



Bringing Nutrition Screening to Seniors



Community Implementation Guide

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Produced by:



Dietitians of Canada
Les diététistes du Canada and

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WHAT IS BRINGING NUTRITION SCREENING TO SENIORS IN CANADA?

Nutrition is a key factor in healthy aging and quality of life among seniors. Nutrition education and community support can help seniors eat well and enjoy an independent lifestyle. Studies have shown that nutrition concerns are common among Canadian community living seniors. Eating problems and limited access to quality food choices may be present for considerable time before symptoms and effects of poor nutrition appear. Early identification of nutrition problems, by nutrition screening, enables appropriate intervention before disability or illness occur and support healthy living for seniors.

Bringing Nutrition Screening to Seniors in Canada (BNSS) is a unique community-based approach to early identification of nutritional risk that aims to...

1. Enhance appreciation and understanding of the importance of nutrition as a key factor in healthy aging, amongst community living seniors and their caregivers.
2. Strengthen commitment and capacity of communities to identify nutritional risk in seniors and identify the capacity of current community resources to address this identified nutritional risk.

BNSS began in October 2000 as a national demonstration project by Dietitians of Canada and Professor Heather Keller, RD, Ph.D., University of Guelph. Funds for the project were received from the Population Health Fund, Health Canada. A National Advisory Committee with representatives from seniors organizations, business, government and five demonstration site community partnerships helped to guide all aspects of the project. National Advisory Committee representation included:

National Partners	Demonstration Communities
<ul style="list-style-type: none"> • Victorian Order of Nurses for Canada • Canadian Association for Community Care • Abbott Laboratories • Canadian Association of Retired Persons • Assemblée des aînées et aînés francophones du Canada • Federal Provincial Territorial Group on Nutrition • Division of Aging and Seniors, Health Canada 	<ul style="list-style-type: none"> • The North Shore Keep Well Community Partnership: North Shore, including North and West Vancouver, BC • Interlake Regional Health Authority: Interlake Region, MB • VON (Victorian Order of Nurses) Porcupine: Timmins, Hearst and Mattice, ON • SPRINT - Senior Peoples' Resources in North Toronto: Toronto, ON • Community Health Centre, Atlantic Health Sciences Corporation: Saint John, NB

The Quebec Experience

A nutrition screening initiative had been developed and implemented in some communities in Quebec prior to the initiation of BNSS. This model of nutrition screening is done by the Centre local de services communautaires (CLSC), and in the Day Centres and Day Hospitals. Data and information from Sherbrooke and Montreal, Quebec were contributed by Dr. Helene Payette Ph.D., University of Sherbrooke and



Dr. Bryna Shatenstein Ph.D. P.Dt., University of Montreal and are included in the BNSS evaluation and documentation.

BNSS Communities Provide Valuable Action Models for Nutrition Screening...

In each BNSS demonstration site, an intersectoral partnership including seniors, providers and dietitians, created a unique plan for nutrition screening, referral and follow-up in their community. Services such as congregate dining, home nursing, clinics, physicians’ offices, recreational programs and seniors’ housing agreed to participate. Seniors from these community programs volunteered to complete SCREEN©, a questionnaire designed to identify nutritional risk. The questions on the SCREEN© tool have been developed and validated by Heather Keller RD, Ph.D. at the University of Guelph. Seniors who were found to be experiencing food related challenges were referred to community services such as assisted grocery shopping, community dining, Meals on Wheels or nutrition counselling by a Dietitian. Follow-up enabled the communities to work closely with the seniors in providing services to support nutritional needs identified.

Findings of BNSS Identify Significant Benefits of Nutrition Screening...

Experiences of the BNSS demonstration sites indicated that communities have the capacity to successfully implement nutrition screening. Seniors found to be experiencing nutritional problems benefited from referral and nutritional support. Service providers were able to identify and respond to the needs of their clients. The communities became more aware of nutrition concerns of seniors, identified gaps and acted collaboratively to enhance services.

Purpose of the BNSS Community Implementation Guide

This manual is an invitation to communities to “get started” with nutrition screening. Nutrition screening is a doable and rewarding approach to enhancing nutrition well-being of seniors. The BNSS demonstration sites created useful models for nutrition screening. The Implementation Guide is based on their experiences and provides important information for health promoters, dietitians, community workers and seniors’ service providers wishing to establish nutrition screening in their communities.

Organization of the Implementation Guide

The Community Implementation Guide is divided into nine sections as follows:

Section	Title
One:	Background Information on Nutrition Screening
Two:	Build a Supportive Framework for Nutrition Screening in Your Community
Three:	Design a Community Implementation Plan for Nutrition Screening
Four:	Create an Evaluation Plan
Five:	Train SCREEN© Administrators
Six:	Promote, Promote, Promote!
Seven:	Act on Results of Nutrition Screening
Eight:	Summary and Key Messages
Nine:	Additional Resources: Appendixes and Templates

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Section One provides background information on nutrition for seniors and nutrition screening. Sections Two to Seven describe the main activities of a community-based nutrition screening initiative. Section Eight completes this discussion with a summary and key messages for BNSS. Additional resources in Section Nine include tools created by BNSS to support implementation of nutrition screening in the demonstration communities.

Checklists of key activities and references to relevant BNSS resources are included throughout the manual.

Visit the Dietitians of Canada website at <http://www.dietitians.ca/seniors> for information on the activities of the demonstration sites, community models and additional project materials such as:

1. [Executive Summary](#) and [Final Project Report](#) of the BNSS initiative, findings and recommendations
2. [BNSS Nutrition Education Resource Directory](#) that links nutrition themes on the SCREEN© questionnaire with educational resources appropriate to seniors. There is also a dynamic inventory of nutrition Resources (<http://www.dietitians.ca/seniors/content/resources/index.asp>) related to seniors' health that one could search and/or submit additional resources.

Stay tuned for the launch of "E-Learning" and "Stories and Strategies" on the Dietitians of Canada website in 2004. E-Learning will provide interactive training on SCREEN© and nutrition screening. Stories and Strategies will be an area to share experiences and successes of ongoing community-based nutrition screening initiatives.



SECTION ONE BACKGROUND INFORMATION ON NUTRITION SCREENING

Nutrition for Seniors

Good nutrition is important throughout life. Food choices of seniors are affected by a combination of environmental, social, physical, economic and personal factors. Some of these factors are identified below:

- ❶ Normal physical changes that accompany aging affect the nutritional needs of older adults. These include:
 - Decrease in lean body tissue and mobility
 - Bone loss and increased risk of fractures
 - Decline in immune function and increased risk of infection
 - Reduced taste and smell
 - Chewing and swallowing difficulties
 - Decline in kidney function and thirst
 - Constipation and reduced absorption of some nutrients
- ❷ Many older adults have chronic diseases such as heart disease or diabetes mellitus and require a modified diet. Nutrition counselling can help these seniors follow a modified diet and continue to enjoy tasty meals with a wide variety of foods.
- ❸ Older adults often take supplements, herbal remedies and prescription drugs that may affect absorption and use of nutrients in the body.
- ❹ Changes in mobility and dexterity among older adults can affect access to shopping and ease of meal preparation. Many seniors rely on relatives, friends or taxis to purchase food.
- ❺ Seniors are more likely to live alone and may not feel motivated to cook and eat by themselves. Limited food skills and knowledge of food safety are also a concern for some seniors.
- ❻ Over-medicating and alcohol abuse pose nutritional challenges for some older adults.
- ❼ Many seniors have limited incomes. This affects food buying power and transportation options for shopping or grocery delivery.
- ❽ Seniors may have food aversions or beliefs that affect willingness to try new foods. Personal food practices, cultural and religious food traditions are important considerations when planning meals and providing nutrition education for seniors.
- ❾ Although many older adults recognize the benefits of healthy eating, surveys indicate that many do not meet recommendations of Canada's Food Guide to Healthy Eating. Milk products, fruits and vegetables and grain products are areas of concern.

Many communities recognize the nutrition challenges of seniors and have developed nutrition and food related services. Examples include assisted shopping, cooking clubs, community dining and Meals on Wheels. Early identification of nutritional problems and appropriate intervention is essential. Nutrition screening is a preventative approach that enables communities to respond proactively to nutritional needs of seniors.



What is Nutrition Screening?

Nutrition screening is offered to well community living seniors and is easy to do with any size of group, large or small. The seniors complete SCREEN[©], a questionnaire designed to identify nutrition challenges. Seniors who do not have nutrition problems are provided with general nutrition education. Seniors who are experiencing problems are linked to nutrition service(s) and followed through the referral process to assure services are accessed and identified needs are met. Choice of services is based on nutrition concerns present. Some seniors will benefit from nutrition assessment and counselling by a Registered Dietitian. Those with shopping or cooking difficulties may be referred directly to community food programs such as assisted shopping, Meals on Wheels, a cooking club or community dining or transportation services. The lower the SCREEN[©] scores, the more likely a senior has a serious nutrition problem and should be referred to a Dietitian. When an underlying medical condition is anticipated, for example quick, unintentional weight loss or swallowing difficulties, referral to a physician is appropriate. (*Appendix 1 provides a flow diagram of ethical nutrition screening.*)

How is Nutrition Screening Different from Nutrition Assessment?

Both nutrition screening and assessment support the health of seniors living in the community. Nutrition screening might be used to help identify seniors who would benefit from nutrition assessment. Table 1 compares these two components of nutritional support:

Table 1 – Differences Between Nutrition Screening and Assessment

Nutrition Screening	Nutrition Assessment
Completed on large groups of well, community living seniors	Completed on smaller numbers of seniors who are known to have nutrition problems
Dietitians provide guidance to support nutrition screening; SCREEN [©] may be self-administered or assisted by trained volunteers or staff	Requires the skills of a Registered Dietitian
Purpose is to find potential nutritional problems	Purpose is to assess or clarify previously identified nutrition problems; Involves more precise identification of the problem and recommended course of action; May occur in response to a problem(s) discovered by nutrition screening
All participating seniors are provided with general nutrition information; Seniors found to have nutrition problems are referred for further assessment and/or community services	Seniors are provided individual nutrition counselling based on the assessment; Seniors may also be referred for medical assessment or to community services

Tell Me More About SCREEN[©]

SCREEN stands for Seniors in the Community: Risk Evaluation for Eating and Nutrition. SCREEN[©] consists of 15 questions covering issues that influence nutritional health of seniors. These issues are:

- appetite
- frequency of eating
- chewing and swallowing
- digestion
- weight changes
- motivation to cook
- ability to shop and to prepare food
- isolation and loneliness
- food restrictions due to health conditions
- money to buy food

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Seniors may complete SCREEN© themselves or a trained interviewer can ask the questions and record responses. Seniors completing SCREEN© on their own often appreciate having a resource person nearby to clarify questions. It generally takes 15 minutes or less to complete the SCREEN© questionnaire.

How Does SCREEN© Work?

The following is an example of a typical question on SCREEN©:

I find it hard to chew or bite food.....

Never	_____	4
Rarely	_____	3
Sometimes	_____	2
Often	_____	1
Always	_____	0

Each question on SCREEN© has a potential score of 0 to 4. The total SCREEN© score for all 15 questions can range from 0 to 60. Seniors with a score of less than 50 are considered to be at nutritional risk and need nutrition intervention or further assessment. Reviewing the completed questionnaire with seniors found to be at nutritional risk, and highlighting issues with low scores helps to pinpoint the nutrition problem(s) and type of referral needed. In the chewing question (above), a score of 0 or 1 would suggest a need for dental care whereas low scores on the cooking and isolation questions may lead to referral to a cooking club or a community dining program.

The lower the total SCREEN© score, the greater the nutritional risk. A score of less than 45 suggests significant nutritional risk and the need for referral to a Registered Dietitian and/or a Physician. SCREEN© also includes three trigger questions. Each **trigger question** is *individually* indicative of significant nutritional risk and need for assessment and care by a Dietitian and/or Physician:

- swallowing question - score of 0 or 1
- weight change question—score of 0
- appetite question - score of 0 or 1

How Was SCREEN© Developed?

SCREEN© was developed and validated for use with seniors living in the community by Professor Heather Keller, RD, Ph.D., at the University of Guelph. Development of SCREEN© included review of the literature, discussion and testing with healthy seniors and consultation and review by experts. Each item on SCREEN© underwent cognitive process testing with seniors to determine the most suitable language and style of questions. Dietitians, with experience in seniors’ nutrition, assisted with various aspects of development of the tool.

SCREEN© is designed to address the nutritional concerns of seniors living in the community. It incorporates the environmental, social, economic, physical and personal aspects of aging that can affect nutritional health of seniors. SCREEN© indicates when nutritional risk is present, describes the nature of the problem(s) and helps guide decisions about which nutritional services are needed.

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What is Ethical Nutrition Screening?

Ethical nutrition screening means that seniors found to have nutrition problems are referred to services that meet their nutritional needs. Ethical nutrition screening involves three steps:

1. Voluntary **nutrition screening** by seniors
2. **Referral** of seniors identified to be at risk to appropriate services to address identified nutritional needs
3. **Follow-up** two to four weeks after referral to assure services have been accessed and to provide further support. This may be provided as a phone call or in person.

When provided in an ethical manner, nutrition screening delivers benefits to individual seniors, service providers and communities. Nutrition screening raises awareness of the importance of nutrition among seniors and encourages them to act on their nutrition challenges. Service providers are able to create and deliver nutrition programs that meet identified needs. Communities are able to integrate services and target nutrition interventions for their senior population.

The Community Approach to Nutrition Screening

A community approach is necessary to promote ethical nutrition screening. The community approach involves collaboration of various sectors such as private and government organizations serving seniors, community service providers and seniors. Collaboration enables access to nutrition screening, helps to ensure that seniors found to be at nutritional risk are linked with appropriate services and provides a forum to discuss and act on service gaps. (Appendix #2 provides a diagram of Community-Based Nutrition Screening.)

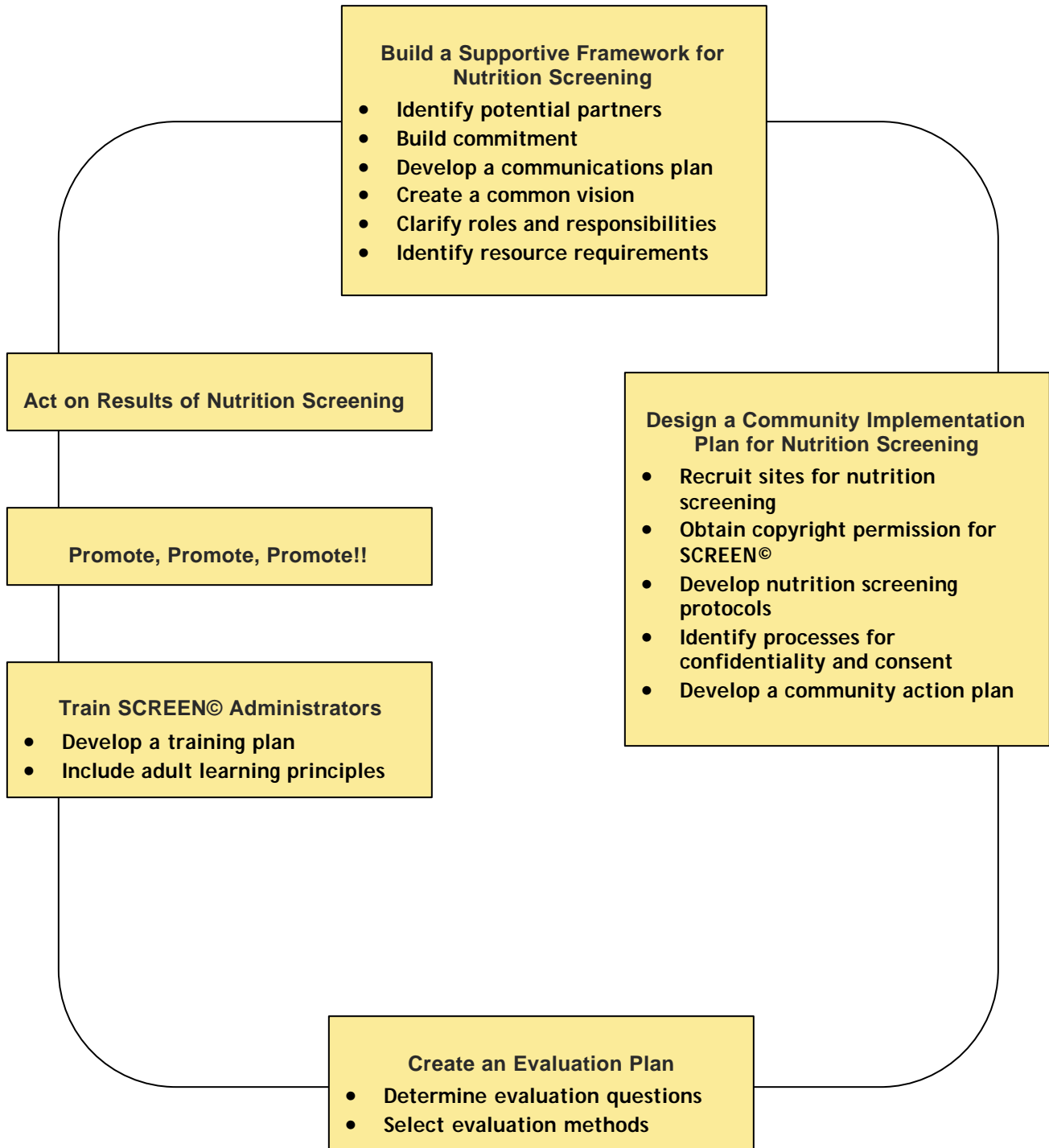
Ethical nutrition screening requires firm commitment from community partners. Appreciation of the benefits of nutrition screening in the context of the “whole” community is critical. Throughout the development of a nutrition screening initiative, it is essential to highlight the importance of responding to and acting on risks identified on an individual, agency and community level.

For further information on nutrition for seniors and nutritional screening refer to:

1. Eat Well, Live Well....For a Lifetime. A Resource Manual for Health Professionals. Dietitians of Canada. 1999. <http://www.dietitians.ca/english/frames.html>
2. Enhancing Seniors' Nutrition: From Awareness to Action and the 1997 Tracking Nutrition Trends Report. National Institute of Nutrition: <http://www.nin.ca/>
3. BNSS Fact Sheets, http://www.dietitians.ca/seniors/content/project/fact_sheets.asp
4. Rush, David. Nutrition Screening in Old People: It's Place in a Coherent Practice of Preventative Health Care. Annu. Rev. Nutr. 1997. 17:101-125



ACTIVITIES FOR DEVELOPMENT OF AN ETHICAL, COMMUNITY-BASED NUTRITION SCREENING INITIATIVE



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SECTION TWO BUILD A SUPPORTIVE FRAMEWORK FOR NUTRITION SCREENING IN YOUR COMMUNITY

“We each have access to unique information, skills and contacts. With an intersectoral approach to nutrition screening we are able to share these. This improves the project overall. It ensures that the project is as comprehensive, effective and ethical as possible.” BNSS Community Advisory Group member

Creating a framework for intersectoral collaboration is an essential first step when planning to implement community-based nutrition screening. Intersectoral collaboration involves working with more than one sector to improve the health and well-being of community living seniors. Collaboration across different sectors helps build a common vision for nutrition screening, fosters an integrated approach, facilitates optimal use of resources and creates a strong voice for action on nutrition challenges of communities. Additional benefits of intersectoral collaboration are:

- ❶ Heightened awareness among seniors’ service providers/caregivers of the importance of and availability nutrition services in the community.
- ❷ Sharing of ideas and information among partners strengthens connections and relationships.
- ❸ Increased reach and diversity of community seniors who participate in nutrition screening.
- ❹ Consistency in the application of nutrition screening in various settings in the community.
- ❺ All stakeholders, including seniors, have a voice regarding nutrition services available in the community.
- ❻ Enhanced integration and targeting of community resources in response to nutrition challenges identified.

Steps for “Build a Supportive Framework for Nutrition Screening”

- ❶ **Identify potential partners**
- ❷ **Build commitment**
- ❸ **Develop a communications plan**
- ❹ **Create a common vision**
- ❺ **Clarify roles and responsibilities**
- ❻ **Determine resources requirements**

Identify Potential Partners

- ❶ Communities interested in nutrition screening may have an existing partnership or coalition of seniors’ organizations which are used to working together. If a partnership does not exist, building a supportive framework for the screening initiative will begin with identifying potential partners and bringing them together. Community organizations that might participate in an intersectoral partnership for a nutrition screening initiative include:
 - ❶ Government organizations such as Public Health or Parks and Recreation, Hospitals, Community Health Centres, Health Service Organizations, Medical Clinics etc.
 - ❷ Non-government organizations providing services to seniors such as VON (Victorian Order of Nurses), Meals on Wheels, Seniors’ Supportive Housing, etc.
 - ❸ Local businesses such as drug stores, grocery stores and private meal delivery services
 - ❹ Health professionals such as dietitians, pharmacists, dentists/denturists and family physicians
 - ❺ Seniors’ interest groups such as dance clubs, gardening groups, choirs etc.

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Seniors from the community, including those who occupy leadership roles, are also vital members of a nutrition screening community partnership

Registered Dietitians provide valuable expertise regarding nutrition of older adults and implementation of nutrition screening in communities.

Data collection and evaluation are key components of community-based nutrition screening. Involvement of partners who can advise and support evaluation is important. Examples include a university, public health or health authority.

Checklist for “Identify Potential Partners”

- ✓ List of potential partners who have been contacted and informed about the initiative
- ✓ Formal invitation to potential partners to attend an introductory meeting regarding the nutrition screening initiative

Build Commitment

It is important to gain firm commitment to the nutrition screening initiative from potential partners. Providing an orientation to describe and promote nutrition screening to potential partner organizations facilitates this. Questions for general discussion might include:

- ❶ Why should we have a nutrition screening initiative in this community?
- ❷ What is community-based, ethical nutrition screening?
- ❸ How will seniors in our community benefit from nutrition screening?
- ❹ How might organizations serving seniors benefit from a nutrition screening initiative? How will your organization benefit?
- ❺ What is involved in the development of a community-based nutrition screening initiative?
- ❻ Do we have the capacity to carry out screening at this time, or do we need to build this capacity?
- ❼ How can your organization be involved in this initiative? What will your organization contribute? (e.g. lead agency, community site for nutrition screening, a collaborator supporting other aspects of the screening initiative etc.)
- ❽ Who in your organization might best represent us in this initiative?

Checklist for “Build Commitment”

- ✓ An identified lead agency who may chair meetings, ensure that office support is provided, manage the budget, act as lead contact between meetings etc. A committee or subcommittee structure may be initiated to ensure that the screening program is organized efficiently.
- ✓ Written commitment from senior officer or board of partner organizations to participate in the nutrition screening initiative and identifying what will be contributed
- ✓ Partnership list identifying representatives from each partner organization and their alternates. A committee or subcommittee structure may be initiated to ensure that the screening program is organized efficiently.
- ✓ A timeline established for initiating nutrition screening: meeting times set for the community partnership to realize these goals



Develop a Communications Plan

A communications plan establishes formal and informal links among partners. It identifies how the partnership will make decisions and assures that all perspectives are heard. A communications plan may also identify networks with other communities involved in nutrition screening. Monitoring the communications plan continuously helps to assure that the process of collaboration is working effectively.

Discussion questions for creating a communications plan might include:

- 🎯 How often will we meet? When? Where? How (i.e. in person, by teleconference...)
- 🎯 How will decisions be made?
- 🎯 What decisions, if any can be delegated to a smaller group?...to the project co-ordinator?
- 🎯 Who will chair the meetings? Will the chair of the meetings rotate?
- 🎯 How will the agenda be developed?
- 🎯 Who will create and circulate the minutes?
- 🎯 How will we communicate between meetings? Who will take responsibility for these communications so that all partners are kept informed?

BNSS communities included a formal reflection on their processes for collaboration. This provided an opportunity for communications issues to be discussed and resolved within the partnership.

Checklist for “Develop a Communications Plan”

- ✓ Meeting schedule
- ✓ Written decision-making protocol
- ✓ Agendas
- ✓ Minutes of meetings
- ✓ Contact or circulation list
- ✓ Buddy system to share results of discussions with members not able to attend all meetings
- ✓ Mandates for sub-committees or smaller working groups

Create a Common Vision

Early partnership meetings focus on creating a common vision for the nutrition screening initiative. A common vision clarifies the purpose and expected outcomes. Discussion questions for creating a common vision might include:

- 🎯 What is ethical nutrition screening?
- 🎯 What are the nutrition challenges of seniors living in our community?
- 🎯 How might nutrition screening help address these challenges?
- 🎯 What are the desired outcomes of nutrition screening for seniors and service providers in our community? In the next year? Over the next three years?
- 🎯 How will we know that these outcomes have been met? What information is needed to determine if these outcomes have been met?

Checklist for “Create a Common Vision”

- ✓ Statement of purpose for the nutrition screening initiative
- ✓ Expected outcomes of the nutrition screening are identified



Clarify Roles and Responsibilities

Determining roles and responsibilities helps to assure that the work of the project gets done. It is important that all partners and their organizations agree to the roles and responsibilities established.

Typically roles and responsibilities are outlined in project tools, such as service agreements between partners and the lead agency, the project work plan, job descriptions and Terms of Reference for the partnership. The following responsibilities were identified by BNSS community partnerships:

- ❶ *Advise on development of the community implementation plan. Represent their agency in the development of the implementation plan.*
- ❷ *Participate in the development of nutrition screening and referral protocol for their agency.*
- ❸ *Participate in planning and delivering of training for SCREEN[®] Administrators.*
- ❹ *Provide names of staff/volunteers to be trained as SCREEN[®] Administrators.*
- ❺ *Support implementation of nutrition screening in their agency. Allocate time for staff/volunteers to administer nutrition screening and referral, complete records and evaluation material.*
- ❻ *Act as a liaison on progress of project. Be an ambassador and advocate for the project.*
- ❼ *Monitor progress of project with an eye to enhancing nutritional well-being of seniors living in their community and participate in identifying relevant community services that support nutritional needs identified.*
- ❽ *Attend meetings as necessary/send regrets/ have official alternate if unable to attend. Assume responsibility of chair and secretary on a rotating basis.*
- ❾ *Identify, share and evaluate community nutrition education resources for seniors.*
- ❿ *Evaluate the implementation process and results of nutrition screening looking for any modifications that may be needed to assure sustainability in the community.*
- ⓫ *Look for promotional opportunities for the project such as newsletters, website, links to media release.*

Significant commitment of time on behalf of partners is required during the initial planning and implementation stages of a community-based nutrition screening initiative. All BNSS demonstration sites indicated a project coordinator was essential to successful implementation of nutrition screening. In the case of BNSS, a lead agency hired the project coordinator to carry out the tasks outlined below:

- ❶ *Work with and participate in meetings of the partnership.*
- ❷ *Work with partnership and local service providers to devise a community implementation plan for nutrition screening.*
- ❸ *Coordinate and assist orientation and training for local service providers on administration of SCREEN[®], the community implementation plan, and nutrition screening and referral protocols.*
- ❹ *Guide development of a plan for training SCREEN[®] Administrators.*
- ❺ *Monitor and support local delivery of the community implementation plan. Regular liaison with community sites for nutrition screening and local service providers. Report back on progress to the partnership.*
- ❻ *Promote nutrition screening in the community. Develop a local network of relevant contacts.*
- ❼ *Identify existing educational resources. Identify gaps in existing resources. With direction from the partnership, research or develop materials, to fill gaps.*
- ❽ *Collect, collate and summarize nutrition screening and evaluation data. Prepare, circulate and present summary reports for the partnership.*
- ❾ *Liase with other communities involved in nutrition screening to share/discuss knowledge and experiences of community-based nutrition screening.*



Successful collaboration requires well organized and charismatic leadership. Clear goals, objectives and work plans help keep partners on track. Celebration of achievements, keeping people informed, maintaining a steady pace between planning, implementation and results, and changing membership in response to changing needs help to assure a vital, committed and effective partnership.

Checklist for “Clarify Roles and Responsibilities”

- ✓ Service agreement or terms of reference for the partnership signed by a senior official from each partner organization
- ✓ Job posting for nutrition screening project coordinator position, if applicable
- ✓ Signed contract for nutrition screening project coordinator, if applicable

Identify Resource Requirements

Resource requirements for implementation of a nutrition screening initiative will vary amongst communities. Assuring adequate resources to both implement and anchor ongoing nutrition screening is important. Anticipated costs might include:

- ☉ Coordinator salary
- ☉ Facilities for meetings, training etc.
- ☉ Refreshments for meetings, training, celebrations etc.
- ☉ Recognition/incentives for volunteers, resources for volunteer appreciation events
- ☉ If peer led model being considered, recognition and incentives for peer leaders
- ☉ Travel and accommodation
- ☉ Materials and supplies: copyright permission for use of SCREEN[©], printing of SCREEN[©], promotional materials, training resources, referral/nutrition resource binders for SCREEN[©] Administrators, evaluation documents etc.
- ☉ Telephone and electronic communications, teleconferencing if large geographic area is involved
- ☉ Evaluation and dissemination activities e.g. evaluation forum, meetings to disseminate and discuss results. In large communities it may be helpful to include funds for collation and summary of information in the budget.

Checklist for “Identify Resource Requirements”

- ✓ Program budget
- ✓ In-kind contributions identified



BNSS Resources for “Build a Supportive Framework for Nutrition Screening in Your Community”

- ❶ Executive Summary of BNSS*
- ❷ Bringing Nutrition Screening to Seniors Project Overview*
- ❸ Nutrition Screening Fact Sheet*
- ❹ A Fact Sheet About SCREEN© *
- ❺ Appendix #1 - Ethical Nutrition Screening of Well Community Living Seniors
- ❻ Appendix #2 - Community-Based Nutrition Screening

*To locate the BNSS Executive Summary and Fact Sheets click on the Dietitians of Canada website at <http://www.dietitians.ca/seniors/content/project/index.asp>

For further information regarding partnership development for implementation of community-based nutrition screening or other collaborative initiatives refer to the Health Canada, Intersectoral Action Toolkit. To obtain a copy click on the Dietitians of Canada website at http://www.dietitians.ca/resources/i2_9.htm (Available in English and French.)



SECTION THREE

DESIGN A COMMUNITY IMPLEMENTATION PLAN FOR NUTRITION SCREENING

A Community Implementation Plan (CIP) describes all aspects of how nutrition screening will be carried out in the community. The CIP identifies:

- Community sites where nutrition screening will occur
- How nutrition screening, referral and follow-up will be administered in each community site
- Who will be involved
- What information will be gathered
- How confidentiality will be maintained
- How information gathered will be collated and used

The CIP helps to assure that nutrition screening, referral and follow-up is performed in a consistent and ethical manner. Consistency is important, as information generated by nutrition screening may be used by the partnership to assess patterns of nutritional risk and the capacity of the community to respond to nutrition challenges, and identify gaps to be addressed.

Development of the CIP

The CIP builds on the previously established framework for collaboration. Full involvement of partners helps assure that the community implementation plan is realistic and fosters the understanding and commitment needed to support nutrition screening. Steps for development of the CIP include:

- Establish goals and expected outcomes
- Identify tasks, tools and strategies

Establish Goals and Expected Outcomes

The CIP is shaped by the goals and expected outcomes of nutrition screening in the community. Goals and expected outcomes of a community-based nutrition screening initiative might include the following types of statements:

Goals

- *To enhance appreciation and understanding of the importance of nutrition as a key factor in healthy aging amongst community living seniors and their caregivers.*
- *To strengthen commitment and the capacity of the community to identify and respond to nutritional risk among seniors living in the community.*

Expected Outcomes

- *All seniors living in the community will have the opportunity to participate in nutrition screening once annually.*
- *All seniors living in the community will be provided with nutrition information.*
- *All seniors who are identified to be experiencing nutritional risk will be provided nutrition information and offered referral to services appropriate to their nutritional needs.*
- *All seniors who are referred to service will be followed through the referral process to assure that services are accessed and their nutritional needs are met.*
- *Nutrition risk factors common to seniors living in the community will be identified.*
- *Resources and services available to seniors living in the community will be identified.*
- *Barriers to and gaps in nutrition services for seniors living in the community will be identified.*
- *Action plans to address identified barriers and gaps in nutrition services to seniors living in the community will be developed and implemented.*



Development of goals and expected outcomes is an essential step when designing a community implementation plan. The goals and expected outcomes provide the focus for all future planning.

Identify Tasks, Tools and Strategies

Once goals and expected outcomes have been determined discussion of tasks, tools and strategies for implementation of nutrition screening can begin. Planning questions regarding tasks, tools and strategies for implementation might include:

- Who are the seniors to be offered nutrition screening in our community?
- Which sites or programs serving seniors will offer nutrition screening in the community? How will sites for nutrition screening be recruited?
- Who will administer nutrition screening? How will they be trained?
- What tools and resources are needed to support implementation of nutrition screening (e.g. screening tool, educational resources, volunteers/staff to administer nutrition screening, services to seniors)? What tools and resources are presently available? What tools and resources need to be developed?
- What are the steps for implementation of our community-based nutrition screening?
- How will nutrition screening be evaluated? What information needs to be gathered from the nutrition screening process to support evaluation?
- How will nutrition screening be promoted in the community? What promotional tools are available and what needs to be developed?

The following table lists tasks and tools to include when developing a CIP. An explanation of each task is provided after the table:

Table 2 – Tasks and Tools for Development of a CIP

Task	Tool
Recruit sites for nutrition screening	List of community locations or sites where nutrition screening will occur Written commitment regarding # of seniors to be screened at each site within agreed upon timeframe
Obtain copyright permission for SCREEN©	Required # of copies of SCREEN© available
Develop nutrition screening protocols	Nutrition screening protocols for each site where nutrition screening will occur
Identify processes for confidentiality and consent	Consent forms for transfer of nutrition screening information to referral sources Written protocol for storage, collation and transfer of nutrition screening information to the partnership
Design a community action plan	Suggested education resources and community service providers linked to each theme on SCREEN© List of educational resources to be provided to seniors Referral list including names of service providers, contact information and referral procedures

Refer to Section Nine: Additional Resources for samples of tools for development of a CIP.



Recruit Sites for Nutrition Screening

BNSS demonstration communities successfully implemented nutrition screening in a variety of community settings. Examples include wellness clinics, home nursing, community dining, Meals on Wheels, family physician office, home care, home nursing, seniors' housing, and at special community events such as Golden Games.

Considerations for recruitment of community sites for nutrition screening are:

- **Introduce nutrition screening in a variety settings...**
Availability of nutrition screening in a variety of settings in the community enables identification of nutritional risk patterns that represent a cross-section of seniors (well, socially isolated and frail). It is important to include strategies to screen more difficult to reach seniors who may be developing problems but have not accessed services.
- **Begin with a small number of diverse and committed sites...**
Beginning with a small number of diverse and committed sites enables nutrition screening to be carefully developed in a stepwise fashion, with each new site building on lessons learned from their predecessors. It also creates the opportunity to build a pool of well-trained SCREEN© Administrators who may be able to mentor others.
- **Target seniors who are not already receiving services from a Registered Dietitian...**
Some communities offer heart and stroke programs and diabetes education clinics that provide nutrition assessment, education and counselling from a Registered Dietitian. Nutrition screening would not be appropriate for seniors attending these types of programs.
- **Have partner organizations participate as sites for nutrition screening...**
Members of the community partnership can demonstrate their leadership by participating as sites for nutrition screening. Partners can also help identify other potential sites and assist with connecting to key people in these organizations.
- **Provide potential sites with a clear understanding of expectations...**
All sites participating in nutrition screening need a clear understanding of what will be expected of them. Before making a commitment, prospective sites are oriented to community-based nutrition screening. Roles, responsibilities and resources to be committed to the initiative are agreed upon.

Recruitment of community sites begins with a letter of introduction to prospective nutrition screening sites. A meeting to further describe the initiative and outline the role and involvement of sites follows this. Although responsibilities for nutrition screening or "*who does what*" will vary amongst screening sites, expectations to be discussed include:

1. Designation of staff and volunteers to participate as SCREEN© Administrators
2. Staff time for training to administer SCREEN© and complete documentation
3. Staff time for administration of screening, referral and follow-up
4. If peer leaders or volunteers are to be involved, staff time for recruitment, coordination and support to volunteers/peer leaders
5. Requirements for space and set-up for screening
6. Assistance with promotion and recruitment of seniors
7. Programming adjustments to enable time for seniors to complete the SCREEN©
8. Locked storage for nutrition screening documents



❶ **Set goals for numbers of seniors to be screened...**

The number of seniors to be screened per community site depends on the number of clients per year. Small community sites (e.g. less than 100 clients per year) may decide to screen all of their clients on a rotational basis). In larger sites (e.g. 500 clients per year) a proportion of 10 to 25% of clients (or what is feasible for them) will provide a realistic picture of the nutrition concerns of seniors at that site.

Ideally, as community capacity for nutrition screening builds, all seniors living in the community will have the opportunity to complete SCREEN© annually. Local knowledge of the benefits of the nutrition screening initiative including positive experiences of screening and referral services help to build awareness and participation.

Checklist for “Recruit Sites for Nutrition Screening”

- ✓ List of community locations or sites where screening will occur
- ✓ Written commitment from each screening site outlining numbers of seniors to be screened within a set time period (e.g. 25 seniors monthly), allocation of staff, time and resources needed to complete nutrition screening and processes for handling of completed forms/scores
- ✓ Start date for nutrition screening at each site established

BNSS Resources for “Recruit Sites for Nutrition Screening”

- ❶ Project Overview*
- ❶ Nutrition Screening Fact Sheet*
- ❶ Nutrition for Seniors*
- ❶ A Fact Sheet About SCREEN©*
- ❶ SCREEN©
- ❶ Demonstration Site Outlines on the Dietitians of Canada website
http://www.dietitians.ca/seniors/content/project/demo_communities.asp
- ❶ Stories and Strategies and E-Learning on the Dietitians of Canada website <http://www.dietitians.ca/seniors>
(To be launched in 2004)

*To locate the BNSS Fact Sheets click on the Dietitians of Canada website at
http://www.dietitians.ca/seniors/content/project/fact_sheets.asp

Obtain Copyright Permission for SCREEN©

SCREEN© was copyright protected in 1999 and is available in self-administered and interview assisted formats in both English and French. An abbreviated version of SCREEN© that consists of 8 questions is also available. The shorter version is well suited to frail community living seniors who require more assistance for completion than others. Ongoing use of SCREEN© in various community settings has led to further refinement and development of SCREEN©. Validation of this second version is presently underway. SCREEN© is designed to be either self-administered or interview assisted.

A copyright license can be purchased for a modest fee to allow health care providers and seniors organizations use of SCREEN© in their community. For further information regarding SCREEN© and an order form contact Professor Heather Keller, RD, Ph.D. at hkeller@uoguelph.ca

Checklist for “Obtain Copyright Permission for SCREEN©”

- ✓ Required numbers of SCREEN© questionnaires are available and distributed to community sites



BNSS Resources for “Obtain Copyright Permission for SCREEN®”

- A Fact Sheet About SCREEN® http://www.dietitians.ca/seniors/content/project/fact_sheets.asp
- Appendix # 3 - Tips for Screening

Develop Nutrition Screening Protocols

Nutrition screening protocols outline specific details of how nutrition screening, referral and follow-up are performed within each community site. The nutrition screening protocol provides the following information:

- Who (staff, students, volunteers) is responsible for screening, referral and follow-up?
- Which seniors are offered screening e.g. all new seniors participating in a program?
- When and how often nutrition screening is offered at the community site. (Nutrition screening may be offered at specific intervals or on a continuous basis.)
- Procedures for maintaining confidentiality and handling information generated by nutrition screening
- Timelines for screening, referral and follow-up

Each community site participating in nutrition screening develops a separate nutrition screening protocol. If more than one group of seniors is to be screened within a community site, it may be necessary to develop a separate protocol for each group. For example, the approach to nutrition screening for seniors participating in congregate dining at a community recreation centre may be different from the approach used with a seniors' dancersize group at the same centre.

Suggestions to consider when developing a nutrition screening protocol are:

- Assign a staff member to “spearhead” nutrition screening at each community site. This individual will help coordinate nutrition screening in the site and liaise with the partnership (or project coordinator, if appointed).
- Trained volunteers can successfully administer nutrition screening and consult with the seniors regarding referral. When volunteers are the SCREEN® Administrators it is essential to have a staff member who is familiar with the nutrition screening protocol and experienced with administering SCREEN® available to provide support.
- Involve community leaders and staff who are known to the seniors in the administration of SCREEN®. This builds trust and encourages seniors to participate in screening.
- Adjust programs to allow sufficient time for seniors to complete screening without worrying about being on time for transportation arrangements or other commitments. It takes approximately 15 minutes for each senior to complete SCREEN®. An additional 15 minutes is needed to tabulate and check the SCREEN® score and complete the referral.
- Set aside an appropriate location for completing SCREEN®. Seniors will find it easier to complete SCREEN® in a quiet space, with a table and comfortable chairs.
- Tabulate or check the SCREEN® score and make the referral immediately after SCREEN® is completed. When this is not feasible it is important that seniors identified to be at risk are contacted and the referral made within one week of completing SCREEN®. Similarly, follow-up to assure referral services have been accessed and to provide further support, should occur within an appropriate timeframe, 4 to 6 weeks, after referral.
- Assign one person to follow each senior through the entire nutrition screening, referral and follow-up process. If other individuals are to be involved it is important to inform the senior and provide them with written information including the name of who will contact them and when.



Follow-up is an important component of the nutrition screening protocol. Following each senior identified to be at risk and referred to service offers an opportunity to provide further support and reinforcement. A senior may initially refuse a community service. Follow-up by the SCREEN[©] Administrator a few weeks later may help to encourage seniors to seek out a referral to meet their needs. It also demonstrates to the senior that their nutrition problems are important and encourages them to take action towards overcoming the problem.

Checklist for “Develop Nutrition Screening Protocols”

- ✓ Completed Nutrition Screening Protocols for each group of seniors in each participating community site

BNSS Resources for “Develop Nutrition Screening Protocols”

- Template #1 - Nutrition Screening Protocol Worksheet
- SCREEN[©]
- Appendix #3 - Tips for Screening
- Demonstration Site Outlines and Community Program Models
http://www.dietitians.ca/seniors/content/project/demo_communities.asp
- Stories and Strategies and E-Learning on the Dietitians of Canada website <http://www.dietitians.ca/seniors>
(To be launched in 2004)

Identify Processes For Confidentiality and Consent

Each senior’s results on SCREEN[©] are considered confidential. Consent is obtained in writing prior to completing SCREEN[©]. Processes for confidentiality and consent enable:

- Transfer of client information for referral to service providers in the community
- Release of information regarding results of screening, referral and follow-up, to the community partnership for evaluation purposes.

Steps to assure confidentiality are outlined in the nutrition screening protocol and explain: where participant documents will be stored, who will have access to documents and how documents will be transferred between people who need to use it.

Documents to be stored include the signed consent form, requests for referral and forms used to collect nutrition screening information (Nutrition Service Record or tracking tool). Completed SCREEN[©] questionnaires may also be stored or given to the senior after information regarding SCREEN[©] scores is recorded. To ensure privacy the senior’s name and contact information are removed from any documents transferred to the partnership for further collation and summarization for evaluation and report purposes.

Finally, all staff and volunteers involved with participants and their information will sign an agreement of confidentiality.

Checklist for “Identify Processes for Confidentiality and Consent”

- ✓ Consent form for participants approving transfer of information for referral and evaluation purposes
- ✓ Signed confidentiality agreement on file for all staff involved in nutrition screening and for all SCREEN[©] Administrators
- ✓ Processes for handling and storage of information within community sites identified in the nutrition protocols
- ✓ Process for transfer of information from community nutrition screening sites to the partnership identified and recorded



BNSS Resources for Identify Processes for “Confidentiality and Consent”

- Template #1 - Nutrition Screening Protocol Worksheet
- Template #2 - Consent Form for Seniors
- Stories and Strategies and E-Learning on the Dietitians of Canada website <http://www.dietitians.ca/seniors> (To be launched in 2004)

Develop a Community Action Plan

The Community Action Plan (CAP) is a tool to guide referral and selection of educational resources for seniors identified to be at risk. The CAP links each nutrition theme on SCREEN© with services available in the community and relevant nutrition education resources. The CAP also includes referral procedures for each service available in the community.

Development of the CAP involves the following steps:

- For each nutrition theme on SCREEN©, identify factors that may contribute to a low score
- Identify nutrition services and supports available to seniors in the community. Link these to each theme on SCREEN©.
- Identify nutrition education resources suitable to seniors. Link nutrition education resources with each theme on SCREEN©.

For each nutrition theme on SCREEN©, identify factors that may contribute to a low score.

Partners work together to identify factors that may contribute to a low score on SCREEN©. A collaborative approach encourages understanding of the many factors that affect nutritional well-being of seniors living in the community. Examples of factors that may contribute to each theme on SCREEN© are identified below:

Table 3 –Contributing Factors for Selected Themes on SCREEN©

Nutrition Theme on SCREEN©	Factors Contributing to a Low Score for This Theme on SCREEN©
Weight change	Physical illness Change in appetite related to apathy, loneliness or stress Change in physical capability - unable to prepare food Changes in dental health Limited income Attitudes towards food and healthy eating Knowledge of food, healthy eating Knowledge of food choices for modified diets Limited food skills Illness
Chewing and biting food	Changes in dental health Knowledge of food and healthy eating Insufficient access to proper dental care Limited food skills to prepare modified foods Lack of facilities and equipment for food preparation
Cooking	Physical capabilities Limited food skills Illness Attitudes towards food and healthy eating Knowledge of food and healthy eating Lack of facilities and equipment for food preparation

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Identify nutrition education resources suitable to seniors. Link nutrition education resources with each theme on SCREEN©...

Once potential contributing factors have been identified, it is possible to link nutrition and food related services in the community with each theme on SCREEN©. Available services may then be prioritized for each theme on SCREEN© that they address. Other factors that influence choice of referral services might be considered. Examples include the severity of risk (i.e. total score on SCREEN©), low scores on trigger questions on SCREEN© (weight change, appetite or swallowing), perceived health and well-being of the senior, and practical issues such as accessibility, wait time, availability (i.e. # of new referrals a service is able to accommodate). More than one community service may be identified for each SCREEN© theme, creating an opportunity for choice depending on preferences, needs, and the circumstances of individual seniors. The partnership may also wish to identify actions to be taken if a senior is experiencing one or two nutritional concerns (e.g. shopping difficulties) but is otherwise not at nutritional risk

In its final form, the CAP provides a map of suggested actions that may occur in response to each item on SCREEN©. It also includes referral procedures and contact information (fax, phone number etc.) for each community service provider. For example, a senior may be experiencing cooking difficulties. The CAP might suggest that the best action to take is to provide the senior with homemaking contact numbers within the community. Meals on Wheels (MOW) might also be an option depending on the circumstances of the senior. MOW may require a formal referral facilitated by the SCREEN© Administrator.

Other questions on SCREEN© that link to specific activities could include: supplement use (e.g. referral to a Registered Dietitian), grocery shopping (referral to assisted shopping or home delivery programs), and eating alone (referral to community kitchens, recreation programs and dining clubs in your community). Importantly, any intervention will involve input from the seniors identified to be at risk. The CAP is intended to be a "guide" for staff/volunteers and seniors in jointly choosing nutrition services. Each senior's situation and response pattern on SCREEN© will need to be considered. The senior who is at risk will make the final decision for referral service in discussion with a SCREEN© Administrator.

Services of a Dietitian may be obtained through a referral from a physician and in some cases, directly through a community health centre or other community agency such as home care or home nursing. The Dietitians of Canada website provides a directory that can be used to search for a consulting Dietitian in your area, who will provide nutrition counselling for a reasonable fee. The directory is located at <http://www.dietitians.ca/find/i4.htm>.

Identify nutrition education resources suitable to seniors. Link nutrition education resources with each theme on SCREEN©...

The CAP also lists educational materials that will be provided to seniors (e.g. pamphlets on services, tips on cooking for one, etc). The [BNSS Nutrition Education Resource Directory](http://www.dietitians.ca/seniors) and Resource Inventory (located on the Dietitians of Canada's website <http://www.dietitians.ca/seniors>) identify nutrition education materials suitable for seniors. All resources included in the directory and the resource inventory are peer reviewed by Dietitians. General nutrition education materials are provided to all seniors who participate in nutrition screening. Specific resources linked to themes on SCREEN© are provided to seniors identified to be at risk. Once educational resources have been agreed upon by the partnership they can be organized into binders according to themes on SCREEN© and distributed to SCREEN© Administrators or community sites participating in nutrition screening.



Community sites participating in BNSS greatly appreciated the availability of reliable nutrition education tools for distribution to seniors. These resources provided nutrition information to SCREEN® Administrators and seniors.

Some nutrition education resources address more than one theme on SCREEN®. Selecting a few of the most useful resources streamlines the work of the SCREEN® Administrators.

Checklist for “Develop a Community Action Plan”

- ✓ Community action plan with community service providers for referral and educational resources linked to each theme on SCREEN®
- ✓ List of educational resources to be provided to all seniors who participate in nutrition screening
- ✓ Resource binders for community sites containing nutrition education resources, organized according to themes on SCREEN®
- ✓ Referral list including names of service providers, contact information and referral procedures

BNSS Resources for “Design a Community Action Plan”

- SCREEN®
- Nutrition for Seniors http://www.dietitians.ca/seniors/content/project/fact_sheets.asp
- Appendix #4 - Sample Community Action Plan
- Appendix #5 - Sample Community Contacts and Referrals
- Appendix #6 - Review Criteria for Nutrition Education Resources for Seniors
- BNSS [Nutrition Education Resource Directory](http://www.dietitians.ca/seniors) and [Resource Inventory](http://www.dietitians.ca/seniors) on the Dietitians of Canada’s BNSS website <http://www.dietitians.ca/seniors>
- Stories and Strategies and E-Learning on the Dietitians of Canada website <http://www.dietitians.ca/seniors> (To be launched in 2004)
- Find a Dietitian database <http://www.dietitians.ca/find/i4.htm>



SECTION FOUR CREATE AN EVALUATION PLAN

Evaluation is the critical link between nutrition screening and taking action to enhance nutrition services to seniors in the community. Evaluation is concerned with both processes and outcomes of nutrition screening and occurs formally and informally, during all phases of a nutrition screening initiative.

Evaluation questions, sources of information and methods for gathering and collating information are identified before nutrition screening begins. Considerations for development of the evaluation plan are:

- Determine evaluation questions
- Select evaluation methods

Determine Evaluation Questions

Evaluation questions are established by community partners and reflect process and outcome objectives of the nutrition screening initiative. Considerations for developing evaluation questions are:

- What is the purpose of this evaluation?
- What do we need to know?
- What types of decisions will evaluation information be used to support?
- Who will use the evaluation information?

Evaluation themes and questions for a nutrition screening initiative might include:

Community Implementation Plan:

1. How many seniors from each community site participated in nutrition screening? How do anticipated numbers of seniors from each community site compare with the number of seniors who actually participated?
2. What aspects of recruitment, screening, referral, and follow-up went well? How might the process of recruitment, screening, referral, and follow-up be improved?
3. Were challenges encountered in completing documents (e.g. consent, SCREEN©, Nutrition Service Record)? What improvements are suggested?

Risk: How prevalent is nutritional risk? What proportion of seniors were found to be at risk for each theme on SCREEN©? Were some groups of seniors at greater nutritional risk than other groups?

Appropriate Services: What community resources/services were identified as appropriate, accessible and acceptable to “at risk” seniors for addressing their nutritional concerns?

Service Gaps: Are there gaps or barriers to the delivery of services to seniors?

Educational Resources: What educational resources were provided to seniors “at risk”? Do seniors find these resources useful? Are there gaps to be addressed?

Checklist for “Identify Evaluation Questions”

- ✓ List of evaluation questions that address process and outcome objectives of BNSS
- ✓ Evidence of collaboration and approval of evaluation questions by the community partnership



Select Evaluation Methods

Choice of evaluation methods is based on the evaluation questions and includes both quantitative and qualitative approaches to gathering information. Considerations for choosing evaluation methods are:

- What information needs to be gathered? (Refer to evaluation questions)
- Who/where will information be gathered from e.g. seniors, key stakeholders at community sites, SCREEN© Administrators, seniors’ service providers, meeting minutes, summary report etc.?
- When will information be gathered? By whom?
- What tools/methods are most appropriate to gather evaluation information?

Time and available resources influence choice of evaluation methods. Additionally, when groups of individuals with diverse skills, for example SCREEN© Administrators, are involved in collecting and recording information, it is helpful to simplify and minimize the amount of information to be gathered.

In BNSS evaluation information was obtained from the completed SCREEN©, the Nutrition Service Record (tracking tool), interviews with seniors, SCREEN© Administrators and service providers, and meeting minutes of partnership. Samples of these documents and specific questions asked are included in the Appendices. Table #4 provides a summary of evaluation methods that might be considered for a nutrition screening initiative:

Table 4 –Evaluation Methods for a Nutrition Screening Initiative

Evaluation Question	Evaluation Tool	From Whom	When
Implementation Plan	Completed SCREEN©; Nutrition Service Record (Section A)	SCREEN© Administrators	Immediately after the senior completes SCREEN©
	Debriefing notes/meeting minutes	SCREEN© Administrators; Community site staff	Immediately following screening in each community site or at a scheduled staff or partnership meeting
	Interviews of individuals or groups	Seniors; SCREEN© Administrators	At regular intervals, after a predetermined # of seniors have been screened
Risk	Completed SCREEN©; Nutrition Service Record (Section B)	SCREEN© Administrators; Staff or project coordinator assigned to collate results	At regular intervals, after a predetermined # of seniors have been screened
Appropriate Services	Nutrition Service Record (Sections B & C); Interviews of individuals or groups	Seniors; SCREEN© Administrators; Community site staff; Service providers	At regular intervals, after a predetermined # of seniors have been screened

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Table 4 continued...

Evaluation Question	Evaluation Tool	From Whom	When
Service Gaps	Nutrition Service Record (Sections B & C); Interviews of individuals or groups	Seniors; SCREEN© Administrators; Community site staff; Service providers	At regular intervals, after a predetermined # of seniors have been screened
Educational Resources	Community Action Plan; Nutrition Service Record (Section B & C); Interviews of individuals or groups	Seniors; SCREEN© Administrators	At regular intervals, after a predetermined # of seniors have been screened

Nutrition Service Record (NSR)

The NSR tracks each senior through the process of screening, referral and follow-up. It provides demographic information on the senior, results of each question on SCREEN©, and the total SCREEN© score. The NSR also identifies whether the senior was offered referral, what referral services (if any) were accepted by the senior, and if referral services were accessed. The final section of the NSR (Section C) gathers information from the follow-up interview and includes general questions regarding the senior’s impressions of screening.

For consistency, and comfort of seniors participating in nutrition screening, it is preferable that the SCREEN© Administrator completes all sections of the NSR. This is especially important when working with more vulnerable seniors. Training SCREEN© Administrators is essential. Training helps to assure that the NSR information is accurate and complete. It is also useful to monitor completion of NSRs’ for accuracy in the early stages of nutrition screening.

Interviews

Interviews may be conducted as individual interviews or in a group. In BNSS seniors appreciated the interest shown by one-on-one interviews. Facilitated group discussions worked well with SCREEN© Administrators and service providers, especially when questions were circulated in advance.

Depending on the size of the community and number of individuals involved in nutrition screening it may be possible to interview all SCREEN© Administrators and service providers. It is recommended that 10% of seniors screened participate in evaluation interviews. Interviews of seniors may be included as part of a follow-up phone call.

Other considerations for selection of evaluation methods...

- When developing evaluation tools consider how the information gathered will be collated and summarized. Quantitative data from the Nutrition Service Records can be analysed for the community as a whole, and also by subsections e.g. by gender, by neighbourhood, by well versus vulnerable seniors, by community site etc. Responses to open-ended questions from the Nutrition Service Record and interviews may be reviewed and recurrent themes identified (content analysis).
- Evaluation tools are developed with input from members of the partnership. Communities may also wish to consult evaluation experts at universities and/or Public Health/Health Authorities to advise on development of evaluation tools and other aspects of the evaluation plan.



- ❶ Sample evaluation tools for a nutrition screening initiative are included in the resources section of this manual. Other tools may be developed to evaluate a nutrition screening initiative. Once evaluation tools have been drafted, pilot testing with a small sample of seniors helps to assure clear, easy to use, accurate tools that provide the information desired.
- ❷ Evaluation questions and methods may change as nutrition screening is implemented within the community. It is important to be flexible and make changes as the nutrition screening initiative evolves.

Share your experiences and findings from nutrition screening with others in the “Stories and Strategies” section of the Dietitians of Canada website, <http://www.dietitians.ca/seniors>, to be launched in 2004.

Checklist for “Select Evaluation Methods”

- ✓ List of information to be gathered for each evaluation question
- ✓ Evaluation tools, developed and ratified by partners, and pilot tested
- ✓ Written framework for evaluation, including sources of information, when information will be gathered, and by whom.

BNSS Resources for “Track Outcomes of Nutrition Screening”

- ❶ Appendix #7 - Sample Interview Questions for Evaluation
- ❷ Template #3 - Nutrition Service Record - Interview Assisted
- ❸ Template #4 - Nutrition Service Record - Self-Administered

For further information on evaluation of community programs refer to:

1. The Health Communication Unit at the Centre for Health Promotion, University of Toronto, <http://www.thcu.ca/>
2. Guide to Project Evaluation: A Participatory Approach. Health Canada. May 1996
<http://www.hc-sc.gc.ca/hppb/phdd/implement/linked.html>



SECTION FIVE TRAIN SCREEN© ADMINISTRATORS

It is recommended that all SCREEN© Administrators participate in training. Training helps to:

- Create a pool of skilled SCREEN© Administrators and builds capacity to provide nutrition screening in diverse settings in the community
- Expand understanding, appreciation and support for nutrition screening in the community
- Facilitates a smooth transition from planning to putting the community implementation plan into action
- Create understanding and appreciation of the nutrition concerns of seniors and the role of ethical nutrition screening in addressing these concerns
- Provide SCREEN© Administrators with the skills and tools to perform their work of nutrition screening, referral and follow-up
- Ensure that SCREEN© is administered in a consistent manner and appropriate referrals are made
- Ensure results of nutrition screening, referral and follow-up are recorded accurately on the tracking tool
- Generate enthusiasm and commitment towards nutrition screening and support of seniors living in the community

Develop a Training Plan

Training begins with development of a plan. The training plan includes all aspects of SCREEN© Administrator training, e.g. needs assessment, objectives, formats/approaches (e.g. workshop, E-Learning, mentoring etc.), program evaluation and promotion. Steps for development for the SCREEN© Administrator training plan are:

1. Identify the learner - consider prior learning, experience and training preferences of participants.
2. Determine learning needs of SCREEN© Administrator training - Ask, "What will SCREEN© Administrators be required to do?" "What do SCREEN© Administrators need to know?" "What attitudes might be encouraged for SCREEN© Administrators?"
3. Based on the learning needs, develop learning objectives and expected outcomes of SCREEN© Administrator training.
4. Plan evaluation of the training. Consider learning objectives and select appropriate methods of evaluation (e.g. objectives-based, self-evaluation, observation, formal, informal etc.)
5. Identify strategies to support ongoing learning after the training event has occurred.
6. Determine the approach(s) most appropriate for delivery of training (e.g. workshop, E-Learning, individual instruction, seminar etc.). Ask, what approaches are most appropriate to the learner(s) and the objectives or expected outcomes of learning.
7. Identify who will facilitate the training.
8. Develop a SCREEN© Administrator Resource Manual: include BNSS fact sheets, SCREEN©, Tips for Screening, nutrition protocols, CAP, community contacts and referral list, Nutrition Service Record, educational resources for seniors etc.
9. Identify strategies to promote the value of training to SCREEN© Administrators and their organizations.

Once the training plan has been outlined, specific planning events, such as workshops can be developed. Partnership members often have experience planning and delivering workshops and are able to provide ideas and suggestions. Steps for workshop planning include:

1. Develop the workshop agenda: include topics, facilitators, locations, dates, times etc.
2. Identify learning objectives and content for specific topics (e.g. Nutrition for Seniors, How to Administer SCREEN© etc.).
3. Identify appropriate methods for delivery of content (e.g. mini-lecture, role plays, skill demonstration, small group discussion, hands-on with supervision, case study, etc.)
4. Assemble learning resources - SCREEN© Administrator Resource Manual



5. Arrange location, room set-up, AV equipment, refreshments, prizes, certificate of participation etc.
6. Develop and print feedback form
7. Develop and circulate promotional flyer

Include Adult Learning Principles

Adult learning principles are an important consideration when developing a training program. The following discusses application of some of these principles in the context of training SCREEN© Administrators.

Start with the learner...

Adults are practical learners. They appreciate learning situations that address their needs, are relevant and build on their prior knowledge and skills. SCREEN © Administrators represent a diverse group of individuals with differing knowledge and skills and from a variety of community settings. For example, individuals who participated as SCREEN© Administrators in BNSS included nurses, social workers, a chiropodist, program staff from a seniors' housing complex, receptionists from physicians' offices and clinics, volunteers at a community health fair, a Meals on Wheels coordinator, students (e.g. nursing, recreation specialist, Dietetic Interns, community workers, a chiropodist, social workers) etc.

Surveying a cross section of SCREEN© Administrators prior to development of the training plan clarifies learning needs and preferences. Training facilitators are then able to adjust program content, and learning activities in response to prior knowledge, skills and expectations of potential SCREEN© Administrators. For example home care nurses may have knowledge of nutrition concerns of older adults and are experienced interviewers and record keepers. They might appreciate a mini-workshop that emphasizes new concepts related to nutrition screening and practice with the SCREEN© questionnaire and tracking tool. Alternatively, receptionists from a wellness clinic or senior volunteers may want more time to learn about nutrition for older adults and practice administration of SCREEN© and record keeping.

Strategies for "Start with the Learner" include:

- Survey participants prior to development of the training
- Provide an opportunity for participants to participate in design of training
- When providing a workshop, post the agenda at the beginning. Provide participants an opportunity to modify the agenda or identify topics that are most important to them. If you do not wish to drop or modify certain topics, explain why they are important.
- "Check-in" frequently with the participants during to training to ask if their learning needs are being met.
- Ask participants to complete a feedback form at the end of training. Incorporate their recommendations in future training.

Clearly identify the learning needs of SCREEN© Administrators...

Identification of learning needs of SCREEN© Administrators helps to assure that all of the necessary topics and skills are included in training. Learning needs guide development of objectives and evaluation for training, and selection of learning activities. A list of learning needs that might be addressed during SCREEN© Administrators is provided below:



What Activities Do SCREEN[®] Administrators Need to Be Able to Do?

Administer SCREEN[®]

- 101 Approach seniors to offer the opportunity for nutrition screening; Promote and encourage participation
- 101 Explain nutrition screening to seniors and obtain consent
- 101 Administer the SCREEN[®] questionnaire; Probe and clarifying responses as needed
- 101 Calculate SCREEN[®] scores accurately
- 101 Use SCREEN[®] scores (including trigger questions) to identify nutritional risk

Make Referrals and Provide Resources

- 101 Provide seniors who are not at risk with general nutrition information and resources
- 101 Interpret results on SCREEN[®] and use the Community Action Plan (CAP) to recommend appropriate referrals for seniors identified to be at risk.
- 101 Provide seniors who are at risk with appropriate nutrition education resources as identified in the CAP
- 101 Consult with seniors identified to be at risk to make decisions regarding referrals
- 101 Use the Community Contacts and Referrals list to make referrals
- 101 Record personal information, results of screening, educational resources circulated and referral on the Nutrition Service Record (NSR).

Complete Follow-up

- 101 Contact seniors identified to be at risk to assess results of referral; Recommend and encourage further action if needed
- 101 Record information from the follow-up interview on the nutrition tracking form
- 101 Follow procedures for assuring confidentiality

What do SCREEN[®] Administrators need to know or be familiar with in order to perform these activities?

Nutrition

- 101 Nutrition challenges of older adults
- 101 Canada's Food Guide to Healthy Eating and general nutrition
- 101 Healthy eating recommendations for seniors

Nutrition Screening

- 101 General understanding of community-based, ethical nutrition screening and SCREEN[®]
- 101 Goals of nutrition screening in the community
- 101 Benefits of nutrition screening to seniors, service providers and the community
- 101 How SCREEN[®] works to identify nutritional risk.

Community Implementation Plan (CIP)

- 101 Nutrition screening protocols for the community site where they will be screening
- 101 Consent and confidentiality processes for nutrition screening
- 101 Content of the CAP
- 101 General knowledge of community service providers identified in the CAP for each theme on SCREEN[®]
- 101 Referral procedures for community service providers identified in the CAP for each theme on SCREEN[®] and on the Community Contacts and Referral list
- 101 Educational tools available for seniors who are/are not at risk
- 101 Content of the NSR and the information to be filled in



What attitudes will be important for SCREEN© Administrators in performing these activities?

- Enthusiasm and receptiveness to the nutrition screening initiative
- Respect rights of individual seniors participate to chose or refuse participation
- Respect privacy of seniors and the importance of confidentiality when handling SCREEN© information
- Confidence in ability to administer SCREEN©;
- Appreciate the importance of accuracy in recording information

Supporting seniors through the process of nutrition screening requires appreciation of the special communication needs of seniors. Information and resources regarding how to communicate with seniors are available from:

1. **Communicating with Seniors.** Division of Aging and Seniors, Health Canada. 2002.
http://www.hc-sc.gc.ca/seniors-aines/pubs/communicating/intro_e.htm
2. **The Alberta Council on Aging,** <http://acaging.interbaun.com/seniorfriendly.htm>

Create a welcoming learning environment...

Refreshments, icebreakers, humour and networking opportunities can help put people at ease. When participatory learning activities are used it is important to both invite and affirm responses. Praising even the smallest successes and providing constructive feedback and encouragement can enhance learning. Facilitator attitude is also a factor. A relaxed facilitator who is truly interested in what people have to say encourages participation. Enthusiasm is contagious. An enthusiastic and energetic facilitator generates excitement and encourages involvement in nutrition screening.

Some workshop participants may view nutrition screening as an unwanted add-on to an already busy schedule. It is important to listen to peoples' concerns and clarify expected time commitments for nutrition screening. SCREEN© Administrators participating in BNSS recommended allowing sufficient time for SCREEN© Administrators to complete tasks of screening. Follow-up and problem solving with the community site may be needed to allay concerns.

Actively engage participants in learning ...

Many potential SCREEN© Administrators will come to the workshop with some understanding of nutrition concerns of seniors and an interest in supporting their nutritional well-being. Some SCREEN© Administrators may be seniors themselves and have first-hand experience with nutrition needs and challenges of seniors living in the community. Inviting participants to share this knowledge builds confidence needed to proceed with the learning task at hand.

Active engagement also provides opportunities for participants to form their own understanding and gain experience with content and skills to be learned. Providing opportunities for participants to talk about the nutrition concerns of seniors is one way to build familiarity with themes on the SCREEN© tool. Listening to a presentation regarding nutrition for seniors may not create the same depth of learning and understanding. Similarly, group discussion of the rationale and benefits of nutrition screening builds energy and commitment.



Administration of SCREEN[©], referral and follow-up require development of both interviewing and consultation skills. Referral and follow-up also require knowledge of available resources and interpretation of SCREEN[©] results in order to link at risk seniors with community resources. BNSS demonstration communities found that although senior volunteers were comfortable administering SCREEN[©] they sometimes deferred referral and follow-up steps to a staff person or the site coordinator. Extra training and mentoring during screening with many opportunities for role-plays, case studies and hands-on practice may help to overcome this pattern.

Suggestions of learning activities for SCREEN[©] Administrator training that actively engage the learner are:

- 101 **Buzz group** - to identify nutrition challenges of seniors living in the community; Nutrition challenges identified can be discussed in relationship to themes on SCREEN[©].
- 102 **Case study about typical food practices of a senior at who may be at risk** - Small groups are asked to read the case study and identify potential nutrition challenges and advice for the senior described in the study. Results of the discussion can be shared with the larger group. This provides an interactive approach to teaching nutrition for seniors.
- 103 **Participants self-administer SCREEN[©]** - with an experienced SCREEN[©] Administrator available to clarify questions. Scores are tabulated and discussed. This provides an opportunity to explain the meaning of nutritional risk.
- 104 **Demonstration of SCREEN[©] interview and practice scoring** - Workshop participants are given a copy of SCREEN[©]. An experienced SCREEN[©] Administrator conducts a SCREEN[©] interview with a volunteer playing the role of a senior who is at nutritional risk. The SCREEN[©] Administrator and workshop participants score SCREEN[©] as the interview takes place. Questionnaires are tabulated at the end of the interview; Differences between scores are discussed for each question.
- 105 **Small group practice to identify appropriate referrals** - Groups are provided with samples of NSRs that have been completed to identify a senior identified to be at risk. The group uses the CAP to formulate recommendations for referral and selection of appropriate nutrition education resources.

Stay tuned for the launch of two E-Learning modules about Nutrition Screening and How to Administer SCREEN[©], on the Dietitians of Canada website at, <http://www.dietitians.ca/seniors>, in 2004. These modules will provide interactive training for SCREEN[©] Administrators and other individuals interested in the implementation of a nutrition screening initiative.

Support ongoing learning...

SCREEN[©] Administrators continue to learn after formal training has ended and as screening begins. Planning opportunities for follow-up or ongoing support and networking among SCREEN[©] Administrators enhance skills and understanding. It also helps to assure that SCREEN[©] Administrators feel valued and confident in their skills, provides an opportunity to identify training gaps and promotes accuracy and consistency.

Strategies for providing ongoing support might include:

- 101 Plan to have experienced staff and volunteers available to mentor SCREEN[©] Administrators who are screening for the first time.
- 102 Schedule training within one week prior to the start-up date for nutrition screening. This way, learning and skills developed during the workshop are applied while they are still fresh in peoples' minds.
- 103 Review the nutrition protocol just before screening begins. Some BNSS demonstration communities found it useful to provide SCREEN[©] Administrators with a step-by-step checklist of responsibilities as an addition to the nutrition screening protocol. Development of a checklist could be incorporated during training as a group exercise to check understanding of expectations.



- Allow time to debrief with SCREEN© Administrators after nutrition screening has been completed. This provides opportunity for SCREEN© Administrators to discuss questions and problems encountered soon after their initial experiences with seniors, SCREEN©, the CAP and NSR.
- Have an experienced staff person check SCREEN© scores and completed NSRs with new SCREEN© Administrators immediately after screening. Review errors and make revisions together.
- Include opportunities to discuss screening at a staff meeting (e.g. for visiting home nurses). In one BNSS demonstration community nurses providing home care found it useful to have case reviews regarding seniors they had screened. Case reviews were included on the agenda for a regular staff meeting.
- Provide a contact phone number or email for questions regarding screening experiences
- Establish quarterly or biannual education and networking sessions for SCREEN© Administrators. These sessions can provide a forum for training, feedback on results of screening, problem solving and celebration.

Additional Tips for SCREEN© Administrator Training

Allow sufficient time for training and learning...

Effective training for any program requires investment of time from program planners, presenters, participants and agencies. Planners and presenters need time to plan the program and develop program components and tools. Participants need time to assimilate new knowledge and practice new skills, and reflect on what they have learned. A well planned training program along with adequate time for learning and practice will minimize loss of time arising from information gaps and errors when screening begins.

A training workshop for SCREEN© Administrators generally requires 6 to 8 hours. The workshop may be provided as a series of short sessions or longer half-day sessions.

Build community capacity for training...

Community partners are an invaluable resource for assisting training. Through their involvement in development of the community implementation plan they have in-depth understanding of the nutrition screening initiative. Community partners from one BNSS demonstration site participated in a pilot of the SCREEN© Administrator training prior to implementing the workshop in the community. This process helped to fine tune the workshop and created a pool of knowledgeable SCREEN© Administrators to assist training of others.

Mentoring or “train-the-trainer” might be considered as an approach to building community capacity for nutrition screening. When this approach is used, it is desirable to assure that mentors or trainers have necessary personal attributes, knowledge, skills and support to guide others in the process of learning the three steps of nutrition screening: SCREEN©, refer and follow-up.

Communicate the value added of participation in nutrition screening...

Encouraging involvement of SCREEN© Administrators is part of the promotion plan and overall capacity building for nutrition screening in the community. Recognition is one way to encourage participation. Local newspapers or community newsletters featuring articles and pictures of a nutrition screening event help to recognize involvement and contributions of SCREEN© Administrators. Participating organizations also need to be acknowledged. For both staff and volunteers nutrition screening is an opportunity to learn new skills and serve the community.



Partners from BNSS communities suggested incentives for volunteers participating in nutrition screening. For example, volunteer appreciation events, paid parking, refreshments, SCREEN© Administrator T-Shirts or buttons and honoraria. Staff SCREEN© Administrators might be encouraged by acknowledgement of their participation and by providing continuing education credits for participation in a SCREEN© Administrator training workshop. Certificates of participation may also be provided to everyone who completes the SCREEN© Administrator training workshop.

Checklist for “Training SCREEN© Administrators”

- ✓ Training plan
- ✓ Workshop plan including learning objectives, topics, key teaching points, learning activities and handouts for each topic
- ✓ SCREEN© Administrator Resource Manual
- ✓ Workshop agenda for each group to be trained
- ✓ Tool to assess SCREEN© Administrator learning
- ✓ Workshop feedback form
- ✓ Promotional flyer

BNSS Resources for “Training SCREEN© Administrators”

- 🎯 Project Overview*
- 🎯 Nutrition for Seniors*
- 🎯 Nutritional Screening; Fact Sheet*
- 🎯 A Fact Sheet About SCREEN©*
- 🎯 SCREEN©
- 🎯 Appendix #1 - Ethical Nutrition Screening of Well Community Living Seniors
- 🎯 Appendix #2 -Community-based Nutrition Screening
- 🎯 Appendix #3 - Tips for Screening
- 🎯 E-Learning on the BNSS website Stories and Strategies and E-Learning on the Dietitians of Canada website <http://www.dietitians.ca/seniors> (To be launched in 2004)

*To locate the BNSS Fact Sheets click on the Dietitians of Canada website at http://www.dietitians.ca/seniors/content/project/fact_sheets.asp

For further information adult learning and planning programs for adult learners refer to:

1. Apps, J.W. *Mastering the Teaching of Adults*. Florida: Krieger Publishing Company, 1991.
2. Caffarella, R.S. *Planning Programs for Adult Learners*. San Francisco: Jossey-Bass Publishers, 1994.
3. MacKeracher, R. *Making Sense of Adult Learning*. Toronto: Culture Concepts Inc. 1996.



SECTION SIX PROMOTE, PROMOTE, PROMOTE!

Promotion raises awareness, generates enthusiasm, and encourages participation in the nutrition screening initiative. Many communities are experienced in promotion of health related initiatives. Using a variety of approaches to raise awareness of the nutrition screening initiative facilitates reaching larger numbers of individuals from diverse audiences. Examples of promotional ideas include brochures, articles in local newspapers, health fair displays, posters, flyers, radio announcements, information letters, information on partner organization websites and presentations to service provider groups such as the local chapter of the College of Family Physicians or Nursing Association, Networking, Association for Community Care, Victorian Order of Nurses or the Canadian Association of Retired Persons. Access or “word of mouth” is also an effective method of raising awareness. The BNSS logo may be used as a common identifier for the nutrition screening initiative. This guide identifies messages for BNSS in Section Eight. Additional information to assist promotional activities is available from Executive Summary and Final Report for BNSS (<http://www.dietitians.ca/seniors>).

Other considerations for promotion of a nutrition screening initiative...

- Before beginning to screen, it is important to orient seniors’ service providers identified in the CAP, to the nutrition screening initiative. Service providers need to be informed that the nutrition screening process may result in increased referrals to their agency. It is suggested that the partnership provide this information regarding the nutrition screening verbally and in written form to service providers.
- BNSS demonstration communities learned that participation improved when nutrition screening was promoted in the community site one to two weeks before it occurred. Flyers and pamphlets were used to promote SCREEN©.
- In BNSS communities, seniors who participated in nutrition screening appreciated receiving a BNSS pencil to take home. Other items to raise awareness of nutrition screening might include BNSS T-shirts for SCREEN© Administrators, key chains, grocery pads, fridge magnets, buttons etc.
- Continuing to promote nutrition screening continuously, as screening is implemented and evaluated, builds awareness and familiarity. When findings of nutrition screening become available, promotion can be used to advocate for chances/enhancements regarding nutrition services for seniors.

Checklist for “Promote, Promote, Promote!”

- ✓ Written promotion plan, including targeted audience, tools, timelines and budget
- ✓ Promotional ideas and tools developed
- ✓ All service providers informed of the initiative

BNSS Resources for Promote, Promote, Promote!

- Template #5 - Brochure, Nutrition Screening for Seniors
- Template #6 - BNSS Logo



SECTION SEVEN ACT ON RESULTS OF NUTRITION SCREENING

Discussion of evaluation findings is the springboard to action in the nutrition screening initiative. It is important to involve as many community partners, seniors and service providers as possible in these discussions. Some BNSS demonstration communities held evaluation forums. Forums inform SCREEN© Administrators, seniors and service providers of the results of nutrition screening and provide a venue for discussion of nutrition challenges and recommendations for action. Forums also provide opportunities to celebrate achievements, renew interest and enthusiasm and map out plans for sustainability and expansion and ways to fill gaps in needed services.

Act on Evaluation Findings

Increased awareness, continuous learning and action, improved health and independence of seniors, are hallmarks of a successful nutrition screening initiative. Actions leading to improved nutrition may occur among individual seniors, by enhancement of services offered by individual providers and through integration and addition of services at a community level. Action may begin as soon as collaboration to implement nutrition screening starts to raise awareness of nutritional challenges of seniors living in the community. Steps to improve services may be initiated long before formal evaluation findings become available. Examples from BNSS include promotion of a privately owned meal service, improvements to a congregate dining menu or reduced rates for nutrition counselling for seniors. These early changes help to build confidence in the nutrition screening initiative and lay the groundwork for more complex changes requiring significant additions or reallocation of resources and/or service delivery changes among groups of community stakeholders. Examples of these types of changes might include increased accessibility to nutrition counselling by expansion of Registered Dietitian services, a change in the referral process for dietitians, or addition of dietitian services to a non-traditional setting such as a Seniors Resource Centre.

Checklist for “Act on Results of Nutrition Screening”

- ✓ Summary of findings
- ✓ Meeting minutes and/or forum proceedings including discussion of findings and recommendations
- ✓ Report summarizing findings, results or changes that have occurred so far as a result of nutrition screening and next steps

Share your experiences and findings from nutrition screening with others in the “Stories and Strategies” section of the Dietitians of Canada website, <http://www.dietitians.ca/seniors> to be launched in 2004.



SECTION EIGHT SUMMARY AND KEY MESSAGES

*Interlake Regional Health Authority partnership member speaking about BNSS:
“Now is our opportunity to give back...”*

Seniors who eat well are more likely to stay well and continue to contribute as vital members of their families and communities. Health providers and organizations working with seniors agree that early intervention and community support can help seniors maintain their nutritional well-being and independence. Through the experiences of the BNSS demonstration communities we learned that:

- Nutrition is an essential element in the health and well-being of seniors living in the community. Healthy, well-nourished seniors are more likely to feel good, stay well, maintain their independence, and contribute as vital members of their family and community.
- Nutritional risk is common among seniors living in the community. A significant number of seniors who were screened were found to be at risk of compromised nutrition. The most frequent risks were related to low fruit and vegetable intake, special diet restrictions, poor appetite, and cooking and shopping difficulties.
- Nutrition screening raises “awareness” of the importance of nutrition among seniors and community service providers, and pinpoints the risk factors that need to be addressed. Early identification of nutrition related problems enables implementation of appropriate interventions before disability or illness occur.
- Nutrition screening enhances community appreciation of the nutrition concerns and challenges of seniors.
- Nutrition screening helps communities focus their interventions, integrate service delivery, identify gaps in services, and take relevant action. A wide range of service providers needs to be involved.
- Communities have identified the networks, tools, expertise, resources and service requirements needed in order to have the capacity to successfully implement “ethical” nutrition screening. Ethical nutrition screening involves voluntary screening of seniors, referral to appropriate services if risks are identified, and follow-up with seniors for additional support.
- Community collaboration, commitment and creativity are keys to success.
- Ethical nutrition screening can only be sustained by sufficient resources at a community, provincial and federal level.

It is known that as our population ages there will be increasing numbers of seniors living in our communities. For seniors to thrive in a community environment, good nutrition must be present. A user-friendly approach that looks at nutritional, functional and environmental aspects of a senior’s lifestyle in order to determine what assistance could be of benefit is timely. Simultaneously we need to develop the supports in communities to be able to respond to the needs identified.

Community-based, ethical nutrition screening is a viable approach to helping seniors eat well and stay well. At the National Evaluation Forum for BNSS in May 2003, it was determined that champions from all levels of government, health care providers, health promoters and community workers, community organizations serving seniors, private enterprise, and community living seniors, are needed to sustain and move nutrition screening forward in the interests of improving the well-being of seniors. The BNSS communities created a workable framework and tools for early identification and intervention that is ready for other communities to use. Getting started is up to you!!!

Visit the Dietitians of Canada website <http://www.dietitians.ca/seniors> for information on their experiences and who to contact in BNSS demonstration communities, BNSS findings, and recommended actions.



SECTION NINE ADDITIONAL RESOURCES

The following resources were created as part of BNSS to support implementation of nutrition screening in the demonstration communities. Communities may wish to start with these resources and develop additional tools as they gain experience.

Appendixes

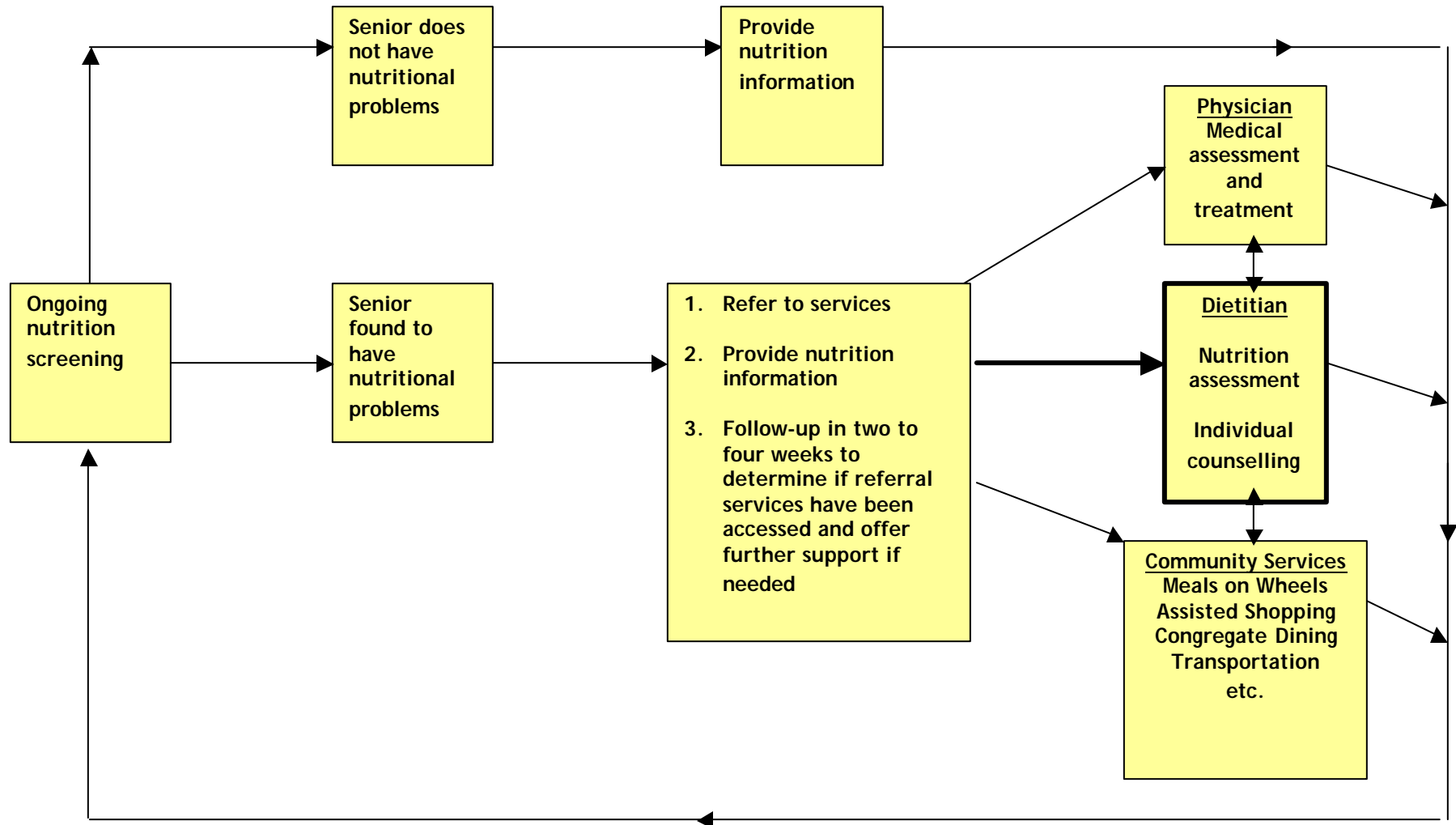
1. Ethical Nutrition Screening of Well Community Living Seniors
2. Community-Based Nutrition Screening
3. Tips for Screening
4. Sample Community Action Plan
5. Sample Community Contacts and Referrals
6. Review Criteria for Nutrition Education Resources for Seniors
7. Sample Interview Questions for Evaluation

Templates

1. Nutrition Screening Protocol Worksheet
2. Sample Consent Form for Seniors
3. Nutrition Service Record - Interview Assisted
4. Nutrition Service Record - Self-Administered
5. Brochure - Nutrition Screening for Seniors
6. BNSS Logo



APPENDIX #1 - ETHICAL NUTRITION SCREENING OF WELL COMMUNITY LIVING SENIORS



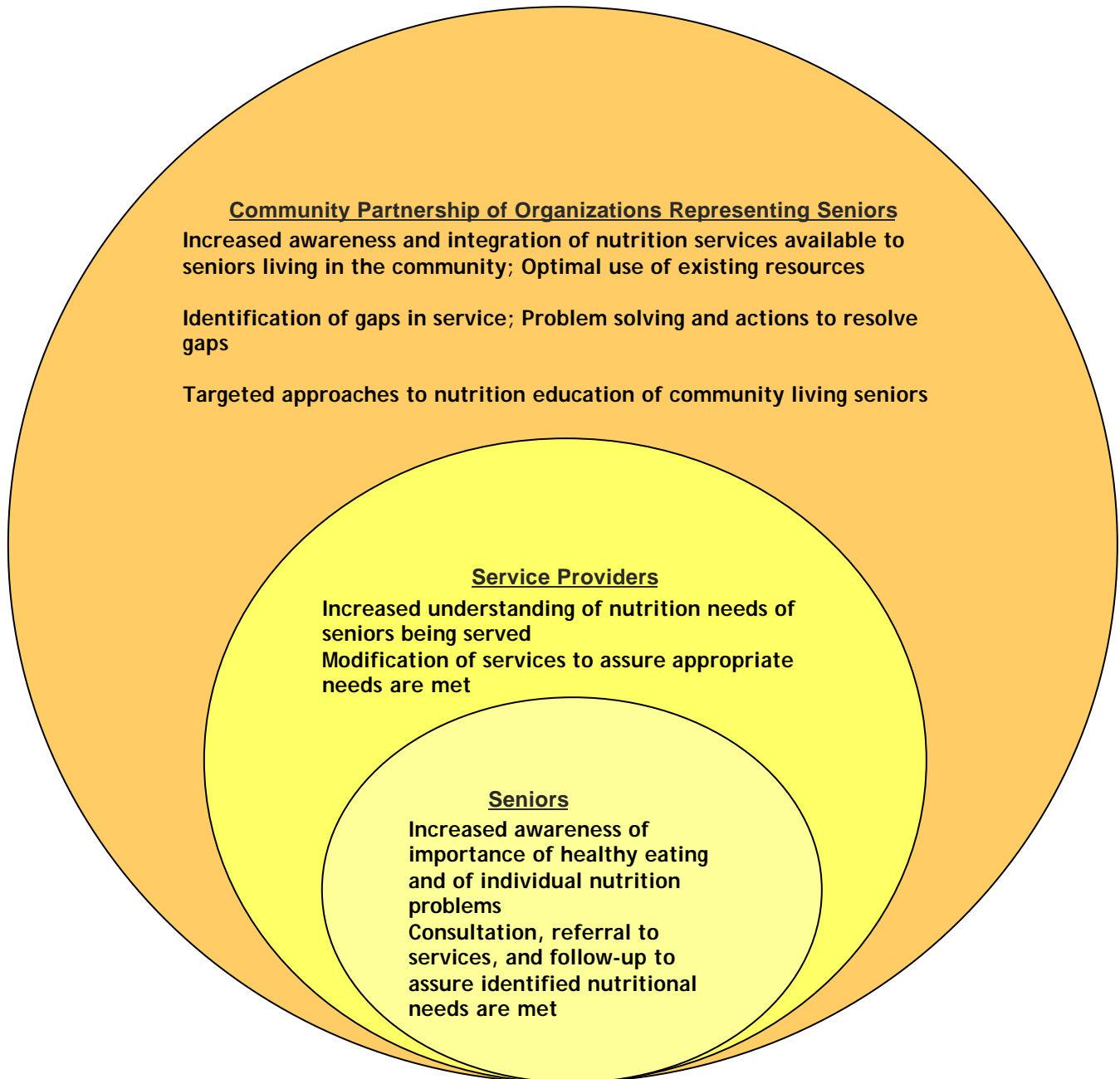
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APPENDIX #2 - COMMUNITY-BASED NUTRITION SCREENING

The community approach involves collaboration from various sectors such as private and government organizations serving seniors, community service providers and seniors. This illustration presents the benefits of collaboration in bringing nutrition screening to seniors.



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APPENDIX #3 - TIPS FOR SCREENING

“Tips for Screening” ” is a guide to administration of SCREEN©, a questionnaire to identify nutritional risk among community living seniors. SCREEN© was designed and validated by Professor Heather Keller, RD, Ph.D. at the University of Guelph and has been used successfully in diverse community settings to identify potential nutritional problems among seniors. Seniors who complete SCREEN©, and are identified to be experiencing nutrition problems, are referred to community services to meet their needs. Examples include assisted grocery shopping, cooking club, community dining, Meals on Wheels, or nutrition counseling by a Registered Dietitian.

“Tips for Screening” was developed as part of *Bringing Nutrition Screening to Seniors in Canada* (BNSS), a national demonstration project by Dietitians of Canada and Professor Heather Keller, RD, Ph.D., University of Guelph. Funds for BNSS were received from the Population Health Fund, Health Canada.

BNSS began in 2000 and involved implementation of community based nutrition screening in five diverse Canadian communities. The aims of the project were to:

1. Enhance appreciation and understanding of the importance of nutrition as a key factor in healthy aging, amongst community living seniors and their caregivers.
2. Strengthen commitment and capacity of communities to identify nutritional risk in seniors and identify the capacity of current community resources to address this identified nutritional risk.

The BNSS initiative created valuable resources to assist communities interested in establishing nutrition screening for seniors and improving supports for healthy eating and general well-being among seniors. Visit the Dietitians of Canada website at <http://www.dietitians.ca/seniors> for additional resources and information on SCREEN©, “How To’s” of community based-nutrition screening and the BNSS initiative.



Part One: Starting the Screening Interview

Step 1	Ensure you are wearing identification.	<ul style="list-style-type: none">● Have a nametag on when you meet the senior to help increase his/her comfort and trust.
Step 2	Help the senior become comfortable with you.	<ul style="list-style-type: none">● Introduce yourself. Tell or remind the senior - your name, your position (i.e. volunteer, personal support worker, nurse), and the organization you are working with.● Ask the senior how they prefer you to address them (i.e. Mr. or Mrs. vs first name).● If there are family members/friends with the senior, ask the senior if they want them to be included in the interview.● Brief "small talk" can help increase comfort (i.e. the weather, finding their home, something about the program they are attending, etc...)● Find a comfortable location to do the interview.● Minimize distractions (i.e. turn off television, decrease background noise, move away from larger groups, etc).● When communicating be aware of your non-verbal communication (i.e. show courteous attention, demonstrate interest in what they are saying, make eye contact).
Step 3	Briefly explain what the nutrition screening means.	<ul style="list-style-type: none">● Identify that you are meeting with him/her to complete the SCREEN© interview to find out about their eating habits and nutritional health.● Explain that the results will be used to help determine if they might benefit from education about eating and diet, a referral to see a Dietitian or other health professional, or information or referrals about food related services available in their community.● If it is a community wide screening initiative, explain that results will be used to assess availability and appropriateness of nutrition services to seniors in the community

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Step 4	Become aware of potential barriers to communication.	<ul style="list-style-type: none">● Try to become aware of how well the senior can hear, see and understand you.● Hearing: If it seems he/she is having difficulties, ask the senior directly how well they can hear you. You may also want to ask if they have suggestions on how you can help him/her to hear you better. Some common strategies: talking closer to the senior's better ear; sitting closer together; talking slowly; avoid shouting; restating the message. For people with hearing impairments it may be most appropriate for the senior to self-administer the SCREEN© while you assist as needed.● Vision: If it seems that the senior has a visual impairment you will need to ask if he/she is able to read large print. If not you will need to do the SCREEN© in the interview format.● Language Barrier: If it seems that he/she is having difficulties understanding you because their first language is not English, you may need to ask how well she/he can understand spoken English and written English. If he/she is having a lot of difficulties it would be better to find out if someone (i.e. a family member, friend or other caregiver) could help to translate during an alternative interview. Professional interpreters may also be used to assist seniors whose first language is not English.
Step 5	Inform the senior about confidentiality.	<ul style="list-style-type: none">● Assure the senior that you will keep their responses and results private.● Explain that you will only share the results with professionals involved in the program.
Step 6	Obtain consent to conduct the SCREEN© interview.	<ul style="list-style-type: none">● Have the senior read the consent form (or you may need to read aloud to the senior) and have him/her sign.

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<p>Step 7</p>	<p>Explain how the screening will be done.</p>	<ul style="list-style-type: none"> ● There are presently two forms of the SCREEN© questionnaire, a self-administered version and an interviewer administered version. The two versions have slightly different orders and wording. ● Decide whether to administer the SCREEN© as an interview or to have the senior “self-administer” with assistance from you as needed. The need for assistance filling in the SCREEN© will vary from person to person. Some seniors will need minimal assistance (i.e. just a review of their self-administered form to ensure everything is complete and added correctly), others will need assistance or clarification for some of the questions as they complete the SCREEN©. ● If a senior has vision, reading or cognitive difficulties it is best to complete it as an interview. ● Describe to the senior how to complete the SCREEN©: ● <u>Self-Administered</u>: Read the instructions on the SCREEN© to the senior. Remind him/her to only select one answer for each. Reassure him/her that you can provide clarification and assistance as needed. Once the senior has completed the SCREEN© he/she will need to tally the score and you will double-check the addition. ● <u>Interview Administered</u>: Read the instructions on the SCREEN© to the senior. Remind him/her that you will read the question and all the possible answers before they are to answer. Reassure them that you will clarify the questions and assist them to answer as needed. ● If in doubt around any question, choose the response that has a lower score. As these questions are meant to “screen in” seniors with potential problems, it is better to not miss an individual at this step before further assessment is completed.
<p>Step 8</p>	<p>Ask the senior if she/he has any questions before starting SCREEN©.</p>	<ul style="list-style-type: none"> ● Ask the senior if she/he has any questions or concerns before you start the SCREEN©. ● Some seniors may just need reassurance about confidentiality and that you will provide assistance along the way, and/or about how the results of screening will be used.

Note: Several questions on SCREEN© use value judgment responses: i.e. “rarely”, “never”, “sometimes”, “always”, “often”. When scoring these questions the following interpretation is appropriate:

“Rarely” means once a week or less;

“Sometimes” means 2-4 times a week;

“Often” means more than 4 or 5 times a week.

“Always” means at least daily.

Part Two: Completing SCREENā

Diet

Question	Background for Question	Tips & Prompts (if needed)
<p>How many foods do you limit or avoid because of a health condition or because they disagree with you?</p> <p>None__4 One or two__3 Quite a few__2 Enough to make it hard to eat with others__1 Enough to make your diet very restricted__0</p>	<p>Seniors frequently are told to avoid foods for health reasons or self-diagnose intolerance to foods. This question is meant to identify seniors who find it hard to manage their diet restrictions, find it difficult to eat with others in social situations, find it challenging to buy groceries etc.</p>	<ul style="list-style-type: none"> ● "Are there any foods that you can not tolerate?" ● "Has your doctor told you not to eat certain foods?" ● "Do your limitations affect your day to day grocery shopping or make it difficult to plan or prepare meals?" (if yes to this is it would be scored as "0" or "1"). ● Many seniors have cut down on foods high in dietary fat and/or salt to help prevent health problems. If this seems to be the case and it is not hard for the senior to manage these changes you should encourage the answer scored "4" or "3".

Frequency of Eating

Question	Background for Question	Tips & Prompts (if needed)
<p>How often do you usually eat...</p> <p>At least three times each day__4 At least three times a day, five or six days a week__3 At least three times a day, three or four days a week__2 Two times each day__1 Less than two times a day__0</p>	<p>Asking about how frequently a senior eats can provide helpful clues about the adequacy of their dietary intake. The question intentionally does not ask about number of meals per day. Due to health, preference or habits some seniors do not eat meals and several small meals/snacks during the day could be a "normal" meal pattern for them.</p>	<ul style="list-style-type: none"> ● Remind the senior that you want to know about their usual eating pattern. ● It does not have to be a "meal" to be included. ● You may need to ask the senior to describe their eating pattern. "Perhaps it would help if you describe for me how often you eat on a typical day."

Fruit and Vegetables

Question	Background for Question	Tips & Prompts (if needed)
<p>How many times a day do you eat fruits or vegetables (canned, fresh, frozen, or juice)?</p> <p>Five or more__4 Four__3 Three__2 Two__1 Less than two__0</p>	<p>This question aims to get a basic or general understanding of the senior’s fruit and vegetable intake.</p>	<ul style="list-style-type: none"> ● Some seniors have a great deal of difficulty recalling their food intake; briefly reviewing what they eat typically for meals/snacks may be required and you can take notes beside the question. ● It is not intended for you to find out the exact number and size of servings he/she typically eats in a day. Instead find out how many times he/she eats these foods. ● For fruit you can ask the senior how many pieces they eat in a typical day. ● For juice you can ask how many glasses they have in a typical day. ● For vegetables you can ask how many times they eat canned, fresh or frozen vegetables in a day. ● Remind the senior to include mixed foods (i.e. vegetable soup, casseroles made with vegetables, tomato sauces).

Meat and Alternatives

Question	Background for Question	Tips & Prompts (if needed)
<p>How many times do you eat meat, eggs, fish, poultry or meat alternatives (such as dried peas, beans, lentils, nuts, or tofu)?</p> <p>Two or more times each day__4 Once each day__3 Five or six times a week__2 Three or four times a week__1 Less than three times a week__0</p>	<p>This question aims to get a basic or general understanding of the senior’s meat and meat alternative intake.</p>	<ul style="list-style-type: none"> ● Some seniors have a great deal of difficulty recalling their food intake; briefly reviewing what they eat typically for meals/snacks may be required and you can take notes beside the question. ● It is not intended for you to find out the exact number of servings he/she typically eats in a day but how often they eat meat & alternatives. ● Some seniors are unaware of high protein foods that are considered to be alternatives to meat, fish, eggs and poultry. It is worth checking with the senior that they have considered their other high protein foods they have eaten as well as traditional meat, fish and poultry. Examples include peanut butter, peas, beans, lentils, other nuts, tofu, legumes etc. ● Similar to the fruit & vegetable question, you may need to use basic prompting questions to help the senior answer. “How often do you have meat or a meat alternative at breakfast (lunch, dinner, snack)?”

Milk and Food Made with Milk

Question	Background for Question	Tips & Prompts (if needed)
<p>How often do you drink milk or eat foods made with milk (such as cheese, yogurt, milk, pudding)?</p> <p>Two or more times each day__4 Once each day__3 Five or six times a week__2 Three or four times a week__1 Less than three times a week__0</p>	<p>This question aims to get a basic or general understanding of the senior’s intake of milk and milk products.</p>	<ul style="list-style-type: none"> ● This question is similar to the previous two questions, as it is not intended for you to find out the exact number of servings he/she typically eats in a day but how often they eat or drink milk products. ● You may need to use basic prompting questions about his/her usual intake throughout the day. “Do you usually have milk, yogurt or cheese at breakfast (lunch, snack, dinner)?” ● Check to make sure the senior has recalled all of the foods they eat on a routine basis that contains milk. “Do you use milk as a main ingredient in any of your recipes or beverages? (e.g. canned soup diluted with milk, hot chocolate made with milk, cereal with milk, etc). ● If a senior indicates that they are taking a calcium, Vitamin D or multi-vitamin supplement, it does not affect his/her score, but it would be worth noting beside the question. ● Fortified Soya Beverage is counted as milk in this question.



Fluid

Question	Background for Question	Tips & Prompts (if needed)
<p>How many cups (250 ml.) of fluid do you drink each day (tea, coffee, water, juice, milk, or soft-drinks)?</p> <p>Five or more__4 Four__3 Three__2 Two__1 Less than two__0</p>	<p>This question aims to estimate the senior's usual fluid intake. Recent evidence suggests that caffeine containing beverages are not "dehydrating". This is why coffee, tea and soft drinks are included. Alcohol is not included in this question.</p>	<ul style="list-style-type: none">● Some seniors may need assistance estimating their fluid intake, especially if they sip water or other fluids throughout the day and/or night. You can ask them to estimate how big their usual glass is compared to 1 cup = 250 mL= 8 ounces.● If you are in their home they could show you their usual fluid glass(es). Juice glasses are usually about 4 - 6 ounces (about ½ cup) and larger glasses can range anywhere from 8 to 16 ounces (1 to 2 cups).● It may be practical to take an example of an 8 oz glass along, if the interview is done in person.● It may be useful to have the senior describe their usual drinking pattern during a day while you keep track of the number with check marks beside the question.● It is also a good practice to ask the senior if she/he included fluids that are consumed during the night, as these should be part of their answer.● If the senior mentions alcohol intake it is worth noting on the SCREEN© form, but it does not affect the score.

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Chewing and Biting Food

Question	Background for Question	Tips & Prompts (if needed)
<p>How often do you find it hard to bite or chew food?</p> <p>Never__4 Rarely__3 Sometimes__2 Often__1 Always__0</p>	<p>Chewing and biting difficulties can be quite common in older adults. Due to poor dental health, dentures that fit poorly or lack of teeth. This question aims to find out whether the senior’s dental health is affecting his/her eating enjoyment and comfort.</p>	<ul style="list-style-type: none"> For guidelines on scoring value judgment questions refer to the “Note” in Part One.

Swallowing

Question	Background for Question	Tips & Prompts (if needed)
<p>How often do you choke, cough or have pain when you swallow food or fluids?</p> <p>Never__4 Rarely__3 Sometimes__2 Often__1 Always__0</p>	<p>Some health problems and medications can cause swallowing difficulties. Swallowing difficulties can be managed through treatment by health professionals (e.g Speech Language Pathologists, Dietitians and Doctors). This question helps to determine if a senior requires a swallowing assessment.</p>	<ul style="list-style-type: none"> For guidelines on scoring judgment questions refer to the “Note” in Part One. Coughing or pain that a senior describes as a “cold” is not included.

Eating Alone

Question	Background for Question	Tips & Prompts (if needed)
<p>When you are alone, how often do you eat good, healthy meals? Never__0 Rarely__1 Sometimes__2 Often__3 Always__4 I rarely eat alone__4</p>	<p>For some seniors living alone, loneliness and social isolation can have a negative affect on the quality of their diet. This question aims to develop a basic understanding of whether the senior feels his/her diet is suffering because they eat alone.</p>	<ul style="list-style-type: none"> ● For guidelines on scoring value judgment questions refer to the “Note” in Part One. ● Some seniors may need guidance about what is meant by “good, healthy meals”. You may want to rephrase it by saying “balanced meals”, “meals with meat or meat alternative, a milk product, vegetables and fruit, and grain products”. ● Some seniors may describe often using frozen or prepared meals when they are alone. If this is mentioned you should ask the senior to describe the type of meals they are purchasing. Some can be quite balanced (e.g. meat, potato, vegetable or pasta with vegetables and sauce) while others may not be (e.g. boxed macaroni and cheese, canned soup, meat pies). If it seems they are more often purchasing less balanced meals then their score should be lower.

Meal Replacements/Drink Supplements

Question	Background for Question	Tips & Prompts (if needed)
<p>How often do you take meal replacements or drink supplements (such as Boost, Ensure, Ensure Pudding, Sustacal)?</p> <p>Never__4 Rarely__3 Sometimes__2 Often__1 Always__0</p>	<p>Liquid meal replacements (also known as supplements) are used by some seniors when their appetites are low. If a senior is relying on supplements for the balance of their nutritional intake, he/she may not be getting enough calories and/or nutrients.</p>	<ul style="list-style-type: none"> ● For guidelines on scoring value judgment questions refer to the “Note” in Part One. ● Some people may be unclear about what is meant by “meal replacements” or drink supplements. Using brand name examples (i.e. Boost, Ensure, Resource, Carnation Instant Breakfast, Slim Fast) usually helps. ● Some seniors may confuse meal replacements with frozen meals. These are not considered meal replacements. ● “Supplements” does not refer to multivitamin or herbal preparations.

Appetite

Question	Background for Question	Tips & Prompts (if needed)
<p>Is your appetite usually...</p> <p>Very good__4 Good__3 Fair__2 Poor__1 Very poor__0</p>	<p>This question aims to determine usual appetite.</p>	<ul style="list-style-type: none"> ● Some seniors may respond saying “it’s not as good as it used to be”, in which case you will need to encourage them to choose between “good”, “fair”, or “poor”. ● If it tends to fluctuate select the lower score, especially if they express that it has affected their dietary intake / desire to eat. ● If the senior is having difficulty you could use prompting questions such as “Do you ever feel hungry?”

Money for Food

Question	Background for Question	Tips & Prompts (if needed)
<p>Do you agree with the following statement? "I have enough money to buy the food I need". Strongly agree__4 Agree__3 Don't agree or disagree__2 Disagree__1 Strongly disagree__0</p>	<p>This question aims to get a basic understanding of whether lack of financial resources is affecting a senior's diet.</p>	<ul style="list-style-type: none"> ● Some seniors may find it difficult selecting one answer, especially if their financial resources fluctuate over a month or a year. Encourage the senior to choose the statement that is most correct for him/her. ● Some seniors may feel uncomfortable being asked about money. If you have developed some trust with the senior during the earlier part of the interview it should help. If the senior expresses that they feel uncomfortable with the question you can remind him/her about confidentiality.



Cooking

Question	Background for Question	Tips & Prompts (if needed)
<p>If you do your own cooking, how often do you find it difficult (physically, lack interest, stressful, lack skill)?</p> <p>Never__4 Rarely__3 Sometimes__2 Often__1 Always__0 Doesn't do own cooking__4</p>	<p>Seniors may have difficulties with meal preparation due to health, lack of motivation and/or lack of experience. This question aims to get a basic understanding of whether difficulties with cooking could be affecting their diet and whether they could benefit from community meal services.</p>	<ul style="list-style-type: none"> ● For guidelines on scoring value judgment questions refer to the "Note" in Part One. ● Seniors may find cooking to be a chore for physical reasons, psychological reasons, and/or financial reasons. You do not need to clarify why they find it to be a chore, but you can use the listed reasons as a prompt if needed. ● If they are having difficulties answering the question you could use probes such as "do you look forward to preparing your meals" or "do you try to make meals that are very simple and do not take a lot of time/effort?" ● If a senior is receiving Meals on Wheels as their main meal most days or attends Congregate Dining regularly (5-7 days/week) it is most appropriate to select "Doesn't do own cooking", and a note can be made beside the question.

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Shopping for Food

Question	Background for Question	Tips & Prompts (if needed)
<p>If you do your own grocery shopping, how often do you find it difficult (physically, lack transportation, poor weather, lack of interest, or stressful)?</p> <p>Never__4 Rarely__3 Sometimes__2 Often__1 Always__0 Doesn't do own shopping__4</p>	<p>Seniors may have difficulties with grocery shopping due to health, lack of motivation and/or lack of transportation. The question includes difficulties getting to the grocery store, difficulties getting around the store, and/or difficulties getting groceries home. This question aims to get a basic understanding of whether difficulties with shopping could be affecting their diet and whether they could benefit from community meal services.</p>	<ul style="list-style-type: none"> ● For guidelines on scoring value judgment questions refer to the "Note" in Part One. ● You do not need to clarify why they find it difficult, but you can use the listed reasons as a prompt if needed. ● Difficulties can vary from season to season, as many seniors have more difficulties during the winter months. You will need to take this into consideration. If they are currently not having difficulties, but it seems they do have difficulties during other times of the year "sometimes" or "often" should be selected. ● If a senior is finding the question hard to answer you may need to use prompts such as "are you able to go grocery shopping as often as you need to?" or "do you ever run out of food because you have difficulties getting to the grocery store?"



Weight Change

Question	Background for Question	Tips & Prompts (if needed)
<p>Has your weight changed in the past 6 months?</p> <p><input type="radio"/> LOST OR <input type="radio"/> GAINED</p> <p>WEIGHT HAS NOT CHANGED__4</p> <p>DOES NOT KNOW IF WEIGHT HAS CHANGED__0</p> <p>How much has your weight changed?</p> <p>More than 10 pounds__0 6-10 pounds__1 2-5 pounds__2 Less than 2 pounds__3</p>	<p>The weight change question is trying to get at unintentional weight change that poses increased nutritional and health risk.</p>	<ul style="list-style-type: none"> ● If a senior has lost or gained weight purposely (i.e. on doctor’s advice or to improve their health) mark the box corresponding to their weight change, but also make a note in the comments section. The score will not change, but the comments can help to interpret whether or not a referral is needed. ● Mark modest +/- 2 pounds (~1 kg) that continually fluctuates for some participants as “no change”. This is common and does not signify increased risk. ● Some seniors may have lost weight and then regained or vice versa in the past six months. Generally the change that has been most recent is recorded. However, if the person has lost (or gained) a large amount of weight (5- 10 pounds) in the past six months, but has re-gained (or re-lost) only a few (2-3 pounds), then chose the response with the lower score that indicates increased risk.

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Part Three: Interpreting the SCREEN[®] Score

Step 1	Calculate the Score.	<ul style="list-style-type: none"> ● If the SCREEN[®] was interview administered add up the score either manually or using a calculator and mark in the score box at the end of the SCREEN. It is best to do the addition a second time to ensure it is correct. ● If the SCREEN[®] was self-administered and the senior added up his/her score double check the addition.
Step 2	Interpret the overall score.	<ul style="list-style-type: none"> ● Scores can range from 0 to 60. The higher the score, the better the eating habits of the senior. ● Total Score greater than or equal to 50.....Senior is not at risk. Monitor. ● Total Score less than 50.....Refer to dietitian, physician and/or appropriate community supports as indicated in the Community Action Plan
Step 3	Interpret Individual "Trigger" questions.	<ul style="list-style-type: none"> ● If a senior has experienced a weight change, swallowing difficulties or poor appetite, he/she would benefit from a referral to a health care professional regardless of his/her overall SCREEN[®] score. ● If the senior scored 0 on the <i>weight change</i> question, he/she should be referred to Registered Dietitian or Physician. ● If the senior scored 1 or 0 on the <i>swallowing</i> question, he/she should be referred to Registered Dietitian or Physician. ● If the senior scored 1 or 0 on the <i>appetite</i> question, he/she should be referred to Registered Dietitian or Physician.

APPENDIX #4 - SAMPLE COMMUNITY ACTION PLAN (CAP)

The CAP guides referral and selection of educational resources for seniors identified to be at risk. The CAP links each nutrition themes on SCREEN[©] with services available in the community and relevant nutrition education resources. To avoid overwhelming the senior a maximum of two to three handouts is suggested. Click on <http://www.dietitians.ca/seniors/content/resources/index.asp> to locate educational resources on the Dietitians of Canada website.

SCREEN [©] Theme	Contributing Factors	If at risk refer to: Risk = overall score of <50	Possible Handouts: Score of 0 to 3 chose some of following handouts
Diet (foods limited)	<ul style="list-style-type: none"> ❶ Knowledge and Attitudes towards food and healthy eating ❷ Limited food skills ❸ Food intolerances ❹ Insufficient income ❺ Physical capabilities ❻ Lack of facilities and equipment for storage and preparation ❼ Accessibility to shopping or food delivery services ❽ Illness ❾ Changes in dental health 	Dietitian, Doctor	<ul style="list-style-type: none"> ❶ Information on Nutrition Counselling ❷ Dietitians of Canada Handouts- Senior Friendly Ideas for Healthy Eating - "Using Canada's Food Guide to Healthy Eating", #2 "Planning Meals, Variety and Balance" ❸ Manitoba Health "Canada 's Food Guide to Healthy Eating" and "Keeping Foods Safe".
Frequency of Eating	<ul style="list-style-type: none"> ❶ Knowledge and attitudes towards food and healthy eating ❷ Limited food skills ❸ Food intolerances/ Illness ❹ Insufficient income ❺ Lack of facilities and equipment for storage and preparation ❻ Accessibility to shopping of food delivery services 	Doctor, Dietitian, Meal Programs, Senior's Group, Senior's Community Health Services Information Line, Shop by Phone Grocery Services	<ul style="list-style-type: none"> ❶ Community Dining Handout ❷ Intake Brochure for Access for Continuing Care ❸ Dietitians of Canada Handouts- Senior Friendly Ideas for Healthy Eating "Cooking for one or two", "Ready-Made Meals" and "Emergency Food Shelf" ❹ Nutrition Matters: "A Fast Break in the Morning" ❺ Manitoba Health "Cooking for One or Two"

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SCREEN© Theme	Contributing Factors	If at risk refer to: Risk = overall score of <50	Possible Handouts: Score of 0 to 3 chose some of following handouts
Fruits and Vegetables	<ul style="list-style-type: none"> ❶ Illness ❷ Knowledge and attitudes towards food and healthy eating 	Dietitian, Doctor, Senior's Group (socialization), Meal Programs, Dentist, Grocery Store Information, Limited Income Grocery Assistance, Food Bank, Transportation, Access to Intake for Continuing Care, Community Gardens, Fruit & Vegetable Box	<ul style="list-style-type: none"> ❶ Information on Nutrition Counselling ❷ Intake Brochure for Access for Continuing Care ❸ Grocery store information ❹ Community Dining Flyer ❺ Information on Meal Programs ❻ Dietitians of Canada Handouts- Senior Friendly ❼ Ideas for Healthy Eating "Using Canada's Food Guide to Healthy Eating" or "Planning Meals: Fibre Facts" ❽ Nutrition Matters: "Fruit Juice or Fruit Drink- What's the Difference?", "Eat More Vegetables and Fruits", ❾ "Good Sources of Vitamin C", "Vitamin A"
Meat and Alternatives	<ul style="list-style-type: none"> ❶ Changes in dental health ❷ Knowledge and attitudes toward food and healthy eating ❸ Insufficient income for proper dental care ❹ Limited food skills ❺ Lack of facilities and equipment for food preparation 	Dietitian, Doctor, Meal Programs, Dentist, Senior's Group (socialization), Shop by Phone Grocery Services, Limited Income Grocery Assistance, Transportation	<ul style="list-style-type: none"> ❶ Grocery store information ❷ Information on Meal Programs ❸ Intake Brochure for Access for Continuing Care ❹ Dietitians of Canada Handouts- Senior Friendly Ideas for Healthy Eating "Cooking for one or two- Emergency Food Shelf", "Eating Alone, Meals Made Easy or " Shopping for one or two: on a budget with Canada's Food Guide to Healthy Eating"

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SCREEN© Theme	Contributing Factors	If at risk refer to: Risk = overall score of <50	Possible Handouts: Score of 0 to 3 chose some of following handouts
Milk and Foods Made with Milk	<ul style="list-style-type: none"> ❶ Illness ❷ Lack of facilities and equipment for storage and preparation ❸ Limited food skill ❹ Knowledge and attitudes toward food and healthy eating 	Dietitian, Doctor, Meal Programs, Senior's Group (socialization), Shop by Phone Grocery Services, Limited Income Grocery Assistance, Transportation	<ul style="list-style-type: none"> ❶ Information on Nutrition Counselling ❷ Intake Brochure for Access for Continuing Care ❸ Handouts on calcium and milk products ❹ Dietitians of Canada Handouts- Senior Friendly Ideas for Healthy Eating: "Meals, Variety and Balance" and "Planning Meals: Using Canada's Food Guide to Healthy Eating" ❺ Nutrition Matters "Best Buys in Milk Products" ❻ Manitoba Health "Keeping Your Bones Strong"
Fluid	<ul style="list-style-type: none"> ❶ Isolation ❷ Apathy and depression ❸ Accessibility to shopping or food delivery services ❹ Physical capabilities - ability to prepare foods ❺ Knowledge of food and healthy eating 	Doctor, Dietitian	<ul style="list-style-type: none"> ❶ Information on Nutrition Counselling ❷ Intake Brochure for Access for Continuing Care ❸ Handout on hydration ❹ Dietitians of Canada Handouts Senior Friendly Ideas for Healthy Eating: "Meals Using Canada's Food Guide to Healthy Eating" ❺ Manitoba Health "Drinking Fluids"
Chewing and Biting Food	<ul style="list-style-type: none"> ❶ Illness ❷ Physical capabilities ❸ Limited food skills ❹ Attitudes towards food and healthy eating ❺ Knowledge of food and healthy eating ❻ Lack of facilities and equipment for food preparation ❼ Changes in dental health ❽ Food intolerances ❾ Apathy and depression 	Dentist, Dental Hygenist, Dietitian, Meal Programs,	<ul style="list-style-type: none"> ❶ Information on Nutrition Counselling ❷ Intake Brochure for Access for Continuing Care ❸ Capital Health Region- Modifying Food Textures

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SCREEN© Theme	Contributing Factors	If at risk refer to: Risk = overall score of <50	Possible Handouts: Score of 0 to 3 chose some of following handouts
Swallowing Food	<ul style="list-style-type: none"> ❶ Illness ❷ Attitudes towards food and healthy eating ❸ Knowledge of food and healthy eating ❹ Food intolerances ❺ Apathy and depression 	A score of 1 or 0 results in a referral to a Doctor, Dietitian and/ or Speech Language Therapist (Dr. referral)	<ul style="list-style-type: none"> ❶ Information on Nutrition Counselling ❷ Intake Brochure for Access for Continuing Care
Eating Alone	<ul style="list-style-type: none"> ❶ Insufficient income to purchase food 	Meal Programs, Shop by Phone Grocery Services, Dietitian, Doctor, Seniors Group (socialization), Transportation	<ul style="list-style-type: none"> ❶ Information on Nutrition Counselling ❷ Intake Brochure for Access for Continuing Care ❸ Information on Meal Programs ❹ Grocery store information ❺ Dietitians of Canada Handouts- Senior Friendly Ideas for Healthy Eating: "Shopping and Cooking for one or two", " Eating Alone" ❻ Nutrition Matters "Dining Out" "Fast Break in the Morning" ❼ Manitoba Health "Improving Your Appetite" ❽ "The Senior Chef (cookbook)- Cooking for One or Two" order form
Meal Replacements/ Drink Supplements	<ul style="list-style-type: none"> ❶ Physical capabilities ❷ Limited food skills ❸ Illness ❹ Knowledge and attitudes towards food and healthy eating ❺ Lack of facilities and equipment for food preparation ❻ Stress ❼ Personal interest or lack thereof ❽ Apathy and depression 	Doctor, Dietitian, Dentist, Meal Programs, Senior's Groups (socialization), Shop by Phone Grocery Services	<ul style="list-style-type: none"> ❶ Information on Nutrition Counselling ❷ Intake Brochure for Access for Continuing Care ❸ Information on Meal Programs ❹ Community Dining Flyer ❺ Grocery store information ❻ Manitoba Health pamphlet "Improving Your Appetite"

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SCREEN© Theme	Contributing Factors	If at risk refer to: Risk = overall score of <50	Possible Handouts: Score of 0 to 3 chose some of following handouts
Appetite	<ul style="list-style-type: none"> 101 Physical capabilities 102 Illness 103 Stress 104 Transportation difficulties 105 Personal interest or lack thereof 106 Changes in physical capabilities 107 Limited income 108 Apathy and depression 	<p>Doctor, Dietitian</p> <p>* A score of 0 or 1 results in a referral to either or the above professionals.</p>	<ul style="list-style-type: none"> 101 Information on Nutrition Counselling 102 Intake Brochure for Access for Continuing Care 103 Information on Meal Programs 104 Information on Seniors groups 105 Community Dining Flyer 106 Dietitians of Canada Handouts- Senior Friendly Ideas for Healthy Eating: "Cooking for One or Two: Easy Meals to Make", "Eating Alone" 107 Manitoba Health pamphlet "Improving Your Appetite"
Money for Food	<ul style="list-style-type: none"> 101 Illness 102 Change in appetite 103 Changes in physical capability - unable to prepare food 104 Limited income 105 Knowledge and attitudes towards food and healthy eating 106 Lack of knowledge or skills concerning health challenges 	<p>Meal Programs, Social Services, Limited Income Grocery Assistance</p>	<ul style="list-style-type: none"> 101 List of Food Banks and when open 102 Information on Meal Programs 103 Grocery store information 104 Dietitians of Canada Handout- Senior Friendly Ideas: 105 for Healthy Eating: "Shopping for One or Two: On a Budget".
Cooking	<ul style="list-style-type: none"> 101 Physical capabilities 102 Limited food skills 103 Illness 104 Knowledge and attitudes towards food and healthy eating 105 Lack of facilities and equipment for food preparation 106 Stress 107 Personal interest or lack thereof 108 Apathy and depression 	<p>Dietitian, Doctor, Meal Programs, Shop by Phone Grocery Services, Homemaker Services, Senior's Group (socialization), Meals on Wheels, Private Meal Service, Diner's Club</p>	<ul style="list-style-type: none"> 101 Information on Nutrition Counselling 102 Intake Brochure for Access for Continuing Care 103 Information on Meal Programs 104 Grocery store information 105 Community Dining Flyer 106 Dietitians of Canada Handout- Senior Friendly Ideas for Healthy Eating: "Cooking for One or Two: Meal Preparation Made Easy", "Easy Meals to Make", "Ready-made Meals", "Eat Well, Live Well for a Lifetime" 107 Nutrition Matters "Tips for Low Fat Cooking" 108 Manitoba Health "Cooking for One or Two"

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SCREEN© Theme	Contributing Factors	If at risk refer to: Risk = overall score of <50	Possible Handouts: Score of 0 to 3 chose some of following handouts
Grocery Shopping	<ul style="list-style-type: none"> ☉ Physical capabilities ☉ Illness ☉ Stress ☉ Transportation difficulties ☉ Personal interest or lack thereof ☉ Changes in physical capabilities ☉ Limited income ☉ Apathy and depression 	Dietitian, Rehabilitation Therapist, Meal Programs, Shop by Phone Grocery Services, Transportation Service	<ul style="list-style-type: none"> ☉ Intake Brochure for Access for Continuing Care ☉ Information on Meal Programs ☉ Grocery store information ☉ Dietitians of Canada Handouts- Senior Friendly Ideas for Healthy Eating: “ Shopping for One or Two”, “Planning, On a Budget” ☉ Manitoba Health “Grocery Shopping List”
Weight Change	<ul style="list-style-type: none"> ☉ Illness ☉ Change in appetite ☉ Changes in physical capability - unable to prepare food ☉ Limited income ☉ Knowledge and attitudes towards food and healthy eating ☉ Lack of knowledge or skills concerning health challenges 	Doctor or Dietitian (A score of 0 results in a referral to one of the above) professionals, Meals on Wheels, Private Meal Service	<ul style="list-style-type: none"> ☉ Information on Nutrition Counselling ☉ Intake Brochure for Access for Continuing Care ☉ Nutrition Matters: “Smoking if You Quit Will You Gain?” “Freedom from Dieting” ☉ Manitoba Health pamphlet “How to Gain Weight” or “How to Lose Weight (as appropriate) or Helpful Hints for Active Living”

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APPENDIX #5 - SAMPLE COMMUNITY CONTACTS AND REFFERALS

Information on community services and referrals is used with the Community Action Plan (Appendix #4) to link seniors identified to be at risk with appropriate services to meet their nutritional needs.

Service	Agency/ Organization/Health Professional	Phone Number	Contact Person	Description Of Services& Referral Protocol
Meal Programs	Meals on Wheels	Phone #	Name of Contact Person	Hot meal includes soup, entrée, dessert, bread (11:00-12:30) 7day/wk Sandwiches, milk can also be delivered. Fee for service
	Congregate/ Community Dining	Phone #	Name of Contact Person	For each service list the day of the week, the meal(s), hours of operation, cost of the meal, address or location, and transportation if available
	Private Meal Service	Phone #	Name of Contact Person	25 Frozen entrees, 13 soups, 18 desserts delivered on Tuesday.
	Fruit & Vegetable Box	Phone #	Name of Contact Person	Pre-cut fruit and vegetable basket-delivered every 2 weeks Cost.....

APPENDIX #6 - REVIEW CRITERIA FOR NUTRITION EDUCATION RESOURCES FOR SENIORS USED BY BNSS

The criteria in the following chart allow individuals to assess nutrition education resources using consistent criteria. The score and comments can help you determine whether you will use the resource in your community.

Review Criteria	Score 1= low agreement 5= high agreement	Comments
Authority <ul style="list-style-type: none"> ● The source or authorship is clearly identified ● Author has professional qualifications, related to topic; organization is providing information within its area of expertise ● Advisory notice is present that conveys idea that health information should not be taken as health advice and is not a substitute for consultation with a health professional 		
Credibility <ul style="list-style-type: none"> ● Content is accurate and current ● Claims/statements are supported by current evidence ● Date of creation is included 		
Canadian <ul style="list-style-type: none"> ● Content is consistent with Canadian healthy eating principles e.g. Canada's Guidelines for Healthy Eating; Canada's Food Guide to Healthy Eating ● Content/approach is appropriate for Canadian environment 		

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Review Criteria	Score 1= low agreement 5= high agreement	Comments
Relevance <ul style="list-style-type: none">Content is appropriate for intended audienceContent enables user to make decisions/ take action		
Objectivity <ul style="list-style-type: none">Content is independent of product promotionInformation is presented in professional manner; not sensational/ emotional/ alarmist		
Clarity <ul style="list-style-type: none">Content is clear/ easy to understand and followContent does not mislead or distort the role of a specific food/ nutrient/ eating pattern		
Presentation <ul style="list-style-type: none">Format (design, layout, font size/ style, colour) is appropriate for intended audienceLanguage is easy to understand		
	Total Score	Key Comments

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APPENDIX #7 - SAMPLE INTERVIEW QUESTIONS FOR EVALUATION

A. Questions for Seniors

Objectives: To determine seniors' perceptions of nutritional risk, the screening process, benefits of participating in screening and availability and appropriateness of nutrition and food-related services for seniors in the community.

1. Do you think that what you eat influences your health?
2. Did the 15 questions you were asked about your eating habits help you to identify problems with your eating and nutrition? Why or why not?

Seniors who accept referral:

3. a) Because you were identified to have some concerns with eating and nutrition, you were referred to name of service. Did you contact/use this service? Did you find name of service to provide you with what you needed? How did they help you? Would you recommend name of service to your friends if they needed help? Why or why not? Did you have any problems with name of service (e.g. barriers to access, time from referral to receipt of service etc)(Repeat for each service referred).

b) Has your eating or nutrition changed since you went through the nutrition screening and received _____ services? If yes, in what way? (This question can be made specific to SCREEN© items)

or

Seniors who refuse referral:

3. Because you were identified to have some concerns with eating and nutrition, you were offered the opportunity for a referral. You indicated that you did not wish a referral at this time. It would be helpful for us to know why you did not wish a referral. Please explain the reasons for your response:
4. We provided you with information on _____. Do you still have the information? Did you read the information? Did you find the information useful? (Repeat these questions for each pamphlet or nutrition education resource provided.)
5. Do you need more help with shopping, cooking or meals than you presently receive? Why or why not?
6. What services would you like to see in this community to help seniors eat better and improve their health?



B. Questions for SCREEN© Administrator and Service Providers

Objectives: To determine SCREEN© Administrator and Service Providers perceptions of the nutrition screening initiative, benefits and challenges of nutrition screening and availability and appropriateness of nutrition and food-related services for seniors in the community.

1. Describe the nutrition screening, referral and follow-up process in this setting. Were there specific challenges in screening this group of seniors?
2. Do you have suggestions to improve the screening, referral and follow-up process for the future?
3. Comment on the training you received for SCREEN© Administration. What might you change in future training for SCREEN© Administrators?
4. Taking into consideration the many health concerns of seniors, do you think that nutrition is important? Yes ____, No ____ . Please explain your response:
5. Did the nutrition screening help you to focus interventions for seniors identified to be at risk? Yes ____, No ____ . If not, what would you suggest to improve the screening/referral process:
6. Would you like to see the nutrition screening program continue? Yes ____, No ____ . Why or why not?
7. What, in your opinion are the benefits, of nutrition screening to seniors and service providers in this community?
or.....There are no benefits ____
8. What services are presently not available in this community that could be used to support the nutritional needs of seniors?
9. How could current services be modified to meet the nutritional needs of seniors?
10. What do you think are barriers to seniors receiving services in this community?



TEMPLATE #1 - NUTRITION SCREENING PROTOCOL WORKSHEET

Community site for nutrition screening:

Dates for nutrition screening:

Which seniors will be approached to participate in nutrition screening?

Anticipated number of seniors to be screened:

Nutrition Screening Step	By Whom	When
Explain the purpose of nutrition screening and complete the consent form with the seniors.		
Completed demographic information, Part A, of the Nutrition Service Record (NSR).		
Explain and assist the senior with the completion of SCREEN [©] .		
Check the SCREEN [©] score and transfer the information from SCREEN [©] to Part B of the NSR ¹ .		
Inform participating seniors of the results of SCREEN [©] and provide them general nutrition information.		
Complete the referral with seniors identified to be at risk and provide them with nutrition information appropriate to their nutritional needs; Record referral information on Part C of the NSR ² .		
Follow the seniors who are referred through the process and record follow-up information Part C of the NSR ³ .		
Assure the consent form, completed SCREEN [©] questionnaire and NSR are stored in a secure place		
Collate NSR information and report it to the community partnership ⁴ .		

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Procedures for assuring confidentiality of SCREEN information:

1. How will SCREEN© and NSR information be stored?
2. How will SCREEN© information be transferred for referral?
3. How will SCREEN© be transferred from the community site to the community partnership?

Footnotes and Tips:

1. It is important to double check the SCREEN© score and information recorded on the NSR for completeness and accuracy. Seniors may wish to keep their completed SCREEN© questionnaire. Immediately transferring information and double checking for accuracy will enable this.
2. For continuity, it is preferable that the same individual completes screening, referral and follow-up with the seniors.
3. Follow-up generally occurs 2 to 4 weeks after referral and helps to assure that referral services have been accessed and provide further support.
4. Results of nutrition screening may be collated at the community site or centrally. Before NSRs are transferred to a central location, identifying information such as the senior's name and phone number should be removed. For record keeping purposes, participating seniors may be assigned an ID number. ID numbers can be recorded in a list along with the names of participating seniors and their phone numbers. This list is kept at the community site.



TEMPLATE #2 – CONSENT FORM FOR SENIORS

I understand that my agreement to participate in nutrition screening is voluntary and involves the following:

1. I will be asked to complete 15 questions regarding what I am eating, weight changes and other behaviours that may influence food intake.
2. My responses to these questions will be calculated to determine if I am at nutritional risk.
3. If I am found to be at nutritional risk I will be referred, following consultation with a nutrition screening administrator, to a nutrition service in the community.
4. To facilitate referral my results from nutrition screening may be released to nutrition services that I am referred to. This information will be kept confidential.
5. Approximately (#) weeks after referral I will be contacted by (name of person doing the follow-up) for a follow-up.
6. Information from the nutrition screening, referral and follow-up interviews will be used to evaluate results of nutrition screening for seniors in my community. This information will be anonymous with personal identifiers blackened out.
7. I am free to withdraw my consent at any time during the project without affecting my participation in any community services.

I agree to participate in nutrition risk screening as outlined by the above terms. In signing this consent I agree to release of my results on SCREEN[©] to agencies I am referred to. I also agree to have my information released anonymously for community evaluation of nutrition screening.

Signed by _____ Date _____



TEMPLATE #3 - NUTRITION SERVICE RECORD: INTERVIEW ASSISTED SCREEN©

Name of Community Site: _____

Participant ID # _____

No risk, pamphlets provided _____

Participant Name:

Phone#:

(The name and contact number will be blacked out before submission for central evaluation)

Part A - Participant Information:

Gender: (circle) M F

Age: _____ years

Ethnicity: (specify)

Language used to complete SCREEN©: English French Other: _____

Was an interpreter required to assist completion of SCREEN© (circle): yes no

Lives: (circle) Alone With Spouse With Children With Others

Education Level: Primary Some Graduated University/ Other: _____
(circle) or less High School High School College

Is the participant already receiving nutritional care from a Dietitian or a Physician: yes no

Is the participant involved in other nutrition or food related services (e.g. MOW, assisted shopping, congregating dining) in the community. Please list these services:

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Part B - SCREEN[©]

Fill in the score for each question. For questions 9, 13, and 14, note if a score of "4" relates to "don't eat alone", "don't cook" or "don't shop". Note referral for trigger questions: 8, 11, and 15. For question 15, note if the weight change is a gain or loss.

Q1 _____	Q6 _____	Q11 _____ (appetite)
Q2 _____	Q7 _____	Q12 _____
Q3 _____	Q8 _____ (swallowing)	Q13 _____ Don't Cook _____
Q4 _____	Q9 _____ Doesn't eat alone _____	Q14 _____ Don't Shop _____
Q5 _____	Q10 _____	Q15 _____ Weight Loss _____ or Gain _____
		Doesn't know if weight has changed _____

Total SCREEN[©] Score: _____ **At risk (SCREEN[©] < 50 or Triggers):** yes no

Screen completed by:

Name: _____

Phone #: _____

Referral Note:

All seniors with a total SCREEN[©] score of less than 50 or a score of "1" or "0" on any of the trigger questions are offered referral unless they are already receiving all appropriate services available or cannot be contacted. An offer of referral constitutes a link with any service identified on the Community Action Plan that the participant is not currently receiving. Some seniors may accept some referrals and refuse others. In this case answer both b) and c) and explain.

a) _____ Participant identified to be at risk but not offered referral. Please explain why (e.g. already receiving service, fall, hospitalized etc.):

b) _____ Participant offered referral but refused? Please explain the reason for refusing referral:

c) _____ Participant offered referral and accepted. Please list referral services accepted in Part C.

Has this screening process been helpful or useful to the senior (i.e. increased awareness of nutrition problems)? Please explain:

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Part C - Community Action Plan For Referral And Follow-Up

Participant ID # _____

Consultation & Referral		Follow-up Interview Participant contacted for a follow-up interview: yes no Refused interview: _____ If not contacted, please indicate why not (e.g. not available, fall, hospitalized, other....):				
Services Referred To (see below)	Referral Date dd/mm/yy	Services Accessed (please check)	Date First Accessed dd/mm/yy (If not accessed, why not?)	# Times Service Accessed	Are you still using this service? If not, why not?	Did you experience any difficulties in accessing this service? Please explain....
Referral completed by: Date:		Do you think your eating and nutrition have improved since you went through nutrition screening and received services? Yes No Explain: What other services would you like to see in this community to help seniors eat better and improve their health? Other comments: Follow-up completed by: Date:				

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TEMPLATE #4 - NUTRITION SERVICE RECORD: SELF ADMINISTERED SCREEN©

Name of Community Site : _____

Participant ID # _____

No risk, pamphlets provided _____

Participant Name:

Phone#:

(The name and contact number will be blacked out before submission for central evaluation)

Part A - Participant Information:

Gender: (circle) M F

Age: _____ years

Ethnicity: (specify)

Language used to complete SCREEN©: English French Other: _____

Was an interpreter required to assist completion of SCREEN© (circle): yes no

Lives: (circle) Alone With Spouse With Children With Others

Education Level: Primary Some Graduated University/ Other: _____
(circle) or less High School High School College

Is the participant already receiving nutritional care from a Dietitian or a Physician: yes no

Is the participant involved in other nutrition or food related services (e.g. MOW, assisted shopping, congregate dining) in the community. Please list these services:

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Part B - SCREEN©

Fill in the score for each question. For questions 10, 14, and 15, note if a score of "4" relates to "doesn't eat alone", "doesn't cook" or "doesn't shop". Note referral for trigger questions 1, 9, and 12. Question 1, note if the weight change is a gain or loss.

Q1 ____ (weight change) Loss ____ Gain ____ Doesn't know weight ____

Q2 ____

Q7 ____

Q12 ____ (appetite)

Q3 ____

Q8 ____

Q13 ____

Q4 ____

Q9 ____ (swallowing)

Q14 ____ Doesn't cook ____

Q5 ____

Q10 ____ Doesn't eat alone ____

Q15 ____ Doesn't shop ____

Q6 ____

Q 11 ____

Total SCREEN© Score: _____ At risk (SCREEN© < 50 or Triggers): yes no

Referral Note:

All seniors with a total SCREEN© score of less than 50 or a score of "1" or "0" on any of the trigger questions are offered referral unless they are already receiving all appropriate services available or cannot be contacted. An offer of referral constitutes a link with any service identified on the Community Action Plan that the participant is not currently receiving. Some seniors may accept some referrals and refuse others. In this case answer both b) and c) and explain.

a) ____ Participant identified to be at risk but not offered referral. Please explain why (e.g. already receiving service, fall, hospitalized etc.):

b) ____ Participant offered referral but refused? Please explain the reason for refusing referral:

c) ____ Participant offered referral and accepted. Please list referral services accepted in Part C.

Has this screening process been helpful or useful to the senior (i.e. increased awareness of nutrition problems)? Please explain:

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Part C - Community Action Plan For Referral And Follow-Up

Participant ID # _____

Consultation & Referral		Follow-up Interview Participant contacted for a follow-up interview: yes no Refused interview: _____ If not contacted, please indicate why not (e.g. not available, fall, hospitalized, other....):				
Services Referred To (see below)	Referral Date dd/mm/yy	Services Accessed (please check)	Date First Accessed dd/mm/yy (If not accessed, why not?)	# Times Service Accessed	Are you still using this service? If not, why not?	Did you experience any difficulties in accessing this service? Please explain....
Referral completed by: Date:		Do you think your eating and nutrition have improved since you went through nutrition screening and received services? Yes No Explain: What other services would you like to see in this community to help seniors eat better and improve their health? Other comments: Follow-up completed by: Date:				

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Partners in this project:

Lead agency

List names of partners

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Acknowledgement of funder



If you are interested in learning more about nutrition screening please contact:



Project Coordinator:

Phone Number:

Email Address:

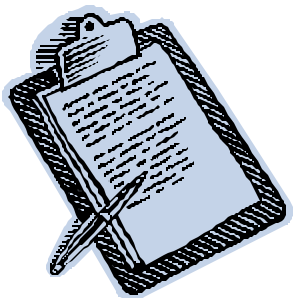
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**BRINGING
NUTRITION
SCREENING
TO SENIORS
IN**

**Name of
community**

What is SCREEN©?



SCREEN© is a questionnaire to find out if a senior has a nutrition problem or is at risk at developing one.

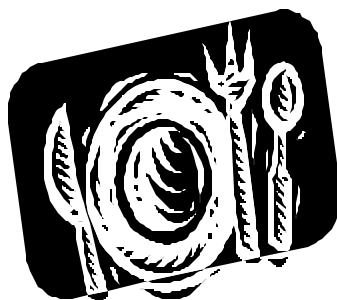
SCREEN© has 15 questions that check for changes in food and eating habits. Examples are changes in appetite, weight loss, eating alone, difficulties chewing food, trouble with shopping etc.

How does SCREEN© work?

After answering the questions on SCREEN©, seniors will receive information about their nutrition questions and concerns.

Seniors may also receive information about, or referral to community services such as:

- **Grocery delivery for seniors unable to pick up groceries**
- **Meals on Wheels for seniors having difficulty making meals**



Nutrition screening will be available at:

(Name of community program and address.)

Date:

Time:

Participation in nutrition screening is voluntary. All information from nutrition screening will be confidential.

Nutrition screening can help seniors eat well. Information from nutrition screening will also be used to help improve nutrition services to seniors living in (name of community)



TEMPLATE #6 – BRINGING NUTRITION SCREENING TO SENIORS IN CANADA LOGO

The BNSS logo incorporates key elements of a community-based ethical nutrition screening initiative. The rainbow reflects Canada's Food Guide to Healthy Eating and the importance of nutrition to the health and well-being of seniors. The people with joined hands and circular shape symbolize the connectedness, energy and collective strength of working together in a nutrition screening initiative. The openness of the logo is a reminder of the need for creativity, flexibility and a positive outlook towards expanding BNSS in communities in the interests of improving nutrition and quality of life of seniors.

1.



2.



3.



**Bringing Nutrition
Screening to Seniors**