



**Dementia Supports
in Rural Saskatchewan**

Interventions to Enhance Social Inclusion of Older Adults with Dementia in Rural Saskatchewan

Final Evaluation Report

October 2024

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Glossary

Term	Definition
Collective Impact	Collective impact is a structured approach to collaboration involving different stakeholders working together to address complex social issues.
Backbone Infrastructure	Collective impact initiatives require dedicated members with a specific set of skills to coordinate organizations and sectors.
Common Agenda (shared purpose)	All sectors and organizations have a shared vision for change, a common understanding of the problem, and a collective approach to solving the problem through agreed-upon actions.
Mutually Reinforcing Activities	Although the activities of different sectors and organizations must be differentiated, these should be coordinated through a mutually reinforcing plan of action. In other words, while different sectors and organizations play different roles in the collaboration, their activities must be linked to the common agenda determined collectively.
Continuous Communication	Ongoing and open communication is required across all organizations and sectors in order to build relationships, trust, shared vocabulary, and ensure mutual objectives.
Shared Measurement System	Data are systematically and consistently collected and reported on a set of collective indicators across all sectors and organizations in order to continually evaluate progress and encourage learning and accountability.
Collaborating Organizations	Collaborating organizations are diverse stakeholders from different sectors and organizations who come together in a structured and coordinated way to collectively address complex social issues, pooling their resources and expertise to achieve common goals and create lasting positive change for their community.
Community Table	Community Table in the context of this collective impact initiative refers to a group of community organizations who do not have a project (not funded by the initiative) as well as members of the community (general public). The membership is open and members voluntarily attend regular meetings to learn about the funded projects taking place in their community, offer feedback on those projects, and spread the word.
Dementia	Dementia is a progressive and degenerative neurocognitive health issue characterized by a decline in cognitive functions including memory, language, reasoning, and the ability to perform daily activities.

List of Acronyms

Acronym	Description
DSRS	Dementia Supports in Rural Saskatchewan
ESDC	Employment and Social Development Canada
CI	Collective Impact
ASOS	Alzheimer Society of Saskatchewan
PLWD	Person Living with Dementia
CO	Collaborating Organization
DFC	Dementia Friendly Community
PVSCRD	Parkland Valley Sport, Culture and Recreation District
GDAG	Godfrey Dean Art Gallery
BMG	Backbone Management Group
CT	Community Table
AC	Advisory Committee
SPHERU	Saskatchewan Population Health and Evaluation Research Unit

Executive Summary

Background: In Saskatchewan, approximately 33% of the population lives in rural areas, compared to 19% nationwide. By 2050, the number of individuals living with dementia in Saskatchewan is projected to increase from 17,500 to 42,300. This rise in dementia and limited services in rural Saskatchewan have raised concerns about social isolation and poor quality of life for older adults with dementia and their care partners. The Dementia Supports in Rural Saskatchewan (DSRS), a 5-year Collective Impact (CI) initiative (2019-2024) funded in part by the Government of Canada's New Horizons for Seniors Program aimed to address this complex challenge by improving public awareness of the stigma and social isolation experienced by people living with dementia and their care partners. The DSRS funded eight projects that were implemented by collaborating organization in Yorkton, Melville and surrounding rural areas.

Evaluation Methods: Over the course of five years, a mix of qualitative and quantitative methods, including tracking and document reviews, semi-structured interviews, focus groups, observation, and telephone surveys, were used. We tracked and reviewed key performance indicators for process and outcome evaluation from the following documents: signed sub-agreements of collaborating organizations with a focus on objectives, activities, and timelines; biannual reports of activities; meeting records; and individual projects' outcome reports. Semi-structured interviews and focus groups were conducted to collect qualitative data to explore and assess the collective impact initiative and outcomes of individual projects. A total of 76 interviews (24 for process and 52 for outcome evaluation) and two focus groups were conducted via Zoom between April 2022 and March 2024. We conducted informal observations of meetings, informal visits to families with lived experience who participated in different projects, and collaborating organizations' community events. Also, a telephone survey was conducted to assess changes in dementia knowledge and awareness over time in the general population. The baseline survey (wave 1) took place in 2020 with a follow-up survey (wave 2) in 2024.

Findings: We present our findings in two categories: process evaluation and outcome evaluation findings.

Process Evaluation Findings: Our process evaluation identified four main themes: 1) factors influencing CI design and implementation, 2) CI strengths, 3) CI challenges and areas for improvement, and 4) sustainability. Socio-cultural, organizational, and external factors, including the COVID-19 pandemic, influenced the CI Initiative. Strong community ties and social networks in small towns facilitated collaboration, while virtual communication helped reach hard-to-access groups. Organizational strengths included leadership, administrative support, and leveraging existing assets. Key strengths included building a learning culture, a holistic approach, and co-creating impacts with communities. Maintaining momentum and funding beyond the DSRS project period emerged as key challenges, leading to recommendations for collaborating organizations to explore additional pathways for support, including maximizing resources within communities and adjusting organizational operations to ensure sustainability.

Outcome Evaluation: We present our outcome findings in three categories: short-term outcomes, intermediate outcomes, and long-term outcomes.

Short -Term Outcomes included two key indicators: reach (number of target population who accessed the programs), and engagement (level of population interactions with the program or its content). Overall, approximately 1700 individuals and 64 organizations in 27 communities were reached by the projects. Community members, individuals, local leadership and primary health care professionals interacted with the DSRS projects in different communities as various project facilitators engaged with stakeholders in Yorkton, Melville and surrounding rural areas.

Intermediate Outcomes included one key indicator: effectiveness (impact of the program on knowledge, behaviour, and practice). Many of the projects were effective in increasing *knowledge* of dementia by increasing awareness at the micro level of individuals within the community and institutions. A review of the findings from the telephone survey shows less significant changes in the wider population's level of knowledge related to Alzheimer's disease and other forms of dementia in Yorkton and surrounding rural areas. The projects were effective in addressing changes in *behaviour*. According to the project participants, this was an essential step in reducing the stigma about dementia because more persons in the community became aware that persons living with dementia have diverse abilities and are not defined by dementia itself. There was a

slight change in stigma in the general population. Compared with the 2020 survey, there were slightly fewer respondents in 2024 who thought it would be harder to share a diagnosis because of stigma. Conversely, more 2024 respondents also mentioned embarrassment as a reason for reluctance to share a dementia diagnosis. The project also had an impact on *practice* through direct supports provided to those living with dementia and their care partners. Individual projects contributed to increased social interaction and feelings of social inclusion, enhanced quality of life for both those with dementia and their care partners, and easier access to supports. There was improved access to health professionals for dementia diagnosis and management and improved organizational support for persons living with dementia in the communities.

Long-Term Outcomes included two key indicators: sustainability (degree to which the program is continuously used and normalized), and transferability (extent to which the program could be effectively implemented in another settings). The key factors examined under *sustainability* relate to actions taken to preserve the Dementia Supports in Rural Saskatchewan interventions in Yorkton and surrounding areas. All projects identified sustainability plans at the conclusion of the initiative. Most of the projects had also developed plans for *transferability* either through implementing similar projects in other communities or sharing information with other rural communities about what they have learned about supporting those with dementia and their care partners.

Discussion:

What worked well: Participants expressed satisfaction with the DSRS Initiative, which connected families affected by dementia to services like medical social workers, home care, and counselling. Increased social interaction and community collaboration led to more inclusive environments and expanded dementia services, including interventions aligned with the Métis worldview. Many organizations are committed to sustaining dementia-friendly initiatives and fostering continued partnerships.

Areas for improvement: Our evaluation highlighted two main areas for improvement: public awareness of dementia, and the need for accessible dementia services.

1) *Public awareness of dementia:* Our evaluation showed that dementia awareness increased mostly in specific communities impacted by the DSRS initiative. However, beyond the local institutions that collaborated with the project, public awareness of dementia remains limited. The 2024 survey revealed only a slight increase in awareness since 2020. This may suggest that the awareness activities should be more focussed on those who are likely to need it rather than the general public.

2) *Need for accessible dementia services:* There is a growing need for local services to support persons living with dementia (PLWD), but challenges persist including limited availability of services, difficulty accessing and finding information about services, and lack of dementia awareness among health care staff.

Recommendations: Our recommendations focus on raising dementia awareness and improving system navigation to better support PLWD and their care partners.

1) *Promoting dementia awareness:* Public education campaigns are critical, including broad outreach and focused efforts like Alzheimer’s Society’s “ABCs of Dementia” presentations. Physicians, as key communicators, need better training on dementia, including symptoms, services, and support for families. Greater dementia education for health care professionals, particularly in primary care and long-term care, is vital as the demand for dementia support rises with the aging baby-boom generation. Increased political and social activism is needed to prompt government and organizational attention to dementia-friendly initiatives. Resources should be allocated to train health care workers and improve awareness in public, private, and community organizations.

2) *Improving system navigation:* Effective system navigation requires timely and accurate information for PLWD and their care partners. Institutions like clinics, hospitals, pharmacies, and community organizations can be critical points for sharing dementia resources. While the internet is a useful tool, it can be overwhelming and lacks accessibility in areas with poor broadband; curated, accessible resources, including phone contacts, are necessary. Beyond medical care, social services such as support groups and home care are equally important. Participants stressed

that access to, and navigating these services often depended on luck and chance. A comprehensive provincial dementia strategy is essential to fill health care gaps and support rural dementia care.

Conclusion: With the appropriate resources, improving the knowledge and training of health professionals and organizations interacting with PLWD is achievable. As the baby boom generation ages, the need for qualified personnel and services will rise, especially in rural areas, which consistently skew older. Tailored approaches are necessary, as a “one size fits all” model is not viable for rural communities.

Introduction

In Saskatchewan, approximately 33% of the one million residents live in rural communities with less than 10,000 people while only 18.5% of Canadian residents reside in rural and small town areas (Bollman & Clemenson, 2008; Markey et al., 2015). In 2020, the province also had approximately 17,500 individuals living with dementia with this projected to increase to 42,300 by 2050 (Alzheimer Society of Canada, 2022). It is projected that 62% of Canadians with dementia will be living in their own homes (Alzheimer Society of Canada, 2010).

Individuals living in small cities or rural and remote communities often face unique barriers to accessing dementia care, which are compounded by limited finances, education, public transportation, and geographic distance (Forbes & Hawranik, 2012; Jeffery et al., 2013). With dementia on the rise and with the limited availability of dementia-specific services programs in rural Saskatchewan, there are widespread concerns about social isolation and poor quality of life for older adults living with dementia and their care partners in rural areas.

The Dementia Supports in Rural Saskatchewan (DSRS) was a Collective Impact approach that aimed to address this complex challenge by tackling the service gaps experienced by persons living with dementia and their care partners. The Saskatchewan Population Health and Evaluation Research Unit (SPHERU) of the University of Regina supported eight collaborating organizations' projects through the Dementia Supports in Rural Saskatchewan (DSRS) initiative. The DSRS was a 5-year Collective Impact initiative (2019-2024) funded in part by the Government of Canada's New Horizons for Seniors Program. The Dementia Supports in Rural Saskatchewan project sought to improve public awareness of the stigma and social isolation experienced by people living with dementia (PLWD) and their care partners.

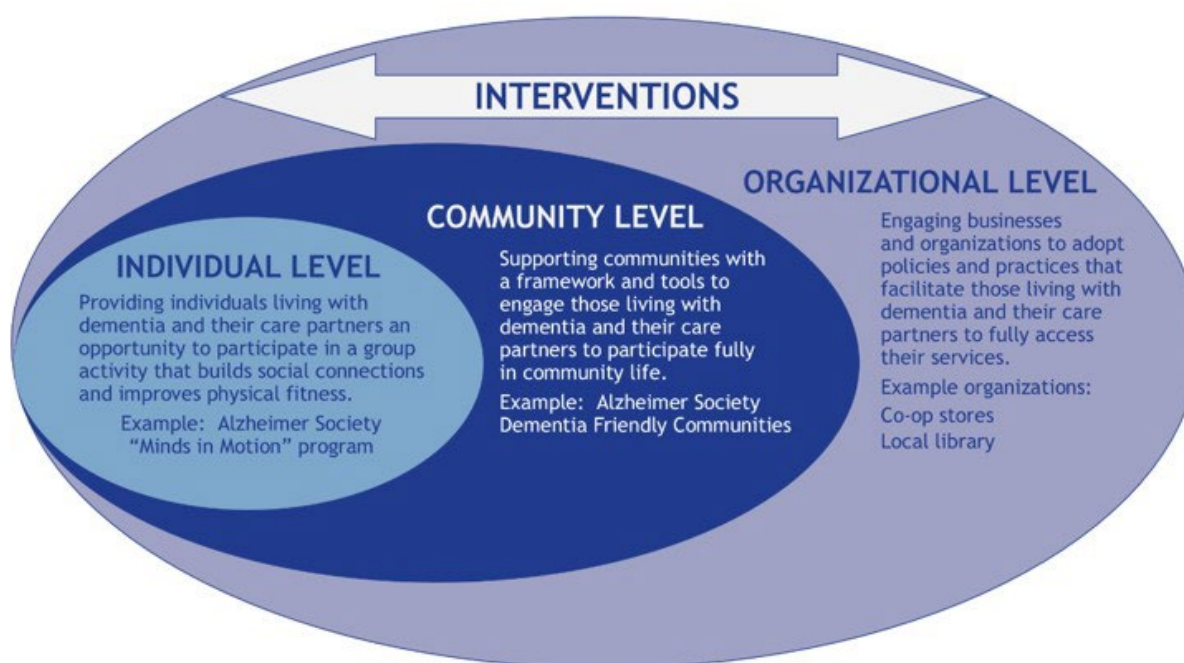
Collective Impact Approach

Our Collective Impact initiative's common agenda adopted a strong collaborative approach and embedded an integrated community engagement strategy. Given our focus on smaller communities often characterized by a lack of local services and supports to address dementia care, our initiative's approach incorporated inter-sectoral interventions at organizational,

community and individual/care partner levels (see Figure 1). We engaged communities with an emphasis on inter-sectoral partnerships that built local capacity to increase access to dementia care programs, services and information.

Figure 1

Individual, Community and Organizational Interventions



Collective Impact Objectives

The key objectives of the CI initiative included:

- To improve the feeling of social inclusion of older adults with dementia and their care partners residing in Yorkton and surrounding rural areas (individual interventions)
- To improve public awareness about dementia (community interventions)
- To reduce level of public stigma about dementia (community interventions)
- To improve supports for customers, clients and employees who are living with dementia or their care partners residing in Yorkton and surrounding areas (organizational interventions)

The project's Collective Impact (CI) initiative's common agenda included a common understanding of the experiences of social inclusion of older adults living with dementia in small cities and rural communities and a joint approach to solving the issue through agreed-upon actions. Through the DSRS initiative, the project team co-designed, implemented, and assessed multi-level interventions to enhance the social inclusion of older adults with dementia and their care partners living in small cities and rural and remote communities in Saskatchewan. We targeted adults with dementia over the age of 55 and their care partners residing in a small city or a rural community in Saskatchewan. Through DSRS, SPHERU has supported eight projects being implemented by collaborating organizations:

- Parkland Valley Sport, Culture and Recreation District Needs Assessment
- City of Yorkton - Public Indoor Facility Audit
- SaskAbilities - Dementia Friendly Life Enrichment Program
- Alzheimer Society of Saskatchewan - Awareness Campaign and Dementia Friendly Initiatives
- Godfrey Dean Art Gallery (Yorkton) - Belong Where You Find Yourself
- University of Saskatchewan - Scaling up RaDAR Primary Health Care Memory Clinics in Rural Saskatchewan
- University of Saskatchewan- The Cognitive Kitchen
- University of Saskatchewan & Sakitawak Elders Group, Inc. - Addressing Dementia in the Community of Île à la Crosse

Evaluation Framework

The realist and developmental evaluation guided the evaluation framework for this Collective Impact initiative. The realist approach to evaluation spans beyond the outcomes of individual or the collective impact of multiple interventions to include the processes, mechanisms and context in which programs/interventions are planned, developed, and implemented. This framework enabled establishing outcomes and indicators to assess the *sustainability* and *transferability* of the Collective Impact initiative by identifying conditions that support scaling up interventions to other rural communities in Saskatchewan and beyond.

The developmental approach facilitates the examination of the activities of one or multiple programs that are implemented in a dynamic, adaptive, and complex environment. This approach to evaluation supported co-learning and the provision of real-time feedback between evaluators, the backbone management group and collaborating organizations throughout the process. The principles of participatory design, diversity and inclusion were embedded in the ongoing evaluation process and played a key role in achieving the initiative objectives.

Two distinct types of evaluation were conducted during the collective impact initiative. The **process evaluation** examined the socio-cultural, organizational, and external factors that have shaped and influenced the design and implementation of the DSRS collective impact project in Yorkton and surrounding rural areas. The process measures and key performance indicators (KPIs) that guided the process evaluation can be found in Appendix A.

The **outcome evaluation** examined the short-term, intermediate, and long-term impact of individual collaborating organizations' projects. A shared measurement system, which was co-designed with collaborating organizations, enabled the establishment of a process for systematic data collection using a shared list of key performance indicators to measure outcomes. The outcome measures were classified into 3 categories: short-term, intermediate and long-term. The logic model (see Appendix B), also co-designed with the collaborating organizations, explored and depicted the connections between inputs, activities, outputs and impacts of individual projects that reflect the story of change for the CI initiative. Data was collected and reported on these shared indicators for each individual project, which enabled the learning and evaluation of individual projects and the overall CI initiative. The shared measurement process with collaborating organizations aimed to enhance accountability and stewardship of outcomes and impact.

Methods

This final evaluation report was prepared by summarizing key evaluation findings from various documents completed over the course of the CI initiative. In keeping with the importance of shared measurement systems and continuous communication in collective impact approaches we worked with collaborating organizations throughout to develop key performance indicators

to measure short, intermediate and long-term outcomes. Each collaborating organization was provided with an evaluation report summarizing their projects progress on the outcomes. This report, then, summarizes the findings across all the projects and activities to present the larger picture of progress on achieving outcomes. Other reports (see Appendix C) that contribute to the findings in this evaluation include the Process Evaluation Report (2023), Dementia Knowledge Survey Report (2024), and the Windup Summit Report (2024).

In our evaluations, we used a range of qualitative and quantitative data collection and analysis approaches. The main methods were 1) tracking and document reviews, 2) semi-structured interviews and focus groups, 3) observation and 4) telephone survey.

1. Tracking and Document Reviews

We tracked and reviewed key performance indicators for process and outcome evaluation from the following documents:

- Signed sub-agreements of collaborating organizations with a focus on objectives, activities, and timelines
- Biannual reports of activities
- Meeting records
- Program completion outcome reports

The document reviews were conducted to support and validate tracking and interview data for both process and outcome evaluation. The reviews enabled the evaluator to assess the progress of the individual projects and the CI initiative.

2. Semi-structured interviews and focus group discussions

Interviews and focus groups were conducted to collect qualitative data to explore and assess the CI initiative and outcomes of individual projects. A total of 76 interviews (24 for process evaluation and 52 for outcome evaluation) and two focus groups (n=11) were conducted for a total of 87 interviewees via Zoom between April 2022 and March 2024. The evaluation team and the collaborating organizations co-designed interview guides informed by process and outcome evaluation questions. These guides and consent forms were shared with interviewees via email

and mail prior to the interviews or focus groups. The interviews and focus groups were recorded after the interviewees read and signed the consent forms. Interviews and focus groups were recorded digitally (except in cases where interviewees declined to do so) and transcribed using transcription software (Otter). Notes were also taken during each interview.

Evaluators employed a qualitative thematic framework analysis using deductive and inductive analyses. A deductive approach was used to organize data according to themes reflected in the process and outcome interview and focus group guides. Evaluators also used inductive analysis to conceptualize data, which allowed new insights to emerge. There were six steps in the data analysis: 1) data familiarizing, 2) developing the initial codes, 3) revisiting the initial codes, 4) searching for patterns and categories across data, 5) generating an initial list of categories, and 6) reviewing, revising, and refining the categories and sub-categories. Evaluators used NVIVO 12 software to support coding data and in developing categories and sub-categories.

3. Observation

The evaluators conducted informal observations of meetings, including informal visits to families with lived experience who participated in different DSRS-supported projects and to individual collaborating organizations' community events. Observation was used to support tracking and interview and focus group data. Observations of all meetings and community visits were recorded throughout the entire project.

4. Telephone Survey

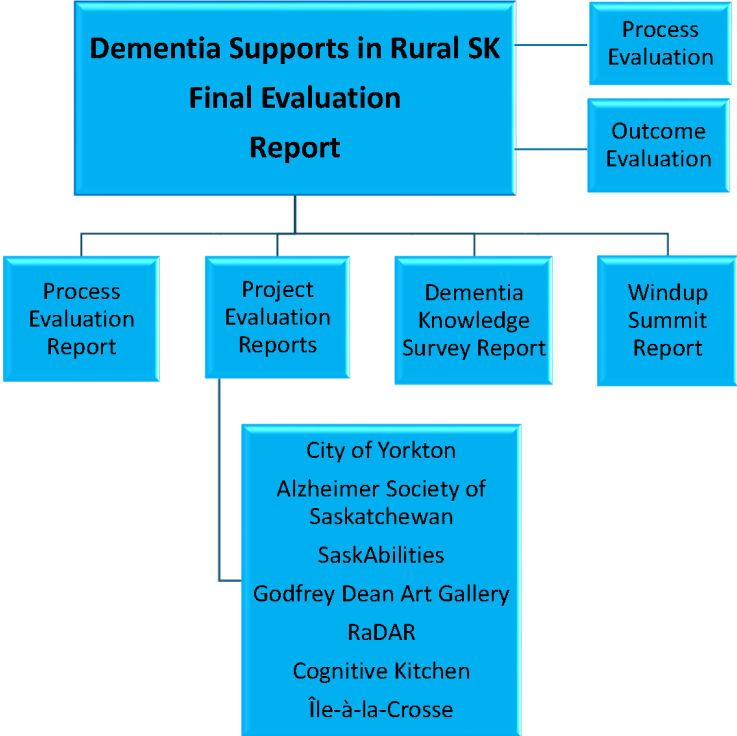
A baseline (Wave 1) of the survey was conducted from September 28 to October 6, 2020, and the follow-up (Wave 2) survey was conducted from May 22 to June 14, 2024, 2024 to assess changes in knowledge and awareness of dementia over time within the general population. The telephone survey methodology and questionnaire remained consistent between waves, with a single question being added in Wave 2 that asked about awareness of recently implemented supports. The former Sunrise Health Region was the geographical boundary for the sample selection for both waves. 404 individuals responded to the survey in Wave 1, and 302 responded in Wave 2. The survey was administered by the Canadian Hub for Applied and Social Research (CHASR) at the University of Saskatchewan.

Findings

Our evaluation framework includes reporting progress on both the process evaluation and the outcome evaluation of the initiative (See Figure 2). We summarize the evaluation findings from the following reports: Process Evaluation Report (2023), Project Evaluation Reports for seven projects (2023-2024), Dementia Knowledge Survey Report (2024) and Windup Summit Report (2024).

Figure 2

Dementia Supports in Rural Saskatchewan Evaluation Framework



The individual project evaluation reports are the primary source for this final evaluation report, which focuses on summarizing the outcomes of the individual projects of this CI initiative. All of the reports referred to in Figure 2 are available at: <https://www.ruraldementiask.ca/>

Process Evaluation Summary

We conducted a process evaluation to assess the context, design and implementation of the Dementia Supports in Rural Saskatchewan Collective Impact initiative. Key collective impact conditions assessed included the learning culture, common agenda, backbone support, mutually reinforcing activities, shared measurement system, and continuous communication. Our

evaluation identified four overarching themes including: 1) factors influencing collective impact design and implementation, 2) collective impact strengths, 3) collective impact challenges and areas for improvement, and 4) sustainability.

The data suggests that socio-cultural, organizational, and external factors shaped and influenced the design and implementation of the DSRS Collective Impact Initiative. Evaluation participants indicated that social networks are key characteristics that shape the fabric of life in small towns and rural areas. Thus, community assets, including strong community ties and an intertwined web of personal and professional relationships in the communities, facilitated collaborative efforts and positively impacted dementia supports.

External factors, including the COVID-19 pandemic, brought about opportunities and challenges for the Collective Impact initiative. Though pandemic restrictions limited face-to-face interactions and community visits, virtual communications via Zoom were used to deliver some activities. Interview participants noted that the DSRS project successfully reached some community members and community organizations that were *hard to reach by face-to-face interactions*.

Participants identified COs' leadership commitment, administrative support from the University of Regina, and building on existing capacities and assets as three organizational factors that positively influenced the DSRS initiative. The data analysis revealed three key areas of strength for the DSRS project, including 1) building a learning culture, 2) a holistic approach, and 3) co-creating impacts. The DSRS project fostered a learning culture through regular meetings, effective communications, capacity building, and participatory evaluation and feedback. Participants appreciated the all-encompassing approach of the DSRS project because it leveraged the collective power of multiple organizations with diverse programs, skills, knowledge and expertise to create a more impactful and comprehensive response.

Maintaining momentum and funding beyond the initial project period emerged as a key challenge, leading to recommendations for organizations to explore additional pathways for support, including maximizing resources within communities and adjusting organizational operations to ensure sustainability.

Outcome Evaluation

We examined the key performance indicators that signalled the progress made in achieving the short-term, intermediate, and long-term outcomes of the DSRS Collective Impact Initiative (see Table 1). The projects that were funded were diverse in nature. Some were specific to service delivery, while others focused on educational programs and activities. The subsequent sections of this report present the summary of findings derived from the outcome evaluation of seven DSRS-supported projects implemented by collaborating organizations.

Table 1

Key Performance Indicators (KPIs) of the Shared Measurement System

Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Reach: Number of target population who access the program.	Effectiveness: Impact of the program on knowledge (e.g. enhancing public awareness), behaviour (e.g. reducing stigma), and practice (e.g. improving supports for customers and clients).	Sustainability: Degree to which the program is continuously used, normalized, and incorporated/integrated into public behaviour and/or organizational activities (institutionalized)
Engagement: Level of population interactions with the program or its content of program such as feedback and comments received.		Transferability: Extent to which the program could be effectively implemented in another setting/context.

Short-Term Outcomes

Reach

The DSRS projects engaged persons living with dementia, care partners, institutions, businesses, and the public in and beyond the project area (Yorkton and surrounding communities, Regina, Saskatoon, and Île à la Crosse). The target population who accessed the services provided by programs varied depending on the project (see Figures 3 and 4 and Table 2).

Figure 3

Community organizations and businesses reached by project 2019-2024

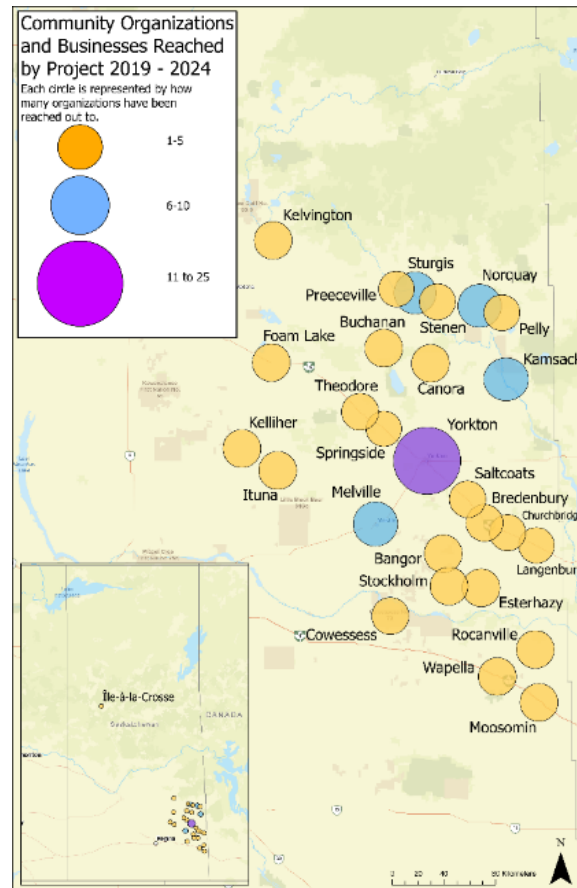


Table 2

Project Reach

People reached through direct support services or community events	Institutions and businesses engaged	Saskatchewan Health Authority and health care professionals
1703	64	45

Figure 4

Type of organization/community groups reached

- Fitness Centres
- Communication
- First Nations Communities
- Pharmacies
- Recreational Centres
- Financial Institutions
- Libraries
- First Responders
- Retirement/Long Term Care Homes
- Faith Communities
- Museums
- Municipal Offices
- Art Galleries
- Restaurants
- Non-Profit Organizations
- Saskatchewan Health Authority

Alzheimer Society Saskatchewan Awareness Campaign & Dementia Friendly Initiatives

Approximately 350 residents in Yorkton and surrounding areas participated in over 44 ABC'S's of Dementia presentations and approximately 20 community conversations. Approximately 85,000 AdMails highlighting dementia as an individual and community health challenge were distributed in the project area. Their social media campaign generated over 80 posts on warning signs of dementia, which were viewed by approximately 135,000 people beyond the project area. Over 1,600 recipients (individuals and organizations) in the target area, received approximately 26 mass emails (e-connects) which provided information on the ABC'S's of Dementia. Cumulatively, the AdMails, mass email e-connects, and social media campaign made over 200,000 impressions over the project period. The project connected with over 60 organizations in Yorkton and 15 surrounding communities to increase dementia capabilities. Over 60 organizations in Yorkton and 15 surrounding communities were engaged.

SaskAbilities Dementia Friendly Life Enrichment Program

62 participants (31 persons living with dementia and 31 care partners) received over 1,586 hours of direct support. They participated in approximately 900 home and recreational activities,

including visits to provincial parks and museums, canoeing, nature trail walks, picnics, lunches, and group events). Care partners received approximately 1,234 hours of indirect respite for every direct support hour provided to persons living with dementia. The project facilitators covered over 52,244 km to provide direct services for households with persons living with dementia in Yorkton and ten surrounding communities.

[Godfrey Dean Art Gallery Belong Where You Find Yourself Project](#)

Twelve participating artists (or six families) participated in 38 sessions to explore diverse artistic expressions, including carpentry, drawing, painting, photography, collage, and quilting, with the objective of sharing their artwork and stories with the public. Over 250 people participated in an art exhibition and community presentations that displayed artwork and short videos of participating families to raise awareness about dementia. A one-month exhibition was organized by the Godfrey Dean Art Gallery in Yorkton, and subsequent presentations took place in care homes, public libraries, and communal centres within and beyond the project area (Yorkton, Melville, Saltcoats, Regina and Saskatoon).

[Scaling up Rural Dementia Action Research \(RaDAR\) Memory Clinics in Rural Saskatchewan](#)

As of June 2024, the Esterhazy Memory Clinic had operated 13 clinics and assessed 25 patients accompanied by 26 care partners. Saskatchewan Health Authority (SHA) leadership and health professionals in the Yorkton area participated in approximately 18 information webinars and Dementia Working Group meetings organized by RaDAR.

[The Cognitive Kitchen](#)

Over 140 older adults, care partners and people living with dementia from 21 communities (see Table 3) participated in the 13 Cognitive Kitchen programs, which consisted of 80 sessions (39 in-person and 41 virtual).

Table 3

Population Size by Number of Communities for Participants in Cognitive Kitchen

Population Size	Number of Communities
Less than 1,000	10*
1,000 - 5,000	8**
Over 5,000	3***

Source: *The Cognitive Kitchen: Evaluation Report, 2024*

*Amsterdam, Buchanan, Craven, Danbury, Dunleath, Eatonia, Manitou Beach, Stewart Valley, Stockholm, Sturgis

**Canora, Carlyle, Esterhazy, Foam Lake, Kelvington, Langham, Preeceville, Saltcoats

***North Battleford, Prince Albert, Yorkton

Addressing Dementia in the Community of Île à la Crosse

Over 850 community members participated in approximately 45 formal and intergenerational activities that were organized from April 2023 to June 2024.

Engagement

There were different levels of interaction with the DSRS projects in different communities as various facilitators engaged with stakeholders in Yorkton and surrounding rural areas.

Beyond participating in events, individuals and organizations, including the City Councils, City departments, community resource centres, pharmacies, and public libraries, contacted the Alzheimer Society of Saskatchewan’s Dementia Community Coordinator to request staff orientation and dementia-friendly recommendations for their services.

Community collaborators, including the Saskatchewan Health Authority Medical Social Work department in Yorkton, home care assessors, and nurse practitioners, collaborated with the SaskAbilities Dementia Friendly Life Enrichment program and referred families to the program. 62% of the Dementia Friendly Life Enrichment Program participants were referred to the program

by these collaborators. Some family members who heard about the program via word of mouth and local adverts inquired about it for their loved ones. While some of the inquiries led to participation in the program, other families chose to wait until their person living with dementia was ready to be part of the program.

The Belong Where You Find Yourself project (Godfrey Dean Art Gallery) spanned beyond the participating artists involved. Intergenerational connections were observed as younger family members participated in the process of creating art with their loved ones. Other local organizations also facilitated some of the arts and crafts sessions. The first 15 persons who expressed interest in the project were referrals or were participants in other DSRS sub-projects, including the SaskAbilities Dementia Friendly Life Enrichment program. According to Belong

“It was really organic. You both melded with us and our family. You were both very open. Didn’t have any preconceived ideas of what we should do. But open to what we have in mind. You both came with great ideas, too.”
Care Partner /Artist, GDAG Belong Where You Find Yourself

Where You Find Yourself participants, the flexible structure of the project enabled consistent participation of the artists because they had space to explore their creative abilities in comfortable spaces and at their convenience.

I don’t see myself as an artist, but this meeting has already opened my eyes to the different possibilities that exist.” PLWD/Artist, GDAG Belong Where You Find Yourself

Primary health care professionals demonstrated interest in implementing the RaDAR memory clinics. This was evident by their participation in the information webinars, orientation and Primary Care Dementia Assessment and Treatment Algorithm (PC-DATA™) education sessions, conferences and planning meetings organized by RaDAR. The health professionals followed through with their commitment to implementing memory clinics, which was evident in the

implementation of the Esterhazy Memory Clinic and the enrollment of new memory clinic teams for Canora and Melville. The Esterhazy memory clinic team continually received a steady demand for services as word spread about the clinics via local health care professionals and other DSRS projects.

There was strong engagement with the Cognitive Kitchen programs, where participants were enthusiastic about enhancing their food skills and connecting with peers in their community. Over 95% of the participants who expressed interest during the recruitment process participated in the 80 Cognitive Kitchen sessions that were organized. Interest exceeded program capacity in some communities, and participants expressed a desire for the facilitators to organize other sessions to permit more exploration of the recipes and engagement with peers. Others were so enthusiastic about the program that they still joined the virtual sessions when they travelled out of the province.

Community members were enthusiastic about the Addressing Dementia in the Community of Île à la Crosse project—approximately 850 community members participated in formal and informal events—because the dementia awareness activities were embedded in Métis ways of knowing and doing. During the weekly Zoom sessions on dementia prevention, community members discussed with Elders about how to improve current support for community long-term care. Three persons living with dementia signed up for a “Minds in Motion class” provided by Alzheimer’s Canada, which was broadcast via Zoom at the Elder’s Lodge.

Intergenerational discussions on dementia took many forms that enabled Elders to pass on traditional knowledge and skills to the younger generations while raising awareness about care for community members experiencing challenges, including people living with dementia. Some of these activities included sharing circles, ribbon skirt making, community gardening, and cooking with younger generations. Soups made from locally procured foods were shared with residents living with dementia in long-term care because cooking familiar foods connected older adults living with dementia and their care partners to their past and their identity.

Community members also participated in cultural events, including the celebration of the spring solstice, tobacco harvesting for community Elders, full moon ceremonies and healing events.

These activities highlighted Métis ways of fostering social inclusion as community members engaged in activities that support a culture of caring, which is vital for the inclusion of people living with dementia and their care partners.

Intermediate Outcome – Effectiveness

We assessed the impact of the Dementia Supports in Rural Saskatchewan Initiative in three broad categories: knowledge, behaviour, and practice.

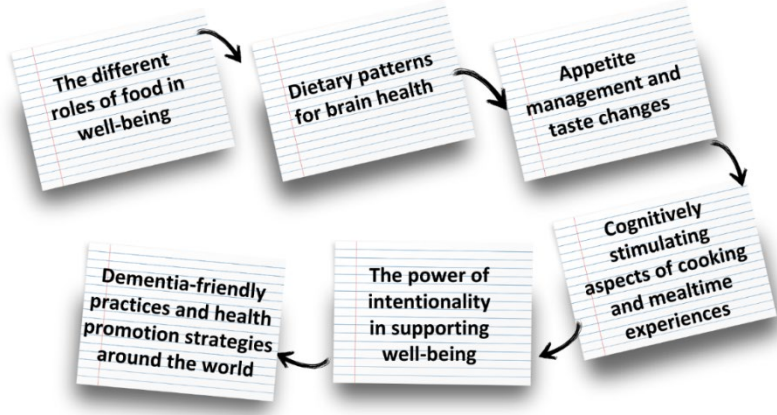
Project Impact on Knowledge

Increased awareness at micro-levels (individual, institutional and specific community)

Participants’ feedback about the Cognitive Kitchen indicates that the program contributed to improved awareness through nutrition education. Participants reported that the food literacy content of the programs created an environment that enhanced their awareness, and the skills (see Figure 5) needed to be proactive about their cognitive well-being. Cognitive Kitchen program participants demonstrated awareness of brain health dietary patterns by setting goals to integrate more high-fibre foods and plant-based proteins into their meals.

Figure 5

Educational Content Themes for Cognitive Kitchen



Source: *The Cognitive Kitchen: Evaluation Report, 2024*

The translation of resources (from the Alzheimer Society of Saskatchewan) to Michif and Cree and the production of podcasts enhanced accessibility to dementia knowledge within the community. New participants who signed up for the dementia education programs at the Elders Lodge in Île à la Crosse reported that they became aware of the dementia intervention through word of mouth and radio.

According to focus group participants from the RaDAR project, increased demand for dementia assessment services demonstrated that there was increasing public awareness of dementia and

“I know {Esterhazy memory clinic lead} has mentioned she'd like to do two days a week because there's that many people that she wants to see, but it's just- it's hard for the team to have two full days that they're donating their time for that. But, yeah, I don't know the number, the exact number that's on the list, but they do have quite a waiting list.” Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Clinics in Rural Saskatchewan Project

the clinic's services. As of May 2, 2023, the Esterhazy memory clinic waitlist consisted of 10 patients, though the clinic was scheduled to start operating in June 2023. Participants reported during focus group discussions with the RADAR team and Esterhazy Memory Clinic team members that the Esterhazy Memory Clinic continually reported a steady demand for services and still had waitlists to assess patients.

It was also noted that other physicians in the project area know that patients can be referred to the memory clinic, and occupational therapists have inquired about the possibility of establishing memory clinics in their communities. Other stakeholders, including the media, were keen on disseminating information about the memory clinics. The RaDAR project lead granted three interviews about the Esterhazy memory clinic on 650 CKOM, Canadian Broadcast Corporation (CBC) Morning Edition with Stefani Langenegger and Global Regina.

The Belong Where You Find Yourself project facilitated the public presentation of participating artists' accomplishments and amplified their voices in the community. According to participants, the art exhibition at the Godfrey Dean Art Gallery in Yorkton sparked interest and generated conversations about the symptoms of dementia. A care partner reported that some community

members approached her during the exhibition to share that they had observed a loved one displaying symptoms of memory loss and struggling to “figure things out”. A project team member concurred with these observations.

“I heard a lot of people remark that this was really meaningful for them because they know somebody... someone in their family has been diagnosed with dementia” GDAG Representative, GDAG Belong Where You Find Yourself

The SaskAbilities Dementia Friendly Life Enrichment Program contributed to increasing awareness and understanding in the community. While the program’s objectives focused mostly on support for persons living with dementia and their care partners, the group activities involved taking persons living with dementia and their care partners to community spaces. Evaluation participants noted that there was an increased willingness by businesses to adjust, accommodate, and create dementia-friendly atmospheres for persons living with dementia and care partners. At least three restaurants consistently provided quiet and accessible spaces for group lunches for the Dementia Friendly Life Enrichment Program participants.

“...it opened my eyes to the things that maybe, you know, we need to do better as a facility. Or things that we can look at, for the future, to make our facility more accommodating. Because even though we think that it's accommodating...It's not necessarily accessible for all. Right? And so we just didn't have that lens.” (Manager 05)

Participants of the outcome evaluation interviews of the City of Yorkton’s facility audit observed that the audit process and report had increased awareness amongst management and staff about the challenges faced by those living with dementia and their care partners, especially in public spaces.

“So, I would say that the heightened awareness has now come through this process, you know, after us managers, supervisors, having those discussions with our staff that operate these facilities.” (Manager 06)



“...that's one of those things that we're recognizing. It doesn't just affect- you know, it's not just people with wheelchairs, it's not just parents with small children. These changes can benefit a host of communities of different demographics and make our facility better...we want to try to consider, okay, what else - not just dementia - but what other things can we do that will benefit multiple communities.” (Manager 04)

The Alzheimer Society of Saskatchewan Awareness campaign team observed that local organizations and groups increasingly demonstrated interest in discussions about dementia as an individual and community issue. Some organizations demonstrated a willingness to challenge assumptions about dementia and requested more information to increase their knowledge and awareness about dementia-friendly considerations with respect to local community programming (see Figure 6). The enthusiasm to have open conversations about dementia indicated a growing community understanding that a majority of people living with dementia reside in communities and need collective support. Community conversations on dementia with the Alzheimer Society of Saskatchewan Dementia Community Coordinator sparked interest and generated conversations amongst attendees, some of whom were willing to be referred to other supports. Several participants of two other Dementia Supports in Rural Saskatchewan projects were referred by the Alzheimer Society of Saskatchewan Dementia Community Coordinator.

Figure 6

Organizations that contacted the Dementia Community Coordinator to increase knowledge of dementia-friendly considerations



*"Thanks to the Alzheimer Society presentation, I now feel better able and confident in approaching someone who may seem lost or confused if I see them in our arena."
Community Service Staff Member, City of Melville*

Source: Alzheimer Society Saskatchewan Awareness Campaign & Dementia Friendly Initiatives: Evaluation Report, 2024

Increased awareness at the macro-level (project area)

A review of the findings from the telephone survey shows less significant changes in the wider population's level of knowledge related to Alzheimer's disease and other forms of dementia in Yorkton and surrounding rural areas.

Table 4

Findings from Dementia Knowledge Survey Report

Survey Participants	Self-Rated Knowledge of Dementia or Alzheimer’s Disease
<i>A large proportion of survey respondents are 65 years old or older. In 2020, 45% fell into this age range, while 59% did so in 2024</i>	<i>Residents reported similar levels of knowledge in 2020 and 2024, with 78% and 73%, respectively, believing they are somewhat or very knowledgeable about Dementia and Alzheimer’s disease.</i>
<i>In 2020, roughly two-thirds (66%) of respondents were female, while closer to one-half (55%) were female in 2024.</i>	<i>The demographic groups that reported the highest levels of awareness are those aged 55-64, females and those living in communities with 500-999 residents.</i>
<i>More respondents lived in larger communities in 2024: 64% lived in a community of at least 1,000 people in 2020 compared to 75% in 2024</i>	<i>Nearly all residents (89% in 2020 and 90% in 2024) are aware that memory loss that affects daily function is a warning sign of Alzheimer’s disease or dementia.</i>
	<i>More 2024 respondents have direct experience with knowing or caring for someone with dementia</i>
	<i>In 2024, slightly fewer individuals mention stigma as a reason why they believe it would be hard to share a diagnosis,</i>
	<i>Relatively high awareness of recently implemented supports is recorded, with nearly a quarter of residents identifying at least one new service or support close to their community.</i>

Source: *Dementia Knowledge Survey Report, 2024*

Project Impact on Behaviour

Reduced stigma at micro-levels (individual, institutional and specific community)

At an individual level, care partners were emboldened to challenge the stigma about dementia. At the start of the Belong Where You Find Yourself Project, there were care partners who were concerned about sharing their experiences because of the stigma. Evaluation interviewees observed that during the initial meetings, participants were very hesitant to share that a family member was living with dementia because they were worried about the reaction of others in their community. However, by the end of the project, participants were more willing to share and engage with others in their community about their dementia journey.

“...one of the care partners has gone from being like, you know, nervous and reluctant to share anything to being a really outspoken advocate for dementia, Alzheimer's awareness and, and just like accessibility in spaces generally. And I know that that has a trickle out effect into the broader community.” Lead Artist, DAG Belong Where You Find Yourself



“It made it easier for me to express that [PLWD] had Alzheimer's and before that, we really hadn't told very many people...” Care Partner/Artist, GDAG Belong Where You Find Yourself



“I was always just kind of struggling with just kind of the whole acceptance part, maybe for myself accepting it, and, and sharing it with others. And I think just the support that I received from other people that I was with, well, that, that really helped me...” Care Partner/Artist, GDAG Belong Where You Find Yourself

The Belong Where You Find Yourself activities drew attendees' attention to the personhood of individuals. According to the project participants, this was an essential step in reducing the stigma about dementia because more persons in the community became aware that persons living with dementia have diverse abilities and are not defined by dementia itself.

“When a person living with dementia creates something, whether through a drawing or a song, we see a part of who they are. This visibility shows us who a person is, beyond a diagnosis, and is so very important in overcoming negative stigmatization for those living with dementia, and elders in general”
Lead Artist, GDAG Belong Where You Find Yourself

Participants also added that the artistic structure of the project (art exhibition and community presentations) brought to light the real-life experiences of real people in the community thereby reducing the stigma associated with dementia. A case in point is that of a community member who approached the project team during one of the community presentations (a showcase of participating artists' works) to inquire more about dementia. The person in question was worried they were exhibiting some symptoms of dementia. Through the discussions, the community member became aware of and eventually accessed the services of another Dementia Supports in Rural Saskatchewan collaborating organization, the University of Saskatchewan's Rural Dementia Action Research (RaDAR).

Some community members were emboldened and adopted an advocacy role to confront the stigma about dementia in their communities by engaging with others about their personal experience with dementia and mobilizing community conversations on creating dementia friendly spaces:

“An example from the project is [community member] from Saltcoats. Her individual actions rippled through the community. [Her] leadership and commitment within her community increased the accessibility and inclusion of people living with dementia and addressed the issue of stigma in her rural community. [She] connected to the Alzheimer Society of Saskatchewan in 2022 after attending a presentation on the ABC’S Warning Signs in Saltcoats. [She] is a care partner for her husband [PLWD], a board member for the Saltcoats Library, and now a dementia friendly community advocate. The community of Saltcoats, due to [her] efforts and the support of her sister [] the head librarian in Saltcoats, has become a precedent for rural communities coming together to be more inclusive and accessible for people living with dementia and their care partners. It was [community member] who initiated the action by the Saltcoats Town Council through the presentation of a letter to the Council. [She] has become a spokesperson for the Alzheimer Society of Saskatchewan through her support on multiple educational events and media interviews throughout the year to share her story and empower others to act in their communities”.

Source: *Alzheimer Society Saskatchewan Awareness Campaign & Dementia Friendly Initiatives: Evaluation Report, 2024*

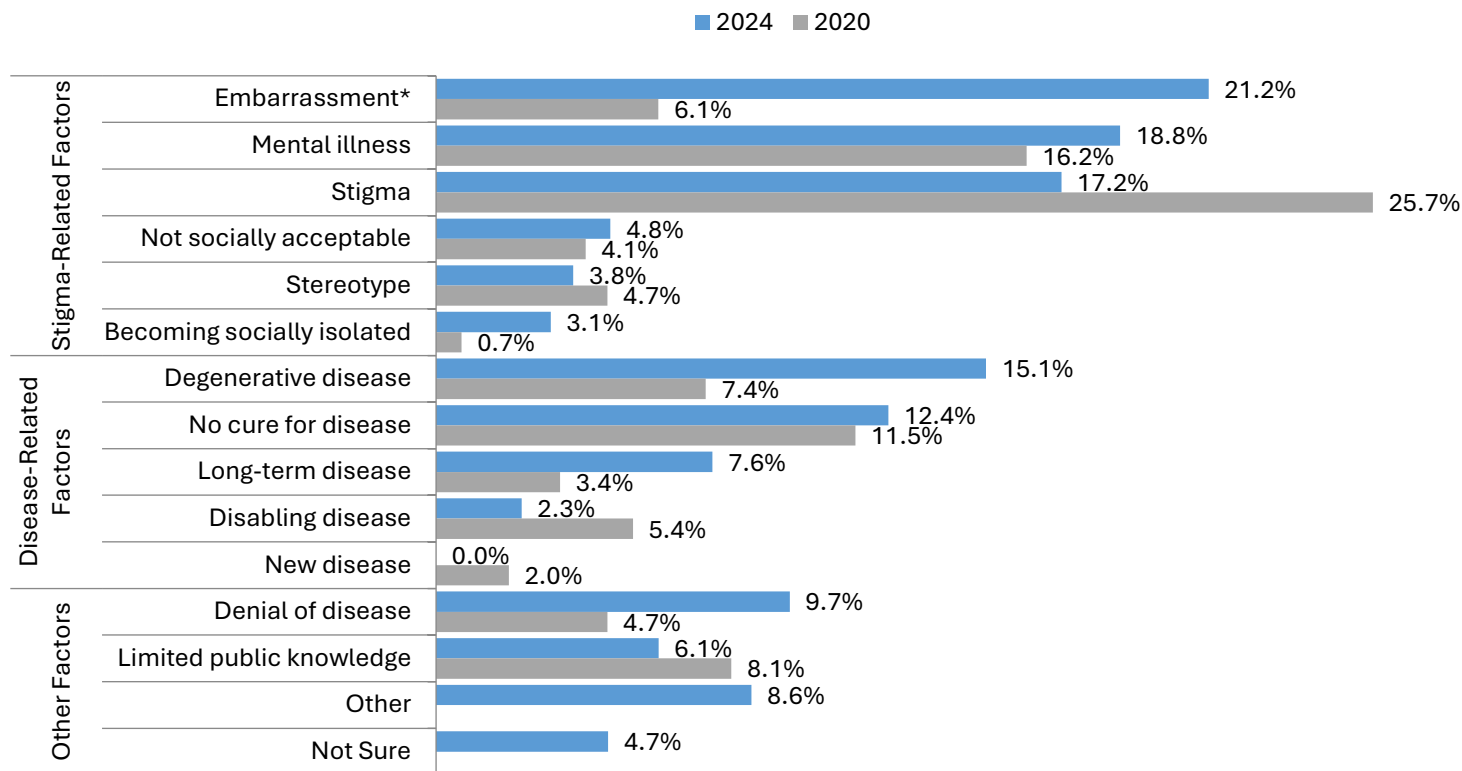
Participants of the Cognitive Kitchen program noted that socializing with peers contributed to reducing the stigma against cognitive aging and dementia. The informal structure of the sessions inspired participants to share other life events that took place in between the cooking sessions. It was observed that participants generally engaged with persons living with dementia, while care partners were delighted to see their loved ones interacting with other group members. Some care partners used these sessions to discuss their caregiving experiences with their peers. A community member observed that they appreciated seeing one of the participants back in the community following their dementia diagnosis.

Reduced stigma at the macro-level (project area)

Compared with the 2020 survey, there were slightly fewer respondents in 2024 who thought it would be harder to share a diagnosis because of stigma. Conversely, more 2024 respondents also mentioned embarrassment as a reason for reluctance to share a dementia diagnosis (see Figure 7).

Figure 7

Reasons for Reluctance to Share Diagnosis



Question: Why do you think it would be harder to share the diagnosis? (open-ended question, multiple responses)

*The change between 2020 and 2024 is significant at the $\alpha=0.05$ confidence level.

Source: *Dementia Knowledge Survey Report, 2024*

Project Impact on Practice: Direct supports and improved well-being of families with lived experience of dementia

The determinants of well-being identified by participants across individual DSRS projects include:

- Increased social Interaction and feelings of social inclusion
- Enhanced quality of life (increased coping ability for care partners', easier access to supports) accessing supports
- Improved access to health professionals for dementia diagnosis and management
- Improved organizations' support for older adults and persons living with dementia in the communities (City of Yorkton, ASOS)

Increased social interaction and feelings of social inclusion

Participants from three projects (GDAG, SaskAbilities and Cognitive Kitchen) discussed how DSRS projects enabled persons living with dementia and their care partners to engage in activities (games, museums, cooking, painting, craft, quilting, and beading) with people outside their immediate family, home, and vicinity.

One person living with dementia and a participant in the SaskAbilities Dementia Friendly Life Enrichment Program commented, *"I'd lose my mind fast"* without these engagements and socializing. Some care partners mentioned that their loved ones always looked forward to the visits because they would watch games and visit museums. One care partner indicated that her husband couldn't wait to go out, and each Friday, he would ask, *"Is this my Friday with the [facilitator]?"* For some persons living with dementia who were at an advanced stage, their care partners expressed that the program engagements were a *"social pillar for their lives"*.

"It's absolutely made a difference for him, he sure looks forward to his outings with [facilitator]. They do lots of, you know, different things that we probably wouldn't have done as a couple. Like, they go bowling and they go, you know, they go for coffee, or they- they'll go to the arcade" Care Partner, SaskAbilities Dementia Friendly Life Enrichment Program

“By virtue of having their own activity, it gives them their own identity. And their identity isn't a person living with dementia, their identity is 'Joe Brown,' and he likes to go curling, or he likes to go, or, you know, likes to go for lunch...” Community Collaborator, SHA, Yorkton

Evaluation participants highlighted that program activities were avenues for persons living with dementia and care partners to engage and build their confidence to interact with community members that they encountered.

“...once we get into the groups, and we're going to Manos, or we're going to the lake...they feel like 'this is the program that allows me to be in the community' ... it just builds the confidence and the ability to just talk to whoever it is that they come across, versus shying away” Facilitator, SaskAbilities Dementia Friendly Life Enrichment Program

One of the dementia-friendly facilitators observed that a person living with dementia began to *“all of a sudden feel like, I can do this, you know? I can go out. I don't have to have my husband holding my hand and helping me walk and stuff.”*

Belong Where You Find Yourself participants felt that the project promoted social connection because it brought families into peer relationships where their input was valued. They stated that the range of activities involved with art creation gave them something to do beyond *“watching television and going for walks.”* Cognitive Kitchen program participants shared that the social cooking environment enabled them to connect with other families. Cognitive Kitchen facilitators acknowledged that participants often arrived earlier prior to the sessions to engage with other group members, while some program participants opted to dine together with their group members during on-site and virtual sessions. The facilitators added that care partners and participants living with dementia, including two participants, drove over 45 minutes weekly to

attend the sessions and expressed that they looked forward to the weekly sessions because, for some of them, it was the only activity on their schedules.

Safe space, supportive framework, and sense of community for families

Care partners discussed how the different activities brought people from surrounding areas together, creating connections with other families. They added that through these events, participants met families in similar circumstances where they shared their experiences without feeling judged. For these reasons, the care partners of the SaskAbilities Dementia Friendly Life Enrichment Program enjoyed the group meetings and were willing to travel to different towns for the outings.

“...it's such a great outing...it's almost like a relief. Because you know that you're not alone in this. So, that's the part that I really like... programs like this, to me just really help with the isolation part. You can get out and see other people, even if it's for an hour... And I kinda like the part that I know I'm going to the safe place” Care Partner, SaskAbilities Dementia Friendly Life Enrichment Program

Participants of the Belong Where You Find Yourself project acknowledged that the individual and group art sessions provided a safe space and supportive framework for persons living with dementia and their care partners' families.

“When we first walked into the big group, I was actually, I was very taken aback because there was two people in the group that I knew one from years and years ago...But another one is a friend of mine, and we both had partners that had Alzheimer's, but we hadn't shared with each other.” Care Partner/ Artist, GDAG Belong Where You Find Yourself

“... there's a lot of close community ties and people that know each other but wouldn't necessarily share this kind of information and have that kind of support without a more connecting project.” Lead Artist, GDAG Belong Where You Find Yourself

Overall, the participants' feedback (see Figure 8) shows that the care partners developed relationships and communicated with one another outside of project activities because their experiences made it easier to empathize, support, and bond with each other.

“Yeah...you know, how much easier it is to talk to someone who understands what you're going through, you know...it's nice sometimes to not to have to explain why you are upset or why you're crying...” Care Partner/Artist, GDAG Belong Where You Find Yourself



“It made it easier for me to express that [PLWD] had Alzheimer's and before that, we really hadn't told very many people...I found that and then the group, a cohesive group of people that are on this journey, but they have, you know, they have their different detours and blocks along the way. But just knowing that we were, we were there for each other, very strong knit group, and we had some laughs, but we also shared hugs and tears.” Care Partner/Artist, GDAG Belong Where You Find Yourself



“...just visiting with them and talking, helps on a day-to-day basis for us, too. Because they'll say, 'Well, you know, with my spouse, or my person I'm giving care to, this happened or that happened.' And you can say, 'Well, gee, that's only happened to us once. But you know, what did you do? So if it starts happening more frequently, what are some of the things you tried so that I can, I can work with that’” Care Partner, SaskAbilities Dementia Friendly Life Enrichment

Figure 8

Feedback about Belong Where You Find Yourself Group Sessions



Source: *Godfrey Dean Art Gallery Belong Where You Find Yourself Project: Evaluation Report, 2024*

Participants reiterated that their families valued these opportunities for persons living with dementia and care partners to feel included in their community. Care partners discussed how some persons living with dementia had “instant connections” with others during Belong Where You Find Yourself Group meetings.

“They felt comfortable because they knew that we were involved, and that we were doing something other than just sitting at home and watching TV, or just going for a drive somewhere, you know. Because that meant that other people were still involved with our lives” Care partner, SaskAbilities Dementia Friendly Life Enrichment Program

“...they're aware of the program and how we use it, and I know that they're sure that it's of a great benefit to us. Because without like I say, we're stuck just with each other and TV, and in a small town, it gets pretty repetitious pretty quick.” Care Partner, SaskAbilities Dementia Friendly Life Enrichment Program



“...they're aware of the program and how we use it, and I know that they're sure that it's of a great benefit to us. Because without like I say, we're stuck just with each other and TV, and in a small town, it gets pretty repetitious pretty quick.” Care Partner, SaskAbilities Dementia Friendly Life Enrichment Program

Enhanced quality of life (increased coping ability for care partners and access to supports)

There was a consensus that keeping people living with dementia at home longer in their own familiar environment helps to improve their general well-being. Participants observed that one of the key factors that influence decisions to keep persons living with dementia at home longer is their care partners' coping ability. They shared how through the support and respite provided by the Dementia Friendly Life Enrichment program, care partners were able to pay attention to their own health. For many participants, reducing the caregiver's risk of burnout and enhancing their ability to take care of their own health has been vital because healthier care partners were better able to care for the person living with dementia for longer, thus increasing time spent at home and postponing the transition to long-term care. While the SaskAbilities dementia friendly facilitators engaged with the persons living with dementia, care partners used the time to run errands, attend medical appointments, visit the salon, or have coffee with friends. They also noted that an added advantage of the program is the relationships that facilitators have cultivated

with families. Program participants explained how persons living with dementia and care partners bonded with and trusted the facilitators, which made it possible for the care partners to maximize their time to themselves instead of worrying about the person living with dementia. They appreciated the well-needed breaks and had peace of mind because they knew their loved ones were safe and having fun.

“... it gave me a break to do what I needed to do. Say go for a haircut, or, you know, to grocery shop by myself, actually. And things like that, or if I had a doctor's appointment, I could schedule it when I knew [Facilitator] was going to be here...” Care Partner, SaskAbilities Dementia Friendly Life Enrichment Program



“Well it gives us both a break from each other...Her situation isn't as advanced yet as lots of patients, but still can't be left alone. We're basically joined at the hip ... we literally have to do everything together. Which is okay. But just that little bit of time, you know, away from each other or with someone else is very refreshing and relaxing and rejuvenating. Gives you just a little bit of a break to recharge your batteries again, keep going” Care Partner, SaskAbilities Dementia Friendly Life Enrichment Program

Other care partners expressed that the Belong Where You Find Yourself art activities provided a support system to relieve some of the pressures of navigating a dementia journey. A care partner noted that meeting other families to share art and life experiences was such a “support system that you don't know you really even need until you need it”. Overall, care partners felt that the respite and supportive space provided by project activities enhanced their wellbeing and contributed to their resolve to keep their loved ones out of hospitals and nursing homes. This was especially true for more elderly care partners. A participant concurred with this reasoning, remarking that “every one of them would be in long-term care a lot earlier” if the supports were not provided.

“...they'll come out and tell us, you know, 'I'm this close to putting her into long term care,' or, 'he needs to go to long term care. But I know that I can do it a little bit longer'... And I have one example of the lady that was overwhelmed... She told the- told me if she didn't get help from us, she would have put them into long term care a year or two ago”
Facilitator, SaskAbilities Dementia Friendly Life Enrichment Program

Navigating existing supports and access to resources is also vital for increasing coping ability for care partners. Participants of different DSRS projects shared that the participating collaborating organizations had facilitated connection with other supports for people living with dementia. Some care partners, the SaskAbilities Dementia Friendly facilitators, connected them to educational events where they gained knowledge about managing the constant changes that are characteristic of persons living with dementia and strengthened their resolve to keep their loved ones home as long as possible.

One care partner shared that the facilitators had recommended Zoom sessions, during which she learned about addressing behaviour challenges and crisis moments.

“...there was one on behaviour challenges, you know, how to deescalate instead of escalate a situation. And, you know, maybe that should be common sense for me, but it's not... and there was a fall prevention zoom... I wouldn't have been aware of all these programs, if we hadn't have joined the SaskAbilities program... one connection leads to another and it's all entwined.”
Care Partner, SaskAbilities Dementia Friendly Life Enrichment Program

Care partners struggling with behavioural changes and other dementia symptoms often contacted project facilitators for emotional support and recommendations to ease caring for a person living with dementia at home. Given that rural areas generally have limited resources and services, the facilitators of the DSRS interventions took on the role of helping care partners navigate the health system and access services.

*“...a lot of people don't know where to go and don't know where to turn and don't know where the resources are...I just want everybody who's navigating this to have like, a one on one or like a guidebook? Oh, yeah, resources, and whether it's like, videos, or articles or books or YouTube videos website, with really like, practical, easy ways of finding that support...” Lead Artist, GDAG *Belong Where You Find Yourself**



*“...the coordinator helps the care partner navigate that care system, whether that be through the Alzheimer's Society or home care if that's needed. Like the referrals that need to be sent out, we discuss that, and we get them hooked up with people and other services.”
SaskAbilities Dementia Friendly Life Enrichment Program*

It was understood that connecting participants with various resources reduced the time and effort care partners would have required had they attempted to navigate the health system and other services which are generally lacking in dementia care.

Improved access to health professionals for dementia diagnosis and management (RaDAR)

Participants in two focus groups highlighted the benefits of the RaDAR memory clinic team-based approach, which enables patients and families to be assessed simultaneously by different health professionals. Firstly, the RaDAR memory clinic team members built their capacity in dementia assessment through the PC-DATA™ training, sharing best practices across clinics, and

continuing education webinars. The setting at the clinic facilitated diagnosis and management because the memory clinic team collaborated on-site to ensure that patients received a correct diagnosis and a managed plan with appropriate supports.

“I would say that dementia, most people think of memory, like cognitive issues, but it also has an impact on your emotional, functional health, your physical- So, having a team approach to the assessment is really important. For a diagnosis of dementia, you have to have functional impairments as well as cognitive, so having someone who's able to assess the person's ability to do activities of daily living, and so on... it is the gold standard in dementia care to have a team-based approach”
Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

Focus group members also shared the view that the interprofessional collaboration in dementia assessment offered by the memory clinic reduces specialist referrals and the distance families in rural areas would have to travel to access services. RaDAR team members observed that the patients at the Esterhazy memory clinic were relieved to meet multiple health professionals at the same time.

“I know a lot of the patients, especially in rural, whenever they have to see a specialist, it's a two hour, a four hour drive to the city. And it's always hard, 'well I have to go for this appointment this day, and this,' so they really like being able to see everyone in one appointment. It is a longer appointment, but they don't have to travel three different times to the city to see somebody.”
Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

Focus group participants maintained that the memory clinics' interdisciplinary approach enables health professionals to get different viewpoints which is beneficial for patients because they receive a wholistic diagnosis in one setting.

"I used to do memory assessments on my own... But it's only ever one viewpoint. What I really find very beneficial is because my other team members also get to see the patient and spend some time, so we get a lot better insight in the whole situation, than when it's just from one perspective. So that, I think, it's very beneficial and it helps, really gets a much clearer view of what we think is going on with a patient" Memory Clinic Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

There was a consensus that working in teams boosts the health professionals' confidence that patients are getting the right diagnosis. Participants in the two focus groups noted that it is easier for patients to accept their diagnosis primarily because multiple health professionals are part of the assessment, and a management plan is established to help the family with the next steps after the diagnosis.

"...the patients also feel a lot more confident when it's multiple team members... they feel it's more complete. And I think they have a lot more confidence in the diagnosis than when it's just coming from a one visit. Sometimes I- previously, I did feel that the patients weren't necessarily comfortable with the diagnosis. And also, the other part is, because we're already offering support during and immediately after the visit, the patients find it a lot more hopeful even when they come up with a negative diagnosis. Being diagnosed with dementia is never an easy thing to hear, but they leave the consultation very hopeful, because we already offer the support to make concrete recommendations." Memory Clinic Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

“... the First Link Coordinators, well, and all the team members, I think they help the caregiver understand ... I mean, it's hard to predict exactly, and everybody's different, but helping them understand some of the things that- you know, the changes that could happen in the future, and helping them prepare for that”
Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

It was also reported that some patients who had participated in other dementia assessments before the operation of the Esterhazy memory clinics were more enthusiastic about the memory clinic team-based approach.

“...I've been doing some memory assessments for probably 10 years, but on my own. So, I've had some patients ... I think one or two patients that have done the previous version of me alone versus the multidisciplinary version, and they found the group approach very positive, and also the supports and the follow up plan. So, I've had very good response to that.” Memory Clinic
Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

Improved organizations'/institutional support for clients, older adults and persons living with dementia in the communities

The City of Yorkton audited 12 public facilities, assessed the public indoor environment and recommended upgrades to minimize the barriers faced by older adults and people living with dementia (see Figure 9). Interviews with managers of the City of Yorkton facilities and people with lived experiences of dementia demonstrated that the audit increased awareness of the management, which resulted in some changes and planning to make facilities more dementia friendly.

Figure 9

Changes in Physical Environment City of Yorkton

Facility Changes	
<p><i>Seat Re-arrangements: At the Gallagher Centre, staff place chairs along the walls of the walking track in the Flexihall so that patrons can choose to take a break if the need arises.</i></p>	<p><i>Surface (Walls & Floors): The audit recommendations provided justification for proposals to revamp the hallway (which had no signage, bench areas for shoes, or places for walking aids) to the swimming pool at the Gallagher Centre.</i></p>
<p><i>Lighting adjusted in the family-change room area of the swimming pool at the Gallagher Centre.</i></p>	<p><i>Washrooms: Following audit recommendations, the new Deer Park golf clubhouse added a family-friendly washroom into its plan.</i></p>
<p><i>Other accessibility changes include the purchase of five change tables to be installed within all the ‘handicapped’ washrooms that will be re-signed as “family washrooms.”</i></p>	<p><i>Management reviewed the ASOS Dementia Friendly Recreational Guide/Toolkit and Alzheimer Society Saskatchewan tip sheets have been added to the electronic bulletin boards used by staff of the Gallagher Centre.</i></p>
<p><i>Yorkton Public Library: Library management to organize staff training with the Alzheimer’s Society of Saskatchewan, which provided customized programming to render more services that are accessible and to create safe spaces for patrons</i></p>	



A new large-print, high-contrast keyboard at the Yorkton Public Library

Source: City of Yorkton Facility Audit: Evaluation Report, 2023

Interviewees also identified future benefits associated with an increased level of awareness within management, including more inclusive planning because proposals generated by the audit would be part of Management’s planning for current or future city projects.

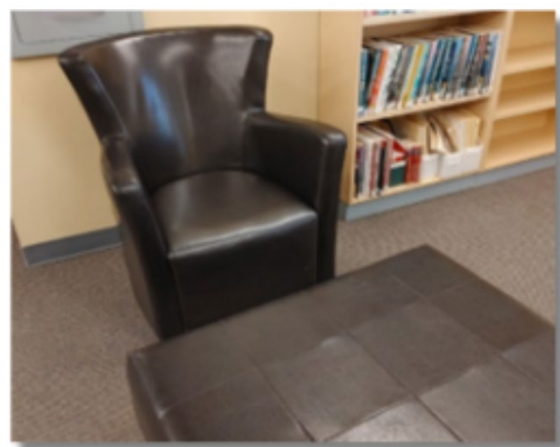
“I think if anything, this report would be very valuable. We may not be able to do all of the recommendations right away, but they would go into our planning, to our asset management, we would look to see how that could be done...sometimes there may be funding available for us or something. So, I think that's really important to have those, so that we can put this into the process.” Manager, City of Yorkton, facility Audit Project

Some local organizations engaged the services of the Dementia Community Coordinator from the Alzheimer Society of Saskatchewan and implemented changes recommended to enhance dementia friendly environments.

Yorkton Public Library

- The library management organized staff training with the Alzheimer’s Society of Saskatchewan, which provided customized programming to render more services that are accessible and to create safe spaces for patrons. These included:
- Provide quiet space designated for patrons
- A larger print keyboard is provided for guests
- Upgraded visual signs

A quiet new-media area for patrons at the Yorkton Public Library



Source: City of Yorkton Facility Audit: Evaluation Report, 2023

Yorkton Pharmasave

- Hosted a dementia-friendly education event for staff
- Participated in an environmental scan of the store to determine feasible physical adjustments for added dementia friendliness
- Adapted fonts to be more visually accessible on medication sheets provided with dementia care prescriptions

Saltcoats Library

- Collaborated with the Alzheimer Society of Saskatchewan for a review of the library, town office, and curling rink with a community representative
- Increased the number of larger print and adaptive books in the library.
- Created a labeled accessible parking spot outside the building, and
- Modification of physical aspects such as signage and flooring

Gallagher Centre

- Collaborated with the Alzheimer Society Saskatchewan to implement some recommendations from the City of Yorkton Public Indoor Facility Audit (DSRS-supported project) report
- Organized orientation for facility maintenance, pool, and customer service-welcoming staff on dementia-friendly programming
- Alzheimer Society Saskatchewan tip sheets included in electronic bulletin boards used by staff of the Gallagher Centre

Long-Term Outcomes

Sustainability

Sustainability was defined as the degree to which the program is continuously used, normalized, and incorporated/integrated into public behaviour and/or organizational activities (institutionalized). The key factors examined under sustainability relate to actions taken to preserve the Dementia Supports in Rural Saskatchewan interventions in Yorkton and surrounding

areas. We tracked the levels of community engagement with the program, partnerships with local stakeholders, and the factors that enable sustaining interventions and adapting components of the seven collaboration organizations projects. As the 5-year project came to an end, the DSRS Backbone Management Group and Collaborating Organizations facilitated a Windup Summit in June 2024 on the initiative's progress including a brief discussion of evaluation findings and plans for sustainability. Windup Summit participants also discussed what went well, areas for improvement and key recommendations. The following section on sustainability plans are excerpted from the *Windup Summit Report, 2024*.

The City of Yorkton

The information generated from the City of Yorkton’s Facility audit provided evidence to justify soliciting extra funds to implement recommended changes within the City’s Public facilities. Managers emphasized during the interviews that the audit report contributed to informing plans and strategies to make the City of Yorkton’s facilities more inclusive and accessible for older adults and other community members. Apart from additional funding, staffing changes have led to Management that is keen on the continuity of the audit process outcomes. Thus, there is enthusiasm to implement audit recommendations and other changes that enhance accessibility in the Gallagher Centre.

City of Yorkton PUBLIC INDOOR FACILITY AUDIT
 Presenter: Lisa Washington, Community Development Manager

SHORT-TERM OUTCOMES

- Have inclusive sign and identify friendly public spaces
- Have accessible public spaces for people living with dementia
- Identify questions addressed across facilities in the audit program

OBJECTIVE

To improve supports for dementia, seniors, and accessibility who are living with dementia in the City of Yorkton.

Project Timeline: April to May 2024

ACTIVITIES

The City of Yorkton's Public Indoor Facility Audit program encourages facilities to do more inclusive and accessible for seniors living with dementia, including those living with dementia.

In early 2024, the City of Yorkton hired an independent contractor and community member with lived experience to lead a public indoor facility audit. The contractor developed and led an unguided checklist, or walk audit, to assess accessibility in public indoor facilities in the City of Yorkton. The process was guided by previous research done for the age-friendly city of Yorkton's dementia audit.

IMMEDIATE IMPACT

Immediate Impact of Audit Report:

- The audit report has been used to inform the City of Yorkton's budget and strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.

Public Awareness:

- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.

Senior Experiences & Resources:

- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.

CHALLENGE

Some public indoor facilities have not been audited, and the audit report has not been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.

- Some public indoor facilities have not been audited, and the audit report has not been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- Some public indoor facilities have not been audited, and the audit report has not been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- Some public indoor facilities have not been audited, and the audit report has not been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.

WAY FORWARD

Working for senior citizens through the audit report, the City of Yorkton will continue to work on making public indoor facilities more inclusive and accessible for seniors living with dementia.

SUCCESSES

Yorkton Facilities Age & Dementia-Friendly Audit Report:

- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.

CHALLENGE

Comparing Priorities:

- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.
- The audit report has been used to inform the City of Yorkton's strategic plan for the fiscal year 2025.

Facilities Audited:

1. Yorkton - Gallagher Centre
2. Yorkton - City of Yorkton - City of Yorkton - City of Yorkton
3. Yorkton - City of Yorkton - City of Yorkton - City of Yorkton
4. Yorkton - City of Yorkton - City of Yorkton - City of Yorkton
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7. Yorkton - City of Yorkton - City of Yorkton - City of Yorkton
8. Yorkton - City of Yorkton - City of Yorkton - City of Yorkton
9. Yorkton - City of Yorkton - City of Yorkton - City of Yorkton
10. Yorkton - City of Yorkton - City of Yorkton - City of Yorkton

Issues Addressed:

1. Accessible parking
2. Accessible routes
3. Accessible entrances
4. Accessible exits
5. Accessible restrooms
6. Accessible seating
7. Accessible lighting
8. Accessible signage
9. Accessible information
10. Accessible services

Logos: Dementia Supports in Rural Saskatchewan, SPINERO, University of Regina, Government of Canada.

Alzheimer Society of Saskatchewan - Awareness Campaign and Dementia Friendly Initiatives

Measures were taken to establish local partnerships that could facilitate the continuity of dementia-friendly conversations and initiatives.

ASOS Dementia Friendly Community Project Sustainability

The ASOS began DFC work in 2016, the DSRs project has been an asset to this work.

Project Outcomes	DFC Sustainability Plan
Stakeholder Groups <ul style="list-style-type: none"> Rural Communities: <ul style="list-style-type: none"> Kamsack, Melville, Saltcoats, Sturgis, and Esterhazy Libraries: <ul style="list-style-type: none"> Parkland Regional Branches in Yorkton and Saltcoats Newcomers: <ul style="list-style-type: none"> The East Central Newcomer Welcome Centre First Nation Communities: <ul style="list-style-type: none"> Yorkton Tribal Council Municipalities: <ul style="list-style-type: none"> Cities of Yorkton and Melville Toolkits for Multiple Community Sectors <ul style="list-style-type: none"> Recreational Guide Libraries Pharmacies Connections with Collaborating Organizations <ul style="list-style-type: none"> Parkland Valley Sport Culture and Recreation District Cognitive Kitchens 	Stakeholder Groups as Case Studies <ul style="list-style-type: none"> Rural Communities Yorkton Public Library Community Advocates <ul style="list-style-type: none"> Amber Harvey Merle Wiley Joan Michael Online Knowledge Hub Build <ul style="list-style-type: none"> DFC Journey Outline House resources and toolkits

DFC initiatives will continue to be an ongoing focus in our public awareness work.

SaskAbilities - Dementia Friendly Life Enrichment Program



Dementia Friendly Life Enrichment Program

Sustainability Plan

- Secured 3 months of additional funding through the University of Regina to extend our current program (April 1st to June 30th, 2024)
- Successful in securing funding through Healthcare Excellence Canada - Enabling Aging in Place Initiative
- Successful in securing funding through Saskatchewan Seniors Mechanism- Facilitating Independence Grants in The Support to Age Well at Home
- Successfully secured a grant from the Government of Canada - New Horizons for Seniors
- Submitted a request for multi-year funding to the Ministry of Health and waiting for a response.

Programming

- Continue providing one on one services to people living with dementia and their care partners
- Expand our services to support a Peer Support Model
- Begin offering some Supported Living Services (ex. Grocery shopping, meal preparation).
- Increase group programming, specifically within rural communities



Belong Where You Find Yourself

Looking forward...



Documentary Film:

A series of film screenings have been confirmed in May - June 2024 with future plans to share this hour-long documentary in educational and cultural settings.

Catalogs:

A 36 page, full colour catalog containing documentation of the exhibition and artists, and an essay will be distributed hard copy and digitally.

Resource Kits:

50 resource kits will be distributed to people living with dementia across the province. Kits contain a copy of the project catalog, art supplies, and instructions for engaging in an art-game with people living with dementia.

Future Partnerships:

A partnership with Remai Modern in Saskatoon has been established, with outreach events planned for fall 2024. Future partnership opportunities will be pursued by project team at other cultural institutions.

Online Archive:

GDAG is creating an online archive for the entire project so that it can be accessed by the general public through their website



**GODFREY DEAN
ART GALLERY**

Scaling up RaDAR Primary Health Care Memory Clinics in Rural Saskatchewan

Strategies to preserve the implementation, functioning, and enrollment of new memory clinics in Yorkton and surrounding areas.

Sustainability Plan for RaDAR Memory Clinics

First Year of Memory Clinic

- **Operational guidance** is provided on-site at every memory clinic by a RaDAR research assistant who offers tailored recommendations (e.g., on patient flow, scheduling assessments, and identifying space for assessments).
- **Clinical guidance** is provided via opportunities for team members to connect with professional counterparts and shadow memory clinics in other communities.
- **Regular team workgroup meetings** are held every 1-2 months with all clinic team members. The purpose of workgroup meetings is to debrief after memory clinics and identify strategies to resolve problems with the aim of improving the clinic process. The meetings support team-building as members reflect on the benefits of the clinics for patients/families and discuss quality improvement strategies.

After First Year

- **Check-in meetings with SHA Primary Health Care (PHC) managers and facilitators** are held every 3-4 months across the current memory clinic teams. Check-in meetings were implemented in 2019 and engage SHA management in sharing information and best practices across clinics and health networks.
- **Dementia Working Group meetings** are held every 3 months with SHA PHC directors and managers and Alzheimer Society representatives. We initiated the Working Group in 2013 to support our research partnership in southeast SK. The Working Group now serves to identify and share dementia care gaps and areas of growth across health networks, and supports sustainability and spread of memory clinics.
- **Continuing education events on dementia-related topics are offered on an ongoing basis by the RaDAR team.** Memory clinic teams are invited to participate in all events including the annual RaDAR Summit of the Knowledge Network in Rural and Remote Dementia Care hosted by Dr. Morgan since 2008.

SUSTAINABILITY PLAN

PARTICIPANT-Level:

- Participants report using the program workbook (themed material/recipes, additional recipes/resources):
 - e.g., re-made recipes that were prepared within the program, prepared the additional recipes
- In the last class of each 6-week program, participants discuss their key takeaways from the program and contribute ideas on how to continue practicing elements of the program they found most valuable (personal goal-setting):
 - e.g., continuing with their own weekly cooking gathering independently, exploring new foods, borrowing library books for new meal ideas to keep cooking exciting
- Some participants have exchanged contact information to stay in touch and participants from one virtual group have continued to gather via Zoom for regular cooking/socialization

PROGRAM-Level:

- Additional funding for the research component of the program will allow for more virtual offerings to take place over the next year
- Plans are in place to approach different agencies to secure funding for future programming
- Further development of the program has been requested:
 - e.g., for healthcare providers to support clients, train-the-trainer model with videos

Addressing Dementia in the Community of Île à la Crosse



Sustainability - Addressing dementia in the community of Île à la Crosse



Sakitawak Elders Group Inc., University of Saskatchewan, University of Regina



1. Métis-driven programming

- Dementia awareness and support initiatives and programming have been designed with and by Métis community members living in Île à la Crosse (IleX) in culturally relevant ways that integrate Métis knowledge, perspectives, lived experience, and ways of doing
- These community-driven programs are responsive to current dementia awareness and support needs unique to IleX and will be expanded upon by the community with sustainability in mind

2. Translated Dementia resources to Michif & Cree

- Alzheimer's Society of Saskatchewan documents were translated to Michif and Cree
- These documents will be printed out for use at various IleX businesses, homes, organizations, and schools

3. Sakitawak Elder's Group Inc. (SEG) Podcast Creation

- A 'season 1' podcast series is being developed and dedicated to Métis experiences and perceptions of dementia and dementia awareness, thus building content that is informed by a Metis community lens.

4. Dementia Awareness in community

- Dementia awareness activities have initiated important conversations within the IleX community, creating opportunities to reduce stigma around dementia
- Creating spaces to openly discuss the unique lived experiences of dementia in IleX will drive further discussions and programming essential to creating a dementia-friendly community



Transferability

Transferability refers to the extent to which the program could be effectively implemented in another setting or context (examples of service expansion to other geographic locations, existing resources and partnerships that facilitate implanting similar interventions).

SaskAbilities - Dementia Friendly Life Enrichment Program

Evaluation interviewees felt that the use of person-centred plans is a key practice of the program that is feasible for implementation in institutions providing care for community members living with dementia. Over 30 person-centred plans were developed and constantly reviewed during the course of the project. Facilitators used these plans to help families determine activities of interest that improved the quality of life for the person living with dementia. The facilitators shared that the use of person-centred plans is flexible and highly adaptable and thus suitable for training staff providing respite through day wellness, home care, or other similar programs in rural communities.

Scaling up RaDAR Primary Health Care Memory Clinics in Rural Saskatchewan

According to the participants of this project, the successes of the memory clinics highlight the strengths of the team-based approach to assessment and care that can be emulated by other primary health care teams in rural contexts. RaDAR disseminates information about its model via different mediums, including the Annual Summit of the Knowledge Network in Rural and Remote Dementia Care and memory clinic videos that are available online. During the summit and other educational events, the RaDAR team shares best practices from memory clinic teams with health care providers and stakeholders involved in provincial and rural health care, including the Saskatchewan Health Authority Health leadership. The memory clinic videos provide an overview and benefits of comprehensive team-based assessment for dementia care. Participants in one focus group noted that the videos demonstrate the clinic assessment process for potential teams interested in implementing a clinic in their community. According to the RaDAR team, the positive outcomes in the memory clinics can be replicated in other communities. A RaDAR team member

noted that some health care providers became interested in the model because they observed the successes of the clinics in neighbouring rural communities.

"They see that we don't have a radar clinic in just one or two communities, they're in multiple communities of different populations, different sizes, different makeups, different geographic areas. So, they know that this is a transferable model..." Team Member, Scaling up Rural Dementia Action Research (RaDAR) Memory Clinics in Rural Saskatchewan Project

In addition to the Canora and Melville memory clinic teams, a nurse practitioner and SHA leadership in southwest Saskatchewan contacted the RADAR team to explore the implementation of a memory clinic in their area. As of June 2024, the RaDAR team was collaborating with this team with the aim of establishing a clinic in a southwest community by the end of 2024.

Godfrey Dean Art Gallery- Belong Where You Find Yourself

The Belong Where You Find Yourself Project developed resources that explored features of the project that could be integrated within community spaces to continue raising awareness about dementia. Some of these resources include a catalogue, abstract dominos and a learning module. The Catalogue and abstract dominos highlight activities that challenge stereotypes about dementia and provide a guide for communities interested in implementing community-engaged arts in dementia awareness. Over 340 printed copies of the catalogue and 50 resource kits were shared with community members, partner organizations, and stakeholders during video screenings that have taken place in Yorkton, Regina, and Saskatoon. The learning module is a tool to support the education of undergraduate students in professional programs about the lived experience of those living with dementia and their care partners and the implications for their future practice. The module highlights the importance of supporting the social inclusion of those with dementia and examines case examples of programs that use community-engaged arts interventions to manage cognitive challenges.

The Cognitive Kitchen

The project team developed resources that highlight program structure and concepts that can be applied in other context to raise awareness about cognitive well being. Three handouts were developed for care partners with details that would enable care partners to explore context and use recipes without the aid of a facilitator. Health care stakeholders, including home care and long-term staff, recognized the relevance of applying program concepts for dementia care and expressed interest in participating in future cognitive programs.

Addressing Dementia in the Community of Île à la Crosse

The Dementia Supports in Rural Saskatchewan Collective Impact initiative initially targeted Yorkton and surrounding areas. The successful expansion of the DSRS initiative to Île à la Crosse highlights characteristics of collaborative relationships that are essential for community-driven and community-based dementia interventions that align with the Métis worldview and can be replicated in other Métis communities. The DSRS supported the Addressing Dementia in of Île à la Crosse project, which centred project activities in Métis culture and traditions to raise awareness about dementia. The project emphasized Métis ways of fostering social inclusion because Métis communities have historically engaged in activities that support a culture of caring, which is vital for the inclusion of people living with dementia and their care partners. The project team liaised with other DSRS collaborating organizations, translated resources from the Alzheimer's Society of Saskatchewan to Michif and Cree, and produced a podcast on dementia awareness. These resources embed Métis' ways of knowing and providing dementia awareness and care that would be valuable for Métis communities.

The City of Yorkton

The City of Yorkton's Facility Audit raised awareness regarding other challenges to accessibility beyond dementia. The Recreation and Community Services Department utilized the audit to solicit funding from the Enabling Accessibility Fund (EAF) provided by Employment and Social Development Canada. The audit identified gaps and provided recommendations used as evidence to justify the need for additional funds to implement changes that enhance accessibility. The City received matched funding for up to \$100,000, with the municipality expected to provide

additional funds. The funds solicited aim to make several improvements in the Access Communications Water Park in the Gallagher Centre:

- Accessible doors to the entrance of the Water Park
- Two lifts on deck - one into the lap pool and the other into the hot tub
- Signage throughout that facility

The funding also covers two accessible doors in the West and the East entrances of the centre because the sole entrance with accessible doors is located at the South entrance.

Discussion

What went well

Overall, participants demonstrated satisfaction and commitment to the Dementia Supports in Rural Saskatchewan Initiative projects. Through the initiative, families with lived experience of dementia were connected to various services, including medical social workers, home care and counselling. Families experienced increased social interactions as they made new acquaintances and received mutual support from other families navigating the dementia journey. There was substantial community collaboration; members demonstrated the willingness to challenge assumptions about dementia and advocated for more community conversations about the issue. Several organizations and groups have made changes to support an inclusive and accessible environment for individuals experiencing dementia. Significant collaborative relationships were established that enabled the increase in dementia assessment services in some communities around Yorkton and the expansion of dementia interventions that align with the Métis worldview.

There are opportunities to sustain some of these interventions as there is an interest and willingness for organizations (both public and private) to make their facilities more dementia friendly. Some collaborating organizations have obtained resources to continue dementia awareness operations and adjusted their procedures to sustain dementia-friendly services. There was optimism that avenues exist to continue building relations with several partners in the

community to keep the conversations and support measures that contribute to improving dementia awareness and promoting a more dementia-friendly environment.

Areas of Improvement

In spite of the successes of the individual projects of the DSRS initiative, key lessons learned highlight opportunities and challenges around the existence, access, and availability of information about dementia and dementia care services. Issues were raised regarding the lack of training in health care organizations, businesses and governments for personnel dealing with PLWD and navigation of the health care system by patients, care partners and health care personnel.

Public Awareness about Dementia

Data from interviews, focus groups and reports indicate that increased dementia awareness was more localized in specific communities where participating families felt the impact of the dementia intervention on their well-being and immediate interactions. It was observed that beyond the local institutions that collaborated with the project, there is limited awareness about dementia within the public, organizations and the health care system. The 2024 dementia survey also revealed a minimal increase in dementia awareness in the project area from 2020.

Need for Dementia Services

There is a growing need for direct supports for people living with dementia (PLWD) close to their home community. However, the following still hold true for dementia-friendly services and supports:

- Limited availability of services
- Challenges getting information about services
- Challenges accessing those services that exist
- Limited Awareness about dementia amongst health care staff

Limited Availability of Services

The data demonstrates that there is a lack of services, including dementia and long-term care, in rural parts of the province because many health care providers are concentrated in the urban centres of the province. There are few appropriate resources and programming for older adults living with dementia. Where they exist (for example, long-term care homes), staffing and resources are a challenge. Thus, these institutions are not equipped to operate person-centred programs that sufficiently address the unique challenges of families with lived experience of dementia. For these reasons, care partners were of the opinion that these gaps could trigger health decline in persons living with dementia in these institutions.

Recruiting health care providers is an ongoing challenge especially in rural areas and affects establishing additional dementia care interventions. For instance, the RaDAR team is dependent on the availability of Saskatchewan Health Authority (SHA) staff to participate in memory clinics. Consequently, physician shortages delay the setting up of the RaDAR clinics.

Challenge getting Information about Services

There is inadequate information on the next steps after a dementia diagnosis and the supports that are available in Yorkton and surrounding communities. Facilitators of some of the projects observed that there was no specific resource they could recommend to families that needed further information on existing supports. There are few resources that propose strategies families could adopt to facilitate their journey. Facilitators shared that some families did not have information about restaurants with delivery services for their area, while others were unaware about support devices that ease work for care partners at home.

Challenges Accessing Services that Exist

There are limited resources in place to facilitate access to existing supports. Care partners often have to navigate complex processes of accessing home care, transitioning to long-term care, and other supports that are required for a seamless transition for PLWD and care partners. For instance, social workers are assigned to help persons with intellectual disabilities. However, there are no similar services reserved for older adults living with dementia, especially those with no

family. In the absence of these supports, some PLWD and care partners struggle with accessing certain services.

Limited Awareness about Dementia within Health Care

Families expressed concerns about what they perceived as limited knowledge about dementia care requirements and options among health care providers. It was reported that some physicians were not always aware of the toll of dementia, the next steps and existing supports for persons diagnosed with dementia.

Recommendations

In several meetings, interviews, and focus groups, project participants, collaborating organization facilitators, and representatives of the SHA shared recommendations for promoting dementia awareness, making accessing dementia care easier to navigate, and incorporating dementia awareness in organizations. Participants in the Windup Summit engaged in discussions to identify key recommendations; the following section is excerpted from the *Windup Summit Report, 2024*.

Promoting Dementia Awareness

It is vital to undertake public education campaigns that could include both broad-based education campaigns and more focused activities like the ABCs of Dementia presentations undertaken by the Alzheimer's Society. These need to go hand in hand with putting information into the hands of health system professionals so that they can assist patients and their families. Physicians especially can play an important role in the one-on-one transfer of knowledge, but they must be better informed about what dementia is, how it manifests and what services are needed/available.

More and better dementia training needs to be incorporated into the education of health professionals, especially within the primary health care system and the long-term care system so that there is consistency in the messages delivered to patients. This is especially true as the baby-boom generation ages and the need for appropriate dementia care and support grows.

There is a need for greater levels of political and social activism to spark action on the part of governments and organizations, especially local governments, to pay more attention to dementia-friendly initiatives.

Another consistent theme that came through was the idea that being “dementia-friendly” needs to be consistently and substantively incentivized. Some of the training requirements could be regularized in regulations and curricula, but there needs to be incentives for the private organizations to undertake making themselves dementia friendly. This will require:

- Making dementia awareness/training a priority within civil society institutions
- Making resources available to support that awareness and training

Changes to professional training curricula and/or making dementia training part of health care workers’ professional development will only occur if those in charge of the training of health care workers see it as a priority. Similarly, regulations around health care facilities, and in this case especially long-term care facilities, can and should speak to the need for facilities to be able to provide appropriate care to PLWD and support to their care partners. This will require the commitment of both human and financial resources to accomplish. Those resources need to be focused:

- At the provision of the direct services to individuals by individuals who are appropriately trained and regulated.
- At organizations in the public, private and not-for-profit CBO sectors to both deliver direct services but to transform their organizations themselves.
- At the broader public to increase its awareness of what dementia is and how it manifests and to make the public more confident that, as individuals, they would know how to interact with PLWD and their care partners.

Improving System Navigation

It was emphasized that the key to successful navigation of the health care system is ensuring that the right information is available in the right place at the right time and in the right form.

Even the most transparent and supportive health care system will need to provide those who are

ill supports to assist them moving through the system and ensuring that the right service is available at the right time in the right place. This is particularly true for those PLWD whose cognitive capacity is going to inevitably decrease over time.

There are a host of institutions where individuals come face to face with the health care system, or with those adjacent to it in varying degrees – doctors’ offices, clinics, hospitals, pharmacies, long-term care facilities, etc. – that could be venues for disseminating information of dementia services. Social service community-based organizations, especially those dealing with an older clientele, are also prime candidates for providing access to the necessary information.

There is no single best way to access information or single best place to keep that information. The internet can be useful, but it can also be overwhelming and filled with as much bad information as good. There needs to be resources allocated to ensure that the information is current, comprehensive and understandable. A list of websites might not be sufficient for people communities that have no or very poor broadband service. People in such communities require phone numbers and, preferably, the names of people to contact. Participants expressed the need for information that had been curated by those with knowledge and expertise and packaged in a way that considers the context in which it will be used.

It was noted that it was not just the medical aspects of dementia care and treatment that needed navigating. There were the social and community aspects as well – access to support groups, recreational services, and home support services, which are every bit as much a part of dementia care as any medically focused care plan. Participants reiterated that their own access to information and their own knowledge about navigating the system relied on coincidence, being in the right place at the right time and the kindness of strangers.

There was a consensus that smaller communities in general can lead similar art programs to promote awareness and reduce stigma about dementia if provided with appropriate support. It was also evident that continued awareness raising is essential for broad community support and utilizing local resources for practical changes that enhance dementia friendliness in the social and physical environment. Furthermore, a robust plan and continuous effort are required to bridge

gaps within the health system to establish a provincial dementia care strategy for implementation in rural communities throughout the province.

Conclusion

With appropriate resources and supports, it should be possible to better improve the knowledge and training of health professionals and those other organizations with whom PLWD interact. And, again, the expectation is that the aging of the baby boom generation is going to increase the overall need for qualified personnel and for organizations to provide appropriate services both in terms of medical and social care. And though rural Canada and rural Saskatchewan continue to decline as an overall proportion of the population, rural areas consistently skew older than urban areas and the potential for them to be ignored in thinking through how to organize and deliver services is significant. As project participants repeatedly said, there is no 'one size fits all' approach that is viable. The specificities of how to do this in rural communities has to be considered.

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Appendix A: Process Measures and Key Performance Indicators

Process Measure	Key Performance Indicator	# of Events	Engagement Level
Governance and Leadership	Advisory Committee meetings	10 meetings	12 attendees
	Community Table meetings	13 meetings	Approx. 15-25 attendees per meeting
	Collaborating Organizations (COs) meetings [includes communication meetings with COs]	21 meetings	Approx. 5-18 attendees per meeting
		35 meetings	2 attendees
	Backbone Management Group (BMG meetings)	83 meetings	6 staff per meeting
	Evaluation meetings with COs [includes evaluation meetings, process evaluation meetings, outcome evaluation meetings to March 2023]	36 meetings	Approx. 1-5 attendees per meeting
		37 meetings	24 semi-structured interviews
Communication and Outreach Strategies	Facebook	1 profile	92 followers
	Twitter	1 profile	151 followers
	Community visits	14 days	65 community members and 47 participants
	Project website	1 website	Created in January 2020
	Webinars	6 webinars	Approx. 15 attendees per meeting
	Public Presentations	3 annual virtual conference presentations	479 RaDAR conference attendees (rural policymakers, service providers, and academics)
		2 annual conference presentations	Over 1000 CAG conference attendees (over 500 service providers and academics each year)
		1 in-person presentation	Approx. 50 attendees
		2 DSRS presentations	32 attendees
	Newsletters/Success Stories	11 issues	153 subscribers and online audience

	University of Regina publications	3 publications, 3 press releases, 1 policy brief, and 2 U of R articles	Online audience
	Media coverage	18 radio/news articles	Online, radio and TV audiences
	Dementia Knowledge Survey	2 phone surveys 1 infographics document	706 (404+302) respondents Online audience
	Bi-weekly resource sharing with COs	59 emails	Approx. 21 members of COs and 6 BMG staff
Community Stakeholder Engagement	Persons with lived experiences	2 tours of 12 public facilities	4 paid contractors
		1 meeting	2 participants – Evaluation
		900 home and recreational activities	62 participants – SaskAbilities project
		38 sessions	12 participants – Godfrey Dean Art Gallery project
		44 sessions & 20 conversations	350 participants – Alzheimer Society project
		1 exhibition	81 attendees – Godfrey Dean Art Gallery project
		4 community presentations	129 attendees – GDAG project
		13 clinics	39 patients & care partners - RaDAR
		13 programs with 80 sessions (39 in-person & 41 virtual)	140 participants – Cognitive Kitchen project
		45 sessions and gatherings	Over 850 participants - Ile-à-la-Crosse project
	Policy and decision makers	11 meetings	Mayor of Yorkton
		1 meeting	Saskatchewan Minister of Mental Health and Addictions, Seniors, and Rural and Remote Health
		1 meeting	Saskatchewan MLA for Yorkton
	Practitioners	6 Community Table/Advisory Committee meetings	16 practitioners or employees of the Saskatchewan Health Authority
Sub-project engagement		Saskatchewan Health Authority (SHA) – health care workers	
1 Windup Summit		6 SHA health care workers	
Administrative	Signed project sub-agreements	8 signed agreements	N/A
	Staff hired [job creation] for BMG and COs	N/A	2 full-time
		N/A	1 full-time Dementia Community Coordinator 1 part-time Communications & Marketing Coordinator

			1 part-time Public Awareness Coordinator 1 full-time Dementia Friendly Coordinator 2 half-time Dementia Friendly Facilitators 2 part-time Lead Artists 1 part-time Facilitator 1 full-time Registered Dietician 1 full-time Research Officer 1 full-time Research Assistant 1 full-time Project Coordinator
	Students hired	N/A	8 Research Assistants

Appendix B: Logic Model



LOGIC MODEL July 2024



SPHERU Backbone Management Group		LEADERSHIP & GOVERNANCE AND FINANCIAL SUPPORT	FACILITATION & ADMINISTRATIVE SUPPORT	EVALUATION	
		1) Establishing sub-agreements with COs 2) Quarterly reports to the funder	1) Regular meetings to facilitate and support COs 2) Integrated communication strategy 3) Developing mutually reinforcing activities	1) Regular evaluation reports and feedback to COs 2) Establishing a mutual and proactive learning culture	
INPUTS (RESOURCES)	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
PVSCRD	NEEDS ASSESSMENT	1) An environmental scan of rural and urban resources (programs, services, supports) available to PLWD and their care partners	1) Increased awareness of rural community needs, areas of priority, and existing gaps in the services and supports		
Alzheimer Society of Saskatchewan	DEMENTIA AWARENESS ORGANIZATIONAL ENGAGEMENT COMMUNITY OF PRACTICE	1) ABC's of Dementia presentations 2) Local media (radio, TV, newspaper) 3) Social media posts (e.g. Facebook, Twitter, blogs) 4) Mass mails 5) Online and printed newsletters and brochures 1) Building and expanding network of community organizations and local businesses 2) Dementia Friends monthly newsletters 1) Introductions to DFC modules 2) Resources and tools available to assist organizations and communities to build dementia friendly capacity for organizations	1) Improved community awareness 2) Increased community reach to ABC's of Dementia presentations 3) Increased community engagement with ABCs of Dementia presentations 1) Increased reach to local organizations and businesses 2) Increased engagement of local organizations and businesses 1) Increased reach of local organizations introduced to DFC 2) Increased engagement of local organizations with DFC resources	1) Enhanced public awareness about dementia 2) Reduced public stigma around dementia 3) Improved supports for clients and customers and employees living with dementia 4) Enhanced sense of quality of life and wellbeing of PLWD and their care partners 5) Reduced care partner burnout	1) Enhanced Social Inclusion of PLWD and their care partners 2) Enhanced community capacity to address gaps in supports and services 3) Enhanced sustainability of CO programs 4) Enhanced transferability of CO programs 5) Having a well-established community of practice
SaskAbilities	LIFE ENRICHMENT PROGRAM	1) Person-centered plans 2) Home visits 3) Community visits 4) Group programs for PLWD and their care partners 5) Referrals and/or coordination with recreation-and-leisure-focused community organizations 6) Network of referral sources	1) Increased reach to PLWD and their care partners 2) Increased engagement of PLWD and their care partners 3) Reduced care partners' burden 4) Increased personal and social connections for PLWD and their care partners 5) Increased access of care partners to support services and better navigation of the care system	6) Enhanced ability to remain at home and in the community for PLWD 7) Increase in the proportion of local organizations and businesses that are dementia friendly and inclusive	6) Enhanced nutrition-related health outcomes of care partners and PLWD
City of Yorkton	DFC PUBLIC FACILITY AUDIT	1) Public facility age/DFC audit checklists 2) Age/DF facilities audit report	1) More inclusive age and dementia friendly public places 2) More accessible public places for PLWD 3) Engaging persons with lived experiences in the audit program	8) Enhanced coordination and collaboration across COs	
Godfrey Dean Art Gallery	CREATING ART & SHARING STORIES TOURING EXHIBITION OF ART & STORIES	1) Group meetings 2) Home visits 3) Referrals received 1) Exhibits of arts 2) Touring of exhibition 3) Documentary film	1) Increased reach to PLWD and their care partners 2) Increased engagement of PLWD and their care partners 3) Reduced care partners' burden 4) Increased satisfaction of PLWD and their care partners 5) Increased public awareness of dementia through art 6) Increased awareness of local organizations through tour exhibitions	9) Enhanced sense of community cohesion and integration 10) Enhanced sense of trust among COs and BMG	
RaDAR	ESTABLISHING NEW MEMORY CLINIC SITES SUSTAINING MEMORY CLINIC SITES (SHORT TERM AND LONG TERM)	1) Contact meetings with SHA leadership and health professionals 2) Training and planning sessions for new memory clinic teams 3) Memory clinics created 1) Workgroup meetings with memory clinic teams 2) Check-in teleconferences with SHA leadership and representatives from memory clinic teams 3) Focus groups with memory clinic teams 4) Continuing education webinars for memory clinic teams	1) Increased number of PHC professionals interested in implementing memory clinics 2) Increased reach of memory clinic training to PHC professionals 3) Increased engagement of PHC professionals in memory clinic service provision 4) Increased availability of memory clinic services to PLWD and families 5) Increased engagement of PLWD and families in memory clinic assessment	11) Enhanced learning across COs 12) Increased adoption of nutrition-related risk reduction strategies	
Cognitive Kitchen	GENERATE PROGRAM CONTENT RECRUIT PARTICIPANTS DELIVER PROGRAM SESSIONS	1) Printed and digital program workbooks for participants 2) Facilitator guide 1) List/waitlists of registered participants 1) Contact meetings with management for sites for in-person delivery 2) 10-15 offerings of the 6-session cooking and nutrition education program (60+ classes)	1) Increased confidence in food skills and culinary knowledge 2) Increased awareness of practices to enhance nutritional well-being and quality of life 3) Increased self-efficacy among CPs to support living well with dementia 4) Social contact among participants 5) Reduced decision fatigue around mealtimes	13) Social Inclusion/ Enhanced quality of life of Métis people aging with dementia, and their families/caregivers in the Métis community of Île-à-la-Croise.	
Île-à-la-Croise	ADDRESSING DEMENTIA IN THE COMMUNITY OF ÎLE-A-LA-CROSSE	1) Educate, build awareness, and reduce stigma around dementia within the Métis community of Île-à-la-Croise including signs to be aware of, how to act, what to do, and what to say to be helpful to individuals who are aging with dementia. 2) Create community-driven, intergenerational pathways (activities & events) for engaging and supporting people aging with dementia that align with Métis community practices. 3) Create an outline/plan that will inform the future development of a Métis-driven sustainability plan for dementia support in the community of Île-à-la-Croise			

Appendix C: Project Reports

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