

Risk Reduction Subcommittee Recommendations

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Risk Reduction Subcommittee Members

Non-Federal Members

- Joanne Pike (Chair)
- Rhonda Williams

Federal Members

- Arlene Bierman - AHRQ
- Ellen Blackwell - CMS
- Sarah N. Fontaine - DoD
- Richard Hodes - NIA
- Amy Kelley - NIH
- Melinda Kelley - NIA
- Walter Koroshetz - NINDS
- Helen Lamont - ASPE
- Shari Ling - CMS
- Erin Long - ACL
- Lisa McGuire - CDC
- Emma Nye - ASPE
- Maria-Theresa Okafor - ASPE
- Paul Scott - NINDS
- Tisamarie Sherry - ASPE
- Cheryl Schmitz - VA
- Courtney Wallin - NIH
- Joan Weiss - HRSA

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Recommendation 1:

Identify priorities for and track progress toward addressing cognitive decline and dementia risk factors across the lifespan.

- A. Congress should reauthorize, and provide appropriations for NAPA, for another ten years.
- B. HHS should identify priority risk factors of focus. We recommend the following six risk factors: midlife hypertension and obesity, physical activity, smoking, depression, and hearing loss.
- C. HHS should track prevalence of priority risk factors by race/ethnicity, education, income, and among those with neuro-atypical conditions, and efforts to address them. HHS should establish a monitoring and evaluation workgroup no later than May 2025 to recommend specific indicators and data sources to be used, consistent with the Healthy People 2030 and Healthy Brain Initiative Road Map as appropriate.
- D. No later than 2028, HHS should convene a second AD/ADRD risk reduction summit, with CDC as the lead agency.

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Recommendation 1 (continued):

Identify priorities for and track progress toward addressing cognitive decline and dementia risk factors across the lifespan.

- E. HHS and all relevant federal agencies should build upon existing risk reduction activities for cognitive decline and dementia – and identify, coordinate, and implement additional strategies on priority risk factors identified by HHS under Goal 6.
 - 1. HHS and Federal agencies should expand reach by partnering with non-governmental organizations currently working on risk factors for cognitive decline and dementia and synergize their work and that of the agency.
 - 2. In addition to annually reporting on activities undertaken toward Goal 6, federal agencies should annually report on significant actions and progress at the state, local, and tribal level; and identify gaps that need to be addressed.

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Recommendation 1 (continued)

Identify priorities for and track progress toward addressing cognitive decline and dementia risk factors across the lifespan.

- F. HHS should issue a public report on current federal and state level spending on activities addressing cognitive decline and dementia risk factors. Each year, in the annual Administration budget, the Office of Management and Budget should identify the amounts proposed in the budget request for addressing cognitive decline and dementia risk factors across federal agencies.
- G. Not less than every five years, HHS should update the list of priority risk factors of focus to achieve Goal 6 of the National Plan.

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Recommendation 2:

Accelerate public health and aging network action on addressing the risk factors with the strongest evidence of beneficial impact on dementia prevalence, particularly for communities or groups at greatest risk.

- A. The federal government should sustain and strengthen public health and aging network infrastructure to address risk factors for cognitive decline and dementia at the federal, state, local, and tribal levels.
 1. Congress should reauthorize the BOLD Infrastructure for Alzheimer's Act for another five years and provide at least \$35 million in fiscal year 2025 funding for the CDC to implement the Act.
 2. Congress should reauthorize the OAA and provide sufficient funding to enable ACL to incorporate dementia risk reduction education and interventions in relevant OAA programs.
 3. Congress should enhance appropriations of relevant existing federal programs – and fund additional new programs – that promote cognitive decline and dementia risk reduction.
 4. CDC, ACL, CMS, HRSA, SAMHSA and Indian Health Services (IHS) should expand efforts to target resources toward education and outreach of the public health and aging network on dementia risk factors.
 5. Existing federal efforts to address health conditions and behaviors that are also risk factors for cognitive decline and dementia should be promoted as also beneficial to brain health.

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Recommendation 2 (continued)

Accelerate public health and aging network action on addressing the risk factors with the strongest evidence of beneficial impact on dementia prevalence, particularly for communities or groups at greatest risk.

- B. In partnership with state, local, and Tribal governments, payers, community-based organizations, and relevant private sector entities, the federal government should develop and implement specific strategies to address social determinants of health that affect risk and produce adverse health outcomes related to dementia.
- C. Strategies and interventions to address dementia risk factors should include historically underserved communities experiencing the highest prevalence of priority risk factors, low longevity rates, and the highest prevalence of AD/ADR with explicit attention to mitigating adverse social determinants of health and strategies and interventions that promote brain healthy behavior.

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Recommendation 2 (continued)

Accelerate public health and aging network action on addressing the risk factors with the strongest evidence of beneficial impact on dementia prevalence, particularly for communities or groups at greatest risk.

- D. The CDC's Healthy Brain Initiative Collaborative should develop and disseminate new tools for public health, identify opportunities for collaboration, and promote action by state public health, aging, disability, and other relevant agencies that would address and help mitigate dementia risk factors among caregivers.
- E. Actions included in the National Plan should be aligned with those identified in CDC's *Healthy Brain Initiative: State and Local Road Map for Public Health, 2023-2027* and *Road Map for American Indian and Alaska Native Peoples* (forthcoming late 2024), *Healthy People 2030*, and the Million Hearts campaign.

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Recommendation 3:

Identify and accelerate efforts to reduce risk and intervene early in clinical care.

- A. Public and private payers, health systems, and provider networks should identify and implement a comprehensive set of actions that assess cognitive decline and dementia risk factors, ensuring equitable reach and impact. This should include:
1. Conducting health risk assessments.
 2. Identifying opportunities to address possible cognitive decline and dementia risk by addressing known risk factors.
 3. Identifying existing insurance and health plan benefits related to factors that can potentially help reduce dementia risk, and identifying coverage gaps and inequities that, if addressed, could improve brain health.
 4. Educating and training the primary care workforce, within the context of the Age-Friendly Health Systems Framework and dementia capable communities, to address dementia-risk reduction and brain health.
 5. Increasing identification of persons who have one or more modifiable dementia risk factors to clinically address those factors and potentially mitigate dementia risk.

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Recommendation 3 (continued):

Identify and accelerate efforts to reduce risk and intervene early in clinical care.

- B. Given the abundance of scientific evidence linking hypertension and brain health, health plans should place a particular emphasis on hypertension prevention and control, including by:
1. Using EHRs to identify patients with undiagnosed or uncontrolled hypertension.
 2. Linking patients to community programs and resources to help them get and take medications consistently, manage their risks, and make healthy lifestyle changes.
 3. Including coverage for validated home blood pressure monitors.
 4. Reducing out-of-pockets costs of antihypertensive medications.
 5. Encouraging access to patient-preferred methods of care, including in-person, virtual, and team-based care.
 6. Providing greater weight to successful hypertension control in value-based payment contracts.

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Recommendation 3 (continued):

Identify and accelerate efforts to reduce risk and intervene early in clinical care.

- C. HHS should identify and accelerate strategies to improve access to primary care, team-based care, home and community-based care, and preventive care, including better utilization of existing benefits such as Medicare’s Annual Wellness and Care Planning Visits.
- D. Congress should address coverage gaps in Medicare, Medicaid, IHS, and the VA that would improve interventions for identified AD/ADRD risk factors (e.g., expansion of Medicare coverage to include hearing aids and related hearing care rehabilitation services).

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Recommendation 4:

Initiate and fund research to strengthen the strategies for addressing the potential risk factors for dementia.

- A. HHS should utilize fundamental diversity, equity, and inclusion principles while developing, supporting, and monitoring dementia risk reduction research.
- B. The federal government should increase scientific research to:
 1. Increase understanding of the causal pathway for dementia.
 2. Identify and understand the social determinants of health that may:
 - a. elevate the risk of developing dementia; or
 - b. act as barriers to addressing modifiable risk factors for dementia.
 3. Examine less-understood areas of potential risk.
 4. Identify modifiable factors that may decrease dementia risk and factors related to co-morbidities that may aggravate or mitigate dementia risk among those with IDD.
 5. Identify what modifiable risk factors and lifestyle interventions may slow disease progression and/or help maximize functionality among PLWD.
 6. Identify trajectories of decline in high risk populations to determine when to best target mitigation and prevention strategies and interventions.

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Recommendation 4
(continued):

Initiate and fund research to strengthen the strategies for addressing the potential risk factors for dementia.

- C. The federal government should support translational research that:
1. Evaluates efforts and identifies key barriers to implement uptake of evidence on risk factor reduction in clinical practice.
 2. Develops, implements, and evaluates models of care to increase the uptake of evidence on risk reduction in primary and ambulatory care.
 3. Develops, implements, and evaluates models to align public health and health care interventions to reduce population risk.

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Recommendation 4
(continued):

Initiate and fund research to strengthen the strategies for addressing the potential risk factors for dementia.

- D. Congress should provide sufficient funding for, and relevant agencies within HHS (including CDC, ACL, and NIH) should undertake:
1. Implementation science on successful clinical trials to develop community-based, public health interventions for dementia risk reduction.
 2. Research on interventions that would mitigate exposure to possible risk factors for cognitive decline and dementia.
- E. The federal government should monitor the outcomes and implications of COVID-19 post-recovery with respect to the risk for cognitive decline and dementia, including long-COVID. Particular attention should be paid to psychological and behavioral issues, as well as potential mediating factors.

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Recommendation 5:

Appropriate non-federal governmental entities and private sector organizations should work to improve brain health.

- A. State health departments, state developmental disabilities authorities, and state agencies and Tribal authorities tasked with aging and mental health should undertake cooperative efforts to address dementia risk factors.
- B. Foundations and charitable organizations that promote healthy outcomes should invest in projects and initiatives in support of brain health, including through training and deployment of CHWs and community pharmacists.
- C. Medical associations and health systems should promote physical health to address brain health.

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Recommendation 5 (continued):

Appropriate non-federal governmental entities and private sector organizations should work to improve brain health.

- D. Employers should undertake efforts to reduce the impact of hypertension as a strategy to improve both physical and brain health. Efforts should include promoting healthy lifestyles; hosting blood pressure screenings; educating the workforce about hypertension prevention, control, and self-management; including access to hypertension prevention and control services in employee health benefit plans, and coverage of validated blood pressure monitors, at reasonable or no out-of-pocket costs.
- E. National, state, and local/community-based provider organizations working with populations at greater risk of dementia (e.g., those with IDD and Black and Hispanic Americans) should undertake efforts to improve brain health.
- F. Community organizations should facilitate local efforts to improve brain health in their communities.

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Recommendation 6:

Establish a set of dementia risk reduction policies at the federal, state, and local level that will address risk factors, including the social determinants of health, for cognitive decline and dementia.

- A. Federal, state, and local governmental agencies should implement policies and systems changes that would:
 1. Improve food affordability and quality, including with respect to ultra-processed foods, trans fat, and high-sodium foods
 2. Increase access to safe and inexpensive opportunities to engage in physical activity
 3. Decrease access to commercial tobacco products
 4. Improve the ability of individuals to control and normalize blood pressure
 5. Expand hearing testing and use of hearing aids
 6. Increase access to preventive health care and mental health services.
- B. National public health organizations, aging services organizations, non-profits, and medical associations should collaborate on creating and advancing a policy agenda to increase access to healthy foods, safe spaces to exercise, hearing aids, means of controlling blood pressure, and preventive and mental health care.