

Better Together: A Comparative Analysis of Age-Friendly and Dementia Friendly Communities

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Background, Findings, and Recommendations

AS MORE COMMUNITIES IN THE UNITED STATES AND AROUND THE WORLD COMMIT TO BECOMING AGE-FRIENDLY AND DEMENTIA FRIENDLY,* THERE IS INCREASING INTEREST IN HOW THE TWO TYPES OF INITIATIVES WORK TOGETHER, AND COMPLEMENT RATHER THAN COMPETE. THIS REPORT COMPARES THE TWO APPROACHES AND FINDS THAT WHILE AGE-FRIENDLY MAY INADVERTENTLY NEGLECT THE SPECIFIC NEEDS OF OLDER PEOPLE WITH DEMENTIA, IT CAN OFFER A MEANS FOR IMPROVING THE SUSTAINABILITY AND REACH OF DEMENTIA-FRIENDLY ACTIONS. A DETAILED COMPARATIVE ANALYSIS AND INTERNATIONAL CASE STUDIES OFFER FURTHER INSIGHT INTO HOW THE TWO MIGHT BE INTEGRATED.

INTRODUCTION

Our aging population has been called “the challenge of success.”¹ Profound advances in public health and medicine have added years to our lives. In 1900 only 4.1 percent of the U.S. population was 65 years or older; in 2010 that figure was 13 percent. In thirty-three countries worldwide the share of the population age 65 plus is 15 percent or greater.²

Aging brings many positive changes, including wisdom, perspective, and knowledge. Older people also contribute greatly to communities as caregivers, consumers, volunteers, and employers. However, as the number of older adults has risen, more people are living with various types of age-related illness and disability, including dementia.

In 2015, the number of people living with dementia worldwide had grown to 46.8 million.³ That figure will double by 2030 and triple by 2050.⁴ Most governments around the world are alarmingly unprepared.⁵ Seventy-one percent of the growth will occur in low- to moderate-income countries,⁶ where there are even fewer resources to support people living with the condition.⁷

Two major responses to this new reality worldwide have been age-friendly and dementia friendly communities. These efforts aim to create places that recognize older adults and people with dementia as valued members of the community, and enable them to stay active and independent for as long as possible. Older adults in the United

* This report hyphenates age-friendly but not dementia friendly, in keeping with punctuation used by the AARP/WHO Age-friendly Cities and Communities and Dementia Friendly America initiatives.

States overwhelmingly want to remain in their own homes and communities as they age.⁸ Both of these strategies support that aspiration. They also recognize the leading role that communities can play in improving the quality of life for residents of all ages.

AGE-FRIENDLY COMMUNITIES

The World Health Organization's (WHO) Global Network of Age-friendly Cities and Communities program is the farthest-reaching of its type in scope and geography. Launched in 2006 it now encompasses close to 300 communities in 33 countries. AARP's Network of Age Friendly Communities is the WHO network's only US affiliate and is rapidly expanding. It currently has over 77 member communities that cover more than 41 million US residents.

The program is rooted in an *active aging* philosophy, which "allows people to realize their potential for physical, social, and mental well-being throughout the life course and to participate in society, while providing them with adequate protection, security and care when they need it."⁹ It aims to maximize the contribution of older people in communities, and improve quality of life for all people as they age.

No single comprehensive definition of an age-friendly city exists, but WHO's commonly cited definition is a place that "encourages active ageing by optimizing opportunities for health, participation and security in order to enhance quality of life as people age. In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities."¹⁰

DEMENTIA FRIENDLY COMMUNITIES

Globally, dementia friendly communities have taken hold more recently, although substantial efforts have been under way in some countries, such as Japan and Scotland, for over a decade. The movement is now well established in Australia, Canada, the United Kingdom (UK), Germany, and

Belgium, with places such as India and Singapore also beginning to act.

The Dementia Friendly America (DFA) initiative was launched in the United States in 2015 based on ACT on Alzheimer's, a model initiative from the state of Minnesota. DFA is a national cross-sector effort to help communities better understand, embrace and support residents living with dementia.

The definition of a dementia friendly community varies across initiatives, but common to all is an emphasis on the social dimensions of dementia over the medical. Alzheimer's Disease International states that dementia friendly communities, "not only seek to preserve the safety and wellbeing of those living with dementia, [but] also empower all members of the community to celebrate the capabilities of persons with dementia, and view them as valuable and vital members of the towns, cities, villages and countries in which they reside."¹¹

For the purpose of illustration, this report compares the AARP/WHO age-friendly and DFA dementia friendly communities initiatives, which have the furthest reach in the United States.

KEY FINDINGS

It is often said that, "a dementia friendly community is age-friendly, but an age-friendly community is not necessarily dementia friendly." In fact, neither one wholly encompasses the other. Age-friendly alone may overlook some of the specific needs of people living with dementia, while dementia friendly communities don't consider the broader spectrum of needs among older adults as a whole.

Age-friendly and dementia friendly share some fundamental objectives. First, both aim to help older adults remain independent and in the community as long as possible by creating a supportive enabling environment. Additionally, they engage with broad coalitions of stakeholders, including older people, to strengthen community supports and increase inclusion for the benefit of people of all ages.

Age-friendly avoids identifying people solely through a disability or 'disease-specific' lens and instead

takes a whole person view of older individuals. This contrasts with the negative stereotype of aging strictly as a period of decline and loss. Dementia friendly is more targeted and ‘disease specific,’ though proponents point out that dementia is a unique and urgent issue that has not yet received enough recognition or attention within the disability, mental health or aging realms.

DFA is more prescriptive both in actions and in terms of stakeholders who must be engaged than the AARP/WHO initiative. The advantage of the AARP/WHO approach is a broad framework within which communities can identify their own priorities based on local contexts and needs. However, it does mean that the specific needs of people living with dementia may not be addressed. Age-friendly strategies can benefit older adults or disabled individuals more generally, but dementia-friendly actions and design features address a very particular set of needs.

*The dementia-specific lens provided by DFA ensures that people living with dementia and their caregivers are central to the process. Caregivers in particular play a vital, weighty role for people living with dementia and are **explicitly** considered in nearly every DFA sector. Caregivers are less visible within the AARP/WHO approach overall.*

Dementia friendly emphasizes breaking down stigma and the need for communities to actively accept and value people with dementia. Awareness-raising programs such as Dementia Friends,¹² along with training for public facing businesses and services, are a core feature of its recommendations. While the Age-friendly domains address respect and social inclusion of older adults, communities undertaking that work are not specifically required to address the stigma associated with dementia.

The Age-friendly framework follows a specific timetable that builds in time for gaining political commitment. The DFA approach is more flexible and could potentially be applied more quickly. However, the Age-friendly requirement to engage local government and secure the written commitment of lead elected officials helps to

embed the work within a community’s broader institutions. This can facilitate age-friendly actions being incorporated into local and regional plans and policies, unleashing resources not always available to smaller and grassroots efforts.

For more information on key similarities and differences, see Sections 2 and 3 which provide detailed analyses of the processes, frameworks and approaches.

RECOMMENDATIONS

1. Communities new to both initiatives

should attempt to integrate the two from the outset.

Coordination can save time and money, reducing duplication and confusion. For example, developing age-friendly and dementia friendly businesses initiatives simultaneously saves getting businesses on board with one and later figuring out how to incorporate the other. The AARP/WHO domains and DFA sectors are a useful way to approach mapping one onto the other (see Table 3). The initiatives may also benefit from coordinated communications. Streamlined messages that don’t require audiences to keep track of and understand multiple lines of work are more effective when seeking institutional and community buy-in.

Key steps:

- Ensure that people with dementia and their caregivers are included in all steps of the process, including community assessment, planning and implementation.
- Engage dementia-specific stakeholders such as Alzheimer’s, younger onset or caregiver groups, and the non-traditional partners found in the DFA sector recommendations, such as financial institutions and communities of faith, which are critical to addressing the various dimensions of life with dementia.
- Use the tables in Section 2 of this report to consider the 10 DFA sector-specific recommendations against each of the eight AARP/WHO domains of livability when developing

the age-friendly action plan – creating full integration across the domains.

- Alternatively, develop a dementia friendly initiative as a domain in addition to the existing eight Age-friendly domains of livability, with leads and engagement from dementia-specific stakeholder groups overseeing the work.

2. Existing Age-friendly communities should review their plans to ensure they incorporate the needs of people with dementia and their caregivers.

Use the DFA sector-specific recommendations against the eight domains of livability (see Table 2 below) already being addressed in the community. If a community cannot undertake a wide-ranging review, for example due to low resources, initiating a dementia awareness-raising program can be a good place to start. This can help garner support for a wider effort down the road. Implementation teams should also widen their reach to include people with dementia, their caregivers and other key dementia-specific stakeholders.

3. Existing dementia friendly communities should leverage their work to initiate a broader conversation and commitment to the needs of all residents as they age.

Age-friendliness is designed to be a broader, higher-level concept. It is about systems and

communities. Dementia friendliness is largely about training, education, awareness, and dismantling stigma. Existing dementia friendly efforts can be used as a strong platform from which to engage local political leadership and to begin a community conversation about an aging society and the needs of residents as they age. Partnering with AARP and other stakeholders in the field will lay a foundation for this work.

**CASE STUDY EXCERPT:
BOSTON, MASSACHUSETTS, USA**

Though still in early stages, Boston’s efforts to become an age- and dementia friendly city are well under way. The City created two full-time positions within the Mayor’s office – one to direct Age-Friendly Boston and the other to lead the Mayor’s Alzheimer’s Initiative. Their work is formally coordinated, with some elements that overlap and others that are more independent.

Boston will knit the two initiatives together under a single Age-friendly Boston Action Plan, with dementia as part of its age-friendly vision, an approach which supports the coordination of the work and the messaging about it.

Age-friendly Boston has a seat at the table for major efforts in areas like housing and transportation and going forward this protocol will extend to dementia as well.

(see Appendix for more information)

Comparing the Processes of Becoming Age-Friendly or Dementia Friendly

Both age-friendly and dementia friendly planning use a community development approach: a process that brings together community members and key stakeholders to find solutions to common challenges and improve the quality of life in their communities. Age-friendly and dementia friendly planning involve, to varying degrees, engaging a wide range of community stakeholders from different sectors, alongside those affected (older

people, those with dementia and caregivers), and taking them through a process to assess their communities against a core framework, and to plan and implement a program of action based on the assessment of the needs or gaps identified.

FINDINGS AND OBSERVATIONS

Timelines and Phases (see Table 1). Both AARP/WHO and DFA communities follow a four-

Table 1

THE PROCESSES INVOLVED IN TAKING ACTION

| AARP/WHO Age-friendly ¹³ | Dementia Friendly America ¹⁴ |
|---|---|
| <ol style="list-style-type: none"> 1. Joining the Network (Year 0) <ol style="list-style-type: none"> a. Obtain political commitment b. Organize stakeholders c. Establish advisory committee 2. Planning (Years 1-2) <ol style="list-style-type: none"> a. Involve older people b. Conduct a baseline assessment c. Identify indicators to monitor progress d. Develop action plan 3. Implementation and Evaluation (Years 3-5) <ol style="list-style-type: none"> a. Implement action plan b. Monitor indicators c. Measure progress d. Identify successes and remaining gaps e. Submit progress report to community 4. Continuous Improvement (Year 5+) <p>Using feedback from evaluation, draw up new plans and continue to monitor and improve</p> | <ol style="list-style-type: none"> 1. Convene <ol style="list-style-type: none"> a. Determine community readiness b. Generate awareness c. Build an action team d. Hold a community kickoff and publicize 2. Engage <ol style="list-style-type: none"> a. Form a community engagement sub-team b. Adapt the engagement process to your community c. Hold an interview and focus group training and preparation session d. Develop an organized process flow and timeline e. Engage the community through interviews or focus groups 3. Analyze <ol style="list-style-type: none"> a. Compile and interpret the data b. Analyze findings and prioritize goals 4. Act <ol style="list-style-type: none"> a. Share the results and involve the community b. Create and implement a community action plan c. Gauge progress and set new goals |

phase cycle, and the arcs and key activities of the two initiatives are comparable. The main difference is that AARP/WHO adheres to a formal five-year timetable, while DFA's timeline is flexible and unspecified. The AARP/WHO requirement to engage elected officials and gain political commitment takes longer, and the assessment and action plan phases are also designed to be wider in scope than DFA's.

The assumption is that the DFA timeline would be shorter, though the differences are not yet fully tested and may in fact vary and depend on the objectives, capacity and ambition of local communities. For example, if a goal is to develop a new memory clinic, that will likely take longer to implement and review than training local businesses in dementia awareness.

Political Commitment. Membership in the AARP/WHO Age-friendly Network requires that an elected official write a letter of commitment, meaning that local government must be formally engaged to join. DFA's model does not involve formal membership, but its readiness criteria recommend involvement of at least three sectors, government being one.

Stakeholders. Both initiatives can be led by different sectors and members of the community, whether residents themselves, nonprofits or civil society groups, business or local government. Each requires active engagement of those affected – older people themselves and people living with dementia and their caregivers. Dementia interest groups such as Alzheimer's Association chapters are often essential to DFA. WHO/AARP puts greater emphasis on having stakeholders from all eight domains of livability around the table, such as housing, transport and health.

Accountability. The AARP/WHO Network membership is based on a commitment to continual improvement. Milestones gauge members' progress, and they create and submit plans and progress reports for review and endorsement along the way. AARP requires that action plans be submitted for review and provides feedback to the

community. DFA's process does not involve this type of oversight and does not certify places as dementia friendly, though communities can achieve recognition for taking certain preliminary steps.

Learning Networks. Both AARP/WHO and DFA provide a range of tools, resources and connections to others to help communities carry out the work. Any community attempting to become more age- and dementia friendly can use the tools and other resources available through either initiative – regardless of a formal commitment to a program. The spirit of both programs encourages as many communities as possible to become better places for older adults and people with dementia to live. By establishing an official connection, however, communities are able to take advantage of the support, advice and learning opportunities offered by the lead entities, as well as information-sharing with other communities engaged in such work.

CASE STUDY EXCERPT: NEW WESTMINSTER, BRITISH COLUMBIA, CANADA

New Westminster developed its first Age and Ability Friendly Community Plan (AAFCP) in 2009, and is now developing a Dementia Friendly Community Action Plan (DFCAP).

New Westminster is organizing its DFCAP into three themes, based in part on WHO's eight domains: 1) Welcoming Spaces; 2) Inclusive Workplaces and Businesses; and 3) Receptive Communities. It will create guides under these themes to improve public understanding of dementia and provide practical advice to help businesses become dementia friendly.

The DFCAP includes, for example, a proposal to adapt cultural and parks and recreational activities to the changing abilities of people with dementia. Whereas their AAFCP has emphasized higher-level actions that often take longer to accomplish.

The plans are independent but key dementia friendly priorities will be included in the AAFCP, and a large portion of the AAFCP will in turn be incorporated into the City's updated Official Community Plan.

(see Appendix for more information)



Comparing the Content of the Work

THE ORGANIZING FRAMEWORKS

Communities pursuing age-friendliness through the AARP/WHO Age-friendly framework organize the content of their work according to eight domains (see Table 2). Known in the AARP network as the “eight domains of livability,” they cover the major features of a community that contribute to the health and quality of life of older residents.

Dementia friendly communities initiatives around the world use various models and approaches, as no overarching rubric equivalent to the AARP/WHO program exists. DFA created a comprehensive 10-sector framework, in part, by looking at the WHO Age-friendly program through a dementia lens to determine how the domains aligned with the needs of people living with dementia. It then supplemented the WHO framework with new sectors and by combining or otherwise adapting the Age-friendly domains. In both models, the framework provides an outline for the work to be undertaken.

FINDINGS AND OBSERVATIONS

Flexibility. DFA’s sectors are more prescriptive both in actions and in terms of stakeholders who must be engaged than the AARP/WHO domains. The banking and legal services sectors, for instance, address two particular realities. First, that cognitive decline often is first detected in these arenas, and professionals need to know how to respond. Second, people with dementia and their caregivers must prepare for a time when the person with dementia can no longer make decisions on his or her own. In the WHO/AARP framework, more

flexibility is given to communities to develop their own approach to the eight domains, and they may even add, remove or group domains as a result of their community assessment and identified priorities.

The role of caregivers. Caregivers play a vital, weighty role for people living with dementia and are *explicitly* considered in nearly every DFA sector. The DFA Businesses sector, for example, specifically recommends that employers’ policies accommodate employees who are caregivers of people with dementia. The Communities of Faith sector offers ways to engage caregivers who can no longer attend services in person due to responsibilities at home.

Caregiving is often considered in age-friendly communities – for example, when assessing the baseline age-friendliness of a community. However, caregivers are not given comparable attention across each domain as they are within the DFA sectors and overall are less visible than in dementia friendly communities.

Meeting diverse vs. specific needs. Age-friendly cities attempt to account for the great diversity found among older adults, while the dementia friendly approach provides guidance concerning the specific needs of a particular group of vulnerable mostly older adults.

People decline at very different rates and to varying degrees as they age, and the spectrum of needs, desires, and experiences from 65 to 85 and beyond can be broad. People living with dementia, on the other hand, share a unifying characteristic of being disabled to some degree by cognitive decline,

Table 2

SETTING OUT THE AGE-FRIENDLY AND DEMENTIA FRIENDLY FRAMEWORKS

| WHO/AARP Age-friendly Eight Domains¹⁵ | Dementia Friendly America Ten Sectors¹⁶ |
|---|---|
| 1) Outdoor Spaces and Buildings Availability of safe and accessible recreational facilities. | 1) Transportation, Housing and Public Spaces (Local Government) Infrastructure that makes communities more livable for people with dementia and their caregivers. |
| 2) Transportation Safe and affordable modes of public and private transportation. | 2) Businesses Dementia-supportive customer service and environments and policies that support employee caregivers. |
| 3) Housing A wide range of housing options for older residents; the ability to age in place; and other home modification programs. | 3) Legal and Advance Planning Services Legal services that help vulnerable clients express their wishes early and avoid problems such as unpaid expenses. |
| 4) Social Participation Access to leisure and cultural activities; opportunities for older residents to participate in social and civic engagement with their peers and younger people. | 4) Banks and Financial Services Dementia friendly practices that help maintain clients' independence while protecting them from problems. |
| 5) Respect and Social Inclusion Programs to promote ethnic and cultural diversity as well as multigenerational interaction and dialogue. | 5) Neighbors and Community Members Raising awareness to help neighbors and community members understand and support people living with dementia. |
| 6) Civic Participation and Employment The promotion of paid work and volunteer activities for older residents and opportunities to engage in formulation of policies relevant to their lives. | 6) Independent Living Home-based services available to maximize independence and promote autonomy and a high quality of life. |
| 7) Communication and Information The promotion of and access to technology to keep older residents connected to their community and friends and family. | 7) Communities of Faith Faith communities use dementia friendly practices to provide a welcoming, compassionate environment and spiritual connection. |
| 8) Community and Health Services Access to homecare services, clinics, and programs to promote wellness and active aging. | 8) Care Throughout the Continuum Early diagnosis of dementia and ongoing medical care; patient education; and connecting patients and their caregivers with community resources that promote quality of life. |
| | 9) Memory Loss Supports and Services A spectrum of settings and services needed by people with dementia – from long term care facilities and assisted and independent living residences, to home care, adult day services, and hospice. |
| | 10) Emergency Planning and First Response Community planning and family preparation considers safety, security, and needs of people with dementia in disaster planning and emergency response. |

Table 3

CROSS-REFERENCING THE WHO'S AGE-FRIENDLY DOMAINS AND DFA'S DEMENTIA FRIENDLY SECTORS TO SHOW WHERE THEY INTERSECT

| WHO Age-friendly Domains | Dementia Friendly America Sectors |
|------------------------------------|--|
| Outdoor Spaces and Buildings | <ul style="list-style-type: none"> • Transportation, Housing and Public Spaces • Emergency Planning and First Response |
| Transportation | <ul style="list-style-type: none"> • Transportation, Housing and Public Spaces • Emergency Planning and First Response |
| Housing | <ul style="list-style-type: none"> • Transportation, Housing and Public Spaces • Emergency Planning and First Response • Independent Living • Memory Loss Supports and Services |
| Social Participation | <ul style="list-style-type: none"> • Legal and Advance Planning Services • Banks and Financial Services • Businesses • Neighbors and Community Members • Communities of Faith • Independent Living |
| Respect and Social Inclusion | <ul style="list-style-type: none"> • Legal and Advance Planning Services • Banks and Financial Services • Businesses • Neighbors and Community Members • Communities of Faith • Independent Living |
| Civic Participation and Employment | <ul style="list-style-type: none"> • Businesses • Communities of Faith • Independent Living |
| Communication and Information | <p>This is woven into each sector as dementia friendly communication strategies.</p> |
| Community and Health Services | <ul style="list-style-type: none"> • Care Throughout the Continuum • Memory Loss Supports and Services • Emergency Planning and First Response |

which makes their needs more predictable, more acute and more specific than might be addressed in the Age-friendly framework.

Age-friendly tactics can benefit older adults or disabled individuals more generally, but dementia friendly strategies reflect the relatively unique needs of people living with dementia. For example, age-friendly businesses offer wide aisles, clean restrooms, places to sit, and helpful service. Dementia friendly businesses also have staff trained to recognize signs of dementia and communicate with customers who have the condition. An age-friendly community has plentiful public restrooms that are clean and well maintained. To help with vision and confusion, dementia friendly restrooms have even lighting, manual faucets, colored toilet seats that contrast with the toilet, and grab bars in colors that contrast with the wall so that they can be easily seen.¹⁷

Stigma and social isolation. DFA and other dementia friendly initiatives typically place public awareness and stigma reduction at the top of the priority list, which is not mirrored in Age-friendly work. Most dementia friendly communities have launched major public awareness campaigns to help normalize dementia and encourage greater

understanding and empathy. Dementia Friends¹⁸ – active in the UK and Japan, among other places – is one such program. This all serves to ensure that people with dementia feel understood, valued and accepted within their communities – without which other efforts are worth little.

CASE STUDY EXCERPT: WESTERN AUSTRALIA

Alzheimer's Australia of Western Australia (AAWA) undertook a two-year grant-funded project that included helping local governments incorporate dementia friendliness into their age-friendly and disability plans. Their unique approach emphasized capacity building of local governments rather than a community-based strategy.

AAWA will produce a local government toolkit that includes the eight domains of the WHO Age-friendly framework. For each domain, a user could find dementia friendly recommendations alongside the age-friendly ones.

AAWA also helped local governments connect – often for the first time – with local residents with dementia and advised them on how to host productive community consultations with people living with dementia.

(see Appendix for more information)

Appendix 1

Detailed Case Studies

The following case studies explore the approaches of communities working simultaneously on both age-friendly and dementia friendly initiatives. They are drawn from English-speaking countries, partly due to ease of research, but also because few examples of such work exist at this point, and those that do largely come from English-speaking countries.

BOSTON, MASSACHUSETTS, USA

KEY CHARACTERISTICS¹⁹

- Population: 617,594
- 14% (86,683) are 60 years old or older
- 20% of those 60 and over have limited English proficiency; 8% speak no English²⁰
- 48% of those 65 and over are people of color
- 16.5% of population has Alzheimer's or other dementia

Integration approach: *Dementia friendly plan is integrated into age-friendly plan and both initiatives enjoy high-level city support*

Though still in early stages, Boston's efforts to become an age- and dementia friendly city are well under way. The initiatives are being developed concurrently and benefit from a committed mayor, a strong Elderly Commission, and two full-time staff dedicated to the work.

A report called *Aging in Boston* helped spur the city to act in 2014. The mayor, new at the time and a strong advocate for older adults, was eager to take action armed with this critical new information. Boston soon joined the WHO Network of Age-

Friendly Cities and Communities through AARP, and in 2015 it committed to becoming dementia friendly through the Dementia Friendly America initiative (DFA).

The City created two full-time positions dedicated to advancing the work – one to direct Age-Friendly Boston and the other to lead the Mayor's Alzheimer's Initiative. This dedication of resources demonstrated the City's commitment and supplies the initiatives with the energy and attention they need to have wide and lasting impact.

Coordination of age- and dementia friendly planning has been natural as well as deliberate. The two efforts launched around the same time and use the same resources. The lead program staff work in the same department have adjacent offices and frequent interaction. Their work is formally coordinated, with some elements that overlap and others that are more independent. Both initiatives are working to incorporate numerous age- and dementia friendly features into the many city plans currently under way.

The initiatives' planning processes differ but are also somewhat integrated. Age-Friendly Boston is conducting extensive listening sessions, an early stage of the WHO/AARP process. The Gerontology Institute at University of Massachusetts Boston facilitates the formal public listening sessions and in spring 2016 will release a data report to inform the forthcoming age-friendly plan. Further, more than 3,600 older adults completed surveys in six languages, and initiative staff spoke with hundreds of people at informal listening sessions in every neighborhood of the city.

The dementia friendly process in Boston is less tied to a protocol. While plans are still being developed, activities already are under way. A group of stakeholders, including the mayor, came together not long before teaming up with DFA and identified top priorities: training emergency responders how to support people with dementia, and educating City of Boston employees, who could then become resources on dementia within the City.

The Alzheimer's Association leads the engagement of people with dementia in the planning process, and DFA's framework and toolkit guide the City as it operationalizes the initiative.

Boston will knit the two initiatives together under the umbrella of the Age-friendly Boston Action Plan, seeing dementia as part of its age-friendly vision. The needs of people with dementia will be considered in each of the AARP/WHO domains. This single-plan approach lets initiative leaders coordinate not only the work but the messaging around the work, encouraging strong buy-in by making the initiatives easier for City departments and others to understand and keep track of.

Already Age-friendly Boston has a seat at the table for major work in areas like housing and transportation to ensure that any new construction or policies consider the needs of older adults. Going forward this protocol will extend to dementia as well. In upcoming work with the Parks and Recreation department, for example, older adults and people with dementia will be included in the process to ensure that their needs and desires are registered.

NEW WESTMINSTER, BRITISH COLUMBIA, CANADA

KEY CHARACTERISTICS

- Population: 65,975²¹
- Geographic context: Suburban
- 19% of population is 60 years old or older (2011):²²
- 940 residents have dementia²³

- Immigrant population growth comprised 61% of total population growth (2006-11), with the top three source countries being the Philippines, China and India.²⁴
- 32.8% of the population report their first language as other than English (or French)²⁵

Approach to integration: *Age-friendly and dementia friendly are aligned and incorporated into broader city plans*

New Westminster is the oldest city in western Canada and a dense, hilly suburb of Vancouver, British Columbia (B.C.). The City developed its first Age and Ability Friendly Community Plan (AAFCP) in 2009, and currently is developing a Dementia Friendly Community Action Plan (DFCAP). A resident of New Westminster, based on personal experiences, suggested that the city become dementia friendly. Both initiatives are housed in the City's Planning Division.

Coincidentally, the city of New Westminster and the Alzheimer Society of B.C. (Society) were launching dementia friendly communities initiatives²⁶ around the same time, and the two established a strong relationship of mutual learning and support. New Westminster was a key contributor to the Society's Local Government Toolkit, a practical resource to help communities in B.C. become more inclusive of people living with dementia. In turn, the Society helped develop New Westminster's DFCAP and provided a Dementia Friends educational workshop for the city council, officially recognizing it as the first dementia friendly city council in B.C. and Canada.

New Westminster is organizing its Dementia Friendly Community Action Plan into three themes, based in part on WHO's eight domains: 1) Welcoming Spaces; 2) Inclusive Workplaces and Businesses; and 3) Receptive Communities. It also will create community guides under these themes to improve public understanding of dementia and provide practical advice and suggestions to help businesses become dementia friendly.

New Westminster's social planner, John Stark, has been asked why the City is creating a dementia

action plan. Why not simply incorporate dementia into the AAFCP? Stark's own observation was that though the two are linked, age-friendliness provides a broad context, while the needs and actions associated with dementia tend to be more specific. This view is reflected in the approach taken by New Westminster.

New Westminster's DFCAP proposes, for example, adapting cultural and parks and recreational activities to the changing abilities of people with dementia. It recommends activities like reminiscence sessions where people with dementia can gather to talk about the past, and designating police and fire stations as places where lost or disoriented people can receive assistance.

New Westminster's AAFCP has emphasized higher-level actions that often take longer to accomplish. It developed an age-friendly business initiative and a policy that requires a certain percentage of housing be adaptable for people with limited mobility. It also created an initiative to make one of the city's largest senior centers more inclusive of LGBTQ seniors, people with disabilities – including dementia – and people from various ethnic backgrounds.

While the forthcoming DFCAP and a revised AAFCP each will be independent plans, key dementia friendly priorities will be included in the AAFCP, and a large portion of the AAFCP will in turn be incorporated into the City's updated Official Community Plan. This important step confers the plans greater status and influence, as the Official Community Plan lays out a vision, objectives and policies for New Westminster until 2041.

WESTERN AUSTRALIA

Approach to integration: *Regional guidance connects age- and dementia friendly efforts*

Australia is a leader in developing dementia friendly communities. There, Alzheimer's Australia leads the work. Alzheimer's Australia of Western Australia (AWA), in particular, is providing a model for how an NGO can help communities integrate age- and dementia friendly efforts, as well as serve as a

bridge between people with dementia and their local governments.

AWA undertook a two-year grant-funded project that included helping local governments incorporate dementia friendliness into their age-friendly and disability plans. Their unique approach emphasized capacity building of local governments rather than a community-based strategy.

Based on its work, AWA will produce a local government toolkit that includes the eight domains of the WHO Age-friendly framework. For each domain, a user could find dementia friendly recommendations alongside the age-friendly ones. The toolkit will aim to guide but not prescribe, recognizing that each community is unique and that the creativity to find solutions should sit with the local government.

AWA also helped local governments connect – often for the first time – with local residents with dementia and advised them on how to host productive community consultations with people living with dementia. They recommend, for example, considering items such as time of day; location and accessibility of venue; signage and way finding within the venue, interior design of the venue (carpeting, bathrooms, acoustics, lighting); language used during the consultation; and formulation of questions.²⁷

LEEDS, UNITED KINGDOM

Approach to integration: *Age-friendly and dementia friendly work is carried out in separate spheres*

Leeds City Council published a dementia strategy²⁸ in 2012, committed to becoming a dementia friendly city, and funds part-time staffing for dementia friendly communities work at the Leeds Dementia Action Alliance.

The execution of its dementia friendly communities work is unique, however, in that it is somewhat grassroots and fragmented. Leeds is home to around 35 Neighborhood Network Schemes – hyper-local community-based organizations that

serve older adults, receive some city funding, and are members of the Leeds Dementia Action Alliance. Several neighborhood-level dementia friendly communities have sprung up around the city as a result of the Neighborhood Network Schemes.

Leeds is also a member of the WHO Age-friendly Network. At present the age- and dementia friendly threads of work are minimally linked,

however. The City's Age-friendly Leeds plan does not include dementia, and while key staff at the City and the Dementia Action Alliance stay in touch about their progress, age- and dementia friendly efforts are not formally connected at this point. Each stream of work has accomplished a good deal with this approach, and initiative leaders are considering what greater integration might look like.



Resources

AGE-FRIENDLY

AARP Age-Friendly and Livable Communities Resources

<http://www.aarp.org/livable>

<http://www.aarpinternational.org/age-friendly-communities>

WHO Global Age-friendly Cities: A Guide

http://www.who.int/ageing/publications/age_friendly_cities_guide/en/

WHO Active Ageing: A Policy Framework

http://www.who.int/ageing/publications/active_ageing/en/

WHO Age-Friendly online platform

www.agefriendlyworld.org

WHO Checklist of Essential Features of Age-friendly Cities

http://www.who.int/ageing/publications/Age_friendly_cities_checklist.pdf

DEMENTIA FRIENDLY

Dementia Friendly America

<http://www.dfamerica.org/>

Dementia Friendly Communities (DFCs): New domains and global examples

Alzheimer's Disease International. (2015)

<https://www.alz.co.uk/adi/pdf/dementia-friendly-communities.pdf>

Dementia-Friendly Communities Local Government Toolkit

Alzheimer Society of British Columbia (September 2015)

<http://www.alzheimer.ca/~ /media/Files/bc/Municipal%20Toolkit/DFCToolkitvJAN2016>

Creating Dementia Friendly Communities: A Toolkit Alzheimer's Australia (2014)

https://act.fightdementia.org.au/sites/default/files/Community_toolkit.pdf



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- City of New Westminster, British Columbia
- Dementia Action Alliance Leeds
- Dementia Friendly America

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- 5 Alzheimer's Disease International. 2013. *Policy brief for heads of government: The global impact of dementia 2013-2050*. <http://www.alz.co.uk/research/GlobalImpactDementia2013.pdf>.
- 6 Ibid
- 7 See note 3.
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- 11 Alzheimer's Disease International. 2015. *Dementia Friendly Communities (DFCs): New domains and global examples*. <https://www.alz.co.uk/adi/pdf/dementia-friendly-communities.pdf>.
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- 18 See note 12.
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- 26 For more information on the Alzheimer Society of British Columbia's Dementia-Friendly Communities initiative, visit <http://www.alzheimer.ca/en/bc/About-dementia/Dementia-friendly%20communities>.
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