The elderly are the largest demographic group likely to be at risk for malnutrition in the U.S. In one survey, over two-thirds of participants in the Elderly Nutrition Program of the Older Americans Act were found to be at moderate to high nutritional risk. Malnourished seniors have higher rates of morbidity and mortality. The aim of health promotion in the elderly is to increase healthy life span.

The Nutrition Screening Initiative (NSI) is a program promoting routine nutrition assessment as a means to encourage better nutrition practices among older adults. NSI is co-sponsored by the American Academy of Family Physicians, the American Dietetic Association and the National Council on the Aging, Inc. A 1990 survey conducted for the NSI found that a large number of older adults met NSI criteria for nutrition risk — skipping meals, poverty, social isolation, disability, illness, chronic medication use and advanced age.

Screening and assessment are recommended by NSI as the first steps in improving nutrition status in the elderly. Nutrition screening is a low-cost way to identify and work with or refer individuals at potential nutrition risk. Nutrition services can then be developed and adapted for the changing needs and capabilities of the older adult. This process has been referred to as the continuum of food and nutrition services. Appropriate medical nutrition therapy can enhance mobility and alertness, reduce medical complications, and promote faster wound healing. While nutrition services in the home may not be covered by Medicaid, many states use Medicaid waivers, provided for under the Social Security Act, to allocate funds for in-home services not ordinarily covered by Medicaid.

Nutrition screening fits well into the case management model. Based on the results of nutrition screening, an appropriate care plan can be developed and modified by dietetics professionals and other health professionals on the client care team. The use of interdisciplinary teams minimizes redundancy of tasks and responsibilities, is cost-effective, and allows for the optimal delivery of services.

The NSI DETERMINE Checklist is a nutrition screening tool to help identify warning signs of potential nutrition problems. It includes 10 simple questions to be answered “yes” or “no” about factors that could influence nutrition status. The checklist can be completed and scored by professionals, paraprofessionals or members of the public, including family members.

Campaign Long-Term Nutrition Risk Reduction demonstrates how nutrition screening and case management can help lower nutrition risk among frail, homebound older adults.

**DETERMINE YOUR NUTRITIONAL HEALTH CHECKLIST**

1. I have an illness or condition that made me change the kind or amount of food I eat.
2. I eat fewer than two meals each day.
3. I eat few fruits or vegetables or milk products.
4. I have three or more alcoholic drinks almost every day.
5. I have tooth or mouth problems that make it hard for me to eat.
6. I don’t always have enough money to buy the food I need.
7. I eat alone most of the time.
8. I take three or more different prescribed or over-the-counter medicines a day.
9. Without wanting to do so, I have lost or gained 10 pounds in the last six months.
10. I am not always physically able to shop, cook and/or feed myself.
CAMPAIGN LONG-TERM NUTRITION RISK REDUCTION

Nutrition and home care professionals employed by United Home Care Services, Inc. (UHCS), a home care service provider in Florida, used nutrition screening checklists and assessment tools to establish long-term medical nutrition therapy care plans for its elderly clients.

GOALS AND OBJECTIVES

This campaign aimed to improve the nutrition status of frail, homebound older adults receiving home services under the Medicaid Waiver Program by nutritionally screening clients, providing home-based medical nutrition therapy where indicated, using a coordinated case management approach to determine need for further services, and evaluating the effectiveness of home-based medical nutrition therapy.

METHODOLOGY

Frail, homebound older adults who were clients of UHCS residing in Dade County, Florida were contacted by a case manager for the purpose of completing a “Nutrition Screening Checklist.” This checklist was adapted from the screening checklist developed by NSI. Clients identified as “at risk” after screening were referred to a dietetic technician for an initial home visit and in-depth nutritional assessment. The case manager and dietetic technician then met with a UHCS registered dietitian to review assessment results, determine risk and establish a care plan for medical nutrition therapy. The dietitian carried out the care plan through monthly visits. The case manager was kept informed through progress notes and case narrative tools. At the time of discharge from the medical nutrition therapy care plan, the in-depth nutritional assessment was repeated and compared to the pre-therapy assessment.

RESULTS

Semi-annual samplings of 20 percent of all discharged patients demonstrated that approximately 89 percent of clients surveyed lowered their nutrition risk scores after receiving home-based medical nutrition therapy.

LESSONS LEARNED

“Medical nutrition therapy can improve the diet and nutrition status of frail, homebound seniors, whose nutrition needs are often overlooked. We also found that using the screening and assessment tools from the Nutrition Screening Initiative helped us start our programs sooner, rather than taking time to develop materials from scratch.”

— Simone de Oliveira, R.D., L.D
United Home Care Services, Inc.

REFERENCES

3 Ibid.
5 Ibid.
6 Nutrition Screening Initiative.
QUESTIONS

1. Which is the largest demographic group at risk for malnutrition?
   a. Elderly
   b. Children
   c. Single mothers
   d. Teens

2. What is the purpose of the Nutrition Screening Initiative?
   a. To screen 100 percent of elderly Americans
   b. To promote nutrition assessment as a means to encourage better nutrition practices among seniors
   c. To teach dietitians how to do quick nutrition assessments
   d. To teach families how to assess the nutrition status of aging relatives

3. Which is not among NSI criteria for nutrition risk?
   a. Skipping meals
   b. Poverty
   c. Disability
   d. Poor health insurance

4. Which is an item on the DETERMINE checklist?
   a. I have three or more alcoholic drinks almost every day
   b. I live alone
   c. I have been on a weight loss diet over the last six months
   d. I avoid the grocery store because it is too crowded

5. In which order are clients contacted by the staff of United Home Care Services?
   a. Dietitian, case manager, diet technician
   b. Case manager, dietitian, diet technician
   c. Case manager, diet technician, dietitian
   d. Diet technician, dietitian, case manager

ANSWERS:
1. a
2. b
3. d
4. a
5. c