

Implementing the Healthy Brain Initiative Road Map Series: 2025 Aggregated Report

June 2026

Since 2007, the [Healthy Brain Initiative \(HBI\) Road Map Series](#) has guided public health efforts to support brain health at the national, state, local, territorial, and tribal levels. The [HBI Road Map, 2023–2027](#) is organized around four domains, nine outcomes, and 24 actions that help health departments across the country work together to advance brain health. This edition is the first in the HBI Road Map Series to include the [HBI Road Map Evaluation Tool](#) with standardized measures to track and evaluate implementation of the HBI Road Map. Measuring these outcomes allows the public health community to learn from one another and accelerate risk reduction, access to early detection, and safety and quality of care as the field of Alzheimer’s research and prevention rapidly moves forward. This report presents an aggregated view of 35 health departments’ implementation of the HBI Road Map actions, based on data collected during the fall 2025 reporting cycle (October 1-December 31).

The framework of the HBI Road Map Series is built from the [10 Essential Public Health Services](#), directly aligning with core goals and actions health departments need to achieve as part of the accreditation process. As more health departments advance this work, their first goal is to implement at least one action in every domain. While individual health departments varied in the number of Road Map actions implemented, the majority are working across all four domains. Figure 1 below shows the percentage of health departments implementing at least one action within a domain.

Figure 1. Percentage of Health Departments Implementing At Least One Action within a Domain (n=35)



Each fall, the Alzheimer’s Association® partners with health departments to track progress on implementation of the HBI Road Map actions using the HBI Road Map Evaluation Tool. This report highlights the measures necessary to advance each outcome and are listed under the following sections:

- ✓ Implementation milestones: current snapshot of key achievements for this reporting cycle
- ✓ Implementation measures: quantitative data reported for this reporting cycle

Data from these health departments (see Figure 2) cover a 12-month period and are meant to show the impact of public health action on brain health, provide opportunities for future implementation, and be used to inform the national evaluation of the HBI Road Map Series. This is the second aggregated report, following [last year’s edition](#) featuring data from the 2024 reporting cycle.

Figure 2. Health Department Participation Status During the 2025 Reporting Cycle (n=35)

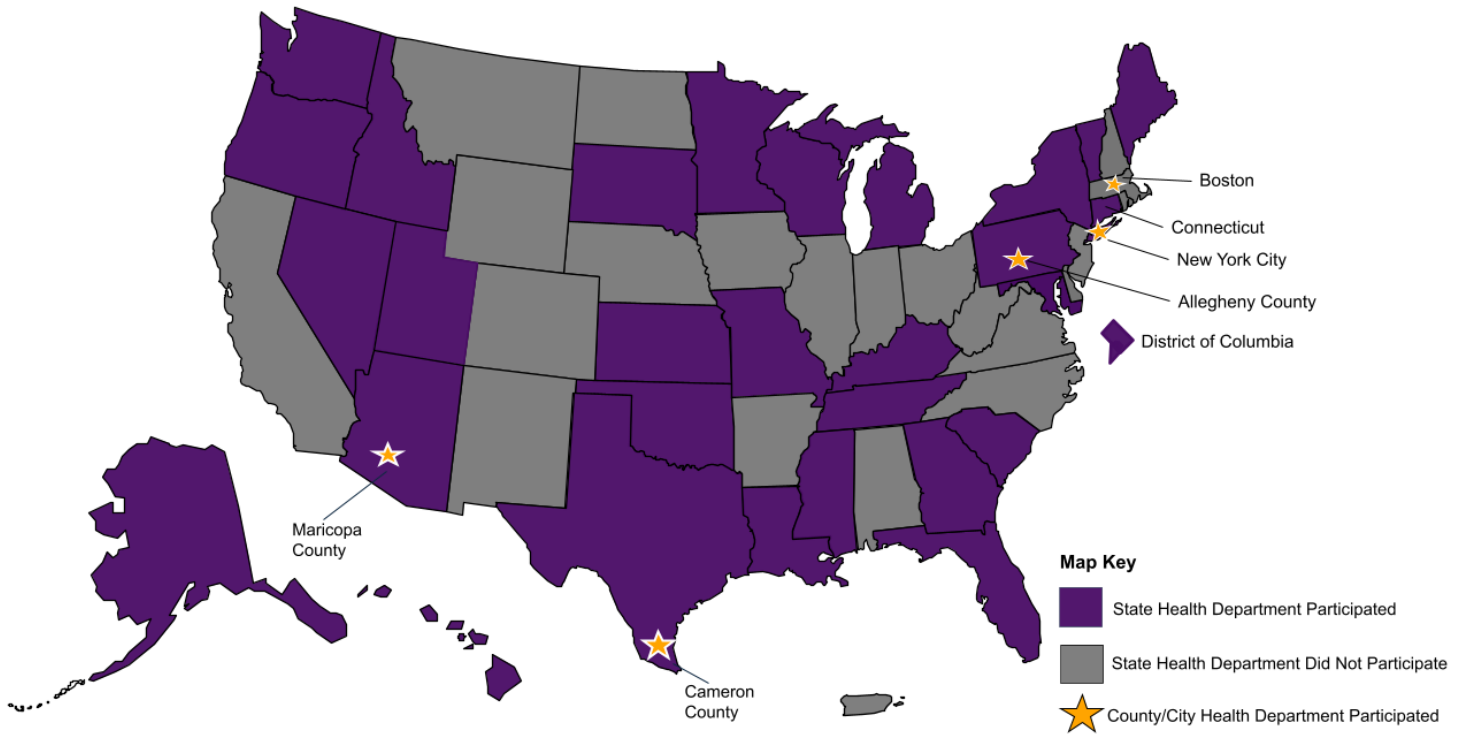
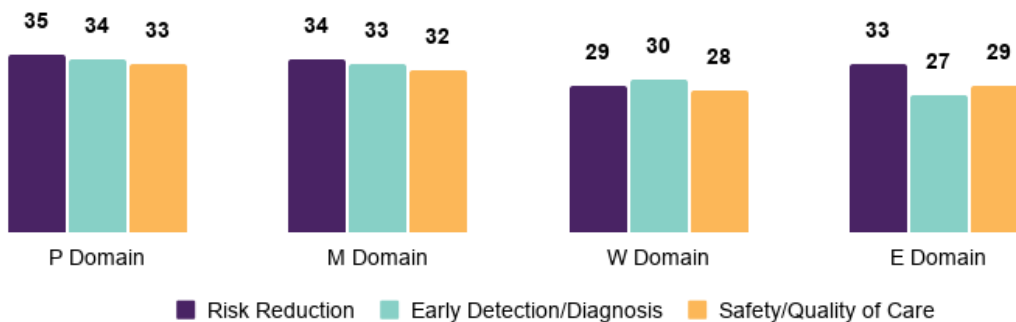


Figure 2 illustrates the 35 health departments that participated in the 2025 reporting cycle. States shaded purple represent participating state health departments while states shaded grey indicate the corresponding state health department did not participate in this reporting cycle. A light gold star represents participating local health departments.

HBI Road Map Implementation Across the Levels of Prevention

The three levels of prevention — primary (risk reduction), secondary (early detection and diagnosis) and tertiary (safety and quality of care) — are layered across the HBI Road Map actions. Figure 3 shows the number of health departments that reported implementing actions within a domain, by level of prevention. Looking across the domains, there is a near-equal distribution of actions mostly in the P domain (n=35), M domain (n=34), and E domain (n=33) focused on risk reduction. Health departments reported focusing action on early detection and diagnosis in the P domain (n=34). Health departments that reported actions on safety and quality of care most often focused their efforts in the P domain (n=33) and M domain (n=32), with fewer actions in the other domains.

Figure 3. Number of Health Departments Implementing Actions within a Domain, By Level of Prevention (n=35)



STRENGTHEN PARTNERSHIPS AND POLICIES

Outcomes in the P domain are focused around expanding partnerships, integrating action with chronic disease efforts and increasing policy action and implementation. Out of the 35 health departments, 35 (100%) reported implementing at least one action in the P domain.

Outcomes	# of HDs Implementing	% of HDs Implementing
Outcome 1: Increase Community Partnerships	34	97%
Outcome 2: Increase Integration with Other Chronic Disease Efforts	24	69%
Outcome 3: Increase Policy Action and Implementation	24	69%

Outcome 1: Increase Community Partnerships

A core function of public health is being a convener. Health departments can serve in the role of convener for brain health activities. The health department is uniquely positioned to convene multi-sector partnerships related to brain health and dementia as part of a community-wide coalition.

As a program matures, attention can move to specific partnerships like community-clinical linkages, health systems, and community organizations. Tracking the involvement of these organizations over time helps show the impact of the initiatives for all residents.

Key Implementation Milestones By Number of Health Departments Reporting

- ✓ Coalition on brain health, dementia and caregiving is formally established **32**
- ✓ The health department has partner organizations who are members of the coalition **32**
- ✓ Coalition has members representing community and clinical organizations **27**
- ✓ Coalition has members representing public or private health plans **12**

Key Implementation Measures	Total
Average number of partner organizations who serve on the coalition	9
Number of coalition members serving to strengthen supportive, equitable policies within communities and various settings across the life course of brain health	2,102
Number of community-based and clinical linkage partnerships	1,354
Number of health plan partnerships	13

Outcome 2: Increase Integration with Other Chronic Disease Efforts

Health departments house chronic disease prevention and health promotion interventions. Modifiable risk factors for cognitive decline and dementia directly align with other chronic disease prevention efforts. Incorporating this messaging into existing public health education and behavior change initiatives can increase reach and increase knowledge across the population.

Increasingly, grant opportunities are calling for this type of collaboration and there are many successful examples about how to integrate these messages.

Key Implementation Milestones
By Number of Health Departments Reporting

- ✓ Brain health is integrated into chronic disease programs 18

Key Implementation Measures	Total
Average number of chronic disease programs with integrated messaging	4

Outcome 3: Increase Policy Action and Implementation

To make informed decisions, policymakers need information on the basics of brain health, cognitive decline and dementia, and the impact on caregivers. They also need access to current data to make these decisions.

Actively ensuring policymakers are up-to-date and able to make informed decisions is a critical role for the health department.

Key Implementation Milestones
By Number of Health Departments Reporting

- ✓ Health department and other key senior leaders have been briefed on brain health, dementia and caregiving during this reporting period 21
- ✓ There is an annual (or more frequent report) on brain health dementia and caregiving 10
- ✓ Reports on brain health, caregiving or dementia are shared with the legislature or governing body 8
- ✓ The health department has at least one partnership or coalition member focused on abuse, neglect and exploitation of people living with dementia 12

MEASURE, EVALUATE AND UTILIZE DATA

Outcomes in the M domain focus on increasing data availability and use as well as taking data-informed action to improve brain health. Out of the 35 health departments, 35 (100%) reported implementing at least one action in the M domain.

Outcomes	# of HDs Implementing	% of HDs Implementing
Outcome 4: Increase Data Availability, Quality and Utilization	35	100%
Outcome 5: Increase Data-informed Decision Making and Action	28	80%

Outcome 4: Increase Data Availability, Quality and Utilization

Supporting the uptake of the Behavioral Risk Factor Surveillance System (BRFSS) Cognitive Decline and Caregiver modules have produced actionable data across the U.S.

Use of this data is essential to understanding community level impact and decision making. Adding in data from coalition partners and program evaluation identifies opportunities for improvement and priority areas for implementation.

Key Implementation Milestones

By Number of Health Departments Reporting

- | | | | |
|---|-----------|---|-----------|
| ✓ BRFSS Cognitive Decline Module has been implemented during this reporting period | 24 | ✓ Other partner organizations or coalition members are using BRFSS data in their communications and/or for their own analysis | 17 |
| ✓ BRFSS Caregiver Module has been implemented during this reporting period | 22 | ✓ The health department has an evaluation plan on brain health, dementia, and caregiving tied to Road Map outcomes | 35 |
| ✓ Health department has analyzed BRFSS data with data from other partner organizations or coalition members | 16 | ✓ The health department has partnered with the Alzheimer's Association to record the actions, outcomes and related data being collected | 35 |

Key Implementation Measures	Total
Number of partners that have used BRFSS data during this reporting period	88

Outcome 5: Increase Data-Informed Decision Making and Action

Once data are collected and analyzed, they should be used to inform and engage relevant audiences like decision makers, community partners and the public. To do this, data analysis and evaluation finding must be translated into messaging and communication that are culturally relevant, meaningful and easy to understand.

Key Implementation Milestones
By Number of Health Departments Reporting

- ✓ Brain health, healthy aging, dementia, and/or caregiving are included in jurisdiction-wide plans (e.g., state health improvement plan, community health improvement plan) 17
- ✓ At least one member of the jurisdiction's state/community health improvement plan development committee has expertise in brain health 19
- ✓ Data and evaluation are results shared with the community and with coalition partners 25

Key Implementation Measures	Total
Average number of plans that include brain health, healthy aging, dementia or caregiving	3
Number of partners the data and evaluation results has been shared with	2,955

BUILD A DIVERSE AND SKILLED WORKFORCE

Outcomes in the W domain focus on training and preparing the public health and health care workforce. Out of the 35 health departments, 32 (91%) reported implementing at least one action in the W domain.

Outcomes	# of HDs Implementing	% of HDs Implementing
Outcome 6: Reduce Stigma and Bias about Cognitive Decline	26	74%
Outcome 7: Increase Knowledge and Skills of Current and Future Workforce	31	89%

Outcome 6: Reduce Stigma and Bias About Cognitive Decline

Primary care providers play an integral role in promoting brain health, reducing risk of cognitive decline, ensuring early detection and diagnosis and providing referrals to community supports. Their long-term relationship with patients allows the opportunity to develop rapport and trust and discuss these issues throughout life. Doing so requires providers to have confidence and knowledge about assessing cognitive impairment and discussing brain health with their patients in a way that is easy to understand and removes stigma.

Key Implementation Milestones
Number of Health Departments Reporting

- ✓ Information on brain health has been shared with primary care providers during this reporting period 18
- ✓ Evidence-informed training around brain health and how to have culturally sensitive conversations has been delivered to primary care providers during this reporting period 9

Key Implementation Measures	Total
Number of primary care providers that have been reached with brain health information during this reporting period	121,872
Number of providers have taken the training during this reporting period	2,536

Outcome 7: Increase Knowledge and Skills of Current and Future Workforce

Training is needed on the life course approach to brain health and the negative impacts of stigma to create equitable brain health solutions. Health departments have the ability to educate public health, direct service, health care and emergency response professionals to ensure they have the knowledge and confidence to communicate this information with those they serve and enhance the quality of care provided.

Key Implementation Milestones By Number of Health Departments Reporting

- ✓ Public health professionals have been trained around risk factors for cognitive decline and dementia during this reporting period **25**
- ✓ Public institutions of higher education (public colleges) have incorporated risk factors for cognitive decline and brain health into their curriculum **6**
- ✓ Health department has had conversations about modifying licensing, certification or continuing education for health care providers to include training on brain health, cognitive decline, early detection and diagnosis and care management **7**
- ✓ Health department has had conversations about modifying direct service or community health worker training to include information about brain health, dementia and caregiving **16**
- ✓ Health department has had conversations about modifying public safety and emergency response training to include information about brain health, dementia and caregiving **10**
- ✓ Public Safety and Emergency Response have a mobile crisis services unit or program for dementia **3**

Key Implementation Measures	Total
Number of public health professionals that have taken the training during this reporting period	3,320
Number of schools that have incorporated this information into their curriculum	20
Number of licensure exams with any information about brain health or dementia	-
Number of continuing education or certification programs with topics on brain health, dementia or caregiving	288
Number of direct service and community health workers trained during this reporting period	1,385
Number of public safety and emergency response workers trained during this reporting period	216

ENGAGE AND EDUCATE THE PUBLIC

Outcomes in the E domain focus on engaging with communities about brain health, dementia and caregiving. Out of the 35 health departments, 33 (94%) reported implementing at least one action in the E domain.

Outcomes	# of HDs Implementing	% of HDs Implementing
Outcome 8: Increase Public Knowledge About Brain Health, Risk Factors for Dementia and Benefits of Early Detection and Diagnosis	33	94%
Outcome 9: Increase Public Knowledge and Use of Services for People Living with Dementia and Their Caregivers	27	77%

Outcome 8: Increase Public Knowledge About Brain Health, Risk Factors for Dementia and Benefits of Early Detection and Diagnosis

Public health has an important role to educate communities about brain health and cognitive decline, and support engagement and conversation around early detection. It is important to understand the unique ways to communicate with, educate and engage different communities.

There are many options and examples of different engagement strategies in the HBI Road Map. These opportunities span the life course and often invite engagement with multigenerational groups, making conversations about brain health and dementia easier to have.

Key Implementation Milestones

Number of Health Departments Reporting

- ✓ Health department has ways to engage the community when creating messaging **21**
- ✓ Health department has tailored messaging or communication techniques to reach different populations **26**
- ✓ Health department has educational programming about risk factors for dementia and brain health across the life course **17**
- ✓ Other chronic disease or health promotion campaigns and education include information about brain health **16**
- ✓ Brain health messaging is included in K-12 or post-secondary curricula **7**

Key Implementation Measures	Total
Number of communication campaigns have tailored messages to be culturally responsive to different communities	48
Number of people the messaging has reached (impressions)	97,648,372
Number of people who have received the educational programming	23,835
Number of other programs integrating brain health messaging	57
Number of K-12 school systems with brain health messaging in curricula	6
Number of post-secondary schools with brain health messaging in curricula	15

Outcome 9: Increase Public Knowledge and Use of Services for People Living with Dementia and Their Caregivers

In addition to reaching the general public, it is important to have a specific strategy to reach people living with dementia and their caregivers. The stigma around cognitive decline and dementia often results in isolation for people living with dementia and their caregivers. In some cases, they may not seek out or be made aware of their diagnosis.

Sharing information about available services, social supports and access to care can help these individuals feel less isolated. In addition to resources for people living with dementia, public health can provide chronic disease prevention information to caregivers so they can maintain their own health and well-being.

Key Implementation Milestones

Number of Health Departments Reporting

- ✓ Health department has a consistent way to reach people living with dementia and their families and caregivers with messaging and educational information 18
- ✓ Health department has messaging about dementia-specific services, care and social support 18
- ✓ Health department have a consistent way to reach caregivers with messaging and educational information about their health and well-being 20
- ✓ Health department has specific information about caregiver information, tools and resources 19

Key Implementation Measures	Total
Number of individuals who have received these messages about available dementia services	2,546,000
Number of caregivers who have received dementia-specific caregiver information about tools and resources	283,032

Conclusion and Looking Ahead

The data in this report show that health departments are actively tailoring public health responses to improve brain health and support caregivers. Findings indicate health departments are using a comprehensive, coordinated public health approach to address community health needs.

Collectively, health departments are implementing Road Map actions across multiple levels of prevention, building a strong foundation and demonstrating a commitment to prioritizing public health solutions across the dementia continuum. Through the first three years of the implementation of this HBI Road Map, health departments have built a solid, multi-sector foundation with partners to advance brain health. This foundation continues to open opportunities to further expand reach for greater community impact and sustainability.

The overarching vision of the HBI is that everyone deserves a life with the healthiest brain possible. Tracking HBI Road Map implementation progress moves this vision forward, as health departments nationwide continue to take action to improve brain health in their communities.

This Fall: Next Round of HBI Road Map Implementation Evaluation Project

Annually, the Alzheimer's Association partners with state health departments to track and record HBI Road Map implementation on these standardized measures using the [HBI Road Map Evaluation Tool](#).

Health departments using the tool and interested in contributing to the national impact evaluation are encouraged to contact publichealth@alz.org.

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Learn more about the Healthy Brain Initiative
Road Map at alz.org/hbiroadmap



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