

# defeat **malnutrition** today

January 17, 2019

## **Public Comment for Healthy People 2030**

Submitted electronically via [HP2030@hhs.gov](mailto:HP2030@hhs.gov)

To the Advisory Committee:

Defeat Malnutrition Today welcomes the opportunity to comment on the Healthy People 2030 objectives. This statement is in addition to the oral statement we provided on September 7, 2017.

We are a diverse coalition of over 80 national, state, and local organizations who are committed to defeating older adult malnutrition across the continuum of care. We are focused on advancing this fight through federal and state policy and advocacy.

The framework and approach outlined for the Healthy People 2030 objectives highlight the importance of goals that focus on improving the health and well-being of Americans across the lifespan. As older adults represent a growing proportion of the U.S., including goals relevant to an aging population is essential. Today, there are 49.2 million seniors 65 and older, comprising 15.2 percent of the U.S. population. Between 2020 and 2030, there will be an additional 18 million seniors in the United States. So, we are pleased to see that objectives specific to older adults are included.

But these objectives do not touch on an issue key to maintaining a healthy older adult population: malnutrition care. **We propose that a Developmental Objective on reducing older adult malnutrition, particularly in acute care settings, should be added to the Older Adults category.**

Older adult malnutrition is a growing crisis in America today. Up to half of all older adults are at risk of malnutrition. For example, 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>

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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> Bistrain 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.

As called for in the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults*, high-quality nutrition and malnutrition care for older adults should be at the “top of the U.S. national agenda as we develop population health strategies to improve health and to deliver consistent quality healthcare at an affordable cost.” This is because while good nutrition has been shown to help support a healthy and active lifestyle, improve health outcomes, and reduce healthcare costs, malnutrition--particularly the lack of adequate protein, calories, and other nutrients needed for tissue maintenance or repair--has been shown to be associated with poor health outcomes, frailty and disability, and increased healthcare costs. Further, the *Blueprint* notes malnutrition is a significant problem for both underweight and overweight or obese individuals due to loss of lean body mass. The *Blueprint* was developed with input from a variety of sectors, including representatives from nonprofit organizations, state governments, professional organizations, and healthcare associations.

In recent [comments](#) from U.S. Department of Health and Human Services (HHS) Secretary Alex Azar to the Hatch Foundation for Civility and Solutions on November 14, 2018, he stated:

Data from the Agency for Health Research and Quality at HHS found that Americans with malnutrition are twice as costly to treat at the hospital as those who come in well-nourished. In fact, malnutrition is involved in 12 percent of non-maternal, non-neonatal hospital stays—\$42 billion each year in healthcare spending.

In other words, malnutrition is pervasive, costly, and causes patients to feel worse and heal slower; however, it has not yet been addressed by a systematic, consistent approach throughout the healthcare system.

Broadly speaking, there is a general lack of awareness that malnutrition is linked to acute illness, chronic disease, and poor health outcomes. While there are malnutrition standards of care, best practices, and validated screening and diagnostic tools available, these have not been systematically adopted into routine medical care or adopted across care settings.

Further, care coordination by the clinical care team of malnourished and at-risk older adults can often be fragmented due to lack of visibility of clinically relevant malnutrition data and documentation and non-standardization of key malnutrition data elements in electronic health records.

Yet there are approaches that show promise. As Secretary Azar also noted in his speech:

Naturally, a number of private health providers and payers have already tried addressing this issue: One ACO in Chicago, for instance, began screening high-risk patients for malnutrition, and then supporting them after discharge from the hospital with follow-ups, referrals, and nutrition coupons. The savings were huge: more than \$3,800 per patient.

Diet quality and excess body weight have been the primary areas of focus in government goals for older adult nutrition. For example, two nutrition-related indicators—eating more than five servings of fruits and vegetables daily, and obesity—are among the 15 Key Health Indicators for older adults on which the Centers for Disease Control and Prevention (CDC) annually reports

data at the national, state, and selected local level. Yet malnutrition, an important aspect of nutrition, has not been included in our national health objectives nor is it reported in key health indicators for older adults.

Malnutrition care has also been omitted from most prevention and wellness, patient safety, care transitions, and population health strategies. And, while addressing malnutrition aligns with goals of the Center for Medicare and Medicaid Services (CMS) and those of the HHS National Quality Strategy, to date, malnutrition care has not been integrated into public or private quality incentive programs. In fact, the ACO mentioned in Secretary Azar's speech was a test site for electronic clinical quality measures being considered by CMS.

The Healthy People 2030 objectives should be intergenerational and broad, including in their approach the support of good nutrition throughout the lifespan. Developmental Objectives related to malnutrition care need to be included in Healthy People 2030. It is through malnutrition care that the root cause of malnutrition, including chronic disease, illness, injury and social determinants, can be identified and treated. To combat older adult malnutrition, we must advance objectives which can both prevent its advance and offer solutions which can restore health.

Thank you for considering our comments, and we look forward to future comment opportunities when a next draft is released. If you have questions about our comments, you may reach our Policy Director Meredith Whitmire at [mponder@matzblancato.com](mailto:mponder@matzblancato.com).

Sincerely,



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National Coordinator  
Defeat Malnutrition Today