President’s Message of Welcome

The mission of NANASP, to strengthen through advocacy and education those who help older Americans, grows more important each day. Our vision, reshaping the future of nutrition and healthy aging, will improve the quality of life for those we serve. The efforts of our Executive Director, Bob Blancato, have set the stage for increased funding at the national level for many community based senior programs. Additional resources are absolutely necessary to prevent premature institutionalization and to insure our vision becomes reality.

The Older American’s Act will soon be reauthorized providing the continuation of funds for the senior nutrition program. Increased emphasis on the needs of older Americans educates support on all levels. Improved understanding of the issues facing seniors and persons with disabilities should bring decision makers to the logical conclusion that more resources are just good business. The investment in providing seniors with the tools to manage chronic health conditions through their communities results in less costly emergency room visits and hospitalizations and reduces the need for nursing home care. These cost savings translate to Medicare/Medicaid reductions freeing up resources for wellness programs among other important needs.

Unfortunately, there has been a major disconnect between the Older American’s Act and Medicare, like two ships passing in the night. One doesn’t know the other one is there.

Our members insure daily that older American’s are receiving nutritious meals either through our Meals on Wheels programs or Community Cafes located in every community across the nation. In the Meals on Wheels program alone, each participant receives not only a meal but a wellness check and a kind word. This interaction with the frailest of our population strengthens the social fabric of each neighborhood, coast to coast. Generations taking care of generations.

Does this nutrition program live up to the promise of improving lives? Of course, we believe it does. However, the nutrition program under the Older American’s Act

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President’s Message
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was not structured around a medical model. A model that would screen baseline data for those entering the program could provide the information needed to prove that this program keeps participants healthier and reduces national health care costs. The medical data would need to come from resources provided by Medicare, or a similar pathway. These two ships need to dock and shed the light of day on policy that can affect this change.

Opportunity now exists to create these nutrition medical models with the concentration at the federal level on Medicare/Medicaid cost control. Special grants are being developed now which can bridge the gap between Medicare and the Older American’s Act, designing initiatives both in the public and private sector. Once implemented, we will have the data we require to prove that the senior nutrition program has improved the quality of life for millions of Americans. Clearly, a win-win for both major pieces of federal legislation.

—Ann McLone Cooper | 2015 NANASP BOARD CHAIR

Malnutrition in Older Adults (continued from page 1)

characteristics: poor oral intake, unintentional weight loss, loss of subcutaneous body fat, loss of muscle mass, fluid accumulation and a decline in functional status. There are more specific thresholds within each category that allow nutrition professionals to identify the severity of the person’s malnutrition and in what context. The natural aging process, including but not limited to, decreased appetite, changes in the chewing and swallowing mechanism, loss of muscular mass, upsurge in risk for frailty and increases in inflammation leading to age related muscular loss (sarcopenia) puts older adults at much higher risk for malnutrition.

A new trend has developed among older adults to “age in place,” a government driven concept aimed at reducing healthcare costs. Not only does this have financial benefits, but there can be physical and mental benefits to staying in your own home. This idea is not without concern however. Older Americans staying in their homes need access to comprehensive services to ensure they are maintaining their health and preventing malnutrition that might not otherwise be identified without an inpatient hospital stay. Nutrition services, such as Home Delivered Meals (HDM), are an excellent way to put the proper nutrients in front of older Americans. With about 90% of homebound meal participants being below 200% of the U.S. poverty line, HDM can also help remove financial instability as an obstacle to proper nutrition. In addition, studies have shown that HDM can have a significant impact on readmissions to hospitals or nursing facilities by helping patients maintain their nutrition during initial recovery periods as well as continue to live independently in their homes. Another study showed that without HDM, a group of older individuals would have required Medicaid funded institutionalized care. Models have also been created, showing that if all states had increased by 1% the number of adults 60 years or older who received HDM in 2009, an estimated 1722 older adults with low care needs would no longer require nursing home care, saving the states more than $109 million in Medicaid expenses.

As you can see, there are direct benefits to providing HDM to older adults living in their homes. With trends moving toward helping seniors “age in place,” it is important to maintain services that will help them maintain their nutrition. This article only looks at a small subset of research showing a strong correlation between HDM and the prevention of malnutrition and hospital/nursing home readmission by improving overall energy intake and promoting greater food security. Not only are the financial benefits paramount, but it can help maintain the health, integrity and independence of a baby boomer population that is quickly becoming a large percentage of our society.

—By Christin Morgan MS RD CSG | TouchPoint | Clinical Dietitian | St. John Hospital and Medical Center

5. Thomas, KA, Mor, V. Providing more home-delivered meals is one way to keep older adults with low care needs out of nursing homes. Health Aff (Millwood). 2013;32:1796-18032.
Valley Services is proud to partner with the National Association of Nutrition and Aging Services to nourish seniors.

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Executive Director’s Message

A lot of appropriate attention is focused on hunger and food insecurity as well as obesity. However, malnutrition, also known as undernutrition, is a bigger threat because of the deeper health consequences it creates.

What is malnutrition? Simply stated, it means poor nutrition or “insufficient food intake compared with nutrition requirements.” It can be related to an excessive or imbalanced diet, clinical conditions that impair the body’s absorption or use of foods and a diet that lacks essential nutrients.

Malnutrition is a growing problem among older Americans. Of the millions of older adults admitted to the hospital every year, at least one in three is malnourished upon admission. The economic impact of malnutrition is enormous. It is estimated that disease-associated malnutrition costs the U.S. $157 billion each year. Other research points to a 300 percent increase in healthcare costs that can be attributed to poor nutrition status.

There are a variety of factors that go into these statistics: “taste disturbances, difficulty accessing or preparing food because of functional limitations or cognitive decline, anxiety, depression, bereavement, and poverty may cause older individuals to eat less” and thus be at higher risk for malnutrition, according to a Gerontological Society of America paper.

Further, patients who enter the hospital malnourished have heightened risks of poorer health outcomes, including longer hospital stays, higher healthcare costs, greater complication and readmission rates, and higher mortality rates. They also can show a decrease in strength and immune response.

A more determined national response is needed to address malnutrition. It involves the health care system from hospitals to individual consumers. It also should involve all levels of government, especially the federal government.

We need to change healthcare practice and accountability for malnutrition. The Alliance to Advance Patient Nutrition created an important model for an interdisciplinary approach to addressing malnutrition in hospitals. The hospital environment needs to be transformed to create an institutional culture where good nutrition is viewed as a priority for improving care quality and care costs.

Clinicians’ roles should be redefined to include nutrition. They should be able to screen and diagnose all patients at risk, monitor these patients continuously while in a hospital setting, and incorporate nutrition in patients’ discharge plans.

Once patients are discharged, clinicians should clearly communicate patients’ nutritional needs to the patient and his or her caregiver. Electronic health records should be standardized to contain this nutrition plan so that the patient’s primary care physician can follow up with the patient. In short, care transitions should place a greater emphasis on nutrition. There are also therapeutic nutrition resources available online for caregivers.

Solving senior malnutrition also means strengthening federal programs that already exist in the elderly nutrition space, which can be used to help patients remain in the community and out of the hospital. One example is the Older Americans Act (OAA) which provides federal funding for senior nutrition programs, including home-delivered meals and meals in senior centers. 2.6 million seniors per year receive meals. The programs that are run at the local level with OAA money also leverage these federal dollars to raise millions of dollars in private support, creating true public-private partnerships.

However, the OAA is perpetually missing opportunities to demonstrate grants, encouraging programs to showcase innovative means of providing senior nutrition. This is one example of a potential way to further incentivize solutions to issues such as malnutrition.

Other federal programs such as the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, should be more closely targeting older adults. Approximately three out of five seniors who qualify for the program are not enrolled. Senior centers could provide more benefits outreach and enrollment assistance.

Also at the national level, a White House Conference on Aging was held this summer, as it is every ten years, and one of the four main topics that was addressed was healthy aging, including nutrition. A national webinar was held in January to discuss the links between nutrition, especially malnutrition, and healthy aging.

Finally, as consumers, we also play a role. We must raise pressure to lower the price disparities between higher-cost nutritious food and lower-cost nutritionally deficient food. We must advocate for federal resources to support local programs and innovations.

Senior malnutrition affects all of us, whether personally or through higher healthcare costs. We must take a stand for nutrition and against malnutrition. Later this year, a new national malnutrition coalition is expected to be launched. It will work to achieve the recognition of malnutrition as a key indicator and vital sign of adult health as well as regulatory and/or legislative change on malnutrition screening and intervention across the nation’s health care system.

—By Bob Blancato | NANASP Executive Director
Special thanks to everyone who participated in making the 2015 Annual Training Conference an outstanding success! So great to see many familiar faces and meet so many new nutrition, SCSEP & senior services providers from around the country!

Attendees gathered at the Hyatt Regency Louisville to celebrate our own “Champions for Healthy Aging” during three days of education and networking!

Some of the highlights of this year’s conference chaired by Tony Sarmiento included the Directors Training pre-conference intensive with Pat Bohse and Holly Greuling and Jewish Family & Career Services Site Tour/Lunch on Wednesday morning.

Executive Director Bob Blancato opened the conference with the always popular Washington Update, followed by Cecilia Pozo Fileti’s presentation on Optimizing Health for Diverse Older Adults - sponsored by Abbott Nutrition. Bob Blancato and Paul Downey facilitated a fruitful discussion and helped gather some important solution recommendations that were passed along to the White House Conference on Aging. The evening ended on “high note” as participants gathered on the 19th floor of the Hyatt and to network and enjoy some great food and 360 degree views of Louisville for the Opening Reception sponsored by our friends at Valley Services Inc.

Thursday’s programming kicked off with a three hour interactive presentation on integrating ethics into our work with staff and volunteers. Attendees gained practical ideas from Katherine Campbell on how to incorporate ethics into the fabric of their organizations. The day also included some valuable networking time with our terrific sponsors and exhibitors – not to mention some outstanding prizes including four (4) Fitbits, a mini iPad as well as numerous gift cards. Congratulations to our all our winners! Afternoon sessions included workshops on Kitchens Coming Together to Reduce Costs, Fall and Social Isolation Reduction, Understanding the Role of Nutrition Services in Healthcare Integration, Hot Tips to Raise Money for Senior Nutrition Services in Healthcare Integration, Hot Tips to Raise Money for Senior Nutrition Services in Healthcare Integration, Hot Tips to Raise Money for Senior Nutrition Services in Healthcare Integration, Hot Tips to Raise Money for Senior Nutrition Services in Healthcare Integration, Hot Tips to Raise Money for Senior Nutrition Services in Healthcare Integration, Hot Tips to Raise Money for Senior Nutrition Services in Healthcare Integration, Hot Tips to Raise Money for Senior Nutrition Services in Healthcare Integration.
Programs and Messaging Learning from the SCSEP Model. After the conference ended for the day, participants headed over to an evening of fun at the historic Churchill Downs!

After the NANASP Business Meeting on Friday morning, participants enjoyed a session by Marsha Frankel who shared strategies for assessing and intervening with the growing problem of social bullies in nutrition and senior services centers. The morning wrapped up with concurrent breakout session on evidence-based healthy programming, using RSVP as a valuable ally, connecting older adults with iPads and the internet and how to improve participation and satisfaction with onsite chef programs.

Special Thanks to our Sponsors & Exhibitors!

Thank you to our sponsors for helping us to put on such an extraordinary event. We receive inspirational stories each year from attendees about the positive impact their participation in the conference has on their lives, sites and their community’s older adults. They are always grateful for the opportunity to expand their knowledge to provide effective, relevant services. With the growing need for services, and demand for information and resources, it’s imperative that the conference continues to grow. This can’t be done without the support of attendees and community advocates, who work year-round for this event. This conference is a launch pad for conversations, alliances, networking opportunities, and life-changing friendships that have impacted the nutrition and aging services world for the past 40 years!
Older Americans Act Turns 50

The Older Americans Act turned 50 years old in July! Here are just some of the services it has provided over only a five-year period:

- Over 130 million rides to doctors’ offices, grocery stores, and other essential places!
- More than 1 billion meals served!
- Over 60 million hours of homemaker services!
- Almost 248 million hours of community service!

For a great detailed infographic from ACL with even more numbers, visit their website here.

White House Conference on Aging Held July 13

Many New Initiatives for Older Adults Announced

The White House Conference on Aging, held Monday, July 13, in Washington, D.C., was a day long series of announcements, discussions and presentations from the Obama administration. NANASP was well-represented at the White House, with Bob Blancato, Executive Director, Paul Downey, Immediate Past President, and Tony Sarmiento, Vice Chair of Education, attending. Meredith Ponder, Federal Policy and Advocacy Manager, attended the Federal Interagency Watch Party at the Department of Transportation. Also, NANASP members held over 40 watch parties across the country. Fact Sheet-White House Conference on Aging.

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