

Why a dementia village in the Netherlands is fueling hope in D.C.

By Michael Brice-Saddler

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The social worker's instructions came one after another: Count backward from 100 by sevens. Name as many words as you can that start with the letter "F" in one minute. Memorize five terms.

William Goode, 85, smoothed the wrinkles from his neon-green tracksuit and prepared to tackle each task with the swagger of a man who has never doubted his memory. A former engineer and avid painter, he keeps his mind busy with projects. He is mastering pyrography, the art of burning intricate designs into wood, and every evening, without fail, he settles in for his favorite mental workout: "Jeopardy!"

Now, on a sun-soaked bench outside his D.C. senior apartment complex, it was time for Goode to put his sharpness to the test. Seated beside him, the social worker explained that the Montreal Cognitive Assessment, or MoCA, was designed to help flag signs of memory loss. He told Goode the test could reveal normal cognitive function or the possibility of mild to severe impairment.

He also told Goode he would get his results within minutes.

The dementia diagnoses of public figures like Bruce Willis, Wendy Williams and Tony Bennett in recent years have helped turn private battles into national conversations about memory and aging. Even so, specialists say the country is dangerously underprepared for what's ahead, a crisis that will only intensify as the U.S. population

grows older. About half a million Americans develop dementia each year, a number projected to roughly double by 2060, according to research published in Nature Medicine.



William Goode was surprised by his results in Iona's memory screening on Sept. 19, in Washington. (Carolyn Van Houten/The Washington Post)

The situation is especially concerning in the nation's capital, where an estimated 16 percent of D.C.'s 84,000 or so seniors are living with dementia caused by Alzheimer's disease — a rate that is higher than any U.S. county or state, according to the Alzheimer's Association. The rate is driven in part by the city's majority Black senior population, a group that is twice as likely as their White counterparts to develop dementia and more likely to live alone.

Health officials have been calling for a radical overhaul of the nation's system of elder care and one of the boldest ideas to emerge is the “dementia village.” The model, which fosters social inclusion, was pioneered abroad but remains rare in the United States because of its cost. Still, advocates have been pushing to replicate it in the District — and they have been gaining traction.

Developers and community wellness advocates say they have identified a site east of the Anacostia River, where health disparities are stark and specialized memory-care housing remains scarce.

Iona Senior Services, an aging-focused nonprofit in the city, has also separately pitched a hybrid dementia village model to Congress that is designed to be affordable and scalable.

The organization is acutely aware of the need. It has spent the last year offering free memory clinics to screen seniors like Goode for signs of cognitive loss that might otherwise go unnoticed.

Goode spent 10 minutes that day answering questions. He then leaned back on the bench and waited for his score.

“I don't think I did too good,” he said.

The model

A D.C. symposium on the city's aging population in September brought together an unusual coalition: city health officials, property developers and world-renowned leaders in dementia care.

How is dementia detected?

Health care professionals use tests to help detect signs of thinking, memory or cognitive impairments. Throughout this story, example questions from such tests will be shown. These are meant to invite you into the process but not serve as an exam.

They discussed the rapid growth of the city's senior population — or the “silver shift” — and the urgent need for more housing for them, particularly in the historically underserved D.C. Wards 7 and 8. The half-day program culminated with a presentation about the Hogeweyk, an ordinary-looking neighborhood in the Netherlands widely regarded as the world's first dementia village.

On the screen flickered images of a quiet supermarket, people walking snowy paths and a man lighting a cigar. The presenters cut straight to the questions on everyone's mind: What if someone falls? What if they wander? Should he really be smoking?

Eloy van Hal, one of the Hogeweyk's founders, leaned in. He told the story of a man who spent his final years in the village savoring those cigars. Smoking wasn't healthy, van Hal admitted, but it brought comfort. He urged others in the room to rethink dementia not as the end of personhood but as a stage of life. What might appear to be aimless wandering, he said, could simply reflect a resident's wish to take a walk or go outside.

"People are not stupid. They want to live, not be treated constantly as patients," said van Hal. "Care is only five percent of the day. The other 95 percent is about living and wellbeing."

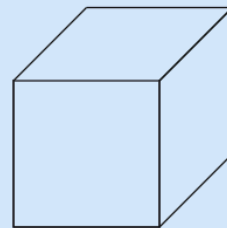
At the Hogeweyk, about 188 residents with advanced dementia are split into 27 houses, van Hal explained. They cook meals together, tend gardens and shop at the on-site grocery store. Each household includes a small team of caregivers, nurses and activity staff who support residents throughout the day. Most remain for about two years, with the aim of living comfortably until death rather than undergoing intensive medical intervention.

Van Hal acknowledged that the model doesn't always translate easily across borders; in the Netherlands, the Hogeweyk is covered by national health insurance. Still, offshoots have appeared in places like Canada, Australia and Serenbe, Georgia, where van Hal has advised developers on dementia-friendly design.

The broader challenge, said Adam Rosenbluth, a New York internist and monthly AARP health columnist, is that Americans are aging into dementia and "we need to do a better job taking care of them." Rosenbluth's perspective is deeply personal. He suspects his father, whose medical practice he took over, began to develop the condition in his 80s. He recalled encouraging his father to come into the office every day so that he could maintain a sense of community.

EXAMPLE 1

Copy this picture



SOURCE: MOCA

"He would sit and he would greet people," he said. "He wasn't involved in medical care anymore, but he would say hi to people, and it took him back 30 or 40 years in his brain. And that's often the part of the brain that's working beautifully. He might not remember what he had for breakfast, but he could do a great job talking about a patient that he took care of."

To create a dementia village in D.C., van Hal said, leaders shouldn't attempt to copy the Hogeweyk brick by brick but instead rethink elderly care entirely — treating residents as individuals first and tailoring the model to local systems, resources and culture.

“Yes, you can do this in the United States,” he said. “Will it be easy? No, because there are many elements you have to discuss. But with the right leadership, with transformational leadership, you can.”

In Washington, the development team selected to lead the city-backed overhaul of the former Fletcher-Johnson Middle School campus says they envision part of the 15-acre site as a dementia village — an idea they've been refining since winning the project in 2020. The concept would likely require layered funding that combines city support with private or philanthropic investment.

Developer Oussama Souadi is a partner at Gragg Cardona Souadi, which operates two assisted-living communities in Ward 7. He said he saw a need for more accessible care for residents who had begun to show signs of dementia and also heard from community members who wanted more senior-focused spaces.

“Memory care has been very institutional, traditionally,” Souadi said. “Maybe there's a different way to do this — get people out of an institution, give them quality housing, the ability to dine with quality fresh food, make sure their chronic conditions are managed properly — and let them socialize by design. They'll stay out of a more acute setting and cost the public health system less. That's the vision there.”

EXAMPLE 2

Name these animals



Reveal answer ?

SOURCE: MOCA

Iona, founded 50 years ago in Ward 3, has made a national case for housing inspired by dementia villages. In 2023, CEO Joon Bang asked Congress for \$3 million to launch a hybrid version in D.C. for older adults living alone with dementia and no familial support. The plan would let residents spend their days at Iona's adult day health centers and return in the evenings to a group home staffed with trained caregivers. Bang, 45, said the goal was to expand housing options while linking seniors to Iona's existing programs offering meals, activities and skilled care.

The request took on added resonance months later, when it was revealed that former U.S. representative Kay Granger (R-Texas), then the appropriations committee chair, was living in an independent senior facility and experiencing dementia symptoms.

“These aren’t easy topics, and there’s a lot of fear and stigma around dementia — it’s devastating to think about,” said Bang, who recently traveled to Korea to spend time with two relatives who cared for him when he was young: his grandmother, who has memory loss, and a young aunt who was diagnosed with early onset Alzheimer’s. “But this is the reality of the human experience, and we need more people to care and pay attention.”



Iona CEO Joon Bang. (Carolyn Van Housten/The Washington Post)

When lawmakers approved just \$850,000 of his request, Bang scaled the proposal back to expand Iona’s existing dementia services instead. Still, Bang said it would be a “dream” to see the project realized — especially as demand for dementia care continues to grow.

The need

More families have been calling the D.C. Department of Aging and Community Living, and when they do, the refrain is often the same, said Director Charon P.W. Hines: “My loved one is starting to experience memory decline — how can I help?”

Hines said the department depends on Iona’s three dementia navigators — licensed clinical social workers who provide case management and fill gaps in the city’s senior services. They help D.C.’s 14,000 or so caregivers — usually a child, sibling or spouse — during stressful moments, such as when memory lapses cause financial confusion. Seniors, for instance, sometimes report missing money that later turns out to be an accidental overpayment.

Hines said she hears from families about older drivers who set out on familiar routes and forget how to get home or where they were headed. Drawing on her experience supporting her Gulf War veteran father and 99-year-old grandmother while raising a young child, Hines counsels overwhelmed caregivers. Her staff refers some to Iona’s adult day health centers in Tenleytown and Congress Heights where they can find respite and support from health care professionals or even something as simple as a snack.

“Caregivers, in particular caregivers of patients with Alzheimer’s and other dementias, aren’t taking the time to care for themselves because at any given moment something could change with a loved one where they have to be ready to respond,” Hines said. “Some individuals are very clear: ‘I don’t think I can do this.’ But that’s where our department comes in to say, ‘Let us connect you to a community that can support you.’”

Despite growing demand, Iona's dementia navigators program has seen dedicated funding from the city fluctuate in recent years, reaching \$404,000 in fiscal 2025 — a rebound after prior decreases, but still short of rising costs and needs.

“Dementia navigators are the last line of defense; they're oftentimes what keeps people's hardship from multiplying and leading to more devastating outcomes,” Bang said. “This is the only program of its kind in the District and it's implemented on a shoestring. If the funding gets cut, it's like cutting that shoestring altogether.”

Hines and others say reducing dementia in D.C. will also require building healthier communities, especially in lower-income neighborhoods where chronic illness is more common and access to care is more limited. While some dementia risk factors like race and family history can't be controlled, others — like cardiovascular disease, poor diet and a lack of physical activity — can.

City data underlines the stakes.

Among D.C. residents 65 and older who self-reported cognitive decline, 92 percent also reported having at least one chronic health condition, according to last year's State Plan on Alzheimer's Disease and Related Dementias. Forty percent of seniors facing mental decline said they now need help with daily tasks like cooking or taking medications, but only 18 percent reported receiving assistance.

The answers

Ronnie Daniel has spent decades juggling so many health problems that he once carried a written list of medications in his wallet just to keep them straight: prescriptions for asthma with chronic obstructive pulmonary disease, sciatica in his left leg, Type 2 diabetes and five herniated disks. Together, they require him to take more than 100 pills a week.

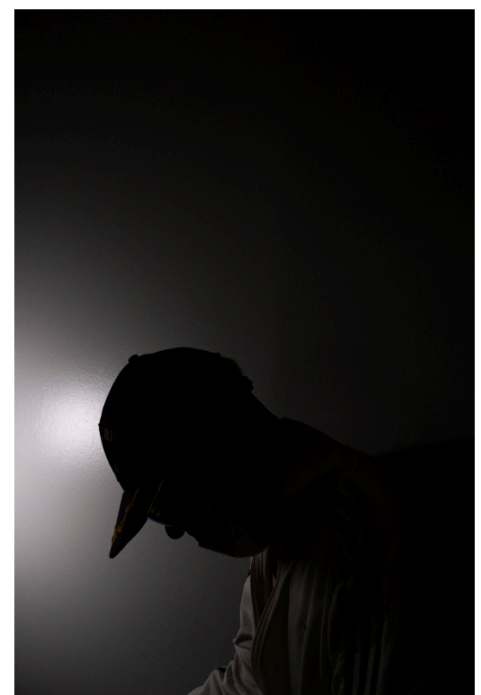
For Daniel, 72, the 10-minute dementia screening conducted by Iona was a chance to make sure he didn't need to add memory trouble to the list. He called the test “easy-breezy” and scored a 24 out of 30, a range that suggests “mild memory or thinking concerns.”

EXAMPLE 3

Read this list of letters. Tap your hand at each letter A.

F B A C M N A A J K L B
A F A K D E A A A J A M
O F A A B

SOURCE: MOCA



(Carolyn Van Houten/The Washington Post)

He spoke with Trevor Goodyear — the social worker who screened him and Goode — about occasional moments where a forgotten movie title or phrase would sit on the tip of his tongue for a full day.

Goodyear reassured him that such lapses were most likely normal aging and emphasized that dementia is marked by impaired function. “I used to be able to tell you every actor that was in every movie ever; those names don’t come as easily as they used to,” replied Goodyear, 49. “If you walk to the grocery store, a place you’ve walked a hundred times before, and all of the sudden you don’t know where you are or how to get home, that’s an indication of loss of function.”

A 79-year-old retiree in Northwest Washington said he had also noticed small lapses — a name that slipped away, a task that took longer to recall. When Iona offered screenings at the lunch site in his senior apartment building, he signed up.

“When you get up to 70 and 80, you’re supposed to be losing some of your memory,” he said. “Sometimes I don’t know whether I’m overthinking things because of my age.”

When asked later about his score, the man paused. He couldn’t remember.

“Maybe,” he said, “old age is playing a part in things.”

The navigators can’t give medical advice, but they can connect clients with doctors and community resources.

Christina Prather, the clinical director of the GWU’s Institute for Brain Health and Dementia, cautioned that without follow-up care, a tool like the MoCA can lead to false alarms, especially for people with less formal education or for whom English is not a first language.

“That’s one of the reasons to bring this forward to your clinician, to understand, ‘Is this something I need to be concerned about or not?’” she said. “But it opens the door to conversations that allow us to all understand how to meet the needs of this aging population.”

Meeting those needs, she added, requires building “an age-friendly community integrated with health care” rather than siloed services.

“The structures we have in place will not be able to accommodate what’s coming,” she said. That’s what makes the opportunities of dementia villages “so exciting.”

EXAMPLE 4

What is today’s date?

Month ___ Day ___, Year ___

Reveal answer ?

SOURCE: SAGE

Forty percent of D.C.'s seniors live alone, according to city data — a reality that advocates say makes community-based solutions especially urgent.

“We don’t have the directive to bang on someone’s door,” Goodyear said. “We have to prioritize people who actually want to work with us, and it can be painful, because there are times when we have a suspicion that symptoms of dementia are making it difficult for them to engage.”

Of the 81 people Iona has screened so far this year, eight were found to have “no memory concerns,” 45 were “mild,” 23 were “moderate” and five were “severe.” Each score came with a suggested follow-up, but participation is voluntary.

Back on the bench outside the Asbury, Goode was disheartened to learn his 23 out of 30 score placed him in the “mild” range. Goodyear gently explained that some missed words in the memory section had nudged him there, but stressed it wasn’t cause for alarm.

Goode nodded, saying he would follow up with his doctor. Later, he said more people should know about the screenings, even if the subject behind them isn’t exactly easy to talk about. Too often, he said, neighbors avoid the conversation altogether, fearing it could be an early step toward losing independence.



Too often, Goode said, his neighbors at the Asbury avoid the conversation about dementia altogether, fearing it could be an early step toward losing their independence. (Carolyn Van Houten/The Washington Post)

“That’s another reason they don’t speak up more,” Goode said of his neighbors. “But ain’t nobody getting no younger.”

EXAMPLE 6

You are buying \$13.45 of groceries. How much change would you receive back from a \$20 bill?

Reveal answer ?

SOURCE: SAGE

In the art studio he has set up in his apartment, most of his painted pieces feature animals in their natural habitats: a cheetah, a baboon, an eagle and a Siberian tiger. Often confined to zoos or sanctuaries, they roam freely on his canvas — restored, in paint at least, to the wild.



Goode shows his paintings in the community room of the Asbury in Washington. (Carolyn Van Houten/The Washington Post)



Most of Goode's artwork feature animals in their natural habitats. (Carolyn Van Houten/The Washington Post)

About this story

The MoCA (Montreal Cognitive Assessment) and SAGE (Self-Administered Gerocognitive Examination) are both tests used to screen for cognitive decline and detect early signs of dementia. The questions selected above are just a sample of the ones that appear in those tests. A person's answers alone cannot detect dementia. Experts advise anyone with concerns to consult with a health care provider.

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Available Online at: <https://wapo.st/3WKbACn>

Visit www.iona.org for more information about Iona Senior Services.

To inquire about older adult and caregiver support services, contact Iona's Helpline at: info@iona.org or 202-895-9448. For funding or collaborative partnerships, contact Joon Bang, CEO, at jbang@iona.org or 202-895-0246.