

July 6, 2020

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Reports Clearance Officer
Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services

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Re: *Agency Information Collection Activities: Medical Expenditure Panel Survey (MEPS) Social and Health Experiences Self-Administered Questionnaire*

Dear Dr. Lefkowitz,

The Academy of Nutrition and Dietetics appreciates the opportunity to comment to the Agency for Healthcare Research and Quality on the proposed addition of the Social and Health Experiences Self-Administered Questionnaire to the Medical Expenditure Panel Survey Household Component. Representing more than 107,000 registered dietitian nutritionists (RDNs), dietetic technicians, registered (DTRs), and advanced-degree nutritionist researchers, the Academy is the largest association of food and nutrition professionals in the United States and is committed to improving the nation's health through food and nutrition across the lifecycle.

The Academy strongly supports the efforts of AHRQ to integrate this new questionnaire on Social and Health Experiences into the Medical Expenditure Panel Survey. To better promote health equity, it is essential to better understand the relationship between social and behavioral determinants of health, health care costs, health care utilization and health insurance coverage.

The importance of addressing social determinants of health has been widely recognized,¹ and is endorsed by Healthy People 2020,² the World Health Organization,³ and the National Partnership for Action to End Health Disparities.⁴ It is also recognized that behavioral factors, such as physical activity level, diet quality, alcohol intake, tobacco use contribute substantially to chronic disease risk, management and outcomes and are also influenced by social determinants of health.⁵

The domains assessed in the proposed questionnaire align well with screeners that have been used to assess social determinants of health in clinical settings, covering adverse/trauma/discrimination experiences, economic stability and food security, neighborhood and built environment, and social

¹ Braveman P, Egerter S, Williams DR. The Social Determinants of Health: Coming of Age. *Annu Rev Public Health*. 2011;32:381-98. DOI: 10.1146/annurev-publhealth-031210-101218

² U.S. Office of Disease Prevention and Health Promotion. "2020 Topics & Objectives: Social Determinants of Health." HealthyPeople.gov. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>. Accessed June 12, 2020.

³ World Health Organization. "Social Determinants of Health." WHO.int. <https://www.who.int/social-determinants/>. Accessed June 12, 2020.

⁴ National Partnership for Action to End Health Disparities, U.S. Department of Health and Human Services Office of Minority Health. *National Partnership for Action to End Health Disparities Toolkit for Community Action*. Rockville, M.D.: U.S. Department of Health and Human Services. https://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf. Accessed June 12, 2020.

⁵ Schmidt H. Chapter 5 Chronic Disease Prevention and Health Promotion. In Barrett DH, Ortmann LW, Dawson A, et al., editors. *Public Health Ethics: Cases Spanning the Globe*. Cham (CH): Springer. 2016.

support, **but do not include adverse childhood experiences**.^{6,7,8} Behavioral questions assess physical activity, stress level, and vaping, **but do not evaluate some other important behaviors that may affect chronic disease risk such as tobacco use, sleep habits, alcohol and drug use or aspects of diet quality** (as ascertained through a validated short-form dietary assessment instrument).^{9,10} AHRQ should consider whether additional behaviors or experiences affecting chronic disease risk should be assessed or justify why these behaviors were not included in the questionnaire.

Lastly, **AHRQ should monitor whether adding the potentially sensitive questions on the proposed Social and Health Experiences questionnaire affects response rates to the survey or the sociodemographic distribution of the survey respondents**. As with all data collected by MEPS, the continued generalizability of findings from these data are reliant on a large, nationally representative sample that does not meaningfully differ from the population as a whole based on their willingness to respond to sensitive survey questions.

Thank you for the opportunity to provide comment on this important survey instrument. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Hannah Martin at 202-775-8277 ext. 6006 or by email at hmartin@eatright.org with any questions or requests for additional information.

Sincerely,



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Hannah Martin, MPH, RDN
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⁶ O'Brien KH. Social determinants of health: the how, who, and where screenings are occurring; a systematic review. *Social Work in Health Care*. 2019, 58(8):719-745. <https://doi.org/10.1080/00981389.2019.1645795>

⁷ Sokol R, Austin A, Chandler C, Byrum E, Bousquette J, Lancaster C, Doss G, Dotson A, Urbaeva V, Singichetti B, Brevard K, Towner Wright S, Lanier P, Shanahan M. Screening children for social determinants of health: a systematic review. *Pediatrics*. October 2019, 144 (4) e20191622; DOI: <https://doi.org/10.1542/peds.2019-1622>

⁸ Kalmakis KA, Chandler GE. Health consequences of adverse childhood experiences: A systematic review. *Journal of the American Association of Nurse Practitioners*(2015)27: 457-465. DOI: 10.1002/2327-6924.

⁹ National Center for Chronic Disease Prevention and Health Promotion. How you can prevent chronic diseases. CDC.gov. <https://www.cdc.gov/chronicdisease/about/prevent/index.htm>. Accessed June 12, 2020.

¹⁰ National Cancer Institute Division of Cancer Control & Population Sciences. Dietary Assessment Research Resources. Epi.grants.cancer.gov. <https://epi.grants.cancer.gov/dietary-assessment/resources.html>. Accessed July 2, 2020.