Identifying and Addressing Food Insecurity in Military Members and Families: A Panel Discussion

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Air Force Lt. Col. Heidi L. Clark, M.S., R.D.

Lt. Col. Heidi Clark is a Registered Dietitian with 24 years of active-duty service. She currently serves as the Chief of Nutritional Medicine Clinical Support Service (NMCSS) at the Defense Health Agency (DHA) Headquarters in Falls Church, Virginia. She advises the Deputy Assistant Director for Medical Affairs on policy development, care pathways, projects and initiatives relative to nutritional medicine care and services at 49 hospitals and 465 clinics worldwide, impacting care for 9.6 million Tri-Service beneficiaries, and supporting the Military Health System transformation into a High Reliability Organization. Lt. Col. Clark partners with the 11 Clinical Communities and other clinical and administrative leadership, and collaborates with the Air Force, Army and Navy Service Consultants to support outstanding nutrition care delivery to beneficiaries, and advocate for nutrition professionals across the Department of Defense (DOD).

Lt. Col. Clark is currently working to increase awareness of the prevalence of food insecurity in the MHS beneficiary population, and the impact of food insecurity as a social determinant of health. She is exploring the screening capabilities of MHS Genesis to identify food insecurity; and developing clinical recommendations to connect at-risk patients with relevant military, social and medical resources. Lt. Col. Clark is also fostering relationships with military and family readiness agencies, and the Department of Veteran's Affairs (VA) to identify opportunities for collaboration.

Elizabeth Hisle-Gorman, M.S.W., Ph.D.

Dr. Hisle-Gorman is the Director of the Military Family Research Division and Associate Professor in the Department of Pediatrics at the Uniform Services University of the Health Sciences (USUHS). She began her career as a social worker working in neighborhood development efforts in Washington, DC and Baltimore, MD which sought to support and strengthen families to prevent family violence, increase well-being, expand opportunity and overcome hardship.

Following a move to a military town with her active-duty military spouse, she re-focused her work on military families. After completing her Doctorate (Ph.D.) in Social Work at the University of Maryland, Dr. Hisle-Gorman moved to USUHS to expand its research portfolio exploring the effects of military life on children.

Dr. Hisle-Gorman's current work focuses on using research to increase understanding of the risks for children and families of military life. She works collaboratively to connect military families with the supports and services they need to thrive.

Arletta Eldridge Thompson, M.Ed.

Arletta Eldridge Thompson, earned her Masters of Education (M.Ed), is currently the Health Promotion Coordinator for the 15 Medial Group Joint Base Pearl Harbor Hickam and a certified Exercise Physiologist. Arletta has more than 25 years' experience serving on 6 Air Force installations. She has worked as an Exercise Physiologist in four Health and Wellness Centers, and one Reserve base.

The wide range of mission capabilities with each assignment has prepared Arletta to be sensitive to each base's unique mission and ops tempo. She has developed an instinct in flexing and adapting to real time readiness stressors. She uses population health strategies to help optimize mission readiness.

More recently, Arletta has worked extensively with food insecurity in the military and has developed a plan to respond to individual emergency crisis, focus on prevention, and provide resources for long term government help.

Ms. Eldridge Thompson was awarded the Air Force Achievement Medal in July 2022 for her initial work in food insecurity. She chairs the DOD Oahu Food Insecurity Working Group. She is currently collaborating with the Feeding America Military Outreach Network and OneOp to extend their reach into military community food insecurity nationwide.

Air Force Capt. Sidney Zven, M.D.

Captain Sidney Zven is a graduating pediatric resident who is preparing to begin a neonatology fellowship at Walter Reed National Military Medical Center (WRNMMC). Captain Zven graduated from the University of Michigan with a degree in Civil Engineering and spent 6 years working as a Civil Engineer in Colorado where he met his wife.

He pursued medical school after his engineering career, attending Uniform Services University of the Health Sciences (USUHS) where he had 3 children, and is currently completing his pediatric residency at WRNMMC. During his time in residency, Captain Zven gained interest in health inequity, specifically the impact of food insecurity in the prenatal and neonatal populations.

Captain Zven has spent the last 18 months working on an assortment of research projects, community outreach, and family advocacy efforts to better understand food insecurity in the military as well as to advocate for the protocoled screening of military families for Women Infant Children (WIC) benefits. He and the USUHS Pediatrics team have won multiple grants and presented their food insecurity and WIC enrollment findings at multiple national/international conferences in partnership with multiple family advocacy networks and WIC offices. His goal is to maximize military enrollment in existing state and national food supplementation programs to quickly eliminate military food insecurity.

Disclosures

- Lt. Col. Clark, Dr. Hisle-Gorman, Ms. Eldridge Thompson and Capt. Zven declare no relevant financial or non-financial relationships to disclose relating to the content of this activity; or presenter(s) must disclose the type of affiliation/financial interest (e.g., employee, speaker, consultant, principal investigator, grant recipient) with company name(s) included.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Outline factors present in military members and families which may increase risk for food insecurity.
2. Predict potential impacts of food insecurity to individual or family health and wellbeing.
3. List diverse stakeholders who may be positioned to screen a military population for food insecurity.
4. Identify community, installation and medical resources which maybe part of developing a local approach to combat food insecurity.

Questions for Panel Members:

- **Food insecurity is a social determinant of health with the potential to impact the personal health and wellness of patients and families.** How have you observed the impact of food insecurity in your patients or the population you serve?

- **Food insecurity is a house-hold level economic and social condition of limited or uncertain access to adequate food.** How did food insecurity first present as an issue for you, at your location (installation, clinic etc.)? For example – were medical personnel first concerned or was it identified as an issue by Command/installation leadership?

Questions for Panel Members:

- What have you observed about your local installation (geographic location, population demographics, military mission etc.) which made food insecurity an issue which needed to be addressed?
- Did you observe impacts of food insecurity specific to military readiness (individual and family)?
- Did you encounter ignorance, shame, denial or minimization of the issue of food insecurity (either among those experiencing it or others)? How did you address those responses?

Questions for Panel Members:

- The Hunger Vital Sign is a simple 2 question validated screening tool frequently used to screen for the risk of food insecurity in medical environments.
- It consists of 2 questions -→
- What is your screening process? Is it formal (a specified screening tool, specified people do the screening at specific locations/interactions) or more informal? Do you screen both adults and children/families?

CHILDREN'S HealthWatch

The Hunger Vital Sign™
English to Spanish Translation

English
For each of the following statements, please tell me which one is "often true," "sometimes true" or "never true" for the past 12 months, that is since last [name of current month].

1. We (I) worried whether our food would run out before we (I) got money to buy more

2. The food that we (I) bought just didn't last and we (I) didn't have money to get more

Spanish
Por cada una de las siguientes declaraciones, por favor indique si la declaracion se aplica a su familia "frecuentemente," "a veces" o "nunca" durante los últimos 12 meses, es decir desde [nombre del mes actual] del año pasado.

1. Estábamos (Estaba) preocupado(s) de que los alimentos se acabaran antes de que tuviéramos (tuviera) suficiente dinero para comprar más.

2. Los alimentos que compramos (compré) no duraron mucho y no teníamos (tenía) suficiente dinero para comprar más.

Questions for Panel Members:

- Who do you consider key stakeholders in the identification and mitigation of food insecurity for your local installation/population? Who has been a key driver for your local efforts related to food insecurity?
- Do you have an established team of people addressing food insecurity for your population? If so, who participates and what is their expertise or unique perspective?
- Describe what your local "intervention" for food insecurity looks like. Is it a handout of resources or something more complex? Are there any plans to expand the intervention?
- What resources have been the most impactful for individuals or families dealing with food insecurity?
- What barriers to resources have members or families experienced?
- Has your team been able to assist with removing those barriers? If so, what have you done and what has been successful?

Questions for Panel Members:

- Effective 1 Jan 2023, The Joint Commission (TJC) incorporated standards requiring facilities to implement activities with the goal of reducing healthcare disparities for the population served. Food insecurity is listed as a source of healthcare disparity which a healthcare entity could work to address.

- Have any of you had your military treatment facility start to address this Joint Commission standard? If so, what health disparities are being looked at and is food insecurity being considered?

Questions for Panel Members

- Did you observe current events over the last 3 years or so to increase food insecurity (prevalence or impacts) to your population? If so, in what ways?
- You have an audience here consisting of compassionate, concerned professionals. What do you believe is the most impactful thing they could do at their local Military Treatment Facility (MTF) or installation?
- For those wanting to tackle food insecurity at the local level – what barriers should they expect to encounter; and do you have any guidance on overcoming barriers?
- Food insecurity is a SDOH, which means it is a social factor likely to impact health, well-being and quality of life. There are several items which are considered SDOH, for example: safe housing and transportation; education and job opportunities; access to safe physical activity opportunities. In your population, have you observed any other SDOH in addition to food insecurity?

Key Takeaways: Attendees will…

- Recognize food insecurity as a SDOH, one which requires an interdisciplinary, collaborative and localized approach.
  - Food insecurity is a social condition (not a physiological condition, not based on a medical diagnosis) and refers to the lack of consistent access to food
  - Medical professionals should screen for and seek to address with local resources
- Consider the potential impact of household food insecurity to military and family readiness.
- Identify the Hunger Vital Sign as an appropriate tool to screen for food insecurity.
- Recognize that military members/families may qualify for assistance programs, such as WIC and Supplemental Nutrition Assistance Program (SNAP) or school lunch programs.

Key Takeaways: Attendees will…

- Evaluate factors unique to their installation such as geographic location, military mission or population demographics, which may contribute to the population risk for food insecurity.
  - Such as prevalence of young families or single parents; high cost of living areas; factors which make spousal employment difficult, such as high deployment ops tempo.
- Consider how various approaches discussed could be adapted for local use – for example, methods for screening/identification; key stakeholders involved in planning efforts; potential resources for inclusion in efforts to address food insecurity.

Key Takeaways: Attendees will…

- Identify possible stakeholders who may meaningfully contribute to local efforts. Such individuals/organizations may include:
  - Commanders, First Sergeants, Supervisors
  - Community and installation schools, daycare centers, youth centers; religious and non-profit organizations, to include local foodbanks
  - The Military Family Readiness Center (or local equivalent)
  - MTF staff – such as social workers, dietitians, pediatric, family practice and primary care providers
- Identify possible locations/situations where screening for food insecurity could occur – the MTF, schools, childcare centers etc.

Key Takeaways: Attendees will…

- [Specifically, for those serving within an MTF]
  - Describe Joint Commission's new standard regarding identifying and addressing healthcare disparities.
  - Consider if food insecurity might be a local challenge to tackle, to both comply with this standard and meet community needs.
  - Integrate resources or tools discussed (e.g., the Hunger Vital Sign) with planning for programmatic efforts to address food insecurity.

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Questions?

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