

## Introduction

*“Times...they are changing” may be a cliché, but it is true, and the changing times affect how nutrition programs function every day and their need to change to meet both current and future needs. As others have said, people change, things change, programs change, and systems change. Societal expectations, science, technology, media, healthcare, social services, home and community-based care and long-term services and supports are also changing. An increasingly competitive environment for public and private funding means that programs need to provide quality, more person-centered, effective, efficient services, and enhance their revenues through multiple funding streams and improved business acumen to address service system changes.*

*This brief will address components of quality nutrition services and provide data that demonstrates that the Older Americans Act Nutrition Program (OAA NP) provides quality products and services. It will also address some aspects of the role that the OAA NP may play in home and community-based services (HCBS) and health care.*

## What is quality?

The definition of quality depends on who you ask. A common definition might be, “I know it when I see it,” but the components of quality might be more specific than that.

Or you go into a pleasant restaurant, order a meal, and have it delivered in a timely fashion by an attentive server at a reasonable cost. And the meal quality, quantity, texture, temperature, and its presentation are what you expected. You don’t even think about whether the meal will make you sick. But you evaluate the quality on whether you got what you ordered, whether it was what you preferred, whether it looked good, the restaurant atmosphere was what you want, and the service was timely. These components are more detailed than “I know it when I see it.”

The dictionary may define quality differently as a standard of something as measured against other things of a similar kind; the degree of



excellence of something (<https://www.merriam-webster.com/dictionary/quality>). Business may define quality as “fit for the purpose” or a product or process that conforms to requirements or adheres to the “best” known standards, process or specifications (<https://business.simplicable.com/business/new/7-definitions-of-quality>).

But the definition may be different if the audience are social services organization, food assistance providers, home and community-based services (HCBS), healthcare providers, public health organizations, publicly funded or privately funded organizations or an individual. Because the OAA NP is functioning in a social, healthcare, publicly and privately funded HCBS system that is attempting to be more person-centered and appealing to a diverse group of people, there is a wide degree of diversity of definitions.

## How does quality apply to the OAA NP?

The OAA NP is producing products (congregate and home-delivered meals, including special dietary meals or possibly “medically-tailored meals”) and services (nutrition screening/assessment, education, counseling, referrals to food assistance and other economic benefits, senior center activities and coordination/collaboration with services

such as transportation). These products and services are produced by an organization. So, who defines quality for these products and services for the organization? Even though the OAA NP has existed for 47 years, there are no commonly agreed upon definitions of quality for all these foundational products, services and organizations. In part, this is because the OAA NP is a state-administered program and each state is responsible for quality development and assurance for all products/services as well as the quality of the organizations that they fund with OAA funds.

The OAA NP whether at the federal, state, Area Agency on Aging (AAA) or local level needs to look at current quality as well as what quality means for the future given the changes in diversity of the older adult population, societal expectations, science, technology, media, healthcare, social services, home and community-based care and long-term services and supports, and funding.

### How do you measure quality?

Quality measures depend on who you ask.

**Most businesses** may measure it by adherence to these various measures (<https://business.simplicable.com/business/new/7-definitions-of-quality>):

1. Performance
2. Adherence to a standard
3. Adherence to a process
4. Evaluation of value
5. Evaluation of outcomes

**Evidence-based or evidence-informed programs, funded by ACL** define quality with these characteristics (<https://acl.gov/programs/health-wellness/disease-prevention#future>):

1. Demonstrated through evaluation to be effective for improving the health and well-being or reducing disease, disability and/or injury among older adults; and

2. Proven effective with the older adult population, using Experimental or Quasi-Experimental Design;
3. Research results published in a peer-review journal;
4. Fully translated in one or more community site(s);
5. Developed dissemination products that are available to the public.

**Program participants** may view the quality of a meal by whether they like or dislike it, whether it arrives on time, whether the service provides value, and whether it enhances their lives.

**Funders** may view the meal or the service by whether it meets standards, is of a reasonable cost, is efficient, effective, produces anticipated outcomes, and whether it is of value. Funders may expect SMART or the achievement of specific (S), measurable (M), attainable (A), realistic (R) and timely (T) accomplishments ([https://en.wikipedia.org/wiki/SMART\\_criteria](https://en.wikipedia.org/wiki/SMART_criteria)).

**Others.** Social services systems such as SUAs, tribes, AAAs and local providers; healthcare systems such as hospitals, physicians or health insurance; private industry receiving contracts—all may view performance, standards, processes, value and outcomes differently.

Whatever the definition, quality needs to be built into an organization's business, strategic or funding plans; product and service requirements; implementation; monitoring; and evaluation. Common to all plans is identifying the vision, mission, goals, objectives, activities and evaluation of those activities to determine if one is successful and how the products and services relate both the funders stated needs and the participants' needs and wants.

### What are different aspects of quality for the OAA NP?

Not only does the OAA NP produce a product such as a meal but it also provides other services by a public or private non-profit organization. As a result, there are various quality aspects that can be monitored and evaluated:

1. Menu development and implementation
2. Meal production
3. Meal service, delivery
4. Participant satisfaction
5. Value (to participants and funders)
6. Other service implementation and coordination/collaborations, such as nutrition education, transportation, social activities, food assistance, etc.
7. Communication, marketing, branding
8. Administration, including funding and sustainability
9. Organizational structure, trust and reputation

### Who is responsible for quality?

Every level of the aging services network is responsible—from the federal Administration on Community Living (ACL) that offers technical assistance on the OAA NP, to state units on aging (SUAs), tribal organizations, AAAs and local nutrition service providers—all play a role in establishing and implementing quality assurance practices.

### Does ACL or other entities have any tools to help develop quality measures and help programs determine how to improve?

This document has listed various resources for quality measurement, including questions that programs can include in surveys. But how can SUAs, tribes, AAAs, and local nutrition service providers approach this task? **The Performance Outcome Measurement Project (POMP)** (<https://acl.gov/programs/pomp>) was an ACL initiative to help SUAs and AAAs assess their own program performance while assisting ACL to meet federal accountability requirements. Partners in the project included SUAs, AAAs, local providers and university personnel. The **POMP** resulted in a tool kit with survey instruments, a sample calculator, and other resources. Many of the survey instruments provided the basis for the current **National Survey of Older Americans Act Programs (NSOAAP)**. There is a link to

Florida's Senior Center Toolkit, developed as a part of this project ([http://elderaffairs.state.fl.us/doea/sc\\_toolkit.php](http://elderaffairs.state.fl.us/doea/sc_toolkit.php)). The ACL-funded Center for Healthy Aging (<https://www.ncoa.org/center-for-healthy-aging/>) has toolkits and resources from a multiplicity of sources.

### Are there other measures of a quality nutrition program?

Besides product and service-related quality aspects of the program, other aspects of a quality nutrition program include how an OAA NP operates. Some of these indicators might include:

1. Organizational structure, including Board management practices;
2. Administrative operations such as personnel, funding, sustainability, fiscal management, reporting, IT integration and interoperability;
3. Planning, implementing, monitoring, corrective action practices;
4. Business acumen and partnerships;
5. Community partnerships and collaborations (outreach, information sharing, transportation);
6. Communication, marketing, and branding;
7. Public trust and reputation; and
8. Advocacy.

No ACL data addresses all these other quality components.

### Who does quality assurance for the OAA NP?

Everyone... older adults, the community, and the entities charged in the OAA.

The entity responsible for quality assurance varies by state. Section 305 indicates that the SUA is responsible for program planning, policy development, administration, coordination, priority setting, and evaluation of all state activities related to the OAA activities, and the SUA may spell out specific policies, procedures, implementation methods in various state rules, regulations, manuals, guidance or the State Plan. Section 306 places significant responsibility

on the AAAs to assure quality service implementation and this quality may be ensured through grants/contracts conditions with local nutrition service providers. Both entities may monitor for adherence to the quality standards that they develop. In addition, both entities may establish performance, CQI or TQM or other plans, or the local nutrition service provider may do it themselves. And other entities such as healthcare, public health, food assistance, HCBS, and LTSS may influence the quality standards applied to the OAA NP.

## Opportunities for the OAA NP

The OAA NP is a trusted community service entity, but the data indicate that it can enhance service quality, value, effectiveness and proven outcomes.

The ACL offers opportunities for SUAs, tribes, AAAs, local providers and other eligible entities to explore systematic testing and documentation of innovative and promising practices that enhance quality, effectiveness and other proven outcomes of the nutrition programs and services through the aging services network by awarding Innovations in Nutrition Programs and Services Grants (<https://acl.gov/grants/innovations-nutrition-programs-and-services-4>). These discretionary grant awards require grantees to look at their current services, document the need for change and propose changes by exploring how to introduce something new such as an idea, program, methodology or change to their existing product, idea, partnerships and practices. Information on previous grantee awards are available both on the ACL website and through webinars at the National Resource Center on Nutrition and Aging (<https://nutritionandaging.org/>).

## Summary

The diversification of the older American population and changes in societal expectations, science, technology, media, healthcare, social services, HCBS, and long-term services and supports (LTSS) influence how the OAA NP changes and how these changes translate into quality.

**Overall, nationally, the OAA NP provides quality service as evidenced by data from the State Program Reports (SPR), the NSOAAP, and the National Evaluation.** Quality will continue to be measured by performance, adherence to standards or processes, evaluation of value and outcomes, but will need to evolve to meet future challenges. Programs at all levels will need to consider their participants' needs and wants; funding availability from both public and private sources; the healthcare, HCBS and LTSS environment; prioritization of services; clarification of what quality and success in their own community looks like; and envision their future with their current and future funders as well as more diverse program participants.

In an increasingly competitive environment for public and private funding, and increasingly competitive private industry, OAA NP must continue to demonstrate quality, enhance their products and services to meet the future challenges, and maintain the trust and respect of their participants, the public and their funders.