

Lessons from Abroad for Canada's National Dementia Strategy: Actions for Implementation

Saskia N Sivananthan; Alexandra Whate; Larry W. Chambers; Kedron Raju; Alixe Ménard

ABSTRACT

Dementia affects approximately 50 million people worldwide, a number projected to double every 20 years. In Canada, close to 730,000 individuals live with dementia, a figure expected to reach 1.7 million by 2050. Alzheimer's disease accounts for about 70% of dementia cases globally. Dementia is marked by a progressive decline in cognitive functions, decision-making, and daily activities, ultimately leading to complete dependence on caregivers. As a leading cause of disability and mortality, dementia presents a major public health challenge. Canada's National Dementia Strategy (NDS) aims to improve prevention, diagnosis, treatment, and supports. However, its success relies on sustained funding and collaboration across healthcare sectors. Challenges in implementation include inconsistent provincial adoption, limited funding beyond 2024, and insufficient measurable outcomes. To address these gaps, an international analysis of 37 dementia strategies was conducted, with an in-depth evaluation of 11 nations. Lessons from global best practices highlight the need for stronger governance, measurable goals, and coordinated efforts to improve dementia care in Canada.

Authors credentials and affiliations:

Saskia N Sivananthan (ssivananthan@brainwellinstitute.org)^{1,2}, PhD; Alexandra Whate (awhate@brainwellinstitute.org)^{1,3}, PhD; *Larry W. Chambers (chambers@mcmaster.ca)^{1,4,5,6,7}, PhD; Kedron Raju (kedron.raju10@gmail.com)^{1,8}, BSc(c); Alixe Ménard (amena069@uOttawa.ca)^{1,9}, PhD(c)

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| 1. The Brainwell Institute, Toronto, Ontario | 6. Faculty of Health, York University, Ontario |
| 2. McGill University, Montreal, Quebec | 7. ICES, Toronto, Ontario |
| 3. University of Waterloo, Waterloo, Ontario | 8. University of Victoria, Victoria, British Columbia |
| 4. Bruyere Research Institute, Ottawa, Ontario | 9. Faculty of Health Sciences, University of Ottawa, Ottawa, Ontario |
| 5. McMaster University, Hamilton, Ontario | |

Corresponding Author:

Larry W. Chambers, PhD, FACE, FFPH (Hon) (UK), FCAHS, Director, Research and Scholarship, Michael G. DeGroote School of Medicine, Niagara Regional Campus. Professor Emeritus, Department of Health Research Methods, Evidence, and Impact, Faculty of Health Sciences, McMaster University, e-mail: chambers@mcmaster.ca.

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INTRODUCTION

Currently, approximately 50 million people worldwide live with dementia, and this number is expected to double every 20 years (Alzheimer's Disease International, 2024). In Canada, close to 730,000 people live with dementia and by 2050, this number could reach 1.7 million (Alzheimer Society of Canada, 2023). Notably, for every person living with dementia there is at least one caregiver, thereby having a much broader impact on families and societies. The most common form of dementia is Alzheimer's disease, which makes up approximately 70% of cases worldwide (World Health Organization, 2021). Dementia is characterized by a progressive decline in memory, decision-making, and daily activities such as managing money, driving, and personal care until the person becomes almost completely dependent on others for daily care (Al-Awad et al., 2024). Dementia is one of the top 10 causes of disability, death and a major public health concern worldwide as a result of its complexity, progressive and life-limiting nature, and its far-reaching impact on individuals, care partners and health systems (Aranda et al., 2021). While the devastating nature of the disease is well understood, a pathway of care for dementia remains elusive.

Notably dementia diagnosis in Canada is significantly delayed, with average wait times of 21–28 months and projections indicating potential waits of over seven years by 2029 (Liu et al., 2019). Family physicians play a key role in early detection, yet only 35% feel well-prepared to manage dementia in the community, highlighting a gap in primary care and interdisciplinary team-based support (Canadian Institute for Health, 2025). One-third of Canadians still receive their dementia diagnosis in hospital, often in crisis situations, leading to worsened health outcomes (Bailey et al., 2019; CIHI, n.d.-a). Pharmacological options for dementia also remain limited, with no approved disease-modifying treatments in Canada (CADTH, 2022). Some medications can manage cognitive and neuropsychiatric symptoms, but disease progression currently remains unaltered (CADTH, 2022). Non-pharmacological interventions, such as occupational therapy and exercise programs, show promise, but again, access is inconsistent often due to limited funding and awareness of their benefit for dementia (Bennett et al., 2019; Karssemeijer et al., 2017). Overall, these approaches are not traditionally emphasized in medical and caregiving training due to limited funding, workforce shortages, and a lack of integration into standard dementia care practices (Bennett et al., 2019; Boyle et al., 2022; Rasmussen et al., 2023).

Approximately 61% of people living with dementia remain in the community, however access to home care services remain insufficient placing heavy reliance on informal caregivers (CIHI, 2024). Less than half receive a home care assessment within six months of diagnosis, and demand for home visits far exceeds availability (Lapointe-Shaw et al., 2022). Despite most Canadians preferring to age at home, barriers to community support often led to institutionalization (Riley et al., 2014). In long-term care (LTC), where 69% of residents have dementia and up to 87% have cognitive impairment, challenges include high rates of responsive behaviors, depression, and concerning use of restraints and antipsychotics (Ashbourne et al., 2021; CIHI, n.d.-b). Furthermore, patients living with dementia are the least likely to receive palliative care, despite its known benefits. Only 39% access palliative services, compared to 77% of cancer patients (Eisenmann et al., 2020). Dementia patients are also less likely to receive symptom management, referrals to palliative teams, or hospice care, reflecting systemic gaps in end-of-life care (Eisenmann et al., 2020). This overview underscores the urgent need for improving the dementia clinical care pathway and equitable access to diagnostic and post-diagnostic support.

These challenges also highlight the urgent need for a comprehensive, coordinated approach to dementia care in Canada. In response to these growing concerns, the federal government introduced Canada's National Dementia Strategy (NDS) to improve prevention, diagnosis, treatment, and supports (Public Health Agency of Canada (PHAC), 2019). By increasing awareness of dementia, research investments and promoting early diagnosis and supports, the strategy aims to enhance the quality of life for people living with dementia and their caregivers. However, its success relies on sustained funding, collaboration across healthcare sectors, and accountability in implementing its key priorities. While the strategy has set important priorities like public awareness, caregiver support, and fair access to care, its implementation has faced challenges. These include inconsistent adoption across provinces and territories, limited funding beyond 2024, and insufficient progress on achieving measurable outcomes (CanAge, 2022). To address these gaps, we looked beyond Canada's borders and examine how other countries have approached dementia care implementation through national strategies.

HOW DOES CANADA'S NATIONAL DEMENTIA STRATEGY COMPARE WITH INTERNATIONAL APPROACHES?

To address this question, we conducted an international analysis of publicly available National Dementia Strategies (NDS) from 37 countries. Additionally, we undertook an in-depth evaluation of 11 nations whose strategies aligned closely with the Canadian context, to reveal key insights. By examining these international approaches, we aim to identify best practices and leverage them to enhance Canada's efforts in combating dementia more effectively.

Globally, organizations such as the World Health Organization (WHO), Pan American Health Organization (PAHO), Worldwide FINGERS Dementia Prevention Network, The Integral Brain Health Initiative, European Academy of Neurology, World Psychiatry Association, The Davos Alzheimer's Collaborative, Brain Capital, Alzheimer's Disease International (ADI), and Alzheimer Europe play a critical role in promoting and evaluating NDSs. Our work builds on these efforts by systematically analyzing the core elements of NDS implementation, with a particular focus on measurable outcomes. Additionally, we compare Canada's strategy to those of countries with similar federal systems, gross domestic product (GDP), and healthcare structures to identify best practices and areas for improvement. This analysis informs recommendations to enhance the strategy's impact, ultimately improving the lives of people with dementia and their caregivers.

A CROSS-COUNTRY EXAMINATION OF DEMENTIA INITIATIVES

a. How Different Countries Structure Their Dementia Strategies for Impact

This review of NDSs began with an examination of business and change management literature. Six criteria, including 15 indicators, derived from strategic business and change management literature were identified as crucial for strategic implementation and change, particularly within the context of decentralized systems (Anderson & Anderson, 2011; Bryson & George, 2024; Kabeyi, 2019; Klarner et al., 2023; Kotter, 1996; Powell et al., 2015; Sarkies et al., 2017).

- **Criteria 1. Governance:** Strong governance structures and committed leadership are crucial for driving the implementation. Clarity on lines of authority, responsibility and decision-making processes need to be included. In the case of federated systems, a central body driving implementation and coordination in partnership with federated partners who all have a clear roadmap and responsibility are needed to maintain governments' accountability.
- **Criteria 2. Measurable goals and/or specific initiatives:** An implementation blueprint which outlines details of initiatives, targeted populations, expected outcomes that are measurable with achievable targets. In some cases, these may be broader goals with explicit, timebound measurable targets.
- **Criteria 3. Resource allocation:** Adequate funding, staffing, and infrastructure are required to support implementation efforts. While sustainable investments are critical, a competent workforce with capacity to implement is equally critical for system change. In the case of federated systems, the central or national government allocates and disburses appropriate funding tied to measurable targets of the strategy.
- **Criteria 4. Timeframes and responsibilities:** Along with strong governance should be a clear roadmap outlining timeframes and responsibilities. This requires partnership and collaboration in federated systems. Key partners should have buy-in to ensure those responsible for implementation have autonomy to execute, tied to having mechanisms in place for monitoring and reporting.
- **Criteria 5. Monitoring:** Accurate and timely information systems for surveillance and program monitoring are critical. These provide data to track implementation progress and impact against targets. These should ideally be interoperable and standardized across information systems though annual surveys measuring against performance targets can be equally effective.
- **Criteria 6. Reporting:** Transparent, regular public reporting on implementation progress and outcomes, including performance against targets, should be institutionalized. This reporting framework should ideally incorporate structured feedback mechanisms from key stakeholders: people with lived dementia experience, clinicians, researchers, and the public.

To understand how different countries manage dementia, all publicly available national dementia strategies were identified as of May 2025. These were sourced from the Alzheimer Disease International compiled list, WHO Global Dementia Observatory and hand searching all 193 WHO member state federal websites. All analysis was supplemented with a literature review and cross-referenced with published peer-reviewed publications, and publicly available data from validated grey literature sources. National dementia strategies that were more than 10 years old or reported to be expired were excluded. Countries were further selected for a detailed analysis based on the following inclusion criteria: (1) have a federated or decentralized healthcare system, (2) health resources comparable to Canada (3) insurance systems similar to Canada, and if available, (4) an implementation or action plan, active and at the federal level. In order to determine if countries met the inclusion criteria for federated or decentralized health systems and similar insurance systems to Canada, we used the 2020 International Profiles of Health Care Systems report produced by the Commonwealth Fund (The Commonwealth Fund, 2020). To determine whether countries met the inclusion criteria for having health system resources comparable to Canada, we relied on the 2023 World Bank country income groupings (World Bank, 2023). Countries classified as high-income or upper-middle-income were considered. Since there is no single database providing a publicly available list of dementia action or implementation plans, we conducted a cross-referencing process. This involved reviewing official dementia plans and related documents, which sometimes included associated policies, legislation, budgets, and evaluations. The scope of this review of NDS and implementation across different countries was limited to examination of published reports. Thus, only a general overview of each country's approach to achieving effective implementation can be gleaned from public documentation. For the six criteria, each of the indicators were assigned an equal weighting score. Although there were 15 indicators, the Governance criteria only had two of its three indicators weighted because these were mutually exclusive, allowing for a total maximum score of 14.

b. From Policy to Practice: Assessing Dementia Strategy Implementation

Table 1 presents the findings from the review of the NDS and implementation between 2014 and 2024 in the 11 countries similar to Canada. How well each adhered to the six criteria used to assess these plans are summarized below:

Governance

Governance structures for dementia implementation plans varied across the included countries. Some countries assigned lead responsibility to a single ministry while coordinating with other stakeholders, while others adopted a more collaborative approach involving multiple ministries and stakeholders. Among the included countries, Denmark, Italy, Scotland, Spain, and Sweden demonstrated a governance model where a single ministry was responsible for leading the implementation, in consultation with a broader range of stakeholders. In contrast, Austria, Germany, Japan, New Zealand, and Switzerland implemented a decentralized approach, where responsibility was shared across multiple ministries and stakeholders, reflecting a broader, more integrated strategy. Additionally, Austria, Germany, Italy, Japan, Scotland, Sweden, and Switzerland had mechanisms ensuring ongoing decision-making processes for funding and implementation, with senior ministerial personnel assigned. Australia's governance structure remains unclear, as its new plan's long-term oversight and decision-making processes are still developing. These findings highlight the diversity in governance models, with some countries emphasizing centralized leadership for strategic direction, while others rely on multi-sectoral collaboration and ongoing decision-making to ensure sustainability and adaptability in dementia policy implementation.

Measurable Goals and Specific Activities

The extent to which dementia implementation plans included measurable goals and specific activities varied across the included countries. While long-term goals were present in all plans, only a few explicitly incorporated quantifiable benchmarks with timeframes or defined metrics for evaluating progress. Denmark was the only country where all goals included both measurable targets and indicators of success. In contrast, Austria, Japan, and New Zealand had some goals with measurable targets and some with defined success metrics, indicating partial alignment with best practices in goal setting and evaluation. Germany included indicators of success for all goals but did not specify measurable targets with timeframes. Several countries, including Australia, Italy, Scotland, Spain, Sweden, and Switzerland, did not incorporate measurable targets into their goals. Additionally, Australia, Italy, Scotland, Spain, and Sweden lacked any formal measures or indicators to assess goal achievement, suggesting a gap in tracking implementation progress. These findings highlight significant variability in how countries define and assess their dementia strategies, with only a few integrating clear,

measurable objectives and evaluation frameworks. Strengthening these aspects could enhance accountability and facilitate progress monitoring in dementia policy implementation.

Resource Allocation

The majority of countries included in this analysis demonstrated a commitment to multi-year funding for their dementia strategies, ensuring financial sustainability for implementation. Australia, Austria, Denmark, Germany, Italy, Japan, New Zealand, Scotland, Spain, and Sweden all had multi-year funding allocated and disbursed to support their respective plans. However, details on how funding was distributed within these strategies varied. Despite funding commitments, few countries explicitly identified staffing or infrastructure provided or funded by the government to support capacity-building and implementation. Denmark and Sweden were the only countries that tracked funding against specific initiatives or goals, highlighting their efforts to enhance transparency and accountability in dementia policy execution. Australia's funding transparency remains uncertain due to its newly developed plan, and Switzerland lacked public evidence of any structured resource allocation. These findings underscore differences in how countries allocate, utilize, and report on dementia-related funding, with only a few integrating comprehensive mechanisms for tracking expenditures against specific strategic objectives. Strengthening public reporting of funding and its impact on dementia initiatives could improve accountability and effectiveness in policy implementation across all included countries.

Timeframes and Responsibilities

The inclusion of specific timelines and identified responsible partners varied across the dementia implementation plans analyzed. Germany and Japan were among the few countries that incorporated specific timelines for achieving goals, while Switzerland also outlined clear timeframes. Australia indicated plans to introduce timelines, but details remain unavailable due to its newly developed plan. Regarding responsibility for goal implementation, most countries fell short of explicitly assigning partners or stakeholders to deliver on their strategic objectives. However, Germany, Austria, Denmark, New Zealand, and Australia clearly identified responsible partners for implementation, ensuring a structured approach to accountability. Several countries, including Italy, Scotland, Spain, and Sweden, did not provide clear timeframes or assign responsibility to specific partners, potentially limiting transparency and progress tracking. These findings highlight the importance of clear timelines and well-defined roles in ensuring successful dementia strategy implementation. Strengthening these elements could enhance coordination and accountability across national dementia policies.

Monitoring

The extent to which countries incorporated formal monitoring and surveillance mechanisms into their dementia strategies varied significantly. Australia and Austria were among the most comprehensive, featuring both a dedicated surveillance system or organization for monitoring and regular data collection through surveys. Several countries, including Italy, Japan, Scotland, Spain, and Sweden, established centralized monitoring organizations or surveillance systems to assess the progress of their dementia strategies. However, they did not explicitly outline mechanisms for regular data collection through national surveys or other systematic reporting methods. In contrast, Denmark and Germany relied on regular data collection through surveys but lacked evidence of a dedicated organization overseeing centralized monitoring. New Zealand and Switzerland did not report any formal monitoring systems or regular data collection efforts, highlighting gaps in accountability and outcome assessment. Strengthening national surveillance and data collection efforts is essential for evaluating the effectiveness of dementia strategies, ensuring policies remain responsive to emerging needs, and guiding evidence-based improvements.

Reporting

The availability of public reporting and transparency regarding dementia strategies varied across the included countries. Australia, Austria, Denmark, Germany, Japan, Scotland, and Sweden provided publicly accessible reports, websites, or datasets detailing the ongoing status of their strategies. However, the extent of detail in these reports differed. Only Australia and Germany made detailed surveillance data and statistics available through information systems for monitoring, while Austria provided some level of data accessibility. Mechanisms for public feedback were limited. New Zealand was the only country that explicitly included a structured process for public engagement, while Scotland provided some opportunities for public input through its website. Spain had minimal publicly available information, with little evidence of transparency or

public engagement mechanisms. Other countries, including Italy and Switzerland, did not provide clear evidence of public reporting, detailed data, or avenues for public feedback.

In sum, dementia implementation plans across countries show varied approaches in governance, goal setting, resource allocation, and monitoring. Most countries use a mix of centralized and decentralized governance, with Denmark, Italy, Scotland, Spain, and Sweden favoring centralized leadership, while others like Austria, Germany, and Japan adopt a more collaborative approach. Denmark is the only country with clear, measurable goals, while others such as Austria and Italy lack specific metrics, focusing on broader objectives. Most countries allocate multi-year funding, though transparency and tracking of funding vary, with Denmark and Sweden leading in this area. Timeframes for achieving goals are present in some countries, but many lack clarity on assigned responsibilities, such as Italy and Sweden. Monitoring mechanisms are well-established in countries like Australia and Germany, but others, including New Zealand and Switzerland, lack formal systems. Public reporting is available in many countries, with Australia and Germany providing the most detailed and accessible data, while countries like Italy and Switzerland show minimal transparency. Overall, there is considerable variation in how countries implement and track dementia strategies, with opportunities to strengthen accountability, monitoring, and transparency in many regions. According to overall scores, Australia, Austria, Denmark, Germany and Scotland lead with strategies that more consistently meet the key criteria for implementation (see Table 1).

FROM CHALLENGES TO CHANGE: FIXING CANADA'S DEMENTIA CARE DELIVERY

Canada developed and released its NDS in 2019, using the WHO Global Dementia Action Plan as a foundation (PHAC, 2019). The strategy is built upon three key pillars, prevention, advancing therapies and finding a cure, and improving the quality of life for people living with dementia and their caregivers (PHAC, 2019). Additionally, the strategy incorporates several cross-cutting principles, including a focus on collaboration, innovation, and equity (PHAC, 2019). While the NDS represents a significant step forward in addressing dementia at a national level, there are opportunities to strengthen its implementation and impact. The following sections highlight key areas for improvement, including governance, funding, measurable goals, timeframes, monitoring, and reporting. Addressing these areas could enhance coordination, accountability, and long-term sustainability, ensuring that the strategy remains responsive to the evolving needs of individuals living with dementia, their caregivers, and the broader healthcare system.

Governance

In Canada, the federal Ministry of Health, through the Public Health Agency of Canada, took leadership in developing and implementing the NDS. However, a lack of clear governance and accountability for implementation at the provincial/territorial level presents an opportunity to enhance coordination. Strengthening the governance model at the provincial and territorial levels and ensuring that ongoing decision-making is clearly demonstrated through continued funding, prioritization, and program initiation can provide a broader mandate for the Ministerial Advisory Board on Dementia, enhancing its role in national implementation.

Funding

A key opportunity lies in ensuring multi-year funding is consistently allocated and deployed to support the NDS. While financial commitments have been made, further clarity and transparency in the allocation of resources can enhance the strategy's impact. Specifically, integrating detailed reporting on how funding is tracked against specific initiatives and ensuring that the funding supports both capacity-building and implementation efforts can enhance accountability and efficiency.

Measurable Goals and Specific Activities

The NDS includes broad, long-term goals, which are vital for strategic direction. However, there is a significant opportunity to further develop measurable metrics to evaluate progress. By incorporating clear, quantifiable benchmarks with defined timeframes for each goal, the strategy could better monitor and assess its success, ensuring that initiatives target specific populations and anticipated outcomes are clearly articulated.

Timeframes and Responsibilities

A key opportunity exists in further defining timelines and responsibilities for goal delivery. While some progress has been made in identifying partners for implementation, a clearer assignment of roles and responsibilities at the federal, provincial, and territorial levels can increase accountability. Establishing more concrete timelines for achieving specific goals can also help ensure that the strategy stays on track and achieves its intended impact within the desired timeframe.

Monitoring

One of the primary opportunities in Canada's dementia strategy is the development of robust monitoring systems that link directly to indicators, data, and outcomes. While some national data collection exists, there is potential for further integration of centralized surveillance or monitoring systems. Additionally, annual surveys or other data collection efforts could play a crucial role in tracking the strategy's progress. Strengthening these monitoring mechanisms would ensure that the strategy remains responsive to new evidence and evolving needs.

Reporting

A significant opportunity lies in improving the accessibility and transparency of public reporting on the status of dementia strategy implementation. Countries, like Canada, can improve public access to detailed data, statistics, and indicators that track progress. Furthermore, providing a clear mechanism for public feedback, whether through online portals, consultations, or annual conferences, could ensure greater community engagement and enhance the strategy's responsiveness to public needs. Expanding these opportunities for public involvement could foster greater accountability and trust in the strategy's execution.

METHODOLOGICAL LIMITATIONS IN THESE CROSS-COUNTRY DEMENTIA STRATEGY EVALUATIONS

A key limitation in this analysis is the challenge of differentiating between information that genuinely does not exist in the public domain and information that was simply inaccessible due to language barriers or limitations in search scope. For countries where the primary language is not English or French, it was difficult to ensure a comprehensive search of all available resources. As a result, some gaps in the data may reflect either the absence of relevant information or the challenge of finding it in non-English/French languages. Additionally, this analysis relies primarily on publicly available policy documents, which may not always reflect the extent to which strategies have been fully implemented. There is a distinction between what is planned or reported and what is operationalized in practice, meaning that some policies may exist on paper but lack effective execution. This limitation may impact the completeness of the findings, particularly when relying on non-English or non-French sources for dementia policy-related data.

Several countries recently updated their dementia strategies. Therefore, our analysis does not reflect any planned criteria that are not implemented. Lastly, an equal weight scoring system was selected as a means to provide a simple and transparent overall assessment of countries. However, some countries may value some indicators more than others.

POLICY IMPLICATIONS: ESSENTIAL TAKEAWAYS FOR DEMENTIA STRATEGY REFORM

While Canada faces significant challenges in implementing a comprehensive national dementia strategy, lessons from other countries provide valuable guidance. Strong governance structures, clear and measurable goals, and coordinated efforts across federal, provincial, and territorial levels are essential for meaningful progress. Addressing barriers related to funding, workforce capacity, and monitoring will be critical in ensuring that dementia care remains a priority. By fostering collaboration among all stakeholders, including governments, healthcare providers, NGOs, and communities, Canada can create a more effective and sustainable approach to dementia care, ultimately improving the lives of those affected by the condition.

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Table 1. Commitment to Measurable Goals and Structured Implementation in National Dementia Strategies in 11 Countries.

Country - Met Inclusion Criteria	Time Period	Governance			Measures		Resource Allocation (funding & capacity)			Timeframes & Responsibilities		Monitoring		Reporting			Overall Score
		Implementation led by one ministry, coordinated with others	Implementation responsibility across multiple ministries and stakeholders	Ongoing decision making process exist for funding & implementing with senior ministerial personnel assigned	Goals with measurable targets (specific quantifiable benchmark with a timeframe) *ALL/SOME/NONE	Goals with measures or indicators of success (metric to evaluate the success of reaching that goal) *ALL/SOME/NONE	Overall sustainable funding (multi-year funding allocated and disbursed)	Staffing or infrastructure identified	Funding tracked for initiatives or goals	Specific timelines for goals	Responsible partners identified for goals	Surveillance system or org for monitoring	Data or surveys regularly deployed	Public reporting accessible (either reports, website, or dataset)	Detailed data accessible (specific data & statistics available through information systems for surveillance & program monitoring)	Mechanism for feedback from public is available	
Australia	2024 - 2034		X	X*	NONE	NONE	X			X*	X	X	X	X	X		9
Austria	2015		X	X	SOME	ALL	X				X	X	X	X		X	9.5
Denmark	2025	X		X*	ALL	ALL	X		X		X		X	X			9
Germany	2020-2026		X	X	NONE	ALL	X			X	X		X	X		X	9
Italy	2014	X		X	NONE	NONE	X					X					4
Japan	2019		X	X	SOME	SOME	X			X		X		X			7
New Zealand	2020		X		SOME	SOME	X				X					X	5
Scotland	2023 - 2033	X		X*	NONE	NONE	X			X*		X	X*	X	X	X	9
Spain	2019 - 2023	X			NONE	NONE	X					X					3
Sweden	2025 - 2028	X		X*	NONE	NONE	X		X*			X		X			6
Switzerland	2014 - 2019		X	X	NONE	SOME					X						3.5
Canada	2019	X			NONE	NONE	X		X			X	X	X			6

* = Planned