

# defeat **malnutrition** today

## Comments: Review of Federal Policies that Contribute to Racial and Ethnic Health Inequities

Thank you for accepting comments from the Defeat Malnutrition Today coalition for this review. We are a diverse alliance of over 120 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.

Our comments specifically regard federal older adult nutrition programs. Nutrition is an important social determinant of health and as an article outlined in [Health Affairs](#), "Black and other non-White older adult populations have higher hunger rates than White populations have." The article further stated that "[research](#) has documented that hospitalized lower-income patients and Black patients have the highest rates of malnutrition. And community-dwelling older Black Americans have [disproportionately higher risk](#) of malnutrition."

One nutrition program that is supposed to promote health equity is the Older Americans Act (OAA) Nutrition Program, which includes congregate meals (served in senior centers and other group settings) and home-delivered meals (commonly known as Meals on Wheels programs). The OAA Nutrition Program serves over 2 million older adults annually in all states and territories, with federal funding for the program totaling around \$1 billion in FY 2022.

Title III C of the Older Americans Act requires that state and local agencies target these services to older adults at high levels of social and/or economic need, particularly low-income racial and ethnic minorities. Yet, older minorities participate in government nutrition programs at [very low rates](#).

[Sadarangani et al](#) identify multiple opportunities to "strengthen these programs to improve their reach and engagement of diverse older adults." The researchers recommend broad evaluation of federal nutrition programs, with "deep analysis into the diversity and needs of the populations they serve" and recommend that nutrition programs targeting older adults incorporate several strategies to "have a greater impact on ethnically diverse older adults who may be especially vulnerable to poor nutrition." The specific strategies recommended are:

1. Conduct both national and state-level survey-based evaluations to examine ethnic, racial, and cultural minorities' engagement with nutrition programs targeting older adults.
2. Standardize and align the screening requirements and nutrition components across programs serving older adults.
3. Give program providers more guidance/funding to offer culturally appropriate meals to participants within the programs' parameters and encourage them to hire staff who are ethnically and linguistically representative of minority communities.

4. Recognize that taste and cultural food preferences are critically important in attracting and retaining racial, ethnic, and cultural minority populations; survey programs' users on their preferences around meals and use these data to conduct a cost-benefit analysis on incorporating culturally appropriate meals into congregate-meal and home-delivered-meal programs; provide greater choice for meal offerings.

We firmly agree with the conclusions of these researchers. Older adult nutrition programs, when properly administered, can serve as great health equity initiatives. However, broad-scale evaluations should take place in order to make sure the programs are effectively serving all populations.

Thank you for considering our comments. If you have any questions or need further information, please contact our Policy Director Meredith Whitmire at [mponder@matzblancato.com](mailto:mponder@matzblancato.com).

Sincerely,

Bob Blancato  
National Coordinator  
Defeat Malnutrition Today