

Malnutrition and Minority Older Adults: A Health Equity Issue

04/24/2017 01:57 pm ET

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As we observe National Minority Health Month, we focus attention on a particularly critical issue for minority populations. That issue is the growing problem of older adult malnutrition and the disparate impact it has on older adults of color.

Any discussion of minority populations in America must include the rapid increase in the percentage of minorities in the older adult population. The 2016 Profile of Older Americans contains some specific examples of the minority population growth. Racial and ethnic older adult minority populations have increased from 6.7 million people (18% of all older adults) in 2005 to 10.6 million in 2015 (22% of older adults) and will more than double to 21.1 million in 2030 (28% of older adults). African-Americans and Hispanics comprised the largest share of minority groups in 2015.

These older adults of color are more likely to have chronic health concerns—one significant risk factor for older adult malnutrition. According to the Centers for Disease Control and Prevention (CDC), "blacks are 40% more likely than non-Hispanic whites to have high blood pressure, and they are less likely to have this condition under control." Also, the rate of diabetes diagnoses is 77% higher among blacks, 66% higher among Hispanics, and 18% higher among Asians than among whites.

Economic factors, including food insecurity, are also linked to malnutrition—and 18.4% of older blacks, 11.8% of older Asians, and 17.5% of older Hispanics were below the poverty level in 2015, compared to just 6.6% of white older adults, according to the Profile. Further, white older adults have food insecurity rates that are less than half the rates for black seniors, and similarly, Hispanic older adults have food insecurity rates which are more than double the rates of non-Hispanic older adults.

These startling numbers add up to a picture of health disparities in minority healthcare. Because of this, malnutrition care must be a part of health screenings for every older adult in every care setting, with an emphasis on reaching all populations. As the Congressional Black Caucus Institute in their 21st Century Council 2015 Annual Report noted, "The most benefit will occur when malnutrition care becomes a priority and routine standard of medical care."

Malnutrition is a serious concern for older adults. The cost of disease-associated malnutrition in older adults in the U.S. is estimated to be \$51.3 billion per year, and up to one out of two older adults are at risk of becoming malnourished, according to the newly-released National Blueprint: Achieving Quality Malnutrition Care for Older Adults.

We are beginning to see progress on the state and national fronts. <u>Massachusetts</u> and <u>Ohio</u> passed legislation addressing the issue through the formation of new malnutrition commissions; <u>Virginia</u> addresses it by adding malnutrition as a key focus for an existing older adult commission.

The Centers for Medicare and Medicaid Services (CMS) has included four malnutrition quality measures in the CMS 2018 hospital inpatient proposed rule as measures for future consideration. These measures would quantify how routinely healthcare providers in hospitals screen for, assess, and diagnose malnutrition, as well as create a nutrition care plan for patients found to be malnourished. This is the first time CMS has included malnutrition measures in any kind of rule at all, and it is an important step toward standardizing malnutrition care for all, including older adults of color. Indeed, the Congressional Black Caucus Institute included the recommendation to "Recognize malnutrition as a preventable occurrence in acute care hospitals, and support appropriate screening and treatment efforts, including the adoption of malnutrition-related quality measures in federal quality reporting programs" in their 21st Century Council 2017 Transition Report.

Other ideas are also important to fighting malnutrition in older adults of color. One concept to help reach low-income older adults of color who are dual enrollees of Medicare and Medicaid has been supported by the National Organization of Black Elected Legislative Women (NOBEL-Women), an organization of black women in government. NOBEL-Women passed a resolution that "supports and encourages states that provide Medicaid coverage to incorporate the benefits of nutrition screening and therapeutic nutrition treatment for those who are malnourished or at risk for malnutrition."

Another important concept, supported by the National Black Nurses Association, would help older adults of color who participate in the meals programs provided by Older Americans Act funding, such as meals at senior centers and Meals on Wheels through "promoting routine malnutrition screening for [Older Americans Act] meal program participants and addressing their unique nutritional needs with nutrition interventions that are culturally and age-sensitive."

As part of our work with the Defeat Malnutrition Today coalition, we are learning the extent to which the issue of older adult malnutrition is growing. Yet, we are also concerned about the lack of good research and data available for us to better understand malnutrition in older adults of color—most of the evidence cited above paints a picture surrounding the issue of malnutrition, but not necessarily of malnutrition itself. This needs to be addressed, since it is another form of health disparity impacting minority populations in this nation.

We should focus on good quality malnutrition care for all older adults, including and especially for older adults of color, during National Minority Health Month—and every month of the year until this crisis is resolved. As the National Blueprint states, "The time to act is now!"

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