

Resolution 9: NOBEL Women Resolution on Malnutrition

Sponsored by Sen. Tonya Anderson, Georgia

NOBEL Women Resolution on Malnutrition

Draft 8-26-2025

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, African American households have experienced higher rates of food insecurity, significantly higher risk of malnutrition and related hospital readmissions, and high rates of chronic diseases.

WHEREAS, obesity disproportionately affects African American households and individuals with obesity may experience malnutrition due to poor diet quality, limited access to nutritious foods, or underlying health conditions. Comprehensive obesity care should include screening for malnutrition and access to medical nutrition therapy to improve patient outcomes and reduce the risk of chronic disease.

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.

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 4 to 6 days longer and readmission rates can be up to 50% higher.

WHEREAS, The Centers for Medicaid & Medicare Services (CMS) has included the Malnutrition Care Score in its Hospital Inpatient Quality Reporting Program for patients 18+, beginning in 2026. This initiative prioritizes optimal nutrition care for all patients, especially those in vulnerable populations, and supports hospitals in achieving their performance goals including care plans at discharge.

WHEREAS, older adult malnutrition remains a persistent, but preventable problem, with one of every two older adults at risk of becoming or currently malnourished, death rates from malnutrition more than doubling, and the economic burden of community-based, disease-associated malnutrition in the U.S. estimated to over \$157 billion per year. Factors such as older age, chronic disease, and food insecurity are often associated with malnutrition and over 7 million older Americans face food insecurity. Unfortunately, older adult malnutrition often remains unrecognized and untreated.

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 as part of broader screening and data collection and must be addressed in OAA state plans aging. Older adults receiving home-delivered meals for 2 to 5 years were 72% less likely to be at malnutrition risk

compared with those receiving meals for ≤ 6 months yet OAA programs are still not adequately funded to meet all the nutrition needs of older adults.

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 health problems) 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.

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 reporting on Malnutrition Care Score and urging CMS to adopt malnutrition quality measures at other sites of care.

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 multi-sector 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 RESOLVED THAT NOBEL Women acknowledges that addressing malnutrition is critical to achieving national goals related to chronic disease prevention, healthy aging, and access to good health for all.

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.