

Food Insecurity among Active-Duty Service Members and Veterans

Overview

Active duty military personnel, veterans and their families are part of a growing number of people using government food assistance programs to help make ends meet. According to the Defense Commissary Agency, service members on active duty spent over \$21 million on Supplemental Nutrition Assistance Program (SNAP) benefits at commissaries from September 2014 through August 2015.¹ The SNAP Retailer Management 2015 Annual Report indicates that over \$80.2 million were spent at military commissaries during the same time period, suggesting that many veterans and military families are also facing food insecurity issues.² While military families facing financial hardships have access to government and charitable food assistance programs, a July 2016 report from the Government Accountability Office (GAO) cited numerous challenges affecting service members who seek assistance benefits:

- (1) **Limited awareness** of some food assistance programs
- (2) **Stigma** associated with receiving food assistance due to the self-sufficient culture of the military; stigma did not apply to receiving WIC benefits because WIC is viewed as more of a health and nutrition benefit rather than a program for those with financial and food assistance needs; WIC program is also advertised more often than other food assistance programs
- (3) **Misconceptions** about military compensation and the ability of a service member to qualify for food assistance, especially the role of BAH benefits.
- (4) **Inconsistent eligibility** for programs (particularly with regard to the Basic Allowance for Housing (BAH))
- (5) **DoD lacks data** on utilization of services, resulting in ineffective targeting of support for maximum benefit.³



Many of our active duty service men and women, military veterans and their families are living at or below the poverty line, have a high prevalence of food insecurity, and could benefit from available food assistance programs.

The Cost of Food Insecurity

Food insecurity is a significant cause of malnutrition. Research has demonstrated that malnutrition negatively impacts health and increases costs to the healthcare system. The total economic burden (direct and indirect) of disease-associated malnutrition in the US is estimated to be \$157 billion each year⁴ Malnutrition related costs include:

- (1) **Longer** hospital stays to manage chronic conditions
- (2) **Higher** rates of hospital readmission
- (3) **Higher** hospital costs per patient per hospital stay

- (4) **Higher** home health care needs
- (5) **Higher** mortality rates^{5&6}

In addition to healthcare costs, being malnourished due to food insecurity increases the likelihood that a service member will be physically and mentally incapable of fully performing his/her assigned duties. Being food insecure is independently associated with earning <\$25,000 per year, recent homelessness, marijuana use, and depression.⁷ Being food insecure is also associated with worse control of hypertension, diabetes, HIV, and depression.⁸

Opportunities to Eliminate Food Insecurity

Food insecurity in the military is both preventable and treatable. Opportunities include:

- (1) Training and education for military officers and registered dietitians nutritionists (RDNs) on bases to identify food insecurity and/or malnutrition and to educate food insecure service members on available food assistance programs.
- (2) Training, education and funding for RDNs in the Veterans Administration health care system to identify food insecurity and/or malnutrition and to educate food insecure veterans on available food assistance programs.
- (3) Coordinating information and resources with locally developed initiatives, such as food pantries on bases, in a deliberate and consistent manner
- (4) Allowing state agencies the option to exclude the BAH when determining SNAP eligibility
- (5) Raising awareness about SNAP benefits in order to reduce the stigma associated with receiving food assistance

Bottom line: Improving access to food assistance programs will significantly decrease health care costs, improve service members' performance, and expand the services' ability to attract and retain qualified personnel.

Current Status

Without more complete data, the DoD will continue to have a limited understanding of service members' food assistance needs and whether further actions are needed to help ensure that the basic needs of service members and their families are being met.⁹ Accordingly, the GAO July 2016 Food Insecurity Report recommends that the DoD:

- (1) revise the survey of service members to collect more complete data that demonstrates the actual need for food assistance among active duty service members and veterans, and monitor food assistance from a more organized level
- (2) coordinate with the USDA to access food assistance program utilization rates¹⁰

Malnutrition can occur in both overweight and underweight individuals, and often goes undiagnosed because it is invisible to the eye.

Footnotes

- ¹ United States Government Accountability Office, Report to Congressional Committees (July 2016), Military Personnel: DoD Needs More Complete Data on Active Duty Servicemembers' Use of Food Assistance Programs. Retrieved September 12, 2016 from <http://www.gao.gov/assets/680/678474.pdf>
- ² SNAP Retailer Management 2015 Annual Report, Retrieved September 12, 2016 from <https://search.yahoo.com/yhs/search?p=SNAP+Retailer+Management+2015+annual+report&ei=UTF-8&hspart=mozilla&hsimp=yhs-002>
- ³ United States Government Accountability Office, Report to Congressional Committees (July 2016), Military Personnel: DoD Needs More Complete Data on Active Duty Servicemembers' Use of Food Assistance Programs. Retrieved September 12, 2016 from <http://www.gao.gov/assets/680/678474.pdf>
- ⁴ Snider, J., Linthicum, M. We, Y., LaVallee, C., Lakdawalia, D., Hegazi, R., Matarese, L. (2014) Economic Burden of Community-Based Disease-Associated Malnutrition in the United States. *Journal of Parenteral and Enteral Nutrition*, 38(2), Suppl. 775-855.
- ⁵ Hiller, L., Shaw, R., Fabri, (2016), Differences in Composite End Point of Readmission and Death Between Malnourished and Nonmalnourished Veterans Assessed Using Academy of Nutrition and Dietetics/ American Society of Parenteral and Enteral Nutrition Clinical Characteristics. *J Parenter Enteral Nutr.*, pii: 0148607116668523. [Epub ahead of print]
- ⁶ Chima, C. Barco, K., Dewitt, M., Maeda, M., Teran, J., Mullen, K. (1997). Relationship of Nutritional Status to Length of Stay, Hospital Costs, and Discharge Status of Patients Hospitalized in the Medicine Service. *Am. Journ Nutr Diet*, 97(9), p. 975-978.
- ⁷ Wang, E.A., McGinnis, K.A., Goulet, J., Bryant, K., Gibert, C., Leaf, D.A., Mattocks, K., Fiellin, L.E., Vogenthaler, N., Justice, A.C., Fiellin, D.A. (2015). Food Insecurity and Health: Data from the Veterans Aging Cohort Study. *Public Health Rep.* 130(3) pp.261-268.
- ⁸ Id.
- ⁹ United States Government Accountability Office, Report to Congressional Committees (July 2016), Military Personnel: DoD Needs More Complete Data on Active Duty Servicemembers' Use of Food Assistance Programs. Retrieved September 12, 2016 from <http://www.gao.gov/assets/680/678474.pdf>
- ¹⁰ Id.