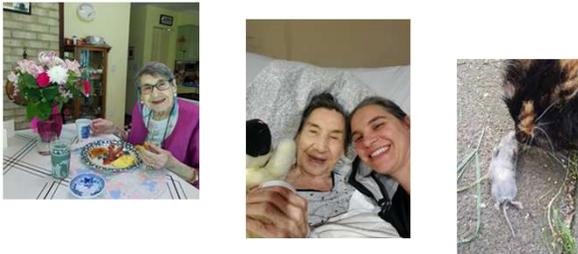


Living Alone with Dementia: Practical Strategies

Kate Gordon, MSW
USA

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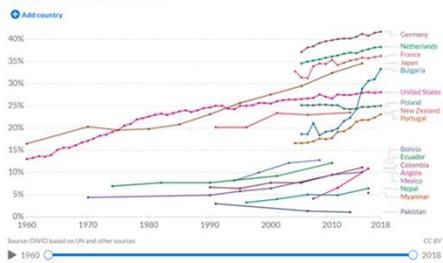
I have nothing to disclose.



2

Percentage of one-person households, 1960 to 2018

Number of one-person households as a share of the total number of households. Estimates combine multiple sources, including cross-country surveys and census data.



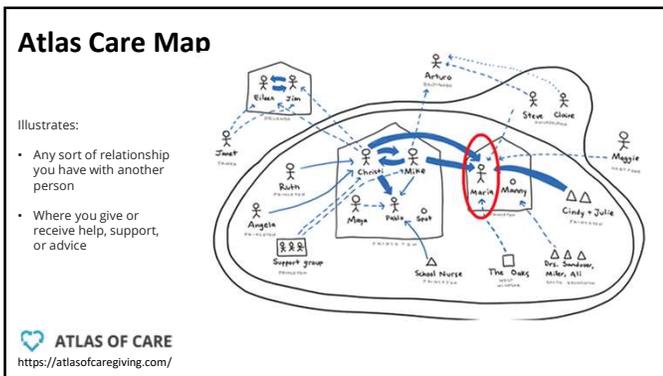
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Dementia Crisis to Thriving Scale

Community Support Program
Dementia Crisis to Thriving Scale

CRISIS	VULNERABLE	SAFE	STABLE	THRIVING	UNABLE TO ASSESS	COMMENTS
Nutrition Status 5-2 Unable to cook/prepare food. Does not initiate eating without prompting.	3-4 Able to use the microwave to cook/prepare food. Does not have help. Does not eat a sufficient diet.	5-6 Receives some help preparing meals. Uses only the microwave to cook/prepare food when alone. Diet is suboptimal.	7-8 Receives reliable support with meals. Uses only the microwave to cook/prepare food when alone. Diet is sufficient.	9-10 Can safely use the stove to prepare some meals, and uses the microwave for others. May occasionally eat out. Diet is sufficient.		
Food Security 5-2 No means to access food. Has less than a day of food on hand.	3-4 Help with shopping in unreliable or inconsistent. Food is in short supply 1-2 weeks.	5-6 All food is obtained from food assistance resources. Has adequate food supply when receives shopping help.	7-8 Partially relies on food assistance resources. Has reliable help with food shopping and stable supply.	9-10 Can afford to buy desired foods. Can shop without help. No current food needs.		
Health Care 5-2 Has immediate unmet health needs and no provider.	3-4 Has unstable health needs with inconsistent follow-up and/or inconsistent adherence to recommended regimen.	5-6 Major health needs are generally well managed with consistent follow-up, inconsistent adherence to recommended plan.	7-8 Most health needs are generally met with consistent follow-up generally adheres to prescribed regimen.	9-10 Health needs met, well connected to healthcare resources, and good adherence.		
Medications 5-2 Unable to manage meds. Has no supervision & no list, evidence of missed doses and/or poor access.	3-4 Unable to manage meds independently, only sporadic PCP and tries to follow it imperfectly. Takes more than 5 meds, has no read list.	5-6 Has list of meds from PCP and tries to follow it with weekly supervision, no back-up plan.	7-8 Medications taken match list, inclusive of OTC, does not know reason for taking meds but takes as prescribed.	9-10 Has list of meds from PCP and tries to follow it, able to manage medications independently.		
Falls Risk						

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Gatekeeper Model

- Originally developed in 1970s
- Proactive, systematic approach of identifying at risk older adults
- Non-traditional system of referral
- Trains individuals likely to come in contact with at risk older adults (Traditional and Non-Traditional Gatekeepers)

Most individuals identified have never reached out for help and have no family.

"Those who most need help are the least likely to ask for it."- Ray Raschko

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Gatekeeper Model continued

Training teaches participants to watch for signs such as: unkempt appearance, disorientation/confusion, no mention of family or friends, financial problems, alcohol use, poor condition of home, accumulated mail, un-shoveled walkways.

Referrals occur via telephone screening or Information and Assistance to gather basic information.

Treatment includes in-home assessment to identify needs and array of services available to assist: care management, family support, mental health services, crisis intervention.

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The Dementia Gatekeeper Program

- San Diego County's Dementia Gatekeeper program aims to:
 - Train local businesses to identify individuals who may need assistance, and enhance the community's "safety net"
 - Increase awareness about local support, and provide streamlined access to services
- The program has a special focus on those who live alone or have limited access to assistance
- Gatekeepers are *not* expected to provide social services, or to change their daily activities

<https://pblob1storage.blob.core.windows.net/public/nadrc/docs/2022-AlzOC-Gatekeeper-Training-Presentation-09152022.pdf>

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The role of the Gatekeeper

- Identify the “red flags” of someone with dementia who may be living alone, at-risk, or in need of assistance
- Unless you are mandated to report suspected elder or dependent adult abuse, you do not need to intervene
- Respect the person’s privacy and dignity in your conversations with them and others
- Refer to Alzheimer’s San Diego

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Support and follow-up



Alzheimer’s San Diego’s team of experienced social workers and dementia care consultants will:

- Reach out by phone to assess the situation and develop a plan for ongoing support
- Connect the individual to local resources and services, coordinating with other community agencies as appropriate
- Follow up with the referring Gatekeeper

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First Responder Resources and Programs

- International Association of Chiefs of Police’s *Identifying and Evaluating the At-risk Older Adult* is a helpful tool for law enforcement to assess drivers or other older adults for possible dementia.
- Safety Checks
 - Lake County, Florida, Senior Watch program
 - San Diego, California, You Are Not Alone (YANA) program

Hughes, Gordon, Walberg, Lepore, et al. (2018). Working together: how community organizations and first responders can better serve people living with dementia. Prepared AoA/ACL.

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**HOME-BASED SERVICES AND PROGRAMS:
DELIVERING MORE THAN A MEAL**
IDENTIFYING AND MEETING THE NEEDS OF INDIVIDUALS WITH DEMENTIA LIVING ALONE

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Unmet Need	Service Provided
Home safety	Arranged for home repairs and home modifications and completed fall risk screenings (Alzheimer's Greater Los Angeles, 2017a; Eddy Alzheimer's Services, 2020; Latino Alzheimer's and Memory Disorders Alliance [LAMDA], 2022).
Poor health conditions / medication management	Coordinated appointments with health care providers and administered memory and depression screens (Alzheimer's Greater Los Angeles, 2017a; Eddy Alzheimer's Services, 2020).
Nutrition	Arranged for grocery shopping assistance to deliver food to the home or provide home-delivered meals from MOW (Eddy Alzheimer's Services, 2020; LAMDA, 2022; ONEgeneration, 2021).
Self-care	Coordinated personal care assistance services (Eddy Alzheimer's Services, 2020; ONEgeneration, 2021).
Transportation	Connected individuals with transportation options in their community (LAMDA, 2022; ONEgeneration, 2021).
Accessing government-funded programs	Provided assistance in completing paperwork for fuel assistance, health insurance, etc. (MaineHealth, 2019; Rector and Visitors of the University of Virginia, 2021).
Advance planning	Provided guidance on how to complete an advance directive (Alzheimer's Greater Los Angeles, 2017a).

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More than Meals

Southern Maine Agency on Aging home-delivered meal program

- Up to five meals each week to each participant in the program
- Meals delivered frozen
- "Warming Crew" will come to the home and heat the meal if needed
- Daily wellness check is available through Phone Pals
- Volunteers and staff are trained to make sure clients are safe

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ALZHEIMER'S COMMUNITY CARE

Who We Are Our Services Education Alzheimer's Disease Training News & Events Support Us Locations Donate Now

Live Alone Program

Alzheimer's Community Care is proud to offer the Live Alone Program for individuals with Alzheimer's Disease or Related Disorders (ADRD) who live alone.



The Live Alone Program works to promote the independence, quality of life, safety and well-being of individuals with ADRD, who live alone in hopes of:

- Increasing the potential for the Live Alone to remain safely at home
- Identifying and coordinating an informal network of care partners and support for the Live Alone
- Increasing the opportunity for socialization, cognitive stimulation and connectivity

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Home Based Memory Rehabilitation

- Evidence-based, developed in Belfast, Ireland (McGrath & Passmore, 2009)
- 2013-present: Alzheimer's Scotland testing and developing resources
- 8-10 sessions delivered at home
- Focuses on adaptive and compensatory strategies for home safety, medication management, independent living

Before Going to Bed

- Take bedtime medications
- Lock the door to the house
- Confirm oven/stove are off
- Clean teeth
- Leave nightlight on
- Plug in cell phone by bed

LiveWell www.livewell.org

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Home Care Services and Care Management

Home Care Partners - Washington, DC

- Nonmedical home-care services
- Home care aide visits 2-3 times per week
- Initial assessment conducted by case manager
- Case manager oversees home care aide services and coordinates other services

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Alone, but not forgotten:
Supporting those living alone with memory loss





<https://pblob1storage.blob.core.windows.net/public/nadrc/docs/Alone-But-Not-Forgotten.pdf>

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INNOVATION

IDENTIFYING AND MEETING THE NEEDS OF INDIVIDUALS WITH DEMENTIA LIVING ALONE

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LIVING ALONE AND CONNECTED

Group by Living Alone and Connected

Living Alone and Connected! [Join group](#)

<https://livingaloneandconnected.com/about-us>

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Telehealth Therapy and Counseling

- Determining if telehealth is an option
- Technology has access/usage challenges, but is increasingly easy
- Person-centered and individualized (e.g., video/audio preferences)
- Assessing the person and the environment
- Ensuring environments are quiet and private

LiveWell
INSTITUTE

www.livewell.org

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Virtual Cognitive Stimulation Therapy (CST)

<p>CST</p> <ul style="list-style-type: none"> ▪ Group intervention (6-8; mild to moderate dementia) ▪ 14 sessions, twice a week for 7 weeks ▪ Can be administered by a wide range of professionals (social workers, OT, ST, nurses and activity directors) ▪ Exercise cognitive skills to improve cognitive function ▪ Recommended by the National Institute for Health and Care Excellence (NICE, 2006, 2018) ▪ Protocol is clearly defined and has been adapted (e.g., to support social distancing) 	<p>Virtual CST (V-CST)</p> <ul style="list-style-type: none"> ▪ CST facilitators in New Zealand, under the guidance of two CST trainers, moved their in-person CST to a virtual program during COVID-19 ▪ Approximately half of the PWD from the original in-person CST groups were able to participate in V-CST ▪ Nonparticipation reasons: no access to Internet or electronic device; no supporter available to assist with technology ▪ Fewer PWD in each group (e.g., 4-5) ▪ Additional tech support required
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LiveWell

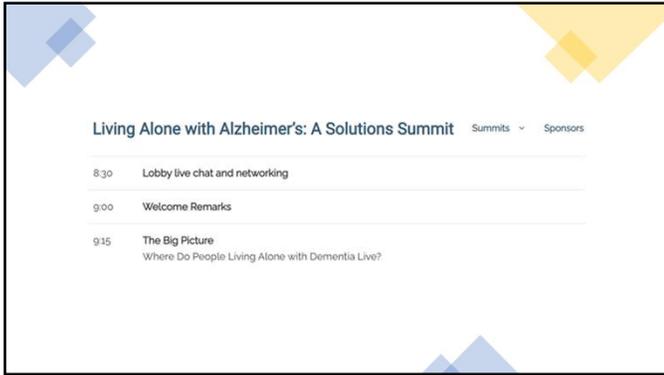
www.livewell.org

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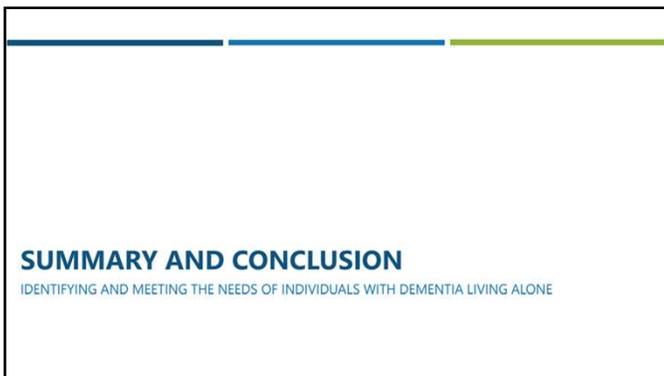
Sensory Technology

<p>Individual:</p> <ul style="list-style-type: none"> ▪ Sensors to detect motion & falls ▪ Remote monitoring of blood pressure, blood sugar ▪ Sensor on fridge or cupboard ▪ Incontinence sensor in bed 	<p>Environment:</p> <ul style="list-style-type: none"> ▪ Temperature sensors ▪ Automated appliances ▪ Lighting/pathway sensors ▪ Smoke, gas, flooding alarms ▪ Property sensors to detect entry and exit
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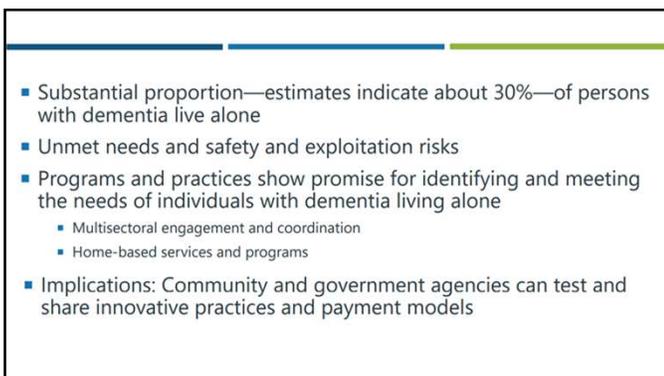
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Resources

- Promising Programs and Services for People Living Alone with Dementia <https://pblob1storage.blob.core.windows.net/public/nadrc/docs/2023-Promising-Programs-Living-Alone-Dementia-08232023.pdf>
- Providing Services to Individuals with Dementia Who Live Alone: A Guide of Practical Strategies <https://nadrc.acl.gov/node/136>
- Handbook for Helping People Living Alone with Dementia Who Have No Known Support <https://nadrc.acl.gov/node/157>
- Disaster Planning Toolkit for People Living with Dementia <https://nadrc.acl.gov/node/151>
- Live Alone Dementia Safety Net Algorithm <http://www.ltccsf.org/wp-content/uploads/2017/05/SF-DSN-ALGORITHM-FINAL.pdf>
- University of Iowa Risk Assessment <https://nadrc.acl.gov/node/81>
- Dementia Crisis to Thriving Scale <https://nadrc.acl.gov/node/141>

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