



JADE Health

JOINT ACTION ADDRESSING DEMENTIA AND HEALTH



**Co-funded by
the European Union**

Strategies to Address Dementia Across Europe: Evidence and Insights from the JADE Health work- package on prevention of dementia and stroke

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ISS – National Institute of Health, Italy

8th Federal Conference on “Healthy and Active Ageing”

Dementia Prevention in Dialogue – Improving Education, Strengthening Structures,
Reducing Risks



JADE Health

Joint Action addressing
Dementia and Health

JADE Health

Joint Action addressing DEmentia and HEALTH



Specific objectives

- Ensure that the best practices chosen in JADE Health for implementation across different health systems in Europe lead to sustainability.
 - Develop and encourage concrete new collaborations to perform innovative health treatments, equitable access to care and support new policies in the field of dementia and/or other neurological disorders.
 - Promote proactive and person-centred new care models techniques and technologies.
- Enhance promotion and prevention interventions targeted to fight stigma, with special attention to vulnerable groups including the elderly.
 - Improve the efficiency of promotion and prevention campaigns related to dementia and other neurological disorders).
 - Ensure wide and efficient dissemination of JADE Health activities and outcomes to improve health literacy and data accessibility.

MAIN FIGURES

47 entities
17 countries
44 pilot actions
7,500 citizens involved
5,000,000 € EC funding
36 months



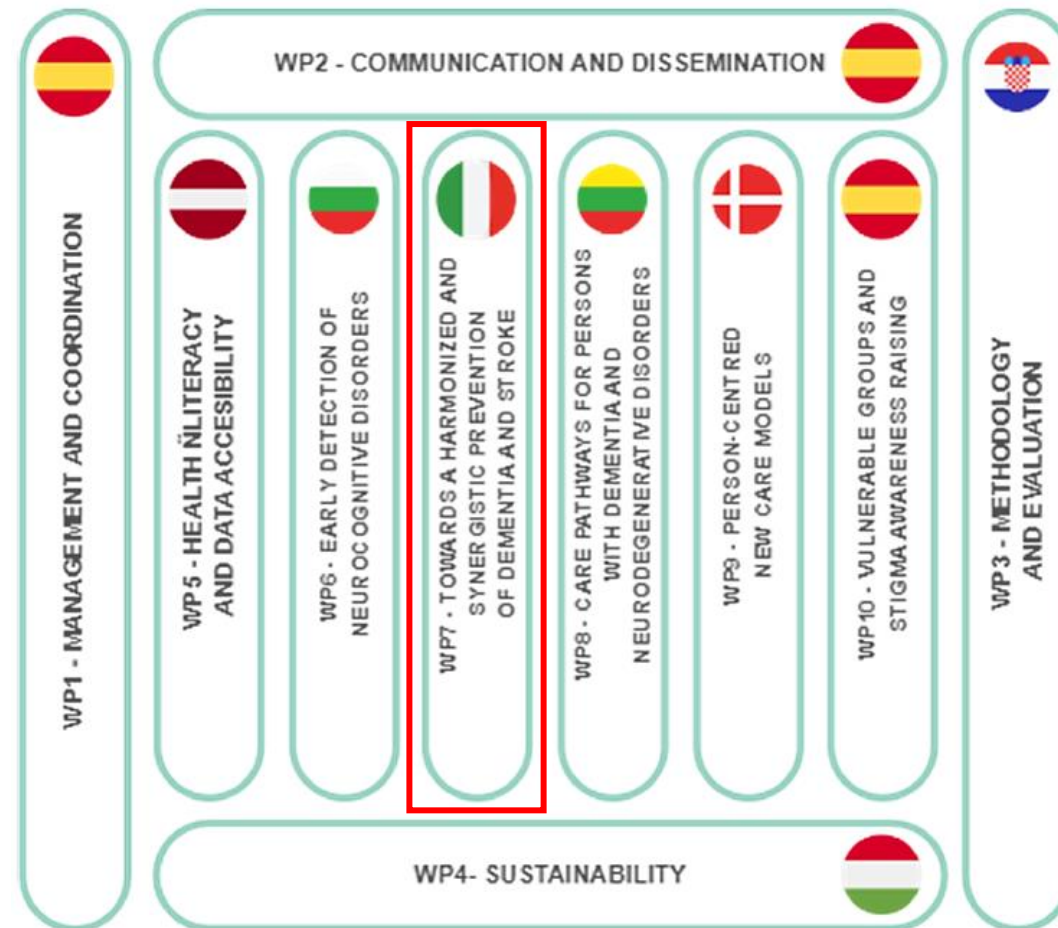
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COORDINATOR: The Foundation for Research and Training of Health Professionals of Extremadura (FUNDESALUD)

WP1	Management and Coordination
WP2	Communication and Dissemination
WP3	Methodology and Evaluation
WP4	Sustainability

WP5	Health Literacy and Data Accessibility
WP6	Early Detection of Neurocognitive Disorders
WP7	Prevention of Dementia and Stroke
WP8	Care Pathways for People with Dementia
WP9	Person-Centered New Care Models
WP10	Vulnerable Groups and Stigma Awareness Raising



WP7 - Towards a harmonized and synergistic prevention of dementia and stroke

Characterization of **prevention strategies** and **interventions**

TASK 7.1

LEAD  Co-LEAD           2026

Estimation of the **potentially avoidable cases** based on country-specific data on the prevalence of risk factors

TASK 7.2

LEAD  Co-LEAD          2026

Pilot implementation of best practices for prevention

TASK 7.3

LEAD  Co-LEAD       

Definition of the **key elements** for a **harmonized approach** to monitoring prevention

TASK 7.4

LEAD  Co-LEAD        2026

1

Dedicated document	Dementia
Non-dedicated document	Prevention, Non-Communicable diseases (NCDs), Health Ageing, Brain Health, Chronic diseases, Other documents

DOCUMENTS

2

PLAN: A document defining objectives, actions, timelines, tasks, resources, and **implementation steps as a roadmap** to achieve specific goals.

STRATEGY: A high-level framework defining overall direction, priorities, guiding principles, and long-term goals, **without detailed implementation steps**.

OTHER DOCUMENTS: Guidelines and other relevant documents.

COVERAGE

3

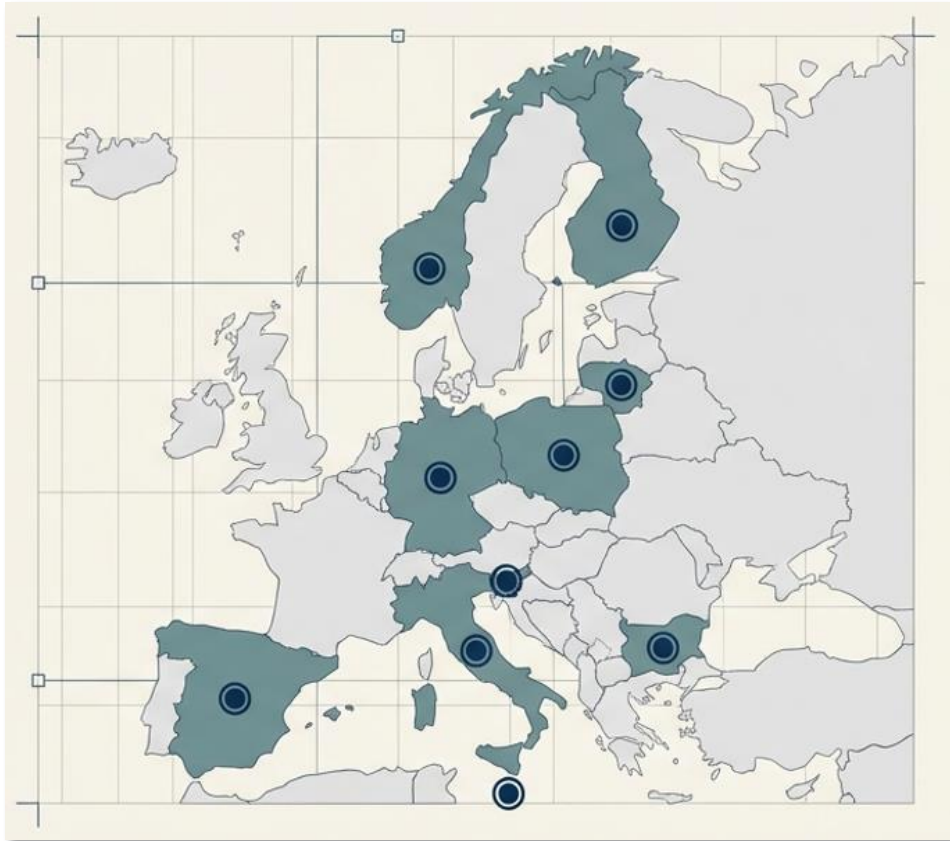
NATIONAL

Documents or policies **applying nationwide**, setting overarching guidelines and strategies for the whole country.

SUBNATIONAL

Involves documents or adaptations that address **regional, provincial, or local contexts** within a country.

Preliminary findings from the Task 7.1



- **Limitations of the Preliminary Findings**
- **Lack of documentation ≠ lack of policies**
- **Detailed documentation ≠ effective implementation**

National approaches rely on **different types of dedicated documents**, with **varying roles, scope and level of detail**.

- **National Dementia Strategies**

Long-term, high-level and cross-sectoral strategic direction

- **National Dementia Plans**

Operational and programmatic tools guiding implementation

- **Dementia-specific Clinical Guidelines**

High technical detail; focus on diagnosis, care pathways and evidence-based practice

- **Prevention documents with focus on dementia**

Emerging and unevenly developed across countries

CROSS-CUTTING NATIONAL POLICY DOCUMENTS HOSTING DEMENTIA ELEMENTS

In many countries, dementia is **mainstreamed into broader health frameworks**.

- **Prevention policies** (*most consistent cross-cutting pillar*)

National prevention plans; lifestyle risk-factor strategies; frailty, physical activity and nutrition policies

- **NCD frameworks**

Frequently used to host dementia-related objectives and actions

- **Brain Health strategies**

Increasingly linking cardiovascular and cognitive health

- **Healthy Ageing policies**

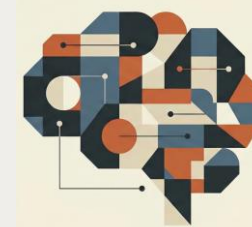
Dementia embedded within ageing, quality-of-life and long-term care agendas

EARLY DETECTION AND ASSESSMENT

Strategies prioritize primary care involvement and clear referral pathways to specialist memory clinics for multidisciplinary evaluation.



FOUNDATIONAL ELEMENTS IN MAPPED POLICIES



UNIVERSAL CAREGIVER SUPPORT

Every analyzed country recognizes caregiver burden, offering varying levels of respite services, training, and psychosocial counseling.



INTEGRATED PERSON-CENTRED CARE

Most frameworks seek to bridge health and social care to ensure continuity from initial diagnosis through advanced stages of the condition.



PREVENTION AND RISK REDUCTION

Policy focus is shifting toward modifiable risk factors, including brain health, cardiovascular management, and active aging.



DEMENTIA-FRIENDLY COMMUNITIES

Initiatives aim to reduce social stigma and increase participation through partnerships with municipalities, businesses, and transportation systems.








FIVE PILLARS EMERGE FROM THE NATIONAL DOCUMENTS

SUBNATIONAL GOVERNANCE: WHAT THE MAPPING SHOWS

- ❖ In some countries, subnational documents tend to be far **more operational** than national ones. Where they exist, they often provide **operational details** absent from national policies.
- ❖ Subnational governance appears **highly heterogeneous**.

Example: In Italy, all 19 Regions and 2 Autonomous Provinces developed a Regional/Provincial Prevention Plan (RPP/PPP) in line with the National Prevention Plan (NPP) 2020–2025, integrating actions on prevention, ageing, lifestyle-related risk factors, and several dementia-relevant components, including frailty, cardiovascular risk, nutrition, and physical activity.

FROM NATIONAL TO REGIONAL/LOCAL: FEW EXAMPLES

Country	Dedicated Documents	Non-Dedicated Documents	Key Features Relevant for Dementia
	Regional Dementia Plans	Regional Prevention Plans	<ul style="list-style-type: none"> ○ Direct dementia governance. ○ Regional prevention system (focus on frailty, cardiovascular risk, nutrition, lifestyle, social determinants).
	Dementia plans at Regional level	Regional framework agreements on prevention	<ul style="list-style-type: none"> ○ Dementia prevention embedded via lifestyle coaching, physical activity, nutrition, etc. ○ Strong focus on healthy ageing & wellbeing.
	-	County Wellbeing & Ageing Plans	<ul style="list-style-type: none"> ○ Direct dementia governance. ○ Regional prevention ecosystem.
	Extremadura dementia plan	Extremadura Cardiovascular and Cerebrovascular Plan Cantabria Chronicity & Mental Health Plans	<ul style="list-style-type: none"> ○ Operational dementia pathways. ○ Vascular, frailty & multimorbidity prevention. ○ Psychogeriatric components.
	Municipal dementia plans (Warsaw-Ochota, Lublin)	-	<ul style="list-style-type: none"> ○ Municipal dementia governance.

MOST FREQUENTLY TARGETED RISKS

Lifestyle-related
physical inactivity, unhealthy diet, smoking, alcohol

Cardio-metabolic
hypertension, diabetes, dyslipidaemia

Psychosocial
isolation, loneliness, depression

Age-related
frailty, falls, cognitive decline

Environmental
air pollution,
urban mobility

ITALY, EMILIA ROMAGNA REGION



Urban Health. Promote intersectoral interventions for livability, health and urban well-being

QUALITY ASSESSMENT & EVIDENCE ALIGNMENT

Purpose

A checklist for the assessment of **national and sub-national documents** classified as “plans”.

Checklist dimensions

Epidemiological context, Burden, Type of prevention, Feasibility of interventions, Inclusive planning, Evidence-based strategies

Preliminary findings

- Prevention **objectives are explicit** in the identified documents.
- Primary prevention is mostly **indirect** and **risk-factor based**.
- Plans **refers to evidence** sources, yet **epidemiological** and **burden data** are often **incomplete**.
- Stakeholders are mainly **involved in delivery**, with **little or no role in design or co-design**.
- Monitoring frameworks, indicators, timelines, funding, and resources are **often limited or unclear**.

Future directions

1. Strengthening Data Reporting and analysis

- Further discussion within the WP7 Working Group to establish **common standards** for detailed, consistent, and transparent reporting.

2. Integration With Task 7.2 Findings

- Connection with Task 7.2 results on the **epidemiology of risk factors**, data-source mapping, and prevalence estimates for the risk factors.

3. Upcoming Work: Task 7.4 (Starting October 2026)

Task 7.4 will focus on the development of a **monitoring framework** for dementia and stroke prevention.

- Identifying **monitoring-related components** already present in the documents.
- Defining **key elements** for a harmonised monitoring approach across countries.

THANK YOU ON BEHALF OF THE CONSORTIUM JADE Health!

