

U.S. House Committee on Veterans Affairs
Subcommittee on Economic Opportunity
Legislative Hearing
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Statement for the Record submitted by
Bento

Chairman Levin, Ranking Member Moore, and distinguished members of the Committee, thank you for the opportunity to share this statement for the record from Bento (<https://gobento.com/>) to highlight the urgent need for action by Congress to achieve a more comprehensive and lasting solution to the preventable problem of veteran food insecurity.

Today, we are writing in support of the proposal to make permanent Section 4201 of the Isakson-Roe Veterans Health Care and Benefits Improvement Act of 2020. As a platform that had worked to improve service delivery to our Veterans, we think this is a critical step forward and stand ready to continue our work to honor our nation's duty to those who have served our country.

Bento is on a mission to improve the health and wellbeing of all Americans experiencing food insecurity and those at risk of nutrition-related chronic diseases. As a social determinants of health software engagement platform, Bento uses SMS text messaging to create trust with food insecure individuals and families by connecting them with nutritious, stigma-free meals from nearby restaurants and grocery stores. Using this trusted communication channel allows Bento to further engage and connect the at-risk population with additional wrap-around health and social resources/services, resulting in improved healthcare outcomes and quality of life.

Bento bases its "food first" underlying strategy and rationale on the principle behind Maslow's Hierarchy of Needs. All basic human needs must be met before someone can prioritize or even address additional higher order needs. In other words, if someone does not know where their next meal is coming from, they often don't have the mental bandwidth to consider their nutrition, risk of future chronic disease, job training, or education. People who experience food insecurity make trade-offs between buying food or paying for rent/utilities, medically necessary drugs or obtaining the appropriate medical care, even if those trade-offs have a detrimental consequence to their long-term health or quality of life.

Bento is taking a unique approach to addressing this issue. Bento leverages common mobile phone adoption and SMS texting behaviors in conjunction with existing restaurant and grocery store supply chain infrastructure to connect people experiencing food insecurity with nutritious local meals. Bento's food first strategy has reduced food insecurity and served to gain trust and engagement with people who are typically distrustful of a system that has continuously ignored and marginalized them. Bento also gains traction with more and more healthcare providers that serve populations

participating in Medicaid because low income communities experience a higher rate of food insecurity, leading to increased prevalence of high-cost, nutrition-related chronic disease.¹ Bento's solution leans into the trust established with these populations to meaningfully engage them in additional services meant to improve their health and quality of life in significant ways.

Challenge and Opportunity to Reach and Serve Veterans

Unfortunately, we know food insecurity remains one of the most critical components of health, social, and economic outcomes among Veterans. There are nearly four million Veterans and active service members at risk of food insecurity in the United States.² While estimates vary, food insecurity amongst Veterans ranges from 6% to 24% - which is nearly twice that of the general US population.³ Higher disparities in food insecurity rates have been reported amongst Black, Hispanic, and Non-white Veterans, as well as Veterans who served in Iraq and Afghanistan (27%), female Veterans (28%), homelessness and formerly homeless Veterans (49%) and Veterans with serious mental illness (35%). A significant and growing body of research has demonstrated the link between lacking regular access to nutritious food and poorly controlled hypertension, coronary heart disease and stroke, heart failure, diabetes, and kidney disease, as well as a reduced ability to perform activities of daily living.^{4,5,6,7}

Additionally, evidence has shown that being food insecure is associated with poor mental health and increased suicide ideation within the Veteran population.⁸ Food insecurity is also associated with poor sleep and decline in cognitive function.⁹ All of this comes as a significant economic cost to our country. In 2020, the Veterans Health Administration (VHA) spent \$117 billion managing the health of US veterans,¹⁰ a figure

¹ "Expanding Access to Healthy Food for Medicaid Beneficiaries." American Heart Association, American Heart Association, Jan. 2019, <https://www.heart.org/-/media/Files/About-Us/Policy-Research/Policy-Positions/Access-to-Healthy-Food/Expanding-Access-to-Healthy-Food-for-Medicaid-Beneficiaries--Policy-Statement-2019.pdf>.

² Brostow, Diana P., et al. "Food Insecurity among Veterans: Findings from the Health and Retirement Study." *The Journal of Nutrition, Health & Aging*, vol. 21, no. 10, 23 Mar. 2017, pp. 1358–1364., <https://doi.org/10.1007/s12603-017-0910-7>.

³ Wang, Emily A., et al. "Food Insecurity and Health: Data from the Veterans Aging Cohort Study." *Public Health Reports*, vol. 130, no. 3, 2015, pp. 261–268., <https://doi.org/10.1177/003335491513000313>.

⁴ Berkowitz, Seth A., et al. "Trends in Food Insecurity for Adults with Cardiometabolic Disease in the United States: 2005-2012." *PLOS One*, vol. 12, no. 6, 7 June 2017, <https://doi.org/10.1371/journal.pone.0179172>.

⁵ Castillo, Darleen C., et al. "Inconsistent Access to Food and Cardiometabolic Disease: The Effect of Food Insecurity." *Current Cardiovascular Risk Reports*, vol. 6, no. 3, 25 June 2012, pp. 245–250., <https://doi.org/10.1007/s12170-012-0236-2>.

⁶ Seligman, Hilary K., and Dean Schillinger. "Hunger and Socioeconomic Disparities in Chronic Disease." *New England Journal of Medicine*, vol. 363, no. 1, 1 July 2010, pp. 6–9., <https://doi.org/10.1056/nejmp1000072>.

⁷ Wang, Emily A., et al. "Food Insecurity and Health: Data from the Veterans Aging Cohort Study." *Public Health Reports*, vol. 130, no. 3, 2015, pp. 261–268., <https://doi.org/10.1177/003335491513000313>.

⁸ Kamdar, Nipa P., et al. "Risk for Depression and Suicidal Ideation among Food Insecure US Veterans: Data from the National Health and Nutrition Examination Study." *Social Psychiatry and Psychiatric Epidemiology*, vol. 56, no. 12, 26 Mar. 2021, pp. 2175–2184., <https://doi.org/10.1007/s00127-021-02071-3>.

⁹ Frith, Emily, and Paul D. Loprinzi. "Food Insecurity and Cognitive Function in Older Adults: Brief Report." *Clinical Nutrition*, vol. 37, no. 5, Oct. 2018, pp. 1765–1768., <https://doi.org/10.1016/j.clnu.2017.07.001>.

¹⁰ "\$340 billion Surge in Emergency Funding to Combat Coronavirus Outbreak." US Senate Appropriations Committee, United States Senate, 6 Mar. 2020, https://www.appropriations.senate.gov/imo/media/doc/Coronavirus%20Supplemental%20Appropriations%20Summary_FINAL.pdf.

inflated by the prevalence of chronic disease; two-thirds of Veterans of which have at least one chronic disease and one-third have at least three chronic diseases.¹¹ Moreover, with the rise in veterans due to the Afghan/Iraq wars, there will be an increase in veterans with disabilities and need for assistance as they transition to civilian life. A recent study by USDA's Economic Research Service even found that working-age veterans were more likely to experience food insecurity than elderly veterans.¹² Even more alarmingly, this trend begins before our service members become veterans; food insecurity has now been linked with poorer mental health and retention outcomes among active-duty troops.¹³

Unfortunately, current approaches to food insecurity have proven to be inadequate at effectively addressing this problem. Veterans experiencing food insecurity are under-enrolled in government food assistance programs such as SNAP. Only 30% of Veterans who report food insecurity receive SNAP benefits. Even among Veterans enrolled in food assistance programs, many still struggle to afford nutritionally adequate food.¹⁴

Following briefings on Veteran food insecurity to the U.S. House and Senate in 2015, the Veterans Health Administration (VHA) formed the national Veteran Food Security Workgroup, which partnered with government and nonprofit agencies to examine food insecurity among Veterans, to identify those at risk, provide training recommendations for VHA staff, and promote greater coordination of resources and initiatives to support Veterans. This resulted in: (1) integration of a single-item food insecurity screening tool into the VA electronic health record clinical reminder system with prompts for providers to offer veterans at risk for food insecurity a referral to a social worker or dietician and (2) expansion of facilities involved with the VA/Feeding America program which relies on unscalable operations and a supply of donated food that is often nutritionally inconsistent, inconvenient and lacks dignity.

While integrating screening for food insecurity into clinic settings is an important start to reach potentially vulnerable Veterans, it is only a start. Not all at-risk Veterans use the VA system and those that do are often not optimally engaged and connected to the right resources to resolve food insecurity and associated healthcare needs. There are very few effective feedback loops that can help healthcare providers understand, measure, and adjust the optimal "dose" of food needed to reduce and eliminate food insecurity, let alone monitor an intervention's impact on the reduction of food insecurity and associated nutrition related chronic diseases risk factors.

There is a major need for well-designed technology platform and program flexibility that can reach food insecure among Veterans and Veterans at risk to address their most

¹¹ Yu, Wei, et al. "Prevalence and Costs of Chronic Conditions in the VA Health Care System." *Medical Care Research and Review*, vol. 60, no. 3, Sept. 2003, pp. 146–167., <https://doi.org/10.1177/1077558703257000>.

¹² Rabbitt, Matthew P. and Michael D. Smith May 2021. *Food Insecurity Among Working-Age Veterans*, ERR-829, U.S. Department of Agriculture, Economic Research Service

¹³ Beymer, M.R., Reagan, J.J., Rabbitt, M.P., Webster, A.E. and Watkins, E.Y., 2021. Association between food insecurity, mental health, and intentions to leave the US Army in a cross-sectional sample of US Soldiers. *The Journal of Nutrition*, 151(7), pp.2051-2058.

¹⁴ Dubowitz, Tamara. "Food Insecurity Among Veterans." RAND Corporation, RAND Corporation, 21 July 2021, <https://www.rand.org/pubs/perspectives/PEA1363-2.html>.

pressing nutrition, healthcare, and socio-economic needs. Bento stands ready to fill this void. The authorization for the use of funds for improved flexibility in assistance to homeless veterans has made a critical difference in meeting the food security and other basic needs of homeless veterans during the course of the pandemic, and the permanent authorization would enable the Department of Veterans Affairs to more comprehensively and expeditiously respond to urgent needs and work toward more lasting, systemic solutions. This flexibility is needed on a permanent basis so that the VA can quickly triage immediate and urgent needs such as food, shelter, clothing, transportation, and communications; previous limitations placed on VA funds precluded the delivery of many forms of such basic assistance that were desperately needed. Bento stands ready to work with the VA, Committee and VSOs to ensure our Veterans receive the information to make life decisions where they are located. There are many barriers including lack of knowledge non-VA programs when transitioning from military service. We encourage the Committee to review the DOD Transition Assistance Program (TAPS) to ensure it has a direct connection to the VA and other Non-VA Federal agency programs such as SNAP, WIC, and others.

Bento's engagement platform can uniquely address these gaps and enable healthcare/community organizations, especially the VA with an opportunity to better assist their most vulnerable patients and community members in a way that not only reduces food insecurity, but also improves participation in critical wrap-around services and resources. Bento's initial focus is on food insecurity because of its connections with mental health, nutrition related chronic medical conditions, and preventable healthcare costs.

The technology is intentionally built as low barrier and frictionless across the entire ecosystem in which it is deployed - from restaurant workflows to a partner organization's operations to an end user's lifestyle. Our motivation to simplify the user interface has been informed by human-centered research and user feedback that continually points to the importance of meeting people where they are while caring for their dignity. As a result, we have designed an experience for those we serve - people experiencing food insecurity - that is empathetic, inclusive, and caring.

Using this trusted communication channel allows Bento to further engage and connect the at-risk population with additional wrap-around health and social resources/services. As a result, Bento can collect real-time data on at-risk community members that can be used to more accurately and efficiently identify and address food insecurity.

The need and opportunity for more effective, scalable solutions has never been greater. Bento can scale its SMS platform since 96% of Americans own a cell phone today.¹⁵ Text-based communication has been shown to be more important for self-esteem than face-to-face or phone communication, which is consistent with research on the magnifying effect of text-based communication on interpersonal processes. We have an opportunity to leverage mobile technology to change the way under-resourced and

¹⁵ "Mobile Fact Sheet." Pew Research Center, Pew Research Center, 26 Apr. 2021, <https://www.pewresearch.org/internet/fact-sheet/mobile/>.

under-served populations access nutritional food and engage with their critical wrap-around services.

In addition, the Congress has included language in the 2018 Farm Bill; funding in the American Rescue Plan and supported the SNAP On-Line Pilot implementation and expansion. Bento sees the future as well and is positioned to support our Nation's Veterans with the latest technology platform that will provide them with the support and dignity they earned and deserve.

Bento Works

Since its launch in April 2020, Bento has piloted in **10 cities across the US, serving over 170,000 meals to over 3,500 participants**. Initial results have shown that the Bento platform:

- Mitigated individual food insecurity using an average of 20 meals per month per participant,
- Achieved 95% participation rate among eligible candidates,
- Improved daily nutrition (reported by 77% of participants), and
- Achieved high program satisfaction (all participants would re-enroll).

While the foundation of the Bento strategy is based on the concept of nutritious food first, Bento believes its platform can move beyond just reducing food insecurity. When the stress and burden of not knowing where your next meal will come from is removed, Bento is then able to go beyond the meal by using the trusted communication channel to further engage and connect at-risk populations with additional wrap-around resources.

Thank you for the opportunity to provide our views on the proposed legislation to assist Veterans. We are happy to answer any questions and meet with the Committee Members and staff at your convenience.