

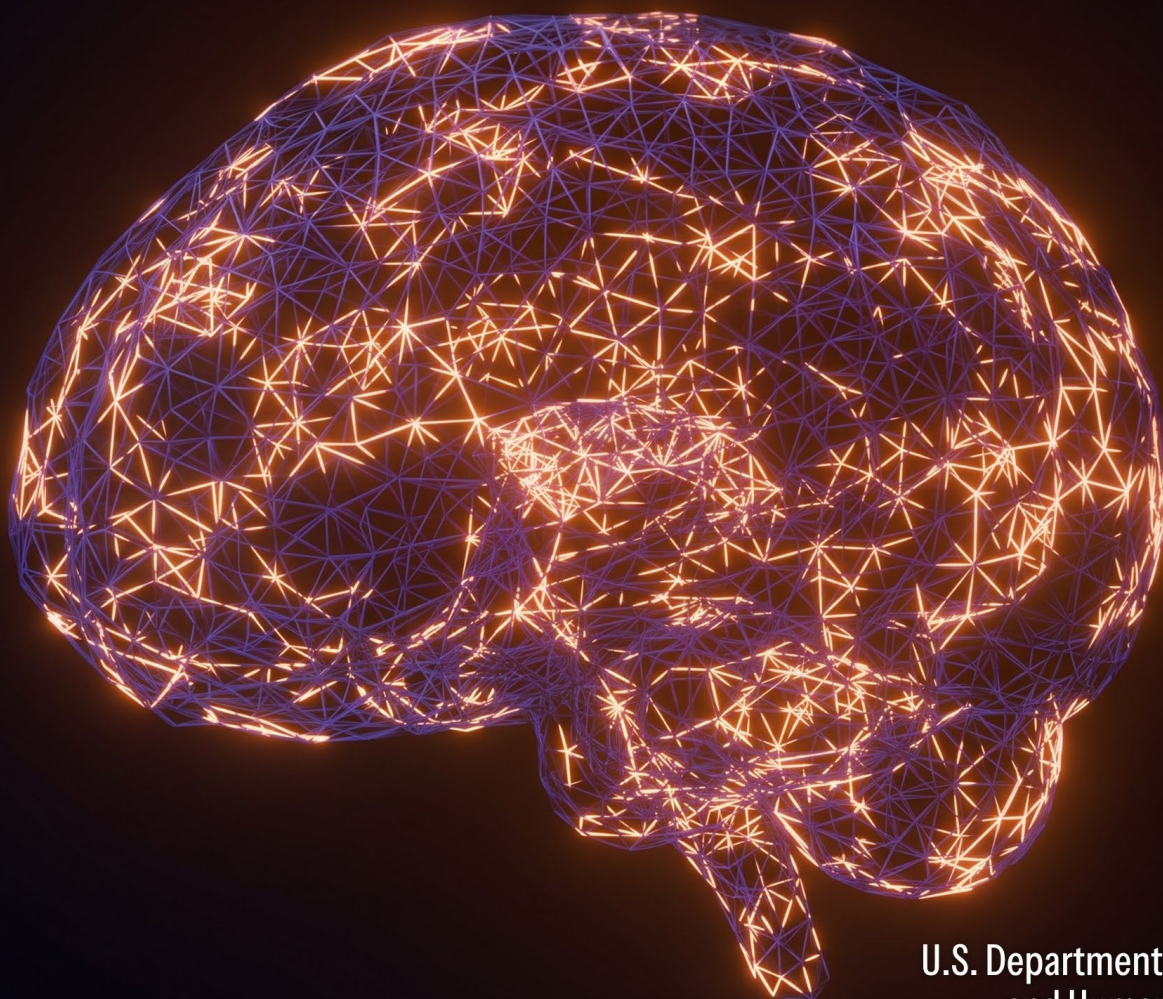


MAKE  
AMERICA  
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# National Plan to Address **ALZHEIMER'S DISEASE AND RELATED DEMENTIAS**

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U.S. Department of Health  
and Human Services  
2026

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## Vision

*“Our vision is an America where Alzheimer’s disease and related dementias are eradicated. America will lead the world in the breakthroughs that make this possible, giving millions of Americans and their families the opportunity to live longer, healthier, and more independent lives.”*

— President Donald J. Trump

*“We envision a future where Alzheimer’s disease and related dementias can be prevented, detected early, and treated effectively—and where every person living with dementia and every caregiver has the support to live with dignity and hope. We are on the precipice of discoveries that can make that future a reality for millions of American families.”*

— Secretary Robert F. Kennedy, Jr.

## Introduction

Dementia is one of the most significant health challenges facing the United States. More than seven million Americans have symptoms of this condition, which is characterized by the loss of cognitive functioning—including thinking, remembering, and reasoning—and the ability to perform daily activities. As dementia progresses, memory declines and other functions such as language skills and decision-making become more difficult. Personality and behavioral changes may also occur. Over time, a person with dementia may no longer recognize family and friends. Eventually, many people living with dementia (PLWD) become completely reliant on others for assistance with basic activities of daily living.

## Alzheimer’s Disease and Related Dementias

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The term Alzheimer’s disease and related dementias (ADRD) refers collectively to the conditions described below; these conditions have distinct underlying causes and features, although many people, particularly older adults, have multiple brain changes that contribute to their symptoms.<sup>i</sup>

- **Alzheimer’s disease.** Alzheimer’s disease is the most commonly diagnosed cause of dementia among older adults. It is a progressive brain disorder associated with abnormal buildups of amyloid plaques and tau tangles. Alzheimer’s disease slowly destroys memory and thinking skills and, over time, can affect language, reasoning, judgment, mood, behavior, physical functioning, and the ability to perform activities of daily living. Memory problems are often among the first signs of Alzheimer’s disease. In other dementias, however, poor attention and executive function, behavioral health disorders, visual disturbances, sleep disruption, or motor symptoms often present first.<sup>ii</sup>
  - **Lewy body dementia (LBD).** LBD is associated with abnormal deposits of the protein alpha-synuclein, called Lewy bodies. It can affect cognition, movement, sleep, behavior, mood, and autonomic functions such as blood pressure regulation. LBD includes dementia with Lewy bodies and Parkinson’s disease dementia. Symptoms may include changes in attention and alertness, visual hallucinations, sleep disturbance, parkinsonism, and problems with planning or visual perception.<sup>iii</sup>
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- **Frontotemporal dementia (FTD).** FTD refers to a group of disorders caused by damage to neurons in the frontal and temporal lobes of the brain. These areas help control behavior, personality, language, communication, executive function, and movement. FTD is more likely than many other dementias to begin before age 65 and can affect people while they are still working, raising families, and managing other responsibilities.<sup>iv</sup>
- **Vascular dementia and vascular contributions to cognitive impairment and dementia (VCID).** VCID results from conditions that damage blood vessels in the brain or interrupt blood flow and oxygen delivery to brain tissue. Symptoms may include problems with attention, organization, slowed thinking, problem solving, and memory. Vascular brain changes can occur alone or alongside Alzheimer's disease or other dementias.<sup>v</sup>
- **Mixed dementia.** Most PLWD have more than one type of pathology in their brain. This combination of pathologies is known as mixed dementia. A person may have Alzheimer's-related brain changes along with vascular changes, Lewy body pathology, or other brain changes. Mixed dementia is one reason why timely evaluation, appropriate diagnostic tools, and person-centered care planning are important.<sup>vi</sup>

Age is the primary risk factor for ADRD. In more than 90 percent of people living with these conditions, symptoms do not appear until after age 60. The prevalence of Alzheimer's disease increases with age, increasing from 5.3 percent among adults ages 65 to 74 to 34.6 percent among adults age 85 and older.<sup>vii</sup> In rare cases, people develop symptoms in their 30s, 40s, or 50s, known as early-onset or younger-onset dementia, though younger onset is more common in some conditions such as FTD.

Researchers continue to learn about the causes, pathways, and trajectories of ADRD. These age-related conditions usually develop from the combined effects of genetic, social, economic, educational, and environmental factors along with comorbidities such as hypertension, diabetes, stroke, alcohol abuse, depression, and head trauma.<sup>viii, ix, x, xi, xii</sup> The importance of any one risk factor in increasing or decreasing the risk of developing Alzheimer's disease or related dementias may differ from person to person. The lifetime risk of dementia among people living with Down syndrome is more than 90 percent, and most develop Alzheimer's disease in their 50s or younger.<sup>xiii</sup> The risk of developing dementia is also higher among some racial and ethnic minority populations. Black Americans are twice as likely and Hispanic or Latino Americans are 1.5 times as likely to develop Alzheimer's disease or related dementias than White Americans.<sup>xiv, xv</sup> The burden is particularly high among American Indian populations, among whom more than half (54 percent) of people age 70 and older have cognitive impairment.<sup>xvi</sup>

## Personal and Societal Impacts

Dementia can affect how people think, remember, communicate, manage daily activities and other health conditions, and remain connected to family and community. As symptoms progress, care needs increase, and the impact on individuals, families, and society grows. Many people need help with household tasks such as managing money and preparing meals. Eventually, PLWD may need assistance with daily self-care activities such as eating and bathing. Families and other unpaid caregivers often provide hands-on support while also coordinating with clinicians, arranging services, planning for future needs, and balancing additional work and family responsibilities. PLWD and their families and caregivers may face

challenges in finding timely, appropriate, and necessary medical care and home and community-based services (HCBS).<sup>xvii</sup>

Dementia affects a person's ability to manage their own health and interact with the healthcare system. PLWD often have difficulty managing medications, understanding treatment options, attending appointments, following up on care plans, and communicating symptoms or preferences. These challenges can make it harder for PLWD to make and communicate informed decisions about their care, particularly as dementia progresses, underscoring the importance of clear communication, early care planning, and involvement of trusted family members or caregivers when appropriate. The vast majority of PLWD have multiple chronic health conditions.<sup>xviii</sup> Dementia complicates the management of these chronic conditions and increases the need for coordinated care across primary care, specialty care, hospitals, long-term care facilities, and HCBS.

The impacts of dementia are significant. In 2025, more than 12 million family members and other unpaid caregivers provided an estimated 19.6 billion hours of care for PLWD, placing significant emotional, physical, and financial stress on individuals and families. The economic burden is also substantial: Total payments for healthcare, long-term care, and hospice services for people age 65 and older living with ADRD are projected to reach \$409 billion in 2026.<sup>xix</sup> A broader 2026 cost model estimated the total societal cost of dementia in the United States at \$818 billion, including medical and long-term care, unpaid care, out-of-pocket costs, earnings losses, and quality-of-life losses for PLWD and their caregivers.<sup>xx</sup>

The impacts of these conditions are expected to grow substantially as the population ages: In 2026, an estimated 7.4 million Americans are living with dementia, a figure projected to nearly double to 13.8 million by 2060.<sup>xxi,xxii</sup> Taken together, the effects of dementia on health, independence, families, care systems, and communities underscore the need for a sustained, coordinated national response.

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## National Alzheimer's Project Act

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In recognition of the impact of ADRD on the American people, Congress passed the National Alzheimer's Project Act (NAPA) (Public Law 111-375) in late 2010, and it was signed into law on January 4, 2011.<sup>xxiii</sup> NAPA established a coordinated federal effort to address ADRD. The Act required the Secretary of the U.S. Department of Health and Human Services (HHS) to:

- Create and maintain an integrated national plan to overcome Alzheimer's disease
  - Coordinate research on and services for Alzheimer's disease across all federal agencies
  - Accelerate the development of treatments that would prevent, halt, or reverse the course of Alzheimer's disease
  - Improve the promotion of healthy aging, the reduction and mitigation of risk factors for Alzheimer's disease, and support for early diagnosis, care coordination, and treatment of Alzheimer's disease
  - Ensure that populations at higher risk for developing Alzheimer's disease or least likely to receive care are included in clinical, research, and service efforts to reduce differences in disease occurrence and care
  - Coordinate with international bodies to fight Alzheimer's disease globally
-

Since NAPA's enactment, HHS has worked closely with federal partners, members of the Advisory Council on Alzheimer's Research, Care, and Services, and partners across the nonprofit, academic, and private sectors to implement this legislation. Congress has provided significant support for this effort by increasing appropriations for research, public health investments, provider education, and long-term services and supports (LTSS) and by passing legislation such as the Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act. Collectively these developments have led to unprecedented advancements in scientific discoveries, new therapeutics, new models of care for PLWD, and widespread recognition of the need to support them and their families.

Even so, significant work remains. The American public is only beginning to realize the benefits of these historic investments, and continued efforts are necessary. To sustain this momentum, Congress enacted the NAPA Reauthorization Act on October 1, 2024, Public Law 118-92 (42 U.S.C. § 11225), committing to an additional decade of transformational change to advance the development of effective prevention and treatment strategies for these conditions.<sup>xxiv</sup>

## National Plan to Address Alzheimer's Disease

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HHS released the first National Plan to Address Alzheimer's Disease on May 15, 2012. Since then, the National Plan has served as the federal government's framework for coordinating research, care, services, supports, public awareness, data, and risk reduction activities related to ADRD. The National Plan has also provided a public record of major federal activities, milestones, and priorities.

Earlier versions of the National Plan were organized around six goals:

1. Prevent and effectively treat Alzheimer's disease and related dementias by 2025
2. Enhance care quality and efficiency
3. Expand supports for people living with Alzheimer's disease and related dementias and their families
4. Enhance public awareness and engagement
5. Improve data to track progress
6. Accelerate action to promote healthy aging and reduce risk factors for Alzheimer's disease and related dementias.

That structure helped guide federal activity for nearly 15 years. Federal efforts under the National Plan have helped advance the understanding of the biology of ADRD, support the development of biomarkers and other tools for earlier and more accurate detection, accelerate clinical trials and treatment development, strengthen research infrastructure and data resources, test care models, improve workforce training, support public health action on brain health and dementia risk reduction, and expand services and supports for PLWD and their families.

## 2026 Update

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This 2026 Update to the National Plan comes at an important time. NAPA was reauthorized through 2035, underscoring Congress's continued commitment to this challenge and setting the direction for federal action through the next decade. Scientific and clinical developments have changed what is possible in dementia research, early identification, diagnosis, treatment, care delivery, and risk reduction. The Food and Drug Administration (FDA) has approved disease-modifying treatments for early symptomatic Alzheimer's disease, blood-based and other

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biomarkers are changing research and clinical pathways, our understanding of dementia risk reduction has grown alongside expanded public health efforts to put risk reduction strategies into practice, and new models of care and support are being tested and expanded.

There is growing evidence that chronic conditions and health behaviors that affect heart, vascular, and metabolic health, including high blood pressure, diabetes, high LDL cholesterol, obesity, smoking, physical inactivity, and excessive alcohol use, are also associated with cognitive decline and dementia risk.<sup>xii, xxv</sup> This underscores the importance of helping people live healthier lives, manage chronic disease, and support brain health across the lifespan. The focus and timing of the 2026 Update align closely with HHS's Make America Healthy Again agenda<sup>xxvi</sup> and demonstrate the far-reaching impacts of the Administration's commitment to addressing the root causes of chronic diseases. The 2026 Update elevates public health, clinical, and community approaches that can help reduce risk or delay onset where evidence supports action.<sup>xxvii</sup>

At the same time, there is still no cure for ADRD. Available treatments do not yet meet the needs of all people or address all types and stages of dementia. Diagnosis and care can be difficult to navigate, and families continue to shoulder substantial responsibilities. The next phase of the National Plan must build on progress while responding to these continuing needs.

Under the leadership of President Donald J. Trump and HHS Secretary Robert F. Kennedy, Jr., HHS is making investments to address ADRD both now and into the future through work that advances prevention, research, early detection, high-quality care, and supports for PLWD and their families.

In 2026, HHS undertook a comprehensive effort to examine and realign the National Plan to create a road map for the next decade. HHS reviewed scientific progress, the state of dementia risk reduction, the status of new and emerging therapeutics and technologies, and the needs of patients, families, and caregivers. Public engagement was a central part of this work. Through listening sessions, a request for information<sup>1</sup>, and Advisory Council recommendations, HHS gathered input on priorities, needs, and opportunities to strengthen the National Plan. This input helped shape the updated goals, organization, and narrative focus of the plan.

- **Listening sessions.** HHS held listening sessions in July 2026 to hear from people living with ADRD; family caregivers; healthcare providers; researchers; advocates; private sector partners; and state, local, and Tribal officials. The sessions focused on topics such as care and support, research and therapeutic development, risk reduction and brain health, workforce and infrastructure needs, and early detection and timely diagnosis.
- **Request for information.** HHS completed a request for information in August 2026 to gather written input on topics including dementia research, interventions to prevent and treat dementia, risk reduction strategies, early detection and diagnostic tools, pathways to treatment, care, services, supports, and opportunities to strengthen coordination across federal, state, Tribal, local, private sector, and community partners.
- **Advisory Council discussion.** The Advisory Council on Alzheimer's Research, Care, and Services continues to provide a forum for public discussion, expert input, and recommendations related to risk reduction, research, clinical care, and LTSS.

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<sup>1</sup> <https://www.federalregister.gov/documents/2026/07/24/2026-15045/hhs-request-for-comment-on-the-update-to-the-national-plan-to-address-alzheimers-disease>

This input helped ensure that the 2026 Update reflects recent scientific and clinical developments, practical needs in care and services, and the experiences of people and families affected by ADRD.

### **\*New\* National Plan to Address Alzheimer’s Disease and Related Dementias**

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The 2026 Update, the new National Plan to Address Alzheimer’s Disease and Related Dementias, marks a new phase in the nation’s coordinated effort to address dementia. Building on more than a decade of federal action and progress, this new National Plan reflects a commitment to treating all forms of ADRD; focuses federal efforts on four key priority areas; and is designed to support accountable, accessible, and coordinated federal action.

#### **Recognizing the Importance of Related Dementias**

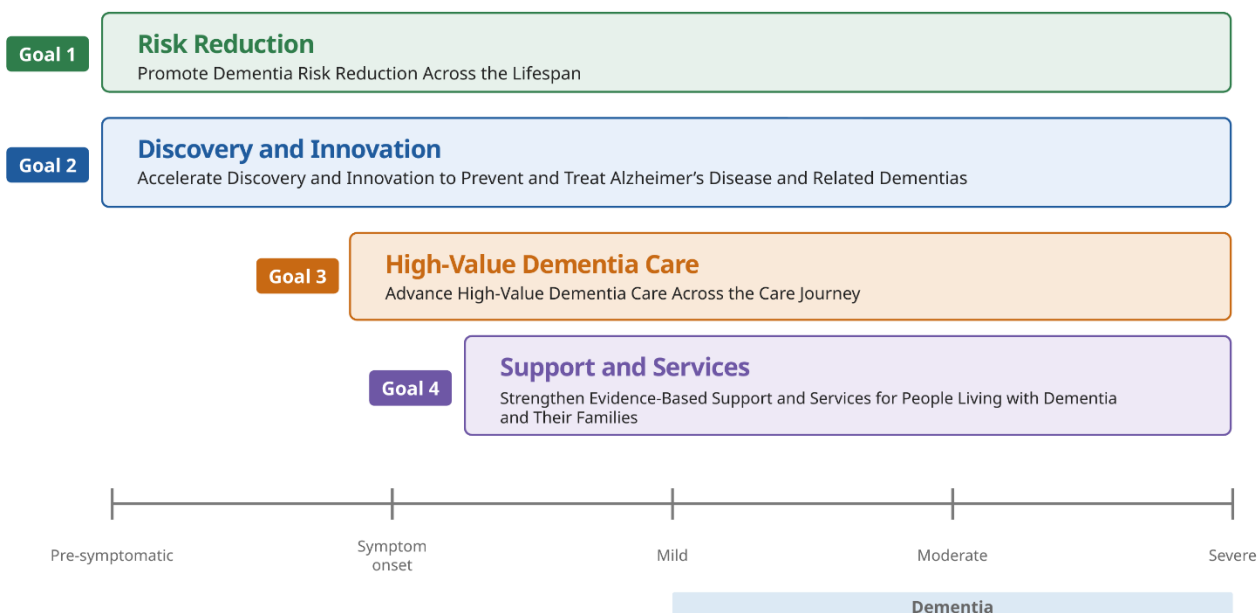
The 2026 Update changes the title to the National Plan to Address Alzheimer’s Disease *and Related Dementias*. This change clarifies the National Plan’s scope and responds to public input that the previous title could make other dementias appear secondary to Alzheimer’s disease, even though NAPA has always addressed ADRD. The new title also reflects the scientific and clinical realities of dementia. Many PLWD have mixed pathologies, and symptoms, diagnosis, care, services, and supports often overlap across conditions. HHS and its partners are committed to meeting the needs of people living with all types of dementia, and this change reflects that commitment.

#### **Focusing on Four Priorities**

The 2026 Update reorganizes the National Plan from the six historical goals into four goals. The new structure is intended to be easier to understand and better aligned with the dementia trajectory across the life course.

- **Goal 1: Promote Dementia Risk Reduction Across the Lifespan.** This goal elevates work to understand dementia risk factors, support healthy aging, translate evidence into action, and promote approaches that may reduce risk or delay onset where evidence supports action.
  - **Goal 2: Accelerate Discovery and Innovation to Prevent and Treat Alzheimer’s Disease and Related Dementias.** This goal advances scientific discovery, prevention, treatment development, biomarkers, research infrastructure, clinical trials, and the translation of scientific findings into practice.
  - **Goal 3: Advance High-Value Dementia Care Across the Care Journey.** This goal focuses on enhancing care from detection and diagnosis through treatment, management, care coordination, and transitions across settings.
  - **Goal 4: Strengthen Evidence-Based Services and Supports for People Living with Dementia and Their Families.** This goal focuses on caregiver support, LTSS, HCBS, respite, education, safety, planning, and services that help people live with dignity and connection.
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*Figure 1. National plan goals across Alzheimer's disease and related dementias trajectory*



The four-goal structure reflects a life course perspective. Dementia risk and brain health are shaped over time; research and innovation inform what can be prevented, detected, treated, or better managed; care needs change from early concerns through diagnosis and ongoing management; and supports for PLWD and their families must adapt as needs change.

Research and translation into practice are embedded throughout each of the goals. Research informs risk reduction, the development of new ways to prevent and treat ADRD, clinical care, services and supports, workforce development, public awareness, data, measurement, and implementation. The 2026 Update also highlights infrastructure needs, population- and setting-specific considerations (particularly for those at high risk for or disproportionately affected by ADRD), biomarkers and early identification, and data and measurement.

### Ensuring Accountable and Accessible Federal Action

The 2026 Update is designed to provide a clearer, more accessible, and more focused view of the Administration's priorities and vision for addressing ADRD over the next decade and to help the public; policymakers; and those working in dementia research, care, and support understand these priorities and the federal activities supporting them. It highlights major federal accomplishments, describes priority activities planned for the coming year, supports coordination across HHS and other federal agencies, and shows how federal work fits within a broader national strategy. As a result, it does not list every federal activity underway but instead highlights the work most important to advancing national progress in addressing the pressing challenge of dementia in an aging nation. Throughout the next year, HHS will measure progress toward each new goal and report on the impacts of the National Plan in the 2027 Update.

## **Coordinated National Response**

Addressing ADRD requires a full range of federal expertise, programs, and partnerships. No single agency, office, or program can meet the needs of PLWD, families, caregivers, researchers, providers, communities, and health and LTSS systems. The 2026 Update reflects a coordinated national approach that brings together work across public health, research, clinical care, service delivery, caregiver support, LTSS, data, evaluation, and program implementation.

This approach is intended to strengthen coordination across HHS and other federal agencies and reduce fragmentation across programs and initiatives. Federal agencies contribute different but complementary roles, from advancing public health action and scientific discovery to supporting early identification, testing care models, strengthening the workforce, improving access to services and supports, and translating evidence into practice. By connecting these efforts under a shared framework, the National Plan aims to make federal work more coordinated, visible, and responsive to the needs of PLWD and their families.

A coordinated national approach also supports collaboration with the Advisory Council; state, local, Tribal, and community organizations; healthcare and LTSS providers; researchers; advocates; and the public. This coordinated approach is central to the National Plan's vision for the next decade: promoting dementia risk reduction across the lifespan and advancing treatment, care, services, and supports while reducing the burden of ADRD on individuals, families, and communities.

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## Goal 1: Promote Dementia Risk Reduction Across the Lifespan

A growing body of research has identified many modifiable risk factors for ADRD and suggests that addressing these risk factors may delay the onset or slow the progression of ADRD and its symptoms.<sup>xii</sup> Managing conditions such as hypertension, diabetes, and depression and engaging in activities such as cognitive training and physical exercise may support both cognitive health and healthy aging. Evidence on the relationship between modifiable risk factors and the incidence of ADRD is evolving, as is evidence on the effectiveness of various interventions in reducing risk.

The federal government works to expand research on risk factors for ADRD and strengthen the infrastructure needed to rapidly translate and disseminate findings to healthcare providers, community-based providers, and public health and aging networks.

Future efforts will focus on helping individuals understand actions they can take to reduce their risk while identifying community- and system-level investments needed to facilitate risk reduction and support healthy aging. These efforts will aim to engage the public in ADRD risk reduction and develop approaches that reflect the varied needs of different populations and better support overall well-being.

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### Key Accomplishments in 2026

#### Implement Dementia Risk Reduction Activities

**Expanded public health infrastructure.** The Centers for Disease Control and Prevention (CDC) addressed ADRD through a public health approach focused on risk reduction, early detection, surveillance, and supporting PLWD and their caregivers. CDC focuses on translating scientific evidence into public health action at the state, Tribal, local, and community levels. CDC continued to invest in public health activities to support dementia risk reduction. CDC funded 43 state, local, territorial, and Tribal recipients as part of the BOLD Infrastructure for Alzheimer's Act to educate the general public and healthcare providers on ADRD topics corresponding to primary, secondary, and tertiary prevention. Through the BOLD Public Health Programs to Address ADRD cooperative agreement, recipients are expected to establish and strengthen community-clinical linkages that connect healthcare systems and existing services, public health agencies, and community-based organizations to support dementia risk reduction, promote brain health, and improve connections to services and resources for people living with ADRD and their caregivers. CDC also continued its commitment to help public health professionals take action to improve brain health and support caregivers by supporting implementation of the Healthy Brain Initiative Road Map. The Healthy Brain Initiative Road Map serves as a critical resource to state, local, and Tribal governments. Based on performance measures data submitted to CDC as part of required cooperative agreement reporting, BOLD Public Health Programs to Address ADRD recipients reported implementing, on average, 68 percent of all Healthy Brain Initiative Road Map actions in their jurisdictions, with most recipients reporting activities focused on dementia risk reduction. In 2026, CDC released a new five-year funding opportunity to continue activities for the Healthy Brain Initiative; BOLD Public Health Centers of Excellence; and a new initiative, the ADRD Public Health Adoption Accelerator, which focuses on innovation in building and translating the evidence base for promoting brain health to address the needs of all people affected by ADRD.

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**Disseminated research to public health networks.** Three BOLD Public Health Centers of Excellence were instrumental in identifying, translating, and disseminating promising research findings and evidence-informed best practices on dementia risk reduction to public health networks across the country. In 2026, CDC continued support of centers focused on dementia risk reduction, early detection and management of dementia, and dementia caregiving.

**Enhanced data collection and surveillance.** CDC integrated specialized modules for older adults into the 2026 Behavioral Risk Factor Surveillance Survey to capture cognitive decline and caregiving trends in a subset of jurisdictions. In 2026, 42 states, the District of Columbia, and Puerto Rico administered the cognitive decline optional module, and 34 states, the District of Columbia, and Puerto Rico administered the caregiver module. Data from these modules equip state and territorial health departments to identify emerging needs and use that evidence to guide healthy aging and caregiver policies, programs, and resource allocation.

**Dementia-Capable Community Health Worker (CHW) Program.** In 2026, the Administration for Community Living (ACL) expanded the Alzheimer's Disease Programs Initiative (ADPI) Dementia-Capable CHW Program to strengthen the National Aging Network's capacity to advance dementia risk reduction and brain health at the community level. The initiative supports Area Agencies on Aging, Tribal governments, and other eligible aging network entities through the employment of CHWs as trusted, community-based connectors who can increase awareness of modifiable dementia risk factors, promote healthy behaviors that support brain health, facilitate early identification of cognitive concerns, and connect individuals and families to healthcare, preventive services, and HCBS. Particular emphasis is placed on reaching rural and underserved communities and addressing barriers that may limit access to opportunities for dementia risk reduction and early intervention. Building on the initial ADPI CHW investments made in 2025, the continued expansion of the portfolio in 2026 strengthened the aging network's workforce capacity to integrate dementia risk reduction into community-based outreach and services across the life course. Through this work, ACL expects to demonstrate how dementia-capable CHWs can help individuals and communities take actionable steps to reduce dementia risk, strengthen connections across healthcare and community-based systems, and improve brain health and well-being, while continuing to support people experiencing cognitive impairment and their caregivers.

**Advanced Preventative Care through Merit-based Incentive Payment System (MIPS) Value Pathways.** The Centers for Medicare & Medicaid Services (CMS) has been evolving the quality measurement and reporting portfolio to be geared toward a more targeted set of measures and improvement activities consolidated into MIPS Value Pathway sets. CMS efforts include an enhanced focus on preventive actions intended to reduce the risk of chronic and disabling diseases, disabilities, and death. The quality program now includes a primary care-focused MIPS Value Pathway called "Value in Primary Care" that encourages cardiovascular risk reduction and management applicable to dementia risk reduction.

Additionally, the program includes a neurological focused MIPS Value Pathways Quality Care for Patients with Neurological Conditions, which is available in the 2025 and 2026 MIPS performance years. This MIPS Value Pathway focuses on the clinical theme of promoting quality care for patients suffering from neurological conditions and includes a clinical grouping with quality measure specifically applicable for dementia care.

**Expanded local dementia risk-reduction, wellness, and brain-health activities.** In fiscal year 2026, the Indian Health Service (IHS) Alzheimer's and Elder Health Program provided

support for six IHS Area health promotion and disease prevention programs' efforts focused on dementia risk reduction, wellness, and brain health.

## Research on Dementia Risk Reduction

**Advanced understanding of modifiable factors that reduce dementia risk and support brain health.** National Institutes of Health (NIH)-funded research identified opportunities to promote brain health across populations. A comparative study using harmonized data from 14 countries and regions found that the most common modifiable risk factors for dementia vary across countries. For example, low education was a more common risk factor for dementia in many low-income and middle-income countries, whereas obesity was a more common factor in high-income countries. These different patterns of dementia risk across countries underscore the need for prevention strategies tailored to local populations.<sup>2</sup> Complementing these findings, more than 30 years of prospective data from over 12,000 U.S. adults showed that better midlife vascular health (including lower burdens of diabetes, hypertension, and smoking) was associated with substantially more years lived free of dementia, with optimal vascular health linked to up to 12.6 additional dementia-free years.<sup>3</sup> Together, these studies reinforce the importance of addressing modifiable risk factors, including cardiovascular health, through both broadly applicable and context-specific approaches to preserve brain health across the lifespan.

**Identified and explored novel correlations with dementia risk.** NIH supported research to uncover relationships between other diseases and dementia risk, which may reveal new opportunities for prevention and provide insight into underlying biological mechanisms. For example, several years ago, NIH-funded epidemiological studies identified an inverse correlation between cancer and Alzheimer's disease.<sup>4</sup> To further explore these findings and identify research opportunities, NIH launched the National Institute on Aging (NIA)-NCI Cancer-AD Inverse Correlation Collaborative at a March 2026 workshop to advance research on the relationship between cancer and Alzheimer's disease.<sup>5</sup> NIH has also initiated a Cancer-AD Inverse Correlation Collaborative virtual webinar series to sustain collaboration and advance research on this relationship.<sup>6</sup>

**Deepened understanding of the link between women's health and dementia.** NIH launched new research studies aimed at understanding why women are at higher risk for dementia than men. For example, NIH funding established a new specialized center of research excellence on sex differences in aging, which ultimately will inform prevention and intervention strategies for aging-related diseases such as Alzheimer's disease for men and women.<sup>7</sup> In addition, NIH-funded research examined how menopause and hormone therapy may contribute to women's Alzheimer's risk. One longitudinal study found that hormone therapy use was associated with faster tau protein accumulation in Alzheimer's-related brain regions in older women (> age 70), while use before age 70 showed little evidence of harm and may have been protective.<sup>8</sup> Another NIH-funded study linked earlier menopause to greater tau and faster cognitive decline, but this

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<sup>2</sup> <https://pubmed.ncbi.nlm.nih.gov/42437564/>.

<sup>3</sup> <https://www.neurology.org/doi/10.1212/WN9.000000000000152>.

<sup>4</sup> <https://pubmed.ncbi.nlm.nih.gov/22411920/>.

<sup>5</sup> <https://www.nia.nih.gov/research/dn/workshops/nia-nci-workshop-cancer-alzheimers-disease-inverse-correlation-cadic>.

<sup>6</sup> <https://events.cancer.gov/dcb/cadic/upcoming>.

<sup>7</sup> <https://reporter.nih.gov/project-details/11303179>.

<sup>8</sup> <https://pubmed.ncbi.nlm.nih.gov/40043125/>.

vulnerability was less pronounced in women with a history of hormone therapy.<sup>9</sup> An earlier NIH-funded study similarly highlighted the importance of hormone therapy timing, finding that initiation more than five years after menopause was associated with greater tau pathology, whereas initiation during perimenopause may have been protective.<sup>10</sup> Together, these findings suggest that both the timing of menopause and the timing of hormone therapy may influence brain pathology and cognitive outcomes.

**Invested in critical data infrastructure to enable population-representative research on dementia risk.** NIH renewed the National Longitudinal Study of Adolescent to Adult Health, which provides critical data infrastructure to researchers studying how ADRD risk unfolds before clinical symptoms present themselves, providing targets for preventing disease progression.<sup>11</sup> A seventh wave of the study will produce population-representative data to generate findings that are generalizable to the entire U.S. population, helping to address the 50 percent lifetime dementia risk facing today's Americans. The renewal project will advance scientific understanding of the aging process by clarifying the biological mechanisms of aging at midlife, a key and understudied stage of the aging process and critical for ADRD prevention.

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## Major Activities Planned for 2027

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### Implement Dementia Risk Reduction Activities

**Test whether lifestyle interventions can slow decline among Medicare beneficiaries with cognitive impairment or dementia.** CMS's Center for Medicare and Medicaid Innovation will evaluate whether evidence-based, whole-person approaches, including functional or lifestyle medicine interventions not currently covered by original Medicare, can slow the progression of or prevent chronic disease through the Make America Healthy Again: Enhancing Lifestyle and Evaluating Value-based Approaches Through Evidence (MAHA ELEVATE) Model. As part of MAHA ELEVATE Model, CMS expects to provide funding to support lifestyle interventions that address cognitive impairment and dementia, including services not currently covered by original Medicare.

**Develop the fifth edition of Healthy Brain Initiative Road Map for State and Local Public Health.** CDC is planning the fifth edition of the Healthy Brain Initiative Road Map for State and Local Public Health partnership with the Alzheimer's Association. The Road Map is a critical resource for state, local, and Tribal governments, providing a framework for public health action to promote brain health and address ADRD. The next edition will build on prior Road Maps, which incorporated input from experts across health, nonprofit, academic, and private sectors, and will continue to emphasize practical implementation resources, broad reach, and partnerships to strengthen public health action.

**Expand public health strategy adoption.** Through the new ADRD Public Health Adoption Accelerator initiative, CDC plans to improve its ability to use established dissemination and implementation science principles to help increase the use of ADRD evidence-based strategies. These efforts aim to improve population health and ensure continuity, focus, and nationwide

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<sup>9</sup> <https://pubmed.ncbi.nlm.nih.gov/40043118/>.

<sup>10</sup> <https://pubmed.ncbi.nlm.nih.gov/37010830/>.

<sup>11</sup> <https://addhealth.cpc.unc.edu/>.

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reach of activities, including output from the Centers of Excellence, Healthy Brain Initiative, and best practices findings from BOLD public health program recipients.

**Activate the national aging services network to expand awareness of dementia risk reduction.** ACL will activate the National Aging Services Network to reach Older Americans Act participants and their family caregivers to reach older adults with the greatest need and who are at risk for AD/DRD. The initiative will include actions to market available resources to support older adults, address their risk factors, and provide support to individuals and their caregivers who are at risk for or have a probable diagnosis of AD/DRD.

**Support availability and use of surveillance data.** CDC will assist with the adoption and review of the 2026 Behavioral Risk Factor Surveillance Survey cognitive decline and caregiver modules. These modules collect public health data on subjective cognitive decline, caregiving, and related impacts. The data can help states and other jurisdictions understand needs, inform public health strategies and policies, and support planning related to brain health, dementia, and caregiving.

**Use Annual Wellness Visits as a practical entry point for cognitive assessment and healthy aging.** IHS plans to develop and disseminate an Annual Wellness Visit clinical support campaign to help IHS, Tribal, and Urban Indian clinicians use routine preventive visits as an opportunity to address cognitive assessment, healthy aging, and other preventive-care priorities.

## Research on Dementia Risk Reduction

**Fund transformative research to reduce risk and prevent AD/DRD.** The fiscal year 2026 U.S. Department of War (DOW) Congressionally Directed Medical Research Programs (CDMRP) Alzheimer's Research Program (AZRP) is advancing solutions in AD/DRD through the Transforming Research Award, with final award decisions projected by September 30, 2027. This \$4 million initiative will support approximately four projects focused on non-incremental, robust, well-designed research that drives transformative advancements in risk reduction and prevention. The program challenges investigators to accelerate tangible solutions that improve patient care and quality of life, with a particular interest in research that addresses the impact of traumatic brain injury and military service.<sup>12</sup>

**Examine the state of the science on dementia risk reduction interventions.** NIH will launch a new effort with the National Academies of Science, Engineering, and Medicine (NASEM) to review and comment on the state of the science on interventions for preventing age-related cognitive decline, mild cognitive impairment, and AD/DRD as follow-up to a 2015 collaboration that included a systematic evidence review by the Agency for Healthcare Research and Quality (AHRQ) and a NASEM consensus study. Published in 2017, that AHRQ review found no high-strength evidence for any preventive intervention, moderate-strength evidence for cognitive training, and low-strength evidence elsewhere. NASEM's synthesis found insufficient evidence to justify a public health campaign but noted encouraging evidence for cognitive training, blood pressure management in people with hypertension, and increased physical activity. Since 2017, the field has advanced significantly: report recommendations have been implemented, and funded trials—including those testing NASEM's priority interventions—have now yielded results. The 2017 report has been downloaded roughly 20,000 times, placing it among the top 1 percent of NASEM reports, underscoring sustained demand for current information. To meet this demand, NIH has contracted with NASEM to (1) commission an external Evidence-based

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<sup>12</sup> <https://www.grants.gov/search-results-detail/362180>.

Practice Center systematic evidence review assessing research since 2015 and whether the strength of evidence has improved and (2) conduct a consensus study offering recommendations on the state of the science and future research priorities. This study is expected to run from 2026 to 2029.

**Advance research on sex-specific dementia risk and prevention.** NIH will support cross-disciplinary projects that use human cohort data, biosamples, cell-based and animal models, and computational methods to better understand sex-specific differences in the trajectory of ADRD and identify potential sex-specific targets and biomarkers for risk reduction or disease prevention.

**Test the effects of menopausal hormone therapy on brain markers of ADRD.** NIH will support the first randomized clinical trial designed to determine how menopausal hormone therapy affects changes in brain markers of ADRD in cognitively intact women close to menopause.

**Advance research on environmental toxicants and ADRD risk.** NIH will convene research teams from the TOX-AD consortium to share progress on how toxicants such as air pollution, heavy metals, and microplastics may influence ADRD risk and disease progression.

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## Goal 2: Accelerate Discovery and Innovation to Prevent and Treat Alzheimer's Disease and Related Dementias

Expanding scientific research to better understand, prevent, and treat ADRD is essential to finding effective treatments. Efforts across the federal government, including within and outside of HHS, seek to identify the biological mechanisms behind these diseases, develop interventions, and find ways to delay or stop disease progression. To meet this objective, HHS continues to identify clear research priorities and milestones, expand research geared toward preventing and treating ADRD, accelerate efforts to identify and characterize early and presymptomatic stages of ADRD, and promote coordination with international and private entities. HHS also continues to prioritize translating research into practice by supporting efforts to integrate new findings into medical care and public health programs so that individuals with ADRD benefit from the latest advances as quickly as possible.

### Key Accomplishments in 2026

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#### Biomarkers and Diagnostic Tools

**Identified new candidate biomarkers to identify individuals at risk for ADRD.** FDA cleared the C2N Diagnostics' PrecivityAD2® blood test for use in adults ages 40 years and older who present with signs or symptoms of cognitive impairment and are undergoing evaluation for Alzheimer's disease or other forms of cognitive decline. This test was developed with extensive NIH funding, including small business research grants.<sup>13</sup>

NIH continues to expand the biomarker toolkit for ADRD. NIH-funded researchers have identified promising blood-based biomarkers, including circular ribonucleic acids (RNAs) that may signal near-term Alzheimer's symptoms, as well as a phosphorylated tau-based "clock model" that can estimate when symptoms are likely to begin within approximately three to four years.<sup>14,15</sup>

Researchers from the NIH-funded ALLFTD consortium, found that TMEM106B levels in cerebrospinal fluid (CSF) were associated with disease severity in people with frontotemporal lobar degeneration and Alzheimer's disease, independent of neurofilament light chain, a biomarker of nerve-cell damage. The findings suggest TMEM106B could potentially help monitor disease severity or serve as a pharmacodynamic biomarker for drugs that target TMEM106B-related biological functions.<sup>16</sup>

#### Innovative Research

**Increased treatment options for Alzheimer's disease.** FDA approved an expanded use for Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride) extended-release tablets as the first non-antipsychotic drug to treat agitation associated with dementia due to Alzheimer's disease in adults. FDA approved the first at-home initiation and maintenance dosage regimens of lecanemab-irmb administered by subcutaneous injection via an autoinjector

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under the brand name LEQEMBI™ IQLIK At-home. Subcutaneous administration of lecanemab provides an accessible treatment option for patients and reduces or eliminates the burden of receiving lecanemab treatment at an infusion center.<sup>17</sup> These therapies provide more tools for clinicians and patients for the treatment of Alzheimer's disease.

**Continued building real-world data on the use of monoclonal antibodies for Medicare beneficiaries.** Medicare has continued to cover the monoclonal antibodies approved by FDA for treating Alzheimer's disease in coverage with evidence development studies. Four studies have been approved under coverage with evidence development. The medications currently covered include LEQEMBI (lecanemab), which FDA converted to traditional approval on July 6, 2023, and KINSUNLA™ (donanemab), approved July 2, 2024.<sup>18</sup> On the ground, an IHS grant recipient, Tuba City Regional Health Care Center's Dementia Program, became the first health facility in the Navajo Nation to begin infusion treatments for patients. The Center's 18-month treatment protocol requires intensive coordination and education and early implementation has generated continued patient interest, with patients on the infusion list and others completing preliminary workup.

**Tested promising drug candidates in clinical trials.** NIH supports research to develop and evaluate promising new pharmacological treatments across multiple stages of clinical development.

- A recently completed NIH-funded Phase 2 trial of the small molecule CT1812 in PLWD with Lewy bodies reported a favorable safety profile.<sup>19</sup> In addition, CT1812 is being evaluated in an ongoing Phase 2 trial involving 540 participants living with early Alzheimer's.<sup>20</sup> Notably, NIH supported the discovery, preclinical, and clinical development of CT1812, including earlier first-in-human trials.
- Findings from an NIH-funded Phase 2 clinical trial of the drug candidate LM11A-31 suggest that the drug is safe and well-tolerated in people living with early Alzheimer's and could potentially mitigate some of the brain damage caused by the condition.<sup>21</sup> LM11A-31, which supports neuronal survival, was developed with NIH support. The clinical trial results support further research to assess the drug candidate's long-term safety and effectiveness in treating early Alzheimer's. This drug candidate will also be tested as a potential treatment for progressive supranuclear palsy.<sup>22</sup>
- Emerging evidence suggests that psychedelics such as psilocybin can enhance neuroplasticity (the brain's ability to adapt and reorganize), which may strengthen the effects of cognitive training in Alzheimer's disease. In 2026, the NIH Intramural Research Program launched a Phase 2 clinical trial testing a standard therapeutic dose of psilocybin combined with cognitive training in cognitively healthy adults and people living with mild cognitive impairment or early-stage Alzheimer's disease, with the goal of assessing its impact on neuroplasticity.<sup>23</sup>

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<sup>18</sup> <https://www.cms.gov/medicare/coverage/coverage-evidence-development/monoclonal-antibodies-directed-against-amyloid-treatment-alzheimers-disease-ad>

<sup>19</sup> <https://pubmed.ncbi.nlm.nih.gov/41416579/>.

<sup>20</sup> <https://clinicaltrials.gov/study/NCT05531656>.

<sup>21</sup> <https://pubmed.ncbi.nlm.nih.gov/38760589/>.

<sup>22</sup> <https://reporter.nih.gov/search/M8YtWeiRSUGVsVi69-A8ww/project-details/11160498>.

<sup>23</sup> <https://clinicaltrials.gov/study/NCT07721467?term=NCT07721467&viewType=Card&rank=1>.

- NIH-funded researchers initiated a Phase 2 clinical trial of donanemab, an FDA-approved treatment for early Alzheimer's disease, in PLWD with Lewy bodies and co-occurring Alzheimer's.<sup>24</sup>
- NIH continues to fund Alzheimer's clinical trials with people diagnosed with Down syndrome. For example, NIH is funding a Phase 4 clinical trial of donanemab in 60 people with Down syndrome; participant recruitment is expected to begin in late 2026.<sup>25</sup>
- In 2026, several new drug candidates developed with NIH support transitioned to initial testing in human trials, including the initiation of Phase 1 trials evaluating the safety, tolerability, and immune response of AV-1980R/A (tau vaccine) in early AD26, DUVAX (A $\beta$  and tau vaccines) in healthy participants,<sup>27</sup> and GSM-779690 (small-molecule  $\gamma$ -secretase modulator) in healthy adults.<sup>28</sup>

**Strengthened the nonpharmacological therapeutic landscape for precision medicine.** NIH also supports clinical trials of a broad range of nonpharmacological approaches (such as behavioral and lifestyle changes and cognitive training) for preventing and treating dementia.

- Building on results from the Alzheimer's Association-funded U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk (U.S. POINTER) trial published in 2025, which demonstrated that a multidomain lifestyle intervention improved global cognition in high-risk older adults over two years, NIH is supporting four ancillary studies examining neurovascular function, sleep, neuroimaging, and the microbiome. These studies are designed to shed light on the biological mechanisms that may underlie the cognitive benefits of multidomain lifestyle interventions. Neuroimaging results indicated that structured intervention may enhance cognitive resilience in people with low hippocampal volume or elevated brain tau.<sup>29</sup> Separately, the brain imaging data also showed reduced small-vessel brain damage in participants under age 70 but not in those 70 or older.<sup>30</sup> These neuroimaging findings suggest that the U.S. POINTER interventions may have greater effects in certain populations, helping to advance a more precise and personalized approach to Alzheimer's prevention and treatment.
- NIH-funded researchers demonstrated long-term dementia risk reduction from cognitive training. NIH funded the Advanced Cognitive Training for Independent and Vital Elderly study, which previously showed that cognitive training can improve thinking skills and everyday functioning for years after training. In the latest follow-up on study participants, older adults who received speed-of-processing training plus booster sessions were 25 percent less likely to be diagnosed with dementia over 20 years than those who received no training, whereas participants who received the initial speed training without booster sessions did not show a reduced risk.<sup>31</sup> These results mark a meaningful step toward validating speed-of-processing cognitive training as a nonpharmacological prevention strategy for dementia.

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<sup>24</sup> <https://reporter.nih.gov/search/HcQ0tKrNqECZqBOU5836Dg/project-details/11264576#description>.

<sup>25</sup> <https://clinicaltrials.gov/study/NCT06911944>.

<sup>26</sup> <https://reporter.nih.gov/project-details/11108959>.

<sup>27</sup> <https://reporter.nih.gov/project-details/11067040>.

<sup>28</sup> <https://reporter.nih.gov/search/r1YFgvjoR0yWCbCDcYPQtQ/project-details/11204335>.

<sup>29</sup> <https://pubmed.ncbi.nlm.nih.gov/42008251/>.

<sup>30</sup> <https://pubmed.ncbi.nlm.nih.gov/42438415/>.

<sup>31</sup> <https://pubmed.ncbi.nlm.nih.gov/41669119/>.

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**Drove progress in the discovery and development of new therapies.** NIH supports translational research to identify new therapeutic targets and develop promising drug candidates.

- NIH's translational research funding initiatives, including the Alzheimer's Drug Development Program, are expanding the therapeutic pipeline by supporting the development of new drug candidates aimed at a broad range of disease processes and targets, including inflammation, growth factors, hormones, and proteins implicated in synaptic function and brain metabolism.<sup>32</sup> To date, NIH's drug development programs have advanced 26 new drug candidates to human trials: 18 in Phase 1 trials, seven in Phase 2 trials, and one in a Phase 3 trial. Over 50 additional drug candidates for the treatment and prevention of ADRD are in preclinical development.
- NIH continues to fund research on the transactive response DNA binding protein of 43 kDa (TDP-43), an RNA-binding protein that plays an important role in regulating RNA processing and whose dysfunction has been implicated in FTD and Alzheimer's disease. A large multidisciplinary team of NIH-funded researchers discovered short RNA sequences that bind cytoplasmic TDP-43 to induce structural changes that inhibit aggregation and restore TDP-43's nuclear localization and normal function. The findings provide a foundation for developing and optimizing these short RNAs into potential drug candidates for TDP-43-associated diseases.<sup>33</sup>

**Continued advancing foundational research.** NIH invests in research to uncover the biological processes that underlie dementia risk and resilience, with the goal of translating observations about who develops disease into actionable strategies for prevention and treatment.

- An NIH-supported study conducted by the ALLFTD Consortium took a broad molecular profiling approach to FTD, finding that over 4,000 proteins were altered in the spinal fluid of 116 people carrying genetic mutations that cause the disease.<sup>34</sup> Researchers identified distinct patterns of protein dysregulation tied to disease severity, including decreases in proteins associated with healthy functioning of brain cells and cellular waste clearance.
- The NIH-supported ALL amyotrophic lateral sclerosis (ALS) natural history study, launched in response to the Accelerating Access to Critical Therapies for ALS Act in 2021, is collecting rich natural history data on people with ALS and those at genetic risk for developing ALS or ALS-FTD later in their lives.<sup>35</sup> NIH is implementing harmonized protocols for biospecimen collection and certain data types, including clinical assessments and biomarkers, between ALLFTD and ALL ALS to better understand the ALS-FTD disease spectrum, particularly for carriers of the C9orf72 mutation, which can manifest as ALS, FTD, or a combination of both.
- A growing body of NIH-funded research suggests that the breakdown of the brain's waste clearance systems may contribute to dementia. For example, in an NIH-funded

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<sup>32</sup> <https://www.nia.nih.gov/2021-2022-alzheimers-disease-related-dementias-scientific-advances/drug-development#:~:text=Through%20its%20Alzheimer's%20Disease%20Drug,to%20testing%20in%20human%20trials>.

<sup>33</sup> <https://pubmed.ncbi.nlm.nih.gov/42096556/>.

<sup>34</sup> <https://pubmed.ncbi.nlm.nih.gov/40380000/>.

<sup>35</sup> <https://www.all-als.org/>.

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study, researchers found that amyloid plaques can accumulate in the small veins that drain fluid out of the brain, potentially blocking waste clearance and impairing blood flow.<sup>36</sup> This finding was observed in both mouse models and postmortem human brain tissue. Taken together, these studies highlight the brain's waste clearance systems as a promising research area for understanding, detecting, and ultimately treating dementia.

## Research Infrastructure

**Published success criteria for the research implementation milestones associated with studies of related dementias.** Following the 2025 Summit on related dementias, NIH developed and updated 52 research implementation milestones reflecting the input received at the Summit. In 2026, NIH published success criteria for these milestones to support the assessment of progress toward achieving them and to help guide research priorities on related dementias. The milestones and success criteria document,<sup>37</sup> along with the 2025 Summit report,<sup>38</sup> are available on the NIH website.

**Expanded the clinical and research workforce.** The Institute on Methods and Protocols for Advancement of Clinical Trials in Alzheimer's and Related Dementias, which seeks to expand the clinical trials workforce, receives funding from both NIH and the Alzheimer's Association.<sup>39</sup> More than 270 participants, including early-stage investigators and researchers new to dementia trials, have completed this comprehensive training program in conducting clinical trials for ADRD, including 44 participants in the most recent cohort. In addition, NIH funded the ADRD research of more than 129 early-career investigators via fellowship programs and provided career development awards to more than 269 early-career dementia researchers in fiscal year 2026.

**Created research tools and repositories.** NIH supports discovery through open-source tools and large-scale cell repositories. A notable achievement by the NIH Center for Alzheimer's and Related Dementias (CARD) is the development and use of powerful, open-access data analysis tools, drawing on super intelligence (SI) and machine learning to analyze increasingly large sets of data. These efforts led to the development of the CARD Catalog, which includes many data types from multiple repositories, streamlining data access for qualified researchers.<sup>40</sup> CARD also leads the iPSC Neurodegenerative Disease Initiative, the largest genome engineering project for human induced pluripotent stem cells (iPSCs), to develop cell lines representing hundreds of genetic variants associated with Alzheimer's disease, LBD, FTD, and other neurodegenerative disorders.<sup>41</sup> As of May 2026, the program has generated and distributed approximately 6,000 vials of iPSCs to 1,275 laboratories across 36 countries to advance ADRD research. CARD also co-led the launch of the Path-NeuroDegeneration consortium, a community framework for curating and harmonizing brain tissue data across major research centers and initiatives for Alzheimer's, Parkinson's, and related conditions. The consortium

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<sup>36</sup> <https://pubmed.ncbi.nlm.nih.gov/41329157/>.

<sup>37</sup> [https://www.ninds.nih.gov/sites/default/files/documents/ADRD-Summit-2025-Research-Milestones-and-Success-Criteria\\_508c.pdf](https://www.ninds.nih.gov/sites/default/files/documents/ADRD-Summit-2025-Research-Milestones-and-Success-Criteria_508c.pdf).

<sup>38</sup>

[https://www.ninds.nih.gov/sites/default/files/documents/ADRD%20Summit%202025%20Report\\_508c\\_250909\\_0.pdf](https://www.ninds.nih.gov/sites/default/files/documents/ADRD%20Summit%202025%20Report_508c_250909_0.pdf).

<sup>39</sup> <https://impact-ad.org/>.

<sup>40</sup> <https://card-catalog-v0.streamlit.app/>.

<sup>41</sup> <https://www.nia.nih.gov/2021-2022-alzheimers-disease-related-dementias-scientific-advances/research-enterprise>.

seeks to set data and analysis standards for evaluating digital brain tissue samples and related models.<sup>42</sup>

**Expanded translational capabilities.** NIH continues to support a network of translational centers intended to enable a precision-medicine approach to ADRD therapy development through cutting-edge technologies and open-science practices. Newer additions to the network are two translational centers for the development of microphysiologic systems to advance precision medicine for ADRD.<sup>42</sup> In 2026, the Microphysiological Systems to Advance Precision Medicine for Alzheimer’s Disease and Related Dementias Centers continued to develop and apply new methodologies to accelerate basic research and therapy development for ADRD.

**Expanded Veteran research infrastructure through the Million Veteran Program (MVP).** The MVP is a national research program within the U.S. Department of Veterans Affairs (VA) that studies how genes, lifestyle, military experiences, and exposures affect health and wellness. MVP facilitates research by providing approved investigators with access to a large, diverse resource of genomic, health, and survey data to support discoveries that can improve care for Veterans and the broader population. MVP has enrolled 1.1 million Veterans to date.<sup>xxviii</sup> By leveraging VA’s electronic health records, MVP data, and clinical care expertise, the VA Office of Research and Development (ORD) is supporting research to improve early diagnosis of ADRD,<sup>xxix</sup> identify promising drug repurposing candidates for ADRD treatment,<sup>xxx</sup> and identify Veteran-specific risk factors for developing ADRD.<sup>xxxi</sup>

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## Major Activities Planned for 2027

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### Biomarkers and Diagnostic Tools

**Plan a study to evaluate an emerging Alzheimer’s blood biomarker in a large, data-rich research cohort.** The NIH All of Us Research Program has established a large, nationwide cohort of participants from all 50 states and U.S. territories who have linked genomic, clinical, and healthcare data. First-year milestones for the AHRQ-NIH partnership include a plan to select approximately 6,000 All of Us participants; a plan to complete testing for the blood biomarker p-tau217; a plan to identify at least 5,200 participants with analyzable data; and a plan to evaluate whether biomarker and genomic information improve research models based on clinical and healthcare data.

**Strengthen the population relevance and evidence base for Alzheimer’s biomarkers and treatments.** AHRQ and NIH are developing a plans to compare All of Us findings with national benchmarks, including the Medical Expenditure Panel Survey and National Health Interview Survey, and develop methods for interpreting how research findings apply to the U.S. population. AHRQ also plans an Evidence-Based Practice Center review of disease-modifying Alzheimer’s treatments and biomarker tests to identify what is known, how well the evidence applies to patients and clinical care, and where important evidence gaps remain.

**Advance research on improving the diagnostics of cognitive change.** In 2027, NIA will work with NASEM’s Board on Behavioral, Cognitive, and Sensory Sciences to convene a two-day hybrid workshop. The workshop will focus on developing research and implementation strategies for advancing cognitive change diagnostics for use in trials and clinical practice.<sup>43</sup>

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<sup>42</sup> <https://reporter.nih.gov/search/JatqKqpODUObRoiHcSJ19g/projects>.

<sup>43</sup> <https://www.nationalacademies.org/projects/DBASSE-BBCSS-25-04>.

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**Fund new research to improve ADRD diagnosis, prognosis, and monitoring.** In 2026, the DOW CDMRP AZRP is soliciting research on high-impact diagnosis, prognosis, and disease-monitoring solutions, with final award decisions projected by September 30, 2027. The Transforming Diagnosis Award, a \$3.2 million initiative, will fund approximately two projects and encourages research that can be rapidly translated into clinical practice to improve early detection and patient management.<sup>44</sup>

## Innovative Research

**Accelerate breakthrough diagnostics and therapeutics for ADRD by funding high-risk, high-reward programs focused on the preventive value chain that traditional research pathways won't take on.** The Advanced Research Projects Agency for Health (ARPA-H), has recently funded multiple efforts to compress the timeline from discovery to patient impact, detecting ADRD and intervening earlier rather than treating late-stage decline. This agency-wide, multipronged, precision-geroscience initiative treats Alzheimer's as a systemic failure, shifting care toward prevention by integrating AI-driven early detection, root-cause therapeutics, and decentralized monitoring.

This work will include:

- A study to determine whether spatially resolved molecular data from donated human brains can train AI models that identify known biological patterns associated with Alzheimer's disease, identify new disease relationships, and improve as they scale.
- An 18-month at-home study focusing on adults ages 45 to 70 with early cognitive concerns, using simple blood tests to track biological changes and evaluate low-risk treatments years before major symptoms emerge.
- An agile, biomarker-guided trial platform that uses 3D human organoids to screen and prioritize synergistic combinations of repurposed drugs and natural products for testing in preclinical individuals.
- A double-blind, randomized trial investigating the safety, feasibility, and mechanisms of psychedelics in healthy older adults with low well-being as moderated by biomarkers for preclinical Alzheimer's disease.

**Launch the second iteration of the Alzheimer's Gut Microbiome Project.** In 2027, NIH plans to launch the second iteration of the Alzheimer's Gut Microbiome Project, an open science enterprise using big data approaches to investigate how genetics, the gut microbiome, diet, and other lifestyle and environmental exposures interact and influence brain health and disease. This next iteration builds on earlier work from the Project examining how the gut microbiome may influence Alzheimer's disease risk, resilience, and response to diet and lifestyle interventions. This signature program will use powerful technologies and novel approaches to define the molecular mechanisms of risk and resilience and the determinants of differential responsiveness to lifestyle interventions, which will inform the development of precision medicine for risk reduction and disease prevention.

**Launch the Alzheimer's Prevention Accelerator.** FDA will create the Neuroscience Innovation Advancement Nexus (NeuroNexus), a program that will serve as a point of collaboration and connectivity between FDA's medical products centers: the Center for Biologics Evaluation and Research, the Center for Drug Evaluation and Research, and the Center for

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<sup>44</sup> <https://www.grants.gov/search-results-detail/358722>.

Devices and Radiological Health. The goal of NeuroNexus will be to advance the development of medical products to treat or prevent conditions that affect the brain and nervous system. As its first initiative, NeuroNexus will launch the Alzheimer's Prevention Accelerator to promote (1) innovation in the design of clinical trials to evaluate therapies that may prevent and treat Alzheimer's disease and (2) advancement of medical product-development tools, including biomarkers, model-informed drug development, digital health technologies, and clinical outcome assessments, to support prevention trials.

## Research Infrastructure

**Gather multistakeholder input on priorities in Alzheimer's disease research.** In 2027, NIA will host the 2027 Alzheimer's Disease Research Summit. The Summit will build on progress from previous Summits to highlight research progress, identify unmet research needs, and ensure meaningful dialogue with the research community, PLWD and their caregivers, service providers, and others. Summit activities and discussions will also inform updates to NIH's related dementias research implementation milestones, which provide the framework for guiding and monitoring progress on the research-related goals of NAPA.<sup>45</sup>

**Construct the CARD clinic in the NIH Clinical Center.** In 2027, NIH will continue constructing an integrated care and research CARD clinic where patients can receive neurocognitive assessments, blood draws, brain imaging, and spinal fluid collection in one location in the NIH Clinical Center. The space will also support collaboration between NIH intramural researchers and is anticipated to open in early 2028.

**Coordinate work on related neurodegenerative conditions.** HHS and NIH will work closely to coordinate the National Plan to End Parkinson's with the National Plan to Address Alzheimer's Disease and Related Dementias. The Dr. Emmanuel Bilirakis and Honorable Jennifer Wexton National Plan to End Parkinson's Act calls for an integrated national plan to prevent, diagnose, treat, ameliorate symptoms, and slow or stop progression of Parkinson's disease and related disorders. The diseases covered under the National Plan to End Parkinson's include Parkinson's disease; multiple system atrophy; corticobasal degeneration; progressive supranuclear palsy; and LBD, such as Parkinson's disease dementia. The National Plan to Address Alzheimer's Disease and Related Dementias covers some of these same conditions. Relevant federal agencies will continue to work at the intersection of the National Plans. Input from two federal advisory councils will inform that coordination. In 2027, the Advisory Council on Parkinson's Research, Care, and Services plans to release its first report to the HHS Secretary on priority actions to improve federal programs on Parkinson's and related disorders. On behalf of the Advisory Council on Parkinson's Research, Care, and Services, NASEM will host the inaugural Parkinson's and related disorders planning workshops, including the Workshop on Parkinson's and Related Disorders Research and Regulatory Programs and the Workshop on Parkinson's and Related Disorders Care, Services, and Supports.

**Launch a VA research center focused on early ADRD markers, drug repurposing, and clinician-scientist training.** The Veterans Health Administration will launch a newly awarded research center to identify markers for early stages of ADRD, apply AI and machine-learning approaches to identify FDA-approved drugs that could be repurposed to treat dementia, train and retain early-stage clinician scientists pursuing careers in ADRD clinical research, and disseminate new research findings to improve dementia treatment.

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<sup>45</sup> <https://www.nia.nih.gov/research/milestones>.

### Goal 3: Advance High-Value Dementia Care Across the Care Journey

From the point of diagnosis onward, it is essential to provide high-quality, efficient care to people living with ADRD across all care settings, including doctors' offices, hospitals, homes, and long-term care facilities. Achieving this goal requires an adequate and well-prepared workforce of direct care workers, community health and social workers, primary care providers, and specialists. This workforce should be equipped with the skills to address the complex physical, cognitive, emotional, and behavioral symptoms associated with dementia and co-occurring chronic conditions. It also requires timely and accurate diagnosis, and education and support for PLWD and their families upon diagnosis. Care quality should be measured accurately and paired with quality improvement tools to ensure continuous improvement.

To achieve this goal, it is essential to identify and implement high-quality guidelines and measures for dementia care across care settings, and explore innovative care models for PLWD. Efforts should also focus on improving how people safely and effectively transition between care settings; strengthening coordination among health and long-term care service providers who care for PLWD; and improving care for populations disproportionately affected by ADRD who encounter barriers to receiving consistent, effective care. This work involves identifying and addressing specific care challenges, and adapting service delivery to meet the needs of those affected by ADRD, ensuring broad accessibility to high-quality care.

#### Key Accomplishments in 2026

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##### Strengthen the Workforce

**Expanded the healthcare workforce's capacity to provide dementia care.** In academic year 2024–2025, the Health Resources and Services Administration's (HRSA's) Geriatrics Workforce Enhancement Program (GWEP) grant recipients developed 957 academic didactic and clinical ADRD courses reaching 33,014 trainees and offered 825 continuing education courses reaching 93,602 trainees, substantially expanding dementia education for health professionals, patients, families, and caregivers.

**Developed the next generation of geriatrics faculty and leaders in dementia care.** Individuals training to become faculty through HRSA GWEP taught 102 ADRD courses reaching 5,282 trainees. In addition, HRSA Geriatrics Academic Career Awards grant recipients developed 24 academic didactic and clinical ADRD courses reaching 979 trainees, and faculty trainees taught an additional 28 courses reaching 627 trainees.

**Enhanced dementia care across healthcare and community settings.** HRSA GWEP and HRSA Geriatric Academic Career Awards grant recipients extended the impact of training through partnerships and interprofessional initiatives involving academic institutions, community-based organizations, hospitals, federally qualified health centers, health departments, and nursing homes, including efforts to implement age-friendly health systems, strengthen nursing home dementia care, and improve communication and decision-making for PLWD.

**Strengthened age-friendly and dementia-friendly workforce capacity in Tribal, underserved, and rural communities.** In 2026, HRSA continued to fund GWEP recipients to enhance geriatrics workforce programs through partnerships with academic schools of health professions, Tribal organizations, underserved and rural primary care sites or delivery systems, and community organizations. From July 1, 2024, through June 30, 2026, HRSA's 42 grant

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recipients worked with primary care sites and delivery systems to advance age-friendly care. During this period, 235 primary care partners achieved Level 1 Institute for Healthcare Improvement recognition, and 107 primary care partners achieved Level 2 recognition. In addition, 72 federally qualified health centers achieved Level 1 recognition, and 204 achieved Level 2 recognition, demonstrating progress in implementing age-friendly care practices across primary care settings.

**Built the next generation of expertise in high-value dementia care.** The Veterans Health Administration Office of Academic Affiliations offered oversees training in more than 60 professions, including many programs specifically focusing on geriatrics and dementia care. In academic year 2025–2026, 150 physician residency positions were funded in 115 unique geriatric medicine and geriatric psychiatry programs, and 22 geriatric and extended care nurse practitioner residents were educated across seven sites. Geriatric training also occurs in 10 different Associated Health professions (Audiology, Chaplaincy, Occupational Therapy, Optometry, Pharmacy, Physical Therapy, Psychology, Registered Dietitian/Nutrition, Speech Language Pathology, and Social Work), representing 218 positions at 33 VA facilities. The two-year interprofessional Advanced Fellowship in Geriatrics prepares fellows to lead and innovate care for older adults, including those living with dementia. A total of 55 fellows participated in the fellowship this past academic year across 20 VA facilities. Fellows in this program have published 576 scientific studies from 2018 to date, and 38 percent of fellows who completed the program in the past year took a VA position immediately following graduation.

**Expanded dementia workforce training and peer learning across the Indian health system.** Since January 2026, IHS has delivered 73 live competency-based dementia training sessions with more than 700 attendees, including discipline-specific education for primary care providers, nurses, community health representatives, pharmacists, behavioral health professionals, dental teams, and other members of the care team. IHS also convened the 2026 Elder Health and Alzheimer's Summit, which brought together 223 attendees from across the country and focused on practical approaches to dementia care, elder health, and workforce development that can be implemented in local clinics and health systems.

**Strengthened dementia-capable care across clinical and community settings.** In 2026, ACL's ADPI grantees and the National Alzheimer's and Dementia Resource Center (NADRC) continued to support the training of clinical, LTSS, and community-based service providers across a variety of settings to strengthen their capacity to identify and respond to the needs of PLWD and their caregivers. Program activities improved dementia care navigation, referrals, and care transitions to support individuals and families in accessing dementia-capable services and supports in their communities. Across ADPI, emphasis was placed on reaching rural and other underserved communities where access to dementia expertise and supportive services may be limited. These efforts also advanced systems changes that improve identification of PLWD and caregivers, strengthen coordination across healthcare and community-based organizations, and expand the availability and reach of dementia-capable care.

**Expanded Dementia-Capable CHW Program.** In 2026, ACL expanded its Dementia-Capable CHW Program to build and sustain a dementia-trained community-based workforce in communities with unmet needs. Building on initial investments made in 2025, the program supports area agencies on aging, Tribal governments, and other eligible aging network entities in developing sustainable CHW capacity to strengthen dementia knowledge and expertise within the National Aging Network and expand its reach in underserved communities.

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## Improve Healthcare

**Improved care for cognitive impairment in community health centers.** Starting in 2025, HRSA's Bureau of Primary Health Care introduced a new screening measure for capturing ADRD screening within its health center population. The measure captures the number of visits and patients receiving screenings using standardized tools that assess cognition and mental status in older adults. The measure is incorporated into the Bureau of Primary Health Care's Uniform Data System (UDS), an annual, standardized reporting system that collects information on the performance, operations, patient demographics, and finances of federally supported health centers. UDS data are used to monitor Health Center Program performance, identify trends and needs among health center patients, and inform program planning and resource decisions. Incorporating the new screening measure into UDS will help assess the level of need and resources required to support the growing aging population served by the Health Center Program while strengthening alignment with other national initiatives. This measure will support earlier identification of patients at risk for ADRD and facilitate timely care and appropriate interventions. Additionally, the measure can help inform efforts to educate and train the health center workforce to effectively identify, assess, and care for older adults with cognitive health needs.

**Maintained rapid access to dementia clinical expertise.** The IHS Dementia Clinical Support Line continued to provide IHS and Tribal clinicians with specialist consultation on cognitive screening, assessment, diagnosis, medication management, behavioral symptoms, care planning, and caregiver support.

**Continued implementing and strengthening the Guiding an Improved Dementia Experience (GUIDE) Model.** CMS continued implementing the GUIDE Model, a voluntary nationwide model testing comprehensive services and supports for PLWD and their caregivers. In 2026, CMS worked with participants to strengthen program requirements, including updating provisions for care delivery in residential care communities, and continued its outreach efforts to help connect eligible Medicare beneficiaries and their caregivers with participating GUIDE providers.<sup>46</sup> The model continues to enhance access to comprehensive dementia care across the country through a range of care delivery approaches for Medicare beneficiaries and their caregivers, including telehealth and in-person services.

**Expanded age-friendly care.** The Veterans Health Administration is leading the nation in care settings recognized by the Institute for Healthcare Improvement as Age-Friendly Health Systems. As of August 1, 2026, 507 VA care settings have achieved Age-Friendly Health Systems Level I ("Participant") recognition, and more than 346 care settings have achieved Level II ("Committed to Care Excellence") recognition from the Institute for Healthcare Improvement. This widespread adoption, supported by ongoing professional development, ensures that veterans with dementia benefit from evidence-based, person-centered care at every stage of their journey while also supporting caregivers throughout the continuum of care.

**Published evidence to improve care for adults with Down syndrome.** In March 2026, AHRQ published the systematic review *Medical Care for Adults with Down Syndrome*,<sup>47</sup> which evaluated evidence on conditions common in adulthood, including ADRD. The review is intended to inform updated clinical guidance and strengthen evidence-based care for adults with Down syndrome, who have a high risk of developing Alzheimer's disease as they age.

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<sup>46</sup> <https://www.cms.gov/priorities/innovation/files/guide-payment-methodology-paper.pdf>

<sup>47</sup> <https://effectivehealthcare.ahrq.gov/products/care-adults-down-syndrome/research>.

**Expanded direct investment in Tribal and Urban Indian dementia care.** IHS continued to prioritize getting resources directly to Tribal and Urban Indian communities to support locally driven efforts to improve dementia care. In 2026, IHS supported 16 active Dementia Models of Care recipients, initiated funding for two additional recipients, and funded four Tribal Epidemiology Center supplemental awards focused on dementia and elder health-related data and improvement activities. The two additional Models of Care awards would bring the program to 18 funded clinics and communities.

**Translated current dementia evidence into primary care practice.** IHS expanded use of the IHS Dementia Care Pathway, a primary care tool developed with IHS, Tribal, and Urban Indian providers and based on the most recent clinical evidence. In 2026, IHS provided one-on-one and group training on the pathway, including training at the Elder Health and Alzheimer's Summit, to help clinicians apply the four-step approach—detection, evaluation, diagnosis, and discussion—in routine care.

**Supported people aging with HIV/AIDS who face cognitive impairment.** In 2026, HRSA continued efforts to ensure Ryan White HIV/AIDS Program grant recipients have the capacity to address dementia in people aging with HIV/AIDS. As of 2024, more than 47 percent of Ryan White HIV/AIDS Program clients were ages 50 or older.<sup>48</sup> As they age, this population is at risk not only of HIV-associated neurocognitive disorder, including HIV-associated dementia, but also ADRD. HRSA is developing and disseminating Ryan White HIV/AIDS Program educational material on aging with HIV notes to educate providers on these conditions and give them access to cognitive screening, such as the Montreal Cognitive Assessment. In addition, Ryan White HIV/AIDS Program services may include medical and nonmedical case management, mental health services, home and community-based health services, home health, rehabilitation, respite care, transportation, and referrals. These services can become particularly important when cognitive impairment affects medication adherence, activities of daily living, or the ability to navigate care.

## Research and Translate to Improve Healthcare

**Established the effectiveness of dementia screening tools in primary care.** Through NIH's Consortium for Detecting Cognitive Impairment, Including Dementia (DetectCID) Initiative, researchers reported that the Tablet-Based Cognitive Assessment Tool Brain Health Assessment—a digital cognitive screening tool administered by medical assistants and integrated directly into electronic health records—was successful at increasing rates of dementia diagnosis and follow-up care across 21 primary care providers serving more than 2,700 patients.

**Convened a research summit to gather multistakeholder input on priorities for care research.** The 2026 NIH Dementia Care and Caregiving Research Summit convened a multidisciplinary group of experts and interest holders to discuss areas of progress, and for individuals to provide input on gaps and opportunities in dementia care and caregiving research. Summit organizers also hosted an *Early Career Event* to provide early to midcareer investigators with an overview of available training opportunities and resources, and data resources that investigators can leverage. The final report and recordings are available on the Summit webpage.<sup>49</sup> Summit activities and discussions will also inform updates to the NIH ADRD

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<sup>48</sup> <https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/data/2024-ryan-white-annual-data-report.pdf>

<sup>49</sup> <https://www.nia.nih.gov/2026-dementia-care-summit>.

research implementation milestones,<sup>50</sup> which provide the framework for guiding and monitoring progress on NAPA's research-related goals.

**Disseminated a VA research agenda for age-friendly health systems.** In 2026, the VA's ORD and Office of Geriatric and Extended Care broadly disseminated recommendations and research agenda resulting from the September 2025 VA ORD/Office of Geriatric and Extended Care State-of-the-Art Conference of Age-Friendly Health Systems. These recommendations were organized around coordination infrastructure, measurement/data infrastructure, and an investigator-initiated research program targeting high-risk populations, including Veterans with cognitive impairment.<sup>xxxii</sup>

**Established a new interagency partnership to strengthen Alzheimer's evidence.** In August 2026, AHRQ and the NIH All of Us Research Program established a three-year partnership whose initial use case is an ADRD pilot linking emerging blood biomarkers and genomic information with clinical, cognitive, and healthcare data. AHRQ provided \$11 million in fiscal year 2026 to support All of Us infrastructure and planning for the partnership.

**Improved understanding of the economic impacts of dementia.** According to a recent NIH-funded study, in 2026, 5.7 million U.S. adults ages 51 and older are living with dementia, supported by 5.2 million caregivers.<sup>51</sup> The study also estimated that the total cost of dementia will reach \$818 billion this year in the United States. The impact goes beyond medical costs and includes hours of unpaid care by family and friends, earnings losses, and declines in quality of life.

**Advanced understanding of the care models and programs that can most benefit PLWD and their caregivers.** Two NIH-funded studies examined different approaches to structured dementia care programs. First, a trial testing an integrated palliative care approach for community-dwelling people with moderate to severe dementia found that monthly palliative care support from nurses or social workers did not significantly reduce patients' neuropsychiatric symptoms compared to usual care over a two-year follow-up.<sup>52</sup> However, the palliative care group experienced less than half of the emergency department visits and hospitalizations compared to the usual care group, a finding with important implications for both patient well-being and healthcare costs. Second, the Dementia Care Study randomized clinical trial compared dementia care programs based in health systems and communities to usual care and found that neither intervention significantly improved patients' cognition, functional status, or quality of life, nor did they reduce overall caregiver burden.<sup>53</sup> However, caregivers in both intervention groups reported significantly higher satisfaction with structured dementia care than those receiving usual care.

**Supported state-level dementia care services through the creation of a national data infrastructure.** The NIH-funded STate Alzheimer's Research Support Center (StARS) is creating a national data infrastructure that can be used to evaluate the effectiveness and accessibility of state and regional dementia care services. StARS is actively establishing partnerships with states and regions, supporting dementia-care pilot projects, building a statewide and nationwide data infrastructure, and developing and implementing a dissemination strategy. In 2026, StARS awarded its first cycle of Dementia Care Innovation Grant funding to

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<sup>50</sup> <https://www.nia.nih.gov/research/milestones>.

<sup>51</sup> <https://pubmed.ncbi.nlm.nih.gov/42340126/>.

<sup>52</sup> <https://pubmed.ncbi.nlm.nih.gov/39878993/>.

<sup>53</sup> <https://pubmed.ncbi.nlm.nih.gov/40892399/>.

investigators in four states (Tennessee, Texas, Vermont, and Wisconsin) to support research and innovation in dementia care services. Pilot awardees also receive support from StARS Center scientists and research staff through virtual meetings, direct consultations, and feedback on interim results and study progress. <sup>ch</sup>

**Published evidence on a digital memory aid to support cognitive health.** Results published in 2026 found that with minimal clinician guidance, participants successfully learned and used an iOS application developed to reduce memory burden and support daily functioning, resulting in improvements in their perceived ability to manage everyday cognitive tasks. The trial, supported through a fiscal year 2019 DOW CDMRP AZRP award, evaluated an adaptive, web-based training program designed to teach older adults with cognitive difficulties how to use the Electronic Memory and Management Aid. By integrating task management with health tracking, the Electronic Memory and Management Aid empowers users to improve their daily functioning, independence, and overall quality of life. Ultimately, the success of this web-based training suggests a scalable, cost-effective method for deploying such interventions while reducing the need for intensive clinician involvement.<sup>54</sup>

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## Major Activities Planned for 2027

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### Strengthen the Workforce

**Expand dementia and elder-health workforce development and training.** IHS plans to continue discipline-specific dementia training, Indian Health GeriScholars, Geriatric Nurse Fellows, dementia Extension for Community Healthcare Outcomes learning opportunities, and other workforce-development activities for IHS, Tribal, and Urban Indian staff. IHS also plans to expand access to on-demand, asynchronous training through a learning management system and convene the 2027 Elder Health Summit, scheduled for the week of April 26, 2027, in Scottsdale, Arizona, to support peer learning and practical application of dementia and elder-care approaches.

**Strengthen practical elder care and healthy aging support for clinicians.** IHS plans to use its new clinical support campaigns as the basis for academic detailing training at the 2027 Elder Health meeting. The training will prepare IHS, Tribal, and Urban Indian participants to return to their local settings and provide focused, practice-based education to colleagues by using the campaign tools.

**Continue GWEP-supported dementia-friendly workforce activities, including for Tribal and rural communities.** In 2027, HRSA will continue supporting GWEP recipients funded through the fiscal year 2024 to 2029 project period. Grantees will continue (1) building reciprocal partnerships with academic schools for health professions, Tribal organizations, underserved, and rural primary care sites or delivery systems and community organizations; (2) training the healthcare workforce in Tribal organizations, underserved, and rural primary care sites or delivery systems to provide age-friendly and dementia-friendly healthcare for older adults; and (3) supporting primary care partners in achieving Level 1 or Level 2 Institute for Healthcare Improvement recognition.

Grantees will also provide faculty and preceptors with the knowledge and skills to educate the healthcare workforce and conduct interprofessional training involving at least three healthcare professions, one of which is medicine. Training will address the continuum of care for older

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<sup>54</sup> <https://pubmed.ncbi.nlm.nih.gov/42043435/>.

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adults; ADRD and other behavioral health issues, including delirium, anxiety, depression, substance use and opioid use disorders, and serious mental illness; risk reduction for chronic disease, including dementia; and early detection, diagnosis, treatment, and management of dementia. HRSA grantees will also partner with schools of nursing and nursing homes to integrate into the curriculum age-friendly didactic content and clinical care learning opportunities on care of older adults, including PLWD, who reside in nursing homes.

## **Improve Healthcare**

**Launch the first version of the Alzheimer’s and elder-health data dashboard and use national evaluation findings to improve care and set future agency priorities.** IHS plans to implement Version 1 of an internal agency dashboard organized around the 4Ms of Age-Friendly Care—What Matters, Medication, Mentation, and Mobility—to help identify gaps, track progress, and support quality improvement. IHS will also continue the Models of Care evaluation, including work to identify practical clinical measures that are feasible for local programs and useful for improving care.

**Expand Medicare beneficiary enrollment in the GUIDE Model.** CMS will continue administering and increasing beneficiary participation in the GUIDE Model with plans to evaluate the impact of a direct patient outreach initiative that mailed informational letters about the model to eligible Medicare beneficiaries. These communications educate patients about available dementia care services through the GUIDE Model and help connect them with participating doctors and care teams in an eligible Medicare beneficiary’s zip code.

**Continue to strengthen and expand the dementia-capable workforce and service delivery systems.** In 2027, ACL will continue and expand ADPI activities to enhance the capacity of the clinical, LTSS, and community-based workforce to identify and respond to the needs of PLWD and their caregivers. Through training, technical assistance, and integration of dementia-capable practices, ADPI grantees will strengthen workforce knowledge and skills, dementia care navigation, referrals, and care transitions. These efforts will help bridge healthcare and social services by strengthening connections among clinical providers, the aging and disability networks, and other community-based organizations so individuals and caregivers can more seamlessly access needed services and supports. Particular emphasis will be placed on expanding access in rural and other underserved communities, and advancing sustainable systems changes that increase the availability, coordination, and reach of dementia-capable care.

**Identify core clinically meaningful outcomes for people living with ADRD.** ADRD affects many interconnected aspects of life, including cognition, daily functioning, independence, quality of life, and use of health and long-term care services. In research and clinical settings, the impacts of treatments are often measured with different tools, making it challenging for patients, families, and providers to compare treatment options or evidence across studies. Establishing a core set of clinically meaningful outcomes will help create greater consistency across studies and provide a clearer understanding of treatment impact. A cross-agency team including NIH, CMS, FDA, and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) will do foundational work to identify core outcomes for ADRD that are meaningful to PLWD and may be used for multiple purposes, from clinical trials to healthcare policy and healthcare service delivery. This effort will draw on multiple real-world evidence sources, beginning with electronic health records, and will leverage technology to reduce burden and maximize impact.

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**Continue to strengthen dementia-capable services for people living with intellectual and developmental disabilities (IDD).** Building on ADPI's long-standing focus on improving services and supports for people living with IDD who also are living with or at risk of developing dementia, ACL will continue this work in 2027. ADPI grantees will provide training, technical assistance, and resources to strengthen the capacity of aging, disability, healthcare, and community-based providers to recognize and respond to dementia among people with IDD. These efforts will continue to strengthen coordination across aging and disability systems, enhance workforce capacity, and expand access to person-centered, dementia-capable care and caregiver supports.

### **Research and Translate to Improve Healthcare**

**Establish the evidence for cognitive screening tools in primary care and other everyday clinical settings.** Building on positive findings from the DetectCID consortium, NIH will continue evaluating cognitive screening tools for their accuracy, feasibility, and potential for broad implementation in primary care and community settings, with the goal of improving early dementia detection and care outcomes for all Americans.

**Examine the real-world diagnostic journey and economic burden of Alzheimer's disease.** Through the AHRQ–NIH All of Us partnership, AHRQ plans to outline strategies to examine patterns of diagnostic evaluation and specialty care, medication use, diagnostic delays, healthcare use and spending, access barriers, and household or payer burden. This work will connect emerging biomarkers and genomic advances with evidence about how Alzheimer's disease affects patients, families, and the healthcare system.

**Expand translation of dementia evidence into clinical practice.** In 2027, IHS plans to develop updated evidence-based dementia guidance and translate it into practical clinical support tools adapted to IHS, Tribal, and Urban Indian settings. The resulting campaign will be incorporated into academic detailing training so participants can return to their local health systems and help colleagues apply the guidance in everyday care.

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## Goal 4: Strengthen Evidence-Based Services and Supports for People Living with Dementia and Their Families

PLWD and their families and caregivers need supports that go beyond the care provided in formal settings, such as doctors' offices, hospitals, or long-term care facilities. Families and unpaid caregivers play a central role by providing hands-on care, coordinating with health professionals, and advocating for the needs and preferences of their loved ones. Supporting PLWD and their families and caregivers requires equipping them with the necessary tools and information, helping them plan for future needs, and ensuring that their safety and dignity are maintained.

The federal government and its partners focus on executing strategies to provide clear, accessible, and tailored educational materials; supporting caregivers in managing their responsibilities while maintaining their own health and well-being; and helping families plan for future care needs. In addition, the federal government and its partners will undertake strategies and actions that maintain the dignity, safety, and rights of PLWD and improve the assessment of and response to the LTSS needs of PLWD.

### Key Accomplishments in 2026

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#### Expand Dementia-Capable Services and Supports

**Launched a new funding opportunity to strengthen local community capacity and caregiver support.** IHS published the Care Access, Resources, and Support (CAREs) Notice of Funding Opportunity on June 30, 2026, providing \$1.05 million in first-year funding for two new recipients. CAREs is designed to build national infrastructure, strengthen local capacity, and expand caregiver services and supports for Tribal and Urban Indian communities. Awards are anticipated in November 2026.

**Continued expansion of dementia-capable service and support programs.** ACL's ADPI strengthens dementia-capable HCBS nationwide, helping PLWD and their caregivers remain in their homes and communities. In 2026, the State and Territory Dementia-Specific Respite Program was added to the ADPI program portfolio, which also includes the State, Community, and Tribal Grant Programs; the Dementia-Capable CHW Programs, the Dementia-Specific Respite Innovations; the NADRC; and support for the National Alzheimer's Call Center. Together, these investments expand access to person-centered, strengths-based services; strengthen caregiver supports; and advance evidence-based and evidence-informed dementia interventions in communities.

**Expanded support for the Dementia Capability in Indian Country program.** In 2026, ACL renewed its investment in providing financial resources and technical assistance to help Native communities expand their capacity to provide dementia-capable services—services designed to support people living with ADRD and their caregivers. Currently, 72 percent of American Indian and Alaska Native adults are at risk for dementia due to high rates of diabetes, hypertension, obesity, smoking, and physical inactivity.<sup>xxxiii</sup> As life expectancy increases, the prevalence of ADRD continues to grow. Through three-year grants, communities are designing and delivering dementia-capable services, including culturally adapted evidence-based interventions, tailored to address the unique needs of elders living with or at high risk for dementia and their caregivers. ACL expects these efforts to boost awareness of dementia and its risk factors,

expand brain health education, and provide training in behavioral symptom management to better support caregivers.

**Established the Federal Emergency Management Agency's (FEMA's) first Alzheimer's Task Force.** In 2026, FEMA established its first Alzheimer's Task Force to help address the needs of individuals with ADRD and their caregivers across emergency management activities. The task force will support training and technical assistance for states, local communities, Tribes, territories, emergency responders, fire departments, and emergency management officials. Focus areas will include accessible transportation coordination; evacuation planning; stakeholder consultation; residency and relocation rights during major disasters; and preparedness, response, recovery, mitigation, and best practices.

**Supported public alert and warning capabilities for missing individuals with ADRD.** In 2026, FEMA continued to support appropriate use of the Integrated Public Alert and Warning System (IPAWS), including Wireless Emergency Alerts issued by authorized local officials. These alerts can help locate missing individuals with ADRD by sharing information such as a physical description, last known location, and instructions to call 911 if the person is found. FEMA provides alerting infrastructure, technical assistance, training, templates, and best practices to help jurisdictions use IPAWS capabilities effectively.

**Helped missing and endangered persons with cognitive impairment.** In 2026, FEMA collaborated with federal partners to help jurisdictions better use existing IPAWS capabilities, including the Missing and Endangered Persons event code, for qualifying incidents involving individuals with ADRD. FEMA's support includes guidance, templates, training, best practices, and stakeholder engagement.

**Enhanced the evaluation of disability claims involving Young-Onset Alzheimer's disease.** In 2026, the Social Security Administration (SSA) published updates to the Young-Onset Alzheimer's Disease compassionate allowance impairment summary (DI 23022.385).<sup>55</sup> This publication incorporated suggested revisions provided by the Alzheimer's Association. The updates to this policy substantially enhanced the description of Young-Onset Alzheimer's Disease and the information provided about diagnostic testing, physical findings, progression, and treatment.

## Support Caregivers

**Launched state and territory programs to expand dementia-specific respite.** In 2026, ACL added a new program to the ADPI grant portfolio, State and Territory Programs for Dementia-Specific Respite, designed to expand access to respite for family caregivers of PLWD. The three-year cooperative agreements are supporting states and territories in establishing statewide dementia-specific respite programs or meaningfully expanding and improving existing programs. The initiative is intended to strengthen state implementation of the Older Americans Act Title III-E National Family Caregiver Support Program, which already authorizes respite and other supports that help family and informal caregivers care for individuals at home. By delivering dementia-specific respite through state units on aging, area agencies on aging, and other aging network providers, the initiative will help states build greater capacity within their existing Title III-E infrastructure, expand access for dementia caregivers who may currently

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<sup>55</sup> <https://secure.ssa.gov/apps10/poms.nsf/lnx/0423022385>.

have limited respite options, and strengthen sustainable dementia-capable caregiver supports within the aging services network.

**Expanded access to dementia-specific respite innovations.** ACL's Innovations in Dementia-Specific Respite program, branded as the Center for Dementia Respite Innovation, pilots innovative dementia-specific respite models in communities and provides intensive technical assistance and training to strengthen service capacity, quality, and sustainability. The program more than doubled the number of annual awards, increasing from 20 in 2024 to 41 in 2025, and sustained this expanded level of investment in 2026. To extend the reach of promising respite models and strengthen their potential for long-term sustainability, the Center for Dementia Respite Innovation also introduced a special award opportunity in 2025 for organizations with the capacity to implement the same innovative respite model across multiple locations. Six awards supported implementation across nearly 20 service delivery sites, allowing organizations to leverage shared infrastructure, expertise, training, and other resources across locations while testing approaches for efficiently sustaining and scaling successful respite models.

**Expanded access to resources for caregivers and providers of LTSS.** In 2026, ACL continued to expand the resources available through the NADRC, making federally funded, community-developed tools and program resources broadly available to strengthen dementia-capable care. New resources support HCBS providers, caregivers, Tribal dementia care specialists, CHWs, and providers serving people with IDD. Resources include training guides and curricula, intervention implementation materials, videos, and other practical tools designed to improve the quality and effectiveness of dementia care and caregiver support.

**Expanded caregiver, palliative care, and family education resources.** IHS announced a partnership with the Center to Advance Palliative Care that provides two years of membership and training resources at no cost to IHS workforce participants and grant recipients; continued collaboration with the Northwest Portland Area Indian Health Board on dementia caregiving education; and development of a three-part dementia and elder-health video series focused on timely dementia detection, IHS Alzheimer's Program activities, and advance care planning.

**Advanced federal collaboration on family caregiving.** IHS continued participation in the Recognize, Assist, Include, Support, and Engage (RAISE) Family Caregiving Advisory Council and Supporting Grandparents Raising Grandchildren work, contributing to the development and refinement of IHS caregiving goals and federal reporting, and helping ensure the experiences and needs of American Indian and Alaska Native caregivers are represented.

**Highlighted and incentivized high-quality nursing home care.**<sup>56</sup> CMS implemented a shorter and streamlined inspection process for nursing homes that provide higher-quality care. CMS will also place an icon next to these higher-performing facilities on the medicare.gov Care Compare website for nursing homes and rehabilitation services. These actions highlight facilities that provide higher-quality care, including dementia care, and incentivize facilities to improve their quality.

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<sup>56</sup> <https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/policy-memos/policy-memos-states-cms-locations/nursing-home-risk-based-survey-national-implementation>.

## Research and Translate to Improve Services and Supports

**Advanced understanding of comprehensive care models.** NIH convened a one-day workshop in August 2026, bringing together experts in the field—including current NIH grantees and future NIH applicants—with interests in the GUIDE model and other comprehensive dementia care models.<sup>57</sup> Workshop participants identified potential research opportunities for dementia care coordination models and discussed available and needed data to address research gaps.

**Supported efforts to better assess decision-making capacity among people with ADRD.** In 2026, SSA requested that the National Academy of Medicine convene a panel of medical and legal experts to inform SSA's policies on ADRD and decision-making capacity. The panel provided research updates on ADRD, disease-modifying drugs, and biomarkers, and provided valuable information regarding how ADRD can affect an individual's capacity to manage disability benefits.

**Launched the Caregiver AI Prize Challenge (Phase I).** In 2026, ACL launched Phase I of its three-phase Caregiver AI Prize Challenge, a national competition designed to accelerate the development, testing, and scaling of responsible, practical AI-enabled solutions that help people remain safely in their homes and communities.<sup>58</sup> The Challenge seeks user-centered, easy-to-use solutions that address real-world caregiving needs, reduce caregiver burden, improve the quality and safety of care, strengthen family caregiving and the direct care workforce, and demonstrate measurable impact. ADRD are an important focus of the Challenge, with ACL offering additional meritorious recognition in Phase I for AI solutions that support caregivers and providers serving people with ADRD. This focus is particularly significant, given the complex and evolving needs associated with dementia caregiving and the substantial demands placed on family caregivers and direct care workers.

## Major Activities Planned for 2027

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### Expand Dementia-Capable Services and Supports

**Continue expansion of dementia-capable services and supports.** In 2027, ACL expects to continue expansion of the ADPI to strengthen dementia-capable HCBS nationwide and support PLWD and their caregivers in their homes and communities. ACL will build on investments in the program portfolio across state, community, and Tribal grant programs; the State and Territory Dementia-Specific Respite Program; dementia-capable CHW programs; dementia-specific respite innovations; the NADRC; and the National Alzheimer's Call Center. These efforts will expand the reach and availability of person-centered services, caregiver supports, and evidence-based and evidence-informed dementia interventions, particularly in communities with unmet needs.

**Expand resources to support the processing of disability claims involving ADRD.** In 2027, SSA is considering development of new subregulatory guidance about evaluating disability claims involving mental disorders, which could include specific policy reminders for evaluating claims involving ADRD. Any potential policy would aim to ensure that disability claims involving

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<sup>57</sup> <https://www.nia.nih.gov/research/dbsr/workshops/research-workshop-comprehensive-dementia-care-models-guide-and-other-models>.

<sup>58</sup> <https://acl.gov/caregiver-ai-competition>

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ADRD are processed with consideration of the unique protections and fast-track processes that may apply, and to help adjudicators navigate situations commonly encountered when reviewing claims.

**Train professionals working on elder abuse and exploitation to identify and respond to PLWD.** The Elder Justice Coordinating Council, under the leadership of ACL, will provide a targeted dementia training initiative for the elder justice workforce. ACL and other Elder Justice Coordinating Council agencies will provide dementia training to the broader elder justice workforce. Professionals in the Elder Justice Network interact directly with people living with ADRD. Targeted education could strengthen these professionals' ability to recognize and respond to dementia-related needs while supporting more informed, person-centered approaches to protect and serve older adults. The initiative would start with providing training for state Offices of Public Guardians, as they have expressed interest and engagement in dementia education, and will reach additional professionals thereafter.

**Better address the behavioral health needs of older adults with cognitive impairment.** The Substance Abuse and Mental Health Services Administration (SAMHSA) is leveraging its work on older adult behavioral health, suicide prevention, and technical assistance activities to better address the needs of older adults experiencing cognitive decline or impairment. Through the Suicide Prevention Resource Center, SAMHSA will develop training modules and related resources on suicide prevention and crisis response for older adults experiencing cognitive decline, including recognizing suicide risk, communication considerations, caregiver involvement when appropriate, and connections to aging and dementia services. These modules could be incorporated into existing training and technical assistance for crisis response teams, 988 crisis counselors, community mental health centers, and behavioral health providers serving older adults. SAMHSA will also use the 2027 Older Adult Mental Health Awareness Day to highlight the intersection of behavioral and cognitive health, including depression, suicide risk, loneliness and social isolation, and strategies for appropriately serving older adults experiencing cognitive decline or impairment.

**Develop emergency management guidance and resources for people with ADRD.** In 2027, FEMA will continue to develop and enhance resources to help integrate the needs of people with disabilities, including individuals with ADRD, into emergency management planning and operations. This work has included updating Ready.gov and FEMA.gov disaster assistance materials for emergency officials, caregivers, community partners, and the public, and instituting a new emergency management course for the public about emergency management for individuals with disabilities, including a special section on those affected by Alzheimer's and their caregivers.

**Continue strengthening emergency preparedness partnerships for people with ADRD.** In 2027, FEMA will continue to coordinate with federal, national, state, and local partners, including the National Council on Disability, the National Advisory Council on Alzheimer's Research, Care, and Services, the U.S. Department of Homeland Security, and Alzheimer's associations across the country. The partnerships will continue to strengthen emergency preparedness, response, recovery, and mitigation efforts for individuals with ADRD.

**Disseminate strategies for supporting people with ADRD in rural communities.** In September 2025, CMS launched the Rural Health Transformation Program, a major opportunity to strengthen dementia-capable care in rural communities. The \$50 billion, five-year CMS initiative supports state-led efforts to expand access, develop the rural health workforce, modernize technology and infrastructure, and test innovative care models—investments that

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can help address delayed ADRD diagnosis, limited specialist and LTSS capacity, fragmented care, and gaps in caregiver support. Seven states have focused on ADRD screening and early detection, provider training and education, care navigation and coordination, caregiver supports and education, and dementia-capable LTSS capacity. In late 2026, ASPE will release an issue brief sharing these state strategies to support people with ADRD in rural communities.

## Support Caregivers

**Strengthen caregiver and community support through CARES and related resources.** In 2027, IHS plans to begin implementation of the CARES cooperative agreements, including community capacity building, technical assistance, shared learning, and caregiver-focused training and support for Tribal and Urban Indian communities. IHS also plans to continue developing practical caregiver and advance care planning resources, and to expand dementia caregiving education through partnerships and learning opportunities that support PLWD and their families.

## Research and Translate to Improve Services and Supports

**Advance the Caregiver AI Prize Challenge (Phases II & III).** In 2027, ACL will advance the Caregiver AI Prize Challenge from design to real-world implementation and testing. Phase I winners will participate in Phase II, working with ACL technical assistance and subject matter experts to refine testing plans, implement their AI-enabled solutions in caregiving settings, collect performance data, and improve their tools based on caregiver and other end user feedback. Successful Phase II teams will then advance to Phase III, which will focus on demonstrating the solutions' scalability and long-term sustainability through broader implementation. Throughout these phases, ACL will continue to emphasize responsible, user-centered AI that demonstrates measurable benefits for family caregivers, the direct care workforce, and the people they support, including people living with ADRD.

**Conduct New Research to Improve Dementia Care.** The 2026 DOW CDMRP AZRP Transforming Care Award is soliciting high-impact research evaluating innovative interventions, technologies, and strategies that improve quality of life and reduce caregiver burden. The Transforming Care Award allocates \$5.4 million to fund approximately three clinical research studies or trials. Award decisions will be made by September 30, 2027.<sup>59</sup>

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<sup>59</sup> <https://www.grants.gov/search-results-detail/362178>

## **Appendix 1: List of Participating Departments and Agencies**

Administration for Children and Families (ACF)

Administration for Community Living (ACL)

Administration on Aging (AoA)

Administration on Intellectual and Developmental Disabilities (AIDD)

Agency for Healthcare Research and Quality (AHRQ)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare & Medicaid Services (CMS)

Center for Medicare and Medicaid Innovation Center (CMMI)

Congressionally Directed Medical Research Programs (CDMRP)

Department of Justice (DOJ)

Department of Health and Human Services (HHS)

Department of Veterans Affairs (VA)

Department of War (DOW)

Department of Homeland Security (DHS)

Federal Emergency Management Agency (FEMA)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

Bureau of Primary Health Care (BPHC)

Indian Health Service (IHS)

National Institutes of Health (NIH)

National Institute of Neurological Disorders and Stroke (NINDS)

National Institute on Aging (NIA)

National Science Foundation (NSF)

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

Social Security Administration (SSA)

Substance Abuse and Mental Health Services Administration (SAMHSA)

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## Appendix 2: Milestones and Achievements Timeline

This appendix provides a selective timeline of major milestones and achievements that have shaped the National Plan since 2012. It is not intended to duplicate the narrative goal sections or list every federal activity. Entries highlight public-facing milestones, including major approvals, launches, reports, funding opportunities, tools, models, and other actions that mark meaningful progress under the Plan.

### 2012

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HHS released the National Plan to Address Alzheimer's Disease, as required by NAPA (2011).

- <https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/napa-documents/napa-national-plans>.

NIH convened the first Alzheimer's Disease Research Summit.

HHS created alzheimers.gov as a resource for people living with ADRD and their caregivers.

- <https://www.alzheimers.gov/>.

CDC developed Healthy People 2020 baseline measures for dementia, including Alzheimer's disease, in collaboration with federal partners.

- <https://www.healthypeople.gov/2020/>.
- <https://odphp.health.gov/healthypeople/2020>.

### 2013

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NIH convened the first Alzheimer's Disease-Related Dementias Research Summit.

VA created the Veterans with Dementia: Skills for Managing Challenging Behaviors video in collaboration with the South Central Mental Illness Research Education and Clinical Center.

- <https://youtu.be/hgVMKEkvHo>.

HRSA and ASPE developed the continuing education course, Case Challenges in Early Alzheimer's Disease.

- [https://www.medscape.org/viewarticle/806464\\_4](https://www.medscape.org/viewarticle/806464_4).

IHS, ACL, and VA launched Resources for Enhancing Alzheimer's Caregivers Health into the Indian Country Pilot of Caregiver Coaching and Support, 2013–2018.

CDC published the second Healthy Brain Initiative: The Public Health Road Map for State and National Partnerships (2013–2018).

- <https://www.alz.org/media/Documents/road-map-2013-2028.pdf>.

### 2014

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NIH-supported researchers developed the first Alzheimer's model containing amyloid and tau, the two proteins that are hallmarks of ADRD.

- <https://www.nia.nih.gov/news/groundbreaking-alzheimers-model-petri-dish-points-amyloid-disease-trigger>.
-

NIH launched the Accelerating Medicines Partnership® Program for Alzheimer's Disease (AMP®-AD).

- <https://www.nia.nih.gov/research/amp-ad>.

ACL, NIH, and CDC collaborated on the development and delivery of a Brain Health Resources (curriculum) for community and professional environments.

- <https://acl.gov/brain-health>.

ACL, with funding from the Affordable Care Act, expanded its long-standing Alzheimer's Disease Supportive Services Program, a state grant program.

- <https://acl.gov/programs/support-people-alzheimers-disease/support-people-dementia-including-alzheimers-disease>.

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## 2015

NIH launched the Mind Your Risks® health campaign to educate the public about the importance of controlling blood pressure to help reduce the risk of having a stroke and developing dementia later in life.

- <https://www.ninds.nih.gov/health-information/public-education/mind-your-risks>.

In partnership with CMS, VA disseminated Hand-in-Hand Training to Community Living Centers, with 76 percent of the centers adopting the training.

- [https://qsep.cms.gov/data/AnD/Hand in Hand Instructors Guide.pdf](https://qsep.cms.gov/data/AnD/Hand_in_Hand_Instructors_Guide.pdf).

CDC made Cognitive Decline and Caregiving modules optional additions to states' annual Behavioral Risk Factor Surveillance System survey.

ACL launched the NADRC website, making a broad range of grantee and center-developed resources available to the general public.

- <https://nadrc.acl.gov/>.

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## 2016

VA deployed the Virtual Dementia Simulation for acute care providers.

HRSA and the Office of Women's Health launched Bidirectional Impact of Alzheimer's Disease and Common Comorbid Conditions, a continuing education course that focused on assessing, managing, and treating ADRD in the context of multiple chronic conditions.

HRSA released a 16-module ADRD curriculum for healthcare workers to learn about dementia, including guidance on addressing the needs of different patient populations.

- <https://bhw.hrsa.gov/alzheimers-dementia-training>.

NIH launched MarkVCID to develop biomarkers to detect vascular damage related to dementia.

- <https://markvcid.partners.org/>.

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## 2017

NIH convened the first National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Care Partners/Caregivers.

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- <https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/napa-additional-information/napa-caregiver-summit/2017-national-caregiver-summit>.

The Madison, Wisconsin, VA Medical Center was recognized as the first dementia-friendly VA facility.

NIH established the Model Organism Development and Evaluation for Late-Onset Alzheimer's Disease Consortium to develop new animal models of late-onset Alzheimer's disease.

- <https://www.model-ad.org/>.

NIH launched the Alzheimer's Clinical Trials Consortium, a clinical trials infrastructure designed to accelerate and expand studies for therapies in ADRD.

- <https://www.nia.nih.gov/research/dn/alzheimers-clinical-trials-consortium-actc>.

VA's Caring for Older Adults and Caregivers at Home program was awarded a Gold Status practice by the VHA Diffusion of Excellence.

- <https://marketplace.va.gov/innovations/caring-for-older-adults-and-caregivers-at-home-coach>.

IHS and VA released a Rural Interdisciplinary Team Training to rural IHS and Tribal sites.

CDC began the *Alzheimer's Disease and Healthy Aging Newsletter*.

ACL created and launched its Dementia Capability Assessment for long-term support systems.

- <https://nadrc.acl.gov/details?search1=117>.

## 2018

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NIH released the National Strategy for Recruitment and Participation in Alzheimer's and Related Dementias Clinical Research.

- <https://www.nia.nih.gov/research/recruitment-strategy>.

An NIH-funded first large-scale genetic study of LBD revealed a strong genetic component of LBD and a unique genetic profile different from that of either Alzheimer's disease or Parkinson's disease.

- <https://pubmed.ncbi.nlm.nih.gov/29263008/>.

CDC published the third Healthy Brain Initiative: State and Local Public Health Partnerships to Address Dementia, the 2018–2023 Road Map.

CDC released four State of Aging and Health in America data briefs. Related data can be accessed through the Alzheimer's Disease and Healthy Aging Data Portal.

- <https://www.cdc.gov/healthy-aging-data/brfss/index.html>.

ACL created the ADPI by consolidating separate ADRD state and community grant programs to create a new single program.

- <https://acl.gov/programs/support-people-alzheimers-disease/support-people-dementia-including-alzheimers-disease>.
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An NIH-funded study reported that clearing senescent cells—cells that are alive but no longer divide or perform their designated functions—in the brain decreases tau pathology and cognitive decline in animal models.

- <https://www.nia.nih.gov/news/clearing-senescent-cells-brain-mice-preserves-cognition>.

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## 2019

An NIH-funded study found that a blood test of neurofilament light chain, a protein released when nerve cells are damaged, predicted disease progression and loss of nerve cell function in the brain among cognitively normal people at risk for familial ADRD.

- <https://www.nia.nih.gov/news/blood-test-shows-promise-predicting-presymptomatic-disease-progression-people-risk-familial>.

NIH's Systolic Blood Pressure Intervention Trial Memory and Cognition in Decreased Hypertension study demonstrated that intensive high blood pressure control may significantly reduce the buildup of white-matter lesions in the brain and the occurrence of mild cognitive impairment, a precursor of dementia.

- <https://www.nia.nih.gov/news/intensive-blood-pressure-control-may-slow-age-related-brain-damage>.

NIH funded the Imbedded Pragmatic Alzheimer's disease and AD-related dementias Clinical Trials Collaboratory, which is designed to spur innovation to meet the challenges of complex care management for people living with ADRD.

- <https://impactcollaboratory.org/>.

NIH established Alzheimer's and Dementia Outreach, Recruitment, and Engagement, an online, searchable database of resources for engagement, recruitment, and retention of study participants.

- <https://www.nia.nih.gov/research/alzheimers-dementia-outreach-recruitment-engagement-resources>.

CDC and IHS published the first Healthy Brain Initiative: Road Map for Indian Country.

- <https://www.cdc.gov/aging/healthybrain/indian-country-roadmap.html>.

ACL convened the RAISE Family Caregiving Advisory Council.

- <https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council>.

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## 2020

FDA-approved flortaucipir is the first radioactive tracer to show the presence of tau protein tangles. NIH supported in part a key validation study.

- <https://www.nia.nih.gov/news/first-tau-biomarker-approved-alzheimers-disease-diagnostic-tool>.

An NIH-funded study led to an advance in the development of a blood test to help detect pathological Alzheimer's disease in people showing signs of dementia. The blood test detects the abnormal accumulation of a form of tau protein (ptau181).

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- <https://www.nia.nih.gov/news/blood-test-method-may-predict-alzheimers-protein-deposits-brain>.

NIH launched CARD.

- <https://card.nih.gov/>.

NIH launched the Drug Repurposing for Effective Alzheimer's Medicines study to determine whether medicines currently used to treat conditions other than dementia can help prevent or treat ADRD.

- <https://www.nia.nih.gov/news/nia-study-identifies-fda-approved-drugs-may-also-be-helpful-dementia>.

An NIH-funded study found that individuals who made multiple healthy lifestyle choices (physical activity, not smoking, light-to-moderate alcohol consumption, a high-quality diet, and cognitive activities) may have a much lower risk for ADRD.

- <https://www.nia.nih.gov/news/combination-healthy-lifestyle-traits-may-substantially-reduce-alzheimers-disease-risk>.

ACL expanded ADPI programming to dedicate resources to expanding dementia care capability in Indian Country, launching grant and education programs within Tribes and Tribal consortia.

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## 2021

HHS added a sixth goal to the National Plan to Address Alzheimer's Disease—Accelerate Action to Promote Healthy Aging and Reduce Risk Factors for Alzheimer's Disease and Related Dementias.

- <https://aspe.hhs.gov/reports/national-plan-2021-update#goal-6>.

IHS, in collaboration with the Northwest Portland Area Indian Health Board, created a dementia-focused Extension for Community Healthcare Outcomes Project for clinicians and caregiver support staff in Indian Country.

The RAISE Family Caregiving Advisory Council delivered its initial report to Congress.

- <https://acl.gov/programs/support-caregivers/raise-family-caregiving-advisory-council>.
- <https://acl.gov/RAISE/report>.

NIH launched the second iteration of the AMP<sup>®</sup>-AD (AMP-AD<sup>®</sup> 2.0).

- <https://www.nia.nih.gov/news/nih-invests-next-iteration-public-private-partnership-advance-precision-medicine-research>.

NIH revamped the Mind Your Risks<sup>®</sup> health campaign to focus more on reducing differences in dementia risk across populations. The primary audience is now African American men, who are most at risk for midlife high blood pressure and late-life dementia.

- <https://www.mindyourrisks.nih.gov/index.html>.

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## 2022

IHS published a funding opportunity, Addressing Dementia in Indian Country: Models of Care, and announced the availability of \$5 million to target resources directly to Tribes, Tribal

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organizations, Urban Indian organizations, and IHS direct service facilities to address ADRD, and awarded four first-time grants.

- <https://www.federalregister.gov/documents/2022/04/18/2022-08249/addressing-dementia-in-indian-country-models-of-care>.
- <https://www.hhs.gov/about/news/2022/05/09/indian-health-service-funding-provides-resources-address-alzheimers-disease.html>.

VA launched the Dementia Education Portal for Veterans Health Administration dementia educators.

IHS created a collaborative to support Geriatric Emergency Department Accreditation for IHS and Tribal entities.

IHS collaborated with the VA to establish the Indian Health GeriScholars programs.

IHS launched the clinical dementia and caregiver Extension for Community Healthcare Outcomes series.

CDC established the Healthy Brain Resource Center.

- <https://www.cdc.gov/aging-programs/>.

The DOW CDMRP AZRP required community collaboration (inclusion of PLWD, their caregivers, and family members) in all clinical research projects proposed to the program.

- <https://cdmrp.health.mil/azrp/>.

NIH renewed the DetectCID to conduct clinical trial testing on early dementia detection approaches in primary care.

- <https://www.detectcid.org/>.

FDA granted marketing authorization for the first in vitro diagnostic test, the Lumipulse G  $\beta$ -amyloid Ratio (1-42/1-40), intended for the early detection of amyloid plaques in adult patients ages 55 and older presenting with cognitive impairment who are being evaluated for Alzheimer's disease and other causes of cognitive decline. This test measures  $\beta$ -amyloid 1-42 and  $\beta$ -amyloid 1-40 proteins in CSF and determines the numerical ratio of the levels of these two proteins to inform the likely presence or absence of amyloid plaques in the patient's brain.

- <https://content.govdelivery.com/accounts/USFDA/bulletins/3165b47>.

FDA cleared the Elecsys  $\beta$ -amyloid (1-42) CSF II and Elecsys Phospho-Tau (181P) tests to determine whether adult patients ages 55 or older presenting with cognitive impairment are likely to have amyloid plaques. These tests measure two proteins, phosphorylated Tau181 and  $\beta$ -amyloid 1-42, in CSF, and are used together to determine the numerical ratio of the levels of these two proteins and the likely presence or absence of amyloid plaques in the patient's brain.

- <https://www.fiercebiotech.com/medtech/roche-nets-fda-clearance-csf-based-alzheimers-diagnostic-tests>.

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## 2023

FDA converted LEQEMBI (lecanemab-irmb), indicated to treat adult patients with Alzheimer's disease, to traditional approval after a determination that a confirmatory trial verified clinical benefit. It is the first-ever treatment for Alzheimer's disease to receive traditional FDA approval.

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- <https://www.fda.gov/news-events/press-announcements/fda-converts-novel-alzheimers-disease-treatment-traditional-approval>.

CDC announced its newest Healthy Brain Initiative State and Local Road Map for Public Health (4th edition). This road map incorporates input from more than 100 experts spanning health, nonprofit, academia, and private sectors. The road map and its implementation resources guide the public health effort to promote brain health by creating a framework for public health action. It emphasizes reaching all communities and leveraging partnerships to strengthen public health efforts.

- <https://www.cdc.gov/aging-programs/php/nhbi/roadmap.html>.

CMS announced Medicare coverage of lecanemab when a physician and clinician team participate in a registry that collects evidence about how drugs work in the real world.

- <https://qualitynet.cms.gov/alzheimers-ced-registry>.
- <https://www.cms.gov/newsroom/press-releases/statement-broader-medicare-coverage-leqembi-available-following-fda-traditional-approval>.

CMS announced its GUIDE Model, which aims to improve the quality of life for PLWD, reduce strain on unpaid caregivers, and help people remain in their homes and communities through a package of care coordination and management, caregiver education and support, and respite services.

- <https://innovation.cms.gov/innovation-models/guide>.

CMS announced new actions to reduce the inappropriate use of antipsychotic medications and bring greater transparency about nursing home citations to residents, families, caregivers, and the public.

- <https://www.cms.gov/files/document/qso-23-05-nh-adjusting-quality-measure-ratings-based-erroneous-schizophrenia-coding-and-posting.pdf>.

IHS awarded \$1.5 million for eight new Dementia Models of Care grants to Tribal and Urban Indian organization recipients.

- <https://www.ihs.gov/newsroom/pressreleases/2023-press-releases/ihs-awards-1-5-million-to-address-alzheimers-disease-on-world-alzheimers-day/>.

IHS initiated a pilot dementia screening program in the dental setting.

- <https://www.ihs.gov/doh/index.cfm?fuseaction=home.cog>.

IHS awarded a multiyear communications contract to an Indian-owned small business for program support with outreach and awareness building.

NIA awarded more than \$15 million in grants to support the development of research infrastructure for exposome studies in AD/DRD, building the foundation for new centers for exposome studies by coordinating work across existing programs and other efforts. The National Institute of Neurological Disorders and Stroke and NIA also collaboratively funded several other projects to spark new advances in the research community's understanding of the exposome and its effect on dementia.

- <https://grants.nih.gov/grants/guide/notice-files/NOT-AG-22-022.html>.
  - <https://www.nia.nih.gov/exposome>.
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NIH funding led to the development of the next-generation version of the PrecivityAD blood test, PrecivityAD2, which combines measures of beta-amyloid and tau. Preliminary data suggest that combining these measures could help achieve diagnostic performance levels comparable to the current clinical gold standards of amyloid PET imaging and CSF tests.

- <https://pubmed.ncbi.nlm.nih.gov/37932961/>.

An NIH-funded clinical study found that participants taking a multivitamin for one year scored significantly higher on a cognitive test than those taking a placebo. Notably, the cognitive test scores of participants with a history of cardiovascular disease improved significantly, becoming comparable to those without the disease. Although these initial findings are promising, further research is needed to see if this effect can be replicated in broader populations.

- <https://www.nia.nih.gov/news/daily-multivitamin-may-enhance-memory-older-adults>.

FDA cleared the Elecsys  $\beta$ -amyloid (1-42) CSF II and Elecsys Total-Tau CSF tests (used as a totalTau/  $\beta$ -amyloid 1-42 ratio) to determine whether adult patients ages 55 or older presenting with cognitive impairment are likely to have amyloid plaques. These tests measure two proteins, Tau and  $\beta$ -amyloid 1-42, in CSF, and are used together to determine the numerical ratio of the levels of these two proteins and the likely presence or absence of amyloid plaques in the patient's brain.

- <https://clpmag.com/disease-states/dementias-alzheimer/roche-csf-assays-receive-fda-510k-clearance-for-alzheimers/>.

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## 2024

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ACL announced the funding of the Innovations in Dementia-Specific Respite Programs and Services grant. The program provides \$5 million per year for five years (pending the availability of funds) to support the piloting of innovative dementia-specific respite models to support PLWD and their caregivers. Eighty percent of the program funding is dedicated to a subgrant program to support implementation of innovative community-based models; the other 20 percent is for the provision of technical assistance and education, as well as a third-party evaluation of the funded programs. The grant is being fulfilled through the recently created Center for Dementia Respite Innovation at the Alzheimer's Association.

- [https://www.alz.org/research/for\\_researchers/grants/types-of-grants/alzheimers-association-cdri](https://www.alz.org/research/for_researchers/grants/types-of-grants/alzheimers-association-cdri).

ACL released a forecast for a new grant program entitled Developing Dementia-Capable CHW Programs in the National Aging Network. The new program will provide resources to the National Aging Network to expand the reach of CHWs in dementia care.

- <https://grants.gov/search-results-detail/355842>.
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AHRQ funded the Person-Centered Care Planning for People with Multiple Chronic Conditions initiative through its ACTION IV Network, with the goal of identifying strategies to widely implement, scale, and spread person-centered care planning as a routine component of clinical practice. The initiative included a technical expert panel, partners' roundtable, national learning community, and environmental scan. A summit bringing these groups together developed an action plan aimed at fostering the widespread uptake of evidence-based, person-centered care planning.

NIH-funded research provided new evidence to support behavioral and lifestyle interventions that may improve cognition and reduce dementia risk. For example, an NIA-funded clinical trial revealed that correcting hearing loss with hearing aids reduced cognitive decline over three years in a group of older adults with specific risk factors for cognitive decline. In addition, personalized health coaching improved cognition and reduced dementia risk in older adults with at least two modifiable risk factors for dementia.

- <https://www.nia.nih.gov/news/hearing-aids-slow-cognitive-decline-people-high-risk>.
- <https://pubmed.ncbi.nlm.nih.gov/38010725/>.

NIH-funded researchers developed a new, inexpensive approach to monitoring blood pressure—high blood pressure being a well-known risk factor for dementia—that requires only a smartphone attachment. The BPClip is designed for at-home use.

- <https://www.nia.nih.gov/news/smartphone-clip-attachment-may-help-some-people-self-monitor-blood-pressure>.

NIH-funded research led to the discovery of a fluid biomarker that may help diagnose forms of dementia associated with abnormal accumulation of the TDP-43 protein, such as FTD and LATE.

- <https://www.nia.nih.gov/news/new-biomarker-may-help-detect-presymptomatic-als-and-ftd>.

NIA established a new Exposome Coordinating Center to foster collaboration and accelerate life course research on the social, behavioral, economic, and environmental exposures that shape AD/DR outcomes and inequities.

- <https://reporter.nih.gov/search/WLWIOjvBqkyikzB1jhR9-w/project-details/10975562>.

FDA granted approval of Kisunla (donanemab-azbt) in the treatment of adult patients with Alzheimer's disease in July 2024.

- <https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-treatment-adults-alzheimers-disease>.

IHS issued a third Notice of Funding Opportunity for six additional Models of Care grants focused on expansion and sustainability.

- <https://www.ihs.gov/dgm/funding/>.

IHS implemented a new Geriatric Nurse Fellowship pilot in collaboration with the Division of Nursing.

- <https://www.ihs.gov/alzheimers/pilotsandinitiatives/geriatricnursefellowship/>.
-

IHS awarded the Alzheimer's Training and Education multiyear contract to the University of Washington.

- <https://www.ihs.gov/newsroom/announcements/2024-announcements/ihs-announces-alzheimers-program-training-and-education-contract-award/>.

## 2025

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FDA cleared the first blood test to aid in the diagnosis of Alzheimer's disease. The Lumipulse G pTau217/ $\beta$ -Amyloid 1–42 Plasma Ratio is intended to help identify patients with amyloid pathology of Alzheimer's disease in adults ages 55 years and older who are exhibiting signs and symptoms of cognitive decline. This test measures  $\beta$  phosphorylated Tau217 and  $\beta$ -Amyloid 1–42 proteins in human plasma and determines the numerical ratio of the levels of these two proteins to inform the likely presence or absence of amyloid plaques in the patient's brain.

- <https://www.fda.gov/news-events/press-announcements/fda-clears-first-blood-test-used-diagnosing-alzheimers-disease>.

FDA cleared the Elecsys Phospho-Tau (181P) Plasma test intended to aid in the initial assessment for Alzheimer's disease in adult patients ages 55 years and older presenting with signs, symptoms, or complaints of cognitive decline. The Elecsys Phospho-Tau (181P) Plasma test measures phosphorylated Tau 181 protein in human plasma to identify patients whose cognitive impairment is less likely to be caused by amyloid pathology.

- <https://www.alz.org/news/2025/fda-clearance-blood-test-primary-care-rule-out-alzheimers-related-amyloid-pathology>.

FDA approved revised labeling for the three amyloid PET imaging drugs (florbetapir, florbetaben, and flutemetamol) to indicate use in selecting patients for anti-amyloid therapies, enable quantitative analysis alongside visual interpretation, and remove previous limitations on use.

FDA approved LEQEMBI (lecanemab-irmb) as a once-weekly subcutaneous injection via an autoinjector (brand name: LEQEMBI IQLIK) as a maintenance dosing regimen for the treatment of adult patients with Alzheimer's disease.

Results from the U.S. POINTER trial demonstrated that a multidomain lifestyle intervention—including exercise, diet, cognitive and social engagement, and health monitoring—improved global cognition in high-risk older adults over two years. The structured, higher-intensity program produced greater benefits than the lower-intensity control, though both groups improved. Although the main U.S. POINTER trial was not NIH funded, NIH is concurrently funding four U.S. POINTER ancillary studies focusing on neurovascular function, sleep, neuroimaging, and the microbiome to uncover the biological mechanisms behind these benefits.

- <https://jamanetwork.com/journals/jama/fullarticle/2837046>.
  - <https://reporter.nih.gov/search/ukHH96Wlv0mvtIngVN1H6A/project-details/10771146>.
  - [https://reporter.nih.gov/search/m794kYFGAEWXVjMljFb\\_kQ/project-details/10645111](https://reporter.nih.gov/search/m794kYFGAEWXVjMljFb_kQ/project-details/10645111).
  - [https://reporter.nih.gov/search/m8MgwZHXn0WxN\\_tRwi3PBg/project-details/11276896](https://reporter.nih.gov/search/m8MgwZHXn0WxN_tRwi3PBg/project-details/11276896).
  - <https://reporter.nih.gov/search/HemvIHw2uEiXHpfncZ184w/project-details/10693930>.
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Researchers found that persistent adherence to blood pressure medication was associated with a lower risk of dementia based on an analysis of data from 11,000+ middle-aged and older adults in the NIA-funded Health and Retirement Study. These findings build on a key NIH-funded clinical trial, Systolic Blood Pressure Intervention Trial Memory and Cognition in Decreased Hypertension, which indicated that intensive blood pressure control reduced the risk of mild cognitive impairment, a common precursor to dementia.

- <https://pubmed.ncbi.nlm.nih.gov/41439317/>.
- <https://pubmed.ncbi.nlm.nih.gov/30688979/>.

The NIH-funded Cost of Dementia Model project estimated that the total U.S. economic burden of ADRD will reach \$781 billion in 2025.

- <https://www.nia.nih.gov/news/nia-statement-u-s-cost-dementia-model-report>.

The IHS funded 10 new three-year Dementia Models of Care grants focused on improving care and services for American Indian and Alaska Native communities. Current grantees collectively serve more than 86,000 older adults.

- <https://www.ihs.gov/newsroom/pressreleases/2025-press-releases/indian-health-service-increases-alzheimers-and-dementia-care-support-during-world-alzheimers-month/>.

The IHS launched the Dementia Clinical Support Line, offering immediate access to experts that can provide case consultations on screening, assessment, diagnosis, management, and care planning.

- <https://www.ihs.gov/alzheimers/dementiasupportline/>.

NIH funded the Open Measurement Network Initiative for ADRD, an innovative, multidisciplinary, multi-institutional network of world-renowned experts in dementia research nationwide to transform how cognitive change is measured and understood by building open, scalable tools that accelerate dementia prevention research and advance brain health for all.

- <https://omni-adrd.org/>.

NIH funded the Advancing the Science of Palliative Care Research Across the Lifespan (ASCENT) Consortium, a national research initiative focused on providing resources, expertise, and coordination across institutions to advance innovative, high-quality research for those living with serious illness and those who care for them.

- <https://ascentpalliativecare.org/>.

The NIH-funded Centers on the Demography and Economics of Aging program expanded to 18 centers, with 13 studying general aging and five focused on ADRD. New ADRD centers expand the focus of the program with a concentration on rural ADRD.

- <https://niadecc.org/centers>.
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## 2026

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FDA approved Auvelity (dextromethorphan hydrobromide and bupropion hydrochloride) extended-release tablets to treat agitation associated with dementia due to Alzheimer's disease in adults. The drug is the first FDA-approved treatment for this condition that is not an antipsychotic.

- <https://www.fda.gov/news-events/press-announcements/fda-approves-first-non-antipsychotic-drug-treat-agitation-associated-dementia>.

FDA approved LEQEMBI (lecanemab-irmb) as a once-weekly subcutaneous injection via an autoinjector (brand name: LEQEMBI IQLIK); it is an initiation dosing regimen for the treatment of adult patients with Alzheimer's disease. Previously, LEQEMBI had been approved only for subcutaneous administration for maintenance dosing and only after 18 months of initial intravenous administration had been completed.

- <https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-first-home-starting-dose-alzheimers-disease-treatment>.

FDA expanded diagnostic tools for Alzheimer's disease. It approved TAUKLARIFY (florquinitalu F 18 injection), a tau PET imaging agent for identifying tau neurofibrillary tangle pathology in adults being evaluated for Alzheimer disease. FDA also cleared two plasma-based tests: (1) Elecsys Phospho-Tau (217P) Plasma, intended to aid in identifying patients with amyloid pathology of Alzheimer's disease in adults ages 55 years and older who are exhibiting signs and symptoms of cognitive decline (2) and PrecivityAD2, indicated for use in adults ages 40 years and older who present with signs or symptoms of cognitive impairment and who are undergoing evaluation for Alzheimer's disease or other forms of cognitive decline.

- <https://lantheusholdings.gcs-web.com/news-releases/news-release-details/lantheus-announces-fda-approval-tauklarifytm-florquinitalu-f-18>.
- <https://diagnostics.roche.com/us/en/news-listing/2026/fda-elecsys-ptau217-alzheimers-blood-test.html>.
- <https://c2n.com/news-releases/bg2ziqcz39o3wxf5uc04u279ziw0yv>.

IHS expanded dementia care capacity in Tribal and Urban Indian communities by publishing the CAREs Notice of Funding Opportunity to strengthen dementia care capacity and caregiver services and supports, and funding four Tribal Epidemiology Center supplemental awards focused on data related to dementia and elder health, epidemiology, and improvement activities. IHS initiated funding for two additional Dementia Models of Care recipients, which would expand the program from 16 to 18 funded clinics and communities.

- <https://www.ihs.gov/alzheimers/grants/>.
  - <https://www.grants.gov/search-results-detail/360294>.
  - <https://www.grants.gov/search-results-detail/360301>.
-

IHS strengthened dementia clinical practice and workforce development across the Indian health system by expanding implementation of the IHS Dementia Care Pathway through clinician training and convening the national 2026 Elder Health and Alzheimer's Summit.

- <https://www.ihs.gov/newsroom/announcements/2026-announcements/indian-health-service-receives-gift-membership-to-expand-training-for-serious-illness-care>.
- <https://www.ihs.gov/alzheimers/alztraining/clinicalresources/>.
- <https://www.ihs.gov/alzheimers/pilotsandinitiatives/>.

NIH highlighted multiple ADRD research priority areas, including immunology and neuroscience, environmental exposures, behavioral and cognitive signals of aging, digital health and AI, data science, and other topics relevant to dementia research and brain health.

- <https://grants.nih.gov/funding/find-a-fit-for-your-research/highlighted-topics>.

NIH renewed the Artificial Intelligence and Technology Collaboratories for Aging Research program. The centers support innovative research projects to inform the design or application of AI and technology approaches to advance aging and ADRD research and improve the health and well-being of older adults, including those living with ADRD and their caregivers. Artificial Intelligence and Technology Collaboratories researchers focus on AI and technology tools that can be used in real-world settings, especially in the home. Many projects emphasize remote monitoring, wearables, virtual assistants, caregiver support, and platforms that help older adults age in place.

- <https://reporter.nih.gov/search/OK8lyMK2i06eMM2EeSEYuQ/projects?shared=true>.

NIH established the AI in Drug Discovery program, which supports five complementary cross-disciplinary projects. The central goal of this program is to apply existing and develop new AI and machine learning methods to various aspects of drug discovery and preclinical drug development to accelerate the identification, optimization, and selection of preclinical drug candidates for the treatment and prevention of ADRD, and to increase their likelihood of success during clinical drug development. In addition, the program supports the creation of advanced open-source analytical tools that will be made available to researchers in academia and biotech/pharma to support drug discovery and development.

- <https://reporter.nih.gov/search/fOEF5n9WjEmwgAeDTGhhkQ/projects>.

NIH funded the Consortium for Clarity in Alzheimer's Disease and Related Dementias Research Through Imaging (CLARiTI), which is a study that aims to collect standardized imaging and plasma biomarkers on participants enrolled across Alzheimer's Disease Research Centers sites. As of July 2026, the Consortium enrolled its 1,000th participant.

- <https://clariti.naccddata.org/>.

HHS released the National Plan to Address Alzheimer's Disease and Related Dementias: 2026 Update. The update marked an important milestone in the nation's continued commitment to addressing ADRD through 2035. It introduced the new title, reorganized the plan around four goals, and set a clearer framework for coordinated federal action over the next decade.

- <https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/napa-documents/napa-national-plan>.

<https://aspe.hhs.gov/collaborations-committees-advisory-groups/napa/napa-documents/napa-national-plan>

## List of Acronyms Used

|           |                                                                     |
|-----------|---------------------------------------------------------------------|
| ACL       | Administration for Community Living                                 |
| ADPI      | Alzheimer's Disease Programs Initiative                             |
| ADRD      | Alzheimer's disease and related dementias                           |
| AHRQ      | Agency for Healthcare Research and Quality                          |
| AI        | artificial intelligence                                             |
| ALS       | amyotrophic lateral sclerosis                                       |
| AMP®-AD   | Accelerating Medicines Partnership® Program for Alzheimer's Disease |
| ARPA-H    | Advanced Research Projects Agency for Health                        |
| ASPE      | HHS Office of the Assistant Secretary for Planning and Evaluation   |
| AZRP      | Alzheimer's Research Program                                        |
| BOLD      | Building Our Largest Dementia (Infrastructure for Alzheimer's Act)  |
| CARD      | Center for Alzheimer's and Related Dementias                        |
| CAReS     | Care Access, Resources, and Support                                 |
| CDC       | Centers for Disease Control and Prevention                          |
| CDMRP     | Congressionally Directed Medical Research Programs                  |
| CHW       | community health worker                                             |
| CMS       | Centers for Medicare & Medicaid Services                            |
| CSF       | cerebrospinal fluid                                                 |
| DetectCID | Consortium for Detecting Cognitive Impairment, Including Dementia   |
| DOW       | U.S. Department of War                                              |
| FDA       | Food and Drug Administration                                        |
| FEMA      | Federal Emergency Management Agency                                 |
| FTD       | frontotemporal dementia                                             |
| GUIDE     | Guiding an Improved Dementia Experience (Model)                     |
| GWEP      | Geriatrics Workforce Enhancement Program                            |
| HCBS      | home and community-based services                                   |
| HHS       | U.S. Department of Health and Human Services                        |
| HRSA      | Health Resources and Services Administration                        |
| IDD       | intellectual and developmental disability                           |
| IHS       | Indian Health Service                                               |
| IPAWS     | Integrated Public Alert and Warning System                          |
| iPSC      | induced pluripotent stem cell                                       |

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|--------------|--------------------------------------------------------------------------------------|
| LBD          | Lewy body dementia                                                                   |
| LTSS         | long-term services and supports                                                      |
| MIPS         | Merit-based Incentive Payment System                                                 |
| MVP          | Million Veteran Program                                                              |
| NADRC        | National Alzheimer's and Dementia Resource Center                                    |
| NAPA         | National Alzheimer's Project Act                                                     |
| NASEM        | National Academies of Science, Engineering, and Medicine                             |
| NIA          | National Institute on Aging                                                          |
| NIH          | National Institutes of Health                                                        |
| ORD          | Office of Research and Development                                                   |
| PLWD         | people living with dementia                                                          |
| RAISE        | Recognize, Assist, Include, Support, and Engage (Family Caregiving Advisory Council) |
| RNA          | ribonucleic acid                                                                     |
| SAMHSA       | Substance Abuse and Mental Health Services Administration                            |
| SI           | super intelligence                                                                   |
| SSA          | Social Security Administration                                                       |
| StARS        | STate Alzheimer's Research Support Center                                            |
| TDP-43       | transactive response DNA binding protein of 43 kDa                                   |
| UDS          | Uniform Data System                                                                  |
| U.S. POINTER | U.S. Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk     |
| VA           | U.S. Department of Veterans Affairs                                                  |
| VCID         | vascular contributions to cognitive impairment and dementia                          |

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