



March 2022

# NUTRITION ASSISTANCE PROGRAMS

## Federal Agencies Should Improve Oversight and Better Collaborate on Efforts to Support Veterans with Food Insecurity

Accessible Version

## Why GAO Did This Study

Recent USDA data indicate that veterans experience high rates of food insecurity, which can contribute to many negative health outcomes. GAO was asked to review VA's efforts to support veterans who may be experiencing food insecurity and the extent to which USDA coordinates with VA to support these veterans.

This report examines (1) how VA identifies and assists veterans who may be experiencing food insecurity and the extent to which it monitors and assesses the effectiveness of these efforts, and (2) the extent to which USDA coordinates with VA to support those veterans. GAO reviewed relevant VA and USDA initiatives and interviewed key officials responsible for administering these initiatives in addition to veterans' service organizations, among others. GAO assessed VA's process for monitoring and evaluating its efforts in accordance with federal standards for internal control and the extent to which USDA is coordinating with VA in accordance with leading collaboration practices, based on prior work. GAO also conducted virtual site visits to three VA medical centers that were selected to represent a range of criteria including a large number of positive screenings for food insecurity.

## What GAO Recommends

GAO is making four recommendations including that VA monitor and evaluate the effectiveness of its Workgroup's efforts and that USDA take steps to enhance collaboration in its workgroup with VA. VA concurred and said it would monitor and evaluate its workgroup. USDA also concurred.

View [GAO-22-104740](#). For more information, contact Kathryn A. Larin at (202) 512-7215 or [larink@gao.gov](mailto:larink@gao.gov).

# NUTRITION ASSISTANCE PROGRAMS

## Federal Agencies Should Improve Oversight and Better Collaborate on Efforts to Support Veterans with Food Insecurity

### What GAO Found

The Department of Veterans Affairs (VA) has taken several actions to identify veterans who may be experiencing food insecurity—which the United States Department of Agriculture (USDA) defines as the condition of limited or uncertain access to adequate food—and refer them for assistance, but has not fully monitored or evaluated the effectiveness of these efforts. In 2016, VA established its Ensuring Veteran Food Security Workgroup (Workgroup), which is led by the Veterans Health Administration (VHA). VHA has taken several actions through the Workgroup to address food insecurity among veterans. For example, VHA is using a two-question screening tool to identify and refer veterans who may be food insecure to a social worker, dietitian, or other VA medical center staff (see figure). Veterans who screen “positive” are referred to support and resources they need, which could include a referral to a local food bank. In addition, VHA has trained VA medical center staff on the use of the tool and how to enroll veterans in the Supplemental Nutrition Assistance Program. However, VA has not fully monitored the implementation or evaluated the effectiveness of these efforts, which is inconsistent with federal internal control standards and may hinder VHA's ability to achieve its defined outcomes and result in fewer veterans receiving the support they need.

#### Example of VHA Food Insecurity Screening Tool Record

**FOOD INSECURITY SCREEN:** This screen is not intended for a resident of a nursing home/LTC facility.

**INSTRUCTIONS:** Read the following introduction to the Veteran:

I'm going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

Within the past 12 months, you worried whether your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true

Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true
- Sometimes true
- Never true

Source: Veterans Health Administration (VHA) documentation. | GAO-22-104740

FOOD INSECURITY SCREEN: This screen is not intended for a resident of a nursing home/LTC facility.

INSTRUCTIONS: Read the following introduction to the Veteran: I'm going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

- Within the past 12 months, you worried whether your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true

Source: Veterans Health Administration (VHA) documentation. | GAO-22-104740

USDA began leading an informal interagency workgroup (workgroup) with VA in 2020 to help address food insecurity among veterans, but it has not fully addressed leading practices for collaboration and cannot fully assess its progress in accomplishing related goals. USDA established the workgroup to, among other things, enhance support for veterans experiencing food insecurity. USDA has taken steps to collaborate with VA through this workgroup, for example, by developing nutritional resources that include common definitions of food insecurity. Developing such resources is consistent with one of GAO's leading collaboration practices. However, USDA did not follow other collaboration practices, including those related to outcomes and accountability. By taking steps to address other leading practices in its workgroup, such as through identifying clear goals that establish organizational outcomes and developing mechanisms for accountability, USDA could enhance collaboration with VA to better support veterans' food insecurity.

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## Abbreviations

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AUSH	Assistant Under Secretary for Health
DOD	Department of Defense
EBT	Electronic Benefits Transfer
FNS	Food and Nutrition Service
MVAL	Military Veterans Agricultural Liaison
NASDVA	National Association of State Directors of Veterans Affairs
NFS	Nutrition and Food Service
SNAP	Supplemental Nutrition Assistance Program
TAP	Transition Assistance Program
USDA	United States Department of Agriculture
VA	Department of Veterans Affairs
VBA	Veterans Benefits Administration
VHA	Veterans Health Administration
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children

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March 24, 2022

The Honorable Jon Tester  
Chairman  
Committee on Veterans' Affairs  
United States Senate

The Honorable Mark Takano  
Chairman  
Committee on Veterans' Affairs  
House of Representatives

The United States Department of Agriculture (USDA) Economic Research Service recently reported that, between 2015 and 2019, an estimated 11.1 percent of working-age veterans—between the ages of 18 and 64—lived in food-insecure households. In addition, an estimated 5.3 percent of working-age veterans lived in households with very low food security, meaning the food intake of some household members is reduced and normal eating patterns are disrupted because of limited resources.<sup>1</sup> USDA defines food insecurity as the condition of limited or uncertain access to adequate food. According to USDA, veterans who experience food insecurity may also face many negative health outcomes because having access to enough food for an active, healthy life is essential to maintaining well-being. Food insecurity among the veterans who receive their health care through the Department of Veterans Affairs (VA) is significantly associated with being (1) a member of a racial and/or ethnic minority group, (2) low income, (3) unemployed, and (4) recently homeless.<sup>2</sup>

The Veterans Health Administration (VHA), within VA, operates one of the nation's largest health care systems, providing care to more than 9 million enrollees at its medical facilities that include 171 VA medical centers and

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<sup>1</sup>United States Department of Agriculture, Economic Research Service, *Food Insecurity Among Working-Age Veterans*, Report Number 829 (Washington, D.C.: May 2021).

<sup>2</sup>E.A. Wang, K.A. McGinnis, J. Goulet, et al., "Food insecurity and health: Data from the veterans aging cohort study," *Public Health Reports*, 130 (3) (2015): 261-268. For the purposes of this study, low income is less than \$25,000 per year.

assists veterans experiencing food insecurity.<sup>3</sup> In addition, VA's Veterans Benefits Administration (VBA) works to provide financial and other assistance to all newly separated veterans including those who may be food insecure.

Veterans experiencing food insecurity may also be able to obtain food through federal nutrition assistance programs, the largest of which is USDA's Supplemental Nutrition Assistance Program (SNAP). USDA is responsible for working with state SNAP agencies to administer SNAP benefits to individuals, including veterans that meet income and other eligibility requirements. State SNAP agencies may also target veterans through SNAP outreach plans that are annually reviewed and approved by USDA's Food and Nutrition Service (FNS).<sup>4</sup>

You asked us to review VA's efforts to support veterans who may be experiencing food insecurity and the extent to which USDA coordinates with VA to support these veterans. This report examines (1) how VA identifies and assists veterans who may be experiencing food insecurity and the extent to which it monitors and evaluates the effectiveness of these efforts, and (2) the extent to which USDA coordinates with VA to support veterans experiencing food insecurity.

To examine how VA identifies and assists veterans who may be experiencing food insecurity and the extent to which it monitors and evaluates the effectiveness of these efforts, we reviewed relevant VA initiatives, specifically those administered by VHA and VBA. We also assessed VA's process for monitoring and evaluating these efforts in accordance with federal standards for internal control.<sup>5</sup> In addition, we reviewed relevant documents and interviewed VHA and VBA officials who are responsible for administering these efforts to obtain their perspectives and determine how they track their progress.

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<sup>3</sup>A VA medical center is a facility that provides two or more categories of care (inpatient, outpatient, residential rehabilitation, or institutional extended care). For the purposes of this report, we consider "local VHA facilities" to include "VA medical centers" and any other VHA facility that may provide support to veterans experiencing food insecurity.

<sup>4</sup>See 7 U.S.C. § 2020(e)(1)(A). States have the option not to conduct informational outreach, but USDA encourages all states to develop an outreach plan for certain particularly vulnerable populations such as veterans.

<sup>5</sup>GAO, *Standards for Internal Control in the Federal Government*, [GAO-14-704G](#) (Washington, D.C.: Sept. 10, 2014).

To learn more about how VHA personnel support veterans who may be experiencing food insecurity in practice, we conducted virtual site visits with three VA medical centers in the states of New Mexico, South Carolina, and West Virginia, as well as a food pantry that is affiliated with the VA medical center in West Virginia. Through these interviews, we identified the types of assistance available to veterans in these VA medical centers. We selected these three VA medical centers because they were among those that had a large total number of veterans who were identified as food insecure according to VHA as of April 28, 2021, in addition to them meeting at least one of the following criteria: (1) current affiliation with a food pantry as of January 2021, (2) participation in the VA Veterans Pantry Pilot Program, (3) location in a state where the state SNAP agency had identified veterans as priority area for outreach services in its most recently approved SNAP outreach plan, or (4) geographic variation.<sup>6</sup> Although the results of these interviews are not generalizable to all VA medical centers, they represent important perspectives on how VHA supports veterans who may be experiencing food insecurity.

To examine the extent to which USDA coordinates with VA to support veterans who may be experiencing food insecurity, we interviewed key officials from these agencies and assessed their efforts against leading collaboration practices, identified in our prior work.<sup>7</sup> We also examined the extent to which USDA oversees related initiatives in accordance with agency guidance. We also interviewed VHA officials to determine the extent to which VA medical centers had information about states that targeted veterans in their annual SNAP outreach plans for the purposes of coordinating SNAP enrollment assistance. For illustrative purposes, we also met with officials from South Carolina's state SNAP agency, which targeted veterans in its SNAP outreach plan for fiscal year 2021, to determine the extent to which officials shared their plan with local VHA facilities in their state and coordinated related assistance.

Finally, for both objectives, we also met with officials from selected veterans service organizations and national military family advocacy organizations including Veterans of Foreign Wars; American Legion; Blue Star Families; and Military Family Advisory Network. We also spoke with

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<sup>6</sup>The Veterans Pantry Pilot program was a partnership between VA and Feeding America, which has a network of more than 200 food banks nationwide.

<sup>7</sup>GAO, *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept. 27, 2012).



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nonfederal officials from selected organizations that VA identified as supporting its initiatives to support veterans who may be experiencing food insecurity including Feeding America; Food Research and Action Center; MAZON: A Jewish Response to Hunger; and Wholesome Wave to discuss these initiatives. In addition, we reviewed relevant federal laws, regulations, and agency guidance that pertain to the initiatives identified by VA and USDA as being relevant to supporting veterans who may be experiencing food insecurity.

We conducted this performance audit from January 2021 to March 2022 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

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## Background

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### VHA and VBA Efforts That Help Support Veterans with Food Insecurity

VHA's health care mission is broad in that it provides veterans with a wide range of health care services. These services include primary care, surgery, and unique specialized care through its health care facilities that include VA medical centers. These medical centers are part of the nation's largest integrated health care system. In 2016, in response to congressional concerns, VHA created an internal workgroup—the Ensuring Veteran Food Security Workgroup (referred to below as the Workgroup)—to address issues related to veterans with food insecurity. The Workgroup's charter identified five deliverables (see table 1).<sup>8</sup> According to VHA officials, the Workgroup has met at least monthly since 2016.

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<sup>8</sup>The Workgroup's charter also identified seven objectives. These include coordinating a process for SNAP enrollment, engaging community nonprofit partners, establishing partnerships with other governmental agencies, and coordinating employee training. The Workgroup's efforts help address these objectives through the completion of the five deliverables.

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**Table 1: List of Deliverables for Veterans Health Administration (VHA) Ensuring Veteran Food Security Workgroup**

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**Deliverables for Veterans Health Administration**

1. Develop initial screening tools for inpatient and outpatient veterans regarding food security.
2. Develop a process for the enrollment of veterans in the Supplemental Nutrition Assistance Program.
3. Create partnerships with community nonprofit organizations and other government agencies to provide support and services to veterans in need of assistance regarding food security.
4. Establish nutritional resources and support specific to the needs of veterans with food security issues.
5. Develop and coordinate existing and enhanced training programs for staff on the policy, resources and partnerships that are created to support food security among our veteran population.

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Source: VHA documentation. | GAO-22-104740

VBA provides benefits, including disability compensation, education, and loan guaranty services, to newly separated veterans. VBA also collaborates with numerous federal agencies to advance the economic empowerment and independence of service members to support their transition from military service to civilian life. Unlike efforts administered through VA medical centers—which only reach veterans who obtain medical care at these centers—VBA administers two programs designed to reach all transitioning servicemembers who ultimately become veterans: the Transition Assistance Program (TAP) and Solid Start Program.<sup>9</sup>

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## Food Insecurity among Working-Age Veterans

In May 2021, USDA issued a report that examined food insecurity among working-age veterans and nonveterans (those between the ages of 18 and 64). The report used Current Population Survey Food Security Supplement data from 2005 through 2019 to understand the association between military service and food insecurity. According to the May 2021

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<sup>9</sup>According to the Department of Veterans Affairs, in fiscal year 2017, the most recently available data at the time of our review, 49 percent of all living veterans, or 9.8 out of 20 million, used at least one VA benefit or service. See: [https://www.va.gov/vetdata/docs/QuickFacts/VA\\_Utilization\\_Profile\\_2017.pdf](https://www.va.gov/vetdata/docs/QuickFacts/VA_Utilization_Profile_2017.pdf).

report, it is estimated that among working-age adults, veterans have a 7.4 percent increased likelihood of living in a food-insecure household and an estimated 9.2 percent increased likelihood of living in a household with very low food security when compared to nonveterans after adjusting for observable economic, demographic, and geographic differences.<sup>10</sup> Food insecurity prevalence rates were also higher among disabled, unemployed, and female working-age veterans when compared to the national average for all working-age veterans. In addition, the prevalence of food insecurity among veterans also varied by a veteran's most recent period of military service. For example, food insecurity was more prevalent among veterans that served between May 1975 and July 1990 when compared to the Post-9/11 Gulf War service period.

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## Administration of Federal Nutrition Assistance Programs

FNS oversees a number of federal nutrition assistance programs including SNAP, which is the largest of these programs and supports millions of low-income working aged adults.<sup>11</sup> The goal of SNAP is to help low-income individuals and households obtain a more nutritious diet by increasing their food purchasing power.<sup>12</sup> While VA may refer veterans who need assistance to SNAP, state SNAP agencies are ultimately responsible for informing low-income households, including those with veterans, about the eligibility requirements and application procedures for obtaining SNAP benefits.<sup>13</sup> USDA also provides food for states to distribute through food banks and food pantries that participate in federal nutrition assistance programs such as The Emergency Food Assistance Program, which provides low-income individuals groceries through food banks. Eligibility criteria vary across FNS's nutrition assistance programs,

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<sup>10</sup>United States Department of Agriculture, *Food Insecurity Among Working-Age Veterans*. Several limitations to the analyses should be noted: (1) the report did not attempt to estimate the causal effect of veteran status on food insecurity; (2) the data on veterans is based on self-reported veteran status, so measurement error may exist in the analyses; and (3) the methodology did not control for several characteristics related to a veteran's military service because they were not collected in the data, such as whether a veteran has a service-connected disability.

<sup>11</sup>Federal nutrition assistance programs support a variety of populations such as children and older adults and provide different types of food benefits through a decentralized service delivery structure of federal, state, and local agencies and nonprofit organizations.

<sup>12</sup>See 7 U.S.C. § 2011.

<sup>13</sup>See 7 U.S.C. § 2020.

and individuals and households may receive assistance from multiple programs.

Federal funds cover the full cost of SNAP benefits; administrative costs are shared between the federal government and the states. Demand and expenditures for SNAP have remained high throughout the COVID-19 pandemic. According to FNS's November 2021 data, SNAP benefits in August 2021 totaled \$9.4 billion, about 78 percent more than the amount of benefits issued in March 2020.<sup>14</sup> SNAP participation also grew during this period, but to a lesser extent.<sup>15</sup> The same FNS data showed that about 42 million individuals participated in SNAP in August 2021, about 4 million more individuals than the number of individuals that participated in March 2020. FNS officials said the agency anticipates it will expend all of the approximately \$101.8 billion appropriated for SNAP benefits for fiscal year 2021, which would exceed the previous historic high for the program by more than \$25 billion.<sup>16</sup>

FNS is also responsible for promulgating program regulations and ensuring that state officials comply with rules when administering the program. States, and in some cases counties, administer the program by certifying eligible households, calculating monthly benefits for qualified households, and issuing benefits to participants on electronic benefit transfer cards, which can be used like debit cards to purchase food from authorized retailers. SNAP eligibility and benefit amounts are based largely on a household's income and other resources, such as available cash, savings, and other assets.<sup>17</sup> Household income can come from various sources, including earned income, such as wages and salaries, and unearned income, such as payments from other government programs. Generally, to be eligible for SNAP benefits under federal law, a

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<sup>14</sup>FNS released these preliminary data in November 2021, noting that the data are subject to revision.

<sup>15</sup>SNAP participation increased by 12 percent between March 2020 and August 2021. SNAP benefits levels grew more than participation during the pandemic, in part because of statutory changes that temporarily increased the value of SNAP benefits for all participants.

<sup>16</sup>In nominal terms, SNAP expenditures previously peaked in fiscal year 2013, when benefits totaled \$76.1 billion, according to FNS data.

<sup>17</sup>See 7 C.F.R. § 273.9.

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household's gross income cannot exceed 130 percent of the federal poverty level.<sup>18</sup>

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## Estimated SNAP Participation Rates among Veterans

Although SNAP participation among eligible households has increased in recent years, USDA recently cited a survey which found that an estimated 59 percent of eligible veterans in low-income households were not enrolled in SNAP.<sup>19</sup> Additionally, while an estimated 84 percent of all eligible people received SNAP benefits in fiscal year 2017, participation rates for all eligible persons varied by state, ranging from a low of 52 percent to a high of 100 percent.<sup>20</sup> FNS officials said they use data from the American Community Survey to estimate the number of veterans receiving SNAP benefits because veteran status is not a condition of SNAP eligibility and therefore such information is excluded from the administrative datasets they maintain regarding SNAP participation.<sup>21</sup>

According to our analysis of the American Community Survey, in 2019—the most recently available data at the time of our review that met the Census Bureau's data quality standards—an estimated 1.1 million veterans reported receiving SNAP benefits at some point during the previous 12 months. This represented about 2.7 percent of SNAP

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<sup>18</sup>7 C.F.R. § 273.9(a)(1)(i). FNS updates the SNAP income eligibility limits each fiscal year. For fiscal year 2021, these limits were \$2,353 monthly for a family of three and \$1,383 monthly for an individual. See <https://www.fns.usda.gov/snap/recipient/eligibility>.

<sup>19</sup>United States Department of Agriculture, *Supplemental Nutrition Assistance Program (SNAP) – Introduction of Priority Areas for State Outreach Plans* (Alexandria, VA: June 3, 2021). Also, see [https://www.impaqint.com/sites/default/files/issue-briefs/VeteransFoodInsecurity\\_IssueBrief\\_V1.3.pdf](https://www.impaqint.com/sites/default/files/issue-briefs/VeteransFoodInsecurity_IssueBrief_V1.3.pdf). This analysis was based on data from the National Health Interview Survey, 2011-2017.

<sup>20</sup>United States Department of Agriculture, *Reaching Those in Need: Estimates of State Supplemental Nutrition Assistance Program Participation Rates in 2017* (Washington, D.C.: Aug. 28, 2020). See <https://fns-prod.azureedge.net/sites/default/files/resource-files/Reaching2017-1.pdf>. Although the SNAP application asks for an address, homeless veterans are eligible to enroll in SNAP. Homeless veterans are defined as those without a fixed regular nighttime residence or whose primary nighttime residence is a temporary accommodation in a supervised shelter, halfway house, residence of another person, or place not designated for regular sleeping including a hallway, bus station, or lobby. See <https://www.ssa.gov/pubs/EN-05-10101.pdf>.

<sup>21</sup>The American Community Survey is the premier source for detailed population and housing information in the United States, according to the Census Bureau. It is an ongoing national survey that collects information from a sample of households, and more than 3.5 million households are contacted to participate each year.

participants. In that same year, about 6.5 percent of all veterans received SNAP benefits, while about 12.8 percent of all Americans received these benefits during the previous 12 months.<sup>22</sup> In addition, we found that overall veteran participation in SNAP generally declined between 2017 and 2019. Specifically, SNAP participation decreased from an estimated 1.3 million veterans in 2017 to about 1.1 million in 2019, leading to a corresponding decrease in the percentage of all veterans receiving SNAP benefits. The total percentage of all veterans receiving SNAP benefits declined from about 7 percent in 2017 to about 6.5 percent in 2019.

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## VA Has Initiated Efforts to Support Veterans with Food Insecurity, but Has Not Fully Assessed Effectiveness of These Efforts or Considered Additional Outreach

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### VHA Established a Workgroup to Identify and Support Veterans with Food Insecurity, but Has Not Fully Monitored or Evaluated Its Efforts

#### VHA Has Taken Several Actions through Its Workgroup

VHA has taken several actions through its Workgroup to help identify and support veterans with food insecurity. These actions include:

**Identifying food insecure veterans.** The Workgroup used a pre-existing validated, industry standard two-statement screening tool, the Hunger Vital Sign, for VA medical center staff to screen veterans to determine if

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<sup>22</sup>All percentage estimates from the American Community Survey have margins of error at the 95 percent confidence level of plus or minus 3.71 percentage points or less, unless otherwise noted; all numerical estimates other than percentages have margins of error of plus or minus 2.28 percent or less of the value of those numerical estimates, unless otherwise noted.

veterans are food insecure (see fig. 1).<sup>23</sup> VA’s food insecurity screen contains two statements that the screener reads to the veteran. If the veteran responds to either statement as “often true” or “sometimes true,” then the veteran will screen “positive” for food insecurity. VHA requires each VA medical center to screen veterans for food insecurity as follows: for inpatients—upon admission, and for outpatients—annually and then every 3 months if they screen “positive” for food insecurity. According to VHA officials, the VA’s electronic medical record system automatically prompts VA medical center staff to use this food insecurity screening tool, along with multiple other reminders, such as homelessness or human immunodeficiency virus screening.

**Figure 1: Example of a Veterans Health Administration (VHA) Clinical Reminder for Identifying Veterans Who May Be Experiencing Food Insecurity**

FOOD INSECURITY SCREEN: This screen is not intended for a resident of a nursing home/LTC facility.  
INSTRUCTIONS: Read the following introduction to the Veteran:

I’m going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

Within the past 12 months, you worried whether your food would run out before you got money to buy more.

- Often true
- Sometimes true
- Never true

Within the past 12 months, the food you bought just didn’t last and you didn’t have money to get more.

- Often true
- Sometimes true
- Never true

Source: Veterans Health Administration (VHA) documentation. | GAO-22-104740

<sup>23</sup>VA medical center officials administer the food insecurity screening tool to veterans (and certain family members) who obtain their medical care through the VHA. In February 2021, VA reported that it had screened more than 6 million veterans since July 2017, and of these, about 1.4 percent had screened positive for food insecurity.

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**Accessible Information for Figure 1: Example of a Veterans Health Administration (VHA) Clinical Reminder for Identifying Veterans Who May Be Experiencing Food Insecurity**

FOOD INSECURITY SCREEN: This screen is not intended for a resident of a nursing home/LTC facility.

INSTRUCTIONS: Read the following introduction to the Veteran: I'm going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was often true, sometimes true, or never true for your household in the last 12 months.

- Within the past 12 months, you worried whether your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true

Source: Veterans Health Administration (VHA) documentation. | GAO-22-104740

Note: According to VHA officials, a clinical reminder is an automatic reminder that is integrated into a veteran's electronic health record to initiate a preventive care activity, such as screening a veteran for food insecurity. This clinical reminder is based on a pre-existing validated, industry standard two-statement screening tool, the Hunger Vital Sign.

According to VHA officials, the Workgroup provided training to VA medical center staff on how to use the screening tool, and all VA medical centers were using the tool as of April 2021.<sup>24</sup> VHA officials noted that each medical center is responsible for determining who will administer the screening tool. Officials we interviewed at two VA medical centers told us

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<sup>24</sup>According to VHA officials, from January through March 2021, six VA medical centers pilot tested the two-statement food insecurity screening tool before full implementation across all VA medical centers. Before VHA began using this two-statement screen in April 2021, it used a one-statement screen that was limited to detecting only the most severe cases, not allowing it to detect and intervene with lower levels of food insecurity, according to VHA officials. In July 2017, VHA began using a one-statement food insecurity screening tool at six VA medical centers and then expanded its use nationwide in October 2017. The original 2017 screen was updated in April 2021 to the Hunger Vital Sign.



that a nurse or doctor will usually administer the food insecurity screening tool to a veteran during inpatient admission processing or during an outpatient primary care appointment. Officials at a third VA medical center said that medical staff, not limited to nurses or doctors, usually learn that a veteran may be food insecure through reviewing medical test results and/or discussion with the veteran; after this, the staff will administer the screening tool.

**Referring veterans to food resources including SNAP.** According to VA officials, for veterans who screen positive for food insecurity based on the screening tool, VA medical center staff will refer them to VA social workers, dietitians, or other medical staff to obtain needed support and food resources, such as enrolling in SNAP or accessing a local food bank. As part of this effort, VHA officials said they helped to expand onsite food pantries at VA medical centers, including providing resources and training to registered dietitian nutritionists regarding the establishment of VA food pantries.<sup>25</sup> Two of the three VA medical centers we contacted told us that they have onsite food pantries to help meet veterans' immediate food needs while in other cases, VA medical center staff refer veterans to community food banks. The Workgroup trained VA medical center staff on SNAP enrollment, and officials at the three VA medical centers we interviewed confirmed that medical center staff have helped veterans enroll in SNAP.

**Creating partnerships with community organizations and other federal agencies.** VHA officials told us that they encourage and support developing relationships with community nonprofit partners and other federal agencies that address food security issues.

- VHA has developed memoranda of agreement with community nonprofit organizations—including Mazon: A Jewish Response to Hunger, and Feeding America—to help address food security

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<sup>25</sup>In 2018, VHA signed a memorandum of agreement with Feeding America to, among other things, establish a Veterans Pantry Pilot. According to VHA officials, 16 VA medical centers participated in the Veterans Pantry Pilot to test out locating a food pantry on-site at the VA medical center. VHA officials told us lessons learned are as follows: (1) food pantries at VA medical centers can take various forms (i.e., daily onsite, mobile, event-based); (2) some VA medical centers were interested in developing pantries but could not due to barriers such as lack of space or lack of staff capacity; and (3) some VA medical centers had anecdotal stories from veterans describing how the Veterans Pantry Pilot helped them get food in a dignified way (going to a VA medical center rather than a community food pantry). Officials said they have not shared these with participating facilities as additional efforts are underway to better understand these lessons.

issues among veterans.<sup>26</sup> Their collaboration aims to close gaps in education and resource access, to increase awareness of the risks associated with food insecurity, and ultimately to reduce food insecurity. Similarly, VHA's National Center for Healthcare Advancement and Partnerships consults with VA medical centers to help develop nonmonetary partnerships with nongovernmental organizations. VHA officials told us they encourage partnerships at the local community level that support food pantries and access to nutritious meals, but whether VA medical centers develop these partnerships is largely up to the individual facility.

- At the federal level, VHA coordinates directly with USDA on efforts related to assisting veterans with SNAP enrollment.<sup>27</sup> Also, VA's Nutrition and Food Services office co-chairs the Department of Defense (DOD) Medical Nutrition Therapy Working Group.<sup>28</sup>

**Providing resources and support to veterans.** The Workgroup created a quick-start guide about food insecurity and nutrition assistance programs that will be included in the next version of the Veterans Welcome Kit, which was distributed nationwide in November 2021 to VA medical centers and other VA offices and veterans groups. The quick-start guide includes information about how to access SNAP and other nutrition assistance programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and school meals, and online food and nutrition resources.<sup>29</sup> In addition, the VA public website available to all veterans provides information on food insecurity, budget friendly meal planning, nutrition tips, and resources from other organizations such as Feeding America. The public website also includes

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<sup>26</sup>According to VHA officials, the memoranda of agreement with Feeding America expired on July 2019, and a new or renewed agreement has not been established as of October 2021. In addition, as of October 2021, VHA officials said they were in the process of trying to establish a memoranda of agreement with the Food Research and Action Center.

<sup>27</sup>These collaboration efforts will be discussed later in the report.

<sup>28</sup>According to VHA officials, the DOD Medical Nutrition Therapy Working Group is administered by the DOD Food and Nutrition Subcommittee and includes dietitians from DOD and VA. Among other things, the Working Group is responsible for examining areas related to nutrition assessment, inpatient and outpatient care, and evidence-based protocols.

<sup>29</sup>WIC provides eligible low-income women, infants, and children up to age 5 who are at nutrition risk with nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Regarding school meals, the National School Lunch Program is a federally assisted meal program operating in public and nonprofit private schools and residential child care institutions that provides nutritionally balanced, low-cost or free lunches to children at school.

a section about nutrition programs, such as SNAP and WIC, for which military and veteran families may be eligible.

**Training VA medical center staff on food security issues.** VHA officials identified several efforts to train VA medical center staff on food security issues. These included a November 2020 webinar developed in coordination with USDA entitled “Make it a SNAP! Screening and Interventions for Food Insecure Veterans” on SNAP enrollment; the Ensuring Veteran Food Security Toolkit for Registered Dietitians, which, once complete, will be the basis for a related webinar; and VHA’s Whole Health initiative, which includes information on food insecurity and its connection to veterans’ overall health and well-being (see text box). VHA officials told us VHA did not require VA medical center staff to take the SNAP training, nor does it require participation in the Whole Health training; however, they encourage all VA medical center staff to participate in available training.

### VHA Has Not Fully Monitored or Evaluated Its Workgroup’s Efforts to Address Veteran Food Insecurity

VHA has not routinely monitored or evaluated the Workgroup’s efforts to help support veterans who may be experiencing food insecurity.

#### **Department of Veterans Affairs (VA) Whole Health Framework**

VA’s Whole Health framework consists of eight self-care components of health and wellbeing, one of which is Food and Drink. The Whole Health training includes a module on Partnering with Veterans in a Low Income and Low Resource Environment that among other things discusses the relationship of food insecurity on health conditions and related assistance available to veterans through the VA. Also, Veterans Health Administration officials said food insecurity may be related to two other activities administered as part of the Whole Health framework: a personal health inventory and personal health plan.

Source: VHA documentation and officials. | GAO-22-104740

**Monitoring Workgroup efforts.** We found that VHA lacks monitoring in the following areas:

- Identifying food insecure veterans: VHA does not have a systematic way to know whether each VA medical center screens veterans for food insecurity. VHA relies on each VA medical

center to identify food insecure veterans using the screening tool.<sup>30</sup> VHA officials told us that they have access to raw data on the number of positive screenings from each VA medical center. However, in April 2021, VHA told us it had not analyzed data on each VA medical center's use of the screening tool. According to VHA officials, the Workgroup provided training and written resources to VA medical centers related to obtaining screening tool data, but they have no formal requirement or expectation for data use by medical centers. Officials said they recommend that the VA medical centers generate data to assist clinicians in identifying food insecure patients and providing timely interventions. Officials said that when VHA started using the screening tool, the mindset was clinical care, not surveillance—they wanted to identify and address veterans with food insecurity. However, as of August 2021, VHA said they are planning to create a national data dashboard to help oversee these data at the medical center level.

- Referring veterans to food resources, including enrolling in SNAP: VHA relies on each VA medical center to refer food insecure veterans for assistance. Although VHA provided SNAP training for VA medical center staff, VHA officials said they do not monitor the extent to which each VA medical center helps enroll food insecure veterans in SNAP or refers to other food assistance. For example, at the local level, VA medical center staff at the three sites we contacted said they can help a veteran enroll in SNAP, but do not track information on which and how many veterans they enroll in SNAP.
- Training VA medical center staff: VHA officials said they do not track which VA medical center staff take any non-required training, including SNAP and Whole Health courses, because this training is voluntary and VHA only tracks required training. For example, officials from the three VA medical centers we contacted said that they were not aware of the SNAP training or that few to no clinicians at their medical center took this training. Officials from these three VA medical centers said SNAP training could be helpful to staff who are responsible for assisting veterans who screen positive for food insecurity. Further, VHA officials said they do not track any medical staff training (including that on food

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<sup>30</sup>According to VHA officials, each VA medical center can configure what VA medical center services locally get alerted to a positive food insecurity screen, such as services that a social worker or dietitian perform, and VHA provided instructions on how to do this.

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insecurity) that is developed at the local level by VA medical centers.

**Evaluating Workgroup efforts.** VHA has not evaluated the effectiveness of the Workgroup's efforts and VA medical center activities related to addressing veteran food insecurity. For example, according to its charter, the Workgroup should have evaluated its efforts to address all of the deliverables no later than April 1, 2017. In addition, according to its charter, the Workgroup should have reported monthly to the VA Central Office on the status of completing its deliverables. Workgroup members told us that they did not report this information because the VA Central Office was reorganized after the charter was published. VA officials explained that under the new organization, VA's Nutrition and Food Service (NFS) Program Office is the Workgroup's executive sponsor, and NFS reports to VA Central Office's Assistant Under Secretary for Health (AUSH), Clinical Services. The Executive Officer of AUSH, Clinical Services sits on the Workgroup and serves as a representative of this office. Further, officials said the Workgroup's activities are reviewed with respective supervisors in NFS's Specialty Care Services and AUSH's Clinical Services.

According to federal standards for internal control, management should (1) design control activities through its policies and procedures that help it achieve its objectives, including through effective monitoring activities, and (2) conduct periodic evaluations of the design of the control system and the effectiveness of its monitoring. VHA officials told us that the Workgroup's capacity to monitor is limited because its members are performing their responsibilities as a collateral duty.<sup>31</sup> Furthermore, VHA officials told us that the evaluation of the Workgroup's efforts was not necessary because of the Workgroup's initial progress in completing actions related to its deliverables. However, VHA's lack of monitoring and evaluation of the Workgroup and VA medical center activities may hinder full completion of the Workgroup's deliverables and may result in fewer veterans receiving the necessary support to address their food insecurity.

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<sup>31</sup>VA health care was originally added to GAO's High-Risk List in 2015 as a result of concerns related to inadequate oversight and accountability among others. GAO has made 131 recommendations related to VA's oversight and accountability, almost half of all GAO's recommendations for VA health care. See GAO, *High-Risk Series: Dedicated Leadership Needed to Address Limited Progress in Most High-Risk Areas*, [GAO-21-119SP](#) (Washington, D.C.: Mar. 2, 2021) and *Veterans Health Care: Addressing High Risk Concerns for Oversight and Accountability are Key to Ensuring Quality of Care and Patient Safety*, [GAO-22-105474](#) (Washington, D.C.: Oct. 27, 2021).

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## VBA Has Not Fully Considered How Its Outreach Efforts Could Support Veterans with Food Insecurity

The Veterans Benefits Administration (VBA) assists servicemembers in the transition to civilian life through two programs; however, only one of these programs provides veterans information on food insecurity.<sup>32</sup>

- The Transition Assistance Program (TAP) provides information, resources, and tools to servicemembers and their family members to help prepare for the transition from military to civilian life.<sup>33</sup> Servicemembers begin TAP 1 year prior to separation from the military, or 2 years prior to retiring. The VA portion of TAP is a 1-day, in-person, classroom and virtual-led course to help servicemembers understand how to navigate VA benefits and services, and covers topics such as family support, disability compensation, education, and health care benefits. According to VA officials, information on food insecurity is currently included in the “Accessing VA Health Care,” “VA Mental Health Care Services,” and “Primary Care” sections of the TAP curriculum. In May 2021, VHA worked with VBA to add to TAP training materials information on SNAP benefits and how to access SNAP. VA officials also said that they continue to work with DOD to ensure food insecurity prevention is highlighted in TAP. To assist VA in this effort, the Transition Assistance Interagency Working Group recently participated in a briefing by USDA with a primary goal to learn more about SNAP and other resources available to combat food insecurity among transitioning servicemembers and veterans.
- The Solid Start Program helps recently separated veterans adjust to the transition through regular check-ins with them.<sup>34</sup> Specifically, a Solid Start Program representative will contact each new veteran three times during their first year of transition from military to civilian

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<sup>32</sup>The Veterans Benefits Administration (VBA) provides financial and other forms of assistance to veterans and their dependents. See generally 38 U.S.C. §§ 1101-2414.

<sup>33</sup>Approximately 200,000 servicemembers leave the military and transition to civilian life each year. TAP is administered as a partnership among DOD, the Departments of Education, Homeland Security, Labor, and Veterans Affairs, the Small Business Administration, and the Office of Personnel Management. See also 10 U.S.C. § 1144.

<sup>34</sup>VA, in collaboration with DOD and the Department of Homeland Security, launched the VA Solid Start Program on Dec. 2, 2019, in response to Executive Order 13822. The purpose of the Executive Order was to improve mental health care and access to suicide prevention resources available to veterans, particularly during the critical 1-year period following the transition from uniformed service to civilian life.

life (around 90, 180, and 365 days post-separation) to help veterans understand what benefits are available to them, and to connect them with the benefits they need.<sup>35</sup> For example, veterans can access benefits related to getting a home loan, health care, mental health support, and returning to work. While Solid Start Program officials are required to discuss mental health services with every veteran who has had a mental health appointment during their last year of active duty, the officials are not required to discuss food insecurity.<sup>36</sup> According to VBA officials, requests for assistance due to food insecurity have been rare, so VBA has not considered adding a requirement to ask about food insecurity or provide information on SNAP during scheduled conversations with veterans as part of the Solid Start Program. VBA officials said that Solid Start officials provide information about SNAP benefits only if a veteran brings up food insecurity during a discussion with them. VBA officials said that neither Solid Start officials nor any other VBA officials collect data on discussions with veterans about SNAP or other nutrition assistance or track requests for assistance with food insecurity because the officials are not required to do so. However, VBA officials acknowledged that some veterans have experienced food insecurity prior to separation from the military, which could increase the likelihood of them needing food assistance as a new veteran.

VBA is statutorily required to perform outreach activities to veterans and, to the extent feasible, may distribute information on other governmental programs which VBA determines would be beneficial to veterans.<sup>37</sup> In addition, VBA shall, where appropriate, make referrals to any federal, state, or local agencies, or recognized organization, including as part of its outreach.<sup>38</sup> VA has also acknowledged the importance of assisting veterans who are experiencing food insecurity and has committed to administering coordinated and collaborative efforts to address this issue.

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<sup>35</sup>According to VBA officials, for each stage, Solid Start representatives make at least seven attempts to reach the servicemember. This can result in up to 21 calls being made during the servicemember's period of eligibility.

<sup>36</sup>According to VBA officials, DOD provides VA with a list of all newly transitioned veterans who have had a mental health care appointment during the last year of active-duty service. VBA officials said that this allows Solid Start Program officials to focus additional mental health services to those at-risk veterans. DOD does not provide to VA any information about veterans who experienced food insecurity while on active duty or who may be at risk of food insecurity.

<sup>37</sup>38 U.S.C. § 6303(c)(1). Governmental programs include all programs under state or local laws, as well as programs under federal law. 38 U.S.C. § 6301(b)(2).

<sup>38</sup>See 38 U.S.C. § 6306(d).

According to VBA officials, VBA's Office of Outreach, Transition, and Economic Development held a national symposium in August 2021 on benefits and services for older veterans, their family members, and survivors. The symposium included a guest presenter from the National Council on Aging who provided an overview of SNAP. Officials told us that VBA will continue to provide information on the SNAP program as appropriate during future outreach efforts. Also, according to officials, VBA included plans in VA's Fiscal Year 2022-2023 Outreach Plan to identify eligible veterans and dependents who are not enrolled or registered within VA for benefits and services including those provided through VHA. Such benefits and services provided to veterans who receive their medical care through VHA could include screening for food insecurity, referrals for related services, and SNAP enrollment assistance—efforts related to VHA's Workgroup.

However, VBA may be missing an opportunity to use its Solid Start Program to better support efforts related to VHA's Workgroup. Specifically, VBA's Solid Start officials could proactively provide information and make referrals to veterans about SNAP and other nutrition assistance during their regular contacts with veterans.<sup>39</sup> This would support VHA's Workgroup with regard to its efforts on the deliverable about promoting SNAP enrollment of veterans as well as USDA's June 2021 guidance encouraging state SNAP agencies to target veterans for SNAP enrollment. Such support could also help VA better address food insecurity among a larger number of veterans, including those who do not obtain health care through VHA.

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## USDA Has Not Fully Addressed Leading Practices in Collaborating with VA or

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<sup>39</sup>One of the community nonprofit organizations that VHA's Workgroup currently works with also identified the need for more information related to SNAP and other federal nutrition assistance programs to be included in the Solid Start Program. See Josh Protas, Vice President of Public Policy, MAZON: A Jewish Response to Hunger, *Reviewing the Availability of Resources to Address Veteran Hunger*, testimony before the Subcommittee on Economic Opportunity of the House Committee on Veterans' Affairs, 116<sup>th</sup> Cong., January 9, 2020.



## Recommended That States Share Outreach Plans

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### USDA Established an Informal Interagency Workgroup with VA to Address Veteran Food Insecurity

USDA officials told us its Military Veterans Agricultural Liaison (MVAL) began leading an interagency workgroup with VHA to help address food insecurity among veterans in January 2020.<sup>40</sup> According to USDA officials, establishing this workgroup was an important step to help address food insecurity in the veteran population after a January 2020 House Veterans Affairs Committee oversight hearing highlighted the lack of coordination between USDA and VA in this area.<sup>41</sup>

According to USDA, the MVAL chairs the workgroup, which meets biweekly and includes officials from USDA's Food and Nutrition Service (FNS) and VA's internal Ensuring Veteran Food Security Workgroup, as well as other VA officials whose attendance depends on the workgroup's current initiatives. Officials from both USDA and VA described the interagency workgroup as small and informal, comprised of subject matter experts who meet to talk about veteran food insecurity. According to USDA, participation in the workgroup is a collateral duty for officials from both agencies.

USDA and VA have collaborated on five initiatives in the workgroup to help address food insecurity among veterans. Table 2 provides a summary of these initiatives.

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<sup>40</sup>As part of USDA's Office of Partnership and Public Engagement, the MVAL works to connect veterans to agriculture and agricultural opportunities at USDA. The MVAL's duties include providing information to veterans regarding agricultural programs, especially those related to beginning farmer and rancher programs. 7 U.S.C. § 6919(b)(2). However, the MVAL was not statutorily required to establish a formal interagency workgroup to address food insecurity among veterans, according to USDA officials. In addition, the MVAL is responsible for advocating on behalf of veterans in interactions with USDA employees as part of its statutory duties and can, for example, work to advocate for the participation of eligible veterans in SNAP through the workgroup according to USDA officials.

<sup>41</sup>*Reviewing the Availability of Resources to Address Veteran Hunger: Hearing Before the Subcomm. on Economic Opportunity of the H. Comm. On Veterans' Affairs, 116th Cong. (2020).*

**Table 2: Status of Selected Food Security Initiatives Supported by the United States Department of Agriculture (USDA) and Department of Veterans Affairs (VA) Workgroup**

Initiative	Description	Status
Developing content for a Supplemental Nutrition Assistance Program (SNAP) brochure.	USDA and VA collaborated on a SNAP brochure for use in Veterans Health Administration (VHA) facilities. According to workgroup participants involved in its development, the two agencies worked together to develop informational material that explains how to enroll in SNAP for distribution at VA medical facilities. According to workgroup participants, the content of the brochure was later incorporated into the food security quick-start guide developed by VHA.	Completed.
Developing a SNAP training webinar for VHA staff.	The workgroup served as the mechanism through which USDA collaborated with VA to develop the November 2020 “Make it a SNAP! Screening and Interventions for Food Insecure Veterans” webinar previously discussed in this report which provided information on the SNAP application process and eligibility requirements, among other things.	Completed.
Developing a food insecurity quick-start guide for veterans.	The workgroup served as the mechanism through which USDA collaborated with VA to develop the food insecurity quick-start guide previously discussed in this report which provided veterans information on nutritional assistance programs including SNAP, among other things.	Completed.
Enhancing SNAP enrollment assistance for veterans at VHA facilities.	The workgroup is assessing how VHA personnel currently provide SNAP enrollment assistance to veterans who screen positive for food insecurity at VHA facilities. In addition, the workgroup is exploring ways it can help enhance this type of assistance such as through on-site enrollment.	In progress.
Establishing electronic benefits transfer machines at VA farmer’s markets.	The workgroup originally explored how it could install electronic benefits transfer (EBT) machines at each VA farmer’s market location. <sup>a</sup> However, the workgroup did not complete this effort and does not have plans to do so in the future. According to USDA, local vendors at each location that want to accept EBT may do so without owning a machine.	Not completed.

Source: GAO analysis of USDA and VHA documents. | GAO-22-104740

<sup>a</sup>SNAP recipients receive monthly cash benefits on an EBT card and redeem them for food at authorized retailers.

USDA officials said that while the MVAL is not statutorily required to specifically address food insecurity among veterans in the MVAL’s annual report to Congress, the MVAL plans to report on the workgroup’s efforts to address veteran food insecurity through these initiatives in its 2021 annual report to Congress.<sup>42</sup>

### USDA’s Interagency Workgroup with VA Has Addressed Some Leading Collaboration Practices, but Not Others

USDA’s workgroup with VA has generally addressed some leading collaboration practices, but it has not addressed others. In our prior work, we identified seven leading practices that collaborative mechanisms, such

<sup>42</sup>See 7 U.S.C. § 6919(f)(2) for the required contents of this report.

as workgroups, can benefit from implementing. These practices help agencies enhance and sustain collaboration and are useful for addressing complex issues, such as veteran food insecurity.<sup>43</sup>

Of the seven leading practices, the informal interagency workgroup has generally addressed four of them:

- **Bridging organizational cultures:** This practice involves agreeing on common terminology and definitions between agencies when they collaborate. We found that USDA and VA have collaborated to develop nutritional resources that include common definitions of food security. In addition, participants in the workgroup include subject-matter experts in each agency that can help develop these resources.
- **Establishing leadership:** This practice involves designating an individual to lead the collaborative mechanism and determining how leadership will be sustained over the long-term. We found that USDA and VA have not formally agreed upon sustainable leadership roles and responsibilities regarding their collaboration through the workgroup. However, some individuals have assumed recognized leadership roles within the workgroup. Workgroup participants identified the MVAL as the designated leader of the workgroup and said this individual's leadership style has helped facilitate meetings despite being informal.
- **Involving all relevant participants:** This practice involves ensuring that all relevant participants are involved in the collaborative effort. We found that USDA and VA have ensured the workgroup has a number of participants that can contribute to its initiatives, and which have sufficient knowledge about their agency's available resources. Although we identified offices from USDA and VA that may play a role in addressing food insecurity among veterans that have not participated in the workgroup's meetings, such as USDA's Economic Research Service and VBA, workgroup participants we spoke with said they consult with or ask personnel from those offices to attend if their presence could advance the workgroup's initiatives.

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<sup>43</sup>GAO, *Results-Oriented Government: Practices That Can Help Enhance and Sustain Collaboration among Federal Agencies*, [GAO-06-15](#) (Washington, D.C.: Oct. 21, 2005) and *Managing for Results: Key Considerations for Implementing Interagency Collaborative Mechanisms*, [GAO-12-1022](#) (Washington, D.C.: Sept. 27, 2012).

- **Identifying needed resources:** This practice involves leveraging relevant funding, staff, and IT resources to support the operations of the collaborative effort. We found that USDA and VA have made progress in completing the workgroup's initiatives without administrative staff support or data tools; and that participants did not feel additional resources were necessary and said they rely on email exchanges and a virtual meeting platform to help facilitate communication within the workgroup.

However, we found that addressing the other three leading practices, (1) outcomes and accountability, (2) clarifying roles and responsibilities, and (3) written guidance and agreements, could enhance how the agencies support veterans who may be experiencing food insecurity.

**Outcomes and accountability:** The workgroup has not defined and articulated a common purpose, such as through a charter that includes short- or long-term outcomes. In addition, the workgroup has not created mechanisms to monitor, evaluate, and report on its progress or the outcomes of its initiatives. Based on our leading collaboration practices, collaborative groups benefit from having clear goals that establish organizational outcomes and accountability. Specifically, by establishing a goal based on what the group shares in common, a collaborative group can shape its vision and define its purpose and members of the group have a reason to continually participate in the process.<sup>44</sup> Additionally, agencies that establish a means to monitor, evaluate, and report on the results of collaborative efforts to key decision makers can better facilitate the identification of areas for improvement.<sup>45</sup> Further, we have found that interagency groups should periodically revisit their outcomes and ensure that their work is aligned with current needs.<sup>46</sup>

Workgroup participants we spoke with were generally unable to articulate a specific overarching goal tying the workgroup's initiatives together, and the workgroup's collaboration efforts have not been systematic, including the collection of lessons learned from prior initiatives. In addition, no official records, such as meeting agendas or minutes, exist that document the workgroup's activities. As a result, some workgroup participants said they generally rely on their personal notes to document their collaborative

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<sup>44</sup>[GAO-12-1022](#).

<sup>45</sup>[GAO-06-15](#).

<sup>46</sup>GAO, *Managing for Results: Implementation Approaches Used to Enhance Collaboration in Interagency Groups*, [GAO-14-220](#) (Washington, D.C.: Feb. 14, 2014).

efforts and lack complete information on the workgroup's initiatives. For example, due to staff turnover at one agency, a workgroup participant from one office was unable to describe their collaboration on the development of the food insecurity quick-start guide. Further, workgroup participants did not identify a mechanism for other agency personnel to track and monitor their progress.

Without mechanisms to monitor, evaluate, and report on its progress or outcomes, the workgroup cannot effectively assess the impact of its initiatives, determine lessons learned, or identify additional opportunities for collaboration between the two agencies to help ensure their efforts align with current needs. USDA officials said these mechanisms do not exist because the workgroup's efforts have not been systematic and do not lend themselves to being evaluated. However, the workgroup could obtain data that would help demonstrate the impact of its efforts. For example, the workgroup is not collecting data regarding SNAP enrollment assistance provided to veterans at VHA facilities, despite having made enhancing this type of support part of its initiatives. In addition, although data regarding staff utilization of the "Make it a SNAP! Screening and Interventions for Food Insecure Veterans" webinar was available in VA's Talent Management System according to VHA officials, including job code identifiers and locations, the workgroup was not tracking the number of personnel that viewed the recorded training and a report about which VA medical centers they represent was not available at the time of our review.

**Clarifying roles and responsibilities:** USDA and VA did not identify any laws, policies, memoranda of understanding, or other documents that clearly define their roles and responsibilities or those of the workgroup's participants in collaborating to address veteran food insecurity. Clarity can come from agencies working together to define and agree on a joint strategy to address a particular issue, which comprises their respective roles and responsibilities, as well as steps for decision-making.<sup>47</sup> In addition, to achieve a common outcome, we have found that collaborating agencies need to establish strategies that work in concert with those of their partners.<sup>48</sup>

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<sup>47</sup>According to our prior work, joint strategies are designed to help align activities, core processes, and resources to achieve a common outcome. See [GAO-12-1022](#) and [GAO-06-15](#).

<sup>48</sup>[GAO-06-15](#).

According to workgroup participants, their roles and responsibilities are informal and based on what needs to be accomplished to advance the workgroup's initiatives. Workgroup participants were able to talk broadly about the responsibilities of each agency. For example, some participants said VA staff generally execute the workgroup's key initiatives, and USDA staff generally provide information and support. However, workgroup participants lacked clarity regarding specific roles and responsibilities, and taking steps to clarify roles and responsibilities could help enhance collaboration between the two agencies and allow the workgroup to establish or support a joint strategy. Clarifying roles and responsibilities could enhance collaboration related to training VHA personnel on food insecurity and encourage the consideration of other joint activities, such as development of policies, procedures, and programs.

**Written guidance and agreements:** We found that USDA and VA have not established a written agreement regarding their collaboration through the workgroup. Absent a written agreement, the workgroup also does not have procedures to regularly update or monitor their collaboration. Based on our leading collaboration practices, agencies that articulate a clear and compelling rationale to work together in written agreements can strengthen their commitment to working together. Agencies can overcome significant differences when such a rationale and commitment exists. In addition, regularly updating and monitoring those written agreements, for example, by documenting key decisions, can enhance the effectiveness of the collaborative efforts.<sup>49</sup> Workgroup participants could not reference any documentation when we spoke with them that discusses how the agencies will collaborate to address food insecurity among veterans, and said they rely on meetings to discuss new developments that affect their collaboration. Documenting key agreements related to the workgroup's collaboration could help strengthen USDA and VA's commitment to supporting veterans experiencing food insecurity. Absent such a document, USDA and VA may face challenges ensuring that collaboration between the two agencies is sustainable.

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<sup>49</sup>[GAO-12-1022](#).

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## USDA Has Not Recommended That State Agencies Share SNAP Outreach Plans That Target Veterans with Local VHA Facilities

USDA has encouraged states to target veterans for SNAP benefits, and some states have done so by including efforts directed to veterans in their SNAP outreach plans, but USDA has not recommend that states share these outreach plans with local VHA facilities to help support this priority area. In June 2021, FNS issued guidance to states regarding the development of fiscal year 2022 SNAP outreach plans, and encouraged state SNAP agencies to target certain underrepresented or particularly vulnerable populations in these plans including veterans.<sup>50</sup> FNS guidance also encouraged state SNAP agencies to partner with local VHA facilities or other local veteran service organizations to provide eligibility information and help connect veterans to SNAP benefits.

According to USDA officials, FNS identified veterans as one of its priority areas for SNAP outreach activities in response to data that demonstrates the prevalence of hunger among veterans and to address congressional concerns. A USDA official told us that, while the guidance was shared with the National Association of State Directors of Veterans Affairs (NASDVA), it has not been shared with any local VHA facilities to date.<sup>51</sup> FNS officials also said they are not aware of any states that distribute their SNAP outreach plans publicly and do not regularly report which state SNAP agencies target veterans in their SNAP outreach plans.

According to FNS data on each state's approved fiscal year 2021 SNAP outreach plan, of the 53 state SNAP agencies USDA surveyed, 24 state SNAP agencies included activities targeted to veterans in their SNAP outreach plans.<sup>52</sup> However, no VHA officials we met with at VA medical

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<sup>50</sup>FNS encourages all states to develop a SNAP outreach plan and approves each plan to ensure that activities are eligible for reimbursement. FNS reimburses state agencies for up to 50 percent of allowable administrative costs, including outreach activities.

<sup>51</sup>NASDVA is comprised of the State Directors of Veterans Affairs for all 50 States, the District of Columbia, and five territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico and the Virgin Islands. The State Departments of Veteran Affairs advocate for veterans' access to VA health care, among other things. For more information, see: <https://nasdva.us/>.

<sup>52</sup>According to FNS, of the remaining 29 states that were surveyed, 21 states did not identify veterans as a target audience for SNAP outreach activities and eight did not submit a fiscal year 2021 SNAP outreach plan for approval.

centers knew about specific coordination efforts with USDA including those related to their state's outreach plan. For example, South Carolina's fiscal year 2021 SNAP outreach plan targeted veterans, but officials at the VA medical center in Charleston, South Carolina, were not aware of the plan or any collaboration between their facility and the state SNAP agency or local SNAP office. A senior SNAP official in South Carolina said they had not shared their plan with VHA facilities in their state because FNS had not advised them to do so.

VA medical center officials we spoke with said sharing outreach plans could be helpful for increasing the number of eligible veterans enrolled in SNAP. Officials responsible for overseeing VHA's efforts to address food insecurity also said it would be especially helpful for VA medical centers to collaborate with state SNAP agencies that target veterans, and such collaboration could help enhance the assistance they provide to veterans at the medical center level. For example, a VA official at the VA medical center in Martinsburg, West Virginia, said it would be beneficial to have more direction and guidance on how their facility could collaborate with USDA on food insecurity, even if no direct funding was involved. In addition, at the VA medical center in Albuquerque, New Mexico, VA officials said coordination with USDA or state and local SNAP officials could be helpful when raising awareness of SNAP benefits among veterans and getting eligible veterans enrolled in the program, but they were not aware of any such coordination. SNAP officials in South Carolina said community-based outreach partners that target veterans for SNAP enrollment had experienced challenges trying to access veterans in the state, particularly through VHA facilities and such coordination could help enhance SNAP outreach activities identified in their SNAP outreach plan.

USDA's strategic plan for fiscal years 2018 through 2022 emphasizes the importance of developing partnerships with organizations, including state, local, and federal agencies, to help ensure eligible populations have access to food assistance programs such as SNAP that support their needs and using all available opportunities to help increase participation rates among targeted populations. Despite these stated goals in the strategic plan, the USDA guidance did not explicitly authorize or recommend state SNAP agencies to share outreach plans that target veterans with the VHA facilities in their state, nor did it specify how state SNAP agencies could establish those partnerships with VHA facilities or veteran service organizations, to help foster this type of coordination. USDA officials said that FNS does not have any restrictions prohibiting states from sharing their approved SNAP outreach plans publicly or with



other organizations such as local VHA facilities. In addition, USDA officials said veteran outreach strategies should exist between VA medical centers and their local SNAP offices. However, without recommending that states that target veterans in their SNAP outreach plans share their annual SNAP outreach plans with local VHA facilities, USDA may be missing opportunities to encourage state SNAP agencies to collaborate with local VHA facilities on outreach strategies, which could help USDA achieve its fiscal year 2022 priority of connecting eligible veterans to SNAP benefits.

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## Conclusions

Veterans are recognized as a population at high risk of food insecurity, which can make them more likely to experience negative health outcomes associated with not having access to enough food. Identifying and referring veterans who are experiencing food insecurity for assistance are among the key efforts administered by VA to support veteran food insecurity. Establishing a Workgroup to oversee these efforts was an important step to better assist veterans who may be experiencing food insecurity and the Workgroup's efforts have positively contributed to VA's progress in addressing this issue. However, without developing a process that allows VHA to regularly monitor and evaluate the extent to which the Workgroup's efforts are being implemented at the medical center level, VHA may not be able to assess the effectiveness of these efforts or demonstrate that veterans who are experiencing food insecurity are receiving the types of assistance they require. In addition, VA may be missing opportunities to further address veteran food insecurity through outreach activities administered by the VBA, which serves all veterans including those who do not receive assistance through VHA. Proactively providing information about SNAP and making related referrals for enrollment could help increase the overall number of veterans supported—a key deliverable of VHA's Workgroup.

VA and USDA have previously acknowledged the importance of working collaboratively to address challenges and opportunities related to addressing food insecurity among veterans. To help provide an ongoing mechanism for such collaboration, USDA began leading an informal workgroup with VA and has successfully worked to help provide veterans resources about how to access SNAP benefits. We found that by addressing all leading collaboration practices we previously identified as being key to addressing complex, cross-cutting issues such as food insecurity, USDA could help Congress and the public better understand

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and assess how VA and USDA are coordinating their efforts. This could ultimately improve the support veterans receive to address their food insecurity. Further, as part of its priority areas for fiscal year 2022 SNAP outreach plans, USDA recommended that state SNAP agencies target veterans in these plans for SNAP enrollment and collaborate with local VHA facilities to provide related assistance. However, without recommending that state SNAP agencies share these plans with local VHA facilities, USDA may be missing opportunities to help states collaborate and help connect more veterans to SNAP.

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## Recommendations for Executive Action

We are making a total of four recommendations, including two to VA and two to USDA. Specifically:

The Under Secretary for Health should ensure that VHA monitors and evaluates the effectiveness of the Ensuring Veteran Food Security Workgroup's activities, including at the VA medical center level. (Recommendation 1)

The Under Secretary for Benefits should direct VBA to assess the extent to which proactively providing information about nutrition assistance and making related referrals through the Solid Start Program would be beneficial to veterans. (Recommendation 2)

The Secretary of Agriculture should take steps to enhance collaboration within USDA's workgroup with VA including through a written agreement that specifically clarifies agency roles and responsibilities, articulates common outcomes, and establishes a mechanism to monitor progress, and routinely monitor and update this written agreement. (Recommendation 3)

The Administrator of USDA's Food and Nutrition Service should consider recommending that state SNAP agencies that target veterans for SNAP benefits share their SNAP outreach plans with local VHA facilities. (Recommendation 4)

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## Agency Comments

We provided a draft of this report to VA and USDA for review and comment.

In its comments reproduced in appendix I, VA concurred with both recommendations. For the recommendation to ensure it monitors and evaluates the effectiveness of the Ensuring Veteran Food Security Workgroup, VA stated that it planned to recharter the Workgroup and would include new goals as well as monitoring and evaluation requirements to assess the Workgroup's effectiveness by October 2022. For the recommendation to assess the extent to which proactively providing information about nutrition assistance and making related referrals through the VA Solid Start Program would be beneficial to veterans, VA said that it planned to do so by September 30, 2022. VA also provided technical comments, which we incorporated as appropriate.

In an email response from the GAO/OIG Audit Coordinator on February 24, 2022, USDA concurred with both recommendations. For the recommendation to enhance collaboration within USDA's workgroup with VA, USDA provided no additional comments. For the recommendation to consider having state SNAP agencies that target veterans for SNAP benefits share their outreach plans with local VHA facilities, USDA stated that sharing these plans will help the two agencies collaborate on providing SNAP information resources and targeted enrollment assistance to veterans. In addition, USDA said it would continue to encourage state SNAP agencies that identified veterans as a target population to form partnerships with local VHA facilities and work to identify promising practices among states currently connecting veterans to SNAP and facilitate the sharing of lessons learned. USDA also provided technical comments, which we incorporated as appropriate.

As agreed with your offices, unless you publicly announce the contents of this report earlier, we plan no further distribution until 30 days from the report date. At that time, we will send copies of this report to interested congressional committees, the Secretary of Veterans Affairs, the Secretary of Agriculture, and other interested parties. In addition, the report will be available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff have any questions about this report, please contact me at (202) 512-7215 or [larink@gao.gov](mailto:larink@gao.gov). Contact points for our Offices of Congressional Relations and Public Affairs may be found on the last page

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of this report. GAO staff who made key contributions to this report are listed in appendix II.

A handwritten signature in black ink, reading "Kathryn A. Larin". The signature is written in a cursive style with a large, prominent initial 'K' and a large 'L'.

Kathryn A. Larin, Director  
Education, Workforce, and Income Security Issues

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# Appendix I: Comments from the Department of Veterans Affairs

Appendix I: Comments from the Department of  
Veterans Affairs



DEPARTMENT OF VETERANS AFFAIRS  
WASHINGTON

February 28, 2022

Ms. Kathryn A. Larin  
Director  
Education, Workforce, and Income Security Issues  
U.S. Government Accountability Office  
441 G Street, NW  
Washington, DC 20548

Dear Ms. Larin:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: ***NUTRITION ASSISTANCE PROGRAMS: Federal Agencies Should Improve Oversight and Better Collaborate on Efforts to Support Veterans with Food Insecurity*** (GAO-22-104740).

The enclosure contains general and technical comments and the actions to be taken to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

A handwritten signature in black ink that reads "Tanya J. Bradsher".

Tanya J. Bradsher  
Chief of Staff

Enclosure

Enclosure

Department of Veterans Affairs (VA) Response to the  
Government Accountability Office (GAO) Draft Report  
***NUTRITION ASSISTANCE PROGRAMS: Federal Agencies Should  
Improve Oversight and Better Collaborate on  
Efforts to Support Veterans with Food Insecurity***  
(GAO-22-104740)

**Recommendation 1:** The Under Secretary of Veterans Affairs for Health should ensure that VHA monitors and evaluates the effectiveness of the Ensuring Veteran Food Insecurity Workgroup's activities, including at the VA medical center level.

**VA Response:** Concur. The chartered deliverables of the Ensuring Veteran Food Security Workgroup were successfully completed.

The Veterans Health Administration (VHA) will re-charter the Ensuring Veteran Food Security Workgroup. The charter will identify new goals of the workgroup and will include monitoring and evaluation requirements of workgroup effectiveness.

Target Completion Date: October 2022

**Recommendation 2:** The Undersecretary for Benefits should direct VBA to assess the extent to which proactively providing information about nutrition assistance and making related referrals through the Solid Start Program would be beneficial to veterans.

**VA Response:** Concur. The Veterans Benefits Administration will assess the extent to which proactively providing information about nutrition assistance and making related referrals through the VA Solid Start Program would be beneficial to Veterans.

Target Completion Date: September 30, 2022

Enclosure

Department of Veterans Affairs (VA) Response to the  
Government Accountability Office (GAO) Draft Report  
***NUTRITION ASSISTANCE PROGRAMS: Federal Agencies Should  
Improve Oversight and Better Collaborate on  
Efforts to Support Veterans with Food Insecurity***  
(GAO-22-104740)

**General Comments:**

The chartered deliverables of the Ensuring Veteran Food Security Workgroup were successfully completed.

- (1) Develop initial screening tools for inpatient and outpatient Veterans regarding food insecurity. Status: Complete

Metric/Process Outcomes: The Food Insecurity Clinical Reminder (electronic screening in electronic health record) was deployed in 2017. It was updated in April 2021. More than 10 million screenings have been completed.

- (2) Develop a process for the enrollment of Veterans in the Supplemental Nutrition Assistance Program (SNAP). Status: Complete

Metric/Process Outcomes: The Food Insecurity Clinical Reminder directs referral to social workers if Veteran screens positive and agrees to referral. Half of all positive screens are being referred to social workers. Additionally, SNAP training for clinicians was completed in coordination with the U.S. Department of Agriculture (USDA) in November 2020 with more than 700 attendees.

- (3) Create Partnerships with Community Non-profit organizations and other government agencies to provide support and services to Veterans in need of assistance regarding food security. Status: Complete

Metric/Process Outcomes: Partnership with USDA's Military Veterans Liaison and Food and Nutrition Services. Nutrition and Food Services co-chairs the Department of Defense Medical Nutrition Therapy Working Group. Active Memorandum of Agreement (MOA) with MAZON – A Jewish Response to Hunger. MOA underway with Food Research and Action Center. MOA re-evaluation in progress with Feeding America.

- (4) Establish Nutritional resources and support specific to the needs of Veterans with food security issues. Status: Complete

Metric/Process Outcomes: Quick Start Guide published to the online and printed Veterans Welcome Kit. Food insecurity webpage deployed under NFS webpage. Food insecurity is included in three topic areas in the Transition Assistance Program. Food insecurity toolkit for dietitians published.

Page 2 of 4



Enclosure

Department of Veterans Affairs (VA) Response to the  
Government Accountability Office (GAO) Draft Report  
***NUTRITION ASSISTANCE PROGRAMS: Federal Agencies Should  
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Efforts to Support Veterans with Food Insecurity***  
(GAO-22-104740)

- (5) Develop and coordinate existing and enhanced training programs for staff on the policy, resources and partnerships that are created to support food security among our Veteran population. Status: Complete

Metric/Process Outcomes: Multiple webinars have been presented for clinicians and clinical leadership on the Clinical Reminder, clinical care approaches to food insecurity, SNAP enrollment and toolkits.

Enclosure

Department of Veterans Affairs (VA) Response to the  
Government Accountability Office (GAO) Draft Report  
***NUTRITION ASSISTANCE PROGRAMS: Federal Agencies Should  
Improve Oversight and Better Collaborate on  
Efforts to Support Veterans with Food Insecurity***  
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**Throughout report:**

**VA Comment:** The term Hunger Vital Sign has received trademark status. VHA asks GAO to add the superscript trademark symbol to "Hunger Vital Sign <sup>TM</sup>"

**Page 2 of PDF, What GAO Found section, line 10:**

**VA Comment:** Dietician is misspelled. It should read "dietitian."

**Page 27, Recommendations for Executive Action Section, Recommendation 1:**

**VA Comment:** The correct title is the "Under Secretary for Health," not "Under Secretary of Veterans Affairs for Health."

# Accessible Text for Appendix I: Comments from the Department of Veterans Affairs

February 28, 2022

Ms. Kathryn A. Larin  
Director  
Education, Workforce, and Income Security Issues  
U.S. Government Accountability Office  
441 G Street, NW  
Washington, DC 20548

Dear Ms. Larin:

The Department of Veterans Affairs (VA) has reviewed the Government Accountability Office (GAO) draft report: NUTRITION ASSISTANCE PROGRAMS: Federal Agencies Should Improve Oversight and Better Collaborate on Efforts to Support Veterans with Food Insecurity (GAO-22-104740).

The enclosure contains general and technical comments and the actions to be taken to address the draft report recommendations. VA appreciates the opportunity to comment on your draft report.

Sincerely,

Tanya J. Bradsher  
Chief of Staff

Enclosure

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NUTRITION ASSISTANCE PROGRAMS: Federal Agencies Should Improve Oversight and Better Collaborate on Efforts to Support Veterans with Food Insecurity (GAO-22-104740)

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The Veterans Health Administration (VHA) will re-charter the Ensuring Veteran Food Security Workgroup. The charter will identify new goals of the workgroup and will include monitoring and evaluation requirements of workgroup effectiveness.

Target Completion Date: October 2022

Recommendation 2: The Undersecretary for Benefits should direct VBA to assess the extent to which proactively providing information about nutrition assistance and making related referrals through the Solid Start Program would be beneficial to veterans.

VA Response: Concur. The Veterans Benefits Administration will assess the extent to which proactively providing information about nutrition assistance and making related referrals through the VA Solid Start Program would be beneficial to Veterans.

Target Completion Date: September 30, 2022

General Comments:

The chartered deliverables of the Ensuring Veteran Food Security Workgroup were successfully completed.

- (1) Develop initial screening tools for inpatient and outpatient Veterans regarding food insecurity. Status: Complete

Metric/Process Outcomes: The Food Insecurity Clinical Reminder (electronic screening in electronic health record) was deployed in 2017. It was updated in April 2021. More than 10 million screenings have been completed.

- (2) Develop a process for the enrollment of Veterans in the Supplemental Nutrition Assistance Program (SNAP). Status: Complete

Metric/Process Outcomes: The Food Insecurity Clinical Reminder directs referral to social workers if Veteran screens positive and agrees to referral. Half of all positive screens are being referred to social workers. Additionally, SNAP training for

clinicians was completed in coordination with the U.S. Department of Agriculture (USDA) in November 2020 with more than 700 attendees.

- (3) Create Partnerships with Community Non-profit organizations and other government agencies to provide support and services to Veterans in need of assistance regarding food security. Status: Complete

Metric/Process Outcomes: Partnership with USDA's Military Veterans Liaison and Food and Nutrition Services. Nutrition and Food Services co-chairs the Department of Defense Medical Nutrition Therapy Working Group. Active Memorandum of Agreement (MOA) with MAZON - A Jewish Response to Hunger. MOA underway with Food Research and Action Center. MOA re-evaluation in progress with Feeding America.

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Metric/Process Outcomes: Quick Start Guide published to the online and printed Veterans Welcome Kit. Food insecurity webpage deployed under NFS webpage. Food insecurity is included in three topic areas in the Transition Assistance Program. Food insecurity toolkit for dietitians published.

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## Appendix II: GAO Contact and Staff Acknowledgments

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### GAO Contact

Kathryn A. Larin, (202) 512-7215 or [larink@gao.gov](mailto:larink@gao.gov)

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### Staff Acknowledgments

In addition to the contact named above, Sara Schibanoff Kelly (Assistant Director), Brian Egger (Analyst-in-Charge), Ian Reed, and Linda Lootens Siegel made significant contributions to this report. Also contributing to this report were Rachael Chamberlin, Pin-En Annie Chou, Gina Hoover, Jessica Orr, James Rebbe, Curtia Taylor, and Sarah Veale.

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