

Survey of Adult Day Programs

**Initiative #5: Respite Services for Caregivers
Ontario's Strategy for Alzheimer Disease and Related
Dementias**

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OVERVIEW

The overall goal of Initiative 5 – Respite Services for Caregivers of Ontario’s Alzheimer Strategy was to provide funding to community agencies in order to enhance respite services for caregivers of persons with Alzheimer Disease and Related Dementias (ADRD).

In order to evaluate the impact of this Initiative, a survey of community agencies that received funding through Initiative #5 of the Alzheimer Strategy was conducted. The purpose of the survey was to gather information on how these funds were utilized.

RESULTS

A total of 84 programs received funding through Initiative #5 of the Alzheimer Strategy. The majority of these programs (81) were Adult Day Programs (ADPs); another 3 programs received funding to enhance their respite services for caregiver support. Of the 84 programs that received funding, 87% (73 programs) completed the evaluation survey. A summary of the response rate data is provided in Table 1.

Table 1: Response Rate

Agency	Number of Agencies	Percentage (#) Returned
Number of ADPs		
- East	21	85.7% (18)
- Central East	14	92.9% (13)
- Toronto	7	71.4% (5)
- Southwest	14	85.7% (12)
- Central South	9	100% (9)
- Central West	6	100% (6)
- North	10	80.0% (8)
TOTAL	81	87.7% (71)
Number of Non-ADPs		
- Central East	2	100% (2)
- Southwest	1	0% (0)
TOTAL	3	66.7% (2)
TOTAL Number	84	86.9% (73)

Of the 71 ADPs that completed the survey, 19 (26.8%) opened one or more new sites, 45 (63.4%) expanded or enhanced existing services, and 7 (9.9%) did both (i.e., opened a new site and expanded/enhanced existing services) (see Table 2).

Table 2: How the Initiative #5 Funds were Used

How the Funds were Used	Percent (Number) of ADPs (N=71)
One or more new sites was opened	26.8% (19)
Existing services were expanded or enhanced	63.4% (45)
One or more new sites was opened AND existing services were expanded or opened	9.9% (7)

In terms of programs that opened a new site, the total number of sites opened was 36, ranging from 1 to 4 new sites (see Table 3).

Table 3: Characteristics of the New Sites that were Opened

Number of New Sites	Percent (Number) of ADPs (N=26) *
1 new site opened	80.8% (21)
2 new sites opened	7.7% (2)
3 new sites opened	3.8% (1)
4 new sites opened	7.7% (2)
TOTAL NUMBER OF NEW SITES	36

* The results are based on a total of 26 programs since 19 programs opened new sites and 7 additional programs opened a new site and expanded or enhanced existing services.

In terms of the programs that expanded or made enhancements, 67% increased the number of days of operation, 23% increased the number of ADP spaces available, and 4% increased the hours of operation (see Table 4).

Table 4: Characteristics of Sites that were Expanded or Enhanced

Number of New Sites	Percent (Number) of ADPs (N=52) *
Increased the number of days of operation	67.3% (35)
Increased the number of ADP spaces available	23.1% (12)
Increased the hours of operation	3.8% (2)

* The results are based on a total of 52 programs since 45 programs expanded or enhanced existing programs and 7 additional programs opened a new site and expanded or enhanced existing services.

** Note: Percentages may not sum to 100% because of missing values.

The ADPs were then asked to provide information on any other enhancements that may have been made (i.e., if the funds received as part of the Alzheimer Strategy were used in some other way such as increasing staff hours with no change in the number of clients or spaces). Thirty of the ADPs that responded to the survey reported that one or more other type of enhancement had been made with the funds from Initiative #5. A summary of these enhancements is presented in Table 5.

Table 5: Other Enhancements

Other Enhancements	Number of ADPs
Increase staff hours / hire additional staff / allow for staff to be replaced when ill or on vacation	14
Purchase furnishings / equipment (including secure doors for the site)	5
Renovations to the site / Site maintenance	4
Staff training	2
Other	5
- restructuring of positions to allow them to take on more clinical activities	
- enable staff to take on more duties related to, but separate from, the ADP	
- allow program to assist clients with more complex needs	
- transportation	
- pilot a painting project for pre-ADP clients	

Information was also sought on whether the programs obtain feedback on their services and, if so, how this feedback is obtained. The majority of the programs (96%) reported that they obtained feedback on their services. Over 86% of these programs obtained feedback through a questionnaire, and over 67% through other methods including informal feedback from clients and caregivers, other service providers, and ADP staff and volunteers (see Table 6). (Note: Some programs obtained feedback through more than one method.)

Table 6: Characteristics of Sites that were Expanded or Enhanced

Feedback on Services	Percent (Number) of ADPs
Obtain feedback on services?	95.8% (68 / 71)
Feedback obtained through a questionnaire	(N=68) 86.8% (59)
Feedback obtained through other methods	67.6% (46)
- informal feedback from caregivers & clients (23)	
- thank you cards/notes (9)	
- informal feedback from referral sources & other agencies (9)	
- focus groups (5)	
- informal feedback from ADP staff and volunteers (4)	
- involvement of an Advisory Committee (3)	
- ongoing assessment of clients (2)	
- statistics (e.g., utilization, billing) (2)	
- client profile (2)	
- complaints (2)	
- donations (1)	

Finally, the ADPs were asked to explain how the feedback they obtained on their programs was used. A summary of the responses is provided in Table 7.

Table 7: How Feedback is Used

How Feedback is Used	Number of ADPs
To improve services / make changes to program (e.g., programming, safety) / Enhance quality of care	45
To ensure program is meeting the needs of clients and families	17
For program planning	11
To determine what the hours of operation should be	5
For MOHLTC statistics / service plans	5
To inform staff of client and family needs	3
To find ways to help alleviate caregiver stress	2
For care client planning	2
To increase staff morale	2
For complaint / problem resolution	2
Other	5
- to indicate the need for the program	
- to determine how best to use resources	
- to measure trends	
- to identify unserved areas	
- to promote communication and constructive criticism	

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