Supplemental Data

**Supplemental Table 1. Survey responses from Screeners**

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| **Item** | **Response** | **Comments** |
| What is your current position? | RN (n=2), Outreach worker (n=2), Social worker (n=1), LPN (n=5) |  |
| The training/orientation I received enabled me to confidently screen older adults with the SCREEN-8. | 6.1 ± 0.6 |  |
| The SCREEN-8 process seems user-friendly for in-person use. | 6.3 ± 0.5\* |  |
| The SCREEN-8 process seems user-friendly for virtual (telephone/Zoom) use. | 6.4 ± 0.5\* | [S10] “depending on person, could be more difficult, and prefer to visually see patient as a whole skin, frailty, weight and appearance. Also it did take longer virtually.” |
| The SCREEN-8 process can be implemented into my workflow. | 6.4 ± 0.8 |  |
| In terms of the FEASIBILITY of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | [S2] “It was a good tool to open the door for conversation around nutrition and possible supports when someone consented. I found people often consented because they wanted to extended a conversation, lots of loneliness as a result of the pandemic.”  [S4] “While I would not disagree older adults are a vulnerable segment of the population and targeted efforts to address the needs of older adults is important. I would argue it is equally critical to address the health needs of those made vulnerable by poverty/working poor including children. The health of Albertans could be vastly improved by broadening the scope of this screen and making available a prescription for fresh or frozen fruits and vegetables.”  [S5] “It did work well to ask the questions over the phone, they were simple and easy to answer questions. As I was calling patients for preventative screening at the same time, some did not have the patience to stay on the phone to go through the screening as well.”  [S7] “having the resources for further referral at the bottom help with providing options to pt.”  [S10] “assessing visually in person, helped to determine if the screen 8 need to be done urgently. Overall, it had helped to pick up the patients that don’t complain much, swallowing question is amazing to have to prevent any further problems. At the end of survey it cues for some more education on fluids and food intake that is nutritious. Although resource for elderly healthy living was there, more so people declined it due to it being virtual/zoom. Majority not interested in virtual aspect of it, due to limited use of it.” | |
| The SCREEN-8 initiative supports the work I do with older adults. | 6.4 ± 0.8 | [S4] “My experience is that poor nutrition results from inadequate financial resources and food banks do not offer fresh or frozen fruits and veggies. the items are primarily refined carbohydrates and tinned food items, in general nutritionally less dense.”  [S8] “I could see this initiative being supportive if my role were to evolve.” |
| The SCREEN-8 initiative meets the needs of older adults. | 6.4 ± 1.0 | [S4] “See above response. An accompanying intervention to make nutritious food more accessible (prescription for fresh/frozen fruits, veggies, good sources of proteins) would address the needs of older adult with limited resources.” |
| Screening for nutrition risk benefits older adults. | 6.7 ± 0.5 |  |
| In terms of the ACCEPTABILITY of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | [S6] “I found asking the question regarding finances a bit intrusive. I feel it needs to be worded differently, less direct.”  [S10] “I have made a previous note:) | |
| The SCREEN-8 tool seems like a good match for assessing nutrition risk in older adults at in-person visits. | 6.7 ± 0.5 |  |
| The SCREEN-8 tool seems like a good match for assessing nutrition risk in older adults at virtual (telephone/Zoom) visits. | 5.5 ± 2.1 | [S4] “Poor communication/hearing, rapport not established to increase reliability of responses.”  [S10] “takes longer, and sometime is not accurate if not visual.” |
| The SCREEN-8 initiative allowed me to provide education about the risk factors, signs and consequences of poor nutrition at in-person visits. | 6.7 ± 0.5 |  |
| The SCREEN-8 initiative allowed me to provide education about the risk factors, signs and consequences of poor nutrition at virtual (telephone/Zoom) visits. | 6.1 ± 0.7 | [S6] “Did questions via phone which didn't allow for the visual assessment of the patient's wellbeing.” |
| The SCREEN-8 initiative allowed me to identify older adults needing community resources at in-person visits and refer them appropriately. | 6.6 ± 0.5 |  |
| The SCREEN-8 initiative allowed me to identify older adults needing community resources at virtual (telephone/Zoom) visits and refer them appropriately. | 6.0 ± 0.8 | [S5] “based on some patients answers, their score was low but our conversation was reassuring that there weren't any concerns. (ie intentionally losing weight, and a person who doesn't enjoy cooking, etc). However, it was hard to assess the actual person because it was a phone call. Seeing the in person would give a better indication of the accuracy of our conversation.”  [S6] “Did questions via phone which didn't allow for the visual assessment of the patient's wellbeing.” |
| The SCREEN-8 initiative allowed me to identify older adults needing additional medical support and refer them to the primary care network / physician. | 5.9 ± 1.5 |  |
| The SCREEN-8 initiative allowed me to identify older adults needing additional nutritional support and refer them to the RD. | 6.5 ± 0.7 |  |
| I was readily able to recommend appropriate supports (e.g. financial supports, meal supports, etc.) that are available in my community. | 6.0 ± 0.9 | [S4] “Yes to some extent this true, however concerns are discussed in detail in previous comments.”  [S5] “I did not feel so confident about the referral to supports in the community as I did not have much opportunity to do this, most of the people I screened were not needing supports.” |
| I did not identify any gaps in appropriate supports in my community. | 5.1 ± 2.0 | [S1] “Community resources change and the tool needs to be updated to cover the changes.”  [S4] “Concern identified in previous comments.”  [S6] “The only gap would be the missing of the visual assessment of the patient you are screening if being done by phone.”  [S10] “Just that the living healthy while you age virtually was an amazing zoom workshop/classes, but not always accessible to all.” |
| In terms of the APPROPRIATENESS of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | [S5] “I think that the screening tool is most appropriately used in person as it is difficult to fully assess a person over the phone.” | |

\* Four individuals did not perform any in-person screens. Two individuals did not perform any virtual screens. Individual screeners are identified as [S1]-[S10].

Abbreviations: LPN, Licensed Practical Nurse; RN, Registered Nurse.

Data are means ± SD.

**Supplemental Table 2. Survey responses from CBO and PCN leadership**

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| **Item** | **Response** | **Comments** |
| If implemented into our workflow, the PCN-[CBO]-AHS partnership regarding the SCREEN-8 initiative has the potential to reduce nutrition risk in older adults living in my community. | 6.3 ± 0.6 |  |
| My perception is that personnel found that the SCREEN-8 process was user-friendly for in-person use or virtual (telephone/Zoom) use. | 6.3 ± 0.6 (IP, n=2)  7.0 (V, n=1) |  |
| My perception is that the SCREEN-8 process can be implemented into the workflow of those personnel. | 6.7 ± 0.6 |  |
| How many older adults did your organization see or provide resources to as a result of referral from the partner organization? | 0 (refers only to GCC-PCN partnership) |  |
| The communications between PCN and the CBO regarding the SCREEN-8 initiative worked well. | 4.0 ± 0 | “No referrals.”  “We had no need to speak directly to them they could generate a referral to us if they needed. However, I would not necessarily be aware that they did this.” |
| The referral process between PCN and the CBO regarding the SCREEN-8 initiative worked well. | 5.5 ± 2.1 | “we do not know if new frozen meal clients or grocery delivery were referred from PCN.” |
| The partnership between PCN and the CBO regarding the SCREEN-8 initiative increased my organization's ability to identify older adults with nutrition risk. |  | “Great question! Working on this idea currently would like to see it a regular screening in the EMRs.” |
| The partnership between PCN and the CBO regarding the SCREEN-8 initiative is important to my organization's work with older adults. | 7.0 ± 0 |  |
| It is a priority for my organization to continue the SCREEN-8 partnership between PCN and the CBO. | 6.0 ± 1.4 |  |
| How many older adults did your organization see or provide resources to as a result of referral from AHS? | 0 |  |
| The communications between my organization and AHS NS regarding the SCREEN-8 initiative worked well. | 4.3 ± 1.5 | “In regards to referral we did not have any, other than that AHS is a pleasure to work with.”  “I feel there is only one way communication PCN to AHS we don't get follow up from AHS” |
| The partnership between my organization and AHS NS regarding the SCREEN-8 initiative increased my organization's ability to identify older adults with nutrition risk. | 5.7 ± 1.5 | “The tool created a heightened awareness.” |
| The partnership between my organization and AHS NS regarding the SCREEN-8 initiative is important to the work of my organization with older adults. | 6.7 ± 0.6 |  |
| It is feasible to continue the SCREEN-8 partnership between my organization and AHS NS. | 5.7 ± 1.5 | “Currently working on this. Needs to be seen as a priority to the Doctors and PCN initiatives.” |
| In terms of the FEASIBILITY of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | “I think screen-8 needs to be implemented in all outreach assessments in community based social services.”  “Need to have continued updated desk references, this was so handy! Continued partnership needs to continue. Nutrition is the foundation to EVERYTHING!!” | |
| The SCREEN-8 initiative supports the work AHS NS in this health zone does with older adults. | 7.0 ± 0 |  |
| The SCREEN-8 initiative is a satisfactory way to meet the needs of older adults. | 6.0 ± 1.0 | “It is a start by identifying issues.” |
| Screening for nutrition risk benefits older adults. | 6.7 ± 0.6 |  |
| The PCN-[CBO]-AHS partnership regarding the SCREEN-8 initiative supports the work my organization does with older adults. | 6.7 ± 0.6 |  |
| The PCN-[CBO]-AHS partnership regarding the SCREEN-8 initiative is a good way to support older adults living in the community. | 6.7 ± 0.6 |  |
| I envision that the PCN-[CBO]-AHS partnership could be expanded to other initiatives. | 6.7 ± 0.6 |  |
| In terms of the ACCEPTABILITY of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | “I think that if we could educate organizations that have the opportunity to implement this tool, it would provide better outcomes for aging in community. If AHS moves forward with working more closely with community based agencies and provide funding for those non-medical supports, one of the conditions of funding is the use of SCREEN-8.” | |
| The SCREEN-8 tool seems like a good match for assessing nutrition risk in older adults at in-person or virtual visits. | 7.0 ± 0 (IP, n=2)  7.0 (V, n=1) |  |
| The SCREEN-8 initiative allowed my organization's personnel to provide education about the risk factors, signs and consequences of poor nutrition at in-person or virtual visits. | 6.7 ± 0.6 (IP, n=2)  7.0 (V, n=1) |  |
| The SCREEN-8 initiative allowed my organization's personnel to identify older adults needing community resources at in-person or virtual visits and refer them appropriately. | 5.7 ± 1.5 (IP, n=2)  7.0 (V, n=1) | “Yes, were able to identify but client did not want to be referred.” |
| The SCREEN-8 initiative allowed my organization's personnel to identify older adults needing additional medical or nutrition support and refer them to the physician/PCN and/or the RD. | 5.7 ± 1.5 | “Were able to identify but clients did not want to be referred.” |
| In terms of the APPROPRIATENESS of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? |  | “We had such great communication with the team they addressed any challenges we had during implementation. Having scripts to give this over the phone would be great!” |

Abbreviations: AHS NS, Alberta Health Services Nutrition Services; CBO, community-based organization; IP, In-person; PCN, Primary care network; RD, registered dietitian; V, Virtual.

Data are means ± SD.

**Supplemental Table 3. Survey responses from AHS NS leadership**

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| **Item** | **Response (n=3)** | **Comment** |
| Since the beginning of the SCREEN-8 initiative, what is the total number of individuals that were referred to and seen by the RD on the basis of their SCREEN-8 result? | 16 referred, 15 seen (all from PCN) |  |
| What is the number of RDs in your organization who could receive referrals (i.e. with the specified credentials)? | 9 |  |
| How many personnel subsequently received a referral of at least one older adult from CBO or PCN? | 2 |  |
| Have you heard of or been contacted by any other organizations similar to yours that are interested in adopting the SCREEN-8 initiative? | Yes = 2  No = 1 |  |
| My perception is that the RDs would be able to provide supports to older adults referred with severe nutrition risk based on incorporating the SCREEN-8 process into their workflow. | 6.7 ± 0.6 |  |
| If implemented into our workflow, the PCN-[CBO]-AHS partnership regarding the SCREEN-8 initiative has the potential to reduce nutrition risk in older adults living in my community. | 6.7 ± 0.6 |  |
| The communications and referral processes between PCN and AHS regarding the SCREEN-8 initiative worked well. | 6.0 ± 0 (communications)  6.0 ± 0 (referral processes) |  |
| The communications and referral processes between CBO and AHS regarding the SCREEN-8 initiative worked well. | 6.0 ± 0 (communications)  6.0 ± 0 (referral processes) |  |
| The partnership between PCN-[CBO]-AHS regarding the SCREEN-8 initiative increased my organization's ability to identify older adults with nutrition risk. | 7.0 ± 0 |  |
| The partnership between PCN-[CBO]-AHS regarding the SCREEN-8 initiative is important to my organization's work with older adults. | 7.0 ± 0 |  |
| It is a priority for my organization to continue the SCREEN-8 partnership between PCN-[CBO]-AHS. | 7.0 ± 0 |  |
| It is feasible to continue the SCREEN-8 partnership between my organization and PCN-[CBO]-AHS. | 6.7 ± 0.6 |  |
| In terms of the FEASIBILITY of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | “Regular team meetings were helpful in communicating with each other. This helped to answer questions and obtain feedback from each other.”  “I think the biggest challenge may have been the time to complete the screens in a virtual environment which may impact long term use. What other options could be explored to improve this? I think the conversations to build the relationships and understanding were crucial to the success of this program. I also think support from the physicians was key to buy-in by the PCN.”  “Implementing the screening questions into the regular screening and workflow already being completed by health professionals at the PCNs and seniors organizations so that it isn't seen as an add on but rather part of the way we do business.” | |
| The SCREEN-8 initiative supports the work AHS NS in this health zone does with older adults. | 7.0 ± 0 |  |
| The SCREEN-8 initiative is a satisfactory way to meet the needs of older adults. | 5.7 ± 0.6 | “I think it is one tool that can be used to identify the needs of older adults.” |
| Screening for nutrition risk benefits older adults. | 7.0 ± 0 |  |
| The PCN-[CBO]-AHS partnership regarding the SCREEN-8 initiative supports the work my organization does with older adults. | 7.0 ± 0 |  |
| The PCN-[CBO]-AHS partnership regarding the SCREEN-8 initiative is a good way to support older adults living in the community. | 7.0 ± 0 |  |
| I envision that the PCN-[CBO]-AHS partnership could be expanded to other initiatives. | 7.0 ± 0 |  |
| In terms of the ACCEPTABILITY of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | “All team members should attend the nutrition screening training session, not just the screeners. This will keep everyone on the same page.”  “I think there were some challenges with the wording regarding the poverty SCREEN that were addressed but otherwise very acceptable.”  “I think the only issues were sometimes that the clients didn't exactly understand what the question was asking so not sure we always got a fully true response. It was mentioned especially with clients with cognitive impairments.” | |
| The SCREEN-8 tool seems like a good match for assessing nutrition risk in older adults by outreach workers from CBOs or at the PCN. | 6.3 ± 0.6 (referring to CBO)  6.3 ± 0.6 (referring to PCN) |  |
| The SCREEN-8 initiative increased the ability of RDs to provide education about the risk factors, signs and consequences of poor nutrition. | 6.0 ± 1.7 |  |
| The SCREEN-8 initiative allowed RDs to identify older adults needing community resources and refer them appropriately. | 5.7 ± 1.5 |  |
| The SCREEN-8 initiative allowed RDs to identify older adults needing additional medical support and refer them to the PCN. | 4.7 ± 1.2 | “I think the focus was really the other way but maybe the dietitians were using the tool this way.” |
| In terms of the APPROPRIATENESS of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | “I think there was lots of relevance in the questions asked in the SCREEN 8 to the work of the PCN and Golden Circle staff.”  “I think simplifying the number of questions and ensuring the questions are clear enough for even clients with cognitive impairments to answer appropriately.” | |

Abbreviations: AHS NS, Alberta Health Services Nutrition Services; CBO, community-based organization; PCN, Primary care network; RD, registered dietitian.

Data are means ± SD.

**Supplemental Table 4. Survey responses from Registered Dietitians who received referrals**

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| **Item** | **Response (n=4)** | **Comment** |
| I received information about the SCREEN-8 initiative. | Yes = 3  No = 1 |  |
| The information I received enabled me to support implementation of the SCREEN-8 initiative in the PCN and CBO. |  | “I don't remember receiving any information about reporting back to the PCN after doing a nutrition consult. If any is required, it would be helpful to know.” |
| The SCREEN-8 referral process can be implemented into the workflow of my dietetics practice. | 6.5 ± 0.6 |  |
| Having older adults identified as high nutrition risk and referred by a CBO or PCN facilitates the counselling and nutritional support I can provide. | 7.0 ± 0 (referring to CBO)  6.5 ± 1.0 (referring to PCN) |  |
| In terms of the FEASIBILITY of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | “If the individual referred has cognitive issues, it would be ideal to involve a family member/care giver. There is a challenge to ensure recommendations/suggestions are implemented.”  “Many of the clients don't really know why we're meeting even after reviewing the screen-8 results and questions.” | |
| The SCREEN-8 initiative supports the work I do with older adults. | 6.8 ± 0.5 |  |
| The SCREEN-8 initiative meets the needs of older adults. | 5.5 ± 1.0 |  |
| Screening for nutrition risk benefits older adults. | 6.5 ± 0.6 |  |
| In terms of the ACCEPTABILITY of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | “I only had one referral, which is concerning, since we know that 45% of people admitted to hospital are malnourished. They are out there in the community, so I had thought there would have been more referrals.”  “Maybe how the screen is used - many of my clients are unaware of what it is.” | |
| Referrals from the SCREEN-8 initiative allowed me to identify patients with high nutrition risk more easily than before. | 5.8 ± 1.3 | “With only one referral, I'm not sure I can really determine how effective the screen 8 is? Maybe our community of older adults is healthy???” |
| Seeing patients with high nutrition risk provided me the opportunity to educate them about the risk factors, signs and consequences of poor nutrition. | 6.0 ± 1.4 |  |
| Seeing patients with high nutrition risk provided me the opportunity to refer them for appropriate medical support. |  | “Only one referral so do not really feel I can comment on this.”  “Haven't had any that were referred for more appropriate medical support than an RD.” |
| For most of the older adults I saw during the pilot, the SCREEN-8 evaluation of high nutrition risk agreed with the SGA score. | Yes = 2  No = 2 | “Unfortunately, due to COVID, I was not able to do any SGA as it was a telephone consult. In person visitation would be ideal, especially if the family member/care giver could attend with the individual.” |
| I am aware of the PCN-Community Organization-AHS Nutrition Services partnership regarding the SCREEN-8 initiative. | Yes = 3  No = 1 |  |
| In my opinion, the PCN-[CBO]-AHS Nutrition Services partnership is appropriate for serving the needs of older adults living in my community. | 6.3 ± 0.6 |  |
| In terms of the APPROPRIATENESS of implementing the SCREEN-8 program with older adults, what do you think could be improved upon and/or what do you think worked very well? | No comments | |

Abbreviations: AHS NS, Alberta Health Services Nutrition Services; CBO, community-based organization; PCN, primary care network; SGA, subjective global assessment; RD, registered dietitian.

Data are means ± SD.