Dementia-inclusive communities and the built environment: Implementation challenges and opportunities

Final Report

Prepared for the Public Health Agency of Canada

Prepared by Narrative Research
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Dementia-inclusive communities and the built environment: Implementation challenges and opportunities
Final Report

Prepared for the Public Health Agency of Canada
Supplier Name: Narrative Research
March 2025

This public opinion research report presents the results of online focus groups and in-depth interviews conducted by Narrative Research on behalf of the Public Health Agency of Canada to better understand the role of local governments in the provision of dementia-inclusive communities (DICS), focusing on the built environment, including familiarity and expertise related to DICs, along with experiences and opinions on opportunities, challenges and barriers to implementing dementia-inclusive measures, including variability across diverse communities. The research included a total of 18 online focus groups of various sizes (inclusive of two dyads and two triads) and 15 in-depth interviews conducted from February 3rd to March 20th, 2025. Good geographic coverage was achieved across Canada, except for Quebec, territories, and northern areas of the provinces where recruitment was notably lower than targeted despite repeated efforts. Various community sizes were represented, including large urban, small/medium urban, and rural areas. Across Canada, a total of 105 local government (unelected) officials took part in the study.

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Executive Summary

Narrative Research Inc.
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Background

Canada's national dementia strategy, *A Dementia Strategy for Canada: Together We Aspire*, was released in June 2019. It supports the vision of a Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood, and effectively treated.

The national strategy recognizes that creating supportive, safe, and inclusive communities across Canada for people living with dementia and caregivers is essential to maximizing their quality of life. A dementia-inclusive community is one where people living with dementia feel fully included in society, both socially and in the design of the physical environment. Dementia-inclusive communities help to reduce and eliminate barriers, including those resulting from stigma that can lead to social isolation. A dementia-inclusive community allows people living with dementia and caregivers to: optimize their health and wellbeing; live as independently as possible and remain part of their community; be understood and supported; safely navigate and access their local communities; and maintain or expand their social networks.[1]

Local governments play a key role in implementing and delivering many of the measures related to built environments that create supportive and safe dementia-inclusive communities. The Public Health Agency of Canada (PHAC) sought to learn about the views and experiences of local government officials, including regarding factors and challenges related to creating more inclusive communities for those living with dementia. This research was undertaken to build on PHAC's existing knowledge base related to dementia-inclusive communities that was developed in part through past public opinion research projects that explored attitudes, knowledge, and experiences related to DICs across Canada. The research findings will help PHAC and other organizations prioritize efforts to support the development of dementia-inclusive communities across Canada. They also support progress toward three key departmental outcomes for PHAC: enhanced physical and mental well-being among Canadians, healthier lifestyle choices, and the prevention of chronic illnesses.

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[1] Public Health Agency, National Dementia Strategy, 2019

More specifically, the research objectives, all focused on the built environment, were to:

- Understand the views, nature of experience (including lack of experience) and role of local government officials regarding dementia-inclusive communities, including those related to any existing dementia-inclusive measures, programs, and policies in their communities.
- Gather views and experiences related to successes in implementing dementia-inclusive communities, including the identification of opportunities and enablers, at the local government level.
- Identify perceived and experienced challenges and barriers to implementing dementia-inclusive communities.
- Explore measures that would be helpful in the future to support local government officials in the development and implementation of dementia-inclusive communities.
- Gauge differences related to these topics among types and locations of communities (including variability across diverse communities), as enabled by the composition of focus groups.

Definitions

The following definitions are provided to assist in understanding the terminology used in the report.

Built-Environment: The built environment refers to human-made structures and infrastructure that define the living and working spaces within a community, such as subdivisions, buildings, roads, public transit, parks and other outdoor spaces, recreational facilities, and wayfinding tools.

Dementia-Inclusive Communities: A dementia-inclusive community allows people living with dementia and caregivers to: optimize their health and wellbeing; live as independently as possible and remain part of their community; be understood and supported; safely navigate and access their local communities; and maintain or expand their social networks.[2]

Age-Friendly Communities: In an age-friendly community, the policies, services and structures related to the physical and social environment are designed to help seniors "age actively." In other words, the community is set up to help older adults live safely, enjoy good health and stay involved.[3]

Research Methodology

To achieve the research objectives, a qualitative research approach was undertaken with the fieldwork conducted from February 3rd to March 20th, 2025. While the initial research plan included 20 online focus groups, low participation rates in select regions, notably Quebec, the territories, and northern areas of the provinces, led to the final methodology which included a combination of online focus groups, dyads (e.g., small focus groups with two participants), triads (e.g., small focus groups with three participants), and in-depth interviews. Specifically, the research entailed a total of 18 online focus groups across seven

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[2] Public Health Agency, National Dementia Strategy, 2019
[3] Government of Canada, Age-Friendly Communities, 2025

regions, including British Columbia, Alberta, Prairies (SK and MB), Ontario, Atlantic Canada (NB, PE, NS, and NL), North, and Quebec, (inclusive of two triads and two dyads), and 15 in-depth interviews. The North region included the three territories and the northern areas of provinces.

The study's target audience was local government (unelected) officials involved in the built environment, who may or may not have had experience implementing dementia-inclusive and/or age-friendly measures. Types of roles of these officials included Chief Administrative Officer or Chief Building Official (for smaller communities), planners and designers (parks, transit, neighborhoods, public spaces/buildings, housing, social, etc.), officials responsible for accessibility planning, policy analysts or managers, program leads or managers with some responsibilities in the built environment, and engineers, among others. Sessions were segmented based on geographic considerations, with three types of jurisdictions represented:

- Large urban communities (population of 150,000+ and within 50km of it);
- Small or medium urban communities (population of 10,000-150,000); and
- Rural communities (population of up to 9,999 and a minimum of 50km from an urban centre).

Sessions were held in English except in Quebec, where they were all conducted in French. In New Brunswick, groups were conducted in English, with one interview conducted in French. Participation incentives were a charitable donation of $100 (for focus group participation) or $75 (for in-depth interview participation) to one of six pre-selected registered national charitable organizations. Across all sessions, a total of 130 individuals were recruited, and 105 participated, representing nearly all provinces and territories. Focus group length averaged 90 minutes, while the dyads, triads, and in-depth interviews lasted between 45 and 60 minutes.

The following table presents the breakdown of participation by audience, community size, and language.

Breakdown of Qualitative Sessions with Local Government Officials								
Audience	English						French	Total Participants
	North	BC	AB	SK/MB	ON	Atlantic	QC	
Large urban communities	n/a	7	4	4	7	7	2	**31**
Small or medium urban communities	4	9	6	3	9	7*	2	**40**
Rural communities	4	4	4	7	5	6	4	**34**
TOTAL PARTICIPANTS	8	20	14	14	21	20	8	105

One interview in New Brunswick was conducted in French.

All participants were recruited per the specifications of the Government of Canada. Recruitment was conducted using a publicly available commercial sample and referrals. An introduction email was sent, with follow-up calls to confirm participants' eligibility and invite them to take part in the research. The success of the recruitment process varied across regions, with recruitment of local government officials from the territories, northern areas of the provinces, and Quebec proving more difficult due to difficulty reaching potential participants and/or higher refusal rates.

All focus group participants had access to either a computer or tablet with high-speed internet and were equipped with a webcam to take part in the session.

This report presents the study findings. Caution must be exercised when interpreting the results, as qualitative research is exploratory and cannot infer incidence. Results cannot be attributed to the overall population under study.

Political Neutrality Certification

I hereby certify as a Representative of Narrative Research that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Directive on the Management of Communications. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed

Margaret Brigley, CEO & Partner | Narrative Research
Date: March 27, 2025

Key Findings

The following provides key highlights from the research:

Perspectives and Experiences Related to Dementia-Inclusive Communities

Many local government officials were unfamiliar with the concept of dementia-inclusive communities, even those experienced with universal or age-friendly design. While they recognized the importance of inclusive design, few have specifically considered dementia-inclusive measures in their planning for projects focused on the built environment, though many have unknowingly implemented these measures. That said, many of the participating communities who have worked on accessibility measures reported they tend to focus on accommodating physical disabilities (such as mobility and visual impairment) while unintentionally overlooking cognitive impairment, including dementia. Some suggested that the needs of people living with dementia are addressed through broader accessibility measures for older adults.

Given that many participants are aware of and work with the concept of universal design, findings suggest that to elicit interest and gain traction, it may be fruitful to include dementia-inclusive community considerations as an extension of universal design guidance rather than a separate focus. As may be expected, local governments with provincial accessibility legislation are more likely to have plans for addressing general accessibility and inclusivity in their community's built environment and to have incorporated inclusivity measures in their built environment.

Factors Supporting Implementation of Dementia-Inclusive Measures

Despite generally low levels of awareness regarding the concept of dementia-inclusive communities, local government officials identified nine key factors they believed would contribute to the successful implementation of dementia-inclusive measures in the built environment, namely: awareness; local knowledge and expertise; community engagement; funding; political leadership; policies and legislative requirements; best practices from other jurisdictions; intersectoral and intergovernmental collaboration; and alignment with existing frameworks.

Awareness of the specific needs of people living with dementia was seen as foundational, with participants emphasizing the need for elected officials, local government staff, and local developers to understand how to integrate dementia-inclusive measures effectively. Community engagement, particularly from advocacy groups and community members, was also deemed crucial to gain political support and influence community priorities. Also key to the ability to implement dementia-inclusive measures is for local government officials to access specific knowledge and expertise in the area of dementia-inclusive measures and to guide their efforts, either through education or guidance from stakeholders with knowledge of dementia.

Another critical component mentioned was access to funding, particularly in resource-limited rural and remote areas, where financial constraints often dictate priorities. At the same time, political leadership was seen as essential to ensure that dementia-inclusive measures are prioritized, and having clear policies or legislative requirements would provide direction and accountability. Local governments also value having access to lessons from the implementation of dementia-inclusive community measures in similar communities to inform their own efforts, especially when resources are limited. Such information was considered an important factor for guiding implementation and being able to reference successful outcomes is helpful to secure support for adopting such measures.

In rural and northern communities where infrastructure is often owned and managed by different levels of government, intergovernmental collaboration was seen as vital to the successful and efficient implementation of dementia-inclusive measures in the built environment. Regardless of the community's size or location, an important factor in implementing dementia-inclusive measures is choosing those that align with universal design principles. This ensures they better integrate with the community's existing accessibility goals and plans, as well as meet the needs of a large proportion of the population. Similarly, incorporating dementia-inclusive measures into existing plans and routine construction or retrofit projects was considered a more practical solution than developing separate strategies or measures, as it enhances the likelihood of securing political support and appropriate funding.

Challenges and Barriers to Making the Built Environment Dementia-Inclusive

There were six areas identified as proving most challenging for local governments when implementing dementia-inclusive measures in the built environment, including: limited awareness or understanding; competing or conflicting priorities; a lack of mandatory requirements; funding and resource/staffing limitations; infrastructure limitations; and a lack of local government authority over certain aspects of the built environment within the community that are owned or managed by other levels of governments.

The greatest challenge across locations is the lack of awareness about dementia, with local government officials noting a general misunderstanding of its impacts, unclear relevance in certain communities, and unfamiliarity with dementia-inclusive measures. Competing priorities, such as broader community needs and conflicting interests related to accessibility, also present another significant barrier. The absence of mandatory requirements, such as through building codes, standards, policies, or legislation as they relate to dementia-inclusive measures also hinders progress, as changes are less likely to occur without regulatory mandates.

Additional Considerations for Implementing Dementia-Inclusive Measures

The capacity to implement dementia-inclusive measures varies by community size and location. Participants from smaller rural communities noted struggles with limited resources, expertise, and infrastructure, along with benefits from strong community ties and flexible decision-making. Those in urban areas face challenges such as multiple organizational teams with conflicting priorities, rapid construction, and a lack of clear dementia-inclusive guidelines, but have more resources and greater potential to impact a larger number of community members. Northern and remote communities are hindered by geographic isolation and lack of infrastructure, making dementia-inclusive measures harder to implement in those communities and more expensive, especially where the expertise or resources are not available in the community and would need to be brought in temporarily.

Knowledge Resources and Support

Local governments often pointed to a lack of awareness of external resources for dementia-inclusive community measures, relying instead on internal training or knowledge, and the advice of people with lived experience. External resources like the Alzheimer Society and the Rick Hansen Foundation were frequently identified and seen as offering valuable general accessibility information, although there was uncertainty about whether these were specific to dementia-inclusive communities. Participants also mentioned that education provided by other levels of government (federal, provincial/territorial) would help to create a system that supports local governments in knowledge regarding what is required to make a community dementia-inclusive. They showed interest in the Dementia-Inclusive Planning and Design Guidelines[4] created by Happy Cities in collaboration with the DemSCAPE project. The guidelines were first published in 2023 with the title, Dementia inclusive Planning and Design Guidelines. Happy Cities and DemSCAPE updated the document and published a second edition in 2025, with an expanded focus on age- and dementia-inclusive neighbourhoods. A summary of the 2023 Guidelines was shared with participants and briefly discussed during the sessions. Participants noted it would be helpful to have more tailored guidelines for rural areas, planning advice at the community level, examples and case studies of dementia-inclusive measures that had been implemented, and information about enhancing sensory experiences in the built environment.

In light of the limited resources currently available, there was an expressed need for increased education, training, and networking opportunities for local government staff, along with access to community demographic data about people living with dementia to inform planning decisions related to universal

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[4] Happy Cities and DemSCAPE, Age and dementia inclusive neighbourhoods – Planning and design guidelines, 2025

accessibility broadly, and dementia-inclusiveness more specifically. Participants suggested categorizing dementia-inclusive community measures by ease of implementation to align with their limited resources and to build awareness and support based on these "quick wins". Additionally, officials called for more private-public partnerships and greater financial and human resources to implement these measures in the built environment, along with aligning them with existing accessibility standards to ensure effective implementation. In fact, it was believed that demonstrating how dementia-inclusive measures can benefit a broader portion of the population could help gain support from both policymakers and the community.

Future Opportunities

Looking to the future, local government officials emphasized the need to raise awareness and educate communities about the needs of people living with dementia as the first step in creating dementia-inclusive communities. They highlighted the importance of educating elected officials, local employees, and the public on dementia-inclusive community measures. They also recommended integrating these measures into existing accessibility frameworks and collaborating with professional organizations and educational institutions in incorporating dementia-inclusive design to support local governments in their efforts.

In terms of their own communities, many suggested that their top priorities are to integrate dementia-specific guidelines into existing policies and revise accessibility legislation to include dementia-inclusive community planning. Priorities for specific measures in the built environment included improving wayfinding, public transit, and walkability, as well as developing consistent signage and creating safe pathways.

Introduction

Context

Canada's first national dementia strategy, *A Dementia Strategy for Canada: Together We Aspire*, was released in June 2019. It supports the vision of a Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood, and effectively treated.

The national strategy recognizes that creating supportive, safe, and inclusive communities across Canada for people living with dementia and caregivers is essential to maximizing their quality of life. A dementia-inclusive community is one where people living with dementia feel fully included in society, both socially and in the design of the physical environment. Dementia-inclusive communities help to reduce and eliminate barriers, including those resulting from stigma that can lead to social isolation. A dementia-inclusive community allows people living with dementia and caregivers to: optimize their health and wellbeing; live as independently as possible and remain part of their community; be understood and supported; safely navigate and access their local communities; and maintain or expand their social networks.

Four main components can be identified in developing dementia-inclusive communities:

1. Education and awareness
2. Built environment
3. Programs and services
4. Support for people living with dementia and dementia family/friend caregivers

While all four are important, this research focused exclusively on the built environment, which refers to human-made structures and infrastructure that define the living and working spaces within a community, such as subdivisions, buildings, roads, public transit, parks and other outdoor spaces, recreational facilities, and wayfinding tools such as signage, among other things. Specifically, dementia-inclusive community planning can help support essential aspects of healthy living and wellbeing, including mobility, physical activity, social connection, independence, a sense of belonging, and access to transit, shops, and services.[5]

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[5] Happy Cities and DemSCAPE, Age and dementia inclusive neighbourhoods – Planning and design guidelines, 2025

Objectives

Local governments play a key role in implementing and delivering many of the measures related to built environments that create supportive and safe dementia-inclusive communities. The Public Health Agency of Canada (PHAC) sought to learn about the views and experiences of local government officials, including regarding factors and challenges related to creating more inclusive communities for those living with dementia. This research was undertaken to build on PHAC's existing knowledge base related to dementia-inclusive communities.

Specific research objectives included, all focused on the built environment:

- Understand the views, nature of experience (including lack of experience) and role of local government officials regarding dementia-inclusive communities, including those related to any existing dementia-inclusive measures, programs, and policies in their communities.

- Gather views and experiences related to successes in implementing dementia-inclusive communities, including the identification of opportunities and enablers, at the local government level.

- Identify perceived and experienced challenges and barriers to implementing dementia-inclusive communities.

- Explore measures that would be helpful in the future to support local government officials in the development and implementation of dementia-inclusive communities.

- Gauge differences related to these topics among types and locations of communities (including variability across diverse communities), as enabled by the composition of focus groups.

This report presents the research findings. It includes a description of the methodology used and the detailed findings of the online focus groups, dyads, triads, and in-depth interview discussions. The working documents are appended to the report, including the recruitment screener (Appendix A), the background document shared with participants in advance of the session (Appendix B), and the moderator's guide (Appendix C).

Research Methodology

Target Populations for Participants

The target audience for this research project included local government (unelected) officials whose role includes planning, designing, and/or implementing elements of the built environment. Positions being considered included, among others, Chief Administrative Officer or Chief Building Official, or similar leadership role (for smaller municipalities only), planners and designers (parks, transit, neighborhoods, public spaces/buildings, housing, social, etc.), officials responsible for accessibility planning, policy analysts/managers, and program leads/managers with a role in the built environment, and engineers. Across sessions, participants represented a range of experiences implementing dementia-inclusive measures, including communities that have not yet done so. Participants also had various experience levels with age-friendly communities. Local governments for communities of various sizes and locations were included in the study.

Research Approach

Although the research approach initially included 20 online focus groups of various sizes, low participation after recruitment and difficulty recruiting some of the participants resulted in a revised methodology. Specifically, a total of 18 online focus groups of various sizes, (inclusive of two triads (i.e., small groups with three participants) and two dyads (i.e., small groups with two participants)), and 15 in-depth interviews were conducted.

In total, 130 individuals were recruited to take part, while 105 participated. More specifically, participation totalled 31 local government officials representing large urban areas, 40 participants representing small or medium-sized urban areas, and 34 who represented rural areas. Across all sessions, 21 participants reported some level of dementia-inclusive experience in the community where they work, while 62 had implemented age-friendly community measures.

All sessions were conducted from February 3rd to March 20th, 2025. Focus groups each lasted 90 minutes, while the dyads, triads, and in-depth interviews were each between 45 and 60 minutes in length.

In appreciation for their time, a charitable donation of $100 (focus groups/dyads/triads) or $75 (in-depth interviews) was made to participants' charitable organization of choice among a pre-determined list of six registered national organizations.

All discussions were held in English except in Quebec, where the sessions were conducted in French (one interview in New Brunswick was conducted in French). For the focus groups, all participants had access to a computer, tablet, or smartphone equipped with a webcam and access to high-speed internet.

The following table provides an overview of participation by audience, segment, location, and language.

Breakdown of Qualitative Sessions with Local Government Officials								
Audience	English						French	Total
	North	BC	AB	SK/MB	ON	Atlantic	QC	Participants
Large urban communities	n/a	7	4	4	7	7	2	31
Small or medium urban communities	4	9	6	3	9	7*	2	40
Rural communities	4	4	4	7	5	6	4	34
TOTAL PARTICIPANTS	8	20	14	14	21	20	8	105

One interview in New Brunswick was conducted in French.

Community sizes were defined as follows:

- large Urban: population of at least 150,000 or more, and within 50km of it;
- small/Medium Urban: population between 10,000 and 149,999;
- rural: population of less than 10,000 and a minimum of 50km from an urban centre.

All participants were recruited per the specifications of the Government of Canada. Recruitment was conducted using publicly available commercial samples and referrals. An introduction email was sent, with follow-up calls to confirm participants' eligibility and invite them to take part in the research. The success of the recruitment process varied across regions, with successful recruitment being lower in the territories, northern areas of the provinces, and Quebec due to difficulties in reaching potential participants and/or higher rates of refusal.

Two moderators were involved in this project to accommodate the timeline and language requirements. Sessions were recorded for analysis purposes. An online chat function was also made available for group participants to use in addition to the verbal discussion, or as desired, and the inputs were considered in the analysis of findings.

Distribution of Participants

Participants represented 98 local governments across the country, with all provinces and territories represented, except Prince Edward Island and the Northwest Territories. Overall, the research achieved good representation across different community sizes and regions. As shown in the following tables participation from local governments involved in dementia-inclusive and/or age-friendly initiatives was also strong.

The following tables provide a breakdown of the number of participants by community size, dementia-inclusive or age-friendly experience, and regions.

Community Size	# of Participants
Small/Medium Urban	40
Large Urban	31
Rural	34
Total	105

Audience	# of Participants
Dementia-inclusive and age-friendly experience	21
Age-friendly experience only	62
No dementia-inclusive or age-friendly experience	22
Total	105

Region	# of Participants
North (territories and northern areas of provinces)	8
British Columbia	20
Alberta	14
Prairies (Saskatchewan, Manitoba)	14
Ontario	21
Atlantic	20
Quebec	8
Total	105

Context of Qualitative Research

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits, and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions, and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for a more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research to develop insight and direction, rather than to collect quantitatively precise data or absolute measures. As such, results are exploratory and cannot infer causation.

Research Findings

This report presents findings from discussions with local government officials across Canada.

Perspectives and Experiences Related to Dementia-Inclusive Communities

Most local government officials, including those experienced in universal accessibility or age-friendly initiatives, are generally unfamiliar with the specific concept of a dementia-inclusive community, and while some dementia-inclusive measures are indirectly addressed within broader accessibility efforts, the focus on dementia-specific needs remains limited and varies significantly across jurisdictions depending on local legislation and advisory structures.

Familiarity with the Concept of a Dementia-Inclusive Community

Most local government officials acknowledge the importance of inclusive design in the built environment, though the level of attention and resources dedicated to enhancing accessibility varies. Few have actively considered accessibility and the built environment from a dementia-inclusive perspective, and only a few reported having a specific dementia-inclusive plan in place. While many local government officials have implemented dementia-inclusive measures, they have typically done so without recognizing them as such, instead viewing them as part of a broader universal design or accessibility approach.

> *« J'avoue que ce n'est pas un concept avec lequel je suis super familier. Ce n'est pas quelque chose qui influence nos décisions. On suit le code du bâtiment, les réglementations, les législations provinciales. » (I confess it's not a concept I'm super familiar with. It's not something that influences our decisions. We follow building codes, regulations, provincial legislation.) – Quebec, Small/Medium Urban Participant*

In northern and smaller rural communities, the concept of dementia-inclusive communities was largely unfamiliar, and many had not yet developed formal plans to address broader accessibility and inclusion needs, whether in the built environment, programs and services, or community supports.

Overall, local government officials believed that consideration for dementia-inclusive community measures would be welcomed, as long as there is a clear understanding of the evident need and of the corresponding benefit that the investment would provide, along with alignment with regulated provincial plans or strategies. While officials were often unfamiliar with dementia-inclusive measures related to the built environment, a few indicated that their local government had already considered the needs of people living with dementia as part of service delivery and programming.

Degree of Focus Placed on Dementia-Inclusive Measures

While universal design is the preferred approach to meeting the needs of as many community members

as possible, many of the participants have considered or implemented age-friendly measures following accessibility legislation or municipal directives. It is worth noting, however, that the concept of age-friendliness is more commonly associated by many participants in various locations with a broad age range, from very young to very old, thus better aligning with the principles of universality. There is also a perception that some of the needs of people living with dementia are likely being addressed when applying accessible design for older adults.

> *"There's really no emphasis [on dementia]; we do have an age-friendly plan and there's a lot of work for that. We are looking at public benches and signage in the community right now. It's not been the frameworks towards that [dementia-inclusive communities], so there are elements that are dementia friendly, but it all falls in the context of the age-friendly plan." – Ontario, Large Urban Participant*

> *« Quand je suis arrivé, on était déjà inscrits comme collectivité amie des aînés. Donc on a fait beaucoup de travail pour accueillir ces personne-là. Mais pour la démence, pas spécifiquement. » (When I joined [the local government], we were already registered as an age-friendly community. So we did a lot of work to welcome these people. But not specifically for dementia.) – Quebec, Rural Participant*

Findings suggest there is a greater focus among local governments on accommodating physical disability (notably mobility and visual impairments), regarding the built environment (e.g., improved signage, adding park benches, improved building accessibility) than cognitive impairment.

> *"Based on my work, dementia-inclusive hasn't been something that's talked about very much. There's been more of a focus on physical disabilities. With invisible disabilities the onus is put on the individual and it puts them in a vulnerable position." – Atlantic, Large Urban Participant*

Variability Across Jurisdiction

Across the country, there is notable variability in terms of requirements related to accessibility that directly influence actions undertaken by local governments.

Federal legislation (*The Accessible Canada Act)* was enacted in 2019 with a focus on identifying, removing, and preventing accessibility barriers in federal jurisdictions. Most Canadian provinces have also enacted accessibility legislation, including Quebec (1978), Ontario (2005), British Columbia (2012), Manitoba (2013), Nova Scotia (2017), Newfoundland and Labrador (2021), Saskatchewan (2023), and New Brunswick (2024). In these jurisdictions, legislation mandates the creation of provincial accessibility standards and typically requires public sector bodies within a provincial jurisdiction (including municipalities) to establish an accessibility advisory committee and an accessibility plan. Alberta and Prince Edward Island are the only provinces that do not have provincial accessibility legislation in place, although Alberta has embedded accessibility considerations into its *National Building Code- 2023 Alberta*

Edition (NBC(Æ)), specifically section 3.8.[6] This section outlines the technical requirements for accessibility in design for both new and existing buildings, including additions, changes, and changes in use. The Alberta Safety Codes Council also provides an Accessibility Design Guide to help interpret and understand these requirements. No territories have introduced accessibility legislation. Accordingly, the level of local government commitment and the extent of action taken seem to be directly influenced by the requirements within their jurisdiction.

Generally, findings suggest that local governments with provincial mandates are more likely to have plans for addressing accessibility and inclusiveness. Many of these governments have established formal strategies that incorporate accessibility and age-friendly measures in their built environment projects. Further, local governments with formal advisory groups or accessibility committees demonstrated greater engagement with the community on the topic. Across discussions, local governments in central Canada appear to have fewer provincial accessibility requirements than communities in western and eastern regions.

Factors Supporting Implementation of Dementia-Inclusive Measures

Awareness of dementia and dementia-inclusive community planning is crucial for implementing related measures in the built environment that contribute to more dementia-inclusive communities. Key factors also include local knowledge/expertise, community engagement, funding, political leadership, policies/legislative requirements, guidance/success stories, intersectoral and intergovernmental collaboration, along with integration and alignment with accessibility strategies.

Participating local government officials, regardless of their level of familiarity with dementia-inclusive communities, were asked what factors they believe would contribute to success in implementing measures to make a community more inclusive for people living with dementia. Findings consistently highlighted that their expectations that the successful implementation of dementia-inclusive measures in the built environment would be impacted by nine key supporting factors including: awareness; local knowledge/expertise; community engagement; funding; political leadership; policies/legislative requirements; guidance/success stories (best practices from other jurisdictions); intersectoral and intergovernmental collaboration; and integration and alignment with accessibility strategies. Each of these supporting factors is discussed below.

1. Awareness

Across geographic locations and level of experience with implementing dementia-inclusive measures, participants emphasized the importance of awareness and understanding of the specific needs of people living with dementia. This was often seen as foundational and the most critical component in implementing dementia-inclusive measures in the built environment. In most locations, understanding the prevalence of dementia within the community was seen as important to establish the relevance of future considerations. This includes understanding why dementia-inclusive measures are necessary, their

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[6] Government of Canada, National Building Code – 2023 Alberta Edition

impact on people's lives, and the outcomes for individuals living with dementia and the community as a whole.

> *"Awareness is key, highlight the percentage of people who have a disability and convert it to the actual population of the city. This gives council a better understanding of how many people in the population [dementia-inclusive measures will] impact." – Ontario, Large Urban Participant*

> *"How prevalent is this issue? It's not something we've discussed. It would be important to understand how many people in our community are impacted by dementia." – Prairies (SK/MB), Rural Participant*

The need for awareness and understanding was identified across various audiences. More specifically, it was felt that **elected officials** (including council members) need a good understanding of how dementia-inclusive measures will meet a local need and ultimately benefit the community. **Local government staff**, inclusive of planners and engineers, must be informed about the needs of people living with dementia to provide context on how to address those needs in the built environment. This understanding is essential for maximizing opportunities when integrating measures into related initiatives to improve accessibility or during the planning and implementation of larger built environment projects. Having **local developers, architects, or contractors** familiar with how to address the needs of people living with dementia in the built environment was also seen as critical to support the implementation of dementia-inclusive measures. Finally, having **community members** understand the need for dementia-inclusive measures and how it will benefit their community is essential to gaining overall support.

> *« Ce que je constate, c'est qu'ils doivent comprendre pourquoi ils réalisent quelque chose en regard de l'accessibilité; le sens du projet ou de l'action qu'on leur demande. Parce que sinon c'est difficile de mettre en place quelque chose parce qu'ils ne comprennent pas la nécessité pour certaines personnes dans la société. » (What I've noticed is that [elected officials and municipal employees] need to understand why they're doing something in terms of accessibility; the meaning of the project or action they're being asked to carry out. Because otherwise it's difficult to implement something because they don't understand the need for certain people in society.) – Quebec, Large Urban Participant*

> *"I don't understand how a person with dementia functions in the built environment. Offering solutions before having that understanding is what is difficult for me." – Ontario, Rural Participant*

> *"I think it comes down to education, getting in front of the people who will make the decisions. There's a couple of things: get in front of the policy makers (our councils), the people who get to set the agenda, and get in front of the architects and engineers and get this into their education streams." – Prairies (SK/MB), Small/Medium Urban Participant*

« Ce sont les élus qui décident donc ils doivent pouvoir véhiculer l'information à la population. Combien ça va couter? Qui ça va aider et comment? Combien de personnes vont être aidées? Est-ce que ça vaut la peine d'investir et d'absorber les coûts? » (It's the elected representatives who decide, so they have to be able to pass on the information to the public. How much will it cost? Who will it help and how? How many people will be helped? Is it worth investing and absorbing the costs?) – Quebec, Small/Medium Urban Participant

"We need to hear it from our community. It helps if the local community is advocating for these things. If there is more public awareness, people will advocate for it, and there will be more awareness from our builders as well." – Ontario, Small/Medium Urban Participant

Participants acknowledged that education and awareness would need to be continual, given the regular turnover of elected officials and local government staff. Such awareness should be influenced by first voice (lived experience), to ensure **experiences of people living with dementia** are heard directly and appreciated. It was suggested that people with lived experience be involved in an advisory capacity to help officials understand the needs of people living with dementia, as well as engage them in providing suggested accommodations in the built environment and assessing the effectiveness of the measures that are implemented.

"Continuing advocacy and education because of the shift in personnel and members of council and sometimes there's a very short institutional memory." – BC, Large Urban Participant

"Planners should do actual site visits and bring someone along who actually lives that experience. We need to look at it through the lens of someone with dementia." – Alberta, Large Urban Participant

2. Knowledge/Expertise

Findings suggest that many local governments, particularly those in smaller rural or northern communities, require in-depth expertise to guide the development and implementation of dementia-inclusive measures. For remote jurisdictions, the need to bring in external expertise for the design and implementation of measures in the built environment (e.g., contractors) can have a significant financial impact. The lack of in-house expertise in general was attributed in part to the absence of active not-for-profit organizations advocating for the issue or a lack of local government knowledge about dementia-inclusive measures. Many smaller local governments indicated they wear 'multiple hats' in assuming various local government responsibilities and do not have professional engineering staff in-house to guide planning and logistical considerations.

"I'm a generalist, not an engineer. [We] need to understand what are best practices and what gives the most benefit for the most needs in our community. We would need

expertise that has both familiarity and the ability to execute it. I don't have an in-house engineer. I don't have that kind of expertise in a community my size." – Alberta, Rural Participant

"I think a way to start is to have somebody/some organization highlight it (for example, best practices that have been used around the world) to our council. To meet with people, such as myself, and our parks and facilities managers." – Prairies (SK/MB), Small/Medium Urban Participant

A few local government representatives reported that their decisions related to accessibility are in part informed by an advisory committee made up of representatives from elected officials, staff, community members, and nonprofit or expert organizations representing accessibility. These kinds of consultative committees provide ongoing support, counsel, and expertise when considering change.

3. Community Engagement

Community buy-in or active engagement was also recognized as a key support to implementation, particularly in creating or raising awareness of the need for and benefits of implementing dementia-inclusive measures. While this was not considered as essential as some other supports to improving the built environment, it was often seen as significantly influencing political decisions and directing community priorities by demonstrating a need for dementia-inclusive measures locally.

" I think that if we're going to be promoting change or certain considerations in the built environment, it's a bit of a change management process if it's something that's not well established. I think many people will understand that dementia and other chronic diseases, neurological chronic diseases, are obviously growing with the aging population; this is something that I think most people understand. But there's a bit of a disconnect in the considerations that are required in the community and at the planning level to make [the built environment] more inclusive for [people living with] dementia. So, I think that it is definitely important to include the community for buy-in." – Ontario, Large Urban Participant

Active community involvement was seen as primarily source-driven, occurring when non-governmental organizations, community groups, or individuals with lived experience (and their caregivers) advocate to the government to address their needs. Without a demonstrated need in the community and advocacy groups pushing for action, the implementation of dementia-inclusive measures was considered unlikely by most participants.

"Change has to be driven by a need. The community needs to tell us that this is something that needs to happen." – Alberta, Rural Participant

Another key support noted by participants in implementing dementia-inclusive measures was direct engagement with the community. Sharing a local government's vision, strategies, and plans related to

accessibility or inclusion with its partners and community members was seen as contributing to a greater likelihood of success in being able to implement such measures.

4. Funding

Across locations, government representatives concurred that funding is a key factor in the implementation of dementia-inclusive measures. Due to fiscal constraints, limited financial resources, and budget sensitivities, financial considerations often dictate the prioritization of measures. Access to targeted or purpose-specific funding is a key factor in determining whether an action can be considered and prioritized, especially in more remote or rural areas where the tax base is lower.

> *"Having targeted funding is key in supporting success. We chase down funding pots...so if there's targeted funding to go along with initiatives that create communities that are more dementia-inclusive, that is a driver." – NWT, Northern Community Participant*

> *"We're a small community that cannot adopt everything. We rely on external funding quite a bit. If there are grants or something available, then we can 100% look at it. To pitch to council and say we need funds to make these changes, that might be difficult. But if we go in with funding support, that changes things." – Alberta, Rural Participant*

5. Political Leadership

The support of political (elected) leadership was also viewed as critical to ensure that the implementation of dementia-inclusive measures is prioritized. Given that most local governments face limited resources and competing priorities, having the support of the local council will help drive progress. Most participants believed that without political support and prioritization, the adoption of specific dementia-inclusive measures (beyond those aligned with general accessibility and age-friendly measures) would be unlikely. Aligning actions with the current government's priorities was also considered a key factor for successful implementation.

> *"We need a mandate from our council in order to make requirements of the development community. It's more challenging when we have to get the buy-in and support from the overall development community." – BC, Large Urban Participant*

> *"Political will and strong leadership are both necessary if you want to see movement." - Ontario, Large Urban Participant*

> *« Sur le conseil municipal, il y a une conseillère qui est sur le comité des aînés et elle travaille avec des demandes de nos concitoyens et elle organise nos organismes communautaires dans cette optique de répondre aux besoins. Chaque conseiller a une tâche spécifique donné selon l'intérêt ou la connaissance. » (On the municipal council, there's a councillor who's on the seniors' committee, and she works with requests from citizens and organizes our community organizations with a view to meeting their needs.*

Each councillor has a specific task depending on interest or knowledge.) – Quebec, Rural Participant

6. Policies/Legislation Requirements

Although there is no specific legislation mandating dementia-inclusive community measures related to the built environment, some local government officials believed that having a formal plan or strategy focused on this topic would likely provide clear direction and ensure accountability, particularly if it aligns with a broader accessibility strategy. However, to effectively drive change, they also felt that any plan or strategy should be linked to and aligned with regulations, building codes and/or policy requirements. Officials argued that clear regulatory requirements eliminate ambiguity and compel action, emphasizing that what is mandated is typically what gets done.

> *"One of the reasons you see mobility challenges considered both in your building code and infrastructure is because it's in the code. I can't put up a new building right now unless I make sure I accommodate those mobility challenges because that's the code. I literally cannot get a permit if I don't [accommodate]. If it's a requirement, that influences whether an action is taken. We know mobility issues and accommodation so well here because it's codified." – Alberta, Rural Participant*

7. Guidance/Success Stories

Given their limited resources, local government officials also consider the availability of clear guidelines, best in class examples, lessons from other communities' efforts, and information on simple and low-cost measures that are easily implemented as fundamental supports enabling the implementation of dementia-inclusive measures. These resources are also seen as helpful in demonstrating to elected officials the benefits of dementia-inclusive measures. Officials are looking for examples of implemented measures in other communities that can be easily adapted to their community, particularly in communities of similar size and scope..

> *"The other thing that would help us is when we're updating our policies, if there is draft language around best practices that's easy for local governments to embed into the policies we're working on. Those sorts of documents always help us." – BC, Small/Medium Urban Participant*

> *"In our community, there isn't a lot of new development – we are adjusting what is already in place…Show me examples of initiatives that worked in communities like mine." – NWT, Northern Community Participant*

> *"Clear guidelines like what is it that is needed and how can we implement it. What is it that we need to do? A list that is easy to implement….Understanding what is more important and what is not. What are short-term, medium and long-term actions that the departments or municipalities can implement." – Alberta, Northern Community Participant*

« Je suis un professionnel mais je ne sais pas nécessairement quels sont les meilleurs aménagements pour assister les personnes atteintes de démence. C'est pour ça que je parle du besoin de directives. Si je n'ai pas d'expertise, je ne peux pas véhiculer l'information aux citoyens et aux élus. » (I'm a professional, but I don't necessarily know what the best accommodations are for assisting people with dementia. That's why I talk about the need for guidelines. If I don't have the expertise, I can't convey the information to citizens and elected officials.) – Quebec, Small/Medium Urban Participant

8. Intersectoral/Intergovernmental Collaboration

In many communities, notably rural and northern communities, local government officials frequently noted that collaboration between different levels of government or neighbouring communities would be essential to effectively implement some dementia-inclusive measures. Collaboration is needed when the local government has no authority on some aspects of the built environment in the community (e.g., provincial roads, railways, bridges).

Further to collaborative work, enhanced educational support between various levels of government would be instrumental in influencing change.

"… A little more engagement from [Public Health] towards our legislatures in their provincial government, that's really what gets trickled down to the municipalities to support. So maybe we need a better system of the federal government educating the provincial government as to why this is required." – Atlantic, Large Urban Participant

9. Opportunities for Integration and Alignment

As mentioned, local governments generally favour a focus on universal accessibility, aiming to enhance the built environment to meet the needs of the majority of community members. As such, focusing on dementia-inclusive measures that align with universal accessibility would make their implementation easier. It was also believed that integrating accessibility measures during routine infrastructure maintenance, upgrades, or scheduled improvement projects would make it easier to implement these changes, as the necessary work was already in progress.

To support implementation, it was considered more realistic to integrate dementia-inclusive measures or focus areas into existing accessibility plans, rather than develop a standalone dementia-inclusive community strategy. This is especially important when a community's accessibility/inclusion initiatives are driven by provincial legislative or policy requirements, rather than only demonstrated needs. Further, adopting a universal accessibility approach allows a focus on the intersectionality of different community needs, which was considered especially supportive of change. As such, it was believed that incorporating dementia-inclusive measures in provincial accessibility legislation would provide stronger direction than exclusively relying on each local government to develop a needs-based strategy.

"…Maybe the value isn't in having a whole separate thing that we need to then cross-reference and make sure that we're not duplicating or counteracting anything. Have cohesive sources that kind of try to capture all of those different idiosyncrasies." – BC, Small/Medium Urban Participant

Local government officials in smaller or rural areas valued the development and availability of relevant guidelines, as it would eliminate the need for local governments to create their own standards. This was particularly important given the limited resources and expertise in these smaller communities.

"I think when we are doing things within an area that has more policy guidance to it, then we're going to have a bit more of that control to actually enforce better built design in public and private realm… It's making sure when those policies are written that these concepts get brought to the forefront in that drafting process… maybe it's about finding ways to embed [inclusive designs] into the guiding documents to ensure that it is done as a requirement rather than trying to just encourage the designers." – Atlantic, Large Urban Participant

"If we don't have a plan, then it is not top of mind. If I don't have to address it, it doesn't get addressed. If it needs to be focused on, then the strategy needs to be there." – Ontario, Rural Participant

"Dementia-inclusive communities are well built communities, it's hard to get council concessions around niche users. Are we going to develop a strategy that only impacts that community? We need to broaden it out and say we're working towards the public interest of a wider audience than just a niche user/community." – Ontario, Rural Participant

Challenges and Barriers to Making the Built Environment Dementia-Inclusive

Key challenges and barriers for local government officials to make the built environment in the community where they work more inclusive of people living with dementia and to implement dementia-inclusive measures include a lack of awareness and understanding of dementia, limited expertise in dementia-inclusive community design, competing priorities, the absence of mandatory requirements, limited resources, infrastructure constraints, and a lack of control or ownership over the built environment.

Local government officials identified a wide range of challenges and barriers that they have experienced or anticipate would exist to making the built environment in the community where they work more inclusive of people living with dementia. Many of these challenges mirror the absence of the success factors outlined in the previous section, underscoring the importance of those considerations. The following describes each of the main challenges raised by participants.

1. Lack of Knowledge/Awareness of Dementia

Across geographic locations, the challenge in making the built environment dementia-inclusive that is most commonly identified by participants is an overall lack of awareness about dementia among elected officials, local government staff, contractors in the built environment, and community members. This lack of awareness was tied to three distinct themes:

a. **A lack of understanding of dementia broadly, and its potential impacts on a community.** Many local government officials were uncertain about the specific needs of people living with dementia. There is also a lack of knowledge regarding the benefits of dementia-inclusive measures in addressing the needs of this population and their broader impact on the community. The difficulty in fully understanding the needs of people living with dementia stems from the condition's complexity and the way it evolves at different stages.

   "Dementia is complex. If I tell you that I'm a paraplegic, I have narrowed the accommodation that needs to be considered, but if I tell you I need accommodation because of dementia – what does that mean?... Am I particularly agitated or angry, or do I find myself lost if not accompanied?...This is a complicated question. How that manifests in the built environment is challenging. The built environment will not interact with every individual [living with dementia] the same." – Alberta, Rural Participant

b. **A perceived lack of relevance of dementia in their community.** Overall, local governments often lack reliable demographic data to effectively profile their populations, particularly when it comes to the prevalence of dementia. In many communities, officials questioned how widespread dementia is in their jurisdiction and whether implementing dementia-inclusive measures was relevant or necessary, especially in areas with younger populations. Understanding the scale of the situation was considered crucial for determining the priority of addressing it.

   "This is sad that this is a reality, but what are the numbers like? Is this actually affecting the population? We need the stats. [If it's a problem] when we throw the numbers at elected officials or decision makers we get action." – Alberta, Northern Community Participant

   Some participants reported that dementia-inclusive communities hold greater perceived relevance in communities with an older population. By contrast, in rural communities and in some northern communities, the lack of an urban core, limited community spaces, and an expansive landscape made some question the feasibility of implementing dementia-inclusive measures related to built environments, thus highlighting the need to better understand the relevance of dementia-inclusive measures across community types.

   "Being a northern community might impact the ability to make change. We are very big municipality with many rural areas and smaller settlements that are isolated or farther

away from centres. There are no services there. With the lack of services, I cannot even imagine how it would be living with dementia in one of these rural communities and what type of services that they're actually getting. How many times did they have to travel to Fort McMurray or Edmonton to just get something? It's definitely a challenge that there is a lack of services." – Alberta, Northern Community Participant

c. **A lack of familiarity with the concept of a dementia-inclusive community**. There is a clear lack of knowledge about the benefits of dementia-inclusive measures related to the built environment in addressing the needs of this population and their broader impact on the community. Most local government officials reported being unfamiliar with the concept of dementia-inclusive communities and were unaware of how to incorporate dementia-inclusive measures or what the best practices would be.

"Awareness is a huge challenge. I've been here a long time, and this term [dementia-inclusive communities] was brand new to me until two weeks ago [when you reached out]. We are doing an entire main street revitalization right now, where we're having all the sidewalks, roads, signage, benches, street lighting and the whole thing redesigned. At no point in that exercise did we talk about anything like this. We went to external consulting engineers to guide this. No one in industry or government ever brought this up." – Alberta, Rural Participant

"I think the education piece is super important because even if there's funding then who's to say that it would be the priority and making sure that people are educated on that." – Prairies (SK/MB), Large Urban

It was noted that this lack of understanding is often compounded by underlying ableism and ageism that exist in some settings. Local government staff and contractors they work with may unconsciously prioritize the needs of the broader, more able-bodied population when planning and designing the built environment. This bias can lead to environments that inadvertently exclude or marginalize those living with dementia and other cognitive or physical impairments. Rather than adopting a universal design approach or tailoring solutions to meet the specific needs of vulnerable segments, there is a tendency to default to what works for what may be considered the "average" person.

2. Limited Expertise

Another limiting factor is the lack of expertise with respect to dementia-inclusive communities, either within local governments or with the contractors they work with on measures related to the built environment.

"We don't have experts in our community that are really focused on these kinds of groups… often you have to do the research and become the expert on that yourself, so

having a pool of experts to pull from that's reasonable and accessible would be helpful."
– BC, Rural Participant

With limited staff resources, local government officials underscored that the lack of guidance and direction on how to successfully implement dementia-inclusive measures can be a barrier to taking action.

3. Competing or Conflicting Priorities

With many competing priorities, local government officials struggle to meet all of their community's ongoing needs given available resources. Across locations, local government officials highlighted that competing or conflicting priorities pose a significant barrier to implementing dementia-inclusive measures. These conflicts include **broader community priorities** as well as competing interests related **specifically to accessibility and inclusiveness.**

It was felt that dementia-inclusive measures must be considered within the broader context of the community's major issues and its capacity to address them. For example, one local government official explained that adding public benches or seating may face resistance from the local business community, as the local government is focusing on addressing homelessness, and public seating could be used by unhoused individuals as shelter. In other cases, resource allocation is prioritized based on the community's most urgent needs, such as affordable housing or addiction, before less urgent issues like dementia-inclusiveness can be addressed.

> *"If we go through the hierarchy of what's happening in our community, it [supporting a dementia-inclusive community] falls pretty low. We're dealing with addiction and homelessness and family violence and all of these other things. So there's a lot of things that come to the community government that they need to place a higher priority on." – NWT, Northern Community Participant*

> *"Municipalities have so many plans that they're trying to work into an overarching larger plan of what actually happens in the end… It really comes down to competing priorities and trying to find all the commonalities between each of these plans that are achievable as opposed to putting an extreme focus on one or the other because that leads to very hot water [that gets you into hot water]." – Atlantic, Large Urban Participant*

When considering accessibility or inclusivity measures specifically, local government officials mentioned that an overlap between dementia-inclusive concepts and existing accessibility or age-friendly measures can create challenges, as implementing one set of initiatives may unintentionally conflict with or overlook the needs of other groups. For example, signage that is large, bold, high contrast, and that uses simple language may be used as an effective age-friendly measure, but unintentionally cause issues with overstimulation for people living with dementia. Many mentioned that while specific accessibility plans or age-friendly community elements are being considered, broader implementation strategies are needed to ensure that changes benefit a greater portion of the population.

"Sometimes there's competing priorities. Sometimes, elements of dementia-inclusive communities can be a little bit contradictory to more traditional elements of accessibility. So I think there's that need to balance the accessibility elements with that dementia-inclusive lens so that you're not actually working counter to another population or group in trying to do good work for everyone." – BC, Large Urban Participant

"When you try and be all things to all people [special interest groups], you risk being nothing to anyone…You have to change all the [separate] inclusive community initiatives to anything that many of our community struggles with. Is it reasonable that we have robust (and separate) plans for everything? It's ideal – but is it really reasonable?" – Alberta, Rural Participant

"The dementia-inclusive community may have things that are in competition with say the visually impaired community so the way we treat it now is we have a lot of different people that come to us with different ideas… We're trying to balance all the factors so putting a finer point on a certain group can sometimes negatively impact a different group and trying to come up with a hierarchy of needs." – Atlantic, Large Urban Participant

"There is a lot of overlap, or interlinked themes with accessibility or age-friendly, or inclusion in general. …We need to talk about general guidelines that would include more people….just combine everything to make a better space for everybody. Rather than focussing on the needs of specific audiences or groups, show how broader initiatives can reflect the needs of those groups but still the broader population." – Alberta, Northern Community Participant

For a few, proposed changes related to dementia-inclusive communities may conflict with other practices or policies currently in place, as well as expressed community preferences. For example, transportation policies can sometimes clash with accessibility goals by prioritizing vehicle traffic, resisting speed reduction or accommodating the sharing of pathways with e-bikes to the detriment of the needs of people living with dementia. Similarly, raised crossings can prove problematic for snow clearing equipment. In some rural communities, especially those reliant on tourism, the local population may be resistant to dementia-inclusive changes to the built environment if they alter or compromise natural landscapes or features attractive to tourists.

"Someone mentioned raised crossings earlier and municipal departments see that as difficult to plow and damaging to the equipment. They come up with reasons to push back."
– Alberta, Large Urban Participant

4. Lack of Mandatory Requirements

In a landscape where local governments are typically elected every four years and resources are limited, larger and longer-term projects in the built environment where accessibility could be improved are sometimes not given priority unless mandatory, such as when required through legislation. Legislative requirements are considered essential to drive change in smaller jurisdictions, where limited staffing

often forces local governments to prioritize daily operations and urgent issues over longer-term community planning. Indeed, across regions, local government officials generally agreed that if dementia-inclusive requirements related to the built environment are not mandated, change will likely not happen or may not happen quickly. Building codes are established to maintain a specific standard, and, typically, additional measures beyond the standard are not pursued or adopted.

"The building code is a challenge. I don't think the building code goes very detailed on parks and sidewalks, but for buildings it's very specific. The building code is a regulation. Municipalities cannot impose a higher standard. There're just going to do the minimum standard." – Alberta, Northern Community Participant

"When we don't have a policy, things get implemented maybe 20%, 30%, and then it's dropped because something else is happening, like the local government is constantly moving; you have constant fires to fight… So it's very challenging to be in these constant actions with the different attentions to different issue…And we are not really changing anything. So the change needs to [come] from above and then … come down with specific actions and changes that will happen over time." – Alberta, Northern Community Participant

The goal of implementing measures to make a community more dementia-inclusive was generally welcomed by participants, as long as these measures fell within the existing regulatory framework. Similarly, unless mandated by law, it was felt that developers would likely not be prepared to invest in additional dementia-inclusive considerations that are not required if they would incur additional expense and/or time.

5. Funding/Resource Limitations

Both staff and financial resources were considered a key barrier by many participants. With tight budgets, the cost of accessibility measures presents a significant barrier to the implementation of any new initiatives, including those related to dementia-inclusive communities.

« Tout est une question d'argent et au final donc je dois savoir quels sont les coûts et les impacts des aménagements pour que le conseil puisse prendre la décision si ça vaut la peine ou non de faire ces aménagements. » (It's all a question of money, so in the end I need to know what the costs and impacts of the developments are so that the council can decide whether or not it's worth doing them.) – Quebec, Small/Medium Urban Participant

"Accessing funding takes a lot of work, especially for smaller places with grant applications. The easier it is to access the funding, the more likely it is to happen. Council always asks, can we get grant funding?" – Alberta, Rural Participant

Having the staff resources (in both number and expertise) to plan and implement dementia-inclusive community measures is also challenging. Finally, some participants highlighted the potential challenge of

having separate strategies to address the built environment needs for each condition (e.g., dementia, aging, autism, etc.) when resources are limited and there is not enough time to give each the attention it requires.

6. Infrastructure Limitations

Many local government officials, especially in rural or remote communities, have few or no new developments in progress or planned that could provide an immediate opportunity to implement dementia-inclusive measures in the built environment. For these communities, retrofitting existing buildings or infrastructure would be necessary to make them more dementia-inclusive, which can present significant challenges due to the cost and complexity of retrofitting larger or older infrastructures compared to constructing new buildings.

> *"In the urban area it's based on a grid which tackles the navigation point, making it easier to build wayfinding in that, but some of our newer neighbourhoods it would be really challenging to change that and go backwards and create that neighbourhood that allows for some of those elements." – Prairies (SK/MB), Large Urban Participant*

> *« Les municipalités on n'a pas des parcs partout, on n'a pas des espaces publics partout. Ici on a beaucoup de secteurs résidentiels et pas beaucoup de parcs donc de centrer ces infrastructures dans les centres-villes, dans les centres urbains où on retrouve beaucoup plus de gens, ça fait plus de sens. » (Municipalities don't have parks everywhere; we don't have public spaces everywhere. Here we have a lot of residential areas and not a lot of parks, so it makes more sense to center these infrastructures in downtown areas, in urban centres where there are a lot more people.) – Quebec, Small/Medium Urban Participant*

Beyond infrastructure limitations, asset management plans may create challenges for the implementation of dementia-inclusive measures if they do not account for the specific monitoring and maintenance needs of these features within the built environment. Additionally, there is a perception among a few local government officials that adapting existing asset management plans to accommodate dementia-inclusive features is too complex or cost-prohibitive, which can further hinder their integration into long-term planning. For example, wider sidewalks may be constructed to improve accessibility, but if they do not match the size of existing snow removal equipment, this can lead to additional costs for new equipment or increased time needed for snow clearing.

7. Lack of Control/Ownership of Built Environment by Local Governments

As mentioned earlier, in some communities, responsibilities for various types of infrastructure can be held by different levels of government (e.g., roads may be under provincial jurisdiction, and sidewalks under municipal). Not having control or ownership of all aspects of the built environment presents a real challenge when considering changes, as it would require joint endeavours, and a shared priority or commitment.

"We work with [the provincial] transportation [department] because they are essentially the owners of the right of way and it's a bit of a challenge to get our priorities up front based on the black and white guidelines they follow." – Prairies (SK/MB), Large Urban Participant

"We do face challenges too with things being taken out of our hands and much like you mentioned that some of the streets and communities are controlled by the province… it's quite common on large scale infrastructure projects." – Atlantic, Rural Participant

Additional Considerations for Implementing Dementia-Inclusive Community Measures

Several additional considerations were identified as impacting the ability of local government officials to put in place dementia-inclusive community measures related to the built environment, ranging from factors associated with community size, and location, to variability across Canadian jurisdictions.

Community-Specific Factors

In some communities, unique local factors were seen by participants as either supporting the implementation of dementia-inclusive measures or making it more difficult for local government officials to carry out these projects. The following provides a few examples of community-specific enablers and barriers deemed relevant by participants to their specific community:

Enablers:

- Representatives of a few smaller communities mentioned that elected officials were very engaged in matters related to accessibility, which positively influenced the local government's culture and facilitated the implementation of accessibility or dementia-inclusive measures.

- In some rural or small communities with an aging/older population, there was a belief that community members were more supportive of investing in accessible infrastructure, recognizing the benefits for the community.

Barriers:

- Local government officials from a few rural communities mentioned that their village or town was divided by a provincial highway or railway, creating a barrier that hindered access to services on either side. Additionally, the local government's lack of jurisdiction over the highway or railway hindered its ability to implement safe and accessible crossings. In one case, this issue was felt to be problematic as assisted living facilities were located on one side of the railway, while community services were situated on the opposite side. In this situation, ongoing negotiations have been underway for several years to obtain approval to install a walkway underneath the railway, thus causing delays and increased costs to implement this accessibility measure.

- The weather was mentioned by several local governments as limiting their ability to provide quick and widespread accessibility in some instances. For example, it may take time to clear streets and sidewalks following a major snowstorm, or it may be difficult to properly clear sidewalks after freezing rain events. For one community in the Prairies, strong winds and tornadoes can affect the power grid, thus requiring long-term residential facilities to install onsite generators. Weather also impacts some local governments' ability to implement changes to support accessibility, particularly if infrastructure changes do not accommodate existing snowfall removal equipment. In addition, in more northern locations, longer winters shortened the available building season.

- Specific landscape features, such as hills, rocky grounds or waterways, can limit accessibility and hinder the implementation of dementia-inclusive measures.

- Additionally, in communities with large grid systems, the expansive geographic layout can further restrict their implementation.

- Small municipalities or counties that do not own much of their local infrastructure are faced with difficulties in engaging private-sector developers or other levels of government in improving accessibility to meet the needs of people living with dementia. For example, one community mentioned having few public spaces or parklands that are community-owned, thus placing the onus on private developers to ensure that project-specific public spaces that are privately-owned are accessible.

- One large urban community switched its public transit to on-demand service, moving away from traditional access to transit via pre-determined stops. It was felt that this approach may be more problematic for people living with dementia.

Considerations Based on Community Size, and Location

Beyond community-specific considerations, participants were asked to comment more broadly on factors specific to a community's size, location, and other unique considerations.

Rural/Smaller Communities

Representatives from smaller rural communities highlighted that limited resources and in-house expertise impact their ability to implement dementia-inclusive community measures related to the built environment. Specifically, a smaller tax base, fewer staff, and the need for staff to be generalists rather than specialists are limiting factors.

> *"…My training is in planning which makes me very much a generalist. It would be great to have someone where that's their whole world that they could work on but that's a constraint in a small town… it's really hard to get those really forward-looking almost ahead-of-the-time plans for your municipality." – BC, Rural Participant*

In some rural areas a lack of new development based on the population size/lack of growth is another key consideration that limits the ability to improve the community's inclusive planning. At the same time, there is limited access to sub-contractors in rural areas, making costs sometimes higher.

On the other hand, less structured governments in smaller communities offer more flexibility in decision-making compared to governments in larger communities where multiple teams are involved and where there is a greater divide in responsibilities and competing priorities. Another perceived advantage of smaller communities is that community members are more likely to have strong community ties and know each other, thus making it easier to gain community support.

> *"A lot of people in my town have family ties here, they would be able to understand the need even though they, themselves, don't need it. Whereas those in big cities don't have that kind of connection with their community." – Alberta, Rural Participant*

As mentioned previously, the ownership of infrastructure in rural areas often crosses levels of government, which adds complexity when implementing dementia-inclusive measures. For example, accessibility measures related to highways, bridges, and railways often require support from other levels of government. Similarly, middle-tier governments noted that managing vast areas that blend rural and urban environments, where responsibilities are shared with local and provincial governments, requires improved collaboration across all levels of government to make changes to elements of the built environment, such as roads and sidewalks. While some felt that community members' service expectations are similar regardless of the community size, others believed that some of the accessibility measures expected in an urban area (e.g., sidewalks) do not make sense in a rural setting.

> *"We're a neighbourhood of three big cities around us but we have all of the same service delivery expectations. That's at the centre of any talk of different or expanded service delivery." – Atlantic, Rural Participant*

> *"I think that sometimes there's space for some of these recommendations, and especially in rural areas, some of these components and infrastructure might not make sense. Like [participant] said, does it make sense to have wide sidewalks in the middle of nowhere? Leading to nowhere? I would like strategies and dementia-inclusive accessibility factors that apply to different areas. Like grouped by downtown and subdivision or rural and urban." – Atlantic, Small/Medium Urban Participant*

Rural communities near larger urban centers face a challenge due to their reliance on these nearby areas for essential services like healthcare and food. This dependence underscores the need for public transportation, but smaller local governments often lack the funds to provide effective transportation. Additionally, limited public spaces and infrastructure in some communities further hinder their ability to make the community more accessible.

> *"We don't have anywhere for people to go, we have a community of houses but no stores, gas stations, etc. and without services available it is really hard to implement more infrastructure." – Alberta, Rural Participant*

<u>Urban Communities</u>

Some of the challenges mentioned were unique to urban areas, often with larger populations. Specifically, the involvement of multiple groups or divisions within a local urban government in decisions related to the built environment can hinder the implementation of dementia-inclusive measures, especially if each team's priorities for a retrofit or new project differ.

Other factors that may impact a local urban government's ability to implement dementia-inclusive measures include the rapid pace of change and construction, which can create confusion and navigation difficulties for people living with dementia due to disruption in their familiar environment. This challenge is further compounded by the lack of clear guidelines for dementia-inclusive community planning. Additionally, some residential neighborhoods in urban and suburban areas are built in ways that limit walkability, making it challenging to introduce dementia-inclusive measures.

> *"Rate of change is huge with all of the construction and the landmarks are constantly changing… we need to create dementia-informed construction guidelines because it's an issue for folks in the community from a general accessibility perspective." – BC, Large Urban Participant*

> *"We're in this era of building these comprehensive neighbourhoods that are huge in comparison to a 1950s' neighbourhood. I think the size of the new neighborhoods can impede that true community aspect or help build that community piece [needed to make the community dementia-inclusive]." – Prairies (SK/MB), Large Urban Participant*

Additionally, participants observed that some larger communities struggle to implement measures when councillors have a limited understanding of the broader population's needs and are primarily focused on the specific concerns of their own constituents. Councillors may lack access to a lived experience perspective that fully reflects the needs of all community members. In some urban areas, a low sense of community attachment can further complicate efforts to gain support for new initiatives, such as dementia-inclusive measures.

That said, local governments overseeing an urban community are viewed as having access to more resources, both in terms of expertise and funding. Additionally, the higher population density in urban areas means that more people rely on public infrastructure, so accessibility measures can benefit a larger number of community members.

> *"It's a little easier in an urban environment, where the population density is just so much higher. In terms of municipal infrastructure, it is easier to have an impact when the*

[geographic] scale is smaller and you're working in tighter areas." – Ontario, Large
Urban Participant

<u>Northern or Remote Communities</u>

The geographic location of communities, particularly in northern areas, also impacts a local government's ability to implement dementia-inclusive measures. Smaller, rural communities are often isolated and lack adequate public transit or infrastructure, making it difficult to create a built environment that meets the needs of individuals with dementia where they live, or provide easy access to community services. Harsh winter climates further complicate this, as many community members spend six to seven months indoors during the winter months.

> *"We don't have connectivity to a town. We don't have a transit system. We don't have anywhere for people to go. Without any services available it is really hard to implement changes… We are starting from further behind and that changes the priorities of making things more accessible or inclusive."* – Alberta, Northern Community Participant

Balancing design and functionality was also considered key in northern communities where upgrades to existing infrastructure could prove challenging, particularly given that there is limited new infrastructure development. Another challenge to improving the built environment in northern communities is the lack of local expertise and resources. As a result, implementing accessibility measures often becomes more expensive, since contractors and materials usually need to be brought in from larger centres.

Knowledge Resources and Support

Despite the recognized need for knowledge resources and support, there is limited awareness among local government officials of what is available to help them design and implement dementia-inclusive community measures related to the built environment. Education and resources are the most requested forms of support to assist in this process.

Knowledge Resources

Local government officials were generally unaware of external knowledge resources related to dementia-inclusive measures and related accessibility guidance, beyond the training provided by their own organizations. However, a few exceptions noted included the Alzheimer Society (ALZeducate), provincial health authorities, Canadian National Institute for the Blind (CNIB), people with lived experience, Wellbeing NL, the DemSCAPE project (for those involved in its development), and Accessibility NL. Many also identified the Rick Hansen Foundation (RHF) as a trusted source of information and education on accessibility, such as the RHF Accessibility Certification, which was seen as being relevant to dementia-specific measures. Additionally, some mentioned having accessibility committees that included representatives focused on the needs of older adults and individuals living with dementia. Most officials relied on citizens with lived experience or organizations knowledgeable about dementia to guide their decisions.

"The Alzheimer Society of Canada has a page on dementia-friendly communities, and I would refer to those sorts of things. Alzheimer Canada also funds a lot of research with people that will talk about the built environment and there may be resources there that would be helpful to people." – Ontario, Small/Medium Urban Participant

"I know that the Alzheimer Society has a lot of education pieces you can find on their website. There is also ALZEDU, an education platform they have where you can learn about Alzheimer and dementia." – Ontario, Rural Participant

"[We're] big on consultation with the community and getting that lived experience so not specific to dementia but we have the accessibility advisory committee. We have what's called a disability reference group that consults on parks and recreation and cultural services projects." – Prairies (SK/MB) Large Urban Participant

« Ça prend des spécialistes en aménagement, mais le comité [consultatif] le fait d'avoir quelqu'un qui nous parle de son expérience est important. Ils peuvent nous parler par exemple de la démence ou des besoins de ces personnes-là. Moi, je trouve que ça aide. Le comité il n'est pas composé d'employés de la ville. Ce sont des organismes spécialisés. » (It takes design specialists, but on the [advisory] committee, having someone talk to us about their experience is important. They can talk to us, for example, about dementia or the needs of these people. I find that helps. The committee isn't made up of city employees. They're specialized organizations.) – Quebec, Large Urban Participant

Available Guidance

Prior to the discussions, participants were provided with a summary of the *Dementia-Inclusive Planning and Design Guidelines*[7] created by Happy Cities in partnership with the DemSCAPE project team (see Appendix B). The guidelines were first published in 2023 with the title, *Dementia inclusive Planning and Design Guidelines*. Happy Cities and DemSCAPE updated the document and published a second edition in 2025, with an expanded focus on age- and dementia-inclusive neighbourhoods. The summary of the 2023 document provided to participants (see Appendix B) outlined examples of guidelines on how the built environment in neighbourhoods can better support people living with dementia. During the focus groups and interviews, participants were asked for their top-of-mind reactions to the summary based on a quick review.

The *Dementia-Inclusive Planning and Design Guidelines* were unfamiliar to nearly all local government officials, except those involved in its development; however, the summary presented to all participants generated significant interest. Information in the summary was found to be useful, well-organized, and provided easily actionable examples of dementia-inclusive measures. Further, there was a general perception that these guidelines were reflective of good urban design and made sense intuitively. A few participants appreciated being informed about the policies that influence the implementation of these

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[7] Happy Cities and DemSCAPE, [Age and dementia inclusive neighbourhoods – Planning and design guidelines](#), 2025

measures, as it gave them concrete examples of how to incorporate dementia-inclusive planning and design into their overall planning process.

> *"It looks fun to read, it looks very interactive which I appreciate and maybe that's done on purpose to align with dementia-friendly principles. It's very graphic with a lot of defining characteristics within it." – BC, Rural Participant*

> *"I thought it was informative. I think I know more about this than I thought; there is a lot of intersectionality between what I do or what our organization is doing and this document." – Ontario, Large Urban Participant*

> *"I love that with most of these [guidelines] you can pull little pieces that once implemented it does make a difference because we are on such a small scale here." – BC, Rural Participant*

> *"It's cool to see the different scales and different levels of how these could be implemented to make communities more dementia inclusive. It's cool to think about it in relation to scale." – Alberta, Rural Participant*

The document was also seen as another tool that can be used to support choices or decisions related to implementing accessibility measures within the built environment.

> *"I would like to share this with planning and developing staff when we update our by-laws. It can certainly be relevant. There is a lot of information that can be considered." – Atlantic, Small/Medium Urban Participant*

While the summary received positive feedback overall, several rural government officials expressed a need for additional guidelines that address the unique challenges of rural and remote communities. Some felt the guidelines described in the summary document were not fully relevant to their specific needs and available resources. Recognizing the limited public infrastructure and transportation options in rural areas would be helpful, as would providing examples of low-cost, effective measures.

Based on a review of the summary document made available to participants, one urban government official also suggested that the guidelines incorporate planning at the community level, in addition to neighborhood, street, and detailed design scale. This was considered crucial for larger communities, where it is important to implement accessibility measures equitably across different neighborhoods and sectors. It was also suggested that it would be helpful for the guidelines to cover construction specifically, to ensure there is clear information that can be used during construction projects.

Finally, after reviewing the summary of the guidelines, a few expressed a desire for the provision of more details on how to implement the recommended measures, including the resources needed and steps involved.

"It's a good starting spot, it's good to pass on. Getting into examples would be helpful and referencing built projects would be nice. There is a lot of the high-level stuff included; it is too vague." – Prairies (SK/MB), Small/Medium Urban Participant

Based on the review of the summary provided, a few government officials felt that the guidelines focused too much on accommodating physical and visible disabilities and would be improved by incorporating more measures to enhance the sensory experience and overall comfort of the built environment.

Desired Supports for Local Government Officials

Local government officials were asked to identify the types of support most needed to help them implement dementia-inclusive community measures in their built environment. The suggestions focused mainly on gaining access to resources that would enhance knowledge about dementia and related measures including on the prevalence of dementia in their communities; as well as guidelines, best practices, and networking opportunities with other local governments; increased financial and human resources; and updated legislation. Not surprisingly, many of these suggestions would address the awareness and knowledge needs identified earlier in the report. The following offers a more detailed explanation of each of these topics.

<u>Education/Guidelines</u>

Participants identified an interest in additional education and training opportunities related to dementia, the needs of people living with dementia, and dementia-inclusive communities/measures to support implementation in their communities. In addition to accessing guidelines on implementing corresponding measures in the built environment, there was expressed interest in advice tailored to community size, limited resources, and the Canadian climate.

"Everyone is just focused on day-to-day and this is an extra project that you have to research. We should have guidelines on dementia-inclusive communities that we can reference so people don't have to start from scratch." – Atlantic, Rural Participant

Raising awareness about the need for and benefits of implementing dementia-inclusive measures was considered important. However, it was also emphasized that framing these measures within a broader context by showing how they benefit a wide segment of the population, is equally essential. The goal is to help the public understand that dementia-inclusive measures have broad appeal and can positively impact many people.

"We need messaging and raising awareness that [dementia-inclusive measures] are helpful not only to those with dementia but to everyone." – Alberta, Large Urban Participant

"There's still a need for greater momentum, even around age-friendly or inclusive communities and that's more of a larger movement than this dementia-inclusive

approach right now. Is there a way to leverage the age-equitable focus to incorporate the dementia-inclusive elements or does it need to be separate? If a municipality had to choose between what they were going to do they might prioritize age equitable work and not the dementia inclusive elements." – BC, Large Urban Participant

Categorizing measures by ease of implementation could encourage local governments to start with simpler, "quick win" measures before tackling more complex projects. By listing measures based on their level of complexity—ranging from easy-to-implement, low-resource options to more resource-intensive ones—local governments could use the successful implementation of simpler measures to engage officials, staff, and the community in supporting larger, more resource-heavy initiatives.

"It's exciting for us to see the small wins snowballing into big wins. It really feeds on itself and then it helps with a public eye and political buy in as well." – Alberta, Large Urban Participant

"It doesn't have to be this massive undertaking. What are the quick wins and affordable wins? Have a standard guide to use for those basics on what would be easy to implement." – BC, Small/Medium Urban Participant

Similarly, it was believed that presenting a list of measures specific to retrofitting the built environment separately from those that apply to new construction would help direct the action of communities based on their built environment and would establish greater relevance to more remote and northern communities where new builds are limited.

A variety of groups were identified as needing training opportunities, including local government officials (e.g. planners, architects, designers, engineers, etc.), community members/the public, council members, private developers, and others. Incorporating education about dementia-inclusive measures into professional development opportunities (e.g. conferences, webinars) and education programs for a variety of relevant professions was identified as a priority. When considering educational opportunities for local government officials, a wide range of specific conferences or outreach initiatives were suggested, including those for regional service commissions, the Local Government Management Association of British Columbia's CAO conference, planner conferences, or regional municipality associations.

"Towns like mine, we belong to a group of 30 municipalities that jointly employ planners. So we belong to a regional planning commission. They're always involved in any long-term planning documents, any rezoning, any subdivisions, and so on. They provide great resources for us when it comes to looking down the road at long-term planning." – Alberta, Rural Participant

Enhancing public education and awareness regarding dementia and the specific needs of people living with dementia was considered important to gain community support. Additionally, a few individuals suggested that collaboration with organizations and/or individuals specialized in dementia could help support the education of local government officials.

"Someone from CNIB came to talk to a room full of planners about the importance of planning for those with a particular disability. I am curious to know if there's a way to get out there a dementia-focused organization so that type of discussion can be facilitated." – Alberta, Large Urban

"There should be a group that represents all different disabilities and that's what's missing here. Having one group coordinating to make sure all the voices are in the room. Dementia information in Alberta is scarce. The province is not really interested in accessibility compared to other provinces." – Alberta, Large Urban

Local government officials emphasized the importance of raising awareness about the specific needs of people living with dementia and providing context for implementing dementia-inclusive measures. It was suggested that this could be achieved through public education initiatives targeting community members, workshops with elected officials or staff, incorporating lived experiences from the public, or drawing on expertise from non-profit organizations. Some local governments also organize activities where elected officials and/or staff experience the built environment from the perspective of someone with a disability.

"Education and more promotion, this is the first time I've seen dementia highlighted as a component of the age-friendly plan. Bringing to light what elements are related to making a dementia-inclusive community would be very helpful. I mean funding is always great, but pieces of development are important (tactile strips, contrasting colors, straightforward signage, uniform signage, standardized approach)." – Ontario, Rural Participant

Best Practices/Networking

In addition to access to guidelines, many government officials expressed a desire to learn about examples of similar communities implementing dementia-inclusive measures, including the costs of the measures implemented, what worked well, where challenges were experienced, and enablers and strategies used to address those challenges. Access to best practices from comparable communities was seen as both informative and inspiring, as well as useful in setting realistic priorities.

"We need examples of success stories. Who's doing it? Where is this being done? Where is this being done well? What are they doing? It doesn't come down from our senior managers or from our CAO so they're clearly not hearing about it either." – Alberta, Rural Participant

"There are a lot of gaps right now in bylaws, policies and procedures....we need to start filling some of the gaps so we are doing a bylaw and policy review and actually working through these. We need to bring forward at least a policy on accessibility so that this is the standard we can set. ...When I'm presenting new information or proposing solutions to fill some of the gaps, I look for what's best practice across the country, but I need to look for similar sized communities....The scaling of the example is very different from what I'd be looking at for our community." – NWT, Rural Participant

At the same time, many local government officials mentioned the value of networking with their peers who have experience implementing dementia-inclusive measures, thus gaining insight and support to assist with their initiatives. As such, they would like to see more networking opportunities being offered on this topic.

> *"We can borrow from each other; we can be our own 'best resources' as well if we have successes." – Alberta, Large Urban Participant*

A local government official expressed a desire for more private-public partnership pilot projects that would offer learning opportunities throughout the planning, implementation, and outcome assessment stages.

> *"We need more pilot-type projects. Often, we partner with universities on projects, increasing equity in the way we balance our budget. Opportunities for piloting specific measures and getting measurable outcomes and testing is required." – Ontario, Small/Medium Urban Participant*

Demographic Data

Regardless of community size, the need for demographic data that provides insights on the prevalence of dementia is an important consideration, including how to support community members, plan for future demographics of respondents (aging), the need to address foundational infrastructure for the aging population, the cost of new developments, and receiving buy-in and follow-through from community businesses.

> *"We don't have demographic data…there's nothing in addition to the census numbers that gives us any insight into who is living in our communities and how we can support them." – Prairies (SK/MB), Large Urban Participant*

Financial/Human Resources

The need for additional financial and human resources was frequently emphasized, particularly targeted funding for developing and implementing dementia-inclusive measures, financial support to compensate private-sector developers for the additional cost of implementing dementia-inclusive measures, and access to staff with expertise in dementia-inclusive urban design. One local government official also highlighted the importance of financial assistance for planning activities, in addition to funding for infrastructure development.

> *"We are definitely easily swayed when there is a funding program… that gives us access to funding to do some analysis of community completeness." – BC, Large Urban Participant*

Legislation

Given the lack of legislation specific to requiring implementation of dementia-inclusive communities and

the need for a stronger directive to drive action, local government officials believed that aligning or integrating dementia-inclusive measures with existing accessibility requirements would make it easier to implement change, as mentioned earlier. It was suggested that mandating or incorporating dementia-inclusive measures into existing legislation, standards, and building codes would be an effective way to increase the number of dementia-inclusive communities.

> *"The Accessible Canada Act is working on their standards for the built environment. I don't know if anything has been included [about dementia] but it is something to be watching for." – Ontario, Small/Medium Urban Participant*

> *"We don't have an accessibility act in Alberta. We have nothing to provide developers something to adhere to, no codes or acts." – Alberta, Large Urban Participant*

> *« Ça commence par la législation dans les municipalités. Par les plans d'urbanismes. Il faut encourager les municipalités à s'engager dans des politiques comme celles-là, toujours en appui à toutes ces interventions. » (It starts with municipal legislation. It starts with urban plans. We need to encourage municipalities to commit to policies like these, always in support of all these interventions.) – Quebec, Rural Participant*

Future Opportunities

Future opportunities identified by participants to support local government officials and enhance the dementia inclusiveness of the built environment mainly involve increased education, stronger policies, improved wayfinding, and more accessible public transportation.

Participants were invited to reflect on the future and offer their views on key priorities for improving dementia inclusiveness in the built environment within their own community, as well as the most significant opportunities for Canadian communities more broadly.

Participant Reflections on Their Own Communities

Given the lack of awareness and knowledge about the needs of people living with dementia and considerations related to the built environment, most local government officials believed that the first step to improving the dementia inclusiveness of their community is through increased education and by creating a plan or integrating dementia-inclusive guidelines into their existing policies.

> *"For us, it is going to be having guidelines imported into official plans and policy. That is the key aspect we would need to see anything change." – Ontario, Small/Medium Urban Participant*

A few participants also mentioned that learning more about the prevalence of dementia within the community would be the first step in planning accommodations for the built environment. They believed that understanding the current population profile and future projections would be helpful.

Several local government officials believed that the greatest opportunity lies in approaching the development of dementia-inclusive communities from a broader perspective, by identifying points of overlap with existing age-friendly and accessibility initiatives.

In terms of specific action areas, only a few identified examples, such as wayfinding and public transit, as priorities specific to their community. Individual participants also mentioned:

- Creating an accessible service hub for community members, including people living with dementia, with active transportation.
- Assessing the community's walkability and implementing necessary improvements.
- Creating safe pathways from senior living areas to downtown.
- Developing consistent signage throughout the community.
- Establishing dementia-inclusive guidelines/standards for new development.
- Improving outdoor spaces for people living with dementia.
- Improving sidewalks/increasing the number of sidewalks.

Local Government Officials' Recommendations to Improve Dementia Inclusiveness in Communities

As previously mentioned, the most commonly cited opportunity to help communities across Canada create more dementia-inclusive built environments was to raise awareness of elected officials, local government employees, and community members regarding the needs of people living with dementia, the value of dementia-inclusive measures, and how to incorporate dementia-inclusive measures in the current framework. A few government officials also recommended holding public consultations and engaging the community to gain political support for these changes

> *"Consider outreach and education not just to local municipal governments but to industry partners and those who are doing the design. Bring this up with architecture firms and at conferences with construction firms because we need them to be on board and understanding and have the education and awareness as well." – BC, Small/Medium Urban Participant*

> *"It circles back to education. People will buy into what they understand. If they aren't aware that dementia planning is a thing, they aren't going to understand why there is a need for it." – Alberta, Large Urban Participant*

> *"I think that dementia-friendly plans for communities can be incorporated into the age-friendly plan or the accessibility plan. Doing all of those things in silos does not make sense to me. If you have a mobility issue related to age, or cognitive issues, you can't look at those things separately. Municipalities are already overburdened with plans, and you can look at diversity and inclusion as well as accessibility together. If you have*

awareness about the people you want to include, it is the same process, and municipalities might be tired of having to make another plan for another group with inclusion needs." – Ontario, Small/Medium Urban Participant

Providing access to a collection of documents, guidelines, best practices, and resources was often cited as one way to support local government officials across Canada. Suggestions were also made to work with post-secondary institutions and professional associations to relay information on dementia-inclusive community planning.

"Getting in front of our associations and getting into their publications helps. This kind of outreach is important." – Prairies (SK/MB), Small/Medium Urban Participant

Other suggestions of where the focus should be placed include planning retirement communities or neighbourhoods that offer appropriate housing options and easy access to services specific to the needs of people living with dementia.

Conclusions

The following provides broad conclusions from the summary of research findings.

- *Most local government officials, including those experienced in universal accessibility or age-friendly initiatives, are generally unfamiliar with the specific concept of a dementia-inclusive community, and while some dementia-inclusive measures are indirectly addressed within broader accessibility efforts, the focus on dementia-specific needs remains limited and varies significantly across jurisdictions depending on local legislation and advisory structures.*

  Most government officials recognized the importance of inclusive design in the built environment, but few have knowingly/intentionally considered dementia-inclusive measures. Many have implemented measures that support people living with dementia, but typically within the broader framework of universal design or accessibility, without labeling them as dementia-specific. While universal design is preferred as it is seen to address the needs of as many community members as possible, age-friendly measures are often considered as also having a broad impact, as the concept is understood by many participants as encompassing people of all ages, not just older adults.

  Some participants believed that accessible designs for older adults inherently meet the needs of those living with dementia. Nonetheless, the focus in many communities was reported to be more on accommodating physical disabilities (e.g. blindness and wheelchair accessibility), such as improving signage and building accessibility, rather than addressing cognitive abilities such as dementia, highlighting the need to integrate dementia-inclusive measures as part of a broader universal accessibility approach. Further, local governments in provinces with accessibility legislation are more likely to have accessibility plans in place at the local level.

- *Awareness of dementia and dementia-inclusive community planning is crucial for implementing related measures in the built environment that contribute to more dementia-inclusive communities. Key factors also include local knowledge/expertise, community engagement, funding, political leadership, policies/legislative requirements, guidance/success stories, intersectoral and intergovernmental collaboration, along with integration and alignment with accessibility strategies.*

  For local government officials to successfully implement dementia-inclusive community measures in the built environment, several key factors were identified by participants as essential:

  1. **Awareness:** Understanding the specific needs of people living with dementia is crucial. Local government officials highlighted the importance of knowing the prevalence of dementia and other related demographic information in their communities to justify implementing dementia-inclusive measures. It was felt that education on dementia should be ongoing, ensuring that all stakeholders, including elected officials, local government staff, and local developers, understand how to integrate these needs into the built environment through dementia-inclusive

measures. Raising community awareness about the benefits of dementia-inclusive community planning was also seen as essential for building public support.

2. **Knowledge/Expertise:** Many smaller local governments, especially in rural or northern areas, lack the staff resources, experience, and in-house expertise to implement dementia-inclusive measures. In northern communities or regions, the need to bring in specialized resources can be costly. Communities where local governments are already prioritizing accessible and inclusive community planning and actively implementing related measures often rely on advisory committees or nonprofit organizations for guidance and ongoing support. Across locations, it was believed that local professionals, such as architects, planners, and developers, must be knowledgeable about dementia-inclusive design to ensure successful integration.

3. **Community Engagement:** Community support is crucial to the successful implementation of dementia-inclusive measures. It was believed that when advocacy groups or community members advocate for these changes, it influences political decisions, demonstrates that there is a need for dementia-inclusive measures locally, and helps align community priorities. Engaging community members ensures that the measures address the actual needs of people living with dementia and their family/caregivers.

4. **Funding:** Securing adequate funding was viewed as essential, particularly in rural or remote communities with limited resources. Financial support (particularly through a targeted funding stream for dementia inclusiveness) from higher levels of government would facilitate the implementation of dementia-inclusive measures.

5. **Political Leadership:** Political (elected) leaders who champion dementia-inclusive measures were considered a key component to prioritizing these measures in the local government agenda. Without strong political support, dementia-inclusive measures are unlikely to gain traction and be successfully implemented due to competing priorities locally and/or politically.

6. **Policies/Legislation:** While there is no specific legislation requiring implementation of dementia-inclusive measures, many local government officials believed that having a formal policy or strategy would provide clearer direction. Incorporating dementia-inclusive measures in legislated/regulatory requirements, such as accessibility legislation or building codes, would help ensure these measures are consistently implemented.

7. **Guidance/Success Stories:** Practical guidelines and examples of successful implementation of dementia-inclusive measures from similar communities in size and scope were considered by local government officials as invaluable to help justify and prioritize the implementation of these measures in their own community. Information on low-cost and easy-to-implement measures is fundamental to guide and support these measures, especially when resources are limited.

8. **Intergovernmental/Intersectoral Collaboration:** In many communities, notably those in rural and northern areas, collaboration between different levels of government and neighbouring communities is crucial. Shared resources and infrastructure (e.g., provincial roads and highways, bridges, railways) require coordinated efforts across different levels of governments in order to implement dementia-inclusive measures effectively. Working together with neighbouring communities, or using their successful initiatives as examples, can also help justify and prioritize the implementation of dementia-inclusive measures to local councils.

9. **Opportunities for Integration and Alignment:** Integrating dementia-inclusive measures into existing accessibility frameworks was viewed as facilitating the acceptance and implementation of such measures. Local governments are more likely to adopt these measures if they align with broader community planning strategies and can accommodate routine infrastructure maintenance or upgrades.

- *Key challenges or barriers for local government officials to make the built environment in the community where they work more inclusive of people living with dementia and to implement dementia-inclusive measures include a lack of awareness and understanding of dementia, limited expertise in dementia-inclusive community design, competing priorities, the absence of mandatory requirements, limited resources, infrastructure constraints, and a lack of control or ownership over the built environment.*

1. **Lack of Knowledge/Awareness:** Across locations, the greatest challenge in making the built environment dementia-inclusive was the overall lack of awareness about dementia among elected officials, local government staff, and community members. This lack of awareness was tied to three key themes: a general lack of understanding of dementia and its potential impacts on the community, a perceived irrelevance of dementia in their community, and a lack of familiarity with the concept of dementia-inclusive measures and their benefits.

2. **Limited Expertise**: Most local government officials mentioned having limited access to expert advice on dementia-inclusive community planning, specifically the design and implementation of dementia-inclusive measures.

3. **Competing or Conflicting Priorities**: Across locations, local government officials identified competing or conflicting priorities as a significant barrier to implementing dementia-inclusive measures. These conflicts include broader community priorities as well as competing interests related specifically to accessibility and inclusiveness and other community needs. For example, installing public benches may be met with resistance from the business community, as efforts to address homelessness raise concerns that benches could be used as shelter. In other cases, limited resources are directed toward urgent issues, such as affordable housing or addiction, before dementia-inclusive measures are considered. Officials also noted that the overlap between dementia-inclusive concepts and accessible or age-friendly measures could hinder

progress. For example, signage that is large, bold, high contrast, and that uses simple language may be used as an effective age-friendly measure, but unintentionally cause issues with overstimulation for people living with dementia. Many pointed out that while specific accessibility measures or age-friendly community elements are being considered, more comprehensive implementation strategies are needed to ensure that changes benefit a larger portion of the population.

4. **Lack of Mandatory Requirements:** Across regions, local government officials generally agreed that without mandated requirements to implement dementia-inclusive measures related to the built environment, change is unlikely to occur. Building codes are designed to enforce specific standards, and typically, additional requirements that go beyond these standards are not imposed. The goal of making communities more dementia-inclusive was generally welcomed, provided the measures align with the existing regulatory framework.

5. **Funding/Resource Limitations:** Availability of personnel, expertise, and financial resources proves problematic for many. With tight budgets, affordability presents a significant barrier to implementing new measures. Securing staff resources (in both number and expertise) to plan and implement such measures is challenging.

6. **Infrastructure Limitations:** Many local government officials, especially in rural areas, are in communities with a lack of new developments that could serve as opportunities to implement dementia-inclusive measures in the built environment. In these communities, retrofitting existing buildings or infrastructure would be needed to promote dementia inclusivity, but this can sometimes present significant challenges due to the cost and complexity of some retrofits compared to new construction.

7. **Lack of Control/Ownership of Built Environment:** In some communities, notably those in rural and northern areas, responsibilities for various types of infrastructure can be held by different levels of government (e.g., roads may be under provincial jurisdiction, and sidewalks under municipal). Not having control or ownership of all aspects of the built environment may present an additional challenge when considering changes, requiring collaboration.

- *Several additional considerations were identified as impacting the ability of local government officials to put in place dementia-inclusive community measures related to the built environment, ranging from factors associated with community size, and location, to variability across Canadian jurisdictions.*

  The capacity of local government officials to implement dementia-inclusive measures was viewed as varying depending on the size and location of communities, with many participants providing examples reflective of their own situation. Smaller rural communities face significant challenges in implementing dementia-inclusive measures due to limited resources, in-house expertise, and infrastructure. Factors such as smaller tax bases, fewer staff, reliance on generalists, and a lack of

growth hinder progress, while access to subcontractors is limited, often resulting in higher costs. However, smaller communities benefit from more flexible decision-making, stronger community ties, and easier access to local support, though issues with infrastructure ownership and collaboration across government levels may complicate efforts to improve accessibility, especially in terms of transportation and essential services.

Urban areas also face unique challenges in implementing dementia-inclusive measures, such as the involvement of multiple divisions or teams with differing priorities, rapid construction that provides little time or flexibility for change and disrupts a familiar environment for people living with dementia leading to potential confusion and navigation difficulties, and a lack of clear guidelines for dementia-inclusive planning and design. Additionally, some urban neighborhoods are not walkable, and low community attachment may hinder support for dementia-inclusive measures. However, urban areas benefit from greater resources, expertise, and the ability to impact a larger population due to higher density and reliance on public infrastructure.

In northern and remote communities, geographic isolation and a lack of public transit or infrastructure may make it difficult for local governments to implement dementia-inclusive measures.

- ***Despite the recognized need for knowledge resources and support, there is limited awareness among local government officials of what is available to help them design and implement dementia-inclusive community measures related to the built environment. Education and resources are the most requested forms of support to assist in this process***.

  Many local governments have limited understanding/awareness of external knowledge resources available for implementing dementia-inclusive measures, relying mostly on internal training, personal experience, or community members with lived experience. External resources like the Alzheimer Society and the Rick Hansen Foundation were identified as valuable sources for accessibility information that could inform the implementation of dementia-inclusive measures.

  Local government officials showed strong interest in the provided summary of the Dementia-Inclusive Planning and Design Guidelines created in 2023 by Happy Cities in collaboration with the DemSCAPE project team, praising the summary as being informative and offering actionable examples. That said, based on the review of this summary document, some requested more tailored guidelines for rural and northern communities, adding examples of community-level planning, prioritizing "quick wins" for improving dementia-inclusivity, and information about enhancing the sensory experiences in the built environment.

  There was also a call for more education, training, and networking opportunities, as well as better demographic data on dementia prevalence to plan for aging populations, manage infrastructure needs, and secure buy-in from community businesses. These knowledge resources would also help justify and prioritize dementia-inclusive measures. Participants suggested categorizing dementia-

inclusive measures by ease of implementation to encourage local governments to start with simpler projects. Many officials expressed interest in learning from successful examples of dementia-inclusive measures implemented in similar communities and wanted more networking opportunities for insights and support. Additionally, they suggested more private-public partnership pilot projects for hands-on learning during the planning, implementation, and assessment stages. Finally, local government officials highlighted the need for more financial and human resources to support the implementation of dementia-inclusive community measures and related planning activities. They also suggested aligning or integrating dementia-inclusive measures with existing accessibility standards and building codes to ensure effective implementation and enforcement across Canada.

- *Future opportunities identified by participants to support local government officials and enhance the dementia inclusiveness of the built environment mainly involve increased education, stronger policies, improved wayfinding, and more accessible public transportation.*

  Participants were asked to reflect on the future of dementia inclusiveness in their communities and the broader Canadian context. Most local government officials emphasized that raising awareness about the needs of people living with dementia should be the first step to improving dementia inclusiveness in the built environment. This includes educating the public, elected officials, and local government employees on the value of dementia-inclusive measures and providing a clear implementation plan. Several officials also recommended public consultations to gain political support for these changes and emphasized the importance of targeted education for different audiences to drive meaningful change. Additionally, many felt that educating local government officials on integrating dementia-inclusive measures into existing accessibility plans or universal design frameworks would help increase adoption, particularly given limited resources.

  In terms of specific action areas, several local government officials saw an opportunity in taking a broad, holistic approach to developing dementia-inclusive communities, one that goes beyond the built environment to include services, amenities, and social supports. Identifying areas of intersectionality would help integrate dementia inclusiveness into existing age-friendly and accessibility measures. Suggestions for actionable steps included improving wayfinding, public transit, walkability, and creating dementia-inclusive guidelines/standards for new developments. Many participants also emphasized the value of providing local government officials with access to guidelines, best practices, and resources. Other recommendations included working with post-secondary institutions and professional associations to spread knowledge on dementia-inclusive community planning.

Recommendations

The research findings have uncovered many suggestions for how to support local government officials in making their communities more dementia-inclusive. Although several suggestions were made throughout the report, the below highlights a few key recommendations to be considered:

1. **Consideration should be given to increasing awareness of dementia-inclusive measures in the built environment within the context of universal design.**

   Study findings highlight the general lack of awareness and familiarity with the concept of dementia-inclusive communities among many local government officials, regardless of their level of engagement with universal or accessible design components. There is an opportunity to provide educational materials that explain the concept of dementia-inclusive communities, demonstrate the value of implementing dementia-inclusive measures for people living with dementia, their families/caregivers and for the community more broadly, and list the expected outcomes or benefits for the community. Consideration should also be given to outlining the dementia-inclusive measures that closely align with broad principles of accessible or universal design, to elicit appeal and facilitate their implementation.

   Materials to support these initiatives could include descriptive documents, case studies or success stories, guidelines, and worksheets, made available via a website or portal, or through information sessions, webinars, and training opportunities. Guidelines should provide examples of relevant measures with instructions on how to implement them, a reference to policies that support the implementation of the measures, and how they can be incorporated at various levels – community, neighbourhood, and project. Attention should be placed on providing concrete examples that align with (or can be easily adapted to) community size, location, and landscape, as well as categorizing measures based on the complexity of their implementation (i.e., including "quick wins" for smaller communities and more complex projects for larger urban municipalities).

2. **Identifying common elements between dementia-inclusive measures and broader accessibility initiatives in inclusive design, as required by the *Accessible Canada Act*, should be a priority.**

   Many local government officials recognized that dementia-inclusive measures share common goals with universal accessibility measures, which aim to create environments that accommodate a wide range of needs, including physical and cognitive disabilities. By aligning or integrating dementia-specific measures with existing accessibility frameworks, local governments can streamline the planning and implementation process, reduce the burden on limited resources, and ensure broader community buy-in. Integrating dementia-inclusive measures into broader accessibility measures not only helps to simplify the planning and execution of these measures but also emphasizes the importance of creating environments that support all individuals, regardless of their abilities, fostering a more inclusive society.

With this in mind, there is merit in featuring how dementia-inclusive measures align with universal accessibility design and legislated requirements, thus making it easier for local governments to incorporate dementia-inclusive measures in their existing plans. Further, federal and provincial/territorial governments could consider incorporating dementia-inclusive communities into existing accessibility legislation to provide local governments clear and enforceable guidelines for their built environment. This approach would eliminate ambiguity and reduce the reliance on voluntary or ad-hoc measures, creating a more structured and standardized framework for the implementation of dementia-inclusive measures, and ultimately fostering more inclusive and supportive communities.

3. **Developing an environment conducive to collaboration and knowledge sharing between local governments should be considered.**

    While education lays the groundwork for raising awareness, local government officials seek support and guidance to effectively implement dementia-inclusive measures. Due to the complexity of planning and executing these measures, along with varying governance approaches across communities, it would be beneficial to create a platform that fosters collaboration and knowledge-sharing between local governments. This would allow them to learn from each other's experiences and provide mutual support.

    This form of community of practice could provide opportunities to learn best practices and hear about the process taken to plan or implement specific measures, including what challenges were encountered and how they were addressed. It could also incorporate an element of networking and mentorship opportunities to facilitate the exchange of ideas or innovative solutions and encourage partnerships. This approach would be of particular use for smaller and more remote communities where local governments lack resources and funding.

    Various levels of government in Canada could facilitate this environment by collaborating with professional associations and national organizations that support local governments, encouraging them to inform their members about the topic of dementia-inclusive communities and engage them in conversations, whether through an online portal for idea sharing, or at events or conferences hosted by the organizations.

4. **Governments that have established an accessibility advisory committee should be encouraged to include representation from dementia-focused organizations, or people with lived experience.**

    Local governments with established accessibility advisory committees should be encouraged to include representation for dementia, either through individuals with lived experience or relevant organizations with dementia expertise or an advocacy role. These resources could offer evidence-based recommendations and best practices for dementia-inclusive community planning, educate elected officials and local government staff on the needs of people living with dementia, facilitate consultations with people with lived experience, inform community engagement efforts, review

and inform policy and planning, and offer insight in the evaluation of dementia-inclusive measures that are implemented. These types of collaboration would help ensure that the unique needs of people living with dementia are effectively addressed in the planning and design of inclusive communities.

While existing accessibility advisory committees are valuable for promoting universal design and general accessibility, they may not always consider the specific needs and challenges experienced by people living with dementia. Including dementia representation would provide crucial insights from those directly affected or organizations that specialize in dementia care, ensuring that the needs of people living with dementia are well understood and recognized, and that dementia-inclusive measures are integrated into broader accessibility frameworks. This inclusion would also promote a more comprehensive approach to creating environments that are truly supportive of all community members, fostering better outcomes for people living with dementia and enhancing community engagement and awareness.

Appendix A: Recruitment Screener

Health Canada: Dementia Inclusive Communities Study Recruitment Screener – Final

Name:_____

Home phone: _____   Work phone:_____ Cell: _____

Email: _____

Community: _____   Province: _____

Employer from Sample: _____Title from Sample: _____

SECTION 1: Schedule & Specifications

Group	AST	EST	Participant Time	Audience	Language	Moderator
Monday, February 3, 2025						
1	12:00pm	11:00am	11:00am ET	Small/med. urban: Ontario	EN	MB
2	2:00pm	1:00pm	11:00am MT	Large urban: Alberta	EN	MB
Wednesday, February 5, 2025						
3	11:00am	10:00am	10:00am ET	Rural: Ontario	EN	MB
4	1:00pm	12:00pm	11:00am CT/SK	Large urban: Prairies (MB/SK)	EN	CP
5	3:00pm	2:00pm	1:00pm CT/SK	Small/med. urban: Prairies (MB/SK)	EN	MB
Thursday, February 6, 2025						
6	10:00am	9:00am	10:30am NL; 10:00am AT	Large urban: Atlantic (NL/NS/NB/PE)	EN	MB
7	12:00pm	11:00am	11:00am ET	Large urban: Ontario	EN	CP
8	2:00pm	1:00pm	10:00am PT	Large urban: BC	EN	MB
Friday, February 7, 2025						
9	10:00am	9:00am	10:30am NL; 10:00am AT	Small/med. urban: Atlantic (NL/NS/NB/PE)	EN	CP
10	2:00pm	1:00pm	10:00am PT	Rural: BC	EN	CP
Monday, February 10, 2025						
11	2:00pm	1:00pm	11:00am MT	Rural: Alberta	EN	MB
Tuesday, February 11, 2025						
12	11:00am	10:00am	9:00am CT/SK	Rural: Prairies (MB/SK)	EN	CP
13	1:00pm	12:00pm	12:00pm ET; 11:00am CT; 10:00am MT/YT	Small/med. Urban: North (NU/NT/YT; northern areas of provinces)	EN	MB
14	4:00pm	3:00pm	1:00pm MT	Small/med. urban: Alberta	EN	MB
Wednesday, February 12, 2025						
15	10:00am	9:00am	10:30am NL; 10:00am AT	Rural: Atlantic (NL/NS/NB/PE)	EN	CP
16	12:00pm	11:00am	11:00am ET; 10:00am CT; 9:00am MT/YT	Rural: North (NU/NT/YT; northern areas of provinces)	EN	CP
17	2:00pm	1:00pm	10:00am PT	Small/med. urban: BC	EN	MB
Thursday, February 13, 2025						
18	12:00pm	11:00am	11:00am ET	Rural: Quebec	FR	CP
19	2:00pm	1:00pm	1:00pm ET	Small/med. urban: Quebec	FR	CP
Friday, February 14, 2025						
20	11:00am	10:00am	10:00am ET	Large urban: Quebec	FR	CP

Specification Summary

- **Twenty (20) online focus groups:**
  - Seventeen (17) English groups, specifically three (3) groups in each of five (5) regions: Atlantic (NB/NS/PE/NL), ON, Prairies (MB/SK), Alberta, & BC; and two (2) groups in North (NU/NT/YT).
  - Three (3) French groups including residents of Quebec.
  - In each region, one group with each of the following community sizes:
    - large urban (except North region);
    - small/medium urban; and,
    - rural.

- **Fifteen (15) in-depth interviews (IDIs):**
  - Twelve (12) English IDIs, specifically three (3) IDIs from ON; two (2) IDIs in each of four (4) regions: Atlantic; Prairies (MB/SK), Alberta, & BC; and one (1) IDI from North (NU/NT/YT).
  - Three (3) French IDIs including residents of Quebec.

- **Community sizes:** these are defined as:
  - large Urban (pop. 150,000+ and within 50kms from urban centre);
  - small/Medium Urban (pop. 10,000-149,999); and,
  - rural (pop. Less than 10,000 and min. 50kms from urban centre).

- **Geography:** In each group, include a good mix of locations within each region. Regions include: Atlantic (NB/NS/PE/NL); Ontario; Prairies (MB/SK); Alberta; BC; North (NU/NT/YT; including northern areas of provinces); and Quebec.

- **Recruits:** Total of 175 recruits across all groups and IDIs.

- **Audiences:**
  - **Local government officials** (20 groups; 160 recruits): Include officials municipal, regional, and community-level governments who have worked on elements of community building relevant to a dementia-inclusive community, including the following, among others:
    - planners and designers (physical, social, transit, housing, public spaces, etc.);
    - officials responsible for accessibility planning;
    - policymakers, program leads/managers;
    - engineers; and,
    - other local-level officials responsible for planning, designing, and implementing aspects of dementia-inclusive communities (DICs).
  - **Local government officials** (15 interviews): Government officials who have greater experiences related to planning or implementing specific aspects of DICs.

- **8 recruited per group**

- Session length:
  - Groups: **90 minutes**
  - Interviews: **45 minutes**

- Platform:
  - Groups: Zoom
  - Interviews: Microsoft Teams

- Incentive:
  - Groups: **$100** charitable donation
  - Interviews: **$75** charitable donation

Breakdown of Qualitative Sessions with Local Government Officials

Audience	English						French	Total Sessions	Total Recruits
	North	BC	AB	SK/MB	ON	Atlantic	Quebec		
Online focus groups with local government officials in large urban communities (pop. 150,000+; and within 50 km of it)	n/a	1	1	1	1	1	1	6	48
Online focus groups with local government officials in small or medium urban communities (pop. 10,000-150,000)	1	1	1	1	1	1	1	7	56
Online focus groups with local government officials in rural communities (population of up to 9,999 and min. 50 km from urban centre)	1	1	1	1	1	1	1	7	56
TOTAL Focus Groups	2	3	3	3	3	3	3	20	160

In-depth interviews with key informants who have extensive experience with dementia-inclusive communities	1	2	2	2	3	2	3	**15**	**15**

RECRUITER NOTE - WHEN TERMINATING AN INTERVIEW, SAY: "Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours." RECRUITER NOTE: If a respondent wishes to verify the validity of the study, please contact: Narrative Research: 888-414-1336; focusgroups@narrativeresearch.ca

SECTION A: General Introduction

Hello/Bonjour, may I speak with _____? My name is _____ with Narrative Research and I am calling on behalf of Narrative Research, a national market research company, as a follow-up to the email you may have seen that we sent you on [DATE]. Would you prefer that I continue in English or French? / Préférez-vous continuer en français ou anglais?

> *RECRUITER NOTE - FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH:* "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Désirez-vous que l'on communique avec vous à nouveau afin de vous inviter à participer à un groupe de discussion en français?"

We are conducting market research on behalf of the Public Health Agency of Canada (PHAC), and are looking for local government officials to take part in a small moderated online group discussion held on [DATE] at [TIME].

Would you have a few minutes right now so I can provide more information about the study?

Yes 1
No .... 2 SCHEDULE CALL BACK IF POSSIBLE & THANK & TERMINATE

> INSTRUCTIONS: If yes continue; if no, thank & terminate
>
> *READ TO ALL - The personal information you provide is protected in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. This information is being used to ensure you fit the recruitment profile and confirm the study includes key audience groups. No identifying information will be reported with any individual comments and names will not be shared. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner if you feel your personal information has been handled improperly.*

The Public Health Agency of Canada is interested in learning more about the views and experiences of local government officials related to dementia-inclusive communities.
A dementia-inclusive community can be described as a place where people living with dementia are welcomed, supported and valued and where the care they receive is culturally safe and culturally appropriate. Dementia-inclusive communities help to enable independence and reduce barriers such as

stigma that can discourage or prevent people living with dementia from being active and engaged in their communities and their favourite activities.

A few examples of dementia-inclusive measures **related to the built environment** include [recruiter to read highlighted examples only – others for clarifying information as needed only]:

- providing visible and easy-to-read signage at decision points and entrances;
- creating gentle level changes;
- prioritizing maintaining and creating distinctive buildings and other structures that assist with wayfinding;
- providing sensory aids at pedestrian crossings;
- separating bike and pedestrian pathways;
- providing frequent small-scale green spaces;
- designing accessible and easy-to-find public toilets with high-contrast surfaces;
- providing frequent and familiar public seating that is easy to find and sheltered;
- mitigating noise through buffers and incorporating soothing sounds such as through water features; and
- providing ample seating at transit stops.

Many communities in Canada have worked on becoming more age-friendly which includes measures that are complementary and sometimes similar to those taken to make a community more dementia-inclusive. However, there are some dementia-inclusive measures that are uniquely designed for the needs of people living with dementia.

The research aims to understand the perceived and observed opportunities and challenges to implementing measures related to the built environment that can influence how inclusive a community is for people living with dementia.

We are interested in speaking with local government officials with varying amounts of experience working on dementia-inclusive measures, including individuals who have **not** worked on these measures to date.
(FOR CLARITY IF NEEDED: LOCAL GOVERNMENT MAY INCLUDE MUNICIPAL, REGIONAL, AND COMMUNITY-LEVEL GOVERNMENT OFFICIALS; OFFICIALS SHOULD BE NON-ELECTED, I.E., ONGOING PUBLIC SERVANTS).

Note that participation in this research is voluntary and confidential.
[IF BY PHONE: Narrative Research's privacy policy is available upon request. **IF ASKED, PROVIDE PRIVACY POLICY LINK BY PHONE OR RECORD EMAIL WHERE IT WILL BE SENT]**
[IF ONLINE, PROVIDE A LINK TO NARRATIVE RESEARCH'S PRIVACY POLICY AT THE BOTTOM OF EACH PAGE: https://narrativeresearch.ca/privacy-policy/#politique-de-confidentialit%C3%A9]
This research is registered with the Canadian Research Insights Council Research Verification Service. **[IF NEEDED, SPECIFY:** to verify the research, you can visit
https://canadianresearchinsightscouncil.ca/rvs/home/?lang=en
The survey registration number is: 20241214-NA193]

We would like to include diverse experiences in the group, and I would like to ask you a few questions to see which group you qualify for. This should take between 7 and 10 minutes. Would you like to continue?

```
Yes ................................................. 1
No ................................................. 2 THANK & TERMINATE
```

P1. To begin, do you or anyone in your household currently work or have ever worked in any of the following areas?

	Yes, Current Work	Yes, Past Work
Marketing/Market Research	1	2
Public relations, advertising or Media	3	4

> INSTRUCTIONS: If any of the above selected, thank & terminate

AUDIENCE PROFILE

P2. We are looking to speak with local government officials whose role includes planning, designing, and / or implementing elements of the built environment. The built environment refers to human-made structures and infrastructure that define the living and working spaces within a community, such as neighbourhoods, buildings, roads, transportation, parks, other outdoor spaces and recreational facilities, wayfinding, and signage, among other things. Would that describe your current role, or one that you recently occupied?

```
Yes ........................................................ 1
No ......................................................... 2
Unsure .................................................. 3
```

> INSTRUCTIONS: If yes (code 1), continue. If no (code 2) or unsure (code 3), ask for a referral and thank & terminate

P3. What is your title, and can you briefly describe the nature of your work with the [LOCAL GOVERNMENT NAME FROM SAMPLE]?

TITLE: _____

NATURE OF WORK: _____

CONFIRM LOCAL GOVERNMENT THEY WORK WITH: [FROM SAMPLE]

CODE TITLE:

```
Chief Administrative Officer (CAO) or similar leadership role – for smaller municipalities only    1
Planners and designers (physical, social, transit, housing, public spaces, etc.) ........ 2
Officials responsible for accessibility planning ....................................... 3
Policy analysts /managers............................................................ 4
Program leads / managers............................................................. 5
Engineers ............................................................................ 6
Other ............................................................................... 7
```

P4.   How many years have you worked in your current position?

RECORD # of Years: _____

P5.   We are looking to speak with local government officials who either have worked on dementia-inclusive community measures, or have not.

Within your current role or a recent role within the last 2 years, have you worked on any aspect of implementing measures intended to make the built environment in your community more dementia-inclusive? [interviewer instructions – read examples provided earlier if needed]

Yes 1
No 2
Unsure 3

P6.   [ASK IF YES IN QP5] How would you describe the extent of your total experience, that is since you first worked on the topic of dementia-inclusive community measures related to the built environment? Would it be [READ]?

Limited (Up to 2 years) 1
Moderate (between 2-5 years)............................2
Extensive (more than 5 years) 3
[VOLUNTEERED] Unsure 4

P7.   As mentioned earlier, the concept of a dementia-inclusive community concept is distinct from that of an age-friendly community although these two concepts have common elements. In age-friendly communities, policies, services and structures related to the physical and social environment are designed in ways that allow older adults to live safely, enjoy good health and stay involved.

Within your current role, have you worked specifically on the design or implementation of age-friendly and / or accessibility measures for older adults in your jurisdiction?

Yes 1
No 2
Unsure 3

> **INSTRUCTIONS:** Aim for 2-3 per group who say yes (Code 1). Aim for 2-3 per group who say no (Codes 1 & 2) to BOTH Q.P5 & Q.P7

SECTION N: Focus Group Questions

[FOR FOCUS GROUPS ONLY; IF CONSIDERED FOR IDIS, SKIP TO Q.R1] The group discussion for this project will be conducted online on the Zoom platform on **[DATE] at [TIME].** You will be required to use a laptop or desktop computer, or a computer tablet, connected to high-speed internet and equipped with a webcam, a microphone and speakers.

NF1. Do you have access to a laptop or desktop computer, or a computer tablet, with high-speed Internet to take part in this group discussion? **[MULTIPLE RESPONSES KEEPING CODE 3 EXCLUSIVE]**

Yes, laptop or desktop computer 1
Yes, computer tablet 2
No 3

> **INSTRUCTIONS:** If no, thank & terminate

NF2. Is the computer or tablet you will use equipped with a webcam, a microphone and speakers you will be able to use?

Yes, webcam, microphone, and speakers.............1
Yes, microphone and speakers only 2
No 3

> **INSTRUCTIONS:** If no, thank & terminate; webcams are not necessary for participants in the North

> **INSTRUCTIONS FOR NF1-NF2 THANK & TERMINATE:** Based on your responses, we are unable to invite you to take part in this online focus group, as you do not meet the technical or logistic requirements. We thank you for your interest in this research.

SECTION I: Invitation

[FOR FOCUS GROUPS] Based on your responses so far, we would like to invite you to participate in a small group discussion that will be conducted online at **<INSERT TIME>** on **<INSERT DATE>**. This session will bring together up to 8 local government officials, and it will last **90 minutes**. We will send you a link to join the online session via Zoom.

The purpose of the moderator-led discussion is to explore perceptions and experiences regarding measures related to built environments that help to support dementia-inclusive communities. We are looking to include officials who have worked on dementia-inclusive measures as well as those who have not.

In appreciation for your time to attend the focus group, a charitable donation of **$100** will be made to a national charitable organization of your choice from a pre-determined list of organizations.

Are you available and interested in taking part in this group discussion?

```
Yes .................................................1
No  ................................................2
```

INSTRUCTIONS: If no, thank & terminate

[FOR INTERVIEWS] Based on your responses, we would like to invite you to participate in an in-depth interview that will be conducted online and will last up to **45 minutes**. We will send you a calendar invitation for a date and time convenient for you to join the discussion via Microsoft Teams. The purpose is to discuss your significant experience planning and/or implementing dementia-inclusive measures in your community. In appreciation for your time, a charitable donation of **$75** will be made to a national charitable organization of your choice among a pre-determined list of organizations.

Are you available and interested in taking part in this interview?

```
Yes .................................................1
No  ................................................2
```

[IF YES AT Q.I2] What would be a convenient time for this interview from [DATE] to [DATE]?

SCHEDULE TIME BASED ON INTERVIEWERS' AVAILABILITY. ALLOW 30 MINUTES BETWEEN INTERVIEWS

[ASK ALL] The discussion in which you will participate will be video-recorded for research purposes only. Be assured that your comments and responses will not be attributed to you and that your name will not be included in the research report. Are you comfortable with the discussion being video recorded?

```
Yes .................................................1
No  ................................................2
```

INSTRUCTIONS: If no, thank & terminate

[ASK ALL] There may be employees from the Government of Canada involved in this research project who will be listening in on the discussion. They are interested in hearing comments first-hand, and while they will be listening to the discussion, they will not take part. They will be given limited information regarding participants to ensure participant anonymity. Are you comfortable with having these observers?

```
Yes .................................................1
No  ................................................2
```

INSTRUCTIONS: If no, thank & terminate

[ASK ALL] Could we please confirm the email address where we can send you the instructions to log in to the **[focus group session/interview]**?

Record email address (and verify): _____.

[FOR FOCUS GROUPS] We will send you by email the log-in instructions at least 1 day before the session. The group discussion will begin promptly at <mark>**<TIME>**</mark> and will last **90 minutes**. As these are very small groups and with even one person missing, the overall success of the group may be affected, I would ask that once you have decided to attend that you make every effort to do so. If you are unable to take part, please call_____ (collect) at _____as soon as possible so a replacement may be found. Please do not arrange for your own replacement.

[ASK ALL] So that we can call you to remind you about the focus group or contact you should there be any last-minute changes, can you please confirm your name and contact information for me? **[CONFIRM INFORMATION ALREADY COLLECTED AND CHANGE/COMPLETE AS NECESSARY]**

First Name: _____

Last Name: _____

Email: _____

Work Phone: _____

> INSTRUCTIONS: If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be protected in accordance with the Privacy Act and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.

Thank you for your interest in our study. We look forward to hearing your thoughts and opinions!

Attention Recruiters

Check the number of recruited participants per group according to the schedule
CHECK QUOTAS
Ensure participant has a good speaking (overall responses) ability-If in doubt, DO NOT INVITE
Do not put names on profile sheet unless you have a firm commitment.
Repeat the date, time and verify email before hanging up.

Confirming – DAY BEFORE GROUP

Confirm in person with the participant <u>two days</u> prior to the group– do not leave a message unless necessary
Confirm all key qualifying questions
Confirm date and time
Confirm they have received the login instructions

Appendix B: Background Documents

Public Health Agency of Canada
Dementia-Inclusive Communities: Status and Readiness Assessment
Overview of Discussion Topics

Thank you for agreeing to take part in an upcoming small group discussion on the topic of dementia-inclusive communities. The 90-minute session in which you will be taking part will bring together up to 8 local government officials involved in the built environment. This is intended to be an informal discussion to understand your professional opinions and perceptions, regardless of your level of experience with dementia-inclusive communities.

While there is no preparation required to take part in the group discussion, the following will provide you with some context about the research project, and on the topics that will be discussed during the session.

Research Background

Canada's first national dementia strategy, *A Dementia Strategy for Canada: Together We Aspire* was released in June 2019. It supports the vision of a Canada in which all people living with dementia and caregivers are valued and supported, quality of life is optimized, and dementia is prevented, well understood and effectively treated.

The national strategy recognizes that creating supportive, safe and inclusive communities across Canada for people living with dementia and caregivers is essential to maximizing their quality of life. A dementia-inclusive community is one where people living with dementia feel fully included in society, both socially and in the design of the physical environment. Dementia-inclusive communities help to reduce and eliminate barriers, including those resulting from stigma that can lead to social isolation. A dementia-inclusive community allows people living with dementia and caregivers to: optimize their health and wellbeing; live as independently as possible and remain part of their community; be understood and supported; safely navigate and access their local communities; and, maintain or expand their social networks. In some instances, this may be referred to as dementia-friendly communities.

As local governments play a key role in implementing and delivering many of the measure that create supportive and safe dementia-inclusive communities, the Public Health Agency of Canada (PHAC) is interested in their views and experiences related to the built environment. This research will build on PHAC's existing knowledge base related to dementia-inclusive communities.

Context for the Group Discussions

During the group discussion, we will be exploring participants' level of familiarity and professional focus, if any, related to the concept of dementia-inclusive communities, including measures that can contribute to making the built environment inclusive to people living with dementia. Participants will all have experience working on the built environment within their respective roles, but they may have varied experience with making a community more inclusive to people living with dementia, including a balance of those with little to

no experience regarding dementia-inclusive communities as well as those who have significant experience. Regardless, we are looking for their perspective on this topic in their professional capacity.

Dementia-Inclusive Communities and Age-Friendly Communities: The dementia-inclusive community concept is distinct from that of an age-friendly community although these two concepts have common elements. In age-friendly communities, policies, services and structures related to the physical and social environment are designed in ways that allow older adults to live safely, enjoy good health and stay involved.

There are four main components identified in developing dementia-inclusive communities:

1. Education and awareness
2. **Built environment**
3. Programs and services
4. Support for people living with dementia and dementia family / friend caregivers

Built Environment: The built environment refers to human-made structures and infrastructure that define the living and working spaces within a community, such as subdivisions, buildings, roads, public transit, parks and other outdoor spaces, recreational facilities, and wayfinding tools such as signage, among other things.

Dementia-Inclusive Measures in the Built Environment: Dementia-inclusive community planning can help support essential aspects of healthy living and wellbeing, including mobility, physical activity, social connection, independence, a sense of belonging, and access to transit, shops, and services. Here are a few examples of measures that help make communities more inclusive for those living with dementia. Note that many dementia-inclusive measures have benefits for the population more broadly:

➢ providing visible and easy-to-read signage at decision points and entrances;

➢ creating gentle level changes;

➢ prioritizing maintaining and creating distinctive buildings and other structures that assist with wayfinding;

➢ providing sensory aids at pedestrian crossings;

➢ separating bike and pedestrian pathways;

➢ wide, well-lit, and well-maintained sidewalks and pathways;

➢ providing frequent small-scale green spaces;

➢ designing accessible and easy-to-find public toilets with high-contrast surfaces;

➢ providing frequent and familiar public seating that is easy to find and sheltered;

➢ mitigating noise through buffers and incorporating soothing sounds such as through water features; and

➢ providing ample seating, including at transit stops.

For additional examples of dementia-inclusive community planning, please refer to a summary of the *Dementia-inclusive planning and design guidelines* that follows, a document created by Happy Cities, in

partnership with the DemSCAPE project team. Note that this summary is for your information only, and that we will not review its content during the session.

Group Discussion Topics

The following topics will be discussed during the group discussion. There is no formal preparation required, and the session will be a moderator-led informal group discussion.

- Assess meeting participants' level of familiarity and professional focus, if any, related to the concept of dementia-inclusive communities, and how, it relates to age-friendly or accessibility strategies, if at all.

- Identify factors that should be considered to support or enable the implementation of dementia-inclusive measures within the built environment.

- Examine the challenges or barriers to making the built environment inclusive to people living with dementia.

- Understand what community-specific characteristics may affect local governments' ability to put in place dementia-inclusive measures in the built environment.

- Identify knowledge resources currently available and used to assist local government in making their built environment more inclusive of people living with dementia, and what is missing. A knowledge resource is a source of information that helps people learn, solve problems, or make decisions.

Dementia-inclusive communities: Guidelines for the built environment

The *Dementia-inclusive Planning and Design Guidelines* were created by Happy Cities, in partnership with the DemSCAPE project team.

These guidelines focus on how decision-makers can reduce stigma and foster inclusion through the planning and design of the **built environment**, with a focus on the neighbourhood context.
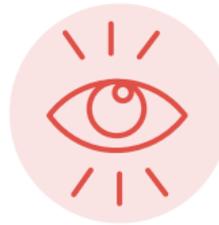
Principles

Familiar

Familiar environments help people living with dementia recognize where they are and find where they want to go by designing features that people have seen before and can easily recognize. Familiar neighbourhoods support independence and wayfinding.

Legible

Legible spaces help people living with dementia navigate their neighbourhoods by using obvious design cues to clearly communicate the function or purpose of a space, feature, path, or building.

Distinct

A distinct environment includes features that are unambiguous, varied, and interesting. People living with dementia rely on distinctive spaces and landmarks as visual cues for wayfinding.

Accessible

Accessible environments make it easy and convenient for people of all abilities to access services and amenities within walking distance of their homes, supporting independence and social inclusion. Accessibility applies to all aspects of the built environment.

Comfortable

Comfortable environments are welcoming and non-intimidating. People living with dementia may have difficulties with sensory overstimulation, such as with bright lights, crowds, or loud noise. They can benefit from serene, quiet, and pleasant spaces to pause, rest, or socialize.

Safe

Safe environments allow people to spend time in the public realm without experiencing fears or risks. People living with dementia may be less aware of physical and social dangers and can experience contrast sensitivity, which increases the risk of falling.
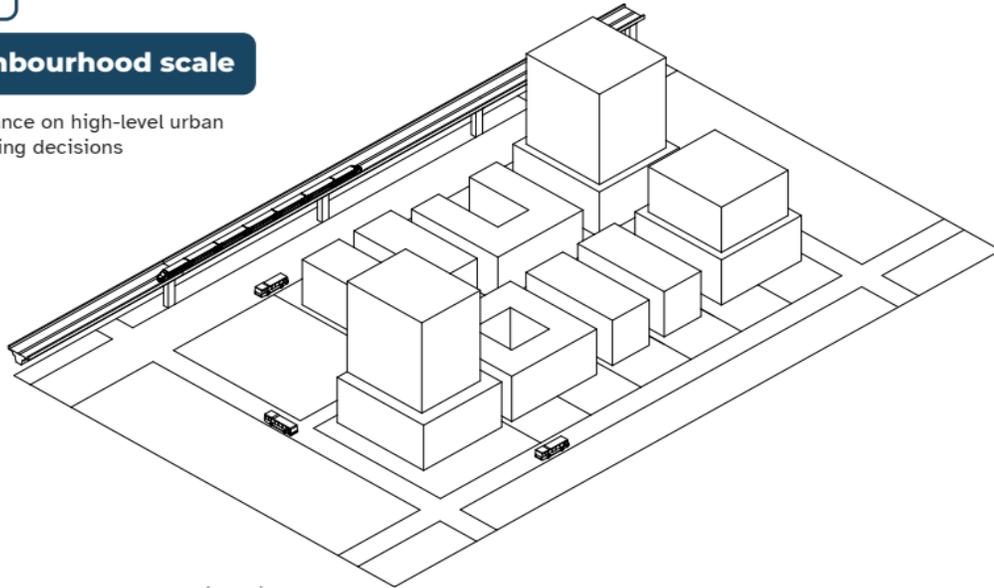
Three design realms

1. Neighbourhood scale: Guidance on high-level urban planning decisions
2. Street scale: Mid-scale design decisions for pedestrian and road networks
3. Detailed design scale: Design of the micro-environment and supportive amenities
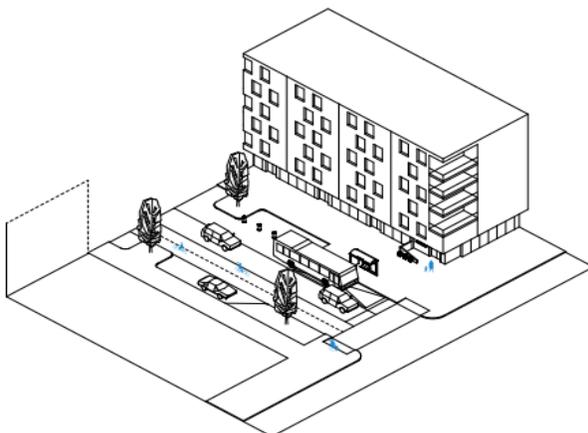

1 Neighbourhood scale

▶ Guidance on high-level urban planning decisions

2 Street scale

▶ Mid-scale design decisions for pedestrian and road networks

3 Detailed design scale

▶ Design of the micro-environment and supportive amenities

Realm 1: Neighbourhood scale

Guidance on high-level urban planning decisions.

Examples include:

- Land use designation
  - o Provide walkable access to primary services (groceries, post offices, pharmacies, transit)
  - o Provide access to local commerce and small shops (e.g. at ground level, in residential neighbourhoods)
  - o Prioritize access to community spaces (e.g. community centres for programming, indoor/weather proof spaces for social interaction)

- Street grids
  - o Provide a clear hierarchy of streets (main streets, side streets, laneways, walking paths)
  - o Create small street blocks (100-150m long per side)
  - o Create a varied grid pattern
  - o Create gently winding and connected streets (when longer blocks are unavoidable)

- Building form
  - o Retain heritage structures as landmarks
  - o Create distinctive buildings to serve as landmarks

- Transit routes
  - o Ensure transit systems are easy to navigate
  - o Provide local transit options with frequent stops
  - o Locate stops at strategic areas near services (community centres, medical services, shopping areas, restaurants and green spaces)

- Open spaces
  - o Enhance access to natural areas (e.g. accessible public toilets, public seating)
  - o Design frequent parklets or small-scale green spaces (e.g. close to homes, public spaces for physical activity)

What policies can influence this?

- Official community plans (OCP)
- Secondary plans and zoning by-laws
- Parks, open space, and recreation strategies and master plans
- Transportation plans

Realm 2: Street scale

Mid-scale design decisions for pedestrian and road networks.

Examples include:

- Pedestrian paths and sidewalks
  - Design wide sidewalks
  - Separate bike and pedestrian pathways

- Pedestrian crossings
  - Create frequent crossings
  - Create ground-level crossings
  - Provide pedestrian islands
  - Provide sensory aids
  - Give enough time to cross
  - Design consistent and clearly marked crossings

- Building edges and entrances
  - Design pedestrian-oriented building edges
  - Ensure facades and entrances are legible
  - Create clear gradients between private and public spaces

- Transit stops
  - Provide ample seating at transit stops
  - Create enclosed and sheltered transit stops
  - Include navigational tools at transit stops

- Parking and drop-off
  - Break up parking areas
  - Create drop-off areas for cars at key locations

What policies can influence this?

- Secondary plans
- Street design guidelines
- Park strategies and park plans
- Neighbourhood design guidelines
- Development permit checklists
- Transportation plans

Realm 3: Detailed design scale

Design of the micro-environment and supportive amenities.

Examples include:

- Seating
  - Provide familiar and usable seating
  - Place seating frequently and strategically
  - Provide shaded and sheltered seating
  - Co-locate seating with interesting features
  - Ensure that seating is easy to find

- Public toilets
  - Create accessible and easy-to-find public toilets
  - Design with high-contrast surfaces

- Signage
  - Place signage at decision points and building entrances
  - Ensure signage is visible
  - Make signage easy to read

- Ground treatments
  - Choose flat, smooth, non-slip paving
  - Ensure grates and drains are flush with paving
  - Avoid strong contrasting patterns

- Grade (level) changes
  - Create gentle level changes
  - Integrate unavoidable level changes
  - Mark level changes clearly

- Lighting
  - Minimize glare

- Acoustics
  - Mitigate noise through buffers
  - Incorporate soothing sounds into the environment
  - Include water features

- Vegetation
  - Use a range of vegetation to show the change in seasons
  - Include natural elements outside of green spaces
  - Create community and memory gardens

What policies can influence this?

- Neighbourhood design guidelines
- Development permit requirements
- Detailed design requirements
- Building codes
- Wayfinding and accessibility standards

Appendix C: Moderator's Guide

Dementia-Inclusive Communities: Status and Readiness Assessment (POR 086-24)
Moderator's Guide – Final

Study Goals *(Confidential – Not read to participants)*

- *Understand the views, experiences/ lack of experience and role of local government officials regarding DICs, including those related to any existing dementia-inclusive measures, programs and policies in their communities.*
- *Gather views and experiences related to successes, including the identification of opportunities and enablers, at the local government level related to implementing DICs.*
- *Identify perceived and experienced challenges and barriers to implementing DICs.*
- *Explore measures that would be helpful in the future to support local government officials in the development and implementation of DICs.*
- *Gauge differences among types and locations of communities (including variability across diverse communities), as enabled by the composition of focus groups on these topics above.*

Introduction	15 minutes

- **Welcome:** Introduce Narrative Research, self and function of a moderator (keep on time/on topic)

- **Topic/Sponsor/Length:** As you know, this study is sponsored by the Public Health Agency of Canada. For the next 90 minutes, we will discuss experiences, opportunities, and challenges related to developing communities that are more inclusive of those living with dementia. You may or may not have implemented dementia-inclusive measures in your communities. Regardless, we are looking for your perspective on this topic in your professional capacity.

- **Participants' Role:** All opinions are important; looking to understand the diversity of opinions; interested in hearing from everyone. That said, participation is voluntary – if there is a question that you are not comfortable answering you are not obligated.

- **Logistics:** Video recording for reporting; observation from government employees (listening in but not part of discussion).
- **Confidentiality:** Comments will not be attributed in the report; no names in reports, answers will not affect dealings with the Government of Canada.

- **Platform Tools (Zoom):** Raise hand; chat; mute/unmute; rejoining if necessary.

- **Participant Introduction:** You all have one thing in common today: you are local government officials in Canada whose roles are likely to involve working on aspects of the built environment. The built environment refers to human-made structures and infrastructure that define the living and working spaces within a community, such as subdivisions, buildings, roads, public transit, parks and other outdoor spaces, recreational facilities, and wayfinding tools such as signage, among other things. You have varying amounts of experience working on dementia-inclusive measures and some may not have worked on these types of measures yet. As you introduce yourself, please briefly describe your current role including which aspects of the built environment you are involved with, and how long you have been in this role.

Experience with Dementia-Inclusive Communities	15 minutes

- *Understand the views, experiences/ lack of experience and role of local government officials regarding DICs, including those related to any existing dementia-inclusive measures, programs and policies in their communities.*

- *Gauge differences among types and locations of communities (including variability across diverse communities), as enabled by the composition of focus groups on these topics above.*

As mentioned, today we will be discussing measures that can contribute to making a community's built environment more dementia-inclusive. I'd like to start by providing some context for our discussion.

[SHOW ON SCREEN]
A dementia-inclusive community is a place where people living with dementia are welcomed, supported and valued and where the care they receive is culturally safe and culturally appropriate. Dementia-inclusive communities help to enable independence and reduce barriers such as stigma that can discourage or prevent people living with dementia from being active and engaged in their communities and their favourite activities. In the community you work in, this may have been referred to as a dementia-friendly community.

The dementia-inclusive community concept is distinct from that of an age-friendly community although these two concepts have common elements. In age-friendly communities, policies, services and structures related to the physical and social environment are designed in ways that allow older adults to live safely, enjoy good health and stay involved.

For our discussion, we will be using the term "dementia-inclusive communities", and the focus is on measures designed with the needs of people living with dementia in mind related to the built environment.

There are four main components identified in developing dementia-inclusive communities:
1. Education and awareness
2. **Built environment**
3. Programs and services
4. Support for people living with dementia and their care partners"

The built environment has a critical impact on everyone's quality of life, including people living with dementia. Dementia-inclusive urban planning and design can help support essential aspects of healthy living and wellbeing, including mobility, physical activity, social connection, independence, a sense of belonging, and access to transit, shops, and services.

Here are a few examples of measures that help make communities more inclusive for those living with dementia. Note that many dementia-inclusive measures have benefits for the population more broadly:
- providing visible and easy-to-read signage at decision points and entrances;
- creating gentle level changes;
- prioritizing maintaining and creating distinctive buildings and other structures that assist with wayfinding;
- providing sensory aids at pedestrian crossings;
- separating bike and pedestrian pathways;
- wide, well-lit, and well-maintained sidewalks and pathways;
- providing frequent small-scale green spaces;

➢ designing accessible and easy-to-find public toilets with high-contrast surfaces;
➢ providing frequent and familiar public seating that is easy to find and sheltered;
➢ mitigating noise through buffers and incorporating soothing sounds such as through water features; and
➢ providing ample seating, including at transit stops.

- How much emphasis, if any, does the local government you work with currently place on making the community more inclusive of people living with dementia?
- Are dementia-inclusive measures considered separately, or as part of a broader age-friendly or accessibility strategy?
- Does the local government you work with have a formal (published / public) dementia-inclusive or dementia-friendly plan or strategy in place?
  - o If yes, to what extent has it been implemented?
  - o What led to the development of this plan?
- How familiar are you with the concept of a dementia-inclusive community?
- To what extent is dementia a focus of your professional work in the built environment?
  - o **IF RELEVANT**: How do you apply dementia-inclusive practices to your work?

Opportunities/Success Factors Impacting the Development of DICs	20 minutes

- *Gather views and experiences related to successes, including the identification of opportunities and enablers, at the local government level related to implementing DICs.*
- *Gauge differences among types and locations of communities (including variability across diverse communities), as enabled by the composition of focus groups on these topics above.*

I'd like to understand the context in which dementia-inclusive measures are implemented (or not) within your role and organization. We will begin by exploring what contributes to success in implementing these measures, and later we will address the challenges. If you have experience implementing dementia-inclusive measures, you are encouraged to share specific examples from your work, where relevant, to illustrate your opinions. If you have not worked on implementing these types of measures yet, we would appreciate hearing your expectations based on your professional role.

When implementing measures to make a community more inclusive to people living with dementia…

- What factors should be considered in your work to support success in implementing these measures? *Probe for: funding; expertise/knowledge; resources/staffing and tools; Infrastructure age, location, function; political will; community buy-in / advocacy; a plan or strategy in place.*
  - o **IF IMPLEMENTED MEASURES:** Which factors have been most helpful in ensuring you could put in place dementia-inclusive measures in the community where you work?
- When putting in place specific dementia-inclusive measures, how important is it for local governments to have a dementia-inclusive or dementia-friendly plan already in place? Why?
- What other elements or resources are important to enable or support implementation of dementia-inclusive measures? *Probe for: strong leadership; public-private partnerships; community support/engagement; financial assistance; public awareness; incentives for public implementation; leveraging other similar measures such as age-friendly measures; the existence of local policies, strategies, or guidelines.*

- o **IF IMPLEMENTED MEASURES:** Which of these factors or elements of the context you are working in have been most helpful / important in succeeding in putting in place dementia-inclusive measures?

Challenges and Barriers Impacting the Development of DICs	20 minutes

- *Identify perceived and experienced challenges and barriers to implementing DICs.*
- *Gauge differences among types and locations of communities (including variability across diverse communities), as enabled by the composition of focus groups on these topics above.*

Now let's focus on the challenges or barriers to communities becoming more inclusive of people living with dementia. Again, where relevant, please provide examples from your professional role working with a local government that has implemented dementia-inclusive measures in the built environment or based on your expectations if you have not yet worked on these types of measures.

- What challenges or barriers have you experienced, or would you expect, to making the built environment in the community where you work more inclusive of people living with dementia? *Probe for: resistance to change; limited understanding of the needs of PLWD; perception of unfairness/preference towards this segment of the population; lack of technical training/knowledge/expertise; limited funding/resources; infrastructure limitation; balancing design and functionality; unknown impact of measures; not knowing where to start/how to approach it; lack of a plan or guidelines.*
  - o Are there other challenges or barriers specific to the implementation of measures?
- What are the greatest barriers?
- Do you have thoughts on how these challenges or barriers might be overcome?

Considerations	10 minutes

Now thinking about other considerations for making a community more dementia-inclusive…

- Are there factors specific to the community where you work that affect the local government's ability to put in place dementia-inclusive measures? How are those unique to your community? *Probe: Considerations specific to buildings; public spaces, such as streets, parking, crosswalks, public seating, parks, pedestrian and bike pathways, public toilets, or subdivisions; signage and wayfinding; transportation/public transit or transit stations.*
- In general, how does community size or location (or other unique characteristics such as diversity, cultural make-up) impact its ability to become more inclusive of people living with dementia? *Probe on: rural vs. urban; geographic location (e.g., Northern communities)*
- **IF TIME PERMITS:** What are some lessons learned from your community's/region's experiences that could be applied to other local governments looking to implement dementia-inclusive practices in the built environment?

Future considerations and Support	15 minutes

- *Explore measures that would be helpful in the future to support local government officials in the development and implementation of DICs.*
- *Gauge differences among types and locations of communities (including variability across diverse communities), as enabled by the composition of focus groups on these topics above.*

Knowledge resources are needed to effectively design and implement dementia-inclusive communities…

- What knowledge resources are you aware of (and not already discussed) that are currently available to assist local governments in making their built environment more inclusive of people living with dementia? *Probe to understand internal vs. external (academia, experts, advocacy, etc.) support.*

[**FOR MODERATOR TO CLARIFY IF NEEDED:** A knowledge resource is a source of information that helps people learn, solve problems, or make decisions.]

- Which knowledge resources have the local government you work with used to support the implementation of dementia-inclusive measures?
    - Are there guidelines you have used regarding dementia-inclusive measures? *If not mentioned, probe regarding familiarity with DemScape guidelines before the session*
- What do you think of the DemSCAPE guidelines?
- What is missing to better support local government officials in their efforts to implement dementia-inclusive measures? *Probe for: financial; staff; training/best practices/knowledge/expertise; guidelines for the built environment; technology; awareness (public or political); involvement of people living with dementia and caregivers; political will/support; collaboration with community organizations or businesses.*

Community development is in constant evolution, as you know. Thinking about the future…

- What are the most important changes or developments needed to make the built environment in the **community where you work** more inclusive of people living with dementia?
- More generally, what do you see **across Canada** as the greatest opportunities to help communities become more dementia-inclusive, thinking about the built environment?

And in conclusion…

- What other recommendations or thoughts do you have regarding the implementation of dementia-inclusive measures related to the built environment by local government officials?

Thanks & Closure:

That concludes our discussion. On behalf of the Government of Canada, thank you for your time and input. We will follow up with you by email regarding the charitable donation. Note that once finalized, the study report for this project will be available to the public through a government agency called Library and Archives Canada.