National Plan to Address Alzheimer's Disease: 2025 Update

U.S. Department of Health and Human Services

Contents

Introduction

More than 7 million Americans are currently living with Alzheimer's disease (AD), with more than 13 million more expected to develop the disease by 2060.[i] AD slowly destroys brain function, leading to cognitive decline (e.g., memory loss, language difficulties, poor executive function), behavioral and psychological symptoms (e.g., depression, delusions, agitation), and declines in functional status (e.g., inability to perform activities of daily living [ADLs]).[ii] Similarly, Alzheimer's disease–related dementias (ADRD), including frontotemporal dementias (FTD), Lewy body dementias (LBD, which include dementia with Lewy bodies and Parkinson's disease dementia), vascular contributions to cognitive impairment and dementia (VCID), and mixed dementias share common neurodegenerative pathways, have similar clinical presentations, and all lead to functional decline. Most people living with dementia (PLWD) have more than one type of pathology in their brain; this combination of pathologies is known as mixed dementias.[iii] They may have the hallmark plaques and tangles of AD mixed with variations typically associated with an ADRD, making precise diagnosis difficult. People living with all forms of AD/ADRD and their families and caregivers face similar challenges in finding timely, appropriate, and necessary medical care and home and community-based services (HCBS). Therefore, many of the actions described in this plan are designed to address both AD and ADRD conditions.

The first symptom of AD is usually memory impairment; in ADRDs, however, poor attention and executive function, behavioral health disorders, visual disturbances, sleep disruption, or motor symptoms often present first. As these diseases progress, memory declines, and other functions like language skills and decision making become more difficult. There are often personality and behavior changes. Over time, a person with one of these diseases may no longer recognize family and friends. Eventually, many people living with AD/ADRD become completely reliant on others for assistance with bathing and self-care.[iv]

In more than 90 percent of people living with AD/ADRD, symptoms do not appear until after age 60, and the prevalence of AD increases with age—from 5.3 percent among adults ages 65-74 to 34.6 percent among adults age 85 and older.[v] 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 AD/ADRD. However, they have ascertained that these age-related conditions usually develop from the combined effects of certain genetic, social, economic, educational, and environmental factors along with comorbidities such as hypertension, diabetes, stroke, alcohol abuse, depression, and head trauma.[vi,vii,viii,ix,x] The importance of any one of these risk factors in increasing or decreasing the risk of developing AD/ADRD may differ from person to person. The lifetime risk of dementia among people living with Down syndrome is more than 90 percent, and most of these individuals develop AD in their 50s or younger.[xi] The risk of developing dementia is also higher among people from certain racial and ethnic minority populations. Black Americans are twice as likely and Hispanic or Latino Americans are 1.5 times as likely to develop AD/ADRD as White Americans.[xii,xiii] The burden is particularly high among American Indian and Alaska Native populations, in which more than half (54 percent) of people age 70 and older have cognitive impairment.[xiv]

AD/ADRD is a major public health issue and will increasingly affect the health and well-being of the United States (U.S.) population. Unless the diseases can be effectively treated or prevented, the number of Americans with AD/ADRD will increase significantly in the next two decades as the population ages. The U.S. Census Bureau estimates that the number of people age 65 and older in the U.S. will almost double to 84 million by 2050. Significant emotional, physical, and financial stress is placed on individuals with AD/ADRD and their family members.[xv] The cost of dementia care is significant and often a burden to families and others providing unpaid care. Researchers estimate the total value of health care, long-term care, and caregiving for a person with probable dementia in the last five years of life at $287,000 (in 2020 dollars). These costs are significantly higher than care for a person with heart disease ($175,000) or cancer ($173,000).[xvi] Providing care to people living with dementia also strains health and long-term care systems. People living with AD/ADRD use a disproportionate amount of health care resources; for instance, they are hospitalized two to three times as often as people of the same age who do not have the disease.[xvii] It is estimated that half of nursing home residents and nearly half of residents in assisted living have dementia, and they often need specialized care.[xviii,xix]

National Alzheimer's Project Act: A Call to Action

In recognition of AD/ADRD's impact 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. The Act defines Alzheimer's as Alzheimer's disease and Alzheimer's disease–related dementias (AD/ADRD) and requires the Secretary of the U.S. Department of Health and Human Services (HHS) to establish NAPA 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
- Reduce differences in Alzheimer's disease occurrence in populations at higher risk for developing the disease
- Coordinate with international bodies to fight Alzheimer's disease globally

Since NAPA was enacted, 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 important legislation. Congress has provided significant support for this effort by increasing appropriations to support research and passing transformational legislation such as the Centers for Disease Control and Prevention (CDC) Building Our Largest Dementia (BOLD) Infrastructure for Alzheimer's Act. Taken together, 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 people living with dementia and their families.

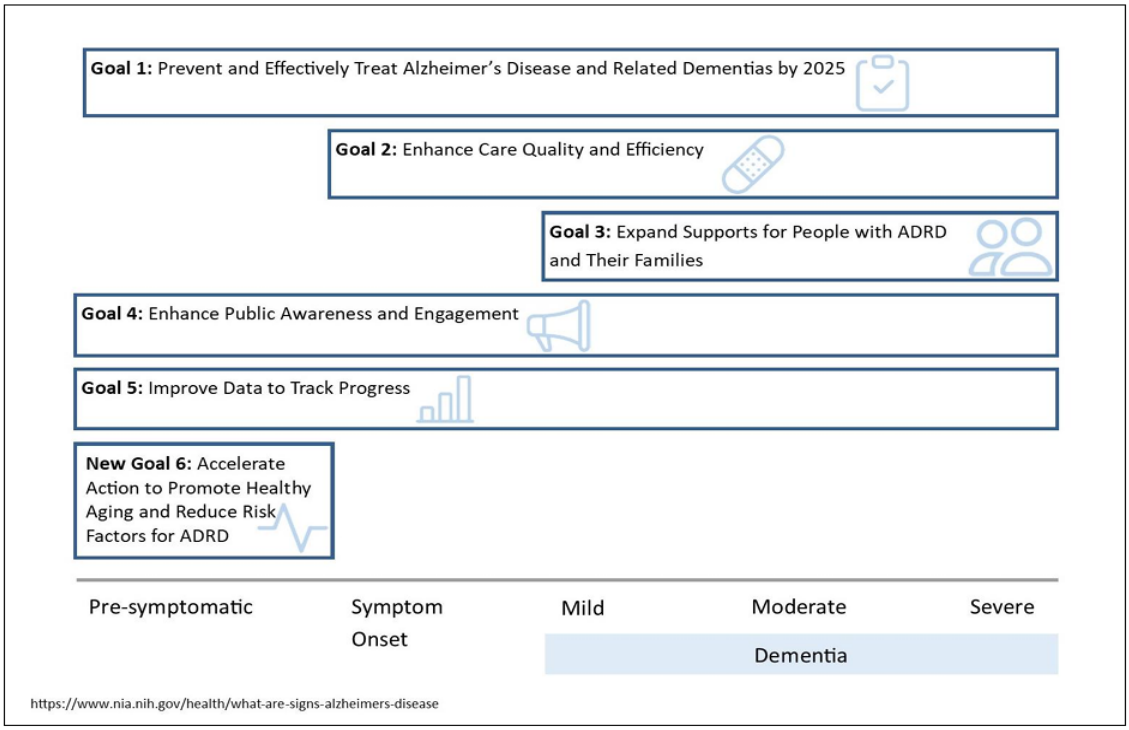
However, the work is not complete. The American public is only beginning to realize the benefits of these historic investments, and significant work is still necessary. To sustain this momentum, Congress enacted the NAPA Reauthorization Act on October 1, 2024, Public Law 118-92 (42 U.S.C. § 11225), committing to an additional decade of transformational change to advance the development of effective prevention and treatment strategies for these conditions.

National Plan: A Strategic Framework for Transformation

On May 15, 2012, HHS released the first National Plan to Address Alzheimer's Disease. The National Plan set ambitious goals to transform scientific discoveries about AD/ADRD and enhance support for people living with these conditions and their families. These six goals form the foundation of the National Plan and center the needs of people living with these conditions:

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.

National Plan Goals Across Alzheimer's Disease and Related Dementias Trajectory



2025: A Year of Transition

The ambitious first goal of the National Plan is to prevent or effectively treat Alzheimer's disease by 2025. The year 2025 has ended and Alzheimer's disease is not yet entirely preventable or treatable; however, HHS celebrates significant progress toward this goal. The Food and Drug Administration (FDA) has now approved two drugs that treat AD by targeting amyloid; there are two FDA-cleared minimally invasive blood tests to detect the presence of beta-amyloid and tau (hallmarks of AD); and more than 80 genetic areas have now been associated with Alzheimer's disease. These are monumental achievements, yet more work remains to advance treatment of AD, treat ADRDs, and fully prevent these conditions.

A growing body of evidence on how to reduce the risk of dementia led to the addition of Goal 6 in 2021. Risk reduction activities like addressing high low-density lipoprotein cholesterol, increasing physical activity, and managing chronic conditions may be important ways to reduce the burden of AD/ADRD, and HHS acknowledges the need to elevate these activities as the population ages. In passing the NAPA Reauthorization Act of 2024, Congress emphasized the importance of reducing dementia risk by highlighting growing research demonstrating that modifying risk factors may reduce the risk of developing these conditions. Since he was sworn in as the Secretary of HHS on February 13, 2025, Secretary Kennedy's landmark initiative, Make America Healthy Again (MAHA), has taken transformative steps to reform America's food, health, and scientific systems to identify the root causes of the chronic disease epidemic. Taken together, these changes create an opportunity to revisit the National Plan, build on the developments of the last 13+ years, and create a new framework to guide this effort over the next decade.

This update to the National Plan highlights key accomplishments throughout 2025. It is intentionally short and focused on the most important activities in the most impactful areas of the National Plan. The update also provides an overview of some of the new work being undertaken in 2026. Unlike previous National Plans, it is not a comprehensive accounting of all federal government activities currently underway to address AD/ADRD. However, the programs, research, and work across HHS and its federal partners that are reflected in the 2024 Update continue.

HHS will engage the Advisory Council on Alzheimer's Research, Care, and Services, senior leadership

across HHS and other federal agencies throughout 2026. HHS will also solicit input from people living with these diseases, caregivers, care providers, and other partners across the country to refocus the National Plan, revisit and update the goals, and establish a new framework for the next decade's work. Our commitment is to build on the progress made to date, seize the opportunities presented by MAHA, and galvanize activities to reduce the burden of AD/ADRD. Together we can chart the path for a world free of Alzheimer's disease and related dementias.

Prevent and Effectively Treat Alzheimer's Disease and Related Dementias

Expanding scientific research to better understand, prevent, and treat Alzheimer's disease and related dementias is essential to finding effective treatments. Efforts across the National Institutes of Health (NIH) aim 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 aimed at preventing and treating AD/ADRD, accelerate efforts to identify early and presymptomatic stages of AD/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 AD/ADRD benefit from the latest advances as quickly as possible.

Key Accomplishments in 2025

New, minimally invasive fluid and imaging biomarkers that can detect disease, track progression, and monitor treatment response, will transform research and care for people living with Alzheimer's disease. In 2025, FDA cleared the first blood test, the Lumipulse ***G*** pTau 217/ß-Amyloid 1-42 Plasma Ratio, to aid in identifying patients with amyloid pathology associated with Alzheimer's disease—a major milestone made possible through samples and data generated by NIH-funded research. FDA also cleared another blood test in 2025, the Elecsys Phospho-Tau (181P) Plasma test, intended to aid in the initial assessment for Alzheimer's disease in adult patients aged 55 years and older, presenting with signs, symptoms, or complaints of cognitive decline. In addition, extensive NIH funding, including small business research grants, has been used to develop additional tests such as the PrecivityAD and PrecivityAD2 blood tests. These tests are designed to detect amyloid and tau proteins associated with Alzheimer's, which may help accelerate Alzheimer's research. Recent advances in proteomic technologies have enabled major improvements in discriminating between Alzheimer's, FTD, and healthy controls based on proteins detectable in cerebrospinal fluid (CSF).[1] Importantly, these proteins can also be seen in presymptomatic carriers of a genetic form of FTD, presenting an opportunity for intervention before symptom onset.[2] These findings will be important for early diagnosis and for tracking responses to interventions. NIH is also accelerating innovation through the PREPARE [Pioneering Research for Early Prediction of Alzheimer's Disease and Related Dementias EUREKA] Challenge, which supports development of novel approaches for early detection. The recently announced Phase 3 winners are developing promising methods that leverage speech patterns and demographic data to improve early detection.[3]

More treatments entering clinical trials. Thanks to NIH support, more than two dozen drug candidates targeting a variety of mechanisms have advanced into clinical trials to date, with many additional candidates progressing through preclinical development. These investments play a critical role in reducing the risk of setbacks for subsequent industry-funded studies. For example, buntanetap (posiphen)—an orally administered drug candidate first discovered at NIH— recently entered industry-sponsored Phase III trials for both Alzheimer's[4] and Parkinson's[5] diseases and is also being evaluated for LBD[6]. NIH support through the Alzheimer's Drug Discovery Program and small business programs enabled the essential preclinical studies, and NIH scientists conducted the initial Phase I human trials.

Building real-world data on the use of monoclonal antibodies on Medicare beneficiaries. Medicare has continued to cover the monoclonal antibodies approved by the FDA for treatment of Alzheimer's disease in coverage with evidence development (CED) studies. Including the anti-Aβ mAb CED study, four studies have been approved under CED. The medications currently covered include Leqembi™ (lecanemab), which FDA

[1] https://pubmed.ncbi.nlm.nih.gov/40866991/
[2] https://pubmed.ncbi.nlm.nih.gov/40380000/
[3] https://www.drivendata.org/competitions/group/nih-nia-alzheimers-adrd-competition/
[4] https://clinicaltrials.gov/study/NCT06709014?intr=buntanetap%2Fposiphen&rank=4
[5] https://clinicaltrials.gov/study/NCT07284784?intr=buntanetap%2Fposiphen&rank=1#participation-criteria
[6] https://www.annovisbio.com/pipeline

converted to traditional approval on July 6, 2023, and Kisunla™ (donanemab) approved July 2, 2024.[7] Data from these studies will support research to understand the use of these treatments for Medicare beneficiaries. On the ground, an Indian Health Service (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.

Funding advancements in foundational research. AD/ADRD are complex and heterogeneous diseases, and most individuals with dementia show mixed pathology. NIH-supported research is helping to unravel the biological mechanisms that drive these conditions. For example, traumatic brain injury (TBI) may impair the brain's lymphatic drainage, promoting tau buildup and neurodegeneration. Recent studies show that delivering the growth factor VEGFC [Vascular Endothelial Growth Factor C] after TBI restores drainage, reduces tau, protects brain tissue, and improves cognition in mice, suggesting a potential strategy to prevent neurodegeneration.[8] Another study of neurons derived from patients with FTD indicated that increasing neuronal polyunsaturated fatty acid levels may help prevent or treat the disease.[9]

Strengthening the therapeutic landscape for precision medicine. NIH supports a robust and diverse portfolio of clinical trials to develop a toolbox of different treatments that can be deployed in an individualized manner. As of March 2025, NIH is funding 211 clinical trials testing an increasingly diverse set of potential pharmacological and non-pharmacological interventions to treat or prevent Alzheimer's disease and related dementias. Of these, 63 trials are evaluating promising drug candidates, including trials on both new and repurposed drugs, continued investigation of FDA-approved anti-amyloid immunotherapies, and exploration of combination approaches.[10]

Enhancing research infrastructure

Developing a strategic framework for DOW-supported AD/ADRD research. The U.S. Department of War (DOW) through the Congressionally Directed Medical Research Program (CDMRP) Alzheimer's Research Program (AZRP) continues to support impactful, solution-oriented research to address critical needs and improve quality of life for service members, veterans, their families, and the public who are living with AD/ADRD. This is especially important considering that Service Members face an elevated risk of developing AD/ADRD compared with the general public. In 2025, the DOW/CDMRP Alzheimer's Research Program (AZRP, formerly Peer Reviewed Alzheimer's Research Program [PRARP]) updated its strategic plan. The plan includes the following five strategic goals addressing key knowledge concerns and related risks to the field of AD/ADRD:

- Understand risk factors to reduce and prevent AD/ADRD.
- Improve availability of early and accurate diagnosis and prognosis.
- Increase the quality of life for people living with dementia diagnoses, including care partners and families.
- Understand differences in AD/ADRD outcomes across different populations.
- Grow research capacity in critical areas, including military health, women's health, and dementia care.

AZRP anticipates public release of the strategic plan in early 2026.

Setting research priorities through the 2025 Annual Research Summit. In 2025, NIH hosted a research summit focused on ADRD, convening a multidisciplinary group of experts and stakeholders to discuss areas of progress and address key gaps and opportunities in ADRD research. The summit included research topics related to FTD, LBDs (including Parkinson's disease dementia and dementia with Lewy bodies), VCID, dementia related to TBI, limbic-predominant age-related TDP-43 [Transactive response DNA binding protein of 43 kDa] encephalopathy, the role of TDP-43 pathology in common dementias, and mixed dementias. Broad cross-cutting areas discussed at the summit included the neural exposome, translating research progress into practice, and other work to improve outcomes for people at risk for and living with ADRD. Following the

[7] https://www.cms.gov/medicare/coverage/coverage-evidence-development/monoclonal-antibodies-directed-against-amyloid-treatment-alzheimers-disease-ad

[8] https://pubmed.ncbi.nlm.nih.gov/41205178/

[9] https://pubmed.ncbi.nlm.nih.gov/40000803/

[10] https://www.nia.nih.gov/research/ongoing-AD-trials

summit, research recommendations approved by the National Advisory Neurological Disorders and Stroke Council informed the development of nine new ADRD research implementation milestones and updates to 43 existing milestones to help guide the ADRD research agenda. The final report and recordings are available on the NIH website.[11]

Strengthened the research enterprise. In 2025, NIH launched two translational centers for developing innovative precision medicine models for AD/ADRD.[12] The centers will deliver new tools and technologies to advance biological research and accelerate therapeutic development.[13,14] NIH also invests in training future scientists. 2025 marked the five-year anniversary of the Institute on Methods and Protocols for Advancement of Clinical Trials in AD/ADRD (IMPACT-AD), a successful program designed to prepare future leaders of dementia clinical trials. In 2025, 42 early-stage and new-to-the-field investigators completed the program, bringing the total number of graduates to 231.[15] Finally, the NIH Center for Alzheimer's and Related Dementias supports discovery through open-source tools and large-scale cell repositories. For example, it leads the iPSC Neurodegenerative Disease Initiative, the largest genome engineering project for human induced pluripotent stem cells (iPSCs). As of July 2025, the program has generated and distributed more than 4,000 iPSC lines to 895 laboratories across 32 countries to advance AD/ADRD research.

Major Activities Planned for 2026

Renewal and expansion of the Artificial Intelligence and Technology Collaboratory program, which supports the development and implementation of artificial intelligence approaches and technology through research projects for AD/ADRD and healthy aging.[16] Established in 2021, the program has supported 160 pilot projects to date across 28 states, the District of Columbia, and Puerto Rico.

Initiation of a Phase II clinical trial of psilocybin plus cognitive training. Emerging evidence suggests that psychedelics like 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 will launch a Phase II clinical trial testing a standard therapeutic dose of psilocybin (25 milligrams) combined with cognitive training in both cognitively healthy adults and people living with early-stage AD, with the goal of assessing its impact on neuroplasticity.[xx]

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[11] https://www.ninds.nih.gov/news-events/events/adrd-summit-2025
[12] https://grants.nih.gov/grants/guide/rfa-files/RFA-AG-24-040.html
[13] https://reporter.nih.gov/search/mJbM_qUyN0WFKDDeBy4S-w/project-details/11036606
[14] https://reporter.nih.gov/search/J2LoTVG1HkyN4MssEJxY9Q/project-details/11035545
[15] https://pubmed.ncbi.nlm.nih.gov/40660743/
[16] https://www.nia.nih.gov/research/dbsr/artificial-intelligence-and-technology-collaboratories-aging-research

Enhance Care Quality and Efficiency

From the point of diagnosis onward, it is essential to deliver high-quality, efficient care to people living with AD/ADRD across all care settings including doctors' offices, hospitals, homes, and long-term care facilities. This requires an adequate workforce of direct care workers, community health and social workers, primary care providers, and specialists—a workforce equipped with the skills to meet the complex care needs of dementia and co-occurring chronic conditions, which have physical, cognitive, emotional, and behavioral symptoms. In addition to building a workforce with the skills to provide high-quality care, strategies to achieve this goal include ensuring timely and accurate diagnoses and educating and supporting people living with AD/ADRD and their families upon diagnosis. Care quality should be measured accurately and coupled with quality improvement tools to ensure continuous improvement.

To achieve this, it is key to identify high-quality guidelines and measures for dementia care across care settings and to explore new care models for people living with AD/ADRD. Other strategies include improving how people safely and effectively transition between care settings, enhancing coordination between health and long-term care services for people living with AD/ADRD, and improving care for populations disproportionately affected by AD/ADRD who encounter barriers to receiving consistent, effective care. This involves identifying and addressing specific care challenges and adapting service delivery to meet the varied needs of these populations, ensuring broad accessibility of high-quality care.

Key Accomplishments in 2025

Expanded the Guiding an Improved Dementia Experience (GUIDE) Model. In July 2025, 241 participants in the New Program Track began participating in the GUIDE Model—a voluntary nationwide model testing the impact of providing comprehensive services and supports for people living with dementia and their caregivers.[17] The Established Program Track began on July 1, 2024, with experienced participants; adding the new track increased total participation to 332 participants. The Centers for Medicare & Medicaid Services (CMS) Innovation Center develops and tests health care payment and service delivery models such as GUIDE to improve patient care, lower costs, and align payment systems to promote patient-centered practices. The model has achieved comprehensive geographic coverage across all 50 states and the District of Columbia, including both traditional health care facilities and virtual health care providers. GUIDE is significantly enhancing access to dementia care services for Medicare beneficiaries and their caregivers.

Incentivized assessments of cognitive functioning in health care settings. The Age-Friendly attestation in the Hospital Inpatient Quality Reporting (IQR) Program promotes the evaluation of cognition in the acute care setting.[18] The measure collection started with the calendar year 2025 reporting period and the fiscal year (FY) 2027 payment determination. The Hospital IQR Program is a pay-for-reporting program, and this measure is stewarded by the American College of Surgery. In Domain 3, Frailty and Screening and Intervention, systems are required to use validated screening for cognition, delirium, mobility, and malnutrition and generate a management plan based on the screening results.

Expanded use of brief community screenings leading to accurate and timely diagnosis. In 2025, the IHS funded a second pilot cohort testing the implementation of Mini-Cog screenings (a brief cognitive assessment tool) by the community health representative (CHR) workforce.[19] This initiative is a joint effort between the IHS Alzheimer's Program and the CHR programs. The second-year expansion included 20 pilot sites that brought 50 staff members from across the country to a joint project kickoff that included three days of training on dementia, Mini-Cog use, and developing local implementation plans. Programs from eight IHS areas, including 15 Tribal clinics, three urban Indian health programs, and two IHS clinics, participated in the pilot. In less than six months, 967 people were screened for dementia, with approximately 15% screening positive. Two years of work across 26 communities has proven that community health staff can safely and effectively establish sustainable screening and referral pathways with minimal local financial support when bolstered by clinical, program, and subject matter support.

[17] https://www.cms.gov/priorities/innovation/innovation-models/guide

[18] https://www.cms.gov/medicare/quality/initiatives/hospital-quality-initiative/inpatient-reporting-program

[19] https://www.ihs.gov/chr/pilotsinitiatives/minicogpilot/

Educated the health care workforce on dementia. Grant recipients in the Health Resources and Services Administration's (HRSA) Geriatrics Workforce Enhancement Program (GWEP) are advancing dementia care through innovative education, training, and dissemination. From academic year (AY) 2021–2022 through 2023–2024 (latest data available), GWEP grant recipients developed 2,062 academic didactic and clinical courses on AD/ADRD. More than 402,000 trainees (189,326 health professionals and 213,008 patients, family members, or caregivers) participated in the trainings. In addition, 1,978 continuing education courses on ADRD were presented to 402,952 trainees (140,927 were health professions trainees and 262,025 were patients, family members, or caregivers). GWEP participants partnered with academic institutions, nonprofits and community-based organizations, academic medical centers or hospitals, federally qualified health centers, and health departments.

HRSA's Geriatrics Academic Career Awards Program supports the career development of junior faculty as academic geriatricians or academic geriatrics specialists. By statute, junior faculty supported by these awards must provide training in clinical geriatrics, including training interprofessional teams of health care professionals. From AY 2021–2022 through 2023–2024, junior faculty built interprofessional teams in nursing homes with dementia-focused care; explored guardianship and surrogate decision making for older adults living with dementia; implemented Age-Friendly Health Systems in medically underserved areas, emphasizing dementia care and improving access to high-quality care; enhanced interprofessional education with dementia as a core theme; advanced Age-Friendly interprofessional education addressing dementia alongside comorbidities such as opioid use disorder; provided lifestyle medicine approaches tailored to be age- and dementia-friendly; and trained clinical and nursing home interprofessional teams in effective communication with patients living with dementia.

Expanded workforce development, training, and support programs for American Indian and Alaska Native health care systems. The IHS Alzheimer's Program provided support for a national clinical and community workforce summit in May 2025. Pilot testing of a new competency-based dementia curriculum for providers, nurses, dental staff, behavioral health staff, pharmacists, and CHRs took place in the summer of 2025.[20] Support continues for the Indian Health Geriatric Scholars and Geriatric Nurse Fellowship programs, both of which include core geriatric training followed by hands-on implementation of clinical quality improvement projects in their local communities.[21] To date, more than 1,500 clinicians have been trained, 16 competency-based trainings have been developed, program support has been provided to 98 geriatric champions, and 114 CHRs have been trained on dementia screening.

Launched Dementia-Capable Community Health Worker Innovation grants. Workforce shortages in dementia care continue to challenge communities nationwide. In response, the Administration for Community Living (ACL) added a new initiative to the Alzheimer's Disease Programs Initiative (ADPI) portfolio that embeds community health workers within the National Aging Network. This effort is designed to strengthen relationships with rural and underserved communities, promote community-based screening for early intervention, and reduce barriers to care for PLWD and their caregivers.

Advanced research and dissemination of digital health innovations. In 2025, the Agency for Healthcare Research and Quality (AHRQ) hosted a national webinar, Prepping for the Future: Digital Solutions for Aging Populations, featuring AHRQ-funded research highlighting digital health innovations that promote healthy aging and support dementia risk-factor management for older adults. The session featured digital health tools that promote healthy aging and better management of chronic conditions associated with AD/ADRD risk. Presenters highlighted design principles for older-adult–friendly digital health technologies, telehealth approaches that enhance adherence and self-management, and platforms that bring patient-generated data into clinical decision making. These strategies strengthen system-level capacity to support risk reduction and well-being in aging populations

Developed and deployed the Indian Health Clinical Dementia Pathway for primary care.[22] A new guideline, developed by the IHS Alzheimer's Program team in collaboration with Tribal and urban Indian health clinical staff and based on the most recent evidence, was released in the fall of 2025. The new guidance document outlines four easy-to-follow steps: detection, evaluation, diagnosis, and discussion. To

[20] https://www.ihs.gov/alzheimers/alztraining/clinicaldementiatraining/

[21] https://www.ihs.gov/alzheimers/pilotsandinitiatives/

[22] https://www.ihs.gov/alzheimers/alztraining/clinicalresources/

support clinical and community staff, the IHS also launched a dementia clinical support line offering immediate expert help to answer questions about dementia screening, evaluation, diagnosis, management, and care planning.[23]

Research to Support Improved Clinical Care

Advanced research to improve dementia care and alleviate the challenges associated with caregiving. As of March 2025, NIH is funding 203 clinical trials to assess novel care and caregiving interventions in a variety of settings, including trials examining interventions to address challenges faced by care partners like stress, care coordination, and delivery of care models with fidelity.[24] In 2025, NIH renewed its support for the IMbedded Pragmatic AD/ADRD Clinical Trials (IMPACT) Collaboratory, which conducts clinical trials to evaluate novel AD/ADRD care approaches directly within the systems in which people already live and receive care. This "pragmatic" approach ensures real-world applicability of new care interventions. Additionally, the newly funded State Alzheimer's Research Support (StARS) Center will assist states and organizations to examine and advance the accessibility, affordability, and effectiveness of their dementia care services, and share best practices and policies across the country [25]. The StARS Center will also work with StARS states to develop or enhance a sustainable and accessible data infrastructure and related data capacity to better integrate, coordinate, and evaluate dementia care services.

Supported tools and infrastructure to accelerate care and caregiving research. The IMPACT Collaboratory has established a Long-Term Care Data Cooperative, the largest integrated database of electronic health record data from skilled nursing facilities in the U.S. To date, the project has enrolled more than 2,900 skilled nursing facilities with more than 3.8 million unique residents, complete with linkages to data from the CMS, making this an invaluable resource for the research community. Another exciting accomplishment from 2025 was the establishment of the Advancing the Science of Palliative Care Research Across the Lifespan Consortium.[26] This collaborative, multi-institute effort will build national infrastructure for palliative care research, including care for dementia.

Studied the impact of menopausal symptoms on dementia and cognitive decline. In 2025, AHRQ's Evidence-Based Practice Center program completed a peer-reviewed draft systematic review on improving the management of menopausal symptoms in perimenopausal and early postmenopausal women to inform a future NIH Office of Disease Prevention, Pathways to Prevention workshop. The review included the benefits and harms of pharmacotherapy for menopausal symptoms, including Alzheimer's disease and other types of dementia or cognitive decline. To date, the authors have found no evidence of harm from treatments for menopausal symptoms with respect to Alzheimer's disease and other types of dementia or cognitive decline.[xxi]

Supported research to improve management of chronic conditions in PLWD. AHRQ-supported research identified seasonal fluctuations in key metabolic and immune biomarkers among adults with AD/ADRD, with patterns differing across age and gender. These findings enhance clinical interpretation of laboratory results and support more accurate diagnosis and management of the chronic conditions that commonly complicate dementia care. By improving how clinicians understand and respond to physiological variation in this population, the study contributes to higher-quality, more efficient care for people living with AD/ADRD.

Advanced research to understand the economic impacts of dementia and improve health systems and policies. The NIH-funded U.S. Cost of Dementia Model released its first estimate in 2025, projecting that the total economic burden of AD/ADRD will reach $781 billion in 2025 in the U.S..[27] Other studies are using data from NIH-funded research to model how various changes to a system, such as introducing a new therapeutic or an effective public health campaign, could impact the U.S. health system and economy. For example, one recent study found that, over a period of four years, lecanemab treatment reduces medical costs and caregiver hours, and improves quality of life.[28] Data from these and other studies may inform

[23] https://www.ihs.gov/alzheimers/dementiasupportline/
[24] https://www.nia.nih.gov/research/ongoing-AD-trials
[25] https://scholarblogs.emory.edu/starscenter/
[26] https://reporter.nih.gov/project-details/11127118
[27] https://schaeffer.usc.edu/research/the-cost-of-dementia-in-2025/
[28] https://pubmed.ncbi.nlm.nih.gov/40895811/

decisions about how to improve national health.

Supported research to improve diagnosis. In 2025 the CDMRP AZRP continued to offer the Transforming Diagnosis Award (TrDA). This funding opportunity specifically supports research that reduces or overcomes important barriers to obtaining a diagnosis, meaningful disease monitoring, and accurate prognosis. The AZRP anticipated funding two applications for the FY 2025 TrDA. Awards will be made by September 30, 2026.[29]

Invested in tools to enhance understanding of cognitive decline. Through the FY 2024 TrDA, the CDMRP AZRP invested $3.8 million in cutting-edge research with the potential to transform understanding and treatment of cognitive decline in older veterans. These awards support crucial investigations into: (1) using telehealth and computerized assessments to track subtle cognitive changes over time, and (2) identifying biomarkers that can pinpoint the role of cerebrovascular issues in cognitive impairment following repeated blast concussions.

Major Activities Planned for 2026

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

Get expert input on priorities for care research. In 2026, the National Institute on Aging (NIA) will host the 2026 Dementia Care and Caregiving Research Summit.[30] 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, people living with dementia and their care partners, service providers, and others. Summit activities and discussions will also inform updates to the NIH AD/ADRD research implementation milestones, which provide the framework for guiding and monitoring progress on the research-related goals of NAPA.

Strengthen the skills and capacity of the dementia care workforce, particularly for Tribal and rural communities. In 2026, HRSA will continue to fund GWEP recipients to enhance geriatrics workforce programs by addressing several priorities. First, to develop reciprocal partnerships between applicants and (1) academic schools for health professions, (2) Tribal, Tribal organizations, underserved, and rural (TTOUR) primary care sites or delivery systems, and (3) community organizations to transform primary care sites or delivery systems that provide age-friendly and dementia-friendly care for older adults. Next, to train the health care workforce in TTOUR primary care sites or delivery systems to provide age-friendly and dementia-friendly health care for older adults and achieve and maintain Level 1 and/or Level 2 Age-Friendly Health System recognition. HRSA also seeks to provide faculty and preceptors with the knowledge and skills to educate the health care workforce to provide age-friendly and dementia-friendly health care to older adults in TTOUR primary care sites and delivery systems. Grantees will provide interprofessional training that involves at least three health care professions, one of which is medicine. Interprofessional training and education must address the primary care needs of older adults in TTOUR primary care sites and delivery systems, including all of the following topics: continuum of care for older adults; AD/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 deliver age-friendly and dementia-friendly programs that provide health care and supportive care workers with the knowledge and skills to improve care to older adults. 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 people living with dementia, who reside in nursing homes. A program goal is to increase the number of nurses who elect to practice in nursing homes after graduation.

Update clinical guidelines for adults with Down syndrome related to AD/ADRD. AHRQ is completing a systematic review, Medical Care for Adults with Down Syndrome, to evaluate treatments for conditions

[29] https://cdmrp.health.mil/azrp/awards/25tdaawards

[30] https://www.nia.nih.gov/2026-dementia-care-summit

common in adulthood, including AD/ADRD, which are nearly universally prevalent at older ages in this population. AD/ADRD represented the largest body of evidence in the review. Although few studies addressed each intervention and most had methodological limitations, several promising pharmacologic and exercise-based approaches were identified. The report—sponsored by the Patient-Centered Outcomes Research Institute with the Global Down Syndrome Foundation—is expected in early 2026 and will inform updated clinical guidelines for adults with Down syndrome. This work addresses major gaps in care quality and supports improved diagnosis and management of AD/ADRD for a population that often lacks access to evidence-based adult medical care.

Continue to expand training and support for Tribal and urban Indian communities and clinical staff. The IHS will deploy 16 newly developed competency-based trainings for clinical and community staff via new asynchronous learning opportunities, live quarterly virtual trainings, and in-person training sessions. A clinical and community workforce summit focused exclusively on dementia and elder health was held in March 2026. A new three-part video series will be released to support and promote advance care planning, IHS opportunities, and early and timely detection of dementia.

Expand Supports for People Living with Alzheimer's Disease and Related Dementias and Their Families

People living with AD/ADRD 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, providing hands-on care, coordinating with health professionals, and advocating for the needs and preferences of their loved ones. Supporting people living with AD/ADRD and their families and caregivers requires giving them necessary tools, helping them plan for future needs, and ensuring that safety and dignity are maintained.

The federal government and its partners focus on executing strategies that deliver clear, accessible, and tailored educational materials, ensuring caregivers are supported in managing their care 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 people living with AD/ADRD and that support efforts to better assess and address long-term services and supports (LTSS) needs of people living with AD/ADRD.

Key Accomplishments in 2025

Enhanced research on caregiving and support. In 2025, the CDMRP AZRP funded research aimed at improving quality of life, reducing caregiver burden and stress, and/or increasing support for those living with dementia through the Transforming Care Award (TrCA). Importantly, for this mechanism, the word *care* is used comprehensively to mean the broad spectrum of dementia care, reaching beyond medical care and pharmacological intervention administered by clinicians. The AZRP anticipated funding three applications for the fiscal year 2025 TrCA. Awards will be made by September 30, 2026.[31]

Expanded technology to support care coordination. Through the FY 2024 TrCA, the CDMRP AZRP supported the development of SeeInMe for veterans, a HIPAA-compliant technological solution aimed at improving person-centered coordinated care by providing an interactive, accessible, editable, and shareable digital personal health profile for veterans living with dementia. The health profile is co-created by the individual living with dementia, their caregivers (formal or informal), and their health care provider, ultimately improving care coordination and connection for the individual and their care networks.

Continued to expand dementia-capable services and supports. ACL's ADPI supports the development, implementation, and evaluation of dementia-capable services and supports across the U.S. and its territories. The initiative focuses on building and expanding HCBS systems to improve the quality and efficiency of programs that assist PLWD and their caregivers.

Under the authority of the Older Americans Act, the ADPI portfolio includes State, Community, and Tribal Grant Programs; Dementia-Capable Community Health Worker Programs within the National Aging Network; Innovations in Dementia-Specific Respite Programs and Services; the National Alzheimer's and Dementia Resource Center (NADRC); and support for the National Alzheimer's Call Center. Across all programs, ADPI is committed to strengthening access to person-centered, strengths-based care for PLWD; supporting paid and unpaid caregivers through education, training, and practical tools; and implementing dementia-specific evidence-based and evidence-informed interventions. The majority of ADPI grant programs require a dedication of 50% of grant funds to direct services, all of which must have impact evaluations.

At the core of ADPI's work is helping PLWD and their caregivers remain in their homes and communities instead of entering institutional care. Funded programs deliver a broad range of education initiatives for PLWD, caregivers, clinicians, professional service providers (including first responders), and the wider community. ADPI also promotes earlier diagnosis and expands the delivery of evidence-based and evidence-informed dementia interventions.

ADPI's longest-standing and largest effort is the State and Community Grant Program, which includes three

[31] https://cdmrp.health.mil/azrp/awards/25tcaawards

core initiatives:

- Providing effective supportive services to individuals living alone with AD/ADRD in the community
- Improving the quality and effectiveness of programs serving people aging with intellectual and developmental disabilities (IDD) who are living with or are at high risk of developing AD/ADRD
- Delivering behavioral symptom management training and expert consultation for family caregivers

Renewed funding for the Dementia Capability in Indian Country program. In 2025, ACL released the first funding opportunity for this program since 2021. The initiative provides funding and technical assistance to help Native communities expand their capacity to provide dementia-capable services—services designed to support individuals living with Alzheimer's disease and related dementias and their caregivers. Currently, 72 percent of American Indian and Alaska Native adults are at increased risk for dementia due to high rates of diabetes, hypertension, obesity, smoking, and physical inactivity. As life expectancy increases, the prevalence of ADRD continues to grow. Through three-year grants, communities will design and deliver dementia-capable services tailored to the unique needs of elders living with or at high risk for dementia, and their caregivers. These efforts aim to boost awareness of dementia and its risk factors, expand brain health education, and provide training in behavioral symptom management to better support caregivers.

Increased funding for the ongoing development of Dementia Models of Care for Tribal and urban Indian communities. IHS issued its third funding opportunity for Dementia Models of Care grants since the Alzheimer's Program inception in 2022. The grants support Tribal and urban Indian communities in expanding Alzheimer's disease and dementia care services. In September, the agency awarded nearly $2 million to 10 communities to expand Alzheimer's disease and dementia care and services in Tribal and urban Indian health systems.[32] IHS has funded 18 awards with a total investment of $14 million in grant obligations through 2028. From 2022 to 2025, there was a fivefold increase in the number of communities seeking dementia funding, revealing greater awareness and need across American Indian and Alaska Native communities.

Expanded access to resources for caregivers, care providers, and others. In 2025, ACL significantly increased the number of resources made available through the NADRC. ACL ensures that no grant deliverables are considered proprietary and requires that all grantees submit federally funded grant deliverables as part of their grant reporting. The NADRC is home to many community-developed resources that support enhancing quality and efficiency of dementia care for both PLWD and caregivers. ACL's NADRC makes program deliverables with demonstrated impact available for use by all.

Expand access to dementia-specific respite innovations. ACL's Innovations in Dementia-Specific Respite Program, branded as the Center for Dementia Respite Innovation, tests innovative dementia-specific respite models in communities along with intensive technical assistance and training designed to support sustainability of funded programs.[33] In 2025, the program increased the number of projects to develop and deliver dementia-specific respite innovations and created special awards to support organizations providing multisite services. The program includes training for service providers on a broad range of topics including service capacity and quality, as well as sustainability.

Provide additional resources for providers of LTSS. In 2025 many new resources were added to the NADRC website to support HCBS providers and members of the caregiving community.[34] These additions include several guides to train and support Tribal dementia care specialists; videos; instructions to support implementation of interventions like Walk with Me, a music intervention to support Tribal caregivers; a curriculum to train providers in the support of people living with IDD and their caregivers; a manual to train dementia-capable community health workers; and a myriad of other resources.

Enhance first responders' capability to address dementia. Public awareness is supported in many ways. A significant public awareness development in 2025 was exemplified through a training initiative implemented in Fort Worth, Texas. ACL highlighted the extremely effective use of grantee funding in a May 2025 webinar titled Creating a Dementia-Capable Workforce of First Responders. The webinar demonstrates the ways in

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

[33] https://www.alz.org/research/for_researchers/grants/types-of-grants/alzheimers-association-cdri

[34] https://nadrc.acl.gov/home

which first responders benefit from dementia awareness training. It is not uncommon for PLWD who age in their homes and communities and their caregivers to encounter first responders, including law enforcement. These encounters are often related to dementia-related symptoms experienced by PLWD and first responders benefit from thorough training to understand dementia and its symptoms. Through its ADPI grant, the North Central Texas Council of Governments engaged Dementia-Friendly Fort Worth to design and implement a full-day dementia training program, from which more than 800 police cadets have benefited. The cadet training program is successfully transforming first responder interactions with PLWD by promoting understanding, empathy, and practical strategies for more compassionate and effective responses.[35]

Expand awareness and outreach efforts to Tribal and urban Indian health communities. The IHS Alzheimer's Program team supported regional community health education events, comprehensive media and social media campaigns, and biweekly newsletters, sharing emerging practices to increase awareness and promote standardized care practices. Continued efforts to raise awareness among clinical staff and American Indian and Alaska Native community members is a priority of Tribal and urban Indian leadership. In 2025, nearly 1,500 participants attended elder health community events, more than 7,700 copies of the newsletter were distributed, and 13,000 people actively engaged with more than 20 social media posts. In 2026, these efforts will continue, enhanced with a targeted long-term campaign focused on advanced care planning, new videos, and ongoing content creation.

Research to Support Improved Clinical Care

Understand the unique end-of-life needs of PLWD to better serve this population. Older adults living with dementia have different needs near the end of life than older adults with other terminal illnesses such as cancer. Many PLWD need support for a year or more and experience different and fluctuating symptoms, and it is difficult for medical professionals to predict life expectancy. In 2025, the Office of the Assistant Secretary for Planning and Evaluation reviewed the research literature, conducted quantitative analyses, and convened experts to provide input on the unique end-of-life needs of this population. The results of this work will be published in 2026.

[35] https://nadrc.acl.gov/details?search1=20250903031324

Accelerate Action to Promote Healthy Aging and Reduce Risk Factors for Alzheimer's Disease and Related Dementias

Although there is currently insufficient evidence that dementia can be prevented, a growing body of research has identified modifiable risk factors for AD/ADRD and suggests that strategies to reduce the burden of these risk factors may delay the onset or slow the progression of AD/ADRD and its symptoms. Managing conditions like hypertension, diabetes, and depression and engaging in activities such as cognitive training and physical exercise support both cognitive health and healthy aging in general. Evidence on the relationship between modifiable risk factors and the incidence of AD/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 AD/ADRD and strengthen the infrastructure needed to rapidly translate and disseminate information about risk factors and management of chronic conditions, interventions to reduce the burden of risk factors, and related health promotion activities to health care providers, community-based providers, and public health and aging networks.

Accordingly, future efforts to reduce the burden of risk factors for AD/ADRD will focus on understanding not only what actions individuals can take to reduce their risks, but also what community- and system-level investments are needed to facilitate risk reduction and support healthy aging. Future efforts will aim to engage the public about ways to reduce AD/ADRD and to develop approaches that are responsive to the varied needs of different populations to better support overall well-being.

Key Accomplishments in 2025

Expanded public health infrastructure. The CDC invests in public health activities to support dementia risk reduction. The CDC supports 43 state, local, territorial, and Tribal recipients as part of the BOLD Act to increase awareness and understanding of ADRD among the general public and health care providers; address ADRD topics corresponding to primary, secondary, and tertiary prevention; and address factors that influence health to achieve optimal health. The CDC also continued its commitment to help public health professionals take action to improve brain health and support caregivers through the Healthy Brain Initiative and updates to the Healthy Brain Initiative Road Map. The Road Map serves as a critical resource to state, local and Tribal governments.

Disseminated research to public health networks. Three BOLD Public Health Centers of Excellence are 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 2025, the CDC continued support of centers focused on risk reduction, early detection and management, and dementia caregiving.

Enhanced public awareness of and engagement with dementia risk reduction. Researchers and public health officials have identified hypertension as one of the most modifiable risk factors for brain health and, potentially, dementia. The NIH Mind Your Risks® campaign educates the public on the connection between high blood pressure, stroke, and dementia. Creative materials and messaging are tailored toward Black men ages 28-45, the group at highest risk for developing high blood pressure, to encourage and motivate them to take charge of their health. The current focus is on building partnerships to enhance dissemination of the campaign, including holding events with historically Black colleges and universities and other community organizations.

Supported older adults in the senior nutrition program with behavioral health conditions. In 2025, ACL's Administration on Aging funded a new grant program titled Advancing Strategies to Support Older Adults with Behavioral Health Conditions in the Senior Nutrition Program Setting. The program aims to improve the health and well-being of older Americans living with behavioral health conditions (i.e., depression and anxiety). Older adults living with behavioral health conditions are at risk of isolation and malnutrition, which can worsen behavioral health conditions and increase the risk of dementia. Understanding and addressing the needs of this population will help connect older adults with behavioral health conditions to local senior nutrition programs and other supportive services. These services include evidence-based programs designed to improve health and prevent behavioral health conditions. The knowledge gained from

this new program will inform the creation of resources, including best practices and lessons learned. These resources will help improve access to services and contribute to better health outcomes that make America healthier.

Advancing Research on Dementia Risk Reduction

Improve understanding of what puts people at risk of developing dementia. NIH-funded research continues to advance understanding of the genetic, biological, social, and environmental factors that shape dementia risk. The NIH-funded Alzheimer's Disease Sequencing Project (ADSP) is identifying genetic variants that influence susceptibility to AD/ADRD. For example, a recent longitudinal study identified nine genetic variants that may have delayed dementia onset by more than two decades in a man with a familial form of Alzheimer's.[36] ADSP also accelerates genomics research by sharing data and resources with the broader research community. To date, ADSP has made 57,507 whole-genome sequences and 20,000 whole-exome sequences available to researchers, and ADSP data have been cited in 425 publications.[37] Similarly, previous NIH-funded research has revealed that blood flow and glucose metabolism in the brain can become dysregulated years before the onset of AD symptoms. One recent study using human participants found that these changes progress at different rates across brain regions and vary by sex, offering insights that may improve early diagnosis, disease monitoring, and assessing response to treatment.[38]

Use population studies and natural experiments to enhance understanding of dementia risk. Researchers analyzing data from 11,000+ middle-aged and older adults in the NIA-funded Health and Retirement Study (HRS) found that persistent adherence to blood pressure medication was associated with a lower risk of dementia.[39] These findings build on the results of a key clinical trial, SPRINT MIND, which indicated that intensive blood pressure control reduced the risk of mild cognitive impairment, a common precursor to dementia.[40] Further, NIH-funded research leveraging natural experiments in Wales and Canada found evidence suggesting that herpes zoster (shingles) vaccination may reduce the risk of developing dementia.[41][42] Additional research on herpes zoster vaccination indicates that it may reduce mild cognitive impairment diagnoses and, among patients living with dementia, deaths due to dementia.[43]

Examining impact of environmental factors. NIH-supported studies are also examining environmental contributors to AD/ADRD. For example, emerging findings suggest that microplastic accumulation in the brain may increase the risk of dementia. One study showed that individuals with high levels of microplastics in brain tissue were more likely to have dementia,[44] whereas another found that microplastic exposure through drinking water induced Alzheimer's-like symptoms in genetically susceptible mice.[45]

Understanding how policies impact risk factors. NIH research is also clarifying how health systems and policies shape healthy aging and dementia outcomes. Harmonized data from the global HRS network and the Harmonized Cognitive Assessment Protocol (HCAP) enable rigorous cross-national comparisons, allowing researchers to examine how education, economic factors, and health systems influence cognition. For example, recent findings show that childhood education strongly predicts dementia prevalence across 27 European countries and Israel.[46] Studies in India associate multilingualism with better cognition,[47] and a cross-national study in the U.S., India, and Mexico found that educational attainment of adult children was linked to better cognitive outcomes in older parents.[48] Additional research across multiple countries finds that

[36] https://www.nature.com/articles/s41591-025-03494-0
[37] https://adsp.niagads.org/
[38] https://alz-journals.onlinelibrary.wiley.com/doi/10.1002/alz.70790
[39] https://pubmed.ncbi.nlm.nih.gov/41439317/
[40] https://pubmed.ncbi.nlm.nih.gov/30688979/
[41] https://pubmed.ncbi.nlm.nih.gov/40175543/;
[42] https://pubmed.ncbi.nlm.nih.gov/41579903/
[43] https://pubmed.ncbi.nlm.nih.gov/41338191/
[44] https://pubmed.ncbi.nlm.nih.gov/39901044/
[45] https://iopscience.iop.org/article/10.1088/2515-7620/adf8ae
[46] https://www.nature.com/articles/s41598-025-97691-z
[47] https://pubmed.ncbi.nlm.nih.gov/40063370/
[48] https://pubmed.ncbi.nlm.nih.gov/39868764/

higher-skilled occupations are linked to better cognitive outcomes, independent of education.[49]

Advanced research on novel approaches to prevent or delay dementia, including pharmacological and non-pharmacological approaches. Growing understanding of the biological and environmental factors that contribute to dementia is driving new efforts to prevent or delay AD/ADRD through early intervention. NIH-supported pharmacological trials are testing whether addressing disease-related mechanisms—such as inflammation, sleep dysfunction, and metabolic changes—can prevent dementia in cognitively normal individuals. Other trials are evaluating treatments in people at high risk but without symptoms. In 2025, for example, the NIH-funded Dominantly Inherited Alzheimer Network Trials Unit[50] began enrolling participants as young as 18 for a primary-prevention trial of remternetug, an anti-amyloid monoclonal antibody. The trial aims to prevent or delay clinical Alzheimer's disease in individuals with a genetic form of the disease.

Research study indicates promising non-pharmacological interventions. In 2025, results from the US 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.[51] NIH is concurrently funding four US POINTER ancillary studies focusing on neurovascular function,[52] sleep,[53] neuroimaging,[54] and the microbiome[55] to uncover the biological mechanisms behind these benefits. Early findings suggest that improvements in neurovascular function and sleep quality may contribute to cognitive gains, and neuroimaging results indicate that the structured intervention may enhance cognitive resilience in people living with low hippocampal volume or elevated brain tau.

Supported research and initiatives to address loneliness and improve social connectedness in older adults as a treatable risk factor for dementia and other health outcomes. Studies supported by NIH show that loneliness increases the risk of all-cause dementia, Alzheimer's disease, and vascular dementia in a way that is similar to the effects of smoking and physical inactivity.[56] Early laboratory results are beginning to point to the brain mechanisms involved, and ongoing NIH-funded research aims to establish evidence-based interventions to mitigate the effects of social isolation.

Advanced standardized, open-science tools for dementia prevention research. In 2025, NIH launched the Open Measurement Network Initiative for Alzheimer's Disease and Related Dementias (OMNI ADRD) to accelerate progress in dementia prevention trials.[57] As a measurement coordinating network, OMNI ADRD is creating an open, scalable repository of harmonized cognitive, functional, and brain health measures to support early detection and prevention research. By strengthening research infrastructure and improving comparability across studies, the initiative aims to enhance rigor and speed advances in AD/ADRD prevention.

Encourage development of solutions that reduce risk. In 2025, the CDMRP AZRP dedicated $8 million—more than 60% of its total FY 2024 research investment—to 10 Transforming Research Awards (TrRA). The intent of the TrRA funding mechanism is to advance understanding or mitigate risk factors of AD/ADRD, with particular interest in risks relevant to military health including TBI, similar brain health exposures, and/or military service itself. This significant funding underscores the program's commitment to reducing the burden of risk factors for AD/ADRD development. One example of this investment is the study Circadian Dysregulation as a Risk Factor for Age-Related Cognitive Impairment, which was awarded to the Texas A&M University System Health Science Center in College Station. This project aims to understand the mechanisms linking circadian (sleep) dysregulation, cognitive decline, inflammation, and neurodegeneration. Ultimately,

[49] https://pmc.ncbi.nlm.nih.gov/articles/PMC12661120/
[50] https://reporter.nih.gov/search/WcmfsBx4aUiyYKr92_mAVg/project-details/11376967
[51] https://jamanetwork.com/journals/jama/fullarticle/2837046
[52] https://reporter.nih.gov/search/ukHH96Wlv0mvtlngVN1H6A/project-details/10771146
[53] https://reporter.nih.gov/search/m794kYFGAEWXVjMIjFb_kQ/project-details/10645111
[54] https://reporter.nih.gov/search/m8MgwZHXn0WxN_tRwi3PBg/project-details/11276896
[55] https://reporter.nih.gov/search/HemvlHw2uEiXHpfncZ184w/project-details/10693930
[56] https://www.nature.com/articles/s44220-024-00328-9
[57] https://omni-adrd.org/

the goal of this work is to develop interventions that can reduce the long-term negative impacts of circadian dysregulation, especially for military personnel whose demanding work schedules often disrupt their natural sleep patterns. The CDMRP AZRP also anticipates funding four FY 2025 TrRA applications. Awards will be made by September 30, 2026.[58]

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[58] https://cdmrp.health.mil/azrp/awards/25traawards

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)
Congressionally Directed Medical Research Programs (CDMRP)
Consumer Finance Protection Bureau (CFPB)

Department of War (DOW)
Department of Health and Human Services (HHS)
Department of Housing and Urban Development (HUD)
Department of Veterans Affairs (VA)

Food and Drug Administration (FDA)
Health Resources and Services Administration (HRSA)
Indian Health Service (IHS)
National Institute of Neurological Disorders and Stroke (NINDS)
National Institute on Aging (NIA)
National Institutes of Health (NIH)
National Institute of Mental Health (NIMH)
National Science Foundation (NSF)

Office of Global Affairs (OGA)
Office of Intergovernmental and External Affairs (IEA)
Office of the Assistant Secretary for Health (OASH)
Office of the Assistant Secretary for Public Affairs (ASPA)
Office of the Assistant Secretary for Planning and Evaluation (ASPE)
Office of the National Coordinator of Health Information Technology (ONC)
Office of the Surgeon General (OSG)
Office on Disability (OD)

Substance Abuse and Mental Health Services Administration (SAMHSA)

Appendix 2: National Plan to Address Alzheimer's Disease Milestones and Achievements Timeline

2012

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 AD/ADRD and their caregivers.

- https://www.alzheimers.gov/

CDC developed Healthy People 2020 baseline measures for dementia, including AD, in collaboration with federal partners.

- https://www.healthypeople.gov/2020/
- https://www.healthypeople.gov/2020/topics-objectives/topic/dementias-including-alzheimers-disease

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2013

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

The VA created 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/hgVMKEnkvHo

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

- https://www.medscape.org/viewarticle/806464_4

IHS, ACL, and VA launched Resources for Enhancing Alzheimer's Caregivers Health into 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-2013-2018.pdf

2014

NIH-supported researchers developed the first Alzheimer's model containing amyloid and tau, the two proteins that are hallmarks of AD/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 Brain Health Resources (curriculum) for delivery in 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

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.mindyourrisks.nih.gov/index.html

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

- 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/

2016

The Veterans Administration deployed Virtual Dementia Simulation for acute care providers.

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

HRSA released a 16-module AD/ADRD curriculum for health care 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/

2017

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

- 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 (MODEL-AD) 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 AD/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 Veterans Health Administration 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

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

NIH-funded first large-scale genetic study of LBD revealed a strong genetic component of LBD, and that LBD has a unique genetic profile that is different from those of AD 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 Alzheimer's Disease Programs Initiative (ADPI) by consolidating separate AD/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

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 AD/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 (SPRINT) Memory and Cognition in Decreased Hypertension (MIND) 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 IMPACT Collaboratory, which is designed to spur innovation to meet the challenges of complex care management for people living with AD/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* published.

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

ACL convened the Recognize, Assist, Include, Support, and Engage 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. A key validation study was supported in part by NIH.

- 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 AD in people showing signs of dementia. The blood test detects the abnormal accumulation of a form of tau protein (ptau181).

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

NIH launched the Center for Alzheimer's Disease and Related Dementias (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 AD/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 AD/ADRD.

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

ACL expanded Alzheimer's Disease Programs Initiative (ADPI) programming to dedicate resources to expanding dementia capability in Indian Country, launching grant and education programs in tribes and Tribal consortia.

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 Recognize, Assist, Include, Support, and Engage 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®-AD (AMP-AD® 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® 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

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 organizations, urban Indian organizations, and IHS direct service facilities to address AD/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 ECHO series.

CDC established the Healthy Brain Resource Center.

- https://www.cdc.gov/aging-programs/php/resource-center/index.html

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

- https://cdmrp.health.mil/azrp/default

NIH renewed the Consortium for Detecting Cognitive Impairment, Including Dementia (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 β-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 AD and other causes of cognitive decline. This test measures β-amyloid 1-42 and β-amyloid 1-40 proteins in cerebrospinal fluid 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 β-amyloid (1-42) CSF II and Elecsys Phospho-Tau (181P) tests to determine whether adult patients aged 55 or older presenting with cognitive impairment are likely to have amyloid plaques. These tests measure two proteins, phosphorylated Tau181 and β-amyloid 1-42, in cerebrospinal fluid 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 AD, to traditional approval after a determination that a confirmatory trial verified clinical benefit. This is the first-ever treatment for AD to receive traditional FDA approval.

- 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 to 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 $1.5M 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/ADRD, 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

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 β-amyloid (1-42) CSF II and Elecsys Total-Tau CSF tests (used as a totalTau/ β-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 β-amyloid 1-42, in cerebrospinal fluid 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/

2024

ACL announced the funding of the Innovations in Dementia-Specific Respite Programs and Services grant. The program provides $5,000,000 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 and the other 20% 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

ACL released a forecast for a new grant program entitled Developing Dementia-Capable Community Health Worker Programs in the National Aging Network. The new program will provide resources to the National Aging Network to expand the reach of community health workers in dementia care.

- https://grants.gov/search-results-detail/355842

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, partner's 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 uncovered rare forms of genes that may help protect against AD, including a variant of the RELN gene called RELN-COLBOS and a variant of the Apolipoprotein E (APOE) gene called APOE3ch. Understanding how these variants promote dementia resilience may result in new approaches to prevention and treatment.

- https://www.nia.nih.gov/news/case-study-unlocks-clues-rare-resilience-alzheimers-disease
- https://pubmed.ncbi.nlm.nih.gov/38086389/

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—with high blood pressure 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/ADRD outcomes and inequities.

- https://reporter.nih.gov/search/WLWlOjvBqkyikzB1jhR9-w/project-details/10975562

FDA granted approval of Kisunla (donanemab-azbt) in the treatment of adult patients with AD 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

FDA cleared the first blood test to aid in the diagnosis of Alzheimer's disease. The Lumipulse G pTau217/β-Amyloid 1–42 Plasma Ratio is intended to help identify patients with amyloid pathology of Alzheimer's disease in adults aged 55 years and older who are exhibiting signs and symptoms of cognitive decline. This test measures β phosphorylated Tau217 and β-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 aged 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.

HRSA's GWEP grant recipients from academic year (AY) 2021–2022 through 2023–2024 (latest data available) developed 2,062 academic didactic and clinical courses on AD/ADRD, providing content to 402,334 trainees (189,326 health professionals and 213,008 patients, family members, or caregivers) who participated in the trainings. In addition, from AY 2021–2022 through 2023–2024, GWEP grant recipients provided 1,978 continuing education courses on ADRD to 402,952 trainees (140,927 were health professions trainees and 262,025 patients, family members, or caregivers). More than two in five (43%) of AD/ADRD continuing education courses were approved for continuing education credit.

HRSA's Geriatrics Academic Career Awards Program educated and trained the health care workforce, within the context of the age-friendly health systems framework, to address dementia risk reduction across the disease trajectory, including training on dementia medications as they are approved for use, differences in health outcomes and social factors influencing health, and nursing home care.

Results from the US 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. While the main POINTER study was not NIH-funded, NIH is concurrently funding four US 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/ukHH96Wlv0mvtlngVN1H6A/project-details/10771146
- https://reporter.nih.gov/search/m794kYFGAEWXVjMIjFb_kQ/project-details/10645111
- https://reporter.nih.gov/search/m8MgwZHXn0WxN_tRwi3PBg/project-details/11276896
- https://reporter.nih.gov/search/HemvlHw2uEiXHpfncZ184w/project-details/10693930

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 HRS. These findings build on a key NIH-funded clinical trial, SPRINT MIND, 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/

NIH-funded research provided evidence of a dementia-preventing or dementia-delaying effect from herpes zoster vaccination. Additional research on herpes zoster vaccination suggested that it reduces mild cognitive impairment diagnoses and, among patients living with dementia, deaths due to dementia.

- https://pubmed.ncbi.nlm.nih.gov/40175543/
- https://pubmed.ncbi.nlm.nih.gov/41338191/

NIH accelerated innovation through the PREPARE (Pioneering Research for Early Prediction of Alzheimer's Disease and Related Dementias EUREKA) Challenge, which supports novel approaches for early detection of dementia. Phase 3 winners, announced in 2025, are developing promising new methods that leverage speech patterns and demographic data to improve early detection of dementia.

- https://drivendata.co/blog/prepare-phase3-winners

An NIH-funded longitudinal study identified nine genetic variants that may have delayed dementia onset by more than two decades in a man with a familial form of Alzheimer's. This finding complements earlier work by NIH-funded researchers that has uncovered several genetic variants (e.g., *APOE3* Christchurch, Reelin-COLBOS) that may confer protection against dementia. Understanding how these variants guard against dementia risk can help researchers develop new therapeutic options and strategies for preventing and treating AD.

- https://pubmed.ncbi.nlm.nih.gov/39930140/

The NIH-funded Cost of Dementia Model project estimated the total U.S. economic burden of Alzheimer's disease and related dementias 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 Alzheimer's Program grant team enhanced technical assistance for awardees, offering nearly 800 technical assistance touchpoints and site visits.

The IHS hosted a national clinical and community workforce development summit, attracting more than 350 staff from across the Indian health system. The summit offered nine breakout and plenary sessions, Resources for Enhancing Alzheimer's Caregivers Health caregiver training, a Dementia Models of Care reverse site visit, Virtual Dementia Tours offered by the Great Lakes Intertribal Council, and a viewing of *Missing Pieces: Colleen's Story*, a documentary about a Nez Percé Tribal family's experience with dementia.

- https://maestro.ihs.gov/trk/click?ref=z16mphtkpd_0-a2_0x3690x0PUBx
- https://vimeo.com/1060572446/8fe3ddc773

The IHS awarded a new multiyear contract to support evaluation of the Models of Care grant program, with an award to a Tribally owned business, that was featured in the 2026 HHS Evaluation Plan.

- https://aspe.hhs.gov/sites/default/files/documents/7247718a73e9243c8632d8c6666df0e7/HHS%20FY%202026%20Evaluation%20Plan.pdf

The IHS initiated a memorandum of understanding for the development of a data dashboard framed around the 4Ms of geriatric care [What Matters, Medication, Mentation, and Mobility] to aid in tracking and guiding improvements in clinical care.

The IHS released a new clinical dementia pathway for primary care based on emerging evidence and feedback from Tribal and urban Indian health clinical providers.

- https://www.ihs.gov/alzheimers/alztraining/clinicalresources/

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/

The IHS piloted competency-based training for six disciplines including providers, nurses, pharmacists, dental and behavioral health staff, and community health representatives.

- https://www.ihs.gov/alzheimers/alztraining/

IHS training and workforce development efforts, including conferences, workforce programs, direct Tribal facility clinical training, and two ECHOs, reached more than 1,900 staff in 2025.

The IHS enrolled 20 CHR programs in the second year of the six-month Mini-Cog pilot that resulted in screening of nearly 1,000 elders by Tribal, urban Indian, and IHS staff.

- https://maestro.ihs.gov/list/250818B_0/5mr9yobnxwhy.vib

The IHS Geriatric Nurse Fellowship and Indian Health GeriScholars programs continued, enrolling more than 30 new clinical staff, including providers, physician extenders, pharmacists, and nurses.

- https://www.ihs.gov/alzheimers/pilotsandinitiatives/

The IHS continued robust community and clinical outreach and awareness media efforts, including more than 30 social media posts, recurring agency "Week in Review" announcements, community events, and three training videos.

IHS Mini-Cog screening training videos were viewed 1,249 times via YouTube in 2025.

- https://www.ihs.gov/alzheimers/alztraining/webinars/minicogtraining/

The IHS finalized the Alzheimer's Program website overhaul, with expanded content, and new user-friendly

information and resources.

- https://www.ihs.gov/alzheimers/

The IHS hosted 10 regional events focused on elder health and brain health that reached just over 1,400 community participants. The events are a collaboration between the IHS Alzheimer's and Health Program and Disease Prevention Programs.

- https://www.ihs.gov/alzheimers/pilotsandinitiatives/allelderssmoving/

List of Acronyms Used

4Ms	What Matters, Medication, Mentation, and Mobility
ACL	Administration for Community Living
AD	Alzheimer's disease
ADPI	Alzheimer's Disease Programs Initiative
AD/ADRD	Alzheimer's Disease and Alzheimer's disease–related dementias
ADRD	Alzheimer's disease and related dementias
ADSP	Alzheimer's Disease Sequencing Project
AHRQ	Agency for Healthcare Research and Quality
AMP®-AD	Accelerating Medicines Partnership® Program for Alzheimer's Disease
APOE	Apolipoprotein E gene
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
CDC	Centers for Disease Control and Prevention
CDMRP	Congressionally Directed Medical Research Programs
CED	Coverage with Evidence Development
CHR	Community Health Representative
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
FTD	Frontotemporal Dementia
FY	Fiscal Year
GWEP	Geriatrics Workforce Enhancement Program
HCBS	Home and Community-Based Services
HHS	U.S. Department of Health and Human Services
HRS	Health and Retirement Study
HRSA	Health Resources and Services Administration
IDD	Intellectual and Developmental Disability
IHS	Indian Health Service
IMPACT	Imbedded Pragmatic Alzheimer's disease and AD-related dementias Clinical Trials
IMPACT-AD	Institute on Methods and Protocols for Advancement of Clinical Trials in AD/ADRD
iPSC	Induced Pluripotent Stem Cell
LBD	Lewy Body Dementia
LTSS	Long-Term Services and Supports
MCI	Mild Cognitive Impairment
MODEL-AD	Model Organism Development and Evaluation for Late-onset Alzheimer's Disease
NADRC	National Alzheimer's and Dementia Resource Center
NIH	National Institutes of Health
PLWD	People Living with Dementia
TBI	Traumatic Brain Injury

TDP-43	Transactive response DNA binding protein of 43 kDa
VA	U.S. Department of Veterans Affairs
VCID	Vascular contributions to Cognitive Impairment and Dementia

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[iv] National Institute on Aging. *What Is Dementia? Symptoms, Types, and Diagnosis*. https://www.nia.nih.gov/health/what-is-dementia.

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