



The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, 5th Floor
Boston, Massachusetts 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary, Executive Office of Health
and Human Services

ELIZABETH C. CHEN, PhD, MBA, MPH
Secretary

Tel: (617) 727-7750
Fax: (617) 727-9368
TTY/TTD: 1-800-872-0166
www.mass.gov/elders

COMMISSION ON MALNUTRITION PREVENTION AMONG OLDER ADULTS

YEAR FOUR ANNUAL REPORT - DECEMBER 2021

An Act Establishing a Commission on Malnutrition Prevention Among Older Adults (MPC) was passed by the Massachusetts state legislature and signed into law by Governor Baker on November 29, 2016. Since the Commission began meeting in February 2018, much work has been accomplished in raising public awareness about the importance of proper nutrition for older adults, including education materials, social marketing, statewide campaigns and hosting public events. The Commission's also works on changing the stigma often associated with malnutrition and introduced the concept of nutrition balance, and not limited to people who are socially, economically, or physically disadvantaged. Further, the Commission identified evidence-based strategies, including community nutrition programs, used to reduce the rate of malnutrition among older adults and health care acquired infections related to malnutrition. Additionally, the Commission encouraged and fostered communication between medical and community settings to promote the role of appropriate nutrition in medicine.

LEGISLATIVE MANDATE

Chapter 19A Section 42 of the Massachusetts General Laws states:

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, 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, 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 reduce 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.

This is the fourth annual report of the MPC's work and highlights the accomplishments of the past year during the unprecedented challenges brought on by the COVID-19 pandemic. Due to the pandemic, the MPC members emphasized identifying evidence-based strategies that raise public awareness of older adult malnutrition including, including, educational materials, social marketing, statewide campaigns and public health events.

MEMBERSHIP

2021 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 Reilly
Registered Dietitian or Nutritionist Representing MA Academy of Nutrition and Dietetics	Dalia Cohen
Rep. from MA Councils on Aging, Inc.	Pamela Hunt, Tara Hammes

2021 OVERVIEW

In 2021, the Malnutrition Prevention Commission (MPC) continued to meet challenges exacerbated by the COVID-19 pandemic. The work of the MPC is especially important because older adults, who are at the highest risk for this virus, have faced unprecedented issues related to food insecurity, isolation, transportation, and fear of infection. MPC identified multiple challenges during the COVID-19 pandemic that were related to increased risk for malnutrition and frailty. These challenges included many community-living older adults who suddenly became homebound because of COVID-19 and increased rates of isolation and depression. In addition, increased numbers of older adults faced more limited access to healthy and therapeutic foods because of stay-at-home orders, limited financial resources, and food insecurity. EOEA is grateful to all of the commission members and statewide Older American Act (OAA) nutrition programs for their time, tireless energy, dedication, and commitment during this public health crisis.

In 2021, both the food insecurity rate and SNAP enrollment rate in Massachusetts were rising. According to a Greater Boston Food Bank study “[Gaps in Food Access During the COVID-19 Pandemic in Massachusetts](#),” that polled 3,000 residents online between October 2020 and January 2021, an estimated 30 percent or 1.6 million adults in the state were experiencing food insecurity at the time of the survey. It found that food insecurity in MA had increased by 55% during 2019-2000.¹ SNAP enrollment for older adults also increased. In Massachusetts, the number of SNAP recipients who were ages 60 and older went from 157,358 SNAP recipients prior to 2018, to 203,358 after 2018, representing a 30% increase in participants.²

Preventing malnutrition is now more important than ever, as new research has shown that poor nutritional status may be a risk factor for negative COVID-19 outcomes.³ One systematic review found that malnutrition in patients with COVID-19 was associated with increased older patients’ hospital deaths and transfers to the ICU.⁴ A study of patients hospitalized with COVID-19 found that those identified as “at risk” for malnutrition via screening tools had significantly longer hospital stays, higher hospital expenses, and more disease severity than patients not at risk.⁵ This was especially true for vulnerable groups, including those recovering from COVID-19 at home, those recently discharged from the hospital after severe COVID-19 infection, and those who had been socially isolated for a long periods of time.⁶ One study found that social isolation and depressive symptoms were the main causes of malnutrition in this population.⁷ An article by the Academy of Nutrition and Dietetics touched on how food insecurity worsened malnutrition in the

context of the pandemic.⁸ This data underlines the need to address malnutrition and food insecurity screening during the COVID-19 pandemic.

Dariusz Mozaffarian, MD, DrPH, the Dean of the Tufts Friedman School of Nutrition Science & Policy, discussed the impact and implications of COVID-19 in the Massachusetts Health Council's (MHC) Health Indicator report: "The Time for Nutrition Security: Our National Opportunity ". He stated that "COVID-19 is a fast pandemic on top of a slower — but no less devastating — pandemic of nutrition insecurity, obesity, and diabetes, and these two pandemics are interlinked. Other than age, top predictors of severe COVID-19 infections are diet-related risks like obesity, diabetes, hypertension, and cardiovascular diseases. These burdens also cause tremendous health inequities, with highest rates among Black, Latino, and Indigenous Americans. It's time for our state and nation to prioritize effective policy actions to leverage the power of food and nutrition to build back better and address health, racial justice, COVID-19, the economy, and climate."^{9,10}

2021 ACCOMPLISHMENTS

The commission has made strides in all five strategies as outlined in the law and examined the impact on malnutrition for older adults both in Massachusetts and nationwide (see Appendix 1. 06/30/2021 minutes). The commission recognized the adverse impact to older adults both physically and mentally and selected key areas and encouraged the membership organizations to maximize initiatives in those key areas during these unusual times.

The five areas identified were:

1. Reducing food insecurity
2. Increasing socialization
3. Promoting community nutrition services (OAA programs, farmer's market program, and other community nutrition programs)
4. Raising malnutrition prevention awareness
5. Promoting nutrition education and disease management

Listed below are the strides made through the commission member organizations.

I REDUCING FOOD INSECURITY

1 OAA Nutrition programs / Executive Office of Elder Affairs (EOEA)

- During the pandemic, the OAA nutrition program increased their home delivered meals by almost 30% to approximately 43,000 a day and continued to remain at high levels with over 39,000 meals per day.
- Congregate meal programs shifted to providing a mix of in-person meals, averaging 1,500 daily, as well as continuing to offer grab and go offerings, averaging 2,600 daily.
- The nutrition program stockpiled frozen and shelf-stable meals and supplies at the beginning of the pandemic to guard against closures in regional kitchens. This step prevented breaks in service to thousands of consumers when closures were required for deep cleaning and staff quarantine. The program continues to carry a high inventory of frozen meals to ensure there will be no disruption of service in the case of pandemic related kitchen issues.

2 Legislative Activities

Joint Commission of Elder Affairs (State Representative Thomas Stanley)
Food System Caucus (State Representative Hannah Kane)

- In January 2021, the Caucus created and distributed a survey to members of the Legislature to gauge what legislators were seeing in-district in terms of issues related to food insecurity, farmland, and economic development in the food/agricultural/seafood industries. Results were compiled and shared with the Governor's Food Security Task Force.
- The Food System Caucus engaged in advocacy for the FY22 budget, advocating for priorities including \$30.5 million in funding for the Massachusetts Emergency Food Assistance Program (MEFAP), \$13 million for the Healthy Incentives Program (HIP) and \$1,046,400 for the UMass Extension program to hire additional staff. MEFAP and HIP were funded in the final FY22 budget at the requested levels.
- In October, the Food System Caucus weighed in with ARPA priorities, which included reducing food insecurity. The final ARPA bill, which represented a reconciliation of the House and Senate versions, included \$44.8M in food security and system investments. Notable food security accomplishments include securing \$17M for the Greater Boston Food Bank, \$5M for the Food Bank of Western Mass, \$2M for the MA Food Trust, \$1.92M for Project Bread, and \$1.5M for Community Servings. Approximately 85% of the nearly \$45M line item was allotted for nonprofit service providers, some of which are listed above, to reduce food insecurity in the wake of the COVID-19 pandemic. Numerous local organizations, food banks, and food pantries were also awarded funding through the ARPA bill.
- \$44.8M was included for the Food Security Infrastructure Grant program (FSIG). However, it should also be noted that after subtracting the funding from the earmarks included in the FSIG line item (1599-2050), less than \$6M for FSIG remains unencumbered. While funding aimed at serving the immediate needs of Commonwealth residents facing food insecurity is critical and we are grateful for these investments, the lack of unencumbered funding for our food infrastructure, including food system businesses such as farms and fisheries, and supply lines, should be a focus of future advocacy for the Caucus.
- The Food System Caucus hosted multiple briefings on food insecurity in 2021 for legislators during which experts and organizations such as the Food System Collaborative, Project Bread, the Greater Boston Food Bank, EEA Secretary Theoharides, and MDAR Commissioner Lebeaux spoke with legislators about the state of food insecurity in the Commonwealth and reduction initiatives.

3 Community Organizations

Massachusetts Council on Aging (Tara Hammes and Pamela Hunt)

- Offered demonstration project grants to the network - one of three focus areas were food security
- COAs continued to provide food resources during the pandemic. These included grocery bag programs, and Grab & Go lunch programs (highlighting holidays, special events, and community involvement)
- Some COAs transitioned back to congregate meal programs incorporating safer dining COVID-19 protocols, others scaled up in their centers to gauge interest in returning to congregate dining

Minuteman Senior Services (Milaina Mainieri)

- The Minuteman Senior Services nutrition department provided 166,000 home delivered meals to 1,194 recipients.
- Frozen meal and emergency meat boxes were distributed to consumers most in need in collaboration with our local COA.

Ethos/Greater Boston Meal Program (Margery Gann)

- Ethos received two grants to reach a different subset of individuals. One grant allowed Ethos to provide meals for residents of the Boston Housing Authority, the largest provider of subsidized housing in the Commonwealth. A second grant from the City of Boston enabled Ethos to provide meals for people under 60. This grant allowed the provider to reach people with disabilities, who were largely in their late 50s. These grants allowed them to serve an additional 168,300 meals.
- In the City of Boston, including all funding sources, Ethos managed the delivery of over 2,889,200 meals.

Greater Boston Food Bank (Adriene Worthington)

- Over 260 SNAP applications were submitted for people over 60
- Thirty-six Commodity Supplemental Food Program sites had a total caseload of 2,723 households/month.
- Ten mobile market sites focused on older adults, which served 5,196 households/month.
- Three veteran-specific mobile market sites served 995 households/month (we estimate that most households were older adults).

Hebrew Senior Life (Tina Reilly)

- Added a “Food Insecurity Screening” score to employee medical records.
- Added Home Delivered meals for Springwell, Ethos, North Shore and Mystic Valley for a total of 630 additional meals. The meals are currently specialized for Kosher, Russian, and Haitian populations in the Roslindale and Revere areas, but the plan is to extend these services to other types of meals and areas as needed.

4 State Agencies**Food Security Task Force (FSTF)**

- Many MPC member’s agency participated in the Baker-Polito Administration COVID-19 Command Center’s Food Security Task Force (FSTF) to incorporate the FSTE actions into the MPC work to raise the awareness of malnutrition among older adults.
- The Task Force was comprised of a broad group of public and private members charged with ensuring food insecurity and food supply needs were addressed during the COVID-19 public health emergency. To date, the Administration has invested nearly \$100 million to support resident food security and build a more just and equitable food system to help alleviate malnutrition issues among older adults.
- FSTE coordinated with local health departments, Community Tracing Collaborative (CTC), food pantries, municipalities, and other local partners to assess needs and gaps in service at the individual and community level, and develop and deploy local solutions to ensure the foods security needs of those isolating and quarantining can be met
- FSTE Implemented SNAP benefit increases: temporary 15% increase in benefit amounts January through September 2021; permanent 23% increasing October 1, 2021 (estimated increase for the average SNAP benefit is nearly \$60 per month)

- Collaborations to Maximize Food Access for Whole Family. Bringing together multiple food resources (. e.g., school meals, grocery gift card, groceries) at one common local access point (e.g., school, health center) to streamline food access for households and vendors/producers.

Department of Transitional Assistance (Penny McGuire)

- The economic impacts of the COVID-19 pandemic touched all corners of the Commonwealth and exacerbated food insecurity among many of our communities. DTA's caseloads experienced volatility due to changing federal policies, chiefly federal unemployment insurance benefits. In September and October of 2020, DTA experienced an increase in applications for its core programs when federal unemployment insurance benefits (FPUC/PUA/PEUC) ended in September 2021.
- As of October 2021, the state's SNAP caseload was more than 585,000 households, a 132,000 increase (29%) from pre-pandemic levels. Prior to COVID-19, the average monthly SNAP caseload was 450,000 households. Now, 1 in 7 Massachusetts residents receive SNAP benefits, including more than 200,000 recipients who are age 60 or older.
- In response to increased food insecurity and rising food prices, DTA has pursued every federal waiver option and heavily invested in technology changes to make it easier to apply for and receive DTA benefits. Clients can now conduct all business with DTA via DTA Connect or by phone at the times and locations that work best for them. Prior to the pandemic, many of the agency's services had to be conducted in person. Several of the significant technology changes included: telephonic signature for fast service to apply or recertify cases, proactive text messages and emails to provide up-to-date case information, expanded languages and new self-service features available on the DTA Assistance Line, and Optical Character Recognition (OCR) technology to promote streamlined benefit continuity.
- The Department leveraged federal administrative policy and program flexibilities to provide additional supports, stability for existing clients, and the ability to process applications as timely as possible. This has included receiving federal approval each month since March 2020 to issue additional SNAP payments to bring families' benefits up to at least the maximum monthly amount for their household size, bringing more than \$1 billion into the state's economy.
- DTA participated in the Baker-Polito Administration COVID-19 Command Center's Food Security Task Force (FSTF). The Task Force was comprised of a broad group of public and private members charged with ensuring food insecurity and food supply needs were addressed during the COVID-19 public health emergency. To-date, the Administration has invested nearly \$100 million to support resident food security and build a more just and equitable food system.
- In addition, 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 FY21, a total of 30 contracted senior centers supported 480 older adult households with SNAP applications.

Department of Public Health (Diana M. Hoek)

- DPH staff, including those from the Nutrition Division and the Mass in Motion Program, were actively engaged in the Food Security Task Force and worked collaboratively with other state agencies and community partners to understand the prevalence of food insecurity during the pandemic and to promote access to federal food programs and

other nutrition resources in the community and at the state level. The agency was also engaged in efforts to provide food resources to individuals in quarantine and isolation.

II INCREASING SOCIALIZATION

1. OAA Nutrition programs / Executive Office of Elder Affairs (EOEA)

- A survey was conducted in 2020 to review the overall program and participant satisfaction and outcomes. According to the survey, 93% of program participants would recommend home delivered meals (HDMs), and 84% reported those meals helped them live independently. In 2020, 86% of consumers reported feeling less lonely because of the home-delivered meals, which was an increase of 6% from 2019. This demonstrates the critical role meal deliveries played during the pandemic.

2 Community Organizations

Minuteman Senior Services (Aging Services Access Point/ASAP) – (Milaina Mainieri)

- The agency offered Grab and Go meals at meal sites during the pandemic. The Grab and Go's gave older adults an opportunity to have a brief connection with Minuteman staff at the meal sites. Isolation has been a serious issue during the pandemic, and we believe that the brief contact helped ease the sense of loneliness that so many experience.
- Congregate meal sites have been gradually reopening and welcoming back local older adults for nutritious meals and socialization.

Ethos/Greater Boston Meal Program (Margery Gann)

- For socialization we were able to provide a number of Zoom and recorded nutrition education sessions, reaching 2,532 individuals.

3. State Agency

Department of Public Health (Diana M. Hoek)

- DPH supported healthy socialization through encouraging vaccination. DPH continuously promoted vaccination and advertised locations of pop-up clinics and the vaxfinder.mass.gov website. The Massachusetts Vaccine Scheduling Resource Line was established to assist individuals in scheduling appointments who have difficulty accessing or using the internet. Currently, 99% of people over the age of 65 have received at least one dose of the COVID-19 vaccine.

III PROMOTING COMMUNITY NUTRITION SERVICES (OAA PROGRAMS, FARMER'S MARKET PROGRAM, and OTHER COMMUNITY NUTRITION PROGRAMS)

1 OAA Nutrition programs / Executive Office of Elder Affairs (EOEA)

- In FY21, the Nutrition Program continued to be significantly impacted by the COVID-19 pandemic. EOEA implemented the best practices that evolved during the pandemic and are based on community research, to meet older adults' needs. The Nutrition Program has responded to the varying needs and desires of older people by offering a hybrid of nutrition services.

2 Legislative activities

Food System Caucus (State Representative Hannah Kane, State Representative Thomas Stanley)

- The Healthy Incentives Program (HIP) has been a priority for the FSC since its launch over four years ago. HIP provides \$1 back to SNAP recipients for every \$1 spent on eligible produce at MA farms and farmers markets. HIP celebrated its first \$1M month in July, meaning that \$1M worth of nutritious local produce was accessed by SNAP recipients in just one month. The latest HIP figures, as included in the October 2021 report, indicate that SNAP families used \$1.2M more HIP benefits between July and October 2021 compared to the same period in 2020. In FY22, as of the end of October, 86K households have been served, \$4.7M incentives have been accessed, and 251K transactions have been made. 44% of this use occurred in households with a recipient age 60+.

3 Community Organizations

Massachusetts Council on Aging (MCOA) - Tara Hammes and Pamela Hunt –

- Produced two sets of maps illustrating the locations of COAs who are SNAP/DTA partners, and those who host IIIC meal sites (pre-pandemic).
- Updated and streamlined the Nutrition Advocacy page on MCOA's website for easier use and to act as the primary landing page when searching for MCOA nutrition resources.
- Requested and posted online the updated (Jan 21 and July 21) older adult SNAP benefits by town. As of July 21, 150,558 older adult households received SNAP. Due to various supplement increases, 202,252 older adults received the maximum monthly award.
- Met with 28 COAs to assess nutrition program needs and provide technical assistance. Eighteen of these were new directors.
- Met with various COAs to assist on a range of projects including but not limited to:
 - Nutrition specifications to be used in potential RFP for an independent meal program.
 - Demonstration project tie-in to the Cooking as Self Care series
 - IIIC program and future of grab-and-go meals, restarting congregate programs
 - SNAP information and messaging for newsletter and magazine publications
- Conducted a grab-and-go survey to assess the scope of need and plans as this option begins to sunset.
- Identified and shared list of which COAs operate dining sites independent of full IIIC support.
- COAs distributed Farmers Market Coupons
- COAs provided SNAP outreach and application assistance
- Shared information via email distribution lists and social media outlets

Ethos/Greater Boston Meal Program (Margery Gann)

- Ethos was awarded and distributed 1975 Farmer's Market coupons. This year, demand was higher than the number of coupons available. The distribution was used to outreach about the congregate meals program and other services. 900 home delivered meal recipients each received three deliveries of fresh fruit.

Greater Boston Food Bank (Adriene Worthington)

- Shared information on GBFB's social media platforms (Facebook, Instagram)

4 State Agencies

Department of Agriculture Division of Agriculture Markets (Rebecca Davidson)

- DTA and MDAR partnered on the Healthy Incentives Program (HIP) which provided SNAP recipients with a rebate when they purchased fruits and vegetables at farmers markets, farm stands, mobile markets and CSA's. 44% of SNAP participants using HIP were from a household with a recipient age 60+.
- MDAR, Executive Office of Elder Affairs, and partnering Elder Nutrition Programs distributed \$508,275 worth of Senior Farmers' Market Nutrition Program (SFMNP) Coupons to 20,263 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 also provided 4,112 homebound older adults with \$102,800 worth of local produce. The 24,375 older adults participating in the SFMNP received information on seasonal recipes, how to find farmers' markets, and resources on food assistance.

Department of Public Health (Diana M. Hoek)

- DPH supported opportunities to connect residents to key food resources, such as SNAP and the Healthy Incentives Program, and to build community capacity for healthy eating through the Mass in Motion program. The DPH Nutrition Division promoted purchasing fruits and vegetables at Farmers' Markets through Facebook, Instagram and Snapchat. DPH also promoted Farmers' Markets on Twitter.

IV RAISING MALNUTRITION PREVENTION AWARENESS

1. Community Organizations

Massachusetts Council on Aging (Tara Hammes and Pamela Hunt)

- Promoted ASPEN Malnutrition Awareness Week and Massachusetts Be a Good Nutrition Neighbor campaigns
- Submitted newspaper article during Malnutrition Awareness Week which was published in the Attleboro/North Attleboro areas
- Various COAs posted on social media sites during Malnutrition Awareness and Be a Good Nutrition Neighbor weeks

Minuteman Senior Services (Milaina Mainieri)

- Meals on wheels drivers used a mobile app to report changes in condition or concerns which led in several cases to prevention of more serious health outcomes after care managers followed up with the consumer and family.

Ethos/Greater Boston Meal Program (Margery Gann)

- The Ethos website highlights the issues of malnutrition and food insecurity for older Americans in an engaging and up to date manner. Nutrition counseling was provided to 172 individuals, who in total received 298 sessions. An additional 2718 individuals had a basic nutrition assessment and, if at risk, were offered nutrition counseling.

Greater Boston Food Bank (Adriene Worthington)

- Shared materials from Malnutrition Coalition on social media platforms

Hebrew Senior Life (HSL) Tina Reilly

- Every year ASPEN hosts "Malnutrition Awareness week" webinars and provides free educational handouts in September. We market this on internal web site and post their educational sheets on our bulletin board. The dietitians watch the webinars

- (there are 10-14 webinars in the week to educate us and medical team on various issues in re: malnutrition assessment and treatment). The internal web site has links to these webinars as well so other members of medical team can access.
- Participation in a Cable TV education/interview on Canton TV news re: Malnutrition and Food Insecurity- especially for older adults. It discusses how they can obtain assistance.
 - HSL Blog written for family and older adults in the community for help with identifying Malnutrition and tips for treatment.
 - Identifying patients who are at-risk or have diagnosis of Malnutrition via Nutrition Focused Physical Exam and via The Academy/ASPEN or The GLIM criteria. RDs worked with MDs to formalize an EMR assessment form.
 - Coders to ensure communication is present so that MD is aware of RDs assessment of malnutrition and MD documents if there is an agreement.
 - Ensuring all Registered Dietitians (RDs) and Dietetic Interns are competent at using Handgrip and NFPE to assist in their diagnosis.
 - Malnutrition screening of all patients on admission within EMR
 - Tina Reilly served on the Sarcopenia task force to update the dietitian's terminology on identifying nutrition diagnosis for Sarcopenia
 - Initiating outpatient nutrition program so that patients identified as having malnutrition can be seen as an outpatient. Plans are to expand to include those in Assisted Living, Independent Living, post discharge from rehabilitation, and from Clinics such as the Wolk Memory center.

2 State Agencies

Department of Transitional Assistance (Penny McGuire)

- DTA supported the "Be a Good Neighbor Campaign" during Malnutrition Awareness week (October 4-8) by posting on the DTAListens Twitter feed and sharing the information on the SNAP Nutrition Education website, mahealthyfoodsinasnap.org

Department of Public Health (Diana M. Hoek)

- DPH tweeted daily about malnutrition awareness during Malnutrition Awareness Week, October 4 – 8, 2021. DPH also tweeted about hunger awareness during Hunger Action Month in September.

V PROMOTING NUTRITION EDUCATION AND DISEASE MANAGEMENT

1 OAA Nutrition programs / Executive Office of Elder Affairs (EOEA)

- The program provides multiple culturally specific meals including Kosher, Russian, Latino, Hindu/vegetarian, Chinese, Caribbean, Southern/traditional, Italian, Haitian, and Cambodian. The program also provides medically tailored meals including modified (low sodium, fat, no concentrated sweets), diabetic, heart healthy, renal, and texture modified (chopped, ground, and puree).

2 Community Organizations

Massachusetts Council on Aging (MCOA) -Tara Hammes and Pamela Hunt

- Created the monthly video series 'Cooking as Self Care' to provide nutrition education, a cooking demonstration and information to socially isolated older adults. All

segments posted on MCOA's website (linked from YouTube) and shared with MassAccess for distribution to local community cable stations. Created an original companion handout for each segment. Posted this and supporting nutrition education tools alongside each session.

- Offered free leadership training on the Stepping Up Your Nutrition program to all COAs. This evergreen evidence-based nutrition and falls prevention program can be run virtually or in-person, in groups, or with one individual.
- With a nutrition intern, produced:
 - What to Eat: The Best Foods for Older Adults - this guide lists foods for four specific conditions: general aging, brain health, diabetes and heart disease.
 - What to Eat: The Best Foods for Older Adults - produced two, two-page handouts (general aging and brain health)
 - What to Eat: Seasonal Spices - video and handout for pumpkin oat muffins
 - October's Cooking as Self Care 'Cooking for One' - handout and video
 - Smoothie template handout

Hebrew Senior Life (Tina Reilly)

- One of HSL community centers received a grant to enable them to conduct nutrition education (both 1:1 and group). HSL provided assistance.

3. State Agency

Department of Public Health (Diana M. Hoek)

- DPH tweeted about nutrition and disease management including diabetes and mental health and encouraged the public to reach out to their physicians for vaccines and primary care. DPH will use funding from the Preventive Health and Health Services Block Grant to lower the risk of chronic disease by supporting equitable food access and active living opportunities in cities and towns in Massachusetts while addressing health disparities and/or inequities and support sexual assault prevention and survivor services by building their capacity to provide culturally competent services to all survivors, especially underserved and disparate populations.

4. Be A Nutrition Neighbor – Social Media Awareness Campaign (EOEA and others)

The Campaign

- Employed grassroots "surround sound" activation that recognized malnutrition among older adults as a serious problem in Massachusetts, especially during the COVID-19 pandemic, and encouraged people to stay connected in a socially distant way with the older adults in their life.
- Customized a social media toolkit for dissemination during Malnutrition Awareness Week (October 4-8, 2021) to start social media conversations about malnutrition in older adults.
- Brought together internal and external stakeholders engaged in the Massachusetts Malnutrition Commission and their respective organizations, agencies, and health systems.
- Directed people to online state-specific resources located on the Massachusetts Executive Office of Elder Affairs website with detailed information about available food insecurity programs and local resources.

Key campaign messages addressed during COVID-19

- Older adults are a vulnerable population in Massachusetts who are already at risk for poor nutrition (malnutrition) because of increased risk from chronic disease/food insecurity.
- Social isolation resulting from social distancing as a result of COVID-19 will compound the risk for malnutrition.
- Malnutrition impacts immunity and the ability to fight and recover from infections and acute illnesses, which makes nutrition more important than ever for older adults during the current crisis.
- "Be a Nutrition Neighbor" underscored the needs of the population (43.1 percent live alone, 36.5 percent live in rural areas—making COVID appropriate neighborly check-ins even more important) and provided timely education and support resources during unprecedented times.
- This campaign could further launch in other states with updated memes and links to state-specific programs/resources.

Campaign Highlights

Governor of Massachusetts proclaims Malnutrition Awareness Week



Mayor of Boston proclaims Older Adult Malnutrition Awareness Week

The City of Boston




PROCLAMATION

- Whereas:** *The City of Boston invites Bostonians to observe Malnutrition Awareness Week™ and support actions to prevent, identify, educate, treat and report disease-related malnutrition; AND*
- Whereas:** *Experts agree that nutrition status is a direct measure of patient health and that good nutrition can keep people healthy and out of healthcare institutions, thus reducing healthcare costs which can be up to \$49 billion annually for hospital stays involving malnutrition; AND*
- Whereas:** *Inadequate or unbalanced nutrition, known as malnutrition, is particularly prevalent in vulnerable populations, such as hospitalized patients, older adults, and communities of color, and those populations statistically shoulder the highest incidences of the most severe chronic illnesses that are impacted by nutrition; AND*
- Whereas:** *Nutrition is a human right and social determinant of health and malnutrition is exacerbated by the global COVID-19 health pandemic that has intensified disparities, inequities, and social isolation and is further compounded by food insecurity; AND*
- Whereas:** *Illness, injury, and malnutrition can result in the loss of lean body mass, leading to complications that impact good patient health outcomes, including wound healing and recovery from surgery, illness, or diseases; AND*
- Whereas:** *Members of the Massachusetts Commission on Malnutrition Prevention Among Older Adults recognize that an important step toward identifying & treating malnutrition is raising awareness about it and thus join with The American Society for Parenteral and Enteral Nutrition (ASPEN), which was the first to establish a national Malnutrition Awareness Week™ in 2012; NOW*
- Therefore:** *I, Kim Janey, Mayor of the City of Boston, do hereby proclaim October 4th to 8th, 2021, to be:*

Older Adult Malnutrition Awareness Week™

in the City of Boston

I urge all my fellow Bostonians to join me in recognizing the week of October 4th to be Older Adult Malnutrition Awareness Week™ and to recognize the positive impact of nutrition services and programs for older adults.


KIM JANEY
MAYOR OF BOSTON
October 4th, 2021

4. Memes and infographics

I may act like I have a full fridge, but trying to get groceries in quarantine is overwhelming.

In Massachusetts, food insecurity jumped from 9 percent to 38 percent during the COVID-19 pandemic.

#BeaNutritionNeighbor

www.mass.gov/nutrition-program-for-seniors

Source: Project Bread

I may try to reassure my loved ones that I don't feel alone, but I am so afraid to go out for meals and activities during this pandemic.

Social isolation is a major risk factor for malnutrition. In Massachusetts, 43 percent of elders live alone.

#BeaNutritionNeighbor

www.mass.gov/nutrition-program-for-seniors

Source: www.de/malnutritiontoday/sites/default/files/documents/CMKT_15_00385a_Malnutrition_Info_Graphic_OnePage_Update_FA.pdf

I may look strong, but my mind, body, and spirit feel weak.

Up to one out of two older adults are at risk for malnutrition.

#BeaNutritionNeighbor

www.mass.gov/nutrition-program-for-seniors

Source: https://www.de/malnutritiontoday/sites/default/files/documents/CMKT_15_00385a_Malnutrition_Info_Graphic_OnePage_Update_FA.pdf

I may seem like I have everything under control, but I don't know where to turn to get my next meal.

There are 25 nutrition programs in Massachusetts, serving approximately 10 million meals a year in 350 cities and towns across the state.

#BeaNutritionNeighbor

www.mass.gov/nutrition-program-for-seniors

Source: 2018 Healthy Aging Data Report http://mahealthyagingcollaborative.org/wp-content/uploads/2018/12/MA_Healthy_Aging_Highlights_2018.pdf

I may not ask for it, but I need someone to help me with meal planning.

Meal assistance increased 50 percent during the pandemic, with Massachusetts elderly nutrition programs delivering 40,000 meals a day.

#BeaNutritionNeighbor

Source: Massachusetts Executive Office of Elder Affairs

www.mass.gov/nutrition-program-for-seniors

3.7 million
OLDER AMERICANS
are suffering from malnutrition.



#BeaNutritionNeighbor

In 2016, malnutrition cost

\$322 million



in additional healthcare spending in Massachusetts.

#BeaNutritionNeighbor

By 2035,
more than
30% of the population



in almost every town in Massachusetts will be over the age of 60, and at risk of malnutrition.

#BeaNutritionNeighbor

50%
of older adults are
at risk for malnutrition, and
that number is on the rise.

#BeaNutritionNeighbor

MALNUTRITION IS CHARACTERIZED BY DEFICIENCIES, EXCESSES, OR IMBALANCES IN A PERSON'S INTAKE OF NUTRIENTS.

3.7 million
OLDER AMERICANS
are suffering from malnutrition.

50%
of older adults are
at risk for malnutrition, and
that number is on the rise.

RISK FACTORS
of malnutrition
include:

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

SIGNS AND SYMPTOMS
of malnutrition:

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

By 2035, more than 30% of the population
in almost every town in
Massachusetts will be
over the age of 60, and
at risk of malnutrition.*

In 2016, malnutrition cost
\$322 million
in additional healthcare spending in Massachusetts.

#BeaNutritionNeighbor

5. The campaign had 89 interactions and reached and estimated 49,605 people in MA during Malnutrition Awareness Week, October 4-8, 2021.
6. Malnutrition Awareness Weeks:
 - Promoted malnutrition awareness during Older Americans month in May.
 - Member agencies participated in Aspen's Malnutrition Awareness Week™ October 4th-8th events and acted as ambassadors
 - OAA nutrition programs delivered malnutrition information on menu backs at "Grab and Go" sites and used remote technology and social media

COMING YEAR ACTIVITIES (2022)

- MPC members will continue to adapt to the needs facing older adults during the COVID-19 crisis and evaluate long-term impact. MPC will do a similar Malnutrition Awareness campaign with a specific call to action aligned to the goals of the commission. MPC members will encourage healthcare stakeholders to conduct Awareness Campaigns at state legislative gatherings and community events.
- MPC will encourage member agencies to publish and promote evidence-based malnutrition information
- MPC will promote the 2020-2025 US Dietary Guidelines and continue to advocate the importance of raising awareness of malnutrition among older adults.
- MPC will join ASPEN to celebrate 2022 “Malnutrition Awareness Week.”
- MPC will distribute and present their report to key stakeholders including Massachusetts Councils on Aging, ASAPS/Nutrition Programs, Health Policy Commission, Massachusetts Academy of Nutrition and Dietetics, and the Massachusetts Hospital Association.

MA Executive Office of Elder Affairs (EOEA):

- EOEA will further promote and participate in national events such as ASPEN’s Malnutrition Awareness Week™. Materials regarding malnutrition in older adults will be distributed to the entire senior network of consumers and providers.
- EOEA’s website will continue to publish and promote evidence-based malnutrition resources to enhance the likelihood information will reach older adults, healthcare providers and caregivers.
- EOEA will explore how best to facilitate collaboration between hospitals and the aging services network in MA regarding the value and role of home delivered meals in reducing hospital readmission.
- The EOEA nutrition program team will continue to participate in the cross-agency Food Security Task Force.

Massachusetts Department of Public Health (DPH)

- DPH will help to coordinate “Older Adult Malnutrition Awareness Week” and participate in corresponding events.
- DPH will assist the MPC on both data collection and public awareness campaigns.
- DPH will work with the MPC to raise awareness about malnutrition in older adults throughout its bureaus, divisions and programs.
- DPH will disseminate the commission’s studies and findings to appropriate DPH programs to reduce barriers and health care costs as well as improve quality indicators and outcomes.
- DPH will participate in national events such as ASPEN’s Malnutrition Awareness Week™ in October 2022.

Massachusetts Department of Transition Assistance (DTA):

- DTA is committed to providing low-income individuals food assistance and a path to economic long-term self-sufficiency.
- DTA will continue to partner with EOEA and a working group of advocates to focus on initiatives to help older adults access and maximize SNAP benefits.

- DTA and MCOA's ongoing collaboration has resulted in an additional 20 Councils on Aging becoming contracted SNAP Outreach Partners in 2020. There are 32 active Councils on Aging currently receiving federal reimbursement for the work they do assisting older adults enroll in SNAP.
- DTA's Senior Assistance Office is a specialized unit which designed to meet the specific needs of the Commonwealth's older adult population. Included in this office is a dedicated phone line for older adults that will directly connect them with a live case manager.
- DTA has recognized that SNAP benefits can help prevent malnutrition in older adults and will promote and attend the "Older Adult Malnutrition Awareness Week" events.
- DTA will include malnutrition information along with its Nutrition Education program (SNAP-Ed) on its website which highlights programming for older adults.
- DTA will continue working on the SNAP senior medical deduction and Elderly Simplified Application Project (ESAP)

Massachusetts Department of Agriculture (MDAR):

- MDAR has identified opportunities to incorporate the commission's recommendations into existing programs and initiatives. MDAR will continue to collaborate with partner organizations to evaluate how to effectively integrate the recommendations into its programs.
- MDAR has committed to incorporating evidence-based malnutrition awareness information into The Senior Farmers' Market Nutrition Program (SFMNP), nutrition education magazine. The program will also work with participating market managers to increase awareness of malnutrition and provide information on the resources needed to reduce it.
- MDAR will continue to collaborate with the Massachusetts Department of Transitional Assistance on the Healthy Incentives Program (HIP). The program provides a monthly reimbursement for SNAP recipients to purchase fruits and vegetables. Approximately 50% of the families who have earned HIP reimbursements have included older adults.

Aging Services Access Points Agencies (ASAPs) /OAA nutrition programs:

- ASAP/OAA nutrition programs will promote "Older Adult Malnutrition Awareness Week" and participate in corresponding events.
- ASAP/OAA nutrition programs will support dissemination of materials regarding malnutrition in older adults provided by EOEA.
- ASAP/OAA Nutrition programs will develop and institute internal processes to implement EOEA-mandated MST screening and follow-up.
- ASAP/OAA nutrition programs will establish protocols to address needs of individuals identified as experiencing or being at-risk for malnutrition.
- ASAP/OAA nutrition programs will encourage outreach to local healthcare providers to raise awareness of malnutrition risk and MST screening and availability of ASAP nutrition services to address malnutrition.
- ASAP case managers and intake workers will receive basic training in identifying overt physical manifestations of malnutrition.
- Home Care consumers who are certified as nursing-facility eligible (ECOP and waiver) will be offered an annual nutrition consultation.

Massachusetts Councils on Aging (MCOA)

- MCOA will continue to focus on food security and malnutrition in 2021 to reach large number of older adults in the Commonwealth
- MCOA will participate in Older Adult Malnutrition Awareness Week and related events.
- MCOA will publish evidence-based malnutrition prevention research on the revised nutrition advocacy website page
- MCOA will provide training, technical assistance and educational opportunities for councils on aging and staff to enhance their ability to provide malnutrition prevention information and effective programs.
- MCOA will include malnutrition prevention in their yearly conference that provides training on topics relevant to councils on aging, senior centers and other providers working with older adults
- MCOA will continue to partner with/participate in task forces, work groups, coalitions and agencies to strengthen its malnutrition prevention work
- MCOA will continue to provide one-on-one assistance to council on aging directors and their staff to evaluate and enhance their nutrition initiatives
- MCOA will create and share additional nutrition tools to improve older adult nutrition
- MCOA will form an advisory committee to guide the trade association's nutrition activities

Massachusetts Academy of Nutrition and Dietetics (MAND)

- MAND will share Food is Medicine information and related campaigns raising awareness of inadequate nutrition to families, caregivers, and peers of older adults
- MAND will encourage healthcare stakeholders to conduct appropriate malnutrition prevention campaigns at state legislative gatherings and community event
- MAND will highlight malnutrition through its Public Policy Workgroup, action alerts and the MA Day on the Hill event for dietetic students
- MAND will contribute to the work of MPC by reaching its members throughout the Commonwealth. The malnutrition week and related events will be promoted via the blog and social media accounts
- MAND members will be offered a list of malnutrition resources and website links via the blog and at the Annual Nutrition Convention & Exposition (ANCE)
- MAND will highlight evidence-based malnutrition research and food insecurity resources

Jean Mayer USDA Human Nutrition Research Center on Aging (HNRCA) /Tufts University (Academic/Research organization)

- HNRCA will attend "Older Adult Malnutrition Awareness Week" and participate in corresponding events.
- HNRCA will work with other academic research organizations and MPC to make dietary policy recommendations and offer trainings and education which will improve the nutrition status of older adults. These topics from their study results include immune function, vitamin and mineral absorption, physical capacity as well osteoporosis, cardiovascular disease, diabetes, cataracts and macular degeneration.
- HNRCA/ Tufts University will publish evidence-based malnutrition research as it comes available.
- HNRCA will also assist community organizations to conduct MNT outreach to treat malnutrition.

Brigham and Woman Hospital (BWH):

- Continue to use the Malnutrition Screening Tool (MST) to identify hospitalized patients at nutritional risk
- Use the Academy of Nutrition and Dietetics/American Society for Parenteral and Enteral Nutrition clinical characteristics to identify patients with malnutrition
- Collaborate with the Clinical Documentation Integrity Specialists to assure malnutrition is correctly documented and coded in the medical record
- 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
- Work with Care Coordination nurses to assure appropriate discharge planning and referral to appropriate home services as needed

The Greater Boston Food Bank (GBFB):

- GBFB will continue to promote malnutrition awareness campaigns on social media platforms.
- GBFB will promote “Older Malnutrition Awareness Week” on social media platforms and blogs.
- GBFB will participate in “Older Malnutrition Awareness Week” events.
- GBFB will work with DTA on activities to help close the “SNAP Gap” for older adults.

CLOSING

EOEA is grateful to the Legislature for its continued interest in the impact of malnutrition prevention research and education, and for creating the Commission on Malnutrition Prevention Among Older Adults to allow us to study methods to prevent and reduce malnutrition in the Commonwealth. With increased needs brought by the pandemic, continued growth in the older adult population, and the high cost of health care, MPC will continue to serve an important function by working with the EOEA Secretary to help improve nutrition among older adults and reduce rising health care costs.

Appendix 1
06/30/2021 Malnutrition meeting minutes



The Commonwealth of Massachusetts
Executive Office of Elder Affairs
One Ashburton Place, 5th Floor
Boston, Massachusetts 02108

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

MARYLOU SUDDERS
Secretary, Executive Office of Health
and Human Services

ELIZABETH C. CHEN, PhD, MBA, MPH
Secretary

Tel: (617) 727-7750
Fax: (617) 727-9368
TTY/TTD: 1-800-872-0166
www.mass.gov/elders

Commission on Malnutrition Prevention Among Older Adults
Jun 8, 2021, 01:00 PM Eastern Time (US and Canada)
Zoom Meeting

Minutes

Members in Attendance: Carole Malone (Co-Chair), Shirley Chao (Co-Chair), Amy Sheeley, Dalia Cohen, Diana Hoek, Rep. Hannah Kane, Kris Mogensen, Linnea Hagberg, Mary Gann, Mary Giannetti, Milaina Mainieri, Pamela Hunt, Rebecca Davidson, Rep. Thomas Stanley, Samuel Eyong
Not in Attendance: Helen Rasmussen, Penny McGuire, Sarah Phillips, Tina Reilly
Guests: Tara Hammes, Tiffany Nagle, Robert Blancato

I. Administrative Details

- a. Introductions

II. Old Business

- a. None

III. New Business

- a. Welcome by Shirley Chao and Carole Malone (co-chairs)
- b. Presentation of "Washington updates/Defeat Malnutrition today" 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
 - Impact of pandemic on malnutrition
 - Doubling of food insecurity rates

- Increase in SNAP enrollment
 - Full scale conversion of Older Americans Act nutrition program
- Important nutrition funding during pandemic and outlook for FY22
 - \$1.6 billion in pandemic funding for OAA
 - 15 percent increase in SNAP benefits
 - Increase for CSFP and food bank funding
 - Proposed FY22 \$390 million increase for OAA nutrition
- Malnutrition Quality Measure
 - On June 3—the relevant NQF committee by vote of 15-2 voted in favor of the composite malnutrition quality measure.
 - CMS failed to include it in their draft hospital inpatient payment rule
 - Public comment through June 28 before rule becomes final
 - Comments can be filed supporting the malnutrition quality measure
- New draft report issued last week by Agency for Healthcare Research and Quality entitled “Malnutrition in Hospitalized Adults”. Some key points:
 - Evidence shows an association between malnutrition and increased mortality and prolonged length of hospital stay among malnourished hospitalized patients
 - A small body of evidence indicates malnutrition-focused hospital-initiated interventions likely reduce mortality and may improve quality of life among patients diagnosed with malnutrition
 - More research is needed to assess the clinical utility of hospital screening for malnutrition
- National Resource Center on Nutrition and Aging
 - New National Resource Center on Nutrition and Aging cooperative agreement sent out by ACL in March
 - Expected to be operating on or before Sept 1
 - Expected to be more of a resource to wider audience than in past
- White House Conference on Nutrition
 - Newfound interest
 - Pushed by two key players in Congress on nutrition, Rep. Jim McGovern and Sen. Cory Booker
 - Last one in 1969
 - New issues, new relevance on role of nutrition in health warrants this conference
- New DMT resources
 - Bob’s Appropriations testimony: <https://www.defeatmalnutrition.today/sites/default/files/FY22%20LHHS%20Public%20Witness%20Testimony%20Blancato.pdf>
 - New state toolkits: <https://www.defeatmalnutrition.today/advocacy-toolkits>
 - Leave comments on the proposed rule: <https://www.regulations.gov/commenton/CMS-2021-0070-0002>

c. 2020 Review by Shirley Chao (co-chair), Director of Nutrition, Massachusetts Executive Office of Elder Affairs.

- Pandemic challenges
 - Social isolation and depression intensified frailness and impacted appetite and malnutrition
 - Increased food insecurity
- Community nutrition programs response addressed food insecurity, socialization, family caregivers, and raised public awareness of malnutrition
 - Relief bills included CARES, FFRCA, and USDA Farmer to Family Box Program
 - FFRCA supplemented T3, supported centralized purchasing, supported 85,000 older adults across state
 - In MA food insecurity increased from 9% to 38%
 - Delivered more meals, increased by 50%
 - Contact free drop off and wellness checks
 - Some local kitchens closed due to COVID outbreaks; emergency meals delivered
 - Congregate sites converted to “Grab and Go.”
 - Seniors Farmers Market, bulk purchasing, pack and deliver and mobile markets
 - Farmers to Family Box, Truck to Trunk, 450,000 pounds food to 37,000 households, many not regular clients
 - Socialization: Greater Boston Golden Age Center changed all activities to online, including nutrition education and exercise
 - Nutrition education via Zoom, cable access, and YouTube channels
 - Telehealth MNT
 - Social media campaigns: #DoACovidCheck (15,000 follower reach) do they have food, do they feel lonely, #BeaNutritionNeighbor (108,000 follower reach), targeted to all ages
- Governor’s Task Force
 - SNAP online application and purchasing
 - EBT Relief for older adults raising grandchildren
- Can reach more people with technology: Teach more online communication tools, telehealth important, especially in rural areas
- Pandemic helped collaboration between community resources, need to keep momentum

d. FY 20 Nutrition Satisfaction Survey Results by Amy Sheeley, Nutrition Specialist, Massachusetts Executive Office of Elder Affairs

- Approximately 7,800 older adults participating in the Nutrition Program responded to a survey assessing the impact and quality of services. Due to the Covid-19 pandemic, many programs were unable to collect surveys from congregate meal clients this year.
 - Eighty four percent of home delivered meal recipients reported that the meals help them to live independently.
 - Approximately 80% of homebound respondents receive 5 or more meals per week with 19% receiving a meal in addition to the lunch meals, such as breakfast, supper or weekend meals.
 - Ninety three percent would recommend the program to a friend.

- Approximately 80% of those surveyed rated the meal quality as excellent or good.
- Approximately 81% rated highest satisfaction with the variety, taste, appearance, and how the meals were cooked.
- Over 1/3 (36%) of home delivered meal respondents reported they would have a shortage of food in the house if it were not for the program. Approximately 64% said the meal contributes to half or more of their total daily intake
- Seventy one percent of home delivered meal respondents reported it is their main meal of the day.
- Home delivered meal recipients report that the meals help them to:
 - Maintain medical condition(s) (51%)
 - Manage blood pressure (47%)
 - Manage blood sugar (42%)
 - Feel better (85%)
 - Eat healthier (90%)
 - Maintain weight (81%)
 - Feel better (85%)
 - Improve health (81%)
- More than 1/3 (40%) of home delivered recipients live alone with no one to check on them.
- Home delivered meal recipients (86%) are less lonely because of the program. This is an increase from 77% in 2019.

Discussion Future Plan (Members and invited guests only)

- Shirley Chao: Meetings delayed by pandemic, only 6 Months left in year
 - Can build on success of social media campaigns to raise the awareness
 - Need to connect community long term care and hospitals
 - How do we measure that message is received?
- Tiffany Nagel discussed developing a Call to Action. The commission should revisit and update #BeaNutritionNeighbor for 2021, direct followers to MA malnutrition resources page, update the website and use as landing page for resources
- Linnea Hagberg suggested that some community events might be held in person due to programs reopening.
- Mary Giannaetti contributed that there is some hesitancy to attending group events
- Kris Mogensen suggested that older adults need help to become more comfortable “reentering life”. On the hospital in-patient side, they are working on screening efforts, thinking about what happens when patients go home, but they do not have the staffing to fully address food insecurity issues.
- Carole Malone agreed that the reentry issue is important, and might be addressed by commission
- Tara Hammes said some COA participants are ready to come back, some very hesitant, some centers have programs such as a “buddy system.” Councils on Aging have been working on testimonials and having ambassadors, SNAP grocery delivery, and more money designated to the homebound produce program

- Rebecca Davidson discussed celebrating community linkages and ambassador programs. Farmers Market programs opened safely, there are opportunities for dissemination of information because they are a community center. The markets build relationships at community level. The Department of Agriculture will resume hosting community tables and focus on language barriers and diversity.
- Sam Eyoung reported that many older adults can be reached in building complexes, by contacting coordinators of buildings. Also, Central Boston Case Managers can distribute information.
- Milaina Mainieri discussed the need to do an intake if a client is not already connected to ASAP, which can take a week or two to get done. Need to connect with discharge planning at nursing facilities, some older adults have great family members that are helpful, but many people don't have support systems. We need to bridge and streamline community services and clinical services, collaborate with home care services including homemaking (grocery shopping and cook meals). Need information sheet for discharge planner.
- Carole Malone discussed the importance streamlining community and healthcare important, disconnect in referral, and we need to consider how to link them together?
- Margery Gann: Discharge planners are very good at referring to VNAs, do it very well, we should reach out to VNA to refer nutrition services.
- Rep Stanley, looking for direction from group, happy to move the agenda forward, will be happy to move actions forward
- Dalia Cohen suggested that hospitals have community resource representatives that we should link with.
- Tiffany Nagle reported that in the past we utilized commission members to share message with contacts, people who care for other people and refer to the call-to-action website. We should reconsider who do we think should be receiving the message and add to distribution list.
- Is it reasonable to target discharge planners?
- Mary Giannetti suggested there can be forms that pop-up health care systems patient systems. We have to take responsibility to make personal relationships such as with transition of care teams (home care, SNF, VNA).

In summary:

- Create a new 2021 malnutrition campaign toolkit which includes social media messages and memes, a fact sheet, and education materials to be using during Malnutrition Awareness Week TM in October.
- Request city and state declarations of Malnutrition Awareness Week.
- Review and add to resource list for distribution of the toolkit. Include new recipients such as VNAs, housing coordinators and clinical facilities wherever possible.
- Update website resources and landing page.
- Frame some messaging around challenges older adults face because of the pandemic and reentering a changed world.

Future Events:

ASPEN's Malnutrition Awareness Week TM October 4–8, 2021

Future Meeting date: Will conduct a Doodle for a September meeting

¹ Gaps in Food Access DURING THE COVID-19 PANDEMIC IN MASSACHUSETTS https://www.gbfb.org/wp-content/uploads/2021/04/GBFB_Gaps_in_Food_Access_Report_Final_May_2021.pdf

² DTA performance scoreboard 2021 <https://www.mass.gov/doc/performance-scorecard-february-2021/downloadDTA>

³ Abadía Otero J, Briongos Figuero LS, Gabella Mattín M, et al. The nutritional status of the elderly patient infected with COVID-19: the forgotten risk factor? *Current Medical Research & Opinion*. 2021;37(4):549-554. doi:10.1080/03007995.2021.1882414

⁴ Damayanthi HDWT, Prabani KIP. Nutritional determinants and COVID-19 outcomes of older patients with COVID-19: A systematic review. *Archives of Gerontology & Geriatrics*. 2021;95:N.PAG. doi:10.1016/j.archger.2021.104411

⁵ Liu G, Zhang S, Mao Z, Wang W, Hu H. Clinical significance of nutritional risk screening for older adult patients with COVID-19. *European Journal of Clinical Nutrition*. 2020;74(6):876-883. doi:10.1038/s41430-020-0659-7

⁶ Baic S. Managing malnutrition in older adults in the community during the COVID-19 pandemic. *Nursing Older People*. April 2021:N.PAG. doi:10.7748/nop.2021.e1311

⁷ Ghanem J, Colicchio B, Andrès E, Geny B, Dieterlen A. Lockdown Effect on Elderly Nutritional Health. *Journal of Clinical Medicine*. 2021;10(21):5052. doi:10.3390/jcm10215052

⁸ Handu D, Moloney L, Rozga M, Cheng FW. Malnutrition Care During the COVID-19 Pandemic: Considerations for Registered Dietitian Nutritionists. *Journal of the Academy of Nutrition & Dietetics*. 2021;121(5):979-987. doi:10.1016/j.jand.2020.05.012

⁹ Commonwealth of Massachusetts Senate. Bill S.2453. An Act Relative to Establishing and Implementing a Food and Health Pilot Program. 2020. <https://malegislature.gov/Bills/191/S2453>. Accessed February 1, 2020.

¹⁰ Mass Health Council (MHC) indicator report 2021 <https://cdn.ymaws.com/mahealthcouncil.org/resource/resmgr/hsir/commonhealthreportfinal.pdf>