Building Dementia-Friendly Communities
WISCONSIN’S HEALTHY BRAIN INITIATIVE (HBI) PROJECT

Wisconsin’s Healthy Brain Initiative Project is a partnership effort between the Department of Health Services, the Alzheimer’s Association of Southeastern Wisconsin and AARP Wisconsin to support the implementation of the Wisconsin Dementia Care System Redesign Plan. Lessons learned were gathered from local dementia-friendly community projects throughout the state and incorporated into the tool kit as promising practices. An essential component of the project is the active engagement of local public health agencies as primary partners in addressing dementia as a chronic disease within communities. Wisconsin’s HBI Project is focused on educating the public, businesses and government entities on effective strategies for working with individuals with dementia and their caregivers.

OUR PARTNERS

WISCONSIN DEPARTMENT OF HEALTH SERVICES

ALZHEIMER’S ASSOCIATION OF SOUTHEASTERN WISCONSIN

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The following Wisconsin dementia-friendly community initiatives contributed their insights, experiences and stories to this tool kit.

Chippewa County Dementia Coalition, Chippewa Falls, WI
Dementia Friendly Ozaukee County, Ozaukee, WI
Dementia-Friendly Community, Middleton, WI
Fort Atkinson Wisconsin Dementia Community, Fort Atkinson, WI
The Fox Valley Memory Project, Appleton, WI
Watertown Dementia Awareness Coalition, Watertown, WI
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A diagnosis of dementia doesn’t mean a person has lost their dignity, nor should it mean that they give up those daily routines or practices that make their life fulfilling. "Dementia-friendly communities" are designed to help a person with dementia do things such as go to the bank and make a deposit, go to the grocery store and find the frozen foods aisle, or go to their favorite coffee shop to order an espresso, even if they can’t quite remember why they are there.

Community means that we’re all in this together, and whether you are an established dementia-friendly community or taking the steps toward becoming one, this tool kit was created to help you find helpful and respectful ways to include people with dementia as important members of your community.

We’re all in this together, and working together, we can be successful!
Executive Summary

Wisconsin’s tool kit, *Building Dementia-Friendly Communities*, provides information, resources, lessons learned and steps for building a dementia-friendly community. The tool kit is a collaborative effort with contributions from project partners from the Wisconsin Department of Health Services, the Alzheimer’s Association of South-eastern Wisconsin, AARP Wisconsin and local communities throughout the state that have implemented dementia-friendly projects.

The tool kit is designed to be a user-friendly resource guide for implementing and sustaining dementia-friendly community efforts. The tool kit features several Wisconsin communities’ dementia-friendly programs. Specific sections include information for use by professionals, businesses, public health, families, and individuals with dementia and include resources and services available from state-specific organizations and programs. Alzheimer’s disease and other dementias are identified as chronic diseases to be addressed by local and state public health agencies as an increasing public health issue.

The tool kit is unique to Wisconsin, drawing from the direct experience of local and state partners and agencies that are currently working on projects to improve the quality of life for those with Alzheimer’s disease and other dementias and their caregivers.

Using the Tool Kit

The *Building Dementia-Friendly Communities Tool Kit* is:

- a resource guide for individuals and community leaders who are interested in creating a dementia-friendly community initiative.
- a tool to assist communities with existing dementia-friendly community initiatives in their efforts to become sustainable.

The *Building Dementia-Friendly Communities Tool Kit* is a collection of resources based on lessons learned from promising practices gathered from dementia-friendly community initiatives from state, national and international experiences. This tool kit will be available online at the Wisconsin Department of Health Services’ website, where it will continue to evolve and grow as more is learned about dementia and dementia-friendly communities.

Any resources, examples or information contained in this tool kit are to be used to support and encourage local community initiatives and are not to be confused with state certification or monitoring standards.

Any reference to a business or agency should not be considered an endorsement by the Wisconsin Department of Health Services.
shifting our perceptions of dementia

A flourishing community seeks to honor, value and include all of its members in a common life. It actively seeks creative improvements in a shared life because it understands that meeting the needs of the most vulnerable and dependent members cannot be separated from its own.

— Reverend John McFadden
Fox Valley Memory Project
The Faces of Dementia

Dementia can affect anyone regardless of age, culture, gender, income status and education. As in the photograph below from the Alzheimer’s Association of Southeastern Wisconsin, individuals with Alzheimer’s disease or other dementias include all ages and many different professions, including interior designers, managers, beauticians, pharmacists, systems analysts, supervisors or journalists.

Most individuals with dementia do not fit the stereotype of someone who is confused and living in either an assisted living or nursing home facility. The World Health Organization states, “According to different estimates, between 2% and 10% of all cases of dementia start before the age of 65.” Four percent of the more than five million Americans affected with Alzheimer’s are estimated to be under the age of 65 and considered “early” onset.¹ Alzheimer’s disease and other dementias may be present for decades before symptoms begin to interfere with daily life.

Individuals with dementia are most likely neighbors, co-workers, customers or relatives who live independently and access community businesses, such as banks, grocery stores, department stores and restaurants. Seventy percent of individuals with dementia are living in communities. According to the Wisconsin
Division of Long Term Care dementia population estimates, there are approximately 100,000 individuals in Wisconsin with dementia who reside in their homes, with 22 percent living alone.

African Americans and Latinos are at increased risk for dementia when compared with the Caucasian population. Latinos are at one and a half times the risk, and African Americans at twice the risk of developing dementia. Possible explanations for this disparity include the large number of people from communities of color with chronic health conditions, including diabetes, obesity, heart disease and other cardiovascular illnesses that are known to increase risk for developing dementia. Limited access and lower utilization of medical care, including preventative care, are also considered to increase risk among these two groups. It is important for local and state public health agencies and communities of color to understand this increased risk when working to create dementia-friendly communities.

Native Americans are thought to be at increased risk due to a higher incidence of chronic conditions. Tribal governments and structures that oversee businesses, schools and health care systems on tribal grounds are in a position to implement dementia-friendly concepts throughout the tribal community.

_The number of Americans with Alzheimer’s disease and other dementias will grow each year as the number and proportion of the U.S. population age 65 and older continues to increase. The number will escalate rapidly in coming years as the baby boomer generation ages._ — Act on Alzheimer’s
As the population in the United States ages, the number of individuals with Alzheimer’s disease and other dementias is expected to increase as well. Current estimates predict those with dementia will double by 2030 and more than triple by 2050.\(^2\) Providing care for individuals with dementia can occur over a long period of time. The number of people whose lives are altered by dementia, combined with the social, economic and health care issues faced by families and communities, supports the importance of considering dementia a public health priority.

As the symptoms of those living with dementia slowly increase, they may worry about others noticing their difficulties and retreat into their homes. Without stimulation, social interaction and physical exercise, individuals with dementia decline more rapidly.

According to the Alzheimer’s Society (United Kingdom), those with dementia report the following barriers to daily living: lack of confidence, being worried about becoming confused, fear of getting lost, mobility difficulties, physical health issues and not wanting to be a burden to others.\(^3\) Individuals with dementia also report fearing the reactions of others and a lower perceived status within society. These perceptions lead to social exclusion, a reluctance to seek help, a sense of shame and inadequacy, low self-esteem, depression and an overdependence on the caregiver.\(^4\)

Creating a community where all are included, where all can experience a sense of belonging and where all can continue to express themselves is critical to dementia-friendly community efforts.
What is Dementia?

Dementia is a term used to describe the symptoms of a group of more than 100 conditions characterized by a decline in memory or other thinking skills that affects a person’s ability to perform everyday activities. Alzheimer’s disease is the most common type of dementia. Because Alzheimer’s disease is underdiagnosed, as many as half of the estimated 5.2 million Americans with Alzheimer’s may not be aware that they have the disease.5

The most common types of dementia are:

• Alzheimer’s Disease (60–80 percent)
• Vascular Dementia
• Lewy Body Dementia
• Frontotemporal Dementia
• Parkinson’s Disease Dementia
• Mixed Dementia
• Creutzfeld–Jakob Disease
• Substance-Induced Dementia

When medical care providers and aging persons collaborate to promote heart and vascular health, the age of onset of dementia can be delayed and prevalence reduced.

— Vladimir Hachinski, CM, MD, FRCPC, DSc Ontario

Additional information on these and other types of dementia are available on the following websites:

• www.alz.org (Alzheimer’s Association)
• www.alzwisc.org (Alzheimer’s & Dementia Alliance of Wisconsin)

The same risk factors that contribute to other chronic diseases, such as heart disease and stroke, diabetes and cancer, are also linked to Alzheimer’s disease and other dementias. To delay the onset of dementia and other chronic diseases, health care providers recommend incorporating healthy behaviors into an individual’s lifestyle, such as regular exercise, a healthy diet, moderate alcohol use, staying socially active, and avoiding tobacco products. Taking
responsibility for a healthy lifestyle contributes to a better quality of life and the ability to continue to participate in daily activities, not only for a person diagnosed with Alzheimer’s disease or other dementias, but for everyone.

Early Warning Signs and Symptoms

Many dementias are progressive, with signs and symptoms starting out slowly and gradually getting worse. While symptoms of dementia can vary greatly, at least two of the following core mental functions must be significantly impaired to be considered dementia.

- Judgment
- Perception
- Reasoning
- Organizational Abilities
- Memory
- Abstract Thinking
- Communication and Language
- Ability to Focus and Pay Attention
- Orientation to Time and Place
- Awareness of Socially Appropriate Norms
- Ability to Filter Emotional Responses

According to the Alzheimer’s Association, the following are the 10 early signs and symptoms of Alzheimer’s disease.

- Memory loss that disrupts daily life
- Challenges in planning or solving problems
- Difficulty completing familiar tasks at home, at work or at leisure
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- New problems with words in speaking or writing
- Misplacing things and losing the ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood and personality, including apathy and depression

Additional information about the signs and symptoms of Alzheimer’s disease is available on the Alzheimer’s Association’s website at www.alz.org/10signs.
dementia-friendly communities

A dementia-friendly community is a place where people living with dementia are supported to live a high quality life with meaning, purpose, and value. For people with younger onset dementia, this also means being given the opportunity and support to stay at work or volunteer.

— Kylie Watkins
Alzheimer’s Australia
What is a Dementia-Friendly Community?

A dementia-friendly community is a place where individuals with dementia:
• Are able to live good lives.
• Have the ability to live as independently as possible.
• Continue to be part of their communities.
• Are met with understanding.
• Are given support where necessary.

According to Innovations in Dementia (2012), individuals with dementia described a dementia-friendly community as one that enabled them to:
• Find their way around and be safe.
• Access local facilities they are used to and where they are known (such as banks, shops, cafés, cinemas and post offices).
• Maintain their social networks so they feel they continue to belong.

Dementia-friendly communities build infrastructure to support and take responsibility for enlarging the beneficial effect of services for individuals with dementia and their caregivers. To accomplish these goals, communities can develop new models of collaborative service delivery and advocacy.

Areas of need to be addressed include:
• Public awareness
• Promotion of early detection
• Creation of environments that calm and support the reduction of anxiety for those with dementia
• Crisis capacity for mobile crisis teams
• Development of emergency placement facilities
• Successful care transition management between settings
• Voluntary sheriff registry and wandering programs
• Dementia-friendly businesses
Steps to Building a Dementia-Friendly Community

Step One: Defining the problem
Step Two: Creating a vision
Step Three: Building a plan
Step Four: Building a coalition or network
Step Five: Engaging a community
Step Six: Starting somewhere
Step Seven: Evolving the initiative
The process for building a dementia-friendly community includes these recommended steps. However, a new initiative may start anywhere within the process to accommodate the uniqueness within a community. Communities should ask specific questions that are relevant to their individual needs and ascertain resources that are available and/or needed to create a successful and effective dementia-friendly initiative.
Step One: Defining the Problem

This step includes asking questions that will help define the problem and assist in finding the data and resources to move forward in a community initiative. These questions may include:

• What community issues exist related to Alzheimer’s disease and other dementias?

• What are the immediate issues and community needs?

• What data exist that will help define the number of individuals in the community living with dementia?

Step Two: Creating a Vision

This step includes developing a vision and/or mission statement for the initiative that creates the bigger picture of the dementia-friendly initiative. It defines a timeline and goal and helps to answer the question of what the initiative means to the community and why the community is engaging in this effort.

Example of a vision or mission statement:

*Within 18 months, our community will create a sustainable dementia-friendly community that includes an effective and sustainable infrastructure to support individuals with dementia and their caregivers.*
Step Three: Building a Plan

This step includes the assessment of existing resources within a community and the engagement of key leaders, stakeholders and partners to build a plan that is unique to a community. The views and opinions of the individuals with dementia and their caregivers must be at the center of any consideration or decision. This engagement provides for a sense of ownership, investment, responsibility and connectedness to the community for individuals with dementia and their caregivers.

Assessment activities may include:

- Individual interviews with potential partners and members of the project.
- Group meetings with key community leaders and members to identify the issues and assess current strengths and gaps.
- Organized events specifically to address dementia-friendly issues.

Sample questions or types of information may include:

- What issues motivate stakeholders to take action?
- Who are the individuals directly involved and affected by a dementia-friendly community initiative?
- What services does the community already have for individuals with dementia and their caregivers?
- Who is currently providing these services for individuals with dementia and their caregivers?
• What is working within the community related to dementia-friendly activities?
• What is not working within the community related to dementia-friendly activities?
• What are the key issues as defined by interviews with key stakeholders and partners?
• What one activity for each identified issue could be implemented first or immediately?

Assessment of current existing networks in the community may include the following for communication, education and volunteers:

• Aging and Disability Resource Centers (ADRC)
• Local Public Health Departments
• Hospitals
• Health Care Clinics
• Faith-Based Organizations and Churches
• Senior Centers
• Nutrition Sites
• Businesses
• Clubs, Service Organizations or other Voluntary Groups
• Chambers of Commerce
• Banks
• Shops
• Libraries
• Restaurants
• Cinemas
• Post Offices
• Law Enforcement
• First Responders
• Fire Departments
• Emergency Medical Technicians
Several dementia-friendly community initiatives in Wisconsin began with a community event to engage leaders, stakeholders and potential partners. The following example is from the Jefferson County Aging and Disability Resource Center (ADRC):

The Jefferson County ADRC collaborated with the Alzheimer’s Association of Southeastern Wisconsin to plan and implement a dementia summit in August 2013. The summit was held at the local hospital and brought together community stakeholders who had a vested interest in providing the resources needed for a sustainable infrastructure for those individuals with Alzheimer’s disease and other dementias and their caregivers in Jefferson County. Attendees included caregivers of those with dementia and professionals from assisted living facilities, nursing homes, day centers, ADRCs, media, law enforcement, faith-based organizations, emergency room personnel and many others. During the summit, all participants were asked to share issues they had experienced with dementia in their individual sectors. The issues were then organized into nine categories. Nine task groups were formed to determine projects for each identified issue and bring back results for a follow-up summit that was held in May 2014. After the second summit, an-ongoing Dementia Network (coalition) was formed. The network, called “Living Well with Dementia in Jefferson County,” continues to meet monthly and utilizes a Facebook page for communication and outreach.
Step Four: Building a Coalition or Network

This step includes building a coalition or network to plan, implement, evaluate and sustain the efforts of a dementia-friendly community initiative. Coalitions that implement best practices consist of mutually engaged creative partnerships that honor each other’s individual talents, ideas and resources and clearly communicate needs, abilities and desires. Several Wisconsin dementia-friendly coalitions began with dementia-friendly activities, such as memory cafés and dementia-friendly businesses, rather than a more formal coalition building process.

Coalition building activities may include:

• Checking with all local organizations and agencies to assess interest.

• Recruiting potential partners from local community groups, agencies or organizations, such as aging and disability resource centers, local public health departments, managed care organizations, hospitals, first responders, local government leaders, individuals with dementia and their caregivers, advocacy organization staff, assisted living or nursing home facilities, volunteer agencies and service organizations or agencies.

• Building small ad-hoc task groups or subcommittees and assigning activities from each identified issue.

Additional information on coalition building is available on the following websites:

• www.countyhealthrankings.org/resources/community-health-partnerships-tools-and-information-development-support (County Health Rankings & Roadmaps)

• www.countyhealthrankings.org/sites/default/files/eightstep.pdf (Developing Effective Coalitions: An Eight Step Guide)
Step Five: Engaging a Community

This step includes implementing activities that reach out to, educate and engage community members in dementia-friendly community initiatives through personal stories, events and other communication activities. Several Wisconsin dementia-friendly initiatives have implemented these types of activities, including those in Chippewa Falls, Jefferson County and Waukesha County.

Suggested community outreach activities include:

• Finding and sharing personal stories with the media from individuals with dementia and their caregivers.

• Planning and implementing an event focused on educating the public and local leadership on the importance and need for a dementia-friendly community initiative. Events can include a community meeting, listening session or press conference with personal testimony or data relating to the need for dementia-friendly activities.

• Utilizing social media for the project, such as a Facebook page, website or Twitter. The following is a website example: www.foxvalleymemoryproject.org.

• Developing and distributing dementia-friendly community brochures, flyers or letters, such as the Fox Valley Memory Project brochure, Living Well with Dementia.

• Contacting a local radio program for a story or interview.

• Developing a collaborative partnership with a local newspaper.

• Securing presentations for service clubs such as rotaries, chambers of commerce and other organizations and groups.

• Creating and hosting displays at local events, such as health fairs.
• Creating and delivering informational packets for local businesses that include:
  o An introductory letter explaining the initiative and available resources to help in becoming a dementia-friendly business.
  o Contact information for the local aging and disability resource center and the dementia care specialist, if one is available.
  o A brochure, brief explanation or one-page information sheet with:
    • The definition of a dementia-friendly community.
    • The role of a dementia-friendly business.
    • The advantages in becoming a dementia-friendly business.
    • The components of a dementia-friendly business environment.
    • Information about how a business can become dementia-friendly.
    • A training outline for employees.
Step Six: Starting Somewhere

This step focuses on selecting and implementing activities as first steps to creating a dementia-friendly initiative. Many communities began with a single project or activity that engaged the interest of individuals and organizations and created momentum and success for the projects. Building upon existing activities that are already working is a first step. Learning is key, along with trying and following the examples of other successful dementia-friendly communities. Examples of possible activities include starting with one dementia-friendly business, hosting memory cafés, implementing community events and conducting memory screenings.

Step Seven: Evolving the Initiative

This step emphasizes the importance of evaluating your efforts, adding enhancements and creating opportunities for sustaining a dementia-friendly community initiative. As each dementia-friendly activity is implemented, communities should assess their next steps.

Questions that may assist in this process include:

- What activities have been conducted?
- What activities are working?
- What activities are not working?
- What is the next step needed to move the initiative forward?
Sustainability

The elements for sustaining dementia-friendly community initiatives may include the following:

1. Coalitions
The establishment of a coalition of key partners working collaboratively within an existing organization, such as a local public health department or an aging and disability resource center, provides stability and an organizational structure for a dementia-friendly community.

2. Membership Diversity
A more diverse coalition composed of many different members who represent all facets of the community creates a higher capacity for effective functioning and sustainability.

3. Funding
Some dementia-friendly community initiatives have been successful with no funding. Others have secured resources through grant writing, local fundraising events and in-kind support through existing organizations that have similar missions.

4. Nonprofit Status
A dementia-friendly community initiative may consider pursuing nonprofit status.

5. Other Elements
- Community awareness and buy-in
- Local business support
- Communication and marketing
- Engaged local officials
- Engaged individuals with dementia and their caregivers
- A local champion who is passionate for the cause and serves as an active advocate
Chippewa Falls accomplished this program within three months and other communities can too. A dementia-friendly community is one that shows a high level of public awareness and understanding of dementia.

**Recommended steps:**

1. Survey local businesses for interest in the project.
2. Engage key partners such as the Alzheimer’s Association, the Aging and Disability Resource Center, local hospitals, clinics and nursing homes.
3. Each organization takes a piece of the puzzle.
4. Meet regularly for updates and refining the program.
5. Notify local media.

For further information:
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Enhancing hospitality and positive experiences for customers and employees can be considered good business practices, including respectful and responsive services for individuals with Alzheimer’s disease and other dementias and their caregivers. A business that is dementia-friendly becomes a stakeholder in the well-being of the community.

As there is a financial cost for a business to have its employees engaged in activities other than their normal work functions, it is critical that dementia-friendly business training be conducted in a manner that considers the business’s schedule, timing and distinct needs. Initial training can raise awareness and is usually implemented in 30 minutes or less, allowing questions and time to discuss specific issues relevant to an individual business.

The following topics are important considerations when training businesses to become dementia-friendly.
WHY IS IT IMPORTANT FOR BUSINESSES TO BE DEMENTIA-FRIENDLY?

• They may have customers with dementia or customers who are caregivers of individuals with dementia.
• They may have employees in the beginning stages of dementia or caregivers of individuals with dementia as employees.

A DEMENTIA-FRIENDLY BUSINESS IS A BUSINESS THAT:

• Is able to recognize the signs of dementia.
• Can communicate effectively with individuals with dementia.
• Knows how to locate resources and assistance for themselves and for individuals with dementia.

COMPONENTS FOR TRAINING BUSINESSES TO BE DEMENTIA-FRIENDLY INCLUDE:

• Effective training materials that address the needs of individual businesses.
• A time frame that meets the businesses’ schedules (usually 20-30 minutes).
• A training protocol for maintaining a dementia-friendly status.
• A sticker with the dementia-friendly community symbol.
• Materials for evaluating the business’s physical environment for safety and ease of navigation for an individual with dementia.
TRAINING MATERIALS AND TOPICS FOR EMPLOYEE EDUCATION INCLUDE:

• What is a dementia-friendly community and how can it enable individuals with dementia to continue to safely access resources and services?

• How and why a dementia-friendly business fits into the larger picture of a dementia-friendly community?

• The viewpoint of the individual with dementia.

• Signs and symptoms of an individual with dementia.

• How to approach and interact successfully with an individual with dementia.

• Responses that might be helpful in communicating with an individual with dementia.

• Discussion of possible issues that have or may have occurred in a particular business and appropriate strategies to address them.

• What is a dementia-friendly physical environment?

PROTOCOL FOR MAINTAINING A DEMENTIA-FRIENDLY BUSINESS

Once a business has received the designation as a dementia-friendly business, best practice recommends that a protocol be instituted to maintain this status. Typically, businesses completing satisfactory training for dementia-friendly efforts are provided with the dementia-friendly community symbol to communicate this status to individuals with dementia and their caregivers.

The dementia-friendly community symbol is the universal symbol for dementia and is available at no cost at www.purpleangel.org.uk/downloads.htm.
A protocol used by the Middleton, Wisconsin and other dementia-friendly communities that are sponsored by the Alzheimer’s & Dementia Alliance includes the following requirements before a business can receive the purple angel status.

• At least 50 percent of frontline staff participates in training.
• Management is required to attend the training.
• A team leader must be appointed as a liaison.
• The business is open to discussion regarding environmental changes to enhance safety.
• The business commits to share training with new hires and those who weren’t able to attend the original training.
• The business agrees to an annual on-site follow-up visit.

The following Wisconsin dementia-friendly community initiatives have developed PowerPoint presentations for training dementia-friendly businesses and are willing to share with other communities.

• Waukesha County Aging and Disability Resource Center dementia care specialist at 262-548-7848
• Greater Wisconsin Alzheimer’s Association at www.alz.org.gwwi
• Alzheimer’s & Dementia Alliance of Wisconsin at www.alzwisc.org
Easy-to-Navigate Environments

The way individuals live in communities today directly relates to their chances of developing chronic diseases later in life. People’s health, well-being and resilience are affected by the quality of their community environment. Individuals with Alzheimer’s and other dementias benefit from environments that are easy to navigate when they are in the community engaging in daily activities.

Terms that are associated with communities that are safer and more engaging include livability, age-friendly and dementia-friendly. What these terms have in common is that they enhance the participation of residents with varying needs and capacities to remain healthy, active and engaged in their community, thus improving the quality of their life.

A business that knows an individual with dementia who is a customer or client should consider asking them what their experience has been dealing with their business. Individuals will often tell you directly if there are difficulties in navigating in the business environment.
It doesn’t matter where they live — in a big city, a suburb or a rural town, the vast majority of older adults want to remain in their homes for as long as possible. — AARP

**LIVABILITY**

Livability is a term used to describe a community’s quality of life for all individuals, including built and natural environments, economic prosperity, social stability and equity, educational opportunity and cultural, entertainment and recreation possibilities. Livable communities generally have walkable neighborhoods, public transportation options, affordable housing, safe streets, easy access to shopping, green spaces and indoor and outdoor places for people to gather and stay connected.

**Healthy aging is most likely to be achieved in safe physical environments and communities that support adopting attitudes and behaviors known to promote the health and well-being of the community.**

**AGE-FRIENDLY COMMUNITIES**

In an age-friendly community, policies, services and structures are set up to assist senior citizens to live safely, enjoy good health and stay involved. Age-friendly indicates that a community includes special elements that are conducive to older adults.

The World Health Organization’s Global age-friendly checklist provided by AARP is an effective checklist to assess a community’s strengths and deficiencies for older adults. This checklist includes eight domains: outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information and community and health services.

Additional information can be found at the AARP website.

- www.aarp.org/agefriendly
  (AARP Network of Age-Friendly Communities and the Checklist of Essential Features of Age-Friendly Cities)
DEMENTIA-FRIENDLY ENVIRONMENTS

Dementia-friendly environments enable individuals with dementia to engage in daily activities within their communities, such as shopping, trips to the library, dining out, attending church, going to movies, attending sporting events or concerts, and taking walks. An ideal community includes features designed for individuals with dementia so their use is obvious, unambiguous and includes attention to signage, lighting, flooring, seating and navigation.

Signage provides clues to help individuals with dementia understand where they are, what is expected of them in a particular space and the direction they need to proceed.

Signs should:

• Be clear in bold typeface with good color contrast between text and background.
• Have contrast between the sign and the surface it is mounted on.
• Be fixed to the doors they refer to, not on adjacent surfaces.
• Be at eye level and well lit.
• Avoid the use of highly stylized or abstract images or icons as representations.
• Be placed at key decision points for someone who is trying to navigate premises for the first time.
• Indicate the locations of bathrooms and exits.
• Ensure that glass doors are clearly marked.

Lighting for entrances should be well lit and make as much use of natural light as possible. Pools of bright light and deep shadows should be avoided.

Flooring should avoid highly reflective and slippery floor surfaces, and all changes in floor finish should be flush.

Seating should be provided in larger premises, especially in areas where individuals are waiting. Individuals with dementia prefer seating that looks like seating, for example, a wooden bench rather than an abstract metal Z-shaped bench.
The Alzheimer’s & Dementia Alliance of Wisconsin (ADAW) started a pilot program in Middleton, Wisconsin with the goal of helping communities become dementia-friendly throughout Dane County and South Central Wisconsin. They gathered a group of citizens, business members and city staff to meet monthly to plan the best approach.

Business trainings and flip charts developed by ADAW are now used to offer “train the trainer” sessions for volunteers. ADAW created information that managers can use to train new hires. Procedures were put in place to establish criteria and to review businesses annually. Informational cards were created to engage new businesses with Quick Reference guides to help employees better understand concepts.

The group is working to create a memory trail on yet to be developed public lands. All city management departments are involved, including first responders. Specific training was created. ADAW is now working with other communities to support them as they become dementia-friendly.

Components utilized by ADAW to build dementia-friendly communities include:
- Business trainings
- Flip charts
- Train the Trainer sessions
- Business promotions
- Quick reference guides
- First responders
- Park/memory trail
- Informational meetings
- Evaluation criteria
- Annual review

ADAW is currently supporting more dementia-friendly community Initiatives in Dane County. For more information: Alzheimer’s & Dementia Alliance of Wisconsin: www.alzwisc.org • 608-232-3400 or 888-308-6251

Research shows that individuals with dementia use landmarks to navigate, at both inside and outside locations. The more attractive and interesting the landmark, the easier it is for an individual with dementia to use it.

Additional information can be found at: http://innovationsindementia.org.uk
(Developing Dementia-Friendly Communities)
Specific Strategies for Community Members

A dementia-friendly community initiative is an opportunity for people in all walks of life to learn about dementia and share their experiences of living with or caring for someone with dementia.

This section contains special challenges and specific strategies for community members to support a dementia-friendly community initiative in the following sectors: business, community organizations, health care and public services. This is not an all-inclusive list, but a collection of recommendations for the places and people that most commonly interact with individuals with dementia and/or play an important role in supporting these efforts in the community.

The suggestions described here are derived from best practices in effective communication with individuals with dementia and from consultation with a representative from each setting. Some areas include a description of what the special challenges may be in a particular setting, along with suggestions on how to address those challenges.
Business Sector

LOCAL CHAMBER OF COMMERCE

A chamber of commerce can provide leadership in a dementia-friendly community initiative by encouraging its business members to participate in training staff on how to best serve an individual with dementia as their customer. Providing opportunities for discussion at chamber meetings and providing meeting space or materials for the initiative can greatly enhance the reach and effectiveness of a dementia-friendly community effort.

GENERAL BUSINESS SETTING

SPECIAL CHALLENGES The memory loss and confusion that can accompany dementia make it difficult for individuals to carry out daily activities such as shopping, banking and moving throughout the community. Misunderstanding prices and sales, forgetting to pay prior to leaving the store, difficulty with debit or credit cards and being unable to find the desired item or even come up with the name of the item are common problems that can result from dementia.

WHAT TO DO If an individual with dementia is having difficulty in a store or other business, having trained employees can greatly assist the situation. If an individual appears confused or is having trouble, employees can approach them and ask if they need any assistance. Speaking clearly and slowly and giving enough time for the customer to respond, helping them to find items, and helping them to complete their tasks one at a time are all very helpful approaches. Other strategies include providing easy-to-follow maps at key locations in the store, ensuring signage that is easy to see and unambiguous, and minimizing the number of questions asked at checkout. The Building Dementia-Friendly Communities: A Tool Kit for Wisconsin Communities has examples of training for businesses on how to provide dementia-friendly customer service.
BANKS AND CREDIT UNIONS

**SPECIAL CHALLENGES** Community banks and credit unions have a special role in assisting customers with dementia. Individuals with dementia are more vulnerable to scams and other types of financial exploitation. Financial abuse can come from family members or others close to the person, as well as typical online or telephone-based scams.

**WHAT TO DO** Being aware of a customer’s spending habits can be very helpful in protecting the individual with dementia. Signs to look for can include frequent overdrafts, bounced checks, atypical mathematical errors, sudden changes in spending that are either significantly higher or lower each month and large sums of money being withdrawn or transferred to another person.

It is helpful to develop protocols for employees to handle situations that may arise regarding concerns about a customer who may no longer be able to manage their finances or may be the victim of financial abuse. The protocol may include speaking with the individual directly to determine an explanation for the behavior or to contact the local adult protective services agency to report a concern of financial abuse. Adult protective services agencies have the authority to investigate allegations of abuse, including financial abuse, and will look into possible abuse even when the amount of money involved may not rise to the level that law enforcement would investigate.

Bank and credit union staff can also attend county interdisciplinary team (I-Team) meetings, which are typically convened by adult protective services staff and include law enforcement, crisis workers and others. These meetings provide an opportunity for discussion of concerns and for various county services and stakeholders to assess how local systems could work more effectively to address community needs.

GROCERY STORES

**SPECIAL CHALLENGES** Grocery stores can be especially challenging for individuals with dementia because shopping for groceries is a complex task that requires memory for what is needed, what each item is called and where it is located in the store. Self-service can
be overwhelming as bulk food items must be labeled with the proper code and/or weighed and packaged prior to checkout. Having to recall special customer numbers or other discount code information can also cause anxiety at the checkout. It can be difficult for individuals with dementia to follow sets of instructions or directions containing multiple steps. Using debit or credit cards to pay often requires answering five or more questions on the payment keypad, which can be overwhelming and frustrating for someone with dementia.

**WHAT TO DO** The Middleton, Wisconsin dementia-friendly initiative promotes the concept of a relaxed lane for checkout. This lane is designated as one that provides additional time and assistance to customers. Other ways to assist individuals with dementia at grocery stores include the following:

- Clear signage with basic black letters on a light background in large font at the end of each aisle.
- Limiting how often items change locations in the store.
- Providing staff to assist and accompany customers to complete their tasks.
- Offering an order and delivery component.

**RESTAURANTS**

**SPECIAL CHALLENGES** Going out to eat is an important social activity for many people. Difficulty with memory can make ordering food, casual social conversation and finding and returning from the restroom challenging. Restroom signs in different themes, such as *roosters and hens* rather than *men and women*, can be confusing. The size and scope of the menu can be overwhelming, and individuals with dementia may forget what they have ordered. Difficulty in ordering and repeating questions and requests of wait staff can be frustrating for both staff and customers.

**WHAT TO DO** Training staff to provide dementia-friendly customer service and to understand the challenges facing individuals with dementia will help alleviate many issues. Wait staff can assist individuals with dementia by asking questions about the kinds of food they like to narrow possible options in ordering. Directional signage for the restrooms should be clearly placed in key visual areas and be easily understood. Restroom doors need to be clearly labeled with a sign placed directly on the door.
Community Organizations Sector

COMMUNITY, CIVIC AND OTHER ORGANIZATIONS

Any community-based organization can become involved with a dementia-friendly community initiative. The Jaycees, Lions, Kiwanis, Elks, Rotary, YMCA, parent-teacher organizations, United Way chapters, AARP chapters and neighborhood associations are all examples of groups that would add value to any initiative. These organizations can assist with recruiting volunteers to assist the initiative, providing space for meetings, filling leadership roles for committees and volunteering to help individuals with dementia.

Community organizations may be able to provide a structure for fundraising, offer channels for communication and marketing to the community and donate materials and resources, such as binders for training. They may also experience benefits from involvement in the dementia-friendly community effort through promotion of their agency as a supportive member. Dementia-friendly community efforts should include education and training for community organizations.
FAITH COMMUNITIES

SPECIAL CHALLENGES Attending a religious service can be challenging for the individual with dementia and their caregiver. Individuals may have difficulty finding selected pieces within larger books, such as hymns or scriptures, reading the signs that contain the references to each piece, and following the service, even if it has been a familiar service. A trip to the restroom may also be difficult for individuals with dementia as they may be searching for the correct door to use or have trouble finding the way back to their seats.

Individuals with dementia may say and do things that are not appropriate during a service, such as talking loudly during times of quiet and disturbing others around them. This behavior can be embarrassing for the family member who accompanies them and may prompt the family member to stop attending services. Finding transportation to a service may be an obstacle for those individuals who no longer drive, which may lead to isolation and a loss of connection with their faith community.

Dementia-friendly faith communities can improve the quality of life for those with dementia. Recognizing when someone stops attending services and asking why is the first step to helping individuals with dementia maintain a connection to their faith. Activities can include educating members about dementia, carrying out a review of changes that can be made in buildings, and holding a Dementia Day service of worship focused around those with dementia and their caregivers. When members of faith communities are educated on dementia, behaviors of individuals with dementia can be better accepted, and less stigmatization can result for the individual and his/her family.

A dementia-friendly worship is one that is inclusive and engaging for the individual with dementia. The service is short and simple and has a structure with a clear beginning and end. It is helpful if written materials, such as weekly bulletins, are in large print with black letters on white paper and are not overwhelming in content. Signs should be large enough to be easily seen with large black letters on a white background.

WHAT TO DO
Volunteers can assist as buddies in the pew for members who may have difficulty in following the service or finding the proper passages in books. If someone is struggling, simply sitting near them and offering to let them follow along can be very helpful. The buddy can assist with finding and returning from the restroom. To address transportation issues for individuals with dementia, faith communities can identify volunteers who are willing to provide rides to services, or if a community owns a van or bus, it could be used for rides as well.

Restrooms that are close by and indicated by obvious signs can alleviate difficulty for individuals with dementia. If someone is unable to sit quietly, access to outside or garden space can be used to go for a walk or to converse. Aisles and walkways should be well lit and devoid of small rugs or complex patterns, as these may be perceived as holes or other obstacles by an individual with dementia.

Faith communities can play an important role in bringing joy to the lives of their members with dementia through engagement in music and art. A special chorus consisting of individuals with dementia and their caregivers or friends can be a way to allow these members to actively participate in services. The following link provides an example of a special chorus with individuals with dementia and their caregivers:

http://aging.med.nyu.edu/research/chorus.

Starting a memory café is another way to provide opportunities for joy. Memory cafés can take place in any comfortable setting where people can gather to have fun. They can include food and drink as well as someone knowledgeable about dementia to provide assistance and answer questions. A memory café is not a support group or educational program, but a safe place where individuals with dementia and their caregivers can go to engage socially without fear of embarrassment. Memory cafés can include music, art, games or anything of interest to the attendees.

Additional information and tips for faith communities are available on the following website:

STAYING ACTIVE AND SOCIALLY ENGAGED IS VERY IMPORTANT FOR INDIVIDUALS WITH DEMENTIA TO MAINTAIN THEIR ABILITIES AS LONG AS POSSIBLE. AEROBIC EXERCISE INCREASES BLOOD FLOW TO THE BRAIN AND HAS BEEN SHOWN TO INCREASE THE SIZE OF THE PART OF THE BRAIN RESPONSIBLE FOR MEMORY. ENGAGING IN CONVERSATION AND OTHER RECREATIONAL ACTIVITIES HELPS INDIVIDUALS WITH DEMENTIA TO AVOID ISOLATION. SPORTS LEAGUES, FITNESS CENTERS, BOWLING ALLEYS, AS WELL AS CARD CLUBS, BIRD WATCHING CLUBS, BOOK CLUBS, KNITTING CLUBS AND OTHER RECREATIONAL GROUPS CAN SUPPORT MEMBERS WITHIN A DEMENTIA-FRIENDLY COMMUNITY.

CREATING LEAGUE PLAY THAT IS LESS COMPETITIVE AND MORE SUPPORTIVE CAN HELP INDIVIDUALS WITH DEMENTIA CONTINUE TO PLAY THE GAME THEY LOVE WHILE GETTING EXERCISE AND STAYING SOCIALLY CONNECTED. AT GOLF COURSES, TENNIS CLUBS AND OTHER VENUES, PROVIDING A PARTNER WHO IS WILLING TO PROVIDE SUPPORT AND ENCOURAGEMENT TO AN INDIVIDUAL WITH DEMENTIA WILL HELP THAT INDIVIDUAL ENJOY CONTINUED PARTICIPATION. THIS PARTNER CAN HELP THE INDIVIDUAL WITH DEMENTIA NAVIGATE A COURSE, KEEP TRACK OF THE SCORE AND ASSIST IN OTHER PARTS OF THE GAME WHERE SHORT-TERM MEMORY MAY FAIL THEM.
Health Care Sector

HOSPITALS

SPECIAL CHALLENGES Hospitals can be stressful places for individuals with dementia. Bright lights, noise and many people talking at once can be overwhelming. When individuals with dementia become overwhelmed, it can be very difficult to understand and follow directions. They may become upset and may not cooperate with medical personnel.

Memory loss may cause individuals with dementia to wander and not stay in their hospital beds. They may not remember why they are in the hospital and may try to leave. Infections and untreated pain may be difficult to assess in individuals with dementia as they may cause delirium, agitation and a refusal to cooperate. However, these conditions must be assessed to determine appropriate treatment.

WHAT TO DO When working with someone with dementia, hospitals can calm their environments by eliminating unnecessary noise, conversation, flashing lights or buzzers and unnecessary personnel. Moving to a quiet location and, if possible, including a family member or other familiar person in the assessment process can help. When the person with dementia does not remember, someone who is living with the individual with dementia can be a critical source of information to provide answers to questions about the condition and circumstances that led to the hospital visit. They can also help the individual remain calm and help in understanding what is happening. When individuals with dementia refuse needed tests and other diagnostic procedures, be aware of the many options available for obtaining samples and gathering the information needed to make a diagnostic determination.
Wandering is one of the most common symptoms for individuals with dementia. When someone with dementia is admitted to the hospital, they will likely be bored and not stay in bed, and may wander. Depending on their condition, allowing individuals with dementia to go for walks will help alleviate many potential challenges in providing care. Engaging family, friends or volunteers to stay with the person can be very helpful.

**PRIMARY CARE CLINICS**

**SPECIAL CHALLENGES** Patients may be reluctant to discuss their concerns about memory loss or other cognitive issues due to the stigma and fear of dementia. If someone has a dementia, it will complicate all other aspects of their care and inhibit the person’s ability to follow through with treatment plans, properly take medications, manage chronic conditions and even recognize the need to seek medical treatment.

**WHAT TO DO** Making the diagnosis of dementia as early in the disease process as possible is critical. The goal of a dementia-friendly community is to assure that individuals who receive a diagnosis of dementia can continue to enjoy life. Primary care providers should encourage connections with community resources and programs so individuals can stay physically and socially active. To support the individual with dementia, providers should be aware of his/her limited ability to follow instructions and provide or connect him/her with additional support through family members or other professionals who can continue to provide support in the home.

**PHARMACISTS**

**SPECIAL CHALLENGES** Dementia can affect an individual’s judgment, memory and ability to follow instructions independently and, as a result, create difficulty in taking medications as directed. Many older adults see more than one physician who prescribes medications, which can result in medication interactions and unintended side effects. Having diabetes also increases an individual’s risk of developing dementia.
WHAT TO DO  Pharmacists have a unique opportunity to observe changes in someone who may have an unrecognized dementia. Possible signs of dementia include not properly managing chronic conditions such as diabetes, erratic compliance in taking medications, repeated contacts to the pharmacy for the same issue and failure to pick up important prescriptions in a timely manner. Contacting the local adult protective services staff can serve as a means to alert others in a position to help the individual with dementia.

PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND HOME HEALTH

SPECIAL CHALLENGES  Memory loss can make it difficult to remember appointments. Individuals with dementia may not come to therapy appointments or be home for home health visits. Dementia makes it difficult to independently follow an exercise or other therapy plan and to arrive at goals within a specific time frame. Appointments in the home of an individual with dementia can provide insight into other challenges the person may be facing and may make it easier to identify what to do with concerns outside of home health or therapy.

WHAT TO DO  Calling ahead to remind an individual with dementia of appointments only works if it happens very close to the time of the appointment. A call the day before or even several hours earlier may be forgotten. Therapists and home health staff should (1) be aware of whether the individual with dementia has a caregiver, (2) ascertain if the caregiver lives with the individual or provides transportation, and (3) if necessary, obtain the proper permission to communicate with the caregiver directly about appointments and care plans. If an individual is having difficulty following an exercise plan or other instructions, the therapist or staff should suggest a recorded video to follow or provide a written guide with the exercises and instructions that can be shared with the caregiver or family members. For individuals with dementia, it is important to keep the exercise program and instructions short and simple. Occasional follow-up telephone calls can be
helpful to check in regarding any questions or concerns and as a reminder to individuals to view the video or written instructions.

When in the home of an individual with dementia, the therapist or home health staff should contact the local adult protective services unit to share any concerns regarding abuse. If other unmet needs or special challenges are observed, ask if the individual with dementia or their caregiver shares the concern and provide a referral to the aging and disability resource center in the county to provide information and assistance.

**DENTISTS**

Special Challenges Individuals with dementia have challenges maintaining good oral health due to changes with their cognitive status and functional ability. Older adults have additional oral health challenges that put them at higher risk for dental conditions, such as dry mouth making a person more susceptible for dental caries/cavities, poor nutritional intake that lessen a person’s ability to fight infection and bone loss, and gingival tissue/gum infection from periodontal disease. Cognitive issues can make it difficult for the individual to remember the tasks needed to accomplish oral health care tasks. Decreased dexterity from conditions like arthritis may require adaptive aids to facilitate the ability to perform oral health care tasks. People in more advanced stages of disease may not be able to communicate their needs and are at higher risk of experiencing pain and oral disease.

What To Do Caregivers who have firsthand knowledge on the preferences and personality of the individual with dementia can provide vital information to the oral health care provider on strategies for a successful dental care experience. Every individual with dementia should be screened daily or weekly for oral health changes with plans provided to address these changes. When the individual with dementia seeks dental care in an unfamiliar setting, the oral health care provider should allow a family member or friend to sit by the person to maintain eye contact or hold his/her hand as a calming influence. As long periods sitting in a dental chair may be more difficult for individuals with dementia, limiting the time length of appointments is helpful.
Creating a calm environment where noise and other stimulation are kept to a minimum will help an individual with dementia remain calm and cooperative. Practicing good chairside manner and always alerting the individual to what is about to happen will help to maintain his/her cooperation. It is very important for the individual with dementia, the caregiver and the oral health care provider to work together. When performing dental procedures on an individual with dementia, all caregivers and oral health care providers should remember to explain the experience to the individual, let the family be involved and allow the individual to set the pace.

RESIDENTIAL CARE PROVIDERS

Residential care facilities support dementia–friendly community efforts in several ways. As members of the community with special knowledge of dementia, they can provide training to increase awareness and understanding of dementia as well as the needs of individuals with dementia. As business owners, they can reach out to other businesses to engage them in the initiative, offer meeting spaces and other materials and initiate dementia–friendly community efforts.

DEMENTIA AGENCIES AND PROGRAMS

The Alzheimer’s Association and the Alzheimer’s & Dementia Alliance of Wisconsin are leaders in the development of dementia–friendly communities and are critical to the success of any initiative. These organizations have experts in the field of dementia care with a wide variety of information and educational materials and programs to support families and caregivers of individuals with dementia. Inviting these entities to participate in local dementia–friendly community efforts is an important component of any effort. They can provide leadership, meeting space and informational presentations to a variety of audiences.
Public Services Sector

COUNTY AGENCIES

Office on Aging/Aging and Disability Resource Centers (ADRC)

Offices on Aging and ADRCs have a substantial role to play in the development of dementia-friendly communities. They can partner with local public health departments to support dementia-friendly community development. A dementia-capable Office on Aging or ADRC has staff who are knowledgeable about dementia, offers cognitive screens and family caregiver supports and has information about all resources and programs available in the community for individuals with dementia and their families.

Offices on Aging and ADRCs can provide (1) meeting space and leadership, (2) support for coalition building with dementia service agencies, other local agencies, businesses and citizens and (3) important health promotion and falls prevention programs to the community. ADRCs with dementia care specialists act as catalysts in sparking interest and support for the development of dementia-friendly communities.

ADULT PROTECTIVE SERVICES (APS)

Adult protective services programs play a critical role in the community in helping both individuals with dementia and their caregivers. Often, APS workers become involved in cases with individuals with dementia after they have experienced a crisis. Other times, they may receive calls from concerned family or
friends about someone they feel is at risk of harm. In many APS cases, law enforcement, care facilities, hospitals and county crisis staff have been involved with the individual in question. Creating partnerships with these entities can help everyone understand and address concerns with how these services interact and, more importantly, how this interaction affects individuals with dementia and their families.

APS programs become dementia capable through educational programming for staff, assessing the outcomes for individuals with dementia and working to improve outcomes as needed. Development of policies and procedures that are dementia specific and ensuring that staff know when and how to use those policies will improve dementia capability.

**COUNTY CRISIS RESPONSE**

County crisis units respond to the immediate needs of anyone in their county at imminent risk of harm. There are a wide variety of situations where crisis workers must be able to navigate, from abuse to mental health issues to dementia. Understanding the special needs of individuals with dementia will improve the effectiveness of a crisis response program and will help identify the appropriate root cause of the crisis.

There are several things county crisis units can do to become dementia capable. The first is to ensure that all staff complete the required training that satisfies Chapter DHS 34, Wisconsin Administrative Code, requirements with an emphasis on dementia. Another way is to access regular and ongoing clinical supervision with a psychologist who can review medications and provide immediate feedback to the crisis team when working with someone they suspect has dementia. Regular attendance at the crisis network and regional crisis meetings where dementia issues are discussed can increase knowledge and lessons learned from others in the field.
It is important for crisis programs to connect with the other agencies serving individuals with dementia in the community. Regular participation in the county I-Team improves dementia capability, as this venue allows for different agencies to discuss issues and cases in common. These meetings typically include the aging and disability resource center and aging office, adult protective services, law enforcement, hospitals and other care facilities, the county attorney and other community agencies or businesses involved in supporting people in crisis or at increased risk for crisis. Developing referral and communication protocols with dementia services organizations is helpful, as they are familiar with the unique characteristics and needs of the dementia population.

SENIOR NUTRITION PROGRAMS

Most communities have senior nutrition programs that consist of Meals on Wheels programs to the homebound and locations in the community where meals are served to older adults on a donation basis. These programs provide a friendly face for the homebound or a chance to socialize and meet other people in the community.

Volunteers with Meals on Wheels programs have the opportunity to ensure individuals who receive meals are safe and provide a connection to help if needed. A training resource for Meals on Wheels volunteer drivers that provides tips and how to help is available on: http://gwaar.org/for-professionals/transportation3/10-articles/aging-programs-and-services/219-for-home-delivered-meal-drivers.html. Staff at senior dining centers should have an understanding of dementia and how to support the individual with dementia and his/her caregiver.

Dining centers are natural places to hold a memory café. Memory cafés are places in the community where individuals with dementia and their families and friends can gather for conversation and fun activities in a nonjudgmental social atmosphere. At the café, information and resources are available on dementia, with the focus being purely social and fun.
LAW ENFORCEMENT/FIRST RESPONDERS

**SPECIAL CHALLENGES**

Individuals with dementia can easily become lost and unable to remember how to get home on foot, using public transportation or driving in a car. When someone with dementia is lost, they may be anxious, afraid, agitated and aggressive toward anyone unfamiliar who approaches them. Individuals with dementia may leave a place of business and forget to pay for their purchases. Store security or employees may detain them or call law enforcement to report a theft. When arriving at the scene, it may be difficult to determine whether someone may have a dementia or other condition, making it difficult to determine the best response.

**WHAT TO DO**

Law enforcement officers and other first responders should be encouraged to receive dementia-specific training. There are many opportunities for training from local dementia agencies and online programs and through law enforcement associations. To prevent recurring incidents, communities should promote the existence of Silver Alert and connect with the aging and disability resource center, adult protective services agency and county crisis response agency to determine a follow-up protocol once an individual has been located and returned home.

Programs such as Project Lifesaver and Project Safe Return can be housed in the sheriff’s office or local police department. These programs offer a means for faster recovery of someone with dementia who has been reported missing. A transmitter is provided for the person to wear that can be traced and located by mobile equipment housed with law enforcement.

Law enforcement can create a voluntary registry for individuals with dementia. The registry provides the name, home address and contact information for family members should the individual with dementia become involved with law enforcement.
File of Life is a program that places a packet of information intended for use by first responders and other emergency personnel inside or outside the door of a residence or prominently displayed on the refrigerator. This file contains information critical to crisis response, including emergency contacts and important medical information. Individuals can also contact their 911 center and have information added to their residential file indicating to first responders that there is someone living at that residence with dementia or memory loss.

Additional information is available on the following websites:

- Law Enforcement Training from the Alzheimer’s Association  
- Project Lifesaver Home Page  
  [www.projectlifesaver.org](http://www.projectlifesaver.org)
- Safe Return Program  
- File of Life  
  [www.folife.org/about.htm](http://www.folife.org/about.htm)

**COMMUNITY ENVIRONMENTS**

Individuals with dementia may suddenly feel lost when traveling to a familiar place whether on foot or by car. Signs can be difficult to understand, especially if they are highly stylized or designed to match the surrounding environment. Complex and non-standard intersections and one-way streets can be especially challenging.
When looking to create something new or renovate an existing structure, it is important to keep age-friendly and dementia-friendly design in mind. A dementia-friendly community includes places and buildings that are established with obvious functions, changes that are small in scale and incremental, and designs for architectural features and street furniture that are familiar or easily understood by older adults. The environment also includes latent cues positioned where visual access ends, especially at decision points, such as junctions and turnings with entrances to places and buildings that are clearly visible and obvious. Dementia-friendly community design ensures that urban and building form is varied; there is a variety of landmarks, including historic and civic buildings, and there are distinctive structures and places of activity. In these communities, there is a variety of welcoming open spaces, including squares, parks and playgrounds, architectural features in a variety of styles, colors and materials, and a variety of aesthetic and practical features, such as trees and street furniture.

Being able to navigate in public areas can be difficult for individuals with dementia. In a dementia-friendly environment, signage is minimal, giving simple, essential information at decision points with large graphics and realistic symbols in clear color contrast to the background, preferably dark lettering on a light background. It is helpful if directional signs are on single pointers, signs locating important places and buildings are perpendicular to the wall, and signs have non-glare lighting and non-reflective coverings.
STREETS AND SIDEWALKS

Becoming lost in familiar surroundings is a common symptom of Alzheimer’s disease and dementia. Street and sidewalk design that is dementia-friendly can help reduce confusion about current location and the route toward an individual’s destination. In a dementia-friendly community, there is a hierarchy of street types, such as main streets, side streets, alleyways and passages. Blocks are small and laid out on an irregular grid based on an adapted perimeter block pattern that has buildings on all sides surrounding an open central area with short and fairly narrow streets. In dementia-friendly design, streets are well connected and gently winding with open-ended bends to enable visual continuity. Forked and T-junctions are more common than crossroads.

Additional information is available on the following websites:

• Neighborhoods for Life
  www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/Neighbourhoods_for_Life_Findings_Leaflet.pdf

• Age-Friendly Cities
  www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

• Global Age-friendly Cities: A Guide
  http://apps.who.int/iris/bitstream/10665/43755/1/9789241547307_eng.pdf

MAYOR

The mayor of a city, town or other community is an important leader to include in dementia-friendly community initiatives. His/her support increases the opportunities for local public services to become dementia-friendly. These services include parks, public transit, libraries, senior centers, museums, community gardens and public events. The mayor can also assist in publicizing the initiative and creating awareness in the community.
PARKS

Including circular walking paths clearly marked with easy-to-understand directional signs can be a first step toward creating a dementia-friendly park. Providing maps in multiple places, ensuring walking paths are smooth and free from obstacles and providing multiple places to sit are other ways to incorporate dementia-friendly concepts. Shelters, restrooms and sports fields should be clearly delineated and marked with signs to be easily recognized and located. When developing programming for the park, include multi-generational events that engage individuals of all ages.

PUBLIC TRANSPORTATION

Public transportation is critical for adults who do not drive to carry out the necessary tasks of day-to-day living. For individuals with dementia, navigating public transportation can be very challenging. Operators and drivers need to be aware of the special challenges faced by individuals with dementia, as well as how to recognize the signs that someone may need help. A small amount of assistance can be the difference between someone getting lost or arriving safely at their destination. Individuals with dementia may need assistance in determining if they are on the correct route for their trip. Individuals with memory loss may forget their destination or the purpose of their trip and may need assistance.

LIBRARIES

Libraries are part of the heart of many communities and can provide support for dementia-friendly community initiatives. Libraries offer meeting spaces, a venue for public education and channels of communication with the larger community. They are locations for holding public awareness events, memory cafés and other events specifically for individuals with dementia and their caregivers and can help in the recruitment of volunteers and interested parties to join the initiative.

SENIOR CENTERS

Senior centers are places that provide communities with information and activities geared toward older adults. They are a natural partner in the development of dementia-friendly communities and can provide meeting space and materials, committee leadership and opportunities to share information on the initiative.
MUSEUMS

Special programs have been created to assist museums in the development of dementia-friendly programming for visitors. These programs provide an opportunity for arts appreciation and socialization for people with dementia who may not otherwise attend the museum.

Additional information on how a museum can develop a dementia-friendly program is available on the following websites:

- www.moma.org/meetme
- www.alz.org/sewi/in_my_community_19695.asp
- www.mpm.edu/plan-visit/calendar/spark-programs

COMMUNITY GARDENS

A community garden can be dementia-friendly by ensuring the garden is physically accessible and has opportunities for individuals with dementia to contribute to the garden. Individuals with dementia are capable of doing many garden tasks and may bring experience and insight. Holding dementia-friendly community events can showcase the benefits of a community garden.

SCHOOLS AND HIGHER EDUCATION

Providing dementia education in middle and high school health classes can help children understand how to have a meaningful and loving relationship with a family member who has dementia and can improve the quality of life for both the child and the individual with dementia. A curriculum on dementia will be available from the Wisconsin Department of Public Instruction for use in middle and high school health classes beginning in fall of 2015. Encouraging students to participate in dementia-friendly community initiatives can provide required service hours, offers the opportunity to learn more about dementia and makes a connection with the older generation.
Local and state public health agencies are important partners in the establishment of dementia-friendly community initiatives. The consideration of dementia as a public health issue is supported by its increasing occurrence, as well as the social, economic and health impact on families, caregivers and communities.

Public health agencies, local health care providers, and aging and disability resource centers can promote strong cross-sector participation in planning, implementing and evaluating community health efforts for dementia-friendly initiatives. These efforts will help ensure the promotion of health and well-being and actively engage individuals in decisions that affect health.
Alzheimer’s Disease burdens an increasing number of our nation’s elders and their families, and it is essential that we confront the challenge it poses to our Public Health…

— President Barack Obama

According to the 2012 World Health Organization’s "Dementia, a Public Health Priority," improvements in health care in the past century have contributed to people living longer and healthier lives. The number of Americans surviving into their 80s, 90s and beyond is expected to grow dramatically, resulting in an increase in the number of people with non-communicable diseases, including dementia.²

Currently, there is a lack of awareness and understanding regarding dementia. Although Alzheimer’s disease and other dementias are now viewed as chronic diseases, many individuals still perceive dementia as a mental illness or consider it a normal part of aging. Factors that increase the risk for Alzheimer’s disease and other dementias overlap with those of other chronic diseases, such as heart disease and stroke, diabetes and cancer. These modifiable risk factors include tobacco use, poor nutrition, physical inactivity and alcohol misuse. Public health has played a key role in strategies to address these risk factors through partnership efforts.

The national Healthy Brain Initiative is a call to action. It is also a guide to the implementation of a coordinated approach to moving cognitive health into public health practice.⁴ Collectively, the role of public health assures the health of a community by utilizing a cross-sector approach that encompasses the core functions of assessment, assurance and policy development.

Wisconsin’s state health plan, Healthiest Wisconsin 2020, (HW2020) serves as the statewide agenda for improving health in the state. HW2020 includes chronic disease prevention and management as one of the 12 health focus areas. As Alzheimer’s disease and other dementias are chronic diseases, their inclusion in state and local health plans should be priorities for the implementation of strategies and activities to improve the health of communities.
dementia’s impact

There is so much pain to endure when watching a loved one suffer with Alzheimer’s disease. There is the pain of perpetual grief. There is the raw wound of continual loss. There is the struggle to preserve dignity and the desire to respect the present and cling to the past. However, in the midst of the heartache there is a small glimmer of light that exists to remind us of the things that Alzheimer’s can’t take away… the warmth of a touch, the importance of smiles and laughter, and the knowledge of what it truly means to experience unconditional love and acceptance. —Unknown
Dementia in Wisconsin

Even as the number of people who will face dementia in their lives increases, the number of people who are the primary source of caregiving is decreasing. In Wisconsin in 2015, it is predicted that there will be 6.6 people between the ages of 45 and 64 for every one person over the age of 80.

The average age of caregivers is 49, and in 2040, the projected number of people at that age will decrease to 2.7 for every one person over the age of 80. Because the chances of developing a dementia are one in three at age 85, it is anticipated that there will be an increased demand for support for people with dementia and a shortage of family caregivers.

The establishment of dementia-friendly initiatives in Wisconsin can provide assistance to meet the anticipated needs of individuals with dementia, their caregivers and communities.

Impact on Caregivers

In 2013, Americans provided 17.7 billion hours of unpaid care to people with Alzheimer’s disease and other dementias. Providing care for an individual with dementia can place demands on a caregiver’s own health and emotional well-being. Although caregivers report some positive feelings, including family togetherness and the satisfaction of helping others, they also report high levels of stress related to providing care, including a strain on finances and family relationships.

Caregivers can also experience depression, sleep disturbances and an impact on their physical health. As a result of the chronic stress, physiological changes can occur, including high levels of stress hormones, reduced immune function, and slow wound healing, resulting in an increased use of health care by caregivers.
Additional information on the impact on caregivers can be found at the following websites:

  (2014 Alzheimer’s Disease Facts and Figures)
• www.alz.org/care  (Alzheimer’s Association)

Note: The term caregiver has been used in the tool kit to refer to anyone who provides care to an individual with dementia. Increasingly, people in the dementia field are referring to care partners as individuals who provide various forms of unpaid care to individuals with dementia whether at home or in long-term care. The term caregiver is being used for individuals who are paid for providing care to the individual with dementia.

The stress of dementia caregiving is influenced by…dementia severity, how challenging the caregivers perceive certain aspects of care to be, available social support and caregiver personality.

— Act on Alzheimer’s Minnesota

Personalizing Communication

Person–centered care is based on recognizing personhood as the foundation for caring for those with dementia and includes recommended approaches for communication, interaction and engagement. This form of personal communication focuses on the strengths, abilities and life stories of the person with dementia rather than on limitations. The opportunities for meeting the individual’s psychological needs for attachment, comfort, identity, occupation and inclusion are enhanced through this approach and can result in an improvement of the responses from the person with dementia. A personalized approach concentrates on the positives by knowing what is meaningful to the person with dementia and honors his/her current reality.
Stop thinking, ‘This person is confused; she has dementia,’ and start thinking, ‘I’m confused; I don’t know what she is trying to tell me.’  —Unknown

Below is an example of personalized communication that can assist community members when interacting with an individual with dementia.

“When a person with dementia is troubled, try to think of magic words to make them feel better if you were in their shoes.”

Examples:

• I will be here all day if you need anything.
• Don’t worry. I’ll take care of it.
• You are pretty important around here.
• If you need anything, just let me know.
• I do silly things like that, too.
• Between the two of us, we will be OK.
• You are a pretty special person.
• Wow, you are so smart!
• Thank you, I couldn’t have done it without you.
• That’s a good idea. I’ll have to try that!
• You always look out for me.

Source: “Creating Moments of Joy” by Jolene Brackey
Living a Meaningful and Productive Life with Dementia

There are many individuals with dementia leading meaningful and productive lives. Many tools and resources exist that can significantly improve quality of life as an individual goes through the stages of dementia. Dementia need not be viewed as an individual tragedy; instead, it can be better understood as an experience of personal change that occurs within a community.

Proactively managing changes and symptoms can significantly improve the quality of life through all stages of the disease for individuals with dementia and their caregivers. Education and caregiver support that works to identify and acknowledge what the individual with dementia can still do, while enhancing the ability of the family to provide care, helps to maintain the individual’s independence as much as possible. Through lifestyle changes and support systems, the family can help the individual with dementia manage his/her symptoms, maintain functional abilities, understand changes, prepare as needed to make adjustments, and allow involvement in planning for the individual’s future.

Individuals with dementia and their caregivers describe what is needed to live well in The Seven Quality of Life Outcomes (below). The following list provides guidance for consideration when implementing dementia-friendly community initiatives. Communities should acknowledge the potential for all to live as independently as possible and continue to access activities safely.

1. I have personal choice and control or influence over decisions about me.
2. I know that services are designed around me and my needs.
3. I have support that helps me live my life.
4. I have the knowledge and know-how to get what I need.
5. I live in an enabling and supportive environment where I feel valued and understood.
6. I have a sense of belonging and of being a valued part of family, community and civic life.
7. I know there is research going on which delivers a better life for me now and hope for the future.

(The National Dementia Declaration for England, Dementia Action Alliance 2010)
The groundwork for becoming a dementia-friendly Ozaukee County began at an Aging Consortium meeting in late 2013. The community was invited to hear about the initiative and gauge local interest. Attendees included senior programs and services professionals, government representatives, caregivers and advocates.

A workgroup was formed to assess where to start and who to involve. The county I-Team addressed the topic at every meeting. The Aging and Disability Resource Center (ADRC), the Alzheimer’s Association of Southeastern Wisconsin and the Caregiver Coalition of Ozaukee County collaborated on a memory café that started in April 2014 at the Flipside Café in Grafton. The memory café became so popular that an additional café location began in January 2015 at the Riveredge Nature Center.

Those involved in the countywide effort addressed underutilization of the Wanderers Registry, a free service to county residents coordinated by the ADRC and law enforcement to maintain a database for those who may be at risk if they live alone. The application and information was revised and is now called the Safety Registry and includes all information necessary to issue a Silver Alert. Additional information was added for law enforcement to make their interactions more positive.

Dementia-friendly business training is beginning. Two businesses had staff participate in awareness training and evaluated their environments and procedures to be supportive of individuals with dementia. Other business trainings are scheduled or in the planning process.

Dementia awareness is growing, and collaborative efforts continue in Ozaukee County.

For information, contact the Ozaukee County Dementia Care Specialist at kglaser@co.ozaukee.wi.us.
A flourishing community is one that practices hospitality and acceptance of all persons, regardless of physical or mental status.

— John McFadden
Aging and Disability Resource Centers

Wisconsin Aging and Disability Resource Centers (ADRC) provide information and assistance on long-term care for adults regardless of age or income; available services in specific areas, such as home health care; and instructions on how to sign up for programs such as Meals on Wheels or Family Care.

Family caregivers may call the ADRC with questions on how to provide care for their loved ones. ADRC professionals are available by telephone, via email or through in-home visits to discuss options for care.

ADRC benefit specialists are available to answer questions about eligibility for Medicare, Medicaid, Social Security or other public programs, as well as questions about benefit changes, and can provide assistance with applications.

The Dementia Care Specialist Program

In 2015, the Dementia Care Specialist Program is available at 16 ADRCs across 26 counties in Wisconsin. Dementia care specialists provide dementia-specific support and services. The dementia care specialists support the ADRC to be dementia capable and provide guidance and leadership to dementia-friendly community initiatives and assistance in helping individuals stay in their homes longer.

A dementia-capable ADRC is able to provide memory screens for individuals who may be concerned about memory or increased confusion, is knowledgeable about all the resources and programs available in the community for people with dementia and their caregivers, and can help individuals and families plan for future needs.

Anyone interested in creating or joining a dementia-friendly community effort may contact the dementia care specialist. The specialist can provide assistance in developing dementia-friendly coalitions in communities and in the use of Wisconsin's Building Dementia-Friendly Communities Tool Kit.

Information on contacting a dementia care specialist in a specific Wisconsin county is available at: www.dhs.wisconsin.gov/adrc/dementia-care-specialist-program.htm
Memory Clinics (Wisconsin Alzheimer’s Institute)

The Wisconsin Alzheimer’s Institute Affiliated Dementia Diagnostic Clinics are located around the state and offer a comprehensive evaluation of memory and other cognitive concerns. An individual should first contact their physician to discuss any concerns regarding memory loss or any of the warning signs of dementia, such as increasing confusion, changes in behaviors or difficulty with everyday activities. To seek a second opinion, individuals may contact one of the memory clinics in their area. To find a memory clinic, click on www.wai.wisc.edu/clinics/cliniclist.html.

Alzheimer’s Association

The Alzheimer’s Association works on a global, national and local level to enhance care and support for all those affected by Alzheimer’s disease and other dementias. The Alzheimer’s Association has a 24/7 help line: 1-800-272-3900. The Association provides support groups, a dementia caregiver center, an online navigator who offers step-by-step guidance and customized actions plans, education programs and clinical studies.

The Alzheimer’s Association raises awareness and funds for care support and research, advocates for policy resources, and educates and engages decision makers. Safety service options provided through the Alzheimer’s Association include: Comfort Zone, Medic Alert & Safety Services, and the Alzheimer’s Association Safe Return program.
For additional information on any of these services, please call 1-800-272-3900 or contact a local chapter at:

- www.alz.org (for local chapter information)
- www.alz.org/sewi (for the Southeastern Wisconsin Chapter)
- www.alz.org/scwisc (for the South Central Wisconsin Chapter, serving Columbia, Dane, Green, Grant, Iowa, Lafayette, Richland, Rock and Sauk counties)
- www.alz.org/gwwi (for the Greater Wisconsin Chapter, serving Chippewa Valley, Fox Valley, Green Bay, La Crosse, Rhinelander, Spooner, Superior and Wausau)

The Alzheimer’s and Dementia Alliance of Wisconsin

The Alzheimer’s & Dementia Alliance of Wisconsin (ADAW) can provide support and assistance to individuals navigating the course of Alzheimer’s disease and other dementias. ADAW guides individuals with dementia and their caregivers by offering personal consultations, education and access to resources and advocacy.

ADAW provides programs and services in south central Wisconsin, and resources and advocacy on dementia-related issues.

ADAW promotes Alzheimer’s disease research and helps people access cognitive testing for early detection of memory disorders, clinical evaluations, treatment options and research opportunities. ADAW serves as a partner along the journey for someone who suffers from memory loss or cares for someone with Alzheimer’s disease or other dementias.

For information on any of these resources go to: www.alzwisc.org (Alzheimer’s & Dementia Alliance of Wisconsin)

Educational Opportunities

Educational opportunities are available for individuals, families and communities to receive information on the disease process of Alzheimer’s and other dementias, including the progressive disease stages and behaviors, and to build skills to support individuals with Alzheimer’s disease and other dementias.

Additional information and resources:

The Alzheimer’s Association:

- www.alz.org (for local chapter information)
- www.alz.org/sewi (for the Southeastern Wisconsin Chapter)
- www.alz.org/scwisc (for the South Central Wisconsin Chapter, serving Columbia, Dane, Green, Grant, Iowa, Lafayette, Richland, Rock and Sauk counties)
- www.alz.org/gwwi (for the Greater Wisconsin Chapter, serving Chippewa Valley, Fox Valley, Green Bay, La Crosse, Rhinelander, Spooner, Superior and Wausau)

The Alzheimer’s & Dementia Alliance of Wisconsin

* www.alzwisc.org
Memory Cafés

Memory cafés are unique structured social gatherings that provide opportunities for individuals with dementia, along with their family, friends and caregivers, to enjoy interactions with others in a setting free from awkwardness and stigma. They are not intended as support groups.

The cafés provide a safe environment for individuals living with dementia to meet others experiencing the same challenges and to talk openly about issues. For caregivers, a community of support is established to help with the feelings of isolation, powerlessness, disorganization and stress.
Generally, memory cafés meet for an average of two hours once or twice a month in coffee shops, libraries, restaurants, museums, churches or any other place that participants feel comfortable gathering in public. Participants are welcomed by volunteers who help them with nametags, refreshments and meeting others. At least one professional with specialized dementia knowledge is present for consultation.

Often, memory cafés are created in partnership with the Alzheimer’s Association and other agencies with resources and expertise. Local dementia networks or coalitions may be able to secure funding to support memory cafés as part of a collaborative, multifaceted approach to creating a dementia-friendly community. The funding can be used to support a program coordinator to establish and oversee multiple café sites. The coordinator recruits and trains memory café volunteers, manages a small budget for supplies, publishes the monthly list of activities, updates website schedules, meets with volunteer café facilitators, and leads outings for participants.

We have argued that supportive social interaction in a non-stigmatizing environment meets a basic human need and promotes physical and mental well-being.

— Susan H. McFadden, Research and Development Consultant for Fox Valley Memory Project
The Fox Valley Memory Project began in Fall 2012 with support from the Basic Needs Giving Partnership of the Community Foundation for the Fox Valley Region (CFFVR) and the Helen Bader Foundation (HBF). A part-time program director was hired to organize the launch of memory cafés, recruit café facilitators and train volunteers. The director plans and leads quarterly outings that attract over 50 memory café participants. The outings are funded in part by donor-advised funds at the CFFVR.

Both the CFFVR and HBF have continued to support the Project through small grants. These funds allowed the project to hire a chorus director for the “On a Positive Note” chorus and to provide training in creative arts programs for long-term care staff. Many programs have been requested by individuals with dementia and their caregivers, such as a men’s group at the Memory Loss Resource Center that meets once a month to work on projects that support the work of the FVMP. The group constructed and painted bird houses and bird feeders (in Green Bay Packer colors) to raise funds for FVMP programs. Currently, the group is building drums to be used by staff in long-term care residences to use in leading drum circles for residents with dementia.

The Project has community celebrations with residents who come to the Thompson Community Center. These events for families and community members showcase the imagination and creativity of individuals with dementia who live in long-term care facilities. The Project offers many community education programs at the Memory Loss Resource Center, a place where people can drop in to get information and to talk with a professional memory loss care coordinator. Large-scale community education programs are also offered.

Members of the Executive Coordinating Committee present at conferences in the Fox Valley region and throughout the state. The Project identified an acute need for holistic, person-centered cognitive assessments and teamed up with the Fox Valley Family Medicine Residency Program to offer assessments and follow-up with family physicians. The Project is working with Goodwill Industries of North Central Wisconsin to educate employers about the needs of employees with cognitive difficulties as well as employees who are providing care for individuals with dementia.

The Project’s memory cafés continue to be popular and are now offered in seven locations in the service region. In the memory cafés, people enjoy two hours of fun and camaraderie. Friendships are formed, and groups often meet at other programs sponsored by the FVMP or programs like the SPARK! Alliance of arts and cultural institutions that provide engaging offerings for individuals living with dementia. The Purple Angel Project, which is linked with the international Purple Angel Dementia Awareness project, educates local businesses about providing hospitality to people with memory loss. Many memory café participants are now nominating restaurants and stores where they have noted exceptional service, patience and understanding.

Through these and other programs, the FVMP is working to create a dementia-friendly community in the Fox Valley region. The Fox Valley Project believes that they are reducing stigma, increasing social engagement and supporting the goal of living well with dementia despite its many challenges.

More information: http://foxvalleymemoryproject.org
Additional information on memory cafés is available on the following websites:

- www.agingtogether.blogspot.com (Popular Memory Cafés in Wisconsin’s Fox Valley Battle Social Isolation)
- www.thirdageservices.com/Memory%20Cafe%20Tool%20Kit.pdf (Neighborhood Memory Café Tool Kit)
- www.alz.org (for local chapter information)
- www.alz.org/ sewi (for the Southeastern Wisconsin Chapter)
- www.alz.org/scwisc (for the South Central Wisconsin Chapter, serving Columbia, Dane, Green, Grant, Iowa, Lafayette, Richland, Rock and Sauk counties)
- www.alz.org/gwwi (for the Greater Wisconsin Chapter, serving Chippewa Valley, Fox Valley, Green Bay, La Crosse, Rhinelander, Spooner, Superior and Wausau)

Volunteers: The Backbone of Community

Volunteers are a key component of dementia-friendly community initiatives. Volunteers can participate in activities ranging from companions for those individuals with dementia to leadership and advocacy efforts within a coalition.

The benefits for the community of engaging volunteers in dementia-related activities include:

- A positive impact on the mood and functioning of someone in early stages of dementia.
- A respite for caregivers.
- Expanded reach and ability to train businesses.
When developing a dementia-friendly community, finding volunteers may be a challenge. Places to connect with individuals who may be potential volunteers include the following:

- Schools (both high schools and colleges)
- Local hospitals
- Civic groups
- United Way
- VolunteerMatch.org
- RSVPs
- Personal contacts
- Churches and faith-based organizations
Wisconsin Music & Memory Program

The Wisconsin Music & Memory Program is part of a national program designed to assist individuals with Alzheimer’s disease and related dementias in finding renewed meaning and connection in their lives through the gift of personalized music.

The program’s goals include the following:

• Reduce reliance on anti-psychotic and anti-anxiety medications.
• Reduce agitation and wandering.
• Enhance engagement and socialization, fostering a calmer social environment.
• Provide enjoyment through personalized music to persons with dementia.
• Offer an enjoyable, fulfilling activity.
• Increase cooperation and attention and reduce resistance to care.
• Increase fulfilling engagement between people with dementia, staff, family, friends and their community.

Additional information on the Music & Memory Program can be obtained by sending an email to DHSMusicMemory@dhs.wisconsin.gov or at the following websites:

• www.dhs.wisconsin.gov/music-memory
• www.aliveinside.us
Currently, the Fort Atkinson community has six dementia-friendly businesses that were started in 2013 by the Jefferson County dementia care specialist (DCS), as part of creating a dementia-capable county. The initial in-person contact with businesses was made by the DCS. Each business owner or person in charge was provided with a folder that included a letter explaining the initiative, a brochure specific to Fort Atkinson that defined a dementia-friendly community, a letter detailing why it is important for a business to be prepared to serve individuals with dementia, a brief description of a dementia-friendly business environment, an employee education outline, the DCS’s business card and a brochure from the Aging and Disability Resource Center.

The DCS provided businesses with training that lasted 30 minutes or less and a Purple Angel logo to display. Each business learned how to identify someone who might have dementia, how to interact with the individual, how to connect with resources if they or the individual with dementia needed them, and how to assess their physical environment for safer and easier access for those with dementia.

The Jefferson County Sheriff’s Department collaborated with the DCS on a form that can be voluntarily filled out by an individual with dementia or their caregiver for the purpose of including them in a dementia registry. First responders can then access important information if they receive a call about this person or find them wandering. The form includes a section with helpful suggestions on how to approach the individual so they won’t be frightened and provides information on how to reach the caregiver or family members.

Jefferson County also utilizes Project Lifesaver, in which an individual with dementia wears a bracelet that can be tracked by trained members of the Jefferson County Sheriff’s Department to find the individual if they become lost.

For information, contact the Jefferson County dementia care specialist at 920-675-4035.
Silver Alert

The Silver Alert Program was signed into law in Wisconsin on April 11, 2014, as a notification program for older adults with cognitive impairments who go missing (similar to Amber Alerts for children). This program enables law enforcement throughout the state to use the existing Crime Alert Network to promptly send statewide notices when a senior citizen with Alzheimer’s disease or other dementia is missing. To use this alert system, individuals should call 911 to report a missing older adult.

Project Lifesaver

Thirty-three Wisconsin counties have teamed up with the Project Lifesaver national organization to help bring peace of mind to residents whose loved ones have cognitive disorders.

Project Lifesaver is a system that helps locate and rescue individuals with cognitive disorders who are at risk of wandering, including those individuals with Alzheimer’s disease, Autism, Down’s syndrome or other cognitive disabilities.

Project Lifesaver provides equipment, training, certification and support to law enforcement, public safety organizations and community groups. The program consists of a tamper-resistant locator worn on the individual’s wrist or ankle that is set to broadcast a specific frequency. If the individual is lost, trained law enforcement officers can dial into that frequency to locate the person. The system has helped reduce the average search time from hours to approximately 30 minutes.

Additional information can be found by contacting a local sheriff’s office or www.projectlifesaver.org.
Safety Services

Alzheimer’s Association Comfort Zone® is a web-based GPS location management service. MedicAlert® + Alzheimer’s Association Safe Return® is a 24-hour nationwide emergency response service for individuals with Alzheimer’s disease or a related dementia who wander or have a medical emergency. The service provides 24-hour assistance, no matter when or where the person is reported missing.

Additional information regarding these services and programs can be found at: www.alz.org (Alzheimer’s Association)

Transportation

Transportation is an important element in planning a dementia-friendly community initiative. Individuals with dementia need access to engage in opportunities within the community. In areas that have public transportation options, such as bus and cab drivers, transportation agency staff should receive the same training as businesses on how to assist an individual with dementia.

Assisted Living

Assisted living facilities provide living and care arrangements for individuals with dementia. Assisted living facilities vary greatly in appearance, services offered, and cost and generally offer a home-like setting. Assisted living facilities are able to care for a variety of individuals who need assistance with daily activities, such as housekeeping, meal preparation, medication management, bathing, grooming, dressing and other daily needs.
When Heritage Homes, a senior community offering independent living, assisted living and memory care, had the idea to implement dementia education with the businesses in Watertown, they had no idea they would create so much momentum. They knew that there was a need for more education and awareness but didn’t realize just how eager the community was for this information.

The Watertown Dementia Awareness Coalition (WDAC) was launched in November 2013 and is very active in promoting dementia-friendly communities throughout Wisconsin. To launch the initiative, Heritage Homes sponsored a community event to introduce the idea of Watertown becoming dementia-friendly. Businesses were canvassed and personally invited to the event. Pledge sheets were handed out, and businesses were able to share information to request education and/or become a part of the coalition. An evening of education was provided by Alzheimer’s Speaks and included networking by local businesses. Local and state media were invited, and the resulting coverage helped WDAC share their experiences and suggestions with communities in Wisconsin and nationally that wanted to start their own dementia-friendly communities.

Currently, the coalition has 27 businesses represented; all have very motivated and passionate volunteers. Watertown has 10 businesses proudly displaying the Purple Angel dementia-friendly symbol. A business earns a Purple Angel symbol when they receive education for their staff on basic dementia information, communication skills, the signs that an individual may have dementia and environmental design elements that can make it easier for an individual with dementia and their caregivers to frequent their business. WDAC is proud to be collaborating with other dementia-friendly initiatives to help individuals living with dementia provide input in their communities.

For information, contact the Wisconsin Dementia Awareness Coalition President Jan Zimmerman, RN, Heritage Homes, at jzimmerman@thha.org or 920-567-2001.
In Wisconsin, there are three types of assisted living settings:

- Adult Family Home (AFH)
- Residential Care Apartment Complex (RCAC).
- Community-Based Residential Facility (CBRF)

Additional information regarding assisted living facilities can be found at the following links:

- [www.dhs.wisconsin.gov/guide/afh.htm](http://www.dhs.wisconsin.gov/guide/afh.htm)
- [www.dhs.wisconsin.gov/guide/rcac.htm](http://www.dhs.wisconsin.gov/guide/rcac.htm)
- [www.dhs.wisconsin.gov/guide/cbrf.htm](http://www.dhs.wisconsin.gov/guide/cbrf.htm)

## Adult Day Centers

Adult day centers offer respite for caregivers of individuals with dementia by providing planned program activities to promote well-being through social and health-related services. The centers are designed for those who can no longer manage independently at home and promote socialization while providing needed care services. Adult day centers can be public or private, non-profit or for profit.

Adult day centers operate during daytime hours, and some in Europe are adding night hours to accommodate the individual with Alzheimer’s disease and other dementia clients whose awake cycle occurs during the nighttime hours.

Additional information regarding adult day centers can be found at:

- [www.dhs.wisconsin.gov/regulations/adultdaycare/introduction.htm](http://www.dhs.wisconsin.gov/regulations/adultdaycare/introduction.htm)
- [www.dementiacareaustralia.com](http://www.dementiacareaustralia.com)
- [www.youtube.com/watch?v=vZCPpMy7Jd4&feature=playerembedded](http://www.youtube.com/watch?v=vZCPpMy7Jd4&feature=playerembedded)

(Rekindling the Spark of Life video, Dementia Care Australia)


6. Wisconsin Department of Health Services 2015

7. ACT on Alzheimer’s – Preparing Minnesota for Alzheimer’s www.actonalz.org
Funding for the Tool Kit:

This publication was supported by Grant/Cooperative Agreement Number 5U58DP002579-4 from the Centers for Disease Control and Prevention by the below institutes: 
National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)
Office of the Director, Centers for Disease Control and Prevention (ODCDC)
National Center for Environmental Health (NCEH)

Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention, the Department of Health and Human Services, or the National Association of Chronic Disease Directors.

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P-01000 (04/2015)