

**Pre-Budget Submission to the
Minister of Finance**

Submitted

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Minister, we know the number of Ontarians with dementia is increasing at an alarming rate. And we know that without a well-balanced evidence-based response, this population change could devastate our health system. We can already see signs of this happening.

Research in Ontario shows that seniors with dementia are intensive users of health-care resources (Caffery & Molnar, 2012). People with dementia are:

- Twice as likely to be hospitalized compared to seniors without the disease
- Twice as likely to visit emergency departments for potentially preventable conditions
- More than twice as likely to have alternate level of care days when hospitalized
- Nearly three times more likely to experience fall-related emergency room visits

This government continues to show commitment to improving the lives of people living with dementia. The recent mandate to Parliamentary Assistant to Health and Long-Term Care to develop a comprehensive Alzheimer's and dementia strategy for Ontario is what people affected by dementia have been waiting for. We are working with her and her team to take the time and do this right by engaging with people living with dementia and caregivers directly to inform this strategy. We know this will not be an easy or quick fix, and we are committed to taking the time to mobilize communities in order to develop this comprehensive strategy.

There are two areas where we can move forward to improve care today while an Ontario Alzheimer's and dementia strategy is developed.

1. Support unpaid caregivers by moving forward on commitments made in the 2014 budget to study and implement self/family-directed respite care;
2. Support paid caregivers by providing for more staff in long term care and home & community care with specific skills to support persons with dementia – Use Behavioural Supports Ontario as the model.

Most people wish to remain at home as long as possible. Staying home also decreases health care costs. We acknowledge increased funding to home and community care in an effort to make this happen, with an increase in home and community care funding by 5% annually over 3 years. Despite the increased investment in services, services available for people with dementia remain uneven across the province. The majority of LHINs do not recognize dementia as a priority health condition, even with the increasing numbers of people affected.

There needs to be respite services that an unpaid caregiver can control over and above what is provided through the CCACs. This is especially true for caregivers who are still members of the workforce and juggling employment with familial caregiving responsibilities. Across Canada, 2.3 million Canadian caregivers of employment age (45-64 years), are in the labour force and most are employed full time. Estimated annual income loss associated with eldercare-related employment disruptions is \$336.8 million. Collectively, caregivers aged 45 and older in Canada provide an estimated 2.2 billion hours of care annually or the equivalent to 1.17 million full-

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time employees (Fast et. al., 2013). Ontario's health system is resting precariously on the backs of unpaid caregivers. Without support, increasing numbers will turn to long-term care for help.

Accessing care in the community from staff who are trained to provide dementia care is a challenge. Staff can refuse to work with clients who have behaviours that challenge the worker's existing skill set. Caregivers are being left to cope on their own as workers without training are refusing to provide service in their homes. When residents enter long-term care now, they have more complex needs than ever before. The added demands on staff require more people to share the load, and a more specialized skill set. Seventy percent of residents have dementia, with 45% showing significant behaviour symptoms (CIHI, 2011/2012). The use of anti-psychotic medication to control resident behaviour continues to increase at alarming rates, with 32% taking them who don't have psychosis. This medication is not indicated for the elderly and increases the risk of death significantly.

We know what needs to be done, and we have started to do it. Behavioural Supports Ontario (BSO) is an innovative approach to addressing the issues of ALC days, wait times and effectively reducing behaviours in residents, but it was not implemented in all homes and communities. The Alzheimer Society recommends that BSO is used as a model to continue the good work happening in hiring new staff and training all staff in effective alternatives to physical and chemical restraint methods.

To summarize, the Alzheimer Societies across Ontario are calling on the Ontario Government to show commitment to addressing these challenges in the 2015 Budget:

1. Recognize the value of unpaid caregivers and provide them with more flexible support through self/family-directed respite models of care.
2. Provide for more staff in long term care and home & community care with specific skills to support persons with dementia – Use Behavioural Supports Ontario as the model

Thank you for your consideration. If you have any questions please contact Delia Sinclair, Public Policy and Stakeholder Relations Coordinator at 416-847-8927 or dsinclair@alzheimeront.org