

# FACILITATORS, BARRIERS, SOLUTIONS, AND STRATEGIES: 2024 LANDSCAPE OF ADULT DAY SERVICES IN OHIO



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January 2025

## INTRODUCTION

Adult day services (ADS) provide participating adults with social activities, meals or snacks, personal care, or therapeutic activities. In Ohio, ADS were greatly impacted by the pandemic. In response to growing concerns about access to ADS, the Ohio Department of Aging made available \$6 million in grant funds to bolster these needed services in 2024. This project examines the landscape of ADS in Ohio and highlights the challenges faced by providers as well as potential solutions.

**Methods:** This mixed methods project involved five focus groups ( $n = 24$  ADS providers) and a survey completed by 34 ADS providers. Focus groups were conducted with ADS providers in Ohio to gain (1) in-depth understanding of the barriers and facilitators experienced by those providing ADS in Ohio and (2) better understand potential solutions to identified challenges. The purpose of the survey was to gain a better understanding of the characteristics of ADS centers, the types of services provided, the participants served, and the challenges faced by providers.

## FINDINGS

### Description of Adult Day Services Centers in Ohio

Of the 68 ADS providers invited to complete the survey, 34 responded (50%). Due to non-response, sample numbers ( $n$ ) vary across items. For maximum transparency, percentages are reported along with corresponding sample numbers in Table 1. The average number of participants served on a typical day was 21, with a range of 4 to 100. All of the providers indicated that their centers were designed to meet at least some social/recreational needs. The vast majority reported offering creative arts, physical activities, animal-related activities such as pet visits, and religious or spiritual activities. Many also offered outings, intergenerational activities, and salon or barbershop services for their participants.

**Table 1. Description of Adult Day Services in Ohio**

Characteristic	Percent of centers	Number of centers
<b>Number of years center in operation (<math>n = 34</math>)</b>		
Less than 10 years	23.5	8
10 to 19 years	14.7	5
20 or more years	61.8	21
<b>Ownership type (<math>n = 34</math>)</b>		
Private, nonprofit organization	73.5	25
Private, for-profit organization	20.6	7

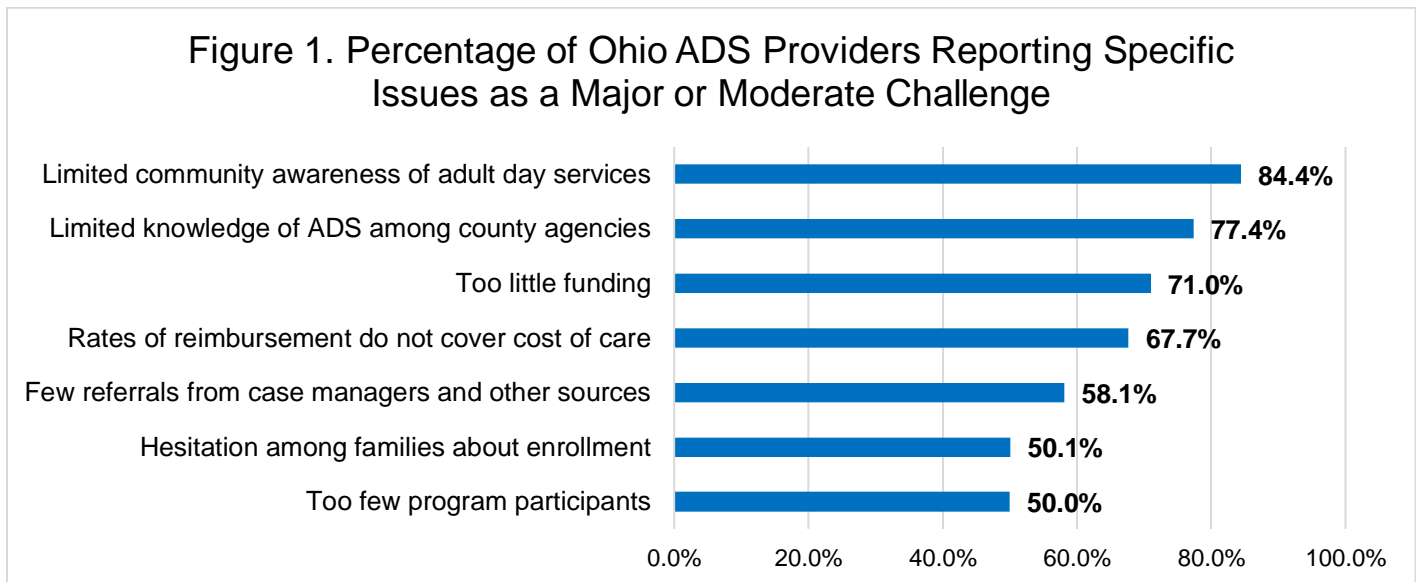
**Table 1. Continued**  
**Description of Adult Day Services in Ohio**

<b>Characteristic</b>	<b>Percent of centers</b>	<b>Number of centers</b>
<b>Location of center (n = 34)</b>		
Urban	17.7	6
Suburban	38.2	13
Rural	44.1	15
<b>Participant fee revenue sources</b>		
Medicaid (n = 34)	82.4	28
Medicare (n = 30)	20	6
VA Health Care (n = 30)	56.7	17
Other federal, state, county or city funding sources (n = 32)	90.6	29
OOP payments by the participant or family (n = 32)	90.6	29
Private insurance (n = 28)	50	14
<b>Needs center designed to meet (n = 33)</b>		
Social/recreational needs only	18.2	6
Mostly social/recreational needs and some health/medical needs	27.3	9
Equal mix of social/recreational and health/medical needs	51.5	17
<b>Activities offered</b>		
Creative arts (n = 34)	100	34
Physical activities (n = 34)	100	34
Animal activities (n = 33)	72.7	24
Intergenerational activities (n = 33)	48.5	16
Religious or spiritual activities (n = 34)	82.4	28
Salon or barbershop services (n = 32)	46.9	15
Outings (n = 34)	70.6	24
<b>Health and medical services offered</b>		
Nursing services (n = 27)	92.6	25
Dietary and nutritional services (n = 27)	77.8	21
Physical, occupational, or speech therapies (n = 26)	53.9	14
Dental services (n = 24)	0	0
Pharmacy services (n = 24)	0	0
Mental or behavioral health services (n = 25)	28	7
<b>Center offers specialized services for people with specific diagnoses, conditions, or disabilities (n = 32)</b>		
Yes	75	24
<b>Diagnoses, conditions, or disabilities for which the center offers specialized services (n = 23)</b>		
Alzheimer's disease or other dementias	95.7	22
Intellectual and developmental disabilities	82.6	19
Mental health condition	47.8	11
<b>Center offers services for caregivers, like support groups or programs to strengthen caregiving skills (n = 33)</b>		
Yes	75.8	25

**Note.** The total number of centers responding to each item is included in parentheses after each item/characteristic. This number varies across items due to non-response or lack of applicability.

## Challenges

In the survey, we asked providers about a number of potential challenges related to ADS (Figure 1). These included operational challenges (e.g., too little funding), community-related challenges (e.g., limited community awareness of ADS), staff-related challenges (e.g., staffing shortages), and participant-related challenges (e.g., too few participants). None of the staff-related challenges investigated were endorsed as moderate or major challenges by a majority of the sample. Similarly, none of participant-related challenges were endorsed by a clear majority of respondents; however, one in two centers endorsed too few program participants and hesitation among families about enrollment as moderate or major challenges.



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

## Facilitators, Barriers, Solutions and Strategies to Providing Adult Day Services in Ohio

Focus group attendees' experiences with providing adult day services revealed interconnected facilitators, barriers, and solutions.

Providers explained how a stable workforce created a ripple effect across their ADS, allowing them to offer more activities and utilize existing staff to help recruit new staff. In reference to rebuilding their workforce since COVID, one provider stated:

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

Several ADS providers also mentioned the importance of creating relationships or partnerships with community-level and county-level organizations. Providers reported that these relationships brought

numerous benefits to their ADS programs, such as reduced or free rent, referrals, direct financial support, and access to transportation.

*So being part of the larger senior center kind of gives us a little more wiggle room ... So we pay a very nominal rent, under \$10,000 a year, and we pay no maintenance. And we, you know, we pay for our phone line...We don't pay for electricity. We don't pay for heat, no utilities.... Vehicles that we use, they're dedicated to the adult day service, but they're part of our larger transportation program.*

Like with community partnerships, ADS providers talked about diverse funding streams acting as safety nets to help them through hard financial times. One provider explained,

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

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

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

## **CONCLUSION: NEXT STEPS FOR ADS IN OHIO**

From practice and policy perspectives, addressing awareness and funding would reduce challenges faced by ADS providers in Ohio. Providers are making efforts to explain what ADS is and how it can benefit participants and families; however, greater support is needed. This includes efforts to educate potential referral sources and local agencies that interact with or regulate aspects of ADS. Awareness and funding challenges are intertwined, and efforts on one front may assist both and thus the industry overall. There are also research opportunities stemming from this study. A more complete picture of ADS in Ohio would be achieved by learning about the experiences and perspectives of participants, families, and staff working directly with participants. Understanding these added perspectives can also address challenges faced by ADS providers. Providers and policymakers who know *how* participants and families benefit or *why* ADS staff continue to work in this industry can use this information to build awareness and also explain the value in future investments in ADS.

## **ACKNOWLEDGEMENTS**

This study was funded by LeadingAge Ohio (with support of the Ohio Department of Aging) and the Ohio Long-Term Care Research Project.