Dementia Friendly America®

Dementia-Friendly Community Evaluation Guide

This Guide was developed with grant funding from AARP

Foreword

Dementia Friendly America (DFA), since its outset in 2015, has sparked and supported communities in their pursuit to become better places for people living with dementia and their care partners to reside. DFA guides communities through the comprehensive process of convening an action team, identifying community needs, prioritizing those needs and developing an action plan for ensuring a more dementia-friendly community. However, until now, there has not been guidance to help communities in the United States evaluate the impact of their work. Even internationally, with some countries having a longer history with dementia-friendly communities, there have been limited outcome evaluations of dementia-friendly community initiatives. For this reason, the National Association of Area Agencies on Aging, which administers both Dementia Friendly America and Dementia Friends USA, is incredibly grateful to AARP's Office of Policy and Brain Health and AARP International for funding the development of this important new tool, this *Dementia-Friendly Community Evaluation Guide.*

Most dementia-friendly community efforts in the United States are grassroots initiatives oftentimes with few financial resources, and driven by staff, volunteers, people living with dementia and care partners who need practical and hands-on materials to help them launch and sustain their efforts. What had been missing until now is a tool to help dementia-friendly communities evaluate their efforts. Communities across the country working on dementia-friendly community efforts have been requesting more information on evaluation and DFA is very pleased to now have this new resource.

The goal of this Evaluation Guide is to assist leads of dementia-friendly community initiatives in evaluating the effectiveness of their dementia-friendly community's activities. The Guide provides straightforward steps and validated tools that have been standardized to help you evaluate your dementia-friendly community effort with trusted measures.

At Dementia Friendly America, we believe that every initiative can evaluate something...and ideally more than one thing! Evaluation reaps many benefits. It helps you understand what is working, but also what is not working.

It helps you adjust your work plan as needed. It also helps you communicate the importance of the work to your partners, funders, local government, community members, care partners and most importantly, people living with dementia in your community.

By evaluating individual activities that are part of your dementia-friendly community, you will be able to build a story of how your dementia-friendly community efforts are helping to foster a more dementia-friendly community, foster innovation and insights among other communities that are pursuing dementia-friendly community efforts.

Evaluation should be an iterative, ongoing process. As we continue to learn from dementia-friendly communities' application of the Evaluation Guide, Dementia Friendly America will develop and incorporate new tools and resources to support the dementia-friendly movement. As we embark on this work, we will keep our stakeholders apprised of new developments that may further amplify this Evaluation Guide. Ultimately, Dementia Friendly America hopes to work collaboratively with dementia-friendly community efforts to foster sufficient outcome evaluation information at the local level to help us develop a broader national evaluation strategy. The evaluation information that we collect locally and translate nationally will continue to build on and support the momentum for dementia-friendly communities across the country.

Please contact the DFA team at info@dfamerica.org to brainstorm evaluation strategies, problem solve challenges and ultimately, to share your dementia-friendly community's outcomes and impact.

Thank you for doing everything you do to move your community forward to be more dementia-friendly!

Sincerely,

Sandy Markwood
Co-Chair, Dementia Friendly America
Chief Executive Officer, National Association of Area Agencies on Aging

Table of Contents

Introduction

As the number of people living with dementia increases in the United States, creating dementia-friendly communities is one way to provide the infrastructure and support that can enable people affected by dementia to continue to participate in and live well in their communities.

Although definitions of a dementia-friendly community vary, a common goal is to create a better quality of life for people with dementia and their families by decreasing stigma, increasing opportunities for meaningful social interaction and offering support in addressing the changing needs of people living with dementia. This goal can be achieved by including people living with dementia and their families in dementia-friendly community efforts and by integrating their wants, needs and preferences into the planning and implementation of these efforts.

Dementia Friendly America (DFA) is a national initiative that serves as a hub for the development and spread of dementia-friendly communities across the United States and is the U.S. licensee of the global Dementia Friends program.[1, 2] Dementia Friendly America fosters community transformation by offering the Dementia-Friendly Community Toolkit, supplemental resources, and technical assistance designed to equip communities to better support people living with dementia and their families.[3, 4, 5]

Even with the wide range of dementia-friendly community efforts across the world, there is no set approach for evaluating the impacts of those efforts on communities and community members. This Evaluation Guide provides tips, strategies, examples and resources for measuring the outcomes and impact of dementia-friendly community activities.

Key Principles of Dementia-Friendly Communities

There are key principles to consider when creating a dementia-friendly community. In many instances dementia-friendly communities are focused on geographic areas, but there are also dementia-friendly community initiatives defined by race or ethnicity, religion, culture, shared background or interest (e.g., young onset). No matter how you define "community," each principle is relevant. Dementia-friendly community initiatives are ongoing and dynamic initiatives—dementia-friendliness is not a "yes" or "no" characteristic of a community, but an aspirational goal that individuals, organizations and groups continuously strive toward over time.

Principle 1: Include and involve people living with dementia in the community effort.

People with dementia and their families should be supported and actively engaged to identify local priorities because they can provide valuable information on what is working well within a community and what needs to change. Only by ensuring that there is meaningful involvement of people living with dementia and their families at all stages of dementia-friendly community efforts, will a dementia-friendly community initiative succeed in achieving inclusiveness and improved quality of life.

Learn how to involve people with dementia in the community effort by reviewing the Dementia Engagement and Empowerment Project guides.[6]

Principle 2: Establish and maintain a team that works collaboratively to create change.

Creating change in a community cannot be accomplished without establishing and maintaining an effective planning team that works collaboratively. The team, with a shared understanding of dementia-friendly community goals, is an asset that will help to engage the wider community to increase awareness and change the way the community thinks about living with dementia in positive and inclusive ways. No single organization can be responsible for change across a community.[7]

Review the DFA Community Toolkit Phase 1 for tips on convening an action team for your dementia-friendly community.

Dementia-Friendly Community Goals

This section provides a list of key goals that are common among dementia-friendly community initiatives. Some dementia-friendly communities work toward one or two goals while others work on several or all goals. As communities work toward achieving each goal, it is critical to consider including representation from diverse members of your community in helping to shape the initiative and then engaging with diverse partners and settings. Throughout the activities listed for each goal, we have suggested activities that include diverse aspects.

Key Goals Among Dementia-Friendly Communities

1. Increase awareness and understanding of dementia and of people living with dementia.
2. Increase awareness and understanding of brain health and risk reduction.
3. Collaborate with public, private, nonprofit and health care sectors to better serve people living with dementia and care partners.
4. Address the changing needs of people with dementia and care partners.
5. Create a supportive social, cultural and business environment that is inclusive of those living with dementia.
6. Improve the physical environment in public places and systems (e.g., parks, transportation) so that it is dementia-friendly.

Page 11 provides example evaluation activities for each of these key goals.

Evaluation of Dementia-Friendly Communities

Based on a literature review of dementia-friendly community research conducted by DFA in the fall of 2020, dementia-friendly community evaluations to this point have been largely descriptive and focused on the process of planning and implementing a dementia-friendly initiative. For example, currently available evaluations provide rich detail of how initiatives were set up, barriers and challenges to implementing activities, how many people participated in awareness raising activities and the number of activities offered in a community.

This Evaluation Guide is intended to provide community leaders and evaluation partners with tips and strategies on how to measure common outcomes of activities. There are many benefits to evaluating the outcomes of dementia-friendly activities:

- To have evidence of the successes and challenges in creating community change.
- To motivate stakeholders (people with dementia, care partners, community leaders, media and funders) to invest time and resources in supporting the work.
- To help communities recognize their own abilities to bring about change.
- To have information to celebrate, make adjustments and communicate lessons learned.
- To inform the work of Dementia Friendly America in supporting communities across the country and engaging with funders.
- To help clarify and prioritize project goals among partners and stakeholders.

The findings of an evaluation will help tell the story of the impact of your dementia-friendly community's efforts that can be shared with people with dementia, care partners, community members and other stakeholders. The findings may help to energize or re-energize your community efforts. And, ultimately, a well-structured evaluation will help to improve and sustain your dementia-friendly work.

Getting Started

Whether your community is considering taking action to become dementia-friendly or has some years of experience working to become more dementia-friendly, this Evaluation Guide provides information that is useful, practical and adaptable at any stage of your dementia-friendly community initiative.

Creating a Plan: Five Steps

Review the Evaluation Guide at the beginning of a new dementia-friendly activity (e.g., new program, new training effort). **The best time to create an evaluation plan is before you implement an activity.** Not all communities will have the capacity to conduct an evaluation of all activities; however, every initiative can identify one or two key activities to evaluate. The earlier your community develops an evaluation plan, the greater the potential for reaping the evaluation benefits, as described earlier. Take the following steps when creating an evaluation plan.

Step 1. Form an Evaluation Team

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Step 2. Identify Activities to Evaluate

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Step 3. Identify Outcome Measure Tool or Measurement Method

⬇

Step 4. Create the Evaluation Plan

⬇

Step 5. Communicate Findings

Step 1: Form An Evaluation Team

Identify key stakeholders, including persons living with dementia and care partners, who are interested in participating in a planning team that will oversee an evaluation effort. Ensure diverse perspectives are represented. Determine if the evaluation will be conducted by a group of community members (e.g., staff and volunteers) by collaborating with researchers (e.g., from a local college or university or public health entity) or a combination of both.

Step 2: Identify Activities to Evaluate

Communities using DFA's Community Toolkit are encouraged to complete a community assessment, identify strengths and gaps, and engage the community to identify activities and initiatives to undertake in their dementia-friendly efforts.[8, 9]

Every community is unique in the activities and initiatives it will undertake. The planning team should review the activities and initiatives identified and determine what or which ones will be evaluated. Some stakeholders (especially funders) may define the activities they want to be evaluated.

To help determine the activities to evaluate, revisit what you would like to achieve in your dementia-friendly efforts. How will the proposed activities help your dementia-friendly community achieve its goals? Who is the target audience you will reach with an activity (e.g., people living with dementia, care partners, community members, professionals) and what do you want to learn?
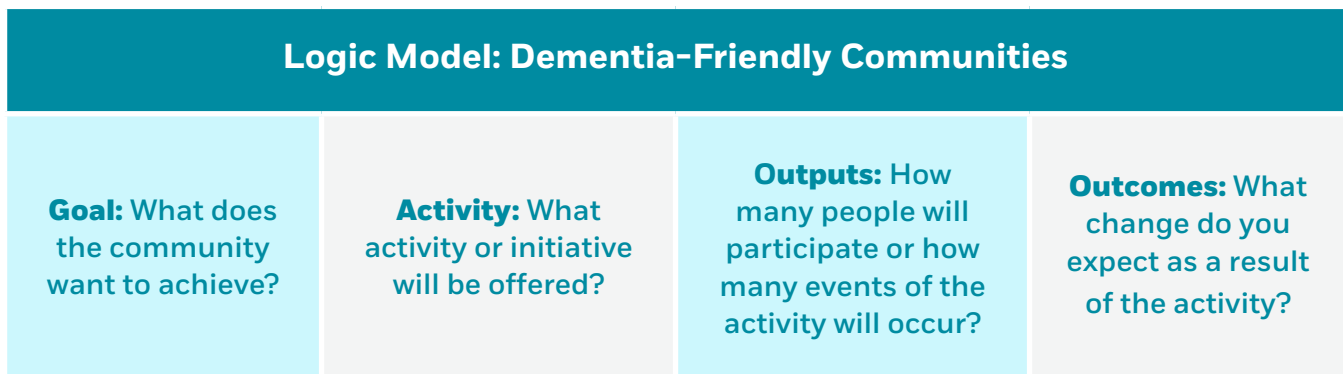
Step 3: Identify An Outcome Measure Tool or Measurement Method

Next, select the measure tool or method that will gather the information needed to gain a deeper understanding of the outcome of the dementia-friendly activity. In selecting the tool or method, consider who you will obtain information from (e.g., person living with dementia, care partner, community member, professional). Determine who will collect the data and whether training is needed on how to administer the tool. Decide how the information is best gathered (e.g., telephone interview, paper survey, electronic survey), when the information will be collected (e.g., one-time, before and/or after the activity) and who will analyze or summarize the information (e.g., volunteers, university colleague, intern).

Appendix C contains a list of common tools that are valid, reliable and in the public domain.

Step 4: Create and Implement the Evaluation Plan

This section describes the items to be included in an evaluation plan, including activities, outcomes and tools and measurement methods. Some evaluation teams benefit from using a logic model to guide the development of their evaluation plans. Below is a simple logic model that also aligns with the sample evaluation plan in Appendix A.

Logic Model: Dementia-Friendly Communities			
Goal: What does the community want to achieve?	**Activity:** What activity or initiative will be offered?	**Outputs:** How many people will participate or how many events of the activity will occur?	**Outcomes:** What change do you expect as a result of the activity?

Activities are examples of initiatives, programs or interventions that your dementia-friendly community plans to evaluate. This Evaluation Guide includes a collection of ideas from communities' dementia-friendly efforts. Your evaluation plan will contain activities that best represent and support your local community.

Outcomes are the impacts of an activity, initiative, program or intervention. In practice, every activity, initiative, program or intervention should achieve an outcome. Individual level outcomes examine how much or what kind of difference the activity has made for the participant.

Outcomes from activities targeting people living with dementia, care partners and community members may include changes in:

- Attitudes
- Awareness
- Health outcomes
- Inclusion
- Knowledge
- Loneliness
- Quality of life of the person with dementia
- Quality of life of the care partner
- Stress or burden
- Delivery of community-based services

> An outcome is different from an output, which counts the number of participants or number of activities. Outcomes refer to the results of activities.

There are a wide variety of outcomes that a community may choose to evaluate. This Evaluation Guide focuses on key outcomes that are relevant across multiple dementia-friendly activities, initiatives, programs, or interventions. You may identify other outcomes that you wish to measure that are not specified in this Evaluation Guide.

Tools and Measurement Methods are used to measure outcomes. The tool or method will be based on the outcome you want to measure. The Evaluation Guide includes methods that may require less effort and/or resources (e.g., using existing data) as well as methods that require more effort/resources (e.g., conducting a focus group) but may provide more comprehensive information.

> Guide to Organizing and Conducting Focus Groups for People Living with Memory Loss and Family Caregivers [10]

There are several methods to measure outcomes. **Quantitative methods** include outcome measures or surveys/questionnaires created by researchers or the community. A community could also examine existing data such as measures of change in program utilization.

Qualitative methods include information from focus groups, individual interviews, or meetings with key informants.

A focus group is a specific method for gathering more descriptive information than you would obtain through an outcome measure tool or survey. Decide whether you have the expertise to conduct a focus group or whether your community needs to hire an experienced facilitator. Conducting a focus group takes time and resources to identify questions, recruit participants, conduct the group and analyze findings.

When used together, quantitative and qualitative methods offer unique insight and solid understanding of outcomes.

Next, take the information the evaluation planning team has discussed in Steps 1 – 3 to write an evaluation plan. An evaluation plan template is available in Appendix A and is organized by:

- Goal: What does the community want to achieve?
- Activity: What activity or initiative will be offered?
- Target Audience: Who will participate in the activity or initiative (e.g., persons living with dementia, care partners, community members)?
- Outputs: How many people will participate or how many events of the activity will occur?
- Outcome: What change do you expect because of the activity?
- Tool or Method of Measure: What tool or method of measure will be used?

Creating a dementia-friendly community is a fluid and ongoing process. The planning team should consider using a manageable and "rolling" evaluation plan to capture the impact of the work at different stages in the process. For example, the evaluation team could identify one to three activities to evaluate after year one and others after year two.

Implementation of the evaluation plan will vary based on the activities, methods and tools that are part of the plan. Evaluation teams are encouraged to meet regularly to learn how the evaluation process is working and to learn preliminary results of the evaluation. These meetings may identify changes needed in methods or tools, or the team may learn about early success of dementia-friendly community efforts.

It is not always realistic to obtain evaluation information from everyone who participates in an activity or initiative over the long-term. If the same activity is offered over a period of time, you may wish to develop a sampling strategy.

Step 5: Communicate Findings

Create a communications plan that will describe the results to be shared, how they will be communicated and who they will be communicated to.

Appendix B includes questions to help you think about how to communicate evaluation findings.

Description of Key Goals, Examples of Activities, Outcomes and Measurement Methods

Becoming dementia-friendly has the power to change the way we think about living with dementia. By addressing the goals in this Evaluation Guide, and engaging people living with dementia and other stakeholders we can create a culture of respect and inclusion for people living with dementia.

> Appendix C contains a list of common tools that are valid, reliable and in the public domain.

This section describes each dementia-friendly community goal, lists examples of activities from communities working to become dementia-friendly, outcomes and measurement methods to consider.

Goal 1: Increase awareness and understanding of dementia and of people living with dementia.

This goal focuses on increasing awareness and understanding of dementia and of people living with dementia. Through awareness building activities, individuals can become more knowledgeable about the types of dementia, signs and symptoms of dementia, and will be better equipped to engage and assist people living with dementia.

Activities
- Implement the Dementia Friends USA program.[11]
- Offer dementia-friendly business[12] and organizational training, ensuring that diverse speakers and businesses are included in your initiative.
- Offer training for first responders, such as law enforcement, fire department and emergency medical services.
- Work with schools to raise awareness of dementia among younger people and educators about dementia.
- Partner with a place of worship to offer dementia education sessions.
- Invite someone living with dementia to speak to a community group.
- Implement a communications strategy to reduce stigma and increase community awareness that is culturally competent and inclusive (public awareness campaigns via print, social media, radio, tv, etc.).

Outcomes
Change in participant: awareness, attitude, knowledge, stigma, empathy and inclusion.

Measurement Methods

Survey
Distribute attitude or knowledge surveys to attendees before and after an educational or awareness building event (e.g., theatrical play about memory loss). See Tools in Appendix C for examples of possible questions. Possible questions/items may include:

- People with dementia need to feel respected, just like anyone else. Do you strongly agree, agree, disagree, or strongly disagree?
- Dementia is part of normal aging. True or false?
- People with dementia should be able to participate in the community. Do you strongly agree, agree, disagree, or strongly disagree?

Interview
Interview public health practitioners and staff and practitioners from organizations focused on Alzheimer's and dementia, aging services, or caregiver services after a public awareness campaign. Questions/items may include:

- What changes have you seen in the number of people reaching out to your organization (e.g., through phone calls or website visits) for information or services since the start of the campaign?
- What changes are your staff reporting in the interest and questions from the community since the start of the campaign?
- What information or services are now being requested?

Goal 2: Increase awareness and understanding of brain health and risk reduction.

There is increasing evidence on the importance of brain health in maintaining cognitive function. The Centers for Disease Control and Prevention (CDC) also supports the concept that healthy bodies are related to healthier brains.[13] Specifically, conditions including heart disease, history of a stroke, and chronic obstructive pulmonary disease, are most associated with memory problems.[14] The GlobalCouncilonBrainHealth.org [15] provides free evidence-based resources on brain health and risk reduction through modifiable lifestyle choices like diet, exercise, and social and cognitive engagement. Dementia-friendly communities can have a role in disseminating information on brain health and risk reduction strategies.

Activities
- Work with the local school district or state education department to include brain health in the educational curriculum.
- Host a brain health and dementia summit.
- Educate the community on ways to improve brain health, such as partnering with a local health fair working with diverse audiences (e.g., African American community, Latinx population, women, Native American communities, youth groups).

Outcomes
Change in participant awareness, knowledge, behavior changes (physical activity).

Measurement Methods
Public Health Monitoring
A state can monitor data on health-related behaviors of its population (e.g., amount of physical activity, hypertension awareness/blood pressure control) through the Behavioral Risk Factor Surveillance System (BRFSS).[16] Over time, education and awareness campaigns about brain health and risk reduction can contribute to changes in population behavior shown through the BRFSS.

Focus Group
A few weeks after a brain health summit or an education session on improving brain health, bring together a group of attendees for a focus group about what behavior changes they have made based on what they learned. Possible questions/items may include:

- What learnings from the educational event have they retained?
- What behavioral changes have attendees tried? [Prompt with examples if needed (e.g., strategies to better control blood pressure/lower sodium diet, more cognitive exercises, more physical exercises/activities).]
- What behavioral changes will attendees expect to continue?
- If changes don't seem possible, what are the barriers?

Goal 3: Collaborate with public, private, nonprofit and health care sectors to better serve people living with dementia and care partners.

This goal focuses on engaging public, private, nonprofit and health care sectors to increase communication and identify opportunities to collaborate to better serve people living with dementia and their care partners, while supporting the interests of various community sectors. As a result of this ongoing communication and collaboration, sectors of the community will become more aware of existing services and identify opportunities to work together to better serve people living with dementia and better meet the mission of their businesses and organizations. The collaboration could also result in creating new or more services to fill gaps. People living with dementia, their families and care partners will have increased choice and opportunities.

Activities
- Create a directory of private, public and nonprofit resources and services available in the community (print or online) accessible to people of different cultures, languages and educational levels.
- Collaborate with diverse organizations within the community to tailor directories to be relevant to their needs.
- Launch a referral process between health care and community-based services.
- Engage with partners to identify barriers, challenges and frustrations they face in becoming more inclusive to people living with dementia and their care partners.
- Partner with first responders/local government on an outreach initiative, such as developing a file of life or identification bracelet program.

Outcomes
- Changes in programs, such as a new or modified service.
- Changes in policies, such as a new or modified policy.
- Changes in practices, such as a new or modified practice.

Measurement Methods
Program Inventory
Conducting an inventory of programs and services is a useful way to understand what is available in a community. This can be a way to identify gaps and begin conversations on how those gaps can be filled.

A dementia-friendly community could distribute a survey to its members. Questions/items may include:

- The overall goals of this coalition align with the mission of my organization. Do you strongly agree, agree, disagree, or strongly disagree?
- My organization's participation in this coalition is a benefit to our clients. Do you strongly agree, agree, disagree, or strongly disagree?
- My organization's participation in this coalition is a benefit to our employees. Do you strongly agree, agree, disagree, or strongly disagree?

Interview
Interview organizations about barriers, resources and lessons they have learned or experienced.

Determine the scope of your program inventory. Identify a clear method of how you will search for or identify programs. Record your findings in a way that serves your purpose.

Goal 4: Address the changing needs of people with dementia and care partners.

This goal seeks to address the changing needs of people with dementia and care partners by providing services, programs and support through the progression of dementia. It also includes offering education for people with dementia, care partners, families and friends on topics such as types of dementia, financial and legal planning, health and wellness and planning for end-of-life care.

Activities
- Provide post-diagnostic support services for persons with dementia and their care partners.
- Provide evidence-based or evidence-informed programs for people with dementia, care partners and families.[17, 18]
- Host Memory Cafés for people with dementia and care partners.[19]
- Offer support groups for people with dementia, care partners and family members.
- Recruit diverse facilitators and promote support groups in diverse settings within your community.
- Offer respite services for care partners.

Outcomes
- Changes in participant (person with dementia): quality of life, skills, choice, knowledge, loneliness.

- Changes in participant (care partner): quality of life, burden, mastery, competence, personal gains, well-being, skills, support, health, knowledge, loneliness.

Measurement Methods

Survey
Distribute quality-of-life surveys to people with dementia and care partners before and after supportive services such as evidence-based/evidence-informed programs or support groups. See Tools in Appendix C for examples of quality-of-life tools. Possible questions/items may include:

- How do you feel about your health and well-being? Would you say it's poor, fair, good, or excellent?
- How do you feel about your close relationships? Would you say overall they are poor, fair, good, or excellent?
- How would you describe your quality of life as a whole? Would you say it is poor, fair, good, or excellent?

Distribute a survey to care partners before and after supportive services such as evidence-based/evidence-informed programs or respite services. See Tools in Appendix C for examples of tools. Possible questions/items may include:

- Do you feel better supported in caring for your loved one?
- Do you feel stressed between caring for your relative and trying to meet other responsibilities such as work or family? Would you say never, rarely, sometimes, quite frequently, or nearly always?

Interview
Interview persons with dementia and their care partners a few weeks after they received post-diagnostic support services. For persons with dementia and care partners, possible questions/items may include:

- How did the service provider support the current choices, needs and abilities of the person with dementia?
- How did the service provider support the current choices, needs, and abilities of the care partner?
- How did the service provider support the possibly changing choices, needs and abilities of the person with dementia and the care partner?
- How could the service provider have better addressed the choices, needs and abilities of the person with dementia and the care partner?

Existing Data/Program Inventory
Conducting an inventory of programs and services is a useful way to understand what is available to people with dementia and care partners in a community. This can be a way to identify gaps and begin conversations on how those gaps can be filled.

Goal 5: Create a supportive social, cultural and business environment that is inclusive of those living with dementia.

Dementia-friendly communities can create environments that enable people with dementia and their families to participate in engagement opportunities, including worship services, arts and cultural events and social activities. Additionally, businesses also can create supportive environments that are responsive to the needs of people living with dementia and their care partners. These settings can all make physical and programmatic adjustments to be inclusive to those living with dementia as well as provide training for their staff.

As a result, people with dementia will have more choice and control over their engagement opportunities and can continue contributing to their communities. This can be accomplished through educating community sectors in how to better serve and support people living with dementia and why these adaptations benefit the entire community.

Activities
- Offer dementia-friendly faith services.[20]
- Offer training to local businesses on strategies to organize space to be more dementia-friendly as well as offer dementia sensitivity training for employees.
- Deliver specific programming accessible for people with dementia at arts and cultural institutions.
- Host dementia-friendly movie screenings.
- Host creative presentations and integrate information on dementia with art, poetry or film.
- Form a dementia-friendly choir.[21]
- Distribute dementia-friendly environment checklist. (e.g., Dementia-friendly Environment Checklist.pdf (alzheimers.org.uk) or the Checklist for Dementia-Friendly Environments) [22, 23]

Outcomes
Changes in participant well-being, loneliness, quality of life, social engagement, social isolation, support and/or sense of belonging.

Measurement Methods

Survey
Distribute loneliness or social isolation surveys to persons with dementia and care partners before and after dementia-friendly events (e.g., faith services, movie screenings, choir rehearsals). See Tools, Appendix C for examples of loneliness tools. Possible questions/items may include:

- During the last week, have you felt lonely: rarely or none of the time (e.g., less than 1 day), some or a little of the time (e.g., one to two days), occasionally or a moderate amount of time (e.g., three to four days), or all of the time (e.g., five to seven days)?
- How often do you feel that you lack companionship? Would you say hardly ever, some of the time, or often?

- During the last four weeks, I found it easy to make contact with people. Would you say almost always, most of the time, about half the time, occasionally, or not at all?

Distribute stigma surveys to care partners before and after dementia-friendly events (e.g., faith services, movie screenings, choirs). See Tools in Appendix C for examples of stigma tools. Possible questions/items may include:

- Having a family member with dementia negatively affects me. Do you strongly agree, agree, disagree, or strongly disagree?
- The behavior of my family member with dementia is an embarrassment to me. Do you strongly agree, agree, disagree, or strongly disagree?
- I don't tell others that my family member has dementia. Yes, no, sometimes.

Observation
Use a dementia-friendly environmental checklist to conduct a quarterly or annual review of your organization's space/programming to understand how it is dementia-friendly or where improvements can be made.

Goal 6: Improve the physical environment and programming in public places and systems (e.g., parks, transportation) so that it is dementia-friendly.

The physical condition of businesses, parks, libraries and other shared spaces needs to be accessible and easy for people living with dementia to navigate. The environment can be adapted to be more dementia-friendly through clear signage and other wayfinding tools, sufficient lighting, flooring that is not highly reflective or patterned, and sufficient seating in public areas.

Activities
- Provide education about universal design principles.[24]
- Integrate dementia-friendly recommendations into age-friendly efforts on physical environments.
- Distribute dementia-friendly environment checklist. (e.g., Dementia-friendly Environment Checklist.pdf (alzheimers.org.uk) or the Checklist for Dementia-Friendly Environments) [22, 23]
- Offering information and training to community sectors to help them become more confident to enable people with dementia to use public transportation, visit shops, access health care, etc.

Outcomes

- Improved neighborhood walkability.
- Public spaces are safer and more accessible.
- Changes in participant quality of life, physical health, sense of belonging and/or safety.

Measurement Methods

Qualitative

Hold discussions with key stakeholders. Possible questions/items may include:

- How have they modified the built environment to meet the needs of people with dementia and care partners?
- How do the modifications better meet the needs of people with dementia and care partners?

Observation

Visual assessment of the local environment to identify key spaces and how they have been improved for people with dementia.

Additional Methods

There are several tools and methods to assess the physical environment. Your tool of choice will depend on what you want to assess and what resources are available to you to conduct the assessment. Below are just a few that you can consider using:

- Environmental Audit Tool (CDC Healthy Aging Research Network)[27]
- Photovoice – Photos can provide convincing evidence of the transformation of the physical environment (Community Tool Box, University of Kansas)[28]
- Dementia-Friendly Physical Environments Checklist (Dementia Action Alliance)[29]
- Dementia-Friendly Community – Environmental Assessment Tool (Dementia Training Australia)[30]

Appendix A: Evaluation Plan (Template)

Goal	Activity	Target Audience	Outputs	Outcome	Tool or Method
Increase awareness and understanding of people living with dementia	Work with schools to raise awareness in younger people about dementia	High school students	Number of students in Health 101 attend one class session about dementia	Improved attitude	Survey before and after class using Dementia Attitudes Scale (DAS)
Increase awareness and understanding of people living with dementia	Hold a Dementia Friends Information Session	Community members	Number of participants	Increased knowledge Increased confidence	Survey before and after session using Administration for Community Living's Brief Tool for Dementia-Friendly Education and Training Sessions
Address the changing needs of people with dementia and care partners	Provide post-diagnostic support services for persons with dementia and their care partners	Persons recently diagnosed with dementia and their care partners	Number of families	Increase in knowledge and support	Interview about needs met, questions answered and referrals/connections made

Appendix B: Communicating Your Findings

This information was adapted from the [European Foundations' Initiative on Dementia (EFID) Toolkit for Planning, Reflection and Learning](#).[31] The following questions will help you think about how to structure and communicate your findings with others. The message and findings that you share may differ by stakeholder (people with dementia, care partners, community leaders and funders).

What is the purpose of your communication? With whom are you communicating?
Determine the objective, purpose and target audience for your communication. Are you communicating with the public to increase awareness of your dementia-friendly efforts? Are you communicating with a funder to solicit funds?

Based on the above, what is your main message?
Keep it simple and to the point.

What are the key points the audience should take away from your message?

What results/findings do you have to complement your message?
Share the findings from the surveys, existing data, and/or qualitative methods used.

How will you share your findings with your audience?
What format will you use? Are you writing a report or blog entry? Are you presenting at a community meeting or conference? What dissemination strategy will you use?

Appendix C: Table of Tools to Measure Common Outcomes

Outcomes	Tool	Intended Audience
Attitude, Knowledge	Measuring the Impact of Dementia-friendly Education and Training Sessions: A Toolkit [32]	General public
Attitude	Dementia Attitudes Scale (DAS) [33]	General public
Competence	Caregiving Competence Scale [34]	Care partner
Well-Being	Perceived Change Scale [35]	Care partner
Burden	Zarit Burden [36]	Care partner
Loneliness	UCLA Loneliness Scale [37]	Person with dementia, Care partner
Loneliness	Campaign to End Loneliness Measurement Tool [38]	Person with dementia, Care partner
Personal Gain	Personal Gain Scale [38]	Care partner
Quality of Life	Quality of Life in Alzheimer's Disease (QoL-AD) [39]	Person with dementia, Care partner
Social Engagement, Support	Lubben Social Network Scale [40]	Person with dementia, Care partner
Social Isolation	The Friendship Scale [41]	Person with dementia, Care partner
Stigma	Affiliate Stigma Scale [42]	Care partner

Acknowledgements

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