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Reference: Preventive Services for Food Insecurity

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit comments to the US Preventative Services Task Force, in response to the February 24, 2022 draft research plan “Preventive Services for Food Insecurity.” Representing more than 112,000 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 world and is committed to improving the nation's health through food and nutrition, including by understanding and reducing food insecurity in both community and clinical settings.

The Academy is committed to improving the health of Americans by ensuring access to a nourishing, safe and affordable food supply. The dietetics practitioner and nutrition educators consider the health, safety and welfare of the public at all times. It is the position of the Academy that systematic and sustained action is needed to achieve food and nutrition security in the United States. To achieve food security, effective interventions are needed, along with adequate funding for, and increased utilization of food and nutrition assistance programs; inclusion of nutrition education in such programs; strategies to support individual and household economic stability; and research to measure impact on food insecurity and health related outcomes.¹

Considerations

The Academy generally agrees with the research design and questions to be posed. However, we have suggestions for consideration related to definitions, provider roles, and measures of nutrition and food security to be included.

- 1. Definition of Nutrition Security.** This term has grown in popularity and even recently included in the U.S. Department of Agriculture’s announcement of actions to promote nutrition security in the U.S. As this term continues to be used in both community and clinical settings, the Academy suggests that it be formally defined for this research framework.
- 2. When discussing providers using screening tools, consider breaking down providers by practitioners who do food and nutrition security screenings.** Providers like registered dietitian nutritionists (RDNs), social workers, and nurses should be given specific instructions as individuals screening for food and nutrition insecurity. This research design should also consider breaking down providers by area of practice and the population being evaluated. When comparing various clinical and community settings,

¹ Holben, D & Berger Marshall, M. (2017). Position of the American Dietetic Association: Food Insecurity in the United States. *Journal of the Academy of Nutrition and Dietetics*. 117(12), 1991-2002.

the area of focus and type of practitioner screening for food and nutrition security will look different and that should be reflected in this research framework.

- 3. Consider measuring constructs related to food security such as malnutrition and nutrition status in the study design.** Clinical care screening tools identified in the Malnutrition Quality Improvement Initiative (MQII) are validated and provide clinical insight on a patient's state of malnutrition, a condition which is closely aligned with food security.² Other validated measures used for specific populations including the Hunger Vital Signs should also be included as they address food security and are part of a host of tools available to use in various community and clinical settings.³

Conclusion

Together, we have made substantial progress in understanding and addressing food and nutrition insecurity in the United States. Identifying proper tools for practitioners and the health outcomes related to food and nutrition insecurity will be critical to address the nation's health going forward. The Academy looks forward to our continued partnership on the development of research in this area.

The Academy appreciates the opportunity to comment on the draft research plan "Preventive Services for Food Insecurity" which will help the address and prevent negative health outcomes related to food and nutrition insecurity. Please contact either Jeanne Blankenship at jblankenship@eatright.org or Liz Campbell at ecampbell@eatright.org with any questions or for additional information.

Sincerely,



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² Academy of Nutrition and Dietetics and Avalare Health. (2018) *Malnutrition Quality Improvement Initiative Complete Toolkit*. 2nd ed <https://malnutritionquality.org/wp-content/uploads/complete-mqii-toolkit.pdf>.

³ Hager E. et al. (2010) Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126(1), e26-e32. doi:10.1542/peds.2009-3146