

Dementia Action Collaborative Annual Report 2025

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Social and Health Services

Home and Community Living Administration

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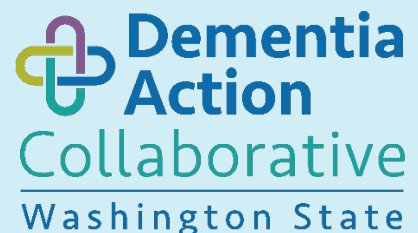


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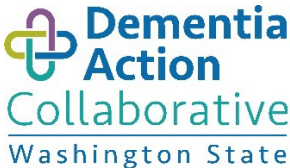
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Executive Summary

In 2025, around 155,630 people are living with Alzheimer's disease or other dementias in Washington. By 2040, that number is expected to be more than 270,000. The progressive nature of dementia, its long duration, and its effects on memory, self-care and decision-making create challenges for individuals and families. While caring for a family member or friend living with dementia can be rewarding, it can also be difficult and some caregivers experience stress, isolation, depression, health risks and financial strain. Currently, there are more than 254,000 unpaid family care partners of people living with dementia in Washington.

Dementia, including Alzheimer's disease, is one of the costliest chronic conditions. There is no cure for Alzheimer's disease and other dementias, though research is revealing ways to reduce risks for dementia, slow the progression and improve the experience of living with dementia. Early detection and diagnosis provide opportunities to address treatable changes in memory and thinking, allow for better management of comorbidities to help avoid unnecessary hospitalizations or emergency room visits, and offer individuals and families time to make legal, financial and advance care plans.

The Dementia Action Collaborative ([DAC](#)) in implementing the [Washington State Plan to Address Alzheimer's Disease and Other Dementias](#) works towards seven high level goals. The DAC calls upon public health, health care and the long-term services and support systems to coordinate in supporting early detection and diagnosis, identifying and treating chronic conditions and to address potentially modifiable risk factors.

This Annual Report 2025 shares accomplishments and work underway, including:

- Federal grant to reduce potentially modifiable risk factors for dementia and increase the number of primary care providers skilled in detecting and diagnosing cognitive impairment.
- More people and communities becoming aware of dementia, dementia resources and the value of an early diagnosis and early action steps.
- Collaborative efforts of state agencies, community partners, and advocates to make Washington [Age- and Dementia-Friendly](#).
- Promoting early legal and advance care planning actions by coordinating with [volunteer attorneys](#) across the state.
- A promising program evaluation of the Building Dementia Capable Communities pilots in Area Agencies on Aging.
- Initiation of 46 and completion of 23 recommendations from within the updated Plan.

This Annual Report 2025 also describes challenges, opportunities, and recommendations for legislative response including (1) full funding for the Building Dementia Capable Communities programs and (2) support of multisector planning for aging and longevity.

Projected increases in the number of people living with dementia call upon us to amplify our efforts to improve access to and the dementia-capability of all our systems of care and support while elevating our focus on health disparities and equity. The only way forward is continued attention, focus, and collaboration. The DAC benefits from its broad array of committed cross-sector partners and hopes to continue its strong relationship with the state legislature as we address this enormous challenge.

Dementia Action Collaborative Overview

The Dementia Action Collaborative (DAC) is a group of public and private partners that is committed to preparing Washington state for the increasing number of people living with dementia. This group of partners was originally known as the Alzheimer's Disease Working Group (2014-15). When the first Plan was published in 2016, they transitioned to the Dementia Action Collaborative (DAC) name and worked voluntarily to implement the original state dementia Plan.

Legislation in 2022 charged the DAC to update the roster of Governor Appointee members and the state Plan itself. RCW 43.20A.885, also directs the Secretary of the Department of Social and Health Services (DSHS) or designee to convene the DAC, act as co-chair and submit all reports. This designee is the Assistant Secretary of the Home and Community Living Administration (HCLA), formerly known as Aging and Long-Term Support Administration (AL TSA).

Operationally, DAC is managed by a Plan Coordinator, from HCLA, and is supported by staff from the Department of Health (DOH) and Health Care Authority (HCA). This DAC staff team works collaboratively to support DAC subcommittees as they implement prioritized recommendations from the plan and recommendations that fall within their agency purview. The DAC also includes additional subject matter experts who participate as members on a voluntary basis. Members include representatives from multiple sectors including health care, long-term care, public health, legal aid, academia, advocacy organizations and the public (those living with dementia and care partners).

7 High Level Goals

The Dementia Action Collaborative (DAC) refreshed the seven goals identified in the original dementia Plan. Each of the goals has 3-10 strategies, and each strategy has multiple recommendations or action steps. This structure results in a numbering system in the Plan which you will see referenced throughout this report. For example, 1A1 refers to an action in goal 1, strategy A, recommendation 1. For reference, see the Plan here: [Washington State Plan to Address Alzheimer's Disease and Other Dementias](#)

1. Increase **public awareness**, engagement and education
2. **Prepare communities** for significant growth in the population living with dementia
3. Promote **well-being and safety** of people living with dementia and their family caregivers and care partners
4. Promote equitable access to comprehensive, culturally relevant **support for family caregivers** and care partners
5. Promote **risk reduction and evidence-based health care** for people at risk of or living with cognitive impairment and dementia
6. Increase equitable access to culturally relevant, **dementia-capable long-term services** and supports
7. Facilitate **innovation and research** related to risk reduction, causes of and effective interventions for cognitive decline and dementia

Accomplishments 2024-2025

This is the second year working to implement the goals, strategies and recommendations of the updated Plan. Progress in taking on these many actions is offered below.

Progress at a Glance

The original Plan resulted in the funding and/or development of several priority statewide initiatives. These initiatives are ongoing and continue to evolve their actions based on lessons learned and respond to needs. The ‘already funded’ and continuing statewide initiatives are shared first.




Funded or Statewide DAC Initiatives - Ongoing

Project ECHO Dementia

Project ECHO Dementia is a learning and tele-mentoring model in which front-line primary health care providers throughout Washington state meet in a virtual conference room with an interdisciplinary panel of experts in memory loss and dementia. Hosted by the University of Washington Memory and Brain Wellness Center, Project ECHO Dementia is offered two times a month and includes a brief, clinically oriented didactic followed by case-based learning where everyone is both a teacher and a learner. This program is offered free to clinicians and provides Continuing Medical Education credits.

Originally launched in 2020, this program has, as of May 2025, provided 2,250 hours of training to 278 different clinicians across Washington state. During the 2024-2025 CME period, there have been 65 new attendees to Project ECHO Dementia, representing 23 unduplicated clinics. Additionally, interest in Project ECHO Dementia has shown steady growth with 18 requests to join the Project ECHO Dementia community in 2025 alone. These levels of growth far exceed the goals outlined in the proposal for Project ECHO Dementia to add 10 providers annually.

Project ECHO Dementia has been featured in presentations at multiple conferences in 2025 thus far, including the Dementia Innovation Summit and Northwest Rural Health Conferences; the latter of which was a joint presentation with the Cognition in Primary Care program. The Project ECHO Dementia Co-leads, Kristoffer Rhoads PhD and Nancy Isenberg MD, MPH, FAAN, DipABLM have also applied to present at MetaECHO, an international conference recently postponed for a later date. Subject matter



experts of the Project ECHO Dementia Hub regularly present and discuss this program at local, regional, national, and international conferences.

Despite positive outcomes to date, Project ECHO Dementia leaders have consistently encountered administrative and financial barriers to clinician participation and realize a need to incentivize participation, particularly in areas of limited access to health care and specialists and/or where patients and families are disproportionately affected by dementia. To address these challenges, Project ECHO Dementia has partnered with Cognition in Primary Care under guidance from the Centers for Disease Control's BOLD Grant to offer grants to Federally Qualified Health Centers, Rural Health Centers, and similar clinic systems for their involvement in one or both programs. Participating grant recipients will be involved with Project ECHO Dementia and/or Cognition in Primary Care for a year and collect and submit identified data points to assess the impacts of each program over this period.

The DAC requested a modest increase for Project ECHO Dementia this legislative session to account for increasing costs since 2019 and the need to fund creation of Enduring Materials, but this request was not successful.

- Plan Recommendations 5J1, 5J2, 5J3, 5J4
- \$226,000 state funds per year supports UW Neurology/Memory and Brain Wellness Center for Project ECHO Dementia
- Learn more at: [Project ECHO Dementia](#)

Dementia Friendly WA Learning Collaborative


The UW-MBWC, leveraging the Project ECHO Dementia platform, launched the Dementia Friendly Washington Learning Collaborative to inspire, equip and support expansion of dementia-friendly programs and community efforts by sharing with and learning from other individuals and organizations across the state.

In 2024 - 2025, the Learning Collaborative focused on best practices in dementia-friendly programming for partners across Washington. By the end of this year, we will have offered a total of 10 monthly learning opportunity sessions. UW staff worked this year with the Age- and Dementia-Friendly Washington Advisory Group to develop a workflow and guidance materials to be used in orienting and onboarding new communities as they engage to become more “dementia-friendly”. Additionally, UW is spearheading the fourth, and first “in-person”, Dementia Friendly WA conference in October 2025.

- Plan Recommendation 1B2
- Leverages Project ECHO Dementia platform, and in-kind UW and partner staff (no additional state funds beyond what is included for Project ECHO Dementia)
- Learn more at: [Dementia Friendly Washington Learning Collaborative](#)

Dementia Public Awareness Campaign Messages for Communities

The Department of Health (DOH) receives state funds to develop digital awareness campaign materials and strategies to support state Plan messaging around the importance and value of early detection of cognitive impairment, diagnosis and early planning, including tailored messaging for racial and ethnic groups at increased risk of dementia. In prior years, contracted media companies have conducted insight



interviews and focus groups in Black, African American and Latino communities to determine culturally appropriate outreach strategies and develop tailored messages and materials.

In 2024/25, the DAC Campaign Workgroup, led by DOH, hired a communications contractor to do the following:

- Develop a message and creative piece (30 second video) focusing on Black/African American communities in Washington.
- Develop a media buy plan to share the new video and to continue to promote videos made in the previous years, for the Latinx and Black/African communities. The media buy aims to reach households in these Communities with at least one adult over the age of 65. The message takes into the account the importance of culturally relevant messaging for older adults in these communities. The media content will air across multiple streaming platforms, including pre-roll, connected TVs and display banner ads to ensure broad geographic reach across all counties in Washington. The campaign will run for the month of June 2025, after which a review will be conducted to assess reach and effectiveness.
- Plan Recommendation 1C1
- \$150,000 state funds per year supports WA state DOH in public awareness campaign efforts
- Learn more, and see campaign materials, at: doh.wa.gov/memory

Dementia Friends

The Dementia Friends global public awareness movement is changing the way people think, act and talk about dementia. The University of Washington Memory and Brain Wellness Center is the designated lead in Washington state, on behalf of the Dementia Action Collaborative.

The Dementia Friends program continues to grow and raise awareness across the state - with four new counties participating and a 65% increase in new Dementia Friends so far in FY 2025 (as of early June). The Dementia Friends program now has partners in 29 counties, offers materials in five languages (English, Spanish, Mandarin, Russian, Vietnamese), and is actively developing a youth-focused curriculum.

The program has, as of June 30, 2025, informed and engaged nearly 5,000 community members across Washington to be Dementia Friends, meaning they now have a greater awareness and understanding of dementia and how to help someone living with it. The program continues to seek out partnerships in the remaining counties of the state and is planning to bring on at least 2 new regional partners, expand the use of current translations, make 1 additional translation available for use, connect with rural and underserved communities, and reach a cumulative goal of 7,000 Dementia Friends by the end of 2025.

- Plan Recommendation 1B3
- \$100,000 state funds per year supports UW Neurology/Memory and Brain Wellness Center for Dementia Friends expansion.
- Learn more at: [Dementia Friends Washington](https://dementiafriends.washington.edu/)

Dementia Legal Planning Program

This Dementia Legal Planning (DLP) program promotes early legal and advance care planning by offering free assistance to complete powers of attorney for finances and health care, health care directives, and dementia directive forms. It serves people age 60+ and people living with dementia of any age. Provided by the Washington Pro Bono Council, the program provides consumer information, education, and outreach on the topic, and can match eligible clients with attorneys for one-to-one assistance with trained volunteer attorneys. The DLP program utilizes and works to increase awareness of the DAC developed [Dementia Legal Planning Toolkit](#) to educate, inform and provide the forms to complete legal and advance care planning documents.

Building on community partnerships with the Elder Law Section and Corporate Counsel Sections of the Washington State Bar Association, the DLP program offers training and in doing so has increased their volunteer attorney knowledge, recruitment and retention. The program has (as of June 2025) 40 volunteer attorneys from around Washington who are trained and ready to provide pro bono attorney services to DLP clients across the state.

Reaching potential clients to be aware of the program and to understand the importance of completing legal forms requires significant and ongoing program staff time and effort. The most effective outreach has been presentations and/or presence at community events and resource fairs. Between January 2024 and mid-June 2025, 46 outreach events were conducted, these were a mix of presentations, community partner presentations, tabling and senior focused resource fairs. In addition, the DLP program maintains both a website and a call in/hotline for assistance in which people who have heard about and are interested in getting help can be matched with a volunteer attorney. Overall, the program made contact with 1,850 people this year to support them in completing their legal and advance care planning documents. This year also included translation of the Dementia Legal Planning Toolkit into Spanish.


The DAC requested a modest increase for the Dementia Legal Planning Program this legislative session to account for increasing costs since 2019, but this request was not successful.

- Plan Recommendations 1D2, 1D3, 1D4
- \$113,000 state funds per year to HCLA which contracts out to run the program that promotes early legal and advance care planning for dementia.
- Learn more at: [Dementia Legal Planning Program](#)

Building Dementia Capable Communities

The Building Dementia Capable Communities (BDCC) program (also known as the Dementia Resource Catalyst program) is designed to: support people living with dementia, including those in early stages, to stay active, socially engaged and in their own homes; support family caregivers so they can stay healthy and continue to help their loved ones with dementia; increase the dementia-capability of Area Agencies on Aging (AAAs), Family Caregiver Support Programs (FCSPs) and aging network partners; and promote efforts to build Dementia Friendly Communities. Currently, three AAAs are receiving funds to demonstrate this program.

With two BDCC AAAs starting in SFY 2022 and a third in SFY 2024, the Home and Community Living Administration (HCLA) worked with DSHS Research and Data Analysis to perform a formative program



evaluation in 2024. Findings from this evaluation, including a phone survey with family caregivers and an online survey with staff include the following:

- **Expanded availability to early-stage dementia support.** BDCC increased the availability of early-stage dementia programs, including consultations, support groups, and dementia-friendly activities.
- **58% of family caregivers credit BDCC services with helping them prolong home care for their loved ones, and 95% reported the training or services improved ability to provide care.**
- **Enhanced professional knowledge and capacity.** BDCC improved dementia care knowledge and skills among AAA staff and community partners. **99% reported** increased capacity to support people living with dementia.
- **Strengthened community partnerships.** BDCC fostered new partnerships and deepened existing ones. There was a **375% increase** in the number of partnerships between 2022 and 2024.

The final, full evaluation report is available in at <https://www.dshs.wa.gov/ffa/research-and-data-analysis>

The DAC requested this past legislative session for the current allocation of funds for the three BDCC sites be sustained (\$2,250,000 for the biennium). While \$1.5 million for the biennium was allocated, this was directed to be spread across 3 sites. The result is a reduction of \$250,000 per site over the biennium. (See Recommendations in last section)


- Plan Recommendations 4D1, 6B2
- Originally, \$1.5 M state funds supported the first two AAAs to operate Building Dementia Capable Communities programs on an ongoing basis. Another \$375,000 per year/\$750,000 per biennium (SFYs 2024 and 2025) supported the third AAA project, and \$59,000 per year for SFY 2024/25 supported formative evaluation.
- Currently, \$1.5 M state funds is allocated for the biennium (SFY 2026 and 2027) to support all three BDCC sites.

BOLD Grant

The WA State Department of Health (DOH) was awarded a Centers for Disease Control (CDC) and Prevention Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act grant. This 5-year CDC grant began in October 2023 and provides \$450,000 per year. This grant was made possible due to the existence of the DAC and the work done to implement the goals, strategies, and recommendations of the *WA State Plan to Address Alzheimer's Disease and Other Dementias*.

The focus of the BOLD grant is to increase awareness and understanding among the public (including populations of high burden), providers, and other professionals of Alzheimer's Disease and Related Dementias (ADRD) corresponding to primary, secondary, and tertiary prevention. The grant will address the social determinants of health (SDOH) to achieve health equity goals including but not limited to the improvement of community-clinical linkages among health care systems and existing services, public health agencies, and community-based organizations.

This federal funding helps the DAC build upon our current Plan work, rooted in equity, to increase awareness of the importance of a timely and accurate diagnosis and planning, by partnering with the



University of Washington to provide grant funds to Federally Qualified Health Centers and Rural Health Clinics to implement ADRD training for their clinicians, strengthen referral resources to support those living with dementia and their care partners, and to implement sustainable practice changes. The BOLD grant will also further the work of Project ECHO Dementia and the work of the DAC Health and Medical subcommittee to ensure more health care providers understand how to diagnosis dementia and are more confident in their ability to do so and know about available resources to support individuals and their care givers. In addition, grant funding is being used to support community and faith-based organizations, as trusted messengers, to provide education about ten potentially modifiable risk factors related to dementia and actions individuals and communities can take to help maintain brain health.

A contractor, experienced in communications and curriculum development, worked in partnership with the DAC and past pilot facilitators to create training materials and curriculum, titled Brain Health & Dementia Awareness in Our Communities, for both community and faith-based organizations to utilize when sharing the messages about the importance of an early and accurate dementia diagnosis and planning, and how to take action on the potentially modifiable risk factors. This work builds upon past campaign work focused on the Black and African American and Hispanic/Latinx communities.


- Related to Plan Recommendations 1C1, 1C2,1E1, 4E1, 5A1, 5C3, 5J2
- Federal BOLD grant funds at DOH, in the amount of \$450,000 per year

Age- and Dementia-Friendly Washington Initiative

Age-Friendly communities consider goals that promote high quality of life for each person regardless of age, allowing older people the opportunity to remain active in their community. Age-Friendly designation comes with acceptance into the [AARP Network of Age-Friendly States and Communities](#). Dementia-Friendly communities promote awareness of dementia, educating residents about how to best support people living with dementia and introducing systemic changes within businesses, government, and neighborhoods. Dementia-friendly designation comes with acceptance into the [Dementia Friendly America Network](#).

DAC state agencies, supported by a consultant hired at DOH, collaborated over the last couple years to assess the interest in and next steps needed to become an Age- and Dementia-Friendly state. Gaining the support of Governor Inslee, Washington was subsequently designated as an Age-Friendly and Dementia-Friendly state in May 2024 by AARP and USAging. This designation is a first step to launch new actions. Other states, such as Massachusetts and California, leveraged their Age- and Dementia- Friendly designations to build a robust and community-led Multisector Plan on Aging (MPA).

A core team was formed with ten members, representing the University of Washington Memory and Brain Wellness Center, AARP Washington, Washington Association of Area Agencies on Aging, Age-Friendly Seattle, Washington State Health Care Authority, Department of Health, and the Department of Social and Health Services. In early 2025, a fifteen-member Advisory Group was also established, with public and private partners from a variety of sectors including transportation, housing, food security, recreation, health care, senior centers and other community organizations. Two Advisory Group meetings were held this year. In February 2025, the first Age- and Dementia- Friendly Washington newsletter was distributed to build



awareness, interest and momentum. And the core team has developed a guidance document for community partners to engage in this effort.

Currently underway is the development of a statewide survey, planned for launch by fall 2025. The survey findings will be used to inform the next phase – development of an action plan to be submitted to AARP and USAging and a Multisector Plan on Aging (MPA). See next section.

Multisector Plan for Aging

As Washingtonians live longer and healthier lives, we gain from their knowledge and can learn from their examples of aging well. Our communities and systems of support, though, are not prepared to meet the specific needs of this rapidly expanding older adult population.


The number of older adults is growing dramatically. By 2040, the number of Washingtonians aged 65 and older will almost double while the number aged 85 and older will triple. At the same time, aging looks different than it did in previous decades. As people live longer and remain active into their 80s and even their 90s, more older adults will experience economic instability, food insecurity, and a lack of access to affordable housing and transportation options unless policies are put in place to address these gaps.

These demographic shifts create both challenges and opportunities for our state and Washingtonians. We must be proactive in anticipating changing needs and strengths of older adults – there is a need to innovate and encourage community integration and engagement, multi-generational activities and to expand our strategies, systems, and technologies to support our clients and workforce.

The Department of Social and Health Services in collaboration with the Department of Health, Health Care Authority and community partners participated in a national Center for Health Care Strategies (CHCS) multi-state learning collaborative in 2023-24 to learn about multisector planning for aging. In addition, DSHS, in collaboration with above partners, hosted the [Aging and Longevity Summit](#) in May 2024. State leaders and advocates gathered in Tacoma on May 22, along with Governor Inslee. The Summit included a look at past accomplishments and current state of long-term services and supports here in Washington and featured discussions about improving the quality of care and life for Washingtonians as they are living longer. Key topics also included the need to reframe aging, address ageism and foster a multisector strategy. The Summit introduced the emerging policy approach being encouraged and employed across the country – development of Multisector Plans for Aging (MPA).

What is an MPA? A multisector plan for aging (MPA) is a cross-sector, state-led strategic planning tool that can help us transform the infrastructure and coordination of services to address the needs of older adults and people with disabilities. It is a road map to support healthy aging and longevity for the future that includes additional private sector partners, such as housing, transportation, business, banking and employment.

As mentioned in the prior section, the Age- and Dementia-Friendly State initiative represents movement towards a MPA – helping to identify multi-sector partners in varied sectors across the state and to begin identifying priority areas of need, challenges and possibilities. According to [national MPA partners](#), while not strictly required, an MPA benefits from either an Executive Order or legislation. Such actions create



buy-in and upper-level support for the development of the plan. Most states that have enacted MPAs have used one or the other.

To move in this direction, DSHS and Age and Longevity partners are collaborating to maintain momentum and increase awareness of the MPA strategy and considering approaches for authorization of an MPA.

In the 2025 legislative session, DSHS requested funding that would provide staff and some logistical support for the development and implementation of an MPA. While the concept was considered important, the current budget constraints did not allow for this. (See Recommendations in last section)

- Plan Recommendation 2B4
- Work to date has been supported through in-kind support and collaboration

Recommendations Initiated and Completed

Multiple recommendations were included in the ongoing funded and statewide activities above (some of those represent ongoing work and some are new parts of larger efforts). In addition, the recommendations below have been prioritized by DAC members and identified as new work in 2024 or 2025. The status of each recommendation is indicated as follows:

- ☐ Recommendation initiated, work in process
- ☒ Recommendation was completed

1A1: Develop a communication plan and strategy to sustain an up-to-date compilation of Dementia Action Collaborative (DAC) resources and information.

- ☐ The project team is developing communication plans for many of the tools and resources the DAC has developed throughout the years. The Dementia Legal Planning Toolkit (DLPT) is the first resource selected to promote. Work is underway to develop a plan to share this resource and encourage Washingtonians to engage in legal and advance care planning.

1B2: Increase awareness of models of stigma-free, dementia-friendly communities, places and events (e.g., Alzheimer's Cafes) to combat stigma and increase societal acceptance and integration.

- ☒ The Dementia-Friendly Washington Learning Collaborative offers almost monthly sessions, focusing on innovations and best practices in dementia-friendly programming. By the end of the year, we will have offered a total of 10 monthly sessions of the Dementia-Friendly Washington Learning Collaborative. **ONGOING**

1B3: Increase awareness of dementia and available resources by engaging public and private ‘champions’ including faith, business community leaders, educators and health professionals to deliver the Dementia Friends public awareness program. Expand the reach of campaigns by identifying and engaging partners that reach and serve diverse communities and partners that are not a part of the traditional service system.

- ☑ The Dementia Friends program continues to grow and raise awareness across the state – the program now has partners in 29 counties, offers materials in five languages (English, Spanish, Mandarin, Russian, Vietnamese), and is actively developing a youth-focused curriculum. More details were shared earlier in the section on Accomplishments. **ONGOING**

1C1: Increase and broaden the current DAC public awareness campaign

- ☑ In 2024/25, the DAC Campaign Workgroup, led by DOH, hired a communications contractor to develop an educational message and creative piece (30 second video) focusing on the Black/African American communities, to plan and execute a media buy to share the new video, and continue to promote videos made in the previous years, for the Latinx and Black/African American communities. More details were shared earlier in the section on Accomplishments. **ONGOING**

1C2: Identify and advocate for funding to Community and Faith-Based Organizations to act as trusted messengers in their communities to build partnerships and promote and share the DAC public awareness campaign highlighting the importance of early detection, diagnosis and planning.

- ☑ The BOLD grant provides the opportunity for DAC and DOH to partner with and provide funding for community and faith-based organizations (CBO/FBO) to promote the DAC public awareness campaign and how to take action on the potentially modifiable risk factors. DOH received over 60 applications from CBO/FBOs for this grant opportunity and 12 applicants were funded, beginning June 2025. In 2026 and 2027 DOH plans to contract with more CBO/FBOs. **ONGOING**

1D1: Review and update legal planning tools and resources as needed to respond to evolving needs and changes in the legal environment.

- ☑ The DAC Legal team performed an annual review of the substantive toolkits and legal forms and made some small changes to make them more user friendly. **ONGOING**

1D2: Increase awareness about the *Dementia Legal Planning Toolkit* and the *Dementia Legal Planning Program* to educate the public and health care providers about the need for legal and advance care planning, with particular efforts to target underserved communities and those at elevated risk of dementia.

- ☑ The Washington Pro Bono Council put on dozens of informational presentations and workshops at senior centers, community centers, and senior and dementia related outreach events and conferences, such as the Advance Legal Planning presentation and Clinics held in Spokane in January 2025. Presentations will continue, with the help of DAC partners to identify opportunities to increase outreach to healthcare providers (doctors and nurses) and to native communities (via the WSU Natives Engaged in Alzheimer’s program). **ONGOING**

1D3: Identify priority populations, process, and funding for translation and dissemination of the Dementia Legal Planning Toolkit. This will involve partnering with representatives from priority populations to understand the needs and gaps pertaining to dementia legal and financial planning and updating and translating the legal planning toolkit.

- ☐ The DAC Legal Team has completed a translation of the Dementia Legal Planning Toolkit into Spanish and is beginning to distribute it via legal aid networks and dementia advocacy and support groups in early 2025. Now beginning work on a Chinese language translation.

1D4: Increase awareness within the legal profession about dementia, the Dementia Legal Planning Toolkit and resources for clients living with dementia.

- ☒ The Washington Pro Bono Council engages the lawyer community to increase volunteerism with dementia legal planning. In 2024, the Legal Planning team created a one-page educational document to distribute to lawyer associations to enhance awareness and understanding about dementia in the legal community. There are now 40 volunteer attorneys in WA who are trained and ready to provide pro bono services. **ONGOING**

1E1: Identify credible educational materials designed to increase awareness of the importance of brain health, modifiable risk factors and the connection between heart health and brain health, including materials for diverse cultures

- ☐ Several evidence-based and credible sources identify potentially modifiable risk factors, yet they differ in content and messaging. The DAC is in the process of reviewing the resources and determining the most effective way to share this complex information, so it is clear and actionable for the consumer audience.

2A1: Implement the Behavioral Risk Factor Surveillance System (BRFSS) optional module for Cognitive Decline and the BRFSS optional module for Caregiving, every three years, to monitor change and measure impacts over time

- ☒ The BRFSS optional modules, Cognitive Decline and Caregiving, are both currently being included as part of the WA State 2025 BRFSS survey. **ONGOING**

2A2: Leverage existing data sources including: BRFSS, Medicare, Medicaid, All Payers Claims Database, Health Systems (Electronic Health Records) and Washington Health Alliance to understand the human and economic impact of dementia on individuals and family caregivers and to inform public health policies, interventions, and development of other chronic disease.

- ☐ A DAC project team is collaborating to understand the different sources of data, what they provide, who can access them, and determining if they are useful to inform the work the DAC is doing.

2B3: Support ongoing activities at DOH, such as injury/ falls prevention, emergency preparedness and chronic disease prevention to incorporate needs specific to persons living with dementia.

- ☐ The Older Adult Falls Prevention Specialist at DOH works with Fall Prevention Coalitions, Healthy Aging Coalitions, and Area Agencies on Aging across the state to share that people living with dementia are at a greater risk for falls, and resources available to help this population.

2C1: Disseminate existing tools and resources that share dementia-friendly approaches and programs, including the national Dementia Friendly America initiative.

- ☐ The DAC Dementia Friendly Communities team is supporting the Age- and Dementia-Friendly Washington Initiative. Staff at UW Memory and Brain Wellness Center, in collaboration with AARP, drafted a joint document outlining steps for local communities to become Age- and/or Dementia-Friendly, and a process for orienting and onboarding new communities as “dementia-friendly” in Washington that includes directing them to Dementia Friendly America resources.

2C2: Collaborate with aging partners and stakeholders to engage with the AARP Network of Age- Friendly States and Communities initiative while integrating dementia-friendly community principles and strategies into the process.

- ☒ An Age- and Dementia-Friendly WA Advisory group was convened in 2025 to inform and support the Age- and Dementia-Friendly WA initiative. A core team, including AARP and W4A, along with DOH, HCA and HCLA staff, and a facilitator contracted by DOH, guides the Advisory group and initiative. This will be an ongoing process to further engage current and new partners as the initiative moves forward. **ONGOING**

2C3: Encourage and support state agencies, aging partners and community-based organizations to become familiar with and work towards incorporating the Reframing Aging and other age friendly communication practices.

- ☐ Representatives from the GSA/Reframing Aging initiative were featured presenters at the full DAC meeting in April 2024 and at the Governor’s Aging Summit in May 2024 to increase awareness of ageism and age-friendly communication practices.

4A1: Sustain, update and disseminate the Dementia Road Map: A Guide for Family and Care Partners that helps family members know what to expect over time and plan for the future, as well as possible action steps along the way.

- ☒ A review/update of the Dementia Road Map content was completed in May 2025 and will be reprinted by July/Aug 2025. **ONGOING**

4A3: Create and determine best ways to disseminate, a user-friendly document that outlines the continuum of community-based and residential long-term care services in Washington state including respite care and other family caregiver supports, how to access them, financial assistance available and eligibility requirements.

- ☐ Advocacy by DAC partner, Home Care Association, led to a proviso to develop a Home Care Road Map. Development led by WA DOH with input from varied partner organizations, will be completed in 2025.

4B1: Increase awareness, availability and use of evidence-based programs for people with dementia and their family caregivers, such as STAR-C, Dealing with Dementia, REACH, Savvy Caregiver, Staying Connected (early stage), Powerful Tools for Caregivers and supportive services such as behavior consultation.

- ☒ 12 STAR-C coaches trained in 2024 proceed through their certification process. An additional STAR-C training was held in June 2025 for 7 new coaches, through a collaboration of HCLA, with UW faculty

and AAA staff/certified coach trainers. A contract was established in 2024 by HCLA with the UW Goldsen Institute, and renewed in 2025, to develop and sustain an infrastructure for Powerful Tools for Caregivers statewide. The SHARE program was instituted by two BDCC programs and Dealing with Dementia taken on by one BDCC program. **ONGOING**

4B2: Increase awareness, availability, and use of online and web-based education on understanding and responding to behavioral symptoms of dementia, with focused outreach efforts for rural or hard-to-reach areas.

- ☒ A DAC project team identified and prioritized credible, accessible educational opportunities on this topic. A compilation was integrated into the existing WA Family Caregiver Learning Portal (powered by Trualta), enhancing the offerings of this resource for unpaid family caregivers in Washington state. Work continues to promote availability of this Learning Portal through DAC partners and outreach to other caregiver-focused organizations. **ONGOING**

4B3: Increase availability and awareness of in-person and online support groups for family caregivers, to increase accessibility in rural or hard to reach areas and for those with currently limited options such as the deaf/hard-of-hearing or limited-English speaking communities.

- ☒ Building on work of 4B2, able to leverage the existing WA Family Caregiver Learning Portal to elevate and make consumers aware of new online support groups that can reach family caregivers in rural and hard-to-reach areas – it makes available, on average, 38 online support groups per month. Work continues to promote the availability of this Learning Portal.

4E1: Identify leaders and trusted messengers in communities at elevated risk of dementia (e.g., indigenous populations, Black/African American, LGBTQ+) to discuss dementia caregiving along with community-specific strengths, needs and approaches for education and support.

- ☐ A DAC project team is currently engaging key leaders and trusted messengers in varied communities to discuss key issues in dementia caregiving. This work is intended to inform and support the identification of specific cultural challenges, strengths and/or needs to be addressed as we seek to educate and support dementia caregivers.

4H1: Educate professionals, i.e., case managers, health care providers, first responders, about working with families of people with Intellectual or developmental disability (IDD) and dementia, including special challenges, issues and resources available for support.

- ☐ The DAC developed training to educate direct support professionals on the topic of IDD/DD and Dementia is offered regularly (around 6 times a year) through Puget Sound Regional Services, reaching more than 133 providers between 2022 and June 2025.

5A1: Identify and promote strategies to maintain and improve brain health for all ages, genders and across diverse populations by educating and promoting brain health and dementia risk reduction across health disciplines including dental, audiology, optometry, primary care, cardiology, behavioral health disciplines, etc.

- ☐ A DAC project team is working in partnership with Arcora to develop and host a series of 3 webinars for dental providers, promoting brain and oral health. The team is also working with the National

Association of Chronic Disease Directors to create a new risk reduction rack card focusing on oral health and brain health. Additional disciplines will be added as time progresses.

5A4: Explore opportunities to promote wellness for Medicaid-eligible adults, such as, but not limited to, annual wellness visits and/or an adult wellness checklist.

- ☐ Medicaid Fee for Service (FFS) fails to cover certain primary care services, unlike Medicaid Managed Care (MC), and offers limited access to crucial preventive and transitional care. Notably, adult wellness exams, integral to Managed Care Contracts, remain uncovered for FFS clients, creating a gap that deepens disparities, particularly for historically vulnerable FFS populations. Work is now underway to better understand what it would take to include adult wellness visits for the Medicaid FFS population.

5C3: Expand the reach of Cognition in Primary Care program to facilitate the detection of cognitive impairment and improve care for people living with dementia.

- ☐ Cognition in Primary Care in partnership with Project ECHO Dementia is currently working on launching a pilot for FQHCs; the pilot is being funded with the BOLD grant. The intent of the pilot is to establish practice change within FQHCs. Funding will be provided to participate in the pilot which includes data sharing and measuring practice improvements.

5C4: Partner with Northwest Geriatric Workforce Enhancement Center to align dementia education opportunities for providers throughout Washington State.

- ☒ DAC state team partnered with the Northwest Geriatric Workforce Enhancement Center (NWGWEC) in winter 2024 as they worked on their federal grant application. The NWGWEC was awarded \$5 million to train primary care physicians, nurse practitioners, and other health care clinicians to provide age-friendly and dementia-friendly care for older adults. DAC partner/staff participated in NWGWEC training in February 2025 to familiarize the audience with state dementia plan and DAC resources.

5D8: Establish dementia care nurse competencies and define nursing role and responsibilities as leaders in interdisciplinary teams.

- ☐ DAC HCA staff partnered with University of Washington, School of Nursing, to develop draft competencies. Competencies are complete, pilot phase in summer of 2024 was unsuccessful, due to lack of participation. There is renewed energy now for the summer of 2025 pilot.

5E1: Review and update the 2017 Dr. Robert Bree Collaborative Alzheimer's Disease and Other Dementias Report Recommendations to reflect changes and new priorities.

- ☐ As of spring 2025, the Bree Collaborative has developed a process for reaffirmation for existing report topics that need a review and update. The 2017 Dr. Robert Bree Collaborative Alzheimer's Disease and Other Dementia Report Recommendations will be undergoing the reaffirmation process starting in summer 2025.

5E2: Conduct provider survey to understand gaps, challenges and successes on the front lines. Invite allied health professionals and primary care providers to participate in provider survey. Utilize survey results to improve policies that promote detection, diagnosis and care management of dementia.

- ☒ DAC team developed survey, completed in February 2024. Results of the survey to improve policies and practice changes are ongoing. The results shaped the primary care provider summit discussed in 7A2. Recommendations from the provider survey are being implemented in 2025, including updated DAC provider tools and resources.

5F4: Inform and promote a transition to digital documentation and transmission of advance directives in partnership with WA state agencies.

- ☐ A multi-agency workgroup is working on interoperability of documents, including crisis plans and mental health advance directives.

5G1: Conduct a needs assessment focusing on age friendly health clinics, hospitals and emergency departments.

- ☐ UW DNP student completed a needs assessment for the greater King County area. Next steps will be to expand the needs assessment statewide.

5I1: In the provider survey, include knowledge-based questions about unpaid caregiver supports, services, trainings, decision making aids and DAC tools and resources. Utilize survey results to respond to issues found.

- ☒ Provider survey completed in February 2024. Results were used to help shape the primary care provider summit discussed in 7A2.

5J1: Using the existing Project ECHO Dementia platform, expand dementia-specific training to increase interprofessional coordination, provide continuous monitoring and assessment and expand access to high quality dementia care services.

- ☒ Project ECHO Dementia is continuing to grow in scope, expanding the community of professionals year over year in excess of stated goals; with 57.5% of attendees during the 2024-2025 Continuing Medical Education (CME) period representing new additions to the community. **ONGOING**

5J2: Expand upon Project ECHO Dementia outreach to include health professional association conferences, rural health convenings, tribal health convenings, and provider groups caring for underserved communities.

- ☒ Project ECHO Dementia was promoted during the Washington State Public Health Conference in Fall of 2023 and at the Northwest Rural Health Conference in 2024 and 2025. Project ECHO Dementia was also featured during the Dementia Innovation Summit in March 2025. **ONGOING**

5J3: Reach providers, including Federally Qualified Health Centers, in all 39 counties with Project ECHO dementia core curriculum.

- ☐ Project ECHO Dementia has initiated the application process to launch a pilot with FQHCs, funded with the federal BOLD grant. The intent of the pilot is to establish Project ECHO Dementia champions within FQHCs by providing funding to participate in Project ECHO, sharing data, and measuring practice improvements.

5J4: Using the provider survey as a baseline, increase awareness and uptake of Project ECHO dementia, DAC tools, and resources for providers.

- ☒ Awareness and update of Project ECHO dementia, DAC tools and resources for providers has been increasing as a result of the provider survey and the Dementia Innovation Summit held in March 2025.

ONGOING

6A1: Raise awareness among adults involved in community programs (e.g., nutrition sites, senior centers) of ways to reduce modifiable risks for dementia and cognitive decline including the links between heart health and brain health, and the value of early diagnosis, with particular attention to racial and ethnic groups at increased risk of dementia.

- ☐ The DAC began discussion of brain health messaging this year, and an LTSS workgroup is being formed to determine strategies/approaches for disseminating brain health messages to community programs.

6B1: Support and expand access to a robust array of community-based services such as adult day services, Program of All-inclusive Care for the Elderly (PACE), Memory Care & Wellness services and Exercise for Mobility, including promotion of virtual offerings as needed.

- ☐ During the pandemic WA lost half of its contracted adult day programs, leaving only 11 across the state. No remaining providers were able to continue with the Memory Care & Wellness Services (dementia day program). The PACE program though is slowly growing, from 2 providers in 2019, to 5 sites in 2025, and 2 sites are anticipated to be added in 2026.

6B2: Expand the Building Dementia Capable Communities program (aka Dementia Resource Catalyst pilot) statewide to enhance the dementia-capability of the Community Living Connections (AAA) Information & Assistance system for people living with dementia in the community, and their family care partners.

- ☐ DSHS worked with DSHS-Research and Data Analysis (RDA) to conduct a BDCC program evaluation in 2024 to inform program development and determine if a potential expansion is warranted. The evaluation shows positive findings as reported earlier in this report (see Funded/Statewide Initiatives). Unfortunately, a DAC request to sustain the three BDCC pilots at current funding levels failed. While they continue, they are doing so at reduced funding levels.

6B4: Advocate to sustain 1115 Medicaid Transformation Project Demonstration waiver programs, Medicaid Alternative Care and Tailored Supports for Older Adults (MAC/TSOA) and optimize service options for people living with dementia and their family care partner.

- ☒ A renewal of the 1115 waiver occurred in 2023 and will support this program through 2028. HCLA is working this year to implement the Health-Related Social Needs benefit in the waiver which will provide meals and environmental modifications to low-income individuals.

6C3: Develop educational materials to inform consumers about Long-term care (including Memory Care) in assisted living facilities e.g., what to expect, questions to ask, how to find, etc.

- ☐ A DAC project team developed content for an informational document to help inform consumers about finding and choosing Memory Care services in assisted living facilities. However, as the document was nearing content completion, a bill (SB 5337) was introduced and subsequently passed which creates a certification process for Memory Care units/facilities. The team is now revising the document.

6D2: Update Dementia-Capable Caregiver training and develop advanced training modules for Adult Family Home and Assisted Living Facility staff.

- ☑ HCLA's Training Unit spearheaded and completed the development of advanced level training modules to augment the Dementia Capable Caregiving curriculum, completed in 2025. Developed as "Dementia Level 2", these modules will provide more hands-on application and tools and will be rolled out in mid- to late 2025.

6D3: Collaborate with Adult Protective Services (APS) to raise awareness and knowledge about dementia and dementia resources and services among APS staff, to help community partners recognize and know how to report potential signs of abuse, neglect or exploitation in people living with dementia.

- ☐ DAC staff worked with APS in 2024 to provide a presentation on Dementia and Self-Neglect for staff and partners and has recommended other presenters upon request. This includes facilitating connection for a presentation at Project ECHO Dementia with health care providers.

7A1: Expand the reach of the bi-monthly Washington State Alzheimer's and Dementia Research Network to showcase new, emerging and recently published cognitive decline, dementia, and dementia care research.

- ☑ The research network was able to expand its reach by including new speakers and inviting partners, including Department of Health's Rural Health program to share the opportunity with their partners. Through this expanded outreach, the research network has increased its reach by 65%, including more frontline providers from previously unreached areas including Port Angeles and Dayton.

7A2: Host a collaborative Alzheimer's and Dementia research summit, highlighting the latest research, current and emerging state of effective cognitive health best practices, provider survey results and next steps.

- ☑ The *Dementia Innovation Summit: Primary Care at the Forefront* was held at Valley Medical Center in Renton, Washington on March 7, 2025. The workgroup used the feedback from the provider survey to inform and frame the event. Over 100 people were in attendance, 6.25 CMEs were provided, 21 speakers including experts from New York and California. Participants are calling for the Dementia Innovation Summit to become an annual opportunity.

Challenges & Recommendations

Challenges to implementing the state plan

The federal budget outlook at the time of writing this report is not promising. If proposed cuts in the federal budget pass as written, Washington will be faced with either potential new costs or cuts in services. Such cuts may also impact aging and/or dementia-related research and programs. State funding challenges are also impacting implementation of current programs, including DAC initiatives, and will limit potential progress in the short term.

At the same time, the population of people living with dementia continues to rise. DSHS and DAC partners recognize that people living with dementia cost more in our Medicaid system than people without dementia – and present challenges to private pay consumers. As this population grows in the next decades, this will put more pressure on all our systems of care.

Opportunities to address challenges

The Dementia plan approaches and strategies described in this report are designed to help reduce future costs. These include sustained efforts to:

- Reduce potentially modifiable risk factors for dementia (BOLD grant)
- Identify dementia early (public awareness campaigns and Project ECHO Dementia)
- Facilitate early legal and financial planning support (Dementia Legal Planning Program)
- Increase awareness of dementia and the services and resources that help individuals and family caregivers (public awareness campaign and Dementia Friends)
- Support individuals and families earlier in the disease process by building more dementia-friendly and dementia-capable communities (Building Dementia Capable Communities (BDCC) program in 3 Area Agencies on Aging).

In the 2025 legislative session, with a challenging budget landscape, the DAC advocated for modest increases in state funding allotted for Project ECHO dementia and the Dementia Legal Planning Program, as the costs of doing business and demand have increased for both and neither has had a funding increase since funded in 2019. Neither of these increases was granted. However, the programs will continue for now with hopes of increased state funding in the future.

In addition, DAC advocated to sustain the two original Building Dementia Capable Communities (BDCC) AAA sites as originally funded (\$1.5 M per biennium) and to sustain the 3rd BDCC site which had started in 2023 (\$750K per biennium). While \$1.5 million for the biennium was maintained, funding for the 3rd site was not; the proviso was written to split the \$1.5 M allotment across all three sites, resulting in a reduction of \$250,000 in funding for each BDCC AAA site for the biennium.

While fiscal challenges are expected to continue in the short term, the number of people living with dementia continues to rise significantly. Accompanied by changes in the federal budget landscape, continued collaboration and support will be needed to implement the state plan.

DAC Recommendations Include

DAC recommendations and advocacy will include, but not be limited to, the following:

- (1) Fully fund and seek to expand, when possible, the Building Dementia Capable Communities (BDCC) program in the future. Of note is that a program evaluation, funded by the state legislature and conducted by DSHS Research and Data Analysis was completed this year. Key findings were that the BDCC program:
 - **Expanded availability to critical early-stage dementia support.** BDCC increased the availability of early-stage dementia programs, including consultations, support groups, and dementia-friendly activities.
 - **A majority of family caregivers (58%) credit BDCC services with helping them prolong home care for their loved ones, and 95% reported the training or services improved ability to provide care.**
 - **Enhanced professional knowledge and capacity.** BDCC improved dementia care knowledge and skills among AAA staff and community partners. **99% reported** increased capacity to support people living with dementia.
 - **Strengthened community partnerships.** BDCC fostered new partnerships and deepened existing ones. There was a **375% increase** in the number of partnerships between 2022 and 2024.

The final, full DSHS-RDA Building Dementia Capable Communities evaluation report is available at <https://www.dshs.wa.gov/ffa/research-and-data-analysis>

- (2) Authorization for Multisector Planning for Aging (MPA).
 - As dementia sits largely in the landscape of “aging”, many issues in the state dementia plan could be advanced by more intentional planning across sectors around aging – including sectors and partners that fall outside the traditional “aging” system, such as housing, transportation, and technology.
 - Working on a MPA would elevate existing successful programs, raise awareness around aging, reinforce linkages across government agencies, departments, and community partners and engage in proactive planning across public and private sectors to help all older adults and people living with disabilities to remain as vital contributors to our families, communities, and the state.
 - This type of effort is far-reaching and complex. It will be difficult to accomplish this work effectively without high-level authorization or additional investment in initial phases. Most states that have enacted MPAs have used Executive Orders or legislation to create buy-in and support for the development and implementation of an MPA.
 - If funding is not possible initially, an Executive Order that compels departments and agencies that are part of the executive branch to use their resources to support the MPA effort would be beneficial.

Projected increases in the number of people living with dementia call upon us to amplify our efforts to improve access to and the dementia-capability of all our systems of care and support while elevating our focus on health disparities and equity. The only way forward is continued attention, focus, and collaboration.

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