

VISION & MANIFESTO | CHANGEMAKER SERIES

Prevent Dementia Before It Begins.

Why Education Is the Most Powerful Public Health Intervention We Are Not Yet Delivering at Scale — and What I Intend to Do About It

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Dementia is not inevitable. Up to 45% of cases are linked to modifiable risk factors — many of which can be addressed through education, lifestyle change, and early intervention. Yet the conversations we need are not happening in schools, universities, or communities. I believe that has to change. And I intend to be part of changing it.

1. Why I Am Working Toward This Vision

I have spent years working across dementia care — in care homes, community settings, health events and wellbeing programmes. I have sat with families at the moment of diagnosis. I have watched people in their forties and fifties, still parenting, still working, suddenly navigating a system that was never designed for them.

What has always struck me is not only the scale of the crisis — it is the silence before it. The absence of conversation. The missed opportunity to act earlier, to educate sooner, to give people the knowledge that might delay or prevent what follows.

Approximately 71,000 people in the United Kingdom are living with young-onset dementia — diagnosed before the age of 65 (Alzheimer's Society, 2023). Many are in the middle of their careers and family

lives. And yet public awareness of dementia risk factors among working-age adults remains critically low. A significant proportion of the population still believes dementia is an unavoidable consequence of ageing. It is not.

That belief — that nothing can be done — is itself one of the most dangerous risk factors. Because it removes the motivation to act.

Prevention is possible. Education is the mechanism. And it needs to start decades before symptoms emerge.

2. The Evidence Base: What We Know About Prevention

The scientific case for dementia prevention through education and lifestyle intervention is now robust and growing.

The landmark Lancet Commission on Dementia Prevention, Intervention and Care (Livingston et al., 2020) identified 12 modifiable risk factors accounting for approximately 40% of global dementia cases. The 2024 update extended this to 14 risk factors — including poverty, wealth shocks and high LDL cholesterol — suggesting that up to 45% of dementia cases could theoretically be prevented or significantly delayed (Lancet Commission, 2024).

The 14 modifiable risk factors identified by the Lancet Commission (Livingston et al., 2020; updated 2024):

→ ('Low educational attainment in early life', 'Depression')	→ ('Low educational attainment in early life', 'Depression')
→ ('Physical inactivity', 'Social isolation')	→ ('Physical inactivity', 'Social isolation')
→ ('Smoking', 'Hearing loss (untreated)')	→ ('Smoking', 'Hearing loss (untreated)')
→ ('Excessive alcohol consumption', 'Traumatic brain injury')	→ ('Excessive alcohol consumption', 'Traumatic brain injury')
→ ('Obesity', 'Air pollution')	→ ('Obesity', 'Air pollution')
→ ('Hypertension', 'Cardiovascular disease')	→ ('Hypertension', 'Cardiovascular disease')
→ ('Diabetes', 'Poverty and wealth shocks (2024 update)')	→ ('Diabetes', 'Poverty and wealth shocks (2024 update)')

Of particular significance is **educational attainment in early life**, identified as a primary modifiable risk factor. Higher levels of education are associated with greater cognitive reserve — a neurological resilience that delays the onset of dementia symptoms. Crucially, cognitive reserve is not fixed at childhood: continued learning, cognitive stimulation and social engagement across the life course contribute to its development.

This means that education delivered to adults aged 25–50 — about how the brain ages, what protects it, and what puts it at risk — is not merely awareness raising. It is a public health intervention with measurable, long-term outcomes.

The WHO Global Action Plan on the Public Health Response to Dementia (2017–2025) recognised prevention and risk reduction as a priority action area, with targeted public education listed as a key mechanism (WHO, 2017). Yet the community-level delivery of that education at scale has not followed.

3. The Gap Nobody Is Filling

Post-diagnosis support structures for dementia are increasingly recognised within UK healthcare. Organisations including Dementia UK, the Alzheimer's Society and the NHS provide vital services once a diagnosis has been made.

But comparatively little targeted support exists for working-age adults before symptoms emerge. The conversations about modifiable risk factors are not happening in schools. They are not embedded in university curricula. They are not reaching the 25–50 age group — the people for whom prevention remains most possible, and for whom early awareness could make the greatest difference.

Dementia care currently costs the UK £42 billion annually — projected to reach £90 billion by 2040 (Carnall Farrar, 2024). Yet spending on prevention and early education represents a fraction of this. We are investing almost entirely in managing a crisis that, in a significant proportion of cases, evidence suggests we could help prevent.

We are having the wrong conversation, with the wrong age group, at the wrong point in time. That is the gap this initiative exists to address.

4. The Vision: Early Onset Dementia Prevention Awareness

My goal is to establish a UK-wide dementia prevention charity — beginning with a community pilot in Westminster and expanding nationally by 2030. The steps to get there are structured, evidence-based and already underway.

The programme's objectives are structured across three interconnected phases, each building on the last:

Phase 1: Education and Prevention

- ✓ Deliver dementia prevention symposiums in schools, universities and community groups
- ✓ Strengthen public understanding of brain health through structured workshops and seminars
- ✓ Target adults aged 25–50 with evidence-based information on modifiable risk factors
- ✓ Embed the 14 Lancet Commission risk factors into accessible, culturally sensitive educational materials

Phase 2: Digital Access and Family Support

- ✓ Provide free, accessible digital resources and emotional support for carers and families
- ✓ Develop an online Dementia Clinic enabling Q&A-based; guidance and early signposting
- ✓ Create a safe digital space for families seeking reassurance before and after diagnosis
- ✓ Ensure materials are available across languages including English, Greek and Spanish

Phase 3: Partnership and Quality Assurance

- ✓ Collaborate with national organisations including Dementia UK, the NHS, the Alzheimer's Society and the CQC
- ✓ Align all programmes with UK health priorities, SDG 3, and the WHO Global Action Plan
- ✓ Integrate The CARE Method — an evaluated framework grounded in compassion, dignity and continuous improvement
- ✓ Embed EDI principles throughout: events designed for cultural and neurodiverse audiences

5. The Roadmap to National Impact

The roadmap is being developed systematically, grounded in structured reflection using the GROW model (Whitmore, 1992) — applying Goal, Reality, Options and Way Forward to every stage of development.

2024–25	Build	Website launch. Volunteer recruitment. Community pilot design. Writing and digital skills development. Public health networking.
2026	Launch	Westminster pilot programme. Initial symposiums in schools and community groups. Evaluation against SDG 3 metrics.
2027–28	Formalise	Charity registration. Expansion to additional London boroughs. Formal partnerships with NHS and Alzheimer's Society.
2029–30	Scale	UK-wide rollout. National digital resource hub. Recognition as a leading UK dementia prevention charity.

6. What I Bring to This Work

Changemaking is grounded not only in vision but in lived expertise, transferable skills and honest self-assessment. Through reflective practice and structured professional development, I bring the following to this work:

Professional Experience	Years of direct experience in dementia care settings, including care homes, community health events, holistic end-of-life programmes and wellbeing initiatives. Certified Dementia Champion. CQC-trained in safeguarding and quality care.
Workshop Facilitation	Delivered cognitive stimulation workshops (music therapy, memory games, sensory engagement) and public-facing dementia education in community settings. Strengthened expertise in group facilitation and inclusive practice.
Public Speaking	Delivered talks and interactive discussions at conferences, health events and community groups. Demonstrated ability to translate complex clinical and academic content into accessible public health communication.
Education and Research	BSc Psychology student at Arden University, developing evidence-based approaches to brain health and behaviour change. Applying academic research directly to programme design and evaluation.
Languages and Cultural Reach	Multilingual: English, Greek, Spanish. All planned educational materials will be designed for cultural and neurodiverse audiences from inception — embedding EDI at every level of delivery.
Digital Literacy	Applied digital tools to structure information visually and logically. Developing confidence in data interpretation, evidence-based practice, and digital health communication for public audiences.

7. Global Alignment: Sustainable Development Goals

This vision directly advances two United Nations Sustainable Development Goals, positioning local community action within a global public health framework:

<p>SDG 3</p> <p>Good Health & Wellbeing</p> <p>SDG 3.4 specifically targets reducing premature mortality from non-communicable diseases including dementia. Community education about modifiable dementia risk factors — delivered to adults aged 25–50 — is a direct, evidence-based mechanism for achieving SDG 3 at local and national level (WHO, 2021; UN, 2022).</p>	<p>SDG 4</p> <p>Quality Education</p> <p>Livingston et al. (2020) identified low educational attainment as a primary modifiable dementia risk factor. Equitable access to quality education — across the life course, including adult and community education — is therefore both a cognitive health intervention and a social justice imperative.</p>
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8. A Call to Action

Dementia will not be solved by research alone. It will not be solved by better care alone. It will be solved — in part, meaningfully and measurably — by changing what we teach, and when we teach it.

I am looking to connect with educators, public health professionals, NHS partners, dementia charities, funders, and anyone who believes that prevention must become as central to our response to dementia as treatment.

If you work in schools or universities and want to bring dementia prevention education to your students — I want to hear from you.

If you work in community health, social care or public health policy — I want to hear from you.

If you have lived experience of early-onset dementia — as a person with diagnosis, as a family member, as a carer — your voice is at the centre of everything I am building.

The science tells us prevention is possible. I intend to make sure people know it.

References

- Alzheimer's Society (2023) *Young-onset dementia factsheet*. London: Alzheimer's Society.
- Alzheimer's Society (2024) *Dementia UK: Update*. London: Alzheimer's Society.
- Carnall Farrar for Alzheimer's Society (2024) *The economic impact of dementia — Module 1: Annual costs of dementia*. London: Alzheimer's Society.
- Lancet Commission (2024) 'Dementia prevention, intervention and care: 2024 report', *The Lancet*, 404(10452), pp. 572–628.
- Livingston, G. et al. (2020) 'Dementia prevention, intervention and care: 2020 report of the Lancet Commission', *The Lancet*, 396(10248), pp. 413–446.
- United Nations (2022) *Sustainable Development Goal 3: Good Health and Wellbeing*. Available at: <https://sdgs.un.org/goals/goal3> [Accessed March 2026].
- Whitmore, J. (1992) *Coaching for Performance: GROWing Human Potential and Purpose*. London: Nicholas Brealey.
- World Health Organization (2017) *Global action plan on the public health response to dementia 2017–2025*. Geneva: WHO.
- World Health Organization (2021) *Global status report on the public health response to dementia*. Geneva: WHO.
- Wittenberg, R., Hu, B., Barraza-Araiza, L., Rehill, A. and Knapp, M. (2019) *Projections of older people with dementia and costs of dementia care in the UK 2019–2040*. CPEC Working Paper 5. London: LSE.