

National Alzheimer's Project Act Overview

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U.S. Department of Health and Human Services

National Alzheimer's Project Act (NAPA)

Requires the Secretary of the U.S. Department of Health and Human Services (HHS) to establish the National Alzheimer's Project to:

- **Create and maintain an integrated national plan to overcome Alzheimer's;**
- Coordinate research and services across all federal agencies;
- Accelerate the development of treatments that would prevent, halt, or reverse the disease;
- Improve early diagnosis and coordination of care and treatment of the disease;
- Improve outcomes for ethnic and racial minority populations at higher risk;
- Coordinate with international bodies to fight Alzheimer's globally; and
- **Create an Advisory Council to review and comment on the national plan and its implementation**



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History of NAPA

Enacted January 4,
2011

ASPE becomes lead:
April 2011

First Advisory Council
Meeting: September
28, 2011

National Plan to
Address Alzheimer's
Disease first released:
May 15, 2012

Updates annually
thereafter

Risk Reduction Goal
Added: December
2021

NAPA
Reauthorization Act
Enacted: October 1,
2024



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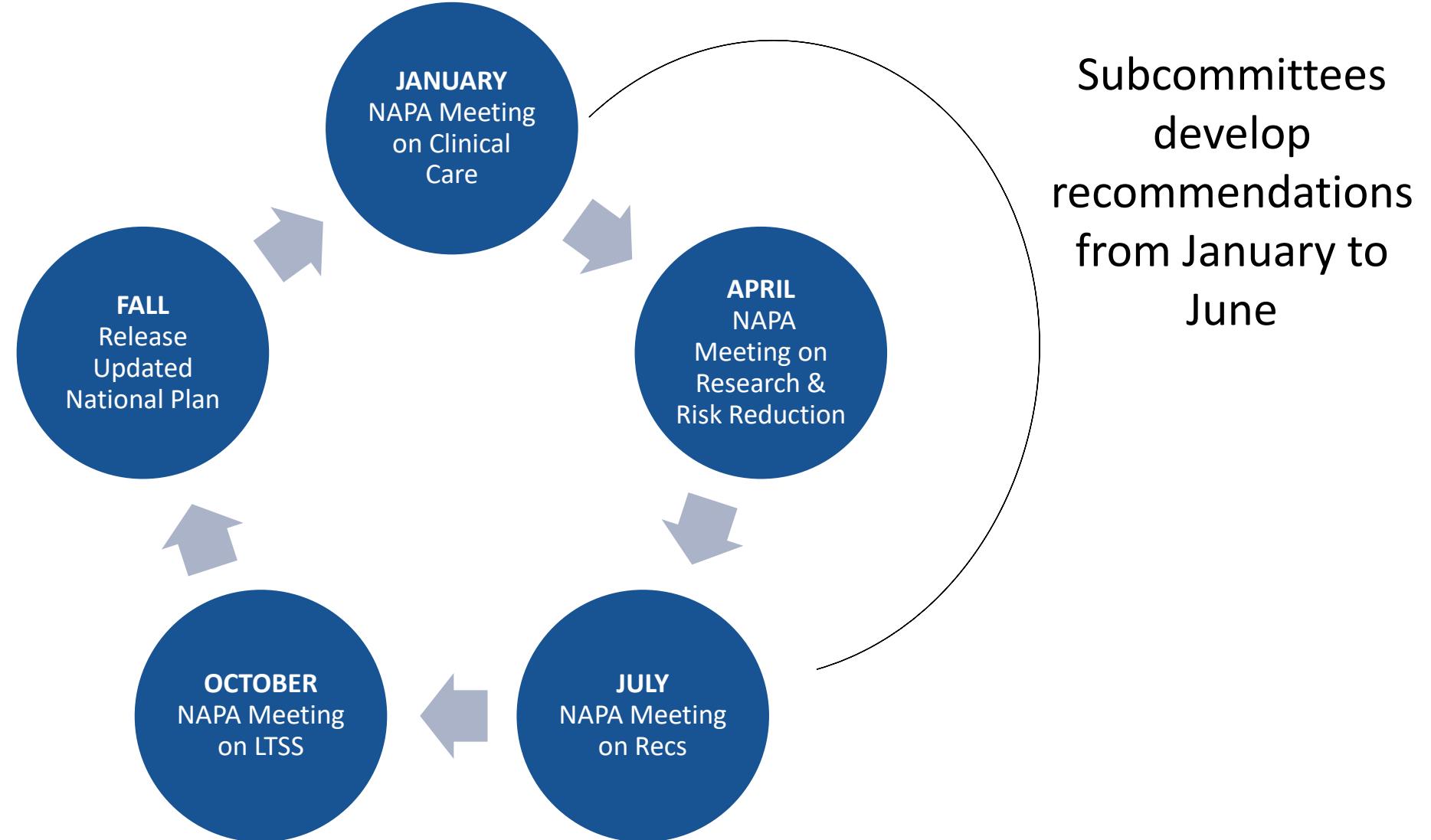
Advisory Council on Alzheimer's Research, Care, & Services

- Meets quarterly
- Makes annual recommendations to Secretary and Congress on priority actions
- Historically, organizes its work in four subcommittees:
 - Research
 - Clinical Care
 - Long-Term Services and Supports
 - Risk Reduction



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Example Annual Timeline



Advisory Council Membership

- 15 Non-Federal Members:
 - 2 Patient Advocates, including a person living with dementia
 - 2 Caregivers
 - 2 Providers
 - 2 State and local government reps
 - 3 Researchers
 - 2 Voluntary health association representatives
 - 1 person living with dementia
 - 1 person from a community with a higher lifetime risk of dementia
- 15+ Federal Members:
 - Department of Health and Human Services
 - ASPE, ACL, NIH, AHRQ, CMS, HRSA, IHS, FDA, CDC, Surgeon General
 - Department of War
 - National Science Foundation
 - Department of Veterans Affairs
 - Department of Justice
 - Federal Emergency Management Agency
 - Social Security Administration



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Subcommittees

Research: Historically focused on biomedical research, although it is not limited to that area. Has made recommendations about adequate funding for NIH research, increasing clinical trial enrollment (particularly among underrepresented groups), brain donations, and the research infrastructure. Research is important to LTSS and clinical care, so it is often part of those recommendations.

Clinical Care: Focuses on the healthcare infrastructure beginning with the detection and diagnosis of dementia. It includes the healthcare workforce, healthcare delivery and financing models, care quality, infrastructure to administer treatments, transitions between care settings, and healthcare for other chronic conditions for people with dementia.

Long-Term Services & Supports: Focuses on home and community-based and institutional (nursing home) long-term care providers, as well as the long-term care workforce. This group has also discussed challenges with accessing and financing LTSS. Caregiving and caregiver support are also key parts of the LTSS subcommittee.

Risk Reduction: Focuses on priority actions for advancing risk reduction activities and creating communities designed to support healthy aging.



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Do Not Distribute Outside HHS

Subcommittees

- Most substantive work and discussion happens in the subcommittees
- Meet monthly, for 1-1.5 hours
- Organized by subcommittee chair
- Work on planning a panel for one of the quarterly full Advisory Council meeting
- Craft recommendations for presentation at July meeting
- Federal staff provide technical assistance (i.e., policy changes that require legislation)



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Federal Coordination

HHS and federal partners meet regularly

Coordination and collaboration on many issues-- leveraging resources to achieve more

Consistency in staff and leadership on NAPA has elevated the issues raised by the Advisory Council

Awareness of the unique considerations and needs of people with dementia across all programs that work with older adults and people with disabilities

Model for addressing challenging and cross-cutting topics

You will become friends with your federal colleagues on the Advisory Council!



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National Plan to Address Alzheimer's Disease

GOALS

1. Prevent and Effectively Treat Alzheimer's Disease by 2025
2. Optimize Care Quality and Efficiency
3. Expand Supports for People with Alzheimer's Disease and Their Families
4. Enhance Public Awareness and Engagement
5. Track Progress and Drive Improvement
6. Accelerate Action to Promote Healthy Aging and Reduce Risk Factors for Alzheimer's Disease and Related Dementias

**National Plan
to Address
Alzheimer's Disease**



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U.S. Department of Health and Human Services

National Plan to Address Alzheimer's Disease

- Updated annually
- Organized with six major goals
 - Strategies to achieve those goals
 - Specific action steps taken by the federal government
- Summarizes completed, current, and planned work
- Actions arise from:
 - Recommendations from the Advisory Council
 - Public comments
 - Issues in the field
 - Topics raised by federal partners



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NAPA 2026

- Almost entirely new slate of non-federal members and many new federal members
- Fresh perspectives on this work
- Nearly 15 years of success and partnerships to build upon
- New energy from the Trump Administration and opportunities with Secretary Kennedy's Make America Health Again Initiative
- NAPA Reauthorization Act underscores Congressional commitment
- Opportunity to reimagine National Plan to serve us for the next decade



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Today's Agenda



Learn about federal agencies' roles and progress



Introduce new federal agency partners



Learn about innovations in the field, and how they are inform recommendations



Discuss approach to a new National Plan in 2026



Hear from the public



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Thank you!

For more information, see:

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



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