

**Ministry of Health  
and Long-Term Care**

Capacity Planning and Priorities  
Branch

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**Ministère de la Santé  
et des Soins de longue durée**

Direction de la planification de la  
capacité et des priorités

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November 24, 2015

Dear Neville Chenoy:

The Ministry of Health and Long-Term Care has begun work to develop a provincial strategy for dementia care in Ontario. This strategy will consider research, education, diagnosis, coordinated care, care partner supports and system capacity to ensure the province is providing quality care to people living with dementia and those involved with providing care.

As the Ministry of Health and Long-Term Care moves forward with developing Ontario's Dementia Strategy, we are looking to engage leading thinkers, clinical specialists, advocates, people living with dementia and care partners.

With this in mind, I am writing to invite you to participate on a working group to provide advice that will help to inform the development of the strategy. The working groups are structured to follow a person's journey from the early to advanced stages of dementia, along with groups that will address education and prevention (Healthy Brain Working Group), and research and innovation.

In particular, we are hoping you are able to participate on the Healthy Brain Working Group. All meetings will take place in Toronto with a teleconference option. This group is scheduled to meet on the following dates:

1. Tuesday, December 1, 2015 from 1:00 to 4:00
2. Tuesday, January 5, 2016 from 1:00 to 4:00
3. Tuesday, February 2, 2016 from 1:00 to 4:00

In addition to these meetings, we anticipate that there will be some communication by e-mail in order to make the best possible use of the scheduled working group time.

We ask that you kindly indicate your interest in participating in this working group by Wednesday, November 25. Please provide your response to Devin Glowinski at [devin.glowinski@ontario.ca](mailto:devin.glowinski@ontario.ca) or 416-212-8165. If you are interested in participating, please provide a short (two or three sentence) description of the perspective that you bring to this group.

I have attached the terms of reference for the Healthy Brain Working Group, for your information. If you have any questions, please feel free to contact me at 416-327-7615.

Thank you for your consideration.

Yours truly,

A handwritten signature in black ink, appearing to read "Michael Robertson", written over a light grey rectangular background.

Michael Robertson  
A/Director

Attachment: Healthy Brain Working Group Terms of Reference

**Mandate**

The principle mandate of the Healthy Brain Working Group is to provide advice to ministry staff to aid in the development, communication and implementation of a comprehensive Dementia Strategy (being led by Parliamentary Assistant Indira Naidoo-Harris) for the Province of Ontario. The Healthy Brain Working Group will focus on issues related to the preservation of a healthy brain.

**Background/Context**

The development of a Dementia Strategy is a key deliverable of the Ministry of Health and Long-Term Care's (MOHLTCs) *Patients First: Action Plan for Health Care*.

While the province continues to make investments to support people with dementia and their care partners, initiatives are fragmented and based on current needs/demands. A comprehensive and forward looking strategy, rooted in strong long-term planning, is needed to ensure that we are able to meet the current and future needs of Ontarians.

Based on stakeholder engagement to date, a preliminary overview of the vision and guiding principles for Ontario's Dementia Strategy is outlined in the [Appendix](#).

**Objectives**

The MOHLTC sees the on-going guidance from the Healthy Brain Working Group on priorities and process as crucial to the development of a successful Dementia Strategy for Ontario.

The goal of this Working Group is to examine the perceived gaps, challenges, and opportunities related to maintaining a healthy brain for people at risk of developing dementia. In particular, members of this Working Group will explore various issues in an attempt to delineate some of the underlying mechanisms that may contribute to these challenges and opportunities.

To this end, the Working Group will work collaboratively to:

- Identify opportunities and best practices for reducing dementia risk factors;
- Explore unmet needs and service delivery/infrastructure gaps for supporting brain health among people at risk of developing dementia; and
- Explore issues surrounding stigma and public awareness regarding dementia.

**Roles and Responsibilities****Dementia Strategy Advisory Group**

The Objectives of the Healthy Brain Working Group will be informed by the Advisory Group.

### **Healthy Brain Working Group Chair**

The Healthy Brain Working Group will be chaired by and be accountable to Michael Robertson, Director of the Capacity Planning and Priorities Branch (Ministry of Health and Long-Term Care), or delegate. The chair will support the Healthy Brain Working Group by facilitating Working Group meeting discussions.

### **Healthy Brain Working Group Members**

Members of the Healthy Brain Working Group will provide advice to MOHLTC staff by:

- Providing subject matter expertise and participating in discussions to help inform an Ontario Dementia Strategy and its implementation;
- Reviewing information on gaps/needs of people at risk of developing dementia; and
- Identifying priority areas for strategy development.

### **Healthy Brain Working Group Ex-Officio Members**

Ex-officio members will support Healthy Brain Working Group Members by providing informational resources during meeting discussions.

### **Capacity Planning and Priorities Branch (MOHLTC)**

Capacity Planning and Priorities Branch staff will support the Healthy Brain Working Group by:

- Providing coordination, guidance and appropriate inputs to the Healthy Brain Working Group; and
- Reviewing feedback and analyzing information discussed during Working Group meetings.

### **Timelines and Dissolution of the Group**

The term of the Working Group will be aligned with the Strategy development process – providing advice to the ministry to initiate, develop and deliver the Strategy.

Working Group meetings will be initiated in Fall 2015 and will be held in person with a pre-arranged teleconference option available. Three meetings are scheduled between December 2015 and March 2016. Additional meetings or opportunities for feedback may be discussed, as required by the Chair, in consultation with Working Group members.

The Working Group shall dissolve at the discretion of the Chair.

### **Confidentiality and Conflict of Interest**

#### **Confidentiality**

Working Group members may have access to confidential information presented to them in the performance of their duties on the Group. Both during and after the term of a members' participation in the Group, members are required to hold in confidence and

treat as confidential all information provided or discussed as part of the Strategy development process. All Working Group members will be asked to sign a confidentiality agreement prior to the first meeting.

**Conflict of Interest**

A conflict of interest arises when a member's private or personal interests may take precedence over or compete with his or her responsibilities as a member of the working group. A conflict of interest may be actual, perceived or potential and may occur before, during and after membership on a working group.

A member of the working group must disclose to the Chair in writing any situation that may be reasonably interpreted as being an actual, perceived or potential conflict of interest.

**Group Membership**

The Healthy Brain Working Group will consist of approximately 20 individuals. Members of the Working Group will have a diverse set of professional and personal experiences. Members may include people living with dementia, care partners of people living with dementia, care providers from various professions (e.g., medicine, nursing, allied health) and sectors (e.g., home and community care, primary care, acute care, tertiary care, long-term care) as well as researchers.

**Amending the Terms of Reference**

Potential amendments to the Terms of Reference will be discussed with the Working Group and ultimately approved by the Chair.

## **Appendix – Preliminary vision and guiding principles for Ontario’s Dementia Strategy**

### **Vision**

- All Ontarians with dementia and their families/care partners:
  - Are treated with respect.
  - Have access to information that allows them to make evidence-based choices regarding their health and well-being.
  - Live well with dementia of all causes, assisted by appropriate services and supports where and when needed.

### **Guiding Principles**

- Person-centred models of care which respect the preferences and rights of individuals with dementia, and inclusion of individuals with dementia and their care partners in the strategy development process.
- Education and awareness to reduce the stigma associated with dementia and inform individuals with dementia, care partners and providers on prevention and treatment options and innovations.
- Accessibility and equity of culturally sensitive care across a system that is responsive to both current and emerging needs.
- Comprehensive and coordinated care and supports for individuals with dementia and their care partners facilitated by increased integration and collaboration across the full spectrum of government, services, and sectors.
- Appropriate system capacity across the full continuum of care achieved through evidence-based long-term planning, policy, infrastructure and investment decision-making.
- Accountability and sustainability through ongoing evaluation to ensure outcome achievement and quality.