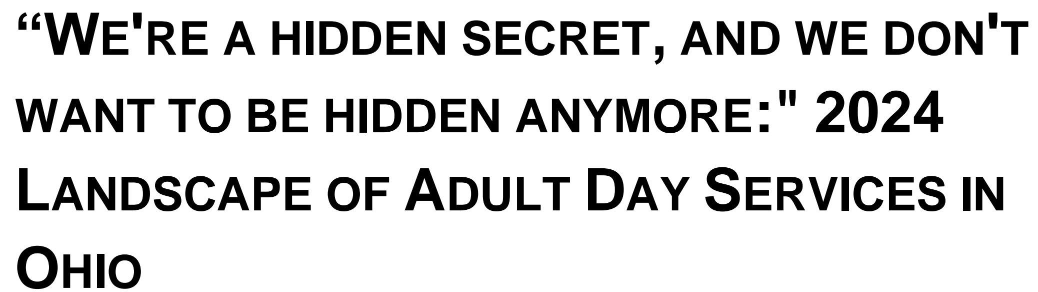

“We're a hidden secret, and we don't want to be hidden anymore:" 2024 Landscape of Adult Day Services in Ohio

December 2024

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Executive Summary

Background

Adult day services (ADS) provide participating adults with social activities, meals or snacks, personal care, or therapeutic activities. These services also allow caregivers some respite from providing care. In 2020, there were just over 4,000 ADS centers in the United States serving a daily average of 40 people; Ohio had just over 60 centers serving a daily average of 16 people. In Ohio, ADS were greatly impacted by the pandemic. A 2021 survey of Ohio providers conducted by LeadingAge Ohio revealed that 1 out of 3 responding providers had closed permanently. In response to growing concerns about access to ADS, the Ohio Department of Aging (ODA) made available $6 million in grant funds to bolster these needed services in 2024. This project examines the current landscape of ADS in Ohio and highlights the challenges faced by providers as well as potential solutions.

Methods

This project involved focus groups (5 groups, with a total of 24 ADS providers) and a survey completed by 34 ADS providers (50% of invited providers).

Results

ADS centers reported having 6 to 109 enrolled participants, with an average of 21 participants on a typical day. The majority of ADS centers have operated for 10 or more years and the majority were owned by private, nonprofit organizations. Approximately half of the surveyed centers are designed to meet an equal mix of social/recreational and health/medical needs. Fourteen survey respondents had applied for funding through the ODA Adult Day Revitalization Initiative and received technical assistance from LeadingAge Ohio. The vast majority of these survey respondents assessed the assistance received from LeadingAge Ohio favorably.

In focus groups or the survey, ADS providers reported moderate to major challenges related to funding and reimbursement rates, referrals, and family or community awareness and knowledge of ADS. Ohio ADS providers identified a range of strategies and solutions to address ongoing challenges. Examples included: increasing general awareness about ADS with community partner organizations, being good community stewards (e.g., hosting community events) which can contribute to referrals, creating programs to help people transitioning from nursing home or hospital settings, applying for grants to bridge gaps in funding, and accessing volunteers.

CONCLUSIONS

ODA and partners such as LeadingAge Ohio are taking steps to foster success among ADS. Even with recent investments, results of this study indicate there are ongoing practice, policy, and research opportunities to support ADS in Ohio.

INTRODUCTION

The National Adult Day Services Association (NADSA) defines adult day services (ADS) as "a system of professionally delivered, integrated, home- and community-based, therapeutic, social and health-related services provided to individuals to sustain living within the community."[1] These organizations provide the adults who attend with varied services such as social activities, meals or snacks, personal care, and/or therapeutic activities. These services also allow caregivers some respite from care.

Most of what we know about ADS in the United States comes from the National Post-acute and Long-term Care Study (NPALS) and its predecessors.[2] In 2020, there were just over 4,000 ADS centers in the United States serving a daily average of 40 people. Over half of these centers across the US provided dietary and nutritional services (56.7%) and skilled nursing services (55.8%). Other common services included social work (45.3%); mental health or counseling (36.1%); and physical, occupational, or speech therapy (36.0%). Of the more than 237,000 ADS participants in the U.S., 48.6% were between the ages of 65 and 84, 56.7% were women, and 40.1% were non-Hispanic White. Among those attending, common health conditions included high blood pressure/ hypertension (43.2%), arthritis (31.6%), diabetes (29.6%), depression (25.3%), and Alzheimer's disease or other dementias (24.7%). A sizeable percentage of ADS participants need help with walking or ambulation (40.1%).

Based on 2020 NPALS data, Ohio had just over 60 ADS centers serving a daily average of 16 people.[3] Three-fourths of Ohio ADS participants were age 65 and older, and nearly 60% were women. The majority of ADS participants were non-Hispanic white (75.7%), with more than one-third living with Alzheimer's disease or other dementias (44.4%), high blood pressure/hypertension (42.2%), and arthritis (37.4%).

In Ohio, ADS providers were greatly impacted by the pandemic. A 2021 survey of Ohio providers conducted by LeadingAge Ohio revealed that 25 out of 75 responding providers had closed permanently.[4] In response to growing concerns about access to ADS in Ohio, the Ohio Department of Aging (ODA) made available $6 million in grant funds to bolster the ADS industry.[5]

To inform future efforts to support Ohio's ADS providers, researchers at Scripps Gerontology Center conducted focus groups and a statewide survey to examine the

current landscape of ADS and advance understanding of the challenges faced by providers as well as potential solutions.

Focus Group Methods

Two rounds of focus groups were conducted with ADS providers in Ohio to gain (1) in-depth understanding of the barriers and facilitators experienced by those providing ADS in Ohio and (2) better understand potential solutions to identified challenges. This type of data collection involves the recruitment of a purposefully selected sample of individuals with expertise in the area of investigation. The Miami University Research Ethics & Integrity Program reviewed and approved the focus groups (04861e).

The first set of focus groups was conducted prior to the development of the survey (see Survey Methods). Using the LeadingAge Ohio member list as a recruitment source, ADS providers currently operating in Ohio were invited by email to participate. The second set of focus groups was conducted after survey data collection was complete. ADS providers who had been invited to participate in the survey were contacted via email and invited to participate in the second round of focus groups. ADS providers who expressed a willingness to participate were offered several scheduling options, and participants self-selected into a focus group based on their availability.

In total, five focus groups were conducted with 24 ADS providers, all of whom were currently operating in Ohio (see Appendix for details on the questions guiding each round of focus groups). Members of the Scripps research team organized and led the sessions, with one team member facilitating the group and another taking notes. Prior to starting the focus groups, verbal consent was given by each focus group participant. Each focus group was hosted on the Zoom platform and was audio-recorded. Following the conclusion of each focus group, audio transcripts were reconciled to ensure accuracy. The focus group facilitator and second note taker summarized notes taken during focus groups to aide in analysis. Next, the reconciled audio transcript from each focus group was read and major themes were identified. The identification of themes was guided by the questions asked, and centered around facilitators and barriers to providing ADS, and solutions that might mitigate identified barriers.

Survey Methods

Sample

The team compiled a comprehensive list of ADS centers in Ohio that serve mostly older adults. Centers known to serve a predominantly young, intellectual and developmentally disabled (IDD) population were excluded. Also excluded were ADS centers that are part of the Program of All-Inclusive Care for the Elderly (PACE) program, as the delivery model for PACE differs from more traditional ADS centers.

The list of providers included 81 centers derived from the National Provider Identifier Database, the organizational membership list for LeadingAge Ohio, and the National Adult Day Services Association.[6,7] After removing three duplicate records and 10 centers determined to be ineligible (i.e., permanently closed or not serving a mostly older adult population), the sample included 68 centers.

Survey Design

The purpose of the survey was to gain a better understanding of the characteristics of ADS centers, the types of services provided, the participants served, and challenges faced by providers. The survey included a total of 40 questions (e.g., center characteristics, services provided, staffing, participant characteristics, challenges), including an open-ended question enabling providers to express general thoughts about ADS in Ohio.

Survey questions were informed by pre-survey focus groups and existing literature with many items derived/adapted from the NPALS.[8,9,10,11,12] Questionnaire design was an iterative process, with the Scripps research team and LeadingAge Ohio jointly determining content and wording. The Miami University Research Ethics & Integrity Program reviewed and approved the survey (04901e).

Survey Administration

The survey was administered online using the Qualtrics platform. A contact person for each ADS center (e.g., administrators, directors, managers) was emailed an invitation containing a link to the survey. The initial survey invitation was emailed on August 5, 2024, with three reminder emails sent 3, 10, and 21 days after the initial invitation.

Data Analysis

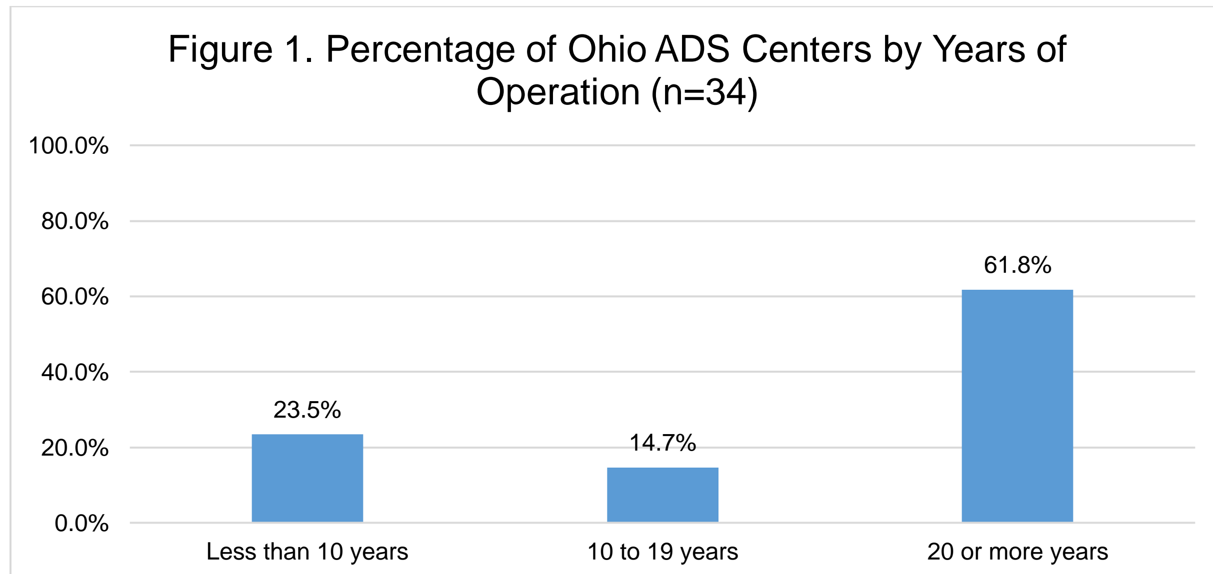
Of the 68 ADS providers in the sample, 34 responded (50%) to the survey. Descriptive statistics (frequencies, percentages, means) were calculated using SAS 9.4. Due to non-response, sample numbers (n) vary across items. For maximum transparency, percentages are reported along with corresponding sample numbers (presented as a fraction showing the number of providers responding in a specific way divided by the total number of providers responding to the item).

Survey Results

Description of Adult Day Services Centers in Ohio

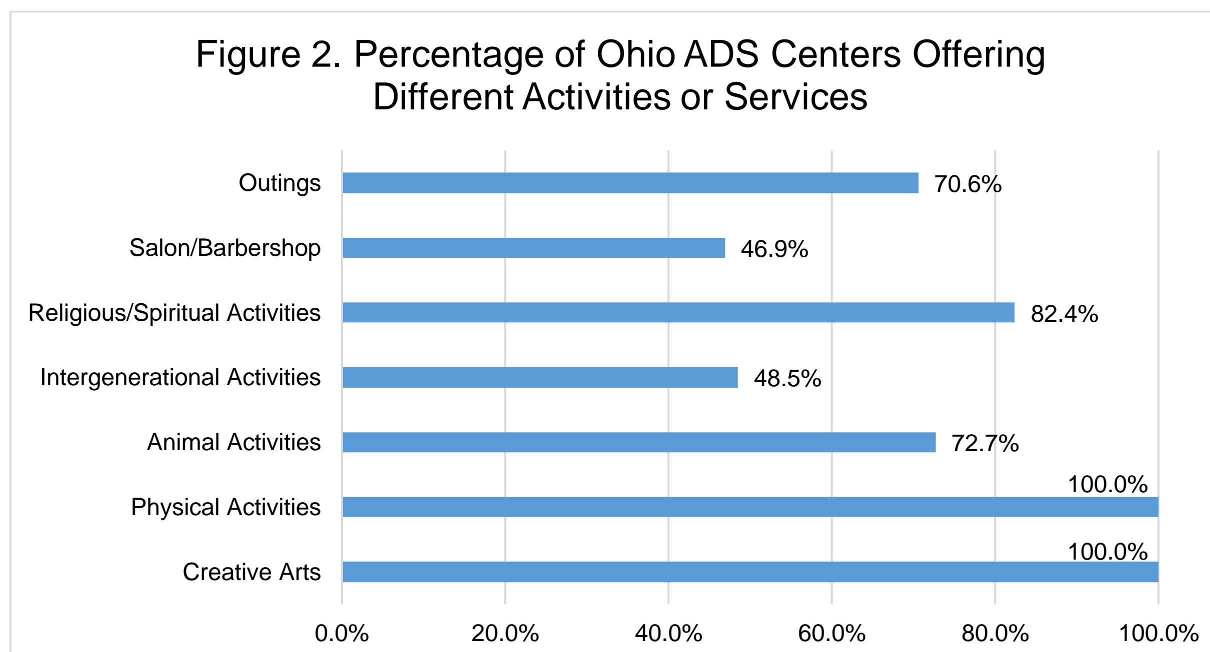
Most ADS centers identified as private, non-profit organizations (74%; n = 25/34), with 44% (n = 15/34) located in a rural area, 38% (n = 13/34) in the suburbs, and 18% (n = 6/34) in an urban area. The majority of providers (76%; n = 26/34) had been in operation for 10 or more years (Figure 1) and were designed to meet a combination of

social/recreational and health/medical needs (82%; n = 27/33). The average number of participants served on a typical day was approximately 21, with a range of 4 to 100. Sizeable majorities identified Medicaid (82%; n = 28/34); out-of-pocket payments by the participant or the participant's family (91%; n = 29/32); and other federal, state, county, or city funding (91%; n = 29/32) as revenue sources for participant fees.



Activities Offered by Adult Day Services Centers in Ohio

All of the providers indicated that their centers were designed to meet at least some social/recreational needs (n = 33/33). The vast majority reported offering creative arts, physical activities, animal-related activities such as pet visits, and religious or spiritual activities (Figure 2). Many also offered outings for their participants (71%; n = 24/34), intergenerational activities (49%; n = 16/33), and salon or barbershop services (47%; n = 15/32).



Note. N ranges from 32 to 34 across items due to non-response.

Health and Medical Services Offered

More than 80% of providers reported providing at least some health and medical services. Of those providing health/medical services, 93% (n = 25/27) offered nursing services and 78% (n = 21/27) offer dietary and nutritional services. Just over half (n = 14/26) provided physical, occupational, or speech therapy and about one-quarter (28%; n = 7/25) reported providing mental or behavioral health services. None of the ADS centers reported offering dental or pharmacy services.

Caregiver Support and Other Services

Approximately three-quarters (76%; n = 25/33) of centers reported offering caregiver support services (e.g., programs to strengthen caregiving skills). A similar percentage (75%; n = 24/32) reported offering specialized services for specific conditions such as Alzheimer's disease or other dementias (96%; n = 22/23) and IDD (83%; n = 19/23). Most centers (97%; n = 32/33) offered transportation services to and from the center for their participants.

Staff Characteristics

Among the 31 centers reporting, the average number of part-time staff is 4.5 (range 0-33) and the average number of full-time staff is 5 (range 0-20). Most centers reported employing a registered nurse (94%; n = 30/32) and an activity director (94%; n = 30/32; Table 1). Approximately 48% (n = 14/29) reported employing a licensed practical nurse, with a substantially higher percentage (77%; n = 24/31) employing a state-tested nursing assistant (STNA), nurse aide, or personal care aide (PCA). Less than one-

quarter (24%; n = 7/29) reported employing a case manager. About half of the centers have on-call employees who work on an as-needed basis without regular fixed shifts (50%; n =16/32), and more than 70% use volunteers to assist with center activities (75%; n = 24/32).

Table 1. Percentage of Adult Day Service Centers in Ohio with Indicated Staff Type

Staff Type	**% (n)**
Registered nurse	93.8 (30/32)
Activities director	93.8 (30/32)
STNA, nurse aide, or PCA	77.4 (24/31)
Licensed social worker	43.3 (13/30)
Licensed practical nurse	48.3 (14/29)
Case manager	24.1 (7/29)
On-call employees	50.0 (16/32)
Volunteer staff	75.0 (24/32)

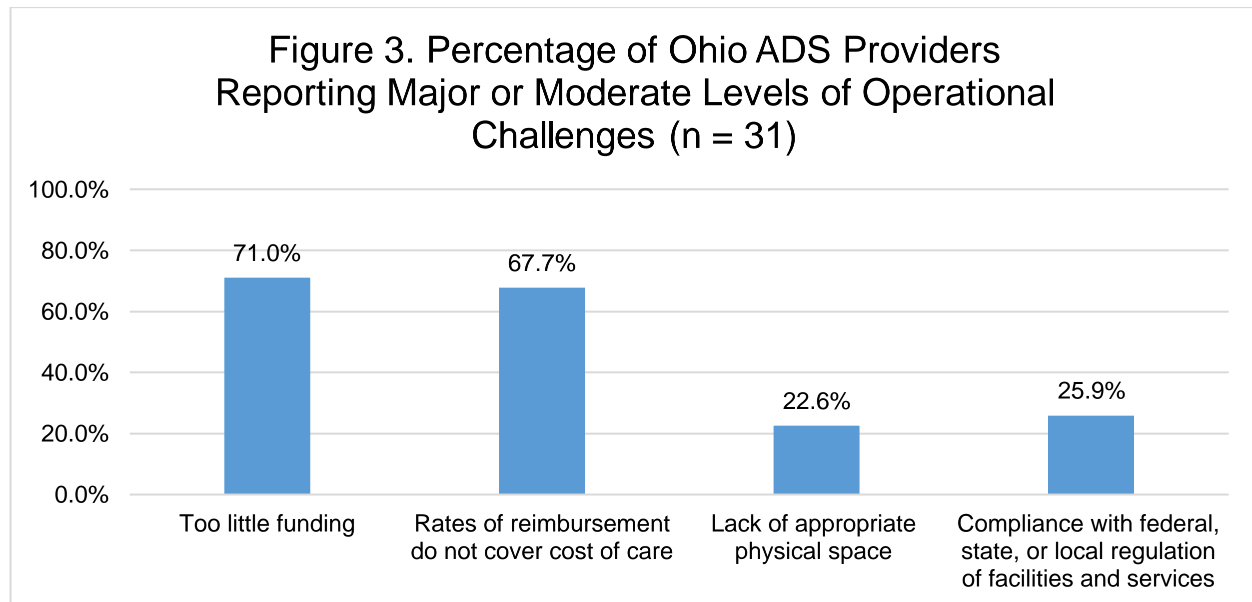
Characteristics of Adult Day Service Center Participants

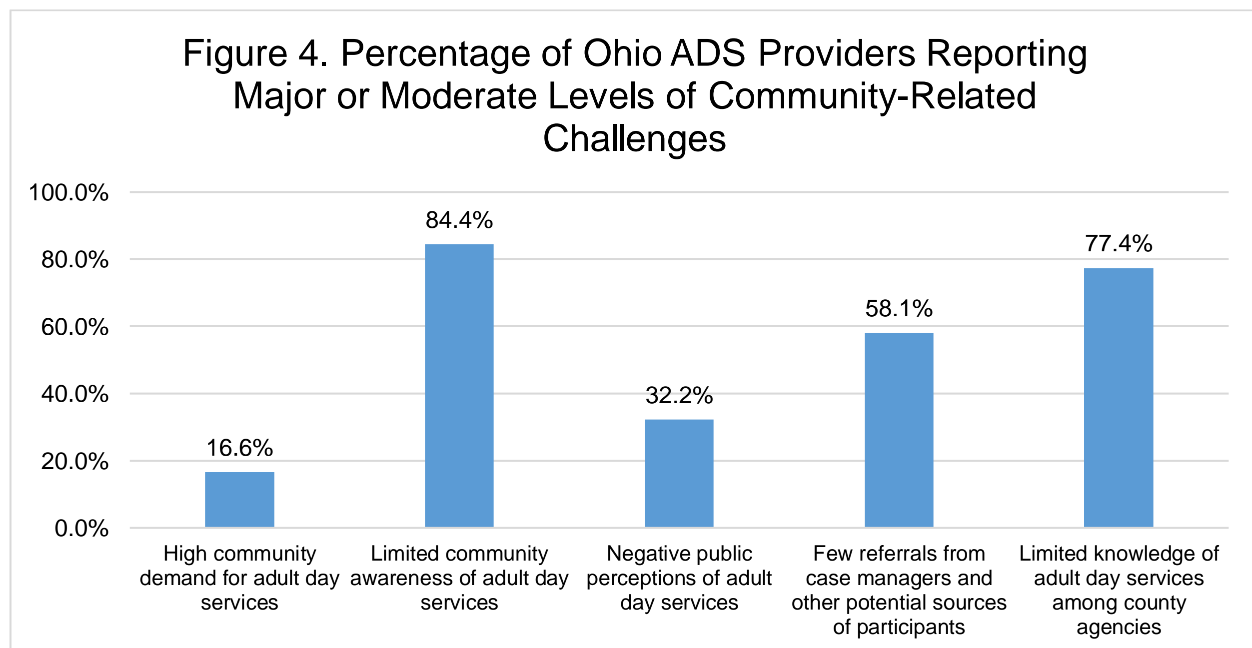
Thirty-two centers reported the number of participants enrolled in their center (distinct from the average attending on a daily basis). On average, ADS have 38 enrolled participants (range 6-109). Thirty of the centers reported demographic information about participants. Most participants were female (average of 20 females at each center; range 0-61) and most participants were age 65 and older (average of 31 participants at each center; range 6-103). While most participants were White (average 24 participants were White at each center; range 0-75), on average five participants at each center were Black (range 0-45).

Centers reported serving adults with a range of potentially challenging issues. Over 75% (n = 24/31) reported serving individuals who engage in wandering or exit-seeking, with 61% (n = 19/31) serving individuals who experience emotional outbursts. More than half reported serving individuals requiring ongoing one-on-one assistance from staff (57%; n = 17/30) and two staff members to assist with ADLs (52%; n = 16/31). About one in five centers reported serving individuals who engage in aggressive behavior toward others (23%; n = 7/30).

Challenges

Providers reported a number of challenges related to ADS. More than two-thirds of ADS providers indicated that insufficient funding (71%; n = 22/31) and reimbursement rates that do not cover the cost of care (68%, n = 21/31) were moderate or major operational challenges (Figure 3). In terms of community-related challenges, a sizeable majority endorsed limited community awareness of adult day services (27/32 = 84%) and limited knowledge of adult day services among county agencies (24/31 = 77%) as moderate or major challenges (Figure 4).

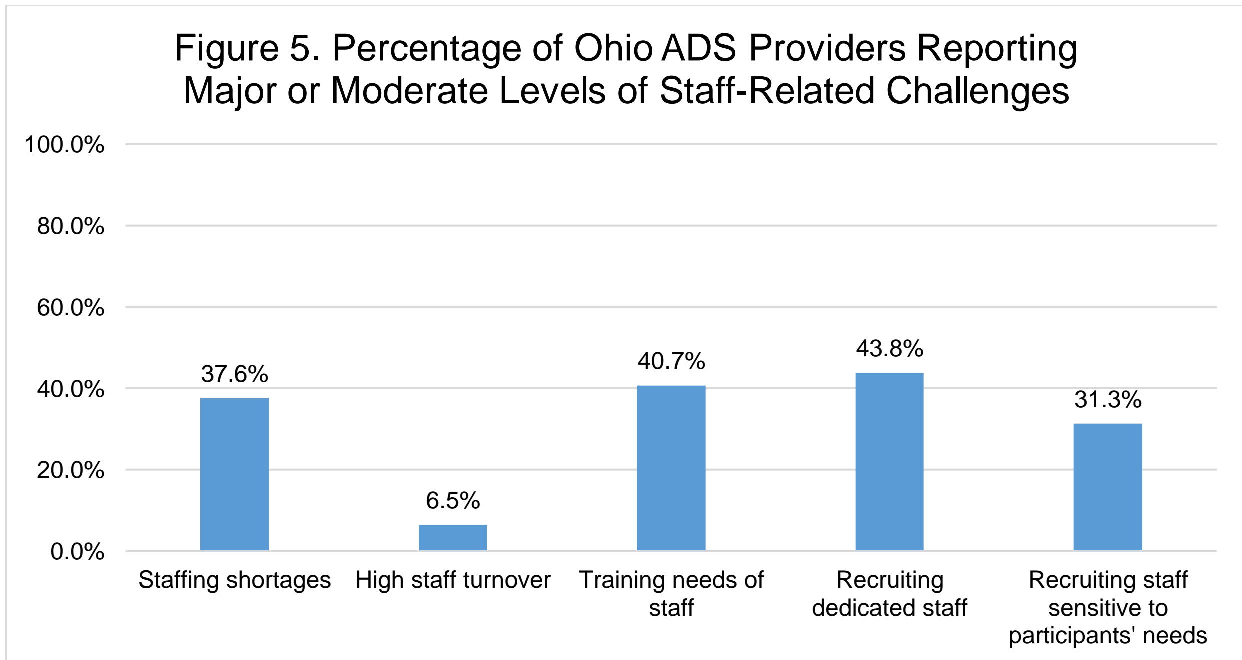




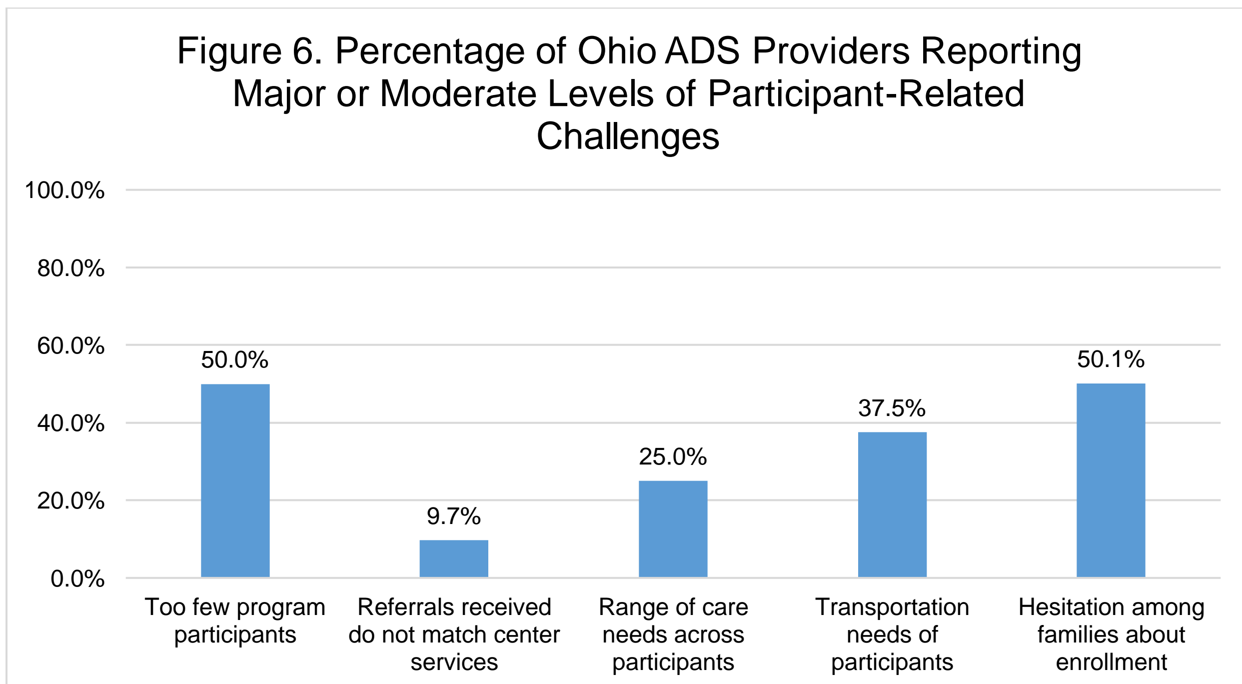
Note. N ranges from 30 to 32 across items due to non-response.

None of the five staff-related challenges were endorsed as moderate or major challenges by a majority of the sample; however, more than one-third indicated that staffing shortages (12/32 = 38%), training needs of staff (13/32 = 41%), and the recruitment of dedicated staff (14/32 = 44%) were moderate or major challenges (Figure 5). Similarly, none of the assessed participant-related challenges were endorsed by a clear majority of respondents. Nonetheless, one in two centers endorsed too few program participants (16/32 = 50%) and hesitation among families about enrollment (16/32 = 50%) as moderate or major challenges. More than one in three centers

indicated that the transportation needs of participants were moderate or major challenges (Figure 6).



Note. N ranges from 31 to 32 across items due to non-response.



Note. N ranges from 31 to 32 across items due to non-response.

Focus Group Results

As noted earlier, focus groups were conducted with ADS providers in the state of Ohio before and after the survey was administered. The purpose of the focus groups was two-fold: to better understand factors that facilitate and challenge the provision of ADS, and to identify strategies and solutions for challenges experienced by ADS providers. In some instances. Factors that ADS providers discussed were experienced as both barriers and facilitators, depending on the local context of each unique ADS center. For example, centers that had adequate staff with few call offs talked about staffing as something that helped them succeed, while centers that struggled to find, hire, and keep staff talked about staffing as a persistent challenge to their success.

Facilitators

When asked about **what things helped them provide ADS** in their communities, providers talked about having: consistent and committed staff, partnerships with other organizations, increased reimbursement rates following legislative efforts, and diverse funding sources.

Focus group attendees unanimously agreed that the ability to **hire and retain consistent and committed staff** was an asset to their business. Providers explained how a stable workforce created a ripple effect across their ADS center, allowing them to offer more activities and utilize existing staff to help recruit new staff dedicated to working with the population attending adult day. In reference to rebuilding their workforce since COVID, one provider stated:

> *The people that I've hired are wonderful. I don't think I've ever had staff like this before, and you know when you have great staff, they bring in great staff, and so it kind of perpetuates itself, and that's, that's a nice thing…I brought back very few of the staff that I had prior to COVID.*

Several ADS providers also mentioned the importance of **creating relationships or partnerships with community-level and county-level organizations.** Specific types of relationships mentioned were with local senior centers, faith-based organizations, long-term care residential communities, and local health departments. Providers perceived that having these relationships in place brought additional benefits to their ADS programs, such as reduced or free rent, referrals, direct financial support, and access to transportation.

> *So being part of the larger Senior Center kind of gives us a little more wiggle room….We pay very, very, very nominal rent, because the church that [the ADS is] located in kind of sees us as part of their mission. So we pay a very nominal rent, under $10,000 a year, and we pay no*

> *maintenance. And we, you know, we pay for our phone line…We don't pay for electricity. We don't pay for heat, no utilities.… Vehicles that we use, they're dedicated to the adult day service, but they're part of our larger transportation program. So like right now, my one driver is out with a knee replacement, but I'm filling in with my other transportation drivers. So you know, we have all these kind of redundancies and backups that …. wouldn't exist if we were just purely an adult day service.*

These benefits assisted ADS providers in their day-to-day operations but also offered them a feeling of having a stronger support buffer to use as needed.

Providers acknowledged their gratitude for **increased reimbursement rates** from the Ohio legislature, after not having received any rate increases for many years. Some providers discussed having assisted with giving testimony and helping to lobby for increased rates for Ohio ADS providers, and others were grateful for the resulting increase.

The last theme that Ohio ADS providers saw as a facilitator to doing their work was **having diverse funding sources**. Like with community partnerships, ADS providers talked about this diversification acting as a safety net to help them through hard financial times. One provider explains,

> *We have our county senior services levy that really helps support our agency, and we have it for more than one county....So that's really been helpful for us, particularly once we reopened with COVID. And then our VA [Veteran's Affairs], well, we don't have a ton of people,...but it's another source, and then our Area Agency [on Aging] too.*

Most providers talked about having multiple contracts with state agencies that could pay for ADS (e.g., VA, Medicaid, managed care companies, long-term care insurance) as well as having participants paying privately to attend ADS. Providers also mentioned relying heavily on local levy funds, which were often praised for not having the same amount of burdensome paperwork as was required by the other funding mechanisms.

Barriers

When asked about **what things made it harder to provide ADS** in their communities, providers consistently talked about having: difficulty recruiting and retaining "right fit" staff, inconsistent and inappropriate participant referrals, low and poor awareness among community members about what ADS are, reimbursement that is insufficient to cover actual operating expenses, and concerns about inadequate and unsafe transportation.

ADS providers talked about long-standing, industry-wide challenges related to **recruiting and retaining high-quality staff** who had the “heart” for the work. Several providers told stories about hiring a direct-care worker, training them, and paying for their background check only to have them not show up for their shift; others said they would have someone come and stay for a couple of weeks and then not return. Providers felt that staffing challenges had been exacerbated by the COVID-19 pandemic. One explained that staffing is:

> *truly a challenge because [it] is a revolving door here…. It used to be more stable prior to COVID. We really didn't have an issue. People were looking for jobs, wanting to come in, but after COVID it has been a real struggle to find staff that really wants to work.*

Finding and keeping ADS referrals to maintain a steady census was another challenge highlighted by ADS providers in our focus groups. Providers reported experiencing steep declines in ADS enrollment during the COVID-19 pandemic, and census numbers have grown slowly following the end of the pandemic. Providers talked about the need to increase their census while also ensuring that those enrolled can be safely cared for in the adult day setting. Providers specifically cited receiving inconsistent and unpredictable ADS referrals across all sources. One provider explained:

> *a lot of the referrals that I'm getting now are those [challenging] individuals that are….kind of lost in the system because other providers have been selective…. so we're struggling to get new referrals that we're adequately and safely equipped to be able to provide for.*

Providers in urban and suburban areas talked about struggles related to a low census due to the presence of market competition, while many rural providers had a permanent wait list for a small, fixed number of individuals they were able to serve in their adult day centers. One provider noted that ADS referrals will always be additionally challenged by the demographics of ADS participants: *“The one thing with adult day is we constantly have [participant] attrition - it's just because, you know, we're dealing with a frail and vulnerable population.”* This adds another layer of challenge to accepting referrals offered, as providers must find a balance between maintaining their census but also enrolling those that will benefit from the services offered and will be appropriate for the ADS setting.

The third challenging area ADS providers talked about was a general **lack of awareness and understanding of ADS**, both among family or other unpaid caregivers as well as among county agency employees that interact with and/or regulate aspects of adult day centers (e.g., case managers, health department food inspectors/licensors, and fire marshals). One provider explained,

> *I think there's a lack of understanding and awareness of what adult day is and I think that really cuts across… families, seniors themselves might not have an idea of what adult day is and what it isn't. I think providers who work in…settings that could be referrals don't know what adult day is.*

Another provider added that the turnover, particularly among case managers, is a factor that contributes to poor awareness and understanding of ADS among referral sources, a sentiment echoed by several focus group participants:

> *I found that with our local PASSPORT Agency, they have so much turnover that the new [case managers] coming in, they don't know about adult day. [Case managers] even call me and ask me how to fill their paperwork out to send a referral to me. It's like, 'I think you should know how to do this.' And I've run into that multiple times, so it's not just a one off. It's a problem.*

Reimbursement rates were another commonly cited challenge. While rates have seen recent increases, they remain too low to match the actual costs of operating an ADS center. These low reimbursement rates do not help providers enhance their businesses in the form of paying their staff higher wages or offering more robust services.

> *I think that's the long and short of it, is the reimbursement rates… I think we all, we are all finding little tricks, and, you know, working from the heart and finding the unicorn volunteers and the magical AmeriCorps kids, but like, if we really were, like, a strict business paying people a competitive wage and paying, you know, full amounts for our space and all that kind of stuff, those reimbursement rates are just nonsense…. they're not attached to any reality.*

Transportation was the last barrier cited by ADS providers that made their work harder, especially as a result of the COVID-19 pandemic. ADS providers expressed safety concerns that drivers working for contracted transportation companies were not trained to support their participants, specifically ADS participants living with dementia. These ADS providers wished they could offer safer transportation for their participants but were simply not able to take on the additional costs and had difficulty finding reliable drivers,

> *We've subcontracted our transportation, and the understanding, even though they're supposed to do door to door drop off. It's just the safety of some of the members that you know have dementia. Like the drivers or the companies just don't understand. Even though there's contracts out there that say that they have to follow certain things.*

Solutions

When asked about what solutions they have employed or would like to employ to mitigate some of the aforementioned challenges, ADS providers identified a range of opportunities.

One solution is to **increase general awareness about ADS** to potential community partner organizations (e.g., hospices, hospitals, senior centers, area agencies on aging). ADS providers talked about asking the Ohio Department on Aging or other larger agencies to help with marketing efforts to increase awareness about and knowledge of ADS, as well as offering education/training opportunities for community members that interact with ADS programs (e.g., case managers, fire marshals, health inspectors, transportation drivers). The request to receive marketing assistance occurred after providers talked about trying to market on their own unsuccessfully. In the current context, most providers found word of mouth to be the most effective way to secure new referrals and build awareness in their communities about ADS. Providers specifically discussed placing more intentional effort on strengthening existing relationships that lead to referrals:

> *What we've been trying to do is focus.…on the folks that are giving us referrals rather than necessarily trying to spread ourselves thin and go to all possible referral sources. So if we have a care manager at a certain organization that has been good about sending us referrals, we really try to put more time and attention into that relationship versus, you know, trying to find new referrals. And we hope that person then speaks highly among their colleagues, and then that will lead maybe to new referrals from other people.*

Providers also talked at length about making extensive efforts to **be good community stewards**, by sponsoring local basketball teams, hosting community events in their space after hours, and offering free or trial days for a person living with dementia and their caregiver. With a trial day, the person with dementia can experience what ADS is like and the caregiver learns what it feels like to have a break for a couple of hours. In addition, providers had success hosting open houses for community healthcare professionals, specifically case managers. By being good community stewards, providers saw increased referrals, both from word of mouth and from some area agencies (e.g., case managers, home health, nursing homes). One provider summarized that ADS are *"a hidden secret, and we don't want to be hidden anymore. And we don't want to be a secret for sure."*

After noticing that many people discharged from a hospital to a nursing home ended up back at the hospital within thirty days, one provider took the initiative to **create a program to try to help short stay nursing home providers and hospitals** reduce re-hospitalization by adding ADS as an additional program of support**.** Specifically, the

ADS provider hosted events with hospital and nursing home discharge planners to explain their services and how they could help address the problem. This provider's efforts have taken off and have increased community awareness about the potential benefits of ADS and how attendance can specifically address participants' health care needs. The provider explained,

> *Adult day care makes sense. We can strengthen [the participants]. We can keep them safe. We can make sure they get their meds. We have eyes on them, you know, and so it has been a beautiful thing, and we call it a bridge, because that's what we feel like it is. It's a bridge between the hospital, the nursing homes.… and adult day.*

The main strategy that ADS providers attempted was spending money on marketing. They found this unsuccessful in helping their businesses. Greater gains were seen by investing time, money, and other resources into giving back to their community, and hoping referrals and greater community awareness resulted from those efforts.

To help fill the gap between the reimbursement rate and the actual cost of operating, ADS providers largely spoke of **applying for grants**. Some providers targeted grants related to providing more art programming, while others were focused on grants that would help them offer more transportation. Others had specific grant funds from their county that allowed them to offer partial scholarships to ADS participants. The ability for ADS providers to write and submit these grants, however, varied greatly based on their size, geographic location, and whether there was enough staff to free someone to write the grant. One provider used additional grant funds to fill service gaps for ADS participants, such as grocery shopping, laundry delivery, and transportation to the center for those needing specialized services (e.g., bariatric showers). The provider explains,

> *We're now offering laundry services. We're offering being able to order food or groceries to their house, helping them set up doctor's appointments, teaching them how to use iPads and tablets and whatnot. So we're doing that kind of new stuff, too. And it has helped to increase our numbers. So it's been really great.*

Some providers kept their ADS small, and simply could not grow their programs until more funding or physical space was available. This was highlighted by ADS providers in rural geographic areas, particularly if they were the only ADS in their county or region.

Other providers with different community resources **accessed volunteers**. Some providers were able to leverage retirees who were willing to work for a lower wage or even volunteer. Some communities near universities were able to make connections with students who then became unpaid interns or AmeriCorps members. This enabled them to provide more activities or simply have a lower staff to participant ratio without

the high price tag that would ordinarily be attached to offering those benefits. One provider explained that,

> *sometimes on a tough day, [a volunteer is] the third staff person or they're the fourth and fifth person, because we know we've got a [participant who is frequently up walking], and if we can put a volunteer with the one who will just do loops around the room, then it frees our paid staff to care for the other clients.*

Providers engaged in discussions around other potential ideas to address their ongoing challenges. Examples include:

- Finding ways to financially support starting less intensive adult day programming for people with early-stage dementia. These less intensive programs allow providers to gradually expand services and give families more time to become comfortable with ADS.
- To help find staff that truly want to work in the ADS setting and to streamline the hiring process, ADS providers suggested developing a state-wide registry of eligible ADS workers.
- Creating several training or educational opportunities to help different groups understand how to work most successfully with ADS providers. Specific training opportunities might target:
    - Case managers to understand ADS in order to encourage consistent referrals which in turn helps ensure ADS providers have stable attendance and reimbursement;
    - County officials in health departments (e.g., inspectors) and fire marshals so they understand the unique context of ADS and how some regulations may not apply or may be interpreted differently;
    - Local and county transportation company employees, to learn best practices for providing transport for people living with dementia.
- Researching how other states are successfully providing senior transportation and trying to replicate some of these models. Pennsylvania was one state that was cited as having a robust senior transportation program.
- Adjusting the language to describe the entire industry. It was suggested that eliminating the word “care” might help with many of the challenges they faced. They perceived “adult day care” as sounding ageist and off-putting to people. They suggested rebranding the term Adult Day Care to

Adult Day Health or even consistently utilizing Adult Day Services (which is the approach taken throughout this report).

Impacted Industries Evaluation

With funding from the Ohio Department of Aging, LeadingAge Ohio offered assistance to ADS providers applying for grant funding through the Ohio Department of Aging Adult Day Revitalization Initiative. As part of the survey, providers were asked if they applied for grant funding and whether they received assistance from LeadingAge Ohio with their application. A total of 23 ADS centers reported applying for funding (79%, n = 23/29) and 14 indicated that they received assistance from LeadingAge Ohio. These 14 ADS providers were asked to answer five questions concerning the assistance received; all 14 completed all five items.

The majority of these applicants reported being satisfied or very satisfied with the overall assistance they received from LeadingAge Ohio (86%), with the same percentage reporting that it was easy or very easy to secure assistance. In addition, over 90% of applicants indicated that the technical assistance provided, the accuracy of information received, and the timeliness of communication from LeadingAge Ohio were good or better; more than 70% rated these elements of assistance as very good or excellent.

Conclusion: Next Steps for ADS in Ohio

ADS providers address a critical care need for older adults and their families. As is the case nationally, ADS providers in Ohio are still recovering from the COVID-19 pandemic. In this study, we sought to deepen understanding of the current state of ADS providers in Ohio and those they serve. While it is important to acknowledge that our findings may not represent the experience of the entire population of ADS providers in Ohio, they highlight opportunities for the Ohio Department of Aging and partners such as LeadingAge Ohio to strengthen the adult day industry.

From practice and policy perspectives, addressing awareness and funding would reduce the challenges faced by ADS providers in Ohio. Providers are making efforts to explain what ADS is and how it can be beneficial for participants and families; however, greater support is needed. This includes efforts to educate potential referral sources and local agencies that interact with or regulate aspects of ADS. To alleviate funding gaps, some ADS providers are applying for grants or utilizing volunteers in the ADS centers. Providers acknowledge recent increases to the reimbursement rates, but they also report that the rates are too low for them to expand services offered. Awareness and funding challenges are intertwined and efforts on one front may assist both and thus the industry overall.

The focus groups highlighted an untapped resource – ADS providers themselves. While representing a sub-section of ADS providers in Ohio, the support and encouragement offered between these providers stood out as a possible mechanism for broader connections. Providers were quick to offer strategies about what had worked or not worked for them, and they were eager to commend each other for the work they were all doing. There was commonality in their struggles but also the opportunity to learn from one another's successes. Engaging ADS providers in a meaningful and consistent way that is supportive, creative, and action-oriented could be a win-win for Ohio and ADS.

There are also research opportunities stemming from this study. ADS providers reported wanting to know more about ADS in other states. National data through NPALS or NADSA or case studies could place the Ohio ADS landscape in perspective by indicating differences by ADS center characteristics or best practices for expanding services and populations served. Two limitations of the current study which could be addressed with more research are: the sample composition of ADS providers surveyed and obtaining the perspectives of ADS staff, participants, and family members. The 34 ADS providers completing this survey represent 50% of the eligible providers who were invited. A 50% response rate provides an initial picture of ADS in Ohio; however, it is always desirable to have responses from as many providers as possible which enables exploring differences between locations and demographic groups. In addition, the list of providers was compiled from multiple sources; in the future, access to a centralized list of ADS providers would ensure all providers are invited, would add efficiency to data collection efforts, and be a non-research tool for provider connections. Also, a more complete picture of ADS in Ohio would be achieved by learning about the experiences and perspectives of participants, families, and staff working directly with participants. Understanding these added perspectives can also address challenges faced by ADS providers. Providers and policymakers who know how participants and families benefit or why ADS staff continue to work in this industry can use this information to build awareness and also explain the value in future investments in ADS. Furthermore, as the U.S. emerges from COVID-19 pandemic, there is a need to study the impacts of initiatives designed to enhance the industry.

APPENDIX

Focus Group #1 Questions

Let's begin by having each person share your first name, where in Ohio you are, and what model of adult day services you provide.

What do you enjoy about working in Adult Day Services? / What things help you provide Adult Day Services in your community?

What things make it harder to provide Adult Day Services in your community?

What solutions would you recommend to address the challenges you face providing Adult Day Services in your communities?

Is there anything you would like to talk about that we did not cover?

Focus Group #2 Questions

Let's begin by having each person share your first name, where in Ohio you are, and what model of adult day services you provide.

What strategies have you used to lessen community-related challenges related to family and community awareness and knowledge of adult day services?

What strategies have you used to lessen community-related challenges related to referrals and adult day services awareness of case managers?

Next, we would like to explore operational challenges. What strategies have you used to address challenges related to funding and reimbursement levels?

Is there anything you wished I asked that I didn't?

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