Malnutrition in Underserved Populations: State Actions and Advocacy

DEFEAT MALNUTRITION TODAY WEBINAR

FEBRUARY 3, 2022

Identifying Nutrition Risk in a Charitable Pharmacy Population

The Charitable Pharmacy of Central Ohio & The Ohio State University College of Pharmacy

Beth Collier and Jay Mirtallo

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Charitable Pharmacy of Central Ohio

A Little about the Charitable Pharmacy

- Provides free or low-cost medications to patients who qualify
- Must live in Franklin County and have a household net income at or below 200% of the Federal Poverty Line
  - A little over $2,250/month for one person or $3,000/month for two people
- Average patient is on eight medications
- Average patient age is 60
- Patients are uninsured or under-insured
- Has dispensed over 780,000 prescriptions since opening in 2010 valued at over $67.5 million (as of December 31st, 2021)

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Ohio Malnutrition Prevention Commission

- Signed into law by Gov. John Kasich as part of Amended Substitute House Bill 580 of the 131st GA
- Tasked with developing guidelines to reduce malnutrition in the elderly (age 60+) population
- Released report in March 2018
- Developed nutrition risk screening tool from validated screening tools for malnutrition risk and food insecurity

Dual-Purpose Screening Tool

MALNUTRITION SCREENING TOOL[1]		
1. Have you recently lost weight without trying?		
No	0	
Not Sure	2	
Yes *If yes, how much weight have you lost?* 2-13 lbs	1	
14-23 lbs	2	
24-33 lbs	3	
34 or more lbs	4	
Unsure	2	**Question 1 Score:**
2. Have you been eating poorly because of decreased appetite?		
No	0	
Yes	1	**Question 2 Score:**
		Total Score:

Results

Questions 1 & 2 Total	
Score of 0-1	Patient is not at risk for malnutrition; screen again in 1 year or if condition changes.
Score of 2 or more	Patient is at risk for malnutrition and needs a referral to registered dietitian and/or a healthcare provider and ongoing monitoring.

[1] Ferguson M, et al. Nutrition. 1999;15(6):458-464.

FOOD INSECURITY SCREENING TOOL[1, 2]	
1. Within the last 12 months, I worried whether my food would run out before I had money to buy more.	
Often True	
Sometimes True	
Never True	
2. Within the last 12 months, the food I bought just didn't last and I didn't have money to get more.	
Often True	
Sometimes True	
Never True	

Results

Questions 1 & 2 Responses	
***Never true* for both questions**	Patient is not food insecure; screen again in 1 year or if living conditions change.
***Often true/sometimes true* for one or both questions**	Patient should be referred to meal services (see resources section) and/or a foodbank/food pantry; continue to monitor.

[1] Hager ER, et al. Pediatrics. 2010;126(1): e26-e32.
[2] Gundersen C, et al. Public Health Nutr. 2017;20(8):1367-71.

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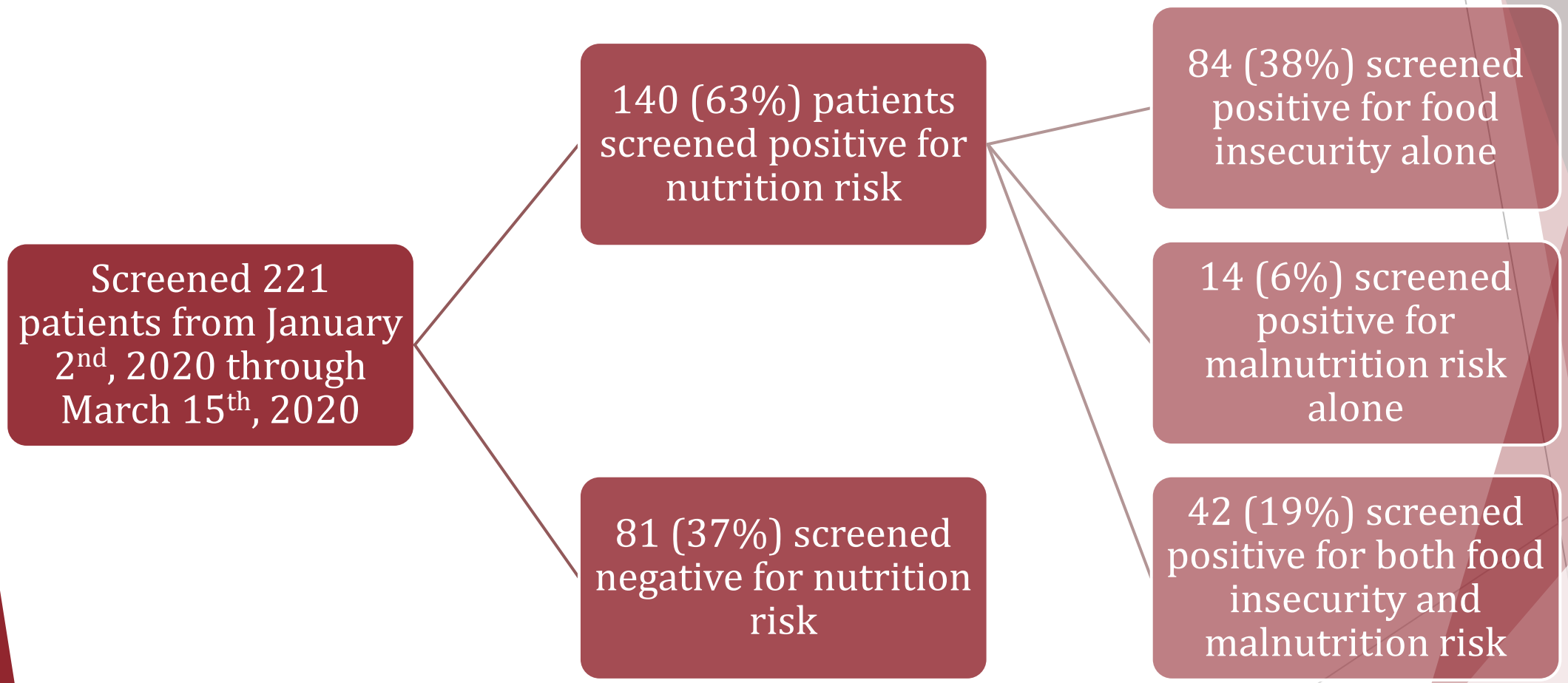
Aims

- Use a dual-purpose screening tool to identify nutrition risk – food insecurity, malnutrition risk, or both
- Characterize the charitable pharmacy population at highest risk of food insecurity and/or nutrition risk
- Refer patients at nutrition risk to nutrition resources

Methodology

- Patients screened by LSW during qualification and requalification interviews
  - Implemented Older Adult Malnutrition and Food Insecurity Screening Tool into qualification interview
- Patients at nutrition risk were offered referrals to nutrition resources including food pantries, group meals, home-delivered meals, referrals to apply for SNAP, grocery delivery, the Mid-Ohio Farmacy for produce, or to talk to healthcare professionals
- LSW recorded screening results in electronic health record and encrypted spreadsheet only identified by CPCO ID number

Results



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Characteristics of the Population

Characteristic	Total	Total, %
Age (years),		
18-29	7	3
30-39	19	9
40-49	43	19
50-59	56	25
60+	96	44
Race,		
Black	118	53
White	80	36
Hispanic/Latino	6	3
Asian	6	3
Other/Unknown	11	5
Gross Income*,		
0-50%	66	30
51-100%	46	21
101-150%	56	25
151-200%	44	20
Over 200%**	9	4
Insurance,		
Uninsured	100	45
Medicaid	14	6
Medicare	84	38
Other	23	10

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Nutrition Risk of the Population

	Total Patients Per Characteristic N	None N(%)	Food Insecurity Alone N(%)	Malnutrition Risk Alone N(%)	Both Food Insecurity and Malnutrition N(%)	Nutrition Risk
Total Patients Per Nutrition Risk Status	221	81(37)	84(38)	14(6)	42(19)	140(63)
Race,						
Black	118	35(30)	50(42)	9(8)	24(20)	83(70)
White	80	35(44)	28(35)	5(6)	12(15)	45(56)
Hispanic/Latino	6	3	1	0	2	3
Asian	6	3	1	0	2	3
Other/Unknown	11	5	4	0	2	5
Age,						
18-29 years	7	2	3	0	2	5
30-39 years	19	7(37)	8(42)	0(0)	4(21)	12(63)
40-49 years	43	14(33)	14(32)	1(2)	14(33)	29(67)
50-59 years	56	17(30)	23(41)	7(13)	9(16)	39(70)
60+ years	96	41(43)	36(38)	6(6)	13(14)	55(57)

Nutrition Risk of the Population

	Total Patients Per Characteristic N	None N(%)	Food Insecurity Alone N(%)	Malnutrition Risk Alone N(%)	Both Food Insecurity and Malnutrition N(%)	Nutrition Risk
Total Patients Per Nutrition Risk Status	221	81(37)	84(38)	14(6)	42(19)	140(63)
Gross Income,						
0-50%	66	25(38)	22(33)	3(5)	16(24)	41(62)
51-100%	46	18(39)	16(35)	4(18)	8(12)	28(61)
101-150%	56	15(27)	26(46)	4(7)	11(20)	41(73)
151-200%	44	20(45)	17(38)	2(5)	5(11)	24(54)
Over 200%	9	3	3	1	2	6
Insurance,						
Uninsured	100	36(36)	36(36)	6(6)	22(22)	64(64)
Medicaid	14	9(64)	1(7)	1(7)	3(21)	5(35)
Medicare	84	25(30)	38(45)	6(7)	15(18)	59(70)
Other	23	11(48)	9(39)	1(4)	2(9)	12(52)

Rank Order of Characteristics at Nutrition Risk

Rank	Food Insecurity N=126		Malnutrition Risk N=56		Both Food Insecurity and Malnutrition Risk N=42	
	Characteristic	%	Characteristic	%	Characteristic	%
1	Black	59	Black	59	Black	57
2	Uninsured	46	Uninsured	50	Uninsured	52
3	Medicare	42	Medicare	38	Gross Income 0-50% FPL	38
4	Age 60+	39	Age 60+	34	Medicare	36
5	White	32	Gross Income 0-50% FPL	34	Age 40-49	33
6	Gross Income 0-50% FPL	30	White	30	Age 60+	31

FPL- Federal Poverty Line

Nutrition Resource Use and Referrals

	Resources Used Prior to Interview	Resources Referred to after Interview
Total Patients, N	221	
Patients not using or referred to resources†, N	106	103
Total patients using or referred to resources, N	115	118
Type of resource/referral, N (%)		
Food Pantries	87(39)	108(49)
Congregate Meals	4(2)	8(4)
Home Delivered Meals	4(2)	6(3)
Grocery Delivery	0(0)	1(0.5)
SNAP	23(10)	13(6)
Mid-Ohio Farmacy*	3(1)	18(8)
Friends/Family	11(5)	0(0)
Healthcare Professionals	3(1)	10(5)

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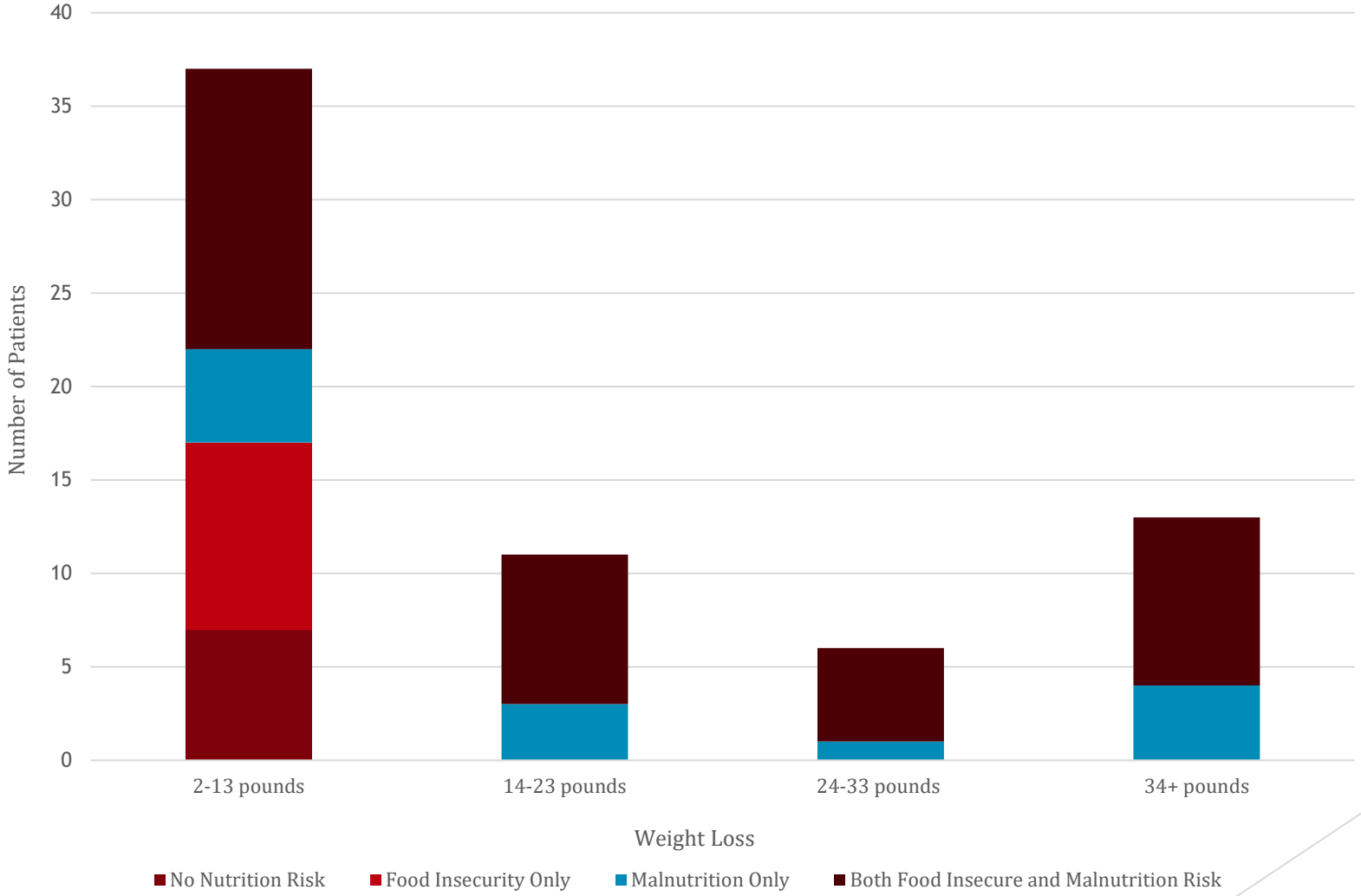
Nutrition Resource Intervention in Patients at Nutrition Risk

Population Description	Total Patients, N	No nutrition risk, N(%)	Food insecurity only, N(%)	Malnutrition risk only, N(%)	Both food insecurity and malnutrition risk, N(%)	Total Nutrition Risk, N(%)
Patients who neither used resources prior to screen nor received referrals after screen	70	60(86)	6[+](9)	4[⍰](6)	0(0)	10(14)
Patients not using resources prior to screen who received referrals after screen	33	3(9)	14(42)	5(15)	11(33)	30(91)
Patients using resources prior to screen who did not receive any referrals	31	15(48)	10(32)	3(10)	3(10)	16(52)
Patients using resources prior to screen who received further referrals	84	2(2)	52(62)	2(2)	28(33)	82(98)

Increasing Nutrition Risk with Unintentional Weight Loss



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Discussion Highlights

- Most likely to be at nutrition risk responded “Often True” to questions regarding food insecurity and report 14 or more pounds of unintentional weight loss
- Patients at malnutrition risk (N=56) that could benefit from referrals to see dietitians were often uninsured (50%) or on Medicare (38%), meaning that access is a barrier to referrals
- Single adults with no children in household receiving SNAP or who had received it in the past frequently reported receiving $15 in benefits
- Data suggest that those who are Healthcare Insecure are also likely to be at nutrition risk

Next Steps

- Look at malnutrition risk in elderly vs. non-elderly population
- Refer patients positive for malnutrition risk to dietitian for nutrition assessment to validate tool
- Collect survey feedback from patients regarding access to nutrition resources
- Integrating nutrition risk tool into cardiovascular health program screenings
- Second Charitable Pharmacy location (open as of September 2021) is co-located with fresh produce market

Farmacy in the City
Improving Heart Health in Columbus

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Senior Malnutrition: Education and Advocacy

Florida's approach

2020-21: State government action

Department of Elder Affairs renews the State Plan on Aging for 2022-2025:

Department of Agriculture forms the Food Security Advisory Committee, to assess broadly the state of nutrition, hunger and access statewide:

Opportunities for engagement on senior malnutrition: State Plan on Aging

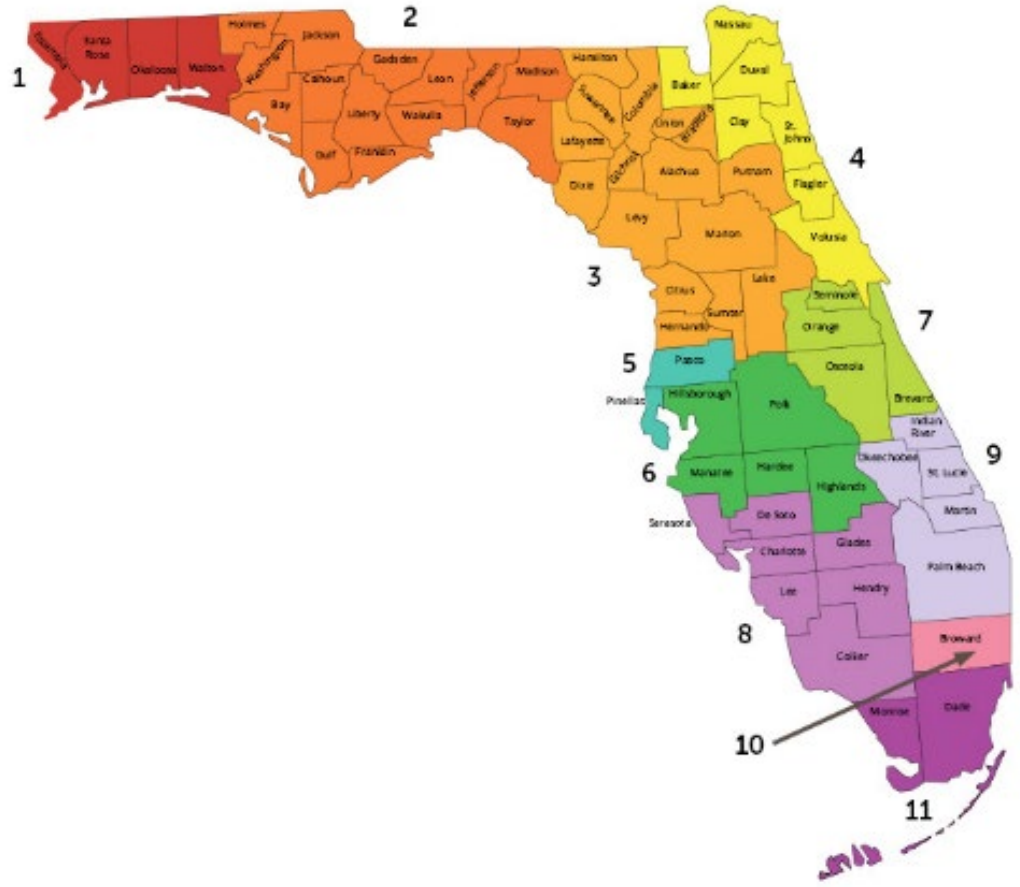
- Florida's oversight and administration of programs in the senior malnutrition space is shared by the Department of Agriculture and the Department of Elder Affairs

- Florida advocates have ample opportunity to engage with both agencies and representatives from both Ag and Elder Affairs participate in the state malnutrition coalition

Raise awareness about senior malnutrition with OAA funding's local decisionmakers

11 regional Agencies on Aging:

- Pensacola
- Tallahassee
- Gainesville
- Jacksonville
- St. Petersburg
- Tampa
- Orlando
- Ft. Myers
- West Palm Beach
- Broward County
- Miami



Opportunities for engagement on senior malnutrition: Food Security Advisory Committee

- Committee comprised of community leaders, aging and nutrition experts and advocates including Florida Malnutrition Awareness and Education Network coalition coordinator
- Charged with assessing and making recommendations in the following areas:
  - Access to Food
  - Child Hunger
  - Hunger as a Health Issue/Food as Medicine
  - Leveraging Federal Nutrition Assistance Programs
  - Senior Malnutrition & Hunger
  - Food Waste, Food Loss & Food Recovery
  - Needs of Migrant Communities

Enshrining coalition recommendations in Florida's report

- Lead FSAC discussions shaping senior malnutrition policy recommendations
  - Focused on importance of data collection, and on highlighting significant gaps in state-level surveillance and data collection about senior malnutrition, and the resulting risks that poses for a state like Florida!
  - Presented FSAC senior malnutrition recommendations to Florida Secretary of Agriculture Nikki Fried in November 2021

ISSUE STATEMENT:

Malnutrition is a leading cause of morbidity and mortality, especially among older adults. Up to one in two adults age 65 and older and as many as 39% of older adult patients may be malnourished or at-risk.

POLICY RECOMMENDATIONS:

I. Identify and assess the impact of malnutrition and quality gaps for older adults in state and local population health and chronic disease reports and action plans.

II. Adopt clinically relevant malnutrition quality measures in public and private accountability programs by reducing barriers to transparency and transfer of clinically relevant malnutrition care data to downstream to providers, individuals and caregivers.

III. Establish a statewide senior hunger action plan, like the Georgia State Plan to Address Senior Hunger, and include full-time personnel to facilitate.

IV. Create a database for Florida-specific information on senior malnutrition from all sectors within the spectrum of care.

V. Conduct research and develop reports on access barriers to malnutrition care and nutrition services for older adults in order to create pathways to quality malnutrition care and nutrition support for seniors.

VI. Advance national and state policies to allocate resources to support malnutrition screening of older adults at point of entry in post-acute care and community settings.

VII. Initiate state-level Malnutrition Prevention Commissions, add malnutrition care scope to existing quality measures or establish an older adult commission or committee, like Massachusetts and Ohio, to study the effects of malnutrition on seniors and identify the most effective strategies for reducing it.

VIII. Integrate malnutrition screening, education and intervention in state health plans addressing health issues such as diabetes, obesity and fall prevention

IX. Implement malnutrition screening standards for early identification within populations at high risk of malnutrition at State Departments of Health, Medicaid agencies, hospitals and in national or state telehealth programs

X. Advocate for Produce Prescription policies that would support physicians, hospitals and pharmacies in addressing food insecurity among seniors.

Coalition focus for 2022:

- Recruiting and training RD advocates in key media markets
- Outreach to lawmakers driven by strategic analysis of senior demographics, by district; senior malnutrition needs a legislative champion in Florida!

COMMUNITIES WITH LARGEST PERCENT OF SENIORS IN OVERALL POPULATION:	COMMUNITIES WITH LARGEST OF PERCENTAGE OF SENIORS 85+:
The Villages: 67.20%	Punta Gorda : 5.7%
Punta Gorda: 50.30%	Sebring-Avon Park: 5%
Homosassa Springs area: 45.70%	Vero Beach: 4.40%
Sebring-Avon Park: 42.20%	Naples: 4.40%
Vero Beach: 42%	Homosassa Springs: 3.80%

THANK YOU

State Toolkits

https://www.defeatmalnutrition.today/advocacy-toolkits

State Legislator Toolkit

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Top-line Summary

Malnutrition is an imbalance in energy, protein, or nutrients that adversely impacts an individual's own body form, function, and clinical outcomes.[4]

Older adult malnutrition is a growing crisis

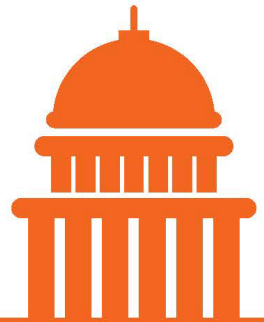
- Up to one out of two older adults is either at risk of becoming or is malnourished[5,6]
- Disease-associated malnutrition in older adults is estimated to cost $51.3 billion annually[1]

Malnutrition is a patient safety risk and can impact healthy aging and health outcomes

- Yet malnutrition is often not identified or treated
- According to the Academy of Nutrition and Dietetics[7]:
  - Between 20% and 50% of adults are at risk of becoming or are malnourished upon admission to the hospital, yet only 8% are diagnosed
  - The gap occurs for a number of reasons, including how malnutrition care information is tracked in electronic medical record systems
  - Malnourished hospitalized patients are up to five times more likely to have an in-hospital death and have a 54% higher likelihood of hospital 30-day readmissions, compared to non-malnourished patients, according to two recent AHRQ Hospital Cost Utilization Project analyses
  - The cost per readmission for patients with malnutrition (versus patients readmitted without malnutrition) was $17,500—26%-34% higher, depending on the specific type of malnutrition

Malnutrition care is recognized as an important gap area[8]

- However, there are no state public health goals on malnutrition, and malnutrition quality measures are not included in quality incentive programs
- The *National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update* identifies specific areas of stakeholder collaboration that can help raise awareness about and address the issue of malnutrition[8]
- COVID-19 has revealed the importance of telehealth as an opportunity to stay connected to patients. Telehealth connects registered dietitian nutritionists with patients who may be at risk for malnutrition or are already malnourished



State legislators can take action

Malnutrition policy actions are needed now!

- Proactive legislative and public health policy actions can help ensure quality malnutrition care is included in preventive and social services, patient safety, care transitions, and population health strategies for older adults
- Policy actions can include establishment of a Malnutrition Prevention Commission for Older Adults, recognition of Malnutrition Awareness Week™[9] through a resolution, and the inclusion of strategies related to malnutrition care in state healthcare quality improvement initiatives
- Other policy actions particularly important during the COVID-19 pandemic but also critical for long-term solutions to older adult malnutrition include supporting legislation to increase funding for congregate and home-delivered meals; providing information and encouragement to constituents to sign up for food assistance programs; advocating for state waivers to simplify enrollment in the federal Supplemental Nutrition Assistance Program (SNAP). Refer to Appendix A to see what federal nutrition plans are affected by changes at the state level

Quality Malnutrition Care as a Public Health Issue /

(Adapted from National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update)[8]

High-quality nutrition and malnutrition care for older adults should be at the top of the state agendas as we develop population health strategies to improve health and to deliver consistent quality healthcare at an affordable cost and tackle social determinants of health.

An increasing body of statistics and health economics data shows the costs in human and economic terms of malnutrition among this age group (Figure 1). With the number of adults aged 65 years and older expected to reach 77 million by 2034, and Medicare spending projected to rise at a higher rate than overall health spending, there is an urgency to secure the future of "healthy aging," starting with nutrition.

Nutrition has been referred to as a vital sign of older adult health. Good nutrition has been shown to help support a healthy and active lifestyle, improve health outcomes, and reduce healthcare costs. In stark contrast, 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. Importantly, malnutrition is a significant problem for both underweight and overweight or obese individuals due to loss of lean body mass. Moreover, generally when people reference malnutrition, it is protein-energy malnutrition.

The causes of malnutrition are multiple and complex, and the solutions require collaboration among many government bodies, organizations, and communities. To coalesce the key stakeholders and focus additional attention on older adult malnutrition, the Defeat Malnutrition Today coalition (www.defeatmalnutrition.today) and Women In Government (www.womeningovernment.org) developed and created this Toolkit for State Legislators.

Figure 1: Malnutrition is a Critical Public and Patient Safety Issue *(national data)*

The Cost of Malnutrition /

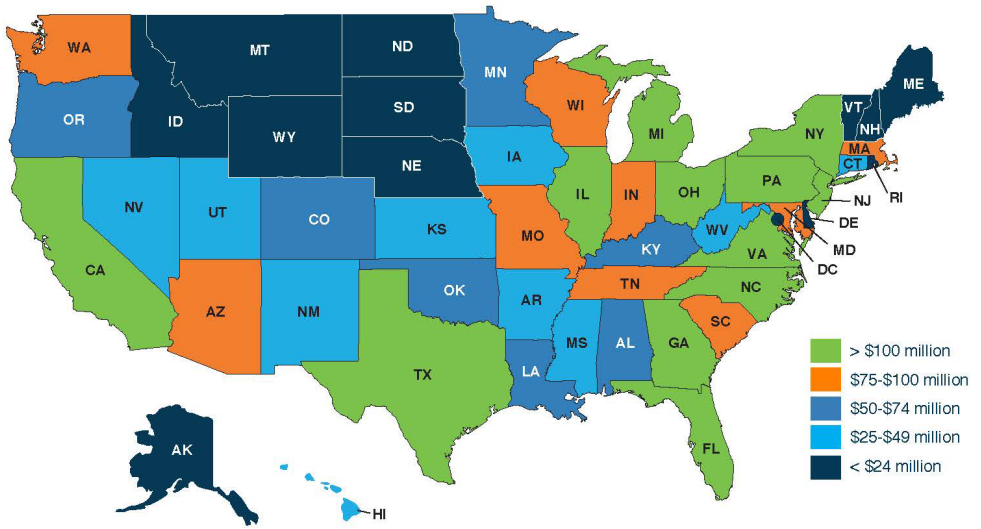
(Adapted from National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update)[8]

Malnourished older adults make more visits to physicians, hospitals, and emergency rooms[15] and are more likely to have increased rates of medical complications, including falls, delayed wound healing, increased infections, and increased hospital readmissions.[16-20]

Disease-associated malnutrition occurs when nutrient intake decreases and inflammatory responses increase.[21] A study examined and quantified state level economic burden (as measured in direct medical costs) of disease-associated malnutrition to "help policy makers more completely understand the magnitude of the problem and provide support for policy changes needed to better identify, prevent, and treat malnutrition."[22] The results of this study identified 12 states that have an annual economic burden of over $100 million for disease-associated malnutrition in older adults (Figure 4).

Further details on the annual economic burden of older adult malnutrition by state are provided in Appendix D.

Figure 4: State Economic Burden of Disease-Associated Malnutrition in Older Adults[22]



Taking Policy Action on Older Adult Malnutrition

There are many different ways states can take policy action on older adult malnutrition. These include state legislation, proclamations, state resolutions for Malnutrition Awareness Week™, constituent communications, and other state-specific activities. See Appendices E, F, and G for example legislation to establish a malnutrition prevention commission, example legislation to expand the scope of the State Council on Aging, and a sample press release for malnutrition commission legislation.

State Legislation

Several states have taken the lead in legislative actions related to older adult malnutrition, including resolutions recognizing Malnutrition Awareness Week™ (a program of the American Society for Parenteral and Enteral Nutrition) and legislation establishing Malnutrition Prevention Commissions, as outlined below. See Appendix H for malnutrition policy through the decade.

Legislation		
Recognizing Malnutrition Awareness Week		
State	**Year**	
Illinois	2013-14	House Resolution 418*
Indiana	2013-14	House Concurrent Resolution 24*
Louisiana	2013-14	Senate Concurrent Resolution 41*
Ohio	2013-14	House Resolution 306*
Florida	2015-16	Senate Resolution 550*
Georgia	2015-16	Senate Resolution 254*
Texas	2015-16	House Resolution 1419*
New Mexico	2015-16	House Memorial 104*
Establishing Malnutrition Prevention Commission		
Massachusetts	2015-16	Senate Bill 2499**
Ohio	2015-16	House Bill 580**
Other		
Virginia	2016-17	Senate Bill 1437** Including strategies related to malnutrition in duties of Commonwealth Council on Aging
Connecticut	2018-19	House Bill 7338** Increasing funding for elderly nutrition, ensuring equitable rates for providers of Meals on Wheels, and collecting data on malnutrition

*Adopted/ **Passed

State Best Practices

Connecticut

Connecticut legislators held a roundtable discussion focused on the impact of malnutrition. It was hosted by two state policymakers and several key stakeholders, including the Connecticut Nurses Association.

Additionally, an expanded network of stakeholders supported legislation, which passed in 2019, to increase funding for older adult nutrition, ensure equitable rates for providers of home-delivered meals, and collect and analyze data on malnutrition.

Florida

Advocates worked together to support the development, publication, and pull-through of a report by the Florida Department of Agriculture and Consumer Services, titled *State of the State: Malnutrition Among Florida's Senior Population, a Proposal for Living Healthy in Florida.* This report assessed malnutrition risk and impact among Florida's senior population and provided insight into potential solutions. The Florida Malnutrition Workgroup membership is geographically diverse, and its members have strong clinical backgrounds and years of experience working with older Floridians. Some members of the workgroup are the Osceola Council on Aging, Healthy St. Lucie, Lee Memorial Health, and the Florida Council on Aging. The Florida Academy of Nutrition and Dietetics leads the workgroup, whose priorities include:

- Distributing the State of the State malnutrition report
- Integrating Defeat Malnutrition Today's *National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update* into the purpose of the workgroup to:
  - Ensure high-quality transitions of care
  - Consider implementation of a malnutrition screening tool during hospitalization and discharge
  - Identify quality gaps in malnutrition care
  - Define nutrition roles of the interdisciplinary team and engage nurses, social workers/case managers, and physicians
  - Track clinically relevant nutrition-related health data
- Engaging with the Florida Department of Agriculture and Consumer Services during Malnutrition Awareness Week™ and promoting activities at the state capitol, including securing approval of proclamation

State Advocates Toolkit

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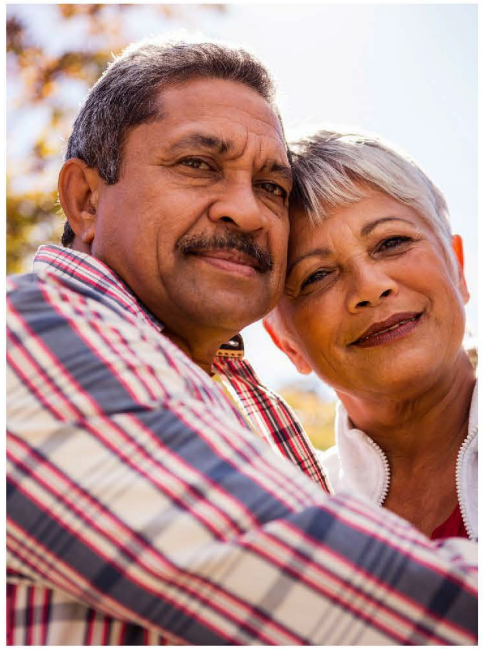
- Other policy actions particularly important during the COVID-19 pandemic but also critical for long-term solutions to older adult malnutrition include supporting legislation to increase funding for congregate and home-delivered meals; providing information and encouragement to constituents to sign up for food assistance programs; advocating for state waivers to simplify enrollment in the federal Supplemental Nutrition Assistance Program (SNAP). **Refer to Appendix A to see what federal nutrition plans are affected by changes at the state level**

Advocacy and Making a Difference

What Is Advocacy and Why Is It Important?

Advocacy is the act or process of supporting a cause or proposal at a local, community, state, or federal level. Through advocacy, issues are identified and support is garnered to help educate or change public views or influence public policy that affects the issue. Advocacy ensures that the voices of stakeholders (you, your family, and your community) are heard. It can be as simple as calling, texting, emailing, or reaching out via social media to your elected officials to inform them of an issue or creating an outreach event with local or state representation. When many people come together and advocate for an issue, their voices and actions can create change.[4]

Advocacy is critical to the democratic process and empowering change at local, state, and national levels. Legislators need to hear from their constituents (you!) about issues that affect communities and vulnerable populations.



How to Be a Strong Advocate

Taking the following steps can help you advocate more effectively[4]:

1. Know the goals of your advocacy

Advocating for malnutrition in older adults is important to increase awareness and inform state legislators of the issue as well as encourage them to implement policies that increase screening, intervention, and resources for malnourished older adults. More specific goals from the National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update can be found on page 20.

2. Create a plan on how to accomplish your goals

This toolkit provides tips on communicating with your state policymaker and offers supporting information to share with them about why malnutrition in older adults is an important issue. Information in the following sections will be helpful as you develop your plan.

3. Consider the point of view of your audience

Are you talking to your community about the issue of malnutrition in older adults to bring awareness or are you sending an email to your state legislator about how malnutrition impacts your state and how much it costs? The top-line summary on page 6 provides quick facts that may be helpful as you tailor your request to your audience.

4. Understand whether or not your audience has the authority to make change

Make sure you are advocating to the individuals who can create change.

5. Make your case

Let state policymakers know the facts about malnutrition and how it affects your community and state. Give your state policymakers specific suggestions and action steps to help fight malnutrition. Detailed information on the malnutrition issue, starting on page 12, can help you make the case for addressing older adult malnutrition.

Communicating with Your State Legislator

To be a strong advocate, you need to have consistent, clear communication with your state policymaker and their staff and tell them why your issue is important (see sample script on page 11). In this section, we provide summaries and information to help you formulate your interactions with legislators and other policymakers.

There are over 7,000 state policymakers nationwide. Their job is to identify and address issues, including passing new legislation or changing current laws to meet the needs of their constituents (you). State legislators can engage the executive branch by requesting information and/or policies from the governor, cabinet agencies, commissions, etc.

Legislators often serve on committees or subcommittees targeting specific policy areas. However, legislators are usually generalists versus experts on particular issues, and they rely on state legislative staffers (there are over 30,000 nationwide) to help keep them informed, run the office, communicate with constituents and other state government offices, and provide research for the many policy issues state legislatures consider.

Find out who your state legislators are by visiting https://www.congress.gov/state-legislature-websites.

Ways to communicate with state legislators and raise awareness about malnutrition

Connect directly with state or local representative

- Call the office and speak to the scheduler 2-3 weeks in advance of the date you would like to have your meeting or go to the legislator's website to fill out an online form. The top-line summary on page 5 may be a useful handout to share and leave behind with your legislator and their staff and will direct state legislators to the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update*.

Use social media to engage legislators and the community in the issue of malnutrition

- Newer legislators, legislators with fewer staff, or legislators that recognize the effectiveness of these platforms utilize it.
- Examples of information to share on malnutrition:
  - Up to one out of two older adults is either at risk of becoming or is malnourished.
  - Disease-associated malnutrition in older adults is estimated to cost $51.3 billion annually in the US.
  - Between 20% and 50% of adults are at risk of becoming or are malnourished upon admission to the hospital, yet only 8% are diagnosed. See Appendix B for additional disease-specific examples.

Offer your experience and expertise in messaging or testimonials

- Provide the office with a pre-written message mentioning a personal experience or work with a communications staffer for messaging on the legislator's website or newsletter.

Organize an in-person or virtual malnutrition advocacy day; see Appendix C for graphics that may be useful.

- There are many public or lobbying days throughout sessions. Check out the calendar for more ways to get involved: https://www.ncsl.org/meetings-training/ncsl-meetings-calendar.aspx

Create an outreach event with state or local representation at a legislator's district office, a community site, or the state Capital.

- Work with a meal site, nursing home, ror rehab center and the legislator's scheduler and/or constituent liaison to coordinate a date/time/place for 30 minutes to an hour of their time either in person or virtually.

Attend government public meetings, constituent town halls, and other events to inform policymakers and communities about older adult malnutrition and how to help.

Find meetings here:

- https://www.mass.gov/event/commission-on-malnutrition-prevention-among-older-adults-2019-02-28t103000-0500-2019-02) and ways to be prepared both listen in or participate.

Resources on health and nutrition advocacy and malnutrition that may be helpful as you reach out to your legislator are available in Appendix D.

Sample Script for Phone or Email Outreach to State Legislators

I am a constituent of yours from [City], and I wanted to talk to you about malnutrition. Malnutrition is a serious and costly public health crisis—here in [State] and across our nation! Older adult malnutrition in particular is associated with unfavorable health outcomes including higher infection rates, poor wound healing, longer lengths of stay, and higher frequency of hospital readmission. **[Reminder: Use a personal or local example of effects of malnutrition]**

Because of the COVID-19 pandemic, many older adults are isolating themselves, which may limit their access to good nutrition and healthy food. Not unexpectedly, the poor health outcomes of malnutrition are associated with higher costs to our healthcare system and state.

Yet, despite its severity and prevalence, and the fact that it is both TREATABLE AND PREVENTABLE, older adult malnutrition is too often misunderstood by the American public and overlooked by our healthcare system.

For these reasons, I want to urge you to [introduce/co-sponsor] [legislation or, if there is a bill already introduced, specific bill number] to begin to address this severe public health crisis among our older adults by [description of the specific state legislation.]

[Discuss details about the legislation. For example, for a bill related to creating a Malnutrition Prevention Study Commission, explain: This Commission will document the problem by studying the impact of older adult malnutrition across care settings throughout the state, find evidence-based solutions by investigating the most effective strategies, and recommend systems of care to monitor the influence of malnutrition on older adult's healthcare costs, outcomes, quality indicators, and quality of life measures.]

This legislation is a step in the right direction to stopping malnutrition before it impacts any more of our older adults.

Other actions state legislators could take include helping establish a malnutrition prevention commission, recognizing malnutrition week through a resolution, and supporting strategies related to malnutrition care in state healthcare quality improvement initiatives.

Please consider [introducing/supporting] [legislation or specific bill number] to help end malnutrition in our state. [If the legislator has already taken action on issues of malnutrition, be sure to thank them for their efforts.]

Key Takeaways

Advocacy amplifies the voice of stakeholders. It is an opportunity to help make change in your community, state, and country.

- Make an ask! Tell policymakers what you want them to do to improve malnutrition.
- Remember clear and concise communication is best.
- Connect with a call, text, email, and/or social media.
- Attend government public meetings to stay informed.
- Always add a personal touch on how the issue of malnutrition is affecting you or your community.
- Register to vote and make sure members of your community are registered to vote. There is power in your vote at the local, state, and federal level.
- Inform your community of how to access local programs like Meals on Wheels, Supplemental Nutrition Assistance Program (SNAP) benefits, and Congregate Meals programs and how they help communities fight food insecurity.

Social Determinants of Health, Food Security, and the COVID-19 Pandemic

The COVID-19 pandemic has greatly impacted social determinants of health,[27] which are the physical, social, economic, and other conditions where people live, learn, work, and play that influence individuals' health and health outcomes. For older adults, COVID-19 has led to decreased contact with others and staying home more. This can decrease their access to nourishing food and socialization, which impact both their mental health and appetite.

Another outcome of the COVID-19 pandemic is rising rates of food insecurity. Before the pandemic, 5.3 million older adults were food insecure and 2 million were very low food insecure. A food insecure[28] household is defined as an economic and social condition of limited or uncertain access to adequate food. COVID-19 has drastically increased the unemployment rate, and many of those unemployed are older adults due to the large number of seniors who continue to work beyond age 65 years. With growing unemployment rates, there are growing food insecurity rates that affect older adults.

Food insecurity and malnutrition have compounded the effects of the COVID-19 pandemic for older adults. Older adults who are food insecure have an increased risk for malnutrition, and those who are malnourished can have increased infection rates. As documented earlier, older adults with COVID-19 may be more likely to be malnourished, and malnutrition may impact their course of recovery.

COVID-19 has revealed the need to strengthen and increase local and state support for community nutrition programs and to fully leverage the availability of federal funds supporting Older Americans Act programs.

Links to Resources

Interested in nutrition? Sign up for our policy mailing list! Info is on the Defeat Malnutrition Today website:
http://defeatmalnutrition.today

New state toolkits:
https://www.defeatmalnutrition.today/advocacy-toolkits

Resources for professionals:
https://www.defeatmalnutrition.today/resources

Updated National Blueprint:
https://defeatmalnutrition.today/blueprint

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