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Dementia Tracking Survey

Final Report

Prepared for the Public Health Agency of 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 4,427 respondents living in Canada that were 18 years of age or older in January and February 2024.

Cette publication est aussi disponible en français sous le titre : Sondage de suivi sur la démence

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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, including memory; awareness of person, place and time; language; basic math skills; judgement; and planning. Dementia can also affect mood and behaviour. There is no known cure for dementia at this time. A 2020 Lancet report outlines 12 modifiable risk factors that account for up to 40% of cases of dementia globally[1]. In addition, stigma and a lack of understanding about dementia have been raised by people living with dementia and caregivers as significant barriers to receiving early and timely diagnosis, quality care, and the ability to engage meaningfully in one's community. With a growing and aging population, the number of people in Canada living with dementia is expected to increase in future decades[2]. Creating safe, supportive and inclusive communities across Canada for people living with dementia and caregivers is essential to maximizing quality of life.

Canada's 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 objectives and provide data to support annual reporting, public opinion research is required to maintain current information on and monitor changes in awareness, knowledge, perceptions and attitudes regarding dementia.

The primary objective of the research was to revisit questions that were asked in previous public opinion surveys, with a particular focus on the Public Health Agency of Canada (PHAC) 2020 baseline dementia study[3]. Specifically, the 2020 survey asked questions about perceptions of people living with dementia, comfort level interacting with people living with dementia, and

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[1] Livingston, G et al. Dementia prevention, intervention and care: 2020 report of the Lancet Commission – The Lancet. https://www.thelancet.com/article/S0140-6736(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; https://publications.gc.ca/collections/collection_2018/aspc-phac/ HP35-84-2017-eng.pdf

[3] Ekos Research Associates Inc. for the Public Health Agency of Canada. Dementia survey: Final report. Government of Canada. 2020; https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/public_health_agency_canada/2020/076-19-e/index.html

seeking and sharing information about a dementia diagnosis. Comparison is also made where possible to a 2022 PHAC survey focusing on awareness of modifiable risk factors as well as challenges/barriers, and enablers/influences that have an impact on the uptake of dementia risk reduction behaviours[4]. Other PHAC public opinion surveys have focused on dementia-inclusive communities, dementia-related stigma, dementia prevention, the experiences of dementia care providers, perspectives of Indigenous populations on dementia guidance, priorities for an information portal on dementia, official language minority communities and dementia, as well as quality of life related to dementia. The final reports and related materials for these surveys are available through Library and Archives Canada's website.

The current research assesses change over time on key data points related to the national dementia strategy and related efforts. Understanding if there have been changes in attitudes, knowledge, and experiences related to dementia, and what has contributed to these changes, will contribute to assessing progress on the strategy's national objectives and areas of focus. Research findings will inform priority-setting for the next phase of PHAC dementia investment and support annual reporting to Parliament on the strategy, as required by the *National Strategy for Alzheimer's Disease and Other Dementias Act*.

B. Methodology

The survey is comprised of 4,427 completed cases of respondents living in Canada who are 18 years of age or older, including oversamples among those who identify as Black (213), South Asian (223), Southeast Asian (228), Hispanic (144), Indigenous[5] (365), a member of the 2SLGBTQI+ community (530), or respondents in Atlantic Canada (1145) or the Territories (406).

The survey sample was randomly selected from the Prob*it* 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 the population of people living in Canada with telephone access. The distribution of the recruitment process is meant to mirror the actual population in Canada (as defined by Statistics Canada[6]). 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

[4] Ekos Research Associates Inc. for the Public Health Agency of Canada. Survey of Canadians Regarding Dementia Prevention: Final Report. Government of Canada. 2022; https://epe.lac-bac.gc.ca/100/200/301/pwgsc-tpsgc/por-ef/public_health_agency_canada/2022/104-21-e/index.html

[5] Disaggregated data are available in companion data tables, although not included in this report.

[6] Statistics Canada. Census of Population. Census Profile, 2021; https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

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 16 minutes online and 23 minutes by telephone, and was collected between January 17 and February 20, 2024, following an advance test of the questionnaire with live respondents, examining length, flow, branching logic and clarity of terminology ((47 cases in total: 32 in English (22 online and 10 by telephone), 15 in French (10 online and 5 by telephone)). The rate of participation was 9% (27% online, 17% with panel members by telephone and 4% with RDD sample by telephone). Details on the rate of participation can be found in Appendix A and the survey questionnaire is provided in Appendix B.

This randomly recruited probability sample carries with it a margin of error of +/-1.5% at a 95% confidence interval. The margin of error for each of the target groups is between 2.3% and 7.8% with the exception of Nunavut[7]. Results are weighted to population proportions for region, age, gender, and education, as well as for those who are Black, Southeast or South Asian, Hispanic, Indigenous and/or a member of the 2SLGBTQI+ community.

Results are compared with those gathered in the 2020 baseline dementia survey of respondents 18 years of age or older, as well as a 2022 survey focusing on perception of risk and prevention measures in the case of results pertaining to perception of risk and prevention. The 2022 prevention survey included a sample of respondents 18 through 74 years of age. For the purposes of more direct comparison, the results related to risk perception and prevention presented in this report exclude respondents who were 75 or older at the time of the survey. There is also a slightly higher concentration of unpaid caregivers in the 2024 survey sample compared with the 2020 sample (27% versus 22%), using the original 2020 definition of “unpaid caregiver”.[8]

[7] The exception is Nunavut where only 37 cases were collected with a margin of error of 16%.

[8] The 2024 version of the question to determine unpaid caregiver status added social support and visiting as a care activity. Trial weighting adjustments of the 2024 results to more closely align the percentage of unpaid caregivers in the 2020 sample indicates very few differences would be found in the 2024 results if the proportion of unpaid caregivers were the same as found in the 2020 sample. Therefore, differences between 2020 and 2024 results can not be attributed to this increase in proportions of unpaid caregivers in the sample.

Overall comparisons with results from the 2020 and 2022 surveys describe results as "on par", "in line with" or "similar to" where they are within four percentage points of current results. Larger differences are described accordingly. Chi-square tests at the .05 level of significance were used to compare subgroups to the remaining sample.

The demographic groups are tested for statistical differences between sub-groups and the rest of respondents (e.g., those under the age of 35 versus older respondents, Ontario versus the rest of Canada). Population groups likely to be at higher risk of developing 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.

C. KEY FINDINGS

Knowledge of Dementia

Similar to results from 2020, about three in four respondents know someone who is living or has lived with dementia. For nearly half (47%), this includes an extended family member. Others describe a parent (21%), a friend (20%), neighbour (11%), colleague at work (5%), a spouse or partner (4%), or themselves (1%).

Close to three in four respondents (74%) believe they are moderately (54%) to highly knowledgeable (20%) about dementia. This is similar to 75% who saw themselves as moderately to highly knowledgeable in 2020.

Most respondents (85%) believe there are things one can do to reduce the risk of dementia, which has increased from 74% in 2020. Just under three in five respondents (58%) accurately perceive that the risk of developing dementia is linked to chronic health conditions such as hypertension, heart disease and diabetes. Awareness of this link to chronic health conditions has increased in this area since 2020 when 37% of respondents identified these as true. More than one in three (37%) know that some ethnic and cultural groups have been identified as

being at higher risk of developing dementia, which has increased since the 32% measured in 2020. One in four (24%) respondents do not believe this to be the case, and 39% are unsure.

Dementia Risk Perception

When asked to identify top risk factors that come to mind with regard to increasing the likelihood of developing dementia overall, genetics is identified most often (33%) by respondents under the age of 75[9] even though research suggests that genetic risk is not likely to be a significant factor in most cases of dementia. Between one in five to one in four respondents under the age of 75, however, identify that lack of physical activity (27%), lack of cognitive stimulation (24%), loneliness/social isolation (21%) and unhealthy diet (20%) contribute to dementia risk. Results are similar to those found in 2022.

Before being shown a list of risk factors through the survey, 21% of respondents under the age of 75 rated their personal risk of developing dementia as high, which is an increase from 15% in 2022. Approximately one in three (31%) feel their risk is low and slightly more (37%) believe they have a moderate risk, which is on par with 2022 results.

Nearly two in three respondents under the age of 75 (64%) who feel their own risk of developing dementia is moderate to high say this is because they have family members who live or have lived with dementia. More than four in ten (45%) respondents perceive their risk to be moderate to high because they do not exercise enough. About one-third (38%) say it is because they have at least one ongoing health issue, they struggle with maintaining a healthy diet (31%), or that dementia is inevitable (30%). These results are similar to those found in 2022.

Among respondents under the age of 75 who feel their risk of developing dementia is low, 81% believe it is because they challenge their brain regularly, which is higher than in 2022 (72%). Seven in ten (70%) say it is because no one in their family has had dementia; which is also a marginal increase from 64% in 2022. Nearly two in three (66%) respondents say this is because they feel they maintain healthy eating habits (an increase from 58% in 2022), because they make it a priority to be physically active (63%) or say they have no ongoing health issues (62%); the latter two are increases from 2022 from 53% and 50%, respectively.

[9] Since the 2022 prevention survey was limited to respondents 18 through 74 years of age, results related to perception of risk exclude respondents who were 75 or older for more direct comparison to previous results.

In terms of factors that respondents believe are likely to increase their own risk of dementia, genetics is mentioned most often, according to 55% of respondents under the age of 75. Lack of physical activity (46%) and sleep disruption (43%) were mentioned by two in five. When thinking of their current situation, depression (38%), loneliness and social isolation (37%, a decrease from 42% in 2022), an unhealthy diet (37%), or traumatic brain injury (31%) are mentioned by over three in ten respondents as factors likely to increase their own risk. Respondents believe that many other risk factors are likely to increase their own risk of developing dementia, including high blood pressure (28%; a 7% increase from 2022), harmful alcohol use (27%), obesity (25%), air pollution (25%, an 8% increase from 2022), diabetes (21%, a 6% increase from 2022), high cholesterol (21%; up 8% from 2022), smoking (21%), and hearing loss (17%; a 5% increase from 2022). When asked if there were any risk factors for dementia they did not know about before taking the survey, 19% of respondents said that they are aware of all the risk factors, an increase from 10% in 2022.

Taking Preventative steps to Reduce Risk of Developing Dementia

One in four (26%), respondents under the age of 75 say they believe they can reduce their own personal risk of developing dementia to a high degree going forward (an increase from 20% in 2022); 16% believe their ability to do so is low and 50% believe it is moderate (8% do not know). One in three (32%) respondents think it is important for people to start taking action to reduce their risk of dementia at any age (an increase from 25% in 2022); however, 24% say people should start taking action when they are under age 35 (an increase from 13% in 2022), and 27% think people should start taking action when they are aged 35-54.

One in three (33%) respondents under the age of 75 say they have taken preventative steps in the last year to reduce their own risk for developing dementia. This is an increase from 27% in 2022 and 21% in 2020. To reduce their risk, the majority of respondents indicate they challenge their brain to keep it active (80%, an increase from 74% in 2022), eat healthy foods (74%, an increase from 68% in 2022), are physically active on a regular basis (69%), are improving their sleep (58%, not measured in 2022), are socially active (57%, a notable increase from 41% in 2022), or monitor and manage chronic health conditions (56%, a notable increase from 39% in 2022).

When respondents were asked what motivated them to start taking preventative steps to reduce their risk of developing dementia, nearly three in four (72%, not measured in 2022) respondents under the age of 75 said they are self motivated to live a healthy lifestyle, while over half (56%, an increase from 50% in 2022) are motivated because they know or have known someone living with dementia. Other motivators include credible evidence (34%, an increase

from 28% in 2022), a change to their personal health status (24%), media reports (22%, an increase from 15% in 2022), and advice from close friends and family (20%, up from 14% in 2022).

Over half (57%) of respondents under 75 feel they would like to be able to or need to do more to reduce their risk of developing dementia. Among those who do not feel they are able to or need to do more, 55% already feel they are doing what they can and 29% don't believe they are at high risk of dementia. For those who feel they could do more to reduce their risk, reasons for not doing more include: not knowing enough about what actions to take (17%; a decrease from 33% in 2022), they are too young to be concerned (13%; not reported in 2022), have health challenges (10%, similar to 2022), or a belief that it won't make enough of a difference (10%, similar to 2022).

Even though 60% of respondents under the age of 75 report that they have not taken any preventative steps to specifically reduce their own risk of developing dementia in the last year, 97% of all respondents under the age of 75 were nonetheless engaged in activities linked to reduced risk of developing dementia within the last year. Top activities listed among all respondents under the age of 75 are challenging their brain (77%) and eating healthy foods (73%). Three in five say they are physically (62%) or socially (62%) active. Half (50%) report that they are monitoring and managing chronic conditions. Each of the activities listed were reported by a significantly larger proportion of those under 75 compared with 2022.

Capacity to Provide Unpaid Care for Persons Living with Dementia

Among the 74% of all respondents who know someone living with dementia, close to half (47%) have provided some form of unpaid caregiving in the last five years, (an increase from 36% in 2020). Overall, 41% of respondents were identified as unpaid caregivers because they visit or have visited someone living with dementia and provide social and emotional support (42%), transportation (26%), assistance with daily activities (25%), general health care and monitoring (23%), and/or assist with financial affairs (20%)[10]. Using the original 2020 sample, which excluded the options visiting/social or emotional support and transportation, 27% of the sample are unpaid caregivers. This is compared with 22% found in 2020.

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[10] There is significant overlap among the 41% categorized as unpaid caregivers in the types of support activities each indicated they provide or have provide in the past five years. The increase in proportion of respondents who are considered unpaid caregivers may be due to the addition of emotional support and transportation, both response options added in 2024.

Unpaid caregivers are predominantly providing support to another family member (43%), a parent (36%), or a close friend (17%). One in ten (10%) unpaid caregivers are providing care to a spouse or partner, an increase from 5% reported in 2020. On average, unpaid caregivers provide 16.5 hours of care per week.

Less than half (47%) of those providing unpaid care agree that they were able to provide the care needed for someone living with dementia. This is a decrease from 57% in 2020. One in four (25%) respondents disagree that they were able to provide the care needed and 23% said they neither agree nor disagree with this statement. For those who felt unable to provide the care needed, the reasons primarily included not being the primary caregiver/not in charge (51%, not presented as an option in 2020), having other responsibilities (47%), not enough time (42%, a decrease from 48% in 2020) or distance (41%, not measured in 2020). Unpaid caregivers surveyed also say they are unable to provide the care needed due to not having enough support (30%, a decrease from 38% in 2020), being concerned about their own health (28%, up from 17% in 2020), not having enough information (25%, down from 30% in 2020), not being good in those situations (22%), or concerns about finances (20%). Among unpaid caregivers who felt able to provide the care needed, the primary reasons were that they had enough time or a flexible schedule (71%) or they lived close enough (63%).

Among respondents with no experience providing care for someone living with dementia, over half (56%; a slight decrease from 61% in 2020) say they would be able to provide frequent, unpaid support. For these respondents, the most common reason for feeling able to provide support was because they care about the person and would do what they can (82%).

Attitudes and Perceptions

Just over eight in ten respondents (82%) believe that dementia is having a moderate (39%) to a large (43%) impact in Canada today. The proportion who said that there is a large impact has increased from 35% in 2020.

Over three in five (63%) respondents agree that they worry about the possibility of someone close to them developing dementia which is on par with 64% in 2020. Nearly half (46%) of respondents agree that they worry about the possibility of personally developing dementia, also in line with 49% in 2020.

Two in three respondents (67%) report they would be highly comfortable having a discussion with a health care provider about their personal risk of developing dementia, which is down

marginally from 71% in 2020. Close to half (46%) believe they would feel highly comfortable telling friends about a dementia diagnosis, which is similar to 49% in 2020.

Perception of Community Supports for People Living with Dementia

When assessing the level of support in the community provided to people living with dementia, less than one in five rate the community supports to be good. Among those who know someone living with dementia, only 18% believe there is good access to advance care planning and end-of-life care. Only 17% of respondents believe there is good access to quality health care for people living with dementia, 16% believe there is good access to in-home supports, and 13% believe there is good access to day programs. Among all respondents, only 11% rated the dementia-inclusiveness of their community as good. Notably, at least one in four indicated they are not aware of the levels of support in their community in all five areas measured.

Information Sources

Roughly three in four respondents (73%) consider health care expert websites to be trustworthy sources of information about dementia. Health care professionals were also considered to be a trustworthy source in 2020, although there was no specific reference to websites. About two-thirds (64%) believe the same about federal government websites. This was indicated as Government of Canada more broadly in 2020 with the same result. Provincial/territorial government websites are also seen as trustworthy among 61%, which were identified as provincial/territorial health ministries in the 2020 survey (68%). Half (52%) view advocacy organization websites as trustworthy sources, and just under half (48%) see scientific books, articles and magazines as trustworthy (not included as options in or comparable to 2020). Four in ten (40%) trust people they know which has increased slightly from 36% in 2020[11].

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

[11] Unlike the other response options, general audience media, scientific books, articles and magazines, social media/chat groups and advocacy organization websites were shown to online respondents but were not prompted in the 40% of the sample that were completed by telephone.

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.

Bulleted text is used to point out any statistically and substantively significant[12] differences between sub-groups of respondents. Only differences that are statistically and substantively different (e.g., at least five percentage points from the overall mean) are presented.

Key demographic patterns of interest are described throughout the report, following a specific order under specific headings (gender, age, education and income, location, and groups identified as likely to be at higher risk of developing dementia, and unpaid caregivers). Groups identified as being likely to be at higher risk of developing dementia includes those identifying as Black, Hispanic, South or Southeast Asian, Indigenous; 2SLGBTQI+ community members; and those who have been diagnosed with a chronic health condition.

E. CONTRACT VALUE

Contract Value: $199,476.08 including HST

F. 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 Policy on Communications and Federal Identity and the Directive on the Management of Communications. 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)

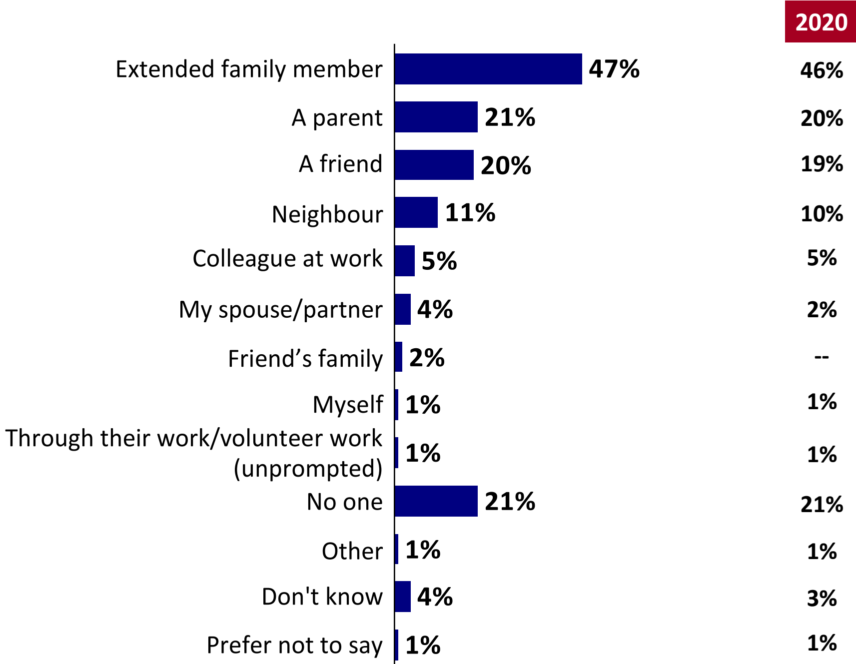
[12] Differences of less than 5% between the sub-group and overall total are not reported, even where statistically significant.

DETAILED FINDINGS

A. PERSONAL CHARACTERISTICS

As in 2020, close to three in four respondents (74%) know someone who is living or has lived with dementia. This includes an extended family member (47%), a parent (21%), a friend (20%), a neighbour (11%), a colleague at work (5%), a spouse or partner (4%), or themselves (1%). This is similar to the results from the baseline survey in 2020 when nearly half (46%) of respondents noted an extended family member who was living or had lived with dementia. In 2020, one in five knew a parent (20%) or a friend (19%) living with dementia. Ten percent knew a neighbour living with dementia.

Chart 1: Personal Connection to Someone Living with Dementia



Q11. Who do you know (if anyone) that is living/has lived with dementia?
Base: Overall **n=4427** 2020: n=4074

Gender

- Men (25%) are more likely than women (17%) to say they do not know anyone living with dementia.

Age

- Respondents under the age of 35 are more likely than those over the age of 35 to say they do not know anyone living or who has lived with dementia (30% compared to 13% - 22% among older age groups).
- Respondents aged 35 to 44 (58%) are more likely than those who are older to say they know an extended family member living with dementia (33% - 47% among older age groups).
- Those aged 55 to 64 (35%) and 65 to 74 (38%) are more likely than those under 45 (4% - 12%) to say they have or had a parent living with dementia.
- Those 65 or older are more likely to say they also know others living with dementia (e.g., 34% - 38% know a friend, and 13% - 17% know a neighbour. Those 75 or older are most likely to have a spouse/partner living with dementia (26%).

Education and Income

- Those with a college or university level of education are more likely to know an extended family member who is living or who has lived with dementia (50% and 51%, respectively) compared with those reporting a high school level of education (42%).
- Those with a household income of greater than $120,000 are also more likely to report having an extended family member living with dementia (53%). Those with middle household incomes ($40,000 to $80,000) are the most likely of all household income categories to report having a friend living with dementia (25% compared with 18% of those with $40,000 or less).

Location

- Respondents in the Yukon and Nunavut[13] are more likely than others to say they do not know anyone living or having lived with dementia (27% and 39%, respectively).
- An extended family member is most likely to be reported by respondents in Newfoundland and Labrador as someone they know who is living or has lived with dementia (64%). This is followed by respondents in Saskatchewan (55%) and Nova Scotia (54%).
- Having a friend living with dementia is most often noted by respondents in the Yukon (44%) and Newfoundland and Labrador (38%). Those living in Newfoundland and Labrador and Prince Edward Island (PEI) are the most likely to know a neighbour living with dementia (23% for both). Respondents in Nunavut (23%)[14], followed by those in Newfoundland and

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[13] Caution should be used in interpreting this result because of the low number of responses (n=37).

[14] Caution should be used in interpreting this result because of the low number of responses (n=37).

Labrador (11%) and PEI (10%), are more likely to say they know a work colleague living with dementia.
- Respondents in rural and remote areas are generally more likely than others to know a parent who is living or has lived with dementia (26% compared with 20% of others).

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

- Among the ethnic and cultural groups likely to be at higher risk of developing dementia, respondents who identified as Black (34%) are more likely than others (20%) to say they do not know anyone who is living or who has lived with dementia. This is also true of those identifying as South Asian (35%) or Southeast Asian respondents (27%). That said, those who identified as Southeast Asian are also more likely than others to say they have a friend who is living with dementia (27% compared with 20% of others), which is also true of those who identified as Hispanic (28%).
- Those who identified as Indigenous are more likely than other respondents to know a neighbour who has lived with or is living with dementia (17% compared with 11% of others).
- Those with a chronic health condition are more likely to identify knowing a parent (26% compared with 15% of others), or a friend (25% compared with 15% among others) who is living or has lived with dementia. Respondents who identified as members of the 2SLGBTQI+ community are more likely than others to have an extended family member living with dementia (53% compared with 47% of others).

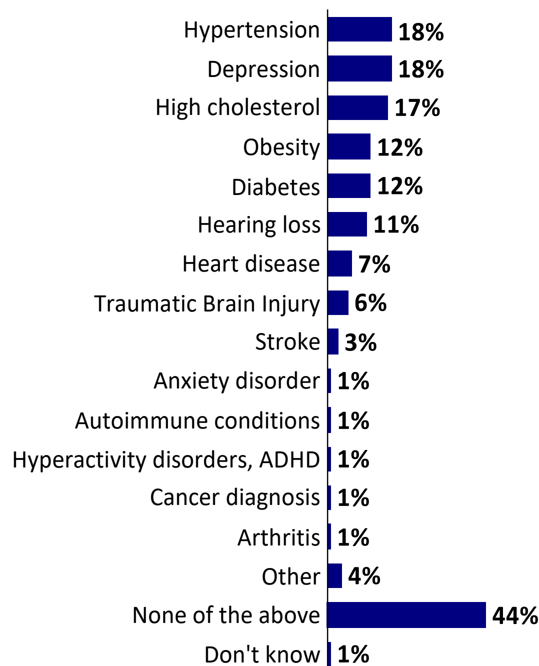
Unpaid caregivers

- Unpaid caregivers are more likely than others to know an extended family member (59% compared with 40% of others) a parent (38% compared with 10% of others), a friend (31% compared with 14% of others) or a neighbour (17% compared with 8% of others) living with dementia.

Chronic Health Conditions

Respondents were asked about chronic health conditions and provided with a list of conditions linked to the risk of developing dementia. More than half (55%) of respondents report having been diagnosed with a chronic health condition. Most prevalent among these conditions are depression (18%), hypertension (18%), high cholesterol (17%), obesity (12%), and diabetes (12%). This is followed by hearing loss (11%), heart disease (7%), and traumatic brain injury (6%). Fewer note other chronic health conditions[15][16].

Chart 2: Chronic Health Condition



NEWQ21. Have you been diagnosed with any of the following?
Base: Overall: n=4427

[15] Response options of stroke through to arthritis in the chart were not included in the original list but offered unprompted by respondents.

[16] Although respondents were asked about health conditions specifically related to dementia, additional conditions described in "other" during the collection of the survey were subsequently categorized in instances where a condition was mentioned by at least 1%.

Gender

- Women are considerably more likely than men to report a diagnosis of depression (21% compared with 13% of men. Other chronic health conditions experienced by respondents do not vary significantly by gender.

Age

- Respondents under the age of 45 are less likely to have been diagnosed with a chronic health condition (35% of those under the age of 35 and 44% among those 35 to 44 compared to between 67% and 76% among those aged 55 to 74). To the extent that those under 55 report a chronic health condition it is more likely to be depression (20% - 21%) compared with those who are 55 or older (8% - 16%).

Education and Income

- Based on survey responses, there is a correlation between education, income, and chronic health conditions. Those with a high school level of education or less (62%) are more likely than those with a college (55%) or university (46%) level of education to have been diagnosed with a chronic health condition.
- Those with less than $40,000 in household income (67%) are more likely than those with higher income, particularly greater than $120,000 (47%), to have been diagnosed with a chronic health condition.

Location

- Respondents in the Yukon and the Northwest Territories are more likely than others to report having been diagnosed with depression (27% and 25%, respectively). Hypertension is more often reported among those living in New Brunswick (24%). High cholesterol is more likely to be reported in Newfoundland and Labrador (25%), Nova Scotia (24%), Saskatchewan and PEI (23% in each). Hearing loss is more likely to be reported in Newfoundland and Labrador (21%), PEI (19%), Nova Scotia (17%), the Northwest Territories and Manitoba (16% each).
- Respondents in Quebec (49%), the Northwest Territories (44%), and Nunavut (26%)[17], are the least likely to report a chronic health condition compared with others across the country.

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

- Hypertension is more likely to be reported among respondents who identify as Southeast Asian (28%) or South Asian (24%), compared with 17% - 18% of others.
- Diabetes is more likely to be reported among those who identify as South Asian (19% compared with 11%) or Southeast Asian (18%).

[17] Caution should be used in interpreting this result because of the low number of responses (n=37).

- High cholesterol is also more often reported among those who identify as South Asian compared with others (24% compared with 17%).
- Respondents who identify as Indigenous are more likely than others to report depression (27% compared with 17%), high cholesterol (23% compared with 17% of others), hypertension (23% compared with 18% of others), obesity (17% compared with 11% of others), diabetes (19% compared with 11% of others), hearing loss (18% compared with 10% of others), traumatic brain injury (15% compared with 5% of others), as well as heart disease (13% compared with 7% of others).
- Those who identify as 2SLGBTQI+ community members (66%) are more likely than others in the general population (54%) to say they have been diagnosed with a chronic health condition, depression (39% compared with 16% of others) and obesity (20% compared with 11% of others).

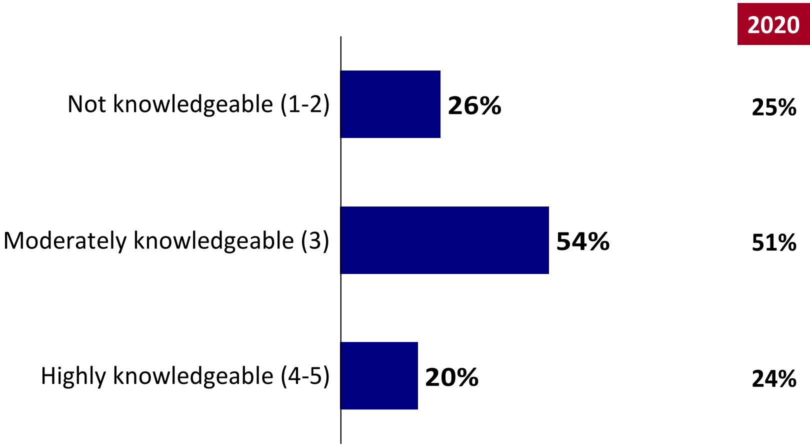
Unpaid caregivers

- Unpaid caregivers are more likely than others to report depression (20% compared with 16% of others), hypertension (24% versus 15%), high cholesterol (22% versus 15%), obesity (15% versus 10%), diabetes (15% versus 10%), and hearing loss (13% versus 9%).

B. Knowledge of Dementia

One in five (20%) of those responding to the survey online feel they are highly knowledgeable (i.e., a 4 or 5 on the 5-point scale) about dementia, and just over half (54%) report moderate knowledge, although 26% believe they are not knowledgeable. Results are similar to the 2020 baseline survey, where 24% said they were highly knowledgeable.

Chart 3: Self-Rated Knowledge of Dementia



Q1. How knowledgeable would you say you are about dementia?
Base: Overall: n=2800 (asked online only); 2020: n=4207

Gender

- Men (30%) are more likely than women (22%) to say they are not knowledgeable about dementia.

Age

- Respondents under the age of 35 are more likely to say they are not knowledgeable (45%) about dementia. Those who are between the age of 65 and 74 are the most likely (33%) to feel highly knowledgeable compared with 13% - 20% of younger respondents.

Education and Income

- Responses do not vary significantly by education or income.

Location

- Respondents in the Northwest Territories (74%) are also more likely than respondents in other regions to say they are highly knowledgeable, followed at a distance by those in PEI (38%). Respondents in British Columbia on the other hand, are the most likely across the country to indicate they are not knowledgeable (31%).

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

- Respondents identifying as Indigenous are more likely to say they are not knowledgeable about dementia (34%) compared with others (26%).
- Results among the four reported ethnic and cultural groups do not vary from other respondents. Those identifying as having a chronic health condition or identifying as members of the 2SLGBTQI+ community also do not vary from the results of others.

Unpaid Caregivers

- Respondents who provide unpaid care to someone living with dementia are more likely than other respondents to rate themselves as highly knowledgeable (32% compared with 13% of others).

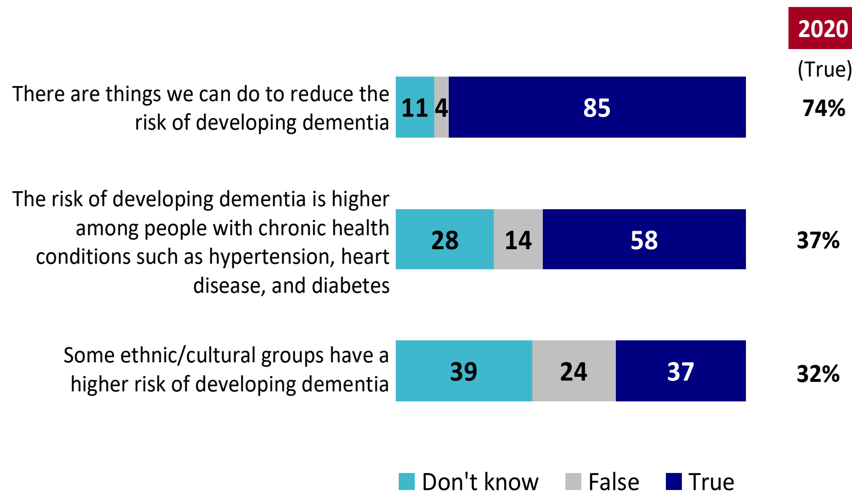
Knowledge of Variability in Risk

The large majority (85%) of respondents believe that there are things that can be done to reduce the risk of developing dementia. Very few believe this to be false (4%). The percentage of those who believe there are things you can do to reduce the risk of developing dementia has increased from 74% in 2020.

Nearly six in ten respondents (58%) 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. More than one in four respondents, however, are unsure (28%). Awareness has increased considerably in this area since the 2020 survey, when 37% of respondents identified these risk factors.

Thirty-seven percent of respondents know that some ethnic or cultural groups have a higher risk of developing dementia (as suggested by available evidence), while one in four (24%) believe this to be false, and 39% are unsure. Awareness that some ethnic or cultural groups are at higher risk is somewhat higher than it was in 2020 when 32% felt this to be true.

Chart 4: Perceived Variability in Risk



Q5bde. To the best of your knowledge, please indicate if each of the following is true or false.
Base: Overall: n=4427; 2020: n=4207

Gender

- Results do not vary substantively based on gender.

Age

- Respondents under the age of 45 are more likely than those who are older to believe some ethnic or cultural groups have a higher risk of developing dementia (41% - 43% compared with 26% - 38% of others). Those under the age of 35 (89%) are more likely, particularly than those aged 75 and older (79%), to believe there are things you can do to reduce the risk of developing dementia.

Education and Income

- Those with a university level of education (89%) and who have a household income of greater than $120,000 (90%) are more likely than others (83% - 85%) to believe that there are things that can be done to reduce personal risk.
- Belief that some ethnic or cultural groups are more at risk is most common among those with a household income of greater than $120,000 (42% versus 34% - 36% of those with less income).
- Respondents with a university level education (62%) are more likely to know the risk of developing dementia is higher among those with chronic health conditions compared with those with less education (55% - 58%). This is also the case among those reporting household incomes of greater than $120,000 (64% compared with 51% - 55% of those reporting incomes of $80,000 or less).

Location

- Respondents living in the Northwest Territories (64%) are least likely to believe that there are things you can do to reduce personal risk, while this is most likely in Ontario (87%).
- Respondents in British Columbia (42%) and Alberta (42%) are more likely to believe some ethnic or cultural groups have a higher risk while those in New Brunswick (32%) and Quebec (34%), are least likely.
- Respondents in PEI (67%) and Ontario (61%) are also more likely to believe that the risk is higher among people with chronic health conditions, whereas respondents in the Yukon (43%) and Quebec (54%) are least likely.

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

- Respondents who identify as Southeast Asian are more likely than others to believe there are things that can be done to reduce personal risk of dementia (91% compared with 85% of others). They are also more likely to believe that the risk of developing dementia is higher among those with a chronic health condition (67%) than other respondents (57%).
- There are no substantial differences among respondents who identify as Black, South Asian, Hispanic or Indigenous compared with others.

- Respondents diagnosed with a chronic health condition (40%) are more likely than those who are not (34%) to believe that the risk of developing dementia is higher among some ethnic or cultural groups.
- Individuals identifying as members of the 2SLGBTQI+ community are more likely than others to believe that the risk of developing dementia is higher among those with chronic health conditions (64% compared with 58% of others).

Unpaid caregivers

- Those providing unpaid care to someone living with dementia are more likely to believe that the risk is higher among those with chronic health conditions (63% compared with 55% of others).

C. Dementia Risk Reduction

Perceived Risk Factors

As outlined in the Methodology section of the report summary, results in this chapter are compared with those gathered in the 2022 survey focusing on perception of risk and prevention measures. Since the 2022 prevention survey was limited to respondents 18 through 74 years of age, results in this chapter exclude respondents who were 75 or older at the time of the survey for more direct comparison to previous results.

Respondents were asked about risk factors that increase the likelihood of developing dementia through an open-ended question[18] that asked them to identify the first three risk factors that come to mind. The most often identified risk factor is genetics, noted by 33% of those under the age of 75 (although research suggests that genetic risk is not likely to be a significant factor in most cases of dementia). Between 20% and 27% correctly identified a lack of physical activity (27%), a lack of cognitive stimulation (24%), loneliness and social isolation (21%), as well as an unhealthy diet (20%) as dementia risk factors. Other top of mind risk factors for respondents include other health conditions such as heart disease or stroke (12%), harmful alcohol use (9%), issues related to mental health or stress (7%), aging (7%), traumatic brain injury (7%), or general health (7%). Results are similar to those found in 2022 with the exception of other health conditions such as heart disease or stroke (12% in 2024 compared with 8% in 2022).

Table 1: Top of Mind Risk Factors

	TOTAL 2024	TOTAL 2022
Q2in. What are the first three risk factors that come to mind when thinking about what might increase the likelihood of developing dementia? (UNPROMPTED) (Those under the age of 75)	*n=3991*	*n=2050*
Genetics*	33%	34%
Lack of physical activity	27%	25%
Lack of cognitive stimulation	24%	24%
Loneliness/social isolation	21%	18%

[18] Respondents were asked to describe risk factors in their own words. No response options other than "specify", and "don't know/no response" were provided. Responses were classified following the collection of the survey.

	TOTAL 2024	TOTAL 2022
Unhealthy diet	20%	21%
Other health conditions (e.g., heart disease or stroke)	12%	8%
Harmful alcohol use	9%	8%
Mental health/stress	7%	10%
Aging	7%	9%
Traumatic brain injury	7%	5%
Health (general mention)	7%	3%
Lifestyle (general)	6%	5%
Chronic drug use	5%	5%
Smoking	5%	2%
High blood pressure	3%	1%
Exposure to harmful chemicals	3%	4%
Diabetes	2%	--
Sleep disruption	2%	3%
Hearing loss	2%	--
Environment (general mention)	2%	2%
Air pollution	2%	--
Obesity	1%	1%
Depression	1%	--
Not being proactive (e.g., not taking preventative steps, speaking with a health care provider/seeking adequate health care/early treatment)	1%	--
Other	5%	2%
Don't know/No response	21%	28%

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

Gender

- Women are more likely than men to identify genetics as a risk factor of dementia (39% compared with 26% among men). This is also the case for loneliness and social isolation (26% compared with 17% among men), as well as other health conditions (14% compared with 9% among men).

Age

- Lack of physical activity is more often noted as a risk factor among those 55 to 64 (32%) or 65 to 74 (37%) compared with younger respondents (20% - 29%). Those aged 65 to 74 are more likely to say loneliness/social isolation (24%) compared to those aged 35 to 44 (15%).

- A lack of cognitive stimulation is more often thought to be a risk factor among those under the age of 35 (28% versus 21% - 25% of others). Genetics is more often noted among those 35 to 44 (38%) compared with others (29% - 33%).
- Although not considered in the overall results for this section, note that those 75 or older are the most likely group to indicate lack of physical activity (42%) and loneliness or social isolation (37%) as risk factors.

Education or household income

- Those with a university level of education are more likely than individuals with a college or high school level of education or less to identify genetics (43%), lack of cognitive stimulation (29%), and loneliness and social isolation (27%) as risk factors.
- Similarly, those with household income greater than $120,000 are also more likely than others to identify genetics (37%), lack of cognitive stimulation (28%), and loneliness and social isolation (24%) as risk factors.

Location

- Lack of cognitive stimulation is noted more often as a risk factor in the Yukon (49%) and Ontario (29%), and least often in Nunavut (10%)[19] and the Northwest Territories (8%) compared to the overall average of 24%.
- Loneliness/social isolation is more often noted as a risk factor in the Yukon (28%) and least often in the Northwest Territories (9%) and Nunavut (8%)[20] compared to the overall average of 21%.
- Unhealthy diet is more likely to be identified as a risk factor in the Yukon (27%), New Brunswick (27%) and Alberta (25%) compared to the overall average of 20%.
- Aging (26%) and other health conditions (25%) are most likely to be noted by respondents in Nunavut[21].

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

- Genetics is noted more often among those identifying as Hispanic (42% compared with 33% of others). Individuals identifying as Black are less likely than others to say genetics is a risk factor (26%), as are South Asian respondents (22%) compared with 33% of others.
- Those identifying as Indigenous are less likely to point to genetics as a risk factor (24% compared with 33% of others), in addition to lack of physical activity (19% compared with 28% of others).

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[19] Caution should be used in interpreting this result because of the low number of responses (n=37).

[20] Caution should be used in interpreting this result because of the low number of responses (n=37).

[21] Caution should be used in interpreting this result because of the low number of responses (n=37).

- Respondents with a chronic health condition are more likely than others to point to a lack of physical activity as a risk factor (30% compared with 25% of others).
- Those identifying as members of the 2SLGBTQI+ community are more likely to note genetics as a risk factor (45% compared with 32% of others) and less likely to note lack of physical activity (22% compared with 28% of others) or unhealthy diet (14% compared with 20% of others).

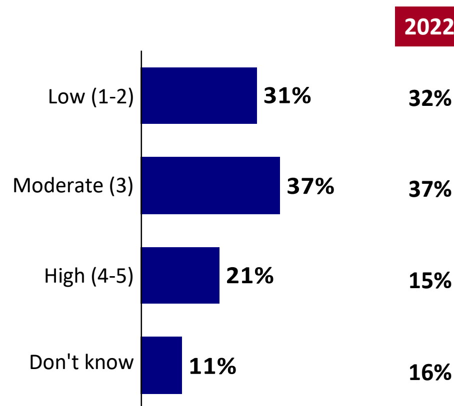
Unpaid caregivers

- Those who provide unpaid care to someone with dementia are more likely to point to genetics (37% compared with 30% of others), loneliness/social isolation (24% compared with 19% of others), and unhealthy diet (24% versus 17% of others).

Perceived Personal Risk

Most respondents under the age of 75 believe they have a moderate to low risk of developing dementia (68%; 31% rating their risk as low and 37% rating it as moderate which is on par with results in 2022). One in five (21%) respondents rate their personal risk of developing dementia as high, which has increased from 15% in 2022.

Chart 5: Personal Risk of Developing Dementia



NEWQ4. How would you rate your personal risk of developing dementia?
Base: Overall: n=3991; 2022: n=2039 (Those under the age of 75)

Gender

- Ratings of personal risk of developing dementia do not vary substantively by gender.

Age

- Respondents under age 35 (40%) are more likely than older individuals (25% - 29%) to say their risk is low. Those who are between the ages of 65 and 74 are more likely to rate their risk as moderate (45%) compared with 32% - 39% of those who are younger.

Education and Income

- Ratings for personal risk of developing dementia decrease with education: 25% of those with a high school level of education or less rate their risk as high compared to 17% of those who have completed a university level of education. Those with household incomes of less than $40,000 are also more likely to report their risk as high (28%), compared with others (18% - 21%).

Location

- Respondents in the Northwest Territories (41%) and Nunavut (62%)[22] are more likely to rate their personal risk as low. Respondents in PEI (28%) are more likely than others to rate their personal risk as high compared to the average of 21%.

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

- Respondents identifying as Hispanic are more likely than others to rate their risk as low (40% compared with 31% of others).
- Those with a chronic health condition (25%) are more likely to rate their own risk as high compared with those who do not have a chronic health condition (16%). They are also more likely to rate their risk as moderate (40% compared with 35%), and not low (25% compared with 37%).

Unpaid caregivers

- Individuals who provide unpaid care to someone living with dementia (28%) are also more apt than those who do not (17%) to rate their risk of developing dementia as high. They are more likely to rate their risk as moderate (47% compared with 32%), and not low (20% compared with 37%).

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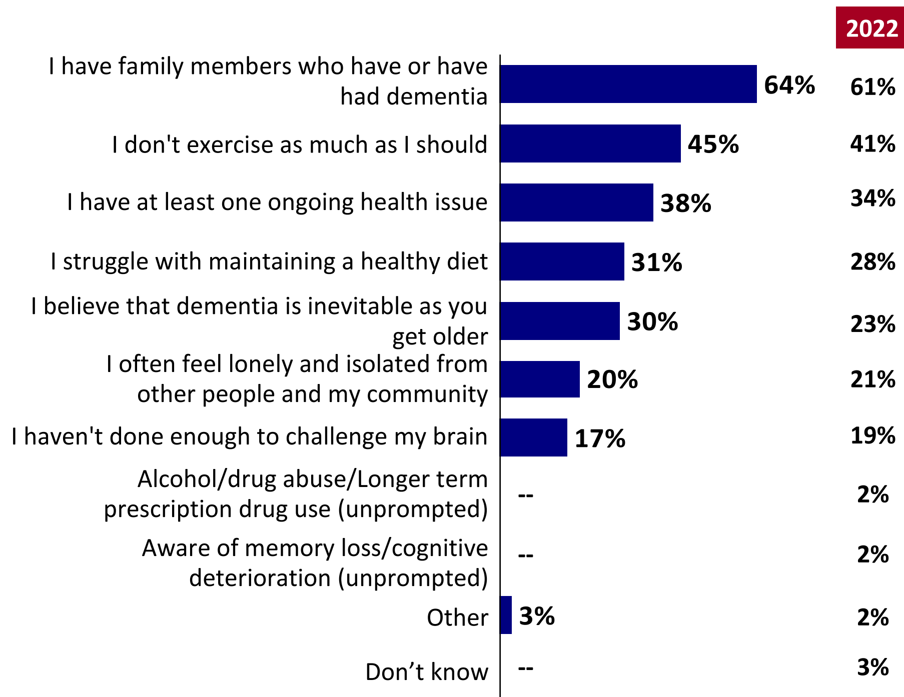
[22] Caution should be used in interpreting this result given the sample size (n=37).

Reasons for Perceived Personal Risk

Among respondents under the age of 75 who feel their risk of developing dementia is moderate to high, over six in ten (64%) say this is because they have family members who have or have had dementia. This is despite the lack of evidence that genetics are a significant factor in most cases of dementia in Canada. More than four in ten (45%) perceive their risk to be high because they do not exercise enough. Nearly four in ten (38%) say they have at least one ongoing health issue, and 31% say they struggle with maintaining a healthy diet. Three in ten (30%) report that dementia is inevitable as you get older, and fewer (20%) often feel lonely or isolated from other people in their community. Seventeen percent report they have not done enough to challenge their brain. All responses are in line with results from 2022.



NEWQ4b. Why do you feel your risk of developing dementia is moderate to high?

Note: Responses of 2% or higher noted

Base: Overall: n=2346; 2022: n=1070 (Those under the age of 75 who feel their risk is moderate to high)

Gender

- Men (34%) are more likely than women (27%) to indicate that the reason they feel their risk of developing dementia is moderate to high is because they believe that dementia is inevitable as you get older. Women (41%) are more likely than men (34%) to note at least one health condition, and that they do not exercise as much as they should as reasons (48% compared with 43%).

Age

- Respondents under age 35 are more likely than others to say the reason they feel their personal risk is moderate to high is because they believe that dementia is inevitable as you get older (38%), they often feel lonely and isolated (28%), or have not done enough to challenge their brain (21%). Those under the age of 45 are more likely to say they struggle with maintaining a healthy diet (35% - 39%). Older respondents, aged 55 to 74, are more likely to say they have at least one ongoing health issue (43% - 50%).

Education and Income

- Individuals with a high school level of education, along with those with under $40,000 in household income, are more likely to say the reason they feel their personal risk is moderate to high is because they have at least one ongoing health issue (43% and 56% respectively), struggle to maintain a healthy diet (35% and 45% respectively), feel lonely and isolated (25% and 34% respectively), or have not done enough to challenge their brain (20% and 21% respectively).

Location

- Respondents in Alberta are more likely than those in other regions to say they struggle with maintaining a healthy diet (40%). Those in the Northwest Territories are likely to say they have at least one ongoing health issue (55%) or haven't done enough to challenge their brain (28%). Respondents in the Yukon (82%), Newfoundland and Labrador (79%), or Saskatchewan and Nova Scotia (72% each) are more likely to say they have family members who have or have had dementia.
- Respondents in rural areas (23%) are less likely to say the reason they feel their personal risk is moderate to high is because they believe dementia is inevitable compared to others (31%).

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

- Respondents identifying as South Asian (44%), Southeast Asian (43%) or Black (40%) are more likely than others (28% - 29%) to say they believe that dementia is inevitable as you get older. Those who identify as Black are also less likely to say they have family with dementia (53% compared to 65%) which is similar for those who identify as South Asian (40% compared to 66%). Those identifying as Southeast Asian (33%) or Black (26%) are more likely than others (15% - 16%) to say they have not done enough to challenge their brain.

Respondents identifying as Black are also more likely than others to say they do not exercise as much as they should (55% compared to 45%) or often feel lonely and isolated (30% compared to 20%).

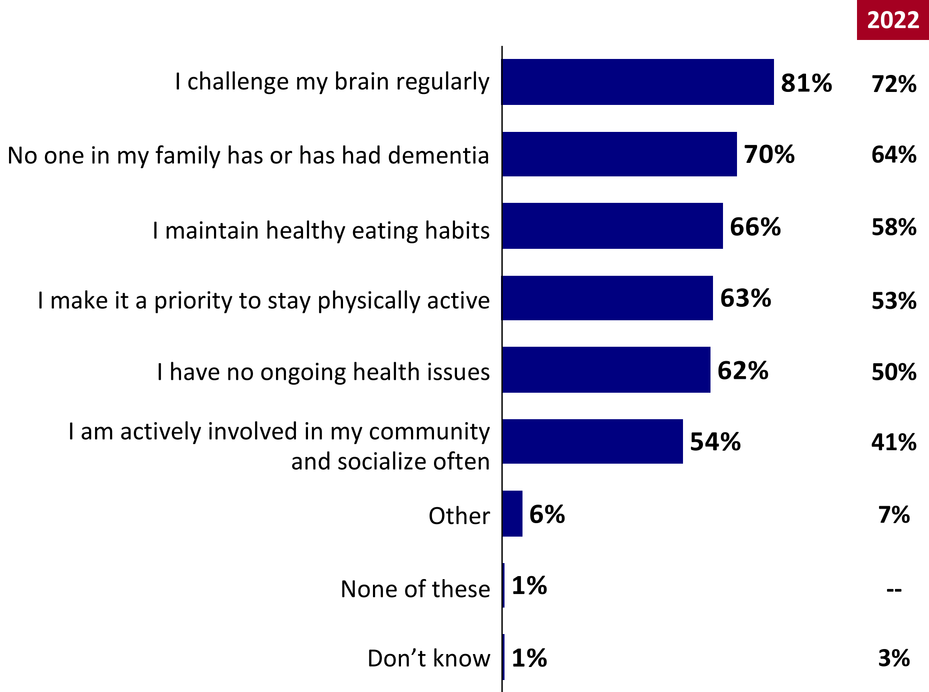
- Respondents identifying as Indigenous are more likely to say their risk is moderate to high because they have at least one ongoing health issue (47%) compared to others (37%). They are also less likely to believe dementia is inevitable (20% compared to 30% of others).
- Respondents with a chronic health condition are more likely to note a health issue as a reason for their perception of their own moderate to high risk (54%), as well as the fact that they do not exercise as much as they should (53%), struggle to maintain a healthy diet (38%), or often feel lonely and isolated (24%).
- Those who identify as members of the 2SLGTBQI+ community are more likely than others to list several reasons for a moderate to high risk, including a lack of exercise (55%), health issues (49%), struggling to maintain a healthy diet (42%), and loneliness (39%).

Unpaid caregivers

- Those who provide unpaid care to someone living with dementia (79%) are more likely than those who do not (52%) to feel at moderate to high risk because they have a family member with dementia. Unpaid caregivers are also more likely to say they have an ongoing health issue (41%) than others (35%).

Among respondents under the age of 75 who feel their risk of developing dementia is low, 81% believe it is because they regularly challenge their brain. Seven in ten (70%) say it is because no one in their family has had dementia. Over six in ten feel their risk is low because they maintain healthy eating habits (66%), make it a priority to be physically active (63%), or have no ongoing health issues (62%). Over half (54%) believe they are at low risk because they are active in their community and socialize often. Overall, the selection of each reason for risk factors has increased notably from 2022.

Chart 7: Reasons for Perceived Lower Personal Risk



NEWQ4c. Why do you feel your risk of developing dementia is low?
Base: Overall: n=1222; 2022: n=649 (Those under the age of 75 who feel their risk is low)

Gender

- Women (70%) are more likely than men (62%) to feel their risk is lower because they maintain healthy eating habits.

Age

- Respondents aged 65 to 74 are more likely to say they are at lower risk because they maintain healthy eating habits (73%) or make it a priority to stay physically active (73%) than younger respondents (59% - 71%). Those under the age of 45 are more likely to say their risk is lower because they have no ongoing health issues (71% - 72%).

- Respondents under the age of 35 are more likely to say they are at lower risk because no one in their family has had dementia (78%) compared to those who are older (61% - 70%).

Education and Income

- Those with a university level education are more likely than others to believe their risk is low because they challenge their brain regularly (87%), maintain healthy eating habits (72%), or have no ongoing health issues (65%).
- Those with a college level of education most often say their risk is low because no one in their family has or had dementia (76%) compared to those with a university (69%) or high school (66%) level of education.
- Those reporting $80,000 and over in annual household income (67% - 70%) are more likely than those with lower income (51% - 62%) to say they have no ongoing health issues. Those earning greater than $120,000 are likely to say they challenge their brain regularly (88% versus 74% - 81% of others) or are actively involved in their community and socialize often (60% versus 50% - 54%).

Location

- Respondents in PEI are more likely than others to say that no one in their family has dementia (85%), followed by those in the Yukon (84%). Respondents in PEI are also most likely across the country to say they make it a priority to stay physically active (81%) and maintain healthy eating habits (81%) followed by those in British Columbia (73% and 80%, respectively).
- Respondents in British Columbia are more apt than others to say they are low risk because they challenge their brain regularly (91%).
- Respondents in non-rural settings are more likely to say they challenge their brain regularly (83%), stay physically active (65%), or have no ongoing health issues (63%), compared with residents living in rural settings (51%-74%).

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

- Respondents who identify as South Asian are more likely than the rest of respondents to say they make it a priority to stay active (80% versus 62% of others) or are actively involved in their community (69% versus 53%). Those who identify as Hispanic are more likely to say they maintain healthy eating habits (84%) compared to others (65%) and make it a priority to be physically active (77% versus 63%).
- Those with chronic health conditions are less likely to indicate having no ongoing health issues (50%) as a reason they believe their risk of developing dementia is low, compared to those without chronic health conditions (69%).

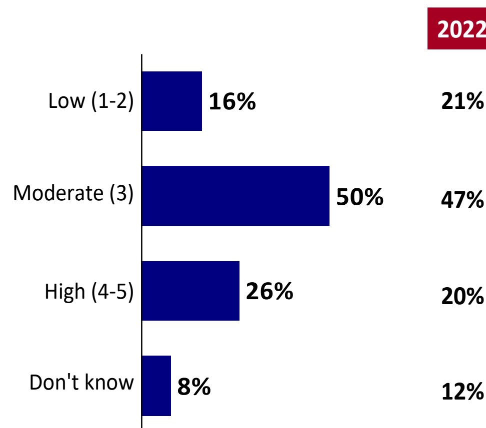
Unpaid caregivers

- Unpaid caregivers are more likely than others to feel they are at low risk because they challenge their brain regularly (87% versus 80% of others) or are actively involved in their community (64% versus 51%).

Perceived Ability to Reduce Risk

Just over one in four (26%) respondents under the age of 75 rate their ability to reduce their own personal risk of developing dementia going forward as high, an increase from 20% in 2022. Half (50%) believe they have a moderate ability to reduce risk. Less than one in five (16%) feel their ability to reduce the risk of developing dementia is low, a decrease from 21% in 2022.

Chart 8: 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=3991; 2022: n=2039 (Those under the age of 75)

Gender

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

Age

- Respondents between the ages of 35 and 44 are most likely to believe their ability to reduce the risk of developing dementia is low (23%), while those aged 65-74 are more likely to believe they can reduce their risk going forward (31% rate as high) compared with younger age cohorts.

Education and Income

- Those with a high school level of education are the most likely to believe their ability to reduce their dementia risk is low (18%).

Location

- Respondents in the Yukon (30%) and the Northwest Territories (26%) are more likely to say their ability to reduce their personal risk of developing dementia is low going forward compared with others, while those in PEI (35%) more often rate their ability as high.

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

- Respondents identifying as Black (38%), Hispanic (38%), or Southeast Asian (32%) are more likely than others (25% - 26%) to believe they can reduce their risk to a high extent.
- Those identifying as members of the 2SLGBTQI+ community are less likely than others to say their ability to reduce their risk is high (19% compared with 26% of others).

Unpaid caregivers

- There are no substantive differences among unpaid caregivers (28%) compared with others (24%) in terms of rating their ability to reduce risk as high, and the percentage of unpaid caregivers rating their ability as low is the same as found among other respondents.

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 factor, selected by more than half of respondents under the age of 75, is genetics (55%), even though research suggests that genetic risk is not likely to be a significant factor in most cases of dementia. This was not presented as an option in 2022. Over four in ten participants under the age of 75 report lack of physical activity (46%) or sleep disruption (43%) as reasons for a perceived higher risk. Slightly fewer selected depression (38%), loneliness/social isolation (37%, a decrease from 42% in 2022) or an unhealthy diet (37%). About one in three of those under the age of 75 believe a traumatic brain injury (31%), high blood pressure (28%, an increase from 21% in 2022), or harmful alcohol use (27%) is increasing their chances of developing dementia. One in four identified obesity (25%) or air pollution (25%, an increase from 17% in 2022) as contributing to their risk. Fewer select diabetes (21%, an increase from 15% in 2022), high cholesterol (21%, an increase from 13% in 2022), smoking (21% a slight increase from 17% in 2022), and hearing loss (17%, an increase from 12% in 2022). Nearly one in ten (9%) believe that fewer years of formal education is a contributor to their risk of developing dementia. Fewer said they do not know (8%) compared with 2022 (13%).

Table 2: Factors That Increase Personal Risk

	TOTAL 2024	TOTAL 2022
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? (Those under the age of 75)	*n=3991*	*n=2039*
Genetics*	55%	--
Lack of physical activity	46%	46%
Sleep disruption	43%	41%
Depression	38%	41%
Loneliness/social isolation	37%	42%
Unhealthy diet	37%	34%
Traumatic brain injury	31%	33%
High blood pressure	28%	21%
Harmful alcohol use	27%	28%
Obesity	25%	21%
Air pollution	25%	17%
Diabetes	21%	15%
High cholesterol	21%	13%

	TOTAL 2024	TOTAL 2022
Smoking	21%	17%
Hearing loss	17%	12%
Fewer years of formal education	9%	8%
Other	3%	5%
Don't know/No response	8%	13%

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

Gender

- Men are more likely than women to list most risk factors, including unhealthy diet (40% versus 34% of women), traumatic brain injury (36% versus 26%), harmful alcohol use (32% versus 23%), and smoking (23% versus 18%). Women are more likely than men to list genetics (58% versus 53% of men).

Age

- Respondents under the age of 35 are more likely than older respondents to list most of the personal risk factors including sleep disruption (47%), depression (47%), loneliness/social isolation (41%), traumatic brain injury (35%), harmful alcohol use (33%), air pollution (33%), and smoking (24%).
- Respondents aged 55 and over are more likely to select high blood pressure (34%) and diabetes (26% - 27%), while those aged 65 and over are likely to report hearing loss (25%).
- Although not considered in the overall results for this section, those 75 or older are most likely to note lack of physical activity (53%), high blood pressure (36%), and hearing loss (27%).

Education and Income

- Individuals with a high school level of education or less are more likely to select most factors, including depression (45%), loneliness/social isolation (41%), traumatic brain injury (37%), harmful alcohol use (33%), diabetes (27%), smoking (26%), and fewer years of formal education (15%).
- Those reporting a household income of $40,000 or less are more likely than those with high income (greater than $120,000) to report depression (48%), loneliness/social isolation (45%), and traumatic brain injury (37%). Those reporting $80,000 or less are more likely to select diabetes (26%). Respondents earning between $40,000 and $80,000 are more likely to say a lack of physical activity (51%) is increasing their risk of developing dementia.

Location

- Respondents in Saskatchewan (67%), followed by those in Nova Scotia (64%) and PEI (63%) are more likely to cite genetics compared to those in other regions. Those in the Yukon (39%) and PEI (35%) are more likely to report obesity than those in other regions. This is also the case for diabetes among respondents who live in Nunavut (48%), the Yukon (35%), PEI (31%) and Newfoundland and Labrador (29%). Respondents in the Yukon are more likely to report depression (56%) than others. Those in the Yukon (47%) and Newfoundland and Labrador (44%) are more likely to indicate loneliness and social isolation than others. Those in Nunavut (59%)[23] and PEI (45%) are more likely to report high blood pressure, along with harmful alcohol use (57% and 33%, respectively) than others. Harmful alcohol use is also more likely to be noted by respondents in the Northwest Territories (35%).
- Respondents who identify as rural residents are less likely to report air pollution (16% compared to 26% of others), while rural residents are more likely to say that hearing loss (22% compared to 16% of others) is increasing their risk.

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

- Respondents who identify as Black are more likely to cite loneliness/social isolation (44%) and fewer years of formal education (14%) than other respondents. Individuals identifying as Southeast Asian (37%), or South Asian (36%) are more likely than others to cite high blood pressure. Those identifying as Southeast Asian (30%) and South Asian (29%) are also more likely to report diabetes than others. Those identifying as South Asian are more likely than other respondents to say that a lack of physical activity (56%), an unhealthy diet (45%), and high cholesterol (29%) are likely to increase their risk.
- Respondents who identify as Indigenous are more likely than others to point to most factors that are likely to increase their risk, including depression (50%), traumatic brain injury (42%), harmful alcohol use (37%), high blood pressure (36%), obesity (32%), smoking (30%), high cholesterol (27%), and hearing loss (25%).
- Those with chronic health conditions are more likely than those without chronic health conditions to identify most of the dementia risk factors as areas that increase their own risk of dementia, including lack of physical activity (51%), sleep disruption (50%), depression (47%), unhealthy diet (41%), loneliness/social isolation (40%), high blood pressure (36%), traumatic brain injury (35%), obesity (32%), diabetes (28%), high cholesterol (26%), and hearing loss (22%).
- Those identifying as members of the 2SLGBTQI+ community are more likely to note depression (52%), sleep disruption (50%), and social isolation (46%) than others.

[23] Caution should be used in interpreting this result given the small sample size (n=37).

Unpaid caregivers

- Unpaid caregivers are more likely than others to identify many of the dementia risk factors as areas that increase their own risk, including genetics (67%), lack of physical activity (51%), sleep disruption (48%), loneliness/social isolation (42%), high blood pressure (32%), obesity (30%), diabetes (25%), smoking (25%), and hearing loss (22%).

Lesser-Known Influences on Risk

Once risk factors for dementia were displayed or read to respondents, they were asked to identify factors not previously known to them. Four in ten respondents under the age of 75 say they did not previously know about air pollution (38%), fewer years of education (35%), or hearing loss (33%). One in four did not know that high cholesterol (24%) is a risk factor. About one in five did not know that diabetes (21%), high blood pressure (20%), obesity (19%), or sleep disruption (19%) are risk factors. Fewer said they were not aware that smoking (14%), depression (13%), loneliness or social isolation (12%), or unhealthy diet (10%) are risk factors. Fewer than one in ten did not know harmful alcohol use (9%), lack of physical activity (8%), or traumatic brain injury (7%) are risk factors for dementia. Compared with awareness measured in 2020, fewer in 2024 say they were unaware of most of the factors listed with the exception of sleep disruption, depression and loneliness/social isolation, and traumatic brain injury. Nearly one in five (19%) said they were aware of all risk factors, a significant increase from 10% in 2022.

Table 3: Lesser-Known Influences on Risk

	Not Known 2024	**Not Known 2022**
NEWQ8b. Thinking about these risk factors for dementia, are there any that you did not know about previously? (Those under the age of 75)	*n=3991*	*n=2039*
Air pollution	38%	44%
Fewer years of formal education	35%	42%
Hearing loss	33%	43%
High cholesterol	24%	34%
Diabetes	21%	30%
High blood pressure	20%	28%
Obesity	19%	27%
Sleep disruption	19%	22%

	Not Known 2024	Not Known 2022
Smoking	14%	24%
Depression	13%	16%
Loneliness/social isolation	12%	16%
Unhealthy diet	10%	15%
Harmful alcohol use	9%	14%
Lack of physical activity	8%	15%
Traumatic brain injury	7%	8%
I am aware of all the risk factors	19%	10%
I was not aware of any of these risk factors	9%	11%
Don't know/No response	7%	10%

Gender

- Women (41%) are more likely than men (35%) to say they did not know air pollution is a risk factor.

Age

- Respondents under the age of 35 are more likely than older respondents to say they were not previously aware of most risk factors, including hearing loss (38%), diabetes (27%), and high blood pressure (25%).

Education and Income

- Those with a high school level of education are more likely than others to say they were not aware that a lack of physical activity (11%) is a risk factor. Respondents with a college level of education are more likely to say they were not aware that fewer years of formal education is a risk factor (39%) compared with those with a high school level of education (31%). Those with a university level of education are more likely than others to indicate not knowing many factors, including air pollution (42%), high cholesterol (29%), diabetes (25%), and high blood pressure (23%).
- Respondents with household income under $40,000 are more likely to say they were aware of all the risks (23%) compared with those reporting household incomes of $80,000 to $120,000 (17%).

Location

- Respondents in Ontario are more likely than those in other regions to say they were not aware that air pollution (42%) is a risk factor. Those in Quebec are more apt than others to say they were unaware of obesity (27%), as a risk factor.
- Respondents in Nunavut are more likely than others to say they were aware of all the risk factors (66%)[24], followed by those in the Yukon (40%), Newfoundland and Labrador (32%), and the Northwest Territories (31%).
- Respondents living in rural settings are less likely to say they were not previously aware of hearing loss (27% compared to 34% of others), high cholesterol (18% compared to 25% of others), obesity (15% compared to 20%), and sleep disruption (14% compared to 20%) as risk factors for dementia.

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

- Respondents who identify as South Asian are more likely than others to say they were unaware that air pollution (46%) and a traumatic brain injury (14%) are risk factors. Hispanic respondents are more likely to say they were unaware that diabetes (37%), high cholesterol (34%), and obesity (31%) are risk factors for dementia compared with others.
- Respondents who identify as Indigenous (26%) are more likely than others (18%) to say they were aware of all the risk factors.
- Those identifying as members of the 2SLGTBQI+ community are more likely than those who are not to say they did not know that high cholesterol (33%), diabetes (30%), high blood pressure (26%), and sleep disruption (24%) are risk factors for dementia.

Unpaid caregivers

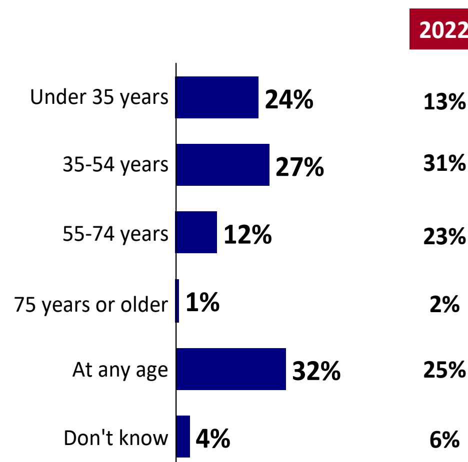
- Unpaid caregivers are more likely than others to say they were aware of all the risk factors (23% versus 17%).

[24] Caution should be used in interpreting this result given the small sample size (n=37).

Taking Preventative Steps to Reduce Risk

About one in four (24%) respondents under the age of 75 say people should start taking action to reduce their risk of dementia when they are under the age of 35 (an increase from 13% in 2022) or between the ages of 35-54 years (27%, a decrease from 31% in 2022). Fewer feel it is important to start taking preventative steps to reduce the risk of dementia between 55-74 years old (12%, a decrease from 23% in 2022), and almost no one believes they should wait until they are 75 years or older (1%). Just under one in three (32%) feel it is important to start taking action at any age, an increase from 25% in 2022.

Chart 9: At What Age it is Important to Start Taking Preventative Steps to Reduce Risk



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=3991; 2022: n=2050 (Those under the age of 75)

Gender

- Women (36%) are more likely than men (29%) to feel it is important to start taking action at any age.

Age

- Perceptions about the age at which a person should start taking action to reduce risk is correlated with the age of the respondent. Those under the age of 35 are more likely than older respondents to believe actions should start when someone is under the age of 35 (29%). Those aged 35 to 54 more often believe action should start at age 35 to 54 (32%)

compared with other age groups. Respondents aged 55 to 74 are more likely to believe it is important to start taking action between those ages (16% - 22%) compared with others.

Education and Income

- Those reporting a household income greater than $120,000 are more likely than those with less income to say action should start between age 35 to 54 (30%).

Location

- Respondents in the Northwest Territories are the most likely to say risk reduction should start at both 35 or younger (37%) and 75 years or older (10%). Respondents in the Yukon (44%) and Quebec (38%) are more likely than others to say “at any age”.

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

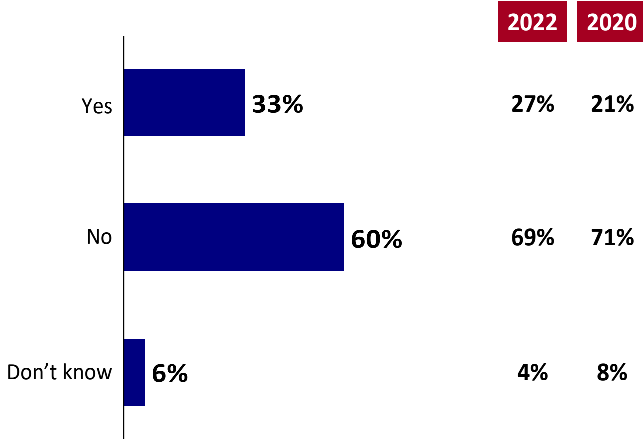
- Respondents who identify as Black are more likely to say it is important for people to start taking action between the age of 35 to 54 (36%) compared to others (26%). Respondents identifying as South Asian are more likely to suggest age 55 to 74 (21%) compared with others (11%).
- Those with a chronic condition are more likely to say preventative steps should be taken before the age of 35 (26%) compared to others (22%).

Unpaid caregivers

- Those who provide unpaid care to a person living with dementia (28%) are more likely than those who do not (22%) to say preventative steps should begin before 35 years of age.

One in three respondents under the age of 75 (33%) report intentionally taking preventative steps to reduce their risk of developing dementia. This is a steady increase from 27% in 2022 and 21% in 2020.

Chart 10: Prevalence of Preventative Steps Taken to Specifically Reduce Risk of Dementia



Q8. In the last 12 months, have you taken any preventative steps to specifically reduce your own risk for developing dementia?
Base: Overall: n=3991; 2022: n=2039; 2020 n=3910 (Those under the age of 75)

Gender

- Women (37%) are more likely than men (29%) to say they have taken preventative steps to reduce the risk of dementia.

Age

- Those under the age of 35 are less likely to have taken preventative steps (21%) than other age groups, while those aged 55 to 64 (42%) and 65 to 74 (47%) are most likely to have done so.

Education and Income

- Those with a college level of education (37%) are more likely than others, particularly than those with a high school level of education (31%), to have taken preventative steps to reduce the risk of dementia.

Location

- Respondents in Manitoba (42%) are more likely to have taken preventative steps than other respondents across the country, while those in Nunavut (77%)[25] and the Northwest Territories (72%) are most likely to say they have not.
- Respondents who are rural residents (56%) are less likely than others (61%) to say they have not taken any preventative steps to reduce their risk of dementia.

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

- Respondents identifying as Black are more likely (40%) than others (33%) to report taking preventative steps to reduce their risk.
- Respondents identifying as Indigenous are more likely (43%) than others (33%) to say they have taken preventative steps to reduce risk.
- Respondents with a chronic condition are more likely to say they have taken preventative steps (38%) compared with others (29%).

Unpaid caregivers

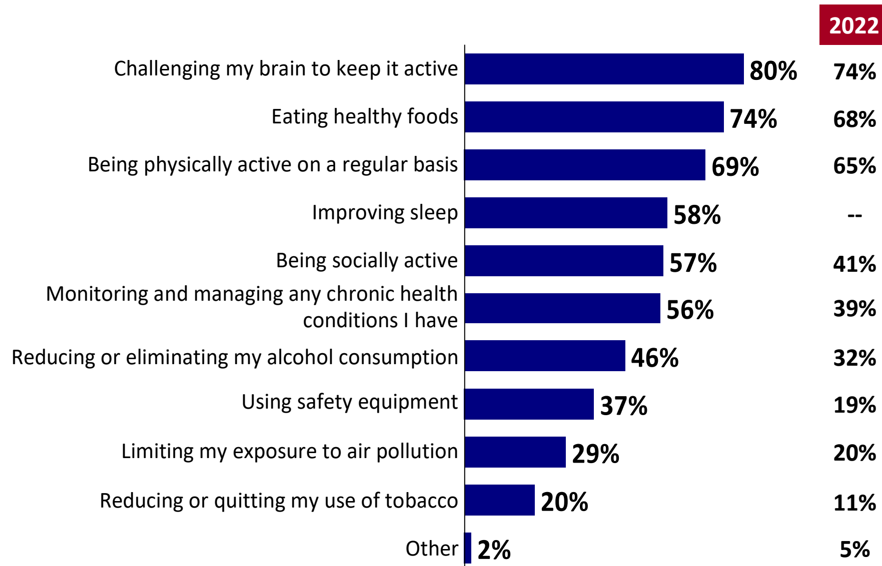
- Those who provide unpaid care to a person living with dementia (47%) are significantly more likely than those who do not (26%) to say they have taken preventative steps.

[25] Caution should be used in interpreting this result because of low sample size (n=37).

Type of Preventative Steps Taken to Reduce Risk

When asked about the preventative steps taken intentionally to reduce the risk of developing dementia, respondents under the age of 75 most often described challenging their brain to keep it active (80%), as well as eating healthy foods (74%) and being physically active on a regular basis (69%). Over half took preventative steps to improve sleep (58%), be socially active (57%), and monitor and manage chronic health conditions (56%). Just under half said they reduced or eliminated their alcohol consumption (46%). Other preventative steps include using safety equipment (37%), limiting exposure to air pollution (29%), and reducing tobacco use (20%). All preventative steps were reported more often than in 2022 although improving sleep was not presented as an option in 2022.

Chart 11: Preventative Steps Taken to Reduce the Risk of Developing Dementia



Q8a. Over the past 12 months, what steps did you take to reduce your risk of developing dementia?
Base: Overall: n=1503; 2022: n=592 (Those under the age of 75 who have taken steps in the last 12 months)

Gender

- Men are more likely than women to report being physically active (72% versus 66% of women), reducing or eliminating alcohol consumption (50% versus 43%), using safety equipment (42% versus 34%), or reducing or quitting smoking (24% versus 17%).

Age

- Respondents under the age of 35 are more likely than those who are older to say they reduced or eliminated alcohol (55%) or smoking (30%). Those aged 65 to 74 are more likely to say they have taken preventative steps to be socially active (66%) compared with younger age groups. Those 55 to 74 are more likely than those who are younger to be eating healthy (78% - 79%).
- Although not considered in the overall results for this section, those 75 or older are the most likely to say they challenge their brain (89%) and monitor and manage chronic health conditions (68%).

Education and Income

- Respondents with a high school level of education or less are more likely than others to say they challenged their brain (84%), monitored and managed chronic health conditions (67%), used safety equipment (46%), limited exposure to air pollution (37%), or reduced or quit smoking (26%). Respondents with a college level of education more often say they reduced or eliminated their alcohol consumption (51%) compared with those with a high school level of education.
- Additionally, those with a household income under $40,000 more often say they monitored and managed chronic health conditions (64%), used safety equipment (47%), or limited exposure to air pollution (39%). Those with a household income of between $40,000 and $80,000 are more likely to have improved sleep (63%), reduced or eliminated alcohol (52%) or smoking (26%) compared with others.

Location

- Respondents in the Yukon more often indicate many of the preventative steps listed including being physically (85%) and socially active (78%), monitoring and managing chronic health conditions (70%), using safety equipment (62%), reducing or eliminating alcohol consumption (58%), limiting exposure to air pollution (49%) and reducing or quitting their use of tobacco (32%).
- Respondents in the Northwest Territories are more likely than others to report taking preventative steps to be more physically active (90%), eat healthy foods (90%) and improve their sleep (75%).
- Respondents in British Columbia are more likely than others to say they improved sleep (70%), were socially active (67%), reduced or eliminated alcohol consumption (59%), limited exposure to air pollution (39%), and reduced or quit the use of tobacco (27%).
- Respondents in PEI more often note being physically active on a regular basis (82%), being socially active (76%), and monitoring and managing chronic health conditions (68%),

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

- Those identifying as South Asian more often point to improving sleep to reduce their risk (77% compared with 56% among all others).

- Respondents identifying as Indigenous were more likely than others to note monitoring and managing chronic health conditions (73%), being socially active (65%), using safety equipment (55%), and limiting exposure to air pollution (39%).
- Respondents with chronic health conditions are more likely than others to say they are monitoring and managing their chronic health conditions (67%).

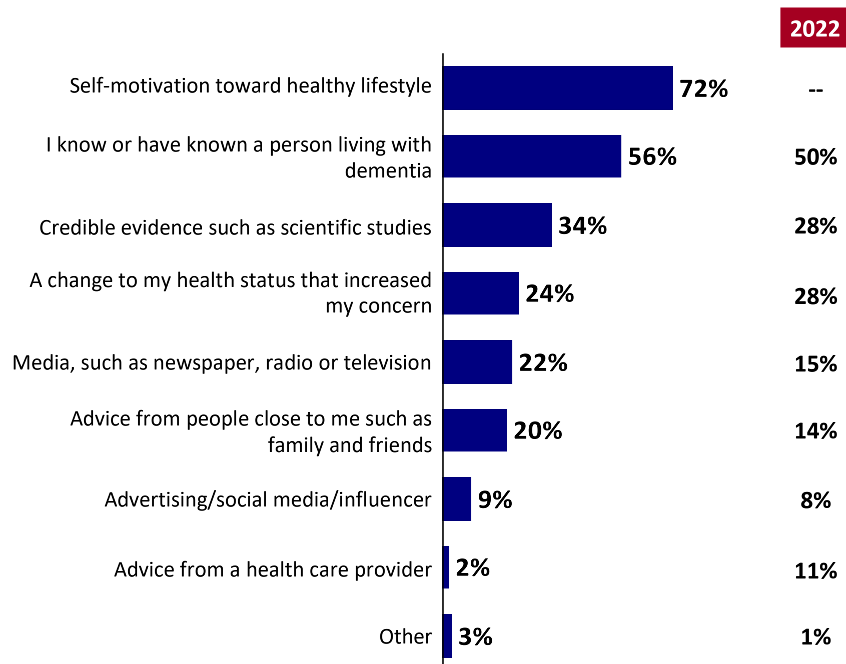
Unpaid caregivers

- Unpaid caregivers are more likely than others to identify challenging their brain (83%), being socially active (63%), monitoring and managing chronic health conditions (62%), or improving sleep (61%).

Reasons for Taking Preventative steps to Reduce Risk

Among those under the age of 75 who have taken preventative steps to specifically reduce their own risk of dementia, nearly three in four (72%) say they are self motivated toward a healthy lifestyle; an option not presented in 2022. Knowing someone who is living or has lived with dementia motivated over half (56%) to start taking preventative steps to reduce their risk of developing dementia while one in three (34%) say credible evidence was a motivator; both factors increased six points from 2022. A change in their own health status that increased their concern (24%), media reports (22%, an increase from 15% in 2022) and advice from family and friends (20%, an increase from 14% in 2022) are also significant motivators to take action to reduce the risk of developing dementia. Other sources of motivation include advertising, social media, or influencers (9%) and advice from a health care provider (2%, a notable reduction from 11% in 2022).

Chart 12: Motivation for Taking Preventative steps to Reduce Risk



NEWQ10b. What or who motivated you to start taking steps to reduce your risk of developing dementia? **Base:** Overall: n=1503; 2022: n=592 (Those under the age of 75 who have taken steps in the last 12 months)

Gender

- Women are more likely than men to have been motivated by knowing someone with dementia (61% versus 51% among men).

Age

- Those who are aged 55 to 74 (26% - 30%) are more likely than those who are younger (15% - 22%) to cite media as a motivation, while those aged 55 to 64 say it was advice from family and friends (25%). Respondents aged 65 to 74 are more likely than younger respondents to say they know or have known someone with dementia (67%).
- Although not considered in the overall results for this section, those 75 or older are the most likely age group to say they were motivated by knowing someone living with dementia (74%) and credible scientific evidence (45%).

Education and Income

- Those with a high school level of education or less are more likely than those with more education to have been motivated by credible evidence (39%), media (28%), advice from friends and family (26%), or advertising (14%).
- Respondents with household income under $40,000 are more likely than those with more household income to say they were motivated by a change to their health status that caused concern (34%), media (28%), advice from family and friends (27%), or advertising (16%).

Location

- Respondents in the Northwest Territories (90%) and British Columbia (85%) are more likely than others across the country to say they are self motivated. Those in PEI (24%), and the Yukon (23%) are likely to point to advertising. Respondents who are residents of the Yukon are also more likely to say knowing someone with dementia (72%), credible evidence (62%), or media (38%) motivated them. Respondents living in PEI are also more likely than others to indicate advice from family and friends and media as sources of motivation (31% for each). Credible evidence is also a source for a larger proportion of respondents from Alberta (42%).
- Respondents living in rural areas (15%) are more likely than those who do not (8%) to have been motivated by advertising, social media, or influencers.

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

- Respondents identifying as Black are more likely than all other respondents to have been influenced by a change to their health status (35% versus 23%) or advertising, social media, or influencers (19% versus 9%). Respondents identifying as South Asian are more likely to point to media (39%) than others (21%).

- Respondents identifying as Indigenous are more likely to say they received advice from family and friends (33% versus 19% of others) or had a change to their health status that caused concern (31% versus 23%).
- Respondents with a chronic health condition are more likely than others to point to most motivations, including credible evidence (37% versus 30% of others), a change to their health status (30% versus 15%) or advice from family and friends (23% versus 15%).

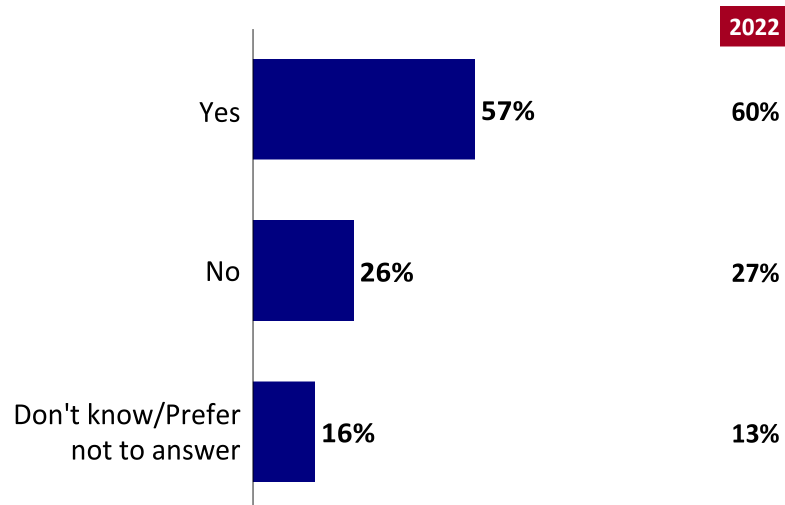
Unpaid caregivers

- Unpaid caregivers are more likely than others to say they know or have known someone living with dementia (76%) or that advice from family and friends (23%) motivated them to take preventative steps.

Barriers to Taking Preventative Steps to Reduce Risk

Nearly six in ten (57%) respondents under the age of 75 report they would like to be able to, or need to, do more to reduce their risk of developing dementia, while one in four (26%) say they do not feel this way. These results are relatively unchanged from 2022.

Chart 13 Interest/Need to Do More to Reduce Risk



NEWQ10c. Do you feel you would like to be able or need to do more to reduce your risk of developing dementia?
Base: Overall n=3991; 2022: n=2039 (Those under the age of 75)

Gender

- Women (60%) are more likely than men (55%) to say they feel they would like to be able, or need to do more, to reduce their risk of developing dementia.

Age

- Respondents who are under the age of 35 (31%) are more likely than those who are older (23% - 27%) to say they do not feel they would like to or need to do more to reduce their risk of developing dementia.

Education and Income

- The desire or need to do more does not significantly vary by education or income.

Location

- Respondents in the Northwest Territories (71%) and Ontario (62%) are more likely than those in other regions to say they would like or need to do more. Those in PEI (37%), New Brunswick (35%), and Saskatchewan (34%) are more likely than others to say they do not feel they would like or need to reduce their risk.

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

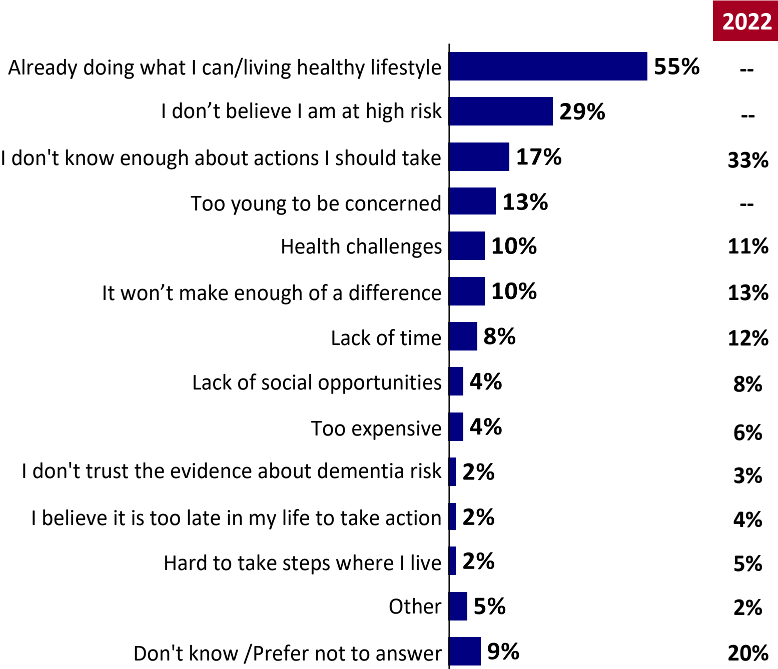
- Respondents identifying as Black (70%) are more likely than others (57%) to say they feel they would like to or need to do more to reduce their risk.
- Those with a chronic health condition (64%) are more likely than others (51%) to say they would like to or need to do more.

Unpaid caregivers

- Unpaid caregivers are more likely than those who are not to express a desire to reduce their risk (65% compared with 53% of others under the age of 75).

When respondents who did not feel they would like to, or need to, do more to reduce their risk of developing dementia were asked why, over half of those under the age of 75 (55%) feel they are already doing what they can by living a healthy lifestyle and 29% do not believe they are at a high risk. Both responses were not presented as options in 2022. Among those who feel they need to do more to reduce their risk of developing dementia, nearly one in five (17%, down from 33% in 2022) feel they do not know enough about the actions they can take. About one in ten say they are too young to be concerned (13%, not provided as an option in 2022), have health challenges (10%), believe it will not make enough of a difference (10%), have a lack of time (8% down slightly from 12% in 2022), lack of social opportunities (4% down slightly from 8% in 2022), or it is too expensive (4%). A small number of respondents say they do not trust the evidence, it is too late to take action, or it is hard to take preventative steps where they live (2% each).

Chart 14: Reasons for Not Doing More to Reduce Risk



NEWQ10f. 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.
Base: Overall: n=1749; 2022: n=781 (Those under the age of 75 who do not feel they would like to or need to do more)

Gender

- Men are more likely than women to say they do not know enough about what actions to take (21% compared to 14% of women), while women are more likely to say they are already doing what they can and living a healthy lifestyle (60% compared to 50% of men).

Age

- Those under the age of 35 are more likely than older respondents to feel they are not at high risk (34%) or are too young to be concerned (32%).
- Respondents aged 65 to 74 tend to say they are already doing what they can and living a healthy lifestyle (65%) compared with those who are younger (47% - 58%).

Education and Income

- Those with a university level of education are more likely than those with a college or a high school level of education to say they are doing everything they can and living a healthy lifestyle (67%).
- Those with an income of less than $40,000 are more likely than others to say they currently have health challenges (16%). Those with a household income of greater than $120,000 are likely to say they are already doing what they can (65%) compared with those with less income.

Location

- Respondents in Alberta are more likely than others to say they do not believe they are at risk (35%). Those in the Yukon are more likely than others to say it will not make a difference (47%), they have health challenges (22%), it is hard to take preventative steps where they live, and they lack social opportunities (20% each). Those in Newfoundland and Labrador are also more likely than others to say they have health challenges (19%) and they do not know enough about actions to take (27%). Those living in rural areas are less likely than those outside of rural areas to say they do not know enough about actions to take (10% versus 19%).

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

- Respondents identifying as Southeast Asian are more likely than others to say they do not know enough about actions to take (27% versus 16% of others). Those identifying as Black are more likely than others to say they do not believe they are at risk (41% versus 28%). This is also the case among respondents identifying as Indigenous (37% versus 28%).
- Respondents with chronic health conditions are also more likely that those without to say they do not know enough about actions to take (21%), and they have health challenges (16%).

- Respondents identifying as members of the 2SLGBTQI+ community are more likely than other respondents to say they have health challenges (25%), a lack of time (16%), and a lack of social opportunities (15%).

Unpaid caregivers

- Unpaid caregivers tend to say they are already doing what they can (60%) compared with others.

Enablers of Taking Preventative steps to Reduce Risk

When respondents who indicated they would like to do more to reduce their risk of developing dementia were asked about the top three things that would assist them in taking preventative steps to reduce their risk, those under the age of 75 pointed back to key risk factors previously identified. The two most frequently noted items are exercising, being more active, and maintaining physical activity (28%, an increase from 23% in 2022 when this response was not prompted); and eating a healthier/balanced diet or maintaining a healthy weight (24%, an increase from 18% when not prompted). Another 12% say that socializing more would help them and 10% pointed to managing sleep better. Nearly one in three (31%) were not sure, a decrease from 38% in 2022.

Table 4: Enablers of Taking Preventative Steps to Reduce Risk

	TOTAL 2024	TOTAL 2022
NEWQ10d. 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? (Those under the age of 75 who would like to do more)	*n=2874*	*n=1517*
Exercise, more active, maintain physical activity (unprompted in 2022)	28%	23%
Healthier eating/balanced diet, lose weight, maintain weight (unprompted in 2022)	24%	18%
Socializing with friends/family more, getting out to socialize, making friends (unprompted in 2022)	12%	11%
Manage sleep better (unprompted in 2022)	10%	8%
Brain/cognitive stimulation, brain exercise/keep brain active (unprompted in 2022)	9%	7%
Manage physical health concerns/access to care to manage illness/ conditions (unprompted in 2022)	9%	7%
Knowing more about how to take steps to reduce my risk	8%	10%

	TOTAL 2024	TOTAL 2022
Environmental concerns improved (climate change, pollution, healthier food agricultural production...) (unprompted in 2022)	6%	3%
Affordable living, cost of living reduced, adequate income support (unprompted in 2022)	6%	4%
Reducing/quitting smoking (unprompted)	5%	--
Having more time to take better care of myself	5%	4%
Reduce/stop alcohol consumption, reduce/stop drug consumption (unprompted in 2022)	5%	4%
Manage stress levels, lower stress (unprompted in 2022)	4%	4%
Affordable/free access to specific resources for exercise/eating/health (affordable access to gyms/classes/workshops/dietitians/fitness experts...) (unprompted)	4%	--
Manage mental health concerns/access to care to manage mental illness/conditions (unprompted in 2022)	3%	4%
Access to doctor for check up/assessment, information directly from doctor/medical professional opinion of care (unprompted in 2022)	3%	3%
More motivation, self-discipline (unprompted)	3%	--
Don't know	31%	38%
Prefer not to say	4%	4%

Responses of 3% or higher noted

Gender

- Women are more likely than men to say that getting more exercise would assist them in taking preventative steps to reduce their risk of developing dementia (31% versus 25% among men).

Age

- Those under the age of 35 (13%) are more likely than those aged 45 to 64 (6% - 7%) to say managing sleep better would assist them. Those who are 55 to 64 (31%) or 65 to 74 (32%) are more likely than those who are between 35 and 44 (23%) to identify more exercise. Those aged 55 to 64 (12%) and 65 to 74 (11%) are more likely than those aged 35 to 44 (4%) to indicate brain or cognitive stimulation would help.

Education and Income

- Respondents reporting a household income of between $40,000 and $80,000 are more apt than others to identify more exercise (37% versus 23% - 26% of others).

Location

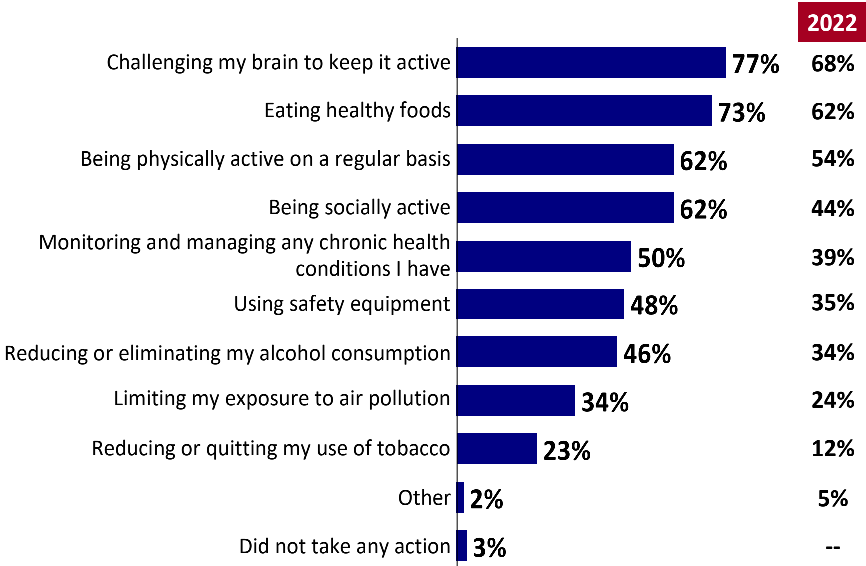
- Respondents in the Yukon are more likely than those in other regions to say affordable living (19%), having more travel options (17%), and living closer to community or fitness centres (17%) would help. Those in New Brunswick (14%) are more likely to identify cognitive stimulation compared to others. Those in the Northwest Territories are more likely than others to note that improved information sources (13%), access to a doctor, and addressing environmental concerns (12% each) would help.

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

- Respondents identifying as Black (18%) are more likely than others (9%) to say managing sleep better would help. Those identifying as South Asian tended to identify socializing with friends (22%), cognitive stimulation (17%), and knowing more about preventative steps to take (16%) compared with others. Respondents identifying as Hispanic are also more likely to identify socializing (23%) than others (12%).
- Respondents identifying as Indigenous are more likely to say managing physical health (14%) compared to others (9%).
- Those with chronic health conditions are more likely to say it would be helpful to exercise more (31%) and eat healthier (27%), compared with others.
- Respondents who identify as members of the 2SLGBTQI+ community are more likely than others to indicate managing mental health (9%) as an area that would assist them in taking preventative steps to reduce their risk of developing dementia.

Even though 60% of respondents under the age of 75 report that they have not taken any preventative steps to specifically reduce their own risk of developing dementia in the last year, 97% of all respondents under 75 were nonetheless engaged in activities linked to reduced risk of developing dementia within the last year. Across all respondents under 75, the most often engaged activities are challenging their brain to keep it active (77%), as well as eating healthy foods (73%). About three in five (62%) report being physically and socially active. Half (50%) say they have been monitoring and managing chronic health conditions. Nearly as many are using safety equipment (48%) or reducing or eliminating alcohol consumption (46%). Limiting exposure to air pollution and reducing or quitting smoking are activities noted by 34% and 23%, respectively. All reported behaviours have increased from 2022.

Chart 15: Engagement in Activities Linked to Reduced Risk of Dementia



NEWQ10e. Did you engage in any of the following activities over the past year?
Base: Overall: n=3991; 2022: 1458 (Those under the age of 75)

Gender

- Men are more likely than women to engage in the use safety equipment (52% versus 44%) and reduce or quit smoking (26% versus 19%). Women are more likely than men to say they eat healthy foods (78% versus 67% of men), are socially active (67% versus 57%), and monitor and manage chronic health conditions (55% versus 45%).

Age

- Those under the age of 35 are more likely than those aged 35 and over to say they are socially active (69%), use safety equipment (55%), reduce or eliminate alcohol (51%) or smoking (29%). Those aged 65 to 74 tend more often to say they are eating healthy foods (83%), challenging their brain (81%), monitoring and managing chronic health conditions (65%), and limiting exposure to air pollution (43%).
- Although not considered in the overall results for this section, those 75 or older are the most likely group to say they monitored their chronic health conditions (73%) and were socially active (71%).

Education and Income

- Respondents with a university level of education are more likely than others to say they are challenging their brain (83%), eating healthy foods (80%), being socially active (68%) or physically active (67%). Respondents with a college level of education identify using safety equipment (53%) more often than those with other levels of education.
- Similar to those with a university level of education, respondents with a household income greater than $120,000 are more likely than those with lower income to say they eat healthy foods (79%), are physically active (69%), and socially active (67%).

Location

- Respondents in Nunavut are more likely than those in other regions to say they engage in eating healthy foods (91%), are socially active (84%), reduce or eliminate alcohol (66%), or limit exposure to air pollution (54%)[26].
- Respondents in Quebec are least likely across the country to identify engaging in most activities and are more likely to say they did not take any action (6%).
- Respondents in PEI (65%), New Brunswick (62%), Newfoundland and Labrador (61%) and Nova Scotia (58%) are more likely than those in other regions to say they are monitoring and managing any chronic health conditions they have.
- Respondents in PEI (84%), Nova Scotia and New Brunswick (79% each) are also more likely than others to be eating healthy. Those in PEI (90%) and Newfoundland and Labrador (88%) are also more likely than others to be challenging their brain.
- Respondents in the Yukon are also more likely than others to use safety equipment (67%).
- Respondents in British Columbia are more likely than many to be physically active (67%), use safety equipment (55%) and limit exposure to air pollution (42%). Those in Alberta are also more likely than many to use safety equipment (58%) and challenge their brain (84%). The latter is also reported among those in Manitoba (84%) as is eating healthy (80%).

[26] Caution should be used in interpreting this result because of the low number of responses (n=37).

- Respondents in the Northwest Territories are the most likely to be limiting their air pollution (61%), followed by those in the Yukon (54%), Nunavut (54%)[27], and PEI (48%).
- Respondents in the Yukon (41%) and PEI (30%) are more likely than others to be reducing or quitting tobacco use.
- Other areas where those in PEI are more likely to report activity compared with others, includes being socially active (74%), using safety equipment (56%), and reducing use of alcohol (58%).

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

- Respondents identifying as Indigenous are more likely than others to say they were monitoring and managing chronic health conditions (60%), limiting exposure to air pollution (43%), or reducing or quitting smoking (33%).

Unpaid caregivers

- Unpaid caregivers are more likely than others to identify engaging in most activities in the last year, including challenging their brain (83%), being socially active (67%), monitoring and managing chronic health conditions (58%), and reducing or eliminating alcohol (50%).

[27] Caution should be used in interpreting this result because of the low number of responses (n=37).

D. Capacity to Provide Unpaid Care for Persons Living with Dementia

Experience with Unpaid Caregiving

Overall, 41% of the sample indicated that they are or have provided one or more unpaid care activities to someone living with dementia within the last five years[28]. An unpaid caregiver may do a range of things for someone living with dementia. Within the last five years, those who know someone living with dementia have primarily visited and provided social or emotional support (42%; not presented as an option in 2020). One-quarter have assisted with transportation (26%; not presented as an option in 2020), activities of daily living (25%; similar to 24% in 2020) or assisted with general health care and monitoring (23%, a slight increase from 19% in 2020). Fewer have assisted with financial affairs (20%; similar to 17% in 2020).

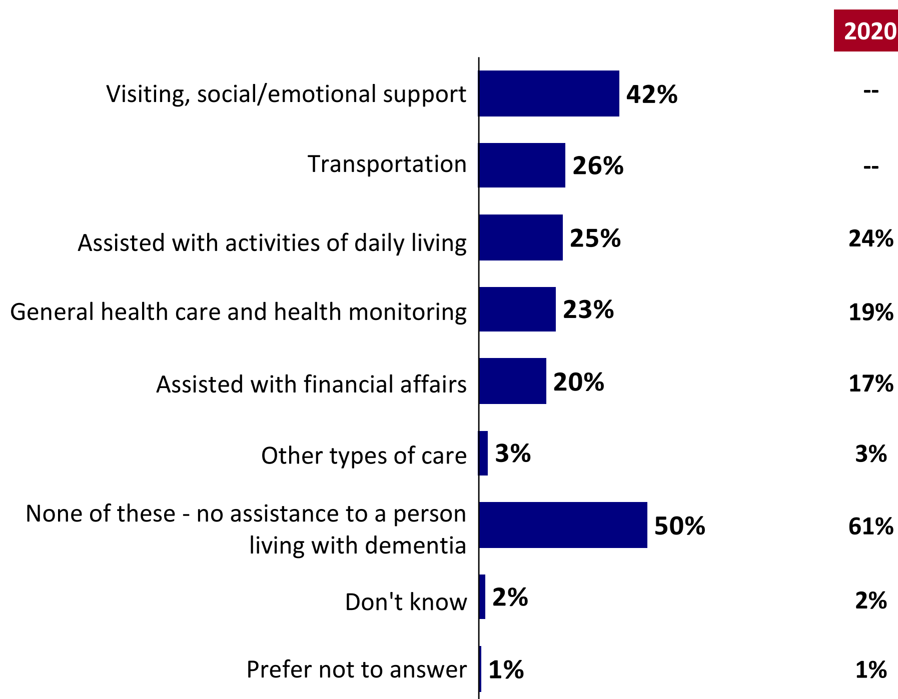
This question added the options of visiting, social/emotional support and transportation in 2024[29]. Excluding respondents who indicated only one or both of these options (i.e., using the original 2020 definition for "unpaid caregiver") reduces the proportion of unpaid caregivers in the 2024 sample to 27%. Therefore, any substantive changes between 2020 and 2024 results are likely not attributable to an increase in the proportion of unpaid caregivers in the 2024 sample.[30]

[28] There is significant overlap among the 41% categorized as unpaid caregivers in the types of support activities each indicated they provide or have provide in the past five years.

[29] Among the 40.5% of respondents indicating that they provide or have in the past five years provided care, 27.3% indicated support activities other than visiting, social support and/or transportation (as per the original 2020 definition of caregiver). The remaining 13.2% indicated only visiting, social support and/or transportation (i.e., do not fit within the 2020 definition of caregiver).

[30] Further investigation also included the application of a trial weight, reducing the proportion of unpaid caregivers to the 2020 value among those who fit the original definition, and showed no significant changes in the 2024 results.

Chart 16: Unpaid Care Activities



Q12. Have you done any of the following in the last 5 years for a person living with dementia, without getting paid? (Multiple responses accepted)
Base: Overall: n=3646; 2020: n=3465 (Those who know someone living with dementia)

Gender

- There are no significant differences by gender.

Age

- Those aged 65 years and over are more likely than younger age groups to have assisted with daily activities (36%). Respondents over age 55 are more likely than others to have assisted with general health care and health monitoring (29% - 35%), visiting and social/emotional support (49% - 52%), transportation (34% - 41%), and financial affairs (25% - 35%). Those under 45 years of age are least likely to have provided any kind of assistance (60% have not).

Income and Education

- Those earning between $40,000 and $80,000 in annual household income are more likely than other income brackets to have assisted with social and emotional support (46%), daily activities (30%), or general health care (28%).
- Respondents with a college level of education are more likely than others to have assisted with most activities, compared to other levels of education, including social and emotional

support (48%), transportation (29%), activities of daily living (28%), general health care (26%), and financial affairs (23%).

Location

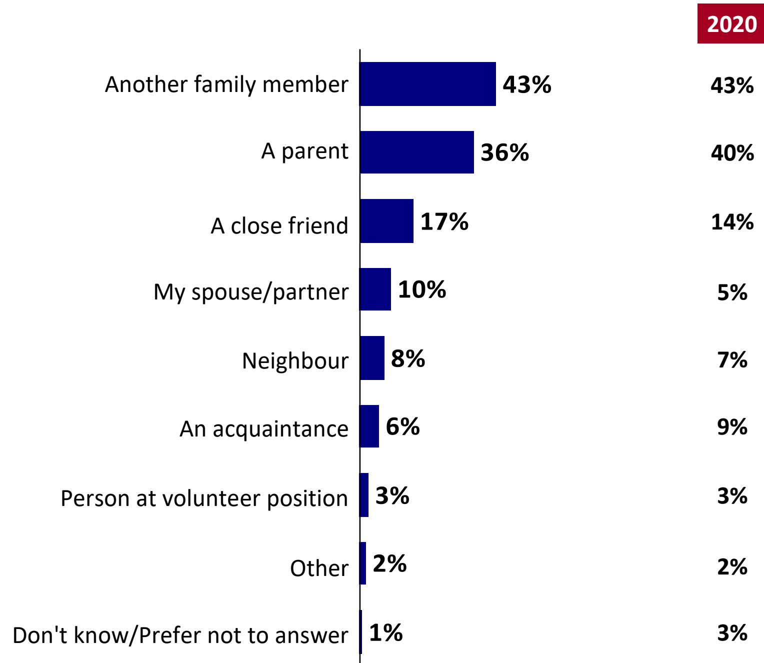
- Respondents in Ontario are more likely than others across the country to have assisted visiting and social support (48%), daily activities (32%), transportation (31%) and financial affairs (26%). Respondents in Newfoundland and Labrador are more likely than others to have helped with social and emotional support (53%).
- Those in Northwest Territories (61%), Quebec (58%) and Alberta (57%) are the most likely residents to say they have not provided assistance to a person living with dementia within the last 5 years.

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

- Respondents with a chronic health condition are more likely than those without to say they have provided care through most activities, including daily living (28%), general health care (28%), and financial affairs (25%).
- Those identifying as members of the 2SLGBTQI+ community are less likely than other respondents to have assisted with daily living (19%), transportation (18%), general health care (15%) or financial assistance (15%).

Similar to results from 2020, unpaid care provided in the last 5 years was most frequently provided for a parent (36%, a slight decrease from 40% in 2020) or another family member (43%). Nearly one-fifth (17%) provided unpaid care within the last 5 years to a close friend, while 10% provided care for a spouse or partner (an increase from 5% in 2020). Less than one-tenth provided care for a neighbour (8%) or acquaintance (6%).

Chart 17: Relationship of Unpaid Caregiver to Person Living with Dementia



Q12a. For whom have you provided the unpaid care? (multiple responses accepted)
Base: Overall: n=1792; 2020: n=1418 (Those providing unpaid care)

Gender

- Results do not vary significantly by gender.

Age

- Unpaid caregivers under the age of 45 are more likely than other age groups to have provided care to another family member (60% - 71%) while those ages 45 to 64 are more likely to have provided care for a parent (51% - 52%) than others. Unpaid caregivers who are age 75 and over are more likely than those who are younger to have provided care for their spouse (49%) or a close friend (29%).

Income and Education

- Unpaid caregivers in the lowest household income range of under $40,000 are more likely than others to have provided unpaid care for a close friend (29%). Compared to others, those reporting between $80,000 and $120,000 household income are more likely to say they provided unpaid care for another family member (48%).

Location

- Having provided unpaid care for a family member other than a partner or parent is more common among respondents in Newfoundland and Labrador (52%), followed by those in Alberta (51%) and Manitoba (51%), than it is of respondents elsewhere in Canada. Unpaid caregivers in the Northwest Territories are more likely than others to have provided unpaid care for a spouse or partner (39%). Those in PEI are comparatively more likely to have provided unpaid care for a close friend (33%) or neighbour (20%).

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

- Those identifying as Indigenous respondents (16%), along with those who identify as Southeast Asian (16%), are more likely than others to have provided care to a neighbour. Hispanic respondents are more likely than others to have provided care to a close friend (34%), which is also the case among those identifying as Indigenous respondents (26%).
- Respondents identifying as members of the 2SLGBTQI+ community are more likely to have provided care for an acquaintance (16%) compared with others (6%).
- Those identifying as having a chronic health condition are more likely than others to have provided unpaid care for a close friend (19% compared with 13% of others), but less likely to have done so for a family member other than a spouse or parent (37% compared with 51% of others).

When unpaid caregivers were asked to think about the most recent month they provided care to someone living with dementia, they spent on average 16.5 hours per week providing care. Similar to results from 2020, 21% of unpaid caregivers said they spent less than three hours each week, while 18% spent three to five hours per week, and 9% spent six to ten hours weekly. Less than one-fifth (17%) spent 20 hours or more a week providing assistance. Note, however, that just over one-quarter of those who provided unpaid care to people living with dementia did not know the weekly number of hours they spent caregiving (27%).

Table 5: Hours of Unpaid Care

	Total 2024	**Total 2020**
Q12b. Thinking of the most recent month you provided unpaid care to someone living with dementia, what would you say is the average number of hours per week you provided the unpaid care? (Those providing unpaid care)	*n=1792*	*n=1418*
<3 hours	21%	24%
3-5 hours	18%	16%
6-10 hours	9%	10%
11-19 hours	5%	4%
20+ hours	17%	18%
Average spent per week	16.5 hours	17 hours
Don't know	27%	24%
Prefer not to answer	3%	4%

Gender

- Men (24%) are more likely than women (19%) to report having provided less than three hours per week of care. Women are more likely to indicate 6-10 hours (11%) than men (7%).

Age

- Unpaid caregivers who are under the age of 45 provided the fewest hours of care per week (6 - 9 hours on average), while those aged 65 and over report the highest number of hours (23 - 39 hours per week on average).

Income and Education

- Those in the $80,000 to $120,000 household income range reported the fewest average number of hours per week (13 on average) compared with other household income ranges (15 - 18 hours per week).

Location

- The average time spent on unpaid caregiving is lowest in PEI (9 hours on average per week).
- Those in rural areas spent more time per week caregiving (23 hours on average) than others (16 hours per week).

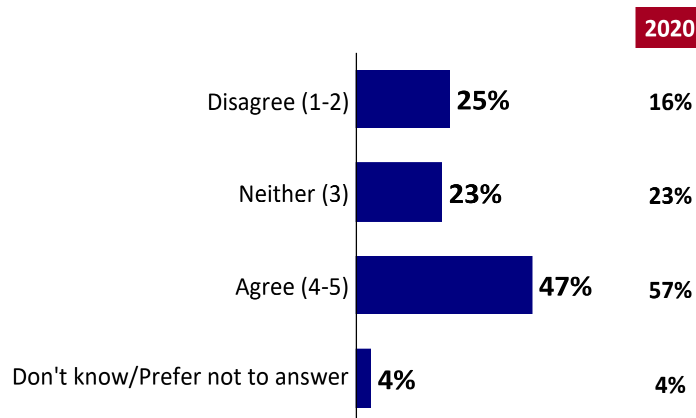
Populations identified as likely to be at higher risk of developing dementia

- Respondents identifying as Black provided less hours of care per week (10 hours on average) compared to others (17 hours per week).
- Those identifying as Indigenous also provided less hours of care (9 hours per week) compared to others (17 hours per week).
- Those who have a chronic health condition spent more hours per week providing care (18 hours per week) than those without a chronic condition (13 hours on average).

Ability to Provide Unpaid Care for Someone Living with Dementia

Nearly half (47%) of those who have provided unpaid care to someone living with dementia in the last 5 years agree they were able to provide the care needed, a decrease from 57% in 2020. Notably, one-quarter (25%) disagree with this statement, an increase from 16% in 2020.

Chart 18: Whether You Were Able to Provide the Unpaid Care Needed



Q12c. To what extent do you agree or disagree with the following statement: I felt that I was able to provide the care needed for someone living with dementia. Being "able" generally means responding to their needs in a satisfactory and timely manner, such as assistance with medical needs, emotional support, and/or assuring safety.
Base: Overall: n=1792; 2020: n=1418 (Those providing unpaid care)

Gender

- Ability to provide care does not vary by gender.

Age

- Respondents aged 65 and over are more likely than younger respondents to agree (54% - 61%), while those age 35 to 44 are more likely than other age groups to disagree (33%) that they were able to provide the care needed.

Income and Education

- Those with a high school level of education are more likely to agree (52%) they were able to provide care than those with a college (49%) or university (38%) level of education.
- Results do not vary significantly by income.

Location

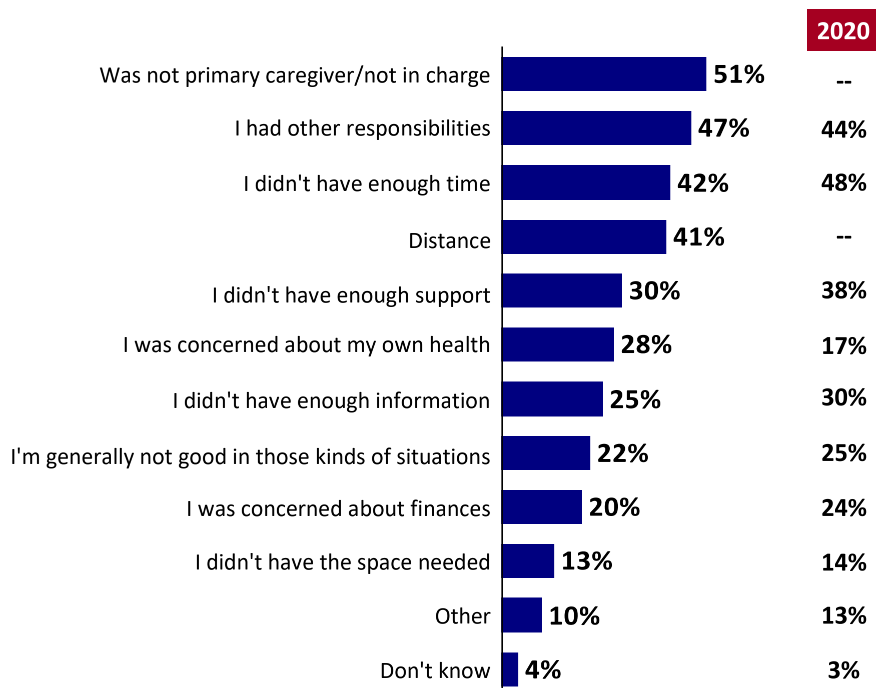
- Ability to provide care does not vary by province or territory or among rural and remote respondents.

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

- Those who identify as South Asian are more likely than others to disagree (36% versus 25%) that they were able to provide the care needed.
- Those identifying as members of the 2SLGBTQI+ community are less likely to agree compared with others (39% versus 48%).

In terms of reasons for feeling unable to provide the care needed, just over half (51%) indicated that they are not the primary caregiver or person in charge of care (an option not presented in 2020). Having other responsibilities was cited most frequently (47%), followed by a lack of time (42%, a decrease from 48% in 2020). Distance is a barrier for two-fifths (41%, an option not presented in 2020). Other reasons include a lack of support (30%, a decrease from 38% in 2020), concerns about their own health (28%, an increase from 17%) and a lack of information (25%, a decrease from 30%). About one-fifth say they are generally not good in these kinds of situations (22%) or were concerned about finances (20%, a slight decrease from 24% in 2020).

Chart 19: Reasons For Feeling Unable to Provide the Care Needed



Q12d. As an unpaid caregiver to someone living with dementia, why did you feel unable to provide the care needed for someone living with dementia? (multiple responses accepted)
Base: Overall: n=482; 2020: n=273 (Those who feel unable to provide care)

Gender

- Men are more likely than women to say they had other responsibilities (54% versus 43%), were not good in those situations (29% versus 18%), or did not have the space needed (20% versus 9%). Women are more likely to say they were concerned about their own health (33% versus 20%), or finances (24% versus 14%) compared with men.

Age

- Those under the age of 35 are more likely than other age groups to say they were not the primary caregiver (75%), distance (60%), or did not have enough time (56%) or information (42%). Those age 45 to 54 are more likely to say they did not have enough support (42%) or were concerned about finances (35%) compared with other age groups.

Education and Income

- Those with a university level of education and household incomes of less than $40,000 are both more likely than others to note a lack of support (40% and 46%, respectively). Individuals with household incomes of less than $40,000 are also the most likely to point to a lack of information (42%) and concern about finances (32%). Those earning household incomes of greater than $120,000 are the most likely to note a lack of time (59%) and distance (52%).

Location

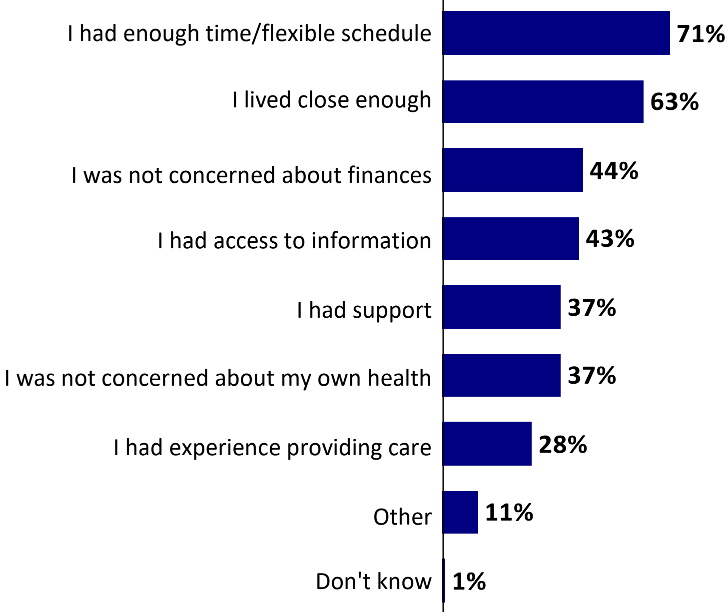
- Respondents in Saskatchewan are more likely than others to say they did not feel able to provide the care needed because they had other responsibilities (72%). Those in British Columbia cited distance (55%) more often than other residents, while those in Quebec were more likely to say they were not the primary caregiver (69%) compared with others.

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

- Respondents who identify as Indigenous are more likely than others to say they do not have the space needed (24% compared with 13% of others).
- Respondents living with chronic health conditions are more likely than those without to say they felt unable to provide the care needed because they are concerned about their own health (32% compared with 22% of others).

Those who felt able to provide the care needed to someone living with dementia say that they could do so primarily because they had enough time available or a flexible schedule (71%), or they lived close enough to the person needing care (63%). Other reasons include not being concerned about finances (44%), having access to information (43%), having support (37%), no personal health concerns (37%), or they had experience in providing care (28%). This question was not asked in the 2020 survey.

Chart 20: Reasons for Feeling Able to Provide the Care Needed



NEWQ12E. As an unpaid caregiver to someone living with dementia, why did you feel able to provide the care needed for someone living with dementia?
Base: Overall: n=783 (Those feeling able to provide care)

Gender

- Men are more likely than women to say they felt able to provide the care needed because they lived close enough (69% versus 59%), while women are more likely than men to say they had experience providing care (35% versus 20%).

Age

- Respondents 65 or older are more likely than younger respondents to say they have enough time or a more flexible schedule (78% - 79%). Those under the age of 35 who felt able to provide the care needed are more likely than older respondents to say they could do so because they live close enough (75%). Those age 45 to 54 are more likely to say they had experience providing care (41%) while those age 65 to 74 are more likely than other age

groups to say they could provide care because they were not concerned about finances (55%). Respondents who are 75 or older are more likely than other age groups to say they have access to information (53%).

Education and Income

- Those reporting less than $40,000 in household income are more likely to say they lived close enough (78%) or had experience providing care (38%) than those with a higher household income. Those earning household incomes of greater than $120,000 are more likely than those with lower income to say they had support (45%).

Location

- Respondents in Alberta are more likely than in other regions to say they felt able to provide the care needed because they are not concerned about their own health (59%). Respondents in PEI are more likely to say they had experience providing care (47%), had support (57%) or lived close enough (83%). Those in the Yukon are more likely to say they had enough time (93%) and access to information (70%). Respondents in Yukon (44%) and Quebec (38%) are also more likely than others across the country to say they have experience in providing care.

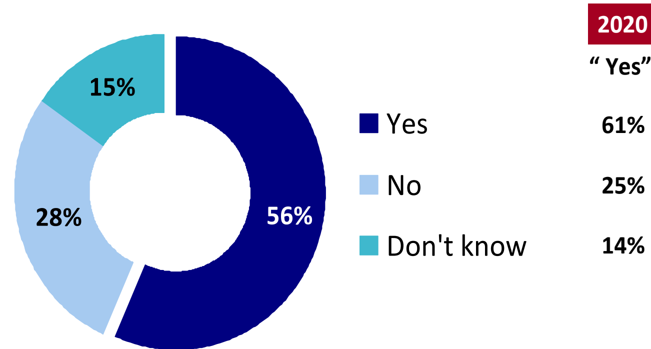
Populations identified as likely to be at higher risk of developing dementia

- Those identifying as Southeast Asian are more likely than those who are not to say they are not concerned about finances (67% compared with 42%).
- Respondents identify as Indigenous are more likely than those who are not to say they have access to information (63% compared with 42%).
- Respondents living with chronic health conditions are more likely than those without to say they felt able to provide the care needed because they lived close enough (67%) or had access to information (52%).

Potential Ability for Unpaid Caregiving

Among those with no experience providing unpaid care to someone living with dementia (i.e., have not known anyone who has lived or is living with dementia or have not provided unpaid care for someone living with dementia in the last 5 years), 56% feel they would be able to provide frequent unpaid support to a family member or friend living with dementia, down from 61% in 2020.

Chart 21: Potential Ability to Provide Frequent Unpaid Support



Q13. Generally speaking, would you be able to provide frequent unpaid support (e.g., acting as a caregiver) to a family member or friend living with dementia? This is most commonly 1-3 hours per week. **Base:** Overall n=2617; 2020 n=2765 (Those who do not know anyone with dementia or have not provided unpaid care for someone living with dementia in the last 5 years)

Gender

- Men are more likely than women (60% versus 52%) to say they would be able to provide frequent unpaid support.

Age

- Respondents aged 75 and over are less likely to say they could provide frequent unpaid support (43%) compared to those who are younger (52% to 60%).

Education and Income

- Those with household incomes of less than $40,000 are less likely to feel they would be able to provide frequent unpaid support (44%) than those with a higher income (59% - 61%).

Location

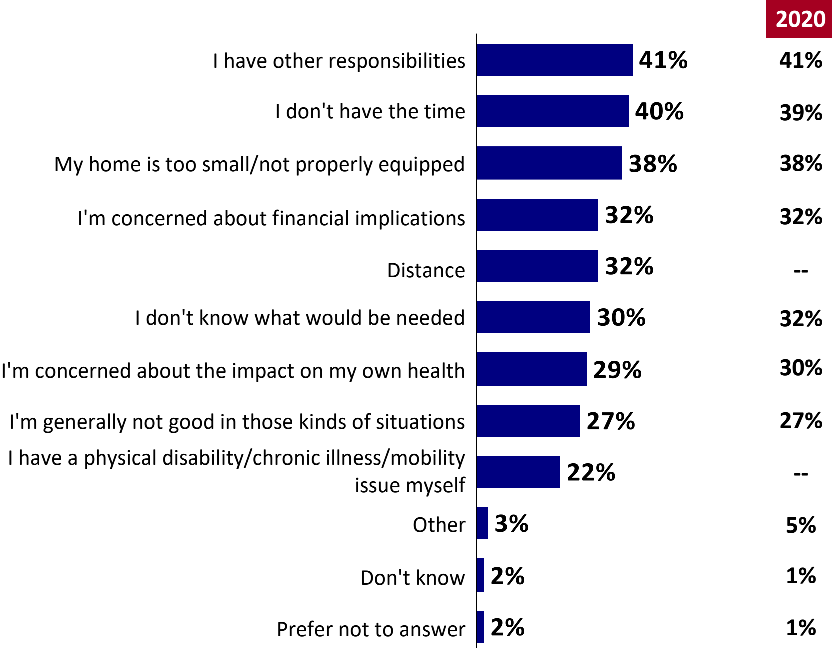
- Respondents in PEI (66%) are more likely than others across the country to say they could provide frequent unpaid support, while those in Newfoundland and Labrador (47%) and the Yukon (24%) are least likely to say this.

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

- Respondents who identify as Black (70%) or South Asian (64%) are more likely than others (55%) to say they could provide frequent unpaid support to someone living with dementia.
- Respondents who identify as Indigenous (38%) are less likely than other respondents (57%) to say they would be able to provide frequent unpaid support.
- Respondents who identify as members of the 2SLGBTQI+ community are less likely to say they could provide frequent unpaid support (44%) than others (56%).

Of respondents who indicated that they would not be able to provide frequent unpaid support, four in ten say it is because they have other responsibilities (41%), do not have the time (40%), or their home is too small or not appropriately equipped (38%), as was the case in 2020. Also, on par with 2020, roughly three in ten say they are concerned about financial implications (32%), distance (32%; not presented as an option in 2020), do not know what would be needed (30%), are concerned about the impact on their own health (29%), or generally not good in those situations (27%). Two in ten (22%) indicated they have a physical disability, chronic illness or mobility issue that would prevent them from providing support, which was not presented as an option in 2020.

Chart 22: Reasons For Not Being Able to Potentially Provide Unpaid Support



Q13a. Which of the following best describes your reasons for not being able to provide frequent unpaid support to a family member or friend living with dementia? (Multiple responses accepted)
Base: Overall: n=732; 2020: n=681 (Those who do not feel able to provide frequent unpaid support)

Gender

- Men are more likely than women to say they would not be able to provide frequent unpaid support because they do not know what would be needed (38% versus 23%), or that they are not generally good in these kinds of situations (33% versus 23%). Women are more likely than men to say that they would not be able to because of concerns for their own health (34% versus 24%) or due to a physical disability, chronic illness, or mobility issue (25% versus 17%).

Age

- For those who would be unable to provide frequent unpaid support to a person living with dementia, respondents under the age of 45 are more likely than other age groups to say they do not have the time (45% - 50%) or have other responsibilities (47% - 54%). Those under the age of 35 specifically are more likely than those who are older to say their home is too small or not properly equipped (50%), they are concerned about the financial implications (49%), or they do not know what would be needed (39%). The 55 to 64 age group is also more likely than others to identify distance (40%) as the obstacle. Those aged 75 and over are more likely than younger respondents to select having a physical disability, chronic illness or mobility issue (51%) as the reason why.

Income and Education

- Respondents with household incomes of less than $40,000 more often say they would not be able to provide frequent unpaid support because they have a disability or illness (41%) or are concerned about the impact on their own health (37%) compared with those reporting more household income. Lack of time (52% - 56%) is more often selected as a reason among those reporting the highest household incomes of $80,000 or above, along with having other responsibilities (51% - 55%). Concern for financial implications is most often noted among those with household incomes of $40,000 to $120,000 (41% - 42%).
- Respondents with a university or college level of education are more likely than others to say the reasons they would not be able to provide frequent unpaid support are because they have other responsibilities (48% - 49%). Those with a university level of education are also more likely than others to say they do not have the time (55%), or they are too far away (40%). Those with a high school level of education are comparatively more likely to say they have a physical disability, chronic illness or mobility issue (34%).

Location

- Most of the reasons for not being able to potentially provide frequent unpaid support are more likely to be reported by respondents in the Yukon including a lack of time (63%), not being good in these situations or distance (60% each), concern for finances or a disability/illness (59% each), or concern about the impact on their own health (57%)[31]. Those in Manitoba are also more likely than others to indicate disability or illness (44%). Those living in rural areas are generally more likely to be concerned about financial implications (44% versus 31% of others).

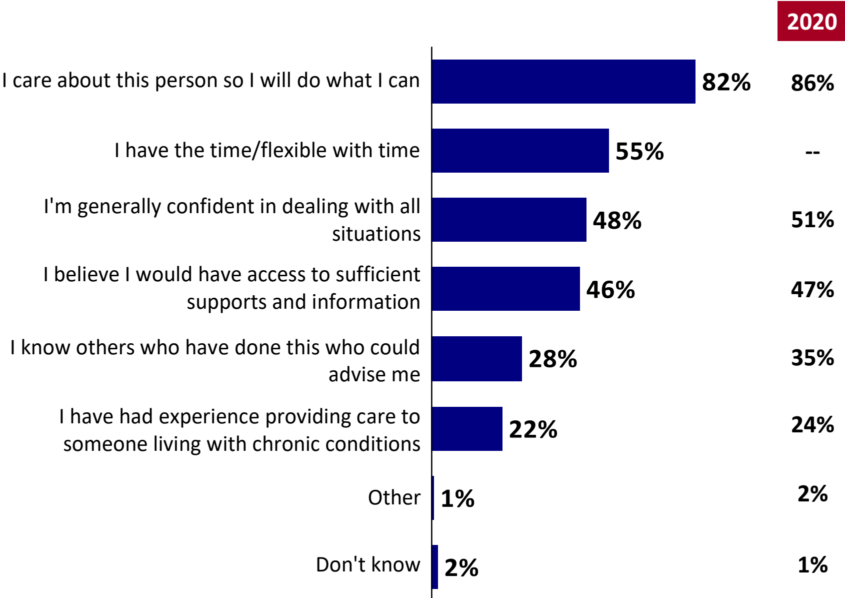
[31] Caution should be used in interpreting this result because of the low number of responses (n=33).

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

- For those who feel they would not be able to provide frequent unpaid support, respondents identifying as Hispanic are more likely than other respondents to say this is because their home is too small or not properly equipped (59% versus 38% of others), they do not know what would be needed (52% versus 29% of others), or that they are generally not good in these situations (47% versus 27%). Those identifying as Southeast Asian respondents are more likely than others to say they do not have the time (59% versus 38%).
- Respondents identifying as Indigenous are more likely than others to note disability or illness as a reason (31% versus 21%), although less likely than others to point to financial implications (19% versus 33%) and other responsibilities (25% versus 42%).
- Respondents living with a chronic health condition are more likely to say they could not provide frequent unpaid support because of their physical disability, chronic illness, or mobility issue (35%) compared to those without a chronic health condition (7%).
- Those identifying as members of the 2SLGBTQI+ community are more likely than those who are not to say they would not be able to provide frequent unpaid support because of distance (42% versus 31% of others), concern with impact on their own health (39% versus 28% of others), or because they have a physical disability, chronic illness or mobility issue (32% versus 21%).

Among respondents who feel they could provide support, most (82%) say that it is because they would do what they can for a person they care about which is down slightly from 2020 (86%). About half say it is because they have the time or flexibility (55%; not presented as an option in 2020), generally feel confident in dealing with all situations (48%), or that they would have access to supports and information (46%); both similar to 2020 results. Roughly one in four say they know others who could advise them (28%; lower than the 35% found in 2020) or have had experience providing care to someone with chronic health conditions (22%, on par with 24% in 2020).

Chart 23: Reasons to be Able to Potentially Provide Frequent Unpaid Support



Q13b. Which of the following best describes your reasons for being able to provide frequent unpaid support to a family member or friend living with dementia? (Multiple responses accepted)
Base: Overall: n=1497; 2020: n=1713 (Those who do feel able to provide support)

Gender

- Women are more likely than men to say they would be able to provide support because they have experience providing care to someone living with chronic health conditions (31% versus 15%). Men are more likely to say they know others who could advise them compared with women (31% versus 25%).

Age

- For those able to provide support, respondents under the age of 35 are the most likely age group to say they would be able to provide frequent unpaid support because they believe they would have access to sufficient supports and information (60%), are generally confident in dealing with all situations (54%), or know others who could advise them (36%). Those aged 55 to 64 are more likely than others to say they would be able to because they have had experience providing care to someone living with chronic health conditions (29%). Those aged 65 and over are more likely to say they have the time or flexibility (76%) compared with younger respondents.

Education and Income

- Respondents reporting a household income of less than $80,000 are more likely than others to indicate that they have experience providing care (27% - 29%) while those with the highest household incomes more often than others believe they would have access to sufficient information (50%).
- Those with a high school level of education are more likely than those with higher education levels to say they have the time (62%). They are also more likely than others to say they know people who could advise them (34%). Respondents with a college level of education are more likely to say they have experience providing care to someone living with chronic health conditions (28%) compared to others (19% - 20%).

Location

- Respondents in British Columbia are more likely than others to say the reason they would be able is that they know others who could advise them (40%). Those in the Yukon are more likely than other respondents across the country to say they have the time (72%). Those living in PEI and the Northwest Territories are more likely than others to say they could access information (68% and 65% respectively) or have had past experience (44% and 38% respectively). Respondents in PEI are also more likely than others to say they are generally confident in dealing with all situations (62%).

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

- Respondents identifying as Black are more likely than others to say they have experience providing care to someone living with chronic health conditions (33% versus 22% of others). Respondents identifying as Hispanic are more likely than others to say they care about the person and would do what they can (93% versus 82% of others). Those identifying as South Asian are more likely than others to say they know others who could advise them (37% versus 28% of others).
- Respondents living with a chronic health condition are more likely than others to say they could provide frequent unpaid support because they have the time or flexibility (61% versus 50% of others) or have experience providing care to someone with chronic health conditions (26% versus 19%).

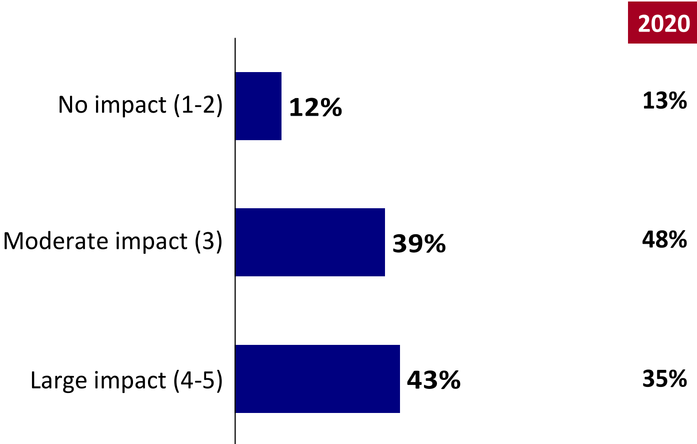
- Those identifying as members of the 2SLGBTQI+ community are more likely than those who are not to say they have flexible time (65% versus 54% others), could have access to information (56% versus 45%), know others who could advise them (39% versus 28%), or have experience providing care to someone living with chronic health conditions (30% versus 22%).

E. Attitudes and Perceptions

Perceived Impact of Dementia

More than four in ten (43%) believe that dementia is having a large impact in Canada today (i.e., a 4 or 5 on the 5-point scale), and another 39% of respondents say it is having a moderate impact. Only 12% of respondents feel that dementia is having no impact. There has been an increase in the proportion believing the impact to be large, from 35% in 2020.

Chart 24: Perceived Impact of Dementia in Canada



Q2. Overall, how much of an impact do you think dementia is having in Canada today?
Base: Overall: n=4427; 2020: n=4207

Gender

- Women (51%) are more likely than men (36%) to believe that dementia is having a large impact in Canada today.

Age

- Older respondents aged 55 to 64 (53%) and 65 or older (60% - 61%) are more likely to say dementia is having a large impact, compared to 29% - 37% among those who are under the age of 45. Those under the age of 35 are more likely than other age groups to say dementia is having no impact (21% compared to 4% - 14% among ages 35 or older).

Education and Income

- Those with a university level of education are most likely to say the impact is moderate (43%) while those with less education (e.g., high school or college) are more likely to see the impact as large (45% - 46% compared with 38% of those with a university level of education).
- Individuals reporting a household income of under $40,000 are most likely to rate the impact as large (50%) compared with 38% - 45% of others. Those with a household income of $80,000 or higher are more likely to see the impact as low (15% - 17% compared with 9% of those reporting a household income below $80,000).

Location

- Regionally, respondents in Newfoundland and Labrador (66%), Nova Scotia (59%) and PEI (55%) are the most likely across the country to rate the impact of dementia as large. Respondents in the Yukon are the most likely to rate the impact as low (35%), followed by respondents in Nunavut (29%)[32] compared to between 5% - 16% elsewhere.
- Rural respondents in general are more likely to rate the impact as large (50%) compared to 43% among others.

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

- There are no significant differences among respondents identifying as Black, South Asian, Southeast Asian, or Hispanic.
- Respondents identifying as Indigenous are more likely (52%) than others (43%) to rate the impact of dementia as large.
- Individuals with a chronic health condition (50%) are more likely than those without (36%) to believe there is a large impact.
- Those identifying as members of the 2SLGBTQI+ community (36%) are less likely than those who do not (44%) to see the impact as large.

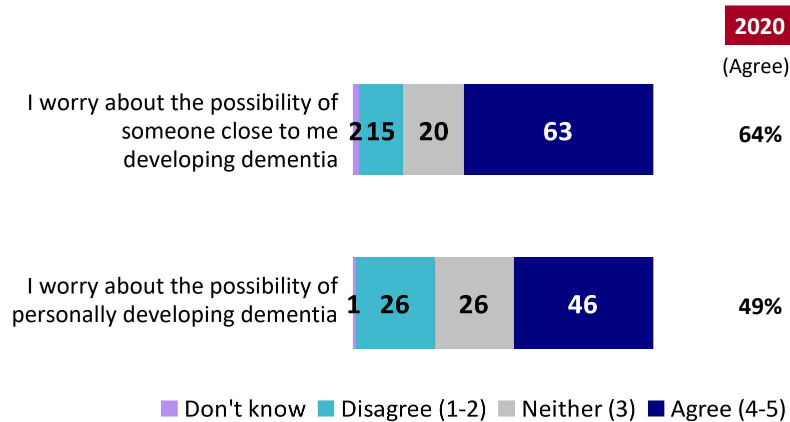
Unpaid caregivers

- Those who provide unpaid care to someone living with dementia (57%) are more likely than those who do not (36%) to say dementia is having a large impact in Canada today.

[32] Caution should be used in interpreting this result because of the low number of responses (n=37).

Concern About Developing Dementia

Nearly half (46%) of respondents agree that they worry about the possibility of personally developing dementia, similar to the 49% reported in 2020. Close to two in three (63%) worry about the possibility of someone close to them developing dementia, also in line with 64% in 2020.



Q7a. To what extent do you agree or disagree with the following: I worry about the possibility of personally developing dementia?
Q7b: I worry about the possibility of someone close to me developing dementia?
Base: Overall: n=4427; 2020 n=4207

Gender

- Women (50%) are more likely than men (43%) to agree that they worry about the possibility of developing dementia. They are also more likely to worry about someone close to them developing dementia (66% compared with 60% of men).

Age

- Respondents between the ages of 35 and 64 are more likely to worry about a dementia diagnosis (50% - 52%). Those under the age of 35 (34%) and 75 or older (35%) are more likely to indicate that they do not worry about the possibility of developing dementia, compared to those who are between 35 and 74 (21% - 25%). Those between the ages of 35 and 44 agree that they worry about a diagnosis for someone close to them (67% compared with 59% - 64% of others).

Education and Income

- Respondents with a university level of education are more likely to worry about someone close to them developing dementia (68% compared with 60% - 63% of others). This was also found among those reporting household incomes greater than $120,00 (66% compared to 57% of those with $40,000 or less).

Location

- Respondents in Ontario (52%) are most likely to agree that they worry about a personal diagnosis of dementia. Those most likely to say they do not worry about this are in the Yukon (48%), the Northwest Territories (42%) and PEI (40%). Those in rural areas are less likely to worry about a diagnosis (41% compared with 48% of others).
- Respondents in Ontario are also most likely to agree that they worry about a diagnosis for someone close to them (68%). Respondents in each of the three territories are most likely to disagree that they worry about this (33% of those in Nunavut[33], 32% in the Yukon and 27% in the Northwest Territories).

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

- Respondents identifying as Black (55%) are less likely to worry about a diagnosis for someone close to them compared with others (64%).
- Those with a chronic health condition are more likely to worry about a personal diagnosis (51% compared with 41% of others).
- Respondents identifying as members of the 2SLGBTQI+ community (53%) are more likely than others (46%) to agree that they worry about personally developing dementia.

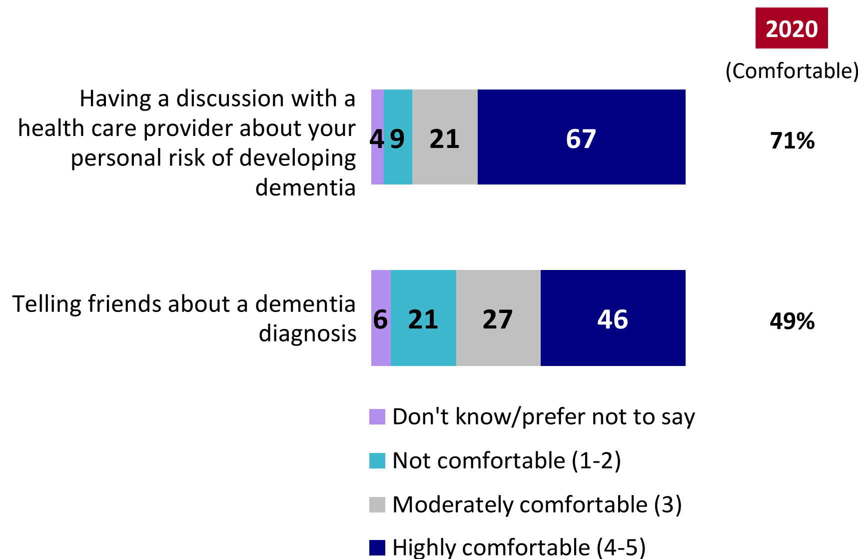
Unpaid caregivers

- Those providing unpaid care for a person living with dementia are more likely to agree that they worry about a personal diagnosis (54%) compared with 42% among others, and also a diagnosis for someone close to them (73%) compared with others (57%).

[33] Caution should be used in interpreting this result because of the low number of responses (n=37).

Comfort with Discussing Dementia

Two in three (67%) respondents report being highly comfortable (i.e., a 4 or 5 on the 5-point scale), having a discussion with a health care provider about their personal risk of developing dementia, down slightly from 2020 (71%). Close to half (46%) report they would feel highly comfortable telling friends about a dementia diagnosis, similar to the 49% in 2020.



Q16a, e. How comfortable would you be with each of the following…?
Base: Overall: n=4427; 2020: n=4207

Gender

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

Age

- Being highly comfortable discussing personal risk of developing dementia with a health care provider is marginally higher among those 45 to 54 years old (71%) and lower among those age 65 to 74 (62%). Individuals under the age of 35 are the most likely (53%) to feel highly comfortable telling friends about a dementia diagnosis, whereas those 55 to 64 are the least likely to feel highly comfortable (38%).

Education and Income

- Those with high school level of education or less are more likely to feel highly comfortable telling friends about a dementia diagnosis (49%) compared with those with a university level of education (42%).
- Individuals with a household income of greater than $120,000 (72%), are more likely than those with lower incomes (64% - 68% of others) to say they are highly comfortable having a discussion with a health care provider about their personal risk of developing dementia.

Location

- Respondents in the Northwest Territories (43%) and the Yukon (23%) are most likely to say they are not comfortable having a conversation with a health care provider about their personal risk of dementia. Those living in rural communities (59%) are less likely to be highly comfortable with this discussion than others (68%).
- Respondents in Quebec (55%) are more likely to say they are highly comfortable telling friends about a dementia diagnosis compared with others across the country (30% - 48% report being highly comfortable). Respondents in the Northwest Territories (30%) and Nunavut (32%)[34] are the least likely to be highly comfortable. Respondents in rural communities are generally less likely to be highly comfortable (41% compared with 47% of others).

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

- Overall, one in four respondents who identify as either Black, Southeast Asian, South Asian or Hispanic say they are not comfortable telling a friend about a dementia diagnosis (25% compared with 20% of other respondents). More specifically, this is true among those identifying as South Asian (30%) or Hispanic (29%) compared to others (21%). This is also the case among respondents identifying as Indigenous (28% compared with 21% among others).
- Those identifying as Indigenous are less likely to say they would be highly comfortable having a discussion with a health care provider (56%) compared with others (68%). Those identifying as Hispanic are more likely than others to say they would be highly comfortable (76% compared to 67% of others).

Unpaid caregivers

- Those reporting having provided unpaid care to someone living with dementia within the last 5 years are more likely to be highly comfortable having a discussion with health care providers about their personal risk of developing dementia (70% compared with 65% of others).

[34] Results should be interpreted with caution given the small sample size (n=37)

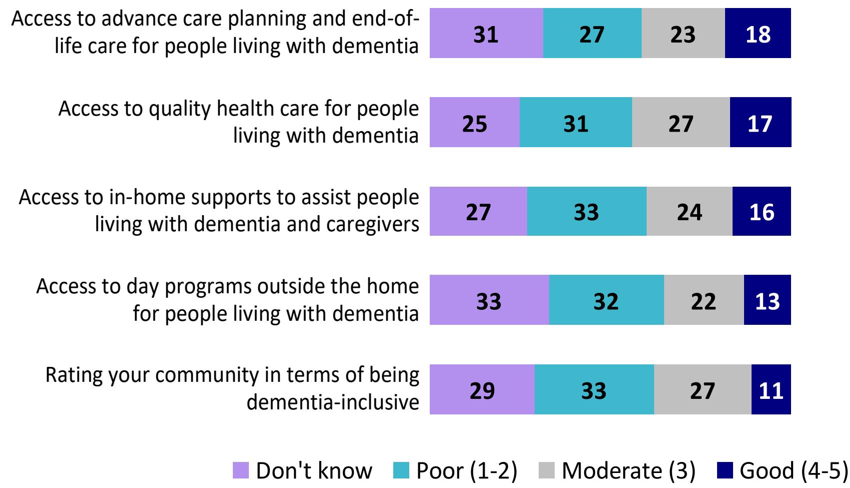
F. Perception of Community Support for those Living with Dementia

The 74% of respondents who know or have known someone living with dementia were asked to assess access to supports in their community for people living with dementia, including quality healthcare, day programs outside the home, in-home supports (including for unpaid caregivers), and advance care planning and end-of-life care. Within this segment, 25% to 33% of respondents indicated that they “don’t know” when asked to rate access to these supports in their communities. Four in ten (41%) of those who know someone living with dementia said that access to advance care planning and end-of-life care is moderate (23%) to good (18%). Similar proportions see access to in-home supports as moderate (24%), or good (16%). Just over one-third (35%) see access to day programs outside the home as moderate (22%), or good (13%), although 32% see it as poor. Four in ten (44%) rated access to health care for people living with dementia as moderate (27%), or good (17%), although 31% see it as poor. All respondents were asked to rate their community in terms of being dementia-inclusive and were given a definition as reference[35]. Just under four in ten (38%) believe their community to be dementia-inclusive, including 27% rating it as moderate and 11% rating is as good, although, 33% believe it to be poor.

[35] Telephone: This type of community optimizes the health and well-being of people living with dementia by enabling continued and safe access to familiar environments, activities and routines for as long as possible.

Online: Dementia-inclusive communities allow people with dementia to: optimise their health and wellbeing for as long as possible in familiar environments and with familiar routines; live as independently as possible and continue to be part of their community; be understood and given support; safely find their way around; continue to access familiar local facilities, such as banks, shops, cafes, post office and cinema; and maintain or expand their social contacts and networks

Chart 27: Support in Community



Q15a-e. From what you know or have heard, how would you rate your community in each of the following areas…?
Base: Access to quality health care and dementia-inclusiveness: n=4427. Other questions: n=3646 (Those who know someone living with dementia)

Access to quality health care

Gender

- Women are more likely than men to rate access to quality health care as poor (34% compared with 28% of men).

Age

- Respondents aged 75 or older are more likely to rate access to quality health care as good (26% compared with 15% to 17% of other age groups).

Location

- Respondents in many of the smaller provinces, including Newfoundland and Labrador (48%), Nova Scotia (42%), PEI (39%) and New Brunswick (37%) are more likely than others to rate access to quality health care as poor in their community. Those most likely to rate access to quality health care in their community as poor are respondents in Nunavut where 76% rated access as poor[36].

[36] Caution should be used in interpreting these results which has based on 37 residents.

- Generally, respondents in remote communities are more likely to rate access as poor (52%). It is also rated as poor among those living in medium-sized communities of 30,000 to 100,000 residents (35%), compared with those living in small communities of 1,000 to 30,000 residents (28%) and largest urban centres with 100,000 or more residents (30%).

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

- Those who identify as Black respondents are marginally more likely to rate access to quality health care as good (25%) compared with other respondents (17%).
- There are no substantively different results among other key groups (i.e., respondents identifying as Hispanic, South Asian, Southeast Asian, Indigenous, 2SLGBTQI+, or those with chronic health conditions).

Unpaid Caregivers

- Respondents who have provided unpaid care within the last 5 years are more likely to rate access to quality health care (37%) as poor compared with others (27%).

Dementia inclusiveness in community

Gender

- Women are more likely to rate their community as poor in terms of being dementia-inclusive (36% compared with 29% of men).

Education and Income

- Those with a university level of education are more likely to rate the dementia-inclusiveness of their community as poor (37% compared with 30% to 32% of others). This is also the case among those reporting household incomes of between $80,000 and $120,000 (38% compared with 29% of those reporting less income).

Location

- Compared to others, respondents in Nunavut (77%)[37], and Newfoundland and Labrador (50%) and remote areas (50%) are also more likely to rate their community negatively in terms of being dementia-inclusive.

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

- Those identifying as Black respondents are more likely than others to rate their community as good in terms of being dementia-inclusive (20% compared with 11% of others).

[37] Caution should be used in interpreting these results which has based on 37 residents.

- Respondents who identify as members of the 2SLGBTQI+ community are more likely than others to rate their community as poor (42% compared with 32% of others).

Unpaid Caregivers

- Unpaid caregivers are more likely than others to rate their communities as poor in terms of being dementia-inclusive (38% compared with 30% of others).

Access to other supports

Gender

- Perceived access to other supports in their community does not vary significantly by gender.

Age

- Respondents who are 75 years of age or older are more likely than younger respondents to rate access to day programs in their community as good (19% compared with 10% - 14% of other age groups).

Education and income

- Respondents with a university level of education are more likely to rate their community as poor in terms of access to in-home supports (39% compared with 30% - 32% of others). Respondents with a household income of greater than $120,000 are also more likely to rate their community as poor in this category (38%) compared with other incomes (29% - 33%).

Location

- Regionally, respondents in Newfoundland and Labrador, New Brunswick and Nova Scotia are more likely than others across the country to poorly rate access to day programs outside the home (54%, 41% and 40%, respectively) and access to advance care planning and end-of-life care (44%, 33% and 33%, respectively). Respondents in the Yukon are the most likely to rate access to advance care planning and end-of-life care as good (25%). This is also true of respondents in medium-sized communities with 30,000 to 100,000 residents (25%), while those living in remote communities are more likely than others to rate it as poor (51%).
- Access to day programs is also more likely to be rated as poor among respondents in Saskatchewan (39%) and among remote residents (53%).
- Access to in-home supports is also more likely to be rated as poor in Saskatchewan (41%), Newfoundland and Labrador (40%) and among remote residents (56%). Respondents in PEI (24%) are more likely than others across the country to rate access to in-home supports as good, as are respondents in medium-sized communities with 30,000 to 100,000 residents (22%).

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

- Respondents living with a chronic health condition are somewhat more likely to rate their communities as poor in terms of access to in-home supports (35% compared with 30% among others). This is also the case with regard to access to advance care planning and end-of-life care (31% rating their community as poor compared with 23% of others).
- Respondents who identify as Southeast Asian, South Asian or Hispanic are less likely than others to provide a rating of good about community access to advance care planning and end-of-life care (13%, 12% and 10%, respectively, compared to 19% among others).
- Respondents identifying as Black are more likely to rate their community as good to excellent in terms of day programs (24% compared with 12% of others).
- Those identifying as Indigenous respondents are somewhat more likely to rate their communities as good in terms of access to advance care planning and end-of-life care (23% compared with 18% of others).
- Those with a chronic health condition are more likely to rate in-home supports as poor (35% compared with 30% of others).

Unpaid Caregivers

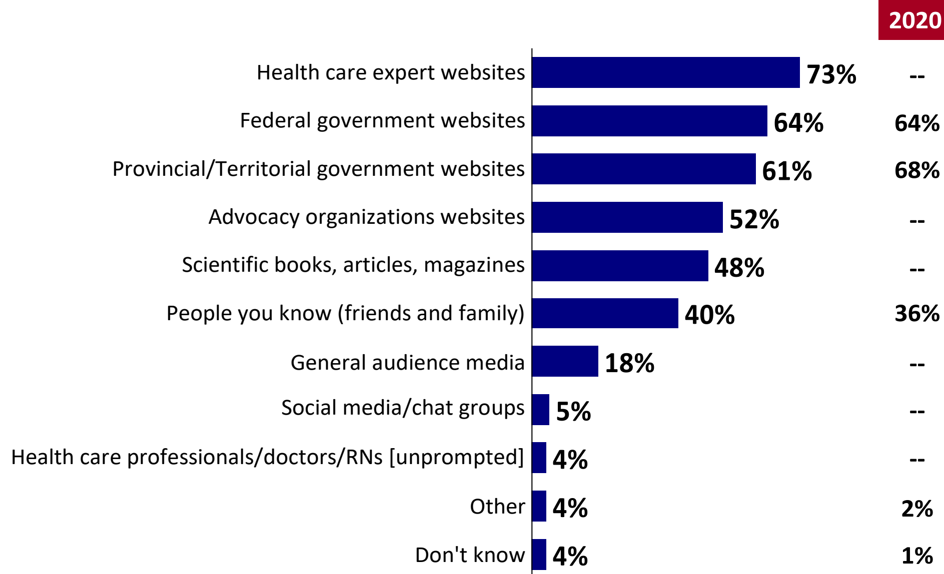
- Respondents who have provided unpaid care are more likely than others to rate their communities as poor in each of the areas tested. In particular, they are more likely to provide a poor rating for access to in-home supports (39% versus 28% among others), day programs (38% compared with 27% of others), and advance care planning and end-of-life care (31% compared with 24% of others).

G. Information Sources

Respondents were asked to assess which sources of information are trustworthy about dementia. Nearly three in four (73%) consider health care expert websites to be trustworthy. Health care professionals were also considered to be a trustworthy source in 2020, although there was no specific reference to websites. Two in three (64%) consider federal government websites to be trustworthy sources. This was indicated as Government of Canada more broadly in 2020 with the same result. Provincial/territorial government websites are also seen as trustworthy among 61%, which were identified as provincial/territorial health ministries in the 2020 survey (68%). Half (52%) view advocacy organization websites as trustworthy sources (not included as an option in 2020), and just under half (48%) see scientific books, articles and magazines as trustworthy (not comparable to 2020 since only a sub-set of respondents were asked in 2024. Four in ten (40%) trust people they know which has increased slightly from 36% in 2020. Only 18% trust general audience media and few trust social media (5%)[38].

[38] Unlike the other response options, general audience media, scientific books, articles and magazines, social media/chat groups and advocacy organization websites were shown to online respondents but were not prompted in telephone interviews. Therefore, the sample composition is not the same and results cannot be reliably compared with 2020 results.

Chart 28: Trusted Sources of Information about Dementia



Q18. What would you consider to be trustworthy sources of information about dementia? (Multiple responses accepted)
Base: n=4427, 2020: n= 4207

Gender

- Women are more likely than men to consider advocacy organization websites to be a trustworthy source (57% compared with 47% of men).

Age

- Respondents who are under the age of 35, or between the ages of 65 to 74 are more likely than others to find heath care expert websites to be trustworthy (77% in each age group).
- Federal government websites are more often considered a trustworthy source among respondents under the age of 35 (74%). This is also the case for provincial/territorial government websites (73%).
- Scientific books, articles and magazines are most often considered a trustworthy source among respondents between the ages of 35 and 44 (61%), or ages 45 to 54 (55%).
- Advocacy organization websites are most often trusted by respondents between the ages of 65 to 74 (60%), or 75 or older (63%).
- General audience media are also most likely to be trusted by respondents between the ages of 65 and 74 (25%) or those age 55 to 64 (23%).

Income and Education

- Respondents with a university level of education are more likely than others to find health care expert websites (79%), federal government websites (75%), provincial/ territorial government websites (70%), advocacy organization websites (62%), and scientific books, articles and magazines (63%) to be trustworthy. The pattern is the same among respondents reporting a household income of greater than $120,000.

Location

- Respondents in Ontario (80%), British Columbia (80%) and Alberta (79%) are more likely than others to find health care expert websites to be trustworthy.
- Respondents in Ontario (67%) are the most likely to consider federal government websites to be a trustworthy source.
- Advocacy organization websites are most often trusted by respondents in Ontario (60%) compared with others across the country.
- Respondents in Nunavut are the most likely to see people they know as a trustworthy source (71%).[39] This is also more pronounced than the national average among respondents in Saskatchewan and Manitoba (46% in each province).

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

- Respondents identifying as Black are more likely than others to see federal government websites as trustworthy (73% versus 64%). This is also the case for provincial/territorial government sites (68% versus 61%), as well as people they know (50% versus 40%). This segment is less likely to trust advocacy organization websites (44% versus 53% of others).
- Respondents identifying as Southeast Asian are more likely than others to see health care expert websites as trustworthy (90% versus 72%). This is also the case among respondents identifying as South Asian (79% versus 73%). Federal government websites are also more often trusted by respondents identifying as Southeast Asian compared with others (74% versus 63%), as are provincial/territorial government websites (68% compared with 60%), scientific books, articles and magazines (57% versus 47%), and general audience media (27% versus 18%).
- Respondents who identify as Indigenous are less likely than others to trust most of the sources tested. This includes health care expert websites (67% compared with 74% of others); federal government websites (57% compared with 64% of others); advocacy organization websites (42% compared with 53% of others); scientific books, articles and magazines (37% compared with 48%); as well as general audience media (11% compared with 19% of others). Respondents who identify as Indigenous are, however, more likely than others to see health care professionals such as doctors and nurses as a trustworthy source (8% compared with 3%).

[39] Caution should be used in interpreting this result which is based on 37 residents.

- Health care expert websites are also more likely to be trusted by those identifying as members of the 2SLGBTQI+ community (80% versus 73%), as is also the case for federal government websites (74% versus 63%), provincial/territorial government sites (66% versus 61%), advocacy organization websites (65% versus 52%), and scientific books, articles and magazines (66% versus 47%).

Unpaid Caregivers

- Unpaid caregivers are more likely than others to consider health care expert websites (77% versus 71%), advocacy organization websites (56% versus 50%) and people they know (47% versus 36%) to be trustworthy sources for information.

APPENDICES

A. METHODOLOGICAL DETAILS

The summary section of this report (Sub-heading B – Methodology) described the Prob*it* panel source used for the sample. The survey is comprised of 4,427 completed cases of people living in Canada, 18 years of age or older, including oversamples among respondents who identify as Black (213), South Asian (223), Southeast Asian (228), Hispanic (144), Indigenous (365, including 174 who are First Nations[40]), and/or a member of the 2SLGBTQI+ community (530). Regionally, the sample was also stratified to include a minimum of 300 in each province, with the exception of Newfoundland and Labrador (255) and PEI (263), as well as minimum numbers in the Territories (406, including 208 in the Yukon, 161 in the Northwest Territories and 37 in Nunavut[41]).

As outlined in the Executive Summary, the survey was collected between January 17 and February 20, with a questionnaire length averaging 16 minutes online and 23 minutes by telephone. A total of 497 were completed by telephone, largely among those under the age of 35, or living in the Atlantic provinces or Territories, or among those who identify as Black, South Asian, or are members of the 2SLGBTQI+ community. This randomly recruited probability sample carries with it a margin of error of +/-1.5% at a 95% confidence interval. The margin of error for each of the target groups is between 3.5% and 7.0%.[42] Results are weighted to population proportions for province or territory, age, gender identity, and education, as well as for respondents who identify as Black, South or Southeast Asian, Hispanic, and/or a member of the 2SLGBTQI+ community.

Throughout the report, results are compared with results from the 2020 survey and in the case of questions related to risk and prevention, to the 2022 survey. Results are considered to be similar to previous results when they are within four percentage points. Where results vary by five percent or more, the differences are described as an increase or decrease accordingly.

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[40] Presented as Indigenous throughout the report, however, disaggregated data are available for First Nations and Métis in the data tables.

[41] The original objective was to collect 100 in Nunavut, however, this proved difficult to achieve even with considerable efforts to call panel members and random landline and cell sample in this territory.

[42] The exception is Nunavut where only 37 cases were collected with a margin of error of 16%.

As shown below, the average response rate overall across the 4,427 cases is 9%. It is 27% among Prob*it* sample members who completed the survey online. A total of 9,933 records were sampled to receive an email invitation to the survey, of which 38 bounced as undeliverable, leaving a valid sample of 9,895. Of these records, 2,621 were completed and 12 were found to be out of scope (i.e., ineligible). These two combined (2,621 plus 12) are divided by the function sample of 9,895 to obtain the 26.6% response rate.

A majority of the sample was collected through online self-administration, however, 41% of the sample was collected by trained, bilingual interviewers (23% from RDD and 18% from panel). The response rate for panel cases completed by telephone is 17.5% based on 793 completed and 12 found to be out of scope, out of the valid 4,625 records. For the RDD sample, the response rate is 3.5% based on 1,013 completes and 502 found out of scope, out of the valid sample of 42,800. Following are the outcomes of all contacts.

Table 6: Response Rates

Outcome	Online (Panel)	Telephone (Panel)	Telephone (RDD)	Total
Total	9,933	4,939	61,718	76,590
Invalid	38	314	18,918	19,270
Valid Sample	**9,895**	**4,625**	**42,800**	**57,320**
Non-responding	6,725	3,292	32,132	42,149
Refusal	80	504	9,083	9,667
Partial complete	457	22	70	549
Total non-response	**7,262**	**3,818**	**41,285**	**52,365**
Ineligible/quota filled	12	14	502	528
Complete	2,621	793	1,013	4,427
Response rate	**26.6%**	**17.5%**	**3.5**	**8.6%**

As described earlier in the report, there were minor differences between the questionnaire administered online and that administered by interviewers. The telephone version of the questionnaire was shortened marginally to reduce the administration time. It did not include Question 1 (How knowledgeable would you say you are about dementia?). While it included Question 18 (What would you consider to be trustworthy sources of information about dementia?), it featured a shorter list of response options, excluding "General audience media (e.g., television, radio, newspapers)" "Scientific books, articles, magazines", "Social media/chat groups", and "Advocacy organizations websites (e.g., Alzheimer Society/dementia organizations)" considered to be lesser priority sources for investigation than the other four

sources related to health care expert websites, friends and family and federal and provincial/territorial government websites.

The following table presents the demographic composition of the survey respondents. As with results throughout the report, results in Table 7 are presented weighted. The questions used in the composition of the sample (age, gender, region, education, ethnic target groups, 2SLGBTQI+) are presented unweighted.

Table 7: Demographic Characteristics

	TOTAL 2024	TOTAL 2022	TOTAL 2020
Age (unweighted)	*n=4427*	*n=2050*[43]	*n=4207*
Under 35	17%	24%	19%
35-44	16%	20%	16%
45-54	17%	20%	18%
55-64	22%	20%	22%
65 to 74	18%	18%	17%
75 and over	10%	--	7%
Province/Territories (unweighted)	*n=4427*	*n=2050*	*n=4207*
British Columbia	10%	11%	10%
Alberta	10%	10%	8%
Saskatchewan	7%	2%	7%
Manitoba	7%	3%	7%
Ontario	18%	34%	18%
Quebec	13%	24%	12%
New Brunswick	7%	4%	7%
Nova Scotia	7%	5%	8%
Prince Edward Island	6%	0.3%	6%
Newfoundland and Labrador	6%	2%	6%
Yukon	5%	3%	4%
Northwest Territories	4%	2%	4%
Nunavut	1%	0.4%	2%

[43] As outlined earlier in the report, the 2022 study included Canadians between the ages of 18 and 74.

	TOTAL 2024	TOTAL 2022	TOTAL 2020
Gender (unweighted)	*n=4427*	*n=2050*	*n=4207*
Man	51%	50%	48%
Woman	47%	47%	51%
Other	1%	2%	--
Prefer not to answer	1%	1%	1%
Level of education completed (unweighted)	*n=4427*	*n=2050*	*n=4207*
High School diploma/equivalent or less	21%	20%	25%
Registered Apprenticeship or other trades certificate or diploma	5%	4%	5%
College/CEGEP/other non-university or registered apprenticeship or other trades certificate/diploma	21%	20%	20%
University certificate or Bachelor degree	31%	32%	31%
Graduate degree	21%	23%	18%
Prefer not to answer	1%	1%	1%
Total household income last year, before taxes	*n=4427*	*n=2050*	*n=4207*
Under $20,000	7%	7%	9%
$20,000 to just under $40,000	11%	11%	14%
$40,000 to just under $60,000	12%	10%	14%
$60,000 to just under $80,000	11%	12%	13%
$80,000 to just under $100,000	11%	13%	12%
$100,000 to just under $120,000	12%	12%	17%
$120,000 to just under $150,000	10%	9%	
$150,000 or above	16%	15%	11%
Prefer not to answer	10%	11%	11%
Language spoken at home	*n=4427*	*n=2050*	*n=4207*
English	76%	76%	72%
French	17%	16%	20%
English and French equally	2%	3%	2%
Other	1%	4%	6%
Minorities (unweighted)	*n=4427*	*n=2050*	*n=4207*
Southeast Asian	5%	3%	5%
South Asian	5%	7%	5%
Black	5%	7%	6%
Member of another visible minority	2%	8%	--

	TOTAL 2024	TOTAL 2022	TOTAL 2020
Indigenous (First Nations, Métis or Inuit, other)	8%	5%	14%
Hispanic	3%	2%	3%
Western Asian/Middle Eastern	1%	--	--
None of the above	75%	73%	--
I prefer not to say	3%	2%	--
Ethnic Groups	*n=4427*	*n=2050*	*n=4207*
Canadian	71%	71%	--
British	34%	20%	34%
French	20%	13%	24%
Other Western European	12%	9%	11%
Eastern European	9%	7%	7%
Southeast Asian	9%	3%	8%
South Asian	6%	6%	5%
Indigenous	5%	4%	--
Scandinavian	4%	3%	4%
Southern European	4%	3%	4%
African	3%	2%	3%
Latin American	2%	2%	2%
American (general mention)	2%	1%	--
Caribbean/West Indies	2%	--	--
Arabic	1%	1%	1%
Oceania	1%	--	1%
Other	2%	6%	2%
None	14%	1%	14%
Prefer not to answer	2%	1%	2%
Sexual orientation	*n=4427*	*n=2050*	*n=4207*
Heterosexual	92%	76%	87%
2SLGBTQI+	5%	18%	9%
Prefer not to answer	3%	6%	5%

In terms of non-response bias, a comparison of the unweighted sample with 2021 Census figures from Statistics Canada indicates an underrepresentation of those under 35 (17% compared with 27% in the population). There is a more educated sample in the survey than found in the population with 52% reporting university degrees, compared with 36% in the population. As per Table 7, a similar proportion was found for those 18 to 35 in the 2020 sample (i.e., 19%). The 2020 and 2022 samples also included higher proportions of those with a university degree (55% and 49%, respectively).

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 20240108-EK522)

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. 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 20240108-EK522)).

The survey takes about 15 to 20 minutes, but can be completed more quickly online if you'd prefer, or we could continue now by phone.

Continue	1
Prefer to complete it online	2
Refuse (THANK & TERMINATE)	9

EMAIL

May we email you an invitation to complete the survey online?

INTERVIEWER: Confirm spelling of email address <[EMAIL is not empty](The e-mail we have on file is: EMAIL , is this correct?)> .

Yes, confirm Email :	77
No/Refuse	99

EMAIL2

Thanks. You should expect an email from online@ekos.com in the next few minutes.

Return to INTRO, code ON	1

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

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 years	2
25 to 34 years	3
35 to 44 years	4
45 to 54 years	5
55 to 64 years	6
65 to 69 years	7
70 to 74 years	8
75 to 79 years	9
80 to 84 years	10
85 or older	11
Prefer not to answer	99

QSEX

What was your sex at birth?

Sex refers to sex assigned at birth.

Male	1
Female	2
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

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

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

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
None of these	97
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
None of these	97
Don't know	98
Prefer not to answer	99

PQ5

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

Q5B

There are things we can do to reduce the risk of developing dementia

True	1
False	2
Don't know	99

Q5D

Some ethnic/cultural groups have a higher risk of developing dementia

True	1
False	2
Don't know	99

Q5E

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

True	1
False	2
Don't know	99

PQ7

To what extent do you agree or disagree with the following...?

Q7A

I worry about the possibility of personally developing dementia

Strongly Disagree 1	1
2	2
Neither 3	3
4	4
Strongly Agree 5	5

Don't know	99

Q7B

I worry about the possibility of someone close to me developing dementia

Strongly Disagree 1	1
2	2
Neither 3	3
4	4
Strongly Agree 5	5
Don't know	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> <[PHONE](Interviewer: do not read text in parentheses unless clarification requested)>

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
Did not take any action	97
Don't know	98
Prefer not to say	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

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
Genetics	19
Lack of cognitive stimulation	20
Mental health/stress	21
Aging	22
Other health conditions (e.g. diabetes, heart disease or stroke)	23
Chronic drug use	24
Lifestyle (general)	25
Exposure to harmful chemicals	26
1 : 2 : 3 :	77
Don't know/No response	99

NEWQ8 [1,19]

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]Please read each item in the list and select each one that applies>

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
Genetics	18
Other (Please specify):	77
Don't know	98
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: Do not read, but prompt as needed. Accept as many as apply)[ELSE]Please read each item in the list and select each one that applies>

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 [1,11]

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
Self-motivation toward healthy lifestyle	8
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

Q8A [1,13]

Over the past 12 months, what steps did you take to reduce your risk of developing dementia? <[PHONE](Interviewer: Read list – select all that apply)[ELSE]Please read each item in the list and select each one that applies> <[PHONE](Interviewer: do not read text in parentheses unless clarification requested)>

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
Improving sleep	10
Other (Please specify):	77
Don't know	98
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	98
Prefer not to answer	99

NEWQ10F [1,15]

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: Do not read, but prompt as needed. Accept as many as apply)[ELSE]Please read each item in the list and select each one that applies>

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
I believe it is too late in my life to take action	10
Already doing what I can/living health lifestyle	11

Too young to be concerned	12
I don't believe I am at high risk	13
Other (Please 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)> <[PHONE](Interviewer: do not read text in parentheses unless clarification requested)>

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
Exercise, more active, maintain physical activity	8
Healthier eating/balanced diet, lose weight, maintain weight	9
Socializing with friends/family more, getting out to socialize, making friends	10
Manage sleep better	11
Brain/cognitive stimulation, brain exercise/keep bring active	12
Manage physical health concerns/access to care to manage illness/conditions	13
Manage stress levels, lower stress	14
Affordable living, cost of living reduced, adequate income support	15
Manage mental health concerns/access to care to manage illness/conditions	16
Reduce/stop alcohol consumption, reduce/stop drug consumption	17
Access to doctor for check up/assessment, information directly from doctor/medical professional opinion of care	18
Environmental concerns improved (e.g., climate change, pollution, healthier food/ agricultural production)	19
1 : 2 : 3 :	77
Don't know	98
Prefer not to say	99

Q11 [1,11]

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

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

Myself	2
My spouse/partner	3
A parent	4
An extended family member	5
A friend	6
A neighbour	8
Colleague at work	9
No one	1

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

Q12 [1,8]

An unpaid caregiver may do a range of things to care for someone living with dementia.

Have you done any of the following in the last 5 years for a person living with dementia, without getting paid?

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

<[PHONE](Interviewer: do not read text in parentheses unless clarification requested)>

Assisted with financial affairs	1
Assisted with activities of daily living (e.g., cooking, cleaning, bathing or dressing)	2
General health care and health monitoring (e.g., overseeing medication usage or help administering medication, setting up appointments)	6
Visiting, social/emotional support	3
Transportation (e.g., to activities, appointments, errands)	4
Other types of care (Please specify):	77
None of these – no assistance to a person living with dementia	98
Don't know	97
Prefer not to answer	99

Q12A [1,10]

For whom have you provided the unpaid care?

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

My spouse/partner	1
A parent	2
Another family member	3
A close friend	4
An acquaintance	5
Neighbour	6
Person at volunteer position	7
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

Q12B

Thinking of the most recent month you provided unpaid care to someone living with dementia, what would you say is the average number of hours per week you provided the unpaid care?

Hours	1
Don't know	98
Prefer not to answer	99

Q12C

To what extent do you agree or disagree with the following statement:

I felt that I was able to provide the care needed for someone living with dementia.

Being "able" generally means responding to their needs in a satisfactory and timely manner, such as assistance with medical needs, emotional support, and/or assuring safety.

1 Strongly Disagree	1

2	2
3 Neither	3
4	4
5 Strongly Agree	5
Don't know	98
Prefer not to answer	99

Q12D [1,13]

As an unpaid caregiver to someone living with dementia, why did you feel unable to provide the care needed for someone living with dementia?

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

I didn't have enough information	1
I'm generally not good in those kinds of situations	2
I didn't have enough time	3
I didn't have enough support	4
I was concerned about finances	5
I was concerned about my own health	6
I didn't have the space needed	7
I had other responsibilities	8
Distance	9
Was not primary caregiver/not in charge	10
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

NEWQ12E [1,10]

As an unpaid caregiver to someone living with dementia, why did you feel able to provide the care needed for someone living with dementia?

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

I had experience providing care	1
I had enough time/flexible schedule	2
I had support	3
I lived close enough	4
I had access to information	5
I was not concerned about finances	6
I was not concerned about my own health	7
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

Q13

Generally speaking, would you be able to provide frequent unpaid support (e.g., acting as a caregiver) to a family member or friend living with dementia? This is most commonly 1-3 hours per week.

Being "able" generally means responding to their needs in a satisfactory and timely manner, such as assistance with medical needs, emotional support, and/or assuring safety.

Yes	1
No	2
Don't know	98

Prefer not to answer	99

Q13A [1,12]

Which of the following best describes your reasons for not being able to provide frequent unpaid support to a family member or friend living with dementia?

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

I don't know what would be needed	1
I'm generally not good in those kinds of situations	2
I don't have the time	3
I'm concerned about financial implications	4
I'm concerned about the impact on my own health	5
My home is too small/not properly equipped	6
I have other responsibilities	7
I have a physical disability/chronic illness/mobility issue myself	8
Distance	9
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

Q13B [1,9]

Which of the following best describes your reasons for being able to provide frequent unpaid support to a family member or friend living with dementia?

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

I have had experience providing care to someone living with chronic conditions	1
I believe I would have access to sufficient supports and information	2
I'm generally confident in dealing with all situations	3
I know others who have done this who could advise me	4
I care about this person so I will do what I can	5
I have the time/flexible with time	6
Other (Please specify):	77
Don't know	98
Prefer not to answer	99

PQ15

From what you know or have heard, how would you rate your community in each of the following areas:

Q15A

Access to quality health care for people living with dementia

Poor 1	1
2	2
Moderate 3	3
4	4
Excellent 5	5
Don't know	99

Q15B2

Access to day programs outside the home for people living with dementia

Poor 1	1
2	2
Moderate 3	3
4	4
Excellent 5	5
Don't know	99

Q15C2

Access to in-home supports to assist people living with dementia and caregivers

Poor 1	1
2	2
Moderate 3	3
4	4
Excellent 5	5
Don't know	99

Q15D2

Access to advance care planning and end-of-life care for people living with dementia

Poor 1	1
2	2
Moderate 3	3
4	4
Excellent 5	5
Don't know	99

Q15E2

From what you know or have heard, how would you rate your community in terms of being dementia-inclusive?

<[PHONE]This type of community optimizes the health and well-being of people living with dementia by enabling continued and safe access to familiar environments, activities and routines for as long as possible.[ELSE]Dementia-inclusive communities allow people with dementia to: optimise their health and wellbeing for as long as possible in familiar environments and with familiar routines; live as independently as possible and continue to be part of their community; be understood and given support; safely find their way around; continue to access familiar local facilities, such as banks, shops, cafes, post office and cinema; and maintain or expand their social contacts and networks>

1 Poor	1
2	2
3 Moderate	3
4	4
5 Excellent	5
Don't know	99

PQ16

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

Q16A

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
Don't know	98
Prefer not to answer	99

Q16E

Telling friends about a dementia diagnosis

Not at all comfortable 1	1
2	2
Moderately comfortable 3	3
4	4
Very comfortable 5	5
Don't know	98
Prefer not to answer	99

Q18 [1,11]

What would you consider to be trustworthy sources of information about dementia?
<[PHONE]Interviewer: > Please read each item in the list and select each one that applies
<[PHONE](Interviewer: do not read text in parentheses unless clarification requested)>

ONLINE General audience media (e.g., television, radio, newspapers)	1
ONLINE Scientific books, articles, magazines	2
ONLINE Social media/chat groups	3
Health care expert websites (e.g., iGeriCare, Forward with Dementia A guide to living with dementia)	4
People you know (e.g., friends and family)	7
Federal government websites (e.g., Health Canada, Public Health Agency of Canada)	8
Provincial/Territorial government websites (e.g., health department websites)	9
ONLINE Advocacy organizations websites (e.g., Alzheimer Society/dementia organizations)	10
Other (Please specify):	77
Don't know	99

NEWQ21 [1,12]

Our last few questions are to help group your responses.

Have you been diagnosed with any of the following?
<[PHONE](Interviewer: Read list – select all that apply)[ELSE]Please read each item in the list and select each one that applies>

Stroke	1

Heart disease	2
Hypertension	3
Depression	4
Diabetes	5
Obesity	6
Hearing loss	7
Traumatic Brain Injury	8
High cholesterol	9
Other (Please specify):	77
None of the above	97
Don't know	98
Prefer not to answer	99

QEDUC

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

Grade 8 or less	1
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

DICQ45

Which of the following best describes the place where you live now?

<[PHONE](Interviewer: Read list)>

Large centre with 100,000 or more residents	1
Medium centre with 30,000 to 100,000 residents	2
Small centre with 1,000 to 30,000 residents	3
Rural area with under 1,000 residents nearby	4
Remote area (isolated from other communities)	5
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

DICQ39 [1,8]

Do you consider yourself to be any of the following?

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

Hispanic	2
Black	3
South Asian, such as Pakistani, Indian, Sri Lankan, etc.	4
Southeast Asian such as Chinese, Vietnamese, Korean, etc.	5
A member of another visible minority or racialized community that is non-Caucasian (Please specify) :	77
None of the above	98
Prefer not to answer	99

Q24

Do you consider yourself to be an Indigenous or Aboriginal person?

Yes	1
No	2
Prefer not to answer	99

Q25

Which of the following best describes you? 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

DISCQ46

What is your gender?

This refers to the gender that you identify with which may be different from sex assigned at birth and may be different from what is indicated on legal documents.

Man	1
Woman	2
Other gender identity :	77
Prefer not to answer	99

NEWQ27 [1,10]

Do you belong to any of the following sexual and gender diverse communities?
<[PHONE](Interviewer: Read list – select all that apply)[ELSE]Please read each item in the list and select each one that applies>

Two-spirit	5
Lesbian	2
Gay	3
Bisexual	4
Transgender	6
Queer	7
Intersex	8
Other (Please specify):	77
No	98
Prefer not to answer	99

QETHN [1,18]

Other than Canadian, 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]Please read each item in the list and select each one that applies>

British (e.g., English, Scottish, Irish, Welsh, etc.)	1
French (e.g., 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
Aboriginal/Indigenous (e.g., Ojibway, Iroquois, Cree, etc.)	13
American (general mention)	14
African (e.g., Nigerian, Somali, etc.)	15
Other (Please specify):	77
None	98
Prefer not to answer	99

THNK

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

THNK2

<[AQAGEX = 2007 or (AQAGEX = 2006 and QAGEA = 2,99) or (QAGEX = 9999 and QAGEY = 1,99)]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.>