IMDAC
International Music & Dementia Advocacy Coalition

IMDAC GLOBAL FORUM

Music & Dementia

Accelerating Music Access for All

RESOURCE BOOK

Wednesday, 23 September 2026

International Music & Dementia Advocacy Coalition

www.imdac2030.org

IMDAC extends its sincere thanks to the organising committee, whose time and commitment made this possible: Bev Foster (Room 217 Foundation), Giles Wilmore (Music in Mind), Kristje Stedje (Norwegian Academy of Music), Julene Johnson (University of California San Francisco), and Kachina Chawla (Lighthouse Health Solutions). In addition, special thanks to Tanya Albis for event logistical support and Hubiba Mir for preparing this report.

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List of Acronyms

Acronym	Full form
AARP	AARP (formerly American Association of Retired Persons)
AD	Alzheimer's disease
ADL	Activities of daily living
AI	Artificial intelligence
DCPs	Dementia Care Professionals
EU	European Union
FAB	Frontal Assessment Battery
Febraz	Brazilian Federation of Alzheimer Associations
HADS	Hospital Anxiety and Depression Scale
ICs	Informal caregivers
IMDAC	International Music and Dementia Advocacy Coalition
INME	Instituto Não Me Esqueças
IRCCS-INRCA	Italian Institute of Health and Science on Aging
MATCH	Music Attuned Technology - Care via eHealth
MCI	Mild cognitive impairment
MoCA	Montreal Cognitive Assessment
MSW	Master of Social Work
MTE	Musical Time Exercise
NPI-12	Neuropsychiatric Inventory (12-item)
OPD	Older people with dementia
QALYs	Quality-adjusted life years
SOUND	A non-pharmacological music-based intervention for dementia
UCSF	University of California, San Francisco

Acronym	Full form
UK	United Kingdom
UN	United Nations
US	United States
WHO-5	World Health Organization-Five Well-Being Index

Executive Summary

On Wednesday, 23 September 2026, the International Music & Dementia Advocacy Coalition (IMDAC) hosted its first Global Forum on Music & Dementia: Accelerating Music Access for All - a virtual gathering of researchers, students, clinicians, music therapists, technology developers, caregivers, family members, policy advocates and more, with over 260 registrants from 32 countries and a peak attendance of 117. The forum ran across three themed hours - Research, Advocacy, and Promising Practices — each pairing two presentations with a moderated discussion. It ended with a 30 minute networking session.

Presenters shared evidence from randomized and quasi-experimental studies, national public-health programs, and digital health platforms spanning Australia, China, the United States, Canada, Europe and Brazil. Across every session, a consistent picture emerged: structured, personalized music engagement measurably improves mood, reduces depressive and behavioral symptoms, and supports functional independence in people living with dementia — while also easing burden and improving well-being for caregivers and care staff. Presenters differed in method and geography but converged on the same practical conclusion: music should be a routine, trained-for, resourced part of daily dementia care, not an occasional add-on activity.

The Forum was organised along three pillars:

- **Telling Stories - Research**: MATCH (Music Attuned Care Technology via eHealth), presented by Felicity Baker (University of Melbourne, Australia); and a Chinese depression-intervention trial, presented by Qiuxia Zhang and Fei Sun (Shanghai Conservatory of Music, China/Michigan State University, the United States of America). Discussion moderated by Julene Johnson (University of California San Francisco, the United States of America).
- **Reaching People - Advocacy:** Norway's national "Singing as Infrastructure" program, presented by Karoline Gjertsen (Sang i eldreomsorgen, Norway); and an economic-value analysis, presented by Anita Shinde (Deloitte, Canada). Discussion moderated by Giles Wilmore (Music in Mind, the United Kingdom).
- **Sharing Promising Practices:** The SOUND Experience, presented by Sara Santini (Italian Institute of Health and Science on Aging, Italy); and MusicalMente, presented by Elaine Mateus (Instituto Não Me Esqueças (INME), Brazil). Discussion moderated by Kristje Stedje (Norwegian Academy of Music, Norway).

The forum concluded with a networking session, where participants shared their stories and experiences of music and dementia care.

If you would like to know more about IMDAC and its work, please visit https://imdac2030.org/ or email imdac2030@gmail.com.

Welcome & About the Forum

Welcome to the IMDAC Global Forum on Music & Dementia: Accelerating Music Access for All. This document captures the presentations, discussions, and key takeaways from the Coalition's first Global Forum, and is intended as a lasting reference for the international community of researchers, clinicians, music therapists, technology developers, policy advocates, and caregivers who wish to join the conversation.

About the Forum

The Global Forum brought together leaders, researchers, care providers, music practitioners, caregivers, and people living with dementia from around the world to advance dementia care and expand the role of music in supporting quality of life and well-being. The half-day event was organized into three themed hours:

- **Research:** evidence and real-life stories on the impact and value of music in dementia care.
- **Advocacy**: leaders and organizations sharing how they are influencing policy, funding, and system change.
- **Promising Practices**: practical musical programs and methods that work across different care settings.
- A 30-minute online networking space followed Hour 3 for registrants to connect informally.

Program Agenda

Three hours of research, advocacy, and promising practice

Hour	Theme	Presentations	Moderator
Hour 1	**Research**	• MATCH — Music Attuned Care Technology via eHealth (Felicity Baker, Australia) • Addressing Depression in Older Chinese Residents with Cognitive Impairment in Care Facilities (Qiuxia Zhang & Fei Sun, China/US)	Julene Johnson (UCSF, US)
Hour 2	**Advocacy**	• Singing as Infrastructure: A National Approach to Music in Elderly and Dementia Care (Karoline Gjertsen, Norway) • Understanding the Economic Value of Music Engagement: Highlights from Deloitte's Alzheimer's Disease Report (Anita Shinde, Canada)	Giles Wilmore (Music in Mind, UK)

Hour	Theme	Presentations	Moderator
Hour 3	**Promising Practices**	• The SOUND Experience: A Music-Based Non-Pharmacological Intervention for Dementia in Three European Countries (Sara Santini, Italy) • MusicalMente: Music, Belonging, and Human Connection in Dementia Care (Elaine Mateus, Brazil)	Kristje Stedje (Norwegian Academy of Music, Norway)
Optional Networking	—	30 minutes after Hour 3 — registrants stayed to connect informally through Zoom breakout rooms	—

Theme 1: Research

Evidence and real-life stories showing the impact and value of music in dementia care.

Presentation 1: MATCH — Music Attuned Technology - Care via eHealth

Speaker: Professor Felicity Baker | *University of Melbourne, Australia*

Felicity Baker is Associate Dean Research for the Faculty of Fine Arts and Music and Director of International Research Partnerships for the Creative Arts and Music Therapy Research Unit at the University of Melbourne. She is also Founder of Yadzia Pty Ltd, a University of Melbourne MedTech spin-out commercializing MATCHplus.ai.

Felicity Baker introduced MATCH (Music Attuned Technology - Care via eHealth), a digital platform providing predictive music therapy for dementia - effectively combining caregiver training with technology-assisted, personalized music recommendation for dementia care. The program comprises four components:

- *MATCH training*: online caregiver training program
- *MATCH app*: specialised app with functionalities to support use of MATCH strategies in practice
- *Agitation detection*: real-time system with a wearable device to detect agitation in people living with dementia and alert caregivers
- *Music recommender*: clinician informer music recommender system for personalised care

The idea across the tools is to give the clinicians and caregivers the tools and information to make evidence-based decisions to use music for tailored care. To ensure that the application is meaningful and fit for purpose, it is being tested out with families in communities, hospitals, and residential care homes.

The evidence-based online training course for caregivers features seven modules addressing different aspects of dementia care such as introduction to the MATCH approach, how to use it during personal care, and mood regulation. The course also features a test to evaluate caregiver's knowledge and all material has now been translated into Malay and Mandari, and plan to expand it further to other non-English speaking backgrounds. To support caregivers to use MATCH while giving care, the app has short demonstration videos for real-world care scenarios, such as meal times and wound dressing as well as a searchable course library for specific needs.

The Music Recommender features AI-generated personalised playlists with songs catering to different therapeutic needs. The recommender builds on a clinician developed music therapeutic engine so the recommendations are designed as a clinician would, and it matches a person's preferences to make it personalised.

It is currently being researched in several different contexts. These include:

- **MATCH at home**: an 8-week proof-of-concept study with family caregivers and people living with dementia in the community to assess acceptability, usability, and knowledge gain, and health outcomes pre- and post-trial. The results were very encouraging - significant change in symptoms, and in caregivers' level of distress in caregiving, This informed the next version of MATCH.
- **MATCH in an acute psychiatric ward**: The team tracked unscheduled medication that is used at specific times when symptoms present - its use and costs reduced. Staff acceptability was also high.
- **MATCH in 6 residential aged care homes**: Overall improvement in dementia symptoms was observed - reductions in frequency of neuropsychiatric symptoms and occupations disruptiveness. The staff highlighted better results when the app was used proactively as a preventative strategy rather than as a de-escalation strategy.

Prof. Felicity's team now plans to expand the intervention internationally. Following the completion of ongoing studies testing the wearable device and music recommender system, the intervention will next be trialled in homes and residential care settings in Singapore.

Presentation 2: Addressing Depression in Older Chinese Residents with Cognitive Impairment in Care Facilities

> Speaker: Qiuxia Zhang, MSW & Fei Sun, PhD, MSW | *Shanghai Conservatory of Music, China and Michigan State University, US*
>
> Qiuxia Zhang is a key member of the Artificial Intelligence Music Therapy Lab at the Shanghai Conservatory of Music and founder of Merry Memory Agency in Shanghai, which provides music-based social care for families living with dementia. Fei Sun is a professor and coordinator of the Health and Aging Social Work Certificate program at Michigan State University, where his research develops and tests psychosocial and music interventions for older adults with Alzheimer's disease and related disorders and their families.

Fei Sun opened with the scale of cognitive impairment and depression among older adults in China: approximately 21.5% of Chinese adults aged 60 and older — some 53.8 million people — live with mild cognitive impairment (MCI) or dementia (Jia et al., 2020). They presented findings from a randomized controlled trial of the Musical Time Exercise (MTE), a multi-component intervention for older Chinese adults with cognitive impairment living in care facilities in Shanghai, with Qiuling An credited as principal investigator. MTE combines cognitive stimulation with rhythmic movement, instrument playing, singing, health education, and reminiscence, with sessions customized in collaboration with music therapists and delivered by social workers.

The presenters situated MTE within longstanding Chinese traditions linking music, emotion, and well-being, drawing on the framework in the classical medical text *Huangdi Neijing* (the Yellow Emperor's Inner Canon), which links five musical tones with five internal organs and five emotions.

In the trial, 42 residents were randomized to MTE or routine institutional care; the intervention group showed a large, statistically significant improvement in depressive symptoms and a significant improvement in physical functioning, while cognitive function moved in a favorable direction but was not statistically significant. Participant engagement also improved over time as did the positive emotions experienced (with a peak in week 7), while it was observed that negative emotions reduced over time.

The presenters identified the absence of an active control group, non-blinded assessors, the small sample size, and lack of long-term follow-up as limitations, and recommended further testing in other Chinese cities and U.S.-based Chinese-American communities to assess cross-cultural adaptability.

Discussion Summary

> **Moderated by:** Julene Johnson (University of California San Francisco, United States)

Following the two presentations, the floor was opened for discussion. Attendees raised a mix of methodological and practical questions. On the MTE study, participants asked whether the intervention would transfer well given the differing music preferences across North and South China; presenters confirmed that music was selected based on local preferences, taking dialect and other regional factors into account, while music for group exercises was chosen for its connection to seasons, holidays, and other occasions likely to evoke a shared memory. Other questions explored whether the intervention affected the morale of residential care staff — presenters noted this wasn't the study's primary focus, but that giving staff a meaningful, structured activity to lead with residents was itself seen as valuable. The discussion also touched on giving due credit to the musicians and therapists who co-created the approach, and on how participants' preferences were identified through verbal tools, given that their cognitive abilities remained intact.

Dan Cohen (Founder and CEO of Right to Music, Founder of Music & Memory) then offered closing remarks summarising the Research session. He highlighted MATCH's music-recommender function as a practical way to determine an individual's song preferences from a large personal or cultural song bank, and noted that digitalization is particularly helpful in scaling this kind of personalization in a large-scale study/intervention. The agitation device would also prove to be particularly helpful in preventing escalation of symptoms in people living with dementia. He observed that music-based intervention is broadly applicable - relevant not only in dedicated care-home settings but also in home care and psychiatric care contexts - underscoring that the approaches discussed in this session are not niche tools but interventions with wide potential applicability across care environments.

Theme 2: Advocacy

Leaders and organizations sharing how they are influencing policy, funding, and system change.

Presentation 1: Singing as Infrastructure: A National Approach to Music in Elderly and Dementia Care

> Speaker: Karoline Gjertsen | *Head of program, Sang i eldreomsorgen, Norway*
>
> Karoline Gjertsen is Head of the Norwegian program Sang i eldreomsorgen (Singing in Elderly Care), which works to make singing a systematic, evidence-informed part of everyday elderly and dementia care. She holds an MA in Music Therapy from the Norwegian Academy of Music and works as a vocal coach and choir conductor, including with dementia choirs.

Karoline Gjertsen introduced Sang i eldreomsorgen, a national program running since 2015 and funded by Norway's Ministry of Culture through Krafttak for sang. The program uses an indirect music-therapy approach to make singing part of everyday care and has guided 180 nursing homes. Its digital resource portal provides 400 songs (with and without vocals), more than 40 filmed singing sessions, and training materials for staff and healthcare workers; participating care homes also receive on-site training and onboarding support for staff.

Highlighting the utility of this approach, Gjertsen mentioned that by incorporating singing into daily care, the staff are able to use music as communication rather than just a performance, and are able to positively transform the work environment. She identified leadership, interdisciplinary sharing of practice, and management support as central to making the program sustainable rather than dependent on individual staff members.

The Norwegian government's care regulation that requires social needs - the opportunity for company, social contact, community and activity - to be centered in care was recognised as a key enabler of this approach. Gjertsen also reframed Norway's clinical "five rights" for medication safety as a checklist for music delivery in care, linking music provision to existing quality-of-care regulations and the social need for company, contact, community, and activity.

Medication Right	Applied to Music
Right patient	Right person
Right medicine	Right music
Right dose	Right dose
Right time	Right time
Right way	Right way

Key implementation barriers included time pressure, staffing gaps, inadequate equipment and internet access, and limited enforcement of activity-related care requirements. Gjertsen emphasized the need for health and

culture sectors to work together and for advocates to engage politicians and municipalities around funding and implementation.

Presentation 2: Understanding the Economic Value of Music Engagement: Highlights from Deloitte's Alzheimer's Disease Report

> Speaker: Anita Shinde | *Partner, Economic Advisory, Deloitte, Canada*
>
> Anita Shinde is a Partner and global leader in Deloitte Canada's Economic Advisory practice. She has more than 20 years of consulting experience across healthcare, arts and culture, higher education, technology, and government, and led Deloitte's report Alzheimer's Disease & Music Engagement: Quality of Life Economic Impact Analysis.

Anita Shinde presented Deloitte's analysis of the economic impact of music engagement on quality of life for people with Alzheimer's disease (AD) and their caregivers. The report was prepared for the NeuroArts Blueprint Initiative with support from AARP and the A. Barry Rand Fund of the AARP Foundation, drawing on a review of roughly 900 peer-reviewed articles. The evidence distinguishes music engagement from professional music therapy and identifies potential benefits across physiological, behavioral, psychological, cognitive, and emotional domains.

Deloitte modelled potential economic impacts for people with AD and caregivers by linking quality-of-life outcomes to healthcare and care-related costs and varying music-engagement adoption and response rates. For individuals with AD, the model considered activities of daily living, cognition, emotional well-being, neuropsychiatric symptoms, agitation, depression, loneliness, sleep, and Quality-adjusted life years (QALYs); for caregivers, it focused on burden, emotional well-being, and stress/distress. Across the modelled adoption scenarios, the combined annual impact was estimated at $5.1 billion to $11.9 billion.

Indicator	30% adoption	50% adoption	70% adoption
Functional Independence (ADL, cognitive function)	$1.4B	$2.3B	$3.2B
Loneliness and Isolation	$0.2B	$0.3B	$0.4B
Mental & Emotional Well-Being (agitation, depression, well-being, neuropsychiatric symptoms, sleep)	$4.1B	$6.8B	$9.5B
QALYs Gained	$0.7B	$1.2B	$1.7B
Total impact for individuals with AD	$6.4B	$10.6B	$14.8B
Cost of music engagement	−$3.7B	−$6.1B	−$8.5B
Net impact for individuals with AD	$2.7B	$4.5B	$6.3B

Indicator	30% adoption	50% adoption	70% adoption
Stress/distress	$0.8B	$1.4B	$1.9B
Burden	$1.2B	$2.0B	$2.8B
Emotional well-being	$0.3B	$0.6B	$0.8B
Total impact for caregivers	$2.4B	$4.0B	$5.6B

Adoption Rate	Net Impact — Individuals with AD	Net Impact — Caregivers	Total Net Impact
30%	$2.7B	$2.4B	$5.1B
50%	$4.5B	$4.0B	$8.5B
70%	$6.3B	$5.6B	$11.9B

Shinde reported estimated annual returns of $1.70 for every dollar invested for individuals with AD, $0.70 for caregivers, and $2.40 when the two groups are considered together. Nearly 65% of the modelled impact for individuals with AD was attributed to mental and emotional well-being measures. She emphasized, however, that the estimates depend on underlying data, calculations, assumptions, and projections, and that Deloitte's analysis should be independently verified before being used for investment or other decisions.

Discussion Summary

> **Moderated by:** Giles Wilmore, Music in Mind, UK

In Q&A, Shinde confirmed a separate interview study within three nursing homes found the program was accessible and well accepted among caregivers and staff, with positive mood, positive experience, and improved work environment reported. Discussion also touched on state-level funding mechanisms for neurodivergent support in the U.S., often channeled through local Arts Commissions, with local and regional funding identified as more common than federal. Proposed next steps included exploring other forms of art beyond music.

Giles Wilmore highlighted that policymakers who witness sessions directly "see the value immediately," underscoring the importance of building a network that lets decision-makers observe firsthand rather than only reading reports; more policymakers are now "at the table," though more community-driven pressure is still needed to sustain momentum. Dan Cohen cited supporting figures: roughly 50% of people across a base of ninety related studies showed symptom reduction, and singing-based interventions were linked to a 25–30% reduction in caregiver stress and burden.

Discussion also raised whether government mandates are needed for program activities of this kind, or whether adoption should remain optional — presenters noted more research is required before such requirements could be written into formal care guidelines.

Theme 3: Promising Practices

Practical musical programs and methods that work in different care settings.

Presentation 1: The SOUND Experience: A Music-Based Non-Pharmacological Intervention for Dementia in Three European Countries

Speaker: Sara Santini, PhD | *Italian Institute of Health and Science on Aging (IRCCS-INRCA), Italy*

Sara Santini is a senior researcher at the Centre for Socio-Economic Research on Ageing at IRCCS-INRCA in Italy, focusing on long-term care and arts-based interventions. She has coordinated EU and national research projects including SOUND and DanceCARE and holds an international PhD in Gerontology.

Sara Santini presented SOUND (Training Social and Health Care Professionals in Music-Based Therapeutic Interventions to Support Older People with Dementia) - a European project co-funded by the Erasmus+ programme (Jan 2022–July 2024), and implemented across Belgium, Italy, Portugal, and Romania. Working from the premise that "the whole family experiences dementia," the project built distinct educational tracks for Dementia Care Professionals (DCPs) and informal caregivers (ICs). The curriculum was co-designed through music workshops in each country involving DCPs, older people with dementia (OPD), and ICs. It was then delivered to 63 trained DCPs (29 Italy, 17 Portugal, 17 Romania) through a 22-hour programme on the "Virtual Music Circle" e-learning platform, which combined online and face-to-face training and was assessed through both theoretical tests and practical competency evaluation.

The intervention itself was tested in a quasi-experimental mixed-methods study: 12 sessions delivered twice weekly over six weeks, in circles of about 8 OPD led by a trained facilitator, using low-cost materials (percussion instruments, a parachute, scarves, textures) for singing, rhythmic, and listening activities personalized to each participant's musical biography. Outcomes — well-being, cognition, mood, and behaviour — were tracked at baseline, immediately post-intervention, and at two-week follow-up using validated tools (WHO-5, NPI-12, MoCA, FAB, HADS).

Results from 41 participants across Italy, Portugal, and Romania showed significant, sustained improvements in well-being, cognitive function, and executive function. Mood outcomes were more mixed: depression improved overall, but anxiety notably increased among Romanian participants, which researchers hypothesized may reflect stress-related biological effects warranting further study. A companion qualitative study found that listening/coordination and percussion/rhythmic activities elicited more interest and pleasure than narrative or singing activities. Santini also underlined the intervention limitations — small sample size and no formal control group — and called for randomized controlled trials, further biological-marker research, and wider experimentation in residential care settings.

Looking ahead, the project's outputs (training curriculum, e-learning platform, and caregiver video-lessons) are designed for replication beyond the original sites, and SOUND paired its research with a European Dementia Awareness Campaign — including a multilingual caregiver vademecum, a "dementia-friendly" badge for businesses and services, and public events — aimed at embedding music-based, non-pharmacological care into everyday practice rather than treating it as a one-off pilot.

Presentation 2: MusicalMente: Music, Belonging, and Human Connection in Dementia Care

> Speaker: Elaine Mateus, M.Ed, PhD | *Instituto Não Me Esqueças (INME), Brazil*
>
> Elaine Mateus is a retired professor of Applied Linguistics, dementia advocate, and care partner from Brazil. She is Co-founder and President of Instituto Não Me Esqueças (INME) and CEO of the Brazilian Federation of Alzheimer Associations (Febraz), with a focus on human rights, stigma reduction, community engagement, and non-pharmacological approaches to dementia care.

Elaine Mateus presented MusicalMente, a promising practice within Instituto Não Me Esqueças (INME), a non-profit community-based organization for post-diagnostic dementia support in Londrina, Brazil. INME frames music and other non-pharmacological therapies as central to an "Integrated Care Ecosystem," built on the principle that post-diagnostic care and support are fundamental human rights. The ecosystem rests on five pillars - multidisciplinary care; support and guidance; dementia education; culture, community and participation; and advocacy, rights and transformation - connected to UN Sustainable Development Goals 3, 11, and 17. Mateus grounded the case in Brazil's diagnostic and access gap: an estimated 2.71 million Brazilians live with dementia today (projected to reach 5.6 million by 2050), roughly 80% go undiagnosed, 70% depend exclusively on the public health system, and dementia accounts for roughly 73% of related care costs (ReNaDe, Ministry of Health, 2024).

MusicalMente specifically targets people with moderate-to-advanced dementia together with their care partners (the "dyad"), reaching those who no longer respond to traditional cognitive or physical stimulation therapies. Its methodology is organized around four dimensions: to know (building a personalized musical repertoire from the person's history and preferences), to empower (bringing that music into everyday care beyond formal sessions), to connect (weekly 50-minute group sessions bringing five dyads together to interact and belong), and to act (turning music into participation through singing, instruments, movement, and rhythm). Core objectives center on expression and communication, strengthening relational bonds within the dyad, and fostering belonging and well-being.

A qualitative phenomenological study at the State University of Londrina evaluated the model with 30 participants (15 dyads) across 20 weekly sessions, yielding four key findings:

- **Therapeutic relief:** music "manages to embrace" participants in ways other therapies do not, appearing to bypass psychological defense mechanisms.
- **Improved functional autonomy:** participants began performing everyday tasks — dressing, bathroom use — independently.
- **Reduced behavioral symptoms:** a calming effect comparable to chemical restraints, with reduced medication dependency.
- **Shared therapeutic experience:** meaningful family connection, alongside therapeutic relief and support for caregivers.

Mateus framed these findings around three shifts in how music-based dementia care should be understood: from the individual to the dyad, from entertainment to care, and from the therapy session to everyday life.

Discussion Summary

Moderated by: Kristje Stedje, Norwegian Academy of Music, Norway

In the discussion, presenters noted that meaningful music preferences are typically identified through one-to-one interviews rather than standardized surveys, reinforcing MusicalMente and SOUND's shared emphasis on personalization over generic protocols. They also emphasized that there is currently no evidence that any particular type of music is universally effective in dementia care, and that care providers should remain sensitive to how individual songs may affect a person with dementia. Dan Cohen underscored the importance of tailoring music and care to the individual.

Optional Networking — 30 minutes after Hour 3. Registrants stayed to connect with one another in an informal networking space.

Way Forward

Key Takeaways

- Evidence is converging across geographies and methods. Independent studies in Australia, China, Norway, Canada, Italy, and Brazil - using randomized, quasi-experimental, phenomenological, and economic-modeling methods alike - all point toward measurable benefits from music engagement: reduced depressive and behavioral symptoms, improved physical and functional autonomy, and better caregiver well-being.
- Personalization matters more than repertoire size. Both MusicalMente and the SOUND project emphasized that knowing the person - their musical history, biography, and preferences - and tailoring music accordingly outperforms generic playlists or one-size-fits-all protocols.
- The caregiving dyad, not just the individual, is the unit of care. MusicalMente and the Deloitte economic analysis both modeled and measured benefit to caregivers directly, not only to the person with dementia - reframing music engagement as a shared, relational intervention.
- Training and institutionalization are the binding constraint, not evidence. Nearly every session called for formal training of care staff (DCPs), dedicated time, proper materials/rooms, and management prioritization - echoing Norway's finding that time pressure, staffing gaps, and under-resourcing, not lack of evidence, are what most often prevent music from becoming routine care.
- Policy and regulatory language already supports this work. Norway's reframing of existing "five rights" medication-safety language and quality-of-care regulation suggests other countries may be able to build on existing regulatory frameworks rather than requiring entirely new policy.
- Digital tools are emerging to scale training and personalization. The SOUND project's "Virtual Music Circle" e-learning platform and Felicity Baker's MATCH platform both aim to make trained delivery and personalized recommendation scalable beyond in-person expert-led sessions.

Limitations & Future Directions Noted by Presenters

- Several studies presented (the Chinese MTE trial, the SOUND experimentation, and related work) were limited by small sample sizes, and in some cases the absence of a formal control group — presenters were explicit that large effect sizes should be interpreted with appropriate caution.
- Multiple presenters called for randomized controlled trials using mixed-methods approaches, and for further cross-cultural validation to confirm that interventions developed in one country or cultural context transfer effectively to others.
- Presenters across sessions agreed that care facilities need dedicated materials, suitable rooms, and properly trained staff - infrastructure and workforce development, not additional proof of concept, were repeatedly identified as the primary barriers to scaling music-based care.

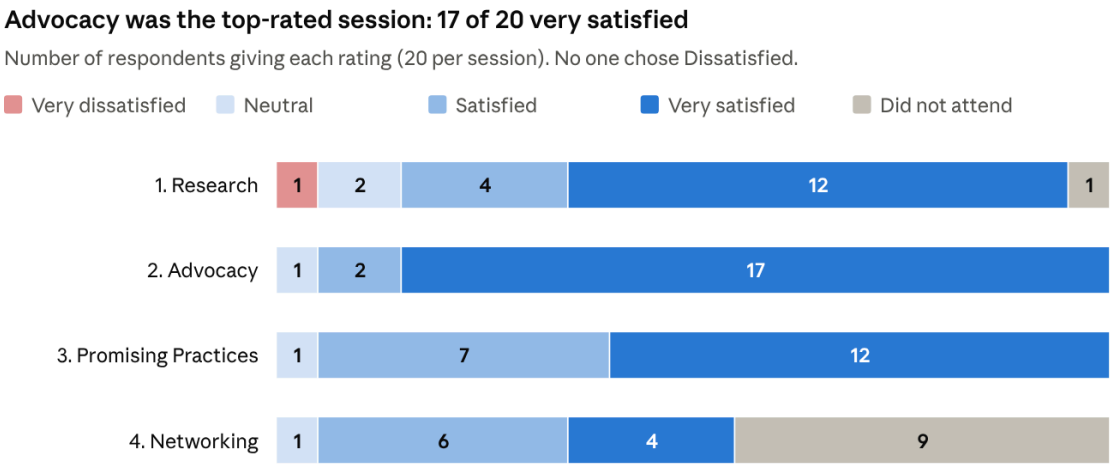
- Several participants signaled interest in international replication — including adapting Norway's program and China's MTE model for new geographies such as Shanghai and Chinese-American communities in the United States — pending committed local partners and funding.

Forum Evaluation

After the Forum, participants were invited to complete a short online survey on their highlights, key takeaways, session ratings, and whether they would recommend the Forum. Twenty-one people responded, about 18% of the peak live audience of 117.

At a Glance

- All 19 respondents who answered the recommendation question indicated that they would recommend the Forum to a colleague.
- **Advocacy** received the highest satisfaction ratings, with 17 of 20 respondents reporting that they were very satisfied and 19 of 20 reporting that they were either satisfied or very satisfied.
- **Promising Practices** was also rated highly, with 19 of 20 respondents indicating that they were satisfied or very satisfied.
- Karoline Gjertsen's presentation on Norway's national approach to singing in care emerged as the most frequently cited highlight of the Forum.
- The Deloitte economic impact study was particularly valuable to participants, providing quantitative evidence to support the case for integrating music into care settings.



Source: IMDAC Global Forum evaluation survey, session ratings (20 responses).

What Participants Valued

- **Practical, person-centred approaches:** Learning how music is being integrated into care settings across different countries, with a shared emphasis on person-centred care.

- **Peer learning and connection:** The opportunity to connect with like-minded individuals from around the world. As one participant noted, the highlight was "joining like-minded people from around the world."
- **Music as a right:** The principle that access to music should be recognised as a right rather than a privilege.
- **Evidence for advocacy:** The economic impact study provided participants with data to strengthen the case for music in their respective settings.

Key Takeaways Participants Plan to Use

- **Integrating music into routine care:** Making music a more deliberate and consistent part of everyday care. For example, one care provider planned to allocate 15 minutes of each care visit to activities such as singing, dancing and other intentional musical engagement.
- **Applying practical frameworks and tools:** Adapting approaches such as Norway's "Five Rights" for music, the "Three Nine Song" accompanied by finger exercises for Chinese residents, and the incorporation of individual music preferences into care plans alongside prescribed treatments.
- **Strengthening person-centred care:** Recognising individual music preferences as an integral component of care planning and delivery.

What We Heard for Next Time

- Share slides and practical materials after the Forum.
- Balance question time in paired sessions, for example by taking questions straight after each talk.
- Keep sessions on time, and make Promising Practices more practical: the music used, the steps followed and the lessons learned.
- Explain acronyms and keep the language plain for an international audience.
- Hear from more countries, including African countries, and more music practitioners.
- Rethink the timing or format of the Networking session (36 participants stayed, against a peak of 117), and alternate between Eastern and Western time zones.
- Keep the connection going with a periodic newsletter, certification programs and another Forum next year.

If you would like to know more about IMDAC and its work, please visit https://imdac2030.org/ or email imdac2030@gmail.com.

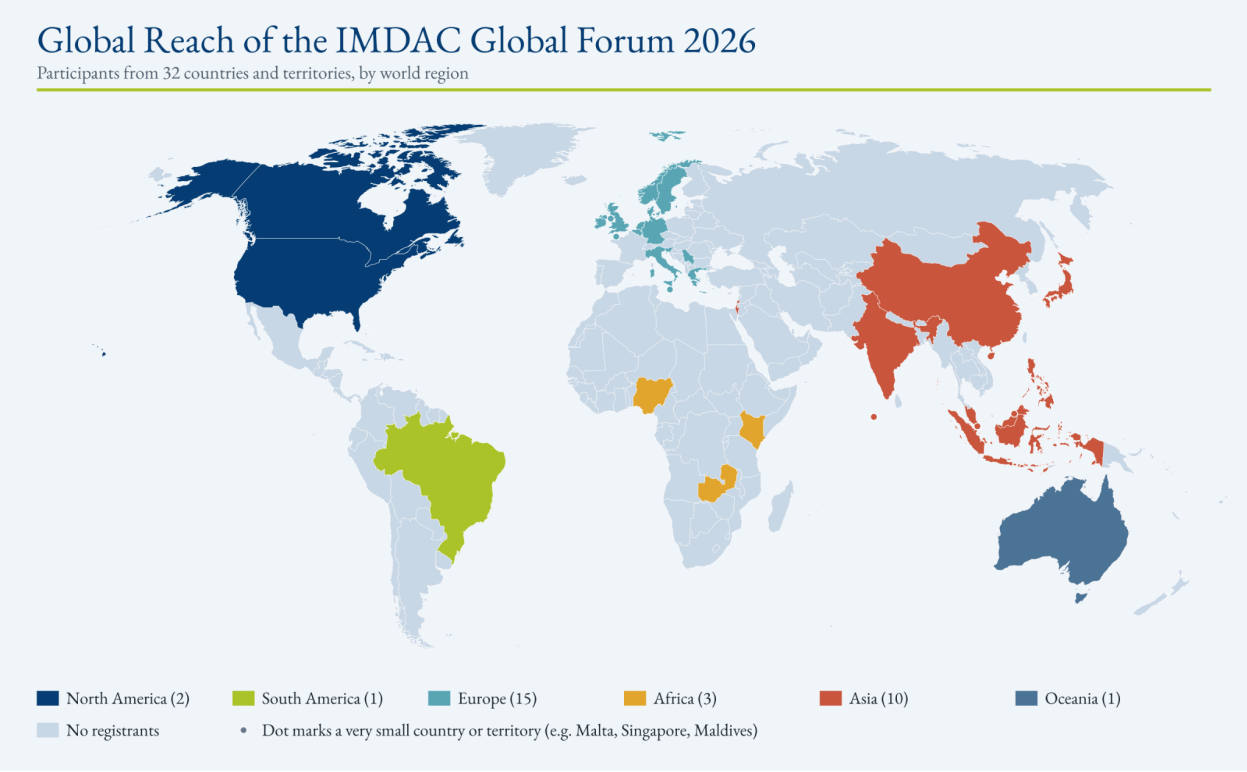
Forum Participants and Registrants Directory

While the forum registered 117 attendees, this directory lists the confirmed speakers, presenters, discussion moderators, and attendees, as well as other individuals who registered for the event.

Overview of Participants

This directory lists 210 people who took part in or registered for the forum.

Participants brought a wide mix of perspectives to the forum. Care providers and health professionals, including nurses, doctors, psychologists, therapists and dementia care staff, formed the largest group (95), followed by researchers and academics (76). Music therapists, musicians and music practitioners accounted for 37 participants, followed by policymakers, advocates and organisational leaders (24), and care partners and family caregivers (23). The directory also includes six students and two people living with dementia.



The directory below is arranged alphabetically by first name.

S.No.	Name	Country	Role, Organisation
1	Aakash Rathod	India	Student — Neelima College of Nursing
2	Aasma M N	India	Care provider
3	Afton Markay	Canada	
4	Aisha Jjagwe	United Kingdom	Care provider — South West London and St George's Mental Health NHS Trust
5	Alexis Baker	United States	CEO, Board-certified Music Therapist — Bridgetown Music Therapy
6	Aline Haas	Brazil	Researcher — Federal University of Rio Grande do Sul
7	Alison Newton	Canada	Care provider — Loch Lomond Villa
8	Amanda Hamer	United Kingdom	Care provider — Home Instead
9	Amulya Rajan	India	Care provider
10	Andrea Brelaz Pereira	Brazil	Researcher — Federal University of the Pernambuco - UFPE
11	Angela Chaudhuri	India	Systems Orchestrator — Swasti
12	Angela King	Canada	Care partner | Researcher | Certified PAC Dementia Educator & Certified Spiritual Care Practitioner (Chaplain)
13	Anna Simon	Brazil	Researcher
14	Anna Tjin	United Kingdom	Researcher
15	Anoop Sasti	India	Care provider
16	Anushka Nair	United Kingdom	Researcher — University of Nottingham
17	Anusuya Borkotoky	India	Care provider | Care partner — Alzheimer's and Related Disorders Society of India, Guwahati Chapter
18	Arti Malik	India	Researcher — Artreach India
19	Arvind Pawar	India	Researcher
20	Athirah Zawawi	Malaysia	Occupational Therapy Student — UiTM Puncak Alam
21	Bala A	India	Care partner, Alzheimer's and Related Disorders Society of India, Hyderabad Deccan
22	Basabdutta T	India	Care provider
23	Beatrice Njogu	Kenya	Policy maker — Carelink Home Nursing
24	Becky Vincer	United Kingdom	Care partner — Bright Shadow
25	Bernadette McGill	United States	Family member of a person who lived with dementia
26	Bethan Phillips	United Kingdom	Music Therapist/Neurologic Music Therapist — MelodiCare Cymru

S.No.	Name	Country	Role, Organisation
27	Bev Foster	Canada	Executive Director, MUSIC CARE by Room 217 — Room 217 Foundation
28	Beverley Conner	Canada	Care partner | Musician — Elderberry Jamboree
29	Bolanle Otegbayo	Nigeria	Researcher | Neuropsychologist/Music Therapist — University College Hospital, Ibadan
30	Brenda Richy	United States	Care provider — Artis Senior Living
31	Brian Kelly	United Kingdom	Musician working in care homes — Self employed
32	Bridget Hein	United States	Researcher | Undergraduate Researcher — University of South Florida
33	Catherine Correa Lopera	United States	Musician — GBHI
34	Chinthu Sachi	India	Music Therapy Student — Sunaad
35	Christina Birkby	United Kingdom	Music in Care Practitioner — Leicester Musical Memory Box
36	Cindy Neale	United Kingdom	Care provider | Researcher | Music Coordinator — Home Instead Warwick
37	Claire Speed	Canada	Board Member — Room 217 Foundation
38	Cleofe Toribio	Philippines	Music Therapist — ADAP Alziemer's Disease Association of the Philippines
39	Cynthia Friesen	Canada	Care partner | Music Care Practitioner and Choral Care Director — Room 217 Music Care Canada
40	Czarina Cruel	Philippines	Care partner — Alzheimer's Disease Association of the Philippines
41	Daiana Gofman	United States	Researcher | Conductor and Music Educator — Lyrica Classic
42	Dale Taylor	United States	Researcher | Policy maker — Wisconsin Board on Aging and Long Term Care
43	Dan Cohen	United States	Right to Music
44	David Clubb	United States	Care provider — Patience Home Care
45	David Villareal	United States	Therapeutic Musician — Acoustic Healing
46	Deb James	Canada	Care partner — Adult Cognitive Wellness Centre
47	Debbie Lawless	Canada	RN in Long-Term Care — Garden Home
48	Deborah Garrett	United States	Provider of activities and music for eldercare facilities — Flashback Music Memories
49	Deepthi Murthy	India	Researcher
50	Dina Hashish	Ireland	Care provider | Researcher | Policy maker — Golden Years Foundation
51	Dina Hashish	Ireland	Care provider | Researcher | Policy maker — GBHI

S.No.	Name	Country	Role, Organisation
52	Douglas Noble	United Kingdom	Provider of live music activities for people living with dementia and carers — Live Music Now
53	Elizabeth Terhune	United States	Care provider | Researcher — Umass Chan Medical School & VA Boston Healthcare System
54	Elizete Maciel	Brazil	Neuropsicóloga (Neuropsychologist) — Clínica Elizete Maciel
55	Emily Hitchens	United Kingdom	Senior Dementia Educator — NHS
56	Emmeline Edwards	United States	Researcher — Aspen Institute
57	Emuni Roiht	Not specified	Person living with dementia
58	Eric Kolb	United States	Care provider — Songs & Smiles
59	Eva Götell	Sweden	Researcher — None
60	Eva Persson	Sweden	Care provider | Educator for elderly/dementia care workers
61	Farah Irdina Fauzan	Malaysia	Occupational Therapy Student — KPJ Healthcare University
62	Felicity Baker	Australia	Researcher — University of Melbourne
63	Fiona Costa	United Kingdom	Researcher — University of Roehampton
64	Georgina Sangster	Australia	Exploring use of a music catalogue for dementia care — Jina Business Diviner
65	Giles Wilmore	United Kingdom	Care provider — Manchester Camerata
66	Gillian Wortley	Canada	CERTIFY Lead Facilitator (education, training and certification program) — Music Care by Room 217
67	Dr Gopal Nutakki	India	Care provider | Doctor — Nims
68	Hanna Sandman	Sweden	Musician — Ersta diakoni
69	Harald Waugh	Norway	Advisor, Culture, Volunteering and Activities in Elder Care — Muncipality of Bærum
70	Heather Daykin	Isle of Man	Music Therapist — Music Therapy Isle of Man
71	Hubiba Mir	India	Public Policy Specialist
72	Israel Castillo Hernández	Netherlands	Care provider — Musicaydemenciaenmexico/GBHI
73	Jane Murray	United Kingdom	Researcher — Northumbria University
74	Janette Schembri	Malta	Psychotherapist — Malta Dementia Society
75	Janž Morano	Slovenia	Care provider | Researcher — Spominčica - Alzheimer Slovenia
76	Jay McDaniel	United States	Care provider — Center for Process Studies
77	Jayashree Dasgupta	India	Researcher — SocioScript
78	Jennie Gubner	United States	Researcher — University of Arizona

S.No.	Name	Country	Role, Organisation
79	Jennifer Gruber	United States	Prospective Volunteer with older adults — Norfolk Safety Advocacy Group
80	Jennifer Paterson	Canada	Recreation and Inclusion Supervisor — Colchester Residential Services Society
81	Jo-Ann Mascarenhas	Canada	Policy maker — Responsive Health
82	Joanne Ryan	Australia	Researcher — Monash University
83	Jodie Bloska	United Kingdom	Researcher — Cambridge Institute for Music Therapy Research
84	Johanna Rex	Sweden	Member of a dementia care team — Laholms kommun
85	Judy Robbe	Brazil	Dementia Care Coach — Harmonia de Viver
86	Jules Adam	Canada	Music Therapist in healthcare — Vancouver Coastal Health
87	Justin Russo	United States	Music Engagement Trainer — Music & Memory
88	Justine Schneider	United Kingdom	Care provider | Researcher — Dementia Studio
89	Jyostna Gopalakrishnan	India	Care provider — The Dementia Care Foundation
90	K Vasanth Kumar	India	Care provider — Anurag university
91	Kachina Chawla	India	Care provider — Lighthouse Health Solutions
92	Kalyani Donepudi	India	Volunteer — Satoru foundation
93	Kamaljeet Kaur Changra	India	Care partner | Researcher | Develops products and puzzle games for people living with dementia — Lighthouse Health Solutions
94	Karuna Guttikonda	India	Care provider
95	Kelly Willenborg	United States	Healing Headsets
96	Kerstin Jaunich	Germany	Care partner | Researcher — Bundesinitiative Musik & Demenz (Federal Initiative Music & Dementia)
97	Kevin Coughlin	United States	Retired Policy Maker — Retired from Wisconsin Department of Health Services
98	Khushbu Yadav	India	Health Psychologist and Counsellor — Army College of Dental Sciences and Un/Do Mindset
99	Kim MacDonald	Canada	Care provider — RkMacDonald Nursing Home
100	Kristi Stedje	Norway	Researcher — Norwegian Academy of Music
101	Kyurim Kang	United States	Researcher — Johns Hopkins University School of Medicine
102	Lale Britt Schenk	Germany	Researcher | Musician
103	Laura Bailey	United Kingdom	Music Practitioner in dementia settings — Songs with Laura

S.No.	Name	Country	Role, Organisation
104	Laurel Young	Canada	Researcher — Concordia University and engAGE: Concordia's Centre for Research on Aging
105	Lauren Stockton	United Kingdom	Intergenerational Music Facilitator — Live The Beat
106	Lavanya Krishnakumar	India	Arts-Based Therapy Practitioner — Independent
107	Laxmi Geeta Reddy	Canada	Care provider | Family Caregiver
108	Leah Shinn	United Kingdom	Researcher — University of Liverpool
109	Leslie Cleary	Canada	Care provider | Care partner — Care Visits Ltd
110	Linda Lundberg	Sweden	Policy maker — The Swedish Dementia Association
111	Lisa Mill	Canada	Staff Member — MUSIC CARE by Room 217
112	Liv McLennan	United Kingdom	Researcher | Community Musician working with people living with dementia; PhD Researcher, GSMD (London) — Sounds Better CIC
113	Lizzie Hoskin	United Kingdom	Policy maker | Campaigns and care home music programmes — Music for Dementia
114	Luke Bugeja Lucas	Malta	Care provider — Malta Dementia Society
115	Mai Omar	Brunei	Dementia Care Skills Trainer — Dementia Brunei
116	Manasa Maitri K	India	Researcher | Psychologist — Satoru Foundation
117	Maragani Charan Teja	India	Care provider — Neelima College of Nursing
118	Margaret Grubb	Australia	Musical Director, Choir for People with Dementia — Melodies & Memories Choir
119	Margrethe Langer Bro	Denmark	Researcher — The Royal Academy of Music, Aarhus, Denmark
120	Maria Dimatati	Greece	Researcher — Greek Association of Alzheimer's Disease and Related Disorders (Alzheimer Hellas)
121	Mariyam Fiyaza	Maldives	Care provider | Researcher — Alzheimer's Society of Maldives
122	Mary Ann East	United States	Researcher — Encore Creativity for Older Adults
123	Mary Fridley	United States	Activist — Reimagininig Dementia: A Creative Coalition for Justice
124	Mateen Unnisa	India	Student — Neelima College of Nursing
125	Mathilde Schandorf Hald	Denmark	Musician, Christmas tour project at dementia homes — Studying at the academy of music Aarhus
126	Meenakshi Rane	India	Certified Music Therapist — Ayurnaad Music Lab
127	Meeta Grovor	India	
128	Mehar Shagufta	United Kingdom	Researcher — Playlist for Life
129	Meher Vani Chalamalasetti	India	Care provider | Researcher

S.No.	Name	Country	Role, Organisation
130	Melanie Newhouse	United States	Nurse and advocate providing dementia education and support — Dementia Pathfinders
131	Melissa Hope	Canada	Care provider | Music Therapist in dementia care
132	Michael Nicholls	Guernsey	Care partner — Alzheimer's Society
133	Milena Petrović	Serbia	Researcher — Faculty of Music University of Arts in Belgrade
134	Miraj Patel	United States	Care provider
135	Mohammed Shaibaaz Ali Khan	India	Care provider, Neelima College of Nursing
136	Monique Pockran	Australia	Dementia Doula — Dahlia Dementia Guidance and Support
137	Muktesh Sharma	India	Person living with dementia
138	Nancy Brookes	Canada	Care provider — unwaged
139	Nancy Brown	Israel	Researcher | Dementia Care Practitioner & Researcher — Validation Training Institute
140	Nick Cutts	United Kingdom	Care partner | Practitioner, Trainer and Advocate for music in health and social care — OPUS Music CIC
141	Nilanjana Maulik	India	Secretary General, ARDSI Calcutta — Alzheimer's And Related Disorders Society of India, Calcutta Chapter
142	Nobuko Takaishi	Japan	Care provider — Kohnan msdicalcenter dimancia care center
143	Norbert Groß	Germany	Member of an initiative for music therapy and arts programs for people with dementia in Germany — Bundesinitiative Musik & Demenz
144	Pam Buys	Canada	Care provider — Alzheimer Society Southwest Partner's
145	Paola da Silva	Brazil	Researcher | Music Therapist in dementia care — Instituto Não Me Esqueças
146	Pauline Schneider	Canada	Interprofessional Educator, Long-Term Care Sector — Ontario Centres for Learning, Research & Innovation in Long-Term Care
147	Peggy Peacock	Canada	Retired Adult Day Centre Program Coordinator — ESS-Etobicoke Senior Services
148	Phoebe Brush	United States	Care provider | Researcher — Dementia Alliance of North Carolina | My Music NC
149	Prakash Sastry	India	Prospective Volunteer — Self
150	Prarthana Devi	India	Researcher | Psychologist — Alzheimer's and related disorders society of India, Guwahati Chapter

S.No.	Name	Country	Role, Organisation
151	Preeti Kodancha	India	Care provider | Researcher — PhD Scholar (Clinical Psychology), Music Cognition Lab, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru
152	Purity Mwendwa	Ireland	Researcher — Global Brain Health Institute, Trinity College Dublin
153	Rabecca Mulwila	Zambia	Respite Centre — AKULU AKULU
154	Dr Rakesh Nair	India	Care provider — Apollo AyurVAID
155	Raquel Arigony	Brazil	Care provider, Researcher
156	Rebecca Atkinson	Canada	Care partner, Regional Coordinator and Support Counsellor, Alzheimer Society of MB
157	Rebecca Bowcott	United Kingdom	Denbighshire Voluntary Services, Dementia Aware Denbighshire Project
158	Rebecca Kennedy	United Kingdom	Head of Communities — Playlist for Life
159	Renu Vohra	India	Chairperson — ARDSI
160	Richard McNeely	United States	Advocate for neurological music techniques and interventions — Magic Jukebox Project
161	RKT Krishnan	India	Care provider — Self
162	Robbe Marra	United States	Care provider | Advocate for music access for people living alone and in care facilities
163	Roger Coble	United States	Care provider | Care partner | Researcher | Policy maker
164	Ruby Swift	United Kingdom	Researcher — Association for Dementia Studies, University of Worcester
165	Ruth Watkiss	Canada	Care provider | Researcher — Alzheimer Society Peel
166	Ruth Willott	United Kingdom	Care provider — Nottingham University Hospitals NHS Trust
167	Sabrina Quattrini	Italy	Researcher — IRCCS INRCA
168	Sainul Abid	India	Care provider, Psychologist in a dementia care facility
169	Salvatore Petrone	United Kingdom	Composer of music for dementia
170	Sandra Lush	Canada	Healthcare Manager — NL Health Services
171	Sara Busetto	Italy	Researcher
172	Sara Hosiassohn	Canada	Care provider | Care partner — Alzheimer Society Peel
173	Sara Santini	Italy	Researcher — IRCCS INRCA
174	Sarah Hoover	United States	Care partner | Researcher | Policy maker | Arts Educator and Service Provider — Peabody Institute of Johns Hopkins University
175	Sarah Matthews	United Kingdom	Healthcare Musician — Sarah Matthews

S.No.	Name	Country	Role, Organisation
176	Sarah McKiddy	United States	Researcher
177	Seema Nallani	India	Care provider
178	Seung Mee Baak	United States	Care provider | Music Therapy Undergraduate Student & Personal Care Aide | West Chester Music Therapy, Central Pennsylvania Nursing Care
179	Shannon Woolfrey	Canada	Care provider — Peaceful Harmonies
180	Sharon Poole	United Kingdom	Care provider | Care partner — Dementia Pathfinders
181	Sharon Scaniglia	United Kingdom	IMDAC Steering Group Member — IMDAC
182	Sharon Summerfield	Canada	Family member of a person living with dementia — The Nourished Executive
183	Shashi Jaiswal	India	Care provider — CARE
184	Shengyi Wang	China	Researcher
185	Sheryl Henderson	United States	Care provider | Care partner | Musician, Dementia Choir Director and Family Caregiver — Self Employed
186	Shilpa Sadanand	India	Researcher
187	Sonal Chitnis	India	Researcher | Policy maker | Neuro SLP, Certified NMT Clinician in Dementia Rehabilitation — UMN Foundation Sankalan Neurorehabilitation Centre & Taskforce member IFNR
188	Srijani Banerjee	India	Care provider — ARDSI Kolkata Chapter
189	Stefan Seghers	Belgium	Researcher | Tech Development (AI) — Life with Alma
190	Subhasini Ramasamy	Malaysia	Care provider — University Malaya
191	Sudharamani Keerthy	India	Care provider | Researcher — Personal
192	Sudhir Kumar	India	Researcher
193	Sue Street	Canada	Care provider | Researcher — OT Private Practice
194	Sunni Rochelle	Canada	Care provider — PAC/Emily's House Children's Hospice
195	Susan Olmstead	Canada	Researcher — Independent
196	Suvarna Jyothi Kantipudi	India	Researcher — SRIHER
197	Suzi Garrod	United Kingdom	Care provider | Care partner | Researcher — Next Steps Together
198	Swetha G	India	Care provider | Researcher
199	Tania Setiadi	Indonesia	Care provider | Researcher — Stichting Alzheimer Indonesia Nederland/ Alzheimer's Indonesia/ Hovi Care
200	Terri Segal	Canada	Care provider — Rhythmic by Nature
201	Tetiana Volikova	United Kingdom	Care provider — Daybreakers Ltd

S.No.	Name	Country	Role, Organisation
202	Vaishnavi AR	India	Counselling Psychologist
203	Vanessa Saunders	United States	Care provider — CID Battle LLC DBA MiM (Memory in Motion)
204	Vicky Guise	United Kingdom	Care provider | Researcher — NHS
205	Vilassiny Gunaselvan	Malaysia	Researcher — University Malaya
206	Vivek Sharma	India	Care provider | Researcher — Heartfulness
207	Wisdom Sabrina Low	Malaysia	Care provider — Malaysia Health Aging Society
208	Y. Muralidhar Reddy	India	Researcher — Renova Century Hospital, Road No. 12, Banjara Hills
209	Yulia Petrachuk	United States	Researcher | Contemporary Classical Music Producer — Lyrica Classic Entertainment Inc
210	Yun Jing Koh	Singapore	Esplanade - Theatres on the Bay, Singapore

Please note: Generative AI tools: Claude Sonnet 5.5 (Anthropic, October 2026) and ChatGPT (OpenAI) were used to assist with drafting and editing this report. All content was reviewed and approved by the IMDAC team, who remain responsible for the final text.

Additional Resources

- International Music and Dementia Advocacy Coalition (IMDAC) website: imdac2030.org
- IMDAC Resources page, listing music and dementia programs, studies and organisations from around the world: imdac2030.org/resources

Theme 1 — Research

- MATCH platform: Music Attuned Care Technology via eHealth — MATCH Training, MATCH App, Agitation Detection, and Music Recommender modules, presented by Felicity Baker (see MATCHplus.ai).
- MTE study team: Qiuling An, Qiuxia Zhang, Lihua Fu, Zhan Yu, Jinhui Zhou, Xinyu Zhang & Fei Sun, "Addressing Depression in Older Chinese Residents with Cognitive Impairment in Care Facilities: The Effects of an Innovative Music-Based Intervention."

Theme 2 — Advocacy

Deloitte economic impact study:

- "Alzheimer's Disease & Music Engagement: Quality of Life Economic Impact Analysis," prepared for the NeuroArts Blueprint Initiative with support from AARP and the A. Barry Rand Fund of the AARP Foundation — full report (PDF).
- Cited research: Batt-Rawden, K.B. & Stedje, K. (2020). Singing as a health-promoting activity in elderly care: a qualitative, longitudinal study in Norway. Journal of Research in Nursing, 25(5), 404–418.
- Also cited: McDermott, O. et al. (2018), Indirect Music Therapy Practice and Skill-Sharing in Dementia Care; Kitwood, T. (1997), Dementia Reconsidered; Ridder, H.M.O. et al. (2013), Individual music therapy for agitation in dementia.

Norwegian program resources:

- sangieldreomsorgen.no (Sang i eldreomsorgen digital resource portal); Kvalitetsforskriften § 3; Verdighetsgarantien §§ 1–2; Forskrift om legemiddelhåndtering § 7; NOU 2025:7 Musikklandet.
- Batt-Rawden KB, Stedje K. Singing as a health-promoting activity in elderly care: a qualitative, longitudinal study in Norway. Journal of Research in Nursing. 2020;25(5):404-418. doi:10.1177/1744987120917430

Theme 3 — Promising Practices

SOUND:

- Santini, S. et al. (2026, in press). Music activities that most elicit interest and pleasure in older people with mild to moderate dementia: a qualitative multiple-case study in Italy. Frontiers in Aging Neuroscience.
- Santini, S. et al. (2025). Effects of a person-centered music-based intervention in the rehabilitation of older adults with mild to moderate dementia. Journal of Alzheimer's Disease Reports, 9.
- Santini, S. et al. (2024). A quasi-experimental mixed-method pilot study to check the efficacy of the "SOUND" intervention: a research protocol. Frontiers in Psychology, 15:1327272.
- Quattrini, S. et al. (2024). The design and implementation of a novel music-based curriculum for dementia care professionals: The experience of SOUND in Italy, Portugal and Romania. BMC Medical Education, 24(1):668.
- https://soundeuproject.eu/course/
- https://soundeuproject.eu/video-lessons/
- https://soundeuproject.eu/downloads/
- https://soundeuproject.eu/results/

MusicalMente / INME:

- Instituto Não Me Esqueças, Londrina, Brazil — naomeesquecas.org.br/musicalmente. National dementia statistics from ReNaDe (National Dementia Report on Brazil, Ministry of Health, 2024).