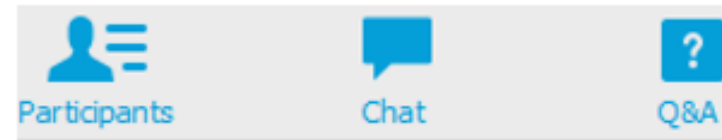


# Rise Up! The Power of State Advocacy for Malnutrition

August 19, 2020

# Questions?

- Please use the Q&A feature for questions



# Featured Speakers



**Meredith Ponder Whitmire, JD**  
Defeat Malnutrition Today



**Kim Iles, MS RDN**  
Co-Owner, New Leaf Nutrition  
Counseling



**Wendy Phillips, MS, RD, CNSC,  
CLE, NWCC, FAND**  
Morrison Healthcare

# Malnutrition Awareness Week

MEREDITH WHITMIRE, DEFEAT MALNUTRITION TODAY

AUGUST 19, 2020

defeat **malnutrition** today

# Who Are We?

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Coalition of over 100 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups



Share the goal of achieving the recognition of malnutrition as a key indicator and vital sign of older adult health risk; work 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 malnutrition<sup>1</sup>



**\$51.3 BILLION**  
Estimated annual cost  
of disease-associated  
malnutrition in older  
adults in the US<sup>2</sup>



Protein-calorie  
malnutrition  
related hospital  
stays are  
**2X LONGER**<sup>3</sup>



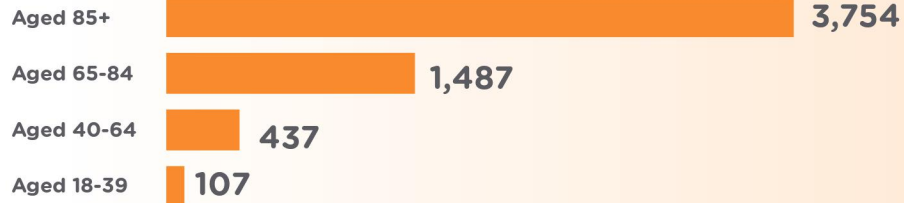
**MALNUTRITION  
LEADS TO**  
more complications,  
falls, and 30-day  
readmissions<sup>3,4</sup>



Protein-calorie  
malnutrition related  
hospital stays are  
**3X MORE LIKELY**  
to result in death<sup>3</sup>

### MALNUTRITION IS HIGHEST IN OLDER ADULTS<sup>3</sup>

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 costs<sup>5</sup>
- ✓ Improve patient outcomes<sup>5</sup>
- ✓ 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](http://www.DefeatMalnutrition.Today)**



**MALNUTRITION  
AWARENESS  
WEEK™**



American Society  
for Parenteral and  
Enteral Nutrition



# Malnutrition Awareness Week

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#MAW2020

<https://www.nutritioncare.org/MAW/>



### Malnutrition Awareness Week™ State Resolution Template

A resolution commending the benefits of systematic nutrition screening and intervention, and recognizing the week of October 5-9, 2020 as "Malnutrition Awareness Week™" in the state of [State].

WHEREAS, Experts agree that nutrition status is a direct measure of patient health and that good nutrition can keep people healthy and out of healthcare institutions, thus reducing healthcare costs which can be up to \$42 billion annually for hospital stays involving malnutrition; and

WHEREAS, Inadequate or unbalanced nutrition, known as malnutrition, is particularly prevalent in vulnerable populations, such as hospitalized patients, older adults, and minority populations, and those populations statistically shoulder the highest incidences of the most severe chronic illnesses such as diabetes, kidney disease, cancer, and cardiovascular disease that are also impacted by nutrition; and

WHEREAS, malnutrition is exacerbated by the global COVID-19 health pandemic that has intensified disparities and social isolation and is further compounded by food insecurity; and

WHEREAS, Illness, injury, and malnutrition can result in the loss of lean body mass, leading to complications that impact good patient health outcomes, including recovery from surgery, illness, or disease; and

WHEREAS, Enhanced Recovery After Surgery (ERAS®) care plans implemented by a team of multidisciplinary healthcare professionals can improve patient nutrition to support a strong recovery and help reduce risk of complications from elective surgeries; and

WHEREAS, Despite the recognized link between good nutrition and good health, nutrition screening and intervention have not been systematically incorporated across the continuum of care; and

WHEREAS, clinical quality measures can help improve nutrition screening and intervention, and the Centers for Medicare & Medicaid Services (CMS) for the first time has approved multiple malnutrition-specific clinical quality measures for a CMS quality management system; and

WHEREAS, a collaborative effort among key stakeholders in the public and private sectors continues to be required to increase awareness of, reduce, and prevent malnutrition and the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update* serves as a template for such collaboration; and

WHEREAS, The [Names of Local Supporting Groups] recognize that an important step toward identifying and treating malnutrition is raising awareness about it and thus join with The American Society for Parenteral and Enteral Nutrition (ASPEN), which was the first to establish a national Malnutrition Awareness Week™ in 2012.

NOW, THEREFORE, Be it Resolved by the [Legislative Body] of the State of [State]: That October 5-9, 2020 is recognized as "Malnutrition Awareness Week™" in [State].

# State Resolutions

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Start now!

<https://www.defeatmalnutrition.today/statelocal>

<https://www.defeatmalnutrition.today/file/state-resolution-templatefinaldocx>

defeat **malnutrition** today

## Advancing Policies for Quality Malnutrition Care in Older Adults through State Actions

### Malnutrition care is recognized as an important gap area

- There are no national or state public health goals on malnutrition
- Malnutrition quality measures are not included in quality incentive programs

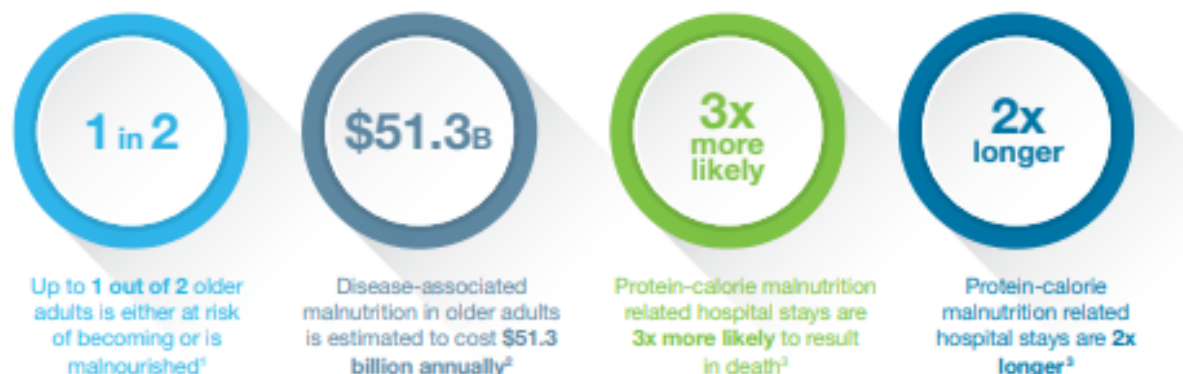
### Disease-associated malnutrition in older adults is a state economic burden

Twelve states have an annual economic burden of over \$100 million for disease-associated malnutrition in older adults. Disease-associated malnutrition occurs when nutrient intake decreases and inflammatory responses increase.<sup>7</sup>

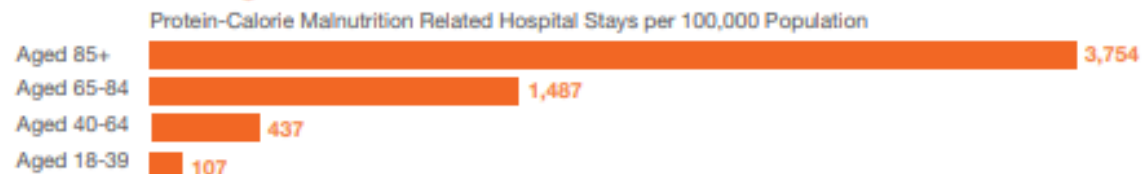
### State legislators can take action

Proactive legislative and public health policy actions can help ensure quality malnutrition care

## Malnutrition Is a Critical Public Health Issue



### Malnutrition is Highest in Older Adults<sup>3</sup>



Malnutrition is intensified by the disparities and social isolation from the COVID-19 pandemic.<sup>4</sup> Additionally, nutrition status is a relevant factor influencing the outcomes of patients with COVID-19.<sup>5</sup>

# Resources

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DMT COVID-19 page:

<https://www.defeatmalnutrition.today/covid-19>

DMT main site: <http://defeatmalnutrition.today>

Join DMT: <https://forms.gle/SKnKpCah9yhrCmm89>

Malnutrition Awareness Week:

<https://www.nutritioncare.org/MAW/>

MAW Ambassadors:

<https://www.nutritioncare.org/MAW20Partners/>

[mponder@matzblancato.com](mailto:mponder@matzblancato.com)



# State Advocacy – A Guide to Getting Started

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Kim Iles, MS RDN

Healthy Diets, LLC

# State versus Federal Advocacy

Same ocean,  
different  
clownfish!



**Pro Tip:** Check out  
CQIgnite's *The Advocacy  
Planning, Strategy and  
Skills Guide* for helpful  
ideas



# Relationships are the foundation of advocacy

## Getting started

- Identify
- Communicate
- Build



**Pro Tip:** start with your own relationship with your elected officials





Coalitions and  
partnerships  
build success



**Pro Tip:** Think about the groups and organizations that you have worked with both personally and professionally. Consider a short list to contact.

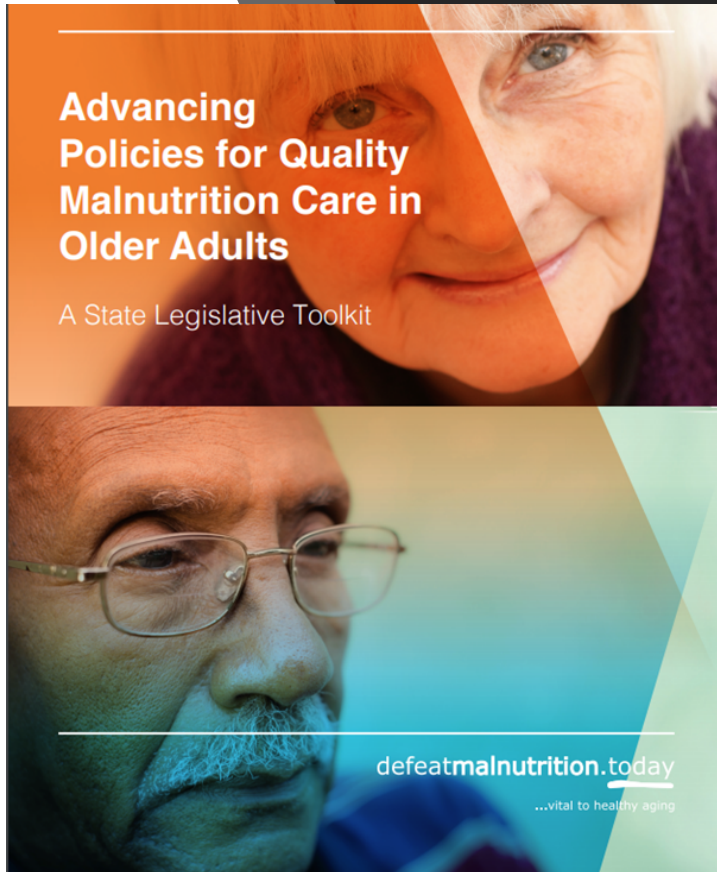
# Get to Know Your State Legislature

- Process
- Key Dates
- Influencers
- Committee Leaders



**Pro Tip:** Resolutions and Proclamations can be a good first “ask” in relationship building





## Pro Tip: State Legislative Toolkit makes Advocacy Easier

- Cost per capita
- Templates
  - Legislation
  - Resolution
  - Press release
  - Social Media
- Available at [www.DefeatMalnutrition.Today](http://www.DefeatMalnutrition.Today)

# Sharing Success!

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Wendy Phillips, MS RD CNSC CLE NWCC FAND  
Regional Vice President, Morrison Healthcare

# State Advocacy Efforts - Malnutrition



Awareness

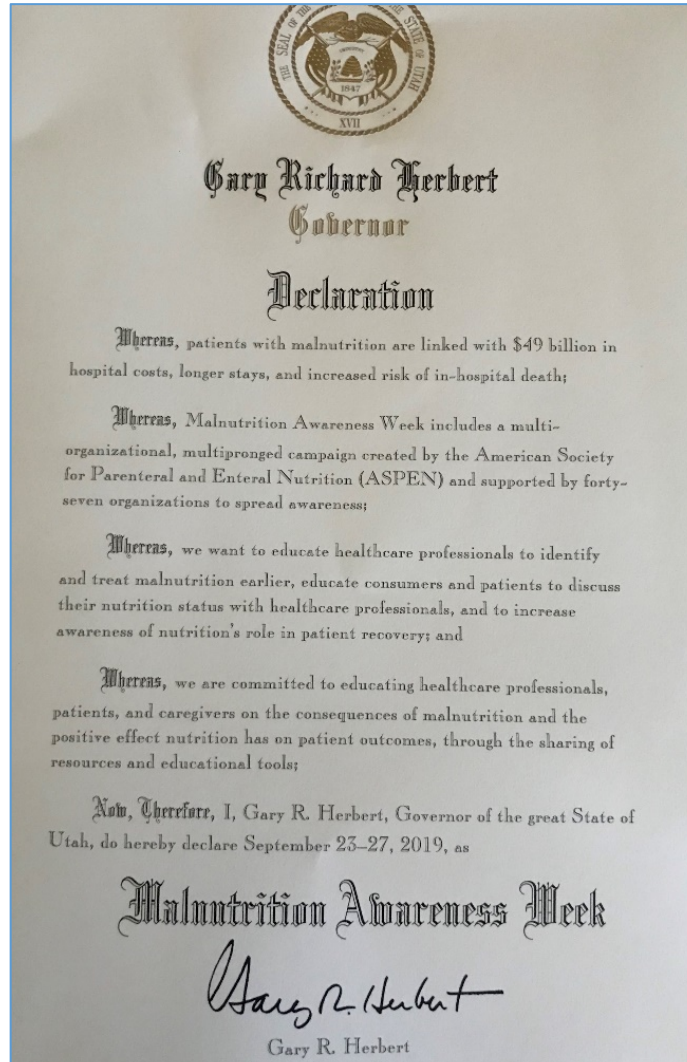


Visibility



Partnership

# Utah Governor Declares Malnutrition Awareness Week



April 14, 2019

RE: Request for Declaration for Malnutrition Awareness Week September 23 – 27, 2019

To: Governor Herbert

Thank you for considering this request on behalf of the Utah Academy of Nutrition and Dietetics (UAND) for official declaration of September 23-27, 2019 as Malnutrition Awareness Week in Utah, to coincide with the national Malnutrition Awareness Week observation during that same week.

UAND is a state affiliate of the Academy of Nutrition and Dietetics (Academy), the world's largest association of nutrition professionals. Our Utah membership consists of 800+ registered dietitian nutritionists (RDNs) who are dedicated to promoting optimal nutrition, health, and well-being. You can learn more about us at [www.eatrightutah.org](http://www.eatrightutah.org). The national Academy has over 100,000 credentialed practitioners — registered dietitians, dietetic technicians, registered, and other dietetics professionals holding undergraduate and advanced degrees in nutrition and dietetics, and students — and is committed to improving the nation's health and advancing the profession of dietetics through research, education and advocacy. Learn more at [www.eatright.org](http://www.eatright.org).

The Academy and UAND have partnered with the American Society for Parenteral and Enteral Nutrition's (ASPEN) to promote awareness of malnutrition as a chronic disease that must be treated and prevented for optimal health outcomes and improved quality of life. ASPEN is an interdisciplinary society of physicians, dietitians, nurses and pharmacists with a long-standing focus on reducing the incidence of malnutrition in hospitalized patients and raising awareness about malnutrition amongst healthcare professionals.

Since 2012, ASPEN has led a Malnutrition Awareness Week in September as a multi-organizational, multi-pronged campaign created to:

- Educate healthcare professionals to identify and treat for malnutrition earlier
- Educate consumers/patients to discuss their nutrition status with healthcare professionals
- Increase awareness of nutrition's role on patient recovery

In 2014, ASPEN received a Certificate of Special Recognition from US Senator Benjamin Cardin of Maryland Malnutrition Awareness Week. In 2015, this award winning program became a part of the [National Health Observances Calendar](#). Today it is supported by more than 47 organizations who share our educational opportunities and messages with over 1 million healthcare professionals, patients, and caregivers.

We are requesting a formal Declaration from the Governor's office of September 23-27, 2019 as Malnutrition Awareness Week in Utah. Please contact Wendy Phillips with any questions you may have in support of this endeavor.

Sincerely,

*Wendy Phillips*

Wendy Phillips, MS, RD, CD, CNSC, CLE, NWCC, FAND  
Public Policy Coordinator, Utah Academy of Nutrition and Dietetics  
434-305-0203  
[WendyPhillips@lamMorrison.com](mailto:WendyPhillips@lamMorrison.com)

*Alicia Allen*

Alicia Allen, MBA, RD  
President, Utah Academy of Nutrition and Dietetics



# Utah Malnutrition Commission Evaluation

- Conversation with Utah Academy members
  - Stakeholder conversations
  - Partner with other state efforts
-

# Utah Malnutrition Advocacy Taskforce

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Coalition of Utah Academy members/RDNs, academia, county offices on aging, county health departments, interdisciplinary taskforce members



Disseminate and coordinate work being done to identify and treat malnutrition throughout the state



Informal reporting to UAND Advocacy Pillar and supported by UAND Marketing Pillar


# Partnership: Utah Falls Prevention Alliance



[Home](#) > [Falls Prevention Alliance](#)

### About Us

The Utah Falls Prevention Alliance was formed in May 2017. The group is composed of diverse stakeholders dedicated to reducing falls and fall injuries in Utah's older adult population. We work to increase public awareness of the steps older adults and their families can take to prevent falls. The Alliance builds connections between our healthcare providers, Emergency Medical Services, and health insurers to improve coordination of care.



### Malnutrition

Up to 1 out of 2 older Americans are at risk for malnutrition. Malnutrition can worsen chronic conditions and make it difficult for older adults to remain independent. In a recent [study](#), 47% of frail older adult presenting to the Emergency Department with a fall were malnourished and malnutrition was associated with an increased risk of falls for these individuals.

- Malnutrition Infographic
- Malnutrition Screening Tools
- Defeat Malnutrition Today
- National Council on Aging's Community Malnutrition Resource Hub

# Awareness: Malnutrition & Older Americans Month

## Make Your Mark in Caring for Older Adults!

May 19th, 2020



May is Older Americans Month and this week, we're excited to have a guest post by Wendy Phillips that is meant to be shared with your clients and patients!

Spring is a beautiful time in Utah, and the month of May has brought us bright blue skies and a return to outdoor activities. Despite the challenges of COVID-19, Utahns have shown strength in community. This is something we cherish, and it is so important as we work together to care for some of the most vulnerable people in our

Are you working with patients or clients who may be at risk of #malnutrition? Consider referring them to this #UniversityofUtah study that is investigating MNT and the prevention of hospital readmissions. Learn more on the blog: <https://bit.ly/3faQPry>



**Your Health, Your Way, Your Ki**  
Nutrition and Hospital Re-admiss



## Commonwealth Council on Aging



Established pursuant to §§ 51.5-127 and 51.5-128 of the Code of Virginia, the CCOA promotes an efficient, coordinated approach by state government to meeting the needs of older Virginians. The CCOA supports communities that are accessible, livable, age-friendly, and promote independence. Among its duties and activities, the CCOA:

- Examines the needs of older Virginians and their caregivers and ways in which state government can most effectively and efficiently assist in meeting those needs;
- Advises the Governor and General Assembly on aging issues and aging policy;
- Advocates for and assists in developing the Commonwealth's planning for meeting the needs of the growing number of older Virginians and their caregivers; and
- Assists and advises the Department regarding strategies to improve nutritional health, alleviate hunger, and prevent malnutrition among older adults.

# Virginia Commonwealth Council on Aging

# Ohio Malnutrition Commission

Encourage Area Agencies on Aging and Providers to make greater use and implementation of nutrition counseling and medical nutrition therapy for home-delivered meal clients.

## Recommendation 14

Clinicians should educate individuals, caregivers and providers of the nutritional services and products during transition of care; including home delivered meals, oral nutritional supplements and food assistance programs. (targeted outreach to older adults eligible for SNAP)

## Recommendation 15

Encourage healthcare, community-based organizations, and government agencies to support the expansion of evidence-based wellness programs (e.g., chronic disease self-management, falls, etc.), which are cost-efficient and exhibit proven results for improving health outcomes related to malnutrition for the at risk population.

## Recommendation 16

Encourage healthcare and community-based organizations, and government agencies to support the expansion and the use of innovative malnutrition programming such as the Meals as you Mend model, ProMedica Food Clinic and other strategies for testing, implementation and evaluation of prevention initiatives to ensure access to quality care services for all populations.

June 19, 2018 | Updated: June 19, 2018

## Malnutrition Prevention Commission

Malnutrition is a leading cause of morbidity and mortality among older adults. Due to an array of factors and contributors, older adults, across all population groups, are at an increased risk for developing malnutrition. 1. Older adults experiencing food insecurity suffer from higher rates of chronic conditions, including diabetes, heart disease and depression. 2. They also endure a lower quality of life with significant limitations on activities of daily living comparable to food-secure seniors who are 14 years older. Conversely, good nutrition has been shown to help support a healthy and active lifestyle, reduce disability, improve health outcomes, and reduce health disparities and health care costs.

The 131st Ohio General Assembly passed Amended Substitute House Bill 580, and Governor John R. Kasich signed it into law on December 19, 2016, establishing the Malnutrition Prevention Commission. Am. Sub. HB 580, originally proposed by Senator Gayle Manning through separate legislation, tasked the Commission with developing recommendations to reduce the incidence of malnutrition among older Ohioans based on the Commission's collection of information and study of malnutrition in the elderly (i.e., 60 years of age and older).

The Commission studied malnutrition as it relates to healthcare costs and data, education and awareness, and prevention. The Commission's findings and recommendations included

# State Legislative Toolkit

## Advancing Policies for Quality Malnutrition Care in Older Adults

A State Legislative Toolkit

### Recommendations for State Governments to Improve Quality of Malnutrition Care for Older Adults<sup>5</sup>

Goal 1	Improve Quality of Malnutrition Care Practices
Strategies	Recommendations
Identify Quality Gaps in Malnutrition Care	<ul style="list-style-type: none"> <li>Recognize impact of malnutrition and quality gaps for older adults in national, state, and local population health and chronic disease reports and action plans (e.g., malnutrition prevention, identification, and treatment needs in acute care, post-acute care, and home and community-based settings and among priority disease-specific populations)</li> </ul>
Goal 2	Improve Access to High-Quality Malnutrition Care and Nutrition Services
Strategies	Recommendations
Integrate Quality Malnutrition Care in Payment and Delivery Models and Quality Incentive Programs	<ul style="list-style-type: none"> <li>Adopt clinically relevant malnutrition quality measures in public and private accountability programs across the care continuum</li> </ul>
Reduce Barriers to Quality Malnutrition Care	<ul style="list-style-type: none"> <li>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, including physician offices, community health centers, senior centers, in-home settings (as appropriate), and health departments</li> <li>Appoint state-level lead agency to disseminate policy standards that require addressing malnutrition across all state department programs and services</li> <li>Resolve state regulatory barriers to advance dietitian order-writing privileges for clinical/nutrition orders that are permitted by federal regulation</li> <li>Provide community providers with funds and data to support maintenance and continued growth of needed services</li> </ul>

### Template Legislation to Establish State Malnutrition Prevention Commission

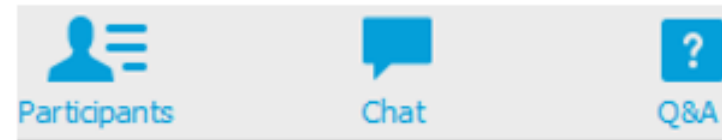
There is hereby created the Malnutrition Prevention Commission, consisting of the following members:

- (1) The Director of Health or the Director's designee;
- (2) The Director of Aging or the Director's designee;
- (3) The Director of Agriculture or the Director's designee;
- (4) The chairpersons of the standing committees of the House of Representatives and Senate with primary responsibility for health legislation;
- (5) The following individuals appointed by the Governor:
  - (a) A physician authorized by [State Code Reference] to practice medicine and surgery or osteopathic medicine and surgery;
  - (b) A university researcher with expertise in the field of gerontology, nutrition, or both;
  - (c) A dietitian who is actively involved with a program funded under the "Older Americans Act of 1965," 42 U.S.C. 3001;
  - (d) An individual who represents hospitals or integrated health systems;
  - (e) Two registered nurses licensed under [State Code Reference] Code who actively provide home health care;
  - (f) A dietitian who actively practices in a nursing home, as defined in [State Code Reference];
  - (g) A dietitian who represents the [State] Academy of Nutrition and Dietetics;
  - (h) An individual who represents the [State] Association of Area Agencies on Aging.

The Commission members described in division \_\_\_\_ of this section shall be appointed not later than \_\_\_\_ days after the effective date of this section. An appointed member shall hold office until the Commission ceases to exist. A vacancy shall be filled in the same manner as the original appointment. The Director of Health or the Director's designee shall serve as chairperson of the Commission. A member shall serve without compensation except to the extent that serving on the Commission is considered part of the member's regular duties of employment.

# Questions?

- Please use the Q&A feature for questions



# Thank you for attending

*Your CPEU will be emailed to  
you following the presentation*