

Supporting People With Dementia Who Live Alone

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SAN DIEGO / IMPERIAL
GERIATRIC
EDUCATION CENTER

Our mission: Helping people impacted by dementia, fighting stigma, and supporting research.

The San Diego/Imperial Geriatric Education Center (SDIGEC) has been funded by the U.S. Department of Health and Human Services, as part of their Geriatrics Workforce Enhancement Program (GWEP) to develop the next generation of geriatric health workers in San Diego and Imperial Counties.

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Our objectives



- Define the issue
 - Prevalence of people with dementia living alone
 - Identified needs and challenges
- Describe best practices and existing supports
 - Care planning considerations
 - Existing models of support
- Discuss applications for professionals
 - Adjusting perspectives and practices
 - Referring to local resources and supports

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Dementia's impact in San Diego County

24% of all households in San Diego County: "householders living alone"

98,610 residents of San Diego County 55+ are living with dementia

One quarter of individuals living with dementia in San Diego County live alone

Sources: County of San Diego Health and Human Services Agency (HHSA)
The Alzheimer's Project 2021 Annual Report

County of San Diego HHSA *Alzheimer's Disease and Related Dementias in San Diego County: 2018 Report*

U.S. Census Bureau *2017 American Community Survey*

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Risks associated with living alone

People with dementia who live alone are at **increased risk** for

- Self-neglect
- Financial exploitation
- Inability to manage daily activities and self-care
- Medication mismanagement
- Home safety concerns/falls
- Wandering
- Inability to respond to emergencies
- Social isolation and loneliness



Source: Identifying and Meeting the Needs of Individuals With Dementia Who Live Alone, US Administration on Community Living, Sept. 2015

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Additional needs and challenges

- Anosognosia: lack of insight into one's own needs
- Screening and diagnosis
- Advocacy: health care, enrollment in support programs
- Specific challenges during the COVID-19 pandemic
- Quality of life considerations:
access to outdoor activities,
intergenerational contact,
animal companionship
- Transportation



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Individual agency and choice

- Research shows that dementia significantly constrains individual agency, and narrows one's social world.
- People with dementia who live alone should be given the dignity of choice, to self-select to be part of any program or service whenever possible.
- A dementia diagnosis does not determine decision-making capacity.



What happens when it's unsafe for a person with dementia to live alone?

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Care planning considerations



Safety



Health and personal care



Finances



Household



Social



Transportation

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Planning ahead



Advocates and points of contact

Durable Powers of Attorney

Advance care planning

Incapacity planning

Dementia and Living Alone: A Decision Guide

Source: Alzheimer's Society of Canada

Conversation About
Dementia and Living Alone

Use these questions to help guide your decision:

	Yes	No	Sometimes	I don't know
Can the person still do most activities without assistance?				
Is the person able to understand and appreciate the consequences of their actions?				
Is it still safe for the person to live alone? Think about the risks and benefits of the person living alone against having home support services or moving to an assisted care environment.				
Is there enough support available to help the person live alone? Learn about support services available in your community.				
In an emergency situation, such as a fire, would the person be able to call for help, or have the ability to leave their home without assistance?				
Does the person pose a risk to others? For example, does the person live in an apartment and regularly cause fires with the stove or cigarettes?				
If the person had an accident, such as a fall, do they have the physical and cognitive ability to get to a safe place or to use an alert system to call for help?				
Is a home safety assessment needed?				
Can the person remember to eat regular meals, or to re-heat meals?				
Is the person able to maintain a healthy weight?				
Is the person able to store foods properly? Are foods spoiling?				
Can the person handle day-to-day financial transactions, such as keeping track of bills and paying bills promptly?				
Are there safeguards in place to reduce the risk of financial exploitation or abuse?				
If sick, would the person be able to understand and take appropriate action, such as calling for help?				
Is the person able to take care of personal hygiene, such as bathing and toileting?				
Does the person have physical and social stimulation during the day?				
Is the person able to monitor and manage daily medications?				

Existing models of support

- Dementia Friendly America
- The Friendship Line: crisis line, outreach calls
- Living Alone and Connected (Facebook group)
- Local:
 - You Are Not Alone (YANA)
 - RUOK
 - Dementia-Friendly initiative
 - Alzheimer’s San Diego



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Support for people with dementia in San Diego County who live alone

- San Diego Dementia-Friendly Theme Team
- Gatekeeper Program
- Partnerships with law enforcement and Adult Protective Services
- Clinical Services
- Volunteer Services:
 - Tech Team, VITALZ



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VITALZ

Volunteers in Touch: Ensuring no San Diegan faces dementia alone

- Trained volunteers call enrolled participants weekly
- Social or reminder calls
- Connection to additional support

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Supporting people with dementia in who live alone in **your** work

Shifting perspectives:

- Checking one's assumptions about people with dementia, and people who live alone
- Outreach and identification strategies
- Inclusive language and messaging
- Navigating "landmines"
- Early intervention is key



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Supporting people with dementia in who live alone in **your** work

Local resources:

- PACE
- Take Me Home
- Non-emergency police/Sheriff welfare checks
- Professional support: legal planning, fiduciaries, care managers
- Alzheimer's San Diego



Other ideas or resources?

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Resources

The Alzheimer's Project of San Diego County: sdalzheimersproject.org

Conversations About: Dementia and Living Alone (Alzheimer's Society of Canada):
<https://alzheimer.ca/peel/sites/peel/files/documents/conversations-about-dementia-and-living-alone.pdf>

Dementia Friendly America: dfamerica.org

ElderHelp: elderhelpofsandiego.org

Institute on Aging's Friendship Line: ioaging.org/services/all-inclusive-health-care/friendship-line

Jewish Family Service of San Diego: jfssd.org

Living Alone and Connected (Moderated Facebook Group):
livingaloneandconnected.com

Live Well San Diego's "Dementia-Friendly" initiative: livewellsd.org

San Diego Sheriff's Department (Take Me Home and You Are Not Alone programs):
sdsheriff.gov

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References

- Dawson, A., Bowes, A., Kelly, F., Velzke, K., & Ward, R. (2015). Evidence of what works to support and sustain care at home for people with dementia: a literature review with a systematic approach. *BMC geriatrics*, 15, 59.
- Dwan, C. (2015). Agency and decision-making with advocacy support : a qualitative study of people with dementia living alone.
- Portacolone E, Covinsky KE, Rubinstein RL, et al. The precarity of older adults living alone with cognitive impairment. *The Gerontologist* 2019;59(2):271 - 280.

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Information and resources at
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VITALZ

Volunteers in Touch: Ensuring no San Diegan faces dementia alone

Weekly calls with friendly volunteers!

What is VITALZ?

VITALZ is a program for people living with symptoms of memory loss – who also live alone. It is a great way to connect and talk to a new friend, while also getting helpful reminders about things like grocery deliveries and upcoming appointments.

As part of the program, participants will receive weekly phone calls from a volunteer. Everyone enrolled will also receive ongoing support from a trained social worker, who can connect them with community resources and help problem solve any specific needs.

If you live alone and are dealing with memory loss (whether diagnosed or not), or know someone who may be a good fit for the VITALZ program, contact Alzheimer's San Diego at 858.492.4400 or info@alzsd.org.

Dementia and Living Alone

The Alzheimer Society of Canada's "Conversations" series was created to help people with dementia, caregivers, and healthcare providers have conversations about complex and sensitive topics related to living with dementia. This sheet provides information on things to consider when deciding if a person with dementia should continue living alone. To read other issues in the Conversations series please visit www.alzheimer.ca/brochures.

People with dementia, caregivers and healthcare providers are encouraged to have conversations about all of the topics in this series early and throughout the progression of the disease. Even though talking about these topics can be difficult, it is only by having open conversations that it will be possible to be better prepared for the challenges that often come with the disease.

Dementia and living alone

Many people live alone. Living in a place that is safe, familiar and comfortable is important to everyone, including people with dementia. A diagnosis of dementia does not automatically mean that a person is incapable of living alone. Some people may be capable of living on their own for some time after the diagnosis. Others may be considered too much at risk to continue living alone, a decision that is often difficult to determine. Strategies are available to help support a person with dementia who lives alone. As the disease progresses, these strategies should be modified to meet the person's abilities.

Should the person with dementia continue living alone?

When deciding if a person with dementia is able to continue living alone it is important to engage the person with dementia in these conversations and decisions, whenever possible, enabling them to make choices to the best of their abilities. The ability of the person to think about the consequences of their decisions should be taken into consideration when evaluating the person's competency and when weighing the risk and benefits of living alone, with a family member, or in an assisted care environment.

CONTENTS

In this sheet you will find information about dementia and living alone, including:

- An overview of how dementia affects the person's ability to live alone
- Issues to consider when deciding if the person with dementia should continue living alone
- Strategies to help the person with dementia live alone for as long as possible
- A list of useful resources

Issues to consider when deciding if the person with dementia should continue living alone

Loss of independence	<p>People with dementia may be concerned that a move away from home would mean a loss of self-reliance and control in their daily lives. Some people with dementia can tell when living alone is no longer safe or desirable. Others may want to stay in their own home for as long as possible, even if there are some safety concerns. At home, people follow life-long routines, are surrounded by a familiar neighbourhood and may have a circle of support that they would have a hard time leaving.</p>
Premature move from home	<p>Moving a person from home before it is needed may put the person at risk of feeling lonely, and it may result in a faster cognitive decline. The person with dementia may have a higher tolerance for risk than family members and caregivers and may feel pressured into moving out of the home earlier than necessary.</p> <p>It is important to remember that some people with dementia may be capable of living on their own for some time after the diagnosis. As the disease progresses and their abilities change, other living arrangements may be considered.</p> <p>To learn more about the progression of Alzheimer’s disease visit www.alzheimer.ca/stages</p>
Social engagement	<p>Evidence shows that staying socially active may help slow down the progression of dementia, allowing people with dementia to live independently for a longer period of time.</p> <p>Many communities offer adult day programs with transportation. These programs provide supervised activities, usually in a group setting, that promote independence, provide stimulation and encourage social interaction.</p> <p>It is also important that caregivers remain active members of their community, as they are at risk of becoming socially isolated and lonely. Adult day programs provide caregivers with time to focus on themselves while their family member is in a safe and trusted environment.</p> <p>To learn more about community services available in your area contact your local Alzheimer Society. Visit our website at www.alzheimer.ca/helpnearyou or call 1-800-616-8816.</p>
Living environments that provide safety, quality of life and support	<p>People with dementia need to live in environments that best support their safety and quality of life. For some, this may mean living at home with support services, even if there is some risk.</p> <p>The amount and type of support available are important factors in determining if a person can live alone. For example, a person with a large family living in a community with many services may be better able to live alone than someone with no family living in a community with limited services.</p>

Use these questions to help guide your decision:

	Yes	No	Sometimes	I don't know
Can the person still do most activities without assistance?				
Is the person able to understand and appreciate the consequences of their actions?				
Is it still safe for the person to live alone? Think about the risks and benefits of the person living alone against having home support services or moving to an assisted care environment.				
Is there enough support available to help the person live alone? Learn about support services available in your community.				
In an emergency situation, such as a fire, would the person be able to call for help, or have the ability to leave their home without assistance?				
Does the person pose a risk to others? For example, does the person live in an apartment and regularly cause fires with the stove or cigarettes?				
If the person had an accident, such as a fall, do they have the physical and cognitive ability to get to a safe place or to use an alert system to call for help?				
Is a home safety assessment needed?				
Can the person remember to eat regular meals, or to re-heat meals?				
Is the person able to maintain a healthy weight?				
Is the person able to store foods properly? Are foods spoiling?				
Can the person handle day-to-day financial transactions, such as keeping track of bills and paying bills promptly?				
Are there safeguards in place to reduce the risk of financial exploitation or abuse?				
If sick, would the person be able to understand and take appropriate action, such as calling for help?				
Is the person able to take care of personal hygiene, such as bathing and toileting?				
Does the person have physical and social stimulation during the day?				
Is the person able to monitor and manage daily medications?				

Use the following checklists to help you with strategies to enhance independent living:

Safety

The following are some strategies that you can use to promote safety:

STRATEGY	BENEFITS	THINGS TO CONSIDER
Leave a set of house keys with trusted neighbours.	<ul style="list-style-type: none"> • Access to the home is available. • Someone can enter the home if help is needed. 	<ul style="list-style-type: none"> • Neighbours may not always be at home. <ul style="list-style-type: none"> - Leave a set of keys with two different neighbours.
Arrange for someone to call or visit once a day.	<ul style="list-style-type: none"> • Regular checks can reassure the person as well as the family. • Timing can help ensure that the person eats or takes medication. • May be able to monitor areas of concern. 	<ul style="list-style-type: none"> • Problems may arise between calls or visits. <ul style="list-style-type: none"> - Consider checking in with the person twice a day. This can be a quick phone call in the morning and a second phone call late afternoon.
Register with the MedicAlert® Safely Home® program. For more information visit www.medicalert.ca/safelyhome	<ul style="list-style-type: none"> • Helps first responders identify the person who is lost and assist in a safe return home. 	<ul style="list-style-type: none"> • Some people may find it hard to accept that they are at risk of getting lost and may refuse to wear a bracelet. <ul style="list-style-type: none"> - Consider another MedicAlert® product such as a watch or sports band.
Appliance safety measures: <ul style="list-style-type: none"> • Automatic shut off kettle • Stove safety - remove fuses, remove knobs, put burners on timers, shut off gas • Lower temperature of hot water heater 	<ul style="list-style-type: none"> • Minimizes the chance of an accident. 	<ul style="list-style-type: none"> • Some people may find the changes confusing or frustrating. <ul style="list-style-type: none"> - Consider incorporating these changes slowly to give the person time to adjust.
Post a visible, easy to read list of emergency phone numbers. <ul style="list-style-type: none"> • Consider adding a picture beside the name and telephone number. • Consider adding speed dial numbers (if phone has this feature) with pictures. • Consider getting a phone with a limited number of features (e.g., preprogrammed phone numbers). 	<ul style="list-style-type: none"> • Visual cue for person with dementia. • Reassuring for the person with dementia and the family. 	<ul style="list-style-type: none"> • It may not always be handy in certain situations (for example, if a fall happens away from the phone). <ul style="list-style-type: none"> - Consider purchasing an alert button that allows the person to call for help in an emergency situation, or a fall detection device.

Food and Nutrition

It is important that the person with dementia maintains a healthy weight and has access to a balanced diet. The following are some strategies that you can use to help the person with dementia remember to have fresh food on hand and eat regular meals:

STRATEGY	BENEFITS	THINGS TO CONSIDER
Meals on wheels or other community support programs such as community dining, and delivery of fresh fruit and vegetable baskets.	<ul style="list-style-type: none"> • Delivery of a nutritious hot meal once a day. • Opportunity to socialize at community dining programs. 	<ul style="list-style-type: none"> • It may be difficult to monitor if food has been eaten or stored properly. <ul style="list-style-type: none"> - When visiting the person, look to see if their food is stored properly or if it is spoiling. - Time a phone call with a reminder to eat. - Consider having a neighbour or a support worker drop by to share a meal with the person. - Consider delivery of frozen meals on wheels which can be eaten at any time.
Grocery delivery services (Online or by telephone)	<ul style="list-style-type: none"> • Delivery of heavy items and fresh food. 	<ul style="list-style-type: none"> • Services can be costly. • Need internet access and familiarity with technology for online orders. <ul style="list-style-type: none"> - Consider having a friend or relative order for the person.
Provide toaster oven or microwave for heating food.	<ul style="list-style-type: none"> • Good alternatives to stove. • Allows use of pre-prepared foods with little work. 	<ul style="list-style-type: none"> • Person may not know how to use or may not be able to read or follow instructions. • Concern about use of metal in microwave. <ul style="list-style-type: none"> - When choosing an appliance, ensure that that it is simple and easy to use.
<ul style="list-style-type: none"> • Use prepared foods, non-perishable foods and foods that do not need to be stored in a refrigerator. 	<ul style="list-style-type: none"> • Preparation is easier. • Less concern about spoilage. 	<ul style="list-style-type: none"> • Preparation may still be too complex. • The person may not like the food.

Medication

The following are some strategies you can use to help the person remember to take their medications:

STRATEGY	BENEFITS	THINGS TO CONSIDER
<ul style="list-style-type: none"> • Simplify medication routines. For example, use a pill dispenser. • Have someone visit to give pills. • Consider a blister pack prepared by a pharmacist. 	<ul style="list-style-type: none"> • Allows only a small supply of pills at once. • Helps person take the pills on the right day and time. • Easy to keep track of whether medication doses are missed. • Relationship building with local pharmacy. 	<ul style="list-style-type: none"> • Possibility for confusion about day and time. • May not prevent person from taking extra medication, if more than one day's supply is available. • When visiting the person make it a habit to check their medication. If possible, give them the medication yourself.

Finances

The following are strategies to help the person with dementia handle day-to-day financial transactions, such as paying bills promptly, and to help reduce the risk of financial exploitation or abuse:

STRATEGY	BENEFITS	THINGS TO CONSIDER
Bank-at-home services (telephone or on-line).	<ul style="list-style-type: none"> • Person does not have to leave home. • Personalized service 	Person may not be able to understand their finances. <ul style="list-style-type: none"> • Does not protect from overpayment/non payment of bills, or from scams.
Direct deposit of cheques and automatic withdrawal for bill payments.	This hands-free approach to banking offers fewer chances for problems such as missed payments.	<ul style="list-style-type: none"> • Person may not be willing to use new methods or have someone help with finances. <ul style="list-style-type: none"> - Talk about finances as early in the disease process as you can. - Consider giving the person money on a weekly or monthly basis to provide them with some independence. - Register for "Do Not Call" solicitation lists. - Limit access to credit cards. - Consider making the bank manager aware of the person's dementia.
Make someone else, such as a substitute decision-maker or Power of Attorney, responsible for handling finances, such as writing cheques, paying bills, monitoring accounts.	Allows person to manage finances with some independence yet provides protection.	

Falls

Falls are the leading cause of injury-related deaths for older adults, and those who live with dementia are especially at risk of falling. The following strategies may help you modify the home environment in order to reduce the risk of falls while enhancing independence:

- Ensure that there is good lighting. Make sure that each room has enough light, and reduce dark areas and shadows.
- Clear walking paths inside the home by removing tripping hazards such as a loose rug or electrical cords.
- Reduce clutter inside and outside the home. Ensure that there are no dips in walkways outside the home or uneven ground.
- Purchase safe footwear. Shoes that have velcro fastenings are a good option as they are easy to take on and off.
- Place night lights throughout the home for when the person needs to go to the bathroom or kitchen during the night.
- Install railings inside and outside the house and grab bars in the bathroom for extra support.
- Use non-slippery bath mats and place non-slip strips in the bath/shower. Avoid using a dark colour bath mat, as it could be mistaken for a hole. Buy a mat that matches the colour of the bath/shower.
- Remove soap build-up in the tub or shower on a regular basis to avoid slipping.

Daily living

The following are strategies to help the person with dementia manage personal hygiene, remain physically and socially stimulated throughout the day, and have an emergency system in place in case they need help:

STRATEGY	BENEFITS	THINGS TO CONSIDER
Emergency call system, such as an alert button.	Person has 24-hour access to help should a problem arise.	<ul style="list-style-type: none"> Person may not be able to understand concept or use of call button. <ul style="list-style-type: none"> Consider products that alert when no motion is detected.
Get help with practical tasks, such as housekeeping and meal preparation. For example, sort closets and dresser drawers to make only the necessary clothes available.	<ul style="list-style-type: none"> Someone is in the home to supervise activity and provide companionship. Tasks get accomplished. Makes decisions about what to wear easier. 	<ul style="list-style-type: none"> Person with dementia may be reluctant to accept help. Does not help if person has trouble knowing when or how to dress. <ul style="list-style-type: none"> Give the person as much independence as possible. Try cuing the person first before providing hands-on assistance.
<ul style="list-style-type: none"> Support managing personal care, either through agency support or friends/family. 	<ul style="list-style-type: none"> Maintaining personal hygiene supports overall general health and wellbeing. 	<ul style="list-style-type: none"> Privacy concerns. Services can be costly. If agency support is required, a strong relationship between the care provider and person with dementia needs to be established. This can be a time-consuming and frustrating process if there is considerable staff turnover. <ul style="list-style-type: none"> Try to arrange for consistent workers; this will make it easier to build a working relationship between care provider and person with dementia. For more information about dementia and personal care visit www.alzheimer.ca/personalcare.
<ul style="list-style-type: none"> Day programs 	<ul style="list-style-type: none"> Helps the person remain an active member of their community. Provides physical and mental stimulation. 	<ul style="list-style-type: none"> Person with dementia may be reluctant to attend a program. <ul style="list-style-type: none"> Try contacting community agencies that have volunteer companionship programs. Promote the day program as a place where the person can share their interests and help others.

For more information about living alone and dementia contact your local Alzheimer Society at 1-800-616-8816 or visit www.alzheimer.ca/helpnearyou

Driving

If the person is still driving, it is recommended to monitor driving skills and abilities to make sure it is still safe for the person to drive. For example, consider if you still feel safe in the car with the person driving.

It is important to plan ahead for the time when driving may no longer be safe. Look for alternative modes of transportation such as public transit, services provided by community organizations, transportation organized by family members and friends or setting up an account with a local taxi company.

For more information about driving and dementia please read our “Driving” information sheet available at www.alzheimer.ca/brochures

USEFUL RESOURCES:

Adapting your home to living with dementia: A resource book for living at home and guide to home adaptations. Canada Mortgage and Housing Corporation, 2009. Available at www.cmhc-schl.gc.ca/odpub/pdf/66495.pdf

You can learn more about personal care by reading our “Personal care” booklet available at www.alzheimer.ca/personalcare

Consider arranging for an Occupational Therapist to come into the home for a safety assessment. Visit www.find-an-ot.ca to find an occupational therapist near you.

Alzheimer Society



Alzheimer Society of Canada

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