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Transforming Flagstaff into a Dementia Friendly City: Lessons from a Community Partnership Approach

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ABSTRACT

Background:
Developing a Dementia-Friendly city involves cultivating a dynamic, cooperative community where individuals with dementia and their caregivers are valued and fully supported. In Flagstaff, Arizona, a culturally diverse mountain college town, this initiative seeks to address inequities in dementia care for underserved populations.

Objectives:
The primary goal was to establish the Northern Arizona Dementia Friendly Community Council as a community-driven response to the rising public health challenges posed by dementia.

Methods:
Guided by Community-Based Participatory Research principles and the Dementia Friendly America (DFA) framework, we employed an iterative approach to assess community needs, engage diverse sectors, and drive the DFA application.

Lessons Learned:
Key lessons include the importance of shared leadership, inclusive engagement, and distributed decision-making, along with navigating limited funding, careful resource allocation, and steady volunteer participation.

Conclusions:
Flagstaff's experience demonstrates that collaborative partnerships are essential for creating inclusive environments that support individuals with dementia and their caregivers.

KEYWORDS: Community-Based Participatory Research (CBPR), Alzheimer's Disease, Caregiver Support, Collaborative Partnershipd, Inequities in Dementia Care

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Background

Creating a Dementia Friendly City means fostering a vibrant, inclusive community where individuals living with dementia and their informal caregivers (friends/family) feel supported, understood, and empowered to stay engaged.[1] These cities unite sectors to advance education, accessibility, caregiver support, and inclusive policy.[1] One example of this is the Dementia Friends Information Session, a structured, community-based educational program that raises awareness, reduces stigma through relatable and representative descriptions of dementia, and encourages small steps to support individuals with dementia in daily life.[1] Trained community-based Dementia Friends Champions lead these sessions.[1] Dementia Friendly designation is awarded to communities that meet Dementia Friendly America criteria (see Table 1). This paper describes a community-driven approach to applying that framework in establishing the Northern Arizona Dementia Friendly Community Council. We begin by outlining the public health context of dementia and introducing our initiative's objectives.

[Insert Table 1 here]

Alzheimer's disease and related dementias (ADRD) refer to a group of progressive neurodegenerative conditions that impair memory, thinking abilities, and daily functioning, with Alzheimer's being the most common form.[2] Hereafter, 'dementia' refers to ADRD and 'initiative' to the Dementia Friendly City Project. This initiative was guided by Community-Based Participatory Research (CBPR) principles [3] and employed the Dementia Friendly America framework [4] to inform community planning, engagement, and sustainability.

Flagstaff, Arizona, a culturally diverse mountain town and regional hub for surrounding rural communities, was an ideal setting for this initiative. Arizona is projected to see a 33% rise

in dementia cases between 2020 and 2025 - the nation's highest rate. [5] As dementia prevalence continues to rise, many families are left to manage the long-term care needs of older adults with cognitive impairment in the absence of adequate systems for early diagnosis, public education, or respite services, particularly in underserved and rural regions. [2,6,7] Informal dementia caregivers face significant risks to their physical and emotional well-being, including chronic stress, fatigue, and reduced quality of life, due to the sustained demands of caregiving.[8,9] In regions such as Northern Arizona, these burdens are exacerbated by geographic isolation, workforce shortages, and longstanding disparities in dementia care access. [6,7,10] Over 150,000 older adults in the state are currently living with dementia,[2] with an estimated 24,000 residing in Northern Arizona's six-county region.[11] Rural, underserved populations in this region, especially Native American and Latino residents, face disproportionately high risk due to structural and social determinants of health, including barriers to diagnosis, care, and support.[7,12]

Although not dementia-specific, McGrail et al [13] underscore the travel burden that rural residents endure when seeking care, an ongoing challenge across Northern Arizona. Barriers to dementia-specific education and service use in rural areas are also well documented by Bayley and colleagues [6] whose findings mirror the limitations faced by outreach teams working across this region. Multiple studies have provided insight into the lived experience of dementia caregiving in rural and diverse populations. [7,10,12] For example, McCarthy et al. [10] explored how individual, interpersonal, and community-level factors shape caregiving in Northern Arizona. Williamson and colleagues [7,12] further highlight the compounded burdens faced by rural informal caregivers, including psychosocial factors (e.g., emotional stress, isolation), and a lack of culturally relevant resources. Psychosocial and structural factors (e.g., discrimination, geographic

distance from memory care and screenings) of cognitive health help explain why rural Northern Arizona communities face disproportionate dementia risk.

Flagstaff and the surrounding region face increasing dementia-related challenges, including unmet caregiver needs, limited public awareness, and gaps in culturally responsive care. In response, community leaders and organizations began working together to envision a more inclusive, dementia-friendly future. Early conversations, focus groups, and roundtables shared concerns and catalyzed a community-based response. This momentum led to the formation of the Dementia Friendly Community Council - a collaborative, cross-sector body designed to elevate dementia awareness, improve support systems, and strengthen service delivery across Northern Arizona.[11] Three founding organizations - the Northern Arizona Alzheimer's and Dementia Alliance (NAZADA),[14] the Northern Arizona Regional Behavioral Health Authority (NARBHA) Institute,[15] and Northern Arizona University (NAU) came together to integrate academic expertise, professional practice, and lived experience. Recognizing these multifaceted needs and inspired by other U.S. cities that had successfully used the Dementia Friendly America (DFA) framework, the partners selected DFA designation as a structured, nationally supported model to guide the initiative.[16] The DFA framework offered both a public commitment and a shared roadmap for creating a more inclusive community for individuals living with dementia and their care partners.

Objectives

The overarching goal of the initiative was to establish the Northern Arizona Dementia Friendly Community (DFC) Council and to lead Flagstaff in becoming officially recognized as a Dementia Friendly City. This council was designed as a collaborative, cross-sectoral body

capable of advancing place-based solutions to address the rising risk of dementia and the burden on informal caregivers in the region. The specific objectives of the initiative were informed by community-identified priorities collected during a community convening held on November 6, 2023. Participants in roundtable sessions identified key dementia care concerns and priorities in Northern Arizona, which were organized into five core objectives:

1. **Expand dementia awareness and community education** to reduce stigma, highlight available services, and encourage inclusion of people living with dementia.
2. **Promote inclusivity and cultural responsiveness** by engaging rural, Native American, Latino, and other underrepresented groups throughout planning and outreach.
3. **Address service gaps in diagnosis, treatment, and caregiver support** by strengthening coordination across healthcare systems and community resources.
4. **Develop and support a dementia-informed workforce** by leveraging local academic programs, clinical expertise, and caregiver experience to expand training and capacity.
5. **Establish a sustainable council infrastructure** to oversee the Dementia Friendly City designation, track progress, and ensure lasting community commitment.

Table 2 provides quotes from attendees alongside each objective to highlight the community-voiced needs that helped shape the initiative.

[Insert Table 2 here]

These objectives were also informed by both local community input during subsequent council meetings and prior research demonstrating the compounding risks faced by rural and diverse populations. Studies such as McCarthy et al.[10] and Williamson et al.[7,12] highlight how

informal caregivers in rural areas experience limited access to services, emotional distress, and systemic barriers that demand locally driven, culturally responsive solutions. They align with Dementia Friendly America's community criteria for inclusive engagement, sector involvement, and sustainability planning.[4] As described in the Methods section, a community needs assessment, conducted through focus groups, roundtable discussions, and community sector engagement, played a central role in identifying priority areas and directly shaping the initiative's objectives.

Methods

Guided by key CBPR principles, such as equitable partnership, co-learning, shared decision-making, and capacity building,[3,17] the initiative employed an iterative, community-guided approach rooted in dialogue, reflection, and shared learning to assess needs and engage diverse sectors. CBPR principles promoted equity and uplifted underrepresented voices, including those with cognitive impairment (e.g., Griffith et al.[18]) and diverse racial and ethnic groups (e.g., Littlechild et al.[19]) by centering communities in the development, implementation, and dissemination of education and research. [3,17] Indeed, Griffith and colleagues [18] emphasize the value of taking a multi-vocal approach to dementia science in their recommendations to empower community-researcher partnerships (e.g., creating flexible communication and meeting schedules, involving people with dementia and informal care partners at every stage of the initiative). Further, the collaborative Dementia Friendly America (DFA) framework of Convene, Engage, Analyze, and Act [4] ensured the Dementia Friendly application was comprehensive and locally driven. The following describes activities completed under each DFA framework phase.

Convene

On November 6th, 2023, the NARBHA Institute sponsored the Aging Well Arizona inaugural convening, which brought together 40+ key community sectors to explore dementia-related needs across Northern Arizona.[11] The event included a series of breakout roundtable sessions, structured as focus groups to gather community input and concerns. These discussions emphasized urgent gaps in dementia support. Participants included representatives from the Northern Arizona Alzheimer's and Dementia Alliance (NAZADA), the NARBHA Institute, and Northern Arizona University (NAU), alongside faculty, nonprofit leaders, providers, officials, and caregivers. The convening built trust, fostered collaboration, and launched community action. Functioning as a de facto community needs assessment, the convening used community-identified priorities to assess strengths, gaps, and dementia-related needs, with particular attention to historically underrepresented populations.

Engage and Analyze

On January 30, 2024, a follow-up meeting was held with 17 participants to review and validate the priorities identified at the November 2023 convening. This group included caregivers, academic and clinical leaders, county health staff, nonprofit representatives, and senior living partners. While elected officials and some community advocates present at the November session did not attend this January meeting, the cross-sector representation at both convenings minimized the risk of erasures in shaping objectives. We acknowledge, however, that tribal, Latino, and rural community member perspectives were underrepresented at both meetings, and their inclusion remains an important area for continued engagement**.** These findings served as foundational feedback that subsequent council meetings built on to pursue the Dementia Friendly designation. Guided by CBPR principles[3,17] and the DFA framework, NARBHA Institute analyzed priorities from the convening, and identified key strengths and gaps

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raised during roundtables. During this follow-up meeting, attendees validated findings using their lived and professional insight. Five recurring priority areas were identified: (1) raising awareness and education; (2) fostering a dementia-accommodating community culture; (3) promoting diversity and cultural inclusivity; (4) improving access to diagnostic and treatment services; and (5) developing a capable, dementia-informed workforce (See Table 2 for objectives alongside selected quotes). These patterns shaped the initiative's goals and future collaboration. The first formal Dementia Friendly Community (DFC) Council meeting followed on February 23, 2024, where these validated priorities were carried forward into council planning and action.

Act

On March 22, 2024, the core group of partners and community domains officially formalized the DFC Council and began meeting monthly. Council members represented higher education, healthcare, government, and community sectors. Subcommittees led projects like the Memory Café, Day Care Center, and dementia-informed healthcare. To show the council's cross-sector composition, Table 3 outlines the participating organizations grouped by type and category.

[Insert Table 3 here]

Membership and Timeline

Council members used digital tools (e.g., Google Drive) to coordinate subcommittee work and regular monthly meetings. The council prioritized equity, valuing caregiver, academic, and clinical leadership. Consistent with the CBPR principles of equitable partnership and shared decision-making,[3,17] our council was co-chaired by caregiver (KVK) and clinical (MGO, CW, TS) leaders with subcommittee chairs providing important complementary leadership from academic, community, and caregiving perspectives. This commitment was demonstrated in

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practice. Caregiver leadership was embodied by KVK, a caregiver and Dementia Friends Champion whose vision for Flagstaff to become a Dementia Friendly City catalyzed the formation of the council. She has served as co-chair, delivered Dementia Friends Information Sessions, and led subcommittees such as the Dementia Friendly Airport and Hospitality Purple Table initiatives. Academic leadership was represented by NAU faculty members (MM, MGO, TS, EC), who advanced research, education, and student engagement while also holding leadership roles in council and subcommittee work. Clinical leadership was provided by council physicians (CW, CM) and family nurse practitioner TS, who guided alignment of community priorities with health care practice. Together, this distributed structure ensured that caregiver, academic, and clinical perspectives were not only represented but held substantive authority in shaping the council's work.

The DFA framework emphasizes the need for a sustainability plan with leadership identified to ensure continuity and growth (Table 1). Our approach to Membership and development of shared leadership facilitated sustainable infrastructure for the DFC council to foster trust building and shared decision making at each monthly meeting. Specifically, every co-chair and subcommittee chair have dedicated time at each monthly meeting to share their perspectives, updates, and progress made in pursuing dementia friendly practices in their work. Meeting minutes taken by the council's co-chair and secretary (MGO) annotated progress from each subcommittee and every voice represented in monthly meetings. These meeting minutes supported trust building (discussed further in Lessons Learned) among council members (e.g., seeing their updates and perspectives validated and documented in meeting summaries) and fostered sustainable progress (discussed further in Lessons Learned) in the future (e.g., shared leadership across co-chairs and sub-committee chairs to reduce burnout and turnover). Meeting

minutes also served as an ongoing opportunity for all council members to provide feedback and reflect on progress made by the DFC council.

Figure 1 presents a visual timeline of key milestones and activities completed under each phase of the DFA framework. The timeline follows the DFA framework with an added Evaluation phase to reflect our ongoing efforts to assess impact and plan for sustainability.[4]

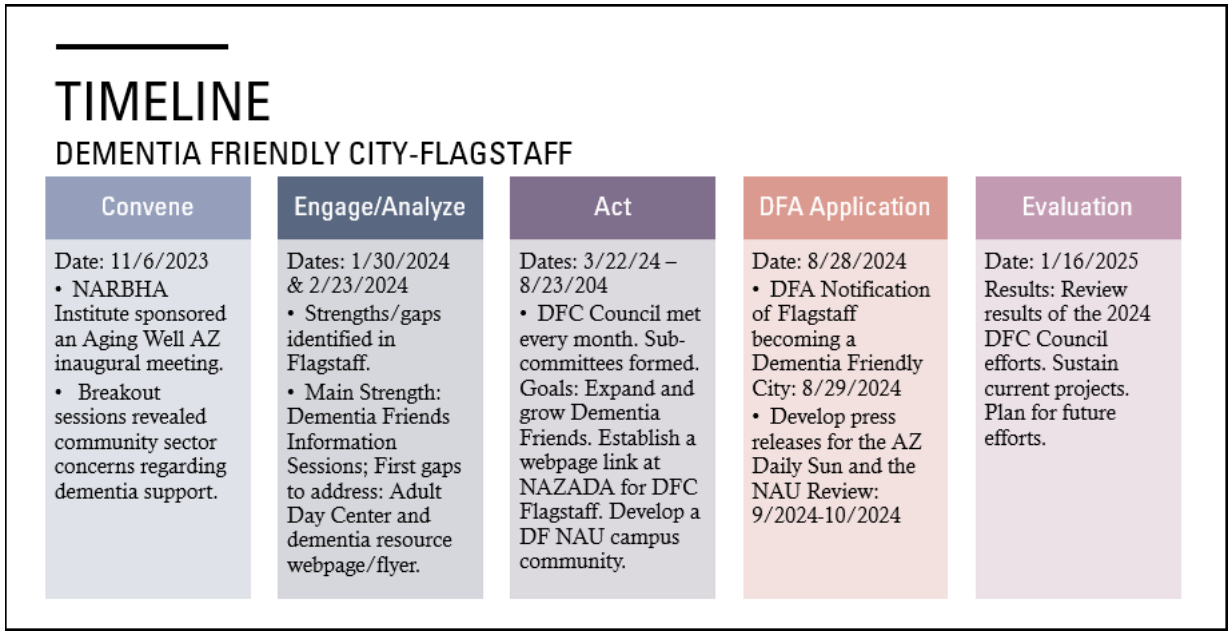

Figure 1. Timeline

DFA Application and Recognition

In August 2024, the DFC Council completed and submitted its application for Dementia Friendly designation through Dementia Friendly America.[20] The process involved securing letters of support from key partners, including the Flagstaff Mayor, local healthcare providers, NAU faculty, and community members and organizations. Fourteen letters were collected, exceeding the required three. On August 29, 2024, Flagstaff received formal recognition as a Dementia Friendly City. The application was developed collaboratively with guidance from the

Arizona Dementia Friendly State Lead and reflected efforts of over 30 active council members. Press releases in local and university outlets celebrated the designation and shared next steps. This phased approach, grounded in the DFA framework and CBPR principles, ensured that Flagstaff's journey to becoming a Dementia Friendly City was inclusive, community-driven, and sustainable.

Lessons Learned

The Dementia Friendly City initiative in Flagstaff has offered valuable insights that extend beyond the technical process of securing a designation. The experience underscored the importance of collaborative decision-making, distributed leadership, and shared responsibility among diverse community sectors. Through reflective feedback from team members and community partners, the initiative revealed key successes and challenges that can guide future community efforts. Below, we discuss lessons learned organized by subtheme and in alignment with the objectives developed from the original community convening on November 6, 2023. To summarize the initiative's coherence from conception to outcome, Table 4 provides an overview of how prior findings, project objectives, and methods aligned with the resulting lessons learned. This integration illustrates the intentional and iterative design of the Dementia Friendly Flagstaff initiative.

[Insert Table 4 here]

Trust building

Trust-building played a central role in overcoming initial skepticism from organizations and community members unfamiliar with Dementia Friendly principles. Consistent education and public awareness efforts were essential in reducing stigma and strengthening collaboration. The organization and consistent follow-through of the DFC council were critical in transitioning

the group from the dreaming stage to actionable outcomes. The steady support from the NARBHA Institute, a respected and trusted local institution, endorsed the effort and provided key resources, including staff. This endorsement rallied diverse partners and demonstrated that strong backing is essential for progress. Structured agendas and documented meeting minutes ensured transparency, supported accountability, and allowed members to step in as meeting leads when needed.

Subcommittees and rotating leadership fostered trust and representation. Evidence of this trust was reflected in sustained member engagement, consistent volunteerism for leadership roles, and documented meeting minutes that captured and validated contributions from across sectors. This ongoing cycle of input, follow-through, and accountability demonstrated that rotating leadership was not symbolic but functioned as a meaningful mechanism for inclusivity and shared ownership. The initiative's success stemmed from this rotating leadership and engagement across academic, nonprofit, and community sectors. Their contributions advanced the mission and deepened community ownership. Among these partners, NARBHA Institute's Aging Well Arizona leaders, CM fostered early collaborations with NAU that helped mobilize resources, while CW provided guidance as the inaugural Chair of the DFC council. Both brought expertise in primary care, public health, and dementia care to this effort. KVK, as Dementia Friends Champion and DFC Co-Chair, led community education, facilitated Memory Café events, and amplified local voices to reduce stigma (Objective 1). ESC, Alzheimer's Association Community Educator and NAZMS Co-PI[21], co-led outreach and academic engagement. MJM, also NAZMS Co-PI with extensive social work and research experience, led the initial council convening and advanced research translation into community strategies. MGO, DFC Co-Chair and Secretary, ensured continuity through meeting organization and documentation. TS, DFC

Co-Chair and Chair of NAZADA, provided clinical leadership and kept the initiative focused on measurable outcomes. This team composition supports Objective 4 by integrating academic (MGO, TS, ESC, MJM), clinical (TS, CM, CW), and lived experience (KVK, CM). Their collaboration also advances Objective 3, promoting coordination across healthcare and community sectors to address service gaps.

Consistent with Objective 2's goal to foster an inclusive community culture, the DFC designation process underscored the importance of shared leadership and collaborative decision-making. While key individuals were essential, the initiative thrived through diverse contributions, resulting in a community-driven effort rather than a top-down model.

Ethical considerations and cultural humility

Notes and discussions provided during the roundtable breakout sessions of the November 6th, 2023, convening were the primary source of information for our initiative's-formation of a dementia-friendly council and becoming a dementia-friendly city. However, the council activities that involve human subjects research through the Northern Arizona Memory Study[21] received IRB approval (#2090130) prior to any formal research activity and consultation with Tribal Liaisons.

Consistent with Objective 2's commitment to actively engaging underrepresented communities, the DFC council recognized the need for greater inclusivity in council membership and community engagement strategies. Despite significant progress, the initiative acknowledged that actively involving underrepresented groups, particularly Native American, Latino, and rural community members, is essential to ensure Dementia Friendly efforts reflect the region's diversity. Addressing cultural differences and language barriers emerged as a central lesson. The council acknowledged that partnerships take time to build. As one example, team members

consulted with NAU's Office of Native American Initiatives and engaged in Tribal Consultation processes before partnering with local Native American communities for outreach, screening, and research participation opportunities through the Northern Arizona Memory Study (NAZMS). In February 2025, conditional approval (#8960143) was received to collaborate with the research councils of the Navajo Nation, Hopi, and Hualapai Tribes, creating opportunities for residents on tribal lands to participate in free cognitive screenings and the research study on daily supports for people with cognitive impairment and their family members living in rural communities across Northern Arizona.

Process-based lessons and institutional barriers

There were key process-based lessons and institutional barriers as well, ranging from recruitment and time demands to meeting logistics, competing responsibilities, and financial hurdles. One challenge encountered was maintaining robust university support in a community-wide initiative. Faculty balance multiple roles, limiting time for engagement. To address this issue, the DFC council members played a pivotal role by coordinating recurring meetings and fostering shared accountability for incremental goal progress. Collaborative writing and joint presentations were also implemented, ensuring that academic partners remained actively engaged despite their busy schedules. This strategy helped build a sustainable foundation for university involvement and reinforced the initiative's commitment to collective progress.

As a collaborative effort, the initiative operated without a defined program budget. This financial constraint required creative problem-solving, including leveraging existing community resources and securing support from local businesses, healthcare organizations, and non-profit organizations. A key takeaway was that robust partnerships can often serve as a substitute for

direct funding, enabling the project to move forward even in the face of undefined financial resources.

Consistent volunteer attendance was another challenge. Although the council initially boasted over 30 members, regular meeting attendance typically ranged between 10 and 16 individuals, often limited to a core group. Recognizing that many informal dementia caregivers face substantial time constraints, the council implemented measures such as distributing detailed meeting minutes and actively soliciting feedback. These strategies ensured those unable to attend meetings remained engaged and informed.

Recruiting Dementia Friends Champions was difficult due to time and comfort barriers. Given the critical role these champions play in sharing the message of inclusion and dignity for individuals with dementia, concerted efforts were made to educate and recruit new volunteers. Recent initiatives successfully onboarded several new champions, broadening the program's reach and reinforcing the importance of community-driven advocacy.

Sustainable progress

Ultimately, the leadership of the initiative emphasized that building a Dementia Friendly community requires patience and extensive collaboration. Engaging multiple organizations in the planning process fostered a global, inclusive vision that was essential for both the application process and subsequent efforts. Consistent with Objective 5's goal in building a sustainable council infrastructure, sustaining progress requires ongoing outreach, training, and shared accountability. Specifically, we plan to maintain a consistent monthly meeting schedule (with in-person or remote options), sub-committee participation where members lead unique efforts within the council, rotate leadership to reduce burnout and broaden representation, seek external grant funding (e.g., state, federal, foundation) to reinforce resources, and host an annual

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symposium to formalize outcomes and convene community sectors. These strategies attest to the council's commitment to maintaining momentum and ensuring the long-term sustainability of the Dementia Friendly Flagstaff initiative.

Conclusions

The transformation of Flagstaff into a Dementia Friendly City underscores the power of community partnerships in driving meaningful, sustained change. Grounded in a community-identified agenda, the initiative's objectives, ranging from raising public awareness and promoting cultural inclusivity to strengthening the care workforce and building infrastructure, were directly informed by the voices of local residents and community sectors. The lessons learned from this collaborative effort reveal the importance of shared leadership, inclusive engagement, and adaptability across sectors. As one informal dementia caregiver poignantly expressed in a DFA letter of support:

> *It would be SUCH a good thing if we lived in a town where people understand that he is still a social being, and although he doesn't contribute greatly, he LOVES to be included and loves to be social... I can only dream of a town where people immediately understand that he has limitations, yet do not exclude him from the conversation and have patience with him as he is moving through his life* (Caregiver, Personal communication, August 2024).

This vision is within reach. The lessons learned from Flagstaff demonstrate that through education, advocacy, and sustained collaboration, communities can foster a more inclusive and supportive environment for those living with dementia. Becoming a Dementia Friendly city is just the beginning - it takes ongoing commitment to inclusion, connection, and dignity for all.

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References

1. Dementia Friendly America. Home Page - Dementia Friendly America. n.d. Accessed September 8. https://dfamerica.org/
2. Alzheimer's Association. 2025 Alzheimer's Disease Facts and Figures. Alzheimer's Association. 2025. Accessed September 8, 2025. https://www.alz.org/alzheimers-dementia/facts-figures
3. Israel BA, Schulz AJ, Parker EA, Becker AB. Review of community-based research: assessing partnership approaches to improve public health. *Annu Rev Public Health*. 1998;19(1):173-202. doi:10.1146/annurev.publhealth.19.1.173
4. Dementia Friendly America. DFA Community Toolkit - Dementia Friendly America. Accessed September 8, 2025. https://dfamerica.org/community-toolkit/
5. Gaugler J, James B, Johnson T, et al. 2022 Alzheimer's disease facts and figures. *Alzheimers Dement*. 2022;18(4):700-789.

6. Bayly M, Morgan D, Froehlich Chow A, Kosteniuk J, Elliot V. Dementia-Related Education and Support Service Availability, Accessibility, and Use in Rural Areas: Barriers and Solutions. *Can J Aging*. 2020;39(4):545-585. doi:10.1017/S0714980819000564

7. Williamson H, Begay A, Dunn D, et al. "We Live on an Island:" Perspectives on Rural Family Caregiving for Adults with Alzheimer's Disease and Related Dementias in the United States. *Qual Rep*. 2022;27(10):2343-2358. doi:10.46743/2160-3715/2022.5193

8. Richardson TJ, Lee SJ, Berg-Weger M, Grossberg GT. Caregiver Health: Health of Caregivers of Alzheimer's and Other Dementia Patients. *Curr Psychiatry Rep*. 2013;15(7):367-367. doi:10.1007/s11920-013-0367-2

9. Vara-García C, Romero-Moreno R, Márquez-González M, et al. Stress and blood pressure in dementia caregivers: The moderator role of mindfulness. *Clin Gerontol J Aging Ment Health*. 2019;42(5):512-520. doi:10.1080/07317115.2018.1554611

10. McCarthy MJ, Garcia YE, Remiker M, et al. Diverse rural caregivers for individuals with alzheimer's disease or related dementias: Analysis of health factors at the individual, interpersonal, and community level. *Aging Ment Health*. Published online January 17, 2022. doi:10.1080/13607863.2022.2026880

11. Aging Well Arizona. Community Meeting Videos from November 2023 – Aging Well Arizona. November 6, 2023. Accessed September 8, 2025. https://agingwellaz.org/community-meeting-videos-from-november-2023/

12. Williamson HJ, Bacon R, Dunn DJ, et al. Supporting diverse and rural-residing family caregivers of individuals with Alzheimer's disease and related dementias: A multi-level study. In: 2020.

13. McGrail MR, Humphreys JS, Ward B. Accessing doctors at times of need-measuring the distance tolerance of rural residents for health-related travel. *BMC Health Serv Res*. 2015;15(1):212-212. doi:10.1186/s12913-015-0880-6

14. NAZADA. Northern Arizona Alzheimer's and Dementia Alliance. n.d. Accessed September 8, 2025. https://www.nazada.org/

15. NARBHA Institute. The NARBHA Institute | Inspiring hope, energizing coalitions, and amplifying diverse voices. 2024. Accessed September 8, 2025. https://narbhainstitute.org/

16. Dementia Friendly America. Community Directory - Dementia Friendly America. September 26, 2023. Accessed September 8, 2025. https://dfamerica.org/community-directory/

17. Israel BA, Coombe CM, Cheezum RR, et al. Community-Based Participatory Research: A Capacity-Building Approach for Policy Advocacy Aimed at Eliminating Health Disparities. *Am J Public Health*. 2010;100(11):2094. doi:10.2105/AJPH.2009.170506

18. Griffith EE, Monin JK, Lepore M. Community-Engaged Recommendations for Empowering People Living With Dementia to be Research Collaborators. *The Gerontologist*. 2024;64(4):1-. doi:10.1093/geront/gnad047

19. Littlechild R, Tanner D, Hall K. Co-research with older people: Perspectives on impact. *Qual Soc Work QSW Res Pract*. 2015;14(1):18-35. doi:10.1177/1473325014556791

20. Dementia Friendly America. Application Form - Dementia Friendly America. Accessed September 8, 2025. https://dfamerica.org/application-form/

21. Cerino ES, McCoy MC, Martinez M, et al. Supporting Individuals with Cognitive Impairment and Family Members in Rural Communities: Protocol for a Mixed-Methods, Digital Health Study (Preprint). *JMIR Res Protoc*. Published online 2025. doi:10.2196/77958

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Table 1. Dementia Friendly Community Designation Criteria

Criterion	Description
Cross-sector team	A team must be convened that includes stakeholders from at least three different community sectors (e.g., public health, government, transportation, aging services) and must include at least one person living with dementia and one care partner.
Community assessment	Conduct a baseline needs assessment and/or environmental scan to identify strengths, gaps, and opportunities related to dementia friendliness in the community.
Letters of support	Submit letters of support from at least three engaged community sectors confirming participation and commitment to the initiative.
Sector engagement	Demonstrate outreach and involvement from a broad range of community sectors (e.g., libraries, faith communities, healthcare, law enforcement, transportation, local businesses).
Community action plan	Develop and document a formal action plan that outlines goals, priorities, sector-specific strategies, and evaluation methods.
Dementia Friends sessions	Provide public education opportunities such as Dementia Friends Information Sessions to raise awareness and reduce stigma.
Implementation of dementia-friendly practices	Initiate sector-specific strategies that improve the physical and social environment for people with dementia (e.g., signage improvements, inclusive customer service, staff training).
Tracking and evaluation	Establish a method for monitoring progress, such as surveys, data collection, and community feedback, to ensure accountability and guide improvement.
Sustainability plan	Include a plan to maintain efforts beyond the initial designation period, with leadership identified to ensure continuity and growth.
Regular reporting	Submit updates to Dementia Friendly America as required, including documentation of progress and outcomes from implemented strategies.

Source: Dementia Friendly America. (n.d.). Community application: Readiness and recognition criteria. Retrieved September 6, 2025, from https://dfamerica.org/overview/

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Table 2. Objectives of the Flagstaff Dementia Friendly Initiative

Objectives	**Selected Quotes from Community Convening on November 6, 2023**
1. Increase public awareness and understanding of dementia by providing community education and reducing stigma.	"Getting information out to the public about what services currently exist." "Encourage businesses to post information about senior programs that are currently available." "People have lack of purpose and relevance and feel invisible." "Bring awareness of current programs available and how to sign up for them."
2. Promote inclusivity and cultural responsiveness by actively engaging rural, Native American, Latino, and other underrepresented populations in all stages of planning and outreach.	Diverse population with different needs." "Cultural differences and misinformation regarding death." "Rural areas, lack of knowledge and resources."
3. Identify and address service gaps in diagnosis, treatment, and informal caregiver support through coordinated efforts across healthcare and community sectors.	"Getting a diagnosis is often difficult." "Only 2 neurologists in NAz." "Lack of education, information, and next-step information." "Caregiver and family isolation." "Need senior companion program - opportunities to network."
4. Strengthen the regional dementia care workforce by leveraging local academic institutions, clinical expertise, and lived experience.	"Lack of caregivers." "Need more geriatric nurses." "More college programs for health care careers." "Lack of caregiver training in Arizona. [Agency] has a training program, but it is very dull, loaded with negativity about the elderly with dementia."
5. Build a sustainable council infrastructure to guide the Dementia Friendly City application, monitor progress, and ensure long-term commitment to inclusive dementia support.	"Educate community leaders about why these programs are important." "Create an environment." "Need adult daycare." "Fully fund community services."

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Table 3. Greater Northern Arizona Dementia Friendly Community Council

Category	Council Organizations
Academic Institution	Northern Arizona University College of Nursing Northern Arizona University W.A. Franke College of Business Northern Arizona University Department of Psychological Sciences Northern Arizona University School of Social Work Northern Arizona University Department of PT and Athletic Training
Community Service Organizations	Aging Well Arizona Coconino County- Senior Service Program Manager Flagstaff Public Library Northern Arizona Regional Behavioral Health Authority Institute Northern Arizona Alzheimer's and Dementia Alliance Northern Arizona Council of Governments (Area Agency on Aging)
Dementia Caregivers	Informal dementia caregivers (Cottonwood, Flagstaff, Parks) (7)
Healthcare Providers	Angels Care Home Health Flagstaff Physicians (2) and Nurse Practitioners (1) Maggie's Hospice, Flagstaff Payson Care Center Visiting Angels, Northern Arizona
National Associations	American Red Cross, Flagstaff Alzheimer's Association, Desert Southwest Chapter
Assisted Living/Senior Living Communities	Brookdale Assisted Living, Flagstaff Bluffs Assisted Living, Flagstaff Peaks Senior Living, Flagstaff Highgate Senior Living at Flagstaff

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Table 4. Alignment of Prior Findings, Objectives, Methods, and Lessons Learned

Prior Findings*	**Aligned Objective**	**Methods**	**Lessons Learned / Conclusions**
Community-driven strategies reduce stigma and improve dementia literacy.	Obj. 1 – Public Awareness	Dementia Friends information sessions; community education	These efforts demonstrated that consistent community education, supported by strong cross-sector champions, can reduce stigma and normalize dementia understanding across diverse audiences.
Culturally responsive dementia care is essential for marginalized groups.	Obj. 2 – Inclusive Engagement	Inclusive outreach; focus group recruitment	This experience reinforced that trust-building and cultural humility are essential for meaningful engagement with Native American, Latino, and rural populations, especially when paired with inclusive outreach strategies.
Rural areas face gaps in services and caregiver burden.	Obj. 3 – Address Service Gaps	Community roundtables; qualitative needs assessment	Findings showed that community-identified priorities, supported by trusted local institutions, led to actionable solutions for gaps in dementia diagnosis, treatment, and caregiver support.
Effective dementia care requires integrating lived and academic expertise.	Obj. 4 – Strengthen Workforce	Academic-community partnerships; student and clinician engagement	The initiative revealed that integrating clinical, academic, and lived experience builds a dementia-informed workforce. Sustained progress required mentoring, shared responsibility, and flexible engagement.
Cross-sector collaboration is essential for addressing health disparities.	Obj. 5 – Build Infrastructure	CBPR-informed convenings; rotating leadership; subcommittees	This effort underscored the value of shared leadership and structured subcommittees in maintaining council momentum. Transparent communication reinforced accountability and long-term sustainability.

**Note: Prior findings summarized here reflect literature previously cited in the background section of this paper.*