served by the ability to switch. Policies and staff training should continue to reflect the need for and value of both programs in Indian Country.
- Further improvements can be made to enhance nutrition education programming across programs with increased funding and more qualified staff, in light of positive changes in eating and food preparation reported by program participants.
- The diversity of preferences, needs, and conditions across Indian Country, combined with the innovation shown by ITOs in tailoring operations to their Tribes and stretching tight budgets through ingenuity, collaboration, and leveraging of resources, speaks to the importance of encouraging flexibility and offering incentives to promote innovation across Tribes.
- The limited income and financial resources of households served by FDPIR and the evidence that there has been little change in these indicators since 1989 supports further examination of how USDA can work with other agencies and public assistance programs to further assist those in need.

Glossary

ABAWD: Able-bodied adults without dependents

AIAN: American Indian and Alaskan Native

AIS: Automated Inventory System

ARRA: American Recovery and Reinvestment Act

Authorized Representative: An authorized representative is another responsible household member or an adult non-household member designated by the FDPIR applicant for the purpose of applying for the program or for obtaining USDA Foods on behalf of the household.

CDC: Centers for Disease Control

CHR: Community Health Representative. American Indians and Alaska Natives selected, employed, and supervised by their Tribes and trained by IHS to provide specific health care and outreach services at the community level.

CPS-ASEC: Current Population Survey Annual Social and Economic Supplement

CSFP: Commodity Supplemental Food Program

DoD: Department of Defense

DoD Fresh: Department of Defense Fresh Fruit and Vegetable Program

EBT: Electronic Benefit Transfer

EFNEP: Expanded Food and Nutrition Education Program

ERS: Economic Research Service

FDPIR: Food Distribution Program on Indian Reservations

FDPNE: Food Distribution Program Nutrition Education

FIFO: First in, first out. A method of inventory management and valuation, where the first goods purchased or obtained are also the first goods sold or distributed.

FNS: Food and Nutrition Service

FSP: Food Stamp Program (renamed in 2008 as the Supplemental Nutrition Assistance Program, or SNAP)

FY: Fiscal year. The Federal fiscal year is October 1–September 30.

HEI: Healthy Eating Index. A measure of diet quality that assesses conformance to the Dietary Guidelines for Americans.

ITO: Indian Tribal Organization

IHS: Indian Health Service

IRB: Institutional Review Board. A committee established to review and approve research involving human subjects.

LIHEAP: Low-Income Home Energy Assistance Program

NAFDPIR: National Association of Food Distribution Programs on Indian Reservations

SNAP: Supplemental Nutrition Assistance Program

Tailgate: A tailgate distribution is a mobile or traveling service site where all functions are performed at the locations where the actual distribution takes place. Instead of participants coming to a distribution center to be qualified and receive their food packages, the distribution center goes to the participants (FNS Handbook 501).

TANF: Temporary Assistance for Needy Families

SNAP-Ed: Supplemental Nutrition Assistance Program Education

SSI: Supplemental Security Income. SSI provides benefits to disabled adults and children and to elders over age 65.

SSDI: Social Security Disability Insurance. SSDI provides benefits to workers who become disabled before retirement age.

USDA: United States Department of Agriculture

WIC: Special Supplemental Nutrition Program for Women, Infants, and Children

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