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ABSTRACT

Around the world, the burden of malnutrition remains high despite significant efforts to thwart both undernutrition and overnutrition. The links between food security, dietary choices, and health outcomes pose a dilemma: What can nutrition policymakers and health care professionals do to harness the benefits of nutrition to improve health outcomes for young and old? The Academy of Nutrition and Dietetics gathered a group of health care policymakers, physicians, and credentialed nutrition and dietetics practitioners from around the world for a Policy and Nutrition Forum that took place on August 31, 2019 in Krakow, Poland. Participants from countries in Asia, Europe, North America, and Latin America presented on nutrition and policy from their perspective and took part in discussions about the effects of nutrition policies on health and health care. To extend the conversation about food and nutrition and to build a healthier future for people worldwide, this report highlights information from the Forum.


Despite significant steps taken to improve nutrition, there is still an unacceptably high burden of malnutrition in the world," warned Venkatesh Mannar, co-chairperson of the Global Nutrition Report Independent Expert Group.1 Today's problem is a dual burden of undernutrition and overnutrition. To each affected person, the problem is underscored by the wide range of adverse health consequences that can be long-lasting, sometimes life-threatening, and often costly. The links between food security, dietary choices, and health outcomes present a dilemma: What can nutrition policymakers and health care professionals do to harness the benefits of nutrition to improve overall health outcomes for young and old (Figure 1)?

In a 2015 meeting convened by the Academy of Nutrition and Dietetics (the Academy), representatives from seven low-income countries reviewed the prevalence of malnutrition in different world regions, identifying strategies and resources needed to fill nutritional shortfalls.2 The proceedings of this forum were published in the Journal of the Academy of Nutrition and Dietetics and laid the foundation for subsequent discussions on nutrition research and related policy. On August 31, 2019, a subsequent forum, convened by the Academy, took place in Krakow, Poland; this forum focused on how nutrition research can inform food and nutrition policies to yield global health benefits. Led by its Research, International, and Scientific Affairs Team, the Academy gathered nutrition experts from countries in Asia, Europe, North America, and Latin America to present and to participate in roundtable discussions. This paper summarizes “big ideas” and case studies from the Forum to extend the conversation about food and nutrition policies worldwide that aim to help build a healthier future for all on planet Earth. The individuals participating in the forum were food and nutrition practitioners and other health care professionals.

MALNUTRITION: TODAY’S DEFINITION

Nutrition status across the life cycle is progressive, with multiple causes that drive status from replete to depleted or to toxicity. Inflammation, malabsorption due to disease or environment, and dietary patterns all are causes that may individually or in combination lead a person to progress from optimally nourished to a poor nutritional state (eg, malnourished). Dietary patterns reflect factors such as, but not limited to, food security and dietary choices. Food security necessitates a safe food supply, food proximity and affordability, and the stability of all these factors over time.3 Dietary choices represent personal selections, which also can be influenced by advertising and promotions, culture and religious background, and the local food supply. The term malnutrition is comprehensive and thus can present as
excessive body weight, underweight, or depletion or toxicity of a single or a combination of nutrients or as a combination of these. For example, a person who is overweight can be depleted in protein or iron, and a person who is underweight can have a vitamin A toxicity. The totality of a person’s macronutrient and micronutrient body status constitutes their nutritional status. Nutritional status overall impacts health and health outcomes.

Malnutrition is often only recognized as undernutrition, a consequence of starvation caused by limited food access, inadequate food intake or nutrient absorption, or inadequate food intake to compensate for increased metabolic needs. The World Health Organization (WHO) expanded this definition to “malnutrition refers to deficiencies, excesses, or imbalances in a person’s intake of energy and/or nutrients.” The term malnutrition thus covers three broad categories:

- under-nutrition
- micronutrient-related malnutrition (also called hidden hunger); and
- overweight or obesity and the resulting diet-related non-communicable diseases.

The 2019 Global Nutrition Research and Policy Forum of the Academy recognized populations across the lifespan who are at risk of undernutrition and its consequences: infants and children, girls and women of reproductive age, adults with disease-related malnutrition, low-income populations, and older adults. The forum also concurred with the WHO definition, which considers malnutrition as a condition of undernutrition, specific micronutrient deficiencies, and malnutrition in the form of overnutrition. Additionally, although people with disease-related malnutrition readily obtain treatment for their diseases or medical problems, the associated underlying condition of malnutrition often goes undiagnosed or undertreated. These complex aspects of malnutrition must be considered in nutrition research and policy development.

Figure 1. Food security and dietary choices determine health outcomes. The dilemma is to determine how nutrition policymakers and health care professionals can help improve health outcomes for individuals, especially those in vulnerable populations.
country- and global-level policy efforts to improve health outcomes. Figure 2 highlights the importance of this topic globally and provides rationale for addressing malnutrition as global collaborators and as representatives of nations from around the world (Figure 2).

**Overview and Insights from the Forum**

The Forum began with a high-level overview of global nutrition and policy through presentations by M. G. Venkatesh Mannar, a representative for the Global Nutrition Report (GNR) group, and Patrizia Fracassi, PhD, MA, MSc, a representative for the Food and Agriculture Organization of the United Nations. These broad reviews set the stage for our country-specific examples and helped provide a framework for discussions throughout the forum. The GNR collates existing data, presents

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### Malnutrition prevalence is unacceptably high worldwide

- For children under age 5 years, more than 200 million are growth-stunted or wasted, while 38 million are overweight.°
- Among adults, overweight and obesity have hit record levels, with an overall 40% prevalence globally; in regions of North America and Australia, overweight and obesity affect 2 of every 3 adults.°
- In people older than 65 years, the prevalence of under-nutrition is 15% or more in community-dwelling older adults, and 60% of those in geriatric care facilities.
- Among hospitalized adults, disease-related malnutrition occurs in 20% to 50% of patients worldwide.

### Malnutrition (over- or under-nutrition) is associated with poor health outcomes

- Childhood under-nutrition remains high, continuing to impact children’s lives.
  - 22% of the world’s children are growth stunted, risking severe lifelong cognitive and physical damage, as well as poor economic outcomes.
  - 7.5% of the world’s children suffer wasting (recent, rapid weight loss), with increased risk of infection, illness, and death.
- For girls and women of reproductive age
  - An estimated 10 to 30% of all post-partum women are anemic in high income countries, and experts speculate that prevalence is even higher in low income countries.
  - Good nutrition in preconception, during pregnancy and lactation can improve the health of the next generation, reducing the risk of stunting, obesity, and chronic non-communicable diseases (ie, diabetes, cardiovascular disease, and asthma) and yielding better cognitive and behavioral development.
- Overweight and obesity lead to adverse health outcomes for adults.
  - Over-nutrition has led to a dramatic increase in the prevalence of type 2 diabetes worldwide—up 80% from 4.7% to 8.5% from 1980 to 2014.
  - Body mass index (BMI) greater than 25 accounted for 4.0 million deaths globally, nearly 40% of which occurred in persons who were overweight but not obese (BMI 30 or higher). More than two-thirds of deaths related to high BMI were due to cardiovascular disease.
  - 11 million deaths (or 22% of all deaths among adults) and 255 million disability-adjusted life years each year are attributed to diet-related risk factors such as low consumption of whole grains and fruits and high sodium intake.
- In older adults (>65 years of age) malnutrition can lead to multiple health issues, including:
  - Weakened immune system, which increases the risk of infections.
  - Reduced ability to heal wounds, such as pressure ulcers.
  - Muscle weakness (sarcopenia), balance problems, and declining bone mass, all of which can contribute to falls and fractures.
  - Increased risk of hospitalization.
  - Increased risk of death.

### Most countries have developed nutrition policies, but the majority are unfunded.

- Most countries have developed comprehensive or topic-specific nutrition policies, according to the first Global Nutrition Policy Review (GNPR1, 2009-2010).
- However, much of this policy progress is recent. Among these countries, 77% have published their policies since 2011 (after the GNPR1), and 34% (including almost half of countries in the WHO African Region) since 2015, or after the second International Conference on Nutrition (ICN2, 2014).
- Finally, a majority of these plans are unfunded; only 39% of 149 countries with nutrition policies had costed operational plans associated with them, putting plan implementation at risk.

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Figure 2. Fast facts from international reports on food, nutrition, and global health issues.
new innovations in data, and conducts novel data analysis, focusing on five areas: the burden of malnutrition, emerging areas in need of focus, diets as a common cause of malnutrition in all its forms, financing of nutrition action, and global commitments. From the GN perspective, key strategies were to (1) leverage research results and data to demonstrate nutrition-related problems and solutions and (2) increase financing and commitment to improve nutrition-related health and reduce the burden of all forms of malnutrition. The GNR report also can inform policy makers around the globe. 

Fracassi also provided a global perspective based on the findings from the EAT-Lancet Commission. In line with the UN Sustainable Development Goals and Paris Agreement, the 2050 goal is to achieve healthy diets for the nearly 10 billion people who will live on planet Earth and to do so from sustainable food systems. This will require stepwise changes. First of all, approximately 2 billion people in the world still experience moderate-to-severe food insecurity. Such food insecurity must be overcome, because it is leading to undernutrition, as well as overweight/obesity with diet-related non-communicable diseases. Second, our current food production system takes a high environmental toll. The Food and Agriculture Organization and WHO describe a sustainable, healthy diet as one that includes whole grains, legumes, nuts, and an abundance and variety of fruits and vegetables alongside moderate amounts of eggs, dairy, poultry and fish, and small amounts of red meat. Whereas in some parts of the world, a sustainable and healthy diet would entail a significant reduction of animal source foods, in other parts of the world increased consumption of animal source foods may be required to meet minimum nutrient needs. Dietary shifts can be a powerful driver of change, but they need to reflect context-specific and culturally sensitive consumption patterns while also considering special nutritional requirements of vulnerable groups such as young children. Fracassi emphasized five changes that can help achieve healthy and sustainable food production and consumption: 

1. Gain international and national commitments for shifts toward healthier and sustainable diets.

2. Reorient agricultural priorities from high-quantity food production to high-quality food production.

3. Refine agricultural methods to intensify food production per unit of land, but also ensure that new methods do no harm to the land, water, and air.


5. Halve food losses and waste. In low-income countries, the greatest losses are in production processes; in high-income countries, food waste results mostly from food consumption practices.

COUNTRY CASE STUDIES: EXAMPLES OF NUTRITION POLICY IMPACTS

Case-study examples of the impact of nutrition-related programs and policies were presented from the perspectives of presenters from Singapore, Canada, the United States, Italy, Poland, Colombia, and Venezuela. According to the 2019 classification by income per capita from World Bank Group, Colombia and Venezuela are upper-middle income countries, and the others are considered high-income countries. With such financial resources, presenters examined how policies leading to better food and nutrition practices could help build human capital. Nutrition can be considered an investment for a better future.

Programs for Geriatric Care in Singapore

Samuel Chew, LRCP & SI (NUI), MRCP (UK), FAMS, FRCP (Edin.), a geriatrician, reported on Singapore’s outstanding array of strategies and government policies to support nutrition awareness and care for malnutrition. To inform nutrition needs, Singapore has survey programs to collect nutrition-related data—a National Population Health Survey last conducted in 2016/17 and a National Nutrition Survey conducted in 2018. Importantly, Singapore has both policies and financial programs aimed at eliminating inequities in access to health care, nutrition care, and food security—Medisave, MediShield, MediFund, Eldershield, and Senior Mobility and Enabling Fund. Medisave is a medical savings account for wage earners and their families, and MediShield and Eldershield are insurance programs linked to Medisave, with Eldershield specifically tailored to assist with long-term care costs associated with severe disability in old age. MediFund, Senior Mobility, and Enabling Fund are means-tested programs for qualified low-income users, with the latter specifically supporting the costs for long-term nutritional needs of older people in the community setting, such as oral nutritional supplements.

In Singapore hospitals, interdisciplinary teams identify and address nutrition problems. Specifically, nurses carry out patient assessments that trigger credentialed nutrition and dietetics practitioner referrals on admission to hospital wards, and nurses help execute dietary orders by credentialed nutrition and dietetics practitioners and clinicians. Credentialed nutrition and dietetics practitioners formally assess, diagnose, counsel, and prescribe appropriate nutrition care, then monitor patient progress. Physicians support monitoring and address complications. Physicians also play key roles in identifying high-risk patients, including those living in the community—such as people with cachexia caused by cancer or pulmonary or cardiovascular issues, or older people with anorexia of aging, sarcopenia, or frailty.

In Singapore research settings, ongoing studies aim to create baseline nutrition-related reference ranges and to build evidence of the impact of nutrition intervention in the community-dwelling older population, including the Nutritional Health for the Elderly Reference Centre Study (Clinicaltrials.gov identifiers NCT03240952 and NCT03245047) and the Strengthening Health in the ELDerly through nutrition Study.

Even though Singapore has numerous policies and programs aimed at addressing malnutrition, Chew noted a key public health challenge for geriatric care in Singapore: to reverse the common public misconception (including among older persons themselves) that older people can live well on very small amounts of food because of their advanced age and smaller stature.

Credentialed Nutrition and Dietetics Practitioners in Canada Lead Collaborative Research That Informs Nutrition Policy Development

Heather Keller, PhD, RD, FDC, FCAHS, a registered dietitian and member of the
Canadian Malnutrition Task Force (CMTF) described how the CMTF has led the way to influence Canadian nutrition policies and is advocating for policy changes in Health Standards. Beginning in 2010, CMTF sought to create the evidence of malnutrition prevalence, impacts, and gaps in hospital nutrition care in Canada. Since 2013, the group has worked to aggregate evidence, develop knowledge products, and advocate for improvement in care. Their focus is on building awareness and training among decision-makers and health care professionals. Notably, work of the CMTF has led to numerous professional publications showing gaps in Canadian nutrition care practices and demonstrating effective ways to solve these problems.

Keller shared lessons learned in her decade of experience with the CMTF: (1) policy changes take time and persistence; (2) there’s no arguing with data; and (3) it is helpful to partner with others to spread your message farther than you could alone.

**Malnutrition Quality Improvement Programs in the US Advance Nutrition Care**

Registered dietitian nutritionist Jeanne Blankenship directs Policy Initiatives and Advocacy at the Academy of Nutrition and Dietetics. Her presentation focused on barriers and facilitators for quality nutrition practice in the United States. Financially, the US health care system has room for improvement in the identification and treatment of malnutrition. In the ambulatory care setting, individuals have limited access to nutrition services before and after hospital discharge. There remains inconsistency in nutrition care coverage between private insurance and government-funded health care such as Medicaid and Medicare. Although the United States deserves recognition for leadership in health care technologies and lifesaving scientific discoveries, unresolved issues for funding have led to limited access to care for many, high costs per capita compared with other countries, and outcomes such as increased morbidity, lower longevity, and greater maternal/infant mortality rates compared with other high-income countries.

With the broad goals of containing health care costs and improving outcomes, Blankenship noted the importance of healthy eating for disease prevention and the inclusion of nutrition care across all settings, including community-based clinics and programs, hospitals, and other non-acute care centers. Specifically, she encouraged strategic use of quality improvement programs to enhance nutrition care, especially in hospitals and care transitions. The Malnutrition Quality Improvement initiative, a project of the Academy, Avalere Health, and other stakeholders who provide guidance and expertise through a collaborative partnership, aims to increase the recognition of malnutrition through screening, diagnosis, intervention, and monitoring. The Malnutrition Quality improvement initiative provides guidance, and tools are designed to help improve malnutrition care and subsequently achieve better outcomes.

Advocacy efforts in the United States currently focus on implementation of electronic quality measures, reimbursement for nutrition care, and improving food security through public and private programs designed to increase access to food and nutrition education.

**Nutrition Policies and Programs Benefit Public Health in Italy**

Valeria Mastrilli, MD, serves in the Directorate of Prevention of Italy’s Ministry of Health, where she has led public health policies and efforts to facilitate better food choices as a strategy to prevent development of noncommunicable diseases. In Italy, noncommunicable diseases are the most common causes of death, that is, cardiovascular disease, cancer, chronic respiratory diseases, and diabetes. A major public health educational program from the Ministry of Health, the “Gaining Health” program, has been a key facilitator of better population health. The program includes four parts: better nutrition, more physical activity, no tobacco use, and no alcohol abuse. Furthermore, the National Prevention Plan has used a life-course educational approach to enhance nutrition awareness in different settings (school, workplace, community). The Ministry of Health has encouraged residents to follow the Mediterranean diet, a traditional diet with proven health benefits.

Some barriers to healthful eating in Italy include uneven educational messaging across the 21 different administrative regions in Italy, shortfalls in regulatory oversight for food quality and safety, difficulties involving general practitioners and family pediatricians in activities for nutritional health promotion, widespread availability of junk food, and socioeconomic barriers to healthy food access. In terms of better nutrition in Italy, Mastrilli highlighted the Ministry’s recent success in reducing dietary salt intake—total intake was lowered by 3,000 tons per year based on collaborations with food producers, especially bread-makers.

**Data Drive Development of Policies on Nutritional Care during and after Hospitalization in Poland**

Magdalena Milewska, PhD, is a clinical dietitian, researcher, and lecturer at Medical University of Warsaw. She reported on efforts in Poland to fight malnutrition in hospitals. Based on 2018 Nutrition Day in Poland results, more than 40% of hospitalized patients were at risk of malnutrition. The Polish Ministry of Health has declared four key actions to address disease-related malnutrition in hospitals—screening, awareness, reimbursement, and education. Every hospital is now expected to screen all admitted patients for malnutrition or its risk (NRS-2002 or SGA tool). Awareness of malnutrition was raised by a relaunch of the website for the Polish Society for Parenteral and Enteral Nutrition; the site includes up-to-date information for the public and for the media. Over the past decade, reimbursements for nutritional interventions in the hospital and at home have been put in place, including both enteral and parenteral nutrition. The Polish Society for Parenteral and Enteral Nutrition also led the way in offering both classroom education and hands-on training for dietetic practitioners and for other medical specialists (intensivists, surgeons, gastroenterologists, and neurologists). Additionally, the National Food and Nutrition Institute is responsible for creating legislation on food and nutrition health quality as well as prevention of diet-related malnutrition. The
main priority of the Polish Society of Dietetics is improving skills of credentialed nutrition and dietetics practitioners, representing them in the Ministry of Health regarding legal regulations of the profession and dietary guidelines development.

**Focus on Nutrition Care in Colombia Improves Health Outcomes for Vulnerable Populations**

Carlos Cano-Gutierrez, MD, a geriatrician, is a full professor at Pontificia Universidad Javeriana, Bogotá, Colombia. He described the changing population structure in Colombia as an impetus to adjust and strengthen nutrition policies and care. Experts project a decline in the population of Colombia by 2100 compared with today, but more than 40% of the population will be older than 60 years. Based on work by his research team, Cano-Gutierrez noted that nearly 40% of people older than 60 years and living in the Colombian communities have or are at risk of malnutrition.48

Cano-Gutierrez emphasized that nutrition and physical activity are key strategies for extending the healthspan in older age, not just the lifespan.49 In terms of public health, Colombia’s challenge, like that of many other countries, is to keep people healthy as long as possible, that is, to compress the interval of late-life health issues. This is a fundamental change in thinking about health care for older people; we need to work toward preventing age-related disabilities and morbidities rather than waiting to treat these conditions when they occur. In Colombia, 97% of the elderly population is covered by the National Health Service (NHS), thus offering opportunities for early intervention. He encouraged public education on healthy aging, as well as professional research and training on health interventions for older people.

**Nutrition Policies Can Help Venezuela as It Recovers from Short Supplies of Food and Medicine**

Marianella Herrera Cuenca, MD, PhD, is chair and international research representative on the Council on Research of the Academy, and she is a faculty member of the Universidad...
Central de Venezuela in Caracas. According to Herrera Cuenca, Venezuelan food supplies and nutritional care are now in jeopardy because of political turmoil. The problems reflect a man-made economic crisis that includes food and medicine shortages, humanitarian conflicts, and population exodus. Venezuela has policies on food and nutrition and a record of abundant crops and food production in previous years, but these standards are not currently being met. The rich oil resources of Venezuela hold potential to support restoration and redevelopment of the country’s medical and agricultural programs once government stability is regained.

Public policies on agriculture and nutrition will be fundamental to recovery in Venezuela. The aim of any public policy is to ensure the well-being of the population by implementation of strategies that yield beneficial achievements. Adequate food supplies and nutrition-related wellness represent end values, which can be sought by multidimensional, cross-disciplinary actions framed in the context of human rights and ethics. Addressing malnutrition from a holistic, inclusive, and collaborative perspective requires fixing current food-shortage problems, providing nutrition-focused care for vulnerable populations, and also planning for sustained food supplies and health care access over the long term.

**DIRECTION FOR THE FUTURE**

**Learnings from Forum Case Examples and Global Research Reports**

Forum country case studies highlight both the successes and the challenges in nutrition programs, policy, and practice. Cases illustrate how nutrition-related policies can be used to enable nutrition interventions and programs in all countries and for all individuals across the lifespan. Recent seminal research documents such as the Global Nutrition Report, the Global Burden of Disease Diet Collaboration, and the EAT-Lancet Report have provided a much-needed synthesis of data to quantify progress being made in health and nutrition. However, continuing research, which include outcomes reporting, is needed to build evidence for development of nutrition policies and practice. We must better understand the facilitators and barriers to good nutrition policy so that we can implement effective nutrition care programs at the local, national, and international levels and in both community and clinical settings.

**Call to Action**

Forum participants and the Academy call for leadership and collaboration by nutrition policymakers and nutrition health care specialists such as credentialed nutrition and dietetics practitioners, nurses, and physicians. Knowledgeable and well-trained leaders across public, community, and health care sectors are needed to tackle global malnutrition. All countries need programs to train and employ such nutrition and dietetic practitioners.

These nutrition practitioners must recognize all populations at risk for malnutrition. For infants and young children, optimal nutrition is vital for optimal physical and mental development. Many adults have health conditions associated with poor nutritional status, where both undernutrition and overnutrition can play roles. People with cardiovascular issues, type 2 diabetes mellitus, cancers, respiratory diseases, metabolic diseases, and
mobility disorders need optimal nutrition to lower the adverse impact of their conditions. Malnutrition is particularly prominent among older adults—in the community, in care homes, in hospitals, and in rehabilitation centers—who need nutrition interventions to improve health outcomes. Equity of care is another challenging problem; all people need to have access to healthy food and to professional nutrition care when needed. Financing and reimbursement are vital to support the inclusion of nutrition care across care settings and in health systems.

Most importantly, we must look to the future. We need to fundamentally change the food system—how we produce and consume food. Policymakers and practitioners must work together to ensure that systems of food production, distribution, retail, and food waste reduction support human nutrition and health. As well, policymakers and practitioners can lead international and national commitments for shifts toward healthier diets, which include consumer education about healthy food choices, as well as efforts to ensure that nutritious foods are available and affordable and that food environments facilitate healthy food choices. Choices also may be related to availability of healthy foods, so policies and food standards can be used to promote healthy eating. In some countries, food producers have proved to be effective partners in formulating healthier products, such as low-salt, healthy fat, and vitamin-fortified versions of processed foods.

Finding Strategies to Build and Strengthen Your National Nutrition-Focused Programs

Based on Forum reports, discussions, and international reports, here we provide a checklist to help review the state of nutrition and malnutrition care in your region or country (Figure 3).

CONCLUSION

Planning for a future with adequate food supplies and nutritional care for all is a challenge to food and nutrition policymakers, food producers, and health caregivers in all countries of the world. In fact, feeding the people of the world has recently been described as a triple challenge—a trilemma (Figure 4). As the world population grows and ages, we must ensure access and consumption of a healthy diet worldwide, with attentive nutrition care for those who are sick or otherwise at nutritional risk. And we must focus on building food systems that are healthy, resilient, and sustainable. The importance of sustainability means that governments, nutrition practitioners, and food system stakeholders must be collaborators in developing strategies to promote human health while protecting natural resources (eg, land, soil, water, air, and biodiversity) and addressing climate change. Together we need to build a food supply that supports healthy living on planet Earth and reduces malnutrition in all its forms.

References


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STATEMENT OF POTENTIAL CONFLICT OF INTEREST

No potential conflict of interest was reported by the authors.

FUNDING/SUPPORT

The 2019 Nutrition and Policy Forum in Krakow, Poland was supported by an unrestricted medical education grant from Abbott Laboratories.

ACKNOWLEDGEMENTS

The authors thank Cecilia Hofmann, PhD, medical writer for C. Hofmann & Associates (Western Springs, IL) for her editorial assistance in preparation of this manuscript.