

defeat **malnutrition** today

Comments and Listening Session Summary for the 2022 White House Conference on Hunger, Nutrition, and Health

Organization:	Defeat Malnutrition Today (DMT)
Venue:	Virtual convening held June 29, 2022
Participants:	7 organization members and 2 staff participants
Discussion Focus:	How to strengthen focus on the diverse needs of older adults and the issue of older adult malnutrition
Why This Is Relevant:	The 2022 White House Conference on Hunger, Nutrition, and Health identified: “We’re especially interested in actions that will help eliminate disparities and support the diverse range of individuals and communities that are impacted by hunger and diet-related diseases, including communities of color, rural communities, people with disabilities, older adults , LGBTQI+ people, military families, and military veterans.”

Background

Defeat Malnutrition Today is a coalition of over 120 members committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of stakeholders and organizations 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.

In general, today’s older adults are [living longer, but not necessarily healthier lives](#). Older adults are the fastest growing segment of the population, and they also have the [greatest prevalence of chronic conditions](#). Nutrition needs change with each stage in life and are influenced by health and ability too. The nutrition needs of older adults in their 60s are different from those who are in their 90s and different still from those who have multiple chronic conditions or disabilities. Of those aged 65+, 62% had more than one chronic condition in 2016. The oldest old (85+) are more frail, with 85% having at least one chronic condition and almost [50% needing assistance](#) with daily activities of living. **Although the risk of developing chronic conditions increases with age, research has shown that poor nutrition is a contributor and a healthy diet can help prevent, delay, or assist in managing many chronic conditions.**

An increased percent of the population aged 65+ in the years to come means an increased percent in the number of Americans living with chronic diseases and disabilities—unless policies and programs are developed now to better support healthy aging.

General Overall Comments from DMT

DMT believes that malnutrition prevention is embedded in all five pillars. The 1969 White House Conference resulted in 1,600 food policies being implemented, including those addressing hunger and nutrition needs of older adults. The population of older adults has changed since 1969—and we must ensure the diverse and unique nutrition needs of today's older adults are addressed in this year's conference policies.

First and foremost, we call for the ending of separate policy silos for nutrition and health and support their integration. We believe:

- Nutrition should be seen as an element of preventive health for older adults
- Federally funded nutrition education should include relevant health information
- Nutrition should be a funding priority in expansion of home and community-based funding
- Medicare and Medicaid should include nutrition information in all public facing publications and websites
- Welcome to Medicare visits should include malnutrition and food insecurity screening and nutrition education materials should be shared at all annual wellness visits
- USDA and HHS should develop shared education content and a website on healthy nutrition choices
- USDA and HHS should ensure all funded nutrition programs focus on access and quality of food to support the diverse nutrition needs of older adults

We also support a realignment of food pricing to making higher quality nutrient food more accessible and affordable than nutrient-poor foods. We believe:

- The next Farm Bill should include this as a focus
- Innovative uses of the tax code to promote better nutrition should be explored
- Federal nutrition programs and contracts should shift away from supporting entities who promote and produce nutrient-poor food

Finally, we support the enhancement and expansion of nutrition and food security research. This research should be coordinated by a separate subcabinet office with a Senate confirmed individual as its head. It should focus on the importance of screening as an outcome of better research. Further, we should encourage all clinical and public health screening tools to include diet quality and/or nutrition.

Responses to Listening Session Questions

We gathered a small group of our members to hold a focused listening session on ways in which the White House, working with federal, state, local, and private partners, could improve the state of older adult nutrition. The following points summarize DMT members' responses to the suggested listening session questions:

1. How has hunger or diet-related disease impacted you, your family, or your community?

- The members at this gathering were mostly registered dietitian nutritionists (RDNs) who have worked with a variety of older adults with malnutrition and food insecurity.
- One in two older adults is either malnourished or is at risk for malnutrition.
- As stated in the background, many older adults experience chronic conditions. Some are then referred to RDNs to manage the nutrition-related aspects of their conditions.
- Other RDNs in the gathering had worked with community-dwelling older adults with malnutrition.

2. What specific actions should the U.S. Federal government, including the Executive Branch and Congress, take to achieve each pillar? What are the opportunities and barriers to achieving the actions? Actions should include specific policy and/or programmatic ideas and changes as well as funding needs.

- Medicare Advantage's (MA) supplemental benefits were raised multiple times. One participant suggested that the plan finder should have more explicit mentions of supplemental benefits and who might be eligible for them. Many MA beneficiaries aren't aware that they qualify for nutrition benefits, including dual-eligible Medicare/Medicaid beneficiaries.
- The federal government should promote RDNs and their role in reducing lengths of hospital stays, readmissions, and all-cause mortality.
- The federal government could work to build up the infrastructure of home health agencies so that their patients can have access to RDNs.
- One participant was particularly worried about patients facing gaps in care: those who do not qualify for rehab facilities, skilled nursing facilities or assisted living, so they get sent home to an unsafe environment. Those patients then lack the support and resources if they don't have the means to access things or hire home health aides.
- Participants agreed that there needs to be better-funded nutrition research and documentation to further learn risk factors – “we can drive strategies when we know the realities.”
- Congress should pass the Medical Nutrition Therapy Act to expand access to RDNs.
- One participant suggested a public awareness campaign on the Older Americans Act nutrition program.
- Another suggested expanding USDA grants for community-based interventions.
- Several emphasized the need for awareness-raising of resources for grandparents raising grandchildren.
- Many brought up the need for more regulation in the food industry.
- SNAP-Ed should have more older adult resources and the Dietary Guidelines should separate out older adults in its recommendations.
- Several participants also brought up meal kit delivery – subsidizing meal kits and offering medically/culturally-tailored kits instead of home-delivered meals.

3. What specific actions should local, state, territory and Tribal governments; private companies; nonprofit and community groups; and others take to achieve each pillar?

- Several participants emphasized the importance of developing connections to trusted community entities to get older adults to agree to participate in programs/studies.
- One said that the health care system needs to make sure it's truly trying to support older adults, not just caring because they are expensive to treat.
- All health care settings should be screening for social determinants of health, malnutrition and food insecurity and connecting patients with community-based resources.
- Navigators to help older adults enroll in SNAP are key.

4. What are opportunities for public- and private-sector partners to work together to achieve each pillar?

- Participants agreed that one of the most popular Medicare Advantage benefits is the gym membership subsidy; insurance companies should encourage access to RDNs via the gym benefits.
- AI like Alexa or Siri could offer centralized "fast facts" about nutrition.
- Insurance companies and Medicare should be subsidizing access to speak to RDNs in some format – in-person or telehealth.

5. What are innovative, successful activities already happening at the local, state, territory, and Tribal levels that could inform actions at the Federal level?

- In other countries with more centralized healthcare systems, nutrition and healthcare are more connected – via centralized electronic medical records in particular. The IT infrastructure reduces issues with referrals.
- "Food Is Medicine" programs were all well-reviewed.
- Boston Medical Center had a rooftop garden with bees that contributed produce to a food pantry. Health care providers were able to write "prescriptions" for this food knowing it would be fresh and healthy.
- One participant suggested partnerships with CSAs and "misfit" produce services.
- One participant's organization used MyPlate data to learn about app development but in the process "gamified" nutrition – the result was very popular.
- One organization gave out recipe cards with their food boxes.
- Others suggested holding lay-led chronic disease workshops.
- The state of Delaware is trying to rebrand its aging programs to market them as "healthy aging" programs rather than "senior programs."

