

**STATEMENT OF  
DR. CHRISTINE GOING, Ed.D, MPA, R.D., FACHE  
ADMINISTRATOR TO THE ASSISTANT UNDER SECRETARY FOR HEALTH,  
CLINICAL SERVICES  
VETERANS HEALTH ADMINISTRATION (VHA)  
DEPARTMENT OF VETERANS AFFAIRS (VA)  
BEFORE THE  
SUBCOMMITTEE ON ECONOMIC OPPORTUNITY  
COMMITTEE ON VETERANS' AFFAIRS  
U.S. HOUSE OF REPRESENTATIVES  
ON  
ENDING VETERAN HUNGER:  
EXAMINING THE IMPACT OF COVID-19 ON FOOD INSECURITY  
JULY 11, 2022**

Chairman Levin, Ranking Member Moore and distinguished Members of the Subcommittee, I appreciate the opportunity to appear before you today to discuss Ending Veteran Hunger: Examining the Impact of COVID-19 on Food Insecurity. I am accompanied today by Daniel Santibanez, J.D., MPH, R.D., LDN, CNSC, Chief of Nutrition and Food Services, VA San Diego Healthcare System, San Diego, California.

Food insecurity is the lack of consistent access to enough food for an active, healthy life, and is a social determinant of health. Research published in 2015 in Public Health Nutrition found that Veterans of the wars in Iraq and Afghanistan disproportionately reported experiencing food insecurity. Approximately 27% of those studied reported food insecurity. These Veterans tended to be younger, unmarried/unpartnered, unemployed or working in lower income positions, and living in households with more children compared to other Veterans. Understanding the significant impact that social determinants such as behavioral, environment and community context have on health is the first step in keeping Veterans healthy. The link between food insecurity and health issues needs to be part of any public health strategy.

Research published in 2017 by Health Research and Educational Trust showed 40% of factors contributing to health issues are social or economic, compared to 20% that are medical care issues. This research confirms the relationship between food insecurity and the poor management of health conditions such as depression, diabetes, human immunodeficiency virus (HIV) and hypertension. 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 have effects on overall health. The cycle of food insecurity is most prominent in racial and ethnic minorities and people with low-income. As a person declines in health, the likelihood of missing work, increased health care costs and the financial burden leading to difficult tradeoffs fuels the continuation of the food insecurity cycle. In the absence of good nutrition, chronic diseases can worsen, often leading to increased usage of the health care system.

### **VHA Ensuring Veteran Food Security Workgroup**

In early 2016, VHA Nutrition and Food Services created the Ensuring Veteran Food Security Workgroup (Workgroup). The purpose of establishing an interdisciplinary Workgroup was to facilitate collaboration between Government and non-profit agencies, including but not limited to the U.S. Department of Agriculture (USDA), the Department of Defense (DoD) and non-profit organizations such as MAZON, Food Research and Action Center and Feeding America to focus on the issue of food insecurity. The Workgroup focuses deliverables on the identification and screening of Veterans at risk, VHA staff training and the coordination of resources and initiatives to support the Veterans in our care. The Workgroup membership includes VA staff from various offices, including Nutrition and Food Services, Social Work Services, Healthcare Advancement and Partnerships, Homeless Patient Aligned Care Teams, Homeless Programs, Nursing Service, Civic Engagement, 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 outlines the objectives for the Workgroup, which include 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); and the creation of agreements with community non-profit organizations and other Government agencies. The charter also establishes 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 policy, resources and collaborations that are created to support food security among the Veteran population.

In October 2017, VHA implemented a national food insecurity screening tool as part of the regular screenings that occur during VHA Primary Care visits. All Veterans are screened on an annual basis unless they reside at a nursing home or long-term care facility. If the Veteran is screened positive for food insecurity, then that individual will be screened every 3 months thereafter. If the Veteran screens negatively, the screening resets for 1 year. Veterans positively identified for food insecurity are offered a referral to a social worker and a dietitian, and VA further assesses the Veteran for clinical risk and complications. Since July 2017, over 10 million screens have been completed. In April 2021, VHA modified the screening tool to the Hunger Vital Sign™, which is a two-question screen considered to be the industry standard.

VA realizes that some Veterans may not feel comfortable discussing or disclosing their food insecurity status. As such, VA has provided training to clinicians and deployed a toolkit about how to discuss this sensitive topic during screening. Veterans who are screened positive are offered referrals to VA social worker services or dietitian services. Often these referral appointments are completed the same day. Veterans may decline a referral or state they are already receiving services. Social workers can provide information about SNAP eligibility, help the Veteran begin or complete a SNAP application, address possible root causes of food insecurity and connect the Veteran with community resources. It is important to note that almost 40 VA medical centers responded to a January 2021 field poll that they have food pantries or food distribution programs. Dietitians assist Veterans through individual counseling virtually or in-person and provide education on creating thrifty meals, meeting nutrition requirements on a budget and optimizing the amount of healthy food available with the assistance programs or through food pantries.

In March 2022, VHA approved the development of a National Food Security Program Office. This office will be interdisciplinary and include dietitians, social workers, nursing staff, as well as administrative staff. The office will focus on three key areas: collaboration, data management and research. This office will extend and complement the Workgroup by expanding on current opportunities to spread successful practices, and by understanding which strategies yield positive outcomes and what risk factors contribute to a Veteran becoming food insecure, as well as how best to respond enterprise wide to our Veterans' individual needs to break the cycle of food insecurity.

### **Coronavirus Disease 2019 (COVID-19) Nutrition and Food Service Response**

The COVID-19 pandemic created additional impacts on food security. In response to the COVID-19 pandemic, the Workgroup has been involved in several activities that assist food insecure Veterans. In March 2020, all Veterans Integrated Service Networks were advised to direct dietitians to proactively reach out to Veterans in their clinics with a positive food insecurity screen and connect them with food resources. In collaboration with USDA and nutrition clinicians in DoD, VHA developed a Nutrition Quick Start Guide (<https://www.va.gov/files/2021-06/food-and-nutrition-quick-start-guide.pdf>) about food insecurity and nutrition assistance programs that is part of the VA Welcome Kit. In November 2020, USDA and VHA provided training to more than 700 VA clinicians titled "Make it a SNAP: Screening and Interventions for Food Insecure Veterans." National webinars were conducted to educate clinical staff on the reminder screening tool, the impact of food insecurity on medical care management (particularly diabetes and /hypoglycemia) and the use of data to drive change on the local level. In addition, the Workgroup connects with non-government entities and organizations that reach out to connect with VA on the topic of food insecurity to explore potential collaborations or sharing opportunities.

### **Nutrition**

There are several ways that VA is reaching individuals virtually for health care and outreach. During the response to the COVID-19 pandemic, video telehealth encounters in VHA increased over 800%. Nutrition and Food Services (NFS)-specific video telehealth encounters increased over 1000% (>60,000 in fiscal year 2020). VA

has a robust system for providing telehealth, and the food insecurity clinical reminder is administered during telehealth visits in a similar manner as in-person visits. In addition, VHA is addressing the “Digital Divide” by ensuring any Veteran in need of telehealth services who does not have access to a device or the internet is provided with a broadband-enabled electronic tablet so they can connect with their providers.

Research shows that many poor health outcomes are associated with food insecurity. Among Veterans, food insecurity is significantly associated with an increased prevalence of psychiatric disorders. Recent research found that Veterans living with food insecurity had an almost four-fold increase in risk for suicidal ideation.<sup>1</sup> VA's Office of Research and Development previously released a new funding solicitation (Mental Health Services Research and Development Targeted Solicitation for Service Directed Research on Social Determinants of Health) focused on unmet social needs, including food insecurity. The goals of this solicitation were to (1) identify, develop, evaluate and implement evidence-based practices to mitigate unmet social needs of Veterans, (2) examine structural factors within VA health care that may contribute to disparities and (3) reduce racial and ethnic disparities in health outcomes and quality of care among Veterans. The solicitation explicitly named “access to...nutritious food” as an important social determinant of health.

VA and USDA are reaching out to Veterans and the public via online resources and collaboration with others. For example, the NFS website links to NFS program resources and SNAP information, as well as other organizations such as Feeding America. The website also includes thrifty meal plans, online cookbooks for simple and inexpensive meals, meal planning during a pandemic and educational handouts on many health topics. This site was recently linked by one of VA's organization collaborators (Code of Support Foundation) on their PATRIOT link®. VA and USDA recently posted a joint blog that links to these resources and SNAP.

---

<sup>1</sup> NP Kamdar, ML Horning, JC Geraci, AW Uzdavines, DA Helmer, and NE Hundt. “Risk for Depression and Suicidal Ideation Among Food Insecure US Veterans: Data from the National Health and Nutrition Examination Study.” *Soc Psychiatry Psychiatric Epidemiol.* 56(12):2175-2184. Dec 2021.

## **Conclusion**

VA believes food security 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 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 and end Veteran hunger.

Mr. Chairman and Members of the Subcommittee, thank you for the opportunity to testify today to discuss Ending Veteran Hunger: Examining the Impact of COVID-19 on Food Insecurity. Mr Santibanez and I are happy to respond to any questions you may have.