

Food Insecurity Among Latina Women in Idaho and Washington: Structural Vulnerability, Psychosocial Factors, and Cardiometabolic Risk

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INTRODUCTION

- Food insecurity disproportionately affects Latina women and often coexists with overweight, obesity, and cardiometabolic risk. (1–3)
- Structural and psychosocial factors may contribute to this vulnerability. (3–5)
- Understanding these factors is essential for developing culturally responsive public health interventions.
- This study examines food insecurity as a marker of broader structural and psychosocial vulnerability.

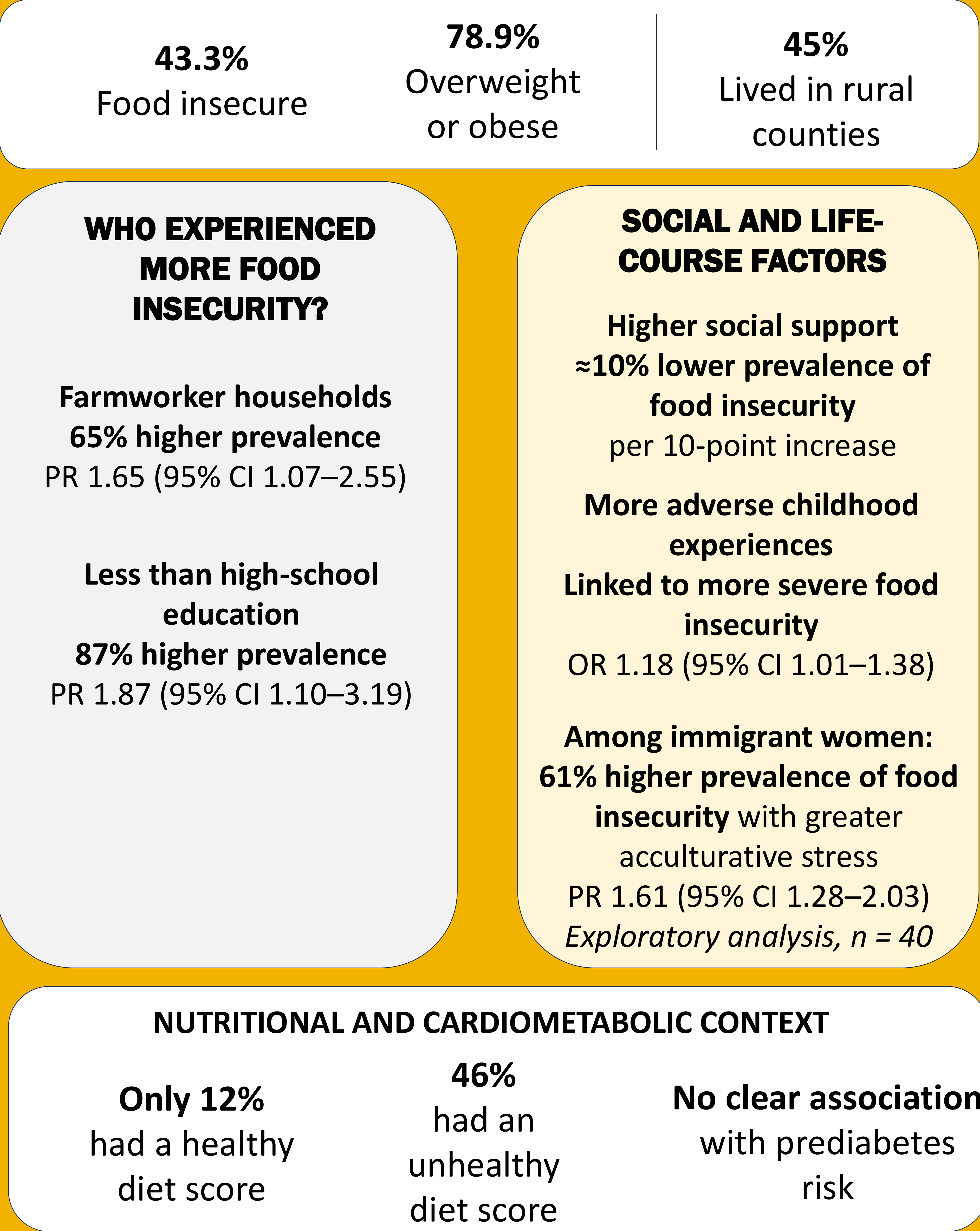
OBJECTIVES

- Identify structural and psychosocial factors associated with food insecurity among Latina women in Idaho and Washington.
- Describe how food insecurity coexists with excess weight and prediabetes risk.
- Explore the association between acculturative stress and food insecurity among immigrant women.

METHODS

- Study design: Cross-sectional survey
- Participants
 - 199 self-identified Latina women
 - Residents of Idaho and Washington
- Recruitment
 - Address-based sampling
 - Community outreach
- Measures
 - Food insecurity: Hunger Vital Sign
 - BMI and prediabetes risk
 - Social support
 - Adverse childhood experiences
 - Acculturative stress
 - Diet quality
- Analysis
 - Modified Poisson regression
 - Ordinal regression
 - Robust linear regression

MAIN FINDINGS



Food insecurity reflected structural and psychosocial vulnerability, not only limited food access.

DISCUSSION

- Food insecurity was common and coexisted with a high prevalence of overweight and obesity, consistent with the food insecurity–obesity paradox.
- Structural disadvantage, measured as farmworker household status and less than a high-school education, and psychosocial adversity, measured as lower social support and adverse childhood experiences, were associated with food insecurity.
- Diet quality was broadly suboptimal, while food insecurity was not clearly associated with prediabetes risk.

CONCLUSIONS

- Food insecurity among Latina women in Idaho and Washington was more than limited access to food; it was a marker of broader structural and psychosocial vulnerability.
- Public health responses should combine food-insecurity screening and referral with culturally responsive nutrition support and strategies that strengthen social support.

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