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, increased health disparities, rising healthcare costs, and ultimately undermine the promotion of health and wellness.

Whereas one of every two older adults is at risk of becoming or is malnourished, and it is estimated that the economic burden of community-based, disease-associated malnutrition in the U.S. is $157 billion per year. Older age, chronic disease, and food insecurity are often associated with malnutrition; in particular, cancer and cancer care increase the risk of malnutrition, and older patients with cancer are one of the patient populations most underdiagnosed with malnutrition. Older African Americans have increased rates of chronic diseases and have been found to have a significantly higher risk of malnutrition.

Whereas nurses in collaboration with dietitians and other healthcare professionals are on the frontline for malnutrition screening and monitoring as well as working to improve nutrition intake. Yet, there is a lack of sufficient nutrition education in the core training curricula of nursing schools and the National Blueprint: Achieving Quality Malnutrition Care for Older Adults, 2020 Update recommendations specifically include integrating training modules for malnutrition prevention, identification, and treatment into curriculums for nurses.

Whereas nurses are leaders in quality improvement and malnutrition quality improvement projects have been demonstrated to enhance the culture of patient safety, reduce patient lengths of stay, and lower readmission rates. The multidisciplinary Malnutrition Quality Improvement Initiative has developed specific tools and quality measures to support changes among the care team’s clinical knowledge and raise awareness of best practices for optimal nutrition care delivery through patient-centered approaches that improve coordination across the care team.

Whereas the Centers for Medicare and Medicaid Services (CMS) have approved the inclusion of malnutrition quality measures into two Qualified Clinical Data Registries (QCDRs), which is vital in advancing evidence-based high-quality care, however the use of malnutrition quality measures in most public and private accountability programs is still lacking.

Whereas a 2019 Government Accountability Office (GAO) report on nutrition assistance programs found that federal nutrition guidelines do not address the varying nutritional needs of older adults, such as those with chronic conditions or age-related changes. Thus, federal nutrition assistance programs are not meeting older adults’ nutritional needs.
Whereas community nutrition programs supported by the Older Americans Act (OAA) provide an important resource to help keep older adults out of healthcare institutions and the recent “Supporting Older Americans Act of 2020” includes for the first-time screening for malnutrition as part of broader nutrition screening. Yet, OAA programs are still not adequately funded to meet all the nutrition needs of older adults.

Whereas access to nutrition interventions including 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 a recent systematic review found that nutrition interventions can improve health and nutrition outcomes for community-dwelling older adults, yet the families and caregivers who often provide nutrition care for older adults are not aware of how to identify and intervene for malnutrition.

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

- NBNA recommends that nutrition be recognized as a key indicator of older adult health and that nutrition becomes a vital sign for older adults.

- NBNA encourages the inclusion of nutrition training in nursing school core curricula and continuing education, with specific attention given to preventive malnutrition screening and subsequent nutrition interventions for older adults.

- NBNA supports malnutrition measurement and documentation being developed as summative measures 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 urges CMS to move beyond the inclusion of malnutrition quality measures in two QCDRs and recommends CMS adopt malnutrition quality measures in the inpatient rule and evaluate other potential policy levers like the Oncology Care Model, to address malnutrition in the Medicare population.

- NBNA recommends including malnutrition screening and intervention in state- and hospital-level transitional care models, hospital licensure regulations and hospital rating/comparison measures, local quality improvement solutions, and private accountability programs.
• NBNA encourages Executive action be taken on the recommendations from the GAO report on nutrition assistance programs to better address the nutrition needs of older adults.

• NBNA supports increased emphasis on nutrition for healthy aging through new provisions in the OAA, specifically provisions addressing older adults’ unique nutritional needs with nutrition interventions that are culturally and age-sensitive and that allow states more flexibility in providing oral nutrition supplements in addition to, not just as a replacement for, regular meals.

• NBNA encourages the development of education programs to raise public and caregiver awareness of older adult malnutrition.

• NBNA recommends that nurses join with the over 100 other members of the Defeat Malnutrition Today coalition to achieve greater focus on malnutrition screening and intervention through regulatory and legislative change across the nation’s healthcare system.

References


Mary Beth Arensberg, PhD, RDN, LDN, FAND
Director, Health Policy and Programs, Abbott Nutrition Division of Abbott
11-6-2020

Approved: NBNA Board of Directors, November 12, 2020