



DEFENSE HEALTH AGENCY
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DHA-Policy Memorandum 24-007
January 30, 2024

MEMORANDUM FOR: SEE DISTRIBUTION LIST

SUBJECT: Health Related Social Needs, Screening for Food Insecurity, and Military Family Readiness System Collaboration

- References:
- (a) Department of Defense (DoD) Directives 5136.01, “Assistant Secretary of Defense for Health Affairs (ASD(HA)),” September 30, 2013, as amended
 - (b) DoD Directive 5136.13, “Defense Health Agency,” September 30, 2013, as Amended
 - (c) DoD Instruction 1342.22 “Military Family Readiness” August 5, 2021
 - (d) Memorandum for Senior Pentagon Leadership, Strengthening Economic Security in the Force. Office of the Secretary of Defense. November 2021
 - (e) Strengthening Food Security in the Force: Strategy and Roadmap. Office of the Undersecretary for Personnel & Readiness, U.S. Department of Defense. July 2022
 - (f) National Patient Safety Goal 16.01.01 “Improving Healthcare Equity for the Hospital’s Patients is a Quality and Safety Priority”
 - (g) Asch B, Rennane S, Trail T, et al. Food Insecurity in the U.S. Military. RAND Corporation; 2023¹
 - (h) Defense Health Agency Practice Recommendation, Screening for Food Insecurity: Use of the Hunger Vital Sign, October 30, 2023

This Defense Health Agency (DHA) Policy Memorandum, based on the authorities of References (a) and (b) and in accordance with the guidance in References (c) through (h), provides guidance on screening for food insecurity as a health-related social need (HRSN); and directs MTF leadership to communicate HRSN efforts with Military Family Readiness System members.

Good health care cannot ignore social determinants which may impact the DHA goal of attaining exceptional outcomes. The medical care provided to DHA beneficiaries must be responsive to the complex operational and social environments in which they live and work; receptive to the concerns of our military leadership; and adhere to the standards published by relevant regulatory agencies. Addressing HRSNs within our military medical treatment facilities (MTF) can achieve all of these requirements.

In particular, military leaders have identified economic security and, more specifically, food insecurity as a challenge facing Service members and their families. Their concerns are underscored by the RAND Corporation report (Reference (g)), which indicated 25 percent of active duty households reported some degree of food insecurity. Reference (f), released in

¹ Available at https://www.rand.org/pubs/research_briefs/RBA1230-1.html.

2023, lists food insecurity as one HRSN which a health care institution may choose to address in the population served. To that end, MTF leadership:

- a. Should give strong consideration to selecting food insecurity as an appropriate HRSN to target within the population served.
- b. Who choose food insecurity as an HRSN will use the food insecurity screening recommendations in Reference (h) to guide local efforts and to develop local policy.

The MTFs are not alone in responding to food insecurity in military households. The Military Family Readiness System (MFRS) is a network of Federal, state, and community-based agencies offering support services to address the complex needs of military families. DHA's strongest community partners in this effort are the Military and Family Support Centers (MFSC) and Military Family Readiness Coordinating Committee (MFRCC) (or Service specific equivalent) identified in Reference (c). The installation MFSC provides military family readiness (MFR) services relevant to personal and family life readiness, financial readiness and relocation assistance. The MFRCC assesses community needs and MFR program success, and it fosters collaboration with other Federal, state, and local agencies. To that end, MTF leadership will:

- a. Request time at least annually to brief the MFRCC on the MTF's selected HRSN intervention or program, with the goal of promoting collaboration and the development of cross-organizational solutions.
- b. Ensure that staff are aware of relevant MFRS resources and programs; that staff refer patients for whom they provide care to MFRS resources as appropriate; and staff are encouraged to use MFRS resources as needed (and eligible) for their own resilience, well-being and readiness.

This DHA-Policy Memorandum is cleared for public release and available on the internet from the Health.mil site at <https://health.mil/Reference-Center/Policies> and is also available to authorized users from the DHA SharePoint site at: <https://info.health.mil/cos/admin/pubs/>.

Please address questions regarding this DHA-Policy Memorandum to the DHA Nutritional Medicine Clinical Support Service, dha.ncr.j-3.mbx.mhs-nutritional-medicine@health.mil.

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Director

Attachment:

1. Defense Health Agency Practice Recommendation, Screening for Food Insecurity: Use of the Hunger Vital Sign, October 30, 2023

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