

People of color, women and those with health conditions among veterans at high risk of food insecurity

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Up to 24% of U.S. military veterans are estimated to be affected by food insecurity—a limited or uncertain availability of nutritionally adequate

food—and a new study found that risks are significantly higher for people of color and women.

It also found that veterans with medical and trauma-related conditions as well as unmet social needs like housing instability are more likely to experience [food](#) insecurity.

For the study, researchers at Brown University and the Providence V.A. Medical Center analyzed data with a focus on revealing the characteristics of veterans at the highest risk of food insecurity. If researchers know what populations to target, tailored interventions can be developed to address their needs and mitigate the long-term impacts of food insecurity on health and well-being.

"There's not a one-size-fits-all solution for addressing veteran food insecurity," said corresponding author Dr. Alicia Cohen, a Brown assistant professor (research) of family medicine and of health services, policy and practice. "So findings from studies like this can be used in many ways, from helping to identify the most at-risk groups to helping address veterans' immediate food need to connecting veterans with programs and resources that can hopefully help improve their food security over the long term."

Cohen said that many veterans face economic and employment challenges following military service, stemming both from service-related mental and physical health issues as well difficulty reintegrating into civilian life —factors that can increase the risk of food insecurity.

Yet food insecurity is often missed in clinical settings, said Cohen, who is also a primary care provider in the women's health clinic and homeless clinic at the Providence V.A. Medical Center. "You can't tell by looking at a patient if they're struggling to put food on the table," she said.

And like civilian patients, veterans often will not initiate a conversation with their health care provider about their food needs.

"If we don't specifically ask veterans about their food needs, we are going to be missing people who are experiencing hardship," Cohen said. "There are a number of resources within the V.A. and in the community to help address food insecurity, but we can't offer these resources if we don't know that a veteran is in need."

That's one of the reasons the Veterans Health Administration developed a systematic screening system in 2017 in which staff are prompted to ask veterans seeking health care specifically about food insecurity. This new study is the first to examine findings based on those screening questions. The researchers analyzed data from the screenings to identify demographic and medical characteristics associated with a positive food insecurity screen.

Between July 2017 and December 2018, 44,298 veterans screened positive for food insecurity. In their analysis, the researchers found that food insecurity was associated with identifying as non-Hispanic Black or Hispanic, non-married or partnered, and low-income. Veterans were also at higher risk for food insecurity if they had experienced homelessness or housing instability in the prior year, or if they had a diagnosis of diabetes, depression, and/or PTSD .

Prior military sexual trauma was associated with a significantly higher risk of food insecurity among both men and women. Notably, though, women screening positive for food insecurity were eight times more likely than men to have experienced military sexual trauma (49% of women vs. 6% of men). This is a strong example of how sexual trauma experienced while in the service can have a range of serious downstream effects for veterans, Cohen said. "And as these results show, women bear a much higher burden."

As a clinician who treats veterans, Cohen is familiar with how not having reliable access to nutritious food can cause serious health problems and exacerbate existing conditions. "I regularly see the negative impacts of food insecurity on my patients," she said.

Some of the very factors that make veterans susceptible to food insecurity, like diabetes or depression, can be worsened by not having healthy food to eat, Cohen noted. The stress of not being able to afford food for oneself or one's family compounds the situation.

The study findings can inform the development of tailored, comprehensive interventions to address food insecurity among veterans, Cohen said. For example, if a clinician is treating a veteran with diabetes who is experiencing food insecurity, they can review the patient's medical history to see if there are any medications they might have difficulty affording or that might put the veteran at risk for low blood sugar. In a team-based model of care, the clinician can refer the patient to a dietitian to provide nutritional counseling based on the patient's medical and social circumstances. V.A. social workers can help meet a veteran's immediate food need the day of their visit by providing a meal ticket or referring them to a food pantry, as well as provide assistance applying for any benefits for which they may qualify, such as federal food assistance programs.

The findings can also help start a conversation about refining screening practices, Cohen said: "For example, they may help us identify specific groups that would benefit from more targeted or more frequent screening for food insecurity, as well as expanding where we conduct routine food insecurity screening to include settings like mental health clinics."

The accepted manuscript was published online in *Public Health Nutrition* ahead of the final version of the study that will appear in a print issue of

the journal.

More information: Alicia J. Cohen et al, Risk Factors for Veteran Food Insecurity: Findings from a National US Department of Veterans Affairs Food Insecurity Screener, *Public Health Nutrition* (2021). [DOI: 10.1017/S1368980021004584](https://doi.org/10.1017/S1368980021004584)

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