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Susan Jenkins, PhD
Director, Office of Performance and Evaluation
Center for Policy and Evaluation
Administration for Community Living
US Department of Health and Human Services

Re: Info Collection: National Survey of Older Americans Act Participants

Dear Dr. Jenkins,

The Academy of Nutrition and Dietetics (the "Academy") appreciates the opportunity to submit comments to the Administration for Community Living (ACL) at the United States Department of Health and Human Services (HHS) related to its November 17, 2020 information collection, "National Survey of Older Americans Act Participants" (OMB# 0985-0024). Representing more than 107,000 registered dietitian nutritionists (RDNs), nutrition and dietetic technicians, registered (NDTRs), and advanced-degree nutritionists, the Academy is the largest association of food and nutrition professionals in the United States and is committed to improving the nation's health through food and nutrition across the lifecycle.

Older Americans Act (OAA) nutrition programs provide critical services, including healthy meals, that help older adults live as independently as possible in the community setting. These critical services are intended to promote health and quality of life while delaying adverse health conditions, such as malnutrition and injuries from falls, as well as declines in mood and cognitive function. It is well established that nutrition therapy interventions are cost effective, and delay admission to high-expense acute care hospitals and long term care facilities. OAA programs help older adults maintain optimal nutritional status and socialization, and thus enable them to better fight depression and infection, prevent injury, and heal more quickly.

The Academy supports the continued administration of this survey as vital to informing data-driven improvements to OAA programs. We respectfully offer the below suggestions to support these ends and to improve data quality and utility.

A. Food Insecurity

One established purpose of OAA programs is to address food insecurity in older adults, and indeed, the program has been effective in that regard. According to a 2013 survey, congregate or home delivered meals supplied the bulk of the daily food needs for a majority of participants, who also reported eating healthier meals and being able to remain in their own homes as a result of such programs.[1]

[1] Rinehart SW, Folliard JN and Raimondi MP. Building a connection between senior hunger and health outcomes. J Acad Nutr Diet. 2016 May;116(5):759-763.

We support the inclusion of the USDA module to provide national estimates of the rate of food insecurity among OAA program participants. We recommend this module be continuously included in future administration of this survey.

B. Malnutrition

One potential result of food insecurity is malnutrition, and up to 15% of community-dwelling older adults are malnourished.[2] Moreover, poor access and availability of care is a likely predictive factor: malnutrition prevalence is highest in poor, rural, African-American communities and in seniors of advanced age,[3] precisely those disparate populations with documented insufficient access and physical limitations restricting accessibility of health care services.

In the 2020 reauthorization of the Older American Act, Congress added the reduction of malnutrition as an explicit purpose of Title III programs.[4] Accordingly, the National Survey of Older Americans Act Participants should consider adding questions that attempt to quantify the number of participants who are at risk of malnutrition. We recommend an assessment of risk because this can be done via questionnaire while a full diagnosis of malnutrition requires a clinical examination and is therefore outside of the scope of this survey.

We suggest that ACL consider adding malnutrition screening questions in addition to the USDA module's food insecurity questions, such as:

- *"Do you ever eat only one meal daily?"*
- *"Do limits on chewing, swallowing or physical mobility ever prevent you from eating your home-delivered meals, even though you may be hungry?"*
- *"Do limits on chewing, swallowing or physical mobility ever prevent you from getting to your local congregate meal site and eating your meal, even though you may be hungry?"*

C. Medically Tailored Meals

The Supporting Older Americans Act of 2020 also instructs providers to serve meals that "to the maximum extent practicable, are adjusted to meet any special dietary needs of program participants, including meals adjusted for cultural considerations and preferences and medically tailored meals."[5] The need for medically tailored meals is not captured in the currently proposed survey instrument.

We suggest that ACL consider adding a questions about the need for therapeutic diets or texture-modified meals to better understand the needs of participants as it relates to medically tailored meals.

D. Increasing Ethnic Diversity

As the US population is becoming increasingly diverse, so is the population of older adults. As of 2018,

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[2] Ahmed T, Haboubi, N. Assessment and management of nutrition in older people and its importance to health. Clin Interv Aging. 2010; 5: 207–216.

[3] Weiss, AJ, et al. Characteristics of Hospital Stays Involving Malnutrition, 2013. HCUP Statistical Brief #210. September 2016. Agency for Healthcare Research and Quality, Rockville, MD. http://www.hcup-us.ahrq.gov/reports/statbriefs/sb210-Malnutrition-Hospital-Stays-2013.pdf.

[4] U.S. Public Law 116-131. Supporting Older Americans Act of 2020. March 25, 2020.

[5] Ibid.

23 percent of persons age 65 and older identified as a racial or ethnic minority, and these individuals were more likely to live below the poverty level than non-Hispanic whites.[6] Over 13 percent of older adults in the US are foreign-born.[7] While increasing staff diversity is one approach, "the ability of RDs to effectively reduce the burden of illness among older racial/ethnic minority adults will depend on an increased understanding of environmental and lifestyle factors in individuals of various races and ethnicities and how those factors interact with biological and physiological aging processes. Interventions tailored to the culture, language and age group of the target population are key strategies to increase the effectiveness of programs designed to improve food security of older adults with limited resources."[8] Survey questions should address whether any deficiency in service is attributable to language or cultural barriers and whether participants would like to see meals that are more culturally tailored, as is now encouraged based on program amendments in the Supporting Older Americans Act of 2020.[9]

We suggest that ACL consider including a question about communication barriers to both the congregate and home-delivered meals modules, such as:

- *"Do you have language or cultural barriers to talking with [staff at your congregate meal site/ your home delivery staff]?"*

We also suggest that ACL consider adding a question to both the congregate and home-delivered meals modules about meals meeting cultural preferences.

E. Additional Suggested Survey Modifications

The Academy believes the proposed collection of information is necessary for the proper performance of not only the ACL's functions, but also the functions of the providers at the state and local levels. We found the wording of several questions to be unclear or inconsistent across questions or modules. Below are a number of specific suggestions to improve clarity across the survey:

- *SVC1(k) asks whether the respondent has access to a "nutrition counselor" who is providing dietary advice based on the respondent's condition, medications, and related factors. We question why the survey would not specify "a qualified nutrition professional such as a registered dietitian" (or registered dietitian nutritionist), since these professionals are the most qualified to answer such questions. Moreover, in 28 states, only licensed professionals are legally eligible to provide such advice. The term "nutrition counselor" allows for substantial subjective interpretations, and could theoretically include food service staff or other program participants who may be providing such advice against state law.*

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[6] U.S. Department of Health and Human Services, Administration for Community Living. 2019 Profile of Older Americans. 2020. https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/2019ProfileOlderAmericans508.pdf

[7] U.S. Census Bureau. The Older Population in the United States: 2019. Table 4. Nativity and Citizenship Status of the Population 55 Years and Over by Sex and Age: 2019. https://www.census.gov/data/tables/2019/demo/age-and-sex/2019-older-population.html

[8] Bernstein M and Munoz N. Position of the Academy of Nutrition and Dietetics: Food and Nutrition for Older Adults: Promoting Health and Wellness. J Acad Nutr Diet. 2012;112:1255-1277.

[9] U.S. Public Law 116-131. Supporting Older Americans Act of 2020. March 25, 2020.

- *We note that the survey asks about changes in meals, but almost all coding options for the interviewer are about reductions or negative changes with few opportunities for interviewers to code any positive changes reported by participants. In addition to coding for both reductions and improvements in quality of the food, we recommend adding the corresponding "positive" option for all other codes.*
- *Ensure that consistent language is used to describe the program, particularly for congregate or senior dining meals. Some questions use the term "meals program" while others use the term "lunch program" or, generically, "this service", including CNR20-23 where three different terms are used across four consecutive questions. This also applies to SVC1 question in Additional Services module. We recommend using the term "meals program" unless exclusively referring to lunch, as some programs serve breakfast or dinner meals rather than lunch meals.*
- *SVC3 asks about continuing to "live independently" vs. "living at home" (as they do in CS15, CNR23, HNR28, HC9 and TR20). The terminology "living independently" is preferred. Simply continuing to live "at home" does not mean that the person is living independently, is living in their own home (vs that of a relative), or has autonomy over where he or she lives.*
- *SVC3(b) should be more specific with regard to the context of "secure." We are unsure whether the context is financial, food-based, or related to physical safety.*
- *HNR5 should be re-phrased to reflect the fact that many HDM clients receive more than one meal and may consume multiple HDMs in a day.*

F. Conclusion

The Academy appreciates the opportunity to comment on the proposed information collection for the National Survey of Older Americans Act Participants docket. Please contact Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Hannah Martin at 202-775-8277 ext. 6006 or by email at hmartin@eatright.org with any questions or requests for additional information.

Sincerely,

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