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Canada

Evaluation of PHAC's Aging, Seniors and Dementia Activities

Prepared by the Office of Audit and Evaluation
Health Canada and the Public Health Agency of Canada

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**TO PROMOTE AND PROTECT THE HEALTH OF CANADIANS
THROUGH LEADERSHIP, PARTNERSHIP, INNOVATION AND ACTION
IN PUBLIC HEALTH.**

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relatives au vieillissement, aux aînés et à la démence

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List of Acronyms

AFC	Age-Friendly Communities
ASU	Aging and Seniors Unit
CIHR	Canadian Institutes of Health Institutes
CSAR	Centre for Surveillance and Applied Research
DASD	Division of Aging, Seniors and Dementia
DCI	Dementia Community Investment
DPU	Dementia Policy Unit
DSF	Dementia Strategic Fund
ESDC	Employment and Social Development Canada
IFA	International Federation of Ageing
G&Cs	Grants and Contributions
HPCDPB	Health Promotion and Chronic Disease Prevention Branch
HSPP	Healthy Seniors Pilot Project
MAB	Ministerial Advisory Board
NGO	Non-governmental Organization
NSC	National Seniors Council
O&M	Operations and Maintenance
PGO	Performance, Governance and Operations Unit
PHAC	Public Health Agency of Canada
PTs	Provinces and Territories
WHO	World Health Organization



Executive Summary

Context

The Division of Aging, Seniors and Dementia (DASD) was established in 2017 to improve the physical and mental health of older adults, and to fulfill its role as the federal lead on the development and implementation of Canada’s first national dementia strategy, referred to as “the national strategy” in this report.

DASD activities are carried out by four units: the Aging and Seniors Unit (ASU), the Dementia Policy Unit (DPU), the Dementia Community Investment (DCI) Unit, and the Performance, Governance and Operations Unit (PGO). DASD’s main activities include policy and program development, building policy capacity, engagement, knowledge mobilization, building community capacity and raising awareness to promote and enhance healthy behaviours. DASD also promotes the United Nations Decade of Healthy Ageing (2021 to 2030) and the Age-Friendly Communities (AFC) model, and applies an older adult and healthy aging lens on a wide range of programs and policies. To carry out its activities, DASD works with a variety of internal and external stakeholders.

This evaluation covered DASD activities from April 2018 to July 2023, and used several lines of evidence to assess its roles and responsibilities, achievement of its results, governance, consideration of health inequities in program design, and resource use.

What we found

DASD’s dementia and healthy aging activities are aligned with the Government of Canada’s priorities and international commitments. While the roles and responsibilities related to dementia are generally clear and well understood given the legislation and national strategy, the ASU’s roles and responsibilities need further clarification. On occasion, there is even some confusion between the Public Health Agency of Canada (PHAC), Health Canada, and Employment and Social Development Canada (ESDC) in terms of who is the lead on certain files. These questions are easily resolved through conversations. However, not all of DASD’s partners and stakeholders have a clear understanding of the nuances between the roles.

Dementia

DASD oversaw the development and has undertaken the implementation of the national strategy, as well as the administration of two dementia funds. Both funds have made progress in contributing to DASD’s short-term results, and there are indications that projects are well positioned to contribute to the achievement of medium- and long-term outcomes. There is an opportunity for the two dementia units to more closely coordinate messaging with stakeholders and potential partner organizations.

Aging and seniors

The Pan-Canadian Age-Friendly Communities (AFC) Reference Group was the most cited success for DASD because it helped raise awareness of issues from around the country. Still, the evaluation found that several partners did not know ASU's priorities, which has led to missed opportunities for collaboration on ageism, social isolation, falls prevention, among other topics. ASU would benefit from having a clear strategic plan of their priorities and activities and communicating this plan to stakeholders.

DASD overall

Enhanced collaboration in terms of dementia activities could be expanded to find synergies with ASU activities. Literature and interviewees highlighted areas such as populations and risk and protective factors common to both dementia and healthy aging, which represent opportunities for increased collaboration within DASD, as well as with external partners. As DASD-funded projects are completed, the Division needs to ensure the dissemination of results to its stakeholders to support knowledge transfer.

Recommendations

Several lines of evidence were reviewed as part of the evaluation. This includes files and documents, performance data, and data from interviews with internal and external key informants. As a result, the following three recommendations emerged:

Recommendation 1: Clarify and communicate DASD roles and responsibilities.

There is a lack of understanding of DASD's healthy aging roles and responsibilities. Although its dementia roles and responsibilities are clearer, there is still some confusion for external stakeholders.

Recommendation 2: Clarify and communicate DASD priorities in support of effective internal and external collaborations.

While DASD benefits from a well-established governance structure and positive relationships for addressing both dementia and healthy aging, several partners are unaware of the Division's priorities, specifically as they relate to healthy aging and older adults, which they believe has led to missed opportunities to collaborate on shared goals. There are also opportunities for DASD to integrate the work of its units around common populations better, as well as protective and risk factors. In addition, limited funding for the Division makes integration and collaboration more important for achieving the full range of objectives.

Recommendation 3: Expand knowledge transfer of the results of funded projects.

DASD has funded several promising projects, and stakeholders have identified a desire to learn more from these projects. Dissemination of results associated with these projects to various PHAC stakeholders will be important to support lessons learned and best practices to raise awareness and advance work in these areas.

Overview and Program Description

This report presents the results of the Evaluation of the Activities of the Public Health Agency of Canada (PHAC)'s Division of Aging, Seniors and Dementia (DASD).

Program Context

In 2022, there were seven million people aged 65 and older in Canada, representing nearly one-fifth (18.8%) of the total population. This is an increase from 16.9% in 2016.¹ It is estimated that, by 2051, the number of Canadians aged 65 and older could reach almost 12 million and that the number of persons aged 85 and older could triple from 861,000 to 2.7 million.²

Dementia has a significant and growing impact in Canada. According to the latest national data from 2020-21, almost 477,000 people aged 65 and older have been diagnosed with dementia in Canada.³ Of those living with the condition, nearly two-thirds are women. In the last two decades, the number of Canadians living with dementia more than doubled, and as the Canadian population ages, this number is expected to continue to increase. The likelihood of being diagnosed with dementia is more than six times higher in people aged 80 and over when compared to those aged 65 to 79.⁴ In Canada, about 3% of all people living with dementia are younger than age 65. Since young onset dementia is less common, it often goes unnoticed or undiagnosed.⁵

As Canada's population ages, the burden of illness and disease is expected to be significant for older adults, especially as this is happening within the context of a lack of sufficient health and social system supports. A renewed focus on promoting healthy behaviours, increasing prevention activities, increasing support for older adults and caregivers, as well as increasing awareness of the abovementioned areas, could help improve the physical and mental health of older adults. This would enable them to live independently for longer periods and enjoy a higher quality of life.

Program Profile

DASD is housed within PHAC's Health Promotion and Chronic Disease Prevention Branch (HPCDPB) and seeks to improve the physical and mental health of older adults, including those living with dementia. This is achieved through policy and program development, building community and policy capacity, engagement, knowledge mobilization, and raising awareness aimed at enhancing healthy behaviours.

DASD is comprised of the Aging and Seniors Unit (ASU), the Dementia Policy Unit (DPU), the Dementia Community Investment (DCI) Unit, and the Performance, Governance and Operations Unit (PGO).

Figure 1: Division of responsibility in DASD

ASU
<p>ASU is the federal lead on coordinating seniors' health promotion work. ASU develops policies, strategies, and information in areas related to healthy aging, including fall and injury prevention, older adult physical and mental health, and age-friendly communities (AFC). ASU supports the work of the National Seniors Council (NSC) and monitors the New Brunswick Healthy Seniors Pilot Project (HSPP).</p>
DCI
<p>The unit supports community-based projects through the administration of the Dementia Community Investment (DCI) fund, which seek to improve the wellbeing of people living with dementia and family/friend caregivers and increase knowledge about dementia and its risk and protective factors. Projects undertake intervention research to assess the effectiveness of the initiative and apply this knowledge to support the expansion of projects' reach.</p>
DPU
<p>DPU led the development of the national dementia strategy, launched in 2019, and tracks its implementation. DPU responsibilities include annual reporting to Parliament on the strategy, administering the Dementia Strategic Fund (DSF) for awareness and guidance projects, and delivering a national public education campaign. DPU supports dementia policy development, initiates public opinion research, and engages with stakeholders for sharing and gathering intelligence.</p>

PGO
<p>PGO supports the Division in three main streams:</p> <p style="text-align: center;"><u>Operations</u> (contracts, information and financial management support);</p> <p style="text-align: center;"><u>Governance</u> (secretariat services for multiple governance tables); and</p> <p style="text-align: center;"><u>Performance</u> (operational and financial planning, results reporting).</p>

Within PHAC, DASD carries out its activities in collaboration with the Centre for Mental Health and Wellbeing (CMHW), the Centre for Surveillance and Applied Research (CSAR), the Centre for Chronic Disease Prevention and Health Equity (CCDPHE), the Communications and Public Affairs Branch (CPAB), and the Strategic Policy Branch.

Externally, DASD works closely with domestic and international partners, such as other federal departments like CIHR and Health Canada, provincial and territorial governments, academics, non-governmental organizations, international organizations like the World Dementia Council and the World Health Organization (WHO), persons with lived experience, and governance committees, including the Ministerial Advisory Board on Dementia, the FPT Coordinating Committee on Dementia, and the DG Interdepartmental Committee on Dementia. DASD also works in collaboration with Employment and Social Development Canada (ESDC) to support the Minister of Health and the Minister of Seniors,

called the Minister of Labour and Seniors since July 2023, to support the work of the NSC.

DASD's planned spending from 2018-19 to 2023-24 totalled \$25.7 million in salaries and Operations and Maintenance (O&M). Over the same period, the program administered and monitored a total of approximately \$149 million in grants and contributions (G&Cs). This included a \$75 million grant to New Brunswick for the HSPP in 2018-19, \$20 million for the DCI, and \$40 million for the DSF. DASD also provided three one-time grants to the WHO to support work on AFC as well as the United Nations Decade of Healthy Ageing.

Evaluation Description

Purpose

The evaluation was conducted to satisfy *Financial Administration Act* requirements. It assessed the overall appropriateness and relevance of PHAC's activities on aging, older adults, and dementia, as well as identifying what is working well and areas for improvement pertaining to the design and delivery of these activities, including PHAC's role and achievement of outcomes.

This is the first evaluation of DASD's activities.

Evaluation Scope and Approach

The scope of this evaluation covered DASD activities from April 2018 to July 2023. Multiple lines of evidence were used. See Appendix 1 for further details.

Activities of the Centre for Aging and Brain Health Innovation, the Safe Voluntary Isolation Sites Program, which have both been funded and managed by DASD over the period of this evaluation, as well as aging, seniors, and dementia activities that fall outside the HPCDPB were not in scope.

Table 1: Evaluation Questions

Evaluation Questions	
1	Is PHAC's role clearly articulated and understood in this multi-jurisdictional area? <ul style="list-style-type: none">Do DASD activities complement or duplicate the role of partners and stakeholders? Are there any gaps or overlaps?
2	To what extent has progress been made towards improving the physical and mental health of older adults in Canada?
3	Do the activities reflect the diversity of older adults in Canada?
4	Are DASD's objectives reasonable given their budget?

Evaluation Findings

Question 1: Roles and Responsibilities

Division of Aging, Seniors and Dementia (DASD) activities are aligned with the roles outlined in its program authorities. While dementia roles and responsibilities were generally well understood by DASD staff and partners, the Aging and Seniors Unit's (ASU) roles and responsibilities were less clear for most internal and external interviewees, who were unaware of its key priorities.

DASD's activities are aligned with the Public Health Agency of Canada (PHAC)'s health promotion, protection, and surveillance roles as outlined in various Acts, program authorities, departmental plans, and terms and conditions for grants and contributions programs. The sections below provide further details on clarity of roles and responsibilities when addressing healthy aging, as well as identification of duplication or complementarity with stakeholders.

Clarity of roles and responsibilities

Dementia

Clear roles and responsibilities for dementia are outlined in various documents. These include being the federal policy lead on dementia and overseeing the development and implementation of Canada's first national dementia strategy (the national strategy). DASD plays a lead role in advancing the priorities of the national strategy through its funding of dementia-related projects across Canada. It also leads various

dementia governance tables and committees, bringing together stakeholders and partners in the national strategy. Most staff and partner interviewees indicated that DASD's dementia roles were clear and well understood, although a few external stakeholders reported some minor confusion on its roles vis-à-vis other government departments.

Aging and seniors

There are multiple actors addressing aging and seniors issues in Canada. See Table 2 on the next page for further details.

In addition to these federal government departments, provinces and territories are responsible for the management, organization, and delivery of health care services for their residents.⁶ Furthermore, many of the non-governmental organizations (NGOs) engaged in this area work at the national level promoting specific issues such as frailty, injury prevention, healthy living, and technology, to name a few.

Table 2: Actors addressing aging and seniors issues in Canada

PHAC	Health Canada	Canadian Institutes of Health Research (CIHR)	Employment and Social Development Canada (ESDC)
<p>Aging and Seniors Unit (ASU) is the federal public health lead coordinating older adult health promotion work, developing policy, strategies, information and courses of action.</p>	<p>Health Canada is responsible for ensuring seniors have access to appropriate and effective health care.</p>	<p>CIHR supports research to better understand aging, as well as the health challenges faced by older Canadians and their caregivers.</p>	<p>ESDC’s Minister of Seniors (now the Minister of Labour and Seniors) is responsible for enhancing the wellbeing and quality of life of older adults in Canada.</p>

Even within PHAC, there are centres other than DASD that are responsible for older adults’ activities. For example, the Centre for Mental Health and Wellbeing (CMHW) has projects related to older adults and mental health and funds organizations to deliver and test health promotion interventions to prevent and address family violence, including for older people. The Centre for Surveillance and Applied Research (CSAR) is responsible for collecting and analyzing national surveillance data across the life course, including for seniors. The Vaccination Program is responsible for the vaccination needs of all Canadians, including older adults.

Documents reviewed identified clear roles and responsibilities for DASD related to healthy aging for the Healthy Seniors Pilot

Project (HSPP) and the United Nations Decade of Healthy Ageing and Age-friendly Communities (AFCs).

Overall roles and responsibilities within each of the federal departments were well understood, and good relationships between departments supported clarification when confusion occurred.

That said, having multiple governments and organizations in this area contributes to a lack of clarity for some external stakeholders on the differences between the roles and responsibilities of PHAC, Health Canada, and ESDC. For example, in the past, ASU was seen as a focal point for aging and seniors issues; however, some interviewees no longer see it this way and do not know who fills that role. In general, there is a lack of understanding of ASU’s activities and priorities.

Complementarity, duplication, overlaps and gaps

As mentioned, there are several federal government departments, including PHAC, Health Canada, CIHR, and ESDC, provinces and territories (PTs), international organizations, academics, and NGOs involved in dementia and healthy aging. Each of these has their own area of responsibility. While ASU's role was not as well understood, most internal and external interviewees felt that PHAC's dementia and healthy aging roles and responsibilities were complementary to those of others in the field.

A few interviewees reported gaps in areas such as ageism, social isolation, falls prevention, knowledge mobilization, and sustainability of successful funded projects.

Question 2: Achievement of Outcomes

DASD's activities and its funded projects are contributing to its short-term outcomes and are well positioned to support medium- and long-term outcomes. As funded projects are completed, DASD needs to ensure the dissemination of project results to its stakeholders in support of knowledge transfer.

The governance in place and existing working groups support positive exchanges of information between DASD and PHAC internal partners and external stakeholders. There are opportunities to increase collaboration and to work with these partners and stakeholders on clear priorities and objectives as identified by the program.

Program's intended outcomes

The following subsections identify DASD's contributions to following outcomes:

Short term
<ul style="list-style-type: none">• Target populations and program participants are reached.• Knowledge, awareness, skills and resources are enhanced.
Medium term
<ul style="list-style-type: none">• Improved health behaviours.• Successful interventions are identified, sustained and scaled up.
Long term
<ul style="list-style-type: none">• Lowered risk and improved protective factors.• Improved wellbeing of older adults (including people living with dementia) and their caregivers.• Supportive physical and social environments.

For dementia activities

Funded projects

The Dementia Strategic Fund (DSF) has funded 36 projects to date. Twenty-five projects focus on raising awareness of dementia, including sharing information on preventing dementia, reducing risks of developing dementia, and addressing stigma. Eleven projects focus on improving access to, and use of, high-quality dementia guidance, such as guidelines and best practices on topics including risk reduction, diagnosis and care, management and treatment. DSF projects with PT governments are expected to improve the quality of online dementia resources.⁷

Between 2019 and 2022, the Dementia Community Investment (DCI) supported 22 community-based projects across 78 project sites in Canada. DCI projects reached 8,820 individuals, including those living with dementia, as well as their family and caregivers. According to 2021-22 data, 86% of DCI project participants reported a gain in knowledge and

skills as a result of programming. See Appendix 2 for further details on DCI and DSF funded projects.

Projects funded through the DCI and the DSF have been encouraged to expand their collaboration with partners to increase the reach of initiatives and support sustainability. In 2021-22, DCI projects increased the number of partnerships by 43% from the previous year.

DCI also supports the Canadian Dementia Learning and Resource Network (CDLRN), which was launched in 2020. CDLRN is a knowledge hub that facilitates a community of practice for all DCI projects, enabling them to build capacity, amplify findings, learn from each other, and collaborate.^{8,9,10}

Due to the reporting cycle of results associated with funded projects, the evaluation was not able to fully assess how these projects are contributing to DASD's medium- and long-term results. Even so, there are indications that DASD activities are contributing to lowered risk, improved protective factors, improved wellbeing, supportive physical and social environments and sustainability of successful interventions. While results were not available for all funded projects, Box 1 provides an example of early results.

Box 1: DSF funded project – *Dancer not Dementia*

Canada's National Ballet School's *Dancer not Dementia* initiative developed workshops on how to deliver community-based dance and creative movement programs for people living with dementia. Working closely with partners, the School engaged over 25,000 individuals directly during the project including community consultations, attendance at various knowledge translation events, training and workshops, dance demonstrations and classes, *Dancer Not Dementia* film screenings, and unique viewers online. The School also developed a research-based film that challenged stigmatizing assumptions about dementia, by highlighting the ability of people living with dementia to be creative, playful, and imaginative.

- 93% of respondents articulated actions they plan to take or continue to do because they participated in the event. This includes actions that may contribute to making their community more dementia inclusive.
- 96% of respondents who work with people living with dementia reported that the event they attended was informative or very informative on the value of dance for people living with dementia, with the majority indicating they were very likely to recommend the event to others.
- 85% of respondents reported that the event they attended either changed their knowledge or reinforced their positive way of thinking about people living with dementia, including:
 - the ability of people living with dementia to experience a good quality of life; and
 - whether they feel comfortable interacting with someone living with dementia.

A need to support knowledge transfer

DASD has funded many promising projects through DCI and DSF, and stakeholders have identified a desire to learn more from these projects. As projects are completed and results become available, DASD will need to ensure that results are disseminated to stakeholders.

PHAC's publications on dementia

There are many dementia resources available on the PHAC website. These include an overview on dementia, symptoms and treatment, as well as risk factors and prevention. There is also information on how Canada is addressing dementia through the national dementia strategy, annual reports to Parliament, funding, research, data and programs, and services broken down by area, including PTs, the Government of Canada, non-governmental and international organizations, among others. Resources also touch upon other areas of interest, such as understanding dementia, confronting stigma, how to communicate with persons living with dementia, community support, and dementia-inclusive communities.^{11,12,13,14,15}

DASD has produced four annual reports to Parliament on the national dementia strategy to date. These reports have shared examples of the variety of activities taking place across the country and how these are related to progress being made on the strategy's objectives. Notably, these reports have included data points that shed light on the state of dementia in Canada, including tracking changes over time. This includes data points

on dementia incidence and prevalence, risk factor prevalence, quality of life and dementia research spending.

Age-standardized data shows that dementia incidence has decreased between 2008-09 and 2017-18 at 1,576 and 1,418 respectively.¹⁶

Age-standardized prevalence of known dementia risk and protective factors are monitored over time among Canadians. Statistically significant improvements have been observed in the general population for four out of eleven risk and protective factors for dementia. These include heavy drinking, having less than a high school education, diagnosed hypertension, and smoking.

- The percentage of population aged 18+ reporting heavy drinking decreased from 20.7% in 2015 to 17.8% in 2020.
- The percentage of population aged 20+ who report having less than a high school education decreased from 12% in 2015 to 8.4% in 2020.
- The percentage of population aged 20+ with diagnosed hypertension decreased from 24.2% in 2012-13 to 23.5% in 2017-18.
- The percentage of population aged 18+ who report being current smokers decreased from 18.7% in 2015 to 13.4% in 2020.¹⁷

DASD's Performance, Governance and Operations Unit (PGO) also works with CSAR to coordinate data collection for the

Global Dementia Observatory. The Observatory collates data from WHO member states on 35 key dementia indicators to share on a web-based data and knowledge exchange platform. This information aims at strengthening countries' abilities to respond to the needs of people with dementia, as well as their caregivers and families. The data collection for that web platform was put on hold due to the impacts of COVID-19, so it is not possible at this stage to know where Canada sits compared to other countries.

Over the last five years, PHAC also conducted seven public opinion research projects to monitor the knowledge, perspectives, and experience of dementia care providers, dementia guidance and Indigenous populations, quality of life and dementia, dementia prevention, official language minority communities and dementia, stigma related to dementia, and dementia-inclusive communities. Their results are highlighted in their annual reports.^{18,19,20,21}

While public opinion research results indicate that knowledge gains have been made on several fronts, gaps still exist. For example, when asked to identify risk factors for dementia, the most common factor mentioned at 34% of respondents was genetics even though genetics is not a significant risk factor for most cases of dementia. More than one-quarter (28%) could not identify any risk factors even though several modifiable risk factors are noted in current dementia guidance.²²

Public opinion research conducted in 2021 measured the quality of life of individuals living with dementia and their caregivers. Quality of life data points were relatively stable in 2020-21, when compared with 2019-20 data, except for the percentage of people living with dementia receiving home care experiencing reduced social interaction, which increased from 19.1% in 2019-20 to 21.1% in 2020-21.²³ At the same time, the percentage of caregivers providing home care to people living with dementia experiencing distress remained relatively stable in 2020-21,²⁴ when compared with 2019-20²⁵ at 36.6% and 37.1% respectively.

Public Education Campaign

The DSF supported the development and implementation of a national public education and awareness campaign, with one phase focused on reducing stigma and another on dementia risk factors and actions to help reduce the risk of dementia.

Stigma

The first phase of the national public awareness campaign focused on stigma and took place between 2021 and 2023. The campaign included a number of outreach activities, such as local, regional and national media and digital advertising campaigns. This content reached millions of Canadians from a variety of audiences, including older adults, Indigenous populations and ethnic audiences.

A survey conducted following the national public education campaign on dementia revealed that:

- 76% of participants thought the advertisements helped reduce negative perceptions of people living with dementia;
- 68% felt the campaign clearly conveyed how to support people who live with dementia; and
- 63% felt that it provided new information on reducing stigma.

The post-campaign survey showed negligible increases regarding the ability of individuals to identify persons living with dementia ‘to a large extent’ (12% to 13% post-campaign), and ‘by a moderate extent’ (36% to 38% post-campaign). In addition, a few more (1%) service providers felt well equipped to best communicate and support a person living with dementia. Results also identified a 6% increase for all other respondents who felt they would know how to help a person with dementia, should they need to. While this last increase is promising, the post-campaign survey results indicate that more needs to be done to further inform the population about these issues.

Risk reduction

The second phase of the national public awareness campaign, which focused on risk reduction, took place in 2023 and will continue into 2024. In winter 2023, it included various outreach activities, such as a national, multi-media digital

advertising campaign, a media tour, and a social media influencer campaign. It resulted in millions of Canadians receiving messaging on risk reduction. The fall 2023 campaign includes a national media and digital advertising campaign.

Unlike the first phase of the campaign, there are currently no post-campaign survey results available. Still, findings from public opinion research conducted in 2023 indicate that the number of Canadians who are intentionally taking steps to reduce their risk of developing dementia has risen from 22% in 2020 to 34% in 2023. Such steps include preventing or managing health conditions like diabetes, depression, high blood pressure and high cholesterol; maintaining a healthy weight; and socializing regularly.

For aging and seniors activities

Given the common protective and risk factors between dementia and healthy aging, such as physical activity, healthy eating and falls prevention, progress made towards dementia outcomes also help contribute to healthy aging outcomes.

Funded projects

In 2018, the Government of Canada announced a \$75 million investment to the HSPP, which was a grant agreement between PHAC and the Government of New Brunswick. The province was selected for this grant because it has one of the highest percentages in Canada of people aged 65 and over.²⁶ HSPP supports community and government applied research initiatives in New Brunswick, to explore how governments,

communities and private sectors can better support seniors. The HSPP is currently supporting 67 projects focused on healthy aging for seniors in their homes, communities, and care facilities. Table 3 details the reach of HSPP projects as of June 2022. At that time, reach had already surpassed the target of 5,000 participants by 2024.

Table 3: HSPP Projects and Individuals Reached (June 2022)

Focus Area	Projects	Reach
Improving social and built environments to foster healthy aging	11	1,002
Using community approaches to reduce health inequalities	9	971
Increasing independence, quality of life and promoting healthy lifestyles.	12	2,424
Developing innovative care pathways	23	1,512
Using supportive technologies to foster healthy aging at home and in communities	12	660
Totals:	67	6,569

A 2022-23 Q1 overview of HSPP results showed that 97.4% of applied research projects reported increased knowledge and skills among participants, surpassing the target of 80%.

While HSPP projects are not yet completed, they are well positioned to support medium- and long-term outcomes. HSPP projects fall under five focus areas: supportive technologies to foster healthy aging at home, community approaches to reduce health inequalities, increasing

independence, quality of life and promoting healthy lifestyles, improving social and built environments to foster healthy aging, and developing innovative care pathways.

Four of 67 HSPP projects have been completed, and two of these have secured provincial funding. For example, Radiography on Wheels is a mobile X-ray service that started as a pilot project in the Saint John area and served 360 residents at select long-term care homes from May 2022 to March 2023. The program allows long-term care residents to be tested in place, thereby improving access to care, enhancing patient experiences, and reducing the stress and physical challenges of travelling to a hospital. The program also reduced the number of home-to-hospital transfers, which freed up ambulances and helped ease congestion in emergency departments. As a result, the Government of New Brunswick decided to provide an additional \$1.1 million in funding to expand the service across the province.²⁷

The HSPP also provided funding to Nursing Homes Without Walls, which began in 2020 as a pilot project in four locations across southeastern New Brunswick and the Acadian Peninsula. Following the success of the project, the Government of New Brunswick announced that the program would be expanded to 16 locations by 2023. The Nursing Homes Without Walls model uses existing infrastructure and resources within communities and promotes these services to older adults who are living in their own homes. These services include guidance to access community support and services,

transportation to medical appointments, shopping or social outings using a nursing home's minibuses, and using specialized equipment or facilities in nursing homes.²⁸

A need to support knowledge transfer

Similar to dissemination of results for funded activities on dementia, HSPP results should be communicated by DASD to its stakeholders in order to support knowledge transfer.

Supporting inclusive communities

As of January 2020, it is estimated that more than 1,400 communities in 10 provinces across Canada have taken steps to become more age-friendly.²⁹ "Thus far, PHAC has played a significant role in advancing the WHO's AFC Initiative. PHAC provided funding towards the development of the original WHO Age-Friendly Cities Guide and the Pan-Canadian Age-Friendly Communities Milestone Guide to help communities implement age-friendly requirements in their local settings".³⁰ To help support AFCs in Canada, ASU held 32 meetings of the AFC Reference Group between January 2018 and November 2022.

Increasing knowledge and awareness

There are several aging and seniors publications available on the PHAC website that provide information on AFCs, ageism, emergency preparedness, healthy aging, injury prevention, and abuse. Some of these issues are now the responsibility of other government departments or other areas of PHAC, such as ageism at ESDC, and abuse within the CMHW. Even so, most

of these publications are out of date.^{31,32} See Appendix 3 for further details.

Internal and external interviewees noted a gap in falls prevention information coming out of ASU. For example, in 2014, ASU was directly involved in drafting the Seniors' Falls in Canada Report; however, the unit is currently not involved. CSAR is currently doing some work on falls for the Canadian Longitudinal Study on Aging, but they are doing so without DASD collaboration. Even NGOs working in this area are looking for PHAC to be more involved, because falls are not only the leading cause of injury and death among older adults,³³ but the issue is also connected to AFCs, dementia, and other chronic diseases.

At the 2018 National Fall Prevention Conference, ASU sponsored an Indigenous Fall Prevention Symposium to bring together key stakeholders and representatives from the Canadian Indigenous population to discuss fall prevention initiatives and promising approaches.

In 2020, 22 member consultations were conducted with the Pan-Canadian Age-Friendly Communities Reference Group. Interviews with members revealed that the main benefits of the group include having an overview of what is happening across the country, sharing information, solutions, and resources, as well as expanding members' professional networks.

For the 2021 International Federation of Ageing (IFA) Conference, ASU hosted a pre-conference event entitled “The Age-Friendly Communities Summit” in collaboration with the WHO and the IFA. Subsequently, the IFA was contracted to organize and facilitate two 90-minute roundtable discussions that brought together diverse stakeholders to discuss and inform future actions and recommendations to support PHAC in the development of Canada’s approach to the UN Decade of Healthy Ageing.

DASD also promotes the UN Decade of Healthy Ageing (2021-2030) through WHO funding and the interdepartmental working group. Of note, a commitment was made in the Minister of Health’s Mandate Letter to support the UN Decade of Healthy Ageing by “promoting seniors’ physical and mental health to enable them to live longer at home, including by supporting the Minister of Seniors (now the Minister of Labour and Seniors) in their work to establish an expert panel to provide recommendations for establishing an Aging at Home Benefit”.³⁴ This work is led by Health Canada and ESDC.

Governance and Collaborations in Support of Results

DASD engages and collaborates with a variety of partners and stakeholders to help advance the implementation of the national dementia strategy and share information on a variety of issues involving aging and older adults through both formal mechanisms, such as e.g. governance tables, and informal ones, such as ad hoc bilateral meetings.

Dementia

The national strategy was intentionally designed with a broad scope to encompass the many types of organizations working on dementia. PHAC’s efforts to identify and track dementia-related activities underscores that its successful implementation relies on the efforts of multiple organizations: all levels of government, advocacy groups, researchers, people living with dementia and their caregivers, health care providers, and academics. A significant expansion in the number of individuals and organizations engaged in the area of dementia since 2018 is a notable accomplishment for DASD and establishes a collaborative foundation for future efforts.

Governance tables were established by DASD to help with the development and implementation of the national strategy. These tables were essential to the development and launch of the national dementia strategy and must now be used to support the implementation of the objectives set out in the strategy. There are opportunities for these tables, particularly the Ministerial Advisory Board on Dementia (MAB), to support PHAC in developing a plan and identifying priorities for its future role in implementing the strategy.

Table 4 identifies the various governance tables and their key mandates. Outside of these official tables, there are also bilateral engagement with PT colleagues on specific issues.

Table 4: Dementia Governance Tables and Mandates

The Ministerial Advisory Board (MAB) on Dementia
The MAB is required by the <i>National Strategy for Alzheimer’s Disease and Other Dementias Act</i> . The MAB provides evidence-informed advice to the Minister of Health on current and emerging issues and challenges, as well as opportunities to help improve the lives of persons living with dementia.
The Director General Interdepartmental Committee (DG-IDC) on Dementia
The DG-IDC on Dementia brings together DGs from PHAC and 14 other federal departments ³⁵ to help inform, engage with, and receive balanced input from across federal departments and agencies as the national strategy is implemented.
The Federal, Provincial, Territorial Coordinating Committee on Dementia (FPT-CCD)
The FPT-CCD provides FPT governments with a forum for the development and implementation of the national strategy, collaboration, information sharing, and discussion of programs, policies, and issues related to dementia.

Aging and seniors

Mechanisms are in place to coordinate healthy aging policy initiatives across different ministries, government departments and within PHAC, including the Pan-Canadian Age-Friendly Communities Reference Group, the Decade of Healthy Aging Interdepartmental Working Group, and the Later Life Team with PHAC regional representatives. ASU also participates in the FPT Ministers Responsible for Seniors Forum and is the Health Portfolio lead for the NSC. ESDC is the secretariat for

both groups. Table 5 identifies the various aging and seniors governance tables and their mandates.

Table 5: ASU Governance Tables and Mandates

Pan-Canadian Age-Friendly Communities Reference Group
This Group has the mandate to develop and exchange information, resources, best practices, and communicate updates to support and sustain AFCs. ASU convenes these meetings and provides secretariat support.
Decade of Healthy Ageing Interdepartmental Working Group
This working group serves as an ongoing interdepartmental forum to share information and coordinate actions, strategies, programs, policies, and initiatives to ensure they address Canada’s commitments to the goals of the Decade. ASU chairs these meetings and provides all secretariat support.
Later Life Team
Co-chaired by ASU and the PHAC Ontario Regional Office, this team supports collaboration between PHAC regional offices and DASD on older adult health issues. The team includes members of the Division of Aging, Seniors and Dementia and at least one representative from all participating regional offices in the Health Security and Regional Operations Branch (HSROB). Meetings of the team were halted as PHAC responded to COVID-19 and reconvened in June 2023.
National Seniors Council
NSC engages with seniors, stakeholders, and experts to provide advice to the Government of Canada on issues and opportunities related to the health, wellbeing and quality of life of seniors. NSC reports to the Minister of Labour and Seniors and the Minister of Health. ESDC is the Secretariat for the NSC, while ASU is the Health Portfolio lead.

The various tables are important mechanisms for sharing information, but need to move beyond information sharing to build collaborative working relationships with partners and stakeholders.

Even though interviewees reported positive engagement or collaborations with DASD, the following challenges were identified:

- There was limited collaboration with internal partners. It was noted that DASD, and more specifically ASU, could leverage collaborations within DASD to help advance its work.
- ASU intends to develop an engagement plan to clearly identify its stakeholders, the tables where they meet, and the nature of their relationships, with the goal of systematically maintaining these partnerships.

DASD overall

CIHR-PHAC monthly meetings

Since 2017, PHAC has met regularly with CIHR to discuss dementia, aging, and seniors issues. Between March 2020 and March 2023, 30 information-sharing meetings were held between DASD and CIHR, where participants shared updates on various initiatives, national strategy consultations, the annual report to Parliament, DCI and DSF solicitations, and aging and seniors issues.

Internal and external interviewees identified what was working well with regard to DASD's engagement and collaboration, including:

- Close, positive relationships;
- Regular communications through either formal meetings or informal calls; and
- Staff responsiveness.

Some internal interviewees noted particularly good collaborations with the CMHW, CPAB, CSAR, as well as Health Canada, and ESDC, likely due to well-established relationships between DASD and these centres and departments.

A small number of external interviewees highlighted a recent HSPP site visit by two ASU staff as an opportunity to learn more about funded projects. It was described as a good way to create contacts, build relationships, and bring in another level of collaboration.

Even though several interviewees reported positive engagement or collaboration with DASD, such as working together on public opinion research, others highlighted some challenges, including:

- High staff turnover in some units, resulting in loss of expertise and extra time spent rebuilding relationships, which can also lead to lost connections and opportunities.
- Limited collaboration to advance DASD's strategic priorities. While there was evidence that DASD units

provided updates and shared information, increased collaboration could build on natural synergies between the units, based on shared goals of improving the health of older adults and persons living with dementia. Partners and stakeholders were unclear about DASD's priorities and plans. While they wanted to work with DASD more, the lack of clarity in these areas meant that there were fewer opportunities to collaborate.

Impact of the COVID-19 pandemic

COVID-19 influenced the achievement of DASD's intended outcomes in multiple ways. The HSPP grant agreement between PHAC and the Government of New Brunswick was extended from March 31, 2022, to March 31, 2025. Due to the pandemic and lockdowns, HSPP suspended project activities taking place in long-term care facilities or those requiring seniors to congregate together in any setting. The pandemic also affected project progress by hindering staffing and participant recruitment.

DCI funding recipients reported challenges with recruiting and engaging participants, connectivity to support virtual interactions, personnel changes, and withdrawal of project partners, to name a few. This resulted in delays in project timelines, adjustments to project plans and budgets, cancellation of face-to-face meetings and limited data collection and reporting. However, DCI funding recipients also reported that COVID-19 provided several opportunities for creative adaptations, such as new recruitment strategies, the

development of unplanned content and activities, and virtual connections with other funding recipients through the CDLRN. DSF projects also experienced delays due to COVID-19 restrictions on in-person activities and related difficulty in recruiting people. Additionally, there were very few MAB meetings between 2021 and 2023.

The pandemic also reduced opportunities for physical activity and social interaction, increasing social isolation and stress for older adults. According to public opinion research conducted in 2021, 84% of people living with dementia felt that COVID-19 negatively affected their quality of life, with many not able to meet with family and friends because of public health restrictions. Some key informants noted that, while the pandemic increased attention to the needs of older adults, this momentum was temporary.

Like most of PHAC, DASD staff helped with the COVID-19 response, with some staff taking on assignments within the response. DASD also took on surge support for COVID-19 by running the Safe Voluntary Isolation Sites Program. This resulted in fewer staff being available to advance day-to-day activities. A few internal and external interviewees also noted that COVID-19 delayed program activities, such as the MAB meetings, Ministerial approval of new MAB membership appointments, and the launch of some communications activities, such as the public education campaign. The data collection for the Global Dementia Observatory was also delayed from 2020 until 2023-24.

Question 3: Effectiveness – Health Inequities

Health inequities are considered in program design and activities. People with lived experience have been part of various governance and working group tables, ensuring their involvement in program design. The program also shared its expertise related to aging with various internal partners and federal stakeholders by applying an older adult lens.

Engaging with people with lived experience

The evaluation found DASD values the views of people with lived experience. As such, people with lived experience frequently provide valuable input that was integrated into the development of the national strategy on dementia. Their input also contributes to funding opportunity decisions for both the DCI and DSF.

Lived experience was also valued in a number of HSPP projects that engaged older adults in the planning and development of its projects to help address ageism.

Official governance for the program also ensured representation of people with lived experience at the various tables.

Dementia strategy

The national strategy calls for a focus on individuals and communities identified as those who are likely to be at higher risk of developing dementia or who face barriers to equitable care. These groups include, but are not limited to, Indigenous

peoples, individuals with intellectual disabilities, individuals with existing health issues, older adults, women, ethnic and cultural minority communities, 2SLGBTQIA+ individuals, official language minority communities, rural and remote communities, and individuals experiencing young onset dementia.

Focus on these groups also informs the development of funding priorities and opportunities for both the DCI and DSF.

Funded projects

Projects funded through the DCI and DSF are required to demonstrate how sex, gender, and other identity factors are incorporated into the design, implementation, and evaluation of projects. Projects are also required to demonstrate how they incorporate the views of people living with dementia and their family and friends, and caregivers in the project design and implementation.



Spotlight: Language and cultural needs

There is recognition that a lack of information on dementia in diverse languages as well as culturally appropriate access to care for people living with dementia and their caregivers can have an impact on quality of care received, diagnosis, treatment, and patient safety. To address this, several DCI and DSF projects have highlighted the importance of language and cultural needs of people living with dementia and their caregivers.

For example, funding from the DSF has helped support the Culturally Appropriate Dementia Awareness and Education Project for Diverse Immigrant Communities. This project delivers culturally appropriate dementia awareness and educational workshops in Cantonese, Mandarin, Korean, and Farsi to immigrant communities in British Columbia.

All applicants for HSPP project funding were required to complete Sex and Gender-Based Analysis+ (SGBA+) training, and submit a copy of their training certificates as part of their application package. The application had a section devoted to SGBA+ to ensure that all applicants incorporated SGBA+ analysis into the project design. Additionally, as part of the application and review process, the HSPP team collaborated with the Government of New Brunswick's Women's Equality Branch, which implements SGBA+ on a provincial level.

Community initiatives funded under HSPP that are focused on using community approaches to reduce health inequalities must promote awareness of healthy choices and access to health and social supports and resources among:

- official language minority populations;
- rural and remote communities;
- vulnerable seniors living in communities; and
- Indigenous peoples.

Awareness campaign and public opinion research

SGBA+ also formed part of the national public education campaign on dementia strategy planning, including target audience selection, media strategy, creative development, and messaging. All messaging was tailored to various segments of target populations and advertising tactics were selected accordingly. Where data allowed, ads were evaluated based on reach and impact on gender.

PHAC's public opinion research projects on dementia included an SGBA+ lens and deepened understanding of the following topics in Canada: knowledge, perspective, and experience of dementia care providers, dementia guidance and Indigenous populations, quality of life and dementia, dementia prevention, official language minority communities and dementia, stigma related to dementia, and dementia-inclusive communities.

Public opinion research on healthy aging conducted by PHAC included focus groups segmented by PTs to ensure adequate coverage across the five regions of Canada: the Atlantic, Ontario and Quebec, the Prairies, British Columbia and the North, as well as location with respect to urban and rural areas. Nine focus groups were conducted nationwide with diverse sub-groups of the population, including by gender (men/women), socio-economic status (higher SES/lower SES), racialized Canadians, newcomers, Indigenous peoples, people living with disabilities and members of LGBTQ2S+ communities.

Aging and seniors and dementia lens

In addition to the program outcomes discussed in the previous section, DASD acts as an expert resource in the areas of aging and dementia. As such, it provides advice internally and to federal partners to ensure that issues affecting older adults and people living with dementia are considered and addressed through government policy and programming.

As the federal public health lead on healthy aging, ASU applies a healthy aging lens on a wide range of PHAC and other Government of Canada programs and policies. Partner interviewees praised the expert advice they obtained from the Division and were grateful for ASU's expertise in this area.

ASU has also collaborated with DPU, DCI Unit, and the Health Equity Division to develop an Older Adults and Persons Living

with Dementia checklist to assist in the review of broader government policy papers. ASU is planning to work with the Centre for Chronic Disease Prevention and Health Equity in fall 2023 to finalize this checklist and discuss its wider distribution across PHAC.

Question 4: Objectives and Resources

There are opportunities for DASD to prioritize its activities and objectives to ensure efficient use of resources and capitalize on potential synergies with internal partners and external stakeholders.

Resources used

DASD's actual spending from 2018-19 to 2022-23 totalled \$22 million in salary, and in operations and maintenance (O&M). During this time, the program also administered a total of \$149 million for grants and contributions (G&Cs). This includes:

- \$75 million grant to the province of New Brunswick for the Healthy Seniors Pilot Project (HSPP);
- \$73 million for DCI and DSF projects;
- \$850,000 in grants to the WHO to support work on AFC and the Decade of Healthy Ageing; and
- \$250,000 in a grant to Parachute Canada for its Pan-Canadian Seniors' Fall Prevention Network project.

Over the last five years, the variance between actual and planned spending for DPU, DCI Unit, PGO, and the Director's Office remained within an average of about 3%. Over the same period, ASU underspent its planned budget of about 9%, recording a surplus in salaries and O&M, which can be explained by vacant positions not having been filled. See Appendix 4 for further details.

Dementia

The DCI has annual ongoing funding of four million dollars a year, whereas DSF funding is set to end in March 2024. While staff from both units shared information with potential funding applicants on a consistent basis, communication to these applicants could have been better coordinated to enhance clarity of messaging. Going forward, whether or not DSF funding is renewed, there will be an opportunity for the two dementia units to coordinate more closely on objectives and messaging to these applicants.

Aging and seniors

ASU is a small team with six full-time equivalent employees. Funding for aging and seniors is limited, despite a commitment in the Minister's mandate letter to promote the physical and mental health of older adults as part of the UN Decade of Healthy Ageing. Still, ASU is responsible for the one-time grant (\$75 million) to the Government of New Brunswick for the HSPP, with projects set to be completed in March 2024, with reporting continuing until March 2025.

ASU also works with internal partners who have funding programs, including the Healthy Canadians and Communities Fund, and funding related to COVID-19 and mental health, as

well as available surplus funding to support priorities. Since 2018, ASU has provided grants using lapsed Gs&Cs funds from other programs to support the work of the WHO. Specifically, three projects related to Age-Friendly Communities and one project on including the voices of older people as part of the Decade of Healthy Ageing. In 2019, ASU funded Parachute Canada to create an online hub for individuals and health professionals to access tools, resources and information related to fall prevention and recovery.³⁶

A review of ASU tasking requests for 2021-22 and 2022-23 showed an increase from 260 to 386. These requests came from a variety of sources, including the Minister's Office, the Vice President's Office, the DG's Office, CPAB, ESDC, the Office of International Affairs, and the Strategic Policy Branch. Most of these requests required a response, typically consisting of review and input. ASU spends considerable time responding to these important requests, which means resources are not available to work on strategic planning and advancing some healthy aging files through collaboration with partners.

DASD overall

Limited resources and funding affects DASD's ability to advance its work. Within this context, establishing a clear set of priorities and objectives, and leveraging internal and external collaboration in support of these priorities and objectives could support a more effective use of resources.

Conclusions and Recommendations

Conclusions

The Division of Aging, Seniors and Dementia (DASD)'s dementia and healthy aging activities are aligned with the Government of Canada's priorities and commitments to international efforts. While the roles and responsibilities related to dementia are generally clear and well understood, the Aging and Seniors Unit (ASU)'s healthy aging roles and responsibilities were not well understood by all stakeholders and needs further clarification. For example, there is some confusion among internal and external interviewees related to the roles of the Public Health Agency of Canada (PHAC), Health Canada, and Employment and Social Development Canada (ESDC).

Dementia

DASD set up governance structures and processes that supported the development and implementation of the national strategy, as well as the administration of two dementia funds. Both have made progress in contributing to DASD's short-term results. There are also indications that funded projects are well positioned to contribute to the achievement of medium- and long-term outcomes. As funded projects are completed, DASD needs to ensure the dissemination of project results to its stakeholders in support of knowledge transfer. In addition, whether or not the funding for the Dementia Strategic Fund (DSF) is renewed after it sunsets in March 2024, there will be an opportunity for the

two dementia units to coordinate more closely on messaging to partner organizations.

Aging and seniors

The most often cited success for DASD was its work with the Pan-Canadian Age-Friendly Communities (AFC) Reference Group. However, several partners do not know enough about the Division's priorities in terms of healthy aging and older adults. As a result, this has led to missed opportunities for collaboration with regards to ageism, social isolation, falls prevention, and knowledge mobilization. ASU would benefit from having a clear strategic plan that can be communicated to stakeholders in support of potential collaborations. Communicating this plan would also support stakeholders' understanding of PHAC's role in relation to healthy aging.

DASD overall

DASD benefits from a well-established governance structure and positive relationships with stakeholders. Enhanced integration in terms of the dementia activities discussed above could be expanded to include synergies with ASU activities. Literature and interviewees highlighted areas common to both dementia and healthy aging, which represent opportunities for increased collaboration between DASD units, as well as collaboration with external partners. Furthermore, while the governance in place supports positive information sharing, there are opportunities to increase collaboration and to work with partners and stakeholders on clear priorities and

objectives identified by the program. Prioritizing DASD activities and objectives can help ensure efficient use of resources and capitalize on potential synergies.

Recommendations

The evaluation reviewed several lines of evidence. This includes documents and files, academic and grey literature, performance measurement data, interviews with internal and external stakeholders, and financial data. As a result, three recommendations emerged.

Recommendation 1: Clarify and communicate DASD roles and responsibilities.

There is a lack of understanding of DASD's healthy aging roles and responsibilities. Although its dementia roles and responsibilities are clearer, there is still some confusion for external stakeholders.

Recommendation 2: Clarify and communicate DASD priorities in support of effective internal and external collaborations.

While DASD benefits from a well-established governance structure and positive relationships for addressing both dementia and healthy aging, several partners are unaware of the Division's priorities, specifically as they relate to healthy aging and older adults, which they believe has led to missed opportunities to collaborate on shared goals. There are also

opportunities for DASD to integrate the work of its units around common populations better, as well as protective and risk factors. In addition, limited funding for the Division (particularly if DSF is not renewed), makes integration and collaboration more important for achieving the full range of objectives.

Recommendation 3: Expand knowledge transfer of the results of funded projects.

DASD has funded several promising projects, and stakeholders have identified a desire to learn more from these projects. Dissemination of results associated with these projects to PHAC's various stakeholders will be important to support lessons learned and best practices in order to raise awareness and help advance work in these areas.

Management Response and Action Plan

Recommendation 1				
Clarify and communicate DASD roles and responsibilities				
Management response				
<p>Management agrees with this recommendation.</p> <p>As noted in the evaluation, there are multiple actors addressing aging and seniors issues in Canada. The Aging and Seniors Unit (ASU), overseeing healthy aging, is actively developing its strategic plan which will outline key priority areas, as well as the unit's roles and responsibilities. Once completed, the plan will enable clear communication of roles and responsibilities in this area.</p> <p>DASD's units focusing on dementia include the Dementia Community Investment (DCI) unit and the Dementia Policy Unit (DPU). Recognizing that there is always an opportunity to improve communication with stakeholders, DCI and DPU will continue to seek opportunities to share information about DASD roles and responsibilities through existing mechanisms, such as the annual Report to Parliament and stakeholder engagement tables, as well as maximize opportunities to engage through new and returning forums, such as in-person conferences.</p>				
Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
<p>1.1 Complete Aging and Seniors Unit strategic plan to confirm and enable clear communication of DASD roles and responsibilities for healthy aging and seniors.</p> <p>Develop complementary engagement and communication plan to guide broad distribution of these clarified PHAC roles and responsibilities on healthy aging and seniors.</p>	<p>1.1.1 Aging and Seniors Unit strategic plan.</p> <p>1.1.2 Engagement and communication plan.</p> <p>1.1.3 Collaborate with Health Canada to delineate the roles and responsibilities between Health Canada and PHAC regarding older adults and dementia and secure agreement and sign-off by the Deputy Minister and President.</p>	June 2024	Director General, Centre for Health Promotion (CHP), Vice President, Health Promotion and Chronic Disease Prevention Branch (HPCDPB)	Existing resources will be leveraged.

Ensure clear delineation of duties, responsibilities and mandates for Health Canada and PHAC regarding aging, seniors and dementia.				
1.2 Explore opportunities to leverage existing stakeholder engagement tables to communicate more thoroughly about DASD roles and responsibilities.	<p>1.2.1 Develop and share an overview document of DASD roles and responsibilities at existing stakeholder engagement tables.</p> <p>1.2.2 Review Terms of Reference at PHAC-led stakeholder tables on a biennial basis.</p>	<p>May 2024</p> <p>September 2024, and ongoing on a biennial basis.</p>	Director General, CHP, Vice President, HPCDPB	Existing resources will be leveraged.
1.3 Continue to use and further leverage the annual Report to Parliament on the national dementia strategy to communicate DASD's roles and responsibilities related to dementia.	1.3. PHAC roles and responsibilities related to dementia will be articulated in the 2024 Report to Parliament.	December 2024 and ongoing on an annual basis.	Director General, CHP, Vice President, HPCDPB	Existing resources will be leveraged.
Recommendation 2				
Clarify and communicate DASD priorities in support of effective internal and external collaborations				
Management response				
<p>Management agrees with this recommendation.</p> <p>DASD will build on collaboration with both internal and external stakeholders through existing mechanisms, such as the annual Report to Parliament and engagement tables, and will explore opportunities for enhanced collaboration. Collaboration in the context of the pandemic was reduced due to the absence of in-person events, such as round tables and conferences. As these forums are re-established, there will be more opportunities to re-engage.</p>				
Action Plan	Deliverables	Expected Completion Date	Accountability	Resources

2.3 Identify avenues to expand internal collaboration.	<p>2.3.1 Meet at least semi-annually with other PHAC teams that are current or potential collaborative partners to discuss upcoming priorities and activities.</p> <p>2.3.2 Prepare an internal engagement plan that identifies key internal stakeholders and opportunities for collaboration.</p>	<p>April 2024 and ongoing</p> <p>May 2024</p>	Director General, CHP, Vice President, HPCDPB	Existing resources will be leveraged.
Recommendation 3				
Expand knowledge transfer of the results of funded projects.				
Management response				
<p>Management agrees with this recommendation.</p> <p>The dissemination of knowledge on best practices and learning emerging, as well as relevant resources and tools, arising from funded projects is an important component of fulfilling DASH's objective to promote healthy behaviours, increase awareness, increase prevention activities, and increase support for older adults and their caregivers.</p>				
Action Plan	Deliverables	Expected Completion Date	Accountability	Resources
3.1 ASU will develop a knowledge mobilization plan to establish a consistent, systematic, and strategic approach to curate information that optimizes quality of life for older adults, including regular review and updating as needed.	<p>3.1.1 ASU knowledge mobilization plan</p> <p>3.1.2 Implement ASU knowledge mobilization plan:</p> <ul style="list-style-type: none"> ○ Update the Aging and Seniors GC web page to link to up-to-date resources on healthy aging. ○ Update out-of-date GC resources on healthy aging, in collaboration with other federal government departments. 	<p>April 2024</p> <p>April 2025, and ongoing</p>	Director General, CHP, Vice President, HPCDPB	Existing resources will be leveraged.

	<ul style="list-style-type: none"> ○ Create infographics and other information sharing resources to disseminate key findings about work to address older adult health, including the Public Opinion Research project. 			
<p>3.2 DCI’s knowledge hub will continue to disseminate dementia project findings, and work to synthesize and mobilize lessons learned and best practices.</p> <p>Additional channels will be identified to share results and resources arising from DASD-funded dementia projects and initiatives with external stakeholders/</p>	<p>3.2.1 DCI dementia project findings, including best practices and lessons learned, are shared with key stakeholders.</p> <p>3.2.2 Toolkit of dementia-related resources from the national public education campaign will be developed and shared with MAB members.</p> <p>3.2.3 Dissemination plan for dementia-related project results is developed.</p> <ul style="list-style-type: none"> ○ Dementia-related project results and resources will be highlighted as available in the annual Report to Parliament. ○ Enhance existing Canada.ca/dementia webpages to include more information on PHAC funded projects, including resources as they become available. ○ Develop placemat overview document about dementia-related projects to date, for sharing with stakeholders 	<p>August 2024 and ongoing.</p> <p>January 2024</p> <p>August 2024</p> <p>December 2024, and ongoing.</p> <p>September 2024, and ongoing.</p> <p>September 2024, updated annually.</p>	<p>Director General, CHP, Vice President, HPCDPB</p>	<p>Existing resources will be leveraged.</p>

Appendix 1 – Data Collection and Analysis Methods

Evaluators collected and analyzed data from multiple sources. Data collection started in May 2023 and ended in August 2023. The evaluation examined the activities of the Division of Aging, Seniors and Dementia (DASD). The activities of the Centre for Aging and Brain Health Innovation, the Safe Voluntary Isolation Sites Program, and any aging, seniors, and dementia activities that fall outside the Health Promotion and Chronic Disease Prevention Branch (HPCDPB) were not in scope. Data was analyzed by triangulating information gathered from the different methods listed below. The use of multiple lines of evidence and triangulation were intended to increase the reliability and credibility of the evaluation findings and conclusions.



Performance Data Review

The evaluation reviewed a series of annual reports submitted to Parliament, as well as reports from funded projects reports to inform findings related to effectiveness.



File and Document Review

Program file and document reviews included documents available on the website. Approximately 400 files and documents were reviewed.



Key Informant Interviews

Key informant interviews were conducted to gather in-depth information related to needs, roles, collaborations, achievement of results, resources, and health inequities. Interviews were conducted based on a predetermined interview guide. In total, 38 interviews were conducted with 48 respondents. Respondents included:

- Internal: program staff (n=seven interviews with eight staff)

- Internal: partners (n=11 interviews with 18 partners)
- Academics (n= five interviews)
- Advisory committees (n=three interviews)
- International organizations (n=two interviews)
- Non-governmental organizations (n=three interviews)
- Other government departments (n=four interviews with five representatives)
- Persons with lived experience (n=three with 4 representatives)

Emerging themes from interviews were identified and quantified using NVIVO qualitative analysis software.

Even though data collected by these various methods was analyzed by triangulation, the evaluation faced constraints that affected the validity and reliability of evaluation findings and conclusions. The table below outlines the limitations encountered during the implementation of the selected methods for this evaluation and mitigation strategies put in place to ensure that the evaluation findings are sufficiently robust.

Limitation	Impact	Mitigation Strategy
Key informant interviews are retrospective in nature, providing only a recent perspective on past events.	This can affect the validity of assessments of activities or results that may have changed over time.	Triangulation with other lines of evidence substantiated or provided further information on data captured in interviews. Document review also provided corporate knowledge.
Funding data was not broken down by units, with the exception of the Aging and Seniors Unit (ASU).	This can limit the analysis of financial data.	Triangulation with other lines of evidence provided further information on financial data.
Limited availability of medium and long-term outcome data of funded projects due to the timing of the evaluation and the funding schedule.	The evaluation was not able to fully assess all of the medium and longer-term outcomes.	Recognizing this data limitation, the evaluation was still able to highlight results from a few medium and long-term outcomes.

The evaluation applied an SGBA+ lens in its assessment of DASD’s activities, including a discussion of health inequities considered in program design and an examination of program activities helping to reach older adults experiencing health inequities. Although official languages were not specifically examined, the evaluation did not find any issues for the program's activities. Furthermore, it was found that official languages were considered as part of the Healthy Seniors Pilot Project (HSPP). A detailed examination of the Sustainable Development Goals was not applicable for this evaluation;

however, findings associated with the application of the SGBA+ lens highlighted that this program supports goals related to good health and well-being, and reduced inequalities.

Appendix 2 – DCI, DSF and HSPF Funded Projects

For a list of HSPF funded projects, consult the following website: <https://www.unb.ca/nbirdt/mektu/healthy-seniors-pilot-projects/>

DCI Funded Projects (2018 to 2023)

Project Name	Recipient	Total Funding (\$)	Program Description
Dementia-Friendly Canada	Alzheimer Society of Canada	940,000	The Dementia-Friendly Canada project is a partnership between the Alzheimer Societies of Canada, British Columbia, Saskatchewan, Manitoba, and Ontario and is intended to foster the creation of dementia-friendly communities across the country. A dementia-friendly community is a place where people living with dementia, their families, and care partners feel included and supported. While creating dementia-friendly communities, individuals and organizations should focus on both the physical and social environments to ensure they are fully accessible. The Dementia-Friendly Canada project provides educational opportunities for the general public and professionals working in the community to mobilize them to champion dementia-friendly principles wherever they go. ³⁷
Communities in support of the life trajectory of non-Aboriginal and non-Aboriginal people with dementia who qualify for assistance according to the program	Integrated University Center for Health and Social Services of Estrie - Center Sherbrooke University Hospital	937,538	The objectives of this project are as follows: <ol style="list-style-type: none"> 1. To establish, in collaboration with key partners, local committees in each community to ensure access to target populations. Work with partners, people with dementia and their caregivers to the development, implementation, and evaluation of action plans to respond to the needs of the target population. 2. Identify obstacles to the implementation of action plans, and develop approaches and strategies to eliminate them. 3. Undertake intervention research, including surveys, observations, and interviews, to assess the impact of interventions on targeted communities.
Evaluating co-designed tools for strong partnerships in the dementia care triad	Saint Elizabeth Health Care	199,592	Dementia Journey Journal is an interactive resource that enables sustainable relationship building between caregivers and care providers of persons living with dementia through information-sharing and care-role negotiation along the dementia journey. Dementia Journey Journal is available as a mobile app, a digital file, and an analog tool. ³⁸

Project Name	Recipient	Total Funding (\$)	Program Description
Ce qui nous lie~ What connects us: A mixed methods ethnography to evaluate an intersectoral participatory approach for sustainable community-based initiatives to destigmatize dementia	Le Centre intégré universitaire de santé et de services sociaux (CIUSSS) du Centre Ouest-de-L'île de Montréal-McGill University	939,116	What connects us~Ce qui nous lie is a collaborative partnership of healthcare, community-based organizations, government, media, and academic organizations whose aim is to create an interconnected community for all. Through shared activities, designed to cultivate social and cultural environments worth living in, the project: <ol style="list-style-type: none"> 1. Establishes an enriched web of resources in the local community; 2. Links the arts and culture, mental health, and academic sectors; and 3. Helps decrease stigma at the intersection of Alzheimer's and other related disorders, mental illness, and aging.³⁹
Cummings Centre Therapeutic Dementia Care Project	Cummings Jewish Centre for Seniors	922,025	The Therapeutic Dementia Care Program (TDCP) is a community-based program that aims to optimize the quality of life and wellbeing of people living with dementia and their caregivers. Through this program, older adults participate up to one day per week in a wide range of therapeutic program activities to enhance quality of life and optimize wellbeing, with the goal of providing caregivers a respite from their caretaking responsibilities. ⁴⁰
The Pleasure Approach in Community Settings: Creating Welcoming Environments for People with Cognitive Impairment	Société Alzheimer de Granby et Région	939,854	The project aims to mobilize expertise to implement the program in ten community settings offering leisure activities to seniors in Quebec and Nova Scotia in order to evaluate its impact. The "Together for Pleasure Program!" is aimed at rural, urban, French-speaking, and English-speaking areas in order to counter the stigma against people suffering from neurocognitive disabilities. It will be distributed in community contexts that offer leisure activities to seniors. The objective of the project is to select approaches to adapt and support the implementation of the program in a community center. ⁴¹
Mobilizing & Equipping Community-Based Organizations to Promote Awareness and Support for Person-Centered Care for People Living with Dementia and Family Caregivers	Institute For Health System Transformation and Sustainability	699,933	The project aims to mobilize and equip community-based organizations to promote awareness and support for person-centred care for people living with dementia and their care partners through engagement in advance care planning. Building on the success of an existing community-led Advanced Care Planning model, co-developed by the BC Centre for Palliative Care in 2016, the model involves partnering with community organizations and providing them with training, tools, and coaching to deliver Advance Care Planning programs and resources to the public. ⁴²

Project Name	Recipient	Total Funding (\$)	Program Description
Living with Dementia in rural First Nation Communities: A Health and Wellness project	The University of Manitoba	769,957	This partnership between the University of Manitoba and six First Nations communities is working to help informal caregivers and people living with dementia lead fulfilling and happy lives. The project wants to spread knowledge by creating training materials that are appropriate for using in other Indigenous communities with the goal of lessening the impact of risk factors for developing dementia. ⁴³
The Integration, Optimization and Promotion of Inclusive Approaches for LGBTQI2S PLWD and their Caregivers	Egale Canada Human Rights Trust	726,006	Recognizing that there is a gap in current understandings of people who are living and caring for others at the intersections of LGBTQI2S identities and dementia, the goal of this research project is to connect to and explore individual experiences of care and support as lived by LGBTQI2S PLWD, unpaid caregivers, and LGBTQI2S caregivers of someone living with dementia, through a series of online focus groups. ⁴⁴
New Brunswick Dementia Friendly Initiative	The New Brunswick Association of Nursing Homes Incorporated	397,251	This project seeks to support and assist New Brunswick communities that have an interest in better supporting people living with dementia, through the introduction and implementation of dementia-friendly approaches such as education and awareness raising, to their local context. The project engages two distinct groups: communities that are recognized as age friendly, and those who are interested in becoming so. The two cohorts will enable an understanding if existing age-friendly initiatives affect the integration of dementia friendly approaches. ⁴⁵
Ethno-Cultural and Linguistically Based Support Services for People Living with Dementia (PLWD)	COSTI Immigrant Services	732,048	COSTI's new initiative will conduct evaluation research focused on two key elements of programming, language, and culture for people living with dementia and their caregivers. The research will evaluate COSTI Seniors Day program for people living with dementia and evaluate caregivers support and education groups in five ethno- linguistic communities. The evaluation will produce important knowledge of how language-specific and culturally-based programming influence and affect the functioning of people living with dementia while in a program and at home. The evaluation will also inform the development of a blueprint for organizing and implementing an Education and Support group for family and caregivers of people living with dementia from ethno- cultural families. ⁴⁶

Project Name	Recipient	Total Funding (\$)	Program Description
Empowering Dementia Friendly Communities - Hamilton and Haldimand	Hamilton Council on Aging	810,471	The Hamilton Council on Aging is working in both Hamilton and Haldimand to develop dementia-friendly action plans. The project explores how a community with an existing Age-Friendly Plan (Hamilton) versus a community without one (Haldimand) can become a dementia inclusive community. A Dementia-Friendly Community is a place where people living with dementia are understood, respected, and supported; an environment where people living with dementia will be confident that they can contribute to community life. The development of dementia-friendly communities helps reduce stigma and create inclusive environments. ⁴⁷
Dementia Dialogue Podcast Network	Lakehead University	204,868	This podcast provides people with lived experience a way to share their stories with each other and the broader community. Listeners who have dementia, care partners, and others gain insight and strengthen their adaptive skills. Episodes also help the broader community understand what it means to live with dementia and how they can support people. ⁴⁸
Canadian Dementia Learning and Resource Network	Schlegel-UW Research Unit for Aging Foundation	1,054,500	The purpose of the Knowledge Hub for the DCI is to facilitate a community of practice for community-based projects funded by the DCI, and to translate and disseminate their program findings and best practices to the dementia policy and program community across Canada. The Knowledge Hub project must engage with PLWD and family, friends and caregivers in project design and implementation to be considered for funding. ⁴⁹
Moving, Eating, and Living Well with Dementia	University of Waterloo	573,342	The project will promote the health and wellbeing of people living with dementia and caregivers by building community capacity through wellness services in both rural and urban communities. ⁵⁰
Ten Online Modules Over Ten Weeks for Adult Learners (TOTAL) eLearning for Family/Friend Caregivers of Persons Living with Dementia (PLWD)	The Royal Institution for the Advancement of Learning/McGill University	758,430	TOTAL eLearning is an online dementia education program that is being developed to address the multidisciplinary concerns of informal family and friend care partners of people living with dementia (PLWD), based on existing in-person workshops offered by the McGill Dementia Education Program. In addition to offering Ten Online modules over Ten weeks for Adult Learners, TOTAL eLearning will support care partners by creating a virtual support community comprised of peers, community service providers, and health professionals during and following the program. ⁵¹
Implementing Computer Interactive Reminiscing	University Health Network	353,203	CIRCA-CA is a conversation support tool for people with neurocognitive disorders and their caregivers. The tool uses carefully chosen multimedia, including

Project Name	Recipient	Total Funding (\$)	Program Description
and Conversation Aid in Canada - CIRCA-CA			photos, short videos, and audio, to stimulate conversation and social engagement, and promote memories and relationship building. Created in 2001, this current project has worked with older adults to create content suitable for a Canadian audience. CIRCA-CA is web-based and can be accessed from a tablet or computer to use one-on-one, in a small group, or as an engaging independent activity. ⁵²
Building Capacity for Meaningful Participation by People Living with Dementia	University of British Columbia	999,888	This project aims to adapt, implement, and evaluate an asset-based community development approach that will grow innovative initiatives in the areas of arts, social, fitness, and volunteer activities. Focusing on two communities in British Columbia and Ontario, this project will build on existing partnerships with a community group to develop capacity and create meaningful opportunities for PLWD and their family, friends and caregivers to remain active and connected in their communities.
Supporting a Circle of Care	Native Women's Association of Canada	837,448	This project will engage Elders that are members of the Board of NWAC and regional affiliates to identify underserved communities in need of support. Four communities will be chosen from each of the four directions, namely: North (Nunavut), West (Saskatchewan), South (Ontario), and East (Maritimes), for a total of 16 communities involved in the project. NWAC's regional affiliates will work with these sub-communities to identify individuals to participate in the development, implementation, and evaluation of the work.
Enhancing Minds in Motion® as a Virtual Program Delivery Model for People Living with Dementia and Their Care Partners	Alzheimer Society of Ontario	940,000	The Enhancing Minds in Motion as a Virtual Program Delivery Model for people living with dementia and their care partners. It offers evidence-based physical activity, cognitive stimulation, and socialization for people living with dementia and care partners. This project builds on the existing in-person program offered by the Alzheimer Society of Ontario by offering the program virtually and in both French and English. Offering the program virtually expands the reach of the project and allows the program to be accessible to individuals who may otherwise be unable to participate due to their geographical location and pandemic-related concerns. Participants engage for 90 minutes once a week for the 8-week program.
Inuvialuit Settlement Region Dementia	Inuvialuit Regional Corporation	939,500	This project aims to optimize the health and wellbeing of people living with dementia and family and friend caregivers in Inuit communities of the Inuvialuit Settlement Region of the Northwest Territories. Community engagement

Project Name	Recipient	Total Funding (\$)	Program Description
Awareness and Intervention			sessions will be held to help inform the creation of culturally sensitive educational resources, which will then be tested through in-community and in-home workshops. The work of the IRC will provide these communities with culturally appropriate resources aimed at increasing the knowledge among family and friend caregivers of the various stages of dementia, and how to support people living with dementia. ⁵³
Supporting Family Caregivers of Persons Living with Dementia: Effectiveness and Sustainability of My Tools 4 Care-In Care	University of Alberta	888,051	The purpose of this project is to implement and evaluate MT4C-In Care to assess its effectiveness, and the influence of participant factors (i.e., gender, cultural background, age) on the use of MT4C-In Care across four Canadian provinces (Alberta, Saskatchewan, Manitoba, and Ontario). The ability of MT4C-In Care to improve hope, self-efficacy, quality of life, social support, and mental health, and decrease grief and loneliness will be rigorously assessed in a pragmatic effectiveness trial with a large sample. The rigorous pragmatic trial, with in-depth mixed methods, will demonstrate whether MT4C-In Care works across four Canadian provinces as well as the reasons and mechanisms underlying its effects. ⁵⁴

DSF Funded Projects (2018 to 2023)

Project Name	Recipient	Total Funding (\$)	Program Description
Stigma: An Exploration of Lived Experiences, Understandings and Behaviours of Dementia within Indigenous Communities	The Native Women’s Association of Canada (NWAC)	312,966	There are two phases to this program: capacity building, and raising awareness. The program is using a distinctions-based approach to build understanding of the needs, experiences, knowledge, attitudes, and behaviours of Indigenous communities around stigma. The program will then leverage existing strengths and resources to establish strength-based, distinction-based, community-led, and culturally relevant resources designed to combat stigma and encourage dementia inclusiveness. ⁵⁵
Awareness Builds Connections in Dementia-Friendly Communities (ABCD Initiative)	Rural Development Network Society	627,113	RDN’s ABCD Project aims to provide rural Albertan communities with a selection of evidence-based, dementia-friendly initiatives adaptable to rural settings. Through an expression of interest focused on rural Alberta communities looking to create dementia-inclusive environments, the ABCD Project team and Advisory Committee selected five communities to receive funding and additional project implementation support. RDN understands that rural communities are presented with unique barriers when it comes to having the capacity to fund, develop, implement, and evaluate community initiatives. A key component of the ABCD project is to provide support to the selected rural pilot communities in each of these areas in hopes of establishing a sustainable, dementia-friendly community. ⁵⁶
Mind Over Matter®- A Comprehensive Brain Health Awareness Campaign	Women’s Brain Health Initiative	716,000	This project will enhance the existing Mind Over Matter® (MOM) program that highlights unique risks for women 35 and over by adding a virtual coaching mobile app, podcasts, and videos that encourage users to adopt healthy behaviours, educate Canadians on dementia risk factors, reduce stigma, and provide practical tips, tools, and rewards. Once complete, the MOM app will address the Six Pillars of Brain Health (physical exercise, healthy eating, mental stimulation, proper sleep, stress reduction, and social interaction), automatically track activities, and provide tailored curated content. ⁵⁷
Artful Moments: Sharing Our Learning	The Art Gallery of Hamilton	275,160	Artful Moments is an arts-based program created specifically for people living with dementia that provides a space for program participants to discuss art and explore art-making activities. This new funding will support expansion of the existing Artful Moments program through the development and sharing of a series of best practices and approaches to support provincial museums and

Project Name	Recipient	Total Funding (\$)	Program Description
			galleries in implementing similar programs at other sites. Public art institutions that participate in this project will help raise awareness of dementia and reduce stigma by becoming more visibly inclusive, accessible, and welcoming of people living with dementia. ⁵⁸
Sharing Dance with People with Dementia	Canada's National Ballet School	716,000	This project will promote and highlight the ability of people living with dementia to be creative, playful, and imaginative in an effort to reduce stigma and promote dementia-inclusive communities across Canada. The project will also help build a culture where dance practices are included in daily life for people living with dementia and help increase opportunities for people living with dementia to access dance. Through this project, communities will be better informed about the abilities of people living with dementia and able to offer dementia-inclusive dance activities in a non-stigmatizing environment. Canada's National Ballet School will also produce a research-based film to challenge stigmatizing assumptions about how people living with dementia engage with and thrive as dancers. ⁵⁹
Culturally Appropriate Dementia Awareness and Education Project for Diverse Immigrant Communities	S.U.C.C.E.S.S (United Chinese Community Enrichment Services society)	715,813	This project will develop and deliver a culturally appropriate awareness and educational workshop series in various languages, including Cantonese, Mandarin, Korean, and Farsi, to immigrant communities in British Columbia. The workshop series will include modules and resources on brain health and dementia risk factors, as well as mental health, social isolation, diet, exercise, smoking, hypertension, and diabetes. It is hoped that this project will encourage the adoption and maintenance of healthy behaviours and will help reduce or delay dementia among immigrants. ⁶⁰
ABCs of a Healthy Brain – Dementia Awareness in the West and North	RésoSanté Colombie-Britannique	681,162	This project aims to inform, equip and support Francophone minorities living in British Columbia, Alberta, Saskatchewan, and Yukon on preventing and reducing the risk of developing dementia, and deals with the stigma faced by people living with dementia. The tools and resources developed, based on scientific progress, will be shared through awareness campaigns, regional resource directories, and a community-based support program to promote healthy lifestyle habits. The research aspect of the project will first be used to document dementia in Northern and Western Francophone minority communities. As a result, this population's needs will be identified, which will enable the

Project Name	Recipient	Total Funding (\$)	Program Description
			engagement of health authorities to assess potential solutions for optimizing dementia diagnosis and treatment processes for the target groups. ⁶¹
Partnering for Dementia Friendly Communities	Health and Community Services and the Minister for Intergovernmental Affairs	716,000	<p>This project will create a more dementia-friendly province by building on the Dementia Care Action Plan. The key goals of this initiative led by government, with funding from PHAC, in partnership with the Newfoundland and Labrador Health Services and the Alzheimer Society of Newfoundland and Labrador, include:</p> <ul style="list-style-type: none"> • Increasing awareness of dementia; • Supporting stigma reduction; and • Encouraging dementia inclusive communities. <p>Eight communities will work with community engagement coordinators and local partners to create action plans that will guide their efforts to become dementia friendly. These communities represent a diverse geography, including both rural and urban communities: Clarenville, Corner Brook, Mary's Harbour, Placentia, Roddickton-Bide Arm, Springdale, Stephenville, and Twillingate.⁶²</p>
Reducing dementia-related stigma by using person-centred language to describe responsive behaviours in hospital admissions	Regional Geriatric Program of Toronto	714,350	<p>This project will develop and deliver an education and coaching program for health professionals working in acute care settings to reduce stigma linked to behaviours, language, and practices, including how patients are identified and tracked in medical records. This project will also develop guidelines to support the implementation of person-centred language in various forms of communication, such as progress notes, consultation notes, and other areas within patient charts. By reducing the use of stigmatizing language and focusing instead on the use of person-centred language, the project is hoping to improve the experience of patients who enter the health system in Toronto's Academic Health Science Network hospitals.⁶³</p>
Luci: a personalized, coach-assisted mobile application	LUCILAB INC	716,000	<p>This project will produce a national coaching app to educate at-risk Canadians aged 45 to 70 about dementia risk factors and motivate them to adopt healthy lifestyle habits with ongoing support from tele-counsellors. The app will focus on exercise, nutrition, and cognitive engagement, and be available in both official languages on smartphones, tablets, and computers.⁶⁴</p>

Project Name	Recipient	Total Funding (\$)	Program Description
Acquainting Canadian Seniors with State-of-the-Art Dementia Prevention Strategies: Up Close and Personal	Cyber Seniors: Connecting Generations	692,604	This project, focused on Ontario and New Brunswick, offers a mix of awareness-raising activities. Those activities include online training on how to prevent dementia through healthy behaviours and intergenerational discussions on how to include people living with dementia within the community. An app will be developed to facilitate access to learning modules. Participants will be able to try out the latest technologies designed to facilitate the adoption and maintenance of healthy behaviours through active learning centres where they will be shown how games and other methods can be used to boost cognitive activity and physical exercise. Devices such as steering wheels and pedallers will be used to generate input signals for game software and provide exercise opportunities for players. ⁶⁵
Stronger Together: Making Ottawa and Renfrew County Dementia Friendly	The Dementia Society of Ottawa and Renfrew County	693,296	This project enhances, evaluates and extends the existing Dementia Inclusive program within the National Capital Region and surrounding counties. It will also serve as a scalable model for elsewhere in Canada. Working with a large number of community partners, the project will create a media campaign and training that includes new content on brain health, how to reduce risk, and ways to help protect against dementia, as well as videos featuring personal stories of people living with dementia and caregivers to build awareness and reduce stigma. An interactive virtual reality component will enhance existing Dementia Friendly training and new training modules will be developed for specific sectors (i.e., paramedics, fire services, public transportation, banks and retail). The project will enhance the Dementia 613 app to help locate, promote, and rate businesses that are dementia-inclusive in the region. ⁶⁶
Open Minds, Open Hearts	The Conestoga College Institute of Technology and Advanced Learning	611,720	This project will help to combat stigma and increase dementia inclusiveness by fostering social relationships and a sense of belonging between college students, people living with dementia and caregivers. To do this, students from three colleges in British Columbia, Ontario, and Quebec, and people living with dementia within those surrounding communities will participate in a 10-week program with guided intergenerational group activities, including those focused on celebrating culture and languages, promoting physical wellbeing and encouraging creative expression. During the activities, meaningful moments and interviews between college students, people living with dementia and caregivers will be captured and used to create up to 18 docufilms that will be

Project Name	Recipient	Total Funding (\$)	Program Description
			shared publicly across local community organizations, public transportation systems, nursing, retirement homes and hospitals, high schools, and online. ⁶⁷
Developing Supportive Neighbourhood Built Environment to foster Mobility, Engagement and Social Participation among Community-dwelling Adults living with Dementia	Simon Fraser University	715,801	This project will identify features of neighbourhoods that affect the mobility of people living with dementia and develop an easy-to-use tool to assess environments supportive of people living with dementia. Guidelines for dementia-inclusive communities that can be used by the public, as well as decision makers, will also be developed. By supporting dementia-inclusive community design and providing a supportive neighbourhood environment, it is hoped that people living with dementia will be able to remain engaged in their communities, which is crucial to enhancing their quality of life. ⁶⁸
Promote practices to prevent or counter the stigmatization of seniors with dementia in their community and promote their inclusion	Centre collégial d'expertise en gérontologie du Cégep de Drummondville	378,597	This project will identify best practices for stigma reduction and dementia-inclusive communities that will be used as the basis for videos and online training to raise awareness and increase understanding about dementia among the general population and first responders in St-Jean-sur-Richelieu. Videos will be projected on screens strategically placed in St-Jean-sur-Richelieu, focused on areas where a new neighbourhood that integrates specialized dementia housing may be developed. Training programs for nurses and first responders offered by the Cégep de Drummondville, the Campus Notre-Dame-de-Foy, and Le Centre RISC would integrate the materials and knowledge gained from this project, which will help future care providers respond better to the needs of caregivers and people living with dementia. ⁶⁹

Appendix 3 – Aging and Seniors Publications⁷⁰

Publication Name	Date Published
Age-Friendly Communities	
Age-Friendly Communities: Facts, Tips and Ideas	2010
Age-Friendly Communities in Canada: Community Implementation Guide	2012
Age-Friendly Communities in Canada: Community Implementation Guide Toolbox	2012, updated in 2016
Age-Friendly Communities Evaluation Guide: Using Indicators to Measure Progress	2015
Age-Friendly Rural and Remote Communities: A Guide	2011
On the Road to Age-Friendly Communities Brochure	2010
Ageism	
Across the Generations: Respect All Ages – An Educational Toolkit	2010
Seniors Are Cool DVD	Last modified in 2021
Emergency Preparedness	
Building a Global Framework to Address the Needs and Contributions of Older People in Emergencies	2008
Healthy Aging	
Dare to Age Well!	2011
Healthy Aging in Canada: A New Vision, A Vital Investment	2006
Injury Prevention	
Bruno and Alice – A Love Story in Twelve Parts About Seniors and Safety	1999, revised in 2015
Seniors’ Falls in Canada - Infographic and Seniors’ Falls in Canada: Second Report	2014
How to Lower Your Fall Risk	2016
If You Fall or Witness a Fall, Do You Know What to Do?	2016
The Safe Living Guide: A Guide to Home Safety for Seniors	2005, revised in 2015
Stay Safe! Poster	Last modified in 2021
What to Do After a Fall	2012, modified in 2021
12 Steps to Stair Safety at Home	2004, revised in 2007, 2010, modified in 2021
Abuse	
Elder Abuse in Canada: A Gender-Based Analysis - Summary	2012

Appendix 4 – Variance Between Planned and Actual Spending

Variance Between Planned vs Actual Spending (2018-19 to 2022-23) for DCI Unit, DPU, PGO and the Director's Office

Fiscal Year	Planned Spending				Actual Spending				Variance	% Planned Budget Spent
	Salary	Gs&Cs	O&M	Total	Salary	Gs&Cs	O&M	Total		
2018-19	1,299,436	12,000,000	542,734	13,842,170	1,728,100	12,000,000	499,585	14,227,685	-385,515	103%
2019-20	2,217,930	13,400,000	495,823	16,113,753	2,592,487	11,609,022	263,345	14,464,854	1,648,859	90%
2020-21	2,644,373	10,175,000	796,352	13,615,725	3,152,581	10,729,955	533,144	14,415,680	-799,954	106%
2021-22	2,786,169	10,032,986	2,250,003	15,069,158	2,763,603	16,486,031	329,853	19,579,487	-4,510,329*	130%*
2022-23	2,826,973	26,759,962	2,871,010	32,457,945	2,981,677	22,346,076	2,393,176	27,720,929	4,737,016	85%
Total	11,774,881	72,367,948	6,955,922	91,098,751	13,218,448	73,171,084	4,019,103	90,408,635	-690,116	99%

Source: DASD and the Chief Financial Officer and Corporate Management Branch

* In 2021-22, DASD transferred \$2.2 million in O&M to Health Portfolio Shared Services for the Dementia Advertising Campaign, which was then sent to Health Canada using the Shared Service Partnership; thus this expenditures do not appear under DASD's actual spending.

Variance Between Planned vs Actual Spending (2018-19 to 2022-23) for ASU

Fiscal Year	Planned Spending				Actual Spending				Variance	% Planned Budget Spent
	Salary	Gs&Cs	O&M	Total	Salary	Gs&Cs	O&M	Total		
2018-19	1,285,680	75,000,000	144,695	76,430,375	731,576	75,125,000	93,681	75,950,257	480,118	99%
2019-20	698,394	125,000	271,400	1,094,794	966,252	547,964	36,696	1,550,912	-456,118	142%
2020-21	754,477	-	439,815	1,194,292	744,988	77,036	25,358	847,382	346,910	71%
2021-22	804,211	-	972,664	1,776,875	875,424	-	100,941	976,365	800,511	55%
2022-23	930,247	-	699,452	1,629,699	871,099	200,000	388,079	1,459,178	170,521	90%
Total	4,473,009	75,125,000	2,528,026	82,126,035	4,189,339	75,950,000	644,755	80,784,094	1,341,941	98%

Source: DASD and the Chief Financial Officer and Corporate Management Branch

Endnotes

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