

# THE CORPORATION OF THE CITY OF VERNON

# MEMORANDUM

TO:

Patti Bridal, Chief Administrative Officer

**FILE:** 6460-10

PC:

Roy Nuriel, Acting Manager, Planning

**DATE:** March 31, 2023

FROM:

Barbara Everdene, Long Range Planner

SUBJECT: PUBLIC HEALTH AGENCY OF CANADA DEMENTIA STRATEGIC FUND GRANT

On April 8, 2022, Administration and the Vernon Seniors Action Network (VSAN) applied for a grant from the Dementia Strategic Fund, managed by the Public Health Agency of Canada (PHAC). This Fund offered potential resources to build on the existing budget allocated to implementing Age and Dementia Friendly Planning for the City of Vernon. Our initial proposal was entitled *Addressing Dementia Stigma (ADS) and Inclusiveness in Small Rural Communities*, and involved two major activities: 1) Designing and delivering an innovative media campaign to reduce stigma around dementia and raise awareness on fostering an inclusive and dementia friendly City; and 2) Enriching and extending the City's work on age and dementia friendly community planning (see Attachment 1 for the grant application).

On February 22, 2023, formal approval of our proposal was received from PHAC (Attachment 2), for a grant implementation timeline of April 1, 2023 to March 31, 2024 and a budget of \$184,710. The revised proposal involves retaining two research partners: University of British Columbia's Institute for Community Engaged Research (Attachment 3) and Simon Fraser University's Department of Gerontology (Attachment 4) to help design the dementia stigma reduction campaign and then evaluate the impact on the community.

This grant offers an exciting opportunity for the City of Vernon to support the community development work of the Vernon Seniors Action Network and to leverage the expertise of multiple partners to develop innovative resources customized to Vernon's needs. Through the sharing of knowledge resources, the project will also profile Vernon's experience and accomplishments to a national audience.

### **RECOMMENDATION:**

THAT Council authorizes Administration to expend up to \$184,710 for the Public Health Agency of Canada (PHAC)'s grant from its Dementia Strategic Fund to enrich and extend the City's collaborative work with the Vernon Seniors Action Network in creating and implementing an Age and Dementia Friendly Community Plan as outlined in the memorandum titled "Public Health Agency of Canada Dementia Strategic Fund Grant" dated March 31, 2023 and respectfully submitted by the Long Range Planner.

Respectfully submitted:

Barbara Everdene Long Range Planner

Attachment 1 - City of Vernon Dementia Strategic Fund Application

Attachment 2 – PHAC Approval Notification

Attachment 3 – Letter of Support from UBC

Attachment 4 – Letter of Support from ICER

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### **DEMENTIA STRATEGIC FUND: AWARENESS RAISING INITIATIVES**

**INVITATION TO SUBMIT A FUNDING REQUEST (ISFR)** 

and

**FUNDING REQUEST FORM** 



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Agence de la santé publique du Canada

# **Invitation to Submit a Funding Request**

### **Dementia Strategic Fund: Awareness Raising Initiatives**

### INTRODUCTION

### Purpose

The Public Health Agency of Canada (PHAC) is pleased to invite you to submit a funding request under the Dementia Strategic Fund (DSF): Awareness Raising Initiatives, which aims to raise awareness of actions that can be taken to help prevent dementia, reduce dementia-related stigma, and encourage and support communities to become more dementia-inclusive.

Applicants may request funding of up to \$375,000 for fiscal year 2022-2023 (beginning in September 2022) and up to \$341,000 for the remaining 12 months of funding (2023-2024). The total maximum funding available over the two fiscal years is \$716,000.

The application process requires the completion of a Funding Request Form. Completed forms must be submitted via email no later than 12:00PM EST April 8, 2022 to: cgc.solicitations-csc@phacaspc.gc.ca. The maximum length for Part B of the proposal is 30 pages, single-spaced, in size 12 font. The required format is Microsoft Word. Applicants must only submit the completed Funding Request form (including the documents identified in the checklist on page 8), the Excel budget sheet and letters of support. Supplementary materials will not be reviewed or accepted. Receipt of your proposal will be acknowledged via email. Please ensure that your email address is included in your application.

Contribution agreements for Dementia Strategic Fund: Awareness Raising Initiatives are expected to be finalized by Fall 2022.

### Description of funding program

To contribute to the implementation of Canada's first national dementia strategy: A Dementia Strategy for Canada - Together We Aspire, the Dementia Strategic Fund is supporting projects to raise awareness among Canadians on three priorities:

- prevent dementia
- reduce dementia-related stigma
- encourage and support communities to become more dementia-inclusive

Dementia is a term used to describe symptoms affecting brain function. It may be characterized by a decline in cognitive abilities such as: memory; planning; judgement; basic math skills; and awareness of person, place and time. Dementia can also affect language, mood and behaviour, and the ability to maintain <u>activities of daily living</u>. It is estimated that almost 452,000 Canadians over the age of 65 were living with diagnosed dementia in Canada between April 2017 and March 2018, almost two-thirds of whom were women. Canada's population is aging and, as a result, the number of Canadians living with dementia is expected to rise. Statistics show that 0.8% of Canadians aged 65-69 years are diagnosed with dementia, compared to 31.5% of those aged 90 years and older.

Level of education, hearing loss, hypertension, obesity, smoking, depression, physical inactivity, social isolation, diabetes, excessive alcohol consumption, head injury, and air pollution are factors that, if

acted on, may reduce the risk of developing dementia and prevent or delay approximately 40% of cases of dementia worldwide. Other risk factors currently being explored include diet and changes in cholesterol.

For those living with dementia, stigma can result in barriers to care and support and reduce participation in activities that support quality of life. In addition, people living with dementia can face numerous challenges accessing services, remaining engaged in their communities and continuing to work while still able.

Applicants must clearly indicate how their proposal will result in progress on at least one of the priorities mentioned above. Applicants are also encouraged to be precise in noting their expected reach to populations identified as being likely to be at higher risk of developing dementia and/or facing barriers to equitable care, including Indigenous peoples, those with intellectual disabilities, older adults, women, those with existing health issues, those that identify as LGBTQ2+, ethnic and cultural minority communities, those with young onset dementia, those living in rural and remote communities, and those living in official language minority communities.

Proposals must clearly outline their plans for the inclusion of people living with dementia and, if appropriate, dementia caregivers in the development and implementation of awareness raising initiatives focused on stigma reduction and dementia-inclusive communities, including plans to compensate as appropriate to facilitate participation.

Consideration may also be given to the inclusion of people living with dementia and/or caregivers in the development and implementation of awareness raising initiatives focused on prevention, though the level of engagement is expected to vary according to the scope and focus of the project.

Please note that projects with a primary focus on access to and/or the delivery of services or programs to, for example, prevent, diagnose or treat dementia or to improve dementia care (including supports for caregivers) will generally be considered outside the scope of this funding opportunity.

In addition, projects requiring a payment or fee for service to access knowledge, resources or other benefits of the project, either during or beyond the funding period, are not eligible. See page 6 for further information about ineligible expenditures.

Projects must also clearly align with the following Dementia Strategic Fund principles:

- demonstrate multi-sectoral partnerships and collaboration;
- incorporate a health equity lens;
- be consistent with Canada's international and domestic commitments on dementia and human rights, and the principle of "Respect Human Rights" as described in the national dementia strategy;
- demonstrate that the proposed initiative is evidence-based;
- be results-based, designed to track progress and capture lessons learned, and
- demonstrate that activities and deliverables are developed in ways that are relevant, culturally
  appropriate and culturally safe for project audiences and beneficiaries.

### ELIGIBILITY

Applicants to the Dementia Strategic Fund: Awareness Raising Initiatives program must clearly demonstrate how their funding requests meet the Eligibility criteria

### 1. Eligible organizations

Only applicants based in Canada who fall under the following categories may be considered for funding:

- Canadian not-for-profit voluntary organizations and corporations;
- · for profit organizations provided they partner with a not-for-profit organization;

- unincorporated groups, societies and coalitions;
- provincial, territorial, regional, municipal governments and agencies;
- organizations and institutions supported by provincial and territorial governments (regional health authorities, schools, post-secondary institutions, etc.);
- Indigenous organizations working with First Nations, Inuit, and / or Métis

Only the lead Canadian organization may apply for funding under this solicitation process. However, partnerships between organizations with complementary areas of expertise are strongly encouraged, as are projects involving partnerships that span more than one province / territory.

**Important Notice:** It is important that any recipient corporation remain in good standing under the laws under which they were incorporated. In other words, a recipient must be and remain in compliance with the requirements of the legislation under which it was incorporated (federal or provincial/territorial), including under the <u>Canada Not-for-Profit Corporations Act</u> that governs internal affairs of federal not-for-profit corporations.

### Eligible and Ineligible Expenditures

### **ELIGIBLE EXPENDITURES**

Eligible expenditures are costs directly related to approved projects such as personnel, travel and accommodation, material and supplies, equipment, rent, utilities, and performance measurement/evaluation. Reimbursement by PHAC will be based on actual expenditures incurred.

### Personnel

- Project staff salaries and wages
- Employer's contribution to extended employee group benefits plans (dental, medical, pension benefits, RRSPs) by virtue of the collective agreement or letter of employment, combined with statutory benefits for each employee
- -Extended benefits must be offered to all part-time employees under the collective agreement or letter of employment, not solely for staff involved in PHAC agreements
- -If benefits are higher than 20%, a copy of the collective agreement or letter of employment is required as justification
- Contractor fees (trainers, consultants, nutritionists, translation services etc.)

### **Travel and Accommodation**

 Expenses for project activities such as private vehicle mileage, air, train or bus fares, project-related meals, and accommodation costs are all eligible

Note: Kilometric rates, meals and other travel related expenses must not exceed those allowed under National Joint Council Travel Directive. See link for rates: <a href="http://www.njc-cnm.gc.ca/directive/d10/v238/en">http://www.njc-cnm.gc.ca/directive/d10/v238/en</a>

### **Materials and Supplies**

- Office supplies
- Printing
- Postage

### Equipment

- Office/Project equipment such as computers
- Equipment for adults with special needs, etc.

Note: Cost effectiveness should be considered when deciding whether to purchase or rent

### Rent

- Actual rental costs incurred and substantiated by a rental/lease agreement
- Cost incurred to rent space for off-site meetings, conferences, training (if space not available at project location)

### Utilities (if not included in the rental agreement)

- Telephone, electricity, heating, etc.
- Property maintenance costs based on the square footage used for the project or other acceptable methods

### Performance Measurement/ Evaluation

Fees for a third-party evaluation, data collection and analysis

### Other

- Actual project expenses that do not fit in the previous budget categories
- Bank charges
- Training of staff and volunteers
- Membership fees when directly related to the project
- Other indirect prorated costs portions related to the project
  - auditor fees
  - insurance fees
  - liability insurance (including for Board Members)

Note: Non-reimbursable sales taxes must be included in all budget expenses, not as a separate item in this category

### **INELIGIBLE EXPENDITURES**

### Personnel

- Statutory and extended benefits exceeding the 20% ceiling not included in employee group benefits plans by virtue of employment/labour agreement or equivalent (dental, medical, pension benefits, RRSPs)
- Performance pay (bonus)
- Severance/separation/termination payments
- Maternity leave (including top up portion not covered under EI)
- Compensation during extended absence

### **Travel and Accommodation**

Travel and hospitality expenses that exceed the National Joint Council rates

### **Materials**

Rental charges for use of recipient-owned equipment (i.e., computers)

### Rent

Rental costs claimed for property/space owned by or donated to the recipient

### **Other**

- Capital costs such as the purchase of land, buildings, or vehicles
- Direct services which are part of the jurisdiction of other governments, (e.g., medical treatment and services)
- Costs of ongoing activities for the organization (not directly related to the funded project)

- Overhead/administrative fees expressed as a percentage of ongoing operational support of an organization
- Stand-alone activities (a "stand-alone activity" would be considered as such when there is no program intervention with project audiences and/or beneficiaries, etc.), such as:
  - audio visual production or website/smartphone application development and maintenance
  - conferences, symposia, and workshops as stand-alone projects
- Profit-making activities, including any "fee for service" activities, such as educational events, workshops, resources or applications offered by the recipient that would require a payment from project audiences and beneficiaries to access, use, register or participate
- Pure research in any discipline (Pure research is original investigation undertaken to gain new scientific or technical knowledge and understanding, but without specific applications)

Note: Project activities should not be undertaken or expenses incurred prior to the signing of a funding agreement by all parties.

### DEADLINE FOR SUBMISSION: Received by April 8, 2022 at 12:00 pm EST

PHAC will not accept funding requests that are received after the deadline.

Full proposals must be completed using PHAC's template in order to be considered for funding.

Send your completed funding request by e-mail to: <a href="mailto:cgc.solicitations-csc@phac-aspc.gc.ca">cgc.solicitations-csc@phac-aspc.gc.ca</a>. with a CC to <a href="mailto:phacdementiapolicyaspcpolitiquessurlademence@phac-aspc.gc.ca">phacdementiapolicyaspcpolitiquessurlademence@phac-aspc.gc.ca</a>.

PHAC will acknowledge receipt of your funding request within 10 business days.

### PROTECTED WHEN COMPLETED

# **Funding Request Form**

# **Dementia Strategic Fund: Awareness Raising Initiatives Checklist** You need only submit the Funding Request Form. If this application is incomplete or not relevant to the ISFR, it will not be considered. Your funding request package must include the following: Mandatory Completed original Funding Request Form signed by an authorized representative of your organization Completed Detailed Budget and Budget Justification Form found in Tabs 1 and 2 of the Excel spreadsheet provided Evidence of your organization's eligibility, for incorporated organizations: e.g., copy of your status certificate, incorporation documents (patent letters) or articles of Incorporation. For unincorporated organizations: Terms of Reference or governance structure, provincial/territorial papers or Board of Director's list (for example: for schools, Colleges, Universities and Hospitals: provide the organizations' By-Laws) Copy of documentation confirming status of funding from other sources, if applicable Copy of employment/labour agreement or equivalent, if applicable $\Box$ Copy of rental/lease agreement, if applicable Audited financial statements Organization's most recent annual report Official signed letter from your organization agreeing to support the project Letters of support from your partner organizations stating how they will contribute to the project

The personal information that you provide is protected and governed in accordance with the Privacy Act and collected under the authority of the Department of Health Act (1996), and the Public Health Agency of Canada Act (2006). The Public Health Agency of Canada's (PHAC) Grant and Contribution Programs will only collect information needed to assess and facilitate your funding request application.

**Purpose of Collection:** We may use your personal information to contact you to clarify aspects of your Invitation to Submit a Funding Request (ISFR) application, acknowledge your application, review, assess, process your application and take note of your knowledge and acceptance of the conditional requirements should your organization receive funding under grant and contribution programs. Personal information associated with grants and contributions may be shared with senior officials and

officials in the Minister's Office when there is a requirement for reporting on financial activity associated with grants and contributions. Your personal information may be shared with external PHAC ISFR funding evaluators in order to review and assess your solicitation submission. Refusal to provide personal information may result in the rejection of your funding request application.

Other uses or disclosures: In limited and specific situations, your personal information may be disclosed without your consent in accordance with subsection 8(2) of the Privacy Act.

**For more information:** The class of personal information that describes the personal information used for grant and contribution programs is described in the section Transfer Payment Programs for Organizations in Health Canada's Info Source, available online at info-source.gc.ca.

**Your rights under the Privacy Act:** In addition to protecting your personal information, the Privacy Act gives you a right of access to, correction and protection of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner of Canada regarding PHAC's handling of your personal information.

For more information about these rights, or about our privacy practices, please contact the Privacy Management Division at <a href="mailto:phac.privacy-vie.privée.aspc@canada.ca">phac.privacy-vie.privée.aspc@canada.ca</a>.

# **Funding Request Form**

# **Dementia Strategic Fund: Awareness Raising Initiatives**

### **Instructions to Applicants**

This funding request must be completed in full by all applicants. Ensure that you follow the instructions below:

- Type your responses within this template when developing your funding request.
- Type single-spaced and use Times New Roman, font size 12.

| Note: The functionality of the Detailed Budget requires the use of the Word and Excel 2010 software.  |  |   |  |  |  |
|---|--|---|--|--|--|
| SECTION 1 Organizational Information  |  |   |  |  |  |
| Language of Correspondence Preferred  | X English  | ☐ French                                |  |  |  |
| b. Legal Name of Lead Organization in Fre   | <ol> <li>a. Legal Name of Lead Organization: City of Vernon</li> <li>b. Legal Name of Lead Organization in French (if applicable): N/A</li> <li>c. Operating Name of Lead Organization (if different from Legal Name): N/A</li> <li>d. Business Number: N/A</li> </ol> |   |  |  |  |
| <ul><li>3. Size of Lead Organization</li><li>a. Number of employees: 319 Full Tit</li><li>b. Annual budget: \$94,808,731</li></ul>  | me Equivalent  |   |  |  |  |
| 4. Mailing Address:<br>3400 30 Street, Vernon, BC V1T 5E6   | 5. Courier A address)  | Address (if different than mailing<br>: |  |  |  |
| 6. Lead Organization official website address   | s: www.vernon.ca   |   |  |  |  |
| 7. Name of Executive Director or President:<br>Mayor: Victor Cummings; Chief Administr  | <ol> <li>Name of Executive Director or President:<br/>Mayor: Victor Cummings; Chief Administrative Officer: Will Pearce</li> </ol>   |   |  |  |  |
| 8. Project Contact Person and Title (if different   | from above): Barbara E   | verdene, Long Range Planner             |  |  |  |
| 9a. Contact's Mailing Address (if different from above):  9b. Telephone No.: 250.550.3582  Extension: Cell: 250.540.3425  9c. Fax No.: 250.545.5309   |  |   |  |  |  |
| 9d. E-mail Address: beverdene@vernon.ca   |  |   |  |  |  |
| 10. If the lead organization is located in the province of Quebec, refer to the Act Respecting the Ministère du Conseil Exécutif found on the Secrétariat aux affaires intergouvernementales Canadiennes site. Indicate whether your organization corresponds to one of the following categories defined in Section 3.6.2 of the Act: |  |   |  |  |  |
| Municipal body ☐ Yes ☐ No   |  |   |  |  |  |

PART B

|  |   |              |                                      | raki b  |  |
|--|---|--------------|--------------------------------------|---|--|
|  | School body                             | ☐ Yes        | □ No                                 |   |  |
|  | Public body                             | ☐ Yes        | □No                                  |   |  |
| SECTION 2  | Amounts Owing                           | to the Go    | vornmon                              | t of Canada   |  |
| Does the lead organization owe any monies to the Government of Canada  If yes, complete the following: |   |              |                                      |   |  |
| Amount Owing   | Nature of the Amo<br>penalties, overpay | •            |                                      | Name of Government Department or Agency to which the Amount is Owed |  |
| \$   |   |              |                                      |   |  |
| \$   |   |              |                                      |   |  |
| \$   |   |              |                                      |   |  |
|  | ,                                       |              |                                      |   |  |
| SECTION 3  |   | Previous I   |                                      |   |  |
| <ol> <li>Has the lead organiz<br/>contributions) withir</li> </ol>                                     |   | _            | he Gover<br>]X Yes                   | nment of Canada (grants or  |  |
| Note: The list below may be  | used as a reference ch                  | eck.         |                                      |   |  |
| Name of Department an<br>Program   | d Funding Program                       | n: Infrastru | cture Can                            | nada / Investing in Canada Infrastructure                           |  |
| Contact: Eric Bracke   |   |              | Project Start Date: February<br>2022 |   |  |
| Title: Project Coordinator, Bus Shelters   |   |              | Project End Date: December 31, 2022  |   |  |
| Telephone No.: 250-883-0128  |   |              | Amount: \$ 25,804.00                 |   |  |
| E-Mail Address: ebracke@bctransit.com  |   |              | Project Title: Transit Shelters      |   |  |
| Name of Department an  | d Funding Program                       | n:           |                                      |   |  |
| Contact:   |   |              | Project Start Date:                  |   |  |
| Title:   |   |              |                                      | Project End Date:   |  |
| Telephone No.:   |   |              |                                      | Amount: \$  |  |
| E-Mail Address:  |   |              | Project Title:                       |   |  |
| Name of Department an  | d Funding Program                       | 12           |                                      |   |  |
| Contact:   |   |              | Project Start Date:                  |   |  |
| Title:   |   |              | Project End Date:                    |   |  |
| Telephone No.:   |   |              | Amount: \$                           |   |  |
| E-Mail Address:  |   |              | Project Title:                       |   |  |
| Name of Department and   | d Funding Program                       | :            |                                      | \$1   |  |
| Contact:   |   |              |                                      | Project Start Date:   |  |
| Title:   |   |              | Project End Date:                    |   |  |

| Telephone No.:  | Amount: \$     |
|-----------------|----------------|
| E-Mail Address: | Project Title: |

| SECTION 4 Project Information   |                                  |  |  |  |
|---|----------------------------------|--|--|--|
| 1. Project Title: Addressing Dementia Stigma (ADS) and Inclusiveness in Small Rural Communities                   |                                  |  |  |  |
| 2a. Planned Project Start Date: Fall 2022 2b. Planned Project End Date: Fall 2024                                 |                                  |  |  |  |
| 3a. D   | Ouration of Project (months): 24 | 3b. Total Amount Requested: \$370,020.00 |  |  |
| Project applies to the following Dementia Strategic Fund priorities (check all that apply):      Prevent dementia |                                  |  |  |  |
| X Reduce dementia-related stigma  |                                  |  |  |  |
| X Encourage and support communities to become more dementia-inclusive   |                                  |  |  |  |

### SECTION 5

Provide a detailed explanation of how your organization is well-equipped and prepared to undertake the proposed project successfully.

a) Outline the capacity of your organization and any partner organizations in terms of content expertise, including: years and nature of experience in the fields of dementia, health promotion, knowledge translation and/or awareness raising; experience working with people living with dementia; and / or past involvement (either as a lead organization or a collaborator) with similar projects.

**Capacity of Lead Organization** 

The City of Vernon proposes to lead a collaboration-based implementation model, drawing on the expertise of multiple partners. The City will provide the project management, leadership, credibility, visibility and broad-based platform for outreach that will make a community-wide campaign on dementia inclusiveness successful.

The City will draw on its partner, the Vernon Seniors Action Network (VSAN), for specialized knowledge and expertise in dementia research and experience working with people living with dementia. VSAN is a coalition of local and provincial organizations with an Age and Dementia Friendly Committee. This Committee is comprised of representatives from provincial health services (Interior Health), NexusBC, the Alzheimers Society of BC and Dementia Alliance International. VSAN is experienced in conducting and evaluating awareness raising activities on public health issues for seniors, hosting an annual Seniors Fair to promote health and wellness initiatives. The Alzheimers Society of BC and Dementia Alliance International bring dementia awareness expertise and access to the target population(s) which the project intends to reach. Among other initiatives, the Alzheimer's Society of B.C. has implemented a successful Dementia-Friendly City Train the Trainer program, which instructs front-line municipal staff on how to deliver dementia education to staff and volunteers in their workplace.

In particular, Vernon resident and dementia advocate Christine Thelker will assist in engaging people living with dementia and caregivers in project development, design and implementation. Ms. Thelker has lived experience of dementia, has published a memoir, "For this I am Grateful: Living with Dementia", and recently was honored with the 2021 Richard Taylor Advocates Award for her work as a dementia advocate. Finally, we anticipate retaining the services of Marian Larson, who has specialized expertise in dementia-inclusive community planning; professional marketing and media services for campaign design and communications assets; and, a research partner who can assist in validating the effectiveness of our dementia inclusiveness campaign.

a) Outline your organizational capacity in terms of how it will support the successful and on-time implementation of this project. This may include the experience and skills of those leading the project, governance structures, financial stability, and administrative and project management capacity.

The Long Range Planning and Sustainability department at the City of Vernon is the City liaison to the Vernon Seniors Action Network. Department Manager Laurie Cordell and Long Range Planner Barbara Everdene, both registered professional planners, will provide administrative and project management support to this project. Pam Myers, Executive Director of NexusBC, will be the VSAN administrative counterpart. The City and VSAN will appoint a Project Steering Committee to advise on the implementation of the project and make recommendations to City Council. City Council will provide governance for all decisions respecting City-led actions.

### **Assessment Criteria Section 5**

 The content expertise and organizational capacity described is sufficient to successfully undertake the proposed project.

### **SECTION 6**

### **Description of the Project**

Provide a detailed overview of the project that clearly links its activities to expected outcomes and one or more of the three DSF: Awareness Raising Initiatives priorities: prevent dementia; reduce stigma; and, encourage and support communities to be more dementia-inclusive.

The proposal should demonstrate an in-depth awareness and understanding of recent and current similar initiatives within Canada or internationally, and substantiate the identification of gaps the project is intended to fill, noting how it will complement, build on, and/or differ from recent and current initiatives.

 a) Provide a full description of all project activities including details of how the activities will be carried out.

This project proposes two main activities: (1) to raise community awareness and skill levels to reduce dementia-related stigma and promote inclusion through an innovative, community-centred social marketing campaign in the City of Vernon, and (2) to sustain inclusiveness through the preparation of a Dementia Friendly Community Plan.

Through understanding the needs of people living with dementia and working with professional media experts and a health research partner, we will test the effectiveness of new marketing approaches, towards promoting a successful model that communities across Canada can replicate at the ground level. We will then create a Dementia-Friendly Community Plan for the City of Vernon that will make recommendations for wayfinding, safety corridors, emergency preparedness, sidewalk enhancements, park enhancements, and social marketing to make our community as dementia-inclusive as possible.

Our community has the critical elements in place to make this project timely and successful. We have an aging population with an above-average complement of seniors in our community and a correspondingly high incidence of dementia. We also have a collaborative, multi-sectoral platform already in place hit the ground running with outreach, including an international dementia advocate with experience in dementia awareness activities (Christine Thelker). Finally, we have the means of institutionalizing the findings from this project into long term local planning investments and national research objectives. Should our application be successful, we hope to bring into the project the University of British Columbia's Faculty of Health and Social Development / School of Social Work as a research partner. Finally, we propose to publish multi-media, how-to learning resources in both official languages to inspire and support other municipalities in Canada to pursue similar goals.

The table below provides an overview of the primary project activities and how the activities will be carried out. For further details, refer to the workplan in Section 11.

| Activity Description How the Activity will be Undertaken and Expected Outcome(s) |   |
|--|---|
| Confirm Partners and   | City of Vernon and VSAN's Age and Dementia Friendly Committee will            |
| Launch Project   | identify social marketing and research partners and launch a Project Steering |
| Steering Committee   | Committee with terms of reference, regular meeting schedule and workplan      |

| Engage Vernon residents with lived experience of dementia  | Design dementia appropriate engagement opportunities with those with lived experience, families and caregivers to understand needs, challenges and aspirations for inclusive community development. Identify individuals with an interest in sharing their stories.  |
|--|--|
| Confirm dementia<br>stigma reduction and<br>inclusiveness<br>outcomes, messages  | With support from academic research partners and specialists, determine key outcomes and messages to shape a social marketing campaign that educates and addresses stigma. Engage people with lived experience of dementia in testing outcomes and messages.   |
| Baseline survey of dementia stigma and awareness   | Survey (a) people living with dementia, family and caregivers on their experience of dementia stigma and inclusiveness in Vernon and (b) the general public to create a pre-project baseline for later comparison.   |
| Develop innovative<br>social marketing<br>campaign   | Work with marketing and research partners to design a campaign, communications materials and online and in person events. Ensure that engagement opportunities throughout the campaign also meet research objectives. Create A, B, C tests to determine which communications tools and messages are most effective. Engage community leaders with personal experience with dementia as local "influencers" to share messages.                    |
| Engage people living with dementia in inclusive community planning   | Provide community workshop on Dementia Friendly Community Planning with hands-on engagement and consultation activities for people with lived experience. This may include walkabouts and site visits to public spaces to assess accessibility and safety, and help identify key areas for safety corridors. Present results to City Council with recommendations.   |
| Create a Dementia<br>Friendly Community<br>Plan  | In partnership with City of Vernon staff, produce a multi-year plan that includes a set of objectives, policies and recommendations to support and achieve dementia-inclusiveness for the City of Vernon, including ongoing awareness and educational activities for the community.  |
| Assess the impact of<br>the project in a<br>participatory manner   | Conduct a post project survey and focus group engagement with people living with dementia, family and caregivers and the general public to determine changes in dementia awareness and understanding. Celebrate participation and the approval of a Dementia Friendly Community Plan.  |
| Create a "blueprint"<br>resource manual,<br>toolkit and video and<br>identify Ambassadors<br>to share lessons<br>learned | Produce in both French and English resource materials to package and share the stories, campaign materials, step-by-step process, governance and partnership approaches and lessons learned. Resource materials will highlight the engagement and experiences of people with lived experience of dementia, their families and caregivers. Identify and mobilize project Ambassadors to share results at conferences, workshops and other events. |

b) Clearly link project activities and expected outcomes with DSF: Awareness Raising Initiatives priorities and principles, as outlined in the Invitation to Submit a Funding Request (Part A). This includes the rationale, evidence and citations supporting the choice of activities for achieving each of the project's short, medium and long-term outcomes, as well as related research evidence/statistics and the results of previous related project evaluations (if applicable). Please note that the rationale for the choice of project audiences and beneficiaries will be discussed in Section 7.

| Activity  | Expected Outcomes   |  | Rationale  |  |
|---|---|--|--|--|
| Activity  | Short   | Medium   | Long Term  | Kationale  |
| Confirm partners<br>and launch<br>Project Steering<br>Committee | Shared expertise,<br>good governance<br>for project<br>implementation | Capacity building<br>and strengthened<br>relationships<br>between local<br>service providers | Enhanced multi-<br>sectoral<br>partnerships and<br>collaboration<br>among agencies | Collaborative<br>approaches share<br>knowledge and<br>resources towards<br>better outcomes |

|   |   |   |  | 111111  |
|---|---|---|--|---|
| Engage Vernon<br>residents with<br>lived experience<br>of dementia,<br>families and<br>caregivers         | Understanding of<br>needs, priorities<br>and goals of those<br>with lived<br>experience   | Capacity building of people living with dementia to be advocates and educators in the community           | People living with dementia have ongoing meaningful roles in community ed and planning                               | Project design is<br>best led by the<br>needs and goals<br>of people with<br>lived experience     |
| Confirm dementia<br>stigma reduction<br>and inclusiveness<br>outcomes and<br>messages                     | Outcomes and<br>messages are<br>selected that shift<br>perceptions<br>around dementia   | Outcomes and<br>messages are<br>selected that shift<br>behaviours<br>around dementia                      | Outcomes and<br>messages inform<br>dementia friendly<br>community<br>planning goals                                  | Outcomes and<br>messages address<br>attitude and<br>behavior change<br>in appealing ways          |
| Baseline survey of dementia stigma and awareness  | Understanding of<br>the current<br>situation  | Understanding<br>whether project<br>activities have had<br>useful results                                 | Understanding areas of growth, opportunities, resistance and challenges  | A baseline study<br>offers a reliable<br>snapshot of the<br>current situation<br>for comparison   |
| Develop<br>innovative social<br>marketing<br>campaign   | Social marketing content, events and tactics raise the profile of dementia stigma & inclusiveness                                 | Social marketing content, events & tactics challenge dementia stigma and educate on inclusiveness         | Social marketing content, events and tactics transform stigma and build inclusiveness                                | Social marketing delivers attitude and behavior change messages in an appealing and effective way |
| Engage people living with dementia in inclusive community planning  | Understanding of<br>needs, priorities<br>and goals of those<br>with lived<br>experience   | Capacity building of people living with dementia to be advocates and educators in the community           | People living with<br>dementia have<br>ongoing<br>meaningful roles<br>in community ed<br>and planning                | Participatory<br>planning produces<br>a better process<br>and better plan<br>outcomes             |
| Create a<br>Dementia Friendly<br>Community Plan   | Plan identifies<br>priorities for<br>social and physical<br>investments to<br>support people<br>with dementia                     | Plan obtains<br>resources for<br>social and physical<br>investments to<br>support people<br>with dementia | Plan drives<br>implementation<br>of social, physical<br>investments to<br>support people<br>with dementia            | Community planning institutionalizes, resources and sustains dementia inclusiveness               |
| Assess the impact of the project  | Participatory<br>evaluation<br>provides sound<br>evidence on what<br>worked well  | Participatory evaluation builds capacity for ongoing M&E and adaptation                                   | Learning by doing and adaptation ensures Plan is responsive to changing needs  | Estimation of project results are based on measurement and evidence                               |
| Create a "blueprint" resource manual, toolkit and video and identify Ambassadors to share lessons learned | Project resources<br>and lessons<br>learned are<br>compiled in a<br>user-friendly<br>package and by<br>experienced<br>Ambassadors | Project resources<br>and lessons<br>learned are well<br>understood and<br>shared widely                   | Project resources<br>and lessons<br>learned motivate<br>action and<br>stimulate new<br>ideas in other<br>communities | Other<br>communities can<br>benefit from the<br>resources &<br>lessons of this<br>project         |

c) Clearly describe how the project complements, ties into, or builds on other similar and relevant initiatives in Canada and internationally. Describe in detail the gaps this project will address and how your proposed project will help in filling these gaps.

Our proposal is based on an in-depth understanding of recent and current similar initiatives internationally, while seeking to create a made-in-Canada, community-based approach that draws on the power of municipal leadership to address stigma and promote dementia-inclusiveness.

Global efforts on dementia inclusiveness have been primarily focused at the national level. Efforts in Canada are guided by the Dementia Strategy for Canada. An excellent Canadian example is the <a href="Dementia Friendly Canada">Dementia Friendly Canada</a> project funded by the Public Health Agency of Canada. In Europe, national campaigns have focused on specific themes. For example, Belgium has promoted citizenship and rights for those living with dementia, while the Netherlands has focused on dementia-inclusive training for employees in public transport (source: 2021 Alzheimer Europe Yearbook). Perhaps the most well-known strategy for dementia inclusiveness is Japan's Orange Plan, which since 2015 has promoted dementia inclusiveness alongside a holistic healthcare delivery model. The Orange Plan involves municipalities in raising awareness on dementia and uses innovative approaches such as distributing iron-on stickers with QR codes, cafes and drop-in centres for people living with dementia and their families, and training volunteer dementia supporters who wear orange bracelets and take part in neighborhood patrols.

Australia has piloted a successful joint initiative to promote dementia inclusiveness at the community level. The Municipal Association of Victoria and Alzheimer's Australia partnered with a university research partner and health services organization to implement the <a href="Changing Minds project">Changing Minds project</a>. The project brings together local organizations to educate the community, and make the physical environment, social engagement opportunities, and information more accessible.

There have been several exceptional awareness campaigns on dementia awareness that will be drawn on for inspiration, such as Dementia Friendly Canada, #sharetheorange (UK), <a href="the Alzheimer's Billboard">the Alzheimer's Billboard</a>, and others summarized in this article: <a href="https://www.thedrum.com/opinion/2017/09/21/10-adverts-alzheimer-s-awareness-will-make-you-cry">https://www.thedrum.com/opinion/2017/09/21/10-adverts-alzheimer-s-awareness-will-make-you-cry</a>. Many of these initiatives have been focused on an urban audience.

Our project will seek to learn from the experiences of the above-mentioned projects while developing a made-in-Canada approach that speaks to the diversity and needs of Canadians living with dementia in small, rural communities and brings back key resources and lessons learned to a Canadian audience.

- d) For initiatives to raise awareness of actions that can be taken to help reduce stigma and encourage and support communities to become more dementia-inclusive, describe in detail your approach to recruit and meaningfully engage people living with dementia and caregivers including:
  - how you will identify and meaningfully engage them
  - on what aspects of your project will they be engaged

Our project design is centered on the participation and engagement of people living with dementia and caregivers, who will be invited to participate in project governance, research and evaluation, and community education and planning initiatives. Refer to the table in Section 6 b) for more details. The project will offer a variety of potential roles and options for people living with engagement and caregivers to engage in a way that is comfortable and appropriate to their needs and interests.

At the governance level, the Vernon Seniors Action Network's Age and Dementia Friendly Community Committee has a member living with early-onset dementia (Christine Thelker), a member that is a caregiver for a person with dementia, a member who recently lost a family member to Alzheimers, and a staff member of the Alzheimers BC Society. These members are a core part of the VSAN coalition and would form part of the Project Steering Committee should this application be successful.

The project will have access to specialized expertise on effective community engagement for people living with dementia, family and caregivers, including trainers from the Alzheimers Society of BC. The project will seek an academic research partner who can provide specialized expertise in best practices and project evaluation. Our VSAN member Christine Thelker (noted above) is an active advocate for dementia inclusiveness, a host and co-host for support groups and webinars, and will be a valuable source of expertise in engaging people with dementia in this project. Dementia Friendly Community consultant Marian Larson will bring specialized expertise in community planning.

Our existing platform for collaboration through the Vernon Seniors Action Network will enable the project to reach people living with dementia, families and caregivers. We have two Caregiver Groups in our community. One group is sponsored by the Alzheimers Society of BC, and a second group is sponsored by Lake Country Health. The project will reach out to both groups to invite their participation. Existing programs in the community, such as the Connect Program offered by NexusBC

and the United Way's Better at Home program, will also be invited to participate. Finally, through the Social Planning Council of the North Okanagan, the project will ensure that vulnerable populations living with dementia in the community are included in engagement and outreach.

### **Assessment Criteria Section 6**

- The proposed project activities and expected outcomes are clearly described, are supported by a strong evidence base, and are well aligned with the Dementia Strategic Fund: Awareness Raising Initiatives priorities and principles. The link between project activities and outcomes, including how project activities will support the movement from short, medium to long-term outcomes, is welldescribed and realistic.
- Potential risks are identified and mitigation strategies are clearly described for possible scenarios that may arise over the funding period.
- The funding request clearly describes how the project complements or builds on other similar initiatives, and/or how it differs from other initiatives and addresses any gaps.
- Project clearly demonstrates how people living with dementia and caregivers will be recruited and actively engaged throughout the project, including the project design, development and implementation of awareness initiatives focused on stigma reduction and dementia-inclusive communities.
- Project is consistent with Canada's international and domestic commitments on dementia and human rights, and the principle of "Respect Human Rights" as described in the national dementia strategy.

### SECTION 7 Identification of the Reach and Impact

Describe your project's intended reach and impact – identify the project audiences and beneficiaries that will participate in and/or benefit from project activities, explain why you chose these project audiences and beneficiaries, as well as how you will access the project audiences and beneficiaries and tailor your deliverables to them.

Describe whether your project will reach and / or benefit those more susceptible to potentially modifiable risk factors for dementia described on page 4 and/or experience barriers (e.g., language) in accessing care.

Explain and when possible quantify the impact you expect to achieve from your awareness activities within the project audiences and beneficiaries.

a) Describe in detail the project audiences and beneficiaries, noting any groups identified as being more susceptible to developing dementia or more likely to experience barriers to equitable care (see page 3), and confirm the estimated **reach** of the proposed initiative. Be sure to include the geographic locations by name (specify as needed national, region, province/territory, municipality) and types of settings (homes, community settings, academic settings, etc.) where you anticipate the project will be implemented.

The primary beneficiaries of this project are the approximately 1,000 people living with dementia in Vernon and surrounding North Okanagan (British Columbia) communities and their families and caregivers. Vernon is home to a population of 43,000 with an above average proportion of seniors, namely 26%. The project will seek to profile the diversity of people living with dementia in our community and address stigma by challenging misconceptions and stereotypes.

The secondary beneficiaries of this project are the network of service providers and project volunteers who will increase their capacity to work individually and collectively to reduce stigma and promote dementia-inclusiveness. The campaign will invite the participation of businesses, institutions and organizations who interface with people living with dementia on a day-to-day basis.

The third beneficiary is the City as a whole, which will benefit from a dedicated focus on community inclusion, empathy, participatory planning and physical accessibility. Many initiatives focused on improving the lives of people living with dementia are aligned with age friendly community planning, inclusion of people living with disabilities, and for families with young children.

Finally, this project aims to share its story, resources and findings to inspire further research, innovative campaign development, and dementia-friendly community planning from the Okanagan Valley, to British Columbia, to Canada as a whole. By including an academic research partner, it is hoped that this project will also make an investment into research focused on dementia and social inclusion.

b) Provide a rationale for your choice of project audiences and beneficiaries, including evidence to support this choice.

Improving the lives of people living with dementia and their families and care givers is the core goal of the project, and as such these are the primary beneficiaries as well as project participants. The project seeks to change the attitudes of behaviors of the general public towards people living with dementia. Service providers in the business and institutional sectors, including the City of Vernon, will be key audiences in mobilizing the campaign to address stigma and increase inclusiveness. The network of service providers in the City and the City itself will also sustain the impact of the campaign over time, adapt it over time, and work together to implement the Dementia Friendly Community Plan.

c) Describe planned activities, resources and / or partners that will be used to gain access to (reach) the project audiences and beneficiaries and how you will make project deliverables accessible and relevant to your project audiences and beneficiaries (e.g., taking equity and the social determinants of health into account).

Please refer to the response in Section 6 d) as well as the table below.

| Partners   | Resources  | Activities   |
|--|--|--|
| Vernon Seniors Action Network                    | Multiple organizational members with direct access to constituencies of people living with dementia, families and caregivers; service providers and volunteers | Project governance, campaign<br>mobilization, volunteer<br>engagement    |
| Research Partner (e.g. UBC)                      | Research expertise, research ethics protocol, ability to amplify findings broadly  | Participation in project governance; research design and implementation  |
| Social Marketing Partner (TBD)                   | Marketing expertise,<br>communications and graphic<br>design expertise, campaign<br>development expertise  | Participation in project governance; marketing design and implementation |
| Social Planning Council of the<br>North Okanagan | Partners in Action coalition<br>members with expertise on<br>equity and social determinants<br>of health; provide services to<br>vulnerable populations        | Campaign mobilization, volunteer engagement                              |

The project has been designed using participatory engagement and evaluation methodology to ensure that project activities and deliverables are led and informed by the needs, priorities and goals of people living with dementia and their families and caregivers. The multi-member coalitions of the Vernon Seniors Action Network, Social Planning Council of the North Okanagan and Partners in Action will ensure that local service providers are included in project design, build their capacity, mobilize the campaign, and facilitate access to people living with dementia and their families and caregivers. All project engagement opportunities and deliverables will also be amplified through City of Vernon communications channels to provide maximum visibility and impact.

a) Describe the current landscape of dementia awareness related to your proposed project and how your proposed project is expected to have a positive impact for the project audiences and beneficiaries (the impact). Note, where relevant, how equity and the social determinants of health may contribute to differences in project results.

Despite significant interest in and commitment to making Vernon a dementia friendly community, there has been no study undertaken to date to understand the current landscape of dementia awareness in

Vernon, nor any efforts to promote dementia inclusiveness. For this reason, it is critical for a baseline study to be conducted on the current state of dementia awareness in Vernon. Vernon offers a uniquely suitable community for this pilot: a high percentage of seniors and people living with dementia in the population, a supportive municipality, collaborative networks of dementia service providers with governance platforms already in place, and no previous history of previous campaigns or initiatives.

b) Official Language Compliance: Describe how the project complies with the Official Languages Requirements outlined in the Invitation to Submit a Funding Request (Part B: Information to be Considered when Completing a Funding Request, page 22). If the project is not addressing both linguistic communities, a justifying statement must be provided.

According to the Census, 88% of Vernon residents speak English at home, and the remainder speak a variety of languages including Punjabi, Filipino, and Chinese with English as an additional language. For this reason, it is proposed that this project be conducted in English. The project will respond accordingly should a statistically significant population group living with dementia be identified in the project that requires translation and language support. To ensure project resources and findings are available to all Canadian communities, resource manuals, toolkits and videos will be produced in French and English.

### **Assessment Criteria Section 7**

- The expected reach and impact are well-described and consider the specific needs of those at higher risk and/or facing barriers to care.
- The geographic locations and settings (i.e., sites) where the project will be implemented are clearly identified.
- The rationale and evidence for the choice of project audiences and beneficiaries is clear.
- The tools, resources and partnerships the project will use to gain access to the project audiences and beneficiaries are well described.
- Relevant adaptation and access considerations have been taken into account. Differences across
  project audiences and beneficiaries have been considered and/or addressed in terms of feasibility,
  accessibility, relevance and project results.
- Application clearly describes how the project will serve both official language communities OR
  provides a clear justification for why both communities are not served.

### SECTION 8 Partnership and Collaboration (financial and non-financial <in-kind>)

Provide details on your proposed partner organizations, why they were selected, and clearly define their expected roles and contributions to the project.

a) In the table below, provide the name of the partners you have confirmed as available and willing to work with on this project, including their involvement to date, and describe their role and contribution to the project activities (insert rows, as required). Provide letters of support from partnering organizations that confirm their ability to participate.

| Name of Partner Organization               | Partner's Role   | Partner's Contribution           |
|--|--|----------------------------------|
| Vernon Seniors Action Network              | Project governance; specialized content expertise on dementia; engagement expertise; community relationships; project volunteers; access to people living with dementia, families and caregivers | In-kind staff and volunteer time |
| Alzheimer's Society of British<br>Columbia | Project governance; specialized content expertise on dementia; engagement expertise; project volunteers; access to people living with dementia, families and caregivers                          | In-kind staff and volunteer time |

| Research Partner | To be confirmed. To date, the UBC Faculty of Health and Social Development, School of Social Work, has been approached for                             | Potential for research grant<br>funding; academic peer review;<br>profile and amplification of<br>findings through associated |
|------------------|--|---|
|                  | their interest. Two professors<br>are of particular interest as<br>research partners: Dr. <u>Mary Ann</u><br><u>Murphy</u> and <u>Deborah O'Connor</u> | international organizations (e.g.<br>Citizenship and Dementia:<br>International Research Network)                             |

### **Assessment Criteria Section 8**

- Project demonstrates relevant partnerships related to project activities. The role and contribution
  of each partner is clearly described, including reach to project audiences and beneficiaries and/or
  impact.
- Application includes Letters of Support from partners confirming their role and support including in-kind and/or financial contribution to the project.

### SECTION 9 Project Sustainability

Identify which aspects of the proposed project would be self-sustaining (i.e., continue after funding has come to an end). Where applicable, include a description of the role your partners/collaborators would play in supporting project sustainability after project funding ends. Note that the sustainability of knowledge will be discussed in Section 10 "Knowledge Translation Plan". The following are examples of sustainability:

- Sustaining effective programs and impact (e.g., using volunteers or integrating related activities and/or new programs or capacity into existing systems and organizations, including organizations who agree to take responsibility for the program once funding ends);
- Sustaining collaboration (e.g., creating and maintaining productive working relationships);

Note: project funding cannot be used to support an organization's ongoing core operational activities.

 Describe fully which aspects of your project will be self-sustaining and how they will be able to continue after funding has ended. Include a description of the role your partners will play in supporting project sustainability.

The project has been carefully designed to identify what works well in addressing dementia stigma and inclusion, enshrine social and physical planning recommendations in a Dementia Friendly Community Plan and mobilize community-wide investment and participation in implementing the Plan. By working closely with a research partner and using professional marketing and production resources, we seek to validate our findings and share them with confidence to a national, and potentially international, audience. We aspire to create the conditions for long term social development research, as well as encourage other municipalities to use our work to make the case for their own campaigns and plans.

### **Assessment Criteria Section 9**

 Funding request outlines which aspects of the project will be self-sustaining, as well as the possible role project partners are expected to play in supporting sustainability.

### SECTION 10 Knowledge Translation Plan

Describe the project's knowledge translation plan. Knowledge translation is the sharing of knowledge, including lessons learned, beyond the project audiences and beneficiaries once funding has ended. This will help others to learn from and build on the knowledge generated by your project, as well as adapt the material to different contexts, including different cultures and regions in Canada.

\*Please note that Dementia Strategic Fund (DSF) expects to fund the development of a comprehensive, online dementia information portal to facilitate free access to information/knowledge resources to the general public, care providers and other groups seeking dementia resources. Information / knowledge

resources developed through DSF funding must be available for inclusion on the information portal although there is no guarantee they will be posted.\*

a) Describe in detail the knowledge products that will be developed, including how many, the focus of the content, and the type. Explain how they will add to and / or complement relevant knowledge products already available to Canadians, which may include those from international sources, including how these products will be tailored to take culture, geographic area, gender, language, and socio-economic status of the project audiences and beneficiaries into account. Explain how lessons learned will be recorded and shared.

The table below summarizes the knowledge products to be developed:

| Product Type          | Content Focus                              | Complementarity                       |
|-----------------------|--|---------------------------------------|
| Project Web Presence  | Information on the project and             | This will be a unique resource        |
|                       | knowledge resources to be made             | that shares new, project specific     |
|                       | available on partner website (e.g.         | findings                              |
|                       | Alzheimers Society)                        |                                       |
| Resource Manual       | Steps to creating a dementia awareness     | Provides more detail than             |
|                       | campaign and dementia friendly             | existing guidance and includes        |
|                       | community plan; stories of participation   | how to include people living          |
|                       | by people living with dementia             | with dementia throughout              |
| Resource Toolkit      | Multi-media communications assets,         | Builds on existing social media       |
|                       | engagement methods and activities          | advertising campaigns for a           |
|                       |  | made-in-Canada approach               |
| Videos                | Documentary video that highlights          | There are few documentaries           |
|                       | campaigning process and shares stories     | available on dementia-friendly        |
|                       | of people with lived experience and        | communities (see this <u>Scotland</u> |
|                       | changing attitudes to inspire action in    | example); provide a made-in-          |
|                       | other cities                               | Canada approach                       |
| Research Publication  | Peer-reviewed journal validating           | Addresses gap in measuring            |
|                       | research process and findings of           | effectiveness of community-led        |
|                       | dementia campaign design and               | dementia awareness campaigns          |
|                       | effectiveness                              | in the Canadian context               |
| Presentation and      | To facilitate sharing findings and lessons | This will be a unique resource        |
| Workshop Facilitation | learned by Project Ambassadors at          | that shares new, project specific     |
| Plan                  | conferences                                | findings                              |

In addition to the above, Ambassadors from the Project Steering Committee will be available to provide workshops and presentations on request to discuss the project and its findings.

b) Describe how the knowledge products you expect to develop (as described in section a) could be adapted to different settings, audiences and beneficiaries, or other parts of Canada, after project funding ends.

Knowledge products will be made freely available to the Canadian public online through a partner such as the Alzheimers Society. Products will be produced in plain language to facilitate ease of translation beyond French and English. The Resource Toolkit will provide content in open source format so that it can be adapted and widely used by multiple audiences.

 Identify organizations/partners that could help share knowledge products after project funding ends, including their anticipated role.

It is anticipated that the Alzheimers Society and our academic research partner will play the largest role in sharing knowledge products after the end of the project, through a dedicated website / web landing page, research journal publication, and amplification through the broader ecosystem of dementia-focused organizations nationally and internationally.

d) Confirm the willingness and interest to participate in the information portal once launched and its activities, if invited.

We confirm our willingness and interest to participate in the information portal once launched and its activities.

### **Assessment Criteria Section 10**

- Knowledge products, including a plan for how lessons learned will be gathered and shared, are clearly
  described, and how the knowledge products will consider health equity and be relevant, culturally
  appropriate and culturally safe for individuals and populations they are intended to benefit.
- The funding request demonstrates the potential for broader and potentially nation-wide applicability by describing how the knowledge generated by the project could be adapted to different settings, audiences and beneficiaries or other parts of Canada.
- Organizations/partners that are expected to be able to share knowledge products are clearly identified including their anticipated role.
- Project demonstrates willingness to collaborate with the DSF information portal once launched in support of information sharing and knowledge translation.

| SECTION 11  |   | Workplan and Timetable  |  |   |
|---|---|---|--|---|
| Complete the workplan/time  | Complete the workplan/timetable template below for the duration of the project.   | he project.   |  |   |
| Note: Add more objectives (and/or rows) as necessary.   | and/or rows) as necessary.  |   |  |   |
|   |   | WORKPLAN  |  |   |
| Objective(s)  | Activities  | Person(s) Responsible   | Timelines  | Output(s)   |
| What you intend to accomplish as a result of your project, who will benefit, and by when?                                 | Actions to be taken to meet the objectives.   | Who will be responsible for these<br>activities?<br>(include brief job descriptions)  | When and/or how long will the<br>activities occur?<br>(be specific)  |   |
| Participatory project implementation, local service provider capacity building and good governance                        | Recruit research and marketing partners; Launch Project Steering Committee and provide a project launch workshop to refine the project workplan | City of Vernon and the VSAN Age and<br>Dementia Friendly Committee will<br>recruit partners and convene the<br>Project Steering Committee | Fall 2022; Monthly Committee meetings; interactive peer review of major project deliverables at key milestones; participation in engagement activities and video | Partnership Agreements; Committee Terms of Reference; Meeting Schedule; Detailed Workplan |
| Understand the needs, priorities and goals of Vernon residents with lived experience of dementia, families and caregivers | Create engagement platforms, activities and resources; conduct engagement and summarize results; workshop with Project Committee                | City of Vernon staff, project consultant (e.g. Mariam Larson); Project<br>Committee review; VSAN service<br>providers to support events   | Fall and Winter 2022   | Engagement activities for<br>Resource Toolkit; Summary<br>of Findings                     |
| Understand the most problematic dementia stigmas and exclusion challenges and test potential messages                     | Review engagement results; Review other dementia campaigns and their effectiveness; Marketing campaign development workshop                     | Social marketing partner and Academic<br>Research partner, with support from<br>City of Vernon staff and Project<br>Steering Committee    | Winter and Spring 2023   | Summary of Key Outcomes<br>and Key Messages   |
|   |   |   |  |   |

|        |   |   |  |  |  | _ |
|--------|---|---|--|--|--|---|
| LAKI D | Baseline Report   | Campaign plan; campaign<br>communications assets<br>(multi-media)   | Dementia Friendly<br>Community Plan for the City<br>of Vernon  | Project evaluation report<br>and Research Publication;<br>Conference presentations                       | Project Web Presence,<br>Resource Manual, Resource<br>Toolkit, Videos, Research<br>Publication, Presentation                         |   |
|        | Winter and Spring 2023  | Spring 2023 and ongoing implementation through Summer 2024  | Winter 2023-2024 to Summer 2024  | Summer to Fall 2024  | Summer to Fall 2024  |   |
|        | Academic Research partner, with support from VSAN service providers     | Social marketing partner, with review from the Project Steering Committee and implementation by all project partners and participants | City of Vernon, with support from VSAN service providers and people living with dementia   | Academic research partner with participation from VSAN service providers and people living with dementia | City of Vernon, Project Consultant,<br>Academic research partner, Alzheimers<br>Society  |   |
|        | Conduct a baseline study  | Review engagement results; Review other dementia campaigns and their effectiveness; Marketing campaign development workshop           | Engage people living with dementia and service providers in inclusive community planning; engagement exercises; summarize engagement results | Follow-up research study; summarize research results   | Create knowledge products using multiple project resources; information and footage to be obtained throughout project implementation |   |
|        | Understand the current state of dementia stigma and awareness in Vernon | Develop and implement an innovative social marketing campaign   | Create a Dementia Friendly<br>Community Plan that<br>sustains effort and attracts<br>investment for community<br>improvements                | Validate effectiveness of the dementia campaign and assess the impact of the project                     | Ensure that project resources and processes are open source and widely shared to inspire action in other municipalities              |   |

# Assessment Criteria Section 11

The completed Workplan and Timetable template identify the following;

- Well-defined activities that will achieve project objectives;
- Appropriately skilled person(s) responsible for carrying out the project activities; Feasible timelines that reflect the requirements of the activities being proposed; and Appropriate outputs that reflect the project activities being proposed.

# Performance Measurement/Evaluation Plan and Project Reporting Complete the Performance Measurement / Evaluation Plan template below.

and culturally appropriate data collection tools to ensure that they capture, at a minimum, data that will allow them to report to PHAC on these key indicators, including baselines and on the unique activities and outputs of your project, projects will be expected to report on the following key indicators, as applicable, including as they change over time as a result of Canada: Together we Aspire. The information you provide in the progress reports and annual reports may be included in future reports to Parliament. In addition to indicators based any changes over time as a result of the project. Reporting will occur through progress reports (beginning at six months into the project) and annual reports. Details of the reporting Projects are expected to establish baselines for key indicators (including applicable key indicators listed below) at project start. They are expected to develop their own contextually process will be elaborated upon in the contribution agreement. In addition, PHAC is required to report annually to Parliament on progress implementing A Dementia Strategy for

\*All indicators below are meant to measure change in the project audiences and beneficiaries, as a result of the project, based on the baseline data collected at project start\*

# of knowledge and awareness raising outputs

the project, and integrate these into the plan below:

- # of web hits for online knowledge and awareness raising products
- # of people reached by the initiative, by target population (project audiences and/or beneficiaries) and geographic area.
- # of people reached, by target population (project audiences and/or beneficiaries) who have knowledge and awareness of:
- The factors that increase the chance of developing dementia (by risk factor, see page 4, select all that apply)
- The individual aspects of built and social environments that can support people to pursue healthy living in ways that may reduce their risk of developing dementia
  - The individual aspects of built and social environments that contribute to making them dementia-inclusive
- The potential ability of some people living with dementia to continue working for years after the onset of symptoms (agree, don't know, disagree, neither)
  - The ability of people living with dementia to remain active in and contribute to their community (agree, don't know, disagree, neither)

    - The ability of people living with dementia to experience a good quality of life (agree, don't know, disagree, neither)
- # of people reached, by target population (project audiences and/or beneficiaries) who report that they take steps to reduce the risk for developing dementia (yes, no, don't know), including a list of steps taken.

- # of people reached, by target population (project audiences and/or beneficiaries) who report that they have contributed to efforts to make their community dementia-inclusive (yes, no, don't know), including a list of steps taken.
  - # of people reached, by target population (project audiences and/or beneficiaries) who feel comfortable interacting with someone living with dementia (don't know, not comfortable, moderately, highly comfortable)
    - # of people reached, by target population (project audiences and/or beneficiaries) who report that they would feel comfortable in the following situations (don't know, not comfortable, moderately, highly comfortable):
      - Asking a health care provider for information about dementia symptoms which could lead to obtaining an assessment and diagnosis
        - Having a discussion with a health care provider about personal risk of developing dementia
          - Telling close family members about a dementia diagnosis
            - Telling friends about a dementia diagnosis
- Telling an employer about a dementia diagnosis
- Telling neighbours or others in the community about a dementia diagnosis

| Objectives  | Expected Output(s)  | Expected Outcomes  | Success Indicators  | Data Collection Methods and Analysis   | Timelines and Frequency   |
|---|---|--|---|--|---|
| Must be <u>identical</u> to the<br>objectives in your workplan.   | Products or services that directly stem from the project activities.                                  | What you expect to change or influence as a result of activities and for whom.                     | Information you will use to track results (outcomes) *where possible, disaggregate by sex and other identity factors. | How you will gather and analyze the information, including details on the information source, and who will be responsible. | How often you will collect<br>this data and for what time<br>period.              |
| Confirm partners and launch Project Steering Committee Committee Reference; Meeting Schedule; Detailed Workplan | Partnership Agreements;<br>Committee Terms of<br>Reference; Meeting<br>Schedule; Detailed<br>Workplan | Participatory project implementation, local service provider capacity building and good governance | # partnership agreements Capacity self-assessment (before and after)  | Workshops<br>Baseline Survey<br>End of project evaluation  | With Baseline Survey and<br>Post Project Survey; at<br>specific engagement events |
| Engage Vernon residents<br>with lived experience of<br>dementia, families and<br>caregivers                     | Engagement platforms,<br>activities and events;<br>Engagement Findings                                | Mapping of dementia<br>population in Vernon; 80%<br>of population reached<br>through engagement    | # of people living with dementia reached* # of caregivers reached* (*gender disaggregated)                            | Engagement platforms,<br>activities and events   | With Baseline Survey and<br>Post Project Survey; at<br>specific engagement events |

|   |  |  |  |  | I WINT D   |
|---|--|--|--|--|--|
| Understand the most problematic dementia stigmas and exclusion challenges and test potential messages             | Summary of Key Outcomes<br>and Key Messages  | Refined messaging targeting specific attitude and behavior change outcomes   | A/B testing results  | A/B testing methods for potential marketing ideas, images, messages                          | Prior to social marketing campaign launch and at intervals throughout campaign rollout         |
| Understand the current state of dementia stigma and awareness in Vernon   | Research instruments and<br>Baseline Report  | High degree of public engagement in research through outreach and mobilization by VSAN service providers   | # distinctive surveys completed* representative of diverse residents of Vernon (Census parameters of age, gender, etc) | Research ethics<br>confirmation; Baseline<br>survey and Baseline Report                      | Prior to launch of awareness campaign; follow up survey three months prior to project end date |
| Develop and implement an<br>innovative social marketing<br>campaign   | Campaign plan; campaign<br>communications assets<br>(multi-media)                  | High visibility of dementia campaign in Vernon driven by active participation of service providers and Project Steering Committee members and partners | # of campaign assets<br>produced and industry<br>effectiveness measures/ea   | Standard industry effectiveness measures for viewing and sharing each campaign communication | Ongoing throughout campaign implementation   |
| Create a Dementia Friendly Community Plan that sustains effort and attracts investment for community improvements | Dementia Friendly<br>Community Plan for the City<br>of Vernon                      | High degree of community participation in planning, including people living with dementia, caregivers, and dementia service providers and specialists  | # of people living with dementia engaged* # of caregivers engaged* # residents engaged in total Council resolution     | Engagement platform and event tracking tools   | Ongoing tracking throughout planning process and end of process summary                        |
| Validate effectiveness of the dementia campaign and assess the impact of the project                              | Project evaluation report<br>and Research Publication;<br>Conference presentations | Ethical, rigorous research<br>design and process with<br>valid findings, informed by<br>knowledge of best practices                                    | # report downloads<br># publication downloads<br># conference presentations  | Web tracking tools (e.g.<br>Google analytics)  | Ongoing results tracking<br>post-project by academic<br>research partner                       |
| Ensure that project resources and processes are open source and widely  | Project Web Presence,<br>Resource Manual, Resource                                 | Free, accessible, user<br>friendly materials relevant  | # distinct website visits/yr<br># resource downloads<br># report downloads   | Web tracking tools (e.g.<br>Google analytics)  | Ongoing results tracking<br>post-project by web hosting<br>partner                             |
|   |  |  |  |  |  |

| shared to inspire action in | Toolkit, Videos, Research | to a broad national |
|-----------------------------|---------------------------|---------------------|
| other municipalities        | Publication, Presentation | audience            |
| 2                           |                           |                     |

# Assessment Criteria Section 12

Plan includes an overview of the project performance measurement and evaluation activities to be conducted, including a clear description of:

 Elements to be evaluated (e.g., reach, outcomes, indicators);

- Data collection methods (e.g., surveys, web metrics); and
- Source of information (e.g., project participants, program staff, data repositories).

Outcomes must be aligned with DSF: Awareness Raising Initiatives funding priorities, and appropriate indicators and data collection methods that enable an analysis of the impact of the project on the project audiences and beneficiaries should be included. Note: Ensure objectives clearly align with outputs, outcomes, indicators, data collection methods/analyses, timelines and frequency. The use of numbers/letters is recommended to facilitate this task.

### SECTION 13 - Budget and Justification

### NOTE FISCAL YEARS RUN FROM APRIL 1 TO MARCH 31

Please use the attached, stand-alone, Excel spreadsheet to enter budget figures (tab 1) as well as the budget justification (tab 2) and add lines if needed.

### SECTION 14 Approval

The undersigned on behalf of the organization declares that:

- The information in this application and all accompanying documents are accurate and complete;
- Applicants and recipients of funding must ensure that their employees/Directors are in compliance with the Conflict of Interest Act, the Values and Ethics Code for the Public Sector, and the Policy on Conflict of Interest and Post-Employment. Where an applicant or a recipient employs or has a major stakeholder who is either a current or former (in the last twelve months) public office holder or public servant in the federal government, compliance with the Code(s) must be demonstrated. Contact us if you require further information.
- The funding request is made on behalf of the organization named in Section 1 with its full knowledge and consent.

I acknowledge that should this funding request be approved, funding will be conditional upon the organization signing a written agreement with PHAC.

Authorized Representative of the Organization 1. Long Range Planner Name: Barbara Everdene Title: Long Range Planner Telephone Number: 250.540.3425 Fax Number: 250.545.5309 E-Mail Address: beverdene@vernon.ca Signature of Authorized Representative: Date: April 7, 2022 B 2. Name: Title: Telephone Number: Fax Number: E-Mail Address: Signature of Authorized Representative: Date: Ø

### Information to be considered when filling out the Funding Request Form

### **Funding Request Review Process**

The review process includes:

### a) Initial screening

All funding requests are screened to ensure they meet eligibility criteria, address the identified priorities and are complete as per the funding request requirements outlined in this ISFR/Funding Request Form. If a funding request is incomplete, fails to meet eligibility criteria and/or fails to address current identified priorities, the applicants will be notified in writing that their funding request will not be considered further.

### b) Review and Approval

Eligible funding requests will be assessed for quality, merit and relevance. During the review process, applicants may be contacted to provide additional information. You will be notified of the results once a final decision is made.

**Note:** The assessment criteria are included in each section of the Funding Request Form within this document.

### **Official Languages Requirements**

The Government of Canada wishes, among other things and where appropriate, to promote English and French in Canadian society and support the development of official language minority communities. To support the Government in achieving these objectives, you must identify the project audiences and beneficiaries and take necessary measures to communicate and provide project related services to this population in English and in French, as the case may require.

Official language minority communities include Francophones living outside the province of Quebec and Anglophones within the province of Quebec. The recipient must work in collaboration with relevant networks and demonstrate in the project workplan, how it will serve, if necessary, the official language minority communities, as well as the overall population.

All federal institutions providing grants or contributions for projects/activities involving services to a public composed of members of both official languages must take the necessary measures to ensure that the recipients respect the spirit and intent of the *Official Languages Act* (OLA). Where in PHAC's opinion there is a demand, the recipient will ensure that services and documentation intended for public use be available in both of Canada's official languages as per the requirements of the *Official Languages Act*. The recipient is also expected to report on their actions with regards to official languages communities.

<< Consider the following when preparing a funding request:

- i) Are project audiences and beneficiaries composed of individuals or groups belonging to both linguistic communities?
- ii) In the general public, what is the level of potential demand for services in both official languages?
- iii) If, by its very nature, the project addresses only one linguistic group, could it be promoted to the other group to encourage increased understanding between the two groups?
- iv) Is the project delivered in a geographic area with a significant official language minority?
- v) Is the project national in scope and highly likely to reach both language groups?
- vi) Does the project relate to the visibility of Canadian identity abroad?

vii) Is the recipient a national organization that should clearly have a concern for official languages?

# How will the project address equally both linguistic communities must be included in the Workplan << MANDATORY>>

### Example:

The project will ensure that:

- the acknowledgement of PHAC's support for the project is expressed in English and French;
- all public signage, communication (oral and written), products, programs and services related to the project are developed and offered in English and French; and
- the official language minority community is invited to participate in the project design, delivery and public event, where appropriate.

### OR

If it is determined that the project is NOT addressing both linguistic communities, a justifying statement must be included in <u>Section 6 of this document</u>. – Identification of the Project Audiences (reach) and Project Beneficiaries (impact). <<MANDATORY>>

### Example:

The project will not address both of Canada's linguistic communities. The project:

- is designed to address the specific needs of the Francophone population in (e.g., Manitoba),
   and as such will not respond to the Anglophone population.
- is piloting a new training approach and curriculum and would like to respond to a single linguistic community before adapting them and investing in translation.

For additional information, consult the Official Languages Act.

### **Gender-based Analysis Requirement**

The Government of Canada is committed to conducting Gender-based Analysis (now called Gender-based Analysis Plus "GBA+") on all legislation, policies and programs. GBA+ incorporates consideration of gender as well as other identity factors such as age, education, language, geographic area, culture and income. Applicants are expected to incorporate these considerations into their funding requests.

For additional information regarding GBA+, consult the Status of Woman Canada's website: http://www.swc-cfc.gc.ca/

### **Lobbying Act**

Amendments to the *Lobbying Registration Act* and Regulations have broadened the definition of lobbying. We encourage applicants to review the revised Act and Regulations to ensure compliance. For additional information, visit Office of the Commissioner of Lobbying of Canada's website.

### **Research Ethics Approval**

All projects that involve research with humans must be approved by a research ethics board that adheres to the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans, consult the Tri-Council Policy Statement website before the research portion of the project begins. Research is defined as an activity designed to test a hypothesis or answer a specific research question, permit conclusions to be drawn, and extend knowledge through the use of scientific methods and standardized protocols, systematic collection or analysis of data, or other types of inquiry. Research may rely upon quantitative methods or qualitative approaches such as participatory action\_research, narrative inquiry or discourse analysis.

Research involving humans as "research participants" includes research with:

- living individuals;
- human remains, cadavers, embryos or foetuses;
- human biological materials such as tissues, organs, blood, DNA;

 information from or about humans such as information obtained through questionnaires or from records of non-living humans that are not in the public domain.

The following are examples of activities that may be considered research, depending on their purpose: questionnaires, surveys, enhanced/novel surveillance, collection of data or biological materials, use of databanks or bio-banks.

PHAC is under no obligation to enter into a funding agreement as a result of this Invitation to Submit a Funding Request (ISFR).

### PHAC ALSO RESERVES THE RIGHT TO:

- Reject any or all funding requests received in response to this Invitation.
- Accept any funding request in whole or in part; and
- Cancel and/or re-issue this ISFR.

**Note:** PHAC will not reimburse an applicant for costs incurred in the preparation and/or submission of a funding request in response to this ISFR.

### **Responsibilities of Successful Applicants**

### **Funding Agreement**

Your organization will (if the proposed project is approved):

- Enter into a legally binding Funding Agreement with PHAC and be legally accountable to PHAC for prudent expenditure of the funds; and
- Ensure that the project described in the Funding Request Form is efficiently carried out and achieves the project objectives in accordance with the funding agreement.

### PHAC will:

 Ensure that the program or the Centre for Grants and Contributions will be available to provide assistance, advice, and support as you conduct your project.

### **Administrative and Reporting Requirements**

Administrative requirements, such as schedules of financial and narrative reporting, as well as other monitoring activities, will be defined in a Reporting Plan in the Funding Agreement. As per the 2008 Treasury Board Policy on Transfer Payments, the funding agreement will be managed in a manner that is sensitive to risks, that strikes an appropriate balance between control and flexibility and that establishes the right combination of good management practices, streamlined administration and clear requirements for performance.

### **Proactive Disclosure - Projects**

Public announcements will be made regarding successful projects. Information will be published on PHAC's website.

### **Audit and Evaluation**

Organizations that receive funding may be required to participate in any evaluation and/or audit activities as directed by PHAC. Responsibilities will be defined in the Funding Agreement.

PHAC may at any time during the duration of a Funding Agreement, or within a six-year period following its expiry or termination, conduct audits and/or evaluations of any aspect of the work.



102 - 3201 30th Street, Vernon, BC V1T 9G3 Phone: 250.545.0585 • Fax: 250.545.5418

www.nexusbc.ca

April 4, 2022

Re: Dementia Strategic Fund application

### To Whom is May Concern;

NexusBC has been asked by the City of Vernon and the Vernon Seniors Action Network (VSAN) to lend its support to a grant application through the Dementia Strategic Fund. NexusBC has been working with VSAN for many years, and appreciates the advocacy work that this group has done on behalf of our local seniors.

Like VSAN, NexusBC supports making lives easier for seniors, many of whom struggle with dementia. VSAN is currently supporting the City of Vernon's Age Friendly City initiative. We see this dementia-friendly funding as a natural extension of the work that will be done on the City's age friendly initiative. The timing for grant funding through the Dementia Strategic initiative couldn't be better, as the work that this funding would support will better inform policies that will eventually be incorporated into the City of Vernon's Official Community Plan.

NexusBC has been offering programs and services to seniors and barriered individuals in our community for many years. These programs/services help seniors remain in their homes and/or help anyone who needs assistance in navigating resources in the community, finding suitable housing, and submitting government documents. We also offer an annual income tax clinic for low income seniors. We have seen the difficulty people with dementia have in their day to day lives. We support any and all initiatives to make their lives easier.

We are pleased to support this application by the City of Vernon and VSAN.

Sincerely,

Pamela Myers
Executive Director

Panela Myers

**NexusBC Community Resource Centre** 

3801 27 Ave. Unit 25 Vernon BC Canada V1T 1S7

April 6, 2022

Re: City of Vernon Dementia Strategic Fund Application

Please accept this letter of support in the City of Vernon's application for Funding from the Dementia Strategic Fund.

As a person living with young onset dementia, living in Vernon, I can only say that this initiative is something I have been waiting for and hoping for. I have been advocating and working since my diagnosis at 56 to have more awareness around dementia so that people with dementia can remain within their homes and communities. This application will help bring about the changes and awareness we have been hoping for and can then be used to help other communities around the country. This is a great way to enable people living with dementia instead of further disabling them, by strengthening awareness, creating a Dementia Friendly Community Plan, which will include dementia inclusive policies with the Official Community Plan, to address such things as safety corridors, emergency preparedness, sidewalk enhancements, and wayfinding options. Educating the community and the business sector will reduce the stigma surrounding dementia and allow us to live fully for longer in our communities and homes. This template could then be transferred to other communities and cities of similar size.

As a person living with Dementia, I am happy to continue working with the City of Vernon and VSAN (Vernon Seniors Action Network), to be sure the voice of those living with Dementia is always heard as they move to creating a unique community for those living with Dementia.

I applaud the City of Vernon and VSAN for all their work on this application.

Warm Regards, Christine Thelker

Author - Speaker - Self-Advocate - Activist Alumni Board of Directors DAI Executive Dementia Advocacy Canada



April 7, 2022

### **Public Health Agency of Canada**

RE: Dementia Strategic Fund: Awareness raising initiatives phase 2 (2022)

This letter expresses the Alzheimer Society of B.C.'s support for the proposal led by the City of Vernon and the Vernon Seniors Action Network to promote a community-centered approach to dementia awareness and inclusiveness in the City of Vernon. We understand that the project aims to strengthen local awareness through the engagement and voices of people with lived experiences, by promotion of dementia education within service providers and the business community, and with the development of a toolkit on how to build dementia-friendly communities in small to mid-sized communities as a guide for small, rural communities across the province.

The project aligns with our interest in raising awareness and reducing stigmas about dementia. Dementia-related stigma is a significant barrier to supporting people with dementia to manage and live well with their condition in the community. The Society's vision is a world without Alzheimer's disease and other dementias, and that world begins with a more dementia-friendly society where people affected by dementia are acknowledged, supported, and included. This project in Vernon will consider the local needs of its growing aging population and promote dementia education and awareness pertinent to their community which will help support our goal of a dementia-friendly society.

The Society is committed to breaking down barriers for people living with dementia, and so, we are pleased to provide our support for this work. If funded, we look forward to providing in-kind support and participation in the project Steering Committee to bring components of this work to the community.

We wish the best of luck with this application. If you have any questions about the Society's support of this work, please feel free to contact me.

Sincerely,

Chief Executive Officer Alzheimer Society of B.C. jlyle@alzheimerbc.org

ALZHEIMER SOCIETY OF B.C. 300 – 828 West 8th Avenue Vancouver, BC V5Z 1E2 WEBSITE: www.alzheimerbc.org TEL: 604-681-6530 TOLL-FREE: 1-800-667-3742 FAX: 604-669-6907

EMAIL: info@alzheimerbc.org



Agence de la santé publique du Canada

P004745

Barbara Everdene The Corporation of the City of Vernon 3400-30 Street, Vernon, BC V1T 5E6

# Project title: Addressing Dementia Stigma (ADS) and Inclusiveness in Small Rural Communities

Dear Barbara Everdene,

I am pleased to inform you that your funding request for the *Addressing Dementia Stigma (ADS)* and *Inclusiveness in Small Rural Communities has* been approved under the Dementia Strategic Fund: Awareness Raising Initiatives (phase 2).

Before this approval can be finalized, both parties must sign the Contribution Agreement that outlines our respective obligations as well as the conditions under which payments will be made. Christine Wakeham, the Program Officer at the Centre for Grants and Contributions responsible for handling all financial aspects of your file, will be in touch with you to discuss this last required step in the approval process. Christine can be reached by email at christine.wakeham@phac-aspc.gc.ca.

If you are interested in announcing that your project has been approved for funding, please discuss your intentions in advance with Emily Clarke, the Program Consultant responsible for the content of your project related to activities and the workplan. Emily can be reached by email at emily.clarke@phac-aspc.gc.ca.

I am confident that your project will contribute to the goal of the Dementia Strategic Fund: Awareness Raising Initiatives (phase 2) to support progress towards preventing dementia, reducing stigma, and encouraging and enabling communities to become more dementia-inclusive.

Sincerely,

Mark Nafekh Director General Centre for Health Promotion

cc: Christine Wakeham, Program Officer

Emily Clarke, Program Consultant





The University of British Columbia Arts Building, 368 - 1174 Research Road Kelowna, BC, Canada, V1V 1V7 Phone: 250-807-9667 https://icer.ok.ubc.ca

February 14, 2023

Dear Ms. Everdene,

Letter of Support for the City of Vernon Addressing Dementia Stigma (ADS) and Inclusiveness in Small Rural Communities project.

On behalf of the Institute for Community Engaged Research (ICER) at the University of British Columbia Okanagan it is my pleasure to support the City of Vernon Addressing Dementia Stigma (ADS) and Inclusiveness in Small Rural Communities project.

ICER, based in the Okanagan Valley, comprises of academics and community members from multiple disciplines, all of whom are committed to ICER's mission of supporting socially engaged research with communities internationally, nationally, and in the Okanagan. Sharing a commitment to research that supports diversity, equity, and social justice, the Institute facilitates the participation of community members, organizations, students, and academics in relevant research. ICER is a hub for building relationships, collaboration, and effective knowledge creation and exchange across disciplinary and institutional boundaries.

Members of ICER have had the opportunity to work with the City of Vernon in the past. We have a history of successful collaboration on community focused research projects. These include research related to issues of homelessness and creating a youth friendly city. We see that this proposed project that aims to make the region more inclusive to people living with dementia is an excellent extension of these projects and will continue to build the relationship between the City of Vernon and the university, as well as bring together a diverse and committed team of practitioners and researchers to directly address this important locally situated issue.

ICER coordinator, faculty members and graduate students will directly support the project through providing expertise and resources for the project, help understand the effectiveness and impact of the project, as well as support communicating the outcomes to a broader audience. The objectives of the proposed project not only align, but embody ICER's mission and as such, we are honored to support this project and the work needed to successfully complete it.

Sincerely,

Dr. Jon Corbett

Director: Institute for Community Engaged Research, University of British Columbia Okanagan.



2800 - 515 West Hastings Street Vancouver BC Canada V6B 5K3

T:778.782.5065 F:778.782.5066 E:geradmin@sfu.ca www.sfu.ca/gerontology

February 8th, 2023

Ms. Barbara Everdene Long Range Planner City of Vernon 3400 30 Street Vernon, BC V1T 5E6

RE: Addressing Dementia Stigma (ADS) and Inclusiveness in Small Rural **Communities** 

Dear Ms. Barbara Everdene,

On behalf of Simon Fraser University, I am writing to express our support for your proposed project "Addressing Dementia Stigma (ADS) and Inclusiveness in Small Rural Communities".

The Department of Gerontology at Simon Fraser University has a strong history of community engaged research well aligned with the research component of this proposed project. This project is a meaningful step towards making the City of Vernon and the North Okanagan region more inclusive to people living with dementia. We believe that this project has the potential to reduce stigma and in turn, increase quality of life for and inclusion of people living with dementia and their care partners by raising community awareness through an innovative, communitycentred social marketing campaign and to sustain inclusiveness through the preparation of a Dementia Friendly Community Plan.

As researchers in community planning and urban design for active aging and dementia-friendly communities, our research team and I are willing to contribute to the following key research activities of the proposed project: conducting a baseline survey of dementia stigma and awareness among people living with dementia, family and caregivers on their experience of dementia stigma and inclusiveness in Vernon and the general public; advising on the design of research and marketing approaches; and evaluating the dementia stigma to baseline. As research partner, I envision our role would include participating on the Project Steering Committee,

advising on dementia stigma reduction research design and implementation as well as engagement strategies and research protocol, validating the effectiveness of marketing approaches, and leading project evaluation.

We are happy to offer our support, and look forward to collaborating.

Sincerely,

Habib Chaudhury, PhD

Chair and Professor

Department of Gerontology

Halide Chandhury

Simon Fraser University

chaudhury@sfu.ca