

DETERMINE Nutrition Screening

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OBJECTIVES

Attendees will be able to:

- ▶ To identify why the DETERMINE Nutritional Screen is used in the Aging Programs.
- ▶ Name at least three (3) warning signs in the DETERMINE Screen.
- ▶ To properly score the DETERMINE Screen if using a paper copy.
- ▶ Identify when further referral is needed based on DETERMINE Score.

Background

- Developed by the American Academy of Family Physicians and the Academy of Nutrition and Dietetics.
- Used to help increase older adults' awareness about nutrition and health
- A tool that can assess the risk for poor nutritional status.
- It can measure an individual's level of nutrition risk over time
- It is required by the U.S. Administration on Aging and the Kentucky Department for Aging and Independent Living for all Nutrition programs funded by the Older Americans Act within the Area Agencies on Aging (AAA).

What are the Warning Signs for Poor Nutrition?

- ▶ D- Disease
- ▶ E - Eating Poorly
- ▶ T - Tooth loss/Mouth pain
- ▶ E - Economic Hardship
- ▶ R - Reduced Social Contact
- ▶ M - Multiple Medicines
- ▶ I - Involuntary Weight loss/gain
- ▶ N - Needs Assistance in Self-Care
- ▶ E - Elder Years Above Age 80

D - Disease

- Any disease, illness, or chronic condition that causes you to change the way you eat or makes it hard for you to eat puts your nutritional health at risk.
- 4 out of 5 adults have chronic diseases that are affected by diet.
- Confusion or memory loss that keeps getting worse is estimated to affect 1 out of 5 or more older adults. This can make it hard to remember what, when, or if you've eaten.
- 1 in 8 older adults has feeling of sadness or depressing, which can cause big changes in appetite, digestion, energy level, weight and well-being.

E - 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.
- ▶ 1 in 5 adults skip meals daily
- ▶ Only 13% of adults eat the minimum amount of fruit and vegetables needed.
- ▶ 1 in 4 older adults drink too much alcohol.

T- Tooth Loss / Mouth Pain

- ▶ A healthy mouth, teeth, and gums are needed to eat.
- ▶ Missing, loose, or rotten teeth can make it difficult to eat.
- ▶ Dentures that are loose, broken or do not fit well can cause the mouth to be sore and make it difficult to eat.

E - Economic Hardship

- ▶ As many as 40% of older Americans have incomes less than \$6,000 per year.
- ▶ Spending less than \$25-30.00 per week on food makes it very difficult to get the food needed to stay healthy.
- ▶ Often SNAP benefits are very limited.

R - Reduced Social Contact

- ▶ 1/3 of all older people live alone.
- ▶ Being with people daily has a positive effect on morale, well-being and eating.
- ▶ Once a participant starts in the program, often the only visitor a client may have is the person delivering a meal.

M- Multiple Medicines

- ▶ Almost ½ of older Americans take multiple medicines daily.
- ▶ Growing older may change the way our body responds to medicines.
- ▶ The more medicines taken the greater the risk of side effects.
- ▶ Vitamin/Minerals taken in large doses act like medicines and can cause harm.

I -Involuntary Weight Loss /Gain

- ▶ Unplanned weight loss or weight gain is an important warning sign.
- ▶ Being overweight or underweight both increases your chance of poor health.
- ▶ Being overweight may not mean a person has extra weight to lose.

N - Needs Assistance in Self-Care

- ▶ 1 out of 5 older people have trouble walking, shopping, buying, and cooking food.

E - Elder Years Above Age 80

- ▶ As age increases, risk of frailty and health problems increase
- ▶ Checking your nutrition health regularly can improve your awareness

DETERMINE YOUR NUTRITIONAL HEALTH

| | 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, 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 makes 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 | |

DETERMINE - Scoring

- 0 - 2** **GOOD!**
Recheck your nutritional score annually.
- 3 - 5** **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.
- 6 or more** **High Nutritional Risk.**
With the Kentucky Nutrition Program within the Older American Act, if you score 6 or more you will be referred to a Registered Dietitian or your physician / qualified health professional. Bring this Checklist the next time you see your doctor, Dietitian, or other qualified health or social service professional. Talk with him or her about any problems you may have. Ask for help to improve your nutritional health.

Why do we Refer for those at High Risk?

When a participant is at High Nutritional Risk, that means they are at risk for future complication due to poor nutrition. The screen allows us to identify those at risk so we can avoid future or further complications.

The 910 KAR 1:190

Nutrition screening shall be provided for all participants of the nutrition program for older persons as outlined in the state data system at least annually.

- b. The results of this screening shall be reported to the department.
- c. A participant who receives a nutrition score of six (6) or higher shall have documentation of further action based on a referral to a:
 - (i) Dietitian for nutrition counseling; or
 - (ii) Participant's physician;

Referring due to High Risk

By referring to a Registered Dietitian or Physician you are addressing the risk they currently have and are giving them resources to help decrease those risks.

If you have a Dietitian available to provide Nutritional Counseling, see if they can come to the center to provide counseling.

Encourage the participant to follow up with the referral if they are seeing a Dietitian or Physician off site.

What if they do not follow up or refuse?

- ▶ Provide them with reasons as to why their nutrition health is important
- ▶ Explain to them that Dietitians do not take away all the best tasting food. Dietitians work with client and their favorite foods to help them optimize their nutritional health.
- ▶ Just because they see their doctor every month does not mean they are addressing nutrition. Have them take a copy of the screen to the doctor with them.
- ▶ You may also refer clients to SNAP, Dentist, Pharmacist, farmers market, in addition to the Dietitian and Doctor.

CONCLUSION

Take the nutritional screen seriously. You have the opportunity to identify risk that can change a participant's health.

If we screen for cancer risk we take it seriously.

Why would you not take nutritional risk seriously?

Resources

- ▶ The Nutrition Screening Initiative, 1010 Wisconsin Avenue, NW, Suite 800, Washington, DC 20007. Jones and Bartlett Publishers
- ▶ <http://healthyeating.sfgate.com/nutrition-screening-initiative-10522.html>
- ▶ Kentucky Nutrition Program Regulations
<http://www.lrc.ky.gov/kar/910/001/190.htm>
- ▶ Kentucky Standard Operating Procedures DAIL-NP 17.10
<http://chfs.ky.gov/NR/rdonlyres/08CCCFC5-6586-4030-9BBB-5182EA9AE56A/0/RevisedChapter17NutritionServicesProgramSOPManual.pdf>