

Building Brain Capital:

Ohio's Engine for Human Flourishing
and Sustained Economic Development



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Executive Summary

The hands, hearts, and minds of millions of Ohioans helped forge America. As the nation's seventh-largest economy by gross domestic product (GDP) and the heart of the Rust Belt, Ohio holds a proud legacy as the industrial powerhouse of our great nation—lifting Americans into flight, advancing rubber, steel, auto manufacturing, and recently, life sciences. Now, with an influx of investment, **Ohio is poised to become the nation's artificial intelligence (AI) innovation hub**. That investment is critical. But as AI transforms the way we live and work, the one asset machines cannot replace is the human mind—enabler of the creativity, judgment, grit, and that Midwestern charm that connects every Ohioan. Ohio is investing billions in AI—data centers, automation, and the infrastructure of a new economy—**but that is only half of the prosperity equation**.

To fully harness the potential of both artificial intelligence and human intelligence (HI), **the Ohio Brain Capital Alliance (OBCA) urges timely investment in the human infrastructure** that will carry us to economic prosperity in the Age of AI. **AI is a tool, and a tool is only as good as the hand—and the mind—that guides it. Scaling AI means scaling the brain.** The emerging idea of a “brain economy” and the **pioneering field of brain capital** have shone a light on and offered a compelling solution that's been hiding in plain sight: **the foundation of strong societies and thriving economies is not in the technology alone, but in the powerful engine inside every person: the human brain.**

The same brain that drives innovation and propels humanity forward, when left unprotected, sits at the root of much of our modern suffering: Alzheimer's disease and related dementias, the mental health epidemic, substance use disorder, workforce disengagement and burnout, and now cognitive atrophy from overreliance on AI tools. The brain, like muscle, runs on a principle we know: use it or lose it. **The Age of AI is revealing, with sudden urgency, how much of our future depends on our brain power and how little we have done thus far to safeguard it.** And here lies the irony of this critical moment: the very technology we fear will replace us is instead amplifying the value of what makes us human, sending us back to one another, back to the creativity, connection, and the human judgment no machine can replicate.

The focus on STEM (Science, Technology, Engineering, Mathematics) has enabled tremendous progress in Ohio, but now AI is widening the aperture, sparking a neo-renaissance of the humanities that returns us to foundational questions about what makes us human. It is an invitation to rediscover each person's unique gifts and strengths, and to marvel anew at the complexity of the brain, so much of which we have yet to understand.

The United States has some of the **best-resourced infrastructure in the world for building healthy brains and strong minds—yet ranks among the worst in the world in brain health—a gap that points to a failure not of resources, but of translation.**

As a state of paradoxes, several of **Ohio's greatest strengths are not translating into positive outcomes for Ohioans**, especially in education and healthcare. **Ohio is home to some of the world's leading health systems, yet ranks 43rd among 50 states in overall health value, meaning we spend more and live less healthy lives.** A new national Brain Capital Index (BCI) map from the Center for Houston's Future, unveiled last month at the Texas Brain Economy Summit, **places Ohio among the lowest-scoring states in the nation.** Ohio has world-renowned academic institutions and boasts the **No. 1 library utilization rate in the nation, yet struggles with poor literacy rates.** These translation failures have a familiar cause: silos.

Freshly minted as the No. 1 State to Do Business in the United States—an impressive come-up from 34th in 2010¹—Ohio's overall business scorecard shows opportunity to grow in Education and Business Friendliness (both graded C+), and Workforce (graded D).² **McKinsey projects that nearly 60% of worker hours in Ohio are automatable**—a figure that should ring alarm bells and underscores the urgent need for strategic planning and workforce reskilling. Ohioans can achieve incredible feats when we put our minds to something, but we cannot afford complacency. The work ahead is to convene, to bridge, and to unite. **If we rose from No. 34 to No. 1 in business in 16 years, imagine what we could achieve in building brain capital infrastructure.**

The OBCA firmly believes that healthy, capable, and resilient people are the foundation on which every thriving economy is built. Now is the time to rebuild that foundation and support system, starting with the brain health and brain skills of every Ohioan, across the lifespan. **By investing in brain capital, Ohio can become the first state in the nation to launch a coordinated, statewide brain capital strategy and emerge as a leader in the NeuroFrontier.**

The return on investment inevitably compounds: a healthier population marked not only by longer lifespans but longer healthspans, a stronger and resilient workforce, and an innovative economy built to last. **The future does not belong to those who invest in AI alone. It will belong to those who invest in people—in human capability and in the collective brain capital that powers us forward.**

The OBCA believes your mind is where your future begins. We bring leaders from education, healthcare, innovation, the workforce, and public policy together to help every Ohioan strengthen their brain health and brain skills across the lifespan—building a state where stronger minds power a brighter future for all.

Brain Capital as Critical Infrastructure: Brain Health + Brain Skills

In January 2026, the World Economic Forum and the McKinsey Health Institute published a report that sent ripples around the world: *The Human Advantage: Stronger Brains in the Age of AI*.³ Its central insight is the one this paper builds on: that the foundation of strong societies and thriving economies is not merely technology, but the powerful engine inside every person: the human brain.

Brain capital combines two practical things we intuitively understand but have long taken for granted: brain health and brain skills. Brain health is the “state of optimal brain functioning supported by the promotion of healthy brain development and the prevention or treatment” of mental, neurological, and substance use disorders.⁴ In 2025, brain health conditions accounted for roughly a quarter of the global disease burden and an estimated 626 million disability-adjusted life years (DALYs).⁵ Promoting brain health across the lifespan lets people live fuller, richer lives—as partners, parents, neighbors, and as meaningful contributors to the prosperity of their communities.

Brain skills are the “foundational cognitive, interpersonal, self-leadership, and technological literacy abilities that enable people to adapt, connect, and contribute meaningfully.”⁶ In the age of AI, it’s these uniquely human capabilities—like curiosity, adaptability, empathy, complex problem solving, creativity, and resilience—that provide a human advantage and competitive edge. These brain skills are instrumental in shaping individual performance, team success, and enterprise results. Investing in them has never been more critical. The World Economic Forum’s 2025 *Future of Jobs* report found that by 2030, 59% of workers will need retraining to keep pace with the evolving demands of the workforce.⁷ Promoting brain skills is a central pillar of that large-scale reskilling.

Brain capital, then, is not a soft ideal but critical infrastructure—as essential to Ohio’s future as roads, broadband, or power. The cost of leaving our greatest asset underdeveloped and unprotected is no longer abstract or distant. It is visible in our classrooms, our workplaces, our hospitals, and our homes.

The Human Cost of Poor Brain Health Across the Lifespan

The same universe of possibilities that lifted Ohio into flight, carried us through the Industrial Revolution, and launched us to the frontier of AI is humanity’s greatest asset. And yet, as a society, we have never treated the human brain like the critical infrastructure it is.

Look closely at the conditions straining our families, workplaces, and economies today: a rapidly aging population⁸ and the rise of neurodegenerative diseases like Alzheimer’s disease (AD) and related dementias.⁹ A global mental health epidemic affecting more than one billion people and their families.¹⁰ We are more technologically connected today than we’ve ever been in history, yet we face a loneliness epidemic.¹¹ In 2024, 48.4 million Americans aged 12 or older battled a substance use disorder (SUD).¹² Globally, employee engagement fell to 20% in 2025¹³, and 61% of American workers report moderate burnout.¹⁴ Now, early evidence shows that overreliance on AI can erode human agency¹⁵, and the convenience of cognitive offloading can diminish critical thinking skills.¹⁶



Brain Break

Did you know that your brain cells can communicate with each other at 268 MPH? That’s faster than a Formula 1 race car!

The Kids Are Not Alright

The kids, Generation Alpha and Z, are not alright. Childhood mental, behavioral, and developmental disorders (MBDD)¹⁷—including anxiety, depression, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder (ASD), and developmental delay—have been on the rise, especially since the COVID-19 pandemic.¹⁸ Research from Johns Hopkins finds that babies born in the first two years of the pandemic show weaker problem-solving, communication, and personal-social skills than their pre-pandemic peers, illuminating a need to continue studying the unique needs of the next generation of “pandemic babies.”¹⁹

Roughly three in four American teens have experienced at least one Adverse Childhood Experience (ACE), and nearly one in five (18.5%) have experienced four or more—the threshold at which the risk of substance use, chronic illness, and suicide climbs steeply.²⁰ Six or more adverse childhood experiences can cost 20 years in life expectancy.²¹ But adversity can start at conception. We now know that prenatal stress and prenatal growth restriction can leave lasting “signatures” on the developing brain that predispose the baby to developmental and mental health disorders and increased risk of neurodegenerative diseases like Alzheimer’s and Parkinson’s later in life.²²

Suicide is now the second-leading cause of death among American children ages 10 to 14.²³ In Ohio, the prevalence of mental health conditions among children surpasses the national average, and youth suicide rates rose 171% from 2010 to 2022.²⁴ The system is failing them: while one in five children lives with a mental, behavioral, or emotional disorder, only 20% of those affected ever receive treatment from a mental health provider—a devastating gap between need and care.²⁵ A growing body of research links heavy social media use during critical periods of brain development to poorer mental-health outcomes among youth, though the evidence remains complex, and the effects depend heavily on how, not just how much, young people engage.²⁶

Now a new variable threatens to compound the strain on this generation. In the consumer-AI era, a phenomenon researchers call “cognitive surrender” poses an emerging risk to the developing brain. Early research links AI use to cognitive offloading—allowing algorithms to do the thinking—and finds it associated with measurably weaker memory, creativity, critical thinking, and decision-making skills.²⁷ This early signal is one our nation cannot afford to ignore: a generation already facing a mental-health crisis is now experiencing “cognitive stunting.”²⁸ As Dr. Jared Cooney Horvath warned in his Senate testimony, the danger isn't the size of the screen or who bought it—it's what the screen does to a highly malleable brain. The same is true of AI: when we let the algorithm think for us, the developing mind loses the very reps that build memory, creativity, and judgment in the first place.²⁹

And rather than turning to one another, many young people are turning to AI for companionship and emotional support³⁰, with some descending into AI-related psychosis³¹ and, in the most tragic cases, dying by AI-mediated suicide.³²

We raise these signals not to alarm, but to convene—and to insist that these trends are not our destiny. Technology is not the enemy, and a generation’s future is not yet written. The same tools that carry risk also carry extraordinary promise. But we must ask: What happens to a developing mind that learns to think and to feel, alongside a machine? How can we design and deploy technology that builds cognitive capacity and enables human flourishing, rather than destroying it?

What we fail to build for our children now, we inherit later. The bill for a generation of underinvestment is already coming due in the adult population today. The children who grew up without the brain health infrastructure they needed have become the adults now straining under its absence. What we see in our workforce, our communities, and our healthcare systems is not a separate crisis. It is the downstream cost of a failure to invest upstream in the one organ that makes everything around us possible: the brain.

The Grown-Ups Are Not Alright, Either

One in five adults lives with a mental health condition.³³ In Ohio, the picture has steadily worsened over the past decade. More than one in four adults experienced depression in 2024, and the share of adults reporting frequent mental distress—14 or more days of poor mental health in a month—rose to 17% that year.³⁴

Nearly three in four employees report moderate to high stress at work, and 61% report moderate burnout, with Gen Z surpassing millennials in 2025—driving down productivity and driving up absenteeism and attrition.³⁵ The highest burnout rates fall on the healers and teachers of society: doctors, nurses, and K-12 teachers are burning out at alarming rates. We must invest in the vitality and sustainability of the very professions that educate the next generation and deliver the care that supports our collective brain health.³⁶ And nearly half of American adults (48.1%)³⁷ live with high blood pressure, yet only one in four has it under control. Though we think of it as a heart condition, high blood pressure has profound effects on the brain, contributing to cognitive decline and a heightened risk of stroke.³⁸

As our population grows older, what should be a rewarding transition into healthy aging for the generation that built America is for millions, plagued by Alzheimer’s disease (AD), the most common type of dementia, and other related dementias. In 2025, the number of Americans aged 65 and older living with AD surpassed 7 million, a figure projected to nearly double to 13.8 million by 2060 absent a medical breakthrough.³⁹ In Ohio, 236,200 people over age 65 live with AD, now the sixth leading cause of death in the state.⁴⁰ Cuyahoga County carries the highest prevalence of AD, alongside a high prevalence of modifiable risk factors such as high blood pressure, obesity, poor sleep, and smoking.⁴¹



Brain Break

Did you know that your heart has its own “little brain” made up of 40,000 nerve cells that communicate directly with your brain?

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According to the Alzheimer's Association, there are more than 100 genes that relate to a person's risk of developing late-onset AD, but APOE-e4 is the gene identified with the strongest risk impact for certain populations.⁴² Inheriting one copy of the APOE-e4 gene increases the risk for developing AD by twofold and occurs in an estimated 20-30% of the U.S. population. This gene is identified in approximately 40-65% of people diagnosed with AD, but lifestyle factors and ethnicity also affect overall risk and timing for onset of symptoms.⁴³ Unfortunately, the gap between need and care persists in this population, as AD is frequently underdiagnosed or missed completely, depriving individuals of the opportunity to benefit from therapies that can slow progression.⁴⁴

Women make up nearly two-thirds of everyone living with Alzheimer's—a stark disparity that science has yet to fully explain, and that demands far more research than it has received. The early-onset form of AD can start as early as 40 and affects women as they transition through perimenopause to menopause—as hormones change and declining estrogen leaves the brain more vulnerable, with slower brain metabolism and reduced clearing of beta-amyloid deposits accelerating symptom onset.⁴⁵ There is still no cure for Alzheimer's, which is precisely why prevention is so critical. However, the therapeutic pipeline is encouraging, with 192 ongoing clinical trials and 158 unique drug targets for AD.⁴⁶

While a cure for Alzheimer's doesn't exist yet, genetic testing does. Screening for the APOE-e4 gene could begin as early as birth, alongside the genetic conditions already caught by the newborn "heel stick" test. Knowing one's APOE-e4 status from the start opens the door to precision medicine—a lifetime of epigenetically informed, tailored interventions that work with a person's biology. If intervention at first symptoms comes too late, the earliest possible screening becomes all the more essential.⁴⁷ APOE-e4 is not currently included in the U.S. Department of Health and Human Services' Recommended Uniform Screening Panel. Ohio has an opportunity to expand meaningful access—offering the choice to know to anyone who wants to be proactive for themselves or their children, whether informed by family history or other research-backed risk factors.

On January 4, 2011, the National Alzheimer's Project Act was signed into law. This Act required the Secretary of the U.S. Department of Health and Human Services (HHS) to create and maintain an integrated National Plan to overcome Alzheimer's disease.⁴⁸ Five initial goals were part of this plan, but unfortunately, the first goal, *"Prevent and Effectively Treat Alzheimer's Disease and Related Dementias by 2025,"* has already missed its original deadline.⁴⁹

Behind every brain health statistic above is a person and a family in real pain—time cut short with loved ones, even those still living. A wife who can no longer remember her husband's name. A grandfather who starts repeating himself, then stops recognizing his children and grandchildren. A father battling alcoholism. A daughter, bullied, who came to believe she had only one option left—finding a way out of this life. A dear friend lost to a silent addiction. Nearly all of us in Ohio have lived some version of these tragic realities.

These may look like separate ailments, but they are not. Each one is a symptom of the same neglected asset: the human brain. For generations, we have run our families, workplaces, and economies on our collective brainpower while investing only a fraction of what we spend on cancer and heart disease in understanding and protecting it—even though brain conditions account for more global health loss than heart disease and cancer combined.⁵⁰ The Age of AI is revealing what decades of neglect have cost us. It's also our chance to finally build the brain capital infrastructure that a better future requires.

For all the progress we have made, we face a paradox: advances in public health have dramatically extended the human lifespan over the past century, yet people are living longer in poorer health—a longer lifespan has not delivered a longer healthspan. With an aging population and rising rates of chronic disease, the McKinsey Health Institute projects that the average person will live to 78 by 2050, but the years spent living with illness will climb from roughly 8.7 in 2000 to 11.4 by mid-century.⁵¹ In 2025, brain health conditions—spanning neurological disease, mental illness, and substance use disorder—accounted for roughly a quarter of the global disease burden and an estimated 626 million DALYs.⁵²

Though Ohio is home to some of the world's finest healthcare systems, it ranks 43rd of 50 states in overall health value: we spend more on healthcare and live less healthily, and in some zip codes, shorter lives.⁵³ We have the institutions, the talent, and the urgency—everything we need to close the gap, except a coordinated commitment to do it. It is time to invest in our own backyard and turn a state of world-class medicine into a state of world-class health.

The Economic Cost of Neglect & the Case for Investment in Brain Capital

Mental, neurological, and substance use (MNS) disorders account for 24% of the global disease burden, but behind that stark statistic lies a deeply human cost: impaired brain development, unrealized potential, declining quality of life, lost independence, and stolen years of productive, meaningful work. Those losses fall on people living with brain-health conditions and on the people who care for them, adding up to a collective erosion of brain capital we can no longer afford to ignore. Building brain capital infrastructure could reclaim an estimated 260 million DALYs and yield an estimated \$6.2 trillion in global GDP.⁵⁴

Measuring what we're losing shows us what we stand to gain. According to the Health Policy Institute of Ohio (HPIO), eliminating mental health disparities could re-engage 678,438 Ohioans living with disabilities—a labor force the size of a major city is currently sidelined by conditions we know how to address.⁵⁵ Alzheimer's disease now burdens healthcare spending more than cancer or heart disease.

The burden on the healthcare system is staggering: health and long-term care costs for people living with Alzheimer’s and other dementias are projected to reach \$409 billion in 2026, with Medicare and Medicaid covering 64% of the total cost.⁵⁶ That figure is expected to climb to \$644 billion by 2050.⁵⁷ Behind those numbers stands an invisible workforce of 12.7 million family members and friends who provided approximately 19.6 billion hours of unpaid care in 2024, valued at \$446 billion.⁵⁸ To put that in perspective, the Alzheimer’s Association notes it is more than 17 times McDonald’s total 2024 revenue of \$25.9 billion.⁵⁹

Mental health conditions cost the United States an estimated \$280 billion a year, a toll measured not only in dollars but in the contributions never made.⁶⁰ Depression and anxiety alone cost the global economy \$1 trillion annually—yet the World Health Organization found in 2016 that every \$1 invested in treatment returns \$4 in improved labor force participation.⁶¹ According to Gallup’s State of the Workforce Report, employee disengagement cost the global economy \$10 trillion in productivity in 2025.⁶²

“The human mind is in a recession,” and we need a recovery plan.⁶³

For decades, the value of a nation’s minds went unmeasured. GDP measures what an economy produces, not the health or capability of the people who produce it. That gap is now closing. In June 2026, Nature Medicine and the Global Brain Economy Initiative launched the Commission on Brain Health for Economic Resilience, a two-year global effort to define, measure, and operationalize brain health and cognitive capacity as foundational drivers of economic resilience. The Commission brings together experts across neuroscience, economics, public policy, and global health from institutions on five continents, and a peer-reviewed Brain Capital Index is among its central deliverables.⁶⁴

That measurement work builds on the Global Brain Capital Index developed by the Euro-Mediterranean Economists Association (EMEA) with the Brain Capital Alliance, the Global Brain Economy Initiative, and other global partners. The Index now scores more than 100 countries across three pillars, brain health, brain skills, and the drivers that shape them, to measure progress and inform policy.⁶⁵

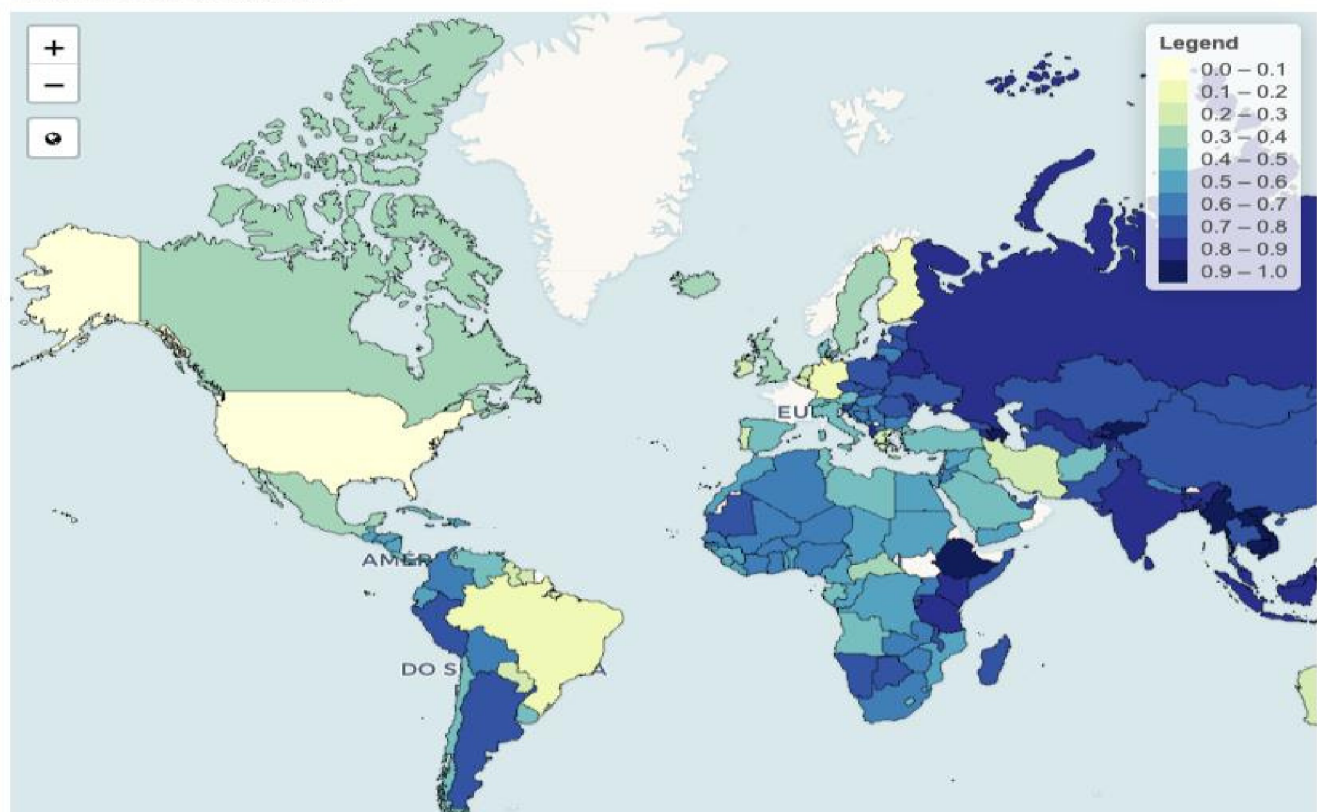
What the data reveal is both a rude awakening and an opportunity. The index demonstrated that brain capital is fragile—highly exposed to economic, social, and health shocks—and has been in decline since the mid-2010s.



Brain Break

Did you know your brain runs on just 12–20 watts—about the power of a lightbulb—yet marshals 86 billion neurons to answer a question in seconds? A single AI prompt, by comparison, requires roughly 27 times that power.

Figure 1. EMEA's Brain Health Index 2025



On EMEA's 2025 Brain Health Index, where a score of 1.0 marks the strongest brain health and 0.0 the weakest, the United States falls into the lowest-scoring band on the map—the United States registering a Brain Health Index composite score near the very bottom of the global scale (0.011), the brain skills composite index score being 0.592 and the total brain capital composite index being 0.365.⁶⁶ And although the U.S. ranks among the world's highest on the Brain Capital Enablers Index (0.8–0.9)—the digital, educational, and health infrastructure that should produce strong brains—it falls to the very bottom on brain health itself, a striking gap between infrastructure and results that points to a failure not of resources, but of translation.⁶⁷

These numbers are the diagnosis; the recovery plan is already underway. From Houston—where Project Metis and Texas's \$3 billion investment have established a national hub—to emerging efforts in New Orleans, West Palm Beach, the Bay Area, Los Angeles, New York, and Pennsylvania, a brain capital movement is taking root. Ohio is well-positioned to join these leaders, contributing the first formally organized statewide coalition and a replicable model for the brain capital infrastructure America needs.

The Cost of Inaction: Why Ohio Must Prioritize Brain Health Now

A new national Brain Capital Index (BCI) map from the Center for Houston's Future, unveiled last month at the Brain Economy Summit in Houston, places Ohio among the lowest-scoring states in the nation on brain health.⁶⁸ It is a sobering benchmark: it tells us exactly where we stand and exactly how much ground there is to gain. Ohio's score for cognitive, emotional, and social strength shows significant deficits—and reversing that standing will require serious, sustained action. These results are not the product of any single cause; they reflect a convergence of long-running pressures unique to Ohio's geography and history.

Figure 2. Challenges and Opportunities Facing Ohio⁶⁹

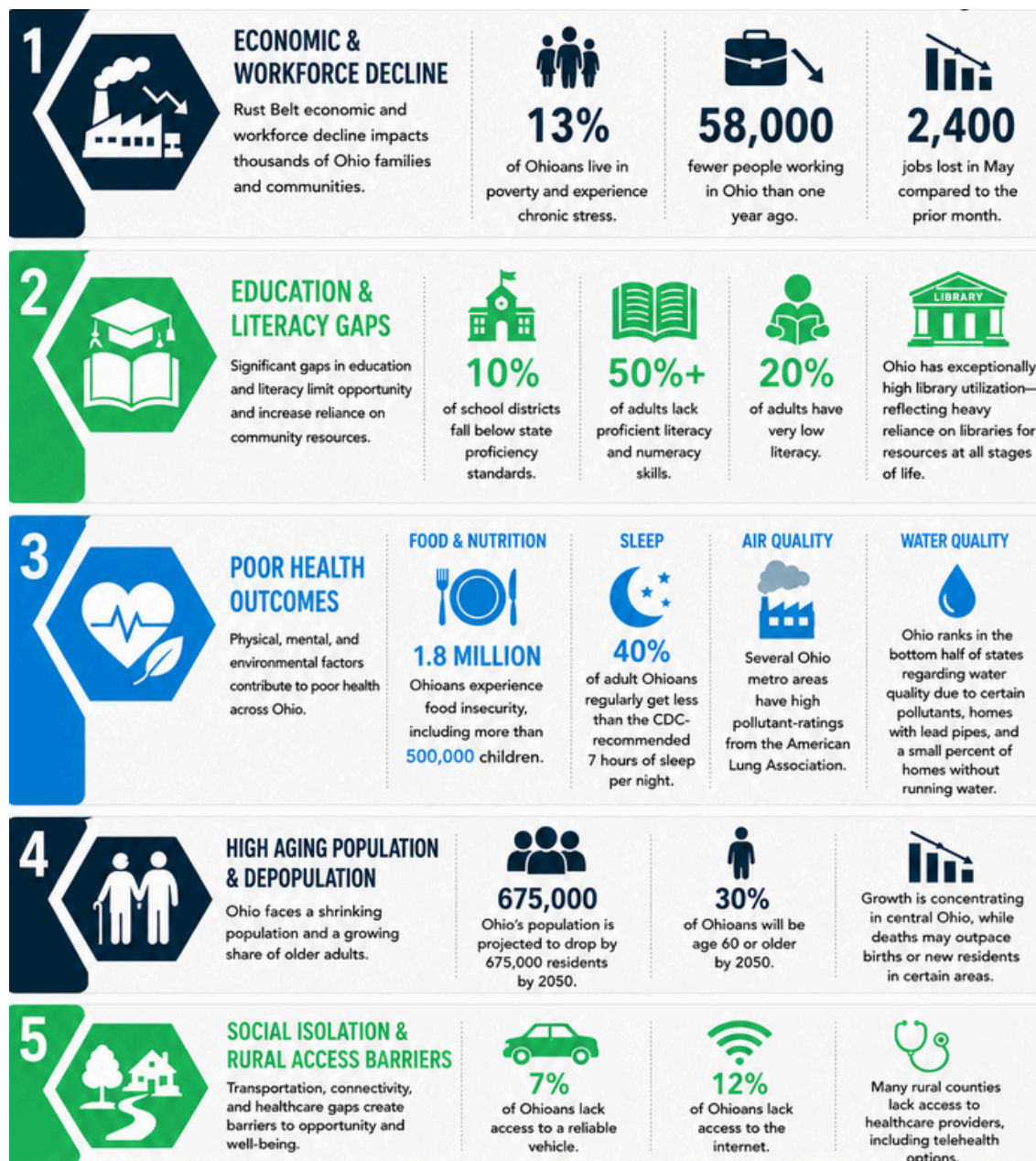
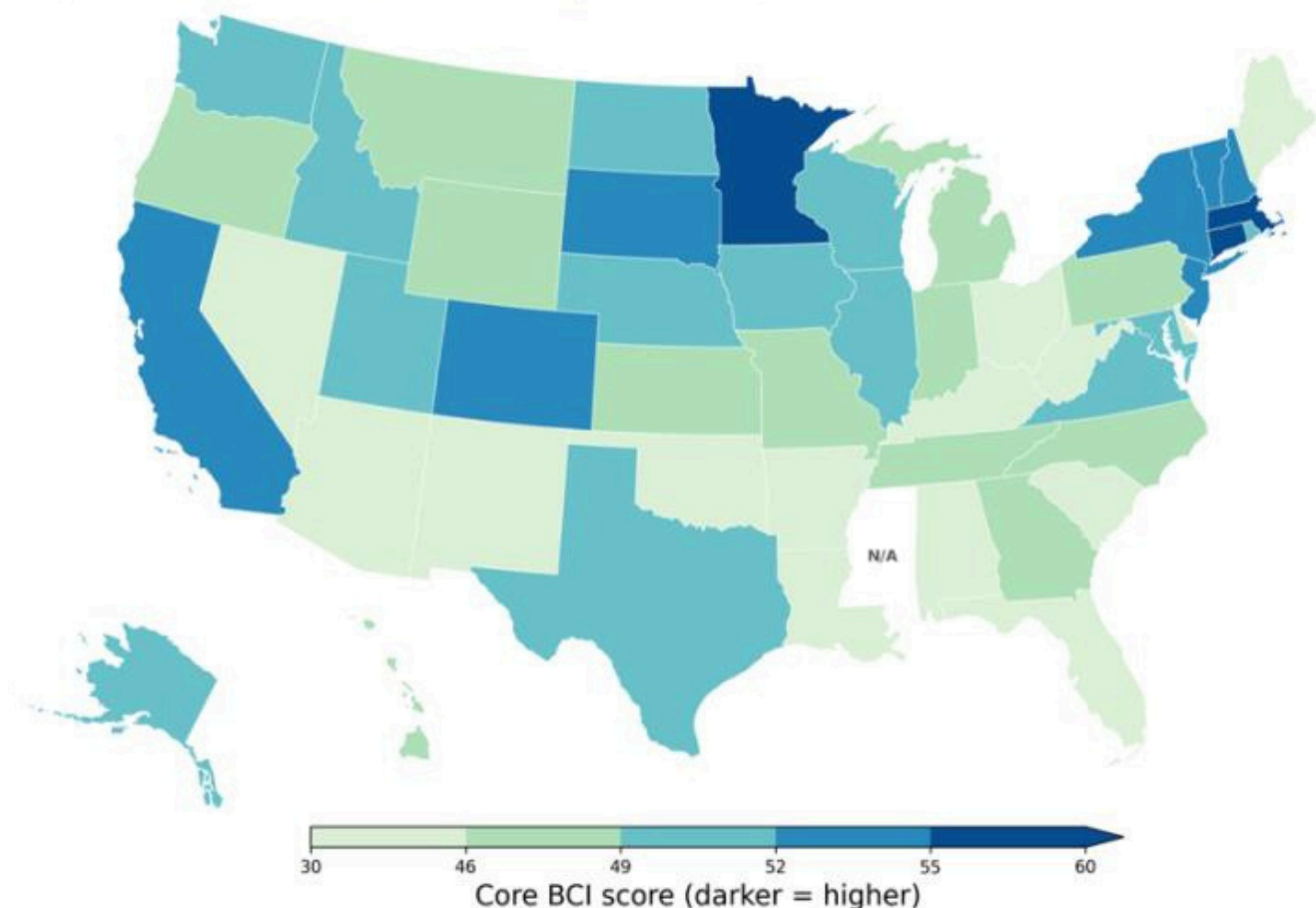


Figure 3. Brain Capital by State Presented by The Center for Houston's Future at the Texas Brain Economy Summit, June 9-10, 2026⁷⁰

Metis U.S. Brain Capital Index



Source: Center for Houston's Future, Metis U.S. Brain Capital Index analysis.

AI can help address some of these challenges and gaps, but it is no magic bullet. Ohio must invest in human capability and brain capital infrastructure as seriously as it invests in AI, technology, and data infrastructure. Ultimately, the cost of Ohio's inaction may stifle the momentum required for scientific breakthroughs, a new wave of innovation, the state's ability to balance the healthcare budget, and to prepare our healthcare system for a rapidly aging population.⁷¹

Case Study: Project Metis and the Texas Brain Economy

Houston, Texas has emerged as the beacon of hope and national leader of the brain capital movement. In December 2025, the Center for Houston's Future, in collaboration with Houston's leading institutions—Rice University, the University of Texas Medical Branch, and Memorial Hermann Health System—launched Project Metis, a coalition built to make the Houston-Galveston region the global leader in brain health and the emerging brain economy.⁷² Project Metis treats lifelong brain health as an engine for human flourishing, innovation, and economic growth. In November 2025, Texas voters overwhelmingly approved Proposition 14, creating the \$3 billion state-funded Dementia Prevention and Research Institute of Texas (DPRIT), the largest state investment in dementia research and prevention in the nation's history.⁷³

Houston organized its hospitals, universities, employers, and philanthropy around a shared agenda, and it built the measurement architecture to match—including a regional brain health index to track progress and equity, and pilot projects spanning clinical care, education, and workplace wellness. At the 2026 Texas Brain Economy Summit, the Center for Houston's Future didn't just share its early work—it issued an inspiring invitation to the rest of the country, demonstrating what's possible when a city dares to lead.⁷⁴

The lesson for Ohio is timely and arrives on the heels of America's 250th anniversary of Independence: brain capital is not a coastal idea or a partisan one. It is a competitive, multidisciplinary, human-first strategy, and the states that move early will lead their citizens and the rest of the nation toward human flourishing and economic prosperity.



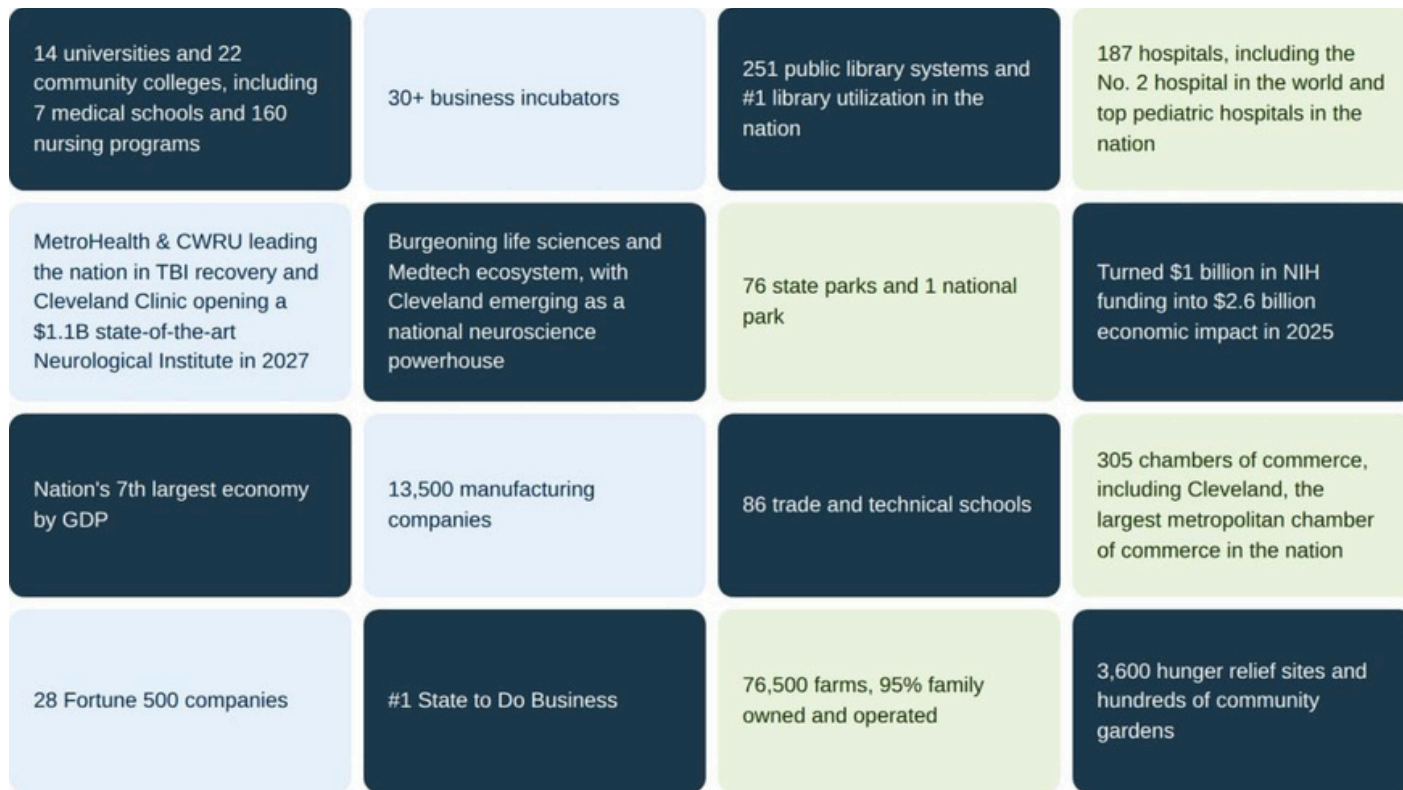
Brain Break

Did you know that your brain is your hungriest organ? It weighs only 2% of your body weight, but consumes 20% of your daily energy!

Leveraging Ohio's Strengths for its Future Brain Capital Reserve

Ohio has long been “the Heart of It All” and for much of the last century, a bellwether for the nation, often signaling where the country was headed on the social and economic shifts that matter. Now, freshly named CNBC's No. 1 State to Do Business in the United States, Ohio is positioned to lead the brain capital movement, and to build the awareness, education, health, and innovation required to sustain it.⁷⁵ Ohio pairs an industrial legacy, deep intellectual and healthcare assets with a growing base of investment—exactly the mix required to pioneer brain capital infrastructure.

Figure 4. A Snapshot of Ohio's Brain Capital Assets⁷⁶



A recent McKinsey & Company report frames Ohio at a critical juncture, requiring bold leadership to convert its strengths into sustained results. A key challenge is the outmigration of educated, skilled residents, signaling an opportunity to improve retention of graduates and experienced workers.⁷⁷ Ohio's projected population decline also opens the door for a robust campaign to attract out-of-state talent. While Ohio has the sixth-most colleges and universities of any state, outmigration threatens our state's future brain reserve. We build the talent but haven't mastered keeping it, growing it, and protecting it.

Ohio is a state full of paradoxes, especially in education and healthcare—the challenge is not whether Ohio has the resources for economic growth and human flourishing but whether those strengths can be applied to prevent stagnation, economic or population atrophy. Ohio boasts a rising status in innovation, but highly industrial and manufacturing sectors signal an urgent need to shift educational curricula and workforce reskilling to thrive beyond AI-automation. The McKinsey report posits that “nearly 60% of work hours [are] theoretically automatable” with existing technology,⁷⁸ an estimate that should raise alarm bells for any interested stakeholder and Ohioans alike.

A study from the Institute of Museum and Library Services has ranked Ohio first among the 50 states as having the highest per-person engagement and overall circulation in print and electronic resources.⁷⁹ This robust statistic demonstrates a state population that highly values knowledge, life-long learning, literacy, preserving creative and historical works for current and future generations. Ohioans who have been frequent fliers of Ohio's libraries over the years, more fondly known as "bookworms", can testify to the Public Library System being a vital part of their communities and often serving as a connecting hub for after-school programs, computer and internet access, workforce support, tax and small business resources at different stages of life and throughout the calendar year.⁸⁰ Yet, another curious paradox: low adult literacy levels alongside some of the highest public library utilization in the nation.

Ohio's strengths get lost in translation. We have world-class health systems and life sciences innovation, yet our overall health is ranked toward the bottom nationally. We are home to an abundance of farms, food pantries, and community gardens, yet a significant portion of our population experiences food insecurity and malnutrition. We have many colleges and a cherished public library system, yet illiteracy and education gaps persist across age groups. These findings call for closer examination and for new approaches to how Ohioans use, share, and collaborate across such rich resources and human-centered institutions.

Ohio is no stranger to economic downturn and knows how to turn necessity into reinvention. Its urban centers, long anchored by industry and manufacturing, are now rising to meet new demands in aerospace, defense, polymers, clean energy, healthcare, life sciences, and automotive assembly. But innovation built on a porous foundation won't hold. Before Ohio can build AI literacy and the social skills the future of work demands, it must address the basics: sleep and nutrition, the core health factors that make everything else possible. Productivity means nothing if it doesn't return real value to the people who create it.

Ohio holds in kind every core asset Houston has organized and modeled through Project Metis—world-class health systems, anchor research universities, a proud legacy of innovation and manufacturing, and a workforce ready to be reskilled for the Age of AI. What Ohio lacks is not capacity but coordination: a shared agenda that treats brain capital as critical infrastructure and the architecture to hold itself accountable. That is the work that lies before us. The question, then, is not whether Ohio can lead, but how—and what it will take to turn siloed strengths into a coordinated force for good.

Mapping the Field: Frameworks Guiding the OBCA's Approach

National models already chart a path Ohio can follow, rather than building a framework from scratch. Among them, *Healthy People 2030*, the initiative that sets the nation's ten-year disease-prevention and health-promotion goals—offers a particularly useful blueprint. Its objectives include raising public awareness of cognitive decline, expanding screening for adults showing early symptoms, and reducing preventable dementia-related hospitalizations.⁸¹

The Healthy Brain Initiative—a collaboration between the CDC and the Alzheimer's Association—sets out a detailed agenda through 2027, organized around four priorities: strengthening partnerships and policies; measuring, evaluating, and using data effectively; building a diverse and skilled workforce; and engaging and educating the public, including attention to the social determinants of health.⁸²

Alternatively, the World Economic Forum's *Brain Economy Action Forum*, has proposed five distinct "levers" to direct brain capital architecture: 1) *Safeguard brain health* by ensuring access to effective care for brain health conditions and promoting brain health across the life course; 2) *Foster brain skills* for the next generation, current workers, and those in later life; 3) *Study brain capital* by defining it as an interdisciplinary field, developing robust measures, and expanding research and development to drive progress; 4) *Invest in brain capital* by funding products, services, and systems that improve brain capital, using both traditional and innovative financial instruments; and 5) *Mobilize for brain capital* by forging a coordinated global movement that aligns stakeholders around a shared vision and road map to build brain capital.⁸³ No single framework is sufficient on its own, but together they form a roadmap worth building on, each contributing a piece toward a strategy made for Ohio.

The OBCA's Mission and Vision: Partnering to Build Brain Capital

The OBCA believes your mind is where the future begins. We bring leaders from education, healthcare, innovation, the workforce, and public policy together to help every Ohioan strengthen their brain health and brain skills across the lifespan—building a state where stronger minds power a brighter future for all.

The OBCA aims to serve as a statewide connecting hub—a "neural network" linking Ohio's industry sectors and regions—that builds and sustains the state's economic future through five core functions: developing and sharing brain skills knowledge; promoting brain health and education programs; leveraging investment in health research and innovation; supporting cross-sector and regional collaboration; and translating emerging frameworks into measurable impact and sustained growth.

This mission-driven work is guided by the WEF–McKinsey "5As" framework—aspire, assess, architect, act, advance—which offers leaders a structured roadmap to set a shared vision, benchmark current brain capital, design interventions, implement them, and scale what works. The OBCA begins where any durable effort must: by *aspiring* to a shared vision for Ohio and mobilizing the stakeholders, before moving into the work of *assessing* the state's brain capital in depth. Over the next year, the OBCA will focus first on aspiration and assessment—mobilizing stakeholders around a shared vision and building the statewide network that links Ohio's sectors and regions. Building on the initial assessment this paper provides, we will deepen our analysis through ongoing data collection and research, then collaborate to pilot and scale promising initiatives.

The OBCA's Goals and Proposed Initiatives

Beginning in July 2026, the OBCA will collect and monitor select Ohio brain capital data—population health and outcomes, innovation and research, workforce trends, and public policy initiatives—and present it in a county-based state map. The goal is to equip policymakers, investors, education and corporate leaders with a shared evidence base for strategic planning, reform advocacy, and funding decisions in healthcare and research.

From there, we will explore policies and frameworks across sectors: expanded genetic and cognitive screening, prevention coverage, workforce certifications, education and skills campaigns, public health programs, and support for innovation and research.

The focus is organized around certain questions Ohio can no longer afford to ignore:

- What could healthy aging and longevity look like for Ohioans?
- How can we reimagine and redesign core systems around brain health and brain skills?
- Where can Ohio add and expand innovation districts aimed at building Brain Capital?
- What would brain fitness and nutrition programs look like for Ohioans across the lifespan?
- What would a comprehensive neurohealth screening protocol include?
- What would incentives for brain capital infrastructure look like?

Brain capital offers Ohio a way to build on existing strengths rather than reinvent the wheel. By aligning health, education, workforce development, research, and economic policy around a shared goal—strengthening cognitive vitality across the lifespan—the state can position itself as a national model for human-centered innovation. Realizing that potential will depend on active stakeholder engagement.

Rather than build in isolation, the OBCA plans to collaborate with Houston and other key stakeholders—adapting a dashboard model and enriching it with Ohio-specific data that reflects the distinct needs of our population. Over the next year, the OBCA will mobilize partners, deepen its research, and pinpoint Ohio's areas of greatest potential—the foundation for collaborating to pilot and scale the most promising solutions.

Let's Get Building: Become a Brain Capital Alliance Partner

Comments, ideas, feedback? Tell us by clicking this link: [Stakeholder & Community Engagement Survey](#)

Whether you lead a hospital, a classroom, a company, or a community—or simply want a stronger, healthier place for your family to thrive—there is a role for you in this collective effort, and the time to begin is now.

We invite you to join the Ohio Brain Capital Alliance to lend your voice, your expertise, or a future commitment to build a state where stronger minds power a brighter future for all. Connect with us on [LinkedIn](#), at connect@braincapitalohio.org, or on our website at braincapitalohio.org

The Ohio Brain Capital Alliance is an Ohio non-profit corporation.

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