

# Defeat Malnutrition Today: State Policy Webinar

Meredith Whitmire

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November 13, 2018

**defeat malnutrition today**

# About the Coalition

Coalition of over 80 national, state, and local stakeholders and organizations, including community, healthy aging, nutrition, advocacy, healthcare professional, faith-based, and private sector groups

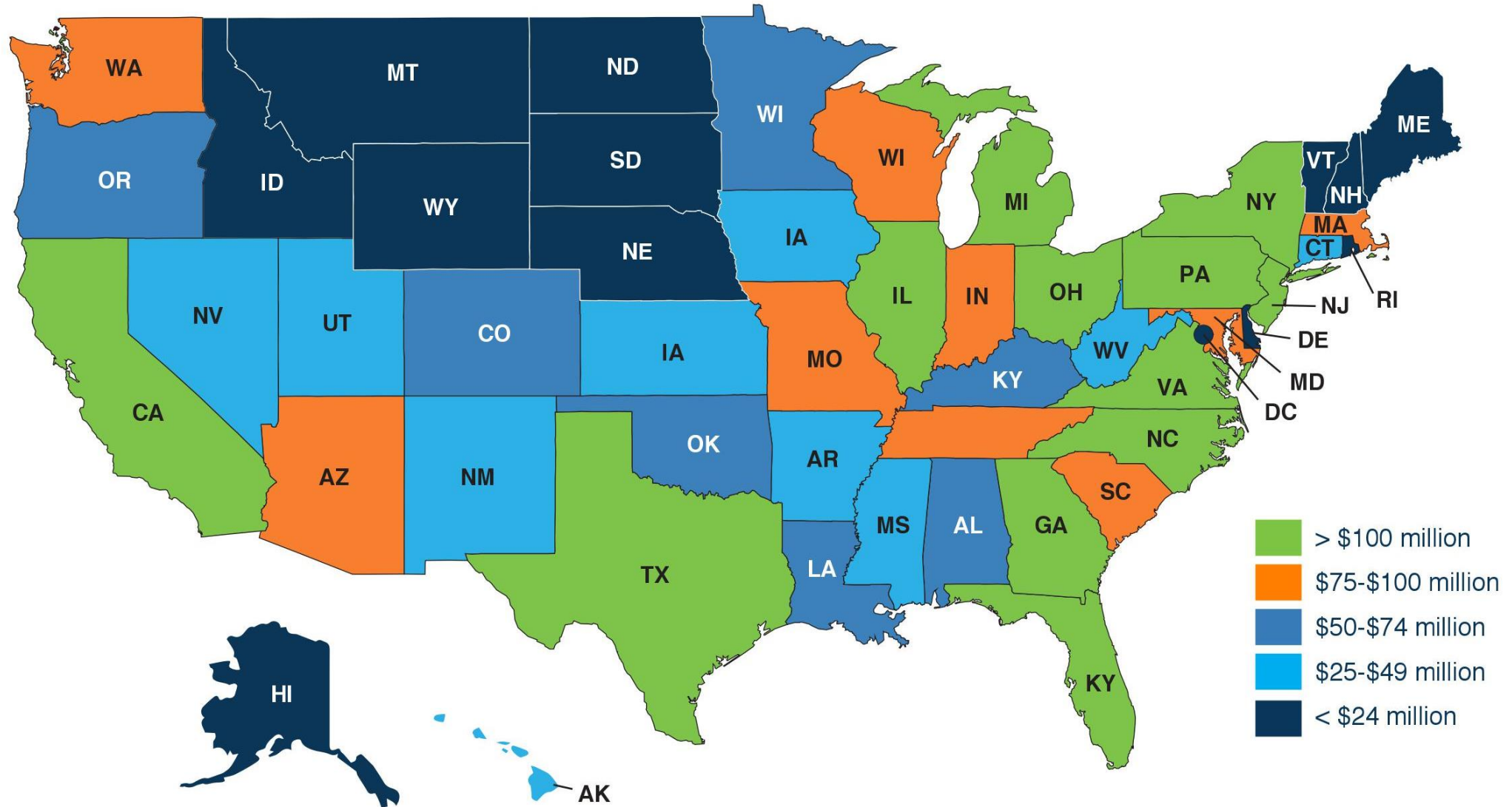
Share the goal of achieving the recognition of malnutrition as a key indicator and vital sign of older adult health risk; work to create policy change toward a greater emphasis on screening, detecting, treating and preventing malnutrition

AARP Foundation	Benjamin Rose Institute on Aging	International Council on Active Aging	National Association of Area Agencies on Aging	National Indian Council on Aging	Senior Nutrition Program-Santa Clara County
Abbott Nutrition	Berks Encore	Latino Integrative Nutrition Initiative (LINI)	National Association of Nutrition and Aging Services Programs (NANASP)	National Medical Association	SeniorServ
Academy of Nutrition and Dietetics	Caregiver Action Network	LifeCare Alliance	National Board of Physician Nutrition Specialists	National Minority Quality Forum	Society for Nutrition Education and Behavior
AgeWell Senior Services	Chautauqua County Office for the Aging	MANNA	National Black Nurses Association	National Recreation and Park Association	State of NC's OAA Nutrition Services
Alliance for Aging Research	Community Servings	Maryland Department of Aging	The National Caucus and Center on Black Aging	National Silver Haired Congress	Textured Food Innovations
Altarum Institute Center for Elder Care and Advanced Illness	Elder Justice Coalition	MAZON: A Jewish Response to Hunger	The National Consumer Voice for Quality Long-Term Care	Nestle Health Science NETWORK	TIRR Memorial Hermann
Alzheimer's Foundation of America	Feeding America	Meals on Wheels America	National Council on Aging	North Dakota Senior Service Providers	Tufts University Human Nutrition Research Center on Aging
American Geriatrics Society	Food Research and Action Center	Meals on Wheels Association of Pennsylvania	National Foundation to End Senior Hunger	PA Foundation	Vermont Association of Area Agencies on Aging
American Society for Nutrition	Generations United	Meals on Wheels Fairfield County	National Grange	Philadelphia Corporation for Aging	Veterans Health Council
American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.)	The Gerontological Society of America	Meals on Wheels of Lehigh County	National Hispanic Council on Aging	Project Angel Food	VNA Meals on Wheels
American Society on Aging	God's Love We Deliver	Medicaid Health Plans of America	National Hispanic Medical Association	PurFoods/Mom's Meals	Washoe County Social Services, Senior Nutrition Services
AOTA	Greater Wisconsin Agency on Aging Resources, Inc.	MidPen Resident Services	SAGE - Services and Advocacy for GLBT Elders	RetireSafe	West Health
Area Agency on Aging 3 (Lima, OH)	Healthcare Nutrition Council	NACOG AAA	Salvation Army	Western Reserve AAA	YMCA of the USA
	Helping Hands of Las Vegas Valley	National Alliance for Caregiving			
	Hunger Free America				

# Resources

- The coalition has curated a number of resources and infographics on our website and elsewhere, including:
  - National Blueprint: Achieving Quality Malnutrition Care for Older Adults
  - State Legislative Toolkit
  - Infographics for the Blueprint and Toolkit and on “malnutrition 101”
  - Articles detailing the issue of malnutrition, including on the ICAA blog
  - Studies on malnutrition
  - Links to other resource hubs and publications

# State Economic Burden of Disease-Associated Malnutrition in Older Adults <sup>17</sup>



# What's Happening Now in the US?

- The National Conference of State Legislatures passed a resolution supporting malnutrition prevention and awareness in their official platform
- Partially as a result, key states are taking action (MA, OH, VA, CT) and interest is building in other states (FL, WA, and potentially others)
- After speaking to Women in Government, expect additional state action in states such as Maine and Kansas
- In VA, after legislation passed, the pre-existing Commonwealth Council on Aging has integrated malnutrition prevention into its duties
- In CT, legislators have started meeting on the issue

# Addressing Senior Malnutrition as a Quality Improvement Strategy in Central Ohio

November 13<sup>th</sup>, 2018

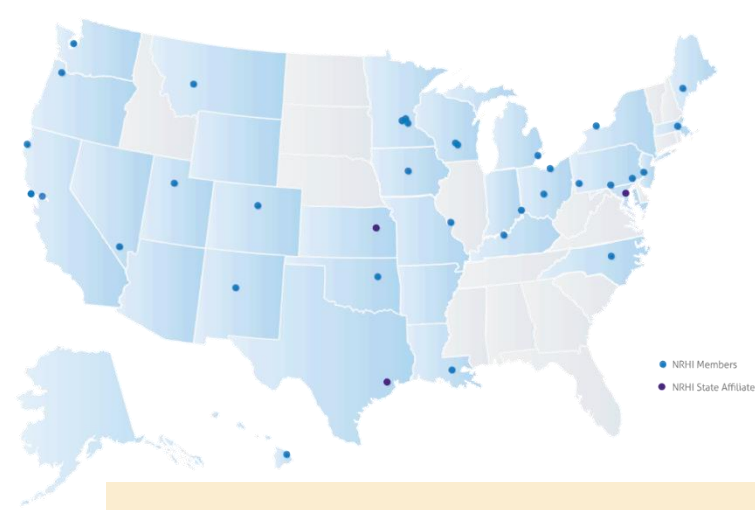


Healthcare Collaborative  
of Greater Columbus



# Our Vision

Optimal health for all people in Greater Columbus



# Our Mission

is to improve the value of health care for all people in Greater Columbus by catalyzing collaboration among public and private partners: Providers, behavioral health, hospital systems, social service agencies, public and private payers, employers, government, public health and patients/consumers.

$$\text{VALUE} = (\text{Quality} + \text{CONSUMER EXPERIENCE}) \div \text{COST}$$

## OUR COLLABORATIVE PROCESS



Healthcare Collaborative  
of Greater Columbus

# Neutral, Safe Convener

- Partners came to HCGC asking for support to convene multiple stakeholders to host community consensus around implementing the state's malnutrition recommendations for senior citizens in our community
- Partners are ODA, ODH, Abbott, Aspen, OSU, local public health and county aging dept. Mid-Ohio Foodbank, Cullari Group, COAAA, Ohio AAA, COPC, PrimaryOne Health, Life Care Alliance, Mt. Carmel, OAFP, Battelle
- Synergies with Cleveland area, now interest from OHF



# Framework Going In

- Can't drink the ocean
- Need a focus on shared decision making/meaningful patient engagement model to be successful
- Recommendations implemented need to be as broad and inclusive as possible
- Celebrate good current work
- No ad campaigns, not here to create policies nor to complain at/to each other
- Differences in food insecurity vs. malnutrition need addressed



# Process: Organize and Address

- First meeting: Recap of recommendations, building consensus, recruiting missing partners, plan for next steps
- Second meeting: Screening tool and referral issues
- Third meeting: Edit draft screening tool, identify resources for online toolkit, begin discussing process measures
- Fourth meeting: Finalize screening tool, finalize toolkit resources, finalize process measures and COMMIT to



# Tools: Landed on MST and FI

- Asked that each person who brought a tool explain it to the group
- Participants asked questions and provide feedback liberally
- Strategic questions kept in mind:
  - Can this easily be implemented as a screening, from different provider perspectives?
  - Will patients understand, be empowered by this tool?
  - How will we measure screenings, and ultimately outcomes for the patient?





<b>QUESTIONS 1 &amp; 2</b>	Patient is not at risk for malnutrition; screen again in 1 year.
Score of 0-1	Patient is at risk for malnutrition and needs a referral to dietetic services ongoing to monitor nutrition.
Score of 2 or more	
<b>QUESTIONS 3 &amp; 4</b>	Patient is not food insecure.
Score of 0	Patient should be referred to meal services and/or a foodbank/food pantry and monitored each 6 months.
Score of 1-2	Patient is food insecure and needs meal/pantry services immediately.
Score of 3 or more	
<b>GRAND TOTAL OF QUESTIONS 1 - 4</b>	
Score of 5 or more	<b>Provider should not let the patient leave without a food Rx and dietetic consult scheduled.</b>

### SCRIPTING FOR PROVIDERS

"Just like you have prescription medicines to keep you healthy, food is medicine that keeps you healthy too. It's our job to work together to ensure you have plenty of nutritious food to keep you healthy and here at home where you are comfortable as long as we can."

"Many older adults I work with are on fixed incomes and we can help you design meal plans that fit your budget, are easy and taste delicious. There are also lots and lots of ways to make sure that the right, plentiful, healthy foods are available to you. There are options to meet up with your friends and peers to learn how to cook, or you can have them prepared for you and delivered to you at no extra charge."

"Did you know that the right foods—and plenty of them—can help you avoid hospitalizations, keep your insulin, blood pressure and even your mental health status in check?"



- » Books
- » Clinical Practice Library
- » Journals
- » Malnutrition Solution Center
- » Enteral Nutrition Resources
- » Parenteral Nutrition Resources
- » Practice and Research Toolkits

## Malnutrition Solution Center

**DID YOU KNOW?**  
Patients diagnosed with malnutrition have hospital stays that are **3x longer?**<sup>2</sup>

For more than 40 years, ASPEN has focused strategic efforts on reducing the incidence of malnutrition. We tackle this effort on two fronts—through educational support and resources to [healthcare professionals, patients and caregivers](#), and through our [advocacy work](#) for malnutrition prevention and treatment.

### RESOURCES FOR HEALTHCARE PROFESSIONALS

ASPEN works tirelessly to support clinicians, managers, and administrators in the detection, diagnosis, prevention, and treatment of disease-related malnutrition. Below is a compilation of resources from ASPEN and other organizations to help you deliver the most optimal nutrition care to your patients.

**On-Demand Educational Videos on Malnutrition**  
Busy professionals in any time zone and in any country will benefit these new, on-demand, educational short videos.

- [Addressing Malnutrition in Hospitalized Patients and the Use of Parenteral Nutrition in Adults](#) **NEW!**
- [Malnutrition Matters for Adult Patients](#) **NEW!**
- [Malnutrition Matters for Pediatric Patients](#) **NEW!**
- [Metabolism Matters \(Malnutrition - Adult Patients\)](#) **NEW!**
- [Metabolism Matters \(Malnutrition - Pediatric Patients\)](#) **NEW!**

**AHRQ Publishes New Report on Malnutrition** **NEW!**  
The Agency for Healthcare Research and Quality (AHRQ) published on August 30th, a new report on malnutrition in hospitalized patients and those readmitted. This **2016 data** from the NIS database indicates a higher rate of malnutrition than the previously published **2013 statistical brief**. This report also includes readmission data which demonstrates a continued higher readmission rate in patients with coded malnutrition in their index stay.

Malnutrition Matters Education Program for Providers

Share This Page

### ASPEN's Step-by-Step Guide to Addressing Malnutrition

Tools for screening, assessing and correcting adult and pediatric malnutrition



GET IT NOW

Twitter

# Senior Malnutrition Week

- Hospital #malnutrition is REAL and DANGEROUS. Check out this letter in the @ColumbusDispatch highlighting the significant burden of #malnutrition in Ohio <http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous>
- 
- 1 in 3 adults in the hospital are suffering from #malnutrition. This is a preventable disease! We must raise awareness and end #malnutrition today!@ColumbusDispatch <http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous>
- 
- #Malnutrition is a huge financial burden on our aging population and on our state. It is time to raise awareness take steps to end this preventable disease! <http://www.dispatch.com/opinion/20180919/letter-hospital-malnutrition--is-real-and-dangerous>



# Draft Process Measures (Quarterly)

- For partnering entities
  - # of times screening tool used/total patients over 65 seen
  - # of times patient screened positive for At Risk/total screened patients
  - # of referrals made for At Risk patients (RD and Foodbank)
  - # of completed referrals/total referrals made
- For Hospitals:
  - # of patients screened for senior malnutrition/total patients over 65 seen
  - # of times patient screened positive/total screened patients
  - # of patients discharged with malnutrition screen results/total positive screened patients





# Next Steps

- Meeting 4 to finalize tool, measures and gain commitment
- Print and distribute screening tool; provide webinar training on how to use/overview
- Collect data (baseline Q1 2019)
- Develop QI resources-takes funding and development
- Measure successes ongoing....
- Continue to convene workgroup



# Questions? Feedback?

Thank you!  
Carrie Baker  
[carrie@hcgc.org](mailto:carrie@hcgc.org)



Healthcare Collaborative  
of Greater Columbus



# Executive Office of Elder Affairs

RESPECT INDEPENDENCE INCLUSION



# Vision

Older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community in the Commonwealth.



## Mission

The Executive Office of Elder Affairs promotes the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.

# **MA Commission on Malnutrition Prevention Among Older Adults**





# How to Introduce a Bill

## **Collect Evidence/Gather Data to raise awareness**

- Document state status, hunger, food insecurity, and health care spending

## **Opportunity to Introduce a Bill**

- Use national resources, attend legislative gatherings, spread message, encourage/educate legislative

## **Build case to get a Bill passed**

- Solicit feedback from experts of different stakeholders, outline Goals of Commission, membership representation,
- Public Hearing – who should testify? Outline Goals of Commission, written and oral testimony, organizational support

## **Keep Momentum Alive**




# How a Bill Became Law

- An Act establishing a Commission on malnutrition prevention among older adults was passed by the Massachusetts Senate and House of Representatives in 189<sup>th</sup> General Court, and signed by Governor Charlie Baker on November 29, 2016.
- The Commissions first meeting was on February 13, 2018.




# Commission Vision

The Commission will be on the cutting edge of policy and be able to make a real difference in the lives of older adults who live in Massachusetts. We can also complement the important national work being done around raising awareness about malnutrition and its impact, particularly in older adults



# Commission Mission

As a Commission, we can study

- The effects of malnutrition on older adults,
  - Ways to reduce malnutrition,
  - Impacts on health care quality indicators, costs and outcomes, and
  - Maximize the dissemination of proven, effective malnutrition prevention interventions, including community nutrition programs, medical nutrition therapy and oral nutrition supplements, and identify barriers to those interventions.
- 

# Commission Goals

## ***Data collection and management***

1. Consider strategies to improve data collection and analysis to identify malnutrition risk
2. Assess the risk and measure the incidence of malnutrition occurring in various settings across the continuum of care and the impact of care transitions

## ***Public Awareness***

3. Identify evidence-based strategies that raise public awareness of older adult malnutrition
4. Evaluate strategies used by community nutrition programs

## ***Dissemination and Best Practice***

5. Maximize the dissemination of proven, effective malnutrition prevention interventions
6. Examine the components and key elements, develop strategies for pilot testing, and offer guidance on implementation and evaluation.

# Members

1. Carol Malone - co chairs (EOEA)
  2. Shirley Chao - co chairs (EOEA)
  3. Amy Sheeley - secretary (EOEA)
  4. Diana M. Hoek, (DPH)
  4. Brittany Mangini (DTA)
  5. Davidson, Rebecca (DAR)
  6. Elizabeth Poirier (Legislature)
  7. Jennifer Mercadante (Legislature)
  8. Mary Giannetti (Legislature)
  9. Linnea L. Hagberg (Legislature)
  10. Sarah Philip (Physician)
  11. Helen Rasmussen (Research)
  12. Margery Gann (OAA)
  13. Kris M. Mogensen (Hospital)
  14. Myclette Theodule (RN Community)
  15. Milaina J. Mainieri (RN Community)
  16. Dalia Cohen (Long term care)
  16. Tara Hammes (MAND)
  17. Pamela Hunt (NCOA)
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# Moving Forward

- Major Meeting 4 times year
- Members are assigned into two workgroups
- Workgroups meet (call) monthly until they fully collect their results




# Meeting One

*Familiarize members on MA health status and hunger report and national movement*

Health conditions and statistics of food security, oral health, and chronic disease as well as the high rate of hospital readmissions in the state. Elderly Nutrition Program surveys results indicate that community dwelling seniors remain in the community for many years and rely heavily on the meals program because they have limited food resources.

## National Movement

- An Overview of the National Blueprint: Achieving Quality Malnutrition Care for Older Adults was presented by Robert Blancato, **DMT**
  - Older Adult's Nutrition Needs and the Continuum of Care was presented by Holly Greuling, **ACL**
  - Malnutrition Quality Improvement Initiative was presented by Jeanne Blankenship, **Academy of Nutrition and Dietetics**
  - Making Optimal Nutrition a National Standard by Kris M. Mogensen, **ASPAN**
- 




# Meeting Two

## *Current Research – Tufts HNRC*

### **Sarcopenia: Diagnosis and Treatment by Roger A. Fielding PhD**


Senior Scientist and Director, Nutrition, Exercise Physiology, and Sarcopenia Laboratory USDA-HNRCA

- Adequate protein intake, minimum RDA or higher
  - Physical activity and resistance training – may be done in a community setting with no special equipment needed
  - Synergistic effect of diet and exercise combined
  - Vitamin D may help to increase muscle fibers
  - Possible effects of poly and Omega 3 oils
- 



# Meeting Two


**Hidden Hunger in Older Americans** by Jeffrey B. Blumberg, PhD, FASN, FACN, CNS-S Professor of Nutrition, Friedman School of Nutrition Science and Policy, Tufts University

- The effects of a chronic lack of micronutrients may not immediately be apparent but are long-term and profound resulting in increased morbidity and mortality
  - Some of the factors that affect micronutrient status include diet, changes in aging, chronic disease, dementia/depression, polypharmacy, low SES and nutrition knowledge, decreased absorption
  - Intake of many micronutrients by Americans are marginal or below RDA - fortified foods and supplements can bridge the gap for some people with deficiencies
  - Many physicians no longer recommend supplements unless they are shown to treat or prevent a chronic disease, however, the goal of multivitamins are intended to make up for dietary shortfalls
  - Supplementation with micronutrients such as a multivitamin may benefit older adults at risk for malnutrition because they have no calories, don't require a change in the food supply, and are economical.
  - It is important that supplements are taken regularly which may be challenging in a population with "pill fatigue"
- 

# Meeting Three


## *Community Coalition, Workgroup Results*

### **Food is Medicine State Plan Key Points: Community Servings/Harvard Law School**

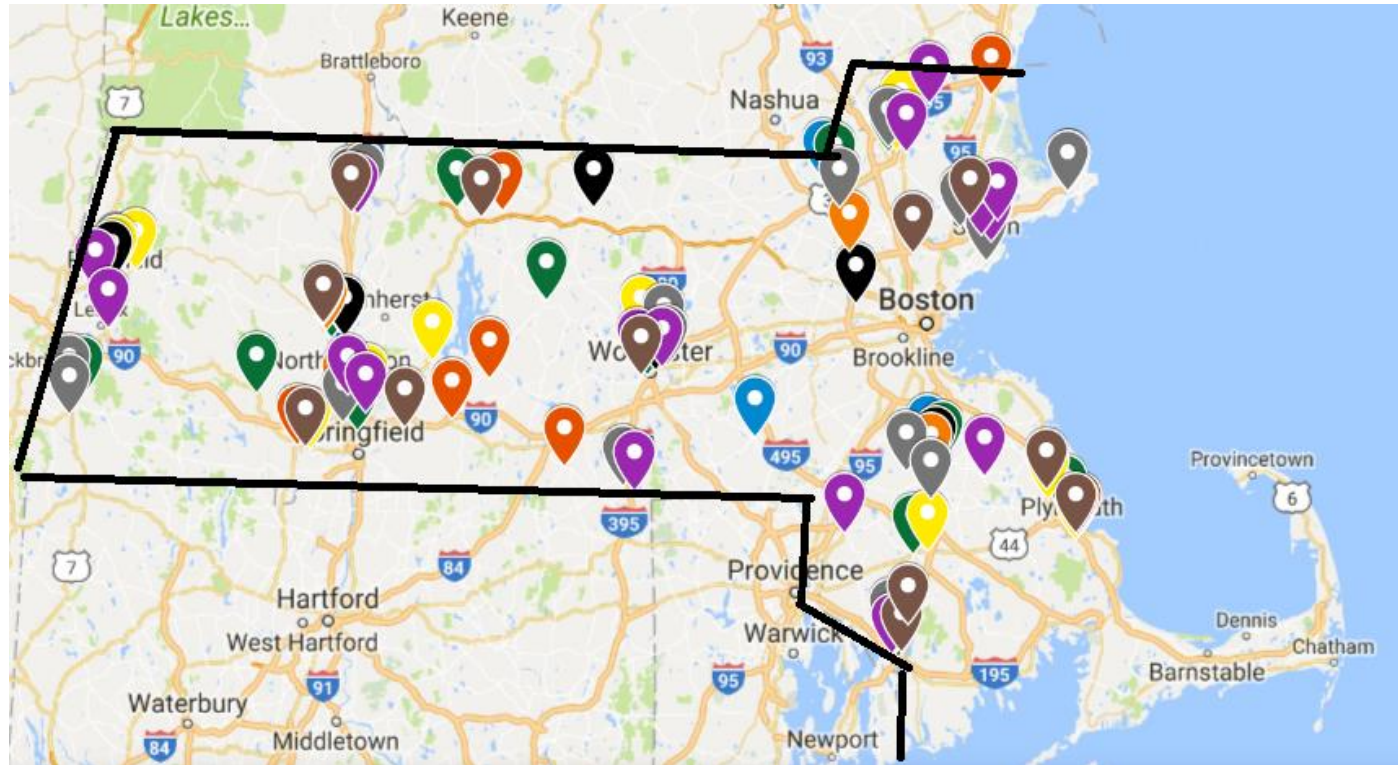
- Community needs include: improving /controlling chronic conditions, weight loss, assistance for the elderly and disabled, food insecurity
  - No standardized screening or treatment plan exists for food-insecure or malnourished patients: need a standardized screening and centralized referral system complete with appropriate resources and follow-up plans.
  - Physicians lack of time with patients to adequately screen, discuss, refer, and treat food insecurity and other social determinants of health within the demands of the healthcare system
  - Priority areas in regions of MA Mapping is a useful technique that can be applied to other resources for elders such as therapeutic
- 

# Data Collection and Management Workgroup

Mary Giannetti, MS. RD, Director of Resource Development, Heywood Hospital

- **Goal:** Present strategies for improving data collection and analysis to identify, treat, and prevent malnutrition across the continuum of care.
  - **Activities:**
    - Evaluate various malnutrition screening tools and select the valuable indicators to be used.
    - Design and distribute a survey to assess different screening and follow up strategies used by facilities throughout the Commonwealth within different settings (long term care, community, acute care, etc.).
    - Literature Review of Screening Best Practices
- 

# Malnutrition Survey Facilities



**Blue - Urban Hospitals**

**Green –Community Health Centers**

**Dark Green -VNA**

**Black –SNF**

**Brown -Rehab**


**Red –Rural Hospitals**

**Yellow – Urgent care**

**Orange -VA Hospitals**

**Purple – AL**

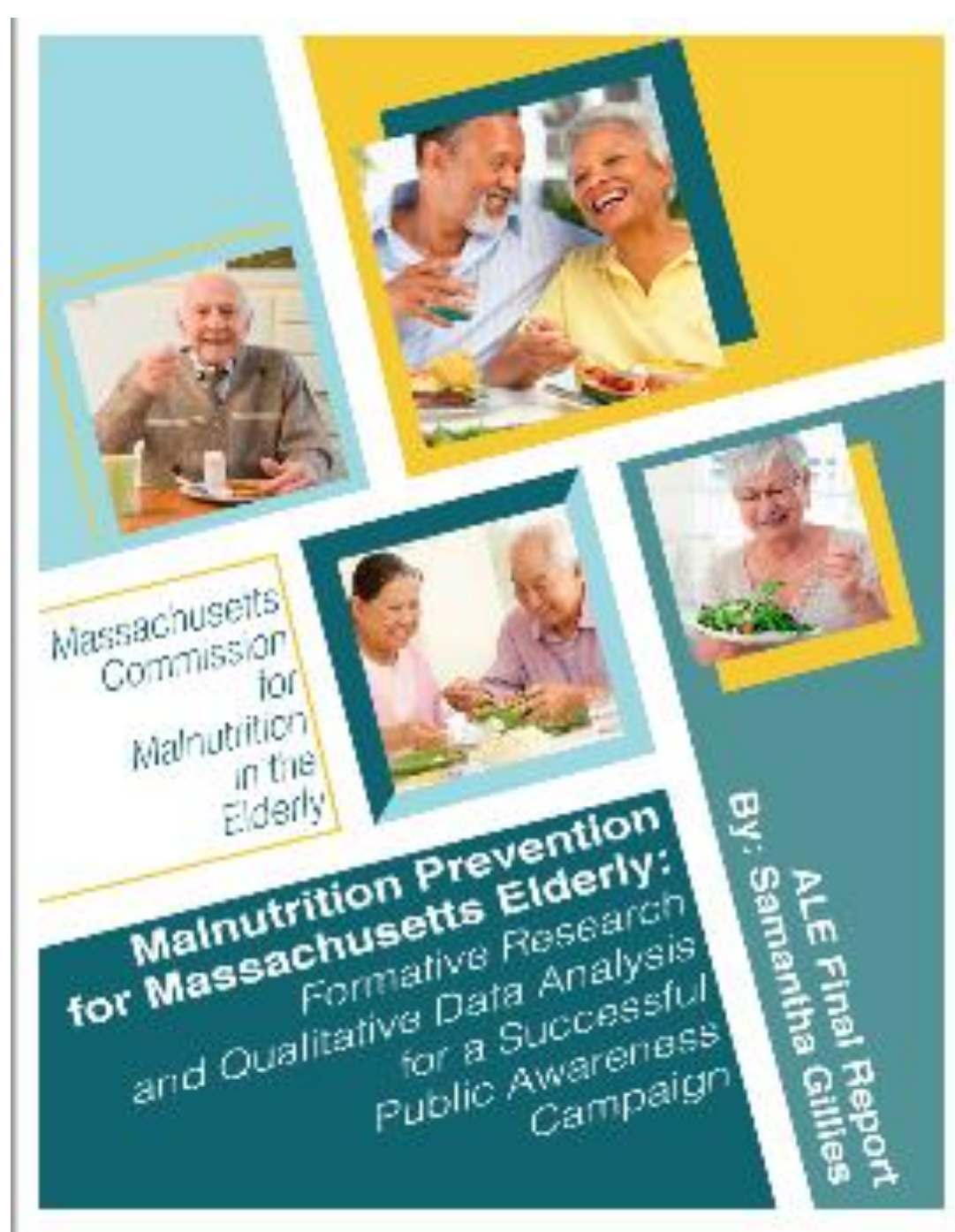
# Survey Results

- » Various institutions responded to the survey with the highest respondents being Assisted Living Facilities (59%), ASAP/homecare (12%), and SNF/rehab (9%)
  - » Majority of respondents didn't know if they were using a screening tool (>60%), using one not listed, or not using one at all
  - » **Most respondents asked the 2 questions regarding weight loss and appetite, though not as a part of the scored MST tool. This is promising if future recommendations are to involve the MST.**
  - » Both the RD (61%) and Nurse (48%) are involved in asking the MST related questions signifying the importance to include nurses in this process and future recommendations.
  - » **Most respondents indicated there is follow-up when malnutrition is identified, but the details of the follow-up aren't clear and may not be adequate**
- 



# Malnutrition Public Awareness Workgroup Report

**Diana M. Hoek, MS, MPH, RD, LDN,**  
Director for Policy, Marketing &  
Training Massachusetts Department of  
Public Health



# Major Themes

## Audience

### Consistent response

"Caretakers of seniors would be really helpful. In a lot of cases they could be the bridge that the senior needs between themselves and food."

"Healthcare providers are woefully under informed about malnutrition."

- Primary focus on caregivers and family
- Secondary focus on healthcare providers
- Special groups (veterans, mental disability, memory loss)

## Message

### Consistent response

"You have to hear [the message] many many times before it sinks in... what has proven to work is that you just keep sending them stuff and remind them of things and sooner or later they'll open the mail."

- Person centered approach
- Make connections at major life changes (ex - death of spouse)
- Need for screening and risk factors
- Don't have to segment older adults

## Barriers

### Strong response

"[Elderly have] never asked for help before. They don't want to ask for help now. And, there's a pretty wide misconception that if you take SNAP benefits for yourself, you're taking them away from somebody else."

- Transportation to service sites
- Prejudice/stigma/denial
- Education on eligibility
- Language barriers
- Nutrition education

# Major Themes Continued

## Delivery

### Moderate response

"It's really important for seniors to hear from sources that they know and trust."

"We spend so much time going through senior centers because those are the people that seniors know."

- Use trusted sources and people they already exist
- Through ASAPs, community centers, and meal sites
- Direct mail
- Social media

## Comm. Tools

### Moderate response

"Written materials, like our newsletter goes out through direct mail."

"From what we can tell is that those print materials are most highly used in that population... reaches most of that audience." (flyer in newspaper)

- Print materials/flyers
- Placemats
- Use large font, bright colors, simple language, be short/sweet
- Should be able to be easily copied in B/W

## Nutrition Programs

### Weak response

"Somebody that has been receiving services, and is happy or unhappy about it, is going to communicate that to more people."

"I think that word of mouth is really strong among that community."

- Word of mouth





# Recommendations

- Commission joint recommendations
- Individual member agencies' activities to support Commission's recommendations  
(DPH, DAR, DTA, EOEA, MAND, MCOA, ASAPs, etc.)



**Data collection and management**

Recommendations

1. Consider strategies to improve data collection and analysis to identify malnutrition risk

Massachusetts Executive Office of Elder Affairs will require all Area Agencies on Aging (AAA), Aging Service Access Point (ASAP) and nutrition service providers to include MST and food insecurity checklist (Hunger Vital Sign) in their intake process.

2. Assess the risk and measure the incidence of malnutrition occurring in various settings across the continuum of care and the impact of care transitions

Encourage other health care and primary care providers to use MST at intake to identify their clients/patients for malnutrition risk, i.e., assisted living facilities, food banks, community health centers and other outpatient settings.

Encourage hospital discharge use MQii protocols for discharging to flag “malnutrition risk” and refer to “ nutrition counseling” in the community

Introduce legislation to require that discharge plans include info on malnutrition risk

Draft



<b><i>Public Awareness</i></b>	
3. Identify evidence-based strategies that raise public awareness of older adult malnutrition	Introduce legislation to establish an annual Massachusetts Older Adult Malnutrition Awareness Week in May to align with the Older American Month.
4. Evaluate strategies used by community nutrition programs	Encourage health care stake holders to collaborate on conducting the Awareness Campaign at state legislative gatherings.
<p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-15deg);">Draft</p>	Encourage all member agencies' to publish and promote evidence based malnutrition resources designed for older adult care providers, professionals via websites, social media, and printed materials such as newsletters



<b><i>Dissemination and Best Practice</i></b>	
5. Maximize the dissemination of proven, effective malnutrition prevention interventions	Recommend national research centers or academic institutions to publish evidence based malnutrition research as it becomes available
6. Examine the components and key elements, develop strategies for pilot testing, and offer guidance on implementation and evaluation.	Encourage community organizations to conduct MNT outreach to treat malnutrition

Draft



# THANK YOU

**Shirley Y. Chao PhD RD/LDN FAND**

**Director of Nutrition**

**Massachusetts Executive Office Elder Affairs**

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 @Mass\_EOEA

# FLORIDA STATEWIDE MALNUTRITION ADVISORY COUNCIL

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Presentation by Heather Wayco, MHA, RD, LD  
Director of Clinical Nutrition  
Lee Health, Ft. Myers, FL

Defeat Malnutrition Today Webinar  
November 13, 2018

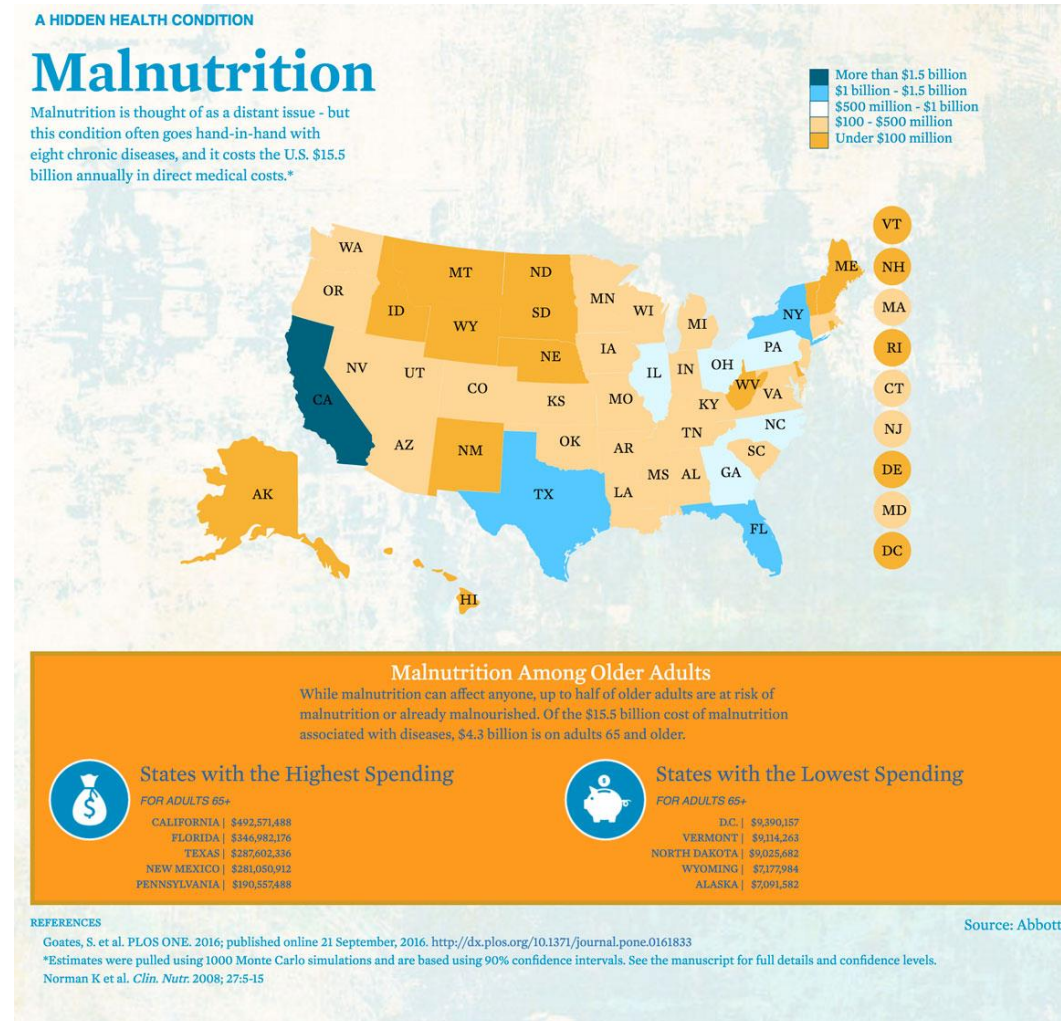


# Malnutrition in Florida

- 23 percent of the population over the age of 60.
- Up to 1 out of 2 older adults are at risk for Malnutrition
- Malnutrition is a key health indicator for older adults in Florida



# FLORIDA IS ESTIMATED TO SPEND MORE THAN **\$500 MILLION** ON MALNUTRITION



# Florida's Goal

## **To Build a Coalition of Stakeholders and Advocates for the Creation of a Statewide Malnutrition Advisory Council**

- Convene advocates from across Florida to review:
  - Current status of malnutrition in Florida
  - Current best practices to reduce malnutrition in Florida.
  - What's missing & challenges/problems
  - Existing support data and processes
  - Strategies and recommendations for Florida to increase awareness and education
  - Opportunities to connect and integrate
  - How to measure success?

# What we accomplished

- Identified key stakeholders addressing senior malnutrition
- Conducted outreach to determine their support for a collective statewide approach to reducing malnutrition by the creation of a Malnutrition Advisory Council
- Engaged over 30 organizations and institutions representing:
  - State Agencies (Elder Affairs, DOA, County Health Departments)
  - Hospital and Health System Advocates
  - FL Dietetic and Nutrition Advocates
  - FL Council on Aging Advocates
  - FL Society of Parenteral and Enteral Nutrition
  - Disease-specific organizations (ACS-CAN, Diabetes Educators)
  - Seniors Centers

# Advocacy and Legislative Activities

- Conducted ongoing outreach and engagement with stakeholders
- Worked with key Legislators to provide Legislative Language to establish the Malnutrition Advisory Council.
- Advocates supported the Language but unfortunately it did not pass.



# Living Healthy in Florida

- A Direct Support Organization made up of private and public partnerships throughout the state of Florida.
- Coordinated with State Advocates and presented the information to the Living Healthy Board for approval.
- The Board approved the Malnutrition Advisory Council project on October 31, 2018.

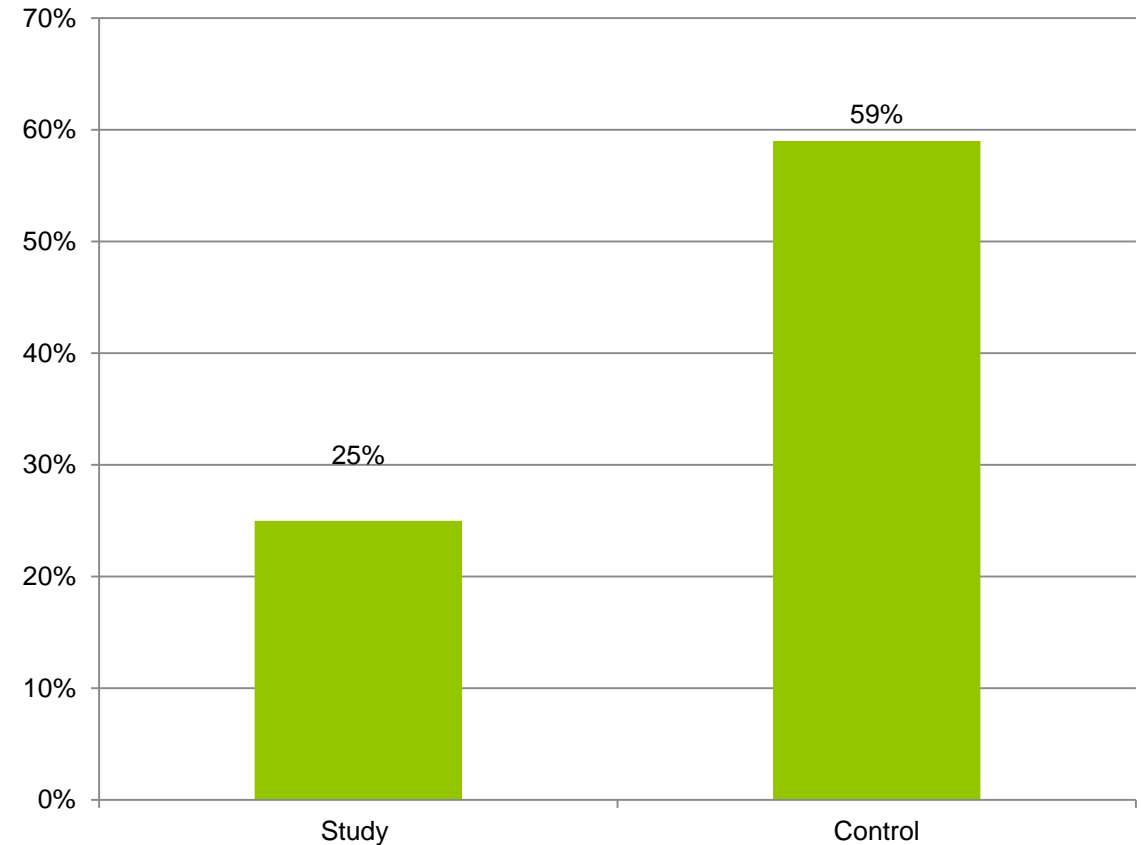
# The Lee Health Journey





# Lee Health's: Initial Study

- How we began in 2014
- Initial Research Study
  - 80 Participants
  - Study: 51 - Full Program
  - Control: 29 – No meals
- Study Results



# Lee Health: Creation of Flavor Harvest @ Home



# Lee Health: Malnutrition Expansion



# Lee Health: Malnutrition Current State

Aug 2017- Sept 2018	Total number of patients	% of Total Patients	% of Total Malnourished	% Signed Participation	Readmitted within 30 days	Readmission %
Total # Visits	49,645					
Total # Patients	28,879					
Malnourished Patients	5495	19%				
Sign Participation Agreement	2689			49%		
Received 4 weeks	1352		25%	50%	287	21%
Received 1-3	368		6.7%	14%	148	40%
Never Started Program	969		18%	36%	288	30%

# Moving Forward in Florida

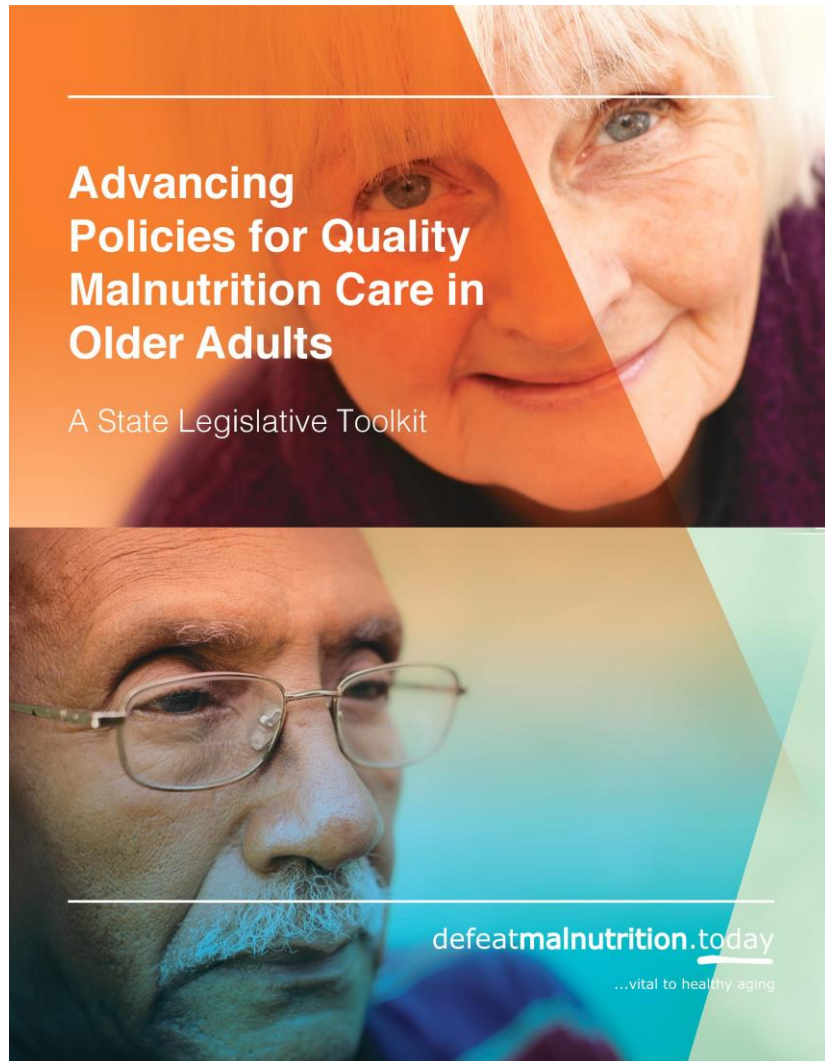
- Continue to gather to discuss ways to combat malnutrition
- Work with Living Healthy in Florida
- Find ways to standardize and maximize resources to help our citizens



# Questions







## Advancing Policies for Quality Malnutrition Care in Older Adults

A State Legislative Toolkit

defeatmalnutrition.today

...vital to healthy aging

### *State Legislative Toolkit*

- Guide specifically for US state legislators
- Includes sample resolutions, commission legislation, op-eds, social media, etc.
- Also includes summary of the issue and its costs to states
- <http://bit.ly/state-toolkit>



# Conclusions/Looking Ahead

- Need to keep raising awareness about malnutrition as a threat to older adults' health—and a deterrent to active aging and maintaining independence
- Also need to implement solutions at the local, state and national levels
- Please use your influence at home to help us get more state legislation
- Help us to Defeat Malnutrition Today! Check out our resources and join the coalition.

# Resources

- Defeat Malnutrition Today: <http://defeatmalnutrition.today>
- National Blueprint and Blueprint Infographic: <http://defeatmalnutrition.today/blueprint>
- State Legislative Toolkit: <http://bit.ly/state-toolkit>
- State Malnutrition Infographic: <http://bit.ly/state-infographic>
- Ohio Commission Report: <http://bit.ly/ohio-report>
- [mponder@matzblancato.com](mailto:mponder@matzblancato.com)