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.

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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 pollution[1]. With a growing and aging population, the number of Canadians living with dementia is expected to increase in future decades[2].

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.

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[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

[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]

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[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 significant[4] 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.

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[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