Increasing Access to Quality Dementia Care for California's Aging Population: Project Description and Key Evaluation Findings

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Project Overview

Initiative

Three-year statewide project (July 2022–June 2025) led by the Alzheimer's Association, funded by Archstone Foundation, evaluated by Lifecourse Strategies.

Goal

Improve early and accurate dementia diagnosis and care in primary care settings, focusing on underserved, diverse, and rural communities in California.

Participants

81 primary care systems, mainly Federally Qualified Health Centers (FQHCs) and community clinics.

Approach

Health Systems Directors (HSDs) provided tailored coaching, technical assistance, and educational resources to participating clinics.

2

Evaluation Methods

Mixed-Methods

Combined quantitative (surveys, scoring tools, activity logs) and qualitative (interviews, case studies) data.

Dementia Capability Scoring Tool (DCST)

Used to assess organizational capability across 13 domains, administered multiple times when possible.

3

Successes

Measurable Improvements

53% of systems engaged in robust, ongoing activities to improve dementia care. 90% of those with multiple assessments improved in at least one domain; 37% improved in six or more domains.

Practice Changes

Examples include participation in Project ECHO (34 systems), Age-Friendly Health System recognition (11 systems), adoption of the CMS GUIDE model (5 systems), and implementation of quality improvement projects (10 systems).

Sustainability

Many systems plan to expand improved dementia care practices to more sites and integrate them as standard practice.

4 Challenges Identified

Operational Barriers

Chronic understaffing, high turnover, limited time for screenings, and competing clinical demands.

Structural Gaps

Lack of validated screening tools in multiple languages, insufficient staff training, and inconsistent workflows for dementia care.

Access Issues

Difficulty accessing specialists, long wait times, and limited referral options, especially in rural areas.

5 Future Considerations and Recommendations

Engage All Interested Systems

Recognize incremental progress and leverage established programs (e.g., Project ECHO, AFHS, GUIDE).

Balance Structure and Flexibility

Use a hybrid model that encourages core practice changes but features adaptable pathways.

Shared Learning

Build learning communities for peer support and dissemination of best practices.

Expand Language Access and Equity

Prioritize culturally and linguistically appropriate resources.

Enhance Internal and External Partnerships

Strengthen workflows for caregiver support and referrals and deepen collaboration with statewide networks.

Standardize Dementia Care

Promote training, certification, and quality improvement as standard practice.

6 Lessons Learned

Coaching and Relationship-Building

Sustained, personalized support is essential for practice change.

Data-Driven Improvement

Collecting and using data (e.g., screening rates) helps drive and measure progress.

Flexibility and Adaptation

Tailoring interventions to each system's readiness and context increases engagement and success.

IN SUMMARY

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.

The Evaluation Final Report (February 2026) and a webinar reviewing key findings are available from Archstone Foundation.
Access additional materials here >