

Nutrition Screening for Older Adults:
Community Guide to Success

Success Guide

How to set up nutrition screening for older adults living in your community

Updated January 2024

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Community Guide to Success

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This has been prepared by Nutrition Services, Alberta Health Services



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Contact: Nutrition_Resources@ahs.ca

Thank you

What you are about to start will benefit the health of older adults aged 65+ in your community. This Success Guide will show how you can support older adults in your community to get the nutrition care and supports they need to help them stay healthy as they age.



It is important to get enough nutrition to maintain health, strength, and wellbeing.

Not getting enough nutrition puts someone at **nutrition risk**. Nutrition risk means there is a chance of developing health issues or diseases that may affect physical functioning due to muscle loss, bone loss, and malnutrition. These complications can lead to serious health problems that can affect the ability to be independent.

Researchers have found that asking specific questions about nutrition can find people who are at low, medium, or high risk of developing health problems. This is called **nutrition screening**. Nutrition screening in the community can help older adults stay strong and healthy as they age.

About this Success Guide

Below are all the activities and tools to help you and your team get ready to start nutrition screening.

There is a checklist, “How is it going?” at the end of each section which you can use to make sure you have included all necessary parts to have a successful nutrition screening system.

If you use the interactive Success Guide on a computer, the details you enter in the activities in the Guide will be filled-in automatically in the screening tools following the reference list. You can also print off the Success Guide and fill in the activities and screening tools by hand or access the tools individually online.

This Success Guide will help you to set up a nutrition screening system and will show you ways to support people who are at nutrition risk.

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Overview





Getting Started

SCREEN-8[©]

The [SCREEN-8[©] \(Appendix A\)](#) is a set of eight questions to help assess an older adult's nutrition risk.

Alberta Health Services (AHS) Nutrition Services has added two extra questions to SCREEN-8[©]. One to screen for financial strain and one for food access. It is harder to meet basic nutrition needs with limited finances. Check out [Household Food Insecurity](#) for more details.

SCREEN-8[©] within this Success Guide has been adapted with permission from Dr. Heather Keller. Final scores that indicate 'nutrition risk' have been altered from the original SCREEN-8[©] to allow high, moderate, and low nutrition risk categories. These categories are based on data used to support nutrition screeners to recommend appropriate healthcare referrals and community programs when working with clients based on smaller categorical ranges.

SCREEN-3 Extended[©]

SCREEN-3 Extended[©] is like SCREEN-8[©] but is designed to use with clients that you suspect are at risk for health concerns (nutrition risk). To learn more about SCREEN-3 Extended[©], contact an AHS public health dietitian (publichealthnutrition@ahs.ca).

Check out [SCREEN Tools](#) to learn about other nutrition screening tools.

Teaming Up

Email colleagues, staff, volunteers, and/or community members, or post [Getting SCREEN-8[©] Ready](#) in common areas in your facility to start a conversation about nutrition screening. Recruit one or two extra people to help plan and implement nutrition screening.

Community groups or organizations: Connect with your location's Primary Care Network (PCN), Family Care Clinic (FCC), and other community organizations who support older adults to start the conversation to promote awareness about nutrition screening.

Promoting Awareness

Presentations and pre-recorded videos include details on SCREEN-8[®], the Nutrition Care Pathway, and the benefit of incorporating nutrition screening for older adults regularly into community services and healthcare. Research conducted across Canada, including Alberta, is integrated into the presentations to provide context to nutrition screening. This includes:

- prevalence of malnutrition in Alberta and Canada
- increased health risks for older adults due to malnutrition
- impact malnutrition has on the Canadian healthcare system

If you have questions about the process or Success Guide, email publichealthnutrition@ahs.ca to have a public health dietitian contact you.

Tools and Resources Available to Support Your Team

Table 1. Tools and resources

Tools and Resources	Engagement Strategies	How to Access
Getting SCREEN-8 [®] Ready (1 page)	<ul style="list-style-type: none"> • Poster to support awareness of nutrition screening with staff, colleagues, volunteers, and community members. 	ahs.ca/NutritionScreening
SCREEN-8 [®] (2 pages)	<ul style="list-style-type: none"> • Nutrition screening questions with poverty screening* and food access questions added. 	ahs.ca/NutritionScreening Appendix A
Nutrition Screening in the Community: Awareness Presentation** (Physicians and Healthcare Professionals)	<ul style="list-style-type: none"> • Presentation you can use to promote awareness of nutrition risk screening with community healthcare professionals. • Pre-recorded presentation (MP4) available. 	ahs.ca/NutritionScreening
Nutrition Screening in the Community: Awareness Presentation** (Community Groups and Organizations)	<ul style="list-style-type: none"> • Presentation you can use to promote awareness of nutrition risk screening with community groups and organizations. • Pre-recorded presentation (MP4) available. 	ahs.ca/NutritionScreening

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Tools and Resources	Engagement Strategies	How to Access
Nutrition Care Pathway for Older Adults 65+** (1 page)	<ul style="list-style-type: none"> Information about healthcare and community supports for people who have nutrition risk. 	ahs.ca/NutritionScreening Appendix B
Making Sense of SCREEN-8®: Resources and Referrals** (2 pages)	<ul style="list-style-type: none"> Corresponds with the Nutrition Care Pathway. Can be used to help find resources and referrals to offer the older adult client. This tool can be customized to the programs in your community. 	ahs.ca/NutritionScreening Appendix C
Nutrition Screening: Training – Initial** (Presentation and video)	<ul style="list-style-type: none"> Training video for people who will do the nutrition screening. Includes tips about how to use SCREEN-8® and the Nutrition Care Pathway. 	ahs.ca/NutritionScreening
Nutrition Screening: Training – Summary** (Presentation and video)	<ul style="list-style-type: none"> Summary training video for people who have already completed screener training and need a refresher. Includes training for how to use SCREEN-8® and the Nutrition Care Pathway. 	ahs.ca/NutritionScreening
Information and resources on food insecurity	<ul style="list-style-type: none"> Additional information and resources on household food insecurity for healthcare professionals. 	ahs.ca/FoodInsecurity
Information and resources on malnutrition	<ul style="list-style-type: none"> Additional information and resources on malnutrition for healthcare professionals and Albertans. 	ahs.ca/Malnutrition

*For information to support a conversation on food insecurity, check out the [Household Food Insecurity](#) section.

**A public health dietitian may be able to assist with advocacy and nutrition screener training. Contact publichealthnutrition@ahs.ca to learn more.



Team Readiness

[Activity 1. Team roles and responsibilities](#) will guide your nutrition screening program by identifying roles and responsibilities of team members. This activity can help your team organize the planning and implementation process.

Complete the activity with your team members. This activity can be updated and revised while you undertake the planning process to support implementation. Ensure you list who will hold key roles, including who will be responsible for:

- nutrition screening
- communication and team meetings
- scheduling and training
- setting and reinforcing deadlines

Throughout the nutrition screening planning and implementation process, you may need to return to [Activity 1](#) to update changes or adaptations in roles and responsibilities.

Activity 1. Team roles and responsibilities

Roles and responsibilities: Who is the project team	
Who	Responsibility
Example: Screening Champion, Nutrition Screener	Example: Communications about screening; finds facilitators to screen older adult clients; organizes schedule for training, arranges team meetings, and support team to meet important deadlines.

Adapting Resources for Local Programs and Services

The tools and resources below can be adapted to include locally available programs, services, and resources. Work with your project team to ensure all available local groups and resources are included where appropriate.

Nutrition Care Pathway and Making Sense of SCREEN-8[®]: Referrals and Resources

To help you customize your [Nutrition Care Pathway \(Appendix B\)](#) and [Making Sense of SCREEN-8[®]: Referrals and Resources \(Appendix C\)](#) with local services and resources, complete [Activity 2](#) below.

Local programs and services available for older adults in your community that promote health and socialization may include:

- homecare or home living services
- services available to assist populations at-risk of poor health outcomes (including people living in poverty and newcomers to Canada)
- meal delivery programs, such as Meals on Wheels™ and Heart to Home Meals™
- shopping and grocery or food delivery services
- transportation services
- social clubs, such as supper club, card games, carpet bowling, or board games
- senior centres, including those who offer congregate meal services
- community kitchens
- music programs
- fitness or dance classes
- continuing education classes

Check out AHS Adult Community Rehabilitation services near you:

ahs.ca/AdultRehab

Complete the “Community Services and Healthcare Referrals” column of [Activity 2](#) with local programs and services. For ease of use by the nutrition screener, try to include:

- the name of the community program or service
- how to refer, such as:
 - hyperlink and URL to submit a referral
 - phone number
 - webpage, or
 - briefly list the process already in place

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You may notice that the questions in Making Sense of SCREEN-8[®] are in a different order than they are in the SCREEN-8[®] questionnaire. They are listed in an order to assist the nutrition screener with prioritizing the health and safety risks of older adult clients. Making Sense of SCREEN-8[®] can support discussions with older adult clients to find the most appropriate services, referrals, and/or nutrition handouts based on the client’s nutrition risk (final score of the SCREEN-8[®] questionnaire) and the client’s health goals and priorities.

The information you add in [Activity 2. Local programs and services](#), Community Service(s) and Healthcare Referrals column, will automatically fill in Making Sense of SCREEN-8[®]: Referrals and Resources when using an electronic version. Please note, characters are limited within Activity 2 to ensure that the information fits in the space allotted.

Check out [Appendix D](#) for a sample of a completed Making Sense of SCREEN-8[®]: Referrals and Resources.

Activity 2. Local programs and services

SCREEN-8[®] Question	Nutrition Concerns that may be Identified	Community Service(s) and Healthcare Referrals (Medical, Nutritional, Psychological, and Social)
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.¹ Weight gain may impact quality of life and mobility.¹ Weight changes (loss or gain) may be a symptom of an underlying medical condition or due to life circumstances.² 	Referral to dietitian and family physician: [>10 lbs (4.5 kg) unintentional weight loss]
How would you describe your appetite?	<ul style="list-style-type: none"> Appetite in older adults is related to amount and type of foods consumed. Poor appetite can lead to sub-optimal energy and protein intake contributing to malnutrition risk.²⁻⁴ Appetite changes can be a symptom of an underlying medical condition or due to life circumstances.⁵ 	
Do you cough, choke, or have pain when swallowing food or fluids?	<ul style="list-style-type: none"> Early identification of difficulty swallowing can minimize complications (such as frailty,⁶ aspiration pneumonia, respiratory infections, dehydration, malnutrition, social isolation, decreased quality of life, and death.^{7,8}) 	“Often or Always”, consult PCN/FCC or family physician for referral to Speech Language Pathologist or other dysphagia specialist.

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SCREEN-8 [®] Question	Nutrition Concerns that may be Identified	Community Service(s) and Healthcare Referrals (Medical, Nutritional, Psychological, and Social)
Do you ever have difficulty making ends meet at the end of the month?*	<ul style="list-style-type: none"> • There is a relationship between nutrition and income.⁹ • When household finances are limited, it is harder to meet basic nutrition needs.¹⁰ 	Available government benefits and community supports.
Do you have difficulty getting your groceries?	<ul style="list-style-type: none"> • Low socio-economic status is associated with nutrition risk.⁹ • Strategies used by older adults to access food, such as grocery shopping and delivery services, can increase dietary variety.¹¹ 	
Do you eat 1 or more meals a day with someone?	<ul style="list-style-type: none"> • Social isolation and subjective loneliness are high risk factors for malnutrition.¹²⁻¹⁵ • Although frequency of meals shared is not an independent risk factor for malnutrition, this question can indicate socialization opportunities for the older adult.^{12,14} • Opportunities to eat with others can increase amount of nutrition consumed.¹⁶ 	
Do you skip meals?	<ul style="list-style-type: none"> • Skipping meals can be a symptom of an underlying medical condition or due to life circumstances.⁵ 	
Which statement best describes meal preparation for you?	<ul style="list-style-type: none"> • Regular meal preparation is associated with a good or increase in appetite and nutrition intake.¹⁶ • Mobility challenges can impact the meal preparation capacity of older adults.^{1,16} 	

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SCREEN-8® Question	Nutrition Concerns that may be Identified	Community Service(s) and Healthcare Referrals (Medical, Nutritional, Psychological, and Social)
How much fluid do you drink in a day?	<ul style="list-style-type: none"> • Adequate hydration promotes good digestion, helps to regulate body temperature, and supports bodily functions.¹⁷ • Maintaining fluid balance is less efficient in older adults, which increases dehydration risk.¹⁷ • Dehydration can lead to side-effects such as: confusion,¹⁸ constipation, delayed wound healing,¹⁹ urinary tract infections,^{20,21} falls,²⁰ and hospitalizations.^{17,22} 	
How many pieces/servings of fruit/vegetables do you eat?	<ul style="list-style-type: none"> • Vegetables and fruits contain important nutrients such as fibre, vitamins, and minerals. • Frozen or canned options may limit food waste. • Low micronutrient consumption is associated with a decline in mobility and independence¹. • Low fruit and vegetables in the older adult's diet can be from life circumstances including financial challenges or social isolation.¹⁴ 	

Check-in

Take a moment to check-in on your progress. Once each of the items below are “in progress” or “complete”, and you and your team are ready, you can move on to the next step – [Making It Happen](#).

How is it going?

Item	Status		
Activity 1. Team Roles and Responsibilities	Starting out	In progress	Completed
Awareness presentation to physicians and healthcare professionals	Starting out	In progress	Completed
Awareness presentation to community groups and organizations	Starting out	In progress	Completed
Activity 2. Making Sense of SCREEN-8®: Referrals and Resources – Local Programs and Responsibilities	Starting out	In progress	Completed



Making It Happen

Now that promotional activities in the community are underway and it is decided which community and healthcare services can be included in Making Sense of SCREEN-8[®], it is time to build a referral process.

Community Referral Processes: Communication Plan

To setup a referral process, if one is not already present, work with your project team to outline how to:

- refer to Primary Care Network (PCN) if the older adult is a PCN client, or refer to Family Care Clinic (FCC) if the older adult is an FCC client
- refer to family physicians or nurse practitioners in the community
- refer to an AHS or PCN/FCC dietitian or other allied health member, including social worker and speech language pathologist
- refer to home care or home living services in the community
- refer to community programs and services (as listed in your Making Sense of SCREEN-8[®]: Community Services and Referrals section – [Activity 2](#))

Check out “[local programs and services](#)” for examples.

Look for opportunities to easily embed the SCREEN-8[®] into the day of the nutrition screeners. Consider the use of technology in your plan. Will the SCREEN-8[®] be:

- available online in the savable PDF?
- embedded into clinic electronic medical records? Check out [Appendix E: Tips for Including SCREEN-8[®] in Electronic Medical Records](#)
- a printed form to complete and store?
- a printed form to complete, scan, and store electronically?

Look for opportunities to easily embed the SCREEN-8[®] into daily work activities.

Also, ask the healthcare professionals being referred to (such as physicians or nurse practitioners, and dietitians) if they prefer a copy of the completed SCREEN-8[®] or if providing the final score will be adequate.

Training: How to Do Nutrition Screening

Details finalized in this section can be incorporated into your nutrition screener training, including:

- how SCREEN-8[®] can be initially accessed (blank copies)
- referral processes for health professionals and community services
- how completed copies of SCREEN-8[®] can be communicated (final nutrition risk score or full copy of screen)
- where completed copies of SCREEN-8[®] can be stored

Confidentiality

Before collecting client information, ensure that you have confidentiality procedures in place. This includes having confidentiality agreements reviewed and signed by the nutrition screeners. This is to protect the clients, the program, and your organization.

Resources to Support Training

Presentations and pre-recorded training videos are available to support your project team and nutrition screeners to learn how to:

- perform the SCREEN-8[®] questionnaire
- use the Reference Tools: Nutrition Care Pathway and Making Sense of SCREEN-8[®]: Referrals and Resources
- engage older adult clients in discussion about their SCREEN-8[®] scores, and
- discuss programs, referrals, classes, and handouts available in the community and virtually

Two versions of the presentations and pre-recorded training videos are available for nutrition screeners to access. These include:

1. Full version – for use with initial nutrition screener training
2. Summary version – for nutrition screeners to view as needed for quick reference

These training presentations and videos will require additional customization by you and your team to include local processes and services that you added into [Activity 2](#).

AHS Health Information Management: [Access & Disclosure](#), access the Frequently Asked Questions page by searching “AHS Health Information Management, Access & Disclosure”.

External to AHS: Refer to your organization’s health information management policy

Training complete but your team still has questions?

Email: nutrition_resources@ahs.ca

Or connect with a public health dietitian:

publichealthnutrition@ahs.ca

Check-in

Take a moment to check-in on your progress. Once each of the items below are “in progress” or “complete”, and you and your team are ready, you can move on to the next step – [Start Screening](#).

How is it going?

Item	Status		
Communication plan for community service and health professional referrals	Starting out	In progress	Complete
Process outlined for easy access to SCREEN-8® and storage of completed screens.	Starting out	In progress	Complete
Nutrition screener training	Starting out	In progress	Complete

Start Screening

Congratulations! You and your project team are ready to implement nutrition screening.

Some tips to consider as you ‘go live’ with implementation of nutrition screening in your community:

- Select a go-live date where you and your project team can be on site. This can help with quick resolution of any challenges that arise (such as screening or referral process concerns).

After implementations, continue to plan regular meetings with the project team to reflect on the process and share successes and challenges.

- Work together with the nutrition screeners to problem-solve challenges.
- Continue to communicate about nutrition risk and the importance of regular and consistent nutrition screening.
- Revise and update referral processes and Making Sense of SCREEN-8® to reflect identified need for changes.

[Appendix F: Guide to Implementation – Reflections and Revisions](#) may be used to help organize, reflect upon, and revise processes and tools starting at implementation.

Keeping It Going

To support sustainability, it is important to seek feedback from people involved in nutrition screening in your community. Include people who are involved at various stages of the process and people with different roles. In addition to meeting with the nutrition screeners, include:

- health professionals receiving referrals
- community services or groups sending referrals
- community services or groups receiving referrals
- older adult clients who have gone through the screening process

Regularly check out the AHS Nutrition Screening webpage for updates to tools and resources.

ahs.ca/NutritionScreening

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Continue to review and update [Appendix C: Making Sense of SCREEN-8®](#) as services and programs in the community change and become available.

Include training for the nutrition screening process when new staff are hired. Offer and encourage staff to view the [Nutrition Screening Training – Summary](#) video annually to promote consistent use of the tools.

Evaluation

Regular evaluation of the nutrition screening program is necessary for longevity, sustainability, and process improvement of nutrition screening.

Informal evaluation may:

- occur at any time in the process
- involve conversations, email, or written communication
- allow for process improvements to be readily made if time sensitive or noted for future process changes

Formal evaluation may:

- occur at planned times in the process, such as 6-months following implementation
- involve surveys or follow-up interviews of:
 - involved staff, volunteers, and partners (community organizations and healthcare teams)
 - clients who have undergone the nutrition screening process
- involve reviewing the screening completion rates in electronic medical records and allow for process improvements
- provide data and to build partnerships to address identified needs, barriers, and gaps in the community

Both types of evaluation can be used to gather information to contribute to the success and longevity of the nutrition screening program. See [Appendix G: Evaluation Feedback Tracking](#) for sample templates for tracking feedback received.

More Resources: Healthcare Professionals

Below you will find additional information to support awareness and understanding of household food insecurity, nutrition screening and risk, and malnutrition for healthcare professionals.

AHS Nutrition Guidelines

Nutrition guidelines provide nurses, physicians, and other healthcare professionals in primary care with consistent, evidence-based messaging related to key nutrition topics. The guidelines were developed by AHS Nutrition Services' registered dietitians and are based on scientific evidence or best practice.

- ahs.ca/NutritionGuidelinesHP

Check out:

- Frailty, Nutrition Risk and Malnutrition in Seniors (65 years and older)
- Seniors Health Overview

Canadian Malnutrition Task Force: Nutrition Care Pathways

Nutrition Care Pathways developed by Canadian Malnutrition Task Force (CMTF) working group members are evidence-and consensus-based.

- Nutrition screening in primary and community care
 - [Canadian Malnutrition Task Force](#) (CMTF)
 - Go to Resources and Tools, then Primary & Community Care
- [Nutrition Care Pathways - CMTF - Canadian Malnutrition Task Force \(nutritioncareincanada.ca\)](https://nutritioncareincanada.ca)

Malnutrition

Malnutrition can affect people of all ages, of all body sizes, and in all care settings. One in three Canadian older adults have difficulty meeting their nutrition needs.

- Healthy Eating to Address Malnutrition: ahs.ca/Malnutrition

Household Food Insecurity

There is a relationship between nutrition and income. When household finances are limited, it is harder to meet basic nutrition needs. Older adults can be supported to access government benefits and community supports.

Household food insecurity (HFI) is defined as “an inadequate or insecure access to food because of financial constraints”;²³ it impacts physical, mental, and social well-being. HFI is best addressed through income-based interventions.^{23–25} Those experiencing HFI have food preparation, budgeting, and cooking skills similar to the general population.²⁶ Interventions focused on food skills do not protect people from, nor improve HFI.²⁶ Emergency food programs (e.g. food banks) may provide temporary relief.²⁷ However, these programs do not solve HFI and are inappropriate and/or inaccessible for many patients.²⁷

Care providers can offer better support if they are aware of when patients are worried about having enough money for food and are experiencing other challenges because of financial strain.^{28,29} Care providers are encouraged to work with patients to develop interventions that are sensitive to financial strain.

For more information, visit ahs.ca/FoodInsecurity.

More Resources: Clients

Below you will find additional information to support older adult clients with their individually identified nutrition goals.

AHS Nutrition Classes & Workshops

Nutrition Services offers a variety of virtual group nutrition workshops and classes that are facilitated by AHS registered dietitians. Search for a class or workshop below by name, topic, or AHS zone.

- ahs.ca/NutritionWorkshops

Check out:

- Topic filter: Cooking Classes and Demos

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AHS Nutrition Handouts

Nutrition Services' registered dietitians in collaboration with other healthcare professionals and patients develop resources to provide evidence-based and up-to-date information and guidance to patients.

- ahs.ca/NutritionHandouts

Check out handouts on:

- Nutrition for older adults
- Dysphagia (swallowing difficulties)
- Getting more calories and protein

AHS Recipes

Inspiring healthy eating with tasty and easy-to-make recipe ideas.

- ahs.ca/Recipes
- ahs.ca/MoreProteinRecipes



Name: _____

Score: _____ Date: _____

For each question, check only 1 box that **describes you best**. Your response should reflect your typical eating habits.

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

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)

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)

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)

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

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

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)

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

Total Score: _____

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

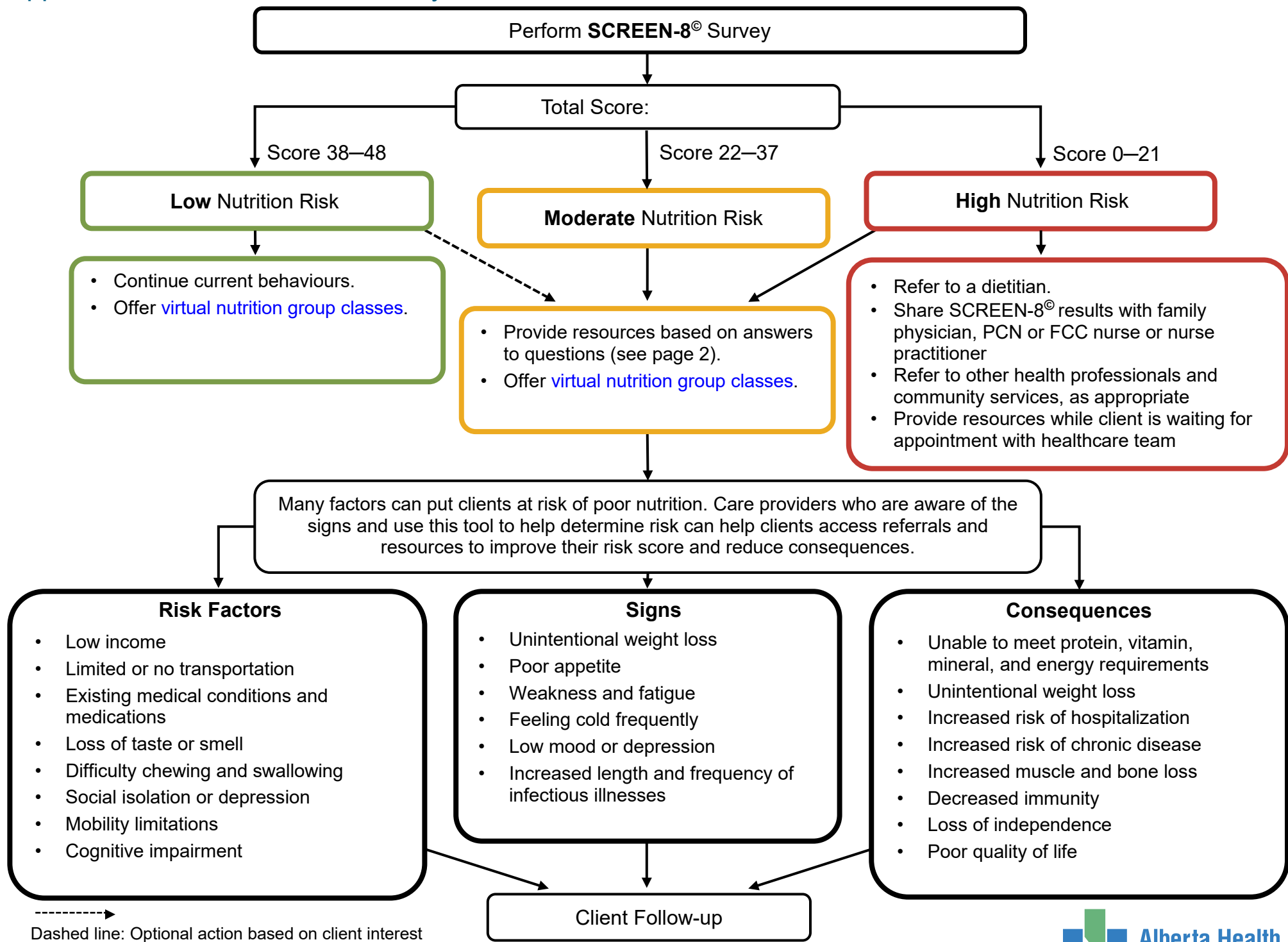
Referrals (check all that apply):

Referral declined

- Dietitian
- Primary Care Network
- Physician
- Home Care
- Denturist
- Social Worker
- Pharmacist

Handouts & webpage links provided (if appropriate):

Appendix B. Nutrition Care Pathway for Older Adults 65+



Appendix C: 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?	<p>When factors such as household finances, physical mobility, and transport are limited, it is hard to get healthy foods. You may not be aware of all the income and benefits programs available to you.</p> <p>Completed tax returns are required to access many income security benefits.</p>	<p>Consider referral to social work or community social service to assist with accessing government benefits and financial assistance.</p> <p>If income tax is not complete refer to free community tax clinic.</p>	<ul style="list-style-type: none"> 211 Alberta <ul style="list-style-type: none"> Search topic: “Seniors/older adults”. Choose: Senior financial assistance Learning about Food Insecurity <p>Note: Helping clients access additional financial assistance is the best way to help clients to preserve dignity, agency, and choice to meet their food preferences and nutrition needs. If a client is interested in emergency food programs, assist them through the referral and navigation process. Note that many programs have restrictions on how often they can be accessed.</p>
10. Do you have difficulty getting your groceries?		List available community supports for accessing food (e.g. grocery programs).	

Questions Ordered by Priority Based on Client Risk	Key Messages	Community Services & Healthcare Referrals	Suggested Client Resources (Handouts & Webpages)
7. Do you eat 1 or more meals a day with someone?	Eating meals with someone may help you want to eat more and choose healthier foods.		
2. Do you skip meals?	Replace a meal with 2–3 snacks if you are not hungry or feel full quickly. A nutrition supplement drink may help when you cannot eat enough. <i>See Q9 & Q10 if income related.</i>		<ul style="list-style-type: none"> • Eating Well When Fatigued: Cooking Edition • Eating with Others and Alone • Nutrition Supplements • Stay Strong with Nutrition: Seniors and COVID-19 • Quick and Easy Meals • ahs.ca/Recipes • ahs.ca/MoreProteinRecipes • Healthy Eating on a Budget (Health Canada)
8. Which statement best describes meal preparation for you?	Meals don't need to be complex or require cooking. Choose meals and snacks that you enjoy and are made of a variety of foods.	List available community supports for meal programs (e.g. meals on wheels, frozen meal delivery programs, community meals)	
6. How much fluid do you drink in a day?	Drinking enough fluids helps support digestion, wound healing, and helps prevent urinary tract infections.		
5. How many pieces/servings of fruit/vegetables do you eat?	Frozen, canned, and fresh types of vegetables or fruits are all great choices.		<ul style="list-style-type: none"> • Staying Hydrated • Healthy Bones • Eat More Vegetables and Fruits
<ul style="list-style-type: none"> • Free virtual nutrition group classes, go to ahs.ca/NutritionWorkshops for how to register. • For patient handouts on nutrition not listed above, go to ahs.ca/NutritionHandouts. • Health Link has dietitians to answer nutrition questions. Clients may call 811 and ask to talk to a dietitian or complete the online self-referral form (ahs.ca/Nutrition) 			

Appendix D. Making Sense of SCREEN-8[®]: Referrals and Resources (Sample)

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. 	<p>Referral to dietitian and family physician [>10 lbs (4.5 kg) unintentional weight loss].</p> <p>Example Primary Care Network 555-555-0000; Example Alberta Healthy Living Program RD 555-555-0000</p>	<ul style="list-style-type: none"> Adding Calories and Protein to Your Diet Making Smoothies with More Calories and Protein
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.	<p>Example Alberta Healthy Living Program RD 555-555-0000; Example Seniors Dinner Program 555-555-000;</p>	<ul style="list-style-type: none"> 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
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.	<p>Response of “Often or Always”: consult PCN or family physician for referral to Speech Language Pathologist or other dysphagia specialist.</p> <p>Example Outpatient Dysphagia Clinic Fax 555-555-0000;</p>	
9. Do you ever have difficulty making ends meet at the end of the month?	<p>When factors such as household finances, physical mobility, and transport are limited, it is hard to get healthy foods. You may not be aware of all the income and benefits programs available to you.</p> <p>Completed tax returns are required to access many income security benefits.</p>	<p>Consider referral to social work or community social service to assist with accessing government benefits and financial assistance.</p> <p>If income tax is not complete refer to free community tax clinic.</p> <p>Example Social Worker Referral social.work@example.com;</p>	<ul style="list-style-type: none"> 211 Alberta <ul style="list-style-type: none"> Search topic: “Seniors/older adults”. Choose: Senior financial assistance Learning about Food Insecurity
10. Do you have difficulty getting your groceries?		<p>List available community supports for accessing food (e.g. grocery programs).</p> <p>Example Grocery Store Delivery 555-555-0000; Example Other Grocery Store Delivery 555-555-0000</p>	<p>Note: Helping clients access additional financial assistance is the best way to help clients to preserve dignity, agency, and choice to meet their food preferences and nutrition needs. If a client is interested in emergency food programs, assist them through the referral and navigation process. Note that many programs have restrictions on how often they can be accessed.</p>

Questions Ordered by Priority Based on Client Risk	Key Messages	Community Services & Healthcare Referrals	Suggested Client Resources (Handouts & Webpages)
7. Do you eat 1 or more meals a day with someone?	Eating meals with someone may help you want to eat more and choose healthier foods.	Example Seniors Dinner Club 555-555-0000; Example Community Kitchen 555-555-0000;	
2. Do you skip meals?	Replace a meal with 2–3 snacks if you are not hungry or feel full quickly. A nutrition supplement drink may help when you cannot eat enough. <i>See Q9 & Q10 if income related.</i>		<ul style="list-style-type: none"> • Eating Well When Fatigued: Cooking Edition • Eating with Others and Alone • Nutrition Supplements • Stay Strong with Nutrition: Seniors and COVID-19 • Quick and Easy Meals • ahs.ca/Recipes • ahs.ca/MoreProteinRecipes • Healthy Eating on a Budget (Health Canada)
8. Which statement best describes meal preparation for you?	Meals don't need to be complex or require cooking. Choose meals and snacks that you enjoy and are made of a variety of foods.	List available community supports for meal programs (e.g. Meals on Wheels™, frozen meal delivery programs, community meals) Example Meal Delivery Service 555-555-0000	
6. How much fluid do you drink in a day?	Drinking enough fluids helps support digestion, wound healing, and helps prevent urinary tract infections.	Example Meal Delivery Service 555-555-0000; Example Water Delivery Service 555-555-0000	
5. How many pieces/servings of fruit/vegetables do you eat?	Frozen, canned, and fresh types of vegetables or fruits are all great choices.		<ul style="list-style-type: none"> • Staying Hydrated • Healthy Bones • Eat More Vegetables and Fruits
<ul style="list-style-type: none"> • Free virtual group education class, Staying Strong and Healthy as We Age, go to ahs.ca/NutritionWorkshops for how to register. • For patient handouts on nutrition not listed above, go to ahs.ca/NutritionHandouts. • Health Link has dietitians to answer nutrition questions. Clients may call 811 and ask to talk to a dietitian or complete the online self-referral form (ahs.ca/Nutrition) 			

Appendix E: Tips for Including SCREEN-8[®] in Electronic Medical Records

This information is for Primary Care Networks and Family Care Clinics that use an electronic medical record (EMR) for charting purposes.

Note: SCREEN-8[®] is not to be used for any commercial purpose. For permission to upload SCREEN-8[®] to your EMR, please contact Dr. Heather Keller to complete an agreement to this effect.

Adding SCREEN-8[®] to existing processes within your EMR may help support nutrition screening.

Work with clinic staff and people who know the EMR process best to determine where to embed SCREEN-8[®]. They can also help inform where the nutrition screening makes sense in the clinic's staff workflow for when they might do the screening.

Reflect on the process to see where SCREEN-8[®] will best fit in the EMR

- Will all clients 65 years and older be screened?
- Who will be the nutrition screener?
- Is there opportunity to add SCREEN-8[®] into the nutrition screener's current workflow?
- What process will be used with each client?
- Do other screening processes already occur where the SCREEN-8[®] could be included? Where are screening results documented? How is the final score and outcome communicated to the healthcare team (physician, nurse/nurse practitioner, dietitian, etc.)?
- What opportunities are there to add the SCREEN-8[®] into existing screening processes?
- Is there opportunity for other team members to complete the SCREEN-8[®] in the EMR if needed?

The above questions can help you decide where SCREEN-8[®] will logically fit in the EMR. Also consider:

- **automated trigger alerts, flags, or pop-out notifications** to remind staff to complete client nutrition screenings.
- **a common place to document** each client's nutrition screening final score.
 - add a **notification or flag for the healthcare team** that a client has been screened for nutrition risk.
- if reports can be generated to **support evaluation and quality improvement** of the nutrition screening program.

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Appendix F. Guide to Implementation – Reflections and Process Revisions

Reflections and Revisions	
Day 1: Go-live (implementation) day	Date
Team reflections	
Additions or changes to be made to the nutrition screening process or tools that need to be made immediately (within a week)	
Additions or changes to be made to the nutrition screening process or tools in the next 1–2 weeks	
Additions or changes to be made to the nutrition screening process or tools in the next 1–3 months	

Appendix G. Evaluation Feedback Tracking (Sample Template)

Feedback Tracking
Feedback from nutrition screeners
Feedback from the healthcare professionals
Feedback from community partners
Feedback from
Next steps

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