

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

Our File/N/Réf.
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DATE 9 June 1998

TO/DEST. Coordinator, Community Services Committee

FROM/EXP. Commissioner, Homes for the Aged

SUBJECT/OBJET **DEMENTIA CARE IN OTTAWA-CARLETON**

DEPARTMENTAL RECOMMENDATIONS

That the Community Services Committee recommend and Council approve the following:

- 1. The RMOC organize a Forum on Dementia Care in Ottawa-Carleton to provide an opportunity for community input into the development of priorities for dementia care;**
- 2. The results of the Forum be forwarded to the Minister of Health, the District Health Council and other planning bodies identified by the community to assist in planning for the future.**

INTRODUCTION

This report presents the findings of Dr. Robert W. Hopkins, Ph.D., from the Kingston Psychiatric Hospital on dementia projections for the Counties, Regional Municipalities, and Districts of Ontario, and describes the implications for dementia care requirements in Ottawa-Carleton.

The document, Clinical/Research Bulletin Number 11 - Dementia Projections for the Counties, Regional Municipalities, and Districts of Ontario, provides data on the region's 65 and over population and dementia projections for each of the years between 1992 and 2021. The dementia rates are for moderate and severe dementia only and, therefore, must be considered conservative in terms of demands on the health care system. Dr. Hopkins notes in his report that only very substantial advances in preventative treatment could alter these projections.

Dr. Hopkins report has stimulated discussion and concern in many areas of the province. In the 905 Regions, for example, a Dementia Task Force reviewed the findings for its area and concluded that immediate action needed to be taken at the local and Ministry of Health levels to plan for the needs of persons with dementia.

In June 1997, the Alzheimer Society of Ottawa-Carleton wrote to the Regional Chair requesting that Regional Council strike a similar task force here. The Chair asked the department to seek stakeholder input to determine interest in such an initiative. The input was obtained through interviews with representatives of the District Health Council, Sisters of Charity Organization and the Regional Geriatric Assessment Program, to gain input and perspective and a survey sent to 25 agencies. Eleven written responses were received.

The consensus was that the RMOC should not duplicate the efforts of local planning bodies or initiatives already underway, but that the RMOC could provide a forum for identifying community priorities. The role of the RMOC should be to support local initiatives through staff participation and to lobby the provincial government to ensure that local priorities are understood. The RMOC should request that the District Health Council and Ministry of Health include community and institutional services, caregiver support, housing and safety issues in planning for the needs of persons with dementia.

Earlier this year, a Special Care Units Implementation Task Force of the Long Term Care Committee of the Ottawa-Carleton District Health Council made recommendations to the Minister of Health and to long term care facilities for actions to recognize and plan for the growing demand for institutional care for the elderly population with dementia.

BACKGROUND

Dementia is a loss of the intellectual functions of thinking, remembering and reasoning, so severe that it interferes with an individual's daily functioning and eventually results in death. Alzheimer Disease, a progressive, degenerative disease that attacks the brain and results in impaired memory, thinking and behaviour is the leading and best known cause of dementia. Most people diagnosed with Alzheimer Disease are older than 65, however, it can occur in people in their 40's and 50's. The rate of progression varies from person to person, however, the average time from onset to death is eight years. Eventually, persons with dementia become totally incapable of caring for themselves. It is estimated that Canada spends approximately \$3.9 billion a year on the care of persons with dementia. These costs will rise dramatically as the number of persons with dementia increases as the population ages.

There is no cure for Alzheimer Disease presently available. Good planning while the person still has the mental capacity to do so coupled with medical and social management can ease the burden on the individual and their family. Physical exercise, proper nutrition, a calm and well-structured environment and appropriate medication to lessen agitation and anxiety may help the individual to continue to function. At some point, the person with Alzheimer Disease will require 24-hour care, including assistance with daily activities such as eating, grooming and toileting.

Caring for someone with dementia can be a complex and challenging task. Caregivers need a range of community support programs to be available and accessible if they are to keep their family member at home. These supports may include meals-on-wheels, homecare, day programs and short-stay respite. In addition, caregivers need counselling, support groups and education. When 24-hour care and supervision are needed, admission to a long term care facility is the option suitable to most families.

NATIONAL AND REGIONAL TRENDS

Between 2011 and 2031, the 3.4 million Canadian baby boomers will swell the ranks of the aged and the elderly will account for an unprecedented proportion of society. Ottawa-Carleton has the fastest growing elderly population in the province with about 70,000 residents, or 11% of the population over 65 years of age. This proportion of the over 65 population will increase to 15% by 2011 and the over 85 years of age group, those most likely to need institutional care, is expected to double by then.

As the baby boomers age, long term care units will be as important as emergency units and the elderly will command the same attention that has been focused on children, adolescents and younger adults in the past. There is already evidence of the baby boom impact on the image and activities of middle age and a similar impact on the older years is expected.

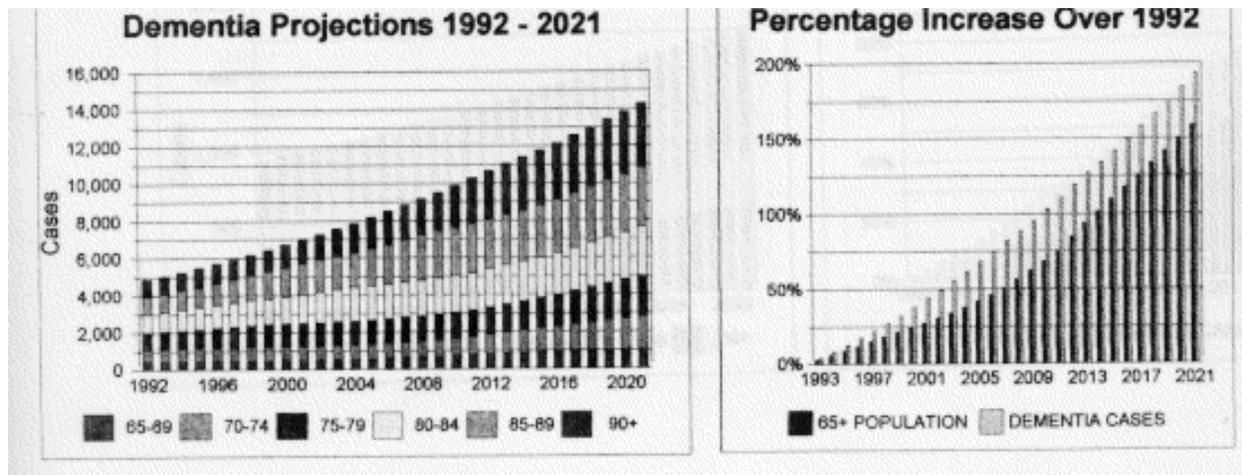
Today there is a growing requirement for an accessible range of institutional and community dementia care options. Many baby boomers are coping with ageing parents and demanding services that meet their parents needs, and that accommodate the lifestyles of families with both partners in the workforce, and no one available to provide elder care. This need for community supports and institutional care is not new, but the growth in demand will be explosive over the next five to ten years as the statistics that follow will illustrate.

There should be a planning role at the local level to ensure the dementia care resources are in place to meet community needs. There is a larger role that needs to be played by the provincial Ministry of Health. For, as Dr. Hopkins states, “unless significant changes to the projected population trends occur, only very substantial advances in preventative treatment could alter these projections”. There is a pressing need to ensure the necessary resources are in place to provide care and to fund research into the cause, prevention and management of Alzheimer Disease and related disorders.

DEMENTIA RATES IN OTTAWA-CARLETON 1992-2021

There are currently approximately 7,000 people with Alzheimer Disease in Ottawa-Carleton. Dr. Robert Hopkins projects that there will be 9,000 more cases of dementia in the region by 2021. Half of these people will need long term facility care and the other 4,500 will need at least some community support service like home care.

The charts below illustrate the growth by age group.



Source: Dementia Projections for the Counties, Regional Municipalities, and Districts of Ontario
Robert W. Hopkins, Ph.D. - August 1997

PLANNING CHALLENGE FOR OTTAWA-CARLETON

The increase in dementia rates in Ottawa-Carleton presents a planning challenge to the community. There is an opportunity for the health care community to prepare for the growth and to have the resources in place to respond to the need. There is a need for a range of services delivered in both official languages, that includes community-based programs and institutional care. In order to prepare for the challenge, the community needs to start planning now and ensure that the following issues are addressed:

- coordination, education and support for caregivers and volunteers working with people with dementia
- adequate community services such as home care, transportation, flexible respite and day programs designed for people with dementia and their families
- recognition of the particular importance of language of service to persons with dementia
- adequate long term care facility resources
- optimal facility design and staffing plans for dementia care in long term care facilities including staff qualifications and education
- education in dementia care for physicians and other health professionals and community and facility staff working in the dementia care field

- health research in the development of treatment and prevention of dementia
- consideration of financial incentives (e.g. tax benefits) on both a provincial and federal level should be considered to alleviate some of the financial burden associated with the challenge of providing care at home.

There is a wide range of dementia care programs available in the region today. However, there is a long waiting list for institutional dementia care and many families are dealing with very difficult caregiving situations at home while waiting for a placement.

The department proposes that the region sponsor a Forum on Dementia Care in Ottawa-Carleton this Fall to provide an opportunity for the community to identify its priorities for dementia care. The results of this Forum could be forwarded to the Ministry of Health, the new District Health Council, and other planning bodies identified by the community to assist in planning for the future.

PUBLIC CONSULTATION

This report proposes a forum to invite community input on priorities for dementia care.

FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

CONCLUSION

The recent bulletin prepared by Dr. Robert Hopkins on dementia projections for Ottawa-Carleton indicates a dramatic increase in persons with dementia that will occur over the next 25 years. Dr. Hopkins suggests that this is a “warning” that provides this community with the opportunity to start planning now to put the necessary dementia care resources in place. He also suggests there is a lead role for the Ministry of Health to allocate the necessary resources for research into the prevention, cause, cure and management of Alzheimer’s Disease and related disorders.

Approved by
Garry Armstrong