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Quality of Food Assistant Programs and The Risk of Developing Type II Diabetes in Native Americans

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Background

➢ Native Americans are only 0.9% of U.S. population and have alarming rates of diabetes.
➢ 1994 to 2004 → 68% increase in rate of diagnosed diabetes among Native American youths aged 15-19 years old (Satterfield, DeBruyn, Santos, Alonso, & Frank, 2016).
➢ A key factor behind high rates of diabetes among Native Americans living in reservations is the high poverty rate.
➢ Though food assistance is provided on reservations, the rates of type II diabetes are still high, which brings to question the nutritional quality of the food offered by food assistance programs.

Methods

Integrative literature review

Inclusion Criteria:
➢ Articles published between 2007 and 2018
➢ Articles on diabetes and Native Americans
➢ Food assistance programs
➢ All ages
➢ English language
➢ Studies conducted in the United States.
➢ Primary sources

Exclusion Criteria:
➢ Non-English articles
➢ Studies conducted outside of United States
➢ Non-scholarly journal articles

Databases Used: CINAHL, ProQuest Nursing, and PubMed.

Keywords used in searches: government assistance, governmental assistance, government aid, government food aid, government food aid program, Native American, North American Indians, American Indian, diabetes, type 2 diabetes, food, food assistance, food assistance program, nutritional assistance, nutritional assistance program, and diet.

The literature review method formed by Whittemore and Knafli (2005) was used for data reduction.
➢ 10 articles were selected for review

Data analysis was guided by Tannehill’s model to aid in determining ways to help combat the problem of diabetes in Native American communities.
➢ Tannehill’s model focuses on health education, health protection, and prevention.

Results

Findings indicated three aspects about the food from of food assistance programs in relation to the impact on the risk of developing type II diabetes in Native Americans:

1. Commodity food has low nutritional value.
➢ Foods are very high in fat, calories, sugar, and have a lower fiber content when compared to traditional Native American foods, which if consumed long term can increase the risk of getting diabetes.
➢ Notably higher fruit juice, sugar sweetened beverages, and fried potato intake while utilizing supplemental food programs.

2. Commodity food does not significantly alleviate food insecurity on reservations.
➢ Commodity programs still lack funding, which adds to the lack of food security and consumption of inexpensive food that is low in quality (Jernigan et al., 2017).
➢ Only 21% of Native American adults take in the USDA’s recommended amount of fruit servings and 34% consume the recommended amount of vegetables in a time where food assistance is being received on reservations (Berg et al., 2012).

3. Commodity food has become a large part of Native American diets.
➢ Commodity foods make up a considerable part of most meals.
➢ Modern diet of most Native Americans lacks nutritional quality.

Discussion

➢ Food insecurity is noted as a critical social determinant of health on Native American reservations.
➢ Drastic lifestyle and environmental changes as a result of historical suffering have caused a state of vulnerability.
➢ Increased awareness of this problem can lead to action and eventual policy changes that can improve the quality of food provided for Native Americans by food assistance programs on reservations.
➢ Policy changes can contribute to a significant decrease in food insecurity and improved access to healthy foods, which in turn can play a key role in reducing the risk of developing type II diabetes in Native Americans by offering healthier options

Conclusion

 ✓ Food assistance programs’ food quality may indeed have an important impact on the risk of type II diabetes development in Native Americans who live on reservations.
 ✓ Foods that are accessible heavily affect dietary intake and ultimately, increase the risk of type II diabetes within that population.
 ✓ Literature review suggested a desire and need of outreach for more health education on the reservation and policy changes to help establish consistent consumption of healthier foods.

Limitations

➢ There is a small amount of research completed on this specific topic; therefore, the integrative literature review was limited.

Suggestions for Future Studies:

❑ Further research on the food composition of food supplementation programs
❑ Continuing research on the rates of type II diabetes in this population.
❑ Conduct future studies on implementation of nutritional education on the reservations.
❑ More analysis on the policies in place of the food assistance programs and why they operate and distribute the way they do on Native American reservations.