



THE BOOST BOX

PROJECT REPORT

EAT WELL AGE WELL

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1. Background

1.1 The scale of Malnutrition within Sheltered Housing in Scotland is currently unknown. Previous research has identified that 14% of older adults living in Sheltered Housing across England are malnourished (BAPEN Quality Group, 2010). It has also been estimated that at any one time, malnutrition affects as many, if not more people in sheltered housing than in hospital. Similar statistics can be applied to sheltered housing across Scotland. As such, it is important to raise awareness of the problem of malnutrition in sheltered housing and provide education and brief interventions to identify and manage those at risk.

1.2 The Boost Box project was developed in partnership with Hanover Housing to help with early identification of older adults at risk of undernutrition in two supported housing complexes in East Renfrewshire. The project aimed to use section A & B of the [Patient Association Nutrition Checklist](#) (See appendix one), to help with early identification of older adults at risk of undernutrition. Individuals identified as being at risk were offered a wellbeing check and a nutritional boost box. The box will contain high calorie and protein snacks to promote appetite and weight gain. The project also aimed to tackle and reduce social isolation, supporting individuals at risk of becoming malnourished via awareness raising sessions and follow up visits by an Eat Well Age Well volunteer. The project had the following objectives;

- Establish the prevalence of malnutrition within identified sheltered housing complexes through using the patient association checklist
- Bring individuals together to reduce social isolation through awareness sessions and follow up visits for those at risk
- Increase awareness of the signs and symptoms of malnutrition
- Increase knowledge around eating habits to prevent long term risk of malnutrition

2. Awareness Session

2.1 Eat Well Age Well developed two awareness sessions which were delivered during coffee mornings in each complex (See appendix two). The sessions aimed to increase resident's knowledge of healthy eating advice based around the Eat Well Guide, as well as information around eating well in later life.

This included completing a malnutrition quiz which encouraged group conversations on the signs and symptoms, what advice could be given e.g. Food First Advice and the importance of early identification of malnutrition. The Patient Association Nutrition Checklist was then discussed and Eat Well Age Well offered support and guidance while the residents completed the checklist.



Figure 1. Awareness session flyer

3. Participation

3.1 In total 22 residents attended the awareness sessions, ranging in ages from 68-95 years. The two complexes differed slightly in mobility levels. Residents within one of the complexes were able to attend social groups within the local community and relied less on supportive aids. It was also apparent that the majority of the residents in both complexes lived alone.

Twenty-two residents filled in the Patient Association Nutrition Checklist and from that two were identified as being at risk, which corresponds to the current prevalence of 1 in 10 (Malnutrition Task Force, 2013). A profile summary of the residents found to be at risk are below;

3.2 Resident A:

Resident A was 86 years old and from the Nutrition Checklist and wellbeing chat it was highlighted that family members were worried about recent weight loss. The resident had been ill for the last three months and lost two stone, had little appetite and was not enjoying food as much. Resident A lives alone but has a supportive family and her son is a GP.

3.3 Resident B:

Resident B was 95 years old and recently underwent hip replacement surgery as a result of a fall after being discharged from hospital. Since the operation resident B had struggled with eating and drinking, especially finding it difficult to cut food. Resident B Lives alone but has support from her son, however he lives in England.



4. Boost Box intervention

4.1 Resident A and B were asked to take part in the project, which involved a weekly nutritious boost box and visits by an Eat Well Age Well volunteer for four weeks. Once consented (see appendix three) participants had an option of two Boost Boxes with fourteen snacks, of which they could have two per day on top of their regular meals. The snacks chosen were mostly store cupboard based for convenience, with a mixture of savoury and sweet to add variety e.g. apricots, custard, malt loaf (See appendix four).

Participants were asked to fill in weekly Boost Box Sheets which identified which snack were eaten (See appendix five). Additionally, the Eat Well Age Well volunteers filled in a checklist after each visit which highlighted what support was given e.g. further food first advice, general healthy eating advice and initial feedback about the snacks (see appendix six).

5. Evaluation Measures

Eat Well Age Well set up quantitative and qualitative measures to assess the impact of the Boost Box project.

5.1 Quantitative measures looked at the following;

- Number of residents attending each coffee morning
- Number of Eat Well guide booklets and Food Train leaflets given out
- Number of residents screened using the Patient Association Nutrition Checklist
- Number of nutritional boost packs/snacks given out

5.2 The qualitative measures firstly looked at completing focus groups with residents attending the awareness session who were not at risk, to gather information on the following topics;

- Awareness of the general principles of healthy eating
- Awareness of signs and symptoms of malnutrition
- Awareness of services and resources to support older people
- Feedback on filling out The Nutrition Checklist

5.3 Follow up interviews with individuals who were at risk, received nutritional boost packs and volunteer visits were also completed to gather information on the impact it has had on;

- Awareness of the general principles of healthy eating
- Awareness of signs and symptoms of malnutrition & dehydration
- Awareness of food first advice
- Incorporating new snacks into their diets
- Feedback on the Nutrition Checklist
- Feedback on boost box snacks and overall project

5.4 In addition interviews with Eat Well Age Well volunteers were also completed post project to gather more information on the volunteer logbook from the weekly visits and general feedback on the boost box project.



6. Summary of key findings

Quantitative findings

6.1 Table one below, gives an overview of the Quantitative outcomes from the Boost Box Project. All the residents received a [Eat Well Guide booklet](#) which gave helpful information on healthy eating advice, hydration, malnutrition and key contact numbers for organisations which support older people across Scotland. Residents were also given Food Train and Meal Maker leaflets to offer support with shopping and befriending services.

At risk residents were given '[Understanding malnutrition what can you do](#)' leaflets which included information on signs and symptoms of malnutrition and examples of food first advice. Eat Well Age Well volunteers were on hand to give more information on the leaflets.

The project gave out 5 nutritional boost boxes which overall included 70 snacks. However resident A opted out of the project after week one, which will be discussed further on in the report.

Table one: Quantitative Outcomes										
No. Residents Attended	Complex One			Not at Risk	At Risk	Complex Two			Not at Risk	At Risk
	<u>12</u>	2 Male	10 Female	11	1	<u>10</u>	0 Male	10 Female	9	1
Information Given to residents	Handed out/discussed the well guide booklet, food train and meal makers leaflet (N=12)			Handed out/discussed Understanding malnutrition leaflet (N=1)		Handed out/discussed the well guide booklet, food train and meal makers leaflet (N=10)			Handed out /discussed Understanding malnutrition leaflet (N=1)	
Nutritional Boost Box given to at risk residents				1 Box Boost (14 snacks) <i>* Resident A opted out of project after week one*</i>					4 Boost Box (56 snacks) <i>*Completed project</i>	
Eat Well Age Well, 2019										

Qualitative findings

6.2 Focus group with residents 'not at risk'

Eat Well Age Well conducted focus groups with residents in each complex who were found, to be 'not at risk' a week after the awareness session.

The majority of the residents enjoyed the session but noted that the malnutrition element was not relevant for them at this point in life. However, the residents found it useful to know what to eat and drink if you are losing weight unintentionally.

The malnutrition quiz was a good introduction into the topic and set the scene for the session. Both groups participated well and especially enjoyed the milkshake taster. This gave the residents the opportunity to taste fortified milkshakes made by the Eat Well Age Well volunteers. A few of the residents in both groups expressed interest in learning how to make the fortified milkshakes.

Most of the residents found the checklist easy to fill out by themselves and thought it was a useful form as it could help identify any changes in eating habits. However, some also noted it was not relevant for them. In reference to section 5.2 the following was highlighted by the residents;

Awareness of healthy eating:

"I enjoyed the bit about the guide, but the malnutrition focus, not losing weight, that's not relevant for me"

"I never knew you could be overweight, but still malnourished"

"I realised the importance of eating dairy products was still important for healthy bones and bone strength as I get older"

Awareness of malnutrition:

"I thought it was interesting to know what you should eat so that you don't lose weight. The bulking up of meals by the adding protein and dairy foods"

"I'm glad I know now some of the signs and why it could happen, I never knew this before"

"The smoothie tasting was great, It was good to get ideas of what could be added as I sometimes find it difficult to have full meals"

"I enjoyed the malnutrition Quiz and was shocked about the 1 in 10, I thought it would be less"

Leaflets/information about services for older people:

"The booklet is in my kitchen cupboard, and I like the picture of the plate showing the different types of food"

"The leaflets was easy to read and I have showed my friend the guide"

"I've heard of the food train before, but I think I might try the shopping, I often find it difficult to get out"

"Recipe information was good, more support about microwave cooking would be useful"

6.3 Interviews with ‘at risk’ residents

After the awareness session, Resident A and B consented to taking part in the four-week Boost Box project, choosing either box one or two to begin with the following week. Volunteers were assigned to each participant however resident A preferred to receive weekly telephone calls rather than visits. As part of the projects terms and conditions participants could opt out at any time and contact Eat Well Age Well if there was any concerns or questions. Below is a summary of the finding from the four-week intervention.

Resident A

Resident A enjoyed the awareness session, particularly learning how to increase calories in meals. However, after week one, the resident opted out of the boost box project. Initial feedback highlighted the resident liked some of the snacks but was eating enough during the day and couldn't manage the additional snacks.

The resident mentioned family members were still worried about low appetite however the residents weight had increased slightly since the awareness session. Eat Well Age Well offered additional food first advice and advised to take the checklist to a GP if there were ongoing concerns about weight loss after 12 weeks post food first advice.

Resident B

Resident B completed the four-week intervention, receiving weekly visits by a Eat Well Age Well volunteer. After attending the awareness session, the resident found it interesting and enjoyable and was keen to take part.

From filling in the Nutrition Checklist, the resident was not surprised at ‘being at risk’ however at the initial visit was unsure why no one else was offered to take part.

After the volunteer visits the resident began to understand why and from the interview and volunteer logbook it was clear the residents awareness of food first advice and malnutrition was increased.

To offer additional support post project, Eat Well Age Well gave information about other services e.g. Meal Makers and Food Train.



6.4 The images below show Residents B's snack intake each day for the four weeks as well as the completed volunteer checklist. Resident B tried all the snacks in the boost box and particularly liked the apricots and mini cheddars, mentioning that the smaller packets made it easier to eat. However from the diagram it was noticed that no snacks were eaten on Sundays. When asked why the resident simply said “ I don't feel up to snacks that day”. The volunteer checklist was used to take short notes on each visit which was used as a guide to reinforce key messages when appropriate e.g. food first advice.

Week One.

HANOVER HOUSING : SNACK STOP							
WEEK 1							
Snack Options							
Monday				✓		✓	
Tuesday		✓			✓		
Wednesday	✓		✓				
Thursday				✓			
Friday			✓				✓
Saturday					✓		
Sunday							

Pick 1- 2 Snacks per day → Eat Your Snacks → Mark the snacks on the form

Week Two.

HANOVER HOUSING : SNACK STOP							
WEEK 2							
Snack Options							
Monday			✓			✓	
Tuesday		✓	✓		✓	✓	
Wednesday			✓		✓		
Thursday	✓						✓
Friday				✓		✓	
Saturday	✓	✓		✓			✓
Sunday							

Pick 1- 2 Snacks per day → Eat Your Snacks → Mark the snacks on the form

Week Three.

HANOVER HOUSING : SNACK STOP							
WEEK 3							
Snack Options							
Monday	✓		✓	✓	✓		
Tuesday	✓						
Wednesday				✓		✓	✓
Thursday				✓			✓
Friday						✓	✓
Saturday						✓	✓
Sunday							

Pick 1- 2 Snacks per day → Eat Your Snacks → Mark the snacks on the form

Week Four.

HANOVER HOUSING : SNACK STOP							
WEEK 4							
Snack Options							
Monday			✓		✓		
Tuesday		✓			✓		
Wednesday			✓			✓	
Thursday	✓					✓	
Friday				✓			✓
Saturday	✓			✓			
Sunday							

Pick 1- 2 Snacks per day → Eat Your Snacks → Mark the snacks on the form

Boost Box project checklist – volunteer follow up visits

W E E k	D A T E	Food discussion (e.g. food first advice/meal planning)	Was there evidence that the customer has taken on information? E.g. able to recall previous conversations	Did the residents eat/drink their snacks?	What did the resident say about the drink/and or snack? (e.g. any favourites?)	Comments/notes e.g. how was the customer today? Do you notice any changes in the individual? Have they made any positive changes to their diet?
1 WB 30th	2/10/19	Spoke about appetite - good appetite - fortification of foods to calcium	Yes - from eat well booklet	Yes	- great boost box - had everything except jelly	Very cheerful no changes Trying to eat more + often to try and gain weight.
2 WB 7th	8/10/19	Having small + frequent meals. ↳ frequently. ↳ made in the morning	Yes - eat well booklet	Yes	- loved them especially the apricots	little packs of good to keep dried fruit fresh. Waleshire Foodsie suggested an achiie blend.
3 WB 14th	14/10/19		Yes " "	Yes	- apricots were a good snack - Hot choc ↳ too sweet	have meals little and often. - no changes ↳ going to try hot choc + milk
4 WB 21st	22/10/19	food little + often.	Yes " "	Yes	- apricots still worse as a laxative for her	- well and happy - meals little + often.

Additional feedback was gathered from resident B during a face to face interview after the four-week intervention. Qualitative quotes were then grouped together in reference to section 6.1.

Awareness session:

“It was very interesting, I enjoyed it. The different drinks to make up things and things to eat that I’ve not thought of before, that were easy if you couldn’t be bothered making a big meal”

Nutrition Checklist:

“It was easy, managed to answer all the questions”

When asked about the findings after filling it in, Resident B was not surprised at being ‘at risk’.

“I’ve lost quite a lot of weight in the beginning of the year, because I was in hospital, when I had my hip replacement. I didn’t eat much in hospital, I wasn’t hungry which continued when I got home. Thing I normally liked, I couldn’t look at, so that’s why I thought the boost box idea was good”

Boost Box:

“I enjoyed everything in it but any improvements, I quite like savoury things”

“I don’t buy savoury snacks in the shops as you have to buy this great big packet and if you don’t like them it was wasted” “I would buy the mini cheddars, I liked them”

“The snacks were easy to eat, and I really liked the apricots, I normally wouldn’t think of that”

“At first I didn’t like the hot chocolate as much, too sweet but It was nice to have something different to drink, I normally wouldn’t have that”

Weekly visits:

“Very enjoyable”

“Change of company, nice to get someone young as my grandchildren are all in England so I don’t see them all that much”

“I liked our chats, the volunteer talked to me about what I eat and went over the booklet I was given giving me some advice, it was nice to talk to someone different”

Awareness of malnutrition and hydration:

“when I did come home from hospital and wasn’t hungry, I never thought of some of these things. I like the jelly with fruit, I didn’t think of that before. If it happened again, I would know better to get some of these things in the Boost Box”

“I started Wiltshire Farm Foods mini range, so I buy them and I have soup everyday but it’s good to know about these snacks throughout the day”

“Overall everything has been enjoyable. I think I do eat well but I know now to have small meals during the day if I’m not feeling up to it”



6. 5 Volunteer feedback

The volunteer who participated in this project was a 4th year nutrition student at Queen Margaret University, who was keen to get more experience within the community. The volunteer enjoyed the weekly visits with resident B and provided support and guidance, for example; food first advice, information on the eat well guide and further signposting opportunities into the community. Overall the volunteer felt the resident benefited more from the befriending visits;

“I think it has a lot more to do with befriending visits, even though the resident was screened as malnourished, it was mainly down to the hip replacement and not so much low appetite. At that age I think it’s all about having that relationship with someone to speak to as in support accommodation it can be quite lonely and isolated”

Overall the befriending element of the project went very well, and the volunteer was able to build rapport easily and gave the resident “someone new to talk to”.

7. Conclusion

7.1 In conclusion the Boost Bost project overall was a successful awareness raising and brief intervention. From using the Nutrition Checklist, it gave an insight into the prevalence of malnutrition within sheltered housing complexes, which is currently unknown across Scotland. Eat Well Age Well identified two out of twenty-two residents were at risk (9%).

The sessions incorporating the checklist provided quick results on how many residents were at risk/not at risk and it can be easily replicated in other supported accommodations across Scotland. Taking advantage of communal spaces within these complexes is one-way information can be given around eating well in later life, as most across Scotland have regular activities throughout the day.

The project has also developed partnerships and relationships with key contacts within Hanover Housing which has given Eat Well Age Well learning points on delivering and working within this setting.

7.2 Has the project been a success based on key objectives in the proposal?

- **Awareness of the general principles of healthy eating** – most of the residents enjoyed learning about the general principles of healthy eating and for most this information was more beneficial. Within the focus groups some of the residents referenced the Eat Well Guide, and the booklets given out at the session.
- **Awareness of signs and symptoms of malnutrition and food first advice** - from the focus groups and interview with residents it was clear some of the information given at the awareness session stuck. For example, questions from the malnutrition quiz and the milkshake tasters.

This gave the residents an idea of how simple it is to add extra calories in if you're worried about weight loss. However, some residents didn't think it was relevant but thought it was good to know for the future.

- **The Nutrition Checklist** – all 22 residents mentioned how easy it was to fill in the checklist. Some again felt it was not relevant but saw how it could be used to identify early changes in appetite.

8. Limitations

8.1 The Boost Box project is a simple idea that can be easily replicated within other sheltered housing complexes across Scotland however there were a few limitations. As the project was only four weeks long it's unlikely there would be much behaviour change in nutritional intake, and there was no validation method to assess this pre and post project. Additionally, the project had limited participants, which was to be expected as the prevalence in Scotland is largely unknown. Unfortunately one participant opted out of the project, which resulted in fewer qualitative findings.

9. Recommendations

9.1 From the evaluation, it's clear this small-scale project can make a difference in raising awareness and early prevention of malnutrition in sheltered housing complexes. However, more can be done to validate the quantitative measures to address the nutritional impact.

For example, incorporating the [Mini Nutritional Assessment](#) (see appendix eight) for those to be found 'at risk' after filling in the Nutrition Checklist. This will give a base line of the persons intake which can be repeated post project. Also increasing the time scale of the project from 4 weeks to 12 weeks could give more insight into the behaviour change aspects as well as changes to nutritional intake.

10. Learning and Reflections

On reflection, I felt the test of change project is a great idea to support resident's awareness of malnutrition, changes in appetite and weight loss as well reducing social isolation. The awareness sessions incorporating the Nutrition Checklist can be easily replicated by trained volunteers or staff which can add to the sustainability of the project.

The costs of the project (see table 2), was quite expensive considering the scale of the project. The majority of the costs in the project were located to volunteer expenses however, the befriending visits showed to be very beneficial to resident B. To resolve this for future projects, Eat Well Age Well can make sure volunteers are assigned to projects by residence.

Table 2. Boost Box costings	
Boxes x 4	£18
Food items	£118.33
Volunteer expenses	£151.11
Total = £ 287.44	

Overall, I feel the project should be developed on a longer timescale including the Mini Nutrition Assessment in another organisation or location to test nutritional impacts. The snacks within the boost box, I felt were good however more nourishing drinks could be incorporated. The Boost Box project with Hanover Housing was a great learning opportunity which has increased Eat Well Age Well knowledge in this setting.

11. Next Steps

1. Scope out additional sheltered housing accommodation to participate in the Boost Box project. E.g. additional Hanover Housing complexes or Abbeyfield supported housing
2. Scope out meal provision organisations to take on the Boost Box snacks for individuals identified as being at risk from filling in the Patient Association Nutrition Checklist. Incorporate costs to add sustainability. E.g. approach Wiltshire Farm Foods or Council meal provisions.
3. Train wardens and/or activity coordinators in Eat Well Age Well's Raising the Issue of Malnutrition training, to increase awareness of malnutrition as well as tools to identify risk.

Appendix One: The Patient Association Nutrition Checklist



PATIENTS: A guide for signs that you may need nutritional help or extra nourishment and what to do next

Maintaining a healthy body weight and not becoming too thin is important, especially in older age. If you are underweight, or have lost weight without meaning to, there are easy steps you can take to help you gain weight healthily or keep your weight steady and get the energy and nutrients you need.

This checklist gives a guide for signs that you may need help and if you find you do, it provides you with all the information and guidance you need to move forward.

- ▶ Fill in Section A of the checklist to help you see whether you could do with some help with your diet because you are underweight or have lost weight without meaning to
- ▶ If you answer 'No' to all the questions, you don't need to fill in any more
- ▶ If you answer 'Yes' or 'Don't Know' to any questions in Section A, go to Section B to assess your situation and needs. Your answers will help anyone offering you advice.

They are also marked with symbols that link to self-help advice and guidance in Section D



- ▶ Understand the next steps to take to help you with diet, including who to contact (Section C)
- ▶ Find ideas, information and advice about diet and eating (Section D)

Patients and relatives are all welcome to fill the checklist in.

Your name:..... Date:.....

Please note here who is filling in this checklist

☐ Patient ☐ Spouse, partner or relative

Section A: initial assessment

Please put a tick in the relevant box to indicate your answers throughout the checklist

Signs that you may need help or advice to gain weight or eat differently

1. Are you or your family concerned that you may be underweight or need nutritional advice?

☐ Yes

☐ No

☐ Don't know

2. Have you lost a lot of weight unintentionally in the past three – six months?

☐ Yes - do you know why?.....

☐ No

☐ Don't know

3. Have you noticed that your clothes or rings have become loose recently?

☐ Yes

☐ No

☐ Don't know

4. Have you recently found that you have lost your appetite and/or interest in eating?

☐ Yes

☐ No

☐ Don't know

Did you answer 'No' to all these questions?

There is no need to fill in the rest of this checklist but you may find some of the information in Sections C and D useful.

Did you answer 'Yes' or 'Don't know' to one or more questions?

Please go to Section B ►

Section B: Assessing your situation and needs

Which of the following apply to you? **Please tick all that apply:**

- ☐ I am having difficulty swallowing
- ☐ Eating makes me cough
- ☐ I am having difficulty chewing food
- ☐ I am having difficulty cutting my food
- ☐ I am on a special diet or have a condition which impacts on my eating



- ☐ I do not think I am eating enough of the right foods
- ☐ I am unsure what foods I should be eating
- ☐ I have a poorer appetite than before
- ☐ I don't really enjoy eating
- ☐ I often feel weak, tired and fatigued



- ☐ I am finding it difficult to drink or drink enough



- ☐ I live alone
- ☐ I am concerned about my ability to shop for food
- ☐ I am concerned about my ability to cook meals
- ☐ I am concerned about food budgeting



Did you tick one or more boxes?

YES - it looks as if you may find some advice about diet useful. We suggest you go to **Sections C and D** for guidance on what to do next, including seeing a healthcare professional for advice. ►

NO - go to Section D for further information and if you have any concerns, follow the advice in Section D about seeing a healthcare professional.

Section C: Next Steps

Please take the checklist to your GP, Practice Nurse or local dietitian so they can look at it and assess your needs. You may be offered:

- ▶ advice on nutrition and gaining weight
- ▶ tests to check your weight and for causes of weight loss
- ▶ a referral to a GP, nurse, dietitian or other specialist
- ▶ recommendations for different food or food supplements if appropriate
- ▶ a referral to other local services

Section D: Tips and ideas about eating

If you have difficulty cutting, chewing or swallowing food, or a condition affecting diet



- Eat softer foods, such as macaroni cheese or fish pie and milky drinks or finger foods
- Please ensure you report any difficulty swallowing or coughing during eating to your healthcare professional, who can help you or refer you to a specialist
- If you have a condition affecting your eating, talk to your healthcare professional about how to manage your diet
- If you have difficulty chewing you may find it helpful to see your dentist. If you need advice, you can contact the Oral Health Foundation dental helpline on 01788 539780

If you are underweight, have lost weight unintentionally or have a poor appetite



- Eat small meals and snacks frequently
- Have milky drinks between meals
- Avoid low calorie foods and drinks, instead use full fat dairy products e.g. whole milk, full fat yoghurts and cheese to help build weight
- Fortify foods with extra calories and protein (e.g. adding four tablespoons dried milk powder to a pint of whole milk to use in porridge, adding cream cheese to mashed potato, adding ground almonds to soups)
- Pick quick and easy but nutritious meals like sardines or beans on toast with cheese
- Use supplement drinks (such as Complan, Meritene and Aymes Retail) which you can buy at a supermarket or chemist, to help add protein, vitamins, minerals and calories.

If you are finding it difficult to drink or drink enough



- Aim for eight drinks a day. All fluids count so choose your favourites including milky drinks, diluted squash or food such as soup or custard
- If you are on thickened fluids and finding this difficult, make an appointment to see the Speech and Language Therapist or other professional who suggested this diet.

If you have concerns about cooking or shopping for yourself



- You may find it helpful to make use of local services available such as:
- Day centres and luncheon clubs
- Visiting schemes or befriending services
- Transport services
- Meals on wheels, i.e. hot or frozen ready-made meals delivered to your home
- Online shopping

You may be eligible for help including 'meals on wheels' from social services so contact your local authority for advice. Contact Citizens Advice for information on local services and budgeting help 03444 111 444



Monitoring your weight

It is helpful to monitor your weight by weighing yourself once a week and keeping a record to see whether you are losing a lot of weight over time. You may also want to check your BMI (or Body Mass Index) which is a recognised measure. There is a ready reckoner on NHS Choices (www.nhs.uk) or on the BAPEN website which also has self-help tips (<http://www.malnutritionselfscreening.org/self-screening.html>). Ask at your GP practice if you cannot access this information online.

Useful sources of information

You can look at these if you have access to the internet:

'Managing Adult Malnutrition in the Community' Pathway (www.malnutritionpathway.co.uk/leaflets-patients-and-carers) with many useful leaflets about eating and making the most of your food.

BAPEN website (www.malnutritionselfscreening.org) for tools to check if you need nutritional help and tips to help yourself.

Carers UK website (www.carersuk.org/help-and-advice/health/nutrition) for information on eating well particularly for people who are carers.

The NHS UK website:

(www.nhs.uk/live-well/healthy-weight/keeping-your-weight-up-in-later-life)

OPEN Undernutrition leaflet (Wessex AHSN) <http://wessexahsn.org.uk/open-leaflet.pdf>

Thank you for filling in the checklist. We hope you have found it useful.

Appendix Two: Session plan

Boost Box session plan		EWAW team	Time (approx.)	Resources needed
1.	<ul style="list-style-type: none"> ➤ Introduction to EWAW team/volunteers ➤ Quick background on project 	Michelle	5mins	EWAW stand
2.	<ul style="list-style-type: none"> ➤ QUIZ 	Sue	10mins	Copies of Quiz/Answers Prizes x 2
3.	<p>Nutritional needs of older people ‘set the scene’</p> <ul style="list-style-type: none"> ➤ Eat Well Guide ➤ Link in with EWAW leaflets <p>Early interventions: Food first</p> <ul style="list-style-type: none"> ➤ Milkshakes to try (made my students at the start of the session) food first ingredients out on the table 	Michelle Students	15 mins	EWAW leaflets Eat Well guide mat Food First Ingredients Blender
	<ul style="list-style-type: none"> ➤ Introduction of the Nutrition Checklist ➤ Opportunity to fill it out 	Michelle	10mins	Spare checklists
4.	<ul style="list-style-type: none"> ➤ Body Boosting Bingo - Give a ‘taster session’ of what’s involved/promote Age Scotland to come an do bespoke session. ➤ While BBB is playing students can look over the checklist to see if anyone is at risk 	Michelle Sue Students	10mins	Age Scotland BBB pack
5.	<ul style="list-style-type: none"> ➤ After BBB, have conversation with each resident re: checklist results. Anyone identified as being at risk will be offered the chance to take part in the Boost Box project. <ul style="list-style-type: none"> - Consent forms will be signed - Arrangements with volunteers and residents RE: home visits 	Michelle Sue Students	10 mins	Boost Box consent forms Snack box example Boost Bites sheets



Appendix Three: consent form

Boost Box project Consent Form

Eat Well Age Well and Hanover Housing are testing out new ways of supporting residents around food and eating well in later life. The boost box project aims to determine whether a snack box and befriending visits for 4 weeks will have a positive impact on preventing long term risk of malnutrition. All snacks will be provided free of cost. As part of this project we are asking you to be visited over the next month by an Eat Well volunteer.

Feel free to contact the Eat Well Age Well Team at any time if you have any questions 0131 447 8151.

- | | Please initial |
|---|--------------------------|
| 1. I can confirm I have read and understood the information sheet and have had the opportunity to ask questions | <input type="checkbox"/> |
| 2. I agree that my participation is voluntary, and I can withdraw consent at any time | <input type="checkbox"/> |
| 3. I agree to take part in the Boost Box project | <input type="checkbox"/> |
| 4. I agree to take part in a follow up conversation after the project ends. | <input type="checkbox"/> |

The personal information collected on this form will be used for contacting you in relations to this project and the work of Eat Well Age Well only. Your information will be stored securely and deleted as soon as no longer required for the purpose for which it was collected. You may withdraw your consent to be involved at any time.

Name (please print)


.....
.....

Telephone number

Signed **Date**/...../.....









Appendix Four: Boost Box snack options

Boost Bites	Information	Kcals	Protein
	Peaches in Strawberry Jelly 1 pot = 123g	95	0.2g
	Mini Chocolate Chip Cookies Serving size = 1 Mini roll (27g) Contains: Wheat, Milk, Soya. Egg & Wheat	115	1.3g
	Mini Cheddars 1 pack (25g) Contains: Wheat, Milk & Barley	128	2.7g
	Apricots High in potassium Serving size = 50g	136	1.4g
	Ambrosia Custard 1 pot = 150g Contains: Milk	146	4.2g
	Soreen Malt Loaf with butter Serving size = 1 Mini pack (45g) Contains: Wheat, Milk & Barley	150	3.4g
	Cadbury Hot Chocolate Instant Per serving (28g + 200 ml whole milk)	242	8.4

Boost Bites	Information	Kcals	Protein
	Mixed Nuts Serving size = 1 pack (25g) Contains: almonds, hazelnuts, cashews and pecans	156	5g
	Oaty Flapjack Serving size = 1 Flapjack (34g) Contains: Oats & Milk	143	1.9g
	Mandarins in Orange Jelly Serving size = 1 pot (123g)	97	0.1g
	Lemon Slice Serving size = 1 slice (33g) Contains: Wheat, Milk, Soya, Sulphites & Egg	137	0.9g
	Ambrosia Rice Pudding 1 pot = 150g Contains: Milk	147	4.8g
	Oatcakes & Cheese Serving size = 2 oatcakes & 2 mild cheddar sticks Contains: Oats & Milk	238	12g
	Cadbury Hot Chocolate Instant Per serving (28 g + 200 ml whole milk)	242	8.4



Appendix Five: Participant weekly Boost Box sheet

Snack Options 							
Monday	<input type="checkbox"/> The person will be happy			<input type="checkbox"/> The person will be happy			
Tuesday			<input type="checkbox"/> The person will be happy			<input type="checkbox"/> The person will be happy	
Wednesday		<input type="checkbox"/> The person will be happy			<input type="checkbox"/> The person will be happy		
Thursday	<input type="checkbox"/> The person will be happy						<input type="checkbox"/> The person will be happy
Friday			<input type="checkbox"/> The person will be happy	<input type="checkbox"/> The person will be happy			
Saturday		<input type="checkbox"/> The person will be happy				<input type="checkbox"/> The person will be happy	
Sunday					<input type="checkbox"/> The person will be happy		<input type="checkbox"/> The person will be happy

Below shows an example of what two snacks could eaten each day for the week. Participants were asked to fill in this each day.



Appendix Six: Volunteer weekly checklist

Boost Box project checklist – volunteer follow up visits						
W E E k	D A T E	Food discussion (e.g. food first advice/meal planning)	Was there evidence that the customer has taken on information? E.g. able to recall previous conversations	Did the residents eat/drink their snacks?	What did the resident say about the drink/and or snack? (e.g. any favourites?)	Comments/notes e.g. how was the customer today? Do you notice any changes in the individual? Have they made any positive changes to their diet?
1 WB 30th						
2 WB 7th						
3 WB 14th						
4 WB 21st						



Appendix Eight: Mini Nutrition Assessment (MNA) – Nestle Nutrition Institute

The MNA[®] is a validated nutrition screening and assessment tool that can identify individuals aged 65 and above who are malnourished or at risk of malnutrition. The MNA[®] was developed nearly 20 years ago and is the most well validated nutrition screening tool for the elderly (Guigoz Y, 2006).

Mini Nutritional Assessment MNA[®]

Nestlé
Nutrition Institute

Last name:		First name:	
Sex:		Age:	
Weight, kg:		Height, cm:	
Date:			

Complete the screen by filling in the boxes with the appropriate numbers.
Add the numbers for the screen. If score is 11 or less, continue with the assessment to gain a Malnutrition Indicator Score.

Screening	
A Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties? 0 = severe decrease in food intake 1 = moderate decrease in food intake 2 = no decrease in food intake	<input type="checkbox"/>
B Weight loss during the last 3 months 0 = weight loss greater than 3kg (6.6lbs) 1 = does not know 2 = weight loss between 1 and 3kg (2.2 and 6.6 lbs) 3 = no weight loss	<input type="checkbox"/>
C Mobility 0 = bed or chair bound 1 = able to get out of bed / chair but does not go out 2 = goes out	<input type="checkbox"/>
D Has suffered psychological stress or acute disease in the past 3 months? 0 = yes 2 = no	<input type="checkbox"/>
E Neuropsychological problems 0 = severe dementia or depression 1 = mild dementia 2 = no psychological problems	<input type="checkbox"/>
F Body Mass Index (BMI) = weight in kg / (height in m) ² 0 = BMI less than 19 1 = BMI 19 to less than 21 2 = BMI 21 to less than 23 3 = BMI 23 or greater	<input type="checkbox"/>
Screening score (subtotal max. 14 points) 12-14 points: <input type="checkbox"/> Normal nutritional status 8-11 points: <input type="checkbox"/> At risk of malnutrition 0-7 points: <input type="checkbox"/> Malnourished For a more in-depth assessment, continue with questions G-R	<input type="checkbox"/> <input type="checkbox"/>
Assessment	
G Lives independently (not in nursing home or hospital) 1 = yes 0 = no	<input type="checkbox"/>
H Takes more than 3 prescription drugs per day 0 = yes 1 = no	<input type="checkbox"/>
I Pressure sores or skin ulcers 0 = yes 1 = no	<input type="checkbox"/>
J How many full meals does the patient eat daily? 0 = 1 meal 1 = 2 meals 2 = 3 meals	<input type="checkbox"/>
K Selected consumption markers for protein intake • At least one serving of dairy products (milk, cheese, yoghurt) per day yes <input type="checkbox"/> no <input type="checkbox"/> • Two or more servings of legumes or eggs per week yes <input type="checkbox"/> no <input type="checkbox"/> • Meat, fish or poultry every day yes <input type="checkbox"/> no <input type="checkbox"/> 0.0 = if 0 or 1 yes 0.5 = if 2 yes 1.0 = if 3 yes	<input type="checkbox"/> <input type="checkbox"/>
L Consumes two or more servings of fruit or vegetables per day? 0 = no 1 = yes	<input type="checkbox"/>
M How much fluid (water, juice, coffee, tea, milk...) is consumed per day? 0.0 = less than 3 cups 0.5 = 3 to 5 cups 1.0 = more than 5 cups	<input type="checkbox"/> <input type="checkbox"/>
N Mode of feeding 0 = unable to eat without assistance 1 = self-fed with some difficulty 2 = self-fed without any problem	<input type="checkbox"/>
O Self view of nutritional status 0 = views self as being malnourished 1 = is uncertain of nutritional state 2 = views self as having no nutritional problem	<input type="checkbox"/>
P In comparison with other people of the same age, how does the patient consider his / her health status? 0.0 = not as good 0.5 = does not know 1.0 = as good 2.0 = better	<input type="checkbox"/> <input type="checkbox"/>
Q Mid-arm circumference (MAC) in cm 0.0 = MAC less than 21 0.5 = MAC 21 to 22 1.0 = MAC greater than 22	<input type="checkbox"/> <input type="checkbox"/>
R Calf circumference (CC) in cm 0 = CC less than 31 1 = CC 31 or greater	<input type="checkbox"/>
Assessment (max. 16 points)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Screening score	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Total Assessment (max. 30 points)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Malnutrition Indicator Score 24 to 30 points <input type="checkbox"/> Normal nutritional status 17 to 23.5 points <input type="checkbox"/> At risk of malnutrition Less than 17 points <input type="checkbox"/> Malnourished	

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For more information: www.mna-elderly.com

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