



SCREENING FOR FOOD SECURITY IN VETERANS

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INTRODUCTION

The Veterans Health Administration (VHA) serves a Veteran population that is increasingly diverse. Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and the achievement of health equity for all Veterans, including ensuring that Veterans have the same access to health opportunities as non-Veterans.

Access to healthy and nutritious food is a key component to good health. Food insecurity occurs when people lack reliable access to nutritionally adequate food and is associated with many negative health outcomes.

HEALTH DISPARITIES

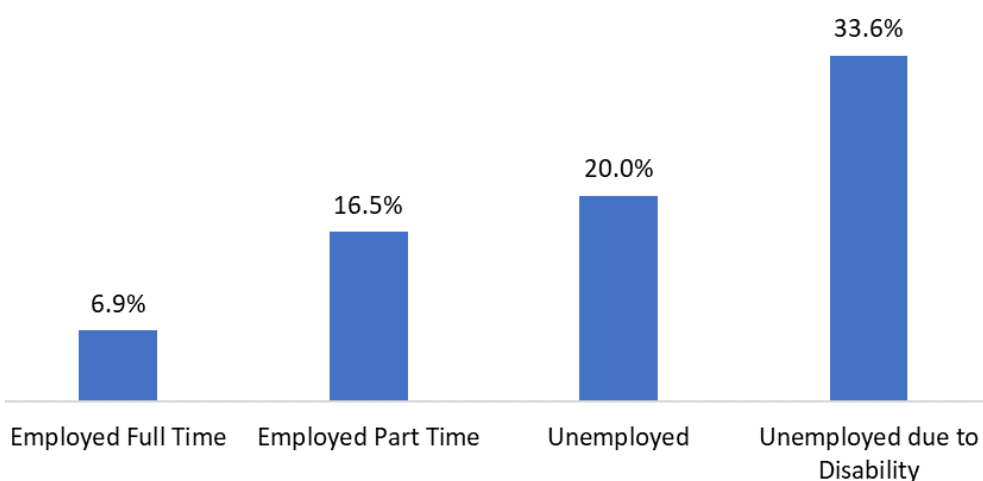
Researchers at the Economic Research Service (ERS) at USDA studied the extent and severity of food insecurity among working-age Veterans because they make up 76% of the Veteran population.

Female Veterans (13.5%) are more likely to experience food insecurity than male Veterans (10.7%). There are also differences across racial and ethnicity groups of Veterans experiencing food insecurity. Veterans who identified as non-

Hispanic Black have the highest rate of food insecurity (13.8%), followed by non-Hispanic other-race Veterans (13.6%), Hispanic Veterans (12.8%) and White Veterans (10%).

Additionally, Veterans who are unable to work secondary to a disability have the highest rates of food insecurity (33.6%) followed by Veterans who are unemployed (20.0%), and who are employed part time (16.5%). Only 6.9% of Veterans who are employed full time experience food insecurity, suggesting that Veterans who are steadily employed suggesting have more reliable access to food resources.

Rates of Food Insecurity in Veterans by Employment Status



From: 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.

REDUCING DISPARITIES

The Office of Health Equity supports interventions across VA to reduce health disparities in all Veteran groups. Food insecurity is associated with other health-related social needs (HRSN), such as housing instability, unemployment, and low educational attainment.

One strategy to identify food insecurity and other HRSN among Veterans is routine screening in health care settings. Starting in 2018, a team from the VA New England Healthcare System worked with subject matter experts and frontline clinical staff to develop a HRSN screening and referral program tailored to Veterans, “Assessing Circumstances and Offering Resources for Needs” (ACORN).

Funded by OHE, ACORN screens for social risks and helps connect Veterans with both VA and community-based resources based on identified needs. The ACORN screener screens for: food, housing, utility and transportation insecurities; educational, employment and legal needs; personal safety; loneliness and social isolation; and lack of phone/internet or technology access (digital divide).

A feasibility pilot of the ACORN screening and referral process was conducted in two VA New

England Healthcare System (VISN 1) clinics in 2019: an urban women’s health clinic and a suburban primary care clinic. Of 268 Veterans screened in the initial pilot, 40% reported at least one unmet HRSN.^{2,3} One in 5 Veterans reported at least one form of material hardship, such as food insecurity, housing instability, transportation needs, or difficulty paying for utilities.

Conducting systematic screening for food insecurity and other HRSN is a critical step towards connecting Veterans with needed supportive services. By better understanding Veterans’ unmet needs, VHA can identify gaps in the current service delivery system and inform future resource allocation. The inclusion of social needs screening tools like the ACORN screener within clinical settings can help to identify a patient’s individual needs and circumstances, which can in turn enable health systems to provide more patient-centered care and promote health equity.

ACORN is currently undergoing further testing and dissemination, with an overall goal of implementing the screening tool as a part of regular care across the VA so that unmet needs can be identified and addressed to reduce health disparities among Veterans.

The full report on Food Insecurity Among Working Age Veterans can be accessed [here](#).

For more information about the Office of Health Equity visit: <https://www.va.gov/healthequity/>

References

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