



2026

A BRIEFING FOR MEDICAL PROVIDERS

THE DEMENTIA CARE CRISIS

Understanding and Addressing the direct Impact for medical providers, unpaid caregivers & supporting non-clinical Services in the USA.





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A Briefing for Medical Providers

Understanding the national dementia care crisis in the United States, and addressing the Impact for medical providers, unpaid caregivers & supporting non-clinical Services.

The United States is currently experiencing a dementia crisis driven by population aging, increased life expectancy, and insufficient preparedness across healthcare, social systems, and workforce infrastructure. As of 2024, **an estimated 6.9 million Americans aged 65 and older are living with Alzheimer's disease**—the most common form of dementia (Alzheimer's Association, 2024).

This number is expected to rise dramatically as the Baby Boomer population ages, with projections reaching 13.8 million by 2060 (CDC, 2023).

Key Drivers of the National Dementia Crisis in the USA

Several factors contribute to the national dementia crisis:

- **Rapid population aging:** By 2034, older adults will outnumber children in the U.S. for the first time in history (U.S. Census Bureau, 2020).
- **Increased longevity:** More individuals are living into advanced age, where dementia prevalence sharply increases.
- **Chronic disease burden:** Conditions like diabetes, hypertension, obesity, and cardiovascular disease significantly elevate dementia risk (NIA, 2023).
- **Insufficient workforce preparation:** There is a shortage of dementia-trained clinicians, direct care workers, and specialists.
- **Underdiagnosis and delayed diagnosis:** Many individuals remain undiagnosed for years, increasing risks for crises, emergency visits, and caregiver strain.

Dementia is now recognized as one of the most costly chronic conditions in the U.S.—financially, emotionally, and medically.

The Massive Shortage & Workforce Gap

There is a real workforce gap in the U.S. (and especially in Florida) between the scale of the dementia crisis and the availability of dementia-capable support—including non-clinical dementia specialists/gerontology support roles that help families live with cognitive change day to day.

The dementia crisis is accelerating faster than the support workforce

Nationally, the Alzheimer's Association estimates ~6.9 million Americans age 65+ are living with Alzheimer's dementia in 2024, and projects that number will rise to ~13.8 million by 2060 as the population ages.

Florida is one of the epicenters. The Alzheimer's Association state estimates show ~580,000 Floridians age 65+ are living with Alzheimer's dementia (often cited as among the highest totals in the country). (Alzheimer's Association)

Why this matters:

More people living longer with dementia means more years where families need day-to-day education, planning, coaching, behaviour support, navigation, and caregiver stabilization—most of which happens outside the medical appointment.

What we can measure clearly: geriatrics and direct-care shortages -which create the non-clinical gap. Because we can measure these two adjacent shortages, we know what strongly drives and reflects the non-clinical shortfall of dementia care specialists and gerontologists.

1) Geriatrics clinician shortages (U.S. and Florida)

The Alzheimer's Association reports the U.S. has far fewer geriatricians than needed and includes a state-by-state table showing Florida's geriatrician supply vs. projected need, illustrating a widening gap over time.

2) Why this creates a non-clinical shortage:

When geriatrics capacity is limited, appointments get shorter, follow-up gets thinner, and families are pushed to manage complex dementia realities largely alone—raising demand for non-clinical dementia-capable support (education, behaviour strategies, caregiver coaching, planning) that is rarely reimbursed and therefore harder to staff at scale.

3) Direct-care workforce pressure (home health & personal care aides)

The U.S. Bureau of Labor Statistics projects home health and personal care aides will add ~804,600 jobs from 2022–2032, the largest increase of any occupation, driven by population aging and increased care needs. [bls.gov](https://www.bls.gov)

4) Why this matters for dementia support:

Dementia care is labor-intensive and supervision-heavy. When hands-on support roles are stretched, more responsibility shifts to unpaid caregivers—who then need coaching, education, routines, behaviour support, and stress regulation tools to prevent crisis escalation.

So where do non-clinical dementia care specialists and gerontologists” fit—and why is the shortage a problem?

The system dynamics are clear:

- Dementia prevalence is rising quickly (U.S. and Florida). Alzheimer’s Association
- Clinician geriatrics capacity is insufficient (including Florida’s projected gap).
- Hands-on care demand is exploding (BLS projections). [bls.gov](https://www.bls.gov)

This combination of dynamics produces a predictable outcome: families need more day-to-day dementia-capable guidance than the system can deliver, and when that support is missing, you see:

- **more caregiver burnout** and collapse
- **more behavioural escalations** at home
- **more crisis-driven calls/ED** utilization
- **more preventable placements** and unsafe situations
- **more “non-medical problems”** bouncing back into medical settings

This is exactly why a dementia crisis is not only a medical issue—it’s also a workforce and care-infrastructure issue, including the shortage of non-clinical support that helps medical care actually work at home.

There is a shortage of professionals trained in aging-related care and specialization, and this contributes to gaps in dementia and older-adult support in the U.S.

While national reporting focuses more on clinical geriatricians than on non-clinical gerontologists, the workforce trends for geriatrics and care for older adults clearly show supply shortfalls that affect gerontology fields broadly.

1. National Shortage of Geriatric Clinicians

Although “gerontologist” isn’t tracked as a single profession by many major workforce reports, geriatric clinicians — professionals whose care work overlaps closely with advanced gerontology — are in critically short supply.

- **Fewer than 7,300 physicians in the U.S. are board-certified geriatricians**, which amounts to roughly **1 geriatrician per 10,000 older adults**. (Becker's Hospital Review)
- Projections indicate a **major gap between supply and need**: estimates suggest the U.S. will require about **30,000 geriatricians by 2030** to care adequately for an aging population, yet far fewer are available — a shortfall driven by retirement and insufficient numbers entering training. (American Geriatrics Society)

U.S. Department of Health and Human Services has projected that **demand for geriatricians could exceed supply by nearly 27,000 full-time equivalents by 2025**, reinforcing the magnitude of the workforce gap. (JAMA Network)

These shortages are not limited to physicians; there are also too few geriatrics-trained nurse practitioners, social workers, occupational therapists, and other specialists experienced in aging care, which reflects broader deficits in the gerontology workforce.

The ELM Education, Leadership, and Management.

It describes the non-clinical foundation of quality aged care—the training, coordination, and systems that make care work beyond medical treatment.

- **Education:** Training caregivers, families, and the workforce (e.g., dementia education, behaviour understanding)
- **Leadership:** Guiding ethical, person-centred care and coordinating teams
- **Management:** Organising services, transitions, and continuity of care

In dementia care, ELM is critical because most challenges happen at home and between appointments. Without strong ELM capacity, care becomes fragmented, caregivers burn out, and preventable crises increase.

Why ELM Matters in Dementia Care

In dementia care especially:

- Education helps families understand behaviour and progression
- Leadership ensures dignity, ethics, and person-centred approaches
- Management supports continuity across home, community, and medical care

This is why many universities, aged-care organisations, and policy bodies talk about ELM capacity when discussing workforce shortages — because there are not enough people trained to lead, educate, and manage dementia-capable care, not just deliver hands-on tasks.

How This Connects to Gerontology & Non-Clinical Roles

Gerontologists, dementia care specialists, care coordinators, and caregiver-support professionals often sit squarely in the ELM space:

- They educate (patients, caregivers, staff)
- They lead (care planning, behaviour strategies, coordination)
- They manage (systems, transitions, continuity)

This is why shortages in ELM roles are increasingly recognised as a major contributor to the dementia care crisis.

2. Implications for Non-Clinical Gerontologists

While much of the data focus on clinical workforce shortages, several interconnected factors indicate a broader gerontology support gap:

Programs and professionals trained in gerontology and older adult care are relatively scarce, with limited graduates available to meet the needs of a rapidly aging population.

A growing body of educational and workforce planning research highlights the expanding demand for gerontology expertise across health care, social services, policy, and community support roles. Innovative Aging Studies

Related fields, such as gerontological nursing, show persistent low certification rates (e.g., less than 1% of nurses certified specifically in gerontology), pointing to systemic under-representation in aging-focused practice. Wikipedia

Non-clinical roles such as dementia care specialists, care navigators, and ageing service coordinators are growing in demand because traditional clinical care (e.g., physicians and nurses) cannot fully meet the daily lived reality needs of people with dementia and their caregivers — especially outside healthcare settings (e.g., at home).

Although formal workforce data are sparse, the observable gap in formal aging support roles strongly correlates with the documented shortages in clinical geriatric capacity.

3. Why This Is a Problem in the Context of the Dementia Crisis

- **Rapidly Aging Population.** The U.S. population of adults age 65 and older is expanding quickly. By 2030, all members of the baby-boom generation will be at least 65, and the number of older Americans is projected to continue rising.
- This demographic shift increases demand across the spectrum of aging services — medical, social, and supportive care.

Because cognitive change and dementia are strongly correlated with age, the number of people living with dementia is simultaneously increasing, placing pressure not only on doctors but also on caregivers, families, and support systems.

Why Clinical Care Alone Cannot Meet Everyday Needs

Even an adequate number of geriatric clinicians would not solve all the challenges families face with dementia.

Clinical appointments are brief and focused on diagnosis and treatment; they do not routinely encompass behaviour management coaching, functional support, daily cognitive strategies, caregiver resilience, emotional support, or continuity between visits.

This is where non-clinical gerontology and dementia care specialists play a vital role.

Caregiver Burden and System Strain

Shortages in geriatrics and aging-specialized roles mean caregivers and families are left to manage complex behavioural and functional needs with little guidance.

This contributes to caregiver stress, burnout, preventable crises, unnecessary emergency department visits, and earlier institutionalization — **outcomes that both increase health system costs and reduce quality of life for people living with dementia.**

The Impact Nationally on Wellbeing for Unpaid Caregivers and Families

Unpaid family caregivers provide the majority of dementia care in the U.S. Over 11 million Americans provide unpaid care for people with dementia (Alzheimer's Association, 2024), accounting for over **18 billion hours of unpaid support annually** (Alzheimer's Association, 2024).

Caregivers provide more than 18 billion hours of unpaid care annually.

Emotional and Psychological Impact

- Rates of **anxiety and depression** among dementia caregivers exceed those of caregivers for any other chronic illness. **40% experience symptoms of depression or anxiety.**
- Many experience anticipatory grief, guilt, and prolonged stress exposure.
- 60% of dementia caregivers report high emotional stress (National Alliance for Caregiving, 2020).

Social and Financial Impact

- Caregivers often reduce work hours or leave employment entirely.
- Out-of-pocket spending for dementia care averages **\$7,242 annually**, higher than for caregivers of other conditions (AARP, 2021).
- Family conflict frequently increases around care expectations and financial responsibilities.
- Two-thirds of dementia caregivers are women.

One in three caregivers provides **over 20 hours of care weekly**. Most caregivers receive little to no formal training, yet they manage complex clinical tasks such as medication administration, behavioral symptom management, bathing assistance, and ongoing supervision.

Unpaid caregivers are the invisible backbone of dementia care—and their wellbeing is a critical determinant of patient stability and continued at-home care.

Health Impact on Unpaid / At-Home Caregivers

Dementia caregiving is strongly associated with declining health in caregivers:

Higher rates of chronic conditions (hypertension, diabetes, compromised immune function) (NIA, 2023).

- **Increased mortality risk:** Spousal caregivers under high strain experience a 63% **increased risk of death** (Schulz & Beach, 1999).
- **Sleep disruption**, resulting in cognitive impairment and mood instability.
- **Physical strain** from lifting, mobility support, and constant vigilance.

Caregivers frequently delay their own medical appointments due to time constraints, financial concerns, and exhaustion. This places them at heightened risk for acute and chronic health issues.

Impact on the U.S. Healthcare System and Primary Care Providers

Dementia significantly increases healthcare utilization:

- Individuals with dementia have **twice as many hospitalizations, three times more emergency visits**, and significantly higher 30-day readmission rates (CMS, 2022).
- Behavioral symptoms often lead to crisis-driven care, especially for patients who remain undiagnosed or unsupported.
- Poor care coordination strains primary care practices, which already serve as dementia's frontline.

Primary care physicians report:

- Limited appointment time to address dementia's complex medical and social dimensions.
- Challenges managing comorbidities alongside cognitive decline.
- Burnout associated with high-care-needs geriatric patients.
- Barriers to connecting families with community resources and caregiver support programs.

Without targeted support and improved cross-sector coordination, dementia will continue to overwhelm primary care settings.

Impact of the Dementia Crisis on the U.S. Economy

The economic burden of Alzheimer's disease and related dementias is profound:

- Total U.S. dementia care costs reached **\$360 billion in 2024** (Alzheimer's Association, 2024).
- **Costs are projected to exceed \$1 trillion annually by 2050** if no interventions or breakthroughs occur.
- **Medicaid spends over \$60 billion annually on dementia care**—more than on any other chronic condition.
- **Unpaid caregiver labor** is valued at **\$346 billion annually** (AARP, 2021).

The U.S. economy is already experiencing strain from workforce dropout among caregivers, increased medical spending, and rising long-term care needs.

Dementia Care Workforce Shortages

The U.S. is facing a crisis-level shortage in dementia-trained workers:

- By 2030, the U.S. will need 1.3 million additional direct care workers to meet dementia-related care needs (PHI, 2022).
- High turnover in home health and residential care settings—often over 60% annually—creates instability for patients and families.
- There are not enough geriatricians: fewer than 7,000 geriatric physicians exist nationwide, and the need is projected to reach 30,000 by 2035 (American Geriatrics Society, 2023).
- Dementia-specific training remains inconsistent, underfunded, and inaccessible for many providers.

This shortage poses risks to patient safety, care continuity, and healthcare system stability.

How Remember The Carer Supports Caregivers, Families, and Medical Providers

Dementia does not only affect the individual—it reshapes the wellbeing, stability, and daily functioning of entire families. As the dementia crisis grows, medical providers are under unprecedented pressure to manage complex behavioral symptoms, caregiver distress, and care coordination gaps.

Remember the Carer exists to bridge these gaps by delivering specialized, person-centered, highly responsive dementia support that reduces caregiver burden and improves patient outcomes.

We support unpaid caregivers and families—those who provide the majority of dementia care at home and who experience the highest levels of stress, burnout, and health decline.

Through structured education, personalized coaching, wellbeing programs, and communication strategies grounded in neuroscience and dementia care expertise, Remember The Carer enhances caregiver resilience and reduces preventable crises that overwhelm the healthcare system.

Our Point of Difference: What Makes Remember the Carer Unique

Unlike traditional dementia services that focus primarily on the patient, Remember The Carer focuses on the caregiver as a critical part of the care team.

This distinction is essential, as caregiver wellbeing directly influences patient safety, symptom management, and long-term stability.

1. Caregiver-Centered Clinical Education and Coaching

Most caregivers receive little guidance on communication techniques, behavior de-escalation, emotional regulation, or daily care strategies. Remember the Carer provides:

- Practical education based on dementia science
- Communication coaching tailored to the family's needs
- Step-by-step behavioral support strategies
- Navigation assistance for medical appointments and care planning
- Tools for managing stress, grief, and role strain

This lifts an enormous emotional and cognitive load from caregivers, giving them confidence and skills that directly reduce medical emergencies and behavioral escalations.

2. Expertise Across All Stages of Dementia and Caregiver Needs

With 20+ years of dementia experience—including dementia support services, day programs, chaplaincy, gerontology education, and neuroscience-based coaching—**Remember The Carer offers multi-disciplinary guidance that most community agencies cannot provide.**

This includes:

- Early-stage communication and planning support
- Middle-stage behavioral symptom management
- Late-stage care coordination, grief support, and family mediation
- Guidance around safety, wandering, refusal of care, and caregiver burnout
- This breadth of knowledge gives families clarity when they need it most.

3. Holistic Wellbeing Programs That Protect Caregiver Health

Caregiver health decline is one of the strongest predictors of hospitalizations, placement decisions, and patient instability. Remember the Carer provides:

- Stress-reduction frameworks
- Emotional processing support
- Parenting-style tools adapted for dementia communication
- Personalized wellbeing plans
- Resilience and coping strategies

These programs not only improve quality of life—they reduce unnecessary medical visits and prevent caregiver collapse.

4. Rapid, Accessible Support That Fills a Critical Gap

Many dementia services have long waitlists, narrow eligibility criteria, or limited capacity. Remember the Carer offers:

- Fast access to coaching and guidance
- Individualized support without restrictive referral criteria
- Services delivered privately, consistently, and flexibly
- Support that complements—not replaces—clinical care
- Families receive help when they need it, not months later.

5. A Values-Driven Approach: Dignity, Compassion, Clarity, and Empowerment

All services reflect an ethos of warmth and respect—building trust with families who feel overwhelmed and frightened. Medical providers consistently report that families who work with Remember The Carer are more stable, more informed, and more engaged in the care process.

Why Medical Providers benefit from partnering with Remember The Carer

Medical providers are facing increasing pressure as dementia rates climb. Time-limited appointments, underdiagnosed caregiver burnout, and the complex interplay of behavioral symptoms and chronic disease create significant strain.

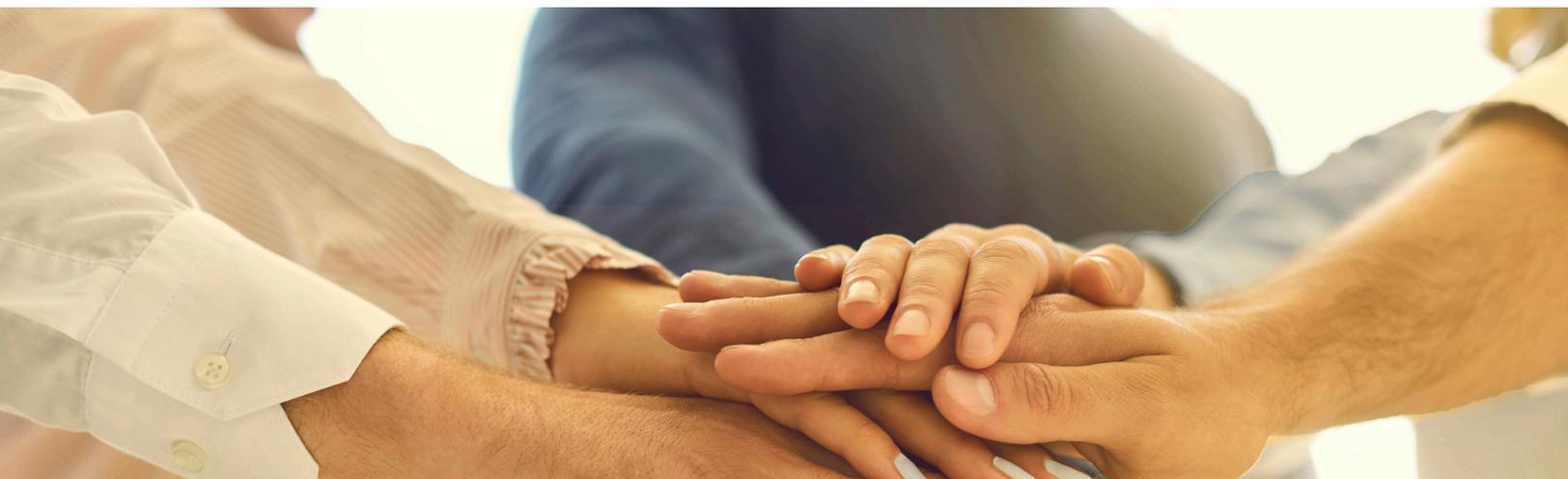
Partnering with Remember The Carer supports providers in several key ways:

1. Reduced Caregiver Distress = Reduced Patient Crises

Caregivers who receive proper education and support experience:

- Lower burnout
- Better management of behavioral symptoms
- Improved medication consistency
- Fewer emergency calls and unscheduled visits
- More stable home environments

This directly lightens the load on primary physicians and emergency departments.



2. Improved Communication Between Families and Providers

Caregivers who understand dementia communicate more effectively with clinicians. They:

- Bring accurate information to appointments
- Follow through on care recommendations
- Ask meaningful questions
- Identify symptoms earlier
- Implement medical guidance more consistently

This results in better diagnostic accuracy and more efficient appointments.

3. Enhanced Continuity of Care

Remember The Carer acts as a bridge between:

- Medical care
- Community resources
- Family needs
- Daily dementia behaviors

Providers gain a partner who reinforces clinical goals, helps prevent crises, and supports long-term disease management.

4. Reduced Provider Burnout

Physicians often struggle with:

- Limited time for complex dementia cases
- Repeated visits driven by caregiver overwhelm
- Navigating family conflict
- Behavioral symptoms outside their clinical scope
- Pressure to manage non-medical caregiver needs

We relieve these burdens by supporting the caregiver directly and proactively.

5. Better Patient Outcomes and Delayed Institutionalization

Studies show that stable caregivers delay nursing home placement and reduce healthcare costs significantly. By strengthening caregiver capacity, Remember The Carer enhances:

- Patient emotional comfort
- Safety in the home
- Behavioral stability
- Treatment adherence
- Long-term quality of life

This aligns with healthcare system goals and value-based care models.

How Remember The Carer Helps Ease the Dementia Crisis

The dementia crisis requires more than medical treatment—it requires informed families, resilient caregivers, and community-based behavioral support.

Remember the Carer contributes to solving this crisis by:

- Reducing caregiver burnout (a key cause of preventable placement and hospitalizations)
- Preventing crises that lead to ED visits and readmissions
- Improving safety and stability in the home
- Relieving pressure on primary care through education-driven support
- Providing fast, accessible dementia guidance where the system cannot keep up
- Supporting families throughout the entire dementia journey, not only at crisis points

This model strengthens caregivers, supports physicians, and preserves healthcare resources—making it a vital component of the dementia care ecosystem.

If you are a physician, dementia-care clinician, or care coordinator facing overwhelmed families, caregiver burnout, or frequent admissions, please consider partnering with Remember the Carer.

We offer expert, compassionate dementia coaching and support services tailored to unpaid caregivers and families throughout the entire dementia journey — from early diagnosis to late-stage care.

What We Provide for You and Your Patients:

- Immediate access for families without long wait-lists.
- Caregiver-centered coaching, education, and support — building skills, resilience, and confidence.
- Behavioral and safety guidance, communication training, care-planning support, and wellbeing programs to reduce crises.
- Coordination and continuity of care to complement your medical treatment plans and reduce avoidable ED visits, readmissions, and caregiver breakdowns.
- Relief for medical providers — letting you focus on clinical care while we help patients' families thrive at home.

Let's Work Together to Ease the Dementia Crisis

By collaborating, we can help reduce caregiver burden, prevent crisis-driven hospitalizations, and improve long-term outcomes for people living with dementia — while preserving dignity, stability, and quality of life for entire families.

How to Refer / Connect

Visit our website: rememberthecarer.com

You'll find a secure, HIPAA compliant online referral form to refer patients, along with helpful information and support resources for you, your clinic and your patients.

For any other enquiries you can email us at: info@rememberthecarer.com or contact us directly by calling: +1 813-426-5494



Reference List.

AARP. (2021). Caregiving in the United States. <https://www.aarp.org>

Alzheimer's Association. (2024). 2024 Alzheimer's Disease Facts and Figures. <https://www.alz.org>

American Geriatrics Society. (2023). Geriatrics Workforce Data. <https://www.americangeriatrics.org>

American Geriatrics Society. (n.d.). Projected future need for geriatricians. <https://www.americangeriatrics.org/sites/default/files/inline-files/Projected-Future-Need-for-Geriatricians.pdf> American Geriatrics Society

Centers for Medicare & Medicaid Services. (2022). Chronic Conditions Chartbook.
Centers for Disease Control and Prevention. (2023). Dementia Projections and National Burden. <https://www.cdc.gov>

Gerontological nursing. (n.d.). Wikipedia. [Wikipedia](#)

National Alliance for Caregiving. (2020). Caregiving in the U.S. <https://www.caregiving.org>

National Institute on Aging. (2023). Alzheimer's Disease and Related Dementias. <https://www.nia.nih.gov>

Palmer, R. M. (2023). Not enough geriatricians or not where they are needed? Journal of the American Geriatrics Society. [AGs Journals](#)

PHI. (2022). Direct Care Workforce Crisis Report. <https://www.phinational.org>

U.S. Census Bureau. (2020). Demographic Projections for Aging America. <https://www.census.gov>

Schulz, R., & Beach, S. R. (1999). Caregiving as a risk factor for mortality. JAMA.

Supply and geographic distribution of geriatric physicians. (2024). JAMA Network Open. [JAMA Network](#)

Why it's a great time to pursue a gerontology career. (2025). University of Florida Online. [Innovative Aging Studies](#)

Workforce shortages in geriatric and disability care. (2025). World Journal of Advanced Research and Reviews. [Water and Agricultural Research Journal](#)



At Remember the Carer we enhance the lives of caregivers and loved ones living with cognitive change.

We provide effective life strategies and simple wellbeing solutions, personally designed for you.

Our dedicated Dementia Support Specialist, and our compassionate team of Certified Dementia Practitioners, Wellbeing and Neuroscience Coaches are here to serve.



With twenty years of vast experience in dementia care and cognitive change ...you're in great hands.

