

# defeat **malnutrition** today

March 23, 2022

U.S. Preventive Services Task Force Coordinator  
c/o USPSTF  
5600 Fishers Lane  
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RE: Draft Research Plan Preventive Services for Food Insecurity

Submitted electronically at [uspreventiveservicestaskforce.org](https://uspreventiveservicestaskforce.org)

Defeat Malnutrition Today (DMT)\* appreciates the opportunity to comment on the draft research plan the U.S. Preventive Services Task Force is undertaking related to food insecurity. We comment specifically on the importance of identifying food insecurity in the population of older adults and critically the need to include those who are at risk of or are malnourished as part of the research plan.

We commend the Task Force for investigating food insecurity, as it is a common problem that has been exacerbated by the pandemic, especially in vulnerable populations those who have not had consistent primary care interactions.

## **Points of Referral and National Surveys**

Defeat Malnutrition Today strongly supports referrals of those identified by food insecurity/other social determinants of health screenings to the appropriate professionals. This can improve older adults' access to needed care and follow-up services in a timely and efficient manner. We agree that primary care is well situated as a place to identify issues before they escalate and also as a place where people often return for follow-up care. This point of care plays an important role in helping prevent and intervene for food insecurity. There is also a need to include food insecurity screening questions on national health and nutrition surveys, especially of older adults, which can provide a baseline occurrence and help better target and track food insecurity among vulnerable populations at the community level.

## **Screening Instruments**

The Hunger Vital Sign, which identifies household food insecurity among children and adults in primary care<sup>1</sup>, is highly sensitive and specific among older adults and has been endorsed by multiple organizations, including AARP. This 2-item screener is validated against the gold standard USDA Household Food Security Survey. We recommend designating the Hunger Vital Sign as the preferred screening tool because it enhances the opportunity to validate the tool in different populations and

*\*Defeat Malnutrition Today is a coalition of over 100 members committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of stakeholders and organizations working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation's health care system.*

<sup>1</sup>Gattu, R. K., Paik, G., Wang, Y., Ray, P., Lichenstein, R., & Black, M. M. (2019). The Hunger Vital Sign Identifies Household Food Insecurity among Children in Emergency Departments and Primary Care. *Children* (Basel, Switzerland), 6(10), 107. <https://doi.org/10.3390/children6100107>

<sup>2</sup>Defeat Malnutrition Today and Avalere Health. (2020). National Blueprint: Achieving Quality Malnutrition Care for Older Adults 2020 Update.

[https://www.defeatmalnutrition.today/sites/default/files/National\\_Blueprint\\_Infographic\\_MAY2020\\_Update\\_FIN\\_AL.pdf](https://www.defeatmalnutrition.today/sites/default/files/National_Blueprint_Infographic_MAY2020_Update_FIN_AL.pdf)

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provides consistency in questions across surveys so there can be more effective research and population comparisons.

## **Health and Social Outcomes**

We commend the Task Force's choice to separate intermediate and long-term, health and social outcomes. There is a need for clarity around the impacts of food insecurity interventions. Food insecurity is complicated by social determinants of health, medical history, and malnutrition. It adversely impacts health and well-being across the life course and as such, not all interventions necessarily lead to food security. Further, addressing food insecurity in the estimated 7.7% of seniors experiencing it may not be sufficient to address malnutrition<sup>2</sup> if that malnutrition is related to specific medical conditions and/or functional limitations.

## **Research Review Exclusions**

We have specific concerns about the exclusion criteria related to older adults that you have set for this review. While we appreciate focusing on interventions for the general population, excluding malnutrition could be overly restrictive. One in two older adults are at risk of or have malnutrition<sup>2</sup>, so excluding malnutrition could potentially eliminate a significant proportion of the older adult population and limit the applicability of the review. Additionally, food insecurity itself can lead to malnutrition, particularly in older adults. Also, we see importance in including older adults' caregivers as they often impact access to nutritious foods.

In summary, health disparities exist, especially for our nation's minority older adult population, and poor diet and lack of access to healthy foods have been key contributors to those disparities<sup>3</sup>. Since many older adults are at risk for malnutrition or are malnourished, we urge you to not exclude those with malnutrition from your research review. Further we agree the Task Force's research plan for preventive services for food insecurity recommendations is timely and important.

Sincerely,  
Bob Blancato



National Coordinator  
Defeat Malnutrition Today

<sup>3</sup>Dawson, M, Blancato, B. To advance health equity, measure hospital malnutrition care: Health affairs forefront. Health Affairs. (2021, October 6). Retrieved March 3, 2022, from <https://www.healthaffairs.org/doi/10.1377/forefront.20210930.667648/full/>