Dementia Project

Final Report

Funding provided by:

Marilyn Bader, Project Facilitator

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Executive Summary

People living with dementia and their care partners are often socially isolated. This study explored the efforts within a relatively small rural area of Saskatchewan to reduce social isolation: the Yorkton area was chosen. Information about programs and services available to people living with dementia in this area were compiled.

Options which may be applied to improve availability of programs and services or expand upon those which currently exist were also explored. The following recommendations resulted and will guide those efforts.

Recommendations

Recommendation #1: Create a Network Group of rural organizations to address community program/service access that affects people living with dementia and their care partners living in rural Saskatchewan.

> **RATIONALE**: This group would explore the needs of people living with dementia and their care partners to ensure that people living with dementia and their care partners feel included in their community including community programming. Members of this group would represent a variety of interests such as senior centers, arts organizations, and accessing expertise in topics such as dementia-friendly initiatives.

Recommendation #2: Develop usable resource documents and tools for volunteer groups, businesses, social and service groups, and other organizations to inform and support dementia-friendly efforts.

> **RATIONALE**: A strong need was expressed for practical guidelines and best practices to meet the dementia-friendly needs of members, customers, patrons, and participants in all sectors. These guidelines would be used by organizations, groups, and businesses as a ***lens*** through which to view services and programs and enhance their dementia-friendliness. The Network Group would be involved in the dissemination of the information.

Recommendation #3: Share information to facilitate understanding of rural Saskatchewan challenges and how it relates to meeting the needs of older adults living in rural Saskatchewan as they deal with aging conditions, which may include dementia.

> **RATIONALE**:
> Network Group members' roles would be to inform and advise on best practices to educate businesses and organizations on becoming more dementia- and age-friendly. In small communities, there are fewer agencies that co-exist than there are in larger centers. Through the Network Group, the individual organizations would all share the best practice information to the smaller community groups within their network.

Acknowledgements

Funding

Interventions to Enhance Social Inclusion of Older Adults with Dementia in Saskatchewan is a five-year project funded by the New Horizons for Seniors Program (Employment and Social Development Canada. The project is being conducted through the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), a research centre at the universities of Regina and Saskatchewan.

Parkland Valley Sport, Culture, and Recreation District (PVSCRD) received project funding through SPHERU to explore current and future programming options for the District.

Stakeholders

ORGANIZATION CONTACT INFO

First Name	Last Name	Title	Organization	Location
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Irene	Cymbalisty	First Link Coordinator	Alzheimer Society of Saskatchewan	Yorkton
Michelle	Harazny	Backbone Management Group	University of Regina - SPHERU	Regina
Amber	Harvey	Branch Manager	Yorkton Public Library	Yorkton
Sheila	Hryniuk	Executive Director	Parkland Valley Sport, Culture & Recreation District	Yorkton
Bonnie	Jeffery	Project Lead, Backbone Management Group	University of Regina - SPHERU	Prince Albert
Chelsey	Johnson	Community Consultant	Parkland Valley Sport, Culture & Recreation District	Yorkton
Akram	Mahani	Backbone Management Group	University of Regina - SPHERU	Regina
Tom	McIntosh	Backbone Management Group	University of Regina - SPHERU	Regina
Nuelle	Novik	Backbone Management Group	University of Regina - SPHERU	Regina
Leslie	Quennell	Communications and Marketing Manager	Alzheimer Society of Saskatchewan	Regina
Julia	Schofer	Recreation Services Manager	City of Yorkton	Yorkton
Tara	Schuster	Facility Support	Sask Abilities	Yorkton
Andrew	Sedley	Executive Director	SIGN	Yorkton
Jackie	Washenfelder	Quality of Life Sr. Supervisor	Sask Abilities	Yorkton
Lisa	Washington	Community Development Manager	City of Yorkton	Yorkton
Abby	Wolfe	Public Awareness Coordinator	Alzheimer Society of Saskatchewan	Saskatoon/Regina
Brenda	Wong	Public Services Specialist	Yorkton Public Library	Yorkton

Project Team

Marilyn Bader, Project Facilitator
Chelsey Johnson, Community Consultant
Sheila Hryniuk, Executive Director

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Background

Research is being conducted into improving programs and services in rural and remote areas of Saskatchewan for older adults. Through the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), a research centre at the universities of Regina and Saskatchewan under the leadership of Dr. Bonnie Jeffery, along with Dr. Tom McIntosh, and Dr. Nuelle Novik. They have gathered several other stakeholders, listed above, to consult with for this umbrella project.

Parkland Valley Sport, Culture, and Recreation District (PVSCRD) is part of a network of global partners supporting sport, culture, and recreation in the province of Saskatchewan, specifically: Saskatchewan Parks and Recreation Association Inc., Sask Sport Inc., and SaskCulture Inc. PVSCRD received project funding through SPHERU.

The scope of this study was to complete:
1. an environmental scan of existing services for people living with dementia and their care partners, and
2. a needs assessment for future services identified as not currently in existence, or not adequate to meet the needs of rural residents living with dementia and/or their care partners.

The geographical scope of this study was defined by the Parkland Valley Sport, Culture, and Recreation District boundaries in southeast Saskatchewan, and focused on eight (8) [1] communities therein:

City/Town	Population (2016 Census)	Over 65	Over 85
1. Yorkton	16,041	3320	650
2. Melville	4,127	1000	205
3. Kamsack	1,775	470	120
4. Canora	1,700	550	150
5. Preeceville	1,125	390	100
6. Ituna	701	245	50
7. Sturgis	644	170	25
8. Norquay	434	165	45

[1] Populations according to the Government of Canada's 2016 Census. Retrieved from https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CSD&Code1=4709064&Geo2=PR&Code2=01&Data=Count&SearchText=4709064&SearchType=Begins&SearchPR=01&B1=All&Custom=&TABID=3

Geographical Area of the Study

Methodology

Several research techniques were used to gather information for the purposes of this report: Some highlights are used throughout the report to illustrate points, and the full surveys and interview notes are included in the Appendices.

Online Research

Formative information was garnered from the Alzheimer Society of Saskatchewan's (ASOS), Dementia Friendly Communities: Key Learnings Report (May 2019). Other sources were sought online to describe "Dementia-Friendly Community" and/or "dementia-friendly programs or services". The resources consulted are included in Appendix D: References. The programs and activities initiated in other communities around the globe were used to help frame some survey questions.

Focus Groups

Focus groups were included as part of the proposed project. It was initially hoped that approximately 5 to 7 participants might be included in focus groups in each of the 8 communities being studied. Unfortunately, all focus groups were cancelled due to COVID restrictions, although most would have been cancelled due to lack of participants. Telephone interviews with 7 participants were held instead.

Interviews

Telephone interviews were conducted with people who self-identified that they were either a person living with dementia or a care partner or family member of someone living with dementia.

- Two couples were interviewed, one partner of which has been diagnosed with dementia.

- One person was interviewed, whose partner has been diagnosed with dementia, although the partner did not participate.
- Two additional people who had close family members were also interviewed.

While their input was very valuable, the low number was disappointing. Due to confidentiality concerns, there was no way for the project facilitator to contact people directly: Newspaper ads, Facebook promotion, and assistance from ASOS were used to connect with volunteers, who were invited to connect with the project facilitator.

A second pool of telephone interviews were held with community members actively solicited by the project facilitator. Businesses, service clubs, seniors' groups, non-profit organizations, and individuals were contacted by telephone or through emails. Facebook ad campaigns were again used. Many organizations were helpful in posting notices on their own websites or Facebook pages. Many others forwarded emailed information to their membership.

A total of 32 telephone interviews were held with some additional feedback provided by two email responses.

While basically the same questions were asked of everyone interviewed, the people directly experiencing dementia or that of someone close were asked for more detail.

Interview questions asked and notes recorded in response are listed in Appendix B: Interviews.

Surveys

Two online surveys were developed using Google Forms. The full results of both surveys are included in Appendix C: Survey Results.

The **first survey** was directed to people living with dementia, their care partners, or family members and close friends of people living with dementia. 8 people responded to this survey. Yorkton, Melville, Preeceville, Sturgis, and Kamsack residents were represented by responses.

All respondents were over the age of 45, with most in the 46 to 65 age range. 63% of respondents were Female. Most (71%) of the respondents living with dementia or their care partners indicated that the diagnosis was made within the past 5 years.

All other interested people were directed to the **second survey**. While many questions were asked in common of all participants, there were sections specific to those who identified as volunteers, and sections for those who identified as employed, by or owners of, a business or organization. There were 32 respondents to this survey. Most (41%) of the respondents live in Yorkton, with all but one of the targeted communities represented.

More women (78%) responded than did men, and there was a good age representation, with

- 38% over 65
- 22% 60 to 65
- 19% 40 to 49
- 13% 26 to 39
- 9% 50 to 59

Factors that Impacted the Research

While stakeholders in the present (January, 2021) will appreciate an extraordinary event was taking place during this research (October - January), future readers may not realize the impact of a global pandemic on projects such as this. This brief acknowledgement of some of the ripple effects are mentioned here in the hope that future readers will have put these experiences behind them in their own studies.

COVID-19 – a significant barrier was the fluctuating regulations regarding in-person meetings, which, at the beginning of the 3-month research assignment, allowed for proposed small focus groups provided that social distancing and personal protective equipment (PPE) guidelines were followed. By the time the local bookings were reserved, and even though small groups were still allowed, case rates had risen with the onset of cold weather, the risk of infection increased, and people were advised against going out. Even so, as there were only 1 or 2 inquiries in response to advertisements, most of the scheduled focus groups would have been cancelled due to lack of response.

Holiday Season – client and customer-based businesses and organizations seemed reluctant to provide time to be interviewed. This was understandable in this most difficult year for local business, in the weeks before Christmas, typically when most retail sales take place. While there was a clear interest in the topic, “cold calls” were met with some annoyance. Abandoning that approach quickly, emailed requests for an appointment, including a brief explanation of the project, were met with a better but still relatively low response rates. Some emails were returned with short responses and a clear lack of interest in having any further follow-up.

Many of the organizations and businesses – including PVSCRD – close over the holidays, so it became more difficult to reach people as the calendar year wound down.

Environmental Scan Summary

The purpose of the environmental scan was to determine what, if any, dementia-specific programs or services were available to people living with dementia and/or their care partners in the Parkland Valley District. Eight communities were scanned: Yorkton, Melville, Kamsack, Canora, Preeceville, Sturgis, Norquay, and Ituna.

Dementia-Specific Services or Programs

In addition to asking questions about existing services or programs in the two surveys, interview participants were given a brief overview of the project in order to frame all questions to focus on people living with dementia. Then they were asked, "What services is your organization currently using to support inclusion?"

This question was posed to one or more people in the following organizations:

- Library branches
- Banks
- Grocery stores
- Food bank
- Churches
- Seniors groups
- Museums
- Art gallery
- Spa
- Service Groups
- Non-profit organizations
- Individuals

Many of the responses were similar in some respects, in that they described services and/or programs that were broadly inclusive of people with a variety of special needs or were age-friendly for seniors. It is reasonable to assume that some needs of people living with dementia may be met through those initiatives. (Note that some services have been discontinued, restricted, or started due to COVID-19.)

Some of these examples include:

- Banks provide training to staff so that they can be alert to customers who need assistance with day-to-day and as well as long-term financial management. When a face-to-face customer interaction raises warning flags due to customer confusion or disorientation, or at any indication of another person accompanying the customer who seems inappropriate, the account is flagged to a manager. The manager decides whether to follow-up with advice on Power of Attorney or to provide a direct telephone number for more personalized assistance in the future. Banks may provide referrals to legal assistance, as well as print and online information about financial fraud and abuse.
- Library branches in larger centres offer services that are age-friendly but have no programs identified as being specific to people living with dementia. However, many of their services are easily customizable and individualized on request, such as requests for books on CD from those who can no longer read, large-print books for those who no

longer see well, assistance with finding materials for those who need assistance in general are all common services. Smaller regional branches have fewer staff and are open for fewer hours, so individualized services are not always possible, but it is clear that library staff try to meet all requests. Expanding programs or adding dementia-specific programming at the smaller centres would require staffing or funding resources; larger centres are eager to have guidance on what types of services would meet the needs of people living with dementia and their care partners.

- Many grocery stores – since COVID-19 – have provided restricted hours to shoppers to allow elderly shoppers and those with vulnerabilities shopping time with fewer people in the store. This was the case in larger and smaller centres, and somewhat defined by COVID restrictions. Pre-COVID, many grocery stores offered personalized shopping assistance through phone-in orders and delivery services; some stores have expanded these services due to the *essential service* designation of food shopping. Other retail outlets join grocery stores in offering a range of additional services such as online shopping, curbside pick-up, and personalized shopping.
- Seniors groups are very conscious of the high risk that COVID presents to them and have largely shuttered meeting spaces during the past year. Pre-COVID, stories reflect a spirit of camaraderie that allowed long-term members who had developed symptoms of dementia to continue with ongoing activities until they were no longer able. Some stories describe a strong desire for knowledge on how to "handle" members' symptoms, or tips on what changes to make to ensure continued involvement as long as members living with dementia would like to participate.
- Museums and an art gallery are eager to learn how to adapt existing or develop new programs specific to people living with dementia. One museum mentioned the Easter Seals Access2 Card program which provides registered members with discounted entry fees and extends their care partners, where one is required, free entry, making the services more accessible from a cost perspective. Recognizing that people living with dementia often have more vivid memories of past events than of present, museums have used displays that would evoke these memories, but have not specifically targeted people living with dementia. Recognizing that art and music may have therapeutic value to people living with dementia, the art gallery would like to have a resource person with whom to consult to learn more and get specific direction on how to serve those patrons. While both cultural venues see the value in having dementia-friendly displays and activities, neither have developed any specific programming. Individual patrons are welcomed and assisted as much as possible to ensure all special needs are accommodated within existing programming.
- Service organizations often attract membership from those interested in promoting a cause that interests them, i.e., Kinsmen Tele miracle, Lions Club Dog Guides, etc. The project facilitator was unable to find a service club whose goals specifically targeted dementia-friendly initiatives, and in fact found that some service clubs have age limits on their members. Some service clubs do use a formal or informal 'visitation program' that ensures elderly members, or those with any vulnerability that keeps them at home, continue to see other members by regular visits throughout the year. These have been

adapted to phone visits due to COVID. For example, as many veterans as are able are assisted to attend Remembrance Day services and the Royal Canadian Legion has a visitation program for elderly members.

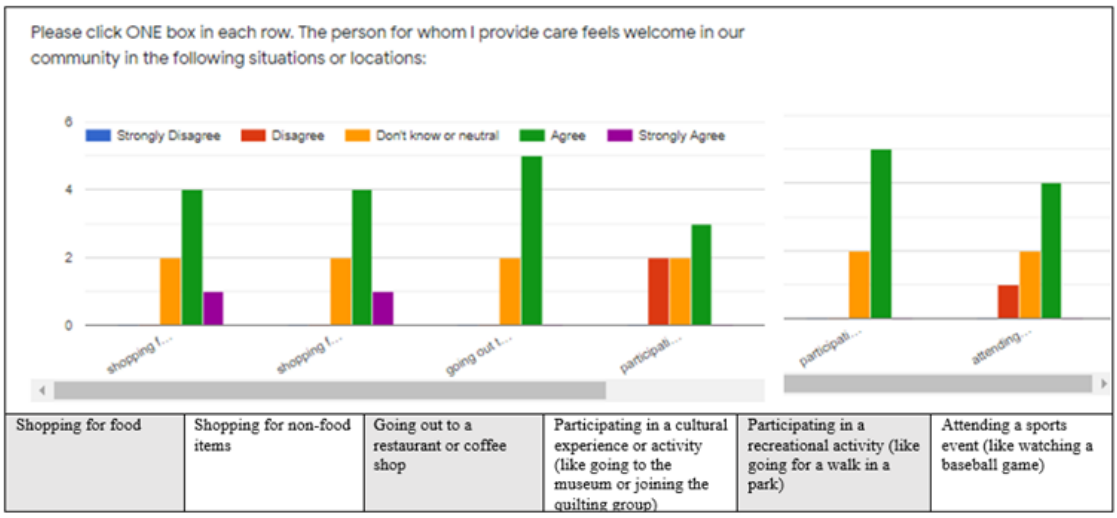
- Non-profit organizations such as Alzheimers of Canada and their provincial branches serve the community of people living with dementia and their care providers extremely well. Anyone who has been diagnosed is made aware of their programs, and their programs are easily accessible online during COVID, with many interactive online meetings made available. Red Cross has a Friendly Phone Program for seniors which provides a social connection and reduces social isolation. While it does not target seniors with dementia, it will include anyone who meets their criteria and wishes to be called.
- Churches in small communities continue to be a social connection for many of their congregation. They are very aware of their members living with dementia and their families and actively seek ways to ensure they are included as much as they are able. Some of the dementia-friendly initiatives include:

• Signage, including seasonal decorations to create a sense of time and place, in addition to holiday decorations • Seating that is accessible and close to aisles and exits • Visitation, not just from clergy, but with volunteers from the congregation • Inclusion in social gatherings (pre-COVID) like picking people up to come to the church to make perogies	• Ensuring some familiar hymns and prayers are included in each service • Where clergy are shared between several congregations, ensuring that services rotate between locations to encourage a sense of familiar surroundings • Wearing full regalia for services in LTC facilities to assist residents with dementia a sense of "church" • One church finds that keeping the same service, as is their tradition, assists people with dementia as they remember the hymns, prayers, service from years of doing the same

Most churches have committees whose outreach has in the past included age-friendly workshops, disability-inclusion workshops; they would be likely to embrace workshops specific to making their congregation more dementia-friendly. Churches in general have a higher percentage of older adults, as pointed out by each clergy; they were aware of the need for socially-inclusive efforts for their members living with dementia and their families.

- City and town recreation departments have services and facilities that strive to be inclusive of all people living with any vulnerability. Each of the Recreation Directors consulted expressed a strong interest in gaining knowledge as to what kinds of programming would make theirs dementia-friendly. Most people living with dementia and/or their care partners indicated a high degree of satisfaction with their physical

community and expressed a high degree of being welcomed to various situations or locations in their community.



In summary, faith-based communities seem to have focused inclusion efforts on people living with dementia as well as other age-friendly initiatives. Other organizations focus on inclusion for as many people as possible, with the senior population a clear priority, but few dementia-specific programs were noted.

Use of Technology

COVID-19 has accelerated the use of technology in many aspects of work, school, and social life. Internet connectivity remains a challenge in some rural and remote communities.

Internet access and cellular coverage are still not possible for some areas of the province, including some of the Yorkton area. While some service providers can install satellite service, it remains quite expensive to install. A basic internet connection typically begins at around $60.00/per month and provides what many people would consider an inadequate internet speed. Buying a computer and peripheral equipment may cost several hundred dollars. The cost can be much higher, or speeds much lower, in small towns, or on farms and acreages, and while much effort is being made by SaskTel, there are still many rural areas with low or no connectivity at all.

Older adults who retired before the year 2000 may not have become accustomed to using computers at work, nor as a social medium. It is difficult/expensive for many of them to adapt to using new technology and may simply be considered unnecessary. Cellular phones with internet access (smartphones) are common; in fact, it can be difficult to find a plain telephone unless it is used as a landline.

While city residents expect to be able to find a free Wi-Fi hotspot at coffee shops, malls, and many other accessible areas, in small towns and rural areas, the library is typically the only publicly accessible internet access. Small-town libraries are not open full hours, and often they are not open every day. While small branches do provide free access to a computer, due to space and cost considerations, there may be just one or two terminals available.

The following list illustrates some of the examples of shifts in use of technology in the people and organizations surveyed and interviewed for this study:

- COVID-19 caused some applications and platforms to be used more. Zoom, Facebook, and YouTube are all used by churches to livestream services, for example. One church finds their congregation responded better to older technology and replaced live services with radio broadcast.
- Some grocery stores have moved from telephone orders to online orders and scheduled curb-side pickups.
- Banks have adopted secure online signatures as customer access to the building was restricted. Banks had already adopted online banking systems, but there were some services that were still done in person pre-COVID. Secure online signatures make most in-person banking unnecessary, as clients can meet with bank personnel on the phone and access information on a secure website. Papers that need to be signed can be completed online in the same call.
- Many organizations had already begun to use Facebook pages as a social media connection with members pre-COVID. There was no feedback regarding higher user numbers regarding Facebook use.
- Parkland Regional Library adopted online library card registration, which used to require an in-person registration. They had already provided a number of services online prior to COVID restrictions.
- Museums and the art gallery had online displays and activities prior to COVID but there were many more programs developed for online use as a result of restrictions. Many of these

are likely to continue post-COVID and may have further expansion as a result of their success.

- ❖ People who were familiar with Alzheimers Society of Saskatchewan (ASOS) were very appreciative of their online Zoom meetings to be in touch with others who share their circumstances.
- ❖ Individual participants in interviews who self-identified as being older adults (especially in their 80s and 90s) expressed that they didn't have an email address or weren't on Facebook.
- ❖ People living with dementia and their care partners indicate that the one "service" they most appreciate may simply to experience more patience on the part of others:

> ". . . we might need a little extra time at checkout lines . . . "

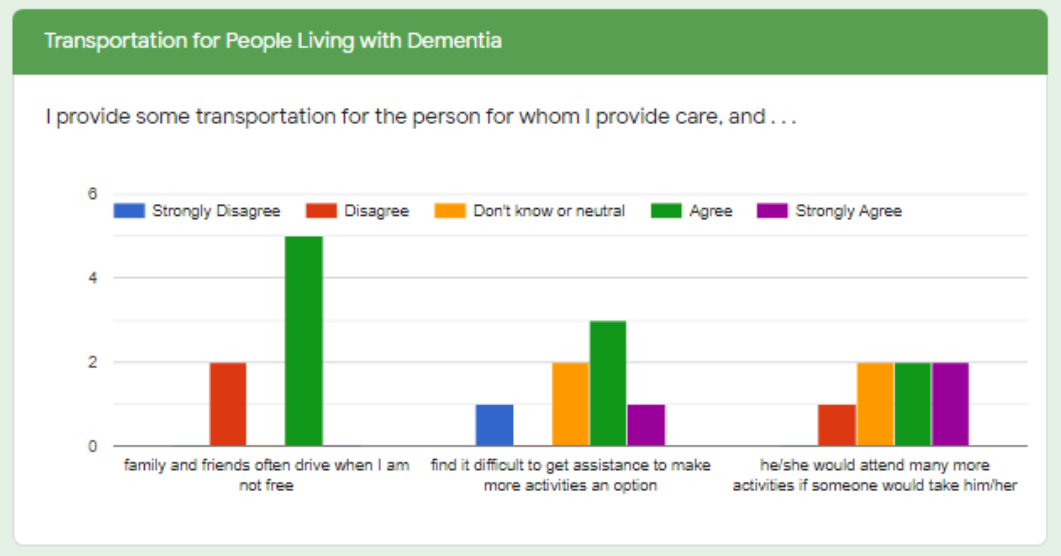
Highlights of Survey Results

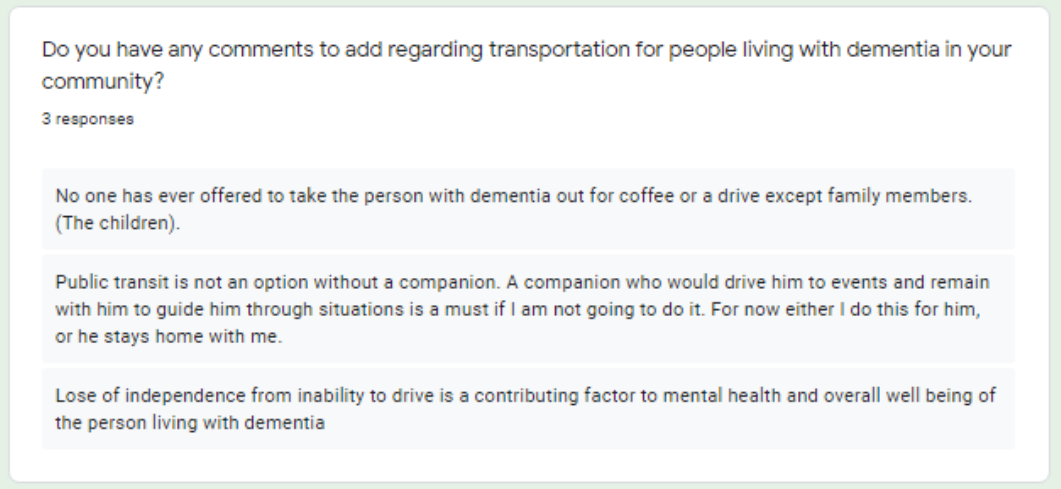
As mentioned earlier, complete survey (and interview) results are included in the Appendices. This section summarizes some highlights of those results.

People Living with Dementia and their Care Partners Survey

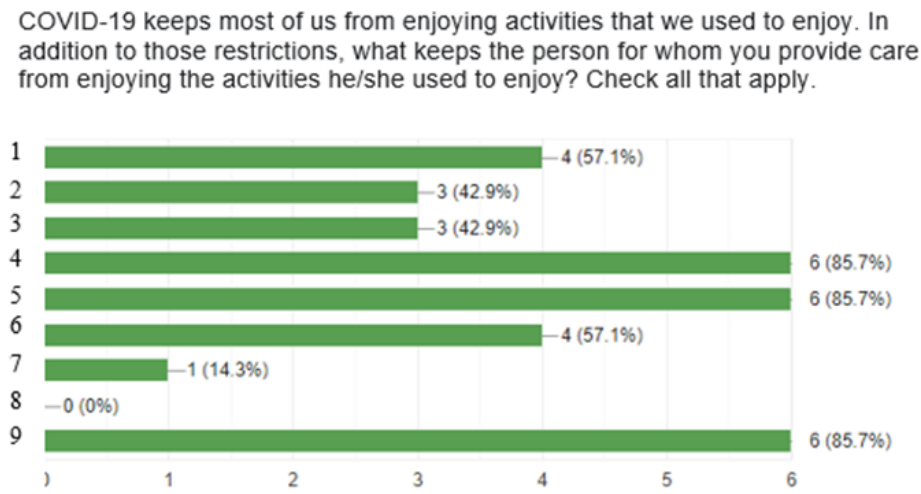
A high level of satisfaction was indicated for physical community resources.

Transportation seems to be less of an AVAILABLITY concern and more of a SOCIAL concern. People living with dementia must travel with a companion; the availability of a vehicle may be secondary to that need.





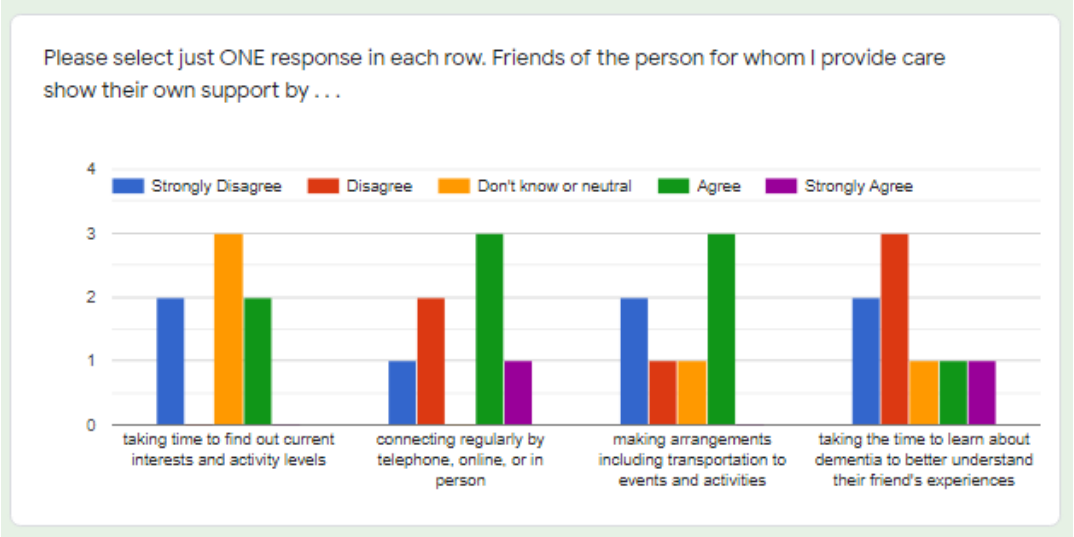
The main concerns keeping people living with dementia from enjoying activities they used to enjoy are that their mental capability has deteriorated and/or the worry about becoming confused. They also indicated that they can't or won't go to events or activities alone.



Legend for above Chart

2 Minimal access to a ride
3 Physical capability has deteriorated
4 mental capability has deteriorated
5 worry about getting confused
6 anxiety about how others will react to symptoms like confusion or disorientation
7 isn't made to feel welcome in some places
8 limited budget for activities
9 can't or won't go alone

Friends of people living with dementia are supportive but there is clearly a desire for friends to better understand dementia.



Maintaining pre-dementia friendships seem equally reliant on friends being willing to stay involved as for the person living with dementia being interested in being involved.

Do you and/or the person for whom you provide care have some friends who no longer visit? If yes, why do you think they no longer visit?

5 responses

Yes, they no longer know how to communicate with the person who has dementia, they feel strange around them.

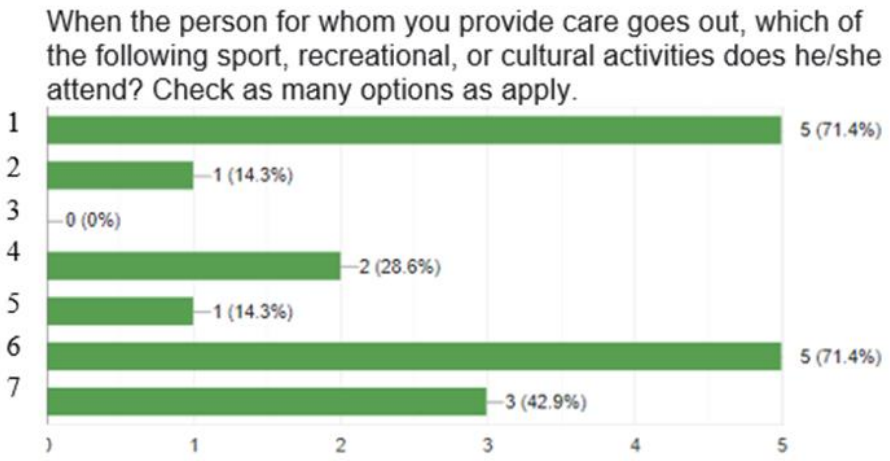
No. All our previous friends have been very supportive.

He stopped wanting company years ago. Only family is welcome. Other people in the house make him nervous and he hides what he considers precious or valuable things so that neither of us can find them again or only after very long periods of time.

Not really , same friends

Friends used to visit him at his work. They do not come to his home. He does not drive so he cannot go out and meet friends.

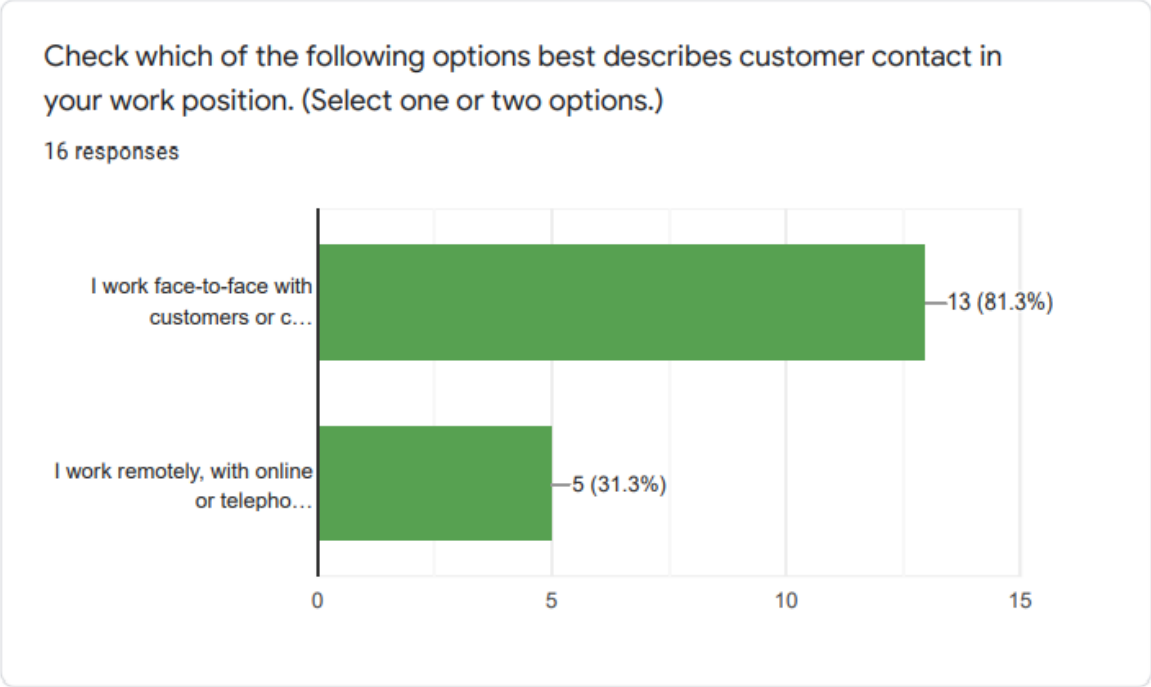
Going for coffee or a restaurant meal and attending recreational events are the two highest rated activities among respondents, although additional comments indicate that church and family events should also have been listed with the choices.



1. Eat out in restaurants or go for coffee
2. Watch hobby activities that others are doing (like art, music, car clubs)
3. Actively participates in hobby activities (like art, music, car clubs)
4. Attend sport activities as a spectator (like curling or golf)
5. Actively participate in sport activities (like curling or golf)
6. Participate in recreational activities (like walks in a park or going to the beach with grandchildren)
7. Participate in cultural experiences or activities (like going to a museum or listening to a musical band or choir)

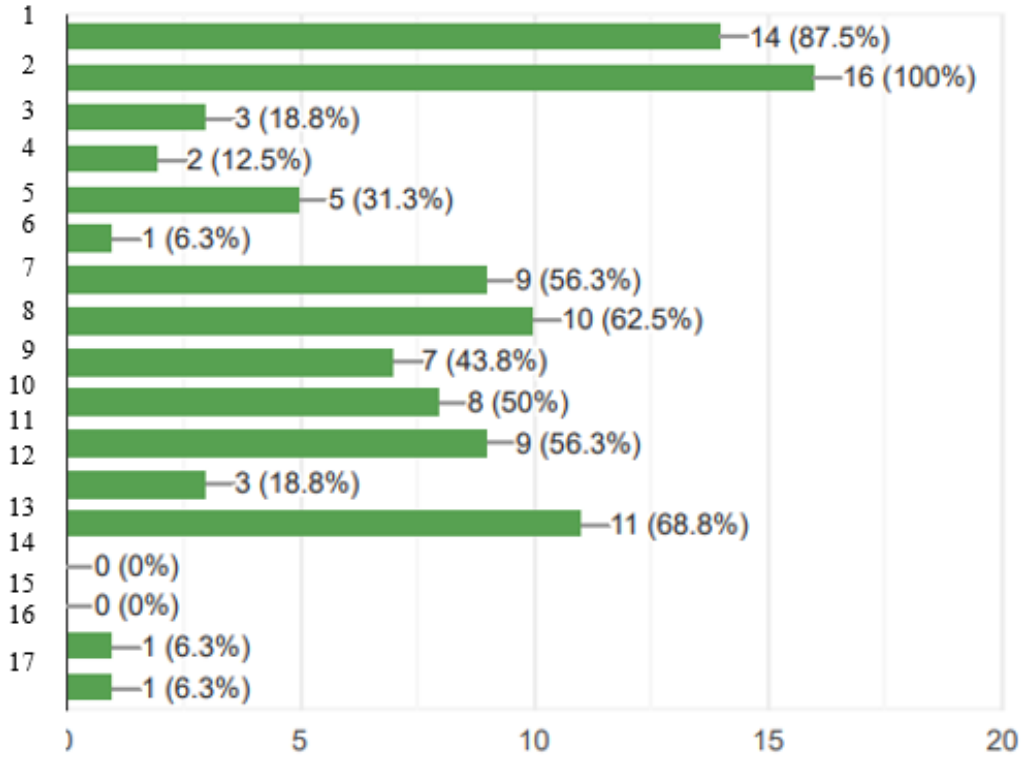
The Dementia-Friendly Community Survey

16 of the 32 respondents self-identified as paid workers. Of these 50% work in the non-profit sector, while 31% work in retail. Most of each work in face-to-face interactions with customers.



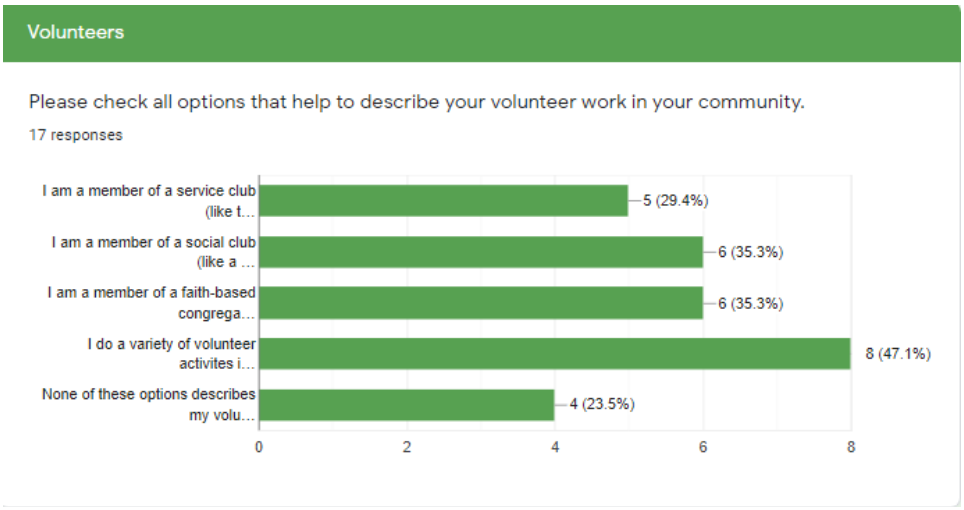
COVID-19 has had a dramatic effect on customer interactions. The following question gives an indication of what type of changes were implemented as a result.

Because of COVID-19, many organizations have offered additional services to customers or clients. (Note that some of these services may have been offered prior to the pandemic.) Please check each box beside a service your organization has offered within the past 6 months.



1. Made PPE available (masks, hand sanitizer)
2. Encouraged social distancing
3. Dedicated specific hours to allow access with less exposure (for example, one hour each week restricted shopping for customers over 65 or those with a disability)
4. Provided call-in shopping orders to be filled by staff for free or at a low price
5. Offered curb-side pick-up
6. Offered free delivery or at a low price
7. Ensured walking-traffic areas are free from clutter or obstructions
8. Staff were available to provide personalized assistance
9. Ensured washroom facilities were signed with symbols and words
10. Ensured carpets, rugs, or mats do not pose a trip hazard
11. Ensured exits, washrooms, and cashier stations are well-signed and lit
12. Set aside a social area or coffee area where customers can sit if quiet or rest is needed
13. Ensured the facility operators recognize the needs of people using walking aids or wheelchairs
14. Don't know
15. None of these options are applicable to my organization
16. OTHER – Virtual consultation, workshops, etc.

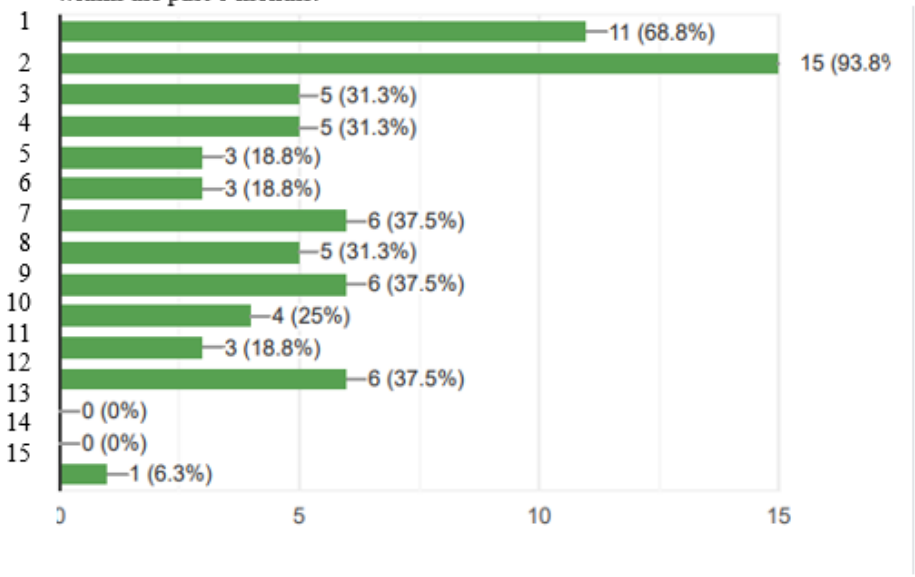
Volunteer involvement was high among the respondents.



1. I am a member of a service club (like the Elks, Rotary Club, Kin Canada, Masonic Lodge, Optimists)
2. I am a member of a social club (like a Senior's Club)
3. I am a member of a faith-based congregation or group (in addition to being a church member, this might include singing in a choir)
4. I do a variety of volunteer activities in my community (like helping with Christmas food hampers, or working in a community garden)
5. None of these options describes my volunteer work. (You will be able to describe your volunteer work in the next question.)

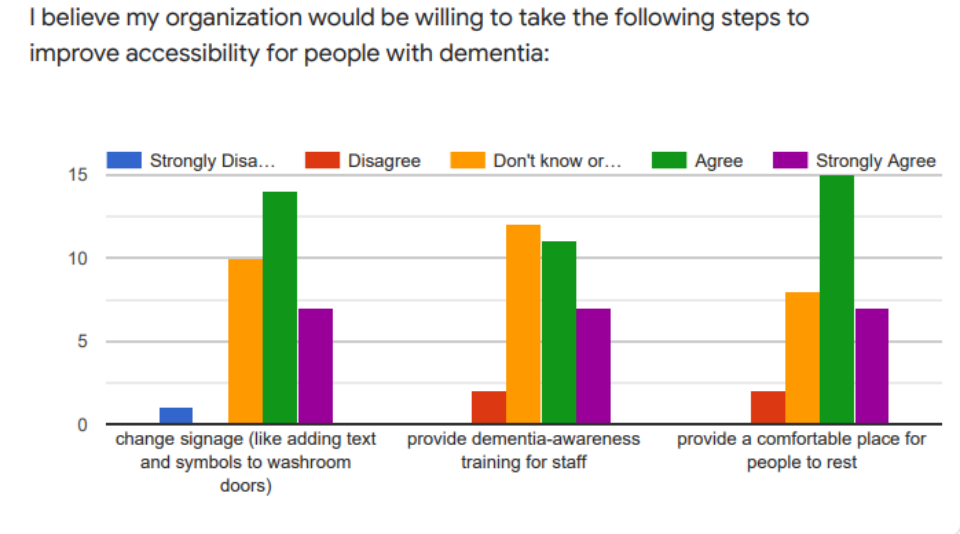
Like retail and non-profit organizations, volunteer organizations were impacted by COVID-19. Some of them were unable to operate fully: This group includes Seniors Clubs, Service Groups, faith-based congregations, etc.

Because of COVID-19, many organizations have offered additional services to members. (Note that some of these services may have been offered prior to the pandemic.) Please check each box beside a service your organization has offered within the past 6 months.



1. Made PPE available (masks, hand sanitizer)
2. Encouraged social distancing
3. Dedicated specific hours to allow access with less exposure (for example, one hour each week restricted activities with social distancing for members over 65 or those with a disability)
4. Offered curb-side pick-up instead of banquets or BBQ fundraisers
5. Offered free delivery of meal-based fundraising activities
6. Ensured walking-traffic areas were free from clutter or obstructions
7. Volunteers were available to provide personalized assistance
8. Ensured washroom facilities are signed with symbols and words
9. Ensured carpets, rugs, or mats do not pose a trip hazard
10. Ensured exits, washrooms, and cashier stations are well-signed and lit
11. Set aside a social area or coffee area where members can sit if quiet or rest is needed
12. Ensured the facility operators recognize the needs of people using walking aids or wheelchairs
13. Don't know
14. None of these options apply to my organization

Most respondents agree that their organization would be willing to make small but significant changes for the benefit of people living with dementia, but there is a lot of uncertainty as well.



While it is clear that technology use has been increased as a result of COVID-19 restrictions, there is a lot of uncertainty about what the future of that novel level of communication and services will be.

Is your organization willing to use technology to include more participants? If yes, please describe what may be keeping it from doing so? (An example might be using Zoom to include someone who isn't able to attend a group event in person. A barrier to doing that might be the cost of installing an internet connection.)

22 responses

When clients are not able to be here they are able to have access to online

If necessary we have used Zoom and Skype

Initially we will train our members and help them help others become more comfortable with the virtual platforms.

Investing in more technology (Zoom phones, video editing software etc) as well as training staff. Moving into making our shop accessible online and providing virtual public programming.

yes we will still continue to use virtual/video meetings

Cost and age of most of our participants.

No barrier

Our organization relies on Zoom for most of our communication, we need to realize that some of our communities do not have great internet connectivity. Also, it may be worth exploring how to deliver workshops in a way that people who have hearing limitations still take part.

I don't know of any one in our organization that uses zoom

Many in this area do not have access to a computer, or an internet connection.

Poor internet connection

We have no internet - unaffordable at this time
Have VCR, DVD, TV for power point. Most seniors in our area do not have this technology in their homes

yes, no barriers, we find people prefer teleconference over zoom due to lack of internet connections and usage in rural areas

we are restricted in when we can offer such things as there is only one staff person per shift and we are open to the public. not the best option for us.

Cost would be a factor in the senior centre

ZOOM or like type platforms

Currently the Parkland Library is missing many of the Head Quarters staff and assistance of any kind is lacking.

yes

Willing to use Zoom but we only have one older computer. Would be good to have at least one or two more so that we can include as many as possible while distancing.

Yes. We would be willing to take it to the next step.

Service and/or Programming Gaps

One of the main objectives of this study is to make recommendations on how to fill the gap between services and programming that currently exist and the services and programming that will best serve people living with dementia and their care partners living in rural and remote areas of Saskatchewan. It should be noted again that this study focused on people living in their own homes and communities, not in long term care facilities.

The single biggest gap that was identified was that of an information gap regarding dementia and the needs of people living with dementia. As previously discussed in the ASOS Dementia Friendly Communities – Key Learnings Report (2019), there were repeated requests for information. Requests were not limited to *general* information about dementia, although that was prevalent; requests for very specific information were identified.

For example:

- respondents did not *just* request information about how dementia affects the brain, per se, but requested information on what type of alternate activity would be best suited to participants who, for example, could no longer concentrate long enough to participate in a game.

> (We have used) "games on a computer but his short-term memory causes him to lose interest fairly soon."

- respondents did not *just* request information about how to improve the signage in their church, per se, but requested a workshop with some hands-on exercises that would help them see the world as do their members who experience symptoms of dementia.

Another gap identified is that of practical application of more knowledge. People and organizations do want to know more about how the disease affects people, but they also want to know what can be done. They want specific advice on how to adapt their existing programming or services to directly make improvements to the customers/clients/patrons/members who are living with dementia.

Examples:

People living with dementia and their care partners would like to have activities that were focused on doing things as a couple, as well as having "buddies" who could do activities with their partner living with dementia.

For example, one couple had enjoyed bowling for many years, but it wasn't as fun with just the two of them:

> "We would like to continue bowling. It would be nice if something could be arranged with other couples in our situation. We have dropped out due to the needs of his care. If I am not able to be there someone else would have to know what to do like remind him what to do next."

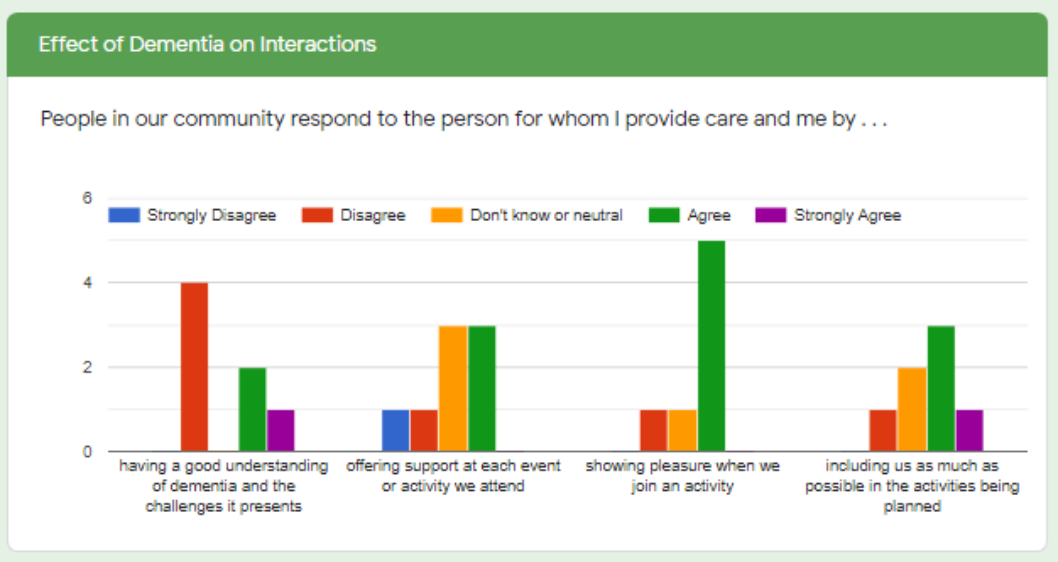
Another gentleman had been a golfer for most of his adult life, but his wife had not enjoyed the sport. He missed being able to golf and would continue to play if he had a "buddy" to accompany him on the course.

> "He used to golf, and fish (Name Withheld) and I don't really do either so he would need someone to do that with."

Most concerning to hear were the effects of stigma. Stereotypes, stigma, and misinformation continue around this disease, especially attested to by care partners, care providers, and anyone touched by a loved one or friend experiencing dementia.

> People seem to be more stand offish, they may say hello but don't really interact with the person who has dementia and even the care giver as if they have dementia as well. It seems that once the person know about the dementia they act different towards the person who has dementia.
>
> I think that the wider community is not that involoved in supporting dementia life. It happens at present in parts of the community where we are already established and people already know us well. I worry about the response from people in stores when he starts sampling bulk goods or grapes, etc. He does not like to listen to me all the time about these things. Shopping during Covid 19 is a problembecause he like to touch all kinds of things we are not buying. He will touch people if he engages with them. Mostly I just leave him at home.
>
> I think we live in a friendly, inclusive community. Usually the comfort level changes when people in the community feel hesitant or feel "sorry" for the personal affected which may result in avoiding that person all together. If the communication was open, then community members might be more open to offer assistance

Respondents indicate that, while they feel welcome at community events, there continues to be a strong need for more general knowledge about dementia.

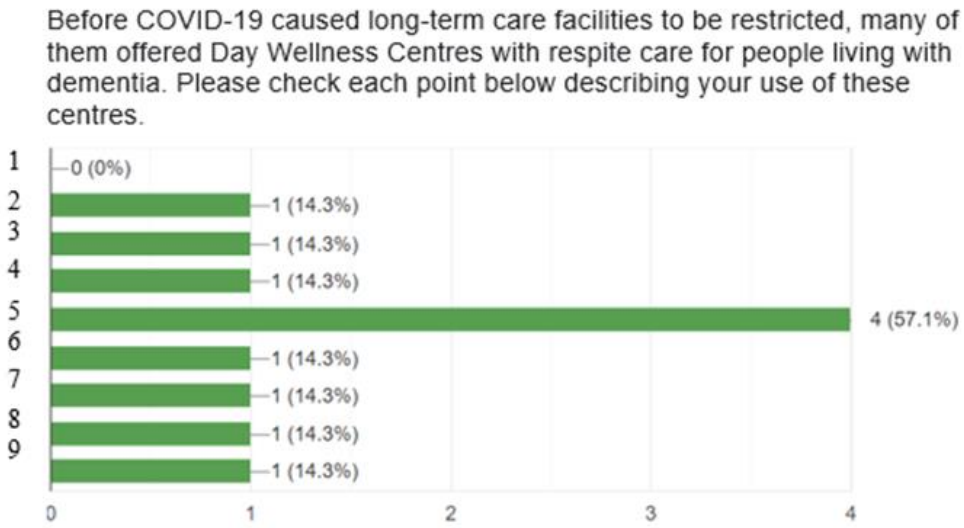


Programs in communities where there are small populations rely heavily on volunteers to make programs successful. Programs often fade out of use when the funding ends, or when the originator's enthusiasm wanes. An added challenge was identified early on in this study of people living with dementia as some community members knew of few if any people currently known to be living with dementia at present. This means that any programming will need to be available to people living with dementia through fluctuations in volunteer availability, funding and resource scarcity, and also when there are no current participants, although there are sure to be participants in the future.

Bridging the Gaps

This study found disappointingly few services or programs specific to people living with dementia or their care providers outside the medical or long-term care parameter. Having said that, it must in all fairness also be said that, once diagnosed, the programs and services available are numerous and extensive. Once a diagnosis is made, Saskatchewan Health Authority refers patients to treatment and programs, including Home Care and access to Day Wellness respite services.

Once diagnosed, people living at home with dementia can make use of respite care, which is available in any town which has a long-term care facility, although the level of available services varies from one facility to the next. In larger centres, people can be referred by Home Care to use LTC on weekdays for $9.00/day which includes a meal, a bath, and inclusion into whatever existing programming is offered at the facility. Limitations are that there are no weekend or evening options, although some facilities can accommodate overnight or extended short stays depending on available beds. None of these options have been available since COVID-19 restricted access to LTC facilities. Without access to LTC respite, care partners depend on family members and friends, which many find adequate.



1. The person for whom I provide care attended Day Wellness Centres regularly
2. The person for whom I provide care attended Day Wellness Centres occasionally when I needed time away
3. The person for whom I provide care has other close relatives that he/she stays with when I need to be away
4. I am not familiar with this service
5. I know of this service, but we have not used it
6. I have someone I hire privately to stay with the person for whom I provide care in my own home on an as-needed basis
7. OTHER – Respite in long term care
8. OTHER – plans to use this once Covid 19 release
9. OTHER - Spouse provides all care at this time

Banks ensure their staff is familiar with symptoms of dementia and mental illness in order to protect clients from financial fraud or abuse. Referrals to legal advisors to set up Power of Attorney arrangements are a priority when a client is deemed to need protection or assistance for this protection. Concurrently, banks tend to move toward a higher level of online service, which is beyond many seniors without a substantial comfort level with computers, online security, or someone with whom to share financial information in order to get assistance. The lower-tech telephone banking options with complex phone menus can be just as daunting. Many banks do appreciate these challenges and offer personal assistance when a customer comes to the bank in person or can assist on the phone. In many communities, in-person banking ceased to exist during COVID lockdowns and following.

Many seniors serve their communities after retiring by fulfilling multiple volunteer roles. Due to COVID-19 posing a greater risk to seniors, many volunteer-run organizations have struggled very much from having fewer hands available. Food banks were especially busy as the financial burden of COVID-19 took effect, but the disease itself caused some cities to close their food banks as their employees became ill. Many volunteer organizations and activities have had to simply cease operations because of their dependance on senior volunteers.

The Red Cross has kept its Friendly Phone program running throughout COVID-19 as it was always offered remotely, by telephone. Their training program includes handling emotional issues and could be used as a model for a focused dementia-phoning program.

Many museums and art galleries already offer programs that could with minor adjustment become dementia-friendly programming. The Western Development Museum, for example, use to offer a take-home suitcase, filled with themed memorabilia and a written guide to the memories it might invoke. The Godfrey Dean Art Gallery already offers art classes to youth, which could be customized for any group with special needs.

While the eight (8) communities studied had services like grocery stores, banks, and Recreation Directors employed by their municipal governments, many more small towns, villages, and resort villages have none of those services. The consistency in the small, remote, rural communities are the volunteer networks, typically organized through a Recreation Board. Through local 'Rec Boards' many sport, recreational, cultural, and social events and activities are organized, funded, and managed through local volunteers.

Many volunteer programs operate now, even through COVID-19 restrictions, from which best practices could be shared and adapted to be more inclusive of people living with dementia. Some ideas include:

- Minds in Motion, an ASOS program for socialization and stimulation
- Active Aging recreational movement programs could provide peer leaders with information about dementia to help them adapt recreational movement program initiatives that could be more welcoming to people living with dementia and their care providers.
- The Red Cross Friendly Phone program might be expanded by collaborating with rural networks of volunteers trained to call people living with dementia to reduce social isolation.
- Senior's Centre's programs such as art, quilting, or card groups.

Several interview participants indicated that they not only have a strong need for information about what people living with dementia need in order to feel more included, but that they also need specific advice as to how to apply knowledge about dementia into specific adaptations of their programming.

> ". . . would be very interested in hosting something like a coffee-café and would like to know what would be involved i.e., how might it be possible for a care partner to drop someone off at a coffee café and what would have to be in place for that to work?"
>
> ". . . More info about dementia specifically would be good – for our training purposes online resources would work best like a video that people could watch on their own."
>
> " . . . it would be great to have more info i.e., reading materials."
>
> ". . . interested in learning about how to adapt activities in general

so as to be more dementia -friendly."

". . . curling would be an example – if I had more knowledge about dementia, I'd also like to know how to incorporate that knowledge into curling . . . "

"We would use a PowerPoint presentation for groups."

"Would like videos . . . guest speakers. . . reading info . . . advice on how to incorporate it . . ."

"What can we do?"

Recommendations

Recommendation #1: Create a Network Group of rural organizations to address community program/service access that affects people living with dementia and their care partners living in rural Saskatchewan.

> **RATIONALE**: This group would explore the needs of people living with dementia and their care partners to ensure that people living with dementia and their care partners feel included in their community including community programming. Members of this group would represent a variety of interests such as senior centers, arts organizations, and accessing expertise in topics such as dementia-friendly initiatives.

Recommendation #2: Develop usable resource documents and tools for volunteer groups, businesses, social and service groups, and other organizations to inform and support dementia-friendly efforts.

> **RATIONALE**: A strong need was expressed for practical guidelines and best practices to meet the dementia-friendly needs of members, customers, patrons, and participants in all sectors. These guidelines would be used by organizations, groups, and businesses as a ***lens*** through which to view services and programs and enhance their dementia-friendliness. The Network Group would be involved in the dissemination of the information.

Recommendation #3: Share information to facilitate understanding of rural Saskatchewan challenges and how it relates to meeting the needs of older adults living in rural Saskatchewan as they deal with aging conditions, which may include dementia.

> **RATIONALE**:
> Network Group members' roles would be to inform and advise on best practices to educate businesses and organizations on becoming more dementia- and age-friendly. In small communities, there are fewer agencies that co-exist than there are in larger centers. Through the Network Group, the individual organizations would all share the best practice information to the smaller community groups within their network.

Appendix A List of Interviewees and Focus Group Participants

Interviewees

One or more community members from each of the following organization or businesses were interviewed:

Care provider in Respite and Long-Term Care
READ (Seniors) Club, Sturgis
NICE Senior's Club, Norquay, SK
Active Aging for Ituna
Western Development Museum, Yorkton
Cornerstone Credit Union, Melville
Canora Ukrainian Heritage Museum
Yorkton Public Library
Family Resource Centre, Sturgis
Credit Union, Kamsack and Norquay
Library, Sturgis
Active Aging, Norquay
Naturally You Esthetics, Yorkton
Active Aging, Canora
Recreation Director, Canora
Recreation Director, Kamsack
Recreation Director, Melville
Melville Library
Active Aging, Sturgis
Recreation Director, Yorkton
Recreation Director, Yorkton Tribal Council
Red Cross, Yorkton
SaskAbilities, Yorkton
Yorkton Branch of the Royal Canadian Legion
Godfrey Dean Art Gallery, Yorkton
Sturgis/Preeceville Ministerial

Kinsmen Club of Yorkton
Ukrainian Orthodox Church, Yorkton and Outreach
United Church, Norquay
Recreation Director, Preeceville
Parkland Regional Library, Ituna Branch
Sturgis Station House Museum
Cornerstone Credit Union, Melville
Ituna/Parkland Library

Appendix B: Interviews

Interview Responses: The Dementia-Project

Beginning each interview, participants were provided an overview of the Dementia Project. Questions were asked within the context of supports in the community in which people living with dementia are or could be included.

Questions for which the response was "No", "I don't know", or "Not Applicable" have been omitted in this report for brevity.

As much as possible, responses were noted in the participants' words, but the notes should not be considered direct quotes, unless so noted with "quotation marks".

Summary of Interview Responses: People living with dementia and their care partners

Because of the individual circumstances of people interviewed, a cluster of applicable questions were prepared; the interviewer selected the question most appropriate to the respondent's individual circumstances.

Question 1 – How would you describe the level of social inclusion experienced by you and/or the person for whom you provide care?

Sister was very socially isolated but had been for several years; pre-COVID/family dysfunction was exacerbated by dementia. (Name Withheld) has several friends she can turn to and feels supported.
People don't really know how to approach us; we just talk through awkward moments; (Name Withheld) uses FB to inform others. Family (kids) have been very supportive and active but work so time is limited. With family, we talk openly all the time. They involve Dad much as they can. We enjoy gardening together. We also used to enjoy bowling and other individual things we do. He used to golf, and fish (Name Withheld) and I don't really do either so he would need someone to do that with.
They used to enjoy curling; she can't volunteer anymore due to needing to stay with him
She used to work in elections but now declines due to care needs of him
They have always enjoyed camping and she has learned how to set up their trailer. SK campgrounds have been great and some will even park your trailer for you - having signage is good.
Social inclusion – small town supportive
Not much of a change – have not "hidden" from it. Friends have learned to confirm things (Name Withheld) says with (Name Withheld)
Mom recently died @85 in LTC but lived with dementia on her own until 2 years ago
Social inclusion – Mom worked into her 80s
Lived in a retirement community where people looked out for each other; she had one especially close friend who looked after her socially so she was socially active – they went shopping together, helped with pills, she did keep her driver's license; he drove them places

but when he got sick she drove him to hospital; she used a walker
Friends and family have been supportive and really nothing has changed much – feel included in everything but COVID has created isolation from family and friends

Question 2 – Did you/the person for whom you provide(d) care experience stigma withing your own circle of friends and relatives? How did you/she/he deal with that treatment?

Basically, camaraderie/friendship is still there.
Because of her work experience, she recognized symptoms earlier than other people may have and got diagnosis

If you have encountered misinformation or stereotypes, what have you found that works to inform people?

Stigma – some little jokes, but no
Would like to see being able to continue doing things together as a couple
Stigma – jokes become very hurtful once you have lived the experience
Haven't experienced any stigma –

What would you like to see in terms of public information about dementia? What would you like people to know about dementia?

Know about symptoms and the stress they can bring to the care provider so that support can be in place
Sister experienced the effects of misinformation from her primary care partner i.e. was given a wheelchair but was not allowed to use it; instead told she would "become dependent" on it with continued use
Need to know about the potential for abuse by care providers
info sessions in each area
people should know how lonely it is for people in LTC – they don't know why nobody visits

Question 3 – What steps do you take to avoid social isolation?
Are you familiar with anyone who is socially isolated?

Doesn't know of anyone else personally but there are 2 other families he has heard about in town
Social life is restricted by COVID but hadn't felt their small circle of friends was any different toward them before COVID

If you are the care partner for someone living with dementia, what steps do you take to avoid him/her becoming socially isolated?

(Name Withheld) used to work in a LTC home so has a lot of knowledge including medical knowledge and experience with dementia and knows what to expect and what to do
She feels social isolation as he needs her care so she can't get out
They have always been active in their church, and he has been a member of Knights of Columbus which recently included him with an honorary title

Do you use technology to stay in touch with family and friends – especially during/since COVID restrictions? If so, what kinds of technology – Zoom, Skype, Facetime, etc.?

Technology – sister had a cell phone but would use it to order things from local stores for delivery
Technology – we got her an IPad and internet to keep in touch regularly

Question 4: What would you like to see happen to increase a person living with dementia's level of involvement with activities that were enjoyed in the past?

Don't know how to answer as not the primary care provider but the primary care provider can make involvement impossible but before dementia and before COVID sister enjoyed watching curling in person, virtually, and on TV; also watched football
Don't know; didn't do that much socially to before COVID – just with family and a few friends

Do you have any suggestions about specific recreation, sport, or cultural activities that would make them more inclusive for yourself or for someone for whom you provide care?

Organizations – like churches – should be targeted for information. Irene (ASOS) spoke at something and it was really good
Basically, just speak to people in information sessions
Senior Club he finds crowded for events like dancing – confusing. But they love music and dancing (polka especially) and will go back if and when . . . it's been about 2 years since they last went to a dance.
We would like to continue bowling. it would be nice if something could be arranged with other couples in our situation. We have dropped out due to the needs of his care. If I am not able to be there someone else would have to know what to do like remind him what to do next. We heard about a Zoom exercise program from ASOS but haven't tried it yet.
Maybe he could do some more activities through Zoom – would have to check if Masons using Zoom
There is a need for public awareness

People need to know what the restrictions might be in order to prepare

Question 5 – What supports are you/the person for whom you provide care currently using

We have used Day Wellness Centre and will go there in the future for bathing
In the future, we will be installing grab bars in our bathroom.
She might approach a museum for info about trains as he has a very keen interest in anything to do with trains.
Supports – sister for respite. They have made sure they have finances in place should something happen to him and he can't be the care partner any longer they can hire someone. They have funeral arrangements and POA in place. They are aware of Day Wellness, but it is closed due to COVID nor have they needed it.
He is a Mason/Shriner and still has support from them they both go to church. They have the small-town advantage.
They like the ASOS support group and the shared experiences there.
Supports – call and FB with people
The early symptoms are mild, but he gets frustrated – from work in a LTC home knew what to expect so was able to manage it

Respondents were invited to comment freely:

It has been exhausting dealing with the house following sister going into LTC – they were able to get POA finally Sister developed some behaviours that were very difficult to manage i.e. calling stores to order goods to be delivered (because RT was not the primary care provider) was not aware of any support programs but had heard of ASOS; was not aware of any respite programs or care
No support group in Melville Enjoy Minds in Motion on Zoom Continue to be active in church (given restrictions due to COVID) Feel isolated Need something for him to do They travel to Yorkton for some services (Name Withheld) is aware of 3 other people in her community living with dementia Part of a social justice group at work (?) They are shut-ins He requires a lot of help They would use the Day Wellness program at the St. Paul Lutheran LTC home, but they are locked-down Had been using it – 1 day a week gave her respite Daughter helps but works He has some aggression, but meds have helped – aggression was scary but she learned to deal with it and what triggers it In order to attend a focus group, would need something for when his attention lagged – trains

are his passion; cards for solitaire would be good Technology – use Zoom but mostly telephone; texting We have used games on a computer but his short-term memory causes him to lose interest fairly soon She writes notes for him, and labels things around the house They are interested in GPS for the future. There have been some periods where he got aggressive, but medication has helped that very much They have been involved with Active Aging and might return if it is available after COVID It would be really nice if there was a coffee shop with cats to pet!
Would like to know more about GPS locators – worried about what if she should get lost TV is good entertainment Throughout COVID they have gone for walks every day for recreation; have an elliptical trainer. They don't have pets (so don't walk in winter.) Eager to stay in touch and contribute in any way possible
What would you like others to know? That people can't help it (the symptoms/behaviour That people with dementia are not crazy There needs to be more funding … dementia-friendly housing vs LTC The healthcare assessment should not be solely from a doctor (who may not even know the patient) but should be from the family (her mother could not get an assessment until the Doctor ordered it) There should be funding into GPS (her mother only needed to go into LTC due to wandering and there were no options for her at the time for GPS monitoring or locating)
Haven't thought about respite care yet; haven\t connected with supports like ASOS

Summary of Interview Responses: Community Members

Question 1 - What services are your organization using to support inclusion?

Respite care in LTC facility – on-site in person with clients Wasn't sure what, if any respite services might still be available due to COVID restrictions in other communities Difficult to get people on board Offer one meal (lunch) and a bath LTC (Yorkton) respite closed due to covid but huge respite capacity There is a drop-off social program 8 – 4:30 One gap in service is that there is no programming in evenings or weekends $9.50/day includes one meal
Is aware of nothing specific for people living with dementia in Sturgis outside of LTC – knows 2 people living with dementia and they are both in LTC Is aware of other supports for people living with a disability such as wheelchair accessibility; ramps; there is no transportation available If someone asks, they try to make it happen
Not aware of anyone in the community living with dementia Has no ideas for programs or services
No services JU was aware of; no people living with dementia involved with Active Aging nor with other programs just before COVID then everything shut down
Museum events in summer include lunches which often highlight Ukrainian food; there is always extra pastry; they have speakers in sometimes; they have Easter Egg painting events; there are a lot of old tools in the museum Can't specify services for dementia Barriers – no coordination, money is limited; have a laptop but lack internet connectivity, not enough volunteers, need organizational help for programming specific to dementia
Nothing specific but they do offer books to home for senior citizens
We would only come into contact with people living with dementia if we were referred to someone in need of a food or Christmas hamper – referrals might come from the READ Club (Sturgis Senior's Centre) or Club 60 (Preeceville Senior's Centre)
Not dementia-specific but we are all trained to watch for and respond to questions about financial-abnormal behaviour – we can provide info on Power-of-Attorney or referral to a lawyer for that purpose COVID added requirements such as during lockdown we had to man the door for restricted in-person services We called more people in person (telephone)
We deliver books to LTC on request
Nothing specific to people living with dementia, but quite a few services in Canora specific to seniors that would be inclusive of people living with dementia. There have been renovations to curling rink that include more comfortable seating in a warm room for spectator comfort

Installed a 'bird's-eye' camera which allows a better view of the action Overall, more accessible with a better view Keen-age membership fee is just $5 and provides coffee & conversation for members
Handi-bus since 2008 at least COVID has had a tremendous impact on arts & cultural events We have arranged paint nights and other activities that we have ensured are accessible Some accessibility has been achieved through Technology like in December we held our annual moonlight madness, just switched to virtual activities like having families submit photos (15 families participated)
Don't have any inclusion (specific to dementia) We do have many activities specifically designed to be inclusive for seniors such as fitness for seniors with less impact; uses chair exercises; mobility issues are addressed with yoga and strength Cultural – don't have any other program specifically targeted
In the library – signs – pictures + words for literacy, shut-in deliveries, books on CD
No specific to dementia All programs are geared toward being all-inclusive Drop-in sports are inclusive to everyone All can be adapted, but some sports are more active Minds in Motion was considered but barriers in getting instructors COVID has been a huge barrier We know we need to diversify
No specific program for dementia We offer group homes/group rates discount – supervisors are admitted free We honour Access 2 (Easter Seals Membership Discount program) which allows anyone with any disability a discounted admission fee plus free admission for their support person At the Western Development Museum, the 1st hour is set aside for vulnerable patrons since COVID; would consider continuing this
Nothing specific to dementia, but we do have a friendly-phone program for inbound seniors 55+. Safety and well-being team does post disaster check-ins and does mental health check-ins. They also call people in isolation hotels each night.
Not specific to dementia but we do have a Day Program for people with cognitive disabilities. We also have resources online and FB. LTC support is individualized. Currently the Day Program is offered to 61 individuals who use it every day (group or individualized) SaskAbility staff take individuals out into the community There is funding for age 22+ in the Day Program
Yorkton Legion's membership is smaller than in the past and as a result they have moved to smaller quarters with fewer options for events. COVID has also had a real effect. Most social activities now include card playing – crib & bridge – and they have visitation with home-bound members.
No specific program for people with dementia but we coordinate tours and do workshops for specific groups so the potential is there. We have classroom space and give adult classes – would love to hold a dementia-friendly event.
Once we are aware of a person with special needs, including dementia, we offer support and

referral. We will call and remind people of events, and often will pick them up or make arrangements. Women in our congregation do more activities . . . they have perogy-making days and pick up people who need someone to do so. The activity is a tradition and everyone joins in. It's a social outing. We have a visiting program for those who have recently lost a loved one – "Blue Christmas". We are conscious that the church services can invoke long-term memories and choose at least some old familiar hymns and prayers so there are some things that are familiar. In LTC services I intentionally wear robes and use ceremony so that there are lots of traditional, memory-invoking aspects to a service. We ensure accessibility for all people with disabilities with wheelchair accessible facilities, portable ramps, we have built a non-stair access. There are several churches and ministers that share services and we alternate churches (locations) so that some people will also recognize familiar surroundings. COVID – since COVID we have been live-streaming services on FB and we know many people watch church together For people who have no online access we still do mail-outs or deliver paper copies of the services. Pastoral care is done by phone instead of in-person. We still do some in-person stuff but in lower numbers.
No; our membership is aged 20-40. K-40 is disbanded. We offer no vulnerable services, but our main fundraiser is TeleMiracle, which is primarily to assist vulnerable people in a variety of ways – primarily youth-oriented, some of the services we provide include a lift for stairs; lift for tub
We (the church) are different in that we have routines that are 85% fixed services – they are always at the same time…same hymns; same service The Yorkton facility is wheelchair accessible; not the others (smaller communities) In the Ukraine, there are signers to translate for deaf parishioners Our resources are limited to identified need "Shut-ins" specifically in mid-January to mid-February – priests go and bless homes – mostly people 50 to 80 (pre-COVID) we had monthly suppers
PRE-COVID – we had services at LTC in Norquay; during COVID, every week we send a written meditation for residents For seniors living at home, we send email Volunteers deliver some materials in person Rather than online messages, we use telephone and conference calls; we can leave messages on the telephone if no answer We address disabilities in general such as mobility issues but not usually dementia Its not always the case that our buildings are accessible Our signage could be improved We use some larger print materials We have a good sound system We use familiar hymns, follow the same format, use the same order We use themes to denote seasons and celebrations – someone walking in the door would see reminders that it is spring, or that it is Easter Perogy-making – some participants have been doing it for years and can still enjoy and help

Music – we have familiar music in each service
senior programs do their own thing
Emailed response to request for interview - I am sorry to say that we do not have any services persay (sic) that make our library dementia-friendly. While we have several senior patrons, all are living on their own and take care of all their own affairs.
Emailed response to request for interview Good morning. my input in the Dementia project: The museum is open to the public - thus if an individual visits the museum who has dementia, we naturally engage in a conversation that is suitable, but the museum does not specially have a Dementia activity. We don't have the skill, time, money or staff to implement this.

Question 2 – How do your patrons/customers/members become aware of services?

Referred to respite care through home care – and must go through home care even if someone contacts them directly as their first contact
Mostly word of mouth in small towns
Paper, posters, FB
We offer info on our website to raise awareness of financial abuse and we train all our front-line employees to recognize signals of financial abuse and we have mechanisms to respond to it… we have an internal flag system where accounts can be flagged, i.e. 'be careful because mary appears to be confused' We always try to have a backup contact for accounts should there be a need to express concern Before covid, we held market events and held public info sessions We can reach out through mail-outs or call directly if there is no email address
"Small towns just know"; phone
Typically, these customers are brought in by a family member Typically, customers for some time who have developed dementia and still come
Post info in Keen Age (posters) Newspapers aren't used as much Getting the word out is a challenge Word-of-mouth is important
We have a newspaper, but also use FB and our town website; we have electric signs to announce events Seniors have a newsletter Posters are still a good way to connect, as is word-of-mouth We have a good online presence and use the website event calendar and electric sign to communicate events
We have a yearly registration night where we showcase opportunities We have a website We use advertising We figure out how to get info out
Usually 15,000/year (patrons) so word of mouth and users
Difficult spot – marketing is difficult Digital billboards Social media

Newspaper
Social media – radio and TV, press preleases for specific programming; we send a newsletter to members (SPARK) 4 times each year
Friendly-phone participants are referred by family and friends; Red Cross participants are all volunteers. All Red Cross volunteers are given an orientation and training. The program is promoted on FB and by word-of-mouth.
SaskAbilities is funded through Social Services; not a fee for service. Clients must be referred by a social worker. There are some programs for people with acquired brain injury with some services for those clients in rural areas.
Yorkton Legion's membership is smaller than in the past and as a result they have moved to smaller quarters with fewer options for events. COVID has also had a real effect. Most social activities now include card playing – crib & bridge – and they have visitation with home-bound members. Social media; FB; web page but 75% of communication is through email
Mail-outs to members, posters, social media, outreach to communities
We have zones within each district and our members just get in touch with other members. We also have a website, FB
Elderly parishioners don't use a computer Radio is very popular with elderly parishioners
We have many informal conversations Make literature available i.e. palliative care Women's groups watch for social isolation and make a point of inviting people who are isolated Offer emotional support i.e. knitters make prayer shawls to give to people who have experienced some trauma We have some special books printed in large print with short chapters which we distribute

Question 3 – Has anyone asked for any service(s) related to improving dementia inclusion or accessibility?

Has anyone asked for any service(s) related to improving dementia inclusion or accessibility?
Overnight respite care inquiries – MAY be arranged in some facilities if there are beds available
No one specifically asked for anything for dementia
No specific requests for dementia services
No. No communications to that effect from a provincial office (bank headquarters)
No specific requests for dementia-friendly projects; pilot project often don't get much buy-in; often just 3 or 4 people involved; it would be nice to see something dementia-inclusive get going. Finds that concerts are easy to draw a crowd – music of any kind; mix food & music always successful
No requests
No
No

No
No
People ask us about existing services; as people age, services decrease
No

Question 4 - What information or resources would you need in order to add or expand upon supports for customers/patrons/members?

Needs more public awareness – not well publicised and people don't seem to know about it – anywhere there is LTC there is a possibility for a day program People need to know there is a registration process through home care Not sure about Kamsack LTC – maybe respite on occasion; Melville struggling to get 3 people . . . suspects there is reluctance to use respite due to stigma
Should there be any people living with dementia in the future, the same problem would exist – need to know how to motivate people to become involved and to see the value in what is being offered
How to handle moods, they all have some experience as they are all seniors Some impatience with symptoms but also always someone to assist – they have to "fill in the blanks" and do some working around.
Facility-related, i.e. safety concerns that need to be in place; would be very interested in hosting something like a coffee-café and would like to know what would be involved i.e. how might it be possible for a care partner to drop someone off at a coffee café and what would have to be in place for that to work?
We already have training in elder abuse, POA info, etc. We use a mentorship system to help new employees recognize and put such training to use More info about dementia specifically would be good – for our training purposes online resources would work best like a video that people could watch on their own it would be great to have more info i.e. reading materials
One person wandered in and played cards, shuffleboard. He became angry but everyone was Understanding and helped him. They have tried playing dice and table-top games Technology – not using computers due to the cost Comments Interested in learning about how to adapt activities in general so as to be more dementia - friendly Shut-ins get more shut-in Has noticed that since COVID people seem to be out walking more
Has several clients with dementia Typically, these customers are brought in by a family member Typically, customers for some time who have developed dementia and still come
Wanted to get a speaker on dementia Basically, want to know, "what is it?"
Accessibility (for people living with dementia) how to make programs more accessible How to connect with people who are in need of these purposes?

We need all the information How to handle the hurdles Would like videos Guest speakers Reading info Advice on how to incorporate it
Held an ASOS presentation which was well-attended Not so much (use of) technology – access is very limited
Has some knowledge (about dementia); has access to knowledge; people need patience Technology – challenge to use technology – many people have smart phones in small towns, but not necessarily computers
What is the preferred method of contact? Is there a way that SHA could distribute information? Once a diagnosis is made? What are the best practices in programming? What "things" keep people at home longer? Technology - increase recreation services through booking, scheduling software, we are able to purchase programs and courses online We discussed Zoom, but money is a limited resource
How many people are affected?
We would consider dementia-specific activities – would like to find out what could make us dementia-friendly We look to collaborate with and collaboration with appropriate professionals Time and money are resources needed – we do have some funds but new programming needs to fit with ongoing programs i.e. materials We did host a children's program with SIGN (Society for the Involvement of Good Neighbours) for children with sensory and motor disabilities. They brought their own resources. We would need to assess the tangible resources needs for new programming.
Need to know what who how – what exists out there, who needs services, and how to connect with them Technology – Before COVID, Red Cross used conference lines, zoom, offered training on whatever tools were being used. We had remote workers and they were always included by some means.
Would like direction/suggestions on where to go next
On an occasional basis, we do visitations in LTC and have a Sick and Visiting Committee to visit shut-ins (pre-COVID). We once had 110 members and now have only 12 active members. We include widows of veterans, but there are now only 3 WW2 vets. We would consider doing these services again. We would need information about the disease like we would with any disease or symptom such as mental health/PTSD, first aid requirements.
Need to know what the needs are It would be good to have a guest speaker (about dementia) who could also do an assessment of our facilities to deliver programs Technology - have a new website coming to enhance livestreaming experience along with a virtual learning studio with new camera, lighting, etc. we will be able to have online classes

and demonstrations etc. which will be more accessible to people.
A list of things for people to do to increase accessibility Workshops would be good – guest speaker – we had one some time ago on disabilities that was especially good. The speaker brought tools along and gave us a "handicap" so we could live the experience. I think there are not enough resources (people with training) to respond to all our residents in LTC/Recreation departments. When there are too many people, there is a tendency to hit the middle group as we can't reach them all.
We would use a PowerPoint presentation for groups We could change signage and act on other ideas We'd like tips Advice on what caregivers need We had a social isolation project some time ago that was a good example Online sessions are useful Some sessions are too technical (medical) for most people Focus on attitudes – be accepting and tolerant i.e. what to do if there is an outburst Keep it simple – more social tips than medical tips What can we do? Education for clergy on dementia – i.e. how to visit in-home; home visits for Norquay are a priority

Question 5 – What technology adaptations has COVID prompted, and will you continue these services post-COVID?

What technology adaptations has COVID prompted, and will you continue these services post-COVID?
We have used Day Wellness Centre and will go there in the future for bathing In the future, we will be installing grab bars in our bathroom. She might approach a museum for info about trains as he has a very keen interest in anything to do with trains.
Zoom might have worked but wasn't tried – one barrier is that people don't have the technology at home, or it is too expensive – internet access is about $100/month; if they have a computer, they don't necessarily know how to use it so training would be needed – even on the Rec Board, the secretary and treasurer both do everything in handwriting
Not using computers due to the cost
Fitness – no "virtual" interest "Virtually" didn't happen over summer For winter we have some ideas but not implemented yet We use FB live or Zoom – they are free; less commitment – its hard to correct (someone exercising improperly) online
Not so much (use of) technology – access is very limited
Challenge to use technology – many people have smart phones in small towns, but not necessarily computers
Increase recreation services through booking, scheduling software, we are able to purchase programs and courses online

We discussed Zoom, but money is a limited resource
(Band) school uses distance learning – 50/50 half of students are in classrooms/half are learning from home Zoom is used
WDM has online and virtual activities for everyone, including activity sheets, videos, virtual tours, Christmas themed activities, family-themed activities We are looking for opportunities; more activities are coming, i.e. around harvesting and exhibit-related topics
Before COVID, Red Cross used conference lines, zoom, offered training on whatever tools were being used. We had remote workers and they were always included by some means.
Wonders about dogs as there has been some success with dogs as service animals for people with autism . . . perhaps for people with dementia as well?
We don't use technology like zoom
Have a new website coming to enhance livestreaming experience along with a virtual learning studio with new camera, lighting, etc. we will be able to have online classes and demonstrations etc. which will be more accessible to people.
Since COVID we have been live-streaming services on FB and we know many people watch church together
We also have a website, FB
Larger city parishes may continue some use of technology post-COVID We may consider Zoom in the future Elderly parishioners don't use a computer Radio is very popular with elderly parishioners
Rather than online messages, we use telephone and conference calls; we can leave messages on the telephone if no answer We have a good sound system Wi-Fi in remote areas is a problem
We facilitated Remembrance Day service over Zoom We hold workshops online Grad was online We did a social media presentation on FB live Small communities have small spaces so COVID challenges

At the end of the interview, participants were invited to make any additional comments.

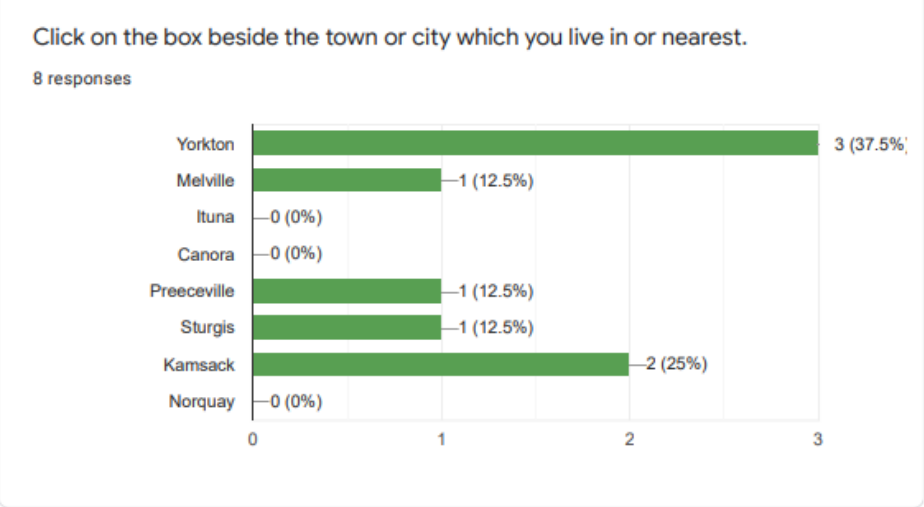
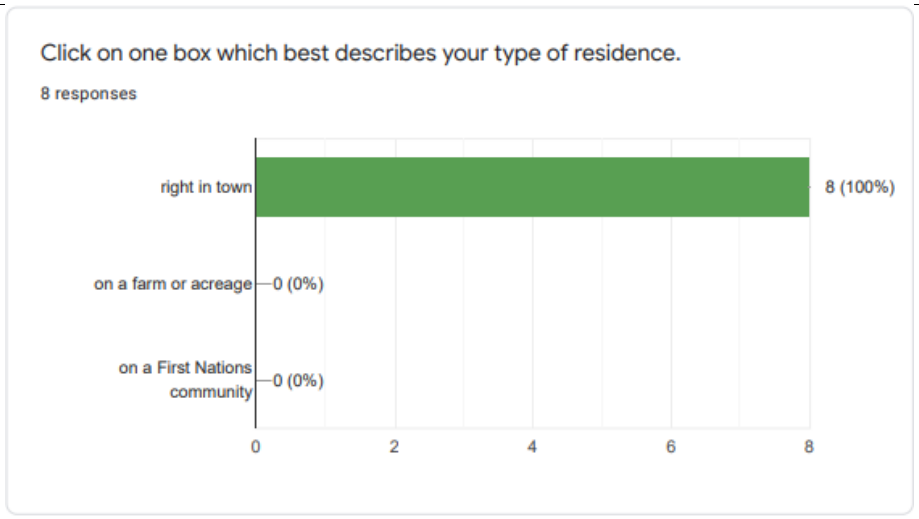
Participants were asked if they wanted to add further comments.
One way to make things more accessible for people with a variety of disability is through the Easter Seal's Access 2 Entertainment Program which provides the member with a discounted fee (i.e. to the museum) and if the person needs a support person along, the support person is admitted free.
(by email) No, we do not have anything specific, we try our best to accommodate these members and encourage them to have POA (power of attorney) on file so that way we can meet with both of them so there is someone that can also help them outside of our office with their finances.

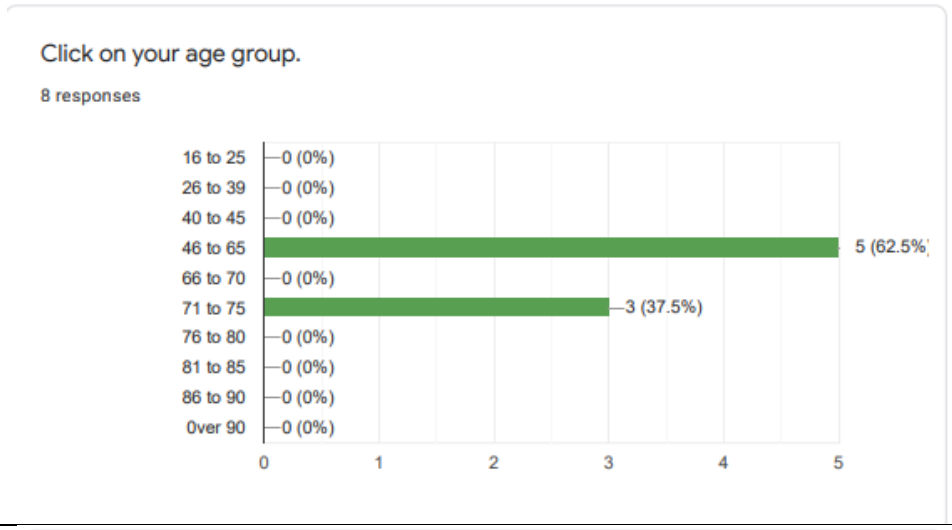
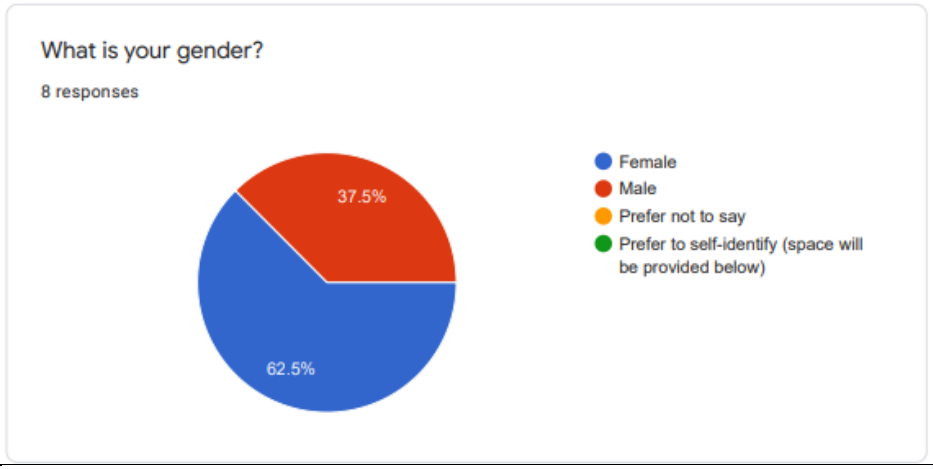
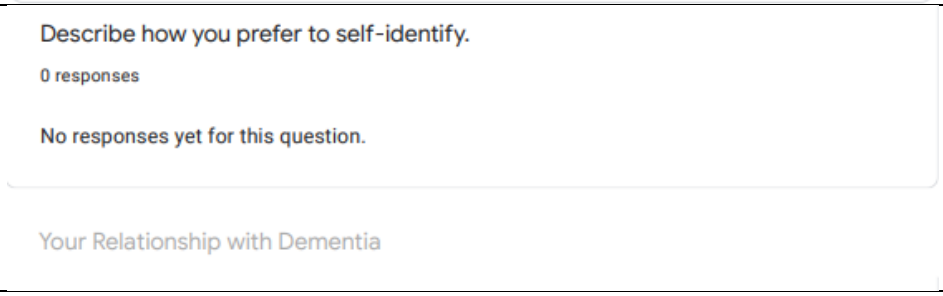
We have had fraud workshops however is not something that we do on a regular basis. We will always take the time to meet with them and help determine what they require but POA would be the first go to.
(by email) I am sorry to say that we do not have any services persay (sic) that make our library dementia-friendly. While we have several senior patrons, all are living on their own and take care of all their own affairs.
Can happen to anyone Our bodies give up in different ways
We would only come into contact with people living with dementia if we were referred to someone in need of a food or Christmas hamper – referrals might come from the READ Club (Sturgis Senior's Centre) of Club 60 (Preeceville Senior's Centre)
Interested in learning about how to adapt activities in general so as to be more dementia - friendly Shut-ins get more shut-in Has noticed that since COVID people seem to be out walking more
Has several clients with dementia Typically, these customers are brought in by a family member Typically, customers for some time who have developed dementia and still come
Active Aging program was too physical for most members due to mobility issues Wanted to get a speaker on dementia Basically, want to know, "what is it?"
Proud to say the Canora swimming pool is being replaced and the new pool will have an accessible beach entry. It is seasonal; heated.
Yorkton has a lot of facilities to offer programs We are willing to collaborate with anybody Our goal is working together.
We used to loan out "Reminisce Kits" – we used a few extra suitcases, used themes such as toiletries of the past. Suitcases contained a few items of toiletries and personal grooming items such as a razor strop, handkerchiefs, meant to be hands-on. A script accompanied the items. (Something like this might be dementia-friendly.)
It would be great to see any social inclusion ideas.
Wonders about dogs as there has been some success with dogs as service animals for people with autism . . . perhaps for people with dementia as well?
Regarding stigma – they are not suffering; not in pain, and need to be treated as usual
Have a new website coming to enhance livestreaming experience along with a virtual learning studio with new camera, lighting, etc. we will be able to have online classes and demonstrations etc. which will be more accessible to people.
There is lots of info out there for families but not for community organizations Having a "dementia-audit"| or checklist would be great Sometimes often in churches people fall off the radar when they can't come to church any more
I'd like people to know about the loneliness of isolation; that is due to the stigma Mom for example was always very active in her church but now she has dementia and friends

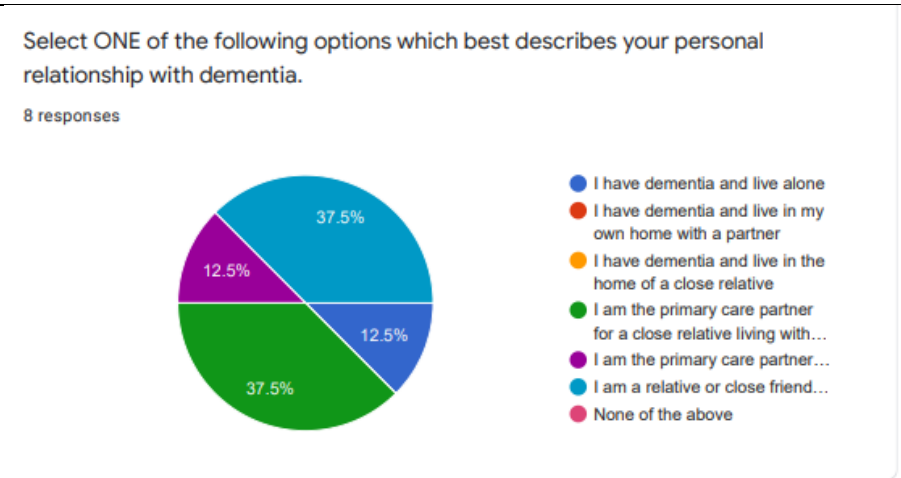
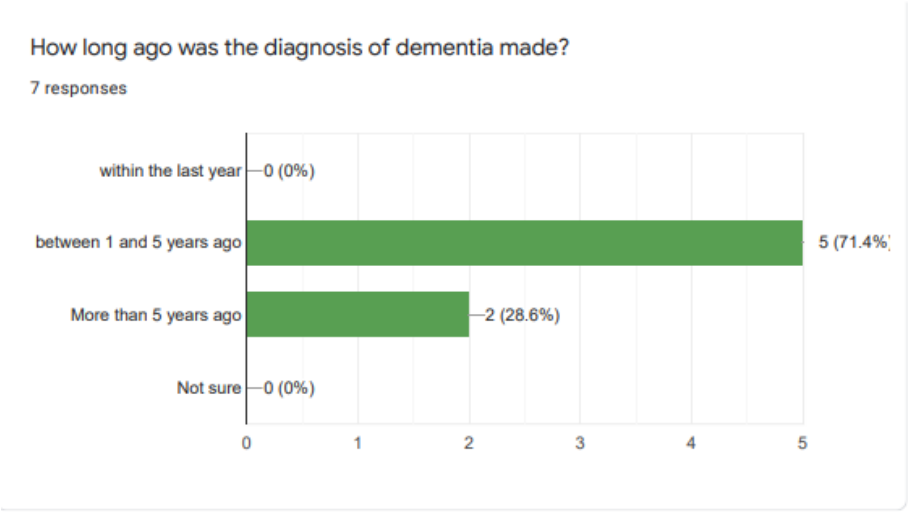
no longer visit

Appendix C: Survey Results

Living with Dementia Survey Results

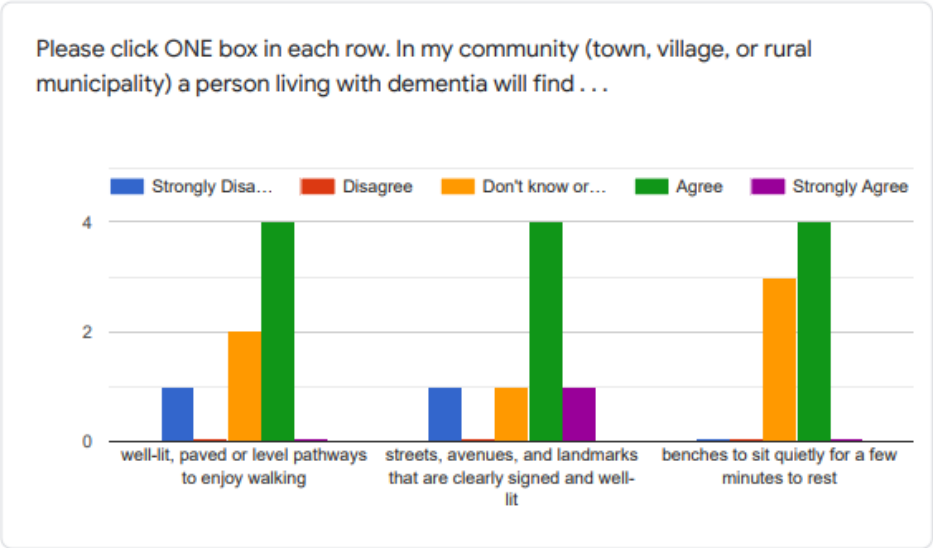
Section 1 - Introduction	
Section 2 – About You	
1.	
2.	

3.	
4.	
5.	 Your Relationship with Dementia

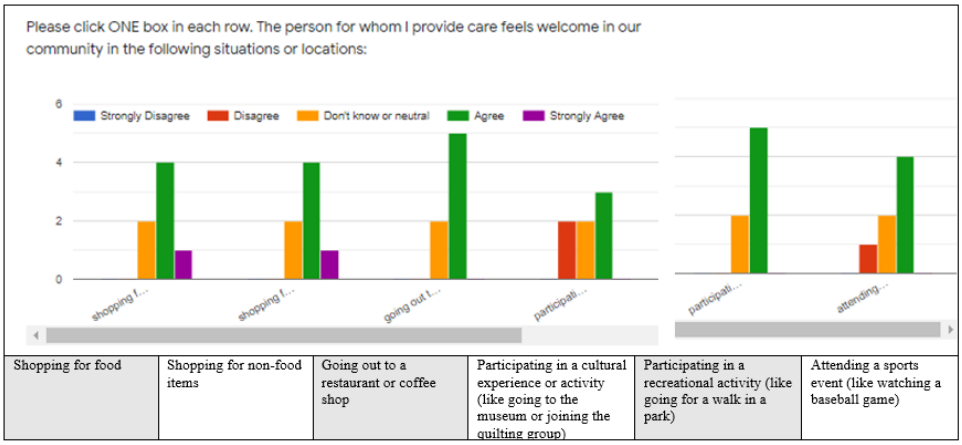
6.	
Section 4 – Feeling Valued by the Community	
7.	

8.	What would you like people in your community to know about dementia? 6 responses That maybe the person has changed in many ways but they still require a social outlet and friend. How difficult it is to have a parent living with it. That a person suffering with dementia needs help and a great deal of understanding. Also for people to realize that the person is struggling & at times feels lost, frustrated & fearful. While a person with dementia can appear normal (carry on a conversation, joke around, etc.), don't expect all their abilities to be up to normal standard nor rely on the person to relay a message, nor follow all instructions if given. It affects different people in many different ways. Just to have more info about the disease and it's affects would be good.
9.	What would you like people in your community to know about the needs of those caring for people living with dementia? 6 responses Need to support, and time for oneself and self care as well, a place for the person with dementia to go to a social event and the care giver may have sometime for them self. Patience, is huge in dealing with this terrible disease. It at times is very lonely & frustrating caring for a person with dementia. The caregiver needs others to reach out to him/her to see how he/she is coping. Caregivers sometimes need a bit of help from team members, community members, etc. to support the activities or to direct the dementia person in the right choice of behaviour. There are programs available to assist with the struggles. The first step is to reach out. Just that we might need a little extra time at checkout lines etc.

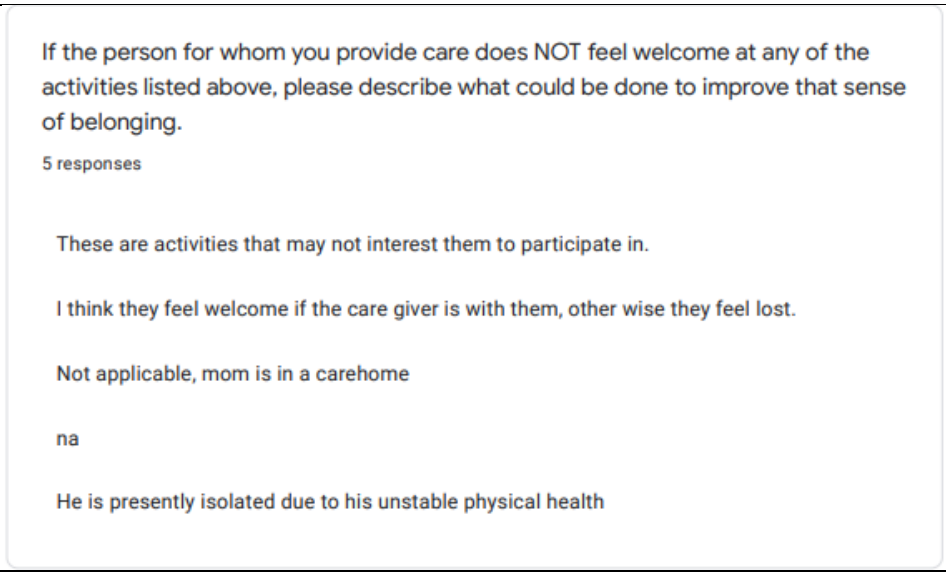
10.


Please click ONE box in each row. In my community (town, village, or rural municipality) a person living with dementia will find . . .
Strongly Disa…
Disagree
Don't know or…
Agree
Strongly Agree
4
2
0
well-lit, paved or level pathways to enjoy walking
streets, avenues, and landmarks that are clearly signed and well-lit
benches to sit quietly for a few minutes to rest

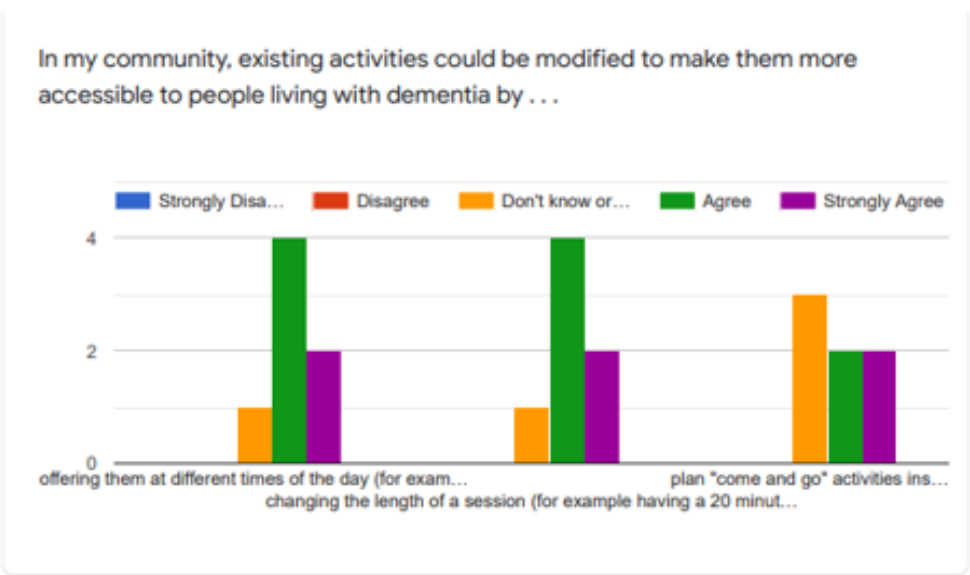
11.


Please click ONE box in each row. The person for whom I provide care feels welcome in our community in the following situations or locations:
Strongly Disagree
Disagree
Don't know or neutral
Agree
Strongly Agree
6
4
2
0
shopping f…
shopping f…
going out t…
participati…
participati…
attending…
Shopping for food
Shopping for non-food items
Going out to a restaurant or coffee shop
Participating in a cultural experience or activity (like going to the museum or joining the quilting group)
Participating in a recreational activity (like going for a walk in a park)
Attending a sports event (like watching a baseball game)

12.

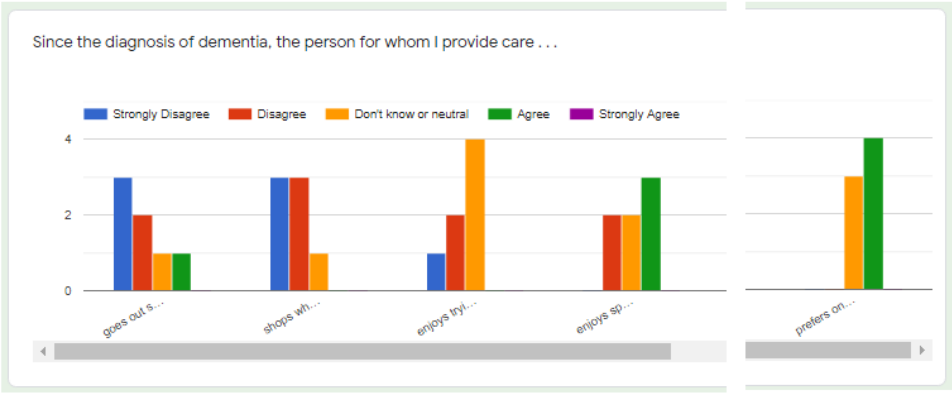

If the person for whom you provide care does NOT feel welcome at any of the activities listed above, please describe what could be done to improve that sense of belonging.
5 responses
These are activities that may not interest them to participate in.
I think they feel welcome if the care giver is with them, other wise they feel lost.
Not applicable, mom is in a carehome
na
He is presently isolated due to his unstable physical health

13.



1. offering them at different times of the day (for example, in the afternoon or weekends instead of evening only)
2. changing the length of a session (for example having a 20-minute activity with a break instead of having participants focus on an activity for two hours)
3. plan "come and go" activities instead of depending on participants being present for the entire activity

14.



1. goes out socially with friends as often as before the diagnosis
2. shops whenever items are required
3. enjoys trying new ways to socialize (like table-top games instead of cards)
4. enjoys sports and recreation activities as an observer rather than a participant
5. prefers one-to-one activities more than group activities

15.

Do you have any comments about the difference in the level of community engagement you see post-diagnosis in the person for whom you provide care?

4 responses

Would like to see more activities offered for persons with dementia, more social involvement and entertainment.

Yes, in our church I notice that he does not participate in discussions or chit-chat over coffee. If asked a direct question and he can't remember the correct answer, he will defer to the care giver to answer for him or give an incorrect answer. Discussion type of activities outside the home are difficult for him.
He sings in the choir and still learns new pieces, but he loses his place in the books. Others show him where we are to keep him on track with singing. Otherwise he drops out. In other words, he needs a companion in these kinds of situations or people willing to watch out for his needs and help when needed. This works in our choir as they are aware of his needs and abilities, and they appreciate his singing.
He has been able to partiicipate in some of our kitchen work bees with some supervision. His help is accrepted and appreciated as he is strong and can carry heavier things. Everyone knows he has dementia.

He is able to curl on a rink with other team members in a seniors league. It is mostly for fun so if anyone makes a bad shot or a mistake, no one makes a big deal out of it. However there are a few curlers who do take the game too seriously so I make sure

take the game too seriously so I make sure that he is not curling on their te He has a very accepting group of curling friends. They always go for coffee afterwards, but he does not like to do that. He enjoys the curling and that is enough for him. By the end of the game, only 8 ends, he is ready for a nap and not more socializing. He is 80 years old. The seniors curl 2 afternoons a week in normal times.

We were interested in the Lions Wellness Day Programme, but Covid 19 restrictions interferred with his participation in this. It would have given him more social interaxttion and me as caregiver, some time off.

He likes gardening and yard work with a companion to supervise.

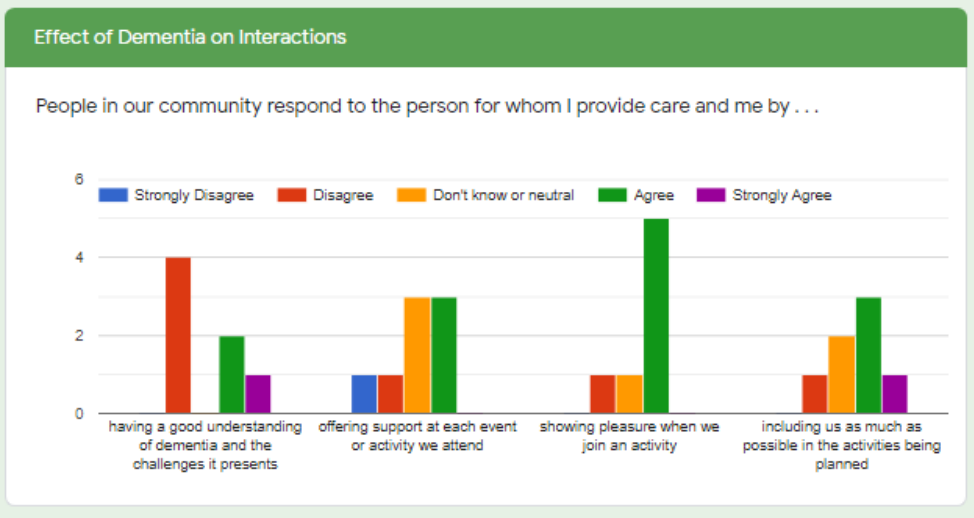
He used to golf with a companion. His caregiver does not golf. Since we moved to Yorkton, we have not been able to find a suitable golf companion to transport and take him for a round of golf. He would go if this was available.

He likes to swim but caregiver does not swim. A swimming companion would also be a good thing to have so he could do this again.

I guess a list of companions for sporting events would be helpful to make his life more enjoyable and more social.

If community engagement is not an option, in home engagement would also be important.

16.



17.

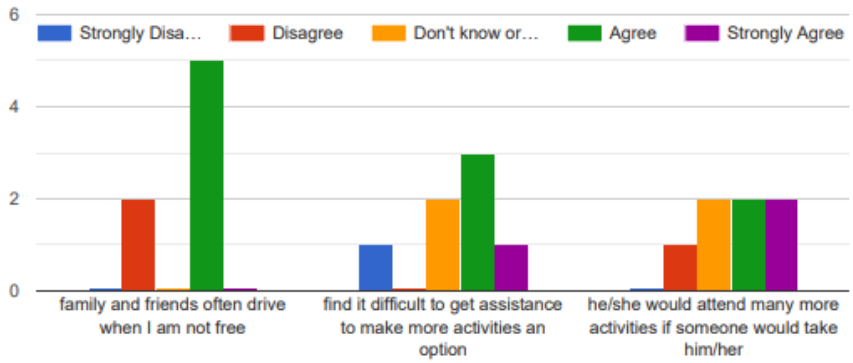
Do you have any comments about the community's response to people living with dementia?

3 responses

People seem to be more stand offish, they may say hello but don't really interact with the person who has dementia and even the care giver as if they have dementia as well. It seems that once the person know about the dementia they act different towards the person who has dementia.

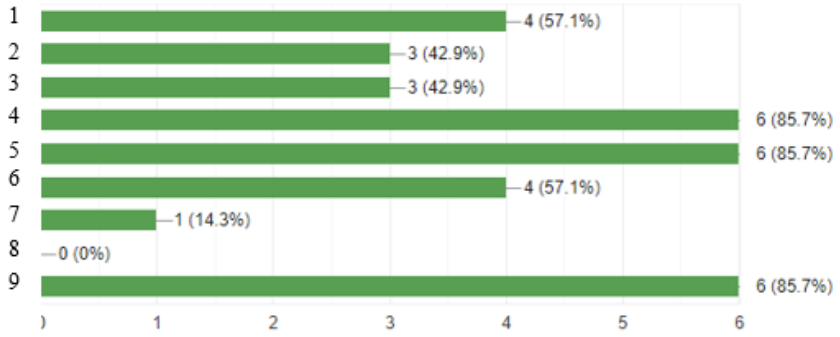
I think that the wider community is not that involoved in supporting dementia life. It happens at present in parts of the community where we are already established and people already know us well. I worry about the response from people in stores when he starts sampling bulk goods or grapes, etc. He does not like to listen to me all the time about these things. Shopping during Covid 19 is a problembecause he like to touch all kinds of things we are not buying. He will touch people if he engages with them. Mostly I just leave him at home.

I think we live in a friendly, inclusive community. Usually the comfort level changes when people in the community feel hesitant or feel "sorry" for the personal affected which may result in avoiding that person all together. If the communication was open, then community members might be more open to offer assistance

TRANSPORTATION FOR PEOPLE LIVING WITH DEMENTIA	
18.	I provide some transportation for the person for whom I provide care, and . . 
19.	Do you have any comments to add regarding transportation for people living with dementia in your community? 3 responses No one has ever offered to take the person with dementia out for coffee or a drive except family members. (The children). Public transit is not an option without a companion. A companion who would drive him to events and remain with him to guide him through situations is a must if I am not going to do it. For now either I do this for him, or he stays home with me. Lose of independence from inability to drive is a contributing factor to mental health and overall well being of the person living with dementia

20.

COVID-19 keeps most of us from enjoying activities that we used to enjoy. In addition to those restrictions, what keeps the person for whom you provide care from enjoying the activities he/she used to enjoy? Check all that apply.



1 Fear of getting lost
2 Minimal access to a ride
3 Physical capability has deteriorated
4 mental capability has deteriorated
5 worry about getting confused
6 anxiety about how others will react to symptoms like confusion or disorientation
7 isn't made to feel welcome in some places
8 limited budget for activities
9 can't or won't go alone

21.

Please comment about any other barriers that keep the person for whom you provide care from enjoying activities.

4 responses

I feel they would get out more if someone is with them not alone.

COVID 19 lockdown

mainly a lack of a companion who will drive and guide him.

Loss of motivation to leave the home. Incontinence.

22.

Have you and the person for whom you provide care used technology to compensate for some of the restrictions resulting from COVID-19? Please comment about your use of technology. (Some examples might include using smartphones to text messages to friends; Zoom or Skype to visit with friends.)

4 responses

Yes, vido chats with family, not really with friends

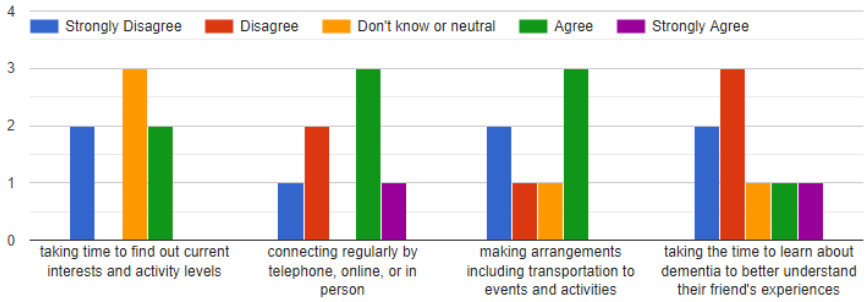
Very limited family photos mostly

We only use the phone at present. However, he loses interest in the phone call if it is lengthy and walks away from it. He does not have access to tech of his own. I cannot trust him with my computer as he likes to punch all kinds of buttons and make destroy some of my programming. He still has problems with the TV remote buttons and his watch is always set to the wrong time (which keeps changing to another wrong time.)

No. He does not have access or interest.

23.

Please select just ONE response in each row. Friends of the person for whom I provide care show their own support by . . .



24.

Do you and/or the person for whom you provide care have some friends who no longer visit? If yes, why do you think they no longer visit?

5 responses

Yes, they no longer know how to communicate with the person who has dementia, they feel strange around them.

Not really , same friends

He stopped wanting company years ago. Only family is welcome. Other people in the house make him nervous and he hides what he considers precious or valuable things so that neither of us can find them again or only after very long periods of time.

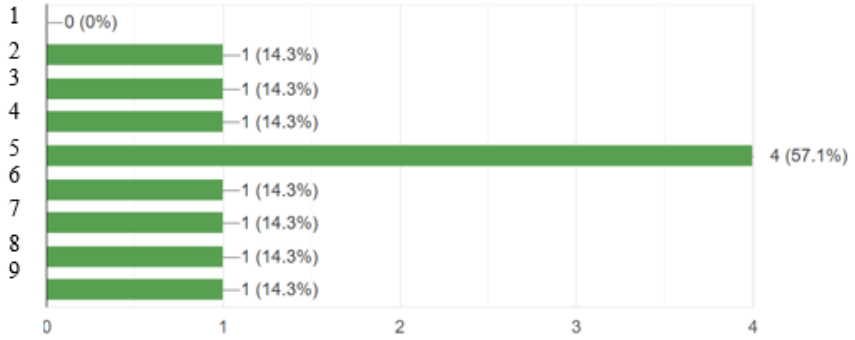
Friends used to visit him at his work. They do not come to his home. He does not drive so he cannot go out and meet friends.

No. All our previous friends have been very supportive.

RESOURCES IN THE COMMUNITY AT LARGE

25.

Before COVID-19 caused long-term care facilities to be restricted, many of them offered Day Wellness Centres with respite care for people living with dementia. Please check each point below describing your use of these centres.



1. The person for whom I provide care attended Day Wellness Centres regularly
2. The person for whom I provide care attended Day Wellness Centres occasionally when I needed time away
3. The person for whom I provide care has other close relatives that he/she stays with when I need to be away
4. I am not familiar with this service
5. I know of this service, but we have not used it
6. I have someone I hire privately to stay with the person for whom I provide care in my own home on an as-needed basis
7. OTHER – Respite in long term care
8. OTHER – plans to use this once Covid 19 release
9. OTHER - Spouse provides all care at this time

26.

If you know of a Day Wellness Centre but do not use it, could you please describe your reasons for not using it?

4 responses

So far no need

I have not felt the need for it before now. Now I think that we both need it.

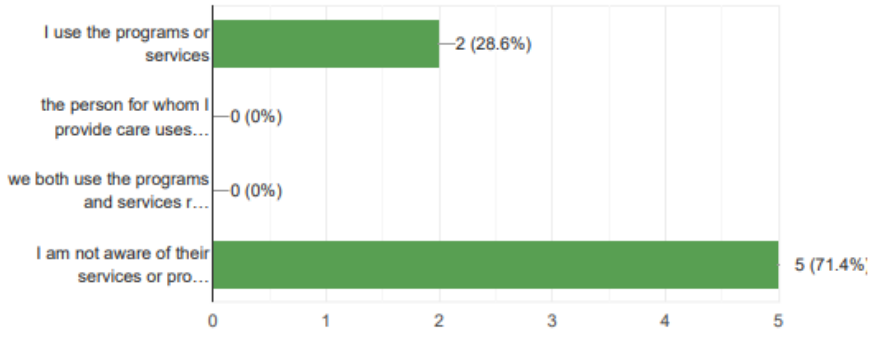
The family is not in support of it.

I know a facility is available in Yorkton, but it hasn't clicked with any Yorkton trips yet. i think Kamsack may have a scaled back version which we have not pursued due to Covid, but will follow up in the future.

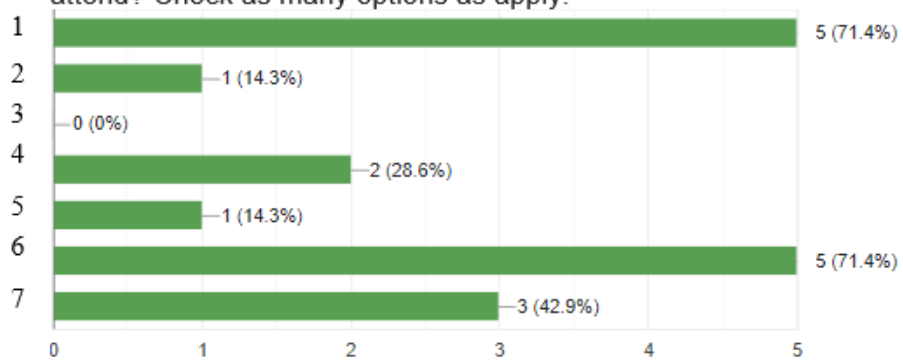
27.

Do you and/or the person for whom you provide care use programs and services offered by the Alzheimer's Society of Saskatchewan? Click on the best answer to fit your description.

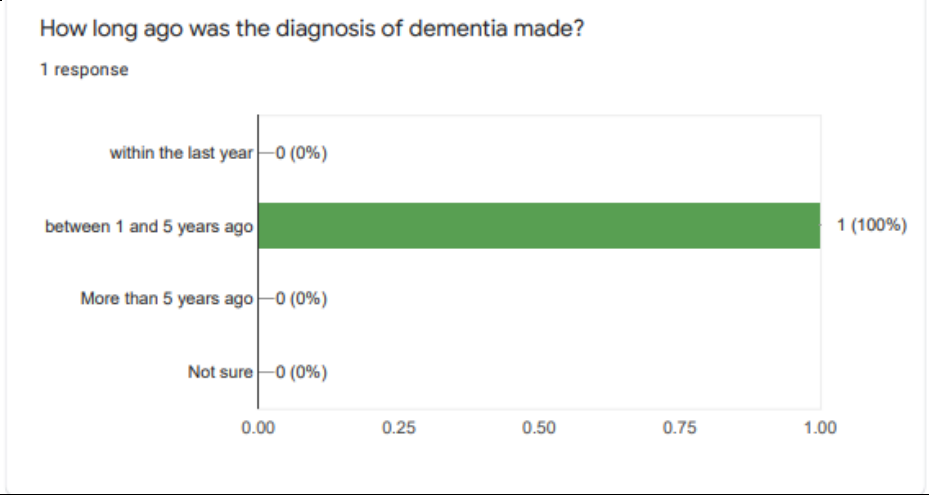
7 responses



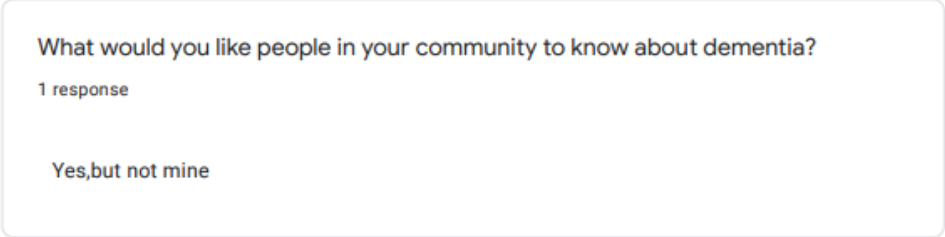
1. I use the programs or services.
2. the person for whom I provide care uses the programs or services
3. we both use the programs and services regularly
4. I am not aware of their services or programs

SOCIAL-Inclusion in the Community	
28.	When the person for whom you provide care goes out, which of the following sport, recreational, or cultural activities does he/she attend? Check as many options as apply.  1. Eat out in restaurants or go for coffee 2. Watch hobby activities that others are doing (like art, music, car clubs) 3. Actively participates in hobby activities (like art, music, car clubs) 4. Attend sport activities as a spectator (like curling or golf) 5. Actively participate in sport activities (like curling or golf) 6. Participate in recreational activities (like walks in a park or going to the beach with grandchildren) 7. Participate in cultural experiences or activities (like going to a museum or listening to a musical band or choir)
29.	Are there some activities that should be added to the list above? 5 responses Family gatherings, birthday parties etc. Likes to bowl, still actively participates in golf if with someone like a family member, likes to dance and likes music and museums. Has not curled in years but likes to be a spectator. Loves hockey and football has been a season ticket holder for many years. No community choir, church choir He does not go out

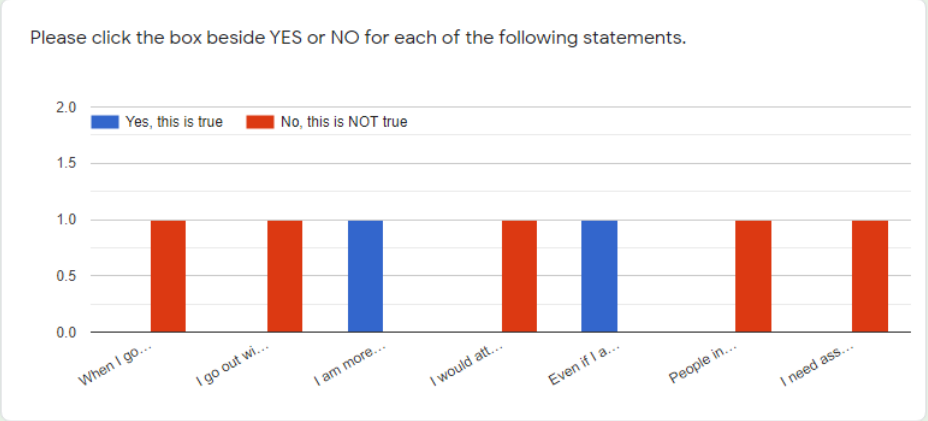
30.



31.



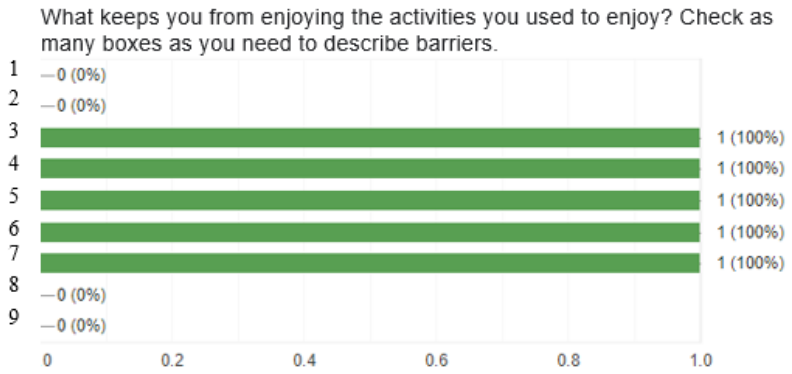
32.



From left to right:

- When I go out to activities and events in my community, I feel welcome.
- I go out with friends as often as I did before I was diagnosed with dementia.
- I am more comfortable with one-to-one activities than with group activities.
- I would attend more activities if I had a friend to participate with me.
- Even if I am not able to join in some activities, I still enjoy watching others participate in them.
- People in our community have a good understanding of dementia and the challenges it presents.
- I need assistance from support people to arrange transportation to get to activities.

33.



1. I'm worried that I might get lost
2. It is difficult to find a ride to some activities
3. My physical capability has deteriorated
4. My mental capability has deteriorated
5. I worry about getting confused
6. I am anxious about how others will react to symptoms like confusion or disorientation
7. I don't feel welcome in some places
8. I have a limited budget for activities
9. I can't or won't go alone

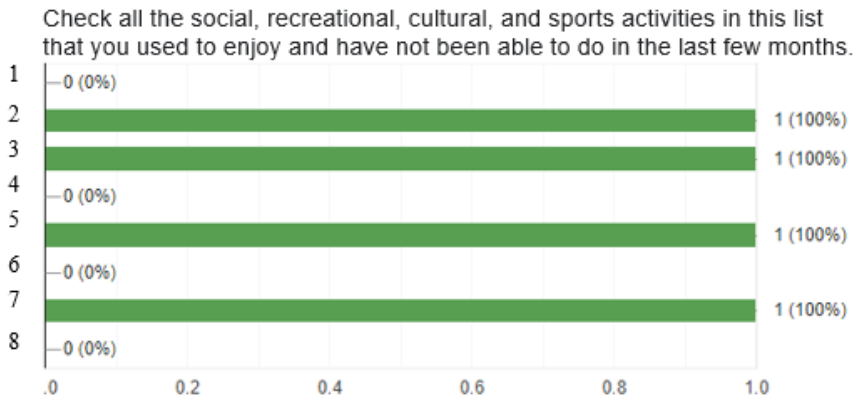
34.

Please describe any other barriers to your enjoyment and participation in activities and events.

0 responses

No responses yet for this question.

35.



1. Get books from the Library
2. Go to church services
3. Visit friends
4. Eat out in restaurants or go for coffee
5. Do hobby activities (like art, music, car clubs)
6. Attend sport activities (like curling or golf)
7. Participate in recreational activities (like walks in a park or going to the beach with grandchildren
8. Attend cultural activities (like going to a museum or listening to a musical band or choir)

36.

Are there activities that you would like to add that we did not include above? Please describe them here.

0 responses

No responses yet for this question.

Thank you

37.

Thank You!

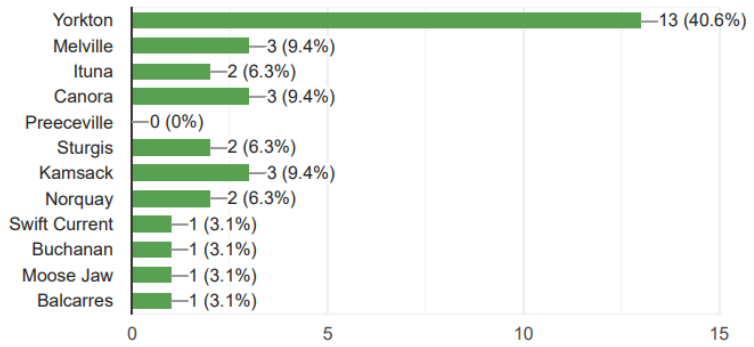
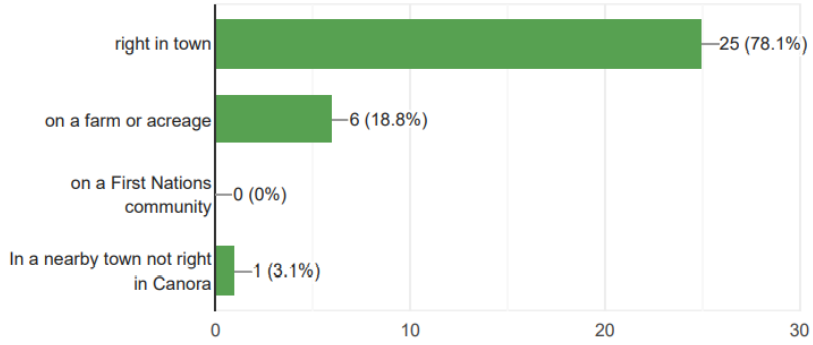
If you have any additional comments, please use this space to include them.

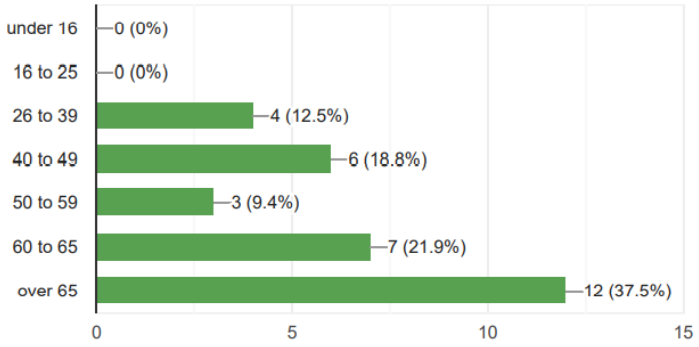
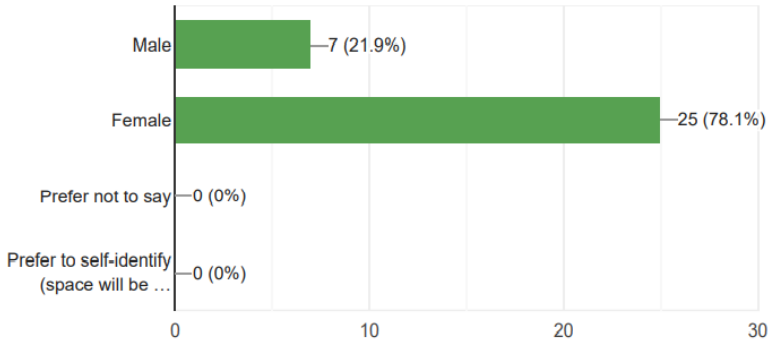
2 responses

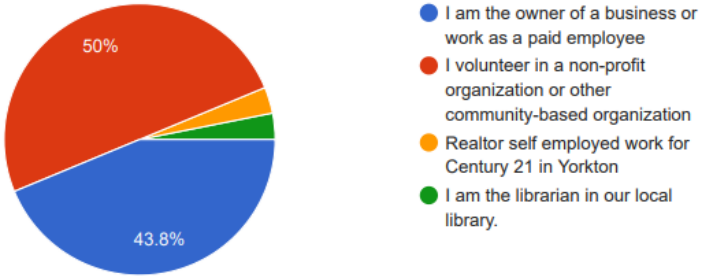
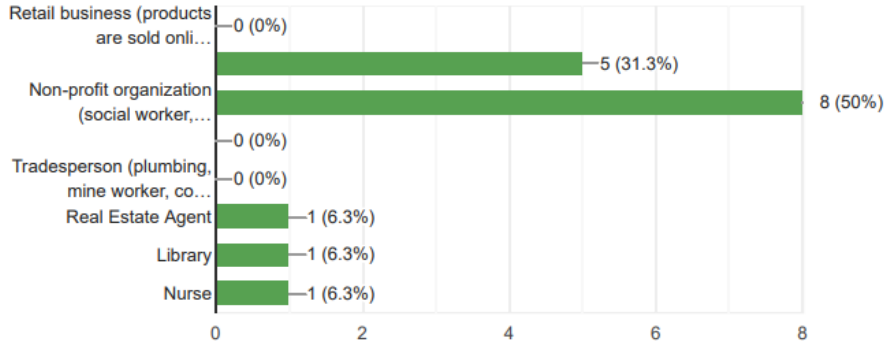
Thank you deeply for this!!

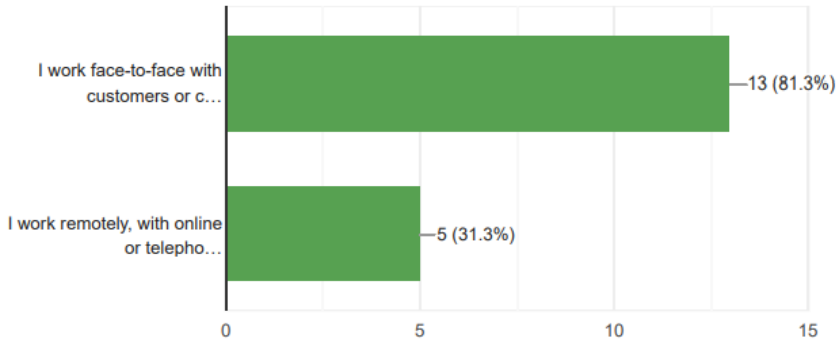
thank you for having this survey.

The Dementia-Friendly Community Survey Results

Section 1 - Introduction	
Section 2 – About You	
1.	Click on the box beside the town or city which you live in or nearest. 32 responses 
2.	Click on the box which best describes your location. 32 responses 

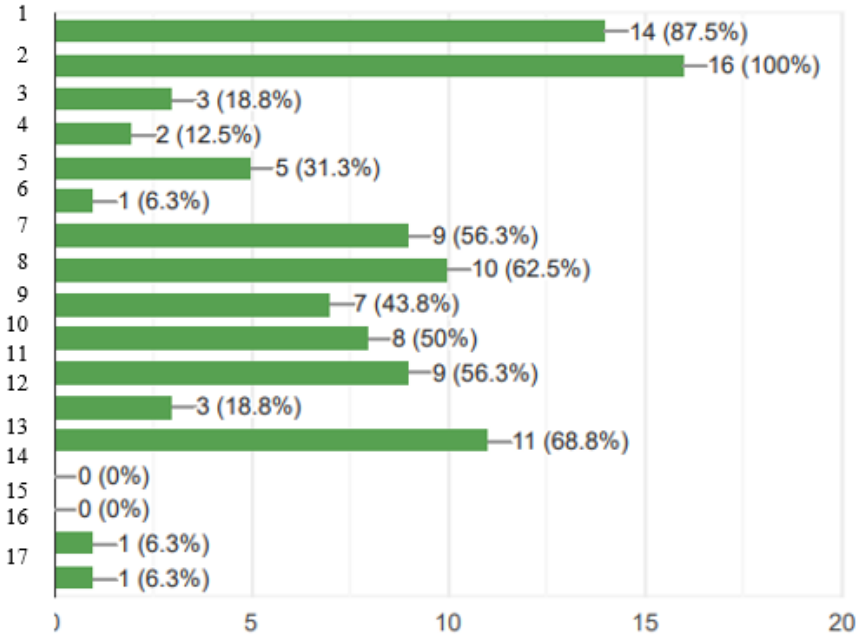
3.	Click on your age group. 32 responses 
4.	What is your gender? 32 responses 
5.	If you selected "prefer to self-identify" above, please use this space to do so. 0 responses No responses yet for this question.

6.	Choose ONE response to be directed to questions more focused on either WORK or VOLUNTEER organizations. (In order to respond to both, please select the alternate when you take the survey a second time.) 32 responses 
PAID WORKERS	
7.	Click on one or two boxes in order to describe the type of business in which you are PAID for your work. 16 responses 

8.	Check which of the following options best describes customer contact in your work position. (Select one or two options.) 16 responses 
9.	If you have a comment about your customer contact, please use this space to share it. 3 responses The office has hand sanitizer and masks available to the public. We limit face to face contact unless absolutely necessary. The use of electronic signature has limited face to face contact. Operating virtually right now, will move to face to face when safer to do so. We are a public library and deal with many people in many ways

10.

Because of COVID-19, many organizations have offered additional services to customers or clients. (Note that some of these services may have been offered prior to the pandemic.) Please check each box beside a service your organization has offered within the past 6 months.



1. Made PPE available (masks, hand sanitizer)
2. Encouraged social distancing
3. Dedicated specific hours to allow access with less exposure (for example, one hour each week restricted shopping for customers over 65 or those with a disability)
4. Provided call-in shopping orders to be filled by staff for free or at a low price
5. Offered curb-side pick-up
6. Offered free delivery or at a low price
7. Ensured walking-traffic areas are free from clutter or obstructions
8. Staff were available to provide personalized assistance
9. Ensured washroom facilities were signed with symbols and words
10. Ensured carpets, rugs, or mats do not pose a trip hazard
11. Ensured exits, washrooms, and cashier stations are well-signed and lit
12. Set aside a social area or coffee area where customers can sit if quiet or rest is needed
13. Ensured the facility operators recognize the needs of people using walking aids or wheelchairs
14. Don't know
15. None of these options are applicable to my organization
16. OTHER – Virtual consultation, workshops, etc.

11.

If you believe your organization is unlikely to offer some of the services listed above post-COVID, please briefly describe what your organization would need to consider to offer or continue these services?

2 responses

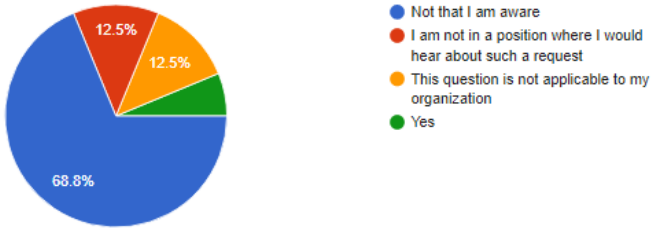
Masks and social distancing will most likely cease once COVID-19 has subsided and ended.

We are not allowed to have people spend any amount of time right now, they can take a brief rest if needed

12.

Have any customers requested additional services specific to people living with dementia?

16 responses



13.

If you answered "Yes" to the question above, could you describe the nature of the request.

1 response

Books on CD as they are no longer able to read

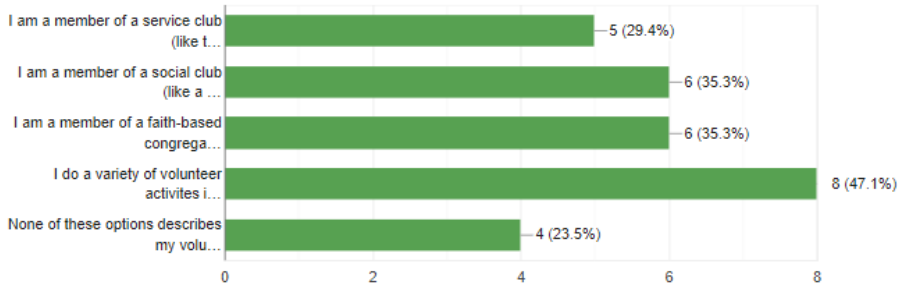
VOLUNTEERS

14.

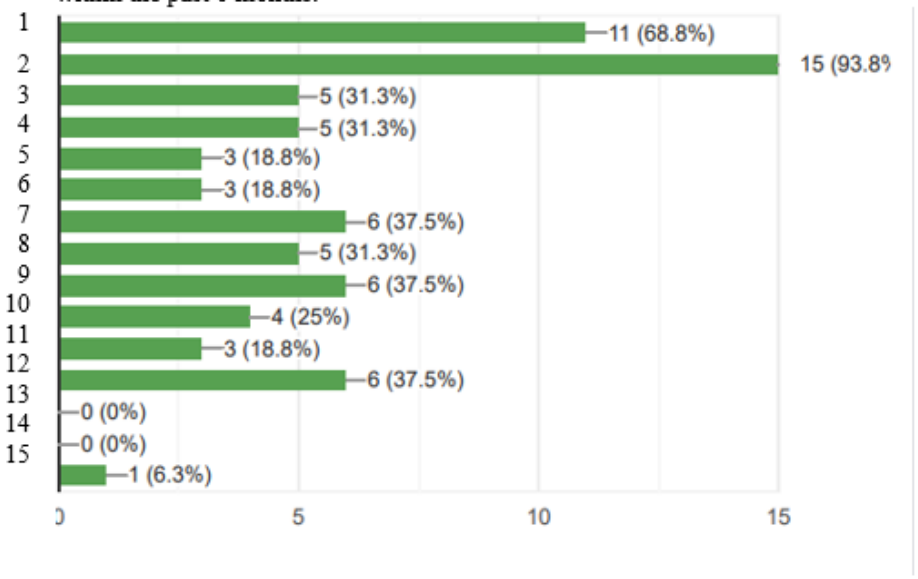
Volunteers

Please check all options that help to describe your volunteer work in your community.

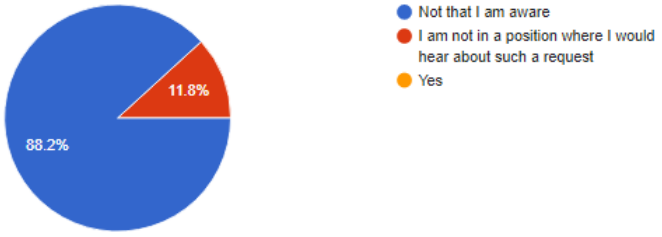
17 responses

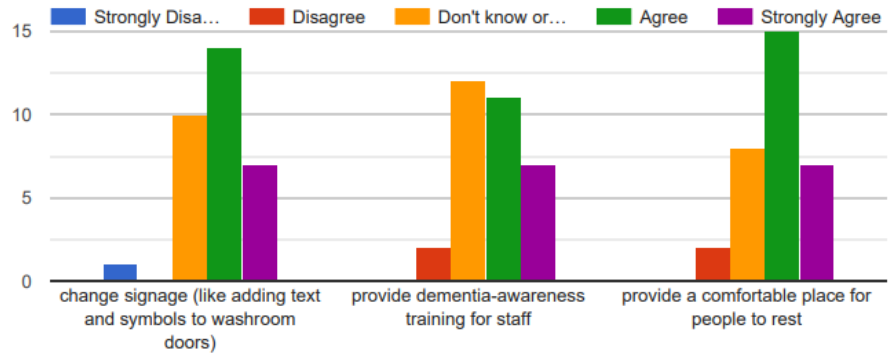
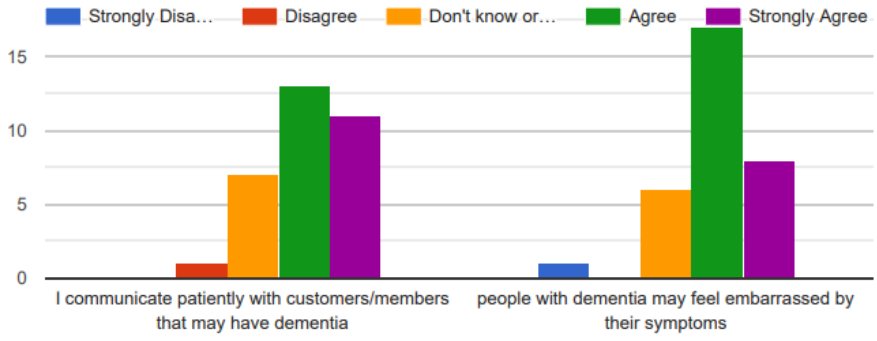


1. I am a member of a service club (like the Elks, Rotary Club, Kin Canada, Masonic Lodge, Optimists)
2. I am a member of a social club (like a Senior's Club)
3. I am a member of a faith-based congregation or group (in addition to being a church member, this might include singing in a choir)

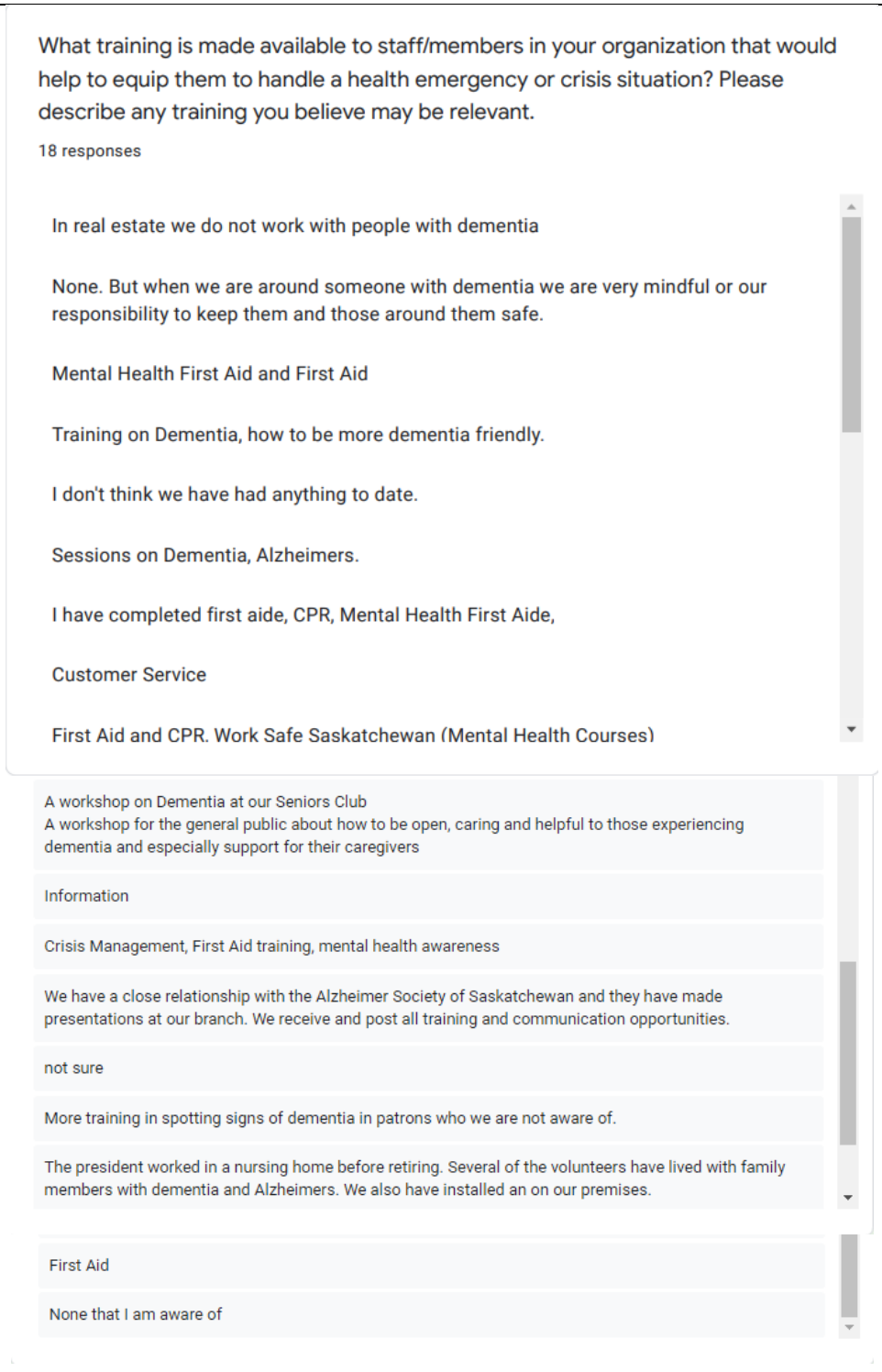
	4. I do a variety of volunteer activities in my community (like helping with Christmas food hampers, or working in a community garden) 5. None of these options describes my volunteer work. (You will be able to describe your volunteer work in the next question.)
15.	If your volunteer work was not listed in above question, please briefly describe it here. 8 responses Lions Clubs International A museum and arts council Offer worship services at local personal care Home. Sing with seniors at personal care home employed and volunteer in CED in East Central Saskatchewan I serve on Health Care facility auuxiliary, Senior Centre, Rec Board, Active Aging Exercise, Flu Clinics, Church UCW, I lead a Senior's'. exercise group I work at a branch library Secretarial, Accessions Committee - Melville Heritage Museum
16.	Because of COVID-19, many organizations have offered additional services to members. (Note that some of these services may have been offered prior to the pandemic.) Please check each box beside a service your organization has offered within the past 6 months. 

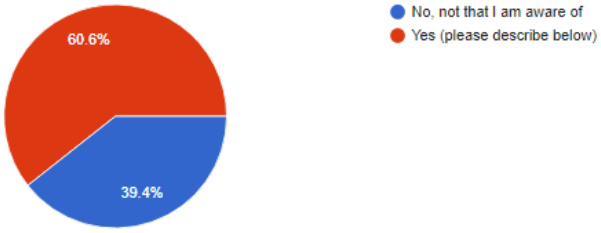
(continued next page)

	1. Made PPE available (masks, hand sanitizer) 2. Encouraged social distancing 3. Dedicated specific hours to allow access with less exposure (for example, one hour each week restricted activities with social distancing for members over 65 or those with a disability) 4. Offered curb-side pick-up instead of banquets or BBQ fundraisers 5. Offered free delivery of meal-based fundraising activities 6. Ensured walking-traffic areas were free from clutter or obstructions 7. Volunteers were available to provide personalized assistance 8. Ensured washroom facilities are signed with symbols and words 9. Ensured carpets, rugs, or mats do not pose a trip hazard 10. Ensured exits, washrooms, and cashier stations are well-signed and lit 11. Set aside a social area or coffee area where members can sit if quiet or rest is needed 12. Ensured the facility operators recognize the needs of people using walking aids or wheelchairs 13. Don't know 14. None of these options apply to my organization
17.	If you believe your organization is unlikely to offer some of the services listed above post-COVID, please briefly describe what your organization would need to consider to offer or continue these services? 3 responses We would have to consider the need as most of our projects are based on need. Our doors are closed to the public as of now, until the covid is under control. We aren't doing much now as our members are up in age and dont want to get the virus so they opt to stay home.we have cancelled our monthly meetings since march.
18.	Have any members requested additional services specific to people living with dementia? 17 responses 

19.	If you answered "Yes" to the question above, could you describe the nature of the request. 0 responses No responses yet for this question.
	DEMENTIA-FRIENDLY COMMUNITIES
20.	I believe my organization would be willing to take the following steps to improve accessibility for people with dementia: 
21.	Regarding dementia, I believe that . . . 

22.


What training is made available to staff/members in your organization that would help to equip them to handle a health emergency or crisis situation? Please describe any training you believe may be relevant.
18 responses
In real estate we do not work with people with dementia
None. But when we are around someone with dementia we are very mindful or our responsibility to keep them and those around them safe.
Mental Health First Aid and First Aid
Training on Dementia, how to be more dementia friendly.
I don't think we have had anything to date.
Sessions on Dementia, Alzheimers.
I have completed first aide, CPR, Mental Health First Aide,
Customer Service
First Aid and CPR. Work Safe Saskatchewan (Mental Health Courses)
A workshop on Dementia at our Seniors Club
A workshop for the general public about how to be open, caring and helpful to those experiencing dementia and especially support for their caregivers
Information
Crisis Management, First Aid training, mental health awareness
We have a close relationship with the Alzheimer Society of Saskatchewan and they have made presentations at our branch. We receive and post all training and communication opportunities.
not sure
More training in spotting signs of dementia in patrons who we are not aware of.
The president worked in a nursing home before retiring. Several of the volunteers have lived with family members with dementia and Alzheimers. We also have installed an on our premises.
First Aid
None that I am aware of

COVID-19 IMPACTS	
23.	Is there some way your organization has used technology differently in 2020 to reach customers/members? (This might include Zoom or FaceTime meetings, building a website to allow online purchases, sending text message reminders for appointments, etc.) 33 responses 
24.	If you answered "Yes" to the question above, please describe how your organization has used technology or other tools and techniques this past year to reach customers/members. 19 responses Access to computers and I pads The use of electronic signatures, Skype and Zoom We keep in contact with our management teams through Zoom meetings. Zoom meetings, virtual programming and rebuilding our website to include online giftshop payment. virtual meetings, online booking zoom for meeting with their family members, banking on line, search engine. Library patrons were able to apply for a library card online. Libraries are open now so that is not available now. Librarians still help patrons by requesting books for them. Zoom meetings, consultations, workshops, programs, Increased paperless billing, online meter reading, electronic sign, posters around town, website, and Facebook zoom meetings and training online through zoom, texting and much more contact through phone and email we have held virtual school tours of the library via facetime Zoom meetings, more email communication ZOOM & like type platforms.....Facetime, etc I have done Facebook Story reading sessions for children from the beginning of the shut down and to the current date. Additional conversations with members to use online services and more email communication.

	Zoom, Face-Time Meetings, More Facebook posts Transfer of in-person programming to Zoom and YouTube Zoom meetings
25.	If you think it is unlikely that your organization will continue technology-assisted services or activities post-COVID, please describe what you believe may be required in order for them to do so. 13 responses Yes to the best of their ability We will continue to use zoom in some way. No I think we will include technology more so than we did before the pandemic. Involving our younger supporters more. We will continue our centre does not have a computer - only a phone Could probably use training on "How to" Not sure We will probably use a mix of activities training More training in using these services. We would need to upgrade our favilities with Wifi, etc.

26.

Is your organization willing to use technology to include more participants? If yes, please describe what may be keeping it from doing so? (An example might be using Zoom to include someone who isn't able to attend a group event in person. A barrier to doing that might be the cost of installing an internet connection.)

22 responses

When clients are not able to be here they are able to have access to online

If necessary we have used Zoom and Skype

Initially we will train our members and help them help others become more comfortable with the virtual platforms.

Investing in more technology (Zoom phones, video editing software etc) as well as training staff. Moving into making our shop accessible online and providing virtual public programming.

yes we will still continue to use virtual/video meetings

Cost and age of most of our participants.

No barrier

Our organization relies on Zoom for most of our communication, we need to realize that some of our communities do not have great internet connectivity. Also, it may be worth exploring how to deliver workshops in a way that people who have hearing limitations still take part.

I don't know of any one in our organization that uses zoom

Many in this area do not have access to a computer, or an internet connection.

Poor internet connection

We have no internet - unaffordable at this time
Have VCR, DVD, TV for power point. Most seniors in our area do not have this technology in their homes

yes, no barriers, we find people prefer teleconference over zoom due to lack of internet connections and usage in rural areas

we are restricted in when we can offer such things as there is only one staff person per shift and we are open to the public. not the best option for us.

Cost would be a factor in the senior centre

ZOOM or like type platforms

Currently the Parkland Library is missing many of the Head Quarters staff and assistance of any kind is lacking.

yes

Willing to use Zoom but we only have one older computer. Would be good to have at least one or two more so that we can include as many as possible while distancing.

Yes. We would be willing to take it to the next step.

I think so but I am not certain. Availability of high speed technology

THANK YOU!	
27.	If you have any additional comments, please use this space to include them. 10 responses I do not work with clients with dementia, but I do have dementia in my family. There is a huge need for assistance and more awareness and I fully support this. Some of the questions were answered hypathetically as a rule we don't work with clients who suffer with dementia. Thank you for your effort to make more organizations aware of your organization! Sessions on Alzheimers, dementia, care of I used to work as a Recreational Therapy Aide in a seniors long term care center. I used to work especially with people with Dementia, it was one of the most rewarding experiences I had, you learned to be patient and started asking "so what" if the person isn't hurting themselves or anyone else, then it is ok. You valued the little things, like when an individual remembered how to play a certain game or told you about their life. These are moments I will never forget. All Seniors are forgetful at times so we joke about it a lot. When we realize someone in our community is struggling as a community people watch out for them (ie help with walking, getting the mail, phone call to remind when something is happening that they would want to attend, They are often lonely and feel isolated. Good friends & neighbours help. scary to think that we may be the next diagnosis of dementia and what will be in store for us The library has always provided and inclusive space and we help caregivers and families find materials to assist them as well as offer programming when possible. Until people are allowed to come in and spend time rather than just pick up, browse and go, our hands are tied. THANK YOU.....wishing you success!

Appendix D: References

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