

TAKEAWAYS



MEMORY CARE:

The Intersection of Aging and Mental Health

An Executive Summary on Dementia-Supportive Environments

INSIDE YOU WILL LEARN ABOUT:

The personal abilities and unique challenges faced by aging individuals, including those living with Alzheimer's disease and other dementias.

How thoughtful design can reduce stress associated with declining physical abilities, memory loss, and care provision.

This Behavioral and Mental Health toolbox is made available through a partnership with

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PROGRAMMING CONSIDERATIONS FOR MEMORY CARE DESIGN:

1. Integrated care
2. Interconnections with the surrounding community
3. Small building scale with fewer occupants
4. Intuitive layout of rooms, adjacencies, and affordances
5. Destination-based amenities and services
6. Access to nature
7. Residential ambiance, character, and décor
8. Access to familiar items, equipment, and tools
9. Regulation of contextual sensory stimulation
10. Involvement in meal planning and preparation
11. Spa-like bathing atmosphere
12. Single bedrooms for comfort, privacy, and personalization

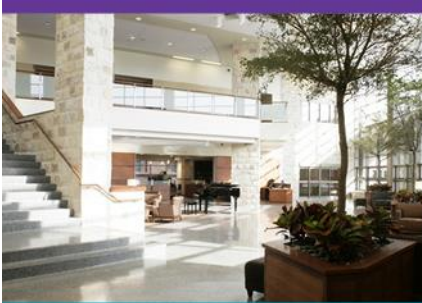
Memory Care: Best Practices

Executive Summary

By 2031, the largest segment of the U.S. population—the Baby Boom generation—will reach the age of 85 (Alzheimer’s Association, 2018; Crimmins, 2015). At this age, people experience the greatest number and most extreme effects of the normal changes associated with aging. It is also the age associated with the highest risk of developing dementia, particularly Alzheimer’s disease and LATE (limbic-predominant age-related TDP-43 encephalopathy) (Alzheimer’s Association, 2018; Crimmins, 2015; Nelson et al., 2019).

Currently, there is no prevention, cure, or therapy for Alzheimer’s or LATE (Alzheimer’s Association, 2018; Nelson et al., 2019; World Health Organization [WHO], 2018). People with dementia frequently experience an alternate reality and exhibit maladaptive behavioral responses; the use of physical and chemical restraints to control many of the most problematic and pervasive symptoms is restricted by regulating agencies. ([See Appendix B for more detail.](#)) Accordingly, the development of truly effective interventions required designers and care givers to “go into the world” of those with dementia to try to understand the nature of the messages that they express and effectively address the source of their behavior. To this end, environmental design can have a profound effect on the quality of life and care for older adults (Scales, Zimmerman, & Miller, 2018). The built environment can reduce the stresses associated with declining physical abilities, memory loss, and care provision.

It is important to understand the changes associated with normal aging, as well as the changes common to dementia. Understanding the unique abilities and challenges of these populations better equips teams to design supportive living spaces that can serve as therapeutic resources for both individuals aging normally and those living with Alzheimer’s and other dementias. The literature suggests 12 programming considerations for design to support these populations and demonstrates how these design principles, while particularly relevant for people with impairments, can benefit everyone (Nahemow & Lawton, 1973). Click to read the full [issue brief](#).



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The Center for Health Design advances best practices and empowers healthcare leaders with quality research that demonstrates the value of design to improve health outcomes, patient experience of care, and provider/staff satisfaction and performance.

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