

## Comments in Response to the Federal Register Notice & Efforts to Consult Outside the Agency

### Comments in Response to the Federal Register Notice

A 60-day Federal Register Notice published in the Federal Register on November 17, 2020, 85 FR 222 <https://www.govinfo.gov/content/pkg/FR-2020-11-17/pdf/2020-25276.pdf> (see Appendix D). A 30-day Federal Register Notice published in the Federal Register on April 1, 2021, 86 FR 17153.

ACL received comments from two organizations and from two individuals about the NSOAAP. One organization submitted multiple (10 comments). ACL reviewed all of the comments. The comment from one of the individuals was not relevant. For ease of review, the remaining comments and their responses have been grouped by topic or issue. The ACL responses for each topic/issue are detailed in Table A-1:

**Table A-1 60-Day Federal Register Comments and ACL Responses**

Topic/Issue	Comment	ACL Response
Food insecurity in older adults	“We support the inclusion of the USDA module to provide national estimates of the rate of food insecurity among OAA program participants. We recommend this module be continuously included in future administration of this survey.”	ACL concurs and plans to maintain the USDA module and associated questions for the foreseeable future.
Risk of malnutrition	“We suggest that ACL consider adding malnutrition screening questions in addition to the USDA module’s food insecurity questions, such as: <ul style="list-style-type: none"> <li>• Do you ever eat only one meal daily?”</li> <li>• Do limits on chewing, swallowing or physical mobility ever prevent you from eating your home-delivered meals, even though you may be hungry?”</li> <li>• Do limits on chewing, swallowing or physical mobility ever prevent you from getting to your local congregate meal site and eating your meal, even though you may be hungry?”</li> </ul>	ACL recognizes the importance of reducing and assessing risk for malnutrition. However, further deliberation is needed to ensure that we select the most appropriate and universally accepted language. ACL will call upon the expertise of a nutrition workgroup to make recommendations to ACL on selecting the best language to use. The workgroup’s recommendation will inform a redesign of future NSOAAP survey collection efforts.
Medically-tailored meals for participants requiring special diets	“We suggest that ACL consider adding a question about the need for therapeutic diets or texture-modified meals to better understand the needs of participants as it relates to medically tailored meals.”	ACL recognizes the importance of capturing data on the capability of OAA nutrition programs to accommodate special diets. ACL will call upon nutrition experts to make recommendations and inform a redesign of future NSOAAP collection efforts.

<p>Ethnic and cultural barriers to communication and nutritional preferences</p>	<p>“We suggest that ACL consider including a question about communication barriers to both the congregate and home-delivered meals modules, such as:</p> <ul style="list-style-type: none"> <li>• Do you have language or cultural barriers to talking with staff at your congregate meal site/ your home delivery staff?</li> </ul> <p>We also suggest that ACL consider adding a question to both the congregate and home-delivered meals modules about meals meeting cultural preferences.</p>	<p>ACL recognizes that ethnic and cultural barriers may affect participants in the nutrition programs. ACL will call upon nutrition experts to make recommendations and inform a redesign of future NSOAAP collection efforts.</p> <p>ACL is considering a special topical module related to equity and underserved populations.</p>
<p>Nutrition counselor: Rephrase question to improve clarity</p>	<p>“SVC1(k) asks whether the respondent has access to a “nutrition counselor” who is providing dietary advice based on the respondent’s condition, medications, and related factors. We question why the survey would not specify “a qualified nutrition professional such as a registered dietitian” (or registered dietitian nutritionist), since these professionals are the most qualified to answer such questions. Moreover, in 28 states, only licensed professionals are legally eligible to provide such advice. The term “nutrition counselor” allows for substantial subjective interpretations, and could theoretically include food service staff or other program participants who may be providing such advice against state law.”</p>	<p>ACL recognizes “nutrition counselor” may offer subjective responses. However, respondents may not know if the qualifications of the person providing dietary advice. ACL will call upon nutrition experts to make recommendations and inform a redesign of future NSOAAP collection efforts. The use of terminology for this item will be tested.</p>
<p>Modify item response in nutrition modules to include positive as well as negative changes.</p>	<p>“We note that the survey asks about changes in meals, but almost all coding options for the interviewer are about reductions or negative changes with few opportunities for interviewers to code any positive changes reported by participants. In addition to coding for both reductions and improvements in quality of the food, we recommend adding the corresponding “positive” option for all other codes. “</p>	<p>ACL concurs with this suggested change. The requested change has been made to the survey instrument.</p>
<p>Consistent language in meals program.</p>	<p>“Ensure that consistent language is used to describe the program, particularly for congregate or senior dining meals. Some questions use the term “meals program” while others use the term “lunch program” or, generically, “this service”, including CNR20-23 where three different terms are used across four consecutive questions. This also applies to SVC1 question in Additional Services module. We recommend using the term “meals program” unless exclusively referring to lunch, as some programs serve breakfast or dinner meals rather than lunch meals.”</p>	<p>ACL recognizes that the language used to describe the meals programs may need to be revised to be more consistent. ACL will call upon nutrition experts to make recommendations and inform a redesign of future NSOAAP collection efforts.</p> <p>The term “meals program” throughout due to the variety of</p>

		food services during the COVID-19 pandemic.
Living independently	“SVC3 asks about continuing to “live independently” vs. “living at home” (as they do in CS15, CNR23, HNR28, HC9 and TR20). The terminology “living independently” is preferred. Simply continuing to live “at home” does not mean that the person is living independently, is living in their own home (vs that of a relative), or has autonomy over where he or she lives.”	ACL concurs with this suggested change. The requested change has been made to the survey instrument.
Context of “secure”	“SVC3(b) should be more specific with regard to the context of “secure.” We are unsure whether the context is financial, food-based, or related to physical safety.”	The question refers to how participants feel about additional services that they or their care recipient receive. ACL recognizes that the use of the word “secure” may be ambiguous. ACL will call upon experts in the aging network to make recommendations to inform a redesign of future NSOAAP collection efforts.
Multiple meals	“HNR5 should be re-phrased to reflect the fact that many HDM clients receive more than one meal and may consume multiple HDMs in a day.”	ACL recognizes that the question may need to be modified. ACL will call upon nutrition experts to make recommendations and inform a redesign of future NSOAAP collection efforts.
Care recipients under age 60 with dementia	The 2020 reauthorization of OAA allows “individuals living with dementia under the age of 60 to access certain OAA supports like nutritional services and respite care through the National Family Caregiver Support program. We respectfully request that ACL analyze the data collected on these younger individuals and the services they receive so that those services can be tailored and improved.”	While ACL recognizes the value of collecting data on care recipients of the NFCSP who are under 60, that is not the focus of the NSOAAP. The focus of the NSOAAP is the service recipients, that is, the caregivers.
Emergency preparedness	The advocacy organizations “support ACL's request to add an emergency preparedness module to the survey...”.	ACL is not going to add this module for the 2021 administration but still plans to use it in the future.
Question on participant sex (gender identity)	“I encourage the modification of the questions about participant sex to include response options (which are recorded but not verbally offered as options) to include "transgender" and or "other" with a write-in option. The questions this relates to are: DE1 (DEGENDR); CGC (CGPMF); CG83 (CGPMF) - both of the last have	In order to improve demographic data collection related to the LGBT community, ACL is supporting the Measuring Sex, Gender Identity, and Sexual Orientation for the National Institutes of Health an ad hoc panel of the National Academies

	<p>the same variable labels and this should be corrected in the survey construction.”</p>	<p>of Sciences, Engineering, and Medicine which will review current measures and the methodological issues related to measuring sex as a non-binary construct, gender identity, and sexual orientation. The panel will produce a consensus report which is expected in December 2021. ACL will use the report as a foundation for testing new survey questions and administrative data elements.</p> <p>The variable label in the survey instrument for CGPMF was corrected to RGENDER.</p>
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**Efforts to Consult Outside the Agency**

For updates to the 2019 survey instrument, ACL/AoA called upon the expertise of a work group to review NSOAAP data collection tools and to make recommendations to ACL on selecting the best language to use for revising questions in the survey instruments. The NSOAAP work group was comprised of experts on aging data and survey methodology. The work group’s recommendation will inform a redesign of future NSOAAP survey collection efforts.

For the addition of a special one-time 2021 module on questions related to COVID-19, ACL/AoA convened a new advisory workgroup consisting of members from different State Units on Aging (SUAs), Area Agencies on Aging (AAAs), academia and advocacy organizations on nutrition, aging, and family caregiving. The advisory workgroup members were divided into three subgroups focusing on nutrition, well-being and other services (transportation, case management, and homemaker services), and family caregiving. Workgroup members discussed, evaluated, and ranked proposed COVID-related questions. Through the result of the workgroup members’ voting and prioritization, a final selection of 10-13 questions by service category resulted in the final COVID-19 special module for 2021.

The majority of the remaining questions in the survey instruments for this proposed information collection are based on those developed by ACL/AoA POMP grantees representing State Units on Aging and AAAs. POMP grantees who have worked on the survey instruments include state and local level representatives from Arizona, Florida, Georgia, Massachusetts, New York, North Carolina, and Ohio. The development of the survey instruments has been an iterative process. There were no areas of disagreement during the latest POMP revisions.

The POMP grantees tested the instruments with service recipients at the local AAA-level using several methods:

1. Field-tested the survey instruments with a sample of service recipients and revised the instruments based on their experience.

2. Conducted cognitive testing to ensure that the items on the survey instruments were interpreted as intended.
3. Conducted validity testing on the survey instruments.

Westat (the contractor) has also consulted representatives from different State Units on Aging to develop and test the instructions and procedures for generating client lists used for sampling. The state representatives who have reviewed the instructions and procedures include:

- Robin Tofil, Connecticut Department of Social Services, Aging Services Division
- Jim Burd, Pennsylvania Department of Aging
- Leonard Eshmont, Virginia Department for the Aging