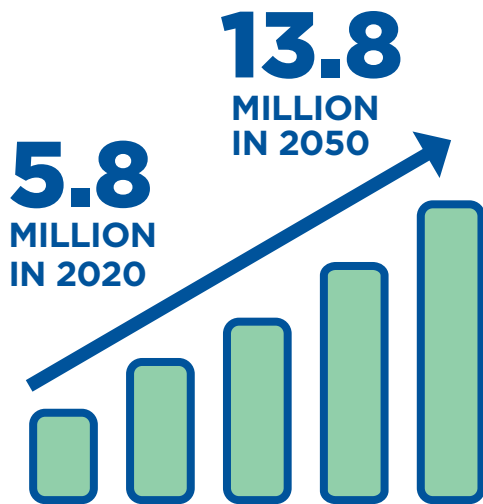


A photograph of a caregiver, a woman with long brown hair wearing a blue surgical mask, a dark blue button-down shirt, and khaki pants, leaning over a light blue armchair. She has her hand on the shoulder of an elderly man with white hair, who is wearing a maroon polo shirt and dark pants. They are in a well-lit room with a window in the background showing greenery outside. A framed picture hangs on the wall to the left, and a floor lamp is visible on the far left.

Fostering dementia-friendly healthcare settings: an imperative for today's practice

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The Alzheimer's Association estimates that by the middle of this century the number of Americans age 65 and older with Alzheimer's dementia may grow to 13.8 million.¹ This represents a steep increase from the estimated 5.8 million Americans age 65 and older who have Alzheimer's dementia today. It is increasingly imperative that healthcare providers, from primary care physicians to emergency departments, ask themselves, "are we dementia-friendly?" Working successfully with people living with dementia and their families requires an intentional understanding of the unique set of needs and challenges that accompany a dementia diagnosis.

There is a promising global movement underway to make communities dementia-friendly, and it is gaining traction here in the United States as well. Dementia Friendly America (dfamerica.org) has joined together a strong network of organizations to help impact change in American towns and cities.

So what does it really mean to be dementia-friendly? Definitions of dementia-friendly are rooted in a view of dementia as a disability worthy of the equality and human rights protections assigned to other disabilities. As was once suggested by Dr. Allen Power, a geriatrician and author on dementia issues, just as we have built ramps to accommodate wheelchairs, we need to consider how we can build "cognitive ramps" for people living with dementia.

More specifically for healthcare settings, I believe striving for dementia-friendliness requires an introspective deep-dive for providers, not only into how healthcare services are delivered, but also into the service environment itself. That type of introspective deep-dive work has been a long-term focus for those of us who have designed and improved specialized dementia-care settings over the past 30 years. We are happy to share our knowledge, because it's now time for clinics, hospitals, pharmacies and therapy settings to catch up.

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A great place to start the culture change journey toward dementia-friendliness in healthcare settings is with a good examination of how care and services are delivered.

Asking the hard questions about the lived experience of your customers who are living with dementia can give you an eye-opening set of beginning priorities. Steps such as uncovering any bias that may exist in your team can go a long way to reducing the stigma people living with dementia report experiencing in high numbers amongst their healthcare providers.² Biased behaviors can include actions such as not including the person living with dementia in the planning and decision-making conversations about care and service you provide on their behalf or even not looking the person in the eye and talking directly to them instead of speaking only with their care partner.³ In short, it means doing the hard work toward inclusion.

Stigma among healthcare providers is real. A recent global survey on attitudes to dementia by Alzheimer's Disease International (ADI) reported that among 70,000 respondents from 155 countries, 62% of healthcare providers worldwide think that dementia is part of normal aging and around 40% of the general public think doctors and nurses ignore people with dementia.² Unfair treatment by health or medical staff was most commonly reported by people living in low to low-middle income countries (42.9%) compared to high (23.8%) or upper-middle income countries (25%). It's time for that to change.

It is critically important as a provider to judge your provision of treatment and care to those with dementia — does it measure up to the same standards you are providing to your patients without dementia?

It is critically important as a provider to judge your provision of treatment and care to those with dementia — does it measure up to the same standards you are providing to your patients without dementia? Studies show that biases amongst providers can lead to lower than optimal health outcomes for people with a dementia diagnosis.³ A recent article in the journal *Current Psychiatry* tells us that there is considerable evidence that the combined impact of having dementia and the negative response of others to the diagnosis significantly undermines an individual's psychosocial well-being and quality of life. Higher levels of stigma were associated with higher levels of anxiety, depression and behavioral symptoms as well as lower self-esteem, social support, participation in activities, personal control and physical health.⁴



It's also likely that a review of the dementia-friendliness of your physical environment is also needed. Does your clinic, ER or therapy center adhere to dementia-friendly design guidelines? **Have you placed yourself in the shoes of someone living with dementia and walked your space?** Do you have adequate wayfinding signage and lighting? Have you placed controls on stimuli that might create “excess disability,” such as overhead paging, TVs on continuously in waiting rooms or flooring that has high contrast or confusing patterns?

All of these considerations are critical steps in the journey toward dementia-friendly practice and service. Where to start? Perhaps partnerships are needed between specialized dementia-care providers and the rest of the healthcare continuum to share knowledge and best practices. What if your next quality improvement meeting included a local expert from a dementia-care assisted living community or, better yet, a person living with dementia themselves? What if your next clinic or hospital construction was informed by what it feels like to have dementia? It is time to consider your dementia-friendliness.



Juliet Holt Klinger, the Senior Director of Dementia Care for Brookdale Senior Living, is a gerontologist specializing in person-centered programs for people living with dementia. As an educator and program designer for more than 35 years, she has developed and operated programs for national companies representing both skilled nursing and assisted living levels of dementia care. In her role for Brookdale, she is responsible for dementia care program development, implementation and quality assurance for Brookdale's nearly 400 dementia care communities and provides strategy development and innovation for Brookdale's dementia care product line. Juliet is a longtime advocate for person-centered care and is a frequent presenter on issues related to dementia care at national conferences.

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