Dementia Supports
in Rural Saskatchewan

Interventions to Enhance Social Inclusion for Persons Living with Dementia and Their Care Partners in Rural Saskatchewan

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Process Evaluation Report

Project #016566614

October 2023

SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

Funded in part by the
Government of Canada's
New Horizons for Seniors Program

University of Regina

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Acknowledgements

This process evaluation required an extraordinary amount of engagement from all members of Collaborating Organizations, Advisory Board, Community Table, and Backbone Management Group. We would like to acknowledge them for their time and sharing their rich insights and valuable inputs. This evaluation would not have been possible without their contributions. We would also like to thank Michelle Harazny, who tracked all quantitative data for this process evaluation. Special thanks must go to Susan McGee who contributed to formatting and designing the final report. We tried to do justice to data and stories shared by participants about their successes, lessons learned, and challenges faced. Any misrepresentations or inaccuracies are the responsibility of the evaluation team.

How to cite this report:
Mahani, A., Akwen, N., Jeffery, B., Novik, N., & McIntosh, T. (2023). *Interventions to enhance social inclusion for persons living with dementia and their care partners in rural Saskatchewan. Process evaluation report.* Regina. SK. Saskatchewan Population Health and Evaluation Research Unit.

Glossary

Term	Definition
Collective Impact	Collective impact is a structured approach to collaboration involving different stakeholders working together to address complex social issues.
Backbone Infrastructure	Collective impact initiatives require dedicated members with a specific set of skills to coordinate organizations and sectors.
Common Agenda (shared purpose)	All sectors and organizations have a shared vision for change, a common understanding of the problem, and a collective approach to solving the problem through agreed-upon actions.
Mutually Reinforcing Activities	Although the activities of different sectors and organizations must be differentiated, these should be coordinated through a mutually reinforcing plan of action. In other words, while different sectors and organizations play different roles in the collaboration, their activities must be linked to the common agenda determined collectively.
Continuous Communication	Ongoing and open communication is required across all organizations and sectors in order to build relationships, trust, shared vocabulary, and ensure mutual objectives.
Shared Measurement System	Data are systematically and consistently collected and reported on a set of collective indicators across all sectors and organizations in order to continually evaluate progress and encourage learning and accountability.
Collaborating Organizations	Collaborating organizations are diverse stakeholders from different sectors and organizations who come together in a structured and coordinated way to collectively address complex social issues, pooling their resources and expertise to achieve common goals and create lasting positive change for their community.
Community Table	Community Table in the context of this collective impact initiative refers to a group of community organizations who do not have a project (not funded by the initiative) as well as members of the community (general public). The membership is open and members voluntarily attend regular meetings to learn about the funded projects taking place in their community, offer feedback on those projects, and spread the word.
Dementia	Dementia is a progressive and degenerative neurocognitive health issue characterized by a decline in cognitive functions including memory, language, reasoning, and the ability to perform daily activities.

List of Acronyms

Acronym	Description
DSRS	Dementia Supports in Rural Saskatchewan
ESDC	Employment and Social Development Canada
CI	Collective Impact
ASOS	Alzheimer Society of Saskatchewan
PLWD	Person Living with Dementia
CO	Collaborating Organization
DFC	Dementia Friendly Community
PVSCRD	Parkland Valley Sport, Culture and Recreation District
GDAG	Godfrey Dean Art Gallery
BMG	Backbone Management Group
CT	Community Table
AC	Advisory Committee

Executive Summary

Background

With dementia on the rise and with limited availability of dementia care resources in rural Saskatchewan, there are widespread concerns around social isolation of, and poor quality of life, for persons living with dementia and their care partners in rural areas. To address this challenge, the Dementia Supports in Rural Saskatchewan (DSRS) project was funded in part by Employment and Social Development Canada. The DSRS is a 5-year Collective Impact initiative (2019-2024) that has been co-designing, implementing, and evaluating multi-level programs and interventions (at individual, organizational, and community levels) to enhance the social inclusion of persons living with dementia and their care partners. The project focus has been on those living in Yorkton, Melville, and surrounding rural communities and who are adults with dementia over the age of 55, and their care partners. The project has funded eight collaborating organizations (COs). Three of the COs joined the DSRS project after process evaluation had been conducted, and are thus not included in this report.

Evaluation Objectives

We conducted a process evaluation with the aim of evaluating the context as well as the design and implementation of the Collective Impact (CI) initiative including the learning culture and the five core conditions/elements of a CI (i.e., common agenda, backbone support, mutually reinforcing activities, shared measurement system, continuous communication).

Evaluation Methods

Qualitative and quantitative data for the process evaluation were collected through four different data collection methods: tracking, semi-structured interviews, document reviews, and observation. Twenty-four semi-structured interviews were held with 11 members of COs, 6 members of the Community Table, 4 Backbone Management Group members, and 3 members of the Advisory Committee. Interviews were conducted between February and April 2022 via Zoom. Document reviews were conducted to support and validate tracking and interview data. Informal observations of meetings, individuals, and project sites were conducted. We employed a qualitative thematic framework analysis, using a combined approach (deductive and inductive analyses). We used NVIVO 12 software to support coding data and developing categories and sub-categories.

Evaluation Findings

Our evaluation identified four overarching themes including: 1) factors influencing collective impact design and implementation, 2) collective impact strengths, 3) collective impact challenges and areas for improvement, and 4) sustainability. In terms of factors, our analysis suggests a number of factors that have shaped and influenced the design and implementation of the DSRS project including socio-cultural, organizational, and external factors. Socio-cultural factors refer to social and cultural values, traditions, norms, and social networks in small and rural communities that shape the fabric of rural life. Our analysis suggests a number of characteristics of rural communities that have influenced the design and implementation of the DSRS project. Organizational factors refer to the organizational conditions and environment that directly or indirectly influence the collective impact initiative. Participants identified three organisational factors including CO's leadership commitment, administrative support from the University of Regina, and building on existing capacities and assets. External factors refer to uncontrollable factors that influence the collective impact project positively or negatively. Participants identified a number of external factors including the COVID-19 pandemic, weather, and political commitment.

In terms of DSRS project strengths, our analysis suggests three key areas of strength for the DSRS project including the ability to build a learning culture, having a holistic approach, and co-creating impacts. Participants identified four ways through which the DSRS project has fostered a learning culture including: regular meetings, effective communications, capacity building, and real-time participatory evaluation and feedback. Participants appreciated the holistic and all-encompassing approach of the DSRS project and perceived it as a comprehensive project encompassing diverse programs as well as diverse sets of skills, knowledge and expertise. Interview participants suggested that the DSRS project has co-created impacts at the system/organization, policy, and community levels.

In terms of challenges, our analysis identified three key challenges or areas in which the DSRS project needs improvement including: challenges with the Community Table, challenges with meaningful engagement of persons with lived experiences, and limited engagement of policy and decision makers as well as the corporate sector.

Finally, in terms of sustainability, our analysis presents participants' perspectives on challenges and measures required for continuity of collaborating organizations' (COs) projects. The main challenge identified relates to maintaining momentum and funding beyond the initial project period; small towns and rural areas have a limited number of stakeholders with capacity to sponsor projects for extended periods. Participants emphasized the need for organizations to explore additional pathways for longevity including maximizing resources within communities and adjusting organizational operations to ensure sustainability.

Introduction

In Saskatchewan, approximately 33% of the one million residents live in rural communities (Markey et al., 2015). Individuals living in small cities, or rural and remote communities, face unique barriers to accessing dementia care which are compounded by limited finances, education, public transportation, and geographic distance (Forbes & Hawranik, 2012; Jeffery et al., 2013). In this province, over 19,000 individuals live with dementia, and an estimated 60% of those individuals reside in their own homes (Kosteniuk et al., 2015). By 2038, dementia is expected to cost over $35.9B in health and caregiver costs in Saskatchewan, and it is projected that community care will become the dominant mode of dementia care in the province by 2028 (Smetanin et al., 2009). Therefore, the limited availability of dementia care resources in Saskatchewan is expected to continue and may decrease social inclusion and impact the well-being of persons living with dementia and that of their care partners. To address this challenge and to tackle the service gaps experienced by persons living with dementia and their care partners, Dementia Supports in Rural Saskatchewan (DSRS) was funded in part by the Government of Canada's New Horizons for Seniors Program. The DSRS is a 5-year Collective Impact (CI) initiative (2019-2024) that has been co-designing, implementing, and evaluating multi-level programs and interventions (at individual, organizational, and community levels) to enhance the social inclusion of persons living with dementia and their care partners. The DSRS project focus has been on those living in Yorkton, Melville, and surrounding rural communities and who are adults with dementia over the age of 55, and their care partners. The project aims to address the following four objectives:

1. To improve the feeling of social inclusion of persons living with dementia and their care partners residing in Yorkton, Melville, and surrounding rural areas (individual programs)
2. To improve public awareness about dementia (community programs)
3. To reduce levels of public stigma about dementia (community programs)
4. To improve supports for customers, clients and employees who are living with dementia or their care partners residing in Yorkton, Melville and surrounding areas (organizational programs)

To achieve these objectives, the project has funded 8 collaborating organizations (COs). Three of the COs joined the DSRS project after process evaluation had been conducted. Table 1 below provides a summary of the five COs that were active at the time of process evaluation.

Table 1: Summary of collaborating organizations’ programs and activities as of April 2023

CO	**Activities**	**Timeline**	**Meeting CI Initiative Objectives**
ASOS	• Community Presentations • Public Awareness Campaign	September 2020 - April 2023	• To improve public awareness about dementia • To reduce level of public stigma about dementia
	Stakeholder Outreach and Enhancing Organizational Engagement through: 1. Local DFC Coordinator 2. Dementia Friends Newsletter		• To improve supports for customers, clients and employees who are living with dementia and their care partners
	Building a Community of Practice through: 1. Creation of a knowledge hub 2. Distribution of Dementia Friendly Canada modules and toolkits		• To improve supports for customers, clients and employees who are living with dementia and their care partners • To improve public awareness about dementia • To reduce level of public stigma about dementia
PVSCRD	Rural Communities’ Needs Assessment	September 2020 - January 2021	• To improve public awareness about dementia • To reduce level of public stigma about dementia • To improve supports for customers, clients and employees who are living with dementia and their care partners
City of Yorkton	Public Facilities Audit Program	April 2021 - October 2021	• To improve supports for customers, clients and employees who are living with dementia and their care partners
SaskAbilities	Life Enrichment Program	April 2021 - March 2024	• To improve the feeling of social inclusion for PLWD and their care partners
GDAG	Belong Where You Find Yourself • Engagement of PLWD and their care partners in art	November 2021 - May 2023	• To improve the feeling of social inclusion of PLWD and their care partners • To improve public awareness about dementia • To reduce level of public stigma about dementia

The process evaluation aimed to evaluate the context as well as the design and implementation of the CI initiative including the learning culture and the five core conditions/elements of CI (i.e., common agenda, backbone support, mutually reinforcing activities, shared measurement system, continuous communication). This evaluation helped explore, among other things, how, why, under what conditions and context, and to what extent the CI process and its five core elements are designed and implemented. It also explored the relationships among the five core elements; for instance, the extent to which data from the shared measurement system supports continuous communication and mutually reinforcing activities. Further, it evaluated performance of the backbone organization - Backbone Management Group (BMG) - and how it is effectively guiding COs through the CI process.

Evaluation Methods

Qualitative and quantitative data for the process evaluation were collected through four different data collection methods: 1) tracking, 2) semi-structured interviews, 3) document reviews, and 4) observation.

Tracking

We have been measuring four key process outcomes through tracking quantitative data: 1) Governance and Leadership, 2) Communication and Outreach Strategies, 3) Community Stakeholder Engagement, and 4) Administrative. See Appendix A (Table 2) for the list of Key Performance Indicators (KPIs) for each outcome measure.

Semi-Structured Interviews

Twenty-four semi-structured interviews were held with 11 members of COs, 6 members of the Community Table, 4 BMG members, and 3 members of the Advisory Committee. Interviews were conducted between February and April 2022 via Zoom. Interviews helped collect qualitative data to explore four key areas: 1) CI context, 2) CI design and implementation, 3) CI learning culture, and 4) CI five core elements. See Appendix 1 for the list of interview questions for each group (CO, CT, BMG, AC). Written consents were sought for all interviewees who were asked to read and sign the consent form prior to the interview. All interviews, except one, were recorded by Zoom and transcribed via Otter software. Notes were also taken during each interview.

Document Reviews

Document reviews were conducted to support and validate tracking and interview data. Documents that were reviewed included: meeting minutes (Advisory Committee meetings, Community Table meetings, COs meetings, BMG meetings), COs' signed sub-agreements with a focus on Schedule A (it includes objectives, detailed activities, and timeline), project's original funding proposal to ESDC in early 2019, project's CI plan submitted to ESDC in February 2021, ESDC toolkits and guidelines, Needs Assessment project conducted by one of the COs (PVSCRD) in late 2020, Environmental Scan project conducted at the beginning of the project in late 2019, content of project's newsletters, content of social media (e.g. Facebook, X/Twitter), project website, COs' reporting documents, report of audit project (i.e. audit of 12 public facilities in Yorkton) conducted by one the COs (City of Yorkton), and literature review (scoping review project mapping evaluation methods for CI initiatives).

Observations

Informal observations of meetings, individuals (e.g., informal visits to families with lived experience who are using COs' programs), and sites (e.g., community visits, participation in COs' programs and activities such as ABC's of dementia presentations, participation in group activities of SaskAbilities' Life Enrichment Program) were conducted. Observation was used to not only support/validate tracking and interview data, but to collect data on, among others, participants' behavior (e.g., engagement of individuals with lived experience with the COs' programs), power relationships (e.g., in the meetings), decision making process, and working relationships. Notes were taken throughout the entire project of all meetings and community visits.

Data Analysis

We employed a qualitative thematic framework analysis, using a combined approach (deductive and inductive analyses) (Silverman, 2016). Our initial data analysis took an *a priori* thematic approach (i.e. deductive analysis) based on the four categories already developed (i.e. CI context, CI design and implementation, CI learning culture, CI five core elements) (Bryman, 2015). We further applied a constant comparative methodology inherent to a grounded theory approach (i.e. inductive analysis) to conceptualize data, which allowed new insights to emerge from our data (Corbin et al., 2014). We followed five steps in our data analysis: 1) data familiarizing, 2) developing the initial codes, 3) revisiting the initial codes, 4) searching for patterns and categories across data, 5) generating an initial list of categories, and 5) reviewing, revising, and refining the categories and sub-categories. We used NVIVO 12 software to support coding data and in developing categories and sub-categories.

Findings

Our process evaluation identified four overarching themes including: 1) factors influencing collective impact design and implementation, 2) collective impact strengths, 3) collective impact challenges and areas for improvement, and 4) sustainability.

1. Factors Influencing Collective Impact Design and Implementation

Our data analysis revealed a number of factors that have shaped and influenced the design and implementation of the Dementia Supports in Rural Saskatchewan (DSRS) collective impact project. We have classified these factors into three key categories including: 1) socio-cultural, 2) organizational, and 3) external factors.

1.1. Socio-Cultural Factors

Socio-cultural factors refer to social and cultural values, traditions, norms, and social networks in small and rural communities that shape the fabric of rural life.

Interviewees pointed to a number of characteristics of rural communities that, in their views, have influenced the design and implementation of the DSRS project. For new projects in small communities, you need to have an ***entry point to the community***. According to interviewees, having someone from the region who knows the community and has networks/connections is a success factor for any collaborative efforts initiated from outside the community. Interviewees also pointed to ***trust and history of collaboration*** in rural areas as another influential factor. There was a common belief that local organizations in small and rural communities know each other well, have deep connections, and have been collaborating on various projects for a long time. The long-term collaboration has resulted in building trust among them, which is essential for the success of any collaborative efforts including a collective impact project.

> "*…we have worked so closely together with many of the community partners in the past for different projects, that for us, it's just very natural to come to a table…*" CT1

> "*I think the history of the organization's being in this area for a long time, there was that trust already there that existed.*" CO4

> "*…but in this area, you know, we know the agency representatives, we work with them on different collaboratives, that sort of thing… "* CT2

> "*I do feel very strongly that Yorkton has the reputation of being able to work together and responding to community needs, being solution focused. So, it was a good place to come and do it.*" CT1

Credibility and expertise of collaborating organizations (COs) was another trust-building factor as one participant noted:

> "*I think from our organization, we value the work that [X agency] has done in the community to support people living with disabilities, that kind of thing. So, knowing that they are there and developing this initiative to support people living with dementia, like we trust that. They have the expertise to be able to fulfill that and being able to share information. And [X agency], finding the artists that have the experience to work with people living with dementia, I think our organizations have that trust coming in.*" CO4

Evaluation participants pointed to ***strong community ties*** and ***an intertwined web of personal and professional relationships in small communities*** as a factor that positively influences collective impact. In small communities, professionals and practitioners have a series of relationships, some of which are not work related, that facilitate any collaborative efforts as the following quotes demonstrate.

> "*… when you work in small communities, there is a large web of relationships; this person works for the [X agency] but also sits on the board of this agency over here and grandma is related to this person."* BMG1

> "*…there's so much roots here and so much connections here and relationships here, that everyone here, and I'm not exaggerating, would probably be one, two or three phone calls away from getting a hold of anyone you want to talk to*." CT3

> "*I think that one of the things that made it such a success, because we were in these places that were small, they knew each other and they had deep connections into their community. And so I think that facilitated the work*." BMG2

Participants referred to these "*natural relationships and already well-developed relationships*" as strong ***community assets*** and believed that the DSRS project has effectively tapped into these assets.

> "*….I think some of those relationships have been quite strong. And that's a real asset. That's a real strength in terms of that area. And I think that's certainly something that is having a positive impact. I see that as a real strength*." BMG3

This web of connections, according to interviewees, ***strengthens accountability*** among community members and organizations.

> "*It's [Yorkton City] that small. And because of that there's accountability to most people, especially if they've lived here for a while. If they're transient, the accountability factors would be questioned more*." CT3

This web of relationships, interviewees believed, makes ***communications faster*** in small and rural communities. People get to know about new projects and programs more quickly with word of mouth, which enhances the uptake for new programs and initiatives. One participant noted:

> "*…the word now is getting out that we do have this project. And it's making it easier for people to find us, like social workers are calling us now*." CO7

One participant pointed to the "***sense of entitlement"*** among urban residents and the absence of this among rural people. In small and rural communities, people have limited access to services and have to drive to access different services. Thus, if they get access to integrated services through a collective impact initiative, they appreciate the opportunity. One participant noted:

> "*I think that [lack of services] creates an openness, almost a hunger to be able to participate in something like this…*" BMG3

This factor along with the "***resiliency***" among rural residents, was identified as success factors for the DSRS project despite the COVID-19 pandemic. Participants considered resiliency as an asset and strength in rural communities.

Participants pointed to ***lack of competition*** for resources among local organizations in small and rural communities as another socio-cultural factor that facilitates collaborative efforts. Interviewees believed that collaboration for achieving the common good, and a strong sense of community and collective is a dominant mindset in rural communities. One participant noted:

> *"… [We] don't have a direct program or project right now, but we're a cheerleader, we're an advocate, we're a committed partner. And I know that means a lot too, sharing posts and spreading the word and doing the training with our staff.*" CT4

In participants' views, rural community organizations, especially non-profit organizations, do not compete for resources, which they believed is more common in urban areas.

> "*… [In urban areas] you are going to have community-based organizations driving over one another, to get to the front of the line*." BMG3

> "*…the trust definitely is there for sure. We're not competitive either, right. I think we could all compete for the money and try to cut someone out. But that's not at all the intent nor has that ever been looked at*." CT1

Another socio-cultural factor was the preference towards having ***in-person meetings*** and ***being present in the community*** or "*having boots on the ground*" (CO5), especially among older adults. Participants preferred in-person meetings rather than virtual meetings, though they found virtual meetings helpful as one participant said:

> "*I think it's really hard on Zoom to get to really know people on a personal level, to really make those connections. And so that's no fault of anybody's.*" CO2

To them, it was not just about in-person meetings, but also about the ***social interactions*** through having coffee and food that makes these meetings effective as one participant noted: "*I got more things done across the lunch table than probably any other table*" (CO5). Another participant pointed to "***community suppers***" and how these provide an opportunity to socialize, learn, and share information in rural and small communities. They expected the project team to focus on these "*community suppers*" and leverage them for raising awareness and reducing stigma around dementia. They saw this as the role of local Recreation Boards to organize such events.

Although, participants acknowledged the challenges caused by the pandemic limiting travels to the region, they expected the Backbone group to have a ***strong and consistent presence in the region*** as one participant said "*I think one of the challenges is the inability for the lead organization to be out in the community.*" (CO5). Another reality of rural communities and older adults is ***reluctance to attend large meetings and engage with academics*** as one participant said "*they [older adults in rural communities] would be intimidated by and reluctant to join something as big as the table [Community Table] that you've currently got*" (CT5).

Evaluation participants believed that a limiting factor in small communities is the ***stigma around dementia*** and limited knowledge about dementia. An interviewee said: "*So, sometimes I will* *honestly avoid using the word dementia, Alzheimer's, any of that, and just kind of present to the client…*" (CT6). Local businesses in rural communities have limited knowledge about dementia. One participant said: "*…when we go to restaurants… the interaction between the waitress and the person with dementia is strained…the person with dementia cannot think as fast and not order as quickly, sometimes cannot seat as quickly. And sometimes people are impatient*." (CO8). These local businesses often ***equate dementia with the last stage of disease*** and with long-term care instead of looking at the full spectrum of the disease. With this limiting mindset, they do not see people with dementia living in their communities, which makes their engagement in dementia friendly activities more difficult.

> "*Because all the time, if you start a conversation, particularly out in rural Saskatchewan around dementia, you go to long term care*." CO5

> "*…while they [community members] wouldn't be afraid to take care of your child while you went to a dental appointment, they might be literally afraid to care for someone with dementia because of that stigma."* CT5

Participants believed that the DSRS project has been helpful to reduce the stigma and enhance public awareness in their communities. They explained that the DSRS project has expanded their perspectives on the needs of different people and the value of having ***inclusive and accessible*** organizations and communities. Another limiting factor in small communities is the nature of ***old buildings*** in those communities. In rural communities many public buildings are very old and are not age and dementia friendly. These buildings often have small doors and uneven steps. One interviewee said:

> "*You might get a six inch step, a five inch step, and then a little three inch doorstep… people with dementia can't figure that out because they have no depth perception*." CO8

1.2. Organizational Factors

Organizational factors refer to the organizational conditions and environment that directly or indirectly influence the collective impact initiative. Participants identified three organisational factors including COs leadership commitment, administrative support from the University of Regina, and building on existing capacities and assets.

Leadership commitment was identified as an influential factor in the design and implementation of the DSRS project. Evaluation findings show that community organizations that were engaged in the DSRS project (i.e., collaborating organizations) had strong leadership commitment.

> "*... I would put down to the organizations that stepped forward. They were deeply committed to the idea, and they sort of bought into stuff right away. So, they were willing to make it work.*" BMG2

Another factor that was identified influential and was considered as a success factor in the implementation of the DRSR project was the ***administrative support*** from the University of Regina**.** The project received funding in part from the Government of Canada's New Horizons for Seniors Program with funding available to be contracted out to community organizations to design and implement programs to enhance social inclusion for persons living with dementia and their care partners in rural communities. One participant described the process as "*…there was a mutual trust and understanding and it worked.*" BMG1

COs were appreciative of the generous funding from the DSRS project and the impact it has on rural community. One participant said:

> "*I'm used to working with very little funds. So, to me, that is something that's different. And that's a factor that is very helpful, because people say, Oh, you'll come all the way out here to see me, you know, it's an hour and a half drive both ways…*" CO8

Another organizational factor that interviewees identified as a success factor was ***building on existing capacities*** and assets of COs. Not all of the COs' programs and activities are brand new but an extension of their existing programs. One participant noted:

> "*They [SaskAbilities] built dementia program on their exiting brain injury program to include a new population group, persons with dementia, to their existing programs.*" BMG1

1.3. External Factors

External factors refer to uncontrollable factors that influence the collective impact project positively or negatively. Participants identified a number of external factors including the COVID-19 pandemic, weather, and political commitment. All interviewees pointed to the ***COVID-19 pandemic*** as an influential factor that impacted the DSRS project in both negative and positive ways, but mostly negatively. The project had just started when the pandemic hit. Given the nature of the DSRS project that is ***community-driven*** and required ***community development*** and building relationships with local community organizations, it was difficult, at first, to build and foster those relationships virtually. One participant said:

> "*… I really feel when you're dealing with rural communities, you need to be present. I mean, I've done my emailing, done my reach outs through phone, but people are more responsive when you're standing in their community…"* CO11

The consequence of the pandemic was that it limited face-to-face interactions and community visits. The Backbone group and COs ***adapted quickly*** and replaced face-to-face communications with virtual communications via Zoom or phone. Some COs also adapted their programs and were creative in order to deliver some activities virtually such as offering virtual ABCs of Dementia by the Alzheimer Society of Saskatchewan (ASOS). COs were trying to find activities and programs that could be implemented without gathering or without relying completely on the Internet. There are challenges with the ***use of technology*** and access to Internet in rural and remote communities that affected communities' reach to, and engagement with, the CO programs as the following quote indicates:

> "*…a lot of the demographic that we're talking about, are not as comfortable on a computer or a Zoom meeting as a younger generation or somebody who's been working and is used to the technology through their work*." CT5

Despite the challenges with technology, especially among persons living with dementia and their care partners in remote communities, ***technology presented some opportunities***. Participants believed that the DSRS project has reached some community members and community organizations that were ***hard to reach by face-to-face interactions***. One participant said:

> "*…it [technology] may have made it easier for the organizers as well as us agencies to come together and do it just based on time constraints of everybody, and that sort of thing*." CT2

Participants also noted that it would have been impossible to have the large number of in-person meetings between the Backbone Management Group (BMG), COs, Community Table (CT) members and Advisory Committee (AC) in those rural communities.

Most CO programs were initially affected negatively by the pandemic. For example, the SaskAbilities program was unable to run group activities and many people were initially fearful of outside home activities. One participant said: "*…but with COVID some of them [persons with dementia and their carte partners] have compromised immune systems and so they just felt safer if they just stayed home*" (CO9). The ASOS community engagement activity was also negatively affected by the pandemic due to travel restrictions.

Another external and uncontrollable factor that was identified influential in a negative way was ***weather conditions*** in Saskatchewan. Due to harsh weather conditions during winters in Saskatchewan, activities that require travelling and gathering are restricted. Some CO activities, such as the Art Galley Belong Where You Find Yourself program, were delayed due to weather and road conditions. One participant noted:

> "*…the weather is one that will dictate if you go some days, especially if we've got a storm, or we've had blizzard like conditions*." CO8

Another external factor that interviewees identified as an influential factor with a positive impact was ***political factors***. Two participants found the meeting with MLAs at the beginning of the DSRS project influential in spreading the word about the project. The Mayor of Yorkton has been participating in the CT meetings regularly. Participants pointed to the Mayor's continuous engagement as a success factor for the overall project. Some participants also found the attendance of the Minister of Mental Health and Addictions, Seniors and Rural and Remote Health at one of the CT meetings impactful.

2. Collective Impact Strengths

Our data analysis revealed three key areas of strength for the DSRS project. These include: 1) building a learning culture; 2) holistic approach; and 3) co-creating impacts.

2.1. Building a Learning Culture

Collective impact initiatives play a crucial role in building a learning culture for COs and communities. Such a learning culture, in participants' views, encourages ongoing reflections, adaptations, and improvements driven by data, lived experiences, knowledge and expertise, and collaboration. Through fostering a learning culture, the DSRS project has created an environment where COs feel empowered to experiment with new ideas and collaboratively address complex issues. Participants suggested that this culture of continuous learning would enhance the effectiveness of the DSRS project and increase its potential for sustainable impact. Participants identified four ways through which the DSRS project has fostered a learning culture including: 1) regular meetings, 2) effective communications; 3) capacity building, and 4) real-time participatory evaluation and feedback.

2.1.1. Regular Meetings as Shared Learning Spaces

Participants viewed regular meetings (including Collaborating Organizations meetings, Community Table meetings, Advisory Committee meetings) as spaces for different actors and stakeholders to convene and share their lessons, experiences, challenges, and insights. Regular meetings provided opportunities for ***peer learning and networking*** of different stakeholders to learn from each other and allow them to exchange ideas and strategies, share practical insights, and offer support based on their unique experiences.

> "*…I think, for us, we come from a disability sector, whereas Parkland Valley comes from recreation and physical activities. And yet we're learning from one another as the project goes on. So, I think that's really important.*" CO2

The meetings also offered opportunities for ***reflection and continuous improvement*** by encouraging stakeholders to regularly reflect on their activities, progress, challenges and outcomes.

> "*…putting it on the agenda every time like there are things that aren't going to work and what have we learned from that. I think that always definitely contributes to like a learning culture. So, no one feels bad if something didn't go as planned. I think the key is to have those conversations of what have we learned, and what can we do to prevent that from happening again*." CT1

Participants suggested that regular CO meetings provided them with a ***space to share and discuss their challenges and failures***, analyze what went wrong, brainstorm for potential solutions, and use those insights to inform adjustments as one CO member noted:

> "*I like the meetings where it's the people that are doing the projects coming together, talking about some of the barriers and some of the things that they're challenging with. And then, you know, there is that opportunity for those around the table to either give ideas or share ideas, or maybe potential opportunities to hey, we can tweak something or we can do something to help out*." CO4

However, a few participants felt ***more trust-building*** efforts are required to create a safe space for openly sharing failures. They saw the value of ***in-person interactions*** in building that trust.

> "*I think there's a space there to share. I feel that it could maybe be a little more less guarded, because it's not really necessary place that we need to show off. We can share our success stories, but we can also share our struggles. I think sharing our struggles would help as well for people to really learn and to connect. I don't think we're quite there yet with the group. And I do feel that maybe that would happen more so in-person, like I said, once, we really kind of get to know each other a little bit better. And, you know, it's so nice to sit and have lunch in or have a beverage and have some kind of like group things where you can really team build, right? Because it is about trusting in each other and kind of letting your guard down. Yeah, I think the intention is there, I just don't think we're quite there yet.*" CO2

Participants found ***engagement of persons with lived experiences*** in some of those meetings beneficial in helping them learn about realities of living with dementia, especially the realities of caregiving for a person living with dementia. Participants requested more engagements from persons with lived experiences.

> "*…the most engaging stories for learning are lived experience stories. So, I think that was a good idea to use that. And it doesn't matter if you're an expert in the area, hearing of someone's lived experience view is always interesting and beneficial. Just continuing that model. People remember better when they have stories and emotional connections to it.*" AC3

> "*At our last Community Table meeting, we had stories of the facilitators who are working with people with dementia in their homes. And there were some really positive stories that came out of that. So, I think that's a real learning opportunity. And I think people within our collaborating organizations, some of them might not have had much contact with people living with dementia until this project started. And I think through running their projects, and meeting people with dementia and their care partners, that's been a learning process in itself, just coming into more contact with people who live with dementia.*" BMG4

2.1.2. Effective Communications

Participants viewed the DSRS project as successful and effective in terms of communication. They defined effective communication in six ways: clarity, efficiency, well-structured meetings, consistency, diversity of communication strategies, and timeliness.

In participants' views the DSRS project has been offering ***clear communications*** with COs and the community at large as the following quote demonstrates:

> "*I think from the very beginning, like all of the agendas, the emails, presentations have been very clear.*" CO2

Another dimension of effectiveness was ***efficiency,*** which meant sharing a ***manageable amount of information*** and resources as one participant said:

> "*…sharing just different resources and links like three links, each time, that's a manageable amount, it's not too much or too much time that you would need to spend with them.*" CO10

Participants also saw the ***structure of meetings*** as an effective factor as one interviewee noted:

> "*I like how they [regular CO meetings] are structured and how you guys pull everything together and kind of touch on everybody's organization and stuff like that*." CO7

Consistency of communications was another dimension of communication effectiveness as the following quote demonstrates:

> "*One of the big things of why I feel it's successful, and why it's of value, to me, and I keep coming back to the table is just because of the consistency [of] the team as organizers. I am invited to a meeting, that meeting doesn't get canceled or dates changed or unorganized. And with that consistency, it lets us build these relationships with each other and these connections. So, consistency has been huge.*" CT4

Diversity of communication strategies and channels was another dimension of effective communication.

> "*I do like that there's different methods of communication utilized, there's the email, there's the newsletter, there's the website, there is the meetings, right. And so, I felt that there's a lot more efforts and lot more methods of communication in this collective impact than I have seen in some of the other projects that we have participated in it.*" CT1

> "*And if there's something I missed, I can go to the website, all the information and forms and documents and summaries, they're all there.*" CT4

Timelines of communication was another dimension of an effective communication as one participant said:

> "*If I phoned or emailed, the response would come very timely. If I said I don't see this, I need this, that document would come timely. There's an anchor point for all that information like a home base for all of our stuff.*" CT4

2.1.3. Capacity Building

Participants appreciated the opportunities for capacity building provided through ***engagement with the DSRS project***, ***bi-weekly sharing of resources*** by the Project Coordinator, and ***participation in the academic conferences*** and learning events (e.g., RADAR Summit; Canadian Association of Gerontology Conference held in Regina). These opportunities allowed participants to exchange knowledge, identify best practices, and discuss lessons learned.

> "*…other groups like the Alzheimer Society is very willing and open for our organizations to attend their information sessions and things like that to build our knowledge. And I attended one and kind of your knowledge increases, and so your capacity increases that kind of thing. So, I think it's more sharing what's happening around the table as well.*" CO4

> "*We were involved in that symposium [RADAR summit], which was fantastic. I wish there were more opportunities like this.*" CO2

The DSRS project has helped COs better understand dementia and what a dementia friendly community and business would look like. It has also helped improve their empathy and understanding around dementia caregiving and what this task involves.

> *"I'm really getting an understanding of how impactful dementia is on the caregiver. Like it's not only the person living with dementia, it's also that caregiver who has to work through and be a part of the day to day activities and how stressful that can be on a person when it's 24/7, 365. So, you know, that really has increased my awareness of that and why it is so important that there be opportunities outside for the caregiver as well. To be able to get that break and that respite from being in that high kind of intense situation…my perceptions have changed for sure.*" CO4

The project has helped people to shift their beliefs and attitudes towards dementia. The learning gained has helped participants adjust their activities to better serve persons with dementia and their care partners.

> *"I've definitely learned. The first time I created a flyer for this project, I used a dark background with white text that was thin. And then I looked at some flyers that the Alzheimer's Society produced,*

> *and they were just very simply designed, just a white background with really bold text, it was easy to read. So I learned how to adapt our newsletter to be more accessible, since we are producing materials that could be read by people living with dementia, who might need the information presented really clearly." BMG4*

> "*Well I think my views on dementia have changed. Because I had limited knowledge about dementia before.*" CO8

> "*I did have a little bit of background knowledge on dementia and I do have a personal connection to dementia as well. But now it's looking at a different side, what can we do for a community. It's all about inclusivity…*" CO6

Participant believed that CO programs are enhancing the community's awareness about dementia and reducing stigma and misunderstanding around dementia, which will lead to more inclusive and dementia friendly communities.

> "*I think this is kind of open to everybody's perception or understanding that living in the community isn't just them going to the hospital to get their respite, it's how do we make it a community for them to live in. Right? And so I think just initiating all of these opportunities, and the creativity of the opportunities that have been brought forward, I think, really is gonna make a difference in people's lives and in the community*." CO4

The DSRS project has also helped COs learn about the concept of Collective Impact and its potential for future applications.

> "*I was not aware of it [Collective Impact approach] before; that wasn't covered in any of my studies, or I've been out of that education piece for a long time. So that that was just so huge, to feel part of that as well.*" CT4

> "*Now, I know about collective impact, and I can apply it somewhere else.*" CT4

2.1.4. Real-Time Participatory Evaluation and Feedback

Participatory evaluation ***being an integral part of the DSRS project*** was viewed as positive, especially among non-profit organizations as one participant said:

> "*…the fact that evaluation is even part of the project is amazing, because, as you probably know in the non-profit world, it's so hard to be able to incorporate that. So that's been a challenge for us in all our other things that we're doing. And so the fact that we'll end up with data and results and things that you will be able to collect and summarize, I think it's a huge, huge advantage and bonus*." CT1

Participants valued the process of real-time participatory evaluation and their engagement throughout the entire process. They saw their involvement in co-designing shared outcomes and a shared measurement system valuable. In their view, the evaluation process encouraged them to provide feedback on their program activities, their progress, and challenges. This ***feedback loop*** supports ongoing learning and adaptation. A learning culture fosters ***continuous learning and adaptation*** and encourages stakeholders to be open to change and to improve their performance continuously. The participatory evaluation facilitated ***data-driven decision making*** by regularly collecting and tracking data on key performance indicators (KPIs) through a regular reporting system (every 6 months) to inform decisions about the effectiveness of CO's programs. This allowed COs to track their progress, identify areas for improvement (what is working and what needs adjustment), and make informed choices and decisions.

> "*Like I've done quite a bit of evaluation in my career, but you have always been like, open and willing to change it or ask for our input. So, the stats are meaningful. And not all evaluations feel, like sometimes it's like, why are we doing this? This doesn't make any sense. We don't know the why. But you've explained the why to us very clearly. And I really appreciated that. I know we've like appreciated your like assistance if we had to like tweak or change some questions or how we report.*" CO2

Participants expected ***evaluation reports to be user-friendly, simple and accessible*** to allow inclusive participation and knowledge sharing among stakeholders. This will foster a commitment to transparency and accountability.

> "*…so if we can show that we're making a difference, number one, our outcome measurements and ones that community and agencies and funders can understand, making it very easy that by us doing A, B, C, or D, we've been able to affect positive change through whatever it may be*." CT2

> "*… Outcome measurements for different projects, I think are so important, and to really promote those in a user-friendly way, so that people understand.*" AC1

Participants expected a ***community wide reach*** of user-friendly and accessible evaluation reports for various reasons such as promotion of the DSRS project and its diverse programs, and for sustainability of COs' programs by building more awareness around them and their impacts. One participant used the term "*intentional promotion*" to refer to celebrating success and targeting different forms of media to promote the project.

> "*And so really wanting to, if we can get that information out, share the value of it, people are going to realize and they're going to reach out to you know, it's one of the things in Yorkton.*" CT2

Participants also talked about realities of rural and small communities and how good work is promoted.

> "*And one thing I've noticed is that especially in our more rural communities, these foundations and that sort of thing, when they hear about the good work that's happening, they reach out. So, from a rural perspective, we know a lot of the people that sit on foundations or funders, or grants, those sorts of things. So, I think there's value in getting that information out to communities, so that people can see that this is valuable project, and this is what we're able to do and kind of go from there.*" CT2

Interviewees valued ***celebrating successes*** and achievements following evaluation that motivates COs and reinforces the value of learning and collaboration. The data-driven and participatory evaluation approach of the DSRS project encourages learning from successes as well as failures allowing COs to refine activities over time. COs viewed the format of sharing success stories inspirational, motivating them for future possibilities. When COs share their achievements, "*others are encouraged to aim higher"* (CO3). In their view, this creates a culture of continuous improvement through a collective learning process. Celebrating success in their view was necessary to "*maintain the momentum*". Also, sharing success stories can stimulate feedback from community members. This feedback loop allows for a better and deeper understanding of the context and factors that contributed to success that ultimately enriches the learning experience for all involved.

> "*… talking about the value of these projects, it's just knowing exactly what is it, what are we doing, what are the outcomes, what are some of the successes. We need to really share successes, however, big or small."* CT2

> "*I think continuing to highlight work that existing partnerships or new partnerships have invested in can hopefully inspire other businesses to look into it, maybe not commit, but at least consider it or look into it, and decide for themselves if now is the time or if they don't have the capacity at this time.*" CO10

Participants also commented on methods of data collection for evaluation and saw ***value in using both quantitative and qualitative methods***. They emphasized the importance of incorporating narrative stories and lived experiences into evaluation reports that can add ***depth, context, and a human element***. This can help stakeholders better understand the impact of programs on individuals and communities. These narratives and real-life personal stories ***harmonize the quantitative data*** presented in the report, and help readers connect to the impacts in a tangible way. This approach can also help ***contextualize the evaluation findings*** as readers can see how programs have influenced the lives of individuals and communities in practical ways.

> "*…our outcome measurement, going beyond quantitative. I can say that I had 6000 people come through my doors last year, whatever, but really focusing on some of that qualitative is needed. But it's easy to do quantitative, it's difficult to do qualitative, but that's where we're really gonna see value,*

> *when we can share stories, personal stories, whatever it may be of instances, that's where we're gonna really be able to show value to our funders and to our communities*." CT2

2.2. Holistic Approach

Participants appreciated the holistic and all-encompassing approach of the DSRS project and perceived it as a comprehensive project encompassing ***diverse programs*** as well as ***diverse sets of skills, knowledge and expertise.***

2.2.1. Diversity of Programs

Participants pointed to the ***diversity of CO's programs*** to address the issue from both macro and micro levels and from multiple angles. Participants used the term ***macro level*** to refer to CO programs such as public awareness and ***micro (or individual) level*** to CO programs such as providing direct supports to people living with dementia and their care partners. In their view, diversity of COs' programs, and combining different knowledge and expertise have contributed to the success of the overall project. The DSRS project has leveraged the collective power of multiple organizations to create a more impactful and comprehensive response.

> "*I feel that the different avenues of the collective impact, like everyone's kind of touching on something different. The Alzheimer's Society with their education piece, the Godfrey Dean with their more expressive arts piece.*" CO2

> "*SPHERU brought together a number of different agencies, throughout our communities that provide different supportive services and with different backgrounds and different ideas.*" CT4

The DSRS project has brought together diverse CO programs ***with no competition*** among them. This lack of competition and an environment of trust and collaboration was linked to a ***shared vision and common agenda as well as mutually reinforcing activities***. Participants believed that the DSRS project has brought together different programs around a common vision and goal. This alignment, in their view, has led to reducing duplication of efforts, synergizing existing programs, a sense of ownership, and ultimately maximizing the impact.

> "*So there's not that competition between [collaborating organizations], to say, get clients or anything like that. We're there for the overall wellbeing of individuals in the community and making sure our community is more inclusive. And I think it's just having an open ear to, say an organization comes in, and they want to do a project and they're new, and just being open to it and seeing where you can help them…we're all there for the common goal. Like it's not that competing, or to do better than one another*." CO6

Participants felt they have ***commitment to the shared goal*** and common agenda as one participant noted:

> "*…there was some feedback I was getting like why are you doing this because it's a health thing. And it doesn't matter if it's a health thing. To us, it's people living in community that want to stay part of the community and want to be engaged in the community with their caregivers. So, we do have a role to make sure that we are inclusive and adaptive to different people living in our communities*." CO4

The main reason they felt committed to the common agenda and why COs did buy in to the DSRS project was that COs knew each other and had a ***history of collaboration*** in the past.

> "*I think all of our organizations knew each other before. This is really a chance that we're all kind of integrated in some way. And being able to know kind of what each organization is doing and being able to not necessarily speak to the details of every organization's project, but being able to support them in promoting what they're doing. Being aware of what they're doing, sharing information. So, I think the relationship is that we're kind of all connected, ensuring that we're looking more specifically at people living with dementia and their caregivers*." CO4

They believed that commitment to a shared goal and a history of working together in a trustworthy environment helps ***sustainability*** of the project as one participant noted:

> "*…there is still some type of commitment to continuing on. You know, we're not dropping it, because the money is stopped, right? It's like, how do we continue to make that happen in community even if we have to look at it a bit differently because the funding isn't there to do what we did, right?"* CO4

Participants appreciated the role of Backbone group in developing the common agenda as one participant said:

> "*They [Backbone group] provided the survey information, they provided some presentations that really got us all that foundational understanding and created a bit of a common perspective in the area of dementia.*" AC1

Participants, especially CO members, were able to identify and recognize the ***mutually reinforcing activities*** across CO programs. Their perception of mutually reinforcing activities within the DSRS project was characterized by a ***sense of empowerment and optimism***. As they witnessed diverse COs aligning their programs and activities toward a common goal, they appreciated the synergy and comprehensiveness of the approach. This, in participants' views, can instill a sense of hope and confidence that dementia could indeed be addressed effectively. Ultimately, this perception of mutual reinforcement within the DSRS project can lead to increased trust, community ownership, and sustainability, thereby driving positive social change.

> "*…being able to share and cross reference one client, into other programs and I see that continuing on once our project gets going. So, you're out in rural Canora and you're participating, us being able to share some adjustments made to a facility that can aid in the Abilities Council people taking their client, person with dementia, into a community facility. So I think that really shows how, with everybody kind of working on the same thing, at the same time, we can show how it can be all connected together.*" CO4

Despite being able to identify mutually reinforcing activities and looking at the big picture and how each CO program is related and connected to other CO programs and activities, participants ***expected more coordination*** and communication across CO programs to update each other of their existing programs and services, supports and resources.

> "*…we don't know, necessarily what they [one of COs] have available for our clients. And so sometimes we have to go do the digging or stuff like that. I just think that from the other*

> *organizations, I don't want to necessarily say like a monthly calendar, but I would like to see maybe specific activities offered, once a month".* CO8

Participants believed that the DSRS project has tapped into existing community assets through ***leveraging existing COs resources including existing skills and expertise***. For example, the SaskAbilities team did build a dementia program on their existing brain injury program to include a new population group (i.e., persons with dementia) to their existing programs. According to interviewees, building on existing skills, knowledge and expertise fosters commitment to success, a sense of ownership, sustainability of the program, and a lasting change. There were also suggestions on how to better ***share resources*** across community organizations, for example, using the SaskAbilities wheelchair accessible bus for group activities. Participants highlighted the City of Yorkton Audit Project as another example of a CO program that has tapped into community assets and has created multiple impacts or ripple effects as one participant said:

> "*So, I think the shared solution, or the inclusion around the whole, what can we do to make spaces more dementia friendly, doesn't only help people perhaps living with dementia and their caregivers, but it also helps maybe other people that might be struggling to or open the doors for other groups as well. So, I think all of our communities, they have limited assets. And so how do you leverage the current assets, to make it inclusive to everyone in the community? So, it's not like they're building new buildings, to make them accessible kind of thing, but look for those opportunities that allow those assets to be adjusted, so that they can be more inclusive kind of thing.*" CO4

Interviewees also pointed to the ***untapped resources in rural communities*** where people and organizations are willing and open to think outside the box to offer innovative services for their communities. It is "*where you get sort of untapped kind of ideas and resources there*" (BMG2) and *"if you provide the right kind of support, that the communities can actually figure out a lot of really interesting ways to deliver services*" (BMG2).

> *"…if you took something like the art project, I think most people would say, "that's really interesting. And that's a really cool project," but they would expect it to be something that would happen in Saskatoon or Regina, not something that would happen in a little tiny art gallery in Yorkton, right?"* BMG2

Although most participants valued diversity of programs, some participants suggested that the Backbone group could have engaged more COs and built more programs in the community. One reason for having not many COs engaged was that the timeframe of the DSRS project. Participants believed that the ***5-year window is too short*** to bring different community organizations on board at relatively the same time.

> "*I think if it wasn't time sensitive, we could spend a little bit more time working to do some projects. It just sometimes feels rushed*." CO4

However, they were aware of the challenges with bringing other local organizations on board because of their existing workloads, their structures and how they function, "*sometimes the barrier is more of our structures, how we're organized*" (CO4), and recognized capacities required to run a new program.

> "*…as organizations on the ground that already have mandates and activities that we're working on, to have more projects put on our plate is just a lot of work. So, I think that's just knowing that the groups on the ground here, are trying to fit it all in, and sometimes, it takes time*." CO4

> "*So sometimes it's not necessarily people's unwillingness to participate. It's more that it doesn't fit into how they function*." CO4

> "*But there still is that capacity to supervise, to lead, to direct, to troubleshoot, that kind of stuff that is still on the table as well*." CO4

2.2.2. Diversity of Skills and Expertise

Diversity of skills, knowledge, and expertise was another element of the DSRS project's holistic approach that, in participants' view, can significantly contribute to the strength of a collective impact initiative. The DSRS project has brought together different stakeholders and actors from different organizations (community organizations, not profit sector, and public sector) and backgrounds. This diversity has fostered a learning process by exposing COs and community members to new ideas, and different approaches and perspectives. Participants perceived the value of diversity in different ways such as bringing diverse perspectives/viewpoints, comprehensive problem-solving, and enhancing creativity and innovation. Diverse skills, knowledge and expertise brings broad perspectives and viewpoints that lead to more creative and innovative solutions. Also, people with different skills and knowledge can address different aspects of a problem leading to a comprehensive problem solving approach. Diversity also encourages out-of-box thinking leading to innovative strategies and approaches.

> "*… and as new people came on board, I think that what I recognize is the strength of the different knowledge, the different experience that they really, truly contributed.*" CT1

> "*I think the creativity of organizations to think outside the box that then created opportunities for people living with dementia and their care partners*." CO4

Participants valued the diversity of background and profession in the ***Advisory Committee*** though they identified a weakness of this committee in terms of ***lack of cultural diversity***.

> "*… Our advisory panel is a group of people who may not have been culturally diverse, but certainly diverse in terms of their background and different sectors of the community-based organizations and, non-governmental organizations, and then a few academics. So, I think that helps a lot to broaden perspectives to help see pitfalls in approaches.*" AC3

Personal and professional knowledge, experiences, and expertise of the ***Backbone group***, especially their previous collective impact experience, was another factor that was identified influential to the success of the DSRS project. The ***project leads' experience***, background and approach were influential especially their knowledge and expertise in the area of community-driven research.

> "*Our personal experiences as well as our professional experiences, were really significant factors, mostly in terms of the topic area that we're focused on.*" BMG3

> "*I think throughout some of the challenges with that previous experience [collective impact project], we made some really good connections, and built some strong relationships. One key relationship, of course, was with the Alzheimer's Society*." BMG3

Participants also pointed to the knowledge and skills of the Backbone group in leading and directing the DSRS project that has led to clarity around decision making and progress tracking.

> "*I think they [Backbone team] have done an excellent job, they've provided good information, provided a good direction. It's been comprehensive, it's been clear. So, I think the design of the project, the objectives, the pieces were well thought out, well put together, and I think, served the implementation step well.*" CO2

> "*I think that [Backbone team] really helps in keeping track of the project, making sure it's on time, it's on schedule, it's on budget, everybody's staying accountable to it.*" CO6

2.3. Co-Creating Impacts

Participants believed that the DSRS project has co-created impacts at the system/organization, policy, and community levels.

In terms of system/organizational level impact, they referred to the impact on service delivery across various systems such as social care; recreation; culture; and healthcare, especially rural healthcare. There has been learning for the ***social care/services system*** through the SaskAbilities Life Enrichment program but this system change, in participants' views, is "*not something that would be as blatantly recognized.*" (CO3)

> "*… The [Sask] Abilities council now has a better understanding of dementia in their community, a better understanding of it within the client groups that they serve. And they can take their learnings and experiences and apply them consistently on an organizational level. Even if this program never comes back in the way that currently is being ran. That to me is sustainability. Because the system has worked something and is applying it, it's just not an individual.*" CO5

Another area of change and impact at the system/organization level is change in the ***recreation system,*** and how recreational facilities are now more age and dementia friendly as the result of the City of Yorkton Audit project. The '*Find Yourself Where You Belong*" program by the Art Gallery has also contributed to some changes to the ***cultural system*** in participants' view.

> "*…does the art gallery, for example, now think differently about its customer experience, about people who come. And there's a constant learning within the organization around that system about how you deliver that, how you evaluate that, how we think about this.*" CO5

Rural healthcare was another system the DSRS project has made some impacts on, especially around older adults, long-term care, and caregivers in rural communities. The severity of rural health challenges in Saskatchewan, in participants' views, presents a multifaceted concern encompassing various factors impacting the wellbeing of rural residents, especially older adults. The province's vast geography, coupled with a declining size of rural communities, rapidly aging population in rural Saskatchewan, and geographically dispersed population, pose significant barriers to access healthcare and social care, leading to, among many others, social isolation among older adults. Participants appreciated SPHERU's choice of rural communities for the collective impact project.

> "*…if we're going to find the solutions, to how to get services to people [in rural communities], I think, one of the sources of that is going to be the communities themselves…to try to demonstrate that communities can do these kinds of things, that they can design and implement services in an effective way. And then to push those lessons further up into the sort of policy systems and service systems that exist."* BMG2

Participants viewed the DSRS project as successful in terms of ***impact on healthcare system***. A participant from the Medical Social Work department of SHA (Saskatchewan Health Authority) shared her experience of working with the SaskAbilities program, mainly through ***referrals***, and how this program has reduced the burden on the health system, especially in long-term care and nursing homes.

> *"...like as a medical social worker, we're dealing with dementia clients, but we have a high caseload of palliative clients and chronically ill people. So, we're not just one area, we are a jack of all trades. And it just is so comforting to be able to hand these people off to an organization that understands the dementia and is targeted for them.*" CT6

Another participant with a background of working with the health system in long-term care in rural communities expressed how much the SaskAbilities program has been impactful in terms of ***reducing the burden on long-term care***. Participants believed that there needs to be a "***value translation***" of the DSRS project to the health system to properly get their buy-in in terms of funding and other resources.

> "*And I can tell you for certain that if we had this program in place, even five years ago, a lot of the people that came in for respite and then transitioned into long term care wouldn't have been in that situation. And so that added extra strain, obviously on the health care system, because that requires more staffing in the nursing home and it requires more doctor's visits, and it's a ripple effect, right?"* CO8

The DSRS project, especially the SaskAbilities and the Art Galley programs were viewed as ***proactive programs*** in terms of ***supporting caregivers*** and reducing their burnout before they fall into the costly healthcare system.

> "*…being proactive ahead of the game before these caregivers burnout and drop them in hospitals because that happens too.*" CT6

> "*I've had people tell me, if it wasn't for me coming to see them, they would not be able to ever leave their house. And so even though my visits are very short and sweet, it still allows the care provider that time to be able to leave"* CO8

A few participants, however, were not sure if the DSRS project has made any meaningful changes to the healthcare system especially around ***referrals and how healthcare is collaborating*** with social care and other community organizations.

> "*The other system, we hoped to influence but not sure if we have made any difference, is around health services because that's a key system in those rural areas. I mean health in a broader term not just the medical care.*" BMG1

However, some participants were positive about the collaboration between the local health system and the SaskAbilities program, especially in terms of referrals, as a person from the local health system said:

> "*I know that I've given referrals over there, she [SaskAbilities Program Coordinator] has grabbed them and ran with them, and it's been a beautiful outcome.*" CT6

In terms of change at the organization level, participants felt more empowered and pointed to the ***organizational learning***, especially around being more inclusive, and how an age and dementia friendly community means a more inclusive community as one participant put it this way:

> "*I think one of the things for us is that making those spaces inclusive for people, not only living with dementia and their care partners, but some things that you're going to do to make them more inclusive will also be inclusive for other populations, whether it's people using walkers or canes or any other really diseases in general."* CO6

Another participant said:

> "*Continuing to talk about a dementia friendly approach in all of our organizations just expands our perspective on the needs of everyone, all the differences, all the challenges, accessibility, generally speaking, even though we're just talking about dementia. That remains huge for me, it opens our eyes to everything else. So, are we are we being accessible, inclusive?*" CT4

In terms of ***policy impact***, interviewees pointed to the changes at the municipal government level following the audit project run by the City of Yorkton and active engagement of the Mayor of Yorkton in the Community Table meetings. They also viewed the Advisory Committee as a source of "*contact into policy networks*" (BMG2). Participants suggested that engaging policy and decision makers such as Mayor and Minister of Mental Health and Addictions, Seniors and Rural and Remote Health in Community Table meetings, and advocating for change, will increase the possibility of policy and system changes.

> "*I've heard the Mayor comes into meetings and give some information…I think that sometimes to have those local community ambassadors, is very important.*" AC1

> *"I think it [Audit Program] is transferable to other sort of municipal level sort of governments.*" BMG3

Participants expressed hope that the project will have some impacts on the ***private and corporate sector*** mainly through the dementia friendly communities that has not been materialized yet.

Participants pointed to the impact of the DSRS project at *the* ***community level*** mainly through ASOS programs, raising awareness through multiple activities, supporting care partners, engaging community champions, and building on existing community assets. Interviewees believed that ASOS programs and activities including the public awareness campaign, ABC presentations, and other outreach activities have been effective in enhancing public awareness of dementia in their region. Engaging champions, especially local community champions with lived experience, was viewed as a success factor for the project. Community champions, in participants' view, played a crucial role especially during the pandemic when the Backbone group was unable to be present in the community in-person.

> "*I think that the people that are vocal like Gord, who can be out and about and make his case known, so to speak, would pull a different, an eye-opening experience.*" CT4

> "*…when Edna [community champion] phoned somebody, or when Edna said: "you need to go, you need to come to this meeting.", they came, because Edna told them to come. And so that probably saved us for not being able to get into the communities ourselves. Because there were people there who were going to champion us in the community already.*" BMG2

3. Collective Impact Challenges

Data analysis identified three key challenges or areas in which the DSRS project needs improvement. These include: 1) ambiguities around the Community Table, 2) challenges with meaningful engagement of persons with lived experiences, and 3) limited engagement of policy and decision makers as well as the corporate sector.

3.1. Ambiguities around Community Table

Participants expressed their expectations of the Community Table meetings as well as the challenges with this governance structure.

3.1.1. Expectations from Community Table

Participants expected CT meetings to be: a space for dialogue and reflection, space for problem solving, space for leveraging on existing relationships, space for promotion and education, and a space for sustainability planning.

Participants expected CT meetings to be a ***space for dialogue, reflection*** and a two-way communication where COs present their work and receive feedback from those engaged with their programs and other community organizations and community members. CO members were especially interested to learn about how the community perceives their impact.

They also expected the CT meetings to be a ***space for problem solving*** as one participant said:

> "…*these issues are coming up, this agency is finding this issue, okay, as a collective, let's figure out how we can help each other out*." CT2

Participants expected CT meetings to be a ***space for leveraging on existing relationships*** and resources within communities as one participant noted:

> "*How do we [CT members] connect people to the projects, that sort of thing? Are there individuals that may fit within your project or anything else?"* CT2

Another area of expectation for CT meetings was a space for ***education and promotion***. Participants expected the CT meetings to update the community on "*what is happening, who is doing what, and what is available in their communitie*s" (CT2).

Most participants expected to see more discussion around sustainability at the CT meetings. They saw the role of the CT as a space to ***plan for sustainability*** of projects and to brainstorm opportunities to stay connected as one participant said:

> "*I do think we need to really, for the next two years, develop a direction, develop kind of a framework as to what we're wanting to do, because is this done in two years. Or are we looking at ways to keep projects going and that sort of things*?" CT2

They were looking for ***strategic plans*** to "*have a direction where we're going, we have priorities, and that we're going to be sustainable post two years*" (CT2).

3.1.2. Challenges with the Community Table

Participants identified three key challenges with the Community Table (CT) including: inclusivity, lack of clarity of CT role, and format and structure of CT meetings.

Inclusivity and diversity of stakeholders who attend the CT meeting was a key challenge as one participant said: "*I feel like it's been a bit of a challenge to get the right people at the table.*" CO2. Participants believed that the lack of Backbone group presence in the region has been one reason behind limited diversity of the CT.

> "*…maybe this is one of the limitations of not being down on the ground, I think we may be hitting a point of we've exhausted the contacts of our collaborating organizations to bring in people to the Community Table. If we were there more regularly, we might have been developing or been able to develop a slightly somewhat broader set of contacts, or at least different contacts, that we could have brought into this*." BMG2

Participants, however, acknowledged that building diversity requires time, continuous communication, and trust-building relationships. Interviewees identified a number of ***organizations missing*** from, or having limited representation at, the CT meetings including the health system and more specifically the SHA, Royal Canadian Legion, Yorkton Parkland College, churches and other faith-based organizations, Yorkton Tribal Council, and newcomer and immigrant organizations. One participant also expected the high school principals or teachers (who are teaching social skills) to be engaged. There were questions about "*who from the health sector should be engaged?"* (CO4) and there were suggestions such as medical social workers, health promotion professionals, nurses, someone with the facilitation and navigation role, and policy and decision makers.

> "*I guess my thing would be, who in health should be at the table? And so to me, it would be more the health professionals that are doing the health promotion part. I'd like to see those health promotion personnel at our table in some way, kind of connecting between the community and the health system"* CO4

Participants perceived the role of the SaskAbilities Coordinator who is supporting care partners to navigate support services as helpful and expected that someone form the health system should be linked with the SaskAbilities Coordinator. One participant felt that if this linkage happens, it will be a positive lasting change.

> "*I think it needs to be someone who is more of a facilitator or navigator. Just kind of what we're hearing through the Abilities project where somebody needs some help. And to me having them at this table, have them working with these organizations that are facilitating and filling in that kind of gap. So, it would be helpful if there was someone from the health system that already is there. So when we're done with the funding, that person has that role, or continues that role in between the lines.*" CO4

Participants shared insights about how each of the missing organizations could have benefited the DSRS project and the community at large if engaged. For example, the Royal Canadian Legion has widespread access and outreach to older adults residing in the region and could support with awareness raising as one participant said:

> "*…the reason that I picked on the Legion is because they have a broader spectrum of contact with people that would be in our age range. So, I thought if the Legion could kind of form a partnership with us somehow, and maybe make the public more aware.*" CO8

Participants thought that engagement of Parkland College (merged with Cumberland College in July 2023 and became Suncrest College) could have facilitated some ***changes in the education system*** around dementia, especially through various practicum and volunteer programs. Participants also suggested that it would be helpful to approach university programs related to human services such as social work, education, recreation therapy, and medicine ***engaging students*** in the DSRS project through practicum or volunteer opportunities.

Participants also shared insights and suggestions on how to get buy-in from those missing community organizations. One suggestion was to clarify the areas of alignment and how the project is impacting the communities they serve. This will help organizations to see dementia as an issue for their community and align themselves with the project as one participant said:

> "*[They] will align themselves with you in terms of recognizing dementia as an issue for their community, whether they're a faith-based group because they have members of the congregation who have dementia.*" CO5

In terms of ***individuals and community members missing*** from the table (i.e., CT meetings), one group was homecare assessors or ***homecare coordinators*** in rural communities. One participant mentioned that these healthcare professionals in the remote areas of the region are suffering from a lack of support and resources and "*if this SaskAbilities program goes all the way out to those areas, let me tell you, those ladies [homecare coordinators] are going to be jumping on that*" (CT6). The ***Indigenous community*** was another missing group mentioned by most participants:

> "*Our Indigenous voices, we should be including in this [DSRS project]*." CT2

Participants acknowledged that engagement of the Indigenous communities requires a different approach and provided suggestions about different ways of engaging Indigenous communities such as reaching out to Tribal Councils or other First Nation reserves, and use of existing networks and connections of COs and CT members. Meaningful engagement of Indigenous communities requires a better understanding of their needs and how the DSRS project can meet those needs. In other words, tailoring the project and its programs to their needs as one participant said:

> "*…what do the communities [Indigenous communities] have need for and what can you do to support it*?" AC3

Most participants had ***limited clarity about the role of the CT***. They were not clear if the aim is to promote and raise awareness of CO programs, or finding new projects, or looking for champions as the following quote demonstrates:

> "*I guess I kind of struggle a little bit to what the community table is, and what the end result of the community table is. And what is being accomplished by that community table, other than spreading the word of projects in the area, and just raising awareness of the activities that are happening. So, I don't know if we're looking for somebody to champion, are we looking for champions from that community table to then like… I'm unclear with*." CO4

They expected the Backbone group to develop ***strategic directions for the CT*** as one participant noted:

> *"…we had a presentation on some stuff in our last meeting. But other than that, I don't know, I've seen a strong direction.*" CT2

Yet, they were aware of the challenges with building the right CT composition and the learning process required as one participant said: "*…sometimes you have to stumble through things in order to determine, what is it that we need.*" (CO4).

Participants identified a number of ***challenges with the format*** of CT meetings and shared suggestions for improvement. One of these suggestions was to have ***follow-ups after CT meetings*** regarding the action plans/items discussed in the meeting. One participant called it having a "*post contact strategy and plan*" (CO5). Participants perceived ***post-meeting plans*** as being as important as the meeting itself.

> “*...think about, not just what are you doing at the next Community Table meeting, what are you doing for the 48 hours after? What are you going to try to accomplish coming out of that meeting, 48 hours after it's happened? Not three weeks*.” CO5

They saw this the role of DSRS Project Coordinator as one participant said:

> “*It would have been nice to maybe have some, like more follow up points after that [Community Table meetings]. People get busy, they leave a meeting and then. I don't know if like someone like Michelle [Project Coordinator], if that would be in her role, to kind of like, reconnect afterwards and just say, hey, do you want to have like a little spin off meeting? Or can we get your cards out to the Red Cross and get people to, like that kind of thing, I think would be helpful.*” CO2

Another suggestion for improving the format of CT meetings was around ***active engagement of community organizations***. Apart from COs presenting their progress to the CT members, participants expected active engagement of other community organizations, especially those who have similar clients (i.e., persons with dementia) to talk about their services and resources as well as their experiences, including barriers and success stories related to working with persons with dementia. These engagements would provide learning opportunities for both COs and other community organizations. Examples provided were pharmacies and the Red Cross as one participant said:

> “*Like the pharmacists have a lot of knowledge, maybe someone from pharmacy comes in, they present on things that they're seeing in the community that we can assist with. So, if they come to us with a presentation, either with success stories and or barriers, then as a collaborating group, then we can kind of brainstorm together.*” CO2

Another recommendation for improving the format of CT meetings was around ***making CT meetings more accessible for persons with dementia***. Participants suggested that it would help to reduce the length of the presentations and breaking it into shorter chunks, having a brief presentation followed by feedback and reflections before moving to another brief presentation.

There were also recommendations about ***efficiency of CT meetings*** and making the best out of them. One specific suggestion was to reduce the ***introduction section*** because it slows down the momentum. One participant said: "*it took up 15 minutes of our time doing introductions, and we all knew each other, except there was like, only one new person*" CO2. Another participant shared the same concern by saying:

> "*Sometimes the community meetings, it was a little bit hard to get through, just because every time there was a new person, it was like, an hour of introductions kind of thing. And so to me, it was very [time] consuming.*" CO4

However, participants acknowledged the importance of introductions to help with the flow of the meeting and also for new members to feel welcomed and comfortable. There were suggestions to update and bring up to speed the new members with CO members and their programs prior to the meeting by the Project Coordinator.

There were recommendations around ***timing of CT meetings***. A few participants raised a concern around having the CT meetings on a ***weekday and during working hours***, which prevents some from attending. However, they acknowledged that finding a time that works for different organizations (e.g., NGOs, public, private) is challenging. They suggested that non-profit organizations might not have difficulty with the workday timing as it is part of their job description to participate in such activities.

3.2. Challenges with Meaningful Engagement of Persons with Lived Experiences

Although participants valued the efforts of the Backbone group in engaging persons with lived experience in various ways, they expected more meaningful engagement and representation of this stakeholder group. They appreciated the engagement of persons with lived experience in the Advisory Committee, Community Table, and CO's programs (e.g., audit program by the City of Yorkton).

> "*I don't know that it's been really clear where the voice of the people living with dementia fits into the project, there's not a lot of representation, there hasn't been a lot of stakeholder engagement that in my opinion has occurred.*" CT1

There were suggestions on how to more meaningfully engage persons with lived experiences in the DSRS project. For example, there was a suggestion to put a call out for persons with lived experience who might be willing to share with the DSRS project their experiences about the barriers they typically face including the stigma about dementia, and strategies used to overcome those barriers, and the support they need to achieve a higher quality of life. Another similar suggestion was to showcase a "*day in the life*" of a person with dementia or shadowing one of the COs programs providing direct services (i.e., SaskAbilities or Art Gallery programs) as one participant said:

> "*…to SaskAbilities and hang out with them and ride along with them to see all of the awesome things they do with the folks.*" CO10

Participants also were aware of the ***challenges with engaging persons with dementia*** especially in a ***group context/setting for a long time*** (more than 1 hour) as they might find group conversations intimidating and hard to follow. People with dementia who are experiencing cognitive decline might feel more uncertain about their perspectives, which leads to less spontaneity and speech. Thus, in a group setting they participate less, particularly where they feel intimidated and/or when it is hard to follow the conversation and/or there is a lot of people such as a Zoom meeting or video conferencing.

> "*Like the group settings are hard to keep track of things, hard to keep track of everyone speaking. It's tough.*" AC3

The ***progressive nature of dementia*** impacts the meaningful engagement of persons with dementia. There was a suggestion that even those advocates who are actively involved in public awareness campaigns, feel less competent and capable, and find it more stressful, rather than a source of joy as their disease progresses. They recommended it would help to find a ***balance between engagement and a mandate that might pose an undue burden***. There was also a suggestion to ***solicit the views of persons with dementia*** on engagement strategies and tailor methods based on their needs and requests. In other words, adapting DSRS project's engagement methods/strategies to them instead of them adapting to the DSRS engagement methods. This adaptation might mean having a ***one-on-one kind of consultation***.

3.3. Limited Engagement from Policy and Decision Makers and Corporate Sector

3.3.1. Limited Engagement of Policy and Decision Makers

Most participants pointed to the absence of policy and decision makers from the DSRS project and they saw this engagement as paramount. Although they appreciated the efforts of the Backbone group to engage the Minister of Mental Health and Addictions, Seniors and Rural and Remote Health in two CT meetings, they expected more engagement of policy and decision makers. Their engagement, in participants' view, not only brings resources and expertise to the table but also enables the alignment of public policies and funding with the DSRS project goals.

> "…*the people that I think would be really important to have at the table are some of the decision makers when it comes down the road to the funding component."* CT1

Participants expected to engage more government officials, local MPs or MLAs, and people with decision making power like Director of programs. There were suggestions that engaging policy makers who are public servants might be more effective than engaging decision makers who are elected officials or political leaders as one participant said:

> *"… as I'm thinking, Minister Hindley, if there's somebody in his Ministry, a paid employee, it would probably happen faster through administration than an elected official.*" CO1

In participants' views, engagement of policy and decision makers facilitate sustainability of COs programs. Their engagement also fosters championing policies that promote dementia friendly communities and equitable access to support services in communities leading to a lasting and meaningful impact on the wellbeing of persons living with dementia and their care partners.

However, they were aware of difficulties engaging policy and decision makers as one participant said:

> "*…those [policy and decision makers] aren't generally the individuals that will come and sit at the tables like this.*" CT1

The sectors from which participants wanted to see policy and decision makers engaged were mainly ***health, and social services***. In participants' views, the DSRS project goals were aligned with the mandate and agenda of these two sectors and has potential to impact their mandates. They expected the Backbone group to make the areas of alignment with these two sectors clearer to get their buy-in. For example, one participant said:

> "*…if we can make it very clear that our goal is to help people remain in their homes for as long as possible and avoid kind of the burden on the long-term care system. And we can make that sales pitch, I think we might have some chance.*" CO2

Another participant noted:

> *"When I look at like parks and recreation program that might be something that Minister of Social Services may not be interested in, because that doesn't really impact their mandate. I think health might be interested, but I don't know that they will see this as a priority either.*" CT1

Participants also suggested that the ***timing for engaging policy and decision makers*** is crucial. They expected the Backbone group to engage this group of stakeholders soon due to ***budgetary plans*** as government organizations plan their budget one year in advance.

3.3.2. Limited Engagement of Corporate Sector

Participants shared concerns about limited engagement of the corporate and private sector and businesses in the DSRS project. They named a number of private and corporate sectors that they expected to be engaged with the DSRS project such as Co-op (co-operatives) and grocery stores (e.g., Save on Foods and Walmart), pharmacies, restaurants, hairdressers, retail stores, and banks and credit unions. Participants were aware that getting buy-in from the private sector needs to include ***finding areas of alignment***, and making them realize that they have ***customers and clients with dementia***.

> "*I really encourage you to figure out a way to get some of the grocery stores involved, because everybody has to eat, but there's such a social aspect to going grocery shopping. And I spoke to more than one person who referred to going grocery shopping as a social outing for the person living with dementia. And it would just be so nice if the cashiers and the stock clerks and the meat department would have a little bit, just a conversation or have some tips on if someone is at a grocery store and you think they might have dementia, just some tips on how to talk to people.*"
> CT5

In participants' views, engaging the corporate and private sector is crucial for creating sustainable and impactful change in the communities. These stakeholders bring valuable resources, and a broad reach that can significantly increase the project impact. Involving them can support dementia friendly communities. Also, collaboration with the corporate and private sectors can help reduce stigma, raise awareness, and mobilize communities to be more inclusive and supportive of a person with dementia.

4. Sustainability

The key question examined under sustainability related to measures required to ensure the continuity of collaborating organizations' (COs) programs. Responses revealed nuanced perspectives as participants identified opportunities and challenges for a realm of possibilities. They explored the prospects that exist for collaborating organizations to obtain resources to continue project operations, maximize untapped potential within their communities and adjust their procedures to sustain dementia friendly services.

4.1. Opportunities and Strategies to Enhance Sustainability

Utilizing evidence to solicit funding at federal and provincial levels

For many interviewees, securing funding was key to sustaining certain project operations. They held that the information generated from the project provided evidence to justify more investment for service delivery projects catering to families affected by dementia. There was common understanding that it would be more feasible to seek funding because the COs would be equipped with data generated through exhaustive evaluation. As some interviewees reiterated, COs should explore the data and utilize it to approach and demonstrate project achievements and impacts to potential sponsors.

> *"Hey, this is a great program. It really works. We got an evaluation that demonstrates that. There's a real need for this."* CO5

> *"…show that we're making a difference… our outcome measurements and ones that community, and agencies and funders can understand, you know, making it very easy that, you know, by us doing A, B, C, or D, we've been able to affect positive change..."* CT2

Whereas participants observed that the onus is on both levels of government to increase funding for dementia, it is more practical to approach stakeholders at the provincial levels. They reiterated the importance of maximising evidence to demonstrate the benefit of the program to stakeholders including the Ministry of Health and Saskatchewan Health Authority (SHA). Increasingly, the data demonstrates that some of the projects, such as the SaskAbilities Dementia Friendly Life Enrichment program that provides personalized activities in the home and community for people living with dementia would contribute to lessening the burden on the health system. They reasoned that evidence of the latter provides impetus to make a case with the SHA that sustaining such programs will lower costs significantly for managing long term care while providing improved quality of life for persons living with dementia an their families.

> *"…honestly, we'd have to start looking for government funding now. Either through the provincial government and or the federal government."* CO8

> *"…everybody needs to be on board it needs to be all levels of government…starting at the health care level is absolutely pertinent, because that's the dollars and cents…that's where, like I said, you know, more supports at home, less cost on the health care system, right?"* CO9

> *"…our goal is to help people remain in their homes for as long as possible and avoid kind of the burden on the long term care system. And we can make that sales pitch; I think we might have some chance…"* CT1

Another participant who is familiar with the health system surmised this general reasoning and expectation that there is a robust case to make to the Ministry of Health.

> *"…a lot of the people that came in for respite and then transitioned into long term care wouldn't have been in that situation. And so that added extra strain, obviously on the health care system, because that requires more staffing in the nursing home and it requires more doctor's visits, and it's a ripple effect, right? And so if this program had been available, most of these individuals would have probably still been able to maintain a good quality life still living at home for at least a couple of years."* CO9

Interviewees also construed that the lessons learned from the projects would offer the SHA a model of services which can be scaled up beyond Yorkton to constitute *"… part of the provincial infrastructure for people living with dementia"* (CT1).

Corporate bodies and community based organizations

Another opportunity highlighted was the notion that non-government stakeholders including corporate bodies would take interest in funding dementia related projects if these aligned with their mandate. Participants identified corporate bodies including the Royal Bank of Canada (RBC) and Canadian Tire as examples of institutions that have invested in after school programs for kids, sports and youth. Given these examples, participants observed that project outcomes are valid to make a business case to corporate institutions that, by investing in dementia service projects, the corporate bodies would **create value** for seniors and by extension contribute to **social impact** in the Yorkton area.

Other untapped resources within the community include local community organizations and the solid network system that is characteristic of smaller communities. Given these deep connections, there are often opportunities to share project achievements with contacts who are board members of foundations and other grant bodies. These stakeholders within local funding organizations tend to be more accessible; in the case of Yorkton, these bodies could be more inclined to invite specific programs to solicit funding once it was evident that existing projects are making a difference.

> *"…these foundations and that sort of thing, when they hear about the good work that's happening, they reach out, you know, and so it's not where it's just a simple, you know, community wide call for proposals. It's, hey, we have x amount of dollars, we've heard about what you're doing, we see value in it in our community, put in a proposal and, and kind of go from there."* CT2

In their view, organizations could also solicit funding from businesses and clubs such as the Legion and Lion's Club or the Kinsmen.

> *"… Painted Hand Casino, they've got a community funding… we've never really tapped into that. But is there an opportunity to tap on their shoulder and say, "Hey, we're, we're right here. Let's partner. Give us give us some money to keep people at home."* CT6

COs could also seek collaboration with other actors who might provide services for dementia including transportation companies that owned vans used to transport seniors and those with disabilities.

Another resource highlighted included affluent families that could sponsor community led efforts to promote a more dementia friendly environment; wealthy families that have been affected by dementia could be more inclined to supporting legacies through which funding could be channeled to support dementia friendly activities. Participants were positive that organizations within the community would see value in sustaining community led efforts to create more enabling conditions for people living with dementia and care partners. An interviewee summarized this rationale:

> *"…60% of the people with dementia are in community and they want to be part of their community. They don't want to be isolated. They don't want to be felt sorry for. They want to participate. They want life enriching experiences as long as they can. They have care partners they still care about and want to be part of…"* CO5

It was apparent from the discussions that securing funds to sustain projects is hinged upon the ability to demonstrate that some projects contributed to improving the quality of life of persons living with dementia by facilitating increased social interaction and feelings of inclusion while reducing burnout for care partners. Interviewees maintained that the project is equipping the collaborating organisations with evidence to engage various stakeholders to explore measures for sustaining dementia friendly initiatives in the community. This reasoning is the bedrock for participants' perspectives on funding and collaborating organizations capacity to sustain activities that cater to those living with dementia and their care partners.

4.2. Rethinking Sustainability

Beyond Business as Usual at Collaborating Organizations

Participants pointed out that while certain projects require external funding in order to sustain their services, there was need to consider alternative pathways. One of these would include reconceptualising sustainability. In some instances, COs would require more than a business as usual approach in order to maintain activities that contribute to improving public awareness, fostering social inclusion and reducing the stigma and social isolation associated with dementia. The information generated from the projects provided opportunity for collaborating organizations to re-evaluate their operations with emphasis on strategies that actively promote a dementia friendly environment. The fact that 60% of persons with dementia live in, and desire to continue being part of their community, warrants that COs evaluate the experience of their target population and adopt measures that enhance dementia awareness within their organizational operations. An interviewee observed that collaborating organizations would eventually need to envisage sustainability differently because funds are not always guaranteed. There is therefore an opportunity for COs to maximise lessons learned from projects to promote dementia awareness and dementia friendly initiatives within the constraints of the organization.

> *"...we can't continue this program the way that it was. But we now know things we didn't know before. And we do know that there's a need...so is there a way that we can integrate some of this into our other programming...they can take their learnings and experiences and apply them consistently on an organizational level. Even if this program never comes back in the way that is*

> *currently being ran, that to me is sustainability. Because the system has worked something and is applying it…"* CO5

Leveraging community assets to maintain dementia awareness

An additional measure beyond adjusting organizational operations includes leveraging current assets within the community to maintain dementia awareness. This strategy would require continual engagement in community activities, and networking with stakeholders including faith based institutions and doctors' offices to disseminate dementia relevant information in Yorkton and Melville and surrounding areas. As one participant remarked, in rural communities it is "…*not so much what you know or what you're trying to give, it's who you know, and who's gonna back what you're about*" (CO11). Furthermore, existing connections in these communities, including those established throughout the project provide opportunities to continue discussions about promoting dementia friendly environments. Such conversations do contribute to stirring community led perspectives about interventions that are dementia friendly.

> *"…we've created those ties to one another with the common agenda that they need to keep going…bringing up our dementia projects with the recreation directors that we've worked with in the smaller towns, they're like, it kind of opens their eyes to right that. 'Oh, yeah, like maybe we can do something that could create a more inclusive environment for our Pickleball club or our chair yoga club..."* CO6

Participants reiterated that it is feasible for COs to explore and leverage existing community structures because community-led interventions aimed at improving accessibility within communities tend to be holistic. There was common understanding that these are favourable conditions to pitch for practical and smaller scale measures for persons living with dementia because these would eventually create an inclusive environment for other people.

> *"…if you make a facility, you know, accessible with the ramp, well, that's good not only for seniors, but also people in wheelchairs, also mothers pulling pushing strollers…the whole broadness of some of the stuff that we do around making things Age Friendly for seniors, does support accessibility through the whole lifespan, and for others."* CO4

The transferability factor - expanding the Yorkton and surrounding rural community's model within Saskatchewan

Within this context, the transferability factor refers to the extent to which the program could be implemented in another setting/context. Some of the interviewees explained that beyond ensuring their projects kept running in Yorkton, establishing and documenting operational models and lessons count also be counted as sustainability measures. These Yorkton and area based projects, they suggested, were thriving and enhancing the quality of life for families affected by dementia, raising awareness, contributing to a greater feeling of inclusion and reducing the stigma associated with dementia in the community. One participant observed that the latter is proof that *"…communities can do these kinds of things, that they can design and implement services in an effective way…"* (BMG2).

Moreover, the patterns of communication and relationships that have developed amongst the COs and through their programs could be transferrable to other municipal areas. The CO projects depicted functional models of measures and potential results, and thus have the potential to inform similar interventions in other parts of the province. From this perspective, participants concluded that the sustainability of the current projects is marked by the ability to offer resources that could potentially inspire similar interventions. With this rational, sustainability also meant maximising the lessons derived from the projects to optimise relevant policy and service systems to bring about change.

> *"…it's about developing interventions that can really sort of serve as examples and as models of how to do this sort of stuff and to actually think about, you know, if you provide the right kind of support, that the communities can actually figure out a lot of really interesting ways to deliver services."* BMG2

4.3. Challenges

We summarized participants' discussions around challenges to sustainability into two inextricably linked factors. First, there are relatively few stakeholders with capacity to sponsor projects for extended periods and secondly, this scenario leads to heavy reliance on these same actors for funding.

While participants generally agreed that funding was the main challenge with ensuring continuity of existing projects, these difficulties, they explained, relate to the fact that rural communities are not sufficiently connected to major funding bodies. Although Yorkton is urban, there is a dearth of major bodies interested in providing funds to extend some of the projects implemented by the COs. To illustrate this point, participants often suggested that the Saskatchewan Health Authority is the major stakeholder that would have stakes in funding projects such as the Dementia Life Enrichment project.

> *"I think health would be the only one that could be approached in this circumstance to cover some of the costs because I don't know any other funding sources that we could approach. That would, because it's kind of its own, dementia is kind of its own entity in terms of funding, right. And there isn't a lot of grants, or things that we could apply for that it kind of falls under…"* CO7

In addition, competing priorities are some of the possible difficulties in a setting with heavy reliance on relatively few stakeholders. One participant indicated that this is hardly an ideal scenario to secure resources to extend the current CO projects.

> *"So when I look at like the Godfrey Dean, I don't know that the health ministry would take on the Godfrey Dean project, right? When I look at like parks and recreation, again, like that might be something that like Minister of Social Services may not be interested in, because that doesn't really impact their mandate… on one hand, I think health might be interested, but I don't know that they will see this as a priority either."* CT1

Other stakeholders including faith based groups and cooperatives who could potentially support some aspects of existing CO programs have competing priorities and may regard dementia friendly activities as short-term charity engagements. An interviewee explained that it could be challenging to engage these groups to maintain a sustained interest in dementia that could result in any form of sponsoring commitment. These groups might support dementia related programs for a limited time before proceeding to address other charitable causes.

> *"Oh, we'll do this because that's a good thing to do for people with dementia. We care about that". I mean, that's great. Yeah, but next week, it is something else."* CO5

In one respect, there was optimism that avenues exists to build relations with several partners in the community to keep the conversations and support measures that contribute to improving dementia awareness and promoting a more dementia friendly environment in Yorkton and surrounding areas. Nonetheless, for service programs such as the Dementia Life Enrichment Program, external funding is indispensable for sustaining program activities beyond the project timeline.

> *"…you can set up these programs, and they're incredible and they're doing just incredible good, you know, for segments of the population. But then it's not always possible to then ensure long term funding to ensure the longevity of that program…"* BMG3
>
> *"We can guarantee good evidence will be collected, we can guarantee that we'll measure the right things, we can guarantee all of that. But ultimately, it's not up to us to decide whether to sustain it or not…"* BMG2

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Appendix A

Table 2: Outcome measures and key performance indicators for process evaluation: September 2019 to March 2023

Outcome Measure	Key Performance Indicator	# of Events	Engagement Level
Governance and Leadership	Advisory Committee meetings	8 meetings	12 attendees
	Community Table meetings	12 meetings	Approx. 25 attendees per meeting
		14 meetings	Approx. 15 attendees per meeting
		18 meetings	2 attendees
	Backbone Management Group (BMG meetings)	68 meetings	6 staff per meeting
	Evaluation meetings with COs [includes evaluation meetings, process evaluation meetings, outcome evaluation meetings]	36 meetings	Approx. 1-5 attendees per meeting
		37 meetings	24 semi-structured interviews
Communication and Outreach Strategies	Facebook	1 profile	59 followers
	Twitter	1 profile	151 followers
	Community visits	8 days	28 community members and 18 participants
	Project website	1 website	Approx. 20-30 users per week
	Webinars	6 webinars	Approx. 15 attendees per meeting
	Public Presentations	2 presentations	Online attendees
		5 virtual conference presentations	159 conference attendees (rural policymakers, service providers, and academics)
		2 conference presentations and 1 workshop	Over 500 conference attendees (service providers and academics)
		4 virtual conference presentations	132 conference attendees (rural policy makers, service providers, and academics)
		1 in-person presentation	Approx. 50 attendees
	Newsletters	9 issues	131 subscribers and online audience
	University of Regina publications	3 publications, 1 press release, 1 policy brief	Online audience
	Media coverage	7 stories in video and print	Online and TV audience
	Dementia Knowledge Survey	N/A	Survey done by telephone – 404 respondents
		1 infographics document	Online audience
	Bi-weekly resource sharing with COs	29 emails	Approx. 17 members of COs and 6 BMG staff
Community Stakeholder Engagement	Persons with lived experiences	2 tours of 12 public facilities	4 paid contractors
		1 meeting	2 participants – Evaluation
		Approx. 627meetings	81 participants – SaskAbilities project

		50 meetings	32 participants – Godfrey Dean Art Gallery project
		11 meetings	280 participants – Alzheimer Society project
	Policy and decision makers	9 meetings	Mayor of Yorkton
		1 meeting	Saskatchewan Minister of Mental Health and Addictions, Seniors, and Rural and Remote Health
		1 meeting	Saskatchewan MLA for Yorkton
	Practitioners	6 Community Table/Advisory Committee meetings	16 practitioners or employees of the Saskatchewan Health Authority
Administrative	Signed project sub-agreements	7 signed agreements	N/A
	Staff hired [job creation] for BMG and COs	N/A	2 full-time
		N/A	1 full-time Dementia Community Coordinator 1 part-time Communications & Marketing Coordinator 1 part-time Public Awareness Coordinator 1 full-time Dementia Friendly Coordinator 2 half-time Dementia Friendly Facilitators 2 part-time Lead Artists 1 part-time Facilitator 1 full-time Registered Dietician 1 full-time Research Officer 1 full-time Research Assistant 1 casual Research Assistant
	Students hired	N/A	2 part-time 2 casual Research Assistants

Appendix B

Dementia Supports in Rural Saskatchewan

SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

University of Regina

Process Evaluation: Interview Questions for Advisory Committee

Title of Project: Interventions to Enhance Social Inclusion of Older Adults with Dementia in Saskatchewan

The questions you will be asked during the interview are selected from the following list.

1. What factors have influenced the design and implementation of the project?
2. How can the project enhance what is working well and improve what is not?
3. How can the project support ongoing learning among collaborating organizations and other community partners?
4. How can the project support a culture of trust, openness, transparency and inclusion?
5. To what extent does the governance structure (Advisory Committee, Community Table) support the project and is effective?
6. To what extent and in what ways does the backbone group engage collaborating organizations, local community organizations, and other key stakeholders to ensure broad support for the project?
7. How would you characterize the communications in the overall project?

Thank you!

Appendix C

Dementia Supports in Rural Saskatchewan
SPHERU SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT
University of Regina

Process Evaluation: Interview Questions for Backbone Management Group

Title of Project: Interventions to Enhance Social Inclusion of Older Adults with Dementia in Saskatchewan

The questions you will be asked during the interview are selected from the following list.

1. What factors have influenced the design and implementation of the project?
2. What systems does the project attempt to affect and what factors may influence changes in those systems?
3. To what extent and in what ways does the project tap into the strengths and assets of the community and Collaborating Organizations (COs)?
4. Which of the five core conditions of collective impact are gaining the most momentum and which one/s the least?
5. What factors are limiting the project's progress and how can they be addressed?
6. What are the structures and processes to ensure COs capacities and skills are improving?
7. What are the structures and processes to support ongoing mutual learning?
8. What are the structures and processes to support a culture of trust, openness, transparency and inclusion?
9. To what extent does the backbone group support COs to fill the gaps and create synergies?
10. To what extent are COs and other community partners clear about their roles and responsibilities in the project?
11. To what extent have the COs' views and perspectives regarding the issue changed with their participation in the project and their interaction with other COs?
12. To what extent has the backbone group been successful in bringing diverse stakeholders to the Community Table?
13. How would you characterize the communications in the overall project?
14. How does the backbone group support COs in collecting data and using that data to promote learning and improvement?
15. What are the structures and processes to ensure sustainability of the COs' programs?
16. What challenges have emerged within the BMG? What is being learned about being a backbone group?

Thank you!

Appendix D

Dementia Supports in Rural Saskatchewan

SPHERU SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

University of Regina

Process Evaluation: Interview Questions for Collaborating Organizations

Title of Project: Interventions to Enhance Social Inclusion of Older Adults with Dementia in Saskatchewan

The questions you will be asked during the interview are selected from the following list.

1. What factors have influenced the design and implementation of the project?
2. To what extent and in what ways does the project tap into the strengths and assets of the community and collaborating organizations?
3. Which of the five core conditions of collective impact (common agenda, backbone support, mutually reinforcing activities, shared measurement system, continuous communication) are gaining the most momentum and which one/s the least?
4. To what extent have the collaborating organizations' views and perspectives regarding the issue changed with their participation in the project and their interaction with other collaborating organizations?
5. How are relationships developing among collaborating organizations and other community partners?
6. What factors are limiting project's progress and how can they be addressed?
7. What is working well and what early progress has been made?
8. How can the backbone group ensure collaborating organizations' capacities and skills are improving?
9. To what extent does the backbone group support collaborating organizations to fill the gaps and create synergies?
10. How does the backbone group support collaborating organizations in collecting data and using that data for improvement?
11. How can the project support ongoing learning among collaborating organizations and other community partners?
12. How can the project support a culture of trust, openness, transparency and inclusion?
13. To what extent are collaborating organizations and other community partners clear about their roles and responsibilities in the project?
14. To what extent has the backbone group been successful in bringing diverse stakeholders to the Community Table? Who is missing from the table, and how might that influence project's progress toward its objectives?
15. How would you characterize the communications in the overall project?
16. How can the project ensure sustainability of collaborating organizations' programs?

Thank you!

Appendix E

Dementia Supports in Rural Saskatchewan

SPHERU SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

University of Regina

Process Evaluation: Interview Questions for Community Table

Title of Project: Interventions to Enhance Social Inclusion of Older Adults with Dementia in Saskatchewan

The questions you will be asked during the interview are selected from the following list.

1. What factors have influenced the design and implementation of the project?
2. To what extent and in what ways does the project tap into the strengths and assets of the community and collaborating organizations?
3. How are relationships developing among collaborating organizations and other community partners?
4. How can the project support ongoing learning among collaborating organizations and other community partners?
5. How can the project support a culture of trust, openness, transparency and inclusion?
6. To what extent are collaborating organizations and other community partners clear about their roles and responsibilities in the project?
7. To what extent has the backbone group been successful in bringing diverse stakeholders (different voices) to the Community Table? Who is missing from the table, and how might that influence project's progress toward its objectives?
8. How would you characterize the communications in the overall project?
9. How can the project ensure sustainability of collaborating organizations' programs?

Thank you!