What We Know and Can Do About Malnutrition

Nancy Wellman, PhD, RD, FADA
Adjunct Professor, Friedman School of Nutrition Science & Policy
Tufts University

This program is developed by
The Gerontological Society of America and supported by Abbott

Nutrition: Pillar of healthy aging

- Improving nutrition among older Americans begins with better understanding
- Murthy: “Strong and healthy nutrition” needed for a “culture of prevention”
Malnutrition is...
- Prevalent, serious, often unrecognized
- Any nutritional deficit or imbalance
- Limited digestion, absorption, use of foods by the body

Malnutrition leads to...
- Poor health outcomes—more infections, slower wound healing, more time in the hospital
- Annual burden of $51.3 billion among Americans

Profiles of an Aging Society: Malnutrition
- Survey commissioned by GSA’s National Academy on an Aging Society
- Nationally representative
- Two groups: Adults & Family Caregivers
- Conducted by Harris
- Supported by Abbott

Survey Methodology
- Fielded: July 23–Aug 3, ‘15
- E-mailed to 75,000 members of the Harris Panel
- Included items on demographics, relationships between adults & family caregivers

Survey assessed Americans’ views on...
- Importance of nutrition to health goals/outcomes in older adults
- Signs & causes of malnutrition
- Learning more about nutrition & malnutrition
- Health professionals’ emphasis on nutrition
- Use of community-based nutritional resources
- Nutritional needs of older adults who need family support

Based on Social–Ecological Model
- Theory-based framework
- Interactive effects of personal & environmental influences on health behaviors:
  - Individual
  - Interpersonal
  - Organizational
  - Community
  - Policy
Survey Responses

- 529 Adults
- 506 Family Caregivers
- Data weighted to be representative nationally

Key Finding: Americans

- Understand that identifying & treating malnutrition is important for the health of older adults
- Want more information on what they can do about nutrition & malnutrition

Key Finding: Individual Actions

- Educate families, patients, caregivers about malnutrition, its signs & its causes!

Key Finding: Interpersonal Actions

- Build routine screening & malnutrition intervention skills into health professionals’ training, education, practice!

Key Finding: Organizational Actions

- Establish systematic malnutrition screening & intervention models and standards!

Key Finding: Community Actions

- Engage independent organizations, local jurisdictions, & states!
Key Finding: Policy Actions

• Make malnutrition screening & intervention a policy priority!

Speakers at Today’s Policy Session
1:30–3:00 pm: Southern Hemisphere IV (Dolphin)

• A.S.P.E.N.
  – Rose Ann DiMaria-Ghalili, PhD, RN, CNSC, FASPEN
• NCOA
  – Lura J. Barber, MPP
• AARP Foundation
  – Alexandra Lewin-Zwerdling, PhD, MPA
• NANASP
  – Robert B. Blancato

Next Steps for Helping Our Aging Society Address Malnutrition

• Individual Actions
• Interpersonal Actions
• Organizational Actions
• Community Actions
• Policy Actions

Malnutrition in Hospitalized Older Adults

Rose Ann DiMaria-Ghalili, PhD, RN, FASPEN
Associate Professor of Nursing, Drexel University
Malnutrition Committee Member
American Society for Parenteral and Enteral Nutrition

Individual Factors:
Current Trends

• Aging of America
  – Continuing increases in healthcare costs
  – 1 in 8 Americans are age 65 years or older
  – Patients 65 years and older account for:
    – 60% Healthcare Expenditures
    – 35% Hospital Discharges
    – 45% Hospital Days
    – 56% Readmission within 1 year
Hospital Malnutrition Facts

- Patients coded for malnutrition tend to be 65 years and older, have higher infection rates, longer lengths of stay, higher costs, and higher rates of death (Corkins, et al, 2014, JPEN)
- Older adults with a malnutrition diagnosis were more likely to be admitted to hospital from SNF, and more likely to be discharged to SNF (DiMaria, et al, 2014, Gerontologist)
- Weight loss increased risk of 30-day readmission in medical patients (Allaudeen, et al, 2011, J Hosp Med)
- Failure to thrive/malnutrition frequent reason for readmission in surgical patients (Kassin, 2012, J Am Coll Surg)
- Malnutrition and post-hospital syndrome “an acquired, transient period of vulnerability” (Krumholz, 2013, NEJM)

Identification of Malnutrition

Nutrition Screening
- Process to identify an individual who is malnourished or who is at risk for malnutrition to determine if a detailed nutrition assessment is indicated (A.S.P.E.N., 2012)
- The Joint Commission recommends all patients have a nutrition screening performed within 24 hours of admission (JTC, 2015)

Nutrition Assessment
- A comprehensive approach to diagnosing nutrition problems that includes a combination of the following medical, nutritional, and medication histories; physical examination; anthropometric measurements; and laboratory data (A.S.P.E.N., 2012)

Malnutrition Diagnosis
- If malnutrition is present, it should be included as one of the patient’s coded diagnoses (Quenter et al, 2013)

A.S.P.E.N. Practice Survey

- 1,777 respondents
- 82.7% nurses performed the nutrition screen
- Screening tools used by nurse respondents
  - 80% Admission Nutrition Screening Tool: trouble chewing or swallowing, weight loss history
  - 13% Simple Screening Tool
  - 12% Malnutrition Screening Tool
  - 12% Nutrition Risk Classification

A.S.P.E.N. Adult Nutrition Care Pathway (APNCP)
Organizational Factors

Addressing Disease-Related Malnutrition in Hospital Patients: A Call for a National Goal

“It is the position of A.S.P.E.N. that addressing disease-related malnutrition in hospitalized patients should be a national goal in the United States and thereby help to improve patient outcomes by reducing morbidity, mortality, and costs. A malnutrition-focused national goal would better overtly address the issue of disease-related malnutrition to alert health care organizations on the need to provide optimum nutrition care.”

Guenter et al, 2015, TJC J Qual Pat Safety

Care Transitions

Seniors & SNAP: Best Practices

Lura Barber, MPP
Director, Hunger Initiatives
National Council on Aging

Survey Reflections

Senior Economic Insecurity

5.4 million people age 60+ experience food insecurity

$16,020 average annual Social Security retirement benefit (SSA)

22% of married couples and 47% of unmarried persons rely on Social Security for 90% or more of their income

$3,312 med. out-of-pocket spending by Medicare beneficiaries

$40,900 med. debt for the 61% of 60+ households with any debt

• Healthy Aging
• Economic Security
• Public Policy and Advocacy

The Gerontological Society of America
2015 Annual Scientific Meeting
SNAP is one key public benefit

Quick SNAP Facts

- $134 the median SNAP benefit for households with an elderly person in 2013 ($113 for all living alone)
- 42% SNAP participation rate among eligible seniors age 60+
- 83% total SNAP participation among all eligible households
- 15.3% of elderly SNAP households received the minimum benefit in 2013 ($16 per month in 2013, now $15)
- 1.3 average size of a SNAP household with at least one person age 60 or older in 2013

Community-based assistance

Diverse Partner Organizations

<table>
<thead>
<tr>
<th>Model</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aging network</td>
<td>Strong relationships with seniors</td>
<td>May lack expertise in SNAP</td>
</tr>
<tr>
<td>Ethnic-focused</td>
<td>Highly trusted; multilingual</td>
<td>May not have broad reach</td>
</tr>
<tr>
<td>Anti-hunger network</td>
<td>Already doing outreach for SNAP</td>
<td>Often child focused, not holistic</td>
</tr>
<tr>
<td>Food banks</td>
<td>Direct access to most in need</td>
<td>Outreach often difficult</td>
</tr>
<tr>
<td>Faith-based</td>
<td>Highly trusted</td>
<td>May not have broad reach</td>
</tr>
<tr>
<td>Senior centers</td>
<td>One-stop shop for seniors</td>
<td>Funding and outreach</td>
</tr>
<tr>
<td>Call centers</td>
<td>Very high volume</td>
<td>Highly complex, expensive model</td>
</tr>
</tbody>
</table>

NCOA Senior SNAP Enrollment Initiative

Since March 2014...

Our community-based grantees (37 in Year 1 & 32 in Year 2) have accomplished:

- **195,553** seniors screened for SNAP & other benefits
- **46,600** SNAP applications submitted
- **$64,038,624** estimated value of applications

Best Practices: Holistic Application Assistance

Step 1: Assess your organization’s strengths and challenges
Step 2: Understand your target population
Step 3: Outreach and education about SNAP and seniors
Step 4: Screen clients for benefit eligibility (e.g., using www.benefitscheckup.org/getSNAP)
Step 5: Assist in completing and submitting application
Step 6: Follow up to troubleshoot, ensure proper use of EBT card, and remind about recertifications
**Policy Session: Understanding Patient and Caregiver Perceptions of Malnutrition**

---

**Best Practices: Overcoming Stigma**

- “Other people are worse off than me.”
- “I was always taught you live off what you have.”
- “I don’t need that.”
- “It’s too much work for too little money.”
- “You paid taxes your whole life, and those taxes fund SNAP. Like Social Security, you’re just claiming what you earned.”
- “Even if it’s just $15 per month, that can help you afford your prescriptions.”
- “It’s through the USDA, not HHS, and it helps local farmers and businesses.”

---

**Best Practices: Building Partnerships**

- **Ideas for partnerships...**
  - State agencies
    - A strong relationship with the state agency and/or local office is critical for improving outreach to seniors and resolving issues effectively
  - Other community-based organizations
  - Commodity Supplemental Food Program distributors
  - Community organizing groups
  - Domestic care workers
  - Hospitals and other medical providers
  - Local businesses

---

**Social media outreach**

- Why focus outreach efforts online?
  - **3 in 5** seniors age 65+
    - are online
  - **71%** of senior internet users go online every day or almost every day
  - **46%** of senior internet users are on social networking sites like Facebook

---

**What we’ve learned about Facebook**

- It’s the most popular social networking site among seniors.
- It’s easy to use.
- It’s inexpensive to reach a lot of people.
- It has powerful targeting features.
- It gets results quickly.

---

**Results from Facebook Ads: Year 1**

- **Audience:**
  - "low-income" seniors age 60+
  - Reach: 848,134 people
  - Clicks to SNAP applications: 101,469
- **30% of total SNAP application downloads came from Facebook**

Since March 2014, we’ve helped more than 500,000 seniors and caregivers find SNAP applications through social media.
Policy

State Policies

Options states have to streamline SNAP eligibility include:

- Implementing the Elderly Simplified Application Project
- Implementing a Standard Medical Expense Deduction
- Partner with aging organizations in State SNAP Outreach Plans
- Instituting broad-based categorical eligibility
- Setting up state call centers for application assistance
- Extending recertification periods to 36 months
- Simplifying and combining applications for multiple benefits
- Instituting an online application
- Creating a data bridge that allows counselors to track and flag their clients’ applications

SNAP Best Practices Handbook

The full 28-page handbook, along with links to additional resources, can be found at

www.NCOA.org/SNAPHandbook

AARP Foundation
Hunger Impact

Alexandra Lewin-Zwerdling, PhD, MPA
Senior Advisor, AARP Foundation

The Hunger Impact Team

Our Mission:
To enhance timely, appropriate, affordable, nutritious food to vulnerable 50+

Our Goals:
1. Improve nutritional quality, freshness and safety of foods consumed by the 50+ vulnerable population
2. Provide for efficient distribution systems that work to reduce cost and increase availability and access to healthy, nutritious foods
3. Strengthen food knowledge to enhance buying power, purchasing habits and cooking skills that result in healthy, nutritious and age-appropriate meals

• AARP Foundation, a charitable affiliate of AARP, focuses on four areas for the vulnerable 50+: hunger, housing, income and isolation.

• By coordinating responses to these issues on all four fronts at once, and supporting them with vigorous legal advocacy, the Foundation serves the unique needs of those 50+ while working with local organizations nationwide to reach more people, work more efficiently and make resources go further.

The Gerontological Society of America
2015 Annual Scientific Meeting
Americans 50 and older are the fastest growing consumer group in the United States.

### Hunger Is a Health Issue

**6 million**
- *Baby Boomers* and older adults have higher health care costs
- *Hunger is one of the most common health care conditions.*

**40%**
- *Baby Boomers* spend more time thinking about their health.

### Shared Value Approach

"The solution lies in the principle of shared value, which involves creating economic value in a way that also creates value for society by addressing its needs and challenges. Businesses must reframe company success with social progress. Shared value is not social responsibility, philanthropy, or even sustainability, but a new way to achieve economic success."

- Porter and Kramer, 2011

"To us, an opportunity to two things wove together—the complex social issue and the way it connects with the businesses, nonprofits, and public sector players that are trying to address it."

- FSG Consulting, 2015

### Our Work

- **Food Insecurity Nutrition Incentive**
- **FoodRx**
- **Top Box Foods**
- **UpLift Solutions**
- **Root Cause Coalition**
Building an Evidence Base
- Institute of Medicine Workshop
- Tufts/AARP FDN MyPlate for OA
- Consumer Research
- CDC FDN Partnership

Key Insights
- Engage the Healthcare Sector
- Screen for Malnutrition/Food Insecurity
- Underscore the Importance of Nutrition
- Pursue Related Policy and Advocacy Agendas

Introduction—What Is NANASP?
- Professional organization with nearly 1100 members.
- We interact with older adults every day through the provision of meals served in either congregate or home-delivered settings as well as nutrition and health education.
- We operate our congregate programs in senior centers and related facilities.

Social-Ecological Model Levels
- NANASP mostly works on these levels:
  - Level 1: Individual
  - Level 4: Community
  - Level 5: Policy
Level 1 Work
- Older Americans Act Elderly Nutrition Program—meals, screenings, education.
- Malnutrition Awareness Week™ participation.
- SNAP enrollment at some member sites.
- Helped create/sponsor Families and Work Institute’s Employer Elder Care Toolkit on nutrition.

Level 4 Work
- Speaking engagements around country to influential organizations to raise awareness about the issue—medical organizations, state legislator organizations.
- In turn, this has led to resolutions by these organizations and some state participants.

Level 5 Work
- Charter member of new coalition, DefeatMalnutrition.Today, to address regulatory and legislative solutions to malnutrition.
- Submitted comments to Healthy People 2020 on malnutrition.
- Work on Older Americans Act (OAA) reauthorization and funding as well as other nutrition funding.
- Work on White House Conference on Aging (WHCOA).

Level 5 Work: OAA
- Strengthened RD requirements.
- Oral nutrition supplements clarification.
- Continue to work toward other items to strengthen links between nutrition and health.

Level 5 Work: White House Conference on Aging
- Held a joint webinar with the Academy of Nutrition and Dietetics to discuss nutrition as a key to healthy aging and LTSS.
- Submitted comments to WHCOA on malnutrition under healthy aging and LTSS topics.
- Outcome: nutrition had several mentions in the WHCOA, including a pilot to make home-delivered meals payabe via SNAP benefits.

Survey Results and Our Perspective
- The results in general showed that older adults and their caregivers need more information about malnutrition.
- Our programs work to address that through OAA nutrition education and screenings.
Survey Results and Our Perspective

• Results indicating that fewer than 1 in 4 adults used OAA meals/SNAP consistent with GAO reports, other research.
• We must increase enrollment in—and funding for—these programs to help combat malnutrition.

Survey Results and Our Perspective

• Results showed that more than 3 in 4 family caregivers are involved in providing direct nutrition-related care for an older adult.
• Proves the importance of the OAA National Family Caregiver Support Program—and for increased caregiver support and funding. Nutrition/malnutrition education should be added to this program.

DefeatMalnutrition.Today

• Mentioned earlier.
• New coalition has formed to work to position malnutrition as a key indicator and vital sign of older adult health; also to impact legislative and regulatory change.
• NANASP is a founding member.
• The website is defeatmalnutrition.today

Q&A

• GSA
  – Nancy Wellman, PhD, RD, FADA
  – wellmann@fiu.edu
• A.S.P.E.N.
  – Rose Ann DiMaria-Ghalili, PhD, RN, CNSC, FASPEN
  – rad83@drexel.edu
• NCOA
  – Lura J. Barber, MPP
  – Lura.Barber@ncoa.org
• AARP Foundation
  – Alexandra Lewin-Zwerdling, PhD, MPA
  – alewinzwerdling@aarp.org
• NANASP
  – Robert B. Blancato
  – rblancato@matzblancato.com