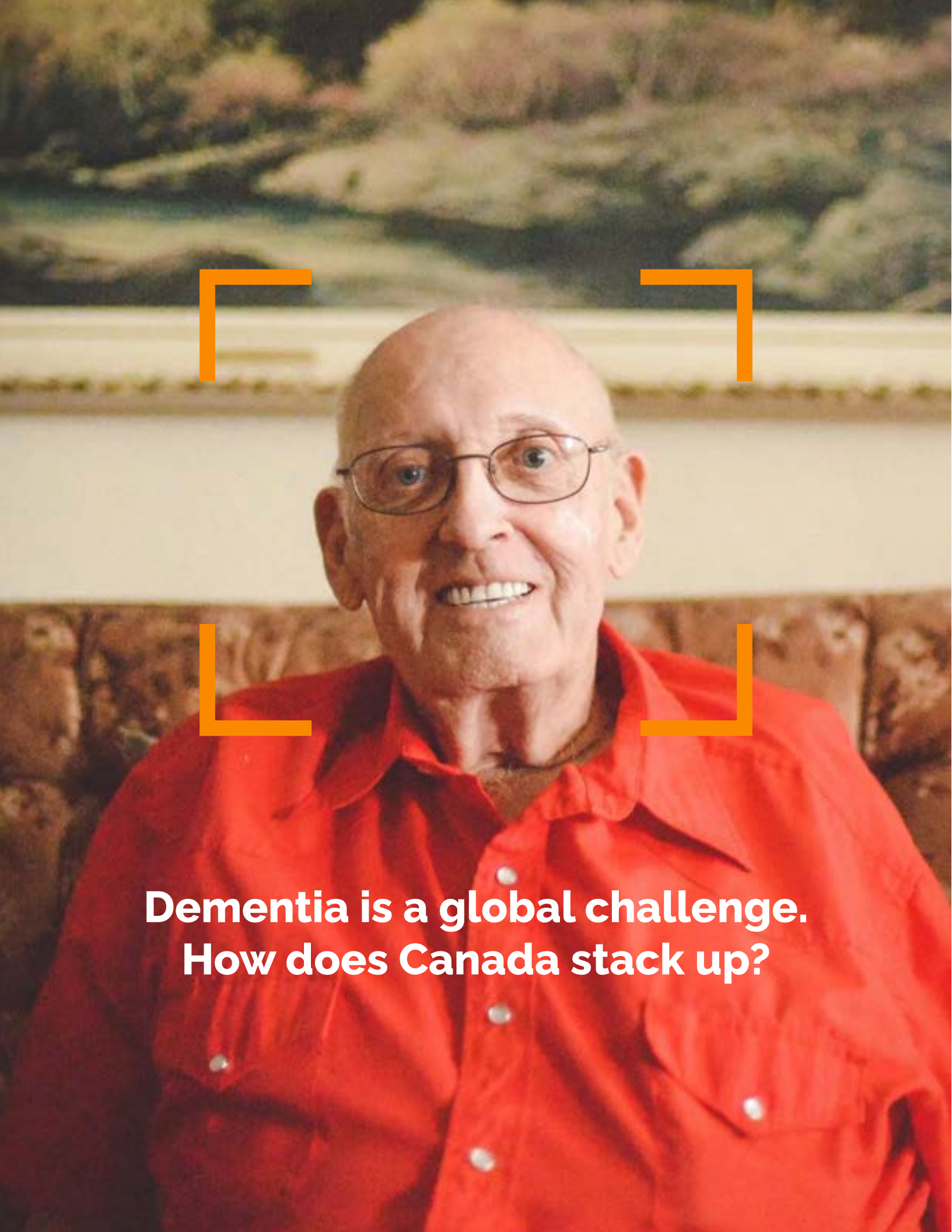


CanAge.*

Dementia in Canada

Cross-Country Report 2022





**Dementia is a global challenge.
How does Canada stack up?**

Message from the CEO

The world is racing to deal with dementia. Can Canada Keep Up?



Laura Tamblyn Watts
CEO, CanAge

Why does Canada, one of the wealthiest, most stable countries in the world, with universal healthcare and a social safety net, fail so profoundly in dementia care? Don't we have a National Dementia Strategy? Where are we on our progress towards implementing that strategy?

At CanAge, we wanted to get answers. We wanted to find out where Canada is on the path to making this country dementia-inclusive. We wanted answers for the individuals, caregivers and social service sector workers who are increasingly raising their voices in desperation. These are some of the voices we hear regularly:



"I have dementia. I have a serious health issue, but I cannot access the care, support services or resources I need. I'm not a has-been. I'm a person. Why am I so ignored? I feel lost, stigmatized, forgotten."

— *Person Living with Dementia, BC.*



"My parent has dementia, or at least cognitive decline anyway. We can't even get a proper mental capacity assessment to figure out what's really going on. We're really getting so worried. We just can't get the help we need. There isn't enough home care at all. Adult day programs or respite care just aren't available. There are not enough supports or help for caregivers. My parent is increasingly isolated. They can't stay home and they can't get into long-term care either. We're desperate."

— *Family Caregiver, Ontario.*



"I work in the dementia and social service sector. We have all kinds of great programs we could implement if we only had the funding or support. If we get funding, it's for a pilot project or relies on volunteer time, so we can't build up the capacity we need. Everyone knows we need these programs and we're going to need more of them, not less. Why can't we succeed in getting the solid infrastructure in place to help?"

— *Dementia support worker, Nova Scotia.*

With this report, we wanted to take real steps to help answer some of those difficult questions. We went seeking across Canada, then globally, for independent, non-governmental reports which measured the impact and progress of a government dementia strategy.

We found none.

So together with our dementia communities, Alzheimer's Societies, stakeholders and academic researchers we decided to create what we believe is the first independent report of its kind - measuring and comparing governmental action on dementia.

Why is this so important? The stories above are compelling, but they are not unique.

Dementia numbers are expanding almost exponentially in Canada. Resources dedicated to dementia are decidedly not keeping up. In fact in some cases dementia resources are shrinking, or even worse, falling off the governmental agenda completely. This means that Canadians' needs are being increasingly unmet. People are not just unsupported, but lives are actively at risk.

This "dementia wave" in Canada should be a surprise to precisely no one. While dementia is not a normal part of aging, it is clear from the evidence that the older you are, the more likely you are to have dementia - and Canadians are living longer than ever before. The Baby Boom demographic wave is cresting into older age, joining their parents, in a never-before seen age shift. This is, again, not news. But it is crucial that we address this UN designated "mega-trend" of aging demographics head-on, or Canada will not be able to build infrastructure, human resources or systems fast enough to meet the ever increasing needs of a country with the dementia numbers we are facing.

The latest 2021 census demographic numbers show that Canadians are aging faster than ever, with 1 in 5 working adults nearing retirement. **Seniors aged 85 and older are now one of the fastest-growing demographics in the country**, having increased 12% since 2016 to a population of over 861,000.¹

Given that Canadians are living longer, and the **risk of dementia doubles at 85** (to 24.6% from just 12.4% between the ages of 80-84), every minute counts. It takes decades to create new health care infrastructures, workers, treatments and systems.²

In short, **we are running out of time.**

When the World Health Organization published its Global Action Plan on dementia in 2017, it hoped to spur a coordinated worldwide approach to addressing the projected explosive growth in people living with cognitive decline. Since then, countries have been scrambling to lay the necessary groundwork to deal with what is poised to be a worldwide health care challenge of unprecedented scale.

Unfortunately, Canada is falling behind.

The country is not adequately prepared to support the number of people with dementia now - let alone the near-exponential growth in the future. This report serves as a wake-up call, and a chance to examine both where we are now and where we need to focus on improvements. This report checks in on what each province and territory is doing to address this concern.

Early diagnosis and intervention is key for those living with dementia. However, in 2016, **only 2 out of 5 Canadian doctors felt well-prepared to manage community dementia care (CIHI).**³ Mental capacity specialists are few on the ground, and not being created fast enough. Where specialists in dementia do exist, they tend to be focused in key urban centres. Our super-aging rural and remote communities are especially at risk, as are other marginalized communities.

We need to do better. We can do better.

Stigma is an overarching problem which blocks progress at every level.

When people are too afraid to talk about dementia, learn about associated risk factors, and seek support - everything worsens.

Dementia isn't just an old people problem: according to the Alzheimer Society of Canada, between 2% to 8% of all dementia cases occur in those younger than 65.⁴

This report, the first of its kind in Canada, benchmarks the progress made in each province and territory to prepare for the rapidly growing rate of dementia the data show is looming on the horizon. It also looks at our National Dementia Strategy, and the role the federal government has to play in stewarding, and funding, a collaborative approach to this important work across the country.

Dementia is a global challenge of truly epic proportions. The stage is set for Canada to emerge as a global leader in facing the realities of a rapidly aging population head on effectively, collaboratively and thoughtfully. Our national dementia strategy is the means to an end: not the finish line in itself. It will take all levels of government working hand-in-hand, in full transparency, to keep Canada in the race.

We're all aging every day; we all have a stake in our country's response to dementia for our loved ones, and for our future selves. Let's keep moving forward together, and pick up the pace.



Laura Tamblyn Watts
CEO, CanAge

Our Commitment to Transparency

CanAge is fully committed to maintaining full transparency and accountability around our sources of funding, including on partnerships like the one undertaken to produce this report.

This is a core value of our organization, and is the lens through which we approach any and all partnership agreements.

If you have any questions about our partnership with Roche, please write to partnerships@CanAge.ca



Working together to prepare for the future

Tackling the dementia problem in Canada is a massive undertaking that requires intensive and purposeful collaboration across the full spectrum of stakeholders in aging.

CanAge has joined forces with Hoffmann-La Roche Limited (Roche Canada), as this project's sponsor, to create this pivotal report - the first of its kind in Canada.

Together, our two organizations hold a shared vision of a world where people living with dementia are diagnosed early and in an accurate way, live free of associated stigma, have access to the right innovations, and have the supports they need to age with dignity and respect.

Together, our aim is to get Canada back on track to prepare for the projected explosive increase in dementia cases in the coming years.

Our Shared Vision

All people living with dementia should:

- Be diagnosed early
- Live free from stigma
- Receive the best possible care
- Have access to innovative healthcare solutions
- Live vibrant and connected lives

Our belief is that all Canadians should be well-informed about dementia, including prevention and associated risk factors.

About Roche

Roche is a global pioneer in pharmaceuticals and diagnostics focused on advancing science to improve people's lives. The combined strengths of pharmaceuticals and diagnostics, as well as growing capabilities in the area of data-driven medical insights, help Roche deliver truly personalized healthcare.

Building on our long history of transforming scientific insights into innovative medicines, Roche researchers are creating new technologies to learn more about how Alzheimer's disease (AD) begins and progresses.

Roche is committed to the development of better, more accessible diagnostics, therapeutics and more holistic healthcare solutions, targeting the key pathways implicated in the pathophysiology of AD.

We share in the excitement across the AD community right now and the hope for continued progress for people living with AD as well as their caregivers, families, and communities.

At Roche, we know that the existing challenges within our healthcare system are too big for any one stakeholder to tackle alone. Given the medical and societal complexity of AD, we anticipate needing several diagnostic tools and therapeutic options to meet the multiple and diverse needs of the AD population.

That is why we are committed to bringing our deep roots in pharmaceuticals, diagnostics and insights-gathering with our partners to help make data-driven healthcare decisions for patients and the healthcare system in the future.

Roche's goal is to change how AD is detected, diagnosed and managed – beyond just treating the symptoms, and work hand-in-hand with organizations like CanAge to address the complex societal and health system challenges posed by increasing rates of dementia.

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The Worldview of
Dementia





United Nations

Canada has been a member of the UN since its inception. Founded in 1945, the United Nations (UN) is currently made up of 193 Nations as Member States. The UN and its work are guided by the purposes and principles contained in its founding Charter.

While the UN has evolved over the years to keep pace with a rapidly changing world, one thing has stayed the same: it remains the one place on Earth where all the world's nations can gather together, discuss common problems, and find shared solutions that benefit all of humanity.

According to the United Nations, there were more than 730 Million people over the age of 65 worldwide, representing 1 in every 11 persons in 2019.⁵

By 2050, that number will reach 1.5 Billion and globally will result in 1 in 6 persons over the age of 65.⁶

But in North America and Europe, that number will be 1 in 4.⁷

Due to the impacts of the pandemic on older persons, as well as the world's rapidly aging population, the UN launched its [Decade of Healthy Ageing](#) from 2020-2030.⁸

The campaign's top priorities are:

- Combating Ageism
- Age-friendly Environments
- Integrated Care
- Long-term Care



By 2050, the number of people over the age of 65 will reach 1.5 Billion.

The world's population is changing.



In 2019,

1 in 11

persons was over the age of 65.

By 2050,

1 in 6

persons will be over the age of 65.

But in North America (and Europe), that number will be

1 in 4



Share your knowledge





Canada is one of 194 Member Nations that support the World Health Organization (WHO). Founded in 1948, WHO is an agency of the United Nations that connects nations, partners and people to promote health, help keep the world safe and serve the vulnerable – so everyone, everywhere can attain the highest level of health.

WHO released, **Dementia: A Public Health Priority** in 2012, in collaboration with Alzheimer Disease International. The purpose of the report was to raise awareness of dementia as a public health priority, to articulate a public health approach and to advocate for action at international and national levels.

<https://www.who.int/publications/i/item/dementia-a-public-health-priority>

In December of 2017, WHO released its **Global Action Plan on the Public Health Response to Dementia for 2017–2025**. This provided a framework for governments to build out action plans to address dementia.

<https://www.who.int/publications/i/item/global-action-plan-on-the-public-health-response-to-dementia-2017---2025>

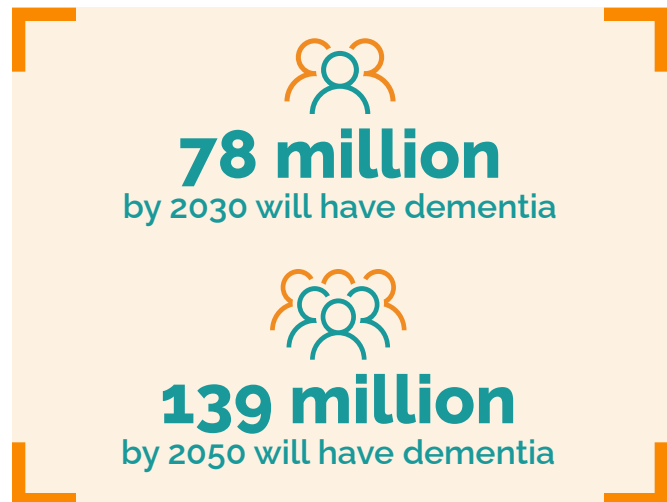
WHO also launched the **Global Dementia Observatory (GDO)** which is the monitoring and accountability mechanism for the Global Action Plan. It collates data from WHO Member States on 35 key dementia indicators to strengthen countries' ability to respond to the needs of people with dementia, their carers and families.

<https://globaldementia.org/>



Worldwide, around 55 million people have dementia.

As the proportion of older people in the population is increasing in nearly every country, this number is expected to rise to:

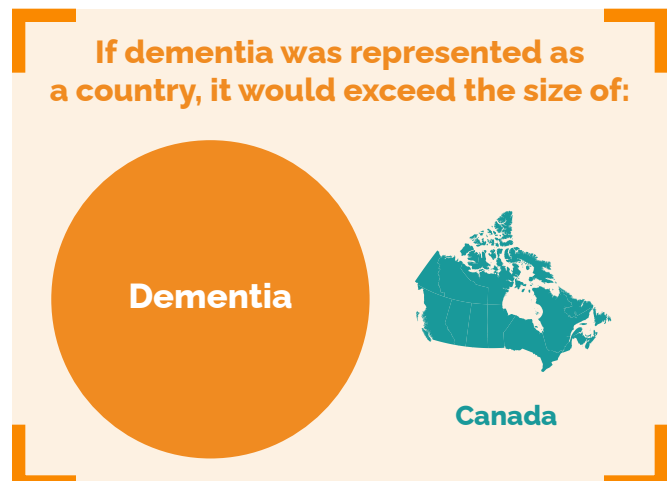


Dementia is currently the seventh (7th) leading cause of death among all diseases.⁹

It is also, one of the major causes of disability and dependency among older people, globally.¹⁰

Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large.

If the true number of people impacted with Dementia was represented as a country, including those misdiagnosed or currently undiagnosed, that country would be roughly twice the size of Canada's population.





As a nation, Canada was one of the OECD’s founding member nations and remains one of the 38 member nations. The Organisation for Economic Co-operation and Development (OECD) is an international organization that works to build better policies for better lives, with a goal to shape policies that foster prosperity, equality, opportunity and well-being for all.

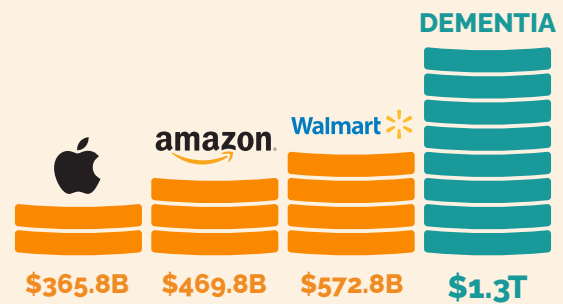
After the release of an alarming report in 2015, the OECD released two new reports in 2018 to put dementia higher on the agenda for its member nations, citing that the “priority given to dementia is too low given its impact on society.”¹¹

2015: Addressing Dementia - The OECD Response
https://read.oecd-ilibrary.org/social-issues-migration-health/addressing-dementia_9789264231726-en#page1

2018: Renewing priority for dementia: Where do we stand?
<https://www.oecd.org/health/health-systems/Renewing-priority-for-dementia-Where-do-we-stand-2018.pdf>

Globally, it is estimated that dementia care costs \$1.3 USD Trillion each year.

If dementia care spending was a business, it would be the largest business in the world.



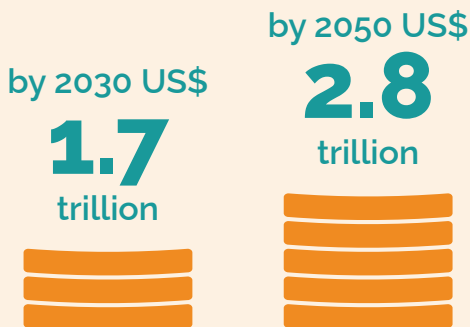
Values are in USD from 2021

If dementia care spending was a country It would be the:



Values are in USD from 2021

Globally, dementia care spending will exceed:



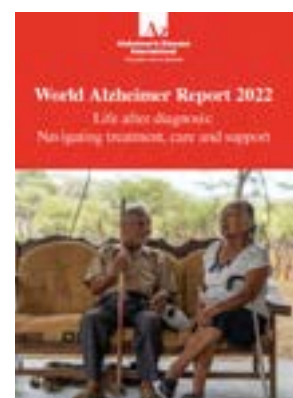
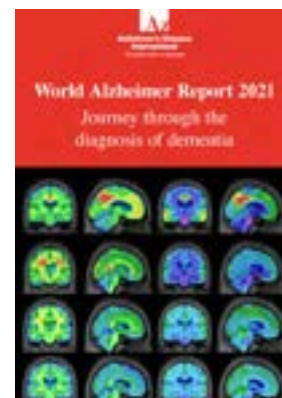
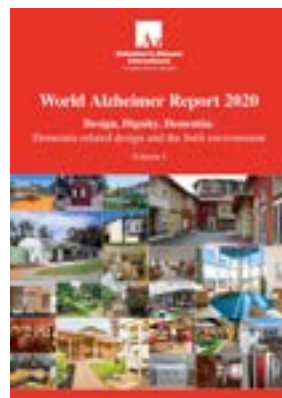
Values are in USD from 2021



Alzheimer's Disease International

Alzheimer's Disease International (ADI) is an international federation of Alzheimer and dementia associations around the world; in official relations with the World Health Organization. The Alzheimer Society of Canada (ASC) is Canada's organizational member.

Their vision is risk reduction, timely diagnosis, care and inclusion today, and cure tomorrow.



The **World Alzheimer Report 2019: Attitudes to Dementia** report from Alzheimer's Disease International (ADI) revealed:

80% of the general public are concerned about developing dementia at some point.¹⁴

1 in 4 people think that there is nothing we can do to prevent dementia.¹⁵

Independent surveys in both the US and Canada show that more than half of those over the age of 60 fear a dementia diagnosis more than any other diagnosis, including cancer and heart disease.¹⁶

35% of carers across the world said that they have hidden the diagnosis of dementia of a family member.¹⁷

40% of the general public think doctors and nurses ignore people with dementia.¹⁸

Dementia is now the 7th leading cause of mortality globally.

Over 50% of carers globally say their health has suffered as a result of their caring responsibilities even whilst expressing positive sentiments about their role.¹⁹

Almost 62% of healthcare providers worldwide think that dementia is part of normal aging.²⁰

Their latest report, **World Alzheimer Report 2022 - Life after diagnosis: Navigating treatment, care and support**, explores the many facets of life for people with dementia, their carers, and healthcare professionals following a diagnosis of dementia.

World Alzheimer Report 2019: <https://www.alzint.org/resource/world-alzheimer-report-2019/>

World Alzheimer Report 2020: <https://www.alzint.org/resource/world-alzheimer-report-2020/>

Canada's own McGill University was commissioned to write the two most recent of these reports for Alzheimer's Disease International.

World Alzheimer Report 2021: <https://www.alzint.org/resource/world-alzheimer-report-2021/>

World Alzheimer Report 2022: <https://www.alzint.org/resource/world-alzheimer-report-2022/>



How prepared is Canada?
Are We "Dementia-Ready"

Support for **Patients**

Support for **Caregivers**

Support for **Healthcare Providers**

Supportive Policies

Where is Canada on the scale?

The WHO's Global action plan on the public health response to dementia 2017-2025 was adopted in May 2017 and includes seven target areas to increase in relation to dementia.

- Policy
- Awareness
- Prevention
- Diagnosis
- Research
- Care
- Treatment

The first target, 'Dementia as a public health priority' urges that 75% of Member States (146 countries) must develop a tailored response to dementia by 2025.

Canada is one of only 39 Member States that has a National Strategy.

While Canada's National Strategy was penned pre-pandemic, COVID-19 has clearly illustrated the need for agile and responsive collaboration between all levels of government in response to a health care crisis—and this is not yet the reality for those living with dementia and their carers.

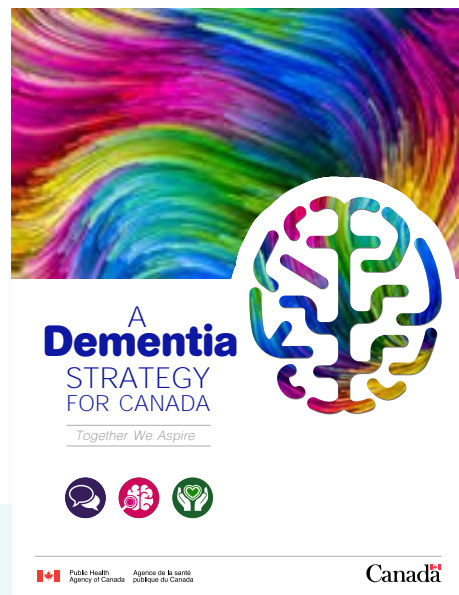
We must adopt these key learnings if we are to have any hope of turning high-level concepts into real ground-level impact to avoid the overwhelming rise of dementia looming on the horizon.

As it stands, the National Strategy lacks clear guidelines of implementation and success criteria across provinces and territories, undermining the impact of its strong mandate.

The federal government now has a golden opportunity to achieve real impact in its implementation of the strategy broadly across Canada, and to support meaningful collaboration between all levels of government in carrying out a coordinated and measured approach to tackling dementia.

Efforts are now being made by the federal government to bolster data collection, which is a promising step forward in better understanding prevalence, associated risk factors and effects of dementia. However, that data has not been made publicly available. Public awareness ad campaigns have been launched, but their impact on breaking associated stigma is unclear.

The Strategy is undeniably an effective vehicle for funding to advance Canada's approach to dementia. However, provinces and territories are signaling that the money is either moving too slowly, or the ongoing challenges with healthcare system capacities and labour shortages are crippling many regional healthcare systems.



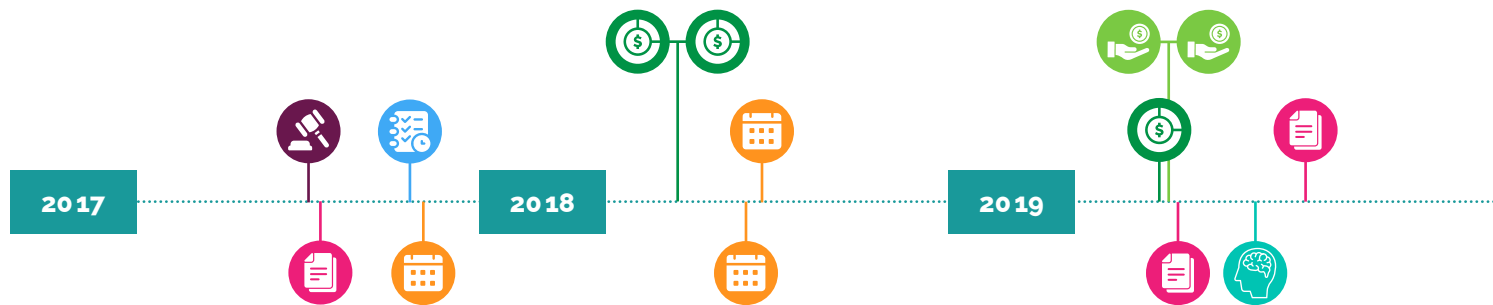
What the National Strategy IS

- A comprehensive roadmap identifying major themes and priorities around dementia care
- Canada's commitment to World Health Organization (WHO)'s 'Global action plan on the public health response to dementia' (satisfies all recommendations)
- A mechanism to provide funding in key areas, including research and public education
- A solid starting point to a coordinated approach to dementia care in Canada

What the National Strategy IS NOT

- An implementation plan with clear measures to ensure success
- A data-driven approach to dementia care and support – it's unclear what data does exist, and where the gaps are currently to accurately define and assess the problem
- A detailed document that clearly identifies how the federal government will work together with provinces and territories to carry out their plans
- A quick and efficient vehicle for transfer of dollars for care for those living with dementia

Canada's National Dementia Strategy



2017



ACTS

June 22, 2017

National Strategy for Alzheimer's Disease and Other Dementias Act comes into effect



REPORT

July 2017

The Lancet launched Lancet Commission: Dementia Prevention, Intervention, and Care



ACTION PLAN

December 7, 2017

World Health Organization's Global action plan on the public health response to dementia (2017-2025)



EVENT

December 1-31, 2017

Public Health Agency of Canada establishes the Federal/Provincial/Territorial Coordinating Committee on Dementia

2018



BUDGET

February 27, 2018

Budget 2018 - Federal Government commits \$20 million over 5 years – Dementia Community Investment (2018-2023)



BUDGET

February 27, 2018

Budget 2018 - Federal Government commits \$4 million per year ongoing - Dementia Community Investment (2018-->)



EVENT

May 14-15, 2018

Government of Canada Hosts National Dementia Conference: Inspiring and Informing a National Dementia Strategy



EVENT

May 14, 2018

Ministerial Advisory Board on Dementia is announced

2019



BUDGET

March 19, 2019

Budget 2019 - Federal Government commits \$50 million over 5 years – Starting 2019/2020 - National Dementia Strategy



ALLOCATION

March 19, 2019

\$10 million will be used to support a better understanding of the impact of dementia in our communities through surveillance



ALLOCATION

March 19, 2019

The remaining \$40 million for the Dementia Strategic Fund includes initiatives designed to:

- increase awareness by sharing information about preventing dementia; reducing stigma; encouraging communities to be more inclusive and supportive of people living with dementia and caregivers; and
- develop and share treatment guidelines and best practices for early diagnosis

Where we were then

Canada's National Dementia Strategy, released in 2019, lays out a clear mandate for tackling dementia at the federal level. It has three national objectives:

1. Prevent dementia
2. Advance therapies and find a cure
3. Improve the quality of life of people living with dementia and caregivers

Timeline of key milestones



REPORT

April 1-30, 2019

Public Health Agency of Canada establishes the Federal/Provincial/Territorial Coordinating Committee on Dementia releases report



STRATEGY

June 17, 2019

A Dementia Strategy for Canada: Together We Aspire – Released



REPORT

August 2019

A Dementia Strategy for Canada: Together We Aspire – First Annual Report to Parliament June 2019

2020



REPORT

July 30, 2020

The Lancet's 2017 findings were updated in Dementia Prevention, Intervention, and Care: 2020 Report of the Lancet Commission



REPORT

December 7, 2020

A Dementia Strategy for Canada: Together We Achieve – Second Annual Report to Parliament – 2020 Annual Report

2021



BUDGET

April 19, 2021

Budget 2021 – \$3 billion over five years, starting in 2022-23, to Health Canada to support provinces and territories in ensuring standards for long-term care are applied and permanent changes are made.



BUDGET

April 19, 2021

Budget 2021 – \$41.3 million over six years, and \$7.7 million ongoing, starting in 2021-22, for Statistics Canada to improve data infrastructure and data collection on supportive care, primary care, and pharmaceuticals.

2022



REPORT

January 20, 2022

A Dementia Strategy for Canada: Together We Achieve – Third Annual Report to Parliament – 2021 Annual Report



BUDGET

April 7, 2022

Budget 2022 proposes to provide \$20 million over five years, starting in 2022-23, for the Canadian Institutes of Health Research to ramp up efforts to learn more about dementia and brain health, to improve treatment and outcomes for persons living with dementia, and to evaluate and address mental health consequences for caregivers and different models of care.



BUDGET

April 7, 2022

Budget 2022 proposes to provide \$30 million over three years, starting in 2022-23, to the Public Health Agency of Canada, for the Centre for Aging and Brain Health Innovation to help accelerate innovations in brain health and aging.



BUDGET

April 7, 2022

In 2022-23, the Canada Health Transfer will provide provinces and territories with \$45.2 billion in support – an increase of 4.8 per cent over the 2021-22 baseline.

Within each of these objectives, Canada's national dementia strategy identifies areas of focus and suggested activities, as well as a bird's eye view of "where we are" and "where we need to be." It also creates a mechanism for the federal government to fund much-needed research, kickstarted by an initial investment of \$50 million.

Above is a timeline of key milestones of progress made since the launch of Canada's national dementia strategy.

Dementia Readiness: Current vs. Future State

While dementia and its care should be a significant concern for all levels of government, there are some current gaps and barriers that are hindering our ability to truly be “Dementia-Ready.” But governments can’t do this alone.

Our systems of care also play a vital role in providing support for people with dementia, and should be a space that innovates, advances and evolves.

Early access to a diagnosis is CRITICAL for those living with dementia, **BUT about two-thirds of Canadian primary care practices are not accepting new patients.**²¹

Dementia requires a multidisciplinary approach to care, **BUT fewer Canadian primary care physicians reported having “frequently” coordinated care with social services compared with other countries.**²²

Surveys consistently show that there are many people, patients, caregivers and healthcare professionals that think that dementia is a natural part of aging, **BUT it is not.**²³

Early diagnosis provides several key benefits in treatment and care options, **BUT surveys consistently show that many Canadians fear and avoid dementia.**²⁴

SEE LINKS: [How Canadians Perceive Dementia](#) and [The 10 Benefits of Early Diagnosis](#) from the Alzheimer Society of Canada.

While not all forms of dementia are preventable, there are certain forms that can be delayed or prevented by managing certain risk factors, **BUT most Canadian public health campaigns do not educate the public on how these risk factors are linked to dementia.**²⁵

WATCH: [Dr. Howard Chertkow discuss the 15 things you can do right now to reduce your risk of dementia.](#)

Canadians living with dementia and their caregivers should feel encouraged, supported, and welcomed by a strong community of support when they need it most, **BUT many provinces/territories lack programs to develop age-friendly communities and/or do not specifically address dementia.**²⁶

In 2020, in Canada there were:
6,491,030 children 17 or younger
and there were 2,300
paediatricians

**= 1 paediatrician
for every
2,822 children**

In 2020, in Canada there were:
6,835,866 seniors 65+
and only 327 geriatricians

**= 1 geriatrician
for every
20,905 seniors**

An almost 10-fold difference



For Canadians living with dementia, we ask for:

- Timely access to a diagnosis
- Resources and information available to best inform physicians, patients and families
- Resources and training available for patients and their caregivers
- Confidence that family physicians are knowledgeable and understand how to manage and/or refer patients for dementia care
- Clear care pathways that provide clear understanding of how to access supports as one's needs change over time
- Treatment with dignity, respect, and included as a part of society
- The ability to preserve one's independence, autonomy and rights to live and age well in Canada, while being protected from abuse, stigma, isolation, or unfair treatment
- Clear access to innovative technologies, research studies and clinical trials
- Canada's unwavering commitment to funding research and finding a cure



For Caregivers supporting those living with dementia, we ask for:

- Recognition of caregivers as an essential and critical part of the continuum of care for those living with dementia
- Resources and information available to best inform physicians, patients and families
- Resources and training available for caregivers to help them feel confident in their ability to help
- Clear care pathways that provide clear understanding of how to access supports as one's needs change over time
- Treatment with dignity, respect, as a part of one's care team
- Increased supports and flexible options for families to take leave, secure family caregiving benefits, and enhanced financial security measures
- The ability to honour one's independence, autonomy and rights to live and age well in Canada, while protecting their loved ones from abuse, stigma, isolation, or unfair treatment
- Increased respite care, and other key supports for family caregivers
- Clear access to innovative technologies, research studies and clinical trials
- Canada's unwavering commitment to funding research and finding a cure



For Canada's Healthcare Workers, we ask for:

- Clearly laid outcare pathways and procedures to support timely, accurate and early diagnosis
- Supports that aid physicians in developing greater confidence in their ability to support their patients living with dementia
- Resources, information and training to best equip physicians, on how to provide care, refer care, and/or route to specialty services within the community
- Clear care pathways that provide clear understanding of how to access supports as one's needs change over time
- Dementia-friendly training to equip healthcare workers with the knowledge needed to best serve the needs of patients with dementia
- Dementia-friendly training and certification for staffing within Canada's hospitals
- The ability to honour one's independence, autonomy and rights to live and age well in Canada, while protecting those living with dementia from abuse, stigma, isolation, or unfair treatment
- Clear access to innovative technologies, research studies and clinical trials
- Canada's unwavering commitment to funding research, innovation, and finding a cure

**Provincial
& Territorial
Assessments**



Alberta

HOW THE POPULATION IS AGING ALBERTA



Total Population **4,262,635**



Population between the ages of 45-64

1,079,930

25.33%

↓ Compared to National Average
Lower



Population over the age of 65

629,220

14.76%

↓ Compared to National Average
Lower



Population over the age of 85

72,375

1.70%

↓ Compared to National Average
Lower



Population over the age of 100

795

0.02%

↓ Compared to National Average
Lower

CURRENT CARE METRICS IN ALBERTA

Regular Access to a doctor (2017-2018)

83.70%

↓ Compared to National Average
Lower

Family Physicians per 100,000 (2020)

124

↑ Compared to National Average
Higher

Neurologists per 100,000

4

↑ Compared to National Average
Higher

Psychiatrists per 100,000

14

↔ Compared to National Average
Same As

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

50.30%

↑ Compared to National Average
Higher

Patient days in ALC Status (2020-2021)

15.30%

Hospitalized Seniors at risk of frailty (2019-2020)

44.70%

Prevalence of High Blood Pressure (2017-2018)

15.40%

Prevalence of Diabetes (2017-2018)

6.60%

Prevalence of COPD (2017-2018)

3.80%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN ALBERTA

Heavy Drinking (2017-2018)

19.30%

↔ Compared to National Average
Same As

Adult Obesity (2017-2018)

28.90%

↑ Compared to National Average
Higher

Smoking (2017-2018)

16.40%

↑ Compared to National Average
Higher

Adult Physical Activity (2017-2018)

59.40%

↑ Compared to National Average
Higher

SURVEY RESPONSES FROM PHYSICIANS IN ALBERTA

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

23.00%

↑ Compared to National Average
Higher

Mental Illness

69.00%

↑ Compared to National Average
Higher

Chronic Conditions

86.00%

↑ Compared to National Average
Higher

Dementia

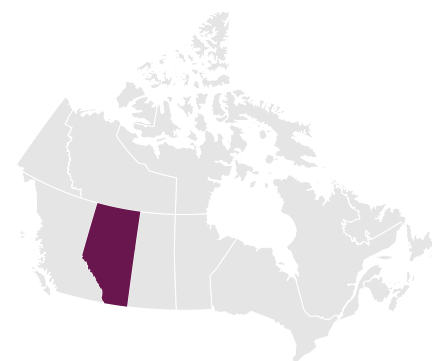
36.00%

↓ Compared to National Average
Lower

Palliative Care Needs

30.00%

↓ Compared to National Average
Lower



LEADERSHIP	United Conservative Party (April 30, 2019)
PREMIER	Danielle Smith (as of October 6, 2022)
MINISTER OF SENIORS	Josephine Pon
MINISTER OF HEALTH	Jason Copping
MINISTER OF HOUSING	Josephine Pon
CHIEF MEDICAL OFFICER	Dr. Deena Hinshaw

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	No
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	Yes
Are care pathways published for patients to understand the health navigation process for dementia?	Yes
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	Yes
Are there published resources for caregivers?	Yes
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	Yes
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	Yes
Is this data current?	No
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	No

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. While Alberta's population is lower than the Canadian average in all four of the age brackets identified, those brackets represent over 40% of Alberta's population.
2. Alberta's physicians reported lower confidence ratings than the national average on both dementia care and palliative care preparedness.
3. Alberta does not have a current dementia strategy.
4. Alberta has not made dementia a public health priority; while also reporting same as, or below average performance for three of the four identified risk factors for dementia. (social determinants)

British Columbia

HOW THE POPULATION IS AGING BRITISH COLUMBIA



Total Population **5,000,879**



Population between the ages of 45-64

1,350,515

27.01%

↑ Compared to National Average
Higher



Population over the age of 65

1,016,365

20.32%

↑ Compared to National Average
Higher



Population over the age of 85

122,465

2.45%

↑ Compared to National Average
Higher



Population over the age of 100

1,515

0.03%

↑ Compared to National Average
Higher

CURRENT CARE METRICS IN BRITISH COLUMBIA

Regular Access to a doctor (2017-2018)

82.00%

↓ Compared to National Average
Lower

Family Physicians per 100,000 (2020)

134

↑ Compared to National Average
Higher

Neurologists per 100,000

3

↔ Compared to National Average
Same As

Psychiatrists per 100,000

16

↑ Compared to National Average
Higher

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

35.10%

↓ Compared to National Average
Lower

Patient days in ALC Status (2020-2021)

12.00%

Hospitalized Seniors at risk of frailty (2019-2020)

23.30%

Prevalence of High Blood Pressure (2017-2018)

16.20%

Prevalence of Diabetes (2017-2018)

5.80%

Prevalence of COPD (2017-2018)

3.80%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN BRITISH COLUMBIA

Heavy Drinking (2017-2018)

18.80%

↓ Compared to National Average
Lower

Adult Obesity (2017-2018)

22.40%

↓ Compared to National Average
Lower

Smoking (2017-2018)

12.60%

↓ Compared to National Average
Lower

Adult Physical Activity (2017-2018)

64.80%

↑ Compared to National Average
Higher

SURVEY RESPONSES FROM PHYSICIANS IN BRITISH COLUMBIA

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

23.00%

↑ Compared to National Average
Higher

Mental Illness

67.00%

↑ Compared to National Average
Higher

Chronic Conditions

85.00%

↑ Compared to National Average
Higher

Dementia

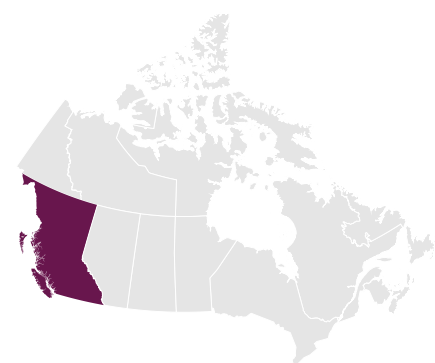
48.00%

↑ Compared to National Average
Higher

Palliative Care Needs

46.00%

↑ Compared to National Average
Higher



LEADERSHIP	NDP (May 9, 2017)
PREMIER	John Horgan (interim as of June 28, 2022)
MINISTER OF SENIORS	Not dedicated - Mable Elmore, MLA - Parliamentary Secretary for Seniors' Services and Long-Term Care
MINISTER OF HEALTH	Adrian Dix
MINISTER OF HOUSING	David Eby
CHIEF MEDICAL OFFICER	Dr. Bonnie Henry

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	No
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	INCONCLUSIVE
Are care pathways published for patients to understand the health navigation process for dementia?	INCONCLUSIVE
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	Yes
Are there published resources for caregivers?	INCONCLUSIVE
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	Yes
Is this data current?	Yes
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	No
Are mandate letters for this government up to date and made public?	Yes

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. BC's population is higher than the Canadian average in all four of the age brackets identified.
2. BC's physicians reported higher confidence ratings than the national average on both dementia care and palliative care preparedness.
3. BC does not have a current dementia strategy.
4. BC has not made dementia a public health priority.

Manitoba

HOW THE POPULATION IS AGING MANITOBA



Total Population **1,342,153**



Population between the ages of 45-64

330,895

24.65%

Compared to National Average
Lower



Population over the age of 65

229,050

17.07%

Compared to National Average
Lower



Population over the age of 85

29,255

2.18%

Compared to National Average
Lower



Population over the age of 100

445

0.03%

Compared to National Average
Higher

CURRENT CARE METRICS IN MANITOBA

Regular Access to a doctor (2017-2018)

83.90%

Compared to National Average
Lower

Family Physicians per 100,000 (2020)

108

Compared to National Average
Lower

Neurologists per 100,000

2

Compared to National Average
Lower

Psychiatrists per 100,000

14

Compared to National Average
Same As

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

47.40%

Compared to National Average
Higher

Patient days in ALC Status (2020-2021)

17.00%

Hospitalized Seniors at risk of frailty (2019-2020)

20.10%

Prevalence of High Blood Pressure (2017-2018)

18.90%

Prevalence of Diabetes (2017-2018)

7.40%

Prevalence of COPD (2017-2018)

3.20%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN MANITOBA

Heavy Drinking (2017-2018)

16.30%

Compared to National Average
Lower

Adult Obesity (2017-2018)

29.90%

Compared to National Average
Higher

Smoking (2017-2018)

16.70%

Compared to National Average
Higher

Adult Physical Activity (2017-2018)

54.40%

Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN MANITOBA

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

27.00%

Compared to National Average
Higher

Mental Illness

61.00%

Compared to National Average
Same As

Chronic Conditions

83.00%

Compared to National Average
Higher

Dementia

43.00%

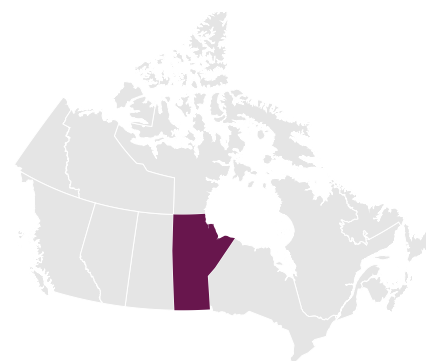
Compared to National Average
Higher

Palliative Care Needs

50.00%

Compared to National Average
Higher

LEADERSHIP	Progressive Conservative Party of Manitoba (April 19, 2016)
PREMIER	Heather Stefanson
MINISTER OF SENIORS	Scott Johnston
MINISTER OF HEALTH	Audrey Gordon
MINISTER OF HOUSING	Mohinder Saran
CHIEF MEDICAL OFFICER	Dr. Brent Roussin



POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	No
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	No
Are care pathways published for patients to understand the health navigation process for dementia?	No
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	Yes
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	No

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. While Manitoba's population is lower than the Canadian average in all of the age brackets but one (Centenarians), those brackets represent over 40% of Manitoba's population.
2. Manitoba's physicians reported higher confidence ratings than the national average on both dementia care and palliative care preparedness.
3. Manitoba does not have a current dementia strategy. However, public consultations are in process.
4. Manitoba has not made dementia a public health priority; while it also reports below average performance for three of the four identified risk factors for dementia. (social determinants)

New Brunswick

HOW THE POPULATION IS AGING NEW BRUNSWICK



Total Population **775,610**



Population between the ages of 45-64

226,990

29.27%

↑ Compared to National Average
Higher



Population over the age of 65

177,160

22.84%

↑ Compared to National Average
Higher



Population over the age of 85

19,040

2.45%

↑ Compared to National Average
Higher



Population over the age of 100

250

0.03%

↑ Compared to National Average
Higher

CURRENT CARE METRICS IN NEW BRUNSWICK

Regular Access to a doctor (2017-2018)

91.90%

↑ Compared to National Average
Higher

Family Physicians per 100,000 (2020)

137

↑ Compared to National Average
Higher

Neurologists per 100,000

2

↓ Compared to National Average
Lower

Psychiatrists per 100,000

11

↓ Compared to National Average
Lower

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

63.70%

↑ Compared to National Average
Higher

Patient days in ALC Status (2020-2021)

15.90%

Hospitalized Seniors at risk of frailty (2019-2020)

16.90%

Prevalence of High Blood Pressure (2017-2018)

23.30%

Prevalence of Diabetes (2017-2018)

10.20%

Prevalence of COPD (2017-2018)

6.00%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN NEW BRUNSWICK

Heavy Drinking (2017-2018)

19.30%

↔ Compared to National Average
Same As

Adult Obesity (2017-2018)

36.50%

↑ Compared to National Average
Higher

Smoking (2017-2018)

14.40%

↓ Compared to National Average
Lower

Adult Physical Activity (2017-2018)

50.10%

↓ Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN NEW BRUNSWICK

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

17%

↓ Compared to National Average
Lower

Mental Illness

63%

↑ Compared to National Average
Higher

Chronic Conditions

82%

↔ Compared to National Average
Same As

Dementia

50%

↑ Compared to National Average
Higher

Palliative Care Needs

60%

↑ Compared to National Average
Higher



LEADERSHIP	New Brunswick Progressive Conservative Party (November 9, 2018)
PREMIER	Blaine Higgs
MINISTER OF SENIORS	Not dedicated - Falls under Social Development (Dorothy Shephard)
MINISTER OF HEALTH	Dorothy Shephard
MINISTER OF HOUSING	Not dedicated - Falls under Social Development (Dorothy Shephard)
CHIEF MEDICAL OFFICER	Dr. Yves Léger (Interim during Dr. J. Russell's Leave of Absence)

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	No
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	INCONCLUSIVE
Are care pathways published for patients to understand the health navigation process for dementia?	INCONCLUSIVE
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	Yes
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	No
Are mandate letters for this government up to date and made public?	No

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. New Brunswick's population is higher than the Canadian average in all four of the age brackets identified.
2. New Brunswick's physicians reported higher confidence ratings than the national average on both dementia care and palliative care preparedness.
3. New Brunswick does not have a current dementia strategy. Public consultations took place in 2019.
4. New Brunswick has not made dementia a public health priority; while also reporting same as, or below average performance for three of the four identified risk factors for dementia. (social determinants)

Newfoundland and Labrador

HOW THE POPULATION IS AGING NEWFOUNDLAND AND LABRADOR



Total Population **510,550**



Population between the ages of 45-64

157,040

30.76%

↑ Compared to National Average
Higher



Population over the age of 65

120,610

23.62%

↑ Compared to National Average
Higher



Population over the age of 85

10,155

1.99%

↓ Compared to National Average
Lower



Population over the age of 100

80

0.02%

↓ Compared to National Average
Lower

CURRENT CARE METRICS IN NEWFOUNDLAND AND LABRADOR

Regular Access to a doctor (2017-2018)

87.00%

↑ Compared to National Average
Higher

Family Physicians per 100,000 (2020)

131

↑ Compared to National Average
Higher

Neurologists per 100,000

2

↓ Compared to National Average
Lower

Psychiatrists per 100,000

16

↑ Compared to National Average
Higher

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

64.90%

↑ Compared to National Average
Higher

Patient days in ALC Status (2020-2021)

21.80%

Hospitalized Seniors at risk of frailty (2019-2020)

19.00%

Prevalence of High Blood Pressure (2017-2018)

23.30%

Prevalence of Diabetes (2017-2018)

9.00%

Prevalence of COPD (2017-2018)

5.90%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN NEWFOUNDLAND AND LABRADOR

Heavy Drinking (2017-2018)

26.70%

↑ Compared to National Average
Higher

Adult Obesity (2017-2018)

39.10%

↑ Compared to National Average
Higher

Smoking (2017-2018)

20.80%

↑ Compared to National Average
Higher

Adult Physical Activity (2017-2018)

49.40%

↓ Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN NEWFOUNDLAND AND LABRADOR

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

25.00%

↑ Compared to National Average
Higher

Mental Illness

60.00%

↓ Compared to National Average
Lower

Chronic Conditions

85.00%

↑ Compared to National Average
Higher

Dementia

46.00%

↑ Compared to National Average
Higher

Palliative Care Needs

55.00%

↑ Compared to National Average
Higher



LEADERSHIP	Newfoundland & Labrador Liberal Party (December 14, 2015)
PREMIER	Andrew Furey
MINISTER OF SENIORS	John Abbott
MINISTER OF HEALTH	Tom Osborne
MINISTER OF HOUSING	John Abbott
CHIEF MEDICAL OFFICER	Dr. Janice Fitzgerald

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	Yes
If yes, was this strategy conceived under the current (sitting) government?	Yes
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	No
Are care pathways published for patients to understand the health navigation process for dementia?	No
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	INCONCLUSIVE
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	Yes

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. Newfoundland and Labrador's population is higher than the Canadian average in two of the four identified age brackets, and those brackets represent nearly 55% of the province's population.
2. Newfoundland and Labrador's physicians reported higher confidence ratings than the national average on both dementia care and palliative care preparedness.
3. Newfoundland and Labrador has a dementia strategy, however it is not current. The province missed planned public updates in 2019.
4. Newfoundland and Labrador has not made dementia a public health priority; while it also reports below average performance for three of the four identified risk factors for dementia. (social determinants)

Northwest Territories

HOW THE POPULATION IS AGING NORTHWEST TERRITORIES



Total Population **41,070**



Population between the ages of 45-64

10,635

25.89%

Compared to National Average
Lower



Population over the age of 65

4,110

10.01%

Compared to National Average
Lower



Population over the age of 85

290

0.71%

Compared to National Average
Lower



Population over the age of 100

0

0.00%

Compared to National Average
Lower

CURRENT CARE METRICS IN NORTHWEST TERRITORIES

Regular Access to a doctor (2017-2018)

37.30%

Compared to National Average
Lower

Family Physicians per 100,000 (2020)

89

Compared to National Average
Lower

Neurologists per 100,000

0

Compared to National Average
Lower

Psychiatrists per 100,000

7

Compared to National Average
Lower

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

Not Reported

Compared to National Average
--

Patient days in ALC Status (2020-2021)

11.00%

Hospitalized Seniors at risk of frailty (2019-2020)

30.90%

Prevalence of High Blood Pressure (2017-2018)

13.70%

Prevalence of Diabetes (2017-2018)

5.90%

Prevalence of COPD (2017-2018)

2.50%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN NORTHWEST TERRITORIES

Heavy Drinking (2017-2018)

29.00%

Compared to National Average
Higher

Adult Obesity (2017-2018)

39.80%

Compared to National Average
Higher

Smoking (2017-2018)

35.00%

Compared to National Average
Higher

Adult Physical Activity (2017-2018)

58.80%

Compared to National Average
Higher

SURVEY RESPONSES FROM PHYSICIANS IN NORTHWEST TERRITORIES

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

21%

Compared to National Average
Higher

Mental Illness

40%

Compared to National Average
Lower

Chronic Conditions

64%

Compared to National Average
Lower

Dementia

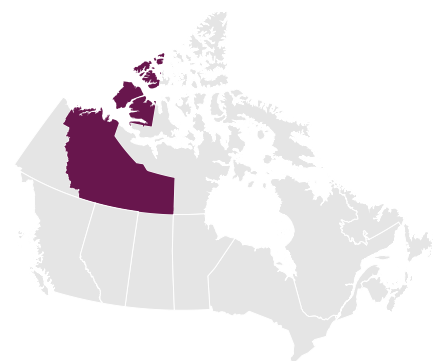
19%

Compared to National Average
Lower

Palliative Care Needs

44%

Compared to National Average
Higher



LEADERSHIP	Consensus Government (October 24, 2019)
PREMIER	Caroline Cochrane
MINISTER OF SENIORS	Julie Green
MINISTER OF HEALTH	Julie Green
MINISTER OF HOUSING	Paulie Chinna
CHIEF MEDICAL OFFICER	Dr. Kami Kandola

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	Yes
If yes, was this strategy conceived under the current (sitting) government?	Yes
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	No
Are care pathways published for patients to understand the health navigation process for dementia?	No
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	Yes
Are there published resources for caregivers?	Yes
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	Yes

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. The population in the Northwest Territories' is lower than the Canadian average in all four of the age brackets identified, but that represents over a third of the population.
2. Physicians in all three territories reported lower confidence in dementia care preparedness, but reported higher confidence than the national average on palliative care preparedness.
3. The dementia plan is a part of the government's Continuing Care Services Action Plan for 2021-2022. Dementia was initially included within the 2017-2018 Continue Care Services Action Plan.
4. The Northwest Territories has not made dementia a public health priority; while also reporting same as, or below average performance for three of the four identified risk factors for dementia. (social determinants)

Nova Scotia

HOW THE POPULATION IS AGING NOVA SCOTIA



Total Population **969,383**



Population between the ages of 45-64

276,990

28.57%

↑ Compared to National Average
Higher



Population over the age of 65

215,325

22.21%

↑ Compared to National Average
Higher



Population over the age of 85

23,035

2.38%

↑ Compared to National Average
Higher



Population over the age of 100

290

0.03%

↑ Compared to National Average
Higher

CURRENT CARE METRICS IN NOVA SCOTIA

Regular Access to a doctor (2017-2018)

86.20%

↑ Compared to National Average
Higher

Family Physicians per 100,000 (2020)

139

↑ Compared to National Average
Higher

Neurologists per 100,000

3

↔ Compared to National Average
Same As

Psychiatrists per 100,000

17

↑ Compared to National Average
Higher

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

57.70%

↑ Compared to National Average
Higher

Patient days in ALC Status (2020-2021)

21.50%

Hospitalized Seniors at risk of frailty (2019-2020)

23.90%

Prevalence of High Blood Pressure (2017-2018)

21.60%

Prevalence of Diabetes (2017-2018)

8.50%

Prevalence of COPD (2017-2018)

6.30%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN NOVA SCOTIA

Heavy Drinking (2017-2018)

20.80%

↑ Compared to National Average
Higher

Adult Obesity (2017-2018)

34.20%

↑ Compared to National Average
Higher

Smoking (2017-2018)

17.90%

↑ Compared to National Average
Higher

Adult Physical Activity (2017-2018)

54.20%

↓ Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN NOVA SCOTIA

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

28.00%

↑ Compared to National Average
Higher

Mental Illness

65.00%

↑ Compared to National Average
Higher

Chronic Conditions

90.00%

↑ Compared to National Average
Higher

Dementia

52.00%

↑ Compared to National Average
Higher

Palliative Care Needs

54.00%

↑ Compared to National Average
Higher



LEADERSHIP	Progressive Conservative Party of Nova Scotia (August 31, 2021)
PREMIER	Tim Houston
MINISTER OF SENIORS	Barbara Adams
MINISTER OF HEALTH	Michelle Thompson
MINISTER OF HOUSING	John Lohr
CHIEF MEDICAL OFFICER	Dr. Robert Strang

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	No
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	Yes
Are care pathways published for patients to understand the health navigation process for dementia?	Yes
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	INCONCLUSIVE
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	INCONCLUSIVE
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	Yes

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. Nova Scotia's population is higher than the Canadian average in all four of the age brackets identified.
2. Nova Scotia's physicians reported higher confidence ratings than the national average on both dementia care and palliative care preparedness.
3. Nova Scotia does not have a current dementia strategy. Their last dementia strategy ended in 2018 after a 3-year action plan.
4. Nova Scotia has not made dementia a public health priority; while also reporting below average performance for all four of the identified risk factors for dementia. (social determinants)

Nunavut

HOW THE POPULATION IS AGING NUNAVUT



Total Population **36,858**



Population between the ages of 45-64

6,720

18.23%

Compared to National Average
Lower



Population over the age of 65

1,605

4.35%

Compared to National Average
Lower



Population over the age of 85

80

0.22%

Compared to National Average
Lower



Population over the age of 100

0

0.00%

Compared to National Average
Lower

CURRENT CARE METRICS IN NUNAVUT

Regular Access to a doctor (2017-2018)

13.90%

Compared to National Average
Lower

Family Physicians per 100,000 (2020)

53

Compared to National Average
Lower

Neurologists per 100,000

0

Compared to National Average
Lower

Psychiatrists per 100,000

0

Compared to National Average
Lower

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

Not Reported

Compared to National Average
--

Patient days in ALC Status (2020-2021)

0

Hospitalized Seniors at risk of frailty (2019-2020)

20.60%

Prevalence of High Blood Pressure (2017-2018)

12.10%

Prevalence of Diabetes (2017-2018)

2.70%

Prevalence of COPD (2017-2018)

2.70%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN NUNAVUT

Heavy Drinking (2017-2018)

23.10%

Compared to National Average
Higher

Adult Obesity (2017-2018)

34.50%

Compared to National Average
Higher

Smoking (2017-2018)

63.10%

Compared to National Average
Higher

Adult Physical Activity (2017-2018)

48.70%

Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN NUNAVUT

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

21%

Compared to National Average
Higher

Mental Illness

40%

Compared to National Average
Lower

Chronic Conditions

64%

Compared to National Average
Lower

Dementia

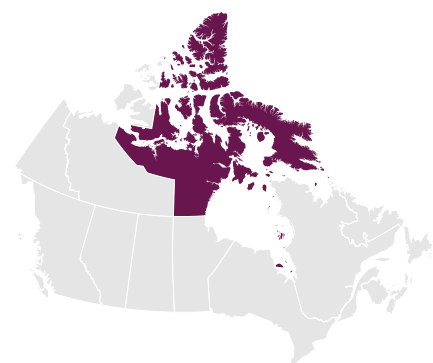
19%

Compared to National Average
Lower

Palliative Care Needs

44%

Compared to National Average
Higher



LEADERSHIP	Consensus Government (November 19, 2021)
PREMIER	P.J. Akeeagok
MINISTER OF SENIORS	Joanna Quassa
MINISTER OF HEALTH	John Main
MINISTER OF HOUSING	Lorne Kusugak
CHIEF MEDICAL OFFICER	Dr. Michael Patterson

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	N/A
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	Yes
Are care pathways published for patients to understand the health navigation process for dementia?	INCONCLUSIVE
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	INCONCLUSIVE
Are there published resources for caregivers?	No
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	No

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. Nunavut's population is lower than the Canadian average in all four of the age brackets identified.
2. Physicians in all three territories reported lower confidence in dementia care preparedness, but reported higher confidence than the national average on palliative care preparedness.
3. Nunavut does not have a current dementia strategy.
4. Nunavut has not made dementia a public health priority.

Ontario

HOW THE POPULATION IS AGING ONTARIO



Total Population **14,223,942**



Population between the ages of 45-64

3,842,585

27.01%

↑ Compared to National Average
Higher



Population over the age of 65

2,637,710

18.54%

↓ Compared to National Average
Lower



Population over the age of 85

338,620

2.38%

↑ Compared to National Average
Higher



Population over the age of 100

3,705

0.03%

↑ Compared to National Average
Higher

CURRENT CARE METRICS IN ONTARIO

Regular Access to a doctor (2017-2018)

90.10%

↑ Compared to National Average
Higher

Family Physicians per 100,000 (2020)

115

↓ Compared to National Average
Lower

Neurologists per 100,000

3

↔ Compared to National Average
Same As

Psychiatrists per 100,000

14

↔ Compared to National Average
Same As

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

42.60%

↓ Compared to National Average
Lower

Patient days in ALC Status (2020-2021)

18.80%

Hospitalized Seniors at risk of frailty (2019-2020)

40.20%

Prevalence of High Blood Pressure (2017-2018)

17.90%

Prevalence of Diabetes (2017-2018)

7.70%

Prevalence of COPD (2017-2018)

4.10%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN ONTARIO

Heavy Drinking (2017-2018)

17.60%

↓ Compared to National Average
Lower

Adult Obesity (2017-2018)

25.90%

↓ Compared to National Average
Lower

Smoking (2017-2018)

15.30%

↓ Compared to National Average
Lower

Adult Physical Activity (2017-2018)

54.90%

↓ Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN ONTARIO

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

19.00%

↔ Compared to National Average
Same As

Mental Illness

62.00%

↑ Compared to National Average
Higher

Chronic Conditions

85.00%

↑ Compared to National Average
Higher

Dementia

36.00%

↓ Compared to National Average
Lower

Palliative Care Needs

33.00%

↓ Compared to National Average
Lower



LEADERSHIP	Progressive Conservative Party of Ontario (June 29, 2018)
PREMIER	Doug Ford
MINISTER OF SENIORS	Raymond Cho
MINISTER OF HEALTH	Sylvia Jones
MINISTER OF HOUSING	Steve Clark
CHIEF MEDICAL OFFICER	Dr. Kieran Moore
MINISTER OF LONG-TERM CARE	Paul Calandra

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	N/A
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	No
Are care pathways published for patients to understand the health navigation process for dementia?	No
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	INCONCLUSIVE
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	No

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. Ontario's population is higher than the Canadian average in three of the four age brackets identified, but those brackets represent over 45% of the population.
2. Ontario's physicians reported higher confidence ratings than the national average on both dementia care and palliative care preparedness. In fact, Ontario ranks in the bottom two provinces for dementia preparedness.
3. Ontario does not have a current dementia strategy.
4. Ontario has not made dementia a public health priority.

Prince Edward Island

HOW THE POPULATION IS AGING PRINCE EDWARD ISLAND



Total Population **154,331**



Population between the ages of 45-64

42,535

27.56%

↑ Compared to National Average
Higher



Population over the age of 65

32,705

21.19%

↑ Compared to National Average
Higher



Population over the age of 85

3,515

2.28%

↓ Compared to National Average
Lower



Population over the age of 100

35

0.02%

↓ Compared to National Average
Lower

CURRENT CARE METRICS IN PRINCE EDWARD ISLAND

Regular Access to a doctor (2017-2018)

82.40%

↓ Compared to National Average
Lower

Family Physicians per 100,000 (2020)

109

↓ Compared to National Average
Lower

Neurologists per 100,000

2

↓ Compared to National Average
Lower

Psychiatrists per 100,000

9

↓ Compared to National Average
Lower

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

46.90%

↑ Compared to National Average
Higher

Patient days in ALC Status (2020-2021)

22.70%

Hospitalized Seniors at risk of frailty (2019-2020)

23.10%

Prevalence of High Blood Pressure (2017-2018)

19.80%

Prevalence of Diabetes (2017-2018)

8.80%

Prevalence of COPD (2017-2018)

6.50%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN PRINCE EDWARD ISLAND

Heavy Drinking (2017-2018)

17.10%

↓ Compared to National Average
Lower

Adult Obesity (2017-2018)

33.90%

↑ Compared to National Average
Higher

Smoking (2017-2018)

17.00%

↑ Compared to National Average
Higher

Adult Physical Activity (2017-2018)

51.00%

↓ Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN PRINCE EDWARD ISLAND

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

N/A

↑ Compared to National Average
Higher

Mental Illness

33%

↓ Compared to National Average
Lower

Chronic Conditions

79%

↓ Compared to National Average
Lower

Dementia

34%

↓ Compared to National Average
Lower

Palliative Care Needs

48%

↑ Compared to National Average
Higher



LEADERSHIP	Progressive Conservative Party of Prince Edward Island (May 9, 2019)
PREMIER	Dennis King
MINISTER OF SENIORS	None - Seniors' Secretariat
MINISTER OF HEALTH	Ernie Hudson
MINISTER OF HOUSING	Brad Trivers
CHIEF MEDICAL OFFICER	Dr. Heather Morrison

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	Yes
If yes, was this strategy conceived under the current (sitting) government?	Yes
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	INCONCLUSIVE
Are care pathways published for patients to understand the health navigation process for dementia?	INCONCLUSIVE
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	INCONCLUSIVE
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	No
Are mandate letters for this government up to date and made public?	No

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. Prince Edward Island's population is higher than the Canadian average in two of the four identified age brackets, but those brackets represent nearly half of the population.
2. PEI's physicians reported a lower confidence in dementia care preparedness, but reported higher confidence than the national average on palliative care preparedness. In fact, PEI ranks in the bottom two provinces for dementia preparedness.
3. PEI's dementia plan is a part of the Province's Promoting Wellness, Preserving Health Action Plan, which was released in 2021, although it appears to be an iterative process.
4. PEI has not made dementia a public health priority; while also reporting below average performance for three of the four identified risk factors for dementia. (social determinants)

Quebec

HOW THE POPULATION IS AGING QUEBEC



Total Population **8,501,833**



Population between the ages of 45-64

2,280,700

26.83%

↑ Compared to National Average
Higher



Population over the age of 65

1,753,530

20.63%

↑ Compared to National Average
Higher



Population over the age of 85

214,415

2.52%

↑ Compared to National Average
Higher



Population over the age of 100

1,975

0.02%

↓ Compared to National Average
Lower

CURRENT CARE METRICS IN QUEBEC

Regular Access to a doctor (2017-2018)

78.50%

↓ Compared to National Average
Lower

Family Physicians per 100,000 (2020)

129

↑ Compared to National Average
Higher

Neurologists per 100,000

4

↑ Compared to National Average
Higher

Psychiatrists per 100,000

14

↔ Compared to National Average
Same As

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

Not Reported

↔ Compared to National Average
--

Patient days in ALC Status (2020-2021)

Not Available

Hospitalized Seniors at risk of frailty (2019-2020)

50.10%

Prevalence of High Blood Pressure (2017-2018)

16.60%

Prevalence of Diabetes (2017-2018)

7.00%

Prevalence of COPD (2017-2018)

4.30%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN QUEBEC

Heavy Drinking (2017-2018)

22.00%

↑ Compared to National Average
Higher

Adult Obesity (2017-2018)

25.90%

↓ Compared to National Average
Lower

Smoking (2017-2018)

17.90%

↑ Compared to National Average
Higher

Adult Physical Activity (2017-2018)

52.60%

↓ Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN QUEBEC

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

12.00%

↓ Compared to National Average
Lower

Mental Illness

58.00%

↓ Compared to National Average
Lower

Chronic Conditions

77.00%

↓ Compared to National Average
Lower

Dementia

41.00%

↑ Compared to National Average
Higher

Palliative Care Needs

30.00%

↓ Compared to National Average
Lower

LEADERSHIP	Coalition Avenir Québec (CAQ) (October 18, 2018)
PREMIER	François Legault
MINISTER OF SENIORS	Marguerite Blais
MINISTER OF HEALTH	Christian Dubé
MINISTER OF HOUSING	Andrée Laforest
CHIEF MEDICAL OFFICER	Dr. Luc Boileau



POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	INCONCLUSIVE
If yes, was this strategy conceived under the current (sitting) government?	No
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	No
Are care pathways published for patients to understand the health navigation process for dementia?	No
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	Yes
Are there published resources for caregivers?	INCONCLUSIVE
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	No

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. Quebec's population is higher than the Canadian average in three of the four identified age brackets, which represents nearly half of the population.
2. Quebec's physicians reported only slightly higher confidence ratings than the national average on dementia care preparedness, but reported lower confidence rates for palliative care preparedness.
3. Quebec's *Troubles Neurocognitifs Majeurs* (TNCM) plan was originally released in 2009 and has guided much of Quebec's efforts in this area under Minister Mandate. However, those directly involved recognize the need to update the current strategy as "much remains to be done to penetrate the capacity of care of all settings of family medicine groups (FMGs) and home services."
4. Quebec has not made dementia a public health priority; while it also reports below average performance for three of the four identified risk factors for dementia. (social determinants)

Saskatchewan

HOW THE POPULATION IS AGING SASKATCHEWAN



Total Population **1,132,505**



Population between the ages of 45-64

275,140

24.29%

↓ Compared to National Average
Lower



Population over the age of 65

197,980

17.48%

↓ Compared to National Average
Lower



Population over the age of 85

27,765

2.45%

↑ Compared to National Average
Higher



Population over the age of 100

450

0.04%

↑ Compared to National Average
Higher

CURRENT CARE METRICS IN SASKATCHEWAN

Regular Access to a doctor (2017-2018)

81.40%

↓ Compared to National Average
Lower

Family Physicians per 100,000 (2020)

119

↓ Compared to National Average
Lower

Neurologists per 100,000

2

↓ Compared to National Average
Lower

Psychiatrists per 100,000

8

↓ Compared to National Average
Lower

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

42.30%

↓ Compared to National Average
Lower

Patient days in ALC Status (2020-2021)

12.30%

Hospitalized Seniors at risk of frailty (2019-2020)

27.60%

Prevalence of High Blood Pressure (2017-2018)

18.30%

Prevalence of Diabetes (2017-2018)

7.30%

Prevalence of COPD (2017-2018)

4.80%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN SASKATCHEWAN

Heavy Drinking (2017-2018)

21.30%

↑ Compared to National Average
Higher

Adult Obesity (2017-2018)

34.90%

↑ Compared to National Average
Higher

Smoking (2017-2018)

20.00%

↑ Compared to National Average
Higher

Adult Physical Activity (2017-2018)

55.90%

↓ Compared to National Average
Lower

SURVEY RESPONSES FROM PHYSICIANS IN SASKATCHEWAN

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

28.00%

↑ Compared to National Average
Higher

Mental Illness

60.00%

↓ Compared to National Average
Lower

Chronic Conditions

87.00%

↑ Compared to National Average
Higher

Dementia

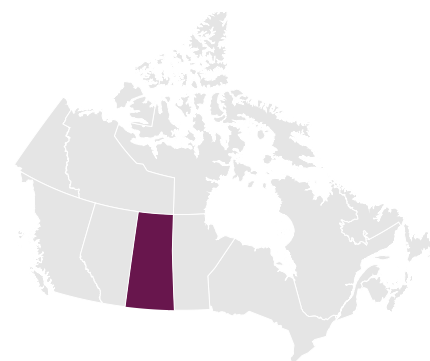
39.00%

↓ Compared to National Average
Lower

Palliative Care Needs

48.00%

↑ Compared to National Average
Higher



LEADERSHIP	Saskatchewan Party (November 7, 2007)
PREMIER	Scott Moe
MINISTER OF SENIORS	Everett Hindley
MINISTER OF HEALTH	Paul Merriman
MINISTER OF HOUSING	Not dedicated - Falls under Social Services (Gene Makowsky)
CHIEF MEDICAL OFFICER	Dr. Saqib Shahab

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	N/A
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	INCONCLUSIVE
Are care pathways published for patients to understand the health navigation process for dementia?	INCONCLUSIVE
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	Yes
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	Yes
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	No

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. Saskatchewan's population is higher than the Canadian average in half of the age brackets identified; centenarians and those age 85+, who are at the highest risk of developing dementia. Those age 45+ represent over 40% of the population.
2. Saskatchewan's physicians reported a lower confidence in dementia care preparedness, but reported higher confidence than the national average on palliative care preparedness.
3. Saskatchewan does not have a current dementia strategy.
4. Saskatchewan has not made dementia a public health priority; while also reporting below average performance for all four of the identified risk factors for dementia. (social determinants)

Yukon

HOW THE POPULATION IS AGING YUKON



Total Population **40,235**



Population between the ages of 45-64

10,760

26.74%

↑ Compared to National Average
Higher



Population over the age of 65

6,050

15.04%

↓ Compared to National Average
Lower



Population over the age of 85

385

0.96%

↓ Compared to National Average
Lower



Population over the age of 100

0

0.00%

↓ Compared to National Average
Lower

CURRENT CARE METRICS IN YUKON

Regular Access to a doctor (2017-2018)

78.80%

↓ Compared to National Average
Lower

Family Physicians per 100,000 (2020)

168

↑ Compared to National Average
Higher

Neurologists per 100,000

0

↓ Compared to National Average
Lower

Psychiatrists per 100,000

2

↓ Compared to National Average
Lower

Potentially Inappropriate Medication Prescribed to Seniors (2020-2021)

41.10%

↓ Compared to National Average
Lower

Patient days in ALC Status (2020-2021)

7.80%

Hospitalized Seniors at risk of frailty (2019-2020)

34.90%

Prevalence of High Blood Pressure (2017-2018)

13.40%

Prevalence of Diabetes (2017-2018)

7.30%

Prevalence of COPD (2017-2018)

4.70%

PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN YUKON

Heavy Drinking (2017-2018)

26.10%

↑ Compared to National Average
Higher

Adult Obesity (2017-2018)

34.80%

↑ Compared to National Average
Higher

Smoking (2017-2018)

20.20%

↑ Compared to National Average
Higher

Adult Physical Activity (2017-2018)

71.70%

↑ Compared to National Average
Higher

SURVEY RESPONSES FROM PHYSICIANS IN YUKON

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:

Substance-Use Conditions

21%

↑ Compared to National Average
Higher

Mental Illness

40%

↓ Compared to National Average
Lower

Chronic Conditions

64%

↓ Compared to National Average
Lower

Dementia

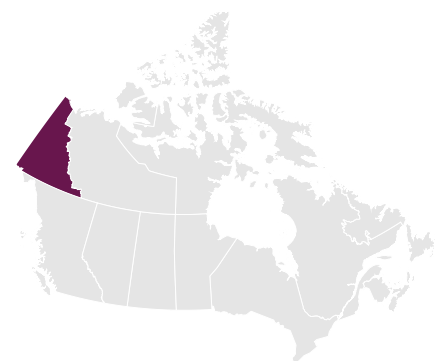
19%

↓ Compared to National Average
Lower

Palliative Care Needs

44%

↑ Compared to National Average
Higher



LEADERSHIP	Yukon Liberal Party (December 3, 2016)
PREMIER	Sandy Silver
MINISTER OF SENIORS	None
MINISTER OF HEALTH	Tracy-Anne McPhee
MINISTER OF HOUSING	Ranj Pillai
CHIEF MEDICAL OFFICER	Dr. Sudit Ranade

POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	Yes
If yes, was this strategy conceived under the current (sitting) government?	Yes
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	No
Are care pathways published for patients to understand the health navigation process for dementia?	INCONCLUSIVE
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	Yes
Does this jurisdiction's public health website identify dementia as a public health priority?	INCONCLUSIVE
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	Yes
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	No
Are mandate letters for this government up to date and made public?	Yes

Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. The Yukon Territory's population is lower than the Canadian average in three of the four age brackets identified, representing over 40% of the population.
2. Physicians in all three territories reported lower confidence in dementia care preparedness, but reported higher confidence than the national average on palliative care preparedness.
3. Yukon's dementia plan is a part of the Yukon Aging in Place Action Plan. It was released in 2019 and has been actively updated, including a report released in 2022.
4. Yukon has not made dementia a public health priority - yet; But its Aging in Place Action Plan indicates that a public health campaign is in the works.

**Our Approach
to this Report**



Our Approach to this Report



Unlike some of our other reports, CanAge refrained from assigning a letter grade to each jurisdiction based on their performance to date.

The fact is, Canada isn't ready. But definitive data is, and has been a serious barrier to understanding how we can aspire, achieve and realize our vision to support those living with dementia here in Canada.

These problems exist and persist, within provinces, territories, and at the federal level. **This is chiefly why we've made a conscious decision for this report to not provide a Canadian number for those believed to be living with dementia today.** In our discussions with community and patient groups deeply embedded within this space, they are all well aware of the potential of both misdiagnosis and underdiagnosis of those living with dementia. In our conversations, some of these groups have speculated that the values may be underrepresented by as much as 40%.

We also know that in some provinces, the lack of a system-identifiable billing code to indicate a true number of those who are living with dementia in community was not a reality.

What this means is that the data until now has existed within an empty sandwich; those who made a series of specific hospital visits were captured by hospitals with internationally recognized codes, and those accessing community supports were captured by social support and research organizations. Those who didn't do either of those things, were left out of the equation, under-served, and not counted.

In the Federal government's most recent annual report on the progress of the National Strategy, they've outlined the following enhancements to data collection and chronic disease surveillance as follows.

Improving the quality of life of people living with dementia and caregivers: Strengthening Canada's data

Surveillance data can provide the foundation for public health action aimed at improving the quality of life of people living with dementia and caregivers. New projects under Public Health Agency of Canada's Enhanced Dementia Surveillance Initiative launched in the past year will help to inform future initiatives supporting quality of life.

Using health administrative data to describe other conditions people living with dementia face (comorbidities)

Building on the Canadian Chronic Disease Surveillance System, provincial partners are collaborating to collect data on other chronic conditions occurring among people living with dementia (comorbidities). Knowing more about the impacts of comorbidities on the health status of people living with dementia and how they use health care services can inform approaches and initiatives to improve quality of life.

Collecting data on where people with dementia are living

Provincial partners will use health administrative data to better understand the proportion of people with dementia living in the community versus in long-term care settings. Knowing where people with dementia live is essential when designing policies, programs, and initiatives aimed at improving quality of life for people living with dementia and caregivers.

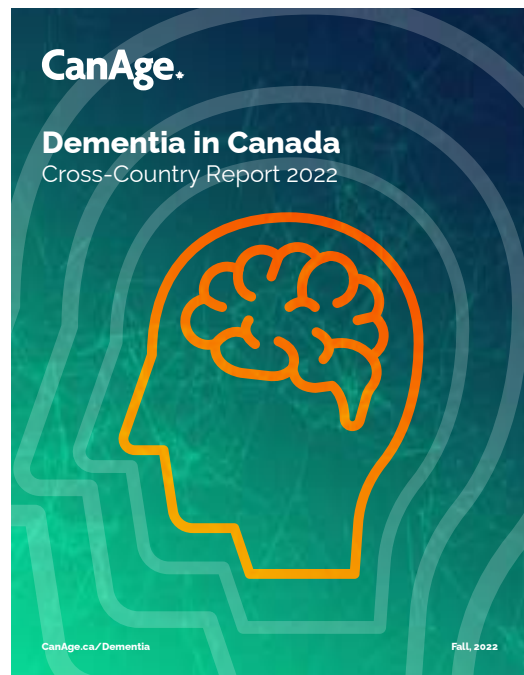
Health surveillance of people living with dementia and caregivers dyads (pairs) living in the community

This LIFE Research Institute (University of Ottawa) project plans to follow people living with dementia and caregivers together using the Canadian Primary Care Sentinel Surveillance Network. Gathering data on their experiences and following their health journey can produce relevant information for the development of quality of life initiatives.

In CanAge's very recent experience in compiling this report, our team has not seen evidence of these datasets, and at a provincial level, we see very few that have captured the necessary data to truly benchmark any understanding of where they are. This report is very much an aggregate of other data sources, pulled together in a straightforward way which, we attest, paints a fairly comprehensive picture of where our systems are, and where they aren't, in terms of progress.

Peter Drucker (1909-2005), one of the most widely-known and influential thinkers on management, has often been attributed with the saying, "what gets measured, gets managed."

While there's great debate over whether he actually said this quote or not, or whether out of context if this has relevance in today's business world, we at CanAge have a different take on this well-known mantra.



“If you measure what you manage, what you manage can improve.”

Our hope is that with this report, and future reports like this, we can continue to shine the light on where improvements need to be made, and how we can build a better future for Canadians living with dementia.

A few notes about our research. CanAge engaged in both primary and secondary research to compile this report. While most of the data is gathered from various sources, the domestic sources of data used to produce each province and territories' reports are sourced from their own government and health authority websites.

Searches were conducted by individuals who had above average internet search ability, and who had at least one university degree.

If you would like to discuss our research in greater detail, please contact the team at CanAge via email at info@CanAge.ca

Glossary (Dementia-related terms from WHO)

Accountability	The obligation of an organization and its members to be answerable for delivering specific results that have been determined through a clear and transparent assignment of responsibility, subject to the availability of resources and constraints posed by external factors.
Action area	The general areas where action needs to be taken; they provide a general sense of how the objectives will be achieved.
Activity/Action plan	See <i>Operational work plan</i> .
Carer/caregiver	<p>A person who provides care and support for a person living with dementia. Such support may include:</p> <ul style="list-style-type: none"> • Helping with self-care, household tasks, mobility, social participation, and meaningful activities. • Offering information, advice and emotional support, as well as engaging in advocacy, providing support for decision-making and peer support, and helping with advance care planning. • Offering respite services. • Engaging in activities to foster intrinsic capacity. <p>Carers/caregivers may include relatives or extended family members as well as close friends, neighbours, and paid lay persons or volunteers.</p>
Data quality	All data are subject to limitations, such as missing values, bias, measurement error, and human errors in data entry and manipulation. Data quality assessments provide an understanding of how much confidence can be put in health (or other) data presented. It is particularly important to know the reliability of national coverage estimates and other estimates derived from HIS data and data generated for health sector reviews and annual monitoring.
Dementia	<p>Dementia is a syndrome due to disease of the brain – usually of a chronic or progressive nature – in which there is disturbance of multiple higher cortical functions, including memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgment. Consciousness is not clouded. The impairments of cognitive function are commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.</p> <p>This syndrome occurs in Alzheimer’s disease, in cerebrovascular disease, and in other conditions primarily or secondarily affecting the brain, such as motor neurone diseases, Prion disease, Parkinson’s disease and related disorders, Huntington’s disease, spinocerebellar ataxia, and spinal muscular atrophy. The following International Classification of Diseases (ICD) codes relate to dementia – ICD-9: 290, 330–331; ICD-9 BTO: B222, B210; ICD-10: F01, F02, F03, G30–G31.</p>
Dementia plan	A written organized set of principles, objectives and/or actions for reducing the burden attributable to dementia in a population. A dementia plan may be stand-alone, (i.e., specific to dementia, or integrated into other mental health, aging, noncommunicable diseases or disability plans).
Disability	Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action, while a participation restriction is a problem experienced by an individual in involvement in life situations.
Evaluation	The process of tracking key outcomes and impacts related to the different elements of the dementia plan, and assessing whether the goals and objectives are being achieved.
Financial resources	See <i>Resources</i> .
Framework	Provides a set of guiding principles for the provision of evidence-based health services.

Global Dementia Observatory (GDO)	<p>The World Health Organization's GDO is a monitoring and knowledge exchange platform that aims to strengthen health systems and policies related to dementia treatment and care.</p> <p>The GDO can be accessed at https://www.who.int/data/gho/data/themes/global-dementia-observatory-gdo and its data portal at http://apps.who.int/gho/data/node.dementia.</p>
Goal	A broad statement of the overall, expected outcome(s) to be achieved.
Governance	In this context, the multisectoral, coordination structures and processes that organize and oversee the development and/or implementation of a dementia plan, and ensure accountability, transparency, responsibility, equity, inclusiveness, and empowerment.
Guiding principles	An agreed-upon set of precepts or values that guide the dementia plan. These may be ethical or operational in nature, will differ between countries, regions and organizations, as well as amongst cultural, ethnic, religious, and/or social groups.
Health information systems (HIS)	The process by which data are collected from the health and other relevant sectors, compiled, analyzed, synthesized, used and disseminated. It includes processes related to data quality management and the conversion of data into information that can be used by decision-makers within and beyond the health care sector.
Health (care) system	Refers to: a) all the activities whose primary purpose is to promote, restore, and/or maintain health; and b) the people, institutions, and resources, arranged together in accordance with established policies to improve the health of the population they serve, while responding to people's legitimate expectations and protecting them against the cost of ill-health through a variety of activities whose primary intent is to improve health.
Human resources	See <i>Resources</i> .
Human rights of people with dementia	Action related to the following issues to ensure the protection of a person's human rights: least restrictive care, informed consent to treatment, confidentiality, avoidance of restraint and seclusion when possible, voluntary and involuntary admission and treatment procedures, discharge procedures, complaints and appeals processes, protection from abuse by staff, and protection of user property. In the context of dementia, this means human rights for people with dementia include a comprehensive approach including the full spectrum of civil, political, economic, social, and cultural rights.
Implementation	The process of putting a decision or plan into effect.
Implementation framework	See <i>Operational work plan</i> .
Indicator(s)	Measures of impacts, outcomes, outputs, and inputs that are monitored and/or evaluated during the implementation of the dementia plan to assess progress towards achieving objectives. Indicators organize information in a way that clarifies relationships within the M&E framework and identifies problems that can impede achievement of objectives.
Integrated	See <i>Dementia plan</i> .
Leadership	In this context, it refers to the action of leading a group of people or organizations through the process of planning, developing and implementing a dementia plan and associated elements. The leadership may be political, administrative, or clinical in nature.
Legislation	A law or set of laws, which have been enacted by the governing bodies in a country. For the purpose of this document, legislation refers to legal provisions that are either specific to dementia or are applied to people living with dementia. They typically focus on issues such as civil and human rights protection of people living with dementia, treatment facilities, personnel, professional training, and service structure.

Long-term care	The activities undertaken by others to ensure that people with, or at risk of, a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity. These activities include the integration of social care, health care and the contribution of other sectors.
Long-term care system	A national system that ensures long-term care that is appropriate, affordable, accessible, and that upholds the rights of residents and carers alike.
Monitoring	The ongoing action of collecting information about all project/program activities. In this context, it determines whether the dementia plan is being implemented as intended and helps individuals identify and solve problems quickly.
Monitoring and evaluation (M&E)	A process that provides information about what an intervention is doing, how well it is performing, and whether it is achieving its goals and objectives. It is an important part of accountability to funding agencies and stakeholders.
Monitoring and evaluation (M&E) framework	Identifies core indicators and includes inputs into the system, processes, outputs, outcomes, and impacts. Sometimes referred to as a logic model.
Monitoring and evaluation (M&E) plan	Highlights how M&E activities are aligned with the objectives of the dementia plan as well as national M&E mechanisms and HIS. It also outlines processes for coordinating M&E across dementia programs, a set of core dementia outcomes, indicators and corresponding data sources, strategies to address data gaps, and procedures for data management, analysis, use and dissemination.
Multisectoral	Involving agencies and organizations from the different sectors of society, including governments, NGOs, private for-profit sector, and civil society working within and beyond the health sector.
Multisectoral collaboration	Refers to cooperative actions affecting health outcomes undertaken by sectors beyond the health sector, leading to a shared, mutually beneficial outcome.
Noncommunicable diseases (NCDs)	These are diseases that are not passed from person to person. They are of long duration and generally slow progression. The four main types of NCDs are cardiovascular diseases (e.g., heart attack and stroke), cancers, chronic respiratory diseases (e.g., chronic obstructive pulmonary disease or asthma), and diabetes.
Non-government organizations (NGOs)	NGOs are created and operated to contribute to the public's benefit. The ways that NGOs pursue that goal vary widely and they usually work on a not-for-profit basis. They can be organized on a local, national, or international level. Task-oriented and driven by people with a common interest, they perform a variety of service and humanitarian functions. Examples include charities, missions, faith-based organizations, consumer organizations, etc.
Objective	Achieved through implementation (e.g., of the dementia plan), usually accompanied by a target and timeframe.
Operational work plan	Highlights the concrete steps and activities that need to be taken by identified stakeholders and partners at each level of the health and social system to operationalize the dementia plan. Also referred to as an implementation framework, activity plan, or work plan.
Outcome	In this context, the result or consequence of an action or sequence of actions taken as part of the dementia plan.
Output	In this context, what is produced as a result or consequence of an action or sequence of actions taken as part of the dementia plan.

Partner	An individual, group of individuals, or an organization that work together to achieve a common goal or interest.
Priority setting	The consensus-based process of determining which issues take precedence based on agreed-upon assessment criteria.
Private sector	The part of a country's economy that consists of industries and commercial, for-profit companies that are not owned or controlled by the government.
Private, not-for-profit entity	Non-profit organizations that receive financial support from only a few sources, such as dedicated donor or investment income. These organizations typically do not solicit funds from the general public. Examples include private foundations.
Rationale	In this context, a stated reason justifying the need for a dementia plan and why action to prevent and address dementia is required.
Resources	<p>Unless otherwise specified, the human and financial resources required to prepare for, develop, and/or implement a dementia plan. Human resources refer to the number of staff needed and the skill mix required. It refers to both social and health care providers such as generalists and specialized physicians, nurses, pharmacists, social workers, personal support workers, community health workers, as well as policy, program, management and support staff who do not deliver care but are essential to the performance of the health system.</p> <p>Financial resources refer to the funds (money) that are budgeted and allocated to support the preparation of, development, and implementation of the dementia plan.</p>
Resource allocation	The process of deciding what is needed to carry out an activity and providing for those needs. This can include making provision for financial resources (money), capital resources (such as buildings and computer hardware) and human resources (including the number of staff needed and the skill mix required).
Risk factor	Social, economic or biological status, behaviours, or environments which are associated with or cause increased susceptibility to a specific disease (in this case dementia).
Scope	Defines the breadth of a dementia plan (i.e., what it does and does not cover).
Service provider	Covers both health care and social care providers. See respective definitions.
Situational analysis	An assessment of the current situation within, and beyond, the health care sector and fundamental to designing and updating national policies, strategies and plans.
Social care	Assistance with activities of daily living (such as personal care, maintaining the home); synonym – home and community care.
Social care provider	A professional providing basic nursing and personal care to people due to the effects of aging, illness, injury, or other physical or mental impairment. They provide health advice to patients and families, monitor patients' conditions, and implement care, treatment and referral plans usually established by medical, nursing, and other health professionals. They have completed formal training in nursing at a recognized, university-level school for a diploma or degree, or have acquired extensive on-the-job training.
Stand-alone	See <i>Dementia plan</i> .
Stakeholder	Refers to an individual, group of individuals, or an organization that has an interest in the institutions and delivery of health care for people with dementia.

Strategic alignment	The process of aligning the dementia plan, and/or its components, to existing political priorities and investments.
Strategic framework	Highlights key elements, including a vision, guiding principles, goals, objectives, and action areas for developing a dementia plan, which are aligned with existing political priorities and maximize the use of existing resources.
Structure	In this context, it refers to the format of the dementia plan, for example stand-alone versus integrated into existing plans for general health, mental health, NCDs, disability, or aging, or strategic versus operational plan.
Subnational	Refers to individual states, territories, provinces, or regions within a country.
Sustainable development goals (SDGs)	The 17 goals adopted by world leaders on 15 September 2015 as part of the 2030 Agenda for Sustainable Development. The SDGs came into force on 1 January 2016 and include specific targets to be achieved over the next 15 years. For more information see http://www.un.org/sustainabledevelopment/development-agenda/ .
Target	The intended level or situation to be achieved.
Timeframe	The period of time by when an action, project, program or plan should be completed; in this case, the dementia plan.
Universal health coverage	Universal health coverage means that all people receive the health services they need without suffering financial hardship when paying for them. The full spectrum of essential, quality health services should be covered, including health promotion, prevention and treatment, rehabilitation and palliative care. For more information see the WHO factsheet on UHC at http://www.who.int/mediacentre/factsheets/fs395/en/ .
Vision	A broad, evidence-based statement of a desired future state that will be reached after multiple years of successful implementation.

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For POLICY & PLANNING ASSESSMENT: CanAge’s researchers engaged in secondary research and compiled data from both government and health authority websites within each jurisdiction to prepare its assessment. For more detailed source information, please contact info@canage.ca.



About CanAge

CanAge is Canada's national seniors' advocacy organization, working to improve the lives of older adults through advocacy, policy, and community engagement. We are non-partisan and backed by a pan-Canadian membership base.

Since the onset of the COVID-19 pandemic, CanAge has been working collaboratively with all levels of government and stakeholders in aging, health care, and related sectors to create policy reform that supports and promotes the rights of older Canadians.

Our CEO, Laura Tamblyn Watts serves on numerous federal and provincial government task forces and expert panels working on a variety of issues including consumer protections, elder abuse, and national standards of long-term care.

In addition to producing reports like this, CanAge produces educational events and resources, supports research, consults with organizations about age-friendly practices, and mobilizes community advocate groups across the country.

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Impact Snapshot*

150 + Policy recommendations implemented

111 Policy recommendations included in the federal party platforms during the last election

265% Growth in national reach

40 + Community, organizational and government collaborators nationally

2000 + Media mentions

To find out more about our work, visit CanAge.ca/Impact.

*as of Summer 2021

About our Policy Book



In October 2020, we launched 'VOICES: A Roadmap to an Age-Inclusive Canada,' our inaugural policy book which makes 135 evidence-based recommendations to improve and protect the lives of older Canadians and their caregivers. It takes into account the diverse lived experiences of older adults in Canada, giving special consideration to marginalized groups including Indigenous, LGBTQ2IA+, low-income and seniors of colour, as well as those living with disabilities.

VOICES is the foundation for all of our work and is refreshed on a regular basis to address new and emerging issues.

Our policy book makes a series of recommendations around dementia, under O for Optimal Health and Wellness, Issue #7: Dementia and Cognitive Impairment. Topics covered include:

- Capacity assessments
- Dementia-friendly systems
- Dementia education
- De-stigmatization of dementia
- Adult day programs
- Innovation to support diagnosis
- Implementation of the National Dementia Strategy

The 6 Compass Points of VOICES:



Violence and Abuse Prevention



Optimal Health and Wellness



Infection Prevention and Disaster Response



Caregiving, Long-Term Care, Home Care and Housing Resources



Economic Security



Social Inclusion

To explore our policy book, visit CanAge.ca/VOICES.



CanAge.ca/Dementia







Authored by CanAge, October, 2022.

This report has been wholly produced by CanAge, a national, not-for-profit organization. This undertaking would not have been possible without the support of funders like Hoffmann-La Roche Limited (Roche Canada) who provided financial support to this project.



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