DATE: May 23, 2001
TO: Area Agency on Aging Directors
SUBJECT: Gathering Information on High Nutritional Risk

PURPOSE:
Most area agencies on aging (AAAs) and their providers currently gather information on high nutritional risk only for individuals who are receiving comprehensive assessments for community-based long term care services. However, when National Aging Program Information System (NAPIS) requirements are fully implemented in New York State on October 1, 2001, information on high nutritional risk will also need to be gathered for older individuals receiving congregate meals and nutrition counseling. This requirement has generated a number of questions to NYSOFA from AAAs about appropriate methods for gathering nutritional risk information. The purpose of this Technical Assistance Memorandum is to answer these questions and provide guidance on various methods of gathering information for clients who receive congregate meals and nutrition counseling services.

Congregate Meal Sites
All AAAs and congregate meal providers should become familiar with the Nutrition Screening Initiative’s Determine Your Nutritional Health that is used to identify high nutritional risk. A copy is attached. Staff who will be using this instrument at meal sites may wish to refer to 94-IM-28 Nutrition Screening Initiative Project and 98-IM-34 Use of the Nutrition Screening Initiative’s Determine Your Nutritional Health Checklist for additional information about screening.

During the October 2001 -September 2002 period, the checklist may be administered in several ways at congregate sites. Whichever method is used, it is important to inform participants that the information provided will be treated as confidential. The methods are:
**One-on-One:** The first and preferred way is to have the checklist administered one-on-one with older individuals. For new participants, this can be done by having them complete the checklist at the time of registration and entering the information in the client's file.

For participants of longer standing, the checklist may be completed when registration information is updated or when other one-on-one follow-up can be scheduled with the participant during the reporting period. For example, a site manager might schedule time to meet individually with one or two participants each Tuesday afternoon and, over the course of the year, have updated information on all center members. Meetings of this type need not be extremely lengthy, and they provide benefits beyond that of completing the nutritional screening document. Individual sessions offer an opportunity for staff to check on the older person's situation more privately than might be done otherwise, insure that vital health and emergency information is up-to-date, and get feedback on the congregate services.

Once information has been gathered in this way, reporting on the number of individuals at high risk can be done through entering the data into a computerized system (POS, SAMs, etc.), and this information will be exported to NYSOFA as part of the prescribed data transfers.

**Group Process:** Another way of gathering information on nutritional risk is to have congregate meal participants complete the Determine checklist as part of a nutrition education session.

The advantage of this "snapshot" approach is that it is a practical way of gathering information on nutritional risk when staffing resources are limited and having site staff work individually with all center members would be overly burdensome. The disadvantage of this approach is that it only screens the individuals who are at the site on the day the nutrition education program is carried out. Those not in attendance on that day miss out on the screening, and their needs for follow-up on health or other concerns may go unrecognized.

If this group process is used, the site should examine the completed checklists and tally the number of individuals identified as being at high nutritional risk. The site staff then uses this number when it reports on the numbers of all individuals served who are at high nutritional risk. For example, on the day of the group activity, 22 of the 100 individuals who participated in the screening were shown to be at high nutritional risk. During the course of the year, the site served 200 people. Thus, at the end of the reporting period, the site would multiply its total unduplicated count (200) by 22% to come up with a count of 44 individuals who are at high nutritional risk for the year. This number would be added to the numbers reported by other centers within the planning and service area; and, at the end of the reporting year, would be reported to NYSOFA on page 4 of the CAARS reports.
Group Process Combined With One-on-One: Perhaps an easier way to screen the majority, if not all, congregate participants is to combine the group and one-on-one processes. After administering the checklist in a group setting, individual follow-up could be performed with the participants who were not included in the group session. To do this, group participants would be requested to add their name to their completed checklist, allowing you to determine who was not screened. Those not screened in the group would be approached individually for screening.

If this method is used, information on high nutritional risk may be entered into individual client files and then uploaded to NYSOFA as part of the regular transfers of data. However, individual reporting on nutritional risk should not be used if provider organizations are unable to screen most participants using this combined approach. If that occurs, the AAA should report only through the CAARS system as this will avoid duplicating information on nutritional risk that is reported through individual files with nutritional risk information.

Nutrition Counseling

For nutrition counseling clients who also receive case management, in-home services, home delivered meals, or social adult day care, gathering information on high nutritional risk should be easy to obtain. This information is already part of the comprehensive assessment that is completed for individuals requesting community-based long term care services. Thus, the information is already in the client's file.

It seems likely that most other individuals who are referred for counseling would be those that have had screening done at a congregate site and, again, the information should be readily available to the registered dietitian (RD). However, in those instances where there has been no prior screening, it is necessary for the RD to have the client complete the screening instrument to meet NAPIS requirements and to assure that the client is not otherwise included in the AAA's estimated counts of individuals served.

Follow-Up

While the above information is focused largely on how screening is linked to NAPIS reporting, it is important to remember that the primary reason nutrition screening is done is to benefit and further serve older individuals. The warning signs of poor nutritional health are often overlooked, and early intervention may help prevent serious health problems from occurring later. Thus, when high nutritional risk is determined, it is essential that the individual be encouraged to share their completed checklist with their doctor, dietitian or other qualified social services professional. A procedure should be developed so that an individual who wishes to speak with a dietitian is referred to the Elderly Nutrition Program RD. For these persons, you may want to have a copy of the completed checklist to share with the RD prior to the RD's following up with these individuals.
Follow-up with persons at high nutritional risk by the nutrition program's RD could be done several ways:

1. for individuals screened in a group setting, the RD could be available during or after the screening to answer any questions and speak individually to persons as needed.

2. for individuals screened one-on-one, a time could be set aside weekly, biweekly or monthly (dependent upon need) for the RD to meet with these persons at the meal site or senior center.

To make efficient use of the RD's time, you may wish to have the RD answer questions in a group setting first, leaving time available for any personal consultations as desired by the participants. This way the RD could discuss some of those areas that may influence the risk status of the individual but which may not need to be addressed one-on-one. In addition, there may be some added benefits to addressing some of the areas in a group setting. For example, a discussion of why eating alone can increase nutritional risk may prompt individuals to think about the short cuts that they may take when eating alone, such as preparing less nutritious convenience foods. This in turn could lead to a discussion of what a person could do to address this tendency or strategies to minimize/reduce eating alone, e.g., coming to the senior center for lunch, eating with friends. Such a discussion may provide more information to those who need it, but who might be hesitant to request a one-on-one session. Also, the group discussion may lead to participants talking among themselves which could further motivate them to take action.

Please note that having the RD address the group and answer questions can be counted as a unit of Nutrition Education, and the time spent in personal consultations may result in the provision of Nutrition Counseling.

For more information on nutrition interventions for persons identified at high nutritional risk, you may want to refer to the Nutrition Screening Initiative's *Nutrition Interventions Manual for Professions Caring for Older Americans*. This manual was distributed with 94-IM-28 or can be purchased from the Nutrition Screening Initiative. An order blank for this publication and other nutrition screening materials is attached to this TAM.

**Nutrition Screening in Federal Fiscal Year 2002 and Beyond**

As noted earlier, NYSOFA is permitting considerable flexibility for the gathering of high nutritional risk information for FFY 2001. However, in future years, high nutritional risk information should be gathered and linked to specific clients with appropriate notations included in the clients’ files (for community based long term care clients) or in their registration materials or files (for individuals receiving congregate meals or nutrition counseling).
Please contact your assigned Aging Services Nutrition Consultant or Aging Services Representative if you have questions about the procedures outlined above.

PROGRAMS AFFECTED:

- Title 111-B
- Title III-C-1
- Title III-C-2
- Title III-D
- Title III-F
- CSE
- SNAP
- Energy
- EISEP
- Cash-in-lieu
- Title V
- HIICAP
- LTCOP
- Other:

CONTACT PERSON: 

Aging Services Nutrition Consultant  518-474-3585
Aging Services Representative  518-473-5705

TELEPHONE:
Tips from other States and NYSOFA on Working with Older Adults as they complete the Determine Checklist

1. To simplify the checklist, you may want to revise the statements into questions that can be answered Yes or No. This will change the scoring of the checklist. To assist you in doing this, attached to this Technical Assistance Memorandum is a revised checklist that you may wish to use for screening your congregate nutrition program participants.

2. In reproducing the Determine Checklist, consider including the information found on the backside of the checklist produced by the Nutrition Screening Initiative. The information uses the word DETERMINE as a mnemonic to highlight the warning signs of poor nutritional status. Each letter in DETERMINE represents one of the risk factors of poor nutritional status, D for disease, E for eating poorly, etc. In addition, giving a copy of the completed checklist to the individual can assist them in seeking follow-up to this initial screening.

3. Provide a clear explanation of why seniors are being asked to complete the Determine checklist:

"The checklist helps you know when you may be at risk of nutritional health problems and should talk with a Registered Dietitian or your physician about your nutritional status. It also helps the senior center provide information to funding agencies about the numbers of participants who may be experiencing concerns with nutrition and health matters. That information assists these funding agencies in understanding why our funding should be continued."

4. When done as part of a nutrition education session, it's helpful if the nutritionist guides participants through questions one by one using props and examples as necessary. In this way, seniors are better able to understand the questions and provide appropriate answers.

5. One way of increasing interest in the checklist is to couple it with health fairs or other health and wellness activities that may be occurring at the center or within the community. For example, seniors completing the checklist during a Monday nutrition education session can be encouraged to follow-up with qualified professionals if there is a health fair occurring later that day or later that week with registered dietitians or other health professionals. This type of quick follow-up is especially important for older adults who are at high or moderate nutritional risk.

6. A nutritionist from New England suggests presenting a "goodie" bag to each senior who completes and hands in a copy of the Determine checklist. Goodies need not be expensive and might include items made available by local businesses (pencils, letter openers, hand lotion samples, etc.) as well as copies of the Determine checklist and other health and wellness materials.
7. The nutritional survey being completed by participants in New Jersey meal sites has a question at the bottom: "After completing the survey, would you like to discuss this with someone?" After a yes/no check-off, space is then provided for the senior to fill in his/her name and phone number for follow-up. In this way, an older person who may have concerns about his/her nutritional status, but be reluctant to voice them in a group setting, can still get attention and follow-up.

8. Not everyone who scores at high risk may be willing to seek further screening and counseling from the Registered Dietitian associated with the meal program. In these instances, seniors should be encouraged to take a copy of the Determine checklist with them and to follow-up with their health or social services provider.
The Warning Signs of poor nutritional health are often overlooked. Use this Checklist to find out if you or someone you know is at nutritional risk.

Read the statements below. Circle the number in the “yes” column for those that apply to you or someone you know. For each “yes” answer, score the number in the box. Total your nutritional score.

| YES |
|---------------------------------|---|
| I have an illness or condition that made me change the kind and/or amount of food I eat. | 2 |
| I eat fewer than 2 meals per day. | 3 |
| I eat few fruits or vegetables or milk products. | 2 |
| I have 3 or more drinks of beer, liquor or wine almost every day. | 2 |
| I have tooth or mouth problems that make it hard for me to eat. | 2 |
| I don’t always have enough money to buy the food I need. | 4 |
| I eat alone most of the time. | 1 |
| I take 3 or more different prescribed or over-the-counter drugs a day. | 1 |
| Without wanting to, I have lost or gained 10 pounds in the last 6 months. | 2 |
| I am not always physically able to shop, cook and/or feed myself. | 2 |
| **TOTAL** | |

Total Your Nutritional Score. If it’s –

0-2 Good! Recheck your nutritional score in 6 months.

3-5 You are at moderate nutritional risk. See what can be done to improve your eating habits and lifestyle. Your office on aging, senior nutrition program, senior citizens center or health department can help. Recheck your nutritional score in 3 months.

6 or more You are at high nutritional risk. Bring this Checklist the next time you see your doctor, dietitian or other qualified health or social service professional. Talk with them about any problems you may have. Ask for help to improve your nutritional health.

Remember that Warning Signs suggest risk, but do not represent a diagnosis of any condition. Turn the page to learn more about the Warnings Signs of poor nutritional health.
The Nutrition Checklist is based on the Warning Signs described below. Use the word **DETERMINE** to remind you of the Warning Signs.

### Disease
Any disease, illness or chronic condition which causes you to change the way you eat, or makes it hard for you to eat, puts your nutritional health at risk. Four out of five adults have chronic diseases that are affected by diet. Confusion or memory loss that keeps getting worse is estimated to affect one out of five or more of older adults. This can make it hard to remember what, when or if you’ve eaten. Feeling sad or depressed, which happens to about one in eight older adults, can cause big changes in appetite, digestion, energy level, weight and well-being.

### Eating Poorly
Eating too little and eating too much both lead to poor health. Eating the same foods day after day or not eating fruit, vegetables, and milk products daily will also cause poor nutritional health. One in five adults skip meals daily. Only 13% of adults eat the minimum amount of fruit and vegetables needed. One in four older adults drink too much alcohol. Many health problems become worse if you drink more than one or two alcoholic beverages per day.

### Tooth Loss/ Mouth Pain
A healthy mouth, teeth and gums are needed to eat. Missing, loose or rotten teeth or dentures which don’t fit well, or cause mouth sores, make it hard to eat.

### Economic Hardship
As many as 40% of older Americans have incomes of less than $6,000 per year. Having less -- or choosing to spend less -- than $25-30 per week for food makes it very hard to get the foods you need to stay healthy.

### Reduced Social Contact
One-third of all older people live alone. Being with people daily has a positive effect on morale, well-being and eating.

### Multiple Medicines
Many older Americans must take medicines for health problems. Almost half of older Americans take multiple medicines daily. Growing old may change the way we respond to drugs. The more medicines you take, the greater the chance for side effects such as increased or decreased appetite, change in taste, constipation, weakness, drowsiness, diarrhea, nausea, and others. Vitamins or minerals, when taken in large doses, act like drugs and can cause harm. Alert your doctor to everything you take.

### Involuntary Weight Loss/ Gain
Losing or gaining a lot of weight when you are not trying to do so is an important warning sign that must not be ignored. Being overweight or underweight also increases your chance of poor health.

### Needs Assistance in Self Care
Although most older people are able to eat, one of every five have trouble walking, shopping, buying and cooking food, especially as they get older.

### Elder Years Above Age 80
Most older people lead full and productive lives. But as age increases, risk of frailty and health problems increase. Checking your nutritional health regularly makes good sense.
NUTRITION SCREENING INITIATIVE BROCHURE

Designed specifically for medical and health professionals, this pamphlet summarizes the Nutrition Screening Initiative's development and goals.

NUTRITION SCREENING: Toward a Common View

This report documents the results of a multidisciplinary consensus conference at which unity was reached on the risk factors and indicators of poor nutritional status among older Americans as well as a nutrition screening strategy. A full Report and the Executive Summary are available.

STRONG & HEALTHY:
Your Guide for Better Nutritional Health

This handbook provides guidance and resources to help nutrition professionals and older adults make informed decisions about their nutritional needs.

NUTRITION MATTERS:
A Member Handbook to Nutrition Care

This handbook is written for use in any health plan using the Nutrition Screening Initiative's Checklist for assessing the nutritional needs of older Americans.

THE ROLE OF NUTRITION IN CHRONIC DISEASE CARE

It helps health care professionals identify and treat conditions related to chronic diseases such as heart disease, diabetes, and cancer.

PROMOTING THE NUTRITIONAL HEALTH OF OLDER AMERICANS: The Role of Employers and Managed Care Organizations

This report is based on a roundtable sponsored by the initiative in partnership with the Washington Business Group on Health. It includes the discussion about the role of employers and managed care organizations in promoting the nutritional health of older Americans.

NUTRITION INTERVENTIONS MANUAL FOR PROFESSIONALS CARING FOR OLDER AMERICANS

Practical steps to take to improve nutritional status in older adults, including meal planning, dietary counseling, and supplements.

*To obtain the CME test, please contact the Nutrition Screening Initiative at 100 N. Waverly Avenue, Suite 600, Washington, DC 20007.

Determine Your Nutritional Health Checklist

A public awareness tool listing the warning signs of poor nutritional status in older Americans. Indicators and score factors, identifying areas in need of intervention. Checklist available in English and Spanish.

IMPLEMENTING NUTRITION SCREENING AND INTERVENTION STRATEGIES

The report addresses practical questions about how to incorporate the initiative's checklist into nutrition screening practices in different care settings. It includes case studies and intervention programs and reviews of different care settings and professional roles.

INCORPORATING NUTRITION SCREENING AND INTERVENTIONS INTO MEDICAL PRACTICE

A home study monograph for physicians accredited for five hours of continuing medical education by the American Academy of Family Physicians and the American Dietetic Association. Reimbursement and practical suggestions and tools are included.

MANAGING NUTRITION CARE IN HEALTH PLANS:
Incorporating Nutrition Screening and Interventions in Managed Care

This manual for managed care professionals provides guidance on integrating nutrition screening and interventions into managed care programs. It includes a guide to nutrition screening and interventions in health plans.

KEEPING AMERICA'S SENIORS HEALTHY AT HOME:
A Guide to Nutrition Screening and Interventions in Home Health Care

This manual provides guidance for home health agencies on integrating nutrition screening and interventions in home care settings. It includes a guide to nutrition screening and interventions in home health care.

NUTRITION CARE ALERTS FOR NURSING FACILITIES

A new tool for front line care providers identifying warning signs and action steps for the most common nutrition-related conditions. It includes information on unintended weight loss, dehydration, pressure ulcers, and tube feeding complications. These tools are developed by an advisory board including AHCA, NCTSN, and AGS, and with the support of the Senate Aging Committee and HCFA.

NUTRITION CARE ALERTS FOR HOME CARE

A new tool for caregivers at home identifying warning signs and action steps for the most common nutrition-related conditions. It includes information on unintended weight loss, dehydration, pressure ulcers, and tube feeding complications. This tool is available on the website and can be adapted specifically for the home care setting.

*To obtain the CME test, please contact the Nutrition Screening Initiative at 100 N. Waverly Avenue, Suite 600, Washington, DC 20007.
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To order Nutrition Screening Initiative materials fill out the order form and send it along with a check payable to:
Nutrition Screening Initiative
P.O. Box 753
Waldorf, MD 20604-0753.

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