Optimizing Health for Diverse Older Adults

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LINI Project Director

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Disclosure
Cecilia Pozo Fileti, MS, RD, FAND

• Board Member/Advisory Panel
  – Eastern Michigan University: College of Health and Human Services
  – Eastern Michigan University: Physician Assistant Program
  – Latinos Unidos

• Principal
  – C.P. Fileti Associates
  – Latino Health Communications

• Research & Project Support
  – LINI Obesity Initiative & Project Support Abbott
  – University of Michigan Culinary Archive

• Speaker’s Bureau
  – National Dairy Council
Outline

• **Increasing Diversity of the Older American Population**
  - A Focus on Health Disparities

• **Malnutrition**
  - What is it? Where is it? What are implications?

• **The Rise of Community-Based Elder Caregiving**
  - The 2014 Older Adult Caregiver Survey

• **The Latino Integrated Nutrition Initiative**
  - About LINI
Increasing Diversity of the Older American Population

Diversity of Americans Age 65+

Today

- Non-Hispanic White: 90%
- African American: 7%
- Asian: 2%
- Other: 1%
- American Indian/Alaska Native: 0.4%

Looking to the Future...

- According to the U.S. Census Bureau, the entire population age 65+ will **more than double** by 2060.
- The **older Hispanic population** is projected to make up **20% of those age 65+** by 2050, up from 7% in 2010.

Diversity of Americans Age 65+

in 2050

- Non-Hispanic White: 82%
- African American: 10%
- Asian: 6%
- Other: 1%
- American Indian/Alaska Native: 1%

Cultural competence and awareness is essential for meeting the nutrition needs of the diverse aging population in the U.S.

Our Patients Today and Tomorrow

**2012 vs. 2060 Projections**

**More About Hispanics**

**The U.S. Census Bureau sees racial, ethnic demographic shift**

By 2060, non-whites will make up 57 percent of the U.S. population.

<table>
<thead>
<tr>
<th>POPULATION BY RACE AND HISPANIC ORIGIN</th>
<th>Percentage of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>2012: 20%</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>2012: 78%</td>
</tr>
<tr>
<td>White alone</td>
<td>2012: 69%</td>
</tr>
<tr>
<td>Hispanic (any race)</td>
<td>2012: 17%</td>
</tr>
<tr>
<td>Black alone</td>
<td>2012: 13%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>2012: 5%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2012: 2.4%</td>
</tr>
<tr>
<td>AIAN alone*</td>
<td>2012: 0.2%</td>
</tr>
<tr>
<td>NHPI alone*</td>
<td>2012: 0.3%</td>
</tr>
</tbody>
</table>

* AIAN = American Indian and Alaska Native; NHPI = Native Hawaiian and Other Pacific Islander

Source: U.S. Census Bureau

**The 10 Largest Latino Ethnic Groups in the U.S.**

- Mexicans: 31.7 Million • 63.0%
- Puerto Ricans: 4.6 Million • 9.2%
- Cubans: 1.7 Million • 3.5%
- Salvadorans: 1.6 Million • 3.3%
- Dominicans: 1.4 Million • 2.8%
- Guatemalans: 1 Million • 2.1%
- Colombians: 909,000 • 1.8%
- Hondurans: 633,000 • 1.3%
- Ecuadorians: 565,000 • 1.1%
- Peruvians: 531,000 • 1.1%

Numbers and percentages are based on the total U.S. Latino population of 59.5 million

Source: Pew Hispanic Center
Increasing Diversity of the Older American Population: A Focus on Hispanic Health Disparities

The U.S. Hispanic Health Landscape

1.5x more likely to have Alzheimer’s Disease

2x more likely to be diagnosed with HIV

About 4.2% lack health insurance vs. 0.8% of non-Latinos

1 in 4 households are Food Insecure vs. the national average of 14.3%

And seniors who are food insecure are at higher risk for chronic health conditions

## Ethnic and Racial Health Status

### Table 4. Percent of non-Hispanic blacks, all Hispanics and Mexican Americans, ages 20y or older*, with common chronic diseases in the U.S.

<table>
<thead>
<tr>
<th>Chronic Disease</th>
<th>Non-Hispanic Blacks</th>
<th>All Hispanics</th>
<th>Mexican Americans</th>
<th>Non-Hispanic Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity¹</td>
<td>50%</td>
<td>39%</td>
<td>40%</td>
<td>34%</td>
</tr>
<tr>
<td>Metabolic Syndrome²</td>
<td>39%</td>
<td>–</td>
<td>41%</td>
<td>32%</td>
</tr>
<tr>
<td>Diabetes³</td>
<td>13%</td>
<td>12%</td>
<td>13%</td>
<td>7%</td>
</tr>
<tr>
<td>Hypertension⁴</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>43%</td>
<td>–</td>
<td>28%</td>
<td>34%</td>
</tr>
<tr>
<td>Women</td>
<td>46%</td>
<td>–</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>Osteoporosis or Low Bone Mass</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Femur Neck or Lumbar Spine⁵</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>24%</td>
<td>–</td>
<td>53%</td>
<td>43%</td>
</tr>
<tr>
<td>Women</td>
<td>53%</td>
<td>–</td>
<td>86%</td>
<td>77%</td>
</tr>
</tbody>
</table>

# About Obesity

<table>
<thead>
<tr>
<th>BMI (kg/m²)</th>
<th>Obesity Class</th>
<th>Men ≤ 102 cm (≤ 40 in.)</th>
<th>Men &gt;102 cm (&gt;40 in.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>18.5</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Normal+</td>
<td>18.5 - 24.9</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 - 29.9</td>
<td>Increased</td>
<td>High</td>
</tr>
<tr>
<td>Obesity</td>
<td>30.0 - 34.9</td>
<td>I</td>
<td>High</td>
</tr>
<tr>
<td></td>
<td>35.0 - 39.9</td>
<td>II</td>
<td>Very High</td>
</tr>
<tr>
<td>Extreme Obesity</td>
<td>≥ 40</td>
<td>III</td>
<td>Extremely High</td>
</tr>
</tbody>
</table>

*Disease Risk* Relative to Normal Weight and Waist Circumference

* Disease risk for type 2 diabetes, hypertension, and CVD.

*Increased waist circumference can also be a marker for increased risk even in persons of normal weight.
Prevalence: Obesity and U.S. Hispanics

Chart 36: Percent with Obesity by Background

NHLBI: Study of Latinos, February 2014
**About Diabetes**

![Blood Test Levels for Diagnosis of Diabetes and Prediabetes](image)

<table>
<thead>
<tr>
<th></th>
<th>A1C (percent)</th>
<th>Fasting Plasma Glucose (mg/dL)</th>
<th>Oral Glucose Tolerance Test (mg/dL)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes</strong></td>
<td>6.5 or above</td>
<td>126 or above</td>
<td>200 or above</td>
</tr>
<tr>
<td><strong>Prediabetes</strong></td>
<td>5.7 to 6.4</td>
<td>100 to 125</td>
<td>140 to 199</td>
</tr>
<tr>
<td><strong>Normal</strong></td>
<td>About 5</td>
<td>99 or below</td>
<td>139 or below</td>
</tr>
</tbody>
</table>

Definitions: mg = milligram, dL = deciliter
For all three tests, within the prediabetes range, the higher the test result, the greater the risk of diabetes.


*Diabetes Care Volume 37, Supplement 1, January 2014: A1C levels may vary with patients race/ethnicity and may be impacted in presence of anemias and hemoglobinopathies.*
Prevalence: Diabetes and U.S. Hispanics

- The risk of diabetes is 66% higher among Hispanic/Latino Americans than among non-Hispanic whites.

- Predicted that 1 of 2 Hispanic infants born after 2000 will develop diabetes secondary to obesity.

- 11.8% of Hispanic/Latino Americans ≥ 20 years of age have been diagnosed with diabetes.

- Hispanics are 1.7 times more likely to start treatment for ESRD related to diabetes than non-Hispanic whites.

- Hispanics are 1.5 times more likely than non-Hispanic whites to die from diabetes.

*NHLBI: Study of Latinos, February 2014*
About Hypertension

- BP >140/90 on two or more BP readings taken at each of two or more visits after initial screening
- Stage 1 HTN: BP of 140 to 159 mm HG or a diastolic BP of 90 to 99 mm Hg
- Stage 2 HTN: systolic BP of 160 mm or greater, or a diastolic BP 100 mm Hg or >
Hypertension Prevalence

Figure 1. Age-specific and age-adjusted prevalence of hypertension among adults aged 18 and over: United States, 2009–2010

Overall: 28.6%

Age (years):
- 18–39: 6.8%
- 40–59: 30.4%
- 60 and over: 66.7%

Sex:
- Men: 29.4%
- Women: 27.5%

Race and ethnicity:
- Hispanic: 26.1%
- Non-Hispanic white: 27.4%
- Non-Hispanic black: 40.4%

†Significant linear trend.
‡Significantly different from non-Hispanic black persons.

NOTE: Access data table for Figure 1 [PDF - 16 KB].
SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey.
Chart 28: Percent with Hypertension by Background

Central American: 26.1
Cuban: 32.2
Dominican: 31.8
Mexican: 21.7
Puerto Rican: 31.5
South American: 20.3
# About Metabolic Syndrome

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Defining Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal obesity*</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>Waist circumference(^{†})</td>
</tr>
<tr>
<td></td>
<td>&gt;102 cm (&gt;40 in)</td>
</tr>
<tr>
<td>Women</td>
<td>&gt;88 cm (&gt;35 in)</td>
</tr>
<tr>
<td>Triglycerides</td>
<td>≥150 mg/dL</td>
</tr>
<tr>
<td>HDL cholesterol</td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>&lt;40 mg/dL</td>
</tr>
<tr>
<td>Women</td>
<td>&lt;50 mg/dL</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>≥130/≥85 mmHg</td>
</tr>
<tr>
<td>Fasting glucose</td>
<td>≥110 mg/dL</td>
</tr>
</tbody>
</table>

* Overweight and obesity are associated with insulin resistance and the metabolic syndrome. However, the presence of abdominal obesity is more highly correlated with the metabolic risk factors than is an elevated body mass index (BMI). Therefore, the simple measure of waist circumference is recommended to identify the body weight component of the metabolic syndrome.

\(^{†}\) Some male patients can develop multiple metabolic risk factors when the waist circumference is only marginally increased, e.g., 94-102 cm (37-39 in). Such patients may have a strong genetic contribution to insulin resistance. They should benefit from changes in life habits, similarly to men with categorical increases in waist circumference.
Prevalence of Metabolic Syndrome and U.S. Hispanics

- Sister to Sister Data: 35% Hispanic Women
- Dyslipidemia was strongest predictor
- Highly prevalent in younger women
Risk Factors and Metabolic Syndrome

Chart 47: Percent of Women with Multiple Risk Factors by Age

Chart 48: Percent of Men with Multiple Risk Factors by Age

NHLBI: Study of Latinos, February 2014
About Osteoporosis

• Osteoporosis causes an elevated fracture risk

• Propose the continued use of T-scores (≤ −2.5 at the lumbar spine, femur neck, or total hip by bone mineral density (BMD) testing) as one means for diagnosis but recommend that, alternatively, hip fracture; osteopenia-associated vertebral, proximal humerus, pelvis, or some wrist fractures; or FRAX scores with ≥3 % (hip) or 20 % (major) 10-year fracture risk also confer an osteoporosis diagnosis

National Bone Health Alliance Work Group
National Osteoporosis Foundation
2013 Clinician’s Guide to Prevention and Treatment of Osteoporosis
Prevalence of Osteoporosis

• An estimated 10 percent of Hispanic women age 50 and older have osteoporosis, and 49 percent are estimated to have bone mass that is low but not low enough for them to be diagnosed with osteoporosis.

• The incidence of hip fractures among some Hispanic women appears to be on the rise.

• Studies have shown that Hispanic women consume less calcium than the Recommended Dietary Allowance in all age groups.

• Hispanic women are more likely than Caucasian women to develop diabetes, which may increase their risk for osteoporosis.

http://www.niams.nih.gov/Health_Info/Bone/Osteoporosis/Background/hispanic_women.asp
# Nutrient Impact

<table>
<thead>
<tr>
<th>Nutrient (per day)</th>
<th>Non-Hispanic Blacks</th>
<th>All Hispanics</th>
<th>Non-Hispanic Whites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium (mg)</td>
<td>865 ± 16.0</td>
<td>992 ± 19.4</td>
<td>1,079 ± 13.2</td>
</tr>
<tr>
<td>Vitamin D (µg)</td>
<td>4.3 ± 0.14</td>
<td>5.2 ± 0.08</td>
<td>5.6 ± 0.20</td>
</tr>
<tr>
<td>Potassium (mg)</td>
<td>2,304 ± 41.0</td>
<td>2,556 ± 34.3</td>
<td>2,728 ± 27.0</td>
</tr>
<tr>
<td>Magnesium (mg)</td>
<td>251 ± 4.0</td>
<td>284 ± 4.3</td>
<td>299 ± 3.3</td>
</tr>
<tr>
<td>Phosphorus (mg)</td>
<td>1,226 ± 23.2</td>
<td>1,369 ± 15.7</td>
<td>1,429 ± 12.6</td>
</tr>
</tbody>
</table>

Dietary Guidelines, 2010

Evidence (NEL) indicates ...

**Nutrients of concern**

- ✔ calcium
- ✔ vitamin D
- ✔ potassium
- ✔ dietary fiber

[health.gov](http://health.gov) - Home of the Office of Disease Prevention and Health Promotion

_Dietary Guidelines for Americans, 2015_
## Resources & Opportunities

### Older Americans Act Nutrition Program - Federal Fiscal Year 2011

<table>
<thead>
<tr>
<th></th>
<th>Congregate</th>
<th>Home Delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants</td>
<td>1,656,585</td>
<td>856,471</td>
</tr>
<tr>
<td>Meals</td>
<td>88,587,614</td>
<td>139,150,000</td>
</tr>
</tbody>
</table>

### Federal Fiscal Year 2014 Appropriations

<table>
<thead>
<tr>
<th></th>
<th>Congregate</th>
<th>Home Delivered</th>
<th>Nutrition Services Incentive Program*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$438,191,000</td>
<td>$216,397,000</td>
<td>$160,069,000</td>
</tr>
</tbody>
</table>

*Nutrition Services Incentive Program provides supplemental funds for food only.

Accessed 05.09.15: http://www.asaging.org/blog/older-americans-act-nutrition-program-sets-new-table
A Hidden Epidemic of Malnutrition

Today, there is a focus on...

- Poor Nutrition

...which most people define as...

- Overweight & Obesity
  - Hispanic Americans are **1.2x** more likely to be obese than Non-Hispanic Whites

- Food Insecurity
  - **1 in 4** Hispanic older adults face food insecurity vs. the national average of ~1 in 7

- Hunger
  - **Thousands** of Hispanic older Americans go to bed hungry on a daily basis

...but a hidden epidemic of under nutrition and **malnutrition** must also be addressed

http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=70
What is Malnutrition?

Malnutrition simply means poor nutrition.

It can be related to:
- An excessive or imbalanced diet
- Clinical conditions that impair the body’s absorption or use of foods
- A diet that lacks essential nutrients

It can look like this... Or it can look like this...

What about sarcopenia?

- A progressive loss of muscle protein stores and strength.
- Occurs when an older adult does not get enough dietary protein to meet their needs, the risk for sarcopenia
- Sarcopenia increases the risk of frailty, falling, functional disability and impaired immune response.
- Overweight older adults are not protected
  - The aging of the population and the obesity epidemic have converged to create a new public health malnutrition problem: sarcopenic obesity

“The ‘fat frail’ have the worst of both worlds as they age—increased weakness due to sarcopenia and a need to carry greater weight due to obesity”

- Ronenn Roubenoff, Obesity Research

Where is malnutrition happening?

In the Emergency Room
As many as 60% of adults aged 65+ present to the ER malnourished or at risk for malnutrition, regardless of education levels, sex, or area of residence.

On Admission to the Hospital
1 in 3 hospitalized patients is malnourished upon admission.

As a Hospital Patient
Declines in nutritional status occur among about 31% of adult patients from admission to discharge.

After a Hospital Stay
Nearly 20% of Medicare patients are readmitted to the hospital within 30 days of discharge, which can often be related to poor nutrition following a hospital stay.

In Rehab Clinics, Nursing Homes, and the Community
The prevalence of malnutrition among older adults is estimated to be as much as 50% in rehabilitation settings, 13.8% in nursing homes, and 5.8% in the community.

Malnutrition can affect people ANYWHERE.

The Economic Impact of Malnutrition

300%

The increase in healthcare costs that can be attributed to poor nutrition status.

$157 Billion

The amount of money that disease-associated malnutrition costs the U.S. each year.

21.6%

The reduction in hospital costs for patients who used Oral Nutrition Supplements.

MALNUTRITION IS ASSOCIATED WITH A HIGH BURDEN OF DISEASE, INCREASED COMORBIDITIES, AND SIGNIFICANT ECONOMIC COSTS.

1 in 3 patients are malnourished upon admission\(^1,2\)

31 percent of patients experience declines in nutrition status during their hospital stay\(^3\)

Malnutrition-associated outcomes include:

depression of the immune system, impaired wound healing, and muscle wasting\(^4\)

Malnutrition increases length of stay by 4 to 6 days\(^4\)

Malnutrition increases costs by up to 300 percent\(^5\)

---

Resources & Opportunities

To improve community nutrition care, community nutrition programs need to be included in hospital discharge planning.

New multidisciplinary Alliance to Advance Patient Nutrition consensus paper outlines 6 ways to address hospital malnutrition, including **adding nutrition to patient discharge plans**

The Alliance provides a toolkit to guide adding nutrition into discharge planning, available at:

The Rise of Community-Based Care

According to the U.S. Census Bureau, 37% of adults age 65+ have a disability. These patients generally use more health services. But most of these patients also have functional limitations, so they often need assistance from family members to perform activities of daily living.

The Affordable Care Act has led to an increase in disabled older adults remaining at home. Federal funds are given to states that provide home and community-based health services to individuals with disabilities in the community.

Unpaid, Informal Caregivers vs. Formal, Paid Caregivers

<table>
<thead>
<tr>
<th>Year</th>
<th>Informal Caregivers (in millions)</th>
<th>Formal Caregivers (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>21.6 million</td>
<td>40.1 million</td>
</tr>
<tr>
<td>2025</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2050</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SOURCE:** The National Health Interview Survey, 1994; estimates based from the National Long-Term Care Survey Caregiver Supplement, 1989, and the National Health Interview Survey, 1994.
Elder Caregiving

• Today 61% of homebound older adults depend on a family member for care
• Between 16 and 19% of American adults are currently providing care to an older adult
• 74% of Americans who provide care for an older adult are also employed

Interest in the caregiver role led to the 2014 Older Adult Caregiver Survey...
• Purpose of Survey:
  – Gain insight about who is providing eldercare
  – Understand how caregivers balance care with work life
  – Discover which government/community assistance caregivers are using
  – Learn how nutrition plays a role in caregiving

The 2014 Older Adult Caregiver Study can be accessed at: http://www.familiesandwork.org/publications-for-caregivers/
Online survey of 1,050 Americans, age 18+

60% of respondents identified themselves as caregivers to someone age 50+ in the past 5 years

- Gender Demographics of caregiver population:
  - Caregivers Overall
    - Women: 54%
    - Men: 46%
  - Employed Caregivers
    - Women: 49%
    - Men: 51%

- The highest percentage of these caregivers:
  - Are providing care for 1-2 people
  - Are caring for a parent
  - Are providing 18 hours/wk of hands-on caregiving and 5 hours/wk of indirect assistance
  - Would seek out a doctor/HCP or use the Internet for eldercare advice
  - Have changed their work schedule or worked fewer hours to provide care
  - Are providing general medical care to elder (Blood sugar tests, medication assistance, medical treatment decisions)
  - Are providing nutrition care (Grocery shopping, meal prep, providing oral nutrition supplements)
Q: Have you been involved with any of the following nutrition and dietary activities for any of the elder(s) in your care?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percent</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grocery shopping</td>
<td></td>
<td>545</td>
<td>86.1%</td>
</tr>
<tr>
<td>Cooking and meal preparation</td>
<td></td>
<td>468</td>
<td>73.9%</td>
</tr>
<tr>
<td>Providing oral nutrition supplements</td>
<td></td>
<td>239</td>
<td>37.8%</td>
</tr>
<tr>
<td>Tube feeding</td>
<td></td>
<td>23</td>
<td>3.6%</td>
</tr>
<tr>
<td>Other (Please describe)</td>
<td></td>
<td>47</td>
<td>7.4%</td>
</tr>
<tr>
<td>None of the above</td>
<td></td>
<td>48</td>
<td>7.6%</td>
</tr>
<tr>
<td>Don't know</td>
<td></td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1370</td>
<td>216.4%</td>
</tr>
</tbody>
</table>
Q: How strongly do you agree that therapeutic nutrition, like special diets or oral nutrition supplements can...?
Q: How important do you believe proper nutrition is for achieving positive health outcomes for people 50 and older?

Q: In your opinion, how important do health care professionals believe proper nutrition is for achieving positive health outcomes for people 50 and older?
Q: How familiar are you with the following programs to help older people stay healthy?
Q: Has your elder made use of this program in the past five years?
The Employer Elder Care Toolkit

- Online workplace TOOLKIT to help employers set up successful therapeutic nutrition programs
- Provides employers with free, high-quality tools/resources so industries can find solutions to support working caregivers & mature workers with therapeutic nutrition needs

Available free-of-charge at:  http://familiesandwork.org/nutrition-toolkit
Mission

The Latino Integrative Nutrition Initiative supports evidence-based informed choices by U.S. Hispanics in the access and provision of culturally and linguistically appropriate nutrition services and nourishment for all family members, especially those at high risk with the right foods, at the right times, in the right way to:

- Optimize health throughout life
- Reverse negative consequences of malnutrition and obesity
- Link people, products, tools and resources in support of healthy Hispanic living
New Features

Blog:
- In the Kitchen
- In the Community
- Our Older Adults
- Our Children

More:
- Stories: Older Adults & Children
- News
- Research
Cultural Competency

…as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables them to work effectively in cross-cultural situations.
Language Competence

The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities.
Get Linked Today ...

- http://www.liniproject.org
- http://malnutrition.com/getinvolved/hospitalnutritiontoolkit
- http://familiesandwork.org/nutrition-toolkit
- http://nutritionandaging.org/
- http://www.aoa.gov/