



October 31, 2022

Joint FAO/WHO Secretariat
UN Decade of Action on Nutrition
esn-director@fao.org

RE: CAN DReaM (Creating Alliances Nationally to address Disease Related Malnutrition) - Commitment under the UN Decade of Action and Nutrition

To Whom It May Concern:

The Canadian Nutrition Society (CNS) and its standing committee the Canadian Malnutrition Task Force (CMTF) are pleased to submit a commitment under the UN Decade of Action on Nutrition. Our commitment focuses on our new initiative titled CAN DReaM (Creating Alliances Nationally to address Disease Related Malnutrition) that will establish evidence-based practices and advocate for policies to address Disease Related Malnutrition (DRM).

Disease-Related Malnutrition (DRM) is a complex condition resulting from inadequate intake of energy and nutrients that do not fulfil the patient's physiological requirement. DRM is present in up to half of Canadian adults and one third of Canadian children admitted to hospital.¹ Evidence demonstrating association between DRM and poor outcomes, including increased health care cost, hospital readmissions, mortality, functional decline and complications^{2,3,4}, has been accumulating in Canada and around the world over the last four decades. The burden of malnutrition also extends to the community, where it is estimated to affect 3-8.5%⁵ of the population and has a disproportionate effect on older adults and those in care homes^{6,7,8}. Further, pandemic measures have resulted in increased frailty and food insecurity⁹. There are nutrition care solutions that can address these problems^{10,11,12,13,14,15,16}. In 2021, the CNS/CMTF worked with the Canadian Health Standards Organization CAN/HSO 5066:2021(E) to create a Malnutrition Prevention, Detection, and Treatment standard. Currently Canadian hospitals are working towards implementing this standard as it may become a potential Required Organizational Practice for Canadian Hospitals.

A significant challenge that we face relates to the lack of policy frameworks in Canada to addresses DRM and to allow integration into regulations and standards. This inhibits opportunities to support Canadians dealing with DRM through policy-level action. Current health policy is driven largely by conditions related to overnutrition, such as diabetes, obesity and coronary artery disease, and there is a dearth of health policy related to undernutrition and malnutrition in Canada. In addition, there is potential for overlap with Canada's Food Policy's vision of improved food-related health outcomes¹⁷ and DRM is relevant given its impact on health equity, health systems and food environments.

This situation is not unique to Canada, and many countries across the globe struggle with the absence of frameworks and/or policies to address DRM.

As part of our commitment, CNS/CMTF has established five goals:

1. Create a national alliance and set the foundation for a national coordination mechanism for improved DRM policy that will involve a diverse range of stakeholders including provincial and federal governments, health care organizations, academia, agri-food and industry.
2. Publish the results of a Systematic Review of existing national and international nutrition policies that are relevant to disease-related malnutrition. A goal will be to identify gaps in existing policies related to DRM that will inform the design of a policy brief and health policy related to DRM.
3. Design a policy brief on DRM.
4. Expand and strengthen global coordination mechanisms for policies and practices to address DRM. This will enable other countries to create alliances to leverage best practices and policies from around the world, and to create capacity for policy level change globally.
5. Create national and provincial health policy(ies) to address DRM as prioritized in the policy brief by 2025

Our commitment will specifically address two of the Nutrition Decade's six action including:

Area 2

ALIGNED HEALTH SYSTEMS PROVIDING UNIVERSAL COVERAGE OF ESSENTIAL NUTRITION ACTIONS ACTION AREA

The CNS/CMTF commitment will strengthen and enable more resilient health systems and will support the development of policies that will ultimately improve nutrition for the health of Canadians and citizens globally. Best practices and opportunities to create new health service Interventions to improve health services will be identified.

Area 6

STRENGTHENED GOVERNANCE AND ACCOUNTABILITY FOR NUTRITION ACTION AREA

The CNS/CMTF commitment will allow more attention towards governance and coordination mechanisms for food security and nutrition and the establishment of policies and programs related to nutrition. It will also support multisectoral information systems related to food and nutrition.

The opportunity to join our efforts with the World Health Organization declaration of 2015-2026 "The Decade of Action on Nutrition"¹⁸ is fitting since a key goal is to eradicate malnutrition in all its forms. WHO has identified malnutrition as a health crisis globally and DRM is an important consideration given its impact on health systems. Further, CNS is one of over 75 associations who has signed a declaration recognizing nutritional care as a human right.

CNS/CMTF are pleased to have the opportunity to take leadership on this important issue by formalizing our commitment. Thank you for the opportunity to participate.

Sincerely,



Andrea Grantham
Executive Director, Canadian Nutrition Society

References

1. Allard JP, Keller H, Jeejeebhoy KN, Laporte M, Duerksen DR, Gramlich L, Payette H, Bernier P, Vesnaver E, Davidson B, Teterina A, Lou W. Malnutrition at Hospital Admission-Contributors and Effect on Length of Stay: A Prospective Cohort Study From the Canadian Malnutrition Task Force. *JPEN J Parenter Enteral Nutr.* 2016 May;40(4):487-97. doi: 10.1177/0148607114567902. Epub 2015 Jan 26. PMID: 25623481.
2. Allard JP, Keller H, Jeejeebhoy KN, Laporte M, Duerksen DR, Gramlich L, Payette H, Bernier P, Davidson B, Teterina A, Lou W. Decline in nutritional status is associated with prolonged length of stay in hospitalized patients admitted for 7 days or more: A prospective cohort study. *Clin Nutr.* 2016 Feb;35(1):144-152. doi: 10.1016/j.clnu.2015.01.009. Epub 2015 Jan 21. PMID: 25660316.
3. Jeejeebhoy KN, Keller H, Gramlich L, Allard JP, Laporte M, Duerksen DR, Payette H, Bernier P, Vesnaver E, Davidson B, Teterina A, Lou W. Nutritional assessment: comparison of clinical assessment and objective variables for the prediction of length of hospital stay and readmission. *Am J Clin Nutr.* 2015 May;101(5):956-65. doi: 10.3945/ajcn.114.098665. Epub 2015 Mar 4. PMID: 25739926.
4. Curtis LJ, Bernier P, Jeejeebhoy K, Allard J, Duerksen D, Gramlich L, Laporte M, Keller HH. Costs of hospital malnutrition. *Clin Nutr.* 2017 Oct;36(5):1391-1396. doi: 10.1016/j.clnu.2016.09.009. Epub 2016 Sep 19. PMID: 27765524.
5. Norman K, Haß U, Pirlich M. Malnutrition in Older Adults-Recent Advances and Remaining Challenges. *Nutrients.* 2021 Aug 12;13(8):2764. doi: 10.3390/nu13082764. PMID: 34444924; PMCID: PMC8399049.
6. Wendland BE, Greenwood CE, Weinberg I, Young KW. Malnutrition in institutionalized seniors: the iatrogenic component. *J Am Geriatr Soc.* 2003 Jan;51(1):85-90. doi: 10.1034/j.1601-5215.2002.51015.x. PMID: 12534851.
7. Murphy J, Bracher M, Tkacz D, Aburrow A, Allmark G, Steward K, Wallis K, May C. Malnutrition in community-dwelling older people: lessons learnt using a new procedure. *Br J Community Nurs.* 2020 Apr 2;25(4):193-195. doi: 10.12968/bjcn.2020.25.4.193. PMID: 32267764.
8. Warren AM, Frongillo EA, Alford S, McDonald E. Taxonomy of Seniors' Needs for Food and Food Assistance in the United States. *Qual Health Res.* 2020 Jun;30(7):988-1003. doi: 10.1177/1049732320906143. Epub 2020 Feb 28. PMID: 32107976.
9. Huysentruyt K, Brunet-Wood K, Bandsma R, Gramlich L, Fleming-Carroll B, Hotson B, Byers R, Lovelace H, Persad R, Kalnins D, Martinez A, Marchand V, Vachon M, Hulst JM, On Behalf Of The Canadian Malnutrition Task Force-Pediatric Working Group. Canadian Nationwide Survey on Pediatric Malnutrition Management in Tertiary Hospitals. *Nutrients.* 2021 Jul 30;13(8):2635. doi: 10.3390/nu13082635. PMID: 34444796; PMCID: PMC8397996.
10. Sorensen J, Fletcher H, Macdonald B, Whittington-Carter L, Nasser R, Gramlich L. Canadian Hospital Food Service Practices to Prevent Malnutrition. *Can J Diet Pract Res.* 2021 Dec 1;82(4):167-175. doi: 10.3148/cjdrp-2021-013. Epub 2021 Jul 21. PMID: 34286621.
11. Keller H, Koechl JM, Laur C, Chen H, Curtis L, Dubin JA, Gramlich L, Ray S, Valaitis R, Yang Y, Bell J. More-2-Eat implementation demonstrates that screening, assessment and treatment of malnourished patients can be spread and sustained in acute care; a multi-site, pretest post-test time series study. *Clin Nutr.* 2021 Apr;40(4):2100-2108. doi: 10.1016/j.clnu.2020.09.034. Epub 2020 Oct 6. PMID: 33077271.
12. CAN/HSO 5066:2021 - Malnutrition Prevention, Detection, and Treatment: <https://healthstandards.org/standard/malnutrition-prevention-detection-and-treatment/>
13. <https://agriculture.canada.ca/en/about-our-department/key-departmental-initiatives/food-policy/food-policy-canada>
14. <https://www.fao.org/3/bs726e/bs726e.pdf#:~:text=In%20April%202016%2C%20the%20UN%20General%20Assembly%2C%20through,Nations%20Decade%20of%20Action%20on%20Nutrition%20%28%E2%80%9C%20Nutrition%20Decade%E2%80%9D%29.>
15. <https://nutritionforgrowth.org/wp-content/uploads/2020/12/N4G-Commitment-Making-Guide.pdf>
16. Greta R. Bauer,. Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity, *Social Science & Medicine*, Volume 110, 2014, Pages 10-17, ISSN 0277-953. <https://doi.org/10.1016/j.socscimed.2014.03.022>.
17. http://www.ncchpp.ca/docs/Guide_framework_analyzing_policies_En.pdf
18. Keller HH, Laur C, Dhaliwal R, Allard JP, Clermont-Dejean N, Duerksen DR, Elias E, Gramlich L, Lakananurak N, Laporte M. Trends and Novel Research in Hospital Nutrition Care: A Narrative Review of Leading Clinical Nutrition Journals. *JPEN J Parenter Enteral Nutr.* 2021 May;45(4):670-684. doi: 10.1002/jpen.2047. Epub 2020 Dec 21. PMID: 33236411.