

Malnutrition Learning

Collaborative – State Resources

The 2020 Older Americans Act (OAA) reauthorization and subsequent guidance incorporated reduce malnutrition to the purpose of the Senior Nutrition Services. With this addition it allows states to identify how to address malnutrition in the OAA-funded programs. This resource guide is meant to serve as a suggested set of steps for incorporating malnutrition into your state plan on aging and beginning to address older adult malnutrition across your state.

Step 1: Educate Yourself about Malnutrition

Some basic materials to educate yourself about older adult malnutrition include:

- [The Nutrition and Aging Resource Center](#)—this site has a dedicated page for malnutrition resources including handouts, toolkits, and innovative examples across the network.
- [Defeat Malnutrition Today website](#) – this site, run by the Defeat Malnutrition Today coalition, has a wide range of resources on older adult malnutrition for both providers and consumers.
- [National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update](#) – this Defeat Malnutrition Today publication provides an overview of the condition of malnutrition and steps that various stakeholders can take to address it
- [Malnutrition in Older Adults—Recent Advances and Remaining Challenges](#) – this article details the challenges of understanding, identifying, and treating malnutrition in older adults

- [Nutrition-Related Policy Fundamentals for Supporting Older Adults in the Community during a Pandemic: Lessons from COVID-19](#) – this article provides ideas to improve congregate and home-delivered meal programs post-pandemic

Step 2: Incorporate Malnutrition into Your State Plan

Next, your state plan should reference older adult malnutrition.

Some resources to assist you in doing this during your state plan’s update process, include sample plan language:

- ADvancing States has a [Map of State Plans on Aging](#), which includes every state’s State Plan on Aging (SPA) including those with references to malnutrition.
- Advancing states has a [“tools for planning” webpage](#) focused on SPA development: that includes a link to a checklist for SPA requirements
- [Malnutrition-related Conditions and Interventions in US State/Territorial Older Americans Act Aging Plans](#) – this article looks at malnutrition in current state aging plans and gives ideas for additions/improvements
- Review sample malnutrition language from other states:
 - [Ohio State Plan on Aging Malnutrition Excerpt](#)
 - Outcome to Improve Nutrition with the strategy, “Malnutrition prevention and treatments.” Across strategies, meals should be adjusted for cultural considerations and preferences and medically tailored to the maximum extent practicable. Examples include community gardens, mobile produce markets, nutrition service programs for older adults, expand SNAP-ed, increase malnutrition screening and intervention, improve discharge planning, and provide Stepping Up Your Nutrition.
 - [Maryland State Plan on Aging Malnutrition Excerpt](#)
 - Focus Area of, “Addressing Food Insecurity & Malnutrition.” Increase the availability of promising and evidence-based programs and practices that empower individuals to improve the quality of their health, independence and well-being. Beginning in FY 2016, the Department will engage key stakeholders to create nutrition and health-related community

interventions to address malnutrition. The vision is to bring together businesses, healthcare agencies, professional groups and community organizations to develop tools that will positively impact malnutrition-related population health outcomes. Additionally, address the negative impacts of malnutrition and falls through the development of training modules and awareness campaigns.

- For further sample language, here are additional State Plans on Aging who mention malnutrition (current as of 2023)
 - [Arizona](#) ; [Colorado](#) ; [Georgia](#) ; [Iowa](#) ; [Indiana](#) ; [Kansas](#) ; [Massachusetts](#) ; [Minnesota](#) ; [Missouri](#) ; [Montana](#) ; [New Mexico](#) ; [New York](#) ; [Oklahoma](#) ; [Texas](#) ; [Virginia](#) ; [Utah](#) ; [Wisconsin](#)

Step 3: Set Targets and Other Goals

Your state may consider setting targets and other goals for preventing and addressing malnutrition. One case study is provided here:

Goal Setting Examples from Massachusetts (MA)

- Goal: identify and reduce malnutrition prevalence in MA
 - Initiate the use of a malnutrition screener statewide to identify malnutrition prevalence in the service population of each area agency on aging (AAA)
 - MA used the Malnutrition Screening Tool (MST) (MST is discussed in more detail in a future section) to establish a baseline of malnutrition prevalence
 - Set percentage goals for reducing malnutrition from the baseline, such as “XX% people who are identified as at risk for malnutrition are receiving counseling or other forms of intervention”
 - Conduct training on how to use the selected screening tool with local AAAs
 - Conduct training with case managers on a routine basis and/or add this information in the new case manager information package
- Goal: reduce food insecurity among MA older adults

- Increase rates of SNAP (Supplemental Nutrition Assistance Program) enrollment among eligible older adults, working together with the state social services agency administering SNAP benefits
 - [You can find your own state's SNAP enrollment rate here.](#)
 - In MA, the agencies partnered to address instances of missed interview appointments among eligible older adults
 - A pilot program called the [Bay State CAP](#) for SSI recipients to quickly enroll in SNAP is administered through local Social Security offices
 - MA focused on AAAs and counties with populations of lower socioeconomic status and costs of living higher than average, collaborating with these local communities to do more SNAP outreach and education
- Goal: increase food access for MA older adults, especially among harder-to-reach clients
 - MA provides frozen home-delivered meals via [7-Day Total Meal Systems™](#)
 - Local markets and/or food banks host a mobile market at senior centers and other meal sites at least once a month and provide pre-made grocery bags
 - Older adults can receive [Commodity Supplemental Food Program \(CSFP\)](#) benefits and SNAP benefits at the same time
- Goal: raise awareness of malnutrition and food insecurity among MA older adults, caregivers, care managers, and the general public
 - Hosted a ["Be a Nutrition Neighbor"](#) social media campaign during Malnutrition Awareness Week in October 2021 (some images are also included as an appendix to this resource guide)
 - Created a [malnutrition awareness and prevention toolkit](#) and used the [Stepping Up Your Nutrition training program](#) (which originated in Maryland)
 - Used menu backs and other public announcements

Step 4: Collect Data and Promote Screening

Next, consider collecting your state's baseline data on malnutrition prevalence. One example of malnutrition data collected from Massachusetts, a [five-year report](#) submitted to the State Legislature, is linked.

In order to do this, consider promoting malnutrition screening in your state among AAAs, local providers, and the general public.

Getting AAA/Local Stakeholder Buy-in

The first step to getting buy-in is by starting the conversation. During your conversation, discuss the following:

- Give a basic overview of the topic of malnutrition and risk factors if necessary and explain the new OAA requirements
- Identify a screening tool that meets the needs of the agency.
- Show stakeholders that screening won't add more time to their day
 - [This webinar](#) provides ideas on the benefits of screening tools
 - [This malnutrition toolkit](#) for AAA is also helpful
- Provide resources for stakeholders to use for follow-up for those who screen at risk for malnutrition
- Encourage using a consistent, simple process – the main barrier many stakeholders cite is TIME
- Explain what stakeholders can gain financially by addressing malnutrition: additional external resources and interest, pathways to reimbursement for medical nutrition, and potential new revenue sources
- Group discussion resources:
 - [Promotional flyer](#)
 - [Conversation sign-in and notes](#)
 - [Malnutrition Conversation Template/Next Steps Form](#)

General Social Media and Awareness Notes and Resources

- Massachusetts [“Be a Nutrition Neighbor”](#) 2021 social media campaign (some images are also included as an appendix to this resource guide)
- Massachusetts [malnutrition awareness and prevention toolkit](#)
- You need to know your audience and have separate posts for separate audiences (community, providers, etc.)
- Partner with senior centers, chambers of commerce, counties, caregivers and their support organizations; refer to entry point such as AAA or aging and disability resource center (ADRC)
- Another idea to consider is partnering with local news outlets to provide social media PSAs

Step 5: Training Providers and Identifying High-Risk Older Adults

Next, train local providers to begin identifying high-risk older adults.

Training Resources

- [Stepping Up Your Nutrition training program](#) (2.5 hours long) – a great resource for case managers or AAA staff
- [National Council on Aging website](#)
- [Defeat Malnutrition Today Consumer Resource Hub](#)

Screening Tools and Identifying High-Risk Older Adults

- Ohio has created a combination malnutrition and food Insecurity risk screening [tool](#) (supporting research [paper](#))
- A [food security screener tool](#) for prioritizing home-delivered meals
- This presentation by Pam VanKampen (Wisconsin) on the topic of the addition of the Malnutrition Screening Tool and Food Security Screening Tool to the registration and assessment forms for nutrition services ([PowerPoint Presentation](#); on the [ENP Vimeo Training Page](#))
- [Enhanced DETERMINE process](#) by Pam VanKampen, is a checklist developed in Wisconsin to additionally screen for nutrition risk
- [SCREEN Tools](#)
- There are multiple validated malnutrition screening tools ([See this review for more details](#))
 - [Malnutrition Screening Tool](#), or MST, is a two question screener endorsed by many nutrition organizations. See the screener on the right.

STEP 1: Screen with the MST

1 Have you recently lost weight without trying?		2 Have you been eating poorly because of a decreased appetite?	
No	0	No	0
Unsure	2	Yes	1

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

Appetite score:

Add weight loss and appetite scores

MST SCORE:

STEP 2: Score to determine risk

**MST = 0 OR 1
NOT AT RISK**
Eating well with little or no weight loss

**MST = 2 OR MORE
AT RISK**
Eating poorly and/or recent weight loss

Step 6: Collaboration with Other Partners

Your state should bring all possible partners into this effort. Some resources to assist:

Working with Healthcare Entities

- International Council on Active Aging/Defeat Malnutrition Today webinar with examples of hospital-community partnerships for malnutrition and food

insecurity, “Strengthening the hospital-community connection: working together to address malnutrition” [recording](#).

- An academic article on [Opportunities to Improve Quality Outcomes: Integrating Nutrition Care Into Medicare Advantage to Address Malnutrition and Support Social Determinants of Health](#)

Collaborating with the Community

- [The Opportunity for Quality Malnutrition Care to Improve Rural Health Outcomes and Health Equity for Older Americans](#) – this article has ideas for community resources (national and local), especially in rural areas

Further Reading

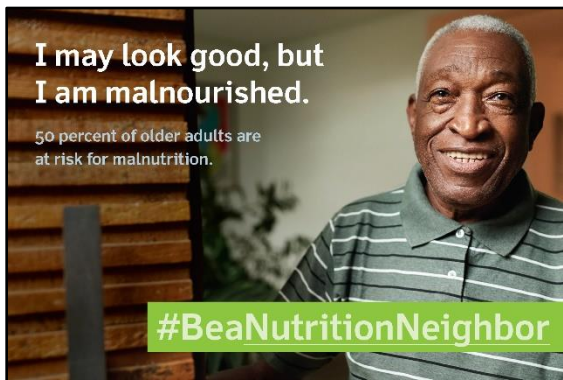
Peer-reviewed Publications

- [Are You Prepared for the Decade of Healthy Aging 2020-2030?](#)
- [Opportunities for Adding Undernutrition and Frailty Screening Measures in US National Surveys](#)
- [Screening Community-Living Older Adults for Protein Energy Malnutrition and Frailty: Update and Next Steps](#)
- [Prevalence and Economic Burden of Malnutrition Diagnosis Among Patients Presenting to United States Emergency Departments](#)
- [Measuring Malnutrition and Food Insecurity to Facilitate Quality Care and Health Equity](#) (2022 Supplement to the *Journal of the Academy of Nutrition and Dietetics*)
- [Malnutrition Quality Improvement Initiative Yields Value for Interdisciplinary Patient Care and Clinical Nutrition Practice](#) (2019 Supplement to the *Journal of the Academy of Nutrition and Dietetics*)

Other Publications/Resources

- [Malnutrition Quality Improvement Initiative \(MQii\) Roundtable Proceedings/Malnutrition and Health Equity](#)
- [Malnutrition Quality Improvement Initiative \(MQii\) website](#)

Appendix: Sample Social Media Images from MA Campaign



MYTHS and MISUNDERSTANDINGS

ABOUT MALNUTRITION

MYTH:	REALITY:
1 Malnutrition is not a big issue in the U.S.	More than 3.7 million older adults are malnourished.
2 Older adults don't suffer from malnutrition.	Malnutrition leads to increased falls, hospital stays, and comorbid health conditions in older adults.
3 I can tell if someone is malnourished.	Malnutrition often goes unnoticed and undiagnosed.
4 Malnourished people are underweight.	Malnutrition affects people of all shapes and sizes.

#BeaNutritionNeighbor

SIGNS AND SYMPTOMS of malnutrition:

- Unintentional weight loss
- Fatigue
- Depression
- Decreased appetite
- Muscle weakness
- Increased illness and infection

#BeaNutritionNeighbor

RISK FACTORS of malnutrition include:

- Social isolation
- Living alone
- Multiple medications
- Oral and dental problems
- Misleading health information
- Food insecurity



#BeaNutritionNeighbor