

Nutrition Risk Screening can benefit Older Adults

Keller HH, Haresign H, Brockest B. *Bringing Nutrition Screening to Seniors (BNSS) Process Evaluation*. *Can J Diet Pract Res* 2007;68(2): 86-91.

Why is Screening Seniors important?

Older adults in Canada are prone to nutrition risk. Factors that lead to this risk include weight change, poor food intake, problems chewing and swallowing and difficulties with cooking and shopping for food. If nutrition risk continues unchecked, malnutrition can result with common consequences of developing other diseases and illness. Screening with simple questionnaires that ask about risk factors can be a way of finding 'at risk' seniors early, before malnutrition develops. The Bringing Nutrition Screening to Seniors (BNSS) project took 1196 older adults from five communities across Canada and screened them for possible nutrition risk using the Seniors in the Community Risk Evaluation for Eating and Nutrition (SCREEN) tool. The goal of the study was to develop community level screening in a variety of settings, evaluate this implementation to determine what is needed for successful screening, and determine the current barriers for screening older adults in the community.

What was done?

The BNSS project used volunteer (students and older adult peers), service providers, and health care professionals in rural and urban communities across Canada to run the screening. These people were trained to give the screening questionnaires to older adults in a variety of sites, such as Meals on Wheels programs, hospital cafeterias, doctor's offices, or recreation programs. The BNSS data were collected in three phases. In the first phase, participants answered the 15 item SCREEN questionnaire, on their own, or with the help of a volunteer. If their answers were coded to be "at-risk," the participant then went onto phases II and III. "At-risk" older adults were recommended to nutritional health and community services in their area. Phase II involved follow-up telephone calls 2-4 months after the screening with all "at-risk" seniors, and Phase III set up more detailed interviews with 124 older adults who were identified to be "at-risk."

What we found?

Of the 1196 older adults screened, 86% thought that SCREEN was a "relevant" tool, and 69.9% said that it was "easy to use." The average age of the BNSS participants was 74, with an age range of 50-99, and three quarters of the people screened were female. Almost 40% of the respondents were found to be "at-risk." These "at-risk" participants were given information about helpful services and referrals were offered. However, only 40% of these participants accepted referrals to a doctor, dietitian or other service. Of those referred to a dietitian only 17% saw this health professional during the follow-up period. Many were still on the waiting list and others decided to not follow through with the referral as they were required to pay for the service. Over half (55%) of the people who participated through to Phase III said that they felt their nutrition had improved because of the screening, education and referrals.

Importance of this Research:

This evaluation of BNSS found that overall SCREEN was useful to identify older adult participants in diverse settings. The training of a wide variety of screeners from a range of backgrounds showed that anyone interested can learn how to screen, and also that screening itself can be used in a wide variety of situations. The evaluation found that there is a general lack of relevant nutrition programs and dietetic services in the community available to older adults in Canada. The programs already in place, such as Meals on Wheels, did not fit all older adults' needs. The participants described cost and transportation to be issues that decreased their likelihood of taking part in a nutritional program in their community. Most of the older adults said they would be more interested in going to cooking classes or preventive health groups, where they can keep up their skills and learn new ones.

Applying what was found:

Nutrition risk is relatively common in older adults living in the community in Canada. Screening programs that ensure that 'at risk' seniors attain services to meet their needs can be developed in diverse settings. However, there is a gap in the current community-level services available to meet the needs of these 'at risk' older adults. The research showed that almost 40% of at risk seniors preferred secondary preventative services, such as cooking groups and workshops. Currently, most nutrition programs are provided at a tertiary level (e.g. Meals on Wheels) and many at risk seniors are not ready for these services. An ethical screening process based on BNSS has been developed and an Implementation Guide can be found at www.dietitians.ca/seniors.