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Recognizing and addressing malnutrition in our communities

Malnutrition, a key indicator of older-adult health, goes largely unnoticed. Active-aging organizations are well-positioned to identify and tackle this issue

by Alexandra Lewin-Zwerdling, PhD, MPA, Judy Simon, MS, RD, LDN, and Mary Walsh, MEd

Regular activity is fundamental to healthy aging. Yet so is our diet, and one that lacks key nutrients has an enormous effect on our ability to be active and remain independent.¹ Many studies document the connection between diet and activity, underscoring that the two must work together for us to achieve a healthy lifestyle, especially as we age.² Poor diets can increase bone loss, reduce cognitive function, delay recovery times and prolong periods of hospitalization; they can also accelerate loss of muscle mass.³

Sarcopenia, or the loss of muscle mass and strength as we age, can begin as early as our 40s, with up to 50% of muscle

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Figure 1. Older adults are at an increased risk for malnutrition. Dietary needs change, and individuals are more likely to have chronic conditions that also put them at risk. Image courtesy of the Alliance for Aging Research, www.agingresearch.org/malnutrition

mass being lost by our 80s. But it is even more prevalent among inactive individuals and those with inadequate nutrient intake. It can cause a host of undesirable outcomes, such as decreased mobility, frailty, weak bones, falls and fractures, and a loss of independence, among other issues. Staving off further muscle loss and maintaining strength includes increasing the nutrient density of one’s diet and regular exercise.

The state of being poorly nourished, commonly known as malnutrition, remains a prevalent public health problem particularly for older adults. Yet for many aging experts, it goes largely unnoticed. The signs and symptoms often go undetected by clinicians and caregivers, or they may not be connected to poor nutrition. As a result, many older adults are falling through the cracks: Malnutrition affects an estimated 30–50% of adult hospitalized patients in the United States, but only 7% of these individuals are being discharged with this diagnosis. In 2013 alone, there were nearly 2 million hospital stays involving malnutrition. Given the lack of consistent malnutrition screening and care between settings like hospitals, post-acute care, home and the community, this statistic is likely much lower than the reality.

Malnourished older adults are commonly discharged without a diagnosis or dietary plan. Consequently, they are facing care providers without guidance on how to address their poor nutritional status. Successful care transitions between the hospital and other settings like independent living centers, active-adult communities and other residences where older adults live are critical for an individual’s health and recovery. If nutritional status is not properly identified when people leave the hospital, care transitions will fail to adequately address it. This results in a cycle of malnourished individuals with poor health. Individuals who are also more likely to be readmitted back into the hospital.

But, there exists a lot of momentum to address malnutrition among older adults. For example, the Malnutrition Quality Improvement Initiative (MQii) was formed in 2013 by the Academy of Nutrition and Dietetics, Avalere Health and other stakeholders. Its goal is to highlight gaps in existing malnutrition care and the impact of these gaps on patient outcomes. More about this initiative, including an MQii toolkit, can be found online (see “Resources” on page 52).

To help address community follow-through, the National Council on Aging (NCOA) surveyed several kinds of community-based organizations (CBOs) to learn what they need to bolster their ability to identify and treat malnutrition. “The malnutrition resource gap” sidebar, with Figure 2, on page 47 shares the results, providing a window into this issue. What the findings reveal is both a desire and an opportunity to make a difference at the community level.

**The community as a critical link**

Fitness, wellness and seniors centers, older-adult communities and other CBOs serving older adults can help identify/screen for and tackle malnutrition. Yet few practical malnutrition-related materials directly apply to their work and settings. Many existing tools and resources are for use in clinical settings.

The approach of the Community Malnutrition Resource Hub is to underscore the multidimensional nature of addressing health, well-being and, in particular, an individual’s nutritional needs. Although hospitals and healthcare providers can screen for malnutrition, it is the acute care, community and home-based settings that must work together to ensure care transitions adequately address a person’s ongoing nutritional requirements.

The Community Malnutrition Resource Hub targets these transitions and strives to enhance linkages across the care continuum. It provides a platform where CBOs can gain an understanding of the
impact of malnutrition in older adults along with valuable, “shovel-ready” materials to use across settings, roles and responsibilities. In supporting CBOs, the hub helps meet recommendations included in the recently released *National Blueprint: Achieving Quality Malnutrition Care for Older Adults*. The Blueprint calls for a range of strategies to be implemented across the healthcare-institution and community spectrum to meet four primary goals: improving quality care practices, improving access, generating research and advancing public health. Resources available in the hub can help address these strategies.

**Resources for the community**

Easily accessed from the NCOA site, the Community Malnutrition Resource Hub contains sections and materials organized by type and topic area. The hub, as mentioned, is designed to ensure malnutrition is addressed by a range of community organizations, with resources offered for a broad range of staff positions, from social workers to registered dietitian nutritionists.

The Community Malnutrition Resource Hub contains materials that allow an individual or organization to:

- Bolster understanding of malnutrition and how to identify it, as well as its causes and consequences.
- Learn about the wide range of roles and positions that can help address malnutrition at the community level.
- Understand the multitude of federal programs in the United States, like the Supplemental Nutrition Assistance Program.
- Enhance awareness of organization-al efforts designed to help tackle malnutrition.
- Utilize available and validated tools to identify and effectively handle malnutrition.

The sections are as follows:

- **Build a knowledge base**, including fact sheets, videos, trainings, toolkits, and more.

To help address the key step of community follow-through in tackling malnutrition, the National Council on Aging (NCOA) disseminated a survey to identify what types of materials could help bridge the malnutrition resource gap. The survey, disseminated in 2016, had a strong response. It gave a window into what community-based organizations (CBOs) need in order to strengthen their ability to identify and treat malnutrition.

Respondents ranged from those working for and providing congregate and home-delivered meals, nutrition services, benefits counseling, caregiver support, transportation and even falls prevention. The size of organizations responding ranged from those serving fewer than 500 individuals to over 10,000 in the past year alone.

**Findings**

Referrals to CBOs primarily are from: family members/caregivers; self-referrals; community-based healthcare and allied health professionals, and community-serving providers. Among those not receiving hospital-based referrals, nearly half of CBOs indicated that they’d like to receive referrals, while only 4% said they would not (see Figure 2 below).

The good news is that nearly three-quarters of those surveyed indicated that their organization does indeed offer services and/or resources that help address malnutrition. But the range of what could be offered and the opportunity for services available are so vast, there is a strong desire to offer—and do—more. Community staff are in need of malnutrition fact sheets and general education materials; nutrition coverage information; malnutrition screening tools; best-practice guidelines; healthy eating resources and treatment services, among other resources.

The malnutrition resource hub was created to help address CBOs responses to the NCOA survey, as well as to strengthen connections between clinical and community care.

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**If your organization is not getting hospital-based referrals, do you think your organization would like to receive them?**

Answered: 352   Skipped: 19

**Figure 2.** If your organization is not getting hospital-based referrals, do you think your organization would like to receive them? Findings from the NCOA survey 2016. Source: National Council on Aging.
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Figure 3. Malnutrition: An Older-Adult Crisis. Source: Defeat Malnutrition Today.

Identifying malnutrition

Malnutrition can be detected by two or more of the following six characteristics:

- insufficient energy intake
- weight loss
- loss of muscle mass
- loss of subcutaneous fat
- localized or generalized fluid accumulation
- diminished functional status as measured by handgrip strength


In addition, there are a number of screening and assessment tools provided on the hub. The Malnutrition Screening Tool (MST) is one example of a community validated tool used to screen individuals at risk of malnutrition (see Figure 4 on page 49).

Moving forward

The hope is that the Community Malnutrition Resource Hub will be widely used by CBOs, caregivers, senior living centers and others interacting with older adults and interested in learning more about malnutrition. While the majority of materials are targeted to experts working on this issue, a number of resources throughout the hub are helpful for consumers and the lay public. These are namely: malnutrition fact sheets, videos and educational materials. A longer-term goal is to develop additional consumer-facing materials, adaptable to the needs of different organizations.

Solutions that connect healthcare providers to the community and home-based settings remain critically important. As such, there’s an ongoing need to enhance policies and initiatives that bridge this gap, strengthening provider understanding of CBOs’ services as well as CBOs’ outreach to providers. It is only when this happens that the materials in this hub will reach their potential for greatest impact.

The statistics show that malnutrition in older adults remains widespread, with little sign of declining. Given the collective interest and broad scope of those who can help identify and tackle malnutrition, those working with older populations are well-positioned to improve these individuals’ health, wellness and quality of life.

Materials such as the infographic (see Figure 3, above) from Defeat Malnutrition Today are available on the hub. This newly formed coalition works to achieve recognition of malnutrition as a key indicator and vital sign of older-adult health. Members represent a wide range of CBOs, healthy aging and healthcare professionals. The International Council on Active Aging is also a member.

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References


Resources

Academy of Nutrition and Dietetics www.eatright.org

Alliance for Aging Research* www.agingresearch.org

Community and Federal Assistance Programs for Older Adults www.ncoa.org/center-for-healthy-aging/resourcehub/utilize-organizations-and-programs/community-and-federal-assistance-programs

Community Malnutrition Resource Hub www.ncoa.org/Resourcehub

Defeat Malnutrition Today Coalition http://defeatmalnutrition.today

Malnutrition Quality Improvement Initiative (MQii Toolkit) http://mqii.defeatmalnutrition.today/index.html


National Blueprint: Achieving Quality Malnutrition Care for Older Adults http://defeatmalnutrition.today/blueprint

National Council on Aging www.ncoa.org

* The Alliance for Aging Research is a nonprofit in Washington, DC, dedicated to accelerating the pace of scientific discoveries and their application to improve the universal human experience of aging and health.