



ONLINE NATIONAL FORUM

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on Alert Systems for Vulnerable Older Adults

Coming together to inform "made for Canada" approaches to alert systems for missing vulnerable older adults.

Thursday, November 26th, 2020



UNIVERSITY OF
WATERLOO



Dementia
Advocacy
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Voices of Lived Experience



Aging Gracefully across Environments using Technology
to Support Wellness, Engagement, and Long Life

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PREFACE

Background

The proportion of older adults outnumber the proportion of children as of 2017⁽¹⁾. In 2020, people aged 65 and older were over 6.8 million or made up 18% of the adult population⁽²⁾. Further, the proportion of older adults is expected to increase to 25% by 2036⁽¹⁾. Vulnerable adults such as people living with dementia, cognitive impairment, brain injury and other cognitive conditions have a higher chance of getting lost and going missing.

About 6 in 10 people with dementia will wander⁽³⁾. The number of people who have gone missing due to dementia-related wandering has significantly increased in recent years⁽⁴⁾. If not found within 24 hours, up to half of missing persons living with dementia will be found seriously injured or deceased^(5,6). Some are never found.

In Canada, when a vulnerable older adult is missing, the responsibility of locating the person is placed on first responders⁽⁷⁾. However, these services are limited and costly^(8,9). Specifically, in parts of rural Canada, to locate a missing person could require searching miles of natural landscape, sometimes in inclement weather^(9,10).

The COVID-19 pandemic has added risks and challenges for persons living with dementia, and their caregivers, resulting in an increase in resource use, such as those offered by the Alzheimer societies, other community organizations, and first responders^(11,12).

“Silver Alert”, publicly funded in most states in the United States, refers to the use of media outlets by police services to publicly alert citizens about a missing older adult. These public alerts contain brief information about the missing person for the public to assist in locating them. Evidence on the effectiveness of silver alert programs in the US varies^(13,14).

In Canada, police services use social media (e.g., Twitter and Facebook) to send “alerts” when a vulnerable adult is missing⁽¹⁵⁾. However, there is no emergency alert system used for vulnerable adults in the way Amber Alerts are triggered. Older adults who go missing are higher in number and typically not related to abductions as in the case of Amber Alerts. Nor are missing older adult incidents comparable to disasters that warrant Canada’s “Alert Ready” system. Widespread provincial, territorial or national emergency alerts for missing older adults would create alert fatigue. Moreover, almost 95% of people who go missing from their home are found within a quarter mile of the missing location⁽¹⁶⁾. Localized, community alerts may be more appropriate for persons who go missing on foot. For example, BC Silver Alert, a non-profit community-run silver alert program, was created to fill the gap between political advocacy and action in response to rising missing vulnerable adult incidents⁽¹⁷⁾.

In 2017, Manitoba amended its Missing Persons Act to include Silver Alert to “permit the work with broadcasters and others to alert the public when a vulnerable person and another adult with a cognitive impairment is missing”⁽¹⁸⁾. In 2017, Alberta also amended its Missing Persons Acts to include Silver Alert. While these amendments recognize the risks of older adults going missing, they do not provide actual programs or introduce new protocols that police services are not already engaged in⁽¹⁹⁾.

In February 2019, Petition e-1588 calling for a National Silver Alert strategy was presented to the House of Commons. The Government of Canada tabled a response in April 2019^(20,21).

An online national forum was convened to inform "made in Canada" approaches to alert systems for missing vulnerable older adults. The forum followed the format of a Witness Seminar ^(22, 23). A Witness Seminar is a method of creating oral history by bringing together key speakers, or thought leaders, to discuss selected topics ⁽²⁴⁾. Witness Seminars are recorded and transcribed to transform an event into evidence that can be used to inform policy. The three-hour online forum was held via Zoom videoconferencing on November 26, 2020. The national forum featured 5 to 10-minute presentations by 10 thought leaders on the issue of missing vulnerable adults and feasibility of implementing community alert systems in Canada. The Appendix provides the event schedule and lists the thought leaders and their affiliations. The national forum was moderated by Lili Liu, Professor and Dean of the Faculty of Health at the University of Waterloo, and presentations were followed by Question-and-Answer sessions with the public attendees, and a facilitated discussion at the end.

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PART 1: INTRODUCTION

Noelannah Neubauer: Welcome everyone. I'm going to share a poll with all of you, so we can know where participants are from.

We have 91 people that have joined in from different regions of the country. From those that responded to the poll, 16% are from the West Coast, 27% are from the prairie provinces, 44% are from Central Canada, 11% are from the Atlantic Provinces, and 2% are from the Northern Territories. So, this is truly a representation of it being national. We also have two international persons that have joined.

Regarding the participants' background, 20% are health professionals, 23% are from community organizations, 13% are first responders, 13% are researchers, 11% are from the government/ are policy makers, 5% are students, and 9% identified themselves as "other".

Such a great turnout. Now that we have the results from the two polls, I'll pass it off to you Lili.

Lili Liu: Thank you very much. Noelannah Neubauer is a postdoctoral fellow who's working with me at the University of Waterloo. I'd like to welcome all of you, for joining us today for this online national forum on alert systems for vulnerable older adults.

I am Lili Liu. I am a professor and Dean of the Faculty of Applied Health Sciences, soon to be called the Faculty of Health, at the University of Waterloo.

I'd like to begin with a Territorial acknowledgement. Because you are all across North America and we even have individuals from the U.K., it's not going to be possible to recognize all of the Indigenous Territories. As the host organization, I would like to recognize that Waterloo, Kitchener and Cambridge campuses of the University of Waterloo, are situated on the Haldimand Tract, which is land promised to the Haudenosaunee of the Six Nations of the Grand River and this includes 10 kilometers on each side of the Grand River, and are within the Territory of the Neutral, Anishinaabe, and Haudenosaunee peoples.

I'd also like to acknowledge that as foreign participants, those of us located across Canada and the U.S. are situated on different Indigenous Territories throughout Turtle Island. I acknowledge the diverse Indigenous Peoples, whose footsteps have marked these Territories for centuries. And these footsteps will continue into the future to guide us on paths with Indigenous wisdom.

For today's forum, you're going to hear from thought leaders, or panelists, who will present on three themes, or perspectives. You're going to hear from each other as well – through the question-and-answer portions of today's forum.

We acknowledge that the opinions that are expressed by you, as participants, and also by us, as presenters, are of our own. This forum is made possible through numerous partnerships that we formed over the past five years. These include – but are not limited to – the Alzheimer Society of Ontario, the Alzheimer Society of British Columbia, Dementia Network Calgary, Carya which is also located in Calgary, Dementia Advocacy Canada and AGE-WELL Network of Centres of Excellence.

We would like participants to know that this session is being recorded, but the recording will not be shared publicly. The recording is going to be transcribed and used to develop a policy brief. Both the transcription and policy brief will be shared publicly.

As this is a research project, we have received ethics clearance at the University of Waterloo. To preserve the anonymity of you, as participants, we ask that you use the question-and-answer box to ask your questions, or to make comments anonymously.

This forum comprises of three themes, and two to five thought leaders who will provide comments related to a theme. Each theme will be followed by a short, moderated question-and-answer period. The perspectives are lived experience, community alert systems models and health and social care perspectives.

We will have a 10-minute break at 4:15 Eastern standard time. Toward the end of the forum, there will be a 30-minute facilitated discussion, moderated by Noelannah Neubauer.

Please help us share your experiences during this forum, by using these hashtags on Twitter, Facebook and LinkedIn, #NationalForumMissingSeniors and #AlertsforMissingSeniors.

By way of setting the stage, I'd like to give you some background. It's been at least five years since my team and I embarked on this research program, to address issues of older adults living with dementia, who are at risk of going missing.

Our work began with examining the factors that affect adoption of GPS wearable devices among persons with dementia and their caregivers. It became apparent to us that the mitigation of risks of going missing goes beyond technologies that give people peace of mind. Indeed, sometimes such technologies can actually give a false sense of security. And in recent years, we've identified key topics that makes today's national forum a timely event.

These topics include low tech to high tech strategies and sometimes even no tech, to mitigate risks of going missing. What is Silver Alert? We've heard that question asked numerous times. How does it compare to Amber Alert? How do other countries address the risks of older adults going missing? What could alert systems look like in Canada? And should such alert systems be publicly funded, like in the U.S.? What evidence is needed by policy makers to address this public health issue of older adults at risk of going missing?

The development of approaches that will keep individuals living with dementia, cognitive impairment, brain injury and other conditions safe – while also continuing to contribute to their communities and social networks – is of growing importance because of Canada's aging population, similar to the rest of the world.

Today's panelists have personal and professional expertise in this topic and they're leaders, they're educators, they're advocates and visionaries from various Canadian provinces, from the U.S. and also from Scotland. We look to them to share their perspectives, their knowledge, insights, as well as models of community alert systems.

Their presentations will ignite discussion and deliberation on what community alerts should look like in Canada, their essential features and what's needed to create systems that meet the needs of Canadians and are specific to our culture, geography, climate and legal system.

PART 2: LIVED EXPERIENCE

Lili Liu: We're going to begin with the first theme, with two thought leaders, who speak from the lived experience perspective. The first speaker is Mary Beth Wighton, who chairs Dementia Advocacy Canada. Mary Beth is going to provide a 10-minute presentation on her personal experience.

Welcome Mary Beth.

Mary Beth Wighton

Mary Beth Wighton: Thank you very much for having me here today as a speaker. Today's discussion is one that is critical for the safety of people with dementia and provide us the opportunity to discuss why some people with dementia leave and get lost.

It was about five years ago, on a cold December night, when I left our home in the middle of a snowstorm. I was wearing my pyjamas, boots and a winter coat. I don't remember exactly the sequence of events that happened prior to me leaving. I do know that I had an argument with my family and became incredibly angry. I felt trapped in our home.

And so, I put on my things and left. My partner Dawn, pleaded with me to stay, but I pushed by her and went out into the snowstorm. I had no idea where I was heading and nor did I care. I just wanted to leave. We lived at the edge of the city where it opened up into the country. I trudged into the snow along the country roads. I don't remember how long I had been walking, but at some point, I saw some lights approaching me from behind.

The canine police van carefully pulled up beside me. I kept walking and ignored it. After repeated attempts to get me to stop, the police officer became firmer and eventually I did. He asked a few times if I was Mary Beth.

As the wind whipped around us, he finally got me to talk about what I was doing and where I was going. The answer was, I had no idea. After refusing to get into the police cruiser, he negotiated with me that instead of getting into the vehicle, he would follow me back to my home. And so, I turned around and followed my footsteps in the snow, leading me to safety.

As I approached our home, I could see another police cruiser in our driveway, with more officers. I pushed past them and into the arms of my partner Dawn and our daughter Brianna. We all cried as they gently took off my soaked clothing.

Dawn explained to the officers that due to my dementia, I was having problems swallowing to the point of frustration, that I left. It was then that we truly realized how my decline and cognitive functions could lead to a terrible outcome.

If Dawn had not immediately called the police for help, I really do not know how far I would have walked in the snowstorm, and if I would have been able to walk back.

I've just told you the story of an incident that could have ended much differently. I truly am thankful that (1) Dawn quickly called the police after I left our home, and (2) The canine unit found me and brought me back home.

We know the reasons why I left our home. I was frustrated because I had swallowing problems. Understanding the why behind a person leaving their home, should be the base of any surveillance system. We already know the risk factors for impossible triggers. For instance, over-stimulation, delusions and hallucinations, fatigue, pain, relational, environmental, change in routine and unmet needs, are examples of why a person with dementia may leave.

It's important to understand that the person is not trying to be difficult and the behaviour is a form of communication. And this segues nicely into my next topic, that all who wander are lost. The word wander, when we use it as a verb means, walk or move in a leisurely, casual, or aimless way. And the word lost, as an adjective means, unable to find one's way, not knowing one's whereabouts.

The concept of wandering and lost, are two distinct concepts. It is important to identify the differences and similarities from wandering. This will allow for two different strategies to be developed for each concept. And just because someone wanders, it does not mean that they are lost. Everybody else can wander, but not us, people with dementia.

Dr. Al Power does a great work in discussing the root causes of wandering, an overmedicalized view that sees all distress as behavioural and psychological symptoms of dementia, or BPSD – tries to find solutions. We get angry or sad, but people with dementia have behaviours. We go for a walk, but people with dementia wander. Our BPSD view causes us to medicalize the expressions of people living locked inside a living area who have no meaningful engagement in their days.

An example of this is a recently released document titled, Management Strategies for the Wandering COVID Patient in Acute Care, in which it suggests, using chemical restraints if patients cannot comply with isolation. And then to consider physical restraint as the next resort to a patient who cannot adhere. And finally, Form One, in accordance with the Mental Health Act.

Is this not a violation of human rights? The key to responding to wandering, is person-centered care, where knowing people and their needs and history, helps care partners and residential care organizations anticipate ways to meet needs and prevent injury for those who do wander.

Imagine if we were able – if we were able to do this all well, there would be two important outcomes. (1) People with dementia would be living happier, more fulfilled lives, and (2) There would be fewer people who wander and get lost, ultimately having a significant impact on our surveillance system.

So how would alert systems help? Community alert systems may reduce the time it takes to find a missing person with dementia and the serious consequences that can occur, because of exposure. A volunteer alert system could have community members assist. This could have been the case for me when I was in the snowstorm.

By providing the right amount of information, a person could be found and engaged. So, what are my concerns about an alert system? The cost of it. But by not having an alert system we default to a more expensive search and rescue system. The alert system can help mitigate the cost.

What's interesting is, why is Canada not embracing this? The creation of a National surveillance system that would attempt to help locate individuals with dementia has so far, not been embraced by Canada. I did a simple Google search to find comments being made online about a proposed system. Here are a few of the comments.

Being aware of where people with cognitive disorders are physically located, should be the responsibilities of family, care takers and institutions, easily facilitated by GPS trackers. Why should be...why should this be society's responsibility.

And another one, if you have another alert system in place, it will desensitize the public to the Amber Alert system. And there's an ethical concern about a person's right to privacy. Also, an alert fatigue.

And finally, all that is required is a GPS tracking bracelet for residents with dementia. It is fast, simple and totally efficient.

So those comments showed a lack of understanding and education on what a surveillance system could look like. Localized or geotargeted approach to address the issue of alert fatigue disseminates information about a person to the public, through media and social media and not through text and alarms, via mobile phones. It does not automatically interrupt public broadcasts.

Participation in all of these alert notifications could be voluntary. We have a lot of work ahead to break down the stigma of people with dementia who go missing and help to educate Canadians on the importance of such a system.

So, in conclusion, here's some final thoughts. Prevention strategies to limit people from getting lost should be based on person-centered care. This is critical to any surveillance system. Use locating devices. And finally, a National surveillance system would be a welcome addition to these other strategies.

Thank you.

Lili Liu: Thank you very much Mary Beth. What an incredible way to begin today's forum. It highlights the importance of a person-centered approach to addressing this issue. I deeply appreciate hearing your personal experience. You've touched on so many topics that I'm sure we will be exploring later on, via the question-and-answer and also other thought leaders' perspectives. So, on behalf of the participants and also the organizing team, thank you so much for bringing these ideas to kick-start this forum. I think we're off to a great start.

We're going to now go to our second thought leader, Sam Noh, who is going to share his personal experience from a care partner perspective. Welcome Sam.

Sam Noh

Sam Noh: Hi. Thanks very much for having me. So, yes, my name is Sam Noh. I'm from Vancouver, British Columbia. I'm the son of a missing person, Reverend Shin Noh, missing since September 2013. I'm also the cofounder of the B.C. Silver Alert.

So, my father was diagnosed with early onset – or now known as younger onset Alzheimer's disease – at the age of 59. He went missing at the age of 64-years-old and as the disease

progressed, we felt that he was quite persistent wanting to complete certain tasks. I mean, it was a challenge for my mother and our family to communicate with him at times. And on the day of his disappearance, he was very persistent on wanting to go for his daily walk.

And at the time, my mother was caring for my young – for their 2-year-old grandchild who was napping. My mother wanted to join him for his walk after their grandchild woke up; however, he was quite adamant about going for his walk right away.

And so, they agreed that he would go around the block once, which turned into much longer. Looking back as a family, we have wished that we had done more. When we met with his specialist at the time of diagnosis, his specialist made it clear that he couldn't drive, that he would have to be medicated as he went through the different stages of Alzheimer's disease.

I asked if he could go for a bike ride and the specialist said, "Yes." We were so close to having a conversation on wandering and the potential of him getting lost. I mean, at that time, we had no idea there were great risks of him getting lost and we were unaware that wandering could happen at any stage.

Of course, we had our suspicions, but from a family caregiver's perspective there was also the sense of denial that – you know when your loved one gets diagnosed. There are good days and bad days with Alzheimer's disease. And on good days, you know sometimes we're fooled to think that he's actually getting better. I mean he could remember the date. When he last ate. But of course, as the disease progresses, there are fewer good days and more bad days.

And so, there are also many lessons learned unfortunately after he went missing – after his disappearance. We also discovered that he was brought home on two separate occasions, once by RCMP and once by a Good Samaritan, who had found him pacing back and forth in his neighbourhood.

In both cases, the individuals who brought him home were aware that my father had some sort of cognitive disorder and potential dementia yet respected my father's wishes to not inform his family that he was lost. And so, we felt that our family, the RCMP and the community as a whole, were unprepared to deal with the challenges of Alzheimer's disease and wandering.

We did seek assistance from the Alzheimer's Society B.C. They recommended a Medic Alert bracelet for my father, which we did receive for my father. But we soon learned that a Medic Alert bracelet helps with identification, rather than locating a missing person.

Their wandering kit provided some strategies such as triggers, you know hiding keys, shoes, having a lock above eye level and journaling when he would go out, but it simply wasn't enough for us.

And so, when we reported him missing, it also took over 24 hours to get on media. It took a few hours even more for the story to be televised. I mean this was our first time. We were completely unaware of the process. And to be completely honest, I wasn't even sure if I had to wait for a certain period of time to report him missing.

But fast forward, on Day 5, we did receive a confirmed sighting. A construction worker spotted him on the day that he went missing, but unfortunately, we didn't receive this word, until Day 5 of his disappearance.

And even more so, there was another confirmed sighting by a church member, who actually knew him, but was unaware that he was lost. And, you know looking back, we're in regret that we didn't inform people around us. My father wanted to keep it private. But this church member had no idea that he was lost, and we did receive the sighting once...on day 5 of the search.

So, word spread quite slowly. We were constantly chasing after sightings and, you know we felt we could have done more as a family, but we also felt unprepared to tackle this challenge. We did not have the help available to prevent wandering and to be able to quickly inform the public.

And so, as a care partner, why is an alert system important? Time is of the essence, in order to find a missing person with dementia, alive. And we didn't know it at that time. But an alerting system would have helped with the challenge of trying to inform the public, while we try to console each other with the devastation and grief and at the same while we frantically searched for our loved one.

And so how would a system have better supported me, as a caregiver? There's a sense of panic once a loved one with dementia goes missing. And it was absolutely overwhelming trying to inform the public on our own without an alerting system. We felt quite unprepared to even provide updates on my father's disappearance, as many would ask. It was overwhelming.

And many would ask this common question, "How can I help?" Which we didn't even know how to answer at that time. I mean, we are grateful for the RCMP, the police and the search and rescue with their assistance, as well as we're grateful for the media, but unfortunately, with mass media attention, we also received numerous unconfirmed sightings, which became a distraction and sometimes even derailed a search in another direction.

And so, because there is no alerting system, our family also essentially had to come up with their own search strategies. We utilized my fitness studio as a search headquarters. And we soon discovered that we also had to allocate positions, with one person picking up the phone, designating search areas for volunteers, as well as we created an online Google map for volunteers to plot their searches online, utilized Facebook, paid and organic medias, to inform the public, but unfortunately, most of our search strategies were implemented days after he had gone missing. We had lost a lot of valuable time.

And so, an alerting system would have taken the pressure off our family and most importantly help get the word out quicker, as well as more efficiently. There were significant bottlenecks informing the public and there were also delays in getting updates from the RCMP. I believe my father may have been found, had there been an alerting system in place.

And so, derived from my experience as a caregiver, I believe an alerting system must address, who, what and how. Who is – any press release does a really good job of the who, by providing a concise description of the person, a description of what the person was last seen wearing, where the person was last seen and by providing any unique characteristics and behaviours, such as tattoo or piercings.

But I also believe that an alerting system must also have a call to action, in terms of what to do. There needs to be clear direction, for the public, if they actually do come across this missing person. And later on, the messaging that we sent out to the public, was to stay with the individual, if possible.

But, of course, this isn't always possible. So, we had asked the public to take a photo or video for confirmation, because we received numerous sightings and even if the public was doubtful, they felt compelled to call it in. There was a sense of guilt from the public if they didn't call it in. But without any photo or video confirmation, some of these sightings became a huge distraction, as they were on opposite ends of the city and sometimes out of province.

The last component that I believe an alert system must address, is how the public can help. And this occurred to me – we had a Facebook page with a ton of followers and exposures – a lot of exposure on that page. And we needed supplies for volunteers, such as food was appreciated, water, paper, ink, tape and once I posted an update, within an hour, our search headquarters had volunteers bringing in supplies. And they had mentioned that they had wanted to support the search in this way. They couldn't actively search on their own, but they wanted to search in other ways.

And so, this occurred to me, people are willing to help on different levels, but also need direction on how they can help. Some prefer to drive around. Some prefer to share their contacts, social media, or print off a flyer at their workplace, or in their neighbourhood.

And then there are those that want to be deeply involved in the search, who will do whatever you say, will go deep within the woods and safety also became a concern. Because we had children in the middle of the night, searching for my father. So, we also learned that safety measures and guidance – or guidelines – need to be in place for volunteers.

And so, this brings me to my last discussion point. What are some concerns about using an alert system to notify others if your relative goes missing? Initial concerns are respecting the relative's privacy. In my father's case we had only told family members that he was living with Alzheimer's disease, as we wanted to respect my father's wishes. He was quite adamant about not having everyone know. And, you know we were unsure how friends would react, as we felt that there was a sense of stigma in our community.

However, after my father went missing, we felt that it was best to be transparent with the public that he was living with Alzheimer's disease. It was in our best interest to let the public know, in order to find him.

Another concern with an alerting system, is post-alert management. We received numerous inquiries if he had been found. The public wanted to know if there was any new information and that also became quite overwhelming and distracting.

I do realize that some RCMP websites will take the press release down if the individual is found. But having some sort of centralized platform for communication to provide updates, would be helpful for the public, as well as the caregiver.

This concludes my presentation. And thank you so much for the opportunity to share my story.

Questions & Discussion

Lili Liu: Thank you so much Sam. Each time I hear your story, I find it heart wrenching and I know that each time it must take a little bit more out of you. I know it is a sacrifice for you, but such a generous act on your part, to be willing to share your story so that others like us can learn so much.

I think that by using what you and Mary Beth have shared to generate the beginnings of a policy brief, it will hopefully allow your stories to transcend other sectors of the community at various levels, so that we can begin to put the recommendations to work.

We have been getting a lot of comments thanking both Mary Beth and Sam for sharing their personal stories, really appreciating this.

We have a question from the audience asking why have other provinces not adopted silver alert? I'm assuming this refers to the fact that there is a B.C. Silver Alert program that Sam is involved in. Sam, would you like to address this question?

Sam Noh: Yeah. Well, the good news is, for British Columbia, our government has promised – our new government or the re-election – it promised the silver alert. And so, there are concerns such as privacy issues. We've heard concerns from critics that it may take away from the Amber Alert. That too many alerts would go out desensitizing the public to such alerts. Although, I believe a localized alerting system would alleviate such concerns as Lost Person Behaviour research tells us that people living with dementia do not travel far from home. With a localized approach, alerts would be relevant and efficient, hence alleviating concerns of alert fatigue.

So, we've been stuck on that for the past few years and we need to continue the dialogue. But yeah, that's a common question, you know problem to answer, that I've been trying to solve with lobbying the government. And so, I encourage you to contact your local MLA for a response on that.

Lili Liu: Thank you for that response. We are going to hear later on models of silver alert and that in fact the amber alert is part of Canada's national public alerting system also known as Alert Ready, however, silver alert is not part of this system.

The silver alert that Sam is a part of and helped to create, is going to be presented by Michael Coyle, later. We'll be able to hear more on that.

We have a question; how does a monitoring system benefit the care partner or the family member? Mary Beth, would you like to take this one first and then we'll move on to Sam?

Mary Beth Wighton: Thank you. I think when I, when I imagine how stressful it must be for the care partner and family to be standing waiting at the door for their person to return, I just simply can't imagine how painful that must be and stressful.

And so, with a system like this, I believe it will offer in some ways, that assistance, that if the person that you're caring for is leaving, then it should hopefully bring you some solace that you know something's going to kick in at a larger level.

Lili Liu: Thank you. You spoke a little bit about how it would benefit the care partner Sam. Do you want to add anything?

Sam Noh: Yeah. You know when a missing person – when your loved one goes missing, it's just absolutely overwhelming to try and inform the public while you're trying to keep your family together. So, a monitoring system would assist with efficiently getting the word out and informing the public.

Lili Liu: Here is a question about establishing a community database for individuals at risk. So, sometimes this comes in the form of vulnerable persons registry. I know the Alzheimer's Society has that Medic Alert. Mary Beth you mentioned that.

The question is, would the establishment of a community database of individuals at risk that includes their description, challenges, places frequented, et cetera, could that be helpful before someone goes missing? Sam, would you like to take this question?

Sam Noh: You know, yes. I think by having a preparation kit, would be helpful. Because in the beginning we had to find a photo. You know we had to like to determine, which photo do we use? Well, what do we type up here? And, you know, that took some time to create. So, I think by having – if families had that pre-prepared, that would save a lot of time. Or, if there's even a database, that would definitely speed things up.

Lili Liu: There are, of course, privacy issues, hence different police services actually don't share that information. So, if you have a person going missing, crossing provincial boundaries, it limits the – how you can access that data. So, there's other issues as well. Definitely, I would agree with you.

We have a question that's specific to the silver alert in B.C. and how that was established. I suggest we leave that until Michael Coyle presents and hopefully his presentation will address this. If not, we can certainly come back to it.

There is a question related to GPS systems. This individual is asking why a GPS system sometimes not appropriate and willingly used by a person? Any one of you can take that.

Sam Noh: So, I, you know I get this question asked a lot, as the cofounder of B.C. Silver Alert. You know we do support GPS tracking devices. You know, it is one tool. But you know dementia is a complex problem. And, you know there have been cases when the GPS device has broken down. And so, we can't solely rely on one strategy. And so, you know we do support GPS tracking devices, but it's just, it's just part of the tools that need to be available.

Mary Beth Wighton: I totally concur with Sam on that one. I think it's a – well one of a multiple system approach to the overall issue. GPS systems, you know for me, I think it really varies on whether people do not – do or do not consider it to be a violation of rights. You know they may not want to know where people – where they're wandering. They may not want to share that information.

We know there's issues with GPS breaking down, depending on where that person is. If they fall in water, for instance, that kind of stuff. So, I think it's – I think like Sam said, it's one of multiple tools that we can use.

Lili Liu: I'm going to finish this question-and-answer session with one last question. One of the audience members is asking about the risks of collecting information on an individual, in preparation for or in case they do go missing, could that information fall into the wrong hands and be used in a negative way? Are there concerns about that, Mary Beth?

Mary Beth Wighton: Yes. I have all kinds of concerns about that. We know that people living with dementia are targeted for a lot of different types of shady business. So, if that database got into those wrong hands, then I think that really opens up the possibilities of a lot of people

perhaps being taken advantage of or put into serious situations. So, I mean you would have to have all the bells and whistles for security, on the data.

PART 3: ALERT SYSTEM MODELS

Lili Liu: Thank you. That's about all the time we have for this session. We're going to move on to the next theme, which is alert systems and models. This is a large theme – we have five presenters here.

The first presenter is Dr. Meredith Rowe, who is going to provide us with a 5-minute presentation on what is happening in the U.S. with regard to silver alert, and also an overview of her research. Welcome Meredith.

Meredeth Rowe

Meredeth Rowe: Yeah. Thank you very much. So, I'm calling in from Florida. And it's our Thanksgiving, so I'll wish you guys all a Happy U.S. Thanksgiving today.

So, I've been doing research on persons missing in the community with Alzheimer's disease since about 2004 and have read thousands and thousands of cases. And just one interesting thing, based on the previous discussion is that there was only one case that I ever found where, in a lost event, that something untoward, by another human, happened to a person with dementia, who was missing.

So, you know by far, by thousands and thousands, trying to get the information out, in terms of what the characteristics of them missing are, is going to benefit the missing rather than the concern that something untoward is going to happen to that missing individual.

So, how these individuals go missing and stay missing for days and days and a huge majority come back uninjured and OK, has always been a great mystery to me. But, for sure, two really critical components of the system, are good Samaritans and then law enforcement agents, in finding those individuals.

So, I'm going to talk a little bit about the Silver Alert system here in the United States. And in the United States, for the most part, Silver Alert is always for people missing while driving. And the missing on foot, every local community, whether it's the local sheriff's office, or a local police department, has their own policies on what to do, in terms of missing people on foot.

And a large part of those are based on some really good guidelines at the International Association of Chiefs of Police, on finding people with dementia who went missing on foot.

In terms of missing while driving, just in the characteristics that we found from the Florida Silver Alert Program and the Florida Silver Alert Program, primarily is one of highway alert notifications to the citizenry and then what's called a BOLO or be on the lookout alerts for the law enforcement, where law enforcement agents get pushed-in alerts into their computers and their phones that says, "Be on the lookout for this missing driver."

And so, in terms of who went missing, it pretty much covers the gamut of age and in terms of younger and older drivers. It was more likely men than it was women. And the huge majority,

just like those missing on foot, get lost when they're out on routine, caregiver's sanctioned trip to a usual location.

So, they're driving their car to the grocery store, or to church. They've done it many, many times before. They did it yesterday. They could probably do it tomorrow without any problem. But for reasons that we have no idea, on this given day they are not able to successfully negotiate that trip.

And then once they become disoriented, or off their normal route, they're not able to make the correction and get back home again. So, again, a huge majority don't return home by themselves. And they do need to get found either again by good Samaritans or by law enforcement.

In terms again of driving, only 15% was found where they were actually driving. The majority of the people that were missing in a car had stopped and were either found in a parked car – their car parked, or they had left their car and they were found nearby.

About 40% were found in the county that they went missing and about 50% were found beyond the county and then 10% were found in a different State.

And the majority of people that were missing by driving were found by law enforcement. And of those that were found, of the 100%, 21% were found by law enforcement because of a Silver Alert. And 43% were found by law enforcement, because they had a concern about the driver. So, the individual for instance, was stopped on the side of the highway and it was an older adult that was outside the car.

So, most of the ones that were found by law enforcement, weren't even found using the Silver Alert program. So – but this is the key to finding the missing drivers – is to make sure that law enforcement has good information. Because what happens in some of the ones where the law enforcement officer stopped because of concern, the individual looked good enough to get let go, back on his own route and actually one of those ended up dying, after they were let go.

So, really law enforcement is really the big key, in terms of notification. As far as citizens are concerned, we had much less response, in terms of successfully finding people, because of citizens. Usually what happened is somebody looked like they were needing some attention and then a good Samaritan inquired. And then after that, they realized there was a silver alert for that individual.

So, it's different for those missing on foot, where good Samaritans find the majority of those individuals. By driving, law enforcement finds the majority. And, so, it's critically important for some sort of alert mechanism to go out to law enforcement. And most of the States have a time by distance, where the alert goes out in centric circles, with the notification expanding depending on how long the individual is missing.

So, in terms of citizen alert for persons by driving, is there anything that we can do to make that more successful? Because in the U.S. it's limited to the type of car and the licence plate. And even somebody like myself, who's completely dedicated to this, I cannot remember a type of car and the licence plate. Or remember that I'm still looking for that, five or ten minutes later down the highway, after I saw the sign.

And in the U.S. for some reason, they have no problem giving the personal characteristics of the individual if they're missing by foot, in the news and the newspaper. But when they're missing by driving, that seems to be a privacy issue that is not displayed on the highway alert sign. So, that may be part of it.

So, maybe we need to really understand what type of information good Samaritans need on these alerts, in order to be more successful. And then also, you know, what is it about the Amber Alert that makes it more effective in finding people that have left by car and we have a much greater ability to keep that in our mind, as we're driving down the road? And I'll stop there.

Lili Liu: Thank you very much Meredith, for that comprehensive, but succinct presentation. For our audience, who may not be aware, the United States, unlike Canada and other parts of the world, have a publicly funded silver alert program in all but five states.

Another important feature that Meredith has brought up is the consideration that older adults, who are living with dementia, sometimes are still driving. Therefore, they are at risk of going missing while they are driving.

With respect to a search strategy, it's a different approach for first responders to search for a missing person who is driving compared to a person goes missing on foot. It may be easier to locate somebody who is in a car by police patrol who is also in a vehicle. Whereas, if a person is walking, a police officer in patrol may not easily locate someone who is walking in an alley.

Another important factor that Meredith has brought to the conversation, is that first responders come in different ways. They may include search and rescue teams, or volunteer good samaritans that we've heard about in the previous presentations. Our law enforcement plays an important role in addressing this issue. Thank you Meredith for that presentation.

We're going to now move all the way to Scotland, to Tommy Petillo, who is going to provide us with a 5-minute presentation on a community program that they have launched and have been very successful, using volunteer community members. And instead of calling it silver alert, they called this Purple Alert. Welcome, Tommy.

Tommy Petillo

Tommy Petillo: Thank you for having me. Yeah, so my name is Tommy Petillo. I'm the lead developer for Purple Alert. And as Lili said, I'm based in Scotland. It's worth clarifying who Alzheimer Scotland are. Alzheimer Scotland is the leading charity for people affected by dementia in Scotland. We provide a range of services for the people with dementia and carers in Scotland UK.

Purple Alert is a free mobile app that was developed between 2015-2017, when it was launched. The app is designed to help finding people with dementia, if they are missing.

The app is free. Carers would create a profile for the person with dementia with as many details as possible, including a photograph, physical description and relevant data which can be used meaningfully if the person with dementia goes missing.

If someone wants to join the community, they will download the app, just the same as carers and they'll create a profile for themselves, without including so many details. They will just include the name – surname and phone number.

When someone with dementia goes missing – everyone with the app within 20 miles radius from the missing person, will get a notification on their phone, explaining that that person is missing and by viewing the missing person details they can help look out for the missing person.

If someone finds the missing person, they can get in touch directly with the carer, who can speak to the person in their care via the app, reassure them and arrange to meet them soon. It's worth specifying that Purple Alert, it's not an emergency service. We always prompt people to phone 9-9-9, which is the emergency number here in Scotland, to contact the police first, before sending an alert out.

When we developed Purple Alert, (I was interested in hearing about the stories from Sam and Mary Beth earlier)– we never intended it to be an absolute solution for someone going missing. We developed the app, because we realized that if the GPS device failed, or CCTV cameras failed, or other things failed, then we could involve the community to help find the missing person.

We spent about 2-1/2 years developing the app. So, we started in 2015 and we launched in September 2017. We then ran the app for a couple of years, without really knowing whether people would download the app, and if they would understand the value of it. But with great relief, a lot of people downloaded it and within two years, we reached 10,000 downloads, which created a relatively safe community in Scotland, for people with dementia.

But at the same time, we learned a lot in those two years: there were a lot of the features of the app, which didn't really work. Some of the features that we didn't really think would work, in fact worked really, really well.

So, last year we decided to redevelop the app completely and we launched a new version, this year in September. You can download the new app wherever you are in the world. So, I do encourage you, if you want to have a look. However, the service is only supported in Scotland. So, please do not send alerts out. But if you wish to have a look at it, please do create an account for yourself and have a look.

You can download the app by visiting our website, www.alzscot.org/purplealert. As I said, it's only supported and used in Scotland at the moment, but we have plans to scale it up to England, Wales, Ireland and Northern Ireland, next year. And hopefully, we will scale it up around the world – why not.

One last thing I would like to add, is that the strength of Purple Alert is really the community. So, as I mentioned before, when we launched in 2017 we didn't know whether people would download the app and it was almost like a working prototype. So, I would say the necessary condition for this service to work, is really for people to understand the value and to download the App.

Lili Liu: Thank you so much Tommy. I remember when Purple Alert reached 9000, we Canadians were rooting for you to reach your 10,000. Congratulations on such a successful software and on your ability to continually improve it.

For the audience, you might be interested in knowing that we did develop a similar app to be used in Canada, and that is how we connected with Purple Alert and with Tommy Petillo and his team. Because of privacy legislation in Canada, we necessarily have to go through the law enforcement, before we can release the details of a missing person, unlike in Scotland where it's completely community driven.

The reason we invited Tommy to present today is to bring to light some of the international differences that may guide certain countries in adopting certain practices. We can also learn best practices from each other.

We'll move on to the next presenter. As we prepare for the question-and-answer, please mention the presenter's name you are addressing your question to.

We're going to move onto the next presenter, Patty McCallum. She has a wealth of information and a wealth of experience in this area and she's going to speak to us today from Calgary. Welcome, Patty.

Patty McCallum

Patty McCallum: Thank you, Dr. Liu and your staff, for inviting me here today. I've really enjoyed listening to the other presenters and I look forward to listening to the ones who come following me.

So, I will be addressing the four questions, based on my policing experience and my involvement with the Calgary Coordinated Response to Missing Seniors.

So, first of all, the current ways – the information about missing persons living with dementia go missing and how is that information commuted to the public?

Police agencies have a standard protocol when responding to missing persons. A missing person who is vulnerable, a vulnerable adult, is considered a high-risk category. Responding to a missing person with dementia, creates more emergent response, due to a number of concerns relating to clothing, weather, medication, other health issues.

So, initially, information is broadcast internally to all officers working in the field, whether or not the search is in their area or not. The next step is to fan out information to cab companies, transit drivers, hospitals, bylaw officers, essentially any person who is out and about and could assist with the search of the missing adult.

In addition, police will use social media, Twitter and Facebook, to send out descriptions, with or without a photograph, to the public. This is based on having approval or consent from the family members, in order to do so.

The final step is to utilize the media outlets to share information about the missing senior on all their newscasts, print media and their social media. Releasing information about missing vulnerable adults, is getting as much exposure on as many applications as possible. Essentially, the information is released in stages. The reason being is that 80 to 90% of the vulnerable adults are found within the first one to two hours of being missing.

Information is not currently put on our Alert Ready system, which is a national system created for emergency circumstances only – disasters and other emergencies that are occurring. The

Alberta Information Management Agency is responsible for the provincial Alert Ready system, which is also used for disasters and emergencies, but they are exploring options for missing vulnerable adults.

So, question 2, is about how do we see community alert systems for vulnerable adults being similar, or different, from the existing Amber Alert system?

So, I need to make this perfectly clear for those who don't understand how it works. Most of us in Canada are aware. It's a national system, but it's run by each individual province.

So, it is utilized in cases where it's a crime of abduction is suspected. And so, the alert system includes a child or an adult, with proven or mental physical disability.

The alert – the Amber Alert system has four criteria that must be met. The adult or child had been abducted. They are in danger of serious harm or death. There is enough descriptive information to enable the public to identify the victim, the abductor, or the mode of transportation. And finally, there's reasonable expectation that the abductee is returned, or the abductor is apprehended.

In my years of experience, I've never been involved in a case where an adult with a mental or physical disability has been involved. They've always been children. The number of Amber Alerts is extremely low – one to two cases per year, if that.

The challenge with using an alert system in a missing person with dementia, is the number of cases is quite a bit higher and the frequency of alerts may create alert fatigue.

So, the biggest challenge in creating a silver alert, would be the frequency of alerts and that fatigue factor. If an alert system can be developed to incorporate geographical areas to minimize the frequency of the alerts, that would be ideal. Alerts on mobile devices can become tiresome very quickly. Police are the only ones that can activate and deactivate the Amber Alert now.

So third, what would an alert system for vulnerable adults look like? Technology is costly to develop and changes very quickly, but the growing number of aging adults – many of whom will suffer from dementia – there will be an increasing demand on police resources to locate missing vulnerable adults.

Ideally, having an app for the public to become the extra eyes and ears for police agencies, is extremely beneficial. Several police agencies have partnered with Medic Alert to acquire a person's medical information very quickly.

The Missing Children's Society of Canada, have acquired the RESCU app, which is R-E-S-C-U. This allows people to register for geographical areas that they would like alerts about, regarding missing people – or missing children, sorry.

The Alberta Emergency Management Agency is responsible for the provincial Alert Ready system, but it's used for disasters and other emergencies. Their app, you choose to put on your device, by giving – choosing the option of critical or advisory alerts – you choose whether your alert is for various geographical areas.

For example, I can choose Calgary. I can choose other areas within the province. I can choose whether or not it's critical or advisory. I can choose how the alert is given. I can have the sound or not. And I can also choose whether the sound will override my silent mode.

Some people are – get upset with how loud and obnoxious the alert can be. But it's used that way for a purpose. The app should be providing information that can be real time. As I said, the Alberta Emergency Management Agency is exploring the possibility of silver alert – excuse me – silver alert type system.

So, how could the alert system for vulnerable adults support the police, first responders and search and rescue members, in finding a missing person? Having more people be on a lookout for vulnerable seniors, is very helpful and would be a key objective in an alert system.

Minimizing the trauma by faster recovery times, is a win for any first responder or SAR team – search and rescue team. Utilizing an existing system, like the Alberta Emergency Management Agency's Alert Ready, which is already familiar with the first responder protocols, makes sense.

Technology advances so quickly, that many Agencies are using platforms that already exist, like Twitter and Facebook, because of the cost. An app that pushes out information to citizens during an active search, has so much potential to reduce the time a person is lost and possible harm to that missing person – not to mention the stress that his – their family or friends are under.

Connection to new technologies will assist an agency trying to locate a vulnerable adult. And if there could be geological – or geographical alerts for police and SAR groups in the rural and urban areas that overlap, would be incredibly helpful. This is especially true for missing adults who drive.

The Alberta Emergency Management Agency may be a good partnership to facilitate a mechanism for the geographical boundaries. We can share information with any or all police agencies and SAR teams.

One thing we can be sure about, is that as much as people are inundated with the information that comes on their mobile devices, it is the one tool that very few people will leave home without. I would like to think that capitalizing on apps that reach millions of devices, would assist greatly in reducing the load on first responders and SAR teams and get seniors home safely. Thank you.

Lili Liu: Thank you very much for your insightful and comprehensive presentation Patty. I think you've probably answered a lot of questions on the audiences' mind, as it relates to the difference between amber alert and silver alert. Sometimes I wonder if we've done silver alert service, by calling it that, because people gravitate to the analogy of Amber Alert.

I think you've really filled in a lot of gaps for our audience members. Also, thank you for your wealth of information and update on what is existing now and some recommendations for how we can go forward.

We're going to move on to the next presenter, Michael Coyle who is in B.C. and one of the cofounders of B.C. Silver Alert. Michael, thank you for joining us today and welcome.

Michael Coyle

Michael Coyle: Oh, hello. Thanks for having me. Hello and greetings from the Territory of the Coast Nations of the Musqueam, Tsleil-Waututh and Squamish peoples, where I have spent the last 20 years as a search and rescue volunteer. I'm honoured to have been invited to present at this Forum.

So, my SAR team responds to between three and five missing people with dementia every year. And recently I learned that in the province of B.C. in 2019, there was between 50 and 60 for the entire province. This only includes SAR activations. There was probably a lot more searches for people with dementia than that, that didn't make it to the Search and Rescue response stage.

In my time in SAR, I've noticed that urban searches – like those for Sam's dad – are among the hardest tasks we respond to. The urban environment has a lot more places to hide in the wilderness and unlike hikers, most of our urban subjects aren't asking for help.

We've noticed that it's mostly members of the public that find the subjects of these urban searches, if they're found at all. So often our first goal as a SAR team, is to alert the media, so that the public are notified.

My experience with our local RCMP, is that sometimes they're slow to notify the media, or to get onto social media, especially on the weekends when their social media person, or their media liaison may be off work. So, sometimes after hours, it comes down to the SAR team taking on that task.

In 2013, I was the manager for the search for Sam's dad, Shin Noh. This search came after a number of failed searches for people with dementia, two of which I had been involved with in the previous year. After searching for Sam's dad for a number of days, we unfortunately had to shut down the search with another failure.

A year later, I contacted Sam and we talked about what had gone wrong in the search and the possibility of how we would fix it. I mentioned that other places in the world had a silver alert and that there was possibly something we could do, to maybe put something together.

What we ended up doing was putting together our first draft of the B.C. Silver Alert, which was just a simple system that scanned police blogs, the press releases and their social media and reposted the missing people with dementia to our website and to social media with the "hashtag" B.C. Silver Alert.

This achieved the goal of highlighting the Silver Alert as an issue and highlighting what we believe was the most vulnerable people and trying to indicate to people that they could help with these missing people. And for that system, people subscribed by email and on Facebook and Twitter as followers.

In the years subsequent, we took, you know we've looked at alerting systems and like many of our other Presenters, we came up with these criteria – that alerts should be timely, as close as possible to when the person went missing, actionable, containing information that the recipient can use immediately and relevant, meaning the recipient feels that it's important to them and it refers to them and where they live.

Our first version was very blunt. It didn't meet those criteria very well, which is what led us to redevelop the system. And we recently released B.C. Silver Alert- version 2.

Similar to how the Purple Alert works, we didn't write an app, we just wrote the back end to the system. But people – the attempt here is like the Purple Alert – to alert the right people, with the right information, using geographic targeting.

And we added in a search and rescue technique that comes from lost person behaviour research. As a SAR manager I'm familiar with the work of Robert Koester, which we use for almost every search for a missing person in the, in the woods.

He created statistical models for different categories of missing people. One of the things it does is to find a probability of finding a missing person within a given distance, from their last known position. And in the many categories of missing people, he develops different profiles for each category, such as hiker, hunter, fishing, a lost child and one of those categories is dementia.

In version 2 of the B.C. Silver Alert, the subscriber, opts into the system and provide us with a few pieces of information. They select where they want to be alerted, home or work, by choosing it on a map. And they select how they want to be alerted.

We're currently using SMS email, and in the future, we may use an app. The system automatically scans police feeds at a higher frequency and speed than the old system. It's every five minutes. It creates an alert candidate and alerts me, the system operator, when a candidate is received that meets certain criteria, as in key words.

The alert candidate is reviewed by the manager, to make sure it's not a false alarm and we mark it up to add additional information. And then the alert is issued, using the last known position mentioned in the police report.

We use a range of approximately 10 kilometers as our target alert, which represents the approximate 95% confidence interval from the research of Robert Koester. Everyone within that target range is sent a message using the alert message – alert method they chose. And at the same time, the alert is also posted on our website. You can see a screen shot here in the presentation. And also, sent out on social media with links back to the website.

We went live with the system in early October. Since then, we've issued four alerts for missing people and we were instrumental in finding a missing person in Surrey. We got direct feedback from the field that people had been sharing the alert amongst themselves.

There's quite an active group of people in Surrey, who are interested in this. We feel the geotargeted approach coupled with the normal priority alert. Whereas, if you just get an email or an SMS and it sounds just like all your other emails in SMS, this addresses some of the concerns around alert fatigue.

To be honest, we would like to be able to send an alert with a slightly different sound, so that it would stand out from your background noise, but we currently don't have that capability. This is where an App might be able to accomplish. And that's the bulk of my presentation on what we've developed.

This system, because it sits on a server, we could expand this quite easily, Canada-wide. It costs a certain amount of money to run, of course, because we have to pay for servers. And

each SMS message, or email can cost us a certain amount of money. But it's ready to go in a, in a deployment method. We would just need some local operators to handle alert criteria, in almost any city in Canada.

Lili Liu: Thank you so much Michael. My team and I have had the privilege to visit and observe one of your search and rescue training sessions in Coquitlam. And it was amazing. The dedication and work that you and Sam have invested to start this program is admirable. I hope that Michael's presentation answers the questions that an audience member posted earlier after Sam's presentation, a question about how B.C. Silver Alert started.

I would just add that B.C. is actually one of the provinces that does not have in its legislation, silver alert, with its Missing Persons Act. And just because Manitoba and Alberta do have this amendment, it is not associated with an actual silver alert program, per se.

I want to take a moment to emphasize and decouple legislation and program. Just because Silver Alert is recognized or noted in the Missing Persons Act and it does not mean that there's actually a program, such as what Michael and Sam have been able to accomplish, in the province of B.C.

Right now, I'm going to move onto the next presenter, Christine Thelker, who will provide about a 5-minute presentation on her perspective. And she will be the last of the five presenters, in this particular theme and then we'll move onto question-and-answer. Welcome, Christine.

Christine Thelker

Christine Thelker: Thank you. And thank you for having me and always giving those of us with the lived experience a voice and a platform to use our voice.

Well, I'm actually finding myself quite emotional through all of this. And I had all my notes and I just sort of have tossed them to the side, cause I'm taking more notes. And I sort of want to just make this my personal sort of view on all of this and how it impacts or may impact me.

Because this is something very near and dear to me. Because one of the things that no-one has touched on today, is those many thousands of us who live with dementia, who live alone. We don't have that person who's going to say, "She hasn't come back from her walk." We don't have that person who's going to say, "Well, she was going to drive over to there, but she never arrived." So, we have to look at that component.

And I will tell you that after I was first diagnosed, I did have through – Medic Alert at that time had the availability to have a device that had a built in GPS that was good across Canada. And, you know it had a lot of really good functions. You could change the parameters for how far I went before it sent out an alert. It sent out alerts to four people of my choice, if I had four people willing to sign on. And it was also connected to a live operator, who if I set it off, they could talk to me.

So, it gave me a lot of freedom. It gave me a lot of feeling safe to continue my life and to be able to maintain my own dignity and my self-respect. Unfortunately, that company went broke and Medic Alert didn't notify me. So, I wasn't even aware that my system wasn't working for a number of months. So, there's also that issue. We have to make sure that whatever kind of

devices are developed and used, that there's going to be a long-lasting consistency or a follow through and follow up. Because otherwise, we're in fact, putting people at risk.

I am one of those people who – I walk for miles. I once again was allowed to drive, so I drive and I am forever going out into the woods, exploring and sometimes in my own community, sometimes in other communities. So, for me having the ability to know that all the systems that we use are working together, is really important.

I love the Purple Alert. I remember when I first heard about it, I thought what a great tool that is, what a great app to have. And that's really beneficial to perhaps people like myself.

And I think when – I sit on a committee for doing community friendly – dementia friendly community – sorry, my words are getting muddled here, I think, what a great tool to put into that mix. It's another tool that can help, because we have to educate our communities.

We also have to educate – and most of them are and they do a great job – but there are people who don't understand dementia to the – and especially the younger set who may not look like that silver haired person who is your typical, what people expect to find for dementia. And they're young and their able and their fit.

So, if you're – you're not necessarily looking for that older, because there's a whole group of younger onset who are active. And they're really at high risk of ending up getting lost, as Mary Beth has shown us. And sometimes it's not they're lost, it's that we need that fresh air. We need that break from our family, or whatever is going on in our environment that's too much noise, too much – it's stressing us – so we head out for a walk.

So, there's that whole component that all the tools together are great, but we have to make sure that they work together. And I think we need across Canada, standards. I think we put people at risk when we have things that are, "Well, they do it this way in Alberta. They do it this way in B.C. They do it this way here." And people move around a lot now. Not only people with dementia, but people in general.

So, your career might have been in Alberta, but now you're in B.C. Well, you think you know, except the policies here are totally different there, because there's totally different standards. So, we have to make sure that those kinds of tools are reflected, as we build these in place. And we need to take the ones that are there and build on them.

Those are really – I mean, listening to Mary Beth and – well listening to everybody today, it was only a couple of days ago that I was out walking. And it ran through my head, I could disappear for days and no one would ever know. No one would ever know. Because it is often, I don't talk to anybody for days.

I live alone. I don't have family. And I'm not the only one of those people. So, there's that whole group that we can't forget to put into that equation. And we can't forget those 40 and 50 and 55-year-olds, who don't fit the typical image that people are going to be looking for, if an alert goes out.

Questions & Discussion

Lili Liu: Thank you so much Christine Thelker for reminding us that some people with dementia live alone in the community. Unlike Mary Beth who lives with someone, when you go missing, there isn't someone putting a call out, or triggering an alert.

I also want to thank you for bringing up the comment about how technology – in this particular case – worked for you, but then was no longer available. I think that speaks to the challenge of commercialization of products and whether these products are made available in Canada. So, this is something specific to Canada. Regardless of whether or not a piece of technology is available in another country, it doesn't necessarily mean it transfers to the Canadian market and to Canadian users.

I'd like to just segue into one of the questions that was asked earlier about a similar program, or software, similar to the Purple Alert, that is available in Canada. We did a study. We did co-develop a particular app, with a caregiver who is a member of the AGE-WELL Network of Centres of Excellence. This particular product could be on the market; however, it's now going through the challenging phase of commercialization. And I think that that speaks to what you were getting at.

This product is facing challenges of funding, scaling, and sustaining it on the market for individuals to use, users such as yourself and care partners. So that is a definite area that requires provincial and federal program support and perhaps an area where public policymakers can advocate for funding.

We have about 15 minutes remaining in this particular section, before we move onto a 10-minute break. I'm going to just go through the question-and-answer and see, what are some questions that people have posted.

There's a question here for Patty McCallum, that asks whether or not a personal directive has to be enacted, in order for a family to be able to share the details of the person who is living with dementia?

Patty McCallum: Well, I haven't heard of that. I think it's up to family's personal options here. There needs to be discussion, because some of the presenters have already touched on prevention and education. And as we see more and more cases of dementia appearing all around us, people need to be alive to the fact that there's potential for someone to go missing in your family.

So, what technology or what thoughts have been given to, what would we do in the case of? You know, we certainly do look at falling down and so forth, but when it comes to emergent situations, generally speaking we're asking family, on behalf of a missing person, can we – can you supply a photo and information to supply to the public?

We are not looking to disclose information that's much more personal like, should we need to provide information about an illness – diabetes, heart condition – that's something that we consider case by case. We don't like to mention what types of medication they're on, for example. So, there's a very grey line as to how far, or how much information goes out. But it's always what the family members or friends or caregivers are comfortable, based on discussions they've had before.

So, by the time they come to the police to say you know, “They’re missing,” we need to use everything at our disposal to find them quickly, especially if they do have other medical issues. Time is of the essence. So that balance there – how much to share – well whatever is comfortable for them to share but is meaningful for the search to happen. And what things – what criteria do police or search, and Rescue members need to be aware of.

Lili Liu: Thank you for that Patty. I see two questions that are for Tommy on his presentation about Purple Alert. The question is whether or not the app is used by law enforcement, as well when they’re searching? So, is there personal information about the missing person on the app, such as a picture of the missing person and other characteristics, like height, weight?

Tommy Petillo: Yes, in the App there are all those personal details. So, photo, height, weight and more than that. There’s all the relevant details such as the last clothes that the person was wearing, or point of interests where they might be going and visit, which can be very useful when the alert is raised.

In addition to that, in the new version, we’ve added the option to upload the Herbert Protocol. I don’t know if you’ve heard of it, but the Herbert Protocol is widely used in the U.K. It’s a paper form which a family would fill in with the person with dementia personal details and – if the person is missing- would hand to the police when they come to the door. Purple Alert was based on the Herbert Protocol, so it’s a bit of a repetition, but the two services are complementary to each other.

Regarding whether Police Scotland use the app, so far, they don’t use it officially. They use it if they have it on their personal phone, but since the police have very strict protocols for downloading apps on their work phone, we’re still working to implement Purple Alert across the Police force.

Lili Liu: Thank you for that. The other question is related is whether or not it’s monitored by police? I think this is a very good question, because my understanding is that in Scotland, it is not monitored by the police.

When we visited you in Scotland, we also asked this question, have you had any cases of misuse of the information? And you had a very good response for us. You said it rarely, if ever happens. And you can certainly prevent that particular individual from, using the information or using the app. Is that correct?

Tommy Petillo: Yes. So, the app is entirely managed by Alzheimer Scotland, primarily because when we were developing the service– Police Scotland were very supportive, but they didn’t want the app to become another burden for the force, since they were already stretched beyond imagination.

However, 3 years on, once we proved the concept and we can all see how valuable the service is, we’re working closely together to use Purple Alert as a tool to reduce police workload. Having said that, we are still happy to manage the app, as a charity as it falls within our remit. What we’re getting involved with the police, is more in the follow up. Here there’s something called return discussions, which at the moment is carried out by Police Scotland when the missing person returns home, Police Scotland carry out a ‘Safe and well’ check and a ‘Return discussion’. These are designed to gather relevant information regarding the missing occurrence and to mitigate the risk of it happening again. We’re now working with the force to

take on all the return discussion, to make contact with families and integrate support with all our services, not just Purple Alert.

And the last part of the question – it was preventing the misuse of the app. This was a big, big, deal when we were developing the app, in 2015/16, because we were aware we would be pushing out sensitive information. So, we really were wondering if it would generate a backlash. We went through a lot of the live testing with Police Scotland and we even recreated scenarios where an officer posed as ‘the bad guy’.

But actually, as the police said – and that has been confirmed throughout the years – that the chances of someone using the app maliciously are incredibly small and the risk of that is minimal. And the benefit outweighed the risk, by far.

In fact, we only had one malicious use, which it was a guy that just created a profile, sent an alert out, trying to be funny. Within minutes I was able to contact the user by phone, explain that he would be reported to the police and he deleted the alert immediately. The following day he was reported to the police and he was ‘blacklisted’ in our database.

Lili Liu: Thank you for that response. And to the participant who posted the question, I might just add that for the Canadian app that is actually not on the market yet, it would be monitored by the police in the same way that the police releases information on missing persons on social media, or Twitter and Facebook, when a person goes missing and the family has agreed for their personal information to be shared. So, the police would just release it at the same time, through the Canadian based app.

Michael, perhaps you can answer this question related to GPS, would a GPS system for Canada be part of this sort of planning?

Michael Coyle: Well, the GPS system already works internationally. The GPS devices that are on the market, consist of two things, in fact. There’s a GPS receiver, which receives the signal from the satellite and figures out where the device is in the world. And then the second system is some way to report that location to who wants to know. In the case of a GPS device for someone with dementia, it would be the caregiver, or the police.

Now whether or not – adopting a national system, is a big project, you know involving – getting everyone to agree, one, what’s the best system. And, you know I think it’s – based on my experience working with governments – I think that’s impossible.

I think we could hope for Alzheimer’s Associations to create lists of devices that meet certain criteria for reliability. You already pointed out the issue with companies going bankrupt. I know that as the – as one of the founders of the B.C. Silver Alert, I get a lot of emails from people, trying to sell these devices to me. And I’m sure people, with family members with dementia, also get inundated by these ads and emails.

So, the hardest thing is deciding which ones the best, or works in your situation. So, I always hope that the Alzheimer’s Associations would step in and try to filter some of that noise.

Lili Liu: Thank you for that response. I’ve received a number of questions about whether or not we can share the PowerPoint presentations used today? With permission from the presenters, we will certainly share the PowerPoint.

One more question. Tommy, this is back to you again, whether or not your Purple Alert is on any of the app stores, such as the Apple app store? Could people download it to get a sense of what it's all about?

Tommy Petillo: Yeah. The app is called Purple Alert Scotland and we've added Scotland for that very reason, just to make sure that you understand that it's only a service covered in Scotland.

It's available for IOS and Android and, it should be in the Apple Store and the Play Store.

Patty McCallum: I can confirm that it is in the Apple Store.

Tommy Petillo: Fantastic. Thank you.

Lili Liu: Thank you, Patty for doing that research behind the scenes and thank you Lauren also, who has just texted me to say it is available.

We actually have time for one more question. And this is a question that goes to Dr. Meredith Rowe. And the question from the audience is how are alerts sent out in the U.S. when it comes to silver alert? Is it through the radio and through TV?

Oh, I'm not sure if Meredith is still with us. She had to leave early as it is American Thanksgiving.

Noelannah Neubauer: I can respond to that Lili. So, I think from my knowledge, it is through the television, as well as through radio. However, I have heard that, because the times are changing, not very many people respond to TV and radio these days, that it's largely by mobile phones. So, I'm not sure if they've adapted to that as of yet.

Lili Liu: In the earlier literature I read, also on electronic billboards as well.

This takes us to the end of this session. We have one more theme to go. I encourage you all to come back after a 10-minute break. We're going to return at 4:25 eastern standard time. Thank you.

For those of you that do have other questions that you'd like us to address individually, some of the team members are staying on during the break so someone will be here to answer your questions. See you back here in 10 minutes at 4:25.

PART 4: HEALTH & SOCIAL CARE PERSPECTIVES

Lili Liu: OK. It is 4:25 and we are ready to begin this last leg of our forum today. Thank you all very much for sticking around to the end. This is the third theme that we are focusing on. It's on health and social care perspectives.

Lisa Snodgrass is going to provide a five-minute presentation on her perspective as it relates to health and social care. Welcome Lisa.

Lisa Snodgrass

Lisa Snodgrass: Thank you. I am going to preface this by saying we are dealing – in my building I'm in right now – we are dealing with a little bit of a crisis. So, I'm going to apologize if I get distracted by something going on around me. So, forgive me for that.

So, yes. I'm Lisa Snodgrass. I am a director of clinical practice for Shannex and Parkland. I am also an infection prevention and control specialist for the organization as well.

So, we – our experience is with residents or seniors living in a residential setting. And we have various care lines available – that we, that we serve our residents from. We have independent living residents, we have assisted living, where they receive a little bit of additional care and we have nursing home and also memory care.

So, we certainly have lived experiences of working with our residents that are living with dementia. And this was a really interesting forum to be asked to be a part of and I appreciate very much that you are looking at this perspective.

When I think of community alert systems, you know it's – I feel like it's the missing piece. We have a lot of internal measures and we know, you know there's lots of residents all over Canada – I shouldn't say residents – there's lots of people all over Canada that are living with dementia and living in various settings.

You know they may be living at home with a spouse – an elderly spouse. They may be living with their extended family in a home. They may be living in an apartment. They may be living on the street. Or they may be living in a home such as ours.

So, there's lots of measures – preventative measures – that people and organizations have in place to help mitigate risk of residents or family members who are living with dementia, going missing or – I'm hesitant to use the word wandering, after the first presentation – but wandering.

So, there's lots of measures that we can have in place to help mitigate that risk. But there are times that, you know nothing is 100% effective. And there are times that those measures fail. And so, I would see this community alert system as being that added layer of protection that we need.

Because I can tell you, when you can't locate a resident, especially one from a home – a residential setting – there's no worse feeling than that. And you, you know you have a moment of feeling just lost as to what do we do now and that fear.

And, you know having – knowing that there is a definite process in place beyond four walls of a home, in any home, I think that that certainly would give a better sense to people that, you know there's other support out there for us.

And we think of – I can speak to the residential setting that we have, even within our own facilities, depending on the service line that somebody's living in, there's different staffing ratios. And a nursing home would certainly have a higher level of staffing than one of our independent living buildings. And I think a lot of organizations like ours are structured much that way. So, knowing that there's something outside those walls is definitely important.

Something else I would say, is in regards to peace of mind. When we look at the living model of the people living with dementia that are living in a residential setting and even outside of a residential setting like ours, it's really about – over the last ten years I would say – that approach has really changed to a person-directed approach. I think our first speaker mentioned person-centered.

And we feel like it's even more than person-centered. Caring for people with dementia, or caring with people with dementia, it's almost more of a person-directed approach. You know, yes, you're at the centre of their care, but they're also – they should be the ones directing it.

And so, part of that is having that freedom of movement and freedom of choice – to have indoor spaces, outdoors spaces, that they can move freely. You know, we pride ourselves in not having that dedicated outdoor time, or, you know cause it just, it just doesn't seem right if you've lived your whole life and been able to go about and do your business then why shouldn't you still be able to live that way if you have dementia or a cognitive impairment?

So, you know being able to go in and out freely when you choose to do so. So, that's a very important piece of it. But, along with that, there's risk, right. So, it's all about balancing risk and benefit and sometimes it's a very grey area, trying to do that.

So – but I do think knowing that there's a support of having a community alert system, so if somebody is living their life freely and going about their business, if they did happen to go missing, there's something there as an added support.

One of the other questions that was asked, is what aspects would be essential? In thinking about this, I would say a collaborative approach would be essential for this to work. Knowing that there's different areas that people live with dementia, you have to look at who are the key stakeholders – using more of a business term – who are the key stakeholders in this person's life?

Is it a husband or a wife that lives with them? Is there extended family? Or is it a setting where there's caregivers – more formal caregivers – and how do we work with those people? You know, if someone goes missing now, I would say the first instinct is you're going to call the law enforcement. So, you're going to call the police. You're going to call the RCMP to help, cause that's what you do when you're panicked, and you can't find somebody.

So, if we work proactively with, with whoever is going to be doing that emergency response – if there's a community alert system – we already know how each other work. So, we can build that trust and just really be collaborating from the get-go, if something like this gets put into place.

Education is definitely key. So that person-directed approach that I spoke about, there's techniques and skill that's involved in making interactions with somebody living with dementia more positive and more productive. And a lot of times those approaches aren't something that come naturally to people. It has to be taught.

You know, our approach to people living with dementia 20 years ago, is very different than what our approach is now. We've learned a lot. And I think knowing if we share that information between people that maybe don't necessarily work directly in healthcare every day – and not just sharing it once either – I think the key is – and we hope nobody ever goes missing – but you have to plan for it.

So, doing tabletop exercises, things like that, I think would be really important in creating that educational and collaborative approach for a system like this to be very useful and effective.

And we talked a bit earlier – or the speaker – about some of the technology that can be available. So, I think that really does have to be combined with that. So, it has to be easy to use. You know, if you have an alert system thinking if someone's at home, it has to be easy for an elderly person to be able to activate that emergency alert system. Or if it's in more of a clinical setting – a nurse working in a busy environment – it needs to be easy for that nurse to use as well.

And of course – I know I'm running out of time here – privacy considerations are key. We want to be able to share certain relevant information. So, with that community alert system, but without reaching privacy for that resident, information can be very helpful but there can also be a fine line between reaching confidentiality there.

Cost effectiveness has certainly been brought up. So, I won't elaborate too much further on that. And then supportive data. I know in our organization, we would want to see some evidence of how does this work? And how – what are the plans? And how can we – how else can we use data that could be collected by a system like this?

So, I think I've passed my five minutes, [but, yeah. Thank you very much for having me today. And I'm happy to answer any questions that you might have after this section.

Lili Liu: Wonderful introduction to the topic Lisa. Thank you for helping us bridge the issues related to privacy, related to stigma, fear of blame. We've heard in the community, some caregivers are embarrassed and concerned about reporting when someone under their care has gone missing.

We have seen that also in facility living. Therefore, education is very important. The topics you brought up are pertinent to today's forum.

Our next presenter is Kim Savard, who is our second-to-last thought leader, presenting today. By the way, Lisa is based in the Maritimes out east. Kim Savard is in the west in Calgary and she's going to provide us with a perspective of the Calgary Coordinated Response to Missing Seniors. Welcome Kim.

Kim Savard

Kim Savard: Thank you very much. And I couldn't have asked Lisa to do a better job at a lead-in for my talk, because what I'm going to focus mostly on is collaboration. I am a program manager at Carya, which is the part of the The Way In - Senior's Outreach in the City of Calgary. But at this presentation, I'm actually presenting on behalf of the Calgary Coordinated Response to Missing Seniors and we are working on changing that name.

I'm going to just give you a little background about the committee, because it speaks to us coming together as a number of stakeholders. So, the Calgary Coordinated Response to Missing Seniors very much has a grassroots organization – or origin. In 2015, the board of Bowmont Seniors Assistance Association – a very passionate group of seniors – began to question why there was not a silver alert system in Canada.

With funding from the United Way of Calgary and Area, Bowmont Seniors Assistance and Carya commissioned an environmental scan of silver alert programs across North America. After the report was completed a steering committee was formed to look at next steps.

From there, a community conversation with 32 stakeholders across Calgary was held. And the consensus was that they said the issue of missing seniors in our community could and should be addressed collaboratively in Calgary.

From there, a community action team was formed under Age-Friendly Calgary, with 14 agencies that signed on to work together. The agencies included senior service providers, the City of Calgary and Calgary Police Service and Calgary Fire Department, Distress Centre and Alberta Health Services.

During this time, we were lucky to be connected with Dr. Liu, and her amazing team at the University of Alberta and now also the University of Waterloo, to see how we could bring a community perspective together with research and best practices.

As part of this partnership, our committee was able to do a simulation of the Community Area Silver Alert (C-ASAP) program at Calgary Police Service in 2018. And we talked a little bit about that earlier in the presentation.

Our committee has been working together since about 2015. And some of the pieces that we have been involved in are strategic, local and provincial. One of the things is we were invited to consult on Bill 210 – an amendment to Missing Persons Act (Silver Alert).

In 2017, the bill was passed unanimously in the Alberta legislature. And we have just gotten an update that it is currently waiting to be proclaimed. And I think earlier it was mentioned that legislation can be tricky, as it has layers of implication around mandate and funding.

I was asked to talk a little bit about what the needs of people are in the community and what the community needs are. So, there is a need to support vulnerable population and their care partners, to develop strategies that assist the prevention of somebody going missing in the first place. We've talked about GPS, the Herbert Protocol, things like that.

There was also a need for a framework to be in place that will assist authorities in finding missing vulnerable persons, which could include community members being notified that someone in their area has gone missing and to be on the lookout – or BOLO.

There's also a need to create public awareness about the issue with vulnerable populations that go missing and the resources that are in place to support the prevention, incident management and after event follow up. This could include resource kits, connecting to system navigation and a community alert system.

Our whole committee started off with a need to develop a community response. We really spent a lot of time looking at how we build the relationships that include police services, service providers, community members and individuals that are at risk of going missing and their care partners.

We believe the communities can come together, both locally, provincially and nationally, to share best practices and research related to this issue, which we've been very lucky today to hear so many great thought leaders.

What would successful implementation of an alert system look like? So, a successful implementation requires support from many sectors. This would include a platform, an app, a framework, that works in partnership with police departments, service providers, the community and vulnerable populations. I don't believe that – or we don't believe – that we can do it in isolation.

Community agencies can bring their expertise, their services, that would include education on prevention, critical incidence support, or support at the time of an incident when some authorities are out looking for a missing person, resource connection, follow up and support both to the vulnerable person and/or their care partner.

And again, it's been talked about earlier, but successful implementation does include government understanding of the issue and potential legislation. And it is critical that research and evaluation works together with community to support emerging issues and best practices.

And then the role of community organizations, which we represent – and I work for a non-profit organization – but certainly I'm using community organizations in a very broad sense. We are very well-placed to work in collaboration. In our Calgary Coordinated Response, again we have police services, fire department, health services, researchers and government and that enabled us to leverage services, provide expertise, maintain ongoing connection and support to vulnerable populations and address emerging issues. We are much stronger together, if we can learn from one another.

And just in closing, we are happy to share any resources, toolkits, materials, learning, et cetera, et cetera. And I just wanted to put a thank you out to our Calgary Coordinated Response to Missing Seniors. We have a great group of agencies and people on there. And we've managed to even keep retired people – like Patty McCallum, stay with us, because – we feel like we're moving the needle on this issue.

Lili Liu: Thank you so much Kim, for that conversation and description of the numerous initiatives and the leadership that you have been providing from a community perspective. From a non-profit organization perspective, we hear a lot about the Alzheimer Societies across the country and about other organizations. You certainly have a stellar organization, very deeply committed. And I love that quote, that we move at the speed of trust. Thank you for that.

Our final thought leader of the day is Franca Gatto, Director of Aging, Seniors and Dementia Division, in the Centre for Health Promotion at the Public Health Agency of Canada. We are thrilled that she's agreed to join us to help us tie up today's forum. Thank you so much for joining us today.

Franca Gatto

Franca Gatto: Thank you for giving me the opportunity to talk to you today about Canada's first national dementia strategy.

While I don't have expertise related to alert systems, this has been an extremely interesting learning event – and as I go through the overview of the national dementia strategy, you will see that some of the issues that have been raised throughout the afternoon are reflected in the strategy.

Bien que je concentre la présentation en anglais aujourd'hui, je serais plus d'heureuse de vous répondre en français aussi. Je sais qu'il n'y a pas de mécanisme aujourd'hui, mais vous pouvez toujours me contacter par courriel à l'Agence de la santé publique du Canada.

As many of you know, dementia is having a significant impact in Canada, with more than 432,000 Canadians, aged 65 years and older, diagnosed with dementia. Of those, two thirds are women. And as our population ages, the number of Canadians affected by dementia is expected to increase.

As part of the Government of Canada's commitment to improve the lives of people living with dementia and their families and caregivers, in June 2019, the government released A Dementia Strategy for Canada – Together We Aspire, Canada's first national dementia strategy. On your screen, you should be able to see an overview of the strategy.

As you will see, the vision is bold and aspirational. It puts people living with dementia and their caregivers at the forefront and it encompasses both the longer-term goals of prevention and care, as well as an immediate focus on optimizing quality of life.

The key to achieving this vision, are five overarching principles that set out the values that will guide our work as we implement the strategy. Each of these five principles were recurring themes during consultations on the development of the strategy.

All stakeholders across Canada that are working in the dementia field are: encouraged to prioritize quality of life for both people living with dementia and caregivers; respect and value diversity; respect the human rights of individuals to support their autonomy and dignity; engage in evidence informed decision-making and sharing information; and maintain a results focused approach.

You will see that five pillars have been identified. We see these as foundational to putting the strategy into action. We feel that implementation of the strategy relies on collaboration toward common goals across all levels of government, as well as with other organizations and individuals. Continuing to build on partnerships will contribute to the achievement of the strategy's national objectives. To make progress on the vision and objectives, Canada needs to build on our research and innovation, and enhance surveillance and data, and dementia information resources. And, we need to ensure that we have a sufficient and skilled workforce, who will be available to contribute to all areas noted in the strategy, from engaging in research, to providing quality dementia care.

As you can see, the strategy has three national objectives. The prevent dementia objective focuses on developing a better understanding of how dementia can be prevented, including by sharing information and building evidence of how Canadians can reduce their risk of developing dementia, or delay its onset.

The advance therapies and find a cure objective focuses on producing new knowledge and evaluating novel approaches for how best to treat dementia, to support those with dementia to live well, and to advance efforts towards finding a cure.

Finally, the improve the quality of life of people living with dementia and caregivers objective focuses on reducing stigma around dementia and improving healthcare and social services, to be able to provide better support and improve quality of care for people living with dementia and caregivers. This also includes promoting and expanding the concept of dementia inclusive

communities to aid communities in becoming more welcoming and supportive of people living with dementia.

In implementing the strategy, the federal government continues to work collaboratively with our provincial and territorial partners, with key stakeholders, researchers, health professionals, people living with dementia, and caregivers. This collaboration is key to achieving our implementation goals. The strategy is also supported by federal investments in dementia research and innovation, community-based projects, dementia awareness, surveillance and guidance on diagnosis and treatment.

New funding announced in Budget 2019, included \$40 million over five years to support the development of the Dementia Strategic Fund, which will result in a range of activities and projects across the country. This will include a national public education and awareness campaign; funding to partners for targeted activities that increase Canadians' awareness of how to reduce the risk of developing dementia; reduce stigma and encourage dementia inclusive communities; initiatives supporting improved access to and use of dementia guidance; and the creation of a comprehensive online portal to share dementia-related information resources with Canadians, including health professionals and those impacted by dementia.

Another \$10 million of funding is going towards better understanding the impact of dementia in our communities, through enhanced surveillance efforts. This funding complements existing federal investments. In Budget 2018, \$4 million per year of ongoing funding was provided to establish the Dementia Community Investment, which is geared towards supporting community-based projects to improve the quality of life for people living with dementia and family and friend caregivers.

As of today, we have 17 community-based projects that have been launched and we have a knowledge hub that has recently been established. Targeted research funding for dementia was also announced in 2019, with \$32 million of federal funding supporting the second phase of the Canadian Consortium on Neurodegeneration in Aging (CCNA).

Lastly, we are also required to report to Parliament every year on our work related to the national dementia strategy. The 2020 Report to Parliament was recently tabled in Parliament and will be available on our website shortly. We would be happy to receive any feedback or input you have with respect to the 2020 report, and we are interested in knowing what you would like to see in the 2021 report.

I'll stop there, because I think I am over my five minutes. But I want to thank the organizers of this learning event and all the participants for the opportunity to talk to you about the strategy. Merci beaucoup.

Questions & Discussion

Lili Liu: Thank you so much Franca for this, which we think is an ideal way to finish up the forum before we go into the facilitated discussion. Within the context of the national dementia strategy for Canada, we need to remind ourselves that this demonstrates federal support at all levels.

All of the stakeholders that you've mentioned are present today - from people living with dementia, to their care partners, to search and rescue, law enforcement. We have the whole

team and probably many out there who are trainees, wanting to make a career of this particular and important issue.

Including policymakers – I think that we have all those stakeholders you mentioned. It's wonderful to see it successfully – very competently wrapped up as you said with reference to the strategies, so thank you for that.

We have time for one question, before we move into the facilitated discussion. This is a question for Kim. The question is, does the Bill 210 amendment, include Missing Persons with ASD or Autism Spectrum Disorder; is it universal to cognitive disorders? Can you speak to that Kim?

Kim Savard: So, I scrambled to pull up the wording in the last presentation. So just so that I can answer appropriately. So the way the Bill is drafted, was that a represented adult, under the Adult Guardianship and Trustee Act or another adult with a cognitive impairment. So, it keeps it fairly broad. It doesn't just mention dementia, or Alzheimer's.

Lili Liu: I actually do have one more minute. Here's a quick question for you Franca. Have there been any studies completed that focus on diet, exercise, reducing stress, or any other studies on the focus of maintaining a person's health mentally and physically, that could help prevention?

Franca Gatto: While I am not a researcher – we do review a lot of the literature available on dementia and there is compelling evidence on the benefits of reducing many of those risk factors for dementia and improving healthy behaviours. That evidence will inform part of the public education work that we are undertaking in the next fiscal year, as we want to ensure that people are aware that there are healthy behaviours that can help to reduce the risk of developing dementia. There are also risky behaviours that contribute to increasing your risk that people could reduce. It is fairly current and emerging research in this area and will be part of the focus for our awareness raising activities.

Lili Liu: Thank you, Franca. To provide a segue to the facilitated discussion, I'm going to bring up one topic that hasn't come up in the question-and-answer and I would like to direct this question to Lisa Snodgrass. How has COVID-19 impacted the numbers of older adults with dementia who go missing?

Anecdotally, our conversations with first responders has been that the numbers of missing persons have actually increased, because family members are not able to provide meaningful engagement, and activities. Also, they are not able to provide proper monitoring or accompaniment of individuals living with dementia.

We wonder whether Lisa has observed that as well in the work that she does in the Maritimes.

Lisa Snodgrass: Sure. I'm happy to talk about it. Actually, in full honesty, that would be the crisis we're dealing with right now in our facility. We have – we've been very fortunate in all of our homes to really have had minimal impact of the actual virus coming into our homes. And we are dealing with an outbreak right now in one of our homes.

And so, this outbreak, but also the precautions that we've taken, we certainly notice with isolation and our residents that have dementia, they're not getting out and about as much as they normally would. That social interaction was decreased. And we learned a lot from the first

wave in our region and we look a lot at data. We look at the person too obviously, but when we look at data, we'd see depression scores go up. And you'd see mobility go down. And, you know, that wasn't OK, during the first wave.

And now that we know more, what we feel is that we can do better. So, we are doing better. And just figuring out ways that we can still keep them connected. Because a lot of times, that wandering behaviour or, you know it's boredom – sometimes they're bored. So, if the families aren't there to help them and they don't have that familiar face with them to entertain them and distract and it does create a problem.

The other thing it can do – I mean with that decreased mobility – if you do have someone wander off, they're certainly more at risk if their mobility has declined significantly as well. And so, we are seeing it. And I think, I think it's important to think about that. Because there will be cases where people will have to be isolated for their safety. When you weigh, you know with outbreaks like this and pandemics, you have to weigh the greater good of the community against the greater good for the individual and that's an ethically challenging thing to do.

But we can't forget like there's still things that you can do when people are isolated, to help keep them in contact with their families and mentally stimulated and doing well. So, that's where our focus is now.

Lili Liu: Thank you. Over to you, Noelannah for the facilitated discussion.

PART 5: FACILITATED DISCUSSION

Noelannah Neubauer: Thank you so much Lili. So, this has all been an amazing conversation over the last 2-1/2 hours. I've been sitting in quietly listening to all of this. I thought before we get started and dive deeper into the facilitated discussion, I've been taking notes. So, I thought that I would share some of the key point that can further help drive some of the questions just in terms of next steps.

The need for silver alert, or some kind of community alert system, definitely seems paramount and we've seen that across all of our thought leaders today.

In addition to talking about community alert systems though, there was other different types of strategies that were brought forward that almost need to be coupled when we talk about this type of alert system. Education was something that was huge, that came across quite a couple thought leaders, just in terms of ensuring that the public is aware of the risks of getting lost among those with dementia.

How do we educate our communities and our first responders? Just because the person is outside alone, as highlighted by Christine Thelker, doesn't necessarily mean that they are lost. So, how do we know whether to approach this person?

Having multiple tools and being prepared, was also something that came as a common theme throughout today's discussion. Some of these things involve items such as vulnerable persons' registries. Could they be an element that can be involved in this?

Then when we dive a little bit deeper into those models of community alert systems, we were honoured to have Tommy Petillo talk about Purple Alert. Is there a way of being able to bring it in some capacity or some element, here in Canada?

However, what was alluded from Lili, is that, of course we have issues here with privacy and legislation. Even from our team's own past experiences it needs to go through the Police. It can't necessarily come from a community organization, but again, that's something that can be subjected to change.

And then as well, we were honoured to have Patty bring forward and talk about the amber alert system. While amber alerts work specifically for abducted individuals – and of course we see most of it has been involving children – we need to be able to think above and beyond this, just because there are some limitations that come with this if we're dealing with a much larger population and we talk about missing persons with dementia, or older adults.

So, some of the key things that had come forward on how it should look. So, amber alerts shouldn't be the only strategy, but rather it should be the last resort. It could add that extra layer of protection, if a strategy such as a GPS device fails.

The silver alert should very much be local. It should be community-based. It should be person-directed. It was brought forward from Lisa, that it should involve a collaborative approach, bringing everyone together from police, community to end-users, as what was highlighted from Kim. Bringing in standards would potentially be an essential element. Ease of use and integration.

And then something that we haven't discussed as of yet, is could a national alert system be embedded in a national 1-800 dementia helpline? That's something we can maybe think about during today's facilitated discussion.

Something else that hasn't been brought up – but we can definitely talk about during this piece – is there an application to involve this among other vulnerable populations? We've been speaking about older adults and dementia, but should we be looking at other populations such as autism? Or other cognitive disorders? That's something else we can think of.

And just one final note for me to be able to bring it in before we start opening it up to all the question-and-answers and what your thoughts and opinions are, some of the key challenges that have been brought forward up to this point, is obviously that issue of fatigue. It needs to be local.

Stigma was also brought forward from quite a few of our thought leaders, just in terms of do we need to stick to the physical, or the situational facts? What type of information should we share? Should we leave it up to the family's decision as to how much information should be shared?

And then that brings it even further into privacy and consent. We haven't had that chance to talk about that yet, but I know that in itself, could be multiple hours of discussion, in terms of how we should do this.

And then finally, cost effectiveness, misuse of the system, or other potential concerns, as well as supportive data on effectiveness. Do we need to have data to be able to support this? This is a general summary that comes from this.

Hopefully from this summary we're going to start to see some question-and-answers come in. Again, it doesn't have to just be a question. It can also be, what is your personal thought just from today's session so far?

And if we don't get anyone from the audience, I might even lead it up to some of our thought leaders if – now that we've been able to summarize and see the bigger picture – what else do you think we need to discuss, even just in terms of what next steps do we need to take to bring an alert system in some capacity in Canada?

Christine is going to say something. OK. Off you go Christine.

Christine Thelker: Thanks, Noelannah. First thanks to everybody who presented today. Again, I'll reiterate how emotional this has been for me. Cause this is so near and dear to me. Because living alone and trying to stay independent for as long as I can, all the pieces that come to this table are vital, from the education to the actual tools themselves. The alerts, the GPS devices, all of those – like the living – the assisted living component that I will eventually, you know be faced with – all of those components are so vital and that the collaboration that was talked about earlier is huge.

So, I really just want to again say, thank you for pulling all this together. And I'm just going to leave it there.

Noelannah Neubauer: Thank you so much Christine. Our team has learned from individuals such as yourself, and really at the end of the day, the voice needs to come from those with lived experience. So, we're absolutely honoured to have both you and Mary Beth here as our thought leaders today.

Mary Beth Wighton: Any chance I can jump in then?

Noelannah Neubauer: Of course, you can.

Mary Beth Wighton: I just wanted to circle back to the COVID-19 comment. And considering where we are today and some of the stats that people have been suggesting on the increased number of people living with dementia, due to isolation, due to being locked down, are leaving.

It's actually a very worrisome time for a person living with dementia. And I say that because I'm looking at two different documents in front of me. One of them, I mentioned in my speech – The Management Strategies for the Wandering COVID-19 Patient in Acute Care. I am extremely concerned about this document, because it, you know the comments of the greater good, you know it should be over the one person. No, I can appreciate some of that.

However, if we are being locked up because we have COVID, without other strategies to help us get through that – and this document really doesn't offer much – then we're into some serious, I would call human rights issues.

And I'll just leave it like that. We know what we need to help reduce people, "Wandering." It's the same thing if that person has COVID-19. And you know, we're not seeing strategies against other organizations who may have cognitive issues who may, "Wander." It's directed at people living with dementia.

And I have a lot of concern. And, you know what this will mean for a person who's leaving – who, “wanders?” We know people will be strapped down. So, I just wanted – I didn't want to lose that thought. And I think it's really important as we're talking about the wandering and the lost one, how are we now starting to stop that, “wandering.” Thank you.

Noelannah Neubauer: And I really appreciate that Mary Beth. It means a lot. And especially, when we talk about this whole concept of wandering. We've been talking today about that aspect of getting lost and going missing, but we failed to talk about the benefits – the good things that come from wandering. I know Christine Thelker and even Mary Beth, in your presentation you used the quote, “not all those who wander are lost”.

I know both of you are very active in your communities. You go for walks. You go on road trips. And it provides that sense of meaning in your life. And even to be able to exercise. To be able to be with the elements. It's all things that are very, very important to you. Lisa, I know that you took your video off and I'm sure that you want to say something.

Lisa Snodgrass: I do. And both Mary Beth and Christine, I really appreciate you speaking up for this. I know a lot of times in our organization, even though we use that person-directed approach and their voice, we've caught ourselves still, several times of, “OK. This is what we're going to do.” And then we figure, “Oh, we'll talk to the residents about it,” and say, “Well, we can't do this. Why didn't we listen to them in the first place?” You know they know what they need and what they want.

And it's so easy to do things without that voice. But that's the easy way. Well, we think it's the easy way, but in the long run, it's not, you know. If we want something to work and be effective. And I'll tell you, like this is timely, because I've spent most of my day on the phone. We are speaking to every single family member we have, every single day here. And it's those families of the residents that have dementia that, you know that's who they're worried about.

Cause, our other residents, you know they can understand a little bit more about why we are making certain – taking certain precautions right now. So, we've changed things – in 24 hours we've changed even the way we're doing things, based on the fact that we are not going to sit and have somebody who needs to be moving around and needs to be still living their lives – because we have this virus in their home.

It's up to us to think of a way to do it better. It's not – cause yes, the easy thing would be to shut the door and that's where you need to stay, and you can't come out. That's not OK. We can't do that.

We need to be – if we're the health professionals, if we are charged with looking after – or looking – I always hate saying looking after because it's a with thing, it's not a thing – but it's up to us to figure out a better way to do things that makes it easier for them.

So, I really appreciate hearing that voice. And it's not a blanket approach for everybody either. And that's what I don't like, is when you see these care programs come out for people with dementia. You know, every person with dementia is a person with dementia. They are their own person, and they have their own needs, their own wants, their strengths, their needs, their preferences and everybody has them.

So, it's really – I think we need to talk more about strategies, rather than like – and I do appreciate toolkits too – and I think that's what toolkits can bring to the table sometimes – but

for people to still have to think outside the box. And that individual voice of the person and knowing them is so important.

So, with COVID and with isolation, technology has been amazing for us to still be able to keep residents with their families, even though they're not physically with their families, we've certainly been using that. But we are always open to suggestions that families and our residents have, so that we can make this better. Cause it's not where it needs to be – it's not yet.

Noelannah Neubauer: Thank you so much Lisa. So, we've had a couple – oh, yeah. Christine.

Christine Thelker: Thanks for that Lisa and Mary Beth. Thanks for bringing the human rights element to it. Because I think it doesn't matter whether we're talking about with the COVID and people with dementia. Because people like us, I am in an isolated bubble of one. It is just me. I have no outside communication interaction unless I'm on a Zoom.

So, because I have to look after my health, because I have to live with the fear that I'm going to be one of those people, if I end up in the healthcare system, who is triaged to get put to the bottom of the ladder, because I already live with this terminal illness.

So, it's a very real issue for people out there. And I think in the whole care home component, I'm really glad to hear you say that it's the responsibility of everybody within, to help find the tools and the solutions.

So, whether we're talking about finding the tools with the silver alerts and the GPSs and all those things. Yes, the people living with, we have a huge role to play in how those things happen but, it's all of us. We have to work together.

Noelannah Neubauer: One hundred percent. And that's the joy – something that was so exciting with this forum is this is the first time that all of us are finally coming together and talking about this as a whole. So, this is definitely a good start.

So, we've had a couple of questions, comments, that have been trickling in. One of them that came in that I honestly love, is perhaps bringing in people from across Canada, including persons with dementia, as well as other vulnerable populations, to create an alert system, would be multi-facet. And 100% that's something that I completely agree on.

And I feel that even with the partnerships that we've developed from this Forum for today, is something that we can use as a start and we can continue to start to build that – come up with different committees and see how much we can do.

While this forum is happening today, really the intention was for it to be a start with the intentions that this would turn into something in the new year and the up-and-coming years, so we can start to finally see an alert system, rather than us just sitting back and just seeing the conversations but seeing no action coming in.

So, there was a question that came in – and I'm going to open this up to any of our team members, as well as our thought leaders – Is there a political will for those multiple levels, municipal, provincial, federal, various policing levels? So, local police, provincial, RCMP – is there an advocacy, a role or a toolkit?

So, I can start to say that there's – I've definitely seen that there's been a political will for it. I know that within the context of Alberta, it has started. In Manitoba, things have been moving. I

know that municipal governments even look at within the Calgary Coordinated Response to Missing Seniors, they've collectively come together from a municipal level. I've really seen an appetite for something to happen.

I'll open it up to others – from the thought leaders – for if you have any other responses to that question.

Patty McCallum: Well, I'll start Noelannah. And I want to congratulate the University of Waterloo's staff for bringing together so many wonderful speakers. It's very enlightening and very gratifying to hear that there is a lot of overlap. There seems to be a pretty good understanding of what we need to do collectively all across this country and internationally.

I think with the growing number of seniors that we're going to see; it will have to be there. I think that even as I reach out to the contact at Alberta Emergency Management Agency, that's still province-by-province.

So collectively, I think once we engage those groups by province, that will put some pressure on Ottawa to do something more collectively. And maybe they're looking to see what each region does and whether it's going to work across the board.

But it's actually pretty good to hear that there's lots of similarities in terms of what we're all feeling and what we're thinking about. Cause I think – Christine, my thought for you is at what point do you think that you would reach out to an Agency to say, "Put me on your list for contact with somebody, to make sure that I'm – I've got some sort of protection there, or someone to connect with, when I do go out for a walk, or if something does happen."

Because I think you can't do it alone. I mean, myself, collectively with my retired colleagues, it's always looking out for the ones who are living alone, making sure that they – we stay connected. So, at what point do you think that you would reach out and use those resources?

Christine Thelker: OK. Patty, thank you. You know what, I would love to already use those resources. I would already love to have that for my own peace of mind, to know that I'm OK. I'm safe. I'm – it's OK. There's my little safety net.

Unfortunately, through all of these different things – and this why the – here we go with collaboration again – it goes all the way back to the education piece. When you get diagnosed, you aren't given the tools and the resources. You don't know what's available, what isn't, how to access it. You're already trying to live with your feet being taken out from under you and there's nobody that comes and sits down with you.

If I get cancer, I'm surrounded by social workers and all kinds of people that sit down with me and help me get all those pieces together. For dementia, there is not.

So, here again we go back to the collaboration. So, I would be signed up three years ago, at least, if I, if I even knew where and how to start. I hope that answers sort of what you were after.

Noelannah Neubauer: Does anyone else have any other comments before I address a couple other questions and comments from the question-and-answer box?

Kim Savard: If I could just quickly step in. We've had a number of conversations with government both at the municipal, provincial and federal level and I don't think there's any

lack of interest or wanting to address it. It's just how to – what's the how to? And what does it mean for government?

So, I mean the conversations – there's lots of support out there. It's just – I think they're looking and I'm hoping what comes out of this forum today is that guidance of what could happen. And I think that would be very palatable for governments right now, to have a bit of a roadmap of what this would look like.

And then the other thing I just wanted to say, I hope that what comes out of this forum, is that we are in a place that we can just share and leverage and spread and scale any of the work that's getting done. So, you know if somebody is building a toolkit or building an alert system, or building – doing great legislation work, let's have a forum or a place that we could just share it and come together.

Noelannah Neubauer: I completely agree Kim. I'm curious from the audience and even those for our thought leaders – would this be grounds for us to try to establish something such as national working group on this, so we can start to build forward, some of the lessons learned from today?

I think we kind of already have one, but I've been seeing some other comments in the question-and-answer box of involving more of those with dementia. I had seen that we need to have more of a voice in those in the Northern Territories. I agree, because I know that those of you up north have your own challenges. I know that our team has taken a specific interest, as well as Indigenous communities. I know that again, they have their own challenges as well, but it's worth noting and bringing them in. Again, I'll keep this open for anyone else that has any thoughts about that.

So, in the question-and-answer, we had someone mention that a national working group is needed but more voices from rural and northern communities need to be included. You'd want to have that overarching working group, but then have subgroups based on each region across the country.

Someone else had commented that a working group would fulfil these challenging perspectives. So, that's definitely all music to my ears as we're starting to figure out what are the next steps, after we develop this policy brief.

Lisa Snodgrass: Noelannah, I say yes too. It's Lisa. I can't get my chat to go for some reason. I just don't want to get missed there. Thank you.

Noelannah Neubauer: And there was one more question that hasn't been answered. Has there been training for those who may be approaching a reported wandering lost dementia patient, or how to approach them and get cooperation to come with them? And again, I know we have a couple of our community organizations that are on here, but I can always start, and you can continue.

So, I myself, I sit as one of the co-chairs, with the Rapid Response Working Group, through the Alzheimer Society of Ontario. I've been a part of this group since 2018. And I know that Alzheimer Society of Ontario, as well as many other groups, such as the Calgary Coordinated Response to Missing Seniors, we're all trying to develop toolkits, approaches, education, because that is something that's key.

When we talk about a missing child, you know when the child is missing, if they're sitting by themselves. But if you see someone – an older adult – someone that's living with dementia, in many ways, we don't know how to approach them. And the same thing goes with some of our first responders. And again, that may even be an easy segue for Kim to talk about the work you guys are doing.

Kim Savard: So, we are working on a toolkit, or a resource guide. And one of the key pieces in there, is what to do if you think somebody is at risk of going or somebody is missing and how to approach them and how do you reach out for resources.

So, that is one of the key components. And I think having all those different components available – so the prevention – what happens if somebody goes missing or if you find somebody that goes missing and what to do afterwards, is critical.

Noelannah Neubauer: I'm just going to read a couple more comments in here as well. So, people had commented they're excited for your toolkit, Kim. And then as well, someone had commented saying that a petition to the federal government was answered for a national silver alert program. So, they're waiting for an update and they shared with us a link. So, that's something that we'll definitely have to look into.

We also have another one that's noted that the Alzheimer Society of Manitoba, have provided training to both search and rescue and police. Project Lifesaver Manitoba, Winnipeg, search and rescue also provide very limited training on recognition, search and communication strategies and I know that that's something that's been a massive gap.

We've been talking about education as a whole in the public, I know that first responders have been something. The Alzheimer's of Ontario, they've been trying to address that, but I know it's something that's definitely needed across other provinces. So, it's definitely another need, to be able to help.

I just love this discussion – that we're talking more than just a community alert system. We're talking about this being an entire piece looking at all these different modalities that we need to incorporate. This is very exciting.

I'm now going to pass it off to Lili to close off this forum.

PART 6: CONCLUDING REMARKS

Lili Liu: Thank you so much Noelannah, for your excellent summary and for moderating the facilitated discussion.

Just a reminder to everyone that this is being recorded and it will be transcribed. And from it, we will generate a policy brief, that you will have access to. We'll be sharing it with policymakers, some of whom could not attend today.

I really appreciated the comment related to E1588 Petition – the national petition, for which a federal government response was posted in February of 2019.

Because we want to be able to work with partners, such as yourselves and other stakeholders, to provide evidence, not only in the form of research, but personal accounts and lived

experiences to the government. So that we can inform and help the government develop and advocate for a national response, or for different local approaches. This is all related to the content of that national Petition.

We've come to the end of today's national forum on alert systems for vulnerable older adults. This is by no means the last. This is the first of several future dialogues that are going to occur. I want to thank each and every one of you for joining us today. I want to thank our thought leaders for taking time to share their perspectives with us today. We're extremely thankful to each of you for the high level of interest.

Even now, there is such a large number of individuals still staying with us to the end. I want to thank every one of you in the audience for posing your questions. This makes it a meaningful dialogue and a meaningful forum.

I want to also thank Noelannah my co-moderator, and also each member of the host team, our graduate students, research assistants, and other staff members. We're very grateful to you, to our partners. We thank AGE-WELL for hosting this event on their platform and Alison for helping us with behind-the-scenes technical support.

This last slide shows our website. We invite you to follow up on the policy brief that we will be posting. You will also be able to learn about our initiatives and other projects related to this topic.

To close, I hope that each of you and your loved ones will stay healthy. Good-bye.

Noelannah Neubauer: Thank you so much everyone.

APPENDIX - EVENT SCHEDULE

Time (eastern)	Topic
Part I - Introduction and setting the stage	
2:30 – 2:40 p.m.	Welcome, introductions, and housekeeping
2:40 – 2:50 p.m.	<i>Lili Liu (University of Waterloo)</i> - Greetings
Part II - Lived experience	
2:50 – 3:00 p.m.	<i>Mary Beth Wighton (Dementia Advocacy Canada)</i> - Perspective of a person living with dementia
3:00 – 3:10 p.m.	<i>Sam Noh (BC Silver Alert)</i> - Perspective of a care partner
3:10 – 3:20 p.m.	Questions and discussion
Part III - Community alert system models	
3:20 – 3:25 p.m.	<i>Meredeth Rowe (University of South Florida)</i> - Silver Alert
3:25 – 3:30 p.m.	<i>Tommy Petillo (Alzheimer Scotland)</i> - Purple Alert
3:30 – 3:40 p.m.	<i>Patty McCallum (Calgary Coordinated Response to Missing Seniors and retired police inspector)</i> - Current approaches in Canada Part 1
3:40– 3:45 p.m.	<i>Michael Coyle (BC Silver Alert and Coquitlam Search and Rescue)</i> - Current approaches in Canada Part 2
3:45 – 3:50 p.m.	<i>Christine Thelker</i> - Other approaches to community safety from the perspective of a person living with dementia
3:50 – 4:15 p.m.	Questions and discussion
Break-10 minutes (4:15 – 4:25 p.m.)	
Part IV - Health and social care perspectives	
4:25 – 4:30 p.m.	<i>Lisa Snodgrass (Shannex and Parkland)</i> - Residential and supportive living perspectives
4:30 – 4:35 p.m.	<i>Kim Savard (Calgary Coordinated Response to Missing Seniors and Carya)</i> - Social and community organization perspectives
4:35 – 4:40 p.m.	<i>Franca Gatto (Public Health Agency of Canada)</i> - Policy perspective
4:40 – 4:55 p.m.	Questions and discussion
Part V - Facilitated discussion	
4:55 – 5:25 p.m.	<i>Noelannah Neubauer (University of Waterloo)</i> - Discussion
Part VI - Wrap up	
3:25 – 3:30 p.m.	<i>Lili Liu (University of Waterloo)</i> - Concluding remarks

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