

April 29, 2021

The Utah Malnutrition Advocacy Taskforce appreciates the opportunity to comment on The Administration for Community Living's information collection requirements for upcoming OAA surveys. Our Taskforce is a group of health care and public health professionals working in Utah to advocate for adequate provision of food and nutrition services to prevent and/or treat malnutrition.

Malnutrition is a common condition found among community dwelling older adults and is highly under-recognized and subsequently undertreated. This is partly due to underutilization of appropriate screening. Malnutrition is a complex syndrome impacted by multiple interrelated factors.<sup>1,2,3</sup> It is associated with negative circumstances surrounding the social determinants of health, quality and quantity of food, food insecurity, poor functionality and acute and chronic physical and mental conditions. It has been estimated that one in every two older adults are at risk for malnutrition.<sup>4</sup>

Homebound older adults are thought to be at a high risk for malnutrition due to vulnerabilities stemming from social isolation, poverty and high dependency on the instrumental activities of daily living (IADLS) as well as activities of daily living (ADLs). The homebound older adult transitioning back to their homes after hospitalization is at high risk for malnutrition due to these factors.<sup>5</sup> Malnourished patients have at least a 50% higher likelihood of unplanned readmission within thirty days.<sup>6</sup>

Food insecurity, one of the risk factors for malnutrition, is defined as limited or inconsistent access to enough food for an active, healthy life. This contributes to malnutrition and chronic disease. Older Americans are especially vulnerable. Feeding America reported that in 2018 7.3% of older adults were food insecure, and 2.7% were very low food secure.<sup>7</sup> A survey of 2,048 individuals aged 50–80 years from the National Poll on Healthy Aging in December 2019 showed even more concerning statistics as it reported the overall prevalence of food insecurity among older adults was 14%.<sup>8</sup> Furthermore, food insecurity was positively associated with lower self-reported health status and multiple chronic conditions.

A 2019 Government Accountability Office report stated that Nutrition Assistance Programs could do more to help address the nutrition needs of older adults, such as additional monitoring to help HHS and USDA ensure meal programs meet nutrition requirements and help providers meet older adults' varying needs. A 2018 International Council on Active Aging article also called on policy makers at local, state, and national levels to gather data to provide resources for malnutrition and frailty. In a 2019 joint position paper, the Academy of Nutrition and Dietetics and the Society for Nutrition Education and Behavior called for all older adults to have access to evidence-based food and nutrition programs that ensure the availability of safe and adequate food to promote optimal nutrition, health, functionality, and quality of life. The position paper further supported the utilization of registered dietitian nutritionists, in partnership with other practitioners and nutrition educators, to be actively involved in programs that provide coordinated services between the community and health care systems that include regular monitoring and evaluation of program outcomes. The rapidly growing older population, increased demand for integrated continuous support systems, and rising cost of health care underscore the need for these programs.<sup>9</sup>

Therefore, we support ACL's stated plans to call upon the expertise of a nutrition workgroup to make recommendations to ACL on selecting the best language to use. Due to the already known risks for malnutrition, food insecurity, and chronic disease in older adults, we urge ACL to continue funding projects to address malnutrition and commit to initiating the collection of the malnutrition data as soon

as possible, given that the 2025 Dietary Guidelines are planned to have more recommendations specific to older adults. The need for this information is especially urgent, given that malnutrition is a crisis for older adults now, and the COVID-19 pandemic has further amplified their malnutrition risks.

Sincerely,

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