Dementia Network Evaluation Report – Phase 2

Initiative #9A: Dementia Networks
Ontario’s Strategy for Alzheimer Disease and Related Dementias

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BACKGROUND

As part of the evaluation of Initiative #9A - Dementia Networks, Ontario's Strategy for Alzheimer Disease and Related Dementias, two surveys of communities across the province were conducted. The purpose of the first survey was to gather baseline data on the activities communities had undertaken toward the development of a Dementia Network in their local areas. This survey was conducted in Winter 2003. The purpose of the second survey was to gain an understanding of the current stage of development of the Dementia Networks across the province and how the Networks were structured. In addition, information was gathered on the activities undertaken by the Networks, the impact of the Networks to date, and the challenges faced. This survey was conducted in Spring 2004. This report provides a summary of the responses from the second survey. Findings from the first survey are presented elsewhere.

The second Dementia Network survey was developed by the Evaluation Consultant in conjunction with a subgroup of the Dementia Network Advisory Committee. The following definition of a Dementia Network was used during the survey:

> A Dementia Network is a vehicle to facilitate people and resources coming together locally, regionally and provincially to improve the system of care (including service delivery, education, research and planning) for persons with dementia, their families and caregivers. Dementia Networks formalize, improve and build on existing relationships/linkages and provide a means to achieve what autonomous organizations cannot do on their own.
>
> ***(Dementia Network Resource Guide, 2002)***

RESULTS

The surveys were administered to the key contact person from each Dementia Network across the province. These individuals were asked to complete the survey in conjunction with the relevant stakeholders in their communities. All 36 Networks completed the survey.

Table 1: Response Rate

Number of Dementia Networks Surveyed	Percent (Number) of Responses
36	100% (36)

Network Stages

It was realized that communities across the province would be at different stages in terms of the development of their Networks. In creating the survey instrument, a staged approach was used and the evolution of the Dementia Networks was examined over time.

The following is an overview of the Dementia Network development stages used in this evaluation:

Stage 1: Pre-contemplation (i.e., no activity to date, perhaps considering the idea of a network or how a dementia network might fit within existing structures)

Stage 2: Discussion, communication and/or actively working towards the development of a network, working on determining a structure, may have a vision about how the network may work or what it may look like.

Stage 3: A "network" has developed (i.e., there is reference to a network), the structure has been developed and/or is evolving, the goal is to finalize their structure/vision, projects may be underway in order to have something concrete to work towards.

Stage 4: The network is somewhat established and is undertaking initial projects to sustain the network, strengthen the network and/or establish linkages.

Stage 5: The network is established and network is undertaking projects and activities that relate to the goals of the network. The established network may also be re-examining its goals and/or structure.

Responses to the survey questions, together with the use of an algorithm, determined which stage communities were at. At the time of the first survey, most Networks (44%) were at Stage 3 and 34 Networks were beyond Stage 1, that is, they were either in an active network development process or had an existing network. At the time of the second survey, there had been a shift in the stage of development of the Networks. Overall, the Networks were more established than they were at the time of the first survey. Approximately 36% of the Networks were at Stage 3 and 42% were at Stage 4; none of the Networks were at Stage 1 (see Table 2).

Table 1: Stage of the Dementia Care Networks

Stage	Percentage (Number) of Networks – Survey 1 Winter 2003	Percentage (Number) of Networks – Survey 2 Spring 2004
1	5.6% (2)	0
2	16.7% (6)	8.3% (3)
3	44.4% (16)	36.1% (13)
4	25.0% (9)	41.7% (15)
5	5.6% (2)	13.9% (5)

Responses to Survey Questions

The first question on the survey asked participants if a Dementia Network had been established in their local area. All 36 respondents reported that a Dementia Network had been established (see Table 3).

Table 3: Dementia Network Status

Has a Dementia Networks been established in your local area?	Percent (Number) of Responses
No	0
Yes	100% (36)

The next question asked participants if their Dementia Network had met since the provincial meeting of Dementia Networks in October 2003. Participants who responded "yes" were then asked to estimate the number of meetings that had been held. Responses are presented in Table 4.

Table 4: Meetings of the Dementia Networks

Has your Dementia Networks met since the provincial meeting of Dementia Networks in October 2003?	Percent (Number) of Responses
No	5.6% (2)
Yes	94.4% (34)
If yes, approximately how many meetings have been held?	
Mean (SD)	3.68 (2.2)
Range	1 – 10 meetings

All but 2 Networks reported having held meetings since the provincial Dementia Network meeting in October 2003. The average number of meetings held was between 3 and 4, ranging from 1 to 10 meetings.

The next question asked participants if their Dementia Network had determined how it would be structured. Those participants who responded “no” were asked to explain in an open-ended format. Those participants who answered “yes” were asked to select the structure (of the five structures provided) that best described the structure of their Dementia Network.

Thirty-two Dementia Networks indicated that their Network structure had been determined; two reported that the structure had not been determined. In both cases where the structure of the Dementia Network had not been determined, plans were in place to make these determinations. Of those who reported that the structure of their Dementia Network had been determined, the most frequently identified structures were: steering committee & network committee & subcommittees and steering committee & subcommittees (see Table 5).

Table 5: Dementia Network Structure

Has your Dementia Networks determined how it will be structured?	Percent (Number) of Responses
No	5.6% (2)
Yes	88.9% (32)
If no, please explain (N=2): ▪ We’ve focused all our efforts on completing 2 projects using funding before March 31/04 deadline, we will be meeting in June to look at our structure and future direction. ▪ Meeting planned to form the Steering Committee and agree on terms of reference	
If yes, please indicate which of the following best describes the structure of your Network (N=32)	
Network group only	15.6% (5)
Steering committee only	0
Steering committee & subcommittees	28.1% (9)
Steering committee & a network group	12.5% (4)
Steering committee & a network group & subcommittees	31.3% (10)
Other **	12.5% (4)

* Percentages may not sum to 100% because of missing values.
** “Other” includes: network group & subcommittees (N=3) and network group & facilitators (N=1).

The next question asked participants if their Dementia Network was a pre-existing committee/network that undertook the functions of a Dementia Network (versus a stand-alone Dementia Network). Those who responded "yes" were asked a series of follow-up questions. Responses to these questions are summarized in Table 6.

Eight respondents indicated that their Network was a pre-existing committee/network that is undertaking the functions of a Dementia Network. On average, these groups spend over 80% of their time on Dementia Network activities (ranging from 15% to 100% of their time).

Table 6: Dementia Network Structure

Is your Dementia Networks a pre-existing committee/network that is undertaking the functions of a Dementia Network?	Percent (Number) of Responses
No	77.8% (28)
Yes	22.2% (8)
i) What other roles/functions does this group have? ▪ Planning / Policies related to the elderly (2) ▪ Seniors mental health and dementia issues (2) ▪ Services for older adults (1) ▪ Long-term care issues (1) ▪ Geriatric assessment (1)	
ii) What percentage of the group's time is spent on Dementia Network activities?	
Mean (SD)	81.7% (34.2)
Range	15% - 100%

* Percentages may not sum to 100% because of missing values.

Participants were then asked if their Dementia Network had developed a Terms of Reference. Over 80% of respondents indicated that their Dementia Network had developed a Terms of Reference; 6 Networks had not (see Table 7).

Table 7: Terms of Reference

Number of Dementia Networks Surveyed	Percent (Number) of Responses
No	16.7% (6)
Yes	83.3% (30)

The next series of questions asked participants if their Dementia Network had developed any short and/or long-term goals. Those who had were asked to describe up to three short-term goals and up to three long-term goals that had been developed. For each of these goals, they were then asked to indicate what progress had been made, if any, toward achieving these goals. Table 8a provides a summary of the responses related to the Networks' short-term goals and Table 8b summarizes responses related to the Networks' long-term goals.

Almost 80% of respondents indicated that their Network had developed some short-term goals. A total of 71 short-term goals were identified. However, many of the goals were project-related versus those related to the goals of the overall Network. Some of the more frequently developed goals included: goals related to education;

the development of a service inventory; improving awareness of ADRD and the services available; and establishing the Network structure and activities. Significant progress was reported in 41% of the goals and some progress in 27% of the goals (see Table 8a).

Table 8a: Dementia Networks' Short-Term Goals

Has your Dementia Network developed any short-term goals?	Percent (Number) of Responses
No	19.4% (7)
Yes	77.8% (28)
If yes, examples of short-term goals that have been developed: ▪ Education / educational events (13) ▪ Service inventory/directory (9) ▪ Improve awareness of ADRD and services available (e.g., through development of materials, educational events, etc.) (6) ▪ Network structure (e.g., work plans, subcommittees, vision statement, etc.) (6) ▪ Driving and dementia toolkit/education (5) ▪ Connect with physicians (e.g., newsletter, education, seek involvement in Network) (5) ▪ Care map (4) ▪ Develop/launch website (4) ▪ Sustainability (4) ▪ Identify and begin to address gaps in service (3) ▪ Develop First Link – type program (2) ▪ Other (11) **	
Extent to which these goals have been met (71 goals were identified; therefore, N=71)	
No progress made	2.8% (2)
Some progress made	26.8% (19)
Significant progress made	40.8% (29)
Goal has been achieved	29.6% (21)

* Percentages may not sum to 100% because of missing values.

** "Other" includes: development of tools; logo development; translation of tools into French; transportation; research; service; community consultation; etc.)

In terms of long-term goals, just under 40% of respondents reported that the Network had developed long-term goals. Twenty-six long-term goals were identified including those related to educational activities and improvement to services. As expected, the respondents reported less progress on the long-term goals. Some progress had been made in 46% of the goals and no progress in 35% of the goals (see Table 8b).

Table 8b: Dementia Networks' Long-Term Goals

Has your Dementia Network developed any long-term goals?	Percent (Number) of Responses
No	58.3% (21)
Yes	38.9% (14)

If yes, examples of long-term goals that have been developed:

- Educational activities (e.g., conference, education inventory, standards for dementia education, promotion of best practice guidelines) (8)
- Improve services (e.g., access to services, assessment and referral process, guidelines for crisis intervention, increased awareness of available services (7)
- Sustainability (2)
- First Link program (2)
- Other (6) **

Extent to which these goals have been met (26 goals were identified; therefore, N=26) **	
No progress made	34.6% (9)
Some progress made	46.2% (12)
Significant progress made	19.2% (5)
Goal has been achieved	0

* Percentages may not sum to 100% because of missing values.

** “”Other” includes: consumer/family involvement; evaluation of Network; forum for system-wide planning and problem-solving; research; service; development of links with all public information mechanisms.

The next question on the survey asked participants about the activities that their Network had undertaken (or were undertaking) or were planning to undertake. To simplify responding, the participants were provided with a list of activities that their Network may be involved in. This list was based on responses to a similar question in the first survey conducted with the Dementia Networks. The participants were asked to indicate whether their Network had undertaken (or were undertaking) any of the activities listed, or if the Network was planning to undertake any of these activities. Participants were also given the opportunity to identify other activities that their Networks may be involved in. Results are summarized in Table 9.

The activities most frequently undertaken by the Dementia Networks included: development of a service inventory; gap analysis; meeting with other Dementia Networks in the region; and developing care maps or tools. The most frequently identified activities planned to be undertaken by the Networks included: gap analysis; establishing a First Link program; and coordinating educational presentations for physicians.

Table 9: Dementia Network Activities

Activities	**Percent (Number) that Have Undertaken /Are Undertaking these Activities**	**Percent (Number) that are Planning to Undertake these Activities**
Community mapping / Service inventory	75.0% (27)	8.3% (3)
Gap analysis / Identification of gaps in service	47.2% (17)	25.0% (9)
Meeting with Dementia Networks in the region	44.4% (16)	2.8% (1)
Development of care maps / Tool guides	41.7% (15)	16.7% (6)
Development of a website	33.3% (12)	16.7% (6)
Coordination of educational presentations: public	33.3% (12)	11.1% (4)
Establishment of a database	30.6% (11)	13.9% (5)
Coordination of educational presentations: service providers	30.6% (11)	5.6% (2)
Coordination of educational materials: public	27.8% (10)	11.1% (4)
Establish First Link	25.0% (9)	19.4% (7)
Profile of needs of persons with dementia & caregivers	25.0% (9)	5.5% (2)
Coordination of educational materials: service providers	25.0% (9)	0
Coordination of educational materials: physicians	25.0% (9)	13.9% (5)
Physician newsletter	19.4% (7)	13.9% (5)
Development of decision trees for providers	13.9% (5)	8.3% (3)

Coordination of educational presentations: physicians	13.9% (5)	19.4% (7)
Other response #1	33.3% (12)	2.8% (1)
Other response #2	16.7% (6)	2.8% (1)
Other response #3	5.5% (2)	0

* Note: Percentages may sum to more than 100% because more than one response could be provided.
** "Other responses" related to activities undertaken/being undertaken include: development of sustainability plan; community profile; provide education to service providers/public; develop Resource Guide; develop communication plan; submit a proposal for funding; undertake research project; publication of driving and dementia toolkit; develop vision and mission statement; and consultation re: disability awareness.
*** "Other responses" related to activities planned to be undertaken include: review of Terms of Reference and establishing goals.

Participants were then asked a number of questions related to the membership of their Network. First, they were provided with three statements related to the accountability of members within their Dementia Network. The participants were asked to indicate which of the three statements most accurately described the membership of their Network. As shown in Table 10, the majority of respondents indicated that some of their Network members represented specific organizations, sectors, etc. while others were there as individuals. In almost 40% of cases, Network members were all part of the Network as representatives of specific organizations, sectors, etc.

Table 10: Membership Accountability

Which of the following statements most accurately describes the membership of your Dementia Network?	Percent (Number) of Responses
Members of the network are there to represent specific organizations, sectors, etc.	38.9% (14)
Members of the network are there as individuals (i.e., they do not represent an organization or sector)	0
Some members of the network represent specific organizations, sectors, etc., while other members are there are individuals	61.1% (22)

* Percentages may not sum to 100% because of missing values.

The next question asked participants to indicate the number of Network members that were associated with various Network structures. Results are presented in Table 11. In terms of the Dementia Network as a whole, the average number of members was 42 (ranging from 4 to 316 members).

Table 11: Number of Members

Average Number of Network Members associated with various Dementia Network Structures	
Steering Committee	
Mean (SD)	12.0 members (6.6)
Range	2 – 25 members
Network Group	
Mean (SD)	40.3 members (62.1)
Range	7 – 300 members
Subcommittees	
Mean (SD)	9.8 members (7.5)
Range	1 – 25 members
Other	
Mean (SD)	33.3 members (23.3)
Range	17 – 60 members
Total	
Mean (SD)	42.6 members (54.7)
Range	4 – 316 members

* Percentages may not sum to 100% because of missing values.

Participants were then asked to indicate which organizations / individuals were represented in their Dementia Network. To simplify responding, participants were provided with a list of options and were asked to indicate all that applied. Results are summarized Table 12.

The organizations/individuals most frequently represented on the Dementia Networks were: Alzheimer Societies; community-based services; specialized geriatric psychiatry services; and planning bodies (e.g., DHC).

Table 12: Organizations/Individuals Represented in the Dementia Networks

Which of the following organization / individuals are represented on your Dementia Network?	Percent (Number) of Responses
Alzheimer Society	97.2% (35)
Community-based services	97.2% (35)
Specialized geriatric psychiatry services	80.6% (29)
Planning bodies (e.g., DHC)	75.0% (27)
LTC homes – other than P.I.E.C.E.S. trained staff	75.0% (27)
MOHLTC	63.9% (23)
Acute-care services	61.1% (22)
Specialized geriatric medicine services	58.3% (21)
Caregivers	58.3% (21)
LTC homes – P.I.E.C.E.S. trained staff	50.0% (18)
Family physicians	38.9% (14)
Specialist physician	30.6% (11)
Other government representation	11.1% (4)
Person with dementia	8.3% (3)
Other	52.8% (19)

The next question asked participants about the role of the Psychogeriatric Resource Consultant(s) (PRC) in their local Dementia Network. Over 80% of the respondents reported that the local PRC was a member of their Dementia Network. Only four respondents indicated that the PRC was not a member of their Network. The reasons PRCs were not involved are provided in Table 13. In the 30 Networks where PRCs were involved, in 60% of cases they were members of the Network/Steering Committee, in 43% of cases they chaired the Network, and in 43% of cases they were members of a subcommittee or task group.

Table 13: PRC Involvement in the Dementia Network

Is the local PRC a member of the Dementia Network?	Percent (Number) of Respondents
No	11.1% (4)
Yes	83.3% (30)

If no, why not?

- PRC is currently still orientating to the position and learning the role. Will be joining soon as a member of the Steering Committee
- PRC is member of Long-Term Care Providers Network, therefore the employer is part of the discussions
- Our area has no PRCs
- There are 11 PRCs in Toronto. The coordinator is an active member of the TDN Steering Committee.

If yes, what is their role?	Percent (Number) of Respondents who responded "Yes" (N=30) **
Chair of the Dementia Network	43.3% (13)
Member of the Network/Steering Committee	60.0% (18)
Member of Subcommittee/Task Group	43.3% (13)
Other ***	6.7% (2)

* Percentages may not sum to 100% because of missing values.
** Percentages may sum to more than 100% because more than one response could be provided.
*** "Other" includes: past Chair and facilitates ongoing activities and forums.

Similar questions were then asked about the role of the Public Education Coordinator (PEC) in the Dementia Network. Three-quarters of respondents reported that the local PEC was a member of the Dementia Network. In four cases, the PEC was not a member because the Executive Director of the local Alzheimer Chapter was a member of the Network. (In the other three cases, there was no reason provided for the PEC not being a member of the Network.) In cases where the PEC was involved, they most frequently served as a member of the Network/Steering Committee or as a member of a subcommittee (see Table 14).

Table 14: PEC Involvement in the Dementia Network

Is the local PEC a member of the Dementia Network?	Percent (Number) of Respondents
No	19.4% (7)
Yes	75.0% (27)
If no, why not? ▪ Executive Director of the Alzheimer Society sits on the Dementia Networks (4)	
If yes, what is their role?	**Percent (Number) of Respondents who responded "Yes" (N=27) ****
Chair/Co-Chair of the Dementia Network	18.5% (5)
Member of the Network/Steering Committee	63.0% (17)
Member of Subcommittee/Task Group	55.6% (15)
Other	0

* Percentages may not sum to 100% because of missing values.
** Percentages may sum to more than 100% because more than one response could be provided.

The next two questions asked participants about their perceptions of the benefits and challenges derived from the establishment of a Dementia Network in their local area. To simplify responding, a number of options were provided on the questionnaire for each of these questions. The response options that were provided were based on responses to a similar question on the first Dementia Network survey. A summary of the Network benefits is provided in Table 15a and a summary of Network challenges in Table 15b.

In terms of benefits, over 90% of respondents identified information sharing as a benefit resulting from the establishment of a Dementia Network. Networking among providers and organizations, increased awareness, and increased communication were each identified by over 85% of respondents as benefits of the Network.

Table 15a: Benefits Realized as a result of the Dementia Network

Benefits Realized as a result of Establishing a Dementia Network	Percent (Number) of Respondents who Indicated that this was a Benefit
Impact on services or service delivery	41.7% (15)
Increased awareness	86.1% (31)
Increased communication	86.1% (31)
Networking among providers and organizations	88.9% (32)
Information sharing	91.7% (33)
Other **	27.8% (10)

* Percentages may sum to more than 100% since more than one response could be selected.
** "Other" includes: identification of priorities; development of resources; research opportunities; decreased duplication of services for clients; improved efficiency and ease of movement through care continuum due to communication.

The most frequently cited challenge related to the establishment of a Network was time, followed by competing demands (see Table 15b).

Table 15b: Challenges related to the Establishment of a Dementia Network

Challenges related to the Establishment of a Dementia Network	Percent (Number) of Respondents who Indicated that this was a Benefit
Time	83.3% (30)
Costs	44.4% (16)
Competing demands	72.2% (26)
Geography	47.2% (17)
Lack of services	22.2% (8)
Including the right people on the Network	38.9% (14)
Other **	36.1% (13)

* Percentages may sum to more than 100% since more than one response could be selected.
** "Other" includes: physician involvement (3); involvement of caregivers and clients (3); sustainable funds for meetings; development of focus while trying to maintain a balance of efforts; administrative support (human resources); getting broad-based commitment to the work; process for broader dissemination of information through members; engaging people at the table; maintaining a balance of process infrastructure development with need for action.

The next two questions related to the issue of evaluation. First, participants were asked whether their Network would find it helpful to enhance the Evaluation Section of the *Guide to Developing a Dementia Network*. Almost 70% of respondents said "yes" (see Table 16).

Table 16: Enhancement of the Evaluation Section of the *Guide to Developing a Dementia Network*

Would your Network find it helpful to enhance the Evaluation Section of the Guide to Developing a Dementia Network	Percent (Number) of Respondents
No	27.8% (10)
Yes	69.4% (25)

* Percentages may not sum to 100% because of missing values.

Participants were then asked if their Dementia Network had undertaken any evaluation of their Network or its activities. Those who responded "yes" were asked to describe what had been done. Forty-four percent of the respondents reported that their Network had undertaken at least some evaluation activities (see Table 17). The majority of those who described their evaluation activities provided examples of evaluations of educational activities or resources. Other types of evaluation activities included: planning for an evaluation; developing short and long-term goals; developing a logic model for the Network; and conducting a process evaluation.

Table 17: Evaluation Activities undertaken by Dementia Networks

Has your Dementia Network undertaken any evaluation of the Network or its activities?	Percent (Number) of Respondents
No	52.8% (19)
Yes	44.4% (16)

If yes, please describe:

- Evaluation of educational activities/resources (many did not indicate how these activities/resources were evaluated; most of those who did described a reflective/ satisfaction type evaluation) (10)
- Identification of short and long-term goals (3)
- Planning to evaluate the Network / Network structure / Network activities (5)
- Developed a logic model for the Network (1)
- Process evaluation (1)

* Percentages may not sum to 100% because of missing values.

The next question asked participants if members of their Dementia Network had been informed of the Dementia Network website (at www.alzheimerontario.org). Eighty-three percent of participants indicated that members of their network had been informed of the website (see Table 18).

Table 18: Dementia Network Website

Have the members of your Dementia Network been informed of the Dementia Network website?	Percent (Number) of Respondents
No	13.9% (5)
Yes	83.3% (30)

* Percentages may not sum to 100% because of missing values.

Participants were then asked if their Network had connected with other Dementia Networks either locally or regionally. Approximately 86% of participants reported that their Network had been in contact with other local or regional Dementia Networks (see Table 19). Those who had been in contact with other Networks were then asked to describe the reason(s) for connecting with these other Networks. Many respondents indicated that they connected with other Networks to share information and learn from each other. Other reasons for connecting included: networking with others; participating in joint educational activities; and undertaking joint planning activities.

Table 19: Connections with other Dementia Networks

Have your Dementia Network connected with other Dementia Networks either locally or regionally?	Percent (Number) of Respondents
No	11.1% (4)
Yes	86.1% (31)

If yes, please describe the reason(s) for connecting with these other Networks.

- To share information (e.g., re: activities undertaken, challenges faced, lessons learned, templates developed, terms of reference, etc.) (16)
- At regional Dementia Network meetings (6)
- At the provincial Dementia Network meeting (3)
- To network with others (3)
- For joint educational events (3)
- For joint planning (3)
- Through the Dementia Network advisory Committee (1)

* Percentages may not sum to 100% because of missing values.

Participants were then asked to describe the next steps/future plans for their Dementia Network. The themes that emerged from respondents are summarized in Table 20. Most respondents indicated that their Network planned to continue with their current activities and many said they were in the process of planning the Network's next steps.

Table 20: Dementia Network Next Steps / Future Plans

- Continue with current projects / complete current projects (18)
- Develop goals / develop plans to achieve goals / next steps to be discussed (11)
- Continue to develop / enhance network (e.g., finalize terms of reference, increase membership, develop communication plan) (5)
- Undertake /explore new projects (5)
- Develop a sustainability plan (4)
- Evaluation of Network / Network activities (2)

* Note: More than one response could be provided.

In the final question, participants were asked if their Dementia Network had had any discussions about how to sustain the Network after the end of the Alzheimer Strategy. Approximately 64% of respondents said "yes" (see Table 21). Those who responded "yes" were then asked to describe the ideas that had been shared. These responses are provided in Table 21. Some respondents indicated that their Network was committed to continuing with its plans and activities. Other respondents reported that their Network members were looking into other potential sources of funding and/or that their Network would continue as long as they had the support of their existing members or specific groups/individuals.

Table 21: Discussions regarding Sustainability

Have your Dementia Network had any discussions about how to sustain the network after the end of the Alzheimer Strategy?	Percent (Number) of Respondents
No	33.3% (12)
Yes	63.9% (23)

If yes, what ideas have been shared?

- Commitment to continue meeting (6)
- Seek other sources of funding/support; apply for funding for specific projects; hold workshops and charge fee – use profits to support Network activities (6)
- Network will continue with ongoing support of existing members (3)
- Network will continue with ongoing support of PRC (2)
- Sharing resources with other Networks/groups (2)
- Lobbying government / support from MOHLTC required (2)
- Network will continue with ongoing support of DHC (1)
- Network will continue with ongoing support of Alzheimer Society for administrative and meeting expenses (1)
- Network will continue with ongoing support of PEC (1)
- Have a sustainability plan that addresses: membership, resources, projects and process (1)
- Use of teleconferences and alternating meeting locations to address distance issues (1)
- Virtual network for sharing information (1)
- Undertaking manageable tasks (1)

- Issue of sustainability to be discussed (7)

* Percentages may not sum to 100% because of missing values.

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