

# Understanding food insecurity and its effects on gestational diabetes risk

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Visual representation of regions of the US in which key informant experts work.  
Credit: *Journal of Nutrition Education and Behavior* (2024). DOI:  
10.1016/j.jneb.2024.06.004

Food insecurity, defined as the lack of consistent access to sufficient food for an active, healthy life, has been exacerbated in Tribal communities by systemic anti-indigenous racism, including policies that disrupt traditional food practices and access. A recent qualitative study in the *Journal of Nutrition Education and Behavior* explores the

connection between food insecurity and gestational diabetes risk among young American Indian and Alaska Native females. The study highlights how targeted risk reduction methods could significantly improve diabetes health outcomes for this population, which is disproportionately impacted by health disparities.

Lead author Sarah Stotz, Ph.D., RDN, CDCES, Department of Food Science and Human Nutrition, Colorado State University, explains, "For many Native communities, the lasting impacts of colonization, forced removal from traditional lands, boarding schools, and both past and present-day food commodity programs have influenced how Native peoples eat and why those [dietary habits](#) are passed down through generations."

The research, conducted between September 2022 and February 2023, recruited experts in American Indian and Alaska Native food, nutrition, food systems, [reproductive health](#), adolescent health, and women's health to discuss the relationship(s) between [food insecurity](#) and gestational diabetes risk. Using a semistructured moderator guide, interviews and focus groups were recorded teleconference interviews or in-person focus groups (e.g., Zoom). The moderator guide was developed by five qualitative researchers with expertise in food systems, reproductive health, and Native communities, including three of whom are Native themselves.

Qualitative findings revealed three key themes: 1) diet and nutrition habits are formed through intergenerational food preferences and are driven by lasting implications of colonization; 2) [young people](#) are influenced by what their peers eat and the food environment, including outside of the home; and 3) the methods used to understand household food insecurity and nutrition habits in the [randomized controlled trial](#) (e.g., parent study) were likely limited.

Future interventions would benefit from employing strengths-based, culturally centered, trauma-informed, multilevel frameworks to better address healthy eating and dietary behaviors among Native youth, emphasizing the integration of peer-focused resources and family-centered strategies in programs for diabetes risk reduction. This community-centered approach should include culturally grounded and trauma-informed assessments of household food insecurity and foster collaborative partnerships between health care, food retail, and public health sectors. Such efforts will help create healthful environments and Native-centered resources, aiming to achieve holistic health for Native adolescent females and reduce disparities in diabetes.

Dr. Stotz states, "Within public health frameworks, it is important to address upstream factors and systems that shape downstream factors (e.g., individual behaviors). It is important to emphasize that many communities already know the strengths-based solutions that would improve holistic health for their people, and interventions and programming should center these community-generated ideas and solutions."

**More information:** Sarah A. Stotz et al, Relationship Between Food Insecurity and Healthy Eating Behavior for Gestational Diabetes Risk Reduction Among American Indian and Alaska Native Adolescent and Young Adult Females: A Qualitative Exploration, *Journal of Nutrition Education and Behavior* (2024). [DOI: 10.1016/j.jneb.2024.06.004](https://doi.org/10.1016/j.jneb.2024.06.004)

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