



To: Julie Wise, OIRA  
Desk Officer for ACL

Through: Tomakie Washington  
ACL PRA Portfolio Manager

From: Vicki Gottlich, Esq.  
Director, Center for Policy and Evaluation

Re: Non-Substantive Modifications to the Information Collection Tools for the National Survey of Older Americans Act Participants (NSOAAP) OMB 0985-0023

Date: 28 April 2022

In summary, ACL has submitted a 30-Day FRN for the addition of a rotating module on Emergency Preparedness to be added to the 16<sup>th</sup> NSOAAP. The purposes of this memo are to alert OMB to a) changes to the information collection instruments that include the integration of the questions on malnutrition and food insecurity in response to the Terms of Clearance listed in the 5/25/21 NOA and b) emergency preparedness module non-substantive changes to the information collection instruments (OMB Control Number: 0985-0023).

On May 25, 2021, OPE received Paperwork Reduction Act approval for an extension of the approved information collection “National Survey of Older Americans Act Participants” which included a rotating module on COVID-19 (OMB Control Number: 0985-0023). The Terms of Clearance state:

*Approval is granted for the 15<sup>th</sup> National Survey. In future updates to the collection, we look forward to seeing survey improvement specifically in the areas of malnutrition and gender identity. We understand that survey redesign scheduled to take place for the 2023 NSOAAP may include malnutrition updates, while testing of gender identity questions may begin as early as 2022.*

On March 31, 2022, ACL published a 30-day FRN (Vol. 87, No. 62) for a rotating module on Emergency Preparedness. ACL remains compliant with the remainder of the Terms of Clearance. Currently ACL leadership is in discussion on best measures to adhere to the remainder of the TOCs regarding *testing of gender identity questions*. ACL intends to update this and any information collections containing gender identity classification/standards based on leaderships determined approach; the anticipated timeframe for this determination is pending (see below).

Anticipated Timelines Related to the Terms of Clearance

Table 1 outlines ACL’s timing and actions related to the Terms of Clearance for the NSOAAP.

<b>Table 1</b>		
<b>PRA Package</b>	<b>Action</b>	<b>Date</b>
Currently Approved Information Collection Instrument to	ACL submitted PRA package for extension of an approved information collection instrument, addition of rotating module, and non-substantive modifications to the collection instrument. The 60-day FRN included the Emergency Preparedness Rotating Module. Due to the ongoing COVID-19 pandemic,	4/6/21

be collected 2021-2023	ACL decided to supplant the Emergency Preparedness Rotating Module with a Rotating Module on COVID-19. The 30-day FRN included the COVID-19 Rotating Module.	
	OMB approved with change (OMB Control Number: 0985-0023, expires 5/31/2024)	5/25/21
	ACL collected information with collection instrument and COVID-19 Rotating Module.	Summer 2021
	ACL published a 30-day FRN for Rotating Module on Emergency Preparedness and non-substantive modifications to the collection instrument.	3/31/22
	Anticipated OMB approval of Rotating Module on Emergency Preparedness and non-substantive modifications to the collection instrument	Anticipated 5/20/22
	ACL collects information with collection instrument and Emergency Preparedness Rotating Module	Summer 2022
	ACL submits PRA package for 30-day FRN for new Rotating Module TBD and non-substantive modifications to the collection instrument.	Anticipated 12/1/22
	Anticipated OMB approval of new Rotating Module TBD and non-substantive modifications to the collection instrument	Anticipated 3/1/23
	ACL collects information with collection instrument and new Rotating Module TBD.	Summer 2023
Next 3-year Information Collection Instrument to be collected 2024-2026	ACL submits PRA package for next 3-year clearance package with new Rotating Module TBD.	Anticipated 4/1/23
	Anticipated OMB approval of next 3-year clearance package	Anticipated 1/1/24
	ACL collects information with collection instrument and new Rotating Module TBD	Summer 2024

### **Rotating Module**

The first rotating module on ‘The Effect of COVID-19 on Access to and Use of Older Americans Act Programs and Services’ was added to the 2021 NSOAAP. This module supplanted the module on ‘Emergency Preparedness’ that was included in the 60-day FRN due to the health crisis older adults were experiencing as a result of COVID-19. The Emergency Preparedness module is now included as part of the 2022 collection instrument. Per correspondence with OMB dated January 14, 2020, below is ACL’s justification for why Emergency Preparedness is of particular interest to ACL as well as how it was identified as a priority for inclusion in the NSOAAP.

Older adults often have unique needs during an emergency or crisis. For example, they may have mobility challenges and/or chronic health conditions, or they may not have any family or friends nearby to support them. Support services that an older adult relies on to live at home, such as help from family caregivers, in-home health care, and home delivered meals, may be unavailable due to an emergency disaster. These conditions increase a person’s vulnerability and may lead to nursing home care that may have been otherwise avoidable. In addition, older adults may be hearing or vision impaired or have a cognitive impairment such as dementia, which may make it difficult to access and respond to emergency directions. The purpose of adding questions on emergency preparedness to the NSOAAP is to measure the extent to which older adults have received training on, and are prepared for, an emergency event.

**Summary of Malnutrition and Food Insecurity TOC Changes**

As part of the 2021 PRA package review process, ACL received public comments from researchers and advocacy organizations about the ability of the survey to accurately measure food insecurity and malnutrition for OAA clients. The nature and number of these comments resulted in OMB stating in its Notice of Action (NOA) dated 5/25/2021 that they “look forward to seeing survey improvements specifically in the areas of malnutrition...” ACL convened a NSOAAP Nutrition Technical Expert Panel (TEP) during the winter of 2021-2022 to advise and reach consensus on recommendations to ACL for survey questions related to malnutrition and food insecurity for future NSOAAPs.

Based on recommendations from the Nutrition TEP, three questions on food insecurity were added to the information collection to complete the six item USDA food insecurity measure. In addition, the existing malnutrition question was expanded and revised to become the Malnutrition Screening Tool (MST). Two additional questions on malnutrition were added to better understand the risk of malnutrition. (See Table 2)

<b>Table 2</b>	
<b>ORIGINAL QUESTION</b>	<b>REVISED QUESTION</b>
<b>Malnutrition</b>	
<p>The question below was revised to become the Malnutrition Screening Tool (MST) which is a standardized item set recommended by the Nutrition TEP.</p> <p>In the past 12 months, have you lost or gained weight without trying to lose or gain weight? Would you say...</p> <p>Yes, I gained 10 pounds or more,            Yes, I gained less than 10 pounds,            No, I stayed the same,            Yes, I lost 10 pounds or more            Yes, I lost less than 10 pounds?            YES, BUT I TRIED TO LOSE OR GAIN WEIGHT</p>	
<p>These three questions comprise the Malnutrition Screening Tool (MST)</p>	<b>Have you recently lost weight without trying?</b>
	<b>If yes, how much weight have you lost? (2-13 lb, 14-23 lb, 24-33 lb, 34 lb or more, Unsure)</b>
	<b>Have you been eating poorly because of a decreased appetite?</b>
<p>These two questions were added to better understand risk of malnutrition.</p>	<b>Have you recently gained weight without trying?</b>
	<b>How much weight have you gained? Enter number said ___ pounds</b>
<b>Food Insecurity</b>	
<p>Three additional questions were added to the three existing food insecurity questions (listed below) to complete the USDA 6-item food</p>	<b>In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?</b>

<p>insecurity measure which was recommended by the Nutrition TEP.</p>	<p><b>In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?</b></p>
<p>The food that we have just didn't last and we didn't have money to get more. Was that often, sometimes, or never true for your household in the last 12 months?</p>	<p><b>How often did this happen? Was it almost every month, some months but not every month, or in only 1 or 2 months?</b></p>
<p>We couldn't afford to eat balanced meals. Was that often, sometimes, or never true for your household in the last 12 months?</p>	
<p>In the last 12 months, since last (name of current month), did you ever cut the size of your meals or skip meals because there wasn't enough money for food?</p>	

**Summary of Non-Substantive Changes**

Changes to the Collection Instruments

Table 3 includes the non-substantive modifications that were made to the information collection instruments – column 1 is the original presentation and column 2 is the modified.

<p><b>Table 3</b></p>	
<p><b>ORIGINAL QUESTION</b></p>	<p><b>REVISED QUESTION</b></p>
<p>In the last year, have you found financial help for the care recipient including helping him/her apply for Medicaid?</p>	<p>In the last year, have you <b>needed assistance with applying or accessing other programs or services for the care recipient or yourself?</b></p>
<p>As a result of caregiving-related changes in your employment or expenses, have you had to cut back on your own spending for vacations or travel?</p>	<p>As a result of caregiving-related changes in your employment or expenses, have you had to cut back on your own spending for vacations or travel, <b>entertainment, going out, or other leisure activities?</b></p>
<p>As a result of caregiving-related changes in your employment or expenses, have you had to cut down on your own spending for groceries?</p>	<p>As a result of caregiving-related changes in your employment or expenses, have you had to cut down on your own spending for groceries <b>or meals?</b></p>
<p>As a result of caregiving-related changes in your employment or expenses, have you had to cut back on your own spending on health care or dental care?</p>	<p>As a result of caregiving-related changes in your employment or expenses, have you had to cut back on your own spending on health care, dental care, <b>or prescription medicine?</b></p>
<p>As a result of caregiving-related changes in your employment or expenses, have you had to cut back on your own spending for basic home maintenance?</p>	<p>As a result of caregiving-related changes in your employment or expenses, have you had to cut back on your own spending for <b>household expenses and maintenance?</b></p>

<b>Table 3</b>	
<b>ORIGINAL QUESTION</b>	<b>REVISED QUESTION</b>
Do you have any recommendations to improve the caregiver support service? If yes, what recommendations do you have for improving service?	<b>What main recommendations do you have for improving caregiver support services you have received? What is the main area that needs improving: 1) Information about Available Services, 2) Assistance Gaining Access to Services, 3) Caregiver Education/Training, Individual Counseling, and Support Groups, 4) Respite Care, 5) other Supplemental services, and 6) OTHER (something else).</b>
In the last year, have you paid for care recipient's medications or medical care?	In the last year, have you <b>used your own money to pay</b> for care recipient's medications or medical care?
In the last year, have you paid for care recipient's insurance premiums or copayments?	In the last year, have you <b>used your own money to pay</b> for care recipient's insurance premiums or copayments?
In the last year, have you paid for care recipient's mobility devices, such as walkers, canes, or wheelchairs?	In the last year, have you <b>used your own money to pay</b> for care recipient's mobility devices, such as walkers, canes, or wheelchairs?
In the last year, have you paid for features that have made the care recipient's home safer?	In the last year, have you <b>used your own money to pay</b> for features that have made the care recipient's home safer?
In the last year, have you paid for any other assistive devices that make it easier or safer for the care recipient to do activities or do them on his/her own?	In the last year, have you <b>used your own money to pay</b> for any other assistive devices that make it easier or safer for the care recipient to do activities or do them on his/her own?
Do you live with your children?	Do you live <b>at the home of one of your children? Do one or more of your children live with you?</b>
The food that I bought just didn't last, and I didn't have money to get more. Was that often, sometimes, or never true for you in the last 12 months?	The food that <b>we have</b> just didn't last and <b>we</b> didn't have money to get more. Was that often, sometimes, or never true for <b>your household</b> in the last 12 months?
I couldn't afford to eat balanced meals. Was that often, sometimes, or never true for you in the last 12 months?	<b>We</b> couldn't afford to eat balanced meals. Was that often, sometimes, or never true for <b>your household</b> in the last 12 months?
In the past 12 months, have you been to see a doctor? Do not include going to the hospital emergency department.	In the past 12 months, have you been to see a doctor <b>or gone to an urgent care center?</b> Do not include going to the hospital emergency department.  <b>In the past 12 months, have you ever missed or delayed routine doctor visits because of your caregiving situation?</b>

<b>Table 3</b>	
<b>ORIGINAL QUESTION</b>	<b>REVISED QUESTION</b>
{Have you/Has the care recipient? received flu shots, pneumonia shots, or other immunizations other than those from his/her own doctor?	{Have you/Has the care recipient? received flu shots, pneumonia shots, <b>COVID vaccination</b> , or other immunizations?
In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received meals from the meals program?	In the past year {have you/has NAME OF PARTICIPANT} {has CARE RECIPIENT} received meals <b>or other food</b> from the meals program?
In the past year, {have you/has the care recipient} received chore services?	In the past year, {have you/has the care recipient} received <b>heavy</b> chore services, <b>such as washing windows, yardwork, or shoveling snow?</b>

Cc: Amanda Cash, Director Office of Performance and Evaluation