

Sponsor: Senator Natalie Murdock, North Carolina

NOBEL Women Resolution on Malnutrition

WHEREAS, improving our nation's health requires advocating and advancing access to quality and affordable patient-centered healthcare, as well as a strong focus on prevention, including nutrition.

WHEREAS, the historic 2022 White House Conference on Hunger, Nutrition, and Health made clear that nutrition is an important social determinant of health. African American households have experienced higher rates of food insecurity when compared to other US populations. Older African Americans have increased rates of chronic diseases and have been found to have a significantly higher risk of malnutrition. In addition, African Americans with malnutrition have higher rates of hospital readmissions compared to White Americans with malnutrition.

WHEREAS, a diverse nutrition and dietetics workforce is needed to help eliminate disparities and educate and support the diverse range of individuals and communities impacted by hunger and diet-related diseases. Yet <15% of the dietetic profession identifies as part of a racial or ethnic minority group and only 3% identify as Black or African American. ([CDR 2020](#))

WHEREAS, malnutrition (defined as a lack of the proper amount of essential nutrients, including both under and overnutrition) remains a public health concern because for malnourished patients, hospital length of stay can be 1.9 times longer and in-hospital deaths are 3.4 times higher. ([ASPEN 2021](#))

WHEREAS, The Centers for Medicaid & Medicare Services (CMS) has adopted the Global Malnutrition Composite Score (GMCS) Quality Measure as a health equity measure for reporting in its Hospital Inpatient Quality Reporting Program, beginning in 2024. Initiating malnutrition quality improvement and reporting on the GMCS prioritizes best-in-class nutrition care for all patients especially those in vulnerable populations, helps hospitals achieve their health equity and quality performance goals, and supports ongoing appropriate malnutrition care at discharge and across the care continuum. The Malnutrition Quality Improvement Initiative has developed specific tools and resources to increase 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, older adult malnutrition continues as a persistent, but preventable problem, with one of every two older adults at risk of becoming or currently malnourished, ([Defeat Malnutrition Today 2020](#)), death rates from malnutrition more than doubling, ([US News 2023](#)) and the economic burden of community-based, disease-associated malnutrition in the U.S. estimated to be \$51.3 billion per year. ([Defeat Malnutrition Today 2020](#)) Older age, chronic disease, and food insecurity are often associated with malnutrition and over 5 million older

Americans face food insecurity. ([Feeding America 2023](#)) Unfortunately though, older adult malnutrition often remains unrecognized and untreated even as there are advocacy groups such as the Defeat Malnutrition Today coalition that prioritize increased screening and intervention, particularly among underserved communities to help achieve improved health outcomes.

WHEREAS, a 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 and the GAO recommended the 2025-2030 update of the Dietary Guidelines for Americans include a focus on the specific nutrition needs of older adults.

WHEREAS, some Medicare Advantage plans can now provide coverage (for patients with specified conditions) for non-medical services, including home-delivered meals post hospitalization, such as meals delivered by community-based organizations.

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 OAA now includes malnutrition screening as part of broader nutrition screening and in OAA data collection surveys. However, malnutrition is not readily addressed in state aging plans or in state master plans on aging and OAA programs are still not adequately funded to meet all the nutrition needs of older adults. Further, many older adults who are eligible for other federal nutrition programs like the Special Supplemental Nutrition Program (SNAP) need help in applying for these benefits.

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. Systematic reviews have found nutrition interventions can improve health and nutrition outcomes for community-dwelling older adults, but 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 NOBEL Women encourages increased support for a more diverse dietetic and nutrition workforce, including through greater funding and recruitment for Historically Black College and University (HBCU) dietetic education programs and 1890 land-grant institution food and nutrition programs.

THEREFORE, BE IT RESOLVED THAT NOBEL Women encourages increased integration of malnutrition measures in quality care programs, including through supporting hospitals in fully

implementing and reporting on the GMCS and urging CMS to develop and adopt malnutrition quality measures relevant to other sites of care programs.

THEREFORE, BE IT RESOLVED THAT NOBEL Women recommends including malnutrition screening and intervention in state- and hospital-level transitional care models as well as hospital licensure regulations and hospital rating/comparison measures, local quality improvement solutions, and private accountability programs.

THEREFORE, BE IT RESOLVED THAT NOBEL Women supports including nutrition and addressing malnutrition in state master plans on aging/OAA multi-year state aging plans as well as maintaining pandemic flexibilities in OAA nutrition program options and increasing funding to reduce local OAA waiting lists and better serve the needs of older adults in the community.

THEREFORE, BE IT FINALLY RESOLVED THAT NOBEL Women supports increased emphasis on nutrition for healthy aging through the development of education programs to raise healthcare professional, caregiver, and public, awareness of older adult malnutrition and appropriate interventions.

BE IT FINALLY RESOLVED, that NOBEL WOMEN send a copy of this resolution to the President of the United States, members of Congress, state legislators, and regulatory agencies.