



Links between Food insecurity,
Nutrition and Mental Health:
Impacts on healthy aging and community-
based resources that can help

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A Vicious Cycle

AGEING and HEALTH



World Health
Organization

Between 2000 and 2050, the number of people aged 60 and over is expected to double.

In 2050, more than 1 in 5 people will be 60 years or older.



- Over 20% of adults aged 60 and over suffer from a mental or neurological disorder
- A study across 24 European countries saw older adult malnutrition rates ranging from 8.3% in the community to 28% in the hospital
- In 2021, ~2.3 billion people in the world (29.3%) were moderately or severely food insecure

Our Speakers



Allison Lacko, FRAC



Kathleen Cameron, NCOA

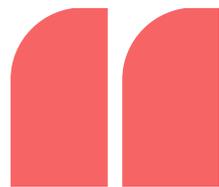


Meredith Ponder Whitmire, DMT

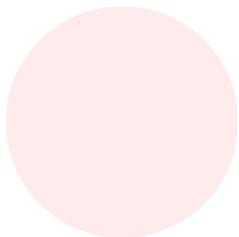
Links between Food Insecurity, Nutrition and Mental Health

Kathleen A. Cameron, BS Pharm, MPH
*Senior Director, Center for Healthy Aging
National Council on Aging*





**Aging with dignity shouldn't
be a stroke of luck.**



Who we are

Vision

A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

Mission

Improve the lives of millions of older adults, especially those who are struggling

Goal

Impact the health and economic security of 40 million older adults by 2030, especially women, people of color, LGBTQ+, low-income, and rural individuals

The work we do

Resources



Trusted, unbiased information that enable older adults and their caregivers to take small steps that can have a big impact on their health and financial security

Tools



Personalized, online support for individuals to find benefits, choose a Medicare plan, prevent falls, and plan for a healthy and secure life

Best Practices



Technical assistance and support for professionals in community-based organizations who serve older adults every day

Advocacy



A national platform and voice to fight against ageism—and to strengthen the federal programs we all depend on as we age

Our focus areas



Healthy Living

- Prevention
- Physical Health/Chronic Disease Management
- Behavioral Health
- Aging Mastery



Financial Security

- Benefits Enrollment
- Job Training & Employment
- Retirement Planning
- Money Management



Behavioral Health and Older Adults

- **Prevalence of Mental Illness and Substance Use Disorders:**
 - One in four older adults live with mental illness or a substance use disorder.
 - Depression is the most common mental illness experienced by older adults.
 - Anxiety/panic and sleep disturbances are also common.
 - Almost 5% of older adults have a serious mental illness such as bipolar disorder, schizophrenia, major depression.
 - Use of substances (recreational and illegal) by older adults is increasing, as is problematic prescription drug use and opioid-related overdose deaths. Alcohol is the most commonly used and abused substance..

- **Disproportionate Impact of Suicide:** Older white men have one of the highest suicide rates of any age group.

- **Shortened Life Span:** Serious mental illness reduces life expectancy by 11 to 30 years, largely due to increased comorbid conditions such as heart disease and diabetes.

- **Impact of the COVID-19 Pandemic:** Almost half of older adults have reported that COVID-19-related worry and stress has had a negative impact on their mental health; older people have also been disproportionately affected by loneliness, social isolation, and grief as a result of the pandemic.

Behavioral Health and Older Adults

Impact of Mental Illness on Physical Health:

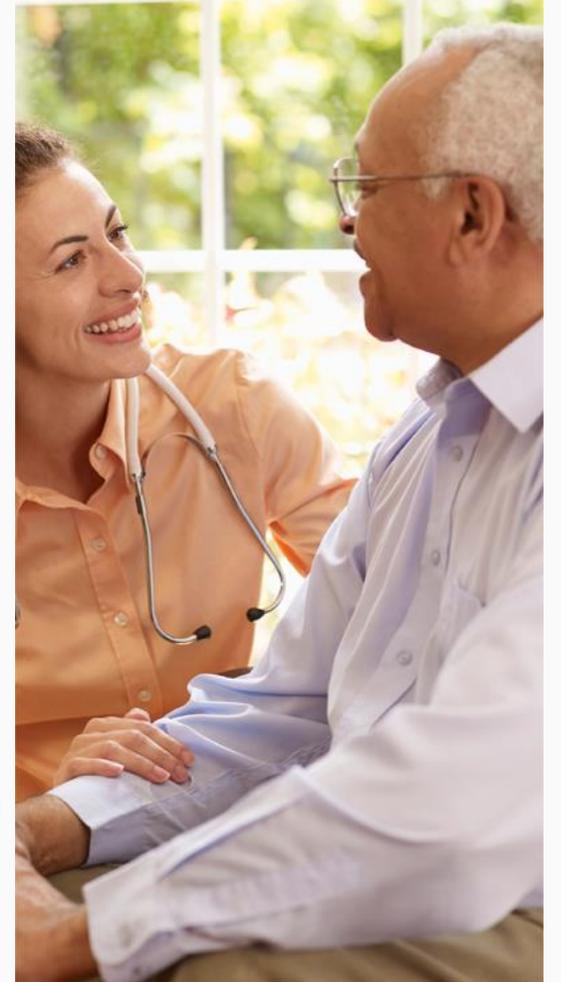
- Mental illness increases poor outcomes and mortality for common conditions such as heart disease, cancer, hip fractures, and diabetes.
- Medicare spending on necessary care for beneficiaries with mental illness and/or SUD is two to three times higher than spending for other Medicare beneficiaries.

Inadequate Access to Appropriate Treatment:

- Only 4% to 28% of older adults with mental health and substance use disorders receive mental health and substance use services, which varies by location.

Racial and Ethnic Disparities in Access to Care:

- Black and Latino older adults have less access to affordable, culturally competent mental health services than do their white peers.



Risk Factors for

Mental Illness and Substance Use Disorders (SUD) among Older Adults

- Family or personal history of mental illness or SUD
- Trauma
- Passing of a loved one and subsequent grief
- Life changes such as retirement and loss of meaning and purpose
- Financial insecurity
- Move to assisted living or other care setting
- Chronic illness, including chronic pain
- Disability, decreases in mobility
- Loss of independence
- Taking on a caregiving role
- Social Isolation
- Loneliness

Nutrition/Malnutrition and Depression/Mood Disorders



- Unhealthy nutrient intake is a modifiable risk factor for depression/mood disorders
 - Vitamins, especially B vitamins, Vitamin D
 - Minerals, e.g., calcium, potassium
 - Protein
- Depression is a risk factor for malnutrition
- Nutrient intake and energy balance influence risk on the cellular level (neurotransmitter levels, membrane fluidity, and vascular brain changes)
- Impact of intestinal microbiome and the brain
- Impact of medications, alcohol, and other substances
- Obesity and malnutrition

Evidence-Based Programs to Address Behavioral Health

Mild to moderate depression

- Healthy IDEAS
- PEARLS

Self-management & peer support

- Chronic Disease Self-Management Education
- EnhanceWellness
- Wellness Recovery Action Plan (WRAP)

Medication management

- HomeMeds

Substance use

- Screening, Brief Intervention, Referral to Treatment (SBIRT)



Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors)



Website:

www.healthyideasprograms.org

Format:

- Delivered over 3-6 months in the client's home & follow-up calls or can be delivered remotely
- Implemented by a case manager

Description:

- Community depression program to detect and reduce depressive symptoms
- Embedded into ongoing case management services
- Improves linkages between community providers and healthcare professionals
- Reaches frail, high-risk, diverse, community dwelling older adults

Outcomes:

- Decreased functional disability associated with depression
- Reduction in depression severity and pain
- Increased knowledge about how to get help for depression and how to reduce depression symptoms through increasing activities
- Participation in the behavioral activation component positively predicted reduction in depression severity scores at 6 months.

Source: The Journal of Applied Gerontology, 26(2), 139-156 (Quijano et al., 2007).

Program to Encourage Active, Rewarding Lives (PEARLS)



PEARLS

Website:

<https://depts.washington.edu/hprc/evidence-based-programs/pearls-program/>

Format: 6-8 one-on-one sessions in the client's home or other community setting or remotely

Outcomes:

- Depression
 - 50% response: $\geq 50\%$ drop pre/post PHQ-9
 - 50% remission: $\text{PHQ-9} < 5$
- Improvements in:
 - Self-rated health
 - Recommended physical activity
 - Social activities
 - Pleasant activities

Video:

https://www.youtube.com/watch?v=G_Eh6AN0dk&feature=emb_logo

Description:

- Focuses on teaching each client the skills necessary to move to action and make lasting life changes
- Is designed to be delivered in the community through social service or other trusted community-based organizations
- Takes a team-based approach, involving the PEARLS counselor, clinical supervisor, and health provider
- Aims to improve quality of life and reduce depressive symptoms
- Is well-suited for individuals with chronic illness, including people with epilepsy

EnhanceWellness



Website: <https://projectenhance.org/enhancewellness/>

Format:

Evidence-based 1:1 program that connects participants with a personal health and wellness coach to improve physical, emotional and social well-being – in-person, telephonic, or virtual. Coaching includes nutrition.

Description:

EnhanceWellness happens in three steps: **Screen, Plan, Action:**

- An EnhanceWellness screen identifies personal strengths and risks. Together, an EnhanceWellness team member and the participant review a detailed health questionnaire.
- The EnhanceWellness action plan focuses on areas the participant chooses to work on. This plan may also be shared with the participant's physician.
- The participant then moves into action with the support of their EnhanceWellness coach, who offers ongoing encouragement, feedback, and monitoring. The EnhanceWellness coach helps with problem solving, health education, and referral to support groups and additional services, including individual and family counseling, if indicated.

Wellness Recovery Action Plan (WRAP)

Website:

<http://mentalhealthrecovery.com/wrap-is/>

Video:

<https://www.youtube.com/watch?v=ooaEWMJwj08>

Outcomes: Over 10 publications shared here-

<http://mentalhealthrecovery.com/research-findings/>



Description:

- Peer Support
- Self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be.
- WRAP will help you:
 - Discover your own simple, safe wellness tools
 - Develop a list of things to do every day to stay as well as possible
 - Identify upsetting events, early warning signs and signs that things have gotten much worse and, using wellness tools, develop action plans for responding at these times
 - Create a crisis plan
 - Create a post-crisis plan

Screening, Brief Intervention, Referral to Treatment (SBIRT)



Website: <https://www.samhsa.gov/sbirt>

Training: <http://www.bu.edu/cader/sbirt/>

Format:

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Description:

- SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.
- Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.
- SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

Website: <https://www.picf.org/homemeds/>

Format:

- An evidence-based, in-home, medication review and intervention that includes a computerized risk assessment and alert process, plus a pharmacist review and recommendation for improvement

Description:

- Can be a great complement to other evidence-based programs that address patient readmission reduction, health self-management, care transitions or caregiver support
- Facilitate medication reconciliation after hospitalization
- Monitor adherence to medications for chronic illnesses
- Achieve an ROI similar to medication therapy management by decreasing adverse drug events such as falls and gastrointestinal bleeding
- Can help identify medication misuse and abuse

Other Programs to Consider

- **Chronic Disease Self-Management Programs (CDSMP)**
 - Shows significant improvements in depression at 6 months; curriculum includes information on healthy eating/nutrition
- **Caregiver support**
 - Powerful Tools for Caregivers
 - Stress Busting for Family Caregivers
 - BRI Care Consultation
 - Building Better Caregivers – online program
 - TCARE Support System – Tailored Caregiver Assessment and Referral

SAMHSA's Get Connected Tool Kit

<https://store.samhsa.gov/>



Strategies: Behavioral Health and Community-Based Services



ACTION
CHANGES
THINGS

- Implement community-based programs to address behavioral health needs
- Develop partnerships with local mental health providers for referrals/collaboration
- Train staff to implement mental health and substance use screenings
- Address challenges that may be contributing to mental health issues (i.e., housing, access to food, economic security, etc.)
- Blend and braid funding: Older Americans Act Title III-D, health system/plan funding, SAMHSA block grants, philanthropy, ACL discretionary/Prevention and Public Health Fund (open NOFOs)

National Coalition on Mental Health and Aging

www.ncmha.org



Mission: professional, consumer and government organizations to collaborate towards improving the availability and quality of mental health preventive and treatment strategies to older Americans and their families through education, research and increased public awareness.

Membership:

- State and local mental health and aging coalitions
- Government agencies
- National professional associations and organizations

Activities:

- Quarterly membership meetings
- Webinars
- Older Adult Mental Health Awareness Day planning committee
- Policy and regulatory analysis and commentary, when appropriate
- forum for sharing, learning and technical assistance for professionals in behavioral health, the aging network, consumer advocates, and government.



Save the Date!
May 11, 2023

**Older Adult Mental Health
Awareness Day Symposium**

Free virtual event



Contact

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Thank You!



Hunger Among Older Adults

Allison M Lacko, PhD | Senior Nutrition Research and Policy Analyst
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Who We Are

FRAC is the leading national nonprofit organization working to eradicate poverty-related hunger and undernutrition in the United States.



What We Do

- Conduct research to document the extent of hunger and identify effective solutions
- Advocate for federal, state and local public policies that protect and strengthen the federal nutrition programs
- Provide coordination, training, technical assistance, and support on hunger-related issues

Food Insecurity in the U.S.



FOOD SECURITY

- ✓ Access at all times to enough nutritious food for an active, healthy life
- ✓ Always enough of the kinds of food you want to eat



FOOD INSECURITY

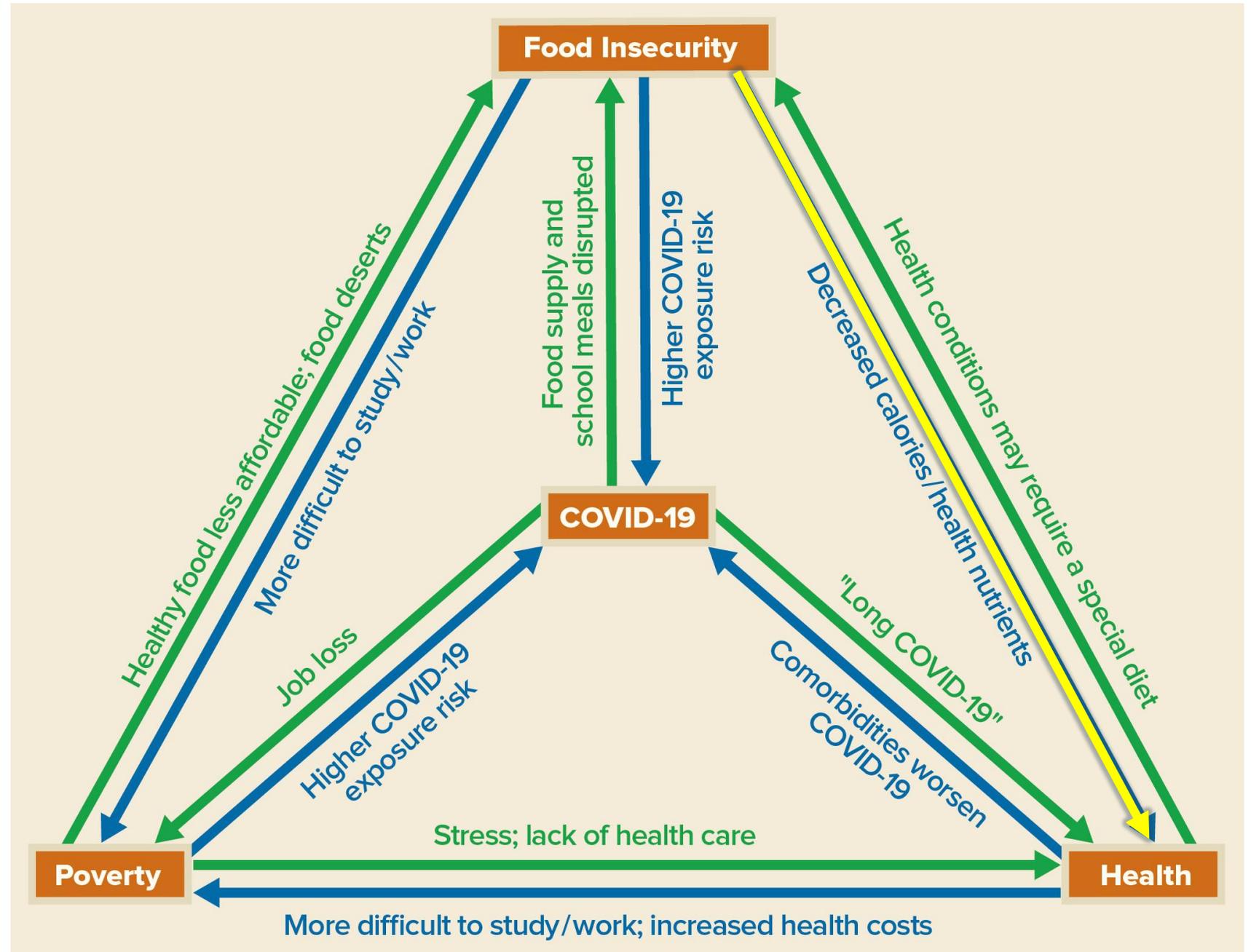
Low food security

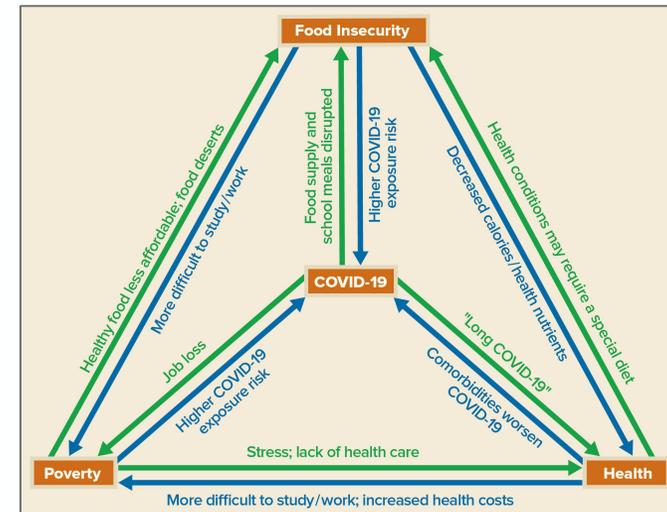
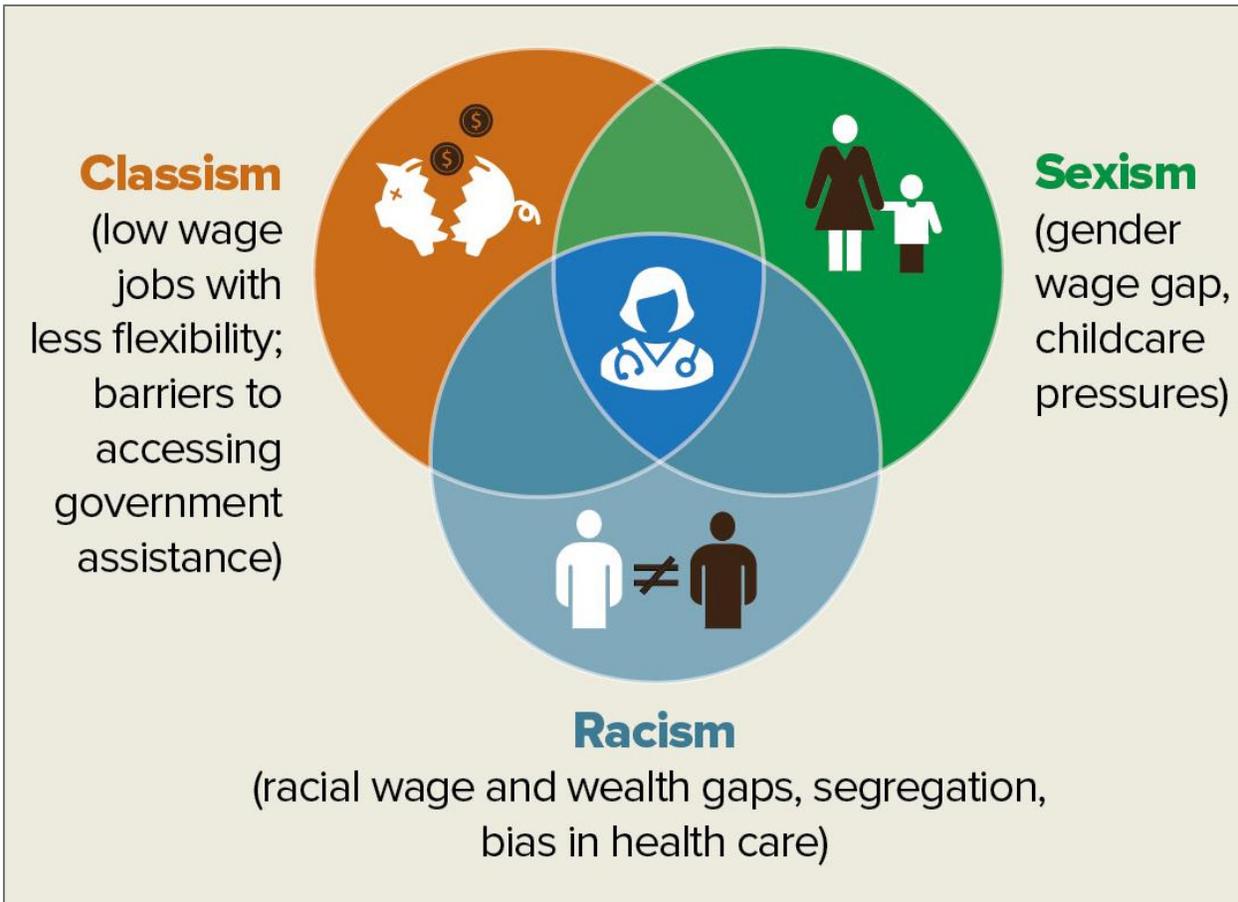
- ✓ Reduced quality / variety of foods
- ✓ Worry about food running out

Very low food security

- ✓ Reduced quality / variety of foods
- ✓ Multiple signs of disrupted eating / reducing intake
- ✓ Sometimes or often not enough to eat

Food Insecurity, Poverty, and Poor Health

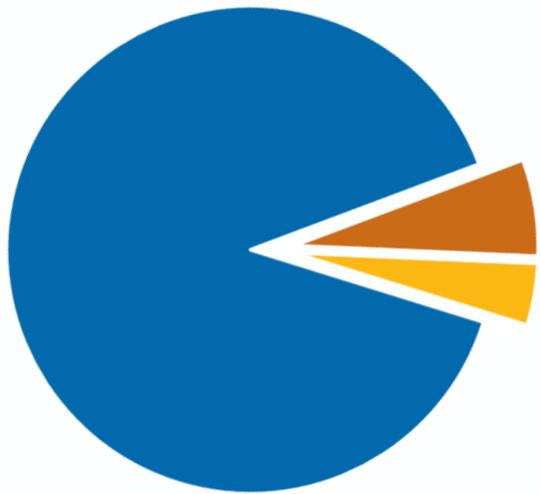




These linkages are all influenced by systems of oppression.

Feedback loops are stronger among marginalized communities.

Impact of COVID-19 on **Food Insecurity** in the U.S.



	2019	2020	2021 ↓
Households with food insecurity:	10.5%	10.5%	10.2%
Low food security:	6.4%	6.6%	6.4%
Very low food security:	4.1%	3.9%	3.8%
People living in households with food insecurity (<i>millions</i>):	35.2 <i>m</i>	38.3 <i>m</i> ↑	33.8<i>m</i>

How Prevalent is Food Insecurity Among Older Adults?

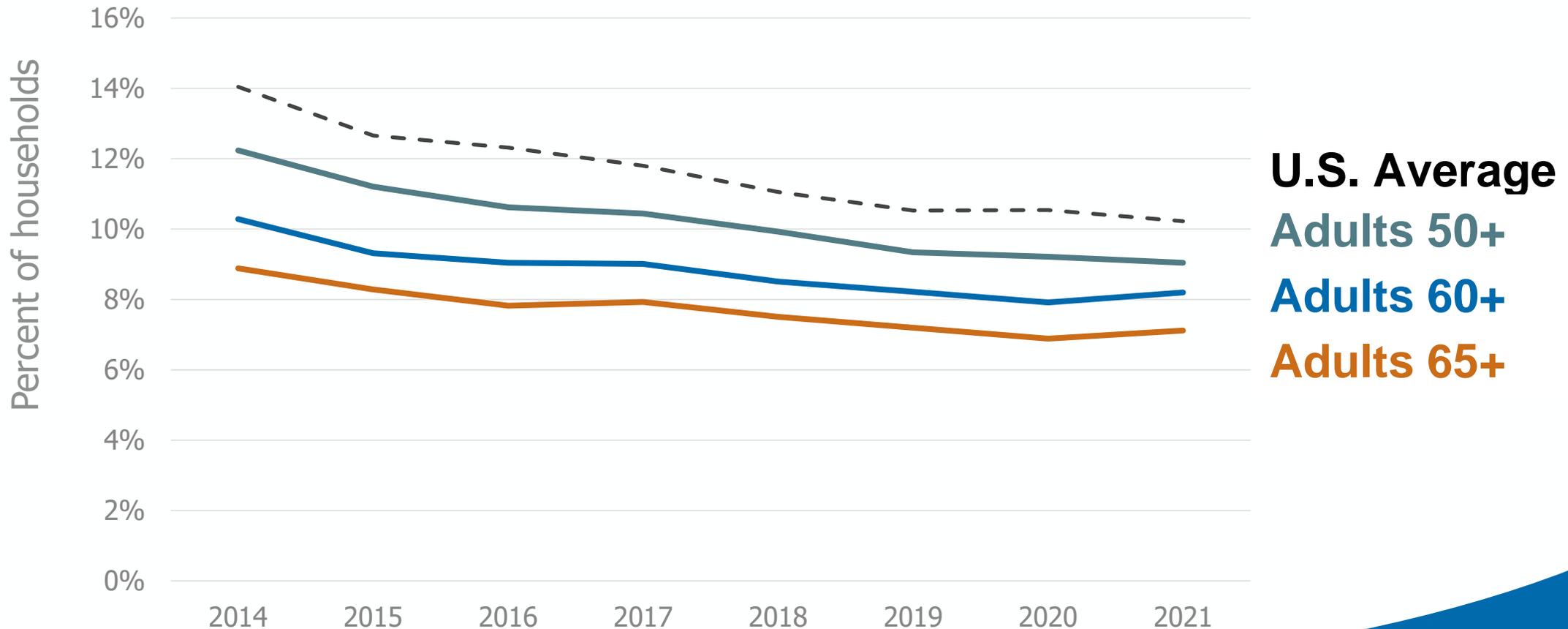
Experience of Older Adults During COVID

Prior to COVID-19			During COVID-19		
 <p>Hunger</p>	 <p>Poverty</p>	 <p>Health</p>	 <p>Hunger</p>	 <p>Poverty</p>	 <p>Health</p>
Rates among older adults are higher for those living alone	Many are on fixed incomes	85% have at least one chronic disease; high medical expenses	Increased rates of hunger	Limited access to expansions to unemployment benefits	High COVID-19 mortality rates; Isolation and barriers to telehealth contribute to other poor health outcomes

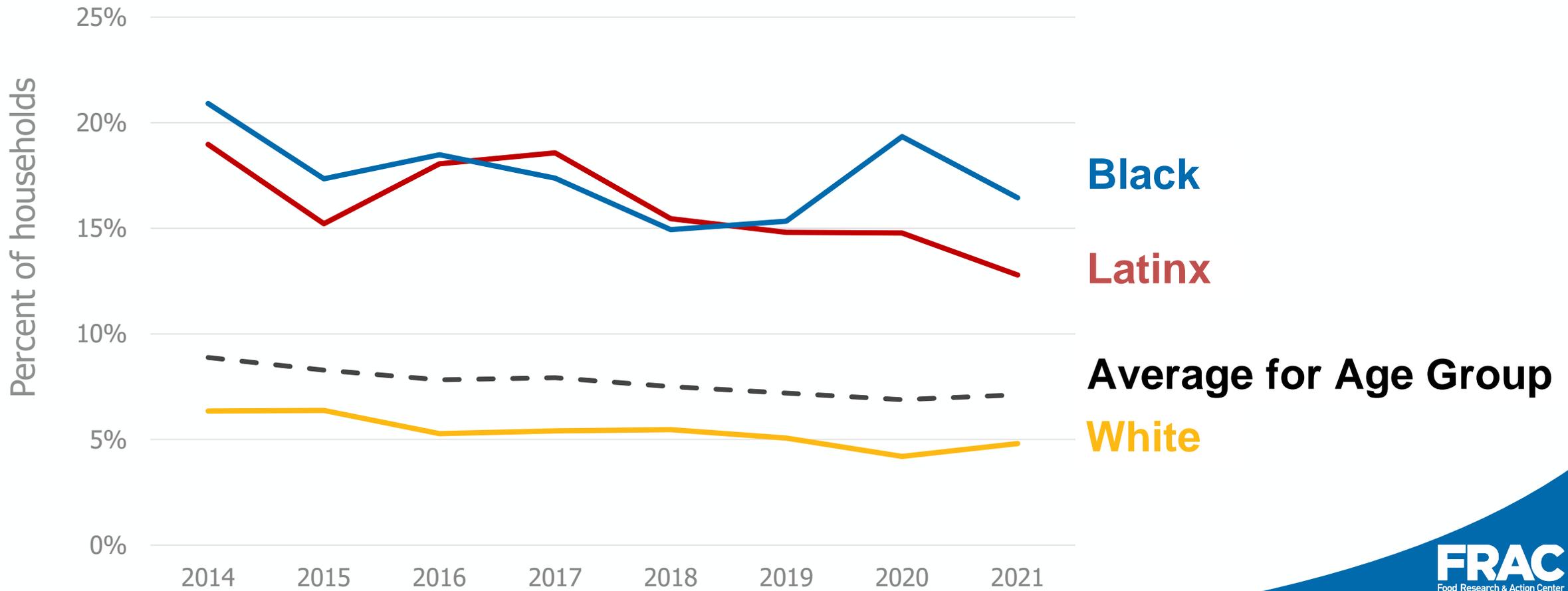
Source: Food Research & Action Center 2021 ©

<https://frac.org/research/resource-library/hunger-poverty-and-health-during-covid-19-spotlight-older-adults>

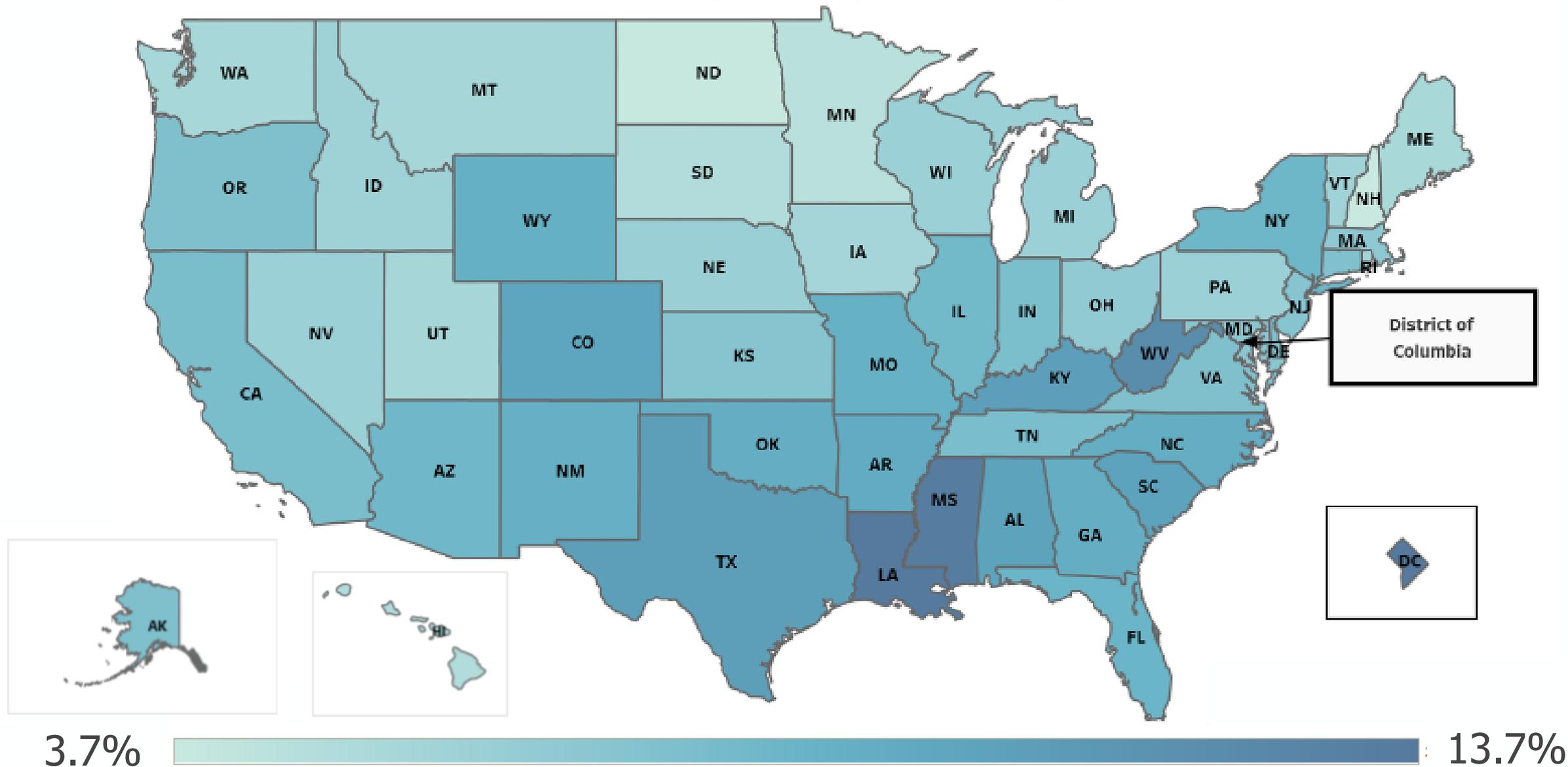
Food Insecurity among households with at least one older adult in each age group



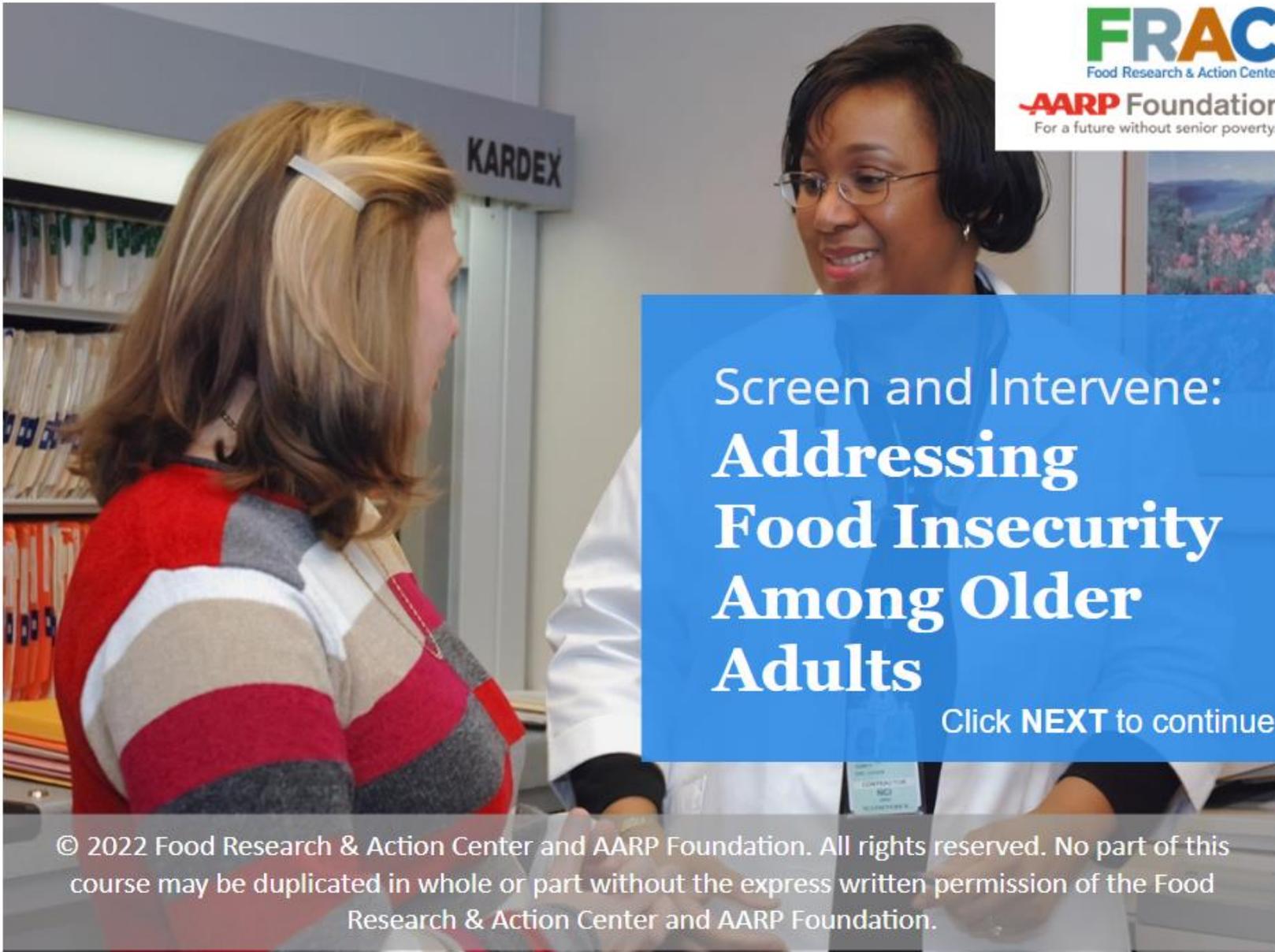
Disparities in food insecurity among households with one or more older adults (65+)



Rates of food insecurity in households with one or more older adults (60+) differ by state (2019-2021)



Source: <https://frac.org/hunger-poverty-america/senior-hunger>



Screen and Intervene:
**Addressing
Food Insecurity
Among Older
Adults**

Click **NEXT** to continue.

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Sign up for the course!

<https://frac.learnercommunity.com/es/home>

Health Consequences of Food Insecurity for Adults and Older Adults⁶ (Cont'd)

Review potential physical and mental health consequences associated with food insecurity *click on the number to see the reference for more information.*

Physical and Mental Health Consequences Associated with Food Insecurity Among OLDER Adults(Age 60 +) ^{35,36}	
Diabetes ³⁷	Obesity (primarily among women) ⁴⁰
Fair or poor general health status ⁴⁵	Peripheral arterial disease ⁴²
Depression & Mental Distress ⁴⁶	History of a heart attack
Limitations in activities of daily living ⁴⁴	Osteoporosis
Hypertension ⁴¹	Gum disease
Congestive heart failure	Asthma
Malnutrition ³⁸	Cognitive Decline ⁴³

Health-Compromising Coping Strategies

“...my fixed income doesn't cover everything I need...”*

Health-Compromising Coping Strategies

- Underuse of medication or medication non-adherence^{47,48,49,50}
- Skipping preventive or needed medical care⁵¹
- Forgoing foods needed for special medical diets⁵²
- Purchasing a low-cost diet that relies on calorie-dense but nutrient-poor foods⁵³
- Making trade-offs between food and other basic necessities⁵⁴



Cost-related Medication Underuse** for Adults 65 and Over:⁵⁵

- 25% for those with marginal food security
- 40% for those with low food security
- 56% for those with very low food security

*“Michael” is a composite character whose story is typical of many older adults experiencing food insecurity.

**Defined in this study as: skipping medications, taking less medicine than prescribed, delaying filling a prescription, using lower cost medications, or unable to afford prescribed medicine

Click **NEXT** to continue.

A Simple, Effective Tool for Screening

Benefits of the Hunger Vital Sign™

- Easy to use in clinical settings or community outreach
- Validated in pediatric,¹ adolescent, and adult² populations
- Can be administered verbally or in writing
- Available in English, Spanish, and other languages

Word of Caution

- Patients may screen negative, but still need and qualify for food assistance

Sign up for the course!

<https://frac.learnercommunity.com/es/home>

Documenting in the Medical Record

Diagnosis Codes for Positive Screens

- Food Insecurity- ICD-10-CM Diagnosis Code Z59.41
- Other specified lack of adequate food –ICD-10-CM Diagnosis Code Z59.4

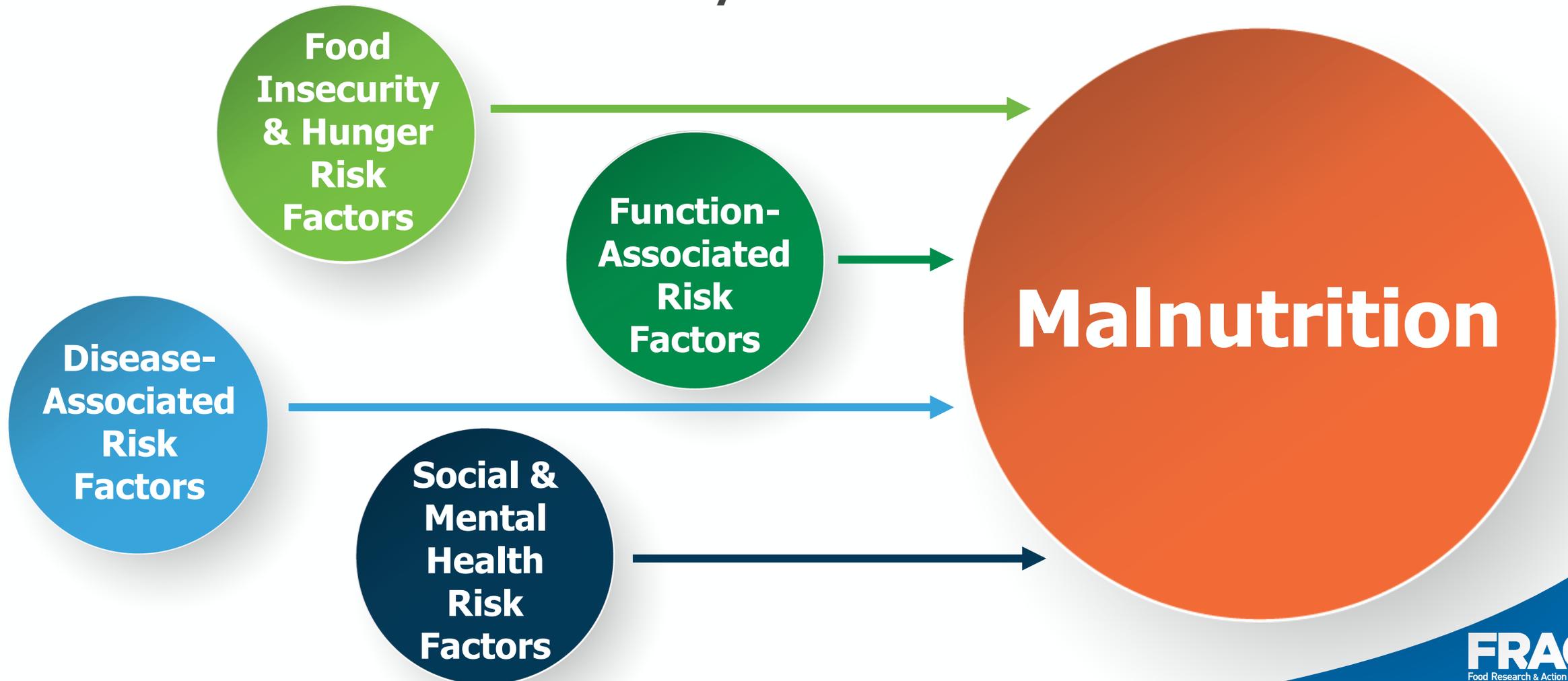


Information on screening tools for use in health care settings can be found in the Resources section.

Click **NEXT** to continue.

Hunger vs Malnutrition

Food Insecurity Can Cause Malnutrition, but It Is Not the Only Cause

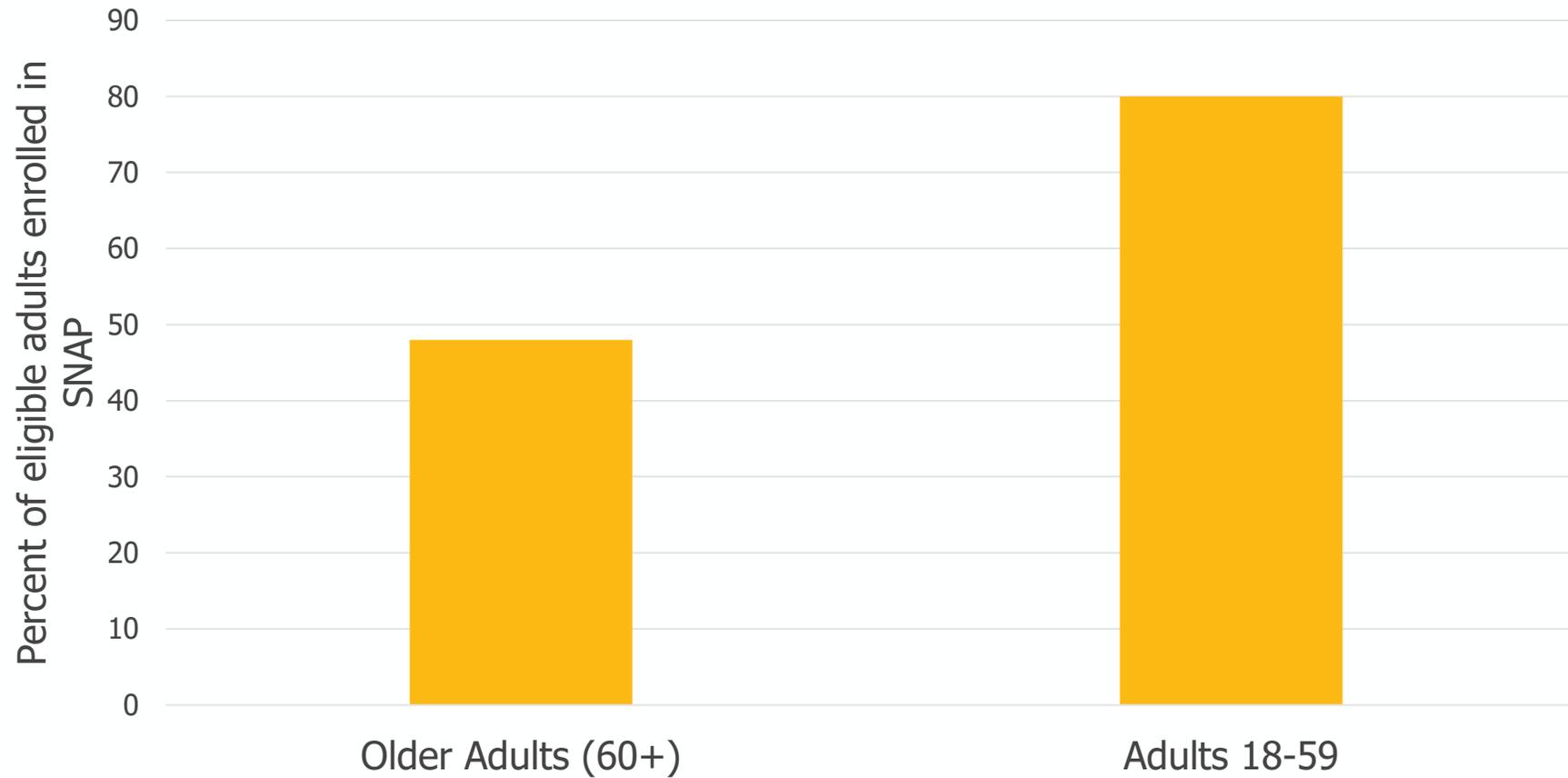


Anti-Hunger Programs to Help Older Adults

Key Federal Nutrition Programs

- **Supplemental Nutrition Assistance Program (SNAP)**
- Food Distribution Program on Indian Reservations (FDIPR)
- The Emergency Food Assistance Program (TEFAP)
- Commodity Supplemental Food Program (CSFP)
- Older Americans Act (OAA)
 - Senior Farmers' Market Nutrition Program
 - Congregate Meals
 - Home-delivered Meals

The SNAP Gap Among Older Adults



Why SNAP?

- SNAP reduces food insecurity, helping older adults to maintain their independence.
- Reduces health care utilization and costs.
- SNAP, because of its entitlement structure, can reach any eligible older adult
- SNAP provides monthly benefits to purchase food at SNAP-authorized grocery stores, farmers' markets, and other retail food outlets across the country.
- Benefits are loaded on an E-B-T card — much like a debit card — to help older adults shop without stigma
- The average benefit for an older adult living alone is a little more than \$100 per month. The minimum benefit is around \$20 per month.
- Most states have no asset test.

Special SNAP Rules to Help Older Adults

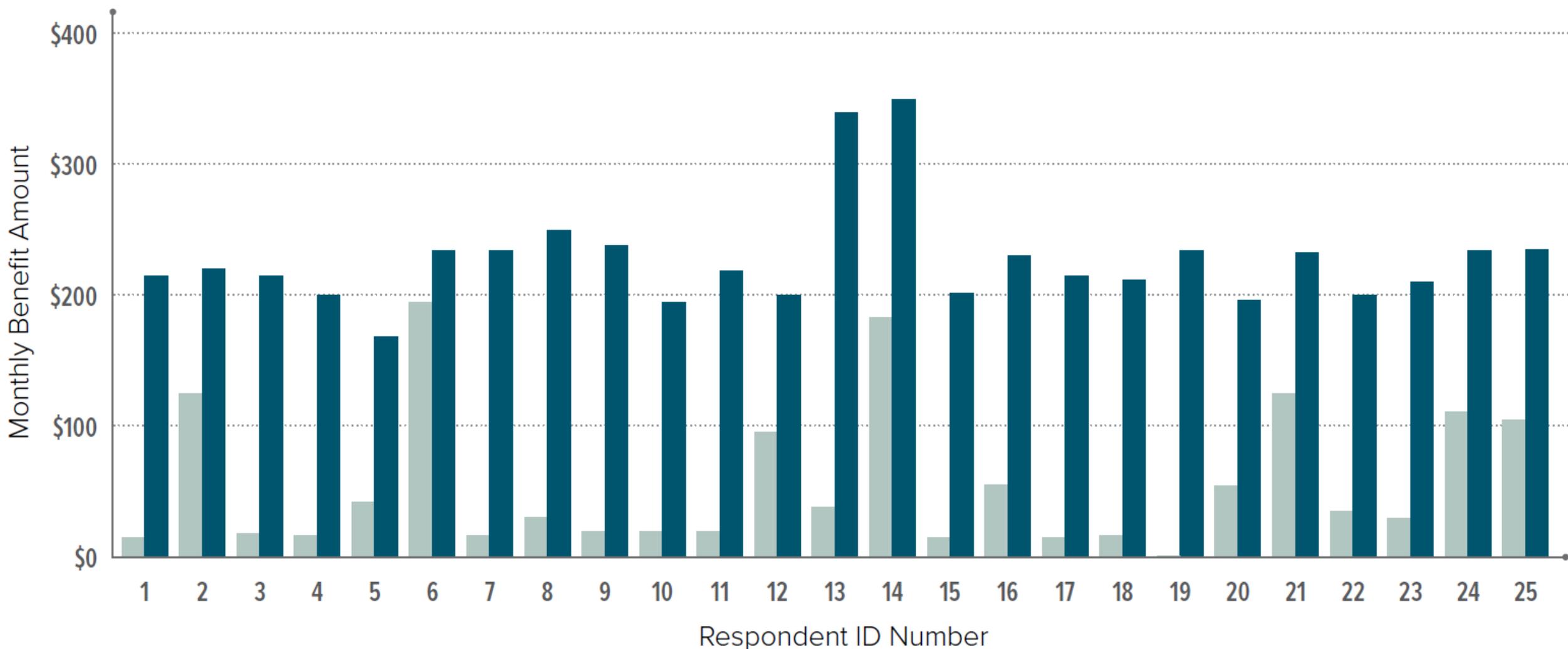
- Older adults, 60 years of age or older, can deduct out-of-pocket medical expenses and excess shelter costs, which can potentially lead to a higher SNAP benefit amount.
- Any adult can designate an authorized representative to help with the SNAP application or food shopping.
- SNAP can now be used to shop for groceries online at participating retailers.

Interviews with Older Adults During COVID-19

- **Emergency allotments** (EAs) during COVID-19 increased benefits by allowing all households to claim the maximum benefit for their household size (without it being adjusted down according to household income)
- 25 interviews
- Average SNAP benefit increase of **\$172 a month**
- **Hunger cliff:** Emergency allotments are in place as long as the federal Public Health Emergency is active (for now, through mid April) *and* states have declared a state of emergency. If either the federal PHE ends or a state ends its state of emergency, EAs end

FIGURE 4: Pre-Pandemic Monthly SNAP Benefit Amount vs. Pandemic Monthly SNAP Benefit Amount

■ About how much did you receive in SNAP benefits per month before the pandemic? ■ About how much did you receive in SNAP benefits in September 2021?



Note: Pre-pandemic and pandemic benefits are self-reported data. Respondent ID number 14 is for the household of two.

“I have to be more savvy of what I’m eating and proportion wise too [because of how it affects my blood sugar]. [I] can’t always substitute [a cheaper food for another food] because it’s going to spike my sugar.”

“I’ve been able to purchase ... healthier foods because I’ve been able to buy a lot more fresh fruits and vegetables. Whereas before I couldn’t necessarily afford the fresh fruits and vegetables.”

“[I]t [increase in SNAP benefits] allowed you [to use freed-up money] ... to stock up on things at lower prices ... [such as] ... toilet paper and paper towels ... [S]o you could save on cleaning supplies, or personal hygiene, ... and food.”



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Connect With FRAC!

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FRAC Resources

- [COVID-19 response updates](#) (webpage)
- [Hunger among older adults](#) (webpage)
- [Hunger is a Health Issue for Older Adults: Food Security, Health, and the Federal Nutrition Programs](#) (report)
- [Helping Older Adults Struggling Against Hunger Access Food in the Age of COVID-19](#) (report)
- [Older Adult \(age 60+\) Nutrition Programs Referral Chart During COVID-19](#) (referral chart)
- [Older Adults Benefit From Federal Nutrition Programs During the COVID-19 Pandemic](#) (brief)



Malnutrition and Mental Health - Resources

Meredith Whitmire

Defeat Malnutrition Today

mponder@matzblancato.com

Overview

- Who is DMT?
- The issue of malnutrition
- SDOH
- Community nutrition programs and nutrition screening
- Other new and improved resources for you!



defeat **malnutrition** today

Who Are We?

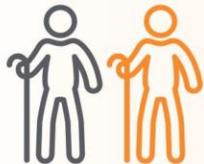
Coalition of over 120 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups



Working to create policy change toward a greater emphasis on screening, detecting, treating and preventing malnutrition

MALNUTRITION: AN OLDER ADULT CRISIS

JUST 4 STEPS CAN HELP IMPROVE OLDER ADULT MALNUTRITION CARE



**UP TO 1 OUT OF 2
OLDER ADULTS**
are at risk for malnutrition¹



\$51.3 BILLION
Estimated annual cost
of disease-associated
malnutrition in older
adults in the US²



Protein-calorie
malnutrition
related hospital
stays are
2X LONGER³



**MALNUTRITION
LEADS TO**
more complications,
falls, and 30-day
readmissions^{3,4}



Protein-calorie
malnutrition related
hospital stays are
3X MORE LIKELY
to result in death³

MALNUTRITION IS HIGHEST IN OLDER ADULTS³

Protein-Calorie Malnutrition Related Hospital Stays per 100,000 Population



SCREEN
all patients



ASSESS
nutritional status



DIAGNOSE
malnutrition



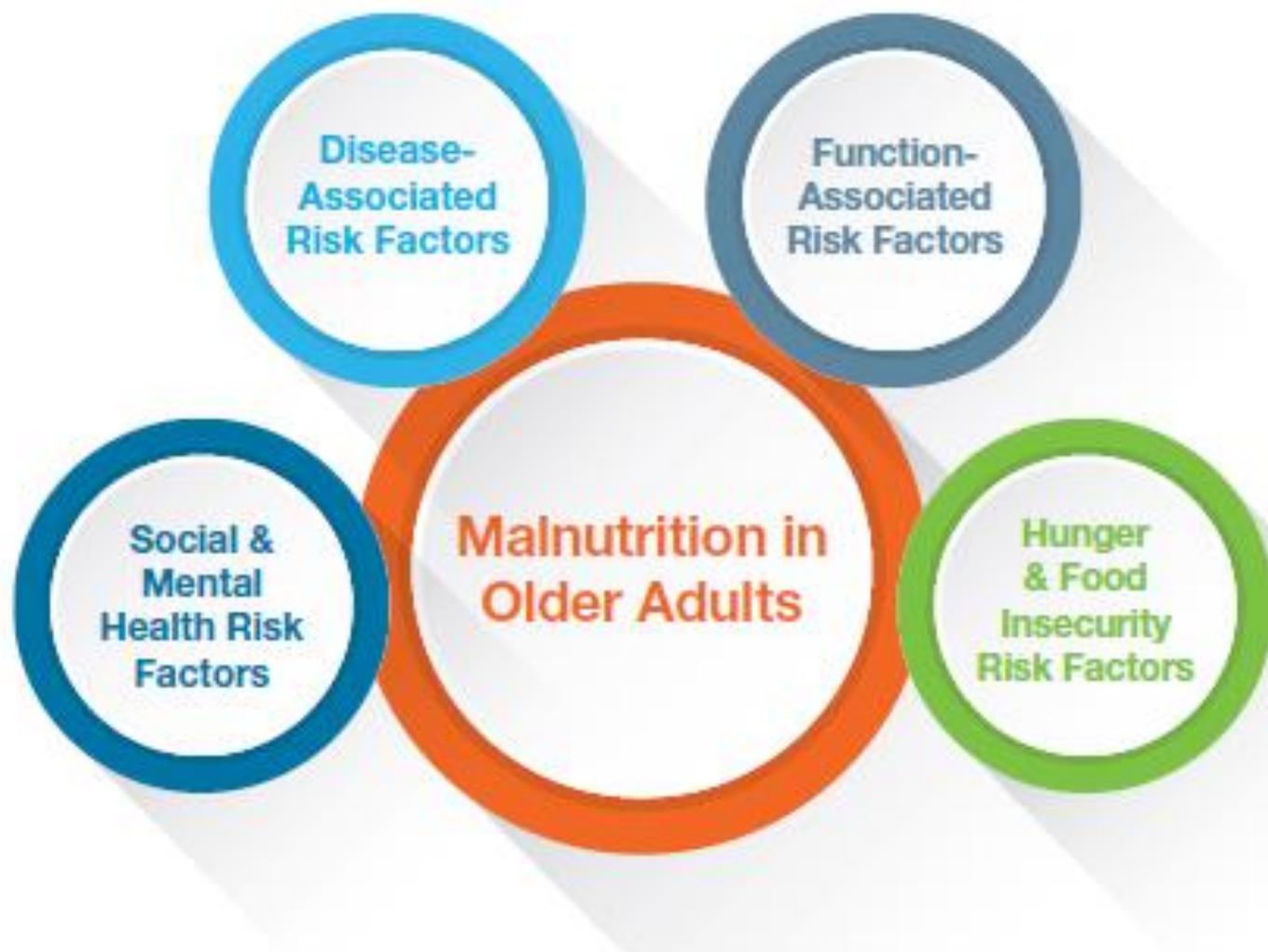
INTERVENE
with appropriate
nutrition

FOCUSING ON MALNUTRITION IN HEALTHCARE HELPS:

- ✓ Decrease healthcare costs⁵
- ✓ Improve patient outcomes⁵
- ✓ Reduce readmissions
- ✓ Support healthy aging
- ✓ Improve quality of healthcare

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

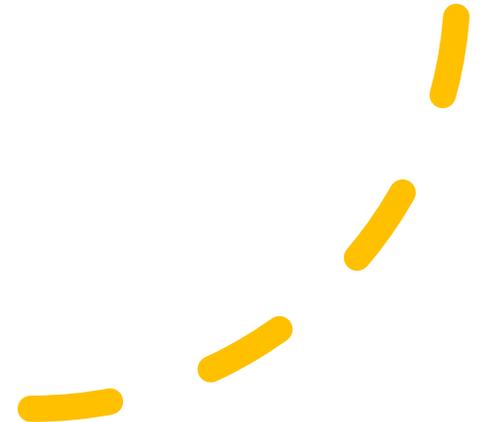
Learn more at www.DefeatMalnutrition.Today



Contributing Factors of Malnutrition among Older Adults Illustrate the Need for a Coordinated, Comprehensive Solution

HHS Community- Based Nutrition Programs

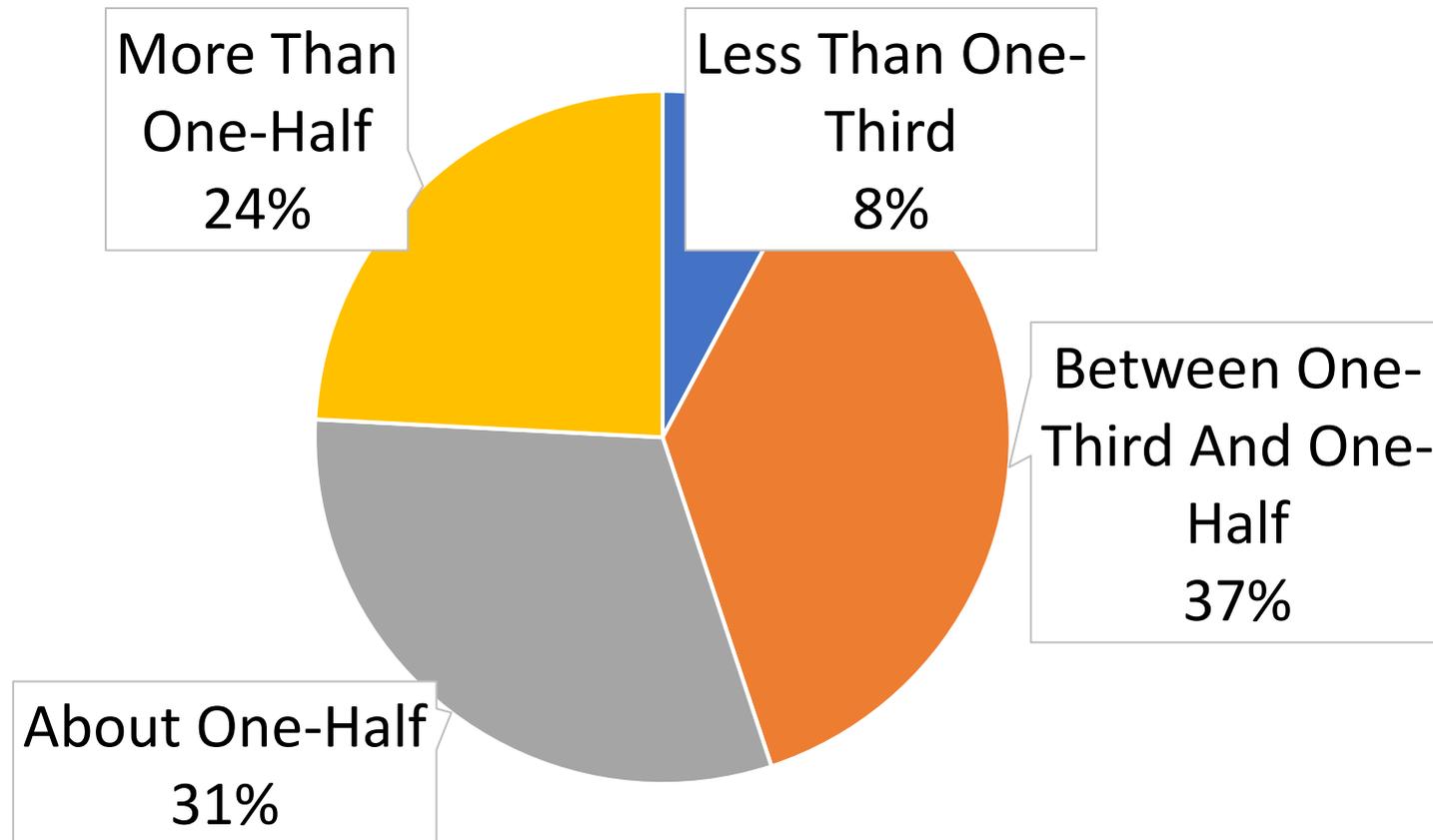
- Also called the Older Americans Act Nutrition Services Programs
- Established in 1972 and are authorized through the Older Americans Act (OAA)
- Title III-C-1 congregate nutrition program (meals provided at senior centers and other group locations)
- Title III-C-2 home-delivered nutrition program (“Meals on Wheels”)
- Collectively serve over 2.3 million older adults
- Federal budget of almost \$1 billion total
- Federally-funded, locally-run



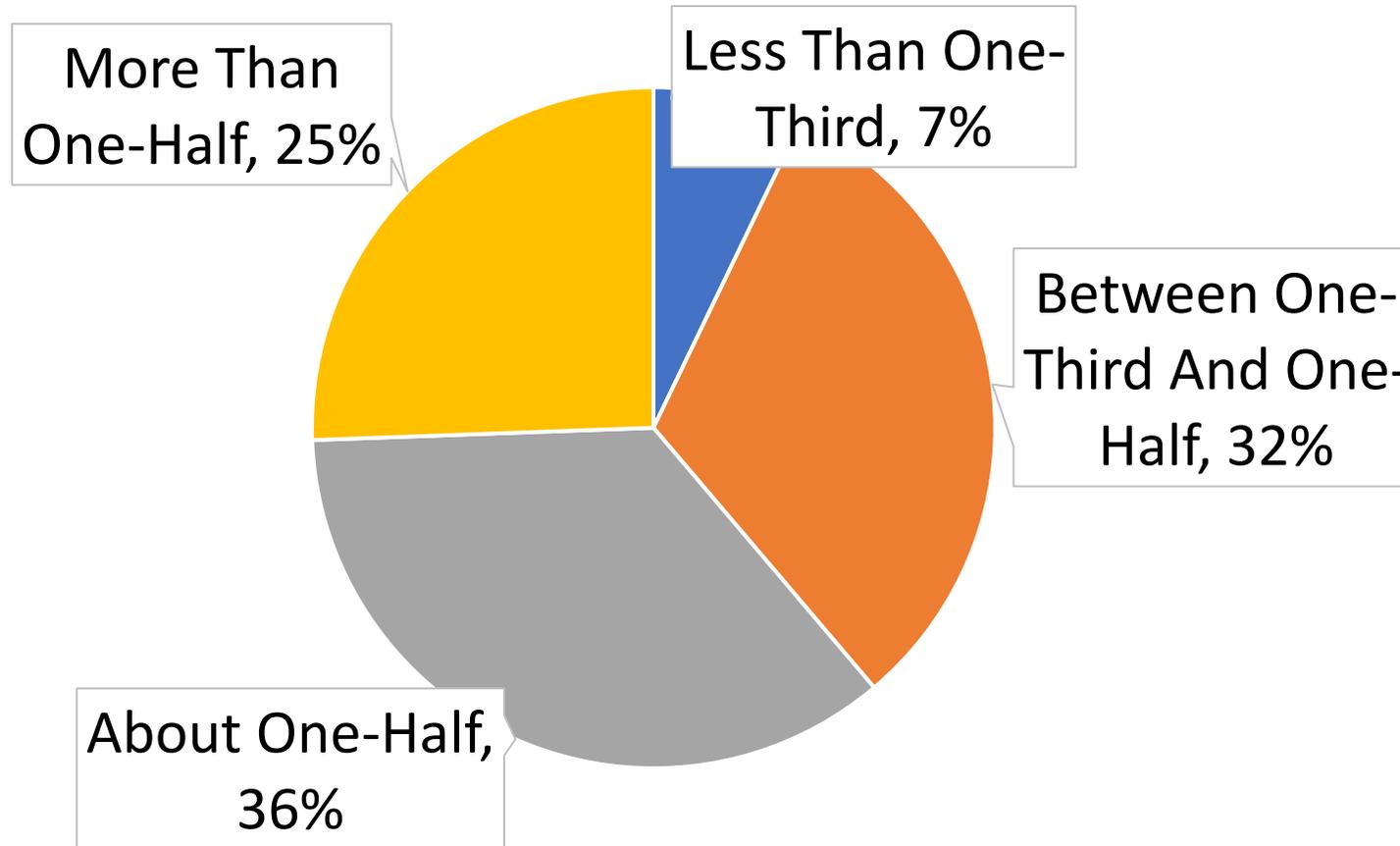
How Vital Are These Programs?

- The Administration for Community Living administers the National Survey of Older Americans Act Participants (or NSOAAP) annually
- Conducted as a telephone survey to a random sample of OAA service recipients
- Service recipient demographics, health, and wellbeing indicators are also collected
- Good way to get a first-hand look at the programs as experienced by participants

Congregate Meal Clients: The Portion of Food One Meal Represents



Home-Delivered Meal Clients: The Portion of Food One Meal Represents



BEYOND THE MEAL

The Value of Socialization in Older Americans Act Congregate Nutrition Programs

9

STATES PARTICIPATED

California, Connecticut, Illinois, Montana, North Carolina, Ohio, Tennessee, Texas, Washington

15

CONGREGATE NUTRITION PROGRAMS PARTICIPATED

1,989

COMPLETED SURVEYS

from Congregate Nutrition Program participants were collected

"I come for the people as much as the food"

FINDINGS

From the 1,989 surveys analyzed we found the following statistically significant information:

- Those who answered that "socialization is encouraged" at the Congregate site were also four times as likely to say they had a knowledge of good nutrition, had a knowledge of healthy eating habits and had experienced improved physical health since coming to the site
- Those who answered that they have "more friends now" than before they started at the site were also two times as likely to say that their physical health has improved since starting to visit the site

SITE VISITS

NANASP Executive Director
Blancato also

- Aging & Inclusion Services, Northeast
- Meals on Wheels, Services, C
- Benjamin Franklin and Wood County Aging, Ohio
- WellMed Nutrition, Texas
- Pahrump Senior Center, Nevada

Referrals: How Do I Find Local Programs?

- Eldercare Locator: <https://eldercare.acl.gov/>
- Meals on Wheels America “Find Meals” locator tool: <https://www.mealsonwheelsamerica.org/find-meals>
- Local information and referral service (e.g. 211)

Nutrition Screening

- HHS congregate and home-delivered meals programs have had to screen for nutrition risk for years (DETERMINE Checklist)
- The 2020 reauthorization of the Older Americans Act added “reducing malnutrition” to the purposes of the nutrition program and included malnutrition screening as part of the OAA’s nutrition screening requirements
- BUT:
 - There is no federal policy or requirement on how assessments are conducted or their frequency
 - States have the flexibility to determine their own process for assessing the nutritional needs of participants

Screening at Nutrition Programs: Best Practices

- Malnutrition Screening Tool (MST) is the screener preferred by the Academy of Nutrition and Dietetics for adults
- Can be easily administered by nutrition program staff
- One guide: the Illinois Department of Aging
 - “Who should be screened? All participants involved in nutrition services that have screened at “High Nutritional Risk” on the 10 federally required nutrition screening questions (i.e. DETERMINE Your Nutritional Health) should be screened for malnutrition.”
 - “How to screen for malnutrition? Include the malnutrition screening along with the IDoA Congregate Registration or the Nutrition Referral/Assessment for Home Delivered Meals forms initially (for those screened at “High” risk) and again annually or sooner based on resources available.... Have a process for case managers or others who directly interact with consumers to screen for malnutrition.”

Example

REFERRAL BASED ON NUTRITION / MALNUTRITION RISK

Referred By: Area Agency on Aging and Independent Living
 District Name: DALL
 Address: 257 E Main Street 3E-E
Frankfort, KY 40601
 Phone Number: 502-524-6930

Participant Information:
 Name: James Doe
 Address: P.O. Box 1
Anywhere, KY 00000
 Phone Number: 555-555-5555

We are referring our participant for follow up based on they are identified at being at high nutritional risk and/or at risk for Malnutrition based on the screens below. We are required by the state to refer our participants if they are found at nutritional risk. The DETERMINE nutrition screen below is Federally approved and mandated. The Malnutrition Screening Tool (MST) is a second screen that we have the option of using. The MST is reliable and validated. Our goal as an agency is to keep our participants healthy and in their homes to help them avoid long-term care. The back of this sheet you will find resources associated with malnutrition.

DETERMINE YOUR NUTRITIONAL HEALTH		Please circle the yes answers to the right	YES
I have an illness or condition that made me change the kind and/or amount of food I eat.			(2)
I eat fewer than 2 meals per day.			(3)
I eat few fruits, vegetables, or milk products.			2
I have 3 or more drinks of beer, liquor, or wine almost every day.			2
I have tooth or mouth problems that makes it hard for me to eat.			(2)
I don't always have enough money to buy the food I need.			4
I eat alone most of the time.			1
I take 3 or more different prescribed or over-the-counter drugs a day.			1
Without wanting to, I have lost or gained 10 pounds in the last 6 months.			(2)
I am not always physically able to shop, cook, and/or feed myself.			2
		Total	9
Please check the level of Risk			
0-2	Good	Recheck your nutritional score annually	_____
3-5	Moderate Nutritional Risk	Life style changes may be necessary	_____
6 or more	HIGH NUTRITIONAL RISK	Referral to Dietitian or Physician is required	<input checked="" type="checkbox"/>

MALNUTRITION SCREENING TOOL (MST)			
STEP 1: Screen with the MST		Circle the answers to the right	
Have you recently lost weight without trying?			
No	0		
Unsure	2		
If yes, how much weight have you lost?			
2-13 lb	1		
14-23 lb	(2)		
24-33 lb	3		
34 lb or more	4		
Unsure	2		
Weight Loss Score Total		2	
Have you been eating poorly because of decreased appetite?			
No	0		
Yes	(1)		
Appetite Score Total		1	
Add Weight loss and appetite score: MST SCORE		3	
		STEP 2: Score to determine risk (Please check below)	
		MST = 0 or 1 NOT AT RISK (Eating well with little or no weight loss)	
		MST = 2 or more AT MALNUTRITION RISK (Eating poorly and/or recent weight loss)	
		<input checked="" type="checkbox"/>	
		Rapidly implement nutrition interventions perform nutrition consult within 24-72 hours depending on risk.	
		STEP 3: Intervene with nutritional support for your patients at risk for malnutrition	
		Services currently received through our program:	
		<u>Home Delivered Meals, Personal Care, Transportation</u>	
		Referring to the following for Medical / Nutritional follow up: <u>Physician</u> <u>SNAP benefits, Commodities</u>	

Date of Referral: 9/12/17

Person Referring: Kathryn Vukob MS RD/SLP

Screening: Example Results

- One recent study found that older adult residents of the Kentucky River region in eastern Kentucky had high rates of older adults at risk for malnutrition
- 50 percent of the population studied there scored a two or higher on the MST

DMT Resources

Consumer Resource Hub

defeat **malnutrition** today
...vital to healthy aging

[HOME](#)[ABOUT US](#)[NEWS](#)[RESOURCES](#)[ADVOCACY](#)[BLUEPRINT](#)[QUALITY](#)[FORUM](#)

Consumer Resource Hub

Malnutrition among older adults is a real problem with serious consequences.

Up to **1 out of 2 older Americans** are at risk for malnutrition. The numbers are even higher for older adults in health care settings. **About 60% of older adults in hospitals and 35-85% of older residents in long-term care facilities are malnourished.** Malnutrition can worsen chronic conditions and make it difficult for older adults to remain independent. Malnutrition can result from multiple factors, including food insecurity, chronic disease, and/or inequality in social determinants of health.

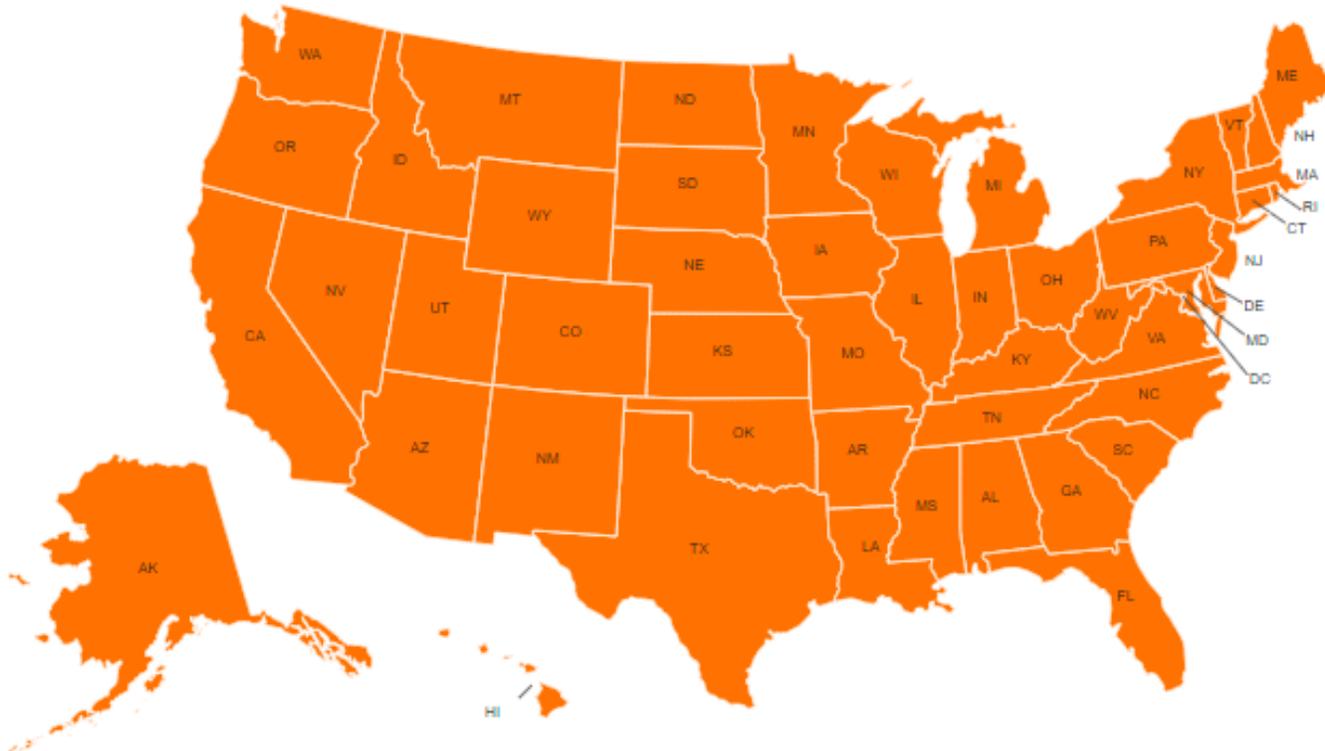
Nearly every community has programs to help older adults get the nutrition they need. But many older adults and their caregivers—and even many doctors and hospitals—

OLDER AMERICANS ACT NUTRITION SERVICES

The Older Americans Act (OAA) helps support social and nutrition services for older adults. OAA nutrition programs are congregate (senior center) meals and Meals on Wheels.

Access to OAA nutrition programs is critical to helping reduce older adult malnutrition. This map has links to each state's OAA programs. Share the map to help increase use of these programs by older adults and help defeat malnutrition today.

Please Click on Your State Below:



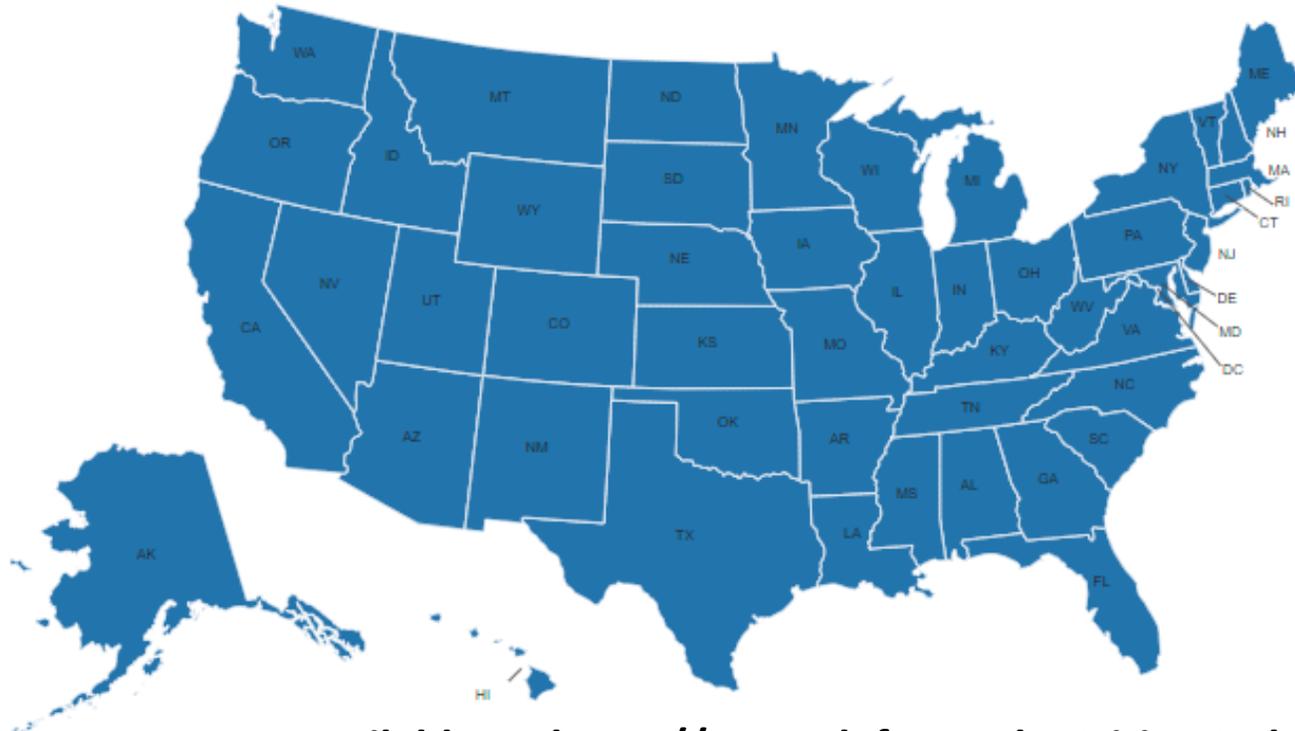
Available at: <https://www.defeatmalnutrition.today/pt-resources>

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

The Supplemental Nutrition Assistance Program (SNAP) is a federal nutrition program. It provides supplemental benefits to individuals/families for purchasing nutritious food. Only a small percent of older adults enroll in/use SNAP compared to those who are actually eligible.

By increasing SNAP enrollment/use among eligible older adults we may be able to reduce malnutrition. This map has links to each state's SNAP application. Share the map to help increase SNAP use by older adults and help defeat malnutrition today.

Please Click on Your State Below:



Available at: <https://www.defeatmalnutrition.today/pt-resources>



National Blueprint: Achieving Quality Malnutrition Care for Older Adults

National Blueprint

- Inaugural publication in 2017
- Provided a comprehensive review of the malnutrition “landscape” in the older adult
- Offered potential actions to improve health outcomes for older adults by addressing malnutrition
- Update completed in early 2020

Resource Links

- Interested in nutrition? Join our coalition! Info is on the Defeat Malnutrition Today website on how to join as an individual or an organization: <http://defeatmalnutrition.today>
- Consumer Resource Hub: <http://defeatmalnutrition.today/consumers>
- National Blueprint: <https://defeatmalnutrition.today/blueprint>
- mponder@matzblancato.com, info@defeatmalnutrition.today

Questions?



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