CBOs' Role in Addressing Malnutrition in Community-Dwelling Older Adults

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Community-based organizations can prevent, identify, and manage malnutrition and malnutrition risk.

Malnutrition, one of the greatest threats to successful aging, is a growing and costly health problem among older Americans that is preventable and can be better managed in the home with support from community-based organizations (CBO). Up to 50 percent of older adults are at risk for becoming malnourished or already are (Izawa et al., 2006; Kaiser et al., 2010), and it is estimated that the annual cost of disease-associated malnutrition in the older adult population is more than $51 billion (Snider et al., 2014). Diseases, including cancer, diabetes, and gastrointestinal, pulmonary, and heart diseases and their treatments can impact both appetite and absorption of nutrients, which can lead to malnutrition (The Malnutrition Quality Collaborative, 2017).

Malnutrition is a complicated and detrimental condition associated with numerous causes and risk factors (National Academies of Sciences, Engineering, and Medicine, 2016). For example, older adults with chronic conditions; functional, sensory, mood, and cognitive impairments; polypharmacy; and oral health problems are at risk for malnutrition. Additionally, with unmet social needs (also referred to as the social determinants of health), such as lack of transportation, food insecurity, poverty, social isolation, and limited or no access to public benefit programs and other essential supportive services, they are at an increased risk for malnutrition. Complicating matters further, these medical and social risks often co-occur, making malnutrition support difficult across the care continuum. As a result, comprehensive malnutrition care requires collaboration between and among healthcare and CBO stakeholders.

Social Determinants of Health and Malnutrition

Malnutrition has long been recognized as a public health crisis in the pediatric population. According to the Academy of Nutrition and Dietetics, it contributes to approximately 45 percent of all child deaths globally, and in the United States, an estimated one in ten households with children struggle with food insecurity. Though malnutrition is pervasive and costly in the older adult population,

→ABSTRACT Older adult malnutrition is a debilitating and costly condition that can be prevented through engagement from community-based organizations (CBO) that provide care transitions assistance, disease and falls prevention, and health promotion programs. By incorporating screenings for malnutrition and other social risk factors into their programs, CBOs can aid in preventing and treating malnutrition and help older adults to successfully age in their homes and communities, while advancing population health management strategies and demonstrating value to healthcare partners.
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it remains a silent epidemic, and malnutrition care approaches have not typically been included in most prevention and wellness, patient safety, care transitions, and population health strategies.

Nationwide, there is a growing recognition that poor health is largely attributable to social determinants of health (Marmot, 2005), which often are considered to exist outside of the health system's span of influence. Thus, as healthcare entities employ population health strategies to better manage the health and associated healthcare costs for older patients, they will likely be looking to CBOs to screen for and address the broad range of social determinants of health that contribute to malnutrition risk.

It is imperative to screen for malnutrition and to address the social determinants of health.

CBOs' role in combating malnutrition

CBOs are uniquely positioned to advance malnutrition care for community-dwelling older adults because CBOs are well-established in their communities and provide a wide array of programs and services that support older adults in their homes, wherein they manage their health on a day-to-day basis. Existing programs and services can be modified and leveraged to screen for and address the social risks contributing to and exacerbating malnutrition. For example, validated malnutrition and screening tools for the social determinants of health can be integrated into program assessments, care transition programs, and disease prevention and health promotion programs.

Malnutrition standards of care, best practices, and validated screening and diagnostic tools are available, and CBOs can systematically adopt them in a community setting and incorporate them into existing program assessments. The Malnutrition Quality Collaborative's (2017) *National Blueprint: Achieving Quality Malnutrition Care for Older Adults* provides a list of validated screening and assessment tools, including the Birmingham Nutrition Risk, Malnutrition Screening Tool, Malnutrition Universal Screening Tool, Mini Nutritional Assessment, Nutrition Risk Classification, Nutritional Risk Index, National Risk Screening 2002, and the Short Nutritional Assessment Questionnaire.

In addition, Seniors in the Community: Risk Evaluation for Eating and Nutrition, Version II (SCREEN-II) is a validated tool developed specifically for community settings (Keller, Goy, and Kane, 2005). These screening tools can detect some risk indicators for malnutrition, including recent weight loss, poor intake of nutrients and-or poor appetite, plus body weight measures (e.g., self-report, calf circumference).

Also, CBOs can add questions into program assessments to identify social determinants of health that contribute to malnutrition, such as those concerning lack of housing and transportation, food insecurity, social isolation, and poverty. The Social Interventions Research & Evaluation Network team created a comparison guide of the most widely used social determinants of health screening tools (Cartier, Fichtenberg, and Gottlieb, 2018); the guide describes each tool and includes information about its intended population or setting, and the social risks each tool addresses.

Effective population health management and value-based reimbursement success hinge on reducing healthcare costs and, according to the 2013 Health Care Cost and Utilization Project data, treating malnourished patients costs nearly twice as much as their well-nourished peers (Fingar et al., 2016). Consequently, proactively screening for malnutrition and addressing the social determinants of health are no longer luxuries, but an imperative.

The Population Health Management Imperative

Effective care transitions are key not only to improving outcomes and preventing avoidable

hospital readmissions, but also to implementing health systems' population health management approaches, including risk-based care contracts, Accountable Care Organizations, and bundled payment models. As incentives drive care out of acute care settings, healthcare providers are partnering with CBOs to transition older adults from acute- and post-acute-care settings to home. Across the country, CBOs are using evidence-based care transition models, such as the Care Transitions Intervention and the Transitional Care Model, to support those who are at risk for otherwise avoidable readmissions.

Many of these care transitions programs originated in the Community-based Care Transitions Program (CCTP), which provided a framework for CBOs to partner with hospitals in addressing the needs of high-risk Medicare patients. An evaluation of CCTP concluded that most successful care transitions programs effectively linked patients with community-based services (Econometrica, Inc., and Mathematica Policy Research, 2017).

Effective care transitions are key to achieving health systems' population health management approaches.

Partnerships and screening, educating across the care continuum

While care transition partnerships have connected acute- and post-acute-care settings with CBOs, the lack of sufficient malnutrition identification and treatment across care settings means that patients may be at an increased risk for developing chronic health conditions and frailty, and be more susceptible to falls and loss of independence (Agarwal et al., 2010). Systematically screening for and addressing the social determinants of health for malnutrition across the care continuum, as standard practice in care transition programs, could lessen adverse health outcomes.

Another important focus in the current healthcare environment is on both disease prevention and health promotion. As noted by the Administration for Community Living, evidence-based disease prevention and health promotion programs have been shown to reduce the need for costly medical interventions and are associated with older adults' improved health. Because of this, risk-bearing healthcare organizations are increasingly looking to partner with CBOs to deliver these programs to improve patient care and to lower costs.

The National Council on Aging's National Falls Prevention Resource Center reports that one in four older adults falls every year, and that falls are the leading cause of fatal and non-fatal injuries among elders. Loss of muscle mass and dizziness from malnutrition can increase older adults' risk of falling. Evidence-based fall prevention programs, such as A Matter of Balance, can reduce fall risk, promote physical activity, and improve fall self-management (Haynes, League, and Neault, 2015).

Delivering education about malnutrition to older adult participants in fall prevention programs and incorporating malnutrition screening into workshop programming could be effective for increasing awareness about malnutrition and advancing comprehensive malnutrition care in the community. Embedding malnutrition-specific modules into existing programs could also provide an opportunity to partner with healthcare organizations that are employing population health strategies to improve health outcomes and reduce costly medical care.

There is a similar opportunity to embed malnutrition care components into existing chronic disease self-management programs, particularly given that an estimated 95 percent of healthcare costs for older Americans can be attributed to chronic diseases (Centers for Disease Control and Prevention, 2013). Chronic disease self-management programs encourage older adults with chronic conditions to better manage their conditions. For example, the Chronic Dis-

ease Self-Management Program (CDSMP) is a community-based intervention that helps individuals with chronic conditions learn how to manage and improve their health, focusing on challenges that are common to older adults living with any chronic condition (e.g., pain management, nutrition, exercise, medication use, psychological effects of chronic disease, and health self-advocacy).

A national study of CDSMP concluded that the program produced measurable improvements in older adults' health and quality of life, and also reduced healthcare expenditures (Ory et al., 2013). Incorporating course components focused on malnutrition and using the program design to explicitly address and prevent malnutrition (e.g., by targeting nutritional needs and other social determinants of health) would strengthen the value proposition of CBOs seeking to partner with healthcare organizations.

Components that address malnutrition should be embedded into chronic disease self-management programs.

Tailwinds Prevail, Opportunities Abound

The shift from volume-based care to value-based care is rapidly changing how older adult patients receive care. This shift will sustain the long-term tailwinds that are accelerating opportunities for CBOs to support population health management strategies by addressing costs—in human and economic terms—of senior malnutrition. CBOs *can* contribute to improving older adults' health by delivering to them consistent, quality healthcare at an affordable cost. CBOs can achieve these goals by incorporating validated malnutrition and recommended social risks screening tools into their care transition, disease prevention, and health promotion program assessments to effectively address the social determinants of health that contribute to and exacerbate malnutrition.

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