



## Dementia Friends Evaluation

**Thank you for attending the Dementia Friends Session and for becoming a Dementia Friend!**  
**Please answer the following questions based on the session.**

Name (optional): \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_

What is your age? Under 18 \_\_\_\_\_ 18-25 \_\_\_\_\_ 25-35 \_\_\_\_\_ 35-49 \_\_\_\_\_ 50-59 \_\_\_\_\_ 60-69 \_\_\_\_\_ 70-79 \_\_\_\_\_ 80+ \_\_\_\_\_

What is your ethnicity/race: Hispanic \_\_\_\_\_ Black \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_ Native American \_\_\_\_\_

Multi-Racial \_\_\_\_\_ Other: \_\_\_\_\_ Choose to not answer \_\_\_\_\_

### 1. My awareness has increased about Alzheimer's and other related dementias.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

Please Explain:

### 2. I feel more confident/equipped as a community member to recognize the signs and offer support to the needs of a person living with dementia trying to navigate in the community.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

Please Explain:

3. I am inspired to offer support and be a friend to people living with dementia in my community.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

Please Explain:

4. I am likely to adopt dementia friendly practices in my personal or professional life.

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree

Please Explain:

**Please tell us how you are going to turn your understanding of dementia and what it means to be a Dementia Friend into a practical action. Every action counts. As a Dementia Friend I am committing to:**

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I am choosing to take the following actions:

- ☐ Getting in touch and staying in touch with someone I know living with dementia
- ☐ Supporting dementia friendly efforts in my community
- ☐ Starting a dementia friendly effort in my community
- ☐ Volunteering for an organization that helps people with dementia
- ☐ Campaigning for change, e.g. by participating in local advocacy events
- ☐ Encouraging friends to become Dementia Friends
- ☐ Carrying out a personal action e.g. being more patient when out in my community
- ☐ Volunteering to participate in a clinical trial
- ☐ Adopting 1 or more dementia friendly practices in my personal or professional life
- ☐ Asking my doctor for cognitive assessment during my annual physical exam



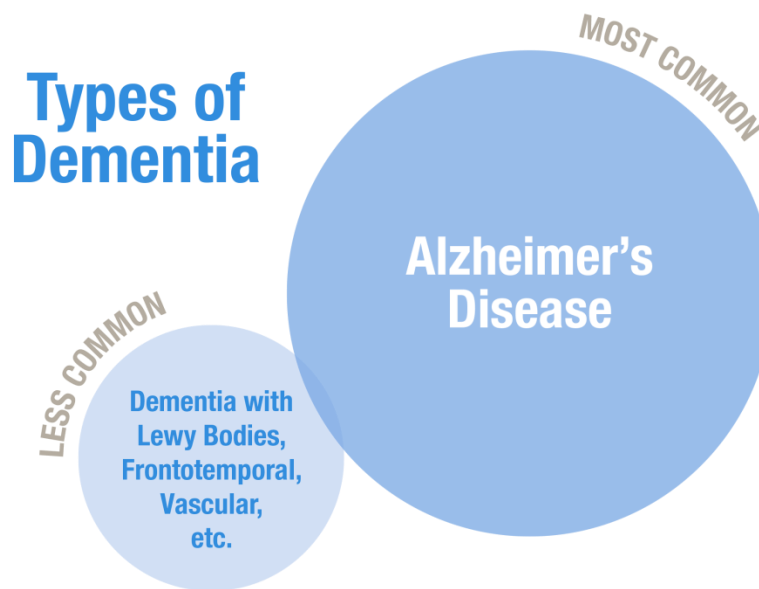
# Session Workbook

*Adapted from Dementia Friends Minnesota and with permission of Dementia Friends,  
Alzheimer's Society, London UK.  
Rev. 07/27/17*

*Dementia Friends Michigan Document Date: 11/08/2018*

## Dementia: What You Should Know

Dementia is not a specific disease. It's an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Alzheimer's disease is the most common type of dementia and accounts for 60 to 80 percent of cases. Other types of dementia include Dementia with Lewy Bodies, Frontotemporal, and Vascular.



## What is Dementia Friends?

Dementia Friends is a global movement developed by the Alzheimer's Society in the United Kingdom and now underway in the United States.

The goal is to help everyone in a community understand five key messages about dementia, how it affects people, and how we each can make a difference in the lives of people living with the disease.

People with dementia need to be understood and supported in their communities. You can help by becoming a Dementia Friend.

## Normal Aging vs. Alzheimer's Disease

Normal Aging	10 Early Signs and Symptoms
Sometimes forgetting names or appointments but remembering them later	Memory loss that disrupts daily life
Making occasional errors when balancing a checkbook	Challenges in planning or solving problems
Needing occasional help to use the settings on a microwave or to record a TV show	Difficulty completing familiar tasks at home, at work or at leisure
Confused about the day of the week but recalling it later	Confusion with time or place
Vision changes related to cataracts	Trouble understanding visual images and spatial relationships
Sometimes having trouble finding the right word	New problems with words in speaking or writing
Misplacing things from time to time and retracing steps to find them	Misplacing things and losing the ability to retrace steps
Making a bad decision once in a while	Decreased or poor judgment
Sometimes feeling weary of work, family and social obligations	Withdrawal from work or social activities
Developing very specific ways of doing things and becoming irritable when a routine is disrupted.	Changes in mood and personality

**Source:** 10 Early Signs and Symptoms of Alzheimer's  
[www.alz.org/10-signs-symptoms-alzheimers-dementia.asp](http://www.alz.org/10-signs-symptoms-alzheimers-dementia.asp)

## Broken Sentences Worksheet

Match the sentences in Column 1 to Column 2 by writing your response in the “Answer” column. You should end up with five sentences that make sense and highlight five key messages about dementia!

Answer	Column 1	Column 2
<hr/>	1. Dementia is not ...	a) ... diseases of the brain. The most common is Alzheimer's.
<hr/>	2. Dementia is caused by ...	b) ... a normal part of aging. Not everyone who grows old will develop dementia.
<hr/>	3. Dementia is not just ...	c) ... good quality of life with dementia.
<hr/>	4. It is possible to have a ...	d) ... the dementia. People with dementia are a valuable part of the community.
<hr/>	5. There's more to the person than ...	e) ... about having memory problems. It can affect thinking, communication and doing everyday tasks.

## Bookcase Story

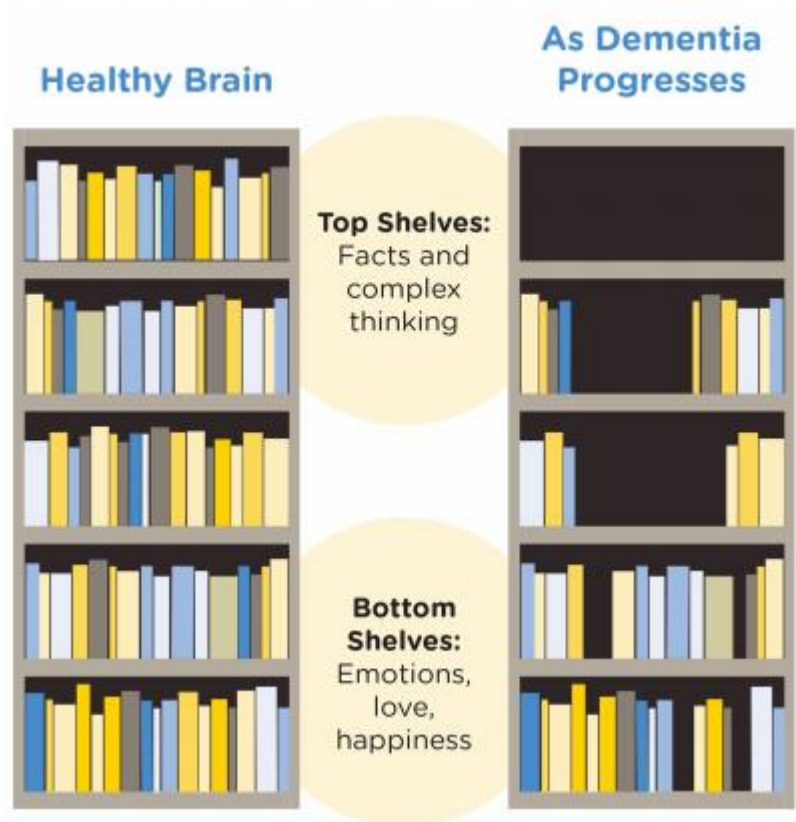
Imagine a 70-year-old woman who has dementia. Now imagine there is a full bookcase beside her. Each book inside the bookcase represents one of her skills or memories.

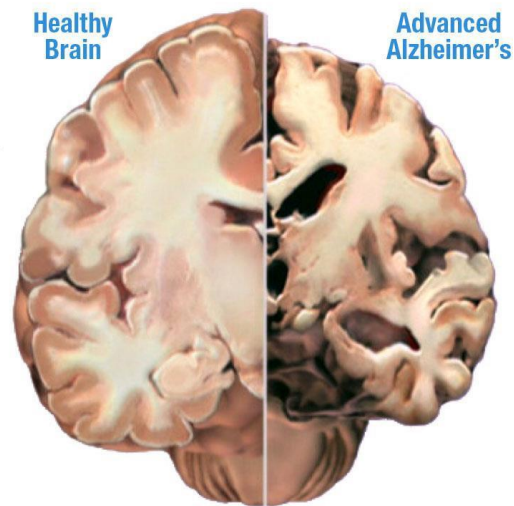
On the top shelves are her memories of facts and her skill for thinking in complex or complicated ways. For people with dementia, the top or outer part of the brain is damaged first. Skills like math, using language and keeping one's behavior in check are in this part of the brain. In our bookcase story, these skills are also books on the top shelves.

When dementia rocks the woman's bookcase, the books on the top shelf begin to fall out. The woman may not remember what she ate for breakfast, or that she has to pay for items at the drugstore or that someone came to visit this morning.

Emotions and feelings are lower down within the bookcase just like they are in the lower or inner part of the brain. This is the instinct area of the brain. Feelings like love, happiness, frustration and sensing respect reside here. As dementia continues to rock her bookcase, the books on these lower shelves stay for a much longer time.

The bookcase story helps explain different thinking skills and memories and the effects of dementia. Facts and complex thinking will fall away quickly. Emotions and feelings will remain longer.





## Everyday Tasks

Write a step-by-step instruction list to complete a task you do daily or often. Make sure someone reading your list could follow the instructions successfully to complete the task.



## Communication

**Consider these tips when communicating with a person with dementia.**

**Treat the person with dignity and respect.** Avoid talking past the person as if he or she isn't there.

**Be aware of your feelings.** Your tone of voice may communicate your attitude. Use positive, friendly facial expressions.

**Be patient and supportive.** Let the person know that you are listening and trying to understand. Show that you care about what he or she is saying and be careful not to interrupt.

**Offer comfort and reassurance.** If he or she is having trouble communicating, reassure them that it's okay and encourage the person to continue.

**Avoid criticizing or correcting.** Don't tell the person what he or she is saying is incorrect. Instead, listen and try to find the meaning in what is being said.

**Avoid arguing.** If the person says something you don't agree with, let it be. Arguing usually only makes things worse and often increases agitation for the person with dementia.

**Offer a guess.** If the person uses the wrong word or cannot find a word, try guessing the right word. If you understand what the person means, finding the right word may not be necessary.

**Encourage nonverbal communication.** If you don't understand what is being said, ask the person to point or gesture.

## Conversation Tips

### **When approaching the person with dementia and starting a conversation:**

- Come from the front, identify yourself, and keep good eye contact. If the person is seated or reclined, go down to that level.
- Call the person by their preferred name to get his or her attention.
- Use short, simple phrases and repeat information as needed. Ask one question at a time.
- Speak slowly and clearly. Use a gentle and relaxed tone.
- Patiently wait for a response while the person takes time to process what you said.

### **During the conversation:**

- Provide a statement rather than ask a question. For example, say “The bathroom is right here,” instead of asking, “Do you need to use the bathroom?”
- Avoid confusing and vague statements about something you want the person to do. Instead, speak directly: “Please come here. Your shower is ready.” Name an object or place. For example, rather than “Here it is,” say “Here is your hat.”
- Turn negatives into positives. Instead of saying, “Don't go there,” say, “Let's go here.”
- Give visual cues. Point or touch the item you want the person to use or begin the task for him or her.
- Avoid quizzing. Reminiscing may be healthy, but avoid asking, “Do you remember when?”
- Try using written notes or pictures as reminders if the person is able to understand them.

## Five Key Messages

- Dementia is not a normal part of aging. Not everyone who grows old will develop dementia.
- Dementia is caused by diseases of the brain. The most common is Alzheimer's.
- Dementia is not just about having memory problems. It can affect thinking, communication and doing everyday tasks.
- It is possible to have a good quality of life with dementia.
- There's more to the person than the dementia. People with dementia are a valuable part of the community.

## Turn Your Understanding into Action

### As a Dementia Friend, I will... (select at least one)

- ☐ Get in touch and staying in touch with someone I know living with dementia
- ☐ Support dementia friendly efforts in my community
- ☐ Start a dementia friendly effort in my community
- ☐ Volunteer for an organization that helps people with dementia
- ☐ Campaign for change, e.g. by participating in local advocacy events
- ☐ Encourage friends to become Dementia Friends
- ☐ Carry out a personal action e.g. being more patient when out in my community
- ☐ Volunteer to participate in a clinical trial
- ☐ Adopt 1 or more dementia friendly practices in my personal or professional life
- ☐ Ask my doctor for cognitive assessment during my annual physical exam

## NOTES:



## Area Agency on Aging 1-B Resources in Your Community

**Alzheimer's Association Helpline** serves people with memory loss, caregivers, health care professionals, general public, diverse populations, and concerned friends and family, and provides referrals to local community programs and services, dementia-related education, crisis assistance and emotional support.  
800-272-3900 or [www.alz.org](http://www.alz.org)

### **Area Agency on Aging 1-B (AAA 1-B)**

(Information and Referral, In-home care services, transportation options, Medicare/Medicaid assistance, classes for family caregivers)  
29100 Northwestern Highway, Ste 400  
Southfield, MI 48034  
800-852-7795  
[www.aa1b.org](http://www.aa1b.org)

**Adult Day Services:** Care for functionally impaired adults for extended hours during the day by registered and licensed nursing staff, social workers, and activity professionals. This service provides cognitive stimulation, socialization, exercise and personal care while enabling caregivers to have respite time. Some of the Adult Day services located in the AAA 1-B's six-county service region are funded, in part, through funding received by the AAA 1-B via the Older Americans Act and Michigan's Aging and Adult Services Agency. These locations may provide services on a sliding scale to participants who qualify.

For a list of available Adult Day Services locations in the AAA 1-B six-county region, visit the AAA 1-B website ([aa1b.org/caregiverresources/adultdaycenters](http://aa1b.org/caregiverresources/adultdaycenters)) or call the AAA 1-B at 800-852-7795.

**Caregiver Support:** Programs intended to provide assistance to caregivers in understanding and coping with a broad range of issues associated with caregiving.

*Alzheimer's Association (Classes/Support Groups)*

[www.alz.org/gcm/](http://www.alz.org/gcm/)

616-459-4558

**24-hour helpline: 800.272.3900**

- *Greater Michigan Chapter*  
(Serves Huron, Macomb, Oakland, Saint Clair and Wayne counties)  
25200 Telegraph Rd., Suite 100  
Southfield, MI 48033  
248-351- 0280
- Michigan Great Lakes  
(*South Service Region includes Branch, Hillsdale, Lenawee, Livingston, Monroe and Washtenaw counties*)  
564 S. Main Street  
Suite 200  
Ann Arbor, MI 48104  
734-369-2716

*Area Agency on Aging 1-B*

The AAA 1-B offers workshops and classes to help caregivers develop practical caregiving skills, coping mechanisms and stress-reduction techniques. Classes are held throughout AAA 1-B's six-county region at senior centers, libraries and other community venues. Taught by trained leaders who have often been caregivers themselves. No cost, but donations are accepted. To find an upcoming class, **call 833-262-2200**.

- *Powerful Tools for Caregivers (PTC)*  
This six-week class meets weekly and helps those caring for an aging or disabled loved one develop techniques to manage stress; cope with emotions of guilt, anger and resentment; and communicate effectively.
- *REST*  
Provides education and support for those offering a break to family caregivers. This one-day workshop helps develop practical skills around building

relationships, universal precautions, hygiene, transfers and repositions.

- *Best Friends*

One-day workshop builds an understanding of how to better connect with a person living with dementia or Alzheimer's disease. Learn the basics of dementia, communications strategies, how to plan purposeful activities and foster positive relationships

## **Support Groups**

There are caregiver support groups located throughout the six counties that that Area Agency on Aging 1-B serves. A list of support groups is located on the AAA 1-B website:

[www.aaa1b.org](http://www.aaa1b.org). You can also call the AAA 1-B Information and Resource Telephone Line at 800-852-7795. Remember to call ahead before attending a support group to make sure it's still active and will be a good fit for you.

## **Websites:**

Rethinking Dementia Accelerating Change

[www.dementiaservicesmi.org](http://www.dementiaservicesmi.org)

Alzheimer's disease, Education and Referral (ADEAR) Center

[www.alzheimers.nia.nih.gov](http://www.alzheimers.nia.nih.gov)

Phone: 1-800-438-4380

Family and Caregiver Alliance, National Center on Caregiving

[www.caregiver.org](http://www.caregiver.org)

**FOR ADDITIONAL INFORMATION ON SERVICES AND RESOURCES AVAILABLE IN SOUTHEAST MICHIGAN, CALL THE AREA AGENCY ON AGING 1-B'S FREE INFORMATION AND ASSISTANCE TELEPHONE LINE AT 800-852-7795. RESOURCE SPECIALISTS ARE AVAILABLE MONDAY THROUGH FRIDAY FROM 8 AM TO 5 PM.**

## DEMENTIA FRIENDLY FACILITIES



This checklist can help you make your facility more dementia friendly, mostly with easy fixes. Persons with dementia can have trouble understanding what they see and hear, and difficulty gauging space, distance, depth and location; they may be somewhat unsteady on their feet, disoriented, confused, and therefore may get upset. In many facilities, a few quick tweaks can make a big difference in helping persons living with brain changes to feel more safe, less confused, and more comfortable in your facility.

### Doors

- Entrances, exits and internal doorways should be clearly visible, obvious and well-lit. Consider doorframes, knobs and handles of contrasting color from the door itself.
- Glass doors should have some signage or marking to break up reflections, which can be confusing, even frightening.
- Steps need hand rails.

### Signs

- Signs should be clear, in large, bold face type with good contrast between text and background. The ability of 20-something eyes to read it is not a sufficient check.
- Signs should be on, not adjacent to, the doors they refer to.
- Signs should be at eye level or below, and well-lit.
- Use obvious icons or images, not stylized or abstract ones to reinforce a sign's words.
- Place signs to help people who've never been to your facility before.

### Lighting

- Avoid pools of bright light and deep shadows, which can be confusing and disorienting.

### Floors and Walls

- Avoid flooring with complex patterns, shiny or slippery surfaces.
- Avoid dark expanses of flooring or mats that may appear to be dangerous holes.
- Avoid complex, disorienting patterns on curtains or wallpaper.
- Minimize changes in floor finish, which can be confused with changes in height.



## Dementia Friendly Real Estate Practices

**Jim Mangi**  
*Dementia Friendly Saline*

*Consulting Expert:* Ann Zalek,  
Senior Real Estate Specialist (SRES);  
Certified Aging-In-Place Specialist (CAPS).

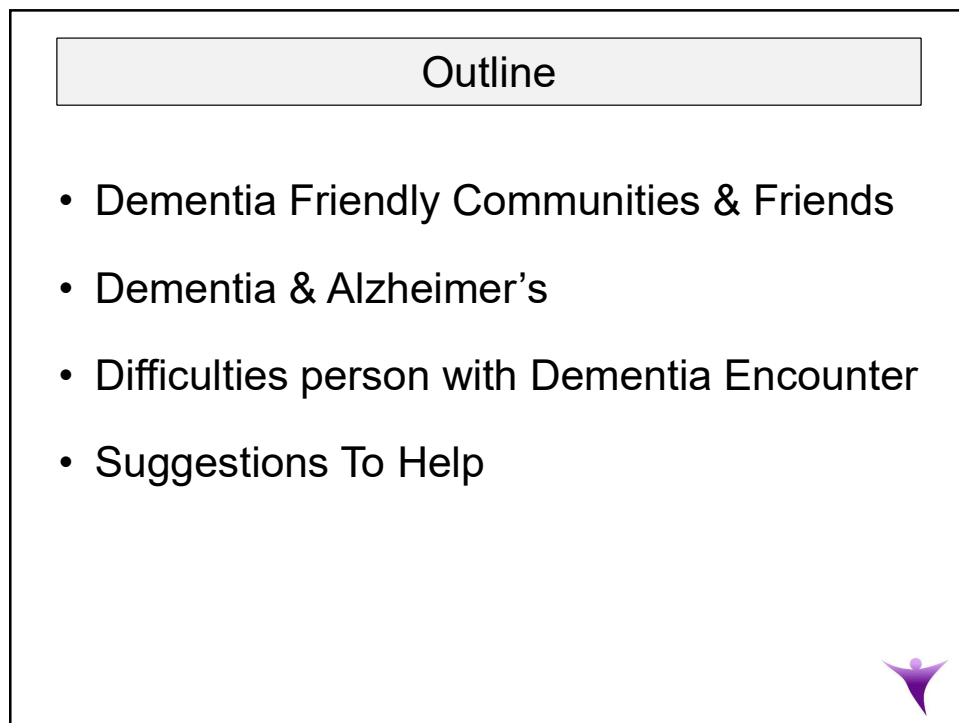
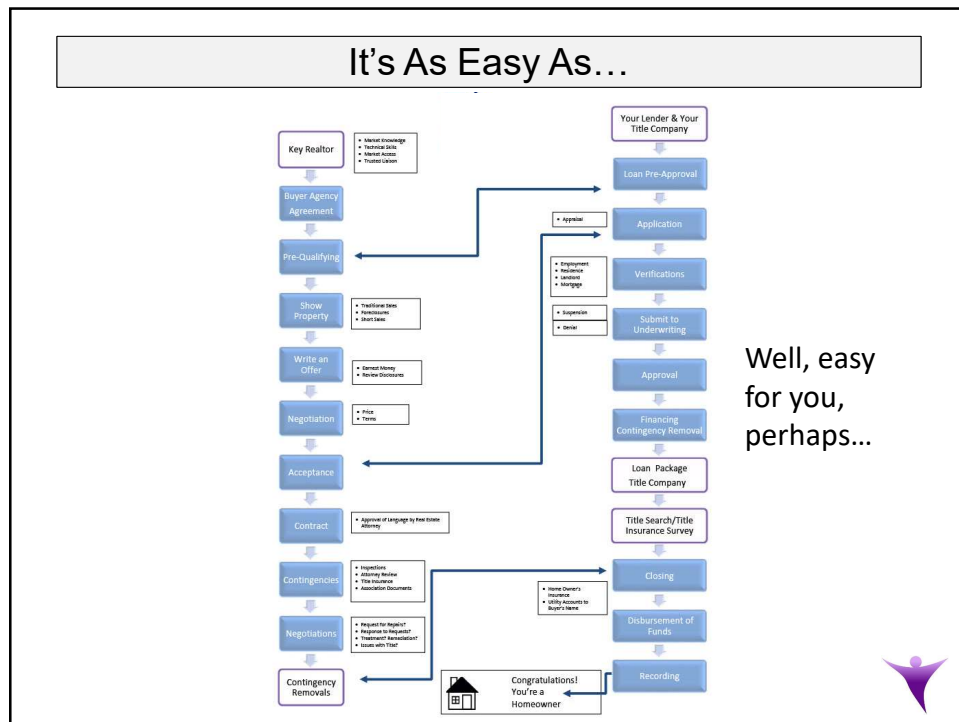


### Buyers/sellers need to:

- Read
- Listen
- Explain desires
- Understand concepts, procedures
- Ask questions
- Use technology
- Make decisions
- Resolve problems/issues
- Negotiate
- Interact w many new people
- Keep to timelines and deadlines
- Manage energy and range of emotions
- Handle financial matters

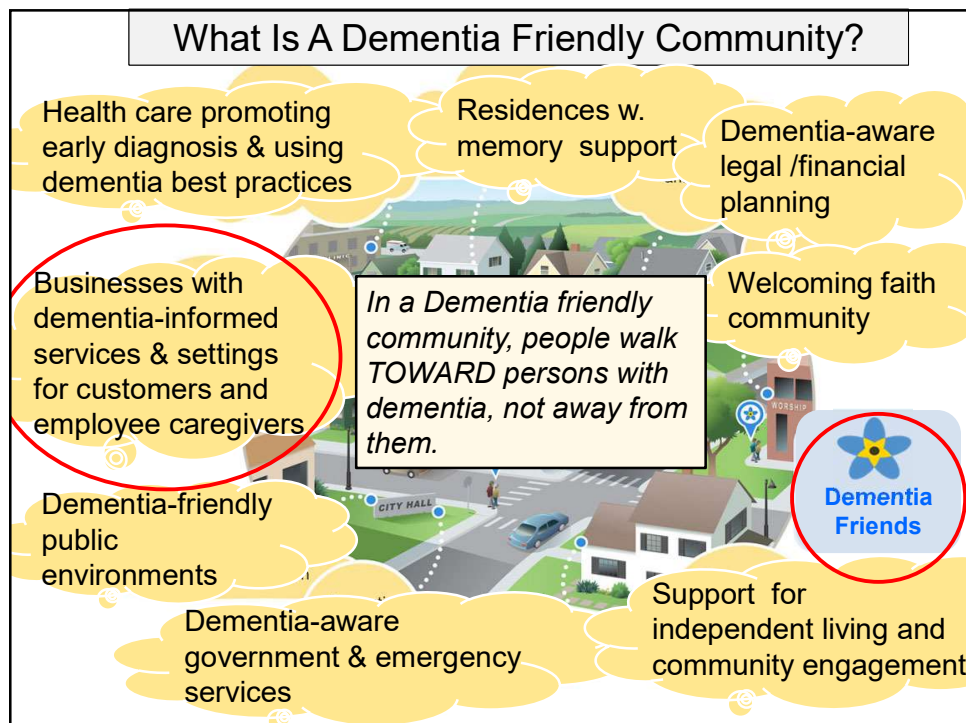
*Dementia can affect every one of these!*





## Objective

- How to make it easier for people with dementia to do business with you
- Thus enhancing Saline as a “Dementia Friendly Community”
- and becoming “Dementia Friends”



## Dementia Friends

- Grassroots movement
- Community members who learn:
  - five key messages about dementia
  - how to make a difference



## “Dementia”

- Memory and thinking problems interfering with daily life
- Caused by diseases of the brain:
  - Alzheimer’s  $\approx$  70% of cases
  - Vascular  $\approx$  15%; Lewy body, Parkinson’s, 100 others
- Most often in older persons
- Often 10+ years’ duration
- In the community most of that time



## Normal Aging: Graying Hair



## Not Normal Aging: Brain Diseases



Normal 75 year old

75 year old with  
Alzheimer's Disease



*Dementia is not normal aging.*



## What is Alzheimer's Disease?



<http://aboutalz.org/>



*Dementia is more than  
just memory loss.*



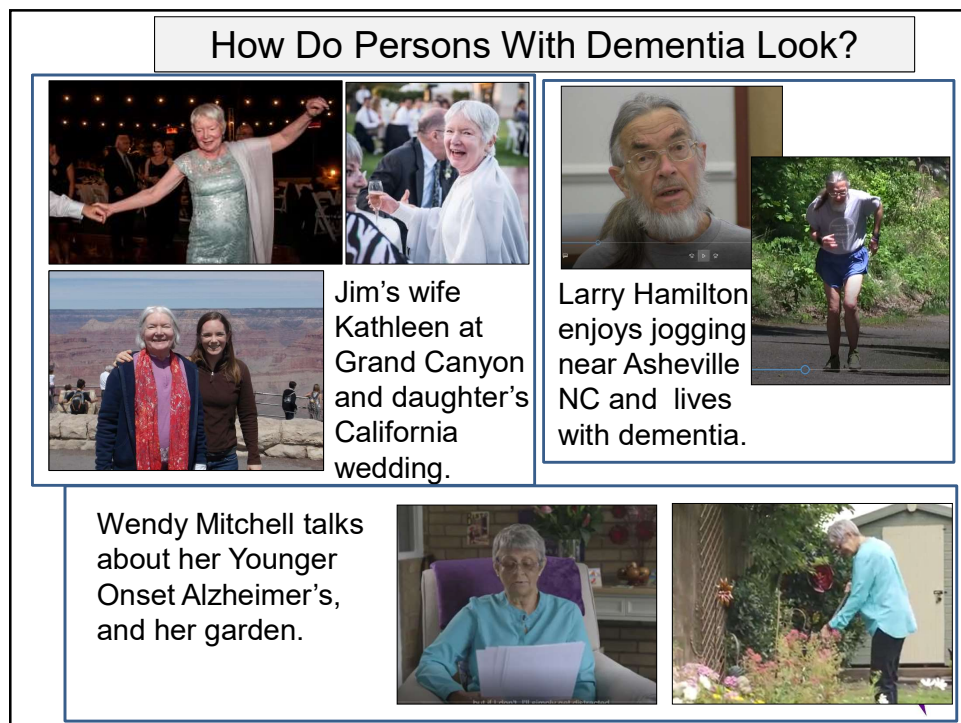
## The “Library” of Normal Aging



- Easy access
- A few shelving errors







## How Do Persons With Dementia Look (cont)?

Mark Roberts  
public  
speaker



Denise Baker, potter



Resounding Voices Mixed Chorus  
celebrates the full potential of people  
living with dementia.



*It's possible to  
have a good  
life with  
dementia.*



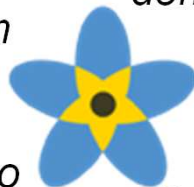
*There's more to  
the person than  
the disease*



## The Five Key Messages About Dementia

*There's more to  
the person than  
the disease*

*It's possible to  
have a good life  
with dementia.*



*Diseases of the  
brain cause  
dementia.*

*Dementia is not  
normal aging.*

*Dementia is more  
than just memory  
loss.*





## Common difficulties for persons with dementia:

Memory loss that disrupts daily life

*Normal aging: occasionally forgetting names*

Patterns of :

- Telling or asking the same thing repeatedly
- Repetitive phone calls
- Not following directions/instructions just given



## Difficulty in planning, problem solving

*Normal aging: occasional checkbook goofs*

- Problems with new procedures, tasks
- Filling out forms

**REAL ESTATE PURCHASE CONTRACT**

This is a legally binding Real Estate Purchase Contract ("REPC"). Utah law requires real estate licensees to use this form. Buyer and Seller, however, may agree to alter or delete its provisions or to use a different form. If you desire legal or tax advice, consult your attorney or tax advisor.

**OFFER TO PURCHASE AND EARNEST MONEY DEPOSIT**

On this  day of , 20  ("Offer Reference Date") ("Buyer") offers to purchase from  ("Seller") the Property described below and  delivers to the Buyer's Brokerage with this offer, or  agrees to deliver no later than four (4) calendar days after Acceptance (as defined in Section 23), Earnest Money in the amount of \$  in the form of . After Acceptance of the REPC by Buyer and Seller, and receipt of the Earnest Money by the Brokerage, the Brokerage shall have four (4) calendar days in which to deposit the Earnest Money into the Brokerage Real Estate Trust Account.

Buyer's Brokerage  Phone:

Received by:  on  (Date)

(Signature above acknowledges receipt of Earnest Money)

**OTHER PROVISIONS**

**1. PROPERTY:**

also described as:

City of , County of , State of Utah, Zip  (the "Property").

Any reference below to the term "Property" shall include the Property described above, together with the Included Items and water rights/water shares, if any, referenced in Sections 1.1, 1.2 and 1.4.

### Difficulty completing familiar tasks

*Normal aging: needing help with new gizmos*

New patterns of:

- Incomplete, lost paperwork
- Problems with household tasks
  - putting things away
  - Sorting mail
- Relying on others



### Confusion with time or place

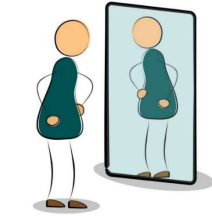
*Normal aging: sometimes mistaking days of week*

- Unaware of month, year, time of day
- Confusion about office/home
- Dressed for wrong season
- Uncertain of destination



### Visual/spatial difficulties

- New difficulty reading
- Confusion about reflections, floor patterns
- Narrow “field of view”
- Problems w. contrast, and “black holes”
- Misjudging distance/depths
  - steps
  - furniture
  - navigation
- Visual distortions & hallucinations



### Language difficulties

*Normal aging: sometimes can't find “the right word”*

- Substitutes words (“time thing”)
- Relies on companion to answer
- Delayed responses
- Repeats words/phrases
- Not following conversation



### Misplacing things

*Normal: occasionally misplacing items, then retracing*

New patterns of:

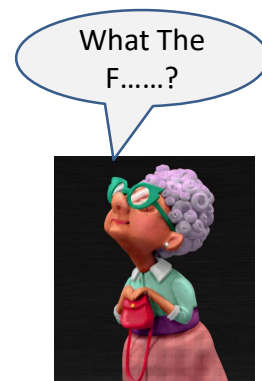
- Losing checkbook, ID, wallet, purse
- Setting purse, coat etc. down “randomly”
- Accusations of theft
- Coatless in cold weather



### Decreased or poor judgement

*Normal aging: occasional judgement errors*

- Unrealistic expectations, decisions
- Inappropriate clothing
- Unkempt
- Profanity
- Inappropriate behavior



## Changes in social habits, mood or personality

*Normal: annoyance at disrupted routines*

New patterns:

- Reticence, evasiveness
- Frightened, confused
- Suddenly agitated, upset



## In Sum



@AlzDisInt  
Alzheimer's Disease International

**Dementia is not a part of normal ageing.  
Talk to a doctor or contact the  
Alzheimer association in your country.**



### What persons with dementia say

- “They spoke too quickly.”
- “ It was too loud.”
- “They talk so much they confuse me.”
- “He wouldn’t even look me in the eyes”
- “She rushed me and I couldn’t think”
- “They treated me like they didn’t care”
- “I was afraid of what people would think if they knew I had dementia”

*But she  
**looks**  
okay*

*“Because I can walk about, people in shops think I’m alright. When I can’t tell them what I want, then they don’t have the time. I’d go out more if people had the time for me.”*

### “See it my way”

- How many steps to make a ham and cheese sandwich
- At least a dozen:
  - Go to kitchen
  - Open cupboard
  - Get plate
  - Etc.
- Not so simple---especially with dementia
- How simple is selling/moving/buying?



## How Much Harder



Mrs Seller

- Newly on her own
- Moving out of state
- Inexperienced

Its even harder if she's living with dementia:

- Difficulty reading
- Planning
- Deciding....



Mr. & Mrs. Buyer

- Downsizing
- Letting go
- New location

Its even harder if spouse is living with dementia

- Increasing caregiving requirements
- Decreased communication
- Distorted perceptions
- Less staying power



## If You've Met One Person With Dementia....

- Wide range of:
  - (Fluctuating) symptoms
  - Self awareness

### A spectrum of abilities

Early

Later

Independent  
w. barely  
noticeable  
difficulty




Substantial  
help  
required

Decision-maker

Participant



### Generally how to help

- Maintain their dignity, respect ( It's A Disease, Not A Disgrace)
- Talk **to**, not about ,nor down
- Use Names
- Patient, Calm; Reassuring
- Connect in front, ideally, eye level; not too close
- K.I.S.S.S. Keep It Short, Simple, Slow
- Wait for reply 
- Rephrase without jargon
- Simple choices
- Avoid negatives
- Don't rely on written word
- Be flexible
- Don't take it personally

*It's easy to make life less difficult.*



### Meetings & other Interactions

- Allow more time
- Go stepwise; may need multiple meetings
- Avoid interrupting/finishing sentence
- Listen and look for emotions
- Apologize as needed
- Consider legal issues of responsibility
- Respect their reality
- Declutter the setting
- Avoid jargon

*"The CEQ specifies we either do an EA and FONSI, or else an NOI, EIS and ROD, unless we can use a CATEX. Which would you prefer?"*

I understand this, do you?



Helpful videos: <https://vimeo.com/109071979>;

<https://vimeo.com/109053656>



### Suggestions about Showings

- Slower pace
- Avoid late afternoon
- Be alert to navigation difficulties
- Take review and recording breaks
- Photo journal
- Talk with, not about



Joe Doe is so hard to work with! He's always changing his mind

More like the disease is changing his mind



### A Dementia Friendly House

Many aspects make a difference, such as:

- “Inherent” features:
  - Structure (e.g. single level; obvious entryway)
  - Floorplan (e.g. easily navigable; wide hallways)
- Modifiable:
  - Kitchen (e.g. cabinetry; lighting)
  - Bath (e.g. grab rails, zero entry bathing)
  - Yard (e.g. step/trip hazards)

*Detailed lists available*



## A Dementia Friendly House

These home features, ranging from major structural aspects, to easy fixes, are likely to be particularly important for persons living with dementia and their caregivers.

- Single level
- Obvious, well-lit entryways
- Steps are well-lighted, marked, with handrail and contrast with walls
- Wide doors, halls
- Lever door handles; no auto-locking doors
- Easily navigable floorplan; allows for uncluttered rooms
- Low windows to see outdoors
- High windows for natural light
- No deeply shadowed areas
- Bedrooms can be made dark
- Non-slip and un-shiny floors, no bold patterns, no sharp, confusing transitions
- Switches clearly visible, accessible, contrasting color
- Storage spaces to discourage clutter
- Bathroom readily locatable
- Zero entry bathing
- Lower level storage
- Good lighting
- Grabrails of contrasting color
- Commodes of appropriate height; contrasting color
- Accessible cabinetry, closets, shelves
- Good kitchen lighting and easy transitions to refrigerator/sink/cooking areas,
- Extension drawers/pullout shelves
- Easily navigable garden, backyard, no trip hazards

*More lists, see references*



## Tips for The Phone

- Low sound quality, and no body language--so take extra care with tone, pace
- Stay calm, reassuring
- Pause. Allow response time. Be patient
- Rephrase/ suggest possible answers
- Work Step by step
- Be flexible



Helpful video: <https://vimeo.com/109053656>



### Other Suggestions

- Review website
  - consider dementia friendly (“Purple Angel”) page
- Maintain lists of other “Dementia Friendly” businesses, and give them a heads up



### Dementia Friendly Offices

- Checklist available
- Decluttered
- Lighting/reflections
- Helpful signage
- Flooring
  - Confusing patterns/changes
  - Black hole mats



### In Their Own Words

*Give us time to speak, wait for us to search around that untidy heap on the floor of the brain for the word we want. Don't finish our sentences. Just listen, and don't embarrass us if we lose the thread of what we're saying. Don't rush us because we can't think or speak fast enough to respond right away. Don't try hard to help us remember what just happened. If it never registered, we'll never recall it.*

*We do not like the terms "dementia sufferer", or "dementia victim". These are demeaning. Use "person with dementia", or "affected by dementia"*

*Thank you.* A person with dementia; From Dementia Learning Resource for Ambulance Staff Yorkshire Ambulance Service NHS

### Take (Dementia Friend-ly) Action

- ☐ Adopt dementia friendly practices on the job
- ☐ And in personal life
- ☐ Encourage others to become Dementia Friends
- ☐ Encourage businesses/organizations to learn dementia friendly practices
- ☐ Stay in touch with a person living with dementia
- ☐ Help organizations such as Alzheimer's Association



## Thank You!

- Questions?
- Lots of supplemental info
- When we can:
  - Group photo
  - Certificate/decals/pins



## Dementia Information and Support Resources

Alzheimer's Association (Michigan Great Lakes Chapter) [alz.org/](http://alz.org/)

- Information/publications/Training
- 24/7 Volunteer helpline/On-line Support/Message Boards
- Monthly support groups

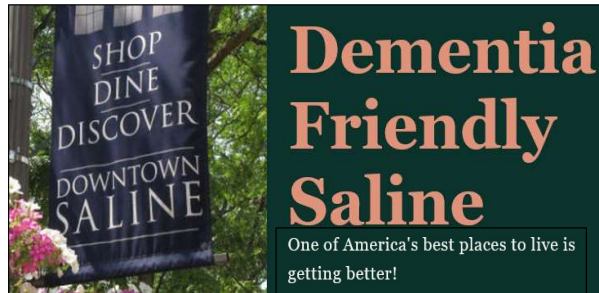
National Institutes of Health (NIH)/National Institute on Aging (NIA)

- Extensive information & free pubs
- <https://order.nia.nih.gov/publication>

Area Agencies on Aging: <https://aaa1b.org/>

- Government-funded non-profits
- Help with training, respite care, referrals, other assistance





[www.dfsaline.org](http://www.dfsaline.org)

*Making it easier for our friends and neighbors with brain changes, and their care partners, to live in our community.*



### Recommended Videos

What is Alzheimer's Disease?: <http://aboutalz.org/>

People Living With Dementia:

- In Rochester, MN, Resounding Voices Chorus  
<https://www.KAALtv.com/news/choir-resounding-voices-singing-dementia-mental-health-therapy-music-medicine/5290384/>
- In the UK: Understanding Dementia  
<https://vimeo.com/109053654>
- Younger Onset: <https://vimeo.com/109053653>

How To Interact

- Over the Counter/Reading and Writing  
<https://vimeo.com/109071979>
- Over the Phone <https://vimeo.com/109053656>
- Paying for things <https://vimeo.com/109107113>



### Features of a Dementia Friendly House

- <https://www.brightfocus.org/alzheimers/article/making-your-home-dementia-friendly>
- <https://www.alzheimers.org.uk/blog/10-ways-make-your-home-dementia-friendly>
- <https://dailycaring.com/13-ways-to-create-a-dementia-friendly-environment-at-home/>



### Dementia At Home

- 50,000 residents over 65 in Washtenaw
- 10% of seniors have Alzheimer's or other dementia
- Every minute, another person in US develops Alzheimer's
- A person with dementia lives 8 years, on average after diagnosis
- 80% of persons with dementia live with their families, or home alone.

*Persons With Dementia Are A Part Of, Not Apart From,  
Our Community*

### Some Perspective

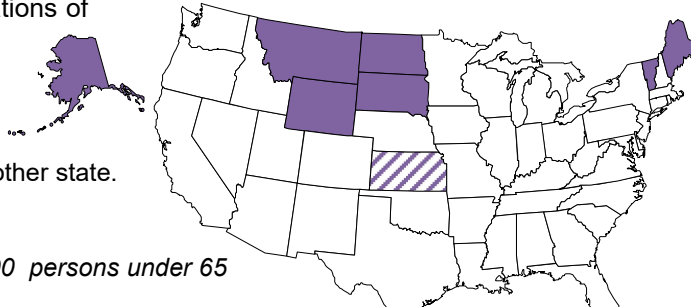
When most of the persons who now have dementia were growing up:

- TV stations broadcast a few hours a day; cable TV did not exist
- Some had no land line phone--nor any phone at all.
- There were no electronic computers, anywhere.
- Cameras used film that had to be “developed” in a photo lab.
- There were no credit cards.
- Gasoline cost about 20 cents/gal.



### How Big a Problem Is Alzheimer's?

About 5.8 million Americans\* have Alzheimer's: more than the combined populations of these states:



By 2030, add another state.

*\*Including 200,000 persons under 65*

**White? Black? Brown? Surely a Lot More Gray**

	US Population Over 65	% of total
2018:	51,000,000	15%
2030:	73,000,000	21%

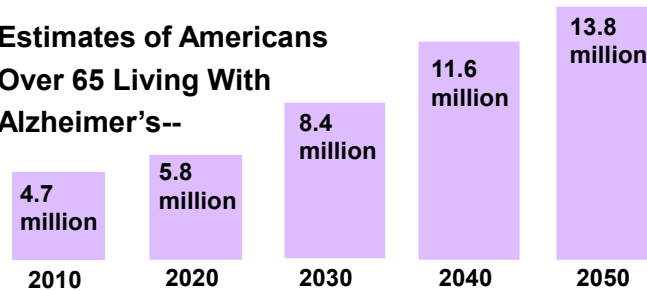
Michigan has more seniors than the national average, and Washtenaw has about 48,000 of them.





From *Alzheimer's Disease Facts and Figures 2018*  
Alzheimer's Association

**Estimates of Americans  
Over 65 Living With  
Alzheimer's--**



How common is it?

- Roughly every minute, another American develops Alzheimer's dementia
- 10% of Americans over 65 have it.
- 190,000 Michiganders



## Dementia vs Alzheimer's

Dementia---the general name for:

- loss of memory or other mental function that impairs daily life
- Caused by any of several diseases or conditions—100 different possible causes
- Some are treatable, even curable

Specific Causes of Dementia:

- Alzheimer's Disease (about 75% of dementia cases)
- Vascular dementia i.e. strokes (about 10% of dementia cases)
- Lewy body dementia (10%)
- Frontotemporal dementia
- Parkinson's disease (sometimes)
- Huntington's disease
- Alcohol/drug abuse
- Thyroid and vitamin disorders
- Depression
- Hypoglycemia
- Medication interactions
- Many others

