Malnutrition Defined

Presence of at least 2 of 6 clinical characteristics:*

- Insufficient food intake compared with nutrition requirements.
- · Weight loss over time.
- · Loss of muscle mass.
- Loss of fat mass.
- Fluid accumulation.
- Measurable diminished grip strength.

Often associated with general physical wasting.

Usually linked to chronic disease.

Individuals with malnutrition may be underweight, normal weight, overweight, or obese.

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.



The Challenge of Malnutrition in Older Adults: Approaching the Problem with a Social-Ecological Model

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Level 3: Organizational

Establish systematic malnutrition screening and intervention models and standards

Opportunities

- . Integrate malnutrition screening and intervention into electronic health record templates visible to all healthcare
- Define clinicians' roles to include malnutrition screening and intervention.
- Use nutrition support teams for comprehensive, coordinated malnutrition care.
- . Include malnutrition counseling in patient discharge plans, as appropriate

Resources

- Centers for Medicare and Medicaid Services:
- Mild and moderate malnutrition upgraded to a complication condition and potentially eligible for
- Registered dietitian nutritionists have become privileged in hospitals to independently order patients' diets.
- · Alliance to Advance Patient Nutrition: multidisciplinary effort to fight malnutrition, resources include online toolkit and easy to use Malnutrition Screening Tool.
- · Abbott Nutrition Health Institute: CME credits on malnutrition and aging population.

Level 4: Community

Engage independent organizations, local jurisdictions, and states

- Incorporate malnutrition screening and intervention in state healthcare quality initiatives and care models, especially those related to healthcare-acquired conditions and
- . Implement a malnutrition-related quality measure set in public and private accountability programs, including Value-Based Purchasing, Medicare Shared Savings, Medicare Advantage, and states' quality programs for acute and post-acute care.
- Develop a malnutrition care seal-of-approval program for healthcare systems.
- . Include malnutrition screening and intervention in hospital licensure requirements and hospital
- Expand The Joint Commission standard on malnutrition screening to include malnutrition intervention.

- · Resolutions on malnutrition introduced by the National Black Caucus of State Legislators and in the states of Indiana, Illinois, Louisiana, and Ohio that can serve as models for other states.
- . Malnutrition Awareness Week resolutions introduced in the states of Florida, Georgia, Louisiana, and Texas.
- . Malnutrition Quality Improvement Initiative dialogue event held in 2014 by Avalere Health and the Academy
- Additional resources include The Joint Commission and the Academy of Nutrition and Dietetics.

Level 2: Interpersonal

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

Opportunities

- Incorporate routine nutrition screening and intervention in standards of care for older adults.
- Establish malnutrition as a key health indicator and vital sign for older adults.
- . Enhance training and continuing education regarding assessment on nutritional status and interventions for malnutrition:
- Establish competencies in nutrition education for healthcare professionals.
- Increase nutrition content in professional licensing and certification exams.
- Foster training to improve interactions between healthcare providers and older patients.
 - Support reimbursement for preventive health services targeting nutrition and physical activity.

- Talking With Your Older Patient: A Clinician's Handbook from the National Institute on Aging.
- National Board of Physician Nutrition Specialists: educational materials, credentialing programs, toolkits, and other provisions to improve physicians' nutrition literacy.

Level 1: Individual

Educate families, patients, and caregivers about malnutrition

- Launch multimedia malnutrition prevention campaigns.
- Establish a Malnutrition Awareness Day or Week,
- Host malnutrition education programs at health departments and other local venues.

Resources

- Administration on Aging/Elderly Nutrition Program: congregate/home-delivered meals, nutrition screening/assessments, nutrition education.
- Medline Plus: nutrition for seniors dietary information.
- AARP Foundation: Drive to End Hunger program to help promote food security.
- USDA Nutrition for Older Adults: online resources to educate older adults on meal planning, shopping, budgeting.
- Academy of Nutrition and Dietetics: online support to find a registered dietitian nutritionist for nutrition counseling.
- Comfort Keepers—STOP Senior Hunger: campaign to help older adults/caregivers identify malnutrition and hunger.
- Families and Work Institute: online Employer Elder Care Toolkit on nutrition.

Level 5: Policy

Make malnutrition screening and intervention a policy priority

Opportunities

- Federal and state health goals:
- Add malnutrition identification, prevention, and intervention into the Healthy People 2020 goal for nutrition and weight status.
- Address malnutrition and sarcopenic obesity in state and national
- Reexamine the protein requirements for older adults.
- Affordable Care Act:
- Emphasize malnutrition screening and intervention in care transitions grants and other relevant grants.
- Make future grants contingent on inclusion of malnutrition screening and intervention in care delivery models, such as the Coleman Care Transitions Intervention model.
- Older Americans Act (OAA) reauthorization:
- Strengthen links between nutrition and health.
- Make malnutrition screening and intervention an element of nutrition education.
- Allow states flexibility to provide oral nutrition supplements in addition to regular meals, not just replace them.
- Make the National Resource Center on Nutrition and Aging
- Provide malnutrition education through the OAA National Family Caregiver Support Program.
- Provide for long-term malnutrition services and support.
- Insurance coverage:
 - Include malnutrition screening and intervention in essential benefits and Medicare annual exams.
- O Provide coverage for malnutrition screening and intervention in private long-term care insurance policies.
- Include coverage for oral nutrition supplements for malnourished and at-risk dual-eligible populations.
- ♦ Collect and analyze Medicare/ Medicaid data to improve outcomes with malnutrition screening and intervention.