

# What We Know and Can Do About Malnutrition

## Profiles of an Aging Society

### Survey respondent categories



**Adults:** Americans 18 years of age or older.



**Family Caregivers:** Americans 18 years of age or older who provide unpaid care for an adult age 65 years or older.



**All Respondents:** Both adults and family caregivers.

(see [About the Data](#) on page 12).

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

**M**alnutrition 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.<sup>1</sup>

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.

“The way to build the foundation for a stronger America is to create a culture of prevention that has three pillars to it—**strong and healthy nutrition**...physical activity, and...emotional and mental well-being. We have to build and support and sustain those pillars if we want to create a culture of prevention.”

—VICE ADMIRAL VIVEK MURTHY, MD, MBA, U.S. SURGEON GENERAL, AT THE 2015 WHITE HOUSE CONFERENCE ON AGING

## LEVEL 1: INDIVIDUAL ACTIONS

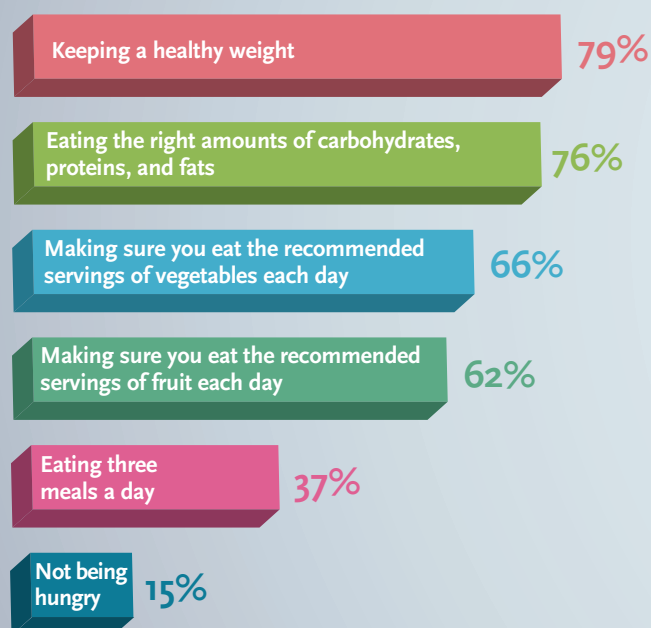
### Educate families, patients, and caregivers about malnutrition.

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:

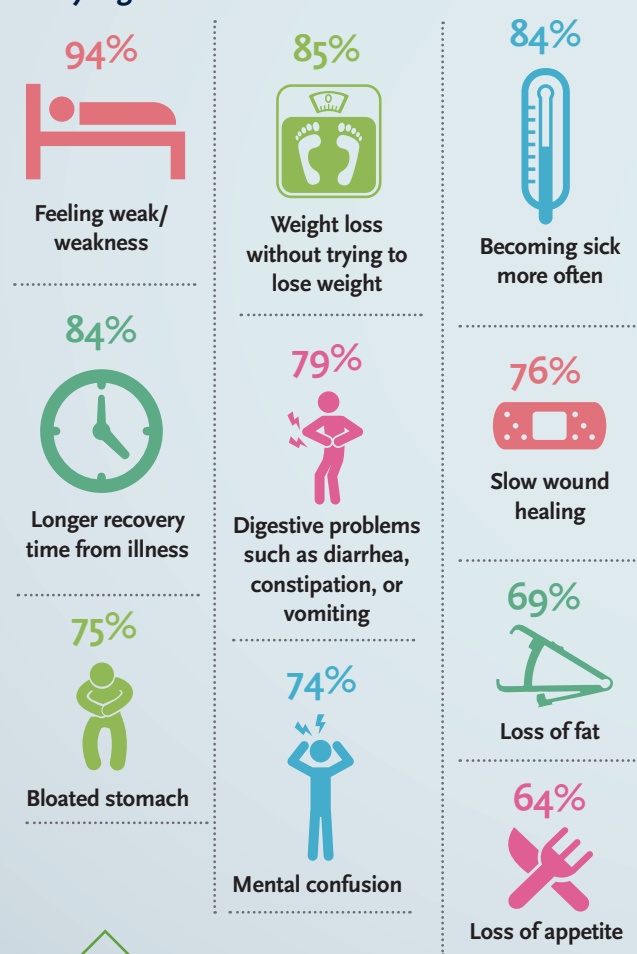


#### Inside the Data


 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.

#### Adults and family caregivers recognize the many signs of malnutrition:



#### 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%).

### Resource Tip:

Find out more about older adult malnutrition and chronic diseases at: [www.ncoa.org/NutritionTools](http://www.ncoa.org/NutritionTools)



## 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.

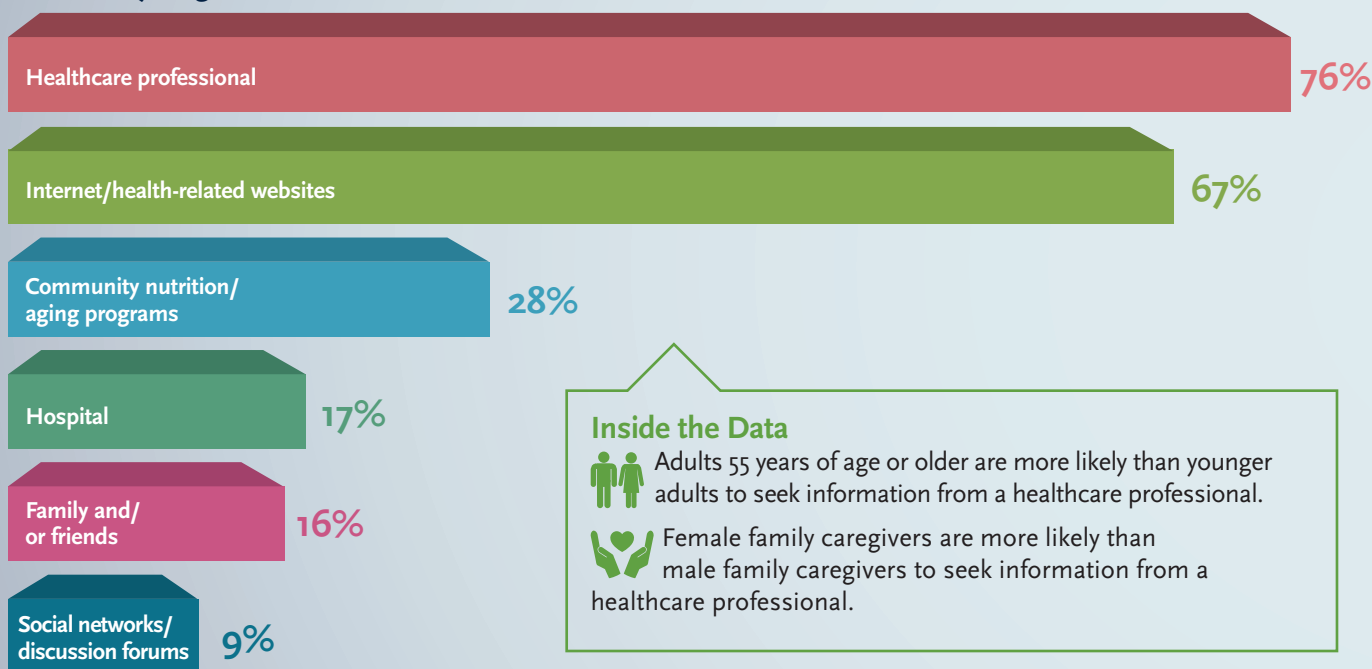
 Women are more likely than men to think eating alone is a cause of malnutrition. Adults 18 to 34 years of age, however, are less likely than those 55 years or older to think eating alone is a cause of malnutrition.

## LEVEL 2: INTERPERSONAL ACTIONS

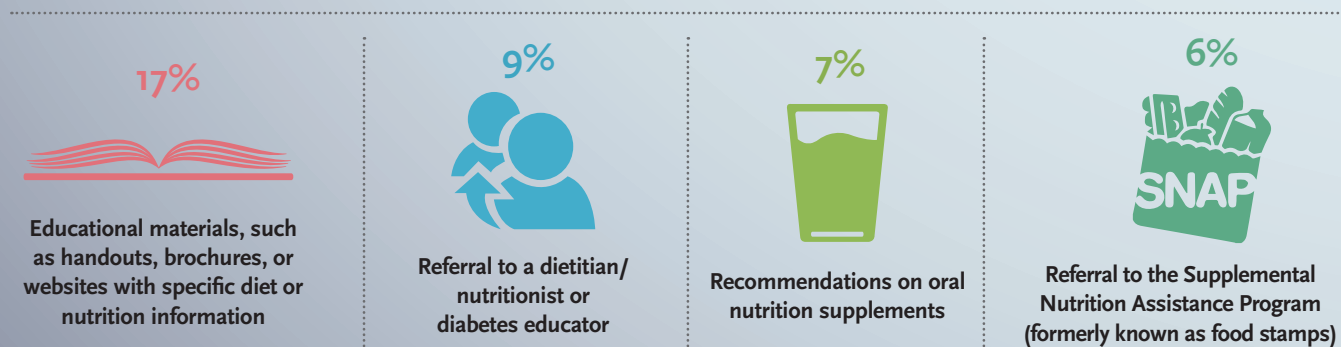
### Build routine nutrition screening and malnutrition intervention skills into healthcare professionals' training, education, and practice.

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:



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





50%



Physician

40%



Dietitian

#### 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)

Adults and family caregivers identified the healthcare professional they would be most likely to go to for malnutrition information:

4%



Nurse

1%



Pharmacist

5%



Other/don't know

healthcare provider during the last 12 months:

3%



Referral to meals at a community or senior center

3%



Referral to a home-delivery meal program such as Meals on Wheels

#### 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.



## LEVEL 3: ORGANIZATIONAL ACTIONS

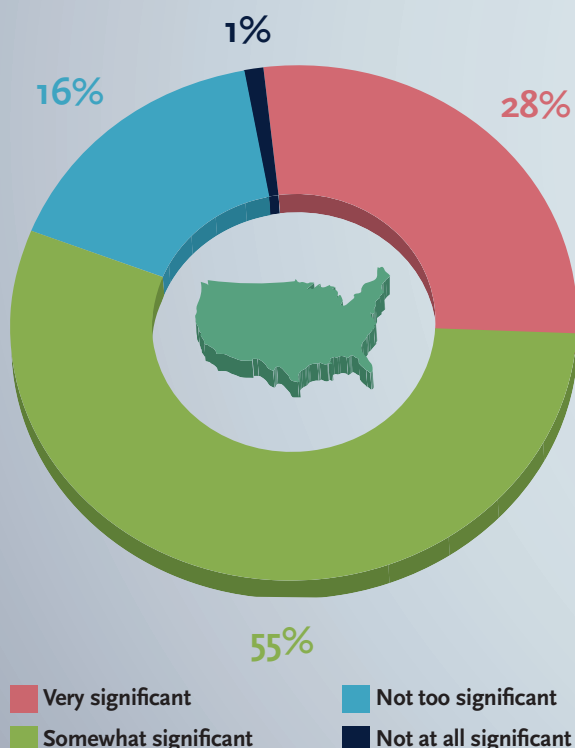


### Establish systematic malnutrition screening and intervention models and standards.

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.<sup>2</sup> 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.**

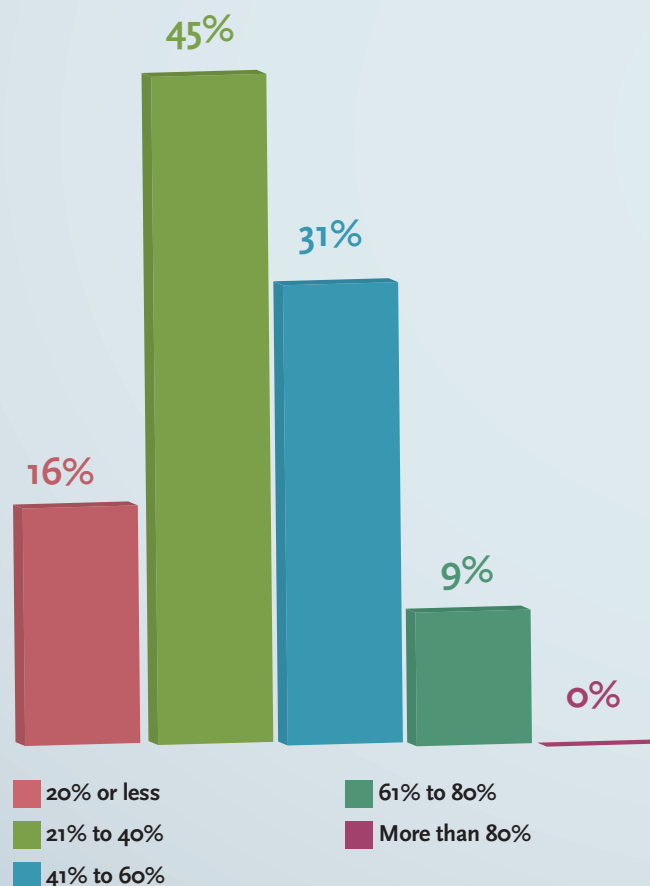
Based on this definition, adults and family caregivers rated how significant of a problem they thought malnutrition is in the United States today for older adults:



#### 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.

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



#### Resource Tip:

Find organizational tools on identifying and treating malnutrition at [www.malnutrition.com](http://www.malnutrition.com)

## APPROACHING THE PROBLEM WITH A SOCIAL-ECOLOGICAL MODEL

### 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 3: ORGANIZATIONAL

Establish systematic malnutrition screening and intervention models and standards.

#### LEVEL 2: INTERPERSONAL

Build routine nutrition screening and malnutrition intervention skills into healthcare professionals' training, education, and practice.

#### LEVEL 1: INDIVIDUAL

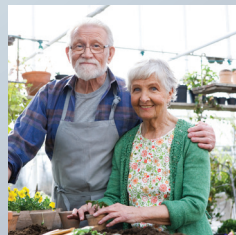
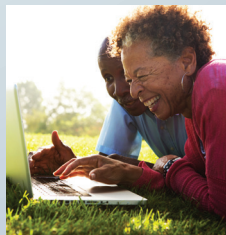
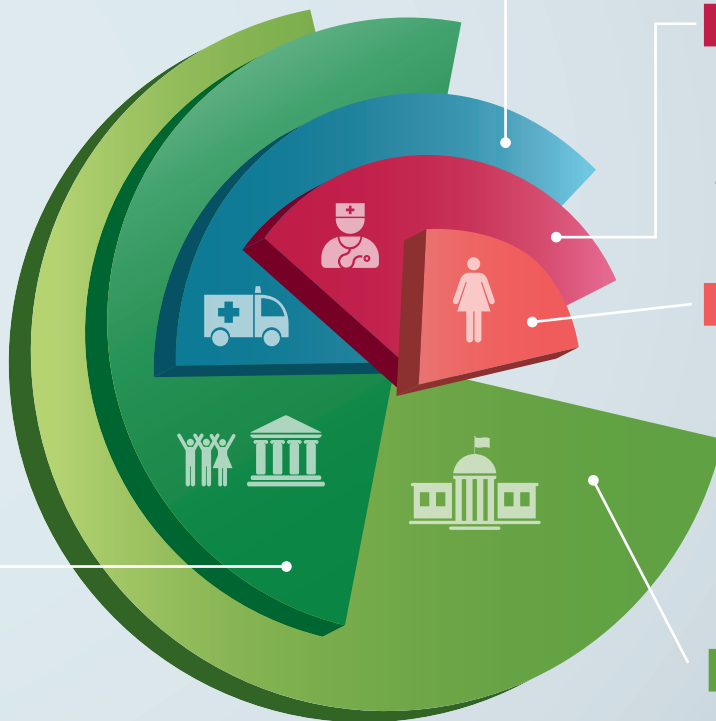
Educate families, patients, and caregivers about malnutrition.

#### LEVEL 5: POLICY

Make malnutrition screening and intervention a policy priority.

#### LEVEL 4: COMMUNITY

Engage independent organizations, local jurisdictions, and states.



## LEVEL 4: COMMUNITY ACTIONS

### 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



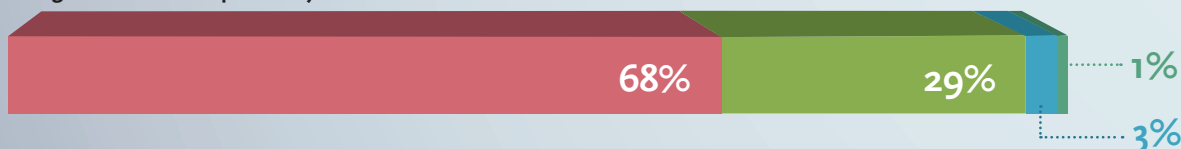
Helping to recover from illness/hospitalization



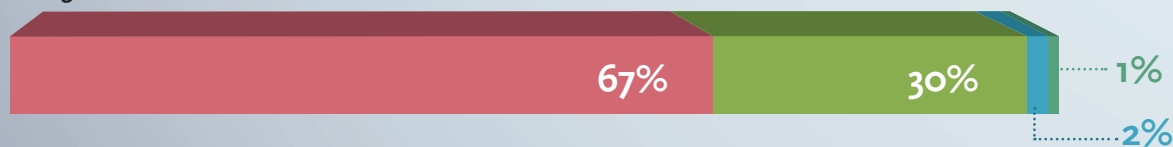
Having a good quality of life



Being able to live independently



Saving on healthcare costs



Very important    Important    Not too important    Not at all important

#### 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.



### Resource Tips:

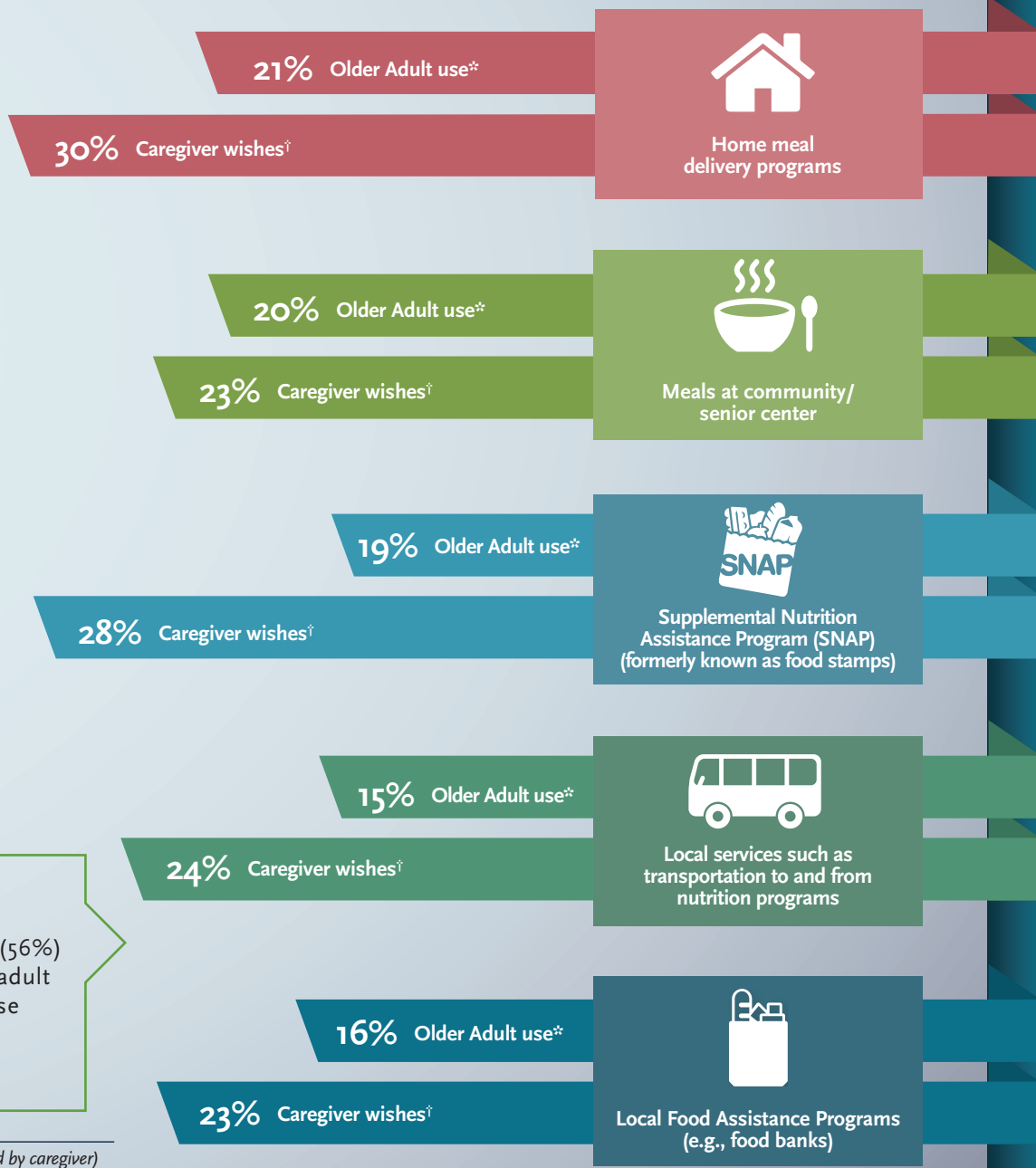
Find local aging services at: [www.eldercare.gov/Eldercare.NET/Public/Index.aspx](http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx)

Find food assistance benefits for seniors at: [www.ncoa.org/economic-security/benefits/food-and-nutrition/food-assistance-benefits](http://www.ncoa.org/economic-security/benefits/food-and-nutrition/food-assistance-benefits)

Find health plan coverage of therapeutic nutrition products at: [www.pathwayreimbursement.com](http://www.pathwayreimbursement.com)



### Family caregivers wish more older adults in their care were using community nutritional resources:



### 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

## LEVEL 5: POLICY ACTIONS

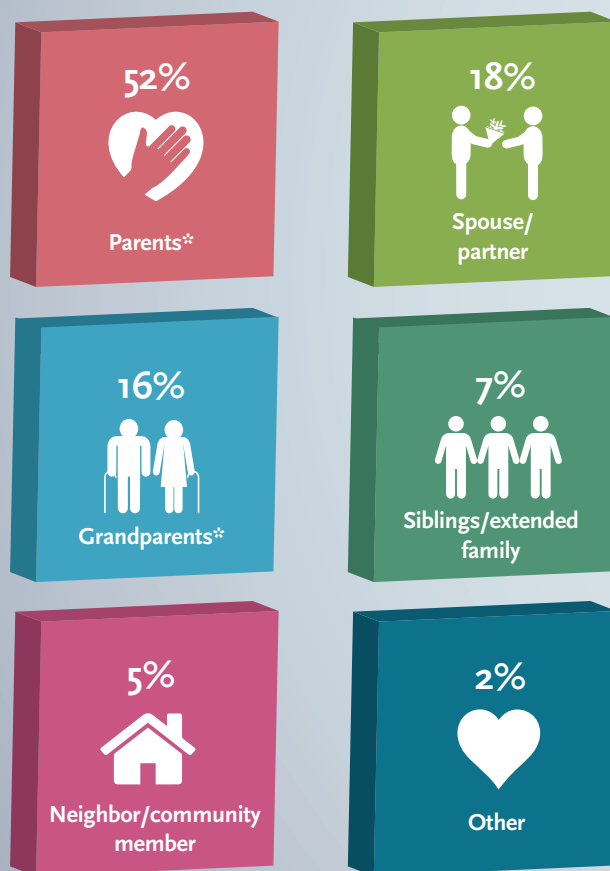


### Make malnutrition screening and intervention a policy priority.

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:

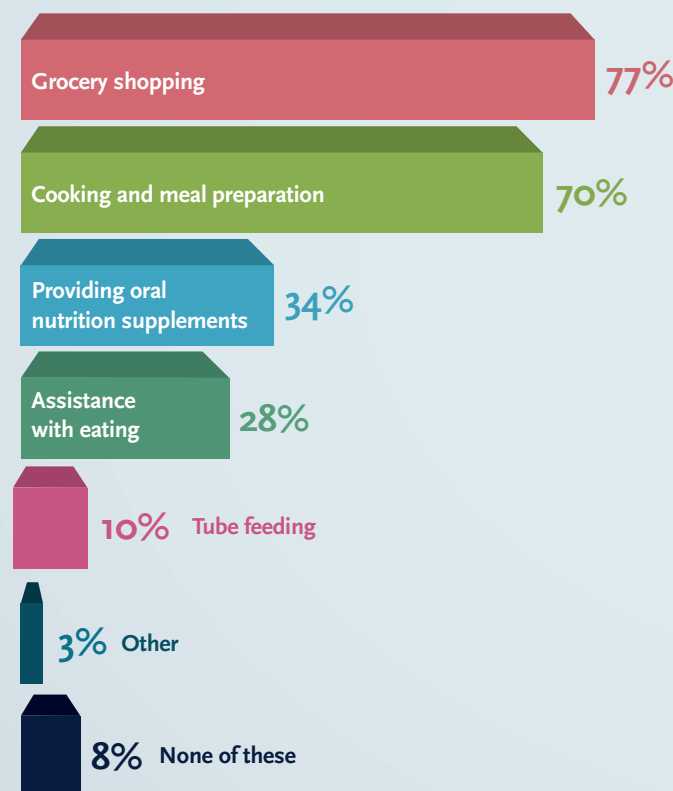


\*Those of the respondents or their spouse/partner.

#### Inside the Data

Most care being provided by caregivers between the ages of 35 and 54 years is for parents, whereas most care being provided by caregivers age 55 years or older is for their spouse/partner.

#### Family caregivers provide these nutrition and dietary activities for the older adult in their care:



#### 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

1. Snider JT, Linthicum MT, Wu Y, et al. Economic burden of community-based disease-associated malnutrition in the United States. *J Parenter Enter Nutr.* 2014;38(2 suppl):77S–85S.
2. National Resource Center on Nutrition, Physical Activity, and Aging. Malnutrition and older Americans. [http://nutritionandaging.fiu.edu/aging\\_network/malfact2.asp](http://nutritionandaging.fiu.edu/aging_network/malfact2.asp). Accessed October 27, 2015.





### About Profiles of an Aging Society

*Profiles of an Aging Society* was developed by the National Academy on an Aging Society, the nonpartisan public policy institute of The Gerontological Society of America. This issue of *Profiles of an Aging Society* was reviewed by Nancy S. Wellman, PhD, RDN, FAND, Adjunct Professor, Friedman School of Nutrition Science and Policy, Tufts University, Boston, Massachusetts, and written by L. Michael Posey, BSPHarm, MA. Data analysis was conducted by Gina Scime. Support for this issue of *Profiles of an Aging Society* was provided by Abbott.

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### About the Data

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](http://www.geron.org/malnutrition)

