

DEPARTMENT OF AGRICULTURAL, FOOD AND NUTRITIONAL SCIENCE

MSc Course-based Seminar

Name: **Rani Fedoruk**
Supervisor: **Dr. Catherine Chan**
Date: **Monday, December 13, 2021**
Time: **1:30 pm**
Location: <https://ualberta-ca.zoom.us/j/92548624940?pwd=cjB5MFZkx0L3l6ekRSTFhuemZVUT09>
Meeting ID: 925 4862 4940 Passcode: 100507
Title: **Nutrition Risk Screening in Community-Dwelling Older Adults: An exploration of the experience of being screened and description of preliminary screening results**

ABSTRACT

Early identification of nutrition risk is prerequisite to reducing healthcare costs and increasing independence and quality of life for community-dwelling older adults (CDOA) by potentially preventing or detecting malnutrition. Primary care settings afford frequent opportunities to screen for nutrition risk and provide resources and supports when risk is identified. As is the case with all public health initiatives, screening for nutrition risk requires systematic implementation and evaluation of effectiveness. The current report provides preliminary feasibility information on the viability of nutrition risk screening of CDOA. Collected data includes: 1) telephone interviews of CDOA (n = 11) concerning the experience of being screened and their perception of usefulness of the resources and/or services provided when risk was identified and 2) description of nutrition risk screening outcomes for CDOA (n = 150) screened during June and July 2021 at participating locations.

Of the 150 participants, 53% and 4.7% were found to be at moderate and high nutrition risk, respectively. Interviewed participants indicated that nutrition risk screening was acceptable, and of those who accessed services, the referral process was reported to be simple and easy, and services provided beneficial. Some participants had difficulty recalling the screening appointment, and none recalled being informed of their nutrition risk. Four overarching themes emerged from thematic analysis of interview data: 1) discussing nutrition is important and valuable, 2) recollecting appointments is difficult, 3) referral to a dietitian is simple and the appointment is helpful, and 4) nutrition problems affect other people.

The following clinical recommendations are based on analysis of findings from the telephone interviews and screening results: 1) screen CDOA for nutrition risk in primary care settings to prevent and identify malnutrition, increase older adult awareness, decrease health care costs and improve quality of life; 2) develop strategies to respectfully and candidly communicate nutrition risk screening outcomes to CDOA; 3) follow up with CDOA referred to services to determine efficacy; 4) follow up with CDOA who declined a referral; and 5) promote the resources and services available to CDOA (e.g., dietitian).

From the perspective of CDOA, screening for nutrition risk in the community was feasible and effective. The sustainability of the screening initiative in the primary care setting is yet to be determined. The parent study to the current project is exploring feasibility from the screener and management perspective and will provide information about the reach, adoption, implementation and maintenance of nutrition risk screening in CDOA.