

# Evolution of strategic framework of policies related to dementia care and prevention in China from 2000 to 2024

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## Summary

**Background** Dementia has emerged as a critical public health issue on the global policy agenda. Over the past 25 years, China has increasingly recognized the significant challenges posed by dementia and has made substantial strides in formulating relevant policies. This study aims to analyze the strategic framework of China's dementia policy development to provide valuable insights for other low- and middle-income countries as they draft their national action plans.

**Methods** Policy documents were systematically searched and retrieved from the official websites of pertinent policy agencies. The evolutionary phases of dementia policies were identified based on the timeline of policy issuance. A comparative thematic analysis was conducted to explore the evolution of policy content. Additionally, WordCloud analysis was utilized to examine the frequency of relevant terms within these documents. Co-occurrence network diagrams were then created to illustrate the evolving trends in the relationships among key terms and activities related to dementia care.

**Findings** A total of 36 policy documents were included in this study. Three distinct phases were identified over the past 25 years: an incipient phase (2000–2014), a development phase (2015–2018), and a boom phase (2019–2024). Themes within dementia policies have progressively expanded and enriched across these phases. There has been a notable shift in focus from “intervention” during the incipient phase to “dementia prevention” in the boom phase, with themes such as “screening and evaluation” and “public education” gaining prominence. Stakeholder involvement has diversified to include entities like “community,” “institutions,” and “social workers.” Moreover, the scope of potential beneficiaries has broadened from “patients” to encompass “family members” and “caregivers.” The number of nodes related to dementia policies has increased, and their interconnections have strengthened over time.

**Interpretation** Over 25 years, the themes, content, and stakeholders involved in China's dementia-related policies have expanded significantly. Furthermore, the interconnection among key terms and content has grown stronger. These findings offer valuable references for advancing national dementia initiatives and updating dementia action plans in low- and middle-income countries.

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Translation: For the Chinese translation of the abstract see the [Supplementary Materials](#) section.

### Research in context

#### Evidence before this study

Dementia is a growing global public health challenge. In 2017, the World Health Organization (WHO) introduced a Global Action Plan on Dementia, prompting around 39 countries to develop national action plans. However, low-resource countries have been slower in policy formulation despite increasing concern.

China has acknowledged dementia's impact since 1999, progressively advancing policy development. The Healthy China Initiative (2019–2030) highlights dementia prevention as a national priority. Despite past misconceptions that dementia is a natural part of aging, public awareness in China has increased. However, delayed diagnosis and treatment remain significant barriers, as seen in European studies promoting memory clinics for improved access to dementia services. Some regions in China have adopted similar models, demonstrating their effectiveness.

Dementia care extends beyond medical treatment to long-term support for caregivers who face significant physical and emotional burdens. Given China's cultural emphasis on family caregiving, policies must consider alleviating caregivers' stress. Research suggests that managing 14 modifiable risk factors—such as lifestyle, education, and chronic disease—could reduce dementia risk by up to 45%. Integrating these into national health strategies, as seen in Healthy China 2030, may enhance prevention efforts.

Addressing dementia requires interdisciplinary collaboration and strategic prioritization, such as the timing and prioritization of the emergence of the 14 modifiable risk factors in China's dementia prevention policy framework deserve exploration. Yet, most studies have focused on current challenges rather than the dynamic evolution of China's policies over the past two decades.

#### Added value of this study

This study provides a systematic and longitudinal analysis of China's dementia policy evolution, offering a structured framework to understand policy progression over time. It analyzed 36 dementia-related policy documents from Chinese government sources using thematic analysis, word cloud visualization, and co-occurrence network analysis.

By categorizing the development into three stages—incipient (2000–2014), development (2015–2018), and boom (2019–2024)—it highlights the transition from fragmented, intervention-focused approaches to an integrated, prevention-oriented strategy. In addition to an increase in key policy terms and an expanding network of stakeholders, this study demonstrates a denser and more interconnected policy landscape over time, implying strengthened interconnections among policy elements.

This research offers a novel perspective on how policy themes, stakeholder involvement, and strategic priorities have evolved, serving as a valuable reference for other low- and middle-income countries developing national dementia action plans.

#### Implications of all the available evidence

Our study highlights the evolution of China's dementia policies from 2000 to 2024, revealing a shift toward a more comprehensive, prevention-oriented framework. The increasing complexity of policy themes, broader stakeholder engagement, and emphasis on early detection align with international best practices. Understanding these policy trends provides insights for low-resource countries developing national dementia strategies, fostering global collaboration, and contributing to effective dementia prevention and care initiatives.

### Introduction

Dementia has become a critical issue in global public health.<sup>1</sup> The World Health Organization (WHO) released a Global Action Plan against Dementia in 2017,<sup>2</sup> and since then, approximately 39 countries have announced national action plans.<sup>3</sup> However, low-resource countries have been relatively slow in formulating national dementia action plans despite growing global concern.

Since 1999, China has recognized the significant challenges dementia poses as the population ages.<sup>4,5</sup> Policy leadership has begun to address this issue and is committed to advancing policy formulation. Over the past two decades, substantial progress has been made. The Healthy China Initiative (2019–2030) explicitly states that reducing the rate of increase in dementia prevalence among older adults is a primary indicator of aged care services, highlighting the high-level attention given by national policies to dementia prevention and

control.<sup>6</sup> Therefore, analyzing the strategic framework of China's policy development may facilitate the advancement of local policies and provide valuable insights for low- and middle-income countries as they formulate their national action plans.

For a long time, dementia has been perceived as a normal part of aging in China.<sup>7</sup> This lack of awareness and under-recognition of early symptoms has led to a significant gap in diagnosis and treatment.<sup>8</sup> Developed countries have made efforts to raise public awareness as a key element of their national strategies.<sup>9</sup> China has also drawn on international experiences in policy formulation and practical services, making efforts in this area. Indeed, public awareness of dementia has been increasing.<sup>10</sup>

Additionally, delayed care in seeking a diagnosis and treatment remains a primary concern in the medical community.<sup>8</sup> This delay is a significant barrier, preventing many patients from seeking timely help and

support. European studies have found that establishing memory clinics can improve access to dementia services and increase utilization of consultation and management services.<sup>11,12</sup> Some regions in China have actively promoted the development of memory clinics, and surveys have shown that such clinics can indeed increase the likelihood of patients seeking timely treatment, addressing the issue of delayed medical visits.<sup>13</sup> The secondary service delivery model (e.g., memory clinics, community health services, telemedicine and digital tools) plays a crucial role in dementia prevention and treatment by effectively slowing disease progression and enhancing patients' quality of life through early identification, diagnosis, and intervention. However, its implementation requires multidisciplinary cooperation, resource investment and policy support. Many challenges still need to be overcome, especially in low-resource countries.

Furthermore, caring for individuals with dementia involves not only treating the disease but also providing long-term care. For caregivers, accompanying individuals with dementia is a prolonged journey filled with challenges, including physical exhaustion, sleep deprivation, and a range of negative emotions such as anxiety, depression, fear, and helplessness.<sup>14–16</sup> Therefore, these caregivers require substantial psychosocial support. In China, where filial piety is deeply rooted, families play a vital role in supporting patients.<sup>15</sup> Thus, the immense pressure faced by family caregivers needs to be alleviated, and this should be an essential consideration in policymaking.

Recent studies have found that about 14 modifiable risk factors for dementia are closely related to lifestyle, education, chronic disease management, and mental health. If these factors are managed, the risk of developing dementia could be reduced by up to 45% or more.<sup>17,18</sup> Therefore, integrating these factors into routine healthcare services, especially health management, to reduce dementia incidence and minimize its disability is a key consideration when formulating policies. The Healthy China 2030 initiative includes several programs promoting healthy lifestyles and mental health.<sup>6</sup> Integrating these efforts with dementia prevention and control may be an effective strategy, though further exploration through practice is required. Moreover, exploring the timing and prioritization of these factors within China's dementia prevention policy framework is essential to understand how policymakers in China prioritize and address these issues in their work.

Dementia is, therefore, not only a medical issue but also a social one. Effective solutions for dementia prevention and control cannot be achieved by a single team, discipline, or sector alone. Interdisciplinary, intersectoral, and inter-team collaboration should be incorporated into policymaking to develop service networks and mobilize all available resources for dementia prevention and control among older adults.

Additionally, each task in dementia policy involves many specific aspects, and none can be accomplished overnight; they require gradual implementation. During each phase of progress, determining priorities and secondary objectives is a critical question that policymakers and scholars should consider. However, most reviews of China's dementia policies have focused on current challenges and proposed possible responses, with insufficient dynamic analysis of policy evolution over the past two decades.<sup>16,19,20</sup> Therefore, this study aims to examine the strategic frameworks of relevant policies across multiple sectors, tracing the evolution of these policies. It will facilitate discussions among policy researchers on these policies' achievements and potential shortcomings, provide a scientific and systematic foundation for advancing the formulation of the national dementia action plan, and offer valuable references for other low- and middle-income countries.

## Methods

### Search methods for the identification of policy documents

The official websites of the policymaking government bodies, including the Central People's Government of the People's Republic of China, the National Health Commission, and the Ministry of Civil Affairs of the People's Republic of China, were searched using the relevant keywords from inception to October 2024 by two researchers independently (YL, XG). The primary search terms included "dementia," "cognitive impairment," and "Alzheimer\*." Also, the backtracking and correlation searching approach was used to broaden the scope.

### Selection of policy documents

To be included in the analysis, policy documents had to meet the following inclusion criteria: (1) the national government bodies released the policy document; (2) the policy document was announced publicly; (3) the policy document explicitly stated the management, care or prevention of dementia; and (4) the policy document was meaningful to the practice of dementia care or prevention. In China, policy documents issued by national government bodies, including the State Council or ministerial-level agencies, are highly influential and serve as foundational guidance for implementing nationwide practices. These documents are binding and provide a framework for local governments, healthcare providers, and other stakeholders to develop and implement relevant programs. The exclusion criteria were as follows: (1) the policy document did not provide sufficient information relevant to dementia care or prevention; (2) the policy document did not aim to improve dementia care or prevention; and (3) discussion or internally circulated documents. If the same policy document was announced on multiple official websites,

only the original one was selected to avoid data duplication. Two investigators (YL, XG) independently screened the titles and contents and selected policy documents addressing dementia care and prevention. Disagreements were resolved by discussion and consensus.

### Content analysis of policy documents

#### *Definition of stages of policy evolution*

Based on the priority and number of policy documents issued each year, the evolution of dementia policies is divided into three stages:

**The Incipient Stage:** Dementia was only mentioned as a non-prioritized component within policy documents addressing other conditions or services, with no more than one relevant policy document issued annually.

**The Development Stage:** Dementia was included as a key component within policy documents related to other conditions or services, with at least one and no more than four relevant policy documents released each year.

**The Boom Stage:** Dementia was prioritized as a key component within policy documents addressing other conditions or services, or as an independent condition in its own right, with at least two relevant policy documents issued annually.

#### *Policy priority*

Policies are evaluated based on three crucial dimensions: the level of the issuing organization, whether the policy is issued individually or jointly, and its effectiveness. The issuing organization's level is classified into the State Council and ministerial-level agencies. The State Council exclusively issues state Council-level policies, whereas ministerial-level agency policies can be issued by a single agency or jointly by multiple agencies. Concerning policy effectiveness, preference is given to long-term planning documents over guiding documents, followed by short-term planning documents and pilot work programs. Consequently, the highest priority is the long-term planning policies issued by the State Council. In contrast, the pilot work program policies issued solely by a ministry receive the lowest priority. Any other combinations are regarded as general priority policies.

#### *Analysis of policy content themes and sub-themes*

NVivo 15 software was utilized to perform textual content analysis on the selected dementia policy documents. The software was downloaded from the NVivo Chinese site (<https://www.nvivo.cn/>, free trial version). The analysis involved a systematic coding process, including open, axial, and selective coding, followed by thematic summarization and comparative analysis to identify themes and sub-themes.

The content of the selected policy documents was imported into NVivo 15 for analysis. A preliminary screening was conducted from the perspective of an

“observer” to exclude content unrelated to dementia, ensuring that only relevant policy information was included for further analysis.

Free nodes were summarized into overarching themes, with similar or overlapping concepts grouped into distinct subthemes. For example, codes such as “recognizing early signs of Alzheimer’s disease” and “promoting knowledge on preventing mental illnesses like dementia and depression in the elderly,” were categorized under the theme “knowledge dissemination on prevention.”

Selective coding was applied to refine the nodes into core categories. For instance, nodes like “disease knowledge dissemination” and “prevention knowledge dissemination” were consolidated under the overarching theme of “knowledge dissemination.”

To minimize subjectivity, two coders (YL, XG) independently carried out the coding process, followed by a consistency check to ensure reliability.

#### *Frequency analysis of policy content terms*

The Chinese word segmentation function of the MicroWordCloud software was utilized to analyze the frequency of relevant terms in policy contents. A minimum word length of two characters was set as the criterion for a term to be included in the analysis. During the word frequency analysis, duplicate terms were consolidated, and irrelevant words, such as “conduct” and “obtain,” were excluded to ensure analytical precision. This process resulted in generating a word frequency table and a co-occurrence network diagram, providing a visual representation of term relationships within the policy content.

#### *Statistical analysis*

A descriptive analysis was conducted to examine the characteristics of the selected policies, including issuing departments, policy independence, policy content, and relevant stakeholders. Each characteristic was defined on the basis of the detailed content of the policy texts. The frequency of these characteristics across policy texts from different stages was then statistically analyzed to identify trends and patterns.

Based on the coding results from NVivo 15 software, a coding table was generated for each stage of China’s dementia policy development. Using the Chinese word segmentation function of the MicroWordCloud software, we obtained the statistical results for relevant word frequencies. Additionally, co-occurrence network diagrams for the three stages were created through text analysis with MicroWordCloud. The number of nodes and the strength of interconnections were visually compared across the three stages.

#### **Ethics approval**

The study does not involve human subjects or animals. It is exempt from the ethics review.

### Role of the funding source

The funders had no role in study design, data collection, data analysis, interpretation, and writing of the report.

## Results

### Search results and characteristics of the selected policy documents

We identified 880 policy documents through searches, of which 39 duplicates were removed, leaving 841 full-text policy documents for review. Some policy documents were excluded for the following reasons ( $n = 805$ ): 1) the policy document lacked sufficient information on dementia care or prevention ( $n = 792$ ); 2) the policy document did not have the goal of improving dementia care or prevention ( $n = 13$ ). Ultimately, 36 policy documents (Supplementary Table S1 in the supplemental document) were included in the following analysis (Fig. 1).

Selected characteristics of these 36 policy documents are presented in Table 1. Among these, eight policies were classified as the highest priority, twenty-seven general-priority policies, and one at the lowest priority. The primary issuing department for China's dementia policies was the National Health Commission of the People's Republic of China. Most dementia-related content was integrated into elderly care or mental health policies, with only four core documents explicitly featuring "dementia" or "Alzheimer's disease" in their

titles. The policy content primarily focuses on intervention services, screening and identification, and health education. Stakeholders include communities, institutions, families, medical staff, caregivers, social workers, and psychological workers.

The analysis identified three stages of policy development: 1) the incipient stage (2000–2014), during which only three dementia-related policies were issued; 2) the development stage (2015–2018), with nine dementia-related policies issued; and 3) the boom stage (2019–2024), during which 24 dementia-related policies were issued.

### Comparison of strategic themes across three stages

A total of 121 free nodes and 17 core categories were constructed. As summarized in Table 2, the themes of dementia policies have become increasingly comprehensive across three stages, with their content becoming more refined over time. For example, in the incipient stage, knowledge dissemination gradually evolved into more detailed presentations of educational content, formats, and stakeholders in the boom stage. Additionally, the focus of policy themes has shifted over time, transitioning from an initial emphasis on "intervention" to a stronger focus on "dementia prevention" in later stages. Subthemes related to early dementia prevention, such as "screening and evaluation" and "health education," have also expanded over time.

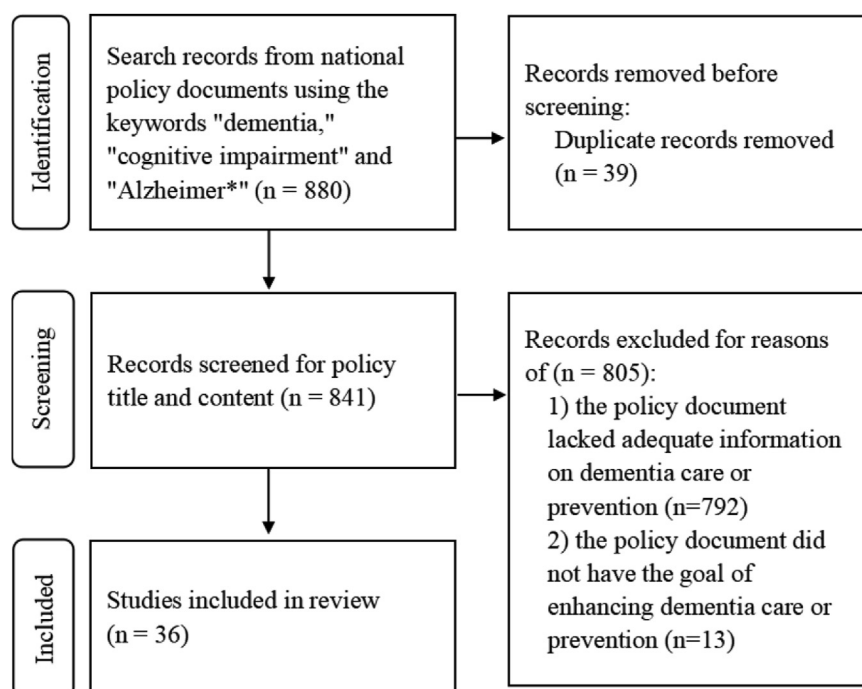


Fig. 1: Flowchart of searching, retrieving, and screening policy documents.

Dimension	Characteristics	Incipient stage (2000–2014)	Development stage (2015–2018)	Boom stage (2019–2024)
Issuing department	National Health Commission and other joint departments (n = 20)	1	5	14
	State Council (n = 13)	2	4	7
	Ministry of Civil Affairs and other departments (n = 3)	0	0	3
Policy independence	Core documents with “dementia” in title (n = 4)	0	0	4
	Supporting documents with “dementia” in content (n = 32)	3	9	20
Policy content	Intervention services (n = 29)	2	9	18
	Screening and identification (n = 19)	1	4	14
	Care services (n = 11)	0	1	10
	Health education (n = 10)	2	1	7
	Scientific research and diagnosis (n = 7)	1	0	6
Relevant stakeholders	Institutions (n = 17)	0	3	14
	Community (n = 16)	0	2	14
	Medical staff (n = 15)	0	1	14
	Families (n = 13)	1	3	9
	Caregivers (n = 10)	1	0	9
	Social workers (n = 8)	0	1	7
	Family members (n = 6)	1	0	5
	Psychological workers (n = 5)	0	1	4
	Volunteers (n = 4)	0	0	4
	Social organization personnel (n = 2)	0	0	2

Table 1: Characteristics of the selected policy documents.

### Comparison of word frequency of strategic terms across three stages

From the perspective of work objectives, China’s dementia policies primarily focus on dementia prevalence, public awareness of dementia-related knowledge, and early detection rates.

Regarding work content, the frequency of key terms has steadily increased from the incipient stage to the boom stage, reflecting the growing importance of dementia policies (Fig. 2). Terms such as “prevention,” “intervention,” and “health education” have become more prevalent over time. A comparison of different terms reveals that broad terms used in the incipient stage, such as “pilot,” “intervention,” and “health education,” evolve into more specific terms like “technology,” “training,” and “screening” in the development stage. In the boom stage, terms such as “health,” “care,” “prevention,” and “screening” see a significant rise in frequency, indicating that policy content during this period emphasizes comprehensive, multifaceted development.

Also, the range of stakeholders involved has expanded. For example, terms like “community,” “institutions,” and “social workers” appear with

increasing frequency during the development and boom stages. These shifts in relevant stakeholders also reflect changes in policy focus. Early policies primarily emphasized “family members” and “caregivers,” while later policies have expanded to include multi-sector stakeholders. Over time, the focus has gradually shifted from solely addressing interventions for dementia patients and their families to incorporating broader, collaborative efforts in dementia prevention.

### Comparison of co-occurrence networks of strategic terms across three stages

Fig. 3 illustrates that as the stages progress, the number of nodes related to dementia policies continues to grow, and their interconnections become stronger. In the incipient stage, the co-occurrence network diagram displays fewer nodes, with relatively loose relationships and weak overall connectivity. In the development stage, new nodes such as “skills training,” “clinical departments,” and “screening” emerge, and the connections between nodes become more robust. By the boom stage, the number of nodes increases significantly, and their distribution becomes denser. This suggests that while dementia-related policies in China are becoming more comprehensive, their specificity and focus are continuously improving.

### Discussion

Our study on the evolution of China’s national dementia policies from 2000 to 2024 highlights a progressive refinement and expansion of strategic themes, objectives, and stakeholder engagement. The evolution of these policies has gone through three stages. As the stages progressed, the focus of dementia policy shifted from intervention-centered to prevention-centered. The policy content evolved from broad and generalized guidance to more diverse and specific areas, such as public education, professional training, and awareness campaigns. The co-occurrence relationships within the policy content gradually strengthened, reflecting a more integrated approach. More stakeholder involvement also signals the increasing significance of dementia policies in social development.

### Evolution of policy themes: from intervention to prevention

One of the key findings of the thematic analysis is the transition of dementia policy themes from an initial emphasis on intervention to a growing focus on dementia prevention. In the incipient stage, policies primarily concentrated on knowledge dissemination, laying the groundwork for public awareness and early-stage interventions.<sup>21</sup> Over time, these themes evolved into more structured and comprehensive strategies, emphasizing early prevention through screening and health education.



Stage	Main theme	Subthemes
Incipient stage (2000–2014)	Knowledge dissemination	Dissemination of disease knowledge; Dissemination of prevention knowledge; Awareness rate of prevention knowledge
	Intervention	Launching prevention and treatment pilots; Establishing intervention networks; Treatment and rehabilitation services
	Scientific research	Early detection research; Diagnostic and treatment research
	Early identification	Early identification rate; Early detection rate
Development stage (2015–2018)	Dementia prevention	Establishment of prevention and treatment models; Development of prevention and treatment technologies
	Early screening	Screening and identification with health guidance
	Intervention services	Mental health services
	Personnel training	Training for medical staff; Training for social workers and psychological workers
Boom stage (2019–2024)	Dementia prevention	Awareness rate of prevention and treatment knowledge; Training in prevention and treatment technologies; Prevention and treatment pilots; Prevention service networks
	Science education	Educational content; Educational formats; Creating a social atmosphere; Community education; Institutional education; Education by social groups
	Screening and evaluation	Cognitive screening rate; Community screening and evaluation; Basic healthcare institution screening and evaluation; Elderly care institution screening and evaluation
	Personnel training	Training for medical staff; Training for social workers, caregivers, and care staff
	Care services	Caregiver support; Care skills training; Establishing dedicated care zones; Care facility support
	Preventive intervention services	Expert guidance; Medication purchase; Classified intervention services; Services by medical institutions; Services by elderly care institutions; Preventive intervention models
	Service teams	Establishment of specialized clinics; Information-sharing service platforms
	Dementia-friendly environment	Safeguarding legal rights and interest; Implementation of guardianship systems; Delivery of support services; Fostering an inclusive social environment;
	Technological empowerment and global collaboration	Research facilitation; Technological innovation; Multidisciplinary medical partnerships and scholarly exchange; Resource and technology co-development

Table 2: Coding list of development stages and themes of dementia prevention and care in the dementia policy.

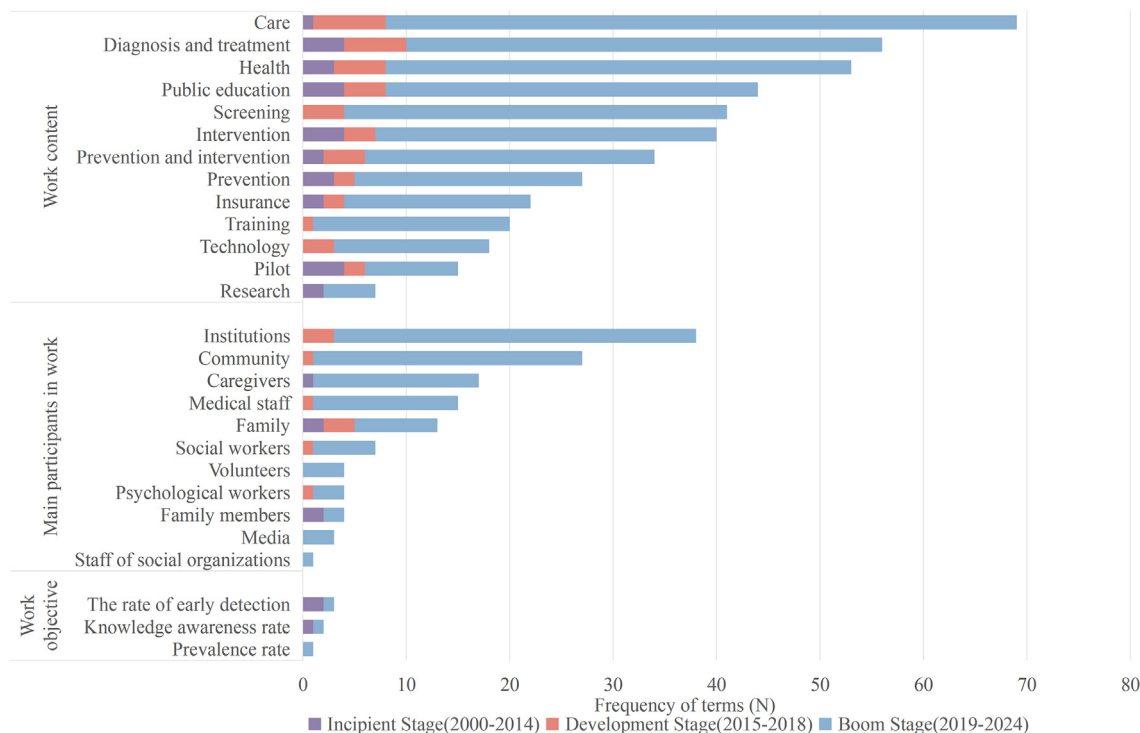
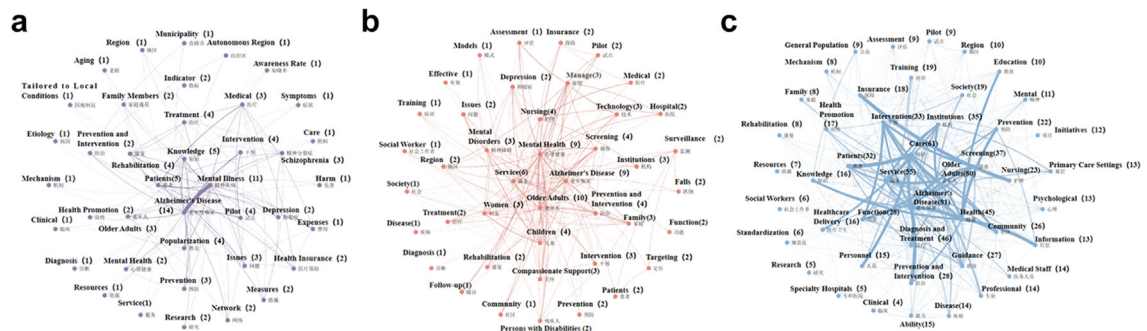


Fig. 2: Word frequency of strategic terms across three stages.



**Fig. 3:** Term co-occurrence network diagrams across three stages. (a) Incipient stage; (b) development stage; (c) boom stage. The Chinese characters are used in the diagrams to maintain alignment with the original policy documents.

The advancement of medical technologies and healthcare system reforms has driven the improvement and transformation of dementia policy themes. In 2009, China implemented systemic healthcare reforms, which promoted the optimized allocation of medical resources across prevention, primary care, and treatment, achieving universal health coverage (UHC).<sup>20</sup> The infrastructure development under the UHC framework has facilitated the awareness that preventing dementia should be prioritized.

Besides, this shift aligns with the recommendations of the Lancet Commission on dementia prevention, which highlights that addressing modifiable risk factors—such as hypertension, diabetes, physical inactivity, and social engagement—can significantly reduce dementia incidence.<sup>22</sup> Emerging evidence supports the effectiveness of preventive strategies in mitigating cognitive decline, reinforcing the importance of China's policy transition toward early intervention and prevention.<sup>23,24</sup>

This shift also aligns with global trends in dementia care, where countries such as the United Kingdom<sup>25,26</sup> and South Korea have emphasized early detection and public awareness as essential strategies for reducing long-term healthcare burdens. The World Health Organization (WHO) has similarly advocated for a preventative approach, recognizing that early lifestyle interventions can significantly delay cognitive decline and improve quality of life for aging populations.<sup>27</sup> However, these global frameworks must be tailored to address low-resource countries' unique socio-economic and healthcare realities, ensuring equity and cultural relevance in dementia prevention and care strategies. Health disparities between these contexts may influence the feasibility and effectiveness of risk-reduction strategies, requiring adaptation to local conditions. Additionally, while focusing on modifiable risk factors is crucial, care must be taken to avoid stigmatizing individuals' lifestyles, particularly in vulnerable populations, as this could undermine public acceptance of dementia prevention efforts.

### Increasing complexity and specificity in policy content

Our comparative analysis of word frequency across three stages highlights an increasing emphasis on detailed and specialized terms, such as “technology,” “training,” and “screening.” The rising prevalence of terms like “care,” “health,” and “prevention” in the boom stage suggests that China's dementia policies have become more structured and multi-dimensional. This reflects a growing recognition of dementia as not only a clinical challenge but also a public health issue requiring a multi-pronged approach.

In the past decades, scholars and healthcare professionals have proposed and implemented a framework for providing continuous dementia care in China.<sup>28</sup> Strategically, the continuum of dementia care has four major elements: risk assessment, timely diagnosis, post-diagnostic support, and caregiver support. The increased complexity of the policy content aligns with the continuum care framework. Compared to other nations, China's policy trajectory mirrors trends observed in countries with well-established dementia frameworks. For example, Japan's dementia policies have increasingly recognized the significance of person-centered care.<sup>29</sup>

The rate of underdiagnosis of dementia remains high in China.<sup>30,31</sup> Even for those who have developed symptoms of dementia, the help-seeking for diagnosis is delayed.<sup>32</sup> Therefore, increasing access to timely diagnosis is necessary to minimize the diagnosis gap in China. Following the WHO mhGAP and the Community-based dementia management toolkit for low- and middle-income countries,<sup>2,27</sup> China has revisited the community-based screening initiatives in different catchments. By leveraging primary healthcare institutions, China aims to expand the coverage and reach of dementia screening efforts to a broader population.

We also found that China is making similar efforts to increase training for service providers. For example, European countries have emphasized training programs



for healthcare professionals and caregivers, ensuring that dementia care is not only accessible but also high quality. Our previous studies have demonstrated the positive effect of enhanced training on improving primary care providers' knowledge and service coverage.<sup>33</sup> Also, increased availability of and access to dementia specialists and memory clinics benefit timely diagnosis.<sup>13,34</sup> Therefore, training has been prioritized as one strategy for capacity building in dementia care and prevention policy.

While training programs and capacity-building efforts are critical for improving service delivery globally, the approach must often be tailored to the unique challenges faced by low-resource settings, where specialized resources are scarce. In low-resource countries, some available services and providers operate within the secondary care model, which can be a limited resource, especially in the initial phases of dementia prevention and treatment. In these countries, primary care providers may have a more crucial role. Thus, enhancing the capabilities of primary care providers, integrating certain specialized services into the primary care setting, and ensuring smooth coordination between primary and specialized services could present a more viable approach for managing and treating dementia in low-resource countries. Based on the Chinese experience, capacity-building efforts could focus on empowering primary healthcare providers by improving their professional skills through training programs, enabling them to perform tasks typically handled by specialized services, such as cognitive screening and essential interventions. Moreover, fostering interdisciplinary collaboration by involving mental health professionals and rehabilitation specialists to work alongside primary healthcare providers in creating treatment plans and providing technical assistance could further enhance dementia care. Integrating services could encompass innovative approaches such as telemedicine, utilizing technology to bridge the gap by introducing specialized medical resources like consultations with specialists and guidance on rehabilitation from specialized services into primary healthcare settings to offset resource constraints.

In China, supported by the national essential public health service funding, people aged 65 and above receive annual physical check-ups in community health centers. The checklist includes three quick questions on cognitive function as optional inquiries. Such an approach may be an easy way to identify suspected cases of dementia quickly. Also, public education on promoting healthy lifestyles is supported by national essential public health service funding. These approaches may be practical examples for other low-resource countries that aim to improve preventive services and early detection of dementia in the community.

### Expansion of stakeholder involvement and multi-sector collaboration

The analysis of co-occurrence networks reveals an expanding network of policy stakeholders. In the incipient stage, policies largely focused on family members and caregivers. However, later stages introduced a more diverse range of actors, including communities, healthcare institutions, and social workers. This expansion suggests an increasing recognition of dementia as a societal issue that requires coordinated efforts across multiple sectors.

This trend is consistent with international best practices.<sup>26</sup> For instance, the Swedish government initiated the National Study on Aging and Care and supports research efforts to enable early detection and risk reduction. All these efforts are integrating local governments, healthcare providers, and social services to ensure a comprehensive care network. Similarly, the U.S. National Alzheimer's Plan includes public-private partnerships to foster innovation in dementia care and research. In China, family caregiving is the primary resource for aged care, including dementia care.<sup>35</sup> Empowering and supporting family caregivers of dementia patients has become one of the major components of dementia care.<sup>28</sup> In contrast, other countries, such as Japan, the UK, and Canada, focus more on offering social support through community and institutional services for persons living with dementia. This reflects a key difference in the approach that China's cultural and healthcare realities shape. These unique characteristics reflect China's tailored approach to addressing dementia, rooted in its healthcare system and cultural context.

Besides, to integrate medical care and social services, social workers play a pivotal role in implementing social prescribing,<sup>36,37</sup> which might be an optimal model for dementia. As of now, the number of dementia patients in China accounts for approximately 25% of the global dementia population, posing a severe threat to China's economic and social development.<sup>5</sup> Therefore, mobilizing the collective efforts of diverse stakeholders is necessary. The finding that the relevant stakeholders now expand to "communities," "institutions," "social workers," and "mental health professionals." reflects the continuous integration of interdisciplinary and cross-sectoral participants in dementia prevention and treatment policies. By coordinating efforts and resources from various parties, China has been steadily enriching its support system for dementia prevention and treatment.

### Limitations

Our study still has the following limitations. First, our study mainly focuses on concise policy texts. Usually, policy documents prioritize brevity, making exploring the deeper meanings and implications behind the words challenging. In addition, some relevant policy

documents may not be publicly accessible, which could result in incomplete coverage. Second, analyzing the policy documents *per se* does not exclude the potential susceptibility to the constraints and limitations of the policy framework itself.

Third, the roles of relevant stakeholders are not clearly defined. Policy texts often lack clear definitions of how dementia stakeholders should carry out prevention and control actions, which limits the depth of analysis on this issue. For instance, while economic security aspects have been progressively incorporated into China's dementia prevention and treatment policies, mainly at the boom stage, these measures have not coalesced into a systematic or substantial policy trajectory. Specifically, the National Action Plan for Coping with Dementia in the Elderly (2024–2030) (#36 in [Supplementary Table S1](#)) proposes to include eligible older adults living with dementia in the long-term care insurance system and to develop commercial long-term care insurance to reduce the burden on families. Opinions of the Central Committee of the Communist Party of China and the State Council on Strengthening the Work of the Elderly in the New Era (#22 in [Supplementary Table S1](#)) explicitly require public nursing institutions to prioritize accepting demented older adults with financial difficulties. Furthermore, the Guiding Opinions on the Establishment and Improvement of the Health Service System for the Elderly (#17 in [Supplementary Table S1](#)) mentions the study of perfecting the payment policy for home-based medical care and the establishment of a protection mechanism. These policies are of great significance in easing the financial pressure on patients and their families and optimizing the distribution of resources. However, at present, measures related to financial protection are still fragmented in the policy system, and there is a lack of unified strategic planning and implementation framework. In the future, as the incidence of dementia continues to rise, enhancing the sustainability and fairness of the policy through financial support and economic security mechanisms will become an important research direction, and policy optimization will focus on dementia prevention and treatment.

Fourth, the lack of an assessment of implementation effects limits the ability to evaluate the practical outcomes of these policies, and the policy documents analyzed may not fully capture regional disparities in dementia-related policies or their implementation. Although the absence of uniform national data presents challenges in assessing the policy's influence on related efforts, initial insights can be obtained from implementing policies and regional studies, providing some preliminary indications of their effectiveness. For instance, in Jiaozhou, the "Promotion Action for Alzheimer's Disease Prevention and Treatment" launched in April 2024 facilitated cognitive screening,

assessment, and interventions for over 18,000 elderly individuals aged 65 and above.<sup>38</sup> In Guangzhou, the Affiliated Brain Hospital of Guangzhou Medical University has utilized the "Hui Memory" WeChat mini-program and plasma biomarker detection technology to conduct initial cognitive screenings for 300,000 elderly individuals, aiming to provide precise diagnostic services to thousands.<sup>39</sup> Shanghai has improved dementia prevention and treatment through a community-based project. The initiative includes a "Golden 3-Minute" screening tool, which quickly identifies cognitive impairment risks.<sup>40</sup> Future studies could incorporate empirical data collection, such as interviews with stakeholders or case studies, to better understand the real-world impacts of these policies. In addition, future research could expand to include regional-level analyses to provide a more comprehensive understanding of how policies are adopted and implemented across different areas.

### Implication of the study

Our study highlights the evolution of China's dementia policies from 2000 to 2024, revealing a shift toward a more comprehensive, prevention-oriented framework. The increasing complexity of policy themes, broader stakeholder engagement, and emphasis on early detection align with international best practices. Understanding these policy trends provides insights for low-resource countries developing national dementia strategies, fostering global collaboration, and contributing to effective dementia prevention and care initiatives.

### Conclusion

The evolution of China's dementia policies over the past two decades reflects a significant transformation toward a more comprehensive and prevention-oriented approach. The increasing complexity of policy themes, expansion of stakeholder involvement, and emphasis on early detection and education align with international best practices. However, continued advancements in multi-sector collaboration, technological integration, and dementia-friendly societal adaptations will be crucial in addressing the growing challenges an aging population poses. By learning from global experiences and further refining its strategic framework, China can develop a more effective and sustainable dementia policy system that meets the needs of its aging society while also serving as a model for other nations facing similar demographic shifts.

### Contributors

QX and HW conceptualized the study. YL, XG, and QX collected and analyzed the data. YL, QX, XG and HW interpreted data. YL, XG, and HW drafted the manuscript. QX and HW revised the manuscript. All authors contributed to the manuscript by reviewing and editing the draft, ensuring the integrity and accuracy of the work. QX and HW directly accessed and verified the raw data reported in the manuscript.

QX and HW had final responsibility for the decision to submit for publication.

#### Data sharing statement

All data used in the current analyses are publicly available from the official websites of policymaking government bodies.

#### Declaration of interests

YL and XG declare no conflicts of interest. QX receives funding support of Jiangxi Province Key Research Base Program for Philosophy and Social Sciences (23ZXSKJD28), and Beijing Medical Award Foundation. HW receives research grant funding of Science and Technology Innovation 2030-Major Project (2021ZD0201805), and Natural Science Foundation of China (82471571). HW is the President of Chinese Society of Geriatric Psychiatry (CSGP) and does not receive salary from the CSGP.

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#### Appendix A. Supplementary data

Supplementary data related to this article can be found at <https://doi.org/10.1016/j.j.lanwpc.2025.101561>.

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