

# BUILDING DEMENTIA CAPABLE COMMUNITIES (BDCC)

## • IS THIS PROGRAM MAKING A DIFFERENCE?



Recent surveys found the following from BDCC participants\*:

- ☑ **99%** of staff reported that training activities increased their capacity to support people living with memory loss or dementia.
- ☑ **95%** of family caregivers reported the trainings and/or services helped them provide care for a person living with dementia.
- ☑ **84%** of family caregivers reported the trainings and/or services help the person living with dementia stay longer at home.

\* Preliminary findings from DSHS-RDA program evaluation. Final evaluation report will be available [here](#) in July 2025.

### THE DEMENTIA POPULATION IS INCREASING

The number of Washingtonians age 85+ will **quadruple** from 2025 – 2050.

The risk of dementia increases with age:

- 11% of persons 75-79
- 18% of persons 80-84
- 33% of those 85+

The **Building Dementia Capable Communities Program** (BDCC) emerged to meet needs identified in the first *WA State Plan to Address Alzheimer’s Disease and Other Dementias*. The BDCC aims to enhance training and knowledge among local professionals and the public to foster dementia-friendly communities and to help people living with dementia to stay at home.

With state funding, DSHS contracts with three Area Agencies on Aging (AAAs):

- Aging and Long-Term Care of Eastern Washington
- Northwest Regional Council
- Olympic Area Agency on Aging



### BDCC Brings New Services, Capacities, and Partnerships to Local Areas

BDCC fills gaps, in activities not possible without this program funding. These include dementia-specific: training, resource development, community education, and direct services. Each AAA, with help of a Dementia Resource Catalyst, develops their own tailored approaches. In the BDCC offered by the Olympic Area Agency on Aging (serving 3 of the 4 oldest counties in the state), they are finding **new partners** and bringing **new services** to rural communities that are increasing awareness and dementia-capability. Examples include:

- Increasing staff/professional knowledge and capacity to respond to needs and refer to dementia-capable services (e.g., Adult Protective Services, health care providers, mental health specialists)
- Offering monthly Dementia Friends information sessions and Memory Cafés
- Increasing family care partner capacity through evidence-based programs - *Dealing with Dementia* training, *STAR-C* behavior consultation, and the *SHARE* early-stage planning program
- Fostering new partnerships with the Arts and Veterans communities to offer dementia-friendly programming
- Strengthening partnerships with tribal health clinics and first responders to build more dementia-capable responses, and the Alzheimer’s Association to provide early-stage support groups >>



## WHAT DO PROGRAM PARTICIPANTS SAY?

Preliminary findings from DSHS-RDA program evaluation. Final evaluation report will be available [here](#) in July 2025.

### AGING NETWORK STAFF

92% of Aging Network staff reported that dementia-specific training activities changed the way they thought about dementia or people living with dementia. Responses from aging network staff include:

#### **(1) Increased Awareness and Understanding of Dementia**

*"The education regarding dementia, as well as the knowledge of the stigmatization of people suffering from dementia, the physical effects of dementia on cognition and comprehension, helped me be more empathetic and educated in my response to those with dementia. It's not "just another part of getting old", but a medical condition."*

#### **(2) Practical Tools for Interaction and Care**

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

#### **(3) Enhanced Empathy and Emotional Understanding**

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

### FAMILY CAREGIVER/CONSUMERS

Family caregivers were asked to share examples of how their experience has been improved because of the BDCC activities they participated in. Responses from family caregivers highlight:

#### **(1) Increases in Emotional and Mental Well-Being**

*"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'."*

#### **(2) Practical Caregiving Skills**

*"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."*

#### **(3) Improved Relationships with Care Receivers**

*"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."*

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