Adult Day Centers: Geriatric Day Health Services in the Community

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In the past decade, more attention has been devoted to community-based health care services for the impaired elderly. The adult day services center is one of the newer approaches to this kind of care. Adult day centers show a wide variety of services, staff, and settings, and these centers serve elderly patients with a wide variety of disabilities. Some day programs provide physical and psychosocial rehabilitative services; others offer longer term maintenance and supervision, social stimulation, and respite care. Many centers offer some combination of these services. For the family physician, this variation provides a range of health care choices and treatment options aimed at improving function and avoiding unnecessary or premature institutionalization of the elderly patient.

The rapid rise in the number of elderly persons in society has become a worldwide phenomenon. By 1970, the number of people aged 65 years and older in the United States had grown sevenfold since 1900; it is still increasing faster than all those aged less than 65 years. By 1980 there were 24 million people aged 65 years and older, 10.8 percent of the total population of the United States, and of these, 9.3 million were aged 75 years and older.[1] The trend for the next 50 years at least will continue to be one of increased longevity and increasing numbers of people aged 65 years and older.

As the quantity of life grows, what of the quality of life? For the older adult, the last years of life may also be the most difficult. For many, late adulthood is a time of numerous changes and losses, a time of increasing deficit in one's economic, social, emotional, and physical functioning and well-being. More than those of any other age group, the older adult's problems tend to be multiple and chronic.[2,3] The options for maintaining a high quality of life have until recently been few. The solution to the problem of a marginally functioning older adult may become premature or unnecessary nursing home placement or institutionalization when services, or knowledge of services, are not available to the client, family, family physi-

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cian, and others involved in the decisions regarding treatment.[4,5]

Community-Based Health Care

The 1970s were a decade of growing interest in the health care needs of community elderly and of increasing efforts to provide them with a broader choice of health care alternatives.[6,7] Currently, continuing health care for the older adult has come to be viewed in terms of a range of services involving more community-based care designed for a variety of needs.[8-10]

One type of community-based care program offering multiple services for multiple needs is the adult day services center, known generally as the adult day health center, day center, or adult day care center. A relatively new type of program, it delivers health and rehabilitative services to the impaired elderly and has become an important option in the health care continuum for the elderly.[11-14] The term *adult day services center* will be used here to encompass all of the above names.

The concept of the day services center came from the psychiatric day-hospital treatment model, originally developed in the Soviet Union in the 1940s. Great Britain, however, first developed psychiatric day hospitals especially for the elderly, and expanded the day-hospital concept to establish services for the physically and socially impaired elderly; the first such center opened in 1958.[5,15] In the United States, the adult day services center did not appear until the late 1960s. In the 1970s this type of service program expanded throughout the United States, resulting today in a variety of adult day services programs with differing service models.[6,12-14]

Adult Day Services Models

To further define adult day services programs, differentiation among the various titles and models is necessary. In the United States, the terms *geriatric day care center, adult day care center,* and *day health care* have been used almost interchangeably. However, the terms may in fact signify quite different programs and services. The confusion results from one or a number of "service models" existing at a given adult day services site, no matter what the site is called.

The following service models are some that exist in the United States[5-7,11,12,15]:

1. *Day hospital*—In most cases a day hospital provides physical rehabilitative services in a hospital setting for patients recently discharged from the hospital.

2. *Restorative health care model*—Similar to the day hospital, but not necessarily located in a hospital, the restorative health care model is more often community based and emphasizes time-limited physical rehabilitation for recently sustained serious illness or disability.

3. *Maintenance health care model*—Not located in a hospital, the maintenance health care model offers health supervision with limited rehabilitation and social services for long-term disabilities, has more emphasis on socialization and recreation, and is not time limited.

4. *Psychosocial care model*—Sometimes, but often not, located in a mental health center, the psychosocial care model emphasizes rehabilitation for acute or chronic psychiatric disability and often provides supervision, maintenance, and resocialization for chronic disability. This model may not be time limited.

5. *Respite care model*—Offering physical and psychosocial supervision and maintenance, the respite care model is not time limited, and emphasizes family relief from 24-hour care.

It is important to note that an adult day services center may operate according to just one of these models or may integrate two or more into a multimodel program. Thus, the range of actual services may vary widely from center to center.

To return to and perhaps clarify titles in general usage in the United States, it may be stated that the *geriatric day hospital* (model 1) in this country is usually identical to its British counterpart, comprising time-limited physical rehabilitation as part of hospital services. The *adult day health center* generally has physical restorative services available (model 2), often has psychosocial services

available (model 4), and often has smaller maintenance and respite components (models 3 and 5) in its programs. *Adult day centers* or *adult day care centers* most often provide maintenance health care services (model 3) or respite services (model 5) or both.

It is not unusual, however, to find rehabilitative therapies in a center calling itself "adult day care," or to find a day hospital with social activities for a chronic maintenance group, or other such cross-combinations. The names of adult day programs do not always accurately reflect their range of services, and programs may add or drop service models in response to the changing needs of their populations.

Utilization of Adult Day Services

To determine who are the patients of adult day services centers, it is perhaps easiest to begin with basic screening criteria, that is, by describing who is not appropriate for day services. The following criteria are used by many adult day services centers: the individual cannot be (1) bedridden, (2) unmanageably incontinent, (3) consistently disruptive, abusive, or injurious to self or others, (4) prone to wander, (5) without the capacity for self-care at night, if no assistance is available, and (6) without a personal physician.

Adult day services center patients show a wide variety of disabilities and often have multiple diagnoses.[4,16-19] Common physical problems seen are degenerative joint diseases, malnutrition, sensory deficits, cardiovascular disease, cerebrovascular disease and stroke residuals, pulmonary disease, peripheral vascular disease, diabetes mellitus, orthopedic problems, cancer, multiple sclerosis, and neurological disorders such as Parkinson's disease or Huntington's chorea. Psychosocial problems commonly presenting are depression, chronic schizophrenia, chronic alcohol abuse, manic-depressive illness, paranoia, and dementia (eg, Alzheimer's-type dementia and multi-infarct dementia). Social problems most often dealt with are isolation, disturbance in living situation, and loss of spouse. Any or most of these disabilities may be seen at a given day services center.

Despite a wide range of variability, there does exist a "typical" patient. The average age of the adult day services patient is 70 to 75 years, with a possible range from the early 20s to over 100 years, as some centers have begun experimenting with inclusion of younger patients. The patient is likely to be female, as the female:male ratio is about 2:1. Income level tends to average $2,000 per year or under, and there is a wide range of ethnic and religious backgrounds. Most common living arrangements are, in order, alone, with spouse, and with immediate family; beyond that the living situation can vary from living with a relative to residing in an institution.[20,21]

Adult Day Services

Assessment is usually the first service offered to elderly patients, and specific procedures depend on state regulations, staff expertise available, and the center's philosophy. Some initial assessment is inherent in referral information, and many centers will also schedule trial visits to further assess by firsthand observation. Assessment may then progress to a comprehensive evaluation of function, using for example the Older Americans' Resources and Services assessment[22] or a comparable instrument. Further specialized assessments may also be performed, such as an occupational therapy or nursing assessment.

Rehabilitation-oriented treatment services begin with establishment of formal or informal treatment plans and goals. The first type of service offered may be individualized assistance such as nursing care, medication prescription and monitoring, occupational therapy, physical therapy, speech therapy, psychotherapy and counseling, social services, and nutrition counseling.

In addition to traditional one-to-one treatment, group work may also be used as treatment.[23,24] Many treatment services offered on a one-to-one basis can be provided in a group format. General aims of structured groups in day programs are, for example, to promote resocialization of withdrawn or socially unskilled patients, to improve strength

and range of motion, to increase independence in activities of daily living, and to improve cognition and memory. Such group work increases involvement of patients in their own treatment process and provides treatment to larger numbers of clients. Groups can also enhance the educational concept of treatment[25,26]; thus they not only place treatment in a context with which the elderly can readily identify (ie, classes, school), but also eliminate some of the onerous stigma that many elderly associate with "treatment," especially psychiatric treatment.

Maintenance and respite services may include nursing supervision and medication monitoring, supportive socialization groups, occupational therapy, some social services, cognitive maintenance, and recreational activities. The main emphasis here may be on group treatment; however, many of these services can be provided in addition on an individual basis.

Day services programs also offer referral to other community services, discharge and disposition planning, and family support groups. Milieu therapy[27] may be another treatment approach. Other services that may be provided by day programs include transportation, a daily hot meal, education for staff, volunteers, and students, and community resource coordination and development.

Adult Day Services Staff

Staffing patterns can vary widely. The day hospital generally has available the full contingent of rehabilitation personnel either directly in the day hospital or on referral to the appropriate hospital clinic.

The restorative health care and psychosocial models employ at least one nurse, an occupational therapist or aide, possibly a physical therapist, a social worker or trained psychiatric counselor, an activities director or recreational therapist, and caseworkers. A physician or psychiatrist may be a consulting staff member, and speech therapy may be available on a referral basis.

The maintenance model programs generally have a nurse, an activities director, and one or more caseworkers on staff. Occupational therapy and social work may be available at the center on a limited basis or on referral. The services of a physician, psychiatrist, physical therapist, speech therapist, and counselor may be available on referral. Respite models are quite variable and may or may not have trained health care professionals as part of their staff, depending on the setting.

Staff roles in day services settings can be characterized as "fluid." Professional boundaries may be much less strict, as day services attempt to deal in one program with the physical, mental, and social aspects of the older adults' lives. Communication and leadership are determined by the nature of the elderly persons' problems, and problem identification is done by all staff.[22,28]

Adult Day Services Settings

Adult day services centers can be located in a variety of settings, which fall into three general categories: inpatient, outpatient, and "nonpatient." Inpatient settings are the least numerous, as is logical, considering adult day services are meant to be community-based. However, day services do exist in institutional settings.[29] In addition to the previously discussed services, these programs also seek to mitigate the effects of short- or long-term institutionalization; as such they may have a very strong maintenance and resocialization focus. They may be found in general hospitals, psychiatric hospitals, and nursing homes. These programs often have a "medical-model" orientation; the patients may be drawn from the inpatient population as well as from the surrounding community.

Outpatient centers are most often part of community mental health centers, community health care clinics, and after-care programs of psychiatric hospitals. The centers may be located on the same physical site as the parent program or may be housed separately in proximity to the parent program. Such centers generally follow a semi-

medical model, providing services for "clients" rather than "patients" and clients are drawn from the parent treatment facility.

The nonpatient program is most often administratively and financially independent of larger health care institutions. The centers, which may be publicly or privately funded, represent the community model of health care, and the elderly who attend them are referred to as "participants." These programs may be located in senior centers, multiservice centers, churches, former schools, university facilities, private homes, and sometimes unused institutional buildings.

Conclusions

The trend in health care for the elderly is toward a broader range of services, with more services available in the older person's community. One type of community-based service that has contributed to increased health care options in the past decade is the adult day services center. This type of program is expanding in the United States; as a result, a variety of possible program models and services now exists.

Adult day services centers have only begun a process of development and will probably continue to show change and variety in the future. A current understanding of this dynamic and variable mode of health service delivery to the elderly can assist the family physician in the search for appropriate treatment and in the effort to maintain the elderly in the community.

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