

April 13, 2021

Dr. Jeffrey M. Zirger
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Reference: National Center for Health Statistics Research and Development Survey (RANDS) during COVID-19 (Round 3), CDC-2021-0009

Dear Dr. Zirger:

The Academy of Nutrition and Dietetics (the “Academy”) appreciates the opportunity to submit these comments to the Centers for Disease Control and Prevention relative to its February 12, 2021 information request: *National Center for Health Statistics Research and Development Survey (RANDS) during COVID-19 (Round 3)*. Representing more than 107,000 registered dietitian nutritionists (RDNs),¹ nutrition and dietetic technicians, registered, and advanced degree nutritionists, the Academy is the world’s largest association of food and nutrition professionals and is committed to a vision of a world where all people thrive through the transformative power of food and nutrition. Every day our members provide medical nutrition therapy for patients in clinical settings across the continuum of care, often via telehealth, with the flexibilities necessary due to the COVID-19 health emergency.

The Academy supports this revision to the referenced information collection to facilitate understanding of health care access and food insecurity during the COVID-19 public health emergency. We offer the below suggestions to enhance the utility of the information collection and especially to improve awareness of the value of RDNs and medical nutrition therapy at all stages of the COVID-19 treatment process.

Specific Suggestions for Survey Questions

A. In the section of the survey regarding telemedicine, the Academy suggests that the question TELMEDNEW (page 8) be followed by a question asking specifically for the type of health professional consulted by the patient. If this question is added, the Academy further suggests the inclusion of “registered dietitian nutritionist” among the answer options. In addition, the Academy suggests a question be added to ask about the reason for the telemedicine appointment. The answer choices for this new question could duplicate those listed in the question NOCARTYP (page 8), with the addition of “Medical Nutrition Therapy/Nutrition Counseling” as another answer choice.

B. The COVID-19 pandemic has exacerbated food insecurity and overall food access. Early results suggest that in the U.S., 44% of low-income adults experienced food insecurity at

¹ The Academy approved the optional use of the credential “registered dietitian nutritionist (RDN)” by “registered dietitians (RDs)” to more accurately convey who they are and what they do as the nation’s food and nutrition experts. The RD and RDN credentials have identical meanings and legal trademark definitions.

the beginning of the COVID-19 shutdown. In particular, the inability to buy food in bulk to avoid repeated trips out of the home was more pronounced for adults with very low food security.² A report of Vermont households found a 32% increase in food insecurity due to COVID-19. Of the food insecure households, 2/3 reported strategies such as eating less in order to make their food supply last longer.³ In the San Francisco Bay Area, food insecurity increased from 20% to 33% and food pantry use doubled among adults during COVID-19.⁴

There is a strong connection between access to food, diet quality, and overall health status.⁵ To further understand the impact of COVID-19, the Academy suggests the inclusion of the following screening questions related to food insecurity that are used in both research and clinical settings.⁶

- 1) “We worried whether our food would run out before we received money to buy more.”
- 2) “The food we bought just didn’t last and we didn’t have money to buy more.”

The answer choices could be Yes/No, or could be based on frequency (*e.g.*, “often, sometimes, or never true for you in the last 12 months?”). Alternatively, the USDA has several food security survey modules, ranging from 18 items for a household to a 6 item short form,⁷ that could be used to capture this valuable information.

The Academy appreciates your consideration of our comment for the information collection *National Center for Health Statistics Research and Development Survey (RANDS) during COVID-19 (Round 3)*. Please contact either Jeanne Blankenship at 312-899-1730 or by email at jblankenship@eatright.org or Mark Rifkin at 202-775-8277 ext. 6011 or by email at mrifkin@eatright.org with any questions or requests for additional information.

Sincerely,



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² Wolfson, J.A.; Leung, C.W. Food Insecurity and COVID-19: Disparities in Early Effects for US Adults. *Nutrients* 2020, 12, 1648. <https://doi.org/10.3390/nu12061648>

³ Niles, M.T.; Bertmann, F.; Belarmino, E.H.; Wentworth, T.; Biehl, E.; Neff, R. The Early Food Insecurity Impacts of COVID-19. *Nutrients* 2020, 12, 2096. <https://doi.org/10.3390/nu12072096>

⁴ Pignotti G, Dougan M, Tablas-Mejia I, Telias A, Gounden A. Food Insecurity and Food Access during COVID-19 in the San Francisco Bay Area. College of Health and Human Sciences, San Jose State University, March 2021. (faculty publication). https://scholarworks.sjsu.edu/nufs_pub/31/

⁵ Leung CW, Epel ES, Ritchie LD, Crawford PB, Laraia BA. Food insecurity is inversely associated with diet quality of lower-income adults. *J Acad Nutr Diet*. 2014 Dec;114(12):1943-53.e2. doi: 10.1016/j.jand.2014.06.353.

⁶ Gundersen, C., Engelhard, E., Crumbaugh, A., & Seligman, H. (2017). Brief assessment of food insecurity accurately identifies high-risk US adults. *Public Health Nutrition*, 20(8), 1367-1371. doi:10.1017/S1368980017000180

⁷ Economic Research Service. (2020). Food Security in the U.S.: Survey Tools.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/survey-tools.aspx>