SAN FRANCISCO HUMAN SERVICES AGENCY
Department of Disability
and Aging Services

Dementia Care Landscape Analysis

July 2025

Contents

This report was prepared by SFHSA Planning on behalf of the Department of Disability and Aging Services. Please contact Andrew Tan (andrew.j.tan@sfgov.org) and Adithi Vellore (vellore.adithi@sfgov.org) with any questions.

Executive Summary

Within the City and County of San Francisco, the **Department of Disability and Aging Services (DAS)** is the local government agency responsible for **coordinating services for older adults, veterans, people with disabilities, and their families to promote health, safety, and independence.** In this role, DAS serves over 70,000 unduplicated clients annually through a combination of services provided directly through our department programs and through partnerships with community-based organizations.

Many of these services are supported by the **Dignity Fund,** a protected local funding stream for social services that support older people and adults with disabilities to safely live and engage in the community. To ensure the Dignity Fund is achieving its intended impact in the community and making best use of available resources, the Department conducts a variety of data gathering and evaluation activities, including **focus area reports on key issues of interest** to DAS stakeholders. One of these issues, identified in partnership with the Dignity Fund Oversight and Advisory Committee, is the local dementia care landscape.

This analysis offers a deep dive into the local dementia care landscape for DAS and Department stakeholders. It leverages a variety of data sources from a review of research literature, to key informant interviews with dementia care experts and service providers, to case studies of best practices in the field, to synthesize and summarize **information about the needs of people living with dementia and their caregivers, available resources in San Francisco that help to address these needs, and best practices in dementia care.**

Based on these findings, this analysis also offers recommendations for DAS to help strengthen dementia-related services and service delivery in San Francisco. These recommendations are to:

- Promote interagency referrals between DAS services and the GUIDE program.
- Integrate Dementia-Friendly Communities activities into our existing Age- and Disability-Friendly San Francisco planning and implementation efforts.
- Continue to invest in adult day services and other supports for caregivers.
- Enhance dementia awareness training for DAS community-based service providers.

Introduction

With the November 2016 passage of Proposition I, San Francisco voters established the **Dignity Fund,** creating protected funding for social services that support older people and adults with disabilities to safely live and engage in the community. The Dignity Fund is administered by the **San Francisco Department of Disability and Aging Services (DAS),** the City's lead agency focused on older adults and adults with disabilities.

The Dignity Fund legislation guided DAS to institute a **rigorous planning and evaluation process** to ensure that funds are distributed responsibly and transparently to best address community needs. Throughout this cyclical process, the Department conducts a variety of **data gathering and evaluation activities to ensure Dignity Fund is achieving its intended impact** in the community and making best use of available resources. This evaluation effort includes preparing **focus area reports,** such as this one pertaining to the local dementia care landscape, that delve more deeply into key issues of interest to DAS stakeholders.

Older adults ages 60 or older are the fastest growing age group in San Francisco. They currently make up approximately 22% of our population and are projected to account for 30% of the city's residents by 2030. **As this population grows, so too does the demand for supportive services to safely age in place — particularly dementia care resources** both for people experiencing neurocognitive decline and the loved ones who care for them. The Alzheimer's Association found that nearly 720,000 people ages 65 and older in California, or approximately 12% of this population, have Alzheimer's disease.[1] And this already significant population is only growing. One recent study, for instance, estimates that one million people in the United States will develop dementia annually by 2060, due primarily to the growth of the aging population. It is also worth noting that Black/African Americans are particularly impacted by this growth, with annual cases expected to triple to 180,000 per year.[2]

In this context, **DAS would benefit from a deeper understanding of local dementia care needs, available resources, and best practices for addressing unmet needs in the community.** This analysis provides information for DAS and Department stakeholders to better understand: the existing resources in San Fracisco for people living with dementia and their caregivers, including notable gaps in services; to learn about the common barriers for San Franciscans living with dementia; and to explore best practices in dementia care. Based on these findings, this report offers recommendations for strategies DAS should consider implementing to address areas of unmet need in the dementia care landscape.

---

[1] California alzheimer's facts and figures 2024. Accessed July 7, 2025. https://www.alz.org/getmedia/6c50606b-19ae-4ef0-8576-482a5db9b99e/california-alzheimers-facts-figures-2024.pdf.

[2] Belluck, P. (2025, March 12). *Dementia cases in the U.S. will surge in the coming decades, researchers say - The New York Times*. Dementia Cases in the U.S. Will Surge in the Coming Decades, Researchers Say. https://www.nytimes.com/2025/01/13/health/dementia-cases-us.html

Methodology

This analysis seeks to answer the following research questions:

- What do people living with dementia need to safely age in place?
- What do family and friend caregivers need to support their loved ones with dementia to age safely in place?
- What resources are available to support people with dementia and their caregivers?
- To what extent do these available resources meet local needs? What, if any, are the notable gaps in services?
- How can we improve existing dementia care services to better address areas of unmet need?
- What notable dementia care best practices and/or service models in other cities could inform local efforts in this service landscape?
- What strategies should DAS consider implementing to address unmet dementia care needs in San Francisco?

DATA SOURCES

This landscape analysis was informed by both primary and secondary data sources to answer these research questions. These data sources are described in the table below.

Table 1: Data Sources

Data Source	Description
Literature Review	Review of existing literature from academic and other sources, including public and nonprofit service providers, with expertise on people with dementia and their caregivers. Literature review offers both foundational insights regarding the dementia care landscape and in-depth case studies that highlight best practices in the field.
Key Informant Interviews	Individual and small-group interviews with 18 key informants from public, nonprofit, and academic sectors with expertise in populations affected by dementia and/or experience in dementia care service delivery and policy advocacy. Interviews offer more in-depth information about population needs, barriers, and service system strengths, gaps, and opportunities — particularly in the local context.
Qualitative Data Review	Review of relevant focus group and community forum data from the 2022 Dignity Fund Community Needs Assessment.
Quantitative Data Review	Review of existing data, such as the population survey from the 2022 Dignity Fund Community Needs Assessment, which includes responses pertaining to dementia/cognitive impairment and related care needs. This information will help frame recommendations and findings from the above research.

Taken together, these sources inform the findings and the recommendations outlined in the subsequent sections of this report.

Service Needs for People Living with Dementia

The term **"dementia" refers to any disease that changes memory and/or cognitive abilities in a way that impairs independent daily functioning.** The most common form of dementia is **Alzheimer's disease,** which affects an estimated 60-80% of people living with dementia, according to the Alzheimer's Association.[3] There are many potential causes for dementia; as a result, any two people living with dementia may exhibit different symptoms or experience the course of the disease differently from one another.[4] The most common symptoms begin with **short-term memory loss,** and can include **challenges in communication, organization, navigation, and personality changes.** In the case of most progressive dementias, including Alzheimer's disease, there is **no cure for the disease.** However, there are medicines that can help treat symptoms and can improve memory for a period. Additionally, research shows that physical exercise, a balanced, heart-healthy diet, good sleep, and engaging in social activities can help improve brain health.

Notably, **dementia has significant social impacts** beyond the condition's more widely known effects on physical and cognitive function; if unaddressed, these impacts can lead to an unnecessary decline in quality of life.[5] This section of the analysis **outlines the common needs of people living with dementia, including early screening and detection, medical and personal care, social engagement, and transportation, and financial support.**

Early Screening and Detection

Early screening and detection for dementia is among the most high-impact interventions for slowing the development of the disease. A 2019 study funded by the National Institutes of Health outlining the importance of early Alzheimer's diagnosis notes that the World Health Organization has recommended implementation of guidelines to reduce the risk of cognitive decline and dementia.[6] The study suggests that **recognition of symptoms of dementia should not just include general practitioners but any professionals with regular contact with people who are at risk for developing dementia.**

---

[3] *What is Dementia? Symptoms, Causes & Treatment*. Alzheimer's Association. (n.d.). https://www.alz.org/alzheimers-dementia/what-is-dementia

[4] *A Patient's Guide to Dementia*. UCSF Dementia Patient Guide Dementia 11-3-17. (n.d.). https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF%20Dementia%20Patient%20Guide_Dementia_11-3-17.pdf

[5] *Reed, P., Carson, J., & Gibb, Z. (2017, July 1). Transcending the tragedy discourse of dementia: An ethical imperative for promoting selfhood, meaningful relationships, and well-being.* Journal of Ethics | American Medical Association. https://journalofethics.ama-assn.org/article/transcending-tragedy-discourse-dementia-ethical-imperative-promoting-selfhood-meaningful/2017-07

[6] Rasmussen, J., & Langerman, H. (2019, December 24). *Alzheimer's disease - why we need early diagnosis*. Degenerative neurological and neuromuscular disease. https://pmc.ncbi.nlm.nih.gov/articles/PMC6935598/

The study also notes the major benefits of early detection can be a better quality of life for several years in mild-to-moderate Alzheimer's dementia.

Spotlight: Dementia-Related Stigma, Diagnosis, and Engagement in Services

Stigma and cultural (mis)perceptions about dementia can pose significant barriers to people living with dementia meeting their needs, making them more hesitant to access needed services, learn more about the disease, or even get a diagnosis. One study of African American older adults living with dementia in Atlanta, Georgia illustrated this phenomenon in vivid terms: "[T]elling someone you have dementia is a shame issue," one of the study's participants noted. Because they felt unable to disclose their dementia diagnosis to others, people living with dementia and their family members could not seek out and receive services they needed to manage their condition.

Dr. Laura Trejo, Director of Los Angeles County's Aging and Disabilities Department, also provided examples of the **stifling power of dementia-related stigma and stigmatizing language about caregiving.** In her department's work to bring more awareness of dementia to the predominantly Latinx community in East Los Angeles, she found that community attendance at meetings remained low despite their best efforts at outreach. Finally, during one of these meetings, an attendee explained to Dr. Trejo that the local community had a negative view of the word "burden" and didn't want to participate in meetings publicized by the department as being about "caregiver burden" — perhaps a common concept and phrase used by professionals in the field, but one that did not resonate with intergenerational Latinx households who did not regard caregiving for aging loved ones as a burden. Dr. Trejo and her team removed this language from their brochures, and subsequently noted an uptick in the community's engagement. According to Dr. Trejo, the University of California, Los Angeles even reported recently that East LA demonstrated a higher awareness of dementia services than other parts of the city.

Dr. Trejo provided another example of how **finding less stigmatizing ways to discuss dementia can lead to a group's increased awareness of dementia and engagement in needed services,** this time focusing on the Japanese-speaking community in Los Angeles. She explained that, historically, her department was only able to refer to dementia in Japanese using stigmatizing language, which in turn limited the positive impact of their outreach to Japanese speakers. However, after the public announcement of former United States President Ronald Reagan's dementia diagnosis in 1994, the department could thereafter refer to the disease as "President's Disease," which helped them engage the Japanese community more effectively on dementia-related topics.

Medical and Personal Care

Medical needs are a key element of care for people who are living with dementia since behavioral and social changes can **impact their ability to engage in tasks of everyday living, as well as their physical health.** For example, according to a 2021 Alzheimer's Association study, dementia symptoms can include behavioral disturbances, such as wandering, agitation, resistance to care, and nighttime wakings that interfere with their sleep and their caregivers, impacting physical health.[7] These issues can be further complicated by the medications that people living with dementia may be prescribed to manage their symptoms; some of these medications have side effects that can create new behavioral disturbances, even as they mitigate the effects of the others.

People living with dementia are also at **higher risk of hospitalization.** Compared to older adults without dementia, people living with dementia visit the emergency departments more frequently, are hospitalized more, and return to the emergency department within 30 days more frequently.[8] **At some point, people living with dementia may no longer be able to continue living safely and independently in the community** — even with available caregiving and other supports — due to the increasing complexity of their medical and/or personal care needs. In these instances, they may benefit from moving into a long-term residential setting that can provide them with a higher level of oversight and care, such as **assisted living, skilled nursing, or a specialized memory care unit** in either type of facility.

In this context, **health advocacy and health-related legal assistance** are vitally important for people living with dementia and their caregivers to **plan their medical care and decision-making authority,** particularly in the long-term. This kind of support is beneficial even in earlier stages of the disease: people living with dementia may find it challenging to navigate health systems and emergency departments on their own, and caregivers may play a role in advocating for their care, needs, and medication even without formal decision-making authorities in place. As their disease progresses, people living with dementia may need to formalize their **legal arrangements for making decisions on their behalf,** like granting a caregiver power of attorney, or prepare documents outlining their **wishes pertaining to their end-of-life care.**

Social Engagement

Although it is often overlooked as a core need for people living with dementia, **social engagement is vitally important for this population — helping to slow cognitive decline** as the disease progresses. People living with dementia are **particularly vulnerable to loss of**

---

[7] Austrom, M. G., Boustani, M., & LaMantia, M. A. (2018, January 18). *Ongoing Medical Management to maximize health and well-being for persons living with dementia*. The Gerontologist. https://pmc.ncbi.nlm.nih.gov/articles/PMC5881733/

[8] LaMantia, M. A., Stump, T. E., Messina, F. C., Miller, D. K., & Callahan, C. M. (2016). *Emergency department use among older adults with dementia*. Alzheimer disease and associated disorders. https://pmc.ncbi.nlm.nih.gov/articles/PMC4764430/

social connection and feelings of loneliness; those living with dementia have reported losing friendships over having the disease, due to misconceptions around their ability to make decisions and remain living independently. “When I came down with Alzheimer’s, my friends weren’t my friends anymore. They don’t come to talk with me or just to be with me,” said one person living with dementia in a study of these impacts.[9]

The importance of social relationships in the research literature resonates with the findings of our local 2022 Dignity Fund Community Needs Assessment, which underscores the importance of social engagement for older people and people with disabilities generally, and especially for people with dementia.

Transportation

Transportation supports can be an important lifeline for people living with dementia to **complete day-to-day tasks and remain active in the community** — even and especially as they may begin to experience challenges with driving themselves or using public transit systems independently due to the progression of the disease. In particular, conventional public transportation and Paratransit help people living with dementia to age in place, empowering them to meet their daily needs like shopping for groceries, going to the bank, or visiting the doctor, and to engage in the community by going to their neighborhood community center and attending other local events.

However, according to the National Aging and Disability Transportation Center, someone living with dementia can have difficulty remembering how to pay for bus fare or signal a stop, become lost in familiar places, express frustration towards the driver or other passengers, and can become confused about time, people, and places.[10] In this context, public transit workers can play a critical role in supporting all passengers, especially if they are aware of the challenges people living with dementia face.

Financial Support

People living with dementia and their caregivers express the need for **more affordable care options and/or financial support to help them meet care needs** over the progression of the disease. The costs of care can add up quickly, especially given that many available resources along the continuum of dementia care such as in-home care, community-based adult day care programs, and long-term residential care, are private pay. In some cases, **access to**

---

[9] *Reed, P., Carson, J., & Gibb, Z. (2017, July 1). Transcending the tragedy discourse of dementia: An ethical imperative for promoting selfhood, meaningful relationships, and well-being.* Journal of Ethics | American Medical Association. https://journalofethics.ama-assn.org/article/transcending-tragedy-discourse-dementia-ethical-imperative-promoting-selfhood-meaningful/2017-07

[10] Dementia, caregiving and Transportation Toolkit. Accessed July 9, 2025. http://www.nadtc.org/wp-content/uploads/Dementia-Caregiving-and-Transp-Toolkit-_FINAL.pdf.

these resources may be subsidized by Medi-Cal for qualifying people with low income; even so, these individuals may still be expected to pay a share of cost.

The financial challenges of accessing needed care are particularly acute for San Franciscans who cannot afford to pay for services out of pocket, but have too much income to qualify for Medi-Cal. For example, CareScout, a popular long-term care calculator estimates that in San Francisco in 2024, the average cost of in-home care was approximately $96,000 per year.[11] In that same period, the local Area Median Income was an estimated $119,900 for a two-person household.[12] This comparison of the local cost of care to incomes helps to illustrate just how dire this care affordability crisis is for our community.

---

[11] CareScout. Accessed July 14, 2025. https://www.carescout.com/cost-of-care.

[12] 2024-SF-MOHCD-Income-Limits-AMI-Chart. Accessed July 14, 2025. https://www.sf.gov/file/2024-sf-mohcd-income-limits-ami-chart.

Service Needs for Caregivers

As with caregivers of older people and adults with disabilities generally, **caregivers of people living with dementia often experience significant physical, mental, emotional, and/or financial stress.** Caregivers must balance varied and sometimes competing needs in their caregiving role, juggling not only the physical and social needs of their care recipient, but also their own, alongside the financial and other considerations associated with providing unpaid care to a loved one.

Further, **caregivers may struggle to find time or coverage to take breaks from caregiving so that they can take care of themselves** or attend to their own medical needs, including their mental health, which may be strained by the challenges and isolation of caring for a loved one with a terminal illness. Compounding the issues described above, **not all caregivers know how to best care for their loved one,** and must find time to learn about how to meet their care recipient's evolving needs on the (unpaid) job, while also managing their own needs.

This section of the analysis **outlines the common needs of caregivers of people living with dementia, including navigating the network of available resources, respite care for loved ones living with dementia, caregiver training, and mental health supports for caregivers.**

Dementia Care Resource Awareness and Navigation

Whether they are seeking a diagnosis or attempting to access medical and social services to manage their condition, people with dementia and their caregivers **don't always know where or how to get help.** Even when they do, they must **navigate a complex medical system and overcome bureaucratic hurdles to get connected** to the support they need.

Locally, the 2022 Dignity Fund Community Needs Assessment found that caregivers, including those caring for people living with dementia, experienced challenges in understanding and accessing supportive resources for themselves along with needing more information about resources for those in their care.

In key informant interviews, San Francisco service providers noted that it can sometimes be **difficult for people with dementia to get a diagnosis** from a doctor, which can in turn delay their access to needed resources. Even when consumers are able to get a diagnosis, they often experience what one provider referred to as the **"diagnose and adios" phenomenon** — in other words, once they have a diagnosis in hand, they don't always get follow-up support to access treatment and related supportive services. Alternatively, some in the medical system are skeptical of the need for dementia diagnoses since there is no current cure for dementia

In California, it's been noted by CalMatters, a nonpartisan and nonprofit newspaper covering state politics and quality of life issues, that **it can take years for those seeking a placement in an assisted living program through Medi-Cal,** putting additional strain on family members serving as caregivers in the interim.[13] As caregivers wait for a placement they bear the brunt of the cost of interim care and must navigate a care coordination agency that can sometimes have opaque and changing rules. These complications illustrate the challenges that exist in accessing adequate care, even when successfully enrolled in Medi-Cal, which can be challenging to enroll into even at a baseline.

These **challenges are further exacerbated for consumers with limited or no English proficiency, LGBTQ+ identification, or other cultural factors** that shape their service needs; the medical system is not always well-equipped to address those needs. For example, doctors note that dementia diagnoses can be delayed if language-accessible services are not available at a given hospital or clinic; it can sometimes take months to find another facility that is able to perform dementia testing in a person's first language. [14]

Respite Care

Respite care is a critical need for caregivers of people living with dementia, providing temporary care support for their loved ones so that caregivers are able to take a break from the often around-the-clock demands of caring for someone with a chronic condition. As the National Council of Certified Dementia Practitioners has noted, caregiving can take a tremendous physical and mental toll on caregivers over time; the organization lists sleep deprivation, anxiety, and depression, as common symptoms experienced by caregivers.[15]

Respite care offers caregivers some measure of relief from the stresses of caregiving, and the chance to take care of their own needs while someone else cares for their loved one. When provided consistently and in sufficient quantity, respite care **improves caregiver wellbeing** by restoring life balance, providing self-care time, enhancing relationships, building a support network, and preventing burnout. It also has **benefits for care recipients,** who receive higher quality care from more well-rested caregivers.

Despite respite care's many benefits, **caregivers sometimes express feelings of guilt about leaving the care of their loved ones to another care provider, even temporarily.** However, organizations like the Alzheimer's Association encourage caregivers to engage in respite care, recognizing the importance of giving caregivers the time to relax, complete errands,

---

[13] Ibarra, A. B. (2022, September 7). *"Operating under water": Families trying to place loved ones in Medi-Cal Assisted Living Program Wait years*. CalMatters. https://calmatters.org/health/2022/09/medi-cal-assisted-living/

[14] *Language barrier means millions of elderly can't access Alzheimer's trials*. Colorado Public Radio. (2018, October 31). https://www.cpr.org/2018/10/31/language-barrier-means-millions-of-elderly-cant-access-alzheimers-trials/

[15] *The benefits of respite care for dementia caregivers*. NCCDP. (2024, October 7). https://www.nccdp.org/the-benefits-of-respite-care-for-dementia-caregiver

and get peace of mind,[16] and in turn strengthen their ability to continue providing robust care to a loved one.

Dementia Education and Caregiver Training

Caregiving for a loved one experiencing cognitive loss can be very challenging without proper training — which many family and friend caregivers, as informal/unpaid care providers, do not often receive before taking on these responsibilities. Further, although many people may be familiar with dementia in broad terms before becoming a caregiver, they are less likely to know about the day-to-day realities of living with or caring for someone with dementia. They may also have common misconceptions about the course and duration of the disease. As such, **training can be a key support for caregivers to more confidently and effectively provide quality care, which in turn benefits their care recipients.**

Caregivers themselves have noted how unprepared they feel to effectively manage their care recipients' needs and dementia-related behaviors without adequate training. According to a 2021 University of Washington study of caregivers for people living with dementia, for example, caregivers reported that health care providers didn't provide enough information about dementia and how its symptoms may change over the course of the disease, and little to no guidance about how to actually deliver personal care to someone with dementia.[17]

> *"I can see where caregivers will just fall apart with some of these behaviors if you don't know what's coming. And it's not that I have anything against the doctors. They don't have time. Maybe they don't even know, but they don't have time to really prepare you for what you're taking on."*
>
> – Caregiver participant in University of Washington study

The study noted that while training for caregivers may not be immediately actionable in the early stages of dementia, this time period can be a critical one for caregivers to learn more about dementia symptoms and progression. In this way, they can be better prepared to provide quality care as the disease continues its course.

Mental Health

Caregivers face challenges in mental health care for themselves as they adjust to a new role in caring for a loved one who is also facing evolving challenges in both their physical and mental health. The experience of caring for someone living with dementia can be traumatic

---

[16] *Respite Care*. Alzheimer's Association. (n.d.-a). https://www.alz.org/help-support/caregiving/care-options/respite-care

[17] Ramirez, M., Duran, M. C., Pabiniak, C. J., Hansen, K. E., Kelley, A., Ralston, J. D., McCurry, S. M., Teri, L., & Penfold, R. B. (n.d.). Family Caregiver Needs and Preferences for Virtual Training to Manage Behavioral and Psychological Symptoms of Dementia: Interview Study. https://aging.jmir.org/2021/1/e24965/PDF

for caregivers. In addition, the financial strain often associated with meeting their recipient's care needs can also exacerbate mental health stressors.

The need for supportive services for caregivers was noted, for example, in a Canadian study of caregivers and people living with dementia.[18] The study found that low mood and irritability of those living with cognitive decline also led to low mood for the caregiver. Additionally, it would be "traumatic" to decide to entrust the care of a loved one to someone else.

University of Pennsylvania's Leonard David Institute of Health Economics expands on this latter theme: caregivers may feel guilt and fear about moving their loved one with dementia into a long-term residential care facility, but still struggle to effectively support them to continue aging in place. In this context, emotional supports, which may include services like individual counseling or peer support groups, are key.[19]

---

[18] Mayo, C. D., Kenny, R., Scarapicchia, V., Ohlhauser, L., Syme, R., & Gawryluk, J. R. (2021). Aging in Place: Challenges of Older Adults with Self-Reported Cognitive Decline. *Canadian geriatrics journal : CGJ*, *24*(2), 138–143. https://doi.org/10.5770/cgj.24.456

[19] Ferrante, E. C. B., & Auriemma, C. (2024, September 30). *People with dementia prefer aging in place*. People With Dementia Prefer Aging in Place - Penn LDI. https://ldi.upenn.edu/our-work/research-updates/why-people-with-dementia-prefer-aging-in-place-despite-all-the-missing-supports/

Key Dementia Care Resources in San Francisco

San Francisco has a wide range of services to address the needs of people living with dementia and their caregivers. This section of the analysis provides a brief overview of key resources in this services landscape. It also offers some reflections on the strengths and limitations of these resources, shared by local service providers serving these populations in key informant interviews.

Early Screening and Detection

As noted in a prior section of this report, early dementia screening and detection is an important strategy for improving the quality of life for people living with dementia. Locally, the **Dementia Care Aware** program is a key resource for early screening and detection: the program **provides support to primary care teams to implement routine cognitive screening for seniors ages 65 and older,** with a particular focus on serving underserved populations and those with low income (such as Medi-Cal recipients). It also offers other education and tools for primary care providers to improve dementia detection and care.

Dr. Anna Chodos, geriatrician at the University of California, San Francisco and Executive Director of Dementia Care Aware, reaffirmed the importance of early detection. She noted that regular screening can lead to interventions to slow cognitive decline, such as treatment for hearing loss or depression. These interventions in turn can help prevent hospitalization or premature institutionalization, and can support families in their relationships with those living with dementia.[20]

Dementia Care Resource Awareness and Navigation

San Francisco is fortunate to have **robust resources that help people learn about, navigate, and connect to needed disability and aging services** — including resources tailored specifically to people living with dementia and their caregivers, as well as other services that promote aging in place. These resources, summarized below, make it easier for people to seek and receive the help they need to manage their dementia-related needs.

GUIDING AN IMPROVED DEMENTIA EXPERIENCE

Launched in July 2024 by the federal Centers for Medicare and Medicaid Services, the **Guiding an Improved Dementia Experience (GUIDE) Model**[21] is a new and innovative pilot designed to **better support people living with dementia and their unpaid caregivers to**

---

[20] YouTube. (2024, April 1). A Brighter Future for Dementia Care, Early Detection Matters! https://www.youtube.com/watch?v=aQsqjJvE3fA

[21] Centers for Medicare & Medicaid Services. (2025, May 5). *Guiding an Improved Dementia Experience (GUIDE) Model.* https://www.cms.gov/priorities/innovation/innovation-models/guide

navigate and connect to needed resources including medical care, caregiver training and respite care, and other supports.[22] This initiative is being implemented locally by the San Francisco Health Network, operated by the Department of Public Health (DPH).

Spotlight: Dementia Assessment and Care Planning under the GUIDE Model

Beginning with an initial **Comprehensive Assessment,** the interdisciplinary team assess the patient and caregiver across “cognitive function, functional status, clinical needs, behavioral and psychosocial needs, and caregiver burden” to confirm a dementia diagnosis and creating a **comprehensive care plan.** This Comprehensive Assessment is performed every 12 months.

Following the assessment, the team **supports the caregiver with training, respite care, and medication management.** This intervention aims to increase the quality of life for those living with dementia and the caregivers supporting them.

While GUIDE is primarily housed in DPH, the success of the service model is partly dependent on client connection to supportive resources beyond those offered by DPH. For example, Dr. Chodos identified select DAS programs like the CalAIM Enhanced Care Management services available through the Community Living Fund program, community-based Legal Assistance, and Public Guardian services, as likely to be important in ensuring the ongoing community stability of clients served by GUIDE.

DAS BENEFITS AND RESOURCE HUB + AGING AND DISABILITY RESOURCE CENTERS

The **DAS Benefits and Resource Hub,** located at 2 Gough and also accessible by phone or online, serves as a one-stop-shop for people seeking disability and aging services provided by the Department, and other available resources. With a single call or visit, seniors, people with disabilities, veterans, caregivers, and even community-based service providers and other professionals, can get **information about and referral** to various services, including dementia-related services. People can also get **assistance to apply for essential services** such as the Community Living Fund, In-Home Supportive Services, Home-Delivered Meals, and Case Management.

Aging and Disability Resource Centers (ADRCs) operate in a similar fashion, serving as centralized, **neighborhood-based resources for information, referral, and assistance** operated by trusted community providers. Our 15 ADRC sites are located throughout the city, with at least one ADRC located in each Supervisorial District. Crucially, these sites **offer services in multiple languages, and regularly provide translation support and related assistance** to help meet the needs of San Francisco older and disabled adults who speak

---

[22] Centers for Medicare & Medicaid Services. (2025, May 5). *Guide payment methodology paper*. CMS Guide Payment Methodology Paper. https://www.cms.gov/files/document/guide-payment-methodology-paper.pdf

languages other than English. These resource centers are a potential first place of contact for someone who is living in the community but has not yet been diagnosed with dementia.

CASE MANAGEMENT

DAS community-based **Case Management** services help clients with complex needs to **navigate and coordinate the services they need to live safely in the community.** Case managers provide a range of support to clients, including client needs assessment, service planning and monitoring, and coordination of social and health services across providers. Case management supports can be vital for those living with dementia and their caregivers to help **navigate complex dementia care resource networks, overcome bureaucratic hurdles, and successfully access services.** Case management services are also an important ongoing source of support to help people manage more routine challenges in the tasks of daily living.

COMMUNITY LIVING FUND

The **Community Living Fund** program provides **intensive case management and purchase of goods and services to support safety and stability in the community,** as an alternative to institutionalization at a Skilled Nursing Facility. In recent years, the program has expanded to also offer **CalAIM Enhanced Care Management** services for Medi-Cal recipients enrolled with the San Francisco Health Plan. The more intensive forms of case management this program offers can help people living with dementia to remain safely in the community and avoid unnecessary institutionalization, even as the disease progresses and their functional needs grow more complex.

Services to Support Aging in Place

Providing **support for people with dementia to age in their homes and communities, and to avoid entering institutional care,** is a vital part of managing the progression of the disease and ensuring a high quality of life. As with other social services programs, it is **important that these services are offered in a culturally responsive fashion equipped to meet the needs of diverse consumers,** including people of color, people with limited English proficiency, and LGBTQ+ identifying people.[23]

In San Francisco, there are various **home- and community-based services that help people with dementia meet their functional and social needs.** These services are described in more detail below.

---

[23] Providing care to a diverse older adult population | National Institute on Aging. Accessed July 14, 2025. https://www.nia.nih.gov/health/health-care-professionals-information/providing-care-diverse-older-adult-population.

ADULT DAY PROGRAMS

For those living with dementia, the social activities provided by state-licensed **Adult Day Programs** are key to slow down the process of cognitive decline, address isolation, and support their emotional and mental health. DAS funds five community-based Adult Day Programs that provide a **variety of daycare services, including social and recreational activities, personal care support, medication management, meals and snacks, and transportation.** By providing this level of supervision and care to their participants, Adult Day Programs also function as a **daytime respite resource for family and friend caregivers.** Some sites have specialized programs for people with moderate-to-late stage dementia and Alzheimer's disease, described further below.

ALZHEIMER'S DAY CARE RESOURCE CENTERS

DAS also funds four **Alzheimer's Day Care Resource Centers (ADCRC),** which support people ages 18 and older living with moderate-to-severe Alzheimer's or other dementia-related disorders, whose care needs and behavior can make it difficult for them to participate safely in other care programs. ADCRC services include not only **daytime activities for people living with dementia,** but also **extensive resources for their caregivers and families,** such as family support groups, respite care, and training for professionals and others caring for those living with dementia.

ADULT DAY HEALTH CENTERS

Adult Day Health Centers (ADHC) are state-licensed, community-based facilities that provide **social and recreational activities, supervision, physical and occupational therapy, and personal care support** for clients with skilled nursing level of care needs and/or cognitive impairment (e.g., dementia). Participation in ADHCs is a Medi-Cal benefit; these centers also accept private pay clients who can afford the daily rate.

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

Known more commonly by its acronym **PACE,** the Program of All-Inclusive Care for the Elderly offers an **alternative to nursing home care through an interdisciplinary care team** of physicians, nurse practitioners, nurses, social workers, therapists, van drivers, and aides to help older individuals continue living in the community.[24] The PACE model, first launched in San Francisco in 1971, helps make **comprehensive personal care plans, make necessary appointments, coordinate with specialists, fill prescriptions and provide transportation** to and from PACE centers.

This high level of coordination is especially helpful to those living with dementia as their care needs can be complex and require support from different professions to help manage the progression of dementia. In San Francisco, there are two licensed PACE facilities.

---

[24] "What Is Pace?: Home Care Assistance & Senior Care Services." CalPACE, January 11, 2024. https://calpace.org/what-is-pace/what-is-pace/

Spotlight: Social Engagement Opportunities in Outpatient Memory Care

Modupe Rotimi, a manager at an outpatient memory care center based within a San Francisco PACE program, noted how her alternative care setting program provided robust adult programming that includes dancing, balloon volleyball, Mahjong, art, and cooking. These activities are more than just entertainment but incorporate key elements to support those living with dementia. Through dance they can continue to engage in movement and enjoy music, while cooking encourages them to use their olfactory system more.

Often, Rotimi noted, those living with dementia can feel they are not valuable, so it extremely beneficial for participants to have a space that makes them feel important. "They may not know they have dementia and don't realize how much they're missing those human connections," Rotimi said.

IN-HOME SUPPORTIVE SERVICES

In-Home Supportive Services (IHSS) is a **Medi-Cal benefit that pays caregivers** to help low-income seniors and people with disabilities in their homes with **activities such as household chores, non-medical personal care like bathing, grooming, feeding or dressing, cooking and more physically challenging home maintenance.** This resource helps care recipients age safely in place in their homes rather than live in an institutional setting. In San Francisco, IHSS recipients who are unable to hire their own care provider and oversee their care ongoing are served through a home care agency.

For people living with dementia, IHSS can be a critical in-home resource to support their ongoing stability in the community. For family and friend caregivers supporting a qualifying care recipient, IHSS is an important source of income for the essential care they provide to their loved ones.

SUPPORT AT HOME

The DAS-funded Support at Home program provides **home care subsidies** for people who have too much income to qualify for IHSS but not enough to afford to privately pay for home care.

Long-Term Residential Care

Because dementia is a degenerative disease, it's important to consider how to best meet an individual's needs over the course of the disease, such as when they may no longer be able to safely live at home, even with available supports. Fortunately, San Francisco has a **robust network of long-term residential care facilities** to help address these more complex care needs, **including assisted living, memory care, and skilled nursing facilities.**

- **Assisted Living:** As of February 2025, San Francisco is home to 52 Residential Care Facilities for the Elderly and 36 Adult Residential Facilities, which serve adults ages 18-59.[25] Although these assisted living facilities vary in size, services, and populations of focus, they serve collectively as an important resource for people who need more **substantial, non-medical personal care and supervision** than can be provided to them at home, including people living with dementia.

- **Skilled Nursing:** Sometimes referred to as nursing homes, skilled nursing facilities provide an even **higher level of care support,** including **around-the-clock care and long-term medical treatment.**

- **Memory Care:** specialized memory care units may appear in different kinds of facilities and are **designed for those living with advanced dementia.** Some, but not all, memory care **units may be locked to ensure resident safety.**

Other Notable Services

ADULT PROTECTIVE SERVICES

The **Adult Protective Services (APS)** program, located within DAS, **investigates possible abuse or neglect of older adults and adults with disabilities, including self-neglect.** Protective service workers provide **short-term intensive case management** and help **connect clients to other supportive services** to promote their stability and mitigate risk of harm. While APS services are not primarily focused on or limited to people living with dementia, the program serves as an important source of support for people who may be experiencing dementia-related abuse or self-neglect, even if their dementia is undiagnosed.

To this end, **APS workers screen alleged victims of abuse for dementia,** as well as other conditions such as depression and anxiety. They use this information to help determine what interventions may be needed to address safety risks, and coordinate referrals to services that promote clients' immediate and ongoing stability.

PUBLIC GUARDIAN

Within DAS, the **Public Guardian** provides critical wraparound services to individuals who are unable to protect themselves from abuse or exploitation or provide for their own basic needs as a result of cognitive impairment often caused by dementia, traumatic brain injury, or other conditions. These **services are provided through a legal process known as conservatorship;** the Public Guardian must be court-appointed.

Once a Public Guardian is appointed, they are able to provide support for the person living with dementia to **facilitate decisions about their estate, medical care, and long-term care placement.** Since guardians are generally appointed for life unless there is a request to terminate the relationship, guardians and the people living with dementia can develop a

---

[25] California Department of Social Services, Community Care Licensing Division.

long-term relationship that can help them manage key activities like applying for benefits and setting up end of life care.

Services to Support Caregivers

As noted above, while caregiving for a loved one can be richly rewarding, caregivers nevertheless face a multitude of challenges in caring for a loved one living with dementia. In San Francisco there is a robust suite of services to provide respite, caregiver training, and emotional support resources like individual counseling and peer support groups. These resources are described in more detail below.

CAREGIVER RESPITE

The DAS-funded Caregiver Respite program provides in-home and out-of-home respite care, such as attendance at an Adult Day Program, to unpaid caregivers of older adults and adults with disabilities. Respite services may be provided for intermittent periods and/or in the event of an emergency. The program seeks to reduce caregiver burden and to prevent or delay institutionalization of the care recipient, thereby enabling care recipients to live safely in their own homes and communities.

Spotlight: Support for Caregivers in Adult Day Services Programs

Patty Clement, Associate Deputy Director at a local Alzheimer's Day Care Resource Center, noted that holding adult day programming between the hours of 8 am and 5 pm have been helpful in offering respite support to caregivers who still work, and that long-term engagement in services can help stabilize both the program attendee/care recipient and the caregiver.

She noted that Adult Day Program staff end up doing a little bit of everything for caregivers and those living with dementia, including providing help to navigate complicated family dynamics and to plan for the future. This relationship between program staff and caregivers is vital, Clement observed, as families may often be resistant to engaging in services for a variety of reasons. "We all become social workers and therapists, and the library of resources where families go to learn new things," she explained.

FAMILY CAREGIVER SUPPORT PROGRAM

In San Francisco, the Family Caregiver Support Program (FCSP) provides a variety of services to unpaid caregivers, including individual counseling and support groups, caregiver training, and respite care. The program also provides caregivers with referrals to other supportive services, such as case management. Select FCSP services are described in more detail below:

- **Caregiver Training:** The FCSP program provides virtual training webinars and other online resources to help caregivers learn more about dementia and how to best support their loved ones over the course of the disease. The program offers these resources in multiple languages (including Chinese, Spanish, Korean, Tagalog, and Vietnamese) to ensure access by populations with limited English proficiency. The virtual format gives caregivers more flexibility, so they can access these educational resources at times that work best with their schedules.

- **Caregiver Support Groups:** The FCSP program also hosts virtual support groups tailored to specific caregiver subpopulations (e.g., African American, LGBTQ+ care providers, Young Adult caregivers, etc.). These support groups give caregivers a space to talk candidly about their experiences without fear of judgement, and equip them with tools to help manage the mental and emotional strain caregiving can place on them. They also play an important role in combating the social isolation caregivers often experience by connecting them to a supportive network of their peers who are facing similar challenges. Local FCSP providers note the importance of offering support groups in a virtual format, which lowers barriers to participation for caregivers who would have to juggle scheduling, commute time, and other logistical constraints involved in accessing in-person services.

Dementia-Friendly Communities: A Promising Practice for San Francisco

One of the most common promising practices in the dementia care landscape outside of San Francisco is for a municipal or community-based organization to **join the Dementia Friendly America Network, serving as the coordinator of a local Dementia-Friendly Community.**

Administered by USAging — the national association representing and supporting Area Agencies on Aging (of which DAS is one) — the Dementia Friendly America Network is a multi-sector collaborative made up of more than 180 organizations. In their capacity as their local Dementia-Friendly Community coordinator, these organizations are **responsible for driving positive changes in their community to make it more "informed, safe, and respectful of individuals living with dementia, their families, and care partners"** (e.g., caregivers).[26] As members of the Dementia Friendly America Network, these organizations gain access to tailored support for their local dementia-friendly efforts, including technical assistance, training materials, and other research-informed resources.

The **key goals of Dementia-Friendly Communities** include:

- Increasing awareness and understanding of dementia and people living with dementia
- Increasing awareness and understanding of brain health and risk reduction
- Collaborating with public, private, non-profit, and health care sectors to better serve people living with dementia and their caregivers
- Addressing the changing needs of people with dementia and their caregivers
- Creating social and cultural environments that are welcoming to people living with dementia
- Improving the physical environment in public places and systems so that they are dementia friendly

The following **case studies offer real-world insights to inform how an organization like DAS might effectively put the Dementia-Friendly Communities framework into practice.** These case studies are drawn from two contexts similar to our own in San Francisco: (1) Dementia Friendly Nevada, and (2) Los Angeles County, California.

Case Study 1: Dementia Friendly Nevada

Originally launched in 2016, the Dementia Friendly Nevada initiative is now made up of nine communities across the state, with funding from both the Nevada Aging and Disability Services Division and the Nevada Division of Public and Behavioral Health. The Dementia Engagement, Education and Research (DEER) Program at the University of Nevada – Reno School of Public Health serves as the statewide community convener for participating

---

[26] Overview - Dementia Friendly America. Dementia Friendly America. (2025, January 29). https://dfamerica.org/overview/

municipalities. In this role, DEER leads administration and facilitation of dementia friendly efforts across the statewide network.

While dementia friendly activities throughout the US broadly adhere to the shared framework established by the Dementia Friendly America Network, several features of Dementia Friendly Nevada set it apart. These features are described below.

“AUTHENTIC PARTNERSHIPS” TO DIRECTLY ENGAGE PEOPLE LIVING WITH DEMENTIA IN RESEARCH, PLANNING, AND DESIGN

Under the DEER Program’s guidance, Dementia Friendly Nevada places a strong emphasis on what they refer to as an **“authentic partnerships” approach** to their dementia friendly efforts. This approach directly engages people living with dementia, their families, and their caregivers in dementia research, strategic planning, and programmatic design. In an interview, Casey Venturini, Assistant Director of the DEER Program, boiled this philosophy of work down to a simple and pithy principle: **“Nothing about us, without us.”**

EXCERPT FROM DEMENTIA FRIENDLY NEVADA VALUES

Value 2. Partnering with people living with dementia and honoring each individual’s live experience opens a world of possibilities. People living with dementia are the genuine experts in the experience of living with dementia. Their perspectives, wishes, and preferences should always be respected in the decisions that affect their lives. Doing so requires understanding each person as a unique human being, as generalizations based on “age” or “stage” are limiting and often wrong. After all, if you know one person living with dementia, you only know one person living with dementia.

A key example of the authentic partnerships approach in action is the work the DEER Program undertook in collaboration with six advisors living with dementia to develop the *Dementia Self-Management Guidebook*.[27] Based on the science of chronic disease self-management, this guidebook was authored by and for people with dementia. Each module in the guide — which address topics such as “Planning your Healthcare,” and “Connecting with Others,” and “Focusing on Possibilities” — provides current information to help users develop personalized strategies to support their wellbeing. Further, the guidebook is specifically designed for users living with dementia; each design element from layout to text formatting to the imagery it contains was developed in partnership with the advisory team.

The research literature on effective strategies in dementia care reaffirms the importance of authentic partnerships. In actively incorporating the voices of all key stakeholders, and directly engaging people living with dementia and their caregivers in decision-making, this approach **“involves working with others, not for others.”** As a result, the research concludes, these authentic partnerships transcend the disempowering “tragedy discourse”

---

[27] *Dementia self-management*. DEER Program. (2024, October 13). https://deerprogram.org/dementia-self-management/

of dementia. They go beyond protecting the personhood of people living with dementia. They actively support these individuals to make meaningful contributions to civic life — and crucially, explore new possibilities for living well.[28]

PEER SUPPORTS FOR LIVING WELL WITH DEMENTIA

Recognizing the **limits of the biomedical view of dementia, which often reinforces the stigma of the disease** and can serve to diminish a person's autonomy and control in making everyday decisions, the DEER Program and Dementia Friendly Nevada lean into the **benefits of a social/relational perspective** of dementia. In particular, they facilitate the peer support program Dementia Conversations. This program offers two opportunities each week for participants to come together in an open and honest online discussion (held over Zoom) facilitated by a person living with dementia and a family-care partner about what it means to live well with dementia. Participants share their own perspectives, experiences and ideas about living well.[29]

This **peer support model helps to combat the dehumanization, disenfranchisement, and social isolation people living with dementia can experience following their diagnosis.** Guided by the belief that "people who are living with dementia have important contributions to make in their own lives, the lives of loved ones, and within their communities,"[30] Dementia Conversations provides these individuals with an inclusive forum for meaningful engagement with one another. Empowered to give voice to their expertise on their sometimes varied and sometimes shared experiences of living with dementia, participants use this virtual space to offer mutual support for each other's wellbeing.

EXPANSIVE CROSS-SECTOR PARTNERSHIPS

The work of cultivating a more dementia friendly community doesn't just involve collaboration with people living with dementia, their families, and their caregivers. The DEER Program and Dementia Friendly Nevada take a more **expansive approach to engaging diverse partners from multiple community sectors,** such as financial institutions like banks, to local small businesses and employers, to faith networks, and even to interested individual community members. This engagement primarily takes the form of **education and training,** so people learn how to recognize and support people who may be living with dementia.

Private sector engagement in particular isn't always easy, DEER Program Assistant Director Casey Venturi explained, but noted that people often have surprising personal connections to dementia — a helpful point of entry from which to generate investment in building a more dementia friendly community together.

---

[28] Reed et al, 2017 – AMA Journal of Ethics, https://journalofethics.ama-assn.org/article/transcending-tragedy-discourse-dementia-ethical-imperative-promoting-selfhood-meaningful/2017-07

[29] "Dementia, Engagement, Education and Research (DEER) Program: School of Public Health." *University of Nevada, Reno*, http://www.unr.edu/public-health/centers-and-programs/dementia-engagement-education-and-research-program.

[30] "Dementia Conversations." DEER Program, June 30, 2025. https://deerprogram.org/dementia-conversations/

Case Study 2: Los Angeles County Dementia-Friendly Communities

In California, Alzheimer's Los Angeles serves as the statewide community convener for Dementia-Friendly Communities, with a particular focus on Los Angeles County and the broader southern California region. Their unique implementation of dementia friendly initiatives is notable in a few key ways, described below.

INTEGRATED DEMENTIA-FRIENDLY AND AGE-FRIENDLY INITIATIVES

Alzheimer's Los Angeles works closely with the City and County of Los Angeles to ensure that **dementia friendly work is integrated** into the existing Purposeful Aging Los Angeles initiative,[31] which is based on the **World Health Organization's Age-Friendly Cities and Communities framework.**[32] According to Dr. Laura Trejo, Director of the Los Angeles County Aging and Disabilities Department, there are immense benefits in concurrent implementation of these initiatives due to their many common objectives. For example, she explained, this **integrated approach equips stakeholders to adopt a more holistic, whole person approach in thinking about how to effectively deliver essential services** such as transportation not only for people who are aging in place, but also for those who may have cognitive impairments like dementia (also recognizing that these populations often overlap). Instead of convening divided, temporary, and isolated task forces by population or initiative, stakeholders can devise **more integrated solutions that address common service needs.**

BETTER TOGETHER: A COMPARATIVE ANALYSIS OF AGE-FRIENDLY AND DEMENTIA FRIENDLY COMMUNITIES

AARP has drawn similar conclusions about the advantages of an integrated approach to carrying out dementia and age friendly work, particularly as more communities nationwide express interest in implementing one or both of these initiatives. In 2016, the organization issued a report, *Better Together: A Comparative Analysis of Age-Friendly and Dementia Friendly Communities*, to compare these approaches and offer guidance on how to connect the two initiatives. Using this guidance, municipalities could **implement dementia and age friendly work together in a complementary rather than competitive fashion.** The report offers, for example, a simple crosswalk to help organizations align the eight World Health Organization Age-Friendly Domains the ten Dementia Friendly America Sectors that serve as the foundational framework for each initiative. It also presents detailed US and international case studies to illustrate various approaches to integration.

---

[31] "Home." Purposeful Aging Los Angeles |. Accessed July 7, 2025. https://www.purposefulagingla.com/

[32] "The WHO Age-Friendly Cities Framework." World Health Organization. Accessed July 7, 2025. https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/

BUY-IN FROM LOCAL ELECTED OFFICIALS

Los Angeles City and County's implementation of dementia friendly frameworks has been successful in part due to their work to **generate buy-in from key elected officials,** such as the Mayor of Los Angeles and the Los Angeles County Board of Supervisors. For example, when Los Angeles began implementing dementia friendly strategies in 2018 as part of their broader Purposeful Aging Los Angeles initiative, coordinators ensured that then-Los Angeles Mayor Eric Garcetti was among the first people **trained as a "Dementia Friend."**[33] The training to become a Dementia Friend helps participants better understand dementia, develop knowledge about how to engage with and support people living with dementia in their communities and workplaces, and commit to taking practical actions to help people with dementia — all of which contribute to a more dementia-friendly community.[34] **Leading by example and using his platform to champion the cause,** Mayor Garcetti then encouraged the Los Angeles County Board of Supervisors to complete the training as well, bringing other community leaders into the fold.

These efforts by the Purposeful Aging Los Angeles coordinators were strategic: while administering Dementia Friend training is not a requirement of the Dementia-Friendly Communities framework, it served as a **low-barrier point of entry to engage elected leaders** in this effort to better support members of our shared community, and build needed buy-in for other more resource-intensive activities. Kelly Takasu, Senior Manager for Public Policy at Alzheimer's Los Angeles, reflected in an interview that **buy-in from government officials can be especially important for the success of dementia-friendly initiatives,** since they are able to allocate funding to support implementation, facilitate coalition building, and mobilize more widespread community engagement.

---

[33] Dementia Friends USA is another dementia-related initiative administered by USAing. Municipalities often coordinate Dementia Friends trainings for individuals and organizations as part of their broader Dementia-Friendly Communities activities.

[34] "Overview and 5 Key Messages - Dementia Friendly America." Dementia Friendly America -, June 3, 2025. https://dfamerica.org/overview-and-5-key-messages/

Recommendations

- **Promote interagency referrals between DAS services and the GUIDE program**
  The GUIDE program has a lot of promise for creating a more holistic care environment for San Franciscans living with dementia. By partnering with the Department of Public Health to promote cross-training between GUIDE health care providers and DAS network dementia care and caregiver support services providers, DAS could help to break down programmatic silos and ensure a more seamless system of care for clients.

  In particular, DAS should engage GUIDE leadership to offer training or other resources to boost GUIDE providers' knowledge of available dementia care services and resources for caregivers, such as our adult day services and caregiver support groups. DAS should also learn more about how Department staff and providers can submit referrals to GUIDE for initial assessment and/or ongoing care navigation support. DAS could then share this information or coordinate a GUIDE informational session with both our dementia-related service providers, as well as organizations that provide more general information, referral, assistance, and care navigation services.

- **Integrate Dementia-Friendly Communities activities into our existing Age- and Disability-Friendly San Francisco planning and implementation efforts**
  Our colleagues in Los Angeles County and Nevada have shared some promising work in their Dementia-Friendly Communities implementation to better incorporate community-level interventions in key areas such as transportation, outreach, businesses, and housing. Los Angeles County in particular offers a helpful roadmap for integrating Dementia-Friendly and Age-Friendly initiatives. DAS should review available resources about how to develop this integrated approach in consultation with the Age- and Disability-Friendly San Francisco Work Group members. Together with the Work Group, DAS may then develop a tailored local planning and implementation strategy that more explicitly considers and addresses the needs of people living with dementia and their caregivers.

- **Continue to invest in adult day services and other supports for caregivers**
  DAS funds many community-based service providers of adult day programming and other resources for caregivers, such as Caregiver Respite and the Family Caregiver Support Program. As challenging federal, state, and local budget conditions continue to evolve, DAS should consider ways to effectively sustain the Department's level of investment in these programs while also managing other budget priorities, so that people living with dementia and their caregivers can continue to access these essential supports for aging in place.

- **Enhance dementia awareness training for DAS community-based service providers**
  DAS service providers, whether they work directly with clients living with dementia and their caregivers or not, serve as important touchpoints for early screening and detection, and connection to needed services. DAS should promote existing training curricula on these topics, and consider strategies to boost engagement from the provider network.

References

2024-SF-MOHCD-Income-Limits-AMI-Chart. Accessed July 14, 2025. https://www.sf.gov/file/2024-sf-mohcd-income-limits-ami-chart.

A. Ceron, San Francisco Adult Protective Services, key informant interview, April 24, 2025

A. Chodos, University of California San Francisco, key informant interview, May 13, 2025

A Patient's Guide to Dementia. UCSF Dementia Patient Guide Dementia 11-3-17. (n.d.). https://memory.ucsf.edu/sites/memory.ucsf.edu/files/wysiwyg/UCSF%20Dementia%20Patient%20Guide_Dementia_11-3-17.pdf

Austrom, M. G., Boustani, M., & LaMantia, M. A. (2018, January 18). *Ongoing Medical Management to maximize health and well-being for persons living with dementia*. The Gerontologist. https://pmc.ncbi.nlm.nih.gov/articles/PMC5881733/

Belluck, P. (2025, March 12). *Dementia cases in the U.S. will surge in the coming decades, researchers say - The New York Times*. Dementia Cases in the U.S. Will Surge in the Coming Decades, Researchers Say. https://www.nytimes.com/2025/01/13/health/dementia-cases-us.html

C, Irving, Family Caregiver Alliance, key informant interview, April 8, 2025

C. Law, J. Latch, N. Wang, S. Morgan, S. Tran, & T. Mouton, San Francisco In-Home Supportive Services, key informant interview, April 29, 2025

C. Liu, Santa Clara County Social Services Agency, key informant interview, March 14. 2025

C. Venturini, University of Nevada Reno, key informant interview, April 21, 2025

C. Wong & E. Roberts, San Francisco Public Guardian, key informant interview, April 30, 2025

California Alzheimer's facts and figures 2024. Accessed July 7, 2025. https://www.alz.org/getmedia/6c50606b-19ae-4ef0-8576-482a5db9b99e/california-alzheimers-facts-figures-2024.pdf.

Centers for Medicare & Medicaid Services. (2025, May 5). *Guiding an Improved Dementia Experience (GUIDE) Model.* https://www.cms.gov/priorities/innovation/innovation-models/guide

Dementia, caregiving and Transportation Toolkit. Accessed July 9, 2025. http://www.nadtc.org/wp-content/uploads/Dementia-Caregiving-and-Transp-Toolkit-_FINAL.pdf.

Dementia Conversations. DEER Program, June 30, 2025. https://deerprogram.org/dementia-conversations/

Dementia, Engagement, Education and Research (DEER) Program: School of Public Health. *University of Nevada, Reno*, http://www.unr.edu/public-health/centers-and-programs/dementia-engagement-education-and-research-program.

Dementia self-management. DEER Program. (2024, October 13). https://deerprogram.org/dementia-self-management/

Epps, F., Weeks, G., Graham, E., & Luster, D. (2018, May 24). *Challenges to aging in place for African American older adults living with dementia and their families*. Geriatric Nursing. https://www.sciencedirect.com/science/article/abs/pii/S0197457218300624

Ferrante, E. C. B., & Auriemma, C. (2024, September 30). *People with dementia prefer aging in place*. People With Dementia Prefer Aging in Place - Penn LDI. https://ldi.upenn.edu/our-work/research-updates/why-people-with-dementia-prefer-aging-in-place-despite-all-the-missing-supports/

Home. Purposeful Aging Los Angeles. Accessed July 7, 2025. https://www.purposefulagingla.com/

Ibarra, A. B. (2022, September 7). *“Operating under water”: Families trying to place loved ones in Medi-Cal Assisted Living Program Wait years*. CalMatters. https://calmatters.org/health/2022/09/medi-cal-assisted-living/

J. Eng, On Lok, key informant interview, April 21, 2025

K. Takasu, Alzheimer’s Los Angeles, key informant interview, April 4, 2025

Keita Fakeye, M. B., Samuel, L. J., Drabo, E. F., Bandeen-Roche, K., & Wolff, J. L. (2023). Caregiving-Related Work Productivity Loss Among Employed Family and Other Unpaid Caregivers of Older Adults. *Value in health : the journal of the International Society for Pharmacoeconomics and Outcomes Research*, *26*(5), 712–720. https://doi.org/10.1016/j.jval.2022.06.014

L. Trejo, Los Angeles County Aging and Disabilities Department, key informant interview, May 5, 2025

LaMantia, M. A., Stump, T. E., Messina, F. C., Miller, D. K., & Callahan, C. M. (2016). *Emergency department use among older adults with dementia*. Alzheimer disease and associated disorders. https://pmc.ncbi.nlm.nih.gov/articles/PMC4764430/

Language barrier means millions of elderly can’t access Alzheimer’s trials. Colorado Public Radio. (2018, October 31). https://www.cpr.org/2018/10/31/language-barrier-means-millions-of-elderly-cant-access-alzheimers-trials/

Lei L, Leggett AN, Maust DT. A national profile of sandwich generation caregivers providing care to both older adults and children. *J Am Geriatr Soc*. 2023; 71(3): 799-809. https://pubmed.ncbi.nlm.nih.gov/36427297/

M. Nihei, Kimochi, Inc, P. Clement, Catholic Charities San Francisco, & S. Waqa, Openhouse, key informant interview, May 2, 2025

M. Rotimi, On Lok, key informant interview, April 22, 2025

Mayo, C. D., Kenny, R., Scarapicchia, V., Ohlhauser, L., Syme, R., & Gawryluk, J. R. (2021). Aging in Place: Challenges of Older Adults with Self-Reported Cognitive Decline. *Canadian geriatrics journal : CGJ*, *24*(2), 138–143. https://doi.org/10.5770/cgj.24.456

Ramirez, M., Duran, M. C., Pabiniak, C. J., Hansen, K. E., Kelley, A., Ralston, J. D., McCurry, S. M., Teri, L., & Penfold, R. B. (n.d.). Family Caregiver Needs and Preferences for Virtual Training to Manage Behavioral and Psychological Symptoms of Dementia: Interview Study. https://aging.jmir.org/2021/1/e24965/PDF

Overview - Dementia Friendly America. Dementia Friendly America. (2025, January 29). https://dfamerica.org/overview/

Overview and 5 Key Messages - Dementia Friendly America. Dementia Friendly America -, June 3, 2025. https://dfamerica.org/overview-and-5-key-messages/

Rasmussen, J., & Langerman, H. (2019, December 24). *Alzheimer's disease - why we need early diagnosis*. Degenerative neurological and neuromuscular disease. https://pmc.ncbi.nlm.nih.gov/articles/PMC6935598/

Reed, P., Carson, J., & Gibb, Z. (2017, July 1). Transcending the tragedy discourse of dementia: An ethical imperative for promoting selfhood, meaningful relationships, and well-being. Journal of Ethics | American Medical Association. https://journalofethics.ama-assn.org/article/transcending-tragedy-discourse-dementia-ethical-imperative-promoting-selfhood-meaningful/2017-07

Respite Care. Alzheimer's Association. (n.d.-a). https://www.alz.org/help-support/caregiving/care-options/respite-care

The benefits of respite care for dementia caregivers. NCCDP. (2024, October 7). https://www.nccdp.org/the-benefits-of-respite-care-for-dementia-caregiver

What is Dementia? Symptoms, Causes & Treatment. Alzheimer's Association. (n.d.). https://www.alz.org/alzheimers-dementia/what-is-dementia

What Is Pace?: Home Care Assistance & Senior Care Services. CalPACE, January 11, 2024. https://calpace.org/what-is-pace/what-is-pace/

The WHO Age-Friendly Cities Framework. World Health Organization. Accessed July 7, 2025. https://extranet.who.int/agefriendlyworld/age-friendly-cities-framework/

YouTube. (2024, April 1). A Brighter Future for Dementia Care, Early Detection Matters! https://www.youtube.com/watch?v=aQsqjJvE3fA