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Building Dementia Capable Communities
Program Implementation Evaluation

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DEMENTIA, including Alzheimer's disease and related disorders, poses a growing public health challenge as the population ages. The Building Dementia Capable Communities (BDCC) program is a pilot initiative funded by the state legislature aimed at enhancing the support network for people living with dementia and their caregivers. Through the BDCC program, three Area Agencies on Aging (AAAs) hired dedicated staff members to expand the availability of dementia support services, develop professional training programs, create new community partnerships, and increase community awareness around dementia and resources. This report evaluates the program's effectiveness, focusing on its implementation through a program inventory and surveys of family caregivers, AAA staff, and community partners.

Key Findings

1. **Expanded availability to early-stage dementia support.** BDCC increased the availability of early-stage dementia programs, including consultations, support groups, and dementia-friendly activities. These services improved social connection and care planning for people living with dementia and their families. In the family caregiver survey, 95 percent of respondents credited BDCC with increasing their capability to provide support to their loved ones.
2. **Enhanced professional knowledge and capacity.** BDCC improved dementia care knowledge and skills among AAA staff and community partners. Targeted training reached a wide range of the aging network, helping to build a more dementia-capable community. In the staff survey, 99 percent reported increased knowledge and capacity to support people living with dementia.
3. **Strengthened community partnerships.** BDCC's community engagement efforts resulted in 375 percent growth in the number of cross-sector partnerships. However, connecting with medical providers and engaging with isolated rural communities remains a challenge.

FIGURE 1.
BDCC Activities at a Glance (January 2022 – December 2024)

908	371	103	146	138
Direct Services Clients	Community Education Events	Outreach Events	Professional Trainings	Network Partners

DSHS
WASHINGTON STATE
Department of Social and Health Services

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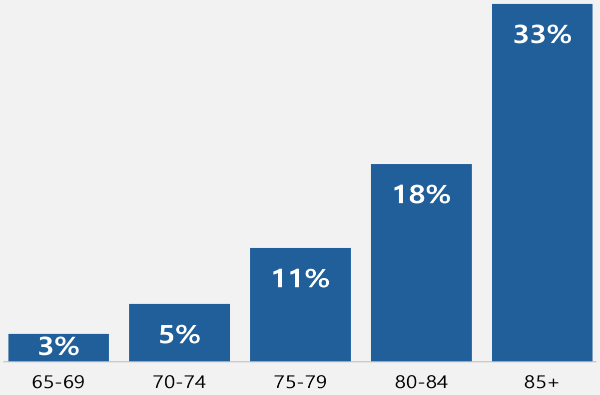
DSHS Research and Data Analysis Division
Olympia, Washington • RDA REPORT 5.41

Demographic Shifts and the Rising Impact of Dementia

FIGURE 2.

Risk of Dementia Increases with Age

Among 2018 Washington's Medicare Beneficiaries Age 65+



SOURCE: DSHS Research and Data Analysis, Integrated Client Databases.

As Washington's population ages, the demand for comprehensive dementia support systems is expected to grow substantially. This trend reflects broader demographic shifts: the population of Washington residents aged 85 and older, the group at highest risk for dementia, is growing faster than any other age groups. The likelihood of dementia rises steeply with age, affecting one in three adults aged 85 and older (Figure 2).

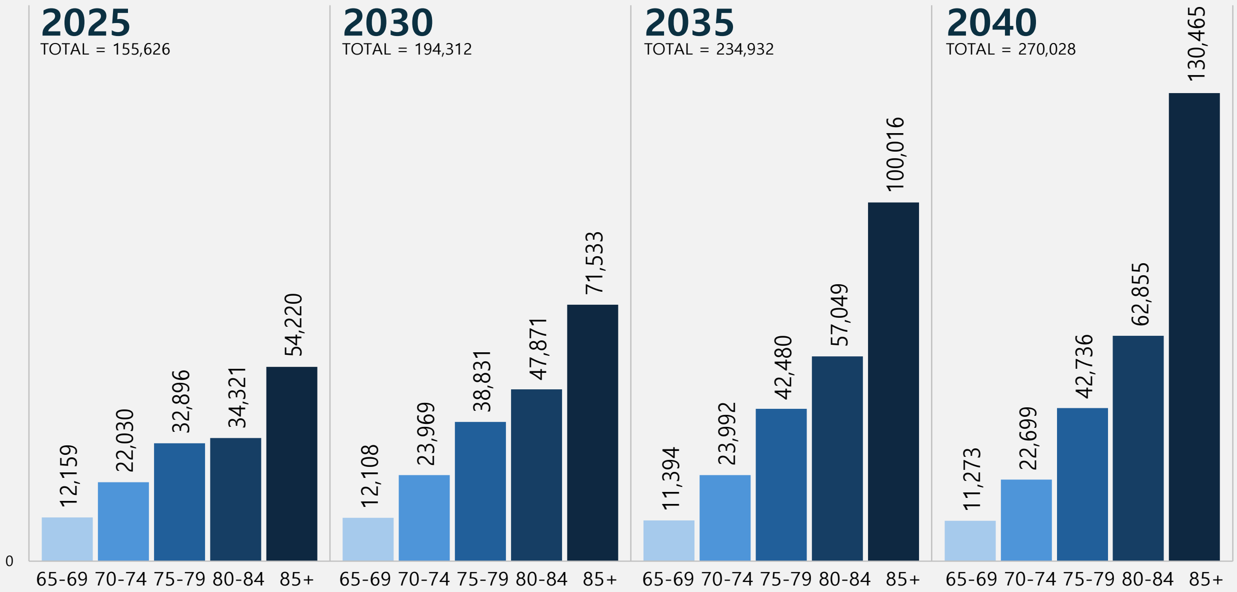
These trends translate into a steep rise in the total number of residents projected to be living with dementia over the next two decades (Figure 3). In 2025, an estimated 155,626 residents aged sixty-five and older were living with Alzheimer's disease or a related dementia. By 2040, that number is projected to grow by about 75 percent, reaching approximately 270,000 people aged 65 and older.

These developments carry serious implications for families, healthcare systems, and long-term care infrastructure. People living with dementia are hospitalized two to three times more frequently than their peers without dementia. Health and long-term care spending for these individuals is more than three times higher. In 2018, the total expenditure on Medicare and Medicaid long-term services and supports for fee-for-service Medicare beneficiaries living with dementia was $2,786 per person per month, compared to $846 for those without dementia. As prevalence increases, there will be a growing need for community-based strategies to support people living with dementia and those who care for them.

FIGURE 3.

Forecast Number of Persons with Dementia

Among Washington State Residents Age 65+



SOURCE: Long-term forecasts of dementia prevalence are based on observed prevalence rates for Washington State Medicare beneficiaries and detailed OFM forecasts of state population change through 2040.

BDCC Program Implementation

BDCC was established as part of Washington State's Plan to Address Alzheimer's Disease and Other Dementias. Initiated by the Dementia Action Collaborative (DAC), a statewide public-private partnership, the program aims to strengthen dementia care and support systems at the local level.

In 2021, the Washington State Legislature allocated $1.5 million to pilot the BDCC program through 2-year projects with two AAAs, beginning in State Fiscal Year 2022. Funding for a third AAA was allocated to begin in State Fiscal Year 2024. The program's overarching goal is to create informed, supportive, and resource-rich communities where people living with dementia and their caregivers can thrive. BDCC places particular emphasis on increasing support for individuals in the early stages of dementia, who often face gaps in services and guidance.

FIGURE 4.
BDCC Program Service Areas

To achieve these goals, BDCC focused on three key areas:

1. **Supporting people living with dementia and their caregivers:**
   - Early-stage programs: facilitating social connection and engagement through dementia-friendly events and support groups.
   - Consultation services: offering one-on-one consultations with dementia care specialists to support care planning, safety, and behavior management.
2. **Enhancing training and knowledge:**
   - Professional training: delivering specialized education to AAA staff and community partners to improve understanding of dementia care.
   - Community education: hosting workshops to raise public awareness and share resources.
3. **Fostering dementia-capable communities:**
   - Dementia resource development: creating resources and strengthen networks of organizations serving people living with dementia.
   - Partnership building: collaborating with community partners to coordinate care and support systems.

KEY ACRONYMS

AAA = Area Agency on Aging • **ALTCEW** = Aging and Long-Term Care of Eastern Washington
BDCC = Building Dementia Capable Communities • **O3A** = Olympic Area Agency on Aging • **NWRC** = Northwest Regional Council

Initial Implementation: ALTCEW and NWRC. BDCC launched on July 1, 2021, with two AAAs:

- Aging & Long Term Care of Eastern Washington (ALTCEW): serving Ferry (except for the Colville Indian Reservation), Stevens, Pend Oreille, Spokane, and Whitman counties.
- Northwest Regional Council (NWRC): serving Island, San Juan, Skagit, and Whatcom counties.

Both AAAs tailored their implementation strategies to the unique geographic, demographic, and resource landscapes of their service areas. For NWRC, strong pre-existing partnerships shaped the program's early direction. Collaboration with Dementia Support Northwest (DSNW) allowed NWRC to coordinate referrals and services efficiently, particularly in Whatcom County. However, in more remote regions like San Juan and Island Counties, dementia-specific resources were limited, requiring intentional partnership-building to address service gaps and prevent duplication of efforts.

ALTCEW built on prior work by the Spokane Dementia Action Team (SPODAT), which had already laid the groundwork for becoming a dementia-friendly community. Through needs assessments, SPODAT identified key priorities around education, awareness, and skill-building. Despite this strong foundation, ALTCEW experienced challenges in rural areas north of Spokane, where geographic isolation and community skepticism toward outside programs required careful, relationship-driven outreach.

Expansion to O3A. On September 1, 2023, BDCC expanded to a third region—Olympic Area Agency on Aging (O3A)—serving Clallam, Grays Harbor, Jefferson, and Pacific counties. O3A's implementation underscored the program's flexibility and adaptability in highly rural, resource-scarce areas. Covering over 8,000 square miles of predominantly rural terrain with limited infrastructure, O3A began by engaging community members directly to identify the most pressing needs. Early efforts focused on filling critical gaps in caregiver supports and dementia-specific services. These efforts highlighted both the demand for such programs and the importance of locally responsive implementation.

Study Design

This study aimed to assess the impact of the BDCC program on dementia capability, the ability of a community to support people living with dementia and their caregivers effectively, within the participating AAAs. Specifically, the study sought to understand how the program influenced the availability of services, enhanced staff and caregiver knowledge, and strengthened community partnerships. Two primary approaches were used:

1. **Program Inventory:** documenting new and expanded dementia-related programs developed by each AAA through BDCC funding to understand what is available and to identify gaps to be filled.
2. **Survey Analysis:** gathering feedback from program participants and professional staff to assess changes in knowledge, skills, and support for people living with dementia and their caregivers. All survey findings are descriptive. Due to small sample sizes, tests for statistical significance were not conducted.

The evaluation drew on three main data sources: semi-annual reports and surveys.

1. **Semi-Annual Reports.** As part of their participation in the BDCC program, every 6 months each AAA submits semi-annual program reports detailing the range of BDCC-funded services and activities implemented.

   ALTCEW and NWRC began reporting in July 2022, with their first reports covering the period from January 1 to June 30, 2022. Reports included in this evaluation go through the period ending December 31, 2024, representing a total of six reporting periods. Three reports from O3A were reviewed with its first report covering the period from July 1 to December 31, 2023.

   Semi-annual reports served as a primary source of qualitative and quantitative data sources. In addition to capturing narratives and partnership development, the reports provided counts and descriptions of BDCC-funded activities, including the number of professional trainings, community education programs, and dementia-friendly services offered. This information was analyzed to develop the program inventory.

2. **Family Caregiver Survey.** Caregiver survey participants were identified using the GetCare database, a case management system used by the AAAs to document service delivery and client information. A list of 494 potential participants was generated based on their participation in dementia-related services. Survey recruitment began in August 2024 with mailed invitation letters, followed by telephone outreach. The survey remained open through September 2024. Surveys were conducted by phone, administered by trained interviewers. Sixty percent of eligible participants were reached (n=299), and 87 percent of those who responded participated in the survey (n=260). A small number of people living with dementia (n=18) also participated in the survey, but due to limited sample size, this study focused on family caregivers (n=242).

   The survey was structured into two parts: first, the participants were asked whether they had heard of or participated in BDCC-related services. Those who recalled participating in at least one program (n=150) were asked a second set of questions about the program's impact on their knowledge, attitudes, and caregiving skills.

TABLE 1.

Demographic Profile of Family Caregiver Survey Respondents (TOTAL=242)

CHARACTERISTIC	NUMBER*	PERCENT*
Area Agency on Aging		
ALTCEW	75	31.0%
NWRC	132	54.5%
O3A	35	14.5%
Age		
Less than 60 years old	66	27.3%
60-69 years old	58	24.0%
70-79 years old	77	31.8%
80 years old and older	37	15.3%
Gender		
Male	79	30.4%
Female	161	61.9%
Income		
Less than $25k	29	11.2%
$25-50k	47	18.1%
$50-75k	52	20.0%
$75-100k	24	9.2%
More than $100k	32	12.3%
Declined to answer	58	22.3%
Urbanicity		
Urban	48	18.5%
Rural	108	41.5%
Suburban	82	31.5%

* Sample size and percentages within a category may not add to total sample or 100 percent due to non-response and/or small numbers suppression.

3. **Staff Survey.** The staff survey was distributed online in August 2024 and remained open through October 2024. The survey link was shared by email with AAA staff, volunteers, subcontractors, and community partners involved in BDCC activities. A total of 205 individuals initially accessed the survey. A screening question limited the analytic sample to those who were engaged with an AAA as a staff member, a volunteer, or as a community partner at the time of the survey (n=175). Among the eligible respondents, 94 percent indicated that they had participated in BDCC training, resulting in a final analytic sample of 165 participants. This survey collected information on participation in BDCC activities, knowledge and attitudes about dementia, perceived impacts of training, and engagement in outreach, education, or community-building efforts. Table 2 contains a breakdown of the staff survey respondents.

TABLE 2.

Characteristics of Staff Survey Respondents (TOTAL=165)

CHARACTERISTIC	NUMBER*	PERCENT*
Area Agency on Aging		
ALTCEW	72	43.6%
NWRC	36	21.8%
O3A	57	34.5%
Employment Type		
AAA staff or volunteer	143	86.7%
Community partner or subcontractor	22	13.3%

Findings

This section summarizes BDCC program activities and outcomes during the evaluation period, from January 2022 to December 2024. Drawing from semi-annual reports and two surveys, the findings describe the types of programs offered and the experiences of caregivers and staff who participated. While some programs may have evolved since then, the findings provide a snapshot of implementation as of the close of the evaluation period.

Increased Availability of Early-Stage Dementia Support

The AAAs worked collaboratively with clients and communities to enhance availability of early-stage dementia support and raise public awareness about dementia. Their activities encompassed three primary categories: consultation services, early-stage dementia programming, and dementia education programs. Appendix table A1 provides a comprehensive inventory of programs offered by each AAA.

Expanded Consultation Services. BDCC funding enabled the AAAs to expand personalized consultation services. Dementia Care Specialists provided one-on-one support to people living with dementia and their families, addressing care planning, safety concerns, behavior management, and connections to local resources. For example, consultations often included tailored safety recommendations, referrals to community support, and collaboration with case managers and other providers. These consultations served as a critical entry point for families navigating an evolving dementia diagnosis.

In addition, the Staff Training in Assisted-living Residences—Caregiver program (STAR-C), a research-based intervention that trains caregivers to manage challenging behaviors, was offered in home- or phone-based sessions. The model included six weekly coaching sessions followed by four telephone check-ins. O3A also delivered the SHARE for Dementia program, which supported early-stage care planning and communication between people living with dementia and care partners through a structured six-week series. Participants identified care values, built support networks, and planned for future needs.

Building Early-Stage Dementia Programming. AAAs also offered group programs to reduce isolation and foster peer connection among people with early memory loss. These included Memory Cafes, monthly gatherings with refreshments and light activities, as well as unique offerings like improv classes, exercise classes, nature walks, and museum visits.

NWRC introduced an Early-Stage Empowerment Group, a meeting for people living with the early stages of dementia, to their portfolio of services. Using the Pathways to Well-Being with Dementia manual, the group created space for people living with dementia to discuss dementia-related topics while building peer support networks. Facilitators gained real-time insights into systemic challenges, such as difficulty obtaining a diagnosis or navigating support systems post-diagnosis. Participant feedback highlighted both the personal value of the group and the need for more frequent meetings.

ALTCEW's caregiver support group, serving remote communities north of Spokane, regularly drew over 50 participants, many of whom reported feeling isolated and unsure of how to support loved ones with dementia. Facilitators provided emotional support, peer connection, and referrals to services like the Alzheimer Association's helpline. These groups became critical resources for caregivers navigating challenges without strong local support networks.

Supporting Community Education Programs. Public education efforts were an essential part of the BDCC strategy. The AAAs hosted a variety of workshops and presentations on topics such as the early warning signs of dementia, communication strategies, caregiver tips, and legal and financial planning for future care. Events were held in libraries, community centers, senior hubs, and religious institutions, and were often tailored to meet the needs of local audiences. A notable example was the expansion of the Dementia Friends program, a global public awareness initiative that helps community members understand what it is like to live with dementia and how to offer support. The AAAs also hosted Dementia Friends Champion Trainings to equip community members to deliver Dementia Friends information sessions themselves. While the community education programs increased awareness, participation in rural communities varied, highlighting the ongoing need for relationship-based outreach strategies that reflect local dynamics.

Enhanced Training and Dementia Knowledge Among Professionals

The AAAs held 146 professional training sessions to improve dementia care skills not only among the AAA staff but also across a wide range of service providers. Each AAA offered topic-specific training sessions with a focus on real-world applicability. Across the three BDCC program service areas, training sessions covered key topics such as recognizing dementia symptoms, communication strategies, responding to behavioral changes, legal and financial planning, and culturally appropriate care.

Key Program Highlights for Professional Training

ALTCEW—Tribal Connect: This culturally responsive training brought together professionals from the NATIVE Project, Spokane Tribe, Kalispel Tribe, and Colville Tribe. Facilitated by ALTCEW's Tribal Liaison, the training focused on warning signs, communication, and culturally relevant resources. The event sparked follow-up collaboration with Tribal communities.

NWRC—Legal Training for Attorneys: NWRC offered a continuing legal education (CLE)-accredited course titled *What Every Attorney Should Know about Long-Term Care Benefits and Medicaid*. The training not only equipped more local attorneys to better serve clients affected by dementia but also strengthened referral pathways to BDCC, as evidenced by an increase in referrals from law offices afterward.

O3A—All Staff Training: O3A prioritized internal capacity building through an all-staff dementia awareness and skills training. Spanning eight hours, the training covered dementia fundamentals, behavioral expressions, communication techniques, caregiver challenges, and local resources. It reached all O3A staff across seven offices, including administrative personnel, as well as community partners such as Adult Protective Services and the Sheriff's Office. The training is now being institutionalized as an annual refresher and onboarding requirement for new hires.

Approximately two-thirds of training attendees were community partners and subcontractors, demonstrating the program's reach into the broader aging networks. Sessions emphasized inclusive practices and local relevance, with some offering continuing education credits to encourage professional participation. Table A2 in the appendix provides a comprehensive list of staff training programs offered by the AAAs.

Strengthening Community Partnership and Outreach

Through thoughtful relationship building efforts, the AAAs broadened their network of collaborators and increased visibility of dementia-related resources.

Development of New Partnerships. A major outcome of BDCC's community engagement efforts was the growth in cross-sector partnerships. In June 2022, the AAAs reported 29 partner organizations. By the end of 2024, that number had grown to 138, reflecting a rapid expansion in collaboration across multiple sectors and geographic areas. Figures 5 and 6 illustrate the geographic distribution of these partners in 2022 and 2024; each dot represents a physical partner location, while organizations without a physical site are not shown. Because O3A joined BDCC in 2023, its partner organizations are not included in Figure 5. Table 3 provides a breakdown of partnership growth by AAA.

The range of partner organizations reflects the broad reach of dementia-friendly work. Partnerships included aging and social services, dementia-focused organizations, transit agencies, legal service providers, research institutions, tribal and public health departments, and a variety of healthcare entities. First responders such as police, fire departments, and search and rescue teams were engaged, as were community institutions such as parks departments, arts and media organizations, faith-based groups, libraries, and educational institutions. Through these partnerships, the AAAs worked to embed dementia-friendly principles into organizational practices.

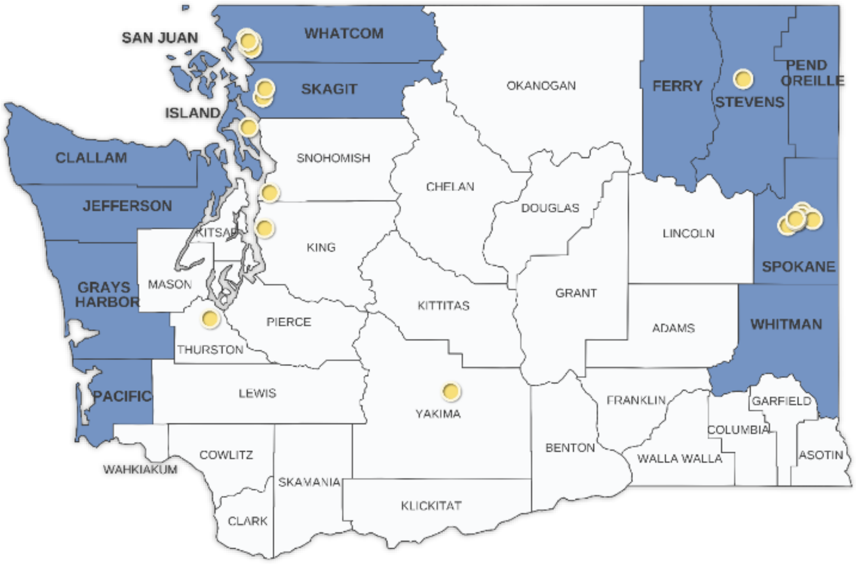
375% Increase

BDCC's community engagement efforts resulted in **over 100 new cross-sector partnerships** between 2022 and 2024.

FIGURE 5.

Location of Partners, June 2022

TOTAL = 29 partners



2022 JUNE 30

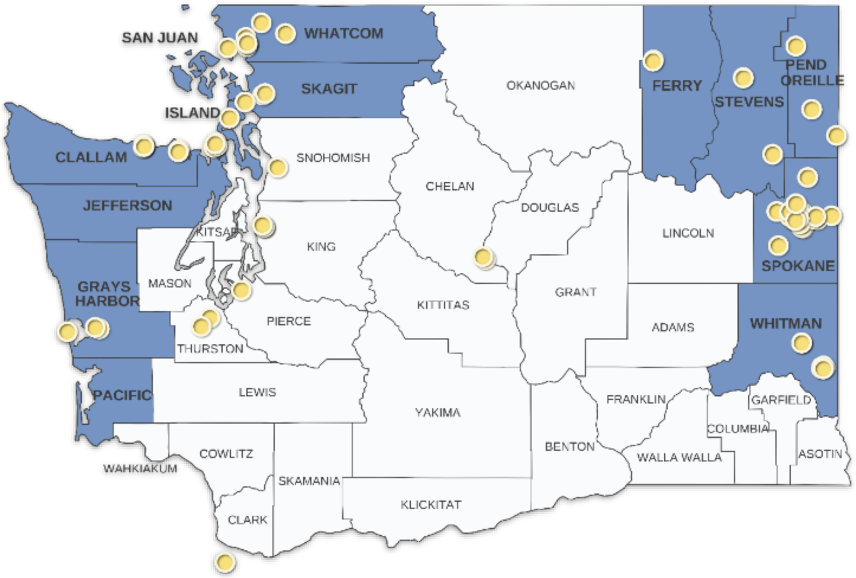
Number of Partnerships

AAA	
ALTCEW	17
NWRC	14
O3A	N/A
TOTAL	
Distinct Partner Organizations	**29**

FIGURE 6.

Location of Partners, December 2024

TOTAL = 138 partners



2024 DECEMBER 31

Number of Partnerships

AAA	
ALTCEW	81
NWRC	33
O3A	28
TOTAL	
Distinct Partner Organizations	**138**

Dementia Resource Catalysts played a central role in advancing this work. They visited partner sites to assess needs and deliver tailored training. For example, first responders received guidance on communicating with individuals experiencing memory-related distress. These customized approaches helped partner organizations build capacity in serving people living with dementia.

While the AAAs expanded partnerships across diverse sectors, building sustained collaboration with medical providers proved more difficult. Many providers cited limited time as reasons they could not engage further. Staff also noted that some providers were unaware of community-based dementia resources or uncertain about how to refer patients. This disconnect between community services and medical systems remains a persistent gap that BDCC has begun to address through targeted efforts.

Increasing Public Awareness through Outreach. Beyond direct partnership work, the AAAs implemented a wide range of outreach strategies aimed at raising awareness about dementia. These included the development and distribution of informational packets at clinics, aging service sites, and community events to ensure that individuals experiencing early memory changes receive timely guidance. Agencies also used newsletters, press releases, social media, and websites to make information more accessible for the public. BDCC staff presented at numerous conferences and resource fairs to further build momentum for dementia-friendly practices. Together, these partnership and outreach activities laid groundwork for more informed communities.

Impact on Family Caregivers and Professional Staff

95% of family caregivers credited BDCC with increasing their capability to provide support to their loved ones.

Caregiver Survey Findings: The family caregiver survey explored awareness of BDCC programs and the perceived impact of these services on caregiving knowledge, skills, and emotional well-being.

Overall, findings suggest that caregivers experienced meaningful benefits from participating in BDCC-supported programs, although awareness varied by service type.

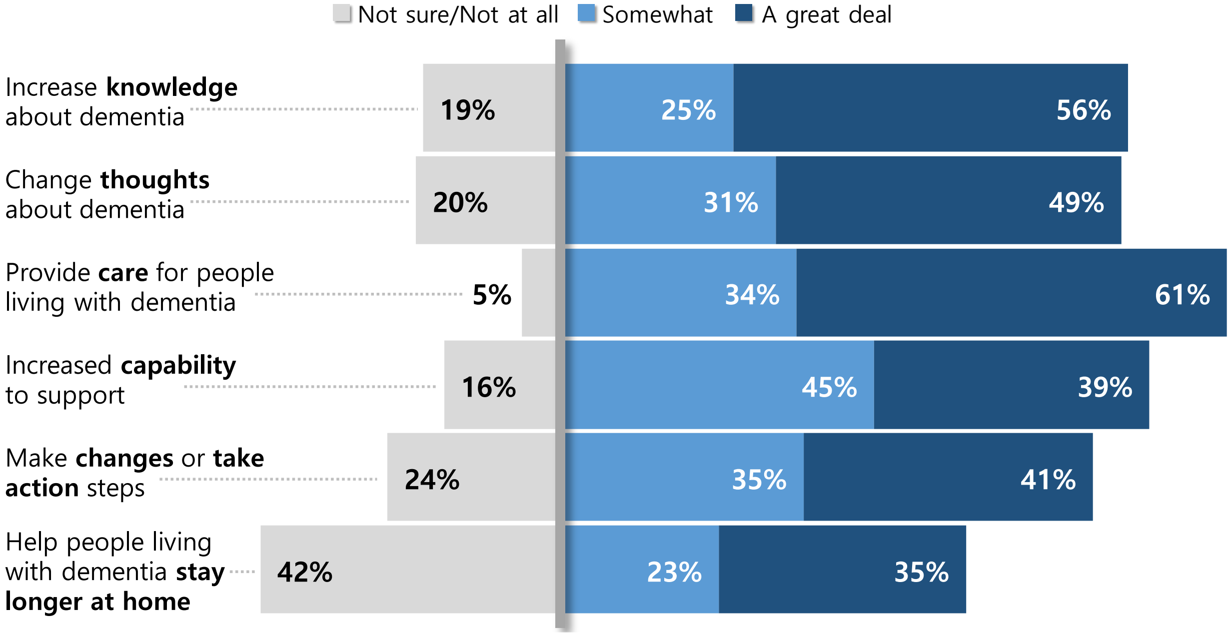
As shown in Figure 7, caregivers reported positive outcomes in three key areas:

1. **Knowledge and perspective:** 56 percent of respondents said the training greatly enhanced their *knowledge* of dementia, with another 25 percent reporting moderate improvement. Nearly half (49 percent) described a major shift in how they view dementia, and an additional 31 percent reported moderate shifts.
2. **Caregiving skills and confidence:** 61 percent of respondents reported that the training greatly *improved* their ability to provide care for a person living with dementia, with 34 percent noting moderate improvements. A combined 84 percent felt better equipped to support people living with dementia after receiving services.
3. **Prolonging home care:** 35 percent of caregivers reported a big impact on their ability to keep a person with dementia at home longer; 23 percent reported a moderate impact. While this area had slightly more moderate responses than other outcomes, this result reflects a highly valued benefit. Supporting people living with dementia to remain at home not only preserves their quality of life but also reduces emotional and financial burdens associated with institutional care. Given dementia's progressive nature, delaying institutional placement represents an essential and realistic objective, one that emphasizes the ongoing importance of caregiver support.

FIGURE 7.

Positive Outcomes Reported by Family Caregivers

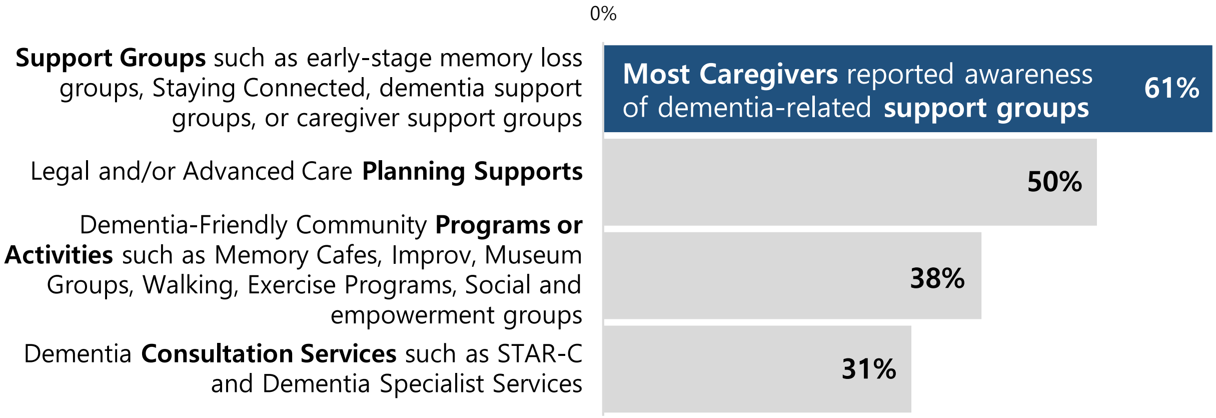
When asked if BDCC program trainings and services were helpful, most caregivers responded positively.



When asked about their awareness of specific BDCC programs, 78 percent of respondents reported awareness of at least one program. Respondents were familiar with, on average, fewer than two (1.7) specific services. Caregiver support groups (61 percent) and legal or advance care planning services (50 percent) were the most recognized, while awareness of dementia-friendly community initiatives (38 percent) and consultation services (31 percent) were lower (Figure 8).

FIGURE 8.

Recognition of BDCC Programs by Family Caregivers



Open-ended responses reinforced the positive outcomes reported by family caregivers, revealing three primary themes:

Theme 1: Emotional and mental well-being

Caregivers emphasized the emotional support derived from training and support groups, which promoted resilience, reduced stress, and mitigated feelings of isolation. Many participants expressed how emotional support translated into improved caregiving experiences. For example, one caregiver described gaining skills to prioritize personal well-being without guilt:

> ***"I just think I learned so much; one thing I learned was to live well for myself and to not feel guilty about not being everywhere at once."***

Another caregiver highlighted the enhanced communication fostered by support groups, noting,

> ***"The support groups for both of us have allowed us to deal with everything and understand how to go forward. I think communication with him has been very much improved. The training is powerful and helpful. They offer a lot of things we can do together that are enjoyable. During improv, I have heard many (not just my husband) say, "Why don't we do more of this?' "***

Another caregiver described support groups as a "lifesaver":

> ***"I'm in two caregiver support groups that have been a lifesaver for helping my wife, she doesn't speak anymore. The social contact really helps relieve my isolation."***

Theme 2: Practical caregiving skills

Caregivers reported learning actionable techniques for day-to-day caregiving challenges. Several caregivers credited the Staff Training in Assisted-living Residences—Caregiver program (STAR-C), for improving their caregiving skills. For example, one caregiver shared,

> ***"STAR-C helped me to develop a language model that has been more successful in my dealings with my dad. The legal resources have been functionally useful as well as educational."***

Another remarked:

> ***"Learning how to handle some of the hygiene and incontinence issues made it easier for me to care for her at home."***

Theme 3: Improved relationships with care receivers

Many described how improved communication techniques helped reduce conflict and foster more positive interactions. One participant reflected,

> ***"It helped me deal with my mother because we used to argue with one another. The class helped me be more patient and to be softer all around. I became more understanding, and I didn't necessarily agree with her, but I found out how to approach it."***

Another described how they learned to redirect their loved ones' attention to prevent conflict:

> ***"Looking at things that triggered my husband helped me to change his focus before he became reactive. I let him make a comment and I respond with agreement and then we can move on."***

Despite these positive impacts, caregivers identified areas of ongoing needs. Access to affordable respite care was a persistent concern, with many citing long waitlists or high costs.

Caregivers in rural areas also noted gaps in transportation and in-home support services. Middle-income caregivers expressed feeling excluded from programs primarily designed for low-income populations, suggesting the need for more expanded eligibility criteria.

Staff survey findings: The staff survey assessed the impact of dementia-related training on participants' knowledge, caregiving practices, and community engagement. The findings point to strong early gains in staff knowledge and growing confidence across the aging network.

99% of staff reported increased knowledge and capacity to support people living with dementia.

Training programs helped increase staff knowledge about dementia, with 70 percent reporting substantial knowledge gains and another 29 percent noting moderate improvements (Figure 9). Similarly, 58 percent indicated major shifts in attitudes towards dementia and those living with it, with another 34 percent noting moderate shifts.

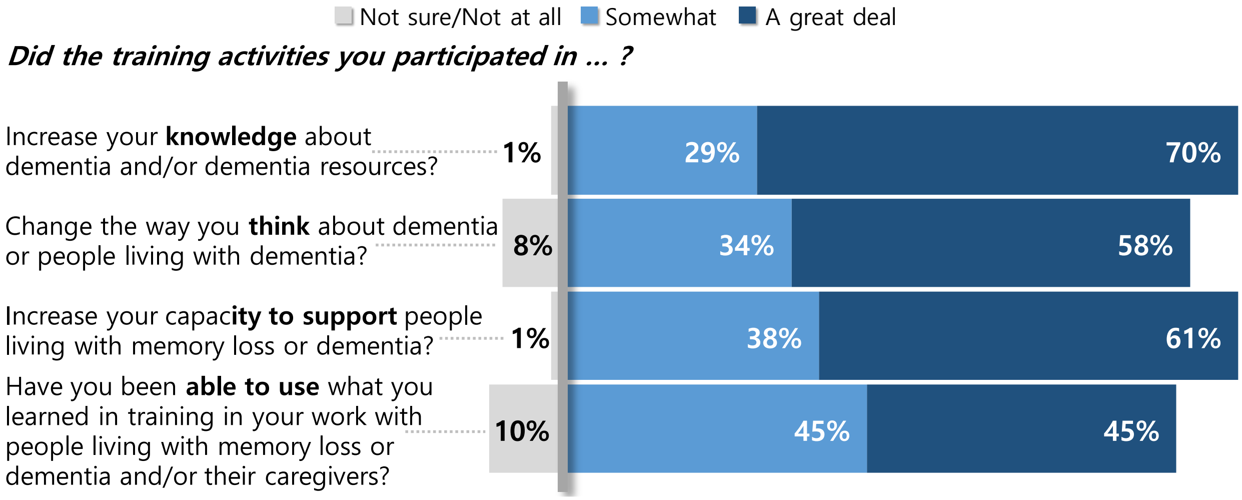
Sixty-one percent of staff participants felt that the training courses have greatly increased their capacity to support their clients, and another 38 percent reported a more moderate impact. Altogether, nearly all staff participants (99 percent) have become more dementia capable as a result of the training.

This knowledge was then translated into practice. Nine out of ten respondents indicated that they were able to apply what they learned in their work with people living with dementia and/or their family caregivers. About half (45 percent) reported applying their new knowledge and skills "a great deal," while the other half (45 percent) did so to a moderate extent.

FIGURE 9.

Impacts of Training Programs on Staff

Ninety percent of staff reported applying their dementia training on the job.

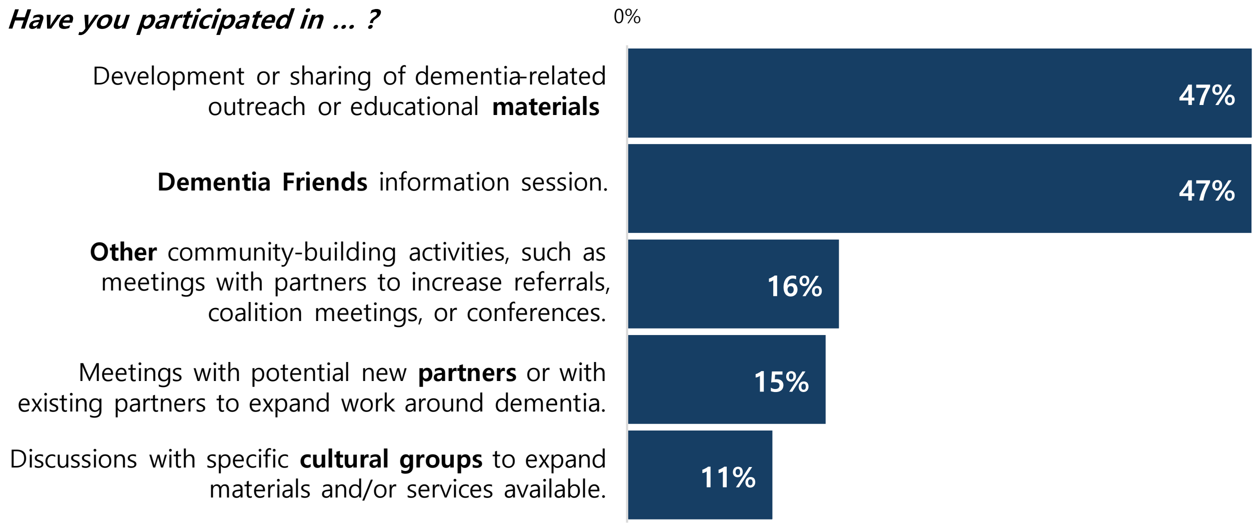


Upon participating in these training programs, staff took on broader roles in community-building (Figure 10), including developing or sharing dementia-related outreach or educational materials (47 percent) and participating in Dementia Friends information sessions (47 percent). Some staff members participated in community-building efforts such as meeting with new and/or existing partners to expand work around dementia (15 percent) and collaborating with cultural groups to adapt materials (11 percent).

These findings suggest that BDCC helped lay a foundation for broader systems change, even as much of the work remains in early stages.

FIGURE 10.

Community Building Efforts by Staff



Qualitative responses from staff further reinforced quantitative findings by underscoring three key impacts:

Theme 1: Increased knowledge and understanding of dementia

Staff shared how training expanded their knowledge of dementia. One respondent shared,

> ***"The education regarding dementia, as well as the stigmatization and physical effects, helped me be more empathetic and educated in my response to those with dementia."***

Another highlighted how the training raised their awareness of gaps in community support, noting,

> ***"I now understand the warning signs, progression, resource availability, and gaps in support within the community."***

This deeper awareness not only informed staff's perspective but also encouraged a more comprehensive approach to their roles.

Theme 2: Enhanced practical skills

Many respondents appreciated the focus on real-world strategies such as communication techniques. One staff member remarked,

> ***"The most helpful piece was learning additional tools to help caregivers communicate better with care receivers."***

Another emphasized how the training encouraged a tailored approach, saying,

> ***"It made me change my approach to meeting the client at their level rather than trying to approach them as I would non-dementia clients."***

Additionally, the focus on managing difficult behaviors was particularly valuable, as highlighted by one respondent:

> ***"Difficult behaviors can be managed with the right interventions."***

Theme 3: Improved interactions with clients

Beyond practical skills, training fostered greater empathy in working with people living with dementia. Respondents shared how these insights improved their interaction and overall effectiveness. One participant reflected,

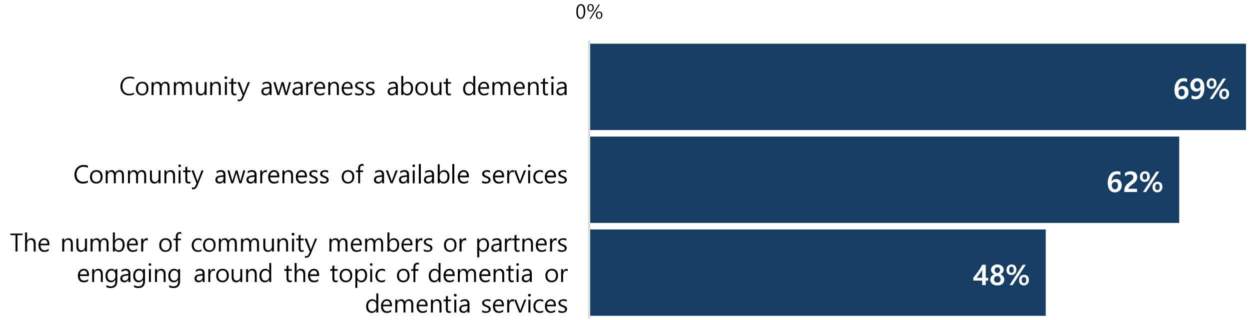
> ***"It really gave me great insights into the lives of people who have dementia. I think I am better able to recognize symptoms and will be able to react in a more beneficial way."***

Another remarked:

> ***"It reminded me to have grace and patience when interacting with clients with cognitive impairment or their caregivers."***

Finally, staff observed broader shifts at the community level (Figure 11). Nearly 70 percent of respondents felt that the program increased community awareness of dementia, and 62 percent noted a rise in awareness of available services. Additionally, 48 percent reported an increase in the number of community members or partners engaging around dementia-related topics, suggesting early momentum toward more dementia-friendly systems.

FIGURE 11.
Staff Observed Shifts in Community Awareness and Engagement



Discussion

Summary of Findings. Findings from this study suggest that the BDCC pilot program strengthened dementia capabilities of the communities served by the three participating AAAs. The program helped build out a more coordinated system of support, especially for those in the early stages of dementia and their care partners.

Family caregivers who engaged with BDCC services described meaningful benefits including a deeper understanding of dementia and enhanced caregiving skills, leading to greater confidence in supporting their loved ones. More than half reported that these supports made it possible to continue caring for family members at home, an outcome that aligns with both personal preference and broader policy goals.

At the same time, BDCC made inroads into professional education and public awareness. The program reached a wide range of community partners—from legal services and first responders to cultural and faith-based organizations. This broader approach helped frame dementia not only as a clinical issue, but as a community-wide concern that requires shared understanding.

Challenges. Despite these early gains, the AAAs experienced some challenges. Foremost among them was difficulty engaging healthcare providers, especially physicians and clinical staff. Although many providers expressed interest, time constraints often prevented collaboration. Meanwhile, caregivers expressed difficulty in obtaining timely diagnosis or guidance from medical professionals.

Reaching rural communities presented additional complexities. The program successfully expanded services into more remote areas. But some efforts were hindered by limited transportation options and distrust of "outsider" programs. Feedback from local stakeholders highlighted the importance of grassroots relationships, which take time and trust to build.

Limitations. As a pilot program, BDCC's impacts were still evolving at the time of this evaluation. Some initiatives were still being refined, and therefore, their long-term outcomes are not yet measurable. The surveys relied on self-reported recall of program participation, with some respondents reflecting on services they may have used as far back as 2022. This introduces the possibility of recall bias, particularly for those who participated earlier in the program. Also, differences in program naming and visibility across AAAs may have affected familiarity with specific services. Finally, small sample sizes mean that findings should be interpreted as illustrative rather than broadly generalizable.

Future Development. Looking ahead, the AAAs identified several priorities for building on this initial phase of work. They plan to expand evidence-based programs such as STAR-C and SHARE, while also investing in caregiver support groups and Memory Cafes. There is also interest in shifting the focus toward prevention. NWRC, for example, noted growing community interest in dementia risk reduction and brain health. At the same time, participants across regions raised concerns about the lack of appropriate crisis intervention support for people living with dementia.

To support these goals, the AAAs identified a clear need for additional staffing, deeper connections with statewide initiatives, and increased alignment with legal, health, and public health systems. Sustaining BDCC's impact will require ongoing coordination.

Conclusion. While this study reflects an early phase of implementation, it highlights how BDCC has begun to demonstrate how localized approaches can strengthen dementia support across communities. Its focus on building capacity, rather than delivering a fixed set of services, allowed each AAA to respond to the unique needs of its region, encouraging progress in caregiver support, professional training, and community engagement.

As Washington's population continues to age, the number of people living with dementia will grow; this will lead to increasing demand for community-based support. BDCC's early impact suggests that, with continued investment, communities can become better prepared to support families navigating the challenges of dementia.

TABLE A1.

List of Community Education Programs by AAA

ALTCEW

Consultations

- Dementia Care Specialist Services--Safety/Behavior
- Dementia Care Specialist Services--Complex Needs
- Dementia Care Specialist Services--Nursing
- STAR-C

Support Groups

- Deer Park Caregiver Support Group
- Newport Caregiver Support Group
- Spokane Downtown Caregiver Support Group
- Spokane North Caregiver Support Group
- Spokane South Caregiver Support Group
- Spokane Valley Caregiver Support Group

Dementia-Friendly

- Dementia Community Café
- Memory Café at the Inland Northwest YMCA
- Spokane Regional Dementia Friendly Community

Dementia Education

- 10 Warning Signs of Alzheimer’s
- Advancing the Science: The Latest in Alzheimer’s and Dementia Research
- Alzheimer’s Association Care Consultation/ I&R
- Cheney Caregiver Workshop
- Colfax Caregiver Workshop
- Colville Caregiver Workshop
- Communicating Effectively
- Dementia Conversations about Driving, Doctor Visits, Legal and Financial Planning
- Dementia Friends
- Dementia Friends Champion Training
- Effective Communication Strategies for Dementia Caregivers
- Healthy Living for Your Brain and Body
- Introduction to Alzheimer’s and Dementia
- Ione Caregiver Workshop
- Living with Alzheimer’s for Caregivers-Early-Stage Partners
- Living with Alzheimer’s for Persons with Dementia
- Living with Alzheimer’s: For Middle-Stage Caregivers
- Local Resources and Caregiver Supports
- Managing Money: A Caregiver’s Guide to Finances
- Pullman Monthly Caregiver Workshop
- South Hill Monthly Caregiver Workshop
- Staying Connected Series
- Supporting Those with Memory Loss Over the Holidays
- Understanding Alzheimer’s and Dementia
- Understanding and Responding to Dementia-related Behaviors
- Wellness Wednesday

Younger Onset Alzheimer’s

NWRC

Consultations

Advance Care Planning + Dementia
Dementia Care Specialist Services--Safety/Behavior
Dementia Care Specialist Services--Complex Needs
STAR-C

Support Groups

Camano Chapel Dementia Caregiver Support Group
Early-Stage Empowerment Group
Virtual-ISR Support Group
Sharing is Caring Support Group

Dementia-Friendly

Minds aLIVE!
Museum in Mind
Wonder Walks

Dementia Education

10 Warning Signs Alzheimer’s
Brain Health
Building Dementia Capable Emergency Services
Caring for the Caregiver
Dementia Behaviors
Dementia Friends
Dementia Legal Planning with Elder Law Attorney Barry Meyers
General Dementia Education
Health Aging from a Neurophysical Perspective
Let’s Talk Dementia
More than a Senior Moment: Considerations on Brain Changes and Aging
Open Hearts, Changing Brains
Understanding Alzheimer’s

O3A

Consultations

Dementia Care Specialist Services--Safety/Behavior
Dementia Care Specialist Services--Complex Needs
SHARE
STAR-C

Support Groups

Early Memory Loss Support and Empowerment Group

Dementia-Friendly

Memory Café

Dementia Education

Dealing with Dementia
Grief and Dementia
Understanding Dementia

TABLE A2.

List of Professional Trainings by AAA

ALTCEW

10 Warning Signs and Falls
ALTCEW Dementia Programs
ALTCEW Monthly Training
Alzheimer's Scenario Discussions
Beyond Surviving: Advancing Rural Dementia Friendly Communities
Building Dementia Capable Communities
Cheney Professionals Training Series
CMS Long Term Servies and Supports Webinar
Colville Professionals Training Series
Communication and Dementia
Deer Park Professionals Training
Dementia and Communication Skills
Dementia and Life Enrichment
Dementia Behaviors Parts 1 and 2
Dementia Friends
Dementia Friends and Risk Reduction
Dementia Services and Supports
Dementia Warning Signs and Resources
Dementia Week: Communication Mini-Training
Dementia Week: Dementia Library Tour
Dementia Work in Eastern Washington
Dementia: Types and Progression
First Responder/Designated Crisis Responder Training
Healthy Aging and Falls Prevention Coalition
Healthy Brains: Discussion of Dementia Risk factors
Joy for All Robotic Pet Trainings
Legal Issues and Dementia
Library-Specific Training
Local and State Resources
Moran Prairie Professionals Training Series
North Spokane Professionals Training Series
NW Rural Health Conference - Aging Health/Working with Tribes Healthcare Professionals: First Responders for Better Health Outcomes
NW Rural Health Conference – Dementia Training for All First Responders and Health Care Professionals
NW Rural Health Conference – Healthy Aging in Rural Regions: ALTCEW Programs, Services and Resources for Dementia and Alzheimer's
NW Rural Health Conference – Multicultural Healthy Aging and Working with Diverse and Rural Communities
Pathways East Monthly Training Series
Planning and Management Council
Reducing the Risk of Dementia

Resources for Dementia and Alzheimer's
RN Care Navigator Inservice
Self-Care for Care Partners
Spokane Regional Dementia Friendly Community
Statewide Training for Designated Crisis Responders
Strengths-Based Dementia Care
Supporting Someone with Dementia During the Holidays
Symptom Mimicry: Let's Talk about Symptoms, Not Dementia
The Key to a Joyous Holiday
Tribal Connect
Types of Dementia and Year Review
Understanding Alzheimer's Disease and Dementia
Understanding and Responding to Dementia Behaviors
Understanding Dementia Behaviors
Warning Signs of Dementia
Working with Tribal Communities

NWRC

Advance Care Planning
Advance Care Planning + Dementia
Ambiguous Loss and Grief in Dementia
Dementia Friends Information Session
How/When to Refer to Dementia Support Program
Intro to Dementia
Long Term Care Benefits and Medicaid- Training for Attorneys on Medicaid Planning
New Guardianship Laws
Positive Approach to Care (PAC) Training
Presentation on Dementia Support Program
Safety and Dementia
Support Group Facilitator Training Resource Sharing
Typical/Atypical Aging

O3A

Dementia Awareness and Skills Expansion Training
Dementia Friends
Dementia Friends Champion Training
Dementia: Diagnosis/Testing, Stages, Trends and Hot Topics
Understanding Dementia

TECHNICAL NOTES

Dementia Prevalence and Forecast Estimates

- Dementia prevalence estimates are based on Medicare fee-for-service (FFS) beneficiaries in Washington State, using diagnosis data from 2013-2018 claims. The analysis includes beneficiaries with at least six months of FFS Medicare enrollment in both calendar years 2017 and 2018 (approximately 675,000 individuals).
- Dementia was defined broadly to include Alzheimer's disease and related disorders (e.g., vascular dementia, unspecified dementia). Diagnosis fields from inpatient, nursing facility, home health, hospice, and carrier claims were reviewed for indicators of dementia.
- This claims-based methodology supports more accurate prevalence estimates, particularly for groups underrepresented in surveys.
- Forecasts of future dementia prevalence were developed by applying observed prevalence rates to population projections produced by the Washington State Office of Financial Management (OFM).
- The data presented in this report reflect currently available projections. Revised forecast data will be available in late 2025.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