

MinD

designing for people with dementia

mindful self-empowerment and social engagement



Programme

10.00 - 10.30	Welcome and coffee
10.30 - 11.00	Introductions MinD and presentation project results <i>Prof dr Kristina Niedderer - University of Wolverhampton</i>
11.00 - 11.45	'Autonomous Ageing: A Role for Industrial Design' <i>Prof dr Tischa van der Cammen - Delft University of Technology</i>
12.00 - 13.00	Lunch
13.00 - 13.30	Introduction to Mindful design workshop
13.30 - 14.30	Interactive workshop - break out in groups
14.30 - 15.00	Plenary presentations
15.00 - 16.00	Closure and drinks



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MinD Design Workshop

Dr Kristina Niedderer

Professor of Design and Craft

MinD Project Co-ordinator

University of Wolverhampton, UK

www.designingfordementia.eu



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Project aims

Support people with **dementia** and their carers

- **subjective well-being and self-empowerment**
- **meaningful social engagement**

Using **design** and **mindfulness** theory/practices

Two foci:

- designing to help with **personal** difficulties/opportunities with social engagement (e.g. emotion management, face recognition)
- Designing the **environment** to help with social engagement (e.g. mood stimulation - relaxing)



The banner features the 'MinD' logo in a white, lowercase, sans-serif font. To the right of the text are several stylized white line drawings of plants with multiple stems and small circular seed heads, set against a teal-to-green gradient background.

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European H2020 - MSCA RISE project

4 Years: March 2016 – February 2020

15 partners – 7 countries

Inter-sectoral & cross-disciplinary



Universities



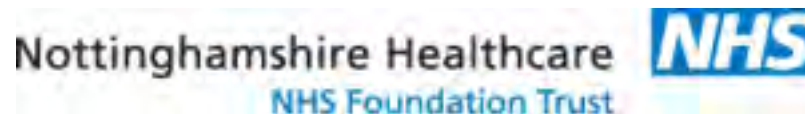
UNIVERSITY OF TWENTE.



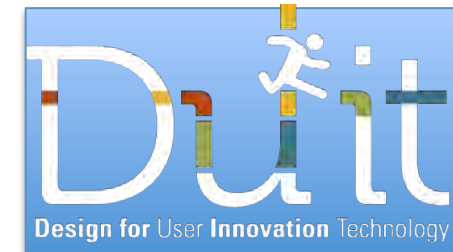
Dementia care & policy



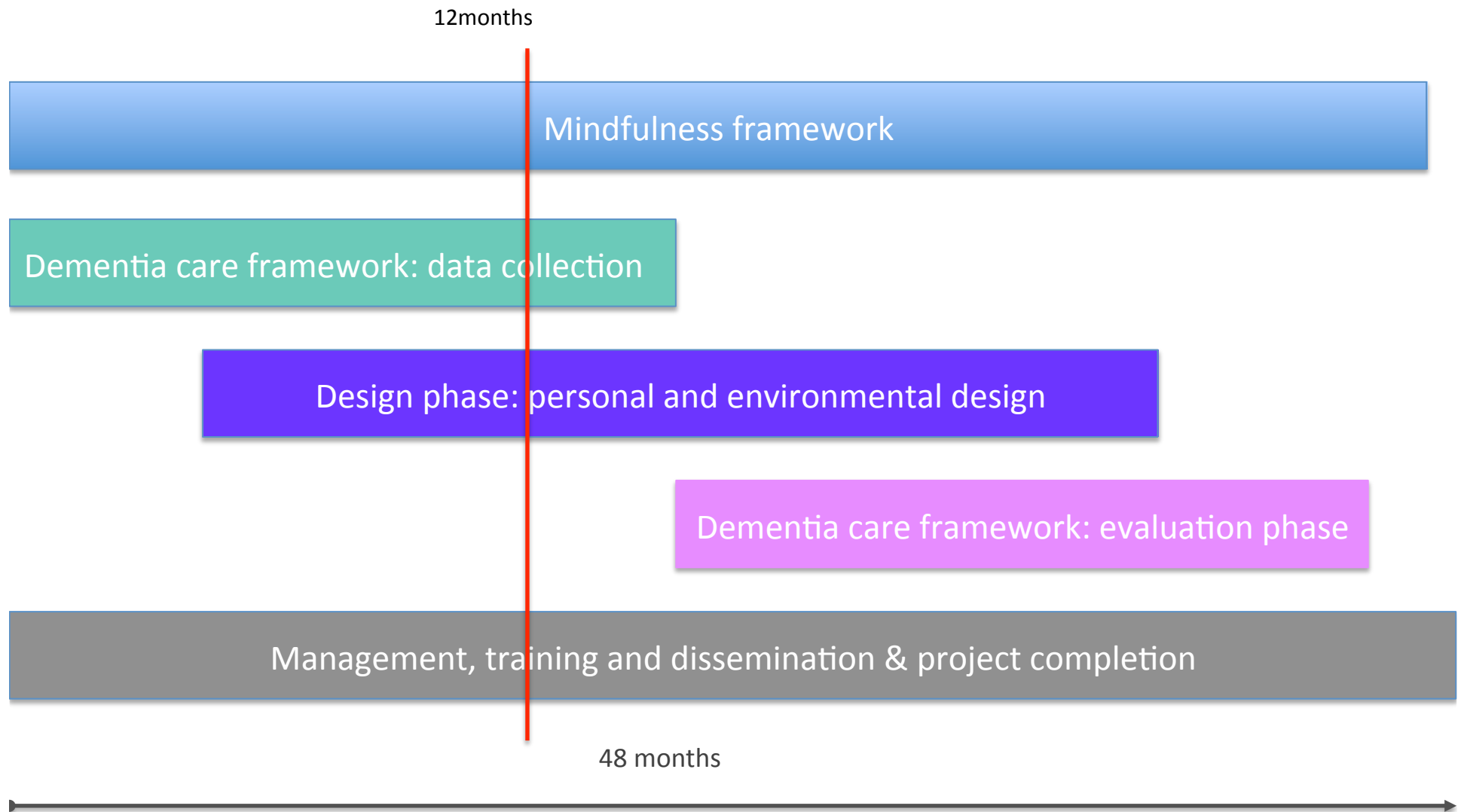
zorggroep sint maarten



Design



MinD project phases



MinD project work to date

Mindful design framework for design in dementia care

Conduct data collection with people with dementia and carers

Design process and idea development



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Mindful Design Framework



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Mindfulness

Two major theoretical frameworks defining mindfulness :

Meditation based mindfulness (Jon Kabat-Zinn)

as paying attention in a purposeful manner, in the present moment, and non-judgmentally: without moral and emotional assessments

Cognitive-based mindfulness (Ellen Langer)

as the process of not relying on automatic categorisations from the past but actively making new distinctions about a situation and its environment



Mindfulness for people with dementia

Positive effects of mindfulness interventions on older adults

- Without cognitive impairments:

↗ of wellbeing, ↗ of cognitive functioning, ↗ increase of sleep, and ↘ of pain (Chiesa et al., 2011; Morone et al., 2009)

- With mild cognitive impairment or mild dementia:

↗ of quality of life, ↗ of cognitive flexibility, and ↘ of depressive symptoms (Paller et al., 2015)



Mindfulness for people with dementia

Currently: mindfulness mainly used to ameliorate stress in carers

Using mindfulness to support people with dementia (and their carers)

Embed mindful support through design



Mindful design approaches

Meditation based mindful design

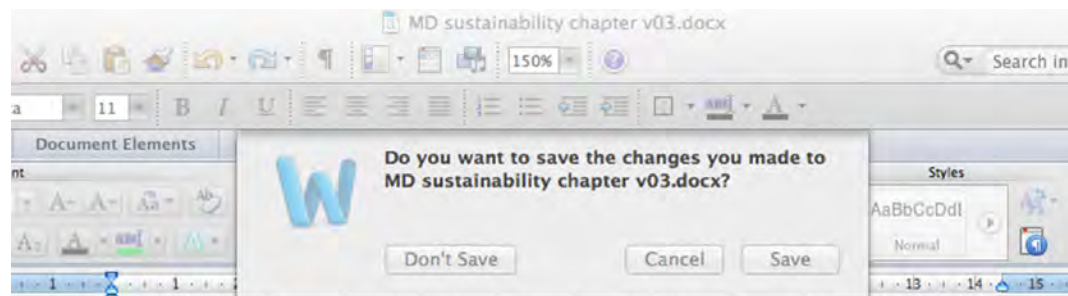
Design for meditation based mindfulness approaches: light globe for mental health therapy (Thieme et al. 2013)

ICT based intervention (App) administering meditation based mindfulness training: thought distancing training (Chittario and Vianella 2013):

“AEON allows the user to enter his/her thoughts and visualize them as written in ink on a parchment placed under water. By touching the screen, the user can interact with the water and produce waves that progressively dissolve each written thought.”

Cognitive-based mindful design

Design for cognitive mindfulness interventions (Niedderer 2007, 2013, 2014): new perspectives and empowerment through choice



The disruption of function only works when it is accompanied by a second stage, the 'thematization', which directs the user's attention towards some content for reflection.

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Dementia Care Model & Data Collection



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Qualitative interviews and diaries: aim

To investigate in persons with dementia

- Relevant factors that influence daily living and social engagement as a consequence of dementia
- How that changes their lives and how they feel about that
- To learn more about what persons with dementia consider as meaningful for their personal lives
- To learn more about what would support decision making and empowerment
- To learn about acceptance of assistive devices



Qualitative interviews and diaries: **methods**

Data collection materials

- Interview materials
- Cards
- Visual diaries (do-books)

Schedule for data collection

- September 2016-March 2017
- In 3 countries: Netherlands, Spain and Germany



Overview over data collection

	Spain	Netherlands	Germany
Focus Group Caregiver	1		2
Focus Group PwD			1
Interview Caregiver		4	6
Interview PwD	6	9	6
Diary	3	5 + interview	1

Total ca.: 35 people with dementia; 25 informal carers



Interview questions

Activities of Daily Living?

What are meaningful activities to you?

How are social contacts in your present life?

How does decision-making work in your present life?

Where do you personally feel empowerment?

Where do you personally feel disempowerment?

What are you most afraid of losing in your present life?

Regarding assistive devices, please share your experience and your opinion with us



Literature review and interviews: first impressions

Literature

- Very little literature on qualitative interviews in PwD
- Decision-making/empowerment are related to making of an *Action Plan for Dementia Care* or *Advance Care Planning*
- Caregiver and person with dementia differ in their perspectives (e.g. Gibson et al., 2015: assistive devices)
- Having something expected of them; gaining a sense of empowerment in their everyday lives (Olsen et al., 2015: exercise program)
- Making process of mealtimes for persons with dementia and family partners: staying connected, honouring identity and adapting to their evolving life (Keller et al., 2015: Eating Together Study:)

Interviews

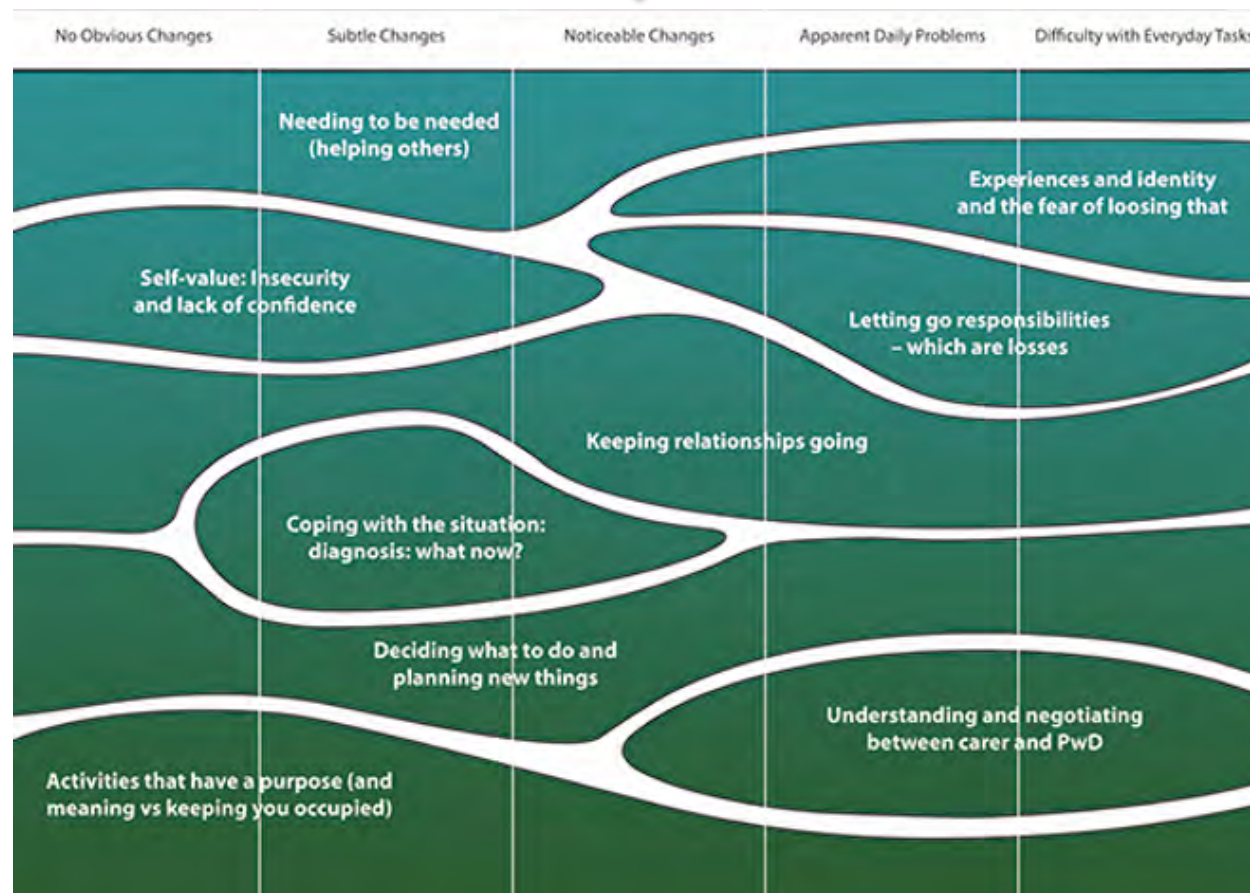
- Caregivers tend to take a deficit-oriented perspective
- Occupation = doing 'something', no focus on meaningfulness



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Design themes extracted from the data collection



I am too slow
to follow
discussions in
the family

"Feeling no pride in my
skills; I wouldn't know
what to feel pride for."

"Making a grocery
shopping list together
makes me feel secure."

Self-value: Insecurity and lack of confidence

Noticeable changes can lead to feelings of insecurity, about the future and about personal abilities.

Starting to lose things or disorientation can lead to lack of confidence to do things autonomously. Eventually, self-value can be affected.

"I get nervous the moment
I have to do something... and I
distract myself and I do not
remember, so I get even more
nervous and it worries me. ."

"I feel emotionally
strong when others
respect me."

I am not an
interesting
person
anymore

I loved to take care of the grandchildren when the school called

"It motivates me to help others that are more physically or mentally impaired than I am. It makes me feel happy when people smile at me thankfully and ask for my help again"

I love to cook but nobody comes to eat with me

Needing to be needed. Helping others

Continuous need to feel needed and useful by helping others. People with dementia have many skills and can be useful to others in many ways. This is not always recognized.

"It is important to me to help others.
- dependent on my health"

I love needlework but nobody needs what I produce

"It gives me great satisfaction to be able to help, even if it is indicating to a person a direction that seeks. It forces me to think and order what I am going to say in order to help."

When I talk to my daughter and she does not reason and wants to impose her judgment.

"I want my children to be happy seeing that I am still able to take care of myself."

"My daughter helps me with the financial management but she doesn't ask me when I spend my money."

Understanding and negotiating between carer and person with dementia

Carers sometimes worry when a person with dementia wants to do certain activities. A person with dementia needs autonomy and may feel very capable. This requires mutual understanding and sometimes negotiation.

"I am living with my sister and I respect her. Normally we discuss things and we usually agree in the end."

"At home we have freedom to say what we think and decide together."

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Mindful Design development

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applying mindful design within MinD

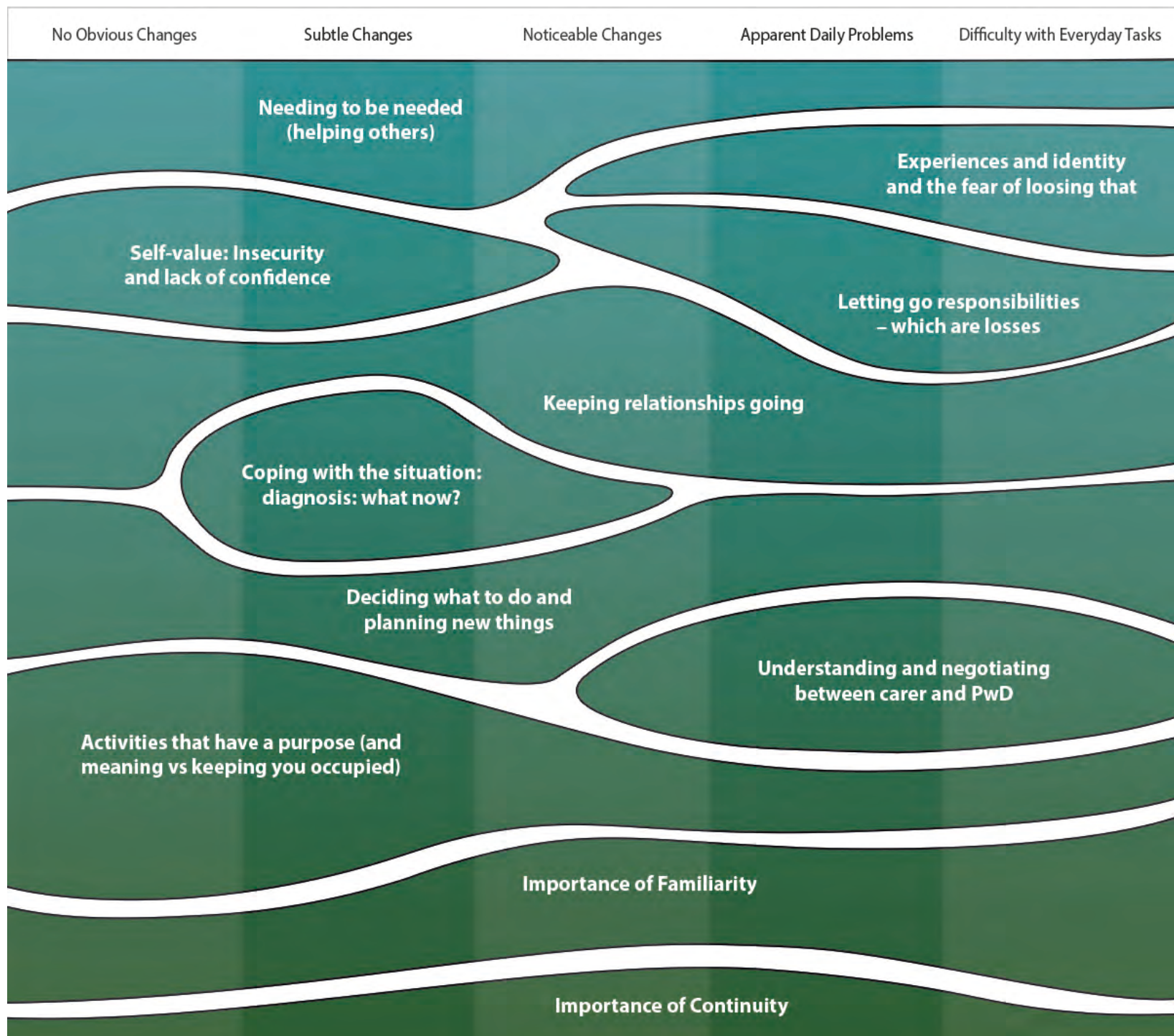
Design review

Design themes

Design development

Co-design

- Workshop
- Co-research

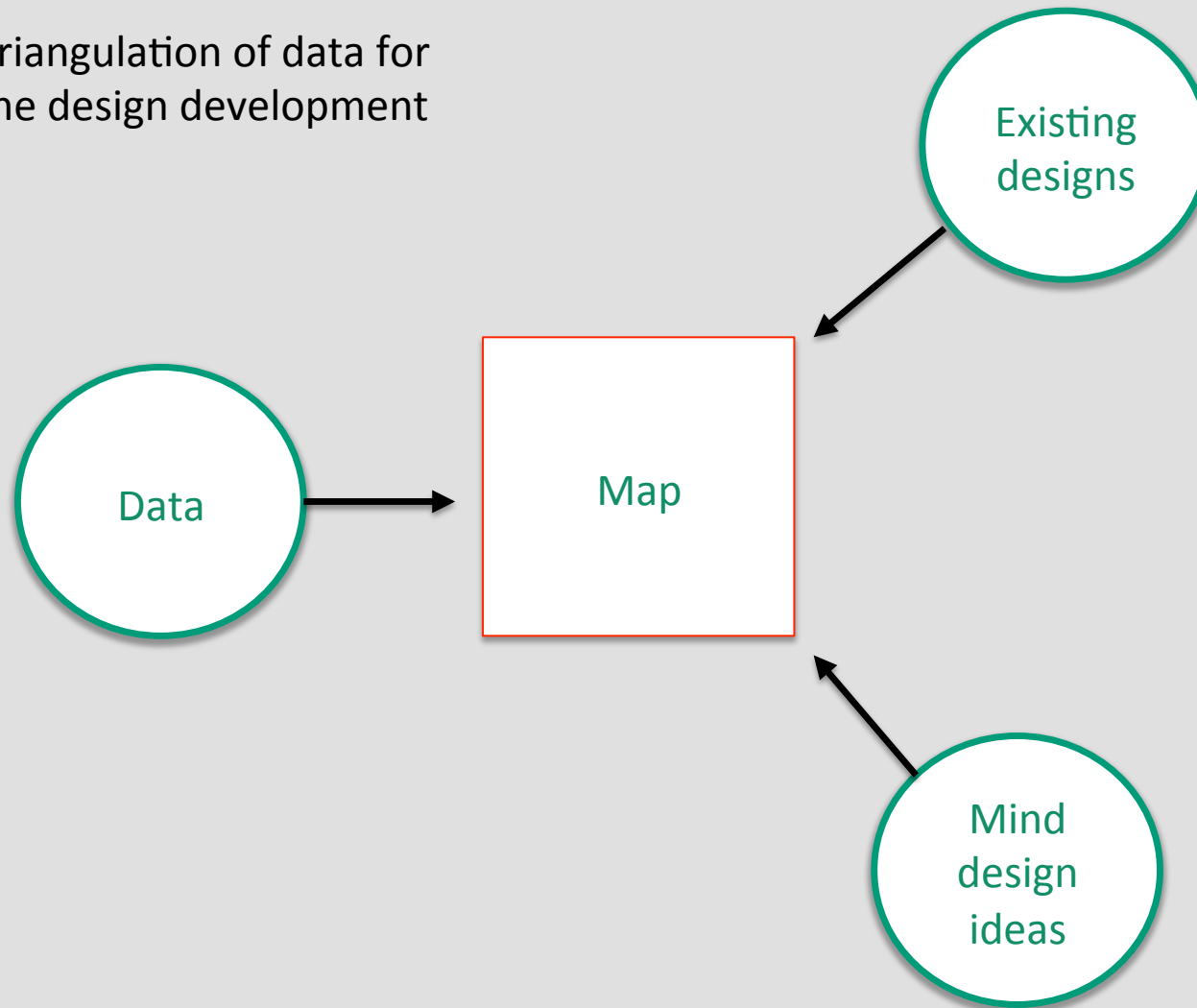




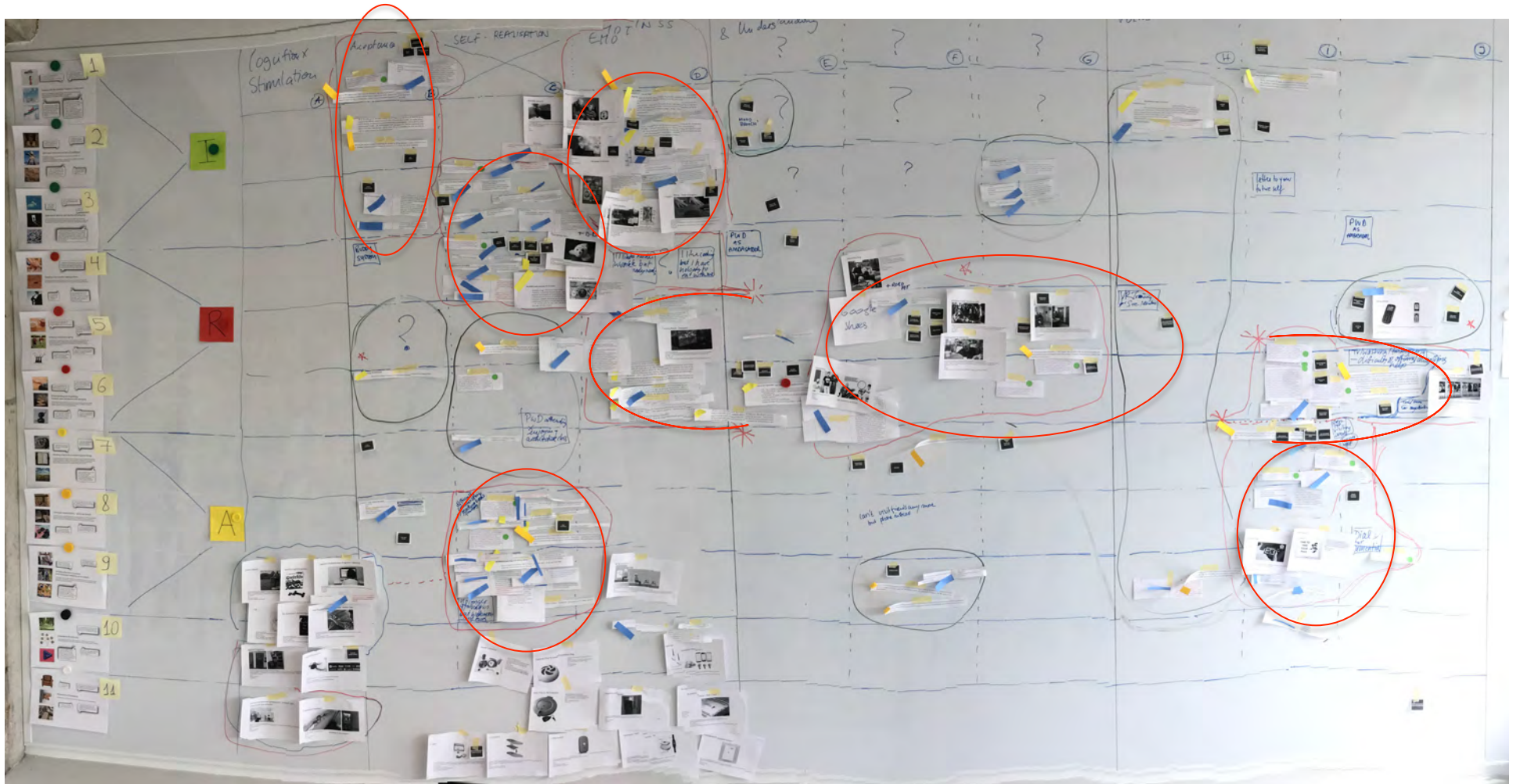
MIND - DESIGNCONCEPTS MATRIX - OVERVIEW

A	ACCEPTANCE	A1 POSITIVE SERVICE	A2 PERSONALISED SUPPORT INFO BOOKLET	A3 LETTER TO YOUR FUTURE SELF	A4 TOOL TO IDENTIFY WISHES AND BOUNDARIES / CHANGE OVER TIME	A5 TOOL FOR REFRAMING YOUR LIFE	A6 TOKEN /OBJECT PAST SELF	A7 CEREMONY FOR HANDING THINGS OVER	A8 ALLOW ME TO FORGET	A9	A10
B	SELF REALISATION	B1 PWD AS AN AMBASSADOR	B2 BUDDY SYSTEM	B3 PWD AS A CO-DESIGNER / RESEARCHER	B4 TOOL TO IDENTIFY SKILLS	B5 SKILLS MARKETPLACE	B6 CARING ABOUT	B7 DIALD FOR DEMENTIA	B8 SENSORY STIMULATION	B9	B10
C	EMPATHY	C1 EXTERNALISE AND SHARE EMOTIONS FOR EMPATHY	C2 TOOL/GAME FOR NEGOTIATING	C3 TALKING STICK LISTENING TOOL	C4 PLAYFUL COMMUNICATION BETWEEN PWD AND CARER	C5 (VR) PRACTICE FOR PERSPECTIVE SHIFTING	C6 AWARENESS CAMPAIGN	C7	C8	C9	C10
D	EMOTIONS	D1 TOOL TO EXPRESS POSITIVE FEELINGS	D2 WEARABLE TO MANAGE MY OWN EMOTIONS	D3 WEARABLE TO SHARE EMOTIONS	D4 TOOL TO REDUCE STRESS AND ANXIETY	D5 TOOL TO EVOKE EMOTIONS	D6 POSITIVE BODY EXERCISE	D7	D8	D9	D10
E	SOCIAL (RE-) COGNITION	E1 MULTI-SENSORY TOOL FOR PERSON RECOGNITION	E2 DAY TRACKER/ DIARY/ ORGANISER	E3 AREA TO ALLOW WANDERING WITHOUT GETTING LOST	E4 UNIFORM VISUAL LANGUAGE TO USE IN THE ENVIRONMENT	E5 PRODUCT/DEVICE/SERVICE FOR OVERCOMING SENSORY/ PHYSICAL CONSTRAINTS	E6 'OUTSOURCING' BRAIN DEVICE	E7 FACILITATING COGNITIVE CONTINUITY	E8	E9	E10
F	SOCIAL INCLUSION	F1 DEMENTIA-FRIENDLY WEBPAGE FOR EVENTS	F2 WEEKLY MEETINGS	F3 VR TRAINING FOR SOCIAL INTERACTIONS	F4 FEAR REDUCTION THERAPY	F5 MOTIVATION RAISING	F6 PREPARATION FOR VISITING EVENTS	F7 TRAVEL MAP	F8 DEMENTIA-FRIENDLY EVENT	F9 PARTICIPATION IN EVERYDAY LIFE	F10 ENVIRONMENTAL DESIGN FOR CONNECTEDNESS
G	PLANNING & SDM	G1 EMPOWERMENT THROUGH SELF-MANAGEMENT	G2 FUTURE SCENARIO PLANNING	G3 TOOLS TO SUPPORT DECISION MAKING	G4 TOOLS TO ACTIVATE SHARED DECISION MAKING	G5 A TOOL FOR DECISIONS IN HEALTHCARE SETTINGS	G6 TOOLS TO HELP NEGOTIATING	G7 KNOWLEDGE MANAGEMENT MODELS	G8 POSITIVE INFORMATION	G9	G10
H	COMMUNICATION	H1 (INTELLIGENT) TALKING STICK	H2 PERSONAL AND VISUAL TOKEN AS CONVERSATION STARTER	H3 (VISUAL) CONVERSATION RECORD	H4 SENSING AND VISUALIZE MOOD	H5 STORYTELLING DICES	H6	H7	H8	H9	H10
I	SOCIAL VULNERABILITY	I1 INFORMATION OVERLOAD PROTECTION SHIELD	I2 LITTLE SPACE FOR WITHDRAWAL	I3 E-TEXTILES OBJECT	I4 POSITIVE SERVICE FOR DIAGNOSIS MEETING	I5	I6	I7	I8	I9	I10

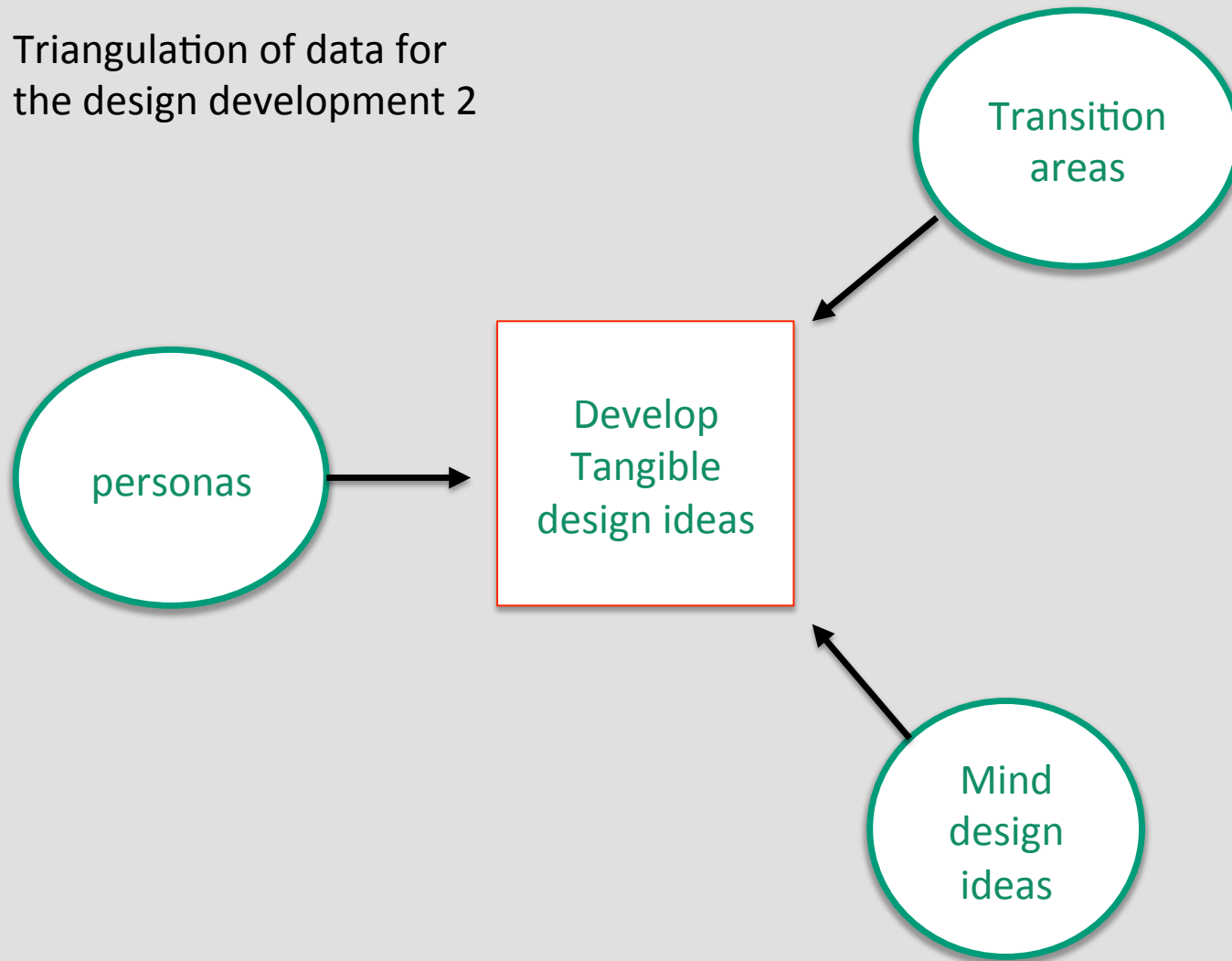
Triangulation of data for
the design development



Relating data, existing design projects and mindful design ideas: **7 transition areas**



Triangulation of data for
the design development 2



MinD Design Workshop

Keynote

Lunch

Workshop:

- share results with you
- get involved
- ask your input
- working for you



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Thank you

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‘Autonomous Ageing: A Role for Industrial Design’

Tischa van der Cammen, MD, PhD
Professor of Autonomous Ageing
Delft University of Technology

t.j.m.vandercammen@tudelft.nl

Content

I. Background: Ageing, Multimorbidity, Functional Limitations

II. Autonomous Ageing: definition and care context

III. New Technologies: Role for Industrial Design

IV. Focus on:

- Falls prevention
- Dementia care
- Integrated care

V. Conclusions and Take Home Messages

VI. Outlook on the Future

Autonomous Ageing: Bridging the gap between Care and Technology



Designed for Kids



Thames&Hudson

I. Background

- Increasing number of older people
- New government policies
- Decreased support at home
- Increasing role for Design and technology

***Ref. Van der Cammen T, et al. New horizons in design for autonomous ageing.
Age and Ageing 2017 Jan 5;46(1):11-17***

World Ageing

- The world is ageing rapidly.
- Between **2000 -- 2050**, the number of people **aged ≥ 65** will double as a proportion of the global population, **from 7% to 16%**
- By 2050, there will be more people aged ≥ 65 than children (aged 0–14 yrs)
- There will be a tremendous increase in the oldest old, aged ≥ 85

<http://esa.un.org/unpp>

<http://www.who.int/topics/ageing/en/>

The Ageing Process

Ageing is a multidimensional process of change:

- Physical
- Mental
- Social

Leading to **functional decline**

High inter-individual variety

Ageing leads to functional decline

- **Limitations in Activities of Daily Living and mobility**
↑ Fall risk
- **Sensorial limitations**
↓ Eyesight, hearing, taste, smell, perception
↑ Risk of malnutrition
- **Autonomous nervous system changes**
↑ Risk of orthostatic hypotension
↑ Risk of hypothermia

Ageing is associated with multimorbidity

Multimorbidity

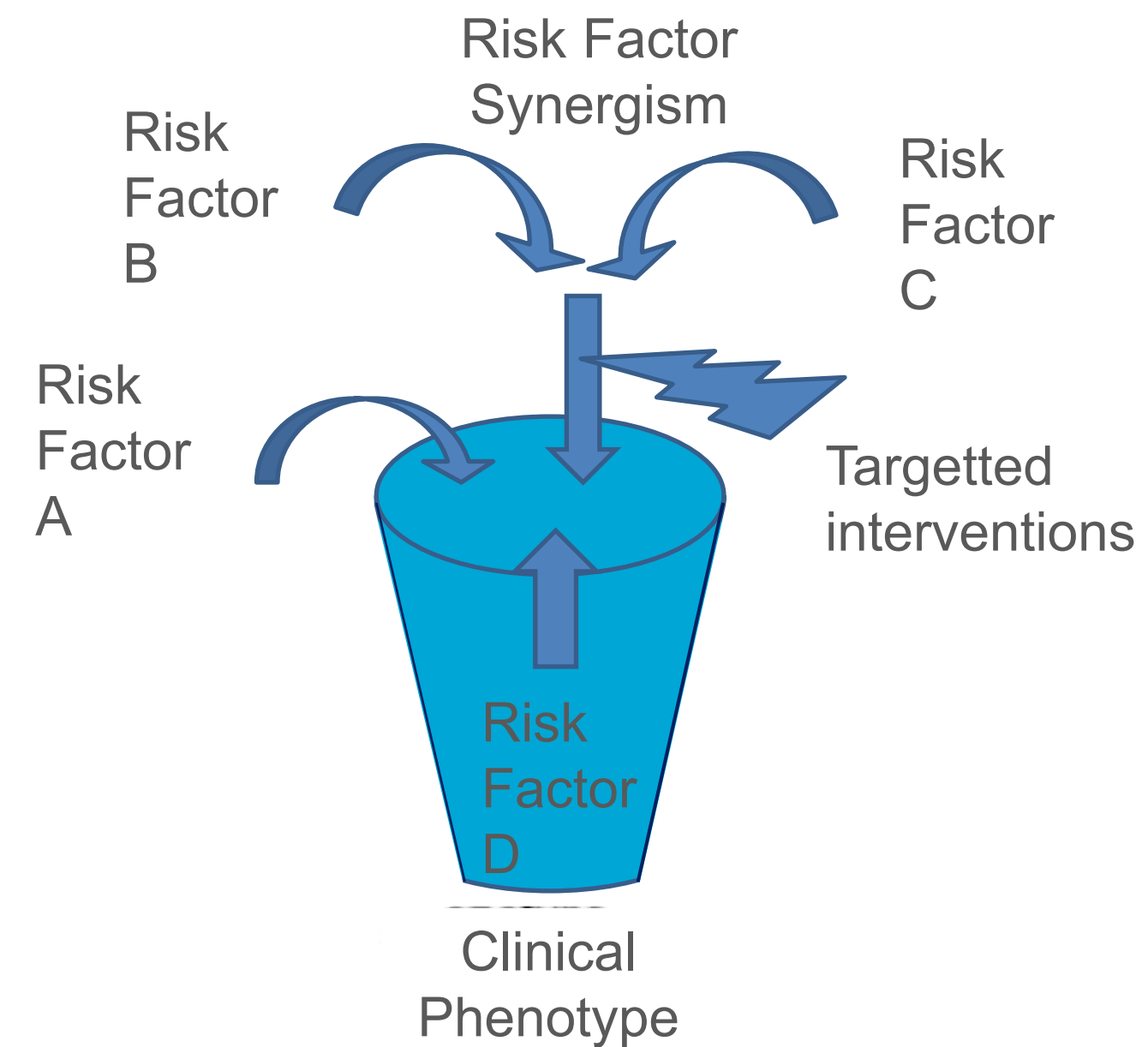
- The co-occurrence of 2 or more chronic medical conditions in one person
- Correlates with age
- Represents the **most common "disease pattern"** in the elderly
- Leads to **polypharmacy** and **fragmentation of care**

The geriatric patient: Accumulation of diseases and risk factors

A Linear



B Interactive Concentric



II. Autonomous Ageing

Autonomy:

The freedom to determine one's own actions

In philosophy:

- The doctrine that
- the **individual human**
- will, is, or ought to be
- **governed only by his own principles and laws**

Autonomous Ageing: care context

The senior person is autonomous, in charge

At home and in care situations

Aim:

Autonomy
in
comfort & safety
with
quality of life



Autonomous ageing in the real world

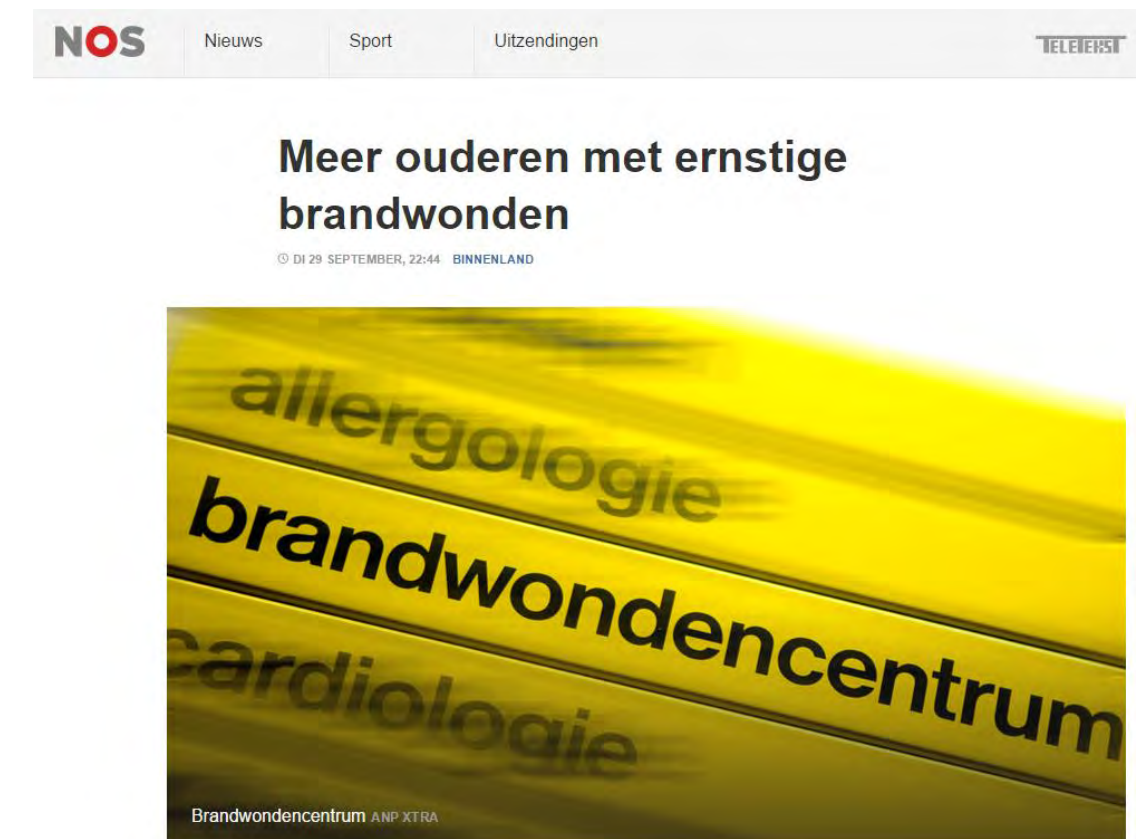
Press releases in last week of September 2015, The Netherlands

More older patients in Accident&Emergency Rooms, **accidents and falls at home**, unnecessary hospital admissions (NOS)

More older patients admitted with **burns**, due to accidents at home, memory problems, cooking on gas, use of hot water kettles, candles, falls against radiator or heater (NOS)



Er komen structureel meer ouderen naar de spoedeisendehulpdiensten in de Nederlandse ziekenhuizen. Tweederde van de SEH's merkt dat zich meer mensen van boven de 75 melden, blijkt uit onderzoek van de NOS. Bijna een op de vijf posten spreekt van een sterke stijging.



Brandwondencentrum ANP XTRA

III. New Technologies and Role for Industrial Design

How can Industrial Design contribute to Autonomous Ageing?

Role for Industrial Design

“Design thinking”

*Design thinking is a **design** methodology that provides a **solution-based approach to solving problems**.*

*Extremely useful in tackling **complex problems** that are ill-defined or unknown*

- *by understanding the **human needs** involved,*
 - *by re-framing the problem in **human-centered** ways,*
 - *by creating many ideas in **brainstorming sessions**, and*
 - *by adopting a hands-on approach in **prototyping and testing***
-
- is based on the original ‘solution-based thinking’ by Nigel Cross

***Nigel Cross. Engineering Design Methods.
John Wiley Publishers: Wiley, 2008; 230 pp.***

Role for Industrial Design, how?

By creating a link between design, technology gerontology and geriatrics,
we aim to:

- **Approach and promote autonomous ageing from the viewpoint of design**
- **Solve problems for and with older adults** so they can retain their autonomy and independence in safety and comfort

Role for Industrial Design, approach

- The focus is on **supporting and reinforcing** the **reduced** physical, mental, social and functional **capacities** of older people
- by applying **innovative design inclusive engineering methods** always starting with a **human-centered integrated approach**.

Design for whom? Population context

From a design point of view, 3 groups of older people can be distinguished:

1. **Ambitious older people**, they travel and see the world, have internet access;
2. **Domestic older people**, independent in and around the home, internet access, dependent for outdoor activities;
3. **Dependent older people**, need professional and informal care at home, usually no access to internet.

Design for whom? Care context

For the **older patient**
and
the people and systems around the patient

- Formal and informal carers
- Relatives
- Doctors
- Nurses
- Social workers

Where:

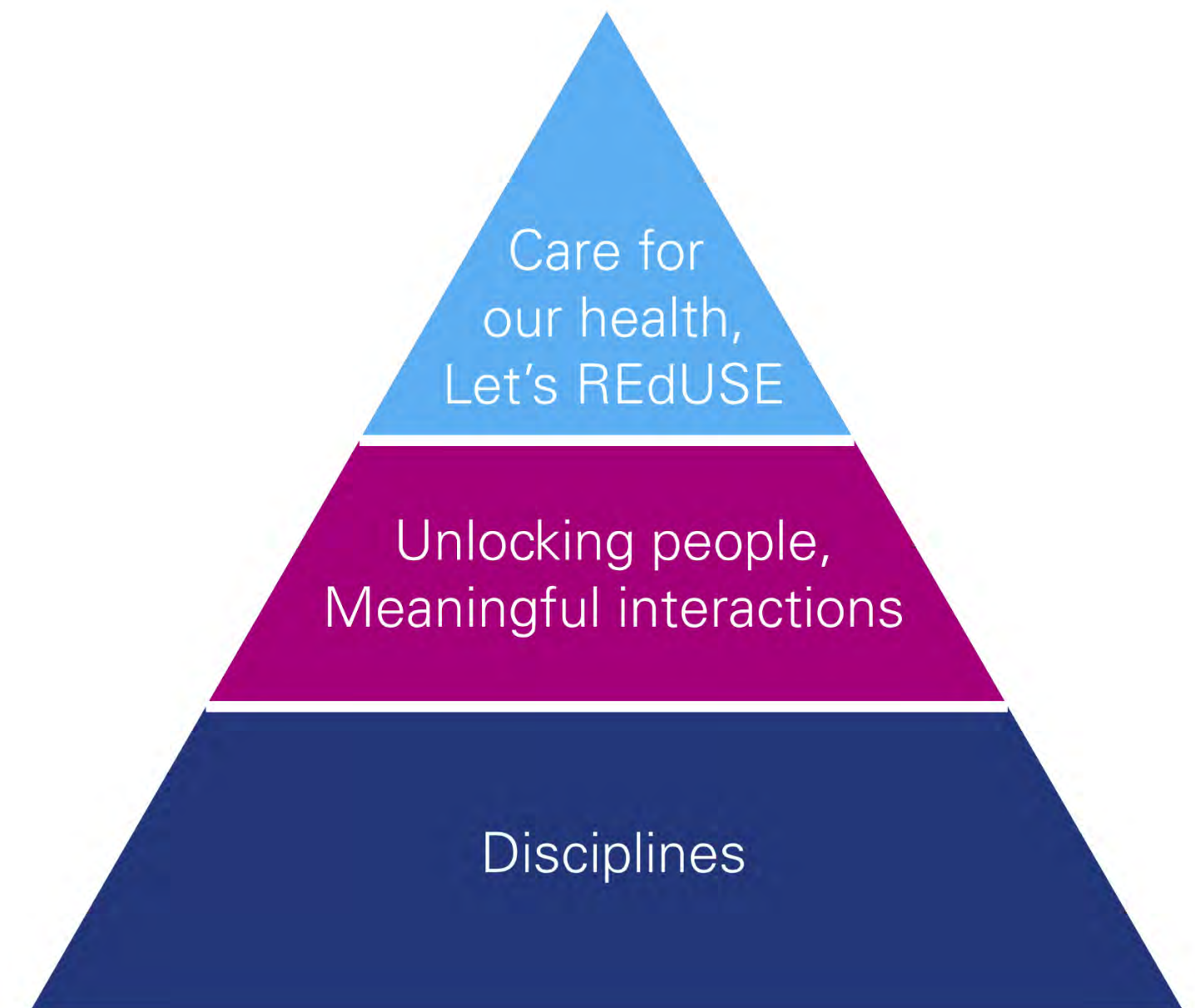
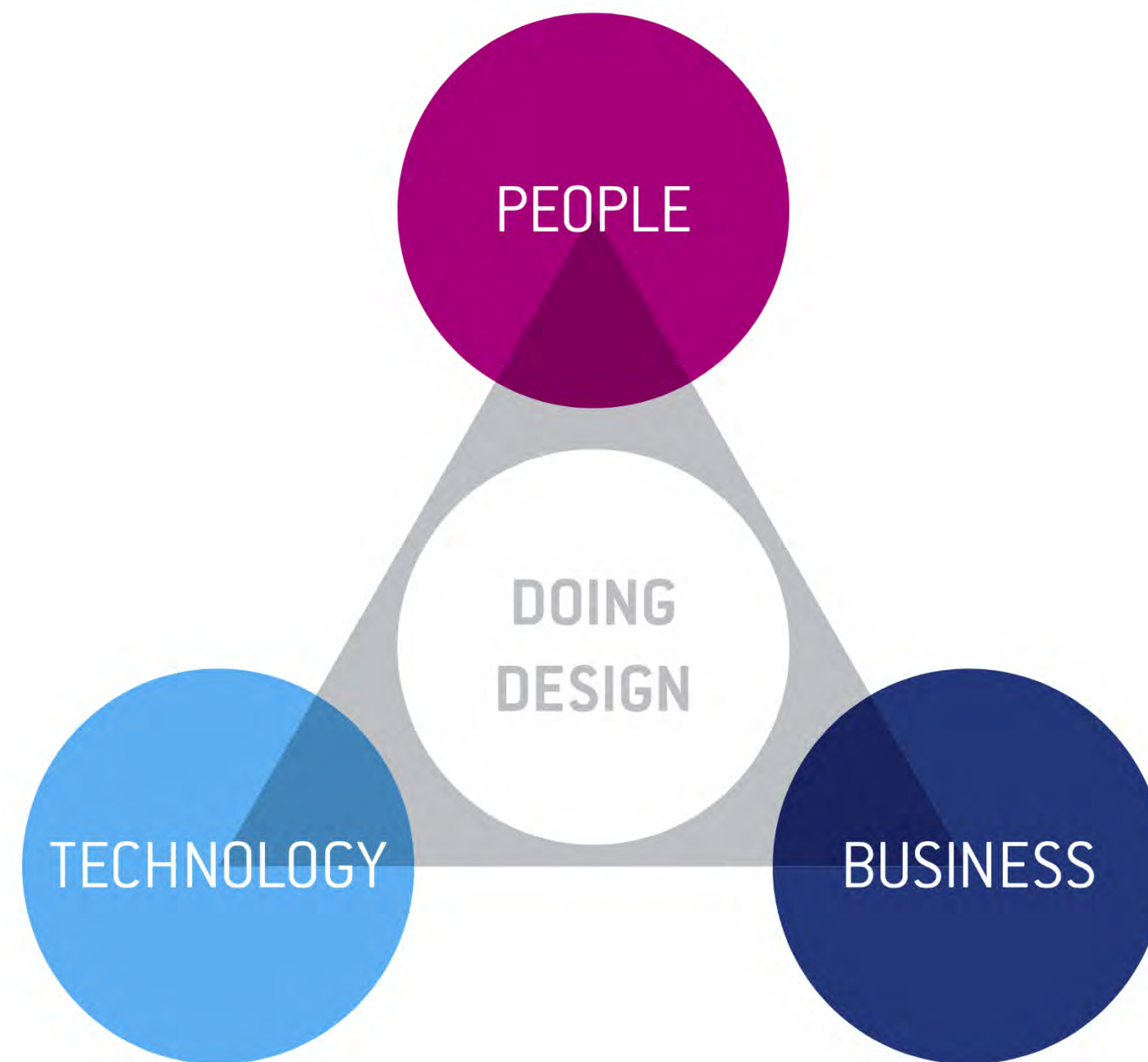
Home, hospital, rehabilitation settings

ID at TU Delft, 4 focus areas

- **1. Unlocking people**
- **2. Meaningful interactions**
- **3. REdUSE:** Better use of the available resources so that our planet is not “used up”.
- **4. Care for our health:** Healthcare, and in particular growing old with vitality.

“If we can ensure that older people can live independently for longer and the last years of life can be more pleasant, then the quality of life will be much improved”.

A Role for Industrial Design



Care for our health, focus area 4, ID

The patient journey

is an example of user-centered design in healthcare:

<https://online-learning.tudelft.nl/courses/design-in-healthcare-using-patient-journey-mapping/>

It is about the different experiences patients go through in a medical context.

The patient journey **explores the interaction between the patient and the healthcare providers in all stages of the disease**; coping with treatment and dealing with expectations; and the interaction with and between different stakeholders.

IV. Focus on...

- **Theme 1: Design for Falls Prevention**
 - How big is the problem?
 - How can Industrial Design contribute?
- **Theme 2: Design for Dementia Care**
 - How big is the problem?
 - How can Industrial Design contribute?
- **Theme 3: Design for Integrated Care**
 - What is the problem?
 - How can Industrial Design contribute?

Theme 1: Design for Falls Prevention

Falls brought me to ID at TU Delft



Graduation Bianca Oei (2005)

Headed by Prof. Dr. Ir Chris Snijders & Dr. Ir. Armagan Albayrak

Graduation of Alen Halilovic (2014)

Headed by Dr. Ir. Johan Molenboek & Dr. Tischa van der Cammen



Indoor shoe for prevention of falls among older persons

This project focuses on fall risk among older persons, where inadequate footwear increases the fall risk. Therefore insight is needed of what is considered as safe shoes, in order to design ideal shoes that prevents older persons from falling, based on program of requirements.

The Design Focus that came from the research was to design indoor footwear, providing the convenience and comfort of slippers, with the stability and the support of a sturdy shoe. It should encourage seniors to wear sturdy household shoes rather than soft step-in slippers, which offer a lack of fixation and higher the risk of falls. Designing a safe, and at the same time convenient and comfortable slipper, can change the perspective and wearing habit of the consumer, preventing falls among seniors.

The Process

Part 1: Forming a program of requirements

1. Literature study on gait parameters and contributors to fallrisk
2. Quantitative research on gait parameters with GaitRite walkway system
3. Generative session with older persons

Part 2: The Design Proposal

1. Synthesis: Idea development
2. Optimisation: detailing of concept
3. Evaluation of concept

The Design



Magnets

Attract and close the shoe automatically without using hands

Adjusting Fit

With sliding mechanism for a wide range of feet

Alen Halilovic, io1236296
Indoor shoe for prevention of falls among older persons
15/07/2014
Design for Interaction

Committee
Company

Dr. Ir. J.F.M. Molenboek
Dr. T.van der Cammen
Intersko Comfort Shoe
M. van het Hoff

TU Delft

Falls prevention by designing an indoor shoe by Bianca Oei TU Delft-ErasmusMC

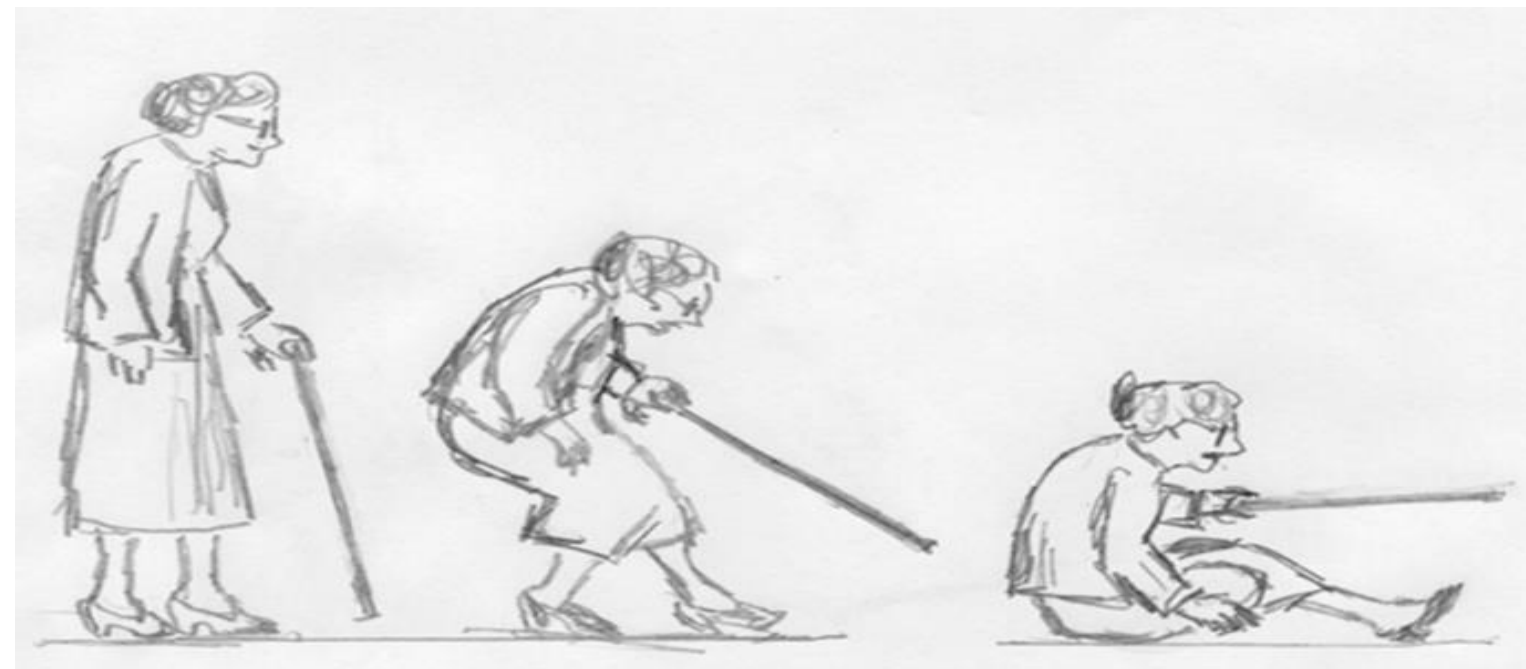


Falls in the elderly: how big is the problem?

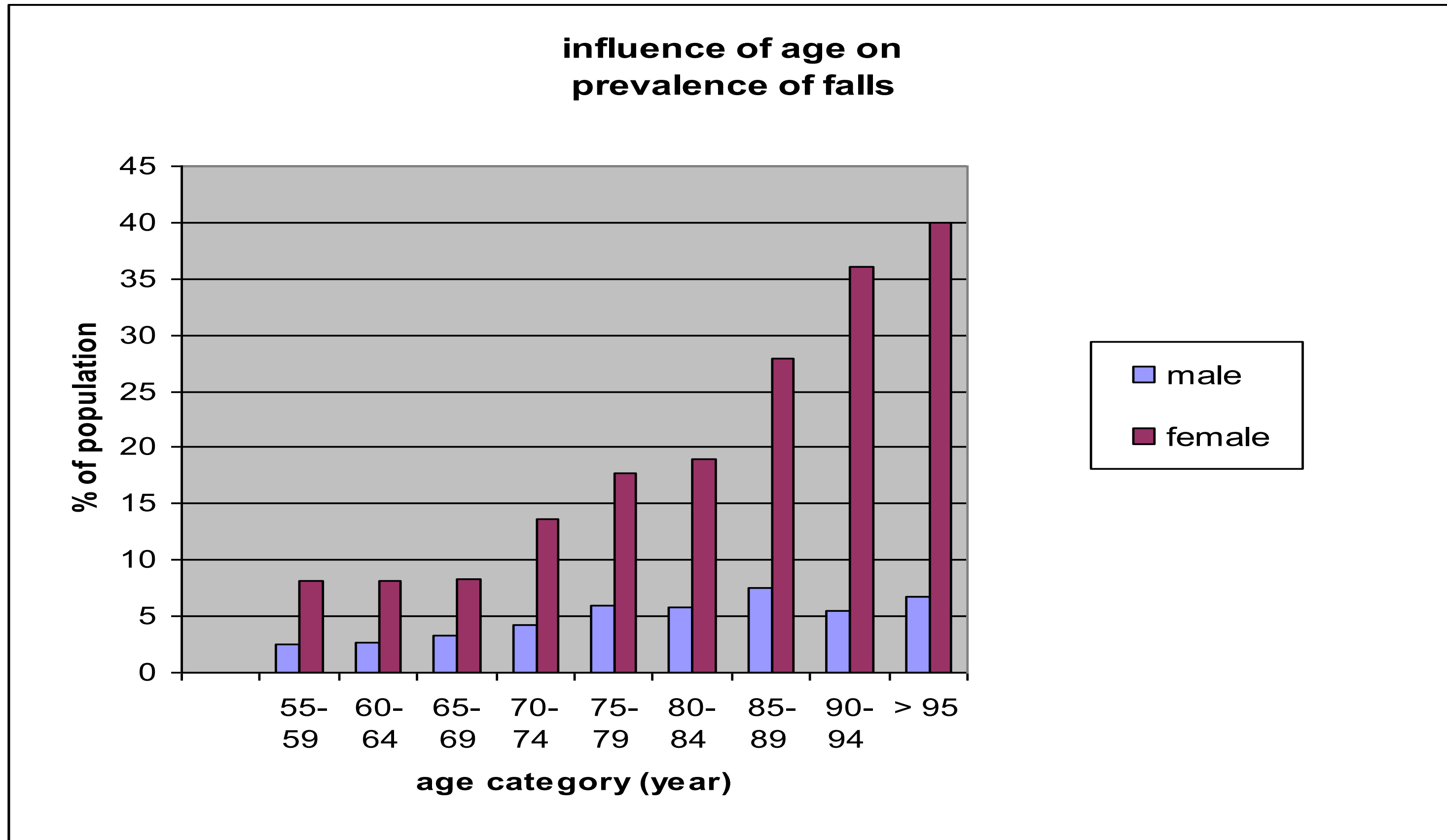
At least one fall per year:

33% of community-dwelling people **>65 yrs**

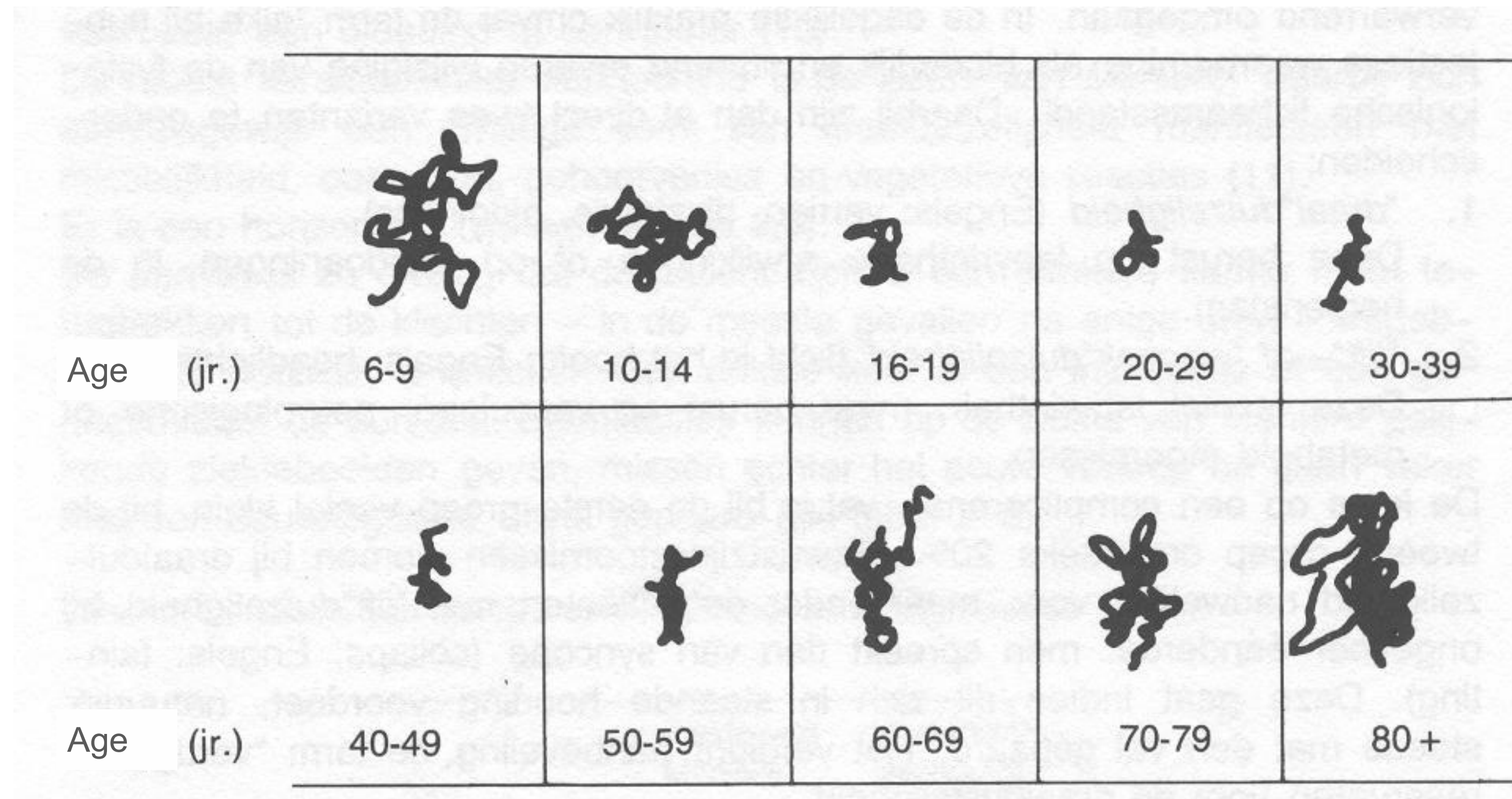
50% of community-dwelling people **>80 yrs**



Influence of age on prevalence of falls



Postural sway and ageing



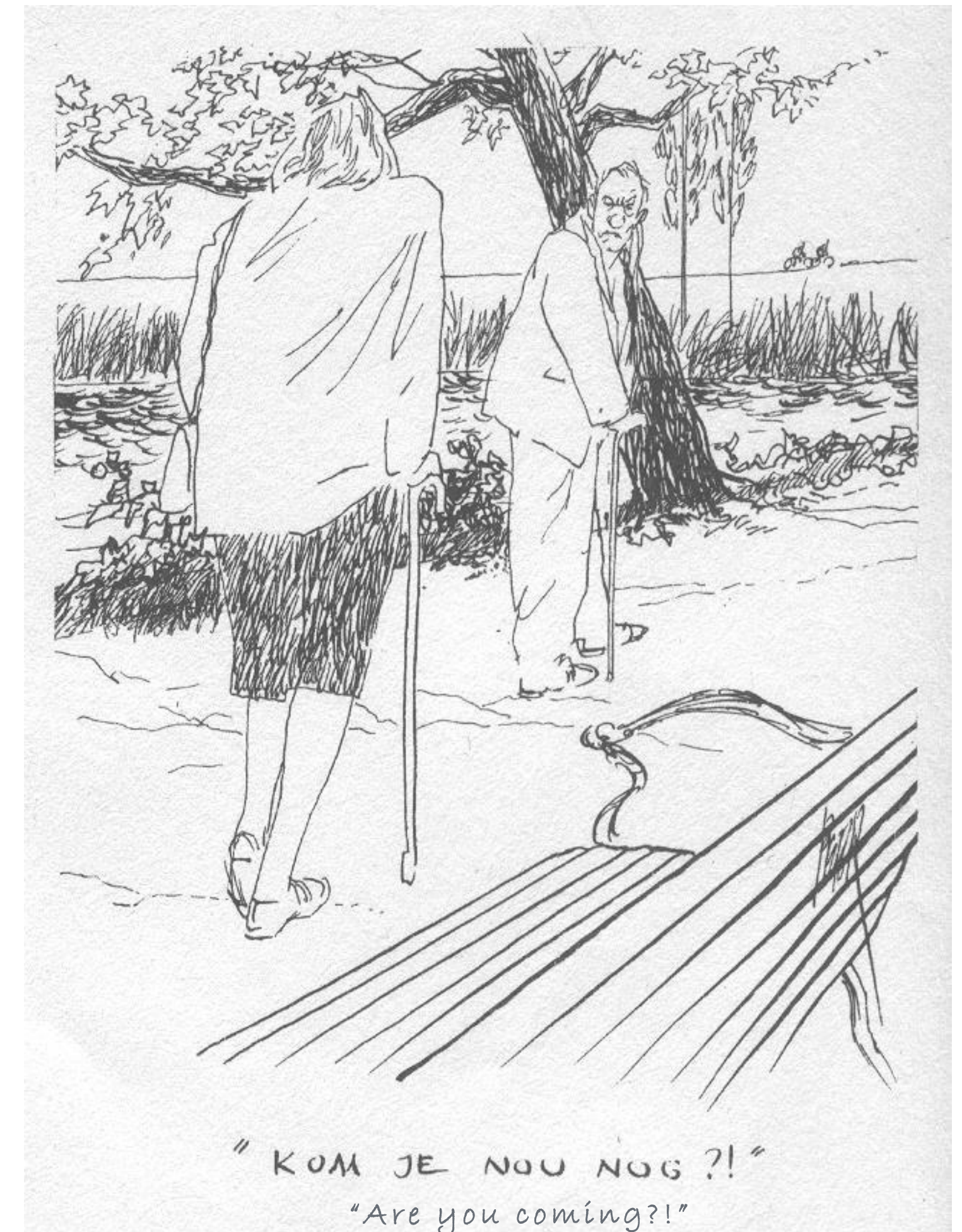
The effect of age on 'sway' during standing still, derived by Sheldon

Gait changes with ageing

Changes in walking pattern

- ↓ Muscle strength, unstable gait
- ↓ Reduced gait speed (♀ > ♂)
- Mean gait speed at age 77 yrs: **0.86 m/sec**

Mean gait speed needed for crossing a zebra crossing during green pedestrian traffic lights:
1.22 m/sec



A fall, a minor accident?

In the category “**Deaths due to accidents in the home environment among people ≥ 65 ”**,

falls are the number one cause of death.

NL, 2012, all ages:

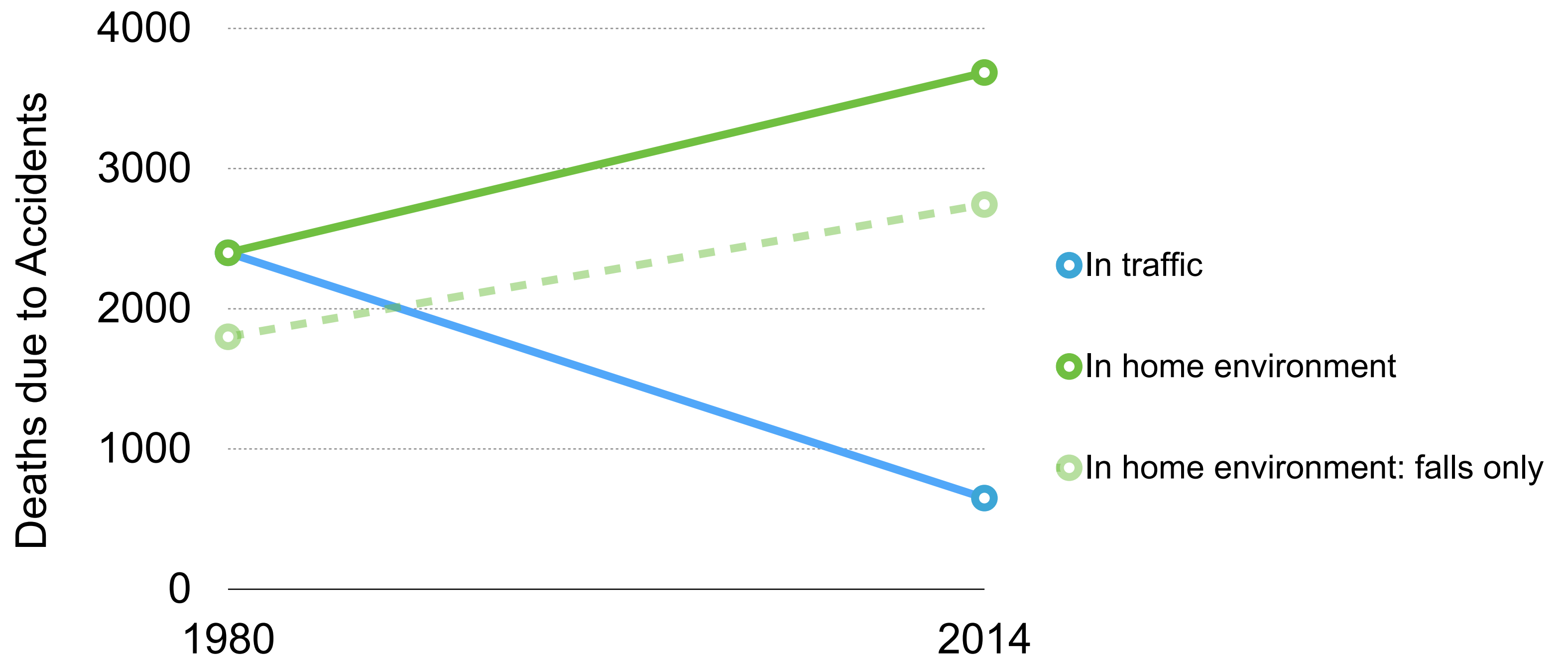
Deaths due to traffic accidents: 650

Deaths due to accidents in the home environment: 3658,

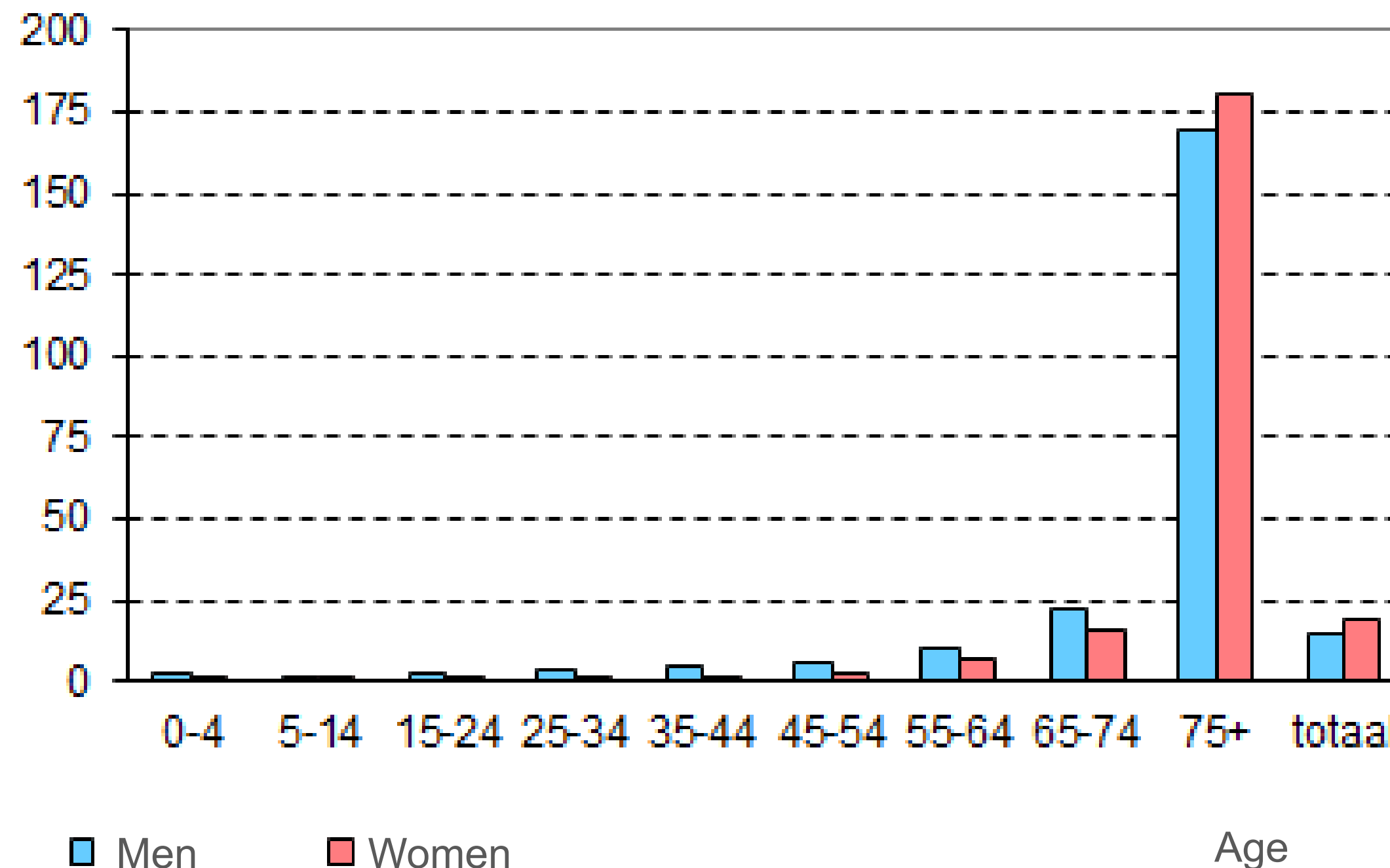
of which falls accounted for: 2795

www.VeiligheidNL.nl

NL, 2012: Deaths due to accidents (all ages), traffic versus home environment



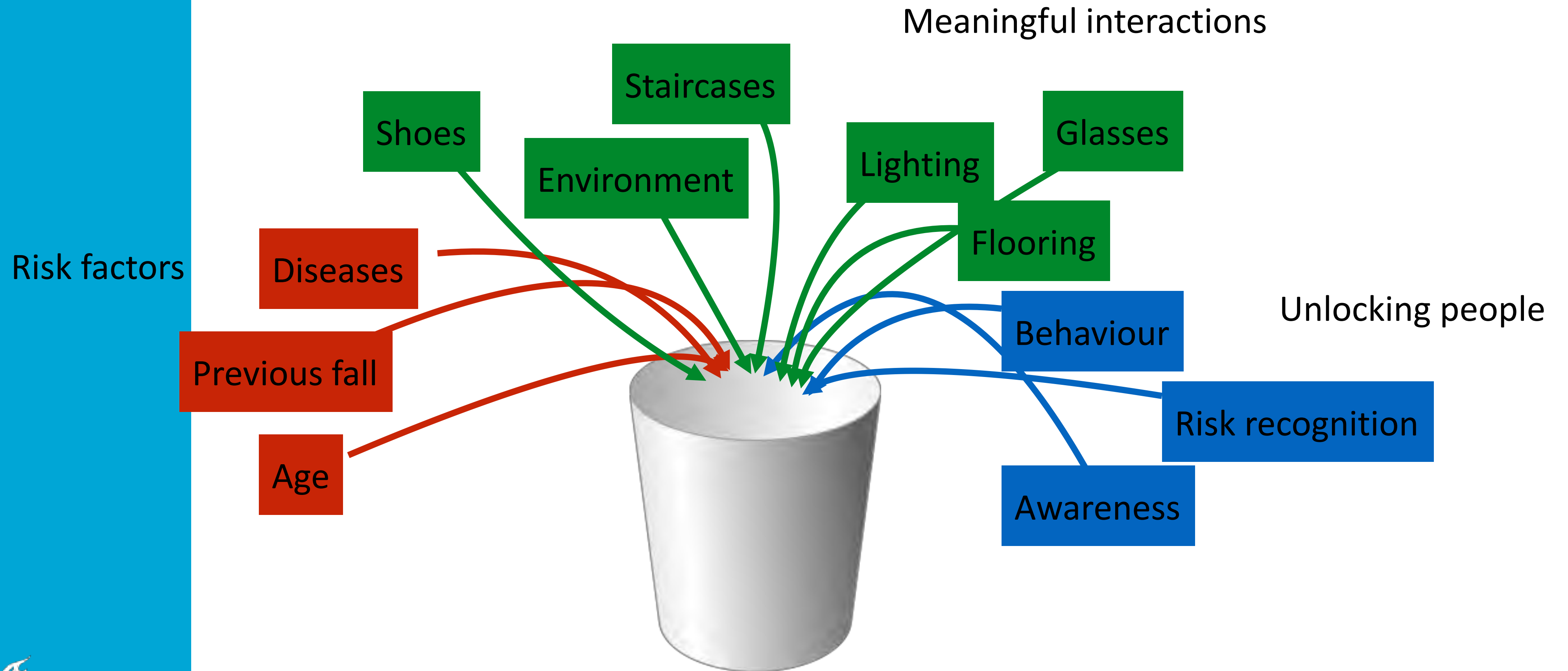
Mortality due to private accidents (home environment) per 100.000 of the population in 2012



“Household activities”



Possible interventions on fall risk factors



Design for falls prevention, international initiatives

A summary of international studies on Falls Prevention can be found on the website of ProFouND,

The Prevention of Falls Network for Dissemination
www.profound.eu.com

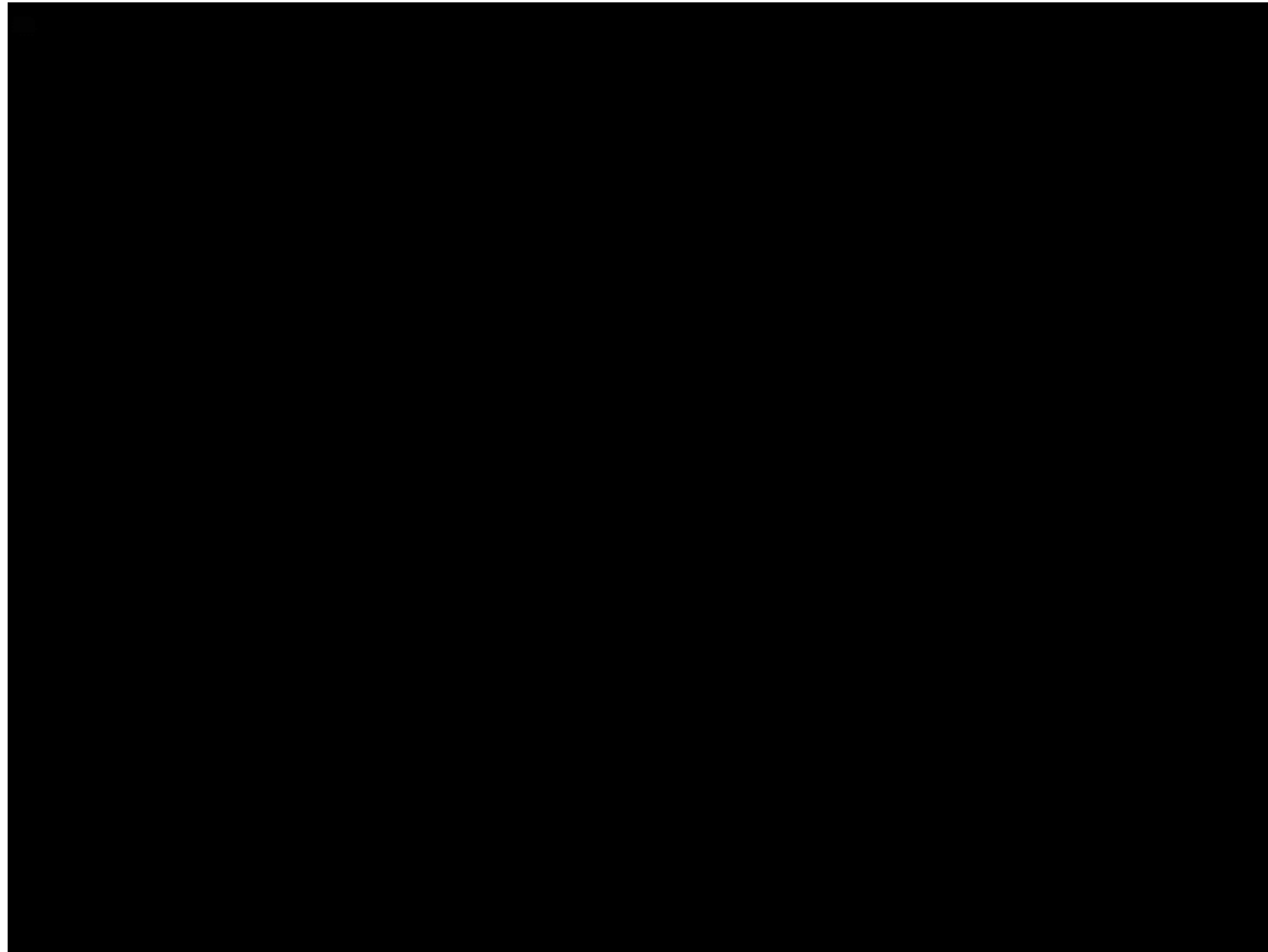
Design for Falls Prevention at ID

Video no. 1

Design of an Exochair, by Olaf Weller (2013)

Design for Falls Prevention at ID

Design of an exochair by Olaf Weller (2013)



Theme 2: Design for Dementia Care

Dementia worldwide: How big is the problem?

Proportion of the general population ≥ 60 yrs with dementia: **5-8%**

Worldwide **47.5 million** people have dementia at present

7.7 million new cases every year

The total number of people with dementia is projected to

75.6 million in 2030

and

135.5 million in 2050.

WHO 2016, <http://www.who.int/mediacentre/factsheets/fs362/en/>

Dementia and ageing

Dementia is a **syndrome** including deterioration in

- memory
- thinking
- behaviour
- the ability to perform everyday activities.

Dementia mainly affects older people, but is **not a normal part of ageing**.

Alzheimer's disease is the most common cause of dementia and may contribute to 60–70% of cases.

WHO 2016, <http://www.who.int/mediacentre/factsheets/fs362/en/>

Dementia and informal care

Dementia is one of the major causes of disability and dependency, posing **a major challenge for treatment and care**

Patients' partners and children provide most of the informal care

Children combine their roles as caregiver with work and childcare

Risks:

- Burn-out or depression, job loss
- Loss of productivity on a macro-economic level.

WHO 2016, <http://www.who.int/mediacentre/factsheets/fs362/en/>

Design examples for dementia care

International design examples for dementia care include

- **Robots**
- **Apps**
- **Gaming**
- **Domotics**
- **GPS tracking**
- **Care platforms**

Design for dementia care at ID

Videos no 2 & 3

2.

Design of guiding glasses by Roeland Reitsema (2014)

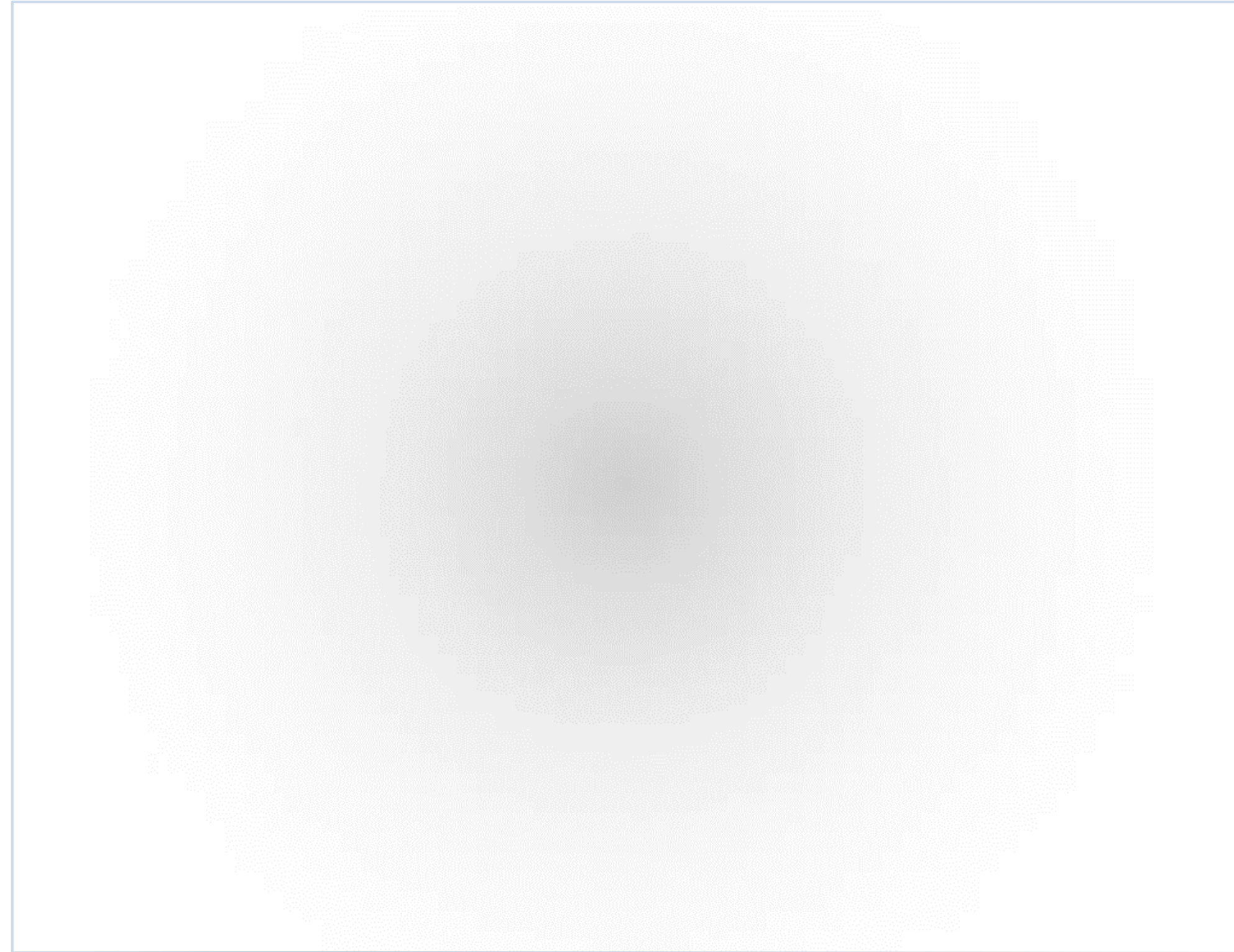
3.

Design of a magic table for people with dementia, by Hester Anderiesen (2015)

<http://activecues.com/en/>

Design for dementia care at ID

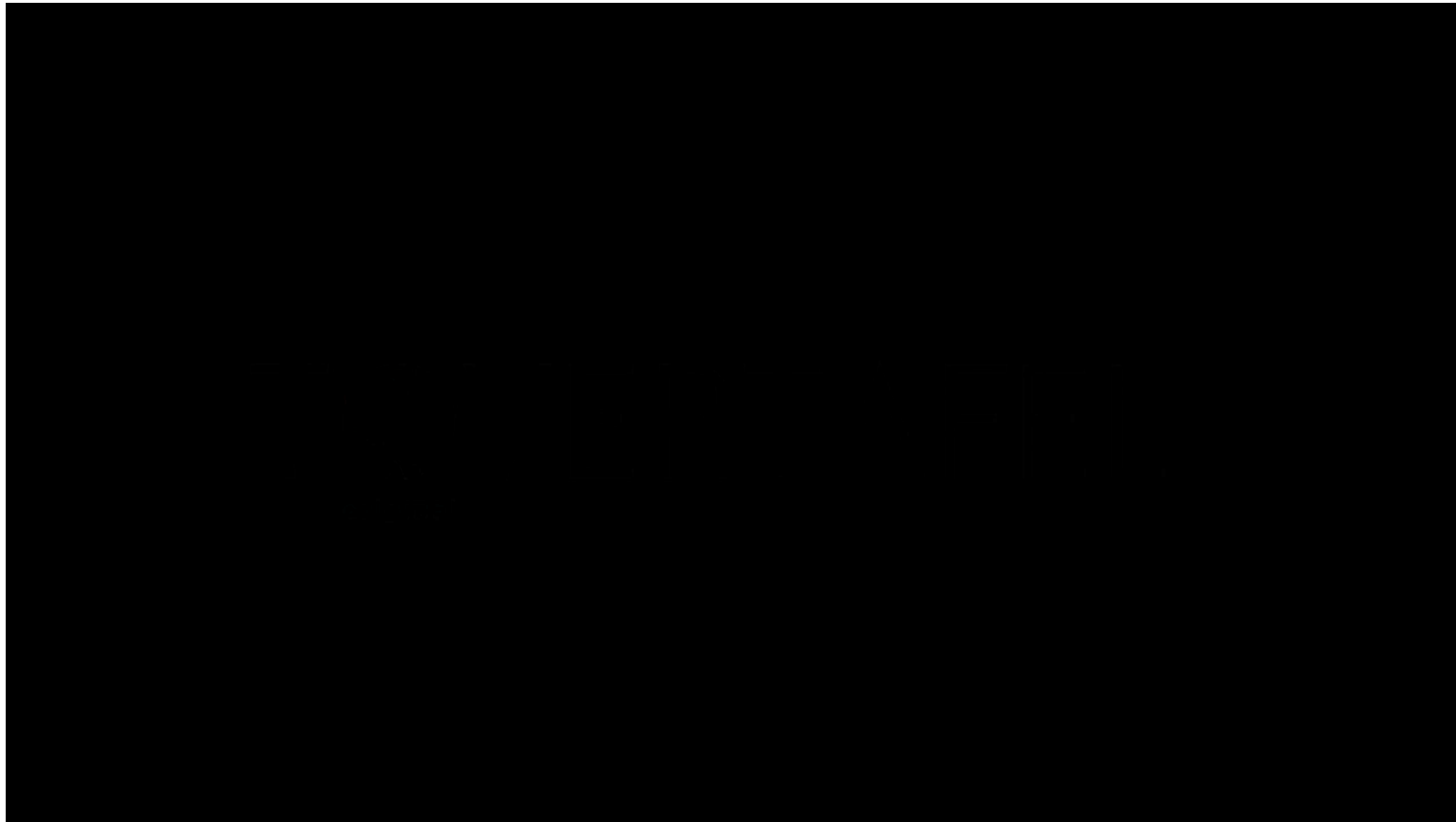
Design of guiding glasses by Roeland Reitsema (2014)



Design for dementia care at ID

Design of a magic table for people with dementia, by Hester Anderiesen (2015)

<http://activecues.com/en/>



Theme 3: Design for Integrated Care

Integrated care- definition

The management and delivery of health services
so clients receive a **continuum of preventive and curative services**,
according to their **needs over time** and
across different levels of the health system.

Ref. Waddington and Egger (2008)

Fragmentation

Underlying the current healthcare failings is a critical underappreciated problem:

Fragmentation

= Focusing and acting on the parts, without appreciating their relation to the whole

Kurt C. Stange, Ann Fam Med. 2009

Fragmented Care, How big is the problem?

No statistics available

Fragmentation of care leads to

- Inefficiency
- Ineffectiveness
- Inequality

Kurt C. Stange, Ann Fam Med. 2009

Complexity example

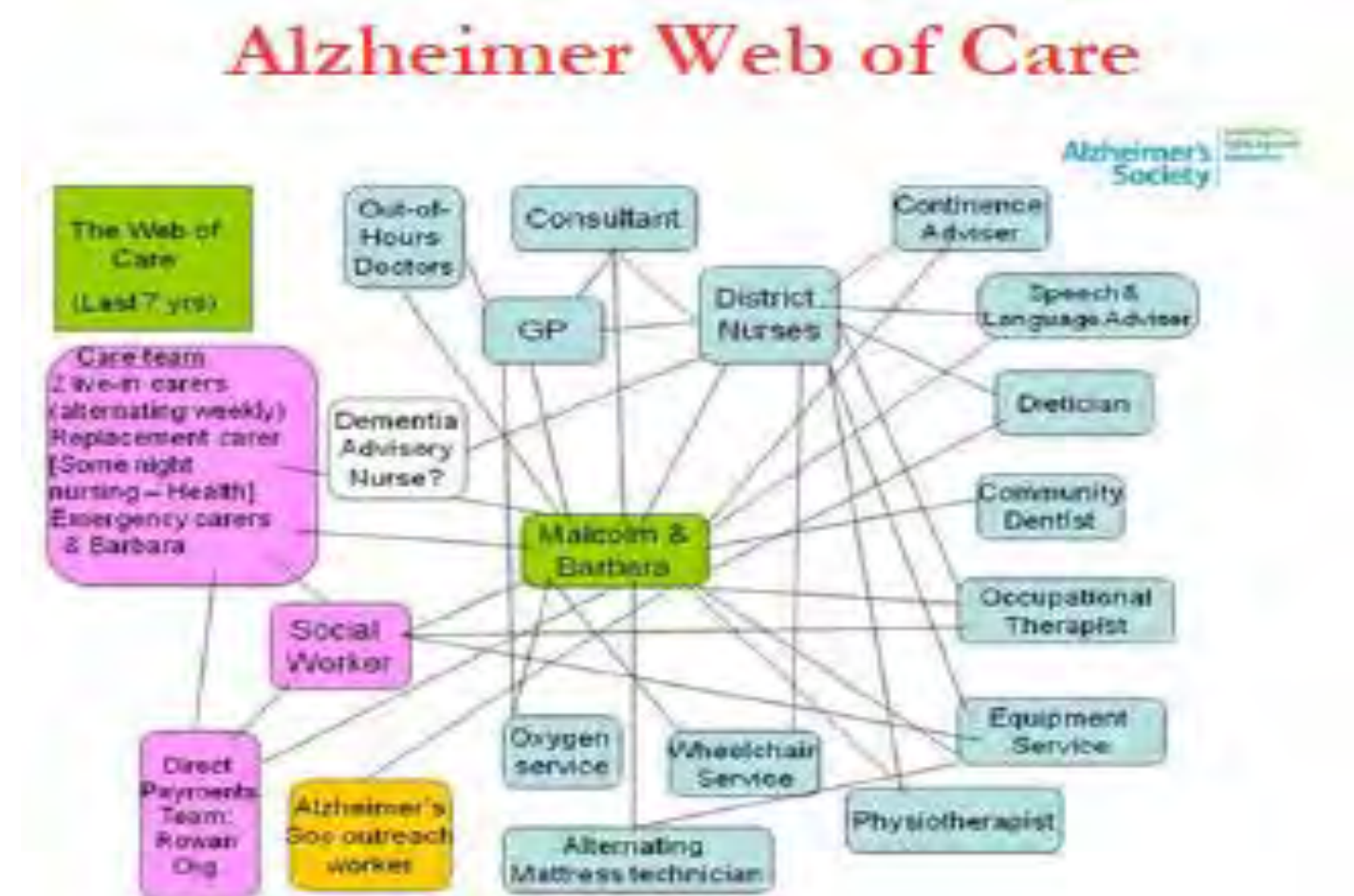


Frontier Economics (2012) Enablers and barriers to integrated care and implications for Monitor

Care systems are failing to cope with complexity

The complexity in the way care systems are designed leads to:

- **Lack of 'ownership'** of the person's problem
- **Lack of involvement of users and carers** in their own care
- **Poor communication** between partners in care
- **Simultaneous duplication** of tasks & gaps in care
- **Treating one condition without recognising others**
- **Poor outcomes** to person, carer and the system



Clinical Practice Guidelines and Quality of Care for Older Patients With Multiple Comorbid Diseases

Implications for Pay for Performance

Cynthia M. Boyd, MD, MPH

Jonathan Darer, MD, MPH

Chad Boulton, MD, MPH, MBA

Linda P. Fried, MD, MPH

Lisa Boulton, MD, MPH, MA

Albert W. Wu, MD, MPH

Context Clinical practice guidelines (CPGs) have been developed to improve the quality of health care for many chronic conditions. Pay-for-performance initiatives assess physician adherence to interventions that may reflect CPG recommendations.

Objective To evaluate the applicability of CPGs to the care of older individuals with several comorbid diseases.

Data Sources The National Health Interview Survey and a nationally representative sample of Medicare beneficiaries (to identify the most prevalent chronic diseases

A 79-year old woman...

- Hypertension
- Type 2 diabetes
- Osteoporosis
- Osteoarthritis
- COPD

Her medication...

Time	Medications†	Other
7:00 AM	Ipratropium metered dose inhaler 70 mg/wk of alendronate	Check feet Sit upright for 30 min on day when alendronate is taken Check blood sugar
8:00 AM	500 mg of calcium and 200 IU of vitamin D 12.5 mg of hydrochlorothiazide 40 mg of lisinopril 10 mg of glyburide 81 mg of aspirin 850 mg of metformin 250 mg of naproxen 20 mg of omeprazole	Eat breakfast 2.4 g/d of sodium 90 mmol/d of potassium Low intake of dietary saturated fat and cholesterol Adequate intake of magnesium and calcium Medical nutrition therapy for diabetes‡ DASH‡
12:00 PM		Eat lunch 2.4 g/d of sodium 90 mmol/d of potassium Low intake of dietary saturated fat and cholesterol Adequate intake of magnesium and calcium Medical nutrition therapy for diabetes‡ DASH‡
1:00 PM	Ipratropium metered dose inhaler 500 mg of calcium and 200 IU of vitamin D	
7:00 PM	Ipratropium metered dose inhaler 850 mg of metformin 500 mg of calcium and 200 IU of vitamin D 40 mg of lovastatin 250 mg of naproxen	Eat dinner 2.4 g/d of sodium 90 mmol/d of potassium Low intake of dietary saturated fat and cholesterol Adequate intake of magnesium and calcium Medical nutrition therapy for diabetes‡ DASH‡
11:00 PM	Ipratropium metered dose inhaler	
As needed	Albuterol metered dose inhaler	

Medication regimen

- 12 separate medications
- 19 doses per day
- 5 times a day

Non-pharmacological treatment

14 non-pharmacological activities recommended...

How does a 79-year old woman incorporate all this?

The need for integrated care.....

Integration, people-centered approach

**“ The concept of integrated care should be
centered on
the needs of service users,
their families,
and the communities to which they belong”**

Goodwin N. Int J Integr Care 2016 Apr-Jun; 16(2): 15

Integrated Care, WHO statement

The importance of **co-production** was recently articulated by the WHO
in their recent vote to adopt a resolution to support the
WHO Framework on Integrated People-Centred Health Services

*REF. World Health Organisation; 2016.
WHO Framework on Integrated People-Centred Health Services.*

Design for integrated care at ID

Videos no 4 & 5

4.

Personalized rehabilitation by Ana Benito Junquera (2014)
HIPP Highly Individualized Patient Project

5.

Information platform by Jesse Hoeksema (2014)
HIPP Highly Individualized Patient Project

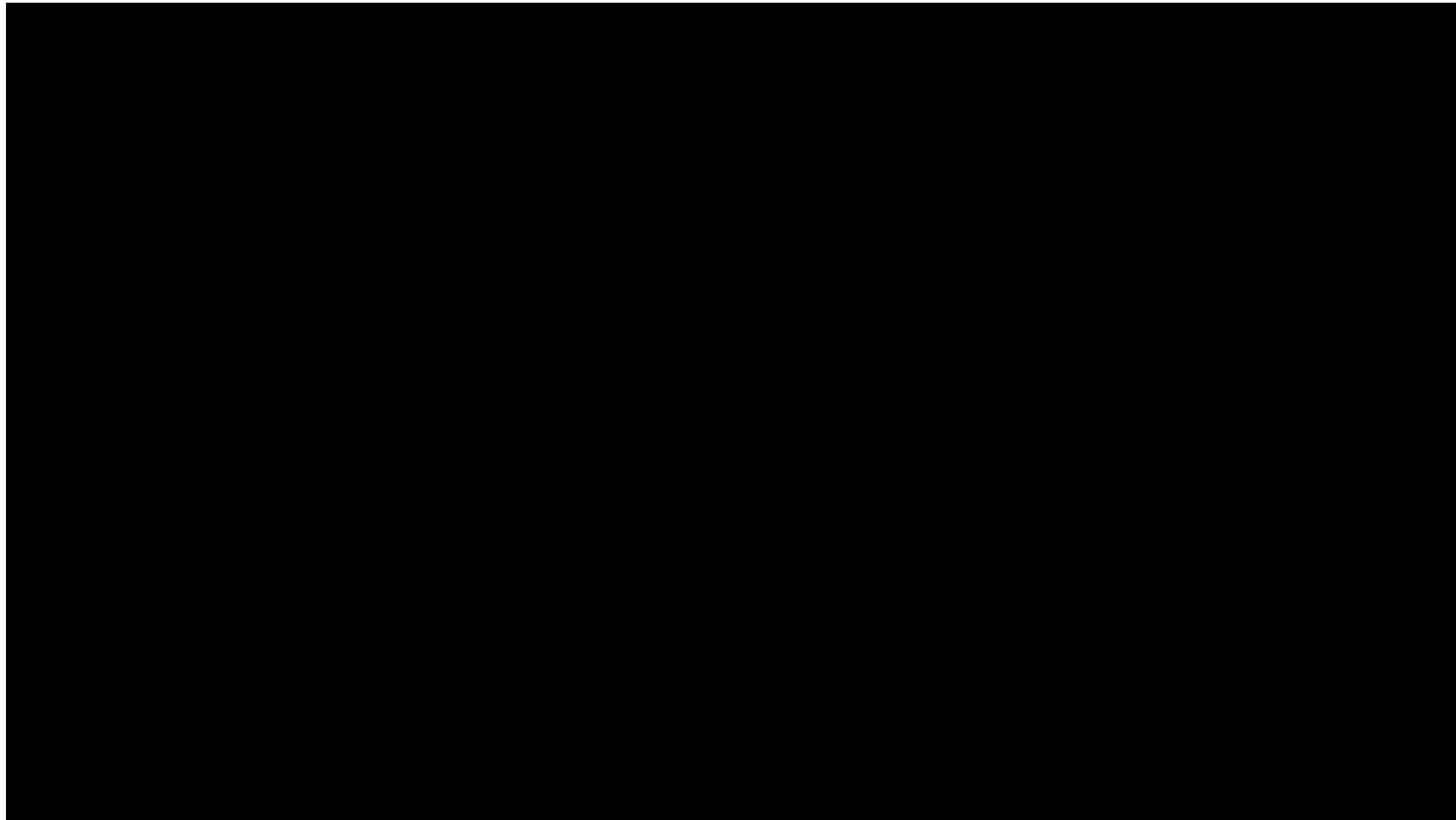
Design for Integrated Care at ID

Personalized rehabilitation by Ana Benito Junquera (2014)
HIPP Highly Individualized Patient Project



Design for Integrated Care at ID

Information platform by Jesse Hoeksema (2014)
HIPP Highly Individualized Patient Project



V. Conclusions and Take Home Messages

V. Conclusions and Take Home Messages

- **Ageing** is a multidimensional process of change in the physical, mental and social domain, leading to **functional decline**
- **Design thinking** is a **powerful tool** to address the challenges of ageing
- A **patient-centered integrated design approach** is essential for Design for Autonomous Ageing
- Research and development in Design for Autonomous Ageing can best move on as a **collaboration between users, clinicians and designers, academia and industry**

V. Conclusions and THOMs (2)

- With their focus on the user, **industrial design engineers** can play an important role in **bridging the gap between technology and healthcare**
- The examples in the presentation demonstrate how technology and design might improve the quality of (health)care for older persons.

V. Conclusions and THOMs (3)

Design Innovation for Ageing at Industrial Design Engineering TU Delft aims to

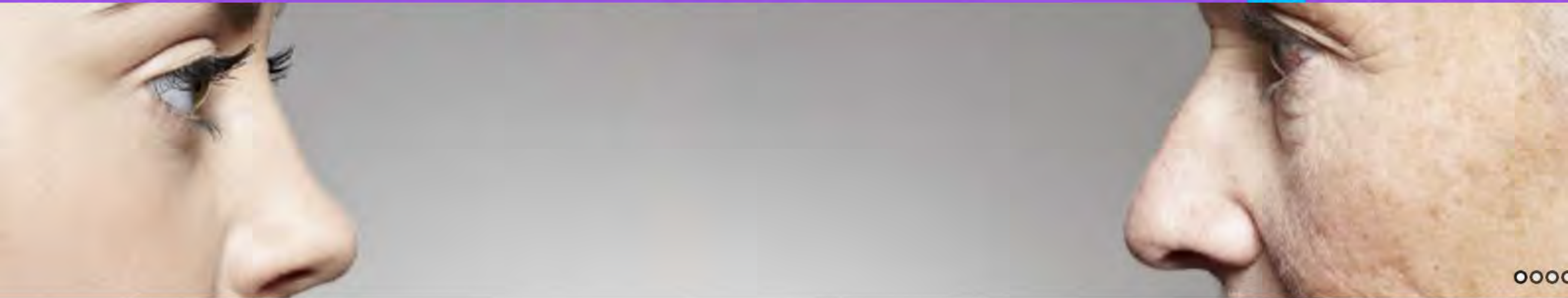
contribute substantially to **supporting and reinforcing**

the reduced physical and mental capacities of older people

by applying ground-breaking, innovative Design Inclusive Engineering methods

Design is the key to improvement of care of older people

www.designinnovationforageing.org



Welcome

Welcome to the website of the DIfA: Design Innovation for Ageing. An initiative of the faculty Industrial Design Engineering at the Delft University of Technology. This DIfA website is part of the activities within the DIfA working group. For more information about DIfA, please click [here](#).

The aim of this website is to inform and showcase [Research](#) by means of [Master thesis/projects](#) and [Publications](#) written by students and faculty members within the faculty Industrial Design Engineering at the Delft University of Technology. By doing this we want to contribute substantially to supporting and reinforcing the reduced physical and mental capacities of older people by applying groundbreaking, innovative Design Inclusive Engineering methods.

Please take a look around. If you would like more information on the Design Innovation for Ageing initiative or on a specific topic within this website, please take a look at the [Contact](#) page for further contact details.

VI. Outlook on the future



THANK YOU FOR YOUR ATTENTION
Time for discussion



The faculty of Industrial Design Engineering (IDE)

Founded in 1969

Largest university-based design course
worldwide

2000 students

5000 alumni

200 scientific staff

20 professors in various disciplines

3 departments

1 BSc program

3 MSc programs

100 PhD students

www.ide.tudelft.nl

The departments of IDE

Department of Industrial Design

appearance, interaction, use, design techniques

Department of Design Engineering

mechanics, materials, manufacturing, cost, CAD

Department of Product Innovation & Management

consumer behavior, marketing, product management, design methodology



① BALANCE



② USERGROUPS → PERSONA'S (g) ABILITIES & PREFERENCES FOR RATIO M & S

③ DOMAINS OF PERSONAL WELLBEING AFFECTED BY DEMENTIA

④ NEEDS CONCERNING ONE'S

- INTERNAL WORLD
- RELATIONS
- ACTIVITIES CHANGING

PATIENT
JOURNEYS!



⑤ TRANSITIONS THESE NEEDS ARE THE RESULTS OF 7 MAIN TRANSITIONS WITHIN THE DOMAINS OF WELLBEING

⑥ WORKSHOP

A { → CREATE IDEAS TO SUPPORT PEOPLE (PERSONA'S)
DEAL WITH TRANSITIONS
→ SPECIFY DESIGN PROCESS INPUT

B { → ADD AND/OR ADJUST PERSONAS & TRANSITIONS

Results of the Workshop Groups A and B

Group A1:

1. Ideas for Maike, feeling useful and helping others
 - Craft tutorials in the local community to continue with a creative hobby and feeling useful
 - Journal of daily tasks/memories, as a help for the later stage to share with friends
2. What do designers need?
 - Overview of interesting documentaries focussing on the influence dementia has in someone's life.
 - Make personas available to use for others

Group A2:

1. Idea for Juan, Coming to terms with the diagnosis: acceptance, self-value and identity
 - Juan's lecture on HIS dementia
 - Personalized guide on dementia, which helps Juan to deal with his diagnosis, to express his feelings and help negotiate with his family and friends, to create a positive look into the future. Include: I am struggling with..., Don't talk to me about..., How I want to be treated..., Bucket list (things I want to do in my life)
2. What do designers need
 - Personas to use during a design process
 - Person/ patient journeys
 - Make scientific results more visible and available for designers (e.g. observations of behaviours of PwD, Quotes from PwD but also all other "actors" who are involved in care)
 - Methods how to talk to PwD when e.g. interviewing them, but also how to write about them, how do they want to be addressed

Group A3:

1. Ideas for Werner, Self-realisation through purposeful activities: compensating limitations through new activities
 - Social engagement, self-realisation, emotion
 - Use local clubs (connected to persons interests and qualities e.g. Football), to do a purposeful activity, "voluntary" work, help others and meet people

Group A4:

1. Ideas for Ursula, maintaining social participation
 - Sleep well exercise, routine before sleeping for better sleep and therefore to be more active and cope better during the day
 - Social connection service: Dinder (like Tinder). Connect with people and local activities and services
2. What do designers need?
 - Anecdotes make it easier to understand frame
 - Portraits vs. personas (more detail)
 - Clips and videos of roleplay of dementia incidents.
 - How to find PwD and their caregivers and how to talk to them? Make them react honestly instead of polite.

Group B1:

- Diversity is missing: multicultural group, ethnical background (immigration). Might be harder to reach since they might not go to nursing homes, possible language problems.
- Carer is also a patient.
- Flexibility of care: what can we provide? Caring at home is difficult.
- Missing transitions: Moving to a nursing home. When is the right time to move? Connected with feeling of guilt of carers, family does not want to see the PwD going worse.

Group B2:

- Use validation within the mindful framework. “Being with” instead of “being in the moment”.
- Difference between “meaningful” and “purposeful” activities:
 - “Meaningful” implies intrinsic motivation and is a strength factor
 - “Purposeful” can be determined by others. It has to do with society’s expectations of being a productive member of society – disability effect.
- Focus on routines and rituals as anchor points.
- Resilience measure.
- Changing relationships: parenting the parent.
- Nature based/sensory environments are important.
- Needing to be needed: Grannies Finest

A1

Worksheet designers

Thank you for your willingness to use your creative skills to come up with solutions that support people with dementia!

We ask you to participate in three workshops.

Workshop 1) New ideas

1. Select a persona (and read the description to get acquainted with the group of people this persona represents).
2. Select a transition (describing a change in a domain of wellbeing and the need resulting from this change).
3. Write down (or draw) ideas to support the persona dealing with the transition (or resisting the transition).
4. Select the best three ideas and describe (or draw) these in the boxes below. Name you idea, describe how it supports in the transition and list the benefits for this persona

Title idea 1: *Creative hole taking* Transition: *2: Feeling useful by helping others* Persona: *Maïke Beyer*

Description (how does it support dealing with the transition)

mixed media journal of daily tasks / poems

Benefits for the persona:

help for the labor day, to share with family/friends

Title idea 2: *Craft tutorials* Transition: *2* Persona: *Maïke*

Description (how does it support dealing with the transition)

Craft tutorials in local community

Benefits for the persona:

continual of creative hobby, feeling of usefulness

Title idea 3: Transition: Persona:

Description (how does it support dealing with the transition)

Benefits for the persona:

Worksheet designers

Thank you for your willingness to use your creative skills to come up with solutions that support people with dementia!

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Workshop 1) New ideas

1. Select a persona (and read the description to get acquainted with the group of people this persona represents). *Maike Beveren*
2. Select a transition (describing a change in a domain of wellbeing and the need resulting from this change). *Feeling useful by helping other people*
3. Write down (or draw) ideas to support the persona dealing with the transition (or resisting the transition).
4. Select the best three ideas and describe (or draw) these in the boxes below. Name you idea, describe how it supports in the transition and list the benefits for this persona

Title idea 1: Transition:..... Persona:

Description (how does it support dealing with the transition)

Benefits for the persona:

Title idea 2: Transition:..... Persona:

Description (how does it support dealing with the transition)

Benefits for the persona:

Title idea 3: Transition:..... Persona:

Description (how does it support dealing with the transition)

Benefits for the persona:

Workshop 2) What do designers need?

In this project we investigate the challenges people face when dealing with dementia. Hopefully in the future this knowledge helps you create many useful solutions to support people with dementia and their caregivers. To make sure we create information you can use, we would like you to answer a few questions.

What information would you want to obtain from this MinD project to use in your design projects?
(more than one choice possible)

- ☐ Data
- ☐ Personas
- ☐ Methods
- ☐ Tools
- ☐ Other:.....

Please explain in the box below a bit more in detail what you would expect

- overview of interesting documentaries -> focussing on the influence dementia has on someone's life
- persona's available to use for others as well

What experiences in and suggestions for designing for people with dementia or their caregivers would you like to share with us?

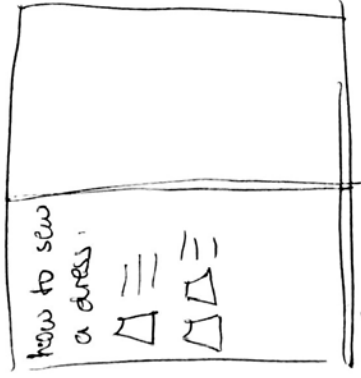
Other comments:

H12 prepare for when ^{you have} more difficulties remembering?

documenting of the processes - photo / text / drawing

→ ex: documenting of ripers, wooly processes

documenting of memories - sharing with friends/family - blog, photos



→ - make physical tokens and place them on spots where you need to remember something

* LETTER TO FUTURE SELF (or user's)?

* TRY TO ORGANISE THINGS WITH TO DO'S.

H2 continue practising a creative hobby
in your home environment?

* DEFINE A SPACE / PLACE WHERE TO DO IT

* SHARE WITH OTHERS - GROUP / CLUB (ie: BOU AB)

o involve the members of the household - share the knowledge

- make small ^{self made} presents for others
- Teach others (online?)

make notes of how
to do basic things/
elements of the hobby

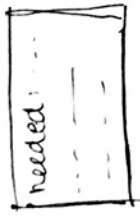
set up a group
of like-minded
people

H12 reach out to people with your offer of help?

- advertise self made products → market → internet
- tell other people you are available → advertisement board in shopping centre → cards to neighbours

* find outlets (shops / galleries)
find networks (online / within local community)
start inside of the family (grand children, sisters)

H2 make other people reach out to you for help?



cards on a board in
common room / SUPERMARKET.

organise a
need \leftrightarrow help
meeting

- ask others if they know someone

* SKUS PAGES (B.A.N. Series for HINE)

* JOIN NETWORKS (DEM - GATE)

x collect the things you can do effectively,

Diary - personal notes

sharing your notes with others

reaching out to others to ask /
provide help

persona: Maike

A1

↳ creative

lives with sister

Open about dementia

Feeling ~~help~~^{use}ful by helping others

① creative note-taking

↳ mixed media notes of daily tasks

- personal

- to share

② craft tutorials

- sharing knowledge

- community - offline

- presents

A2

Worksheet designers

Thank you for your willingness to use your creative skills to come up with solutions that support people with dementia!

We ask you to participate in three workshops.

Workshop 1) New ideas

1. Select a persona (and read the description to get acquainted with the group of people this persona represents).
2. Select a transition (describing a change in a domain of wellbeing and the need resulting from this change).
3. Write down (or draw) ideas to support the persona dealing with the transition (or resisting the transition).
4. Select the best three ideas and describe (or draw) these in the boxes below. Name you idea, describe how it supports in the transition and list the benefits for this persona

Juan's lecture
Title idea 1: on his dementia Transition: 1.c Persona: JUAN ROMERO

Description (how does it support dealing with the transition)

PERSONAL GUIDE FOR FRIENDS & FAMILY, Juan can personalize it
eg. don't talk to me about topic xy, things he is struggling with

Benefits for the persona:

EXPRESS HIS EMOTION
INFORM THEIR LOVED ONES
CREATE AWARENESS
GAIN SUPPORT.

BUCKET LIST (POSITIVE FOCUS, THINGS TO LOOK FORWARD)
Get positive feedback from family + friends
CONVERSATION STARTER.

Title idea 2: Transition: Persona:

Description (how does it support dealing with the transition)

Benefits for the persona:

Title idea 3: Transition: Persona:

Description (how does it support dealing with the transition)

Benefits for the persona:

Workshop 2) What do designers need?

In this project we investigate the challenges people face when dealing with dementia. Hopefully in the future this knowledge helps you create many useful solutions to support people with dementia and their caregivers. To make sure we create information you can use, we would like you to answer a few questions.

What information would you want to obtain from this MinD project to use in your design projects?
(more than one choice possible)

- ☐ Data
- ☒ Personas
- ☐ Methods
- ☐ Tools
- ☒ Other: PERSON JOURNEY.....

Please explain in the box below a bit more in detail what you would expect

Method: How to communicate with people with dementia in different stages.
Quotes from patients and actors around him/her
Observations of behavior
Available scientific results
Other solutions

What experiences in and suggestions for designing for people with dementia or their caregivers would you like to share with us?

invite people with dementia and their caregivers as well. the caregivers can tell their story and acts as a spokesperson.
Also talk to the person with dementia, involve them in the design process.

Other comments:

Workshop 3) Elaborate on early ideas

Title idea 1:

My idea to improve or detail this idea:

Juan's lecture on his dementia improves idea no. A2

Title idea 2:

My idea to improve or detail this idea:

A3 letter to your future list, include a bucket list

Title idea 3:

My idea to improve or detail this idea:

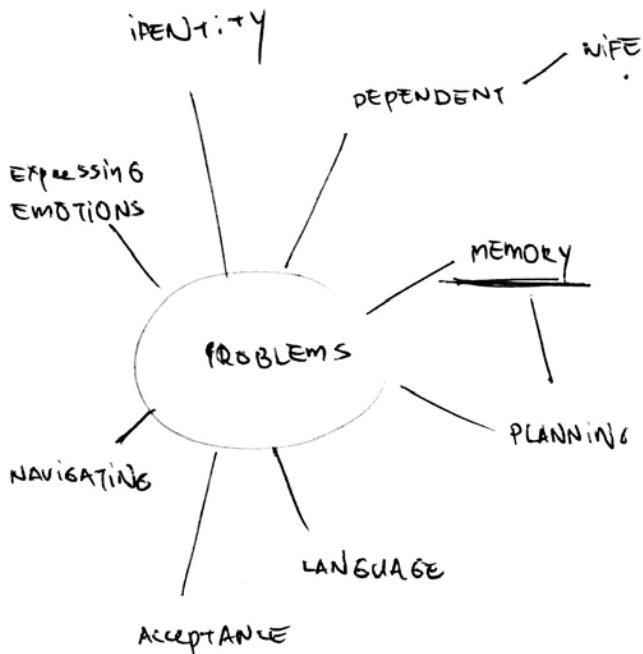
F3

cheap google card boards, send them to participants
VR glasses

JUAN



pub-MED



KEEP JUAN INFORMED,

WALKING, TEACHING, SOCIAL

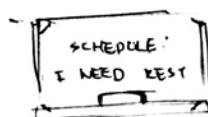
BE PROUD → FOCUS ON THINGS HE STILL CAN.

SUPPORT TO BE MORE INDEPENDENT.

AFRAID THAT people DON'T
TREAT HIM AS THEY USE TO
DO

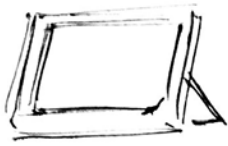
EMOTIONAL problems: TALKING support
DIARY.

NOT ONLY FOCUS ON CARE
SPEND ~~part~~ THE TIME IN A POSITIVE WAY



REMEMBER
← SHOW WHAT HE
STILL CAN DO

DIGITAL SCHEDULE



POSITIVE LOOK
INTO THE FUTURE



BUCKET LIST
FOCUS

WHAT IS HE AFRAID OF?



LOSING IDENTITY: ACTIVE, SOCIAL, TEACHER

POSITIVE FEEDBACK
CALM.



HAND IN HAND BOOKLET.
PERSONAL GUIDE FOR FRIENDS & FAMILY AND FOR
THE PND AS WELL.
EXPRESS HIS EMOTION
INFORM LOVED ONES
SUPPORT.

DEMENZA
IS NOT THE END
OF THE WORLD

→ AWARENESS
+ POSITIVE
+ support

INVOLVE FAMILY IN THE PROCESS
FRIENDS

DAILY + INFORMATION.

SHARE EXPERIENCE
WITH PEOPLE IN THE SAME
SITUATION

USE THINGS WHAT HE LIKES TO DO.

SAFE & OPEN.

Juan's Lecture
on his dementia

A2

A3

PERSONA

- SOCIAL ENGAGEMENT →
- SELF REALISATION → loses ability to do his job.
- EMOTION → slightly depressed. low self esteem.



not much opportunity to see/talk people.
+ help people.

DISCOVER something new about yourself. I can not do my core quality%. what do I do now?

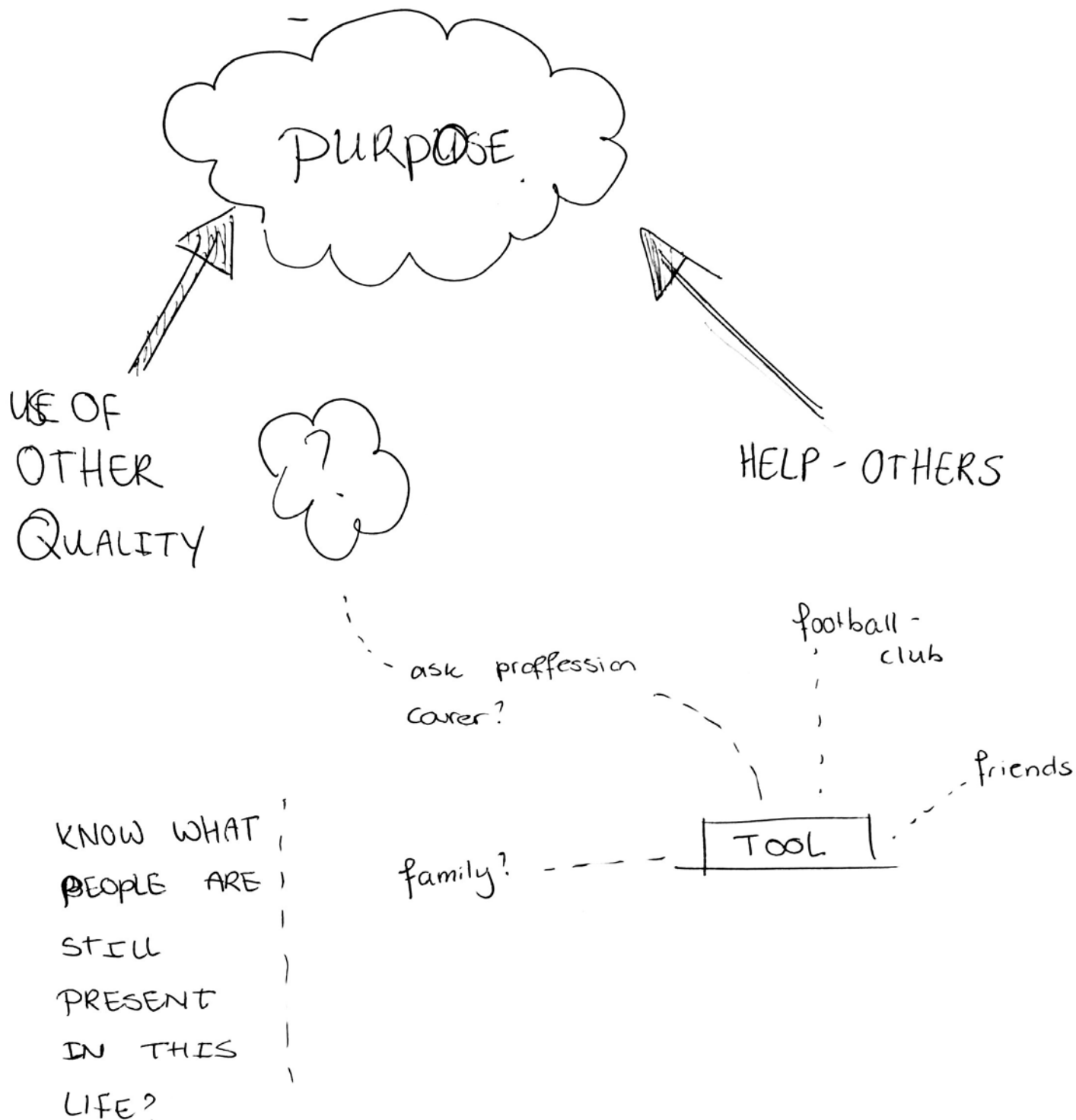


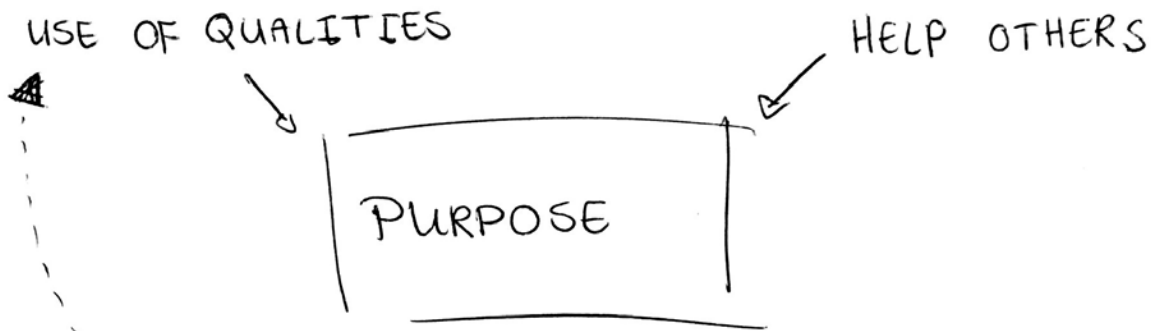
Goal: self-realisation by purposeful activities.

(e.g.) helping others.

LOCAL CLUBS (FOOTBALL)

- place to drop "voluntary-work"
 - meet people,
 -





FIND
QUALITIES



TOOL

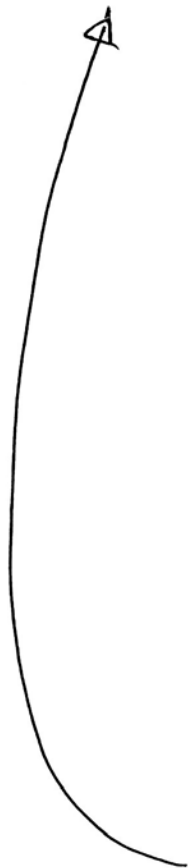


FIND PARTIES INVOLVED


GATHER INFORMATION



FIND QUALITIES



TRANSITION

- coming to terms with the diagnosis (1)
- feeling useful by helping others (2) 
- self-rehabilitation by purposeful activities (3)
- coming to terms with emotions (4)
- keeping ~~relationships~~ going (empathy) (5)
feelings, planning / negotiations
- maintain social participation (6)
- nego- planning / planning. → easy tasks. (7)
communication.

WERNER

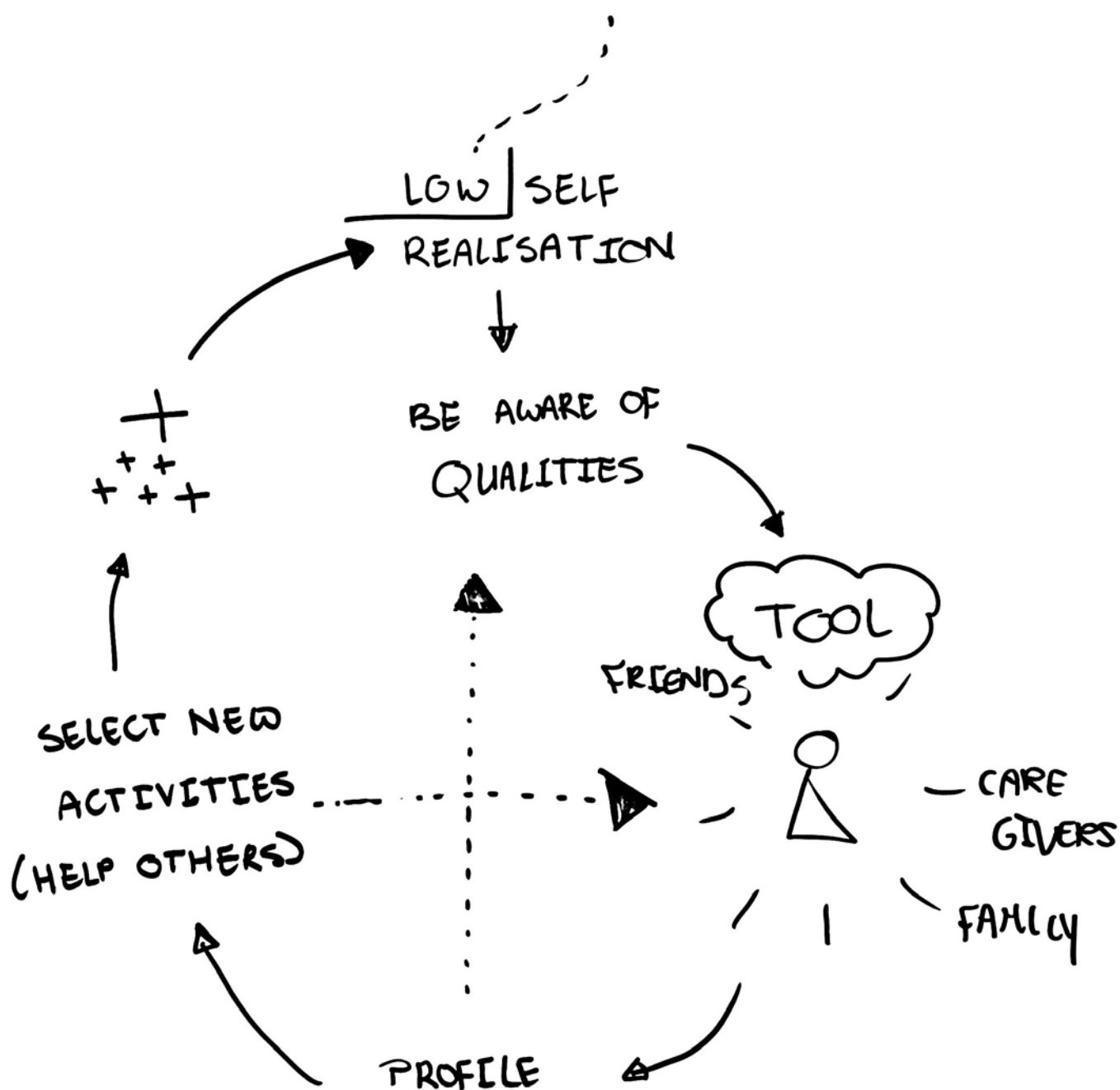


. DEPRESSED

. NOT GOING OUT

- NOT DRIVING

A3



A4

Worksheet designers

Meditation App:
insight timer
Headspace

Julian
Sabine
Karin
Knäuper

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Workshop 1) New ideas

1. Select a persona (and read the description to get acquainted with the group of people this persona represents).
2. Select a transition (describing a change in a domain of wellbeing and the need resulting from this change).
3. Write down (or draw) ideas to support the persona dealing with the transition (or resisting the transition).
4. Select the best three ideas and describe (or draw) these in the boxes below. Name your idea, describe how it supports in the transition and list the benefits for this persona

Title idea 1: Meditation Transition: Maintain social contact Persona: Ursula

Description (how does it support dealing with the transition)

- routine before sleeping
• sleep-well-exercise:
• set of breathing exercises
• feeling all parts of your body
• with

Benefits for the persona:

better sleep to be more active / cope better during the day

Title idea 2: Social connection service Transition: - 11 - Persona: - 11 -

Description (how does it support dealing with the transition)

→ tollator - GPS for orientation: LEA

→ needs rel. activity

→ needs person to connect with

Benefits for the persona:

existing: day walking service

social connecting service

out of home
social contact
local needs
others
cuckoo

→ TINDER for
⇒ DINDER

→ social safe guard
Trust foundation
Charity

Title idea 3: Transition: Persona:

Description (how does it support dealing with the transition)

allowed to forget / allowed to imagine

Benefits for the persona:

Good when you're

had appropriate sensitive intervention
when not happy

- Stigmas about dementia

⇒ assumptions about dementia; need to unravel differences

requires different methods/tools

→ own DIY solutions;

existing solutions not known

use portraits instead of
personas: based on real
people with more detail

Workshop 2) What do designers need?

In this project we investigate the challenges people face when dealing with dementia. Hopefully in the future this knowledge helps you create many useful solutions to support people with dementia and their caregivers. To make sure we create information you can use, we would like you to answer a few questions.

What information would you want to obtain from this MinD project to use in your design projects?
(more than one choice possible)

- ☐ Data
- ☐ Personas
- ☐ Methods
- ☐ Tools
- ☐ Other:.....

Please explain in the box below a bit more in detail what you would expect

- anecdotes to better explain:
from both sides frame
- Portraits vs personas
- clips/videos or role play of
dementia incidents

how
react
honest
not
polite

What experiences in and suggestions for designing for people with dementia or their caregivers would you like to share with us?

Other comments:

Book:

The 36h Day

Living for an
Alzheimer's
Patient

the continuous task
for the informal carer

URSULA

PROBLEM: . SHE DOES NOT GO OUTSIDE ALONE

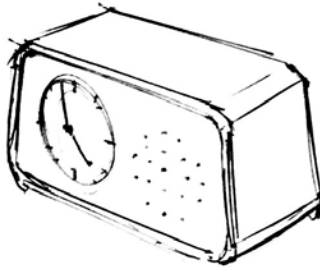
- . SLEEP
- . FEELS EMOTIONALLY WEAK

MEDITATION

"A SLEEP WELL
EXERCISE"

↳ . breathing

- . body awareness
- . music



Worksheet designers

Thank you for your willingness to use your creative skills to come up with solutions that support people with dementia!

We ask you to participate in three workshops.

Workshop 1) New ideas

1. Select a persona (and read the description to get acquainted with the group of people this persona represents). *Vrsula*
2. Select a transition (describing a change in a domain of wellbeing and the need resulting from this change). *G*
3. Write down (or draw) ideas to support the persona dealing with the transition (or resisting the transition).
4. Select the best three ideas and describe (or draw) these in the boxes below. Name you idea, describe how it supports in the transition and list the benefits for this persona

Title idea 1: Transition:..... *G* Persona: *Vrsula Wagner*

Description (how does it support dealing with the transition)

Benefits for the persona:

Title idea 2: Transition:..... Persona:

Description (how does it support dealing with the transition)

she doesn't go out alone

Benefits for the persona:

Title idea 3: Transition:..... Persona:

Description (how does it support dealing with the transition)

Benefits for the persona:

Workshop 2) What do designers need?

In this project we investigate the challenges people face when dealing with dementia. Hopefully in the future this knowledge helps you create many useful solutions to support people with dementia and their caregivers. To make sure we create information you can use, we would like you to answer a few questions.

What information would you want to obtain from this MinD project to use in your design projects?
(more than one choice possible)

- ☐ Data
- ☐ Personas → goals, what motivate? Data to make it personas predictable.
- ☐ Methods
- ☐ Tools
- ☐ Other:.....

Please explain in the box below a bit more in detail what you would expect

• Anecdotes that help to explain the

What experiences in and suggestions for designing for people with dementia or their caregivers would you like to share with us?

Other comments:

Workshop 2) What do designers need?

In this project we investigate the challenges people face when dealing with dementia. Hopefully in the future this knowledge helps you create many useful solutions to support people with dementia and their caregivers. To make sure we create information you can use, we would like you to answer a few questions.

What information would you want to obtain from this MinD project to use in your design projects?
(more than one choice possible)

- ☐ Data
- ☐ Personas
- ☐ Methods
- ☐ Tools
- ☐ Other: people with dementia and their caregivers

Please explain in the box below a bit more in detail what you would expect

How to find them?
and how to talk to them,
find out their needs, making them react honestly
and not only polite

What experiences in and suggestions for designing for people with dementia or their caregivers would you like to share with us?

Other comments:

B1

[Group B1]

- Sheets ~~are~~ overloaded with information
 - ↳ Too much text.
 - Two perspectives
 - Farmer caring for mother
 - ↳ Q: do we provide for patient
"do we provide flexible enough care?"
 - Do we have services nice for patient and informal caregiver?
 - Missing diversity, not representative for multi-cultural group.
 - Group multi-culti is difficult as they are even further away from what is recognized to them.
 - Missing:
 - ethnic background (immigration)
 - ↳ not going to nursing home, possible language problem.
 - patient group
 - Lack of flexibility in care
 - ↳ What can we provide ^{but not} ~~instead of~~ what ~~they~~ does the patient need?
 - ↳ Limits of care at home → 36 hours a day, Nancy Mace
 - ↳ no fluent transition between home and NH.
 - Most difficult moment:
 - decision of going into care home
 - denial of family: don't want to see PwD going worse.
 - Depression / Guilt in carers
- ⇒ "Carer is also a patient" ⇐

Intro Dementia

Diversity

↳ gives training to team

BSMS - centre for dementia studies

↳ <https://www.bsms.ac.uk/about/news>

↳ conference celebrate time for Dementia project - BSMS

↳ Create empathy, give the caregivers the skills, "ask for help".



* pictograms for making things understandable.

• gezondheidsvaardigheden.nl

* Alzheimer Café

↳ Asking/information meeting

* Naomi Feil

↳ Validation Therapy

Missing

B1

- Education Caregiver
- Education PwD
- Coping Strategy
- Diversity → gender
 - ↳ ethnic background
 - ↳ language
- Social background
- Lack of personalized care.
- Communication with caregivers.
- ~~Educational~~
- Role of informal caregiver

I

mprovement

- Visual presentation
-

B2

Send articles.

- validation - "Being With" instead of "Being in the moment"

Purposeful vs. Meaningful Activities.

- "Meaningful" implies intrinsic motivation, and is a strength factor
- "Purposeful" can be determined by others, so has to do with society's expectations of being a productive member of society → can have a disabling effect.

Focus on Routines and Rituals as anchors.

Resilience measure - people with dementia caregivers

Changing Relationships - parenting the parent.

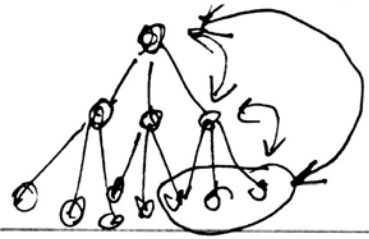
Changing interaction with the built / physical environment. ^{choose more} Nature based environments.
Sensory

Blue Zones +100 y.o.

Resources
mail list

★ Mutual Relationship

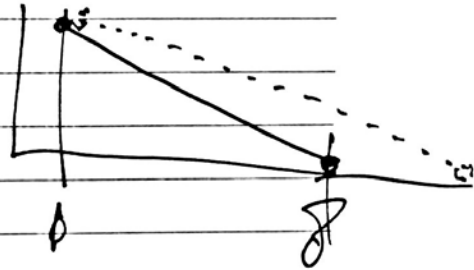
→ ONDERLINGE RELATIE FAMILIELEDEN



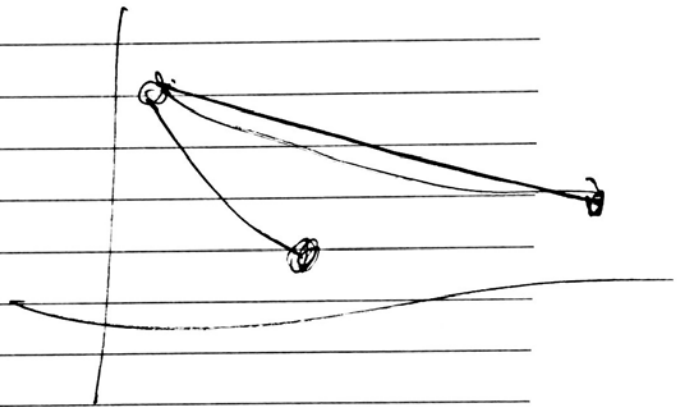
— NEEDING TO BE NEEDED : MEER UITWERKEN

— MOTIVATIE TOT BEWEGEN

— GRANNIES FINIST

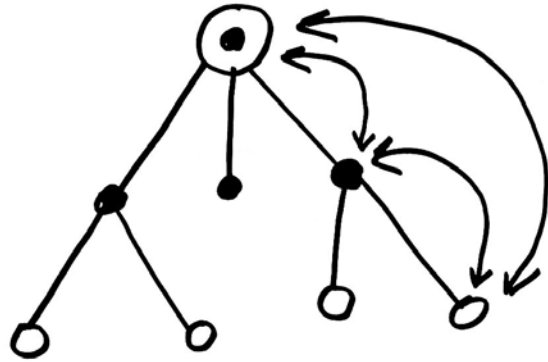


— HALFLIFE DECAY

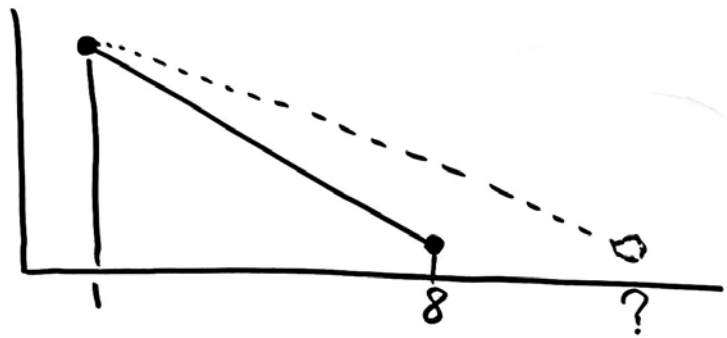


B2

→ MUTUAL RELATION - Family



→ MOTIVATION TO PHYSICAL ACTIVE



→ NEEDING TO BE NEEDED

- GRANNIES FINEST
- PARK ATTENDANT

Validation "Being"

Purposeful vs Meaningful

↓
Judgement

↓
intrinsic
motivation

parenting the parent

Routines
Rituals > anchors

interactions with physical / built
environment