

Alzheimer Society

ALBERTA AND
NORTHWEST TERRITORIES

Supporting People with Dementia in Their Communities

Expand and Enhance First Link[®] (Rural Access) Project

FINAL EVALUATION REPORT | DECEMBER 2022

Executive Summary

Between January 1, 2019 and September 30, 2022, the Alzheimer Society of Alberta and Northwest Territories (“the Society”), with the participation of the Alzheimer Society of Calgary, sought to expand their reach to include more rural communities.

More explicitly the societies aimed to build on the proven success of their First Link® early intervention program by enhancing their outreach to and in rural communities so that:

- Albertans living with dementia and their care partners in rural communities are referred to the societies through First Link® by their health care or community services provider.
- There is increased growth in the number of First Link® referrals overall due to the expansion into rural areas and increased awareness of First Link® processes and programs; which, upon the arrival of the pandemic in 2020 and a dramatic reduction in the number of overall referrals each month, was adjusted to a sustained or increased percentage of rural referrals relative to overall referrals.
- Physicians, Primary Care Networks, community services providers, and other health providers in rural areas have access to, and are aware of, the First Link® program.

To achieve its anticipated project outcomes, the societies emphasized a common approach to outreach as a means to increase referrals for Albertans in rural communities. To measure their progress and seek opportunities to adjust and enhance the success of their outreach activities, they set specific performance targets and collected data to report against them. The societies exceeded all of their amended project outcomes and the corresponding performance targets (i.e., amended to account for the impact of the pandemic on overall referrals), which are summarized in the following table:

PERFORMANCE TARGETS (Adapted in 2020 to Reflect Impacts of COVID-19)	PERFORMANCE DATA AND RESULTS (See Appendix B for more details)
At least 100 (i.e., ~1/3) of Alberta’s small cities, specialized municipalities, municipal districts, towns, villages or summer villages rural communities make direct referrals during the project.	143 communities produced direct referrals during the project.
At least 150 (~15%) of <u>all</u> of Alberta’s <u>rural</u> communities, which exclude large and medium cities and their bedroom communities, make direct referrals during the life of the project.	223 communities produced direct referrals during the project.
There are a higher % of direct referrals, as opposed to self referrals, coming out of rural communities each quarter, and for the life of the project.	Overall, 63% of project referrals were direct referrals and 37% were self referrals. In addition, there was only one of 14 quarters where the % of self referrals was higher than direct referrals.
The societies maintain – within 5% – or increase the % of direct referrals for Albertans living in rural communities each quarter relative to the Q1 – January to March - 2019 benchmark through the project.	Society data shows that the % of direct referrals remained within 5% of the initial benchmark established at the end of Q1 2019, which was 13%. Direct referrals reached a low of 9% in Q3 2019 and a high of 18% in Q2 2020. Combined reporting for both societies between January 1, 2021 – September 30, 2022 shows an initial benchmark of 11% for Q1 2021 and a range between 10 and 12% thereafter.
The societies maintain – within 5% – or increase the % of referrals for Albertans from rural communities relative to all referrals through the project.	Society data shows that rural referrals ranged from 20 to 25% for 13 of the 14 reporting periods – with the exception of 18% in Q2 2022. Combined reporting for both societies between January 1, 2021 – September 30, 2022 shows that rural referrals ranged from 14 to 16%.
At least 50 (~15%) of Alberta’s small cities, specialized municipalities, municipal districts, towns, villages or summer villages receive outreach during the project.	91 communities received outreach during the project.
At least 100 (~15%) of <u>all</u> of Alberta’s <u>rural</u> communities, which exclude large and medium cities and their bedroom communities, receive outreach during the project.	113 communities received outreach during the project.
The societies use project and activity evaluation data to identify communities that would benefit most from rural outreach (i.e., no referrals or high self-referrals and low direct referrals and no to little outreach during the duration of the project) and provide it.	Regions reviewed the ongoing list of communities that received outreach during the project each quarter alongside the ongoing lists of communities that produced direct and self referrals to identify priority communities for regional outreach each quarter. This helped to ensure as many health provides as possible have access to, and are aware of, the First Link® program.

Based on the project results, there is little question that the societies benefit from audience segmentation, regular and ongoing data analysis, and data visualization to support effective program planning, operations, and evaluation. The societies’ ability to take a strategic approach to targeting outreach to communities producing few to no direct referrals, with a higher percentage of self referrals, and that had received little to no outreach leading up to and during the project made it possible to build focused awareness in rural communities with the goal of increasing direct referrals. While the number of referrals from and for Albertans obviously depends on the number of dementia cases, it is notable that the number of direct referrals for Albertans was, as desired, significantly higher than the number of self-referrals through the project. This goes to say that physicians, health care professionals, and community services providers are aware of the societies and First Link® and are comfortable making referrals to the societies.

TABLE OF CONTENTS

Strategic Intent	5
Project Approach and Evaluation	6
Results and Insights	9
Lessons Learned and Recommendations	13
Appendix A: Evaluation Framework	15
Appendix B: Data Collection and Reporting Templates with Project Data	21
Appendix C: Referral and Outreach Heat Maps	27

Strategic Intent

Between January 1, 2019 and September 30, 2022, the Alzheimer Society of Alberta and Northwest Territories (“the Society”), with the participation of the Alzheimer Society of Calgary, sought to expand their reach to include more rural communities.

More explicitly the societies aimed to build on the proven success of their First Link® early intervention program¹ by enhancing their outreach to and in rural communities so that:

- Albertans living with dementia and their care partners² in rural communities are referred to the societies through First Link® by their health care or community services provider.
- There is increased growth in the number of First Link® referrals overall due to the expansion into rural areas and increased awareness of First Link® processes and programs³.
- Physicians, Primary Care Networks, community services providers, and other health providers in rural areas have access to, and are aware of, the First Link® program.

Prior to 2019, overall First Link® referrals in Alberta (i.e., combined rural and urban data tracking for both the Society and the Alzheimer Society of Calgary) were increasing year-over-year; however, self-referrals (i.e., Albertans calling the societies) rather than direct referrals (i.e., client referrals via physicians, health professionals, and community services providers) were seeing the most significant increases.^{4,5} Given the important role of physicians, health professionals, and community services providers in recognizing symptoms of dementia, providing a dementia diagnosis, and providing dementia care, the strategic intent of the Expand and Enhance First Link® (Rural Access) Project was to increase outreach to rural physicians, health professionals, and community services providers to increase the number of First Link® referrals coming from rural communities.

-
- 1 First Link® is an early intervention program that connects people living with dementia and their care partners to the Society for services and support.
 - 2 All references to caregiver, including in the content that was reflected in the original grant proposal, have been updated to care partner to reflect the Society's current and preferred terminology.
 - 3 It is important to recognize that outreach, which results in awareness and understanding of First Link® and how to make referrals, can only help achieve an increase in referrals for Albertans in rural communities if there are instances of people affected by dementia in the community. This said, the Alzheimer Society of Canada's The Landmark Study (2022) identifies that there are over 50,000 Albertans living with dementia as of 2020 and this number is expected to double in the next 30 years. This increase alone indicates benefit to facilitating pathways for physicians, health professionals, and community services providers to make First Link® referrals. The study can be retrieved from: https://alzheimer.ca/sites/default/files/documents/Landmark-Study-Report-1-Path_Alzheimer-Society-Canada.pdf
 - 4 According to the First Link® - Transforming the Dementia Experience in Alberta Final Evaluation Report from February 28, 2019, First Link® referrals were increasing year-over-year from 2014 to 2018.
 - 5 According to the First Link® - Transforming the Dementia Experience in Alberta Final Evaluation Report from February 28, 2019, direct referrals increased from 496 in 2014 to 1,517 in 2018. Over a five-year period, this is a 206% increase. Part of this increase is attributed to the addition of Calgary to data tracking. However, even with Calgary removed, the Society's direct referrals consistently increased each year, reaching 1,144 in 2018 and representing a 131% increase over five years. Self referrals increased at an even higher rate during this time period. Although the numbers are not noted in the final report, a bar graph illustrates that self referrals increased from approximately 600 to 2600 between 2014 and 2018, or an increase of well over 300%.

Project Approach and Evaluation

Both the Society and the Alzheimer Society of Calgary rely on in-house database systems to collect referral and outreach data. Leading into 2019, the two societies had recently reviewed their year-over-year referral data; however, they had not segmented this data to focus on rural Alberta nor worked across the two societies to develop a common definition for rural communities or outreach activities.

At the outset of the Expand and Enhance First Link® (Rural Access) Project, the Society created a definition for a rural community in Alberta, a definition for outreach, and a common approach to tracking outreach data and referrals related to rural communities in its in-house database system. It also determined that it would gain the most value from:

- establishing a benchmark for First Link® direct and self referrals in rural communities over an initial three-month period (i.e., a quarter);

- requiring its regions develop outreach plans based on the benchmarking data to increase both the number of referrals from rural communities and the number of rural communities making referrals;
- striving to shift the balance from more self to more direct rural referrals;
- tracking direct and self referrals from rural communities on a quarterly basis to monitor the number of referrals over the life of the project, and whether the balance shifts from more self to direct referrals;
- tracking rural outreach activities on a quarterly basis, and determining how many communities receiving outreach produce referrals through the life of the project⁶;
- segmenting data by region and aggregating it for the entire province; and
- analyzing whether a greater number of outreach activities result in a greater number of self and/or direct referrals.

For the purposes of the Expand and Enhance First Link® (Rural Access) Project, a rural community was identified as a municipality, as identified by the Government of Alberta, excluding Alberta's large cities, where the societies have offices (i.e., Edmonton, Calgary, Fort McMurray, Grande Prairie, Red Deer, Medicine Hat, and Lethbridge) and the bedroom communities surrounding Edmonton and Calgary.^{7,8}

First Link® outreach is the act of disseminating information to physicians, health professionals, and community services providers for the purpose of generating partnerships where they proactively refer persons with dementia to the Society.

- 6 The Society recognizes that an additional performance metric for the project that would have added substantial value would be the locations of physicians, health professionals, and community services providers making direct referrals for Albertans in rural communities. It also would have been helpful to segment this data by different categories. Limitations of the Society's in-house database combined with the gross investment of time that would be required to manually work with this data prevented the inclusion of this metric and related data segmentation.
- 7 According to the Government of Alberta, Alberta has a total of 1,034 coded municipalities. This drops to 325 when only cities, specialized municipalities, municipal districts, towns, villages, and summer villages are included and improvement districts, special areas, Metis Settlements, hamlets/urban service areas, service commissions, First Nations, Indian Reserves, Local Government Associations, and Emergency Districts are excluded. It drops further to 310 when large and medium cities and their bedroom communities are excluded (i.e., Fort McMurray, Grande Prairie, Edmonton, Red Deer, Calgary, Lethbridge, Medicine Hat, St. Albert, Spruce Grove, Sherwood Park, Beaumont, Airdrie, Chestermere, Okotoks).
- 8 For the purposes of reporting, data was collected for all referral and outreach communities. As part of quarterly reporting, calculations focused on only small cities, specialized municipalities, municipal districts, towns, villages, and summer villages. For the final report, reporting will focus on these communities as well as all of Alberta's 1,034 municipalities, excluding large and medium cities and their bedroom communities. The 1,020 communities that make up all of Alberta's municipalities, with the noted exclusions, will be represented through the categories of small cities, specialized municipalities, municipal districts, towns, villages or summer villages, hamlets, First Nations/reserves, and other. Making calculations based on both groupings will help reflect where the societies have focused their efforts and where future opportunities to expand exist.



It chose this approach with the intention of developing a comprehensive evaluation framework to reflect it ([see Appendix A: Evaluation Framework](#)) and taking a continuous improvement approach to achieving its strategic intent. By establishing and reporting on initial benchmarks with quarterly data and then reporting on both quarterly data and an aggregation of all of the project data through the project ([see Appendix B: Data Collection and Reporting Templates with Project Data](#)), the Society enabled itself to determine:

- if its outreach approach was effective in increasing referrals from rural communities;
- whether outreach strategies being piloted in different regions of the province were more effective at increasing referrals – whether self or direct referrals; and
- which communities had and had not received outreach through the life of the project.

These ongoing metrics and the analysis of the relevant data allowed the Society to then identify what was working well and where there were gaps in outreach and referrals, which allowed it to either continue its outreach activities with confidence or develop new strategies to enhance outreach with the intent of increasing referrals.

The Society introduced its strategic intent, definitions, and evaluation framework to the Alzheimer Society of Calgary in fall 2020, when it was determined that different outreach definitions and data collection methods were making it challenging to review and analyze comparable data. The Alzheimer Society of Calgary adopted the Society's definitions and evaluation framework in January 2021, which allowed it to align its planning approach to the Society's regional outreach activities and data collection, analysis, and reporting.

The value of the Society's continuous improvement approach became most apparent in March 2020, when COVID-19 began to affect Albertans and resulted in several public health measures, including social distancing. The immediate impact of COVID-19 was a dramatic quarter-over-quarter decrease in the overall number of the Society's First Link® referrals. Overall referrals for the Society dropped by more than 60% from 622 in Q1 2020 to 240 in Q2 2020, and rural referrals from 135 to 58 – or by 57% – in the same time period. This was also the period of the project where the percentage of the Society's direct referrals reached its peak at 18% of referrals and self-referrals dropped from a year of consistently amounting to 10 to 11% of referrals down to 6%.

The drop and shift in referrals were also coupled with significant demands on physicians and health professionals, both in learning about and responding to COVID-19, and public health restrictions that required changes to the Society's approach to outreach activities, which traditionally included a heavy emphasis on face-to-face interactions.

Given the Society's robust evaluation framework and approach to data collection, the anticipated project outcomes and project evaluation key performance indicators were adjusted but data collection was not. The Society was already collecting the appropriate information to be able to analyze and report on the adjusted anticipated project outcomes and key performance indicators.

Thanks to its continuous improvement approach, the Society was able to quickly make evidence-informed changes to its project outcomes, evaluation framework, and outreach plans in an effort to mitigate the impact of COVID-19 on First Link® direct and self referrals. The Society:

- identified that increasing the number of First Link® referrals during a global pandemic would be challenging and made a decision to strive to sustain the percentage of rural referrals relative to overall referrals; and
- adopted new telephone and online-based outreach strategies to connect and build relationships with rural physicians, health professionals, and community services providers, including by offering educational webinars to create value for these professionals and as part of a way to attract them to connect with the Society.

Results and Insights

Results Relative to Anticipated Project Outcomes

ANTICIPATED PROJECT OUTCOMES (Adaptations made in 2020 to reflect Impacts of COVID-19 noted below)	PERFORMANCE TARGETS (Adapted in 2020 to reflect Impacts of COVID-19)	PERFORMANCE DATA AND RESULTS (See Appendix B for more details)
Albertans living with dementia and their care partners in rural communities are referred to the societies through First Link® by their health care provider.	At least 100 (~1/3) small cities, specialized municipalities, municipal districts, towns, villages or summer villages make direct referrals during the project.	143 communities produced direct referrals during the project.
	At least 150 (~15%) of <u>all</u> of Alberta's <u>rural</u> communities, which exclude large and medium cities and their bedroom communities, make direct referrals during the project.	223 communities produced direct referrals during the project.
	There are a higher % of direct referrals, as opposed to self referrals, coming out of rural communities each quarter, and for the life of the project.	Overall, there were 1,077 rural direct referrals and 640 rural self referrals through the project, or 63% were direct referrals and 37% were self referrals. In addition, there was only one of 14 quarters where the % of self referrals was higher than direct referrals. This was early in the project (Q3 2019) and at a time when Calgary data was not being included as part of reporting. Notably, there are more rural communities where Albertans impacted by dementia received a direct referral than made a self referral. Albertans in 223 rural communities received direct referrals, whereas 191 Albertans in rural communities made self referrals.
	The societies maintain – within 5% – or increase the % of direct referrals for Albertans living in rural communities each quarter relative to the Q1 – January to March - 2019 benchmark through the project.	Society data shows that the % of direct referrals remained within 5% of the initial benchmark established at the end of Q1 2019, which was 13%. Direct referrals reached a low of 9% in Q3 2019 and a high of 18% in Q2 2020. Combined reporting for both societies between January 1, 2021 – September 30, 2022 shows an initial benchmark of 11% for Q1 2021 and a range between 10 and 12% thereafter.

<p>There is increased growth in the number of First Link® referrals overall due to the expansion into rural areas and increased awareness of First Link® processes and programs.</p> <p>Change made in 2020: Increased growth was changed to a <u>sustained percentage of First Link® referrals overall due to the expansion into rural areas and increased awareness of First Link® processes and programs.</u></p>	<p>The societies maintain – within 5% – or increase the % of referrals for Albertans from rural communities relative to all referrals through the project.</p>	<p>Society data shows that rural referrals ranged from 20 to 25% for 13 of the 14 reporting periods – with the exception of 18% in Q2 2022. Combined reporting for both societies between January 1, 2021 – September 30, 2022 shows that rural referrals ranged from 14 to 16%.</p>
<p>Physicians, Primary Care Networks, community services providers, and other health providers in rural areas <u>have access to, and are aware of, the First Link® program.</u></p>	<p>At least 50 (~15%) of Alberta’s small cities, specialized municipalities, municipal districts, towns, villages or summer villages receive outreach during the project.</p>	<p>91 communities received outreach during the project.</p>
	<p>At least 100 (~15%) of <u>all</u> of Alberta’s rural communities, which exclude large and medium cities and their bedroom communities, receive outreach during the project.</p>	<p>113 communities received outreach during the project.</p>
	<p>The societies use project and activity evaluation data to identify communities that would benefit most from rural outreach (i.e., no referrals or high self-referrals and low direct referrals and no to little outreach during the duration of the project) and provide it.</p>	<p>Regions reviewed the ongoing list of communities that received outreach during the life of the project each quarter alongside the ongoing lists of communities that produced direct and self referrals to identify priority communities for regional outreach each quarter. They researched the different health and community services providers, locations, and individuals in communities to reach as many as possible through outreach in each community. This helped to ensure as many health provides as possible have access to, and are aware of, the First Link® program. A total of 540 physicians, health professionals, and community services providers received outreach in 113 communities.</p>



Insights

- Outreach was targeted primarily to small cities, towns, and villages⁹ with low referrals or fewer direct than self referrals. While cause and effect or even correlation cannot be determined with accuracy, given that there are no known indicators of why Albertans in specific rural communities develop dementia and the data captures where Albertans who receive referrals live and not the source location of the referral itself, it is notable that nearly three quarters of communities that received outreach produced referrals.
 - 92 (81%) of the 113 communities that have received outreach through the project produced referrals.
 - 84 (74%) produced direct referrals.
 - 78 (69%) produced self referrals.
- While it was beneficial for the Society to report on its data in 2019 and 2020, achieving the consistent approach to outreach, evaluation, and reporting that was implemented in 2021 for both societies has been pivotal to achieving an accurate picture of First Link® referrals. The quarterly data for both societies shows that Albertans from across the province, regardless of their geographic location, call both societies. This goes to say that the Society receives referrals from the Calgary region and the Alzheimer Society of Calgary receives referrals from all regions within the Society, with the majority coming from the Society's Central and Southern regions.
 - The project data assigns outreach to the community where it took place, and not the region that delivered it, and First Link® referrals to the community where the Albertan lives, and not the region that received it.
 - With this in mind, the project results are not an accurate reflection of number of outreach or referrals managed by each society.
- The largest number of referrals and direct referrals are for Albertans in towns and hamlets; however, when this is put in context of percentage (i.e., number of referrals relative to the number of communities), it is evident that the societies have built enough awareness in small cities and towns to receive referrals from the majority in Alberta.
 - It should also be noted that small cities and towns have the largest populations in rural Alberta and, accordingly, are more likely than other communities to have instances of dementia within the population.

9 81% of communities that received outreach are classified as a small city, town, or village.

COMMUNITY BREAKDOWN OF REFERRALS MADE VS OUTREACH RECEIVED					
	Number of communities within scope of project	Number of communities that:		Percentage of communities that:	
		made referrals	received outreach	made referrals	received outreach
Small cities	7	7	6	100%	86%
Towns	104	92	73	88%	70%
Villages or Summer Villages	131	48	7	37%	5%
Hamlets	400	94	15	24%	4%
First Nations or Indian Reserves	190	5	3	3%	2%
Municipal Districts and Specialized Municipal Districts	68	14	5	21%	7%
Other	120	21	4	18%	3%

- In addition to the table above, the societies' referrals have been captured in heat maps which show their location and how many self and direct referrals were made for Albertans in each community ([see Appendix C: Referral and Outreach Heat Maps](#)). The heat maps are an invaluable resource for the regions to easily assess and identify communities with larger populations or a higher percentage of seniors that are not producing referrals or clusters of communities with few to no referrals. They also make it possible to note where there are many Albertans making self-referrals or more self-referrals than direct referrals and identify how to enhance direct referrals for Albertans within those communities.
- Outreach tells a similar story to direct and self referrals, where, logically, the societies chose to complete more outreach in higher populated rural communities, including small cities and towns, and now have the opportunity to expand outreach to other types of communities.
 - The societies also mapped their outreach activities provincially and regionally ([see Appendix C: Referral and Outreach Heat Maps](#)), which makes it easy to identify where targeted outreach may be beneficial and, as in-person outreach gains more emphasis again, where it may be beneficial to plan travel to reach a row or cluster of communities that have received little to no outreach through the project.

Lessons Learned and Recommendations

Lessons Learned

While the original duration of the project was initially set as January 2019 through December 2021, the impact of COVID-19 spurred the societies to request a project extension to the end of 2022. This request was driven by a strong desire to assess the impact of the global pandemic on the societies and their operations, Albertans, and Alberta physicians, health professionals, and community services providers and still have a meaningful timeframe to plan, implement, and achieve desirable project outcomes.

Among the lessons learned through the duration of the project, the societies took note that:

- Establishing a logical, robust, and still flexible evaluation framework and related data collection approach made it possible to adjust the desired project outcomes and performance targets to make them relevant within the pandemic context without invalidating the data collected and reported to date. Rather than needing to redevelop the project approach and data collection, the existing data was simply reanalyzed relative to the updated outcomes and performance targets and the project activities could then be adjusted to be more effective within the operational context.
- While differing approaches to the project activities (e.g., outreach planning, outreach implementation) allowed the different regions to assess the merits of their approaches and share best practices, it was necessary for all regions, including across the societies, to standardize the foundations of the project to successfully plan, implement, and evaluate their activities (e.g., definition of outreach, shared evaluation framework, shared data collection and reporting templates) and recognize best practices.
- The introduction of provincial webinars as a means to create incentive for physicians, health professionals, and community services providers to connect with the societies during the pandemic held value; it helped the Society reach health professionals and community services providers in some key communities (e.g., Fort Saskatchewan) that were not reached through regional outreach.
- Putting the time and resources into quarterly data aggregation, analysis, and reporting was imperative to continuous improvement through the project, which was imperative to project activities that helped to achieve the anticipated project outcomes.
- The calculation of percentages (e.g., percentage of communities that received outreach and produced referrals), creation of graphs, which were used throughout the project, and creation of heat maps, which were developed in the final quarter of the project, provided highly impactful, easy to engage with, and easy to analyze displays of information that are significantly easier to work with and understand than data tables.
- While the societies have always tracked referrals and outreach through their databases, there was significant value in segmenting data, both to understand the impact of the societies' work and to identify key opportunities and locations for the societies to strategically target and, where beneficial, grow their service offerings.

Recommendations

Based on the project outcomes and performance, insights, and lessons learned, there is little question that the societies benefit from audience segmentation, regular and ongoing data analysis, and data visualization to support effective program planning, operations, and evaluation. The societies' ability to take a strategic approach to targeting outreach made it possible to build focused awareness in rural communities with the goal of increasing direct referrals (i.e., targeted to communities producing few or no direct referrals or a higher percentage of self referrals and receiving no or limited outreach). While the number of referrals from and for Albertans obviously depends on the number of people presenting with symptoms of dementia, it is notable that the number of direct referrals for Albertans was, as desired, significantly higher than the number of self-referrals through the project. This goes to say that physicians, health care professionals, and community services providers are aware of the societies and First Link® and are comfortable making referrals to the societies.

Looking forward and considering the societies' foci on increasing the number of Albertans they serve, especially in context of the growing number of Albertans living with dementia, recommendations emerging from this project include:

- Continued data segmentation, including for rural communities, and a targeted effort to increase outreach to villages and, as part of reconciliation, anti-racism, and anti-oppression, First Nations and Indian Reserves.
- Further data segmentation to identify additional target audiences to effectively serve Albertans living with dementia and their care partners (e.g., tracking the locations where physicians, health professionals, and community services providers are making direct referrals are located and expanding outreach beyond these locations).
- Reviewing the societies' presence and programs in communities with higher numbers of referrals to ensure that people living with dementia and their care partners have access to services, including virtual services for rural communities.
- Further expanding the attraction and use of volunteers to support outreach in rural communities, given that there are 19 Client Services staff between the two societies, not all of these staff are focused on outreach, and there are more than 1,000 Alberta communities that would benefit from outreach.
- Dedicated strategic analysis and foresight resources within the societies to support data analysis, data visualization and reporting, and evidence-informed decision-making, including for operational and strategic planning.
- Consideration for strategic analysis and foresight, including data collection and presentation requirements, as the Society moves forward with its enhanced database project.

By moving forward with these recommendations, the societies will build on not only the achievements of the Supporting People with Dementia in their Communities – Expand and Enhance First Link® (Rural Access) Project but position the societies to make the most effective and efficient use of their resources to identify, connect with, serve, and support the growing number of Albertans impacted by dementia and anticipated to be impacted in the coming years.

Appendix A: Evaluation Framework

PURPOSE

The Alzheimer Society of Alberta and Northwest Territories (“the Society”) is required, as part of its funding agreement, to provide Alberta Health with quarterly reports that identify:

- Progress towards the anticipated project outcomes.
- The types of activities implemented to work toward the anticipated project outcomes, and how well they are working to support the project outcomes.
- Progress implementing the project, including risk identification and mitigation activities.

At the conclusion of the project, the Society will provide a final report with three foci:

- Progress made by it and the Alzheimer Society of Calgary to increase First Link® reach to include more rural communities.
- Evidence and practice-based insights into what worked well with the project and should be carried forward (i.e., qualitative data to describe the successes of the project).
- Evidence and practice-based insights into challenges, if relevant, that impeded the societies’ progress or reduced the effectiveness and/or efficiency of its project activities.

This evaluation framework will describe:

- How the Society will approach its evaluation work (i.e., the types of evaluation that are relevant to the project).
- The strategic-level goals that the project work must help advance.
- The project-level anticipated outcomes (i.e., the results that the societies want to achieve by implementing this project).
- The project-level performance indicators (i.e., how the societies will know they are making progress toward their anticipated outcomes)
- The project-level performance measures (i.e., what the societies are measuring so that they can analyze their progress, develop insights into their efforts, and adapt its activities, as required)
- The required data collection instruments

The framework will also include draft data collection and reporting instruments. The reporting will focus on how the data points will either be presented, aggregated, or analyzed for inclusion in the quarterly reports and final report.

THE SOCIETY’S APPROACH TO EVALUATION

Setting evaluation parameters can be challenging. This is because there are multiple types of evaluation and also because anything that can be measured (i.e., quantitative data) or better understood (i.e., qualitative data) can be evaluated. The goal with evaluation is to clearly define anticipated outcomes and then make decisions about four types of evaluation:

1. Strategic evaluation, which considers how various projects or programs are, together, contributing to an organization’s business goals.
2. Project or program evaluation, which considers how activities, either one or many, contribute to the anticipated outcomes of the project or program.
3. Activity evaluation, which considers how well one activity, either on its own or within a group of activities, is received by the target audience, how well it contributes to the goals of the project, and how the project team can enhance the activity or activities in the future to get a better outcome.

4. Project implementation evaluation, which considers whether the outputs of the project are delivered (i.e., against the project plan) and takes into account risk identification and mitigation, both as a means of demonstrating continuous improvement through the project.

For the purpose of its evaluation and reporting commitments, the societies will describe how their project relates to and supports the Alberta Dementia Strategy and Action Plan. However, they will focus their evaluation and reporting on project evaluation, activity evaluation, and project implementation evaluation. They will set a baseline for their project evaluation and report on progress towards their anticipated outcomes on a quarterly basis and at the end of the project with a final report.

RELEVANT ALBERTA DEMENTIA STRATEGY AND ACTION PLAN (ADSAP) OUTCOMES AND ACTIONS

OUTCOME 2:

Albertans living with dementia and their care partners are supported in communities

- Enhance and expand the variety of health and social support options available
- Promote an age-and dementia-friendly Alberta

OUTCOME 3:

Albertans living with dementia and their care partners receive timely recognition diagnosis and clinical management through primary health care, supported by specialized services

- Identify and share accessible, evidence informed, understandable dementia care information
- Promote advance care planning upon a diagnosis of dementia

ANTICIPATED PROJECT OUTCOMES (Adaptations made in 2020 to reflect impacts of COVID-19 noted below)	PERFORMANCE TARGETS (Original set in 2019)	PERFORMANCE TARGETS (Adapted in 2020 to reflect Impacts of COVID-19)
<p>Albertans living with dementia and their care partners in rural communities are referred to the Society through First Link® <u>by their health care provider</u>.</p>	<p>15% increase in direct referrals for Albertans living in rural communities (from 2018 estimate published in the First Link – Transforming the Dementia Experience in Alberta Final Evaluation Report in 2019).</p> <p>There are a higher % of direct referrals, as opposed to self referrals, coming out of rural communities each quarter, and for the life of the project.</p> <p>The societies maintain – within 5% – or increase the % of <u>direct</u> referrals for Albertans living in rural communities each quarter relative to the Q1 – January to March - 2019 benchmark through the project.</p>	<p>There are least 100 rural communities that have made direct referrals during the life of the project (~1/3 of Alberta’s small cities, specialized municipalities, municipal districts, towns, villages or summer villages).</p> <p>There are at least 150 rural communities that have made <u>direct</u> referrals during the life of the project (~15% of all of Alberta’s rural communities).</p> <p>There are a higher % of direct referrals, as opposed to self referrals, coming out of rural communities each quarter, and for the life of the project.</p> <p>The societies maintain – within 5% – or increase the % of <u>direct</u> referrals for Albertans living in rural communities each quarter relative to the Q1 – January to March - 2019 benchmark through the project.</p>
<p>There is <u>increased growth</u> in the number of First Link® referrals overall due to the expansion into rural areas and increased awareness of First Link® processes and programs.</p> <p>Change made in 2020: Increased growth was changed to a <u>sustained percentage of</u> First Link® referrals overall due to the expansion into rural areas and increased awareness of First Link® processes and programs.</p>	<p>15% increase in the number of referrals for Albertans from rural communities (from Q1 – January to March - 2019 benchmark).</p>	<p>The societies maintain – within 5% – or increase the % of referrals for Albertans from rural communities relative to all referrals through the project.</p>

ANTICIPATED PROJECT OUTCOMES (Adaptations made in 2020 to reflect impacts of COVID-19 noted below)	PERFORMANCE TARGETS (Original set in 2019)	PERFORMANCE TARGETS (Adapted in 2020 to reflect Impacts of COVID-19)
Physicians, Primary Care Networks, community services providers, and other health providers in rural areas <u>have access to, and are aware of, the First Link® program.</u>	<p>There are at least 50 communities (~15% of Alberta’s small cities, specialized municipalities, municipal districts, towns, villages or summer villages) that received outreach during the life of the project.</p> <p>There are at least 100 communities (~15% of all of Alberta’s rural communities) that received outreach during the life of the project</p> <p>The Society uses project and activity evaluation data to identify communities that would benefit most from rural outreach (i.e., no referrals or high self-referrals and low direct referrals and no to little outreach during the duration of the project) and provide it.</p>	<p>There are at least 50 communities (~15% of Alberta’s small cities, specialized municipalities, municipal districts, towns, villages or summer villages) that received outreach during the life of the project.</p> <p>There are at least 100 communities (~15% of all of Alberta’s rural communities) that received outreach during the life of the project</p> <p>The Society uses project and activity evaluation data to identify communities that would benefit most from rural outreach (i.e., no referrals or high self-referrals and low direct referrals and no to little outreach during the duration of the project) and provide it.</p>

KEY PERFORMANCE INDICATORS (BASED ON REVISED PROJECT OUTCOMES)

PROJECT EVALUATION

- | | |
|---|--|
| <ul style="list-style-type: none"> • Number of rural communities where Albertans live that receive a referral. • Number of rural communities where Albertans live that receive a direct referral. • Number of rural communities where Albertans live that receive a self referral. • % of rural referrals each quarter (relative to all referrals). • % of direct referrals each quarter for Albertans living in rural communities. • % of self referrals each quarter for Albertans living in rural communities. | <ul style="list-style-type: none"> • Number of rural communities that received outreach. • % of Alberta municipalities within the scope of the project (e.g., rural communities) that received outreach and produced rural referrals. • % of Alberta municipalities within the scope of the project (e.g., rural communities) that received outreach and produced rural direct referrals. • % of Alberta municipalities within the scope of the project (e.g., rural communities) that received outreach and produced self referrals. • The societies demonstrate that they are adapting their outreach activities based on the data aligned to the above indicators. |
|---|--|

ACTIVITY EVALUATION – Targets and activities set by each region based on the below framework

- Communities each quarter for planned outreach activities.
- Physicians, health professionals, and community services providers being engaged through outreach opportunities.
- New rural communities represented in outreach activities.

PROJECT IMPLEMENTATION EVALUATION

- Completion of project milestones and deliverables (i.e., outputs), as indicated in project plan.
- Identification of risks, risk mitigation, and lessons learned.

KEY PERFORMANCE MEASURES AND INSTRUMENTS FOR DATA COLLECTION		
(Based on Revised Project Outcomes)		
PROJECT EVALUATION		
INDICATOR	DATA REQUIRED FOR MEASUREMENT	DATA COLLECTION INSTRUMENT
Number of rural communities where Albertans live that receive a referral.	Alphabetical record of all rural communities with referrals for Albertans. Count of rural communities that make referrals.	First Link® intake question; tracked and extracted from database.
Number of rural communities where Albertans live that receive a direct referral.	Alphabetical record of all rural communities with direct referrals for Albertans. Count of rural communities that make direct referrals.	First Link® intake question; tracked and extracted from database.
Number of rural communities where Albertans live that receive a self referral.	Alphabetical record of all rural communities with self referrals for Albertans. Count of rural communities that make self referrals.	First Link® intake question; tracked and extracted from database.
% of rural referrals each quarter (relative to all referrals).	Number of referrals each quarter that are for someone from a rural community in Alberta. Number of overall referrals each quarter. Calculation to determine % of total that are rural referrals.	First Link® intake question; tracked and extracted from database.
% of direct referrals for Albertans living in rural communities (relative to all referrals).	Number of referrals for Albertans living in rural communities that come from a health care or community services professional each quarter. Number of overall direct referrals each quarter. Calculation to determine % of total that are rural referrals.	First Link® intake question; tracked and extracted from database.
% of self referrals for Albertans living in rural communities (relative to all referrals).	Number of self referrals for Albertans living in rural communities each quarter. Number of overall self referrals each quarter. Calculation to determine % of total that are rural referrals.	First Link® intake question; tracked and extracted from database.
Number of rural communities that received outreach.	Alphabetical record of all rural communities that receive outreach in the regions. Alphabetical record of all rural communities that choose to participate in provincial outreach (e.g., webinars). Count of rural communities that received outreach.	First Link® intake question; tracked and extracted from database. Summary of registrations from provincial outreach activities.
% of Alberta municipalities within the scope of the project (e.g., rural communities) that received outreach that produced rural referrals.	List of all rural Alberta communities within the scope of the project, codified and filtered according to municipality type. List of all rural Alberta communities that receive outreach ongoing through the project. List of rural communities where there is a referral for an Albertan living there.	Government of Alberta list of municipalities, with municipal codes. First Link® summary of communities that received regional outreach. Summary of registrations from provincial outreach activities. First Link® intake question; tracked and extracted from database.

KEY PERFORMANCE MEASURES AND INSTRUMENTS FOR DATA COLLECTION		
(Based on Revised Project Outcomes)		
% of Alberta municipalities within the scope of the project (e.g., rural communities) that received outreach that produced rural direct referrals.	<p>List of all rural Alberta communities within the scope of the project, codified and filtered according to municipality type.</p> <p>List of all rural Alberta communities that receive outreach ongoing through the project.</p> <p>List of rural communities where there is a direct referral for an Albertan living there.</p>	<p>Government of Alberta list of municipalities, with municipal codes.</p> <p>First Link® summary of communities that received regional outreach.</p> <p>Summary of registrations from provincial outreach activities.</p> <p>First Link® intake question; tracked and extracted from database.</p>
% of Alberta municipalities within the scope of the project (e.g., rural communities) that received outreach and produced rural self referrals.	<p>List of all rural Alberta communities within the scope of the project, codified and filtered according to municipality type.</p> <p>List of all rural Alberta communities that receive outreach ongoing through the project.</p> <p>List of rural communities where there is a self referral for an Albertan living there.</p>	<p>Government of Alberta list of municipalities, with municipal codes.</p> <p>First Link® summary of communities that received regional outreach.</p> <p>Summary of registrations from provincial outreach activities.</p> <p>First Link® intake question; tracked and extracted from database.</p>
The societies demonstrate that they are adapting their outreach activities based on the data aligned to the above indicators.	<p>List of all rural Alberta communities within the scope of the project, codified and filtered according to municipality type.</p> <p>Communities targeted for outreach.</p> <p>A list of communities where outreach occurs.</p>	<p>Government of Alberta list of municipalities, with municipal codes.</p> <p>Outreach plans.</p> <p>First Link® summary of communities that received regional outreach.</p> <p>Provincial outreach registration lists.</p>
ACTIVITY EVALUATION		
INDICATOR	DATA REQUIRED FOR MEASUREMENT	DATA COLLECTION INSTRUMENT
Achieve the target number of communities each quarter for outreach activities (as set by regions)	Number of direct outreach calls, meetings, or presentations by rural community	Activity tracking by region
Achieve the target number of number of physicians, health professionals, and community services providers engaging in the Society's professional development (i.e., webinars to share information about dementia, the Society, and First Link®) and outreach opportunities (i.e., the target number for each quarter should be high enough to ensure that the Society achieves its anticipated project outcomes)	Number of rural physicians, health professionals, and community services providers who register for each activity	Activity tracking (i.e., through event registration) by the provincial team

KEY PERFORMANCE MEASURES AND INSTRUMENTS FOR DATA COLLECTION

(Based on [Revised Project Outcomes](#))

<p>Achieve the target number of new rural communities represented in outreach activities (e.g., at least two new communities per region per quarter to help achieve the anticipated project outcomes).</p>	<p>Number of new communities or receive direct outreach calls, meetings, or presentations by rural community OR register for an activity</p> <p>Data required:</p> <ul style="list-style-type: none"> List of communities that regional staff reach out to in each quarter List of communities represented in registrations for each regional or provincial activity (e.g., webinars) in a quarter 	<p>Activity tracking by region</p> <p>Activity tracking (i.e., through event registration) by the provincial team</p>
--	--	---

PROJECT IMPLEMENTATION EVALUATION

INDICATOR	DATA REQUIRED FOR MEASUREMENT	DATA COLLECTION INSTRUMENT
<p>Completion of project milestones and deliverables (i.e., outputs), as indicated in project plan.</p>	<p>Tracking of project outputs</p>	<p>Project plan</p>
<p>Risks, risk mitigation, and lessons learned on a quarterly basis.</p>	<p>Tracking of risk identification, risk mitigation, and lessons learned</p>	<p>Quarterly reports</p>

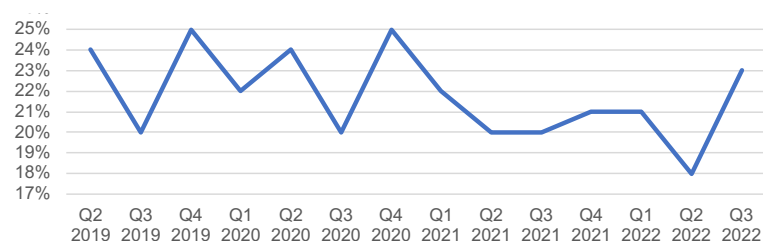


Appendix B: Data Collection and Reporting Templates with Project Data

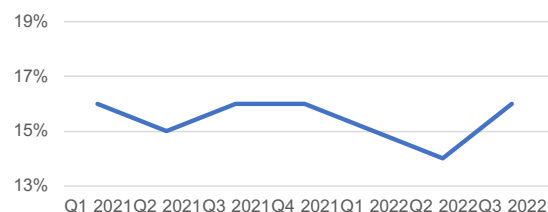
Appendix B includes aggregated data summaries used to reflect trends or achievements through the duration of the project. The raw data to build the aggregated data summaries and analysis completed based on the summaries (e.g., cross-referenced data tables that tally the number of communities that received outreach through the life of the project and produced direct referrals, self referrals, or both) are held by the Society in Excel documents.

Quarter	Number of overall referrals without Calgary data	Number of rural referrals without Calgary data	% of rural referrals without Calgary data	Number of overall referrals with Calgary data	Number of rural referrals with Calgary data	% of rural referrals with Calgary data
This is the three-month interval of the project	This is all First Link® referrals (direct and self-directed) in a quarter.	This is all rural First Link® referrals (direct and self-directed) in a quarter.	This is a calculation based on the previous two columns.	This all First Link® referrals (direct and self-directed) in a quarter.	This all rural First Link® referrals (direct and self-directed) in a quarter.	This is a calculation based on the previous two columns.
Q2 2019	651	153	24%			
Q3 2019	627	124	20%			
Q4 2019	581	144	25%			
Q1 2020	622	135	22%			
Q2 2020	240	58	24%			
Q3 2020	385	76	20%			
Q4 2020	360	89	25%			
Q1 2021	481	104	22%	835	131	16%
Q2 2021	429	86	20%	751	116	15%
Q3 2021	487	98	20%	785	126	16%
Q4 2021	547	116	21%	853	136	16%
Q1 2022	581	120	21%	1001	149	15%
Q2 2022	539	98	18%	855	117	14%
Q2 2022	615	144	23%	998	163	16%

Percentage of Rural Referrals by Quarter without Calgary Data



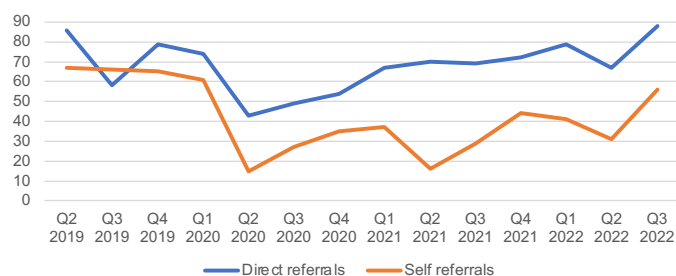
Percentage of Rural Referrals by Quarter with Calgary Data



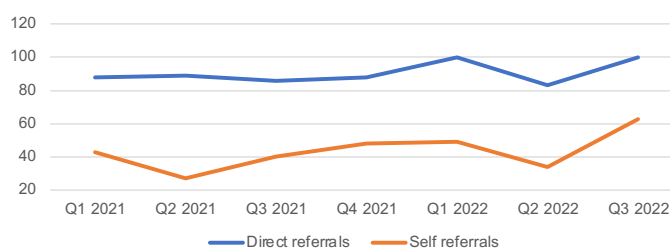
Calgary data became available in a format consistent with the provincial data in Q1 2021. The graph above represents the trend line across seven quarters.

Quarter	Number of overall referrals without Calgary data	Number of rural direct referrals without Calgary data	% of direct rural referrals without Calgary data	Number of rural self referrals without Calgary data	% of self rural referrals without Calgary data
This is the three-month interval of the project	This is all First Link® referrals (direct and self-directed) in a quarter.	This is all rural direct First Link® referrals in a quarter.	This is a calculation based on the previous two columns.	This is all rural self First Link® referrals in a quarter.	This is a calculation based on the second and previous column.
Q2 2019	651	86	13%	67	10%
Q3 2019	627	58	9%	66	11%
Q4 2019	581	79	14%	65	11%
Q1 2020	622	74	12%	61	10%
Q2 2020	240	43	18%	15	6%
Q3 2020	385	49	13%	27	7%
Q4 2020	360	54	15%	35	10%
Q1 2021	481	67	14%	37	7%
Q2 2021	429	70	16%	16	4%
Q3 2021	487	69	14%	29	6%
Q4 2021	547	72	13%	44	8%
Q1 2022	581	79	14%	41	7%
Q2 2022	539	67	12%	31	6%
Q3 2022	615	88	14%	56	9%
Quarter	Number of overall referrals with Calgary data	Number of rural direct referrals with Calgary data	% of direct rural referrals with Calgary data	Number of rural self referrals with Calgary data	% of self rural referrals with Calgary data
This is the three-month interval of the project	This is all First Link® referrals (direct and self-directed) in a quarter.	This is all rural direct First Link® referrals in a quarter.	This is a calculation based on the previous two columns.	This is all rural self First Link® referrals in a quarter.	This is a calculation based on the second and previous column.
Q1 2021	835	88	11%	43	5%
Q2 2021	751	89	12%	27	4%
Q3 2021	785	86	11%	40	5%
Q4 2021	853	88	10%	48	6%
Q1 2022	1001	100	10%	49	5%
Q2 2022	855	83	10%	34	4%
Q3 2022	998	100	10%	63	6%

Percentage of Rural Direct and Self Referrals by Quarter without Calgary Data



Percentage of Rural Direct and Self Referrals by Quarter with Calgary Data



Calgary data became available in a format consistent with the provincial data in Q1 2021. The graph above represents the trend line across seven quarters.

Quarter	Number of rural direct referrals without Calgary data	% change from last quarter	Number of self referrals without Calgary data	% change from last quarter	Number of rural direct referrals with Calgary data	% change from last quarter	Number of self referrals with Calgary data	% change from last quarter
This is the three-month interval of the project.	This all the direct referrals from rural communities in a quarter.	The is the % change in direct rural referrals since the last quarter.	This all the self referrals from rural communities in a quarter.	The is the % change in direct rural referrals since the last quarter.	This all the direct referrals from rural communities in a quarter.	The is the % change in direct rural referrals since the last quarter.	This all the self referrals from rural communities in a quarter.	The is the % change in direct rural referrals since the last quarter.
Q2 2019	86	-	67	-				
Q3 2019	58	-34%	66	-1.5%				
Q4 2019	79	+36%	65	-1.5%				
Q1 2020	74	-6%	61	-4%				
Q2 2020	43	-42%	15	-75%				
Q3 2020	49	+14%	27	+80%				
Q4 2020	54	+10%	35	+30%				
Q1 2021	67	+24%	37	+6%	88	-	43	-
Q2 2021	70	+4%	16	-57%	89	+1%	27	-37%
Q3 2021	69	-1.5%	29	+81%	86	-3%	40	+48%
Q4 2021	72	+4%	44	+52%	88	2%	48	+20%
Q1 2022	79	+10%	41	-7%	100	+14%	49	+2%
Q2 2022	67	-15%	31	-25%	83	-17%	34	-31%
Q3 2022	88	+31%	52	+68%	100	+20%	63	+85%

ALBERTA REGIONS #SELF REFERRALS / #COMMUNITIES

640 SELF REFERRALS IN 191 COMMUNITIES – April 1, 2019 to September 30, 2022							
Grande Prairie 66 / 28	Fort McMurray 5 / 4	Edmonton 218 / 70	Red Deer 259 / 53	Calgary 50 / 16	Lethbridge 24 / 13	Medicine Hat 18 / 7	
Notes: The Calgary data set is from January 2021 to June 2022. All other data sets are from April 2019 to June 2022.							
Beaverlodge	Hondo	Alberta Beach	Lloydminster	Bashaw	Acme	Cardston	Brooks
Berwyn	Slave Lake	Ardrossan	Mannville	Bentley	Banff	Champion	Cypress County
Bezanson	Wabasca	Athabasca	Marwayne	Blackfalds	Black Diamond	Claresholm	Dunmore
Bonanza	Widewater	Beaver County	Mayerthorpe	Bowden	Bragg Creek	Coaldale	Redcliff
Clairmont		Beaver Hills Lake	Millet	Buck Lake	Canmore	Crowsnest Pass	Schuler
Clear Hills County		Blue Ridge	Minburn	Camrose	Carseland	Foremost	Seven
DeBolt		Bon Accord	Morinville	Carnwood	Carstairs	Fort MacLeod	Persons
Dixonville		Bonnyville	Mundare	Clive	Cochrane	Magrath	Vauxhall
Donnelly		Bruderheim	Myrnam	Coronation	Cremona	Milk River	
Fairview		Calahoo	Newbrook	Daysland	Crossfield	Pincher Creek	
Falher		Calmar	New Sarepta	Drayton Valley	Didsbury	Raymond	
Grande Prairie County		Cherhill	Onoway	Drumheller	Foothills County	Taber	
Greenview		Clyde	Opal	Eckville	High River	Welling	
Grovedale		Cold Lake	Parkland County	Erskine	Langdon		
High Level		Devon	Plamondon	Falun	Strathmore		
High Prairie		Edson	Redwater	Ferintosh	Turner Valley		
Hines Creek		Elk Point	Rochester	Hanna			
Manning		Ellscoot	Seba Beach	Hay Lakes			
Peace River		Evansburg	Smoky Lake	Heisler			
Sexsmith		Fallis	St. Paul	Huxley			
Spirit River		Fort Assisboine	Stony Plain	Innisfail			
St. Isidore		Fort Saskatchewan	Sturgeon County	Irma			
Sturgeon Lake		Gainford	Thorhild	Killam			
Tangent		Gibbons	Thorsby	Lacombe			
Valhalla Centre		Goodfish Lake	Tofield	Lacombe County			
Valleyview		Grande Cache	Two Hills	Leslieville			
Wanham		Heinsburg	Vegreville	Linden			
Wembley		Hinton	Vermilion	Lousana			
		Holden	Wabamun	Mirror			
		Island Lake	Waskateanau	Morrin			
		Jasper	Westlock	Mulhurst Bay			
		Lac La Biche	Whitecourt	New Norway			
		Lafond	Wildwood	Olds			
		Leduc	Yellowhead County	Penhold			
		Leduc County		Ponoka			
		Legal		Red Deer County			
				Rimbey			
				Rivercourse			
				Rocky Mountain House			
				Springbrook			
				Spruce View			
				Stettler			
				Sundre			
				Sylvan Lake			
				Tees			
				Three Hills			
				Torrington			
				Trochu			
				Wainwright			
				Warburg			
				Westerose			
				Wetaskiwin			
				Winfield			

ALBERTA REGIONS #DIRECT REFERRALS / #COMMUNITIES

1,077 DIRECT REFERRALS IN 223 COMMUNITIES – April 1, 2019 to September 30, 2022								
Grande Prairie 44 / 19	Fort McMurray 7 / 4	Edmonton 326 / 74	Red Deer 420 / 62	Calgary 122 / 21	Lethbridge 72 / 24	Medicine Hat 86 / 19		
Notes: The Calgary data set is from January 2021 to June 2022. All other data sets are from April 2019 to June 2022.								
Bear Canyon	Slave Lake	Alberta Beach	Leduc County	Alix	Linden	Acme	Barons	Bow Island
Beaverlodge	Smith	Ardrossan	Legal	Amisk	Lousana	Banff	Bellevue	Brooks
Bezanson	Wabasca	Athabasca	Lily Lake	Benalto	Ma-Me-0 Beach	Black Diamond	Blairmore	Cereal
Clairmont	Widewater	Barrhead	Lloydminster	Bentley	Markerville	Bragg Creek	Brocket	Coleman
Dixonville		Beaver County	Mayerthorpe	Bittern Lake	Mirror	Canmore	Carmangay	Cypress County
Fairview		Blackfoot	Millet	Blackfalds	Morning-side	Carstairs	Cardston	Desert Blume
Falher		Bon Accord	Morinville	Bluffton	Cochrane	Crossfield	Coaldale	Duchess
Fox Lake		Bonnyville	Mundare	Botha	Crossfield	Foremost	Foremost	Dunmore
Grande Prairie County		Boyle	Neerlandia	Bowden	Mulhurst Bay	Didsbury	Fort MacLeod	Gem
Grimshaw		Bruderheim	New Sarepta	Cadogan	Nordegg	Foothills County	Glenwood	Grassy Lake
High Level		Busby	Niton Junction	Camrose	Olds	Heritage Pointe	Hill Spring	Irvine
La Crete		Calmar	Onoway	Carbon	Penhold	High River	Lethbridge County	Oyen
Marie Reine		Cardiff	Parkland County (including Jackfish Lake)	Caroline	Pigeon Lake	Hussar	Magrath	Redcliff
Peace River		Caslan	Pickardville	Clive	(Village at Pigeon Lake)	Millarville	Milk River	Rolling Hills
Peerless Lake		Cherhill	Redwater	Condor	Delburne	Redwood Meadows	Milo	Rosemary
Sexsmith		Clyde	Rochester	Dickson	Ponoka	Rockyview County	Nanton	Schuler
Sunset House		Cold Lake	Ryley	Drayton Valley	Red Deer County	Siksika Nation	Nobleford	Seven Persons
Valleyview		Colinton	Sandy Lake	Drumheller	Rimbey	Standard	Pincher Creek	Tilley
Wembley		Darwell	Sangudo	Eckville	River-course	Strathmore	Raymond	Vauxhall
		Devon	Seba Beach	Elnora	Rocky Mountain House	Turner Valley	Shaughnessy	
		Duffield	Smoky Lake	Erskine	Springbrook	Water Valley	Standoff	
		Edson	Spring Lake	Esther	Stettler		Taber	
		Elk Point	St. Paul	Ferintosh	Sundre		Vulcan	
		Entwistle	Stony Plain	Forestburg	Sylvan Lake		Warner	
		Flatbush	Sturgeon County	Gwynne	Tees			
		Fort Saskatchewan	Swan Hills	Half Moon Bay	Three Hills			
		Gainford	Thorsby	Hanna	Trochu			
		Gibbons	Tofield	Huxley	Viking			
		Goodfish Lake	Vegreville	Innisfail	Wainwright			
		Grande Cache	Vermilion	James River	Warburg			
		Hay Lakes	Vimy	Bridge	Wetaskiwin			
		Hinton	Wabamun	Lacombe	Winfield			
		Holden	West Cove	Lacombe County				
		Innisfree	Westlock	Leslieville				
		Jasper	Whitecourt					
		Lac La Biche	Wildwood					
		Lamont						
		Leduc						

ALBERTA REGIONS #OUTREACH (REGIONAL & PROVINCIAL) / #COMMUNITIES

540 OUTREACH IN 113 COMMUNITIES – April 1, 2019 to September 30, 2022						
Grande Prairie 103 / 18	Fort McMurray 16 / 8	Edmonton 97 / 24	Red Deer 121 / 22	Calgary 86 / 22	Lethbridge 29 / 13	Medicine Hat 88 / 6
Notes: The Calgary data set is from January 2021 to June 2022. All other data sets are from April 2019 to June 2022.						
Beaverlodge	Anzac	Athabasca	Bashaw	Arrowwood	Cardston	Bassano
Cadotte Lake	Atikameg	Barrhead	Camrose	Banff	Claresholm	Brooks
Clairmont	Chard	Bonnyville	Castor	Beiseker	Coaldale	Bow Island
Fairview	Fort Chipewyan	Cold Lake	Coronation	Black Diamond	Foremost	Oyen
Falher	Fort McKay	Edson	Delburne	Bragg Creek	Fort Macleod	Redcliff
Grimshaw	Red Earth	Fort Saskatchewan	Drayton Valley	Canmore	Magrath	Vauxhall
High Level	Slave Lake	Fox Creek	Drumheller	Canmore	Magrath	
High Prairie	Wabasca	Grande Cache	Elnora	Carstairs	Milk River	
Hythe		Grande Cache	Innisfail	Cochrane	Nanton	
Grande Prairie County		Grande Cache	Lacombe	Crossfield	Picture Butte	
La Crete		Grande Cache	Linden	Didsbury	Pincher Creek	
Manning		Grande Cache	Olds	Gleichen	Standoff	
McLennan		Grande Cache	Ponoka	Heritage Point	Taber	
Peace River		Grande Cache	Red Deer County	High River	Vulcan	
Sexsmith		Grande Cache	Rimbey	High River		
Spirit River		Grande Cache	Rocky Mountain House	Irricana		
Valleyview		Grande Cache	Stettler	Lake Louise		
Wembley		Grande Cache	Sylvan Lake	Langdon		
		Grande Cache	Three Hills	Longview		
		Grande Cache	Viking	Morley		
		Grande Cache	Wainwright	Siksika Nation		
		Grande Cache	Wetaskiwin	Strathmore		
		Grande Cache		Tsuu'tina		
		Grande Cache		Turner Valley		

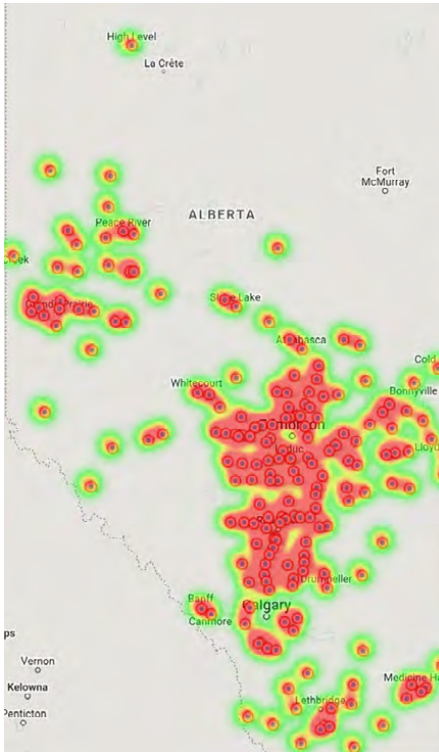
Appendix C: Referral and Outreach Heat Maps



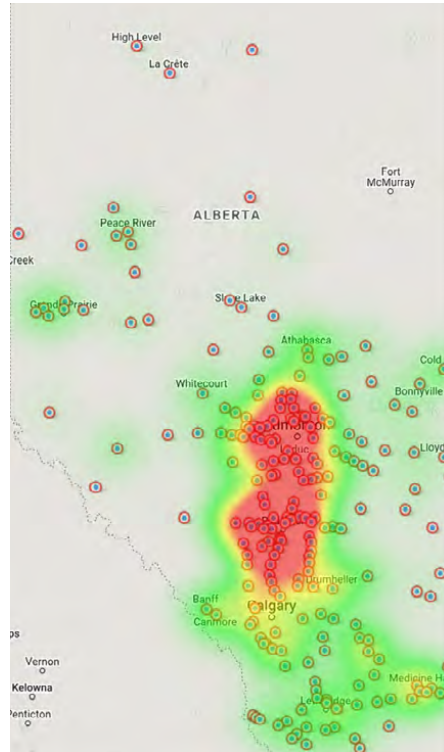
ALBERTA ZONES

GRANDE PRAIRIE | EDMONTON | RED DEER | CALGARY | LETHBRIDGE | MEDICINE HAT

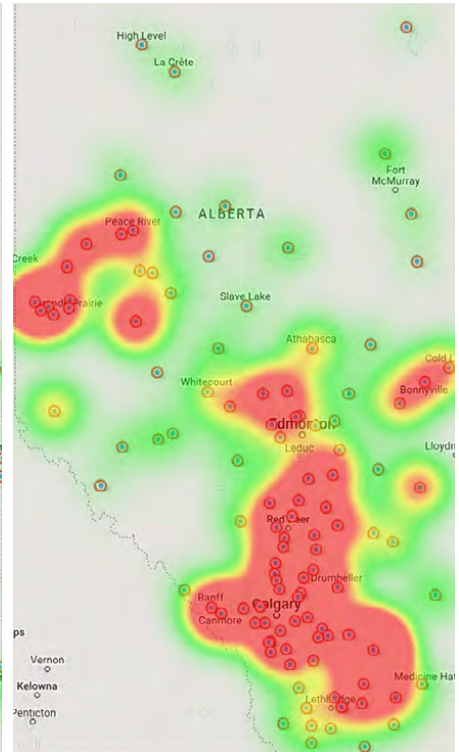
Self Referrals - 640



Direct Referrals - 1,077



Outreach (113 communities & 540 outreach)



- NOTES:
- Calgary data set is from January 2021 to June 2022. All other data sets are from April 2019 to June 2022.
 - The Society does regional (outbound) and provincial (inbound webinars) outreach. The method to track the number of outreaches completed varies slightly between the two types of outreach due to data collection limitations for inbound outreach. As a result, the Society is reporting the most conservative calculation of its outreach.

NORTH REGION Self Referrals

GRANDE PRAIRIE | FORT McMURRAY



71

GRANDE PRAIRIE

Beaverlodge	7
Berwyn	1
Bezanson	1
Bonanza	1
Clairmont	1
Clear Hills County	1
DeBolt	2
Dixonville	1
Donnelly	1
Fairview	3
Falher	2
Grande Prairie County	12
Greenview	1
Grovedale	4
High Level	1
High Prairie	2
Hines Creek	1
Manning	1
Peace River	2
Sexsmith	10
Spirit River	3
St. Isidore	1
Sturgeon Lake	1
Tangent	1
Valhalla Centre	2
Valleyview	1
Wanham	1
Wembley	1



NORTH REGION Direct Referrals

GRANDE PRAIRIE | FORT McMURRAY



51

GRANDE PRAIRIE

Bear Canyon	1
Beaverlodge	6
Bezanson	1
Clairmont	5
Dixonville	1
Fairview	1
Falher	2
Fox Lake	1
Grande Prairie County	4
Grimshaw	3
High Level	1
La Crete	1
Marie Reine	1
Peace River	6
Peerless Lake	1
Sexsmith	2
Sunset House	1
Valleyview	4
Wembley	2

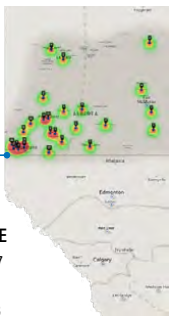


FORT McMURRAY

Slave Lake	2
Smith	1
Wabasca	3
Widewater	1



119



GRANDE PRAIRIE

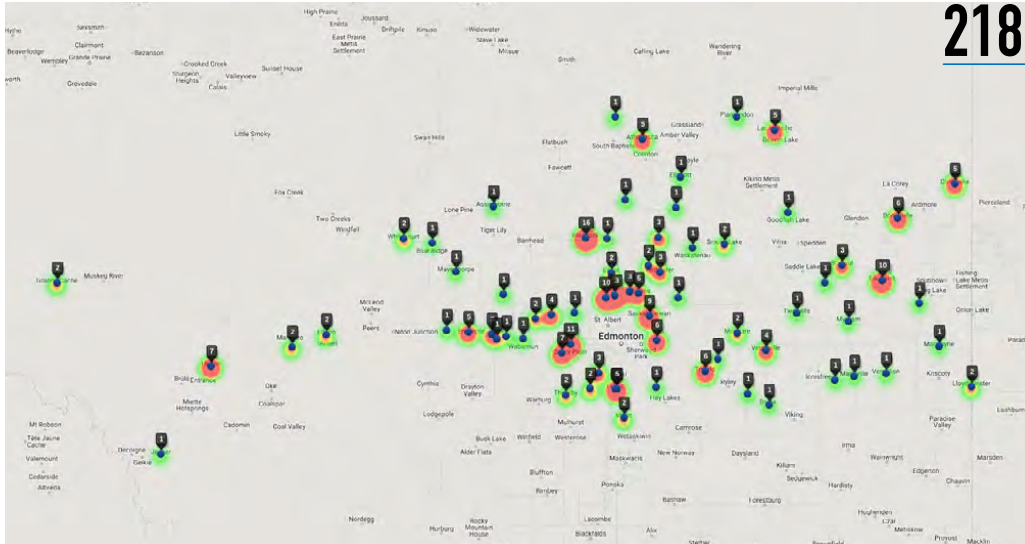
Beaverlodge	17
Cadotte Lake	1
Clairmont	3
Fairview	11
Falher	2
Grimshaw	4
High Level	1
High Prairie	3
Hythe	15
Grande Prairie County	1
La Crete	2
Manning	2
McLennan	3
Peace River	11
Sexsmith	3
Spirit River	6
Valleyview	17
Wembley	1

FORT McMURRAY

Anzac	2
Atikameg	1
Chard	1
Fort Chipewyan	1
Fort McKay	4
Red Earth	2
Slave Lake	2
Wabasca	3

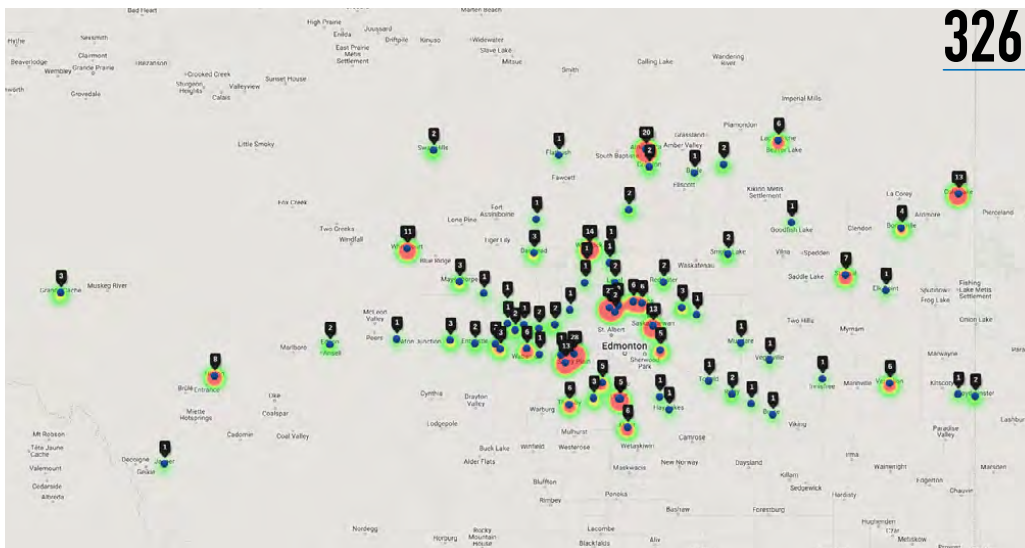
Note: The Society does regional (outbound) and provincial (inbound webinars) outreach. The method to track the number of outreaches completed varies slightly between the two types of outreach due to data collection limitations for inbound outreach. As a result, the Society is reporting the most conservative calculation of its outreach.

EDMONTON REGION Self Referrals

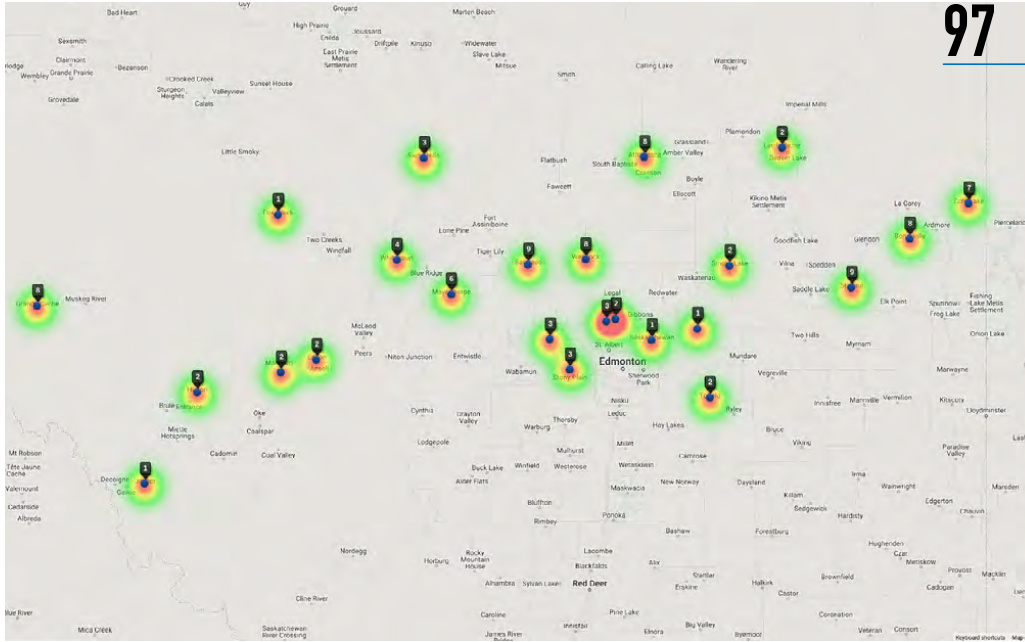


EDMONTON	Calmar	2	Fort Assiniboine	1	Jasper	1	Millet	2	Plamondon	1	Tofield	6	
Alberta Beach	2	Cherhill	1	Fort Saskatchewan	9	Lac La Biche	5	Minburn	1	Redwater	3	Two Hills	1
Ardrossan	6	Clyde	1	Gainford	3	Laford	1	Morinville	10	Rochester	1	Vegreville	4
Athabasca	5	Cold Lake	5	Gibbons	5	Leduc	4	Mundare	2	Seba Beach	1	Vermilion	1
Beaver County	1	Devon	3	Goodfish Lake	1	Leduc County	5	Mynam	1	Smoky Lake	2	Wabamun	1
Beaver Hills Lake	1	Edson	2	Grande Cache	2	Legal	2	Newbrook	1	St. Paul	3	Waskateanu	1
Blue Ridge	1	Elk Point	10	Heinsburg	1	Lloydminster	2	New Sarepta	1	Stony Plain	11	Westlock	16
Bon Accord	3	Ellscoot	1	Hinton	7	Mannville	1	Onoway	4	Sturgeon County	13	Whitecourt	2
Bonnyville	6	Evansburg	5	Holden	1	Marwayne	1	Opal	2	Thorhild	3	Wildwood	1
Bruderheim	1	Fallis	1	Island Lake	1	Mayerthorpe	1	Parkland County	7	Thorsby	2	Yellowhead County	2
Calahoo	1												

EDMONTON REGION Direct Referrals



EDMONTON	Busby	1	Edson	2	Holden	1	Millet	6	Ryley	2	Tofield	1	
Alberta Beach	2	Calmar	3	Elk Point	1	Innisfree	1	Morinville	23	Sandy Lake	1	Vegreville	1
Ardrossan	5	Cardiff	2	Entwistle	2	Jasper	1	Mundare	1	Sangudo	1	Vermilion	6
Athabasca	20	Caslan	2	Flatbush	1	Lac La Biche	6	Neerlandia	1	Seba Beach	3	Vimy	1
Barrhead	3	Cherhill	1	Fort Saskatchewan	13	Lamont	1	New Sarepta	1	Smoky Lake	2	Wabamun	6
Beaver County	1	Clyde	1	Gainford	2	Leduc	9	Niton Junction	1	Spring Lake	1	West Cove	1
Blackfoot	1	Cold Lake	13	Gibbons	6	Leduc County	5	Onoway	2	St. Paul	7	Westlock	14
Bon Accord	6	Colinton	2	Goodfish Lake	1	Legal	2	Parkland County	13	Stony Plain	28	Whitecourt	11
Bonnyville	4	Darwell	2	Grande Cache	3	Lily Lake	1	Pickardville	1	Sturgeon County	25	Wildwood	3
Boyle	1	Devon	5	Hay Lakes	1	Lloydminster	2	Redwater	2	Swan Hills	2		
Bruderheim	3	Duffield	1	Hinton	8	Mayerthorpe	3	Rochester	2	Thorsby	6		



EDMONTON

Athabasca	8
Barrhead	9
Bonnyville	8
Cold Lake	7
Edson	2
Fort Saskatchewan	1
Fox Creek	1
Grande Cache	8
Hinton	2
Jasper	1
Lac La Biche	2
Lamont	1
Mayorthorpe	6
Morinville	3
Onoway	3
Smoky Lake	2
St. Paul	9
Stony Plain	3
Sturgeon County	2
Swan Hills	3
Tofield	2
Westlock	8
Whitecourt	4
Yellowhead County	2

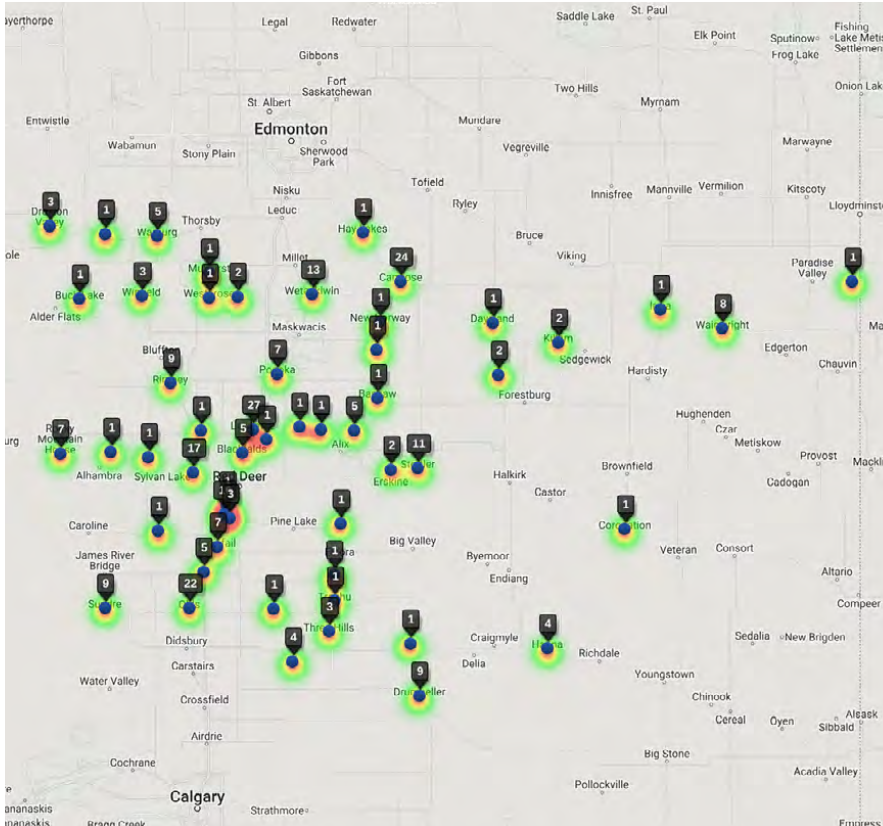
Note: The Society does regional (outbound) and provincial (inbound webinars) outreach. The method to track the number of outreaches completed varies slightly between the two types of outreach due to data collection limitations for inbound outreach. As a result, the Society is reporting the most conservative calculation of its outreach.

Alzheimer Society

ALBERTA AND NORTHWEST TERRITORIES

CENTRAL REGION Self Referrals

RED DEER



259

RED DEER

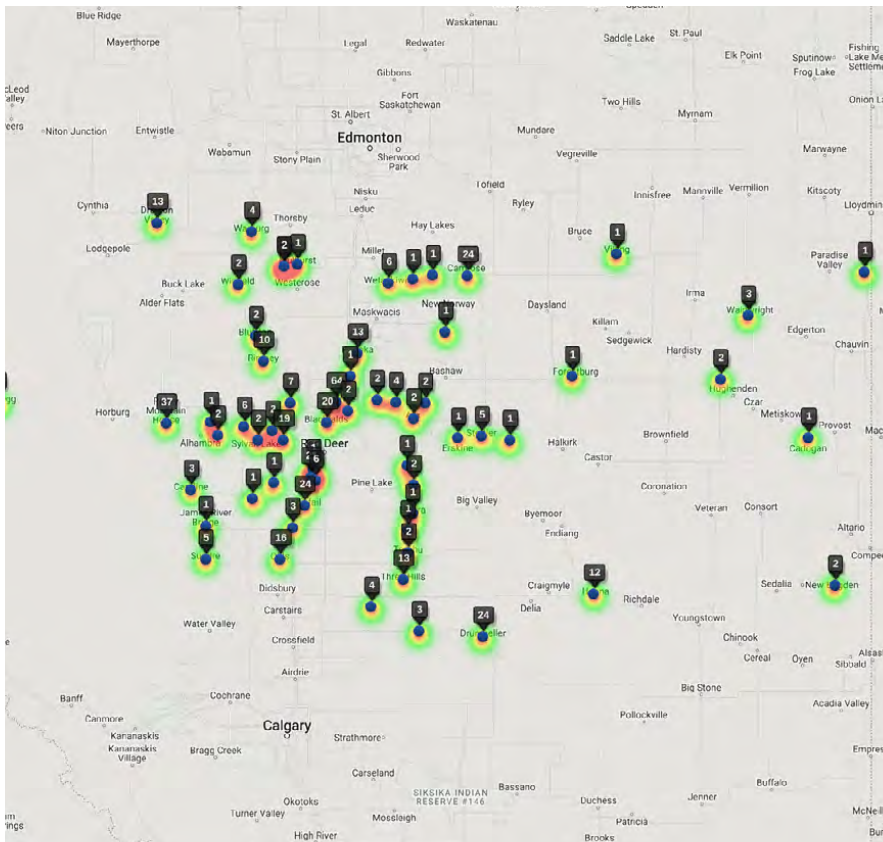
Bashaw	1
Bentley	1
Blackfalds	5
Bowden	5
Buck Lake	1
Camrose	24
Carnwood	1
Clive	1
Coronation	1
Daysland	1
Drayton Valley	3
Drumheller	9
Eckville	1
Erskine	2
Falun	2
Ferintosh	1
Hanna	4
Hay Lakes	1
Heisler	2
Huxley	1
Innisfail	7
Irma	1
Killam	2
Lacombe	27
Lacombe County	1
Leslieville	1
Linden	4
Lousana	1
Mirror	5
Morrin	1
Mulhurst Bay	1
New Norway	1
Olds	22
Penhold	3
Ponoka	7
Red Deer County	16
Rimbey	9
Rivercourse	1
Rocky Mountain House	7
Springbrook	1
Spruce View	1
Stettler	11
Sundre	9
Sylvan Lake	17
Tees	1
Three Hills	3
Torrington	1
Trochu	1
Wainwright	8
Warburg	5
Westerose	1
Wetaskiwin	13
Winfield	3

Alzheimer Society

ALBERTA AND NORTHWEST TERRITORIES

CENTRAL REGION Direct Referrals

RED DEER



420

RED DEER

Alix	2
Amisk	2
Benalto	2
Bentley	7
Bittern Lake	1
Blackfalds	20
Bluffton	2
Botha	1
Bowden	3
Cadogan	1
Camrose	24
Carbon	3
Caroline	3
Clive	2
Condor	2
Delburne	1
Dickson	1
Drayton Valley	13
Drumheller	24
Eckville	6
Elnora	1
Erskine	1
Esther	2
Ferintosh	1
Forestburg	1
Gwynne	1
Half Moon Bay	2
Hanna	12
Huxley	1
Innisfail	24
James River Bridge	1
Lacombe	64
Lacombe County	2
Leslieville	1
Linden	4
Lousana	2
Ma-Me-O Beach	2
Markerville	1
Mirror	2
Morningside	1
Mulhurst Bay	1
Nordeggy	1
Olds	16
Penhold	6
Pigeon Lake	2
Ponoka	13
Red Deer County	21
Rimbey	10
Rivercourse	1
Rocky Mountain House	37
Springbrook	1
Stettler	5
Sundre	5
Sylvan Lake	19
Tees	4
Three Hills	13
Trochu	2
Viking	1
Wainwright	3
Warburg	4
Wetaskiwin	7
Winfield	2

CENTRAL REGION Outreach

RED DEER



121

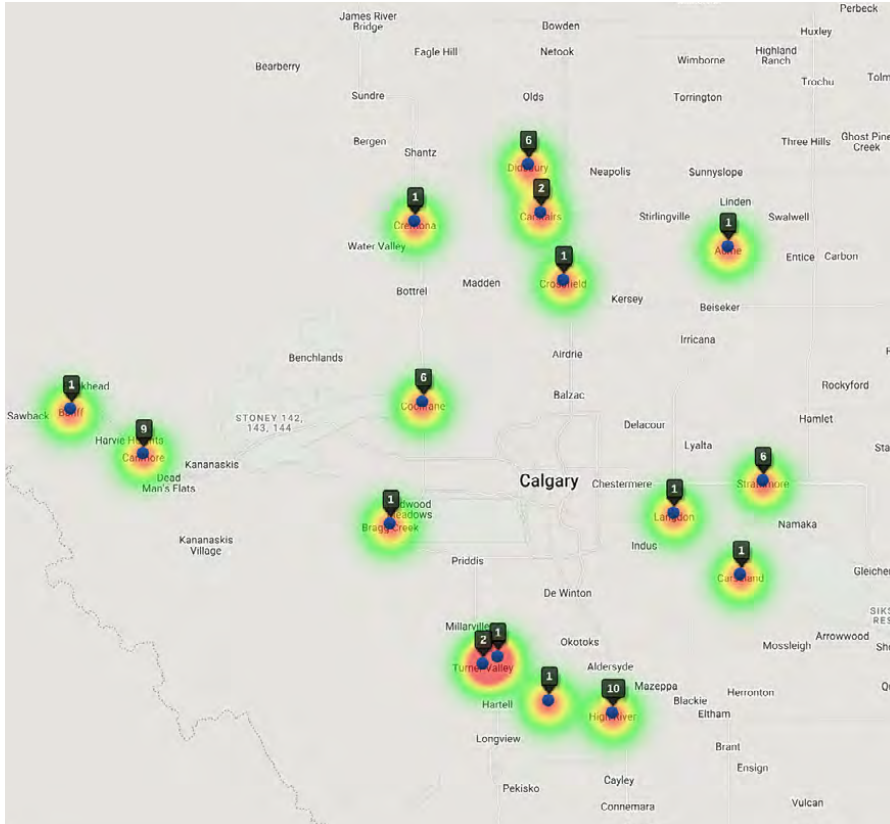
RED DEER

Bashaw	1		
Camrose	10		
Castor	1		
Coronation	6		
Delburne	2	Rimbey	3
Drayton Valley	3	Rocky Mountain House	3
Drumheller	9	Stettler	13
Elnora	2	Sylvan Lake	5
Innisfail	4	Three Hills	10
Lacombe	13	Viking	1
Linden	3	Wainwright	11
Olds	6	Wetaskiwin	9
Ponoka	4		
Red Deer County	2		



Note: The Society does regional (outbound) and provincial (inbound webinars) outreach. The method to track the number of outreaches completed varies slightly between the two types of outreach due to data collection limitations for inbound outreach. As a result, the Society is reporting the most conservative calculation of its outreach.

CALGARY REGION Self Referrals



50

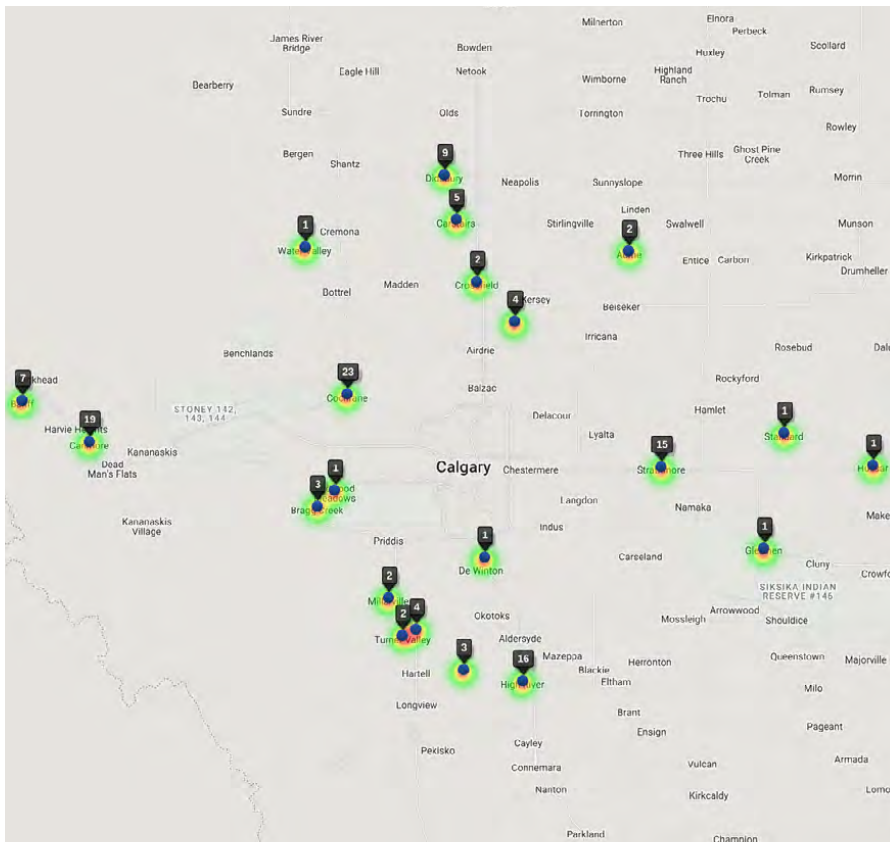
CALGARY

Acme	1
Banff	1
Black Diamond	1
Bragg Creek	1
Canmore	9
Carseland	1
Carstairs	2
Cochrane	6
Cremona	1
Crossfield	1
Didsbury	6
Foothills County	1
High River	10
Langdon	1
Strathmore	6
Turner Valley	2



Note: Calgary data set is from January 2021 to June 2022. All other data sets are from April 2019 to June 2022.

CALGARY REGION Direct Referrals



122

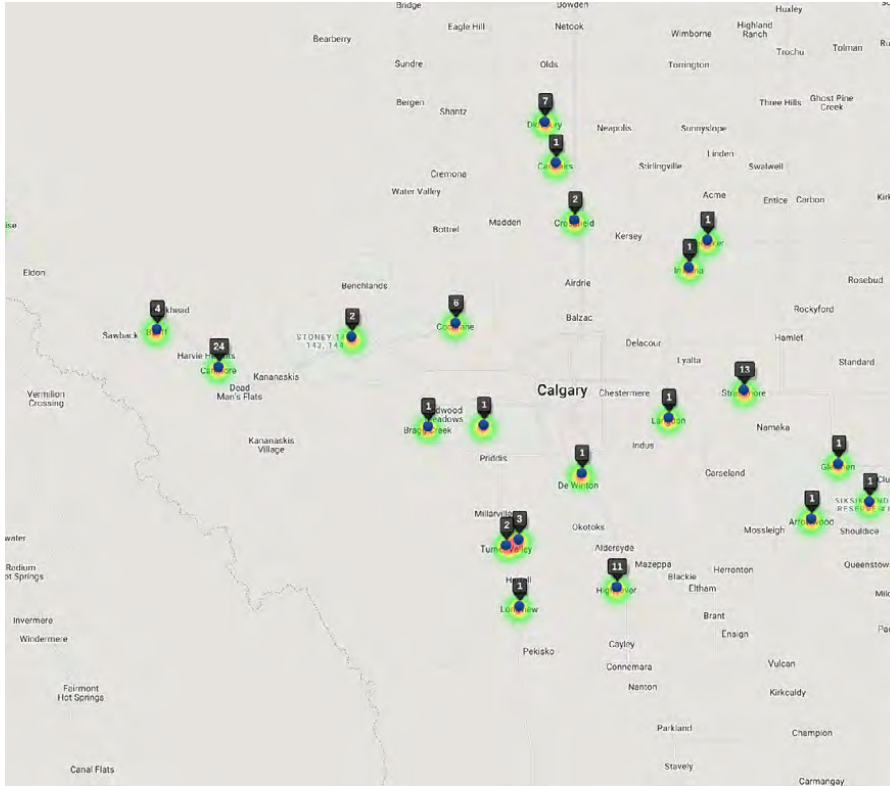
CALGARY

Acme	2
Banff	7
Black Diamond	4
Bragg Creek	3
Canmore	19
Carstairs	5
Cochrane	23
Crossfield	2
Didsbury	9
Foothills County	3
Heritage Pointe	1
High River	16
Hussar	1
Millarville	2
Redwood Meadows	1
Rockyview County	4
Siksika Nation	1
Standard	1
Strathmore	15
Turner Valley	2
Water Valley	1



Note: Calgary data set is from January 2021 to June 2022. All other data sets are from April 2019 to June 2022.

CALGARY REGION Outreach



86

CALGARY

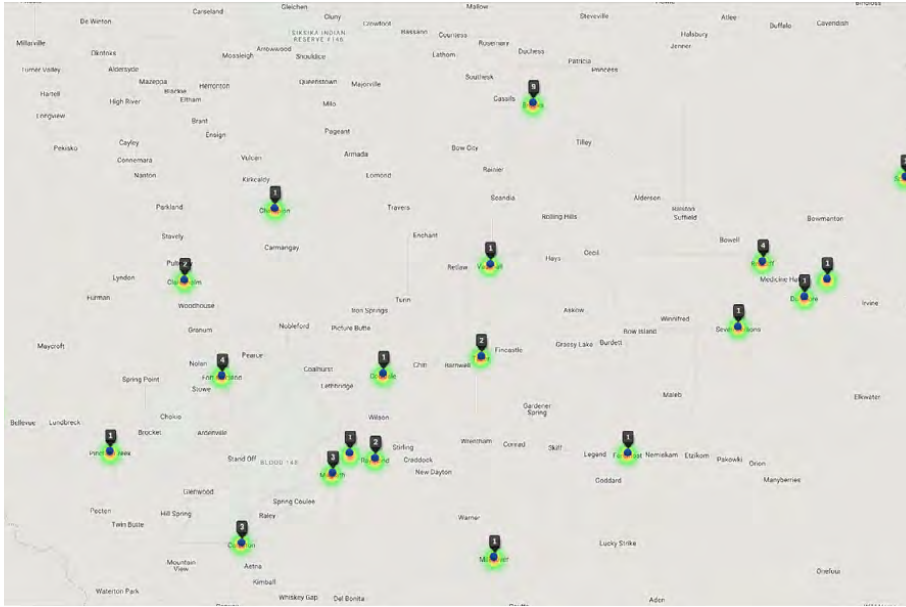
Arrowwood	1		
Banff	4		
Beiseker	1		
Black Diamond	3		
Bragg Creek	1	Irricana	1
Canmore	24	Lake Louise	1
Carstairs	1	Langdon	1
Cochrane	6	Longview	1
Crossfield	2	Morley	2
Didsbury	7	Siksika Nation	1
Gleichen	1	Strathmore	13
Heritage Point	1	Tsuut'ina Nation	1
High River	11	Turner Valley	2

Note: Calgary data set is from January 2021 to June 2022. All other data sets are from April 2019 to June 2022.

The Society does regional (outbound) and provincial (inbound webinars) outreach. The method to track the number of outreaches completed varies slightly between the two types of outreach due to data collection limitations for inbound outreach. As a result, the Society is reporting the most conservative calculation of its outreach.

SOUTH REGION Self Referrals

LETHBRIDGE | MEDICINE HAT



42

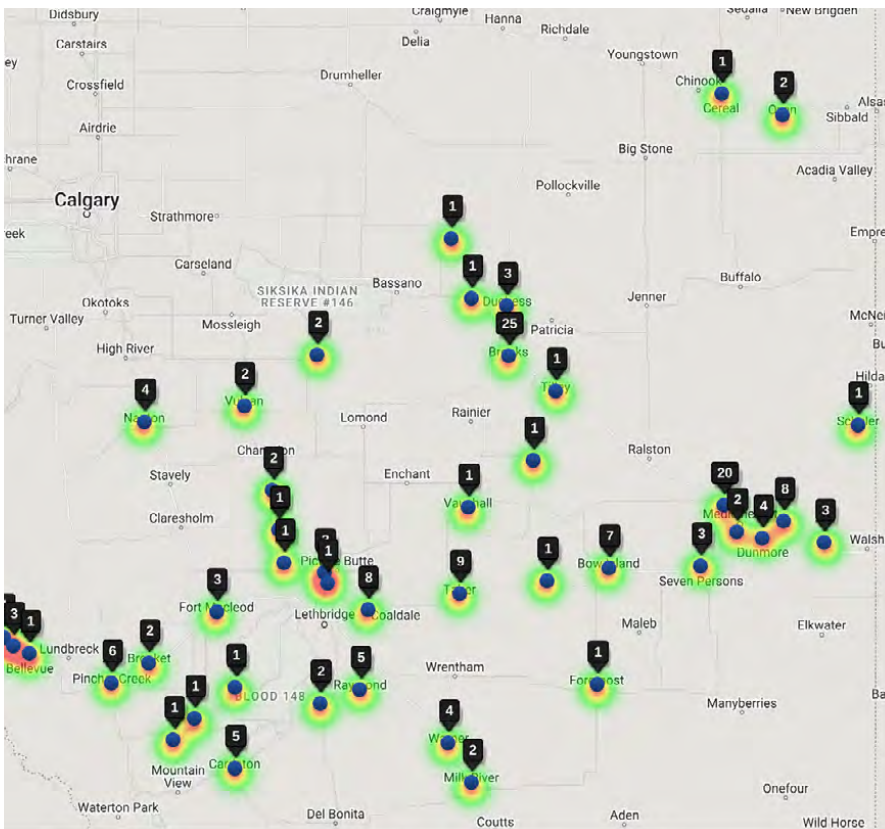
LETHBRIDGE

Cardston	3		
Champion	1		
Claresholm	2		
Coaldale	1		
Crowsnest Pass	2		
Foremost	1		
Fort MacLeod	4		
Magrath	3		
Milk River	1		
Pincher Creek	1		
Raymond	2		
Taber	2		
Welling	1		
		MEDICINE HAT	
		Brooks	9
		Cypress County	1
		Dunmore	1
		Redcliff	4
		Schuler	1
		Seven Persons	1
		Vauxhall	1



SOUTH REGION Direct Referrals

LETHBRIDGE | MEDICINE HAT



158

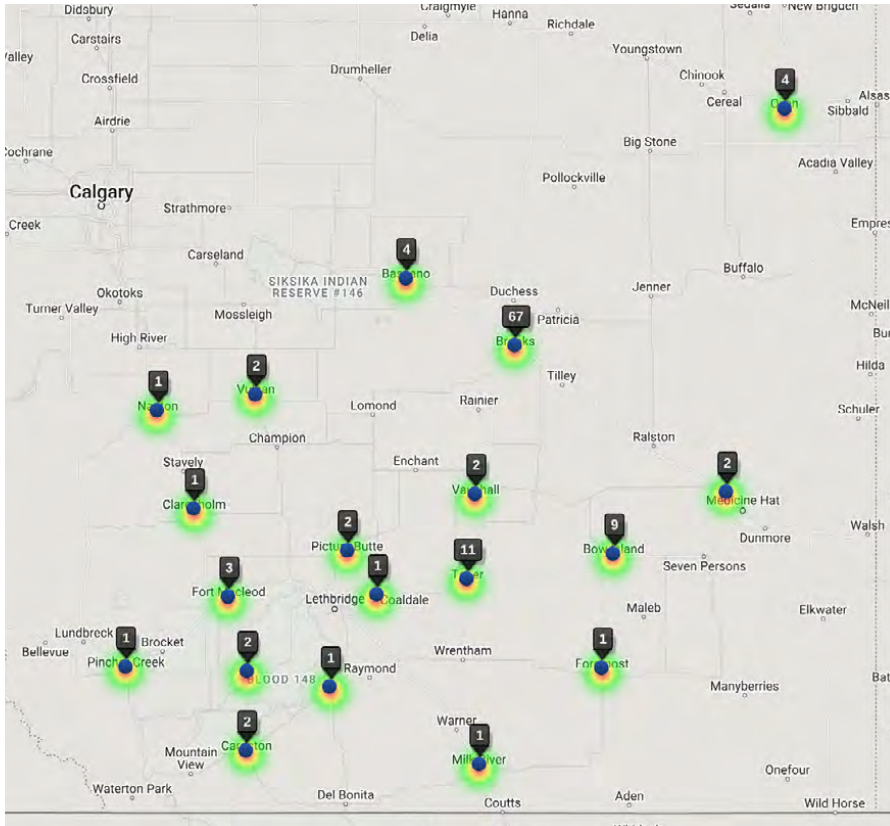
LETHBRIDGE

Barons	1		
Bellevue	1		
Blairmore	3		
Brocket	2		
Carmangay	2		
Cardston	5		
Coaldale	8		
Foremost	1		
Fort MacLeod	3		
Glenwood	1		
Hill Spring	1		
Lethbridge County	1		
Magrath	2		
Milk River	2		
Milo	2		
Nanton	4		
Nobleford	1		
Pincher Creek	8		
Raymond	5		
Shaughnessy	3		
Standoff	1		
Taber	9		
Vulcan	2		
Warner	4		
		MEDICINE HAT	
		Bow Island	7
		Brooks	25
		Cereal	1
		Coleman	1
		Cypress County	8
		Desert Blume	2
		Duchess	3
		Dunmore	4
		Gem	1
		Grassy Lake	1
		Irvine	3
		Oyen	2
		Redcliff	20
		Rolling Hills	1
		Schuler	1
		Seven Persons	3
		Tilley	1
		Vauxhall	1



SOUTH REGION Outreach

LETHBRIDGE | MEDICINE HAT



117

LETHBRIDGE

Cardston	2
Clareholm	1
Coaldale	1
Foremost	1
Fort Macleod	3
Magrath	1
Milk River	1
Nanton	1
Picture Butte	2
Pincher Creek	1
Standoff	2
Taber	11
Vulcan	2



MEDICINE HAT

Bassano	4
Brooks	67
Bow Island	9
Oyen	4
Redcliff	2
Vauxhall	2

Note: The Society does regional (outbound) and provincial (inbound webinars) outreach. The method to track the number of outreaches completed varies slightly between the two types of outreach due to data collection limitations for inbound outreach. As a result, the Society is reporting the most conservative calculation of its outreach.

Alzheimer Society
ALBERTA AND
NORTHWEST TERRITORIES

Alzheimer Society of Alberta and Northwest Territories

#306, 10430 61 Avenue, Edmonton, Alberta T6H 2J3 Phone: 780-488-2266 Toll-free: 1-866-950-5465

alzheimer.ab.ca