HOW NATIVE PEOPLE LIVING WITH DEMENTIA MIGHT EXPERIENCE EMERGENCIES

Understanding the mental, physical, social and emotional experiences of people living with dementia during emergency situations can help Tribal planners and policy makers ensure their services are inclusive, equitable and have the best outcomes.

MAY HAVE DIFFICULTY INTERPRETING WHAT THEY HEAR OR WITH VISION
Loud, noisy rooms or situations may be disorienting. They may have a smaller field of vision.

MAY HAVE DIFFICULTY WITH MULTIPLE TASKS
This can pose difficulty in following a plan.

CAN BE STRESSED, FRUSTRATED, AND OVERWHELMED
This can be due to a reduced individuals’ ability to recognize their environment and understand the context of the situation.

MAY RELY HEAVILY ON FAMILY MEMBERS OR CAREGIVERS
Without their caregivers, people with dementia are at higher risk for poor health, injury, abuse and isolation. Complicating matters, they may not be able to remember their caregiver’s name or how to reach them.

HAVE MEMORY DIFFICULTIES
People may forget recently learned information. They often need clues about daily activities, even hydration.

MAY BE UNABLE TO PROCESS INFORMATION
May have limited ability to understand directions and may forget them.

MAY EXPERIENCE PAIN DIFFERENTLY
May have a hypersensitive pain response that they are not able to communicate.

MAY BECOME UPSET OR AGITATED
Heightened emotions or confusion due to unfamiliar settings can lead to agitation.

ARE LIKELY TO HAVE ADDITIONAL HEALTH ISSUES
Chronic conditions, such as diabetes or heart disease, are common among people with dementia. Many people with dementia, and those who care for them, may be managing multiple health issues that must be considered.

CAN DEVELOP DELIRIUM EASILY OR HAVE HALLUCINATIONS
Reorienting someone may be less effective than working with them in their reality.

MAY WEAR OR BE PRONE TO GETTING LOST
Memory difficulty and likelihood of becoming confused puts people at risk. The stress of emergency situations increases a person’s potential to wander or hide.

MAY BE MORE LIKELY TO BECOME DEPRESSED
Due to changed abilities, autonomy and isolation, some people living with dementia may become depressed.

MAY HAVE DIFFICULTY COMMUNICATING SYMPTOMS
May not recognize or be able to communicate that they have been injured or are unwell.

MAY EXPERIENCE DIFFERENTLY
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TRIBAL POLICY TIPS FOR EMERGENCY MANAGEMENT

POLICY TIP #1:
When requesting an emergency declaration and assessing the type of federal assistance that may be needed, consider the amount and type of assistance that will be required to support those in your Tribal community who live with dementia, ranging from communications, shelter and evacuation assistance to continuity of medical services.

POLICY TIP #2:
When identifying populations that may need specific services in disaster or emergency situations in planning documents, avoid terms such as “disabled” that may contribute to stigma. Seek out words or phrases in the Native language that may best fit the policy need.

POLICY TIP #3:
Adopt a function-based approach, or one that is based on individuals’ capabilities rather than labels when defining special populations in Tribal emergency operations plans and policies.

POLICY TIP #4:
Consider CONNECTION (to people, culture and nature) as a functional need during emergencies or disasters to preserve the protective effects of culture and belonging.

POLICY TIP #5:
Review and update Tribal emergency plans and procedures to include and accommodate American Indian and Alaska Native people who may have functional needs during an emergency.

POLICY TIP #6:
Considerations for the development and use of identification systems should include clear stipulations for:
- With whom the information will be shared.
- How information will be used.
- Security measures in place for protecting information.
- The type of help that might be available.
- Limitations on help (i.e., [if] help is not guaranteed).