

Insights from DFIs



Dom Camps

Dementia-friendly initiatives (DFIs) are emerging world-wide, seeking to create “supportive, inclusive, and enabling environments that maximize independence” (Turner and Morken, 2016). While there is significant overlap in the objectives of the age-friendly and dementia-friendly movements, DFIs target a more specific population, and the resulting recommendations are often more prescriptive in nature as a result (ibid, p.3-4).

The World Health Organization defines dementia as “a syndrome of cognitive impairment that affects memory, cognitive abilities and behaviour, and significantly interferes with a person’s ability to perform daily activities” (WHO, 2018, p.6). The prevalence of dementia among the population 55 years and older in the Asessippi and Little Saskatchewan health districts is 7.2% and 5.9%, respectively. Both districts have a lower prevalence than the total Prairie Mountain Health region, which has a prevalence of 8.8% (Prairie Mountain Health, 2019).

The importance of dementia-friendly communities

People with dementia (PWD) have very specific needs, spanning across sectors such as health, social support, housing and transportation (WHO, 2018). But increasingly, more PWD are choosing to age in place for as long as possible (Blackman et al., 2008). According to some estimates, up to two thirds of PWD live in their own homes and communities (Biglieri, 2018). A study of dementia-friendly communities in rural northern Ontario found that PWD generally had strong social and informal support networks - made up of community members, families, and health care providers (ibid). But while staying in place can have social, health, and economic benefits, rural communities may face particular challenges in providing adequate resources across the continuum of care (Denton & Wiersma, 2013).



Figure 1: The first dementia village in Canada opened in Langley in 2019.

Similar to aging people more generally, people with dementia can experience a ‘shrinking world’, where dementia-related symptoms may reduce the distances from home they are comfortable with travelling (Blackman et al., 2008). The planning and design of dementia-friendly neighbourhoods and outdoors spaces is vital to prevent people with dementia becoming homebound.



Photo Credit: Roberts et al.

Figure 3: Vacant mall site

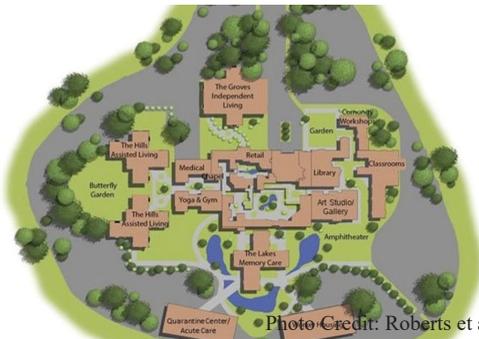


Photo Credit: Roberts et al.

Figure 3: Conceptual site plan for the DFCC Model of Care

This precedent study will explore three types of approaches to dementia-friendly communities: centralized care models, city/community-wide initiatives, and design guidelines and assessment tools.

1. Centralized care models

Moving into care facilities can present challenges for PWD: being further disconnected from family, community and meaningful daily activities - including activities that promote physical and mental health (Carter et al., 2020, p.3). In an attempt to resolve this issue, new models of centralized care are emerging. Particularly notable is the Dutch Dementia Village, which provides medical care and enhanced safety measures, while still creating a sense of community, offering a variety of on-site amenities (Figure 4), and providing greater autonomy to residents (Jenkins & Smythe, 2013). The first Canadian dementia village based on this model opened in Langley (BC) in 2019 (Figure 1). The village provides its 75 residents with full autonomy to wander, socialize, and participate in a range of daily activities, but with security measures to keep residents safe within the village boundaries (Duran, 2019).

An American project is currently exploring the possibility of using adaptive reuse projects for centralized dementia housing, programming and health services (Carter et al., 2020). This 'Dementia-Friendly City Center' attempts to integrate attributes of Dementia Villages into the repurposed structure of vacant shopping malls (Figure 2,3). These centers could potentially ease the challenge of travel for family members of PWD by including housing on site, and being situated near transit access (p.13).



Figure 4: Grocery store in Hogeweyk dementia village, Netherlands.

2. Community-wide initiatives

Another approach, catered to PWD who live at home, is dementia-friendly communities (DFCs). DFCs seek to enable people with dementia to safely navigate their neighbourhood, access essential and social amenities, and maintain social connectivity (Crampton et al., 2012, p.4). Dementia-friendly York (UK) aims to make improvements to four community areas: places, social awareness, resources and networks (ibid).

The City of New Westminster (BC) is engaged in a similar initiative,

Figure 5:
Preserve
traditional
architecture
and landmarks



Photo Credit: Ricardo Samaniego



Figure 6: Design
places and
buildings whose
functions and
entrances are
obvious.

Photo Credit: Barbara Pani

launched in 2013 by the City's Seniors Advisory Committee. The City's 2016 DFC Action Plan outlines 56 proposed actions, each with an assigned leader and timeframe, spanning eight categories: awareness and education; civic engagement and programming; civic facilities, parks and open spaces; mobility and accessibility; orientation and wayfinding; private development; safety and emergency services; staff education and training (City of New Westminster, 2016).

While the above precedents are both in larger communities, the UK Alzheimer's Society has a practical guide for rural communities wishing to become dementia-friendly. The guide focuses on a similar set of topics as other DFC plans, but with additional focus areas such as: culture and recreation; businesses and shops; and community, voluntary and faith groups (Alzheimer's Society, 2016).

3. Design Guidelines

A third DFI approach focuses on design recommendations for dementia-friendly outdoor spaces. Based on environmental assessments and consultation with PWD, a number of authors have composed urban planning and design best practices for DFCs. Examples of such recommendations include:

- [Providing] accessible resources, especially in rural contexts. (Gan et al., 2021, p.15)
- Ensuring the environment is familiar, legible, distinctive, accessible, comfortable, and safe. (Burton et al., 2003)
- [Preserving] traditional architecture and landmarks that have defined a place for generations. (Su, 2013, p.41) (Figure 5)
- Designing places and buildings whose functions and entrances are obvious. (Burton et al., 2004) (Figure 6)

Application to the age-friendly studio

Given the specific context of this studio's study region, special attention should be called to resources for dementia-friendly initiatives in rural areas (Alzheimer's Society, 2018; Denton and Wiersma, 2016), as well as to resources addressing the needs of caregivers, who may face additional barriers in rural areas (McCabe et al., 2016).

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