Government of Newfoundland and Labrador
Dementia Care Action Plan Progress Report
May 5, 2025

In 2023, the Government of Newfoundland and Labrador released the Dementia Action Plan. This plan aims to increase awareness and inclusion, reduce stigma, and improve supports and services so individuals and families have a better quality of life and feel included in our communities.

The Dementia Care Action Plan is being implemented over a three-year timeframe with short, medium, and long-term actions to complete as follows:

- Short-term: 10 actions to be substantially completed in year one (March 2024)
- Medium-term: 13 actions to be substantially completed in year two (March 2025)
- Long-term: 13 actions to be substantially completed in year three (March 2026)

The actions identified in the plan support four key action areas including:

1. Increase awareness, reduce risk of dementia, and address stigma.
2. Diagnosis and coordination of care.
3. Supports and services for individuals living with dementia and their care partners.
4. Professional learning and development.

As of May 5, 2025, the following actions have been fully implemented (the action is complete), partially implemented (the action is in progress but not complete), or not started:

Short Term Actions (planned to be actioned by March 31, 2024)

#	Action	Status (Fully implemented, partially implemented, not started)
1.1	Work with NLHS and Regional Wellness Coalitions to ensure health promotion initiatives include a focus on brain health and dementia risk reduction.	Fully implemented
1.2	Provide public education on signs and symptoms of dementia, including the different types of dementia, young onset dementia, the benefits of early diagnosis, and the various types of supports and services available.	Fully implemented
2.7	Implement client navigator to support individuals and their families to access support and services throughout the dementia journey.	Fully implemented

2.9	Implement an awareness campaign on advance care planning including development of updated written material.	Partially implemented
3.1	Ensure individuals living with dementia who are accessing health and community services have individualized support plans based on the person's needs and individual preferences.	Fully implemented
3.2	Expand the Provincial Home Dementia Care Program to support increased numbers of individuals living with dementia to remain at home.	Fully implemented
3.3	Increase access to behavior management specialists to provide support with behavioural and psychological symptoms of dementia in community, personal care homes, and long-term care homes.	Fully implemented
3.7	Ensure the unique needs of individuals with dementia and their families are considered in palliative and end-of-life care.	Partially implemented
4.1	Identify core competencies particular to dementia care for relevant care providers and ensure competencies are embedded across the health care system.	Fully implemented
4.3	Ensure health care providers who regularly support individuals with dementia complete advanced dementia care education including a focus on person-centred care and empathy training.	Fully implemented

Medium Term Actions (planned to be actioned by March 31, 2025)

#	Action	Status
1.3	Work with stakeholders including CSSD, AS, municipalities and community groups to implement actions to increase dementia inclusive communities and ensure dementia is incorporated into existing or planned age-friendly community initiatives.	Fully implemented
1.4	Work with Alzheimer Society of NL to support business owners to make their services more dementia friendly.	Fully implemented
1.5	Work with Alzheimer Society of NL to support deliver of training and resources to ensure first responders have an understanding of dementia and are better prepared to provide support to people living with dementia and their families.	Fully implemented
1.6	Work with the Department of Education to increase age-appropriate awareness of dementia, social inclusion and stigma reduction in K-12 school curriculum.	Fully implemented

2.2	Ensure care providers have access to evidence based diagnostic tools and current information on community-based resources, to promote timely and appropriate referrals to supports and services.	Fully implemented
2.3	Increase access to geriatric specialists for individuals living with dementia with complex needs.	Partially implemented
2.8	Ensure individuals living with dementia have access to an interdisciplinary team with a dedicated single point of contact to support care coordination and transitions.	Partially implemented
3.4	Increase community based residential supportive care options for people living with dementia who do not need daily access to nursing care.	Partially implemented
3.10	Identify and implement opportunities to improve quality of life including enhanced social and recreational programming, across all care settings.	Fully implemented
3.11	Identify and implement opportunities to improve quality of care and quality of life for individuals living with dementia in residential care homes, including opportunities to make long term care homes more familiar and less institutional, with an increased focus on person centered care, and flexible delivery of programs and services.	Fully implemented
3.12	Identify and implement opportunities to better support individuals diagnosed with young onset dementia and their families, recognizing the unique challenges experienced.	Partially implemented
4.4	Increase educational opportunities for primary care providers and community health teams to support early detection and improved management of dementia.	Fully implemented
4.7	Support the creation of a provincial network of clinicians to share information on evidence-based resources and best practices in dementia care.	Fully implemented

Long Term Actions (planned to be actioned by March 31, 2026)

#	Action	Status
2.1	Identify and implement opportunities to support an interdisciplinary approach to diagnosis and increase the capacity of providers to improve diagnosis of dementia across the care continuum.	Partially implemented
2.4	Develop a best practice toolkit for supporting individuals living with dementia and their families.	Partially implemented

2.5	Develop dementia care pathways for use by clinicians supporting individuals through the dementia journey.	Partially implemented
2.6	Expand use of the HealthLine to provide support to individuals with dementia and referrals to other health and services.	Not started
3.5	Improve supports for care partners.	Partially implemented
3.6	Identify and implement opportunities in acute care to improve quality of care of individuals living with dementia.	Partially implemented
3.8	Enhance use of technology including virtual care, to support people with dementia and their families.	Partially implemented
3.9	Improve integration and increase capacity of primary care providers and community health teams in providing dementia care.	Partially implemented
3.13	Expand dementia support groups for individuals living with dementia and their care partners.	Fully implemented
3.14	Identify and implement opportunities for intergenerational programming where children, youth and younger adults interact with individuals living with dementia through formal, informal, or volunteer based programming.	Fully implemented
4.2	Implement minimum educational requirements for home and personal support workers, including dementia specific training for staff working directly with individuals living with dementia.	Partially implemented
4.5	Ensure all regional health authority staff have access to training and resources to ensure staff have an understanding of dementia and are better prepared to provide support to people living with dementia and their families.	Fully implemented
4.6	Advocate for inclusion of dementia training in all undergraduate and post graduate health professional training programs.	Not started