

COMMISSION ON MALNUTRITION PREVENTION AMONG OLDER ADULTS

December 2022
Year Five Annual Report

Executive Office of Elder Affairs

One Ashburton Place, Boston, MA 02018

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Governor

Karyn Polito
Lt. Governor

Marylou Sudders
Secretary, EOHHS

Elizabeth C. Chen
Secretary, EOEa



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There shall be with the department a Commission on Malnutrition Prevention among older adults. The commission shall consist of the Secretary of Elder Affairs or a designee, who shall serve as chair, the Commissioner of Public Health or a designee, the Commissioner of Transitional Assistance or a designee, the Commissioner of Agricultural Resources or a designee, the Senate and House chairs of the Joint Committee on Elder Affairs or their designees, and nine persons to be appointed by the governor, one of whom shall be a physician, one of whom shall be a university researcher, one of whom shall be a community-based registered dietitian or nutritionist working with an Older Americans Act-funded program, one of whom shall be a representative of a hospital or integrated health system, two of whom shall be nurses working in home care, one of whom shall be a registered dietitian or nutritionist working with a long-term care or assisted living facility, one of whom shall be a registered dietitian or nutritionist representing the Massachusetts Dietetic Association, and one of whom shall be a representative from the Massachusetts Association of Councils on Aging, Inc.

The commission shall make an investigative and comprehensive study of the effects of malnutrition on older adults and propose the most effective strategies for reducing these issues. The commission shall monitor the effects that malnutrition has on health care costs and outcomes, and quality indicators and quality of life measures on older adults. The commission shall: (i) consider strategies to improve data collection and analysis to identify malnutrition risk, health care cost data and protective factors for older adults; (ii) assess the risk and measure the incidence of malnutrition occurring in various settings across the continuum of care and the impact of care transitions; (iii) identify evidence-based strategies that raise public awareness of older adult malnutrition including, but not limited to, educational materials, social marketing, and statewide campaigns and public health events; (iv) identify evidence-based strategies, including community nutrition programs used to reduce the rate of malnutrition among older adults and the rate of re-hospitalizations and health care acquired infections related to malnutrition; (v) consider strategies to 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; and (vi) examine the components and key elements of clauses (i) to (v), inclusive, consider their applicability and develop strategies for pilot testing, implementation and evaluation.

The commission shall file a report annually on its activities and on any findings and recommendations to the house and senate chairs of the Joint Committee on Elder Affairs and chairs of the Senate and House Committees on Ways and Means not later than December 31.

2022 Malnutrition Prevention Committee Members

Representing	Current Appointee
Secretary of Elder Affair, Designee (Chair)	Carole Malone, Co-Chair Shirley Chao, Co-Chair Amy Sheeley, Recording Secretary
Commissioner of Public Health (Designee)	Diana M. Hoek
Commissioner of Transitional Assistance (Designee)	Penny McGuire
Commissioner of Agricultural Resources (Designee)	Rebecca Davidson
Member of the House of Representatives (Designee)	Representative Thomas Stanley
Member of the House of Representatives (Designee)	Representative Hannah Kane
Member of the Senate (Designee 1)	Mary Giannetti
Member of the Senate (Designee 2)	Linnea L. Hagberg
Physician	Sarah Phillips, MD
University Researcher	Helen Rasmussen
Community-Based Registered Dietitian or Nutritionist Working with Program Funded by Older Americans Act	Margery Gann
Rep. of a Hospital of Integrated Health System	Kris M. Mogensen
Nurse working in Home Care 1	Milaina Mainieri

Nurse/Social Worker working in Home Care 2	Sameul Eyong
Registered Dietitian or Nutritionist working in Long-Term Care	Tina Reily
Registered Dietitian or Nutritionist Representing MA Academy of Nutrition and Dietetics	Dalia Cohen
Representative from MA Councils on Aging, Inc.	Pamela Hunt, Tara Hammes

In 2022, the Malnutrition Prevention Commission (MPC) continued to meet challenges caused by the COVID-19 pandemic. Older adults are facing an increased risk during the pandemic due to unrepresented issues related to food insecurity, isolation, transportation, and fear of infection.

MPC sought to mitigate the risk of malnutrition to this vulnerable population in numerous ways, including taking part in two major initiatives in FY22:

- White House Conference on Hunger, Nutrition and Health was held for the first time in 50 years on September 28, 2022, and unveiled a national strategy to end hunger, support medically tailored meals, and eliminate health disparities.
- The U.S. Centers for Medicare & Medicaid Services (CMS) proposed a rule that includes the Global Malnutrition Composite Score (GMCS) as an optional measure for the U.S. Hospital Inpatient Prospective Payment System (IPPS) for fiscal year 2023. Use of the GMCS, a comprehensive tool for assessing the quality of hospital care for patients over 65, can help improve nutrition care and advance health equity.

MPC 2022 ACTIVITIES

1. From April -June, MPC members submitted comments to support CMS FY 2023 Hospital Inpatient Prospective Payment System (IPPS) rule, which includes GMCS as an optional measure. MPC felt that the adoption of the GMCS in the final CMS ruling would represent an important step forward in addressing the crisis of malnutrition among older Americans and was successful in these efforts. Some examples below:



*Independence for Elders
since 1972*

June 16, 2022

Centers for Medicare & Medicaid Services
Department of Health and Human Services, Attention: CMS-1771-P
P.O. Box 8013
Baltimore, MD 21244-1850

To Whom it May Concern:

As a registered dietitian and the Director of Community Programs at SeniorCare Inc. I appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) FY 2023 IPPS proposed rule, file code CMS-1771-P, and specifically in support of the proposal to adopt the Global Malnutrition Composite Score measure.

SeniorCare provides an array of services and supports to maximize the well-being of the more than 23,000 adults aged 65 or older who reside in our service area. We recognize the impact malnutrition has on older adults as well as the importance of improving malnutrition care quality for hospitalized older adults. Currently, no public quality reporting programs include performance measures focused on nutrition care or malnutrition. This is significant given that up to one in two older Americans is at risk for or is malnourished, and a recent Government Accountability Office report noted that "the majority of older adults have chronic conditions and evidence shows older adults' nutrition is associated with their health outcomes."

Thank you for your consideration of adopting the Global Malnutrition Composite Score.

Sincerely,

Linnea Hagberg, R.D.
Director of Community Programs and Planner
SeniorCare Inc.

Serving Beverly, Essex, Gloucester, Hamilton, Ipswich, Manchester-by-the-Sea, Rockport, Topsfield, & Wenham
RSVP Volunteers of the North Shore serve Danvers, Peabody, Salem, & Marblehead

Main Office: 49 Blackburn Center, Gloucester, MA 01930 | Beverly Office: 100 Cummings Center, Suite 106H, Beverly, MA 01915
Tel 978-281-1750 | Toll Free 866-927-1050 | TTY 978-281-1836 | Fax 978-281-1753 | www.SeniorCareInc.com



THE GENERAL COURT OF MASSACHUSETTS
STATE HOUSE, BOSTON 02133-1053

June 15, 2022

Centers for Medicare and Medicaid Services
Department of Health and Human Services, Attention: CMS-1771-P
P.O. Box 8013
Baltimore, MD 21244-1850

RE: Global Malnutrition Composite Score – Hospital Inpatient Prospective Payment System (IPPS) Proposed Rule

To Whom It May Concern:

As State Representatives and members of the Malnutrition Commission, we appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) FY 2023 IPPS proposed rule, file code CMS-1771-P, and specifically in support of the proposal to adopt the Global Malnutrition Composite Score measure. We applaud CMS's recognition of the impact of malnutrition on older adult health and outcomes as well as the consideration of the Global Malnutrition Composite Score for adoption.

Currently, no public quality reporting programs include performance measures focused on nutrition care or malnutrition. This is significant given that up to one in two older Americans is at risk for or is malnourished, and a recent Government Accountability Office report noted that "the majority of older adults have chronic conditions and evidence shows older adults' nutrition is associated with their health outcomes."

Inclusion of the Global Malnutrition Composite Score into a CMS hospital quality reporting program can provide valuable information to providers, patients, families, and federal stakeholders about nationwide performance on nutrition care practice standards to address this burdensome condition.

We thank CMS for your consideration of adopting the Global Malnutrition Composite Score given the overarching burden that malnutrition has on patients and the healthcare system. We hope to raise awareness of malnutrition prevention among older adults.

Sincerely,

Hannah E. Kane
State Representative
11th Worcester District

Thomas M. Stanley
State Representative
9th Middlesex District



• 350 Granite St, Suite 2303 • Braintree, MA 02184
• TEL 781-848-3910 • FAX 781-843-8279 • TDD 781-356-1992

We are writing on behalf of our agency, South Shore Elder Services, Braintree, MA 02184. As the Director of Clinical Practice and the Nutritionist for the agency, we appreciate the opportunity to comment on the Centers for Medicare and Medicaid Services (CMS) FY 2023 IPPS proposed rule, file code CMS-1771-P. We are writing in specific support of the proposal to adopt the Global Malnutrition Composite Score measure.

As an ASAP which serves a primarily geriatric population we are very aware of the negative impact of poor nutrition on health of those we serve. We applaud CMS's recognition of the impact of malnutrition on older adult health and outcomes as well as the consideration of the Global Malnutrition Composite Score for adoption.

Our agency is the Meals on Wheels provider for our service area. Throughout the COVID pandemic we have seen our program grow significantly and have noted an increase in consumers reporting food insecurity. Our most recent participant survey showed that 1/3 of those we serve would experience a shortage of food in their household if not for home delivered meals. The relationship between food insecurity and malnutrition is clear, as is the relationship between malnutrition and poor health outcomes. Adoption of the Global malnutrition Composite Score would enable our agency to more accurately identify and effectively at risk consumers who could benefit from case management support to improve food access and/or outpatient nutrition counseling.

The time for CMS to act is now. CMS adoption of the Global Malnutrition Composite Score will help close the gap in identification and intervention of malnutrition and help healthcare institution better measure up to older adults' nutrition care.

Sincerely,

Betty Maxwell, RN

Betty Maxwell, R.N.

Director of Director Practice

Anne McDonald, M.S., R.D.

Anne McDonald, M.S., R.D.

Nutritionist

Braintree • Cohasset • Hingham • Holbrook • Hull • Milton • Norwell • Quincy • Randolph • Scituate • Weymouth
www.sselder.org

2. Members were asked to participate in Malnutrition Awareness Week, which was held September 19-23. There were many opportunities to learn more about and raise awareness of malnutrition at <http://www.nutritioncare.org/MAW/>. MPC provided sample social media content that could be copied to social media accounts.
3. On September 28, 2022, the Biden-Harris Administration hosted the White House Conference on Hunger, Nutrition, and Health. The Administration has released a **National Strategy**¹ with actions the federal government will take to drive solutions to these challenges. Many MPC members attended the local, state, and national listening sessions.
4. October 14, 2022, MPC held a virtual meeting to discuss *How the White House Conference on Nutrition, Hunger & Health & the Malnutrition Composite Score measured in CMS Quality Improvement will impact MPC'S work on malnutrition prevention and raise public awareness* (minutes attached). Two national speakers were invited to present.
 - a. **"Moving Forward from the White House Conference on Hunger, Health and Nutrition and Washington Updates" by Robert Blancato, Executive Director of the National Association of Nutrition and Aging Services Programs, National Coordinator "Defeat Malnutrition Today", Executive Director of 1995 White House Conference on Aging.**

Mr. Blancato stated he was especially interested to see a national strategy released in conjunction with the conference that would benefit not only older adults, but also have positive implications across the generations. He discussed the most significant outcomes from this conference that would cement the relationship between nutrition and health by providing increased funding for all federal nutrition programs. Medicare and Medicaid coverage of medically tailored meals, increasing SNAP enrollment, and shifting the food pricing paradigm away from inexpensive unhealthy food to more accessible better-quality food, will all have an impact on malnutrition prevention.

In conclusion, he emphasized the goal going forward should be nutrition security in our nation. This means having consistent access and availability of foods that promote well-being and prevent disease. Above all, a true national goal should include promoting good nutrition throughout the lifespan.

¹ <https://www.whitehouse.gov/wp-content/uploads/2022/09/White-House-National-Strategy-on-Hunger-Nutrition-and-Health-FINAL.pdf>

b. Global Malnutrition Composite Score (GMCS) by Gisele Leger, MS, RDN, LDN, CSNC, FAND, Chair, Clinical Nutrition Management DPG, Academy of Nutrition and Dietetics.

Ms. Leger discussed how malnutrition is a critical issue for hospitalized patients, as there is up to a 5 times greater likelihood of hospital death associated with malnutrition. GMCS is the first nutrition-focused quality and electronic measure in any CMS payment program. More than 300 hospitals have participated in the Malnutrition Quality Improvement initiative (MQii) Learning Collaborative and their experiences have provided a breadth of key learnings, resources, and guidance for implementing care processes reflected by the GMCS. Components include risk screening, nutrition assessment, documentation of malnutrition diagnosis, and development of a nutrition care plan. In CY2024 hospitals would be required to report data for 3 measures. Many benefits to patients and hospitals can result from addressing malnutrition care and tracking performance reporting on the GMCS. These include but are not limited to:

- Improving health outcomes by addressing patients' nutrition-based needs in the hospital setting.
- Creating opportunities for higher-value care and greater cost savings (including reduced readmissions, improved health outcomes, etc.) resulting from process improvements for nutrition care.
- Addressing CMS' priorities and initiatives including advancing health, equity, disease prevention, and addressing social determinants of health.
- Identifying patients with malnutrition and food insecurity can result in referrals for community-based food programs.
- The hospital can be thought of as the "anchor" for malnutrition care, however, care needs to be continued when the patient transitions to a community setting.

MPC MEMBER AGENCIES REPORT AND ACCOMPLISHMENTS

1. EOE Nutrition Program Report

- a. Customer Satisfaction Survey: Approximately 6,000 older adults participating in the Nutrition Program responded to a survey assessing the impact and quality of services. Meals are provided to older adults aged 60 and over at meal sites or delivered to those who are homebound. Over 10 million meals were provided to approximately 83,000 older adults in order to improve nutrition and health and reduce hunger and loneliness. These include medically tailored and diverse meal types. Over 7,000 volunteers contribute approximately 45,000 hours yearly.

Other nutrition services provided include nutrition education and medically tailored meals to minimize food insecurity and promote food as treatment for people with therapeutic needs.

Promote Food Security

- Over 1/3 of home delivered meal respondents reported they would have a shortage of food in the house if it were not for the program.
- 69% of home delivered meal respondents reported it is their main meal of the day.

Promote Quality of Life

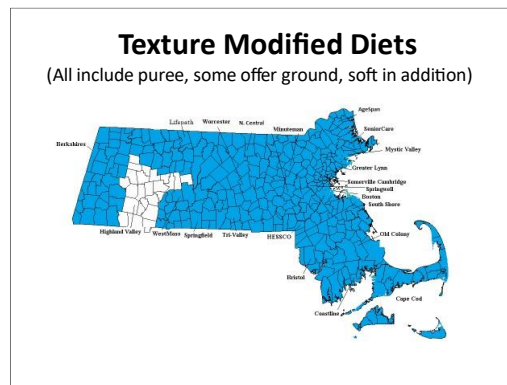
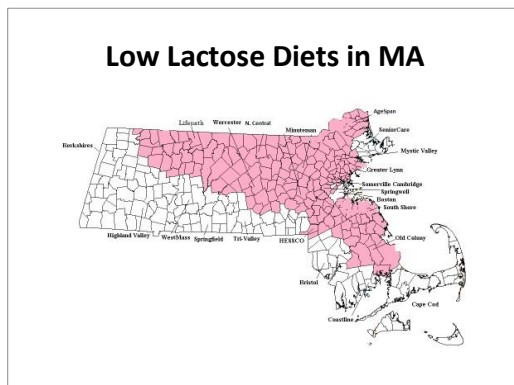
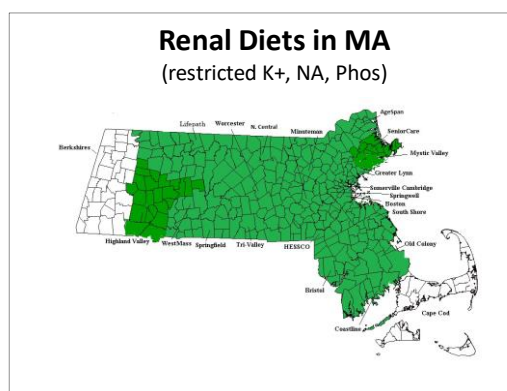
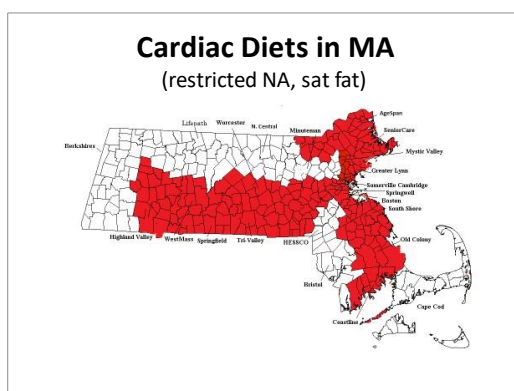
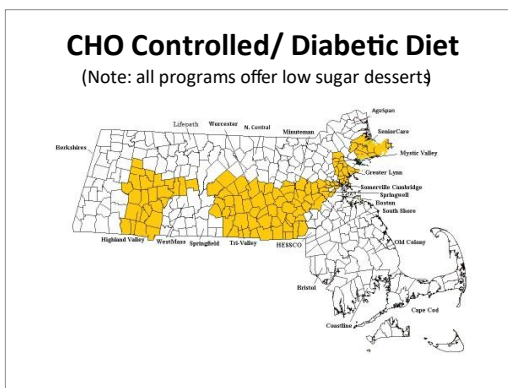
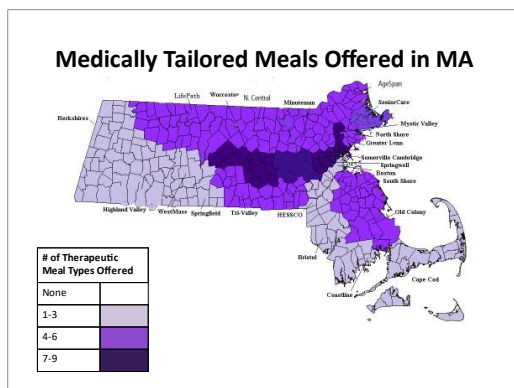
- 81% of home delivered meal recipients reported that the meals help them to live independently.
- 80% of respondents receive at least one daily meal, some of them receive three meals a day plus weekend meals.
- Sixty-one of the participants who completed surveys were 100-years-old or older.

Promotes Nutritional Health and Wellness

- While all meals meet nutrition standards (1/3 DRI, protein, sodium, vitamins A & C, etc.), 96% of the programs also offer medically tailored meals (e.g., cardiac, renal, diabetic).
- 90% reported eating healthier, 81% maintained weight and improved health, almost 50% of the respondents successfully maintained their blood pressure and blood sugar levels.

b. Medically Tailored Meals: There are seven types of therapeutic meals offered in the state, which are provided to more than 8,000 older adults daily. Medically tailored meals allow older adults to manage their medical conditions while living in the community independently.

- Heart healthy and sugar free desserts meals are offered statewide.
- Diabetic/carbohydrate control, cardiac, gluten free (by request), renal, low lactose, low residue, soft/chopped, Ground, and Pureed meals are offered in certain regions (see figures below).
- The goal for the nutrition program is to offer all types therapeutic meals statewide by FY 2024.



2. Aging Services Access Points (ASAP) Agencies

a) Ethos

- In FY22 Ethos engaged in a number of activities related to COVID-19 and malnutrition. They leveraged the capacity of the home-delivered meals program to

deliver 1,800 “COVID-19 home test kits” to older adults with mobility issues, limited English proficiency, and limited technology expertise.

- Ethos continued a drive-up tote bag program for healthy meals for older adults.
- Ethos conducted Facebook and YouTube presentations on recipes, which were accessible by older adults. They also hosted live virtual cafes on nutrition topics including “A World of Flavors”.
- Nutrition messages on menu backs continue to be a good vehicle for nutrition information. Messages such as utilizing seasonal produce, nutrition needs of older adults, foods for a healthy heart, and emergency preparedness among others.
- The Farmer’s Market coupon and home delivered produce program continues to be an excellent opportunity for outreach about nutrition and reaches 2,225 older adults with coupons and an additional 1,000 people with produce. A unique feature of the home-delivered produce program this year was the inclusion of packages of micro greens that are grown in Hyde Park, a Boston neighborhood.
- As cafes reopened, Ethos was able to provide in-person nutrition education on bones, Vitamin D, and MyPlate for older adults.
- Ethos community dietitians provided 225 one-to-one nutrition counseling sessions. These sessions focused on the individual’s nutrition needs and increased their ability to eat a healthier diet.

b) Greater Boston Chinese Golden Age Center (GBCGA)

- GBCGA published a Malnutrition Screening Test on menu backs that reached more than 3,000 older adults in the Greater Boston Area.
- GBCGA conducted five malnutrition awareness talks in the senior centers and on Zoom. There were about 100 older adults who attended the talk. Among them, more than 75% had a higher post-test score.
- GBCGA designed a malnutrition flyer with high nutrient supplements that was posted at three senior centers and senior housing buildings.
- GBCGA conducted 10 counseling sessions with older adults of high malnutrition risk.

c) SeniorCare and AgeSpan

- AgeSpan created a flyer addressing malnutrition awareness, screening, and follow up for older adults and distributed it to consumers along with their home-delivered or grab and go meals (approximately 700 from SeniorCare and 2,200 from Age Span) during Malnutrition Awareness week.
- The SeniorCare RDN presented on malnutrition awareness and screening at three congregate meal sites in September. The SeniorCare RDN and the Community Programs Director attended ASPEN Malnutrition Awareness Week educational sessions and gained knowledge to facilitate both practice and provision of consumer information.

- SeniorCare submitted letters supporting the inclusion of the Global Malnutrition Composite Score in the final Hospital Inpatient Prospective Payment System (IPPS) rule for Fiscal Year 2023.

d) Central Boston Elder Services (CBES)

- CBES serves as an access point for older adults and those living with disabilities by providing referrals for services such as Home-Delivered Meals to eligible consumers in the Greater Boston area.
- CBES held community-based events to educate older adults on the importance of proper nutrition and self-sustainability.
- CBES provided gift cards to assist older adults in needs with shopping expenses in case of emergency situations.
- CBES also has resources that can direct older adults to community-based organizations with dedication to providing nutrition and education on malnutrition prevention.

3. Legislature's Food System Caucus

([Massachusetts Food System Caucus \(mafoodsystemcaucus.com\)](http://MassachusettsFoodSystemCaucus.com))

Overview: The Massachusetts Legislature's Food System Caucus (FSC) is bicameral, bipartisan, and currently has 140 members. In 2022, the Co-Chairs were Representative Hannah Kane, Representative Daniel Donahue, Representative Paul Schmid, Senator Jo Comerford, Senator Anne Gobi, and Senator Eric Lesser. The FSC's mission is to support and grow the local food system in the Commonwealth through three focus areas: food access/insecurity, farmland, and economic development.

Food Security Accomplishments

- The Food System Caucus (FSC) engaged in advocacy for the FY23 budget which included \$12 million for the Healthy Incentives Program (HIP), plus \$12,409,988 in funds carried forward from FY22. The FSC also advocated for the \$30 million in funding allocated for the Massachusetts Emergency Food Assistance Program, \$695,570 for UMASS Extension, \$250,000 for Local Food Policy Councils and \$100,000 that went to the Massachusetts Food Trust Fund.
- The Food Security Infrastructure Grant Program (FSIG), first launched by the Governor's Food Security Task Force in response to COVID-19, made a significant impact on the Commonwealth's food system by providing grants to farmers, fishers, food businesses, food banks, food pantries, and institutions throughout the state to ensure residents of the Commonwealth have increased, equitable access to food, and an increase in food that is produced locally.

- Several of the Caucus's American Rescue Plan Act (ARPA) priorities were granted funding in ARPA 1.0. \$44.8 million went to address food insecurity and to strengthen the local food system. Additionally, the agricultural, fishing, and cranberry-growing industries received a total of \$14 million in support.

4. Department of Transition Assistance (DTA)

- The economic impacts of the COVID-19 pandemic continue to impact all corners of the Commonwealth, including increasing the Department of Transitional Assistance's (DTA) food and economic assistance caseloads. As of September 2022, the state's Supplemental Nutrition Assistance Program (SNAP) caseload was at more than 630,000 households, an increase of 180,000 (40%) from pre-pandemic levels. Prior to COVID-19, the average monthly SNAP caseload was 450,000 households. Currently, one in seven Massachusetts residents receive SNAP benefits, including more than 225,000 recipients who are age 60 or older.
- In response to increased food insecurity and rising food prices, DTA continues to leverage technological enhancements in conjunction with federal flexibilities and increased federal pandemic-related supports to maintain a high level of customer service for individuals and families and promote economic stability. Some of these enhancements include adding Haitian Creole to DTA Connect in June 2022, and clients now have the ability to reschedule their appointments with DTA via DTA Connect. Furthermore, virtual meetings are now an option for clients who want or need a face-to-face interaction but are not able to come into an office. On July 28, 2022, the Administration announced residents can now easily initiate a SNAP application when applying for or renewing their MassHealth benefits online. These updates will improve the customer experience by streamlining the process to apply for SNAP benefits while residents are already submitting information needed to determine their healthcare eligibility.
- In FY22, DTA launched several new and expanded efforts in local offices to improve accessibility and an inclusive experience. In July 2022, the agency rolled out a client-facing Pictorial Communication Board in all local offices to support clients who are Deaf, hard of hearing, nonverbal or have limited verbal or English proficiency. These boards include images and descriptive words in eight languages to help determine the primary reason for a client's visit. Furthermore, DTA recently procured a new interpreter services vendor, through Video Remote Interpreter (VRI), access has been expanded to all local DTA offices. VRI is an auxiliary aid that provides video remote American Sign Language (ASL) interpreter services.
- Families receiving SNAP benefits continue to receive additional federal SNAP supplemental payments each month, initially authorized by the Families First Coronavirus Response Act, to bring families' benefits up to at least the maximum monthly amount for their household size. Throughout the 2021-2022 school year and

summer, the Pandemic EBT (P-EBT) program provided additional direct food assistance to the families of more than 500,000 children.

- The Department's SNAP Outreach Partnership program continues to work with Councils on Aging across the Commonwealth to improve access to SNAP benefits for older adults. During FY22, a total of 30 contracted senior centers supported 794 senior households with SNAP applications.
- Over the summer, the Baker-Polito Administration announced more than 100 new local Healthy Incentives Program (HIP) farm vendors. The majority of the new vendors are small-scale farmers who live in, or have close ties to, the communities they serve, while others are agricultural vendors with demonstrated capacity to serve high-need communities. The Administration also opened a Notice of Opportunity to strategically onboard restaurants and food trucks for the SNAP Restaurant Meals Program (RMP) pilot. Under federal rules, the RMP allows individuals experiencing homelessness, people with disabilities, and older adults (aged 60+) to use their SNAP benefits at select, participating restaurants and food trucks. The Department anticipates this program will be available for clients in 2023. Once launched, this program will expand food choice options and food access points for populations that may encounter barriers and challenges with purchasing and storing groceries, as well as cooking and preparing meals for themselves. Furthermore, DTA continues to participate in a monthly cross-Secretariat workgroup to develop action steps that advance current food security priorities, and to identify and support cross-system strategies to promote food security and access.
- Lastly, DTA supported Malnutrition Awareness week (September 19-23) by sharing information on the SNAP Nutrition Education website mahealthyfoodsinasnap.org.

5. Massachusetts Department of Agriculture Resources (MDAR)

- DTA and MDAR partnered on the Healthy Incentives Program which provided SNAP recipients with a rebate when they purchased fruits and vegetables at farmers markets, farm stands, mobile markets, and CSA's. In 2022, between 44-45% of SNAP participants using HIP were from a household with a recipient age 60+.
- MDAR, the Executive Office of Elder Affairs (EOEA), and partnering Elder Nutrition Programs distributed close to \$548,125 worth of Senior Farmers' Market Nutrition Program (SFMNP) Coupons to 21,925 Massachusetts older adults for the purchase of fresh, locally grown, fruits, vegetables, and fresh cut herbs at participating locations. Through the SFMNP, MDAR, EOEA, and partnering Elder Nutrition Programs 4,524 homebound older adults received \$113,100 worth of local produce. The 26,449 older adults participating in the SFMNP received information on seasonal recipes, how to find farmers' markets, and resources on food assistance. MDAR developed a webpage to list the nutrition education materials that have been provided to older adults through the Farmers' Market Nutrition Program since 2016. To help serve all older adults in the

state, nutrition education materials have been translated in Chinese, Portuguese, and Spanish.

6. Massachusetts Councils on Aging Association (MCOA has a detailed report attached. This MPC report only includes the key points from that report)

Presentations

- MCOA provided nutrition presentations, slide decks, and materials on nutrition resources to approx. 20 local Councils on Aging.
- MCOA presented on National Nutrition Month and the ACL's Senior Nutrition Program 50th Anniversary.
- MCOA presented on National Center for Equitable Care for Elders on March 30 on The Role of Family Caregivers in Older Adult Nutrition.
- MCOA offered multiple nutrition workshops at the MCOA Fall Conference.
- MCOA presented nutrition updates to EOEA's nutrition directors and nutritionists throughout the year.

Training Technical Assistance

- MCOA held individual meetings with 65 Councils on Aging (18%) to learn, examine, and support nutrition initiatives.
- MCOA regularly requested average SNAP awards for older adults by town from DTA. The latest report indicates over 200,000 older adults currently receive SNAP emergency allotments and thereby are a part of the 'hunger cliff' and at risk of hunger once the Federal public health declaration ends and SNAP benefits revert to regular awards.
- MCOA established a statewide monthly health and wellness meeting. This monthly series focuses on nutrition, physical activity, and stress reduction as requested by the council on aging network.
- MCOA visited the North Attleboro COA for a Farm Fresh RI Community Education session. This project received grant funding to teach and provide foods to targeted groups in MA. Farm Fresh RI is open to discussing a larger collaboration via MCOA.

Initiatives Collaborations

- MCOA Board of Directors created a Nutrition Legislative Task Force. Initial advocacy work pertains to improving the Senior Nutrition Farmers Market Program.
- MCOA began working with the Tufts/USDA Jean Mayer Human Nutrition Resource Center on Aging, National Institutes of Health, and Family Cook Productions to pilot a Teaching Kitchens Initiative at a council on aging.
- MCOA continued SNAP community partner initiatives to increase the number of councils on aging who are SNAP community partners. Additionally, MCOA met separately with UMass Medical and DTA to identify strategies to increase awareness and participation throughout the year.

- MCOA provided input at the White House Conference on Food, Nutrition and Health's northeast listening session.
- MCOA met with National Councils on Aging to discuss current trends related to older adults and health and wellness.

7. Brigham and Women's Hospital (BWH)

Screening

- BWH continues to use the Malnutrition Screening Tool (MST) to identify hospitalized patients at nutritional risk. It conducted a one-day survey of screening practices and found that 80% of patients were screened using the MST. Over half of the patients who were not screened were on the obstetrics service, where the MST is generally not appropriate. BWH continued to explore validated screening tools for this population. Other patients who were not screened were those who could not provide answers to the screening questions; these are often patients who have altered mental status or require mechanical ventilation with sedation.

Assessment and Care Planning

- BWH continued to use the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition clinical characteristics to identify patients with malnutrition.
- BWH updated its documentation tools to assist the staff dietitians in clearly documenting the context of malnutrition and severity of malnutrition.
- BWH continued to have a strong partnership with the BWH Clinical Documentation Integrity (CDI) Specialists to assure malnutrition is correctly documented and coded in the medical record. BWH is working with the CDI Specialists to foster a new partnership with BWH's geriatrics service to review documentation and intervention practices to streamline care for patients seen on this service.
- BWH nutrition Department continued to work with physicians to implement appropriate nutrition interventions that include oral nutritional supplements, correction of micronutrient deficiencies, and initiation of enteral and/or parenteral nutrition as indicated.
- BWH offered a clinical nutrition fellowship for physicians to promote physician training in nutrition; the clinical nutrition fellow is closely involved in the management of patients requiring parenteral nutrition as well as other patients with complex nutrition needs. We continue to work with Care Coordination nurses to assure appropriate discharge planning and referral to appropriate home services as needed.

Education

Presentations that address nutrition assessment and malnutrition by *Kris Mogensen* (MPC member):

- Nutritional Assessment of Critically Ill Patients. Middle Eastern Society for Parenteral and Enteral Nutrition. June 23, 2022.
- Malnutrition diagnostic approaches, validation updates. Presented as part of the session Diagnosing Malnutrition in the Adult Patient: Updates on Current Approaches. Co-presenter with Peggi Guenter, PhD, RN, FAAN, FASPEN and Marianne Aloupis, MS, RD, LDN, CNSC. Malnutrition Awareness Week 2022. September 20, 2022.
- Key Approaches to Malnutrition Diagnosis. Presented as part of Ohio Society for Parenteral and Enteral Nutrition 31st Annual Fall Nutrition Symposium: “Malnutrition Revisited!” Youngstown, OH. October 20, 2022.
- Malnutrition panel discussion. Co speaker with David C. Evans, MD and Vincent W. Vanek, MD. Presented as part of Ohio Society for Parenteral and Enteral Nutrition 31st Annual Fall Nutrition Symposium: “Malnutrition Revisited!” Youngstown, OH. October 20, 2022.
- Nutrition assessment and monitoring of critically ill patients. Taichung Veterans General Hospital International Medical Conference in 2022. October 30, 2022.

Publications by *Kris Mogensen* that address nutrition assessment, identification of malnutrition, and nutrition assessment:

- Bobo E, Mogensen KM, Rollins C, Corrigan ML. Assessing and advancing your nutrition support clinical practice using the Standards of Practice and Standards of Professional Performance. Support Line. 2022;44(1):2-8.
- Malone A, Mogensen KM. Key approaches to diagnosing malnutrition in adults. Nutr Clin Pract.2022;37(1):23-34.
- Mogensen KM. Nutrition assessment for patients with gastrointestinal disorders. In: LE Matarese, GE Mullin, KA Tappenden (eds). Health Professional’s Guide to Gastrointestinal Nutrition. Academy of Nutrition and Dietetics. Chicago, IL 2022:2-26.

Excellence of Communication Practice Award by Academy of Nutrition and Dietetics

- Kris M. Mogensen, MS, RD-AP, LDN, CNSC



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Commission on Malnutrition Prevention Among Older Adults
October 14, 2022, 12:00 PM Eastern Time
Virtual Meeting

Minutes

Members in Attendance: Carole Malone (Co-Chair), Shirley Chao (Co-Chair), Amy Sheeley, Diana Hoek, Sophia Filonis (Rep. Hannah Kane), Kris Mogensen, Linnea Hagberg, Mary Gann, Mary Giannetti, Pamela Hunt, Rebecca Davidson, Rep. Thomas Stanley, Samuel Eyong, Penny McGuire, Sarah Phillips, Joe Russo (Legislative Aide), Adriene Worthington,

Not in Attendance:

Guests: Tara Hammes, Robert Blancato, Nachet Mehciz, Tiffany Nagel, Gisele Leger

II. Old Business

- a. None

III. New Business

- a. Welcome by Shirley Chao and Carole Malone (co-chairs)
- b. Co-chair Shirley Chao reviewed the work of the Commission since it was passed by the legislature and signed into law in 2016:
 - The Commission conducted a survey to gather baseline information from various settings across the state (280 targeted sites for a survey distribution in 9 different settings) on existing malnutrition screening efforts. Members also conducted research to determine the best methods to raise awareness.

- Malnutrition Awareness Week (May 2019) Governor Baker’s proclamation during Older American’s Week. Eighty-two senior nutrition clinics were held statewide; 3,000 participants and 800 older adults were screened. In September 2019, 200 homebound older adults were screened during the ASPEN Malnutrition Awareness Week™
 - Do a COVID Check Campaign (April, 2020) which included information
 - and memes for the public to ensure older adults were not in need of food and other resources during the pandemic. This was distributed through 36 organizations and individuals via their websites and a variety of social media channels. There were more than 12,000 followers on these postings.
 - Be a Nutrition Neighbor Campaign (October 2020) which 32 engaged groups who posted the campaign message over 100 times, resulting in close to 110,000 impressions.
 - Malnutrition Awareness Week (Oct. 2021) proclamation by Governor Baker and Boston Acting Mayor Janey with awareness events held and promoted by all member agencies including Be A Nutrition Neighbor. The campaign had 89 interactions and reached and estimated 49,605 people in MA
 - Creation of web resource page providing extensive malnutrition information and toolkits as well as state-specific programs/resources for use by member agencies and the public.
 - While there are many returning members, there are a few members stepping down which will result in vacant positions which need to be filled.
- c. Presentation of “Moving Forward from the White House Conference on Hunger, Health and Nutrition Washington Updates” by Robert Blancato, President of Matz, Blancato and Associates, Executive director of the National Association of Nutrition and Aging Services Programs, National coordinator “defeatmalnutritiontoday”, AARP national board member**
- Two stated and related goals for the conference: to end hunger and improve nutrition by 2030
 - Built on 5 pillars which drove the preconference process
 1. Improve food access and affordability
 2. Integrate nutrition and health
 3. Empower all consumers to make and have access to healthy choices
 4. Support physical activity for all
 5. Enhance nutrition and food security research
 - Strategy recommendations for older adult issues include:
 1. Increasing funding for Older Americans Act (OAA) nutrition programs

2. Universal screening for food insecurity in federal health care systems as well as incentivizing other payors and providers to screen for food insecurity and other social determinants of health
 3. Leveraging federal nutrition programs to promote healthy habits and nutrition education
 4. Expanding access to nutrition counseling
 5. Regular updates to the Dietary Guidelines for Americans with detailed national nutrition education campaigns
 6. Modifying a current law that inhibits SNAP retailers from stocking a variety of healthy foods as a requirement to participate in the SNAP program
 7. Creating a federal research agenda for older adult nutrition
 8. "ACL is developing an older adult Nutrition Research Agenda that will involve federal and external partners to identify gaps in existing research regarding food insecurity, hunger, malnutrition and behavioral health issues in order to develop a long-term framework for advancing the quality of services, establishing research priorities and creating impactful policies."
- The national strategy implementation process will involve both Congress and the executive branch and some of the recommendations will require new legislation while others can be done administratively either through rulemaking or executive orders.
 - Another ongoing activity that ties closely to the Conference National Strategy relates to the development of the next Dietary Guidelines for Americans, which will focus on older adult nutrition issues.
 - The Conference is an opportunity for us consumers to mount our own campaign to achieve a long-overdue paradigm shift in how foods are priced.
 - Public awareness about malnutrition is at an all-time high and legislation is being developed and passed at the state level.
 - Nationally we have not only the quality measure but first-time provision for malnutrition screening in the OAA.
- d. Global Malnutrition Composite Score (GMCS) by Gisele Leger, MS, RDN, LDN, CSNC, FAND, Chair, Clinical Nutrition Management DPG, Academy of Nutrition and Dietetics, Director of Clinical Nutrition for Morrison Healthcare.**
- Malnutrition is a critical issue for the hospitalized patient (up to 5x greater likelihood of in hospital death associated with malnutrition)
 - MQii Learning Collaborative is a community of clinicians at 313 sites throughout the US (4 in MA) which have undertaken a date-driven, patient centered approach to create a best practices toolkit which can track and monitor improvement

- Components include risk screening, nutrition assessment, documentation of malnutrition diagnosis and development of a nutrition care plan.
- CMCS has been endorsed by the Academy of Nutrition and Dietetics and Avalere Health, LLC.
- In CY2024 hospitals would be required to report data for 3 measures
- Demonstrated real life improvements resulting from MQii from 2016 to 2022: 231% increase in malnutrition diagnosis rate, 1542% increase in appropriate diagnosis of malnutrition, 43% increase in nutrition assessment within 24 hours of screening, 26% decrease in 30-day readmission for malnourished patients
- Identifying patients with malnutrition and food insecurity can result in referrals for community-based food programs
- The hospital can be thought of as the “anchor” for malnutrition care, however, care needs to be continued when the patient transitions to a community setting.

Discussion

- Kris Mogensen emphasized the difficult gap that exists between continuing services when a patient is discharged from the hospital to the community
- Bob Blancato agreed that many facilities may not know that there are local ASAPs or the services that they provide.
- Margery Gann said that part of this gap is that ASAPs do not receive discharge information but rather it goes to the VNA or SNF. Also, that ASAPs are only able to reach a very small slice of MA older adults. Margery also emphasized that Medicare Part C needs to have diagnoses built in.
- Shirley Chao discussed that technology such as PatientPing does exist to facilitate communication between the hospital in the ASAP, often the diagnosis of malnutrition is missing.
- Mary Giannetti said that the hospital length of stay is so short that it is very important to have the malnutrition diagnosis when going to a SNF or LTC and agreed that a very small slice goes to ASAP.
- Samuel Eyong emphasized the need to communicate with physicians and/or those in charge of the discharge plan with as resident service coordinators.
- Amy Sheeley discussed efforts by EOEA to pilot MNT with OAA Nutritionists which was successful until Covid limited in person counseling.

Future Tasks:

All members should submit their report for the annual report by November 1st



Older Adult Malnutrition Prevention Highlights – 2022

Submitted November 17, 2022

Pamela Hunt, Director, North Attleboro Council on Aging

Tara Hammes, Director of Member Services, MCOA

Presentations

- Provided slide deck and materials on nutrition resources for Pembroke COA outreach staff
- Presented on National Nutrition Month and the ACL's Senior Nutrition Program 50th Anniversary celebration at the March 3 membership meeting.
- Held in in-person nutrition presentation at the Bridgewater COA on March 16 to 30 older adults
- Gave presentation to National Center for Equitable Care for Elders on March 30 on [The Role of Family Caregivers in Older Adult Nutrition](#)
- Provided nutrition presentation materials for Hampden Council on Aging
- Recorded and posted to website, the nutrition presentation originally scheduled for in-person Small and Rural Conference (unable to attend due to COVID-19 rapid test results)
- Provided a nutrition education session at the Wales Center on June 16.
- Conducted an eating for healthy aging presentation at the Pembroke Council on Aging – Aug 17
- Conducted a healthy aging nutrition presentation at the Norton Council on Aging to 15 participants – July 27
- Multiple nutrition workshops offered at MCOA Fall Conference including 'Dining by Design' and 'Round: How many sides on your wellness wheel', SNAP 101 for Community Partners and the Standard Medical Deduction, MassHome Care's ASAP/IIC partnerships, and more.
- Presented MCOA nutrition update to EOEA's IIC Directors and nutritionists throughout the year
- Conducted a food safety presentation for the Bellingham Council on Aging to over 40 participants on September 13.
- Presentation on sugar-free baked apples to Charlestown's Golden Age Center on November 3

Training & Technical Assistance

- Held individual meetings with 65 Councils on Aging (18%) to learn to examine and support nutrition initiatives
- Regularly requested average SNAP awards for older adults by town from the Massachusetts Department of Transitional Assistance. The latest report includes by town, over *200,000 older adults currently receiving SNAP emergency allotments and thereby part of the 'hunger cliff'* and at risk of hunger once the Federal public health declaration ends and SNAP benefits revert to regular awards. SNAP awards will revert to pre-pandemic levels leaving many vulnerable for malnutrition. Also received the average award for May 2021. [Posted to MCOA website](#). Drafting messaging to network on the size of this impact and actions steps to be taken.
- Established a statewide monthly health and wellness meeting. This monthly series focuses on nutrition, physical activity and stress reduction, as requested by the council on aging network.
- Attended ACL's Senior Nutrition Program 50th Anniversary celebration planning webinar. Provided and promoted tools to MCOAs network.
- Discussed additional food policy issue needs with Carver COA.
- Visited Westport COA director and meal site manager to discuss nutrition components and analysis of menu items.
- Visited North Attleboro COA for one-on-one meeting and Farm Fresh RI Community Education session. This project received grant funding to teach and provide foods to targeted groups in MA. Farm Fresh RI is open to discussing a larger collaboration via MCOA.

Initiatives & Collaborations

- MCOA Board of Directors created a Nutrition Legislative Task Force. Initial advocacy work to pertain to improving the Senior Nutrition Farmers Market Program.
- Began working with the Tufts/USDA Jean Mayer Human Nutrition Resource Center on Aging, National Institutes of Health and Family Cook Productions to pilot a Teaching Kitchens Initiative at a council on aging. Met with representatives of Tufts/USDA Jean Mayer Human Nutrition Resource Center on Aging (HNRCA), the National Institutes of Health and Family Cook Productions to outline a [teaching kitchens](#) pilot program addressing older adult malnutrition. Submitted preliminary pilot draft to EOEA.
- Comparing dining site meal data among three surveys to confirm program type and service numbers. This data will certainly clarify the congregate dining landscape and narrow the field of appropriate COAs for a potential teaching kitchens pilot project. The surveys are:
 - UMass-conducted survey/nutrition section (MCOA network surveyed)
 - IIIC types at COA (AAA nutrition programs surveyed)
 - Congregate dining and service numbers at COAs (MCOA network surveyed)

- Established a nutrition workgroup including MCOA, the Executive Office of Elder Affairs and the Massachusetts Meals on Wheels Association. Identified items of interest to each group and issues that need clarification or resolution. Committed to regular collaboration through this group as well as IIIC statewide meetings.
- Continued SNAP community partner initiative to increase the number of councils on aging who are SNAP community partners. Met separately with UMass Medical and DTA identifying strategies to increase awareness and participation throughout the year.
- Meal programs at councils on aging:
 - Congregate lunches continue to reopen although many have lower participation than pre-pandemic and lower than the grab-and-go option. Older adults remain hesitant to eat in a group setting.
 - The Grab & Go option is still available and continues to be popular.
 - There was an increase in home-delivered meals due to some restrictions being lifted or relaxed.
 - Food distribution programs including the Commodity Supplemental Food Program, Brown Bag program, YMCA groceries and others remain needed and popular
- As MCOA representative, was appointed to Massachusetts Public Health Association's Policy Council for a three-year term. MCOA was asked to come aboard so that MPHA would have a dedicated focus on older adult public health issues going forward.
- Provided input at the White House Conference on Food, Nutrition and Health's northeast listening session
- Met with National Councils on Aging to discuss current trends older adult health and wellness
- Provided nutrition program consultation to [GetSetUp](#) who provide virtual education and socialization opportunities for older adults

Messaging

- Provided quote to National Center for Equitable Care for Elders (NCECE) [February newsletter](#) on heart health
- Provided copy on hydration for distribution among participants and provided feedback on future walk Massachusetts website RFP
- Distributing older adult malnutrition messaging via Twitter, Facebook and LinkedIn
- Promoted information on the SNAP benefits skimming issue
- Promoted the Stepping Up Your Nutrition workshop leader training

Webinars

- Defeat Malnutrition Today's webinar *Malnutrition in Underserved Populations: State Actions and Advocacy*.

- Massachusetts General Hospital’s webinar *How Healthy Plant-based Diets May Affect Risk and Severity of COVID-19*
- NCOA Senior Center Roundable Event on meal challenges and successes
- NCOA Power Up Your Congregate Webinar
- Wellsky’s ‘Innovations to Address Senior Nutrition’
- White House Conference on Hunger, Nutrition and Health

Partnerships

- Massachusetts Public Health Association - Statewide Accelerated Public Health for Every Community (SAPHE 2.0)
- Massachusetts Public Health Association Policy Council – newly appointed to
- Massachusetts Preventative Health and Health Services Block Grant
- Massachusetts Law Reform Initiative’s SNAP Coalition and SNAP Elder Working Group
- DTA Holyoke Advisory Council
- Massachusetts Food Policy Council
- White House Conference on Food, Nutrition and Health stakeholder update/listening sessions – contributed to
- NCECE (National Coalition for Equitable Care for Elders) Advisory Council
- DefeatMalnutrition Today
- Joined National Association of Nutrition and Aging Services Programs
- Joined the State Nutrition Action Council