

Aging in Place with Dementia: Challenges and Possibilities

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Presentation Outline

Frances to highlight:

- The growing need for innovative housing options for persons living with dementia (PLWD)
- Common needs of PLWD and caregivers
- A number of types of housing options available in Canada and abroad

Amy to highlight:

- Overview of the development of Bruyère Village with a special focus on the care offered for persons living with dementia in their Cluster Care Model

Setting the Context

- In 2011, 747,000 Canadians were living with cognitive impairment, including dementia - almost 15% of 65+
- If nothing changes in Canada, by 2031 the number will jump to 1.4 million (ASC, *A new way of looking at the impact of dementia in Canada*, 2012)
- In 2011, the first wave of the baby boomers turned 65
- Between 2 % and 10 % of all cases of dementia start before the age of 65 The risk for dementia doubles every five years after age 65 (WHO & ADI, *Dementia a Public Health Priority*, 2012)

Implications

- Most PLWD want to remain at home in the community for as long as possible
- Triggers for LTC placement include:
 - behavior problems, severe dementia, acutely unstable, unmanageable incontinence, safety, lack of caregiver
- Tipping points to LTC home are also contingent on available and affordable community based supports (which vary across the province and even by LHIN)
(Balance of Care Research)
- Housing options for PLWD can serve as a mechanism to avoid premature or unnecessary placement of PLWD (Morton-Chang Thesis, 2014)

Needs of PLWD

While PLWD are not homogeneous, there are a number of common signs and symptoms that often need to be managed and accommodated for during the progression of a dementia:

- Progressive memory loss
- Deterioration of verbal and written communication
- Impaired or poor judgment/reasoning
- Difficulties with forward or abstract thinking
- Behaviours that appear inappropriate
- Disorientation to time, place and space
- Gait, motor, and balance problems

Needs Continued

- Dementia itself can compromise abilities
- Coupled with age related changes it can be debilitating
 - Vision
 - Hearing
 - Smell
 - Touch
 - Taste

Housing Options for PLWD

In addition to personal supports and home adaptations, another supply factor that is important for PLWD is access to affordable housing with care; however the housing needs and preferences of PLWD and their carers has received relatively little direct attention in care planning.

(O'Mally & Croucher, 2005)

Ontario's Policy Legacy

- Policy legacy is one of emphasizing curative care in hospital and institutional care settings
- Largely ignores community-based preventative and coping care for persons with dementia
- When implemented early, many home and community care interventions can be less costly than signature crisis care that comes later in the progression of dementia

(Morton Thesis, 2014/15)

Alternatives to LTCHs

- *Persons own home*
 - With support (e.g., live-in; Adult Day Programs)
 - Without support
- *Assisted Living* in the community can take on different forms across Ontario:
 - Attendant Care
 - Group Home
 - Cluster Care
 - Retirement Homes/Domiciliary Care
 - Supportive Housing

Environmental Design can Help

The importance of dementia friendly design (physical, social, emotional) is key regardless of setting

- Home Adaptations
 - age related and dementia related
- Upgraded Lighting
- Doorways
- Noise
- Wayfinding and Signage
- Dementia Training for Informal and Formal Carers

Housing with Supports

- According to the Canada Mortgage and Housing Corporation (CMHC) Supportive Housing (also known as Assisted Living or Housing with Care) with a high level of support services available to its residents can be an alternative to residential LTC placement (CMHC, 2012)
- Small Scale Housing
 - Private dwelling, group home, congregate/supportive housing
- Supportive Housing (SH) is unique in that it is neither fully independent living, nor institutional Long-Term Care

Type of programs that may be offered in Supportive Housing

- Care coordination/assistance with system navigation
- Preparing light meals
- Assistance with basic activities of daily living (ADLs)
- Assistance with instrumental activities of daily living (IADLs)
- Social activities
- 24 hour support services (either on-site or within a specific timeframe)
- Security checks
- Light homemaking
- Emergency response systems

(Morton, Dementia Care: Diversity, Access, Coordination, 2010)

Benefits of SH for PLWD

- Promotion of good mental and physical health by encouraging independence
- Acting as a hub for many services/integrated care coordination
- Providing opportunities for socialization and friendship
- Ensuring a secure living environment yet less restrictive than a LTC home
- Providing regular contact with staff and other residents who would be aware of changes in a resident's well-being
- Potential reductions in use of higher intensity healthcare services

(Williams et al., 2009; Lum et al., 2006; Morton; 2010; Lum et al., 2005).

Flexibility of Care

Supportive Housing is noted for its flexibility to allow people to maximize their independence, privacy, decision making and involvement, dignity and choices and preferences and reduce caregiver burden for those residing with the client or elsewhere.

(Lum et al., 2006)

Supportive Housing

Looks different across the provinces with *no standard*:

- Assessments
- Eligibility requirements
- Intake procedures
- Core basket of services

Therefore difficult to estimate extent to which SH models may be cost-effective alternatives

Models of Supportive Housing

- Linked and Delinked Arrangements
- Mixed Populations or Dementia Specific
- Philosophies of Care (e.g. Eden, Person-Centred)
- Scale
- Continuum of Care (e.g. individual group home – village/campus of care)

Local Example

Ewart Angus (Toronto, Canada)

- Every resident at Ewart Angus has early to moderate dementia – the model works well some are close to late stages
- Generally residents live there until they are no longer mobile or become too difficult to manage their needs

International Example

Hogewey (Weesp, Netherlands)

- Every resident at Hogewey has severe dementia
- Residents live there until they die
- Discuss CNN Clip

<https://www.youtube.com/watch?v=LwiOBlyWpko>

Summary of Implications

- The extent to which interventions like SH can contribute to positive outcomes for PLWD appears largely contingent upon:
 - Regional availability (critical mass)
 - Target population (eligibility criteria & impairment level)
 - Goal(s) of the program (rehab; 'til death do us part?)
 - Degree of support / resource capacity (consistency & SKA's)
 - Presence of a caregiver (proximity/ expectations of caregivers)

Resources

- The Design and Dementia Community of Practice
www.brainxchange.ca
- "At Home with Alzheimer's Disease" by the Canada Mortgage and Housing Corporation
<http://www.cmhc-schl.gc.ca/en/corp/li/index.cfm>
- "Home Sense and Dementia" by Alzheimer Society of Niagara
<http://www.alzheimer.ca/en/niagara/We-can-help/Living-Safely/Tips-on-making-your-environment-safe>
- Dementia Services Development Centre website
<http://dementia.stir.ac.uk/design/virtual-environments>

References

Alzheimer Society of Canada (2012). *A new way of looking at the impact of dementia in Canada*. Retrieved at:

http://www.alzheimer.ca/~media/Files/national/Media-releases/asc_factsheet_new_data_09272012_en.pdf

BrainXchange Design and Dementia Community of Practice (2014).

Retrieved at <http://brainxchange.ca/Public/Resource-Centre-Topics-A-to-Z/Design-and-dementia.aspx>

Lum, J., Ruff, S. and Williams, A.P. (2005). *When Home is Community: Community Support Services and the Well-Being of Seniors in Supportive and Social Housing. A Research Initiative of Ryerson University, Neighbourhood Link/ Senior Link and the University of Toronto* Funded by United Way of Greater Toronto. Retrieved at

http://www.crncc.ca/knowledge/related_reports/pdf/FinalReportWhenHomeisCommunity.pdf

References

Lum, J., Sladek, J., Ying, A. et al. (2006). *Fact Sheet for the Canadian Research Network for Care in the Community (CRNCC) Supportive Housing*. Retrieved at:

<http://www.crncc.ca/knowledge/factsheets/pdf/InFocus-SupportiveHousingOct4intemplate.pdf>

Morton, F. (2010). *Dementia Care: Diversity, Access, Coordination Final Report*. Prepared on behalf of the Alzheimer Society of Toronto for the Toronto Central Local Health Integration Network Dementia Care Project. Retrieved at:

http://www.dementiatoronto.org/aboutus/DementiaCareFinalRpt_2010.pdf

O'Malley, L., Croucher, K. (2005). *Housing and dementia care – a scoping review of the literature. Health and Social Care in the Community* 13(6), 570–577.

References

Williams, A.P., Challis, D., Deber, R., Watkins, J., Kuluski, K., Lum, J.M., & Daub, S. (2009). Balancing Institutional and Community-Based Care: Why Some Older Persons Can Age Successfully at Home While Others Require Residential Long-Term Care. *Healthcare Quarterly: Longwoods Review*. Vol 12(2). pp. 95 – 105. Retrieved at: <http://www.longwoods.com/content/20694>

World Health Organization (WHO) jointly with Alzheimer's Disease International (ADI) (2012). *Dementia: A public health priority*. Retrieved at http://www.who.int/mental_health/publications/dementia_report_2012/en/index.html

THANK YOU

QUESTIONS?

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