



Article

Intergenerational Strategies to Reduce Dementia-Related Stigma in Rural Communities: Stakeholder Perspectives from a Community-Based World Café Study

Juanita-Dawne R. Bacsu ^{1,2,*} , Marc Viger ² , Alixe Ménard ³ , Maya Kluch-Morrell ^{1,2} , Anila Virani ^{1,2} , Claudia Gonzalez ^{2,4} , Wendy Hulko ^{2,5} , Jim Mann ⁶ , Melba Sheila D'Souza ^{1,2} , Matthew Lee Smith ⁷ , Myrna Norman ⁸ , Sheila Blackstock ¹ and Mark Rakobowchuk ^{2,9}

¹ School of Nursing, Thompson Rivers University, Kamloops, BC V2C 0C8, Canada; avirani@tru.ca (A.V.); mdsouza@tru.ca (M.S.D.); sblackstock@tru.ca (S.B.)

² Population Health and Aging Rural Research (PHARR) Centre, Thompson Rivers University, Kamloops, BC V2C 0C8, Canada; cgonzalez@tru.ca (C.G.); whulko@tru.ca (W.H.); mrakobowchuk@tru.ca (M.R.)

³ Interdisciplinary School of Health Sciences, University of Ottawa, Ottawa, ON K1N 6N5, Canada; amena069@uottawa.ca

⁴ Department of Psychology, Thompson Rivers University, Kamloops, BC V2C 0C8, Canada

⁵ School of Social Work and Human Service, Thompson Rivers University, Kamloops, BC V2C 0C8, Canada

⁶ National Dementia Advocate and Person Living with Dementia, Surrey, BC V4N 0N9, Canada

⁷ School of Public Health—Bloomington, Indiana University, Bloomington, IN 47405, USA; matlsmit@iu.edu

⁸ National Dementia Advocate and Person Living with Dementia, Maple Ridge, BC V2X 2L6, Canada

⁹ Department of Biological Sciences, Thompson Rivers University, Kamloops, BC V2C 0C8, Canada

* Correspondence: jbacsu@tru.ca

Highlights

Public health relevance—How does this work relate to a public health issue?

- Dementia-related stigma is a major public health barrier that limits social inclusion, healthcare access, and quality of life for people living with dementia, particularly in rural communities.
- This study identifies community-informed intergenerational approaches to reduce dementia-related stigma through contact, education, and lived experience.

Public health significance—Why is this work of significance to public health?

- Findings provide evidence-informed priorities from people living with dementia, care partners, healthcare professionals, policymakers, and community leaders to guide stigma reduction initiatives.
- The study addresses an important evidence gap by focusing on dementia stigma reduction within rural communities, where resources and research remain limited.

Public health implications—What are the key implications or messages for practitioners, policy makers and/or researchers in public health?

- Public health organizations, schools, and community agencies should promote intergenerational programs that combine dementia education with meaningful contact and lived-experience engagement.
- Future research should co-design and evaluate community-based anti-stigma interventions to determine their effectiveness and scalability across rural and underserved communities.



Academic Editor: Hiroyuki Noda

Received: 12 July 2026

Revised: 20 August 2026

Accepted: 2 September 2026

Published: 6 September 2026

Copyright: © 2026 by the authors.

Licensee MDPI, Basel, Switzerland.

This article is an open access article

distributed under the terms and

conditions of the [Creative Commons](#)

[Attribution \(CC BY\)](#) license.

Abstract

Although dementia-related stigma is well-documented, there is a paucity of research examining intergenerational activities to reduce stigma within rural settings. Using a World Café approach, the objective of this paper was to explore rural stakeholders' ideas and perspectives on intergenerational strategies to reduce dementia-related stigma in rural communities. Seventy-five participants engaged in a facilitated workshop held in Kamloops, British Columbia, Canada, on 14 May 2025. Discussions were transcribed and analyzed using Braun and Clarke's thematic analysis framework. The findings highlighted three themes for reducing dementia-related stigma in rural communities: (1) contact activities that promote meaningful interactions (e.g., shared hobbies, arts programs, and reminiscence activities) between people living with dementia and others across age groups; (2) educational interventions that enhance dementia knowledge and awareness (e.g., dementia information integrated into educational institutions across the life course); and (3) mixed interventions that combine contact-based and educational approaches. Moving forward, further research is needed to co-design, implement, and evaluate the impact of specific interventions. This study provides critical insights to inform the development of dementia stigma-reduction programs, policies, and interventions in rural settings.

Keywords: dementia; Alzheimer's Disease; intergenerational; stigma; stereotypes

1. Introduction

People living with dementia continue to face significant stigma, which refers to negative attitudes, labeling, and discrimination based on the disease [1]. Among health practitioners, dementia-related stigma can lead to a reluctance to diagnose, viewing people with dementia as a burden on the system, or adopting a nihilistic view that nothing can be done [2,3]. Stigma is as a critical barrier to accessing dementia information, supportive resources, and medical services that impact the quality of life of people with dementia [4,5]. A recent survey reports that 53% of Canadians are worried about developing dementia, and 25% would prefer to be uninformed of the diagnosis if they had it [6]. However, recent projections estimate a 187% increase in Canadians living with dementia by 2050 [7], which requires understanding societal perceptions and stigma of the disease. Moreover, this increase, warrants strategic planning in terms of identifying solutions and supports to reduce dementia-related stigma.

Emerging research suggests that intergenerational strategies reduce stigma towards people living with dementia [8]. Some strategies include collaborative programs, dementia education, and social interaction targeted towards multiple generations simultaneously [9]. Beneficial outcomes of interventions to reduce stigma have been noted to include social inclusion, empowerment, social engagement, reduced anxiety and depression, decreased cognitive decline, and improved overall quality of life [10,11]. Researchers suggest that children [12], adolescents [13] and the general public often lack knowledge and have negative perceptions about people living with dementia [4,14]. Accordingly, the beneficial effects for younger generations who partake in intergenerational initiatives can include enhanced perceptions and knowledge of people living with dementia, improved self-esteem, and strengthened socialization skills [15,16]. Intergenerational approaches have been explored in dementia care and have demonstrated potential to promote meaningful social interaction, engagement, and more positive experiences for people living with dementia. However, existing research has primarily examined intergenerational programs in institutional or general community settings and has focused on outcomes such as engagement, well-being,

and attitudes rather than dementia-related stigma, particularly within rural communities [9]. In rural settings, dementia-related stigma may be shaped by additional contextual factors, including geographic isolation, limited access to dementia-related services and education, and the close-knit nature of communities, where concerns about privacy, judgement, and disclosure may be heightened [17]. Although rural community-based research has identified intergenerational programs as a potential strategy for reducing dementia-related stigma, evidence on how such approaches can be developed and implemented in rural communities remains limited [18]. This gap highlights the need for community-based approaches that bring together people living with dementia, care partners, health professionals, policymakers, researchers, and community leaders to identify contextually relevant strategies for addressing dementia-related stigma in rural communities.

Dementia-related stigma is shaped not only by individual attitudes but is also influenced by relationships and the broader environments in which dementia is understood. Contact-based approaches to stigma reduction indicate that meaningful interaction with people living with dementia can counter stereotypes, enhance understanding, and foster more positive attitudes. More specifically, findings from a scoping review of dementia stigma-reduction interventions identified contact-based approaches, including intergenerational storytelling, performing arts, and other intergenerational activities, as promising strategies for reducing stigma and improving dementia knowledge and understanding [19]. Intergenerational dementia programs may provide opportunities for positive relationships across generations, with evidence suggesting benefits for people living with dementia and participating younger generations [10]. Consequently, intergenerational opportunities may be especially important in rural communities, where vast geography, limited access to healthcare and support services, and fewer opportunities for social interaction can influence social inclusion and experiences of stigma [20]. Rural research has identified limited dementia knowledge, restricted opportunities for dialogue, and social exclusion as important contributors and consequences of dementia-related stigma, while community-based research has specifically identified intergenerational programs as a potential strategy for reducing stigma in rural communities [21]. From a social-ecological lens, dementia-related stigma is shown to be influenced by multiple levels including the individual, interpersonal, community, and broader organizational levels [22]. For rural communities, this lens highlights the need for locally relevant and community-based approaches that enables intergenerational contact to engage people living with dementia, families, friends, community organizations, health professionals, and policymakers to develop more dementia-inclusive communities.

While national initiatives have been introduced to address dementia-related stigma in Canada, such as the Public Health Agency of Canada's *Dementia Awareness Resources Toolkit: Confronting Stigma* [23], which provides educational web-based resources and videos, there remains a paucity of research examining interventions aimed at reducing stigma in rural communities. This gap is particularly important given that rural communities, defined by Statistics Canada [24] as those with populations of fewer than 10,000 residents, may experience unique social and healthcare challenges that contribute to the persistence of stigma [19]. Leone and colleagues [25] note that dementia-related stigma in rural communities often contributes to social isolation and reduces social participation of people with dementia and their care partners. Moreover, people living with dementia who reside in rural locations often experience unique challenges as a result of limited public transportation, economic barriers, and inadequate access to health and support services [17,26]. Despite these challenges, rural communities have ingenuity and local insight to support innovation. Accordingly, it is essential to prioritize rural lived experience and understand the unique socio-spatial [25], cultural [27], and geographical [20] aspects when developing interventions to reduce dementia-related stigma.

Drawing on a collaborative World Café approach [28], this research examined intergenerational strategies to reduce dementia-related stigma from the perspectives of rural community leaders, people with lived experience of dementia, health professionals, policymakers, and researchers. The World Café method is a community-based qualitative approach that uses facilitated small-group discussions to develop collaborative insights and explore diverse perspectives about complex issues [29–31]. Intergenerational interventions to reduce dementia-related stigma in rural communities has important implications for policymakers, healthcare professionals, and community leaders by promoting dementia awareness, informing supportive policies and practices, and fostering more dementia inclusive environments.

2. Materials and Methods

2.1. Community Setting

Kamloops was selected as the workshop location because it serves as the central hub for surrounding rural communities and provided an accessible, air-conditioned venue well-suited to hosting large gatherings with wheelchair access, paved flat parking to support participants with mobility needs, and other accessibility features that were difficult to find in the rural communities. Kamloops is located in the Thompson Cariboo Shuswap Region, which is known for its agricultural economic reliance and is the largest of Interior Health's regions (i.e., health service area), covering 38,320 km [32,33]. The workshop's venue was intentionally selected as it was adjacent to a park with access to nature and opportunities for peaceful breaks throughout the session. This environmental setting supported an inclusive and peaceful space for discussion and relationship-building among participants.

2.2. Recruitment and Participants

This study recruited rural older adults living with early-stage dementia and their care partners, community leaders, health professionals, researchers, and local policy makers. Using the Principal Investigator's existing community contacts, participants were recruited through email invitations shared with rural community leaders (including representatives from rural senior centres and community hubs), healthcare professionals (such as nurses, social workers, and family physicians), policymakers (including representatives from Interior Health, provincial government, and federal government), and individuals with lived experience (e.g., people living with early-stage dementia and unpaid care partners such as spouses, common-law partners, and adult children). The Alzheimer Society of BC and Yukon supported outreach by sharing the workshop invitation with their local networks of people living with dementia and their care partners.

Email invitations provided details about the workshop (e.g., workshop agenda, ethics, research discussion questions), held at a hotel in Kamloops on 14 May 2025. To assist with event planning, interested individuals were asked to register by email or telephone in advance. A total of 75 people participated in the workshop including 19 people with lived experience of dementia, 11 community leaders (senior centre presidents and community organizational representatives), 19 student researchers, 8 faculty researchers, 10 healthcare professionals, and 7 policymakers. The event was free to attend, and lunch and snack breaks were provided to the participants.

2.3. Ethics

Ethics approval for this study was obtained from the Thompson Rivers University (TRU) Research Ethics Board (REB) (File 104397). At registration, participants received a Letter of Information outlining the study aim, voluntary nature of participation, potential benefits and risks, data storage and retention, confidentiality procedures, right to withdraw

without penalty at any time, and contact information for the principal investigator and a representative of the REB. At the start of the workshop, the principal investigator reviewed the information with participants and provided an opportunity to ask questions. The letter included the standard ethical information provided in a consent form. Given the minimal-risk nature and large number of participants at the workshop, the REB approved a consent process that did not require written consent. Participants were informed that participation was voluntary and that choosing to participate indicated their free and informed consent. They were also advised that they could decline to participate or withdraw at any time without penalty.

The group-based nature of the World Café meant that complete anonymity and confidentiality could not be guaranteed. Participants were therefore reminded at the beginning of the workshop to respect the privacy of others and not disclose personal information or comments shared during the discussions outside of the workshop. Data used for analysis and reporting were treated confidentially, and findings were presented collectively rather than attributed to individual participants. These procedures were particularly important given the participation of people living with dementia and were intended to support a respectful and safe environment for sharing perspectives. This consent approach was approved by the TRU REB and was consistent with Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2) guidance regarding consent processes appropriate to the research context. Similar approaches to informed participation have also been reported in published World Café research [29,31].

2.4. Data Collection: World Café Method

This study used a qualitative, participatory World Café workshop [28] within a community-based research (CBR) approach to explore rural community perspectives and identify shared priorities for addressing dementia-related stigma on social media. CBR emphasizes collaborative relationships between researchers and community members, shared knowledge generation, and research that addresses issues identified as important to the community. This approach was appropriate for the study because the objective was to bring together rural community members, people with lived experience of dementia, care partners, health professionals, policymakers, researchers, and community leaders to exchange knowledge and perspectives and collectively identify priorities for addressing dementia-related stigma on social media [34]. The World Café provided a structured but flexible approach for fostering dialogue with diverse stakeholder groups and identifying areas of shared priority. Participatory Action Research (PAR) was not selected because the study did not focus on reflection, action, and evaluation often included in PAR. Specifically, our workshop's aim was to identify and understand community priorities rather than implement and evaluate actions. Similarly, a participatory diagnostic approach was not used because our workshop was not intended to conduct a structured diagnostic assessment of community needs or develop an intervention. Consequently, we used the World Café approach within a CBR framework to facilitate collective knowledge exchange and priority-setting, aligning with the exploratory aims of the study.

Participants were recruited through existing community and professional networks, which may have introduced selection bias and may have resulted in greater participation among individuals with existing interests or experience related to dementia, health research, or community initiatives. However, participants represented rural community members and stakeholders with diverse roles and experiences, and their perspectives informed the identification of priorities relevant to rural communities. Accordingly, the findings are intended to reflect rural community perspectives and priorities rather than to provide a statistically representative account of all rural stakeholders.

The World Café approach [28] has been commonly used to examine issues that are critical to the community and promote the inclusion of diverse community members by welcoming a range of perspectives [29,31]. World Cafés are designed to promote open dialogue, share learning and collective knowledge generation through small group discussions [28]. This approach aims to create participatory spaces that support collective dialogue, foster respectful communication, and draw on community knowledge and local insights to inform innovative action [35,36].

The World Café workshop was organized by a multi-stakeholder advisory team that consisted of eleven members including two people with lived experience of dementia, two family physicians, one community organizational representative, five interdisciplinary researchers (e.g., Nursing, Social Work, Science, and Psychology), and one graduate research assistant. The team provided critical information to help to determine the format of the day, panelist speakers, location venue, World Café research questions, and logistical details.

The workshop was a full day event that was hosted in Kamloops, British Columbia on 14 May 2025. The morning of the event included an opening welcome with overview of the day and six panelist speakers (e.g., five individuals living with dementia and a care partner discussing their experiences with dementia-related stigma), followed by a Q&A session. Coffee and snack breaks occurred throughout the event and were accompanied by research poster presentations. Honorariums and travel costs were provided to the panelist speakers with lived experience of dementia as a form of appreciation for sharing their extensive knowledge and expertise. During the lunch hour a buffet-style lunch was served, and the afternoon session consisted of the World Café session.

The World Café session included an introduction outlining the goals of the session, the schedule for the afternoon, and an overview of the World Café process. The ethical information that had been provided to participants in their registration package was also reviewed, including the purpose of the study, informed consent, the voluntary nature of participation, confidentiality, and participants' right to withdraw at any time without consequence. Participants were also reminded of the expectations for supporting a respectful, confidential, and inclusive environment during the session.

The session was conducted following the World Café format, a conversational approach that enables participants to engage in collective dialogue by rotating through small-group discussions focused on specific topics [28]. Participants voluntarily chose which table to join at the beginning of the session. Guests with lived experience were encouraged to disperse across the tables to help ensure that each group included at least one lived experience perspective. This approach supported the inclusion of lived experience alongside the diverse perspectives of other participants throughout the discussions.

Our World Café workshop addressed five questions that examined multiple pathways for reducing dementia-related stigma, including the role of social media and intergenerational activities. While only one question focused specifically on intergenerational strategies, it was included as a key community-based approach for fostering connection, challenging stigma, and promoting social inclusion in rural communities. Due to the large volume of findings, this paper focuses solely on Question #2 surrounding intergenerational activities to reduce dementia-related stigma from stakeholder perspectives. In addition to identifying priorities for addressing dementia-related stigma on social media, participants discussed several strategies for reducing stigma. These included countering misinformation with accurate, evidence-based information; sharing lived experience stories to challenge misconceptions and humanize dementia; and increasing public awareness and education to reduce fear, stigma, and the taboo surrounding dementia. Participants also emphasized the importance of creating opportunities for more open and informed conversations about dementia on social media.

1. *What actions on social media would help to reduce stigma of dementia?*
2. *What intergenerational activities would help to reduce stigma of dementia in rural communities?*
3. *If you were to create a hashtag to raise awareness and reduce dementia-related stigma on social media, what would it be? Probe: What key messages or facts would you include in an infographic to help reduce stigma?*
4. *If you were creating a video for social media to challenge dementia-related stigma, what moments, messages, or experiences would you include?*
5. *How can lived experience be shared on social media in ways that help challenge the stigma of dementia? Probe: What kinds of formats, voices, or stories do you think are most powerful in shifting public perception?*

The session closed with a large group discussion and facilitated sharing from each table on the findings from the day. The table facilitator or a volunteer shared the findings by drawing on the note-takers' data.

A voluntary evaluation form (paper copy) was distributed to the participants to help inform planning for future events and workshops. The evaluation form collected information to assess overall satisfaction, relevance of workshop content, effectiveness of workshop facilitation, quality of panel presentations and discussions, knowledge and skills gained, organization and logistics, suggestions for improvement, and additional feedback or comments. Cross-table validation was incorporated into the World Café process through the collective sharing of findings across discussion tables. This provided an opportunity for participants and facilitators to compare emerging ideas, identify areas of convergence, and consider whether themes were reflected across groups. Following the workshop, a post-workshop report summarizing the preliminary findings was shared with participants, providing an additional opportunity to review how their contributions and the collective discussion had been represented prior to publication.

2.5. Data Analysis

Thematic analysis was conducted by analyzing the transcribed data by using a combination of deductive and inductive techniques with the organizational support of ATLAS.ti [37]. Stakeholder recommendations were organized using an adapted stigma-reduction framework informed by Corrigan and Penn [38], with education and contact serving as the primary domains relevant to this study. Education referred to strategies intended to increase accurate knowledge, challenge misconceptions, and address misinformation about dementia. Contact referred to opportunities for meaningful interaction with people living with dementia, including intergenerational activities that fostered understanding through shared experiences. A third combined approach category was developed to capture recommendations that integrated education and contact. This adaptation was developed to reflect the strategies identified by rural stakeholders while maintaining conceptual links to the established stigma-reduction literature.

Although the original framework also identifies protest as a stigma-reduction approach, no protest-oriented interventions were identified in the stakeholder discussions. In contrast, participants frequently proposed approaches that combined education and contact. Accordingly, mixed interventions were added as a study-specific category to capture these integrated recommendations.

The analytic approach incorporated both deductive and inductive approaches. Two members of the research team independently reviewed and deductively coded the data using the adapted stigma-reduction framework, while also inductively identifying additional concepts and patterns emerging from the discussions. Deductive coding was used to map stakeholder-generated ideas onto these framework-informed categories, while inductive thematic analysis was used to identify additional patterns and meanings emerging from the

discussions. This adapted framework provided a theoretically grounded approach for organizing the findings while allowing the categories to remain responsive to the perspectives and recommendations generated by rural stakeholders. The full research team participated by reviewing the initial themes, and discussed the organization, refinement, and naming of the themes. Reflexivity was maintained throughout the analytic process through ongoing discussion among team members regarding how their disciplinary backgrounds, experiences, and perspectives on dementia and stigma might influence interpretation of the data. This iterative team-based process supported transparency in analytic decision-making and helped ensure that the final themes remained grounded in participants' perspectives while reflecting the study's conceptual framework.

Following the deductive analysis, an inductive thematic analysis was used to examine the data guided by Braun and Clarke's [39] approach to thematic analysis. It involved a series of iterative and reflexive steps beginning with familiarization with the data. More specifically, two of the researchers (first and second author) became familiar with the data through repeated readings of the transcribed notes, allowing for an overall understanding of the content. The second step involved creating initial codes and coding the text. For example, coding was performed by identifying and labeling meaningful segments of text. Third, codes were examined for relationships and similarities and were grouped together to form themes that accurately represented the data. The final phase involved reviewing and refining, where themes were carefully examined to confirm clarity, sufficient scope across the dataset, and minimize redundancy.

2.6. Methodological Rigour and Trustworthiness

Guided by Lincoln and Guba's [40] criteria of trustworthiness, three steps were taken to support methodological rigour in our study. First, dependability was established by creating a strong audit trail to document decision-making and the research process. Transferability was created by providing a rich description of the community context to help support applicability of findings to comparable settings. Confirmability was exercised through the use of reflexive journaling to identify any underlying assumptions and mitigate researcher bias during the data analysis. The trustworthiness of the findings was supported through reflexive engagement, ongoing research team discussions, and detailed documentation of the analytic process. However, these strategies provide only partial assurance of credibility given that the unit of analysis was collective table discussion rather than individual interviews. The World Café format encouraged participants to build on one another's contributions and develop shared perspectives, meaning that individual viewpoints could not always be distinguished from the collective discussion. Consequently, the findings should be understood as reflecting the perspectives and priorities developed through group discussion rather than independently articulated individual accounts. Future research could strengthen and extend these findings by incorporating individual interviews, providing greater opportunity for participants to elaborate on personal experiences, perspectives, and divergent views that may not emerge within a collective discussion format.

As a qualitative World Café workshop, the study was not designed to achieve statistical power or population-level representativeness. The participant number was appropriate to the World Café format and enabled diverse rural stakeholder perspectives to be explored across discussion tables. Data were analyzed using thematic analysis following Braun and Clarke [39], which provides a flexible approach for identifying patterns of meaning within qualitative data. Braun and Clarke [41] subsequently cautioned against treating data saturation as a predetermined criterion for establishing sample size in thematic analysis, arguing that judgments regarding the adequacy of a dataset are situated within the specific

research context rather than determined by a fixed numerical threshold. Accordingly, the adequacy of the workshop was considered in relation to the study aim, the diversity and relevance of the rural stakeholder perspectives represented, and the breadth and depth of the discussions generated. The workshop produced rich and varied perspectives across tables, including convergence around key priorities, providing a substantive dataset to address the study objectives.

3. Results

Based on the analysis, participants described three themes through which dementia-related stigma could be reduced, which coincided with Corrigan and Penn's [38] stigma reduction framework: (1) contact interventions (i.e., building common ground through shared experience); (2) educational interventions (i.e., educating early and across the lifespan); and (3) mixed interventions (i.e., integrating education with lived experience).

3.1. Contact Interventions

3.1.1. Shared Hobbies and Activities: "Common Ground Cuts the 'Otherness' in Half"

Participants highlighted the importance of engaging in meaningful activities with people living with dementia to reduce stigma. More specifically, participants identified several activities to support intergenerational engagement with people living with dementia such as board games, baking, movies, coffee outings, music, singing together, accessible physical activities in the community, and art. A participant described the importance of engaging in new activities and stated, "Try new hobbies together, incorporate pets, everyone loves pets." Another participant noted, "Watch movies together... For example [the movie] "Up" which spreads the message that one is allowed to live life fully regardless of age."

The participants stressed the importance of shared interests and activities to support common ground, connection, and belonging. Engagement in shared activities were described as helping to cultivate empathy and understanding without feeling like "lessons." For example, a participant stated, "Common ground activities to reduce "othering" and provide experiences that may be lacking in schools... Common ground cuts the 'otherness' in half."

3.1.2. Reflection, Reminiscence, and Art: "Spend a Week with Someone with Dementia"

Participants emphasized the value of spending time with people living with dementia to reduce stigma. For example, reflection following time spent together was identified as a way to challenge assumptions and identify new understandings about dementia. A participant stated, "Spend a week with someone with dementia, reflect on the experience at the end [and] think... What do I know now that I previously did not know?" Additionally, using reminiscence approaches, such as going through old photographs or letters with people living with dementia was described as a way to support meaningful connection and understanding of lived experience. A participant highlighted activities to support reminiscing, "Create photo albums, and go through old photos or letters." Other participants described the importance "of using art to promote dialogue and social interaction."

3.2. Educational Interventions

3.2.1. Dementia Education for All Students: "Educate Kids to Close That Intergenerational Gap"

Participants described the importance of early education to enhance the knowledge of dementia. For example, a participant stated, "Getting dementia [awareness] in schools is key to understanding and reducing stigma." Another person noted, "Target the younger audience... educate kids to close that intergenerational gap." Some shared that demen-

tia education should be started in the early years by, “creating a rhyme or song about dementia” free of stigma. Another person suggested, “Speaking to grades 3 and higher to discuss dementia.” Additionally, participants highlighted the need to teach students about dementia throughout the education system from elementary schools through to higher education. A participant stated, “Add dementia to the school’s curriculum... even including university students in these projects to challenge beliefs that individuals with dementia cannot speak.”

3.2.2. Share Different Realities: “Utilize Diverse Experiences of Dementia”

Participants described the need to address the diverse realities and various stages of dementia in education curricula. For example, participants noted, “Educate children in the classroom about the reality of dementia,” and “utilize diverse experiences of dementia from long-term care to living independently.” Another participant shared, “Informational videos [would be helpful] to show real-life scenarios of people with dementia of different ages and stages.” Moreover, participants shared that questions about dementia should be encouraged in the classroom and at home, stating, “Encourage students to ask questions, also to their parents... eliminate fears associated with uncertainty...”

3.3. Mixed Interventions

3.3.1. Combine Education with Lived Experience: “Statistics Stick When a Face Is Right Beside Them”

The importance of mixed interventions that combined education and contact interventions were described to reduce dementia-related stigma. Participants noted that combining “myth-busting” content and statistics with real stories helped make educational messages more impactful, and challenged stereotypes while highlighting identity and capability of people living with dementia. A participant shared, “Statistics stick when a face is right beside them.” In particular, there was a strong desire to supplement dementia education by inviting people living with dementia to speak to classrooms. A participant noted, “Create school activities that pull from the wealth of knowledge and lived experience of people with dementia.”

Participants highlighted the importance of lived experience interviews and questions to support classroom learning about dementia. A participant stated, “Classroom modules could be reinforced through Q&A sessions with people who have lived experiences.” Another person suggested, “facilitate interviews and conversations between students and individuals with dementia to learn about their background and life.” Another participant shared that, “Structured interviews allow students to learn life stories while [speakers with lived experience] share humor, resilience, and wisdom accumulated over decades.”

3.3.2. Mentorship: “Teach Students About Practical Skills and Share Life Experiences”

Mentorship activities and skill-sharing between people living with dementia and younger generations was described as a method to reduce dementia-related stigma. Participants discussed that increased exposure to people living with dementia through mentorship opportunities and volunteering was a way to normalize dementia, reduce fear, and shift narratives away from loss and limitation towards capability and contribution. Participants highlighted the idea of intergenerational volunteer opportunities within schools and community settings to increase interaction with younger groups, stating, “We could teach students about practical skills and share life experiences.”

3.3.3. Share Backgrounds and Experiences: “Show the Person Behind the Diagnosis”

Personal backgrounds and experiences were described as critical to education as a method to humanize people with dementia and, “Show the person behind the diagnosis.”

Additionally, participants emphasized the need to balance discussions about dementia and to include positive narratives rather than a deficit-based approach. A participant shared, “Shift the narrative from what you cannot do with dementia to what you can do.” Similarly, another participant said, “There is life after diagnosis. . . It is not the end.”

Participants acknowledged the importance of sharing the truth about living with dementia. A participant stated, “Give room for emotions, show younger individuals what a person living with dementia is truthfully going through. . . Keep the balance of truth while not scaring the younger generation.” This highlighted the desire to stray away from banalizing the disease, as seen in popular culture, by spreading awareness of hard moments when navigating dementia.

4. Discussion and Implications

Our study explored rural stakeholders’ ideas and perspectives on intergenerational strategies to reduce dementia-related stigma in rural communities in the Thompson Rivers Shuswap Region in British Columbia. Examining perceptions of anti-stigma interventions is pertinent to informing actions to improve the quality of life of people with dementia. Our findings highlighted three types of interventions that participants described to reduce stigma of dementia including: contact, education, and mixed interventions.

Findings from our study revealed that partaking in shared interests, hobbies, and commonalities may reduce dementia-related stigma. More specifically, the findings suggest that participating in activities of mutual interest with people living with dementia, such as baking or watching a movie, may help reduce stigma by highlighting common ground and creating a sense of shared connection. This finding aligns with preexisting research, which suggests that intergenerational contact leads to better-connected communities and mutual understanding between groups of varying ages [42]. Moreover, our study’s findings revealed that spending time with people living with dementia through arts-based activities, reminiscence, and self-reflection may help to challenge preconceived notions of dementia. Similarly, prior research has found that intergenerational connection aids in forming positive images of respective groups [43].

Our findings highlight the need to provide education about the diverse realities of dementia. For example, participants highlighted the importance of education on the different stages and journeys of dementia ranging from living independently to residing in long-term care. Additionally, our study highlighted the value of dementia education from early ages through to university to reduce intergenerational gaps and improve knowledge of dementia. This finding aligns with the current literature that shows that educational strategies are vital to reducing stigma and improving dementia awareness and knowledge among children [12] and undergraduate students [44].

Mixed interventions that combined education with contact were highlighted as being pertinent to reducing dementia-related stigma. Specifically, our findings highlighted the need to share life experiences and shift the narrative of dementia from a deficit-based lens to recognizing that life is not over after a dementia diagnosis. This finding about positive messaging is consistent with existing literature that highlight the importance of a critically balanced dementia narrative to challenge assumptions and stereotypes of dementia [45]. Further investigations could explore whether positive framings of dementia through intergenerational interventions reduce population-level fears of being diagnosed with the disease.

Using an environmental lens, our findings suggest that various intergenerational activities may support the reduction in dementia-related stigma in rural communities. However, the local uptake, feasibility, and sustainability of these activities may be influenced by the unique rural landscape, often including vast geographical distance with dispersed

populations, limited public transportation, and restricted access to healthcare and support services [17]. These environmental factors may reduce opportunities for sustained social engagement and intergenerational participation, potentially limiting the uptake of stigma-reduction initiatives. Accordingly, community-based research that prioritizes local insight and rural lived experience of dementia is crucial to co-designing viable and sustainable anti-stigma initiatives in rural communities. Further research is needed to co-design, implement, and test the impact of these initiatives on reducing dementia-related stigma in rural communities. This study identifies stakeholder recommendations that will inform future approaches to addressing dementia-related stigma in rural communities. These community-identified priorities provide a valuable foundation for future intervention development and research, while recognizing that their effectiveness, feasibility, and scalability require further evaluation. Future research should examine how these stakeholder-informed approaches can be co-developed, implemented, and evaluated within diverse rural contexts.

Strengths and Weaknesses

It is important to note that our study had notable strengths including the diverse partners that were involved on the planning committee to help ensure accessibility and inclusiveness of the event. Additionally, the World Café workshop provided an opportunity for diverse interest-holders to collaborate and share ideas to reduce stigma of dementia, allowing for a whole-of-society approach [46]. Further, trained moderators facilitated discussions at each World Café table to ensure all participants' voices were heard, preventing any one group (e.g., policymakers, health professionals, or researchers) from dominating the conversations.

A limitation of this study is that participant identifiers were not assigned during data collection. Accordingly, quotations could not be retrospectively attributed to individual participants, nor could patterns in individual contributions be examined. In future World Café studies, we will plan to assign anonymous participant identifiers during data collection to facilitate attribution of quotations and examination of individual contributions while maintaining participant confidentiality.

Similarly, sociodemographic information was not collected as part of our community-based workshop. As a result, we were unable to describe participant characteristics or examine how sociodemographic factors may have shaped participants' perspectives. We plan to collect sociodemographic information at future workshops in order to explore potential differences in perspectives across different participant characteristics.

A further limitation is that the consensus-oriented nature of the World Café may have influenced both the range of perspectives expressed and the types of recommendations developed. For example, the workshop encouraged participants to build on one another's ideas and identify constructive, community-oriented priorities, which may have favored socially acceptable solutions and areas of consensus over more controversial or critical perspectives. Participants were also self-selected through existing community networks, and people with lived experience of dementia were intentionally distributed across discussion tables to ensure their perspectives informed each discussion. While these approaches supported inclusive participation and the development of shared priorities, they may also have shaped group dynamics and limited the discussion of divergent views. Consequently, this does not diminish the value of the findings as an expression of shared community priorities, but it does narrow their interpretive scope.

Another limitation in our study was the potential for social desirability bias. For example, since our research was conducted using collaborative group discussions during the World Café workshop, there was potential for social desirability bias where participants

may have responded to the questions in ways that they felt were more socially acceptable and supported [47].

5. Conclusions

Drawing on a World Café approach, this study aimed to examine intergenerational strategies to reduce dementia-related stigma in rural communities in Interior British Columbia. Examining anti-stigma interventions is essential for improving access to dementia care, reducing social isolation, and improving the quality of life of people living with dementia and their care partners. Our study revealed three types of strategies to reduce dementia-related stigma ranging from contact to educational interventions.

The findings from our study shed light on intergenerational strategies to reduce stigma of dementia in rural communities. However, community-based research that prioritizes the lived experience of rural people living with dementia is essential to ensure that these interventions are effective, viable, and sustainable within rural contexts. Accordingly, further research is needed to co-design, implement, and test the impact of anti-stigma interventions within rural communities.

Author Contributions: Conceptualization, J.-D.R.B. and M.V.; methodology, J.-D.R.B. and M.V.; software, J.-D.R.B. and M.V.; validation, J.-D.R.B. and M.V.; formal analysis, J.-D.R.B. and M.V.; investigation, J.-D.R.B. and M.V.; resources, J.-D.R.B. and M.V.; data curation, J.-D.R.B. and M.V.; writing—original draft preparation, J.-D.R.B., M.V. and A.M.; writing—review and editing, J.-D.R.B., M.V., M.K.-M., A.V., C.G., W.H., J.M., M.S.D., M.L.S., M.N., S.B. and M.R.; visualization, J.-D.R.B. and M.V.; supervision, M.R.; project administration, J.-D.R.B. and M.V.; funding acquisition, J.-D.R.B. and M.V. All authors have read and agreed to the published version of the manuscript.

Funding: This study was funded by the Canada Research Chairs Program (CRC) and the Alzheimer Society of BC and Yukon in collaboration with the Michael Smith Health Research BC's Reach Grant.

Institutional Review Board Statement: The study was conducted in accordance with the Declaration of Helsinki and approved by the Thompson Rivers University (TRU) Research Ethics Board (REB) (File 104397) on 14 April 2025.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: The anonymized data supporting the findings are available from the corresponding author upon reasonable request.

Acknowledgments: We thank the participants and panelist speakers for their time and insight in supporting this research.

Conflicts of Interest: All authors declared no conflicts of interest.

References

1. Link, B.G.; Phelan, J.C. Conceptualizing stigma. *Annu. Rev. Sociol.* **2001**, *27*, 363–385. [CrossRef]
2. Bacsu, J.; Mateen, F.J.; Johnson, S.; Viger, M.D.; Hackett, P. Improving Dementia Care Among Family Physicians: From Stigma to Evidence-Informed Knowledge. *Can. Geriatr. J. GGJ* **2020**, *23*, 340–343. [CrossRef] [PubMed]
3. Warren, A.; Wynia, Z. Dementia-related stigma in physicians: A scoping review of stigma-reduction interventions. *Front. Dement.* **2025**, *4*, 1601462. [CrossRef] [PubMed]
4. Alzheimer Disease International. World Alzheimer Report 2019. 2019. Available online: <https://www.alzint.org/resource/world-alzheimer-report-2019/> (accessed on 1 February 2026).
5. Bacsu, J.D.; Mah, J.C.; Jamali, A.A.; Conanan, C.; Lautrup, S.; Berger, C.; Fiske, D.; Fraser, S.; Virani, A.; Fehr, F.; et al. Stigma of Dementia on Social Media During World Alzheimer's Awareness Month: Thematic Analysis of Posts. *JMIR Form. Res.* **2025**, *9*, e72775. [CrossRef] [PubMed]

6. Alzheimer Society of Canada. Half of Canadians Are Worried About Dementia, but Stigma Keeps Them from Finding Help. 2026. Available online: <https://alzheimer.ca/en/half-canadians-are-worried-about-dementia-but-stigma-keeps-them-finding-help> (accessed on 8 March 2026).
7. Alzheimer Society of Canada. The Many Faces of Dementia in Canada. 2024. Available online: https://alzheimer.ca/sites/default/files/documents/ASC_The%20Many%20Faces%20of%20Dementia%20In%20Canada_Landmark%20Study_Vol2.pdf (accessed on 1 February 2026).
8. Hassan, E.; Hicks, B.; Tabet, N.; Farina, N. Factors associated with dementia-related stigma in British adolescents. *BMC Public Health* **2024**, *24*, 2896. [CrossRef] [PubMed]
9. Lu, L.C.; Lan, S.H.; Hsieh, Y.P.; Lan, S.J. Effectiveness of intergenerational participation on residents with dementia: A systematic review and meta-analysis. *Nurs. Open* **2022**, *9*, 920–931. [CrossRef] [PubMed]
10. Galbraith, B.; Larkin, H.; Moorhouse, A.; Oomen, T. Intergenerational programs for persons with dementia: A scoping review. *J. Gerontol. Soc. Work* **2015**, *58*, 357–378. [CrossRef] [PubMed]
11. Gerritzen, E.V.; Hull, M.J.; Verbeek, H.; Smith, A.E.; de Boer, B. Successful elements of intergenerational dementia programs: A scoping review. *J. Interger. Relatsh.* **2020**, *18*, 214–245. [CrossRef]
12. Baker, J.R.; Jeon, Y.H.; Goodenough, B.; Low, L.F.; Bryden, C.; Hutchinson, K.; Richards, L. What do children need to know about dementia? The perspectives of children and people with personal experience of dementia. *Int. Psychogeriatr.* **2018**, *30*, 673–684. [CrossRef] [PubMed]
13. Farina, N.; Griffiths, A.W.; Hughes, L.J.; Parveen, S. Measuring adolescent attitudes towards dementia: The revalidation and refinement of the A-ADS. *J. Health Psychol.* **2020**, *27*, 374–385. [CrossRef] [PubMed]
14. Brookman, R.; Shatnawi, E.; Lukic, K.; Sirota, S.; Harris, C.B. Dementia-related stigma across age groups and perspectives: Similarities and differences suggest the need for tailored anti-stigma interventions. *Curr. Res. Behav. Sci.* **2025**, *8*, 100170. [CrossRef]
15. Jakasania, A.H.; Misra, S.; Gupta, S.S. Bridging Generations for Health and Social Cohesion: A Community-Based Intergenerational Model From Rural India. *Cureus* **2026**, *18*, e104898. [CrossRef] [PubMed]
16. Lokon, E.; Li, Y.; Parajuli, J. Using art in an intergenerational program to improve students' attitudes toward people with dementia. *Gerontol. Geriatr. Educ.* **2017**, *38*, 407–424. [CrossRef] [PubMed]
17. Bayly, M.; Morgan, D.; Froehlich Chow, A.; Kosteniuk, J.; Elliot, V. Dementia-Related Education and Support Service Availability, Accessibility, and Use in Rural Areas: Barriers and Solutions. *Can. J. Aging/Rev. Can. Vieil.* **2020**, *39*, 545–585. [CrossRef] [PubMed]
18. Bacsu, J.; Johnson, S.; O'Connell, M.; Viger, M. Interventions to Reduce Stigma of Dementia: First Insights From a Rural Community-Based Participatory Study. *Innov. Aging* **2020**, *4*, 879. [CrossRef]
19. Bacsu, J.D.; Johnson, S.; O'Connell, M.E.; Viger, M.; Muhajarine, N.; Hackett, P.; Jeffery, B.; Novik, N.; McIntosh, T. Stigma Reduction Interventions of Dementia: A Scoping Review. *Can. J. Aging/Rev. Can. Vieil.* **2022**, *41*, 203–213. [CrossRef] [PubMed]
20. Bacsu, J.; McIntosh, T.; Viger, M.; Johnson, S.; Jeffery, B.; Novik, N. Supporting older adults' engagement in health care programs and policies: Findings from a rural cognitive health study. *Home Health Care Serv. Q.* **2019**, *38*, 209–223. [CrossRef] [PubMed]
21. Bacsu, J.; Viger, M.; Abonyi, S.; Jeffery, B.; Johnson, S.; Novik, N. Supporting cognitive health in rural communities: Stigma and implications. *Innov. Aging* **2017**, *1*, 1119. [CrossRef]
22. Siette, J.; Meka, A.; Antoniadou, J. Breaking the barriers: Overcoming dementia-related stigma in minority communities. *Front. Psychiatry* **2023**, *14*, 1278944. [CrossRef] [PubMed]
23. Public Health Agency of Canada. Dementia Awareness Resources Toolkit: Confronting Stigma. Government of Canada; 2024. Available online: <https://www.canada.ca/en/public-health/services/diseases/dementia/awareness-resources-toolkit/confronting-stigma.html> (accessed on 15 June 2026).
24. Statistics Canada. Population Centre and Rural Area Classification, 2021 Census. 2023. Available online: <https://www12.statcan.gc.ca/census-recensement/index-eng.cfm> (accessed on 13 June 2026).
25. Leone, C.; Winterton, R.; Blackberry, I. Rural and regional community stakeholder perspectives on dementia, socio-spatial rights and community participation. *Wellbeing Space Soc.* **2025**, *9*, 100289. [CrossRef]
26. Bacsu, J.; Novik, N.; Johnson, S.; Viger, M.; McIntosh, T.; Jeffery, B.; Muhajarine, N.; Hackett, P. Addressing the needs of rural and remote people in a national dementia strategy for Canada. *Can. J. Public Health* **2019**, *110*, 752–755. [CrossRef] [PubMed]
27. Sorrentino, M.; Fiorilla, C.; Mercogliano, M.; Stilo, I.; Esposito, F.; Moccia, M.; Lavorgna, L.; Salvatore, E.; Sormani, M.P.; Majeed, A.; et al. Barriers for access and utilization of dementia care services in Europe: A systematic review. *BMC Geriatr.* **2025**, *25*, 162. [CrossRef] [PubMed]
28. Brown, J.; Isaacs, D. *The World Café: Shaping Our Futures Through Conversations That Matter*; Berrett-Koehler: Oakland, CA, USA, 2005.
29. Biondo, P.D.; King, S.; Minhas, B.; Fassbender, K.; Simon, J.E.; Advance Care Planning Collaborative Research and Innovation Opportunities Program (ACP CRIO). How to increase public participation in advance care planning: Findings from a World Café to elicit community group perspectives. *BMC Public Health* **2019**, *19*, 679. [CrossRef] [PubMed]

30. Bumble, J.L.; Carter, E.W. Application of the World Café to disability issues: A systematic review. *J. Disabil. Policy Stud.* **2021**, *32*, 193–203. [CrossRef]
31. McGrath, C.; Kennedy, M.R.; Gibson, A.; Musse, S.; Kosar, Z.; Dawson, S. World Cafés as a participatory approach to understanding research agendas in primary care with underserved communities. *Res. Involv. Engagem.* **2023**, *9*, 101. [CrossRef] [PubMed]
32. Interior Health. Come and Explore British Columbia's Interior! 2025. Available online: <https://www.interiorhealth.ca/careers/bcs-interior-region> (accessed on 2 February 2026).
33. Statistics Canada. Focus on Geography, 2021 Census of Population: Kamloops, Census Metropolitan Area. 2021. Available online: <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/fogs-spg/Page.cfm?Lang=E&Dguid=2021A00055933042&topic=1> (accessed on 2 June 2026).
34. Israel, B.A.; Schulz, A.J.; Parker, E.A.; Becker, A.B. Review of community-based research: Assessing partnership approaches to improve public health. *Annu. Rev. Public Health* **1998**, *19*, 173–202. [CrossRef] [PubMed]
35. MacFarlane, A.; Galvin, R.; O'Sullivan, M.; McNerney, C.; Meagher, E.; Burke, D.; LeMaster, J.W. Participatory methods for research prioritization in primary care: An analysis of the World Café approach in Ireland and the USA. *Fam. Pract.* **2017**, *34*, 278–284. [CrossRef] [PubMed]
36. Taylor Buck, E.; Smith, C.M.; Lane, A.; Keetharuth, A.D.; Young, T.; Cooke, J. Use of a modified World Café process to discuss and set priorities for a community of practice supporting implementation of ReQoL. *J. Patient-Rep. Outcomes* **2020**, *4*, 38. [CrossRef] [PubMed]
37. ATLAS.ti Scientific Software Development GmbH. ATLAS.ti. 2023. Available online: <https://atlasti.com> (accessed on 8 March 2026).
38. Corrigan, P.W.; Penn, D.L. Lessons from social psychology on discrediting psychiatric stigma. *Am. Psychol.* **1999**, *54*, 765–776. [CrossRef] [PubMed]
39. Braun, V.; Clarke, V. Using thematic analysis in psychology. *Qual. Res. Psychol.* **2006**, *3*, 77–101. [CrossRef]
40. Lincoln, Y.S.; Guba, E.G. *Naturalistic Inquiry*; Sage: Thousand Oaks, CA, USA, 1985.
41. Braun, V.; Clarke, V. To saturate or not to saturate? Questioning data saturation as a useful concept for thematic analysis and sample-size rationales. *Qual. Res. Sport Exerc. Health* **2021**, *13*, 201–216. [CrossRef]
42. Krzeczowska, A.; Spalding, D.M.; McGeown, W.J.; Gow, A.J.; Carlson, M.C.; Nicholls, L.A.B. A systematic review of the impacts of intergenerational engagement on older adults' cognitive, social, and health outcomes. *Ageing Res. Rev.* **2021**, *71*, 101400. [CrossRef] [PubMed]
43. Evans, S.; Atkinson, T. An intergenerational approach to addressing stigma. *Innov. Aging* **2017**, *1*, 694. [CrossRef]
44. Akyol, M.A.; Ayik, C.; Arıkan, Z. Knowledge and attitudes regarding dementia and related factors in undergraduate nursing students: A cross-sectional study. *Educ. Gerontol.* **2025**, *51*, 668–679. [CrossRef]
45. Lamb, E.G.; Wohlmann, A. Dementia as a critical lens on the role of narrative in medical training and practice. *Hastings Cent. Rep.* **2025**, *55*, S57–S63. [CrossRef] [PubMed]
46. Aranda, M.P.; Kremer, I.N.; Hinton, L.; Zissimopoulos, J.; Whitmer, R.A.; Hummel, C.H.; Trejo, L.; Fabius, C. Impact of dementia: Health disparities, population trends, care interventions, and economic costs. *J. Am. Geriatr. Soc.* **2021**, *69*, 1774–1783. [CrossRef] [PubMed]
47. Bergen, N.; Labonté, R. "Everything is perfect, and we have no problems": Detecting and limiting social desirability bias in qualitative research. *Qual. Health Res.* **2020**, *30*, 783–792. [CrossRef] [PubMed]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.