

Screening is important to the health of older-adults.

Keller, H.H., Allen, J. (2002) *Ontario Older-Adult Programs: Self- Identified Interest in and Resources for Nutritional Risk Screening*. Canadian Journal of Aging Vol. 21 No. 4

Why do older adults need to be screened for nutritional risk?

Older adults are a growing and diverse portion of our population. The health and nutritional education needs of this sector of people age 65 and over are currently underrepresented in Health Canada and provincial health programs and services. As they may live 20 or even 30 years post retirement, understanding the health prevention needs of this group is important. Currently up to 60% of community living seniors have moderate or high nutrition risk. Community living older adults are at an increased risk of poor health and inadequate nutrition for many reasons, such as decreased mobility and lack of knowledge on daily dietary needs. This poor nutrition contributes to greater chances of illness and mortality. Tools to assess nutritional risk have been successfully developed, yet the interest of community services and other sites where older adults congregate in screening needs to be identified.

What was done?

Mailed surveys were sent out to 200 Ontario senior program providers, who acted as key informants for their service or site, such as Meal on Wheels, and day-care programs. The mailed out packages included a letter explaining the study, two samples of nutrition risk screening tools, including a copy of Seniors in the Community Risk Evaluation for Eating and Nutrition (SCREEN), and an eight page questionnaire. The questionnaire had six portions: descriptive questions about the program and its participants; the key informants' view on the current nutrition services provided by their center's programs; the key informants' view on the need for nutrition information at their center; the types of nutritional assessments undertaken by the programs surveyed; the key informants' interest in screening assessment tools, such as SCREEN; and questions regarding the possible difficulties in implementing such screening, according to the key informant. These surveys were mailed out in May 1999, and were accepted up to 10 weeks after the mail-out date.

What we found?

136 of the 200 questionnaires mailed out were returned for analysis. The responses from the key informants suggest that most community programs for older adults provide recreation and meal activities, and usually more than one type of activity. Most of the key informants described serving a mix of older adults, yet many assessed their participants as vulnerable, which was designated on the questionnaire as needing help in basic daily living activities. Almost all (92.5%) of the organizations surveyed provided some form of meal delivery, and 66% organized nutrition education for their participants, via guest speakers, displays or wellness programs. Most surveyed stated they did collect nutritional data on their clientele, yet cited a lack of time and human resources to be factors that limited the frequency and depth of these assessments. Overall, as the proportion of frail or vulnerable clients increased, the key informants' interest in nutrition screening grew.

Importance of this Research:

Key informants have identified nutrition and food intake as important to their clients overall health and they are interested in nutrition risk screening. The barriers to screening, such as a lack of time, suggest that any tool must be both easy to administer,

or self administer, and suitable for a wide range of clientele, such as participants with dementia.

Applications of this Research:

This study suggests the need for a flexible, inclusive nutrition screening tool to be made readily available for programs catering to older adults in the community. The prevalence of nutrition risk, and the success rate of screening to prevent such risk, suggests the great need and demand for dissemination and training on use of these tools.