The Role of Nutrition in Healthy Aging and Long Term Services and Supports

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Today, there is a focus on...

Poor Nutrition

...which most people define as...

Overweight & Obesity

Food Insecurity

Hunger

...but a hidden epidemic of undernutrition and malnutrition must also be addressed
Malnutrition simply means **poor nutrition.**

It can be related to:
- An excessive or imbalanced diet
- Clinical conditions that impair the body’s absorption or use of foods
- A diet that lacks essential nutrients

It can look like this...

Or it can look like this...
Public Awareness of Malnutrition

The media has begun to recognize the impact malnutrition has, especially on older adults in America...

Preventing Malnutrition Among Older Adults

Malnourishment among elders undetected in ER

The Business Impact of Malnutrition

By Dr. Robin G. Sedor, Division Vice President & General Manager Therapeutic Nutrition, Abbott
The Economic Impact of Malnutrition

300%

The increase in healthcare costs that can be attributed to poor nutrition status.

$157 Billion

The amount of money that disease-associated malnutrition costs the U.S. each year.

21.6%

The reduction in hospital costs for patients who used Oral Nutrition Supplements.


The Health Impact of Malnutrition

Malnutrition can lead to a variety of negative health outcomes, including:

- An increase in...
  - Hip fractures
  - Risk of falling
  - Hospital readmissions
  - Infections

- A decrease in...
  - Strength
  - Quality of life
  - Wound healing
  - Immune response
  - Pressure ulcers
  - Length of hospital stays
  - Mortality

References:
What could this mean for your constituents?

**Advanced age** alone is a risk factor for malnutrition. Particularly older adults of *low socioeconomic status* and those who are *socially isolated*.

Malnutrition leads to break down of protein in muscles for fuel. This can leave older adults feeling weak and lead to weight loss, which can:

- Make it harder to recover from surgery and disease
- Make it more difficult to heal wounds
- Increase risk for infections
- Increase risk for falls
- Decrease strength needed to take care of themselves

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Forster S, Gariballa S. **Age as a determinant of nutritional status: a cross sectional study.** *Nutr J.* 2005;4(28)
Where is this problem happening?

In the Emergency Room
As many as 60% of adults aged 65+ present to the ER malnourished or at risk for malnutrition, regardless of education levels, sex, or area of residence.

On Admission to the Hospital
1 in 3 hospitalized patients is malnourished upon admission.

As a Hospital Patient
Declines in nutritional status occur among about 31% of adult patients from admission to discharge.

After a Hospital Stay
Nearly 20% of Medicare patients are readmitted to the hospital within 30 days of discharge, which can often be related to poor nutrition following a hospital stay.

In Rehab Clinics, Nursing Homes, and the Community
The prevalence of malnutrition among older adults is estimated to be as much as 50% in rehabilitation settings, 13.8% in nursing homes, and 5.8% in the community.

Malnutrition can affect people ANYWHERE.
changing healthcare practice and accountability for malnutrition

the alliance to advance patient nutrition (the alliance) created this model for a **multidisciplinary** approach to addressing malnutrition in hospitals. the care model emphasizes six multidisciplinary actions.

What is the Solution?

Changing Healthcare Practice and Accountability for Malnutrition

The Centers for Disease Control and Prevention (CDC) created this **Social Ecological Model** to describe 5 levels of influence on health behavior.

![Social Ecological Model Diagram]

- **Individual**
- **Interpersonal**
- **Institutions and Organizations**
- **Community**
- **Structures, Policies, and Systems**

Here are some examples of opportunities to **combat older adult malnutrition** at each of these levels...

Changing Healthcare Practice and Accountability

The Individual Level

Health Departments
Can host education programs to educate families, patients, and caregivers about malnutrition

Call to Action:
Host education programs to create awareness for your constituents, like a Malnutrition Awareness Day or campaign or host public events with experts

Your focus at the individual level of healthcare change could be on educating constituents on the risks of malnutrition among older adults

Changing Healthcare Practice and Accountability

The Interpersonal Level

Healthcare Professional Education
Create more support for medical education reform and healthcare services that address patient’s nutrition needs

Call to Action:
Push for requirements to include nutrition and malnutrition training in healthcare professional education

Your focus at the interpersonal level of healthcare change could be on **building routine malnutrition screening/intervention** into professional education, training, and practice patterns

Changing Healthcare Practice and Accountability

The Organizational Level

Establish a Uniform Healthcare System
Use a model, like the one from The Alliance, to establish standard malnutrition screening and intervention plans in healthcare facilities licensed by the state

Call to Action:
Push for requirements to include malnutrition screening and intervention in Patient-Centered Medical Home models

Your focus at the organization level of healthcare change could be establishing a healthcare system that has an emphasis on malnutrition screening and intervention

Changing Healthcare Practice and Accountability

The Community Level

Quality Initiatives and Care Transition Models
Build malnutrition screening and intervention into these plans

Calls to Action:
- Create state-level quality initiatives to include malnutrition screening and intervention (such as oral nutrition supplements) in care models and in hospital licensure requirements
- Develop a malnutrition care seal-of-approval program
- Include malnutrition care in Employer Assistance Programs
- Increase support and promotion of community nutrition programs

Your focus at the community level of healthcare change could be on building malnutrition screening/intervention into transitions of care models

Changing Healthcare Practice and Accountability

The Policy Level

- Place greater emphasis on malnutrition in state-level health policy priorities

**Calls to Action:**
- Establish state-level commission/group to research the problem of malnutrition in the state and identify actions
- Introduce a Resolution specific to malnutrition
- Include malnutrition screening/intervention in state health objectives
- Include malnutrition screening/intervention in healthcare exchange essential benefits package and insurance mandates

Your focus at the policy level of healthcare change could be making malnutrition screening and intervention a priority

Other Approaches/Solutions

• Seek appointment to relevant Committees which address nutrition/health
• Build relationships with associations representing RDN’s and/or nutritionists in your State
• Communicate with members of your Congressional delegations who are on Committees
  – Examples: Finance, HELP, Aging and Agriculture (Senate) and Ways and Means, Energy and Commerce, Education and Workforce and Agriculture (House)
Older Americans Act

- Critical program helping older adults age 60+ remain at home and in community
- Nutrition (congregate, Meals on Wheels) is largest program in the Act
- Money flows to states and locally based Area Agencies on Aging
- 4 years late in being reauthorized
- Program saves Medicaid and Medicare
- Work for resolution of support to renew OAA in 2015
White House Conference on Aging

• Scheduled for 2015, 6\textsuperscript{th} in history
• 2 of the 4 priority topics are \textit{Healthy Aging} and \textit{Long-Term Services and Supports}
  – Both are relevant to \textit{nutrition}
• Engage in conference at state level
  – Conduct listening sessions/forums with focus on \textit{malnutrition}
• Seek appointment to attend conference

• For more information, go to the website: http://whitehouseconferenceonaging.gov/
Why the time is **NOW**!

2015 is...

- 80th Anniversary of Social Security
- 50th Anniversary of Medicare and Medicaid
- 50th Anniversary of the Older Americans Act
- The 6th White House Conference on Aging (where there will be a focus on healthy aging and long-term services and supports)
- 5th Anniversary the Affordable Care Act

This makes 2015 the opportune time to assure that these policies are aligned with current healthcare priorities, which include a focus on:
  - Preventative care
  - Quality of Care
  - Cost Containment

And malnutrition screening and intervention support all of these goals.

References

Resource Page

- National Association of Nutrition and Aging Services Programs, NANASP: http://www.nanasp.org/
- The Alliance to Advance Patient Nutrition: http://malnutrition.com/getinvolved/hospitalnutritiontoolkit
- White House Conference on Aging: http://whitehouseconferenceonaging.gov/
- Employer Eldercare Tool Kit: http://familiesandwork.fgmmmedia.com/
- Find Your House Members: house.gov/representatives/find/
- Find Your Senators: senate.gov/general/contact_information/senators_cfm.cfm