



No Center About Us Without Us: Building Senior Center Plus in Montgomery County

ANALYSIS AND RECOMMENDATIONS

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Executive Summary

The number of people with mild cognitive impairment and early stage dementia in Montgomery County will grow as the population ages. The current provision of services in the County does not fully match this group's needs. People with memory loss cannot navigate customary Senior Centers independently. However, the services provided by adult day care facilities are both too invasive and not reflective of support needs. As a result, people with memory loss lack the opportunity for social and cognitive engagement needed for health and well-being. Their care partners also lack respite and assistance. Expanding Senior Center programs for people with memory loss, into a "Senior Center Plus" model, will help older adults "age in place" and partake in their communities. Such programs offer social and cognitive stimulation, opportunities for growth, and care partner respite.

Senior Centers Plus can emulate several successful models from across North America. This report examines five programs from different places in the United States and Canada. Though each model is different, the programs succeed because they account for four things. These are:

- participants' social and cultural communities;
- appropriate cognitive stimulation;
- the physical and financial needs of participants in facilities and programs; and
- transport to and from programs.

In building Senior Center Plus programs, Montgomery County can follow these examples.

Recommendations for Senior Centers Plus fall across the social, physical, and transportation domains.

- Trained volunteers and staff should provide varied and relevant programming. Activities should be on a regular schedule, which benefits older adults with memory loss. Room for spontaneous socializing should also be available.
- Facilities should enable planned and unplanned social engagement. Entries, wayfinding, and restrooms should receive special attention.
- For transportation, existing partnerships with Villages and other volunteer organizations can be extended. The program can emulate successful models of fixed volunteer transport cycles common in Germany. Another option comprises partnering with MetroAccess; similar efforts have succeeded elsewhere.

Funding for these three domains can come from local, state, and federal sources.

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*A text-only version of this report, in regular and large print, is available from the author upon request.
The cover image is of a forget-me-not flower, the international symbol of dementia advocacy.*



About the Fellow

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Introduction

Montgomery County’s population is aging. The number of people over the age of 65 in the county will grow from about 166,000 in 2020 to 250,000 by 2040, an increase of 56% (Maryland Department of Planning, 2018). A significant portion of these new older adults, like their peers around the country and world, will experience various forms of memory loss, arising from a variety of conditions. This experience will occur even with the presence of various “preventative measures” (Berridge & Martinson, 2017). These older adults and their care partners will likely continue to avoid nursing homes, especially after the ravages of the coronavirus pandemic in such institutions (CarePort Health, 2020; Parsadani & Thompson, 2012). As a result, many will take advantage of various forms of “social infrastructure” – the set of institutions that provide opportunities for socialization, assistance, and cognitive and emotional stimulation (Klinenberg, 2018). Yet in Montgomery County, and most places, older adults with early memory loss and their care partners are in an awkward situation. These older adults struggle to navigate traditional senior centers and community centers independently, but do not need or want the aggressive interventions provided by adult day care facilities (Kenney, 2020). How can this cohort be served? This report discusses one solution: a “Senior Center Plus” model.



What is a Senior Center Plus? In short, this model is a program that provides the same social engagement and recreational activities as a senior center, but with additional supports for older adults with memory loss. Some of these supports are staff or volunteers trained to provide verbal cues and assistance or help in difficult tasks like wayfinding, communications, or decision-making. Some of these supports are built into activities available to program attendees. Some of these supports comprise assistance in transport to and from the center, nutrition through congregate meals, or funding to allow participants to avail themselves of services. These supports provide needed structure that allows older adults with memory loss to feel dignified and at home in such a program. “Senior Center Plus” is the official name given to such programs in Charles and Anne Arundel Counties (Conley, 2020), but they are known by various names nationally (Hostetler, 2011; Parsadani and Thompson, 2012; Weil, 2014) and internationally (Sütterlin, Hossman, & Klingholz, 2011). The need for such systems has been recognized for years, and has spurred new initiatives by non-profit organizations in Montgomery County and throughout the region (Purser Langley, 2020). County officials have already identified founding such a program as a goal (Pruzan, 2017).

A Senior Center Plus program would fall into a broader system to support “aging in place” in Montgomery County. The County has received both “Age-Friendly” and “Dementia Friendly” certifications in the past two decades from non-governmental organizations (Kenney, 2020), and has incorporated principles from these ideas into service design and delivery (Pruzan, 2017). The goal of such initiatives is to allow older adults to remain in their communities and ideally the homes of their choice for as long as possible, using interventions to redesign spaces and services around the needs of aging people (see Callahan, 1993/2009). Though this process is commonly presented as an alternative to nursing homes and senior living facilities (Berridge & Martinson, 2017), most older adults, including those with memory loss, “age in place” by default (American Association of Retired People, 2016). “Aging in place” may be more appealing given the coronavirus pandemic’s impact on congregate living facilities (Grabowski & Mor, 2020). Senior Centers offer a key opportunity

to provide social services, cognitive engagement, and community involvement to older adults staying in place. In fact, most senior centers already support older adults without memory loss aging in the community (American Association of Retired People, 2016; Weil, 2014).

Aging is a culturally embedded phenomenon: people age in the context of their communities, their home and surrounding cultures, and their built environments, all while carrying their accumulated experiences that shape their selves, their resources, and their assumptions (Callahan, 1993/2009). This concept also applies to people with memory loss, who still think and live within communal bounds (Sütterlin, Hossman, & Klingholz, 2011). Attitudes towards aging and dementia matter too. Older people in the United States must already navigate a bias towards older people (Parsadani & Thompson, 2012); people with memory loss and their care partners navigate additional stigmas against people with dementia (Turner & Morken, 2016). A successful program for older adults with memory loss would take this holistic view into account in all its programming to provide satisfaction and enrichment to Center clients. Borrowing an idea from disability studies here, a Senior Center Plus model should use a social model of dementia and memory loss. Rather than understanding people with dementia as “patients,” they should be considered people embedded in social, economic, and cultural worlds. The Senior Center Plus model is built around this view. Thus, instead of treatment, a Senior Center Plus program should enable enrichment for an older person with memory loss. Or, in the simpler language of three practitioners – the center should “meet people where they are at” (Goldman, 2020; Levy & Levy, 2020).

The rest of this report revolves around a resulting goal: **that Senior Centers Plus should be places for older adults with memory loss to find a culturally embedded community that provides opportunities for social and cognitive support, with the infrastructure needed to make that happen.** This model would be based on stable and enriching activities led by peers and volunteers, appropriate facilities, reliable transportation and funding, and links to Montgomery County’s many communities.

This report will lay out the background of and proposals for such a model in the following sections. First, the interview-based research tools and methodologies used to build this report’s analysis and recommendations will be presented. Current research on memory loss and infrastructure for aging, as well as the current condition of such services in Montgomery County, will then be examined. Several, different models of successful programs for older adults with early memory loss in the region and in other parts of North America will be described. From there, a set of recommendations specific for the social, physical, transportation, and financial contexts of Montgomery County will be provided.



Research Methods

Research for this report was conducted during June and July 2020. This report is in response to a request from Montgomery County Council staff to investigate the improved provision of Senior Center services for older adults with memory loss, focusing on programming, facility, and transport needs. In addition, the request solicited input on funding possibilities and examples of successful programs.



In response, academic literature on the role and provision of senior centers, and the provision, or lack thereof, of assistance to older adults with memory loss in community settings was reviewed. Various policy initiatives at the local, state, and federal levels to encourage aging in community and better services for older adults with memory loss were also examined. Some of these initiatives are under government auspices; others are conducted by non-profits focusing on aging or dementia. Many of the more technical initiatives examined were from organizations or governments in Canada, Germany, and Australia. Though these countries have different governance frameworks, as do American jurisdictions outside of Maryland, the lessons are broadly translatable to the Montgomery County context.

Interviews with practitioners are the cornerstone of this research. Over the course of June and July 2020, one dozen in-depth interviews were conducted with practitioners working with older adults with memory loss in a variety of contexts. These professionals work in contexts including senior centers, transportation, Villages (volunteer organizations), and culturally specific organizations. These discussions, recorded with one hundred pages of hand-written notes, were useful for sourcing, assessing, and shaping out recommendations. Furthermore, they provided useful insights as to the actual difficulty of service provision for older adults with memory loss.

These conversations were supplemented by a focus group and document review. On the suggestion of Villages Coordinator Pazit Aviv, a 90-minute focus group with five advocates and service providers for older adults was held on July 7. The group provided input about a range of topics. Documentation on the finances, management, and programming of several centers serving older adults with memory loss was reviewed as well. This documentation proved useful in solidifying the scope and potential impact of this report's recommendations.

Drafts of this report were reviewed by Linda McMillan and Jay Kenney, both of whom have extensive experience working within the aging and disability infrastructure in Montgomery County. Pamela Dunn and Nicole Rodriguez of the County Council staff also provided reviews and feedback. McMillan and Kenney made the request for this research based on their experience with aging in place, Montgomery County's infrastructure for that process and memory loss; the Commission on Aging has highlighted to the Council the need for enhancing these services. McMillan is expecting that the Health and Human Services will be asking to discuss this type of services along with adult day care in the coming year. Councilmember Gabriel Albornoz has stated several times, with corroboration by others, that he expects more families to keep older adults with memory loss in homes and communities after the pandemic subsides (Albornoz, 2020).



Aging in Place with Memory Loss

“Aging in place” goes well beyond location, and includes an older person’s ability to stay embedded in a community for as long as possible (Callahan, 1993/2009). Often, this is taken quite literally to mean encouraging older adults to stay in the same home for as long as possible (Dannefer, Han, & Kelley, 2018). A broader approach encourages a set of housing, social infrastructure, supports, and policies that allow older adults to stay in the same community if they choose to do so (Turner & Morken, 2016). Such an approach ensures better well-being, a longer lifespan, and improved life satisfaction among older adults (Marshall & Gillard, 2014). However, broader problems exist with implementation. One is that many older adults find themselves involuntarily aging in housing they can neither safely navigate nor afford to maintain or pay for, and suitable housing is not provided elsewhere in the community (Dunham-Jones & Williamson, 2011). Another is that the broader array of services does not actually address older adults’ needs, be it assistance with food shopping, social interaction, information in a native language, or usable transportation (Scharlach & Lehning, 2015). Policies that address aging in place successfully account for a holistic view of these ideas – acknowledging that older adults may need different housing to meet the needs of changing bodies and brains, or supports to actually stay living in a dignified way in the community (Berridge & Martinson, 2017; Parsadani & Thompson, 2012; Weil, 2014). Aging in place often focuses on “independence,” but programs cited in academic literature for their success acknowledge interdependence (Scharlach & Lehning, 2015). While aging in place, older adults’ experience of place and life are filtered through their various abilities and surroundings, which can enable or disable the cognitive and emotional stimulation that improves well-being (Berridge & Martinson, 2017).

The contours of mild cognitive impairment and the early stages of dementia inform this process. Mild cognitive impairment is defined as memory loss beyond that of normal aging, but less than a sharp decline (Mayo Clinic, 2020). Dementia usually comprises a more sustained decline and takes many forms, though Alzheimer’s disease comprises about 80% of cases (Alzheimer’s Association, 2020). In the early stages of dementia, which can last several years, symptoms resemble those for mild cognitive impairment (Sütterlin, Hossman, & Klingholz, 2011). What are these symptoms? They include difficulty with verbal or written communication, forgetting habitual activities or navigating, difficulty navigating spaces or understanding wayfinding, difficulty in processing basic tasks and decisions around life skills like eating and using the bathroom, and repeated fixations or conversations (Higgs & Gilleard, 2017). Social and cognitive engagement, emotional stimulation, routines, and physical activity have all been shown to improve well-being and slow cognitive changes in older people with these conditions (Jedrzejewski, Ewbank, Wang, & Trojanowski, 2014; Seung & Kim, 2016). Furthermore, such activities offer additional life satisfaction and support for older adults with memory loss (Cipriani & Borin, 2015; Hashmi, 2009) – especially if formulated in routine, predictable ways (Weiss, Schneider-Schelte, & Jansen, 2018). The role of a Senior Center Plus in providing these activities is discussed in a later section.

Though many assume that these symptoms necessitate long-term care in a facility, most older adults with these conditions live in their communities (American Association of Retired People, 2016). Many, in fact, live independently, without a care partner (Federal Interagency Forum on Aging-Related Statistics, 2017). Care partners, family, and friends often help through verbal or written cues (Turner & Morken, 2016). The challenges people with memory loss experience are exacerbated by the design and delivery of services, infrastructure, and places. Service provision is often unnavigable or requires too much decision making, or activities are not routine enough to remember (Cassarino & Setti, 2016). Facilities are difficult to navigate (Dallhoff & Braff, 2020; Fleming, Bennett, & Kristi, 2017). Services are difficult to access, especially if no care partner is involved (Turner & Morken, 2016). Most older adults with memory loss cannot drive safely, but alternative transportation is hard to come by in many areas (Carr & Ott, 2010). Explicit attention to these problems in service delivery is often lacking, likely due to society's enormous stigma against people with memory loss (Calia, Johnson, & Cristea, 2019). These problems combine to deny people with mild cognitive impairment and early-stage dementia access to social and cognitive engagement – a situation that a Senior Center Plus model would seek to alleviate.

Of course, the person with memory loss experiences the primary effects. However, dementia and mild cognitive impairment have important impacts on care partners and the surrounding infrastructure. Care partners must often leave jobs to provide care or assistance for loved ones with dementia – be they parents, partners, or siblings (Callahan, 1993/2009; Goldman, 2020). The emotional, cognitive, and physical toll of providing such care is high – especially when compounded by economic impacts (Albornoz, 2020; American Association of Retired People, 2016). Infrastructure also rarely supports people with memory loss. Inadequate wayfinding contributes to wandering older adults getting lost or in dangerous situations (Scialfa, et al., 2008); a lack of public restrooms can lead to humiliating accidents (Greed, 2003); people with memory loss are explicitly or implicitly barred from participating in activities (Berridge & Martinson, 2017; Calia, Johnson, & Cristea, 2019). Care partners often accompany loved ones through these programs (Parsadani & Thompson, 2012), adding strain.

As a result, care partners often seek assistance from available infrastructure, which also provides cognitive and emotional stimulation to older people with memory loss. For people with moderate or advanced memory loss, or other medical conditions, adult day care is a standard model. In these programs, social and physical activities are provided with the assistance of trained professionals who may also assist with feeding, toileting, and movement (National Respite Network and Resources Center, 2010). These programs are customarily self-funded or funded through Medicare or Medicaid in the United States and by the Maryland state government's agencies for aging and health (Maryland Health Care Commission, 2020); fourteen such programs exist within Montgomery County (Barnes & Bram, 2020). However, these programs are often too intense or overbearing for older adults with mild cognitive impairment or early stage dementia – who also may feel that such programs are infantilizing or undignified (Aviv, 2020; Kenney, 2020; Levy & Levy, 2020). On the other spectrum are senior centers – which form a background to this proposal. These centers, which came about in the postwar era, offer recreational and social activities for independent older adults (Weil, 2014). The centers are a key nexus of “social infrastructure” offering support and social engagement to older adults nationally, especially in lower-income neighborhoods (Grady, 1990; Klinenberg, 2018). Care partners often seek to bring or accompany loved ones with memory loss to these centers, including in Montgomery County, where the centers currently do not accommodate them.





Montgomery County’s planning processes and service design seek to enable aging in place and improved well-being for older people with memory loss. The County received an “Age-Friendly” designation from the World Health Organization in 2007 (Pruzan, 2017). This designation is based on policies that support enhanced service delivery for older adults, consideration of older adult needs in the planning process for built environments, and initiatives that link older adults to younger generations in community frameworks (Kenney, 2020). The opinion of older adults and their care partners are also regularly solicited by County personnel (Pruzan, 2017). This initiative has rightly received much attention. Another initiative that has received comparatively less attention is the County as a “Dementia Friendly” community. In partnership with Dementia Friendly America, the County began a set of initiatives in 2015 to enhance the livability of the county for older adults who have memory loss while aging in place (Dementia Friendly America, 2020). Initiatives have included cooperating with Village volunteer programs, training police and fire personnel on responding to people with dementia, and working with community organizations that provide support (Fisher, 2020). Each designation seeks to support “aging in place” in the County – yet for that to occur, improvements are needed to key infrastructure.





Extant Infrastructure in Montgomery County

The two most prevalent day programs in Montgomery County are Senior Centers and adult day care. The County's Recreation Department operates eight Senior Centers across the county (Montgomery County Recreation, 2020). Programming at these centers offer social, cultural, and exercise activities for older adults, with a particular focus on the latter (Purser Langley, 2020). Programming is tailored to local populations: for example, some centers in Downcounty offer services in Spanish, Chinese, and Korean (Montgomery County Government, 2018). Local groups and organizations provide culturally relevant programming in many of these centers (Bayonet, 2020). Many attendees come for the funded lunch, and these congregate meals are often the primary meals of the day for attendees (Albornoz, 2020). Before the pandemic, several thousand older adults availed themselves of Senior Centers' offerings annually (Montgomery County Commission on Aging, 2020). Attendees to Senior Centers are expected to navigate them independently, and little assistance is provided, save for transport – which is often under the bailiwick of volunteers and non-profits (Brennan, 2020). Programs similar to Senior Centers are operated by some religious and cultural institutions in the county – particularly for Chinese- and Spanish-speaking older adults (Hsueh, 2020). Adult day cares, which are privately operated, serve older adults with higher support needs that arise from memory loss and other disabilities. Fourteen of these programs exist in the county; most are run by for-profit organizations, but non-profits run many of the larger and more successful programs (Barnes & Bram, 2020). As is the case nationally (Weil, 2014), even for-profit organizations rely on similar sources of federal funding (Barnes & Bram, 2020). A few programs fall outside this dichotomy - for example, the Kensington Clubs, covered in a later section.

County government and non-profits split much of the labor in these realms. The County government operates the Senior Centers, through the Recreation Department, though other Departments aid and collaborate (Brennan, 2020). County officials also assist older adults in finding appropriate facilities, coordinate transportation to and from several of the Centers, and oversee health and safety regulations in privately-operated facilities (Montgomery County Commission on Aging, 2020). Transportation is provided by a mix of paratransit service from RideOn and MetroAccess and private and volunteer providers coordinated by the Jewish Council for the Aging (JCA) (Aviv, 2020; Brennan, 2020). Some non-profit operators, like the JCA and EasterSeals, also operate their own transport to and from their programs (Barnes & Bram, 2020; Bradley, 2020; Purser Langley, 2020). Non-profits, besides operating some of the programs, refer many older adults to these programs (Kenney, 2020). They also collate and centralize community input on program operations and content from various constituencies – particularly ethnic minorities and non-English speakers (Fisher, 2020). These organizations work across the County, but they often supplement local work.

A series of volunteer-based organizations serve specific neighborhoods, religious groups, and ethnic communities. A network of “Villages” – neighborhood-based service organizations – serve older adults in multiple communities across the county (Aviv, 2020). These organizations provide transportation for essential errands, activities, and social interaction to members, who may or may not pay (Montgomery County Government, 2020). The network is strong enough to necessitate a full-time coordinator in the county government to assist with their work (Aviv, 2020). Villages often link residents with County and non-profit services (Fisher, 2020); focus group respondents indicated that many Villages also benefit from the assistance of retired service providers. Villages are also able to keep closer track of members who, when experiencing memory loss, may need additional support or help (Aviv, 2020). This effort parallels work done by organizations serving specific communities – such as Jewish, Chinese, Korean, and Hispanic elders (Fisher, 2020; Goldman, 2020; Hsueh, 2020), or work linked to churches (Brennan, 2020). Beyond this “tracking” work, volunteers and clergy in the county and across the country provide help with essential errands and organize culturally relevant activities – such as *hwatu* card games for Korean communities, or *minyanim* (prayer groups) for Jewish elders (Weil, 2014). Such programs are cited in academic literature as a key part of “social infrastructure” that ensures the safety and well-being of older adults, especially those with memory loss (American Association of Retired People, 2016; Cipriani & Borin, 2015; Hostetler, 2011; Klinenberg, 2018; Scharlach & Lehning, 2015).

The larger initiatives are disparately funded by County, state, federal, and private sources. Federal funding is sourced through the Older Americans Act (OAA), which provides funding for congregate meals and other essential services (Parsadani & Thompson, 2012). Programs often use this funding for linked services beyond food – as the presence of a congregate meal triggers other federal funding (Purser Langley, 2020). This situation is the case for County and private provision (Purser Langley, 2020). Attendance costs are also covered for lower-income people through Medicaid and Medicare – though the cutoff is low enough that many ineligible people still require financial assistance to attend programming (Kenney, 2020). State of Maryland funding supplements OAA funding, and is specially marked for Senior Center services, services for older adults with memory loss, and other essential or social services (Montgomery County Commission on Aging, 2020). However, access to the funding is opaque, and difficult for even practitioners to navigate (Barnes & Bram, 2020). The County funds the remainder of program costs for the services it runs through budget appropriations (Pruzan, 2017), and provides grants to non-profits and other organizations conducting certain types of work (Montgomery County Government, 2018). Some of this work is also operated through paid contracts – for example, transport to and from Senior Centers (Brennan, 2020). Non-profit organizations, Villages, and religious and cultural groups rely on donors for fundraising, and some national grant programs as applicable (Bradley, 2020; Purser Langley, 2020).

Programs face several common challenges. Despite various sources of funding, most programs are under-resourced; few programs are able to offer the full complement of staffing and services they consider necessary (Kenney, 2020). Outreach to ethnic and racial minorities is also a difficulty (Fisher, 2020), especially when language barriers are involved (Hsueh, 2020). Facilities are often difficult to use (Brennan, 2020). As a result, few programs have the capacity to include older adults with mild cognitive impairment or early-stage dementia. Any remedy would need to account for the social aspects of aging, the social infrastructure in which aging takes place, and how these interact with memory loss to determine the success or failure of programs.

Socially Embedded Aging

Social infrastructure is situated within the context of social relations: they are spaces and places in which social relations are built and maintained (Klinenberg, 2018). More broadly, social infrastructure is an organized part of a broader societal framework in which people live, seek stimulation, and receive support (Himmelweit, 2019). Those who run or provide social infrastructure succeed when the provision is placed both in these concrete terms and intangible terms (Klinenberg, 2018) – what social theory calls *Gemeinschaft* (intangible community) and *Gesellschaft* (tangible community) (Röhl, 2019).



An African-American History Month Celebration at a Senior Center in New York City

Aging occurs in this framework, and that is important to understand when discussing Senior Centers. Older people still live within intangible communities and consider themselves to have obligations to them – for example, in helping serve food in a Korean community or attending a prayer quorum for a Jewish one (Cipriani & Borin, 2015). Furthermore, many older adults identify strongly with the tangible communities they are members of – including senior centers that they regularly attend, or programming cohorts within them (Dannefer, Han, & Kelley, 2018). Older adults also seek out opportunities to participate in intangible communities – with kin, extant connections, or new friends – and organized frameworks (Bruens, 2013). Senior Centers, in providing programming, must navigate these tangible and intangible communities in order to attract attendees and provide opportunities for engagement and enrichment. The explicit goal of many Senior Centers, in any case, is to provide a physical space for these contexts (Parsadani & Thompson, 2012).

Like the rest of aging, memory loss is a socially embedded experience. Dementia and cognitive impairment are understood differently across cultural contexts, and the way a person with memory loss understands their position differs too (Calia, Johnson, & Cristea, 2019). Stigmas, though common, vary across cultures (Hashmi, 2009); responses thus vary too (Higgs & Gilleard, 2017). Stigma also pushes many older adults into isolation, which can be emotionally and cognitively damaging (Dementia Friendly America, 2020). Furthermore, older adults with memory loss often revert to cultural frameworks and languages that they used during their adolescence – rather than the dominant framework or language of their surrounding area (Levy & Levy, 2020). Though social interaction may not be grounded in “reality” (Carr & Ott, 2010), older adults with memory loss still seek out social interaction and understand themselves as members of communities, with all of the accompanying obligations (Higgs & Gilleard, 2017; Jedziewski, Ewbank, Wang, & Trojanowski, 2014). The latter point is particularly true for older adults coming from communitarian cultures (Portland State University, 2020). For the older adults with mild cognitive impairment or early-stage dementia who would benefit from a Senior Center Plus program, cognition is usually still at the point where many social interactions are fairly “normal” (Kenney, 2020). Continued membership in social networks improves self-esteem, and helps older adults and their care partners take action to stay safe, healthy, and happy (Higgs & Gilleard, 2017). For many older adults, these social networks also provide interaction in native languages unavailable elsewhere (Weil, 2014).

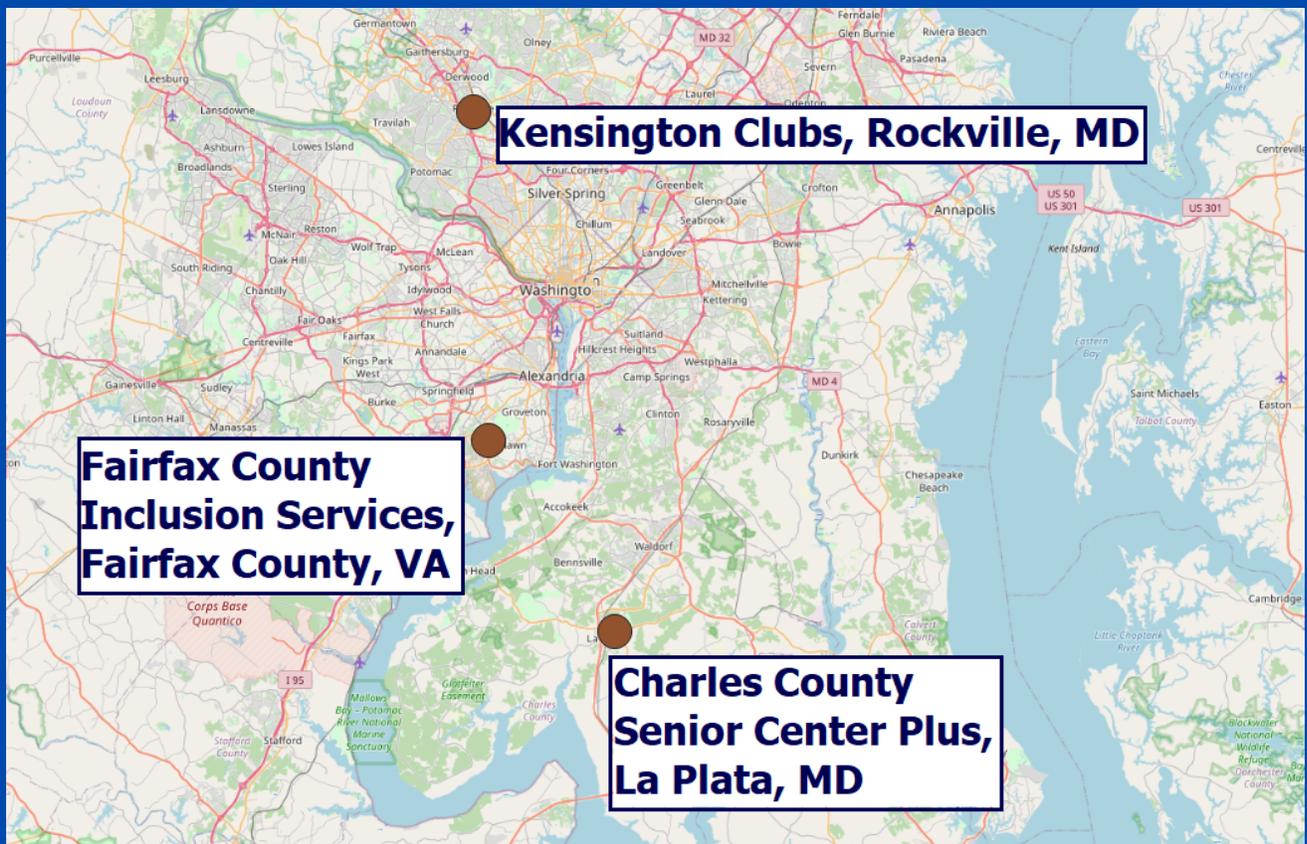
Organizations such as the Alzheimer’s Association often argue that stemming cognitive decline is the goal; however, the tools they use often make older people with memory loss feel stigmatized or belittled (Berridge & Martinson, 2017). Instead, supports that encourage social engagement best stem from what is needed – and allows some sort of dignity. Many advocates call for routines in activity – such as regular meal times, medication times, or activity schedules across the week (Weiss, Schneider-Schelte, & Jansen, 2018). Others note that older adults with memory loss find challenge to be stigmatizing and shaming – and thus cognitive exercises should, instead of making demands of knowledge, be carefully structured to be fun whilst allowing a feeling of maximal agency (see Portland State University, 2020). Rabbi Michael Goldman, who runs Jewish programming for older adults with dementia in the New York area, noted that improvising, and allowing for programming that builds on what people already enjoy, tends to be most successful (Goldman, 2020). Careful, gentle communication is key in all of these – from conversations to normal cues. Dementia advocates suggest using invitations rather than commands, plain communication, and not overwhelming those with memory loss with too many choices. Furthermore, regularity and familiarity in place help and reduce stress (Dementia Friendly America, 2020). Practitioners concurred. This background is important in considering policy, since the recommendations in this report are meant to support such an environment.

Socializing and cognitive stimulation not only produce improved outcomes, but also allow older people with memory loss to benefit from continued social embedment. Events like games, exercise, and dance are shown to play a role in stemming cognitive decline in older adults with memory loss, especially when done as a group (Seung & Kim, 2016). Senior Center programming, and parallel initiatives, offer an avenue to this goal. By nature, Senior Centers provide group programming and activities meant to enrich lives – many of which, such as exercise, dance, and simple games, can be adjusted to meet the needs of older adults with memory loss (Turner & Morken, 2016). Key social services, such as access to medical care and nutrition services, can be routed through Senior Centers (Weil, 2014) – in Montgomery County, some of these services already are (Pruzan, 2017). This provision assists care partners in providing for the safety and well-being of older adults with memory loss. Finally, Senior Centers offer a chance to meet and interact with other people that goes against isolation – long shown to be harmful to people with mild cognitive impairment or early dementia (Sütterlin, Hossman, & Klingholz, 2011). If well-staged, a Senior Center Plus would be of great benefit.

Successful programs across North America offer models for Montgomery County in pursuing a Senior Center Plus model. These initiatives are sometimes housed in Senior Centers, and sometimes not. A few are non-profits; many are run by local governments. All are embedded within the social and cultural context of their communities, and all seek an approach in which the person with memory loss is given the chance to experience inclusion and agency, through activities, setups for transport and attendance, and support structures.



Extant Models



Seven practitioners at five centers or programs with offerings for older adults experiencing early or mild memory loss were interviewed. Each program is different but offers useful lessons for Montgomery County. Citations for each interview are at the end of each description. Programming coordinators in the county and further afield who manage specific programs for Jewish and Chinese older adults (Goldman, 2020; Hsueh, 2020) were also interviewed for useful contextual insight.

Kensington Clubs - Rockville, Maryland

The Kensington Clubs are a series of three social day programs for older adults with early memory loss; they are operated by the JCA in Montgomery County. Attendees largely come from surrounding communities in Montgomery County – Gaithersburg, Germantown, Rockville, and nearby areas. Programs operate two to five days a week at community centers and the JCA headquarters in Rockville, from 10:00am to 4:00pm. The program was founded to provide respite to care partners and a cognitively enriching environment for older adults with memory loss – and has expanded since its founding in 2008. Funding comes from donors, County and state grants, and fees levied on client families. A twice-a-week program with paid staffing costs approximately \$150,000 a year to operate. Referrals come from community organizations and social service providers. Eligible clients are older adults who do not need physical assistance to use the restroom, take medication, or eat. The JCA offers transportation to and from the center on dedicated buses, or assistance in accessing volunteer transportation or MetroAccess' paratransit services. The transport provision is considered to provide additional respite to the care partner and additional opportunities for engagement for older adults with memory loss.

Activities include field trips, musical programs, and therapeutic art programs; the various programming is adjusted based on feedback from the clients themselves. Some programming has been expanded based on the satisfaction and cognitive benefit clients experience. Programming is supported by a paid recreational therapist and care workers. Attendees are provided a morning snack and a catered lunch, funded through the OAA. The meals and activities are designed for members to interact not just with other people, but with each other – and to benefit from the broader cognitive and emotional gains of new social connections. Indeed, clients and their care partners have cited this aspect as particularly helpful. The program is housed in accessible, multipurpose facilities. Clients come from diverse backgrounds and social contexts across Montgomery County; that said, they tend to be Anglophone.

Tina Purser Langley, who has coordinated much of the Kensington Club programming, has been active for several years in seeking to establish Senior Center Plus programming as a County offering. The social benefits and small scale of the program, as well as the inclusion of transport as part of the respite, were key factors of success that she cited – as well as siting the program as a step on each client's individual journey with memory loss. (Purser Langley, 2020)



A group activity at a Kensington Club

Charles County Senior Center Plus – La Plata, Maryland

The Charles County Senior Center Plus program has operated for several years in the Senior Center serving the county seat of La Plata. Before the pandemic, about sixteen participants regularly attended the program, with a similarly long waitlist for attendance. Participants are referred by state and local agencies and service providers working with older adults and people with disabilities. The program operates three days a week for five hours. The program started after Charles County staff noticed several older adults with memory loss, coming with caregivers, into the senior centers across the county of 150,000 people. These older adults had trouble participating in activities not designed to meet their needs. The program started, and still operates from, a multi-purpose room in the main Senior Center. Funding comes from the county government, Medicare and Medicaid, and the Maryland state government. Participants are eligible if they only need verbal cues to conduct essential tasks, and if they can use the bathroom and eat independently. Transportation is coordinated through the county paratransit service, and participants come largely from the more populated areas of the county, such as Waldorf and La Plata.

Programming is provided by a paid employee and contract staff and is designed for the varied cognitive needs of the participants. Successful options include bingo, crafts, and participating in exercise classes with other Senior Center participants. Programming is kept simple – both for enjoyment and for ease of implementation. Though social interaction is not explicitly addressed in policy, program clients enjoy regular socializing with a consistent group of people. Funded congregate meals and activities are, in fact, at routine hours. Center attendees represent a broad swathe of county residents – like much of Charles County, about half are White and half African-American, and attendees are largely English-speaking.

Holly Conley, the program’s coordinator, noted that keeping activities routine and predictable helped ensure cognitive engagement and navigability for program clients. Furthermore, she noted that such a habit did make planning on a smaller staff and budget somewhat easier than it may otherwise have been. Though individual attention is important, regularity is both beneficial for attendees and more feasible for the staff and facility needs of the program. After the pandemic, plans are underway to duplicate the program elsewhere in Charles County. (Conley, 2020)



Fairfax County Inclusion Services/Senior Centers – Fairfax County, Virginia

Though Fairfax County used to have a Senior Center Plus program operated by EasterSeals (Barnes & Bram, 2020), in recent years, Fairfax County has taken a different approach at its roughly one dozen senior centers: “inclusion services.” Rather than pay for a separate program, Fairfax County employs trainers and a supervisor to make certain programming accessible for older adults with memory loss, as well as older adults with other cognitive disabilities. The funding used resembles that of more centralized programs – OAA funding, County funding, State of Virginia funding, and some program fees. Referrals come from local agencies. The county government oversees the program, but the operation is conducted on contract by a private company. Most of the several hundred attendees come to Fairfax County’s centers through extensive paratransit and accessible transit networks (see Fairfax County, 2020). The county’s centers are designed with some consideration for accessibility and in compliance with access laws, though practitioners noted room for improvement. Similar requirements on independent eating and bathroom use, and reliance on verbal cues, are placed on attendees.

By and large, older adults with memory loss participate in programs with other older adults, though some specific programs for socialization and fitness are planned. Many programs are planned by cognitively “normal” older volunteers, who are often members of the same community. This part not only helps in terms of planning relevant programming, but also provides needed social interaction and peer-to-peer support for older adults with memory loss – especially those who do not speak English fluently or at all. Staff follow participants to and from congregate meals, activities, and social interactions, which also allows the support to travel with the older adult as they engage in their tangible and intangible communities. Fairfax County has been intentional in hiring contract and program staff – and seeking volunteers – with the language, cultural, social, and emotional skills necessary to work with older adults from a wide variety of backgrounds. Care partners and residents are surveyed on all Senior Center programming every three years, which aids in program planning.

The service providers noted that the integration of older adults with memory loss allowed for greater social engagement – and greater cognitive stimulation. Furthermore, the tight relationship with the county’s paratransit service, separate from MetroAccess, and administration of the program through congregate meal funding enhanced the ability to serve a wide demographic like Montgomery County’s. (Dallhoff & Braff, 2020)

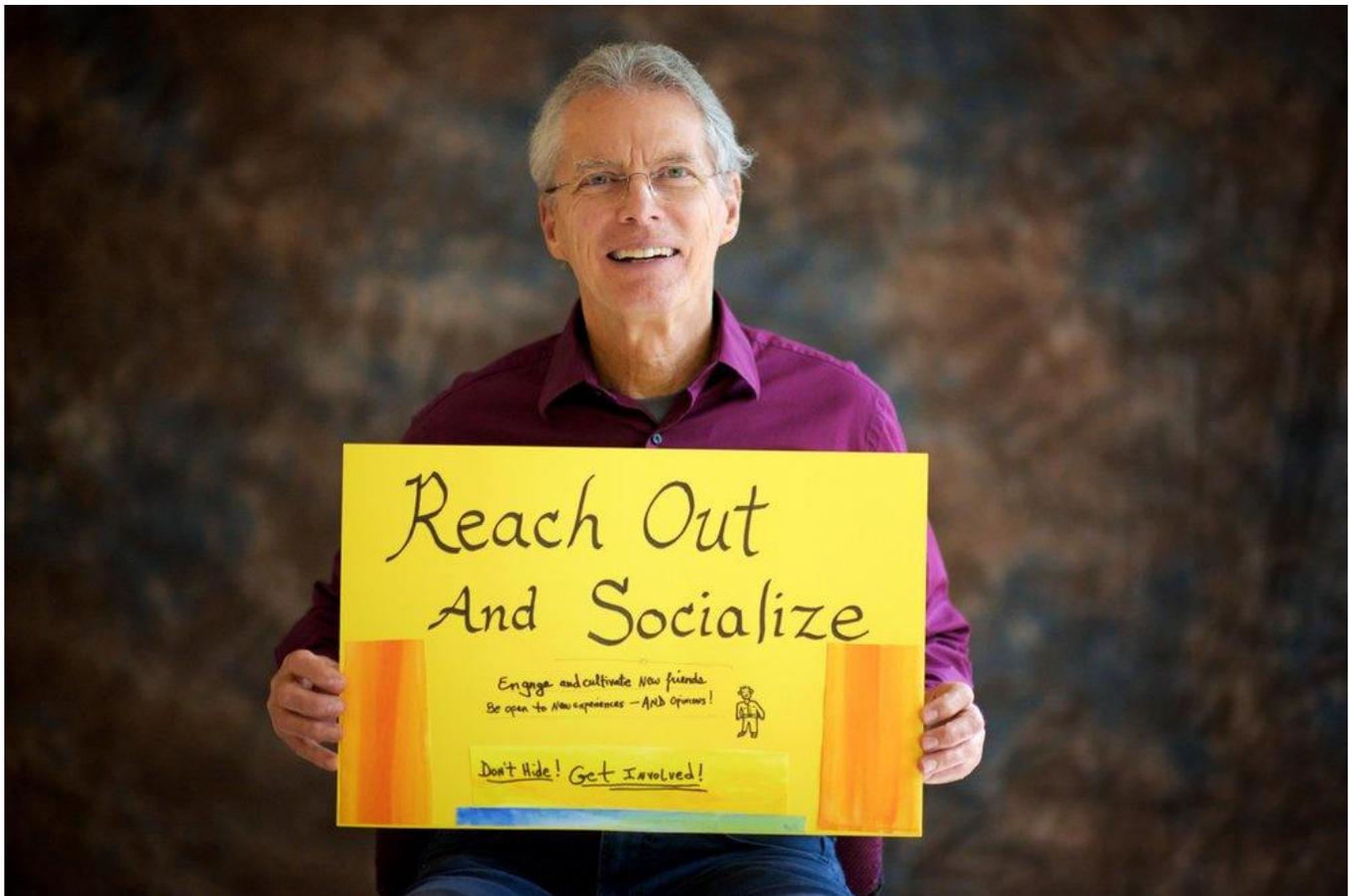


Greenwood Senior Center – Seattle, Washington

The Greenwood Senior Center serves older adults in the northern part of Seattle. The non-profit is primarily funded based on donations and grants. About ten years ago, providers noticed many older adults with memory loss coming to Greenwood. Many felt uncomfortable or unable to participate fully in center activities. This situation led to the foundation of a specific group, the Gathering Place, for people in the early stages of memory loss, which has since been documented in a film the center produced (Center, 2018). The program meets during the day, several times a week, for activities and socializing. Most come from the neighborhood with loved ones, or occasionally with Village volunteer drivers. Many are referred by word of mouth, other social organizations, or the large community of dementia advocates in the Seattle area. Eligibility is assessed through Mini-Mental Scores – particularly to make sure that the older adults with memory loss are prioritized over the "worried well."

Programming is built on three pillars for “staying well”: exercise, cognitive stimulation, and social engagement. Most activities for the first two are designed for the varied needs experienced by older adults with memory loss: they are routine, and do not feel like an emotional challenge. The chorus and Zumba classes have proven particularly popular. Most center visitors are English-speaking and White. The program is designed to encourage not just social interaction, but mutual support for peers as they navigate the experience of memory loss together. That peer support – and finding community in the common experience – is seen by participants and care partners as a hallmark of the program.

Carin Mack, the program coordinator, emphasized these activities and the collaborative nature of the program as an aspect that ensures its success. Furthermore, the peer support – and regularity – helps participants feel secure and part of a community as they navigate memory loss. (Mack, 2020)



A still from the documentary produced by the Greenwood Senior Center

Paul's Club – Vancouver, British Columbia, Canada

Paul's Club is a social and recreational club for people with young-onset dementia in Vancouver, British Columbia. Founded by Michael and Nita Levy in 2012, it offers a weekly day-long event for fifteen to twenty people at various stages in their memory loss. Referrals come from social service agencies, neurologists, and word of mouth. Eligibility is not necessarily assessed, by design: the Levys are extremely keen on keeping the Club as a place that is first and foremost a social event for attendees to experience social and cognitive stimulation – and joy. The program works closely with the local paratransit service to ensure transport to and from the location.

The program's activities are very regular. It is based out of rented space in a hotel. Participants begin with breakfast and reading the newspaper as a group, before lunch provided by a local restaurant and a walk along the Vancouver seaboard. Volunteers from the community join for the walk. Recreational activities include dance, music, and yoga. The program takes a very intentionally relaxed approach – verbal cues are framed as suggestions, and program participants are given wide berth in how they participate in programming. That said, programming providers are very careful to make programming feel as dignified and enjoyable as possible from participants' perspectives – which results in, for example, having exercise classes in rows rather than a circle, or walks be along similar areas of the seaboard. Participants come from a wide range of Vancouver's communities, including from that city's large Cantonese-speaking community.

The Levys were keen to note the personal dignity-centered approach they take: participants are greeted at the door, activities are designed with their interests in mind, and activities are made very regular. Another interesting note, though not brought up directly, was their success in involving members from Vancouver's many ethnic communities. Participants and care partners are encouraged to introduce traditions and cultural narratives from their own communities. The Club, in marketing and managing its services, also takes keen note of the different cultural stigmas attached to dementia in each community. As a result, it is less explicit with members and the public about who participants are, or their various conditions. (Levy & Levy, 2020)

(A note: Funding is not addressed here, as the funding for social services in Canada is both significantly different from that in the United States and highly variable across Canada's provinces.)



An outing by Paul's Club in Vancouver

Lessons for Montgomery County / Table of Recommendations

Each of these centers offers different lessons and suggestions for Montgomery County as it seeks to build upon its other initiatives – and, of course, the Kensington Clubs. However, simply mimicking each program is not enough – not least because Montgomery County already must work with different resources. These programs operate within the tangible and intangible aspects of their communities, and for a Senior Center Plus model to succeed in Montgomery County, those must be considered.

Social Domain - Recommendations	Physical Domain - Recommendations	Transport Domain - Recommendations
<ul style="list-style-type: none"> • remember the social context • trained volunteers that provide services and socialization • specifically skilled staff • cultural competence in staff and volunteers and culturally relevant programming • avoiding "challenge" in programming • varied but regular activities • creating space for spontaneous socializing 	<ul style="list-style-type: none"> • facilities should not be overstimulating • entrances and exits are clear and supervised • usable wayfinding with text and images • easy-to-find, private restrooms • areas for social interaction • standard checklist for facilities • method to move programs into other facilities 	<ul style="list-style-type: none"> • continue extant partnerships • volunteer-based transport • cooperate with Villages • fixed volunteer transport schedules (along German model) • work with paratransit services

Senior Center Plus will emulate successful programs by accounting for:

- **Participants’ social and cultural contexts;**
- **Opportunities for social interaction and cognitive engagement;**
- **The physical and financial realities each participant and community works with; and**
- **Transportation to and from programming.**

Building the Social Aspects of Senior Center Plus

Social aspects for Senior Center Plus must start with affirming the dignity of and place in the community for older adults with memory loss. One common flaw in programming for people with memory loss is the condescension “baked into” programming, which makes people feel unwelcome or belittled (Dementia Friendly America, 2020; Goldman, 2020; Levy & Levy, 2020). Senior Centers Plus should strive to make people feel welcomed and valued as social members of a community. This goal stems from a social approach to dementia: people with memory loss are disabled, stigmatized, or barred by the society and structures around them; the dementia is not a fault or a flaw (Berridge & Martinson, 2017). For dignity to be affirmed and community ties strengthened for older adults with mild cognitive impairment or early dementia, one must understand how people with dementia are affected in a social light.

When dementia is understood in the social model, interactions – and everything around them – are colored in a different light. An activity that encourages interaction must not only provide a space for interaction, but in terms of the cognitive abilities of the older adults with memory loss themselves. Thus, they must be culturally embedded, without too much mental challenge, allowing for dignity whilst also being safe – and, hopefully, enjoyable.

One effective way to incorporate this approach is through volunteers. Volunteers, because they come from the community, allow for a program to be more embedded in the community and its culture, preferences, and social networks (Himmelweit, 2019). A regular cohort of volunteers also provides a “routine” that many people with memory loss find deeply stabilizing (Higgs & Gilleard, 2017). Older volunteers offer people with memory loss the chance to connect with their peers and feel continuously part of a community (Aviv, 2020); such volunteers may also end up referring people to a Senior Centers Plus program (Fisher, 2020; Hsueh, 2020). Younger volunteers, especially high school students or younger people with disabilities visiting from group homes, offer older adults with memory loss the chance to feel like mentors and to meet those they otherwise would not (Bayonet, 2020; Bradley, 2020). Young people, too, often are more able to treat older adults with memory loss with dignity in practitioners’ experience (Bradley, 2020; Goldman, 2020). However, the timing of activities can make incorporating school-age volunteers difficult because of conflicting schedules (Bayonet, 2020).

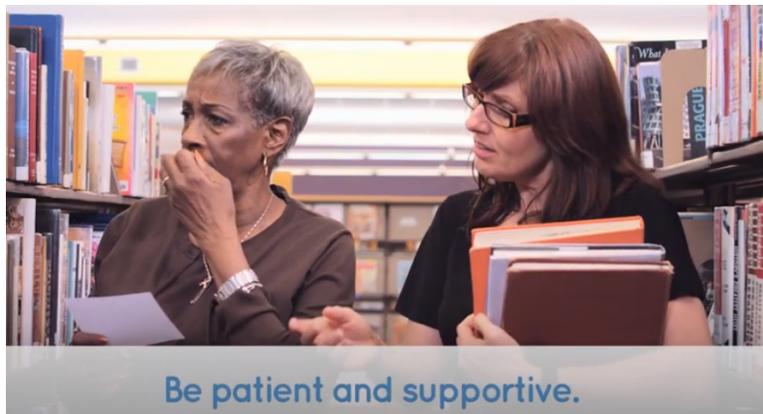
Volunteers can be particularly helpful for running culturally specific programming. Those who know a specific language or grew up in the same culture as certain attendees will be attuned to what works and what does not – and be able to provide social interaction and cognitive stimulation in attendees’ native or preferred language (Portland State University, 2020). Indeed, Chinese and Spanish-speaking organizations already recruit volunteers for this purpose for Senior Center programming (Hsueh, 2020). Volunteer-led programs at the North Potomac Community Center already provide culturally relevant activities for older adults (Bayonet, 2020); this practice could be emulated in this context.



A group activity at a Senior Center in Seattle

Volunteers should receive specialized training. A module of videos from Dementia Friends America is a solid start, and provides guidance on communicating with and providing services to older adults with dementia (Dementia Friendly America, 2020). Further situational orientations should be mandatory before starting, so that volunteers can assist with navigation and understand the context of the center. Volunteer orientations are common in social infrastructure elsewhere (American Association of Retired People, 2016). Volunteers must also be well-screened. Volunteers, by nature, need to be patient and good at improvising – especially given that older adults with memory loss may have sudden changes in attention or cognitive capacity (Carr & Ott, 2010). The emphasis on volunteers being willing to “roll with the punches” is particularly important – given that many older adults with memory loss may have rapidly changing needs, too (Aviv, 2020; Bradley, 2020; Fisher, 2020; Goldman, 2020). Practitioners note that peer and younger volunteers each bring their own benefits (Aviv, 2020; Bradley, 2020; Hsueh, 2020; Kenney 2020). That said, adult volunteers must also receive a thorough background check – older adults with memory loss are subject to abuse at an alarming rate (Bruens, 2013). All volunteers, younger volunteers under the age of 18 especially, should be closely supervised to prevent mistreatment as well.

Volunteers have limits and cannot do everything. Few volunteers will be willing to do the difficult work of preventing people from wandering, for example, or safety checks in the bathroom (Hsueh, 2020). Likewise, many volunteers can only show up some of the time, a fact the focus group emphasized. Paid staff will be necessary for the long-term structure of the program – especially for the administrative aspects and the coordination of services. Most practitioners made this note.



A still from the Dementia Friendly America training videos

Staff must not only have standard skills, but an ability to relate to older adults with memory loss in a community context. This will require some specific training beyond traditional gerontology programs – perhaps through the Dementia Friends America module (Dementia Friendly America, 2020) or through an advocacy organization (American Association of Retired People, 2016). Patience will be key to screen for, but so will cultural knowledge. Practitioners report that staff with knowledge of older people’s native languages, and particularly the cultural hallmarks of the country where they spent their childhoods, improve well-being and program satisfaction (Dallhoff & Braff, 2020; Levy & Levy, 2020; Portland State University, 2020). Specifically hiring staff for centers around language needs should be a priority – for example, Spanish-speaking staff in White Oak, Amharic speakers in Silver Spring, or Chinese and Korean speakers in Rockville. Fairfax County and Jewish organizations in New York have “held out” for volunteers or staff who can speak certain languages over other staff (Dallhoff & Braff, 2020; Goldman, 2020). The same practice could be standard in Montgomery County. Extant Center staff, and other people at a given County facility, should also be trained through the Dementia Friends America module to encourage greater consistency in interactions – noted as key by some researchers (Fleming, Bennett, & Kristi, 2017; Sütterlin, Hossman, & Klingholz, 2011).

Varied but regularly scheduled activities, that are relevant and enable social interaction, should be the norm at Senior Centers Plus. First, activities must be cognitively accessible for older adults with memory loss – without being belittling. The common practice of “mental challenge” activities was derided by every practitioner interviewed: rather than stimulating, these feel belittling. Instead of things like trivia or complex crafts, activities that allow for all forms of participation were suggested to me. Staff or volunteers should try to hold activities on a repeat basis, at regular times: routines provide a sense of stability for many people with memory loss (Pape-Raschen, 2012). Surveys should be used among care partners, and verbal feedback from clients, to assess whether or not activities are enjoyed (Fisher, 2020); Fairfax County already surveys residents on Senior Center offerings (Dallhoff & Braff, 2020). The focus group discussed, at length, the benefits of surveys for fine-tuning programming. External activity providers should complete a basic training – like the Dementia Friends America module – before teaching things such as exercise classes, so that they are accessible. Culturally relevant activities should be offered, ideally in more than one language. In all of these, the social aspect of the activities should be enabled: participants should be encouraged to talk to each other, volunteers should talk to participants, and ideally, these should be staged to stimulate some sort of interaction. Many activities – such as a group walk or storytelling – are particularly useful for this. Michael and Nita Levy, in Vancouver, noted that participants at Paul’s Club found significant joy in interacting with volunteers during group walks (Levy & Levy, 2020).

Not every social activity will be organized; the space must allow for that. Having a space for casual social interaction not only allows a facility or center to feel more natural, but also provides the opportunity for private conversations or one on one interaction, opportunities often unavailable for people with memory loss (Aviv, 2020). Some facilities have “memory cafes” or areas with tables where people can sit and talk in a more structured way (Callahan, 1993/2009; Turner & Morken, 2016). However, older adults with memory loss, like anyone else, have spontaneous social needs. A side area, easily navigable and visible but out of full earshot, may be of benefit – as suggested by more than one practitioner (Aviv, 2020; Mack, 2020). So too is an area where older adults with memory loss can socialize during activities that may not interest them – or before or after the session. Spaces for such conversations are especially normal in many cultures (Herzog, 2006) – and would make many older adults with memory loss feel at home. One County staff member suggested leaving games or other activities at tables, as an invitation to social areas (Bayonet, 2020).

These activities, and the spaces that enable them, require adequate budgeting and planning. Focus group participants noted that volunteers will generally not do certain work, and some planning and monitoring require a level of exertion unrealistic to expect of volunteers (ref. Hsueh, 2020). The cost outlay for staff will likely be the largest source of expenditure, and for one center will almost certainly run above \$50,000 annually for even a thrice weekly program (ref. Purser-Langley, 2020). When assessing a space for a Senior Center Plus, County staff should pay attention to the suitability of rooms for a wide array of programming, as well as the availability of space for more common interactions. At the same time, these spaces should not be too overstimulating with loud noises or bright lights – these can be upsetting or difficult to navigate for older adults with early stage dementia (Cassarino & Setti, 2016). Though the development of a checklist for the County would be an important step, the one provided by Dementia Training Australia for community centers provides a basis for assessing the usability of space for social events and activities (Fleming, Bennett, & Kristi, 2017).

Building the Physical Aspects of Senior Center Plus

Intergenerational spaces are beneficial – especially for people with memory loss. Social interaction, as noted, provides tangible and intangible benefits. Intergenerational recreation centers, libraries, and other social infrastructure can provide a concrete space for that, and should be chosen for hosting Senior Center Plus programming. That said, just because a building exists does not mean it is usable. People with memory loss have specific needs that must be addressed to make buildings safe and welcoming. Many of these are already covered by federal and state guidelines for disability access (United States Access Board, 2020). However, several additional things must be considered for Senior Center Plus facilities to be fully adequate for their purposes.

Entryways and exits require special attention. Older adults with memory loss often wander and get lost, which often leads to sticky situations (Carr & Ott, 2010). Even those who do not wander often get lost easily, especially in the earliest stages of dementia and in most forms of mild cognitive impairment (Dementia Friendly America, 2020; Pape-Raschen, 2012). In many programs, these questions are managed by supervising where older adults go, from the moment of entry until the moment of exit (Parsadani & Thompson, 2012). However, design interventions can assist with wandering. Having a desk or a monitor at the entry and exit not only provides supervision: staff can help a lost older adult find where they are going; besides, a greeting goes a long way into making anyone feel welcome. Doors should have places for staff nearby. Signs to and from doors should be especially clear, especially because these doors also function as emergency exits. When changing wayfinding at a facility, the signage around doors should be the first to be changed for this reason. Furthermore, consolidated entries and exits prove less confusing, more navigable, and less problematic for “wanderers” (Cassarino & Setti, 2016). Senior Center Plus programs should occur in rooms or facilities with only a few entries and exits, whenever possible.

Wayfinding is a key concern in other realms, too. Signage should be clear and consistent, which helps those with memory loss more independently navigate – for example, between an activity space and a side social area (Carr & Ott, 2010). Many people with memory loss struggle either with diagrams or with written text. Signs, ideally, should have both, to cover all forms of potential understanding (Scialfa, et al., 2008). Wayfinding in County facilities should be prioritized in improvement plans for any facility slated to host a Senior Center Plus.



An accessible entrance at a Senior Center in Connecticut

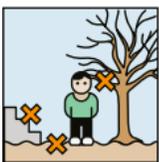
Bathrooms are liable to be overlooked but must be considered. Most Senior Center Plus programs mandate that attendees must be able to use the bathroom independently (Barnes & Bram, 2020); given the staff needs for people with regular toilet assistance requirements, Montgomery County’s program would likely require the same. In any case, older adults with mild cognitive impairment or early stage dementia rarely have toilet trouble, especially compared to those with more advanced memory loss (Pape-Raschen, 2012). However, accidents do happen, and an older adult may need assistance to recover with dignity – or assistance to navigate out of that situation safely (Barnes & Bram, 2020). Restrooms stalls, even those that are compliant with accessibility laws, are not usually large enough for a second adult to enter in the case of an emergency (Greed, 2003). Program administrators should prioritize facilities with large, single user bathrooms as a result – and ones that also have slip-resistant materials and good lighting, as recommended by the United States Access Board (United States Access Board, 2020). The restroom should also be as easy to find as possible – though, that said, most practitioners noted that having a staff member or volunteer discreetly accompany attendees to the restroom reduced the risk of wandering. Though dated, the wayfinding guidance in Alexander Kira’s *Bathroom* is useful (Kira, 1976).

Of course, these requirements accompany those for social interaction outlined in the prior section. A separate seating area should be provided, if possible; program sites should be chosen with this ability in mind. If possible, these spaces should also feel as welcoming as possible. While changes to furniture and interior décor are costly, some lower-cost impacts can be made as a matter of set up. These include adding potted plants, providing a variety of furniture, and using crafts and posters to create a bright, engaging environment. Many of these things are already common practice in other local government programs.

In the short term, a checklist for recreational centers may be helpful, as most Senior Center programming is located there. The Dementia Training Australia checklist covers most of the concerns on restrooms, entry and exit, and wayfinding raised here (Fleming, Bennett, & Kristi, 2017). Attention, however, should be paid to differing regulations in the United States, which are particularly applicable in the context of wayfinding (United States Access Board, 2020). Agreements between the Recreation Department and Health and Human Services on Senior Center Plus programming should have a rider attached holding the Recreation Department responsible for the maintenance of these standards. Furthermore, community organizations should be consulted in order to assess how welcoming or suitable a program’s location may be for elders from different communities. This practice could take the form of group site visits or regular assessment checks with care partners and community providers. This practice parallels extant practices undertaken by the County (ref. Fisher, 2020).

PART 1 KEY DESIGN PRINCIPLES

1. UNOBTRUSIVELY REDUCE RISKS



People with dementia require an internal and external environment that is safe and easy to move around if they are to continue to pursue their way of life and make the most of their abilities. Potential risks such as steps must be removed. All safety features must be unobtrusive as obvious safety features, such as fences or locked doors, can lead to frustration, agitation and anger or apathy and depression.

2. PROVIDE A HUMAN SCALE



The scale of a building can affect the behaviour and feelings of a person with dementia. The experience of scale is influenced by three key factors: the number of people that the person encounters, the overall size of the building and the size of the individual components (such as doors, rooms and corridors). A person should not be intimidated by the size of the surroundings or confronted with a multitude of interactions and choices. Rather the scale should encourage a sense

Illustrated design principles for community facilities from the Dementia Training Australia facilities checklist

In the long term, a protocol to relocate Senior Center Plus programming to other facilities should be created. Recreational centers may not feel comfortable or be ideal for many types of programming suitable for older adults, a concern raised by practitioners outside Montgomery County (Levy & Levy, 2020; Mack, 2020). Developing a program to move some programming to libraries or schools offers one potential option. Libraries already act as intergenerational, accessible social infrastructure in the communities that they serve (Klinenberg, 2018). Montgomery County’s library system already hosts exercise classes and social events for older adults (Montgomery County Public Libraries, 2020); Senior Center Plus programming can follow this example. Schools serve as community centers and “natural gathering places” for adults of all ages (Latham & Layton, 2019); colocation could bring cost benefits, especially for weekend and summer programming, and enable opportunities for intergenerational interaction for older adults with memory loss. Indeed, proposals to co-locate pre-kindergarten with Senior Centers in the county already exist (Joshi, 2018), as well as for “mobile senior centers” (Albornoz, 2020).



Transport Considerations for Senior Center Plus

Reliable transportation is the cornerstone of any program for older adults with memory loss; Montgomery County's will be no exception. Part of care partner respite is transportation; the respite means little if care partners must shuttle participants for up to an hour each way to access programming (Brennan, 2020). As one practitioner noted, "if you do not solve transport, you cannot have a program" (Levy & Levy, 2020). However, most older adults with memory loss cannot navigate independently, including to a Senior Center Plus program – navigation is one of the first things affected by memory loss (Dementia Friendly America, 2020). Transportation to and from centers not only enables participation and social embedment, but also helps ease the transitions. This idea is suggested by studies (see Higgs & Gilleard, 2017) and confirmed by practitioners (Brennan, 2020; Goldman, 2020; Levy & Levy, 2020; Mack, 2020). Senior Centers currently contract with non-profit partners to provide transportation. The JCA provides bus and van service to and from centers for attendees of all ability levels (Brennan, 2020; Purser Langley, 2020). The Senior Connection service also provides rides to and from services and grocery shopping (Senior Connection Montgomery County, 2020). Expansion of these programs is probably the most speedy solution to the question of transport. However, both programs have limited capacity and reach (Purser Langley, 2020).



Using public transportation or paratransit as a backbone for transportation may not be fully feasible. Most older adults with memory loss in the county were accustomed to driving before the onset of their condition, or the loss of the ability to drive (Aviv, 2020; Brennan, 2020). As a result, many may be resistant to using public transportation or paratransit, even if the service is available (Aviv, 2020); this pattern has been observed elsewhere, too (Carr & Ott, 2010). While specialized partnerships with paratransit do offer some possibilities, it should be remembered that a successful transportation framework will meet Senior Center Plus participants where they are at – which will include a likely resistance to public transportation. Besides, many older adults with memory loss have already experienced problems even trying to navigate on public transportation, despite travel training (Lubin, Alexander, & Harvey, 2017). Three successful models for transportation could be used, two of which are volunteer-based. The first, however, is a special partnership with paratransit agencies.

Dedicated partnerships with paratransit agencies have been successful in Charles and Fairfax Counties. Senior Centers in both Counties have established partnerships with local agencies to bring clients to and from the Center from areas where paratransit service is available (Conley, 2020; Dallhoff & Braff, 2020). Such a system has the added benefit of enrolling attendees in the paratransit service, which can be used for other transportation. Paratransit service providers are also often already trained to work with older adults with memory loss and people with other types of cognitive disabilities (Lubin, Alexander, & Harvey, 2017); this adds a guarantee for program provision. However, due to the unreliability of MetroAccess, many care partners and participants may be skeptical about partaking in the service (Vock, 2015), as well as due to prior bias.

Furthermore, the process of setting up a regular subscription, ensuring regular pickup, and monitoring for changes can be very difficult given the system's processes – a problem already encountered elsewhere (Conley, 2020; Dallhoff & Braff, 2020; Goldman, 2020). The set-up for Paul's Club in Vancouver with the local paratransit service – which is far more resourced than Greater Washington's (Doherty, 2017; Vock, 2015) – took several years (Levy & Levy, 2020). Villages and volunteer systems may be more feasible, in some cases.



A volunteer driver for a Bürgerbus in Dallgow, Germany

Villages, including the numerous Villages in Montgomery County, offer one key opportunity. Villages already provide a fixed number of rides per month to members, or to community members, and the focus group cited this aspect as of interest to many local older adults. In a Senior Center Plus, a local Village could be contracted to provide regular transportation to and from the centers for older adults in the coverage area – members or not. The Greenwood Center in Seattle already partners with a Village there in such a way (Mack, 2020). This driving could be coordinated with other transport for older adults with memory loss – for example, to and from the doctor or family's houses. Training Village volunteers with the Dementia Friendly America module may help with the reception and success of this idea. Villages may also be able to refer, through this provision, some participants to Senior Center Plus activities.

Volunteer-based programs, especially with older adult peers, are very successful in Germany. These systems are called *Bürgerbus* (citizen's bus), and operate in hundreds of communities across the country, especially in the southwestern state of Baden-Württemberg (Schiefelbusch, 2015). Volunteer drivers operate vans or vehicles on fixed routes on a regular schedule, as well as some on-demand or subscription services, for all older adults in the community (Röhrig, Krause, Weisshand, & Blöcher, 2018). These programs have improved older adults' ability to get to medical appointments, community centers, and cherished social activities (Schiefelbusch, 2015). Local institutions serving elders often partner with these systems to provide transport to and from events (Röhrig, Krause, Weisshand, & Blöcher, 2018). Villages and the Senior Connection program could easily set up a similar dynamic in Montgomery County. Both programs already have experience recruiting and screening volunteers, and monitoring for changes and needs. Specific training and fixed routes could be done through mutual agreement and with already available, low- or no-cost sources – such as extant training videos or updating training materials. Funding could go primarily to marketing and fuel costs, as is already the case with smaller programs in Germany (Schiefelbusch, 2015).

Transportation-specific funding sources offer opportunities to expand any of these programs. The Administration for Community Living offers multiple grants to develop community transportation for older adults across the United States (Administration for Community Living, 2020). Montgomery County organizations have received these grants in the past (Kenney, 2020). Maryland state agencies also offer specific funding for older adult transportation (Montgomery County Commission on Aging, 2020). Because the Older American Act funds transport to and from congregate meals, Montgomery County could follow the example of other organizations and use that money to fund transport to and from Senior Centers Plus (Barnes & Bram, 2020). This funding could include covering volunteer gas costs or tolls, or related parking costs.

Regular volunteer cycles and screening will be important for the safety and comfort of program attendees. As reinforced by the focus group, having a firm cycle of who drives when is important for two reasons: one, irregularity will be jarring for program participants, and two, such a cycle allows for ensuring that transportation happens. German *Bürgerbus* systems have developed monitoring models through email and phone calls that could be replicated in Montgomery County (Schiefelbusch, 2015). Volunteers should also receive a thorough background check and driving record check, to prevent dangerous situations. Transportation offers important opportunities for engagement and social connection. Regular drivers can build a strong relationship with program participants (Bradley, 2020; Brennan, 2020), which can enhance social embedment. Furthermore, group transportation – when safe – allows for another environment of unstructured social interaction, just like a side area or sitting room. *Bürgerbus* drivers in Germany play an important role in the social life of older adults in their towns, and offer links to communal activities (Röhrig, Krause, Weissand, & Blöcher, 2018). In Montgomery County, similar effects beyond a Senior Center Plus program could occur.



Volunteers and a municipal vehicle for transporting older adults in Western Germany

Funding for Senior Center Plus

The OAA can provide a basis for the funding of a Senior Center Plus program. The Act, which has been in force for several decades, funds supportive services for older adults, with a particular focus on congregate meals (Ujvari, Fox-Grage, & Houser, 2019). Though the program has been underfunded for decades, OAA funding does present the largest and most accessible source of funding for social day programs in the United States (Parsadani & Thompson, 2012). County services are already funded through the OAA (Montgomery County Commission on Aging, 2020); County staff are familiar with the grant application and administration process for OAA funding (Kenney, 2020). Thousands of dollars annually could be sourced through OAA funding for a Senior Center Plus program – particularly around congregate meals (Ujvari, Fox-Grage, & Houser, 2019). In addition, some state grants are easier to access through OAA funding, which is administered by the state (Barnes & Bram, 2020). Other federal grants are potentially useful too, particularly for transportation. Section 5310 funding from the Federal Transportation Administration should be used to fund transport to and from Senior Centers Plus, if possible. The grant finances transportation services for older adults and people with disabilities for whom normal transit is inappropriate or dangerous (National Aging and Disability Transportation Center, 2020).

Further funding is available from the Maryland Department of Aging and the County Council. At the state level, the Department of Aging already funds several Senior Center Plus programs across the state, including in Charles and Anne Arundel Counties (Conley, 2020; Maryland Department of Aging, 2016). Grants and technical assistance are provided to Senior Centers statewide; these grants can also total in the thousands of dollars (Maryland Department of Aging, 2016). Of course, the County Council could allot additional funding to a Senior Center Plus program through annual budget appropriations; indeed, the Council has already been amenable to funding new programming for older adults (Montgomery County Commission on Aging, 2020). Funding for wayfinding and facility changes for recreational centers hosting Senior Centers Plus facilities can come from Planned Lifecycle Replacement funds already allotted to the Recreation Department; the total costs for those specific items would be a small portion of the \$910,000 available in that program (Riley, 2020). Non-profit partners working with Senior Centers Plus – such as a Village – should also be encouraged to apply for the Council’s community grants to cover their costs (Montgomery County Council, 2020). Partnering with foundations may prove beneficial, and has already occurred for funding in jurisdictions across the country (Clark, Greenfield, & Huang, 2016). Collaborative funding models have already been used in Westchester County, New York and in Minnesota to support aging in place and social services for older adults with memory loss (Clark, Greenfield, & Huang, 2016; Goldman, 2020). Similarly, the County has partnered with private foundations to build disability housing in Rockville (Killian, 2020).

One recent proposal to the County Council estimated that a twice-weekly program for a dozen adults, operating for four and a half hours per session, would cost approximately \$150,000 per year. The lion’s share of the cost would be labor and food (Purser Langley, 2020). Customary senior center programs cost about \$250,000 to \$300,000 each to operate annually (Montgomery County Government, 2020). Additional costs of about \$60,000 are likely to be incurred for volunteer training, facility rental, and the production of materials. Additional program days will provide additional care partner respite – especially if the program is four or five days a week.

So, for a four times weekly program, at five hours each (excluding transportation time), with an average of twenty daily participants, a total cost of \$360,000 per program is estimated. This estimate is based on extant budgets from the Recreation Department and JCA.

Because this funding is quite limited, a strong eligibility check will be needed, at least in the beginning, to ensure that attendees are older adults with memory loss who are not served by extant resources. While some programs use Mini-Mental Scores (Mack, 2020), others use a broad range of assessments and notes from referral sources (Conley, 2020; Levy & Levy, 2020). Eligibility should also be determined by the bounds of what staff and volunteers are or are not willing to do, such as toilet assistance. As a result, further discussions on eligibility checks are needed – and those conversations are likely to be impacted by funding.



Conclusion

These proposals must be remembered in the context of the coronavirus pandemic. Long-term, many people will be unwilling to send loved ones to nursing homes or other congregate living facilities, in light of the death tolls there; already, significant negative attention has been drawn to these facilities (CarePort Health, 2020). Indeed, many are already considering what infrastructure and programs would be needed in order to support older adults aging in place. This program offers one such avenue, in providing care partner respite and stimulation in a safe environment, close to home. Furthermore, after the isolation visited on elders as a result of the pandemic (Barthel, 2020), many actors are now keen to expand social infrastructure to provide more social and cognitive stimulation (ref. Albornoz, 2020; Mack, 2020). However, given the current trajectory of the pandemic, and the opinion of the focus group, Senior Centers Plus would not be able to take off in a physical form for at least another year. Yet the demand will still exist on the other side, and the groundwork can be laid now.

In the short term, building virtual social programming may serve as a useful basis for building out a successful program. Though perhaps not as effective as in-person programming, or as easily navigable, online activities do still provide the social engagement and cognitive stimulation beneficial for older adults with memory loss. Activities can include simple check-ins by center staff and volunteers, online singing or storytelling activities, and educational speakers and discussion. These have already been pursued, with some success, by successful programs mentioned in this report (Dallhoff & Braff, 2020; Mack, 2020). When pursuing programming, as much assistance to the care partner as possible should be provided, as there is little respite if the technology or activity is difficult for the participant (Goldman, 2020). Such programming can build on extant virtual programming already provided in the community – for example, through the Villages or Kensington Clubs (Aviv, 2020; Purser Langley, 2020). One simple avenue may involve beginning with extant programming with offshoots or assistance for people with memory loss. Another can be proactively beginning training, such as the Dementia Friendly America modules, for staff and volunteers working with older adults with memory loss. This education may help jumpstart creative ideas for virtual programming. In the long run, successful virtual programs may prove useful for “migrating” to in-person Senior Centers Plus.

County government should not only rely on Senior Centers Plus to support older adults with memory loss. County staff, and volunteers too, should be trained to better serve older adults with memory loss. This effort has already been underway for several years (Fisher, 2020), and should be undergirded and supported. Information about the bounty of resources available for older adults with memory loss should also be more readily available, especially for those with an early diagnosis. The “What Can I Do?” guide for newly diagnosed older adults in Germany could serve as a model, in which life advice, resource information, and background knowledge are consolidated into a guidebook (Weiss, Schneider-Schelte, & Jansen, 2018). More concerted efforts should also be made to reduce stigma against older adults with memory loss – even a symbolic act by the Council, or an advertising campaign, could cause great improvement. Continuing involvement with Dementia Friendly America initiatives is a helpful step in this regard. And, of course, social infrastructure is a public good in an aging society. The presence of older adults with memory loss in County facilities and in community life will itself help reduce stigma and create opportunities for intergenerational and inter-experiential learning and socialization. That, itself, is a major bonus.

What would an older adult with mild cognitive impairment in 2040 find, with this proposal? They or a care partner would find a program offering a wide variety of socially engaging and culturally relevant peer activities and support. The participant would be able to interact with other community members, and not have to worry about getting to or from the center, or whether there would be food there. Staff and volunteers would provide gentle support – as needed. Throughout, they would feel included, dignified, and welcome. The care partner would not have to worry about their loved one’s participation in the program. And though this situation sounds very simple and workaday, this situation would be of great benefit in allowing older adults with memory loss to continue to live well in Montgomery County.



The "What Can I Do" guide for people with newly diagnosed dementia, produced by Germany's national dementia advocacy organization

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