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Subjective Cognitive Decline in Georgia





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PURPOSE OF THIS REPORT

Dementia is a growing public health concern, particularly among the aging population in Georgia. Subjective cognitive decline (SCD) may be an early indicator of dementia and may be a way to identify persons who are at high risk of developing dementia^{1,2}. Understanding the trends in SCD is critical for identifying populations at increased risk for dementia, informing early intervention efforts, and guiding public health planning and resource allocation. Therefore, this report aims to summarize the prevalence of SCD and describe the demographic and geographic distribution of adults aged 45 years and older experiencing SCD in Georgia for 2023. Additionally, this report examines differences in non-medical factors (including education, income, health-related social needs, and access to healthcare) as well as in wellbeing, chronic disease burden, and selected health behaviors between adults aged 45 years and older with SCD and the general population in the same age group.



DATA SOURCE

The data used in this report are from the 2023 Georgia Behavioral Risk Factor Surveillance System (BRFSS)³. The BRFSS is a state-based telephone health survey that collects information from non-institutionalized residents aged 18 years and older on health risk behaviors, preventive health practices, and health care access, primarily related to chronic disease and injury³.



DATA LIMITATIONS

The BRFSS is subject to limitations common to all survey-based data, as it relies on a sampled population that is weighted to produce estimates for the broader population, and the information collected is self-reported.



BACKGROUND

In 2025, the Alzheimer’s Association estimated that 7.5 million Americans aged 65 years and older are living with Alzheimer’s disease, the most common form of dementia and a condition that accounts for approximately 60-80% of all dementia cases in the United States². If current demographic and health trends continue, more than 9 million Americans could be living with Alzheimer’s Disease and Related Dementias (ADRD) by 2030, and nearly 12 million by 2040⁴.

While national estimates often focus on diagnosed ADRD, population-based surveillance systems such as the Behavioral Risk Factor Surveillance System (BRFSS) measure subjective cognitive decline as an early indicator of cognitive impairment. Cognition is a combination of processes in the brain that includes the ability to learn, remember, and make judgments⁵. Cognitive decline refers to difficulty with memory, concentration, learning, or decision-making that affects everyday life.

Subjective cognitive decline (SCD) is defined as a self-reported experience of confusion or memory loss that is happening more often or is getting worse⁵. SCD may be one of the earliest noticeable symptoms of ADRD, although not all individuals who report SCD will go on to develop ADRD². Monitoring SCD can provide important insight into population-level cognitive health and functional limitations to inform resource allocation and planning related to aging and brain health.

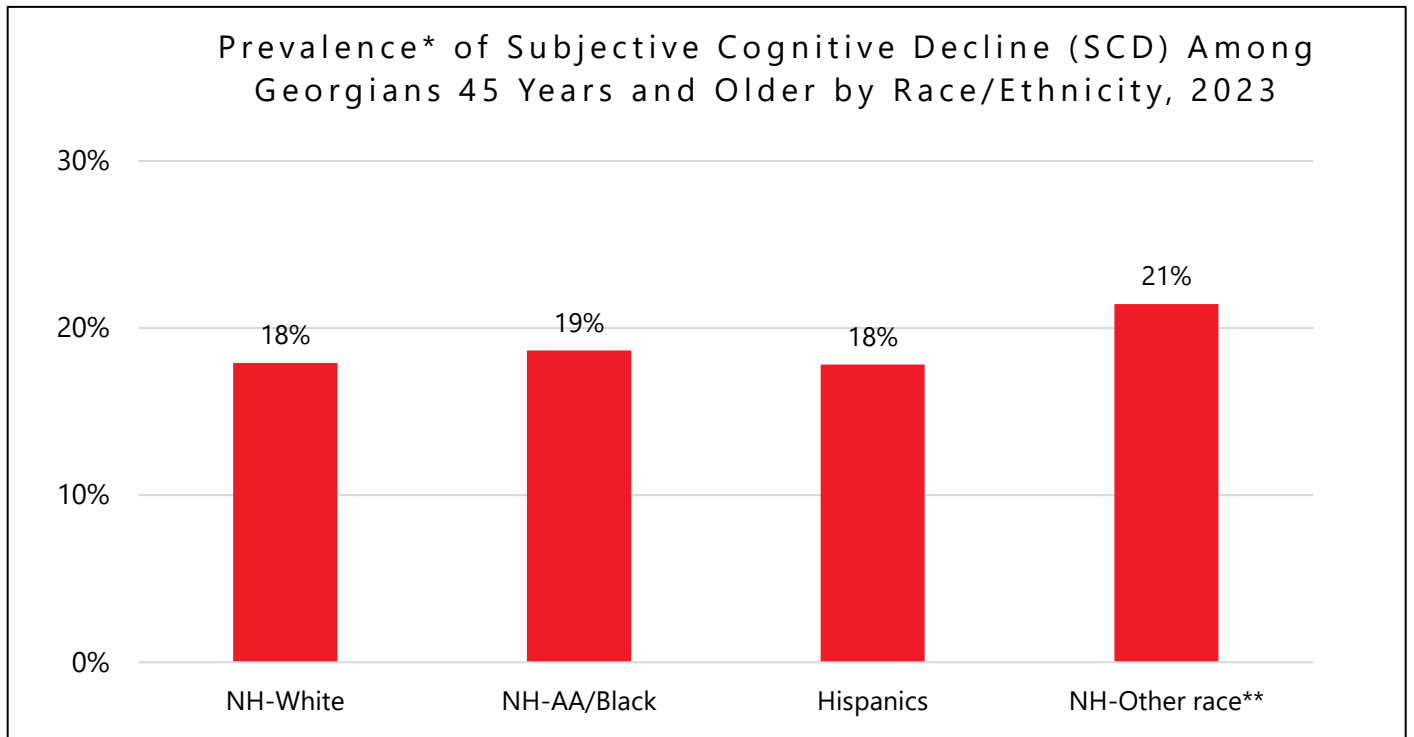


SUBJECTIVE COGNITIVE DECLINE, GEORGIA 2023

In 2023, 18% (N=665,829) of adults aged 45 years and older in Georgia reported experiencing subjective cognitive decline (SCD), as measured by the BRFSS Cognitive Decline Module. The following information comparing trends in health status in the population of Georgians experiencing SCD and all Georgians in the same age group can help individuals (including older adults and their family and friends) prepare for the impacts of SCD and provide insights to inform public health professionals’ efforts to reduce the burden of SCD and dementia in our population.

RACE/ETHNICITY

The burden of SCD among Georgia adults 45 years and older varied by race and ethnicity.



*Insufficient data for Asian and American Indians/Alaska Natives

NH = Non-Hispanic; AA = African American

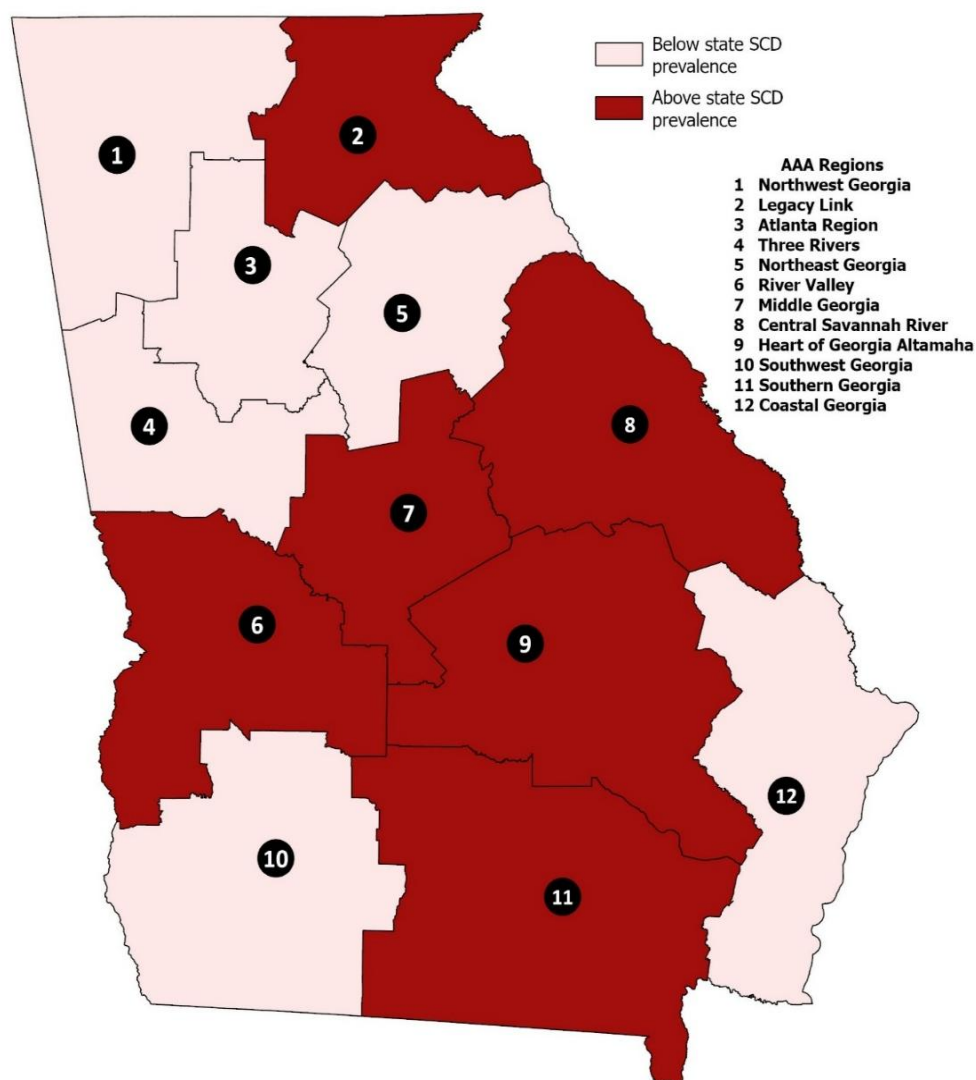
**NH-Other race is a broad category that includes multiple distinct racial groups and should be interpreted with caution

The prevalence of SCD ranged from 18% among non-Hispanic Whites and Hispanics to 21% among those of non-Hispanic 'Other' race.

GEORGRAPHY

SCD varied geographically across Georgia's Area Agencies on Aging (AAA) service areas. Georgia AAAs are service providers for the Georgia Division of Aging Services (DAS). AAAs serve aging adults living in counties within AAAs through a range of programs to attain safe, healthy, independent, and self-reliant lives⁶. Tracking SCD at the AAA geographic level provides valuable insights to guide DAS in targeting resources to populations at highest risk of dementia.

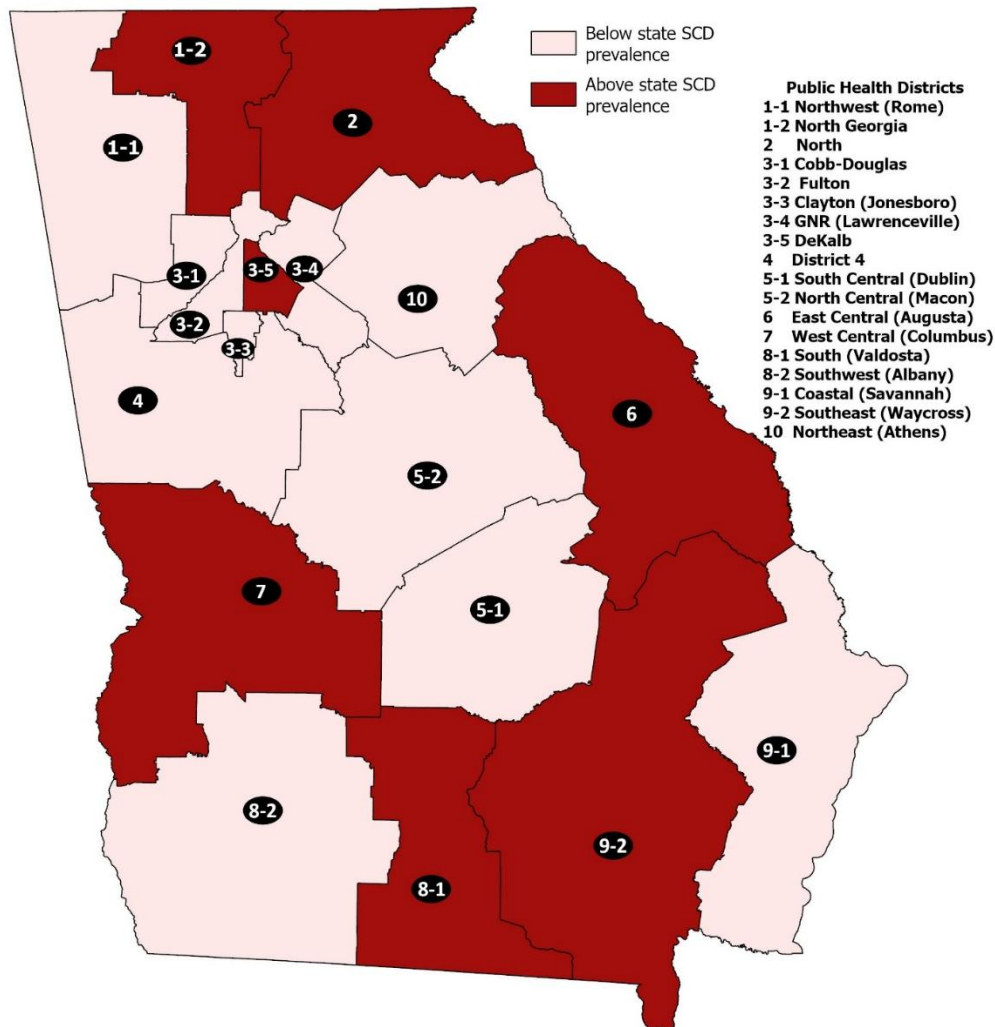
Prevalence of Subjective Cognitive Decline Among Georgians 45 Years and Older, by Area Agency on Aging, Georgia 2023



In 2023, 6 of the 12 AAA regions reported SCD prevalence higher than the statewide rate of 18%. The highest prevalence was observed among individuals 45 years and older residing in the Southern Georgia (25%), Heart of Georgia (24%), and River Valley (22%) AAA service regions.

Geographic disparities in SCD prevalence were evident across Georgia's 18 Public Health Districts (PHDs). Georgia PHDs collaborate with Georgia DPH to provide local health services to Georgians of all ages, including older adults. Examining SCD at the PHD geographic level can help DPH identify opportunities for collaboration and more effectively deliver health services in PHDs where residents are most vulnerable to dementia.

Prevalence of Subjective Cognitive Decline Among Georgians 45 Years and Older, by Public Health Districts, Georgia 2023



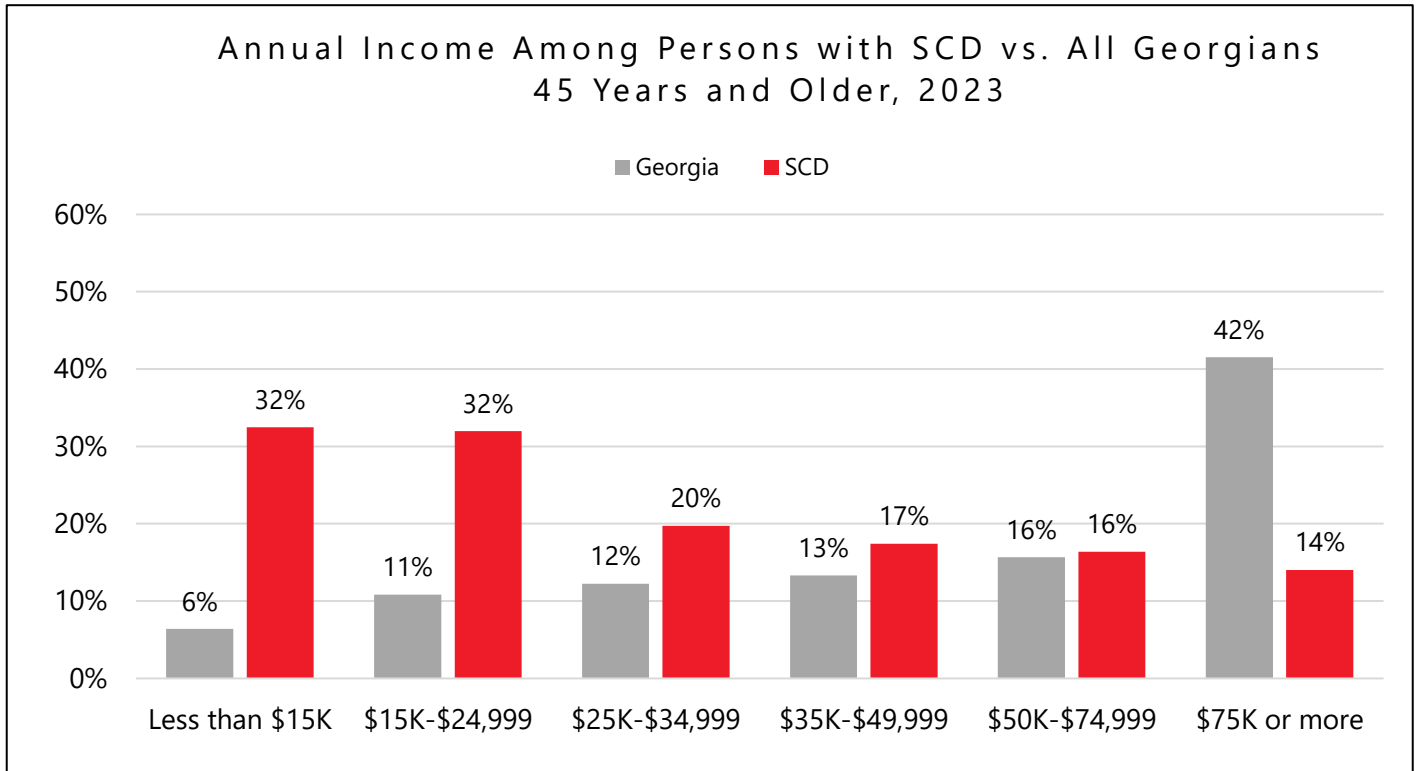
In 2023, 7 districts exceeded the state average of 18%, with the highest rates observed among adults aged 45 and older in the Southeast (30%), West Central (22%), and East Central (21%) districts. Overall, residents age 45 and older in the Southeast and West Central areas of the state reported the highest prevalence of SCD, with nearly one in five individuals in these areas experiencing SCD.

NON-MEDICAL FACTORS

Non-medical factors that shape health outcomes, such as an individual's employment and income, living conditions, and healthcare access, play a significant role in the development and progression of cognitive decline.

INCOME

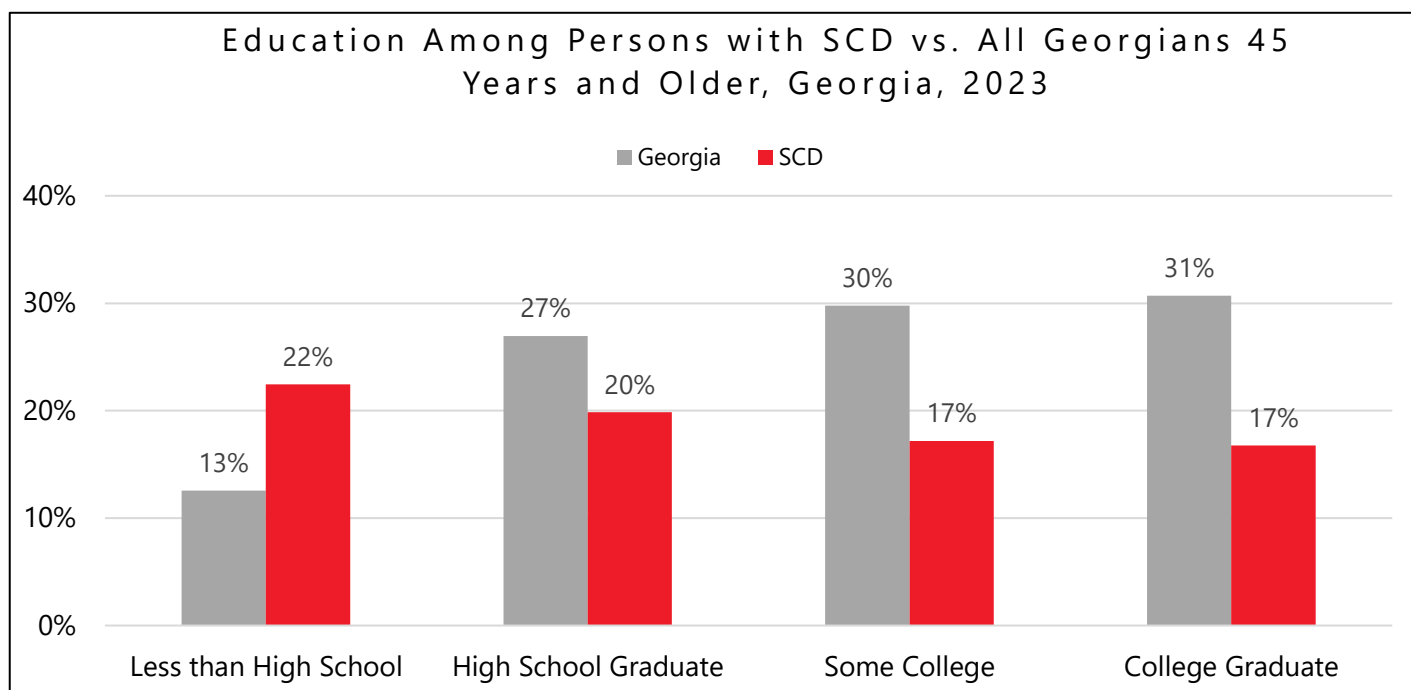
Income level is associated with cognitive health, with higher income levels associated with a lower risk of cognitive decline.



In 2023, the prevalence of reported SCD varied substantially by income: approximately 64% of Georgians with SCD reported annual incomes below \$25,000, compared with 17% in the general population aged 45 years and older. This finding underscores the need to prioritize outreach and programs to protect brain health in low-income communities.

EDUCATION

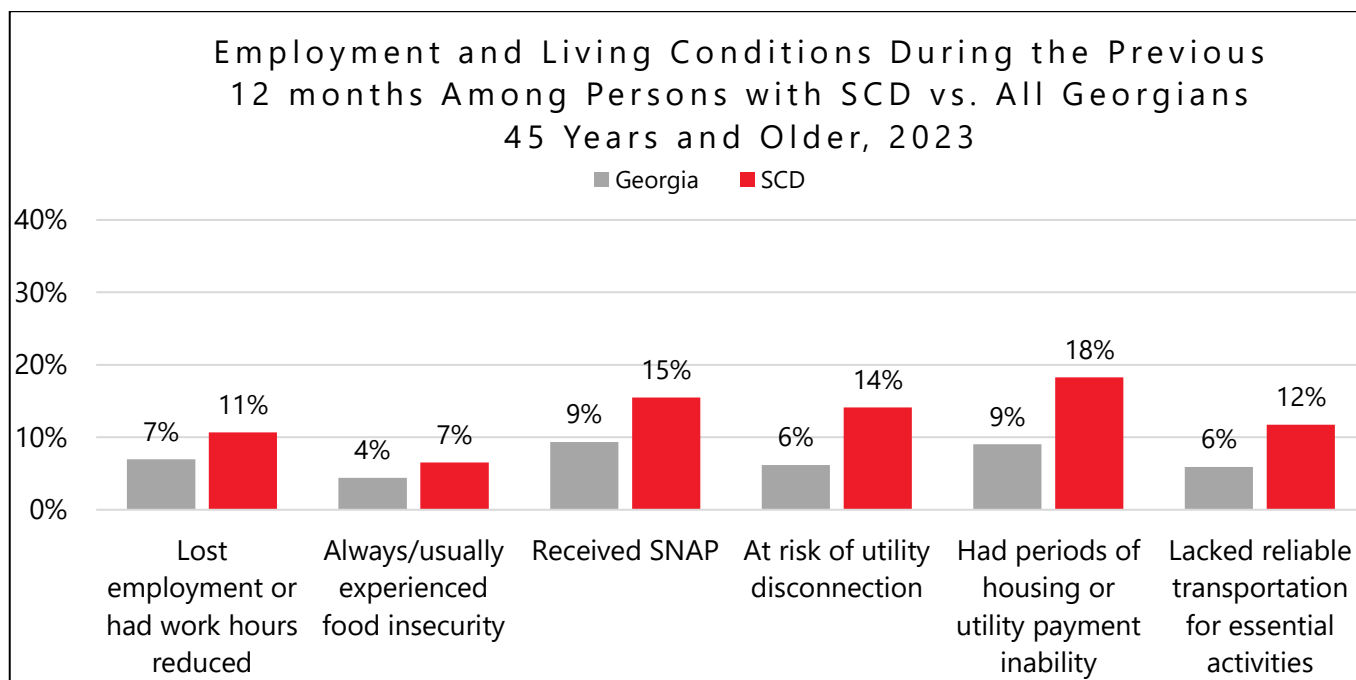
Educational attainment is associated with cognitive health; higher levels of education are associated with a lower risk of cognitive decline.



Among Georgians with SCD, a higher proportion had a high school education or less than the overall population aged 45 years and older. These findings underscore the importance of promoting lifelong learning in programs that support brain health among aging adults.

HEALTH-RELATED SOCIAL NEEDS

In 2023, suboptimal employment and living conditions during the previous 12 months were consistently higher among adults experiencing SCD than among all Georgia adults 45 years and older.



Approximately one in ten (11%) adults with SCD reported job loss or reduced work hours in the past year, compared with 7% of the Georgia adult population. Food insecurity was also more common among adults with SCD, with 7% reporting that they often ran out of food and could not afford more, compared with 4% among all Georgia adults.

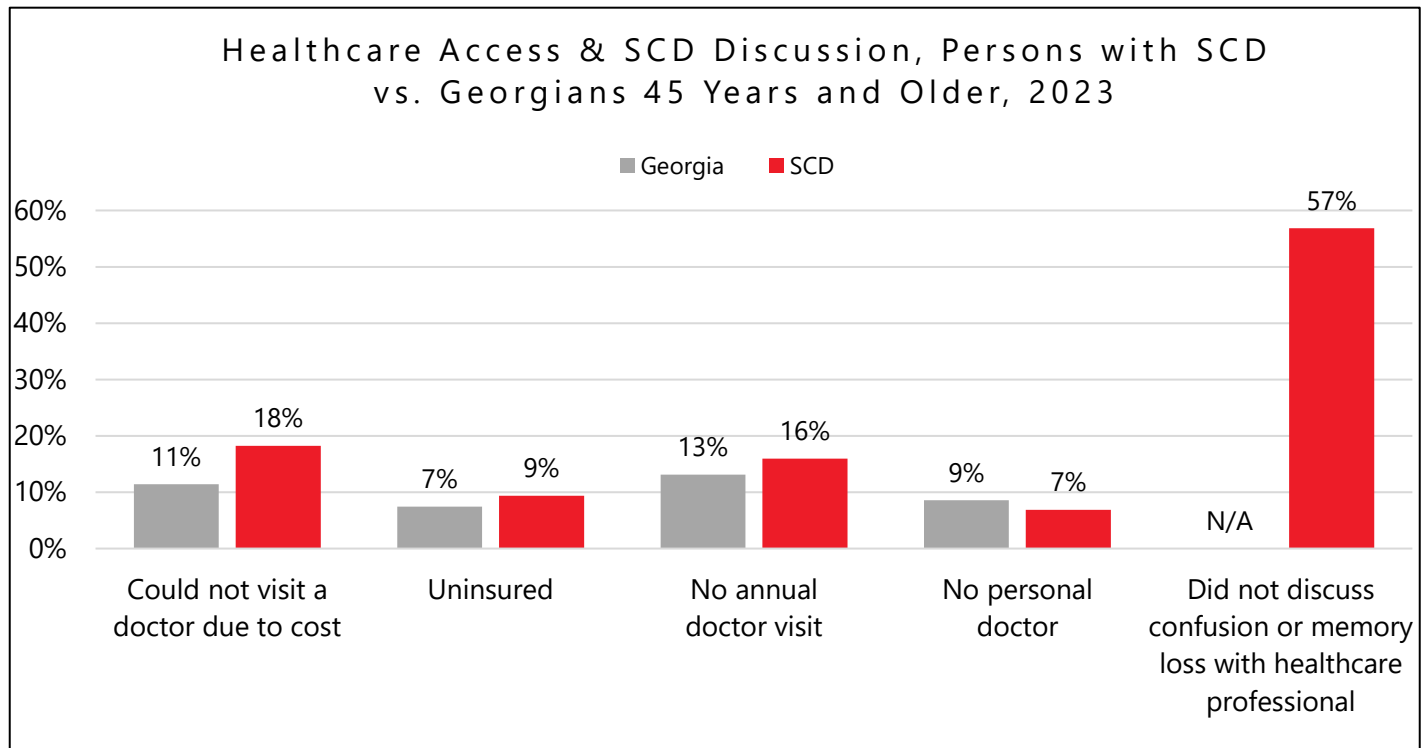
Reliance on food assistance programs such as SNAP was higher among adults with SCD (15%) than among the general Georgia population aged 45 years and older (9%). In addition, 14% of adults with SCD were at risk of having utility services disconnected, more than twice the rate observed among all Georgia adults (6%). Housing and utility cost burdens were also more prevalent, with nearly one in five (18%) adults with SCD reporting difficulty paying for these expenses at times during the past year, compared with 9% of adults aged 45 years and older statewide.

Lastly, 12% of adults with SCD reported lacking reliable transportation for essential activities such as work, medical appointments, or grocery shopping, which is twice the rate observed in the general Georgia adult population (6%).

Together, these findings point to the need for strategies that integrate cognitive health efforts with employment support, housing and utility assistance, food security programs, and transportation services to better support adults experiencing SCD and at most at risk for dementia.

HEALTHCARE ACCESS

In 2023, cost-related avoidance of care, lack of health insurance, and missed annual routine checkups were consistently more common among adults experiencing SCD than among all Georgia adults aged 45 years and older.



Nearly one in five (18%) Georgians 45 years and older experiencing SCD reported not visiting a doctor in the past 12 months due to cost, almost double the proportion among all Georgians in this age group (11%).

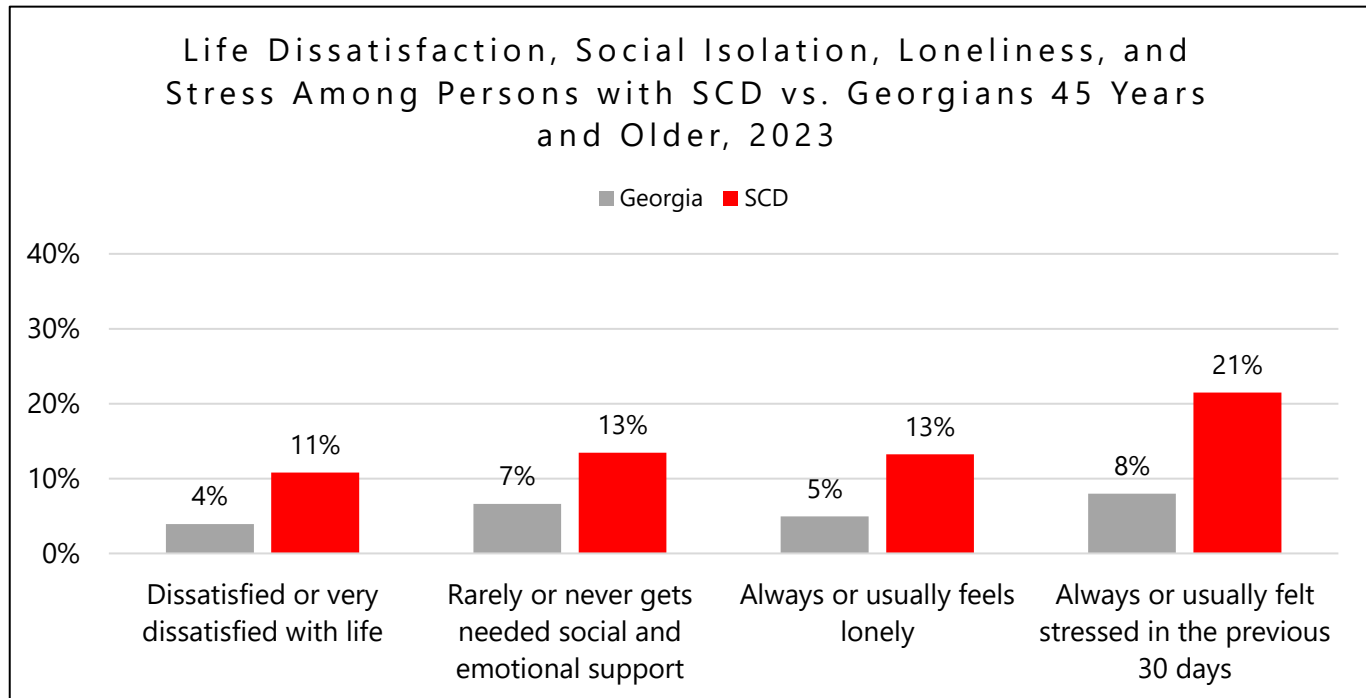
Approximately 9% of adults experiencing SCD were uninsured, compared with 7% of Georgians aged 45 years and older overall.

In addition, about one in six (16%) Georgians with SCD reported not having an annual doctor visit, a slightly higher percentage than observed among adults aged 45 years and older.

Over half (57%) of Georgians with SCD reported not discussing their memory concerns with a healthcare professional. These patterns of avoiding care due to cost, lack of insurance, missed annual visits, and limited discussion of cognitive concerns are critical areas for public health action to ensure early detection and support to reduce the impact and/or progression of cognitive decline and dementia among Georgia adults.

OVERALL WELLBEING

Life dissatisfaction, social isolation, loneliness, and stress may all contribute to and result from cognitive decline. Recognizing these factors is important for adults and their families, as it highlights areas where they can take proactive steps to support cognitive health and potentially intervene early to reduce the impact of SCD.

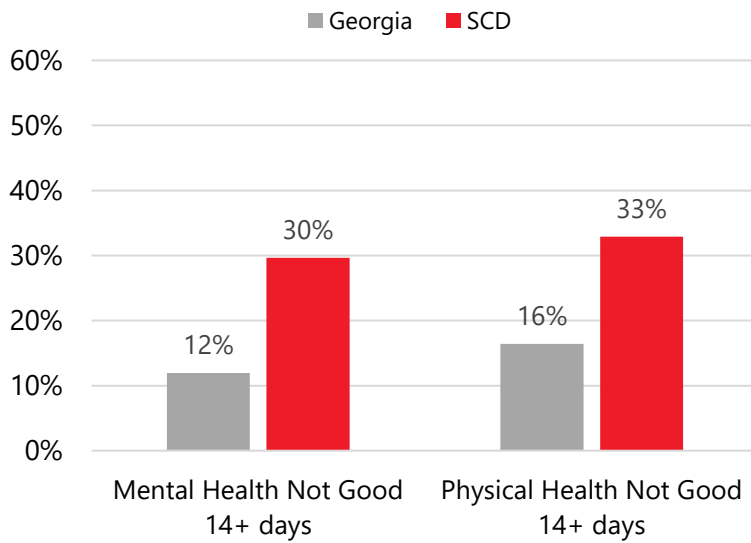


Individuals experiencing SCD reported higher levels of dissatisfaction and emotional struggles compared with the general Georgia adult population.

Eleven percent (11%) of adults with SCD reported being dissatisfied or very dissatisfied with their life, nearly three times the rate observed among all Georgia adults 45 years and older. Social and emotional support was also more limited, with approximately one in eight adults with SCD reporting that they rarely or never received the support they needed, compared with one in fourteen in the general population.

Loneliness was also more prevalent among adults with SCD, as nearly 1 in 8 reported always or usually feeling lonely, compared with just 1 in 20 among all Georgia adults. In addition, persistent feelings of stress were substantially higher in this group, with 1 in 5 adults with SCD reporting that they always or usually felt stressed during the previous 30 days, almost three times the rate observed in the general Georgia adult population.

Health & Well-being Among Persons with SCD vs. Georgians 45 Years and Older, Georgia, 2023

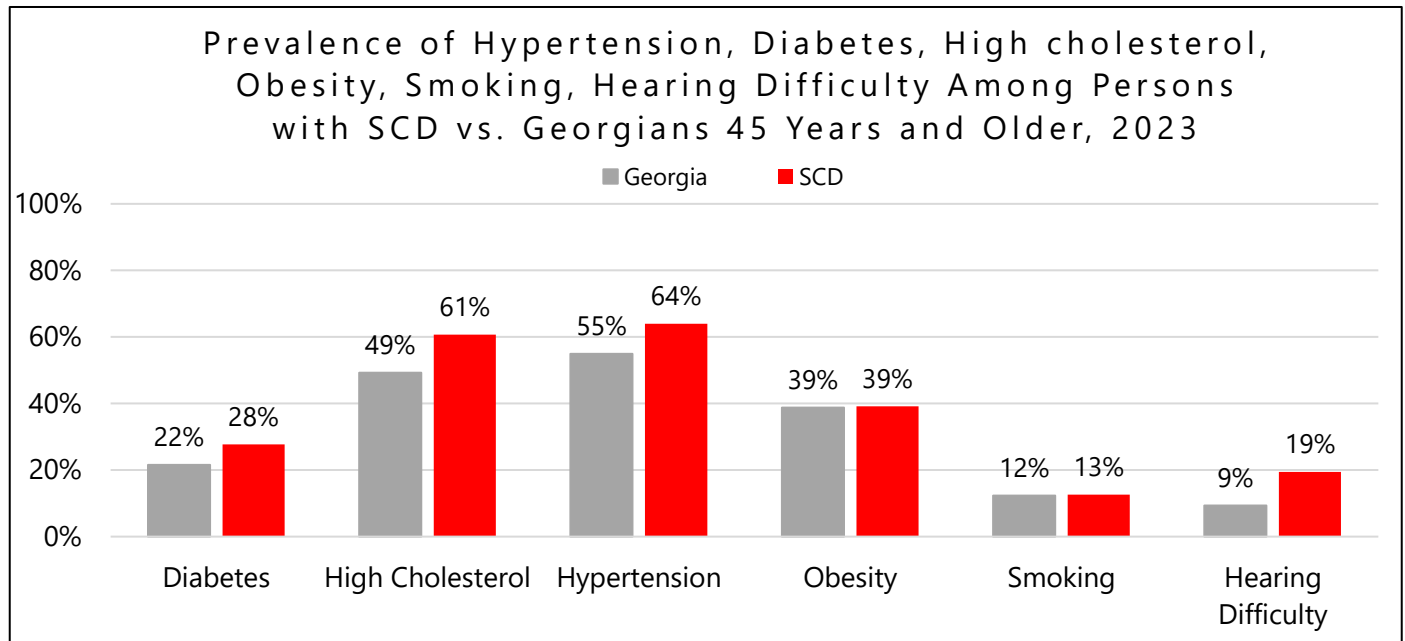


When asked “now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” and “now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”.

Approximately 3 in 10 Georgians experiencing SCD had 14 or more days during which both their mental health (30%) and physical health (33%) were not good.

CHRONIC CONDITIONS, SMOKING, HEARING DIFFICULTY

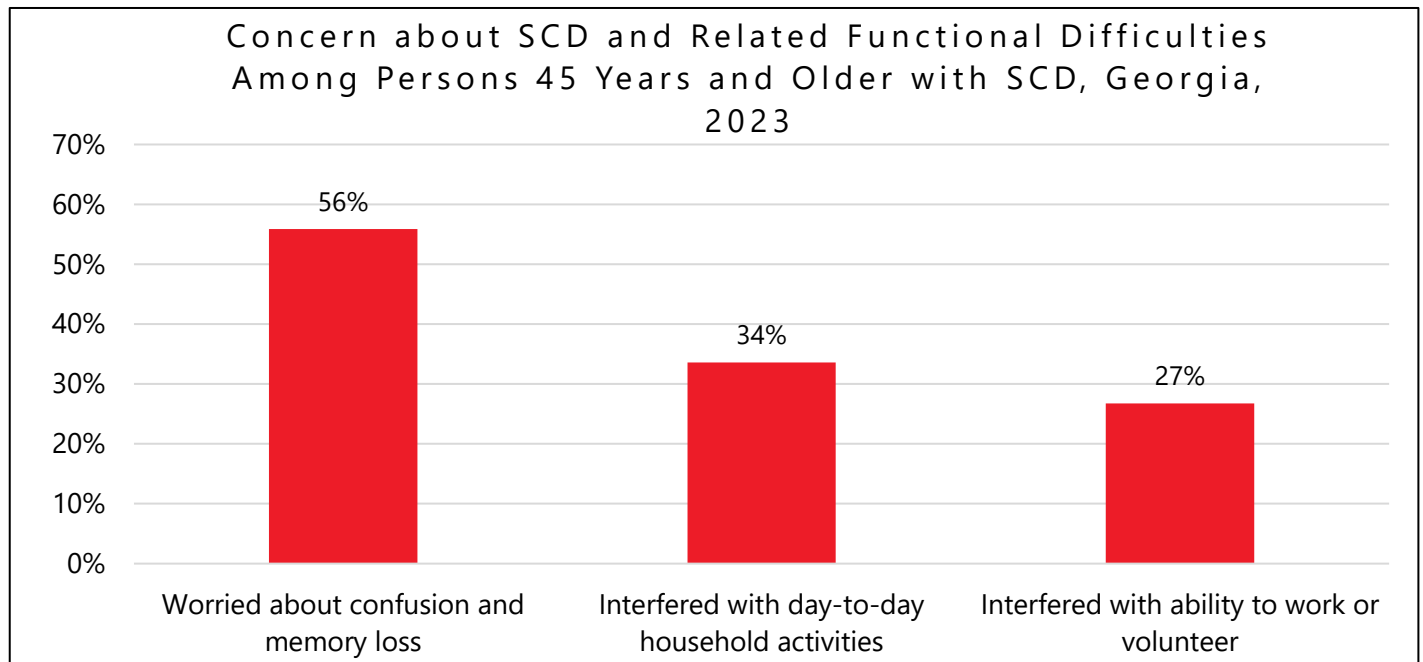
According to current evidence, diabetes, high cholesterol, hypertension, obesity, smoking, and hearing loss are risk factors for cognitive decline⁶.



A higher proportion of Georgians experiencing SCD reported having chronic conditions such as high cholesterol, diabetes, and hypertension compared with all Georgians aged 45 years and older. In contrast, obesity and current smoking prevalence did not differ between the two groups. Hearing difficulties were reported at twice the rate among adults with SCD relative to the population in this age group.

FUNCTIONAL DIFFICULTIES

SCD impacts an individual's life beyond thinking and remembering. It may interfere with the ability to engage in typical activities such as socializing, driving, cooking, taking medications, and working².



Overall, more than half of adults experiencing SCD reported being worried about their confusion and memory loss. In addition, 1 in 3 indicated that cognitive decline affected their day-to-day household activities (such as managing medications and paying bills) and nearly 3 in 10 reported that it impacted their ability to work or volunteer.



10 EARLY SIGNS AND SYMPTOMS OF DEMENTIA⁸

1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks
4. Confusion with time or place
5. Trouble understanding visual images and spatial relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality



RECOMMENDATIONS

Promote Healthy Brain

1. Use public health approaches to improve communities access to walkable areas and healthy food options⁹.
2. Provide community resources on managing and controlling chronic health conditions⁹.
3. Encourage and increase awareness of structured lifestyle group activities that support improvements in global cognitive function⁹.
4. Provide and connect individuals to community resources that support housing stability, reliable transportation, and financial assistance.

Increase Access to Early Detection and Diagnosis

1. Address gaps in healthcare access for adults with SCD who could not visit a doctor due to cost.
2. Encourage Georgians 45 and older to discuss symptoms of cognitive decline with healthcare professionals.
3. Encourage healthcare professionals to recommend and conduct cognitive screening for adults 45 and older.



LINKS TO RESOURCES

Georgia

Alzheimer's Disease and Related Dementia: <https://dph.georgia.gov/AlzheimersDisease>

Georgia Department of Human Services Division of Aging Services:

<https://aging.georgia.gov/programs-and-services>

United States

Alzheimer's Association: www.alz.org

CDC Alzheimer's Disease and Dementia:

<https://www.cdc.gov/alzheimers-dementia/about/alzheimers.html>

CDC Healthy Aging: <https://www.cdc.gov/healthy-aging/>

National Institute on Aging: www.nia.nih.gov

Family Caregiver Alliance: www.caregiving.org

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