

Nutrition and Healthy Aging: How You Can Address Senior Malnutrition

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May 19, 2016

Opening Remarks

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Defeat Malnutrition Today: An Overview

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Coalition Introduction

- What is DefeatMalnutrition.Today? And why the DOT?
- We are a coalition of 37 local, state and national organizations dedicated to fighting senior malnutrition
- The name is actually also our website!

Groups

- Long list, but groups include:
 - Abbott Nutrition
 - Academy of Nutrition and Dietetics
 - Alliance for Aging Research
 - Alzheimer’s Foundation of America
 - American Society of Parenteral and Enteral Nutrition (A.S.P.E.N.)
 - Chautauqua County Office for the Aging
 - Feeding America
 - Generations United
 - God’s Love We Deliver
 - Meals on Wheels America
 - National Association of Nutrition and Aging Services Programs (NANASP)
 - National Council on Aging
 - National Medical Association
 - National Recreation and Park Association
 - Salvation Army

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Main Objectives

- Achieving the recognition of malnutrition as a key indicator and vital sign of older adult health
- Working to achieve a greater focus on malnutrition screening and intervention through regulatory and/or legislative change across the nation's health care system

MALNUTRITION: AN OLDER-ADULT CRISIS

\$51.3 Billion

Estimated annual cost of disease-associated malnutrition in older adults in the US¹



Up to 1 out of 2 older adults are at risk for malnutrition^{2,7}



300%

The increase in healthcare costs that can be attributed to poor nutritional status⁵



Up to 60% of hospitalized older adults may be malnourished⁴



4 to 6 days

How long malnutrition increases length of hospital stays⁷

Chronic health conditions lead to increased malnutrition risk



Malnutrition leads to more complications, falls, and readmissions⁶

Just 3 steps can help improve older-adult malnutrition care



Screen all patients



Assess nutritional status



Intervene with appropriate nutrition

Focusing on malnutrition in healthcare helps:

- ✓ Decrease healthcare costs⁷
- ✓ Improve patient outcomes⁷
- ✓ Reduce readmissions
- ✓ Support healthy aging
- ✓ Improve quality of healthcare

Support policies across the healthcare system that defeat older-adult malnutrition.

Learn more at www.DefeatMalnutrition.Today

References: 1. Ender JT, et al. *JPEN J Parenter Enteral Nutr.* 2014;38(2 Suppl):775-85S. 2. Kaiser MJ, et al. *J Am Geriatr Soc.* 2010;58(9):1734-1738. 3. Izawa S, et al. *Clin Nutr.* 2006;25(6):962-967. 4. Furman EF. *J Gerontol Nurs.* 2006;32(1):22-27. 5. Correia, et al. *Clin Nutr.* 2003;22(3):235-239. 6. Norman K, et al. *Clin Nutr.* 2008;27(7):S-15. 7. Philipson TJ, et al. *Am J Manag Care.* 2013;19(2):121-126.

Malnutrition Defined

Presence of at least 2 of 6 clinical characteristics*

- Insufficient food intake compared with nutrition requirements.
- Weight loss over time.
- Loss of muscle mass.
- Loss of fat mass.
- Fluid accumulation.
- Measurable diminished grip strength.

Often associated with general physical wasting.

- Usually linked to chronic disease.

Individuals with malnutrition may be underweight, normal weight, overweight, or obese.

The Social-Ecological Model

A theory-based framework for understanding interactive effects of personal and environmental factors that determine health behaviors.

Helps identify social and organizational leverage points for health promotion within organizations.

The Challenge of Malnutrition in Older Adults: Approaching the Problem with a Social-Ecological Model

Source: R. Stone, PhD, MS, Ohio University; Center of Excellence for Disease Prevention (CEDP), Centers for Disease Control and Prevention; National Institute on Aging; National Institute on Aging Senior Programs Strategist (NIA-SPS); National Institute on Aging; National Institute on Aging Senior Programs Strategist (NIA-SPS)

Level 3: Organizational

Establish systematic malnutrition screening and intervention models and standards

Opportunities

- Integrate malnutrition screening and intervention into electronic health record systems usable to all healthcare professionals.
- Develop clinical order sets to include malnutrition screening and intervention.
- Use malnutrition opportunities for comprehensive, coordinated, multidisciplinary care.
- Include malnutrition screening in patient discharge plans, as appropriate.

Resources

- Centers for Medicare and Medicaid Services:
 - MHI and malnutrition intervention approved for a complete condition and potentially eligible for higher reimbursement.
 - Supplemental malnutrition benefits have been privileged to hospitals to independently order patients' diets.
- Affordable Access Patient Nutrition: multi-agency effort to fight malnutrition, ensure justice for the frail and maximize Malnutrition Screening Tool.
- Adult Nutrition Health Institute: CME credits on malnutrition and aging population.

Level 4: Community

Engage independent organizations, local jurisdictions, and states

Opportunities

- Develop malnutrition screening and intervention in state healthcare quality initiatives and set models, especially those related to healthcare equity, conditions and disparities.
- Implement a malnutrition-related quality measure on 4 public and private accountable programs, including Medicaid Purchasing, Medicare Shared Savings, Malnutrition Advocacy, and state quality programs for acute and post-acute care.
- Develop a malnutrition care model of a pilot program for healthcare systems.
- Include malnutrition screening and intervention in hospital licensure requirements and hospital rating and comparison measures.
- Expand The Joint Commission standard on malnutrition screening to include malnutrition intervention.

Resources

- Resolution on malnutrition introduced by the National Black Caucus of State Legislators and in the states of Indiana, Illinois, Louisiana, and Ohio that can serve as models to other states.
- Malnutrition Awareness Week resolutions introduced in the states of Florida, Georgia, Louisiana, and Texas.
- Malnutrition Quality Improvement Initiative dialogues were held in July by Aetna Health and the Academy of Nutrition and Dietetics.
- Additional resources include The Joint Commission and the Academy of Nutrition and Dietetics.

Level 5: Policy

Make malnutrition screening and intervention a policy priority

Opportunities

- Federal and state health goals:
 - Add malnutrition identification, prevention, and intervention into the Healthy People agenda and nutrition and weight status.
 - Address malnutrition and caregivers already in place on national policy plans.
 - Reconsider the geriatric requirements for older adults.
- Affordable Care Act:
 - Emphasize malnutrition screening and intervention in care transition goals and other relevant goals.
 - Allow future goals contingent on inclusion of malnutrition screening and intervention in care delivery models, such as the Medicare Care Transition Intervention model.
- Older Americans Act (OAA) reauthorization:
 - Strengthen links between nutrition and health.
 - Make malnutrition screening and intervention a element of nutrition education.

Level 2: Interpersonal

Build routine nutrition screening and malnutrition intervention skills into healthcare professionals' training, education, and practice

Opportunities

- Incorporate malnutrition screening and intervention in standards of care for older adults.
- Establish malnutrition as a key health indicator and vital sign for older adults.
- Enhance training and continuing education regarding assessment on malnutrition status and interventions for malnutrition:
 - Establish core policies in nutrition education for healthcare professionals.
 - Increase malnutrition content in professional training and certification exams.
 - Foster training to improve interactions between healthcare providers and older patients:
 - Support interventions for preventive health services targeting nutrition and physical activity.

Resources

- Taking What You Know: Older Adults & Clinicians' Handbook from the National Institute on Aging.
- National Board of Physician Nutrition Specialists educational materials, including programs, faculty, and other resources to improve physicians' nutrition literacy.

Level 1: Individual

Educate families, patients, and caregivers about malnutrition

Opportunities

- Launch malnutrition malnutrition prevention campaigns.
- Establish a Malnutrition Awareness Day or Week.
- Host malnutrition education programs in health departments and other local venues.

Resources

- Adult education on Aging & Elderly Nutrition Program: caregiver/family-related needs, nutrition screening assessments, nutrition education.
- Malnutrition: A Guide for senior dining information.
- AARP Foundation: Drive for Food Hunger program to help provide food security.
- USDA Nutrition for Older Adults: on-line resources to educate older adults on meal planning, shopping, budgeting.
- Academy of Nutrition and Dietetics: on-line support to find a registered dietitian nutritionist for nutrition counseling.
- Confront Hunger—STOP Senior Hunger campaign to help older adults organize locally to combat hunger and aging.
- Families and Work Institute: online Employee Older Care Toolkit on nutrition.



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FRONT PAGE POLITICS ENTERTAINMENT WHAT'S WORKING HEALTHY LIVING WORLDPOST HIGH

THE BLOG

Malnutrition: The New Senior Crisis

🕒 09/30/2015 01:03 pm ET | Updated Sep 30, 2015



Robert B. Blancato
Aging Advocate



This week, September 28-October 2, 2015, is [Malnutrition Awareness Week](#). It is an opportunity to spotlight a growing but under-recognized problem facing older adults in America: the hidden epidemic of malnutrition. What is malnutrition? Simply stated, it [means](#) poor nutrition. It is related to an excessive or imbalanced diet, a diet that lacks essential nutrients, or it can be tied to clinical conditions that impair the body's absorption or use of food.

FOLI



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Other Coalition Initiatives

- Objective submission to Healthy People 2020 – new objectives measuring older adult malnutrition
- Comment submission to CMS – including nutrition and malnutrition in the new discharge planning rules

Other Coalition Initiatives

- Comment submission to the Senate Finance Committee's Chronic Care Working Group – including nutrition and malnutrition in Medicare/Medicare Advantage chronic care reform measures

Other Coalition Initiatives

- Meeting with CMS to discuss clinical quality measures around malnutrition
- Submission of testimony to House and Senate Appropriations in support of Older Americans Act nutrition programs
- Presentations at American Society on Aging, Gerontological Society of America

What You Can Do

- Visit our website! Get armed with info
- Keep doing what you're doing BUT ALSO...
- Take part in local, state and national advocacy initiatives around nutrition, through DM.T and other groups
- Talk to your local, state and national leaders about the importance of nutrition and the problem of malnutrition

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Thank you!

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U.S. Rep. Michelle Lujan Grisham (NM-01)



American Society for Parenteral and Enteral Nutrition: Malnutrition Initiatives

Kris M. Mogensen, MS, RD, LDN, CNSC

Team Leader Dietitian

Brigham and Women's Hospital, Boston, MA

Incoming Chair, Malnutrition Committee

American Society for Parenteral and Enteral Nutrition

Learning Objectives

1. Describe A.S.P.E.N's goals regarding malnutrition.
2. Define the issue of disease-related malnutrition and research on outcomes.
3. Outline A.S.P.E.N's outreach and resources.

American Society for Parenteral and Enteral Nutrition (A.S.P.E.N)

- Mission: A.S.P.E.N is dedicated to improving patient care by advancing the science and practice of clinical nutrition and metabolism.
- A.S.P.E.N is an interdisciplinary organization whose members are involved in the provision of clinical nutrition therapies, including parenteral and enteral nutrition.
- With more than 6,400 members from around the world, A.S.P.E.N is a community of dietitians, nurses, pharmacists, physicians, scientists, students, and other health professionals from every facet of nutrition support clinical practice, research, and education.

A.S.P.E.N's Malnutrition Goals

1. Raise awareness
2. Advance the science
3. Build infrastructure

Raising Awareness: Education

- Malnutrition Awareness Week™ started in 2012
 - On the National Health Observances Calendar
 - Week of educational webinars and chat forums
 - Now have a Supporter Program where 13 national and international organizations signed on and they received access to those educational offerings
 - National Council on Aging (NCOA) hosted a twitter chat that was planned specifically for Malnutrition Awareness Week™
- Published an article in *American Nurse Today*
- A.S.P.E.N. Website and Malnutrition Toolkit
www.nutritioncare.org/malnutrition

ASK ABOUT YOUR NUTRITION

Are you or your loved one experiencing any of these?



**UNPLANNED
WEIGHT LOSS?**



**LOSS OF
APPETITE?**



**NOT ABLE TO EAT
OR ONLY ABLE
TO EAT SMALL
AMOUNTS?**



**FEELING WEAK
OR TIRED?**



**SWELLING
OR FLUID
ACCUMULATION?**

If you or your loved one have any of these problems, ask about your nutrition! Nutrition is important to your recovery and has been shown to promote positive outcomes. Ask if you can be evaluated by a registered dietitian or nutrition support clinician.

Raising Awareness: Legislation

- Legislative efforts at the state level are raising awareness and pushing the issue into the public forum
- 7 states thus far: TX, FL, GA, LA, MA, OH, NM have resolutions, some simply recognizing Malnutrition Awareness Week™ while others are pushing for malnutrition commissions to address the issue, particularly in older adults.
- At the Federal level, during Malnutrition Awareness Week™, 5 Congressman recognized the week, the malnutrition issue, and hunger.
- A.S.P.E.N. leaders are also testifying and submitting written documents supporting these state efforts.

Raising Awareness: Coalition Building

- A.S.P.E.N recently joined defeat**Malnutrition**.today!
- With this coalition and in conjunction with the Healthcare Nutrition Council, A.S.P.E.N helped draft and submit two new objectives on malnutrition to the Healthy People 2020 initiative.

Advancing the Science: Definitions

A.S.P.E.N. in partnerships, is creating definitions, characteristics and marker tools for malnutrition in both adult and pediatric populations.

We define malnutrition as **“An acute, subacute or chronic state of nutrition, in which a combination of varying degrees of overnutrition or undernutrition with or without inflammatory activity have led to a change in body composition and diminished function.”** (adapted from Soeters PB, et al. A rational approach to nutritional assessment. Clin Nutr 2008; 27:706–716.)

Jensen GL et al. Adult starvation and disease-related malnutrition: a proposal for etiology-based diagnosis in the clinical practice setting from the International Consensus Guideline Committee. JPEN J Parenter Enteral Nutr. 2010.

White JV et al. Consensus statement: Academy of Nutrition and Dietetics and American Society for Parenteral and Enteral Nutrition: characteristics recommended for the identification and documentation of adult malnutrition (undernutrition). JPEN J Parenter Enteral Nutr. 2012.

Advancing the Science: Prevalence and Impact

- Corkins MR et al. Malnutrition diagnoses in hospitalized patients: United States, 2010. *JPEN J Parenter Enteral Nutr* 2014.
- DiMaria-Ghalili RA, Slaughter J, Gonzalez E, et al. A comparison of characteristics by age of hospitalized adults with a diagnosis of malnutrition: United States, 2010. *Gerontologist*, 2014;54 (Suppl 2):692.
- Gonzalez E, Slaughter J, DiMaria-Ghalili RA, et al. Incidence of malnutrition in hospitalized older adults with and without dementia in the U.S. Poster presentation at Society for Behavioral Medicine Meeting, San Antonio, TX, April 25, 2015.

Advancing the Science: Prevalence and Impact

Malnutrition Diagnoses in Hospitalized Patients: United States, HCUP data 2010

Patients with a coded malnutrition diagnosis were:

- Significantly older
- Had a significantly longer length of stay
- Higher hospital costs
- More often discharged to home care
- Five times more likely to die in the hospital, than those without a coded diagnosis of malnutrition.

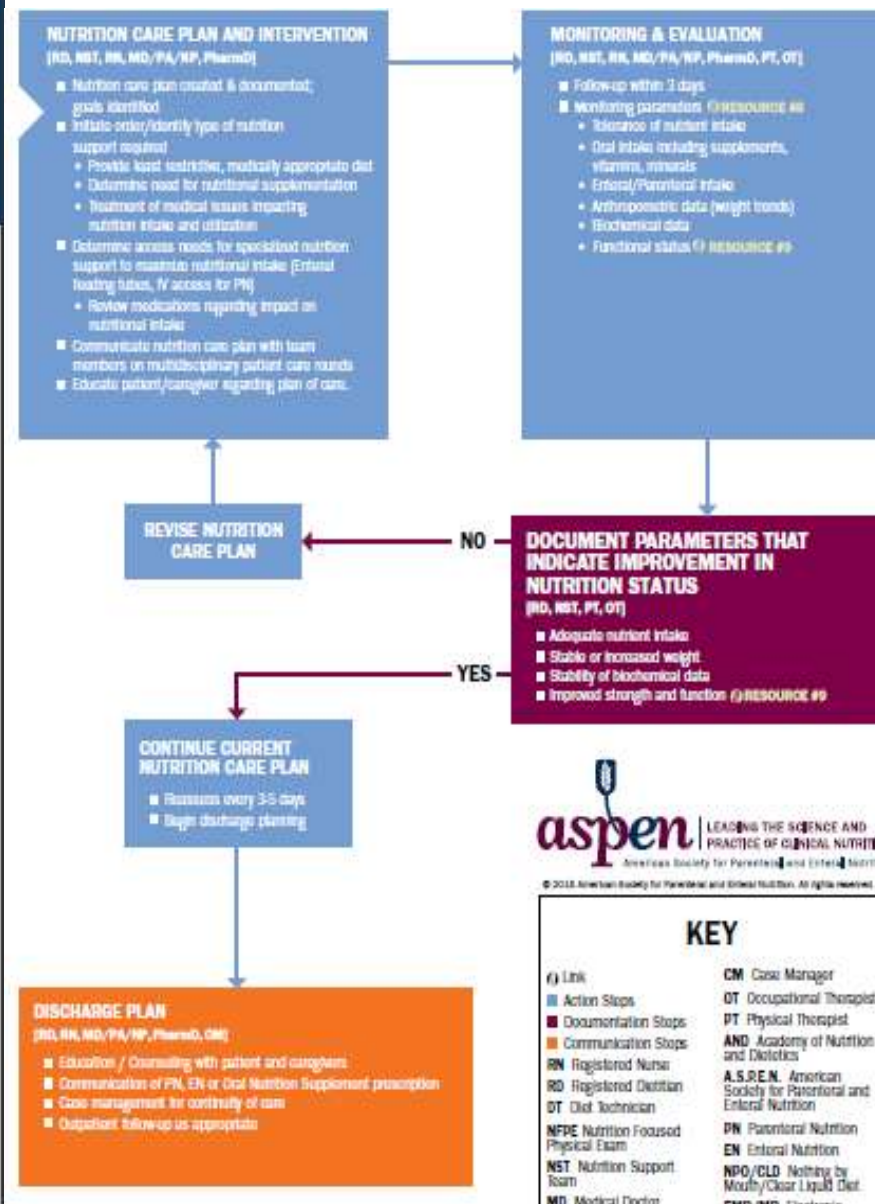
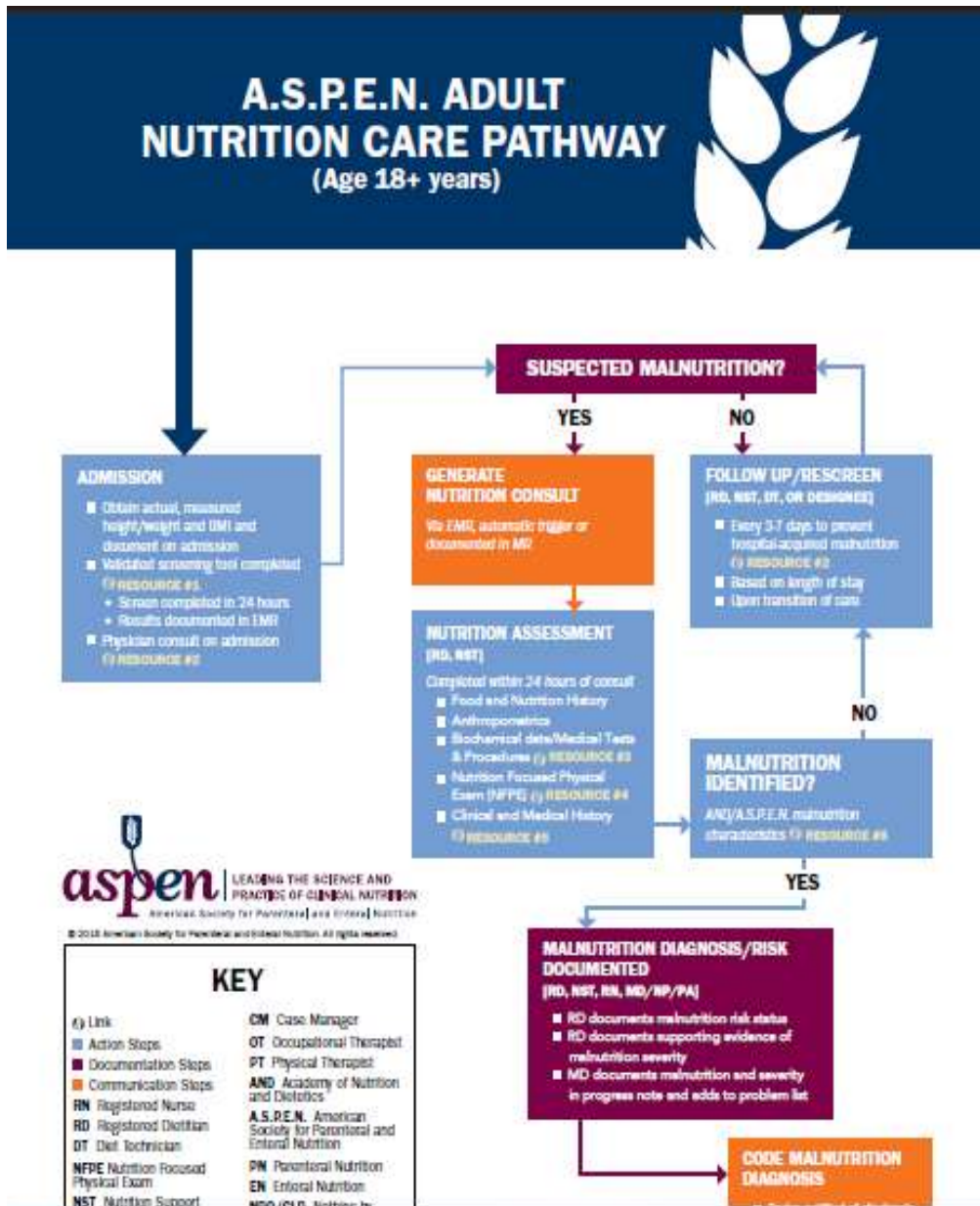
Advancing the Science: Prevalence and Impact

- AHRQ HCUP Project
 - A.S.P.E.N. and AHRQ met in early 2016
 - Plan to evaluate 2014 HCUP data for:
 - Malnutrition and high-volume diagnoses and procedures
 - Malnutrition and readmissions
 - Target is publication of an HCUP Databrief by Malnutrition Awareness Week 2016

Advancing the Science: Clinical Processes

- Patel V et al. Nutrition screening and assessment in hospitalized patients: a survey of current practice in the United States. *Nutr Clin Pract*. 2014
 - Screening is being done
 - Assessment, diagnosis, care planning, and transition of care are varied, often lacking, and need structure and resources to complete.

Building Infrastructure: Clinical Processes



KEY

(j) Link	CM Case Manager
■ Action Steps	OT Occupational Therapist
■ Documentation Steps	PT Physical Therapist
■ Communication Steps	AND Academy of Nutrition and Dietetics
RN Registered Nurse	A.S.P.E.N. American Society for Parenteral and Enteral Nutrition
RD Registered Dietitian	PN Parenteral Nutrition
DT Diet Technician	EN Enteral Nutrition
NFPE Nutrition Focused Physical Exam	MD/CLD Nothing by Mouth/Clear Liquid Diet
NST Nutrition Support	

KEY

(j) Link	CM Case Manager
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RN Registered Nurse	A.S.P.E.N. American Society for Parenteral and Enteral Nutrition
RD Registered Dietitian	PN Parenteral Nutrition
DT Diet Technician	EN Enteral Nutrition
NFPE Nutrition Focused Physical Exam	NPO/CLD Nothing by Mouth/Clear Liquid Diet
NST Nutrition Support Team	
MD Medical Doctor	EMR/MR Electronic

Building Infrastructure: Accreditation

- Petitioned the Joint Commission to make Optimal Nutrition Care a National Patient Safety Goal
- Meeting of the Joint Commission Patient Safety Advisory Council November 12, 2015
- Nutrition remains on their list to consider
- If made a NPSG, would most likely develop additional standards and programs

Building Infrastructure: Accreditation

The Joint Commission Journal on Quality and Patient Safety

Forum

Addressing Disease-Related Malnutrition in Hospitalized Patients: A Call for a National Goal

Peggi Guenter, PhD, RN, FAAN; Gordon Jensen, MD, PhD, FASPEN; Vihab Patel, MD, FACS, CNSC; Sarah Miller, PharmD, BCNSP; Kris M. Mogensen, MS, RD, LDN, CNSC; Ainsley Malone, MS, RD, CNSC, FAND; Mark Corkins, MD, SPR, CNSC, FAAP; Cindy Hamilton, MS, RD; Rose Ann DiMaria-Ghalili, PhD, RN, CNSC, FASPEN

Building Infrastructure: Accreditation

Outlined Three Priority Actions

1. Each Clinician on the Interdisciplinary Care Team Should Participate in the Execution of the Nutrition Care Plan.
2. Develop Systems to Quickly Diagnose All Malnourished Patients and Those at Risk.
3. Develop Nutrition Care Plans in a Timely Fashion and Implement Comprehensive Nutrition Interventions (Optimally Within 48 Hours of Identification of the Malnourished Patient).

Additional 12 Specific Actions

Improve Patient Outcomes: A.S.P.E.N.'s Step-by-Step Guide to Addressing Malnutrition

A.S.P.E.N.'s *Step-by-Step Guide to Addressing Malnutrition* gives you and your nutrition care team the resources and tools to **identify, document, code, and treat** this condition.

The guide will help you:

- Implement an optimal nutrition care plan
- Measure the quality of your team's efforts
- Improve the value to your patient



Malnutrition Awareness Week™ 2016

- September 26-30th, 2016
- Three Webinar, One Chat with the Experts
- Supporter Program is Open
- <http://www.nutritioncare.org/maw/>

Becky Blum, RN

**Coordinator of Aging Services/
Senior Nutrition Director**

Chautauqua County Office for the Aging



Jeanne Blankenship, MS RDN
Vice President, Policy Initiatives and Advocacy
Academy of Nutrition and Dietetics



Malnutrition is a Quality Issue

- Lack of consistent screening with a validated tool
- Lack of diagnosis compared to published estimates
- Lack of treatment of those identified as malnutrition
- Lack of monitoring of status
= poor quality care





Quality Strategy Implementation Accomplishments and Next Steps

Developing malnutrition quality measures for inclusion in CMS quality programs



Project support provided by Abbott and Avalere Health



What is the Malnutrition Quality Improvement Initiative (MQII)?

MQII Objectives

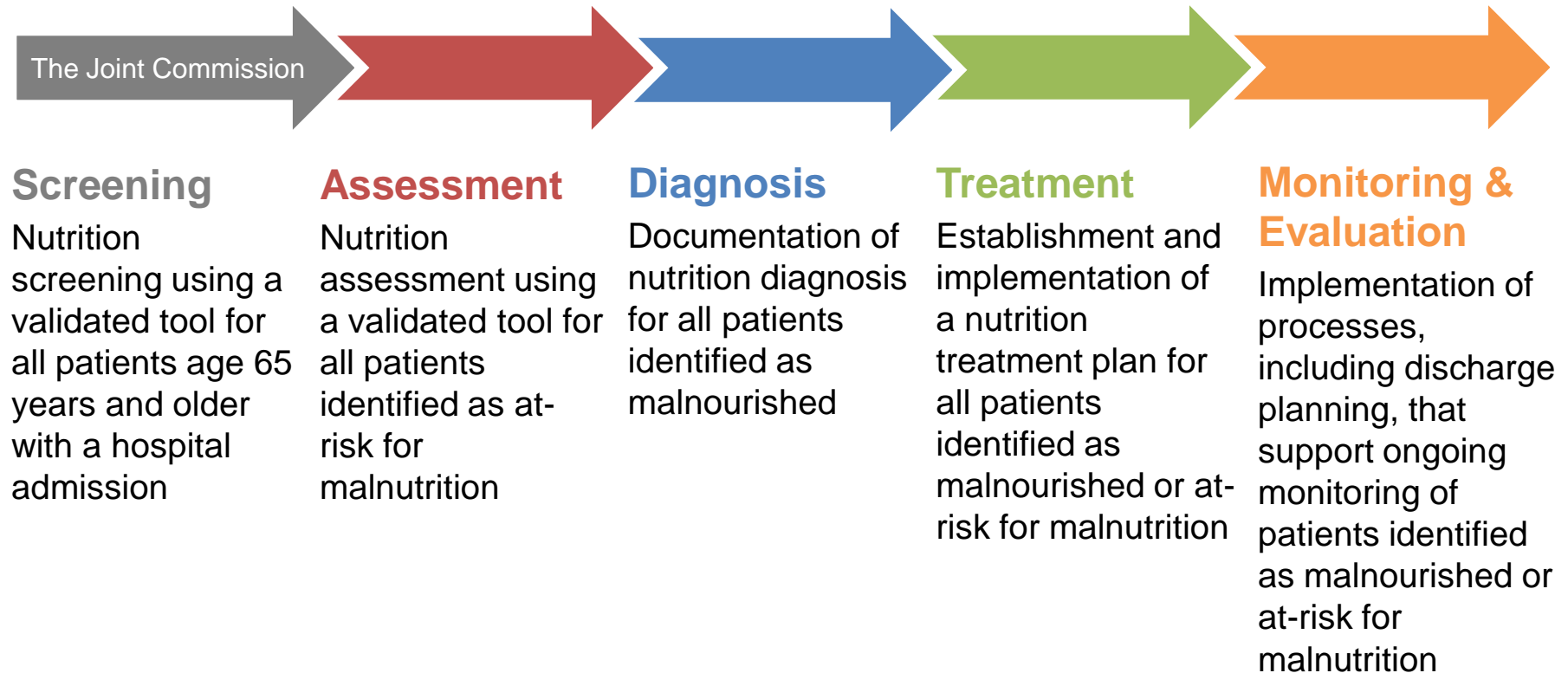
- Develop malnutrition **quality measures** “that matter”
- Improve malnutrition care with an interdisciplinary care team **roadmap (toolkit)**
- Advance tools that can be integrated into **EHR systems** to improve care quality

The MQII is focused on older adults (ages 65 and older) given the significant impact malnutrition has on this patient population and the opportunity to improve care among these patients



The MQII Offers a Solution to Enhance the Quality of Malnutrition Care

Malnutrition Care Workflow

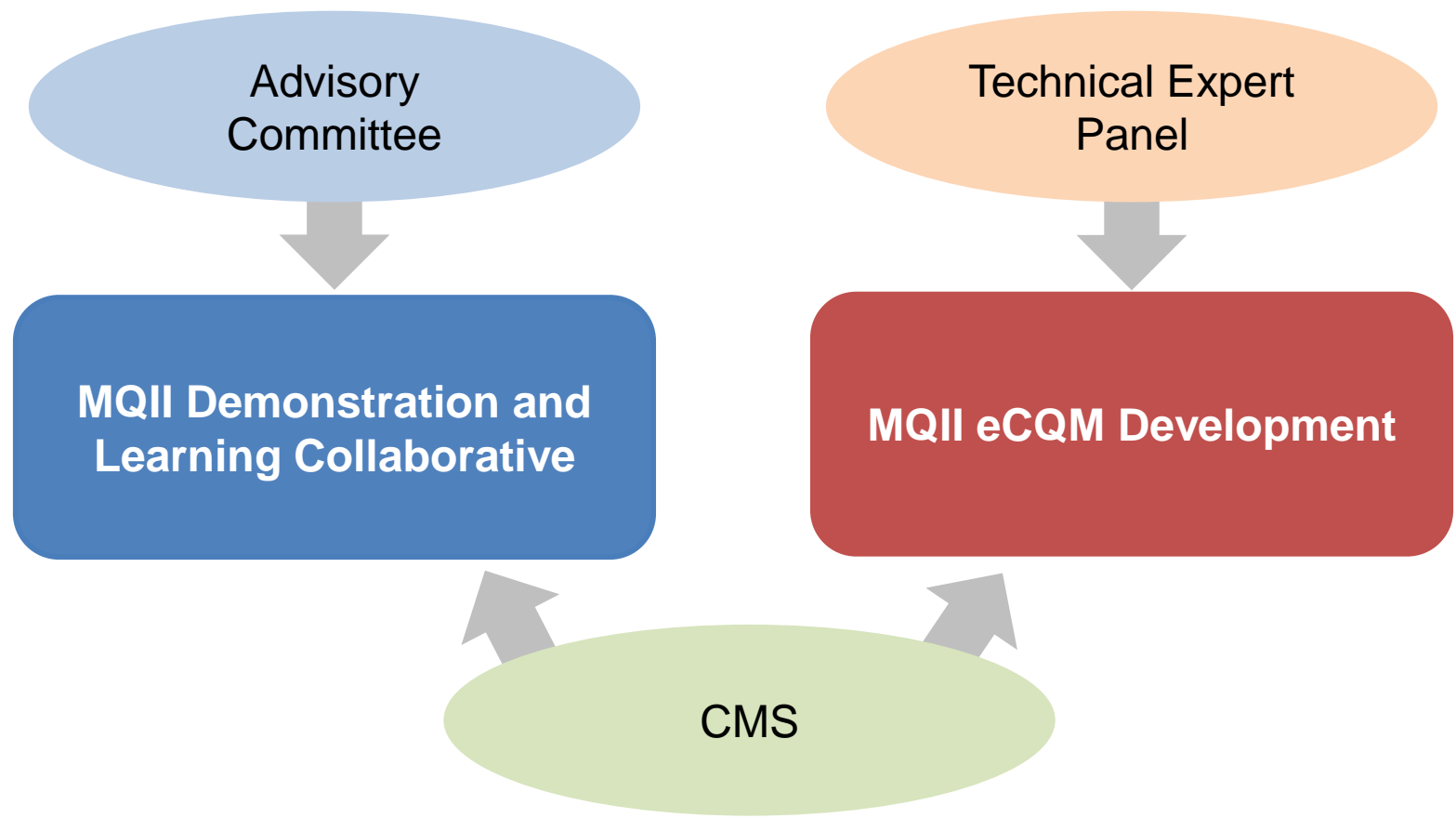


The MQII is rooted in patient-driven nutrition efforts that incorporate patient preferences and risk factors



The MQII is Comprised of Two Core Project Components that Have Multi-Stakeholder Support

THE MQII DEMONSTRATION, LEARNING COLLABORATIVE AND ELECTRONIC CLINICAL QUALITY MEASURE (ECQM) EFFORTS ARE GROUNDED IN MULTI-STAKEHOLDER INPUT





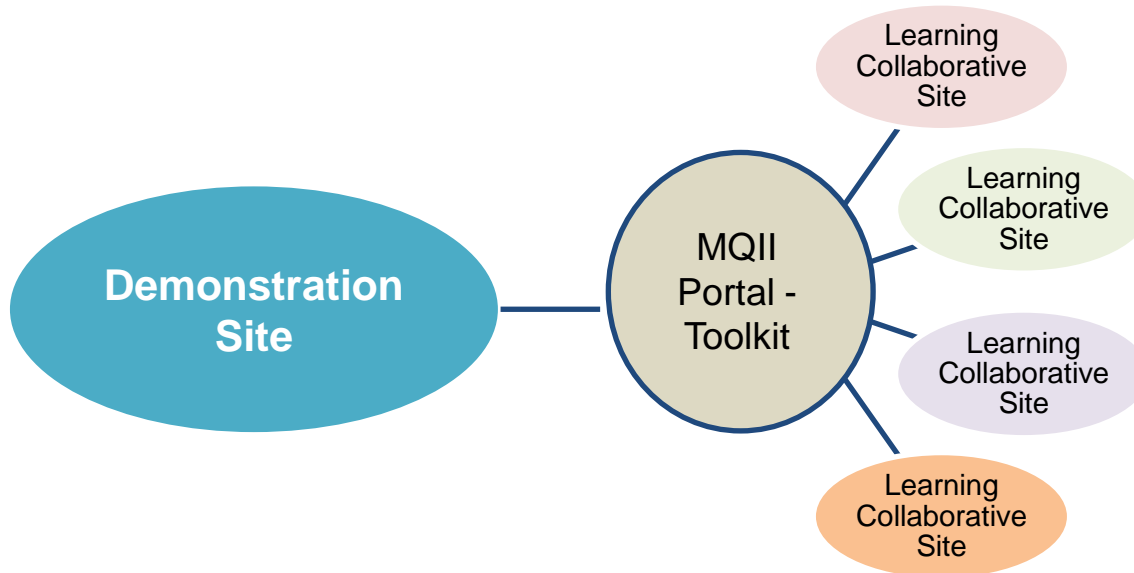
Malnutrition Electronic Clinical Quality Measures (eCQMs)

- **eMeasure #1:** Completion of a Malnutrition Screening within 24 Hours
- **eMeasure #2:** Patients At-Risk for Malnutrition who Received a Diet Order Within 24 Hours of a Malnutrition Screening
- **eMeasure #3:** Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening
- **eMeasure #4:** Appropriate Documentation of a Malnutrition Diagnosis



MQII Demonstration Site and Learning Collaborative Participants

**THE MQII WILL BE PILOTED IN TWO TYPES OF HOSPITAL SITES:
DEMONSTRATION AND LEARNING COLLABORATIVE**



Participating sites include:

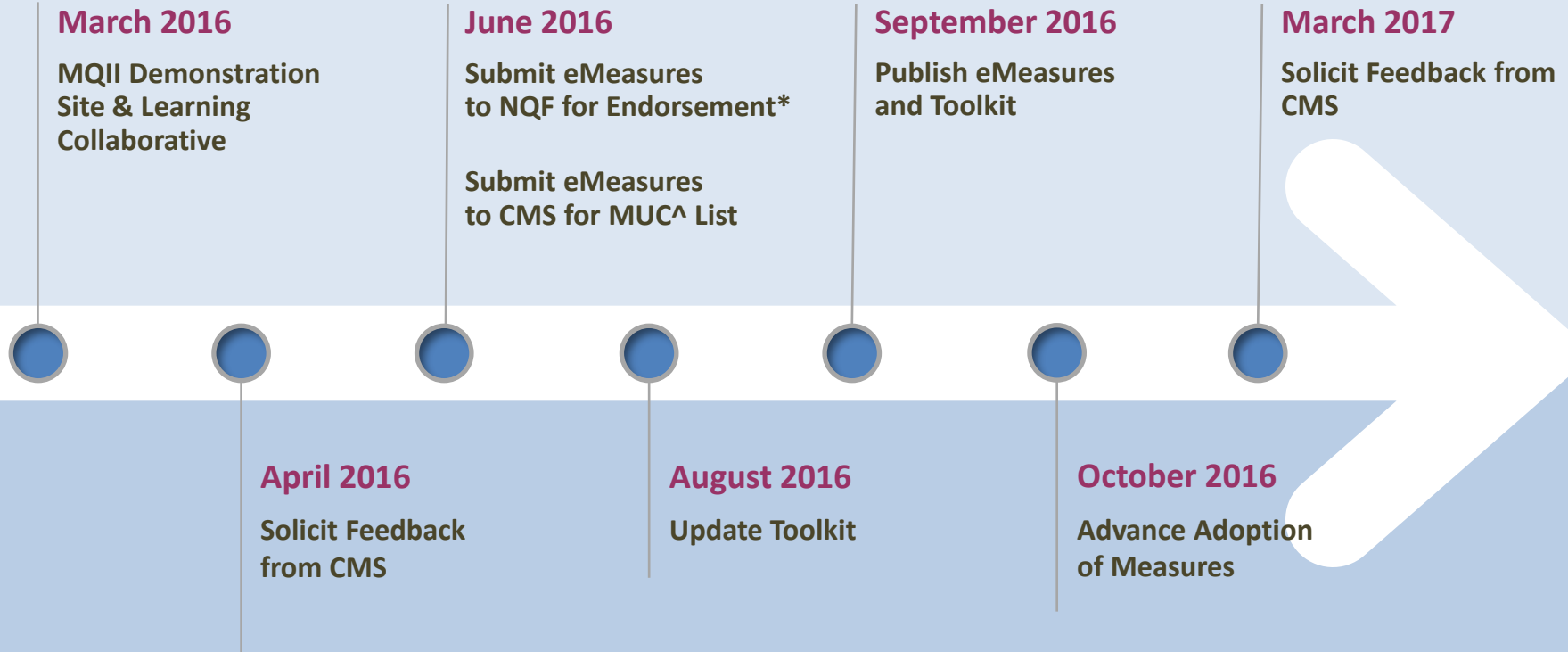
- OhioHealth MedCentral Mansfield
- Premier Health at Good Samaritan Hospital
- Spring Valley Hospital
- Tampa General Hospital
- UC San Diego Health System
- University of Iowa Hospitals and Clinics
- West Virginia University Hospital

- **Demonstration Site:** Will serve as the primary site; will receive training and support in implementation
- **Learning Collaborative Sites:** Group of sites that will use the toolkit with limited support to understand implementation in a real-world setting

Participants will have access to the Toolkit and associated resources via a web-based portal, where they will be able to share experiences and best practices with one another.



Key Milestones



*NQF Endorsement Timeline TBD
^MUC List – Measures Under Consideration

Preventing Senior Malnutrition: A Community Perspective

Lisa Zullig, MS, RDN, CSG, CDN

Director of Nutrition Services

God's Love We Deliver

Our Mission

The mission of God's Love We Deliver is to improve the health and well-being of men, women and children living with serious illnesses by alleviating hunger and malnutrition.

We are dedicated to cooking and delivering the specific, nutritious meals a client's severe illness and treatment so urgently require.



Mission in Action

- 1.5 million individually tailored meals delivered this year to 6,252 people
- 17+ million meals since our founding in 1985
- Deliveries in all 5 boroughs of New York City, Westchester and Nassau counties and in Hudson County, NJ
- 5,800 meals prepared and delivered each weekday



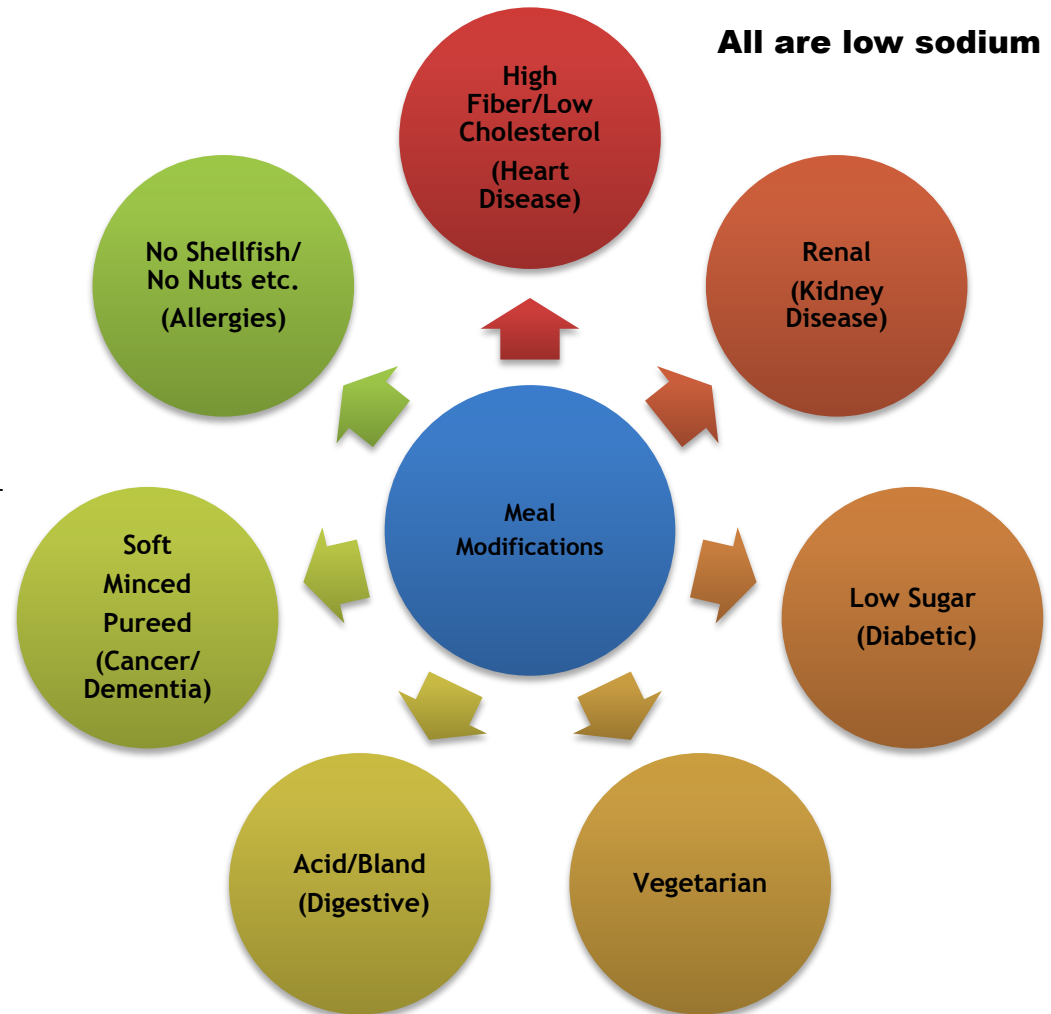
Our Clients

- An aging clientele
 - (63% are 60+)
- Over 200 diagnoses; 90% report more than 1 chronic illness
- Diverse communities
 - Multilingual approach



Medically Tailored Meals

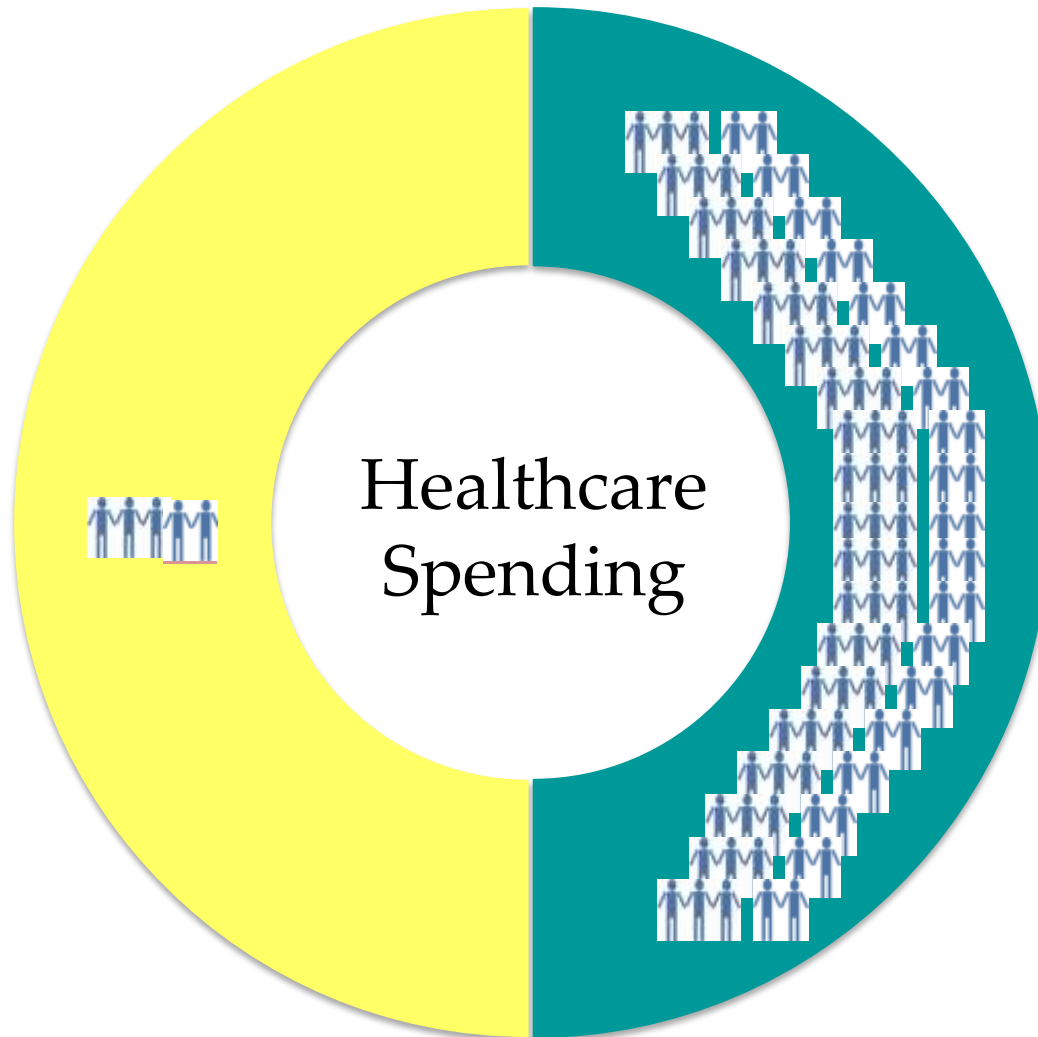
- Referred by medical providers
- Tailored by Registered Dietitians Nutritionists
- Unique meal plans
- RDNs provide Medical Nutrition Therapy and education
- Follow client through trajectory of illness
- No preservatives or additives



FNS CONTINUUM OF CARE



High Risk, High Need, High Cost



The Food is Medicine Coalition



Medically Tailored Food and Nutrition in National Policy

GOAL: Incorporate medically tailored food and nutrition services into healthcare for people living with serious illness

The Affordable Care Act for People Living with Severe Illness

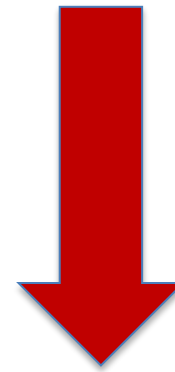
Federally Mandated



State Implemented

Ryan White for PLWH

Federally Mandated



Locally Implemented

Special Population: Senior Nutrition Policy

Recommendations:

Expand Medicare coverage for Medical Nutrition Therapy and Home Delivered Meals

- Allow ESRD beneficiaries to choose a Medicare Advantage (MA) plan
- Allow MA plans to adapt benefits to meet needs of chronically ill
- Expand MNT benefits beyond narrow scope

Thank you!

Lisa Zullig, MS, RDN, CSG, CDN

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Closing Remarks

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Thank you!

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