

**STATEMENT OF
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DEPARTMENT OF VETERANS AFFAIRS (VA)
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COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY
U.S. HOUSE OF REPRESENTATIVES**

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Good afternoon, Chairman Levin, Ranking Member Bilirakis, and distinguished Members of the Subcommittee. Thank you for the opportunity to testify before you today on the topics of ending Veteran hunger, our partnership with the Department of Agriculture (USDA) to provide nutrition assistance to Veterans, and economic factors that may contribute to Veteran suicide. I am accompanied today by Ms. Christine Going, VHA Co-Chairperson for Ensuring Veteran Food Security Workgroup.

Introduction

Food insecurity is a social determinant of health along with homelessness. Research published in 2015 in the Public Health Nutrition journal, found that Veterans of the wars in Iraq and Afghanistan disproportionately report experiencing food insecurity. Approximately 27 percent of those studied reported food insecurity., These Veterans tended to be younger, unmarried/unpartnered, unemployed or working in lower incomes positions, and living in households with more children compared to other veterans. Understanding the behavioral, social, and environmental significance of social determinants of health is the first step in keeping people healthy.

The link between food insecurity and health issues needs to be part of any population health strategy. Research published in the 2017 Health Research and Educational Trust journal showed 40 percent of factors contributing to health issues are social or economic, compared to 20 percent that are medical care issues. This research confirms the relationship between food insecurity and the poor management of health conditions such as hypertension, diabetes, HIV, and depression. A review of socio-economic factors, such as the inability to afford food, physical environmental factors including lack of access to a grocery store, and clinical care factors, such as the lack of access to care, all have effects on overall health.

The cycle of food insecurity and is most prominent in low income populations. As a person becomes more unwell, the likelihood of missing work and health care costs increase, and the financial burden leading to difficult financial tradeoff decisions all fuel the continuation of the food insecurity cycle.

Food Insecurity Linked to Mental Health and Suicide Risk

Suicide is a complex issue with no single cause. It is a national public health issue that affects people from all walks of life, not just Veterans. Suicide is often the result of a multifaceted interaction of risk and protective factors at the individual, community, and societal levels. Thus, VA has made suicide prevention its top clinical priority and is implementing a comprehensive public health approach to reach all Veterans—including those who do not receive VA benefits or health services.

VA's promise to enrolled Veterans remains the same: to promote, preserve, and restore Veterans' health and well-being; to empower and equip them to achieve their life goals; and to provide state-of-the-art treatments. Veterans possess unique characteristics and experiences related to their military service that may increase their risk of suicide. They also tend to possess skills and protective factors, such as resilience or a strong sense of belonging to a group. Our Nation's Veterans are strong, capable, valuable members of society, and it is imperative that we connect with them early as they transition into civilian life, facilitate that transition, and support them over their lifetime.

The relationship between food insecurity and known risk factors for suicide in the Veteran population is emerging. According to research published in 2016 in the journal, *SSM-Population Health*, Veterans who report food insecurity are more likely to have poor mental and physical health than those without food insecurity—studies of the general population revealed similar findings. In 2018, the *Women's Health Issues* journal published research that found food insufficiencies contribute to higher risks for mental health conditions in women Veterans. In addition, data published in 2019 in the *Aging and Mental Health* journal found people who experience food insecurity are more likely to report suicidal ideation, suicidal behavior, or both. Research published in 2017 in the *American Journal of Preventive Medicine* even found a dose-response relationship—as food insecurity increases, one's mental health becomes poorer and vice versa.

In 2018, VA published its *National Strategy for Preventing Veteran Suicide*, which guides VA's efforts for suicide prevention. This 10-year strategy provides a framework for identifying priorities, organizing efforts, and focusing national attention and community resources to prevent suicide among Veterans through a broad public health approach with an emphasis on comprehensive, community-based engagement. This approach is grounded in four key focus areas as follows:

- Primary prevention that focuses on preventing suicidal behavior before it occurs;
- Whole Health offerings that consider factors beyond mental health, such as physical health, social connectedness, and life events;
- Application of data and research that emphasizes evidence-based approaches that can be tailored to fit the needs of Veterans in local communities; and

- Collaboration that educates and empowers diverse communities to participate in suicide prevention efforts through coordination.

Through the National Strategy we are implementing broad, community-based prevention initiatives, driven by data, to connect Veterans in and outside our system to health care with support on national and local facility levels.

Ensuring Veteran Food Security Workgroup

In early 2016, VHA created the Ensuring Veteran Food Security Workgroup. The purpose of the interdisciplinary group was to collaborate with a number of government and non-profit agencies, including but not limited to the USDA, the Department of Defense (DoD) and a non-profit organization MAZON, to focus on the issue of food insecurity, the identification of Veterans at risk, VHA staff training, and the coordination of resources and initiatives to support the Veterans for whom we care.

The VHA group membership includes staff from various VHA Offices, including Nutrition and Food Services, Social Work Services, Community Engagement, Homeless Patient Aligned Care Teams, Homeless Programs, Nursing Service, Voluntary Service, Veterans Canteen Service, Employee Education System, and ad hoc members from Health Informatics, as well as research consultants.

The Ensuring Veteran Food Security Workgroup charter outlined the objectives for the workgroup, which included the development of an initial screening tool for Veterans relating to food insecurity; a process for enrollment of eligible Veterans into the Supplemental Nutrition Assistance Program (SNAP); the creation of agreements with community non-profit organizations and other government agencies; the establishment of nutrition support and resources specific to the needs of Veterans with food insecurity issues; and the development and coordination of existing and enhanced training programs for staff on the policy and resources and collaborations that are created to support food security among our Veteran population.

In October 2017, VHA rolled out a national food insecurity screening tool as part of the regular screenings that occur during VA Primary Care visits. All Veterans are screened on an annual basis unless they are a resident of a nursing home or long-term care facility. If the Veteran is screened positive for food insecurity, a Veteran will be screened every 3 months thereafter. Veterans positively identified for food insecurity are offered a referral to a social worker and a dietitian, and VA further assesses for clinical risk and complications.

Progress Made from the Ensuring Veteran Food Security Workgroup

As of November 30, 2019, the data show the following information:

- Total number of Veterans screened – 6,224,359;
- Total number of Veterans screened positive – 93,815;

A review of our data underscores some important observations. First, the overall incidence of food insecurity among the entire Veteran population appears to be low based on the six million Veterans screened to date. However, there is extremely high food insecurity among certain types of Veterans – specifically, our Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn Veterans, homeless Veterans, and Veterans with limited access to food (such as those who lack of transportation or reside in a ‘food desert’) – whose rates of reported food insecurity exceed the USDA national average for 2018 of 11.8 percent. Second, the screening tool utilized by VHA is different from what is used in other surveys and was designed to capture real time incidence of food insecurity to allow for referrals at the time of screening. VHA’s screen is different from the 18-question survey used by the USDA which assesses food insecurity over a 12-month period compared with VHA’s screener which queries the previous 3 months. The VHA screening question is based on the one question screener developed by Kleinman et al. from Massachusetts General Hospital and validated in a community clinic-based sample of 1750 families. That survey had high sensitivity and specificity and time-to-time reliability when compared with the USDA Household Food Security Scale. The VA team worked with these researchers when modifying it for a VA ambulatory care setting with findings from the VA trial published in peer reviewed literature.

The Workgroup has been involved in several activities that assist food insecure Veterans. Among these are:

- Ensuring that the screening tool has been installed at every VHA site that offers primary care across the country;
- Presenting to Congress at the Educational Congressional Meeting in support of the Agriculture Improvement Act of 2018 (the 2018 Farm Bill);
- Supporting the expansion of the number of facilities involved in the VA/Feeding America program, which establishes onsite or mobile food pantries on VA property (There are currently 17 pantries serving more than 40,000 Veterans and their families with roughly 700,000 meals. This is in addition to the approximately 40 reported food pantries already on sites that are managed outside of the current Memorandum of Agreement with Feeding America.);
- Working with USDA and MAZON to create Veteran-specific SNAP educational materials;
- Establishing relationships with like-minded stakeholders, including Food Research and Action Center, the National Military Families Coalition;
- Providing two national webinars to educate clinical staff on the clinical reminder screening tool, the impact of food insecurity on medical care management (diabetes/hypoglycemia), and the use of data to drive change on the local level;
- Developing a Toolkit for Registered Dietitians to support food insecure Veterans; and

- Presenting at the 2019 Anti-Hunger Policy Conference on VHA's response to food insecurity among enrolled Veterans.

Next Steps

VA plans to continue working to identify Veterans with low food security and connect them to resources that will alleviate food insecurity. With that in mind, our goals and projects for the coming year include:

- Expanding food insecurity screening to acute care patients and Veterans seeking health care through emergency departments;
- Continuing to support the expansion of the Feeding America/VA relationship;
- Maximizing the utilization of the food insecurity screener throughout VHA to include generating local data that will drive interventions;
- Evaluating the possibility of modifying our current screening tool language to be more specific in its ability to identify the different degrees of food insecurity based on clinical feedback; and
- Conducting data analysis on the characteristics/demographics of those Veterans screening positive for food insecurity.

Conclusion

VA believes food security, like housing, is a basic human necessity and is a major determinant of health. There is a relationship between food insecurity and the management of a variety of health care issues, including mental health. One Veteran experiencing hunger or food insecurity is one Veteran too many. VA is committed to providing the high-quality care our Veterans have earned and deserve. We continue to improve access and services to meet the nutritional needs of Veterans, and we support all efforts to decrease Veteran hunger.

Thank you again for the opportunity to appear before you today. I am prepared to answer any questions you or the Committee may have.