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at GSA's Annual Scientific Meeting.

November 18-22, 2015
Orlando, Florida
Walt Disney World Swan and Dolphin

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“Global Aging and Health: Bridging
Science, Policy, and Practice”
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The poster for the IAGG 2017 World Congress of Gerontology and Geriatrics. It features the IAGG 2017 logo at the top, which includes a stylized city skyline. Below the logo, the text reads "The 21st IAGG World Congress of Gerontology and Geriatrics JULY 23-27, 2017". The location is "MOSCONE WEST, SAN FRANCISCO, CALIFORNIA". A green banner contains the title "Global Aging and Health: Bridging Science, Policy, and Practice" and a call to visit iagg2017.org. At the bottom is a group photo of diverse people smiling.



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



The poster for the GSA 2015 program. It features the GSA 2015 logo at the top. The text states: "This program is developed by The Gerontological Society of America and supported by Abbott". The Gerontological Society of America logo is at the bottom.



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”




The poster for the GSA 2015 program. It features the GSA 2015 logo at the top. The title is "Nutrition: Pillar of healthy aging". Below the title are two bullet points: "Improving nutrition among older Americans begins with better understanding" and "Murthy: 'Strong and healthy nutrition' needed for a 'culture of prevention'". To the right is a portrait of a man in a military uniform, likely a high-ranking officer, standing in front of an American flag.

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Malnutrition is...

- Prevalent, serious, often unrecognized
- Any nutritional deficit or imbalance
- Limited digestion, absorption, use of foods by the body




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Malnutrition leads to...

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




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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



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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 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).

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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

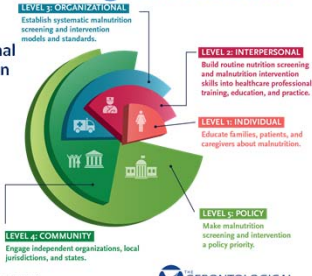


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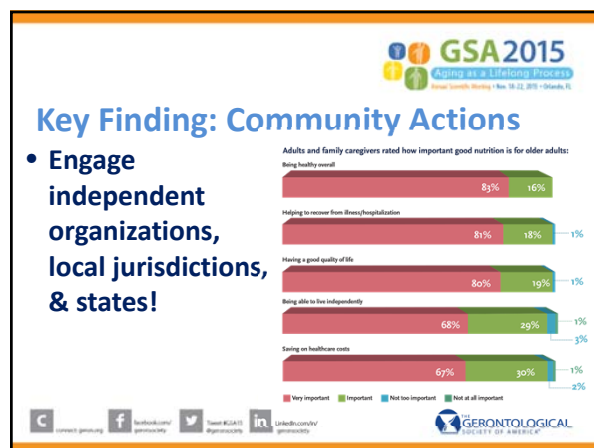
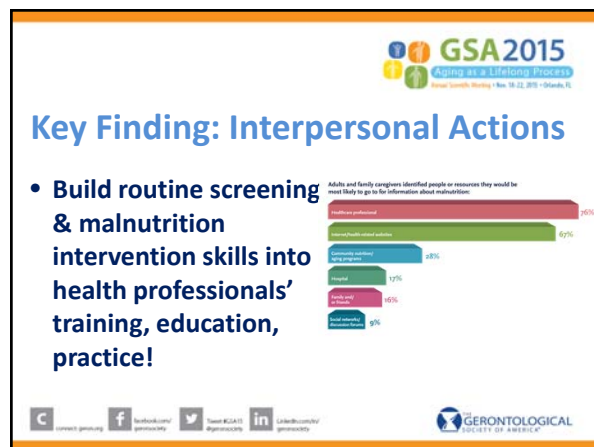
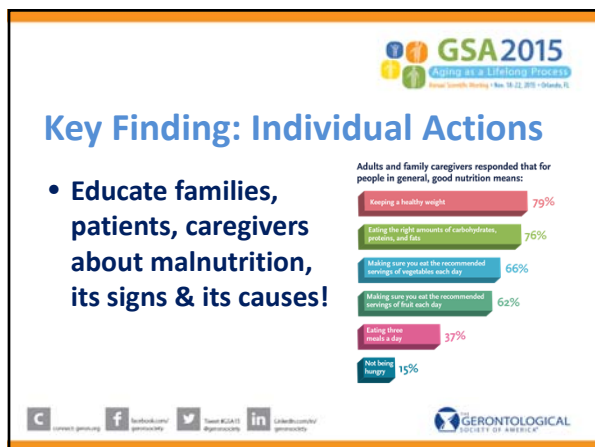
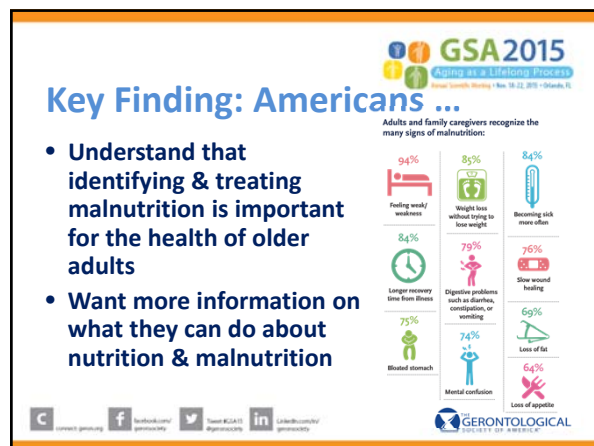
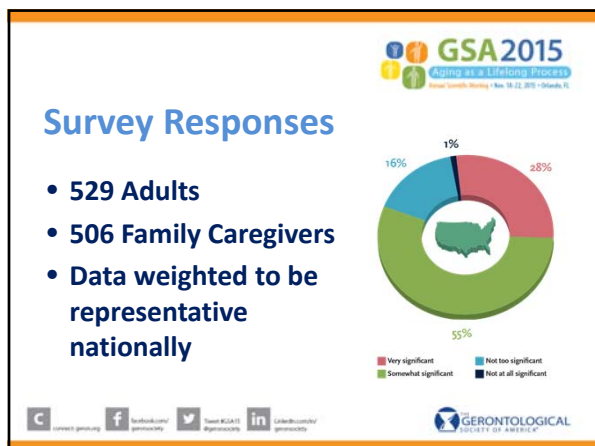
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Based on Social-Ecological Model

- Theory-based framework
- Interactive effects of 5 personal & environmental influences on health behaviors:
 - Individual
 - Interpersonal
 - Organizational
 - Community
 - Policy



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Key Finding: Policy Actions

- **Make malnutrition screening & intervention a policy priority!**

Family caregivers provide unpaid care for their:

| | |
|------------------------------|---------------------------|
| 52% Parents* | 18% Spouse/partner |
| 16% Grandchildren* | 7% Elderly/needing family |
| 5% Neighbor/community member | 2% Other |

*How often respondents care for someone

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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

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Next Steps for Helping Our Aging Society Address Malnutrition

- Individual Actions
- Interpersonal Actions
- Organizational Actions
- Community Actions
- Policy Actions

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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

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Welcome

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aspen LEADING THE SCIENCE AND PRACTICE OF CLINICAL NUTRITION
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About A.S.P.E.N.
Leading the Science and Practice of Clinical Nutrition

A.S.P.E.N. is dedicated to improving patient care by advancing the science and practice of clinical nutrition and metabolism. Founded in 1976, A.S.P.E.N. is an interdisciplinary organization whose members are involved in the care of clinical nutrition patients, including parenteral and enteral nutrition. With more than 4,000 members from around the world, A.S.P.E.N. is a community of dietitians, nurses, pharmacists, physicians, scientists, educators, and other health professionals from every facet of nutrition support: clinical practice, research, and education.

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Individual Factors:
Current Trends



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- **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:

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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)

Disease-Related Malnutrition



- Undernutrition as a result of a disease process, present on admission or acquired during hospital stay (Guenther et al, 2015)

Etiology-based Nutrition Diagnoses in Adults

- Starvation-related malnutrition:** chronic starvation without inflammation (e.g., anorexia)
- Chronic disease-related malnutrition:** inflammation is chronic and of mild to moderate degree (e.g., organ failure, sarcopenic obesity, rheumatoid arthritis)
- Acute disease or injury-related malnutrition:** inflammation is acute and of severe degree (e.g., major infection, burns, trauma) (Jensen, et al, 2010)

Consensus Statement: Characteristics for Identification and Documentation of Adult Malnutrition

- Minimum of 2 of 6 characteristics (White et al, 2012)
- Decreased energy intake
- Weight loss
- Physical findings: loss of subcutaneous fat and muscle loss; fluid accumulation
- Reduced grip strength

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 (JCI, 2015).

Nutrition Assessment
A comprehensive approach to diagnosing nutrition problems that uses a combination of the following: medical, nutrition, 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 (Guenther et al, 2015).

A.S.P.E.N. ADULT NUTRITION CARE PATHWAY (Age 18+ years)



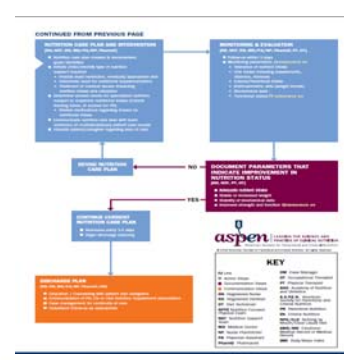
KEY

- Blue box: Assessment/Intervention
- Orange box: Documentation
- Green box: Monitoring/Reassessment
- Red box: Discharge/Referral

INTERPERSONAL

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



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. 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

Patel et al, 2014; Guenther & DiMaria-Ghalili, 2013

Organizational Factors

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Feed Your Patient: A.S.P.E.N.'s Malnutrition Solution Center

- Malnutrition Solution Center
- Resources for Healthcare Clinicians, Managers and Administrators
- Resources for Consumers, Patients, and Caregivers
- Optional Nutrition as a Patient Safety Goal: What A.S.P.E.N. is Doing to Help
- Additional Resources/Publications

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

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POLICY

"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

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Care Transitions

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'I can't get out of my chair,' elderly man with cancer calls 911 because he has no food

FOX 13

COMMUNITY

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Seniors & SNAP: Best Practices

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

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Survey Reflections

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- Healthy Aging
- Economic Security
- Public Policy and Advocacy

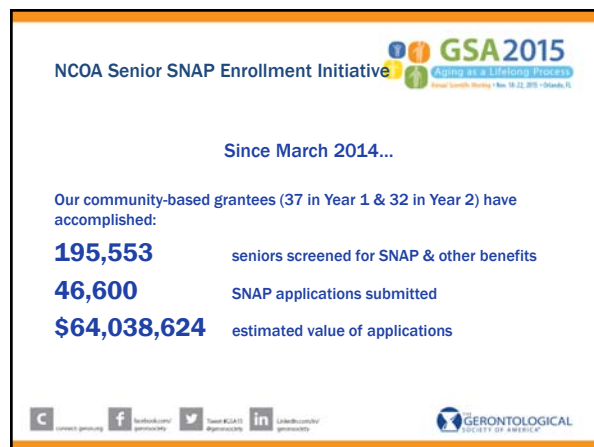
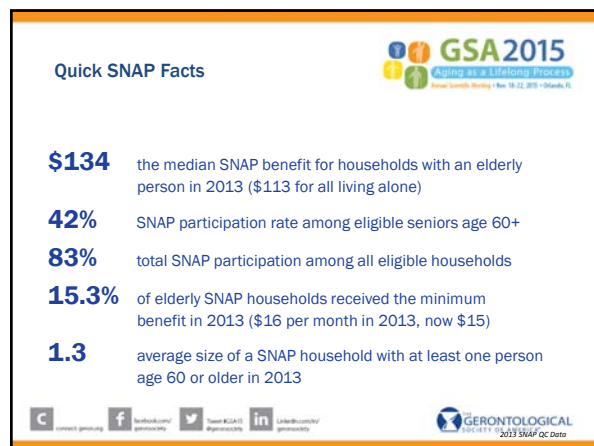
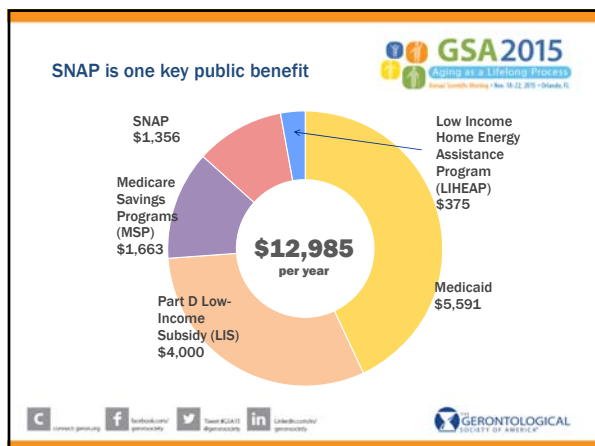
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Senior Economic Insecurity

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- 5.4 million** people age 60+ experience **food insecurity** (USDA ERS, 2015)
- \$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 (Kaiser Family Foundation, 2014)
- \$40,900** med. debt for the 61% of 60+ households with any debt (Survey of Consumer Finances, 2013)

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Diverse Partner Organizations

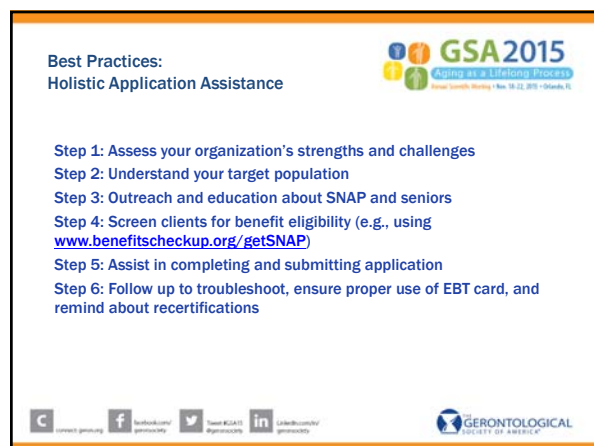
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| Model | Strengths | Challenges |
|----------------------------|-----------------------------------|-----------------------------------|
| Aging network | Strong relationships with seniors | May lack expertise in SNAP |
| Ethnic-focused | Highly trusted;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

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Best Practices: Overcoming Stigma

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- ❌ "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."

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Best Practices: Building Partnerships

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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**

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Social media outreach

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Why focus outreach efforts online?

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- **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

Older Adults and Technology Use, Pew 2014

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What we've learned about Facebook

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- 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.

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Results from Facebook Ads: Year 1

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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.

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Policy

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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

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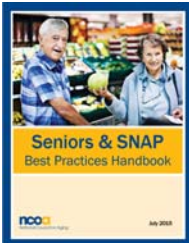






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SNAP Best Practices Handbook


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

www.NCOA.org/SNAPHandbook



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AARP Foundation Hunger Impact

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





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- 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.

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The Hunger Impact Team

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

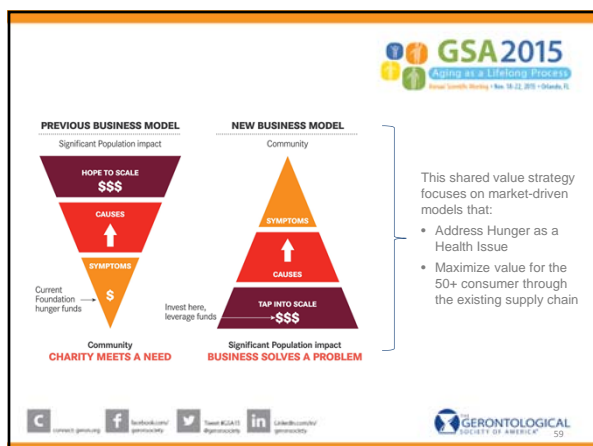
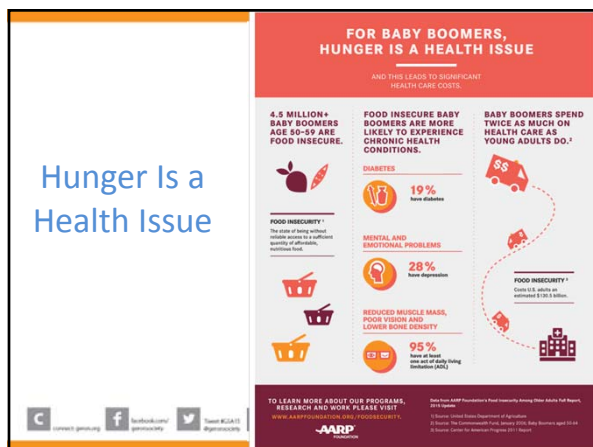
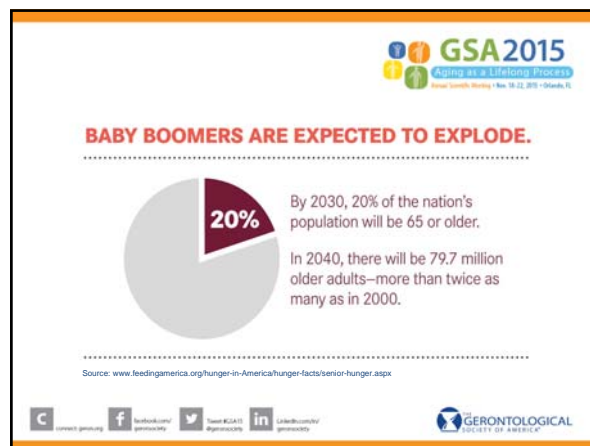
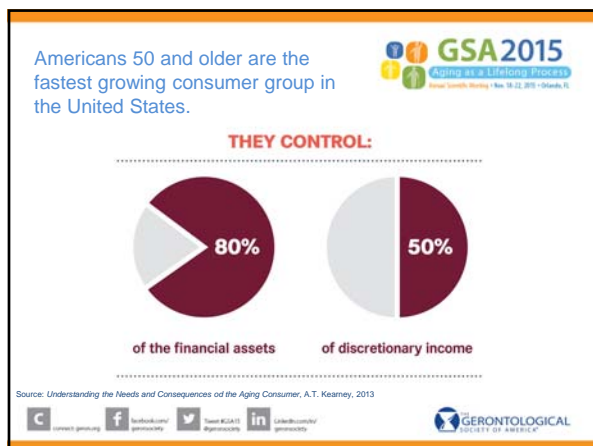
Our Goals:

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

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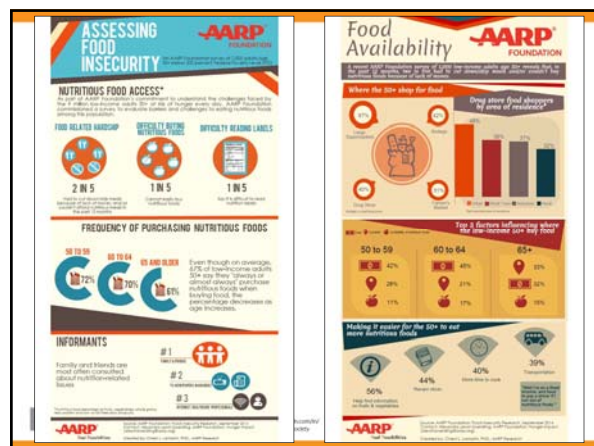
Building an Evidence Base

- Institute of Medicine Workshop
- Tufts/AARP FDN MyPlate for OA
- Consumer Research
- CDC FDN Partnership



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Key Insights

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

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National Association of Nutrition and Aging Services Programs (NANASP)

Bob Blancato
Executive Director

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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.

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Social-Ecological Model Levels

- NANASP mostly works on these levels:
 - Level 1: Individual
 - Level 4: Community
 - Level 5: Policy

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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.

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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.

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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).

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Level 5 Work: OAA

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

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Aging as a Lifelong Process
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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 payable via SNAP benefits.

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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.



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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

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