

Testimony

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U.S. Department of Health and Human Services, Administration on Aging
Town Hall Meeting with Assistant Secretary Josefina G. Carbonell
Wyndham Miami Beach Resort, Miami, FL
January 31, 2003

Good morning. I am Dr. Heidi Silver and I am the Associate Director of Research at the National Policy and Resource Center on Nutrition and Aging, which is partially funded by the Administration on Aging, and located here in Miami at Florida International University. I am also a Registered Dietitian with 10 years of experience in treating acutely ill older adults at Jackson Memorial Hospital.

I commend you, Assistant Secretary Carbonell, and the U.S. Administration on Aging for the successes of the National Family Caregiver Support Program. I am pleased to have this opportunity to talk about nutrition, family caregivers, and their older care recipients. As you know, unpaid family caregivers manage and monitor the daily health care of approximately 20 million older adults across the nation. I believe more attention is needed to address their nutrition issues.

The Center would like to help your efforts to integrate AoA funded services into home and community based services. We'd like to be sure that nutrition services are available to older adults and their caregivers. One way that states are providing necessary home and community-based services to prevent hospitalizations and nursing home placement is through the Medicaid waiver program. Some, but too few, states provide home-delivered meals through Medicaid waivers. Florida also screens frail older adults for nutrition risk. Iowa and Maryland incorporate nutrition into comprehensive care management by providing nutrition assessment, nutrition education, nutrition counseling, and nutrition therapy. The aging network should continue this full array of nutrition services in adult day programs.

We know that nutrition is key to maintaining functional independence, health, and quality of life. Yet, poor nutrition is a serious problem for many older Americans. Eighty-seven percent suffer from chronic nutrition-related diseases. These include diabetes, coronary heart disease, stroke, hypertension, dyslipidemias, kidney disease, and osteoporosis. Six of the 10 leading causes of death in the U.S. are nutrition-related. In addition, about 40% of community-dwelling older adults, including many caregivers, suffer from protein-energy undernutrition.

Older adults themselves who have been discharged from hospitals to home report dissatisfaction with the continuity and quality of care they receive, especially for

nutritional problems. The *Institute of Medicine's* report on maintaining health in the Medicare population recognized that nutrition therapy is effective and saves lives. It promotes health and prevents disease, improves the quality of health care, and saves millions of health care dollars. The *Institute* recommended increasing the reimbursement and availability of nutrition services in home and community settings. Yet, Medicare reimbursement to date covers only diabetes and pre-dialysis kidney disease. As a result, older adults rely on family caregivers for medical and nutritional care.

My own research has shown that family caregivers are unprepared for many of the health care tasks they perform, especially nutritional tasks. Caregivers themselves report the need for skill training and education. A survey conducted in Massachusetts showed that caregivers want to learn about “eating healthy,” “nutritious snacking,” “exercise,” “food shopping tips,” “osteoporosis prevention,” “weight management,” “restricted diets,” “low-fat diets,” “diabetes care,” “food safety and sanitation practices,” and “food storage.” Other evidence shows that caregivers have low nutrition knowledge regarding their care recipient’s dietary intake. They only alter their nutritional care when they recognize severe, overt malnutrition in their care recipients.

Additionally, my work and that of others has shown that caregivers often neglect their own health and nutritional needs – they lose their appetite, skip meals, consume more fast foods, lose or gain weight, lose sleep, forget to take medications, skip medical appointments, and spend less time in family, social, recreational, and physical activities. African-American caregivers report the greatest changes in health-promoting behaviors including dietary behaviors.

I strongly recommend that AoA fund caregiver training and education that focuses on nutrition to prevent home care complications and improve caregivers’ ability to provide care. An emphasis on outcomes research could identify the best types of nutrition interventions for caregivers. We need to show Congress the importance and effectiveness of nutrition services for caregivers and older adults. Without more attention to nutrition services, quality of home care will remain inadequate, the health and quality of life of caregivers and older adults will continue to suffer, and more health care dollars will be spent. For example, the *Institute of Medicine* report showed that nutrition services would save \$52 to \$168 million for older adults with hypertension, \$54 to \$164 million for dyslipidemias, and \$132 to \$330 million for diabetes.

As our Nation’s champion of good nutrition for active healthy aging, I urge you to continue to help everyone realize that caregivers are at nutrition risk, too. Thank you for the opportunity to speak today.