

May 16, 2022

Janet M. de Jesus, MS, RD, Nutrition Advisor  
Office of Disease Prevention and Health Promotion (ODPHP)  
Office of the Assistant Secretary for Health (OASH)  
Department of Health and Human Services (HHS)

RE: OASH-2022-0005, Request for Comments on Scientific Questions to Be Examined to Support the Development of the Dietary Guidelines for Americans (DGAs), 2025–2030

*Submitted electronically at Regulations.gov*

Dear Ms. de Jesus,

Defeat Malnutrition Today (DMT)\* and the National Association of Nutrition and Aging Services Programs (NANASP)\*\* appreciates the opportunity to comment on **OASH-2022-0005**, the request for comments on scientific questions to support developing the 2025-2030 DGAs. We comment specifically on the importance of including scientific questions that focus on the needs of older adults and malnutrition.

In the notice, HHS listed proposed scientific questions to be examined in the review of evidence supporting the development of the Dietary Guidelines for Americans, 2025-2030. HHS stated they are seeking questions that are relevant, important, have a high potential impact to federal programs, and avoid duplication. Further it was identified the proposed scientific questions that will inform the next edition of the Dietary Guidelines will focus on diet and health outcomes across the lifespan

**We strongly support including a focus on older adult nutrition in the scientific questions**

Relevance: With the number of adults aged 65 years and older expected to reach 74 million in the U.S. by 2030<sup>1</sup>, there is an urgency to secure the future of “healthy aging,” starting with good nutrition. The 2025-2030 DGA are an opportunity to build upon the previous DGA’s focus of improving the nutritional intake of Americans across the lifespan to give specific nutritional guidance for older adults. The process of aging affects nutrient needs with requirements for some nutrients rising or falling in later life.

Importance: In a report entitled “[Nutrition Assistance Programs: Agencies Could Do More to Help Address the Nutritional Needs of Older Adults](#)”<sup>2</sup>, GAO found, “As older adults age, they may also face barriers, such as a reduced appetite, impairing their ability to meet their nutritional needs” and

<sup>1</sup>US Census Bureau. (2017). Population Projections. <https://www.census.gov/programs-surveys/popproj.html>

<sup>2</sup> Government Accountability Office. (2019). Nutrition Assistance Programs: Agencies could do more to help address the nutrition needs of older adults. <https://www.gao.gov/assets/710/702788.pdf>

*\*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.*

*\*\*NANASP is a national membership organization of community-based senior nutrition programs and staff. NANASP members serve over 4 million older adults annually.*

recommended that HHS “develop a plan to focus on older adults’ needs in a future update to the (2025-2030) guidelines.”

**Potential Federal Impact:** Nutrition guidelines are the basis for nutrition assistance programs that serve older adults. Older Americans Act (OAA) meal programs promote the health and well-being of older individuals by helping them access services that encourage proper nutrition, prevent disease, and promote health<sup>3</sup>. Research has specifically shown that OAA meals make substantial contributions to older adults’ diets, providing anywhere from one-third to two-thirds of the recommended dietary allowance for energy and nutrients. Participants who receive home-delivered meals are less worried about their ability to remain living at home independently<sup>4</sup>.

*Topic: Dietary patterns to promote health, prevent disease, and meet nutrient needs*

### **We strongly support the consideration of chronic disease**

As the RFI states “Given the prevalence of chronic diseases in the United States, scientific questions will continue to examine the relationship between diet and health outcomes, and a special emphasis will be placed on questions that address food-based strategies that can be used to help individuals implement the Dietary Guidelines and prevent or manage overweight and obesity.” In its report<sup>2</sup> the GAO report found that “the majority of older adults in the U.S. have chronic conditions, and evidence shows that nutrition is associated with the development of such conditions.” They further highlighted the issue that older adult nutritional needs “can vary with age and many face certain challenges that additional nutritional guidance could help address such as the management of chronic conditions.” Currently, the average life expectancy in the US is approximately 77 years<sup>5</sup>. At the end of life, there is typically more chronic disease and associated increased use of health care dollars, with diet and nutrition having a significant impact in the development and management of chronic conditions.

*Scientific Question: What is the relationship between dietary patterns consumed and: growth, size, body composition, risk of overweight and obesity, and weight loss and maintenance?*

### **We also suggest expanding this scientific question to include “preventing or reversing malnutrition.”**

**Relevance:** As called for in the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update*<sup>6</sup>, high-quality nutrition and malnutrition care for older adults should be at the “top of the U.S. national agenda as we develop population health strategies to improve health and to deliver consistent quality healthcare at an affordable cost.” This is because malnutrition has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs.

**Importance:** Malnutrition is a significant problem for both underweight and overweight or obese individuals due to loss of lean body mass. A 2017 Administration for Community Living [malnutrition issue brief](#)<sup>7</sup> summarized “...studies document a 30% decrease in food intake in healthy, community dwelling adults between the ages of 20 and 80. In addition, many studies document undernutrition

<sup>3</sup> Administration for Community Living. (2020). Nutrition Requirements of the Older Americans Act. [https://acl.gov/sites/default/files/nutrition/Nutrition-Requirements-of-the-Older-Americans-Act\\_508.pdf](https://acl.gov/sites/default/files/nutrition/Nutrition-Requirements-of-the-Older-Americans-Act_508.pdf)

<sup>4</sup> Mathematica. (2017). Evaluation of the effect of the Older Americans Act Title III-C Nutrition Services Program on participants’ food security, socialization, and diet quality. [https://acl.gov/sites/default/files/programs/2017-07/AoA\\_outcomeevaluation\\_final.pdf](https://acl.gov/sites/default/files/programs/2017-07/AoA_outcomeevaluation_final.pdf)

<sup>5</sup> <https://www.cdc.gov/nchs/fastats/deaths.htm>

<sup>6</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\\_FINAL.pdf](https://www.defeatmalnutrition.today/sites/default/files/National_Blueprint_Infographic_MAY2020_Update_FINAL.pdf)

<sup>7</sup> ACL. (2017). Opportunities to Improve Nutrition for Older Adults and Reduce Risk of Poor Health Outcomes. [https://www.acl.gov/sites/default/files/Aging\\_and\\_Disability\\_in\\_America/Malnutrition\\_Issue\\_Brief\\_final\\_3-2017\\_508\\_compliant.docx](https://www.acl.gov/sites/default/files/Aging_and_Disability_in_America/Malnutrition_Issue_Brief_final_3-2017_508_compliant.docx)

among older adults. Those at greatest risk of undernutrition are older women, minorities, and people who are poor or live in rural areas. Being age 75+ is an independent risk factor for poor nutrition.”

Potential Federal Impact: A Congressional Research Service [report on malnutrition in older adults](#)<sup>8</sup>, noted “malnutrition affects 35% to 50% of older residents in long term care facilities and as many as 60% of hospitalized older adult patients in the United States” and “one study found that 20% of hospitalized patients age 65 and older had an average nutrient intake of less than 50% of their calculated maintenance calorie requirements.” It concluded “gaps exist with respect to the provision of malnutrition care, specifically nutrition screening, assessment, intervention, monitoring, and overall care for older adults who are malnourished or at-risk for malnourishment.”

A Gap in Federal Guidance: According to the World Health Organization, older persons are particularly vulnerable to malnutrition (WHO)<sup>9</sup>. Yet currently, malnutrition in older adults is not identified or addressed through any existing evidence-based federal guidance in the U.S.

Thank you for considering our comments. Please let us know if we can provide you with any further information. You may reach me at [rblancato@matzblancato.com](mailto:rblancato@matzblancato.com).

Sincerely,

A handwritten signature in blue ink that reads 'Bob Blancato'.

Bob Blancato  
National Coordinator, DMT  
Executive Director, NANASP

<sup>8</sup>Congressional Research Service. (2017). Malnutrition in Older Adults. [http://defeatmalnutrition.today/sites/default/files/documents/CRS\\_Memo\\_Malnutrition\\_in\\_Older\\_Adults.pdf](http://defeatmalnutrition.today/sites/default/files/documents/CRS_Memo_Malnutrition_in_Older_Adults.pdf)

<sup>9</sup> World Health Organization. (2002). Nutrition for Older Persons. <https://apps.who.int/nutrition/topics/ageing/en/index1.html>