



going to **sustainable** eating

SYMPOSIUM/WORKSHOPS/Breakfasts PROPOSAL TEMPLATE

17th International
Congress of Dietetics
**GRANADA
SPAIN**
2016
7, 8, 9 and 10 September

General information

- **Symposiums** can take up to two hours and will offer a strong scientific focus and approach. They
- **Workshops** can take up to two hours and will have a practical, professional and hands on structure. Will be held simultaneously to other workshops. Registration will be needed. Limited places 70-120 attendees.
- **Breakfasts** can take up to one hour and will have an informal set up where all Associations' members - both directors and associates - can discuss a specific scientific or professional subject in an enjoyable and colloquial environment.

Food industry and/or a pharmaceutical company can sponsor the Symposium /Workshop/ Breakfast. Sponsor 's details will be provided as part of the proposal.

SYMPOSIUM/WORKSHOPSTitle/Theme:

Please insert the title/theme of your symposium. Titles will be used in all pre-Congress promotion. Titles must accurately describe the content of your session and be no more than 10-12 words long.

Nutrition Screening Tools for Young Children and Seniors ... research, implementation, and evolution

SYMPOSIUM/WORKSHOPS Facilitators: Names and main affiliation

Same as below

SYMPOSIUM/WORKSHOPS Presenters: Names and main affiliation

Janis Randall Simpson, PhD, RD, FDC - College Professor Emerita, Dept of Family Relations and Applied Nutrition, University of Guelph, Canada

Heather Keller, PhD, RD, FDC- Nutrition & Aging Research Chair with the Schlegel-UW Research Institute for Aging; Professor, Dept Kinesiology, University of Waterloo, Canada

Helen Haresign, MSc, RD, FDC – Vice President Development with Dietitians of Canada

SYMPOSIUM/WORKSHOPSHistory:

Has the symposium/workshop been held previously? If yes, please describe previous symposium details and rationale for repeating session.

No

SYMPOSIUM/WORKSHOPS Overview:

Insert a short **overview** of your symposium/workshop proposal. If accepted, this information will be used in publications to promote your session. Overview should not exceed 100 words.



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Nutrition screening can easily identify who may be at risk for nutrition problems and who may need further assessment or intervention. Canada led development and testing of unique nutrition screening questionnaires for older adults (SCREEN) and parents of young children (NutriSTEP®). SCREEN and NutriSTEP® questionnaires have undergone extensive research to confirm their validity and reliability. These tools are available in other languages and are adaptable for other countries. With further reliability studies and audience testing, these questionnaires have evolved into online screening sites, hosted by Dietitians of Canada, to provide broader and more sustainable public access to a self-management tool.

SYMPOSIUM/WORKSHOPS Proposal: All details

In English, with a limit of 800 words: you must include a minimum of 3 references and a maximum of 10 references (will follow the consecutive order in which they appear in the text with the corresponding consecutive numbering in Arabic numerals in parentheses; Vancouver style).

Introduction:

Nutrition screening is a means to quickly and easily identify those who may be at risk for nutrition problems and who may need further assessment or treatment. Canada has led development and testing of unique nutrition screening questionnaires focused on both ends of the age spectrum – SCREEN (Seniors in the Community Risk Evaluation for Eating and Nutrition) for community-dwelling older adults and NutriSTEP® for young children.

SCREEN and NutriSTEP® questionnaires have undergone extensive research to confirm their validity and reliability. More recently, SCREEN and NutriSTEP® questionnaires have been incorporated into online nutrition screening self-management tools at www.nutritionscreen.ca to provide broader access for older adults and parents of young children.

Description:

SCREEN is a 14 item questionnaire focused on food intake and food related behaviours. It was designed to be completed by older adults, with or without assistance from a service provider. The results can help users become aware of areas of their potential nutrition risk, so they can address barriers to adequate nutrition and maintain their health and independent living (1,2). The NutriSTEP® questionnaires are 17-item parent-completed tools for toddlers (18-35 months) and preschoolers (3-5 years of age). Giving children a healthy start can build and sustain a lifetime of healthy habits.

With extensive research and implementation experiences, SCREEN and NutriSTEP® are widely recognized and utilized across Canada in ethical community screening approaches. The movement for nutrition risk screening started in the province of Ontario, and has expanded across Canada and into other countries. These screening tools were developed in the multi-cultural Canadian environment and are available in several languages; and are thus readily adaptable for other cultures and countries.



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It was recognized that in addition to correctly identifying those who required further assessment and potentially intervention, that these tools, could help to raise user awareness and start behavior change. Thus SCREEN and NutriSTEP® valid and reliable questionnaires (3,4,5), with intermodal reliability studies (6) and audience testing, evolved to online e-screening self-management tools (www.nutritionscreen.ca). This internet application also promotes broader and sustainable access, and augments the reach of information currently provided by health service providers. Further, E-health self-management can be beneficial for learning about health, for initiating the behaviour change process, and potentially increasing participation in health care. The prototype for the Nutri-eSTEP platform was Nutri-eSCREEN® that has since been adapted for use in Australia and New Zealand.

User feedback on both Nutri-eSTEP and Nutri-eSCREEN® is positive and utilization continues to grow. Data collected are valuable for the individual users, as well as useful on a regional and national level for monitoring nutritional risk factors and trends.

Administrative data for Nutri-eSCREEN® between 2012 and 2015 indicates that over 15,000 users primarily from Canada, completed the on-line tool. The most common path to using the tool was an internet search (33% of users) and almost all were first-time users (93%). Just over 80% of users were 50-74 years of age and were female. Several age and gender differences were identified. Nutrition risk prevalence increased with age with 39% found to be at very high risk; 68% of those over the age of 85 years were at high risk. Several key eating behaviours were associated (e.g., chewing difficulties associated with low fruit and vegetable intake). Further work is required to evaluate Nutri-eSCREEN® and demonstrate if this on-line platform changes knowledge and attitude and prepares users for change.

Since the launch of Nutri-eSTEP in October of 2013 until May 31, 2015, almost 10,000 toddler and preschool nutrition screens have been completed with more than 95% of users from Canada. Within Canada, 64% of users were from Ontario; most users were English speaking (96%) and most were mothers (77%). Overall, 15% of toddlers were in the high nutritional risk category with the youngest age group (18-24 months) comprising half of those with high risk. 20% of preschoolers were at high nutritional risk with 40% in the 3 year old age group. Individual NutriSTEP® risk items of concern for both toddlers and preschoolers included grain consumption with 55% not meeting recommendations. Screen time was of concern for both toddlers and preschoolers with 57% and 64%, respectively, having more than 1 hour of screen time per day. For toddlers, 35% were drinking from a baby bottle with a nipple, considered to be inappropriate bottle usage. Currently, an efficacy study to determine the effect of NutriSTEP®/Nutri-eSTEP and its accompanying nutritional education resources on



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attitudes, self-efficacy, intentions and behaviour is underway with completion expected in 2016.

Both Nutri-eSCREEN® and Nutri-eSTEP have proven to be popular online screening tools for Canadian families.

References:

1. Keller, H.H. (2007). Promoting food intake in older adults living in the community: a review. *App Phys Nutr Met*, 32, 991-1000.
2. Reimer, H., Keller, H.H., & Tindale, J. (2012). Learning you are at 'nutrition risk': seniors' experiences of nutrition screening. *European Journal of Aging*, 9, 81-89.
3. Randall Simpson J, Keller H, Rysdale L, Beyers J. Nutrition Screening Tool for Every Preschooler (NutriSTEP™): Validation and test-retest reliability of a parent-administered questionnaire assessing nutrition risk of preschoolers. *Eur J Clin Nutr* 2008;62:770-780, published online 6 June 2007. PMID 17554250
4. Randall Simpson JA, Whyte K, Lac J, Morra A, Rysdale L, Beyers J, McGibbon K, Turfryer M, Keller H. Validation and reliability of Toddler NutriSTEP. *Appl Physiol Nutr Metab* 2015;40:877-886.
5. Keller, H.H., Goy, R., & Kane, S-L. (2005). Validity and reliability of SCREEN II (Seniors in the Community: Risk Evaluation for Eating and Nutrition- version II). *Eur J Clin Nutr*, 59, 1149-1157.
6. Carducci B, Reesor M, Haresign H, Lysdale L, Keller H, Beyers J, Paquette S, O'Connor A, Randall Simpson J. NutriSTEP® is reliable for Internet (Nutri-eSTEP) and Onscreen use for Preschoolers. *Can J Diet Pract Res*. 2015;76(1):9-14.

Proposed Program

Title(s)	Time	Speaker(s)
Nutrition Screening Tools for Young Children and Seniors ... research, implementation, and evolution	90 minutes	Janis Randall Simpson, PhD, RD, FDC Heather Keller, PhD, RD, FDC Helen Haresign, MSc, RD, FDC



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Please include a picture of the speakers:



Heather Keller



Janis Randall Simpson



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Helen Haresign