

INNOVATIONS IN NUTRITION PROGRAMS AND SERVICES (INNU) REPLICATION TOOLKIT

Replication Model A: Maryland Department of Aging: Addressing Malnutrition in Community Living Adults, A Toolkit for Area Agencies on Aging (AAA)

Also referred to as “AAA Malnutrition Pathways Toolkit”

How to Use This Toolkit

Please begin by reviewing the <https://www.grants.gov/> posting for [HHS-2022-ACL-AOA-INNU-0040](#), which outlines requirements for ALL Replication projects. The information contained in this replication toolkit provides specific information and requirements regarding Replication Model A.

This Replication Model Toolkit outlines the required elements within a Replication Project A application for HHS-2022-ACL-AOA-INNU-0040 Replication Grants.

The toolkit specifies proposed application:

- Required elements.
- Components which may or should be customized.
- Areas where flexible approaches are permitted.

Successful applications will outline a proposed project that includes all required elements while also demonstrating that customized and flexible items are planned.

If funded, your project team will receive regular technical assistance from the National Resource Center on Nutrition and Aging as well as consultation with members of the original grant’s project team, as feasible.

All surveys/forms and other materials are intended to be customized by the grantee, and the grantee should review the materials thoroughly to assure the use of customized information, including dates, contact names, etc.

If your grant proposal involves any programmatic, policy, organizational, or financial system changes, it is your responsibility to make sure the changes are acceptable and compatible with your state/local polices and requirements.

Summary of the Project

To replicate this project, applications must propose to design an agency-wide – or larger area, such as a statewide or region-wide – document, with associated policies and procedures, to identify and address malnutrition in older adults based on the techniques presented in the AAA Malnutrition Pathways Toolkit. Organizations are not required to have a registered dietitian on staff or as a consultant. However, applicants should consider how to appropriately refer individuals who are identified at malnutrition risk to supports and services that address their respective risk.

Simply put, there are three steps to addressing malnutrition:

- Step 1: Implement validated screening tools.
- Step 2: Address root cause(s).
- Step 3: Monitor client progress and quality of services.

This unique and successful project created training and toolkit materials designed specifically for AAAs to help them identify how they can play an important role in identifying and supporting community-based older adults who have, or are at risk for, malnutrition. When AAAs identify and treat malnutrition, these actions can also help improve other chronic conditions like diabetes and heart disease.

The AAA Malnutrition Pathways Toolkit includes:

- Step-by-step process and rationale for why AAAs are so important for addressing this significant and costly chronic illness.
- Sample referral guide you can “plug and play” into your organization.
- Distinct chapters that ask questions, so you can use the toolkit as a training tool.
- Explanation of how EVERY staff person can identify or address malnutrition risk.
- Sample screening tools, case studies, and questions to consider as you develop an agency-specific plan.
- Numerous resources for obtaining health care payments, using billing codes, etc. (Note: This area may require extensive customization based on your state and local healthcare environment).

Figure: Sample staff training exercise

TRY THIS: Think of the clients you have seen during the past week. Did any of them have these malnutrition risk factors? (check all that apply)	
<input type="checkbox"/> Poor appetite	<input type="checkbox"/> Dementia
<input type="checkbox"/> Poor dental health	<input type="checkbox"/> Depression
<input type="checkbox"/> Trouble chewing or swallowing	<input type="checkbox"/> Social isolation
<input type="checkbox"/> Changing taste buds	<input type="checkbox"/> Limited income
<input type="checkbox"/> Chronic diseases	<input type="checkbox"/> Food insecurity
<input type="checkbox"/> Medication side effects	

Replication Requirements, Anticipated Customization, and Flexibilities

Table: Replication Model A Requirements, Customization, and Flexibilities*

Category	Grant Requirements (Elements that must be included)	Required Customization (Elements that must be included and adjusted to project)	Project Flexibilities (Optional elements; not exclusive)	Application Section (Bolded sections are required; others are recommended)
Population Served	<ul style="list-style-type: none"> • 60 and over • Targeted populations 	<ul style="list-style-type: none"> • Specific targeted population • Persons screened for malnutrition and appropriately referred 	<ul style="list-style-type: none"> • Risk of hospital readmission • Food insecurity • Chronic disease 	<ul style="list-style-type: none"> • Abstract • Problem statement • Approach
Service Delivery	Older Americans Act Nutrition Program (congregate and/or home-delivered)	<ul style="list-style-type: none"> • Agency-wide approach to screening and referrals • Staff roles 	<ul style="list-style-type: none"> • Virtual • In-person • Volunteers 	<ul style="list-style-type: none"> • Approach
Partnerships	Older Americans Act programs	Specific organizations that provide services and/or are referral entities, including health care entities, emergency feeding organizations, transportation entities, and state programs	<ul style="list-style-type: none"> • Faith-based organizations • Schools • Volunteers • Housing authorities 	<ul style="list-style-type: none"> • Abstract • Approach
Activities and Services		<ul style="list-style-type: none"> • Establish and implement a robust referral network • Staff trainings • Policies and procedures • Screening and referral method 	<ul style="list-style-type: none"> • Surveys • Site visits • Presentations • Malnutrition awareness class 	<ul style="list-style-type: none"> • Approach
Evaluation	Pilot test AAA Malnutrition Pathways Toolkit	<ul style="list-style-type: none"> • Planned evaluation process • Quality assurance 	<ul style="list-style-type: none"> • Frequency and method of data collection • Knowledge of malnutrition or 	<ul style="list-style-type: none"> • Outcomes and evaluation

Category	Grant Requirements (Elements that must be included)	Required Customization (Elements that must be included and adjusted to project)	Project Flexibilities (Optional elements; not exclusive)	Application Section (Bolded sections are required; others are recommended)
		<ul style="list-style-type: none"> Malnutrition Screening Tool Client demographics 	malnutrition risk factors	
Outcomes	Number and percent of total participants who are identified as at risk of malnutrition	<ul style="list-style-type: none"> Number and types of referrals to address identified risks Dissemination (webinars, conference sessions, etc.) 	<ul style="list-style-type: none"> Participant and/or staff knowledge change Policy/procedure impacts on staff or systems efficiencies Costs and benefits Change in malnutrition risk 	<ul style="list-style-type: none"> Abstract Outcomes and evaluation
Products	Capstone project	<ul style="list-style-type: none"> Customized AAA Malnutrition Pathways Toolkit Policies and procedures 	<ul style="list-style-type: none"> Surveys Presentations Evaluation reports 	<ul style="list-style-type: none"> Abstract Approach
Sustainability		<ul style="list-style-type: none"> Continue effective policies and procedures developed during the project Schedule for updating AAA Malnutrition Pathways Toolkit 	<ul style="list-style-type: none"> Funding to support screening or services Embed training and referral processes into staff job descriptions Include malnutrition identification into organization's mission 	<ul style="list-style-type: none"> Sustainability

*Please refer to [HHS-2022-ACL-AOA-INNU-0040 Replication Grants](#) for requirements that apply to all Replication Projects.

Grant-related Resources

- [AAA Malnutrition Pathway Presentation](#)
- [AAA Malnutrition Pathway Site Visit Agenda](#)
- [AAA Malnutrition Pathway Survey](#)
- [Addressing Malnutrition in Community Living Older Adults, Maryland Department of Aging](#)
- [Summary Brief: Maryland Department of Aging](#)

FAQ for Replication Model A

1. Is field testing required to replicate the AAA Malnutrition Pathways Toolkit?

Proposals should include a planned evaluation approach, which must include pilot – also called field – testing.

2. Do we use the same format and structure as the existing toolkit?

Project-customized AAA Malnutrition Pathways toolkits should include all the major headings/sections that the existing toolkit of the original AAA Malnutrition Pathways Toolkit. Projects are required to customize the specific information to reflect local referral resources, screening tools, health care partnerships, resource materials, and other items that are current and relevant to their respective area. For example, applicant areas may not have Care Transition Organizations or Primary Care Program health care entities, and applicants should customize the project's AAA Malnutrition Pathways Toolkit appropriately.

3. There are already several organizations in my jurisdiction that screen for malnutrition and refer participants who are at risk or identified with malnutrition. Do we have to work with them, or can we select our own malnutrition screening tools?

Applicants are responsible for selecting partners they choose to work with and whether their project will utilize existing screening tools and referral processes or develop new screening tools or processes.

4. Do we need to have a dietitian on staff or as a consultant?

No, as outlined in this Replication Model Toolkit, it is not a requirement to have a dietitian on staff or as a consultant. However, applicants must consider how to appropriately refer individuals who are identified at malnutrition risk to supports and services that address their respective risk.

5. The Maryland 2017 INNU grant produced 4 products, including the AAA Malnutrition Pathways Toolkit. Are applicants required to replicate the other projects from this grant?

Only the AAA Malnutrition Pathways Toolkit is required to be replicated in 2022-HHS-ACL-AOA-INNU-0040 Replication Grants. The other three products produced during the Maryland 2017 INNU grant (meal packages, home-delivered screening tool, evaluation of malnutrition awareness workshop) ARE NOT part of this Replication Model Toolkit and are not required projects within HHS-2022-ACL-AOA-INNU-0040 Replication Grants.