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The Global Brain Care Coalition

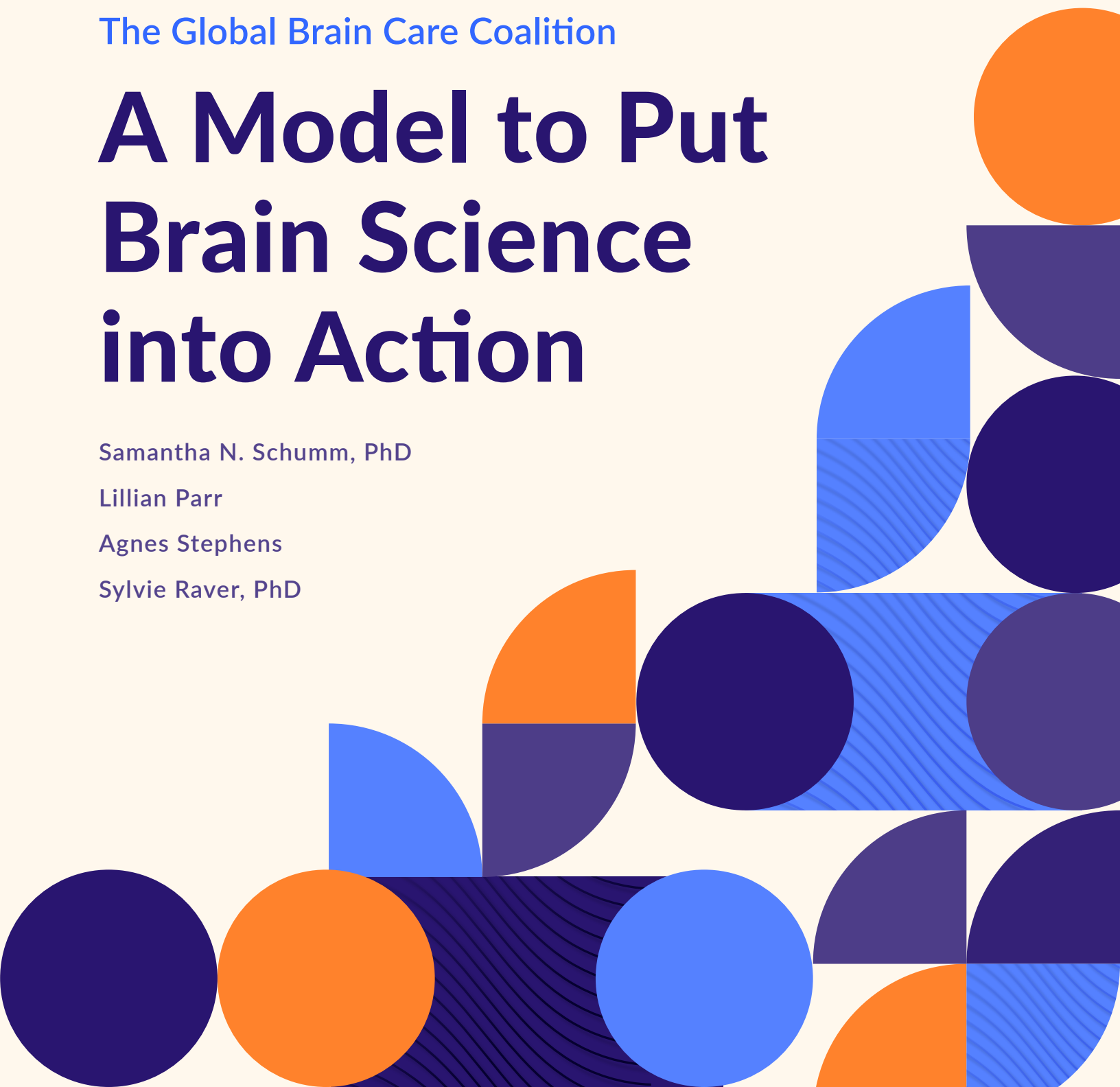
A Model to Put Brain Science into Action

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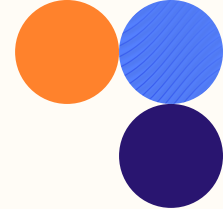


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Foreword

Early in my career as a neurointensivist and stroke specialist at Mass General Brigham and Harvard, I came to realize that the questions driving scientific research were often very different from those asked by my patients and their families. After a devastating stroke, they rarely asked about predictive models or the biology of brain injury. Instead, they asked, “Will my father be himself again?” “Will my wife recover?” “What can we do now?”

Those conversations transformed how my team and I think about research. They reinforced that advancing science is just the first step—we must also work to produce science that people can use to help themselves and their loved ones. To answer the questions I received most often, I came to focus on helping everyone protect their brain health before disease occurs and providing practical guidance they can use throughout their lives.

Preventing dementia, stroke, and depression is one of health care’s greatest challenges, but it is also one of its greatest opportunities. Decades of research have shown that many of the factors influencing these conditions are modifiable. Today, evidence suggests that up to 75 percent of strokes, 45 percent of dementias, and 35 percent of depression cases may be prevented or delayed through actions that individuals, families, health-care providers, and communities can take together. Prevention is not easy—but it is possible, and the science continues to strengthen that promise.

Deep listening and collaboration, the founding principles of our work, shaped the development of the Brain Care Score and the Global Brain Care Coalition. From the earliest stages, patients, families, clinicians, researchers, and community leaders worked with us to create simple, evidence-based tools that help people understand their brain health and identify practical steps to reduce risk. Their voices influenced not only what we measure, but how we communicate brain care: in ways that are understandable, relevant, and actionable.

This case study tells the story of that journey, a journey that has been fundamentally catalyzed and shaped by our partnership with the Milken Institute. It reflects what we have learned by listening first to all stakeholders, by following the evidence wherever it leads, and by building a global community united by a simple belief: Protecting brain health should be achievable for everyone, everywhere.

Jonathan Rosand, MD

Founder of the Global Brain Care Coalition



Executive Summary

Brain health is an urgent public health challenge that will worsen as the global population ages. More than eight in 10 Americans report first- or secondhand experience with a brain health condition. The global economic burden of dementia, stroke, and depression runs into the trillions annually and is projected to grow substantially by 2050, driven by long-term care, lost productivity, and unpaid caregiving. The cost of dementia alone already exceeds \$1.3 trillion each year. The consequences of these conditions fall disproportionately on underserved and vulnerable populations, widening persistent health disparities.

A growing body of evidence shows that modifiable risk factors—diet, physical activity, sleep, blood pressure management, and social connection, among others—can meaningfully reduce the risk of brain disease. However, much of this scientific understanding is not put into practice. The average scientific discovery takes 17 years to make its way from the lab to clinical practice—and even then, many communities never benefit. In addition, the US health-care system is built around treatment, leaving prevention significantly underfunded relative to clinical care and other investments in brain health.

There is considerable untapped potential to improve brain health through managing physical health and social-emotional well-being. But to realize that potential, individuals, families, and communities need the information and tools to put scientific understanding into practice to improve brain health and resilience.

Founded in 2024 to accelerate the translation of scientific discoveries into real-world impact to advance brain health, the Global Brain Care Coalition (GBCC) was designed to leverage the Brain Care Score (BCS), a validated assessment tool grounded in evidence-based modifiable risk factors for brain health. When the BCS was first published, there was an immediate reaction not only from researchers and clinicians but also from caregivers and patients, demonstrating a profound public appetite for information about taking care of the brain. That demand has only grown, with more than 350,000 completed BCS assessments to date.

From 2024 through 2026, Milken Institute Science Philanthropy Accelerator for Research and Collaboration (SPARC) partnered with the GBCC, providing strategic and operational guidance as the coalition scaled. This case study draws on that partnership—from SPARC's vantage point—to examine the GBCC model, explore its early outcomes, and surface lessons for others working to advance health initiatives at scale.

The case study that follows presents the GBCC's network-based model of community-oriented implementation and highlights how embedding the coalition within an academic medical center shaped its development. The GBCC quickly gained momentum, and early outcomes demonstrate its reach, uptake, and proof of concept. Scaling a mission-driven initiative under real-world constraints requires balancing a bold vision with tangible action. This experience shapes lessons and considerations for funders, institutions, and others considering similar work—particularly for strategic philanthropy, partnerships, and operational capacity for sustainable scaling.

The GBCC is a model for closing the translation gap to improve brain health through awareness-building and tools and resources that put brain science into practice. The team has demonstrated how the scientific evidence and community eagerness already in place can come together to create meaningful progress. What the field needs now is broader commitment from funders, organizations, and other partners to invest in closing this gap at scale.

Introduction

Brain health has emerged as an urgent global health priority, emphasized by the World Health Organization and United Nations, among others (Owolabi et al. 2023; WHO 2022). As the proportion of the global population over 60 years old increases (WHO 2025), the prevalence of dementia, stroke, and late-life depression is rising rapidly, exacerbating strain on health-care systems (Stephens et al. 2025). The economic burden of brain disorders is rising at an unsustainable pace, costing trillions annually worldwide and projected to grow substantially in the coming years (Coe et al. 2022, 2026; Patel et al. 2018). In the US alone, annual costs for dementia care are expected to surpass \$1 trillion by 2050 (Alzheimer's Association 2026; Nandi et al. 2024). The burden that brain health conditions place on individuals, families, and caregivers is significant and disproportionately affects vulnerable and underserved populations (Langhorne et al. 2018; Uwishema and Boon 2025).

In this context of mounting burden, the Global Brain Care Coalition (GBCC) was founded in 2024 within Mass General Brigham (MGB). The GBCC was built to translate rigorous scientific evidence related to brain health into practical tools and strategies to ensure that best practices for brain care can reach individuals and communities everywhere (**Box 1**).

Modifiable Risk Factors and the Brain Care Score

A growing body of evidence makes the scientific case for the benefits of brain care—factors and practices that improve brain health and prevent disorders. The Milken Institute SPARC 2025 report, [*A Global Imperative to Improve Brain Health*](#), reviews the evidence that supports how modifiable risk factors, such as diet and lifestyle, can contribute to the prevention of dementia, stroke, and late-life depression. The findings emphasize that simple steps to be physically and socially active and to manage risk factors such as blood pressure, weight, and cholesterol can have a meaningful impact on reducing the risk of brain disease (GBD 2024; Langhorne et al. 2018; Livingston et al. 2024; Stephens et al. 2025). Bolstering brain health through prevention is a critical strategy for reducing disease burden.

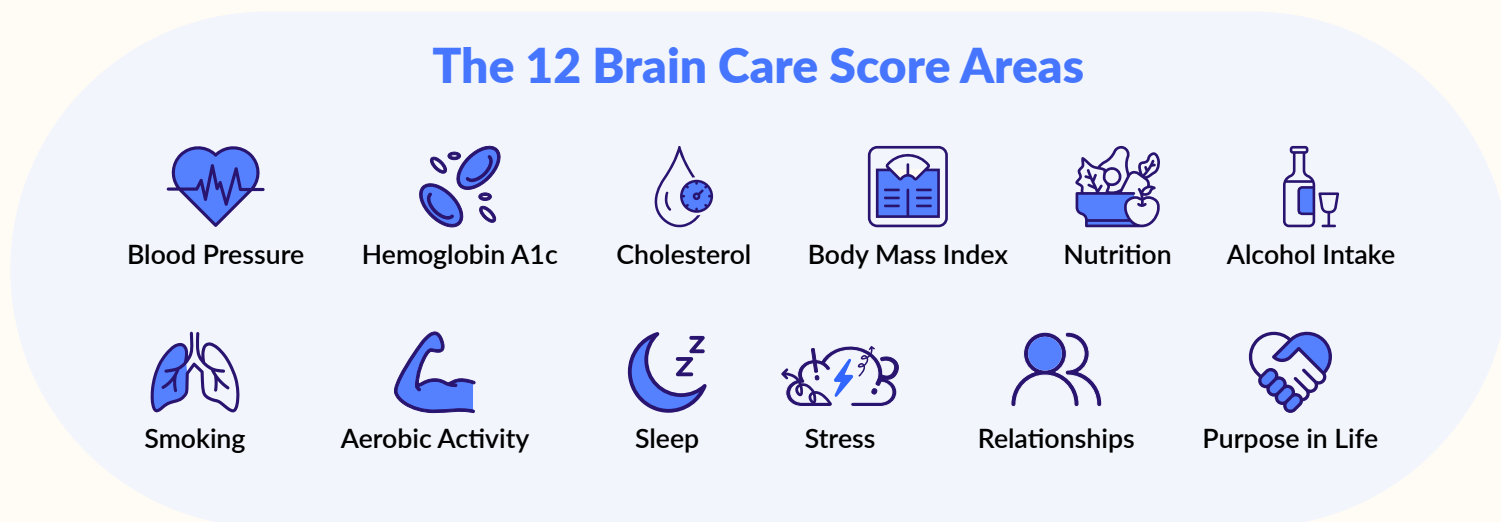
BOX 1

TERMINOLOGY: BRAIN HEALTH AND BRAIN CARE

Brain health is the overall state and trajectory of brain function across the life course—the absence of brain diseases and the capacity for resilience and healthy aging. Brain health is at stake as dementia, stroke, depression, and other brain conditions rise globally.

Brain care refers to the practices and behaviors that protect brain health and reduce the risk of brain disorders. The GBCC adopted the term “brain care” because everyone, regardless of diagnosis, can practice brain care.

Figure 1: Modifiable Risk Factors in the BCS



Source: Global Brain Care Coalition (2024). Adapted with permission. Copyright © 2024–2025 The General Hospital Corporation

Despite this robust evidence base, implementing population-scale health improvements requires more than scientific data—individuals and communities need actionable, evidence-based recommendations for how to improve their health. Brain health advocates such as the GBCC are responding to this need by developing and sharing tools that help individuals understand how to care for their brains.

One such tool, the Brain Care Score (BCS), is a 21-item assessment designed to assess 12 modifiable risk factors across domains of physical health, lifestyle, and social-emotional well-being (**Figure 1**). Studies have shown that a higher BCS is associated with a lower lifetime risk of dementia, stroke, and late-life depression (Kimball et al. 2026; Singh et al. 2023, 2024) and, importantly, can offset genetic risk for, or predisposition to, these conditions (Marini et al. 2024).

The following case study will build on this evidence base to examine the GBCC as a solution to translating brain health science from the lab to the real world and promoting community-based brain care. Embedded within MGB's Neuroscience Institute but operating as a distributed network, the GBCC has developed a model to translate scientific findings into best practices for disease prevention. This case study will examine the GBCC model, early outcomes and accomplishments, challenges and lessons learned, and implications for other institutions and funders working to advance prevention at scale.

“Dementia, stroke, and depression are deeply related biologically. We have to challenge our tendency to silo diagnoses if we want to make real progress in brain care.”

Jonathan Rosand, MD, Founder, GBCC

Founding the GBCC

The GBCC was founded to address a persistent disconnect between the work of researchers and the needs of patients and families. Jonathan Rosand, MD, clinician and professor of neurology at Harvard University, had long studied the genetics of stroke and other neurological conditions. When Rosand first published the BCS, the response was immediate and overwhelming, suggesting that it resonated with audiences more deeply than even

he had anticipated. Researchers reached out about using the BCS not only in their work but also with family members. Beyond the research community, caregivers and family members also responded, wanting to know how they or their loved ones could take better care of their brains.

The GBCC Addresses Persistent Needs

Rosand and his colleagues founded the GBCC in 2024 to help address a persistent implementation gap. They recognized that the need for brain care is *now*, in juxtaposition with the average 17-year delay in translating scientific discovery from the lab to the clinic (Rubin 2023). Even if a treatment reaches the market and becomes integrated into the standard of care, many may not know about or have access to the treatment, leading to a substantial adoption gap. Furthermore, this gap in the US is compounded by a health-care system that tends to prioritize treatment over prevention, leaving preventive practices and tools with even less infrastructure to support adoption.

Health disparities driven by structural inequity further underscore the urgency of community-based brain care. In the US, the life expectancy gap between populations had surpassed 15 years as of 2019, widening to 20 years by 2021, depending on geographic location, socioeconomic circumstances, and racial and ethnic background (IHME 2024; Dwyer-Lindgren et al. 2024). Importantly, these types of disparities can close only by reaching people outside the care system—that is, those who are not already receiving care—rather than improving treatments for people within the system. Communities need adaptable, culturally relevant tools and interventions to improve brain health and reduce health disparities.

In addition, the GBCC provides a forum to integrate across domains of research, clinical care, public health, and community implementation. This integration is particularly important for incorporating patient and family voices—perspectives that have historically been undervalued—into the scientific research agenda. By bringing together these domains and perspectives, the coalition serves as an engine for translation.

The GBCC Gains Momentum

Upon founding the GBCC, demand for the BCS tool, supplemental resources, and brain care guidance materialized quickly, and the coalition picked up momentum rapidly. This enthusiasm offered organic proof of concept and validated the importance and urgency of the problems that the GBCC seeks to solve. As brain health has gained visibility at annual meetings such as the United Nations General Assembly and the World Economic Forum in Davos, the GBCC has channeled that attention and high-level discussion into on-the-ground impact. As a mission-driven group, the GBCC embraced this public interest early on and rapidly put tools in the hands of individuals and communities who need them, inviting additional use cases and community-informed iterations of the BCS. This approach enabled the coalition to move nimbly and reach communities quickly, though it was not without development hurdles.

Focus of This Case Study

Against this backdrop, this case study examines the role of philanthropy and the unique environment of an academic medical center in launching a health initiative grounded in rigorous science and community implementation. The following sections explore features of the GBCC, early outcomes and accomplishments, lessons learned, and implications for the field.

The GBCC Model

To accomplish its goals of accelerating translation from the lab to the real world and promoting community-based brain care, the GBCC built a model that brings together rigorous science, evidence-based health practices, and community feedback. The initial phase of the GBCC set out to bring an ambitious vision to bear on an urgent global health crisis through an organization that was nascent, yet eager to scale. To appropriately scope the initiative, GBCC leadership thoughtfully developed its functional model. This model has several key features working in tandem:

- A unified approach that brings dementia, stroke, and late-life depression together to enable an integrated strategy to address overlapping risk
- The BCS as a foundational measurement tool that makes brain care actionable across research, clinical, and public settings while measuring and validating long-term impact
- User and community input and collaboration to ensure that brain care best practices are approachable and customized to a variety of settings
- A global Learning Exchange that connects researchers, practitioners, and community leaders to accelerate translation

These features are reinforced via the GBCC's institutional home within MGB's Neuroscience Institute and strategic partnerships that have enabled its development. The following section examines each of these elements more closely.

A Unified Approach to Simplify Brain Care

An overarching goal of the GBCC is to make brain care as simple and accessible as possible. The GBCC brings dementia, stroke, and late-life depression under a single umbrella to validate the BCS as a predictor of risk for age-related brain disease. These seemingly disparate conditions share many of the same risk factors, making it possible to address several concerns with a single strategy.

“Brain health is the thread that cuts across the entire life course—from babies and the people who raise them to how we care for our parents at the end of life. It doesn’t matter who you are; brain health is the one common denominator.”

Dana Ball, Executive Director, GBCC

Brain health is a unifying factor across many health conditions because it can manifest as both a cause and an effect of poor outcomes and long-term health decline. For instance, if an individual is coping with depression, they may have a harder time finding the motivation or organization to consistently take medication, exercise regularly, or schedule appointments. Yet clinical systems rarely interrogate why a patient is struggling with these tasks in the first place. As such, improving one's brain health can both reduce the likelihood of developing a brain disorder and enhance overall health.

Dementia, stroke, and depression are highly prevalent, and stroke alone has a lifetime risk of one in four (GBD 2018). More than eight in 10 Americans surveyed report first- or secondhand experience with a brain health condition, giving this focus nearly universal relevance and bringing many people into the coalition (Croxxson 2023). This unifying, inclusive approach informed the development of the BCS, which was designed to be approachable, customizable, and applicable to anyone.

The BCS as a Foundational Tool

The BCS is at the core of the GBCC model. Grounded in rigorous science, it is a measurement tool to promote evidence-backed intervention strategies. A validated metric like the BCS unlocks the ability to track brain health in research, clinical, and public settings. Without such a tool, individuals, clinicians, and communities lack a way to establish a baseline or determine whether interventions are effective.

Beyond measurement, the BCS guides individuals toward personalized, actionable strategies that reduce the risk of disease. Patients and family members played a major role in shaping the framing of these preventive strategies.

The GBCC found that simply asking people to adhere to general health recommendations is both unrealistic and overwhelming, which can prevent people from taking steps to be healthier. Instead, people are more likely to act on specific, incremental suggestions, such as trying to get 30 more minutes of sleep, cutting out one alcoholic drink per week, or parking farther away from destinations to take more steps. These small, discrete actions feel achievable and can encourage individuals to make reasonable lifestyle changes that compound over time (Almansour et al. 2023; Gardner et al. 2012). This framing is particularly useful for communities facing structural barriers that hamper perfect adherence to health recommendations.

Continuing its emphasis on developing tools, the GBCC recently launched a [digital platform](#) where anyone can take a quiz to receive their own BCS, find actionable resources, and easily share information with a friend or family member. The team is also developing flexible [tool kits](#) and resources to equip researchers, clinicians, and community organizations to implement the BCS independently, without direct GBCC involvement, and to develop their own intervention strategies.

Designing with Communities

Community input has been central in shaping the BCS into a practical and approachable tool. The GBCC team made a deliberate choice to develop the BCS iteratively with community input, prioritizing authentic connections over speed and the production of publications. This commitment has uniquely positioned the GBCC as a bridge between scientific credibility and community reach.

Engaging with patients and family members informed how the GBCC tailored language. In early stages, the GBCC used the phrase “brain health” rather than “brain care.” After receiving feedback from patients and family members asking whether someone with a brain injury or disorder could ever have a “healthy” brain, the GBCC realized that the phrase “brain health” can inadvertently discourage people with brain disorders or mental health conditions. These individuals may feel that they will never be able to attain optimal “brain health” because of their condition.

The GBCC chose “brain care” as a more inclusive term; it emphasizes that anyone, no matter their starting point, can take care of their brain. With a term that confers greater agency, the BCS is more appealing and may motivate greater behavior change.

The community focus of the BCS continued after the score was developed, and the GBCC prioritizes ongoing community dissemination of the BCS. The coalition uses a networked approach by building relationships with community leaders, who will then share the BCS more widely. This approach is intended to make the brain care initiative more self-sustaining, rather than requiring continual top-down management and dissemination. As more individuals interface with the BCS, the GBCC will learn how to showcase its utility and leverage it to improve both community health and brain health. Continual iteration among scientists, community members, and other experts is essential for the BCS to continue growing and improving health outcomes.

This approach of prioritizing community input also informed the decision to make the BCS widely available from an early stage—gathering real-world feedback to refine the tool. Similarly, the BCS was designed as a flexible tool that can be applied in a variety of settings. This makes it rapidly scalable and enables communities to use it in creative ways but also grants the GBCC less control over how it is used. This open-collaboration approach generated a community of early adopters and robust real-world validation, but it also raised core challenges around managing expansion. (See the section [*“Implementation and Learning in Real Time”*](#) below.)

A Network Approach to Field-Building

In addition to developing and disseminating the BCS, the GBCC also hosts a Global Brain Care Learning Exchange. The Learning Exchange holds monthly virtual meetings during which brain care advocates, researchers, and practitioners share findings and emerging insights. Importantly, the forum brings together parties across the ecosystem to promote real-time translation from lab to community practice and back. Learning Exchange members have access to GBCC knowledge-sharing forums and expert networks, enabling lasting cross-disciplinary collaboration between academics and community leaders.

GBCC’s approach to field-building also has international roots. In its early stages, the GBCC found that the benefits of working internationally—for example, competing less directly for the same grants and academic recognition among international partners and having lower barriers to initiating brain care projects outside the US—enabled collaboration and helped build momentum around brain health. However, international reach can also diffuse impact. In addition, implementing best practices for brain care varies widely across regions, depending on their cultural and socioeconomic contexts.

As the GBCC developed, it narrowed its strategic focus for community engagement to the US, where it can maximize impact given a deeper understanding of available levers, resources, and community leaders. While the international coalition continues to inform brain care research and adaptations, the GBCC found that it could make a greater impact by prioritizing domestic implementation and community-based efforts.

The GBCC Structure Inside MGB

The GBCC is a collaborative center within MGB. The team consists of a small core operations team and an executive director, under Rosand’s strategic leadership. A four-member Program Advisory Council provides guidance on GBCC programs, such as the Learning Exchange, and partnerships with community leaders. The GBCC also has a close relationship with the Brain Care Labs, the academic research engine at MGB behind the development and validation of the BCS.

Operating within an academic institution has provided some tangible benefits. Beyond the robust research infrastructure, the strong talent pipeline that continuously feeds into MGB brings fresh perspectives and new researchers who are excited to work in the brain care space. These researchers can then bring brain care into their future collaborations and institutions.

However, working within a large institution can also present constraints. Academic institutions are built around incentive structures that do not always align with work beyond the institution's core focus or primary demographic reach. In addition, while academic institutions boast a wide range of specialized expertise, the GBCC required implementation and operations expertise that is less common within academic institutions. (See further discussion under [*"Implementation and Learning in Real Time"*](#) below.)

Philanthropy and Strategic Partnership

Philanthropic partners were key enablers of the GBCC's early development. Because of its unconventional model, much of the GBCC's early work was unlikely to receive funding from the National Institutes of Health or other large federal funders. The flexibility of philanthropy has allowed the GBCC to take innovative approaches that blend academic research with community engagement, thereby mitigating some of the restrictions that often accompany other forms of capital investment. For the GBCC, philanthropic support has gone beyond financial resources, providing connections and shared values that drive impactful work.

As the GBCC's network expanded rapidly in its early stages, the GBCC partnered with the Milken Institute's SPARC in 2024. At that time, the GBCC had a compelling vision, founding story, and philanthropic backing, but it needed more organizational infrastructure and strategic direction. At key stages of development, SPARC provided strategic and operational guidance—helping to develop operational frameworks, engage external leaders throughout the brain health ecosystem, and build the organizational capacity to move from founding vision to active coalition. A key aspect of this guidance was helping the GBCC identify where to concentrate its energy and resources in early development, delivering an outside perspective on how to sharpen its focus and contribution to a sprawling ecosystem. SPARC's advisory and operational support helped accelerate the expansion of an early-stage initiative that had significant momentum and needed operational scaffolding, providing an essential bridge as the GBCC built internal operational capacity.

This was just one of several partnerships that GBCC cultivated. For example, it also worked with a developer to create the BCS and data-processing platforms. As valuable as these partnerships were to the GBCC's development, operating extensively with partners outside the core initiative or organization can be costly, pose a risk of mission drift, or create administrative and coordination overhead. For instance, individuals outside the organization are not privy to all of its inner workings and may not pivot as quickly, which can increase coordination demands on the internal team.

Nascent organizations must weigh these trade-offs carefully when relying on contracted partners. Together, these examples show how effective external partnerships can serve as a bridge to internal capacity or assume specialized functions, such as technical development, that fall outside the organization's expertise or scope.

Early Outcomes and Accomplishments

The science of brain health has advanced considerably in recent years, and the Brain Care Labs have both contributed to and benefited from that momentum. From this scientific foundation, the GBCC has a validated tool in the BCS to bring into communities. Early outcomes described below suggest the coalition is beginning to reach individuals, practitioners, and communities that could most benefit from brain care information and tools.

Building the Evidence Base

An expanding body of scientific research seeks to untangle the risk factors for brain disease, and the GBCC's connection to that work through the Brain Care Labs helps accelerate translation from the lab to communities. Ongoing research validation has continued to build a robust evidence base supporting the BCS, with over 35 manuscripts published in 2025–2026, 16 of which specifically validated the BCS across populations that include women and people of various racial and ethnic backgrounds. Recent evidence shows that a one-point increase in BCS is associated with a 4 percent reduction in risk for stroke, dementia, and depression (Kimball et al. 2026). Importantly, this trend holds regardless of starting point on the BCS scale, genetic risk, racial background, or gender (Choksi et al. 2025; Kimball et al. 2026; Marini et al. 2024; Reinders et al. 2026). Recent research further supports that improvements in BCS, even later in life, are associated with a reduced risk of brain disease (Kimball et al. 2026).

This research not only strengthens the evidence base for the BCS but also forms the foundation for improving brain health across diverse communities around the world. Together, the Brain Care Labs and the GBCC are building evidence that meaningful brain care is measurable and achievable.

Reach and Adoption: Early Indicators of Scale and Uptake

The GBCC has seen rapid growth and significant interest in the BCS and brain health strategies. Organic uptake has driven over 350,000 completed BCS assessments to date, with more every day. The coalition's network spans more than 20 countries and includes partner Brain Care Labs around the world. The Brain Care Learning Exchange has reached over 250 members, including researchers, clinicians, and community leaders.

Demonstrating the GBCC network's international reach, the Brain Care Scholars Program launched in January 2026 to develop global brain care leaders and continue field-building around the world, with particular focus on the Global South. The program supports selected scholars to develop local brain health projects and promotes collaboration, brain health awareness, and equitable access to care.

Media coverage also provides a key signal of public demand for information about brain health and the resonance of the BCS. This research has been covered by a number of mainstream news outlets, including the *New York Times*, CNN, Fox News, and *CBS News Sunday Morning*—showing that uptake has moved beyond the scientific community. Engagement from this earned media has driven additional BCS completions and contributed to GBCC's open, collaborative approach.

The GBCC's programmatic structure reflects the founding ethos of the initiative: The BCS makes evidence-based, actionable improvements to brain health available to any individual; the Learning Exchange creates shared ownership of the issues and opportunities with field leaders across the world; and the Scholars Program ensures a sustained, long-term impact is possible through next-generation workforce development. With additional programs on the horizon, the GBCC's launch serves as a strong example of how one organization can drive change in the context of a vast global health issue.

Proof of Concept: Applying the BCS in Communities

The next frontier for the GBCC is implementing the BCS in communities, and powerful proof points are already underway. The Family Van is a Harvard-affiliated mobile clinic that has provided care for Boston's underserved communities for over 30 years. The Family Van's community health workers have introduced the BCS with their clients as a conversation-starter about practical ways to reduce the risk of dementia, stroke, and depression. Both clients and staff have seen real impact from the deeper conversations that the BCS prompts.

BOX 2

PILOT SPOTLIGHT: BCS FEASIBILITY IN THE DEEP SOUTH

The Deep South is among the regions with the highest rates of stroke and dementia in the country. At the University of Alabama, the Brain Health Advocacy Mission (BHAM) Registry is an initiative to implement brain health into primary care settings. BHAM tested the feasibility of applying the BCS, with the following results:

- They recruited 150 participants across four primary care clinics in central Alabama.
- Demographics reflect a historically underserved population: 72 percent female, 67 percent Black; median age 48.
- Comorbidities underscore the importance of prevention and early intervention: 61 percent with hypertension, 32 percent with hyperlipidemia, and 25 percent with diabetes.

Each participant reviews their BCS results with a clinician and sets a personalized goal to guide behavior change—most commonly around weight, exercise, or diet. The registry is still collecting baseline data, with longitudinal data forthcoming. The project highlights both the need for brain health interventions and patients' willingness to engage around the BCS (Bowen et al. 2025).

In addition, international pilots have developed independently. Examples include a medical student-led effort in Kosovo and Albania to locally integrate the BCS and Q-BRAIN, a pilot to develop a culturally tailored application of the BCS for an aging population in Queenstown, Singapore. The Q-BRAIN pilot aims to integrate an AI-enabled screening and behavior-change platform in a local setting.

Two additional examples further emphasize the variety of potential applications that can arise from the BCS. One demonstrates the feasibility and reach of the BCS in a traditional clinical setting focused on underserved populations (Box 2). The following example shows how the BCS can inform the design of brain-healthy environments.

Innovative Application: Designing for Brain Health at B+HARI's Kumu Ola Hou Community

The Brain Health Applied Research Institute (B+HARI) is an initiative that promotes brain health through creative interventions grounded in neuroscience. One of B+HARI's focus areas is neuroscience-informed architectural design—creating spaces that improve cognitive recovery and support long-term brain health. As part of this mission, B+HARI helped design a novel housing community to support chronically unhoused individuals in Honolulu, HI. This facility, known as the Kumu Ola Hou Transitional Housing Community, reimagines what safe, supportive housing could look like. The community features housing units and shared communal spaces and is designed based on neuroscience and brain health principles.

The Kumu Ola Hou Transitional Housing Community introduced a “closed loop” model that leveraged the BCS in the design of the community and engaged residents in conversation about taking care of their brains. Ma Ry Kim, cofounder of B+HARI, had observed certain behavior patterns in chronically unhoused individuals, such as loss of eye contact, reduced arm movement, and shuffling gait. These patterns became important design “teachers,” with each space in the community designed to retrain a specific lost daily habit or behavior.

Across the domains of the BCS, B+HARI focused on four key areas—sleep, purpose, stress, and social connection—and intentionally embedded interventions to promote those domains into the architectural design of the Kumu Ola Hou Transitional Housing Community. For example, the design of individual units around a common space required residents to “open up their homes” each day, encouraging social interaction. This combination of environmental design and routine made the social connection domain of the BCS a real part of residents' daily lives. The BCS also served as a conversation-starter to build awareness about brain health among residents throughout their stay.

The first cohort of residents has since transitioned to stable housing, and some participants are now employed or have returned to Kumu Ola Hou as mentors. As a tailored application outside of the traditional clinical setting, this site did not include the full set of clinical measures that are a part of the BCS. While not a fully generalizable case, Kumu Ola Hou is an early example of how the BCS can inform the design of physical environments and sustain engagement around brain health.

“The Brain Care Score is as valuable as how you can divergently think about using it. It’s not just a metric for measurement—it has so many more uses than that. Each one of the sections has a power in itself.”

Ma Ry Kim, Architect, Cofounder of B+HARI, and Member of the GBCC Program Advisory Council

What's Next for the GBCC

Looking forward, the GBCC is focused on scaling with intention. A key priority is ensuring that the BCS creates a clear path to health improvement. The score was designed as a measurement tool, and the next frontier is pairing it with effective interventions to support health behavior change. The team's major efforts include:

- Interventions to advance sustained brain health behavioral change
- Increased engagement and implementation with individuals and communities alike
- Ongoing validation, refinement, and partnership-based distribution of the BCS
- Continued build-out of the Brain Care Companion digital health-coaching platform

These tools and resources will equip individuals to take charge of their brain health and enable new coalition members to use the BCS in their communities. This is just the start for the GBCC, with many potential collaborations underway across clinical care, community implementation, and more.

Implementation and Learning in Real Time

The GBCC has seen rapid growth and uptake of the BCS. Alongside these accomplishments, the team has navigated a number of obstacles, resulting in lessons to share for future endeavors (**Box 3**). Several of these lessons reflect a common pattern for mission-driven organizations in which the urgency of the work can outpace capacity, leading to unintended consequences, adaptation, and sometimes course correction.

BOX 3

KEY LESSONS LEARNED

- Prioritizing community outreach will require different skills and have different outputs than focusing on traditional academic outputs, such as publications.
- Scaling quickly often requires weighing new opportunities against realistic operational capacity to manage scope expansion and risk.

Initiatives engaged in similar work should:

- Partner with existing, trusted community organizations and messengers to meet people where they are.
- Invest time upfront in understanding key players and levers to enable smoother institutional navigation.
- Involve experts in sociology and public health when designing and disseminating tools for real-world applications.
- Incorporate staff with operational expertise early on to enable proactive, sustainable planning.

Operating Within an Academic Medical Center

Academic medical centers are designed to care for patients, train clinicians and investigators, conduct advanced research, and publish novel scientific findings. Embedding within an academic medical center has conferred notable advantages to the GBCC, including access to top-tier academic expertise, well-resourced laboratories, and the credibility associated with the Harvard and MGB names. However, academic medical centers are unique settings that incubating initiatives such as the GBCC must navigate.

Structural Factors

Academic institutions are generally built to generate and validate scientific discovery, rather than operate directly in community-facing ways. Addressing that translation gap is at the core of the GBCC model, and the structure of the academic model shapes that work.

One challenge stems from the natural incentive structures of academic research institutions. The GBCC's most challenging goal is to reach communities and enable individuals to improve their brain health. This is very different from the type of work academics typically do—writing manuscripts, fine-tuning research tools, and analyzing data. These classic academic outputs are within researchers' comfort zones *and* they are tangible, making it easy to prioritize these efforts over community outreach, which can be hard to measure and may take a long time to show results. As the GBCC grows, it will require ongoing diligence to focus on community engagement, rather than relying on publications or other academic metrics to prove progress.

Academic medical centers also present significant bureaucratic challenges, requiring the navigation of opaque internal structures and procedures. To some extent, these dynamics reflect sector-wide pressures, such as reimbursement complexity and data privacy considerations, that have tightened restrictions and made innovation even more challenging. When a new initiative starts out, it can be advantageous to “fail fast, learn fast”—but that pace and agility can be at odds with the slower, risk-averse setting and central purpose of the academic model.

To navigate within an academic medical center, the GBCC team learned to proactively recognize potential time delays and built an internal network at MGB to enable faster action. Communicating the GBCC's value in ways that support the institution's greater goals has also helped to build internal support. While institutional levers may be challenging to identify, investing time to understand them early can make it easier to navigate the system.

Community Impact

Finally, operating within an academic medical center can slow the pace of community impact—precisely where the GBCC's objectives lie. Academic approaches to public communication are not well suited to real-world community contexts, which can create barriers in research and clinical settings (Dews et al. 2024; Khatib et al. 2025). Elite institutions and the medical establishment have a challenging history in which harm to communities has understandably eroded trust. A record of unethical research, lack of investment in underserved communities, and ineffective communication have contributed to a rift that can impede trust and connection between communities and research and medical professionals (Butler and Sheriff 2021). The risk of exploitative research practices and failure to center community perspectives remain ongoing concerns (NASEM 2025).

“We're inclined to do the things we're good at, to show progress on the easy parts. But the hard part is not another article. It's getting people in the community to trust you. That is hard, it takes time, and commitment, and a demonstration that you will be there for the community when they need you.”

Rochelle Walensky, MD, Chair, GBCC Program Advisory Council

To help remedy this challenge, the GBCC has opted to partner directly with trusted community organizations (such as churches and schools), rather than acting as a stand-alone solution. In addition to being trusted in their communities, these organizations have a better understanding of how health information can most effectively reach the right audiences. For instance, messaging may need to be delivered in Spanish or targeted at teenagers who are caregivers for older relatives. Every community has a unique context and considerations that academic initiatives are unlikely to understand from the outside.

Another method the GBCC found useful was to position more junior or mid-level staff, rather than senior faculty, as engagement leads, mitigating dynamics that can hinder trust between institutions and communities. Junior staff often bring a collaborative openness and willingness to listen and learn that can help build the trusted relationships required for true partnership.

Expanding Expertise and Building Infrastructure

Translating brain health science into real-world impact requires expertise that extends far beyond neuroscience. The founding members of the GBCC leadership and staff have deep expertise in neuroscience, brain health, and medical research. However, it quickly became clear that maximizing the impact of the BCS would require knowledge from far-reaching areas.

Recognizing that making lasting health improvements requires reaching people outside of annual appointments, the GBCC has made a point of asking who else needs to be at the table. In practice, this has meant working with specialists ranging from behavioral scientists to engineers to architects. It also involved engaging public health experts and sociologists who speak to the implementation of health interventions, behavior change, and the factors that shape community health. The team has also prioritized marketing and science communication with health literacy as an important prospective skill set for the coalition.

An especially important area of expertise for the GBCC is business operations and strategic planning. While the GBCC had a powerful mission from its inception, translating its ideas and vision into clear and sustainable operational plans came less naturally. The most important lesson in this area is to pair an operations lead with the academic or subject-matter expert *from the start*. Operations experts can provide stability, ensure consistent strategies, and manage internal and external partnerships. Without operations capacity and expertise from the outset, it may become necessary to pause or backtrack to stabilize the organizational structure and strategy.

Rapid scaling without sufficient operational capacity can also increase the risk of inefficiency or mission drift as new partners and consultants engage, requiring additional effort to maintain a coherent organizational strategy. For small organizations within large, expanding ecosystems such as brain health, the volume of potential directions to pursue can be a challenge in itself. The GBCC has had to balance seizing promising opportunities with realistically considering where its resources could make a near-term impact. These risks may be especially real when an organization sees significant growth and organic uptake, as the GBCC did.

In the case of the GBCC, the team deliberately solicited broad input regarding the BCS, making the tool available to anyone interested in using it, even at an early stage. The intent behind this approach was to continually gather feedback on users' experiences, enabling iterative, community-informed adjustments—and adoption of the tool took off. This open approach generated enthusiasm, real-world validation, and a community of early adopters, but it sometimes outpaced GBCC's capacity at the time.

When *CBS Mornings* aired an interview with Rosand, traffic to the GBCC website soared overnight, demonstrating the public appetite for accessible brain health tools and information. High-uptake scenarios are exciting, but they can also reveal a structural challenge common to early-stage products and organizations—that is, growth requires infrastructure, but building infrastructure requires scale. Small, mission-driven organizations will at times find themselves operating beyond their current capacity as a direct result of growth. This structural challenge is difficult to address in advance and underscores the importance of early investment in capacity and user support, even in development.

Applying the Model: Implications for the Field and Concluding Thoughts

This case study points to a set of decisions that others establishing or funding similar initiatives will also need to consider. The GBCC offers a model for groups working in brain health, as well as organizations focused on building closer relationships between researchers or clinicians and those they seek to serve. The following sections translate that on-the-ground experience into considerations and guidance for institutions, funders, and leaders weighing similar paths, with a focus on how to balance institutional strengths and drawbacks, how to scale a new organization sustainably, and how to realize true community partnership.

The GBCC was designed to short-circuit the translation gap between research discovery and adoption in real-world communities. In a recent publication, philanthropic organizations partnered to describe this exact disconnect, in which biomedical research, clinical care, implementation science, and public health have historically operated disparately rather than as an integrated system (Annunziata et al. 2026). In defining “health solutions science,” the authors argue that improving health requires intentionally connecting these domains to ensure that scientific discoveries are translated into interventions that can be implemented, adopted, and sustained in the real world (Annunziata et al. 2026). For brain health, this framework reinforces the GBCC’s approach. Impact depends not only on generating evidence about brain health but also on designing the social, clinical, and public health systems that enable evidence-based behaviors and interventions to become routine practice at the population level. Closing that gap is the work of several partners throughout the ecosystem, as described in the sections that follow.

Closing the Adoption Gap: A Role for Institutions and Funders

The GBCC’s approach demonstrates how to leverage academic medical center settings for community health initiatives. These institutions have real benefits—scientific infrastructure, credibility, and the talent pipeline—that can accelerate translation from the lab to communities. Working within an academic medical center may be advantageous for other initiatives that rely on strong ties to research infrastructure or where scientific credibility can jump-start momentum. However, that can come at the expense of speed and flexibility. Other initiatives weighing an institutional home should invest early in building their internal network. Both funders and researchers should anticipate the challenges and timelines associated with institutional navigation.

The potential of academic medical centers to enable translation should not be surprising; these institutions have incredible resources at their disposal. However, they can be so complicated that their potential to facilitate real-world impact is not always realized. As research has become more multidisciplinary and requires expertise from those outside the academic “ivory tower,” efforts to connect research findings with communities are needed more than ever. Academic medical centers and universities should consider how to best provide the resources, including operational support and streamlined partnership processes, to support these types of endeavors and ensure that researchers are aware of the resources available.

Sustainable Scaling: A Role for Philanthropy

The GBCC model also demonstrates the important role of strategic partners, including philanthropists, who can unlock early development by infusing resources outside of the traditional grant approach. However, philanthropic support is not without potential tension, and the values of funders, grantee organizations, and communities do not always align.

This case study also highlights a specific tension between vision and operational capacity in early development. That is, the urgency of the mission can accelerate adoption before operational systems can keep pace, which is a common challenge for mission-oriented initiatives scaling within institutional constraints. Underscoring the importance of flexible, early investment, philanthropy can help address this tension by enabling operational capacity and infrastructure that are unlikely to attract other forms of investment at an early stage. In this way, early philanthropic investment can support greater organizational readiness ahead of high-uptake scenarios.

Community-Centered Implementation: A Shared Responsibility

Prioritizing community-centered implementation is critical for adoption of well-intentioned interventions, but the effort this requires should not be underestimated. Incorporating community input and working outside the traditional academic path will take time and introduce unexpected obstacles. To do this work well, it is important to practice cultural humility and to prize trusted community messengers as the key assets they are.

The importance of clear, simple communication and genuine relationship-building also cannot be overstated. Community engagement is an ongoing process, and there is no shortcut for developing trusted relationships. Like any relationship, community outreach takes time, thoughtfulness, diligence, and care.

True partnership requires readiness on the part of both communities and research institutions. Communities need resources, technical assistance, and capacity-building support to engage fully from the start, and researchers need to respect communities' input and offer real value to them. On the research institution's side, staff need protected time to invest in sustained relationship-building, and leadership must be willing to slow timelines and outputs in the interest of codesign. This bidirectional readiness leads to authentic, enduring partnerships. Funders who wish to support these types of community-engaged initiatives should commit to designing their support to facilitate sustained engagement.

Readiness also extends beyond operational capacity and technical development to encompass the guidance that helps users take action. A measurement tool drives the most change when it is paired with a path forward that connects insight to action. In the GBCC's experience, early adoption brought in many users who were eager to engage but uncertain what their results meant or what the next steps were. For any initiative deploying a similar tool or platform, structured user guidance and interpretation form the core scaffolding that turns awareness into behavior change. Infrastructure readiness is a core foundation for sustained uptake, as first impressions are often the only ones and users who encounter friction early on may not return.

This community-centered implementation work is needed all the more so because it is challenging. The GBCC is learning as it goes and calling on the rest of us to join in.

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