Better Access to Quality Dementia Care is Possible: Here's How

Expanding access to early dementia screening, diagnosis, and care, particularly in communities where such services are limited or unavailable, is essential to ensuring high quality, equitable health care for older adults in California.

Older adults in under-resourced communities are among the least likely to receive timely dementia screening, diagnosis, and support. To close that gap, the Alzheimer's Association partnered with Archstone Foundation on a statewide initiative to strengthen early dementia care within primary care settings serving low-income, diverse, underserved, and rural Californians — primarily Federally Qualified Health Centers (FQHCs) and community clinics.

Central to the project were Health Systems Directors who built long-term, coaching-based relationships with participating systems and recommended tailored resources that aligned with each organization's needs, interests, and capacity.

BY THE NUMBERS

81
participating systems

53%
systems engaged in robust, durable, or ongoing improvement activity

15
systems now conduct ongoing monitoring of dementia quality indicators

11
systems achieved Age-Friendly Health Systems recognition (7 at Level 2)

What Success Looks Like

The findings from an independent evaluation of the project support further investment in and expansion of early dementia care:

Measurable, multidimensional gains were achieved

Among systems with multiple capability assessments, 90% improved in at least one of 13 dementia-care domains (e.g., screening policy, staff training, caregiver support, referrals), and more than a third improved in six or more domains.

Targeted coaching moved the needle

Systems that showed improvement had typically accepted one or more recommended proposals aligned with the specific domain(s) where gains occurred —evidence linking coaching and technical assistance to outcomes.

Improvement was broad-based, not niche

Gains occurred across small rural clinics and large FQHC networks alike, and among systems with widely varying baseline capability and readiness — suggesting the approach works well across organization types.

Why the Model Worked

The initiative demonstrated that with targeted support, even resource-constrained primary care systems can make meaningful, sustainable improvements in early dementia care. Key drivers of success included trusted relationships, tailored technical assistance, and a flexible approach that recognized incremental progress. Key success factors:

- Leadership support that visibly signaled the program was an organizational priority, not a side project.
- Screening approaches were embedded in existing workflows — for example, using the Medicare Annual Wellness Visit as a low-lift entry point for cognitive screening.
- Practical, repeatable training was paired with flexible engagement pathways (from a single tool to a multi-year quality improvement partnership).
- The approach explicitly recognizes incremental progress, so sites with varying capacity can still engage meaningfully.
- Above all, trusted, sustained relationships between clinic teams and their coaches foster success.

> "We benefited from the education and resources provided by our HSD. When things became difficult, they took us to where we needed to be."
>
> ***Project Participant***

Making Early Dementia Care a Reality for All

Most participating systems now envision early dementia care as standard practice and are pursuing sustainable financing, telehealth integration, alternative screening tools, and stronger behavioral health and case management support — a foundation that funders and health system partners can build on.

HERE'S WHAT YOU CAN DO

- Review the evaluation report for "Increasing Access to Quality Dementia Care for California's Aging Population" for details on system and site characteristics, leveraging existing opportunities, lessons learned, case studies, and more. **The report and a webinar describing key findings are available here >**
- Funders: Identify and partner with the systems in your community who are interested in improving dementia care.
- Health systems: Assess your organization's readiness to provide early dementia care.

CONSIDERATIONS FOR SIMILAR PROJECTS

Take all comers

Engage any willing system and celebrate incremental wins; layer in established programs (Project ECHO, Age-Friendly Health Systems, GUIDE), and provide modest financial incentives to encourage participation.

Structure with flexibility

Pair a core set of standardized practice-change targets with flexible implementation pathways; include standardized baseline/follow-up assessments, clear documentation standards, and scheduled coach check-ins.

Build shared learning

Create a peer learning community so participants can exchange tools, data, and promising practices.

Center language access and equity

Ensure screening tools, workflows, and training are culturally and linguistically responsive to the populations served.

Strengthen supporting infrastructure

Deepen ties between FQHCs and statewide/regional networks and strengthen referral pathways to community-based caregiver resources such as Alzheimer's Association chapters and Caregiver Resource Centers.

Standardize the field

Advance dementia-care competencies and certification across care roles so early detection becomes a standard, not an add-on.

About the evaluation: LifeCourse Strategies (Kathleen Kerr, Kate O'Malley, and Monique Parrish) conducted an independent, mixed-methods evaluation combining a 13-domain Dementia Capability Scoring Tool, participant surveys, and interviews with participants and project staff. The full Evaluation Final Report (February 2026) is available from Archstone Foundation. **Access the report here >**