

# **A Report on Demographics, Programs, and Services for an Age- and Dementia-Friendly Commonwealth:**

## **What We Have and What We Need**

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# Acknowledgment

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# Executive Summary

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Our planet will soon have more adults over age 65 than children under the age of 5—an unprecedented demographic shift. Gains in human longevity mean that, on average, we experience an extra 30 years of life compared to someone born in 1900. This longevity bonus creates both exciting opportunities and significant challenges, for individuals and the Commonwealth in general.

Longer life spans can offer the chance for multiple careers, new ways to volunteer, or even something as simple as enjoying time with your great-grandchildren. Yet as the number of older adults has risen, so too have rates of various age-related illnesses and disability, which strain health care systems, caregivers, and, of course, the older adults themselves. One of the most significant age-related conditions is dementia. The 2015 Massachusetts Healthy Aging Data Report found that the statewide dementia rate for adults age 65 and older is 14%, with the rate in some communities exceeding 20%. If current trends continue, these rates will rise dramatically in coming decades.

## **Dementia in the Commonwealth**

*The statewide rate of dementia in older adults is 14%, which is higher than the national average of 11%. The rate varies by community, with rates in some areas as high as 24%.*

Successfully addressing both the opportunities and challenges of aging requires a shift in how we think about aging and how our communities are structured and function. The World Health Organization's Global Network of Age-Friendly Cities and Communities was launched in 2006 to help this effort. Across the U.S., many communities have embraced the Age-Friendly approach, covering more than 41 million residents (Turner and Morken, 2016). As of March 2017, 72 of the 351 cities and towns in Massachusetts are taking steps to become more age-friendly. A related, but unique initiative is the Dementia Friendly America (DFA) effort launched in 2015.

These two strategies share fundamental objectives, such as hearing directly from older adults about what they want and need, and creating healthy, enabling environments to help older adults to remain independent and in the community as long as possible. The leadership and activities of both efforts can be mutually supportive and overlapping. Boston is a good model. Mayor Martin J. Walsh created two full-time positions, one to direct Age-Friendly Boston, and the other to lead the Mayor's Alzheimer's Initiative. The two initiatives are formally coordinated under a single Age-Friendly Boston Action Plan, with dementia as part of its age-friendly vision.

The Massachusetts Executive Office of Elder Affairs, Jewish Family & Children's Service, and the Tufts Health Plan Foundation convened a summit on May 9, 2016 that brought together leaders from 84 organizations interested in age-friendly and dementia-friendly work. A need identified at the Summit was for a comprehensive look at the work currently being done on age-friendly and dementia-friendly activities. This report addresses this need by highlighting findings

of an environmental scan (i.e., in-depth inventory) of dementia-friendly and age-friendly communities conducted between August 2016 and January 2017 by a research team at the Gerontology Institute of the University of Massachusetts Boston led by professors Beth Dugan and Nina Silverstein. Our aim is to not “reinvent the wheel,” but to facilitate and accelerate stakeholder progress in making Massachusetts a great place to grow up *and* grow old in.

## Key Findings

- Most community stakeholders are not aware of the prevalence of dementia in their community. This lack of awareness should be addressed.
- While there has been a dramatic increase in the number of communities working to become more age-friendly, the vast majority of Massachusetts communities are not yet focused on this. Continued efforts to raise awareness are needed – as well as the provision of technical support, to those who want it.
- Age-Friendly and Dementia-Friendly efforts seem to lack coordination or operate in parallel in some communities. Integrating these efforts could promote progress in both spheres. (See maps in Appendix 1).
- Understanding the structure of Age-Friendly and Dementia-Friendly efforts may facilitate better coordination. Most Age-Friendly efforts are a top-down movement with the highest ranking official of a community leading efforts. Dementia-Friendly efforts are more ground-up with caregivers or persons with dementia advocating for change. Maximum effectiveness will be achieved if those championing Age-Friendly and/or Dementia-Friendly changes in a community work closely together.
- Regardless of what type of dementia-friendly service or asset is examined (e.g., adult day health programs, support groups, assisted living facilities with dementia care units) much of the state still remains underserved.

When considering vulnerable populations, the situation is even more troubling.

- Racial minority older adults in the northern metro-west area and southeastern portion of the state face gaps in availability of adult day health programs, supportive housing options, or “memory cafes” (welcoming places of support for people with dementia or other memory impairments). In addition, we don’t know how many of the existing services are culturally appropriate for diverse populations.
- Older adults who speak English as a second language face similar service deficits, with obvious needs in Southbridge, Holyoke, Marlborough, Quincy, and Randolph.
- Older adults who live alone in central and western Massachusetts are underserved by dementia-friendly programs and services.
- Older adults who are dually eligible for Medicare and Medicaid services in north central and the northwestern corner of Massachusetts appear to be underserved by long term services and supports.
- Older adults with annual incomes of less than \$20,000 in central, western, and the south coast of the state are underserved by dementia-friendly services.

## Recommendations

1. It is hard to make changes if there is no awareness of a problem. Increase awareness of prevalence rates and trends of dementia within communities. This is a challenge for every community in the Commonwealth.
2. Build on the foundations laid by the Age-Friendly movement to move communities toward becoming more Dementia-Friendly. Tap existing resources and expertise (e.g., disseminate toolkits and resources).
3. Convene sector leaders (housing, faith communities, business, etc.) to ask them how to make their sectors more Age- and Dementia-Friendly and what is needed to make progress.
4. Address disparities. Understand the specific needs, assets, and service gaps for cultural and linguistic minorities, and direct resources to address these needs.
5. Work with communities to establish more Silver Alert and TRIAD programs with a focus on dementia. Developing systems and trainings to help first responders (fire, police, ambulance) deal with people with dementia in crisis is needed.
6. Encourage innovation in transportation. An increased use of volunteer escorts and the development or expansion of volunteer driver programs that provide the levels of assistance needed to support community mobility (including through the door and stay at the destination) is needed.

A helpful resource for those working to link age-friendly and dementia-friendly efforts is the *Better Together* report by the AARP (Turner & Morken, 2016). That report outlined ways for age- and dementia-friendly efforts to complement each other rather than compete. Our aim in this report is to provide a resource that helps stakeholders across the state to build on the momentum in both movements. Such collaborations will propel the Commonwealth forward to becoming a healthy, supportive, inclusive environment for people of all ages and abilities. By identifying the needs and gaps in dementia-friendly services and supports, we can see what we have and what we need. **There is no time to waste, let's get going.**

To learn how you can help, please see <https://mahealthyagingcollaborative.org> and <http://www.dfmassachusetts.org>.

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# Introduction

The profound global demographic transformation illustrated in Figure 1 has spurred efforts to address the age-associated prevalence, costs, and consequences of dementia and create more dementia-friendly communities. Alzheimer's disease (AD) is the most common type of dementia. AD is a progressive, disabling, and fatal disease affecting approximately 5.2 million individuals age 65 and over and 200,000 persons younger than age 65, as well as the family members connected to these individuals (Alzheimer's Association, 2016). Given current trends, the number of persons with AD is expected to rise to 16 million nationwide by the year 2050 (Alzheimer's Association, 2016). Approximately 120,000 individuals are living with AD in

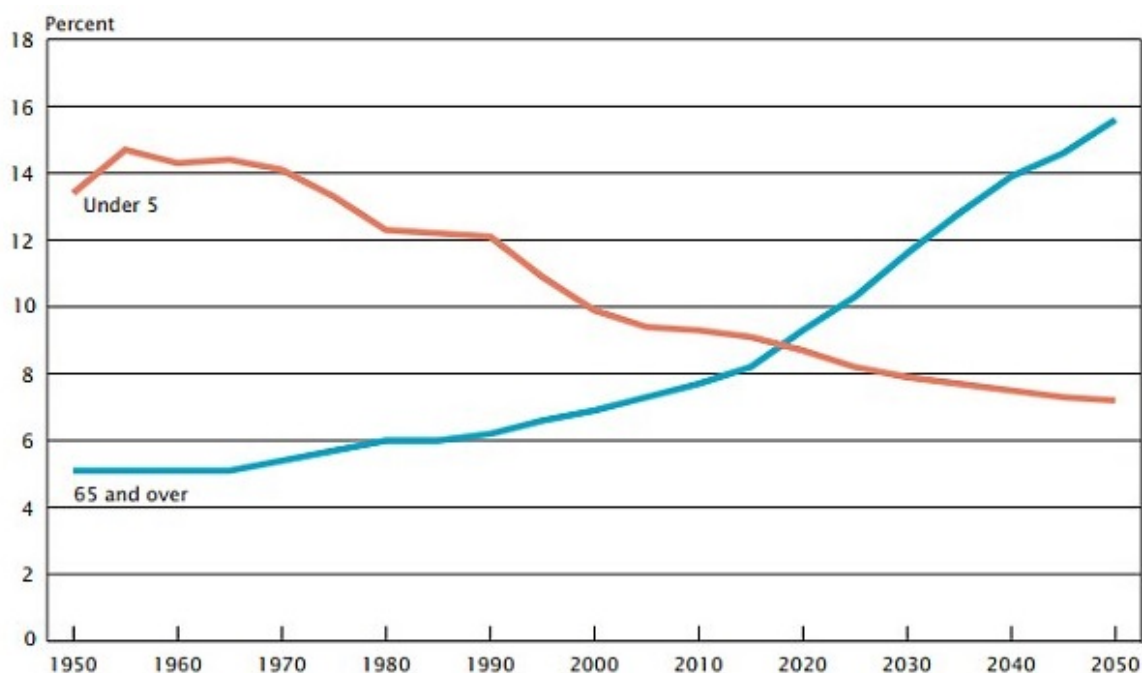
Massachusetts, and an estimated 332,000 people serve as informal caregivers, providing roughly 378 million hours of unpaid care in 2015 (Alzheimer's Association, 2016). These caregivers, on average, have worse health outcomes on nearly every measure (e.g., depressive symptoms, sleep disturbances, stress levels, cardiovascular reactivity, metabolic syndromes) (Ory, Hoffman, Yee, Tennstedt, & Schulz, 1999; Mohmed, Rosenheck, Lyketsos, & Schneider, 2010).

## The Spectrum of Dementia

Alzheimer's disease is, by far, the most common type of dementia, but many other kinds of dementia exist. Some of the more common types:

- Vascular dementia (often the result of a stroke)
- Parkinson's disease dementia
- Frontotemporal dementia
- Dementia with Lewy bodies (earlier onset than AD and symptoms can fluctuate)

**Figure 1. Young children and older people as a percentage of global population: 1950 - 2050**



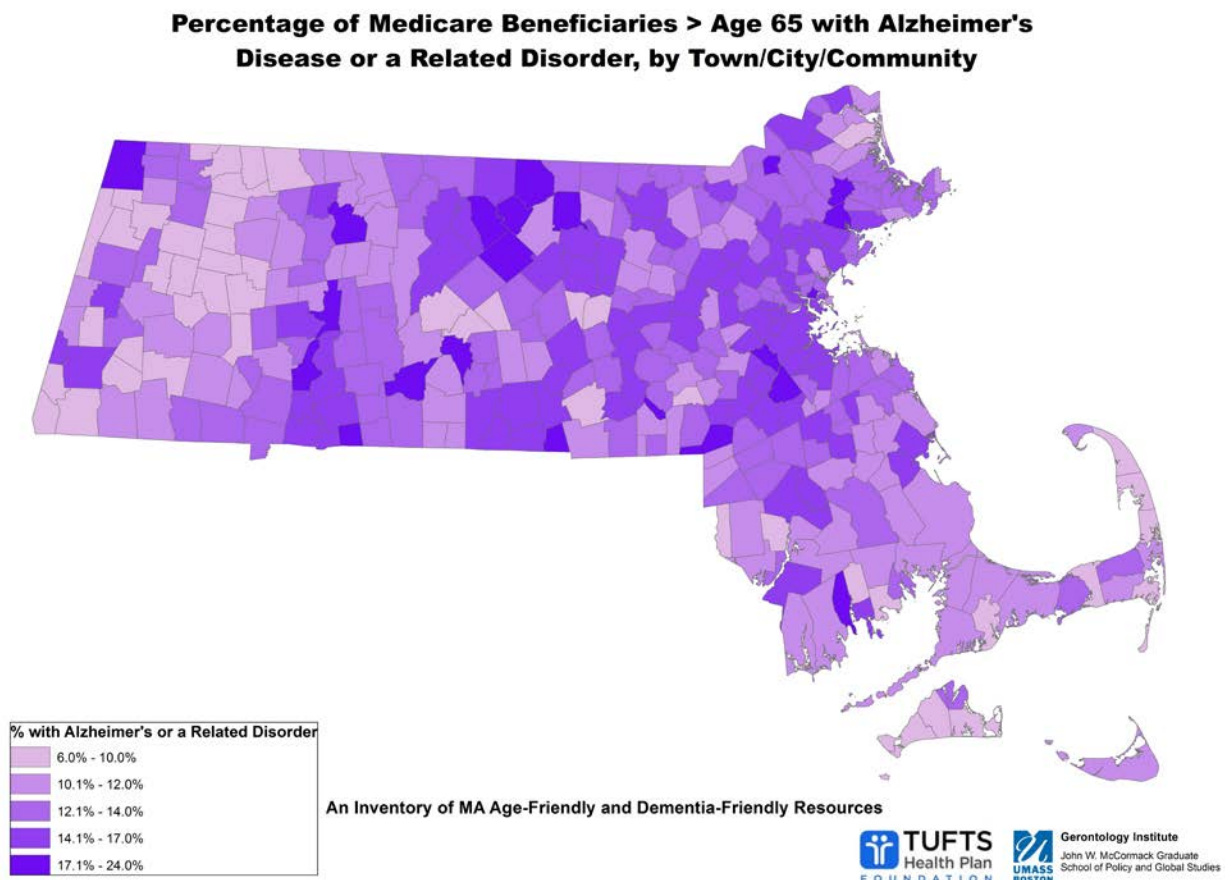
Source: United Nations, 2013.

Not only is AD disabling and fatal for those with the disease and severely stressful for caregivers, but it also results in high healthcare costs. Massachusetts Medicaid costs of caring in 2016 reached \$1,569,000,000 (Alzheimer's Association, 2016).

The information in this report may help AD disabled persons and their families live more fully engaged lives and assist communities in addressing current challenges and gaps by becoming more responsive to what had been called the “silent epidemic” (Beck et. al, 1982) but which is no longer silent today.

## Background

Data in the Tufts Health Plan Foundation 2015 Massachusetts Healthy Aging Data Report (<https://mahealthyagingcollaborative.org/data-report/explore-the-profiles/>) indicate that the state has a higher incidence of dementia--about 14% of those age 65 and older—than the national average of 11% (Dugan, Porell & Silverstein, 2015; Alzheimer's Association, 2016). As seen in the map below, the distribution of rates for dementia across Massachusetts varies, with the highest percentages noted in Gardner (24.3%) and Roslindale (21.1%) and the lowest rates in Cummington, Goshen, and Plainfield (6.2%).





As communities take steps to become more age- and dementia-friendly, we expect that those with the disease will benefit, their loved ones will be better supported, and health care costs may be controlled. **A dementia-friendly community is defined as one that is informed, safe, respectful, and enables people with dementia and those who care about them to live fully engaged lives.** In fact, the Alzheimer’s Association used this designation in community assessments conducted in the 1990s (Silverstein, O’Brien, & Salmon, 1997). Given the aging of the baby boomers and the increased momentum toward building age-friendly communities, the timing is right to add dementia-friendly to community planning as well.

Toward this end, the Tufts Health Plan Foundation funded and hosted the Dementia-Friendly Massachusetts Summit in May 2016. This summit was a collaboration between the Executive Office of Elder Affairs (EOEA) and Jewish Family & Children’s Services (JF&CS) in partnership with eight other community-based organizations. To read a summary of findings from the Summit, visit <http://www.dfmassachusetts.org>.

More than 120 leaders from state agencies, community organizations, and local government attended the day-long meeting. Olivia Mastry, J.D., M.P.H., managing partner at Collective Action Lab, led a discussion about the dementia-friendly model established in Minnesota and the movement now growing across the country to increase awareness and action around dementia. Participants heard about resources and tools available for communities interested in becoming more dementia-friendly. The figure on the following page illustrates how virtually every sphere of life can contribute to, or subtract from, the openness and supportiveness of a community toward persons living with dementia.

### Words Matter

Saying that someone is “suffering from dementia” portrays them as a victim of the disease. Instead, saying that someone is “living with dementia” emphasizes the person, rather than the disease, and their capacity to live life in spite of dementia. In addition, reserve the word “patient” for someone who is actually in a medical setting. Even if the person *is* a patient, it is better to say “a person with dementia” (emphasizing the person) rather than “a dementia patient” (which emphasizes the disease state). (Dementia Action Alliance, 2016)

**Figure 2. The Minnesota Dementia Friendly Model**



Source: Reproduced from ACT on Alzheimer's® developed tools and resources. <http://www.actonalz.org/dementia-friendly-toolkit>.

A recurring theme of the Summit was to build on the work already being done and avoid “reinventing the wheel.” In addition, it was agreed that dementia-friendly work is a critical element of the broader age-friendly framework. As communities become more age-friendly, they will, by definition, become more dementia-friendly. It would be counterproductive to pursue dementia-friendly efforts in a manner isolated from other age-friendly work. Making communities more inclusive and age-friendly benefits people of *all ages*.

An immediate outcome of the Summit was the commissioning of this report, which provides demographic information and an inventory of existing assets, activities, and leaders in both age- and dementia-friendly work. The purpose of the inventory is to accelerate age-friendly and dementia-friendly progress in MA. Specific objectives included:

1. Determine the data to be collected in consultation with the Tufts Health Plan Foundation, EOEA, JF&CS, and other key stakeholders.
2. Conduct the comprehensive inventory.
3. Write a summary report identifying leaders, services, and programs in place, and identifying service or program gaps.

### **A Lexicon of Inclusivity**

A variety of terms are used to describe efforts to create communities that accommodate people of all abilities and ages and support healthy, high-quality lives:

- Age-friendly communities
- Inclusive communities
- Livable communities

Take away: To the extent that progress is made toward making communities “work” for any particular group, the entire community benefits.

Objective one was met in the fall of 2016 in consultation with the EOEA, the Tufts Health Plan Foundation, the Alzheimer's Association MA/NH, and other stakeholders. Data to be acquired included: what services and programs exist to support individuals and families dealing with dementia; who are community leaders in the area; what community assets are being used to support dementia. The inventory of age-friendly assets in the state was updated and that material was merged into this report. This information identifies gaps in services to inform service delivery decisions, resource allocation in the area, and to mobilize stakeholders. The desired outcomes of this work include:

1. Greater understanding of the current state of dementia-friendly work in the state.
2. An inventory of state age- and dementia-friendly services and supports.
3. An identification of gaps in leadership, services, and supports.
4. Tools to advocate at the state level for investment in dementia-friendly services and supports.

# Methods

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The inventory proceeded systematically. First, a small group of experts and stakeholders were queried through telephone interviews about the scope of information to collect; next the feasibility of our approach was tested; then service providers were contacted and lists were compiled of sites providing various services; and finally, a large group representing a diverse cross-section of professionals was surveyed. The data collection process included three phases.

**Phase One.** Semi-structured phone interviews were conducted with 15 of 23 Dementia Friendly Massachusetts Initiative Committee members during summer 2016 to collect ideas and suggestions about currently available programs and identified gaps related to dementia services in Massachusetts. The interviews ranged in length from 5 to 45 minutes and averaged 20 minutes. The committee members included community leaders in non-profit organizations, religious organizations, and government. A number of common themes and valuable inputs were identified from the collected interviews and informed the next phase of data collection.

**Phase Two.** We contacted many providers to collect and compile lists of services related to dementia (e.g., adult day health services, support groups, assisted living communities, skilled nursing facilities with dementia special care units). To our knowledge, this is the first time that information from so many different providers has been compiled and shared publically.

**Phase Three.** To supplement the information collected, we then conducted a survey to query community leaders about available dementia-related assets and resources and to understand their perspectives on the broad issue of dementia services.

We wondered to what extent local leaders understand the prevalence of dementia and related disorders in their communities and asked them to estimate the percentages of people with dementia in their communities, and to describe whether their communities were planning or maintaining age and/or dementia-friendly programs or services. Two open-ended questions were included to elicit community stakeholders' views, comments, and suggestions concerning making Massachusetts a dementia-friendly state and the need for services to support older adults with dementia and their families. This qualitative approach allowed underlying patterns and ideas to emerge (Maxwell, 2013; Richard & Morse, 2013; Yin, 2011). Similarities and differences among the responses were examined to develop codes from the data (Maxwell, 2013). Since the volume of text was relatively small, printed text was manually coded. Ultimately, themes were coded and grouped and comprise the qualitative findings of this study.

We invited respondents to list contact information and descriptions for programs that they were aware of in their communities or service areas, including:

- Support groups for people with dementia and their caregivers
- Specialized health care (e.g., memory clinics, neurologists, dentists, adult day care, community based early stage screening, home adaption, etc.)

- Assisted living and skilled nursing homes with memory units
- Programs that could reduce language/cultural barriers for dementia patients who speak English as a second language
- Religious organizations that provide outreach and/or services to people with dementia
- Educational programs that promote public awareness of dementia/the Alzheimer's disease
- Volunteer programs that provide support such as transportation, transportation with escorts, and home delivery meals
- Law enforcement training or services designed to address sensitivity toward people with dementia
- Businesses (e.g., restaurants, banks, supermarkets, hairdressers) that are particularly welcoming of people with dementia
- Entertainment/leisure (e.g., libraries, community centers, community pools, movie theaters, parks and recreation, other social activities) that are particularly welcoming of people with dementia

In order to maximize the response rate we made the survey available in both a Word version (sent via email), online at SurveyMonkey, or via telephone interview. Invitations to participate were sent to 112 attendees from the Dementia-Friendly Summit; 351 Council on Aging (COA) representatives; and 88 information and referral specialists working at Aging Services Access Points (ASAP). Follow-up invites were sent approximately 10 days later. Seventy-two surveys were returned, including 49 from COAs, and other elder services, non-profit organizations, research institutes, and police departments. Table 1 (following page) shows selected characteristics of survey participants.

When clarifying information was needed (e.g., addresses, websites, phone numbers), follow-up calls or internet searches were made. All available dementia-friendly programs/services were listed in an Excel spreadsheet for each town. These data, together with data accessed from other organizations, are now publically available with the release of this report. Information collected from this survey was also used as part of the compilation of indicators of dementia-friendly cities. Each available program/service was credited one point. The total number of services in each town was summed to create their dementia-friendly score. A note about this methodological approach. We know that different services may provide different benefits to individuals with dementia (e.g., daily adult day program vs. quarterly memory Cafe) and their care partners at different points of disease progression. Weighting of types of services is an alternative approach to calculating a dementia-friendly score. But given the exploratory nature of this research we settled on a summary count of services. The pages that follow summarize the results and present a broader discussion on dementia-friendly directions for Massachusetts.

**Table 1. Survey Participants Description (n=72)**

<b>Characteristic</b>	<b>Frequency</b>
<b>Organizations*</b>	
Council on Aging/Senior Center	49
City or Town	4
Long-Term Care Facility	7
Non-Profit	5
Other (e.g., Art Center, Insurance, Law)	7
<b>Job Title*</b>	
Director	51
Program/Outreach Manager or Coordinator	10
Nurse	2
Commissioner	2
Other (e.g., Police, Priest)	3
<b>Geographic Service Area (By County)</b>	
Statewide	1
Barnstable	5
Berkshire	3
Bristol	1
Dukes	2
Essex	7
Franklin	2
Hampden	5
Hampshire	1
Middlesex	19
Norfolk	4
Plymouth	5
Suffolk	7
Worcester	7
Not Identified	3

\*Missing Data (n=6)

# Results

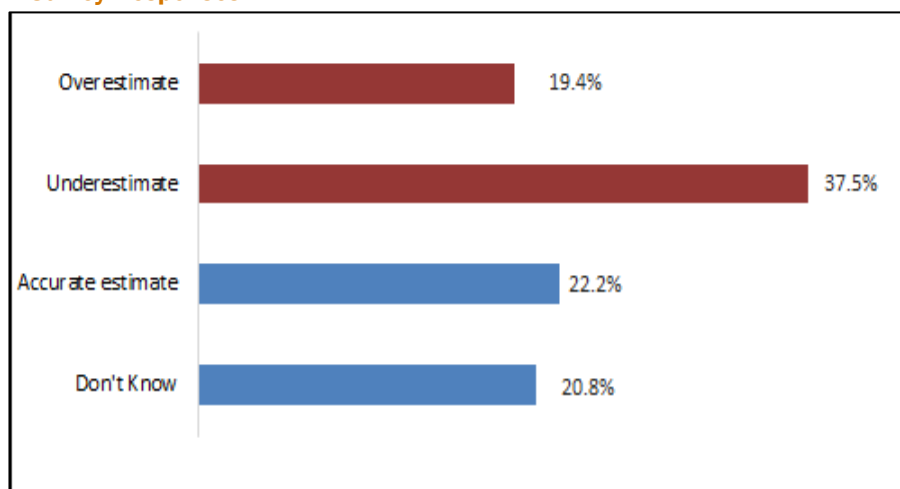
## Do stakeholders know the prevalence of dementia in their communities?

The very first steps toward becoming a dementia-friendly community are to recognize the scope of the problem, and to understand its impact within a community. Survey respondents were asked to estimate the percentage of people with dementia in their community. Rates of Alzheimer’s Disease and other types of dementias are reported for every Massachusetts community in the Massachusetts Healthy Aging Data Report Community Profiles. The survey responses were then compared to the actual rates to see if people are over estimating, under estimating or close to accurately estimating the prevalence.

**We found that most (56.9%) respondents were *not* accurate.**

As seen here in Figure 3, about 20% of respondents over-estimated dementia prevalence, and 37.5% under-estimated the prevalence. Only 22.2% of the respondents accurately estimated the prevalence rate in their community.

**Figure 3. Recognizing the Scope of Dementia in Your Community: Survey Responses**



## Current level of age-friendliness

Survey respondents were asked to indicate which statement in Table 2 (following page) best described their community in terms of age-friendliness.

A little over half (54%) of the respondents said their communities were “actively making the community age-friendly” or already “maintaining age-friendly programs and services.” Another 22% (16) of the respondents were interested in learning more about how their communities might become more age-friendly. We connected these respondents with the leaders of Dementia Friendly Massachusetts to facilitate their ongoing efforts.



**Table 2. Perception of current level of age-friendliness (n=72)**

Description	Frequency
My community/service area...	
...is not thinking about age-friendly issues.	6
...is interested in learning more about age-friendly	16
...is planning/preparing for making the community age-friendly	10
...is actively making the community age-friendly.	25
...is maintaining age-friendly programs/services	14
...tried it, and gave up.	0
I don't know	1

## Current level of dementia-friendliness

Respondents were then asked to consider their communities in terms of dementia-friendliness (as defined above). About 42% (30) of the respondents reported that their communities were actively engaged in making their communities dementia-friendly or are already maintaining dementia-friendly programs and services. As seen in Table 3, a third of the respondents (24) were interested in learning more about making their communities become more dementia-friendly.

**Table 3. Perception of current level of dementia-friendliness (n=72)**

Description	Frequency
My community/service area...	
...is not thinking about dementia-friendly issues.	9
...is interested in learning more about dementia-friendly.	24
...is planning/preparing to be community dementia-friendly.	9
...is actively making the community dementia-friendly.	19
...is maintaining dementia-friendly programs/services.	11

## The in-depth inventory

The inventory includes information provided by the respondents as well as information gathered through the key stakeholder interviews, lists and data obtained from key providers, and through web searches. The following content describes the type of data collected. Respondents were asked to describe the assets in their communities that in their opinions contributed to dementia-friendliness. Over two-thirds (68%) of the respondents offered examples of services and supports that they felt contributed to dementia-friendliness in their communities. As seen in Table 4 (following page), the major examples offered were programs through the Councils on Aging and Elder Services (Aging Service Access Points in Massachusetts) 33%; memory cafes (20%); caregiver support groups (18%) and adult day health services (18%).



**Table 4. Services and Supports (n=49)**

<b>Service or Support</b>	<b>Frequency</b>
Council on Aging/Elder Services	16
Memory Cafe	10
Adult day health services/respite program	9
Caregiver support group	9
Training for professionals	8
Caregiver training	7
Alzheimer's Association programs/other Alzheimer's organization	6
Arts and activity programs	6
First responders/TRIAD/LifeSaver	5
Dementia support group	4
Dementia education and programs	4
Age-Friendly/Dementia Friendly Initiative	2
Assisted living	2
Outreach program	2
Health Council/Healthy Aging	2
Transportation	2
Skilled nursing facility	1
Brain healthy cooking program	1
Dementia-friendly business	1
General public awareness	1

### **Programs, services, champions, and advocates by town**

Respondents provided information on programs, services, individual champions and advocates who made a difference in their communities. Sixty-one percent (44) of the respondents provided information on programs; 53% (38) offered information on services; and about 35% (25) listed champions and advocates.

## Support groups by type and by town

Support groups for persons with dementia and for care partners have been identified as a critical component of dementia-friendly communities (Gonyea & Silverstein, 1991). The Alzheimer's Association offers a full range of support groups for those with the disease and their caregivers. In addition to the groups identified through the Alzheimer's Association Massachusetts/New Hampshire Chapter, respondents were asked to provide information on support groups sponsored through other organizations. Forty-seven percent (32) of the respondents mentioned additional support groups, including the savvy caregiver program. Coordinated by the Healthy Living Center of Excellence (<http://www.healthyliving4me.org/>) the program trains caregivers how to assume a new role (caregiving) for which they are unprepared and untrained. (See Appendix 2 for a listing of support groups).

## Specialized health care programs for people with dementia

Respondents were asked about the availability of specialized health care programs for people with dementia. Specifically, they were asked about: memory clinics, neurologists, dental care, adult day care programs, community-based early stage dementia screening, home adaptations, and any other program they chose to identify. Over 40% (32) of the respondents identified adult day programs in their communities or service areas; 26% (19) noted the availability of memory clinics. Fewer were aware of dental services or home adaptation assistance. Notably most respondents did not answer this question.

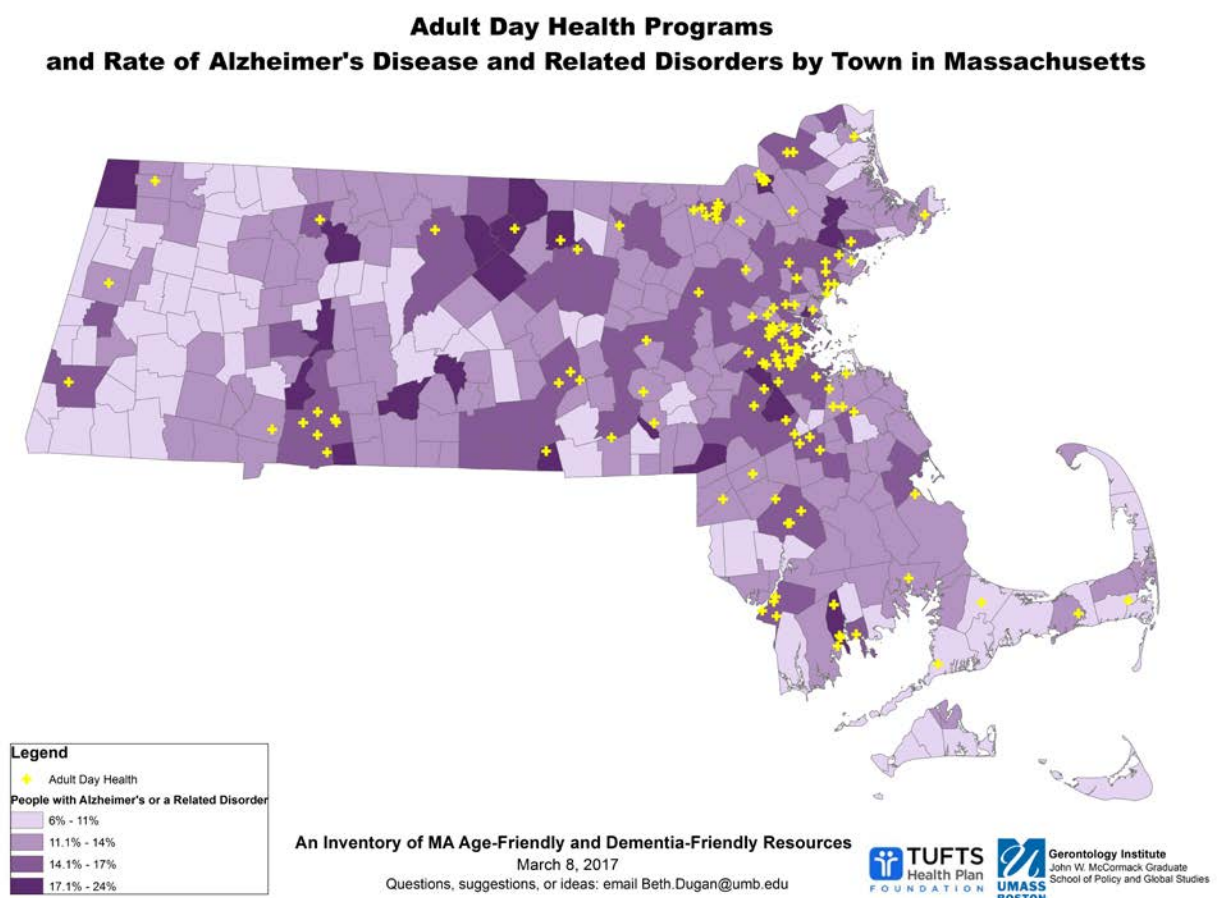
**Table 5. Specialized Health Care Programs (n=72)**

Description	Frequency
Memory clinic	19
Neurologist	10
Dentist	1
Adult day care program	32
Community based early stage dementia screening	12
Home adaption	4
Other	10

## Adult day health programs

Adult day health services are community services provided outside the home for older persons with impairments. According to a report from the Robert Wood Johnson Foundation (2004),

there is a shortage of adult day care services across the nation, including in Massachusetts. These programs are considered key community-based resources for enabling persons with dementia to age-in-place. In a 2010 study of adult day services in Massachusetts, the authors found that reimbursement rates were insufficient to meet the operational costs of serving persons with dementia; that serious chronic conditions in addition to dementia presented challenges to meeting individual and family needs; and that new models were needed to best serve persons in the early states and in the later stages of dementia (Silverstein, Wong, & Brueck, 2010). The map on the below shows adult day health programs listed on the 2015-2016 Massachusetts Adult Day Services Association statewide membership directory (MADSA, 2016) and the rate of Alzheimer's Disease and Related Disorders by town in Massachusetts.



## Faith communities

Faith communities play a central role in the lives of many individuals with dementia and their families. Spirituality and religiosity have been associated with better health outcomes and may

provide a valued social role for older adults that endures long after other supports (e.g., co-workers, spouse) are gone. In addition, being engaged in faith-based activities may reduce social isolation and give individuals hope, reassurance, and an opportunity to connect with others (Beuscher, & Grando, 2009). These organizations often provide welcoming and supportive services that can assist families and the community as a whole. For cultural or racial minority populations, faith communities may play an even larger role compared to majority populations.

Despite the potential benefits of faith communities, most of the survey respondents were not able to identify faith-based organizations in their communities that offered dementia-specific support, outreach or services. Specifically, only 10 respondents were able to identify one when asked via two survey questions. Some organizations identified were: All Saints Episcopal church in Whitman, Temple Emanuel in Newton, and Second Baptist church in South Hadley.

### **Dementia-friendly businesses**

Like faith communities, businesses that are able to accommodate the needs of those living with dementia are important in developing a dementia-friendly community. And since 60% of individuals with dementia live in the community (Alzheimer's Association, 2002), being aware of how to serve those with dementia and their families can also be good business for companies, restaurants, and shops. In an effort to identify dementia-friendly businesses throughout the state, respondents were asked to list any that were welcoming to those with dementia in their community. Out of 72 respondents, only nine identified such a business. It should be noted, however, that 57 respondents chose to skip the question. There are pockets of innovation across the Commonwealth. For example, at key Age- or Dementia-Friendly Summits leaders from the business sector (e.g., the Restaurant Association of Massachusetts, MA Rotary clubs) have actively participated providing a glimpse of how this sector may contribute in the future.

### **Nursing facilities and assisted living residences with special care units**

Like all states, Massachusetts nursing home and assisted living facilities must comply with state regulations in order to receive their bi-annual certification (Executive Office of Elder Affairs, 2017). In 2014, Massachusetts passed a regulation (105 CMR 105.00) that requires relevant employees of nursing homes to complete eight hours of initial dementia-specific training and four hours of re-training annually (Department of Public Health, 2015). Training is required for direct care staff, activity directors, and administrators (Paraprofessional Healthcare Institute, 2016).

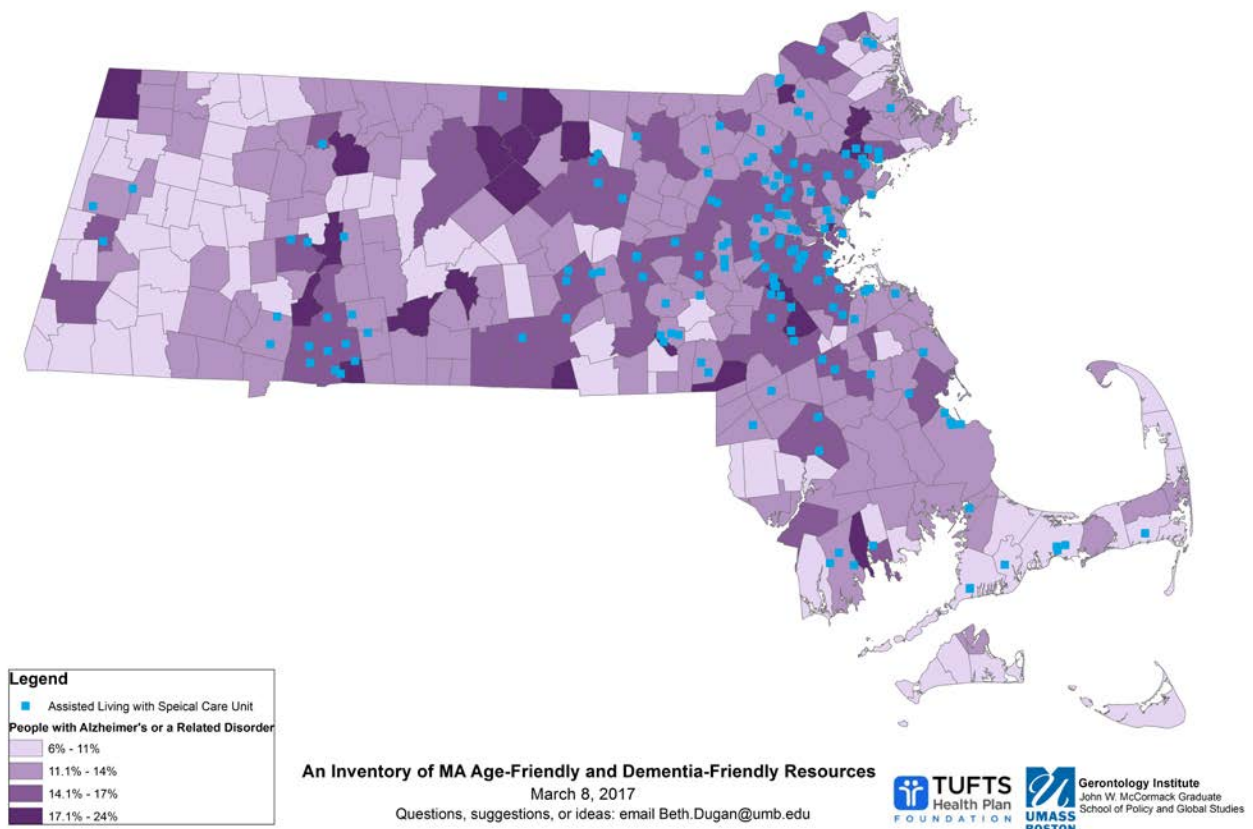
Compliance with this new regulation is overseen by the Massachusetts Department of Public Health (DPH) and applies to nursing homes and some other facilities that offer dementia care. In order for a nursing home or other facility to advertise dementia or memory care services they must meet all the state requirements for a special care unit including staff training (Executive Office of Health and Human Services, 2015). Training must introduce the basic principles of

dementia and dementia care, and include an interactive activity, a test or other evaluation, and provide culturally sensitive information on best practices (Paraprofessional Healthcare Institute, 2016). By mandating dementia-specific training for different levels of staff, DPH and other stakeholders hope to improve the quality of care and safety for long-term care residents with dementia. Since the regulation was passed in 2014, 64 nursing home facilities were cited for not complying with the dementia staff training requirement.

Assisted living residences increasingly provide care for individuals with dementia. About 70% of assisted living residents have some type of cognitive impairment (Zimmerman, Sloane, & Reed, 2014). Since 2006, Massachusetts has required dementia-specific training for assisted living staff (Executive Office of Elder Affairs, 2006). All staff who have contact with residents are required to receive two hours of training on dementia care and cognitive impairments (Executive Office of Elder Affairs, 2016). Managers and service coordinators are required to attend an additional two hours, while staff of special care units must be presented with an additional seven hours of training. The longer training for special care staff is aimed at improving care by covering topics such as “communication skills,” “creating a therapeutic environment,” and “dealing with difficult behavior” (Executive Office of Elder Affairs, 2006). Similarly to nursing home training, several hours of re-education are needed per year.

Assisted living residences with dementia units were identified through the Massachusetts Assisted Living Association (MASS-ALA) website and skilled nursing facilities with special care units were identified through Executive Office of Health and Human Services Department of Public Health. The map on the following page illustrates that most of the assisted living facilities with dementia care units are clustered in the 128 corridor with the rest dispersed across the state.

## Assisted Living Facilities with Dementia Care Units and Rate of Alzheimer's Disease and Related Disorders by Town in Massachusetts

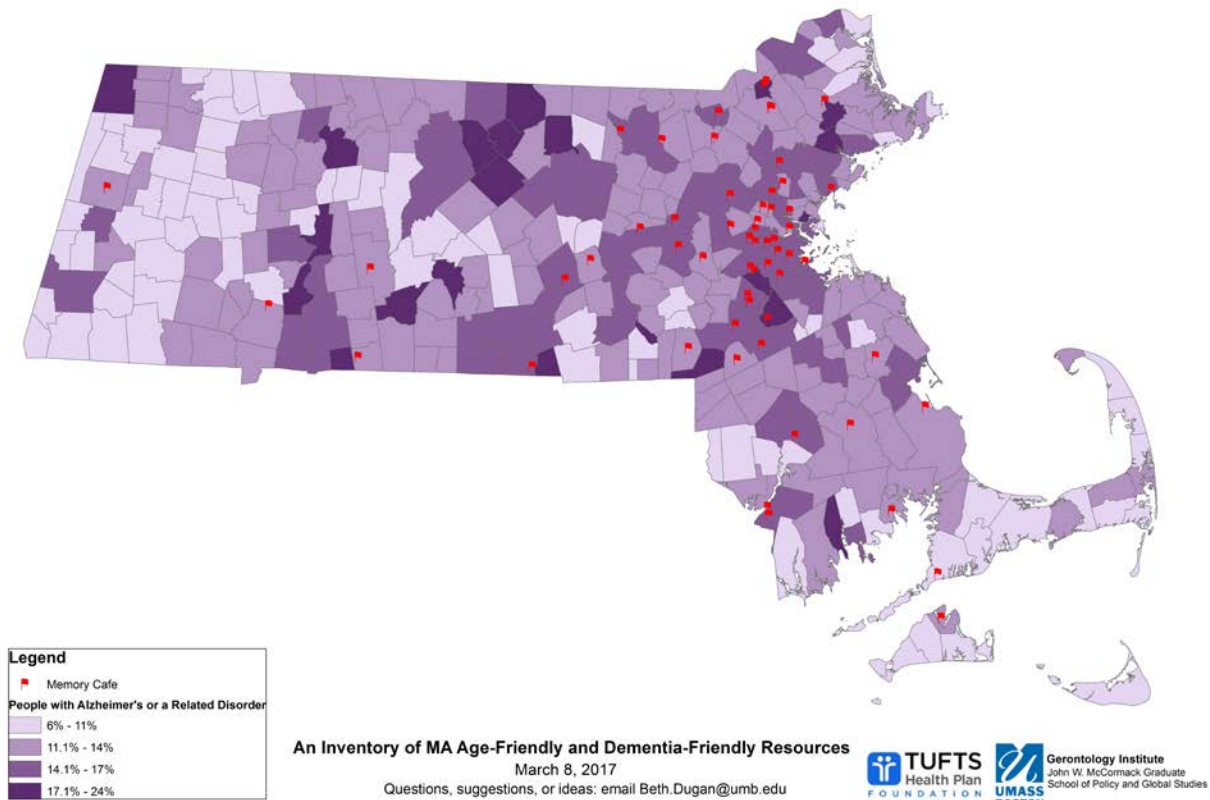


## Memory cafes

A memory cafe is a place that welcomes people with dementia or other changes in their memory and their family and friends. Memory cafes are organized at a variety of places, including coffeehouses, museums, or community organizations. Some cafes invite guest artists, some offer education about memory changes, and some are just for relaxing and chatting. But all cafes share one goal: to help guests feel comfortable and to know that they are not alone. The Jewish Family and Child Services Percolator Memory Café Network and the Dementia Friendly Massachusetts Initiative has spearheaded the expansion of [memory cafes](https://mahealthyagingcollaborative.org/age-friendly/ma/map/) in the state. The map on the following page shows the distribution of memory cafes against the context of the rate of dementia in state communities as of March 2017. An interactive map is online (<https://mahealthyagingcollaborative.org/age-friendly/ma/map/>).



### Memory Cafes and Rate of Alzheimer's Disease and Related Disorders by Town in Massachusetts



## Wandering behavior and the Silver Alert Community Response System

Wandering is a common, and challenging, behavior among adults with dementia. According to the Alzheimer's Association (2016), over 60% of individuals will wander due to feelings of disorientation and confusion. If an adult becomes lost, it is critical that swift action is taken to reduce the risk of death or injury (Silverstein, Flaherty, & Tobin, 2002).

In 2010, Massachusetts established the Silver Alert Community Response System, which connects state and local police departments and human service agencies and facilitates the timely and safe return of adults to their homes. (Massachusetts State 911 Department, 2011). The goal of this program is to improve the response time for finding adults with dementia that have wandered or have been reported missing by mandating that missing person reports involving a person with dementia be recognized as a high risk situation regardless of the amount of time a person with dementia has been missing. (Massachusetts State 911 Department, 2011). A steering committee of state, community, and non-profit agencies has built on these protocols by encouraging communities to participate in a silver alert registration program, in which local

police departments work with families to develop a registry of people living with dementia. This registry may include descriptive information and a photo to help to quickly locate a person lost due to wandering. When someone registered with the program is reported missing, the local police department conducts an initial search and issues a state-wide silver alert (Massachusetts State 911 Department, 2011). (The Executive Office of Elder Affairs supplied the list of 27 cities and towns that have established silver alert registration programs.)

## **TRIAD**

A community initiative that partners law enforcement, older adults, and community groups is called a TRIAD initiative. TRIAD aims to reduce the victimization of older adults, raise awareness of crimes committed against older adults, and increase the quality of law enforcement services delivered to this population. TRIAD offers a way for law enforcement and emergency services to connect with aging-related services and supports.

TRIAD is administered at the local level through Senior and Law enforcement Together (SALT) councils, comprising representatives from a wide range of organizations including local police departments, District Attorney Offices, Councils on Aging, Elder Services, clergy, and others.

Some TRIAD activities that can help people with dementia include:

- House numbering programs that assist local police departments by clearly marking the number of the home. This reduces the time spent looking for a residence if an individual with dementia wanders.
- Lock boxes placed outside the home to make it possible for family members, friends or police to access house keys and let the older adult back into their home.
- File for Life, an emergency preparedness program that encourages community members to fill out medical information cards. When a completed medical information is available, first responders such as EMTs can more easily identify a person with dementia and treat them accordingly.
- SafetyNet, a company selling tracking bracelets for individuals with cognitive impairments, which can help police locate missing persons. This technology may bring peace of mind to family members, friends, and other relatives. SafetyNet bracelets cost around \$200 for enrollment and \$30 per month for the lease of the technology (SafetyNet Tracking Systems, 2016).

Since TRIAD is administered at the county level, all 14 county sheriff's offices were called and asked to provide a list of the TRIAD communities in their respective counties. Seven out of the 14 counties (comprising about 108 communities across Massachusetts) currently have active TRIAD programs.



## **Acute care and dementia**

According to Medicare claims data, older adults with dementia are hospitalized at a rate of three times greater than older adults without dementia. Rates were higher for persons with dementia and co-existing conditions (e.g., diabetes, congestive heart failure, and chronic obstructive pulmonary disease (Maslow, 2006). While experts debate whether it is better to treat acute needs within community-based settings or hospitals, the reality is that people with dementia are hospitalized. The hospitalization itself may contribute to new problems like delirium, falls, or incontinence for a person with dementia (Maslow, 2006).

We gathered information on hospitals, rehabilitation settings, and outpatient services that specialize in treating persons with dementia. We explored the extent to which age-friendly hospitals—those designated as Nurses Improving Care for Health System Elders (NICHE) hospitals may also have dementia-friendly attributes. Appendix 3 provides a listing of the programs and locations.

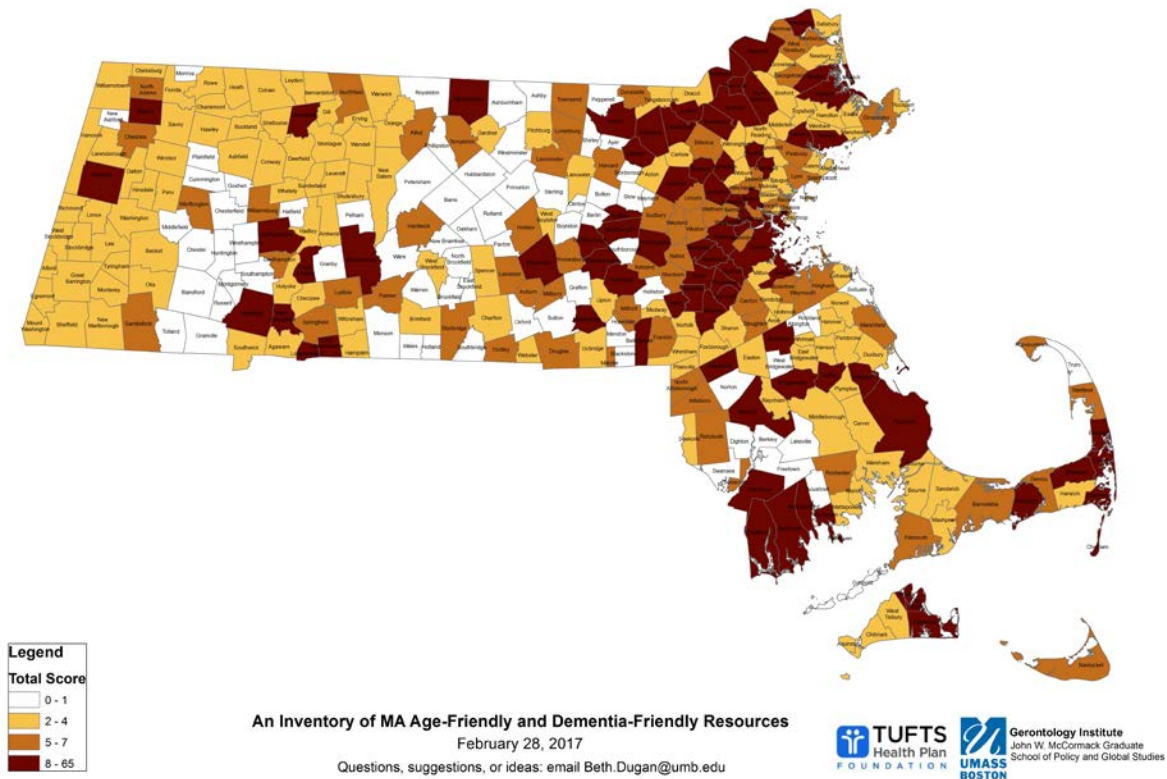
## **Transportation**

Getting where you want to go, when you want to go there becomes a challenge for persons with dementia and their care providers. Cognitive impairments impact both driving skills and the ability to use public transportation (Silverstein & Turk, 2015). Rather than “curb-to-curb” on-demand transportation (e.g., taxis or Uber) dementia-friendly transportation offers “door-to-door,” “door-through-door,” or “stay at the destination” assistance through a paid or volunteer escort. Forty-two percent (30) of the respondents offered information on specific transportation programs. (See Appendix 4 for a list of transportation options and programs identified by the survey respondents as appropriate for people with dementia. We acknowledge that there are other volunteer driver programs across the state that were not identified by the survey respondents.)

## **Creating a Dementia-Friendly Score**

Cities and towns were given a point for each criterion identified as available in that city or town. Where there was more than one dementia-related facility in the same city or town, additional points were given for that criterion.

## Dementia Friendly Communities in Massachusetts: Summary Score



The Dementia Friendly Score was comprised of: availability of adult day health services, assisted living with special care units, nursing homes with special care units, support groups for caregivers, support groups for persons with dementia, dementia-friendly community efforts, Memory Cafes, a council on aging, are age-friendly, responses to survey questions from EOE, have a TRIAD, participate in silver alert, and have a NICHE hospital (see Appendix 5 for data sources). **It is important to note that even the communities with the highest, most dementia-friendly score still have a long way to go to truly achieve the goal of being a supportive, safe, enriching place for those with dementia.** Further, the map looks quite different when dementia-friendly supports and services are calculated on a per capita basis. In the per capita analyses the densely populated Boston metro area appears vastly underserved and western Massachusetts looks resource rich. **One take-away is that however the issue is approached, we have work to do. We need more education, services, supports, and innovations to truly make Massachusetts dementia-friendly.**

### Stakeholders' advice on missing or needed services

The survey respondents were asked to list services they thought were missing or limited in their communities. Forty-nine percent (35) of the respondents offered comments on the lack of

services. Several respondents mentioned a need for more services and programs for persons with dementia and/or their caregivers including:

- Support groups for people with dementia
- Increased access to mental health services
- Greater opportunities for people with dementia to socialize with others
- Training and mentorship programs for caregivers
- Education and training about dementia for young adults, business owners, and community members
- Nighttime and weekend support groups for caregivers
- More knowledgeable counselors to help ease caregiver burden

Many comments related to the need for a broader awareness of dementia. Respondents mentioned the need for making health care providers, businesses, organizations, and families more responsive and mindful of the unique challenges of living with a cognitive impairment. The needs can be particularly acute for individuals from racial or ethnic minorities or those with limited ability to speak English. One respondent said: *“Because of the large minority population in our community there needs to be more understanding, knowledge, and education around what dementia is and how it affects the person and family.”* Another respondent remarked: *“I think that formal training for all the businesses and business owners is missing. We have many people who are living with dementia, both within the community itself and...assisted living [facilities] who still go out with their families to restaurants, events, and doctors’ offices.”*

## Discussion

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The proliferation of Age-Friendly communities in just a few years has been explosive and exciting. Similarly, the Dementia-Friendly movement is sweeping across the state. In less than three years, a wide range of services, leaders, and knowledge related to dementia have appeared, or expanded, across the state.

This research provides a unique, in-depth inventory of dementia-friendly services, programs, and community assets in Massachusetts. A scan of communities engaged in age-friendly efforts was also conducted and the results mapped. For those interested in a more comprehensive review of age-friendly resources in individual Massachusetts communities, please see the [Massachusetts Healthy Aging Data Report](#).

Although significant age-friendly and dementia-friendly resources exist in the state, gaps remain even as demand increases. **We note that vulnerable populations (e.g., age, language, live alone, poor) are particularly underserved.**

Educational programs are needed to better train those providing care to people with dementia. Given the low compensation of entry level or direct care workers, a career ladder should be in

place to attract workers to these essential jobs. The creation of full scholarships for nursing or health care students is one option that might help address this challenge. In addition, current regulations on dementia care training only apply to individuals already working in institutional care settings. Such training would also benefit those providing care to persons with dementia who live in home and or other community-based settings.

Advances in technology are creating new tools and solutions that may help those caring for older adults and those living with dementia. For example, relatively affordable wearable technology has the potential to transform the lives of those living with dementia. A bracelet or other wearable can be set to send a warning signal if the wearer leaves a defined area; other devices offer GPS tracking ability that can help locate someone who is lost. This may help keep such persons safe while also reducing the stress of caregivers. But before such technology becomes widely used there is an ethical debate to be resolved about personal autonomy and privacy rights in the context of cognitive impairment and competency.

## **Recommendations**

1. It is hard to make changes if there is no awareness of a problem. Increase awareness of prevalence rates and trends of dementia within communities.
2. Build on the foundations laid by the Age-Friendly movement to move communities toward becoming more Dementia-Friendly. Tap existing resources and expertise.
3. Disseminate toolkits and resources on becoming an Age-Friendly and Dementia-Friendly community.
4. Convene sector leaders (housing, faith communities, business, etc.) to ask them how to make their sectors more Age- and Dementia-Friendly and what is needed to make progress.
5. Address disparities. Understand the specific needs, assets, and service gaps for cultural and linguistic minorities, and direct resources to address these needs.
6. Target underserved communities to help build their capacity for dementia-friendly work (for example, by helping to write mini grant programs to fund staffing).
7. Work with communities to establish more Silver Alert and TRIAD programs with a focus on dementia. Developing systems and trainings to help first responders (fire, police, ambulance) deal with people with dementia in crisis is needed.
8. Encourage innovation in transportation. An increased use of volunteer escorts and the development or expansion of volunteer driver programs that provide the levels of assistance needed to support community mobility (including through the door and stay at the destination) is needed.

# Conclusions

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Older adults in the U.S. overwhelmingly want to remain in their own homes and communities as they age (Harrell, R., Lynott, J., Guzman, S., Lampkin, C., 2014). The age-friendly movement supports this widely-shared aspiration, and, within this frame, more recent dementia-friendly efforts specifically target the needs of people with dementia and other cognitive deficits. In Massachusetts a wide array of government entities, institutions, organizations, and non-profit groups are pursuing changes that push both of these paradigms forward.

This report summarizes an initial inventory of facilities and services in Massachusetts that relate to, or are part of, dementia-friendly efforts. The results offer both hope and reasons for concern. Although efforts are being made at every level, and clearly coordination between “age-friendly” and “dementia-friendly” strategies and programs creates synergy, these two approaches often operate in parallel instead of in tandem. Providing more integration of these efforts could facilitate progress in both spheres.

In addition, while there has been a dramatic increase in the number of communities working to become more age-friendly, **most of the state is not**. We know that some communities are making strides in becoming more age-friendly but haven’t applied to be on AARP’s list or done other things to garner much attention. This is unfortunate because the exchange of support, encouragement, and lessons learned is diminished because communities are not considering age-friendly opportunities in a strategic way. Efforts to raise awareness among care providers and the general public, as well as to provide technical support to health care professionals at all levels, should be increased. Much of the state’s population of older adults remains under-served, whether they have dementia or not, and racial minorities and lower-income older adults are particularly at risk and vulnerable.

The results of this report can inform and guide efforts to make Massachusetts communities more welcoming and supportive for people with dementia. Policy makers may use this information as well. For example, the newly-created Alzheimer’s Disease and Related Dementias Acute Care Advisory Committee under the leadership of the Department of Public Health and Executive Office of Elder Affairs, may find these data helpful as it pursues its work. Also, the Governor’s Council to Address Aging Issues in Massachusetts may benefit from the results of this research. By working collaboratively, sharing information, and continuing to look for evidence-based models of care and support, we can make a real difference in the lives of older adults and those who care for them.

# Appendices

## **Appendix 1. Maps**

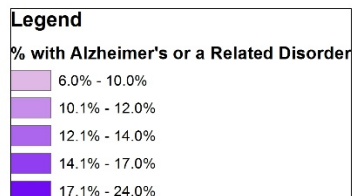
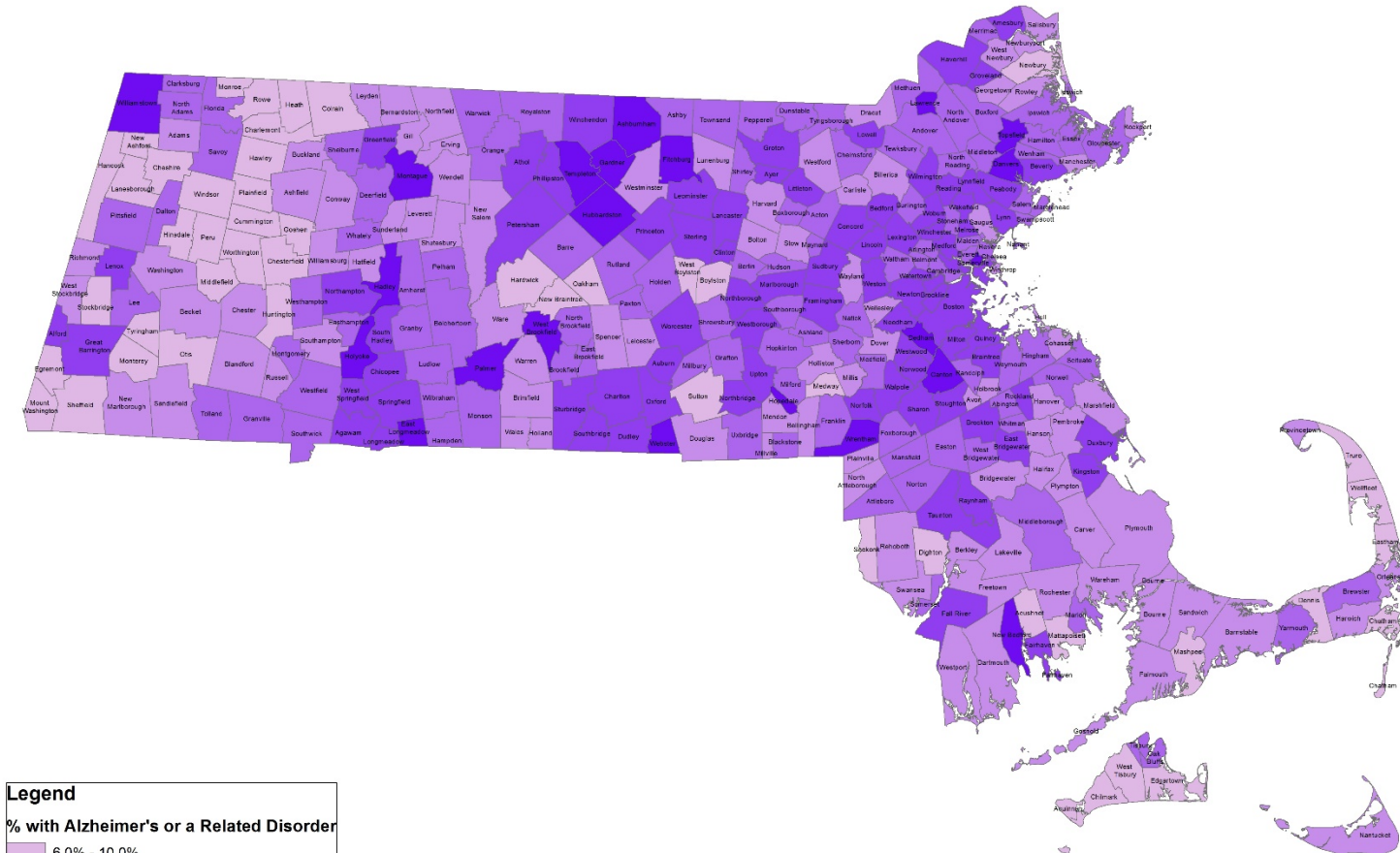
## **Descriptive Maps**

1. Community Rates of Alzheimer's Disease and Related Disease
2. Age-friendly Communities in MA



# Map 1

## Percentage of Medicare Beneficiaries > Age 65 with Alzheimer's Disease or a Related Disorder, by Town/City/Community



### An Inventory of MA Age-Friendly and Dementia-Friendly Resources

January 31, 2017

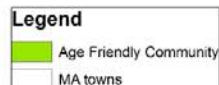
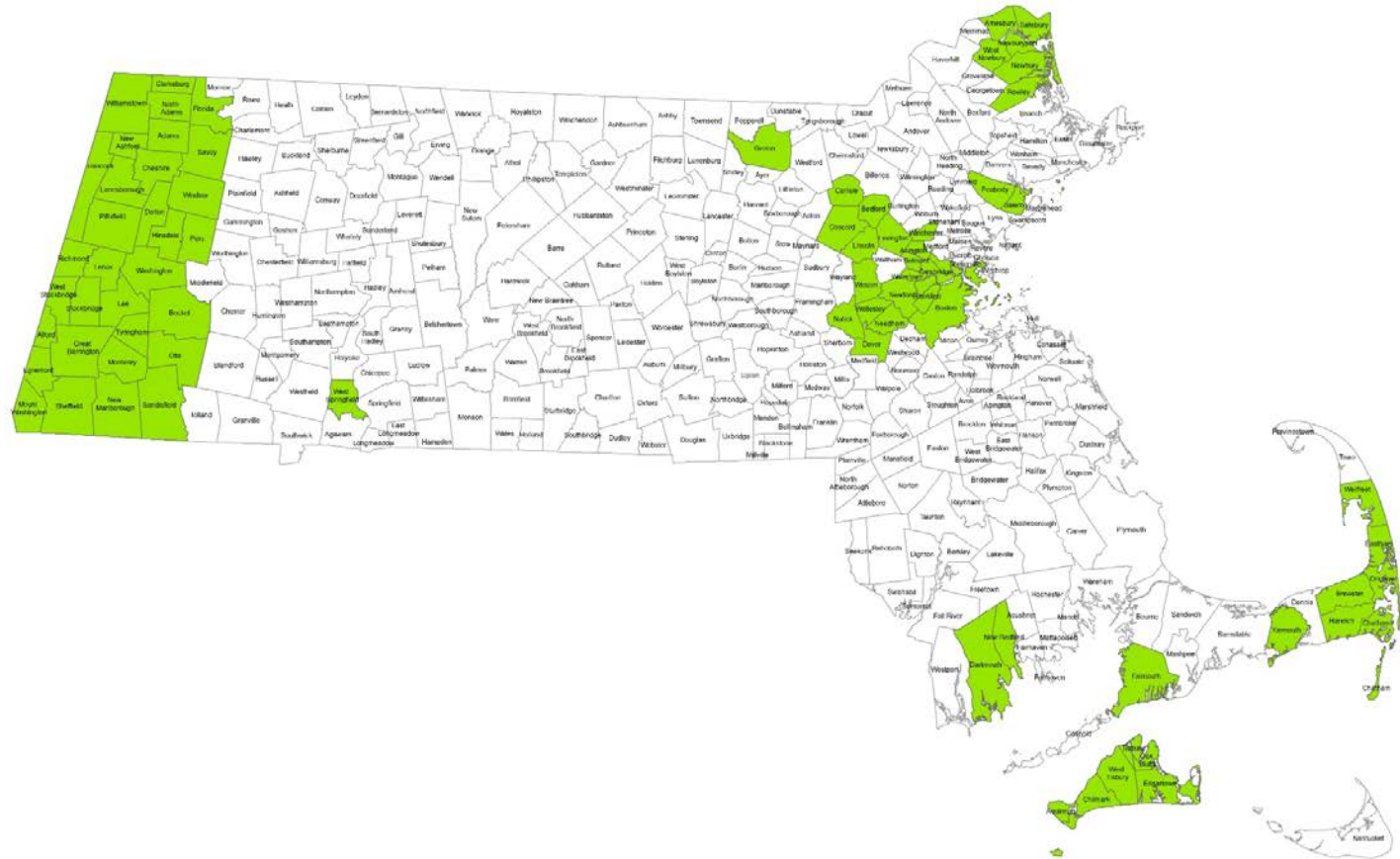
Questions, suggestions, or ideas: email [Beth.Dugan@umb.edu](mailto:Beth.Dugan@umb.edu)



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Map 2

## Age-Friendly Communities in Massachusetts



### An Inventory of MA Age-Friendly and Dementia-Friendly Resources

February 15, 2017

Questions, suggestions, or ideas: email [Beth.Dugan@umb.edu](mailto:Beth.Dugan@umb.edu)

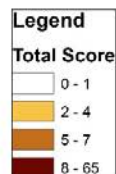
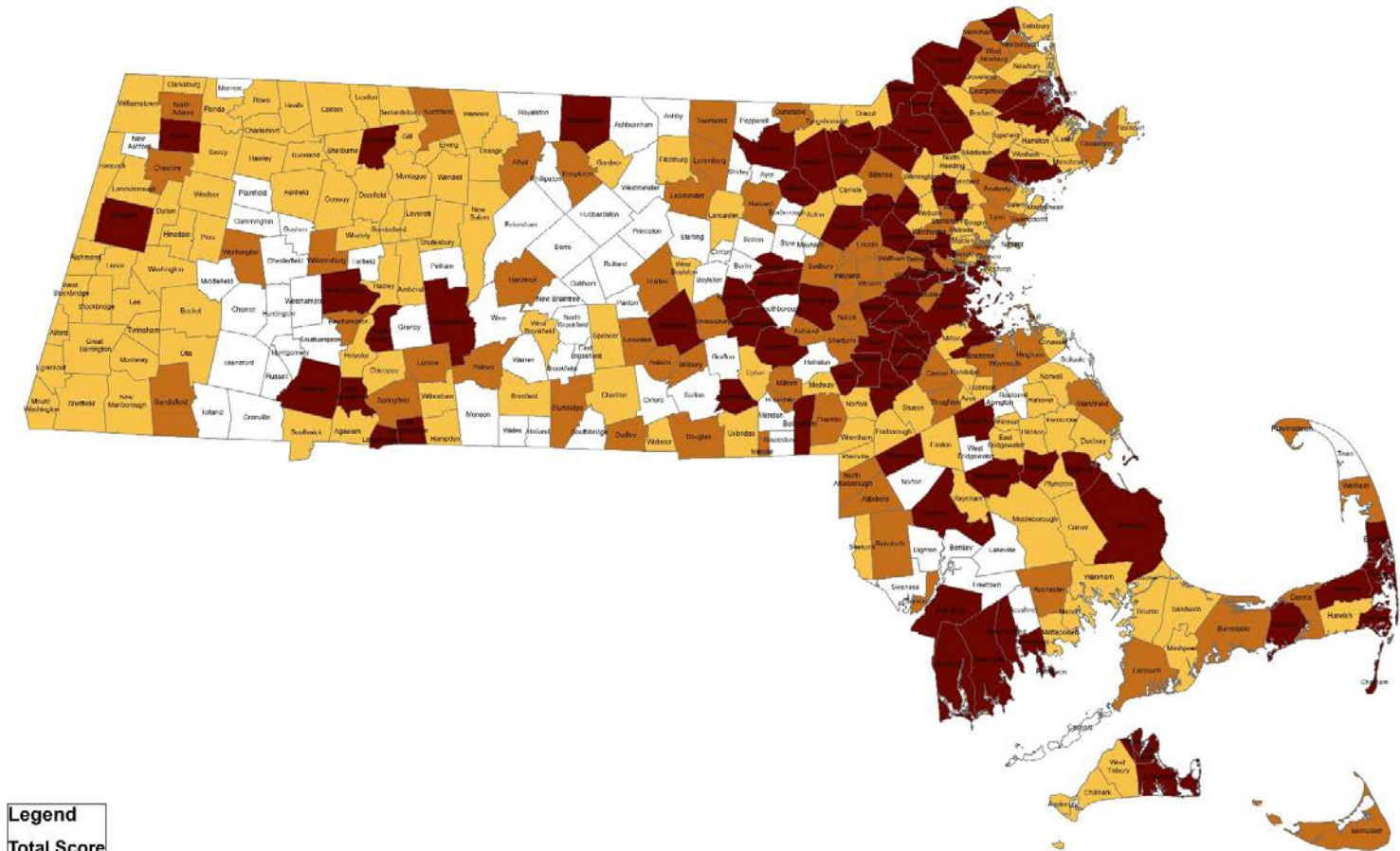


## **Descriptive Maps**

3. Distribution of Dementia-Friendly Communities Using a Summary Count
4. Distribution of Dementia-Friendly Communities Using a Per Capita Approach

### Map 3

## Dementia Friendly Communities in Massachusetts: Summary Score



An Inventory of MA Age-Friendly and Dementia-Friendly Resources

February 28, 2017

Questions, suggestions, or ideas: email [Beth.Dugan@umb.edu](mailto:Beth.Dugan@umb.edu)

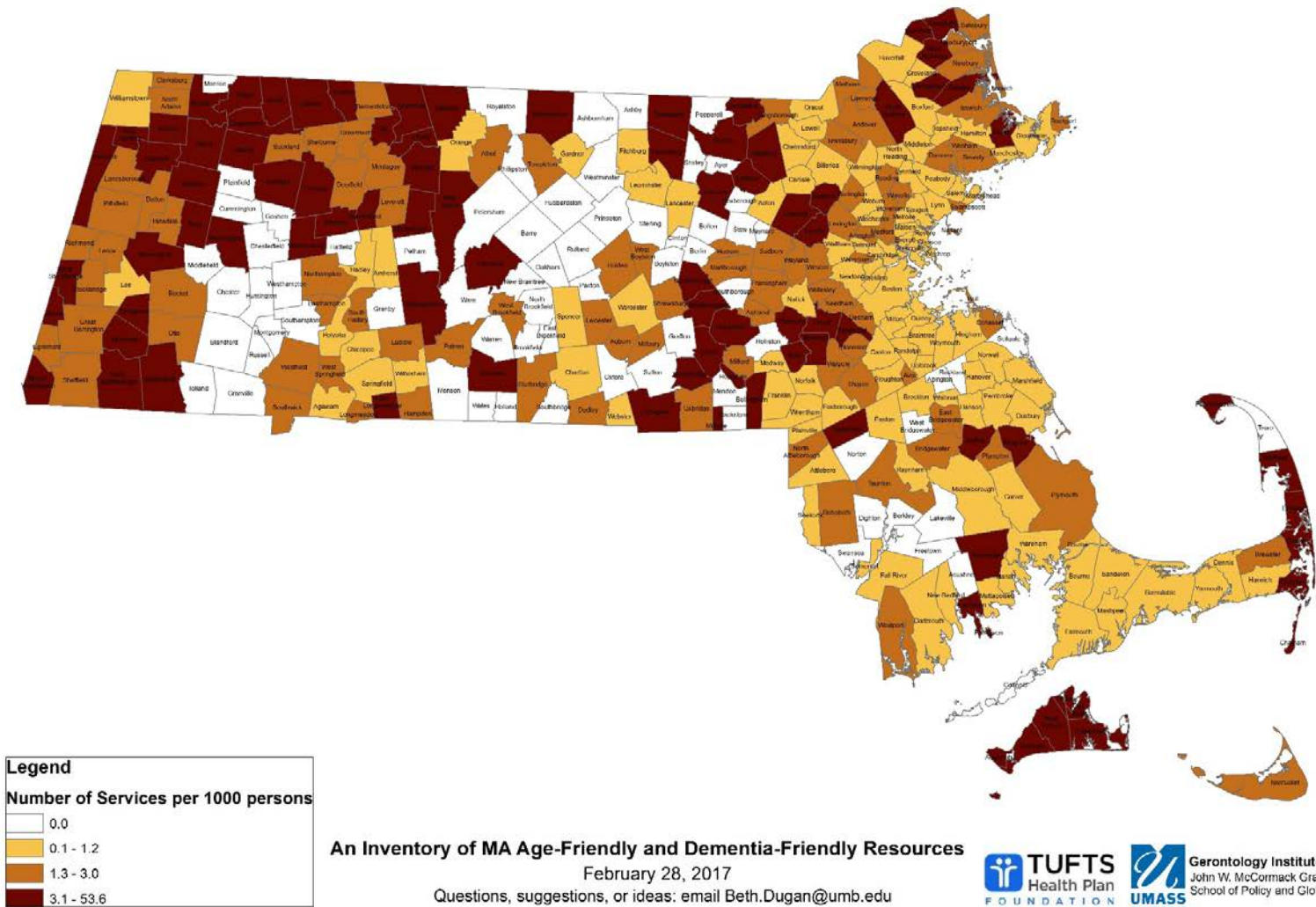


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Map 4

# **Number of Age-Friendly and Dementia-Friendly Services per 1000 Older Adults (Aged 65+) by Town in Massachusetts**



## **Descriptive Maps**

5. A Summary Map of All Dementia-Friendly Programs and Services over the Community Rates of Alzheimer's Disease and Related Disorders

*The following maps show individually the various programs and services in the summary map and Community Dementia Rates.*

6. Adult Day Health Programs

7. Support Groups

8. Assisted Living Facilities with Dementia Care Units

9. Nursing Homes with Dementia Care Units

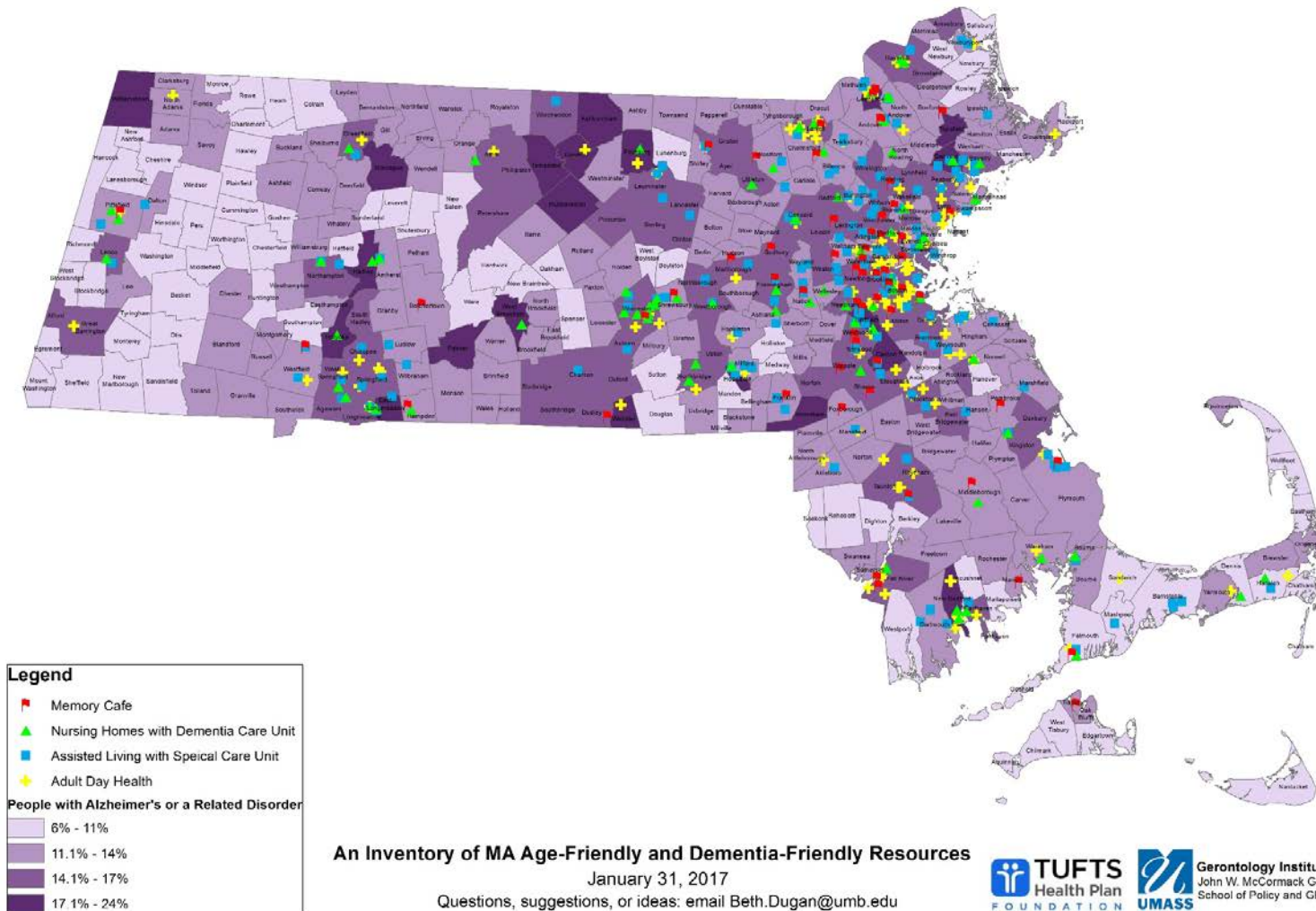
10. Hospitals

11. Memory Cafes

12. Active and Emerging Dementia-Friendly efforts

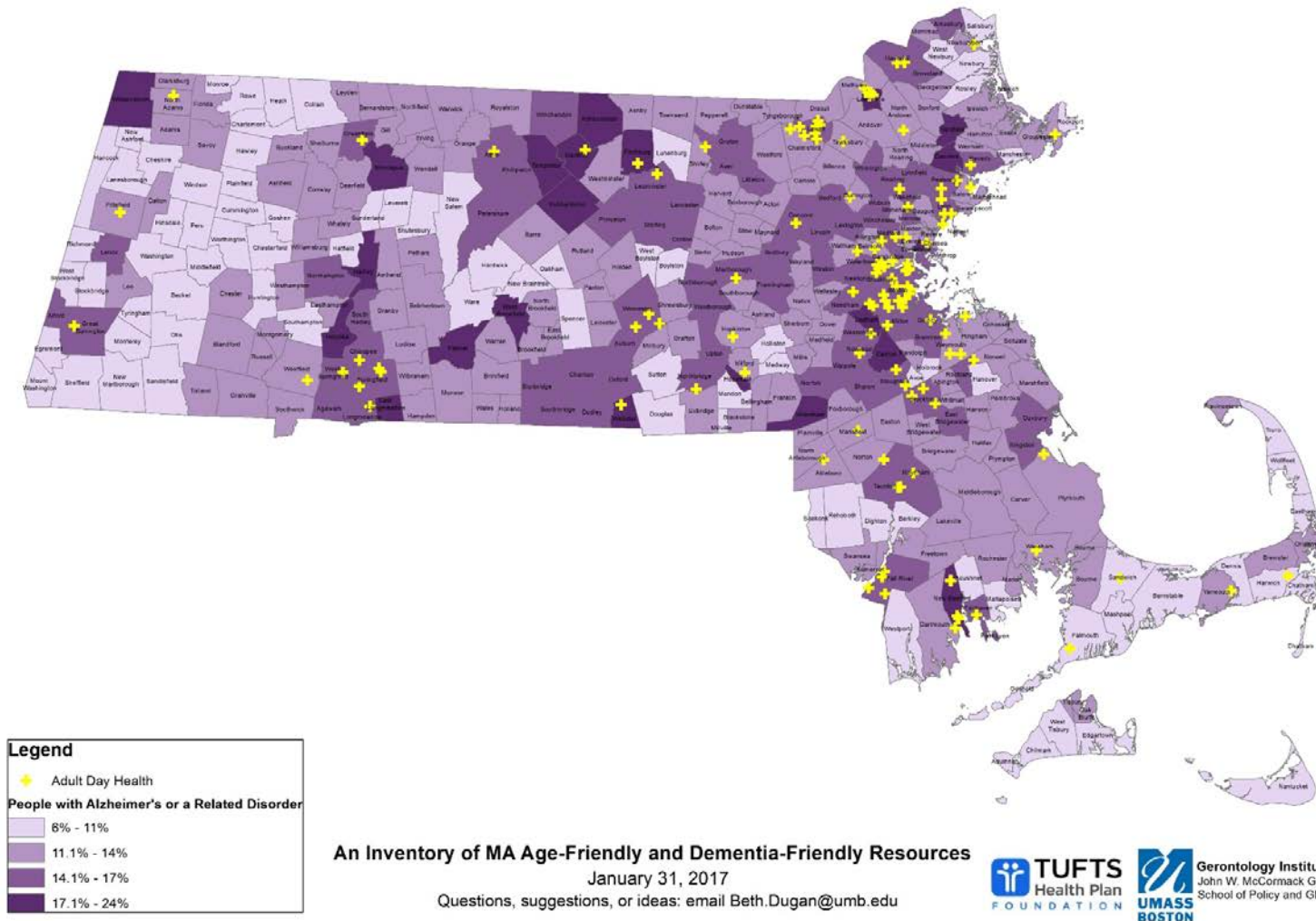
Map 5

# **Distribution of Dementia-Friendly Programs and Rate of Alzheimer's Disease and Related Disorders by Town in Massachusetts**



Map 6

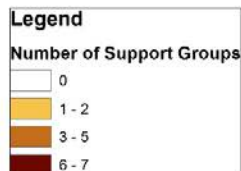
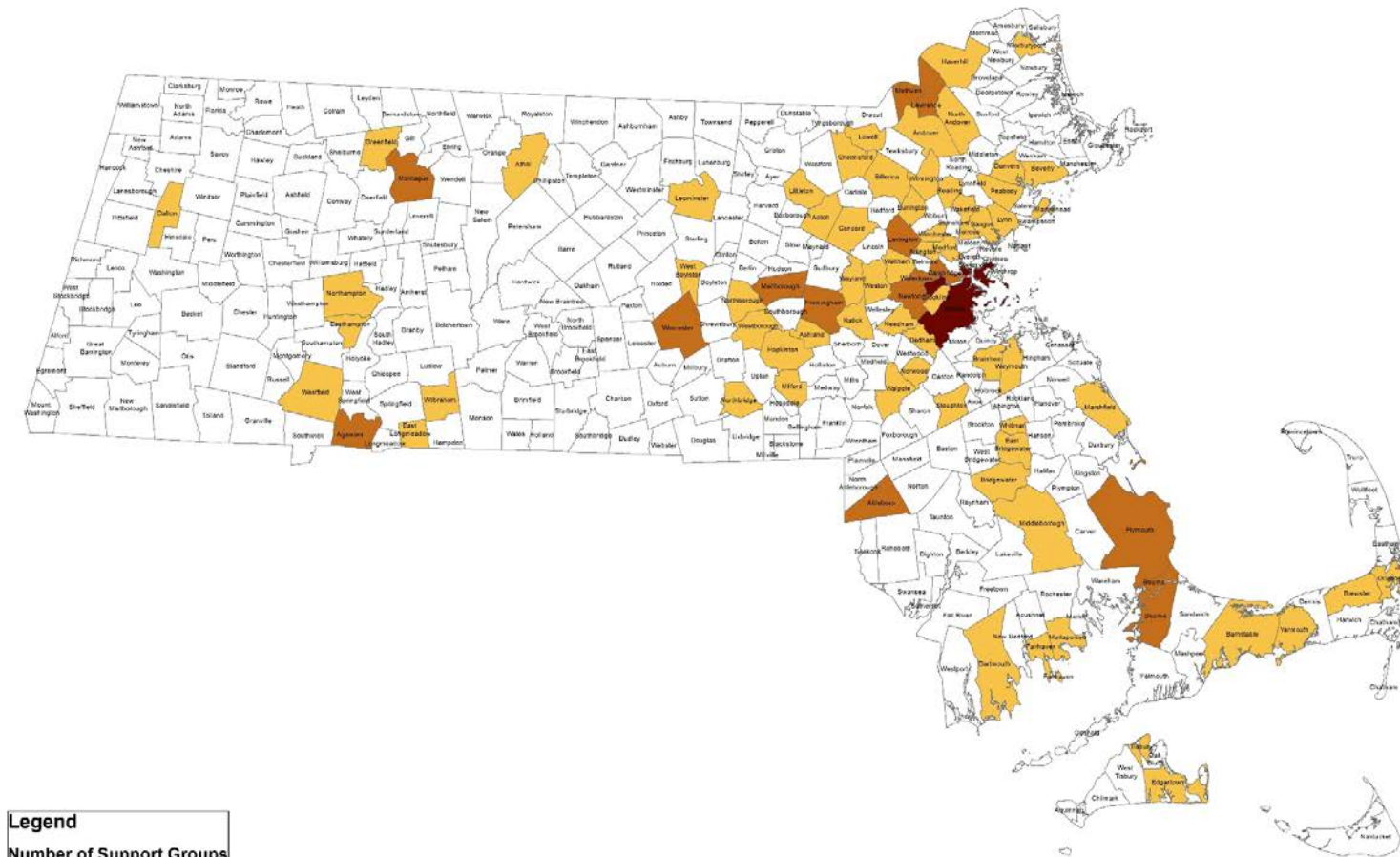
# **Adult Day Health Programs and Rate of Alzheimer's Disease and Related Disorders by Town in Massachusetts**





Map 7

## Dementia Related Support Groups by Town in Massachusetts



An Inventory of MA Age-Friendly and Dementia-Friendly Resources

January 31, 2017

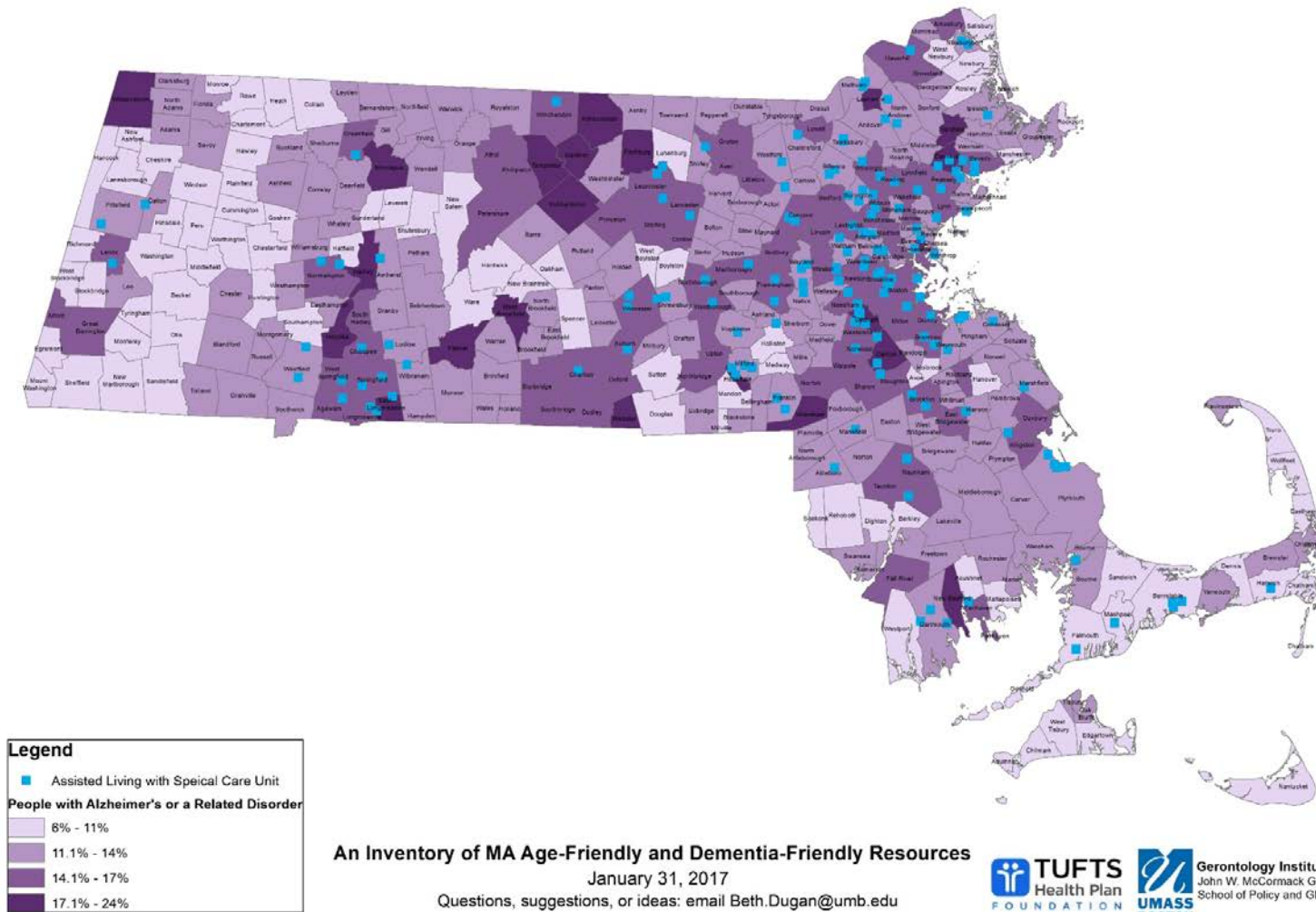
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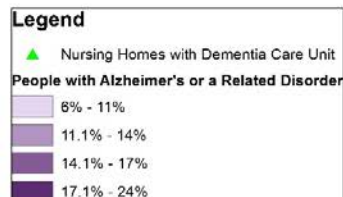
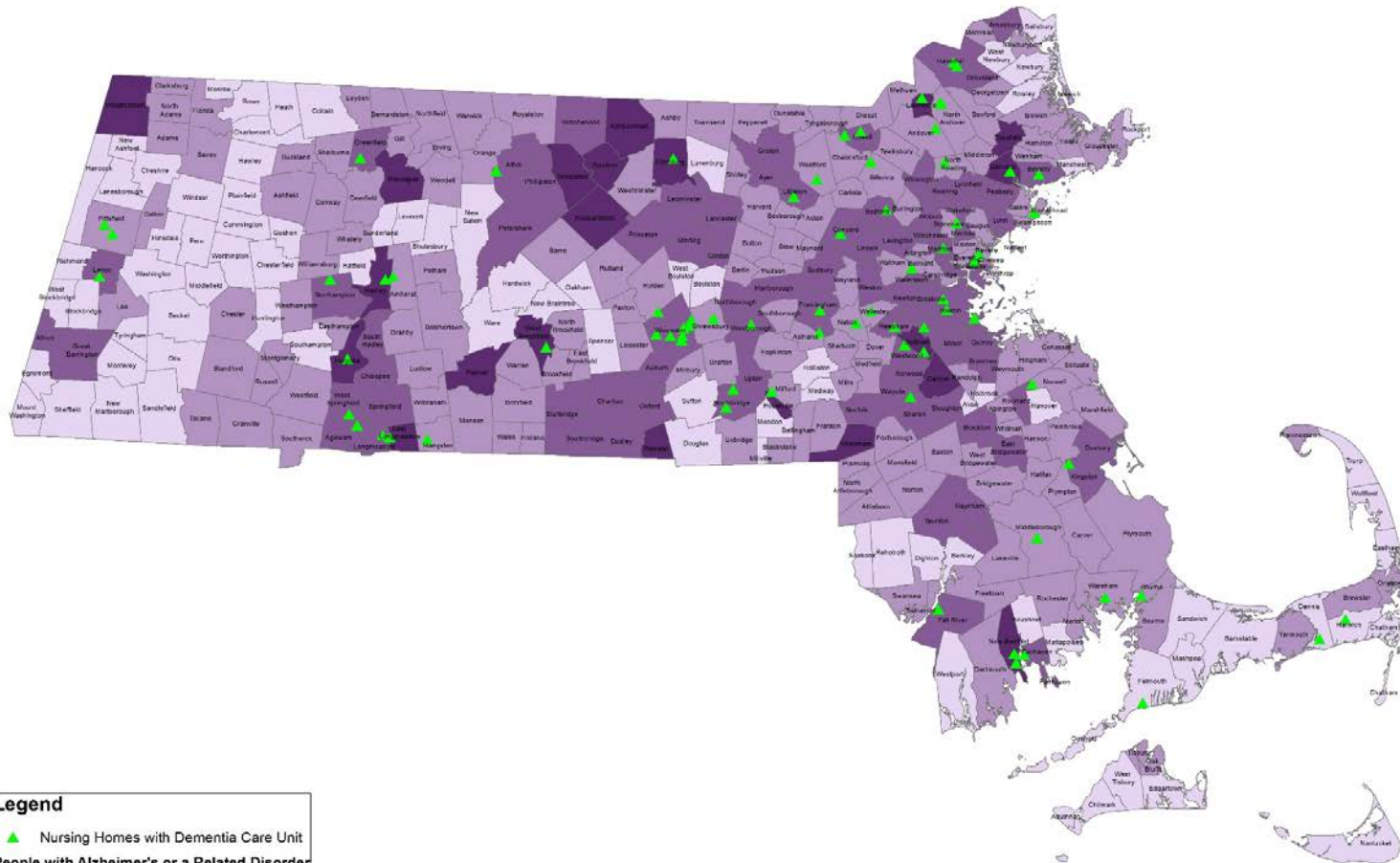
Map 8

# **Assisted Living Facilities with Dementia Care Units and Rate of Alzheimer's Disease and Related Disorders by Town in Massachusetts**



Map 9

# **Nursing Homes with Dementia Care Units and Rate of Alzheimer's Disease and Related Disorders by Town in Massachusetts**



An Inventory of MA Age-Friendly and Dementia-Friendly Resources

January 31, 2017

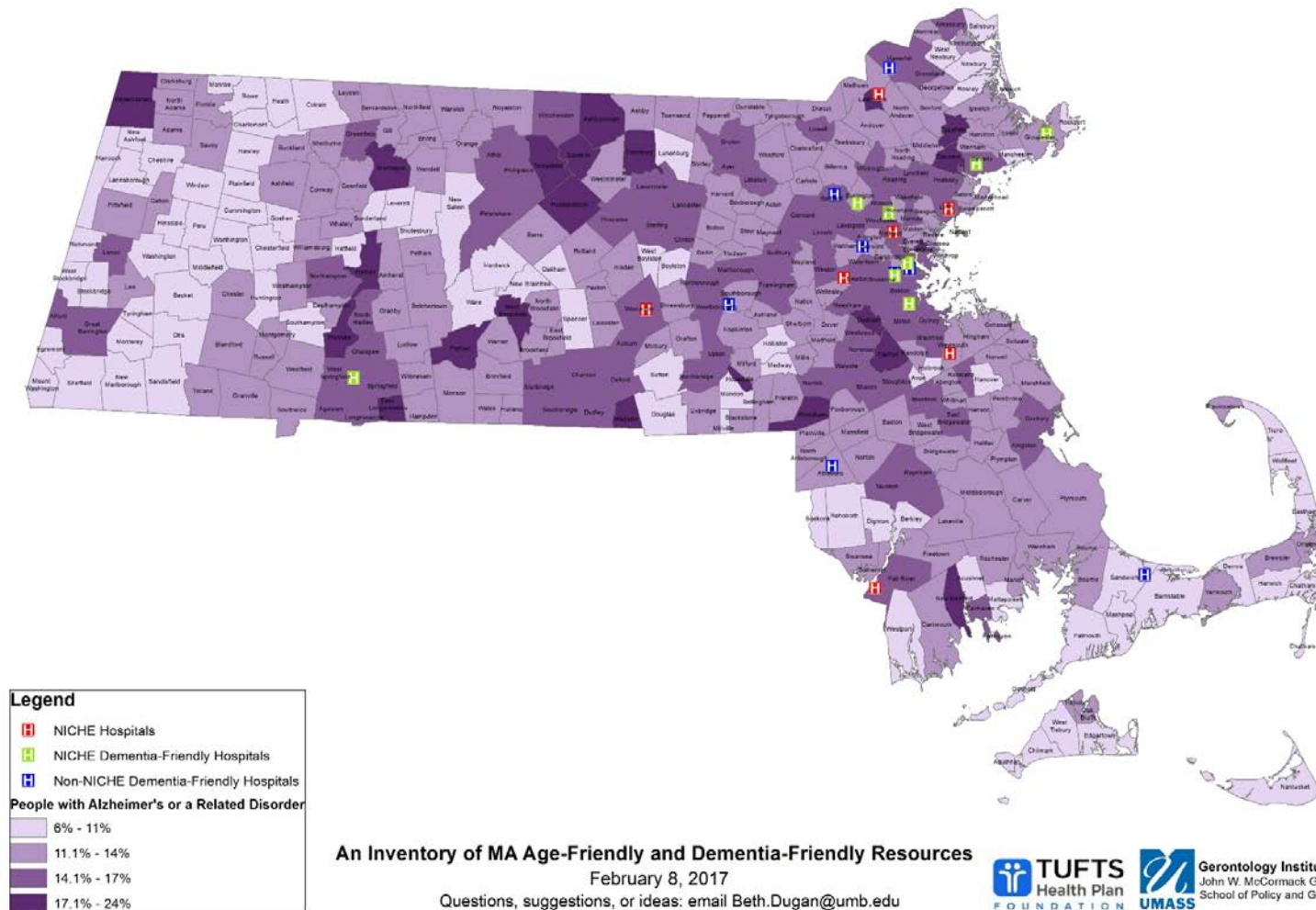
Questions, suggestions, or ideas: email [Beth.Dugan@umb.edu](mailto:Beth.Dugan@umb.edu)





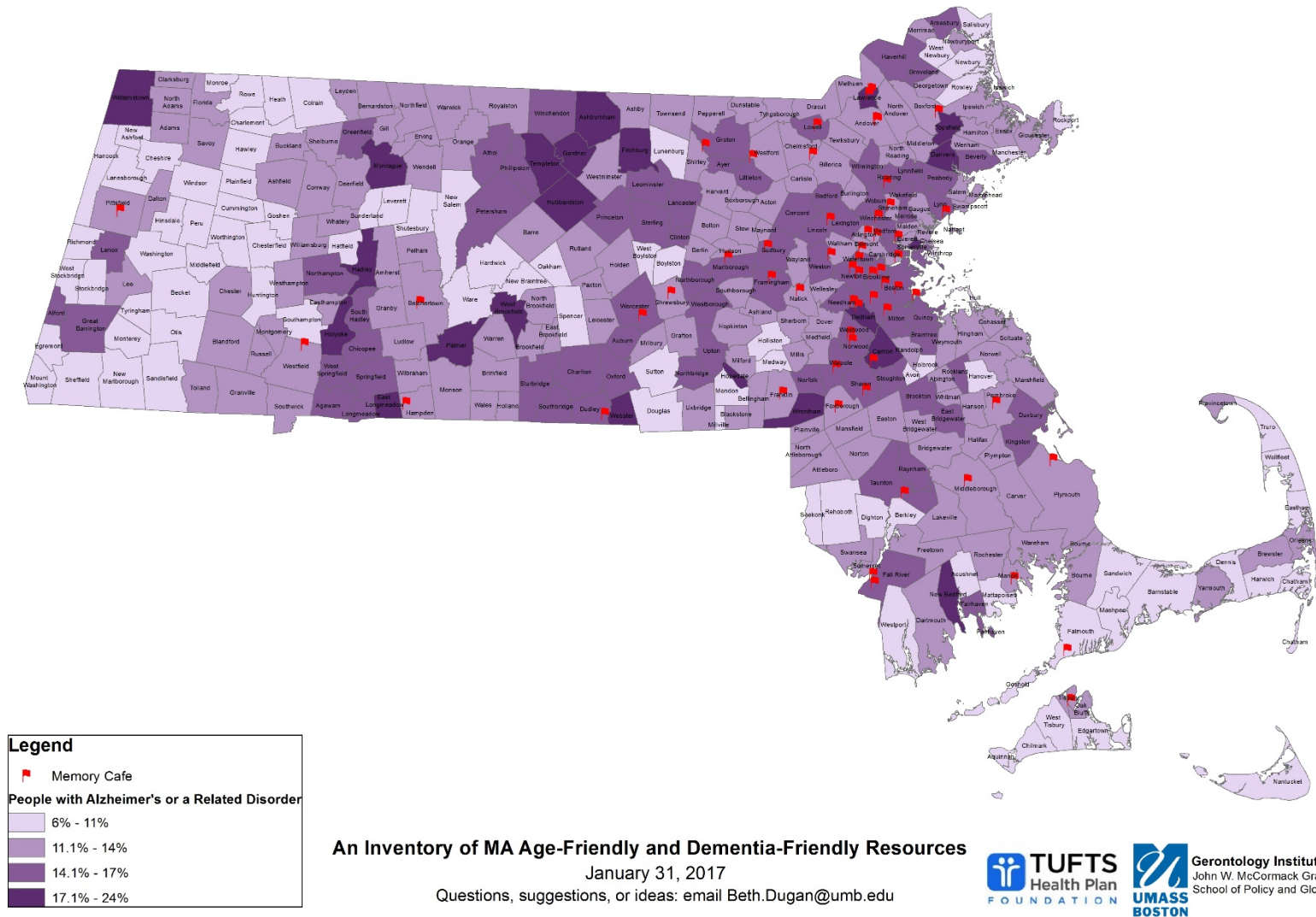
Map 10

# **Distribution Age-Friendly and Dementia-Friendly Hospitals and Rate of Alzheimer's Disease and Related Disorders by Town in Massachusetts**



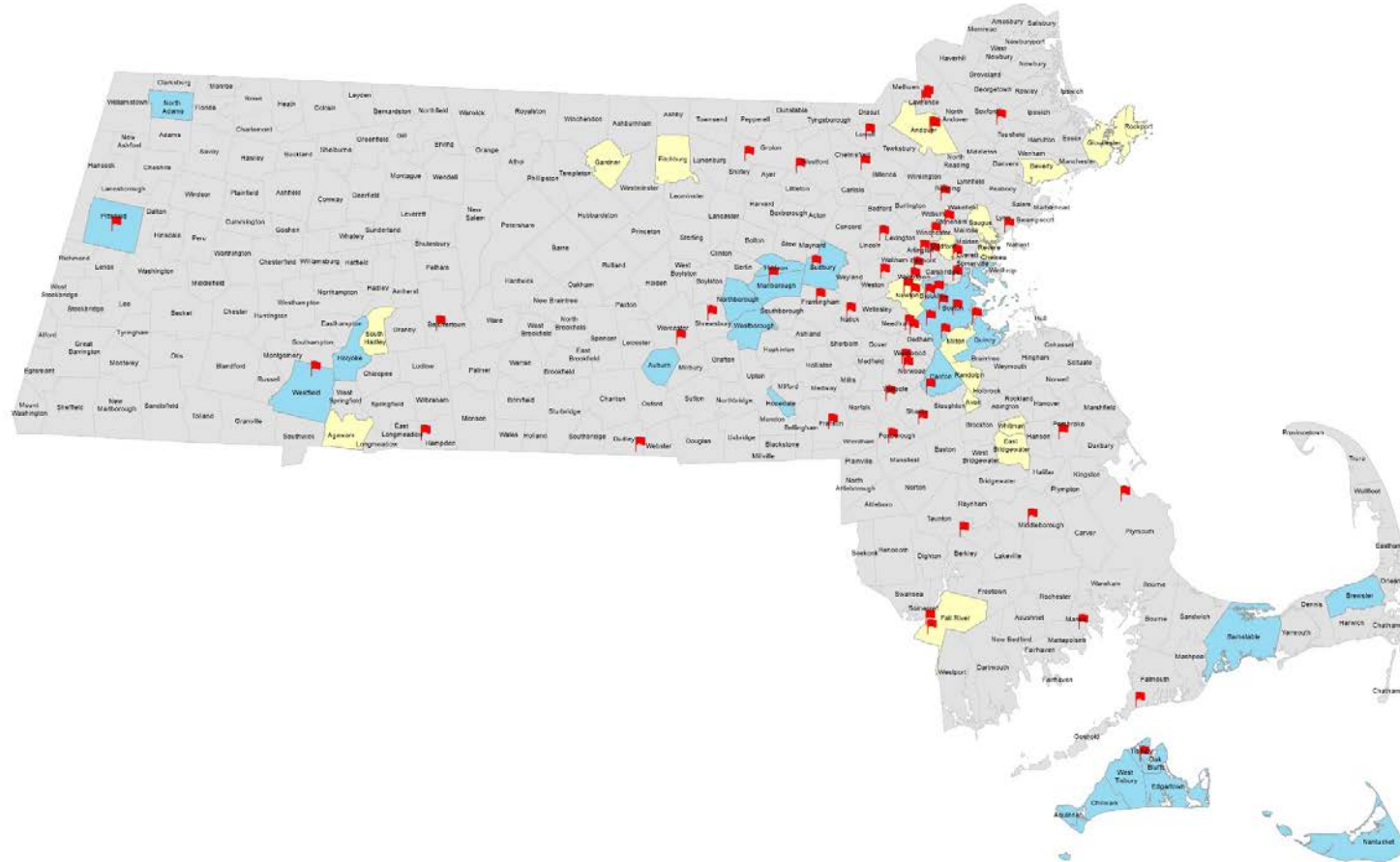
Map 11

## Memory Cafes and Rate of Alzheimer's Disease and Related Disorders by Town in Massachusetts



Map 12

## Communities with Active/Emerging Dementia-Friendly Initiatives and Memory Cafes in Massachusetts



### An Inventory of MA Age-Friendly and Dementia-Friendly Resources

January 31, 2017

Questions, suggestions, or ideas: email [Beth.Dugan@umb.edu](mailto:Beth.Dugan@umb.edu)



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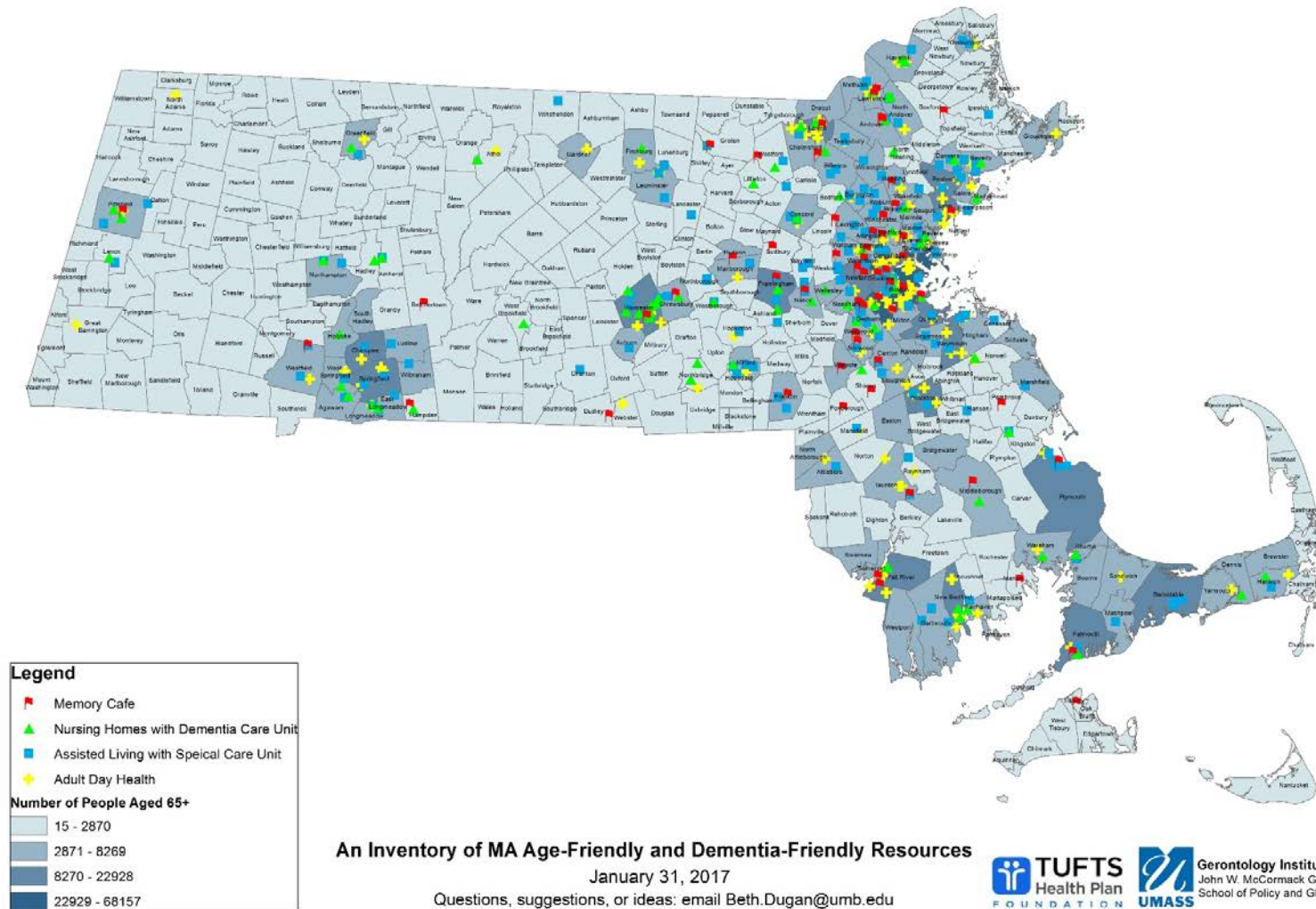
## **Descriptive Maps Highlight Needs of Special Populations in Massachusetts**

- 13. Number of Adults Age 65 and Older
- 14. Percent of Older Adults (65+) in the Community
- 15. Racial Minority Older Adults
- 16. Dually-eligible for Medicare and Medicaid
- 17. Speaking English as a Second Language
- 18. Living Alone
- 19. Low Income



Map 13

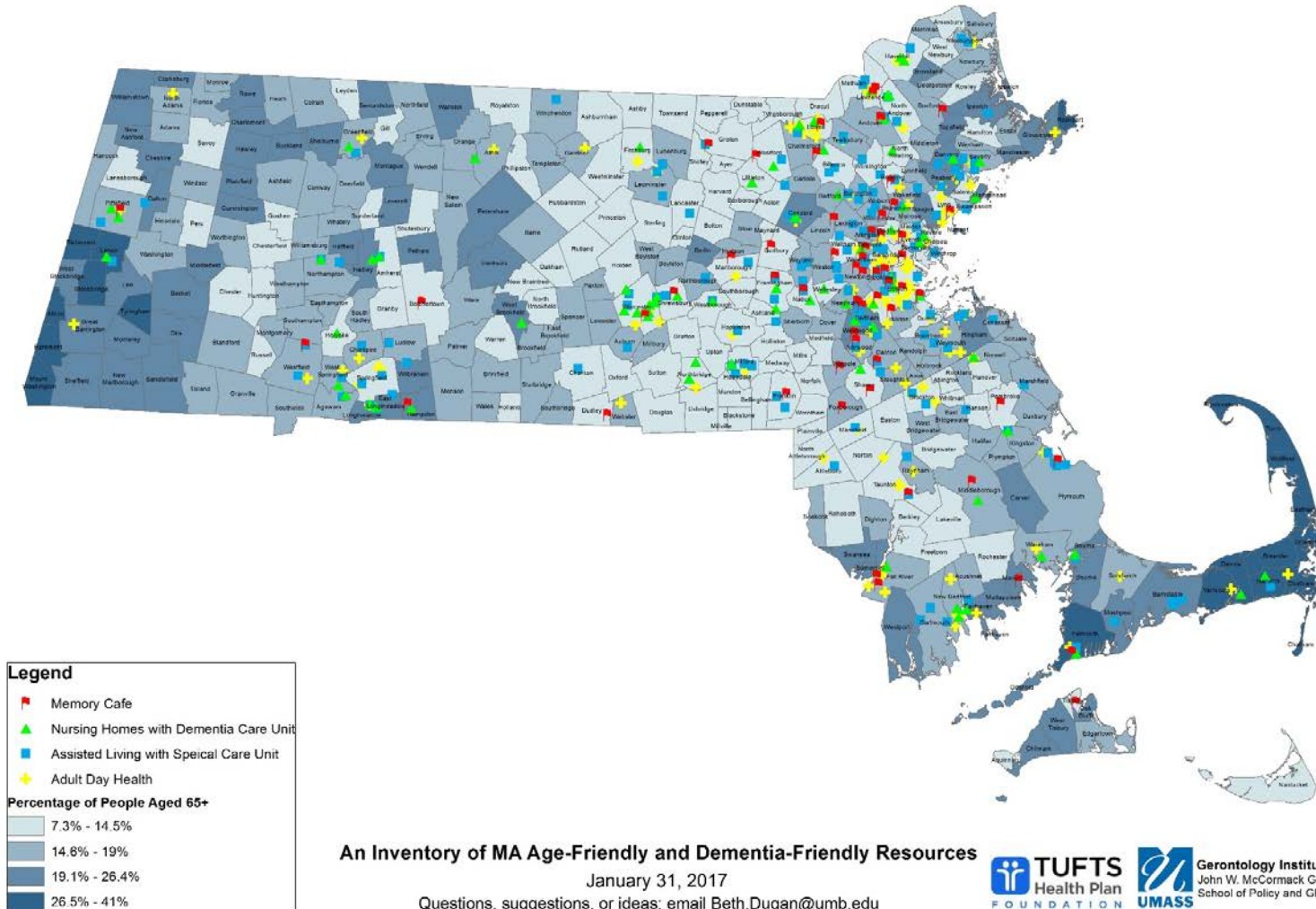
# **Distribution of Dementia-Friendly Programs and Number of Older Adults Aged 65 and Older in Massachusetts Communities**





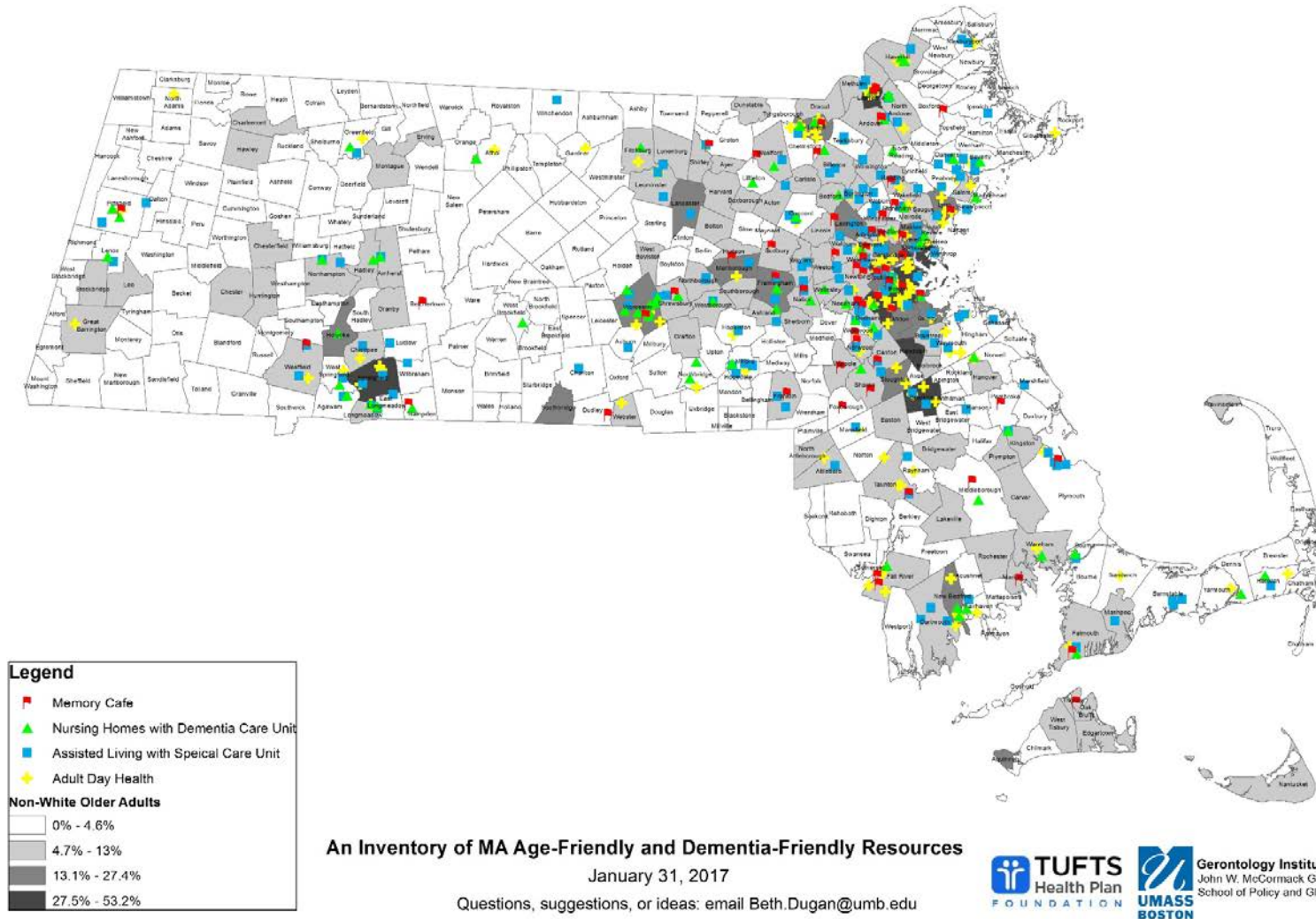
Map 14

# **Distribution of Dementia-Friendly Programs and the Percent of Older Adults Aged 65 and Older in Massachusetts Communities**



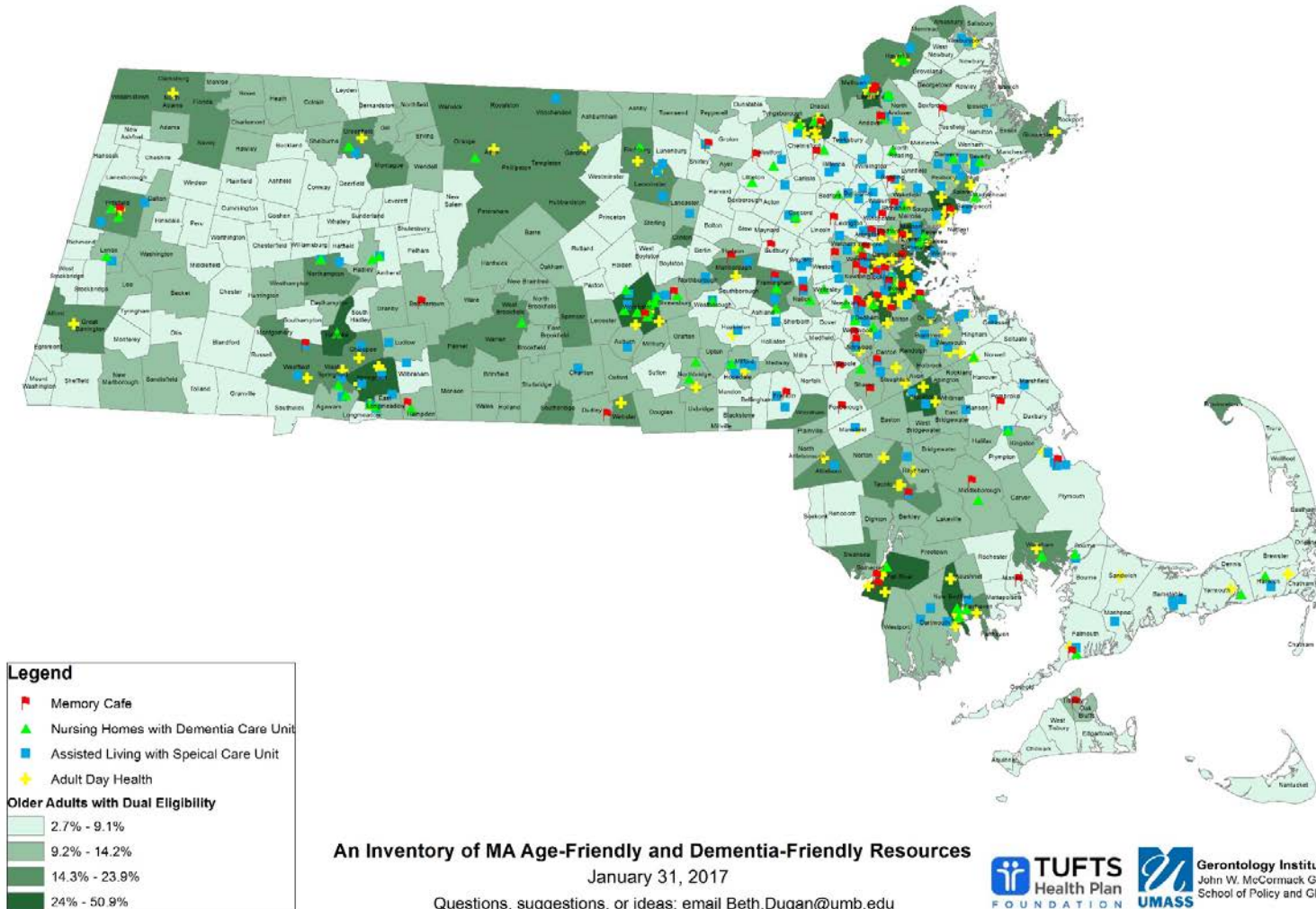
Map 15

# **Distribution of Dementia-Friendly Programs and Racial Minority (Non-White) Older Adults in Massachusetts Communities**



## Map 16

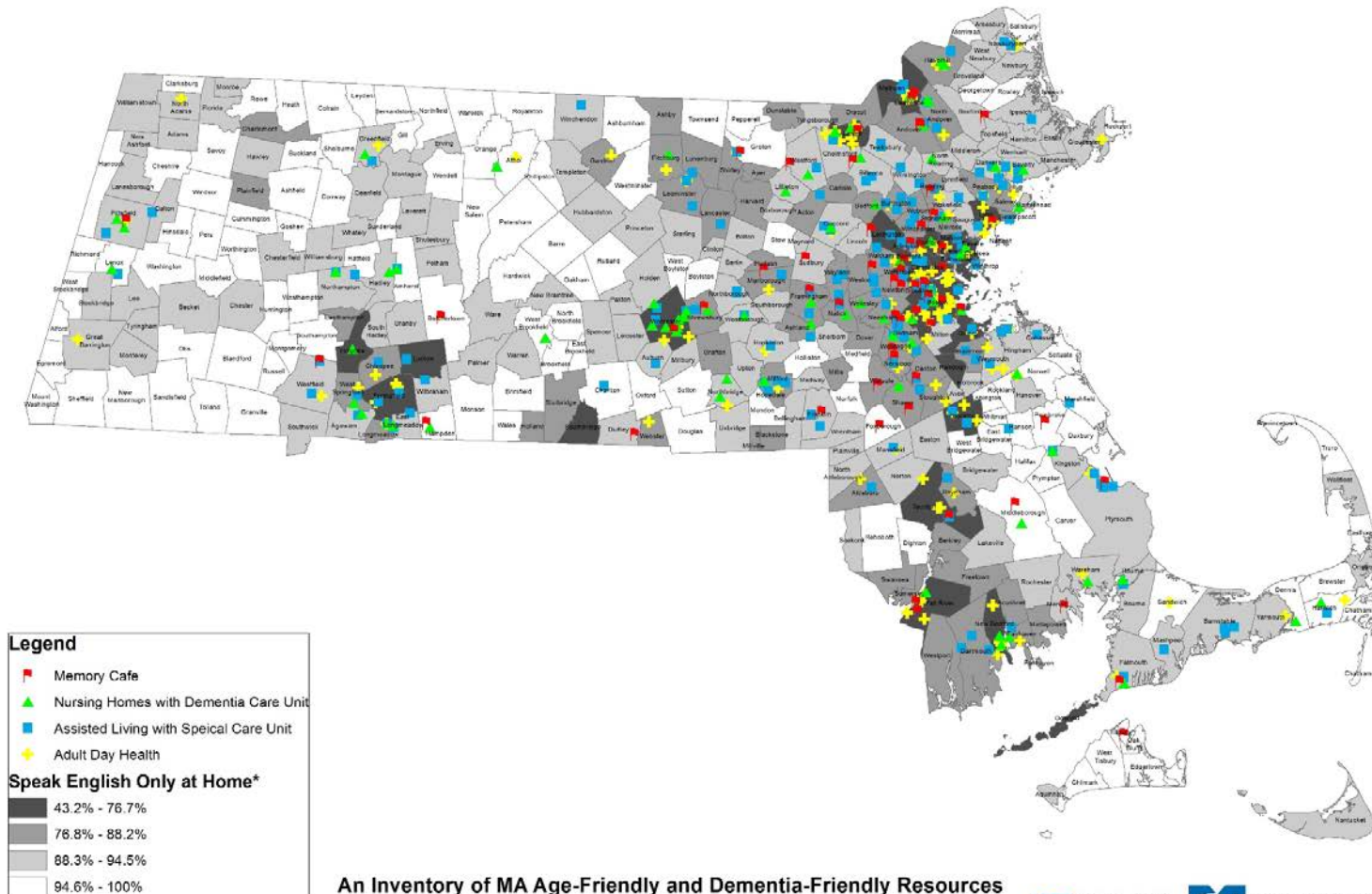
### Distribution of Dementia-Friendly Programs and People with Dual Eligibility in Medicare and Medicaid in Massachusetts Communities





Map 17

## Distribution of Dementia-Friendly Programs and English Speaking at Home in Massachusetts Communities



An Inventory of MA Age-Friendly and Dementia-Friendly Resources

January 31, 2017

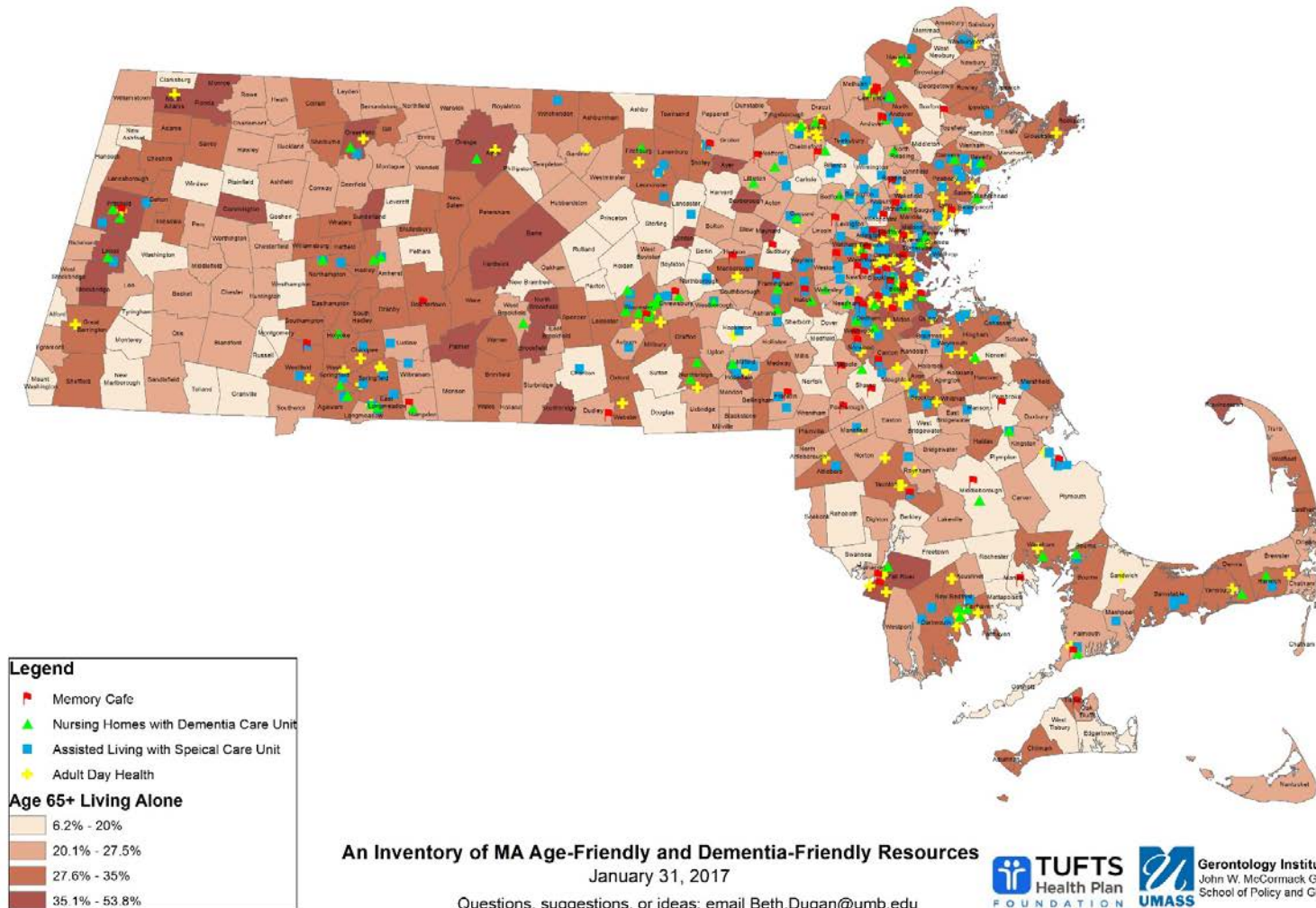
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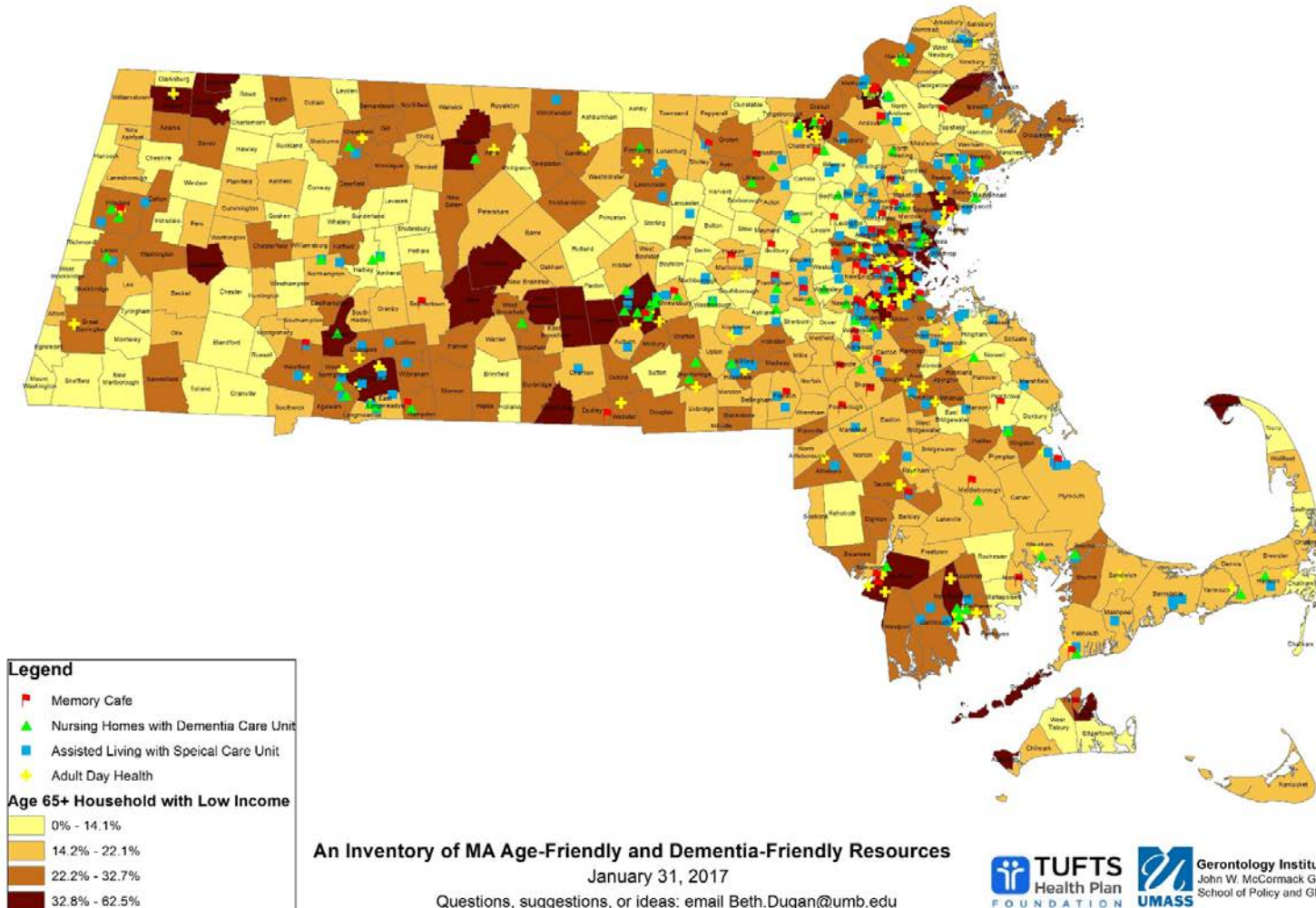
Map 18

## Distribution of Dementia-Friendly Programs and Older Adults Living Alone in Massachusetts Communities



Map 19

# **Distribution of Dementia-Friendly Programs and Age 65+ Household with Low Income (<\$20,000)**





## Appendix 2. Support groups by city and town

Town	Contact Name/Organization	Address	Telephone	Group Type/Time	Email/Website
Acton	Laurel Kuipers		978-318-3173	Caregiver, Daytime	lkuipers@concordma.gov
Agawam	Agawam Council on Aging	954 Main St, Agawam, MA 01001	413-821-0605		<a href="http://www.agawam.ma.us/content/2862/4101/default.aspx">http://www.agawam.ma.us/content/2862/4101/default.aspx</a>
Agawam	Heritage Hall Nursing Home	464 Main Street, Agawam, MA 01001	413-333-2200		<a href="http://www.genesishcc.com/HeritageHallEast">http://www.genesishcc.com/HeritageHallEast</a>
Agawam	Kindred Transitional Care and Rehabilitation-Country Estates	1200 Suffield Street, Agawam, MA 01001	413-789-2200		<a href="http://www.countrystatesagawam.com/">http://www.countrystatesagawam.com/</a>
Agawam	The Atrium at Cardinal Drive	153 Cardinal Dr, Agawam, MA 01001	413-342-1329		<a href="http://www.benchmarkseniorliving.com/senior-living/ma/agawam/the-atrium-at-cardinal-drive/">http://www.benchmarkseniorliving.com/senior-living/ma/agawam/the-atrium-at-cardinal-drive/</a>
Andover	Julie Wysocki		978-846-1907	Caregiver, Evening	jlouwyssocki54@gmail.com
Andover	The Center at Punchard	30 Whittier Court, Andover, MA 01810	978-623-8321		<a href="http://andoverseniorcenter.org/">http://andoverseniorcenter.org/</a>
Arlington	Jennifer Turpin		781-646-0837	Caregiver, Evening	jturpin@bvsl.net
Ashland	Emily Ann Beauchemin		508-532-3197	Caregiver, Evening	ebeauchemin@residencevalleyfarm.com
Ashland	Ashland Town Counsel on Aging	162 West Union Street, Ashland, MA 01721	508-881-0140		<a href="http://www.ashlandmass.com/">http://www.ashlandmass.com/</a>
Athol	Wanda Landry		978-249-2774	Caregiver, Daytime	alzheimers@qvhc.com
Attleboro	Community VNA	10 Emory Street, Attleboro, MA 02703	508-222-0118		<a href="http://www.communityvna.com/">http://www.communityvna.com/</a>
Attleboro	Brookdale Attleboro	100 Garfield Avenue, Attleboro, MA 02703	508-222-6655		<a href="https://www.brookdale.com/en/communities/brookdale-attleboro.html">https://www.brookdale.com/en/communities/brookdale-attleboro.html</a>
Attleboro	Golden Living Center—Bristol	193 Pleasant Street, Attleboro, MA 02703	508-222-4950		<a href="http://www.goldenlivingcenters.com/gardenplace">http://www.goldenlivingcenters.com/gardenplace</a>
Attleboro	Hillside Adult Day Health	50 Walton St, Attleboro, MA 02703	508-226-6150		<a href="http://www.arcnbc.org">www.arcnbc.org</a>
Beverly	Rachael Palmacci		978.712.1336	Caregiver, Daytime	rpalmacc@nhs-healthlink.org
Billerica	Maria Martin		978-262-1410	Caregiver, Evening	mmartin@bvsl.net
Billerica	Brightview Concord River	199 Concord Road, Billerica, MA 01821	401-622-0074		<a href="https://www.brightviewseniorliving.com/communities/ma/bedford/concord-river">https://www.brightviewseniorliving.com/communities/ma/bedford/concord-river</a>
Boston	BCYF Grove Hall Senior Center	51 Geneva Ave., Boston, MA 02121	617-635-3992		<a href="https://www.boston.gov/community-centers/bcyf-grove-hall">https://www.boston.gov/community-centers/bcyf-grove-hall</a>
Boston	Rogerson House	434 Jamaicaaway, Jamaica Plain, MA 02130	617-983-2300		<a href="http://www.rogersonhouse.org/boston-ma/day-program-care-dementia.html">http://www.rogersonhouse.org/boston-ma/day-program-care-dementia.html</a>

Braintree	Maureen Bradley		774-285-0088	Caregiver, Daytime	mbradley@royalhealthgroup.com
Braintree	Sharmilla Biswas		781-848-1963	Caregiver, Evening	sbiswas@braintreema.gov
Brewster	Cape Cod Alzheimer's Family Services	2095 Main St, Brewster, MA 02631	508-896-5170		<a href="http://www.alzheimerscapecod.org/contact.html">http://www.alzheimerscapecod.org/contact.html</a>
Bridgewater	Kathy Hayes		508-697-0929	Caregiver, Daytime	khayes@bridgewaterma.org
Brookline	Susan Kanian-Andriote		617-730-2754	Caregiver, Evening	sandriole@brooklinema.gov
Burlington	Brenda Pappas		781-273-7010	Caregiver, Evening	bpappas@burlington.org
Buzzards Bay	Dawn Cobb		774-302-4539	Caregiver, Evening	dcobb@keystonesenior.com
Buzzards Bay	Keystone Place at Buzzards Bay	218 Main Street, Buzzards Bay, MA 02532	774-302-4539		<a href="http://keystoneplaceatbuzzardsbay.com">http://keystoneplaceatbuzzardsbay.com</a>
Cambridge	Jenna Shaw		617-547-7836	Caregiver, Evening	jshaw@windsorhouse.org
Cambridge	Lisa Citrin		617-852-5774	Younger onset, Caregiver, Evening	lisacit@comcast.net
Cambridge	Neville Place	650 Concord Avenue, Cambridge, MA 02138	617-497-8700		<a href="https://www.seniorlivingresidences.com/communities/cambridge-neville-place">https://www.seniorlivingresidences.com/communities/cambridge-neville-place</a>
Chelmsford	Colleen Normandy		978-788-6178	Caregiver, Daytime	cnormandy@townofchelmsford.us
Chelmsford	Lisa Sobhian		978-808-4246	Caregiver, Daytime	lsobhian@dyouville.org
Concord	Mary Baum		978-369-4728	Caregiver, Daytime	mbaum@concordpark.net
Concord	Sally Lopez		978-318-3020	Caregiver, Daytime	slopez@concordma.gov
Dalton	Kelly Pizzi		413-281-3958	Caregiver, Daytime	dcoa@bcn.net
Danvers	Janice Wyner		978-750-4540	Caregiver, Daytime	jwyner@nselder.org
Danvers	Kathryn Perrella		978-624-2214	Caregiver, Evening	kperrella@nselder.org
Dartmouth	Carolyn Greany		508-304-4587	Early stage Dementia, Daytime	cgreany@comcast.net
Dartmouth	Lacie Chase		508-999-0404	Caregiver, Evening	lacie.chase@brookdale.com
Dedham	Rosalyn Mamlak		781-234-9664	Caregiver, Evening	rosalynmamlak@hsl.harvard.edu
Dedham	NewBridge on the Charles	7000 Great Meadow Road, Dedham, MA 02026	781-234-9700		<a href="http://www.hebrewseniorlife.org/newbridge">http://www.hebrewseniorlife.org/newbridge</a>
Dorchester	Donna Allen		617-533-9225	Caregiver, Evening	dallen@baycove.org
East Bridgewater	Kristin Heuwold		781-929-9932	Caregiver, Morning	kheuwold@comforcare.com



East Longmeadow	Brittany Sheehan		413-224-2200	Caregiver, Evening	brittany.sheehan@brookdale.com
Easthampton	Michael Paton		413-498-5995	Caregiver, Daytime	mmpaton@valinet.com
Edgartown	Martha's Vineyard Center for Living	10 Daggett Street, Edgartown, MA 02539	508-939-9440		<a href="http://www.mvcenter4living.org/">http://www.mvcenter4living.org/</a>
Edgartown	Featherstone Center for the Arts	30 Feather Stone Road, Edgartown, MA 02557	508-693-1850		<a href="http://www.featherstoneart.org/">http://www.featherstoneart.org/</a>
Fairhaven	Maureen Bradley		774-285-0088	Caregiver, Evening	mbradley@royalhealthgroup.com
Framingham	Caitlyn Mark		508-628-7714	Caregiver, Evening	caitlyn.mark@brookdale.com
Framingham	Jamie Donchin		508-532-5980	Caregiver, Evening	jamiedonchin@gmail.com
Framingham	Judith Sabol		508-665-5320	Caregiver, Daytime	jsabol@heritageassistedliving.org
Greenfield	Baystate Franklin Medical Center	164 High Street, Greenfield, MA 01301	413-773-0211		<a href="https://www.baystatehealth.org/">https://www.baystatehealth.org/</a>
Haverhill	Patricia Lavoie		978-420-1162	Caregiver, Evening	palzcares@comcast.net
Hopkinton	Elizabeth Kemp		508-435-1250	Caregiver, Evening	ekemp@goldenpondal.com
Hyannis	Hope Health	765 Attucks Lane, Hyannis, MA 02601	508-957-0200		<a href="http://hopehealthma.org/services/hope-hospice">http://hopehealthma.org/services/hope-hospice</a>
Jamaica Plain	Meredith Griffiths		617-522-0043	Caregiver, Evening	mgriffiths@springhouseboston.org
Jamaica Plain	Susan Kelley		781-799-3323	Caregiver, Evening	susankelley1014@gmail.com
Lawrence	Glenny Ramos		978-620-1494	Caregiver (Latino), Daytime	glenny_ramos@mihcs.com
Lawrence	Larry Middleton		978-620-1492	Caregiver, Evening	larry_middleton@mihcs.com
Lawrence	La Casa de Maria Inmaculada	200 Essex Street, Lawrence, MA 01841	978-685-2727		
Lawrence	Elder Services of the Merrimack Valley	280 Merrimack Street, Lawrence, MA 01843	978-683-7747		<a href="http://www.esmv.org/">http://www.esmv.org/</a>
Leominster	Harriet Klayman		978-537-2424	Caregiver, Daytime	hklayman@benchmarkseniorliving.com
Lexington	Alice Anderson		781-698-4844	Caregiver, Daytime	aliceanderson90@yahoo.com
Lexington	Mal Allard		781-861-3535	Caregiver, Evening	malallard@youvilleplace.org
Lexington	Mary Demakes		978-771-3357	Caregiver, Daytime or Evening	mary.demakes@verizon.net
Littleton	Littleton Council on Aging	33 Shattuck Street, Littleton, MA 01460	978-540-2470		<a href="http://www.littletonma.org/eldera ndhumanservices">http://www.littletonma.org/eldera ndhumanservices</a>
Lowell	Heather Betty		978-458-4855	Caregiver, Daytime	heatherb@communityfamily.org

Lynn	PondView Lodge Lynn	112 Kernwood Drive, Lynn, MA 01904	781-598-4570		<a href="http://www.elderservices.com/pondview-lodge-lynn">http://www.elderservices.com/pondview-lodge-lynn</a>
Marblehead	Mary Demakes		978-771-3375	Caregiver, Evening	<a href="mailto:mary.demakes@verizon.net">mary.demakes@verizon.net</a>
Marlborough	Tammy Pozerycki		508-335-1968	Caregiver, Evening	<a href="mailto:tammy@pleasantriesads.com">tammy@pleasantriesads.com</a>
Marlborough	Caregiving MetroWest	33 Boston Post Road, Marlborough, MA 01752	508-573-7204		<a href="http://www.caregivingmetrowest.org/">http://www.caregivingmetrowest.org/</a>
Marlborough	Pleasantries Adult Day Services	195 Reservoir Street, Marlborough, MA 01752	508-481-0809		<a href="https://www.pleasantriesads.com/">https://www.pleasantriesads.com/</a>
Marshfield	Beth Stewart		781-834-7885	Caregiver, Daytime	<a href="mailto:estewart@proprietorsgreen.com">estewart@proprietorsgreen.com</a>
Mattapoisett	Maureen Bradley		774-285-0088	Caregiver, Evening	<a href="mailto:mbradley@royalhealthgroup.com">mbradley@royalhealthgroup.com</a>
Medford	Sheila Witkus		781-395-5542	Caregiver, Evening	<a href="mailto:sheilaw@communityfamily.org">sheilaw@communityfamily.org</a>
Melrose	Sue Fitzpatrick		781-910-8958	Caregiver, Daytime	<a href="mailto:alz.caregivers.sue@gmail.com">alz.caregivers.sue@gmail.com</a>
Methuen	Cynthia Hession		978-946-1445	Caregiver, Evening	<a href="mailto:chession@esmv.org">chession@esmv.org</a>
Methuen	Krista Bobola		603-339-4736	Caregiver, Evening	<a href="mailto:kbobola@methuenvillage.com">kbobola@methuenvillage.com</a>
Methuen	Nevins Nursing and Rehab Center	10 Ingalls Court, Methuen, MA 01844	978-682-7611		<a href="http://www.nevinsfamily.org/">http://www.nevinsfamily.org/</a>
Middleboro	Susan Adams		508-946-5490	Caregiver, Evening	<a href="mailto:sdms@middleborough.com">sdms@middleborough.com</a>
Milford	Kerri Attwood		508-473-0035	Caregiver, Evening	<a href="mailto:kattwood@cornerstonemilford.com">kattwood@cornerstonemilford.com</a>
Montague	Molly Chambers		413-772-0003	Caregiver, Daytime	<a href="mailto:mchambers@crocker.com">mchambers@crocker.com</a>
Montague	Michael Paton		413-498-5995	Caregiver, Evening	<a href="mailto:mmpaton@valinet.com">mmpaton@valinet.com</a>
Natick	Deb Boyden		508-655-3344	Caregiver, Daytime	<a href="mailto:dboyden@salmonhealth.com">dboyden@salmonhealth.com</a>
Natick	Maryann Cardani		508-875-3100	Caregiver, Evening	<a href="mailto:mcardani@jfsmw.org">mcardani@jfsmw.org</a>
Needham	AJ Plummer		781-247-6624	Caregiver, Evening	<a href="mailto:aplummer@wingatehealthcare.com">aplummer@wingatehealthcare.com</a>
Needham	Roberta Graffam		781-444-2266	Caregiver, Evening	<a href="mailto:roberta@avitaofneedham.com">roberta@avitaofneedham.com</a>
Newburyport	Susan Hawes		978-462-7324	Caregiver, Evening	<a href="mailto:susan.hawes@atriaseniorliving.com">susan.hawes@atriaseniorliving.com</a>
Newton	Ann Peck		617-332-0697	Caregiver, Evening	<a href="mailto:bobann20@aol.com">bobann20@aol.com</a>
Newton	Erin Bollinger		617-965-9400	Caregiver, Daytime	<a href="mailto:ebollinger@benchmarkquality.com">ebollinger@benchmarkquality.com</a>
Newton	Eileen Freiberg-Dale		617-795-2727	Caregiver, Daytime	<a href="mailto:eileen@bostonareaangels.com">eileen@bostonareaangels.com</a>
Newton	The Falls at Cordingly Dam	2300 Washington Street, Newton, MA 02462	617-454-4808		<a href="http://www.benchmarkseniorliving.com/senior-living/ma/newton/the-falls-at-cordingly-dam/">http://www.benchmarkseniorliving.com/senior-living/ma/newton/the-falls-at-cordingly-dam/</a>

Newton	Newton Senior Services	345 Walnut Street, Newton, MA 02460	617-796-1660		<a href="http://www.newtonma.gov/gov/seniors/">http://www.newtonma.gov/gov/seniors/</a>
North Andover	Brianna Martin		978-712-1102	Caregiver, Daytime	<a href="mailto:brianna.martin@nhs-healthlink.org">brianna.martin@nhs-healthlink.org</a>
North Andover	Cahla Ahlstrom		978-688-9560	Early stage Dementia, Daytime	<a href="mailto:cahlstrom@northandover.ma.gov">cahlstrom@northandover.ma.gov</a>
Northampton	Alice Rich Lewis		917-612-3284	Caregiver, Evening	<a href="mailto:alrich76@gmail.com">alrich76@gmail.com</a>
Northborough	Felicia Cardone		508-393-8338	Caregiver, Daytime	<a href="mailto:felicia.cardone@homeinstead.com">felicia.cardone@homeinstead.com</a>
Northbridge	Lisa Bernard		508-266-2054	Caregiver, Evening	<a href="mailto:lbernard@stcamillus.com">lbernard@stcamillus.com</a>
Norwood	Michael O'Donnell		781-769-4495	Caregiver, Daytime	<a href="mailto:modonnell@norfolkadhc.com">modonnell@norfolkadhc.com</a>
Orleans	Orleans Council of Aging Dementia Caregiving Support Group	150 Rock Harbor Road, Orleans, MA 02653	508-255-6333		<a href="http://www.town.orleans.ma.us/council-on-aging">http://www.town.orleans.ma.us/council-on-aging</a>
Peabody	Linda Smith		978-531-2254	Caregiver, Daytime	<a href="mailto:lsmith@peabodycoa.org">lsmith@peabodycoa.org</a>
Plymouth	Maureen Bradley		774-285-0088	Caregiver, Daytime	<a href="mailto:mbradley@royalhealthgroup.com">mbradley@royalhealthgroup.com</a>
Plymouth	Elizabeth Spaulding		508-418-4900	Caregiver, Daytime	<a href="mailto:spaulding@nvna.org">spaulding@nvna.org</a>
Plymouth	Laurelwood at the Pinehills	10 Golf Drive, Plymouth, MA 02360	508-927-6346		<a href="http://northbridgecos.com/laurelwood-at-the-pinehills/">http://northbridgecos.com/laurelwood-at-the-pinehills/</a>
Pocasset	Cape Cod Senior Residences	100 Julius Kelley Lane, Pocasset, MA 02559	508-564-4474		<a href="http://www.seniorlivingresidences.com/communities/cape-cod-assisted-living">http://www.seniorlivingresidences.com/communities/cape-cod-assisted-living</a>
Reading	Melissa Koster		781-521-0187	Caregiver, Evening	<a href="mailto:eldersocialworkermk@gmail.com">eldersocialworkermk@gmail.com</a>
Saugus	Saugus Senior Citizen Center	466 Central Street, Saugus, MA 01906	781-231-4178		<a href="http://www.saugus.com/">http://www.saugus.com/</a>
Stoughton	Christina Bragan		781-344-7661	Caregiver, Daytime	<a href="mailto:christina.bragan@steward.org">christina.bragan@steward.org</a>
Turners Falls	LifePath	330 Montague City Road, Turners Falls, MA 01376	413-773-5555		<a href="http://lifepathma.org/">http://lifepathma.org/</a>
Vineyard Haven	Music and Memory Cafe	34 Williams Street, Vineyard Haven, MA 02568	508-498-1948		<a href="http://www.mvcenter4living.org/memorycafe">http://www.mvcenter4living.org/memorycafe</a>
Wakefield	Lucille Doherty		781-246-0551	Caregiver, Evening	<a href="mailto:ldoherty@rcn.com">ldoherty@rcn.com</a>
Walpole	Leandra McLean		508-668-1066	Caregiver, Evening	<a href="mailto:lmclean@wavna.org">lmclean@wavna.org</a>
Waltham	Maureen Baglio		781-314-3301	Caregiver, Daytime	<a href="mailto:mbaglio@city.waltham.ma.us">mbaglio@city.waltham.ma.us</a>
Waltham	Jewish Family & Children's Services	1430 Main Street, Waltham, MA 02451	781-647-5327		<a href="http://www.jfcsboston.org/">http://www.jfcsboston.org/</a>
Watertown	Bonnie Welden		617-868-6718	Younger onset, Early stage Dementia,	<a href="mailto:bwelden@alz.org">bwelden@alz.org</a>

				Evening	
Watertown	Jennifer Naugler		857-228-7855	Caregiver, Evening	jnaugler@residencewatertown.com
Watertown	Lynn Bogle		781-929-1302	Younger onset, Caregiver, Evening	lynnibogle@gmail.com
Watertown	Martin Norman		617-448-7583	Caregiver, Daytime	martin.norman@verizon.net
Watertown	Wally Higgins		617-527-4446	Men's Caregiver, Daytime	wehiggins1@verizon.net
Wayland	Sharon F. Whittemore		508-872-7798	Caregiver, Daytime	sherriwhitmor@aol.com
West Boylston	Central MA Agency on Aging	360 West Boylston Street, West Boylston, MA 01583	508-852-5539		<a href="http://www.seniorconnection.org/">http://www.seniorconnection.org/</a>
West Roxbury	Johanna Holmes		617-325-1230	Caregiver, Evening	jholmes@germancentre.org
West Roxbury	Roche Family Community Center	1716 Centre Street, West Roxbury, MA 02132	617-635-5066		
Westborough	Gary Davis		617-653-7242	Caregiver, Daytime & Evening	gdavis@salmonhealth.com
Westfield	Beth Cardillo		413-568-0000	Caregiver, Daytime	bcardillo@armbrookvillage.com
Westfield	Armbrook Village Senior Living	551 North Raod, Westfield, MA 01085	413-568-0000		<a href="https://www.seniorlivingresidences.com/communities/westfield-armbrook-village">https://www.seniorlivingresidences.com/communities/westfield-armbrook-village</a>
Weston	Kristy Morin		781-899-5505	Caregiver, Evening	kmorin@maplewoodsl.com
Weymouth	Susan Sheehan		781-331-5555 x206	Caregiver, Daytime	ssheehan@windroseweymouth.com
Whitman	All Saints Episcopal Church	44 Park Avenue, Whitman, MA 02382	781-447-6106		<a href="http://www.allsaintswhitman.com/index.html">http://www.allsaintswhitman.com/index.html</a>
Wilbraham	Janine Conklin		413-596-0006	Caregiver, Daytime	jconklin@benchmarkquality.com
Wilmington	Kim Arouth		781-396-2633	Caregiver, Evening	karouth@gmvna.com
Winchester	Jenks Center	109 Skillings Road, Winchester, MA 01890	781-721-7136		<a href="http://www.jenkscenter.org/">http://www.jenkscenter.org/</a>
Winchester	Sue Powers		781-756-4710	Caregiver, Evening	spowers@winhosp.org
Worcester	Micha Shalev		508-853-8180	Caregiver, Evening	m.shalev@dodgepark.com
Worcester	Mary Stevens		508-791-8131	Caregiver, Evening	mary.stevens@goldenliving.com
Worcester	Elder Services of Worcester	67 Millbrook Street, Worcester, MA 01606	508-852-3205		<a href="https://eswa.org/">https://eswa.org/</a>
Yarmouth	Yarmouth Senior Center	528 Forest Road, Yarmouth, MA 02673	508-394-7606		<a href="http://www.yarmouth.ma.us/309/Council-on-Aging">http://www.yarmouth.ma.us/309/Council-on-Aging</a>

\*Information current as of 8/1/2016.

### Appendix 3. Hospital-based Dementia Programs

<b>Outpatient Services: <i>Diagnostic and Treatment Programs</i></b>	
McLean Hospital	Memory Disorders Assessment Clinic
Edith Nourse Rogers Memorial Veterans Hospital	Memory Diagnostic Clinic
Beth Israel Hospital	Cognitive Neurology and Memory Disorders Program
Brigham and Women's Hospital	Clinical Care Program of The Alzheimer Center
Tufts Medical Center	Center for Memory Disorders and Conditions of Older Adults Neurodegenerative (Dementia) Disorders Program
Baystate Medical Center	Memory Disorders Program
Whittier Rehabilitation Hospitals	Whittier Memory Clinic
<b><i>Support Groups</i></b>	
Massachusetts General Hospital	Memory Disorders Unit
Community VNA	Alzheimer's Assistance Program
<b>Inpatient Services</b>	
McLean Hospital	Neuropsychiatry Program
<b>Short-Term Symptom Management</b>	
McCarthy Care Center	Dementia & Alzheimer's Program
<b>Nurses Improving Care for Healthsystem Elders (NICHE) Hospitals</b>	
Addison Gilbert Hospital	Spectrum Adult Day Health Programs (Day Program)—Beverly and North Andover
Beverly Hospital	Northeast Senior Health's Spectrum Adult Day Health Program—Beverly and North Andover
Baystate Medical Center	Memory Disorders Program
Brigham & Women's Hospital	The Alzheimer Center—Clinical Care Program
Carney Hospital	Dementia Caregivers Support Group
Lahey Hospital & Medical Center	Center for Cognitive Disorders
Massachusetts General Hospital	Memory Disorders Unit
Winchester Hospital	Alzheimer's Caregiver Support Group

## Appendix 4. Volunteer Driver Programs and Escorted Transportation Identified by Survey Respondents

Transportation		
Town	Volunteer Program	Contact Information
Agawam	Agawam Senior Center 954 Main Street Agawam, MA	413-821-0605
Andover	Merrimack Valley Regional Transit Authority (MVRTA)	(978)469-6878 marketing@mvrta.com
Billerica	Billerica Council on Aging 25 Concord Road Billerica, MA	978-671-0916 Director: Jean Bushnell jbushnell@town.billerica.ma.us
Buzzards Bay	Cape Cod Regional Transit Authority Hyannis Transportation Center 215 Iyannough Road PO Box 1988 Hyannis, MA	508-775-8504
Lynn	The Ride	Reservations in Lynn: 781-596-8222
Martha's Vineyard	"The Lift"—Part of Martha's Vineyard Transportation Authority 11 A Street Edgartown, MA	Lois EJ Craine 508-693-9440 x111 lcraine@vineyardtransit.com
Melrose	Melrose Council on Aging 235 West Foster Street Melrose, MA	Dawn Folopoulos Executive Director (781) 665-4304 COA@cityofmelrose.org
Orleans	Orleans Council on Aging / Senior Center 150 Rock Harbor Road Orleans, MA	(508) 255-6333
Westfield	PACE and Westfield COA Westfield Senior Center 45 Noble Street Westfield, MA 01085	(413) 562-6435 Tina Gorman Executive Director t.gorman@cityofwestfield.org
Transportation with Escort		
Agawam	Greater Springfield Senior	413-781-8800

	Services (GSSSI), Springfield, MA 66 Industry Avenue Springfield, MA	Executive Director: Elaine Massery
Agawam	Agawam COA 954 Main Street Agawam, MA	Lori Arsenault (413) 821-0604
Boston	Friendship Works, Inc. 105 Chauncy Street Boston, MA	(617) 482-1510
Buzzards Bay	Supportive Day program trips Bourne Veterans Memorial Community Center 239 Main Street Buzzards Bay, MA	Debora Oliviere 508-743-3004 dolivierellanes@townofbourne.com
Georgetown	GreaterAttleboro-Taunton Regional Transit Authority (GATRA)	1-800-483-2500
Lynn	GLSS Medical Van	Van Reservations: 781-477-4237
Martha's Vineyard	Vineyard Village at Home 188 Vineyard Meadow Farms Rd, Vineyard Haven, MA	508-693-3038 vineyardvillage@gmail.com
Melrose	Mystic Valley Elder Services 300 Commercial Street, #19 Malden, MA	781-324-7705 info@mves.org
Metrowest	Jewish Family Services of Metrowest 475 Franklin Street Framingham, MA	(508) 875-3100
Newton	Springwell Medical Escort Program 307 Waverley Oaks Road Waltham, MA	(617) 926-4100
Reading	Non-volunteer program for medical appointments 16 Lowell Street Reading, MA	Kerry Valle (781) 942-6659
<b>Other</b>		
Town	Volunteer Program	Contact Information

Edgartown	Elder Services of Cape Cod and the Islands Meals on Wheels (Senior Nutrition Program) 10 Daggett Street Edgartown, MA	508-394-4630
<b>MA/NH</b>	<b>Peer to Peer Program: Dementia Ambassador Program</b>	
Reading	The Power of Flowers Project 365 East Street Tewksbury, MA	Joyce Bellefeuille Executive Director joyce@powerofflowersproject.org 978-226-8545
Whitman	All Saints Episcopal Church “Friendly Visitors Program” 44 Park Avenue Whitman, MA	781-447-6106



## Appendix 5. Data Sources

Alzheimer's Association. Alzheimer's Association provides information on support groups by region and types of group. Information was obtained from the Alzheimer's Association Massachusetts/New Hampshire Chapter website ([http://www.alzmass.org/Support\\_Groups/](http://www.alzmass.org/Support_Groups/)). Regions include Greater Boston, Metro-West area, North Shore & Merrimack Valley, South Shore & South Eastern MA, Central MA, and Western MA. Groups include early stage dementia and younger onset.

Executive Office of Health and Human Services Department of Public Health. Massachusetts Department of Public Health provides programs and services to reduce health disparities and increase access to health care services. A list of nursing homes with dementia care unit was obtained from the director of Massachusetts Department of Public Health.

Massachusetts Adult Day Services Association. Massachusetts Adult Day Services Association (MADSA) is a not-for-profit organization that represents Adult Day Health Programs across the Commonwealth. MADSA represents 130 out of 149 Adult Day Health programs in the state. MADSA provides information about adult day services, and a map of member providers of MADSA which allows consumers to locate adult day services in their community. Additionally, a statewide directory of Massachusetts Adult Day Health Programs is available on the website which includes the name, address, and contact information of Adult Day Health by region. This directory was updated on August 24th, 2016.

Massachusetts Assisted Living Association. The Massachusetts Assisted Living Association (Mass-ALA) is a non-profit association dedicated to assisted living residences in Massachusetts. Mass-ALA provides information and education, and advocating on behalf of their members and the seniors they serve. A list of currently certified assisted living residence was obtained, and according to the number of special care units each residence has, another list is created that contains those with at least one special care unit.

## Appendix 6. Indicators Summed to Create the Dementia Friendly Score

Service	Definition
Adult Day Health	Adult Day Health community-based and non-residential programs provide nursing care, supervision, and health related support services in a structured group setting to persons 18 years of age or older who have physical, cognitive, or behavioral health impairments. The program supports families and other caregivers thereby enabling the participant to live in the community.
Assisted Living with Special Care Units	A special care residence provides care and services for residents who require assistance with specialized needs. Residents who reside within a Special Care Residence may need assistance in directing their own care due to dementia-related diseases or mental health issues. A special care residence may be a separate secured area within a traditional assisted living residence or it may be operated as a stand-alone facility.
Nursing Home with Dementia Care Unit	Nursing homes with Dementia Care Units need to meet state regulations (105 CMR 150.022 through 150.029) which include training and physical plant requirements.
Hospital based dementia programs	Includes NICHE hospitals and any other dementia-specific programs.
Support Groups for Caregivers	Support groups are confidential meetings of persons diagnosed with Alzheimer's or their caregivers. Different types of support groups are designed for specific audience.
Support Groups for Patient with Dementia	
Dementia Friendly Community Efforts	Active and emerging dementia friendly communities.
Memory Cafe	A memory cafe is a place for individuals with Alzheimer's or any type of dementia, brain disorder, or cognitive impairment to enjoy activities such as dancing, music, and painting. It is also a place where caregivers and their loved ones can socialize, listen to music, play games, and enjoy other activities.
Age Friendly Community Efforts	Broad term for all efforts to improve supports, services, the built environment, and the community at large for older adults.
TRIAD	TRIAD is a community initiative that partners law enforcement, older adults, and community groups.
Silver Alert	The Silver Alert Community Response System was created by law in Massachusetts in 2010. Silver Alert established policies, tools, procedures, and communication strategies that help connect state and local police departments and human service agencies (Massachusetts State 911 Department, 2011).
Have participants at senior center who display signs of dementia/cognitive impairment	

Provide services for individuals who display signs of dementia/cognitive impairment outside senior center	<p>MA Councils on Aging Dementia Friendly Survey from Executive Office of Elder Affairs August 2016</p>
Provide specialized programs for individuals who display signs of dementia/cognitive impairment at senior center	
Provide supportive day services for individuals who display signs of dementia/cognitive impairment	
Provide services for caregivers of individuals who display signs of dementia/cognitive impairment	
At least one staff person at Council on Aging who has expertise working with individuals who display signs of dementia/cognitive impairment	
Staff would be interested in learning more about dementia/cognitive impairment	
Council on Aging's involvement with making a Dementia Friendly Community	
There is activity in the community that register people who are at risk of wandering due to dementia/cognitive impairment with law enforcement	

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