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Survey of Canadians Regarding Dementia Prevention

Final Report

Prepared for the Public Health Agency of Canada

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Ce rapport est aussi disponible en français.

Canada

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This public opinion research report presents the results of an online survey conducted by EKOS Research Associates Inc. on behalf of the Public Health Agency of Canada. The research study was conducted with 2,050 Canadians between the ages of 18 and 74, in February and March 2022.

Cette publication est aussi disponible en français sous le titre : Sondage auprès des Canadiens sur la prévention de la démence.

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EXECUTIVE SUMMARY

A. BACKGROUND AND OBJECTIVES

Dementia is an umbrella term used to describe a set of symptoms affecting brain function that are caused by neurodegenerative and vascular diseases or injuries. It is characterized by a decline in cognitive abilities, which include: memory; awareness of person, place, and time; language, basic math skills; judgement; and planning. Dementia can also affect mood and behaviour. Growing evidence and recent guidance has suggested that around 40% of worldwide dementia cases could be prevented by addressing twelve risk factors: lower levels of early life education; hearing loss; traumatic brain injury; hypertension; excessive alcohol consumption; obesity; smoking; depression; social isolation; physical inactivity; diabetes; and air pollution¹. With a growing and aging population, the number of Canadians living with dementia is expected to increase in future decades².

Canada's first national dementia strategy, *A Dementia Strategy for Canada: Together We Aspire*, released in June 2019, identifies three national objectives: prevent dementia; advance therapies and find a cure; and improve the quality of life of people living with dementia and caregivers. To support the strategy's national objective of preventing dementia in Canada and to support annual reporting to Parliament about the national dementia strategy, public opinion research (POR) gathered information on Canadians' awareness and knowledge of dementia, focusing on experiences and attitudes related to risk reduction. The primary objective of the research is to explore awareness of modifiable risk factors, challenges and barriers, as well as enablers and influencers that have an impact on the uptake of healthy behaviours taken toward the prevention of dementia.

¹ Livingston, G et al. Dementia prevention, intervention, and care. The Lancet Commissions. 2020; [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30367-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30367-6/fulltext)

² Public Health Agency of Canada. Dementia in Canada, including Alzheimer's disease: Highlights from the Canadian chronic disease surveillance system. Government of Canada. 2017; publications.gc.ca/collections/collection_2018/aspc-phac/HP35-84-2017-eng.pdf

B. METHODOLOGY

The survey is comprised of 2,050 completed cases of Canadians, between the ages of 18 and 74, including oversamples among Canadians who identify as members of Black (139), South Asian (135), a member of the 2SLGBTQI+ community (370), or residents of Atlantic Canada (211) or the Territories (107).

The survey sample was randomly selected from the *Probit* panel, which is assembled using a random digit dial (RDD) process for sampling from a blended land-line cell-phone frame, which provides full coverage of Canadians with telephone access. The distribution of the recruitment process is meant to mirror the actual population in Canada (as defined by Statistics Canada). As such, our more than 120,000 active member panel can be considered representative of the general public in Canada (meaning that the incidence of a given target population within our panel very closely resembles the public at large) and margins of error can be applied. A majority of the sample was collected through online self-administration, however, one-quarter of the sample was collected by trained, bilingual interviewers.

The interview length averaged 15 minutes online and 23 minutes by telephone, and was collected between February 25 and March 12, 2022, following testing (51 cases in total: 33 in English, 18 in French, 37 online and 25 by telephone). The rate of participation was 19% (22% online and 13% by telephone). Details on the rate of participation can be found in Appendix A and the questionnaire is provided in Appendix B.

This randomly recruited probability sample carries with it a margin of error of +/-2.1% at a 95% confidence interval. The margin of error for each of the target groups is between 3.5% and 7.0%. Results are weighted to population proportions for region, age, gender, and education, as well as for those who are Black, South Asian and/or a member of the 2SLGBTQI+ community. Chi-square tests were used to compare subgroups to the remaining sample (e.g., Ontario versus the rest of Canada; 65 to 74 years old versus the rest of Canada; women versus men; weighted data used when relevant).

C. KEY FINDINGS

Knowledge

About three in four Canadians know someone who is living or has lived with dementia. For nearly half (48%), this includes an extended family member. Others describe a parent (19%), neighbour, colleague at work or customer/client (19%), a friend (16%), a spouse or partner (1%), or themselves (1%).

Eight in ten Canadians (79%) believe that dementia is having a moderate to significant impact in Canada today. Similar to results found in 2020, over one in five Canadians (28%) feel they are highly knowledgeable about dementia. About half report moderate knowledge and just over one in four believe they are not very knowledgeable. A large majority (between 85-90%) are able to correctly identify common signs and symptoms of dementia, including impaired or reduced judgement, changes in mood, behaviour or personality, misplacing things, and difficulty in managing daily tasks.

Nearly three in five (58%) incorrectly believe that there are effective treatments that can delay the onset of symptoms and slow the progression of dementia. This is a decrease from 2020 when 67% indicated that there are effective treatments.

Half of Canadians (50%) perceive accurately that the risk of developing dementia is linked to chronic health conditions such as hypertension, heart disease and diabetes. Awareness has increased in this area since 2020 when 37% of respondents identified these conditions as risk factors. Nearly one in three know that some ethnic and cultural groups have been identified as being at higher risk of developing dementia (as suggested by available evidence), although nearly as many do not believe this to be the case, and a higher proportion (40%) are unsure. Relatively few (19%) incorrectly believe dementia to be a normal or inevitable part of aging.

Attitude and Perceptions

Just over half (51%) of Canadians agree that they worry about the possibility of personally developing dementia. This is down from 64% reported in 2020. Most Canadians believe they have a moderate to low risk of developing dementia. Before being shown a list of risk factors through the survey, 15% of Canadians rated their personal risk of developing dementia as high. One in three (32%) feel their risk is low and slightly more (37%) believe they have a moderate risk.

Although current evidence suggests that genetic risk does not solely determine whether an individual develops dementia in most cases, three in five Canadians who feel their risk of developing dementia is moderate to high (61%) say this is because they have family members who have or have had dementia. Four in ten (41%) perceive their risk to be moderate to high because they don't exercise enough. About three in ten (34%) say it is because they have at least one ongoing health issue or they struggle with maintaining a healthy diet (28%). Among Canadians who feel their risk of developing dementia is low, 72% believe it is because they challenge their brain regularly. Nearly two in three (64%) say it is because no one in their family has had dementia.

Only one in five (20%) Canadians believe they have a high ability to reduce their own personal risk of developing dementia going forward, and nearly half (47%) believe they have a moderate ability to reduce risk.

Two in three Canadians (66%, compared to 71% in 2020) report they would be comfortable having a discussion with a health care provider about their personal risk of developing dementia and over four in ten (42%, a decrease from 50% in 2020) believe they would feel comfortable telling friends about a dementia diagnosis. Just under half of Canadians (47%, compared to 51% in 2020) say they would feel comfortable interacting with someone living with dementia.

Taking Steps to Reduce Risk of Developing Dementia

More than half of Canadians believe that it is important to start taking action to reduce one's risk of developing dementia between the ages of 35 and 54 (31%) or "at any age" (25%). Only one in four (25%) believe this should start at 55 or older.

Only 27% of Canadians report that they have been taking steps to reduce their personal risk of developing dementia intentionally over the previous 12 months. Among those who are taking steps intentionally to reduce their risk of developing dementia, the most common step is challenging one's brain to keep it active (74%), followed by eating healthy foods (68%) and being physically active on a regular basis (65%). Being socially active (41%) and monitoring or managing any chronic health conditions (39%) are also popular activities. Most (83%) plan to continue all their preventative activities. Among the 69% of Canadians who report that they are not taking steps intentionally intended to reduce the risk of developing dementia, many participate nonetheless in activities that are linked with a reduced risk of dementia, including challenges to stimulate their brain (68%), as well as eating healthy foods (62%) and physical activity (54%). Seven in ten (72%) plan to continue engaging in these activities.

Among those taking steps to reduce their risk of developing dementia intentionally, knowing someone with dementia is the most often noted motivator (50%). This is followed at a distance by credible, scientific evidence (28%) and a change in one's health status (28%). Media and advice from close friends and family also play a motivating role for about one in seven Canadians (15% and 14%, respectively). Across all respondents, 60% say they would like to be doing more to reduce their risk of developing dementia. The remaining one in four (27%) say they do not feel they are able to or need to do more to reduce their risk, with the most often noted reason being not knowing enough about actions they should take (33%). Just over one in ten (14%) say they are already doing enough, and a similar proportion say they do not have the time (12%), it will not make a difference (13%), or they have health challenges that prevent them from doing more (11%). Six in ten of those who report not taking steps say they would like to do more to reduce their risk of developing dementia; however, one in three of these individuals believe they do not know enough about the actions they should take. Even though they report not intentionally taking steps to reduce their risk of developing dementia, many Canadians are participating in activities linked to reduced dementia risk such as challenging their brain (68%), eating healthy foods (62%) and engaging in physical activity on a regular basis (54%).

D. NOTE TO READERS

Detailed findings are presented in the sections that follow. Overall results are presented in the main portion of the narrative and are typically supported by graphic or tabular presentation of results. Results for the proportion of respondents in the sample who either say “don't know” or did not provide a response may not be indicated in the graphic representation of the results in all cases, particularly where they are not sizable (e.g., 10% or less). Results may also not total to 100% due to rounding. In a dozen questions posed in 2022, results are compared with a survey of 4, 200 Canadians conducted in the 2020 Dementia Survey. For the purposes of more direct comparison, the 2020 results presented in this report exclude the 7% of respondents who were 75 or older at the time of the survey. There may also be a higher concentration of caregivers in the 2020 survey sample, although this is difficult to determine since the 2020 survey distinguished between the provision of paid versus unpaid care, while this distinction was not made in the current survey.³

³ Trial weighting adjustments of the 2020 results, for those under 75 years of age, to more closely align the percentage of caregivers suggests that 2020 results would not be very different if the proportion of caregivers were closer to that found in the 2022 sample.

Bulleted text is also used to point out any statistically and substantively significant⁴ differences between sub-groups of respondents. Key demographic patterns of interest are described throughout the report, following a specific order under specific headings (gender, age, region, and groups identified as being likely to be at higher risk of developing dementia). The latter includes those identifying as Black or South Asian, Indigenous, a member of the 2SLGBTQI+ community or those who have been diagnosed with a chronic health condition. Other demographic patterns, such as education or income, are also presented where particularly relevant. Only differences that are statistically and substantively (e.g., at least five percentage points from the overall mean) different are presented.

The demographic groups are tested for statistical differences between sub-groups and the rest of Canadians (e.g., those under 35 versus older Canadians, Ontario versus the rest of Canada). Population groups likely to be at higher risk of dementia are also tested for differences between that group and all other respondents. For example, respondents who identify as Black are compared to all other respondents not identifying as Black; those with a chronic health condition are compared to all other respondents who do not have a chronic health condition. In most cases results are described for the sub-group compared with everyone else, typically referred to as “others”. Where relevant, results for other key sub-groups are described for the purposes of a more illustrative comparison.

Details of the methodology and sample characteristics can be found in Appendix A. The programmed survey instrument can be found in Appendix B.

⁴ Differences of less than 5% between the sub-group and overall total are not reported even where statistically significant.

E. POLITICAL NEUTRALITY CERTIFICATION

I hereby certify as Senior Officer of EKOS Research Associates Inc. that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Signed by:



Susan Galley (Vice President)

F. CONTRACT VALUE

Contract Value: \$99,981.78 including HST

DETAILED FINDINGS

A. PERSONAL CHARACTERISTICS

About three in four Canadians (74%) know someone who is living or has lived with dementia. This includes an extended family member (48%), a parent (19%), a neighbour or a colleague at work (19%), a friend (16%), a spouse or partner (1%), or themselves (1%). This is very similar to the Dementia Survey in 2020 where half (50%) of respondents had an extended family member who was living or had lived with dementia. In 2020, one-fifth knew a parent (20%) or a friend (18%) with dementia while approximately one in five Canadians (19%) did not know anyone who was living or had lived with dementia.

Over one in ten Canadians (12%) are providing care or support to a family member or friend living with dementia.

Table 1: Personal Connection to Someone Living with Dementia

Comparison of 2022 and 2020 results for those under 75 years of age	TOTAL 2022	TOTAL 2020
<i>Q11. Who do you know (if anyone) that is living/has lived with dementia?</i>	<i>n=2050</i>	<i>n=3910</i>
An extended family member	48%	50%
A parent	19%	20%
A neighbour, colleague at work, customers/client	19%	15%
A friend	19%	18%
My spouse/partner	1%	1%
Myself	1%	1%
No one	22%	19%
Other	1%	--
Don't know/prefer not to say	4%	4%
<i>Qcare. Do you provide care or support to a family member or friend who is living with dementia?</i>	<i>n=2039</i>	
Yes	12%	
No	86%	
Prefer not to answer	1%	

Gender

- Women are more likely to say they know a parent (22% versus 16% among men) or an extended family member that is living or has lived with dementia (51% versus 45% among men). Women (14%) are also more likely to say they provide care to a family member or friend than men (10%).

Age

- Canadians under 35 years of age are more likely than anyone aged 35 and over to say they do not know anyone living or who has lived with dementia (28% versus 15% to 23% among other age groups). Canadians under age 35 (52%) and those aged 35-44 (58%) are more likely than those older to say they know an extended family member (versus 36% to 45% among those who are older). Those aged 55 to 64 (36%) and 65 to 74 (33%) are more likely than those younger (5% to 22%) to say they have or had a parent living with dementia. Those 65 to 74 are more likely to say they know someone living with dementia (e.g., 33% know a parent, 30% know a friend, and 27% know a neighbour, colleague or client).

Education and Income

- Those with less than \$40,000 in annual household income are more likely than those with higher income to say they do not know anyone living with dementia (27% versus 18% to 22% among others), but also to indicate they are living with dementia (2%) or have a spouse/partner (2%) living with dementia. Those with \$80,000 or more income are more likely than those with less income to identify an extended family member (52% to 54% compared to 40% to 45%).

Region

- Residents of Quebec are more likely than those in other regions to identify a parent (23%) as living with dementia. Atlantic Canada residents are apt to say an extended family member (55% compared with the 48% national average), a friend (25% compared with national average of 18%), or a neighbour or colleague (26% versus the national average of 19%).
- Those in rural areas (26%) are more likely than those in urban areas (18%) to identify a neighbour or colleague. Canadians in rural areas (16%) are less likely than those in urban areas (22%) to say they know no one with dementia.

Populations identified as likely to be at higher risk of developing dementia (as outlined in Part D: Note to Readers)

- Among the ethnic groups likely to be at higher risk of developing dementia, Black Canadians (34%) are more likely than others (21%) to say they do not know anyone.
- Those with a chronic health condition or who provide care to someone living with dementia are all more likely to identify an extended family member (54% versus 44% among others) or a friend (23% compared with 15% among others).

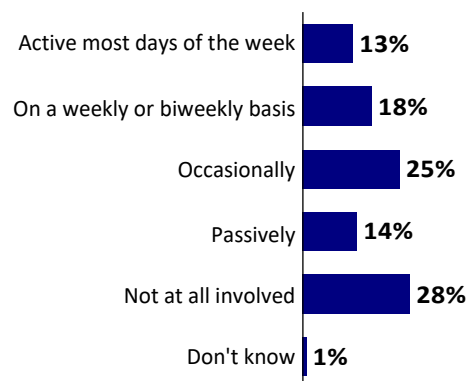
Other Segments

- Those who spend less than one hour being physically active per week (25%) are more likely than those who spend more than one hour being physically active to identify a parent as living with dementia.
- Canadians actively involved in the community are more likely to identify a friend (22%) or neighbour or colleague (24%) as living with dementia than those not at all involved (16% in each case).

Involvement in Community

Seven in ten Canadians (71%) are involved in community activities, either online or in person, such as volunteering, socializing, or helping to organize or participate in community activities. Many are only occasionally (25%) or passively (14%) active; however, four in ten are active most days of the week (13%) or on a weekly or biweekly basis (18%).

Chart 1: Involvement in Community



Q9. How involved are you in community activities, online or in person, such as volunteering, socializing, and helping to organize or participate in community activities?

Base: Overall n=2050

Gender

- Involvement in community activities does not differ by gender.

Age

- Canadians under 35 years of age are more likely than others to say they are involved in community activities on a weekly or biweekly basis (22% versus 15% to 17% of those 35 to 54). Those aged 35 to 54 are apt to say occasionally (29% compared with 19% to 24% of others). Older Canadians aged 55 to 64 are more likely (36% compared with 28% to 30% among those under 55 and 22% among those 65 or older) to say they are not at all involved; however, 22% of those 65 to 74 are active in their community most days of the week.

Education and Income

- Those with a university education tend to be more involved in community activities; active most days of the week (18% compared with 9% to 14% of others), on a weekly or biweekly basis (21% versus 17% to 18% of others) or occasionally (28% versus 22% to 26% of others). Almost four in ten Canadians (38%) with a high school education are apt to say they are not at all involved (compared with 17% to 26% of others).

Region

- Albertans (25%) are more likely than those in other regions (16% to 22%) to say they are active on a weekly or biweekly basis. Those in the Territories are apt to say they are not at all involved (40% versus 22% to 31% of those living elsewhere).

Populations identified as likely to be at higher risk of developing dementia

- Among the ethnic groups likely to be at higher risk of developing dementia, those who identify as Black are more likely than others to say they are occasionally involved in community activities (35% versus 25%).

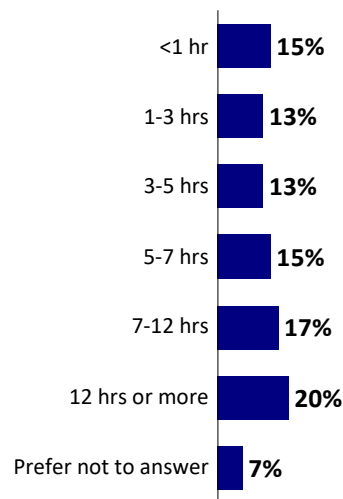
Other Segments

- Those who report three or less hours of physical activity each week are more likely than those who do more hours of physical activity to say they are not at all involved in their community (36%-37% versus 22%-23%).

Level of Physical Activity

Canadians report a varying range of time spent weekly being physical active, such as walking, cycling, sports, fitness activities and household chores. About one in four are active, on average, for about one hour or less per week (15%) or one to three hours per week (13%). Another one in four report being active three to five hours (13%) or five to seven hours (15%) per week. Nearly one in five Canadians report spending seven to 12 hours per week (17%) or 12 hours or more per week (20%) being physically active.

Chart 2: Time Spent Being Physically Active



Q21gx. How much time per week do you spend being physically active (e.g. walking or cycling, doing sports or fitness activities, or carrying heavy loads, and doing household chores that require physical effort)?

Base: Overall n=2050

Gender

- Men (24%) are more likely than women (16%) to say they spend 12 or more hours per week being physically active.

Age

- Results do not vary significantly by age group.

Education and Income

- Those with a high school education (26%), are more likely than others (14% to 18%) to say they are physically active 12 or more hours per week.

Region

- Those in British Columbia are more likely than those in other regions to say they are active 7 to 12 hours per week (23% versus 8% to 17% of others). Residents of the Territories report a mix of activity; they are more likely than any other region to say less than one hour per week (25% versus 12% to 17% of others) and also more likely to say 12 hours or more (33% compared with the national average of 20%). Residents of Quebec are more likely to report three to five hours (18%) than those in other regions (10% to 13%).

Populations identified as likely to be at higher risk of developing dementia

- Among the ethnic groups likely to be at higher risk of developing dementia, Indigenous peoples (28%) are more likely than all other respondents (19%) to report 12 hours or more being physically active.
- Those diagnosed with a chronic health condition (19%) and those who identified as 2SLGBTQI+ (19%) are more likely than others (12% to 14%) to report spending less than one hour per week being physically active.

Other Segments

- There is a correlation between physical activity and community involvement. Between 21%-24% of those who report being physically active for more than seven hours per week also report being active in their community, compared to 10-15% of those who spent less than 7 hours per week being physically active.

Chronic Health Conditions

Nearly four in ten (39%) Canadians report having been diagnosed with a chronic health condition. Most prevalent among these conditions are hypertension (27%), depression (26%), arthritis (22%), diabetes (18%), high cholesterol (18%), obesity (16%) and asthma (13%).

Table 2: Chronic Health Condition

	TOTAL
<i>Q21. Have you been diagnosed with a chronic health condition?</i>	<i>n=2050</i>
Yes	39%
No	59%
Prefer not to answer	2%
<i>Q21b. Which of the following chronic health conditions have you been diagnosed with?</i>	<i>n=817</i>
Hypertension	27%
Depression	26%
Arthritis	22%
Diabetes	18%
High cholesterol	18%
Obesity	16%
Asthma	13%
Hearing loss	7%
Heart disease	7%
Traumatic Brain Injury	5%
Gastronomical issues (e.g., IBS)	4%
Cancer	3%
Chronic obstructive pulmonary disease	3%
Sleep apnea	3%
Thyroid Conditions	3%
Chronic pain	3%
Anxiety disorder	3%
Multiple Sclerosis	2%
Stroke	2%
Autoimmune conditions	2%
Kidney disorders/conditions	2%

	TOTAL
Chronic migraines	2%
Fibromyalgia	2%
Other	15%
Prefer not to answer	2%

Gender

- Chronic health conditions do not vary significantly by gender.

Age

- Canadians under 35 years of age are less likely to have been diagnosed with a chronic health condition (30% compared to 35% to 37% among those 35 to 54). Those aged 55 to 64 (50%) and 65 to 74 (54%) are more likely to be diagnosed with a chronic health condition.

Education and Income

- There is a correlation between education and income, and chronic conditions. Those with a high school education (44%) are more likely than those with college (38%) or university (34%) education to have been diagnosed with a chronic condition. Those with less than \$40,000 in household income (48%) are more likely than those with higher income, particularly \$120,000 and over (32%), to have been diagnosed with a chronic condition.

Region

- Residents of Atlantic Canada (54%), along with those in Saskatchewan and Manitoba (48%) are more likely to say they have been diagnosed with a chronic condition compared with other Canadians. Those in Quebec (69%) and British Columbia (65%) were least likely to say they have been diagnosed with a chronic condition.

Populations identified as likely being at higher risk of developing dementia

- 2SLGBTQI+ community members (48%) are more likely than others in the general population (39%) to say they have been diagnosed with a chronic condition.

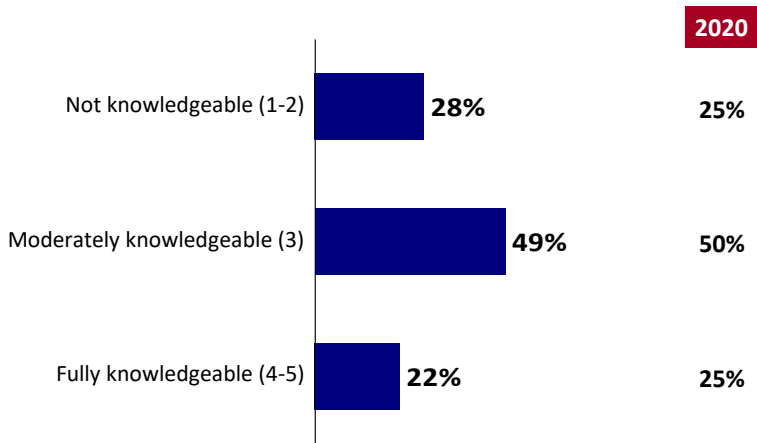
Other Segments

- Those who conduct an hour or less of physical activity weekly (51%) or are more likely than those who do 5 to 12 hours of activity to say they have been diagnosed with a chronic condition. Those who conduct 5 to 7 (30%) or 7 to 12 (33%) hours per week of physical activity are less likely than those who conduct any other level of physical activity to say they have been diagnosed with a chronic condition.

B. KNOWLEDGE OF DEMENTIA

Over one in five (22%) Canadians feel they are fully knowledgeable about dementia, about half (49%) report moderate knowledge and 28% believe they are not knowledgeable. Even though the 2020 survey may have included a higher proportion of care providers, results are similar to the 2020 Dementia Survey, with 25% saying they were knowledgeable and 25% saying they were not knowledgeable.⁵

Chart 3: Self-Rated Knowledge of Dementia



Q1. How knowledgeable would you say you are about dementia?

Base: 2022: overall n=2050; 2020: n=3910 (Those under 75 years of age)

⁵ Using the trial weight to reduce the influence of caregivers in the 2020 survey, comparison results are even more closely aligned with 2022 results.

Gender

- Women (27%) are more likely than men (18%) to say they are knowledgeable about dementia.

Age

- Canadians under 35 years of age are more likely to say that they are not knowledgeable (42% about dementia). How knowledgeable someone felt about dementia increased with age, with 28% of those aged 55 to 64 reporting that they are highly knowledgeable about dementia and 58% of those 65 and over reporting that they are moderately knowledgeable.

Education and Income

- Results do not vary by education or income.

Region

- Residents of the Territories (32%) are also more likely than residents of other regions to say they are highly knowledgeable.

Populations identified as likely being at higher risk of developing dementia

- Those who provide care to someone living with dementia (43%) are more likely than those who do not (19%) to say they are highly knowledgeable about dementia.

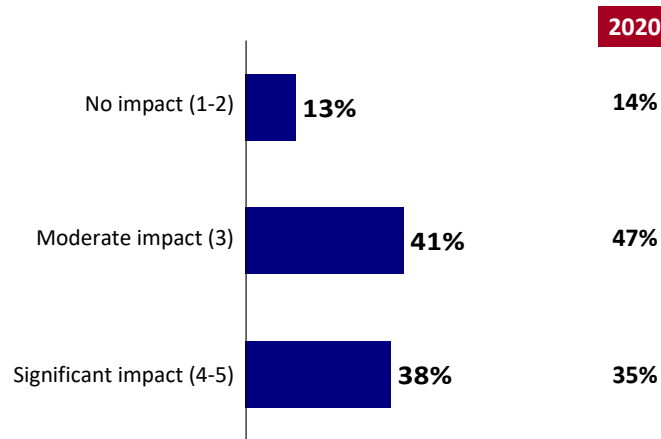
Other Segments

- Canadians who spend 12 hours or more being physically active per week (27%) are more likely than those less physically active (17% to 24%) to be knowledgeable.

Perceived Impact of Dementia

Nearly two in five (38%) believe that dementia is having a significant impact in Canada today, while another 41% say it is having a moderate impact. Only about one in seven (13%) of Canadians feel that dementia is having no impact. Comparatively, results are similar to those from 2020⁶, particularly for those who say there is no impact (14%), or a significant impact (35% in 2020).

Chart 4: Perceived Impact of Dementia



Q2. Overall, how much of an impact do you think dementia is having in Canada today?

Base: 2022: overall n=2050; 2020: n=3910 (Those under 75 years of age)

⁶ 2020 results are very similar when the trial weight is applied to reduce the influence of care providers on the 2020 sample.

Gender

- Women (45%) are more likely than men (31%) to believe that dementia is having a significant impact (i.e., 4 or 5 on the scale) in Canada today.

Age

- Older Canadians aged 55 to 64 (44%) and 65 to 74 (55%) are more likely to say dementia is having a significant impact, compared to 29% to 31% among those who are under 45. Those under age 35 are more likely than other age groups to say dementia is not having an impact (21% compared to 6% to 15%).

Education and Income

- Results do not vary by education or income.

Region

- Regionally, those in the Atlantic (50%) and Quebec (43%) are more likely than others across the country (30% to 38%) to say dementia is having a significant impact.

Populations identified as likely being at higher risk of developing dementia

- Individuals with a chronic health condition (43%) are more likely than those without these conditions (36%) to believe there is a significant impact.

Other Segments

- Those who provide care to someone living with dementia (51%) are more likely than those who are not (36%) to say there is a significant impact.
- People who are physically active 7 to 12 hours per week (47%) are more likely to say there is a significant impact compared to 32% to 38% among others.

Common Signs and Symptoms

Most Canadians correctly identify common signs and symptoms of dementia, most notably impaired or reduced judgement (89%), misplacing things (89%), changes in mood, behaviour or personality (87%), or/and difficulty in managing daily tasks (86%). Some signs and symptoms identified by Canadians that are less commonly associated with dementia include urinary incontinence (29%) and trembling or shaking (27%). Even though the 2020 survey may have included a higher proportion of care providers, these results are similar to 2020.

Table 3: Knowledge of Common Signs and Symptoms

Comparison of 2022 and 2020 results for those under 75 years of age	TOTAL 2022	TOTAL 2020
<i>Q4. What are the signs and symptoms of dementia as far as you know?</i>	<i>n=2050</i>	<i>n=3910</i>
COMMON		
Impairment of/Reduced judgement (recognition of danger, rules of driving, financial)	89%	89%
Misplacing things	89%	89%
Changes in mood, behaviour and/or personality	87%	89%
Difficulty in managing daily tasks	86%	86%
Memory loss, forgetful, loss of past memories (general mention) (unprompted)	9%	7%
Generally confused/disoriented (unprompted)	2%	1%
Loss of mobility/physical ability (unprompted)	1%	--
LESS COMMON		
Urinary incontinence	29%	31%
Trembling or shaking	27%	28%
Shortness of breath	6%	7%
Other	11%	1%
Do not know	1%	2%

Gender

- Women (92%) are more likely than men (85%) to identify the common symptom of misplacing things.
- Women (35%) are more likely than men (23%) to identify the uncommon symptom of urinary incontinence.

Age

- Knowledge of common symptoms does not vary by age.
- Those under age 35 (34%) are more likely than Canadians who are 45 or older (20% to 24%) to identify the uncommon symptom of trembling or shaking.

Education and Income

- Those with a university education are more likely than those with college or high school education to identify the common symptom of impaired judgement (94% versus 87%).
- Knowledge of uncommon symptoms does not vary by education and income.

Region

- Regionally, those in Atlantic Canada (94%) are more likely than the overall average for Canadians (89%) to identify the common symptom of misplacing things. Those in Alberta (91%) are more likely than the overall average (86%) to indicate the common symptom of having difficulty managing daily tasks.
- Residents of the Territories are apt to say the uncommon symptoms of trembling or shaking (47%) or shortness of breath (21%). This is also the case among residents of Alberta (34% and 11%, respectively).

Populations identified as likely being at higher risk of developing dementia

- Black Canadians are more likely than other respondents to provide general mentions of forgetting (13% compared to 8% of others).
- The uncommon symptom of trembling or shaking is more likely to be mentioned by Black Canadians (36%), Indigenous peoples (36%), or the 2SLGBTQI+ community (32%), when compared with their counterparts. Those of South Asian descent noted changes in mood or personality less often than did their counterparts (76% versus 88% among others).

Other Segments

- Those who provide care to someone living with dementia are more likely than those who are not to identify the common symptom of loss of past memories (16% versus 7%).
- Knowledge of uncommon symptoms does not vary by other segments.

Perceived Risks and Treatments

Respondents were asked about risk factors that increase the likelihood of developing dementia through an open-ended question that asked them to identify the first three that come to mind. One-fifth to one-quarter correctly identified the risk factors of a lack of physical activity (25%), a lack of cognitive stimulation (24%), an unhealthy diet (21%), as well as loneliness and social isolation (18%). The most often identified risk factor, however, was genetics (34%), although research suggests that genetic risk is not likely to be a significant factor in most cases of dementia. Other risk factors that were noted by respondents include issues related to mental health or stress (10%), harmful tobacco use (8%) and other health conditions such as diabetes, heart disease or stroke (8%), as well as aging (9%).

Table 4: Knowledge of Risk Factors

	TOTAL
<i>Q2in. What are the first three risk factors that come to mind when thinking about what might increase the likelihood of developing dementia? (UNPROMPTED)</i>	<i>n=2050</i>
Genetics ⁷	34%
Lack of physical activity	25%
Lack of cognitive stimulation	24%
Unhealthy diet	21%
Loneliness/social isolation	18%
Mental health/stress	10%
Aging	9%
Other health conditions (e.g., diabetes, heart disease or stroke)	8%
Harmful alcohol use	8%
Traumatic brain injury	5%
Chronic drug use	5%
Lifestyle (general)	5%
Exposure to harmful chemicals	4%
Sleep disruption	3%
General health	3%
Environmental conditions	2%
Smoking	2%

⁷ Not a significant risk factor for most cases of dementia in Canada.

	TOTAL
Obesity	1%
High blood pressure	1%
Other	2%
Don't know/No response	28%

Gender

- Women are more likely than men to include genetics as a risk factor (38% compared with 30% among men).

Age

- Lack of physical activity (34%) are also more often noted as risk factors among those 65 to 74 compared with younger Canadians (18% to 27%) and also true of those 55 or older for loneliness/social isolation (24% versus 11% to 19% among others). A lack of cognitive stimulation is more often thought to be a risk factor among those under 35 (27% versus 20% to 26% among others).

Education or household income

- Lack of exercise is more likely to be noted as a risk factor among those with university education (28% versus 21% among those with high school) and higher incomes (28% to 29% among those reporting \$80,000 or higher in household income versus 20% to 21% among those with less household income).
- Lack of cognitive stimulation was noted by 28% of those with university education and incomes of \$80,000 to \$120,000. Approximately one in five (22%) people with a university education identified loneliness/social isolation. This segment is more likely to point to genetics as a risk factor (40%), compared to 32% of those with high school and 33% of those with college education.

Region

- Lack of physical activity (31%) and unhealthy diet (28%) are most often noted as risk factors among residents of British Columbia, and least often reported by residents of Quebec (19% and 16%, respectively). Loneliness/social isolation is more often noted as a risk factor in Quebec (23% compared to the overall average for Canadians of 18%).
- Residents of the Territories are more likely than other Canadians to point to lack of cognitive stimulation (32% compared to 20% to 28% among others) as a key risk factor.
- Genetics is more often noted as a risk factor among residents of rural areas (42%) compared with those living in urban areas (33%).

Populations identified as likely being at higher risk of developing dementia

- Those identifying as South Asian (32%) are more likely than all other respondents (24%) to note lack of physical activity as a key risk factor. They are less likely to point to genetics (26% versus 35% among all others).

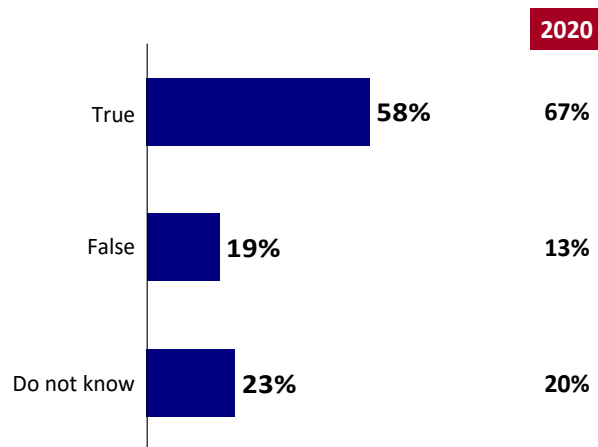
Other segments

- Those who provide care to someone with dementia are also more likely to point to lack of physical activity (34% compared with 24% among those who do not provide care) and lack of cognitive stimulation (29% versus 23% among those who do not provide care) as a risk factor. They are less likely than those who do not provide care to note genetics as a key risk factor (29% versus 36%).
- Lack of physical activity (32%) and cognitive stimulation (29%) are both more often noted among those involved in their community compared with those who are less active in their community (21% in both cases).

Perceived Effectiveness of Treatments

Respondents were asked whether a number of statements are true or false. Nearly six in ten (58%) incorrectly believe that there are effective treatments that can delay the onset of symptoms and slow the progression of dementia. This is a decrease from 2020 when 67% indicated that there are effective treatments and a notable proportion of respondents (20%) selected “don’t know”.⁸

Chart 5: Perceived Effectiveness of Treatments



Q5h. To the best of your knowledge, please indicate if the following is true or false: There are effective treatments that can delay the onset of symptoms and slow the progress of dementia.

Base: 2022: overall n=2050; 2020: n=3910 (Those under 75 years of age)

⁸ The trial weight, decreasing the influence of care providers in the 2020 survey results did not produce substantively different results for the 2020 comparison.

Gender

- Perception of treatments does not differ by gender.

Age

- Both Canadians under 35 years old (63%) and aged 65 to 74 (63%) are more likely than those aged 35 to 64 (51% to 58%) to say there are effective treatments.

Education and Income

- Perception of treatments does not vary significantly by education and income.

Region

- Residents living in the Atlantic (70%) and the Territories (70%) are more likely than residents of other regions (53% to 59%) to believe incorrectly that there are effective treatments.

Populations identified as likely being at higher risk of developing dementia

- The incorrect belief that there are effective treatments that can delay onset is more prominent among Black Canadians (66%), those in the 2SLGBTQI+ community (65%), as well as those who have a chronic health condition (64%) compared to all other respondents (56% to 58%).

Other Segments

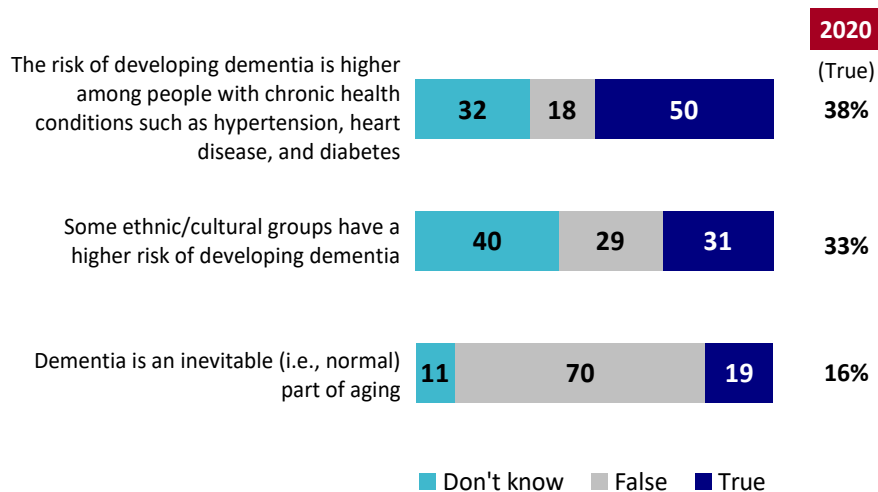
- Those who are physically active 12 or more hours per week (64%), along with Canadians actively involved in their community (62%), are more likely than those less physically active (56% to 61%) or not active in their community (56%) to incorrectly believe there are effective treatments to delay onset.

Perceived Variability in Risk

Half of Canadians (50%) accurately perceive that the risk of developing dementia is likely to be higher among people with chronic health conditions such as hypertension, heart disease and diabetes. However, nearly one in three are unsure (32%). Awareness may have increased in this area from 2020, when 38% of respondents identified these risk factors.⁹

Nearly one in three (31%) know that some ethnic or cultural groups have a higher risk of developing dementia (as suggested by available evidence), but the same proportion believe this to be false (29%), and a higher proportion are unsure (40%). Seven in ten (70%) correctly believe dementia is not a normal or inevitable part of aging. Results in these two areas are similar to 2020, although a slightly higher number of respondents correctly believed that dementia is not an inevitable part of aging in 2020 (76%).

Chart 6: Perceived Variability in Risk



Q5deg. To the best of your knowledge, please indicate if each of the following is true or false.

Base: 2022: overall n=4207; 2020: n=3910 (Those under 75 years of age)

⁹ Applying the trial weight to reduce the influence of care providers in the 2020 sample, comparison results are far more closely aligned (i.e., 35% “true”).

Gender

- Women (74%) are more likely than men (65%) to believe it is false that dementia is an inevitable part of aging.

Age

- Canadians under 35 years old are more likely than those over 35 to believe some ethnic or cultural groups (38%) and people with chronic conditions (58%) have a higher risk of developing dementia.

Education and Income

- Belief that some ethnic or cultural groups are more at risk is least common among those with a high school education (34% versus 22% to 28% of those with a university education) and those with a \$40,000 household income or less (40% versus 20% to 30% of those with more income).
- Canadians with university level education (55%) are more likely to know the risk of developing dementia is higher among those with chronic conditions compared with those with less education (49%). Those with a college education are more likely to say this is false (21% versus 13% of those with university education).
- Individuals with high school education (23% versus 15% to 19% among those with more education) and those with a \$80,000 household income or less (23% versus 18% among those with higher income) are more apt to believe dementia is inevitable.

Region

- Residents of the Territories (49%) are more likely to believe some ethnic or cultural groups have a higher risk; those in Quebec (22%) are least likely.
- Residents of British Columbia (60%) believe that the risk is higher among people with chronic health conditions, whereas those in Quebec (40%) are least likely to believe this.
- Quebec residents (25%) are more apt to believe dementia is inevitable, while residents of British Columbia are least likely to do so (13%).

Populations identified as likely being at higher risk of developing dementia

- The belief that some ethnic or cultural groups have a higher risk of developing dementia is higher among those with a chronic health condition (36%) than those without such a health condition (29%). Those identifying as Black are more likely to say it is false that some ethnic or cultural groups have a higher risk of developing dementia (40% compared to 28% of all other respondents).
- Those identifying as Black (26%) tend not to believe that the risk of developing dementia is higher among those with chronic conditions. The knowledge that the risk of developing dementia is higher among those with chronic conditions is more prominent among South Asians and those in the 2SLGBTQI+ community (56% for each).

- Those diagnosed with a chronic health condition (75%) are more likely than those who are not (66%) to believe it is false that dementia is inevitable.

Other Segments

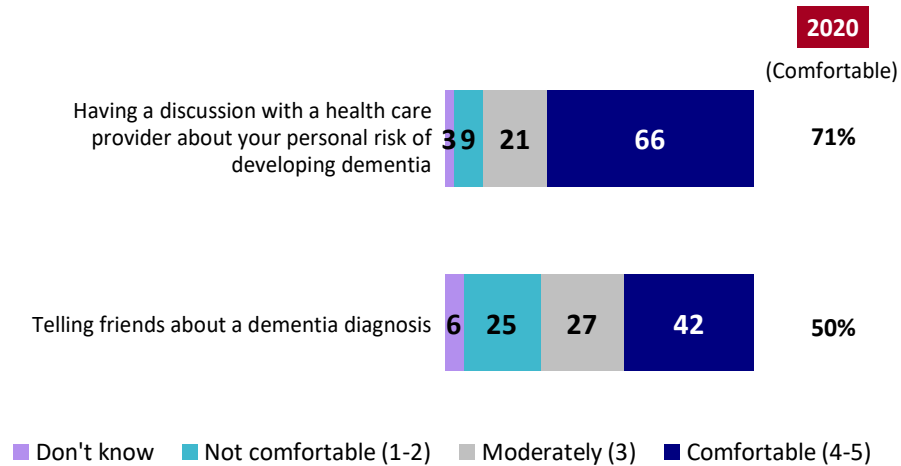
- Those who are physically active 12 or more hours per week are more likely to believe it is false that some ethnic or cultural groups have a higher risk (37% versus 27% to 34% of others) or that the risk is higher among those with chronic conditions (22% versus 14% of those doing no exercise) . Canadians actively involved in their community are more likely to believe these factors to be true (35% and 57%, respectively versus 30% and 47% among others).

Comfort with Discussing Dementia

Two in three (66%) Canadians report being highly comfortable having a discussion with a health care provider about their personal risk of developing dementia. By comparison, 71% of Canadians were highly comfortable with having a discussion with a health care provider about their personal risk in 2020.

Over four in ten (42%) anticipate that they would feel comfortable telling friends about a dementia diagnosis, a decrease from 50% in 2020.

Chart 7: Comfort with Discussing Dementia Diagnosis



Q16a, e. How comfortable would you be with each of the following...?

Base: 2022: overall n=2050; 2020: n=3910 (Those under 75 years of age)

Gender

- Comfort with discussing dementia diagnosis does not vary significantly by gender.

Age

- Comfort with discussing dementia diagnosis does not vary significantly by age.

Education and Income

- Those with a university education (71%), and those with a \$120,000 income and over (72%), are more likely than those with less education (64% to 65%) of others and income (62% to 67% of others) to say they are comfortable having a discussion with a health care provider.

Region

- Residents of Alberta (75%) are more likely than those in other regions to say they are comfortable having a discussion with a health care provider; whereas those in the Territories and Quebec are apt to say they are not comfortable (17% and 13%, respectively).
- Residents of Alberta (49%) and Quebec (48%) are more apt to say they are comfortable telling friends about a dementia diagnosis compared with those in Manitoba and Saskatchewan (34%) and Ontario (32%). Those in urban settings (44%) are also more likely to be comfortable telling friends than those in rural (38%) settings.

Populations identified as likely being at higher risk of developing dementia

- Those in the 2SLGBTQI+ community (71% versus 66% of others) or those who have a chronic health condition (70% versus 64% of others) are more likely to say they are comfortable having a discussion with a health care provider about their personal risk of developing dementia.

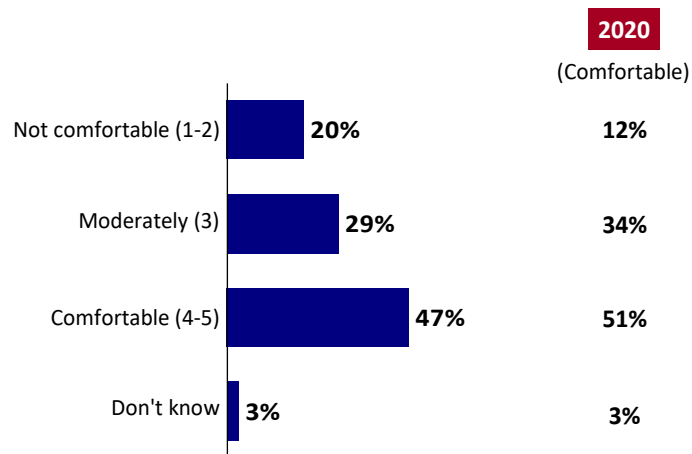
Other Segments

- Those who are physically active at least five hours per week (71% to 72%), along with Canadians actively involved in their community (74%), are more likely than those less physically active or active in their community (63% to 64%) to say they are comfortable having a discussion with a health care provider about their personal risk of developing dementia.
- Those most physically active (12 or more hours per week) (49%), and those active in the community (48%) are also more likely than those less physically active or active in their community (37% to 45%) to feel comfortable telling friends about a dementia diagnosis.

Comfort in Interacting with Someone with Dementia

Close to half of Canadians (47%) feel comfortable interacting with someone living with dementia, which is similar to results from 2020, at 51%¹⁰. One in five (20%) report that they are not comfortable interacting with someone living with dementia, which is somewhat higher than the 12% that was reported in 2020¹¹.

Chart 8: Comfort with Interacting with Someone Living with Dementia



Q10. How comfortable would you be with the following statement: Interacting with someone living with dementia?

Base: 2022: overall n=2050; 2020: n=3910 (Those under 75 years of age)

¹⁰ 2020 results are even more closely aligned with regard to comfort (45%) when the trial weight is applied, reducing the influence of caregivers in the 2020 sample.

¹¹ Lack of comfort in 2020 was fairly stable (14%), even with the application of the trial weight to reduce the influence of caregivers in the 2020 sample.

Gender

- Women (53%) are more likely than men (41%) to say they are comfortable interacting with someone living with dementia.

Age

- Those aged 55 to 64 (52%) are more comfortable than other age groups, particularly when compared with those under age 35 (41%).

Education and Income

- Respondents with a college (52%) education are more comfortable than those with university (44%) or high school (44%) education.

Region

- Residents of Atlantic Canada (56%), along with Alberta (54%), are more likely than those in other regions (43% to 48%) to say they are comfortable interacting with someone living with dementia. Those in the territories are least likely to be comfortable (32%).

Populations identified as likely being at higher risk of developing dementia

- As might be expected, respondents who provide care to someone living with dementia (70%) are much more likely than those who do not (44%) to say they are comfortable interacting with someone living with dementia.

Other Segments

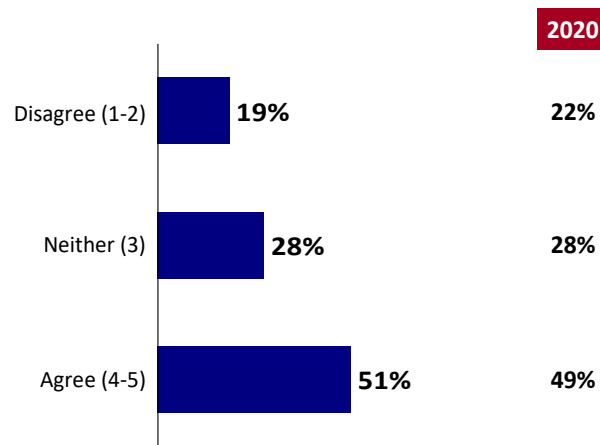
- Those who are physically active at least seven hours per week (53% to 56%), along with Canadians actively involved in their community (55%), are more likely than those less physically active (38% to 47%) or active in their community (43%) to say they are comfortable interacting with someone living with dementia.

C. PERCEIVED PERSONAL RISK

Concern About Developing Dementia

Just over half (51%) of Canadians agree that they worry about the possibility of personally developing dementia. This is on par with 49% reported in 2020 in spite of a potentially higher proportion of care providers in the 2020 survey.

Chart 9: Concern about Developing Dementia



Q7a. To what extent do you agree or disagree with the following: I worry about the possibility of personally developing dementia?

Base: 2022: overall n=2039; 2020 n=3910 (Those under 75 years of age)

Gender

- Women (56%) are more likely than men (47%) to agree that they worry about the possibility of developing dementia.

Age

- Canadians under 35 years old (24%) are more likely to disagree that they worry about the possibility of developing dementia, compared to those who are older (12% to 21%).

Education and Income

- Concern about developing dementia does not vary significantly by education and income.

Region

- Results do not vary substantively by region.

Populations identified as likely being at higher risk of developing dementia

- Those identifying as Black (31%) and Indigenous peoples (28%) are more likely to disagree compared with others (19%).
- Those in the 2SLGBTQI+ community (59% versus 51% among others), those who have a chronic health condition (59% versus 49% of others), and those who provide care for someone living with dementia (63% compared with 50% of others) are more likely than their counterparts to agree that they worry about developing dementia.

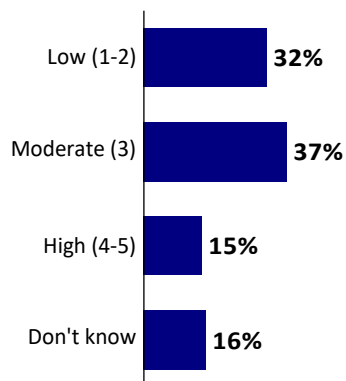
Other Segments

- Those who are physically active 12 or more hours per week are more likely to disagree (28%) that they worry about developing dementia compared with others (14% to 22%).

Perceived Personal Risk

Most Canadians believe they have a moderate to low risk of developing dementia. Unaided, 15% of Canadians rate their personal risk of developing dementia as high. One in three (32%) rated their risk as low and 37% believe they have a moderate risk.

Chart 10: Personal Risk of Developing Dementia



NEWQ4. How would you rate your personal risk of developing dementia?

Base: Overall n=2039

Gender

- Ratings of personal risk of developing dementia does not vary substantively.

Age

- Canadians under age 35 (37%) are more likely than older Canadians (28% to 30%) to say their risk is low.

Education and Income

- Ratings of personal risk of developing dementia does not vary significantly by education and income.

Region

- Residents of British Columbia are more likely to rate their personal risk as low (37%) compared with those in Ontario (29%) and the Atlantic (24%) .

Populations identified as likely being at higher risk of developing dementia

- Black respondents (45%) are more likely than others (31%) to rate their risk as low.
- Indigenous peoples (23%) are more likely than others (15%) to rate their risk high.
- Those with a chronic health condition (22%) are more likely to rate their own risk as high compared with those who do not have a chronic health condition (11%).
- Individuals who provide care to someone living with dementia (22%) are also more apt than those who do not (14%) to rate their risk high.

Other Segments

- Those who are physically active less than one hour per week (23%) are more likely than those more active (13% to 18%) to rate their risk as high.
- Those active in their community (39%) are more likely than those not active (28%) to rate their risk as low.

Reasons for Perceived Personal Risk

Among Canadians who feel their risk of developing dementia is moderate to high, six in ten (61%) say this is because they have family members who have or have had dementia, despite the lack of evidence that genetic risk is a determining factor for most cases of dementia in Canada. Four in ten (41%) perceive their risk to be high because they do not exercise enough. About three in ten say they have at least one ongoing health issue (34%), or they struggle with maintaining a healthy diet (28%). Two in ten report that they believe dementia is inevitable as you get older (23%), they often feel lonely or isolated from other people in their community (21%), or they have not done enough to challenge their brain (19%). Two percent feel their risk is higher due to alcohol use, drug use, or longer prescription drug use. Two percent also feel they have a moderate to high risk of developing dementia as they are aware of their own memory loss and/or have noticed cognitive deterioration.

Table 5: Reasons for Perceived Higher Personal Risk

	TOTAL
<i>Q4b. Why do you feel your risk of developing dementia is moderate to high?</i>	<i>n=1070</i>
I have family members who have or have had dementia	61%
I don't exercise as much as I should	41%
I have at least one ongoing health issue	34%
I struggle with maintaining a healthy diet	28%
I believe that dementia is inevitable as you get older	23%
I often feel lonely and isolated from other people and my community	21%
I haven't done enough to challenge my brain	19%
Alcohol/drug abuse/Longer term prescription drug use (unprompted)	2%
Aware of memory loss/cognitive deterioration (unprompted)	2%
Other	2%
Don't know	3%

Gender

- Reasons for perceived higher personal risk does not vary significantly by gender.

Age

- Canadians aged 35 to 44 (36%) are more likely than those who are older (18% to 25%) to say they struggle with maintaining a healthy diet. Those aged 55 to 64 (45%) are apt to say they have at least one ongoing health issue and that they do not exercise as much as they should (48%) compared with those who are older (31% and 41%, respectively).

Education and Income

- Those with a high school education are more likely to cite that they struggle to maintain a healthy diet (34%) than those with a college (26%) or university (22%) education. Those with a university education (67%) are more apt than those with college (61%) or high school (57%) education to feel their risk is higher because they have family members with dementia.
- Those with a \$40,000 income or less are more likely than those with higher income to say they have at least one health condition (50% versus 27% to 33% of others), struggle to maintain a healthy diet (37% versus 21% to 28% of others) or they feel lonely and isolated (39% versus 11% to 21% of others) or have not done enough to challenge their brain (27% versus 14% to 19% of others).

Region

- Residents of the Territories are more likely than those in other regions to say they do not exercise as much as they should (55%), they struggle to maintain a healthy diet (41%) or often feel lonely or isolated (39%). Those in Ontario are next most likely to say they do not exercise as much as they should (48%) or struggle to maintain a healthy diet (34%). Those in Quebec (25%) are less likely than those in any other region (36% to 46%) to say they have at least one ongoing health issue.
- Residents of rural areas are less apt to say they often feel lonely and isolated (15%) compared to 22% of those who live in urban areas, or have not done enough to challenge their brain (14% compared to 20%).

Populations identified as likely being at higher risk of developing dementia

- Those who identify as Black (32%) or South Asian (43%) are less likely than others (62%) to say having family members with dementia is a reason for their self-assessment of their dementia risk as moderate to high. Those who are South Asian are more likely than others to believe that dementia is an inevitable part of aging (33% versus 23% among others).
- Indigenous peoples are more likely than those who are not Indigenous to say they often feel lonely and isolated (43% versus 20%) or struggle with maintaining a healthy diet (43% versus 27%).

- Respondents with a chronic health condition are more apt to mention having a health issue as a reason for their perception of their own risk, (64% versus 19% of those without a chronic condition), and to say they don't exercise as much as they should (53% compared to 32% of those without a chronic health condition), struggle to maintain a healthy diet (37% compared to 19% of those without a chronic health condition), or often feel lonely and isolated (30% compared to 14% of those without a chronic health condition).
- Those who provide care to someone living with dementia (82%) are more likely than those who do not (57%) to feel at risk because they have a family member with dementia.

Other Segments

- Those who are physically active for one hour or less per week are more likely than those more active to say they do not exercise as much as they should (55% versus 47% of those who exercise at least 3 hours per week), they have at least one ongoing health issue (51% versus 26% to 33% of others), struggle to maintain a healthy diet (42% versus 22% to 29% of others) or often feel lonely and isolated (31% versus 15% to 19% of those who exercise at least 3 hours per week). More than half (54%) of those exercising only one to three hours per week also say they do not exercise as much as they should.

Among Canadians who feel their risk of developing dementia is low, 72% believe it is because they challenge their brain regularly. Nearly two in three (64%) say it is because no one in their family has had dementia. Half or more feel their risk is low because they maintain healthy eating habits (58%), make it a priority to be physically active (53%), or have no ongoing health issues (50%). Two in five (41%) believe they are at low risk because they are active in their community and socialize often.

Table 6: Reasons for Perceived Lower Personal Risk

	TOTAL
<i>Q4c. Why do you feel your risk of developing dementia is low?</i>	<i>n=649</i>
I challenge my brain regularly	72%
No one in my family has or has had dementia	64%
I maintain healthy eating habits	58%
I make it a priority to stay physically active	53%
I have no ongoing health issues	50%
I am actively involved in my community and socialize often	41%
Other	7%
Don't know	3%

Gender

- Reasons for perceived lower personal risk do not vary significantly by gender.

Age

- Canadians aged 65 to 74 are more likely to say they are low risk because they maintain healthy eating habits (74%) or make it a priority to stay physically active (66%) than younger counterparts (41% to 56%).

Education and Income

- Those who are university-educated are more likely than others to say they challenge their brain regularly (77% compared to 68% to 72% of those with less education). Those with a college-level of education say they have no ongoing health issues (56%) more often than those with a high school level of education (42%).

Region

- Residents of the Territories are more likely than others across the country to say they maintain healthy eating habits (79% versus 47% to 61% of others with the exception of Alberta where it is 67%), they make it a priority to stay physically active (75% versus 38% to 59% of others) and they are actively involved in their community (64% versus 20% to 44% of others).

Populations identified as likely being at higher risk of developing dementia

- Those with chronic health conditions are less likely to say they make it a priority to stay physically active (42%) compared to 58% among those without chronic health conditions.

Other Segments

- Members of the 2SLGBTQI+ community (74%) are more likely than others (63% to say their risk is low because they do not have anyone in their family living with dementia.
- Those who are involved in their community are much more likely than those who are less active in their community to say they challenge their brain regularly (81% versus 66%), maintain healthy eating habits (69% versus 51%), make it a priority to stay physically active (66% versus 46%), are actively involved in the community and socialize often (62% versus 29%), and have no ongoing health issues (57% versus 46%).
- Those who are the most physically active (12 hours per week or more) are not only more likely than others to say they make physical activity a priority (70% versus 27% to 59% among others), but also that they challenged their brain regularly (80% versus 67% to 78%) and maintain healthy eating habits (67% versus 52% to 60%).

Awareness of Factors that Increase Personal Risk

Respondents were asked to select the risk factors they believe are likely to increase their own risk of developing dementia. The most common factors selected by more than four in ten participants are: lack of physical activity (46%), loneliness or social isolation (42%), sleep disruption (41%), and depression (41%). About one in three selected unhealthy diet (34%) or traumatic brain injury (33%). Harmful alcohol use was mentioned by 28% of respondents. Almost one in five respondents believe that high blood pressure (21%) or obesity (21%) are likely to increase their own risk. Fewer respondents selected air pollution (17%), smoking (17%), diabetes (15%), high cholesterol (13%), hearing loss (12%), or less education (8%).

A portion of the respondents were asked which three risk factors they feel are likely to have the greatest impact on their risk of developing dementia. Loneliness or social isolation remained a top risk factor (40%), along with three others: sleep disruption (34%), depression (34%), and lack of physical activity (33%).

Table 7: Factors That Increase Personal Risk

	TOTAL 2022	Greatest Risk
<i>NEWQ8. Thinking about your current situation, which of the following risk factors for dementia do you believe are likely to increase your own risk of developing dementia?</i>	<i>n=2039</i>	<i>n=907</i>
Lack of physical activity	46%	33%
Loneliness/social isolation	42%	40%
Sleep disruption	41%	34%
Depression	41%	34%
Unhealthy diet	34%	23%
Traumatic brain injury	33%	29%
Harmful alcohol use	28%	21%
High blood pressure	21%	11%
Obesity	21%	10%
Air pollution	17%	7%
Smoking	17%	8%
Diabetes	15%	10%
High cholesterol	13%	5%
Hearing loss	12%	4%
Fewer years of formal education	8%	2%

	TOTAL 2022	Greatest Risk
Other	5%	5%
Genetics (unprompted)	4%	--
None of these	1%	--
Don't know/No response	13%	3%

* Includes "Hypertension"

Gender

- Men are more likely than women to list harmful alcohol use (31% compared to 24%) as a personal risk factor.

Age

- Canadians under age 35 are more likely than older Canadians to list most of the items and personal risk factors (excluding high blood pressure, diabetes, obesity, high cholesterol, hearing loss and genetics).

Education and Income

- Individuals with a high school education (3%) are more likely to say traumatic brain injury (37%) compared with those with a university (37%) education.
- Those with an income under \$40,000 are more apt to list depression (50%) and loneliness/social isolation (49%) as personal risk factors; those with \$120,000 or more in household income are least likely to do so (34% and 35%, respectively). Those with household incomes of \$40,000 to \$60,000 are nearly as likely as those with less income to indicate loneliness/social isolate as a factor that increases their own risk (47%).

Region

- Residents of Saskatchewan and Manitoba (29%) or Alberta (28%) are more likely to say high blood pressure is a personal risk factor compared with 15% to 22% of others. Those in Ontario are apt to note their own higher risk from lack of physical activity (50%); whereas lack of physical activity is noted least often in Saskatchewan and Manitoba (both 37%) and Atlantic Canada (39%). Unhealthy diet (38%) is least often mentioned by respondents in Quebec (28%). Residents in the Territories are more likely than those in other regions to cite diabetes (24% versus 11% to 20% elsewhere) or genetics (16% versus 2% to 4% elsewhere) as a personal risk factor.

Populations identified as likely being at higher risk of developing dementia

- Black (30%) and South Asian (28%) respondents are more likely than others (21%) to cite high blood pressure as increasing their own risk. Black respondents are less likely than others to indicate loneliness/social isolation as a personal risk factor (27% versus 43%). This is also the case for depression (31% versus 41% among others). South Asian respondents are less likely than others to say traumatic brain injury (20% versus 33%) and harmful alcohol use (19% versus 28% among others) increase their own risk.
- Indigenous peoples (43%) are more likely than others (32%) to say traumatic brain injury is likely to increase their own risk.
- Members of the 2SLGBTQI+ community are more likely to note depression (48%) as a personal risk factor compared with others (40%). They are less likely than others, however, to note traumatic brain injury (25% versus 33% among others) as personal risk factor.
- Those with chronic health conditions are more likely than those without chronic conditions to identify some of the dementia risk factors as areas that increase their own risk of dementia (excluding alcohol use and smoking, as well as loneliness, high cholesterol, air pollution, hearing loss and traumatic brain injury).

Other Segments

- Those who are physically active one to three hours per week are more likely than those more active to select lack of physical activity (61% versus 37% to 50% of others), unhealthy diet (40% versus 28% to 36%), high blood pressure (25% versus 17% to 22%), obesity (29% versus 16% to 23%). Those active 12 or more hours per week are the most likely to view sleep disruption (46%), traumatic brain injury (40%), alcohol use (34%), smoking (25%), air pollution (23%), diabetes (20%) or fewer years of formal education (12%) as likely to increase their personal risk.

Once risk factors were displayed or read to respondents, the list was subsequently displayed/read again asking respondents to identify any factors not previously known to them. Four in ten say they did not previously know about air pollution (44%), hearing loss (43%), or fewer years of education (42%). One-third did not know that high cholesterol (34%) is a risk factor. Three in ten did not know about diabetes (30%). About one in four were previously unaware that high blood pressure (28%), obesity (27%), smoking (24%), or sleep disruption are risk factors for dementia (22%). Fewer than one in five were unaware of loneliness or social isolation (16%), depression (16%), unhealthy diet (15%), lack of physical activity (15%), harmful alcohol use (14%), or traumatic brain injury (8%). About one in ten say they were either not aware of any of these risk factors (11%) or were aware of all the risk factors (10%).

Table 8: Lesser-Known Influences on Risk

	Not Known
<i>Q8b. Thinking about these risk factors for dementia, are there any that you did not know about previously?</i>	<i>n=2039</i>
Air pollution	44%
Hearing loss	43%
Fewer years of formal education	42%
High cholesterol	34%
Diabetes	30%
High blood pressure	28%
Obesity	27%
Smoking	24%
Sleep disruption	22%
Loneliness/social isolation	16%
Depression	16%
Unhealthy diet	15%
Lack of physical activity	15%
Harmful alcohol use	14%
Traumatic brain injury	8%
I was not aware of any of these risk factors	11%
I am aware of all the risk factors	10%
Don't know/No response	10%

Gender

- Women (48%) are more likely than men (40%) to say they did not know air pollution is a risk factor.

Age

- Canadians under age 35 are more likely than older Canadians to say they were not aware of hearing loss (49%), diabetes (33%), depression (23%), loneliness/social isolation (20%, along with 20% of those 35-44), or lack of physical activity (18%) as risk factors.

Education and Income

- Those with high school education are more likely than others to say they were not aware of lack of physical activity (19%) as a risk factor. Those with a university education are apt to indicate air pollution (50%) and hearing loss (47%).
- Respondents with \$80,000 to \$120,000 in household income are more likely than others to say they were unaware of many risk factors, including hearing loss (48%), years of formal education (47%), high cholesterol (41%) and obesity (32%).

Region

- Residents of Ontario are more likely than those in other regions to say they were not aware that fewer years of formal education (47% versus the national average of 42%) is a risk factor. Those in Quebec are apt to say they are unaware of lack of physical activity (20%) as a risk factor, and both residents of the Atlantic provinces (35%) and Quebec (33%) noted high blood pressure as a risk they were not aware of.

Populations identified as likely being at higher risk of developing dementia

- Indigenous peoples are more likely than all other respondents to say they were not aware of high blood pressure (40% versus 28% among others), lack of physical activity (22% versus 15% among others) or unhealthy diet (22% versus 15% among others) as risk factors. Those who identify as Black are more likely to say they were not aware of obesity as a risk factor (35%) compared to other respondents (27%).
- Those with a chronic health condition (46%) are more likely than those without (40%) to say they were unaware that fewer years of formal education is a risk factor for dementia.

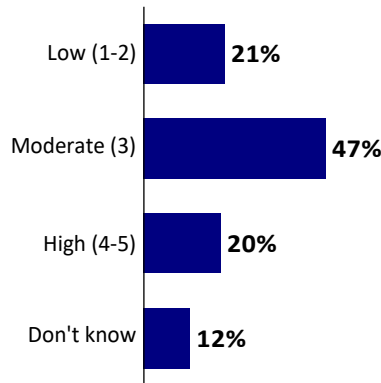
Other Segments

- Individuals who are physically active one to five hours per week (33% to 37%) are more apt to say they were not aware that high blood pressure is a risk factor compared with others (24% to 29%).
- Those who are physically active 12 or more hours per week (33%) are more likely than individuals who are less physically active (24% to 29%) to say they were not previously aware that obesity is a risk factor.

Perceived Ability to Reduce Risk

Approximately one in five (20%) Canadians believe they can reduce their own personal risk of developing dementia going forward, and nearly half (47%) believe they have a moderate ability to reduce risk. One in five (21%) feel their ability to reduce the risk of developing dementia is low.

Chart 11: Perceived Ability to Decrease Risk



NEWQ5. To what extent do you believe that you can reduce your own personal risk of developing dementia going forward?

Base: Overall n=2039

Gender

- Perceived ability to influence personal risk of developing dementia does not vary significantly by gender.

Age

- Those between the ages of 35 and 54 are most likely to believe their ability to reduce the risk of developing dementia is low (25% to 26%) compared with those who are 55 or older (15% to 17%).

Education and Income

- Perceived ability to influence personal risk of developing dementia does not vary significantly education or household income.

Region

- Those in the Territories (33%), Saskatchewan and Manitoba (30%), and the Atlantic (27%) are apt to say their ability to reduce their personal risk of developing dementia is low going forward compared with others across the country (18% to 23%).

Populations identified as likely being at higher risk of developing dementia

- Those identifying as Black (29%), or South Asian (27%) are more likely than others (20% and 19% respectively) to believe they can reduce their risk to a high extent.

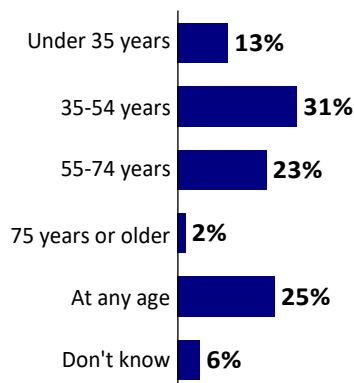
Other Segments

- Those who are physically active 12 or more hours per week (29%), or actively involved in their community (26%) are more likely than others (13% to 18%) to believe they can reduce their personal risk moving forward to a high extent.

Taking Steps to Reduce Risk

When asked about the age at which people should start taking action to reduce their risk of dementia, only 13% say under 35 years of age, although another 25% say “at any age”. Three in ten (31%) believe it should be between 35 and 54. Fewer than one in four (23%) think they should wait until they are 55 or older and virtually no one (2%) believe steps are best started at 75 or later.

Chart 12: Age for Taking Preventative Steps



NEWQ6. At what age do you think it's important for people to start taking action to reduce their risk of dementia?

Base: Overall n=2050

Gender

- Belief about the most appropriate age to start taking action to reduce the risk of developing dementia do not vary substantively by gender.

Age

- Perhaps surprisingly, the perceived age for taking preventative steps does not vary significantly based on the age of respondents.

Education and Income

- Those with \$80,000 to \$120,000 household income are more likely than those with higher or lower income to say it's important to start at age 55-74 (28% versus 17% to 23% of others).

Region

- Residents of British Columbia are the most likely to say risk reduction should start at 35 or younger (21%). Residents of Quebec are more likely than others to suggest a later time to start (30% say 55 to 74 and 6% say 75 or older). Rural residents are more likely than their counterparts to say "at any age".

Populations identified as likely being at higher risk of developing dementia

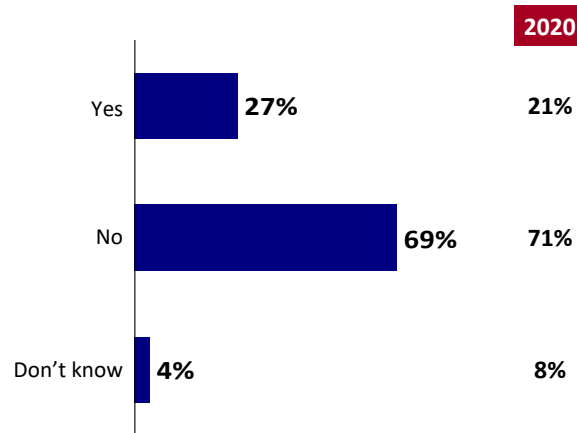
- South Asian respondents are more likely to suggest age 55 to 74 (35%) compared with other respondents (22%).

Other segments

- Those who provide care to a person living with dementia (34%) are more likely than those who do not (24%) to say steps should begin "at any age".

Just over one in four respondents (27%) report intentionally taking steps to reduce their risk of developing dementia, which has increased from 21% in 2020¹².

Chart 13: Incidence of Taking Steps toward Prevention



Q8. In the last 12 months, have you taken any steps to specifically reduce your own risk for developing dementia?

Base: 2022: overall n=2039; 2020 n=3910 (Those under 75 years of age)

Gender

- Incidence of taking steps toward prevention does not vary significantly by gender.

Age

- Those who are between the ages of 45 and 54 (32%) are the most likely age segment to say they have taken steps in the last 12 months, with those under age 35 (21%) the least likely to have taken steps.

Education and Income

- Those with a high school education (73%) are more likely than those with college (67%) or university education (66%) to say they have not taken any steps to reduce their risk.
- Those reporting \$40,000 - \$80,000 in household income are more likely to say they have not taken steps (74%) when compared to other income levels, particularly compared with those earning less than \$40,000 (64%).

¹² Results from 2020 are largely the same even with the trial weight applied to reduce the influence of care providers in that sample.

Region

- Incidence of taking steps toward prevention does not vary significantly by region or size of community.

Populations identified as likely being at higher risk of developing dementia

- Those identifying as Black are more likely (39%) than other respondents (26%) to report taking steps to reduce their risk.
- There are no differences among those identifying as South Asian, Indigenous or members of the 2SLGBTQI+ community compared with others.

Other Segments

- Those who provide care to a person living with dementia (35%) are more likely than those who do not (25%) to say they have taken steps.
- Those who are active in their community are also more likely to have taken steps (35% versus 23% among those less active). Similarly, those reporting 5 to 12 hours of physical activity per week more often say they are taking steps to reduce their risk of dementia (33% to 34%) compared with those reporting only one to five hours (19% and 21%).

Type of Steps Taken to Reduce Risk

When asked about the steps taken intentionally to reduce the risk of developing dementia, respondents most often described challenging their brain to keep it active (74%), as well as eating healthy foods (68%) and being physically active on a regular basis (65%). Being socially active and monitoring and managing chronic health conditions were indicated by about four in ten respondents (41% and 39%, respectively). One in three (32%) say they reduced or eliminated alcohol consumption and one in five limited their exposure to air pollution (20%) or used safety equipment to protect their hearing and/or brain (19%). Quitting or reducing tobacco use was noted by 11% of respondents.

Table 9: Steps Taken to Reduce the Risk of Developing Dementia

	TOTAL
<i>Q8a. Over the past 12 months, what steps did you take to reduce your risk of developing dementia?</i>	<i>n=592</i>
Challenging my brain to keep it active	74%
Eating healthy foods	68%
Being physically active on a regular basis	65%
Being socially active	41%
Monitoring and managing any chronic health conditions I have	39%
Reducing or eliminating my alcohol consumption	32%
Limiting my exposure to air pollution	20%
Using safety equipment to protect my hearing and/or brain	19%
Reducing or quitting my use of tobacco	11%
Better a better/monitoring sleep	2%
Other	5%
Don't know	1%

Gender

- Women are more likely than men to have taken steps to challenge their brain (77% versus 68% among men).

Age

- Older individuals (55 or older) are more likely than those who are younger to have taken steps to challenge their brain (81% to 85% compared to 73% of those under the age of 35 and 66% of those age 35-44 and 45-54) and engage in regular physical activity (73% to 75% compared to 56% of those age 45-54 and 62-64% of those under age 35 and between age 35-44), as well as social activity (53% among those 65 to 74 compared to 26% of those age 35-44 and 30% of those age 45-54). Those under age 35 are more likely than others to say they have reduced or eliminated alcohol (43% compared to 25-38% of those who are older), used safety equipment (30% compared to 7% of those age 65-74 and 15-19% of those age 35 to 64) or limited exposure to air pollution (29% compared to 12% of those age 45-54 and 14% of those age 65-74). Like those who are 55 or older, those under 35 are also more likely than individuals 35 to 54 to have engaged in social activity (50% versus 26% to 30%) to reduce their risk of developing dementia.

Education and Income

- Those with a university education (75%) are more likely to say they are physically active on a regular basis, compared to those with college (60%) or high school (63%) education.

Region

- Residents of the Territories more often indicate being physically active on a regular basis (91% compared to 59% to 74% in other regions). Smokers in the Atlantic (21%) are more likely to have taken steps to reduce or quit their tobacco use compared with other regions, which ranged from 8-13%.

Populations identified as likely being at higher risk of developing dementia

- Those identifying as South Asian more often point to social activity to reduce their risk (56% compared with 40% among all other respondents).
- Indigenous people more often noted reducing or quitting tobacco (26%) compared with others (11%).

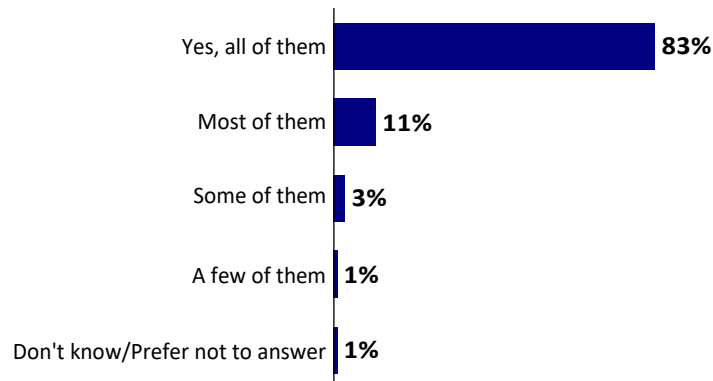
Other Segments

- Those involved in the community are more likely than those who are not involved in the community in taking a steps to reduce their risk of developing dementia, including eating healthy (72% versus 65% of those not active in the community), regular physical activity (74% versus 59% of those not active in the community), challenging their brain (78% versus 70% of those not active in the community), as well as being socially active (60% versus 27% of those not active in the community).

Intent to Continue Taking Steps to Reduce Risk

Among the 27% taking steps intentionally, the large majority (83%) plan to continue. Another 11% say they will continue with most of the steps they are taking. Very few say they will only keep up with some or a few of these steps (4%).

Chart 14: Intent Regarding Continuity of Prevention



Q8b. Do you plan to continue these steps?

Base: n=587 (Those taking steps to reduce the risk of developing dementia)

Gender and Age

- Intent regarding continuity of prevention does not vary significantly by gender or age.

Education and Income

- Those with a college education (88%) are more likely than those with a high school education (76%) to plan to continue all steps.

Region

- Those living in Quebec are less likely to say they will continue with all steps (74%) and more likely than any other region to say they plan to continue most of them (19% compared to 6% to 14% elsewhere).

Populations identified as likely being at higher risk of developing dementia

- Intent regarding continuity of prevention does not vary significantly by populations identified as likely being at higher risk of developing dementia.

Reasons for Taking Steps to Reduce Risk

For half, knowing someone who is living or has lived with dementia (50%) motivated them to start taking steps to reduce their risk of developing dementia. Credible evidence (28%) and a change in their own health status that increased their concern (28%) are also significant motivators to take action to reduce the risk of developing dementia. Other sources of motivation include traditional media (15%) and advice from friends and family (14%). Another 13% say they were self-motivated toward a healthy lifestyle, and 11% say their health care provider advised them.

Table 10: Motivation for Taking Preventative Steps

	TOTAL
<i>NEWQ10b. What or who motivated you to start taking steps to reduce your risk of developing dementia?</i>	<i>n=592</i>
I know or have known a person living with dementia	50%
Credible evidence such as scientific studies	28%
A change to my health status that increased my concern	28%
Media, such as newspaper, radio or television	15%
Advice from people close to me such as family and friends	14%
Self-motivation toward healthy lifestyle (unprompted)	13%
Advice from a health care provider	11%
Advertising / social media / influencer	8%
Other	1%
Don't know	3%
Prefer not to answer	1%

Gender

- Women are more likely than men to have been motivated by knowing someone with dementia (55% versus 45% among men).

Age

- Those who are under 35 are more apt to have been motivated by friends and family (23%) or advertising, social media and influencers (13%) compared with those who are older. Individuals 55 or older (59% to 64%) are more likely to have been prompted by knowing someone with dementia. Those 55 to 64 (20%) are more likely than those younger or older to say they are self-motivated.

Education and Income

- There are no significant differences by education or household income levels.

Region

- Residents of the Atlantic are more likely than others across the country to say they were motivated as they know or have known someone with dementia (63% versus the national average of 50%) or received advice from a health care provider (25% versus the national average of 11%).

Populations identified as likely being at higher risk of developing dementia

- Those identifying as Black are more likely than all other respondents to have been influenced by traditional media (38% versus 14% among others) or advertising or social media (21% versus 7%).

Other segments

- Those with a chronic health condition are more apt than those without a chronic illness to have been motivated by either knowing someone with dementia (55% versus 47% of others; along with care providers at 75% versus 46% of others), having a change in their health status that increased their concern (42% versus 17% of others) or having credible evidence (32% compared with 24% of others).

Barriers to Taking Steps to Reduce Risk

Six in ten (60%) Canadians under the age of 75 feel they would like to be able to or need to do more to reduce their risk of developing dementia, while 13% say that they do not know. Only one in four (27%) say they do not feel this way. Among those, one in three (33%) feel they do not know enough about the actions they can take, 13% feel it will not have an impact, 12% feel they do not have the time to take steps, and 11% have health challenges that stand in the way. Fewer than one in ten (or 2% overall) pointed to other barriers.

Table 11: Perceived Inability to Take Steps and Barriers

	TOTAL
<i>Q10c. Do you feel you would like to be able or need to do more to reduce your risk of developing dementia?</i>	<i>n=2039</i>
Yes	60%
No	27%
Don't know/Prefer not to answer	13%
<i>Q10f. Please share your top reasons for not feeling that you would like to be able or need to do more to reduce your risk of developing dementia.</i>	<i>n=781</i>
I don't know enough about actions I should take	33%
Already doing what I can/living healthy lifestyle (unprompted)	14%
It won't make enough of a difference	13%
Lack of time	12%
Health challenges	11%
Lack of social opportunities	8%
Too expensive	6%
Too early to be concerned (unprompted)	6%
I don't believe I am at high risk (unprompted)	5%
Hard to take steps where I live	5%
I believe it is too late in my life to take action	4%
I don't trust the evidence about dementia risk	3%
Information or activities not offered in the language of my choice	1%
Other	2%
Don't know	16%
Prefer not to say	4%

Gender

- Women (64%) are more likely than men (57%) to say they would like to be able to do more to reduce their risk of developing dementia.

Age

- Those under 35 years of age are more likely to cite a lack of time (21%) compared with those who are 45 or older (3% to 9%).
- Those who are 65 or older are more likely than those who are younger to say they are doing everything that they can (23% versus 11% to 6% of those who are younger).

Education and Income

- Those with a university education (23%) are more likely than those with college (11%) or high school (11%) education to say they are doing everything they can and living a healthy lifestyle. Those with a college level of education are more likely than others to say it will not make a difference (18% versus 13% among the university-educated and 10% among those with a high school education).
- Those reporting less than \$40,000 in household income are more likely than those with higher income to say they have health challenges (18%), it is too expensive (15%), or it is hard to take steps where they live (11%). Those reporting \$80,000 to \$120,000 in household income are more likely than those earning more or less household income to indicate a lack of time (22% versus 9% of others) or that they are already doing everything they can and are living a healthy lifestyle (21% versus 8% to 12% of those with less household income).

Region

- Residents of the Atlantic are more likely than other regions across Canada to say it will not make a difference (24%) or they have health challenges that get in the way (21%). Compared with other regions, residents of the Territories more often than others point to difficulties taking steps where they live (31% versus 1% to 7% elsewhere), it not making a difference (31% versus 7% to 16% in other provinces outside of the Atlantic), as well as health challenges (27% versus 7% to 13% in other provinces outside of the Atlantic), financial barriers (25% versus 2% to 8% elsewhere) or not trusting the evidence about dementia risk (25% versus 1% to 5% elsewhere). British Columbia residents are more likely than others to say they do not believe they are at risk (13%), and residents of Alberta are more apt to indicate a lack of time (20%) compared with British Columbia (8%).

Populations identified as likely being at higher risk of developing dementia

- Those identifying as Black or Indigenous are more likely than others to say they do not believe they are at risk (12% and 15%, respectively compared with 5% of those who are not Black or Indigenous).
- Those belonging to the 2SLGBTQI+ community are more likely than other respondents to say it will not make a difference (20% versus 13%), that they have health challenges (19% versus 10%), they lack social opportunities (13% versus 7%) or that they find it hard to take steps where they live (12%).
- Individuals with chronic health issues are also more likely than those without to say they have health challenges that get in the way (24% versus 4%).

Other segments

- Those who are physically active 12 or more hours per week (26%), along with those who are active in their community (24%), are more likely than those who are less physically active (10% to 15%), or less active in the community (9%) to say they are already doing everything they can. Individuals who are active less than an hour per week are more likely than others to say it will not make a difference (21%), or they believe it is too late in their life to take action (14%).

Supports for Removing Barriers to Taking Steps

When asked about the top three things that would assist them in taking steps to reduce their risk of developing dementia, survey respondents pointed back to key risk factors previously identified. The two most frequently noted items are exercising, being more active and maintaining physical activity (23%) and eating a healthier/balanced diet or maintaining a healthy weight (18%). Another 11% say that socializing more would help them and 10% pointed to learning more about how to take steps to reduce their risk.

Table 12: Mitigating Barriers to Prevention

	TOTAL
<i>Q10d. What are the top three things that would assist you in taking steps to reduce your risk of developing dementia that you are not able or find difficult to take now?</i>	<i>n=1517</i>
Exercise, more active, maintain physical activity (unprompted)	23%
Healthier eating/balanced diet, lose weight, maintain weight (unprompted)	18%
Socializing with friends/family more, getting out to socialize, making Friends (unprompted)	11%
Knowing more about how to take steps to reduce my risk	10%
Manage sleep better (unprompted)	8%
Brain/cognitive stimulation, brain exercise/keep brain active (unprompted)	7%
Manage physical health concerns/access to care to manage illness/conditions (unprompted)	7%
Having more time to take better care of myself	4%
Manage stress levels, lower stress (unprompted)	4%
Affordable living, cost of living reduced, adequate income support (unprompted)	4%
Manage mental health concerns/access to care to manage mental illness/conditions (unprompted)	4%

	TOTAL
Reduce/stop alcohol consumption, reduce/stop drug consumption (unprompted)	4%
Access to doctor for check up/assessment, information directly from doctor/medical professional opinion of care (unprompted)	3%
Environmental concerns improved (climate change, pollution, healthier food agricultural production...) (unprompted)	3%
Don't know	38%
Prefer not to say	4%

Responses of 3% or higher noted

Gender

- Women are more likely than men to say that getting more exercise (27% versus 18% among men) or socializing more (13% versus 8% among men) would assist them in taking steps to reduce their risk of developing dementia.

Age

- Those under 35 are also most likely to identify knowledge on how to take steps (14%), as well as managing or improving sleep issues (13%) compared with older respondents (2% to 9%). Those who are 65 to 74 are more likely than younger age groups to say socializing or getting out more (15%).

Education and Income

- Those with a college education (10%) are more likely than those with a high school education (3%) to cite managing physical health concerns. Socializing more is more likely to be of assistance to those with a university education (14%) compared with others (8% to 11%). The university-educated are more likely to say better management of sleep (11%) would help them compared with those with high school education (5%).
- Those with income under \$40,000 are more likely to cite socializing with friends and family more (15%) and affordable cost of living (8%), particularly when compared to those with over \$120,000 household income (7% and 1% respectively). Those with \$40,000 to \$80,000 in household income (28%) are more likely than those with lower (24%) or higher (20% to 21%) incomes to cite exercise, more active, maintain physical activity.

Regions

- Residents of the Territories are more likely than those in other regions to cite access to affordable cost of living (29% versus 1% to 8% elsewhere), affordable access to

ways to exercise and maintain a healthy diet (15% versus 0% to 5% elsewhere), as well as manage stress levels (15% versus 1% to 5% elsewhere).

Target groups and other segments

- Those identifying as Black (32%) or South Asian (32%) are more likely than 22% among others to say they would need to exercise more. This is also the case among those with chronic health issues (28% compared to 19% of those without health issues). Individuals of South Asian descent are also more likely than others to indicate healthier eating (26% versus 18% of others), socializing more (17% versus 10% of others), and brain stimulation (14% versus 7% of others) as areas that would help them reduce risk.
- Members of the 2SLGBTQI+ community are more likely than others to indicate socializing more (16% versus 10%).

Other segments

- Those who provide care to people living with dementia are more likely than others to say that knowing more about the steps to take (16% versus 10% of others) would assist them. This is also the case among those who are only physically active one to three hours a week (16%), those who recognize that being more active (35%) would reduce their risk and those who identified that eating a healthier diet (24%) would help them reduce their risk.

The two-thirds of Canadians (69%) who report that they are not taking steps to reduce their risk of developing dementia intentionally were nonetheless often engaged in activities linked to reduced risk of dementia. They most often engaged in activities such as challenging their brain to keep it active (68%), as well as eating healthy foods (62%) and physical activity (54%). As with the 27% reporting intentional steps taken to reduce dementia risk, being socially active and monitoring and managing chronic health conditions were indicated by about four in ten (44% and 39%, respectively) of those not intentionally taking steps to reduce their risk of developing dementia. One in three (35%) respondents say they used safety equipment to protect their hearing and/or brain, which is higher than found among those who report that they are taking steps (19%). One in three also reduced or eliminated alcohol consumption (34%). One in four (24%) respondents say they limit their exposure to air pollution and 12% of respondents say they have quit or reduced tobacco use.

Table 13: Behaviours Among Those Not Taking Intentional Steps to Reduce Dementia Risk

	TOTAL
<i>NEWQ10e. Did you engage in any of the following activities over the past year?</i>	<i>n=1458</i>
Challenging my brain to keep it active	68%
Eating healthy foods	62%
Being physically active on a regular basis	54%
Being socially active	44%
Monitoring and managing any chronic health conditions I have	39%
Using safety equipment to protect my hearing and/or brain	35%
Reducing or eliminating my alcohol consumption	34%
Limiting my exposure to air pollution	24%
Reducing or quitting my use of tobacco	12%
Other	5%
Don't know	4%
Prefer not to say	1%

Gender

- Men are more likely than women to have used safety equipment to protect their brain or hearing (39% versus 30% among women), while women are more likely to have limited their exposure to air pollution (29% versus 19% among men) over the past year.

Age

- Those under age 35 are more likely than those 35 and over to say they are physically (59% versus 49% to 54% among others) or socially active (53% versus 34% to 43% among others), as well as using safety equipment to protect their hearing and/or brain (48% versus 19% to 36%), and reducing or quitting tobacco use (17% versus 8% to 12%).

Education and Income

- Those with a university education (67%) are more likely than those with college (62%) or high school (62%) education to say they engaged in eating healthy foods.
- Those with household income over \$120,000 (43%) are more likely than those with lower income, particularly those with less than \$40,000 (22%) to say they use safety equipment. Those with under \$40,000 in household income (48%) are more likely to say they engaged in monitoring and managing chronic health conditions, compared to those with higher income (36% to 39%). Being physically active is more likely among those reporting household

incomes of \$80,000 or higher (59%) compared with those reporting \$40,000 to \$80,000 (47%).

Region

- Residents of the Territories (41%) and Atlantic (32%) are more likely to say they are limiting exposure to air pollution than in other areas (15% to 26% excluding British Columbia), which is also true among rural residents in general (33% versus 23% in urban areas).
- Residents of British Columbia as well as rural residents more often point to a healthy diet (70% and 69%, respectively). Those in British Columbia are also more likely than others across the country to report physical (63%) and social activity (57%), as well as use of safety equipment (44%) and limited exposure to air pollution (30%).

Populations identified as likely being at higher risk of developing dementia

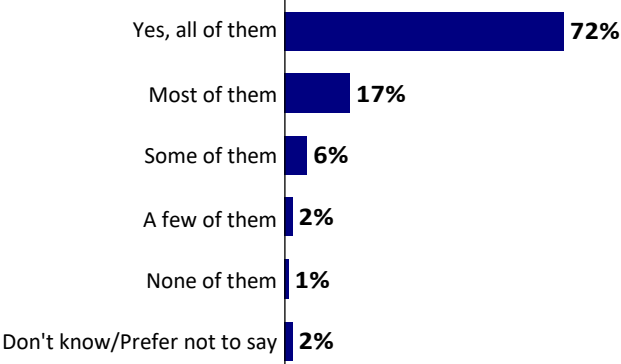
- Those identifying as Black more often pointed to limiting their exposure to air pollution (38% compared with 24% among others). South Asian respondents (16%) are less likely than all others (36%) to say they use safety equipment and are also less apt to say they eat healthy foods (51% compared with 63% among others).
- Those with a chronic health condition are more likely than those without to say they have engaged in monitoring and managing chronic health conditions (68% compared to 22%) and limiting exposure to air pollution (28% compared to 21%). They are less likely than others, however, to say they eat healthy foods (59% versus 63%) or are physically active (46% versus 59%).

Other Segments

- Involvement in their community is strongly tied to taking a number of other steps, including challenging their brain (81%), being socially active (75%), eating healthy (75%), and regular physical activity (68%).
- Those who are more physically active during the week are more likely than those less active to engage in these activities, most notably those with over 12 hours of physical activity per week are engaged in challenging their brain (78%), being physically active (76%), being socially active (55%), and using safety equipment (40%).
- Those who are physically active at least 3 hours per week (68% to 73%) are more likely than those with less physical activity (49% to 53%) to say they have engaged in eating healthy foods.

Among the 96% who have been unintentionally taking steps to reduce their risk of dementia, although not intending to do so, seven in ten (72%) plan to continue all of these steps. Another 17% plan to continue most of them. Very few intend to continue only some (6%) or a few (2%) or none (1%) of these activities.

Chart 15: Intent to Continue Taking Steps to Reduce Dementia Risk Among Those Not Doing So Intentionally



Q10ea. Do you plan to continue these activities that you are engaging in?

Base: n=1390 (Those not intentionally taking steps to reduce risk)

Gender

- Women are more likely than men to plan to continue all steps (76% compared with 69% of men).

Age

- There are no significant differences in intent to continue based on age.

Region

- Residents of the Atlantic are most likely to intend a continuation of their activities (82%), while this is lowest in the Territories (44%) and in Quebec (62%). There are no other significant differences in other regions or based on community size.

Education and Income

- Those with a university education (77%) are more likely than those with high school (69%) education to say they plan to continue all these activities.
- There are no significant differences in intent based on household income.

Populations identified as likely being at higher risk of developing dementia

- Those identifying as Black are not as likely to intend to continue all activities (54%) compared with other respondents (73%).
- Those with chronic health conditions are also less likely to intend to continue all activities (67% compared with 74% among those without).

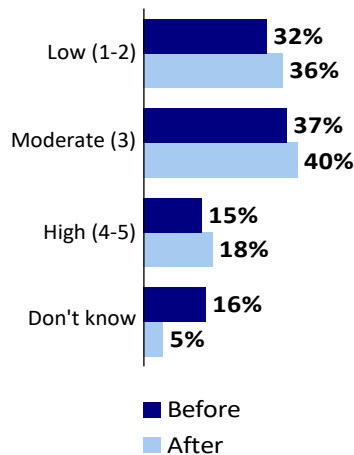
Other Segments

- Individuals who are more actively involved in their community are more likely to intend to continue all steps (81%) compared with those less involved (69%).

Influence of Awareness on Perceived Risk

After seeing the list of risk factors in the survey, participants were asked to once again rate their own risk of developing dementia. Fewer responded “don’t know” at the end of the interview (5% versus 16% when asked earlier in the survey). Slightly more (18% versus 15% before the survey) rated their personal risk of developing dementia as high after consideration of the risk factors and actions they take. At the same time there is also an increase in the proportion indicating a low (36% versus 32% before) or moderate risk (40% versus 37% before).

Chart 16: Influence of Awareness on Perceived Personal Risk of Developing Dementia



Q4. How would you rate your personal risk of developing dementia?

Base: Overall n=2039

Q11b. After seeing the list of risk factors in this survey, how would you now rate your own risk of developing dementia?

Base: Overall n=2039

Gender

- There are no differences in self-rated risk after seeing the risk factors based on gender.

Age

- Canadians under age 35 continue to be more likely to rate their personal risk as low (37% when asked earlier in the survey, 44% later in the survey) compared with older Canadians (28% to 30%).
- Canadians aged 35 to 44 (23%) are now more likely say they rate their risk as high compared with 17% when asked earlier in the survey. Those 65 to 74 are more likely than other age groups to rate their risk as moderate (49% versus 37% to 42% among others), which was also the case when the question was posed earlier in the survey (45% versus 34% to 38% among others).

Education and Income

- Those with a high school education and those with \$40,000 to \$80,000 in household income are more likely to rate their risk high (23% in each case) which is slightly more pronounced than when it was posed earlier in the survey (16% and 19%, respectively).

Region

- After seeing the list of risk factors, those in Atlantic Canada are less likely than those in other regions to say their risk is low (27% versus 30% to 40% elsewhere) and more likely to say it is moderate (51% versus 35% to 42%).

Populations identified as likely being at higher risk of developing dementia

- Indigenous peoples (26% compared with 23% when posed earlier in the survey) continue to be more likely than others (18% compared with 15% when posed earlier in the survey) to now rate their risk as high.
- Those identifying as Black are most likely to rate their risk as low (47% compared with 36% among others), as was also the case when posed earlier in the survey (45% versus 31%).
- Those with a chronic health condition (29% compared with 22% among those without a chronic health condition when posed earlier in the survey) are more likely than others (33%) to rate their own risk as high at the end of the survey, although following a similar pattern when asked earlier in the survey.

Other Segments

- As with the results for the question posed earlier in the survey, those who are physically active less than one hour per week (30%) are more likely than those more active to rate their risk as high (23% when posed earlier in the survey). Those who are active 12 hours per week or more, however, are the most to rate their risk as low (44% compared with 38% when posed earlier in the survey).

- Those not active in their community (21%) are more likely than those who are active (13%) to rate their risk as high, although there was no sizable difference between those active and not active was when posed earlier in the survey.

APPENDICES

A. METHODOLOGICAL DETAILS

The summary section of this report (Sub-heading B – Methodology) described the Probit panel source used for the sample. The survey is comprised of 2,050 completed cases of Canadians, between the ages of 18 and 74, including oversamples among Canadians who identify as members of Black (139), South Asian (135), a member of the 2SLGBTQI+ community (370), or residents of Atlantic Canada (211) or the Territories (107).

As outlined in the Executive Summary, the survey was collected between February 25 and March 12, with a questionnaire length averaging 15 minutes online and 23 minutes by telephone. A total of 497 were completed by telephone, largely among those under 35, or living in the Atlantic or Territories, or among those who are members of the 2SLGBTQI+ community, Black or South Asian. This randomly recruited probability sample carries with it a margin of error of +/-2.1% at a 95% confidence interval. The margin of error for each of the target groups is between 3.5% and 7.0%. Results are weighted to population proportions for region, age, gender, and education, as well as for those who are Black, South Asian and/or a member of the 2SLGBTQI+ community.

As shown below the average response rate overall across the 2,050 cases is 19%. It is 22% among Probit sample members who completed the survey online. A total of 7,288 records were sampled to receive an email invitation to the survey, of which 20 bounced as undeliverable, leaving a valid sample of 7,268. Of these records, 1,553 were completed and 4 were found to be out of scope (i.e., ineligible). These two combined (1,553 plus 4) are divided by the function sample of 7,268 to obtain the 21.4% response rate.

A majority of the sample was collected through online self-administration, however, one-quarter of the sample was collected by trained, bilingual interviewers. The response rate is 13.3% across cases completed by telephone based on 497 completed and 42 found to be out of scope, out of the valid 4,046 records. Following are the call outcomes.

Outcome	Online	Phone	Total
Total	7,288	4,796	12,084
Invalid	20	750	770
Valid Sample	7,268	4,046	11,314
Non-responding	5,443	3,067	8,510
Refusal	51	393	444
Partial complete	217	47	264
Total non-response	5,711	3,507	9,218
Ineligible/quota filled	4	42	46
Complete	1,553	497	2,050
Response rate	21.4%	13.3%	18.5%

The table below presents the demographic composition of the survey respondents. As with results throughout the report, results in Table 15 are presented weighted. The questions used in the composition of the sample (age, gender, region, education, ethnic target groups, 2SLGBTQI+) also are presented unweighted.

Table 15: Demographic Table

	TOTAL
<i>Age (unweighted)</i>	<i>n=2050</i>
Under 35	24%
35-44	20%
45-54	20%
55-64	20%
65 up	18%
<i>Province/Territories (unweighted)</i>	<i>n=2050</i>
British Columbia	11%
Alberta	10%
Saskatchewan-Manitoba	6%
Ontario	34%
Quebec	24%
Atlantic	10%

	TOTAL
Territories	5%
<i>Gender(unweighted)</i>	<i>n=2050</i>
Male	50%
Female	47%
Non-binary	2%
Prefer to self-identify	1%
<i>Level of education completed (unweighted)</i>	<i>n=2050</i>
High School diploma/equivalent or less	35%
Registered Apprenticeship or other trades certificate or diploma	4%
College/CEGEP/other non-university or registered apprenticeship or other trades certificate/diploma	30%
Bachelor/post graduate degree	49%
Prefer not to answer	1%
<i>Total household income last year, before taxes</i>	<i>n=2050</i>
Under \$20,000	7%
\$20,000 to just under \$40,000	11%
\$40,000 to just under \$60,000	10%
\$60,000 to just under \$80,000	12%
\$80,000 to just under \$100,000	13%
\$100,000 to just under \$120,000	12%
\$120,000 to just under \$150,000	9%
\$150,000 or above	15%
Prefer not to answer	11%
<i>Language spoken at home</i>	<i>n=2050</i>
English	76%
French	16%
English and French equally	3%
Other	4%
<i>Minorities</i>	<i>n=2050</i>
Member of another visible minority or racialized community	9%
Black	7%
Indigenous (First Nations, Métis or Inuit)	5%
Hispanic	3%

	TOTAL
None of the above	77%
Don't know	1%
I prefer not to say	2%
<i>Ethnic Groups</i>	<i>n=2050</i>
Canadian	71%
British	20%
French	13%
Other Western European	9%
Eastern European	7%
South Asian	6%
Indigenous	4%
Scandinavian	3%
Southern European	3%
Southeast Asian	3%
African	2%
Latin American	2%
American (general mention)	1%
Arabic	1%
Other	6%
None	1%
Prefer not to answer	1%
<i>Sexual orientation</i>	<i>n=2050</i>
Heterosexual	76%
2SLGBTQI+	18%
Prefer not to answer	6%

In terms of non-response bias, a comparison of the unweighted sample with 2016 Census figures from Statistics Canada for those under 75 years of age indicates an underrepresentation of those under 35 (24% compared with 31% in the population). There is a more educated sample in the survey than found in the population with 49% reporting university degrees, compared with 34% in the population.

B. SURVEY QUESTIONNAIRE

WINTRO

Thank you for agreeing to participate in this study. Si vous préférez répondre au sondage en français, veuillez cliquer sur français. **Your participation is optional and your responses will be kept entirely confidential and anonymous.** The survey takes 15 minutes to complete. It is being directed by EKOS Research, and is being administered according to the requirements of the *Privacy Act*. To view our privacy policy, click here. This survey is registered with the Canadian Research Insights Council's (CRIC) Research Verification Service. Click here if you wish to verify its authenticity (project code 20220222-EK421) If you require any technical assistance, please contact online@ekos.com.

PINTRO

Good morning/afternoon/evening, Bonjour, May I speak with _____? My name is _____ and I am calling from EKOS Research Associates, a public opinion research company. We are conducting a study on behalf of the Government of Canada on Canadians' awareness and knowledge about dementia, including reducing the risk of developing dementia. Please be assured that we are not selling or soliciting anything. Would you prefer to be interviewed in English or French?/Préférez-vous répondre en français ou en anglais? Your participation is voluntary and your responses will be kept entirely confidential. The survey takes 15 minutes to complete. It is being conducted by EKOS Research, and administered according to the requirements of the Privacy Act. Results will not be reported on an individual basis, but rolled into groups of 20 or more to preserve confidentiality. The survey is registered with the Research Verification Service of the Canadian Research Insights Council (CRIC) (IF ASKED: Visit <https://canadianresearchinsightscouncil.ca/rvs/home/?lang=en> if you wish to verify its authenticity (project code 20220222-EK421)). May we begin with the survey?

- Continue 1
- Refuse (THANK & TERMINATE) 9

PRIV

This call may be recorded for quality control or training purposes.

QAGEX

In what year were you born?

- Year : 1
- Prefer not to answer 9999

QAGEXSKIP

Calculation

- 75 or older 1
- Continue 2

QAGEA

Are you at least 18 years of age?

Yes	1
No	2
Prefer not to answer	99

QAGEY

May we place your age into one of the following general age categories?

Less than 18 years old	1
18 to 24	2
25 to 34	3
35 to 44	4
45 to 54	5
55 to 64	6
65 to 74	7
75 or older	8
Prefer not to answer	99

QGENDR

What is your gender?

Male	1
Female	2
Non-binary	3
Prefer to self-identify (Please specify):	77
Prefer not to answer	99

Q1

How knowledgeable would you say you are about dementia?

1 Not at all knowledgeable	1
2	2
3 Moderately knowledgeable	3
4	4
5 Very knowledgeable	5
Prefer not to answer	99

Q4 [1,10]

What are the signs and symptoms of dementia as far as you know?

<[PHONE](Interviewer: Please read each item in the list and select each one that applies.)>

Difficulty in managing daily tasks (e.g., bathing and dressing, washing dishes)	1
Impairment of/Reduced judgement (recognition of danger, rules of driving, financial)	2
Changes in mood, behaviour and/or personality	4
Urinary incontinence	5
Shortness of breath	6
Trembling or shaking	7
Misplacing things (e.g., putting things in strange places)	9

Other (Please specify):	77
Do not know	99

Q2

Overall, how much of an impact do you think dementia is having in Canada today?

1 Not at all an impact	1
2	2
3 A moderate impact	3
4	4
5 A very large impact	5
Don't know	99

Q5H

To the best of your knowledge, please indicate if the following is true or false: There are effective treatments that can delay the onset of symptoms and slow the progress of dementia

True	1
False	2
Do not know	98

Q11 [1,11]

Who do you know (if anyone) that is living/has lived with dementia?

<[PHONE](Interviewer: Please read the list and ask respondent to stop you when you get to any that apply.)>

Myself	2
My spouse/partner	3
A parent	4
An extended family member	5
A friend	6
A neighbour, colleague at work, customers/client	8
No one	1
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

QCARE

Do you provide care or support to a family member or friend who is living with <hover="An umbrella term used to describe a set of symptoms affecting brain functions that are caused by neurodegenerative and vascular diseases or injuries. It is characterized by a decline in cognitive abilities such as memory, language, judgement, mood and behaviour. As a chronic and progressive condition, dementia can significantly interfere with the ability to maintain activities of daily living, such as eating, bathing, toileting and dressing. Alzheimer's disease and vascular disease are the most common types of dementia.">dementia?

Yes	1
No	2
Prefer not to answer	99

NEWQ6

At what age do you think it's important for people to **start** taking action to reduce their risk of dementia?

<[PHONE](Interviewer: Read list – accept 1.)>

Under 35 years	2
35-54 years	3
55-74 years	4
75 years or older	5
At any age	6
Don't know	98
Prefer not to answer	99

Q7A

To what extent do you agree or disagree with the following statement: I worry about the possibility of personally developing dementia.

<[PHONE](Interviewer: Read scale.)>

1 Strongly Disagree	1
2	2
3 Neither	3
4	4
5 Strongly Agree	5
Do not know	99

NEWQ4

How would you rate your personal risk of developing dementia?

<[PHONE](Interviewer: Read scale.)>

1 No risk	1
2	2
3 Moderate	3
4	4
5 Very high	5
Don't know	99

NEWQ4B [1,10]

Why do you feel your risk of developing dementia is moderate to high?

<[PHONE](Interviewer: Please read each item in the list and select each one that applies.)>

I have family members who have or have had dementia	1
I believe that dementia is inevitable as you get older	2
I have at least one ongoing health issue	3
I haven't done enough to challenge my brain	4
I often feel lonely and isolated from other people and my community	5
I don't exercise as much as I should	6
I struggle with maintaining a healthy diet	7
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

NEWQ4C [1,9]

Why do you feel your risk of developing dementia is low?

<[PHONE](Interviewer: Please read each item in the list and select each one that applies.)>

No one in my family has or has had dementia	1
I make it a priority to stay physically active	2
I maintain healthy eating habits	3
I have no ongoing health issues	4
I challenge my brain regularly	5
I am actively involved in my community and socialize often	6
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

NEWQ5

To what extent do you believe that you can reduce your own personal risk of developing dementia going forward?

<[PHONE](Interviewer: Read scale.)>

1 Not at all	1
2	2
3 To a moderate extent	3
4	4
5 To a great extent	5
Don't know	99

Q2IN [0,20]

What are the first three risk factors that come to mind when thinking about what might increase the likelihood of developing dementia?

<[PHONE](Interviewer: Prompt for up to 3 responses.)>

High blood pressure	1
Harmful alcohol use	2
Lack of physical activity	3
Unhealthy diet	4
Sleep disruption (e.g., sleep apnea)	5
Smoking	6
Diabetes	7
Obesity	8
High cholesterol	9
Loneliness/social isolation	10
Fewer years of formal education	11
Too much screen time	15
Air pollution	12
Hearing loss	13
Depression	16
Traumatic brain injury	17
Unsafe exposure to the sun	18
1: _ 2: _ 3: _	77
Don't know/No response	99

Q5D

To the best of your knowledge, please indicate if each of the following are true or false:

Some ethnic/cultural groups have a higher risk of developing dementia	
True	1
False	2
Do not know	98

Q5E

To the best of your knowledge, please indicate if each of the following are true or false:

The risk of developing dementia is higher among people with chronic health conditions such as hypertension, heart disease, and diabetes

True	1
False	2
Do not know	98

Q5G

To the best of your knowledge, please indicate if each of the following are true or false:

Dementia is an inevitable (i.e., normal) part of aging

True	1
False	2
Do not know	98

NEWQ8 [1,15]

Thinking about your current situation, which of the following risk factors for dementia do you believe are likely to increase **your own** risk of developing dementia?

<[PHONE](Interviewer: Read list – select all that apply.)[ELSE]Select all that apply>

High blood pressure	1
Harmful alcohol use	2
Lack of physical activity	3
Unhealthy diet	4
Sleep disruption (e.g., sleep apnea)	5
Obesity	8
Smoking	6
Diabetes	7
High cholesterol	9
Loneliness/social isolation	10
Fewer years of formal education	11
Air pollution	12
Hearing loss	13
Depression	16
Traumatic brain injury	17
Other (specify):	77
Don't know/No response	99

NEWQ8A [1,3]

Please select up to three risk factors you feel are likely to have the greatest impact on your risk of developing dementia?

<[PHONE](Interviewer: Read list - accept up to 3.)[ELSE]Select up to 3.>

NEWQ8 = 1	
High blood pressure	1
NEWQ8 = 2	
Harmful alcohol use	2
NEWQ8 = 3	
Lack of physical activity	3
NEWQ8 = 4	
Unhealthy diet	4
NEWQ8 = 5	
Sleep disruption (e.g., sleep apnea)	5
NEWQ8 = 8	
Obesity	8
NEWQ8 = 6	
Smoking	6
NEWQ8 = 7	
Diabetes	7
NEWQ8 = 9	
High cholesterol	9
NEWQ8 = 10	
Loneliness/social isolation	10
NEWQ8 = 11	
Fewer years of formal education	11
NEWQ8 = 12	
Air pollution	12
NEWQ8 = 13	
Hearing loss	13
NEWQ8 = 16	
Depression	16
NEWQ8 = 17	
Traumatic brain injury	17
NEWQ8 = 77	
Other (Please specify):	77
Don't know/No response	99

NEWQ8B [1,15]

Thinking about these risk factors for dementia, are there any that you **did not know** about previously?

<[PHONE](Interviewer: Read list – ask respondent to stop you for any that apply).[ELSE]Select all that apply.>

High blood pressure	1
Harmful alcohol use	2
Lack of physical activity	3
Unhealthy diet	4
Sleep disruption (e.g., sleep apnea)	5
Obesity	8
Smoking	6
Diabetes	7
High cholesterol	9
Loneliness/social isolation	10
Fewer years of formal education	11
Air pollution	12
Hearing loss	13
Depression	16
Traumatic brain injury	17
I am aware of all the risk factors	77
I was not aware of any of these risk factors	98
Don't know/No response	99

Q8

In the last 12 months, have you taken any steps to specifically reduce your own risk for developing dementia?

Yes	1
No	2
Don't know	99

NEWQ10B [1,10]

What or who motivated you to start taking steps to reduce your risk of developing dementia?

<[PHONE](Interviewer: Please read each item in the list and select each one that applies.)>

Advertising / social media / influencer	1
Media, such as newspaper, radio or television	2
Advice from people close to me such as family and friends	3
Credible evidence such as scientific studies	4
A change to my health status that increased my concern	5
Advice from a health care provider	6
I know or have known a person living with dementia	7
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

Q8A [1,12]

Over the past 12 months, what steps did you take to reduce your risk of developing dementia?

Eating healthy foods	1
Being physically active on a regular basis	2
Reducing or quitting my use of tobacco (e.g., smoking, vaping)	3
Reducing or eliminating my alcohol consumption	4
Being socially active (e.g. volunteering, social events, visits)	5
Using safety equipment (e.g. helmets, headphones) to protect my hearing and/or brain	6
Limiting my exposure to air pollution (e.g. busy roads and industrialized areas)	7
Challenging my brain to keep it active (e.g., learning new skills)	8
Monitoring and managing any chronic health conditions I have	9
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

Q8B

Do you plan to continue these steps?

<[PHONE](Interviewer: Read list.)>

Yes, all of them	1
Most of them	2
Some of them	3
A few of them	4
None of them	5
Don't know/Prefer not to answer	99

NEWQ10C

Do you feel you would like to be able or need to do more to reduce your risk of developing dementia?

Yes	1
No	2
Don't know/Prefer not to answer	99

NEWQ10F [1,13]

Please share your top reasons for not feeling that you would like to be able or need to do more to reduce your risk of developing dementia.

<[PHONE](Interviewer: Read list – select all that apply.)[ELSE]Select all that apply.>

Lack of time	1
Too expensive	2
Health challenges (e.g. arthritis, depression, anxiety, addiction)	3
Hard to take steps where I live	4
Lack of social opportunities	5
It won't make enough of a difference	6
I don't know enough about actions I should take	7
I don't trust the evidence about dementia risk	8
Information or activities not offered in the language of my choice	9
I believe it is too late in my life to take action	10

Other (specify):	77
Don't know	98
Prefer not to say	99

NEWQ10D [0,3]

What are the top three things that would assist you in taking steps to reduce your risk of developing dementia that you are **not able or find difficult to take now**?

<[PHONE](Interviewer: Prompt for up to 3 responses.)>

Having more travel options nearby (e.g. public transport, carpooling, walking/cycling paths)	1
Living closer to open green areas, community centres, or fitness centres	2
Having more time to take better care of myself	3
Knowing more about how to take steps to reduce my risk (e.g. advice on Affordable meal planning and preparation, the best ways to keep my brain active, or how to exercise safely)	4
Access to affordable and easy to use tools that help me track my efforts (e.g., fitness apps, wearable trackers)	5
Being able to access whatever I need in the language of my choice	6
Improved Internet access (e.g., higher speed)	7
1: _ 2: _ 3: _	77
Don't know	98
Prefer not to say	99

NEWQ10E [1,12]

Did you engage in any of the following activities over the past year?

<[PHONE](Interviewer: Read list – select all that apply.)[ELSE]Please read each item in the list and select each one that applies.>

Eating healthy foods	1
Being physically active on a regular basis	2
Reducing or quitting my use of tobacco (e.g., smoking, vaping)	3
Reducing or eliminating my alcohol consumption	4
Being socially active (e.g. volunteering, social events, visits)	5
Using safety equipment (e.g. helmets, headphones) to protect my hearing and/or brain	6
Limiting my exposure to air pollution (e.g. busy roads and industrialized areas)	7
Challenging my brain to keep it active (e.g., learning new skills)	8
Monitoring and managing any chronic health conditions I have	9
Other (Please specify):	77
Don't know	98
Prefer not to say	99

NEWQ10EA

Do you plan to continue these activities that you are engaging in?

<[PHONE](Interviewer: Read list.)>

Yes, all of them	1
Most of them	2
Some of them	3
A few of them	4

None of them	5
Don't know/Prefer not to say	99

Q16A

How comfortable would you be with each of the following...?

Having a discussion with a health care provider about your personal risk of developing dementia	
Not at all comfortable 1	1
2	2
Moderately comfortable 3	3
4	4
Very comfortable 5	5
Do not know	98
Prefer not to answer	99

Q16E

How comfortable would you be with each of the following...?

Telling friends about a dementia diagnosis	
Not at all comfortable 1	1
2	2
Moderately comfortable 3	3
4	4
Very comfortable 5	5
Do not know	98
Prefer not to answer	99

Q10

How comfortable would you be with each of the following...?

Interacting with someone living with dementia	
Not at all comfortable 1	1
2	2
Moderately comfortable 3	3
4	4
Very comfortable 5	5
Do not know	98
Prefer not to answer	99

NEWQ9

How involved are you in community activities, online or in person, such as volunteering, socializing, and helping to organize or participate in community activities?

<[PHONE](Interviewer: Read list.)>	
Active most days of the week	1
On a weekly or biweekly basis	2
Occasionally (e.g. only for specific events)	3
Passively (e.g. I make donations but don't participate in events with others)	4
Not at all involved	5
Don't know	99

NEWQ11B

After <[PHONE]hearing[ELSE]seeing> the list of risk factors in this survey, how would you now rate your own risk of developing dementia?

<[PHONE](Interviewer: Read scale.)>

1 No risk	1
2	2
3 Moderate	3
4	4
5 Very high	5
Don't know	99

NEWQ21

Have you been diagnosed with a chronic health condition?

Yes	1
No	2
Prefer not to answer	99

NEWQ21B [1,16]

Which of the following chronic health conditions have you been diagnosed with?

<[PHONE](Interviewer: Do not read, but prompt as needed.)>

Stroke	1
Heart disease	2
Hypertension	3
Depression	4
Diabetes	5
Obesity	6
Hearing loss	7
Traumatic Brain Injury	8
High cholesterol	9
Cancer	10
Asthma	11
Chronic obstructive pulmonary disease	12
Arthritis	13
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

NEWQ21G [0,2]

How much time per week do you spend being physically active (e.g. walking or cycling, doing sports or fitness activities, or carrying heavy loads, and doing household chores that require physical effort)? Please only include activities that last a minimum of 10 continuous minutes.

Enter number of hours per week :	1
Less than an hour (enter minutes):	2
Prefer not to answer	9999

QEDUC

What is the highest level of education that you have completed?

Less than a high school diploma or equivalent/Some high school	2
High School diploma or equivalent	3
Registered Apprenticeship or other trades certificate or diploma	4
College, CEGEP or other non-university certificate or diploma	5
University certificate or diploma below Bachelor's level	6
Bachelor's degree	7
Post graduate degree above bachelor's level	8
Prefer not to answer	99

QINC

Which of the following categories best describes your total household income last year, before taxes, from all sources for all household members?

<[PHONE](Interviewer: Read list.)>

Under \$20,000	1
\$20,000 to just under \$40,000	2
\$40,000 to just under \$60,000	3
\$60,000 to just under \$80,000	4
\$80,000 to just under \$100,000	5
\$100,000 to just under \$120,000	6
\$120,000 to just under \$150,000	7
\$150,000 or above	8
Prefer not to answer	99

QLANG

What language do you speak most often at home?

English	1
French	2
English and French equally	3
Other (Please specify):	77
Prefer not to answer	99

QMINOR [1,6]

Do you consider yourself to be any of the following?

<[PHONE](Interviewer: Read list – select all that apply.)[ELSE]Select all that apply.>

Indigenous (First nations, Métis or Inuit)	1
Hispanic	2
Black	3
A member of another visible minority or racialized community (i.e., non-Caucasian)	77
None of the above	97
Don't know	98
I prefer not to say	99

QETHN [1,16]

To which ethnic or cultural groups do you consider yourself to belong?

<[PHONE](Interviewer: Do not read, but prompt as needed. Accept as many as apply.)[ELSE](Select all that apply.)>

Canadian	16
British (e.g., English, Scottish, Irish, Welsh, etc.)	1
French (includes Quebecois, Franco-Ontarian, Franco-Manitoban, Acadian, etc.)	2
Other Western European (e.g., German, Dutch, etc.)	3
Scandinavian (e.g., Swedish, Finnish, Danish, Norwegian, etc.)	4
Eastern European (e.g., Polish, Russian, Czechoslovakian, Ukrainian, etc.)	5
Southern European (e.g., Italian, Greek, Spanish, etc.)	6
Arabic (e.g., Egyptian, Lebanese, etc.)	7
West Asian (e.g., Afghani, Iranian, etc.)	8
South Asian (e.g., Pakistani, Indian, Sri Lankan, etc.)	9
Southeast Asian (e.g., Chinese, Vietnamese, Korean, etc.)	10
Oceania (e.g., Australian, Kiwi, Polynesian, etc.)	11
Latin American (e.g., Mexican, Brazilian, Chilean, etc.)	12
Indigenous (e.g., Ojibway, Iroquois, Cree, Inuit, Métis, etc.)	13
American (general mention)	14
African (e.g., Nigerian, Somali, etc.)	15
Other (Please specify):	77
None	98
Prefer not to answer	99

Q25

Are you a First Nations person, Métis, or Inuk?

First Nations	1
Métis	2
Inuk	3
Other (Please specify):	77
Prefer not to answer	99

Q26

Do you live on a reserve or First Nation community for at least 6 months of the year?

Yes	1
No	2
Prefer not to answer	99

Q27

What is your sexual orientation?

Heterosexual	1
QGENDR = 2	
Lesbian	2
Gay	3
Bisexual	4
Two-spirit	5
Other (Please specify):	77

Prefer not to answer 99

QPOST

What are the first three characters of your postal code?

Please specify: 77

Prefer not to answer 99

QPROV

What province or territory do you live in?

British Columbia 1

Alberta 2

Saskatchewan 3

Manitoba 4

Ontario 5

Quebec 6

New Brunswick 7

Nova Scotia 8

Prince Edward Island 9

Newfoundland 10

Yukon 11

Northwest Territories 12

Nunavut 13

Prefer not to answer 99

THNK

Thank you very much for taking the time to complete this survey.

THNK2

<[QAGEXSKIP = 1 or QAGEA = 2,99 or QAGEY = 1,8,99]We appreciate your time, however, it seems that you are not eligible to participate in this particular survey.[ELSE]We will no longer contact you for the purposes of this study. Thank you for your cooperation.>