Adult Day Services: A Review of the Literature

Population and Service Utilization Considerations in a Rural and Remote Context

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Introduction

Vancouver Island North consists of a number of rural and remote communities (Island Health, 2014). As of 2013, 12,000 people lived in this region, and according to 2011 figures, 27% of the population identified as Aboriginal (Island Health, 2014). Over the next twenty years, it is estimated that there will be a 312% increase in the population of individuals who are 75 and older in this region (Island Health, 2014); thus, as a result of these changing demographics, the health needs of Vancouver Island North will be impacted (Island Health, 2015). An increasingly elderly population will likely require more health services (Island Health, 2015).

As individuals age, there is a greater possibility that they will develop cognitive and physical impairments and other chronic diseases (World Health Organization [WHO], 2002). These impairments can negatively impact older adults' abilities to be independent, carry out activities of daily living and experience psychological well-being (Gaugler & Zarit, 2001; WHO, 2002). It is often preferred by older adults and their caregivers that they remain at home and in the community rather than be institutionalized (Gaugler, 2014; Met Life Mature Market Institute [MetLife], 2010); WHO, 2012). Adult day services may support this desire.

The goal of this report is to provide Island Health and the Rural and Remote Division of Family Practice with reliable evidence and information about adult day services to inform the planning, development and implementation of a pilot adult day program. Peer-reviewed sources were identified from the following databases: PsychINFO (EBSCO), Medline (EBSCO), and Ovid Medline. Sources were also identified from Google Scholar. Additional grey literature and resources from relevant non-profit and international agencies were also reviewed to gather information for this report, and Island Health Library Services provided support in sourcing relevant documents.

As requested by Island Health, the key areas that will be examined in this report are as follows: (1) key populations served by adult day services; (2) factors related to the utilization and non-utilization of adult day services; and, (3) important considerations related to the implementation of adult day services in a rural or remote context. General information about adult day services is also provided in addition to a brief review of the service outcomes.

Overview of Adult Day Services

Adult day services[1] are community-based programs that provide a range of structured social and recreational activities, as well as a variety of health, nutrition, and rehabilitative support services to adult individuals experiencing physical, mental, social and functional impairments or disabilities. These programs are delivered during the day in a protected, safe and supportive group format outside of the home (Conrad, Hughes & Wang, 1992; Dabelko & Zimmerman, 2008; Dearborn, 2008; Fields, Anderson & Dabelko-Schoeny, 2014; Robinson, Segal & White, 2015). Adult day services can also deliver transitional care and short term-rehabilitation for individuals that have been discharged from hospital (Met Life Mature Market Institute [MetLife], 2010).

There are essentially three models of adult day services: the **social model,** the **medical model,** and the **combined model**—which includes components from both social and medical models (Dabelko & Zimmerman, 2008). There is also the **specialized model**, which focuses on certain conditions or needs, such developmental disabilities or dementia (National Adult Day Services Association [NADSA], n.d.). All adult day programs must be cognizant of the type or severity of impairment they can support (McCrary, 2002).

Adult day services can enable individuals with physical or cognitive impairments to remain at home and in the community – which is often desired by both the caregiver and care recipient—instead of living in an institution or nursing home (Gaugler, 2014; MetLife, 2010; World Health Organization [WHO], 2012). The services aim to improve participants' quality of life and sense of independence (Gaugler, 2014; Robinson et al., 2015), and they support informal caregivers (i.e. spouse, siblings, adult children) of elderly or disabled relatives by providing "regular and reliable" (Conrad, Hughes & Wang, 1992, p.482) respite from caregiving duties (Conrad et al., 1992; Gaugler, 2014; NADSA, n.d.) such that they can continue working at their jobs during the day if required (Dearborn, 2008). Adult day services are also generally more affordable than nursing home services (Dearborn, 2008).

Robinson et al. (2015) suggested that individuals who may be the best contenders for an adult day program are those who are: continent; mobile or require the use of a supportive device like a cane, walker, or wheelchair; in the early stages of Alzheimer's disease; not in need of 24-hour supervision but may be physically or cognitively impaired; and are likely to benefit from the companionship and support offered by the program. It is recommended by NADSA (1997) that the ratio of staff to participant[2] is one to six, respectively; however, in the case of services that attend to participants with high needs, such as dementia, the ratio should be one to four (as cited by McCrary, 2002; Robinson, 2015).

Some of the most common reasons for adult day service enrollment are as follows: respite is required by the caregiver; there is a decline in caregiver ability; the care recipient requires increased functional support; the care recipient has increased behavior problems; or, the care recipient requires increased socialization opportunities (McCrary, 2002; MetLife, 2010).

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[1] There are a number of interchangeable terms for adult day services, including: adult day care, adult day centres, and adult day programs, among others (Day, 2014). In this report, the terms 'adult day services' (or 'service') and 'adult day programs' (or 'program') will be used interchangeably to denote the same program.

[2] The term 'care recipient' will be used in this report to identify individuals with cognitive or physical disabilities that are being cared for by an informal caregiver; however, they are not yet attending an adult day program. The term 'participant' will be used in this report to denote individuals who do attend adult day programs.

Activities and Services

Activities and services that may be offered by adult day programs include: care planning; support with activities of daily living (ADL)[3] and personal care; nursing and other health-related services; medication management; therapeutic activities (e.g. speech, physical, pet, music); leisure activities, games and outings; meals; transportation; opportunities for socializing; and, caregiver wellbeing and support (Dearborn, 2008; McCrary, 2002; MetLife, 2010; NADSA, n.d.; Robinson et al., 2015)[4]. Some adult day programs may offer overnight or weekend respite as well (Dearborn, 2008). Appendix A provides a list of additional resources related to adult day service planning and development.

Populations Served by Adult Day Services

While adult day programs can and do serve a variety of older and younger adult populations with various physical, cognitive, and social impairments (McCrary, 2002), key populations that receive benefits from adult day programs have been repeatedly identified in the literature: older adults who are unable to be independent or who may be experiencing loneliness and isolation (Dabelko & Zimmerman, 2008; Robinson et al., 2015); and informal caregivers.

Adult Day Service Population: Older Adults

It is well established that the global population is aging. The World Health Organization (WHO) estimates that there will be 1.2 billion people over age 60 worldwide by the year 2025, and the most rapidly expanding older population segment are those who are 80 years and over (WHO, 2002). In Canada, it is expected that the population of Canadians that are ages 65 and older will increase from 4.2 to 9.8 million between 2005 and 2036, and the seniors segment of the Canadian population will increase from 13.2% to 24.5% (Statistics Canada, 2007).

As individuals age, there is an increased likelihood that physical or cognitive impairments will develop which can result in decreased well-being overall (WHO, 2002). Dementia and social isolation are important aspects of aging that require consideration, and these concepts are discussed below.

Dementia

Dementia has been identified by the World Health Organization (2012) as a significant cause of impairment and dependency for older adults around the world. There are over 35 million people with dementia worldwide, and it is estimated that the number of dementia cases will double every twenty years (WHO, 2012). Dementia generally impacts older adults, however, it is not a "normal part of aging" (WHO, 2012, p.94). Rather, it is a syndrome that is chronic and progressive and is caused by various illnesses that impact memory, cognition, behaviour and the capacity to carry out activities of daily living (WHO, 2012). Alzheimer's disease is a common subtype of dementia (WHO, 2012).

Individuals with dementia can experience behavioural and mood challenges such as restlessness, agitation, depression, wandering, sleep challenges, hallucinations, among others (Femia, Zarit, Stephens, & Greene, 2007). These symptoms can be enhanced by the cognitive impairments and

[3] Activities of daily living [ADLs] are "tasks that are required for a person to … live in the community. Basic [activities of daily living] include eating, dressing, bathing, transferring, toileting, and mobility" (Murray, 2008, p.78).

[4] This is not a comprehensive list of the activities that can be provided through adult day services. A resource that provides further details about specific services and activities can be reviewed here.

memory loss that are associated with dementia (Femia et al., 2007). Individuals may then experience boredom, inactivity and restlessness as a result of a decreased capacity to begin and complete activities (Femia et al., 2007). They may also resist help when attempting to carry out daily tasks that they may struggle to complete (Femia et al., 2007).

Health issues such as dementia can also lead to social isolation (National Seniors Council [NSC], 2014b). Individuals who have mild dementia may withdraw from social interactions because may feel that their declining memory is noticeable by others or they may find social activities become unpleasant and challenging; therefore, a diminishing social network and "loss of social and mental stimulus" (p.2840) occurs (Brataas, Bjugan, Wille, & Hellzen, 2010).

Adult day program have been lauded as "leaders in community-based care" with respect to persons with dementia or Alzheimer's disease through their provision of safe environments that are interactive and cognitively stimulating (MetLife, 2010).

Social Isolation

An individual's social environment influences healthy aging (WHO, 2002). Strong social support networks have a beneficial impact on health and health behaviours (NSC, 2014a; WHO, 2002). Conversely, poor social support is linked with poor overall health and well-being and increased mortality, illness and psychological distress (WHO, 2002). Older adults have a greater likelihood of experiencing a decreased social support network as a result of the loss of friends and family (WHO, 2002). This can lead to an increased likelihood of loneliness and social isolation – both of which are associated with decreased mental and physical health (WHO, 2002). Social isolation is defined as "a low quantity and quality of contact with others" (para.3, NSC, 2014a).

A number of risk factors for social isolation in seniors have been identified by the National Seniors Council (NSC). Social isolation can result from retirement, changing family structures and support, loss of driving ability, low income, and poor transportation options which may be experienced by older adults in rural and remote communities (NSC, 2014b). Living alone, a decreased knowledge of community services, or an apprehension of going to events alone also have been found to be risk factors for social isolation (NSC, 2014a; NSC, 2014b)

Health issues such as dementia, sensory impairments, and loss of independence can also lead to social isolation (NSC, 2014b). Social isolation and mental health are found to be associated with one another, in that declining mental health can impact confidence and self-esteem thus decreasing social connections and health service access (NSC, 2014a; NSC, 2014b). Conversely, social isolation is also associated with mental health issues like depression and increased suicidality (NSC, 2014a; NSC, 2014b).

It has also been found that certain populations of older adults have an increased risk of being socially isolated, including: Aboriginal seniors, seniors with low income, seniors with physical or mental health challenges, as well as other minority groups (NSC, 2014a; NSC, 2014b). Older women who are alone are also increasingly susceptible to poverty and social isolation (WHO, 2002). Social isolation is also more likely for seniors who act as caregivers for other family members, which results in increased stress, depression, and social disconnection (NSC, 2014b).

Seniors who are socially isolated have a greater risk for poor health behaviours (e.g. drinking or smoking), sedentary lifestyles, and poor nutritional intake (NSC, 2014a). They also experience a greater

risk of falls and hospitalization (NSC, 2014a). Social isolation results in decreased participation in communities, poor social skills, and is also identified as a risk factor for elder abuse (NSC, 2014a).

As many older adults who require care prefer to receive care at home (WHO, 2002), they may encounter many challenges, including: continuing to be independent and living safely, occasions to socialize with others, and the caregiving support that is available to them (Tse & Howie, 2005). Adult day programs have been highlighted as a support service that will enable older adults to continue to live at home through: facilitating opportunities for socializing and remaining active, providing mental stimulation, and ensuring they get the care that they need and develop the skills they may require for daily living (Robinson et al., 2015; Tse & Howie, 2005).

Adult Day Service Population: Informal Caregivers

Long-term care consists of various formal and informal services that support individuals with chronic illness, dementia, or other impairments who live at home but cannot fully care for themselves (WHO, 2012; WHO, 2002). Formal care can consist of professional support services such as primary health care, institutional care (WHO, 2002), and respite services (WHO, 2012). Informal care is provided by family caregivers who are directly involved in providing care or work to arrange care that is provided by other parties (WHO, 2012). Caregiving responsibilities include, but are not limited to, activities such as managing finances for the care recipient, taking the care recipient to appointments, attending to their personal care and home needs, and providing supervision when needed (Keefe, Fancey, McInnis, Aubrecht, & Lyttle, 2014). Formal caregiving services can provide support to informal caregivers as they care for individuals with impairments such that they can continue to live at home (Phillipson, Jones & Magee, 2014).

Family members who provide caregiving services to their loved one often experience physical, emotional, psychological and economic stress (Dearborn, 2008; WHO, 2012), particularly if their loved one has dementia (WHO, 2012). Family caregivers are more likely to experience depression, anxiety, and poor health outcomes overall; they may also experience social isolation and may have to deal with family conflict related to care provision and associated responsibilities (WHO, 2012).

It can be expected that the level of informal caregiving support required for an individual with dementia will increase as the disease progresses—often over a number of years (WHO, 2012). The caregiver must give significant amounts of time and energy to caregiving, and they can be under continued high stress for long periods of time given the nature of the illness (WHO, 2012). The stress can be exacerbated by chronic fatigue when a reprieve from caregiving does not occur (WHO, 2012).

In order for the caregiver to continue to provide care to their loved one, support services such as respite care can be accessed (WHO, 2012). Respite is defined as “planned, temporary relief for the primary caregiver through the provision of substitute care” (p.120, Petty, 1990 as cited by Gottlieb & Johnson, 2000). Dunbrack (2003) stated that the caregivers requiring respite support are generally those who are elderly spouses, adult children, and other caregiving relatives of older adults.

The main purpose of respite care is to avoid or delay the institutionalization of the care recipient in a nursing home or other facility (Gottlieb & Johnson, 2000), alleviate some of the challenges the family caregiver faces by providing them with a reprieve from their caregiving duties (WHO, 2012), and aid in maintaining a healthy relationship between caregiver and recipient (Dunbrack, 2003). Adult day services are valuable and affordable forms of respite (Gottlieb & Johnson, 2000; WHO, 2002).

Adult Day Services - Facts & Figures

The Met Life Mature Market Institute (2010) surveyed a number of representative adult day programs across the United States to understand the program characteristics, the participants served, and the type of services provided. This survey was carried out in partnership with the National Adult Day Services Association (NADSA) and The Ohio State University College of Social Work. Key findings are provided below and are supplemented with data from other resources where appropriate. Similar data was not found for the Canadian context; however, this information is included as it may be helpful to inform planning and development processes. It should be acknowledged that this data may not be fully generalizable to, or representative of, all situations given expected variances between populations, regions and other factors; cautious consideration is required.

The average age of the program participant was 65 years or older and female participants outnumbered male participants (MetLife, 2010). The average amount of time that a participant was enrolled in a day program was approximately two years, ranging from a number of weeks to many years (MetLife, 2010). Family caregivers are most often adult children, spouses (MetLife, 2010), or parents of children who are developmentally delayed or impaired (Dunbrack, 2003), and women are often the primary caregiver (WHO, 2012).

The top three most common diagnoses of individuals in adult day programs were: dementia (47%), hypertension (46%), or a physical disability that required support with toilet use or other daily living activities (42%) (MetLife, 2010). Additionally, approximately one-third of the participants had cardiovascular disease and/or diabetes, one-quarter of the participants had chronic mental health challenges, and one-fifth experienced some form of developmental disability (MetLife, 2010). Adult day programs can be key in carrying out chronic disease management, as many programs offer disease prevention and health maintenance or promotion services (MetLife, 2010). For example, a high proportion of adult day programs surveyed (80%) delivered physical activity programs in response to diabetes and cardiovascular illness (MetLife, 2010).

The greatest health care needs of adult day program attendees included toileting support (45%), medication administration or management (44%), bathing (30%), and transferring (25%) (MetLife, 2010). Most participants require support for at least one activity of daily living (Weissert et al., 1990, as cited by Gaugler & Zarit, 2001).

Outcomes of Adult Day Service Utilization

Fields, Anderson & Dabelko-Schoeny (2014) carried out a review of the literature that was published between 2000 and 2011[5] to examine the effectiveness of adult day services. Key findings are discussed below.

Three specific areas of effectiveness in the literature related to adult day services were identified by Fields et al. (2014): improvements of the well-being and health of the caregiver; improvements of the health and well-being of the program participant; and whether participation in adult day services delayed placement of the participant in a nursing home.

[5] This is an update to a similar review that had been carried out previously by Gaugler & Zarit (2001) that examined literature from 1975 to 2000. Findings from that review will not be discussed extensively in this report.

With respect to the impact of adult day services on caregiver well-being, the literature demonstrated that the utilization of such respite programs can result in decreased stress and burden felt by the caregiver, improved emotional state (Gaugler, 2014) and improved well-being, especially for family caregivers who were taking care of individuals with dementia (Fields et al. 2014). Respite services such as adult day programs can also help caregivers experience a reprieve from their caregiving responsibilities and related areas of stress (Zarit et al., 2011). It is suggested that caregivers who receive timely and sufficient respite may experience fewer negative impacts that can be associated with continued stress (Zarit et al., 2011). Gottlieb & Johnson (2000) also suggest that the use of respite can help informal caregivers continue in their caregiving role. It is difficult to further identify the impact of specific caregiver support activities (e.g. educational programs, support groups, individual counseling) on caregiver well-being because of the variability in distribution and delivery of these services in different programs (Fields et al., 2014).

Adult day service participants were found to experience overall positive outcomes related to their emotional, psychosocial and mental well-being, with less of an impact – demonstrated by mixed outcomes – related to functional abilities and functional independence (Fields et al., 2014; Gaugler, 2014). Socialization, social support and programs that offered intergenerational activities[6] contributed to these positive outcomes (Fields et al., 2014). In participants with dementia, positive impacts on their dementia symptoms were also identified: behavioural and psychological symptoms significantly decreased in adult day service participants when compared to individuals that solely utilized home health care services; and, participants in dementia support groups significantly experienced a positive impact on their depressive and behavioural symptoms when compared with those who only attended regular programs (Fields et al., 2014). It was also found that older adults with dementia who attended adult day programs had reduced sleep problems (Femia et al., 2007) and behavioural problems (Zarit et al., 2011) on days after attending the program compared with the days they remained at home. Similarly, Gaugler (2014) found that adult day program participants had greater levels of engagement, mood and improved behaviour at home as they were able to discuss the activities they were involved in during the day. It is suggested that activities at the program that are meaningful and stimulating can result in decreased difficult behaviours for participants when they are at home (Zarit et al., 2011). Therapeutic services such as music, art, and horticulture have also demonstrated positive effects in individuals with cognitive impairments (Fields et al., 2014).

Studies carried out prior to the year 2000 found that participation in adult day services did not prevent or postpone institutionalization or nursing home placement (Gaugler & Zarit, 2001). This was also confirmed by Fields et al., (2014) in research examined between the years 2001 to 2011. It was previously suggested that adult day programs may "facilitate family members' decisions to place" (Gaugler & Zarit, 2001, p.38) as a result of caregivers beginning to release care. Fields et al. (2014) also confirm this finding, and note that deciding to institutionalize a family member is fraught with complexities. The findings indicate overall, however, that the increased number of days that a participant attends adult day services is significantly associated with institutionalization (Fields et al.,

[6] Programs such as the Friendship Center in California support individuals with early-onset Alzheimer's to continue engaging in the community, through programs such as the Gold Project (Robinson et al, 2015)

2014). Adult day services may be a helpful preliminary step on the way to institutionalization, and may be last attempt to keep the care recipient at home (Fields et al., 2014).

As a result of methodological challenges related to the absence of a standard definition of adult day services, limitations of study design, the variabilities in services and experiences within and between programs, it is difficult to make firm, conclusive judgments about the effectiveness of adult day services; further work in these areas is required (Fields et al., 2014).

Utilization of Adult Day Services

It has been well-established that while the demand for adult day programs as respite is high, utilization of the program by the populations that require those services the most is low (Stirling, Dwan & McKenzie, 2014; Phillipson, Magee & Jones, 2013), and when it is used, it is often quite late in the illness journey (Gottlieb & Johnson, 2000). Gaugler (2014) notes that there is evidence demonstrating that many caregivers may delay use of adult day services until the illness has progressed too far and they are unable to gain any significant benefits. In order to encourage timely access and increase overall utilization by the population that could benefit most from the services, it is important to understand the reasons and factors that result in use and non-use of these programs. Both the perspective of the adult day service participant and the caregiver is examined below.

Reasons and Enabling Factors for Use: Participants

A variety of factors that support and encourage utilization of adult day services among older adults—with and without cognitive impairments—have been identified in the literature.

Iecovich & Biderman (2012) carried out a study in Israel to examine the reasons for adult day program use and non-use among older adults who were not cognitively impaired. The main reasons for utilization of the program as reported by the users, included the following: the program provided respite for their family, it improved their mood and well-being, and it allowed them to maintain social relationships (Iecovich & Biderman, 2012).

Tse & Howie (2005) carried out a similar study to examine the experiences and meanings reported by older people without dementia regarding their participation in adult day programs. A common reason for participation in adult day programs was that it provided socialization opportunities and companionship which resulted in decreased loneliness (Tse & Howie, 2005). They also felt supported and were able to be supportive to others (Tse & Howie, 2005). Participants had the opportunity to be mentally stimulated through discussion, learning, participating in activities, and exploring interests (Tse & Howie, 2005). Program participants had something to look forward to in the future (Tse & Howie, 2005).

Similar to the findings reported by Tse & Howie (2005) and Iecovich & Biderman (2012), participation in adult day programs provided socialization opportunities for older adults with mild dementia (Brataas, Bjugan, Wille & Hellzen, 2010). When advised about their condition and attendance at the program, study participants identified feelings of insecurity with regards to going out and completing tasks that required greater cognition and they felt an inability to initiate social activities (Brataas et al., 2010). Participants also shared that it felt unhealthy to remain alone at home; thus, the program provided an alternative to loneliness and sadness as it enabled them to experience a

meaningful, inclusive social life (Brataas et al., 2010). Overall, the day programs provided the opportunity for participants to: experience respect, cognitive stimulation and security; be able to support others through helping stimulate memories and be supported themselves; and, participate collaboratively in planning group activities (Brataas et al., 2010).

Reasons and Enabling Factors for Use: Caregiver

Donath, Winkler, Graessel & Luttenberger (2011) investigated the key variables that were most important to caregivers in terms of adult day service utilization in Germany. It is important to note that the response rate for this study was low; therefore the sample may not representative of the population (Donath et al., 2011).

It was found that adult day service use is more likely when family caregivers get older (Donath et al., 2011). Utilization of the services was also more likely when the caregiver's need increases, when they believe that the services will be helpful to them, and if the services are perceived to be accessible (Donath et al., 2011). Specific aspects of the adult day service program were also identified as being influential in day service utilization from the perspective of the caregiver: individuals with dementia were treated well, and suitable activities that were appropriate for the abilities of the participants were provided (Donath et al., 2011).

Gaugler (2014) identified some other common reasons that caregivers have for utilizing adult day services: the need for supervision of the care recipient; the care recipient requires socialization opportunities; and, the family caregivers require an inexpensive respite option (Gaugler, 2014). Recommendations by health care providers and dissatisfaction of other long-term care options were also identified as reasons for using these services (Gaugler, 2014).

Another important factor that supported utilization of adult day services was whether the activities provided by the program were stimulating, engaging and beneficial for the participant (Gaugler, 2014). For example, individuals with cognitive impairments may experience segregation or stigmatization if they are separated from the larger group for assistance with meals or alternative activities; however, they may also become disengaged when participating in activities with other program participants who do not have cognitive impairments (Gaugler, 2014). To address this disengagement, Gaugler (2014) noted that staff provision of individualized on-to-one interaction with the former participant group can result in increased engagement and improved emotional mood.

Stirling et al. (2014) also noted that the caregivers' level of trust in the services is a key factor in utilization of day respite. By enrolling their loved one in these services, they are temporarily releasing control of the care that is given and they need to trust that the services will provide quality care (Stirling et al., 2014). Caregivers must also believe that their loved one will benefit physically, emotionally, and mentally from these services (Stirling et al., 2014).

Reasons and Barriers for Non-Use: Participant

The most common reasons for disenrollment from adult day services are: institutionalization; death of the participant; or the services provided are no longer meeting the participant's needs because of deteriorating health (MetLife, 2010); however, disenrollment is not synonymous with lack of utilization. A number of barriers and reasons that prevent caregivers and care recipients from utilizing adult day programs have been identified in the literature and are discussed below.

Among cognitively intact older adults in Israel, Iecovich & Biderman (2012) found that the reported reasons for non-use of adult day service utilization included accessibility, system, and personal factors. Specifically, nearly all individuals that did not attend an adult day centre reported that they did not feel that they needed the program and favoured remaining at home (Iecovish & Biderman, 2012). Illness and morbidity also played a role in the lack of service utilization (Iecovich & Biderman, 2012).The authors suggested that perhaps there is a negative image associated with adult day centres among older adults, or they may perceive that the services provided (i.e. social opportunities) do not meet their actual needs (i.e. health care needs)[7] (Iecovich & Biderman, 2012). Gaugler (2014) reported similar findings in that decreased service utilization by potential participants was associated with resistance or refusal to attend the program as a result of negative perceptions of the program (Gaugler, 2014) or refusing to recognize their need for them (Melnick, Ferrer, Shanks-McElroy & Dunay, 2013). Similar findings were also found by Phillipson et al. (2013) in Australia and by Ritchie (2003) in Northern British Columbia.

Another barrier is being of low socioeconomic status such that individuals are unable to pay for services (Iecovich & Biderman, 2012). Additionally, older adults who lived alone also found it challenging to prepare to leave the house and access transportation (Iecovich & Biderman, 2012). It is suggested that a lack of appropriate transportation that can meet the needs of participants with significant impairments could also be a barrier to utilization (Iecovich & Biderman, 2012).

One key complaint of the day program from a similar study group was that the activities at the program were childlike and led to dissatisfaction (Tse & Howie, 2005). Similarly, participants with dementia in rural Ontario complained that the activities were not engaging and there was little to do (Forbes et al., 2012). The concern of gender bias in adult day program activities was also raised whereby the activities may meet the needs of females, but male needs are not addressed and activities may not be meaningful for them (Ritchie, 2003).

Along a similar vein, Ritchie (2003) found that the term “adult day care” was also associated with negative stigma as it can be perceived as relating to childcare; this also may result in decreased utilization. Participants also reported their dislike in being referred to in childish terms (e.g. being called ‘sweetie’ or ‘honey’) (Ritchie, 2003). Patronizing or disrespectful attitudes from service providers can result in severely negative impacts on the self-esteem of older adults (WHO 2002).

Reasons and Barriers for Non-Use: Caregiver

Brodaty et al. (2005) carried out a study in Australia examining the reasons held by caregivers of individuals with dementia for not utilizing adult day services. This study was not specific to adult day services, but focused on formal support services, including: general home help, community nursing, meals, home maintenance, transport, and respite (Brodaty et al., 2005). As adult day services are considered a form of respite (NADSA, n.d.) these findings may provide insights into the challenges of adult day service non-use.

The two main reasons for non-use of every service examined by Brodaty et al. (2005) were: a perceived lack of need and resistance from the care recipient. In particular, caregivers who did not

[7] The majority of day programs in Israel follow the social model, whereas in the United States, day programs tend to use an integrated or medical approach (Iecovich & Biderman, 2012).

perceive that they needed these services were often those who felt overloaded and reported low levels of contentment in life and in their caregiver role (Brodaty et al., 2005). Other reasons for non-use included: a lack of knowledge and inquiry; a lack of availability; poor experiences in the past; cost; and, ineligibility (Brodaty et al., 2005).

Phillipson et al. (2013) sought to identify the beliefs held by caregivers of dementia patients in Australia that result in decreased utilization of respite services, including adult day services. Non-use of respite services was strongly associated with holding negative beliefs about the respite service and that the outcomes would not be positive for the care recipient, even if the caregiver acknowledges that they require respite from their caregiving duties (Phillipson et al., 2013). Concerns about negative outcomes could also indicate unease about the respite service quality (Phillipson & Jones, 2011, as cited by Phillipson et al., 2013). Caregivers who experience low levels of depression and lower caregiving burden with regards to their caregiving responsibilities were also less likely to use respite services (Philippsen et al., 2013).

Phillipson et al. (2014) also carried out a review of the literature that was published between 1990 and 2011 to identify factors that are associated with decreased utilization of respite services for caregivers of individuals with dementia. Caregivers who are troubled with the behavioural challenges the care recipient displays are less likely to use respite services, and Phillipson et al. (2014) posit that this could suggest that respite services may not be used by those who need them the most. Other factors associated with underutilization of respite services include: being a spousal caregiver and a lack of knowledge about where to find support services (Phillipson et al., 2014).

Caregivers have also reported other challenges such as: getting the care recipient ready in the morning—particularly if they had complex health needs and routines or if they were refusing to attend—and organizing transportation for the participant to attend the program (Gaugler, 2014). Dunbrack (2003) also noted that a lack of flexible hours was a barrier to respite utilization by caregivers. Additionally, the assessment process could be quite challenging, rigid and impersonal for caregivers when trying to access services for their loved one as the unique needs of the care recipient and family were rarely accounted for (Ritchie, 2003).

The World Health Organization (WHO) identified a number of additional barriers that caregivers experience with regards to accessing caregiver respite and other support services (WHO, 2012); while these are not specific to adult day programs alone they may provide some insight into reasons for non-use of services. With regards to caring for individuals who have been diagnosed with dementia, family caregivers may have negative attitudes towards the illness or recommended treatment or they may not acknowledge their caregiver role (WHO, 2012). They may perceive that dementia is a normal part of the aging process, or may have a lack of awareness of the services and resources available to them (WHO, 2012). They also may experience or be fearful of stigmatization related to caring for a person with dementia (WHO, 2012). As a result of these factors, they may not seek support or feel that such support is necessary (WHO, 2012). It is also important to recognize the impact that determinants of health could have on non-use of respite services, such as low literacy and cultural factors, among others (WHO, 2012).

Recommendations to Address Non-Use of Adult Day Services

A number of recommendations have been provided in the literature to address the issue of low utilization of adult day services by caregivers and potential or current program participants.

As caregivers tend to use respite services quite late in the illness journey (Gottlieb & Johnson, 2000); providing adult day services earlier on in the impairment process may enable caregivers to glean greater benefit from the services (Gaugler & Zarit, 2001). Caregivers must be provided with information and made aware about the support services available to them and how they can be accessed (Brodaty et al., 2005; Donath et al., 2011; Phillipson et al., 2014). Gottlieb & Johnson (2000) also recommend carrying out increased social marketing related to respite services. Additionally, health care providers and related organizations should consider proactively recruiting participants and caregivers to reach them earlier in the caregiving journey (Gottlieb & Johnson, 2000).

The World Health Organization (2012) highlights the importance of supporting caregivers—particularly those who care for individuals with dementia—by providing them with: information to help them better understand the illness and its progression, resources and training to help them develop skills that will support them in providing care, and opportunities for support and respite during this time (WHO, 2002; WHO, 2012). As many caregivers are older adults themselves, this is important to help prevent them from also experiencing poor health (WHO, 2002). Phillipson et al. (2014) also suggest that caregivers may require access to mental health support given the relationship between decreased respite utilization and increased rates of depression and "role captivity" among this population. However, Gottlieb & Johnson (2000) do caution that it is important to consider the extent to which caregivers are engaged with support programs and education; these services may actually diminish the benefits caregivers can receive through the utilization of adult day programs and the temporary respite they experience from their caregiving responsibilities.

It is also recommended that promotion of adult day services and other respite programs should focus on the positive outcomes of the service for both the participant and the caregiver, as opposed to solely identifying the service as a break for the caregiver (Phillipson et al., 2013; Donath et al., 2011). In order to decrease distrust and unease about sending their loved one to a day program, it may be helpful to allow family caregivers to spend time observing the facility and program in order to assuage fears and improve acceptability of the program as a respite option by family caregivers (Donath et al., 2011). Education campaigns could also be developed to raise understanding about dementia among patients with the illness, their caregivers and family, as well as the public and community such that stigmatization decreases and dementia support service use and access increases (Brodaty et al., 2005; Phillipson et al., 2014; WHO, 2012).

With regards to the intake or assessment process, it is recommended that an assessment tool be used with older adults that accounts for the values and preferences they hold (Travis, 1997, as cited by Ritchie, 2003) to prevent disempowerment as a result of a lack of personal input. Ritchie (2003) recommends that holistic assessments of the potential participant could be undertaken to recognize their individual strengths, as well as areas that could be supported by interventions that promote health and could help them remain at home as long as they are able (Ritchie, 2003). The World Health Organization (2002) urges health care practices and attitudes shift such that they facilitate and empower individuals to stay as independent and autonomous as possible for as long as they can.

In order to be comfortable attending an adult day program, individuals with mild dementia also require safety and predictability; however, they do not need decisions made on their behalf (Brataas et al., 2010). Instead, there should be the facilitation of conversations, group activities that require collaboration and participation, as well as other cultural and social activities (Brataas et al., 2010). Feelings of control would then develop as a result of the support and security provided by the staff (Brataas et al., 2010). Ritchie (2003) also advises against using the term 'day care' in program naming to avoid negative connotations related to childcare. Program activities should be those that provide "greater meaning and purpose" (Tse & Howe, 2005, p.138) and consider varying interests and abilities of older adults.

Based on the findings of Iecovich & Biderman (2012) in Israel, it is recommended that a combination model approach be used such that social and health needs can both be met, especially for who experience greater impairment and prefer to remain at home. It is also suggested that health promotion and disease prevention services such as vaccinations, health monitoring, and geriatric assessment and counseling be provided (Iecovich & Biderman, 2012). Ritchie (2003) reported similar recommendation from the study population in Northern British Columbia; participants were more interested in a model that took a holistic approach – attending to social, physical, emotional and functional needs – rather than a social model alone. A model that reflects this might incorporate the following: socialization opportunities, physical aspects of health and care, including physical exercise, nutrition, and functional assessments to identify ability to undertake activities of daily living; emotional health support through companionship, increasing self-esteem, well-being, and self-actualization through meaningful activities; and, environmental aspects that elicit feelings of safety and joy (Ritchie, 2003). Recommendations provided by this study population are further summarized in Appendix B. It is important to note that due to the mixed evidence regarding improvement on functional abilities for participants, Dabelko & Zimmerman (2008) recommend that adult day services focus more on psychosocial support as opposed to rehabilitation (Dabelko & Zimmerman, 2008).

Adult Day Services in Rural and Remote Communities

A key determinant of health is geography (Society of Rural Physicians of Canada, 2002 as cited by Romanow, 2002). Individuals in rural and remote communities tend to have poorer health than those in urban centres (Romanow, 2002). One of the key factors that contribute to poorer health in these areas is the decreased access to health care as a result of geographic distance (Romanow, 2002). Individuals in rural regions often have to pay increased costs in order to travel to access health care services (Romanow, 2002). Additionally, the low population density, the lack of public transportation, and the limited resources often available makes service delivery expensive and challenging (Krout, 1986, as cited by Conrad, Hultman, Hughes & Hanrahan, 1993).

Romanow (2002) stressed that the needs of rural communities differ across Canada; no two communities are the same. Approaches to address health issues cannot be "one-size-fits-all" but rather they must be appropriate for and take into account the needs of the community of interest (Romanow, 2002). Furthermore, the approaches used in urban settings may not be applicable in rural communities; rather, an urban approach may need to be adapted or a novel approach may need to be developed instead (Romanow, 2002).

There is a paucity of recent information related to adult day programs and services in rural and remote regions. This was also noted by Ritchie (2003) and Conrad et al., (1993); however, relevant information was gathered from the available literature, including regional research projects and studies to provide an overview of adult day services in rural and remote contexts and discuss recommendations for service implementation in such settings.

Adult Day Services in Rural Communities

A study carried out by Ritchie (2003) in Northern British Columbia sought to examine the perceptions of adult day programs held by caregivers and program participants, thereby gaining insight into the reasons for service underutilization. Overall, Ritchie (2003) found that participants of adult day programs in Northern British Columbia reported improved well-being as a result of adult day program attendance. These individuals aimed to live at home and stay in the community as long as they were able rather than be uprooted to a larger city for needed services; participating in an adult day program enabled them to do so (Ritchie, 2003).

The culture of rural communities in Northern British Columbia was identified by the study participants: independence, hard-working, and pioneering spirits (Ritchie, 2003). Common desires among participants in this study were to continue to be self-sufficient and maintain independence, and it is noted that these independent characteristics may prevent individuals from seeking and accessing help and support (Ritchie, 2003).

Decreased awareness of adult day programs in rural communities was found to be associated with a lack of clear understanding about the service itself (Ritchie, 2003). Additionally, Conrad et al. (1993) note that rural communities have less formal information and referral systems; however, community perceptions and reputation of programs from referents or trusted sources were found to play a role in utilization (Ares et al., 2010). Forbes et al. (2012) also reported similar findings in rural Ontario with regards to knowledge exchange and information seeking behaviour. Caregivers of individuals with dementia also reported some barriers to accessing and searching for information about dementia care, such as: avoiding disclosing a dementia diagnosis and asking for help for fear of stigmatization; the desire to maintain their independence; and, saving their resources for when they were required (Forbes et al., 2012).

Accessibility of services in rural communities is impacted by barriers such as the distribution of individuals across rural regions, the cost and time required to connect people with services, as well as limited and insufficient distribution of financial and human resources (Conrad et al., 1993). The distances between the program and the participant can also be quite large and they may experience hindrances related to weather in rural regions (Conrad et al., 1993; Forbes et al., 2012). Additionally, a key barrier for attending adult day programs is the challenge of finding available and affordable transportation (Forbes et al., 2012; Ares et al. 2010).

Conrad et al., (1993) examined a number of rural and urban adult day programs in the United States in terms of their participant population, program structure and process characteristics using the Adult Day Care Assessment Procedure (ADCAP) tool (Conrad & Hughes, 1989; Conrad, Hughes, Campione, and Goldberg 1987 as cited by Conrad et al, 1993). Unfortunately, no other recent and similar studies were found at the time of this report, so the findings provided here must be cautiously

considered giving the length of time since this article was published as they may not fully represent the current state of rural adult day programs in Canada.

Client characteristics refer to the demography, cognition status, functionality, and participation status of adult day service participants (Melnick et al., 2004). The participant populations of rural adult day programs were more likely to be younger, less functionally impaired, and poorer than those who lived in urban centres (Conrad et al., 1993). They also were more likely to live alone (Conrad et al., 1993). There were also fewer participants with Alzheimer's in rural day programs than in urban centres (Conrad et al., 1993). It is posited that older adults with Alzheimer's leave the community to access more specialized services in larger urban centres (Conrad et al; 1993).

Program structure refers to the resources required to deliver services (Melnick et al., 2004). With regards to structural features of adult day services, the ratio of participants to staff was found to be lower in rural programs than in urban centres; however, urban centres often had volunteers and students as part of their staff (Conrad et al., 1993). Rural centres also provided fewer transportation options; however, this is thought to be a result of lower participant enrollment during the week (Conrad et al., 1993). Additionally, rural centres provided fewer on-the-job training opportunities for staff and they often had smaller referral networks (Conrad et al., 1993).

Process refers to provision and use of services delivered at an adult day program (Melnick et al., 2004). In terms of process features, rural programs had fewer activities related to care planning, personal care support for those who are functionally impaired (e.g. grooming, toileting, ADL training), therapeutic services (e.g. occupational, physical, speech) and recreation, family caregiver support and interaction (e.g. educational programs, support groups) (Conrad et al., 1993). Rural programs were more likely to provide "family-type services" which are focused on the needs of less functionally impaired older adults who lived alone (e.g. required less assistance with regards to toileting, activities of daily living training), had limited access to family support, but still required support with some tasks that families or other home caregivers would generally provide (i.e. bathing, banking, laundry, etc.) (Conrad et al. 1993). Overnight and weekend care was also offered in rural settings (Conrad et al., 1993).

Considerations for Implementing Adult Day Services in Rural Contexts

A number of recommendations to address the challenges and barriers that impact accessibility and utilization of adult day programs in rural communities have been identified in the literature and are discussed below.

A key barrier to utilization of adult day program is the issue of transportation and geographical distance. It is recommended by Hartle & Jensen (2011) that the location of an adult day program or centre must be thoughtfully considered in rural communities as it is expected that participants will likely need to travel farther than their urban counterparts. Melnick et al. (2013) recommends that the location of adult day services should be closest to the most elderly and frail participants who are more unlikely to physically endure a long commute to attend and return from the program, and it is suggested by Hartle & Jensen (2011) that participants travel no longer than one hour to attend the program.

Effective, reliable and cost-effective transportation is also required (Ritchie, 2003) where drivers are trained to support adult day program participants appropriately (Melnick et al., 2013). It is recommended that transportation costs be factored into the program budget (Ritchie, 2003). Conrad et

al. (1993) suggests that improving community linkages could be useful to identify transportation supports (Conrad et al., 1993).

As previously mentioned, the integration of cognitively impaired and cognitively intact participants could be challenging in terms of comfort, routine, and flexibility; however, in rural communities it may be necessary to take a more general purpose approach by integrating these two groups of participants, ensuring flexible programming to appropriately meet the needs of all participants (Ritchie, 2003; Conrad et al., 1992). This will impact the staffing and environment of the program. For example, safety must be paramount to address the potential that some participants may wander, while others may require quiet spaces and low stimulation (Ritchie, 2003). There must be enough space for all participants to be able to be comfortable in participating in activities as they choose (Ritchie, 2003).

It is also important to recognize and understand the attitudinal, ecological, organizational, economic (Krout, 1986, as cited by Conrad, Hultman, Hughes & Hanrahan , 1993) and cultural contexts when planning and implementing services for older adults in rural and remote communities, as this can promote accessibility (Ritchie, 2003). The needs of First Nations elders should be acknowledged, in that cultural values, traditions, teaching, and intergenerational programming are emphasized and incorporated into adult day services programming (Ritchie, 2003). It is suggested that staff maintain cultural self-awareness as the recognition of one's own cultural heritage and history will support cultural competence (Ritchie, 2003). This self-awareness will enable staff to connect with older adults and listen to their stories, thereby supporting participant self-esteem (Ritchie, 2003).

Additionally, Ritchie (2003) suggests that the independent characteristics found in older adults in rural communities of Northern British Columbia may prevent them from seeking help. Melnick et al. (2013) highlight similar findings as well. Therefore, health care providers should inform older adults about the resources available and emphasize autonomous decision making for the care recipient. Increased marketing and dissemination of information about adult day programs to improve awareness among older adults and their caregivers needs to occur through the most appropriate and likely means of communicating with this population (Ritchie, 2003). It is also important for health care providers and other health and social organizations to have a community-oriented focus and provide information about available support resources to caregivers and older adults, particularly in rural and remote communities where information sharing may be difficult (Ritchie, 2003). Health care providers must work to build trusting relationships with caregivers and care recipients in order to support active information seeking behaviors (Forbes et al., 2012). Additionally, information and resources must be made available that help to increase awareness of the early warning signs of dementia and decrease stigmatization of the illness to support earlier diagnoses; this is important so that caregivers and care recipients can receive support earlier on in the dementia journey (Forbes et al., 2012).

Ritchie (2003) suggests that a holistic and health-promoting model is necessary so that the program is able to meet the various needs of older adults in rural and remote communities where such services may not always be available. Because of the challenge in attracting and retaining health care professionals to rural and remote communities (Romanow, 2002), nurses could be a valuable resource in the provision of services at an adult day program (Travis, 1997 as cited by Ritchie, 2003) as they bring a "holistic and health promotion perspective" (Ritchie, 2003, p.129). Similarly, Conrad et al. (1993) suggests that rural adult day programs could improve their outreach and clinical service provision to

provide more health promotion and disease prevention services through unique methods such as mobile adult day centers (Von Behren, 1990 as cited by Conrad et al., 1993).

Given the geographic distribution of the rural population, it may be difficult for family caregivers to frequently visit and care for older adults who live alone; thus, the provision of "family-type service" may also be a unique role that rural adult day programs could undertake. Additionally, as rural adult day programs were found to often provide overnight and weekend care options, this could be a valuable service to occasionally support participants who live far away from the program (Conrad et al., 1993). It could also be useful respite for family caregivers who wish to continue supporting their loved one with dementia at home or in the community (Conrad et al., 1993).

Finally, while this is not specific to rural contexts alone, it is important that the needs of the community are considered when developing an adult day program (McCrary, 2002). Furthermore, in addition to the participation of service providers that specialize in seniors and mental health, it is important the local community recognizes the necessity for an adult day service and is involved in the planning of the program (Melnick, Shanks-McElroy, & Chectotka-McQuade, 2004).

Conclusion

It is well established that the global population is aging: the proportion of the older adult population in Canada and around the world will be increasing over the next few decades. In addition, there is also an increased likelihood that older adults will develop cognitive or physical impairments and other chronic diseases as they age. Thus, further consideration about the type of services and care that can be offered to older adults and their caregivers is required.

Adult day services are form of respite and support that have been shown to alleviate the feelings of stress that caregivers experience as they care for their loved ones during the aging journey. Additionally, when older adults—with and without cognitive impairments—participate in adult day services, a number of benefits are also demonstrated including those related to their emotional, psychosocial, and mental well-being. For example, participants are able to take part in socialization opportunities; thus decreasing the potential feelings of loneliness and social isolation. They are also provided the opportunity to participate in stimulating and engaging activities which can be cognitively beneficial as well. Individuals with mild dementia who participate in adult day services have also been found to have decreased behavioural challenges and increased engagement as a result of their participation in the program.

It is repeatedly noted throughout the literature that utilization of adult day services is low despite the recognized need for these services by caregivers. Key barriers related to the awareness, accessibility, and appropriateness of services must be addressed, particularly those specific to rural and remote contexts such as geographic dispersion and challenges with transportation. Approaches to mitigate these barriers can include: increasing provision of information about support services to caregivers; increasing the understanding and awareness of dementia and working to decrease the stigmatization of the illness among family members and the community at large; ensuring there is accessible and affordable transportation for program participants; and, providing flexible and engaging activities for program participants that take into account the various abilities, interests and personal cultures and backgrounds that participants bring to the program. It is also recommended that a holistic

approach to both intake assessment and service provision be considered such that all aspects of the individual participant are identified, addressed and supported, including their social, physical, emotional and functional needs.

Adult day services are affordable and valuable service for both informal caregivers and older adults with cognitive or physical impairments. The services provided can support older adults to continue to live and age at home and in their community as long as they are able. They also provide caregivers with necessary support and respite from their caregiving duties so that they are able to experience decreased burden, improved well-being, and can continue to care for their loved one as they move through the aging journey.

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Appendix A

Relevant resources related to adult day program planning and development are provided below:

Websites:

1. National Adult Day Services Association (NADSA): http://nadsa.org/

Online Resources and Reports:

1. Hartle, M. & Jensen, L. (2011). Planning and creating successful adult day services and other home and community-based services. Retrieved from http://nadsa.org/wp-content/uploads/2011/05/NADSA-Tutorial-for-Starting-Center.pdf

2. MetLife Mature Market Institute [MetLife]. (2010). The MetLife national study of adult day services: Providing support to individuals and their family caregivers. Retrieved from: https://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-adult-day-services.pdf

3. Central Community Support Services Network (CCS). 2011. Senior Service Delivery Guidelines: Adult Day Program. Retrieved from https://www.cssnetwork.ca/Shared%20Documents/2009-2010%20Best%20Practice%20Reports,%20Guidelines%20and%20Results/Adult%20Day%20Program%20Sr%20Service%20Delivery%20Guidelines%202011.pdf

    - While this resource has not been examined in depth, it is included here as an example of Adult Day Program delivery guidelines. They were developed by the Central Community Support Services Network in Toronto, Ontario and are based on a number of resources which may be useful to refer to as well.

4. Anderson, A. (2006). Delivering rural health and social services: An environmental scan. Retrieved from: http://www.alzheimer.ca/~/media/Files/on/PPPI%20Documents/Rural%20service%20delivery%20March%202006%20final.pdf

    - Anderson (2006) carried out an environmental scan to examine how the delivery of health and social services can occur in rural and remote regions. The importance of considering rural context when developing programs for rural residents, especially with regards to older adults, is highlighted. The Five A's of Rural Care (p.17) are summarized. While not specific to adult day services, this may be useful for planning purposes. Other information that may be of interest include: Alzheimer's Association rural initiatives (p.38) and Caregivers for the Rural Elderly (p.11).

5. Melnick, J., Shanks-McElroy, H. & Chectotka-McQuade, D. (2004). Adult Day Services in Rural Pennsylvania. Retrieved from: http://www.rural.palegislature.us/adult_day_services_melnick04.pdf

    - Melnick et al. (2004) used the Adult Day Care Assessment Procedure (ADCAP) to measure the structure, process and client population characteristics of long-established rural adult day service models in Pennsylvania. They summarized the common elements of successful service delivery per the ADCAP tool (p.11-12). ***Unfortunately, the original ADCAP tool has not been located at the time of this writing; however, the summary provided in this document is thought to provide an indication of the tool and some of the key elements of successful adult day programs.*

6. Sherman, J. & Timony, P. (2011). Social inclusion of seniors and informal caregivers in Elliot Lake: A scoping study. Retrieved from: http://www.cranhr.ca/pdf/EL-SI-FINAL_jes.pdf

    - This report is not specific to adult day services; however, it may provide some interesting information. It was completed to investigate how Elliot Lake, in northeastern Ontario – deemed the "oldest city in Canada" - successfully developed itself as an age-friendly, retirement community even after the closure of a uranium mine occurred. The review examines the services that address social inclusion of older adults and informal caregivers, notes potential service gaps, and includes some highlights innovative approaches in the community.

Other Resources (for Purchase):

1. Standards and Guidelines for Adult Day Services (NADSA): https://netforum.avectra.com/eweb/shopping/shopping.aspx?site=nadsa&webcode=shopping&prd_key=65aff7db-d605-4973-8cf4-c6559167f7c9

2. Adult Day Services - Secrets, Systems & Strategies- Director's Guide: https://netforum.avectra.com/eweb/shopping/shopping.aspx?site=nadsa&webcode=shopping&prd_key=b14b64d6-ef56-465e-ab14-bb59eab7626b

Appendix B

Table 1: Suggested adult day program elements by participants of a study carried out by Ritchie (2003) in Northern British Columbia

Program Components	Examples of Specific Elements
Health Promotion Education	• diabetic nutrition • use of medication • nutrition for older adults • falls prevention • safety issues
Activities	• singalongs • outings • cooking • crafts • games • gardening • woodworking
Physical Care	• bathing • skin and wound care • exercise classes • meals • hairdressing
Physical and Functional Assessments	• mobility • behavior • activities of daily living • use of supports such as walkers
Environmental Considerations	• open and cheerful spaces • private areas • gardens • safe environment – including outdoor access – for cognitively impaired participants

Adapted from: Ritchie, L. (2003). Adult Day Care: Northern Perspectives. *Public Health Nursing, 20* (2), 120-131.

Other considerations: promotion of participant self-actualization and self-esteem through meaningful activities, intergenerational and gender-appropriate programs; flexibility, addressing assortment of participants and abilities; cultural sensitivity (Ritchie, 2003).