

October 26, 2017

Dear HHS,

The Defeat Malnutrition Today coalition is pleased to offer comments on the HHS Draft Strategic Plan FY 2018-2022.

Defeat Malnutrition Today is a coalition with over 60 members who are committed to defeating older adult malnutrition across the continuum of care. We are 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.

There are two objectives where we feel additions should be made to address an important health issue: older adult malnutrition: Objective 2.1 and Objective 3.4.

**Objective 2.1: Empower people to make informed choices for healthier living**

Our coalition was pleased to see an objective which has a section on nutrition. However, it does not address one of the most dangerous issues older adults face regarding nutrition: the lack thereof.

Malnutrition is unfortunately a common issue across all care settings. In the acute care hospital setting, it is estimated that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.<sup>12345</sup> According to the National Resource Center on Nutrition, Physical Activity and Aging, nearly 35-50 percent of older residents in long term care facilities are malnourished.

Malnutrition can cause adverse and costly outcomes. Research documents malnourished older adults make more visits to physicians, hospitals, and emergency rooms. The nutritional status of malnourished patients can continue to worsen throughout an inpatient stay, which may lead to further increased costs. Studies show that malnutrition, as a contributing factor to post-hospital syndrome, can increase a patient's risk for a 30-day readmission, often for reasons other than the original diagnosis.<sup>6</sup> For

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<sup>1</sup> Barker LA, Gout BS, Crowe TC. Hospital malnutrition: Prevalence, identification and impact on patients and the healthcare system. *Int J Environ Res Public Health*. 2011; 8(2):514-527.

<sup>2</sup> Bistran BR, Blackburn GL, Hollowell E, Heddle R. Protein status of general surgical patients. *JAMA*. 1974;230(6):858-860.

<sup>3</sup> Christensen KS, Gstundtner KM. Hospital-wide screening improves basis for nutrition intervention. *J Am Diet Assoc*. 1985;85(6):704-706.

<sup>4</sup> Lim SL, Ong KC, Chan YH, et al. Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clin Nutr*. 2012;31(3)345-350.

<sup>5</sup> Somanchi M, Tao X, Mullin GE. The facilitated early enteral and dietary management effectiveness trial in hospitalized patients with malnutrition. *JPEN J Parenter Enteral Nutr*. 2011;35(2):209-216.

<sup>6</sup> Krumholz HM. Post-hospital syndrome – An acquired, transient condition of generalized risk. *N Engl J Med*. 2013; 368(2):100-102.

example, 45% of patients who fall in the hospital have malnutrition; costs for falls overall to Medicare totaled \$31 billion in 2015.<sup>78</sup>

Older adult malnutrition is not currently being widely addressed by the American healthcare system. Many physicians and nurses receive no training on older adult malnutrition and little training on nutrition generally during their studies, and there is a general lack of access to registered dietitians throughout the healthcare system. Most people are unaware of the significance of malnutrition as an issue, and though there are widely available screening and diagnostics tools, they are not being used.

**The objective contains the item “Reduce chronic diseases and related health behaviors that impact older adults and people with disabilities by adapting and implementing evidence-based programs and policies, such as implementing nutrition standards and guidelines.” We suggest that an example of these evidence-based programs be screening and intervention for malnutrition.**

Though malnutrition has been recognized as a problem by the Centers for Medicare and Medicaid Services (CMS), it has not been included in U.S. national health objectives nor has it been integrated into the CMS quality measures. The Academy of Nutrition and Dietetics and Avalere Health submitted quality measures to CMS for inclusion in 2018’s Hospital Inpatient Quality Reporting Program.<sup>9</sup>

**Objective 3.4: Maximize the independence, well-being, and health of older adults, people with disabilities, and their families and caregivers**

We were very surprised to see no mention of nutrition programs in this objective, especially considering that the Older Americans Act Title III C Nutrition Programs are the largest program the Administration for Community Living has responsibility for. **HHS should add an item to this objective that specifically focuses on supporting nutrition programs and the important work that they do in providing meals, socialization, and education.** One of the best front-line defenses against older adult malnutrition is a local community nutrition program. Recognizing the important work these programs do is crucial to their success.

In March 2017 at the American Society on Aging conference, the coalition’s Malnutrition Quality Collaborative launched the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults* (available at <http://defeatmalnutrition.today/blueprint>). The Blueprint outlines potential actions to close the gap and improve health outcomes for older adults by addressing malnutrition care across the continuum of acute, post-acute, and community settings. The Blueprint also provides suggested

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<sup>7</sup> Bauer JD, et al. Nutritional status of patients who have fallen in an acute care setting. *J Hum Nutr Diet.* 2007;20:558-564.

<sup>8</sup> Burns EB, Stevens JA, Lee RL. The direct costs of fatal and non-fatal falls among older adults—United States. *J Safety Res* 2016:58.

<sup>9</sup> <http://www.eatrightpro.org/resource/practice/quality-management/quality-improvement/malnutrition-quality-improvement-initiative>

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...vital to healthy aging

strategies for policymakers, organizations, healthcare providers, patients and caregivers to address malnutrition. The coalition would welcome the opportunity to discuss this Blueprint and the ideas it contains with HHS.

Thank you for the opportunity to comment on the strategic plan. Please feel free to contact me at [mponder@matzblancato.com](mailto:mponder@matzblancato.com) if you have any questions about these comments.

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