

Food Insecurity and Malnutrition

March 11, 2021

[Webinar recording and PowerPoint](#)

This webinar was the second in series of four events held in March to celebrate the anniversary of the National Senior Nutrition Program, which began in 1972.

Learning Objectives

- Distinguish between nutrition and food insecurity.
- Identify the root causes of malnutrition.
- Present innovative approaches to combatting malnutrition.
- Discuss the importance of partnerships and lessons learned.

The webinar began with an overview of the Older Americans Act (OAA) and the 2020 reauthorization, which was expanded to include malnutrition; explains the difference between food insecurity and malnutrition, and highlights two successful local programs and what they are doing to combat food insecurity and malnutrition. Then, speakers from different programs shared related insights and experiences.

Overview

Judy Simon, MS, RD, LDN, National Nutritionist, ACL

- Malnutrition was added to the 2020 reauthorization of the OAA.
- Intent of the Older Americans Act:
 - Reduce hunger, food insecurity, and malnutrition.
 - Promote socialization.
 - Promote health and well-being.
- The difference between malnutrition and food insecurity
 - Malnutrition: When two or more of the following occur — weight loss, insufficient food intake, reduced body fat, reduced muscle, reduced handgrip, and/or fluid.
 - Food Insecurity: When an individual does not have reliable access to enough affordable, culturally appropriate, and nutritious food.
- Anyone can screen for malnutrition and food insecurity to determine whether someone is at risk.
- Malnutrition is more common than we realize and often goes undetected.
- Role of the Aging Network:
 - Falls within OAA's mission.
 - We know our participants.
 - Unaddressed malnutrition causes great risk.
 - Our strength is social determinants of health.
 - The combination of healthcare and partnerships with community-based organizations can help older adults, e.g., partnerships that focus on transitions of care and prevention.
- Community Malnutrition Care Pathway:
 - Implement Validated Screening Tools
 - Address Root Cause(s)
 - Monitor Client Progress and Quality of Services
- Maryland Department of Aging has a toolkit to address malnutrition.
 - [The toolkit is available online](#) and can be customized.

- Chart (slide 10): Outlines the “whole team” approach.
- Chart (slide 11): Depicts medical billing model for the social determinants of health ICD-10 codes.

Speaker #1

Pam VanKampen, RDN, DC, Older Americans Act Consultant & Nutrition Specialist and Senior Center Representative for the Greater Wisconsin Agency on Aging Resources ([GWAAR](#))

- Malnutrition is:
 - A nutrition imbalance, including under-nutrition and over-nutrition.
 - A leading cause of morbidity and mortality among older adults.
 - An issue that affects older adults across all population groups.
- Malnutrition is considered taboo; no one wants to admit to being malnourished.
- Malnutrition is a critical health and public safety issue, according to [Defeat Malnutrition Today](#).
 - 1 in 2 older adults is malnourished or at risk. (Additional stats on slide 16)
 - Chart (slide 17): shows the economic burden of malnutrition in older adults by state.
 - The website features stories of malnutrition.
- There are many root causes of malnutrition, which are easy to overlook; we need to dig deeper to uncover the cause. The acronym “MALNOURISHED” identifies potential root causes:
 - Medications/Polypharmacy. Memory issues/dementia
 - Access to food, meal prep/transportation. Appetite (small)
 - Loss of lean body mass/muscle weakness. Limited income. Lives alone
 - Nutrient poor intake/absorption
 - Oral health concerns (chewing, swallowing, teeth, dentures)
 - Unintentional weight loss
 - Restricted diet
 - Illness with infection/inflammation
 - Sensory changes (taste, vision, smell). Sensitivity to foods (GI issues). Smoking
 - Hospitalization, health conditions (acute and chronic)
 - Exhausted. Eating disorder. Emotional health/grief
 - Depression, dehydration, drug/alcohol dependence
- Community-based organizations can spot issues; “we are the eyes and ears out there.”
- The root causes of malnutrition are often overlooked (e.g., medications, memory issues).
- The enhanced DETERMINE checklist helps home-delivered meal assessors identify the root causes of malnutrition and develop a person-centered Nutrition Plan of Care to diminish risk.
- Reframe conversation on malnutrition to go beyond food and focus on the whole person.
- Important to use a validated screening tool; the NCOA website reviews several screening tools.
- Malnutrition Awareness Week is Oct. 4-8, 2021.
- Maryland Department of Aging & Maintaining Active Citizens has a 2.5-hour interactive community-based workshop, “Stepping Up Your Nutrition,” that focuses on how nutrition affects falls risk; www.steppingupnutrition.com.
- GWAAR has created a variety of fun and educational materials, such as nutrition risk jeopardy, recipes, and cooking demonstration videos.
- In summary, malnutrition has many faces and many stories:
 - See the whole person; the root causes/unspoken needs and barriers.
 - Reframe the conversation: think NOURISH.
 - Malnutrition is not just about food; we must screen, access, educate, and intervene.

Speaker #2

Paul Hepfer, CEO of [Project Open Hand](#), San Francisco

- Medically tailored meals (MTM) are meals approved by a Registered Dietitian Nutritionist (RDN) that reflect appropriate dietary therapy based on evidence-based medicine.
- The pandemic exposed how many older adults are food insecure, especially those with complex health issues.
- Project Open Hand (POH)
 - Started 35 years ago with the outbreak of HIV/AIDS.
 - Transitioned to serving others with complex health issues.
 - Prepares approximately 1 million MTMs a year.
 - Is a member of the national Food is Medicine (FIM) Coalition and formed the California FIM Coalition.
 - Focus on low-income patients with chronic and acute illnesses.
- POH emphasizes nutrition security, not just food security; need the right type of food depending on health condition.
- POH works to advance the concept of screening for nutrition security.
- Important to advance the science of MTMs, so meals are covered by healthcare plans.
- POH is involved in a 4-year pilot program with the State of California to look at the benefits of providing MTMs to people with congestive heart failure.
- POH collaborates with several health plans to provide MTMs.
- Research shows the benefits of MTMs, including a decline in healthcare costs, reduction in hospitalizations, and improvement in medication adherence.
- The strength of coalitions and partnerships is key and helps to enhance credibility and increase capacity. For example, POH has an ACL grant to look at how to provide remote RDN counseling and nutrition education outside of the San Francisco area.
- Lessons learned:
 - Perseverance and partnerships pay off.
 - Visibility, credibility, and involvement in policy efforts are important.
 - Dedication to nutrition security for all.
 - Growing recognition of the importance of nutrition security, new challenges, and new opportunities in response to COVID.