Health & Social Care Policies for Older Persons with Dementia in Canada: Issues & Policy Directions

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Part 1

The Perfect Storm
Canada Is Still Comparatively Young:
Ratio of 65+ to Population 15-64
Yet, Canada is Aging

- Since the mid-1960s, proportion of older Canadians has steadily increased
  - July 1, 1983: 9.9% of Canadians were 65+
  - July 1, 2013: 15.3%

Speed of Aging Accelerating:
65+ Rise from 7% to 14%

One Factor: More Older Persons

Another Factor: Fewer Younger Persons

Source: OECD. Data. [https://data.oecd.org/pop/young-population.htm#indicator-chart](https://data.oecd.org/pop/young-population.htm#indicator-chart)
The Result:
Now More Older Than Younger Persons in Canada

Bad News: Older Persons Have More Functional Needs

Figure 4: Self-Reported Functional Capacity Limitation, by Age Group, Canada, 2008–2009
More Bad News: Growing Numbers of Persons Living with Dementia (PLWD)
Dementia: A Game Changer

- Often experienced in combination with other chronic health and social needs (e.g., diabetes, social isolation)

- Erodes capacity to conduct routine tasks and personal care (e.g., managing medications, managing finances)

- Associated with high health care utilization (including costly hospital and residential care beds)

- Also increases burden on shrinking caregiver base – family, friends and neighbors
Dementia: By the Numbers

- In 2011, 747,000 Canadians were living with Alzheimer’s Disease and related dementias (ADRD) -- 14.9% of Canadians 65+
  - By 2031, if nothing changes, this figure expected to double to 1.4 million

Dementia: Economic Costs

- Combined direct (medical) and indirect (lost earnings) costs of dementia estimated at $33 billion per year
  - If nothing changes, this number will climb to $293 billion by 2040

Dementia: Social Costs

- In 2011, family caregivers spent 444+ million unpaid hours caring for 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 will spend 1.2 billion unpaid hours per year

- The physical and psychological toll on family caregivers is substantial
  - Up to 75% will develop psychological illnesses
  - 15 to 32% will experience depression

The Perfect Storm: 
As Needs Increase, Capacity to Care Declines

“… as the babyboomer generation ages, a growing 'family care gap' will develop as the number of older people in need of care outstrips the number of adult children able to provide it … creating a shortfall in our collective capacity to care for older generations …

Overstretched services will struggle to provide extra care, with two-thirds of all health resources already devoted to older people and social care services facing a funding crisis.”

Source: Institute for Public Policy Research, UK, 2014  
Part 2

Where Canada Is Now
**Canadian Medicare:**

*Universal Health Insurance*

- Public Financing/Private Delivery
  - Universal coverage for “medically necessary” services provided by private physicians and not-for-profit hospitals
  - Decentralized insurance model
    - 10 provinces & 3 territories have constitutional jurisdiction over health care
    - Federal government transfers funding to 13 separate provincial/territorial health insurance programs which meet federal Medicare principles
Canadian Medicare’s Boundaries:
Historical Focus on Episodic Curative Care

- Medicare’s enduring strength: equity
  - Medicare requires first dollar coverage for all “medically necessary” hospital and doctor services – no user fees

- Medicare’s emerging weakness: illness focus
  - Medicare does not require coverage for care provided outside of hospitals or by non-physicians (e.g., home care, community care, drugs)
  - Coverage for other care varies, may include user fees
  - Creates an incentive to use hospitals & doctors
What Canada Spends (2015)

Source: Canadian Institute for Health Information (CIHI),
What Canada Buys: Mostly Illness Care

Source: Canadian Institute for Health Information (CIHI),
Investments in Long-Term Care More Limited: Focus on Residential Care Beds

https://www.oecd.org/els/health-systems/47836116.pdf
One Consequence: Problems Discharging Acute Care Hospital Patients (including many PLWD)

Part 3
Where We Want To Go
Ontario’s Emerging Seniors’ Strategy: A Community-Based Continuum of Care “Places”

Promoting Wellness
- Single point of access to information to empower and support self-management
- Wellness and prevention programs will reduce de-conditioning, improve functional capacity, independence and older adults ability to stay home longer.
- Leverage Elderly Persons Centres to help strengthen social networks and provide access to wellness and prevention and care services.
- Promote screening and early linkage to the appropriate support services

Supporting Aging in Place
- Strengthened Primary Care models will improve access and provide home-based care options.
- Enhanced CCAC and CSS Services and linkages to Primary Care.
- Improve access to community-based therapy services that optimize functional capacity and independence
- Telehealthcare, NLOTs and Geriatric Services.

Senior Friendly Hospital Care and Effective Transitions
- When hospital care is required, seniors will benefit from an elderly friendly environment and culture emphasizing early screening and assessment by GEM Nurses, functional support and timely discharge home/community and the prevention of ALC.
- Seamless and Safe discharges facilitated by Rapid Response Nurses emphasizing a connection to the primary care provider within 7 days of discharge.

Enhanced Long-Term Care Environments
- Improving the capacity of the long-term care sector to support more short-stay and restorative care options and discharge back to the community.
- Specialized services for residents with challenging and complex behaviours.
- Quality long-term care for residents who require it.
- Reduced ED/hospital transfers through enhanced NLOT services.

Start With the Basics:
Health Promotion and Prevention

- “There is persuasive evidence that the dementia risk for populations can be modified through reduction in tobacco use and better control and detection for hypertension and diabetes, as well as cardiovascular risk factors. A good mantra is “What is good for your heart is good for your brain”.

Good News:
Top Health Risks Appear Manageable (Canada)

Create Dementia Care Strategies:
Key Themes of Provincial Strategies

- **Theme 1: Inform/Educate**
  - Enhance awareness, information, education and research

- **Theme 2: Promote “Person-Centred” Care**
  - Care through dementia journey: prevention and early detection; primary care and home care; acute care and crisis management; residential and end-of-life care

- **Theme 3: Engage Caregivers**
  - Expand “unit of care” to acknowledge and support unpaid caregivers
Scale-Up & Spread:
Proven Services and Supports

- **For PLWD:** memory clinics, homemaking, transportation, medication management, MedicAlert, meal programs, early and ongoing care management

- **For Caregivers:** counselling and education, peer support, respite, caregiver allowances

- **For Providers:** specialized dementia care training; resources to manage dementia-related behavioral challenges in community and in residential care

- **For Researchers and Policy-makers:** grants, knowledge exchange e-platforms
Innovate: iPod Project

- Initiated by Alzheimer Society of Toronto in 2013
  - Provides iPod Shuffles, free of charge, to persons living with dementia (PLWD) and their caregivers

- Music (and counselling) can improve lives
  - Low cost, little risk
  - Improved cognition, communication, and quality of life
  - Reduced caregiver burden and stress
  - Greatest impact for PLWD experiencing depression, anxiety, agitation and aggression

Build Integrating Models

- Alzheimer Society “First Link”
  - Connect PLWD and caregivers to needed community-based services and supports at point of diagnosis

- Alzheimer day programs
  - Assessment, care management and a mix of health and social care (e.g., meals, personal care, medication checks) in a social environment, while also offering respite to family caregivers

- Supportive housing
  - Buildings with dedicated care staff offering 24/7 monitoring, personal care, and coordinated access to a range of services on-site and through other agencies
An International Example: 
Japan’s Open Houses

- Run by volunteers who offer people with dementia and carers access to all-day support in private homes
  - Small grants
  - Volunteer training
  - Caregiver peer support
  - 24/7 help line
  - “Light touch” regulation

A Canadian Example: SMILE (Seniors Managing Independent Living Easily)

- “Supported self-management”
  - Focus on frail older persons with complex health and social needs and caregivers living at home in urban and rural areas
  - Professional case managers use modest budgets to help older persons and caregivers identify their needs, create solutions, coordinate access to available services and supports, monitor outcomes
  - Neighbors can be paid to provide non-medical services like meals, transportation
“Hub & Spoke” models use supportive housing sites as “hubs” to provide services to people living in their own homes.
An International Example: Neighborhood Networks in Leeds, UK

- Since 2005, each local area across the city-region has had its own dedicated Neighbourhood Network
  - Local older people and their families get help with the everyday tasks of care, such as free or cheap transport, social activities, shopping, practical help at home, cleaning, gardening and breaks for carers.
  - Families and carers get help to juggle the demands of family, work and caring, delay entry into formal care, and reduce reliance on the NHS.
The Ultimate Goal: Multi-Generational Dementia-Friendly Communities

- Welcome persons living with dementia back into their communities
  - Engage younger older-persons to help older-older persons
  - Train school children, bank tellers, letter carriers, convenience store clerks as “dementia friends”
    - Older persons lost or wandering
    - Older persons having trouble with bank machines
    - Mail not collected, garbage not put out
Sum
The Perfect Storm: 
Rising Needs, Declining Care Capacity

- While relatively young, Canada is aging rapidly
  - Numbers of persons living with dementia rising

- Dementia is a “game changer”
  - Often experienced in combination with other chronic health and social needs
  - Limits the ability to self-manage

- Collective care capacity is increasingly stretched
  - Hospitals are costly and often inappropriate
  - Traditional family caregiving is in decline
What We Need to Do:  
Change the Business Model

- Build an integrated community-based continuum
  - Starting with health promotion and supports for everyday living (e.g., nutrition, transportation, housing, home care)
  - Extending to hospital and institutional care
  - Care in the least restrictive setting possible

- Encourage “grass-roots” community initiatives which build broad caring capacity and normalize dementia as a shared social challenge
The Goal: Multi-Generational Dementia-Friendly Communities

Source: Alzheimer Society, UK.
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