Adult Day Care – Extended Family

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by Bert Kruger Smith

The University of Texas
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Introduction

The gross national product of America is measured four times a year.

But as the National Manpower Institute recently noted:

"It is all about quantity and nothing about quality, all about dollars and nothing about values, all about the system and nothing about people."

The chairman of the Institute, former Secretary of Labor Willard Wirtz, said this compels him to believe American life is divided into time traps:

Youth for education.

Adulthood for work.

Old age for nothing.

The Secretary expressed very well the distressing inclination of America today to jostle senior citizens through a door marked "This Way Out" into what is facetiously termed the Golden Years.

We have wrongly equated age 65 as a category in which one is unfit to be productive. We have stereotyped retirement and old age as meaning lame, sick, blind, confused, and crochety.

We have separated ourselves from others, and in so doing we have lost our humility. Others teach us as much as we teach them.

The isolation we have created for the elderly has contributed heavily to what I think is the greatest illness suffered by Americans – loneliness.

We assume that the aging belong only with the aging, whether they are ailing, or coping very well. And where we put them frequently is into inferior, dehumanizing, ill-serving, and tucked away housing.

To reverse this process of isolating and alienating older people, we must prescribe heavy applications of social glue that will weld senior citizens to the community. We must provide benefits that prevent isolation without denying the oldster the privacy and familiarity of his home life.

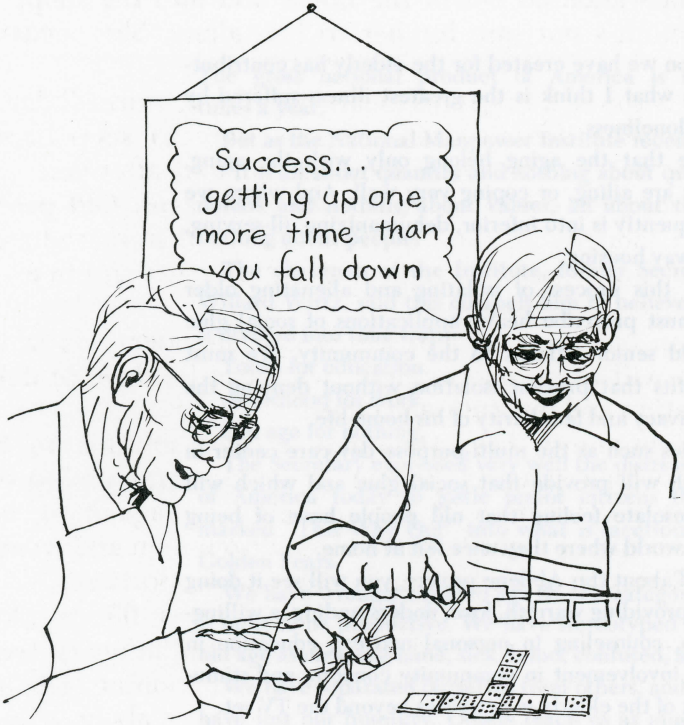
It is facilities such as the multi-purpose day care center in Abilene which will provide that social glue and which will banish the desolate feeling that old people have of being strangers in a world where they once felt at home.

As you read about this Abilene project, you will see it doing these things: providing warmth, love, understanding, a willingness to listen, counseling in personal matters, education in better living, involvement in community concern, and stimulating interest of the elderly in activities beyond the TV set.

Of such things is the gold made that belongs in golden years.

RAYMOND W. VOWELL, *Commissioner* (deceased)
Texas State Department of Public Welfare

ONE COMMUNITY PROGRAM



The packed days of youth have spilled their contents. Hours in a rented room or children's house move as slowly as an old person's shuffle.

Empty. The house. The room. The person.

Although many older people in our society continue to live with zest and meaning, others find days a constant battle against the enemies of loneliness, disability, and confusion. Solitary, they cannot alleviate the first two nor test themselves against the third.

"Mama wandered out of the house and into the shopping center lot. It's not safe for her to live alone. She needs an institution."

"Papa is too sick to get his meals, and I'm at work all day."

"Aunt Tillie doesn't even try any more to keep herself clean. She needs to be where someone can look after her."

The examples could be multiplied by dozens. Old people sick with thoughts of their own mortality, ill from malnutrition, disabled by lack of medical attention—they are in every city and every neighborhood.

With an older population which now numbers one in ten and soon will reach one in eight, what can be done to delay degeneration and institutionalization?

One community has attempted a pilot solution to the problem which plagues people in every rural and urban setting. A combination of determination, imagination, and enthusiasm has brought to some three dozen men and women in West Texas an extended family of broad proportion.

With the population segment of persons 65 or older growing by 1,000 daily and with a rising inflationary trend which keeps almost half of the older population at or below the poverty level, increasing concern has arisen about ways of helping to make the older years more pleasant and more stimulating than they have been.

The search for "gap fillers" between private home living and institutionalization has continued. One pattern which seems to emerge as a delaying action against institutionalization has been the multipurpose day care center. With such a program in operation, older people can have the sustained help of concerned others, assistance with daily living, nutritional meals, companionship, and mental stimulation.

One determined woman in Abilene, Texas set out to make a facility of this kind available to persons suffering from isolation either in their own homes or in the homes of children. With a Center which could fill the "extended family" role of offering companionship, medical attention, and other aspects of concern, it was hypothesized that many older persons could be maintained in the community for a long period of time.

Although there existed one day care facility, it was primarily recreational and was geared toward persons who could function in adequate manner. The new Center was designed for those who, physically or mentally, were "at risk."

The Center is accessibly located in a downtown section of northwest Abilene. It is within 25 blocks of the churches and homes of the Black population and close to the largest number of Mexican-American elderly in the city, most of whom live within 10 blocks. The elderly Anglos with greatest need for the Center program live in various parts of town, but most of them can obtain rides from family members who go to business in the area of the Center.

Eligibility is not only by income, although many clients are unable to pay personally for services. Others come because of their need for companionship and care. Generally the population has proved to be made up of those who require a level of service usually found in a licensed boarding home. These persons can manage certain physical, mental, and social

functions but need assistance and supervision in many functions in daily activities.

From the outset the Center's Director planned a visit in each client's home before that person entered the program. In addition, a monthly meeting with those responsible for the client was initiated. Every three months a "party night" brought together everyone—clients, family, volunteers, and staff.

Overriding goal was stated thus by the Director in her initial proposal:

> After all is said and done and all rules and regulations are met, and certain programs are initiated, if we who work in the project for the Day Care of the Elderly do not provide warmth, love, understanding, willingness to listen, counseling in personal matters, education in available programs for better living for the elderly, establish a better understanding between the community and its elderly, convince the elderly their churches care and persuade the churches to care, attempt to stimulate the interest of the elderly in activities outside the TV room, and hopefully help them to begin to think so much of others around them that some of their own aches and pains are not so acute, then it is our belief we will have failed.

The intent of the program, the Director wrote, was twofold: 1) A ministry to the clients which is tailored to their individual needs—in terms of exercise, diet, medication, personal interest, preferences, and 2) A ministry *with* the elderly persons, in which they are encouraged, though physically disabled, to make contributions to the lives of others, i.e., by serving as substitute grandparents, teaching children sewing, embroidery, and various forms of needlecraft, as well as to take part in an Oral History program.

Objectives

While many types of day care have been instituted in recent years, Abilene modeled its program after the goals set out in 1972 by Hawaii, which became the first state to enact legislation on day care for the elderly. Hawaii's goals were stated as follows:

1) To keep Welfare related individuals out of institutionalization as long as possible.

2) To provide social contact and enrichment experiences.

3) To make the burdens lighter for the younger family, adult children who work and so on.

4) To provide a nutritional program and pleasant surroundings for elderly who would be very much alone.

5) To provide transportation in some form . . . for travel to medical clinics, dentists, and doctors' offices, recreational trips, therapists, adult education classes, over and above the normal travel to and from the center.[1]

Localizing those objectives, the Day Care for the Elderly in Abilene proponents stated their purposes thus:

> . . . to promote and develop activities in daily living for the elderly who find themselves desiring or needing assistance in recreational, physical or mental problems that impede their personal functioning and well-being. It will be our purpose in Abilene to provide temporary supervision and efficient and sympathetic care during the absence of people from home or residence of the elderly client.

GOAL 1: *To keep individuals out of institutions as long as possible.*

Abilene staff have expanded the first goal set by Hawaii by including a population of persons needing the service, whether welfare recipients or not.

The Center itself is housed in a building located on the same lot as the Trinity Baptist Church. The long entry hall glows with potted plants tended by the clients, and the "human touch" is always given by one of the participants who comes early and suns himself in the reflected sunlight.

The other two rooms are alive with wall hangings, posters, art products of the clients, reclining chairs, and long tables where the older people eat and do hand work and play various games. Paid staff is kept to a minimum, and many of the "paid" staff turn into volunteers to do another stint at the Center when their "for pay" time is up. One woman, who works full-time as a nurse, spends another eight hour shift off-duty as a volunteer.

The Department of Public Welfare provided almost 75 percent of the needed funds for the first year. The Moody Foundation made a substantial grant. The Hogg Foundation offered supplemental support for one year, and community groups made still other offerings to the program.

Those persons who live alone or whose families cannot transport them are picked up by bus each morning and returned in the evening. They came timidly and reluctantly at first, but now they crowd around the door of the bus, eager to get off and to begin their Center day.

A snack awaits everyone first thing in the morning. It might be cinnamon toast and juice and coffee or hot biscuits and fruit. Whatever it is, it is served smilingly by volunteers or staff who call each person by name, who greet each client with concern, and who have some personal remark to make.

Daily activities vary, but these include the components of exercise, recreation, good nutrition, physical monitoring—and fun and personal contact. There is much touching at the Center—a handshake, a hug, a patting of cheeks. Many of the older persons who have withdrawn into the isolation of their own flesh now reach out to others.

The importance of touch has been recognized by authorities. Says Dr. Herbert Shore, Director of Golden Acres Nursing Home in Dallas, Texas:

> ". . . the tools are exercise, massage, handshaking, hand holding, a hug—the passive range of motion exercises . . . by so doing we can break some of the communication barriers that frequently arise with advancing age and mental impairment. . . Nonverbal languages take on prime importance in situations when words fail completely. . . the only sensory pathway left open to establish an interpersonal relationship or meaningful interaction of any degree is *touch.*"[2]

How to bring the Mexican-American clients into the Center became a problem for the center staff. First there was Jose, quiet and solitary. He lived with a daughter and son-in-law and their five children. Although they brought him to the Center early and picked him up late afternoon, he

talked little about them or about his life at home. Then came Maria, carrying within her spreading body the image of a young woman with flashing eyes, wide smile, and glowing hair.

Slowly the staff began to entice them into activities. And then someone thought of Spanish lessons for the group. Suddenly Jose and Maria became the "experts," and almost as suddenly other Mexican-Americans began to participate in the program. One 70-year-old began to work as an outreach person, and a 25-year-old Mexican American man, on summer vacation from a seminary, offered to serve as interpreter in the Oral History program. He joined the group for lunch, kidded with the people around the table, made jokes, and won over the clientele within the first hour.

A Mexican-American young woman serves as craft director, easily shuttling between Spanish and English in talking with the participants. The activities corner is vivid with homemade

quilts and pillows and dolls, decoupage boxes, and pin cushions all made under the tutelage of this vivacious teacher.

Giving clients a sense of family caring is a major goal of the Center. In a setting of concern, they can learn to trust the staff. If clients are confused, if they wander away, if they cannot remember some important event, staff members and volunteers are there to offer support and help in reorienting them. Phoebe is one example.

"Looking for Phoebe" has become a game at the Center but one which the staff would prefer not to play. Phoebe at 77 is like a piece of ebony which has been hammered out of shape. No part of her is in proportion, beginning with her eyes which seem to look in two directions simultaneously.

Phoebe likes the Center, but hardening of the arteries makes her forgetful. The first two weeks that she was at the Center she wandered away twice, sending residents and staff on a frenzied "treasure hunt." Her disappearances usually occur when the director is away doing an errand.

At the first disappearance the staff called a police cruiser, which located Phoebe some nine blocks away. "She either walked fast or jogged to get here so fast," said the policeman.

The second time she was found two blocks away rocking on the porch of a home. Whenever she is located after such an episode, Phoebe tells the story of a non-existent sister and avows "I must catch the train back to Abilene."

Phoebe comes to the Center daily via a working daughter. No matter what her state of confusion, she is a whiz at dominoes and can usually beat anyone playing at the same table.

How well the Abilene Day Care Center has succeeded in meeting its first goal cannot be measured statistically. Prevention, by its nature, cannot be demonstrated with proven certainty.

Nevertheless, most of the clients who started coming to the Center are still participating in the program. The half dozen or so who have had to go to hospitals for physical illnesses or surgery have returned to the Center activities early in their convalescent period and have remained with the group. It might be hypothesized that many present clients might by now be in some type of institutional arrangement were these facilities not available.

GOAL 2: *To provide social contact and enrichment experience.*

Mind stimulus is always a part of a day's agenda. Current events classes were slow to elicit response, but clients, little by little, began to take an interest. When an older man one morning told of having read that the present eyeglasses program was being discontinued, much discussion ensued. Three persons asked for appointments with a doctor as quickly as possible, and the discussion went from the specific glasses program to other items of concern in current government programs.

Library books are enticingly put out on view, as is a daily bowl of fruit. The clients have partaken increasingly of both. Adult Education classes at the high school are also available to the elderly participants. Exercise classes at the YMCA adjacent to the Center were opened to the Center participants.

Contact with younger people and contribution to others are maintained through an Oral History project, which is a joint project with a class at McMurry College and the Center. For course credit, the young people record from Center clients stories of their early work or personal experiences and then write up the anecdotal material for a permanent record. Perhaps the stories come from a former railroad engineer,

whose life work has consisted of criss-crossing thousands of miles of Texas and neighboring states. Or it may be a Mexican-American woman, who can relate how it was to "settle in" from Mexico, without language or money or job skills.

The variety of experiences is amazing. Both the students and the older people look forward to the visits.

The responsibility which the older people have for others is stressed at every point in the Center. When the facility was first opened, some of the clients expressed the need to be returned to their homes by mid-afternoon in order to be present when the school-aged children returned. The Center staff agreed that this was important and managed to have the transportation available to return those persons to their homes.

When young people come to the Center to do anything for the older people, those clients are then encouraged to reciprocate by making cookies in order that the young people can have a snack at their rooms or apartments later in the day.

The combination of generations, of using younger and older people to "do" for one another, is mutually beneficial. Studies have showed that when these two age groups are involved together, both benefit. For example:

A study regarding remotivation of the chronically ill geriatric patient included 36 experimental patients paired with 36 elementary school students and 36 control patients. Using specific remotivation techniques, the experimental patients and students met biweekly for three and a half months. When results were tabulated, the experimental subjects demonstrated significantly more improvement in several areas than the controls.

On the personal side:

> This study also documents the therapeutic value of involving elementary school students in the treatment of the psychiatrically disabled, chronically ill geriatric patient. Ward personnel observed that the patients in the program anticipated the students' visits by requesting showers and clean clothing and frequently securing small treats for their "friends" . . . they welcomed the students, talked, laughed, and participated in the scheduled activities . . . the students were also enthusiastic, friendly, and interested in their patient/partners. They performed well in their role of remotivational therapists. In some instances the students were able to develop meaningful relationships with patients with whom hospital personnel had been unsuccessful for years.[3]

Holidays such as Christmas offer excuses for fun but also for "giving" on the part of the Center participants. One such exhausting but rewarding experience was in response to a request from the Veterans of Foreign Wars Auxiliary for seamstresses to make doll dresses. Most of the Center's female clients volunteered.

With dolls furnished by Goodfellows of Abilene, the ladies went to work making a party dress and a casual dress for each doll. Sitting around a table, sharing boxes of sequins or trading tiny buttons and bits of lace, they relieved the tedium of the minute work by laughing and singing familiar songs.

Although all of the persons in the Center were busy making Christmas decorations (they all agreed that the tree was the most elaborate and most beautiful they had ever seen), there also was implicit in the doll dress making the responsibility that all people have for others in need. While they did not see the small girls who received the dolls, the women speculated on how the young people would delight in the freshly-gowned dolls.

This mutual giving was demonstrated again before Christmas when the older women in the Center invited members of the class in cosmetology at a high school to come to lunch. The girls brought a group picture of themselves to present to each woman. The women, in turn, made a gift for every girl. As the director says, "It has taken some effort to impress upon the elderly that living must be giving as well as receiving. They are now aware of it and we are delighted."

This second goal, of providing social contact and enrichment, has been well tested by the group in Abilene. Isolated people of all ethnic backgrounds have begun to socialize with one another, and formerly disinterested people have learned to be involved in stimulating activities.

GOAL 3: *To make the burdens lighter for the younger members of a family, adult children who work, and so on.*

Phoebe's daughter, who probably would not be able to leave her confused mother at home alone, can well attest to the fact that the Abilene Day Care Center provides a service which helps her with her concern over an aging parent.

This relief from the burden of 24-hour-a-day care has been expressed not only by the children of the participants but by

the spouses, some of whom were almost ill with exhaustion and frustration of trying to care for an ill and sometimes irrational mate.

The delay in possible hospitalization may often be in direct proportion to the amount of relief which family members can obtain from the constancy of care.

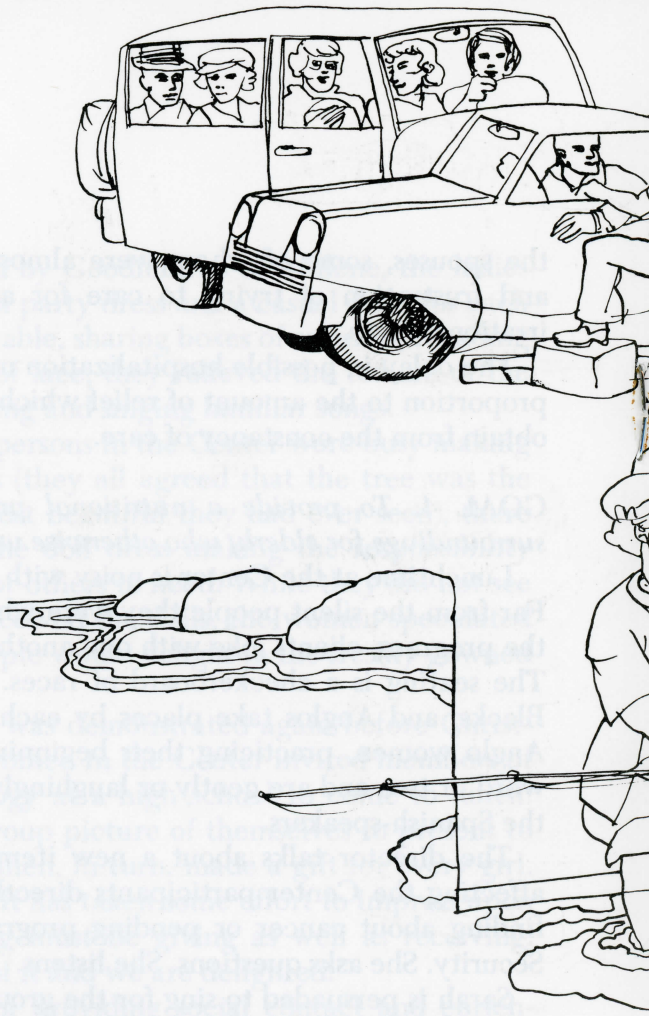
GOAL 4: *To provide a nutritional program and pleasant surroundings for elderly who otherwise would be much alone.*

Lunchtime at the Center is noisy with chatter and laughter. Far from the silent people they were when they first came to the program, clients joke with one another and with the staff. The seating is a checkerboard of races. Mexican-Americans, Blacks, and Anglos take places by each other. A few of the Anglo women, practicing their beginning Spanish, try out a word or two and are gently or laughingly corrected by one of the Spanish-speakers.

The director talks about a new item, perhaps something affecting the Center participants directly, such as some new finding about cancer or pending programs regarding Social Security. She asks questions. She listens.

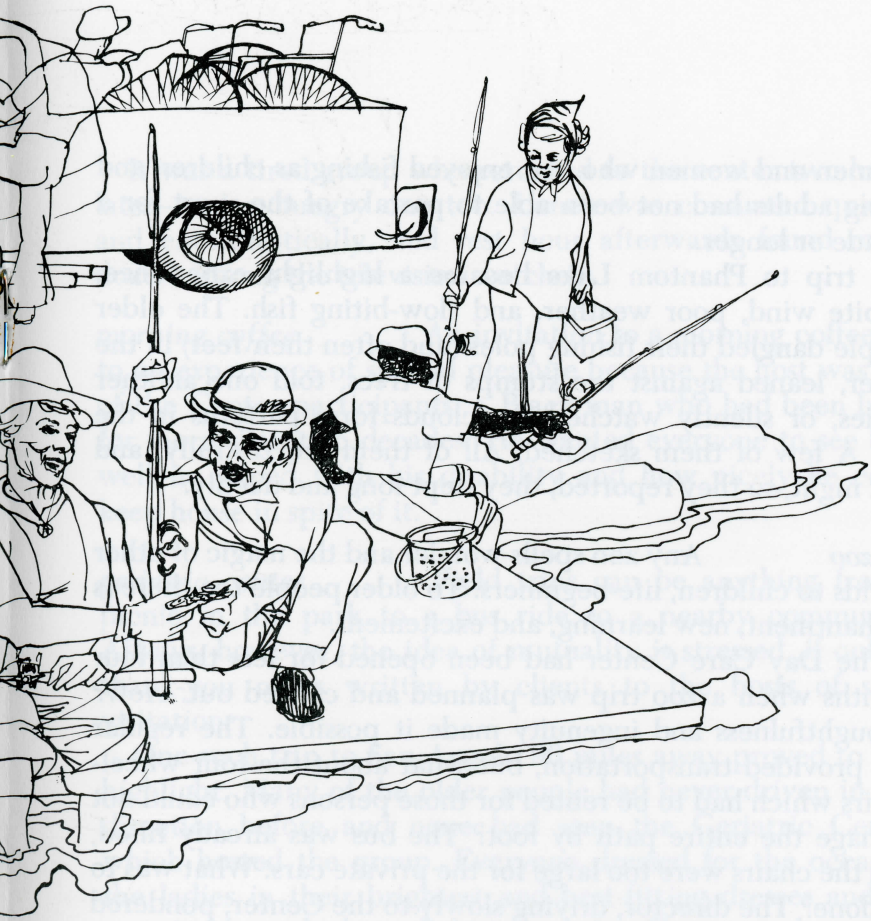
Sarah is persuaded to sing for the group. She shuffles to the side of the room but straightens her rounded back as people begin to look at her. One hand goes to her head to straighten her hair, her mouth opens, her eyes roll upward, and she quivers with the strains of an old spiritual. Everyone applauds, and the chatter resumes while they eat the steaming meat loaf, the buttered carrots, and the mashed potatoes topped with a pool of brown gravy.

This fourth goal is reached daily at the Abilene Center. The snacks, hot lunch, and afternoon treat are all served in an atmosphere of mutual acceptance and general high spirits.



GOAL 5: *To provide transportation in some form . . . for travel to medical clinics, dentists, and doctors' offices, recreational trips, therapists, adult education classes, over and above the normal travel to and from the center.*

Knowing that dentures and eyeglasses can often make the difference between a person's ability or inability to participate in meals and recreation programs, the Center staff has counted physical examinations and prophelactic aids as important ingredients of the program. During one month one client was fitted for dentures, and four received reading glasses, while nurses on the staff at Family Planning took blood pressures and tests for diabetes. Other individual



services have been volunteered by physicians in the community.

While transportation for services is recognized as an important facet of the Abilene program, the staff knows also that change and recreation may well be as therapeutic for Center clients as trips to physicians or clinics. A look at some of the outings undertaken during the first year will exemplify the variety of the recreational efforts.

a fishing trip When life has meant increasing narrowing of activities into a single corridor of minimum existence, any outing takes on the character of a gigantic tour. Many of

the men and women who had enjoyed fishing as children and young adults had not been able to partake of the sport for a decade or longer.

A trip to Phantom Lake became a highlight experience, despite wind, poor weather, and slow-biting fish. The older people dangled their fishing poles (and often their feet) in the water, leaned against the stumps of trees, told one another stories, or silently watched the clouds form patterns in the sky. A few of them sketched. All of them ate zestfully, and that night, so they reported, they slept long and deeply.

the zoo Any zoo spells wonder and the magic of other worlds to children, life-beginners. To older people too there is enchantment, new learning, and excitement.

The Day Care Center had been opened for less than four months when a zoo trip was planned and carried out. How? Thoughtfulness and ingenuity made it possible. The regular bus provided transportation, but what about the four wheel-chairs which had to be rented for those persons who could not manage the entire path by foot? The bus was already filled, and the chairs were too large for the private cars. What was to be done? The director, driving slowly to the Center, pondered the problem. As she drove by the meat market where an hour before she had placed a substantial order, she noticed a lettered new yellow pickup truck. The solution was apparent. She asked for permission to transport wheel chairs in the truck, received it, and the entire group was able to head zoo-ward.

The warmth of the June morning, the zest of the fresh air, the change of scenery—all these combined to lend a holiday spirit to the event. Peanuts purchased for the animals were gleefully eaten by the older people, who sometimes shared one with a persistent monkey or elephant.

It was a tired group who returned to the center two hours later—and a hungry one too. Lunch was consumed quickly and enthusiastically, and rest hour afterwards found many dozers among the television watchers.

morning coffee An invitation to a morning coffee led to an experience of special pleasure because the host was one of the Center participants, a Black man who had been blind for more than two decades. He wanted everyone to see how well he coped with his disability and how nicely he could keep house in spite of it.

geriatric center Field trips can be anything from a picnic in the park to a bus ride to a nearby community. Always, however, the idea of mutuality is stressed, if only in thank-you notes written by clients to the hosts of some visitation.

One such trip to San Angelo 90 miles away proved to be a highlight. Many of the older people had never driven in that direction before and none had seen the Geriatric Center, which hosted the group. Everyone dressed for the occasion, the ladies in their brightest and best-fitting dresses and the men in clean slacks and shirts and ties. Everyone showed off fresh coiffures, since the juniors of the Cosmetology Department of Abilene High School offered shampoos, sets, facials, and manicures to the ladies without charge every Tuesday. As the director said:

> They look as if they had been in the cookie jar without permission when they leave the beauty shop. New hair-dos and the realization that the young ones do care makes such a difference.

Once in San Angelo, they ate lunch at the Cactus Hotel, a facility which is part of the Geriatric Center. The Abilene

participants insisted on paying for their own lunches and managed their trays without spillage. Then they went through the Geriatric Center on a guided tour, and finally back to the bus where most of them napped all the way to Abilene.

Freedom Academy A trip to Brownwood to the Freedom Academy showed again how mutuality is utilized wherever possible. Again the group traveled by bus, the women newly-coiffed and the men well-groomed too. Volunteers met the bus outside the city, offered greetings, and directed the guests to the Freedom Academy.

Senior students from Howard Payne University served as guides, and the rapport was instant. The young people were patient and concerned, and the older ones responded with warmth and delight.

A cafeteria lunch (paid for by each person) became an occasion, and a late afternoon tea snack at a restaurant by the lake gave an added joy to a day already being stored for later reminiscences. The older people looked out at the sailboats on the lake, ate their tea foods, and told each other that the trip had been the best ever.

Investment in life can take many forms. As people age, they often give up such contributions and instead opt for withdrawal. At the Center investment is a continuous process. Investment in other people, in self-help, in growing plants and shrubs.

An agreement with a local flower shop led to a group project in learning about and growing green plants. The next step was planting bulbs, which were to be tended by the Center clients and were to eventuate in red, white, and blue hyacinths.

The success of the fifth goal, of providing transportation over and above normal travel to and from the Center, can be

documented by every participant in the program. The shopping trips, field excursions, and out-of-town travels to historic spots have added to the variety of the days for those people who are part of the Center program.

Other Functions of the Center

ADVOCATE

As an advocate, the Center staff plays an important role. Many of the people who are "regulars" at the Center are persons who have little sophistication with the "system" or who are intimidated by the institutional processes. Here are some examples of the way in which the Center staff has helped.

Mr. Hernandez

A half dozen years in the army, a dozen years of work on the railroad, almost three decades as a street cleaner—these summed up his work record. Yet he had failed to receive his Veterans Administration check for three months. Finally, timidly, he asked the staff why they thought his money had not arrived. A non-aggressive man, Mr. Hernandez was ready to give up trying to obtain the monies. Two serious operations for a malignancy had left him weak and minus energy for fighting.

The staff took up the cause. After four weeks, numerous conferences with Mr. Hernandez, two visits to the Veterans Administration Office, five calls to that office, two to the United States Post Office, three to the Regional Veterans Administration office, and one to the United States Treasury, they were able to release the monies, and Mr. Hernandez received his three past due checks plus regular payments every month.

Mr. Hernandez was asked to be present at all the visits and for telephone calls in hopes that he might pick up some clues on how to make such inquiries himself.

Tom

The staff and director worried about Tom. His tiny house was all but collapsed. He looked much the same.

On investigation they discovered that he was trying to live on approximately $100 a month. Immediately the staff set to work to see whether or not under S.S.I. (Supplemental Security Income) additional funds might be provided for Tom. One of the staffers went to the Social Security office and came back with a raise of approximately $50 per month.

The poor, the old, and the unsophisticated often need help in locating and investigating resources. This service provided by the Center proves to be one of the most important.

CONVALESCENT FACILITY

As a convalescent facility, the Center performs a needed role. Take Mrs. Blakely. A woman pale as a piece of chalk and seemingly as easy to break. Knee surgery left her weak, extra-frail, and unable to manage cooking and self-help while she was using a walker. For her the Center was a boon, giving her nourishment, both physical and psychological, during the day and permitting her the freedom to maintain her own living quarters as she cared for herself overnight.

Or Mr. Schultz. Minor surgery on his back immobilized him in the hospital for three days. Mr. Schultz too lived alone, and only the Center participants served as extended family for him.

Everyone rallied around on behalf of Mr. Schultz. First there were the cards which went to the hospital. Then the Center bus, along with one of Mr. Schultz's best friends, picked up him at the hospital and took him home when he was discharged. Plans were made for others of his cronies to stop in on him during the late afternoon and evening, and other participants in the Center activities planned a welcome for him when he returned to the Center in the daytime.

One member of the Center staff becomes responsible for individual clients. For example, Mr. Adams, who has been hospitalized a half dozen times for a serious heart condition, is never far from the watchful eyes of one of the staffers.

During rest period after lunch one day he settled into his favorite reclining chair to watch television with the other persons. Within a few minutes his usually too-pale face grew florid, and he began to cough. Soon he was in a paroxysm of coughing. No one panicked, but a staff member was at hand

with a glass of water and a soothing comment. She stayed near the chair, checking on her charge's health, and finally went to her desk where she positioned herself in a manner that she could continue to observe his responses.

INITIATION OF PROGRAMS

Initial attempts are being made to see if one person from a nearby nursing home might be brought into the Center one day a week, with transportation to be furnished by a local church. Such an activity would be on an experimental basis. Whether it would provide pleasure for that day or discontent with life at the nursing home would have to be explored.

The Kiwanis Club of the Key City (Abilene) sponsored the Golden K Kiwanis Club for men of the Center. The membership responded with enthusiasm when the club was chartered.

COUNSELOR

Francine pointed the need for an additional service by the Center. Walking up quietly to the director, she mumbled that, having been at the Center only two days, she really wanted to get to know people better.

Once in the director's office, she let the pretense fall. Wiping her clouded eyes as she talked, she revealed her worries over family troubles, over a husband who was ill, and over the future which seemed frightening. Although most of her difficulties had no ready solution, she walked out an hour later smiling for the first time since she had arrived.

The need for a "sympathetic listener" as part of the Center program was recognized, and exploration was begun for some method of filling that requirement. It was felt that persons who understood referral sources and who were willing to hear out those older people would provide a therapeutic technique.

VOLUNTEER COORDINATOR

Volunteers have been recruited for their sensitivity to human problems, their ability to communicate concern, and their capacity to accept the elderly and to maintain perspective about the older person's needs. Regular meetings with volunteers are held in order to obtain feedback about their observations and to demonstrate to them how important their role is.

Help with writing letters to relatives and friends was included as an important adjunct to volunteer activities in order to keep the older people in touch with and responsible for contact with others. The volunteers have also served in the game room to give assistance with the domino games, cards, and puzzles.

Those persons serving as volunteer instructors include artists, teachers of knitting, crocheting, needlepoint, decoupage, and foiling.

Church groups have volunteered to present programs. Some of them come to lunch and stay to be entertained by the Center clients themselves.

Needs and Hopes

Needs still exist. The Center, a square building surrounded by cement and gravel, cannot provide yard games. Horseshoe pitching and shuffleboard would be extremely popular.

A craft program is badly needed, especially for the men. With added space, a program for refinishing small pieces of furniture would be a welcome project. In addition, as the director points out, the use of finger and hand muscles as provided through furniture refinishing in addition to crochet-

ing, knitting, sewing, and painting, helps to keep supple and strong those fingers and hands now nearly immobilized from arthritis.

Cooperative activities with Hendrick Children's Home have been successful for both generations. Future hopes are that the Center itself might be located close enough to a children's home that older people and children could have contact frequently and personally.

How does one measure success? Statistically the program can be charted in terms of numbers of participants and in proliferation of activities. However, the subtle effects have been stated thus by the director:

> It is our belief that no one really knows what has been successful and just what has failed . . . in the Elderly Day Care program. Only yesterday a . . . man, new at the Center, remarked as he left, "This has been the happiest day of my life!" To others it seemed quite uneventful . . . this particular day he had met people who allowed him to talk, who asked questions, who seemed to care about what he had to say.
>
> Who knows what success we have had? The look on their faces from day to day, their appetites, their desire to bare their souls at times when they are longing for a friend in whom they can confide, their love for each other that has grown from coolness and often distrust to a comradeship that is truly sincere—these prove more . . . than anything that we have done.[4]

Costs for this program are approximately $8 per day per person. In a nursing home, minimum cost is about three times that amount.

More eloquent than charts and formal reports are the "people" statements which come from those involved in the program. Near Christmas of the first year the Director wrote as follows:

> I have moved out of my office to make room for more crafts. The women are busily working on the decorations for the Christmas tree and they needed more space. I found a spot in the game room for my desk and there's about as much privacy as one would have in the middle of Grand

Central Station. I've noticed one thing, however: that the elderly seem to enjoy dropping by my desk to visit, to ask questions, and sometime I even get a kiss and a thank you. I don't always know why I receive thanks, but it's fun anyway. There's more love to the square inch in this Center than I've ever seen any other place. It hasn't always been so, but now I can truly say I have seen an integrated program.

A LOOK AT DAY CARE PATTERNS

Is day care, then, the answer to problems presented by the "frail elderly" and the chronically ill? Will resident population of nursing homes diminish as persons are maintained in their own homes or in the homes of relatives at night, availing themselves of day care facilities during waking hours? Will the costs of care for persons with needs for supportive services plummet as such day programs are developed?

The answers are as complex as the questions raised. Everyone would like to find simple answers to complicated difficulties. However, studies have shown that day care centers are beneficial (in certain instances); practical (for some people); and less costly than nursing homes (on some bases).

Perhaps it would be helpful, first, to define what is meant by "therapeutic day care" and then to examine some of the patterns which have been developed.

The surge of interest began when Congress passed P.L. 92-603, Section 222 (Social Security Amendments of 1972). This act authorized "an experimental program to provide Day Care services for individuals eligible to enroll in the supplemental medical insurance program established under Part B of Title XVIII and Title XIX of the Social Security Act, in Day Care Centers which meet such standards as the Secretary shall by regulation establish."

This action by Congress gave hope that Medicare and Medicaid funds might be used for day care. Thus, as a rush to establish centers ensued, it became apparent that a definition of day care must be formulated. Was the term to encompass recreational and continuing education programs for older persons? Or was it to mean a socialization (and minimum health maintenance and nutrition) effort for isolated or slightly impaired persons? Or, indeed, was it to be a day hospital requiring registered nurses and a team of health care personnel? Some day care facilities act as post-hospital service areas for persons needing restorative services; others may give a great deal of psychosocial service to those people needing such care.

In June of 1974 six contracts were awarded for experimental programs. The two programs receiving the combined Day-Care and Homemaker Service approach were the San Francisco Home Health Service and the Lexington-Fayette County Health Department. Contracts for day-care services only were awarded to Burke Rehabilitation Center in White Plains, New York, and to St. Camillus Nursing Home in Syracuse, New York. Two other contracts—for Homemaker Services only—were given to Inter-City Home Health Association in Los Angeles and Homemaker-Home Health Aide Services of Rhode Island. A seventh award was made to Medicus, Inc. to evaluate the effectiveness of the experimental program.

Staff from the Bureau of Health Services Research worked with the staff from the Bureau of Health Insurance of the Social Security Administration and under the umbrella of an Interagency Task Force (Department of Health, Education, and Welfare) to try to work out research design and methodology.

For the convenience of the initial working groups, a definition of "day care" was developed as follows:

> Day Care is a program of services provided under health leadership in an ambulatory care setting for adults who do not require 24-hour institutional care and yet, due to physical and/or mental impairment, are not capable of fulltime independent living. Participants in the day care program are referred to the program by their attending physician or by some other appropriate source such as an institutional discharge planning program, a welfare agency, etc. The essential elements of a day-care program are directed toward meeting the health maintenance and restoration needs of participants. However, there are socialization elements in the program which, by overcoming the isolation so often associated with illness in the aged and disabled, are considered vital for the purposes of fostering and maintaining the maximum possible state of health and well-being.[5]

One of the new directions of current day care programs is that, rather than being set up for persons with mental problems, these are planned for persons who might otherwise need institutionalization because of chronic illness or disability.

In order to predict what day care might become, it was necessary to learn what already exists, what was effective or ineffective and why, what programs cost, and other facts about such operations. TransCentury Corporation of Washington was given a contract to examine systematically representative programs now operating.

The findings reveal:

1) Two models emerged, differentiated largely by the services provided, staffing patterns, and participant characteristics.

2) Model I is characterized by its relatively heavy emphasis on health services. It has a high ratio of registered nurses and professional physical, occupational and speech therapists.

3) Most Model I participants have recently suffered serious illnesses and need rehabilitative care. An average of 48 percent are paralyzed to some degree. Many use wheelchairs and most are dependent in three or more activities of daily living.

4) Model II emphasizes day time supervision for generally less-impaired participants. Staffing patterns show a smaller proportion of professional nurses and few therapists with more nursing and therapy services provided by aides than in Model I.

5) Model II participants for the most part suffer the infirmities of old age and are less apt to be in a rehabilitative stage of chronic illness. An average of 16 percent are paralyzed to some degree, but most are dependent in fewer than two activities of daily living, and many are independent.

6) A tendency, on average, to give appropriate care is a special strength of adult day care programs. The 10 programs studied have developed an amazingly close match between staff health care capability and the needs of participants. Programs with the most impaired and dependent participants have the highest ratios of health care professionals, and they put the most emphasis on health care services, especially emphasizing therapies. When programs studied are compared on staff capability versus participant characteristics using Spearman's rank order correlation analysis, they are found to correlate at the level of .922, nearly a perfect correlation.

7) However, in some programs, a small number of participants – too small to show up statistically – need more therapy than they can get from the program. These participants are the exception, however.

8) The close match between staff skills and participants also confirms that a few programs have neither participants with many health care needs, nor staff with particularly strong health care capabilities. Should these be considered adult day care?

9) What constitutes a therapy, especially occupational therapy, needs to be better defined by Model II programs.

10) The average per diem cost for the nine most typically costly programs is $21. One program is exceptionally expensive, at $61.56. It is one of the two rehabilitative programs of Model I. However, the other similar program costs only $24.51.[6]

Although the Abilene, Texas, Day Care Center described here is a low-cost five-day-a-week program providing a variety of services, the day care program nationally has not proved to be substantially less costly than nursing home care. In some instances, the cost may be more. Let us look at some of the factors. In the TransCentury studies of ten centers, the two models of day care varied greatly in cost. Taking the average cost of care in a nursing home at about $18 per day, it is easy to see that the general per diem cost for nine of the 19 day care centers, at $21.04, does not make such facilities desirable simply on the basis of cost effectiveness. However, the researchers have stated that they believe that day care costs may be slightly overestimated (because they include in-kind contributions and volunteer help), while the nursing home costs may be underrated because those contributions are not included. The research team estimates that nursing home costs might go up by $2 to $5 per day on that basis.[7]

Another reason stated for the apparently higher cost of day care is that many of the day care centers are still in the developing stages and will be able, in the future, to encompass a larger population without substantially raising the cost of care.

Cost comparisons are difficult to obtain, again, because there are no data which show the total cost of maintaining an elderly person in some setting other than a nursing home. For example, the additional costs incurred for the day care resident include housing, food, transportation, and other incidentals. The dilemma might be seen thus:

The average day care resident might attend only 10 to 12 days a month. The program then might reflect $210 per

client—ten days at $21 a day. The resident of the nursing home uses those facilities 30 days a month at perhaps $20 per day. The total cost, then, for the resident of the nursing home is $600. If, however, the "extra costs" incurred by the non-nursing home resident come to as much as $390 a month, the nursing home route might be more cost effective.

Final accounting shows that nursing home care is more economical if a person attends day care more than 15 days a month. The most cost effective program, according to the researchers, is one which serves a large number of people, each for only a few days a month.[8] The researchers are careful to explain that the statements made apply to those persons who would need institutional care if there were no day care alternative. Finally, the research team feels that for the majority of participants in Model I programs and about half of those in Model II (persons who might well be candidates for nursing home care), the day care center approach is indeed cost effective. An additional population might be reached by bringing out of nursing homes the estimated 40 percent of residents who might not need to be there if alternative facilities were available.

Day care centers might prove cost effective in cases of families for whom the center's provision of service for the older person would enable one other family member to work outside the home and thus increase family income.

Cost effectiveness cannot, of course, measure the mental health aspects of the day care program versus the nursing home. For many people (as can be seen in the Abilene project) the socialization possibilities and the independence fostered through day care make it a worthwhile and exciting alternative for the majority of clients.

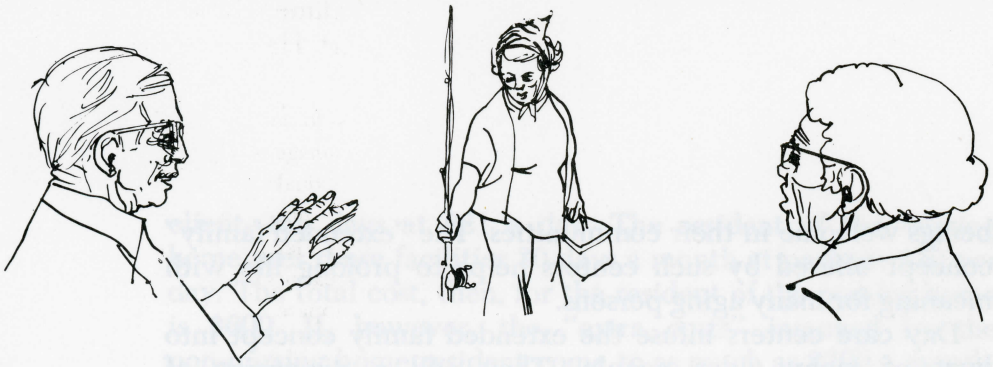
The loneliness, isolation, and needs of older people cannot be charted on a financial graph. For many, the day care center offers a viable method for continuing to live as human

beings welcome in their communities. The "extended family" concept offered by such centers helps to prolong life with meaning for many aging persons.

Day care centers infuse the extended family concept into lives of many older people. They add a dimension of participation which is often lacking. Dr. Robert Havighurst has put it thus:

> The majority of aging and aged adults in the United States do not live in institutions. Rather, they remain in their communities and manage without the help of organized social services. When families and individuals require social intervention because of age-related needs, the capability of communities to respond effectively and efficiently is often deficient. Flexible and alternative programs for providing income maintenance, health services, housing, and work and leisure activities are often either not apparent to the persons in need or are not, in fact, available.[9]

As determinations are made concerning federal support of day care centers, a dilemma will have to be resolved about whether or not Medicare and Medicaid can or will pay for portions of the day care services. If such payments are to be made, a scale of fees will have to be worked out. Additional persons who are now in a category higher than eligibility for Medicaid might be able to benefit from future day care programs under the Social Services Amendments of 1974 (P.L. 93-647), restructuring the social service provisions as a new Title XX under the Social Security Act. Under these provisions, the Federal government insists that half the recipients be AFDC recipients, but non-recipients can have incomes up to 115 percent of the state median. If Title XX does continue as it started, then Model I programs would have financing primarily from Medicare and Medicaid, while Model II projects would have financing under Title XX. In this way the day care programming itself could take two distinct tracks of care for older persons.



In Summary

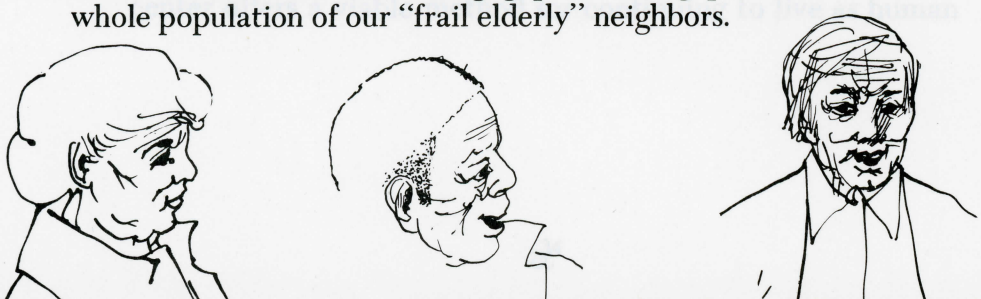
What have we learned? Is day care effective? Yes, but with provisions. The psychosocial benefits are apparent and undeniable. The cost effectiveness must be determined by numerous gauges, including who is served in what kinds of facilities and for what length of time.

Speaking of society's failure to supply a broad-based network of services for the elderly, Dr. Robert Butler has said that old people need help if they are to continue to function in their community: they need referral services, education, home health care, nutrition services, legal aid, protective services, recreation. He cites these as survival needs and points out that without these aids many older people lose their capacity to live independently, so that still another old person moves to an institution and adds to society's debt with another bill for institutional care.[10]

What we discover, finally, is that day care centers are but one more tie on the track over which life passes. They can serve to help move persons comfortably through stormy areas. They can help bridge gaps, and they can offer support.

Day care centers are one answer. Many responses are needed as we question the most effective way of serving the increasing numbers of older people in our society and the growing multitudes of old-old among us.

Perhaps in programs such as this the "extended family" concept has been infused into community living. Thus, a model has been set for filling gaps in living patterns for a whole population of our "frail elderly" neighbors.



NOTES

[1]"Aging," Nos. 2150216. Washington, D. C., U. S. Department of Health, Education, and Welfare.

[2]Shore, Herbert, Ed. D., "Designing a Training Program of Understanding Sensory Losses in Aging." Presentation at the Tenth International Congress of Gerontology, Jerusalem, Israel, June 1975.

[3]"Remotivation for Geriatric Patients Using Elementary School Students," Thralow, Joan U. and Watson, Charles G. *The American Journal of Occupational Therapy,* Volume 28, No. 8, September 1974, pp. 469-473.

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[5]Draft Regulations Prepared for Use with Experiments in Day Care conducted Under Section 222, P.L. 92-603.

[6]Final Report. Adult Care in the U.S. Washington, D. C., TransCentury Corporation. June 30, 1975, pp. 9, 10.

[7]*Ibid.* pp. 139-140.

[8]*Ibid.* pp. 141-142.

[9]*Research and Development Goals in Social Gerontology:* A Report of a Special Committee of the Gerontological Society, Robert J. Havighurst, Chairman. Chicago, Ill., University of Chicago Committee on Human Development, p. 14.

[10]From *Why Survive?* Robert N. Butler, M.D., New York, Harper and Row, p. 496.

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