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IN THIS ISSUE

The paper “Getting food to the table: Challenges, strategies, and compromises experienced by low-income veterans raising children,” co-authored by Nipa Kamdar, was published by the *Journal of Hunger and Environmental Nutrition* in December 2020. Kamdar is an investigator for the Center for Innovations in Quality, Effectiveness & Safety at the Michael E. DeBakey VA Medical Center. She is also an instructor for the Department of Medicine at Baylor College of Medicine.

An electronic version of this newsletter may be downloaded at [bit.ly/HPR-17-2](http://bit.ly/HPR-17-2).

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# HEALTH POLICY research

Rice University's Baker Institute for Public Policy-Baylor College of Medicine  
Joint Program in Health Policy Research

## Have we oversimplified the problem of food insecurity?

“Yes,” says Nipa Kamdar, Ph.D., an instructor at Baylor College of Medicine and a research health scientist at the Center for Innovations in Quality, Effectiveness and Safety. In her research of veterans who live with food insecurity, Kamdar learned of the “barriers they faced, the strategies they employed, and the impact these barriers and strategies had on themselves and their families as they attempted to get food to the table.” These challenges must be factored into solutions to address food insecurity.

Food insecurity is defined as limited or uncertain access to adequate food and is associated with health inequities. Most efforts to help individuals who are food insecure focus on referrals to food pantries and/or federal assistance programs like the Supplemental Nutrition Assistance Program (SNAP). While these programs are important, they do not necessarily account for other challenges that families, particularly families of U.S. veterans, may face.

Kamdar asked veterans who were living with food insecurity to reflect on their experiences with trying to provide adequate, nutritious food for themselves and their families. Seventeen veterans living in the Houston area took photographs to document their challenges to get food to the table. Their photographs and narratives revealed that to support healthy and adequate access to food for U.S. veterans and their families, health care providers and policymakers should consider three domains: resources, personal capacity, and cultural alignment.

Although household income was the primary resource needed to improve food access, other important resources included

time to prepare meals. Veterans juggled their time between school, work, childcare, and health management. When time was limited, they would grab pre-prepared meals that generally lacked nutritional quality. To save time, veterans depended on traditional kitchen tools and equipment like knives and stoves. However, not all veterans had access to these cooking basics. Transportation was another critical resource. Veteran living in the suburbs relied on vehicles to get them to school, work, and health appointments. However, the cost of maintenance and gas compromised the amount of money left for food.

Another major barrier was their physical and mental health. Physical pain, mental trauma, and medication side effects burdened veterans and challenged their ability to get food to the table. These conditions also affected a more upstream factor: the ability to maintain employment.

Despite needing assistance, some veterans hesitated to ask for help. Food hand-outs and similar solutions did not align with their military cultural values. Consequently, 35% of the veterans who participated in the study either reduced their food intake or ate once a day to conserve food rations for their children and other family members.

Although additional research is needed, findings from this study indicate a need to have a more comprehensive approach to help veterans who are food insecure that extends beyond referral to food pantries or federal assistance programs. Policies and programs to help veterans who are food insecure should encompass additional basic needs and be culturally aligned.

**HEALTH POLICY** research presents a summary of findings on current health policy issues. It is provided by **Vivian Ho, Ph.D.**, the James A. Baker III Institute Chair in Health Economics at Rice University's Baker Institute for Public Policy, in collaboration with **Laura Petersen, M.D., MPH**, chief of the Section of Health Services Research in the Department of Medicine at Baylor College of Medicine.

This publication aims to make research results accessible to regional and national health policymakers. The views expressed herein are those of the study authors and do not necessarily represent those of the Baker Institute or of Baylor College of Medicine.

The Baker Institute and Baylor College of Medicine's Section of Health Services Research work with scholars from across Rice University and Baylor College of Medicine to address issues of health care — access, financing, organization, delivery and outcomes. Special emphasis is given to issues of health care quality and cost.

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