

# Poverty Reduction for All Ontarians: Focus on Dementia and Seniors Issues



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**Alzheimer Society**  
ONTARIO

Submitted by

Alzheimer Society of Ontario

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## **Dementia in Ontario**

Dementia is a syndrome consisting of a number of symptoms that include loss of memory, judgment and reasoning and changes in mood, behaviour and communication abilities.

Alzheimer's disease, the most common form of dementia, is a progressive, degenerative disease of the brain, which causes thinking and memory to become seriously impaired.

Related dementias include Vascular Dementia, Frontotemporal Dementia, Lewy body Dementia and Creutzfeldt-Jakob Disease.

Currently, more than 180,000 people in Ontario have Alzheimer's disease or a related dementia (ADRD) – And in less than 25 years, the number of Ontarians living with dementia will have more than doubled.

Most Ontarians with dementia today are cared for outside of institutions, in their homes with their families

Most family caregivers are the spouses or daughters of those with dementia. In turn, they struggle with emotional stress, physical strain and exhaustion, depression, other illnesses, and financial burdens.

Over 60 % of those living in Ontario's long term care homes have Alzheimer's disease or another dementia

As dementia is highly associated with age, the prevalence of dementia will increase dramatically as baby boomers (individuals born between 1946 and 1965) enter their high risk ages.

Dementia is the leading cause of disability in Ontarians over 60, causing more years lived with disability than stroke, cardiovascular disease and all forms of cancer

Ontarians with dementia eventually become dependent on others for every aspect of their care.

Today, there is no cure.

**What the demographics tell us?**

The increase in the number of people with dementia will result in:

- Increased need for early intervention strategies to link people with Alzheimer's disease and related dementia and their caregivers to supports earlier in the disease process and maintain those supports
- Increased demand for community-based counseling and supports for people affected by ADRD
- Increased education for caregivers in understanding the disease, challenging behaviours associated with the disease progression, coping strategies along the disease progression,
- Increased demand for respite, in home and in the community through such things as day programs, and short stay respite in facilities
- Increased demand for dementia-specific training for front line care providers in the community, hospitals and long-term care homes
- Increased range of options for care – in home, assisted living through such things as supportive housing, and long-term care, and
- Increased need for investment in research to delay and ultimately prevent the onset of dementia, treat and slow the progression for those already with the disease and continued improvements to care.

## About Alzheimer Society

The Alzheimer Society of Ontario, founded in 1983, supports a provincial network of 39 chapters to:

- Improve service and care,
- Fund and advance research,
- Educate the communities it serves,
- Create awareness and mobilize support for the disease.

The Society's vision is a world without Alzheimer's disease and related disorders. ASO and member Chapters are in turn affiliated with Alzheimer Society of Canada and through ASC with Alzheimer Disease International.

Working as a federation, ASO and the 39 Chapters, have a joint strategic plan identifying priorities in the areas of service, public awareness, public affairs and research, with enabling directions focusing on fund development and organizational effectiveness and capacity.

Chapters provide a range of services designed to help meet the needs of people with Alzheimer's disease and related dementia and their care providers. These include one-to-one and group supports and counselling for people with dementia, and their caregivers, information, public awareness and dementia specific education for front-line health service providers. A number of Alzheimer Chapters run other services such as dementia day programs and respite.

In addition to working together to help meet the needs of people affected by dementia, Alzheimer Society of Ontario and Alzheimer Chapters work in partnership and collaboration with a variety of groups, including health service providers, primary care practitioners, and clients. We have a long history of working together to improve access to services for clients, promote best practices in dementia care and raise the profile of dementia-related issues.

**Input on Bill 152**

ASO appreciates the opportunity to provide input on Bill 152, Poverty Reduction Act, 2009. Our comments deal specifically with two areas we ask be addressed: people living with dementia and their families living or at risk of living in poverty and unattached seniors.

**People living with dementia and their families are at risk of living in poverty**

Many of people living with dementia prefer to remain at home with support rather than be in a hospital or long-term care home. Over half the people diagnosed with dementia live at home in their community.

For people with dementia, living at home means being cared for by caregiver. This caregiver is usually a family member — typically a spouse or adult child — and usually female. Caregivers face many challenges in this role and are at risk of social isolation, stress, depression and mortality.

In a study of family caregiver needs, it was found that financial issues are a major concern. The following are two major reasons for this issue:

- Caregivers who are in the workforce and choose to care for their relative give up salary, career and pension prospects for many years or retire early.
- Additional expenses related to providing care for a person with dementia include, fees for home care services, transportation costs for medical appointments, drug dispensing fees, technical aids and equipment, and home modification.

**Recommendation for financial support to caregivers:**

- Improvements to income tax credits for caregivers
- Inclusion of self-directed care in the range of options for accessing supports
- Work with the Federal Government to extend compassionate care provisions of the Employment Insurance Act and the “drop-out” provisions of the Canada Pension Plan to cover time off from the workforce due to caregiving responsibilities for people with moderate to late stage dementia.

**Unattached Seniors are at risk of living in poverty**

Although great advancements in financial security for seniors have been made over the past 20 years, not all seniors are safe from living in poverty.

In 2006, 15.5 percent of unattached seniors were living below the Statistics Canada Low Income Cut Off, a rate 11 times higher than that of senior couples (1.4 percent). Furthermore, unattached senior women are at greater risk of experiencing low income. The low-income rate for unattached senior women is reported as 16.1 percent, compared to unattached senior men at 14.0 percent.

**Recommendation for support to unattached seniors:**

- Unattached seniors should be recognized in Bill 152 under section (2)3 “Recognition of diversity”, as unattached seniors are at a heightened risk of poverty.
- Regular review of the poverty reduction strategy and the poverty reduction target should be amended from at least every five years to at least every two years. A more frequent review is appropriate to ensure the unique needs of seniors and those living with a progressive condition such as dementia are addressed.

## **Conclusion**

The Alzheimer Society of Ontario (ASO) commends the Ontario Government for making poverty reduction a priority in Ontario through the launch of the Poverty Reduction Strategy and Bill 152.

The progress towards eradicating intergenerational poverty by focusing on opportunities for children within the educational system is undoubtedly important and fundamental to reducing poverty.

However, seniors, especially unattached seniors, and low income people living with dementia deserve a poverty reduction strategy that considers their unique needs and circumstances.

It is our hope that this Government's commitment to growing stronger together is inclusive of all Ontarians.

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