

Perceptions of Food and Eating Among Native American College Students

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Abstract

Type II diabetes has become the number one cause of death within the Native American community. As a result of the false representation of this population, individual's sense of identity is being negatively impacted, leading to a decrease in one's health, happiness, and sense of security. Before having the ability to prevent the advancement of this disease within the Native American population, we need to listen, and learn from the community members at risk, in order to recognize effective treatment, and program options. The current study strives to understand the perspectives of Native American students at The University of North Carolina Asheville. The question this study attempts to answer is "how do individuals' personal connections with their Native American community and heritage shape their views and choices surrounding food?" Focus group discussions were undertaken with students who self-identify as Native American, with questions related to their food preferences, and perceptions of traditional foods, as well as identity. The results of this study include qualitative information regarding participants' ideas concerning what traditional food entails, as well as the misrepresentations of their community. The major themes include individual's awareness surrounding the damages the misrepresentation of the Native American population has on its community members. Another prevailing theme proved to be the over abundance of fast-food restaurants on reservations, leading to a inability of individuals to have a choice surrounding dietary habits and patterns. By listening to the population at risk we can begin to establish a greater understanding of food culture, choices, and patterns, as well as the representation of the population through the lens of community members. This awareness will subsequently lead to an increase in effective programs; laterally leading to a decrease in the number of identifying Native Americans diagnosed with type II diabetes.

1. Introduction

Over the past half-century, there has been a considerable rise in type II diabetes among Native American communities across the country. Type II diabetes can be defined as a heterogeneous disorder impacted by genetics, as well as environmental factors¹. This disease is usually triggered by poor exercise and eating habits resulting in abnormalities with one's carbohydrate and fat metabolism². In 2011 the National Centers for Disease Control and Prevention (CDC), determined that Type II Diabetes is a leading cause of kidney failure, non-traumatic lower limb amputations, as well as recent cases of blindness diagnosed within the United States. The CDC also concluded that type II diabetes is one of the major causes of strokes and heart disease³. Authors of a study published in 2002 in the *American Journal of Public Health*, determined that the diagnosis of type II diabetes among White Americans had increased by 14%; however the rise in diagnoses in the Native American population was much larger, determined to be 71%⁴. This rise has occurred across sub-groups.

Among the many factors influencing diabetes, some research points to the misrepresentation of identity as playing an important role in the substantial rise of the disease within the Native American population, including young people. In 2016, the CDC indicated that the obesity rate for American Indian children was double the rate among non-Hispanic white children⁵. "The prevalence of type 2 diabetes in children ranges from 4.1 per 1000 12-19 year olds in the US to 50.9 per 1000 15-19 year old Pima Indians of Arizona."⁶ In a research study titled *Diabetes Mellitus in Native*

Americans: The Problem and Its Implications, K.M. Venkat Narayn discusses the negative habits such as diet, obesity, and lack of physical activity. Narayn was able to measure the glucose tolerance of members from the Pima Tribe, and was able to gather data supporting the assertion that young children are adopting habits from their parents, siblings and community members, subsequently influencing their health behavior patterns⁷. The rise in negative health outcomes for Native Americans may also be related to challenges with identity. A study published by The University of Minnesota Press, which focused on the Omaha Tribe in Nebraska, determined that people with a high level of cultural identity reported a better control over their type II diabetes⁸. This data supports the idea that one's connection to their community impacts an individual's physical health and wellbeing.

Cultural identity within Native American communities is related to misrepresentation, including through various forms of false portrayals of their identity. Lucy Ganje, professor at the University of North Dakota, and an author of a chapter within *Images that Injure Pictorial Stereotypes in the Media*, discusses the consistent and damaging stereotypes that continue to surround the population. Ganje begins by touching on the misrepresentations of the Native American community, and how these distortions are displayed through sports team names, mascots, toys, media entertainment, and corporate iconography, such as food, clothing, automobiles and alcohol. The misconceptions surrounding the Native American community stem from poor education of the population, as well as ignorance resulting from pop culture illustrations⁹. Within Ganje's chapter, there is also an emphasis on the idea that the media displays the Native American community as a population of the past, as opposed to a thriving, and developing population on a continuum⁹. Due to this misrepresentation, many in the Native American community have lost touch with its traditional roots and culture, which has had a powerful impact on their health and happiness.

Though existing research focuses on the overall health of the Native American community, and the many influencing factors, there seems to be a lack of exploratory research attempting to understand the nature of identity and eating as told by Native American individuals. Additional research on the perceptions of Native Americans, in particular young people, could contribute to understanding better the relationship between identity and eating behaviors.

The purpose of this study was to determine how one's connection to the Native American community and heritage shapes their views and choices surrounding food. In order to raise more awareness surrounding traditional foods, food consumption, and the impact of one's community, this research study strives to open up a space for individuals of Native American descent to have a voice in regards to their stories surrounding food.

Specifically, the population of interest for this study are self-identifying Native American students attending UNC Asheville. By further understanding eating habits, food perceptions, and individual's awareness surrounding the westernized representation of Native American culture and traditions, we may begin to better understand and consequently eliminate the health gaps that challenge the Native American communities.

2. Methods

The current study was cross-sectional and involved the collection of qualitative data through focus group with self-identifying Native American students at the University of North Carolina at Asheville (UNCA). The UNCA IRB approved the study, which included the collection of responses to questions about identity and perceptions of eating and food as well as some basic demographic information.

In total, seven students participated in one of three focus groups in March and April of 2016. The students were members of the Native American Students Association (NASA) on campus and were invited to participate by their faculty advisor. Interested students let the researcher know their interest and she organized the focus groups. The focus group format provided an opportunity to promote a comfortable dialogue among participants, potentially providing insight and opportunity for participants to hear and share stories, which may not have been obtained through formal interviews.

Participants were provided with snacks and tea, which allowed for a relaxed and comfortable environment. After the participants learned about and signed the informed consent forms, the student researcher provided an overview of the discussion questions (see Box A).

Box A: Focus Group Guide

Hello, my name is Jessica Young and today we will hold a one-hour discussion on food and eating. Over the next hour, I will pose several questions and ask you to share your stories, thoughts and ideas related to the questions. The research question I am attempting to investigate is: How does individual's' personal connections with their Native American community and heritage shape their views and choices surrounding food?

Let's start by talking about your food habits.

1. What kinds of things do you like to eat? (Probe for favorite foods, who cooks the food, why they like these items.)
2. How have these patterns and ideas surrounding food changed since attending UNCA? (Probe for information about money, time, convenience, environment, social circles, etc.)

Now let's talk about your experiences with Native American food traditions.

3. What do you consider to be traditional Native American food, cooking, and dishes? (Probe for types of foods, preparation styles, first meals, and people connected to the cooking, and whether they eat these items.)
4. How do you think the Native American community is represented? (Probe for possible misconceptions around identity, influence of mainstream/western society, etc.)
5. Do you have anything else to share or say that might help me better understand how your food perceptions and choices have been influenced, particularly as a Native American student?

The researcher took written notes and audio taped the focus groups with the participants' consent. Following the focus groups, the researcher summarized the demographic information and analyzed the qualitative data by summarizing information by question and then identifying themes in content and structure of responses that emerged across questions.

3. Results

The sample of this study included seven self-identifying Native American students, between the ages of 19 and 26. The students were all members of the Native American Student Association (NASA), which has a total of 11 members. According to a very brief set of questions asked of each participant (on paper), five of the seven participants lived in a predominantly Native American from birth until present, while the remanding two participants had never lived in a predominantly Native American community. Five out of the seven participants identified with the Eastern Band of Cherokee Indians, while two out of the seven participants identified with the Lumbee and Kanienkehaka communities. It was concluded from the survey results that, 14.28% of the participants are freshman, 28.57% are sophomores, 28.57% are juniors, and 28.57% are seniors. It was also determined that 28.56% of the sample size are Health and Wellness majors, 28.57% are Politic Science majors, 14.28% are Creative Writing and Religious Studies majors, 14.28% are Anthropology majors, and 14.28% are accounting majors.

Within the focus groups, numerous themes became emerged related to individuals' connections with traditional foods, food choices, food perceptions, and their interpretation of the representation of their community. All of the participants appeared to be in touch with their eating habits and aware of connections with food cravings, choices, and habits. It was also apparent that all participants were conscious and mindful of the misrepresentation of their community, and the immense repercussions' this has had. The following categories break down the response information by question/topic raised in the group discussions.

3.1 Food Preferences and Choices

In response to a question about participant's favorite foods, individuals began by discussing foods they enjoy eating, such as Taco-Bell, sugary baked goods, Pepsi, and deep fried food, while simultaneously recognizing that they may not necessarily be the most nutritious options.

A theme that emerged among the participants' comments was the role of family, which seemed to mostly focus on what foods were permitted, when they were eaten, and modeling. The discussions around family and food also related to a tension between what participants liked to eat and what they should eat. Related to permission, one participant initiated the conversation by stating, "My mom always tries to get me to eat healthier, but I don't really like to." Another participant stated that her mom would always encourage her and her siblings to eat their dessert prior to their dinner, and this attitude was subsequently engrained into her personal eating habits.

Pertaining to modeling, one individual told a story about growing up in a household where his dad was a proponent of eating healthy, but exhibited "poor" eating habits due to his upbringing in a lower income family. This participant began by expressing what it was like growing up with these conflicting attitudes. "He would just eat whatever filled him up the quickest, even when he was telling us to eat our vegetables." This was followed with a statement regarding how these patterns have followed him to UNC Asheville. "I try to eat very healthy, but I have a hoarding mentality when it comes to food, where I think 'I just need to eat now.'"

The theme of how to stock and eat healthy options versus convenient and fast options also came up in another student's comments: "Growing up it was a mix between fast-food, and home cooked meals, which depended on the day, and how much time my parents had to cook a meal." When asked about individual's food preferences five of the students replied that they incorporated family values, and mentalities, which have greatly influenced their present day habits. From the group's dialogue, it was evident that all individuals were acutely aware of the impact their dietary patterns potentially had/have on their health.

3.2 Food Access Within Native American Communities

Another theme that emerged in the discussions was food access and availability within participants' communities. Individuals in the group talked about food culture on reservations (specifically Cherokee), which surrounds fast-food restaurants. One individual references the fast-food culture in Cherokee by stating, "When people say that they are going to get something to eat, you automatically assume that means they are going to get fast-food."

The majority of the focus group participants emphasized the lack of options, and redundancy on reservations such as, the singular grocery store available on Cherokee, and the repetition of fast-food restaurants. Students shared stories about fast food as the default choice in many cases. One student commented, "I like home cooked food so much better than fast-food but (growing up) my mom would sometimes give me 20 dollars, and tell me to go out and feed me and my brother, so we would go out and get Wendy's. I remember a whole week straight we ate Wendy's every day." Fast-food restaurants became a staple in this student's life, despite the fact that he always yearned for a home cooked meal.

With the combination of lack of time and choices, participants expressed the repercussions this had on their food consumption. "Here's the thing, people who are working class, do not have the time to cook meals at home." Interestingly, the students conveyed their conflicted feelings about continuing to eat food that they know was unhealthy and that it was part of their growing up where they did, despite growing up in a Native American community.

3.3 Food Patterns While Attending UNCA

Participants shared how their patterns and ideas surrounding food have changed since attending UNCA. Initially, individuals began by discussing how their health behavior has positively changed since moving to Asheville. One participant stated, "my first semester at UNC Asheville I took a Health and Wellness class, and part of the course objection was learning how to build a healthy workout regimen and diet." It also was this course where for the first time he had the opportunity to learn about healthy choices concerning nutrition and exercise.

Most of the participants expressed that they currently have a meal plan, allowing them to eat in the cafeteria on UNC Asheville's campus. In reference to eating at the UNCA cafeteria, a majority of the participants conveyed that the cafeteria provides options, and flavors they aren't used to, which encourages them to broaden their palate. When individuals were asked what they try at the cafeteria that they aren't accustomed to eating at home, many mentioned the increase in availability of vegetables, and the wide range of flavor and styles of food.

Due to the exposure that the cafeteria offers, the participants expressed the positive impact this has had on their choices surrounding food, and their overall health and nutrition. “The cafeteria has allowed me to have a greater range of options, which we wouldn’t have at home.” In addition to expressing an increase in options offered within the cafeteria, many of the participants discussed having the opportunity to try new and unique restaurants as a result of living in the city of Asheville. “It’s different when you’re living at college as opposed to at home, because you have that autonomy to choose your own food, decide where you’re going to go out to eat, and what you are going to get.” One participant proclaimed, “I’m slowly introducing myself to new foods in Asheville, such as, Thai, Ethiopian, and Jamaican food, and it has broadened my horizons.” This individual followed this statement with the fact that since attending UNC Asheville he has become more open to new foods, which he wasn’t exposed to at Cherokee.

3.4 Traditional Native American Cuisine

In the general public, there are many assumptions concerning what traditional Native American Cuisine includes, which is why the following research question is so crucial to understanding food habits, patterns, and choices within the community. When asked about what the participants consider to be traditional Native American food, five of the participants agreed upon: fry bread, chili, fried chicken, fried potatoes, fatback, cabbage, spam, and pinto beans. The reason why many of these dishes are considered to be Native American Cuisine is because many of these items were part of commodity foods given to the Native American community. “That’s why they are considered to be Native, because that’s all they had access to.”

One individual expressed that her idea of traditional Native American food slightly shifted due to the influence of her parents as well as the difference in location. Growing up in a southern and rural environment this participant expressed that her version of traditional cuisine consisted of “butter, bacon, and fatback. That’s what I eat when I go down to see my people.” Due to the fact that the majority of the sample size agreed upon what they considered to be traditional Native American cuisine, the discussion seemed to quickly fade.

3.5 Representation of the Community

When asked students about how the students think the community is represented, the responses focused on how Native Americans are placed in the past, as opposed to being viewed as individuals living and thriving in the modern world. One student commented, “People will come up and think that all Native Americans wear headdresses and live in teepees.” All of the participants agreed that the misconceptions surrounding the population is very damaging to the community’s ability to grow and develop. A member of the Cherokee community shared that he has been asked if Cherokee has grocery stores, and if everyone lives in huts. When prompted to talk about the representation of the community through costumes, and mascots, the majority of the participants agreed that it promotes the fetishization of the culture and as a result, damages the perception and understanding of the community.

Participants also discussed how the Native American community has responded to what they view as the misrepresentation of their population. Overall, participants said that their communities are hyper-aware of the misrepresentation, and false understandings. “In Cherokee they almost misrepresent themselves, because half of the people are okay with these headdresses (and misrepresentations). They don’t take offense because it’s always been part of their lives.” Participants expressed the idea that although community members are aware of the distortion of their community by westernized civilizations, this misrepresentation has become the community’s identity. Overall, individuals emphasized the ways in which the community is misrepresented, as well as how the population has adapted these false perceptions, and stereotypes, as a way to appeal to the tourists.

4. Discussion

Through the interviews, various themes were expressed during the dialogue between participants and the researcher. When analyzing the results, each question asked by the researcher prompted a clear theme, supported by the majority of the participants. In regards to the first question, which asked individuals about food preferences, many began to talk about food choices within the reservation. It became clear just how prominent the fast food culture is within reservations, impacting individual’s ability to have a choice when it comes to their food consumption. Andrea Freeman, a university law professor would label this as oppression through poor nutrition. “Food oppression is structural because it is not the product of individual acts of discrimination, but stems rather from the institutionalized practices and policies of government and the fast food industry.”¹⁰ This idea outlined by Freeman is clearly exhibited

in many reservations, where individuals have a lack of access to healthy food options. It was determined from a study conducted within in the community of the Eastern Band of Cherokee that “Eighteen percent of 85 children surveyed in the EBCI community reported eating at fast food restaurants five or more times per week, and 52% reported eating out at least twice a week.”¹¹ As exhibited through the interviews, it is evident that the predominant amount of fast food restaurants are directly correlated to the significant rise in type II diabetes within the Native American community. With further research it would be interesting to monitor the reactions on the idea of a healthy fast food restaurant within reservations, which would incorporate nutritious elements of traditional Native American food.

When discussing traditional foods within the Native American community, many individuals discussed modern Native American cuisine, as opposed to traditional Native American foods. As the culture has shifted, these foods such as fatback, fry bread, and chili, has become a staple within the Native American diet. The Annual Review of Nutrition published an article, which discussed what traditional Native food entails by stating, “traditional food systems of indigenous people are defined as being composed of items from the local, natural environment that are culturally acceptable. Rapid dietary change of indigenous people worldwide is posing threats to use of this food and the traditional knowledge required for traditional food system maintenance.”¹² The data provides interesting results, which informs the reader of how and what this generation perceives to be traditional Native American cuisine.

Another theme, which was expressed through interviews with Native American students, was this idea that living in a city with an increase in food diversity encourages healthy eating habits. A majority of the participants expressed that by having more options within the universities cafeteria, as well as by having diverse restaurant options within the city of Asheville, it has broadened their pallet, and encouraged individuals to try new and healthier foods. With this information, a program can use this data in order to establish more variety within Native American food choices offered on reservations.

The final question that was asked during data collection was in regards to the representation of the Native American community. 100% of the individuals expressed concerns in the way in which the Native American community is portrayed, and the repercussions that has on their identity. As Lucy Ganje says “propagated myths include the delusion that America’s history began in 1492, that there is only one Native American culture, that American Indian peoples and cultures are becoming extinct, and that they are not part of contemporary society.”¹³ This idea was similarly supported during interviews where individuals were expressing the false assumptions people make in regards to their community, and way of life. As part of a way to decrease the gap, which stands between the Native American population, and outside communities, it is crucial to continue to educate communities in regards to the truth behind the Native American population. One program idea is to host events within reservations, which not only unite the community itself, but also encourages outside community members to participate. This program could potentially bring the Native American community together, while bringing awareness to outside community members.

The results of this study allow, and encourage programs to adjust and adapt to fit the needs of the population, as opposed to implementing ideas prior to assessing the community at risk. The US National Library of Medicine published a research article, which discussed the importance in integrating aspects of ones culture into the services provided for individuals.¹⁴ In conjunction to incorporating aspects of one’s culture and tradition, other research proposes carrying out studies, which addressed lifestyle choices. Peter Schwartz and his team introduced a diabetes prevention plan, which would implement lifestyle intervention within a clinical setting to individuals who are at risk of developing type II diabetes.¹⁵ Another research study similarly agrees that the sole focus should be placed on lifestyle changes. However, instead of the program taking place in a clinical setting, this proposal encourages programs to connect with families and youth within the home. This would allow for programs to address specific behavior changes, which may only be visible when observing daily patterns and habits taking place within the home¹⁶. Lifestyle treatment plans were also analyzed in a study conducted in 2002, which determined that “lifestyle intervention decreased the development of type II diabetes by 58%, and the placebo led to a decrease in diabetes by 31%.”¹⁷ This study concluded that lifestyle intervention, which focused on nutrition, and exercise proved to be the most effective implementation.¹⁷ From the evidence discussed, it is clear that the most effective way to reach this community is through programs, which connect, and listen to the community suffering. The diverse research studies present the benefits of various methods and elements to consider when working with a community.

The limitations of this study include a small sample size and limited opportunity for delving deeply into perceptions of eating and identity. The IRB approval was obtained in the middle of the semester because of a change in the sample from (the hoped for) reservation to a campus student group. Thus, the researcher had a brief amount of time to ask for participation and conduct the groups. This small sample size potentially decreased the variability of responses within the focus groups. By having additional interviews it would add more depth and significance by incorporating more perspectives.

4.1 Future Research

With future similar research it would also be imperative to increase the sample size in order for more data to be collected. This would allow for the study to carry more weight with its findings. A method of increasing the sample size would be to reach out to more student organizations connected to the Native American students on campus and perhaps on other campuses. Future research also may explore the opinions that Native American students have about program implementation within reservations. By obtaining this information it could potentially be useful in not only learning more about the community, but also by further understanding how to target the health of the population through programs. This information could also be directed towards determining how to assess and connect with university student's struggling with health concerns, such as type II diabetes.

5. Conclusion

By having small focus groups with individuals who identify as Native American, this study was able to establish common themes, which became evident when analyzing the interviews. During these interviews, individuals had the opportunity to share stories, thoughts and ideas related to the question at hand. Through this process, commonalities became evident, and themes began to manifest. The themes that prevailed surrounded individuals dietary patterns, eating habits, and connection to popular traditional foods. These themes further established the falsification projected onto the community, and was able to shed light on the traditional eating habits, and values obtained by Native American students. In addition, this study informed readers on how the population has responded to stereotypes, and the impact these distortions have had on the community.

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