

Nutrition Screening in Your Community:

Nutrition Screener Training

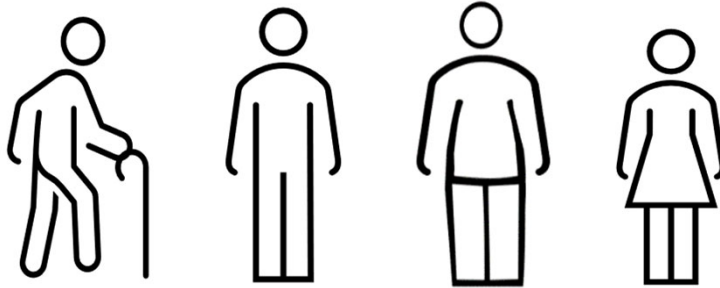
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Many factors play a role in putting older adults at risk of poor nutrition. Care providers who are aware of the signs and screen for nutrition risk can help older adults access resources and referrals to improve their risk and reduce consequences.

Welcome to Nutrition Screening in Your Community: Training for Nutrition Screeners.

Nutrition risk in older adults



Nutrition risk means there is a chance of developing health issues or diseases that may affect physical functioning. These complications can lead to serious health problems. Health concerns include muscle and bone loss, delayed wound healing, lower ability to fight infection, slower walking speed and strength, and a decline in health and strength which can make it harder to do tasks independently (like walk, dress, bathe).

Importance of nutrition screening

- Malnutrition can cause poor health outcomes
- Treatment may improve malnutrition and health outcomes
- **Malnutrition is common** in community settings and often **goes unidentified and undiagnosed**

Best Practice:

Screen to identify nutrition risk in **all settings**, regardless of health status

What **is** malnutrition?

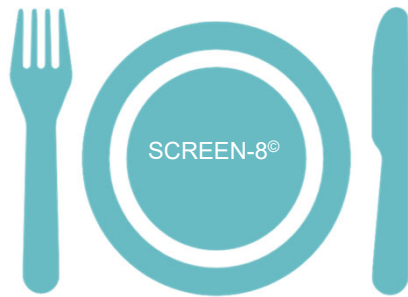
Malnutrition is a condition that occurs when people do not get enough nutrition from what they eat or drink. Malnutrition may result from a prolonged poor appetite or from disease that requires more nutrients than are available by the body, such as cancer, dementia, or chronic obstructive pulmonary disease also known as COPD.

Malnutrition does not discriminate; it affects all ages, all body sizes, and people in all care settings including at home.

Not getting enough nutrition puts someone at nutrition risk.

Identifying and treating malnutrition can improve health outcomes. Nutrition screening in the community is a way to identify risk factors to prevent malnutrition from developing, or in the case of high-risk older adults, from being worse. Malnutrition in the community often goes undetected. Best practice is to screen all older adults regardless of health status or setting.

Nutrition screening



Seniors in the
Community:
Risk
Evaluation for
Eating and
Nutrition

SCREEN is a validated nutrition screening tool for use with community-dwelling older adults created by Dr. Heather Keller. It has been designed to be administered by a health professional, community volunteer, or can be done by the older adults themselves.

It is easy to do and only takes 5–10-minutes. It identifies nutrition problems early on, or “upstream”.

SCREEN can be used to identify those who need nutrition education, community resources, or a comprehensive assessment to determine the extent of their nutrition concerns, and to diagnose malnutrition.

Nutrition Services recommends asking two additional questions. One question to screen for financial strain and another question to ask about food access such as their ability to get groceries.

Role of nutrition screeners

- Assess **food** and **eating behaviors**
- Determine nutrition risk
- Build awareness and understanding
- Screen in-person or by telephone
- Available in English and French

Target population: Community-dwelling older adults

The role of the nutrition screener is to ask and clarify any questions to help assess food and eating behaviours, add up the final score to determine nutrition risk, assist the older adult with understanding what their score means, provides the older adult with educational resources, and helps them obtain referrals, as needed.

The intended population for SCREEN8 are community-dwelling older adults aged ≥ 65 ; however adult over 55+ can also be screened. An older adult is considered community-dwelling if they are responsible for getting at least two meals a day on their own.

SCREEN8 items rely on the older adult's memory and their perceptions in order to assess their nutrition risk. If you are concerned that the older adult is not a reliable informant (for instance if they have some memory problems), completion by a care partner or a proxy on behalf of an older adult can be done if they are very familiar with the daily activities and behaviours of the older adult.

Using SCREEN-8[©]

Step 1: Briefly explain what nutrition screening is.

Step 2: Inform the client about confidentiality and obtain consent to conduct SCREEN-8[©].

We recommend the following 5 steps when doing nutrition screening

Step 1: Tell the older adults that you are completing the SCREEN8 questionnaire to learn about their eating habits and factors that impact them. Explain that the results will be used to help determine if they might benefit from education about food and eating behaviors, community services, or referrals to other healthcare professionals.

Step 2: Assure the older adult that you will keep their responses and results private. Obtain verbal consent to do nutrition screening. Ask them if they have any questions or concerns before starting. Reassure them about any areas of uncertainty before beginning.

Using SCREEN-8[©]

- Step 1:** Briefly explain what nutrition screening is.
 - Step 2:** Inform the client about confidentiality and obtain consent to conduct SCREEN-8[©].
 - Step 3:** Perform SCREEN-8[©].
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Step 3: Nutrition screening should be done by a healthcare provider, outreach worker, or trained screener rather than done by the older adult themselves. Remind the older adult to choose only one answer for each question. Read the question slowly, and provide each potential response. If there are any doubts about an answer, **choose the response that has a lower score**. Aim to complete the entire questionnaire before discussing resources/strategies.

Using SCREEN-8[©]

- Step 1:** Briefly explain what nutrition screening is.
 - Step 2:** Inform the client about confidentiality and obtain consent to conduct SCREEN-8[©].
 - Step 3:** Perform SCREEN-8[©].
 - Step 4:** Tally the score and explain results.
 - Step 5:** Refer to the appropriate resources and services. Obtain consent to refer between programs.
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Step 4: If using a paper copy of the SCREEN8, add up the score. Double check for accuracy. Find which category of nutrition risk their score places them in. Explain results to the older adult (there is a brief script included on questionnaire to help you).

Step 5: Using the tool Making SCREEN8 Happen: Referrals and Resources, identify appropriate resources and services based on their answers scoring ≤ 2 , prioritized by the question. Provide resources if the older adult is interested. Obtain consent before referring to outside services.

Nutrition Screener: Training

Total Score: 0

0-21	High Risk	Based on your answers today, we have identified a high nutrition risk. This means that you are at a greater risk of developing health problems related to your nutrition. I would like to offer you a referral to a dietitian (and/or other appropriate referral) to address your specific risk factors and help prevent malnutrition. Malnutrition is a health condition that comes from not getting enough nutrition that your body needs. Benefits of good nutrition include: more energy, stronger muscles, lower chance of getting sick but quicker recovery if you do, and shorter hospital stays.
22-37	Moderate Risk	Based on your answers today, you may be at nutrition risk. This means that you are at a greater risk of developing health problems related to your nutrition. I would like to offer you some resources and supports that can address your specific risk factors and help prevent malnutrition. Malnutrition is a health condition that comes from not getting enough nutrition that your body needs. Benefits of good nutrition include: more energy, stronger muscles, lower chance of getting sick, but quicker recovery time if you do, and shorter hospital stays.
> 38	Low Risk	Based on your answers today, you are at low nutrition risk. This means that you are at a low risk of developing health problems related to your nutrition. I would like to offer you some resources and supports to help you stay healthy.

The next 2 questions are about barriers to getting healthy food. This information can help me connect you to community supports or benefit programs if needed.


9. How much money you have to buy food affects your nutrition. Is it ok if I ask you about your financial situation? *If no, go to next question.*
Do you ever have difficulty making ends meet at the end of the month? Yes or No

10. When physical mobility and transports are limited, it can be hard to get healthy foods.
Do you have difficulty getting your groceries? Yes or No

Referrals (check all that apply): Referral declined

<input type="checkbox"/> Dietitian	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Primary Care Network	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Physician	<input type="checkbox"/> *Staying Strong and Healthy as We Age' virtual group class
<input type="checkbox"/> Home Care	<input type="checkbox"/>
<input type="checkbox"/> Denturist	<input type="checkbox"/>

Handouts & webpage links provided (if appropriate):
 Select
 Select



(Feb. 2023)

Added questions:

Financial strain

Food access

Purple text: Prompts and tips for nutrition screeners

The original SCREEN8 has been modified with permission with the addition of questions 9 and 10. One question to screen for financial strain and another question to ask about food access, specifically their ability to get groceries. These questions are not scored so not to invalidate the questionnaire. However, you will be coached for how to incorporate the responses into the assessment.

Several questions on SCREEN8 require judgment responses such as rarely or sometimes. These are defined for you and prompting questions have been added directly to your questionnaires (in purple).

At the bottom of the SCREEN-8 a section has been added to allow the nutrition screeners to document if a referral or resources are desired by the client, and if so, what was provided.

Now we'll learn about each question on SCREEN8.

Question 1

1. Has your weight changed in the past 6 months? (Net weight loss; 1 kg = 2.2 pounds)
- 0 Yes, I gained more than 10 pounds
 - 2 Yes, I gained 6–10 pounds
 - 4 Yes, I gained about 5 pounds
 - 8 No, my weight stayed within a few pounds (Within 3 pounds)
 - 4 Yes, I lost about 5 pounds
 - 2 Yes, I lost 6–10 pounds
 - 0 Yes, I lost more than 10 pounds
(Net weight lost lbs.)
 - 0 I don't know how much I weigh or if my weight has changed (Do your clothes fit differently?)

Net weight change:

- Trend or pattern
- Intentional

Question 1: Has your weight changed in the past 6 months?

This question is trying to assess any weight change that may increase the older adult's nutrition and health risk.

For this question, here are some scoring tips:

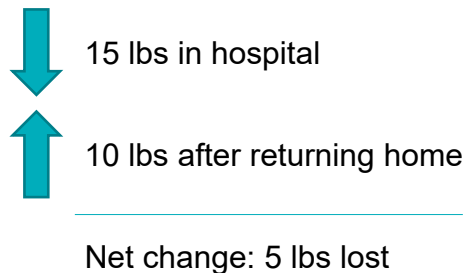
- Record the **most recent** weight change.
- If the older adult's weight fluctuates by about 3 pounds, mark **"no"**.
- If the older adult has lost or gained a large amount of weight (like 5-10 pounds) in the past 6 months, but then re-gained or re-lost only a few (about 3 pounds), calculate the net gain or loss to help you select a response.
It may be helpful to give the client a reference time of 6 months ago. For instance, a prompting question could be, "has your weight changed since October?" and so on.

For the response: Yes, I lost more than 10 pounds – encourage a referral to dietitian. Indicate in the referral if their weight is continuing to go down or if the weight loss has been intentional. Unintentional weight loss indicates a higher risk, but is scored the same on the SCREEN.

Example: Weight change

Determining net weight change if experienced loss and regain:

Has your weight changed in the past 6 months?



Net weight change is the overall change in weight from the starting point.

Question 1 may require you to calculate the net weight change of the older adult. For example:

If the older adult tells you that when they were in the hospital 2 months ago, they lost 15 lbs.

Since they have been home this past month, they have regained 10 lbs.

15 lbs lost subtract 10 lbs gained equals a net or overall weight change of 5.

The net difference is 5 lbs lost. This number would be used to answer question 1.

Question 1

1. **Has your weight changed in the past 6 months?** (Net weight loss; 1 kg = 2.2 pounds)
- 0 Yes, I gained more than 10 pounds
 - 2 Yes, I gained 6–10 pounds
 - 4 Yes, I gained about 5 pounds
 - 8 No, my weight stayed within a **few** pounds (Within 3 pounds)
 - 4 Yes, I lost about 5 pounds
 - 2 Yes, I lost 6–10 pounds
 - 0 Yes, I lost more than 10 pounds
(Net weight lost 5.0 lbs :.)
 - 0 I don't know how much I weigh or if my weight has changed (Do your clothes fit differently?)

The net difference is 5 lbs lost. This number would be used to answer question 1.

As you go through the remaining questions, continue to use the prompts and tips written in purple.

Question 2

2. Do you skip meals?

- 8 Never or rarely (Once a week or less; grazing meal pattern)
- 6 Sometimes (2–4 times each week)
- 4 Often (5–6 times each week)
- 0 Almost every day (At least daily; includes having only 2 meals each day)

Consider:

- Usual pattern or new for them?
- Meals **and** snacks

Question 2: Do you skip meals?

The question asks how frequently the older adult eats in order to provide you clues about the adequacy of what they usually eat and drink.

Ask them to think about their **usual** eating pattern. **This includes meals and snacks.**

For SCREEN, three meals a day is often considered a usual number people eat –if the older adult typically only eats 2 meals a day, you would record it as skipping meals “almost every day”.

If the older adult usually grazes, or eats small amounts throughout the day, rather than eat regular meals, you would record that they “rarely” skip meals.

“**Rarely**” means once a week or less;

“**Sometimes**” means 2-4 times a week;

“**Often**” means 5-6 times a week;

“**Almost every day**” means at least daily.

Question 3

3. How would you describe your appetite?
- 8 Very good
 - 6 Good
 - 4 Fair (Sometimes do not feel like eating at mealtime)
 - 0 Poor (Often do not feel like eating at mealtime)

For more details, ask your client:

- Do you ever feel like not eating with it is mealtime?
- Does your desire to eat go up and down?



Question 3: How would you describe your appetite?

This question aims to determine the older adult's usual appetite.

For this question, here are some scoring tips:

- Some older adults may respond “it’s not as good as it used to be”; encourage them to choose between “**good**”, “**fair**”, or “**poor**”.
- If their appetite fluctuates, select a lower score, especially if the older adult expresses that it has affected their desire to eat.

For more details, ask the older adult:

“Do you ever feel like not eating when it is mealtime?” You can let them know that if this sometimes happens to them, their appetite may be classified as fair. If this often happens to them, their appetite may be poor.

Ask, “Does your desire to eat go up and down?” Let them know that if this sometimes happens to them, their appetite may be fair. If this often happens to them, their appetite may be poor.

Question 4

4. Do you cough, choke, or have pain when swallowing food or fluids?

- 8 Never
6 Rarely (Once a week or less)
4 Sometimes (2-4 times a week)
0 Often or always (5-6 times a week or at least daily)

Consider:

- You may need to ask the question separately:
 - “Do you cough when swallowing food or fluids?”
 - “Do you choke when swallowing food or fluids?”
 - “Do you have pain when swallowing food or fluids?”
- **Does not include** pain or coughing with pills or illness



Question 4: Do you cough, choke, or have pain when swallowing food or fluids?

This question helps determine if the older adult needs a swallowing assessment. Swallowing difficulties can be assessed by a healthcare professional and managed.

You may need to ask each part of the question separately:

- “Do you cough when swallowing food or fluids?”
- “Do you choke when swallowing food or fluids?”
- “Do you have pain when swallowing food or fluids?”

“**Rarely**” means once a week or less;

“**Sometimes**” means 2-4 times a week;

“**Often**” means 5-6 times a week;

“**Always**” means at least daily.

This question **does not** include difficulty swallowing pills or coughing due to a cold.

Question 5

5. How many pieces or servings of vegetables and fruit do you eat in a day?
Can be canned, fresh, or frozen. (1 serving = med. size fruit, ½ cup of veg/fruit, or 1 cup salad)
- 4 5 or more
3 4
2 3
1 2
0 Less than 2

For gather more details:

- Ask about vegetables and fruits separately to help estimate a total
- Mixed dishes, such as curries and casseroles, may be subjective



Question 5: How many pieces or servings of vegetables and fruit do you eat in a day?

Fruit and vegetables can be canned, fresh, frozen and includes potatoes. It may help to review what they typically eat at meals and snacks.

- For screening purposes, mixed foods (like vegetable soup, tomato sauces, and curries) are not counted **unless** they contain a substantial amount of vegetables. Use your judgement.
- Ask about vegetables and fruit separately to get more details; **add up the total**

1 serving can be: a medium size piece of a whole fruit; a ½ cup of vegetables or fruit; and/or 1 cup of salad.

Question 6

6. **How much fluid do you drink in a day?** (1 cup = 250 mL = 8 ounces)
Examples are water, tea, coffee, herbal drinks, juice, and soft drinks, but not alcohol.
- 4 8 or more cups
 - 3 5–7 cups
 - 2 3–4 cups
 - 1 About 2 cups
 - 0 Less than 2 cups

To gather more detail:

- Breakdown the question into parts of the day, then total their answer
 - “How much fluid do you drink in the morning?”
 - “How much fluid do you drink in the afternoon?”
 - “How much fluid do you drink in the evening and overnight?”

Question 6: How much fluid do you drink in a day?

Ask if the older adult has been given a recommendation to limit or restrict fluid for a health condition. If so, do not provide further education, recommendations, or handouts on fluids.

This question aims to get a basic understanding of the older adult’s fluid intake or hydration level.

When asking this question, keep in mind:

1 serving of fluid can be: 1 cup or 250 mL of water, coffee, tea, herbal tea, juice, and soft drinks, but NOT alcohol.

- Remind the older adult that you want to know about their usual fluid intake.
- If they sip fluids throughout the day, ask them to estimate the number of cups, millilitres, or litres; then add up the total.

To gather more details, ask the older adult:

- Think about any fluids included in their usual breakfast, lunch, dinner and snacks, as well as what they may drink during the evening or at night. Prompt them to think about the size of the glass or mug that they use. Often a glass or mug holds more than 1 Cup.

- You may need to breakdown the question into different parts of the day:
 - “How much fluid do you drink in the morning?”
 - “How much fluid do you drink in the afternoon?”
 - “How much fluid do you drink in the evening and overnight?”

Question 7

7. Do you eat one or more meals a day with someone?

- 0 Never or rarely (Once a week)
- 2 Sometimes (2–4 times a week)
- 3 Often (5–6 times a week)
- 4 Almost always (At least daily)

Consider:

- Regular routine and circumstances
-

Question 7: Do you eat one or more meals a day with someone?

Socialization and being around others at mealtime can have a significant impact on the nutrition risk of an older adult. Question 7 aims to learn if this is a risk for them.

Consider asking the older adult

If the number of meals eaten with company changed in the past year? Have they found this has affected how much and how often they eat?

Question 8

8. Which statement best describes meal preparation for you?

- 4 I enjoy cooking most of my meals (Most days)
- 2 I sometimes find cooking a chore (Some days of the week)
- 0 I usually find cooking a chore (Most days of the week)
- 4 I'm satisfied with the quality of food prepared by others
- 0 I'm not satisfied with the quality of food prepared by others

To gather more details, ask your client:

- If your client makes their own meals
- If your client has meals made for them (including delivery services)

Question 8 : Which statement best describes meal preparation for you?

This question aims to determine if meal prep, cooking, and the quality of food being prepared is affecting how the older adult usually eats.

First ask the older adult who prepares or makes their meals:

If they indicate that they make their own meals or that they share meal prep and cooking with someone else, **ask which of the first three responses apply to them:**

- I enjoy cooking most of my meals.
- I sometimes find cooking a chore.
- I usually find cooking a chore.

To gather more information, you can try using these prompts:

You *enjoy* cooking if you find this a pleasant activity, you like to try new recipes, or **most days** you enjoy cooking

You *sometimes* find cooking a chore if you are tired of cooking, you find cooking to be a task rather than a pleasure, or you dread having to think about what to cook **some days** of the week.

You usually find cooking a chore if you are tired of cooking, you find cooking to be a task rather than a pleasure, or you dread having to think about what to cook most days of the week.

Question 8

8. Which statement best describes meal preparation for you?

- 4 I enjoy cooking most of my meals (Most days)
- 2 I sometimes find cooking a chore (Some days of the week)
- 0 I usually find cooking a chore (Most days of the week)
- 4 I'm satisfied with the quality of food prepared by others
- 0 I'm not satisfied with the quality of food prepared by others

To gather more details, ask your client:

- If your client makes their own meals
- If your client has meals made for them (including delivery services)

If the older adult gets their meals made *for* them or they are provided by a meal delivery service, **ask which of the 2 responses apply to them:**

I'm satisfied with the quality of food prepared by others

I'm not satisfied with the quality of the food prepared by others

If the older adult indicates they do not cook most of their meals:

Clarify how often meals are made by others.

Meals made by others includes: meals made by family or friends, Meals on Wheels, congregate dining, and going to a restaurant.



Questions 9 & 10

9. How much money you have to buy food affects your nutrition. Is it ok if I ask you about your financial situation? *If no, go to next question.*
Do you ever have difficulty making ends meet at the end of the month? Yes or No
10. When physical mobility and transports are limited, it can be hard to get healthy foods.
Do you have difficulty getting your groceries? Yes or No

These questions are about barriers to getting healthy food.

- This information can help you connect your client to community supports or benefit programs if needed.
- These questions are not scored.

Questions 9 and 10 are unscored questions that ask about income and social circumstance, as well as food access. Like questions 1 through 8, prompts are offered, however, with these questions, slightly more descriptions are offered.

Question 9 is purposely vague to allow the older adult to answer with what it means to them. If they need some prompts, you can ask if they are able to pay their bills routinely, if they need to budget for food between pay cheques, and so on.

The more screens you complete, the more comfortable you'll get exploring the older adults' social situations in ways that feel right for each interaction.

Question 10 is about food access and allows for individual interpretation by the older adult. For some it may mean being able to get to the grocery store, bringing groceries up the stairs into their home, or for some it may mean being able to consistently afford groceries.

Each question can help you connect the older adult to community supports or to benefit programs if needed.

How to score SCREEN-8[®]

Calculate the score:

The numbers on the left of each option are the score for that response.

3. How would you describe your appetite?

- | | | | |
|---|-------------------------------------|-----------|---|
| 8 | <input type="checkbox"/> | Very good | |
| 6 | <input type="checkbox"/> | Good | |
| 4 | <input checked="" type="checkbox"/> | Fair | (Sometimes do not feel like eating at mealtime) |
| 0 | <input type="checkbox"/> | Poor | (Often do not feel like eating at mealtime) |



Score for Question = 4

As mentioned, only the first 8 questions are scored.

As you can see on the left side of the question, there are multiple, weighted response options. **The numbers to the left of each response option are the score for that question.**

Lower the score, more indicative of nutrition risk.

Calculate the score:

Add up the score from each question.

$$4 + 8 + 4 + 4 \dots$$

Total out of 48

If you use an electronic SCREEN-8®:

The total score will be added up for you.

1. **Has your weight changed in the last 6 months?**
0 Yes, I gained a lot
2 Yes, I gained some
4 Yes, I gained a little
8 No, my weight stayed the same

2. **Do you skip meals?**
8 Never or rarely
6 Sometimes
4 Often
0 Almost every day

3. **How would you describe your diet?**
8 Very good
6 Good
4 Fair
0 Poor

4. **Do you cough or spit up?**
8 Never
6 Rarely
4 Sometimes
0 Often or always

5. **How many pieces of fruit do you eat each day?**
0 None
1 One
2 Two
3 Three
4 Four or more

Add up the score of the response options for all the scored questions. Repeat step 1 to ensure that it is correct. If you are using an electronic SCREEN8, the math is done for you.

How to score SCREEN-8[®]

Sample script



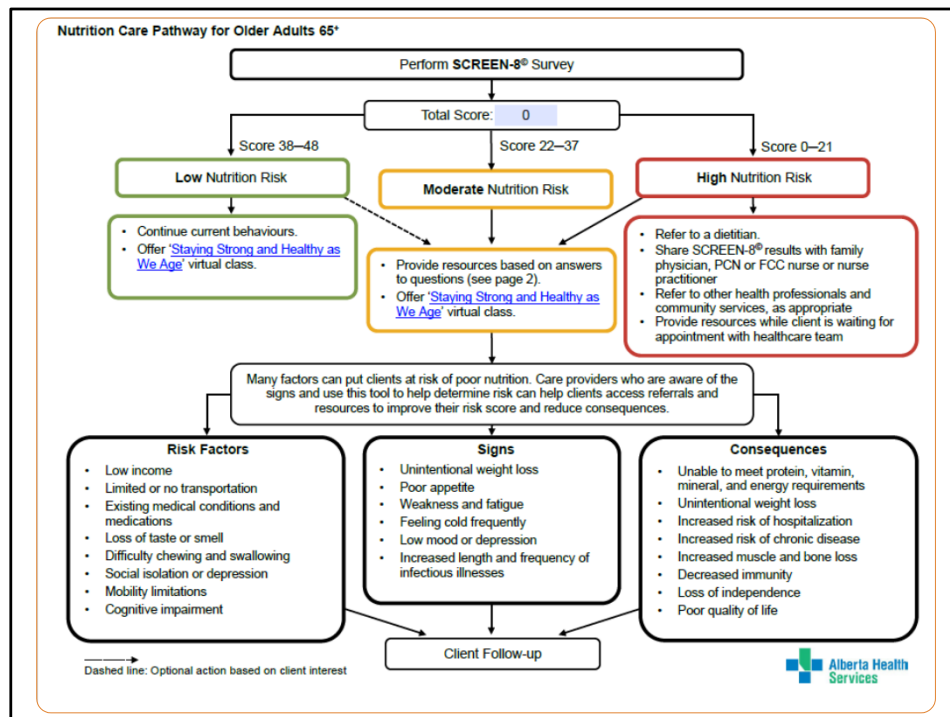
Total Score: 0

0–21	High Risk	Based on your answers today, we have identified a high nutrition risk. This means that you are at a greater risk of developing health problems related to your nutrition. I would like to offer you a referral to a dietitian (and/or other appropriate referral) to address your specific risk factors and help prevent malnutrition. Malnutrition is a health condition that comes from not getting enough nutrition that your body needs. Benefits of good nutrition include: more energy, stronger muscles, lower chance of getting sick but quicker recovery if you do, and shorter hospital stays.
22–37	Moderate Risk	Based on your answers today, you may be at nutrition risk. This means that you are at a greater risk of developing health problems related to your nutrition. I would like to offer you some resources and supports that can address your specific risk factors and help prevent malnutrition. Malnutrition is a health condition that comes from not getting enough nutrition that your body needs. Benefits of good nutrition include: more energy, stronger muscles, lower chance of getting sick, but quicker recovery time if you do, and shorter hospital stays.
> 38	Low Risk	Based on your answers today, you are at low nutrition risk. This means that you are at a low risk of developing health problems related to your nutrition. I would like to offer you some resources and supports to help you stay healthy.

The total score of the 8 questions indicate the level of nutrition risk. For each outcome, there is a sample script to help you communicate to the older adult what their final score means.

The lower the score, the greater the nutrition risk is. Scoring “high nutrition risk” with SCREEN8 is associated with poor health outcomes, such as reduced health-related quality of life, increased hospitalization risk, and increases risk of mortality.

The script provided beside each risk category helps you to explain to the older adult what their score means for them.



This is the Nutrition Care Pathway for Older Adults 65 and older. This pathway can help you go through the steps after completing the SCREEN-8, including suggestions for clients who score as low, moderate, or high nutrition risk. This pathway is paired with Making SCREEN-8 Happen: Referrals and Resources tool.

Community services & healthcare referrals

Making SCREEN-8® Happen: Referrals and Resources

SCREEN-8® Questions Ordered by Client Risk Priority	Key Messages	Community Services & Healthcare Referrals	Suggested Client Resources (Handouts & Webpages)
1. Has your weight changed in the last 6 months?	<ul style="list-style-type: none"> Any weight loss in older adults can impact strength, mobility, and independence. Weight gain may impact quality of life and mobility. Track your weight at home. 	Referral to dietitian and family physician (>10 lbs (4.5 kg) unintentional weight loss).	<ul style="list-style-type: none"> Adding Calories and Protein to Your Diet Making Smoothies with More Calories and Protein Foods with Protein (Pictorial) High Protein, High Calorie Meal and Snack Ideas Tips to Eat and Swallow Safely Soft, Moist, and Liquid Food Ideas Eating Well When You Have Taste and Smell Changes Skipping Meals and Appetite
3. How would you describe your appetite?	Eat when your appetite is best. When your appetite is poor, try to eat smaller meals or snacks, more often.		
4. Do you cough, choke, or have pain when swallowing food or fluids?	Often soft, moist foods, or liquids are the easiest to eat. Try to avoid distractions at mealtime.	Response of "Often or Always": consult PCN or family physician for referral to Speech Language Pathologist or other dysphagia specialist.	
9. Do you ever have difficulty making ends meet at the end of the month?	When factors such as household finances, physical disability, and transportation are barriers to accessing community services...	Consider referral to...	Alberta

Making SCREEN-8 Happen: Referrals and Resources is a tool that presents the nutrition screening questions in order of risk to the patient starting with questions about weight change, appetite, and dysphagia followed by the additional poverty and food access questions.

Key messages are provided for you to offer additional information to your client about associated risk with scoring high on that question.

Identifying risk

Regardless of total score:

- Scores of **2 or less** for a question indicates nutrition risk for that question.
- Each question's score can be used to understand the risk and offer related resources.

Overall total score indicating high risk:

1. Dietitian referral
 2. Share SCREEN-8[®] results with their physician
-

Early identification of nutrition risk can lead to interventions that maintain quality of life and support independence at home.

For each individual question, a score of 2 or less indicates there is a nutrition risk associated with that question. Each individual score can be used to understand the full picture of the older adult and if you should offer resources or referrals.

An overall score indicating “**high risk**” with SCREEN⁸ is associated with poor health outcomes including reduced quality of life, increased risk of being in hospital, and greater risk of disease and death. Clients who are scored as high risk should be offered a referral to a registered dietitian and the SCREEN8 results shared with their family physician for ongoing support.

Communicating results

Tips:

- Gently talk with them about **1 or 2 topics**
 - Ensure understanding without causing worry
 - Offer resources and community services
 - **Use plain language**
 - Avoid jargon, acronyms, and abbreviations
 - The 2 additional questions (financial strain and food access): yes or no questions
-

When communicating the results of the nutrition screen to the older adult, gently speak with them about 1 or 2 topics that you scored as high risk (remember, a low score on a question indicates high risk). Focusing on just 1 or 2 topics helps to ensure the older adult understands their risk without causing worry.

Offer resources, healthcare referrals, and community services that align with the 1 or 2 priority topics and identified area of interest by the older adult.

Use plain language that is easily understood and free of jargon, acronyms, and abbreviations.

The 2 additional questions recommended to be asked regarding financial strain and food access require a yes or no response, rather than being scored. Screeners will need to take these responses into consideration when determining appropriate referrals or resources based on the older adult's identified interest and need.

Communicating results

Example scenario with SCREEN-8® results:

1. Has your weight changed in the past 6 months? (Net weight loss; 1 kg = 2.2 pounds)

0 Yes, I gained more than 10 pounds

2 Yes, I gained 6–10 pounds

4 Yes, I gained about 5 pounds

8 No, my weight stayed within a few pounds (Within 3 pounds)

4 Yes, I lost about 5 pounds

2 Yes, I lost 6–10 pounds

0 Yes, I lost more than 10 pounds
(Net weight lost 5.0 lbs.)

0 I don't know how much I weigh or if my weight has changed (Do your clothes fit differently?)

Communication example:

- “Weight loss can mean we are not meeting our nutrition needs and can lead to a loss in our strength”
- “Would you be interested in making small changes to your meals and snacks?”
- “Can I offer you a handout with ‘High Protein, High Calorie Meal and Snack Ideas?’”

Let’s discuss how you can communicate the results of the screen to the older adult.

Let’s use question 1 as an example. If the older adult scored 0 on this question, it could be one of their top 1 or 2 topic areas of priority. Phrasing that you can use to communicate this can include:

- “Weight loss can mean we are not meeting our nutrition needs and can lead to a loss in our strength”
- “Would you be interested in making small changes to your meals and snacks?”
- “Can I offer you a handout with ‘High Protein, High Calorie Meal and Snack Ideas?’”

Use language that feels genuine, while keeping in mind the tips to use plain language, avoid jargon, acronyms, and abbreviations to help support understanding.

Free Virtual Group Class: **Staying Strong and Healthy as We Age**

For anyone wanting to learn practical ways to stay strong and healthy while aging.

Participants will learn:

- How food can help maintain strength
- The 4 key pillars of activity
- Tips to make meals easier
- The importance of social connection



Class details and to register:
ahs.ca/NutritionWorkshops



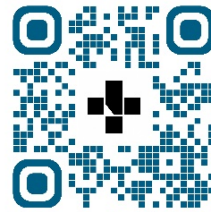
Staying Strong and Healthy as We Age is a free, interactive, virtual group class created for older adults who want to learn more about the impact nutrition, activity, and social connections have on their health. Anyone in Alberta is welcome to join this workshop, and registration is available without a referral. Learn more by going to ahs.ca/NutritionWorkshops

Nutrition education

Client & patient handouts

- Including:
 - Adding Calories and Protein to Your Diet
 - High Protein, High Calorie Meal and Snack Ideas
 - Nutrition Supplements
 - Quick and Easy Meals
 - Eat More Vegetables and Fruits

Learn more:



ahs.ca/NutritionHandouts

Alberta Health Services dietitians have created many nutrition handouts freely available for Albertans. These are available to you to offer older adults to help support their nutrition. Check out ahs.ca/NutritionHandouts to see what is available.

Community services & healthcare referrals

Referrals (check all that apply): Referral declined

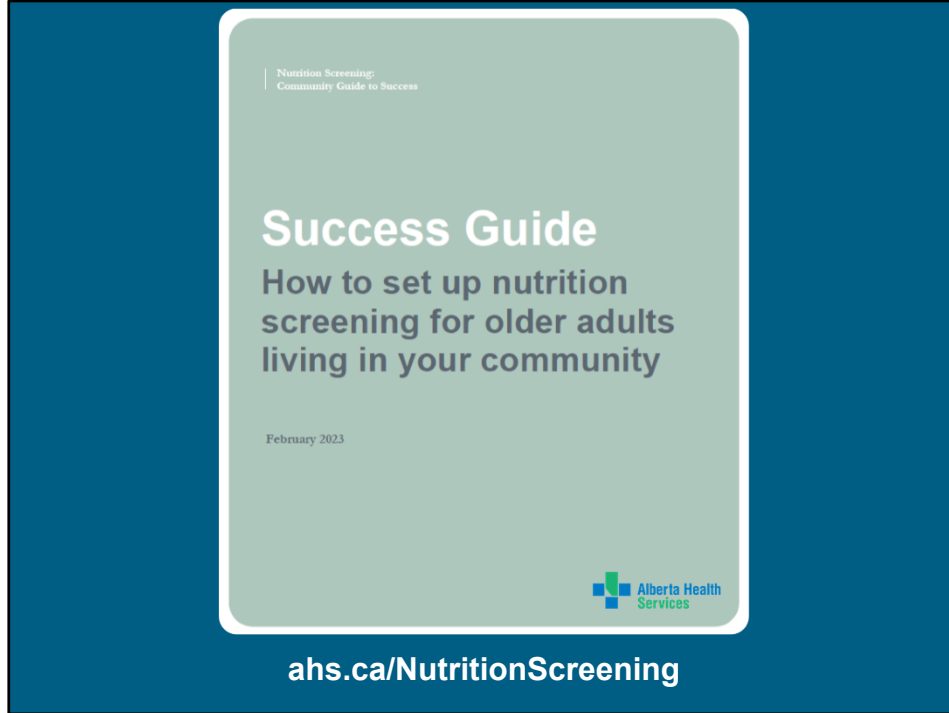
<input type="checkbox"/> Dietitian	<input type="checkbox"/> Social Worker
<input type="checkbox"/> Primary Care Network	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Physician	<input type="checkbox"/> 'Staying Strong and Healthy as We Age' virtual group class
<input type="checkbox"/> Home Care	<input type="checkbox"/>
<input type="checkbox"/> Denturist	<input type="checkbox"/>

Handouts & webpage links provided (if appropriate):

Select -

Select -

On the bottom of the SCREEN8 you can document which resources you have offered the older adult. This includes a drop down list of the handouts listed in the Making SCREEN8 Happen tool, which referrals you have provided, or if they decline a referral. You can also document if you let them know about the Staying Strong and Healthy as We Age virtual group class. You can also enter any community specific resources or services in the blank text boxes.



The Nutrition Screening: Community Guide to Success is an interactive tool freely available to you. This Success Guide leads you and your team through setting up nutrition screening in your clinic or facility and coaches you for how to customize the screening tools for *your community*. The Success Guide uses practice-based evidence from communities in Central Alberta who have incorporated nutrition screening into their clinics and community organizations.

The Success Guide can also be used to access the tools referenced in this video, learn background on the nutrition screening tools, and how you can use them to help older adults.

Household food insecurity highlight

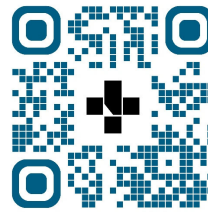
It can be hard to meet basic nutrition needs when finances are limited.

Household food insecurity:

- Affects **more than 1 in 5 households in Alberta** (2022)
- Impacts physical, mental and social well-being
- Is best addressed by income-based strategies

Questions 9 & 10 were added to the SCREEN-8[®] to assess household food insecurity.

Learn more:



ahs.ca/FoodInsecurity

There is a relationship between nutrition and income. When household finances are limited, it is harder to meet basic needs. In Alberta, 1 in 5 households are affected by food insecurity.

Older adults can be supported to access government benefits and community supports.

Learn more about programs and how you can help by going to ahs.ca/foodinsecurity.

This page includes a Nutrition Guideline on Household Food Insecurity that includes helpful guidance on how to ask the additional financial strain question, demonstrate how you can help older adults, and even provides links for additional support and training.



Learn more

Visit: ahs.ca/NutritionScreening

Contact: PublicHealthNutrition@ahs.ca



To learn more about nutrition screening or how you can start nutrition screening in your clinic or facility: visit ahs.ca/NutritionScreening or contact a public health dietitian in your area by emailing publichealthnutrition@ahs.ca