

DEMENTIA AS A PUBLIC HEALTH IMPERATIVE

Executive summary of the *HBI & BOLD Supplement, The Gerontologist, 2025**

7 MILLION+

People living with Alzheimer's in the U.S. today

13.8 million projected by 2060

The Crisis—And the Proven Response

Alzheimer's disease and other dementias represent a growing public health crisis costing hundreds of billions annually in health care costs and over 19 billion hours of care by unpaid family caregivers. Over the past 20 years, the Healthy Brain Initiative has demonstrated that there are public health solutions to reduce risk, strengthen infrastructure, train the workforce, and support caregivers and people living with dementia.

Public health intervention works, and the infrastructure to deliver it is already in place.

Congress created the **Healthy Brain Initiative (HBI) in 2005** and the **BOLD Infrastructure for Alzheimer's Act in 2018** (reauthorized in 2024, P.L.118-142).

The BOLD Act established the **Alzheimer's Public Health Centers of Excellence (COEs)**, provided **funding for public health departments** across the country, and **increased capacity for data analysis** and timely reporting at the Centers for Disease Control and Prevention (CDC).

What BOLD Has Achieved

- **Created three national Public Health Centers of Excellence (COEs)**, each a hub of expertise that translates science into action and equips state and local health departments to respond. [\(over for details\)](#)
- **Funded 45 state and local health departments since 2020** through the BOLD Program Awards. **Every state now has an Alzheimer's strategic plan.**
- **Supported national data collection and analysis** of the BRFSS Subjective Cognitive Decline and Caregiving Modules, and data analysis of the three Healthy People 2030 dementia objectives. Since 2015, every state, DC, and Puerto Rico have run both BRFSS modules at least once.

Addressing Populations Most At Risk

- **American Indian and Alaska Native communities** face unique cultural and structural barriers: the HBI International Association for Indigenous Aging Resource Center uses Indigenous knowledge and trusted community engagement to address these gaps.
- **People with intellectual and developmental disabilities (IDD)** have elevated dementia risk but face systematic underdiagnosis. The HBI-People with IDD Framework and HealthMatters™ Program address this population.
- **African American and Latino older adults** are more likely to develop Alzheimer's. Trusted messenger campaigns from the HBI UsAgainstAlzheimer's project reached ~3 million Black and Latino individuals with dementia prevention messaging.

WHAT CAN BE DONE TO SUSTAIN AND BUILD ON PROGRESS:

The HBI and BOLD initiatives are making an impact across the country.

The *Gerontologist* supplement identified several ways that federal, state, local, and tribal governments can build on the success and progress achieved to date.

FEDERAL

Sustain HBI and BOLD funding: Continued funding is needed to strengthen the dementia public health infrastructure.

Support the CDC Alzheimer's Disease Program and data infrastructure: Recent cuts have decreased staffing and capacity for CDC to continue work on Alzheimer's and dementia with health departments.

Ensure Medicare and Medicaid policy keeps up with current science: Expand coverage reimbursement to improve brain health throughout life including biomarker screening, treatment and navigation.

STATE

Allocate state funds to expand BOLD's impact: In 2025, 39 states approved more than \$837 million of state funds to focus on dementia initiatives.

Implement state Alzheimer's plan: Plans should include public health components, with support and technical assistance from the COEs and HBI.

Connect health departments to COE and HBI resources: The HBI and three COEs offer free tools, training, and technical assistance to any health department, with or without a BOLD award.

LOCAL and TRIBAL

Partner with the HBI as part of the Road Map Strategist and Champion Programs: To date, 47 local health departments and 19 Tribes and Urban Indian Organizations have been funded to implement the HBI Road Map.

Build Capacity to address dementia: Over 100 local health departments and Tribal health organizations have partnered with the HBI and COEs to learn about dementia risk reduction, early detection and caregiving.

*Data in this document have been updated to reflect spring 2026.

STRENGTHENING THE NATIONAL PUBLIC HEALTH INFRASTRUCTURE

BOLD funding supports three **Centers of Excellence (COE)** that provide the training, data, and tools necessary for health departments to address the dementia crisis in their communities with evidence-based programs and guidance. The COEs and their health department networks form the backbone of the national public health response to dementia.



RISK REDUCTION

The Problem: 69.5% of Americans have at least one major modifiable risk factor for cognitive decline and over 34% have two or more. Globally, 45% of dementia cases may be because of modifiable risk factors.

The COE on Dementia Risk Reduction convened a scientific panel to review risk factors and prioritize for public health action. Science summaries are available for all risk factors reviewed as well as the social determinants of health that affect dementia risk.

Reach: The first national Dementia Risk Reduction Summit (2023) drew 380 attendees including ~100 state/local/tribal public health officials. An additional 2,600 have watched the summit online. Additional videos and webinars are available to assist health departments with implementing programs related to the risk factors. Videos on the science summaries and SDOH have over 15,000 views.

Capacity-building: Through the development of the Community Convening program, the ECHO for Public Health Professionals, and three practice based toolkits, the COE has trained hundreds of public health officials across the country. Specifically, at least one local health department official has been trained to host community convenings in 47 states, and 5 states have participated in the Public Health ECHO offering risk reduction training in a collaborative learning environment.

EARLY DETECTION & MANAGEMENT

The Problem: Globally, 60%+ of people with dementia are currently undiagnosed; new cases projected to rise from 514,000/year (2020) to 1 million/year (2060); most diagnoses now occur during a crisis, driving avoidable hospitalizations and costs.

The COE on Early Detection of Dementia brings together three essential domains: clinical content expertise, partnership/outreach capacity, and skills in meeting social needs that no single sector can provide alone. Its national partner network has representation from each of the three essential sectors to ensure reach, relevance and sustainability in bridging the research-to-practice gap.

Reach: The COE supports local, state, and regional capacity-building through technical assistance, consultation, partnerships, and topical presentations across the three sectors. To date, 6 national webinars and 1 national symposium have provided practical strategies, reaching 1,800+ attendees with 2,400+ hours of educational content viewed.

Capacity-building: The COE has developed sector-specific early detection toolkits and resource guides, worksheets, tools, and educational videos to support cross-sector collaboration, patient-provider conversations, program planning, and integration of detection strategies into existing programs. These resources have over 3,700 cumulative web downloads to date.

SUPPORTING UNPAID CAREGIVERS

The Problem: Nearly 13 million family dementia caregivers in the U.S. face serious health and economic consequences; caregiving resources are siloed in aging service provider networks, leaving health departments, which have broader population reach, largely on the sidelines.

The COE on Dementia Caregiving brings together groups representing the caregiving experience, including a Leadership Core, Public Health Dissemination Workgroup, Executive Committee of 20+ national organizations, and 2 Lived Experience Advisory Groups (LEAGs) of public health officials and people with dementia/caregivers.

Reach: The COE hosted the first national dementia caregiving conference in 2022, which drew 500+ attendees, and has hosted 33 webinars and 15 state health department roundtables on a variety of caregiving topics for public health, reaching 9,000+ attendees.

Capacity-building: The COE has offered free technical assistance to public health agencies; mentored undergraduate students; developed public health training curriculum on dementia caregiving; advanced dementia-friendly communities through faith-based partnerships; and released toolkits on partnering with faith-based organizations, scaling programs for context, and implementing Memory Cafes.

[Click here](#) or visit HBIcollaborative.org to learn more about each organization and read the full supplement

