

November 5, 2018

Martin J. Vincent
Office of the Associate Director for Policy
Centers for Disease Control and Prevention
1600 Clifton Road NE, Mail Stop D-28
Atlanta, Georgia 30329.

RE: Docket No. CDC-2018-0082: Surgeon General's Call to Action: "Community Health and Prosperity"

Dear Mr. Vincent,

The Defeat Malnutrition Today coalition is pleased to offer comments on the Surgeon General's Call to Action.

Defeat Malnutrition Today is a coalition with over 80 members who are committed to defeating older adult malnutrition across the continuum of care. We are a diverse alliance of community, healthy aging, nutrition, advocacy, health care professional, faith-based, and private sector stakeholders and organizations who share the common goals of achieving the recognition of malnutrition as a key indicator and vital sign of health risk for older adults and working to achieve a greater focus on malnutrition screening, diagnosis, and intervention through regulatory and/or legislative change across the nation's health care system.

One aspect of community care the Surgeon General might consider supporting is the work being done in the prevention of older adult malnutrition in the community space.

Introduction

Today, there are 49.2 million seniors 65 and older, comprising 15.2 percent of the U.S. population; in just two years from now, the senior population is projected to be 56.4 million, or 17 percent of the overall population. Between 2020 and 2030, there will be an additional 18 million seniors in the United States.

Malnutrition is unfortunately a common issue among older adults. In the acute care hospital setting, it is estimated that approximately 20 to 50 percent of admitted patients are malnourished or at-risk of malnutrition.¹²³⁴⁵ According to the National Resource Center on Nutrition, Physical Activity and Aging, nearly 35-50 percent of older residents in long term care facilities are malnourished.

¹ Barker LA, Gout BS, Crowe TC. Hospital malnutrition: Prevalence, identification and impact on patients and the healthcare system. *Int J Environ Res Public Health*. 2011; 8(2):514-527.

² Bistran BR, Blackburn GL, Hallowell E, Heddle R. Protein status of general surgical patients. *JAMA*. 1974;230(6):858-860.

³ Christensen KS, Gstundtner KM. Hospital-wide screening improves basis for nutrition intervention. *J Am Diet Assoc*. 1985;85(6):704-706.

⁴ Lim SL, Ong KC, Chan YH, et al. Malnutrition and its impact on cost of hospitalization, length of stay, readmission and 3-year mortality. *Clin Nutr*. 2012;31(3)345-350.

⁵ Somanchi M, Tao X, Mullin GE. The facilitated early enteral and dietary management effectiveness trial in hospitalized patients with malnutrition. *JPEN J Parenter Enteral Nutr*. 2011;35(2):209-216.

However, by the time older adults reach these settings, it is already too late for cost reductions across the system. Research documents malnourished older adults make more visits to physicians, hospitals, and emergency rooms. The nutritional status of malnourished patients can continue to worsen throughout an inpatient stay, which may lead to further increased costs. Studies show that malnutrition, as a contributing factor to post-hospital syndrome, can increase a patient's risk for a 30-day readmission, often for reasons other than the original diagnosis.⁶ For example, 45% of patients who fall in the hospital have malnutrition; costs for falls overall to Medicare totaled \$31 billion in 2015.⁷⁸ In short, more needs to be done at the community level to stop these costs before they start.

Older adult malnutrition is not currently being widely addressed by the American healthcare system. Many physicians and nurses receive no training on older adult malnutrition and little training on nutrition generally during their studies, and there is a general lack of access to registered dietitians throughout the healthcare system. Most of the public are unaware of the significance of malnutrition as an issue. Though there are widely available screening and diagnostics tools that can be quickly administered in an outpatient setting, they are not being used.

Public-Private Partnerships to Combat Malnutrition

One of the best front-line defenses against older adult malnutrition is a local community nutrition program, particularly the Older Americans Act Title IIIC Nutrition Programs, such as congregate (group setting) meals and home-delivered meals (commonly known as Meals on Wheels). The OAA Nutrition Program also represents a successful public-private partnership, in which every federal dollar is matched with about three dollars from other sources.

Increasing investments in senior nutrition programs delivers a powerful return to older adults and taxpayers alike. For example, Meals on Wheels clients report fewer falls. And, Medicaid spends \$54.8 billion annually on nursing home care, but with increased support for meals, more seniors can remain at home, driving this cost down significantly. In fact, the National Survey of OAA Participants indicates that 65 percent of congregate and 92 percent of home-delivered meal recipients say these programs enable them to continue living in their homes and out of costly healthcare facilities.

Other Examples

In March 2017 at the American Society on Aging conference, Defeat Malnutrition Today's Malnutrition Quality Collaborative launched the *National Blueprint: Achieving Quality Malnutrition Care for Older Adults* (available at <http://defeatmalnutrition.today/blueprint>). The Blueprint outlines potential actions to combat malnutrition and improve health outcomes for older adults. It provides suggested strategies for policymakers, organizations, healthcare providers, patients and caregivers to address malnutrition. The coalition would welcome the opportunity to discuss this Blueprint and the ideas and strategies it contains with your office.

⁶ Krumholz HM. Post-hospital syndrome – An acquired, transient condition of generalized risk. *N Engl J Med*. 2013; 368(2):100-102.

⁷ Bauer JD, et al. Nutritional status of patients who have fallen in an acute care setting. *J Hum Nutr Diet*. 2007;20:558-564.

⁸ Burns EB, Stevens JA, Lee RL. The direct costs of fatal and non-fatal falls among older adults—United States. *J Safety Res* 2016:58.

Thank you for the opportunity to comment on the Surgeon General's Call to Action. Please feel free to contact me at mponder@matzblancato.com if you have any questions about these comments.

Sincerely,

A handwritten signature in black ink that reads "Meredith Whitmire". The signature is written in a cursive style with a large, stylized 'M' and 'W'.

Meredith Ponder Whitmire
Policy Director
Defeat Malnutrition Today