The purpose of this Information Memorandum is to request your participation in the Nutrition Screening Initiative (NSI) Project, which will be conducted throughout NY State this summer.

The NSI is a national initiative to promote routine nutrition screening and better nutrition care for the elderly. One of the objectives of the NSI is to utilize existing aging service networks to promote nutrition screening and care. Therefore, in conjunction with the Department of Health, and with your help, we plan to distribute a sufficient number of the NSI Determine Your Nutritional Health checklists to enable you to provide the checklist to each congregate program participant at a given point in time. The goal of this project is to increase the public awareness of the NSI and gather statewide baseline information on the nutritional risk of congregate participants for advocacy purposes.

A concurrent goal is to provide you with nutrition education materials. We are requesting that you distribute the NSI checklists as part of a nutrition education session conducted at your nutrition sites. This method of distribution gives you the opportunity to discuss checklist responses with the participants, and invite participants identified at nutritional risk to consult with your dietitian, case manager or other staff for counseling and/or referral to other services.

In the next few months, you will receive two-part NSI checklists (amounts will be based on the daily average number of congregate meal participants), one copy for the participant and one for you to retain. This enables you to compile county specific information on
the nutritional risk status of your congregate meal participants to use for local advocacy, program development and nutrition education programming. A representative sample of congregate nutrition participants will receive a three-part form. The third part of these checklists should be sent back to SOFA. The Department of Health will compile the data on these forms to provide baseline nutritional risk information on congregate meal participants, which will be shared with you.

As part of the NSI Nutrition Education Package you will receive:
* a supply of Determine Your Nutritional Health checklists;
* suggestions on how to distribute the checklists;
* information on compiling the checklist data collected by your program;
* the Nutrition Interventions Manual for Professionals Caring for Older Americans and suggested interventions to use with individuals identified at nutritional risk;
* information on evaluating the interventions performed; and
* SOFA’s NSI Project evaluation procedure.

SOFA is now in the process of planning the pilots of this project. Prior to implementation we will be testing the procedures in Schoharie and Monroe counties and New York City, to ensure that the project runs smoothly and to determine the representative sample size.

Promotion of the Nutrition Screening Initiative is an excellent way to educate the elderly we serve and other service providers about the importance of nutrition in good health. We hope that you will join us in this project. If you have previously distributed the checklist and question the value of re-distributing it, please note that:
* the checklist is a tool that can be re-used to determine if there has been has been a change in an individual’s nutritional risk status; and
* this project enables you to retrieve county, and even site specific information on the nutritional risk status of congregate meal participants.

If you elect not to participate and have county specific information available, we hope you will share it with SOFA.

Please complete the attached form indicating if you will be participating in this project. This form also asks you to estimate the number of Determine Your Nutritional Health checklists you will need. The checklists are available in English and Spanish. Please note that the number of checklists should be based on the daily average attendance at congregate nutrition sites (which should be less than the unduplicated count for congregate meals) during the summer months. Please return the completed form by June 7, 1993.
NUTRITION SCREENING INITIATIVE PROJECT

Name of AAA__________________________________________

___ No, we will not participate in this project because________

Yes, we will participate in this project.

Number of Determine Your Nutritional Health checklists requested:

________ English

________ Spanish

________ Other Language: Specify ______________________

________ Other Language: Specify ______________________

Please note that the checklist is available in English and Spanish. We may be able to provide other translations with your help.

Please send completed form by June 7, 1993 to:

OSSD
NY state Office for the Aging
2 Empire State Plaza
Albany, NY 12223-0001