



Testimony of the San Diego Hunger Coalition

**House of Representatives
Committee on Veterans' Affairs
Subcommittee on Economic Opportunity**

**“ENDING VETERAN HUNGER: Examining the Impact of COVID-19 on Food
Insecurity”**

October 2, 2021

Greetings Chairman Levin, Ranking Member Moore, and Members of the Subcommittee. Thank you for the opportunity to address the committee on the topic of “Examining the Impact of COVID-19 on Food Insecurity.”

My name is Anahid Brakke, and I am the President and CEO of San Diego Hunger Coalition. At San Diego Hunger Coalition, we believe no person should ever have to experience the devastating effects of nutrition insecurity. That is why we are dedicated to making it easier for people to receive CalFresh so they can access more healthy food, ensuring all children have year-round access to nutritious meals where they live, learn, and play, clearing obstacles and driving government policies to make food assistance programs work better for everyone, and leading our community to a Hunger Free San Diego through collaborative planning, data, and technology. By leading coordinated action supported by research, education, and advocacy, San Diego Hunger Coalition works to end hunger in San Diego and ensure all San Diegans facing nutrition insecurity have immediate, equitable, and dignified access to food assistance.

Our core initiatives include:

- **Hunger Free San Diego:** Hunger Free San Diego brings together hunger relief leaders and experts to work toward the goal of ending hunger in our region. The initiative uses research to provide a clearer understanding of hunger in San Diego County, and data to identify and develop evidence-based solutions.
- **Hunger Free Kids:** SDHC provides free technical assistance and support to school districts and nonprofits to implement new youth meal programs and boost participation in existing ones. SDHC facilitates the *Hunger Free Kids Task Force*, a forum for leaders and experts in child nutrition to work collectively towards ending child hunger in San Diego.
- **CalFresh:** SDHC eliminates barriers and increases participation in CalFresh by providing training and technical assistance to partner agencies who guide low-income individuals and families through the complicated application and enrollment processes and leading the *CalFresh Task Force*, a collaboration of more than 40 agencies that facilitates discussions on regulation changes, trends in wrongful denials of benefits, and best practices for reaching San Diegan in need of food assistance
- **Policy and Advocacy:** The San Diego Hunger Coalition conducts research, policy analysis and advocacy to educate and inform policymakers and the public about root causes of hunger and advocate for legislative and administrative policies to end hunger and increase access to healthy food. SDHC facilitates the Hunger Advocacy Network (HAN), a collaborative group of 21 human services agencies, food banks, and advocacy organizations that work to shape state and federal policies to end hunger.

Through the work of San Diego Hunger Coalition, tens of thousands of children, students, veterans, people with disabilities, military households, older adults, and families each year are connected to vital food assistance.

Nutrition Insecurity in San Diego County

Our research, conducted with input and guidance from the Hunger Free San Diego Advisory Board, shows that nutrition insecurity in San Diego County worsened due to the COVID-19 pandemic. We estimate that as of March 2021, approximately 1 in 3 San Diegans experience nutrition insecurity, or are unable to purchase three, nutritious meals per day for themselves and/or their families. This is up from an estimated 1 in 4 San Diegans in 2019, the lowest rate since the Great Recession and a decade low for the County. During the COVID-19 pandemic, the population at risk of nutrition insecurity rose from **25% (741,500) in 2019**, to **31% in March 2021 (1,034,579)**, or an increase of nearly **40% (approximately 300,000 people)**.

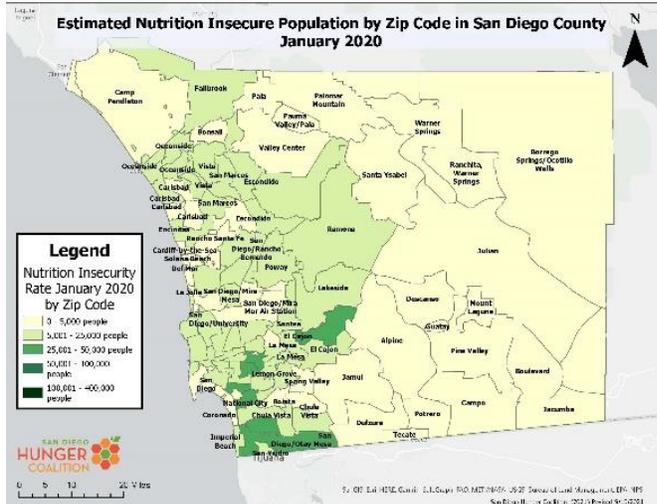
Hunger Free San Diego defines the nutrition insecure population as households with income below 200% of Federal Poverty Level (FPL). Extensive research indicates that income below 200% FPL is generally insufficient to meet basic needs, especially in regions like San Diego County with a higher-than-average cost of living.

Using this metric, data indicates that nutrition insecurity disproportionately impacts those who are Black, Indigenous, and People of Color (BIPOC). Prior to the pandemic, 44% of people who identify as Black, 43% of people who identify as Hispanic/Latinx, and 37% of people who identify as Indigenous or Native, and 44% of people who identify as a race/ethnicity other than Black, Hispanic, Native or Asian fall under 200% FPL—compared to 29% of the White population who fall under 200% FPL.

See Figure 1 for a comparison of nutrition security maps by zip code during different points in time from 2020-2021, from January 2020 before the pandemic, November 2020 when the entire state of California had been under a stay-at-home order since March 2020, and March 2021, when there was un-even reopening statewide. These maps highlight the impact that we saw COVID have on increasing nutrition insecurity in the region.

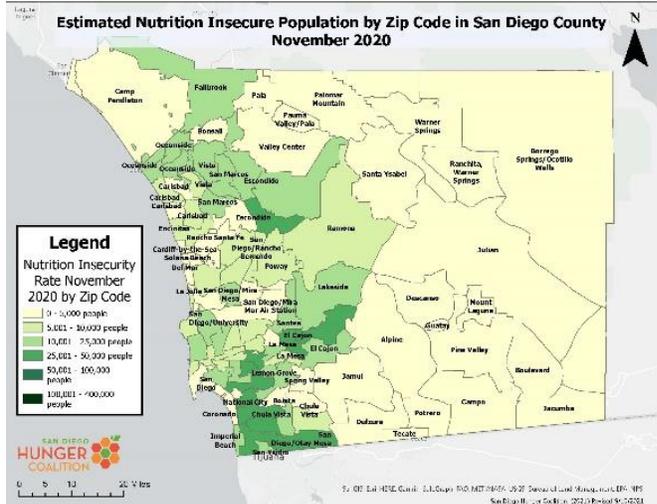
When looking more specifically at San Diego County's veteran population, the 2019 American Community Survey estimates there are over 200,000 veterans in San Diego County and identified over 17,000, or 8.5% of veterans fall under 130% of the Federal Poverty Level and nearly 29,000, or 14% are under 200% of the Federal Poverty Level.¹

**Figure 1. Estimated Nutrition Insecure Populations by Zip Code in San Diego County
January 2020 – March 2021**



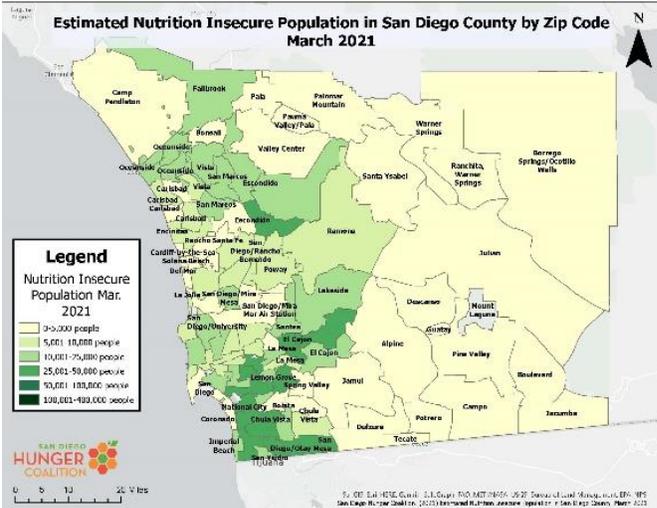
Map 1: January 2020

Pre-pandemic



Map 2: November 2020

During the pandemic, state of California under stay-at-home order.



Map 3: March 2021

During the pandemic, uneven re-opening throughout the state.

During the COVID-19 pandemic, the hunger relief sector increased the total amount of food assistance from 18.5 million meals in January 2020 to 29.5 million meals in March 2021. This 85% increase is primarily due to higher CalFresh enrollment, increased CalFresh benefit amounts for all participants, and increased food bank output. Federal and state regulatory flexibilities, paired with unprecedented governmental and philanthropic investments, and herculean efforts amongst social service providers limited both the number of individuals impacted by food insecurity and the duration of food insecurity experienced in San Diego County.

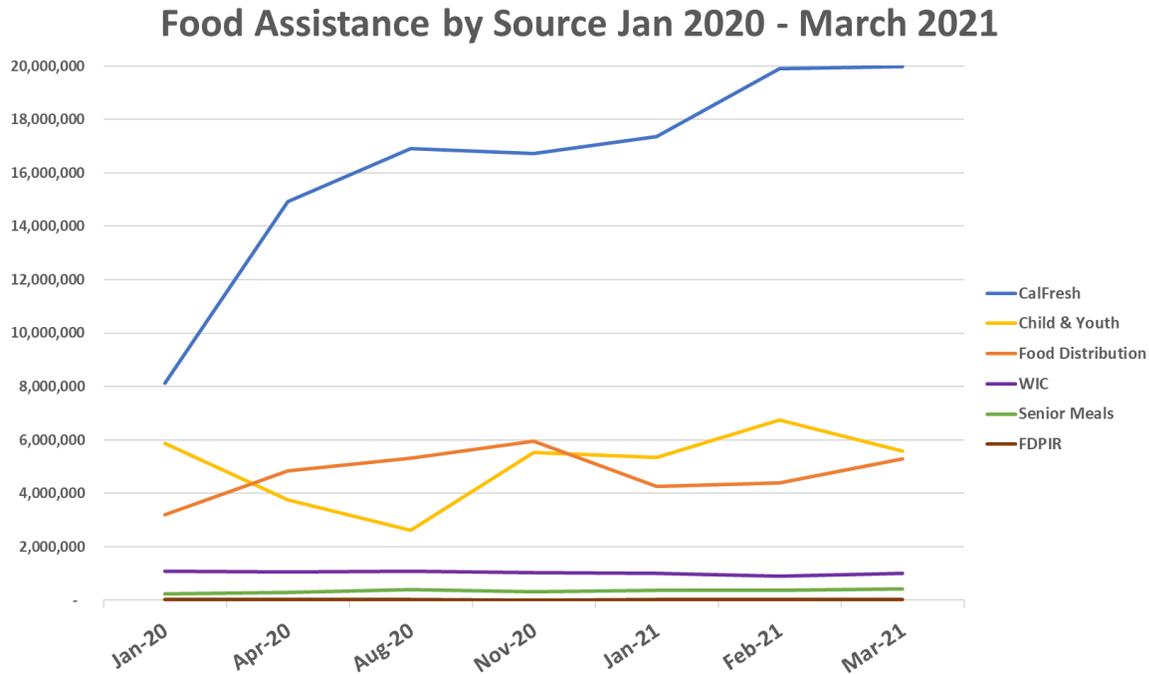


Figure 1 This chart illustrates the increase in food assistance by source in San Diego County.

While we acknowledge and appreciate the critical role that federal nutrition assistance programs play, there is still opportunity to further utilize these programs and ensure everybody who needs them can appropriately access them. For example, 91% of food assistance in San Diego County comes from federal nutrition assistance, 57% from CalFresh. However, our research estimates that only about 62% of people in San Diego County who are eligible for CalFresh benefits are currently enrolled. In the first quarter of 2021, over 558,000 people were estimated to be eligible for CalFresh; approximately 350,000 people were receiving these benefits and there were nearly 213,000 potential new enrollees.

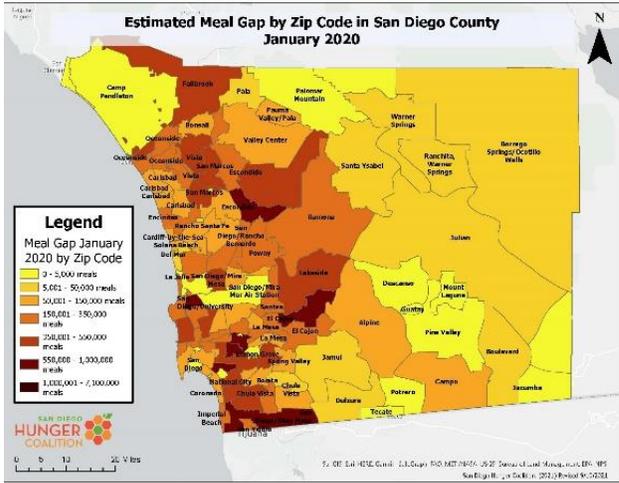
Utilizing census data, the Hunger Coalition estimates that between 17,000 and 29,000 veterans living in San Diego County are eligible for SNAP. According to data received from San Diego County Health and Human Service Agency, in August of 2021, only 2,664 individuals identifying as veterans were utilizing SNAP. While this number only includes individuals who report receiving veteran benefits or self-report their military status, this still represents an incredibly small

portion of the community of potentially eligible veterans that could be receiving over \$200 a month to purchase healthy food with SNAP.

Moreover, despite the unprecedented response of San Diego's hunger relief sector, hundreds of thousands of people in San Diego County remain at risk of nutrition insecurity. San Diego Hunger Coalition and the Hunger Free San Diego Advisory Board estimate that San Diegans required an additional 13.8 million meals per month in March 2021 to fully meet their basic needs. This gap may well increase in the coming months as San Diegans lose access to additional resources made available during the pandemic such as pandemic unemployment assistance, CalFresh emergency allotments, additional food bank distributions, and universal free school meals.

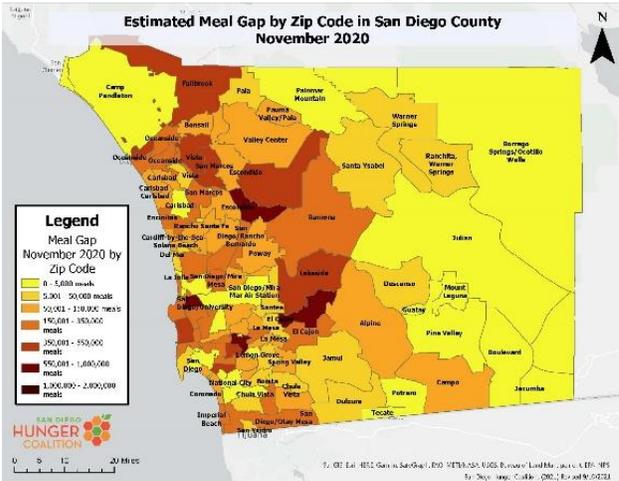
See Figure 3 for a comparison of meal gaps by zip code during different points in time from 2020-2021, from January 2020 November 2020, and March 2021. These maps highlight the impact that we saw COVID-19 have on increasing meal gaps in the region.

**Figure 3. Estimated Meal Gap by Zip Code in San Diego County
January 2020 – March 2021**



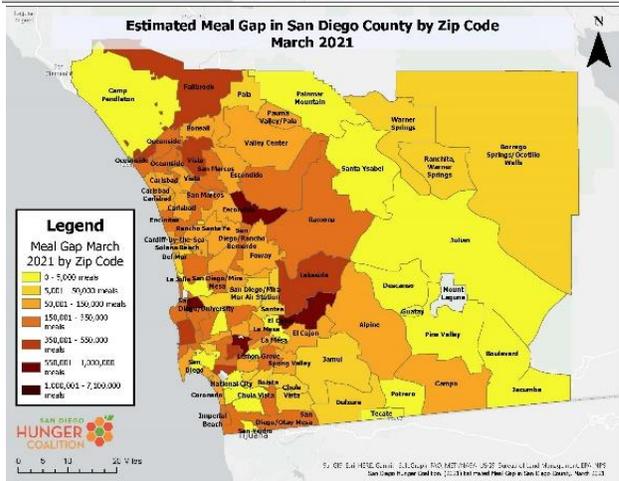
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During the pandemic, state of California under stay-at-home order.



Map 3: March 2021

During the pandemic, uneven re-opening throughout the state.

Best Practices and Recommendations

Based on our research and experience working with hunger relief leaders in the region, San Diego Hunger Coalition provides the following recommendations to improve nutrition insecurity for veterans in San Diego County:

1. *Broaden nutrition security screening questions to capture household income*

San Diego Hunger Coalition commends the VA in expanding their focus on food insecurity by incorporating the Hunger Vital sign into the Clinical reminder. We know that food and nutrition insecurity, when left unchecked, manifests in physical and mental health problems both short and long-term. SDHC research from 2017 found that 32% of all San Diegans reporting food insecurity visited an emergency room in 2017 compared to 22% of the general population, making the clinical care setting a critical place to screen and intervene.ⁱⁱ Ultimately, the goal is to catch and treat social determinants of health before they physically manifest in chronic disease. For this reason, we encourage the VA to broaden their indicators even further, when possible, to consider household income as an indicator of nutrition insecurity.

Through an extensive 5-year process with a cross-sector advisory board, San Diego Hunger Coalition has transitioned to measuring nutrition security utilizing 200% of the federal poverty level as an economic indicator of capacity to purchase 3 healthy meals a day. This threshold also closely aligns with income thresholds for many social service and food assistance programs. ‘The Food and Agriculture Organization (FAO) and US Department of Agriculture (USDA) acknowledge the importance of nutrition, however in practice, nutrition does not play a significant role in assessments of food security. USDA’s 18-question Household Food Security assessment asks whether respondents “[Could or]...couldn’t afford to eat balanced meals,” but these responses are subjective, based on one’s perception of a balanced meal rather than a standard measure of the resources and purchasing power required to afford a healthy meal, in accordance with USDA’s extensive monthly reports on the cost and content of a nutritious diet in the United States by age and gender.ⁱⁱⁱ’ The two-question hunger vital sign currently being utilized as a food security screener, and often used in place of the full, 18-question panel, only asks respondents whether or not they are worried food would run out before getting enough money to buy more, or if food did run out at any point in the past 12 months and do not ask about the nutritional quality of the food household are able to purchase. As a result, many who may screen negative for food insecurity could be reliant upon innutritious, unhealthy food.

Finally, through the work that SDHC has done to pilot integrating screening and referral processes in healthcare settings, we’ve found that the referral process can represent one of the most critical points where patients can fall through the cracks. Follow up, monitoring and evaluation are key to ensuring that patient referrals are resulting in increased access to nutrition assistance and reduced food and nutrition insecurity.^{iv}

2. *Connect veterans with available food assistance resources*

There are a number of best practices to support veterans and their families in accessing available nutrition assistance programs. We believe the opportunity begins while individuals are still actively serving. There are currently a number of barriers preventing members of active duty military serving in areas with high housing costs with the ability to access the same school meal

and SNAP benefits their fellow servicemembers receive in other parts of the country, where housing costs less. Discounting the Basic Allowance for Housing (BAH) would level the playing field and ensure that all members of the military transitioning out of service were doing so with all available food assistance resources at their disposal. In District 49, Oceanside Unified School District reported that at the height of the pandemic in School Year 2020/2021, the three schools located on Camp Pendleton had the highest participation rates in the district for free grab-and-go school meals, and had the highest turn out on days when schools were offering family food boxes through food banks and other federal programs. These same military families and students are typically locked out of the free school meal program due to BAH making them income ineligible. Not being able to qualify for free school meals has also meant that these students and their military families have been ineligible for and missed out on thousands of dollars of Pandemic EBT (P-EBT) support during a critical time (Pandemic EBT is a program that provided families with money to purchase meals when school was closed during COVID. Eligibility to receive more than \$1,200 per student was tied to free and reduced-price meal participation). In a non-pandemic school year, the schools on base also reported the highest meal debt (money owed to nutrition services). Students of active-duty military aren't just hungry during the school year, hunger also increased during the summer months, when schools are closed and fewer sites offer free meals.

We applaud Congressman Levin's legislative actions that will support military families by allowing for military dependents to be directly certified for free meals at school, as well as making the Summer EBT program permanent. We believe that allowing members to fully utilize available programs that they and their families need will translate into increased familiarity and reduced stigma with utilizing these programs as individuals transition to civilian life as veterans.

Moreover, we recognize that various federal complexities make access to SNAP difficult for many veterans. There are actions this committee can support that will make enrollment easier:

- Make permanent the SNAP interview waiver for individuals whose application is clear and easy to understand.
- Make permanent SNAP verification waivers, allowing individuals whose applications are getting held up by struggles to get a hold of complicated paperwork to provide verbal sworn statements.
- Eliminate the time limit on SNAP for Able Bodied Adults Without Dependents, many of whom have undiagnosed barriers to employment, including mental health and housing barriers.
- Expand SNAP benefits to appropriately meet the need of individuals and families to provide healthy and nutritious meals by using the Low-Cost food plan instead of the Thrifty Food Plan.
- Support further investment in transition programs that provide veterans with proactive on-going support to learn about and enroll in food assistance programs like SNAP that can provide critical nutrition and build bridges to self-sufficiency post active-duty service.
- Support collaborative referral pathways with community-based organizations that are positioned to provide on-going support and client advocacy.

The San Diego Hunger Coalition welcomes the opportunity to work more closely with the Office of Veteran’s Affairs and Department of Defense to further strengthen resource referrals for this critical community.

In conclusion, while San Diego Hunger Coalition strives to meet the needs of today, ending hunger in San Diego County, and across the country, can only be accomplished by large-scale, systems change with your support. While the pandemic helped raise awareness of hunger in our communities, we know that food insecurity was a day-to-day reality for far too many families before the pandemic. Returning to normal should not be our goal. It is our hope that our national leaders will use this critical juncture to apply the lessons learned over the past year and help us create a Hunger Free San Diego and nation.

ⁱ U.S. Census Bureau; American Community Survey, 2019 American Community Survey 5-Year Estimates, Public Use Microdata Sample (PUMS); Retrieved from data.census.gov; (28 September 2021).

ⁱⁱ California Health Interview Survey. CHIS 2015-2017 Adult, Adolescent, Child Public Use Files. [computer files]. Los Angeles, CA: UCLA Center for Health Policy Research, February 2019.

ⁱⁱⁱ U.S. Household Food Security Survey Module. (n.d.). Retrieved April 28, 2021, from <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools/>

^{iv} San Diego Hunger Coalition. Launching Rx for CalFresh in San Diego: Integrating Food Security into Healthcare Settings. San Diego, CA; October 2016