Reimagining Aging & Memory Loss in Washington

2027-30 Action Plan Full Draft | Updated Jul. 30, 2026

This action plan is intended for state agencies and state partner organizations, not for the public to implement. During implementation, our team will work with community partners on modifying materials for cultural appropriateness, language comprehension, and local relevance. Additionally, you may notice the needs and priorities we heard in the community forums are not explicitly named in the goals but are grouped in the community priorities.

To provide feedback, please email OlderAdults@hca.wa.gov with the subject line “Action Plan Comments”. In your email, please include the following information:

- Your name
- Agency, organization, or business
- The version you read (with graphics or the plain text version)
- The page and line number(s) related to your comment
- The specific comment or suggestion

Do NOT share private information like information about your health, about a loved one, or anything that would identify your location. Please note, all comments are subject to public review and disclosure, as are the names of those who comment.

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Introduction

Washington is home to more than 7.4 million people and has one of the longest lifespans in the country. This Age- and Dementia-Friendly Action Plan aims to support people at all ages, ultimately enabling everyone to age healthily and with appropriate support as their needs change. During the needs assessment process of this initiative, Washingtonians shared both joys and challenges they face growing older. The diverse cultures, languages, and experiences were woven together to shape our shared vision and inform every strategy in this action plan.

By 2030, the number of people 65 years or older will grow to 25 percent of the state's population[1]. By 2045, or in about 20 years, the number of people living with dementia is likely to double.[2] Racialized discrimination over the life course leads to health disparities that contribute to higher rates of dementia among people who identify as Black/African American[3] or American Indian/Alaska Native (AI/AN).[4] Other forms of bias and discrimination across the life course also increases risk of dementia among women and people who identify as LGBTQ+.[5] Where possible, this action plan will share data from 55 years of age, because AI/AN communities define Elders younger and have a lower life expectancy.

Several themes emerged and changed over the course of this initiative's data collection. Housing, and being able to age in place, emerged as a priority and concern for most Washingtonians. When asked about the biggest challenges to aging in place, respondents pointed most often to keeping up with routine home maintenance, covering the cost of major repairs, modifying homes for safety, navigating changing transportation needs, and managing rising property taxes.

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[1] Office of Financial Management Forecasting and Research, *Forecast of the State Population* (March 2026), 6-7, https://ofm.wa.gov/wp-content/uploads/2026/03/stfc_2025.pdf

[2] David Mancuso, PhD, "The Demographic Trends Impacting Need for Long-Term Services and Supports," PowerPoint, Senior Lobby, Washington state, and Oct. 16, 202,5

[3] Alzheimer's Association, *2026 Alzheimer's Disease Facts and Figures*, 35 https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf

[4] Alzheimer's Association and Centers for Disease Control and Prevention, *Healthy Brain Initiative: Road Map for American Indian and Alaska Native People* (2024), 14, https://www.cdc.gov/aging-programs/media/pdfs/road-map/AIAN-Peoples-Roadmap-2024-508.pdf

[5] Alzheimer's Association, *2026 Alzheimer's Disease Facts and Figures*, 34 and 36 https://www.alz.org/getmedia/ef8f48f9-ad36-48ea-87f9-b74034635c1e/alzheimers-facts-and-figures.pdf

Older adults living alone experience more housing instability than those in other living situations, as they are less likely to own a vehicle, more likely to rent, and more likely to struggle with housing costs. People living with memory loss or dementia rely on unpaid living arrangements, such as living with adult children or parents, and they make up a notable share of people living alone.

Most respondents over the age of 65 years didn't work and didn't need to, but among those who do, financial necessity is the leading reason. People said they work to cover current expenses, especially those with lower incomes and younger respondents (ages 18 to 65 years). Others work because they need employer benefits like healthcare or a pension, or need income to support family members, especially caregivers and people living with memory loss or dementia. Among those who want to work but can't, health concerns are the most common barrier, especially for people living with memory loss or dementia. Other major obstacles to working include difficulty finding work, age discrimination in hiring, unreliable transportation, caregiving and household responsibilities, and gaps in training or education.

Ageism is a widespread experience among Washingtonians. Most respondents have either experienced ageism or know someone who has, and most often people said they experienced it in workplaces and public spaces, but also in healthcare and social settings. Most people want social connection, but there are barriers like not having someone to attend the social event with, health concerns, lack of time, cost, and/or caregiving responsibilities. People living with dementia or cognitive decline are especially likely to be held back by having no one to attend with them or by health concerns, underscoring the added social isolation many face as they age.

People 64 years and younger struggled with healthcare costs, insurance gaps, and feeling welcome by health care providers, and the younger they were the more likely they were to report these challenges. After people reached Medicare eligibility at age 65, they reported experiencing fewer challenges in affording and accessing healthcare. The hardest care to access overall was specialist care and dental, and the biggest obstacles were long wait times, trouble finding in-network or local providers, and high costs. Many people also struggled to afford medication, and said they often skip doses, delay refills, or take less than prescribed. Older adults are seeking support from food banks and nutrition access services at a faster rate than any other age group.

Half the respondents hadn't looked into long-term care, mostly because of cost and insurance limits, though people who are actively caregiving for a family member with memory loss or dementia explored these options more often. Finally, while people saw the importance of legal planning documents like a will and power of attorney, most people did not have them in place.

Geographic and Cultural Context

Geography and culture plays an important role in considering how best to serve Washington's older adults. The capacity and resources in urban, suburban, and rural settings differ significantly, and various regions from small islands to the mountains to the plains each have their own unique characteristics. The cities of Seattle, Tacoma, and Bellevue, for example, stand in sharp contrast to Forks on the Olympic Peninsula and Republic in rural northeastern Washington in terms of population density, access to comprehensive health care, and cost of living, among other considerations. King, Pierce, Snohomish, and Clark counties have the largest overall populations concentrated in the Puget Sound corridor of western Washington, with Spokane representing the major population center east of the Cascades. Counties, such as Jefferson and San Juan, have also seen some of the sharpest growth in their older adult populations in recent years.[6]

AI/AN tribes are an essential part of Washington's geographic and cultural landscape. There are 29 Federally Recognized Tribes within Washington State and about two percent of the population identifies as American Indian / Alaska Native.[6] [7] These tribal nations are spread across the state, from the Makah and Quileute on the Olympic Peninsula coast, to the Yakama in central Washington, to the Spokane and Kalispel in the state's northeastern reaches, and each governs its own reservation lands, services, and programs for its members. The largest proportion of the state's AI/AN population lives in King County, which includes the Muckleshoot and Snoqualmie reservations and a portion of the Puyallup reservation. Tribes are sovereign nations with their own governments, health systems, and social services; partnerships with Tribal governments, Indian Health Boards, and the Urban Indian Health Centers are important steps to building a web of services for people to access.

[6] Washington State Office of Financial Management, Population Changes, accessed on June 26, 2026.

[7] Washington Department of Fish & Wildlife, Tribal Sovereignty, accessed on June 26, 2026.

Across Washington state, there are 37 languages spoken by five or more percent of the population or more than 1,000 people, and the top 10 most common languages are Spanish, Vietnamese, Russian, Ukrainian, Tagalog, Somali, Korean, Arabic, Punjabi, and Cambodian.[8] Over four percent of Washingtonians are deaf or hard of hearing, over 2% of the population is blind, and Washington has one of the nation's largest deaf-blind communities; using American Sign Language, Braille, and ProTactile are important ways to ensure accessibility for the deaf, blind, and deaf-blind communities.[9] Migration, both internationally and domestically, is the primary driver of Washington's population changes. Washington is home to large diaspora communities and many communities from other parts of the U.S. Over 16% of Washingtonians are born outside of the U.S. with the most common countries of origin being Mexico, China including Taiwan, India, Philippines, and Vietnam.[10] Within the U.S., most people move to Washington from California, Idaho, Oregon, and Texas.[11]

Built on Decades of Effort

Washington state has a nationally recognized Long Term Supports and Services system, which evolved from a long history of innovation in serving older adults and their family care partners. The system developed out of a bold vision to meet people's preferences in choosing where they live and who provides their care as they grow older. To make progress, the state fostered partnerships at all levels of government and with public and private stakeholders, heard the voices of people with lived experience to understand needs and challenges, utilized federal waivers, and developed state policy solutions that, in collaboration with partners, built a broad network of home and community-based services.

This Age- and Dementia-Friendly Washington initiative is built on a decade of work that has broadened and strengthened the state's partnerships to further enhance the state's long-standing commitment to support older adults, people living with memory loss, and care partners. Communities across Washington are key partners in this work and have led the way. At

[8] Washington Department of Health, Language Access Plan, accessed on July 30, 2026.

[9] Washington State Department of Social and Health Services, Office of the Deaf and Hard of Hearing, *Washington State Directory of Services for People Who Are Deaf, Hard of Hearing and DeafBlind*, 2015–2017 ed. (Olympia, WA: DSHS, rev. Oct. 2015), publication no. 22-024, https://www.dshs.wa.gov/sites/default/files/publications/documents/22-024LRG.pdf.

[10] Migration Policy Institute, State Immigration Data Profiles 2024 Washington, accessed on July 30, 2026.

[11] Washington State Office of Financial Management, Forecasting and Research Division, *2025 Population Trends* (Olympia, WA: OFM, November 2025), https://ofm.wa.gov/wp-content/uploads/sites/default/files/public/dataresearch/pop/april1/ofm_april1_poptrends.pdf.

the time of this publication, Puyallup, Seattle, Tacoma, Renton, White Salmon, and Kirkland are part of the Age-Friendly Network, and Seattle, Spokane, and Orcas Island are part of the Dementia-Friendly Network.

Actions That Led to This Point

- 2014-16: First WA State Plan to Address Alzheimer's and Other Dementias developed and published
- 2016: Dementia Action Collaborative (DAC) was established
- 2019: The DAC partnered with the University of Washington to pilot and evaluate Dementia Friends
- 2020-23: Joined Age-Friendly Public Health Systems Cohort by Trust for America's Health
- 2022: Dementia Friends was funded by the state legislature to expand statewide.
- 2022: Age- and Dementia-Friendly Washington Discovery Meeting
- 2023: Updated WA State Plan to Address Alzheimer's Disease and Other Dementias
- 2023-24: Participated in Multisector Plan for Aging Learning Collaborative by Center for Health Care Strategies
- 2024: Washington Summit on Aging and Longevity
- 2024: Washington was recognized as an Age-Friendly[12] state by AARP and a Dementia-Friendly[13] state by USAging

While the Age- and Dementia-Friendly Washington initiative has been shepherded forward by multiple public and private partners over recent years, the state is currently navigating major changes due to policy and funding shifts at the federal and state levels that will impact the shape of this effort in the upcoming years and the capacity of its many partners to implement changes.

Designed for All Washingtonians

This action plan is written for all Washingtonians, a vibrant group of people from various cultures, who speak many languages, and hold multiple identities. To the best of our abilities, communications, policies, and programs will be developed to be culturally and linguistically appropriate to represent Washingtonians equitably. This includes, in no

[12] 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.

[13] Dementia-Friendly communities promote awareness of dementia, educating residents about how to best support people touched by dementia and introducing systemic changes within businesses, government, and neighborhoods.

particular order, Tribal members, Indigenous, Black, Brown, Asian, and White communities; people living with memory loss or dementia; lesbian, gay, bisexual, transgender, queer (LGBTQ+) communities; people with disabilities; veterans; people experiencing homelessness; incarcerated older adults; immigrant communities; and multilingual communities or those who use a language other than English.

Key Partners Supporting This Work

Washington state is fortunate to have strong inter-agency partnerships between Washington Department of Social and Health Services (DSHS), Department of Health (DOH), and Health Care Authority (HCA) and support from partners to drive this work forward. Many agency staff, state and local partners, and community members provided significant contributions to the development of this initiative and action plan. Each person's contribution helped shape this plan. The following partners provided their knowledge and expertise.

- Age- and Dementia-Friendly Washington Advisory Group
- Age and Longevity Advisory Group
- Dementia Action Collaborative
- Office of Deaf and Hard of Hearing, DSHS
- Office of Indian Policy, DSHS
- Senior Lobby
- State Council on Aging
- Washington Association of Area Agencies on Aging

A special thanks to our program manager and facilitator, who kept the project on task, led community engagement, and made meetings dynamic: Kelsey Manne (Donnellan), Little Pineapple Collaborative.

The Age- and Dementia-Friendly Washington Framework

This framework was informed by the AARP's Age-Friendly framework that uses the 8 Domains of Livability and the USAging Dementia Friendly framework that uses a community engagement model and ten sectors. Washington state opted to combine the AARP Age-Friendly and USAging Dementia-Friendly frameworks to create the Age- and Dementia-Friendly Washington initiative framework. The Washington framework was intentionally created to share power, prioritize community voices, and use both qualitative and quantitative data to drive decisions.

Phase 1: Build

Two groups were built to support and guide this project. One group was the Core Team, which led the process and facilitated meetings. The second group was the Advisory Group, which supported the process and participated in meetings. The two groups included perspectives from across the state and from various sectors.

Phase 2: Learn

Data was collected from Washingtonians about aging and memory loss using a two-pronged approach. First, existing data were analyzed from national surveys based on the data priorities, and then, people across the state took a survey based on the remaining data priorities. The Core team and Advisory Group worked with other partners to make sense of the data and learn from the information collected.

Phase 3: Engage

People from all parts of the state and many languages shared their ideas and opinions on the key data and themes that came out of Phase 2: Learn.

Phase 4: Act

This three-year action plan will be used to implement the Age- and Dementia-Friendly goals and strategies, which are outlined later in this document.

Data Collection & Community Forums

Setting Data Priorities

The Washington Aging and Longevity Workgroup drafted a long list of interest areas and data priorities during a meeting in October 2024. This long list of interest areas was mapped by the Core team's data subgroup using the AARP 8 Domains of Livability and the Dementia-Friendly key goals. Then, using the mapped interest areas, the Core team data subgroup further refined the list to pull out which of the data could lead to potential actions by the state and ultimately inform the action plan.

Collecting Existing Data

Based on the alignment with the state actions list, the subgroup identified where data already exists through other collection efforts in the state. The DSHS Research and Data Analytics Division analyzed specific variables from both the American Community Survey over a five-year period (2019-2023) and the Behavioral Risk Factor Surveillance Survey (BRFSS) over a one-year period (2022) for adults 60 years and older living in Washington. The DOH Center for Epidemiology Practice, Equity, and Assessment analyzed specific variables about chronic disease and subjective cognitive decline from the BRFSS over a one-year period (2023) for adults 60 years and older living in Washington.

Surveying Washingtonians

Based on what could lead to action by the state and what data was not available already, the data subgroup drafted the survey protocol, created initial questions, and filed for Institutional Review Board (IRB) exemption. The first draft of the protocol and survey questions was shared with the Advisory Group, Washington Aging and Longevity Workgroup, and Dementia Action Collaborative to finalize the survey. The survey was translated into nine languages: English, Cambodian, Simplified Chinese, Korean, Russian, Somali, Spanish, Ukrainian, and Vietnamese.

The Age- and Dementia-Friendly Washington survey was distributed statewide and open to anyone over 18 years of age from November 4 to December 7, 2025. A total of 4,563 survey responses were analyzed for this data report, including 119 collected in Spanish. Nearly 70 percent of respondents were over the age of 60 years and 68 percent identified as female or non-binary. Sixteen percent reported having dementia, changes in memory, or cognitive decline, 24 percent

reported having a disability, physical or mental health condition, or intellectual impairment and 45 percent reported providing some kind of care to another adult. By race and ethnicity, survey respondents identified as the following:

- 85% as white
- 4% as Hispanic
- 4% as Black
- 3% as Asian
- 2% as American Indian or Alaska Native
- 1% as other
- 0.6% as Native Hawaiian or Pacific Islander

Identifying Emerging Themes

Survey participants were asked to select their top five topic areas to be addressed in a statewide Age- and Dementia-Friendly action plan (refer to Appendix A). Based on the survey responses to that question and key data from both existing and survey data, four key themes emerged: Affordability & Aging, Access to Public Spaces & Safety, Planning for a Long Life, and Social Connection & Aging. These themes and their related data (refer to Appendix B) informed the questions asked during the Community Forums. Then with information collected in the community forums, the themes were expanded to what was included in this action plan.

Facilitating Community Forums

These sessions were designed to brainstorm and collect potential action plan ideas for the Age- and Dementia-Friendly Washington initiative. Participants received a short overview of the framework and key data from the four themes. Participants were then asked to share their insights and ideas for potential action items.

Eleven Community Forums were facilitated from March 11 to April 30, 2026, including one for people living with memory loss or dementia, one for Tribal community members, two with Pro-Tactile interpreters at the Deafblind Service Center, and one in Spanish. Two of the public Community Forums and the one for people living with memory loss or dementia had American Sign Language (ASL) and Communication Access Real-time Translation (CART) services too. Across all, 311 people attended, and all 39 counties were represented. These sessions were made possible by 24 staff, contractors, and interpreters across four state agencies (DSHS, DOH, HCA, and Office of Deaf and Hard of Hearing). More than 1,100

excerpts were coded from the notes. The three survey themes grew to eleven themes and 50 related subthemes (refer to Appendix C).

Key Themes from Data Collection & Community Forums

The below themes are informed by the existing data, survey data, and community forums data, and it's important to note the themes evolved as more community voices were heard and incorporated. These themes and community priorities will serve as a guide to ensure community voices and perspectives are centered in the implementation of this action plan.

- **Everyone prioritizes planning for and enjoying a long life**, including its legal, financial, healthcare, and social aspects.
- **Most Washingtonians prioritize access to affordable and accessible housing**, especially older adults, people living with memory loss, and their care partners.
- **Most people want to reimagine public spaces and services**, with a focus on transportation, housing, healthcare, parks, and nutritious food access.
- **Ageism compounds with other forms of bias and discrimination throughout people's lives** to shape how they age.
- **Health care costs and technology barriers prevent people from living healthy lives**, avoiding injuries, and managing chronic conditions.
- **Publicly funded direct service providers have workforce shortages.**
- **Families and informal care partners both request additional support**, specifically increased respite care options and training for people living with memory loss or dementia.
- **A growing number of older adults live alone without family support**, and direct service providers and support programs are finding it difficult to meet their needs.
- **Communities across language and identity groups want increased social and intergenerational connections** that are linguistically and culturally appropriate.

Age- and Dementia-Friendly Washington Goals

This plan is intended to remain dynamic, evolving to meet emerging community needs and respond to the changing capacity of those involved through ongoing quality improvement. The focus of this action plan is on state-level actions and capacity of those involved over the next three years. Ultimately, our goal is to improve the quality of life for all Washingtonians.

As an overarching set of priorities, community members want to reimagine housing, transportation, healthcare, and social services to be more affordable and accessible, so that people can remain independent for as long as possible. Community members also prioritized appropriate, affirming health care and services for people living with memory loss or dementia, stronger support for care partners, and consistent access to nutritious food.

Notably, the voices and needs of people living with memory loss and dementia are woven into each goal rather than called out as separate goals. This is an intentional choice to promote awareness, coordination and inclusion, and to reduce duplication of effort and ease the competing demands of potentially separate efforts.

State agencies serve to administer basic functions of the state government, and possible state actions can be understood through their power or influence internally and externally as visualized in the following list. As we collectively consider these actions, there are opportunities and limits to what the state agencies can do, and opportunities and limits to what partner organizations can do.

Agency-level Decisions

Internal actions within state agencies, where the state agency has authority/formal power:

- Budget and funding choices within federal and state regulatory limits
- Changes to state-managed spaces and signs
- Internal communications
- Internal agency strategies, policies, and rules
- Program and service design
- Procurement design and choices

Culture and Capacity

Internal actions within state agencies, where the state agency has everyday influence/informal power:

- Cross-agency coordination, collaboration, and learning
- Staff training and development
- Share state-built tools and resources
- Develop shared language and terminology

Agency-level Partnerships and Responsibilities

External actions within state partners and communities, where the state agency has authority/formal power:

- Agency set policies (e.g. residential care facility licensing)
- Formal agreements and partnerships with Tribal and local governments
- Formal agreements and partnerships with partner organizations
- Data collection and sharing
- Grants and contracts
- Licensing, inspection, and permitting
- Public comment, townhalls, and community forums
- Support accessibility in services and communications

Relationships and Awareness Building

External actions within state partners and communities, where the state agency has everyday influence/informal power:

- Amplify community priorities and voices
- Build relationships and informal partnerships
- Cross-sector coordination and learning
- Convene Tribal, local, and community partners
- Coordinate with partners to support culturally and linguistically accessibility services and materials
- Provide technical assistance
- Public communication campaigns

Goal 1: Engage Leaders at All Levels in Addressing Community Needs and Priorities and Centering Community Voices

Community priorities to be centered through this goal are to reimagine housing, transportation, healthcare, and social services to be more affordable and accessible, so that people can remain independent for as long as possible. Additional priorities for this goal are to prioritize appropriate, affirming health care and services for people living with memory loss or dementia, stronger support for care partners, and consistent access to nutritious food.

Strategy A: Promote the Age- and Dementia-Friendly Washington initiative, including existing programs and services

i. **Develop** a communication strategy that outlines priority audiences, key messages and images, communication channels, and who is responsible (e.g., state agencies, partners, etc).
ii. **Create** data and policy summaries using data from the Age- and Dementia-Friendly Washington survey and community forums for priority audiences, including state legislature, Tribal and local governments, and partner organizations.
iii. **Collaborate** with state agencies, partner organizations, advocates, and organizers on shared Age- and Dementia-Friendly Washington language and terminology.
iv. **Use** realistic images, graphics, and videos of older adults and people living with memory loss in communication materials.
v. **Share** about the Age- and Dementia-Friendly initiative through conferences, publications, webinars, and other statewide convenings.

Strategy B: Identify opportunities within state policies, programs and practices

i. **Share** data and policy summaries with state legislators and state agencies.
ii. **Facilitate** meetings with state legislators and state agency staff to collaboratively identify where they have capacity, power, and influence to integrate Age- and Dementia-Friendly Washington priorities into their policy, programs, and practices appropriate to each agency's core mission.
iii. **Ask** for state legislators and state agency staff support to integrate Age- and Dementia-Friendly Washington priorities into their policy, programs, and practices appropriate to each agency's core mission, and where possible, identify an Age- and Dementia-Friendly Washington liaison.
iv. **Encourage** state employees at agencies and in the legislature to complete anti-ageism training.

Goal 2: Strengthen State Capacity and Multi-Sector Collaboration

This goal intends to create a sustainable structure to guide the rest of the action plan, because for this action plan to be successful, more agencies and organizations will need to be involved to offer both support and capacity.

Strategy A: Establish a collaborative structure

i. **Identify** an expanded list of interested parties based on the community needs and priorities, such as legislative staff, state agency representatives, partner organizations, and community members.
ii. **Establish** a formal group structure to carry out implementation of this action plan, including establishing roles and responsibilities within the group structure and with existing statewide groups that have related goals.
iii. **Convene** the formal structure and related partners/agency liaisons to carry out implementation.
iv. **Coordinate** where appropriate to reduce duplication and efficiently use available resources.

Strategy B: Diversify funding sources and in-kind support

i. **Seek** federal, state, philanthropic, and private funding opportunities to support the Age- and Dementia-Friendly Washington initiative or elements of this action plan.
ii. **Explore** in-kind support, such as making training sessions publicly available, free venue space for in-person meetings, and/or pro bono services to adapt existing resources.
iii. **Secure** funding to provide mini-grants for pilot programs and innovative ideas to address the community needs and priorities.

iv. **Collaborate** with existing cultural centers and organizations to share Age- and Dementia-Friendly knowledge and resources.
v. **Leverage** existing sector guides and technical assistance from programs such as Age-Friendly Health Systems, Dementia-Friendly Sector Guides, Age-Friendly Schools, Brain Health Workplaces, Geriatric Emergency Departments, Universal Design, and Cross-Ability Approach.

Strategy C: Build and sustain relationships with Tribal governments and local governments within Washington, and other states

i. **Use** existing Age-Friendly and Dementia-Friendly network meetings and communication platforms to learn from other states about successful policy, program, and practice changes.
ii. **Coordinate** with existing Age-Friendly and Dementia-Friendly communities to share examples, resources, and ideas.
iii. **Encourage** new Age- and Dementia-Friendly community participation among Tribal Nations, Tribal Serving Organizations, local governments, and local communities with support from UW and AARP.
iv. **Facilitate** meetings with Tribal and local governments to collaboratively identify where they have capacity, power, and influence to integrate community priorities into their policy, programs, and practices.
v. **Facilitate** meetings with partner organizations across sectors to collaboratively identify where they have capacity, power, and influence to integrate community priorities into their strategies, programs, and practices.

Goal 3: Promote Health and Well-being at All Ages

This goal focuses on the importance of public health, healthcare, and aging services along the lifecourse. Community priorities in goal 1 will also be centered through this goal. They are to reimagine housing, transportation, healthcare, and social services to be more affordable and accessible, so that people can remain independent for as long as possible. Additional priorities for this goal are to prioritize appropriate, affirming health care and services for people living with memory loss or dementia, stronger support for care partners, and consistent access to nutritious food.

Strategy A: Integrate Age- and Dementia-Friendly priorities within public health programs.

i. **Encourage** partner organizations and grantees to complete anti-ageism training.

ii. **Coordinate** with preventive health and health management programs, such as consistent and nutritious food access, brain health, and chronic disease management programs, to identify where they have capacity, power, and influence to integrate Age- and Dementia-Friendly Washington priorities into their messaging, programs, and processes.

I. **Co-design** changes that require multi-partner engagement and support, such as social prescribing, transportation beyond health care appointments, and dementia caregiver support groups timed with respite care programs.

Strategy B: Foster a lifecourse approach across the state and promote healthy aging

i. **Incentivize** early detection and diagnosis of dementia and other chronic conditions

ii. **Encourage** overall health management and connections to care navigation support, such as case managers, after dementia diagnosis.

iii. **Identify and promote**, or establish where possible, programs that support home adaptations to help people age in place (e.g., modifications that meet universal design or cross-ability approaches, use of equipment to accommodate for mobility changes, use of technology to support safety, etc.)

Strategy C: Promote social and intergenerational connections

i. **Incentivize** programs to increase social participation among older adults and across generations, such as encouraging state-funded youth programs to integrate Age- and Dementia-Friendly priorities and encouraging state-funded aging programs to add youth engagement opportunities.

ii. **Promote** Dementia Friends and other programs to increase dementia awareness and understanding among family and friend care partners.

iii. **Expand** co-navigator and companion-style programs to increase access to public spaces, services, and events for people with high communication and cognitive support needs.

Goal 4: Cultivate a Culture of Planning for a Long Life

This goal focuses on the importance of financial, legal, and digital planning along the lifecourse. Community priorities in goal 1 and 3 will also be centered through this goal. They are to reimagine housing, transportation, healthcare, and social services to be more affordable and accessible, so that people can remain independent for as long as possible. Additional

priorities for this goal are to prioritize appropriate, affirming health care and services for people living with memory loss or dementia, stronger support for care partners, and consistent access to nutritious food.

Strategy A: Encourage Financial Planning Across All Ages

i. **Promote** existing opportunities for financial planning, such as deferred compensation from employers, wealth planning sessions at banks, and first-time homebuyers courses.
ii. **Identify and promote** financial literacy programs in K-12 programs and across stages of adulthood, such as when considering student loans, buying property, managing child care costs, and others.
iii. **Coordinate** with other state agencies and partners to protect and remediate financial scams and fraud.

Strategy B: Promote Use of Legal Planning Services

i. **Promote** existing, low-cost legal-planning information and support services.
ii. **Collaborate** with legal planning partners to expand coverage with low-cost translation and interpretation services.
iii. **Expand** languages covered by existing legal planning toolkits and resources.

Strategy C: Increase Digital Literacy Across All Ages

i. **Identify and promote** resources to support digital literacy to help people navigate patient portals, insurance systems, and other technology-based health care spaces.
ii. **Identify and promote** existing programs to protect against and remediate digital fraud, including how to identify high-risk activity and scams.

State Examples

Dementia Friends: Addressing Dementia Stigma and Awareness Statewide

The Washington State Plan to Address Alzheimer's Disease and Other Dementias identified, in its first iteration (2016), the need to address a lingering stigma around dementia that can keep people from seeking a diagnosis or reaching out for help. The Dementia Action Collaborative (DAC) chose to bring the global Dementia Friends public awareness movement to Washington, with the University of Washington Memory and Brain Wellness Center (UW MBWC) serving as the state's designated lead.

DAC partners piloted the program in three geographic areas in 2019; the evaluation showed it positively shifted attitudes toward people living with dementia, and the program has since expanded statewide through a network of volunteer Regional Lead Organizations that recruit local "Dementia Friends Champions" to lead brief information sessions in their communities. Recognizing the potential for broader impact, the DAC secured state funding in 2022 for a dedicated program manager housed at UW MBWC.

As of this publication, Dementia Friends Washington has voluntary partners in 33 counties, offers materials in six languages (English, Spanish, Mandarin, Russian, Vietnamese, Korean), and is actively piloting a youth-focused curriculum. As of June 30, 2025, the program has engaged nearly 7,729 community members across Washington, with a goal of reaching 10,000 Dementia Friends by the end of 2027.

Dementia Legal Planning Program: Promoting Early Legal and Advance Care Planning Statewide

The 2016 State Plan also identified the need to promote early legal and advance care planning — critical before or soon after a dementia diagnosis, since dementia can eventually limit a person's ability to participate in their own planning. Without it, family members, medical providers, or courts may end up making decisions that do not reflect the choices the person would have made for themselves.

To address this, DAC partners developed a Dementia Legal Planning Toolkit and built a program on top of the state's existing network of 16 Volunteer Lawyer Programs, supported by the Washington Pro Bono Council. Under a contract with DSHS, the Dementia Legal Planning (DLP) program offers free assistance in completing powers of attorney for finances and health care, health care directives, and dementia directive forms. It serves people ages 60 years or older and people living with dementia of any age. To accomplish this, DLP staff offer:

- Training (continuing legal education) for attorneys on topics of legal planning and dementia
- Information online and outreach/information at in-person at resource fairs, events or at local legal clinics
- Matching eligible clients with trained volunteer attorneys for one-to-one assistance with completing their forms as needed.

Washington Family Caregiver Learning Portal: Leveraging Technology to Support Unpaid Caregivers

Family care partners are the backbone of the long-term care system. Around 1.25 million Washingtonians provide care to older parents or other family/friends who need help because of chronic conditions or disabilities. Washington state offers a variety of programs and services for unpaid family caregivers/care partners. One of the newer programs available statewide is a free learning platform that provides education and support through an online, web-based portal.

The Washington Family Caregiver Learning Portal offers skill-based training to help family members or friends provide safer, more informed care. The Portal is available 24 hours each day, in English and Spanish. All information is developed by professionals. Information and advice regarding caregiving skills like safe lifting and transferring techniques, disease specific advice, including Alzheimer's Disease and other dementias is available in varied formats – some as written information and some through bite size mini-videos. The Portal also offers weekly live events, periodic webinars, online support groups and community chat rooms where family caregivers can get advice or just have discussions with other family caregivers.

Community Examples

Orcas Island: Building Dementia-Friendly Infrastructure Through Partnership

Over the past five years, Orcas Island, a small, rural community in San Juan County, built a robust support system for transportation and social respite. The two programs, detailed below, show how Dementia-Friendly infrastructure can emerge not from a single large investment, but from incremental partnership-building.

Transportation: Prior to 2021, Orcas Island had no dedicated transportation solution for residents who could no longer drive or had special mobility needs. Island Rides launched on the island in May 2021 with a small grant that enabled the purchase of an initial electric vehicle. Additional funding from the Washington Department of Transportation allowed the program to purchase additional electric vehicles and expand operations across all three main islands in San Juan County. The model on Orcas relies on an all-volunteer driver base operating five days a week, donated and grant-funded electric vehicles, and a sustainable, donation-based funding structure.

Social Respite: The Orcas Island Senior Center had a pre-existing partnership with the Orcas Island Lions Club for a mobility equipment-sharing program. Through their efforts to be more Dementia-Friendly, the Lions Club intentionally scheduled a new social respite program at the Orcas Senior Center to run concurrently with the Family Caregiver Support Group, facilitated by San Juan County Senior Services staff, allowing care partners to attend their own support group knowing their loved one is getting support at the same time and location. The program is staffed by a paid RN, a volunteer program coordinator, six volunteer caregivers, and a therapy dog.

Seattle: Building Age-Friendly Infrastructure Through Training and Coordination

Over the last 9 years, Seattle has built a robust Age-Friendly program by positioning themselves as both an internal and external resource. Relationship-building across departments has been key, and their team suggested other communities consider establishing a formal interdepartmental workgroup early on as a way to accelerate the cross-sector relationships and idea generating that this work depends on. Regular, structured meetings with interdepartmental partners could also help provide continuity and resilience during staffing transitions.

Anti-Ageism Training: The City of Seattle developed this anti-ageism training for city staff and the general public, with the goal of raising awareness about the harms of ageism and encouraging people to address ageist biases in their personal and professional lives. At the time of this writing, more than 2,000 people have taken the training. The City has structured the training to encourage broad adoption rather than maintain exclusivity: the base version is freely usable by other communities, with the vendor agreement allowing for paid customization if a community wants to adapt the content further.

Interdepartmental Coordination: Over time, the Age-Friendly program has positioned itself as a go-to resource for entities — including businesses and entertainment spaces— seeking guidance on serving older adults. When the program isn't the right fit for a given inquiry, they play a "matchmaking" role by triaging requests to the appropriate partner. One related element of this coordination is a discount program featuring more than 200 local partners that voluntarily offer discounts to older adults and people with disabilities; last year, this program drew over 11,000 participants across its top three locations alone. The program provides direct economic relief, supports social engagement, and signals that older adults are valued members of the Seattle community.

Spokane: Passionate Volunteers Lead Innovative Initiatives in Eastern Washington

The Spokane Regional Dementia Friendly Community (SRDFC), the first community in the state to receive this designation from Dementia Friendly America, has been working in Eastern Washington since 2017. The group has led several projects in the area, including:

Dementia Certification: In partnership with the Spokane Regional Health District, the SRDFC created a dementia certification for organizations. This includes training for employees and a built space walkthrough. After the training and walkthrough, the organization receives a report with recommendations for how to make the public-facing space more dementia friendly, lanyard cards to remind employees of basic principles, and a certificate.

Faith Community Presentations: In addition to Dementia Friends information sessions, the Faith Communities Subcommittee has developed multiple presentations that are specific to faith communities like Worship Service Adaptations, Setting up Respite Care or Memory Café Programs, Visitation Ministries for People Living with Dementia, and Brain Health and Dementia Risk Reduction.

Caregiver Workshops: Aging & Long Term Care of Eastern Washington, the sponsor organization, has developed curricula for professionals and family caregivers on topics like Dementia and Falls, Self-Care for Care Partners, Dementia for First Responders, and Starting the Conversation About Dementia.

Memory Cafés: Led by employees who also volunteer in the SRDFC, three libraries in the Spokane area offer Memory Cafés, as a safe space for people living with dementia and their care partners. One led to the development of the first support group for people living with dementia in the Spokane area.

Transportation Tip Sheets: The Transportation Subcommittee developed a tip sheet on travel and a tip sheet on Driving to connect people living with dementia with local transportation resources.

Appendices

Appendix A: Topic Areas Prioritized by Age of Survey Respondents

The following topic areas were prioritized by all survey participants, in order of their ranking.

1. **Planning for a long life** – including helping prepare for retirement, advanced care planning, and future care needs
2. **Economic Security** – Make life more affordable for older adults
3. **Family Caregiver Support** – Supports such as services, support groups, respite, etc.
4. **Accessible Communication** – Information for all regarding emergency alerts, health care, community services, or resources, including those with hearing/vision loss
5. **Home and Community Based Care** – Improve or expand in-home services and workforce
6. **Housing** – Increase affordable and diverse housing options
7. **Age- and Dementia-Friendly Design Standards** – Improve building design standards that work for everyone, including people living with disabilities and people living with dementia
8. **Ageism & Age Discrimination** – Promote respect for and value of older adults
9. **Dementia supports** – Dementia services, care navigation, and training and coordination among professionals
10. **Loneliness & Social Isolation** – Establish and/or expand programs that foster connection
11. **Transportation & mobility** – Improve access and affordability
12. **Health & Wellness** – Promote physical and social activities
13. **Digital Equity** – Improve access to devices, internet, and skills in using technology
14. **Climate Resilience** – Prepare for heat, earthquakes, wildfires, etc.
15. **Education about aging**– Inform policymakers and the public

Appendix B: Emerging Themes from the Survey

Across all the topic areas and data points, the following themes remain consistent and emerged as cross-cutting themes.

- **Affordability & Aging** - whether it's housing, healthcare, or long-term care, the cost of aging rises to the top as a barrier or concern among survey respondents. Living alone is a growing concern. Some key data points include:
    - Housing related

        - 42% of survey respondents reported the cost of large maintenance projects as their top challenge to aging in place.
        - 30% of survey respondents reported rising property taxes as their top challenge to aging in place.
        - According to ACS, adults 60 years or older in a single household were more likely to report renting and having a high housing burden when compared to adults 60 years or older in any other household type.
    - Health & Long-Term Care related
        - 21% of survey respondents said the cost of healthcare was too high and made it difficult to access care.
        - 17% of survey respondents said they had trouble paying for medication, and therefore took less than prescribed or didn't have the prescription refilled.
        - The top reasons people did not explore long-term care were the high cost (44%) and lack of insurance coverage (31%).
- **Access to Public Spaces & Safety** - whether it's modifications to age in place, using public transportation, or going to public spaces, people report safety as a top concern. Some key data points include:
    - Resting places and accessible walkways, safety, and barriers due to health problems were the top reasons respondents reported not using green spaces. Top reasons for not using public transportation were that it was not accessible or felt unsafe to them.
    - Among people who received care and among those living with dementia, they were most likely to say they didn't participate in a social event because they didn't have anyone to go with.
    - 50% of survey respondents who experienced or witnessed ageism reported it happening in a public space.
- **Planning for a Long Life** - all survey respondents said planning for a long life was one of their top five topic areas, yet less than half of the respondents had planning documents and even fewer had explored long-term care, specifically:
    - A Will - 44%
    - A durable power of attorney for medical decisions - 42%
    - An advance healthcare directive (sometimes called a Living Will) - 40%
    - A durable power of attorney for finances - 40%

Appendix C: Emerging Themes from the Community Forums

The list below outlines the themes and subthemes from the community forums. This list is oversimplified and lacks full context in order to save space.

- **Affordable Housing & Policy**
  - Rent Control & Assistance Program Changes
  - Statewide Zoning Changes
  - Support Through Housing Crises and Changes
  - Promote & Expand Property Tax Exemptions
  - Increase Property Tax on Unoccupied Second Homes
  - Remove Barriers and Promote Accessory Dwelling Units (ADUs)
  - Create Housing Matching Program
  - Displacement Prevention
  - Support Non-Profit Senior Housing
  - Create and fund Senior Centers and Housing for the DeafBlind Community
  - Leverage the Housing Trust Fund & Low-Income Housing Tax Credit (LIHTC)
- **Affordability in Health Care**
  - Expand WA Cares Eligibility
  - Create Universal Healthcare in Washington
  - Cap Cost of Medications & Durable Medical Equipment
  - Increase Healthcare & Digital Literacy
  - Support Fall Prevention & Detection
  - Support First Responders' Use of Dementia-Friendly & DeafBlind-Friendly Practices
- **Support Caregivers & Care Partners**
  - Change Policies to Support Caregivers
  - Fund Caregiving & Respite Care
- **Increase Memory Loss & Dementia Services**
  - Increase Early Dementia Detection & Diagnosis
  - Promote Dementia-Friends & Family Training
  - Invest in Caregivers of People Living with Memory Loss & Dementia

    - Create Dementia-Friendly Housing
    - Recognize the Differences in Dementia Types
- **Planning for and Affording a Long Life**
    - Protect People from Fraud
    - Support Adult Financial & Digital Literacy Programs
    - Expand Low-Cost, Culturally Appropriate Legal Services
    - Promote Partnerships for Completing Legal Documents
    - Support Financial Literacy Among Younger People
    - Support Through Crises and Changes
- **Reimagine Access to Public Spaces & Services**
    - Create Senior Center & Senior Resource Database
    - Expand Senior Companion & Caregiver Programs
    - Increase Co-navigator Funding for the DeafBlind Community
    - Remove Barriers to Use of State Funds
    - Focus on Safety
    - Create Dementia Days or Hours
    - Support Accessible Transportation to Public Spaces, Not Just Health Care
    - Partner with Washington's Large Employers for Transportation
    - Create Transportation Volunteers with Schools & Churches
    - Consider Transportation Buddies
- **Address Discrimination**
    - Promote Positive Images of Aging
    - Mandate Anti-Ageism Training
    - Promote Age- and Dementia-Friendly Practices Across the State
    - Ensure Language Access Services are Used
- **Promote Intergenerational Connections**
    - Utilize Programs That Bridge Generations
    - Support Walking and Biking Buses
    - Incentivize Intergenerational Housing

- **Increase Culturally Appropriate Supportive Changes**
    - Fund and Support Language Access
    - Increase Understanding of LGBTQ+ Community Needs
    - Encourage Connection to Tribal Lawyers for Planning Documents

Appendix D: Core & Advisory Group Team Rosters

Core Team

The Age- and Dementia-friendly Washington Core team has been active for more than three years. Participants actively built the structure for this work, provided funding, led the survey design, facilitated the community forums, coordinated with agency support staff and community partners not on the Advisory Group, and made final decisions based on input from the Advisory Group and community partners.

Core team members:

- **Jamie Teuteberg**, Director of Healthy Aging Initiatives, Clinical Quality and Care Transformation, Health Care Authority
- **Lynne Korte**, Dementia Care Program-Policy Analyst, State Unit on Aging, Home and Community Living Administration, Department of Social and Health Services
- **Marci Getz**, State Lead for Healthy Aging Initiative, Prevention and Community Health Division, Office of Healthy and Safe Communities, Department of Health

Inactive Core team member:

- **Jamie Wells**, Health Services Consultant, Department of Health (inactive, as of Nov. 2025)

Advisory Group

The Age- and Dementia-friendly Washington Advisory Group agreed to an engagement of 18-months. Participants actively participated in meetings, advised on development of the statewide survey and supported dissemination, participated in the community forums, reviewed materials shared by the contractor and other partners, and volunteered for additional support requests as needed.

Advisory Group members:

- **Andra Smith**, Executive Director, WA Food Coalition
- **Barb Chamberlain**, Director of Active Transportation, Washington Department of Transportation
- **Bob Scarfo**, Member of the Governor's State Council on Aging & member of the Aging and Long-term Care of Eastern Washington's Program Management Committee

- **Cathy Knight**, State Director, WA Association of Area Agencies on Aging (W4A)
- **Diedrah Todd**, Healthy Aging Specialist, Health Care Authority
- **Dinah Stephens**, Age-Friendly Seattle Program Manager, City of Seattle
- **Dr. Gary Ferguson**, Director of Integrative Medicine and Interim Health System Administrator at the Tulalip Health Clinic
- **Frank Rowland**, Policy and Housing Director, Office of Rural and Farmworker Housing in Yakima, WA
- **Kelly Harnish**, Healthy Living Program Manager, Benton-Franklin Health District
- **Kelly Lewis**, Healthy Aging Program Coordinator, Benton-Franklin Health District
- **Kim Eads**, Manager of Food Assistance, Washington State Department of Agriculture; **Kyle Merslich** regularly attends as proxy
- **Heidi Wong**, Associate State Director, Outreach & Community Engagement
- **Marigrace Becker**, Program Manager, Community Education & Impact; Director, the Memory Hub, UW Memory and Brain Wellness Center
- **Mary-Anne Grafton**, Washington State Association of Senior Centers, Chair
- **Renata Wilson**, Chief Operations Officer, Central Office, Meals on Wheels People
- **Stacy Dym**, Executive Director, The Arc of WA State

Inactive Advisory Group members:

- **Bertha Clayton**, Walla Walla County Commissioner (inactive as of Jan. 2026)
- **Jennifer Driscoll**, City of Tacoma Parks (inactive as of Jun. 2026)
- **Trish Twomey**, Executive Director, WA Food Coalition (retired as of Mar. 2026, replaced by Andra Smith)