



UNIVERSITY
of HAWAII[®]

Ke Kulanui o Hawai'i

Wendy F. Hensel
President

DEPT. COMM. NO. 166

December 22, 2025

The Honorable Ronald D. Kouchi,
President and Members of the Senate
Thirty-Third State Legislature
Honolulu, Hawai'i 96813

The Honorable Nadine K. Nakamura, Speaker
and Members of the House of Representatives
Thirty-Third State Legislature
Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

For your information and consideration, the University of Hawai'i is transmitting a copy of the Report on Establishing an Alzheimer's Disease Research Center (Senate Resolution 163, 2025) as requested by the Legislature.

In accordance with Section 93-16, Hawai'i Revised Statutes, this report may be viewed electronically at:

[https://www.hawaii.edu/govrel/docs/reports/2026/sr163\(2025\)_2026_alzheimers-disease-research-center_report.pdf](https://www.hawaii.edu/govrel/docs/reports/2026/sr163(2025)_2026_alzheimers-disease-research-center_report.pdf).

Should you have any questions about this report, please do not hesitate to contact Stephanie Kim at (808) 956-4250, or via e-mail at scskim@hawaii.edu.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Wendy F. Hensel'.

Wendy F. Hensel
President

Enclosure

UNIVERSITY OF HAWAI‘I SYSTEM REPORT



REPORT TO THE 2026 LEGISLATURE

Report on Establishing an Alzheimer's Disease Research Center

Senate Resolution 163 (2025)

December 2025

Report on Establishing an Alzheimer's Disease Research Center Pursuant to Senate Resolution 163 (2025)

Summary

On April 2, 2025, the Hawai'i State Senate adopted a resolution requesting the University of Hawai'i to explore the feasibility of establishing a National Institute on Aging (NIA)-designated Alzheimer's Disease Research Center (ADRC) and identify the requirements for receiving federal funding from the NIA for Alzheimer's disease research.

The John A. Burns School of Medicine (JABSOM) recognizes that Alzheimer's disease is a major public health issue affecting millions of Americans, including many residents of Hawai'i. An NIA-designated ADRC would greatly boost the University of Hawai'i's research efforts, advance scientific understanding, improve diagnosis and treatment, and provide better care for people with dementia. Hawai'i has the largest share of Asian American and Pacific Islander populations in the United States, offering a unique opportunity to conduct dementia research that considers genetic, cultural, and environmental factors different from those studied in mainland research centers.

While we agree that receiving an ADRC designation from the NIA at JABSOM would be extremely beneficial for the state of Hawai'i, this is not feasible at this time due to a lack of resources and coordination necessary to be competitive. Even applying for an ADRC is a monumental task requiring a dedicated team of expert researchers and staff. This goal is achievable through a phased approach beginning with capacity-building efforts, strategic partnerships, and incremental steps to strengthen research infrastructure. This would position Hawai'i to pursue and obtain the ADRC designation in the future. This report provides: (1) a description of requirements to create an NIA-funded ADRC, (2) current dementia research programs, infrastructure, expertise and capabilities in the state of Hawai'i, (3) a more detailed statement of the needs, (4) the potential benefits and impacts of establishing an ADRC Research Center on the University of Hawai'i, the State of Hawai'i and its residents, (5) a phased plan with a timeline to establish an ADRC Research Center, which will carry out the necessary steps and institutional commitments that would be needed to create the infrastructure, expert team and community collaborations, to allow JABSOM to become capable of submitting an ADRC grant proposal to the NIA; (6) a requested budget to establish an ADRC Research Center, and (7) proposed legislation.

(1) Requirements to Create an NIA-Funded ADRC

To become a NIA-funded Alzheimer's Disease Research Center (ADRC), an institution must respond to the most recent ADRC notice of funding opportunity and successfully undergo peer review by a panel of experts to assess the scientific merit and feasibility of the proposal. The NIA issues Requests for Applications (RFAs) for ADRCs typically every few years, as part of a competitive process for the renewal of existing centers and the potential establishment of new centers. Funding is usually provided for 5 years, requiring competitive renewal at the end of each

cycle. The most recent RFA was due on September 26, 2025. At present, 38 ADRCs across 25 states are funded by the NIA.

The grant application includes several required components:

1. Cores: ADRCs must include specific cores, including:
 - a. Administrative Core, which is responsible for managing interactions, coordinating projects, and providing administrative support. The Administrative Core plays a crucial role in coordinating interactions between the director, core leaders, principal investigators, and other stakeholders, including institutional administrators and the awarding agency.
 - b. Clinical Core, which is responsible for facilitating clinical research, including patient recruitment and assessment.
 - c. Neuropathology Core, which is responsible for analyzing brain tissue samples.
 - d. Education and Information Transfer Core, which is responsible for disseminating research findings and providing training.
 - e. Data Management and Statistical Core, which is responsible for data storage and analysis.
 - f. Outreach, Recruitment, and Engagement which is responsible for community partnerships and recruitment for research studies.
 - g. Additional Cores, which may be proposed and justified based on specific research needs.
2. Research Projects: ADRCs must include a range of research projects focused on Alzheimer's disease and related disorders.
3. Pilot Research Projects: ADRCs must provide funding for pilot projects, which offer opportunities to test new research ideas and methodologies.

(2) Current Dementia Research Programs, Infrastructure, Expertise, and Capabilities in the State of Hawai'i

While there are many current and past grants related to dementia research and education in Hawai'i, they have not been conducted in a coordinated manner. Below is a list of prior and current grants, projects, and resources in the state of Hawai'i. These projects span Research (clinical and basic science), Education, and Community-based programs. An Alzheimer's Disease and Related Dementias (ADRD) Research Center, in combination with existing collaborations between JABSOM, UH Center on Aging (UH Thompson School of Social Work and Public Health), UH College of Pharmacy, UH Cancer Center, UH School of Nursing and Dental Hygiene, Kuakini Health System, Hawai'i Pacific Health, and The Queen's Health Systems, could leverage these existing resources to create an infrastructure to enable JABSOM to apply for ADRC funding from the NIA.

#	Name	Grant Funding (source)	Start/End Dates	PI, Other Inv	Brief Description
Dementia Research Grants					
1	Kuakini Honolulu-Asia Aging Study (HAAS)	Previous NIA, no current funding	NIA funding 1990-2012	White, Petrovitch, Ross, Masaki (JABSOM, Kuakini)	A longitudinal population-based study of prevalence, incidence, and risk factors for dementia in older Japanese-American men belonging to the Kuakini Honolulu Heart Program cohort. Dementia outcomes data are available from 20 years of follow-up, risk factor data, and frozen blood samples are available from about 50 years in the Kuakini Biorepository.
2	Kuakini-HAAS Autopsy Study	Previous NIA, no current funding	NIA funding 1990-2012	White, Petrovitch, Ross, Masaki (JABSOM, Kuakini)	A study of neuropathological correlates of cognitive function and dementia in men of the Kuakini Honolulu Heart Program cohort. There are over 960 brains stored in the Kuakini Biorepository.
3	Impact of APOE and FOXO3 Genotype on Hemorrhagic Stroke in Japanese-American Men	NIGMS 1P20GM125526-01A1 – Research Project Leader Kuakini Center of Biomedical Research Excellence (COBRE)	NIGMS funding 2019-2024	Nakagawa (JABSOM, Kuakini)	Study of the effect of human longevity genes (FOXO3 and APOE) on stroke and dementia in older Japanese-American men from the Kuakini HHP.
4	DPPOS-4 – AD and ADRD in Prediabetes and Type 2 Diabetes: The Diabetes Prevention Program Outcomes Study AD/ADRD Project	NIA (Hawai‘i only - \$828,593) NIDDK Total amount of Federal award for all sites \$66,521,567	September 2022 to August 2027	Luchsinger, Mau (JABSOM); Nathan (Harvard); Temprosa (George Washington University)	DPPOS addresses one of the most important, complex questions in AD and ADRD research: What are the determinants and the nature of cognitive impairment among persons with pre-diabetes and type 2 diabetes, who are a high-risk group for cognitive impairment and represent a large fraction of the United States population.
5	‘IKE Kūpuna (Elder Wisdom) Project	NIA (P01AG066584; <i>Sub-project 5043</i>); \$2,500,000	April 2021 to March 2026	Kaholokula, Hermosura, Look, Galvin, Maclehose (JABSOM)	This study tests the effectiveness of a culturally responsive ADRD prevention program based on Hula, the traditional dance of Hawai‘i, to improve cognitive function in Native Hawai‘ians and Pacific Islanders with

					vascular risk factors of ADRD and subjective and mild cognitive impairments.
6	Racial/Ethnic Disparities in the Alzheimer's Disease Link with Heart Disease and Stroke	NIA 1R03AG075034-01	2021-2025	Siriwardhana, Liow (Hawai'i Pacific Neuroscience)	This study focuses on racial and ethnic disparities in a time-continuous multi-state model framework, utilizing time-to-event data from 2009 to 2017 from the longitudinal Hawai'i Medicare database.
7	Alzheimer's Network for Treatment and Diagnostics (ALZ-NET)	Approved by CMS as a Coverage with Evidence Development (CED) study.	2025	Liow (Hawai'i Pacific Neuroscience)	ALZ-NET is an integrated network of global experts collecting real-world data that researchers can use to advance innovative research and improve clinical care for AD.
8	Nationally Recognized Best-in-Class Alz Research Site	Global Alzheimer's Platform Foundation (GAP) member organization	2025	Liow (Hawai'i Pacific Neuroscience)	The site is part of a network (GAP-Net) dedicated to accelerating clinical research for Alzheimer's and other neurodegenerative diseases.
9	The exocyst as an insulin-sensitive regulator of amyloid-beta in neurons	NIA (\$391,250) and U54MD007601-38S1 (Administrative Supplement)	June 2024 to May 2026	Fogelgren (JABSOM)	Substantial racial and ethnic health disparities exist for AD, in part because of disparities in the prevalence of type 2 diabetes mellitus. This grant studies how the insulin-sensitive exocyst protein complex regulates APP intracellular trafficking and A β generation in neurons.
10	Exocyst regulation of amyloid-beta production in neurons	NIGMS - IBR-Center of Biomedical Research Excellence (IBR-COBRE) (P20GM103457) - \$100,000	September 2020 to May 2022	Fogelgren, Nichols (JABSOM)	The extracellular accumulation of A β eventually forms neurotoxic plaques, a hallmark of AD brain pathology. This project elucidates how the exocyst protein complex, a highly conserved Rab effector, participates in APP intracellular trafficking and A β generation in neurons.
11	The exocyst complex in amyloid trafficking and Alzheimer's disease	Hawai'i Community Foundation (\$50,000)	May 2019 to November 2021	Fogelgren (JABSOM)	The cellular trafficking of APP plays a key role in the balance of normal versus pathogenic APP processing. This study tests whether the exocyst regulates neuronal amyloid-beta production using both neuronal cell culture models and mouse models of AD.

12	Administrative Supplement on ADRD	NIA, R01 MD018265-03S1	July 2024 to June 2027	Lim, Lampe, Hullar, Park, Wilkens, Le Marchand, Kwee (UHCC); Rettenmeier (UH); Crimmins (USC)	This study investigates the inter-relationship of the gut microbiota, steatotic liver disease, neuroinflammation, Alzheimer's disease, and related dementias in the Multiethnic Cohort and its ancillary Adiposity Phenotype Study.
13	Prospective Associations of Diet and Late-Onset ADRD Among Five Racial and Ethnic Populations	NIA, R03 AG081824	September 2023 to August 2026	Park, Lim, Wilkens (UHCC); Setiawan, Crimmins (USC)	This study investigates the association of diet and late-onset Alzheimer's disease and related dementias in the Multiethnic Cohort.
14	Blood pTau validation of Alzheimer disease in high-risk populations	Alzheimer's Association 24AARGD-NTF-1198412	August 2024 to July 2026	Park, Lim, Wilkens (UHCC); Setiawan, Crimmins (USC)	This study expands the nested case-control study of Alzheimer's disease by analyzing blood p-Tau217 in the Multiethnic Cohort linked with Medicare.
15	Administrative Supplement on ADRD	NIA, U01 CA164973-11S2	June 2023 to August 2024	Park, Lim, Wilkens, Le Marchand (UHCC); Haiman, Setiawan, Crimmins (USC)	This study analyzes blood-based Alzheimer's biomarker (p-Tau217) in a nested case-control study of Alzheimer's disease in the Multiethnic Cohort linked with Medicare.
16	The role of Selenoprotein I in mitigating neurodegeneration.	NINDS, 1R21NS133944	July 2023 to June 2025	Pitts, Hoffmann (JABSOM)	This is a study of a novel mouse model to uncover an important role for selenoprotein I in preventing neurodegeneration and CNS impairments, and to determine the precise role this protein plays in promoting healthy neurodevelopment.
Dementia Education and Community Grants					
1	Geriatrics Workforce Enhancement Program (GWEP)	HRSA; Phase 1: 2015-19 \$3,400,000; Phase 2: 2019-24 \$3,762,675, Phase 3: 2024-29 \$5,000,000	July 2015 to June 2029	Wen, Masaki (JABSOM), Ibrao (SW)	This is a program to prepare the healthcare workforce to respond to the needs of the elderly through interprofessional training of community and primary care delivery systems and the creation of Age-Friendly Health Systems. One major goal of the GWEP is

					to provide dementia training to healthcare students, professionals, and lay caregivers.
2	Hawai'i Alzheimer's Disease Supportive Services Program	Administration for Community Living (\$401,973)	January 2018 to July 2021 (initial grant period); September 2019 to March 2023 (expansion grant)	Shimizu (EOA), Nishita (UH COA)	This program strengthened the dementia-capability of Hawai'i's communities by building the capacity of professionals and organizations to support older adults with dementia and their caregivers. It developed dementia capability within the "No Wrong Door" network of state agencies and improved care transitions among dementia patients from hospitals to community settings. This grant also funded CHW training and multiple cohorts of the Savvy Caregiver Program.
3	Building Our Largest Dementia Infrastructure (BOLD) Program	CDC, Planning Grant: \$731,850, Implementation Grant: \$500,000 per year	September 2020 to September 2023 (Planning Grant); September 2023 to September 2028 (Implementation Grant)	Shimizu, Salazar (EOA), Nishita (UH COA)	Hawai'i BOLD Program seeks to implement the goals, objectives, and strategies developed in the Hawai'i 2035: State Strategic Plan for ADRD to build a dementia care infrastructure and increase the state's capacity to address ADRD.
4	Community Care Corps: Expanding and Refining Models for Volunteer Programs to Support Older Adults, People with Disabilities, and their Family Caregivers	Administration for Community Living/Administration on Aging - Oasis Institute (\$157,729)	April 2025 to September 2026	Nishita, Halzel (UH COA)	The UH Center on Aging (UH COA) will develop a new, innovative volunteer program called "Cultivating Care: A Garden-based Memory Cafe" for persons with dementia and their caregivers, facilitated by trained university student volunteers.
5	Alzheimer's Disease Programs Initiative (ADPI)	Administration for Community Living (ACL), HHS, Cooperative Agreement Grants	First award: 2015 to 2020; Second award: 2023 to 2026	Terada, Mishan (Catholic Charities Hawai'i)	The goal of these grants is to increase dementia capability in Hawai'i by building new and sustaining existing dementia capable programs, services, and resources to deliver person-centered care to those living with dementia (PLWD) and their caregivers to help them remain safe and connected.

Dementia-Related Clinical Services and Research in JABSOM Academically Affiliated Health Systems					
1	Kuakini Health System	See above in research grants #1, 2, and 3	Kuakini Honolulu-Asia Aging Study (HAAS)	Kuakini-HAAS Autopsy Study	Impact of APOE and FOXO3 Genotype on Hemorrhagic Stroke in Japanese-American Men
2	Hawai‘i Pacific Health	“Guiding an Improved Dementia Experience” (GUIDE) Care Model funded by CMS	July 1, 2025 to June 30, 2032	Price, Shu	GUIDE is an innovative CMS program that supports dementia patients through multidisciplinary specialty care, care navigation, caregiver training, respite care, and 24/7 support. Our program is the only 1 in Hawai‘i selected by CMS through a competitive process.
3	Queen’s Health Systems	Queen’s Memory Center Research studies on Parkinson’s disease		Chyung, Nakagawa, Bruno	

(3) Problem Statement and Needs

- Projected increase in dementia prevalence in Hawai‘i,
- Native Hawaiian and Pacific Islander disparities,
- Caregiver burden and workforce shortages,
- Limited access for neighbor island communities.

Native Hawaiians and Pacific Islanders (NHPs) in the United States face a higher incidence and risk of Alzheimer’s disease and related dementias (ADRD) than other populations, with prevalence expected to increase in the coming years. The age-adjusted incidence of dementia among NHPs is estimated at 20 per 1,000 person-years, translating to a 25-year cumulative risk of 25% at age 65 (Mayeda et al., 2016). In a study of 6,500 individuals with ADRD, the odds of early-onset ADRD among Native Americans—including Native Hawaiians—were 2.1 times higher than among Whites (Panegyres et al., 2014). In Hawai‘i, ADRD prevalence continues to rise, with projections that 10% of adults aged 65 and older will have an ADRD diagnosis by 2025 (State of Hawai‘i Department of Health, 2020).

The early onset of ADRD observed among NHPs is particularly concerning, given its higher prevalence, shorter survival, and stronger association with vascular risk factors than in later-onset cases in other groups (Siriwardhana et al., 2023). A neurodegenerative clinic-based study in Hawai‘i found that 70% of NHP patients were diagnosed with ADRD, compared with 63% of Asians, 53% of Whites, and 65% of other patients (Smith et al., 2021). NHP patients were also younger at diagnosis, had lower Mini-Mental State Exam scores than Asians and Whites, and exhibited higher rates of vascular risk factors—hypertension (74% vs. 55% and 65%), hyperlipidemia (70% vs. 53% and 61%), and type 2 diabetes (28% vs. 11% and 22%), respectively.

Although Hawai‘i has numerous ongoing and historical dementia-related research projects, education initiatives, and community programs, these activities operate independently and lack a coordinated structure. The state does not currently have the centralized research infrastructure, shared cores, or integrated data and clinical systems required to be competitive for NIA-funded ADRC designation. Existing efforts span multiple institutions but lack a unified framework, limiting the ability to align research, clinical activities, community engagement, and neuropathology resources. Establishing a coordinated Dementia Research Unit would build on these existing strengths, reduce fragmentation, and create the foundation necessary for Hawai‘i to prepare for future ADRC application cycles.

(4) Potential Benefits and Impacts of Establishing an ADRC Research Center on the University of Hawai‘i, the State of Hawai‘i, and its Residents

Establishing an ADRC Research Center at the University of Hawai‘i would create a foundation for future NIA ADRC designation and deliver significant benefits to the university, the state, and its residents:

1. Advancement of Interdisciplinary Research

Alzheimer’s research increasingly intersects with brain health, aging, and chronic disease management. A strong example is the U.S. POINTER study, which examines how lifestyle interventions—such as diet, exercise, and vascular health—impact cognitive decline. A specialized unit at UH could support and expand this type of cross-disciplinary research, leveraging Hawai‘i’s unique population and health challenges. This would also open new funding opportunities for researchers across multiple departments, including medicine, public health, nutrition, and social sciences.

Hawai‘i offers unique opportunities for interdisciplinary research due to its high prevalence of vascular and metabolic risk factors among Native Hawai‘ian and Pacific Islander populations, including earlier onset of cognitive decline; existing culturally grounded interventions such as the IKE Kūpuna hula-based program and other culturally adapted approaches like PILI ‘Ohana that target lifestyle, vascular, and metabolic health; and emerging research on the microbiome, diet, and metabolic resilience within Hawai‘i’s multiethnic communities. These strengths position the state as an ideal environment for cross-disciplinary research integrating culture, behavior, and chronic disease management. A specialized dementia research unit at UH could support and expand this type of work, leveraging Hawai‘i’s distinct population and health profiles to generate research findings with both local and national relevance.

2. Enhance UH’s Research Capabilities and Reputation

An ADRC Research Center would strengthen the University of Hawai‘i’s research infrastructure, elevate its national reputation, and attract major federal research dollars. This investment would position UH as a leader in brain health and aging research, creating opportunities for collaboration with top institutions nationwide.

3. Advance Scientific Research Focused on AANHPI Populations

Hawai‘i’s diverse population offers a unique opportunity to study genetic, behavioral, socio-cultural, and environmental factors affecting dementia risk among Asian American, Native Hawaiian, and Pacific Islander communities—groups historically underrepresented in dementia research. This focus would fill critical gaps in scientific knowledge and inform culturally tailored interventions.

4. Community Partnerships and Culturally Grounded Engagement

Building a strong community foundation is essential for meaningful dementia research in Hawai‘i. A dedicated research unit could strengthen partnerships with kūpuna-serving organizations, Native Hawaiian and Pacific Islander community groups, and existing statewide programs such as BOLD, GWEP, and ADPI. Integrating community health workers and respecting Native Hawaiian data sovereignty principles would support trust, participation, and culturally informed research practices.

5. Improve Patient Care and Access to Clinical Trials

A research unit, leveraged with growing dementia-specific clinical programs across the state, would directly benefit Hawai‘i residents by improving dementia diagnosis and treatment, expanding access to clinical trials, and accelerating the translation of research into practice. This is especially critical for rural and neighbor island communities, where access to care is limited.

6. Alignment with Academic Growth and Workforce Development

The initiative complements JABSOM’s upcoming Neurology residency program, creating opportunities for students and researchers interested in dementia care and brain health. Residency program requirements include participating in research, and this unit could help build a strong pipeline of clinician-researchers in Hawai‘i. Additionally, the Alzheimer’s Association supports researchers through ISTAART, a global network that offers collaboration, mentorship, and grant alerts. Free ISTAART membership for students and residents would further strengthen early-career engagement and research capacity in the state.

7. Leverage Existing Resources and Infrastructure

Hawai‘i already possesses valuable assets for dementia research, including a significant brain bank at Kuakini Medical Center of nearly 1,000 brains and several current and past NIH-funded Alzheimer’s projects identified through JABSOM outreach. A dedicated research unit would maximize these resources and attract additional federal funding.

In addition to these foundational collaborations, Hawai‘i benefits from a network of organizations already engaged in dementia care, research, and aging services. Strategic partners that could support and expand a coordinated research infrastructure include the UH Center on Aging, Kuakini Medical Center, Hawai‘i Pacific Neuroscience, The Queen’s Health Systems, Hawai‘i Pacific Health, Native Hawaiian Health Systems, the

Alzheimer's Association Hawai'i Chapter, and community-based organizations such as Catholic Charities Hawai'i, Kōkua Kalihi Valley, and senior centers statewide. These partnerships demonstrate that Hawai'i already possesses the community reach, clinical pathways, and research foundations needed to support a Dementia Research Unit and, over time, build toward ADRC readiness.

8. Economic Benefits for Hawai'i

Beyond scientific and health impacts, this initiative would bring economic benefits through job creation, increased federal research funding, and expanded opportunities for local talent in biomedical research and healthcare.

9. University Efficiencies and Cost Offsets

The UH Manoa at Kaka'ako campus has the capacity to physically house the ADRC Research Center, including laboratory and office spaces. This approach would maximize the use of existing infrastructure and allow new sources of funding—such as Alzheimer's research grants—to support appropriate direct costs. In contrast, the indirect costs of grants would help cover facilities and other core research infrastructure at the University.

(5) Phased Plan with a Timeline to Establish an ADRC Research Center at

JABSOM:

Below are a phased plan and timeline for the necessary steps and institutional commitments to build the infrastructure, assemble an expert team, and establish community collaborations to enable JABSOM to submit a competitive ADRC grant proposal to the NIA. Even applying for an ADRC is a monumental task requiring a dedicated team of expert researchers and staff, with time and resources provided.

We recommend a phased approach, starting with the establishment of an ADRC Research Center at JABSOM. This will enable us to develop the capacity to apply for an ADRC within five years. To achieve this, we will need to recruit and hire a Director for the ADRC Research Center, who should be a senior researcher with expertise and a strong track record of securing NIH funding for dementia research. This senior clinician scientist (researcher) will require a start-up package and a tenure-track position at JABSOM. Additionally, this researcher could serve as Chair of a new Department of Neurology at JABSOM. JABSOM expects ACGME approval to launch a new neurology residency program in July 2027.

In addition, we recommend funding for the following positions for the ADRC RC:

- 1 FTE Senior APT position (Coordinator of the ADRC RC, high Payband B or low Payband C)
- 1 FTE additional APT position (Institutional support, Payband B)
- 1 FTE senior clinical research nurse
- 2 FTE faculty positions – to be split between junior investigators as part-time FTEs, including a part-time neuropathologist (as required for the Neuropathology ADRC Core)

Other suggested requirements:

- Dedicated space at JABSOM for the ADRD RC
- Clinic space for potential dementia clinical research, including the capability for providing infusions (potential treatment in clinical trials)

Timeline of Tasks to Establish an ADRD Research Center at JABSOM	Year 1	Year 2	Year 3	Year 4	Year 5
Site visit to a well-established ADRC, ideally one with several affiliated health systems as partners	x				
Explore phased space needs (year 1); Create the ADRD RC with dedicated space at JABSOM (year 2)	x	x			
Recruit and hire a director of the ADRD RC (Senior Researcher with expertise and strong track record in dementia research grants)	x	x			
Recruit and hire staff (ADRD RC coordinator)	x	x			
Recruit for other key positions (faculty and staff)		x	x	x	
Dedicated clinic space at JABSOM			x	x	x
Submit grant applications for dementia research and clinical trials			x	x	x
Submit ADRC grant proposal to NIA (exact timing will depend on NIA grant cycle)					x
Total Anticipated New Personnel Cost per Year	375,000	180,000	290,000	160,000	

(6) Requested budget to establish an ADRD Research Center

JABSOM

- 1 FTE senior clinician scientist (tenure track) (H5M11) with start-up package \$250,000 plus \$100,000 x 3 years start-up
- 1 FTE staff position (Coordinator of the DRU) \$125,000
- 1 FTE clinical research nurse (F4M11) \$180,000
- 1 FTE additional staff position \$90,000
- 2 FTE faculty positions – to be split between junior investigators as part-time FTEs, including a part-time neuropathologist (as required for the Neuropathology ADRC Core) H3M11 \$200,000 (to be split); F3M11 \$160,000

The following will be provided by JABSOM and UH:

- Dedicated space at the Kaka‘ako campus for the ADRD RC
- Clinical space on the Kaka‘ako campus for clinical dementia research, which includes the capability for providing IV infusions (potential treatment in clinical trials)

- Access to the shared administrative and research core resources at JABSOM and UH Manoa, whose leads can guide development and/or be leveraged to participate in the ADRD RC
 - Kaka‘ako Centralized administrative services, including data safety and monitoring board, HIPAA privacy board, and clinical trials office
 - Basic and translational science-focused cores: histopathology core, microscopy-imaging core, biostatistics (including epidemiology and research design) core, bioinformatics core, genomics core, biorepository core, metabolic and analytic core, molecular and cellular immunology core
 - Clinical research cores: clinical research and regulatory research services core, community engagement cores of the National Institutes of Health-supported Ola Hawai‘i and the Center for Pacific Innovation, Knowledge, and Opportunities [PIKO], and the Ola Hawai‘i behavioral research support facility.
- Become part of the collaborative clinical research partnerships and infrastructures between JABSOM, Kuakini Medical Center, Hawai‘i Pacific Health, and Queen’s Health System, which includes the Hawai‘i EHR Data Network (as of December 2025, this includes only HPH and Queen’s deidentified EHR data) and the health systems’ rural clinical sites, which are growing in capacity to participate in certain types of clinical trials.

References:

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Panegyres, P.K., Chen, H.Y., Coalition against Major Diseases (CAMD), 2014. Early-onset Alzheimer’s disease. *Eur. J. Neurol.* 21 (9), 1149. <https://doi.org/10.1111/ene.12453> e65.

Siriwardhana, C., Carrazana, E., Liow, K., Chen, J.J., 2023. Racial/ethnic disparities in the alzheimer’s disease link with cardio and cerebrovascular diseases, based on Hawai‘i medicare data. *J. Alzheimer’s Disease Rep.* 7 (1), 1103–1120. <https://doi.org/10.3233/ADR-230003>.

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State of Hawai‘i Department of Health, 2020. Hawai‘i 2025: State Plan on Alzheimer’s Disease & Related Dementias. State of Hawai‘i Department of Health, Honolulu, HI.

(7) Proposed Legislation

Relating to Research

SECTION 1. The legislature finds that establishing an organized Alzheimer's disease and related dementias (ADRD) research unit at the University of Hawai'i is essential to advance scientific research, improve diagnosis and treatment, and provide better care for individuals affected by these conditions. An NIA-designated Alzheimer's Disease Research Center (ADRC) would significantly enhance the University's research capabilities and attract major federal funding; however, achieving ADRC designation requires resources, coordination, and a dedicated team of expert researchers and staff. This goal is attainable through a strategically phased approach that begins with capacity-building efforts and strategic partnerships, and includes incremental steps to strengthen research infrastructure, including the creation of key faculty and staff positions over time.

The legislature further finds that Hawai'i's unique demographic composition, including a significant Asian American and Pacific Islander population, presents an unparalleled opportunity to conduct dementia research that reflects genetic, cultural, and environmental factors distinct from those studied at mainland research centers. This focus would fill critical gaps in scientific knowledge and inform culturally tailored interventions, benefiting both state and national research agendas.

Establishing an Alzheimer's Disease and Related Dementia Research Center (ADRD RC) will leverage existing resources and collaborations among the University of Hawai'i John A. Burns School of Medicine, the UH Center on Aging, the UH Cancer Center, and community partners. It will create efficiencies by utilizing existing infrastructure and shared services, strengthen interdisciplinary research across medicine, public health, and social sciences, expand access to clinical trials, and improve patient care—particularly for rural and neighbor island communities. Strategic partnerships with Kuakini Health System, Hawai'i Pacific Health, and The Queen's Health Systems will further enhance clinical research capacity and integration with statewide healthcare delivery. This initiative will also support workforce development, complement upcoming neurology training

programs, and generate economic benefits through job creation and increased federal research funding.

The purpose of this Act is to establish an organized Alzheimer's Disease and Related Dementia Research Center (ADRD RC) at the University of Hawai'i as the first phase of a strategic plan to build capacity and position Hawai'i for future ADRC designation by the National Institute on Aging.

SECTION 2. Chapter 304A, Hawai'i Revised Statutes, is amended by adding a new section to part IV, to be appropriately designated and to read as follows:

"§304A- Alzheimer's Disease and Related Dementias Research Center of Hawai'i. (a) There is established an organized research unit, hereinafter known as the Alzheimer's Disease and Related Dementias Research Center of Hawai'i, to conduct research on Alzheimer's Disease and related dementias. The Alzheimer's Disease and Related Dementias Research Center of Hawai'i shall be administered by a director to be appointed in accordance with the board of regents' policy.

(b) The Alzheimer's Disease and Related Dementias Research Center of Hawai'i shall be administratively affiliated with the University of Hawai'i John A. Burns School of Medicine. The administrative services and infrastructure teams of the Alzheimer's Disease and Related Dementias Research Center of Hawai'i and the University of Hawai'i John A. Burns School of Medicine may be merged to achieve greater efficiency.

(c) The provost of the University of Hawai'i at Manoa shall have authority to direct and achieve efficiencies at the University of Hawai'i John A. Burns School of Medicine and Alzheimer's Disease and Related Dementias Research Center of Hawai'i.

(d) The programs of the University of Hawai'i John A. Burns School of Medicine and Alzheimer's Disease and Related Dementias Research Center of Hawai'i, the University of Hawai'i Center on Aging, and the University of Hawai'i at Manoa shall identify opportunities to:

(1) Capitalize on collaboration between the programs; and

(2) Maximize operational efficiencies between the University of Hawai'i John A. Burns School of Medicine and Alzheimer's Disease and Related Dementias Research Center of Hawai'i, and the University of Hawai'i Center on Aging, including but not limited to shared services and personnel, whenever feasible, and utilization of centralized

services available through the University of Hawai'i at Manoa, whenever appropriate.

(e) The Alzheimer's Disease and Related Dementias Research Center of Hawai'i's research agenda shall focus on research, education, patient care, and community outreach and reflect an understanding of the ethnic, cultural, and environmental characteristics of the State and the Pacific region.

(h) The Alzheimer's Disease and Related Dementia Research Center of Hawai'i may be staffed by, but not be limited to, the following positions:

(1) One full-time equivalent senior clinician scientist (tenure track);

(2) One full-time equivalent staff position serving as coordinator of the designated research unit;

(3) One additional full-time equivalent staff position;

(4) One full-time equivalent clinical research nurse;

(5) Two full-time equivalent faculty positions to be allocated among junior investigators as part-time appointments, including a part-time neuropathologist as required for the Neuropathology Core of an Alzheimer's Disease Research Center.

(g) The Alzheimer's Disease and Related Dementias Research Center of Hawai'i may:

(1) Engage in international research collaborations;

(2) Undertake research studies and clinical trials; and

(3) Participate in projects and programs of the National Institutes of Health and the National Institute on Aging, including but not limited to Alzheimer's Disease Research Centers.

(h) The Alzheimer's Disease and Related Dementias Research Center of Hawai'i shall submit an annual report to the legislature no later than twenty days prior to the convening of each regular session. The report shall include:

(1) A summary of research activities, collaborations, and clinical trials conducted;

(2) Progress toward securing federal funding and designation as an Alzheimer's Disease Research Center;

(3) Financial expenditures and funding sources;

(4) Community outreach and education efforts; and

(5) Recommendations for future legislative or budgetary support.

SECTION 3. There is appropriated out of the general revenues of the State of Hawai'i the sum of \$375,000 or so much thereof as may be necessary for fiscal year 2026-2027 for the University of Hawai'i Board of Regents to establish the Alzheimer's Disease and Related Dementias Research Center of Hawai'i. The appropriation shall also fund the creation of 1.0 FTE faculty position and 1.0 staff position in the University of Hawai'i John A. Burns School of Medicine, specializing in neurology and dementia.

1.0 Faculty FTE Senior Clinician Scientist

1.0 APT Center Coordinator (Administrative lead)

The sums appropriated shall be expended by the University of Hawai'i for the purposes of this part.

SECTION 4. New statutory material is underscored.

SECTION 5. This Act shall take effect on July 1, 2026.