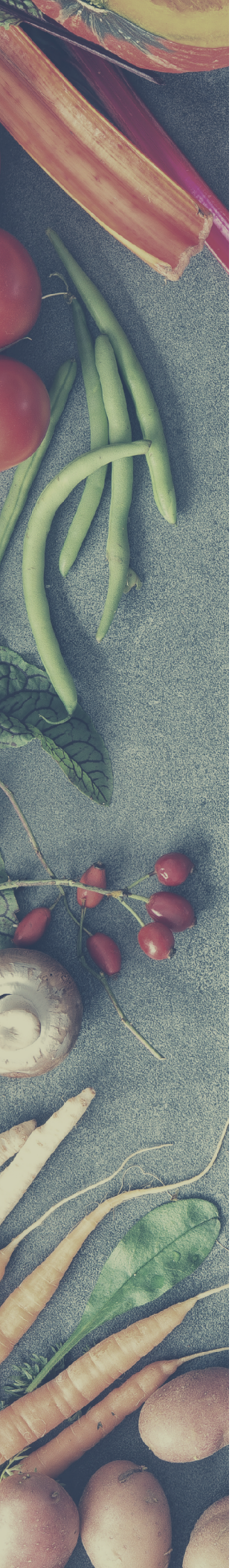


THE MANNA INSTITUTE

the science of food as medicine

Disease-associated

MALNUTRITION

in the community

Policy Brief

November 2021

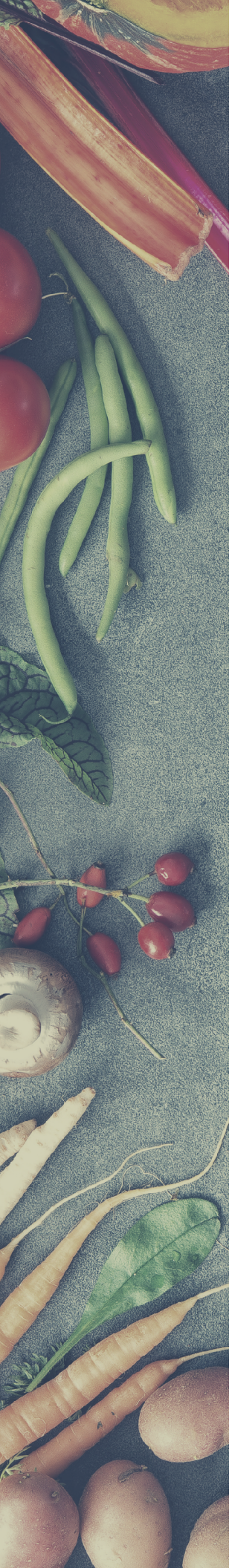
BACKGROUND

Malnutrition occurs when individuals do not receive enough calories, protein, or vitamins and minerals for optimal body function and overall health. Malnutrition is common in people with medical conditions ("disease-associated malnutrition") (1). Sixty percent of US adults have at least one chronic disease and 40% have two or more (2). Older adults, who have a higher risk of chronic disease, are more prone to disease-associated malnutrition (3).

Disease-associated malnutrition can result in unintended weight loss, decreased muscle mass and function, increased infections, and poor wound healing (4). When hospitalized, these individuals have higher risk of complications, longer length of stay, and higher mortality. The annual economic burden of disease-associated malnutrition is estimated to be $157 billion or $508 per US resident (5).

Most individuals with disease-associated malnutrition live in the community and would benefit from community-based interventions that reduce malnutrition risk and prevent hospitalization (6).Medical treatment for disease-associated malnutrition involves disease-specific dietary recommendations to increase nutritional intake, quality of life, and functional status (7). Recently, the US Government Accountability Office called for agencies who serve older adults through home-delivered and congregate meal programs to better address individualized nutritional needs of older adults with chronic health conditions (8).

MANNA's program provides full nutrition support to individuals with disease-associated malnutrition with 21 home-delivered meals/week and nutrition counseling that are medically tailored to diagnoses and medical needs (9). The MANNA Institute's data shows a 34% reduction in the proportion of clients who screened at risk for malnutrition at program start vs program completion across all disease states (10). MANNA's previous research found decreased healthcare utilization and healthcare costs among program participants (11).



Sustainable funding streams that provide access to medically tailored meal programs for all who have disease-associated malnutrition are lacking. Most services are provided by non-profit organizations who rely on philanthropic support and in some cases limited insurance plan reimbursement for funding. Lack of permanent, sustainable funding significantly limits availability of medically tailored meals for individuals in need of community-based treatment for disease-associated malnutrition (12).

POLICY SOLUTION

To ensure widespread access and sustainable funding for medically tailored meal and nutrition counseling programs such as MANNA's, policymakers can pass laws or develop regulations that allow Medicare, Medicaid, and private health insurance plans to cover this intervention as an essential health benefit for disease-associated malnutrition.

Allowing coverage of these programs enables individuals to manage their nutritional status from home and prevents costly medical care in institutional settings. Coverage also creates sustainable funding streams for the community-based organizations who provide these services, enabling them to meet the needs of communities.

CONCLUSION

Medically tailored meal and nutrition counseling programs are cost-effective interventions that reduce malnutrition risk and decrease overall healthcare utilization, creating value for communities and health plans alike. Allowing coverage of this intervention through effective policy design is a win for health plans, providers, policy makers, and individuals who make up the communities in which they serve.

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