MALNUTRITION AND THE IMPACT ON MINORITY COMMUNITIES

November 13, 2024

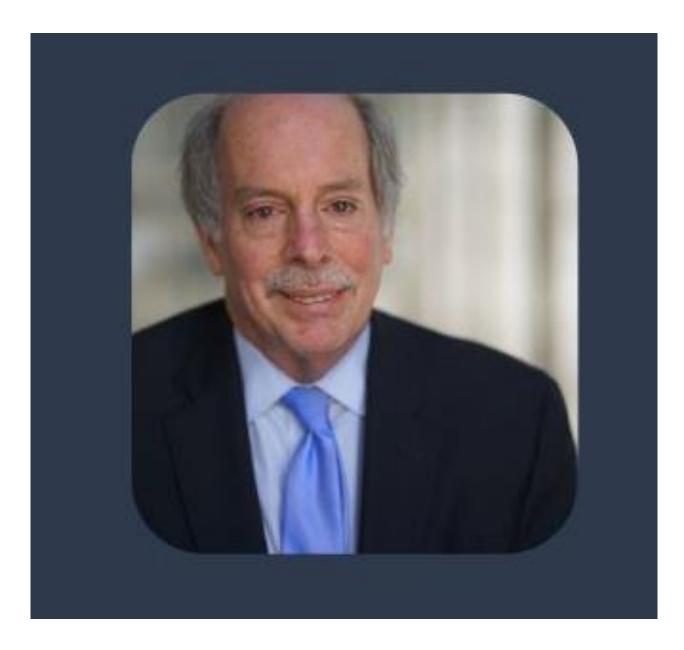
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Agenda

Pediatric malnutrition

- prevalence and identification
- Outcomes of malnutrition and food insecurity
- Policy opportunities to impact pediatric malnutrition and food insecurity
- Adult and older adult malnutrition
 - Prevalence of malnutrition and its risk factors in adults and older adults
 - Policy opportunities to improve nutrition and reduce malnutrition in older adults



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Malnutrition is a growing issue affecting adults, especially the oldest old

Protein-Calorie Malnutrition Related Hospital Stays per 100,000 Population



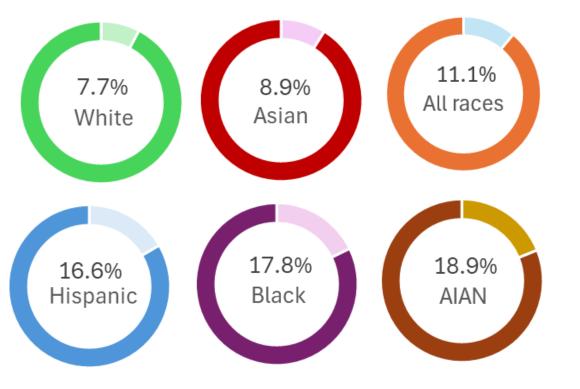
Nutrition is Proven Key to Healthy Aging



Source: The Malnutrition Quality Collaborative. National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update. https://defeatmalnutrition.today/blueprint

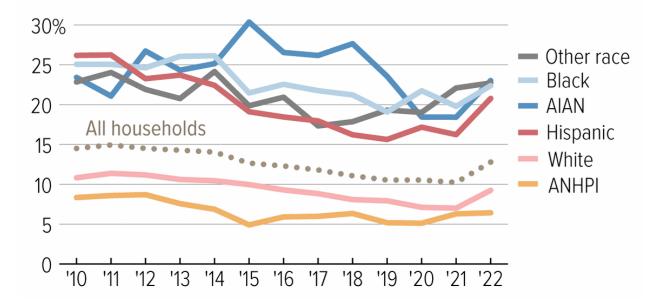
Risk factors for malnutrition are high among minority adults

Poverty rates among Americans, 2023



Food Insecurity by Race and Ethnicity Reveals Stark Disparities

Households that lacked access to adequate food at some point in the year



Source:; <u>https://www.statista.com/statistics/1225017/poverty-share-by-race-race-us/</u> <u>https://www.cbpp.org/blog/food-insecurity-</u> increased-in-2022-with-severe-impact-on-households-with-children-and-ongoing ⁶

Minority adults develop chronic diseases earlier, which is linked to malnutrition

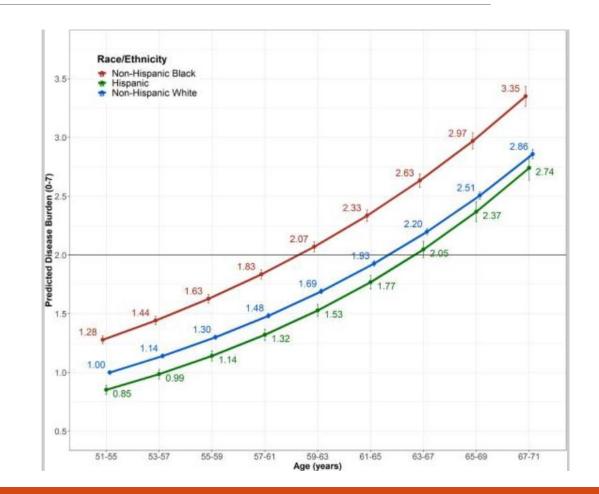
•Young and middle-aged Black adults had a burden of chronic conditions equivalent to people from other racial and ethnic groups aged 5-10 years older

•Hispanic adults accumulated more chronic diseases with age compared with Whites

•Red: Non-Hispanic Black

•Green: Hispanic

•Blue: Non-Hispanic Whites



Policies to Address Malnutrition

DENTERENCE ON WHITE HOUSE WINGER, WING

- •First White House Conference on Nutrition in >50 years, celebrated 2nd anniversary in September
- •A roadmap to end hunger and improve nutrition by 2030
- •Outcomes:
 - Online SNAP available in all 50 states, including through partnerships like Instacart
 - More traditional foods in Food Distribution Program on Indian Reservations, the Tribal alternative to SNAP
 - HHS and Foodsmart to recruit and train nutrition professionals from underrepresented groups

What you can do to continue the conference's work:

• Keep talking about it



[•] USDA Nutrition Programs

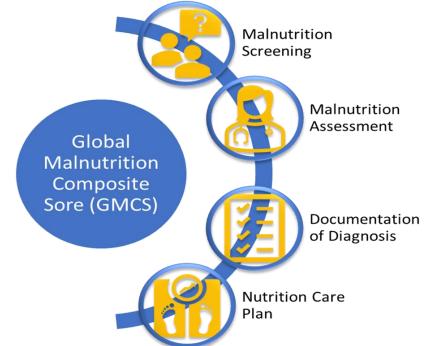
- Barriers for enrolling older adults in SNAP: shame, burdensome application, don't know they're eligible, think they are taking food away from younger families
- In 2022, 88% of eligible individuals and 55% of eligible older adults (60+) participated in SNAP Examples to Streamline Applications
 - Consider auto-eligibility if adult qualifies for other programs like Medicaid
 - Adopt Older Adult Simplified Application Project
 - Includes a 2-page application with shortened certification and data requirements

What you can do to reduce barriers to these programs

- Use the flexibility given to states to modify applications
- Pass Senior Hunger Prevention Act of 2023 to help simplify enrollment for older adults or pass similar measures for all ages at the state level
- Increasing enrollment will address food insecurity and malnutrition in the community

CMS Global Malnutrition Composite Score (GMCS)

- •First nutrition-focused quality measure
 - In 2022, applied to patients 65+
 - In 2024, expanded to 18+
- •Measure will improve patient health outcomes
- •Advance CMS's own Equity Plan for Improving Quality Care in Medicare
- •A Recommended rural health measure

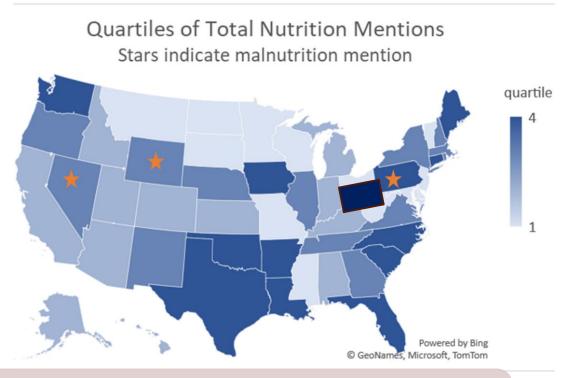


What you can do to increase adoption of the GMCS:

• At the state and federal level, promote this health equity measure to improve hospital malnutrition care and support transitioning malnutrition care into the community

State Hospital Quality of Care Regulations

- •State regulations also shape the quality of care that patients receive, including nutrition
- •Yet, they rarely include nutrition or malnutrition
- •Starred states (Colorado and Nevada) could be templates



What you can do to increase malnutrition in state hospital regulations:

 At the state and federal level, promote this health equity measure to improve hospital malnutrition care and support transitioning malnutrition care into the community

Example: State Hospital Quality Regulations Nevada

- NAC 449.339 Dietary services: Nutritional status of patients. (NRS 449.0302)
 - A hospital shall carry out a program for the systematic **nutritional risk-screening** of its patients to detect actual and potential **malnutrition** at an early stage.
 - If it is determined that the nutritional status of a patient is at risk, nutritional care for that patient must be:
 - Planned and provided based on an assessment of his or her nutritional status by a licensed dietitian or the attending physician, or both; and
 - Integrated into his or her plan of care.
 - The response of the patient must be monitored and reassessed as needed.
 - Pertinent dietary information must be included in a patient's transfer records or discharge records, or both, to ensure continuity of nutritional care.

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- •OAA nutrition program serves older adults aged 60+ across the country, including tribal specific programs
- •Its purpose includes reducing hunger, food insecurity, and malnutrition
- OAA programs are not fully funded by federal government, they also rely on:
- State/local government funding
- Charitable donations
- OAA participant contributions

•Must have multi-year plans to address healthy aging, which must address malnutrition

What you can do to support addressing malnutrition in OAA program

- Increase awareness, streamline sign up, and push for increased funding to reduce waiting lists
- Work with state departments to include nutrition in OAA multiyear state aging plans and Master Plans on Aging.

Example OAA State Aging Plan: Ohio

Strategies | Healthy Living

Outcome



Malnutrition prevention and treatments

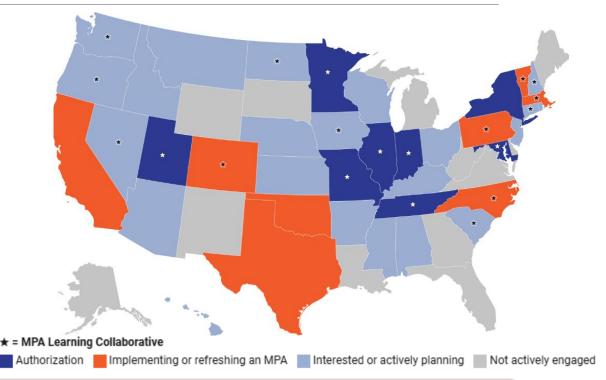
Across strategies, meals should be adjusted for cultural considerations and preferences and medically tailored to the maximum extent practicable

- <u>Community gardens</u> SHIP
- Mobile produce markets (=) Expand access to nutrition services, such as <u>SNAP</u>, <u>Commodity</u> <u>Supplemental Food Program*</u>, <u>The Emergency Food Assistance Program*</u>, and <u>The Child and</u> <u>Adult Care Food Program*</u>
- <u>Nutrition service programs for older adults</u>, including congregate, grab-and-go (pick-up) and home-delivered meals
- Expand nutrition education through the <u>Supplemental Nutrition Education Program –</u> <u>Education (SNAP-Ed)* and The Abbott Nutrition and Health Institute*</u>
- Increase malnutrition screening, assessment, diagnosis, intervention, and monitoring/ evaluation, such as <u>nutrition counseling*</u>, <u>medical nutrition therapy*</u>, and emphasizing nutrition in care coordination*
- Improve discharge planning for malnourished patients, such as <u>Meals on Wheels*</u>
 - <u>Stepping Up Your Nutrition (SUYN)</u>

Multisector (Master) Plans on Aging

 provide blueprint to guide/structure state and local policies, programs, and funding toward promoting aging well in local communities

•Half of states are developing or have a MPA, but few mention nutrition

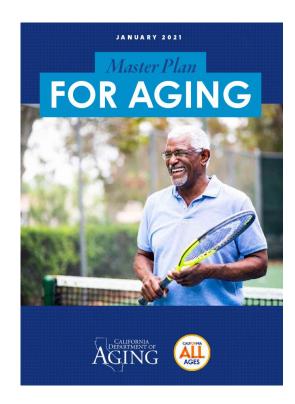


What you can do to address malnutrition in MPAs

- Work with state departments to start MPA process in your state
- Make sure MPA includes nutrition

Example Multisector Plan for Aging: California

- California will pursue Affordable Aging through three strategies, including Protection from Poverty & Hunger
- Initiatives for 2021-2022
 - Share a series of public health education tools, with culturally competent and equity-targeted approaches, that address healthy aging priorities (e.g. nutrition)
 - Map and identify opportunities at federal, state, and local level - to address older Californians' needs for nutrition
- These could be broadened to include malnutrition
 - Example: Improve nutrition through malnutrition screening and treatment or malnutrition prevention



Medicaid

- •Expand Medicaid Section 1115 demonstration Waivers for Food is Medicine, which includes medically tailored meals, medically tailored groceries, and produce prescriptions designed to address nutrition needs of patients with diet-sensitive diseases, including malnutrition
- •As Medicaid is explicitly not allowed to cover the direct provision of food, these waivers are a popular way to provide healthy food
- •Studies show waivers interventions provide significant health benefits
- •10 states approved for nutrition waivers: Arkansas, Delaware, Illinois, Massachusetts, New Jersey, New Mexico, New York, North Carolina, Oregon, Washington

What you can do to support these waivers:

• Encourage your state to apply for a Medicaid Section 1115 waiver to provide healthy food

Medicare Advantage

•Maintain Nutrition benefits in Medicare Advantage, which is a type of Medicare health plan offered by a private company that contracts with Medicare

- •The number of MA plans offering nonmedical supplemental benefits—including meals—doubled between 2018 and 2020.
- •Over the counter benefits can cover Oral Nutrition Supplements, ONS provide additional nutrients—including protein and energy—for those who cannot meet their nutrition needs with food alone

•Nutrition-related supplemental benefits address important SDOH

What you can do to maintain	 Contact MA plans in your area and express your support for these benefits
MA nutrition benefits:	 Urge CMS to support MA programs offering supplemental benefits including nutrition

Farm Bill

•Renewed every four years

•Nutrition Programs account for 75% of budget

- Supplemental Nutrition Assistance Program (SNAP)
- Food Distribution Program on Indian Reservations (FDPIR) (alternative to SNAP)
- The Emergency Food Assistance Program (TEFAP)
- Commodity Supplemental Food Program (CSFP)
- Community Food Projects
- Senior Farmers' Market Nutrition Program (SFMNP)
- Gus Schumacher Nutrition Incentive Program (GusNIP) grants

What you can do to support a new Farm Bill

• Advocate for passage of a new farm bill

Support Other Policy Actions to Support Malnutrition Care and Health Equity

Nutrition research

Include more older adults and people of color in nutrition research

Medical Nutrition Therapy (MNT) Act and Treat and Reduce Obesity (TROA) Act

- Expand Medicare coverage of MNT to chronic conditions beyond renal disease and diabetes
- Urge Passage of TROA to integrate MNT into obesity care

Obesity Care Plans

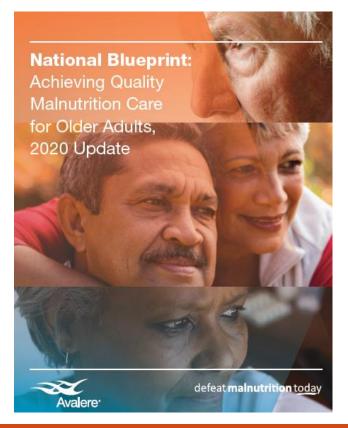
- Include nutrition in these care plans
- Article: To Promote Health And Health Equity, Include Quality Nutrition Care As Part Of Anti-Obesity Medication Therapy

Malnutrition is linked to social isolation, falls, and elder abuse

- Support state legislature on these topics
- Support the Addressing SILO Act of 2023, and the Stand Strong Falls Prevention Act

DMT Resources

DMT National Blueprint, 2020 Update





Toolkit for State Advocates, 2024 Update

Advancing Policies for Quality Malnutrition Care in Older Adults:

A Toolkit for Constituents and Driving Change



Questions