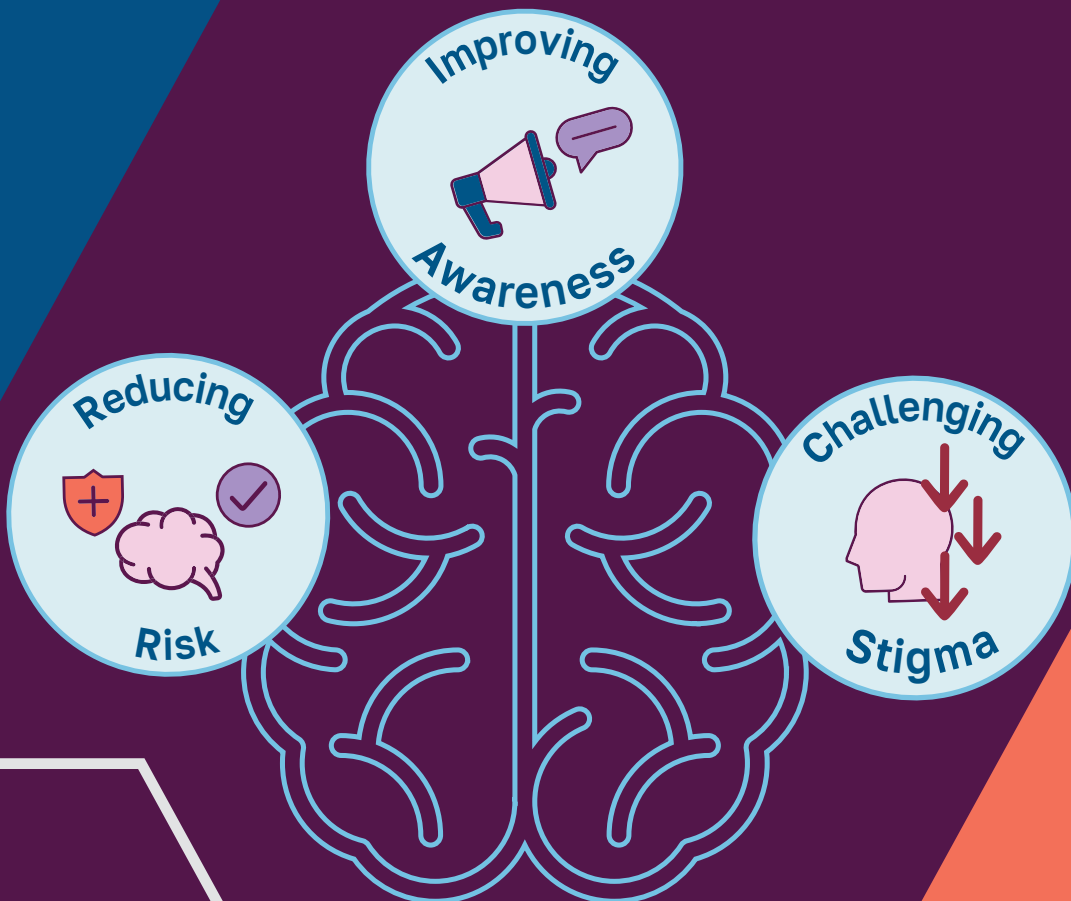


SEPTEMBER 23, 2025

Addressing Dementia in Canada: Current Trends, Challenges and Opportunities in Improving Public Awareness, Reducing the Risk and Challenging Stigma Related to Dementia



National Institute on Ageing

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About the National Institute on Ageing

The National Institute on Ageing (NIA) improves the lives of older adults and the systems that support them by convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision is a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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Executive Summary

Dementia is significantly impacting the lives of many Canadians, most of whom were diagnosed with it after the age of 65.¹ Approximately half a million older adults in Canada were living with a diagnosis of dementia in 2023/24 according to the Public Health Agency of Canada (PHAC);² however, the Alzheimer Society of Canada (ASC) has estimated the number of people of all ages living with dementia in Canada could possibly be approaching 772,000 as of 2025.^{3,4a} Canada's rapidly ageing population is anticipated to contribute to much larger numbers of people living with dementia into the future.⁵

The ASC has further estimated that it is possible that nearly 1.7 million Canadians would be living with dementia by 2050, and nearly 1 million care partners may be needed to support them.^{4a}

While those living with dementia are often older adults, most Canadians have experience with dementia. Indeed, in a 2024 PHAC survey, 74% of Canadian adults 18 years of age and older reported that they knew someone who had or currently has dementia.⁶

There is no better time to ensure that health care and social systems are ready to help Canadians address dementia. This can range from ensuring Canadians are well-informed about dementia, to taking actions to prevent the condition, to ensuring that communities are inclusive and equitable for those living with

dementia. Many governments, organizations, advocates and researchers across Canada have been undertaking critical work to tackle these complex issues. The NIA aims to build on this momentum through a three-part annual research report series, each part examining a key topic related to advancing dementia practice, policy and research across Canada.

In this inaugural report of a three-part annual series, the NIA explores the current state of public awareness of dementia, factors that can help reduce the risk of developing dementia, and the need to challenge the associated stigma (e.g., stereotypes, prejudice and discrimination).

These topics share a common theme: Canadians of all ages need to be knowledgeable about dementia, need to have access to information and supports to lower their risk and need to acknowledge their role in combating stigma. While PHAC surveys from 2020 to 2024 indicate that many Canadians are knowledgeable about dementia and recognize that their risk of dementia can be reduced,⁶ many people are unaware of the wide range of potentially modifiable risk factors that are associated with delaying or preventing dementia. Further, stigmatizing and negative perceptions about dementia remain persistent and problematic.^{7,8}

^a The ASC estimation is based on their Landmark Study, a microsimulation model that developed projections from the data available at the time (e.g., the 2016 Canadian census).⁵ Accordingly, these numbers should be interpreted with caution.

Governments around the world, including those in Canada, have recognized their key role in addressing dementia more effectively through the development of national dementia strategies.^{9,10} Government dementia strategies often describe a plan, framework, or policy that identifies critical strategic areas and goals and outlines how the government will be responsible for achieving these objectives.⁹ Indeed, a pivotal moment in dementia policymaking in Canada occurred in 2017, when the federal government passed legislation requiring it to support the development, implementation and annual reporting on a national dementia strategy.¹¹ While Canada's inaugural 2019 national dementia strategy marked a key step in addressing dementia, provincial and territorial governments also play a crucial role in appropriately addressing it. To understand the contributing roles governments at the federal, provincial and territorial levels have played towards addressing dementia, this report presents the findings of a document policy analysis of government strategic plans and priorities related to addressing dementia across Canada. For this report, the NIA focused specifically on identifying strategic priorities aimed at improving public awareness, reducing the risk of dementia and challenging the stigma surrounding it.

The NIA found that over the last 15 years, the federal government and nearly all provincial and territorial governments have identified dementia as a key issue impacting their communities. However, the focus, extent and impact of their plans and priorities to address dementia have varied across the country.

While the federal government launched its inaugural national dementia strategy in 2019,¹¹ less than half (six) of all Canada's provinces and territories have developed a dedicated dementia strategy over the past fifteen years.¹²⁻¹⁸

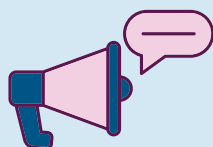
Notably, all of the dementia strategies had objectives related to improving public awareness, reducing the risk of dementia and challenging the stigma associated with dementia.¹²⁻¹⁸ Canada's three territories and eight of its ten provinces had released seniors strategies, with every plan having at least one strategic objective related to addressing dementia, although not all of these were specific to improving public awareness, reducing the risk of dementia, or challenging the stigma associated with dementia.¹⁹⁻³² Only Saskatchewan had not released a dementia strategy or a seniors strategy during this time. In total, ten provinces or territories had either a dementia strategy or a seniors strategy that contained objectives related to improving public awareness, eight had objectives related to reducing the risk of dementia and eight had objectives aimed at challenging the stigma associated with dementia.^{12-24,26-28,31}

The NIA's analysis has found that governments across Canada can do more to identify yearly metrics of success related to their strategic goals and to ensure that this data is made publicly available and easily accessible. Furthermore, while governments have undertaken numerous initiatives aimed at increasing public awareness of dementia, additional efforts could be made to develop comprehensive and integrated approaches towards dementia prevention, as well as to consider a diversity of approaches to challenging the stigma associated with dementia.

In response to these gaps, this report concludes by presenting three evidence-informed policy recommendations:



1. All Canadian jurisdictions need to develop and implement a dementia strategy, action plan or framework to guide planning and ensure that the overall approach to addressing dementia is both comprehensive and integrated.



2. All Canadian jurisdictions need to continue and expand their current public awareness initiatives to improve the overall awareness of dementia, reduce the risk of developing dementia and also challenge the stigma associated with dementia among all Canadians.



3. Governments of all levels should determine and implement standard metrics to measure and monitor their progress against their stated objectives and publicly report on their progress.

Introduction

Dementia is a broad term encompassing various conditions that can cause an often progressive and irreversible decline in a person's cognitive functioning, enough to interfere with their daily life and activities.¹ Dementia significantly impacts the lives of many Canadians, most of whom are older adults. The majority of people living with dementia are over the age of 65, with only 3% of Canadians living with dementia being under the age of 65.¹

In 2023/24, approximately 6% of Canadians aged 65 years and older had been diagnosed with dementia, with the total number of estimated cases among this age group around half a million according to the Public Health Agency of Canada (PHAC).²

It has also been found that the age-standardized incidence rates^b of older adults who have been diagnosed with dementia each year in Canada have generally decreased over the past two decades. Further, PHAC has found that the age-standardized prevalence rates^b have generally decreased over the past decade among older adults (Table 1).² However, because Canada has a rapidly ageing population, with growing numbers of older adults who are most susceptible to developing dementia, there has been an overall increase in the total number of people living with dementia.⁵ Additionally, the number of people living with dementia is

likely much higher,⁴ as many people are unable to obtain a diagnosis due to a range of complex factors, including gaps in access to primary care, specialized health services or tests to receive a diagnosis,³³ gaps in public awareness (e.g., knowledge of signs and symptoms) and the stigma associated with dementia.³⁴

We know more than ever before about who is impacted by dementia and who may be impacted in the future.⁵ The Alzheimer Society of Canada's (ASC) Landmark Study used data modelling to estimate the impact of dementia in Canada from 2020 to 2050.^{5c} According to the model, close to 772,000 Canadians of all ages are expected to be living with dementia in 2025, increasing to approximately 1 million by 2030.³⁵ The ASC estimates that nearly 1.7 million Canadians could be living with dementia by 2050 (a 187% increase from 2020) and nearly 1 million care partners may be needed to support them.⁴

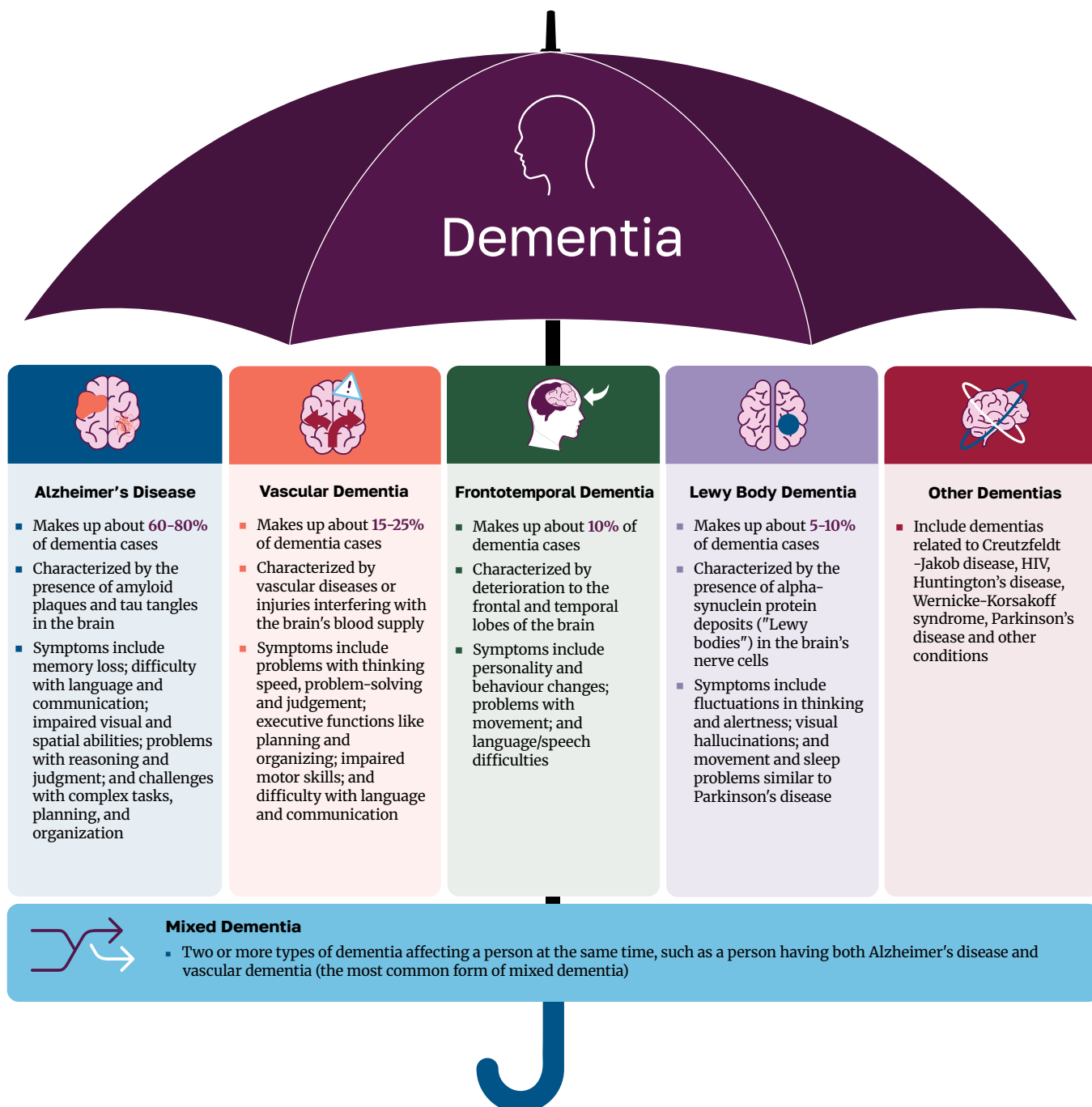
By 2050, the demographics of those living with dementia will also change, and there has been increased focus on dementia among equity-deserving groups, where research has been lacking in Canada.⁵

^b Age-standardized rates were used to remove the impact of Canada's ageing population over time, as dementia risk increases with age and unadjusted rates could be misleading

^c The ASC Landmark Study is a microsimulation study that developed projections from the data available at the time (e.g., the 2016 Canadian census).⁵ Accordingly, these numbers should be interpreted with caution.

What is Dementia? ^{11,35-42}

Dementia is an umbrella term which describes symptoms that impact brain function due to neurodegenerative and/or vascular conditions. Dementia symptoms include a decline in cognitive abilities (e.g., memory), as well as changes in mood and behaviour. Dementia symptoms can increasingly interfere with the ability to perform daily activities over time.



A recent ASC analysis found that the risk of developing dementia is not uniform for Canadians across racial and ethnocultural backgrounds.⁵ For instance, Indigenous Canadians face a greater risk of developing dementia due to the negative impacts of colonization on social determinants of health and potentially modifiable risk factors (e.g., systemic barriers in receiving early life education, racism, diabetes, lack of access to care).⁵ The ASC predicts that from 2020 to 2050, the number of Indigenous peoples in Canada living with dementia will increase by 273% from 10,800 to 40,300 cases.⁵ Over the past several decades, Canada's population has become increasingly multicultural, due to

changes in immigration. As time progresses, the ASC estimates that the population of Canadians living with dementia will be increasingly diverse. By 2050, a quarter of people living with dementia will be of Asian background, which is a 785% rise from 2020. Individuals of African descent may see a 507% increase in dementia cases and those of Latin, Central and South American background are estimated to see a 434% increase in those living with dementia. Historically, more women have been impacted by dementia than men (women currently account for approximately two-thirds of dementia cases in Canada) and this trend is anticipated to continue.⁵

Table 1. The Evolving Impact of Dementia in Canada Among Adults 65 Years and Older Between 2003/04 and 2023/24²

	Total Number of Dementia Cases	Proportion of People Living with Dementia (age-standardized prevalence rate)	New Dementia Cases Each Year, per 100,000 People (age-standardized incidence rate)
All	2003/04: 240,345	2003/04: 5.34%	2003/04: 1489
	2013/14: 402,760	2013/14: 6.35%	2013/14: 1399
	2023/24: 499,905	2023/24: 5.75%	2023/24: 1329
Women	2003/04: 159,625	2003/04: 5.62%	2003/04: 1516
	2013/14: 258,445	2013/14: 6.72%	2013/14: 1433
	2023/24: 306,335	2023/24: 6.09%	2023/24: 1363
Men	2003/04: 80,715	2003/04: 4.78%	2003/04: 1435
	2013/14: 144,315	2013/14: 5.72%	2013/14: 1339
	2023/24: 193,570	2023/24: 5.24%	2023/24: 1281

Canadians have also reported a broad range of experiences related to dementia in their daily lives. Insights from the 2023 NIA Ageing in Canada Survey revealed that just over half (56%) of Canadians aged 50 years and older personally know someone who is currently living with, or has previously lived with, dementia.^d Most often, the connection to dementia was reported to be through a family member (41%), including a parent (23%), an extended family member (19%), or a spouse/partner (4%). An additional 21% report knowing someone through their friends or community, such as a friend (16%) or neighbour (7%). These percentages were even higher for Canadians aged 65 years and older: nearly 6 in 10 (59%) report personally knowing someone who is currently living with, or has previously lived with, dementia.^d

In 2024, a PHAC public opinion survey found that around three-quarters (74%) of Canadian adults 18 years of age and older know someone who had or currently has dementia.⁶

While a growing number of Canadians are reporting being impacted by dementia, public opinion surveys conducted for PHAC from 2020 to 2024 indicate gaps in knowledge on dementia continue to persist. A 2024 survey found that a fifth of participants (20%) reported being highly knowledgeable about dementia, which is lower than the 24% who reported the same in 2020.⁶ Additionally, while half (54%) said they were moderately knowledgeable, up from 51% in 2020,⁶ a quarter of participants (26%) believed they were not knowledgeable about dementia, a finding similar to what was reported in 2020 (25%).⁶ Some Canadians still think that dementia is a normal aspect of ageing.

While 79% of Canadians in a 2023 survey recognized that the statement “dementia is an inevitable part of ageing” was false, 10% of respondents believed the statement was true and 11% were unsure.^{43(p.19)}

With growing evidence that some cases of dementia can be prevented or delayed,⁴⁴ 85% of Canadians responding to a 2024 PHAC survey knew that the statement “there are things we can do to reduce the risk of developing dementia” was true.^{6(p.24)} However, 11% of respondents reported that they did not know and 4% thought the statement was false,⁶ suggesting that more work can be done to improve the overall knowledge of all Canadians about how to mitigate their risk of dementia.

It has been found that views of dementia are hard to change and that stigma related to dementia persists among Canadians.

In a 2023 PHAC survey, over half of the respondents (59%) answered that they had not changed their view of dementia over the last five years, while 10% reported they had a more negative view and 26% indicated they had a more positive view.⁸ Among unpaid caregivers of persons living with dementia, three-quarters (75%) of respondents said they experienced challenges caused by stigma and lack of inclusiveness in their community.⁷ Between 2020 and 2023, fewer Canadians reported being comfortable talking to their healthcare provider about symptoms of dementia (72% to 68%) and fewer respondents answered they were comfortable sharing a diagnosis with a close member of their family (57% in 2023 compared to 64% in 2020).⁷

^d This data comes from the 2023 NIA Ageing in Canada Survey that was not available publicly at the time of writing.

What is Stigma?

The process of assigning differences and negative beliefs (stereotypes) to a particular group, agreement with those beliefs and the negative feelings associated with it (prejudice), which leads to unfair actions and treatment towards members of that group (discrimination).^{55,56}

It is encouraging that many Canadians are knowledgeable about dementia and recognize that their risk of dementia can be reduced. However, there remains a need to improve overall public awareness and knowledge, to ensure that Canadians feel equipped to take action to reduce their risk of developing dementia and to challenge stigmatizing myths about dementia. With a greater number of Canadians than ever before positioned to be impacted by dementia, there is no better time to ensure that health care and social systems are ready to help Canadians address dementia, from ensuring Canadians are well-informed about dementia, to taking actions to prevent

the condition, to ensuring that communities are inclusive and equitable for those living with dementia.

Many governments, organizations, advocates and researchers across Canada have been undertaking critical work to tackle these complex issues related to dementia. The NIA aims to build on this momentum through a three-part Addressing Dementia in Canada annual report series, each part examining a key topic related to advancing dementia practice, policy and research across Canada. Each report in the series will focus on a key dementia-related topic:

The NIA’s Three-Part Addressing Dementia in Canada Annual Report Series

Report 1 (2025)	Shifting attitudes and perceptions about dementia: improving public awareness of dementia, reducing the risk of dementia and challenging the stigma associated with dementia among the general public
Report 2 (2026)	Improving Treatment and Care for those living with dementia: Supporting health care systems & workforces to better respond to dementia
Report 3 (2027)	Strengthening Community and Social Support Systems: Supporting unpaid caregivers of people living with dementia and the development of more dementia-inclusive communities.

This first report examines the current state of public awareness of dementia, factors that can help reduce the risk of developing dementia and the need to challenge the stigma associated with the condition. While these topics are distinct, they share an essential commonality: Canadians of all ages need to improve their knowledge and awareness of dementia, need to be able to take action to reduce their dementia risk and to eliminate the stigmatization of dementia. Governments play a key role in ensuring public systems are equipped to enable all Canadians to take these actions.

Indeed, governments worldwide, including those in Canada, have recognized their key role in improving how dementia is addressed through the development of national dementia strategies.^{9,10} Government dementia strategies often describe a plan, framework, or policy that identifies critical strategic areas and goals and outlines how the government will be responsible for achieving these objectives.⁹

At the federal government level, a critical milestone was reached in 2017, when Canada passed the *National Strategy for Alzheimer's Disease and Other Dementias Act* which required the development of Canada's first national dementia strategy.¹¹

As described later in this report, the subsequent national strategy titled *A Dementia Strategy for Canada: Together We Aspire*¹¹ outlined three key objectives related to dementia in Canada and increased funding for research, programs and other outputs since 2019. However, several recent publications have identified gaps in Canada's national dementia strategy, noting that the strategy requires adequate and efficient funding sources, clear benchmarks

to measure its success and shortcomings and clear identification of how collaboration will take place between federal, provincial and territorial governments.^{4,10,45}

While the federal government plays a key role in leading the development of dementia-related policy across Canada, provincial and territorial governments also set health and social policies related to addressing dementia within their respective jurisdictions. All levels of government, including local or municipal governments, can take further action to improve their response to raising public awareness of dementia, reducing the risk of dementia and challenging the stigma associated with dementia.⁴ For instance, the World Health Organization (WHO) declared dementia a global public health issue in 2017,⁴⁶ which Canada's federal government also did in 2017.⁴⁷ However, a 2022 report from CanAge found that dementia does not appear to be a public health priority in many of Canada's provinces and territories.⁴⁵

To have a more complete picture of government priorities related to addressing dementia, one needs to examine policymaking efforts and their related impacts at the federal, provincial and territorial government levels. To do so, this report presents an examination of past and current government strategic priorities and their reported impacts at all three levels. In particular, the NIA analyzed priorities related to improving public awareness of dementia, reducing the risk of dementia and challenging the stigma associated with dementia. By examining what governments have done to date, the NIA aims to provide insight into what governments can do now to address these key areas of dementia care.

The structure of this report is as follows. It begins by describing what is known from the research about reducing the risk of dementia and challenging the stigma associated with dementia. The report examines key insights from recent PHAC surveys on these topics, as well as the NIA's Ageing in Canada survey, to shed light on how Canadians experience these issues. Next, it presents the findings of

a document analysis of the national dementia strategy and fifteen years of provincial and territorial strategic plans focused on addressing dementia. The report concludes with a discussion of the implications of this research and the presentation of three policy recommendations geared to government policymakers and decision-makers.



What Is Known about Dementia Prevention & Challenging the Stigma Associated with Dementia

Reducing the Risk of Developing Dementia

There is a growing body of research that sheds light on the various factors that impact the risk of developing dementia. Some of these factors cannot be controlled and these *non-modifiable* risk factors include a person's increasing age, genetics and their sex at birth.⁴⁴ Although dementia does not occur in all older adults, increasing age is the most substantial known risk factor for developing dementia.^{5,48}

Indeed, the prevalence of dementia in Canada roughly doubles with every five year age group from ages 65-69 until 85-89 years of age, with a prevalence of 1% among adults 65 to 69 years of age, increasing to just under 19% among those aged 85 to 89 years.⁴⁹

While not fully understood,⁵ a person's genetics may also increase the risk of developing dementia, with research suggesting that specific genes are associated with an increased risk of developing certain forms of dementia (e.g., Alzheimer's disease, Huntington disease).⁴⁴ Studies have identified 75 genes that could increase an individual's risk of developing dementia.⁵ However, in less than 5% of cases of dementia are inherited or familial, where genetics plays a strong role in the development of dementia.⁵⁰ Females (sex at birth) also have an increased risk of dementia compared to males.² In 2023-24, nearly two-thirds of

dementia cases in Canada were among females.² It is important to note that emerging research suggests this increased risk may be related to factors beyond biological sex (e.g., higher life expectancy, differences in the potentially modifiable risk factors, including those related to social determinants of health).^{5,44}

In addition, there is increasing evidence that there exist many risk factors that contribute to the risk of developing dementia that individuals can change, called *potentially modifiable* risk factors. The Lancet Commission on dementia is a global resource developed by experts that comprehensively reviews the latest evidence to identify and quantify potentially modifiable risk factors for dementia. The first Lancet Commission, in 2017, identified nine potentially modifiable risk factors and by the 2020 update three additional risk factors had been identified.⁵¹ The most recent 2024 update identified two additional risk factors, for a total of 14 potentially modifiable risk factors that are supported by high-quality, consistent evidence. These factors are categorized by the life stages where the association to dementia is most prominent:

- Early Life: lower educational attainment;
- Mid Life: hearing loss, depression, traumatic brain injury, physical inactivity, diabetes, smoking, obesity, excessive alcohol consumption, hypertension and high low-density lipoprotein [LDL] cholesterol
- and Later Life: social isolation, air pollution and untreated vision impairment (See Table 2 and Figure 1).

The 2024 Lancet Commission also highlighted groundbreaking evidence that the risk of developing dementia can be changed for individuals with increased genetic risk factors.⁴⁴ The Commission notes there are other potentially modifiable risk factors,

although these still require further evidence to be included in the above list. These factors include lack of sleep, infections, unhealthy diet and mental health conditions other than depression.⁴⁴

Table 2: The Increased Risk of Developing Dementia Related to 14 Potentially Modifiable Risk Factors Identified in the 2024 Lancet Commission Report⁴⁴

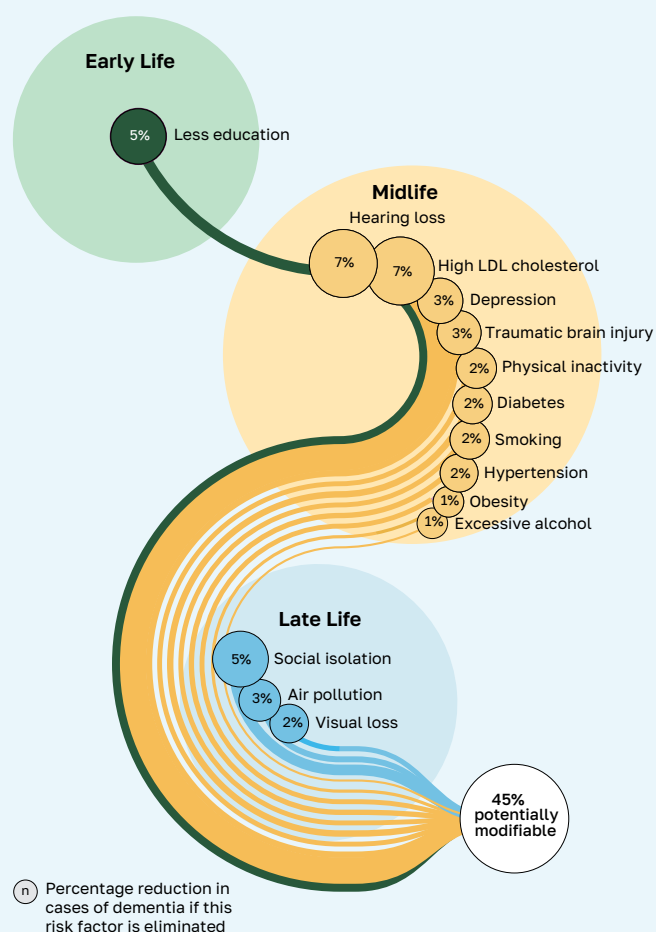
Risk Factor	Relative Increased Risk of Developing Dementia
Early life	
Less education	60%
Mid life	
Hearing loss	40%
High LDL cholesterol	30%
Depression	120%
Traumatic brain injury	70%
Physical inactivity	20%
Smoking	30%
Diabetes	70%
Hypertension	20%
Obesity	30%
Excessive alcohol consumption	20%
Later Life	
Social isolation	60%
Air pollution	10%
Untreated vision loss	50%

The Lancet Commission provides various metrics to understand the impact of the 14 potentially modifiable risk factors. At the individual level, it reports the relative increased risk of developing dementia for each factor (Table 2). At the population level, it reports the proportion of dementia cases that could be prevented if a given risk factor was eliminated, called a population attributable fraction (PAF). At the global level, the PAF for the 14 risk factors noted by the Lancet Commission is 45.3% of dementia cases (Figure 1).

This means that if all of these risk factors were eliminated, 45.3% of global dementia cases could theoretically be prevented.⁴⁴

It is important to note that individual PAF values are multiplicatively combined rather than simply added together to obtain the overall PAF value to account for association among risk factors.^{44(p. 202),52}

Figure 1: A Life-Course Visualization of the Population Attributable Fraction of 14 Potentially Modifiable Risk Factors Related to Dementia Identified in the 2024 Lancet Commission Report⁴⁴



From “Dementia Prevention, Intervention and Care: 2024 Report of the Lancet Standing Commission”, by G. Livingston, J. Huntley, K. Y. Liu, S. G. Costafreda, G. Selbæk, S. Alladi, D. Ames, S. Banerjee, A. Burns, C. Brayne, N. C. Fox, C. P. Ferri, L. N. Gitlin, R. Howard, H. C. Kales, M. Kivimäki, E. B. Larson, N. Nakasujja, K. Rockwood, ... and N. Mukadam, 2024, *The Lancet*, 404(10452), 572–628, ([https://doi.org/10.1016/S0140-6736\(24\)01296-0](https://doi.org/10.1016/S0140-6736(24)01296-0)). Copyright 2024 by Elsevier. Reprinted with permission.

Two studies that examined preventable cases of dementia in Canada were published before the Lancet Commission 2024 update.^{23,2} These studies examined 12 risk factors for dementia, finding varying PAFs ranging from 43.4% and 49.2%. It is important to note that these two studies used different variables (e.g., risk factors, relative risks, prevalence) to calculate their PAF value.^{53,54} However, when compared to other countries using similar risk factors and relative risks, not only were there differences in overall PAFs but also PAFs for individual risk factors, indicating a different prevalence of risk factors.⁵³ These findings underscore the need for locally tailored prevention strategies.

The social determinants of health have also been found to influence the risk of dementia across population groups. These social and

economic factors, such as housing, income, discrimination and racism, can impact access to resources and services and thus influence modifiable health risk factors.⁵ For instance, individuals with a low socio-economic status face a greater risk of developing dementia.⁴⁴ A recent Canadian study found that the PAF value of 12 risk factors for dementia was almost double (59%) in the lowest income group, compared to the highest income group (32%), indicating an increased burden of risk factors for dementia among the lowest-income group.⁵⁴

An essential contribution of the Lancet Commission is that it highlights that potentially modifiable risk factors for dementia can be addressed at any age, with interventions suggested to take place as early as possible (see Box below).⁴⁴

Lancet Commission's Recommendations on Specific Actions That Could Help Address its Identified 14 Potentially Modifiable Risk Factors^{44(p. 573)}

- “Ensure good quality education is available for all and encourage cognitively stimulating activities in midlife to protect cognition;
- Make hearing aids accessible for people with hearing loss and decrease harmful noise exposure to reduce hearing loss;
- Treat depression effectively;
- Encourage use of helmets and head protection in contact sports and on bicycles;
- Encourage exercise because people who participate in sport and exercise are less likely to develop dementia;
- Reduce cigarette smoking through education, price control and preventing smoking in public places and make smoking cessation advice accessible;
- Prevent or reduce hypertension and maintain systolic blood pressure of 130 mm Hg or less from age 40 years;
- Detect and treat high LDL cholesterol from midlife;
- Maintain a healthy weight and treat obesity as early as possible, which also helps to prevent diabetes;
- Reduce high alcohol consumption through price control and increased awareness of levels and risks of overconsumption;
- Prioritise age-friendly and supportive community environments and housing and reduce social isolation by facilitating participation in activities and living with others;
- Make screening and treatment for vision loss accessible for all;
- Reduce exposure to air pollution”

The authors of the commission have a clear takeaway message: “be ambitious about prevention.”^{44(p. 573)} While there are varying levels of evidence for ways to reduce each of the 14 risk factors, there is particularly strong evidence for the use of hearing aids to address hearing loss, smoking cessation programs and reducing excessive alcohol consumption.⁴⁴

Individuals may have more than one risk factor for dementia, which underscores the importance of addressing multiple risk factors.^{44,55} Research has consistently shown that individuals who report participating in healthier lifestyle activities have a lower risk of dementia.⁴⁴ This was especially evident in the research that adopted a longitudinal approach in evaluating the following behaviours: not smoking, consuming a high-quality diet, participating in moderate/vigorous physical activity, light to moderate alcohol consumption and participating in mentally stimulating activities in later life.⁵⁵

It was found that across the two studies, those with two to three of these behaviours had a 37% lower risk of developing Alzheimer’s disease, and those with four to five of these behaviours had a 60% lower risk, in comparison to individuals who only implemented one or none of these activities.⁵⁵

The past decade has seen increasing focus on the potential of multicomponent programs that address multiple risk factors to reduce the risk of dementia. The first large-scale study to demonstrate improvements in cognitive performance was the Finnish Geriatric Intervention Study to Prevent Cognitive Impairment and Disability (FINGER) trial in 2015. The study evaluated a two-year program focused on diet, vascular risk monitoring,

cognitive training and exercise among at-risk older adults.⁵⁶ In the subsequent decade numerous trials have been studied, which vary in length (few months to multiple years), risk factors (both in amount and type), approach taken (individualized to group activities) and platform (in-person to digital programs).^{44,57,58} The most recent large-scale trial to provide findings is the United States Study to Protect Brain Health Through Lifestyle Intervention to Reduce Risk (US POINTER) in 2025. This two-year program focused on exercise, diet, cognitive training and social engagement and reported improvements in global cognition among at-risk older adults.⁵⁹ Numerous systematic reviews have examined the effects of these multicomponent programs.^{57,58,60–62} Generally, these programs appear to create small to modest improvements in cognitive performance.^{60–62} However, of the limited multi-year studies that have evaluated dementia incidence, no trials have yet shown evidence of their ability to lower dementia incidence.⁶¹ These results may be due to existing evidence on multicomponent programs still being preliminary, with completed studies having different components, durations and methods of assessment.^{44,58,61}

In Canada, a 2024 PHAC analysis of potentially modifiable risk factors related to dementia found that some risk factors for dementia are becoming less prevalent, while others are staying the same or increasing.⁸ The risk factors that are becoming less prevalent include the number of Canadians aged 20 years and older reported having lower levels of education, being diagnosed with high blood pressure, and smoking.⁸ However, the reported rates of high cholesterol, heavy alcohol use, inadequate daily sleep and having had a stroke have remained similar. The risk factors for dementia that were found to be worsening include experiencing social isolation, physical inactivity, obesity, and diabetes.⁸

While more is known than ever about ways to prevent dementia, key gaps and challenges remain. It is difficult to study risk factors related to dementia as the risk of dementia accumulates over one's life and research needs to be conducted over many years or decades.⁴⁴ As cases of dementia can have a long phase of over ten years before symptoms become apparent, it is important to ensure that identified risk factors are not symptoms of dementia.⁴⁴ Additionally, the Lancet Commission noted that studies tend to recruit individuals with higher education and socioeconomic status and there is less representation among marginalized groups and minority ethnic groups.⁴⁴ This is also a challenge in Canadian research, with recent research on dementia risk factors underrepresenting lower-income individuals and racialized groups and excluding Indigenous people who live on a reserve.^{53,54} This is concerning, as studies from other countries have indicated that not only are there racial and ethnic differences in dementia cases, but certain groups carry a higher burden of potentially modifiable risk factors. These gaps in research on the risk of dementia among equity-deserving groups are problematic and will continue to hinder efforts to understand how to best support their health and wellbeing.^{5,44} Similarly, in terms of multicomponent programs, further research is needed to assess the effectiveness of such programs among at-risk and vulnerable populations, along with the long-term outcomes after program completion and potential reductions in dementia incidence.^{44,57,61}



What do Canadians Think About their Risk of Developing Dementia?

Findings from the Public Health Agency of Canada's Public Opinion Surveys

PHAC has commissioned surveys from 2020 to 2024 that examine Canadians' opinions on dementia prevention, among other topics.^{6,63,64} Findings from these surveys suggest that Canadians' perspectives on dementia are shifting.⁷ For instance, more Canadians now

think that dementia is preventable: the 2024 survey found that 85% of respondents answered that "there are things that can be done to reduce the risk of developing dementia," which is an increase from 74% in the 2020 survey.^{6(p. 24)}

Highlights from the 2024 survey, among respondents 18 to 75 years of age, include:⁶

- The risk factors for dementia recognized most often by respondents (without any prompts) were genetics (33%), followed by a lack of physical activity (27%), social isolation (21%) and an unhealthy diet (20%).
- Only a quarter of respondents (26%) answered that they can reduce their risk of developing dementia to a high degree, although this was an increase from 20% in 2022. Half of the respondents thought they could reduce their risk to a moderate amount, and 16% believed they could only do so to a low amount.
- A third of respondents (33%) under the age of 75 reported that they had taken steps to reduce their risk of developing dementia in the last year, an increase from 27% in 2022 and 21% in 2020. The most reported means to reduce risk were to keep their brain active (80%), eat healthy (74%), be physically active (69%), address their sleep (58%) and monitor or manage their chronic health conditions (56%).

- **Just over half of the participants (57%) responded that they want or need to do more to reduce their risk of developing dementia.**



Findings from the NIA Ageing in Canada Survey

- **The NIA's 2022 Ageing in Canada Survey revealed that 62% of those 50 and older expressed concern about developing dementia when thinking about their situation as they got older, with 32% saying they were very concerned and 30% saying they were somewhat concerned.^e**
- When asked to compare their generation's overall health to that of their parents at the same age, a plurality of Canadians aged 50+ (41%) felt their generation is better off, while 37% said they are doing about the same and 17% believed they are worse off.
- In terms of loneliness, nearly 60% of Canadians aged 50+ experience some level of loneliness, with the 2024 survey showing that two in 10 (19%) were very lonely and another 40% were somewhat lonely. Loneliness was the highest among those aged 50–64 years (64%) and lowest among those aged 80 years and older (45%).

The NIA Ageing in Canada survey has also revealed key insights about social isolation, one of the 14 potentially modifiable risk factors for dementia.

From 2022 to 2024, the survey found:

- 4 in 10 Canadians aged 50+ are socially isolated, with consistent levels of social isolation being reported from 2022 to 2024.
- Levels of social isolation appear to decrease with age: those aged 50–64 years (45%) were the most likely to be at risk of social isolation, while those aged 80 years and older (30%) were the least likely

^e This data comes from the 2022 NIA Ageing in Canada Survey that was not available publicly at the time of writing.



- The measures on social isolation and loneliness can be combined to capture the overall strength of social networks. The NIA's Index of Social Network Strength sorts Canadians aged 50+ into five groups, from weak to strong social networks.
 - In 2024, more than one in three (36%) Canadians aged 50+ had very (13%) or somewhat (23%) weak social networks, higher than the proportion with strong social networks (very: 7% or somewhat: 25%) or who fall somewhere in the middle (33%), with neither particularly strong nor weak networks.
 - Social network strength has stayed relatively unchanged among Canadians aged 50+ since 2023.
 - Social network strength also appears to vary by age within the population aged 50 years and older. In 2024, weak networks (whether very or somewhat weak) were most prevalent among the youngest cohort of Canadians aged 50–54 years (42%) and declined across successively older groups to those aged 80 years and older (22%).
- Household and family composition also play a role in the extent to which Canadians aged 50+ have social networks that they can count on. In 2024:
 - Weak social networks (whether very or somewhat) were found to be more common among Canadians aged 50+ who live alone (43%) and especially for men who live alone (49%, versus 39% among women). And having children (whether living in the household or not) makes a difference, with weak networks found more prominently among those who are childless (43%) than those who have children (32%).
 - Notably, however, there was little difference in social network strength between men and women among Canadians aged 50+, with weak networks just as common among men aged 50+ (36%) as among women aged 50+ (34%).
- Given the growing body of evidence linking social isolation and loneliness to cognitive decline, these findings highlight the critical role of social connection improvement initiatives as part of comprehensive dementia prevention efforts.

Challenging the Stigma Associated with Dementia

The stigmatization of dementia is a key issue impacting a broad range of topics related to dementia. Given this, it will be a recurring theme throughout the NIA report series. This report focuses on societal level stigma, which exists among the general public. Societal level stigma not only negatively impacts those living with dementia, but it can also lead to individuals believing that dementia is a normal part of ageing, which can discourage taking steps to

reduce one's risk of dementia. In subsequent reports as part of this series, the NIA will examine how stigma is perpetuated within healthcare organizations and among care providers, as well as how dementia-inclusive communities can challenge stigma.⁶⁵

It is well documented, both within Canada^{66,67} and globally,⁶⁸ that ending the stigmatization of dementia is critical to improving the lives of persons living with dementia. Stigma is the process of assigning differences and negative beliefs (stereotypes) to a particular group, the

agreement with those beliefs and the negative feelings associated with it (prejudice), which leads to unfair actions and treatment towards members of that group (discrimination).⁶⁹ Stigma is reinforced through a cycle of exclusionary practices, exacerbating power imbalances and normalizing discriminatory actions.^{69,70} Stigma can become internalized (self-stigma) and occurs among the general public and within institutions, such as healthcare organizations.⁶⁹

As described by a recent PHAC report, stigma is a critical public health issue because it contributes to health inequalities.⁶⁹ Stigma leads to discriminatory policies and behaviours, perpetuates social exclusion and leads to problematic language and the continuation of negative assumptions about particular health conditions or social identities.⁶⁹ Concerningly, these discriminatory practices lead to restricted access to health services, contributing to long-term stress and ultimately worse health and well-being for those experiencing stigmatization.⁶⁹

There are problematic assumptions and stereotypical beliefs about dementia, as well as gaps in awareness and understanding that lead to stereotyping and the development of negative attitudes about dementia, including fear and shame.⁶⁸ The stigmatization of dementia is further compounded by ageism, which is a form of stigma related to ageing.⁷¹⁻⁷³

As age is a risk factor for dementia, ageism and the stigmatization of dementia can amplify and perpetuate one another.^{71,72} Stigmatizing and ageist beliefs about dementia include the incorrect assumption that individuals cannot do anything to reduce their risk of developing dementia and that it is an inevitable part of ageing.⁶⁸ This can lead to individuals delaying or avoiding seeking healthcare to receive a diagnosis, with deleterious downstream effects including a lack of access to high-quality dementia care and services.⁷²

Among the general public, enacted stigma can look like: making jokes about dementia, giving limited choices to those living with dementia and ignoring and avoiding a person living with dementia.⁶⁸ A recent scoping review of research analyzing how dementia is described in news, films and literature found that the majority of media portray living with dementia as overall negative, stereotypical and dehumanizing and dementia was associated with the emotions of dread, fear and shame.⁷³

Research has also found that stigma against dementia among the general public was amplified during the COVID-19 pandemic.^{74,75} The belief that individuals with dementia were close to end-of-life was perpetuated,⁷⁴ as well as the assumption that people living with dementia lose their sense of self, which contributed to “fear” and “disregard” towards people living with dementia.^{75(p. 1395)} These problematic and incorrect stereotypes erased the diversity of experiences for those living with dementia and in the context of the pandemic, contributed to reduced access to health services⁷⁴ and to the failure to provide high-quality, supportive and enriching living environments for those living in long-term care settings, where the majority of their residents were living with a diagnosis of dementia.⁷⁵

Dementia Stigma In Canada

A 2023 PHAC survey⁴³ focused on dementia stigma in Canada found that the view of stigma in Canadian society is primarily negative:

- **83% of respondents agreed with the statement that other people have negative assumptions about the abilities of those living with dementia.**
- 4 in 5 (80%) of respondents agreed with the statement that individuals living with dementia are viewed as requiring others to make decisions for them.
- 4 in 5 (80%) respondents agreed with the statement that individuals living with dementia are viewed as requiring supervision in the case of dangerous behavior.
- Just over a quarter (27%) of respondents agreed that people in their community were respectful, knowledgeable and supportive of those living with dementia, while 18% disagreed, 24% neither agreed or disagreed and 30% didn't know.⁴³

Further, from 2020 to 2023, PHAC surveys found that:

- Fewer Canadians in 2023 (79%) reported feeling “at least moderately comfortable interacting with people living with dementia”, compared to 84% in 2020.^{7(p. 31)}
- Fewer Canadians in 2023 (41%) thought that individuals living with dementia can continue to work after the onset of symptoms, compared to 47% in 2020.⁷
- Fewer Canadians reported being comfortable talking to their healthcare provider about symptoms of dementia (72% to 68%).⁷
- **Fewer respondents answered they were comfortable sharing a diagnosis with a close member of their family (57% in 2023 compared to 64% in 2020).⁷**
- Canadians had more positive views on quality of life, with fewer Canadians perceiving that those living with dementia have a lower quality of life in 2023 (65%) versus 70% in 2020.⁷
- When asked why they might feel uncomfortable asking for information about dementia from a healthcare provider, the top two responses were: 75% of respondents indicated it was because they were worried about what lay ahead and 56% answered that it was because “other people would treat them differently”.^{7(p. 32)}

Ageism in Canada

Ageism involves stereotypes, discrimination and prejudices based on age. This can occur on three levels: internalized (towards oneself), interpersonal (towards others) and institutional (through policies and practices).⁷⁶

Ageism has been associated with negative consequences towards older adults such as diminished quality of life, limited access to health care and financial insecurity.^{76,77}

Ageism is also a form of stigma that is intertwined with the stigma associated with dementia. The NIA's 2022–2024 Ageing in Canada Surveys reveal that ageism remains a widespread and persistent issue affecting Canada's population aged 50 and older:

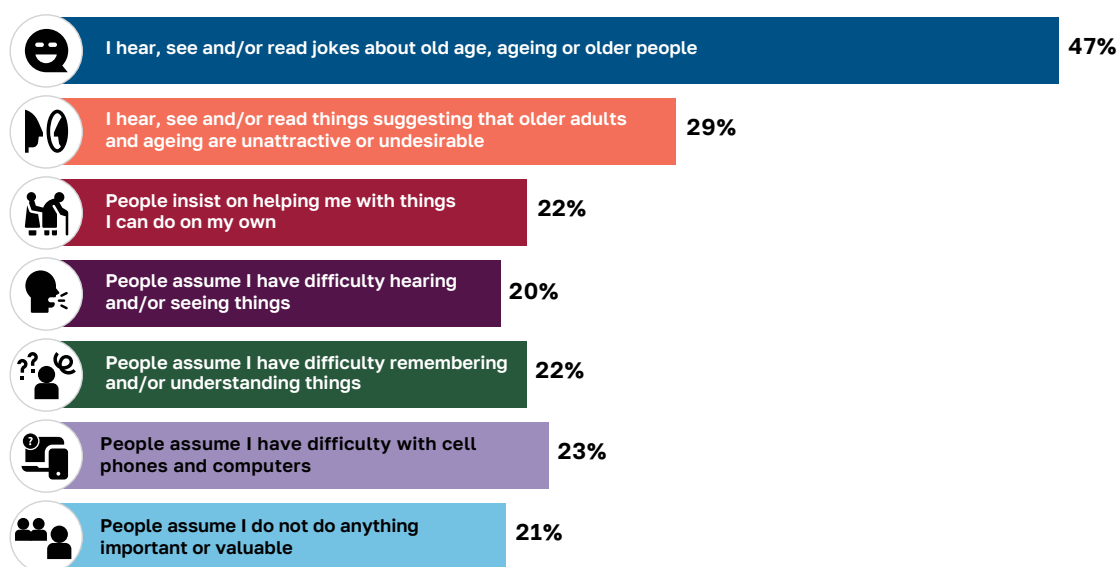
- In 2022 and 2023, about 1 in 3 Canadians aged 50 and older (31–32%) reported having experienced discrimination or unfair treatment because of their age at some point in their lives.
- In 2022, 31% reported lifetime experiences of ageism, with 19% saying it occurred very rarely, 10% from time to time and 2% regularly. The share of Canadians 50+ reporting lifetime experiences of ageism did not differ considerably across age groups.
- In 2023, the share was 32%, with 20% saying they had experienced ageism very rarely, 10% saying it occurred from time to time and 2% saying it occurred regularly.
- The NIA's 2022 survey also revealed that Canadians aged 50+ have experienced ageism across a range of different settings, with the most common settings reported being the workplace (31%), the street (21%) and stores or restaurants (20%). However, among Canadians aged 80+, hospitals and other health care settings were the most frequently reported places in which they had previously experienced ageism at some point in their lives (20%).



- The NIA's 2024 survey revealed the experiences of ageism occurring within the past 12 months among Canadians aged 50+. In 2024, only 9% of Canadians aged 50+ said they had personally experienced discrimination or unfair treatment because of their age within the past year.
- Although few Canadians aged 50+ in 2024 reported having experienced discrimination or unfair treatment because of their age in the past year, when asked about specific experiences of ageism in their day-to-day lives, the vast majority indicated regularly experiencing different forms of ageism.
- When asked about specific day-to-day experiences of ageism in the past 12 months, the proportion was significantly higher. In 2024, 68% of Canadians aged 50+ reported experiencing at least one of seven forms of everyday ageism in their daily lives.
- Taken together, the findings of the NIA's surveys show that while frequent experiences of overt discrimination may be less common, subtle and pervasive forms of ageism remain deeply entrenched in Canadian society. In the context of dementia, pervasive experiences of ageism in daily life and ageist attitudes can contribute to stigma, normalize assumptions that cognitive decline is an inevitable part of ageing, discourage older adults from seeking timely assessment or support and lead to delayed diagnosis and access to effective treatments, care, support and education.

Experiences of everyday ageism among Canadians 50+ in 2024

Percentage who report often or sometimes to each form of ageism



There remain gaps in understanding the best ways to challenge and eliminate stigma. In a recent scoping review of interventions targeting the stigmatization of dementia, of 21 studies identified, the most common research was conducted around educational interventions. However, the authors note that research in this area remains limited and more work is needed to determine the most impactful and effective interventions to challenge stigma.⁷⁸ Developing more dementia-inclusive communities has also been proposed as a way to challenge stigma and will be examined in a future NIA report.

The research on challenging the stigma associated with dementia includes examining a range of interventions and activities, such as educational interventions, experiential or interactive approaches (e.g. art and theatre, public festivals⁷⁹) and intergenerational storytelling programs.^{68,78} Arts-based approaches often bring people living with dementia together

with researchers, advocates, artists and others, as seen in the documentary film, *Dancer not Dementia*,⁸⁰ and the creation of initiatives such as *Reimagining Dementia: A Creative Coalition for Justice*.⁷⁵ They can present a potent approach to challenging the stigmatization of dementia by creating opportunities for those living with dementia to be collaborators and co-creators and replacing reductionist and medicalized views of dementia with ones that are humanistic and show the diversity of experiences for those living with dementia.⁸¹ In their qualitative study of the impact of the theatre production, *Cracked: new light on dementia*, Kontos et al. describe how the production challenged preexisting ideas about people living with dementia with positive and uplifting ones.⁸² The authors highlight the potential of film and drama to support learning and reflection through emotional and “embodied” methods accessible to various audiences.

Table 3: Examples of Initiatives that Are Challenging the Stigmatization of Dementia in Canada Through Various Mediums:



Film & Theater

- Theatre: *Cracked: new light on dementia*⁸³
- Film: *Dancer not Dementia*⁸⁰
- Film: *Music is Life*⁸⁴



Public Awareness and Education

- *Dementia in new light*
- *Flipping Stigma*⁸⁵
- *The Faces of Dementia Campaign*⁸⁶
- *Forward with Dementia*⁸⁷
- *Alzheimer Society of Canada*⁸⁸
- *Public Health Agency of Canada’s National Awareness Campaign*^{7,8,89}



Collaboration & Innovation

- *Open Minds Open Hearts*⁹⁰
- *Partnerships in Dementia Care Alliance (University of Waterloo)*⁹¹
- *Reimagining Dementia: A Creative Coalition for Justice*⁹²

The State of Dementia Policy and Strategic Government Priorities in Canada Around Public Awareness, Reducing the Risk of Dementia and Challenging Stigma

Earlier in this report, the NIA described that not only is there a need to reduce Canadians' risk of dementia, raise public awareness and challenge stigma, but there is now more evidence than ever before about ways to address these challenges.

Governments have a crucial role to play in supporting these efforts; yet many organizations and advocates have already called on all levels of government to do more.^{4,45}

The goal of the following NIA analysis is to examine specifically what governments have done across these three priority areas and to provide further clarity on what key work remains.

Approach

Given the evident need to improve public awareness, reduce dementia risk and challenge the stigmatization of dementia, the NIA aimed to identify the publicly available strategic priorities of provincial and territorial governments addressing these issues over the last fifteen years (2010–2025). For the analysis of federal government strategic priorities and actions, the NIA focused on the national dementia strategy (2019) and its annual reports (2020 to 2024) and relevant government websites (e.g., Public Health Agency of Canada, Library and Archives Canada). The analysis of

the national dementia strategy focused on the themes of public awareness, reducing dementia risk and stigma.

To identify provincial and territorial strategic priorities and actions, the NIA conducted an environmental scan of provincial and territorial strategic planning documents, action plans, or other frameworks specific to supporting people living with dementia and those affected by dementia, or around supporting older adults in general. The NIA included documents currently in use by governments (i.e. active) or, if no longer in use, those published since 2010 and those published in English (see Appendix A for the complete methodology). In some cases, provinces or territories have created progress reports or updates indicating the objectives that have been achieved or are in progress, which the NIA also included in the analysis. The dementia strategy from Québec (2025) was the only report available in French. To include this in the analysis, the NIA consulted with a Québec government official knowledgeable of the strategy to confirm findings.

In total, the NIA identified 21 provincial and territorial dementia or seniors strategies,^{12–32} and two progress reports,^{93,94} for a total of 23 documents. The NIA determined whether these identified strategies were still in use by the government (i.e. active) through a verification process supported by members of the PHAC supported Federal/Provincial/Territorial Coordinating Committee on Dementia. Through this process, three additional jurisdictions other than Quebec responded to the NIA's request

to confirm whether the dementia or seniors strategy in that province or territory was active, inactive, or if reporting was complete.

For provinces or territories with strategic planning documents that focused solely on dementia, the NIA identified their main dementia-related objectives. For documents primarily focused on supporting older adults, the NIA examined their objectives related to dementia, cognitive health, or brain health. As part of the analysis, the NIA reviewed the content of all dementia-related objectives (see Appendix C). However, for the purpose of this report, the NIA primarily focused analysis on objectives related to public awareness, reducing dementia risk and stigma. Finally, the NIA conducted a tertiary search of government websites to identify current information about government programs, supports or other information related to dementia (Appendix D). The NIA excluded programs or resources provided by provincial/territorial or regional health authorities or other organizations.

Findings

Federal Government Strategic Priorities and Actions

Canada's inaugural national dementia strategy was published in 2019, titled *A Dementia Strategy for Canada: Together We Aspire*¹¹ and has thus far released six annual reports to Parliament from 2019 through to 2024.^{7,8,66,89,95} The strategy states that it is intended to be executed through collaboration across federal, provincial and local governments, organizations and stakeholders.¹¹ PHAC is the federal lead on the strategy and helps implement some key elements of the strategy through its leadership as well as funding of various initiatives: the Dementia Community Investment (DCI), the Dementia Strategic Fund (DSF), the Enhanced Dementia Surveillance Initiative (ESDI) and the Centre for Aging + Brain Health Innovation (CABHI).⁶⁶

The national dementia strategy outlines three main objectives, each containing four or five secondary objectives (called “areas of focus”) paired with an “aspiration,” which describes what is hoped to be achieved in each secondary objective (for a detailed description, see Appendix B).¹¹ The primary objectives of Canada's National Dementia Strategy are:

1. Prevent dementia
2. Advance therapies and find a cure
3. Improve the quality of life of people living with dementia and their caregivers¹¹

The following analysis focuses on the strategy's objectives specifically related to improving public awareness, reducing dementia risk and challenging stigma.¹¹ There is constant attention throughout the strategy to improving public awareness of various aspects of dementia across Canada, which intersects with both the topics of reducing the risk of dementia and challenging stigma.¹¹ The analysis took into consideration that this focus of raising public awareness intersects with the strategy's objectives related to reducing risk and challenging stigma.

One of the strategy's primary objectives is to ‘prevent dementia’ which provides four secondary objectives focused on progressing research on risk reduction, supporting evidence creation that informs effective interventions, building awareness of ways to reduce dementia risk and ensuring that the social and built environment enables the adoption of healthy behaviours. Under another primary objective, “improve the quality of life of people living with dementia and caregivers,” one secondary objective focuses on addressing or challenging stigma and aims to: “eliminate stigma and promote measures that create supportive and safe dementia-inclusive communities.”^{11(p. 5)}

The annual reports describe the progress being made through the national dementia strategy on its primary objectives, including updates on

initiatives and research, as well as data points relevant to each primary objective (e.g., yearly incidence of dementia cases in Canada).^{7,8,66,89,95} The annual reports describe the progress of initiatives funded through PHAC, as well as the work of other organizations, which in some cases were not funded by the federal government.^{7,8,66,89,95} The content of annual reports reflects the broad range of stakeholders and partners involved in supporting the strategy, with sections of the report detailing the initiatives of these groups as they relate to the national objectives.^{7,8,66,89,95}

As reducing the risk of dementia is a primary objective of the strategy, substantial content on this topic is provided throughout the annual reports. Each annual report presents an update on the incidence of dementia, tracks trends in how Canadians are affected by potentially modifiable risk factors (drawing on population health survey data) and presents recent findings from PHAC public opinion surveys on dementia, which are also used to measure progress towards the national objectives and related areas of focus.^{7,8,66,89,95} In addition, the reports note new research or programs related to reducing the risk of dementia, including initiatives funded by PHAC (e.g., projects funded by the Dementia Strategic Fund) and in some cases, initiatives undertaken by other organizations. In particular, the Dementia Strategic Fund has a mandate to improve public awareness, particularly concerning risk reduction and stigma, which it achieves by funding external projects and supporting the development of a multi-year national awareness campaign. The initiative employed various strategies, including digital advertising, spokespersons, digital influencers and media outlets.^{7,8,89} A lot of exposure was received, with the digital advertisements on reducing the risk of dementia during January to March 2023 alone being shown 83 million times and the campaign-

linked website (canada.ca/dementia) being visited 362,578 times.^{7,8,89,95} PHAC also created a web-based Dementia Awareness Resources Toolkit to share dementia resources from the national education campaign, with information on reducing the risk of dementia, challenging stigma and encouraging dementia-inclusive communities.⁹⁶

The national dementia strategy has a secondary objective of eliminating stigma, which falls under the primary objective of improving the quality of life for those living with dementia.¹¹ Its annual reports showcase data on the stigma associated with dementia sourced from PHAC public opinion surveys. For example, the 2020 report includes survey data on Canadians' comfort with sharing a diagnosis of dementia.⁶⁶ The 2021 report includes survey data on Canadians' comfort interacting with people living with dementia,⁹⁵ while the 2022 report describes healthcare providers' experiences with stigma.⁸⁹ The 2023 and 2024 annual reports contain substantially more data on stigma from PHAC surveys, as demonstrated by their coverage of a broader range of topics related to stigma and the inclusion of a comparative analysis using the 2020 public opinion survey as a baseline.⁸

A key aspect of the national dementia strategy has been to increase funding for dementia-related initiatives through national programs. For instance, \$82 million to date has been invested by the federal government across the Dementia Community Investment, the Dementia Strategic Fund and the Enhanced Dementia Surveillance Initiative.^f

^f Public Health Agency of Canada, personal communication, June 30, 2025.

In particular, the Dementia Strategic Fund, which focuses on initiatives targeting awareness, including those focused on risk reduction, stigma and inclusivity, has supported 40 projects since 2019.^{8,97} The federal government has also funded research through the Canadian Institutes of Health Research

(CIHR) Brain Health and Cognitive Impairment in Aging Research Initiative (BHCIA) and the Centre for Aging and Brain Health Innovation.⁸ In total, since 2015 through the Government of Canada, more than \$600 million has been invested in dementia-related initiatives.⁹⁸

Table 4: Components/Projects Across Federal Government Initiatives Supporting Raising Challenging Stigma and Reducing Dementia Risk (2019-2024)

Initiative	Risk Reduction-Related Component/Project	Stigma-Related Component/Project
Dementia Strategic Fund (PHAC)	✓	✓
Dementia Community Investment (PHAC)	✓	✓
Enhanced Dementia Surveillance Initiative (PHAC)	✓	-
CIHR Brain Health and Cognitive Impairment in Aging Research Initiative	✓	✓
Centre for Aging + Brain Health Innovation	✓	✓
Public Opinion Surveys (#)	✓ (8)	✓ (6)
Public Education National Campaign (2021-2024)	✓	✓

Data Sources ^{6-8,11,43,63,64,89,97,99-109}

It is important to acknowledge the limitations of this review. The NIA focused its analysis on the publicly available annual reports, with the most recent report providing information only up to June 2024.³ The NIA did not specifically analyze projects and funding that received non-direct federal government support (e.g., additional dementia-related research spending by the National Research Council (NRC), CIHR and the other national tri-council research agencies). Additionally, it is possible that some of the projects funded, such as those within the Enhanced Dementia Surveillance Initiative program, included a focus on stigma or a related topic, but were not captured as part of the analysis due to the limitations of the search strategy (e.g., did not use the search term “stigma”). Furthermore, some initiatives may have received funding announced before 2019 that were part of multi-year commitments that continued past 2019.

Provincial and Territorial Government Priorities for Improving Public Awareness, Reducing Dementia Risk and Challenging Stigma

Over the last fifteen years, six of Canada’s 10 provinces (Alberta, British Columbia, Manitoba, Newfoundland and Labrador, Nova Scotia, Québec) have published dementia strategies and action plans (see Table 5).^{12–18} None of the territories has released a strategic plan specifically focused on addressing dementia, although the Yukon has stated that it intends to create a dementia strategy in the future.^{19,94} Since 2010, all three territories^{19–22} and eight of Canada’s 10 provinces have published a strategy dedicated to supporting older adults (British Columbia, Manitoba, New Brunswick, Nova Scotia, Newfoundland and Labrador, Ontario, Prince Edward Island and Québec).^{23–32} Saskatchewan has neither developed a seniors strategy nor a dementia strategy.

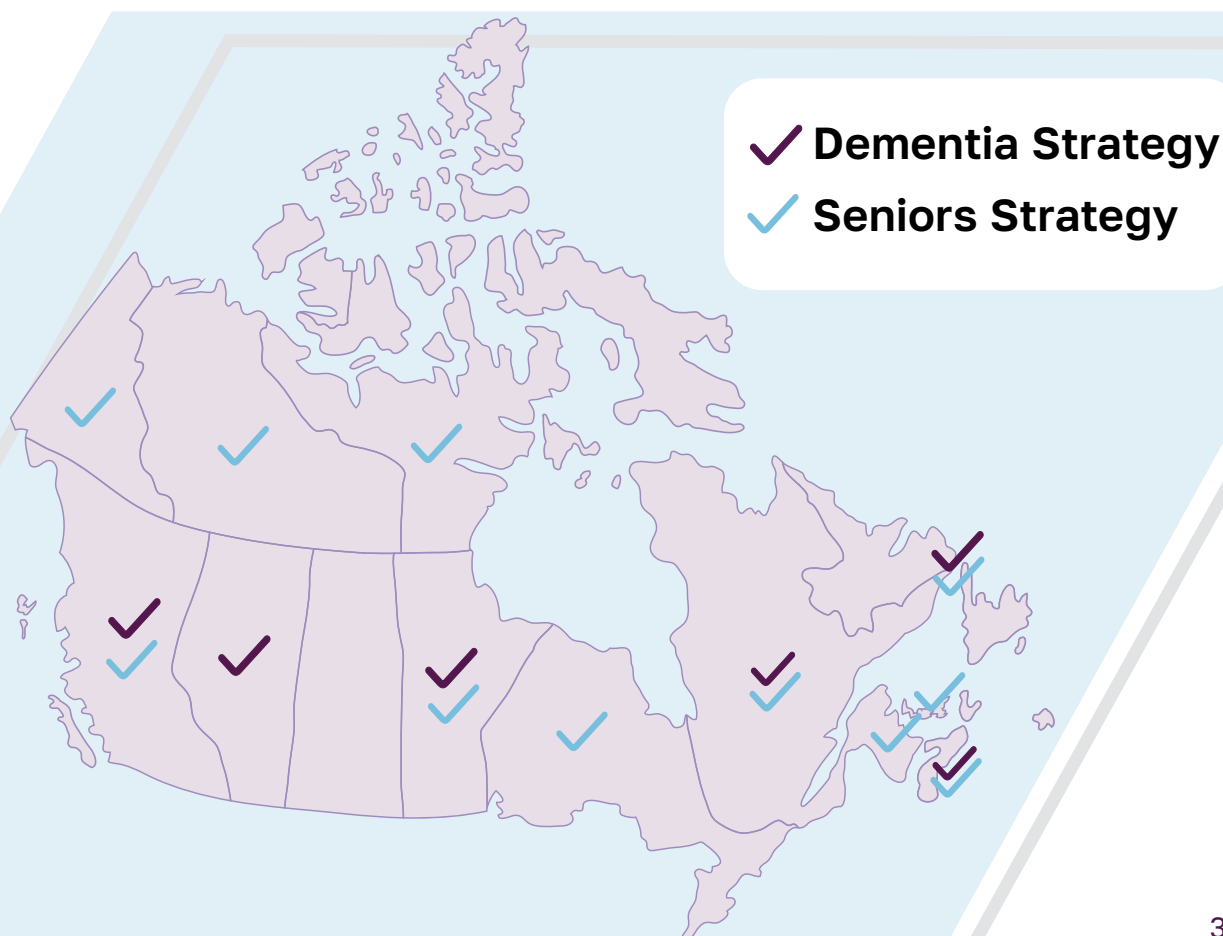


Table 5. Provincial and Territorial Government Strategic Objectives Related to Raising Public Awareness, Reducing Risk and Challenging Stigma¹²⁻³²

P/T	Dementia Strategies 2010-2025 (status) ^a	Objectives related to improving public awareness	Objectives related to dementia risk reduction	Objectives related to challenging stigma	Seniors Strategies 2010-2025 (status) ^a	Objectives related to improving public awareness	Objectives related to dementia risk reduction	Objectives related to challenging stigma
BC	2012, 2016 (unknown)	✓	✓	✓	2012, 2024 (unknown)	✓	✓	-
AB	2017 (unknown)	✓	✓	✓	-	-	-	-
SK	-	-	-	-	-	-	-	-
MB	2015 (inactive)	✓	✓	✓	2023 (inactive)	-	-	✓
ON	-	-	-	-	2013, 2017 (unknown)	-	-	-
QC	2025 (active)	✓	✓	✓	2012 (unknown)	-	-	-
NL	2023 (unknown)	✓	✓	✓	2024 (unknown)	-	-	✓
NS	2015 (reporting complete)	✓	✓	✓	2017 (unknown)	-	✓	-
PEI	-	-	-	-	2021 (unknown)	-	-	-
NB	-	-	-	-	2017 (unknown)	✓	-	-
NWT	-	-	-	-	2017, 2023 (unknown)	✓	-	✓
NV	-	-	-	-	2024 (unknown)	✓	✓	-
YK	-	-	-	-	2020 (reporting complete/ inactive)	✓	✓	✓

^a Government officials for each province and territory were contacted to indicate whether the strategies were active, inactive or if the reporting was complete. If no response was received, the status is listed as “unknown.”

Analysis of Dementia Strategies

Of the dementia strategic plans the NIA analyzed, one was reported as actively being used by the current government, two were inactive and the status of the other four dementia strategic plans remains unknown (Table 4). Only Newfoundland and Labrador (in 2024)¹⁶ and Québec (in 2025)¹⁸ released their plans after the release of the national dementia strategy in 2019.⁸ British Columbia released its first dementia strategic plan in 2012¹² and also released a follow-up action plan strategy document in 2016.¹³

The dementia-focused strategic plans from Alberta,¹⁴ British Columbia (2016),¹³ Manitoba,¹⁵ Newfoundland and Labrador,¹⁶ Nova Scotia¹⁷ and Québec¹⁸ describe objectives aimed at improving the public awareness of dementia, reducing the risk of dementia and challenging the stigma associated with dementia. While the 2012 British Columbia dementia strategy included objectives focused on public awareness and reducing the risk of dementia, it did not include an objective that explicitly refers to stigma, discrimination or prejudice related to dementia.¹² However, the 2016 British Columbia Dementia Care Guide, which aimed to guide dementia care planning, included an objective related to improving public awareness that explicitly mentioned the need to reduce stigma.¹³ The same plan also included deliverables that described raising public awareness of ways to reduce the risk of dementia across all ages, particularly at midlife and increasing the public's understanding of dementia, as well as expanding access to information and support, such as through creating dementia-friendly communities.¹³

Analysis of Seniors Strategies

Since 2010, all three territories^{19–22} and eight of Canada's 10 provinces have published a strategy dedicated to supporting older adults (British Columbia, Manitoba, New Brunswick, Nova Scotia, Newfoundland and Labrador, Ontario, Prince Edward Island and Québec).^{23–32} Furthermore, BC (2012, 2024),^{23,31} the NWT (2017, 2023)^{21,22} and Ontario^{25,30} each published two plans focused on older adults during this period. The status of most of the seniors strategies was unknown, with the exception of Yukon, which completed reporting on their 2020 seniors strategy and Manitoba (inactive).

While all of the seniors strategies the NIA reviewed had multiple goals and areas of focus, every plan included at least one strategic priority related to addressing dementia (see Appendix C),

although not all of these objectives were related to improving public awareness, reducing dementia risk or challenging the stigmatization of dementia. Dementia related priorities have spanned a range of topics related to dementia prevention, treatment, care, community support and brain health initiatives.

Our analysis primarily aimed to identify the strategic priorities within seniors strategies related to raising public awareness, reducing dementia risk and challenging stigma. The seniors strategies from Northwest Territories (2023),²¹ Ontario,^{25,30} Prince Edward Island²⁹ and Québec²⁶ included objectives related to various aspects of dementia, but these objectives were not directly related to

⁸ While the analysis excludes government documents released prior to 2010, it is important to note that the Government of Québec implemented its 2009 dementia plan across three phases from 2013 to 2021.⁶⁵

improving public awareness, reducing dementia risk or challenging the stigmatization of dementia. The remaining seniors strategies analyzed in this report included various types of objectives related to improving public awareness, reducing the risk of dementia and challenging stigma.^{19,20,22–24,27,28,31,32} The 2024 British Columbia seniors strategy included one objective related to preventative brain health (consider annual wellness screenings, such as cognitive assessments).²³ However, the plan states that all the objectives in its plan have a goal of supporting brain health (among other aims), in addition to referencing the importance of healthy behaviours on cognitive health (exercise, alcohol use, etc.).²³ The 2012 British Columbia seniors strategy included an objective to improve information for individuals living with dementia and their families, which has since been achieved.³¹

The 2017 Northwest Territories plan had one objective related to improving public awareness and advocacy through the creation of Alzheimer’s champions.²² As this objective included an additional focus on community advocacy, the NIA viewed it as having the potential to challenge dementia related stigma (Table 5). The Nova Scotia seniors strategy did not include a strategic objective entirely focused on reducing the risk of dementia; however, the plan contained objectives promoting physical activity and social connectedness, which included a description of the impact of each aim on reducing the risk of dementia.³² The Nunavut Seniors Strategy included an objective aimed at increasing public awareness about dementia, focusing on creating a dementia awareness campaign and ensuring content is available in Inuktitut.²⁰ Additionally, it included another public education initiative aimed at the impact of substance use on brain and physical health.

The New Brunswick seniors strategy included an objective focused on dementia-education among students in post-secondary education.²⁸

The Newfoundland Seniors Strategy discussed investing in the creation of dementia-friendly communities to challenge stigma.²⁷ The Manitoba strategy also discussed ensuring communities are inclusive and supportive of those living with dementia.²⁴ The Yukon Seniors Strategy included two objectives to raise public awareness, including implementing an educational program called *Shine a Light* and launching a public education campaign targeting dementia prevention and challenging dementia-related stigma.¹⁹

Analysis of Both Dementia Strategies and Seniors Strategies

When the NIA examined both the provincial and territorial dementia and seniors strategies, the analysis identified numerous objectives focused on improving access to information for the general public. This includes goals such as launching public awareness campaigns, creating web-based resources, or adding content related to dementia to existing health initiatives. It was common to see objectives describing public awareness initiatives targeting prevention^{12,14,16,17,19} or aiming to address the stigma associated with dementia.^{14–17,19} The seniors strategies from Northwest Territories, Nunavut and Yukon included objectives related to improving public awareness of dementia.^{19,20,22} Some strategic plans included objectives related to public awareness that were tailored to specific groups. For example, the Alberta dementia strategy specified an action item related to developing a dementia awareness program for employers.¹⁴ The Newfoundland and Labrador dementia strategy included an action item related to supporting businesses in becoming more dementia-friendly and another objective related to raising awareness and reducing stigma among school-age children.¹⁶ The dementia strategies from Alberta,¹⁴ Newfoundland and Labrador¹⁶ also described the aim of implementing dementia-friendly community initiatives. The Manitoba dementia strategy also noted aligning the concept of

dementia-friendly communities with age-friendly communities.¹⁵

The NIA examined which provincial and territorial government priorities, across its dementia and seniors strategies, addressed the potentially modifiable risk factors for dementia, even if they did so without explicitly mentioning it as a risk factor for developing dementia (e.g., an objective in a seniors strategy aimed at improving social isolation). While the NIA reviewed plans for risk factors identified in the 2024 Lancet Commission, it is essential to note that researchers would not have identified some of these risk factors when the government strategies were published, such as vision loss, air pollution and high LDL cholesterol.

Even still, when the NIA examined the plans with this broader lens, it found that many provincial and territorial governments have included objectives in their strategic plans that could have potentially addressed risk factors for dementia, even if the plans never made this goal explicit (Table 5).^{12–32}

When examining the strategic plans with this lens, the NIA found that while nine jurisdictions had objectives focused on enhancing public awareness of brain health or dementia prevention, eleven provinces/territories had objectives relevant to modifiable lifestyle behaviours (e.g., exercise, nutrition), general health promotion or prevention activities and mental health services or programs. Ten provinces or territories had plans with goals related to social isolation. However, no plans had objectives associated with air pollution; only the Québec seniors strategy mentioned programs related to hearing/vision problems and few plans selectively identified priorities

related to diabetes (3) and heart health (4). While nine jurisdictions described objectives related to chronic health conditions, some provinces or territories may have also developed other strategic plans addressing chronic health conditions that fall outside the scope of this analysis.

Table 5. Which Dementia and Seniors Strategies Describe Principles or Objectives Addressing Potentially Modifiable Risk Factors Related to Dementia (including objectives non-specific to dementia)?¹²⁻³²

Mid and Later Life Potentially Modifiable Risk Factors for Dementia	BC	AB	MB	SK	ON	QC	NL	NS	NB	PEI	NWT	NV	YK
Programs to address hearing or vision loss	-	-	-	N/A	-	✓	-	-	-	-	-	-	-
Mental health services or programs	✓	-	✓	N/A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Head injuries or fall prevention (TBI)	✓	-	✓	N/A	✓	✓	-	-	✓	✓	✓	-	-
Modifiable lifestyle behaviours (physical inactivity, smoking, excessive drinking)	✓	✓	✓	N/A	✓	✓	✓	✓	✓	-	✓	✓	✓
Diabetes	✓	-	✓	N/A	-	✓	-	-	-	-	-	-	-
Heart health (HTN, LDL cholesterol)	✓	-	✓	N/A	-	✓	-	✓	-	-	-	-	-
Chronic health conditions	✓	-	✓	-	✓	✓	✓	✓	✓	-	✓	-	✓
Social isolation	✓	✓	-	N/A	✓	✓	✓	✓	✓	-	✓	✓	✓
Air pollution	-	-	-	N/A	-	-	-	-	-	-	-	-	-
General health prevention/promotion initiatives (i.e. assessments, information)	✓	-	✓	N/A	✓	✓	✓	✓	✓	✓	✓	✓	✓
Public Information about general brain health and/or dementia prevention	✓	✓	✓	N/A	-	✓	✓	✓	-	-	✓	✓	✓

Similarly, the NIA analyzed all of the identified strategic plans to determine if their stated vision, principles or objectives were related to stigma, discrimination, the promotion of inclusivity, or addressing ageism and whether these were specific to dementia or more general (Table 6).

Eight provinces and territories had plans with objectives or principles that targeted the stigma associated with dementia.

While 12 provinces and territories had plans with principles or objectives addressing discrimination or promoting inclusivity, respect or dignity, only six were explicitly focused on those living with dementia. However, all provinces and territories with a strategic plan considered ageism, discrimination, inclusivity, respect or dignity to be key priorities for its ageing population.

Table 6. Which Dementia and Seniors Strategies have Vision, Principles or Objectives Challenging the Stigma Associated with Dementia?¹²⁻³²

Principle or Objective	BC	AB	MB	SK	ON	QC	NL	NS	NB	PEI	NWT	NV	YK
Address Stigma	✓	✓	✓	N/A	-	✓	✓	✓	-	-	✓	-	✓
Address ageism, discrimination and/or promote inclusivity, respect or dignity	✓	✓	✓	N/A	*	-	✓	✓	*	*	*	*	*

*General principle or objective not specific to dementia

Discussion: The Missed Opportunity in Canadian Government Strategic Plans to Reduce the Risk of and Challenge the Stigma Associated with Dementia

Over the last 15 years, the federal government and nearly all of Canada's provincial and territorial governments have identified dementia as a key issue impacting their communities. However, the focus and extent of these priorities has varied across the country. While the federal government launched its national dementia strategy in 2019, less than half of all Canada's provinces and territories have developed their own dedicated dementia strategy over the past fifteen years and as of 2025, only one confirmed that it was being actively supported (two were inactive, and the status of three dementia strategies remains unknown). Strategic plans represent an essential way for governments to both determine what is at stake in a given topic and outline clear areas of action and responsibility. However, strategic plans have the potential to achieve even greater impact and accountability if progress on the objectives set out in the plans are both clearly defined and publicly reported.¹⁰

As described by Sivananthan et al., the ASC, and CanAge in recent publications, the national dementia strategy requires further key performance metrics and benchmarks to evaluate its impact.^{4,10,45} The national dementia strategy has three objectives (primary objectives), each having focus areas (secondary objectives) to concentrate efforts and define what is to be accomplished. Each secondary objective has aspirational aims to note the associated goals. For example, the secondary objective of eliminating stigma and promoting dementia-inclusive communities has the aspirational aim of eliminating all

stigma in Canada and ensuring every Canadian understands dementia. What is less clear is what yearly progress might mean for this objective and its aspiration. For example, given that tackling stigma is a complex topic that likely requires a long-term solution, detailing yearly and incremental goals would help ensure progress towards achieving this objective is achievable.

The subsequent annual reports of the national dementia strategy contain a large amount of information on dementia work across Canada, including insights from newly published research, the progress and impact of PHAC-funded programs, as well as initiatives not funded by the federal government. The annual report also provides various data (e.g., risk factors, incidence and public opinion research) to provide progress on the primary objectives. Despite the public opinion research findings being a key source of data for some of the secondary objectives, these findings are not always reported in an annual or regular manner, making it difficult to measure incremental progress on certain objectives of the plan.

Of the 21 provincial or territorial government strategies the NIA reviewed, few jurisdictions (Nova Scotia, BC, Yukon) had published comprehensive progress reports or similar documents to describe their strategy's impact, including objectives that were underway or had been achieved, as well as their corresponding outcomes.^{13,93,94}

In other cases, progress on strategic plans was indicated in the strategic plan itself, or announced through government news releases or updates on the government's website (see Appendix C). However, these methods were not comprehensive, as not all strategic objectives were discussed. Strategic plans were also limited by both time and scope, as they may not cover all activities being undertaken, especially those conducted by other organizations. Additionally, they were often only in place for 3–5 years and it is unknown whether most plans were still being used by governments to inform policymaking and practices related to dementia. These gaps in formal monitoring and reporting make it challenging to determine the impact of provincial and territorial strategic planning related to addressing dementia.

When examining government priorities related to improving public awareness, reducing dementia risk, and challenging stigma, most governments have adopted the role of providing information to the public about dementia.

Furthermore, their efforts to improve public awareness about dementia have been reflected in the availability of content on government websites, with the federal government and every provincial and territorial government providing online resources about dementia or dementia care and support (Appendix D). Newfoundland and Labrador have even developed a website dedicated to creating dementia-inclusive communities, which also includes general information about dementia, as well as other relevant topics.¹¹⁰ Nearly all jurisdictions have improved access to public information about general health promotion initiatives and opportunities for reducing dementia risk.

While nearly all jurisdictions identified priorities related to addressing discrimination against older adults or promoting greater inclusivity, only the national dementia strategy and eight provinces or territories identified the need to challenge the stigma associated with dementia (Table 6). The stigma associated with dementia intersects with general experiences of discrimination and ageism against older adults. However, there remains a need to both identify and address the stigma associated with dementia explicitly, as well as explore other ways to challenge and eliminate stigma beyond educational methods. In addition to improving public awareness of dementia, research suggests that experiential and immersive approaches are powerful ways to shift attitudes and challenge deeply entrenched, problematic ideas and norms about dementia. Future work should examine diverse approaches to challenging societal-level stigma about dementia.

The NIA's analysis focused on publicly available strategic planning documents related to dementia or supporting older adults at the federal, provincial and territorial levels. Governments may have also produced other strategic plans or initiatives with content relevant to dementia prevention, particularly related to mid-life risk factors.

Nevertheless, except for the government strategic plans of British Columbia (2016) and Québec (2025), the NIA did not find evidence to suggest that the rest of Canada's provinces or territories had a detailed plan or framework to reduce the risk of dementia across the life course.

There is also a need to address structural barriers to accessing supports or services related to reducing the risk of dementia, such as discrimination, socioeconomic status and geographical barriers.

Furthermore, the analysis revealed that many provinces and territories are undertaking initiatives with the potential to reduce the risk of dementia; however, these initiatives are not being explicitly linked to reducing dementia risk. There remains an opportunity for governments to champion a more comprehensive and integrated approach to addressing the various risk factors for dementia. Similarly, the ASC has called on the federal government to do more to connect health promotion initiatives across various chronic health conditions, including dementia, cardiovascular disease, cancer and diabetes.⁵ Future work by governments could include coordinating existing programs and resources focused on health promotion to incorporate a dementia component, particularly from a life-course perspective.

Conclusion and Future Directions

In this inaugural paper of the NIA's three-part Addressing Dementia in Canada annual report series, the NIA has examined factors that impact all Canadians concerning dementia, including improving public awareness, reducing the risk of dementia and challenging stigma. The NIA showcased the views of Canadians on these topics, drawing on key insights from the NIA's Ageing in Canada Survey and PHAC's public opinion surveys. The NIA also examined key insights from the latest research on risk reduction and challenging stigma, highlighting that there is much that can be done to not only reduce Canadians' future risk of dementia but

also challenge stigma. Raising public awareness of dementia is a goal linked to both reducing the risk of dementia and challenging stigma.

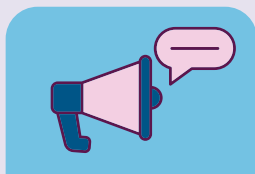
Governments across the country are concerned about dementia and want to improve public awareness, knowledge of dementia and ways to reduce people's risk of dementia. Furthermore, there is recognition that the stigmatization of dementia is a key issue that needs to be addressed. While substantial progress has been made across Canada, significant work remains to be done.

To address these gaps, the NIA recommends:



- 1. All Canadian jurisdictions need to develop and implement a dementia strategy, action plan or framework to guide planning and ensure that the overall approach to addressing dementia is both comprehensive and integrated.**

Provincial and territorial governments across Canada have a significant role to play in reducing Canadians' risk of dementia and improving the lives of those living with and affected by dementia. The approach to addressing dementia should be comprehensive from raising awareness to risk reduction to providing care for those living with dementia and support for their care partners. To guide planning and ensure that approaches to addressing dementia are comprehensive and integrated, all jurisdictions in Canada need a dementia strategy, action plan or framework. Provincial and territorial leadership in developing and implementing a dementia strategy or plan can support municipalities in enabling general awareness and risk reduction efforts, while also supporting their residents living with dementia, through efforts to foster the development of more dementia-inclusive communities.



2. All Canadian jurisdictions need to continue and expand their current public awareness initiatives to improve the overall awareness of dementia and reduce the risk of developing dementia, while also challenging the stigma associated with dementia among all Canadians.

Various governments, as well as key non-profit organizations such as the Alzheimer Society of Canada and its federation of provincial, territorial and more local Alzheimer Societies, have conducted critical work over many decades to raise public awareness of dementia, including efforts to reduce the risk of dementia and challenge the stigmatization of dementia. Importantly, there seems to be an improvement in Canadians' overall perceptions of dementia, as measured by recent national surveys. Nevertheless, there is not only a need to continue existing public awareness initiatives, but planning should also ensure that progress can be maintained over the long term. Enduring myths about dementia remain, such as the belief that developing dementia is inevitable. Given that these myths are stigmatizing and falsely contribute to the assumption that dementia is not preventable, it is essential for public awareness efforts to continue to raise awareness and challenge problematic and false perceptions. Future work can explore a broader range of ways to improve public awareness and challenge stigma, such as through experiential and interactive approaches like art, theatre and film.



3. Governments of all levels should determine and implement standard metrics to measure and monitor their progress against their stated objectives and publicly report on their progress.

Federal, provincial and territorial governments cannot monitor what they do not define and measure. In alignment with recommendations from the ASC,⁴ governments at all levels should determine standard metrics and necessary collection and reporting infrastructure, to regularly monitor progress against their objectives and goals. These objectives and measures should be publicly available to keep governments accountable and successfully address these issues. Efforts to determine measures can build on existing examples, such as the Health Quality Ontario standards.¹¹¹ While this framework does not focus on raising public awareness, reducing the risk of dementia or challenging stigma, it is a valuable example of a framework that has established standard measures of quality.

Appendix A: Document Analysis Methods

The research informing this report consists of a document analysis of federal, provincial and territorial strategic planning documents related to dementia. The NIA focused its analysis at the federal government level on the national dementia strategy (2019) and its annual reports (2019 to 2024), identified through the Government of Canada website.¹⁰⁸ Where relevant, the NIA sourced additional information about various programs or outputs related to the strategy from various government websites (e.g., Public Health Agency of Canada, Library and Archives Canada).

To identify provincial and territorial strategies, the NIA conducted a web-based search from February to April 2025 of publicly available provincial and territorial strategic planning documents, action plans, or other frameworks specific to addressing dementia (as their sole focus), or plans focused on older adults (often called a “seniors strategy”). The NIA included only publicly available documents, such as strategic plans, action plans and yearly progress reports, from strategic plans published between 2010 and April 1, 2025. For plans focused on older adults to be included in the analysis, the entirety of the plan had to be focused on ageing-related issues and/or older adults in the province or territory. The primary search strategy used Google and a secondary search was conducted of provincial or territorial websites.

We used the following search terms to identify seniors strategies: province or territory + [seniors strategy] OR + [seniors action plan] OR [healthy ageing/aging]. To find strategic plans specific to the topic of dementia, the NIA conducted two web-based searches, the first using Google and the following search terms [province/territory] + dementia + strategy. Three jurisdictions published two strategic

plans focused on older adults during this period (BC, NWT and ON) and the NIA included both plans in the analysis. However, at times, the NIA focused its analysis on the most recently published plan. In total, the NIA identified 23 provincial or territorial strategy documents for the analysis (21 strategies and 2 progress reports). One plan from Québec was only published in French and the NIA supported the analysis of this plan by having it reviewed by a Québec government official knowledgeable of the strategy.

To triangulate the search strategy, the NIA conducted a secondary search using the term “dementia” in the search function of each territorial or provincial government website. This search also yielded information about current government programs, government funding announcements and other programs or initiatives, such as those provided by regional or provincial/territorial health authorities. For the purposes of this report, the NIA excluded programs or services offered by health authorities.

Analysis

We conducted a content analysis of the documents, with several aims:

- Dementia strategies: Identify key priorities, objectives, or action items and conduct a secondary analysis to determine which objectives addressed risk reduction, public awareness and stigma.
- Seniors Strategies: Identify strategic planning documents relevant to older adults and identify whether they had primary or secondary objectives, priorities and/or action items specifically about dementia. Primary objectives were determined by examining whether an objective or strategic goal in the plan was explicitly related to dementia. Secondary objectives refer to sub-targets or sub-objectives that explicitly mention dementia, cognitive health, or brain health, even if this was not the primary focus of the objective (e.g., an objective that aims to reduce social isolation and in its description, discusses the implications for dementia risk). Of the dementia strategic priorities, the NIA conducted an additional analysis to determine which objectives addressed risk reduction, public awareness and stigma.

Appendix B: Findings of An Analysis of the Federal Government Progress's Related to Addressing Dementia Prevention and Stigma 2019-2024

Dementia Category	National Dementia Strategy Related Goals (e.g., Objectives, Focus Areas, Aspirations) ⁴¹	Progress
PREVENTION	<p>OBJECTIVE: Prevent dementia</p> <ul style="list-style-type: none"> ▪ FOCUS AREA 1: Advance research to identify and assess modifiable risk and protective factors <ul style="list-style-type: none"> ▪ ASPIRATION: A complete understanding of the risk and protective factors linked to dementia, their impacts and interactions ▪ FOCUS AREA 2: Build the evidence base to inform and promote the adoption of effective interventions <ul style="list-style-type: none"> ▪ ASPIRATION: Availability of effective prevention resources and interventions, supported by a strong evidence base ▪ FOCUS AREA 3: Expand awareness of modifiable risk and protective factors and effective interventions <ul style="list-style-type: none"> ▪ ASPIRATION: All people living in Canada are aware of actions that prevent dementia ▪ FOCUS AREA 4: Support measures that increase the contribution of social and built environments to healthy living and adoption of healthy living behaviours <ul style="list-style-type: none"> ▪ ASPIRATION: All people living in Canada have access to built and social environments that support their ability to pursue healthy living in ways that may reduce their risk of developing dementia 	<p>FUNDING AND GRANTS:</p> <ul style="list-style-type: none"> ▪ \$40 million for Dementia Strategic Fund to support projects to improve access to dementia guidance and online dementia information resources and raise awareness of dementia (e.g., prevention, stigma reduction and dementia-inclusive communities). <ul style="list-style-type: none"> ▪ 40 projects in total since 2019, in every jurisdiction apart from Nunavut and Northwest Territories ▪ Example: Curating, designing and disseminating co-designed knowledge products to raise awareness about dementia prevention (The Baycrest Academy for Research and Education in the Baycrest Centre for Geriatric Care)^{8,98} ▪ The Dementia Community Investment supports projects that look to improve the wellbeing of people living with dementia and caregivers and/or increase knowledge about dementia (e.g., risk and protective factors). <ul style="list-style-type: none"> ▪ 31 projects to date since 2018 ▪ Example: The Canadian Dementia Learning and Resource Network (CDLRN) (Schlegel-UW Research Institute for the Aging)^{8,98} ▪ \$10 million for Enhanced Dementia Surveillance Initiative to financially support projects to improve dementia-related surveillance, addressing various data gaps including socio-demographic characteristics, risk and protective factors <ul style="list-style-type: none"> ▪ 15 projects in total since 2019 ▪ Example: Population Health Model (POHEM), a microsimulation model for dementia projections (Health Analysis Division, Statistics Canada)⁹⁷ ▪ \$20 million from 2022 for CIHR Institute of Aging Strategic Programs part of the Brain Health and Cognitive Impairment in Aging (BHCIA) Research Initiative. This supports research, knowledge mobilization and capacity building on topics including brain health and those impacted by dementia.⁸ <ul style="list-style-type: none"> ▪ Example: Operating Grant - Mechanism in Brain Aging and Dementia¹⁰⁰

	<ul style="list-style-type: none"> ▪ \$52.2 million from 2019 for the Canadian Consortium on Neurodegeneration in Aging (CCNA) part of the BHCIA Research Initiative.⁸ The CCNA supports dementia research across three themes, one being primary prevention.¹⁰¹ <ul style="list-style-type: none"> ▪ Example: CAN-THUMBS UP platform to conduct studies on dementia prevention⁹⁹ ▪ \$69 million from 2022 for the Centre for Aging + Brain Health Innovation (CABHI) financially supporting innovations for older adults living with, or at-risk of, dementia and caregivers.^{8,108} <ul style="list-style-type: none"> ▪ Example: Dancing for Cognition and Exercise program (Geras Centre for Aging Research)⁸ ▪ \$1,250,000 for 8 public opinion research that included prevention-related components: <ul style="list-style-type: none"> ▪ Dementia Tracking Survey: Final Report (2024)⁶ ▪ Stigma Related to Dementia in Canada: Final Report (2023)⁴³ ▪ Understanding Canadians' Attitudes and Knowledge to Promote Safe and Supportive Dementia-Inclusive Communities: Final Report (2023)¹⁰⁵ ▪ Survey of Canadians Regarding Dementia Prevention: Final Report (2022)⁶⁴ ▪ Official Language Minority Communities and Dementia: Final Report (2022)¹⁰⁹ ▪ Knowledge, Perspectives and Experience of Dementia Care Providers: Final Report (2021)¹⁰⁶ ▪ Dementia Guidance and Indigenous Populations in Canada: Findings Report (2021)¹⁰⁷ ▪ Dementia Survey: Final Report (2020)⁶³ <p>PUBLIC EDUCATION CAMPAIGN:</p> <ul style="list-style-type: none"> ▪ Multi-year national public education campaign (2021 – 2024), supported by DSF, had a focus on dementia risk reduction. Activities included: <ul style="list-style-type: none"> ▪ Advertisements (digital advertisements shown 83 million times between January to March 2023) ▪ Dementia resources toolkit ▪ Risk reduction poster for Indigenous audiences ▪ Two national spokespersons ▪ Six digital influencers ▪ News articles ▪ Radio spot^{7,8,89}
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<p>STIGMA</p>	<p>OBJECTIVE: Improve the quality of life of people living with dementia and caregivers</p> <ul style="list-style-type: none"> ▪ FOCUS AREA 1: Eliminate stigma and promote measures that create supportive and safe dementia-inclusive communities <ul style="list-style-type: none"> ▪ ASPIRATION: All people living in Canada understand dementia and stigma no longer exists in Canada. 	<p>FUNDING AND GRANTS:</p> <ul style="list-style-type: none"> ▪ \$40 million for Dementia Strategic Fund to support projects to improve access to dementia guidance, online dementia information resources and raise awareness of dementia (e.g., prevention, stigma reduction and dementia-inclusive communities). <ul style="list-style-type: none"> ▪ 40 projects in total since 2019, in every jurisdiction apart from Nunavut and Northwest Territories ▪ Example: Stigma: An Exploration of Lived Experience, Understandings and Behaviours of Dementia within Indigenous Communities (Native Women’s Association of Canada)^{8,98} ▪ The Dementia Community Investment supports projects that look to improve the wellbeing of people living with dementia and caregivers and/or increase knowledge about dementia (e.g., risk and protective factors). <ul style="list-style-type: none"> ▪ Example: Ce qui nous lie ~ What connects us: A mixed methods ethnography to evaluate an intersectoral participatory approach for sustainable community-based initiatives to destigmatize dementia (CIUSSS du Centre-Ouest-de-L’île de Montréal)^{8,98} ▪ \$52.2 million from 2019 for the Canadian Consortium on Neurodegeneration in Aging (CCNA) part of the BHClA Research Initiative.⁸ The CCNA supports dementia research across three themes, one being quality of life.¹⁰¹ <ul style="list-style-type: none"> ▪ Example: Social Inclusion and Stigma working group¹⁰² ▪ \$69 million from 2022 for the Centre for Aging + Brain Health Innovation (CABHI) supports innovations for older adults living or at-risk of dementia and caregivers.^{8,108} <ul style="list-style-type: none"> ▪ Example: Multicultural Inter-generational Dementia Friendly Community Choir¹⁰³
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	<ul style="list-style-type: none"> ▪ \$1,100,000 for 6 public opinion research that included stigma-related components: <ul style="list-style-type: none"> ▪ Stigma Related to Dementia in Canada: Final Report (2023)⁴³ ▪ Understanding Canadians' Attitudes and Knowledge to Promote Safe and Supportive Dementia-Inclusive Communities: Final Report (2023)¹⁰⁵ ▪ Knowledge, Perspectives and Experience of Dementia Care Providers: Final Report (2021)¹⁰⁶ ▪ Dementia Guidance and Indigenous Populations in Canada: Findings Report (2021)¹⁰⁷ ▪ Quality of Life and Dementia Qualitative and Quantitative Research: Final Report (2021)¹⁰⁴ ▪ Dementia Survey: Final Report (2020)⁶³ <p>PUBLIC EDUCATION CAMPAIGN:</p> <ul style="list-style-type: none"> ▪ Multi-year National public education campaign (2021 – 2024), supported by DSF, had a focus on dementia stigma. Activities included: <ul style="list-style-type: none"> ▪ Advertisements (digital advertisements shown 50.4 million times between January to March 2022) ▪ Video testimonials (shown 1.1 million times between September to October 2023) ▪ Dementia resources toolkit ▪ Resources for media use ▪ Two well-known spokespersons ▪ Animated video^{7,8,89}
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Appendix C. Extended Results of an Analysis of Provincial and Territorial Strategic Planning Documents

P/T	Strategy Title, Publication Year, Status (active/inactive)	Dementia Strategic Objectives	Progress or Achievements
BC	Dementia Strategy: The Provincial Dementia Action Plan for British Columbia (2012) ¹² Status: Unknown	Three strategic objectives (2012-2014): 1. “Support prevention and early intervention 2. Ensure quality person-centered dementia care 3. Strengthen system capacity and accountability” ^{12(pp. 18–19)}	The Provincial Guide to Dementia Care in BC ¹³ indicated progress on the 2012 dementia strategy: <ul style="list-style-type: none"> ▪ Support prevention and early intervention: all four objectives completed ▪ Ensure quality person-centered dementia care: two objectives completed, two in progress ▪ Strengthen system capacity and accountability: two objectives completed, two in progress
	Provincial Guide to Dementia Care in BC (2016) ¹³ Status: Unknown	Four priority areas focused on the topics of: <ul style="list-style-type: none"> ▪ Public awareness, brain health and early diagnosis ▪ Aging in place ▪ Quality of care in residential care ▪ Increasing health system supports 	-
	Seniors Strategy: Age Forward: British Columbia’s 50+ Health Strategy and 3-Year Action Plan (2024) ²³ Status: Unknown	<ul style="list-style-type: none"> ▪ Contains one objective that describes the role of preventative screening and assessments that consider cognition as a factor. ▪ The plan mentions key factors informing the plan, including risk factors such as how alcohol affects the brain and describes the importance of physical activity, nutrition and social isolation on cognitive function. ▪ While the plan primarily focuses on frailty and falls, it also describes that the initiatives in the plan will support cognitive health. 	-

	<p>Improving Care for BC Seniors: An Action Plan (2012)³¹</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> Improve information for those living with dementia and their families, including access to the Alzheimer Society's First Link program Create dementia care guidelines for care settings 	<p>These objectives were completed and information on dementia, including the dementia care guidelines, is available on a government webpage.¹¹²</p>
AB	<p>Alberta Dementia Strategy & Action Plan (2017)¹⁴</p> <p>Status: Unknown</p>	<p>This plan described four strategic objectives (2016-2021):</p> <ol style="list-style-type: none"> 1. "Albertans understand the impact of dementia and actively work towards optimal brain health; 2. Albertans living with dementia and their caregivers are supported in communities; 3. Albertans living with dementia and their caregivers receive timely recognition, diagnosis and clinical management through primary health care, supported by specialized services; <p>Albertans living with dementia and their caregivers experience timely, accessible, integrated and high-quality care and services."^{14(p. 3)}</p>	-
SK	-	-	-
MB	<p>Dementia Strategy:</p> <p>Manitoba's Framework for Alzheimer's Disease and other Dementias (2015)¹⁵</p> <p>Status: Inactive</p>	<p>This plan outlines five strategic objectives (2015-2020) on the topics of:</p> <ul style="list-style-type: none"> "Raising awareness and understanding Early recognition and initial assessment and diagnosis Management, care and support End of life care Research and evaluation"^{15(p.3)} 	-
	<p>Seniors Strategy:</p> <p>Manitoba, A Great Place to Age: Provincial Seniors Strategy (2023)²⁴</p> <p>Status: Inactive</p>	<ul style="list-style-type: none"> Improved inclusion and support for those living with dementia and their families in the community Another strategic objective describes the unique needs of those living with dementia in receiving home care services 	<ul style="list-style-type: none"> The government provided funding for a number of community dementia initiatives in 2023.¹¹³

ON	<p>Seniors Strategy: Aging with Confidence: Ontario's Action Plan for Seniors (2017)²⁵</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> Helping people with dementia, including improving the quality of care and expanding community dementia programs Improving engagement and funding for art-based activities and art therapy for cognitive conditions associated with ageing 	<ul style="list-style-type: none"> The plan claims that as of the time of the plan, there had been increased investment in Behavioural Supports Ontario to help those living in LTC with dementia
	<p>Ontario's Action Plan for Seniors (2013)³⁰</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> Under the primary objective "safety and security", the plan describes an objective related to expanding a program aimed at preventing people living with dementia from going missing in the community 	-
QC	<p>Vieillir et vivre ensemble : chez soi, dans sa communauté, au Québec (2012)</p> <p>Aging and living together: at home, in one's community, in Québec (English Translation)²⁶</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> The plan describes government objectives related to improving access to assessment and treatments for individuals living with cognitive impairment or dementia, and supporting caregivers The plan includes several examples of programs for individuals living with Alzheimer's disease and dementia, including caregiver supports, training for caregivers, in-home respite care and funding for caregiver support groups 	-
	<p>Politique québécoise sur la maladie d'Alzheimer et les autres troubles neurocognitifs - Relever les défis d'aujourd'hui et de demain (2025)¹⁸</p> <p>Quebec Policy on Alzheimer's Disease and Other Neurocognitive Disorders - Meeting the Challenges of Today and Tomorrow</p> <p>Status: Active</p>	<p>Five primary objectives:</p> <ol style="list-style-type: none"> Cognitive health promotion and prevention Living with dignity Fair and appropriate access Service quality Research and innovation 	-

NL	<p>Dementia Strategy:</p> <p>Dementia Care Action Plan, 2023-2026 (2023)¹⁶</p> <p>Status: Unknown</p>	<p>Four strategic objectives:</p> <ol style="list-style-type: none"> 1. "Increase Awareness, Reduce Risk of Dementia and Address Stigma 2. Diagnosis and Coordination of Care 3. Supports and Services for Individuals Living With Dementia, their Care Partners and Families 4. Professional Learning and Development"¹⁶(pp. 6–10) 	-
	<p>Seniors Strategy:</p> <p>Seniors Health and Wellbeing Plan (2024)²⁷</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> Investment in dementia-friendly community initiatives, to make communities dementia-friendly and decrease stigma Expanding services in the Provincial Home Care Dementia Program <p>Other:</p> <ul style="list-style-type: none"> The plan describes improvements to care for those living with dementia through the Aging with Dignity Plan Objectives specific to the Dementia Care Action Plan were discussed above 	<ul style="list-style-type: none"> 2023: funding for dementia-inclusive communities, including supporting eight communities to create dementia-friendly action plans. This initiative aimed to reduce stigma and increase awareness of dementia.¹¹⁴ 2024: Funding support for the Dementia Care action plan in Budget 2024¹¹⁵ 2024: Launched Dementia-Friendly communities website¹¹⁰
NS	<p>Dementia Strategy:</p> <p>Towards Understanding, a Dementia Strategy for Nova Scotia (2015)¹⁷ and Action Plan¹¹⁶</p> <p>Status: Inactive</p>	<p>The plans' objectives include (2015-2018):</p> <ol style="list-style-type: none"> 1. "Ensuring access to timely, accurate diagnosis and appropriate care and support for people living with dementia, their families and caregivers 2. Enhancing health system capacity to provide coordinated dementia care and support that is person centred and culturally specific 3. Increasing awareness and understanding through evidence informed information and education"¹⁷(p. 8) 	-
	<p>Seniors Strategy:</p> <p>Shift: Nova Scotia's Action Plan for an Aging Population (2017)³²</p> <p>Shift Progress Report (2019)⁹³</p> <p>Status: Unknown</p>	<p>Three objectives – promoting physical exercise, addressing social isolation and supporting social networks – discuss their impact as potentially modifiable risk factors for dementia.</p>	<p>Shift Progress Report:⁹³</p> <p>Implemented a range of objectives to support physical exercise among older adults and to address social isolation</p>

NB	<p>Seniors Strategy:</p> <p>We are all in this together: An Aging Strategy for New Brunswick (2017)²⁸</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> ▪ Implement community-based dementia care ▪ Increase dementia education in post-secondary education ▪ Create mobile crisis intervention education and support ▪ Develop a provincial dementia strategy ▪ Improve the quality of care for people with dementia who are staying in hospital while waiting for other living settings to become available. <p>Other:</p> <ul style="list-style-type: none"> ▪ The plan discusses federal work to align the concept of age-friendly communities with dementia-friendly communities. 	-
PEI	<p>Seniors Strategy:</p> <p>Seniors Health Services Plan, Aging Well 2021²⁹</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> ▪ Access to home and community-based services for older adults living with complex health conditions, such as dementia ▪ The Seniors Mental Health Resource Team initiative supports the strategic priority to improve the quality and safety of care. One of several aims of the program is to address behavioural symptoms related to dementia. ▪ Ensure that healthcare providers have access to continuing education programs and training that includes content specific to older adults, including those living with dementia. 	-

NWT	Continuing Care Services Action Plan (2017/18-2021/22) ²²	<ul style="list-style-type: none"> Under objective one focused on healthy ageing, the plan describes activities involving the partnership of Alzheimer Society of AB & NWT to create Alzheimer's Champions to improve community awareness and advocacy Under objective two, focused on family and caregiver supports, the plan describes activities related to increasing caregiver supports for those assisting someone living with dementia Under the third objective focused on LTC, the plan describes providing training for healthcare providers related to dementia care and also implementing person-centered dementia care 	-
	<p>Seniors Strategy:</p> <p>Government of the Northwest Territories Seniors' Strategic Framework (2023)²¹</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> No strategic priorities that specifically mention dementia There is a discussion of cognitive impairment in relation to the increased risk of abuse or neglect and as a factor to consider when considering inclusive ways to provide information to residents about services. 	-
NV	<p>Seniors Strategy:</p> <p>Aging with Dignity, Elders and Seniors Strategy (2024)²⁰</p> <p>Status: Unknown</p>	<ul style="list-style-type: none"> Deliver an awareness campaign for dementia and ensure content is available in Inuktitut Provide public education on the impact of substance use on the brain and other physical effects The plan describes that Nunavummiut living with dementia needing the highest level of care (level 5) in an LTC home have to leave Nunavut and receive care in Ottawa, Ontario. The plan discusses a plan to build an LTC home within Nunavut with the capability to provide level 5 care. 	<ul style="list-style-type: none"> Contract signed to operate the Kivalliq LTC centre, which has the potential for level 5 (to support those living with dementia) (2024).¹¹⁷ The LTC home was completed in 2025.¹¹⁸

YK	<p>Seniors Strategy:</p> <p>Yukon Aging in Place Action Plan (2020)¹⁹</p> <p>Yukon Aging in Place Annual Report 2022-23 (2024)⁹⁴</p> <p>Status: Reporting complete (inactive)</p>	<ul style="list-style-type: none"> ▪ Offer the “Shine a Light on Dementia” program to support training and education for caregivers ▪ Challenge the stigma associated with dementia and promote awareness of prevention through a public education campaign. ▪ Improve access to housing for older adults with complex needs (i.e., cognitive disabilities) ▪ Build collaborations with organizations that support older adults, such as the Center for Aging and Brain Health Innovation <p>Other:</p> <ul style="list-style-type: none"> ▪ The plan also discusses the Yukon’s health and social system strategic plan, which has several dementia-related objectives. These objectives include expanding support to help people with dementia age in place, improving training and education for caregivers and expanding a day program for older adults living with dementia. 	<p>2022-23 Progress report:⁹⁴</p> <ul style="list-style-type: none"> ▪ Created online dementia resources ▪ Offered the Shine a Light program to the public and expanded access through an online course ▪ A public awareness campaign was launched in 2023 ▪ There are plans to create a Yukon Dementia Strategy <p>Other:</p> <ul style="list-style-type: none"> ▪ Finalized agreement with the Alzheimer Society of BC to expand the First Link Dementia Helpline, create caregiver support groups and provide access to online education and webinars¹¹⁹
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Appendix D. Provincial and Territorial Government Dementia Programs or Resources

P/T	Active Provincial or Territorial Government Programs or Resources
BC	<p>Online resources for care providers:</p> <ul style="list-style-type: none"> Dementia Guidelines and Dementia Information webpages (2021): These are government webpages that provide information about a range of topics related to dementia care, including care in residential settings, care in emergency departments and hospitals, mental health care and use of antipsychotic medications.¹²⁰ Residential care improvements (2021): improved dementia training for care providers in residential care settings and improved oversight practices.¹²¹ Provincial guidelines for primary care providers to recognize, diagnose and manage patients with cognitive impairment (2023).¹²² Information for medical professionals related to driver medical fitness and dementia care.¹²³ <p>Online resources for residents:</p> <ul style="list-style-type: none"> Information for families, caregivers and patients includes resources from HealthLink BC¹²⁴ and the First Link program (Alzheimer Society of BC).¹²⁵ Brain Health and Injuries: government webpage providing information and resources about brain health and brain injuries for residents.¹²⁶ Mental Health: government webpage providing information on mental health resources, including Alzheimer's Disease and dementia.¹²⁷ <p>Other:</p> <ul style="list-style-type: none"> The government of BC's Lifetime prevention schedule practice guide for health practitioners includes several items relevant to dementia prevention, including screening and management for obesity, high blood pressure, alcohol use, type 2 diabetes, falls and cardiovascular disease.¹²⁸ This guide does not explicitly mention dementia, nor does it cover all of the potentially modifiable risk factors for dementia.¹²⁸
AB	<p>Online resources:</p> <ul style="list-style-type: none"> Web-based resources on dementia¹²⁹ and Alzheimer's disease¹³⁰ that span a variety of topics, from what dementia is, symptoms of dementia, when to seek medical care and caring for someone with dementia.
SK	<p>Online resources:</p> <ul style="list-style-type: none"> Web-based information and resources on a dedicated webpage, as well as programs provided by organizations such as the Alzheimer Society and regional health authorities.¹³¹
MB	<p>Online resources:</p> <ul style="list-style-type: none"> Government webpage with information on resources from the Alzheimer Society of Manitoba, such as the First Link program.¹³²

P/T	Active Provincial or Territorial Government Programs or Resources
ON	<p>Online resources:</p> <ul style="list-style-type: none"> ▪ Guide to Programs and Services for Seniors in Ontario (2024): web-based guide for older adults that includes a section on the supports available for people living with dementia, including medical alert devices and programs offered by the Alzheimer Society of Ontario.¹³³ ▪ Information on accessing community support services for Alzheimer’s disease and dementia.¹³⁴ ▪ Information on extreme heat, including those at high risk, such as people living with dementia.¹³⁵ <p>Other:</p> <ul style="list-style-type: none"> ▪ In December 2024, the government announced plans to introduce legislation to enhance dementia care and support, including funding for community services, adult day programs, respite care and ensuring that long-term care homes have a dementia program.¹³⁶ ▪ Bill 121, Improving Dementia Care in Ontario Act (2024) received Royal Assent in December 2024.¹³⁷ The bill requires that the Minister of Health create a provincial framework to improve access to dementia care and the Ministry of Colleges and Universities to review the “Personal Support Worker Standard” to examine if changes should be made, particularly related to person-centered dementia care.
QC	<p>Online resources:</p> <ul style="list-style-type: none"> ▪ Government webpage on Alzheimer’s and other neurocognitive disorders.¹³⁸ ▪ Information on improving the safety of living at home.¹³⁹ <p>Other:</p> <ul style="list-style-type: none"> ▪ Guide for families on supporting loved ones who are no longer able to take care of themselves.¹⁴⁰
NL	<p>Online resources:</p> <ul style="list-style-type: none"> ▪ Dementia-Friendly Communities dedicated website: contains information about dementia, dementia-friendly communities, information on reducing one’s risk of dementia and information about the types of care and support.¹¹⁰ ▪ Well-Being NL website contains a webpage describing the attributes of age-friendly and dementia-friendly communities and where to find more information about dementia-friendly communities.¹⁴¹ <p>Other:</p> <ul style="list-style-type: none"> ▪ Budget 2024 includes funding for the Alzheimer Society to improve dementia education and support, funding for nurse practitioners to support the Home Dementia Care Program and funding for dementia inclusive living in long-term care homes.¹⁴²
NB	<p>Online resources:</p> <ul style="list-style-type: none"> ▪ Webpage dedicated to dementia, which includes information about living with dementia, information for caregivers, risk reduction, community resources and planning for the future.¹⁴³ ▪ Webpage about dementia from Social Support NB (Department of Social Development initiative to provide information about government and community programs.¹⁴⁴
NS	<p>Online resources:</p> <ul style="list-style-type: none"> ▪ Webpage describing information for caring for a family member with dementia.¹⁴⁵ ▪ Webpage describing information about young-onset Alzheimer’s disease,¹⁴⁶ Alzheimer’s disease,¹⁴⁷ cognitive decline and brain health.¹⁴⁷

P/T	Active Provincial or Territorial Government Programs or Resources
PEI	<p>Online resources:</p> <ul style="list-style-type: none"> ▪ Webpage describing resources provided by the provincial health authority, Health PEI, such as the Dementia Specialty Team¹⁴⁸ and the Seniors Mental Health Resource Teams.¹⁴⁹ <p>Funding:</p> <ul style="list-style-type: none"> ▪ Budget 2025-2026 includes funding for adult day programs for older adults, including spaces that offer dementia-friendly environments.¹⁵⁰
NWT	<p>Other:</p> <ul style="list-style-type: none"> ▪ The government released a Disability Strategic Framework (2017-2027) that includes people living with dementia in the definition of disability.¹⁵¹
NV	<p>Online resources:</p> <ul style="list-style-type: none"> ▪ Webpage with information about LTC services for residents living with dementia who need significant medical or nursing care.¹⁵²
YK	<p>Online resources:</p> <ul style="list-style-type: none"> ▪ Webpage about dementia, resources for those living with dementia, their caregivers and health providers and information about the First Link Dementia Helpline.¹⁵³ ▪ Webpage providing information about the Seniors and Elders Community Day program, designed for people living with mild to moderate cognitive decline.¹⁵⁴ ▪ Government statement during Alzheimer’s Awareness Month (January 2025).¹⁵⁵ ▪ Information about dementia services in LTC in the Continuing Care resident handbook.¹⁵⁶

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