Defeat Malnutrition Today: State Policy Webinar

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November 13, 2018
defeat malnutrition today
About the Coalition

Coalition of over 80 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups

Share the goal of achieving the recognition of malnutrition as a key indicator and vital sign of older adult health risk; work to create policy change toward a greater emphasis on screening, detecting, treating and preventing malnutrition
Resources

- The coalition has curated a number of resources and infographics on our website and elsewhere, including:
  - National Blueprint: Achieving Quality Malnutrition Care for Older Adults
  - State Legislative Toolkit
  - Infographics for the Blueprint and Toolkit and on “malnutrition 101”
  - Articles detailing the issue of malnutrition, including on the ICAA blog
  - Studies on malnutrition
  - Links to other resource hubs and publications
State Economic Burden of Disease-Associated Malnutrition in Older Adults

Legend:
- Green: > $100 million
- Orange: $75-$100 million
- Blue: $50-$74 million
- Light Blue: $25-$49 million
- Dark Blue: < $24 million
What’s Happening Now in the US?

• The National Conference of State Legislatures passed a resolution supporting malnutrition prevention and awareness in their official platform.

• Partially as a result, key states are taking action (MA, OH, VA, CT) and interest is building in other states (FL, WA, and potentially others).

• After speaking to Women in Government, expect additional state action in states such as Maine and Kansas.

• In VA, after legislation passed, the pre-existing Commonwealth Council on Aging has integrated malnutrition prevention into its duties.

• In CT, legislators have started meeting on the issue.
Addressing Senior Malnutrition as a Quality Improvement Strategy in Central Ohio

November 13th, 2018
Our Vision
Optimal health for all people in Greater Columbus

Our Mission
Is to improve the value of health care for all people in Greater Columbus by catalyzing collaboration among public and private partners: Providers, behavioral health, hospital systems, social service agencies, public and private payers, employers, government, public health and patients/consumers.

\[
\text{VALUE} = \frac{\text{(Quality + CONSUMER EXPERIENCE)}}{\text{COST}}
\]
Neutral, Safe Convener

• Partners came to HCGC asking for support to convene multiple stakeholders to host community consensus around implementing the state’s malnutrition recommendations for senior citizens in our community

• Partners are ODA, ODH, Abbott, Aspen, OSU, local public health and county aging dept. Mid-Ohio Foodbank, Cullari Group, COAAA, Ohio AAA, COPC, PrimaryOne Health, Life Care Alliance, Mt. Carmel, OAFP, Battelle

• Synergies with Cleveland area, now interest from OHF
Framework Going In

• Can’t drink the ocean
• Need a focus on shared decision making/meaningful patient engagement model to be successful
• Recommendations implemented need to be as broad and inclusive as possible
• Celebrate good current work
• No ad campaigns, not here to create policies nor to complain at/to each other
• Differences in food insecurity vs. malnutrition need addressed
Process: Organize and Address

• First meeting: Recap of recommendations, building consensus, recruiting missing partners, plan for next steps
• Second meeting: Screening tool and referral issues
• Third meeting: Edit draft screening tool, identify resources for online toolkit, begin discussing process measures
• Fourth meeting: Finalize screening tool, finalize toolkit resources, finalize process measures and COMMIT to
Tools: Landed on MST and FI

• Asked that each person who brought a tool explain it to the group

• Participants asked questions and provide feedback liberally

• Strategic questions kept in mind:
  • Can this easily be implemented as a screening, from different provider perspectives?
  • Will patients understand, be empowered by this tool?
  • How will we measure screenings, and ultimately outcomes for the patient?
Senior Malnutrition Week

• Hospital #malnutrition is REAL and DANGEROUS. Check out this letter in the @ColumbusDispatch highlighting the significant burden of #malnutrition in Ohio. [http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous](http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous)

• 1 in 3 adults in the hospital are suffering from #malnutrition. This is a preventable disease! We must raise awareness and end #malnutrition today! [http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous](http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous)

• #Malnutrition is a huge financial burden on our aging population and on our state. It is time to raise awareness take steps to end this preventable disease! [http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous](http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous)
Draft Process Measures (Quarterly)

• For partnering entities
  • # of times screening tool used/total patients over 65 seen
  • # of times patient screened positive for At Risk/total screened patients
  • # of referrals made for At Risk patients (RD and Foodbank)
  • # of completed referrals/total referrals made

• For Hospitals:
  • # of patients screened for senior malnutrition/total patients over 65 seen
  • # of times patient screened positive/total screened patients
  • # of patients discharged with malnutrition screen results/total positive screened patients
Next Steps

• Meeting 4 to finalize tool, measures and gain commitment
• Print and distribute screening tool; provide webinar training on how to use/overview
• Collect data (baseline Q1 2019)
• Develop QI resources-takes funding and development
• Measure successes ongoing....
• Continue to convene workgroup
Questions? Feedback?

Thank you!
Carrie Baker
carrie@hcgc.org
Vision

Older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community in the Commonwealth.
Mission

The Executive Office of Elder Affairs promotes the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.
MA Commission on Malnutrition Prevention Among Older Adults
How to Introduce a Bill

Collect Evidence/Gather Data to raise awareness
- Document state status, hunger, food insecurity, and health care spending

Opportunity to Introduce a Bill
- Use national resources, attend legislative gatherings, spread message, encourage/educate legislative

Build case to get a Bill passed
- Solicit feedback from experts of different stakeholders, outline Goals of Commission, membership representation,
- Public Hearing – who should testify? Outline Goals of Commission, written and oral testimony, organizational support

Keep Momentum Alive
How a Bill Became Law

• An Act establishing a Commission on malnutrition prevention among older adults was passed by the Massachusetts Senate and House of Representatives in 189th General Court, and signed by Governor Charlie Baker on November 29, 2016.

• The Commissions first meeting was on February 13, 2018.
Commission Vision

The Commission will be on the cutting edge of policy and be able to make a real difference in the lives of older adults who live in Massachusetts. We can also complement the important national work being done around raising awareness about malnutrition and its impact, particularly in older adults.
Commission Mission

As a Commission, we can study
• The effects of malnutrition on older adults,
• Ways to reduce malnutrition,
• Impacts on health care quality indicators, costs and outcomes, and
• Maximize the dissemination of proven, effective malnutrition prevention interventions, including community nutrition programs, medical nutrition therapy and oral nutrition supplements, and identify barriers to those interventions.
Commission Goals

Data collection and management
1. Consider strategies to improve data collection and analysis to identify malnutrition risk
2. Assess the risk and measure the incidence of malnutrition occurring in various settings across the continuum of care and the impact of care transitions

Public Awareness
3. Identify evidence-based strategies that raise public awareness of older adult malnutrition
4. Evaluate strategies used by community nutrition programs

Dissemination and Best Practice
5. Maximize the dissemination of proven, effective malnutrition prevention interventions
6. Examine the components and key elements, develop strategies for pilot testing, and offer guidance on implementation and evaluation.
Members

1. Carol Malone - co chairs (EOEA)
2. Shirley Chao - co chairs (EOEA)
3. Amy Sheeley - secretary (EOEA)
4. Diana M. Hoek, (DPH)
5. Brittany Mangini (DTA)
6. Davidson, Rebecca (DAR)
7. Elizabeth Poirier (Legislature)
8. Jennifer Mercadante (Legislature)
9. Mary Giannetti (Legislature)
10. Linnea L. Hagberg (Legislature)
11. Sarah Philip (Physician)
12. Myclette Theodule (RN Community)
13. Milaina J. Mainieri (RN Community)
14. Dalia Cohen (Long term care)
15. Tara Hammes (MAND)
16. Pamela Hunt (NCOA)
17. Margery Gann (OAA)
18. Kris M. Mogensen (Hospital)
Moving Forward

• Major Meeting 4 times year
• Members are assigned into two workgroups
• Workgroups meet (call) monthly until they fully collect their results
Meeting One

Familiarize members on MA health status and hunger report and national movement

Health conditions and statistics of food security, oral health, and chronic disease as well as the high rate of hospital readmissions in the state. Elderly Nutrition Program surveys results indicate that community dwelling seniors remain in the community for many years and rely heavily on the meals program because they have limited food resources.

National Movement

- An Overview of the National Blueprint: Achieving Quality Malnutrition Care for Older Adults was presented by Robert Blancato, DMT
- Older Adult’s Nutrition Needs and the Continuum of Care was presented by Holly Greuling, ACL
- Malnutrition Quality Improvement Initiative was presented by Jeanne Blankenship, Academy of Nutrition and Dietetics
- Making Optimal Nutrition a National Standard by Kris M. Mogensen, ASPAN
Sarcopenia: Diagnosis and Treatment by Roger A. Fielding PhD
Senior Scientist and Director, Nutrition, Exercise Physiology, and Sarcopenia Laboratory USDA-HNRCA

- Adequate protein intake, minimum RDA or higher
- Physical activity and resistance training – may be done in a community setting with no special equipment needed
- Synergistic effect of diet and exercise combined
- Vitamin D may help to increase muscle fibers
- Possible effects of poly and Omega 3 oils
• The effects of a chronic lack of micronutrients may not immediately be apparent but are long-term and profound resulting in increased morbidity and mortality
• Some of the factors that affect micronutrient status include diet, changes in aging, chronic disease, dementia/depression, polypharmacy, low SES and nutrition knowledge, decreased absorption
• Intake of many micronutrients by Americans are marginal or below RDA - fortified foods and supplements can bridge the gap for some people with deficiencies
• Many physicians no longer recommend supplements unless they are shown to treat or prevent a chronic disease, however, the goal of multivitamins are intended to make up for dietary shortfalls
• Supplementation with micronutrients such as a multivitamin may benefit older adults at risk for malnutrition because they have no calories, don’t require a change in the food supply, and are economical.
• It is important that supplements are taken regularly which may be challenging in a population with “pill fatigue”
Meeting Three
Community Coalition, Workgroup Results

Food is Medicine State Plan Key Points: Community Servings/Harvard Law School

• Community needs include: improving /controlling chronic conditions, weight loss, assistance for the elderly and disabled, food insecurity
• No standardized screening or treatment plan exists for food-insecure or malnourished patients: need a standardized screening and centralized referral system complete with appropriate resources and follow-up plans.
• Physicians lack of time with patients to adequately screen, discuss, refer, and treat food insecurity and other social determinants of health within the demands of the healthcare system
• Priority areas in regions of MA Mapping is a useful technique that can be applied to other resources for elders such as therapeutic
Data Collection and Management Workgroup
Mary Giannetti, MS. RD, Director of Resource Development, Heywood Hospital

• **Goal**: Present strategies for improving data collection and analysis to identify, treat, and prevent malnutrition across the continuum of care.

• **Activities**:
  - Evaluate various malnutrition screening tools and select the valuable indicators to be used.
  - Design and distribute a survey to assess different screening and follow up strategies used by facilities throughout the Commonwealth within different settings (long term care, community, acute care, etc.).
  - Literature Review of Screening Best Practices
Malnutrition Survey Facilities

- Blue - Urban Hospitals
- Green –Community Health Centers
- Dark Green -VNA
- Black –SNF
- Brown -Rehab
- Red –Rural Hospitals
- Yellow – Urgent care
- Orange -VA Hospitals
- Purple – AL
Survey Results

» Various institutions responded to the survey with the highest respondents being Assisted Living Facilities (59%), ASAP/homecare (12%), and SNF/rehab (9%)

» Majority of respondents didn’t know if they were using a screening tool (>60%), using one not listed, or not using one at all

» **Most respondents asked the 2 questions regarding weight loss and appetite, though not as a part of the scored MST tool. This is promising if future recommendations are to involve the MST.**

» Both the RD (61%) and Nurse (48%) are involved in asking the MST related questions signifying the importance to include nurses in this process and future recommendations.

» **Most respondents indicated there is follow-up when malnutrition is identified, but the details of the follow-up aren’t clear and may not be adequate**
Malnutrition Public Awareness Workgroup Report

Diana M. Hoek, MS, MPH, RD, LDN, Director for Policy, Marketing & Training Massachusetts Department of Public Health
Major Themes

**Audience**
Consistent response

"Caregivers of seniors would be really helpful. In a lot of cases they could be the bridge that the senior needs between themselves and food."

"Healthcare providers are woefully under informed about malnutrition."

- Primary focus on caregivers and family
- Secondary focus on healthcare providers
- Special groups (veterans, mental disability, memory loss)

**Message**
Consistent response

"You have to hear [the message] many many times before it sinks in... what has proven to work is that you just keep sending them stuff and remind them of things and sooner or later they'll open the mail."

**Barriers**
Strong response

"[Elderly have] never asked for help before. They don't want to ask for help now. And, there's a pretty wide misconception that if you take SNAP benefits for yourself, you're taking them away from somebody else."

- Transportation to service sites
- Prejudice/stigma/denial
- Education on eligibility
- Language barriers
- Nutrition education
Major Themes Continued

**Delivery**
Moderate response
- It's really important for seniors to hear from sources that they know and trust.
- We spend so much time going through senior centers because those are the people that seniors know.

- Use trusted sources and people they already exist
- Through ASAPs, community centers, and meal sites
- Direct mail
- Social media

**Comm. Tools**
Moderate response
- Written materials, like our newsletter goes out through direct mail.
- From what we can tell is that those print materials are most highly used in that population... reaches most of that audience. (flyer in newspaper)

- Print materials/flyers
- Placemats
- Use large font, bright colors, simple language, be short/sweet
- Should be able to be easily copied in B/W

**Nutrition Programs**
Weak response
- Somebody that has been receiving services, and is happy or unhappy about it, is going to communicate that to more people.
- I think that word of mouth is really strong among that community.

- Word of mouth
Recommendations

• Commission joint recommendations

• Individual member agencies’ activities to support Commission’s recommendations
  (DPH, DAR, DTA, EOE, MAND, MCOA, ASAPs, etc.)
## Data collection and management

<table>
<thead>
<tr>
<th>Recommendations</th>
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<tr>
<td>Massachusetts Executive Office of Elder Affairs will require all Area Agencies on Aging (AAA), Aging Service Access Point (ASAP) and nutrition service providers to include MST and food insecurity checklist (Hunger Vital Sign) in their intake process.</td>
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1. Consider strategies to improve data collection and analysis to identify malnutrition risk

   Encourage other health care and primary care providers to use MST at intake to identify their clients/patients for malnutrition risk, i.e., assisted living facilities, food banks, community health centers and other outpatient settings.

2. Assess the risk and measure the incidence of malnutrition occurring in various settings across the continuum of care and the impact of care transitions

   Encourage hospital discharge use MQii protocols for discharging to flag “malnutrition risk” and refer to “nutrition counseling” in the community

Introduce legislation to require that discharge plans include info on malnutrition risk
<table>
<thead>
<tr>
<th>Public Awareness</th>
<th>Introduce legislation to establish an annual Massachusetts Older Adult Malnutrition Awareness Week in May to align with the Older American Month.</th>
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<tr>
<td>3. Identify evidence-based strategies that raise public awareness of older adult malnutrition</td>
<td>Encourage health care stakeholders to collaborate on conducting the Awareness Campaign at state legislative gatherings.</td>
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<tr>
<td>4. Evaluate strategies used by community nutrition programs</td>
<td>Encourage all member agencies’ to publish and promote evidence-based malnutrition resources designed for older adult care providers, professionals via websites, social media, and printed materials such as newsletters</td>
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### Dissemination and Best Practice

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<td><strong>5.</strong> Maximize the dissemination of proven, effective malnutrition prevention interventions</td>
<td>Recommend national research centers or academic institutions to publish evidence based malnutrition research as it becomes available</td>
</tr>
<tr>
<td><strong>6.</strong> Examine the components and key elements, develop strategies for pilot testing, and offer guidance on implementation and evaluation.</td>
<td>Encourage community organizations to conduct MNT outreach to treat malnutrition</td>
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THANK YOU

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@Mass_EOEA
FLORIDA STATEWIDE MALNUTRITION ADVISORY COUNCIL

Presentation by Heather Wayco, MHA, RD, LD
Director of Clinical Nutrition
Lee Health, Ft. Myers, FL

Defeat Malnutrition Today Webinar
November 13, 2018
Malnutrition in Florida

• 23 percent of the population over the age of 60.
• Up to 1 out of 2 older adults are at risk for Malnutrition
• Malnutrition is a key health indicator for older adults in Florida
FLORIDA IS ESTIMATED TO SPEND MORE THAN $500 MILLION ON MALNUTRITION
Florida’s Goal

To Build a Coalition of Stakeholders and Advocates for the Creation of a Statewide Malnutrition Advisory Council

• Convene advocates from across Florida to review:
  • Current status of malnutrition in Florida
  • Current best practices to reduce malnutrition in Florida.
  • What’s missing & challenges/problems
  • Existing support data and processes
  • Strategies and recommendations for Florida to increase awareness and education
  • Opportunities to connect and integrate
  • How to measure success?
What we accomplished

- Identified key stakeholders addressing senior malnutrition
- Conducted outreach to determine their support for a collective statewide approach to reducing malnutrition by the creation of a Malnutrition Advisory Council
- Engaged over 30 organizations and institutions representing:
  - State Agencies (Elder Affairs, DOA, County Health Departments)
  - Hospital and Health System Advocates
  - FL Dietetic and Nutrition Advocates
  - FL Council on Aging Advocates
  - FL Society of Parenteral and Enteral Nutrition
  - Disease-specific organizations (ACS-CAN, Diabetes Educators)
  - Seniors Centers
Advocacy and Legislative Activities

• Conducted ongoing outreach and engagement with stakeholders
• Worked with key Legislators to provide Legislative Language to establish the Malnutrition Advisory Council.
• Advocates supported the Language but unfortunately it did not pass.
Living Healthy in Florida

- A Direct Support Organization made up of private and public partnerships throughout the state of Florida.

- Coordinated with State Advocates and presented the information to the Living Healthy Board for approval.

- The Board approved the Malnutrition Advisory Council project on October 31, 2018.
The Lee Health Journey
Lee Health’s: Initial Study

• How we began in 2014
• Initial Research Study
  • 80 Participants
  • Study: 51 - Full Program
  • Control: 29 – No meals
• Study Results
Lee Health: Creation of Flavor Harvest @ Home

Flavor Harvest@Home

Moving Patients From Acute Care To Self Care
Lee Health: Malnutrition Expansion

2014: Journey Began

2015: Expansion to Cape Coral Hospital

2016: Expansion to Gulf Coast Medical Center

2017-2018: Expansion to Health Park & Lee Memorial

2018: Expansion Ambulatory
## Lee Health: Malnutrition Current State

<table>
<thead>
<tr>
<th>Aug 2017-Sept 2018</th>
<th>Total number of patients</th>
<th>% of Total Patients</th>
<th>% of Total Malnourished</th>
<th>% Signed Participation</th>
<th>Readmitted within 30 days</th>
<th>Readmission %</th>
</tr>
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<tbody>
<tr>
<td>Total # Visits</td>
<td>49,645</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total # Patients</td>
<td>28,879</td>
<td></td>
<td></td>
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<tr>
<td>Malnourished Patients</td>
<td>5495</td>
<td>19%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sign Participation Agreement</td>
<td>2689</td>
<td></td>
<td></td>
<td>49%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Received 4 weeks</td>
<td>1352</td>
<td>25%</td>
<td></td>
<td>50%</td>
<td>287</td>
<td>21%</td>
</tr>
<tr>
<td>Received 1-3</td>
<td>368</td>
<td>6.7%</td>
<td></td>
<td>14%</td>
<td>148</td>
<td>40%</td>
</tr>
<tr>
<td>Never Started Program</td>
<td>969</td>
<td>18%</td>
<td></td>
<td>36%</td>
<td>288</td>
<td>30%</td>
</tr>
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Moving Forward in Florida

- Continue to gather to discuss ways to combat malnutrition
- Work with Living Healthy in Florida
- Find ways to standardize and maximize resources to help our citizens
Questions
State Legislative Toolkit

- Guide specifically for US state legislators
- Includes sample resolutions, commission legislation, op-eds, social media, etc.
- Also includes summary of the issue and its costs to states
Conclusions/Looking Ahead

• Need to keep raising awareness about malnutrition as a threat to older adults’ health—and a deterrent to active aging and maintaining independence

• Also need to implement solutions at the local, state and national levels

• Please use your influence at home to help us get more state legislation

• Help us to Defeat Malnutrition Today! Check out our resources and join the coalition.
Resources

• Defeat Malnutrition Today: http://defeatmalnutrition.today
• National Blueprint and Blueprint Infographic: http://defeatmalnutrition.today/blueprint
• State Malnutrition Infographic: http://bit.ly/state-infographic
• mponder@matzblancato.com