MASSACHUSETTS MALNUTRITION AWARENESS & PREVENTION

Featuring :: Shirley Chao, PhD, RD, LDN, FAND; Alexandra Hill, MS, RD, LDN; & Amy Sheeley, PhD, RD, LDN

TRANSCRIPT

Maura: Hi, I'm Maura Bowen, podcasting for Abbott Nutrition Health Institute. As many of you know, it’s Malnutrition Awareness Week. If you’re unfamiliar, it’s a campaign born of the American Society for Parenteral & Enteral Nutrition (...that’s ASPEN...), and it has started to enjoy some global reach this year thanks to the Canadian Nutrition Society (CNS) and the British Association for Parenteral & Enteral Nutrition (BAPEN).

Maura: To show our support for such important work, we’re publishing a podcast episode every day through this Friday to not only talk about what malnutrition is and how it has become so prevalent across the globe, but also to share case studies that offer ideas to help combat malnutrition in your own communities.

Maura: I’m very pleased, then, to kick off this second episode in the series by introducing you to Shirley Chao (PhD, RD, LDN, FAND), Alexandra Hill (MS, RD, LDN) and Amy Sheeley (PhD, RD, LDN), who are all here together to tell us about the Massachusetts Malnutrition Commission, and its first-ever Malnutrition Awareness & Prevention Week—it’s a state-wide campaign that spanned more than 80 community nutrition programs during Older American's Month this past May.

Maura: Ladies, thanks so much for joining us today.

Glad to be here.
Thank you.
Thank you.

Maura: Let’s start easy by learning a little about each of you. Can you tell us a bit about your backgrounds and current roles, as well as how you work together? Shirley, would you like to go first?

Dr Chao: I’m Shirley Chao, I’m the Director of Nutrition Services at the Massachusetts Executive Offices of Elder Affairs, and we oversee, across the state, elderly nutrition programs.

Maura: How about you, Alexandra?

Alexandra: I’m Alexandra Hill, I’m a registered dietitian at Ethos. We provide a variety of different services for our older adults so they can stay in the community and age with dignity as long as possible. We have our home-delivered meals program, we have congregate meal sites at the city of Boston along with home care, PCA care, just to name a few of them.

Maura: And you, Amy?

Dr Sheeley: I’m Amy Sheeley, and I’ve worked with Shirley in the elderly nutrition program for about 12 years
now, and I work with the local nutrition programs on menus, sanitation and...safety, nutrition education and counseling.

**Maura:** Shirley, can you tell us a bit about the Executive Office of Elder Affairs, and the role it plays within the Massachusetts Commission on Malnutrition Prevention Among Older Adults?

**Dr Chao:** The Executive Office of Elder Affairs—we always call it EOA—is a government agency that promotes independence, empowerment and well-being for older people, people with disabilities, and their families. We oversee all elder services across the state. I can name a few—like home care services, nutrition, family care giver, prescription, protective, senior center, Council for Aging.

**Dr Chao:** EOA is the leading agency of the Massachusetts Malnutrition Prevention Commission, with three other government agencies: with the Department of Agriculture, Public Health and Transitional Assistance. And with another 13 members, we represent a different community of healthcare organizations across the state.

**Maura:** You’ve been in your current role with the Executive Office of Elder Affairs for a number of years, is that right? So you’ve had the chance to witness malnutrition across the commonwealth over time. Can you tell us how its prevalence has evolved and why there is an increased focus on it now?

**Dr Chao:** Yes, it’s true, I’ve been with Elder Affairs since 1989. And I did see a shift focus to malnutrition. I do like to go back a little bit: in 2002, at the time—maybe some listeners today remember—the American Dietetic Association and American Academy of Family Physicians and Abbott Labs introduced a nutrition screening initiative. And now that screening initiative is used across the country for all the older American malnutrition programs. [Since] that time, active screening has really opened eyes of practitioners who realize malnutrition is not only to a small population; actually it’s to all ages, and with different conditions. Then, in 2014, the National Healthy Aging Summit in DC—and they had a white paper talk about malnutrition as a hidden academic among older people. That raised the national focus on community malnutrition among elders. In Massachusetts, there was an economic report that reported that Massachusetts spends about $322 million a year on conditions closely correlated with malnutrition, including dementia, depression, COPD, stroke, CHF, colon cancer and *** cancer. And last year, the Commission also found out that malnutrition screening, assessments and interventions are not a routine standard of care, nor are they effectively managed across the care continuum. That’s where we feel the malnutrition really shifted the focus of people practicing in the nutrition field.

**Maura:** That’s the perfect segue, I think, Shirley, for our next question, because it seems like malnutrition is something the commonwealth was ready to invest in, based on what you just said. I understand Massachusetts held a Malnutrition Awareness & Prevention week this year. Am I right that there were more than 80 individual malnutrition-related events as part of the week? How did the week come about? What was it meant to accomplish?

**Dr Chao:** Amy will get into more detail about the clinics. But it’s true we had 82 clinics held across the state between May 13-17, and it coincided with a celebration of Older American Month. One thing I want to say: There was really good news at the kick-off event. It was announced that the governor 2020 budget proposal increased $2.4 million dollars for senior nutrition. I would say that was something really worth celebrating.

**Maura:** Amy, can you speak to the clinics a bit, especially considering the number of malnutrition-related events you had?

**Dr Sheeley:** Sure, we put together a package of materials that all the 25 local nutrition programs could use for their clinics. There was a slide presentation talking about what malnutrition is and how to prevent it. There was the one-on-one screening, using the two-item malnutrition screening tool, as well as the Frail Scale, which is the five-item screening tool. In addition we had hand-outs, such as the Tufts “My Plate” for Older Adults, ASPEN’s “Ask About Your Nutrition,” as well as information for caregivers and even other agency staff they may not be as aware of
nutrition. We had a sample letter that could be given to participants with their score on it and how to find additional resources; a flyer [the clinics] could use to advertise it. All this information is our website, so if you Google the Massachusetts Elderly Nutrition Program, there’s a link right on that homepage where you can download the toolkit, and you can also see some pictures and press coverage from the event.

Maura: Alie, can you tell us about the clinic you organized? I’d love to hear a little bit more about whether clients were receptive to taking part, and some of the next steps after the clinics were held.

Alexandra: Absolutely. I think this would be best answered through a case study that occurred from that week. I was able to meet with one of the individuals after one of the clinics. She was an 85-year-old female—we’ll call her Mrs. G for this example. She had a diagnosis of high blood pressure and high cholesterol. When we used the malnutrition screening tool, she scored “2,” and on the Frail Scale, she scored a “4.” She also reported that she had lost 3-5 lbs. When we were having a conversation, she didn’t really seem too concerned about this. It was only a small amount of weight. She was also discharged from a 1-week stay at the hospital, pretty recently as of our conversation. So all these factors that I highlighted put her at risk for malnutrition and I considered her to be pretty frail. After the malnutrition clinic, I was able to schedule a home visit with her to follow up to see if there were other areas nutritionally where I might be able to help her. We started talking—we started talking about her appetite and going through what she eats on a daily basis. And she realized her appetite had been decreasing the past year since her husband passed away. She doesn’t really like cooking just for herself. It’s not as much fun to cook for one as it is to cook for two or a large family. She also had some mobility issues...that were preventing her from getting to the grocery store or really leaving her house at all. So a lot of these factors really influenced her nutrient intake.

During my visit, I was able to set up some home-delivered meals for her, and we also had a nutrition supplement started. We were discussing for her to have some small snacks throughout the day—easy snacks she could prepare but that were nutrient-dense, things like fruit and cheese, or yogurt. Crackers and peanut butter. I also encouraged her to have these small meals to help her regain her appetite. I find that working with older adults, they don’t necessarily want to eat when they don’t feel hungry. But I explained to her that our bodies stop sending us our hunger signals when we don’t give it all the nutrients it needs. This showed her how important it is to continue to eat, and eat continuously throughout the day so she can keep up her strength.

Alexandra: I was also able to provide for her the list of congregate meal sites Ethos has throughout the Boston area. She did mention that she goes to one of our congregate sites one to two times a week, based on transportation availability or how she’s feeling. By the end of the visit she had mentioned that her daughter occasionally comes over and they go grocery shopping. We were able to put together a small grocery list to take with her when her daughter does come, so that she can have some of those nutrient-dense foods we had talked about that she could easily prepare. Over these past summer months, Ethos has our famer’s market program, and we were able to give her a coupon booklet, so she was able to buy local produce. Some of the time when she was screened for our malnutrition clinic, she’s been doing really well, she’s thankful for the support we were able to provide for her. Her daughter was also really thankful that she could remain independent and stay at home.

Maura: Mrs. G sounds like she’s a really strong example. And what I love about that is that it highlights just how strong and well-rounded your program is. I understand the program generated significant interest and participation from older adults all over the state. As a marketer, I’m always interested in the answer to this question: How did you get the word out about Malnutrition Awareness & Prevention Week at your clinic, and how did you motivate older adults to participate?

Alexandra: Well, I think one of the biggest attractions was the healthy, nutrient-dense snacks we were able to provide after the presentations and screens. We worked really closely with our vendors and we were lucky enough to have them be able to provide a snack for our older adults. We also had a large kick-off event Shirley mentioned, where we had national and local legislators come talk to the older adults, explaining to them how important malnutrition was and how hard Massachusetts was working to prevent any malnutrition or at least screen for it so we can support them in this. We also have some sites they treated like health fairs. We partnered with other
organizations and had different handouts so that everyone could get their message out. Some other colleagues—I heard they had some success with social media, creating press releases and then having additional prizes that also drew attention to this important topic.

**Maura:** Amy, can you describe the screening data you collected? Did anything surprise you?

**Dr Sheeley:** We had almost 3,000 people attend the different events at the clinics. Over 800 older adults were screened using the malnutrition screening tool. We found that 10% of people scored as high risk for malnutrition. When we break it down by age, those in the highest-risk category were over 84—or 17% of them. But the 2nd-highest category were people who were actually 55-64 years old. With the Frail Scale, we found that close to 16% of those screens were identified as frail, and the most prevalent age for that was 65-74, at 39%, while 41% of people actually screened as pre-frail, so that was pretty high and somewhat surprising. When we look at that by age, over 1/3 of the people were 65-74 of the pre-frail. So I think we were surprised by the high number of screening as pre-frail, as well as some of the distributions by age. At one of the clinics I went to, I screened a woman who was in her mid-90s, who was doing great and had no risk of malnutrition at all, while her daughter in her 60s had really lost a lot of weight and was struggling with her appetite and energy. So we can’t just assume someone’s risk because of their age. We have to raise awareness in younger seniors as well, and also try to prevent people from moving from pre-frail to the next step of becoming frail.

**Maura:** That’s a great point. Shirley, my next question is for you: What concerns you about the data you collected from Malnutrition Awareness & Prevention Week, and what makes you feel hopeful about what you saw?

**Dr Chao:** I think what concerned me the most is that all these clinics were held in meal sites or councils on aging—which means the people who attended are nutrition-conscious. There are many seniors in the community who are isolated and hard to reach and they are in and out of the hospital with desperate need of intervention…What gives me hope is all these seniors are interested in improving their health and in doing anything to help themselves do better. And that encourages us to work harder and to raise awareness in every corner of the commonwealth.

**Maura:** Amy, this question is for you: Here we are on Day 2 of Malnutrition Awareness Week. What is Massachusetts doing this week for the national observance?

**Dr Sheeley:** This time we’re going to focus on screening the homebound seniors for some of the reasons that Shirley just mentioned. And also, some of our programs have become ASPEN ambassadors for Malnutrition Awareness Week. Our nutritionists will be taking part in the webinars ASPEN is offering, and we’re going to have discussions about how we can implement some of the recommendations. So it’s great we have the opportunity to focus on malnutrition twice this year.

**Maura:** That’s great. Last question, and this is kind of a big question for all three of you: There’s certainly value in screening for, identifying and providing introductory education about malnutrition—all in the community setting. And you all have touched on this a little bit, but: What happens after the week is over? In other words, what are some ideas to help older adults feel empowered enough to ensure they receive ongoing support so they can improve their dietary intake and prevent or treat malnutrition?

**Dr Chao:** We actually want all the seniors to know that if they detect [the risk for malnutrition] earlier, it can be prevented, malnutrition. In the meanwhile, it is reversible with the proper intervention. That’s the message we really want to give to seniors is, don’t give up on yourself. Do everything you can to improve your overall health.

**Alexandra:** Yes, we think it’s really important to encourage older adults to not be afraid or embarrassed to share difficulties they might be having with food, or appetite, or weight loss. We heard stories that seniors were afraid they may have to go to a nursing home if they were having these kinds of problems, that in fact when
caregivers and healthcare professionals know there’s an issue, they can do something about it. Actually improving nutritional status can only help keep older adults stay in the community setting.

Dr Sheeley: We want to let all our older adults know they have a lot of support from a variety of different programs, especially here in Massachusetts. We’re really fortunate to have the support from EOEA and a variety of different programs. We have food pantries and farmer’s markets, homecare services—all these great services that will support our older adults and hopefully help to prevent malnutrition. Or, if they are diagnosed through the malnutrition, we can provide services that will then reverse that so they can continue to live independently and stay as strong as possible.

Maura: Fabulous. All of that advice was perfect. And I’m so glad you were willing to join us today to share it. To close out, Shirley Chao, Alexandra Hill, Amy Sheeley, thank you so much for your time today. It was truly a pleasure.