

May 10, 2017

Heather Menne
U.S. Department of Health and Human Services
Administration for Community Living
Washington, DC 20201

VIA E-MAIL: Heather.Menne@acl.hhs.gov

RE: National Survey of Older Americans Act Participants

Dear Ms. Menne,

The Defeat Malnutrition Today coalition appreciates the opportunity to comment on the Administration for Community Living (ACL)/Administration on Aging (AoA) National Survey of Older Americans Act (OAA) Participants. Defeat Malnutrition Today is a coalition with over 55 members who are committed to defeating older adult malnutrition. This is a diverse alliance of community, healthy aging, nutrition, advocacy, health care professional, faith-based, and private sector stakeholders and organizations who share the common goals of achieving the recognition of malnutrition as a key indicator and vital sign of health risk for older adults and working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation's health care system.

We applaud ACL/AoA's recognition of the importance of regularly obtaining performance measurement outcomes through its annual national surveys of recipients of select Title III services. These national surveys are invaluable in providing "a portrait of who receives these services and how they assess the quality of the services received."¹

Need for Malnutrition-Specific Questions in ACL/AoA National Survey

Among the range of important services supported through the OAA are the Nutrition Programs. The current ACL/AoA National Survey includes questions on food intake and ability to purchase food, which can be useful in determining how OAA Nutrition Programs may help support participants' nutritional needs and in identifying participants' potential risk for food insecurity. However, what are missing from the National Survey are questions specific to the risk of malnutrition. Given that one in two older adults are at risk for malnutrition^{2,3} and that as described in a recent ACL report malnutrition is a risk factor for a range of poor health outcomes, including disability,⁴ **we urge ACL/AoA to include malnutrition-specific screening questions in its upcoming 2017 Survey Instrument.** Further information is provided below.

Background on the Malnutrition Problem

Malnutrition is a nutrition imbalance that affects both overweight and underweight patients. It is a problem across the spectrum of healthcare and disproportionately affects older adults.⁵ OAA Nutrition Programs "specifically target and provide services to older adults who are in poor health and functionally impaired."⁶ These older adults are likely to be at high risk for malnutrition, because of:

- **Hospitalization:** 17% of congregate and 38% of home-delivered participants have been in the hospital in the past year.⁶ Malnutrition is a common problem in the acute care setting and as the Centers for Medicare & Medicaid Services (CMS) has cited in its rulemaking, a number of studies

have documented between 20-50% of hospital inpatients are either malnourished or at risk for malnutrition, depending on the patient population and assessment criteria.⁷ Further, CMS has just recently proposed for the first time, the adoption of 4 new malnutrition-focused electronic clinical quality measures into a future Hospital Inpatient Quality Reporting Program, commenting that “malnutrition is associated with many adverse outcomes” and thus “addressing malnutrition among beneficiaries is an important clinical issue.”⁸

- **Chronic Disease:** 45% of congregate participants and 63% of home-delivered participants have 6 or more medical conditions.⁶ Chronic disease increases the risk of malnutrition in older adults. Studies estimate the prevalence of malnutrition in cancer patients is 20-87%,⁹ in chronic kidney disease is 20-50%,¹⁰ and in chronic obstructive pulmonary disease is 19-60%.¹¹
- **Multiple Medications:** 44% of congregate and 62% of home-delivered participants take over five medications daily.⁶ With over 250 medications known to affect smell or taste,¹² multiple medication use can change patterns of food or fluid intake and result in nutritional deficiencies and weight loss.¹³
- **Self-Neglect:** One of the fastest growing forms of elder abuse is self-neglect, which can be caused in part by the inability to maintain a proper or any diet, leading to malnutrition. OAA Nutrition Programs are targeted to adults age 60 and older “who are in greatest social and economic need”¹⁴ and these are likely individuals who may also be at high risk for self-neglect.
- **Health Disparities:** The OAA Nutrition Programs pay particular attention to “low income older individuals,” “minority older individuals,” and “older individuals with limited English proficiency”¹⁴ and thus OAA Nutrition Program participants are older and in poorer health than the older population as a whole.⁶ Because malnutrition in older adults is often linked to economic and social factors, it can lead to more health disparities. According to a report from the Agency for Healthcare Research and Quality, older African Americans have a significantly higher risk of malnutrition (defined as unintentional weight loss) when compared to Caucasians.¹⁵ The Congressional Black Caucus Institute in their 21st Century Council 2015 Annual Report noted that “(t)he most benefit will occur when malnutrition care becomes a priority and routine standard of medical care.”¹⁶

Malnutrition is a patient-safety risk and an independent predictor of negative patient outcomes, including increased mortality, longer length of hospital stay, increased readmissions, and greater hospitalization costs. Further, the morbidity, mortality, and direct medical costs related to disease-associated malnutrition impose a substantial social burden, with annual U.S. costs estimated to be \$51.3 billion for individuals aged 65 years and older.¹⁷ Importantly malnutrition is also a burden to patients, families, and caregivers as it can lead to increased disability and decreased independence, often further exacerbated by age-related sarcopenia. Early malnutrition identification and treatment are critical to improving these and other poor health outcomes and thus including malnutrition risk screening questions in the ACL/AoA National Survey instrument could help in fulfilling the OAA Nutrition Program mission of “providing the most frail and vulnerable older adults with nutrition services that are helping them to stay in their homes.”⁶ Further, the AoA describes key nutrition services for OAA Nutrition Programs as including “nourishing meals, as well as nutrition screening, assessment, education, and counseling, to ensure that older people achieve and maintain optimal nutritional status.”¹⁸ Therefore, it makes sense that the ACL/AoA National Survey instrument includes specific malnutrition screening questions.

Malnutrition Screening for Older Adults in the Community

The recent ACL report by Tilly recommends “The basic approach to addressing malnutrition among community living older adults involves periodic screening, assessment of those at risk of malnutrition, and individually-tailored approaches to addressing the condition. Through regular screening, health care professionals can determine who is at risk for malnutrition.”⁴

More specific malnutrition-related recommendations for the community are included in the newly released, first-ever, *National Blueprint: Achieving Quality Malnutrition Care for Older Adults*. The *Blueprint* was developed by the Malnutrition Quality Collaborative, a multi-stakeholder group of nutrition, healthy aging, and food security experts, convened by Defeat Malnutrition Today and Avalere. The *Blueprint* calls for a range of strategies to be implemented across the healthcare institution and community spectrum, including to “Establish and Adopt Quality Malnutrition Care Standards.” Specific *Blueprint* recommendations for the community include to:

- “Establish and adopt evidence-based malnutrition standards and best practices to support early identification and access to quality malnutrition care and nutrition interventions for older adults in patient-centered medical home networks, home health, assisted living facilities, and other community and home-based care settings.
- Promote standardization of a validated national community nutritional screening tool, such as the Malnutrition Screening Tool (MST), the Malnutrition Universal Screening Tool (MUST), the National Screening Risk “(NSR)” tool, the Mini Nutrition Assessment (MNA) or the Short Nutrition Assessment Questionnaire (SNAQ).⁵

One of the simplest and most straightforward malnutrition screening tools is the MST, which is based on two qualitative questions related to unintentional weight loss and appetite. The MST is listed by the ACL as one of the nutrition screening tools that can be used to help combat senior malnutrition.¹⁹ The MST is sensitive and specific²⁰ and has been used to identify those at risk in the residential setting.²¹ **We recommend adding the MST screening questions to the ACL/AoA National Survey for OAA program participants and their caregivers. The specific questions are:**

- **Have you lost weight recently without trying? If yes, how much weight have you lost?**
- **Have you been eating poorly because of a decreased appetite?**²²

It would also be appropriate to integrate these same questions into OAA Nutrition Program participant screening tools used on a routine basis. The ACL report by Tilly comments: “Studies highlight the importance of general malnutrition screening among older adults as the first step in the nutrition care process....Recommendations are that all community-dwelling older adults receive an annual malnutrition screening. Those receiving home and community-based services should receive a quarterly screening.”⁴

A new tool that may be useful in helping community-based organizations address malnutrition is the Community Malnutrition Resource Hub. The National Council on Aging surveyed different community organizations to learn what they needed to increase their ability to identify and treat malnutrition and then worked with Defeat Malnutrition Today and the Maryland Department on Aging to develop this on-line platform where community organizations can gain an understanding of the impact of malnutrition as well as find materials to use across settings, roles, and responsibilities.²³

As we have outlined, including questions in the ACL/AoA National Survey to screen for malnutrition is important in helping address the crisis of older adult malnutrition and in gathering data to help meet the OAA Nutrition Program mandate of providing nutrition services to help vulnerable older adults stay in

their homes. We appreciate your consideration of our comments. Please feel free to contact us at info@defeatmalnutrition.today if you have any questions or if you need any additional information.

Sincerely,

Defeat Malnutrition Today

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