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**The five key resources and supports governments leverage (inclusive of technologies) to better enable persons living with dementia to remain at home or existing level of care.**

VISIONS FOR CHANGE POLICY CHALLENGE 2022-2023

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*\*SEULEMENT DISPONIBLE EN ANGLAIS\**



## Executive Summary

This policy report provides a review of current evidence from across Canada to identify key areas for advancing aging in place strategies for people living with dementia (PLWD) and their caregivers. It highlights the problem and discusses the available national, provincial, and community-based resources and support for PLWD and their caregivers. The report also examines successful strategies implemented in specific Canadian provinces and territories, which are transferable and modifiable to address specific needs across Canada. Additionally, the report outlines five valuable recommendations for leveraging currently available resources and supports to enable PLWD to age at home or in their existing level of care.

The development of the policy report involved a multimethod approach to knowledge synthesis through stakeholder engagement and a systematized review of dementia policy documents and reports at the international and national levels. The review found that advances in technology and research can lead to better treatment options and improved quality of life for PLWD. Furthermore, opportunities for improving the quality of life of PLWD by aging in place can be leveraged through partnerships and collaboration across sectors like academia, not-for-profit, social innovation, information science, technology, arts, and logistics, among others.

The report's recommendations include the rapid replication of the multidisciplinary dementia care program, a housing and community philosophy, supportive technologies including monitoring and security systems, electronic health records, and clearly defined compensatory financial systems. These recommendations are potentially of high cost-benefit and cost-effectiveness and are considered the best buys for dementia care and support in Canada.

In conclusion, the report underscores the importance of implementing the recommendations to effectively support PLWD and their caregivers in Canada. With attention given to these recommendations, Canada has a unique opportunity to improve the quality of life of PLWD and their caregivers.

### Policy Question

This report seeks to answer the question – *How can government leverage resources and supports (inclusive of technologies) to better enable persons living with dementia to remain at home or existing level of care?*

## A. Introduction

The demand for home-based care for people living with dementia (PLWD) has exceeded the supply in Canada. Currently, there are about 600,000 older adult Canadians living with dementia, and caregivers face a disproportionate level of social, physical, and mental distress in their efforts to support them at home<sup>1</sup>. The pressure point is that the population of PLWD keeps increasing while the provision of services to enable older adults to live at home is relatively small.

Allowing PLWD to stay at home as long as possible is essential for their well-being and quality of life. However, providing care for PLWD can pose significant challenges, including behavioral and psychological symptoms, the need for support and assistance with daily activities, and the impact on caregivers. These are important considerations in decisions around PLWD aging in place or in their own homes. Studies have shown that aging at home has a significant impact on the quality of life<sup>2</sup>, healthcare cost-saving for individuals and the government<sup>3</sup>, and is socially beneficial<sup>4</sup>. Although not all older adults living with dementia can age at home or in the community, aging in residential care comes with more fiscal and personal challenges for the government, PLWD, caregivers, and their families.

In 2019, the government of Canada, through the Public Health Agency of Canada (PHAC), launched a National Dementia Strategy to address the needs of PLWD and their caregivers. The plan aims to improve access to care and support, raise public awareness, support research and innovation, enhance the quality of life for PLWD, and coordinate and integrate services<sup>5</sup>. The plan was set up to provide a framework of action and a blueprint for the provinces and territories. Although all provinces have aspects of their health care system that generally touch on mental health, including dementia, the 2019 strategy focused specifically on care and support for PLWD.

A twist to the policy plot was the outbreak of COVID-19. The disease outbreak spot-lighted the weak links in the dementia strategy, highlighted opportunities for improvement, and created new interest in dementia care and support at the community level. The extreme experience of social isolation and loneliness in the era of COVID-19 has stirred up the need to rethink the community-based approaches to care delivery, the reach of person-centered care, and the value of technologies as tools for improving access to care.

Currently, no province in Canada has an up-to-date dementia strategy<sup>6</sup>. However, provinces have continued to provide care based on the existing structures and systems of care, collaboration with research teams, and partnership with organizations. Ultimately, the Alzheimer's Society of Canada, through the First Link program, has been instrumental in ensuring that dementia campaigns and community-based services and referrals are made available and sustained at the community level. The Alzheimer's Society has provided the implementation of essential aspects of the dementia strategy.

Every province and territory in Canada has programs and policies to support people living with dementia, whether as standalone policies or as part of a larger health policy framework. Regardless of the form, specific great examples of policies, programs, and implementation processes at the national, provincial, and territorial levels provide essential learning points. We hypothesize that adopting successful home-grown strategies is easier than developing completely original strategies or adapting approaches from other countries.<sup>7</sup> Therefore, the underlying assumption of this report is that successful approaches from within Canada offer a high chance of adoption, modification, and implementation in

other contexts. By learning from these successful approaches, there are opportunities to improve the care and support available to PLWD and their families.

## B. Methodology

This report presents the outcome of a multimethod knowledge synthesis procedure. The knowledge synthesis was based on consultative data and review of dementia policy documents and reports across Canada's provinces and territories. In addition to data from a consultative session with government stakeholders, a total of 114 documents were reviewed. The documents included 24 policy papers from the federal, provincial, and territories government, four international policy reports, and 84 documents from the websites of – Alzheimer's Disease of Canada, PHAC, the Dementia Strategic Fund (DSF), and the Dementia Community Investment (DCI). All documents were content analysed using NVivo data management software, and codes were ascribed deductively. A total of 9 codes were developed to guide the evidence synthesis process. The codes were focused on exploring resources and supports to enable persons living with dementia to remain at home, and producing a coherent structure for the evidence. The codes are: available support infrastructure; current approaches/policies/programs; current challenges/gaps; current technologies; finances/employment, tax credits, finance-related recommendations, and current investments; groups leading aging-in-place-PLWD; ongoing or new studies/policies; recommendations-aging-in-place; research partnerships/teams/key agencies. Based on the coding process, the data has been synthesized into narratives focused on key areas of interest, such as available resources, areas of improvement, and future directions.

## C. Areas of Interest

### Current Challenges

The challenges in providing care for PLWD and their caregivers vary by province in Canada. There are three major domains in which PLWD and caregivers experience challenges that negatively affect the intention to age at home or in the right place. The challenges that occur in the household/community, healthcare system, and caregiver domain are mostly cross-cutting. Predominantly, stigma and ageist biases manifest in all domains of care. In the system domain, challenges include a lack of funding for research and innovation, administrative bottlenecks, red tape, high costs of institutionalized care, coordination challenges, creating supportive communities, providing timely recognition, diagnosis, care, and support, accessing high-quality care, monitoring, and reporting the quality of care, and innovation gaps<sup>8,9,4</sup>. In the community domain, challenges include providing specialized services to Indigenous communities, lack of training and cultural competencies, lack of resources in rural communities, and limited accessibility to community-based care in rural areas<sup>10</sup>. Likewise, caregivers often face financial difficulties, while PLWD confronts ageism, stigma, and lack of access to needed information<sup>11</sup>. Document analysis revealed that at the core of these challenges across the domains is a lack of electronic records, which results in disjoints in tracking individual experiences and fragments the care of PLWD. PLWD and their caregivers often must tell their stories multiple times, and information regarding an individual's background, symptoms, and treatments does not travel with them across different services and sites<sup>12</sup>. Having a single health record system would help to organize and integrate care and design-focused social services.

## Available resources across Canada's Provinces and Territories

The analysis examined the services and supports currently available to PLWD and their caregivers, including home care, respite care, support groups, and technology-based solutions.

In Canada, multiple initiatives are in place at the national and provincial-territorial level to support people living with dementia (PLWD) and their families. At the national level, the Public Health Agency of Canada leads the National Dementia Strategy, which sets the foundation for provincial government dementia action plans. The agency invests in the Dementia Strategy Fund (DSF), National Awareness Campaign, and the Dementia Community Investment (DCI)<sup>13</sup>. The flagship funding platform of the DSF promotes dementia-inclusive communities in rural and urban parts of Canada, reducing risks and enhancing the quality of life of PLWD in those communities<sup>14</sup>. Alberta, British Columbia, and Quebec are implementing dementia-inclusive initiatives with DSF's ongoing support. The DSF also funds projects like the Sharing Dance with People with Dementia by Canada's National Ballet School, and the Artful Moments and Open Minds, Open Hearts programs by the Art Gallery of Hamilton. The DCI supports community-based projects that improve the health outcomes of PLWD, such as the National Dementia-Friendly Toolkit, My Parkgate BREAK program, "What Connects Us" project, and Health Seniors Pilot Project program. Moreover, the Enhanced Dementia Surveillance Initiative focuses on improving dementia surveillance in line with the national strategy. The Alzheimer's Society of Canada is present in various provinces, providing the First Link Program to offer services and support to PLWD and their families.

Collaborations and partnerships between government agencies, organizations, and research networks such as the Networks of Centres of Excellence program, CIHR, and AGE-WELL focus on funding research and innovation in dementia care. They develop technology-based solutions to improve health outcomes, increase seniors' independence and quality of life, improve home and community care, and develop evidence-based models for integrated primary health care, palliative and end-of-life care, and home care infrastructure. The Canadian government and private sector also fund and support nursing home care, with a shift towards person-centered care models, including Dementia villages, Eden Alternative, Green House Project, Butterfly Care, Green Care Farms, and other small-scale, group home residential care models.

In the provinces and territories, there are various support and services and these have been described in Table 1.

**Table 1: Available support and services for PLWD and their caregivers in Canada's provinces and territories**

Provinces/Territories	Available support and services
Alberta	Grants for stigma reduction, attitudinal changes, and increased autonomy for PLWD and their caregivers; community innovation grants to better integrate PLWD into communities; Dementia Advice phone service; Assisted Living Model and Butterfly Household Model of Care; Healthy Aging Vision for Alberta.
British Columbia	Mobilizing and Equipping Community-Based Organizations to Promote Awareness and Support for Person-Centered Care for People Living with Dementia and their Family Caregivers; Community Living BC; Building Capacity for Meaningful Participation by People Living with Dementia project; Dementia-Friendly Canada; HealthLink BC; Office of the Seniors Advocate; Medical Services Plan; CareCards; PharmaCare; Home and Community Care; First Link and dementia training programs; Silver Alert system.
Manitoba	Living with Dementia in Rural First Nations Communities project; First Link program of the Alzheimer's Society; Caregiver Recognition Act; Caregiver Advisory Committee; primary care reform; PRIME Health Centre; Hospital Home Teams; P.I.E.C.E.S.™ program; Home Care Program; Aging in Place Long Term Care Strategy.
New Brunswick	Community Based Dementia Care, New Brunswick Dementia Friendly Initiative, Nursing Homes Without Walls, Mobile Seniors' Wellness Network
Newfoundland and Labrador	Dementia Care Action Plan, Home First Initiative, Provincial Home Dementia Care Program, Partnering for Dementia Friendly Communities
Northwest Territories	Dementia Project Coordinator office, Inuvialuit Settlement Region Dementia Awareness and Intervention program, culturally safe home and community care, long term, and palliative care services
Nova Scotia	Dementia Care Pilot Project, Caregiver Benefit Program, P.I.E.C.E.S.™ Learning and Development Program, U-First education program, Dementia Passport, First Link
Nunavut	HCC certificate program, Home and Community Care program, Seniors and Persons with Disabilities Preventative Maintenance program
Ontario	Ontario Behavioural Support System, Aging at Home, Geriatric Emergency Management (GEM), DREAM program, Champlain Local Health Integration Network, ReThink Dementia program, Minds in Motion (MiM) project, Ethno-Cultural and Linguistically Based Support Services, Evaluating co-designed tools for strong partnerships in the dementia care triad program, Ontario Health Teams, MINT, Digital First for Health Strategy, Dementia Dialogue podcast, Reitman Centre CARERS coaching program for dementia caregivers
Prince Edward Island	Home First strategy, age-friendly approach to communities
Quebec	Cummings Centre Therapeutic Dementia Care Program, Dementia-Friendly Communities Supporting the Life Trajectory of People Living with Dementia, What Connects Us (Ce qui nous lie) project, Québec's Ministry of Health and Social Services (MSSS), Circle of Care program, TOTAL eLearning
Saskatchewan	First Link, Rural Primary Health Care (PHC) Memory Clinics, Minds in Motion program, Saskatchewan Health Authority and partner organizations
Yukon	Yukon Wellness Strategy, Home First philosophy, Reablement program, Yukon Housing Corporation, Shine a Light on Dementia program, day programs

## Successful approaches we found in Canada

This section examines the programs in regions across Canada and highlights what has worked well. Five critical areas of successful implementation of aging-in-place programs have been beneficial. These reflect the best global practices in providing supportive environments for PLWD to age in place and have been implemented at scale in some provinces. They are – the multidisciplinary dementia care program (MINT) in Ontario, housing and dementia-friendly communities' philosophy (Yukon's Home First Philosophy, Manitoba, Ontario, British Columbia, and Saskatchewan), supportive technology including monitoring and security systems (British Columbia's Silver Alert), electronic health records (Manitoba's integrated homecare program), and clearly defined compensatory financial system. These programs were focused, producing positive outcomes among older adults with dementia.

### Rapid Replication of the Multidisciplinary Dementia Care Program

Dementia care programs are the fulcrum of community-based access to care for PLWD. The WHO emphasized the value of dementia care programs to ensure that PLWD are able to age in place, and receive useful care and support. There are many examples of dementia care programs in Canada, an outstanding example is the innovative new model of dementia care which fits the Quintuple Aim. The Multi-specialty INTERprofessional Team (MINT) Memory Clinic program has scaled across urban, rural, and remote parts of Ontario, and is being adopted across Canada<sup>15,16</sup>. The MINT Memory Clinic has received positive evaluations from the Ontario Government and the Ontario College of Physicians<sup>17</sup>. Specifically, the evaluation suggests that the clinic's outcomes were sustainable, which is a strong endorsement of the clinic's approach to memory care. Additionally, the fact that the clinic's model has been replicated at multiple sites across Ontario and in Alberta, British Columbia, and Saskatchewan is a testament to its success and potential for widespread impact. The MINT Memory Clinic model provides multi-disciplinary dementia care by well-trained and highly skilled primary care teams. With the MINT Memory Clinic model, most people with dementia and carers can have their needs met within their own family practitioner's office. Specifically, the result of evaluation in 2019 showed that emergency care cost of users was reduced by half<sup>18</sup>. Central to this model is a collaborative approach between primary care, specialist care, and community agencies, including their local Alzheimer's Society.

#### *Recommendation – Rapid Replication of the Multidisciplinary Dementia Care Program*

To increase the success of MINT clinic programs, suggested areas of improvement are fostering accessibility, use of technology, and a focus on providing preventive services. First, to make MINT clinics more accessible, the hours of services must be flexible, and there must be urban-rural equity in the location of clinics. Integrating home care services into the operation of MINT clinic model will also help accommodate the complex nature of dementia care, and ensure that support is available to PLWD and the caregivers. For example, home care can include online consultation to assess case severity and to determine if presentation in the clinic is necessary or not. The cost of services also must be at levels that ensure low income does not constitute a barrier to care. MINT clinics should incorporate the use of digital health records which will promote a hybrid assessment of cognitive health, access to medical history/records for quick diagnosis, and telemedicine. These will ensure that distance to the facility does not constitute a barrier to MINT clinics. Finally, MINT clinics need to incorporate preventative care into their services by engaging in health promotion activities and education to reduce the risk of memory and cognitive disorders in communities.

## Housing and Community Philosophy

Aging in place for PLWD requires supportive housing and dementia-friendly communities. Because of the unique psychological and behavioral challenges of dementia, PLWD may live in memory care communities or shared living arrangements. A major factor for dementia housing is cost. At the governmental level, housing plans have focused on the wider older adults' population, and in specific cases, dementia housing relies on partnerships with the private sector.

For supporting the general older adult population, the housing plans in Yukon and Nunavut stand out. The Yukon Housing Corporation provides support for home owners, such as the Accessibility Grant program to help retrofit homes and make them more accessible for older adults, including PLWD. There are also land, grants, construction capital and loans for projects to provide housing with services. The Housing Initiatives Fund is available to real estate developers to provide new supported living residences for seniors. Yukon's government is also partnering with not-for-profit organizations to develop supportive independent living rental housing facilities for older adults in the territory. Outcomes of Yukon's housing philosophy have been beneficial because as the policy increased the population of older adults staying at home, there was a decline in demand for long-term care homes<sup>19</sup>. Similarly, the Nunavut Housing Corporation (NHC) offers dedicated public housing for older adults, in addition to several homeownership programs to support older adults. Also, there is the Senior Citizen Home Repair Program to provide financial assistance for home repairs when older adults have difficulty with activities of daily living. Nunavut also has the Seniors and Persons with Disabilities Preventative Maintenance program to reduce the burden of costs of home maintenance and minor repairs.

At the national level, the evolving nature of nursing home care and the cultural change from medicalized approaches to care to person-centered care is being supported and funded by the Canadian government and the private sector. The prominent care models include the dementia villages (the Hogeweyk Care Concept), Eden Alternative, Green House Project, and other types of small-scale, group home residential care. There are also Butterfly Care (Dementia Care Matters) and Green Care Farms<sup>20</sup>. Specifically, the redevelopment of complex care residences at Tabor Village in Abbotsford, British Columbia, is being analyzed with regards to how the Green House model of small households could be beneficial. The Butterfly Care approach is being tried out in Alberta with the Alberta Health Services. In addition, there are residential housing in British Columbia and Saskatchewan being modelled after the Hogeweyk concept. The Green Care Farms in Milton Ontario is an important example of the Green Care Farms approach. The Eden Alternative has emerged in Canadian provinces to provide capacity-building opportunities to provide support to PLWD.

### *Recommendation – Housing and Community Philosophy*

It is important to make housing policies and the new care home models accessible in terms of cost and quality of care. For example, an additional national approach to promoting aging in place for PLWD within communities is through evolving Canadian communities into dementia-friendly settings. This approach is an important way of bridging the potential gaps in the cost and quality of dementia care. A UK study, found that if just 5% of admissions to residential care were to be delayed for one year as a result of dementia-friendly communities, there would be a net saving of £55 million per annum<sup>21</sup>. Canada's DCI is funding projects such as the development and testing of a National Dementia-Friendly Toolkit to help educate and train diverse sector professionals (e.g. transportation, recreation, library), and development of culturally appropriate resources for family/friend caregivers in select communities across Canada<sup>22</sup>. Although this component was missing in Canada's 2019 dementia guidance document<sup>23</sup>, the DCI is currently collaborating with the Alzheimer's Society of Canada in British Columbia, Saskatchewan, Manitoba, and Ontario to achieve the goals of a dementia-friendly Canada.



Through collaboration across sectors, the project seeks to educate and mobilize the public to champion dementia-friendly principles. Consequently, as a long-term outcome, this approach will trigger the environmental changes required to develop dementia-friendly communities.

### **Supportive Technologies including Monitoring and Security Systems**

At the national level, there is increased investment in technologies that can increase the safety of PLWD and there are several ongoing projects and programs. Projects are underway to develop technologies that use drones to reduce risks from wandering, use automated vehicles to improve independence of PLWD, use robots to provide care and reduce loneliness, and technology to assist with planning and preparing meals<sup>22</sup>. The National Research Council launched the Aging in Place Challenge Program in 2021 to develop technologies to support independence and improve social connections among PLWD. The Computer Interactive Reminiscing and Conversation Aid (CIRCA) is a virtual intervention to improve social engagement and connections for PLWD. In addition, a community of practice is being facilitated to promote collaboration and sharing of evidence among community organizations and programs. These initiatives are aimed at improving the quality of life for PLWD, supporting their independence, and reducing the burden on their caregivers.

At the provincial level, the British Columbia government has launched a collaborative effort between the Minister of Public Safety and Solicitor General and the B.C. Seniors Advocate to develop a made-in-B.C. Silver Alert system to find missing seniors, particularly PLWD. Similarly, in Yukon the Wayfinding tool is an ongoing project developing a navigation tool through appropriate signages for PLWD, to help them independently navigate the environment.

#### *Recommendation – Supportive Technologies including Monitoring and Security Systems*

Generally, the management of dementia is not subject to specific technologies because the continuum of care varies in the psychological and behavioural outcomes of the disease for each individual. However, to promote the safety of PLWD and aging in place within the community, it is important to accelerate the development of government-supported technological platforms to ensure the safety, mobility, and home support of older adults. Technology from private organizations is likely to be expensive because of the profit-making orientation of businesses, and the role of government in the development and production of technologies may help reduce the cost of such equipment and make them affordable to anyone requiring them<sup>24,25</sup>

### **Electronic Health Records**

Electronic health record systems provide an integrative platform for strengthening care delivery for PLWD. For example, MINT clinics are integrated with strong electronic health records to provide a collaborative platform for health workers. An electronic health record platform provides a pathway for integration across the care continuum and levels of care, which reduces the amount of time needed for consultation and cuts the cost and physical demands of commuting. With the integration of home care services into the MINT program, the electronic health record process offers a flexible approach for rapid review and assessment of cases and determining whether a patient needs to present in-person at the clinic or not. The electronic system also encourages health professionals to co-observe the health and medical needs of PLWD and proffer tangible solutions through multidisciplinary engagement. Strong information technology infrastructure to manage referrals through electronic medical records (EMR) systems provides healthcare professionals with opportunities for using databases for their duties. For example, Alberta's Mobile Integrated Health Program was designed to help older adults remain at home by leveraging the expertise of healthcare professionals to exchange ideas regarding cases and patients. The Dementia Advice (phone service)<sup>26</sup> was created and developed by the Alberta Health Services (AHS)

to answer dementia-related questions and arrange for referrals. This service was synchronized into the services of the First Link to strengthen the link to services and support across Alberta.

*Recommendation - Electronic Health Records*

There is a need for significant improvements in developing comprehensive and up to date electronic health record systems. The lack of integrated electronic records fragments the care of PLWD because of disconnects when tracking the individual experiences of PWLD. Health records provide a single electronic way to track individual experiences across the health and social systems without having to narrate their story multiple times. The record system is essential because without it, information regarding an individual's background, symptoms, and treatments does not travel with them across different services and sites. Establishment of a single record system helps to organize and integrate care and design-focused social services.

**Clearly defined Compensatory Financial Systems**

Robust financial compensation systems provide the encouragement to cover the costs of care being provided by caregivers. Unpaid caregivers supporting PLWD make many out-of-pocket payments for services like transportation, home modification, rehabilitation, travel, accommodation, and specialized aids/devices. Tax policies like the Canada Caregiver Credit and Compassionate Care Benefit to support caregivers only apply to those who have taxable income, and they can also be difficult to access. Uptake of the federal Disability Tax Credit is also low because of a lack of awareness and unclear guidelines which make it difficult to access. Of note, current tax policies are not specifically for caregivers of PLWD. In addition, there is a Senior Citizen and Disabled Person Tax Relief program for older adults 65 years and over. In Ontario, there has also been an extension of the Seniors' Home Safety Tax Credit to encourage PLWD to age in place. There is an investment in expanding access to assisted living/supported housing.

Some provinces and territories are addressing the shortcomings of tax credits by implementing direct funding through cash transfers to PLWD and their caregivers. For example, Nova Scotia's Department of Health and Wellness supports PLWD, who have been assessed for home care. In Nunavut, the Senior Fuel Subsidy program addresses the cost of home heating among eligible adults who are homeowners. There is also the Senior Citizen Supplementary Benefit, a monthly payment to low-income older adults in Nunavut.

*Recommendation - Clearly defined Compensatory Financial Systems*

It is essential to set up clear compensatory procedures which are up-to-date and inclusive. There have been significant efforts to improve support for people with disabilities and their caregivers, including the creation of the Canada Disability Benefit. These compensatory procedures need to be comprehensive, up-to-date, and inclusive. Overall, setting up clear, up-to-date, and inclusive compensatory procedures is crucial for ensuring that PLWD and their caregivers have access to the support they need to live full and independent lives.

## Conclusion

Following the release of Canada's dementia strategy in 2019, there has been an upsurge in efforts to localize the care of PLWD. Although the COVID-19 pandemic disrupted the plans in certain quarters, it also led to the development of new programs and strategies to increase the care and support to PLWD. This report has outlined efforts being made to improve the community-dwelling for PLWD. In practical terms, provinces and territories have leveraged partnerships and collaborations across sectors in making significant progress in improving the aging-in-place goal for PLWD. Specific strategies have stood out in certain places and we have outlined them while providing recommendations for expansion.

We propose that replicating memory clinics built into an integrated system of primary and home care will provide the required coverage and support for PLWD and the caregivers to age in place. Likewise, each province needs to design and pursue a housing philosophy embedded in the concept of dementia-friendly communities to deliver supportive homes to PLWD. A housing philosophy for older adults, particularly for PLWD, will reduce the traffic for residential care and improve the quality of life of PLWD and their caregivers. Furthermore, it is essential to develop supportive technologies, including monitoring and safety devices, to improve the quality of life and protection of PLWD. These approaches have been found impactful in various contexts around Canada and their track record of productive engagement will present the opportunity for the advancement for quality care for PLWD and their caregivers.

The development of viable strategies to enable PLWD to stay at home is dependent on rapid replication of multidisciplinary dementia care programs, because dementia care programs are the fulcrum of community-based access to care for PLWD. Also, a housing and dementia-friendly community philosophy is required to promote aging in place for PLWD because housing services reduces long term care adoption. Supportive technologies including monitoring and security systems promote the aging in place of PLWD and their caregivers by helping to manage consequences of the cognitive and behaviour declines associated with the condition and ensure the safety of PLWD. Electronic health records are also vital to developing integrative health systems platform for PLWD because multidisciplinary assessment of cases needs to be based on the same information for the right diagnosis and treatment. Finally, a clearly defined compensatory process is necessary so provide support to caregivers to ameliorate the burden of out-of-pocket expenses.

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