

# Screening Nutritional Risk in Community- Living Seniors

OCSA Webinar March 10, 2010

# Outline

- What is screening
- Why is nutrition screening relevant
- What is SCREEN
- Uses of SCREEN
- What does it mean to be at risk with SCREEN
- Using SCREEN in your setting
- Getting started

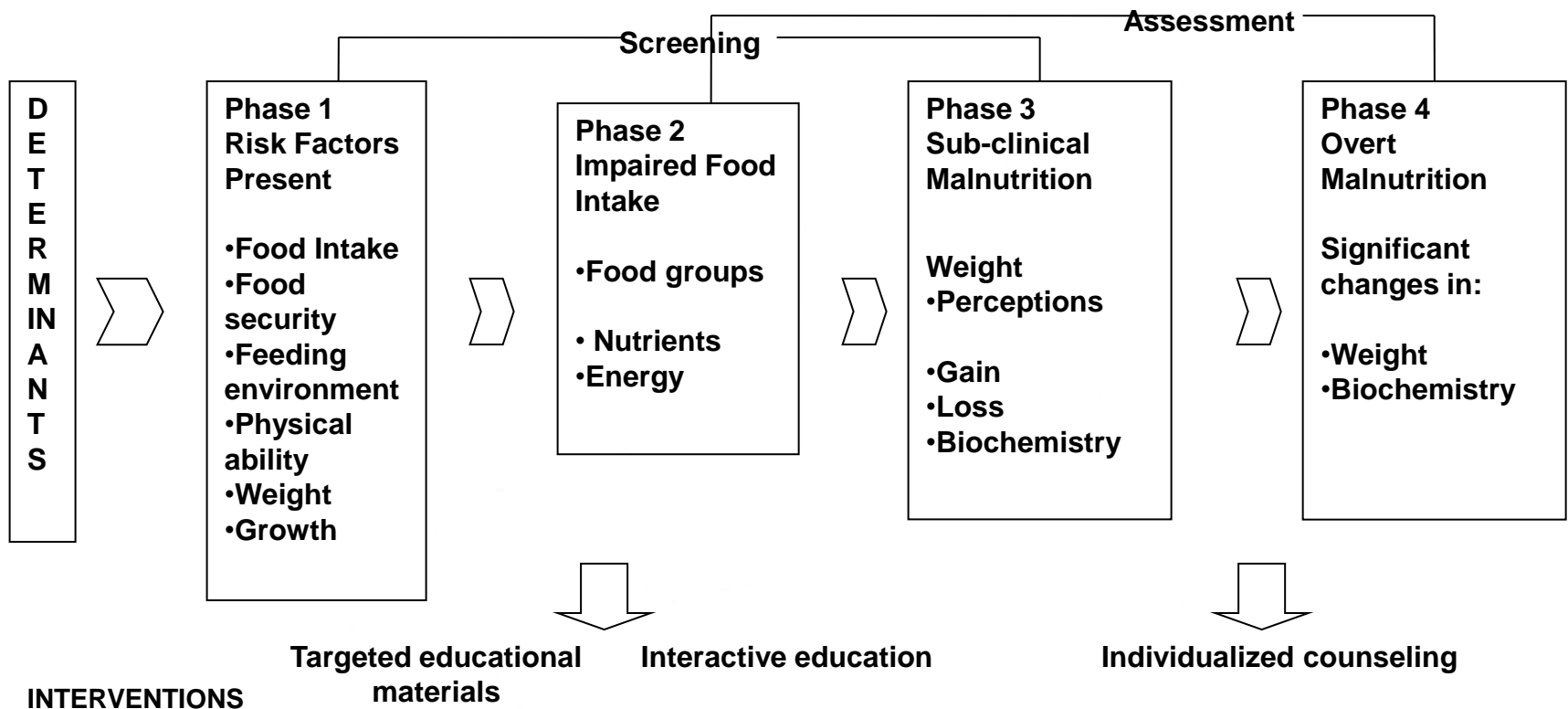
# Why is nutrition important?

Nutrition is a key factor in healthy aging and quality of life.

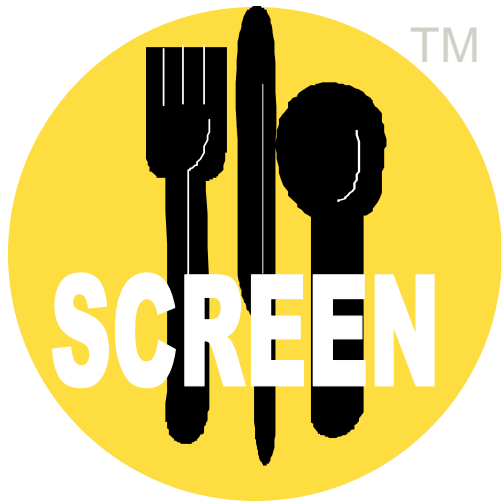
Education and community support can help seniors eat well and enjoy an independent lifestyle.

Research shows that nutrition concerns are common among Canadian community living seniors.

# What is Screening?



# What is SCREEN ?



Seniors in the

Community:

Risk

Evaluation for

Eating and

Nutrition

# Features of SCREEN<sup>©</sup>

- Questionnaire on risk factors- no measures
- Pencil and paper
- Self or interviewer administered
- In person, over the phone
- 8 item and 14/15 item versions
- French & English
- SCREEN I and II
- Criterion & predictive validity
- Reliable- test-retest, inter-rater, inter-modal
- Program- referral process, education materials

# What SCREEN<sup>©</sup> Measures: Constructs of Nutritional Risk

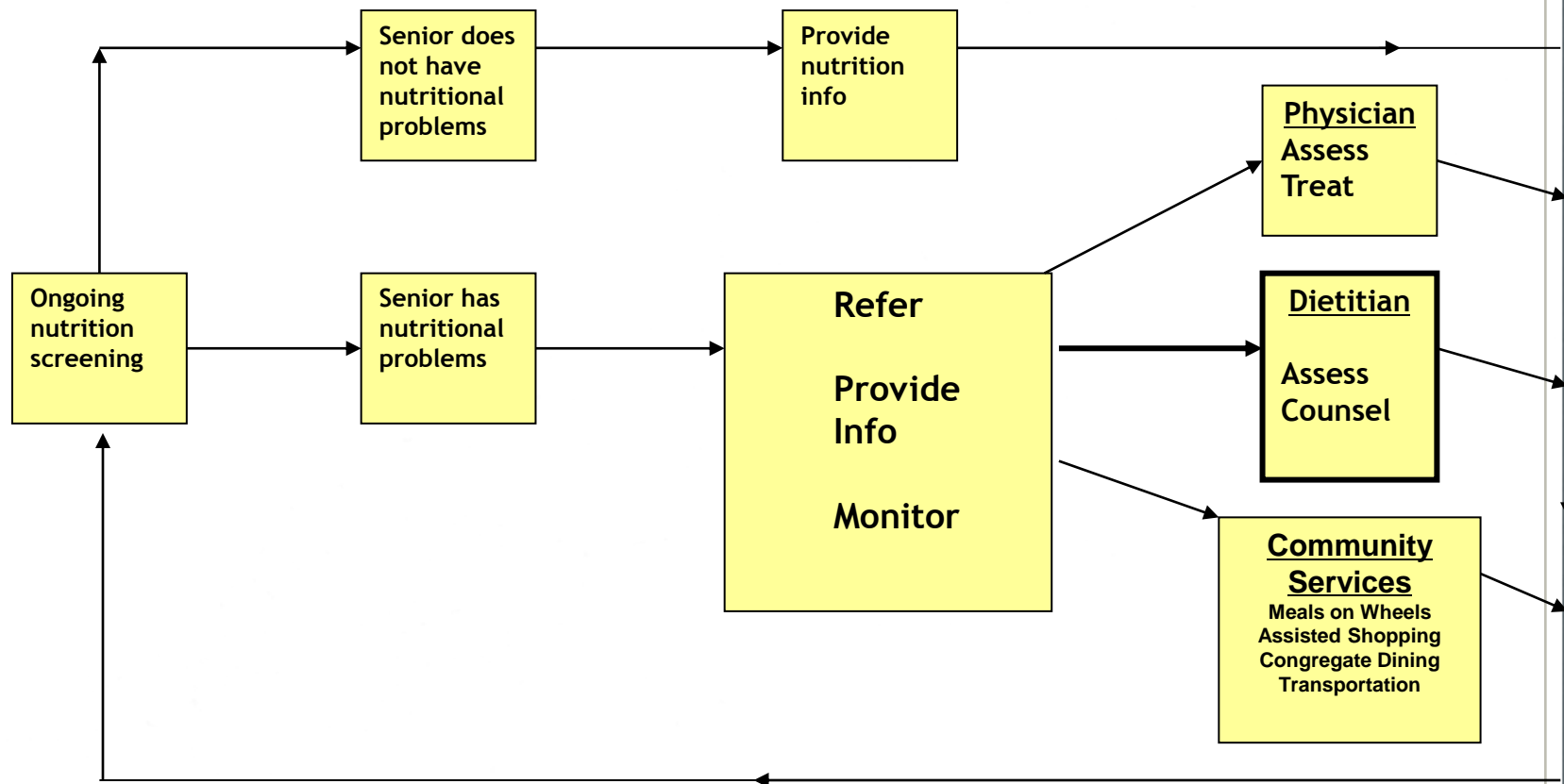
- Weight change
  - Gain/loss, intentionality, perception
- Food/fluid intake
  - FV, MP, MA, Fluid, meal replacements, meal frequency, diet restrictions
- Factors that influence food intake
  - Chewing, swallowing, eating alone, groceries and cooking ability

# Purposes of SCREEN©

- Needs assessment
- Manage waiting lists
- Provide additional service
- Refer to other community programs
- Evaluate programs
- Raise awareness of seniors/family of risk to prompt behaviour change



# Ethical Nutrition Screening





Bringing Nutrition Screening to Seniors  
[www.dietitians.ca/seniors](http://www.dietitians.ca/seniors)

# Demonstration Communities

- 5 Canadian Communities
- Geographically diverse
- Rural/urban mix
- Potential for a variety of models for nutrition screening



# BNSS Example Sites

## Well Seniors

Keep Well Society  
Golden Games  
Seniors Clubs  
Seniors Housing  
Chiropodist  
Wellness Clinic  
Multicultural Seniors Grp  
Community Health Cent. etc.

## Frail Seniors

Extramural Program (Home  
Care)  
Congregate Dining  
Meals on Wheels  
Community Health Centres  
etc.

# Screen Administrators

The screen administrator is the person who completes the screen process with seniors:

- ✓ orients senior to questionnaire & purpose
- ✓ completes questionnaire (if required)
- ✓ discusses score with senior & need for services
- ✓ makes referrals
- ✓ provides follow-up

# Who can be a screen administrator?

In the *Bringing Nutrition Screening to Seniors Project*, there were diverse administrators:

- ✓ senior peers
- ✓ health professionals, other professionals
- ✓ receptionists, volunteers
- ✓ students

# What do seniors say about screening?

- 85% indicated “helpful”

Awareness

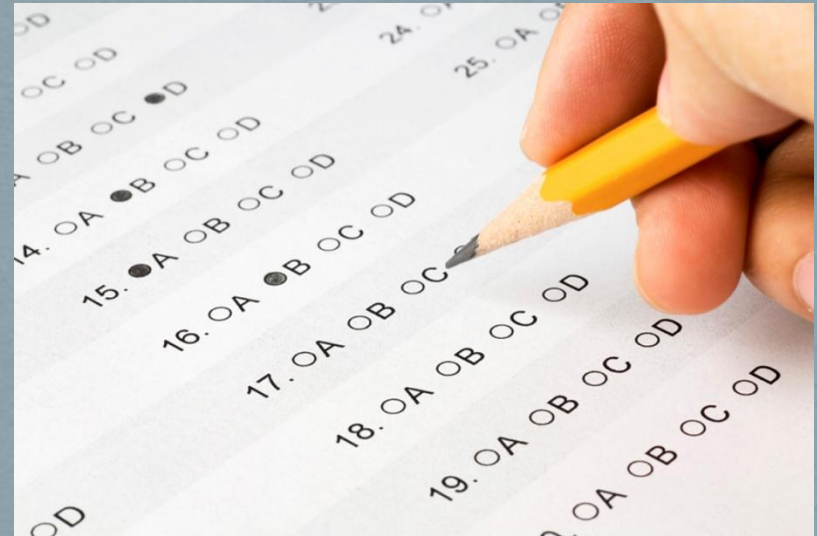
Strengths/weaknesses

Got services

Handouts

Concern of professional

- **SCREEN**© easy to use and relevant



# What seniors thought of screening...

- “Makes me aware the lack of interest in shopping and cooking can be a potential problem, especially with husband’s old habits and my diverticular problems and new diabetic. Yes, aware but it brought it to my attention, reminded me of dietitian instructor.” – Toronto
- “In general I am eating better, more balanced meals at regular intervals and not just Coke. As a result, I have more energy and accomplish more and therefore am less depressed.” – Toronto
- “Decreased fat intake especially. Also increased fruit and vegetable consumption” – Timmins



# What providers said...

- 74% felt screening helped to focus their interventions
- Screening stimulated changes in their service
  - 69% wanted to see screening continue

# As a program need to decide...

- What clients will be screened
- When will screen
- Who will be involved in delivering this program/service
- What types of things will happen as a result
  - Wait list management
  - Increase service
  - Refer out
  - Education

# Education Booklet & SCREEN<sup>©</sup>

Southgate, Keller, Reimer, 2009

	Personalized Letter Only	Personalized Letter + Education Guide	$\Delta$	P-value
$\Delta$ <i>SCREEN II</i> Score	1.05	1.95	0.902	0.522 $\times$
$\Delta$ <i>DKAQ</i> Score	1.36	5.43	4.065	0.018 $\checkmark$

- Knowledge change was not associated with demographics or risk status

# Identifying Risk with SCREEN II

Abbreviated  
43+ = low/no risk

< 43 = Risk (moderate)

< 38 = High Risk

**Lower the  
score**



Full version  
54+ = low/no risk

< 54 = Risk (moderate)

< 50 = High Risk

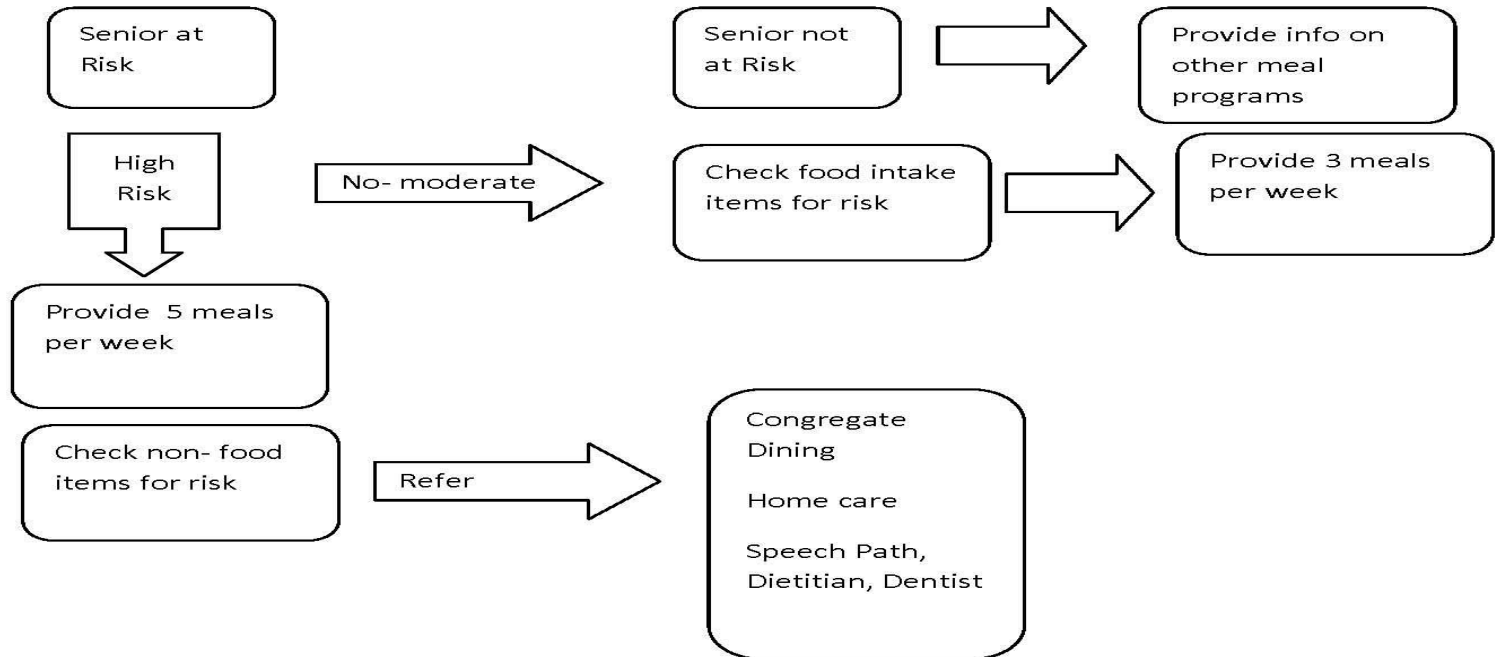
**Greater  
the risk**

# But what are the issues...

- Each item has a max score of 4 (full version)
- Scores  $\leq 2$  for an item indicates risk due to that item
- Individual item scores could be used to understand where the risk is coming from
- Individual items could be used to focus interventions

What do you do with  
someone who has risk?

# Example: Meals on Wheels Referral Map



# What if a senior refuses referral?

- Senior may react negatively if identified 'at risk' may rationalize their results and refuse service.
- Follow-up at a later date may help them recognize problems and agree to treatment
- Educational materials still an ethical response
- Awareness is the first step in changing behaviour



# How screening will change what you do...

- Increase efficiency
- Provide data to support program
- Improve client services (if risk met with services)
- Improve your client outcomes (J Nutr, 2009)
- Change the way you serve your clients:  
become part of primary health care system

# Keys to Success in Screening

- A champion within the site/community
- Screening is considered a priority activity with allocated resources
- Adequate training and monitoring of screen administrators
- Clear referral/service use plans
- Clear monitoring plan

# How to start screening?

1. Obtain a licence
2. Identify a champion
3. Review Toolkit and Implementation guide
4. Develop screening program- when to screen, who will administer, how will results be used, referral plan, data storage & use
5. Train screen administrators
6. Pilot screening, work out kinks

# Type of licence

Type	Descriptor	Cost
Academic		\$100.00
Community/clinical	Single site	\$150.00
	Multi-site < 5000	\$200.00
	Multi-site < 15,000	\$250.00
	Multi-site < 40,000	\$400.00

# Key Resources

<http://flintbox.com/>

- Licence, tools, toolkit

[www.dietitians.ca/seniors/](http://www.dietitians.ca/seniors/)

- Fact sheets, implementation guide, educational resources for seniors, sample community action plans

[www.drheatherkeller.com](http://www.drheatherkeller.com)

- Information on research, Food for Aging Well pdf