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PERSONAL BUSINESS; A Little-Known Reprieve From Providing Care

By HILLARY CHURA

Audrey Jennings has seen her social life cut in half since minor cognitive impairment and balance problems were diagnosed three years ago in her husband, Ken. It's not just the time she spends caring for him at their new condominium in Annapolis, Md., she says. His diminished conversational skills have meant fewer bridge games and less dining out and mixing with friends.

But Mrs. Jennings, 68, says she has found a lifeline -- an adult day program, sometimes called adult day care, that provides her the opportunity for outside social interaction while her husband is being supervised in a safe environment.

The Jennings still go to museums and concerts occasionally, she says, but twice a week, Mr. Jennings, 69, attends his day program. For \$28 a day, while he is having lunch and doing word jumbles, she is maintaining the household, playing bridge and visiting with friends. "It made my life bearable," Mrs. Jennings said. "For caregivers, it's the only way. I can do things with my lady friends. It gave me my life back."

An estimated 25 percent of American households care for an aging friend or relative, the National Adult Day Services Association and other advocacy groups say. That number is expected to grow as elderly Americans increasingly become infirm and baby boomers face their own health crises.

A little-known step between senior centers and nursing homes, these small adult day programs are thought to help about 150,000 Americans receive social, intellectual and physical stimulation while living at home.

Costs average \$56 a day, according to a 2002 study financed by the Robert Wood Johnson Foundation and conducted by the Wake Forest University School of Medicine. That compares with \$179 a day for a private room in a nursing home, \$77 a day for a private room in an assisted-living facility and \$149 a day for eight hours of a home health aide, according to a separate study from Genworth Financial, which sells long-term-care and other insurance policies.

Medicare does not pay for adult day programs -- nor necessarily the other options -- so participants generally pay out of pocket or look to long-term care insurance policies to chip in. Medicaid can cover the bill for poor patients in select programs.

"They need socialization," said Barbara Krueger, founder of seniorresource.com, an online clearinghouse of information for the elderly and their adult children based in Del Mar, Calif. "It gives Grandpa a chance

to know their grandchildren because in the evening and early morning, they are home as a family. It allows the family to work."

John Williams, an energy consultant in San Diego, placed his wife of almost 50 years, Ruth Mae, in a day program in 1995, six years after her case of Alzheimer's disease was diagnosed. Three times a week for about 18 months, Mr. Williams says, he dropped her off and picked her up. While he worked, she did puzzles and activities meant to keep her mind active.

Mrs. Williams was transferred to a nursing home when she became violent and the center no longer could handle her. She died two years later at 69. But Mr. Williams, now 75, said the day program was indispensable.

"If I had to stay home, I not only would have lost income, I probably would have become the second victim of that disease," he said.

The United States has about 3,400 day programs but needs another 5,415 based on current and expected population needs, according to the Robert Wood Johnson study. Programs vary. Some are social, some medical and some oriented to dementia patients. Benefits vary accordingly and may include transportation, music and exercise classes, basic hygiene like hair washing, medical care, occupational therapy, meals and Alzheimer's assistance under one roof.

GuildCare in Manhattan, on a side street near Lincoln Center, addresses patients with vision problems through its comprehensive medical program. Its adult day program is held in a basement that is well lighted, with brightly colored walls to assist patients who do not see well. Signs are in Braille for patients with more extensive impairment. Some clients are in wheelchairs, but most can walk on their own or with a cane.

About 65 people attend daily, and there are enough activities and rooms to make the center feel spacious. Patients seem engaged, and some of the women twitter about good-looking doctors. One day this month, a client was distributing the day's activity schedule as another prepared to demonstrate ballroom dancing in the central dining room. Down the hall are smaller rooms for poetry readings, music and crafts classes.

Clients receive physical, occupational and speech therapy, and nurses check medications and blood pressure. Social workers are on staff. Breakfast and lunch are served, and transportation and oversight are included from 9 a.m. to 4:30 p.m. on weekdays.

Simeon Primus, a 58-year-old minister from Brooklyn, says he went to GuildCare two and a half years ago after having problems with diabetes, a stroke and then his vision. Mr. Primus shows up every day. He persuaded his wife, Mary, 59, to join him. She started attending this year and comes twice a week. Medicaid covers their cost of about \$56 a day a person.

"Just being here is therapy for me," Mr. Primus said. At home, he felt confined and pressured. "There is no pressure. Now I'm happy and comfortable."

Across town at the Lenox Hill Neighborhood House on the Upper East Side, the 12 to 14 clients sit in a renovated room with skylights and lots of windows that look out on passing traffic. Not as vigorous as

their counterparts two miles away, the clients are aware of their surroundings and cogent, though not loquacious.

A few participants are nattily dressed, and most have genteel table manners and social skills. Some clients pay \$5 a day, others \$65 to \$75, which covers crafts, singing, reading the newspaper, lunch and crossword puzzles. Many move with a stiff gait but do chair aerobics with rubber bands, light weights, bicep curls, seated kicks and boxing jabs.

"We encourage families to use it as a respite," said Susan Moritz, director for older adult services. The center is open weekdays from 9:30 a.m. to 3 p.m. and is working toward weekend hours.

Expanded hours are important. Nancy Cox, director for Partners in Caregiving: The Adult Day Services Program at Wake Forest University, says adult day programs should be open at least 10 and a half hours a day so that those who look after them and also hold jobs can run errands or take a breather.

Mrs. Jennings acknowledges her husband's program, which covers lunch, transportation and classes like billiards, may benefit her more than it does her spouse.

"My husband goes because he knows it helps me," she said. "It's sort of baby-sitting, but you need that release. To get out with your friends. It's the laughing, and you need to laugh because if you don't laugh, you cry."

Key Considerations

HOW TO FIND AN ADULT DAY CENTER: Do an online search. There are links at eldercarelink.com and at eldercare.gov, the Department of Health and Human Services site.

Contact county welfare offices or the state.

Ask doctors, hospice groups, mental health centers or senior centers to recommend centers.

VERIFY THAT IT OFFERS WHAT YOU NEED: What does it do? Some administer medicine. Others offer crafts and conversation.

Are there caretaker support groups? Is anything offered for people who feel guilty placing relatives in programs, or is there help understanding what is happening with a patient physically, emotionally and mentally?

Some patients are more physically active than others, so ask what activities it offers. Is it geared toward crosswords or coloring or sightseeing?

What are the hours? Is it open on weekends? After or before work?

Does it offer transportation? Meals?

Is it wheelchair accessible?

WHAT ELSE TO LOOK FOR: Is it licensed or certified by the state, and what does that entail? There are no federal mandates.

Visit several times. Talk with patients as well as the staff -- not just administrators but hands-on aides and people who empty the garbage.

Check class size, hours, patient-to-staff ratio.

Was it clean. Was there an odor?

How long has it been open?

Check references. Have there been complaints? The state or county may have records, as may the Better Business Bureau.

Are the sick kept with the general population?

How much does it cost?

Check the National Adult Day Services Association checklist (nadsa.org).

Photos: Sylvia Shaifer works out at the Lenox Hill Neighborhood House on the Upper East Side in Manhattan. (Photographs by Tyler Hicks/The New York Times)