KEY FINDING: AMERICANS UNDERSTAND THAT IDENTIFYING AND TREATING MALNUTRITION IS IMPORTANT FOR OLDER ADULT HEALTH AND WOULD LIKE MORE INFORMATION ABOUT THE PROBLEM.

Malnutrition is a prevalent, serious, and often unrecognized health threat for older adults in the United States. Broadly, malnutrition can mean any nutritional problem, ranging from a diet that is excessive to one that is inadequate or simply poorly balanced. Malnutrition can also occur when medical conditions and/or treatments limit the body’s ability to digest, absorb, or use foods.

Advanced age alone is a risk factor for malnutrition. Both aging and many of the chronic conditions that often happen as people age are associated with declines in nutrition health and muscle mass. In fact, even though older adults may gain weight and body fat as they age, the steady decline in food intake (particularly good sources of protein) that often occurs over the lifespan makes older adults especially vulnerable to malnutrition.

We want our healthcare system to help older adults live longer, high-quality, productive, and independent lives. However, this may prove difficult without identifying and treating malnutrition, because malnutrition can lead to the opposite results—poorer health outcomes—including increased risk for infections, delayed wound healing, and longer stays in the hospital, as well as readmissions.

The costs associated with malnutrition are staggering. The annual burden of disease-associated malnutrition in U.S. adults 65 years or older is estimated to be $51.3 billion.¹

Solving the problem of malnutrition in older adults starts with a better understanding of what we know about malnutrition. The National Academy on an Aging Society, the nonpartisan public policy institute of The Gerontological Society of America, commissioned a nationally representative survey to measure American consumer knowledge and perceptions about malnutrition in older adults. The survey delved into the views and experiences of two important subgroups: adults in general and adults providing family caregiving to their loved ones.

Using the methodology detailed on page 12, survey researchers examined the following:

- Views of Americans about the importance of nutrition in achieving health goals and outcomes for older adults.
- Awareness of the signs and causes of malnutrition.
- Interest in learning more about malnutrition.
- Nutrition-related education and recommendations provided by healthcare professionals.
- Relationships between family caregivers and those for whom they provide care.
- Use of community-based nutrition programs and services.
- Views of family caregivers about the nutritional needs of their loved ones to support healthy aging at home.

This report highlights key findings from this survey and summarizes the data supporting those findings. The presentation of the data is based on the Social-Ecological Model (see page 7), a theory-based framework for understanding interactive effects of personal and environmental factors that determine health behaviors.
Educate families, patients, and caregivers about malnutrition.

Americans are aware that malnutrition can impact older adult health and independence, and they want to learn more about how to identify and treat this problem. One example of a simple way to help identify malnutrition is to use the Malnutrition Screening Tool, which consists of two questions:

1. Have you recently lost weight without trying?
2. Have you been eating poorly because of a decreased appetite?

Survey respondents (both adults and family caregivers) recognized both of these as signs of malnutrition. However, more respondents recognized weight loss (85%) than loss of appetite (64%). Launching malnutrition prevention campaigns, promoting Malnutrition Awareness Week™, and hosting malnutrition education programs through health departments and other local venues are examples of actions that could help increase general and caregiver awareness of how to identify malnutrition in older adults.

Adults and family caregivers responded that for people in general, good nutrition means:

- Keeping a healthy weight: 79%
- Eating the right amounts of carbohydrates, proteins, and fats: 76%
- Making sure you eat the recommended servings of vegetables each day: 66%
- Making sure you eat the recommended servings of fruit each day: 62%
- Eating three meals a day: 37%
- Not being hungry: 15%

Adults and family caregivers recognize the many signs of malnutrition:

- Feeling weak/weakness: 94%
- Weight loss without trying to lose weight: 85%
- Becoming sick more often: 84%
- Longer recovery time from illness: 84%
- Digestive problems such as diarrhea, constipation, or vomiting: 79%
- Bloating stomach: 75%
- Mental confusion: 74%
- Loss of fat: 69%
- Loss of appetite: 64%
- Body fluid retention: 63%
- Noticeable loss of hand grip strength: 61%
- Dry skin: 58%
- Hair losing its color: 50%
- Chewing and/or swallowing problems: 47%
- Loose or tight clothing and/or jewelry: 44%

Inside the Data

Family caregivers are more likely than adults in general to think that good nutrition means eating three meals a day and not being hungry.

Younger adults (18 to 34 years old) are more likely than adults 35 years or older to erroneously think that good nutrition means simply not being hungry.

Inside the Data

Other signs of malnutrition recognized by respondents were body fluid retention (63%), noticeable loss of hand grip strength (61%), dry skin (58%), hair losing its color (50%), chewing and/or swallowing problems (47%), and loose or tight clothing and/or jewelry (44%).
Adults and family caregivers recognize the numerous causes of malnutrition:

- **87%** Not always being able to physically shop, cook, and/or feed oneself
- **85%** Having an illness or condition that makes you change the kind or amount of food you eat
- **75%** Difficulty chewing and/or swallowing
- **61%** Unintended gain or loss of 10 pounds in the last 6 months
- **53%** Taking three or more different prescription or over-the-counter medicines per day
- **52%** Getting older in general
- **50%** Eating meals alone most of the time
- **50%** Having three or more alcoholic drinks almost every day

**Inside the Data**

Family caregivers are more likely than adults in general to think that having three or more drinks of beer, liquor, or wine almost every day is a potential cause of malnutrition among older adults.

Family caregivers are more likely than adults to think that taking three or more different prescription or over-the-counter medicines per day is a potential cause of malnutrition among older adults.

Younger family caregivers and younger adults (18 to 34 years old) are more likely than adults age 55 years or older to think that taking three or more different prescription or over-the-counter medicines per day is a potential cause of malnutrition among older adults.

Women are more likely than men to think eating alone is a cause of malnutrition. Adults 18 to 34 years of age, however, are less likely than those 55 years or older to think eating alone is a cause of malnutrition.

**Resource Tip:**
Find out more about older adult malnutrition and chronic diseases at: [www.ncoa.org/NutritionTools](http://www.ncoa.org/NutritionTools)
Build routine nutrition screening and malnutrition intervention skills into healthcare professionals’ training, education, and practice.

The most common resource—identified by 76% of respondents—for more information about malnutrition was a healthcare professional. The most likely healthcare professional that both adults and family caregivers would seek out was a physician. However, only 17% of respondents stated that their physician or other healthcare provider had offered any specific diet or nutrition information during the past year. Furthermore, fewer than 10% of the respondents stated that they received referrals to specialists, supplemental nutrition assistance program (SNAP) benefits, meal delivery program services, or meals at a community or senior center. These findings speak to the importance of building routine malnutrition screening and intervention skills into healthcare professionals’ training, education, and practice and working to establish malnutrition as a key health indicator and vital sign for older adults.

Adults and family caregivers identified people or resources they would be most likely to go to for information about malnutrition:

- Healthcare professional: 76%
- Internet/health-related websites: 67%
- Community nutrition/aging programs: 28%
- Hospital: 17%
- Family and/or friends: 16%
- Social networks/discussion forums: 9%

Inside the Data
- Adults 55 years of age or older are more likely than younger adults to seek information from a healthcare professional.
- Female family caregivers are more likely than male family caregivers to seek information from a healthcare professional.

Adults and family caregivers identified which, if any, nutrition referrals they received from their

- Educational materials, such as handouts, brochures, or websites with specific diet or nutrition information: 17%
- Referral to a dietitian/nutritionist or diabetes educator: 9%
- Recommendations on oral nutrition supplements: 7%
- Referral to the Supplemental Nutrition Assistance Program (formerly known as food stamps): 6%
Adults and family caregivers identified the healthcare professional they would be most likely to go to for malnutrition information:

- **Physician** (50%)
- **Dietitian** (40%)
- **Nurse** (4%)
- **Pharmacist** (1%)
- **Other/don’t know** (5%)

**Resource Tip:** Find a local Registered Dietitian Nutritionist by searching this national database: [www.eatright.org/find-an-expert](http://www.eatright.org/find-an-expert)

**Inside the Data**
- Among all respondents, those age 55 years or older were much less likely than those in younger age groups to receive any of the recommendations on the left or referrals from healthcare providers.
- Nearly all respondents 55 years or older did not receive a referral to the Supplemental Nutrition Assistance Program (SNAP), to a home-delivery meal program, or to meals at a community or senior center.
Establish systematic malnutrition screening and intervention models and standards.

The majority of all respondents believed malnutrition is a significant problem for older adults in the United States today. Many thought that more than 40% of older adults are malnourished. This response is supportive of published clinical reports showing that as many as 65% of older adults (age 65 years or older) admitted to the hospital may be malnourished. Since malnutrition is a documented problem, establishing systematic malnutrition screening and intervention models and standards across the continuum of healthcare is important to help more quickly identify malnutrition and intervene to resolve it in older adults.

Malnutrition can be defined as having recently lost weight without trying or eating poorly because of decreased appetite.

Based on this definition, adults and family caregivers rated how significant of a problem they thought malnutrition is in the United States today for older adults:

- Very significant: 28%
- Somewhat significant: 55%
- Not too significant: 16%
- Not at all significant: 1%

Based on this definition, adults and family caregivers rated the percentage of older adults (age 65 years or older) they thought are malnourished:

- 20% or less: 16%
- 21% to 40%: 45%
- 41% to 60%: 31%
- More than 60%: 9%

Inside the Data

Family caregivers are more likely than adults in general to think that malnutrition is a very significant problem. Moreover, family caregivers younger than 55 years of age are more likely than older adults to think malnutrition is a very significant problem.

Resource Tip:
Find organizational tools on identifying and treating malnutrition at www.malnutrition.com
The Social-Ecological Model
A theory-based framework for understanding interactive effects of personal and environmental factors that determine health behaviors. Helps identify social and organizational leverage points for health promotion within organizations.

LEVEL 1: INDIVIDUAL
Educate families, patients, and caregivers about malnutrition.

LEVEL 2: INTERPERSONAL
Build routine nutrition screening and malnutrition intervention skills into healthcare professionals’ training, education, and practice.

LEVEL 3: ORGANIZATIONAL
Establish systematic malnutrition screening and intervention models and standards.

LEVEL 4: COMMUNITY
Engage independent organizations, local jurisdictions, and states.

LEVEL 5: POLICY
Make malnutrition screening and intervention a policy priority.
Engage independent organizations, local jurisdictions, and states.

Among adults and family caregivers, four of five believed good nutrition is very important for older adults’ overall health and quality of life. Such beliefs underscore the importance of engaging community organizations in addressing malnutrition.

Fewer than one in four family caregivers reported that the older adult in their care used community nutrition resources such as home-delivered meals or the Supplemental Nutrition Assistance Program. The majority of family caregivers reported that the older adult in their care does not use any of the community resources listed in the survey. There is an opportunity to include malnutrition screening and intervention into state and federal healthcare quality initiatives and care models, especially those related to hospital readmissions among the Medicare population. This opportunity could be further strengthened by linking malnutrition interventions directly to available community nutrition resources and programs.

Adults and family caregivers rated how important good nutrition is for older adults:

**Being healthy overall**
- Very important: 83%
- Important: 16%
- Not too important: 1%
- Not at all important: 1%

**Helping to recover from illness/hospitalization**
- Very important: 81%
- Important: 18%
- Not too important: 1%
- Not at all important: 1%

**Having a good quality of life**
- Very important: 80%
- Important: 19%
- Not too important: 1%
- Not at all important: 1%

**Being able to live independently**
- Very important: 68%
- Important: 29%
- Not too important: 1%
- Not at all important: 2%

**Saving on healthcare costs**
- Very important: 67%
- Important: 30%
- Not too important: 1%
- Not at all important: 1%

*Inside the Data*
- Family caregivers are more likely than adults in general to think good nutrition is very important for good quality of life.
- Among adults, those with a high school education or less are more likely than those with postgraduate degrees to think good nutrition is very important for a good quality of life.
Family caregivers wish more older adults in their care were using community nutritional resources:

- **Home meal delivery programs**
  - 21% Older Adult use
  - 30% Caregiver wishes

- **Meals at community/senior center**
  - 20% Older Adult use
  - 23% Caregiver wishes

- **Supplemental Nutrition Assistance Program (SNAP)** (formerly known as food stamps)
  - 19% Older Adult use
  - 28% Caregiver wishes

- **Local services such as transportation to and from nutrition programs**
  - 15% Older Adult use
  - 24% Caregiver wishes

- **Local Food Assistance Programs** (e.g., food banks)
  - 16% Older Adult use
  - 23% Caregiver wishes

**Inside the Data**

The majority of family caregivers (56%) reported that the older adult in their care does not use any of the community nutrition resources.

* Older Adult use of resource (reported by caregiver)
† Caregiver would like older adult to use resource

**Resource Tips:**

Find local aging services at: [www.eldercare.gov/](http://www.eldercare.gov/)Eldercare.NET/Public/Index.aspx


Find health plan coverage of therapeutic nutrition products at: [www.pathwayreimbursement.com](http://www.pathwayreimbursement.com)
Make malnutrition screening and intervention a policy priority.

Family caregivers are providing many direct nutrition-related care activities for an older adult, ranging from grocery shopping and meal preparation to providing oral nutrition supplements and assistance with eating. Clearly, there is a need for family caregivers to be supported in these roles. If malnutrition is not identified and treated, poorer health outcomes will follow. Specific policy actions could include making malnutrition screening and intervention a policy priority through federal and state health goals, along with including malnutrition screening and intervention in essential benefits and Medicare annual wellness visits.

This survey underscores the need for malnutrition to become recognized as a key indicator and vital sign of older adult health and for malnutrition prevention and treatment to become standards that support the healthy aging of Americans.

Family caregivers provide unpaid care for their:

- **52%** Parents
- **18%** Spouse/partner
- **16%** Grandparents
- **7%** Siblings/extended family
- **5%** Neighbor/community member
- **2%** Other
- **10%** Tube feeding
- **3%** Other
- **8%** None of these

Inside the Data
- Among family caregivers, women are more likely than men to assist with grocery shopping, whereas men are more likely than women to provide assistance with eating.
- Younger family caregivers in the 18- to 34-year-old age range are more likely than those age 35 years or older to provide assistance with eating and tube feeding.
Americans are interested in nutrition and aware of its importance for older adults. Adults and family caregivers responding to this nationally representative survey recognized the signs and causes of malnutrition and understood the importance of identifying and addressing malnutrition in the elders in their families and communities.

Through a variety of individual, interpersonal, organizational, community, and policy actions, better nutrition for older Americans can ensure healthy aging for this growing segment of society. Such actions include the following:

- Developing malnutrition prevention campaigns, promoting Malnutrition Awareness Week™, and supporting malnutrition education programs through health departments and other local venues.
- Building routine malnutrition screening and intervention skills into healthcare professionals’ training, education, and practice and working to establish malnutrition as a key health indicator and vital sign for older adults.
- Establishing systematic malnutrition screening and intervention models and standards across the continuum of healthcare.
- Incorporating malnutrition screening and intervention into quality initiatives and care models.
- Making malnutrition screening and intervention a policy priority through federal and state health goals along with including malnutrition screening and intervention in essential benefits and Medicare annual wellness visits.

References
The Gerontological Society of America’s National Academy on an Aging Society commissioned a national study about older adult malnutrition among individuals who were self-identified as adults or nonpaid family caregivers of an older adult, age 65 years or older. The electronic survey was e-mailed to a sample of 75,000 potential respondents from July 23 to August 3, 2015. The sample consisted of adults age 18 years or older in the United States. Participants in this study were provided through the Harris Panel, including members of its third-party panel providers. The survey yielded a total of 1,035 responses, which included 529 responses among adults and 506 responses among family caregivers. The data were weighted to be representative nationwide by age, sex, region, education, income, and race.

Read more at www.geron.org/malnutrition