Focus ON dementia

Our society now confronts a growing phenomenon – that of a burgeoning aging population of individuals living with frailty and/or multiple co-morbidities, all of which may be confounded by the challenges of dementia.

Dr. David Walker, Provincial ALC Lead, 2011

Planning for dementia isn’t just good social policy. It makes economic sense.

For the first time in Ontario’s history, older people will outnumber younger people. The changing numbers will affect how health care is used in ways we have never seen before. And the increasing prevalence of dementia will influence every aspect of that system.

We need careful focus on the impact of these changing demographics on health-care resources. Most older people age well, but those aging with dementia require special concentration.

The Alzheimer Society of Ontario recommends five specific and concrete actions that build on government solutions already embedded into Ontario's Action Plan for Health Care and the 2012 Budget. Compassionate care combined with a clear direction equals health-care value that is patient-focused and cost-effective.

Dementia is a core issue impacting Ontario’s health and social system

“I have Alzheimer’s but it doesn’t have me”
– Jim Finkbeiner

“I faced it. I have Alzheimer’s disease”
– Elizabeth Allen
For each person with dementia, an estimated one to three people—most often spouses or adult children and in-laws—are providing care. Ontarians caring for people with dementia will devote an estimated 100 million unpaid caregiving hours in 2012. This number will grow to more than 140 million hours by 2020. As the disease progresses, the demands on caregivers increase significantly.

However, high-needs seniors receive only a few more hours of home care per week than those with moderate needs. In some cases, they actually receive fewer care hours.

Evidence shows that people caring for someone with dementia:

- Provide 75% more care than other caregivers
- Experience higher levels of stress
- Report feelings of distress, anger or depression, or inability to continue care.

“I was too young to understand that my grandfather didn’t know who I was”

— Sarah Condie
**Solution: Invest in self-directed care**

The Seniors Strategy in Ontario’s Action Plan for Health Care commits to three million more Personal Support Worker hours for people with dementia.

We propose that the funding for these additional hours be given directly to families and individuals.

**Solution: Improve access to primary care, diagnosis of cognitive impairment and support of the First Link® program across Ontario**

The Commission on the Reform of Ontario’s Public Services (Drummond report) recommends that primary care be a focal point in a new, integrated health model.

Education and support for primary care professionals will increase the number of people who receive early and proper diagnosis, access to improved care and treatment and community supports for better aging at home.

We propose investing in First Link across Ontario. First Link is an Alzheimer Society program that helps physicians connect people with dementia and their families to supports and services in their own communities.

**Solution: Improve training for the dementia workforce**

More than 100,000 health-care providers work with people with dementia, but few are specifically trained. We propose specialized training for the dementia workforce to ensure improvements in the skills needed.

**Solution: Focus Care Co-ordinators on high-risk seniors with dementia**

The Seniors Strategy in Ontario’s Action Plan for Health Care commits to investing in Care Co-ordinators who will work closely with health-care providers to ensure the right care is in place for seniors recovering after hospital stays to reduce costly readmissions.

We propose that Care Coordinators focus on seniors with dementia, who are at highest risk of hospitalization for preventable reasons, or unnecessary extended hospital stays.

**Solution: Promote brain health across the lifespan, including self-management for people with dementia**

The Commission on the Reform of Ontario’s Public Services (Drummond report) recommends focusing on outreach to patients who need preventative care, particularly chronic disease and medication management. We propose that this outreach focus on people with dementia.
What is dementia?
Dementia refers to a group of brain disorders that causes a loss of brain function. Symptoms include loss of memory, mood and behavioural changes, confusion and impaired judgment. Alzheimer’s disease is the most common form of dementia, accounting for two thirds of dementia cases in Canada today. Most forms of dementia cannot be cured.

About the Alzheimer Society of Ontario
The Alzheimer Society of Ontario (ASO) is the province’s leading care and research charity focused on dementia of all types.

With a network of 38 Societies across Ontario, we offer Help for Today through our programs and services for people living with dementia and Hope for Tomorrow...® by funding research to find the cause and the cure.

For more information visit www.alzheimer.ca/on

Sources:
D. Walker, Caring for Our Aging Population and Addressing Alternate Level of Care, Report submitted to the Minister of Health and Long-Term Care, 2011
Gill et al., 2011, Community Dwelling Adults with Dementia, Institute for Clinical Evaluative Sciences
Canadian Institute for Health Information, Health Care in Canada, 2011: A Focus on Seniors and Aging
Health Council of Canada, Seniors in need, caregivers in distress: What are the home care priorities for seniors in Canada?, April 2012
Sinclair et al., 2010, Turning a private trouble into a public issue, Alzheimer Society of Ontario report