

**National Black Nurses Association  
Resolution**

**Nutrition as a Vital Sign**

Whereas a recent U.S. study estimated the economic burden of community-based diseases associated with malnutrition to be \$157 billion per year. Older age and chronic disease are often associated with malnutrition and as older African Americans have increased rates of chronic diseases. They have also been found to have a significantly higher risk of malnutrition.

Whereas nutrition experts agree that nutrition status is a direct measure of patient health and nutrition has been proposed as a vital sign for older Americans. Over- and under nutrition frequently contribute to poor health outcomes, chronic disease risk and complications, increased health disparities, rising healthcare costs, and ultimately undermine the promotion of health and wellness.

Whereas poor nutrition otherwise known as malnutrition can result in loss of lean body mass, leading to complications that impact patient health outcomes including reduced recovery from surgery, illness, or chronic disease, increased susceptibility to illness and infection, impaired wound healing, increased risk for falls and fractures, and increased mortality.

Whereas access to therapeutic nutrition—defined as the use of specific nutrients, disease-specific nutrition products, and complete and balanced oral nutrition supplements to help manage a health problem—is critical to helping restore lean body mass, resolve malnutrition and thus improve clinical outcomes, reduce health care costs, and keep people and communities healthy.

Whereas nurses in collaboration with dietitians and other healthcare professionals, are on the frontline for malnutrition screening and monitoring of as well as working to improve nutrition intake.

Whereas there has been a framework recently established by The Alliance to Advance Patient Nutrition (The Alliance) for an interdisciplinary process to address malnutrition in the hospital and post-acute phase, and there is a role for nurses in each of the six multidisciplinary actions proposed. Yet, there is a lack of sufficient nutrition education in the core training curricula of nursing schools.

Whereas The Joint Commission (TJC) requires hospitals to conduct malnutrition screening for all patients within 24 hours, yet there is considerable variability in malnutrition screening protocols and subsequent nutrition interventions and related quality measures are often lacking.

Whereas the 2010 Patient Protection and Affordable Care Act (ACA) has outlined several preventive services now covered by insurance, yet malnutrition screening and intervention for older adults are not specifically detailed in the ACA.

Whereas families and caregivers often provide nutrition care for older adults in the community but are not aware of how to identify and treat malnutrition.

Whereas community nutrition programs supported by the Older Americans Act (OAA) provide an important resource to help keep older adults out of healthcare institutions, yet these programs are not adequately funded to meet demands and need to provide more than just access to food by improving older adults' nutritional well-being to maintain health equity.

Whereas the *Healthy People 2020* goals contain objectives directly related to older adult health, however there are no national health objectives specifically for malnutrition screening and intervention in older adults.

*Therefore be it resolved* that members of National Black Nurses Association support the need for direct, culturally competent nursing involvement across the continuum of healthcare in the systematic malnutrition screening and interventions for older adults.

- NBNA recommends that malnutrition be recognized as a key indicator of older adult health and that nutrition becomes a vital sign for older adults.
- NBNA encourages including nutrition training in nursing school core curricula and continuing education, with specific attention given to preventive malnutrition screening and subsequent nutrition interventions.
- NBNA supports malnutrition measurement and documentation being developed as a summative measure and subsequently included in standard nursing language.
- NBNA endorses the inclusion of malnutrition screening and intervention in electronic health record (EHR) templates visible to all healthcare professionals.
- NBNA recognizes a need for TJC to strengthen its standards by requiring routine malnutrition screening for all inpatients as well as nutritional intervention within 24 hours of screening, when clinically indicated using a framework such as that developed by The Alliance; and a need for required malnutrition screening and intervention in hospital licensure regulations and hospital rating and comparison measures.
- NBNA recommends including malnutrition screening and intervention in state- and hospital-level transitional care models and local quality improvement solutions as well as use of malnutrition quality measures in public and private accountability programs.
- NBNA encourages the addition of nutrition, including malnutrition screening and interventions, in the annual Medicare Health Risk Assessment and comprehensive “Welcome to Medicare” health assessment covered by the ACA.
- NBNA encourages the development of education programs to raise public and caregiver awareness of older adult malnutrition.
- NBNA supports increased emphasis on nutrition for healthy aging through new provisions in the Older Americans Act, including promoting routine malnutrition screening for OAA meal program participants and addressing their unique nutritional needs with nutrition interventions that are culturally and age-sensitive and that allow states more flexibility in providing therapeutic nutrition oral supplements in addition to, not just as a replacement for, regular meals.
- NBNA recommends that malnutrition is recognized as a key indicator of older adult health and supports the addition of new objectives specifically related to malnutrition screening and intervention in national health goals, such as the *Healthy People 2020* goals.
- NBNA recommends that nutrition be identified as an action area by the 2015 White House Conference on Aging, with specific recommendations to address malnutrition screening and intervention for older adults.

Approved: National Black Nurses Association, Business Meeting, July 30, 2015.

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