

1.4 MILLION PEOPLE

As The Canadian population ages, we are seeing a growth in the country's dementia problem.

In 2011, 747,000 Canadians were living with Alzheimer's disease and other dementias - that's 14.9 per cent of Canadians 65 and older.

Here are some stats that show how the dementia burden on Canadian society will begin to accelerate:

+ By 2031: If nothing changes, 1.4 million people will have dementia in Canada - a 47 per cent increase from 2011 levels.

+ Today, the combined direct (medical) and indirect (lost earnings) costs of dementia total \$33 billion per year.

+ By 2040: That's expected to climb to \$293 billion a year, if Canada maintains its current path.

+ In 2011, family caregivers spent in excess of 444 million unpaid hours looking after someone with cognitive impairment, including dementia.

+ This figure represents \$11 billion in lost income and 227,760 full-time equivalent employees in the workforce.

+ By 2040: Family caregivers could spend 1.2 billion unpaid hours per year.

Source:

Alzheimer Society of Canada;
www.alzheimer.ca

ADVICE



'All About Me' is a booklet for people with dementia, to help them create a personal record of their background and what is important to them. An editable PDF version of 'All About Me' is available for download at www.alzheimer.ca

Working to defuse the dementia time bomb

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million over five years to Toronto's Baycrest Health Sciences to support the establishment of the Canadian

Since 2006, the government has invested more than \$860 million in support of neuroscience research, allotting \$182 million for the prevention, diagnosis and care of dementia.

However, Lowi-Young said more needs to be done.

A national strategy would ensure someone living in Northern Ontario would receive the same kind of service as someone in Vancouver, B.C.

She said objectives of the national strategy should include more investment and focus in research, better integration, co-ordination and accessibility of primary, community and home-care across the country, improved training of health-care workers and better supports for family caregivers.

The ASC has requested a total of \$150 million over five years to create and fund the Canadian Alzheimer's Disease and Dementia Partnership, which would bring together researchers, Alzheimer societies and federal and provincial governments to develop and implement a Canada-wide plan.

"We need to take these objectives and make them real," Lowi-Young said. "We need to prepare now. We can't wait for the future."

ONTARIO IS A LARGE PIECE of this national puzzle. In five years, the province expects to see a 22.5 per cent jump in demen-

tia cases, bringing the total number of provincial cases to 255,000, according to the Alzheimer Society of Ontario.

Efforts are underway that may help diffuse the province's dementia time bomb.

In November 2014, Premier Kathleen Wynne and Health Minister Eric Hoskins mandated Indira Naidoo-Harris, the Halton MPP and parliamentary assistant to the Minister of Health and Long Term Care, to develop a comprehensive Ontario dementia strategy.

"It's critical we start planning for our future today. It's going to involve research, supports for caregivers and care partners, but it's also going to involve educating people," Naidoo-Harris said in an interview.

Her mandate includes championing more

research and innovation to better understand the disease, supporting the implementation of 25 new memory clinics across Ontario (designed for early dementia detection and prevention), and working across levels of government and agencies to identify ways to expand supports to family caregivers.

The politician watched her father-in-law battle Alzheimer's and calls it an "extremely painful and emotionally draining" experience.

"It was very hard for our family to sit by and watch one of the smartest men that we knew slowly lose the ability to speak and express himself," she said.

An advisory board of more than 30 experts has been formed to bring together key stakeholders from Alzheimer societies,

the Ontario Long Term Care Association, the Centre for Addiction and Mental Health a n d

community care access centres, among others.

David Harvey, chief of public policy and programs initiative for the Alzheimer Society of Ontario, is part of that board and said it is critical to have people at the table who are experiencing dementia first-hand.

"Our focus has been developing a strategy that enables persons living with dementia to have a voice in articulating what their needs are and what the solutions might be moving forward," he said.

The Ontario Dementia Advisory Group (ODAG) consists of people living with dementia whose motto is "nothing about us without us."

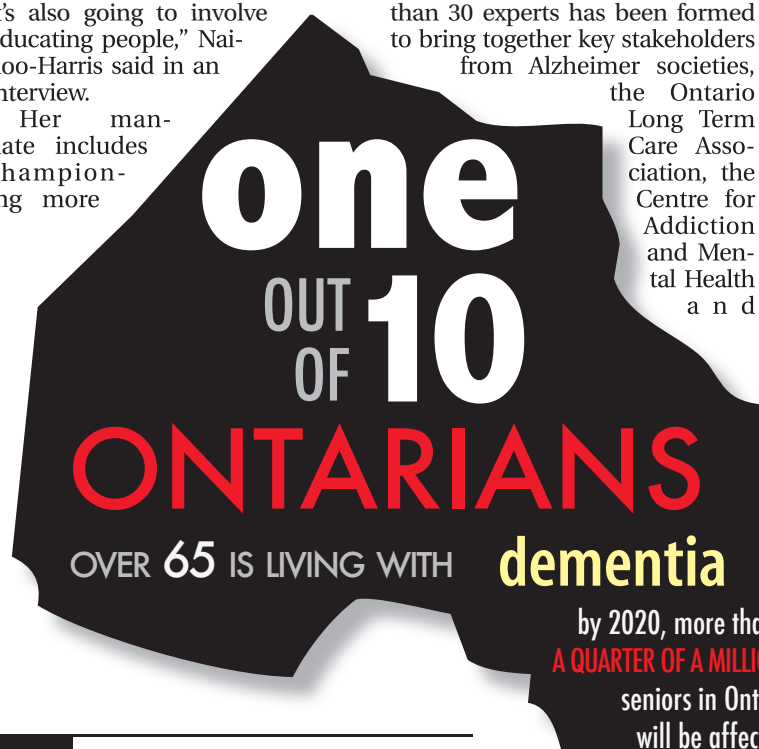
They have been working with Naidoo-Harris on the Ontario strategy and will help government create policies and procedures through first-hand perspectives.

ODAG member Bea Kraayenhof is a retired nurse who has been living with Alzheimer's disease for 15 years.

She said dementia should not be politicized and that Ontario needs to prepare for the "tsunami" by implementing a set of rules for long-term care homes and health-care agencies to follow.

"The people in government now making the policies will be the ones living those policies," she said. "If they're lucky enough to live long, it's probably going to happen to them."

An initial meeting was held in July to collect opinions and jumping off points on how to best go about building a person-centered model of care.



VOICES

Families need more support to keep loved ones with dementia at home

Beverly Verwey believes home is where the heart should stay.

In 2007, she gave her mother, Betty, the option to move into a retirement home or to live with her in her Newmarket home. Betty chose the latter.

Verwey watched her mother's early signs of dementia progress to the point where Betty no longer recognized her daughter.

Betty became blind and was later diagnosed with breast cancer.

In 2012, Verwey retired early from her job with the Canadian Red Cross to stay home and take care of Betty. The local Community Care Access Centre (CCAC) provided 12 hours per week of personal support worker (PSW) help.

She had a front row seat to gaps in the home care system, and noticed inconsistencies in PSWs' implementation of her mother's daily exercise routine, a critical component to her physical and mental health.

"The family caregivers need some sort of respite," she said. "They have to trust that the support worker they're leaving their loved one with is going to do the right thing."

She believes students in college PSW programs need more time in the classroom and doing clinical work.

"The PSWs take a four-month course, then they have a short practical part where they work in a long-term care home," she said.

She said an occasional evaluation of PSWs' skills, attitude and work ethic needs to be implemented.

According to Verwey, an overhaul of the Ministry of Health and Long-Term Care is needed: "Funding, tools and resources from the government should be allocated to families who are keeping their family member at home."

Betty died in January 2014 at the age of 94.

...that is approximately the combined populations of Oshawa and Waterloo

COMING NEXT

Part two, to be published next week, offers the perspective of a former ICU nurse and member of the Ontario Dementia Advisory Group who's been living with early onset Alzheimer's disease. Her experience in dealing with a lengthy diagnosis and mismanaged treatment has her advocating for a patient-centred policy for health professionals dealing with dementia.

by LAURA DASILVA