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

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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

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* 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 of the full report, 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 in full report). 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 in the full 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 in the full report) 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.

More information on this case study and others can be found in the full report.

For a more detailed comparative analysis, with tables and full case studies, please go to to aarp.org/livable to download the full version of this report

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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1   Kinsella, K. and Phillips, D.R. 2005. "Global aging: The challenge of success." *Population Bulletin* 2005: A publication of the Population Reference Bureau, Vol. 60 (1). http://www.prb.org/pdf05/60.1globalaging.pdf

2   "Data: Population ages 65 and above (% of total)." World Bank. http://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS

3   Alzheimer's Disease International. 2015. *World Alzheimer Report 2015: The global impact of dementia – An analysis of prevalence, incidence, cost, and trends.* http://www.alz.co.uk/sites/default/files/pdfs/world-alzheimer-report-2015-executive-summary-english.pdf

4   Ibid

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.

8   Harrell, R., Lynott, J., Guzman, S., Lampkin, C. 2014. "What is Livable? Community Preferences of Older Adults." AARP Public Policy Institute. http://www.aarp.org/content/dam/aarp/research/public_policy_institute/liv_com/2014/what-is-livable-report-AARP-ppi-liv-com.pdf.

9   World Health Organization. 2002. *Active ageing: A policy framework.* A contribution of WHO to the Second United Nations World Assembly on Ageing,

Madrid, Spain. http://whqlibdoc.who.int/hq/2002/WHO_NMH_NPH_02.8.pdf

10 World Health Organization. 2007. *Global age-friendly cities: A guide.* WHO Press: Geneva, Switzerland. http://www.who.int/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

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 .

12 Dementia Friends is an international movement to raise awareness and educate the public about dementia. Any person can become a Dementia Friend by completing a short training, spreading the word, and taking small actions in the community that make a big difference to people with dementia.

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