# AN AGING WORKFORCE - ARE YOU PREPARED?

#### What is dementia?

Dementia is an umbrella term for a group of brain disorders that affects a person's memory and ability to learn, reason, make judgments, communicate and carry out daily activities. While memory loss is widely perceived as the primary sign of dementia, changes in behaviour, personality and mood can also signal the onset of the disease.

Alzheimer's disease is the most common form, accounting for almost two thirds of all dementias. Dementia is progressive and is often accompanied by depression. Despite our best research efforts, it can't be slowed, stopped or cured. Diagnosis and management of the disease, however, is still important to alleviate some of the symptoms, facilitate planning for the future and improve quality of life.

While dementia is a life-altering disease, in many cases people with it can continue to perform tasks that are controlled by cognitive functions unaffected by the disease.

### Dementia in the workplace

Canada is facing an unprecedented shift in demographics. Our workforce is aging rapidly and remains a major risk factor for dementia. After age 65, the risk doubles every five years.

#### Prevalence of aging workforce

- The median employee age in Canada will increase from 39 in 2005 to 45 in 2030 (Beach, 2008).
- In 2000, employees aged 55 and older made up 10 per cent of the workforce, 16 per cent in 2011, and by 2036, will reach 18.7 per cent (VON Canada, 2011).
- The employment rate for employees aged 55 and older has increased from 22 per cent in 1996, to 33 per cent in 2008 (Beach, 2008).
- In 2009, employees aged 60 and older accounted for nearly one third of job gains (Fong, 2012).

## Prevalence and incidence in society

- Over half a million Canadians are living with dementia, including Alzheimer's disease, today; this
  figure will reach 1.1 million by 2038 (Rising Tide: The Impact of Dementia on Canadian Society,
  Alzheimer Society of Canada, 2010).
- There are over 60,000 new cases of dementia within the 65 plus population each year (The Canadian Study of Health and Aging Working Group, 2000).
- For every person with the disease, one to three others are directly impacted as caregivers.

### PREVALENCE OF DEMENTIA AND AN AGING POPULATION – THE PERFECT STORM

An increasingly aging workforce is due to the lack of mandatory retirement, financial necessity as a result of poor financial planning, global economic uncertainty and a longer life expectancy. Recent changes in Old Age Security eligibility will likely further contribute to this trend.

At the same time, the rate of early diagnosis is increasing because of research advances. Dementia in the workplace presents significant risks for employees with the disease, their co-workers, their employers, the consuming public and our economy.

# What are risks?

	Action leads to results	Inaction leads to consequences	
Productivity	<ul> <li>✓ assigns alternate duties</li> <li>✓ reduces absenteeism and presenteeism</li> <li>✓ ensures safety of employees and customers</li> </ul>	comprises employee performance (dependent on nature of job and stage of the disease)     increases absenteeism     comprises safety of employee, coworkers and customers	
Interpersonal tensions, including stigma	<ul> <li>✓ increases awareness among employees</li> <li>✓ builds team and cooperation</li> <li>✓ ensures employee retention</li> </ul>	divides employees; creates conflicts     fosters overall negative environment     forces replacement of employee which is costly	
Costumer relations	✓ improves delivery of products/services to costumer     ✓ enhances customer loyalty	impairs delivery of products/services to costumer     impacts customer loyalty	
Brand	<ul> <li>✓ demonstrates social responsibility and progressiveness</li> <li>✓ engages public support</li> <li>✓ sets your organization apart from others</li> <li>✓ enhances reputation</li> <li>✓ increases profits</li> </ul>	decreases confidence of co-workers     hurts your bottom line	
Personal disclosure	<ul> <li>✓ promotes understanding, compassion</li> <li>✓ workplace accommodations are easier to implement</li> <li>✓ affected employee continues to be productive</li> </ul>	leads to misunderstanding and feelings of worthlessness     creates a negative environment for employee, co-workers and costumers	
Profit	✓ reduces training costs (low turnover)     ✓ increases productivity     ✓ increases worker morale     ✓ increases consumer confidence in your organization     ✓ enhances your brand	increases training costs (high turnover)     reduces productivity     decreases employee morale     decreases consumer confidence in your organization/product     jeopardizes your brand	

### **HEALTHY WORKPLACE RESPONSE**

A first important step is to recognize the signs of dementia through education. An employee with dementia may exhibit one or a combination of these signs

- Difficulty performing routine tasks
- · Repeatedly asking the same questions, or unable to follow a meeting
- · Getting lost or confused in familiar environments
- · Displaying poor or faltering judgment
- Unable to follow simple directions
- Difficulty with abstract thinking or problem solving
- · Showing changes in mood, behaviour and personality

### Integrating workers with dementia

Because people with dementia experience selective deficits in their cognitive abilities, they can continue to perform duties that are not affected by their specific impairments up to a certain point. An assessment will help determine which tasks are most appropriate.

- Early diagnosis is the first step to living well dementia.
- Diagnosis increases self-awareness, allowing the employee with the disease and family members to start planning for the future.
- Appropriate medication combined with healthy living habits help manage symptoms.
- Employee Assistant Programs or EAPs give workers access to counsellors.
- First Link<sup>®</sup>, an Alzheimer Society program, connects people with the disease and the their families to resources and medical experts in their community.

# What are the obligations of the employer?

Aside from ethics, taking reasonable steps to ensure the health and safety of employees improves overall employee morale, productivity and the bottom line. It's important to work with your Human Resources Department to ensure your organization addresses and protects Psychological Health and Safety (PH&S). Before planning and implementing your PH&S standards, you must:

- Create a group of employees that represent key groups within your organization (Mental Health Commission of Canada, 2012).
- Assess your organization's current PH&S standards (absenteesim rate, EAP data, disability rates
  and costs, rates of accidents, incidents or injury, aggregated health risk assessment data)
  (Mental Health Commission of Canada, 2012).
- Survey your employees (e.g. review existing records, conduct a staff survey, engage in discussions) (Mental Health Commission of Canada, 2012).
- Once a PH&S policy is established, it's critical to communicate this clearly across all levels of
  your organization with examples of what is and is not acceptable to foster a respectful workplace.
  This communication should be repeated regularly and enforced (Mental Health Commission of
  Canada, 2012).
- Soon, employers in Ontario will have to abide with new employment standards for employees with disabilities (including dementia) in accordance with the Accessibility for Ontarians with

Disabilities Act (AODA) - Integrated Accessibility Regulation Standard. Large fines will be imposed for noncompliance.

### What low-cost solutions can you implement?

- Reassign work. Focus on what the employee can do rather than what they can't do.
- Be compassionate without coddling the employee
- Provide a quieter work space free from distractions such as noise, high traffic areas, brightly patterned decor.
- Maintain confidentiality, unless the employee discloses condition. If there is disclosure, only inform immediate co-workers.
- Allow for flexible start times to account for morning sedation or medication side effects.
- Offer the employee the option of working from home.
- Allow time off work for medical appointments. (Raderstorf, 2007)
- Implement a buddy system. Partner the employee with another co-worker.
- Start employee on a part-time schedule and gradually increase to full time.

### Addressing stigma

Employees with dementia may be perceived as less qualified or inadequate, or may be shunned by their co-workers and customers.

- Stigma makes it difficult for these employees to ask for help medically and in the workplace.
- People with dementia can continue to be productive and contribute to their employer's success, but only when dementia is recognized and discussed.
- Stigma inhibits discussion and results in loss of productivity and absenteeism.
- Conversations about mental health are essential to finding sustainable solutions to the growing impact of dementia.
- Reducing stigma is a win-win situation and it does not cost any money.

### **Customer service response**

Not only is it important to educate and train staff within all levels of your organization about dementia, it's especially important for those who deal with the public. They must be able to:

- · Recognize signs of dementia within customers
- Learn to communicate with them
- Foster relationships with family members especially if important decisions are involved such as financial and legal matters
- Treat the costumer with respect and dignity.

# **CARING FOR THE CAREGIVER**

### What role do caregivers play?

Informal or family caregivers are unpaid individuals who care for sick or elderly family members. Today one in five Ontarians is an informal caregiver (Ministry of Health and Long-Term Care, 2009).

### Caregiver needs will increase dramatically

Baby boomers are living longer and therefore, require longer periods of caregiving. Shrinking families are making it more likely that a family member will be looking after an elderly parent.

- In 2006, over 25 per cent of Canadian households consisted of a single person compared to less than 10 per cent of households containing five or more persons (Statistics Canada, 2006).
- Increased participation of women in the workforce (VON Canada, 2011).
- Women represent about 57 per cent of informal caregivers (MaRS, 2012).

### Why care?

Over three quarters of caregivers are also employed in the labour market and a third of them have children under the age of 18 living at home (Ministry of Health and Long-Term Care, 2009; VON Canada, 2011; Cranswick & Dosman, 2008). Employees will become more stressed, distracted and burnt out while employed.

The average age of caregivers varies. Some are as young as 44 (Neal, Ingersoll-Dayton & Starrels, 1997), others are 53 years old (Werner et al., 2012) and some are as old as 59 years (Max, Webber & Fox, 1995).

Without protection and support, these experienced workers may quit and cause significant loss of skills and talent in the labour market (Ministry of Health and Long-Term Care, 2009).

- In 2007 alone, informal caregiving cost businesses just under \$1.3 billion in lost productivity (The Conference Board of Canada, 2012).
- For dementia alone, the number of family caregiving hours will more than triple, from 259 million hours in 2010, to 756 million hours by 2038 (Rising Tide, Alzheimer Society of Canada, 2010).
- Since 1999, there has been a rising trend in the number of days employees take for personal reasons due to a disability or illness or for personal or family reasons (VON Canada, 2011).

# **EMERGING PRACTICES**

# Leading by example - caregiver-friendly employers

# GlaxoSmithKline Inc (Pharmaceutical Company, Mississauga, ON)

Recognizing that some of his employees were taking care of their elderly parents or friends, President and CEO Paul Lucas realized his company's HR policies were not supporting them. He took action and implemented a compassionate care leave program, two years before the Federal Government introduced the Employment Insurance Compassionate Care Benefits Program. Since 2011, GlaxoSmithKline has supported 137 of its employees during their struggles. Mr. Lucas has built GlaxoSmithKline into a national manufacturing leader, producing and shipping more than \$2 billion worth of products for domestic and international use, representing approximately 25 per cent of total Canadian pharmaceutical shipments.

# **Federal Government of Canada**

In 1999 the Federal Government introduced the "Leave with income averaging" policy that allows eligible employees to take between five weeks to three months of leave without pay within a specific 12-month period. The pay of the employee will be reduced and averaged based on time worked during the 12-month period, while they continue to receive pension and benefit coverage.

# **HEALTH PROMOTION**

### How can employees reduce their risk of dementia?

Currently dementia can't be slowed, stopped or cure. But there are ways to help reduce the risk.

- Encourage employees to be socially active. Research shows those who are socially engaged maintain brain function longer than those who are not.
- Organize company functions to promote camaraderie.
- Encourage workers to eat a heart-healthy diet. What's good for the heart is good for the brain.
- Provide access to healthy snacks in your cafeteria and vending machines
- Encourage physical exercise; increasing evidence shows exercise helps minimize the risk of dementia. Organize sports teams or outdoor events. Join charity walks or marathons.

# THE ALZHEIMER SOCIETY CAN HELP

- Employee/employer education
- Information, support and education programs for people with dementia, their families and caregivers (via the First Link<sup>®</sup> program)
- Educational and public awareness campaigns to increase understanding of the disease and where to find help

# Consider this...

In a study published in 2011, 60 per cent of Canadian CEOs plan to hire and retain older employees (pwc, 2011).

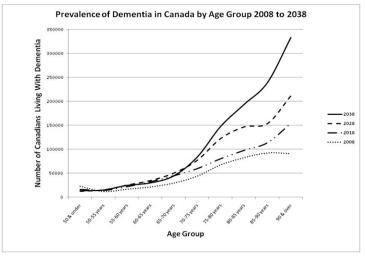
# Take home message

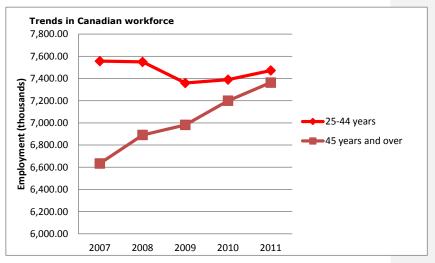
Psychological health and safety starts with you. Recognizing that workers with dementia exist and their numbers will continue to grow is a first and critical step in the right direction. However, action is needed on your part. The stakes are high and the consequences of doing nothing will be devastating.

The Alzheimer Society can help. Be a champion for dementia and lead change.

# For more information, contact:

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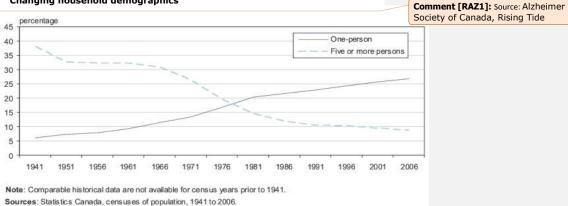


Sourre: Alzheimer Society of Canada, Rising Tide,

Sourrce: Statistics Canada, 2012.

# Caregiving hours trends 800,000,000 700,000,000 600,000,000 500,000,000 400,000,000 300,000,000 200,000,000 100,000,000 2008 2018 2028 2038 -Caregiver Hours





# Informal caregivers and their impact on businesses

# Table 14

Informal Caregivers, 2007 (number of caregivers for recipients in each age group)

	Under 45	45+	Total
Canada	808,340	2,283,440	3,091,780

Sources: The Conference Board of Canada; Statistics Canada.

# Table 16

Cost to Business of Informal Caregiving by Source of Lost Productivity, 2007 (\$ 000s of lost productivity)

	Missing full days	Missing hours	Quitting or losing a job	Total	
Canada	696,924	233,997	354,903	1,285,824	

Sources: The Conference Board of Canada; Statistics Canada.

# REFERENCES

Alzheimer Society of Canada., 2010. Rising Tide: The Impact of Dementia on Canadian Society. p. 1-65.

Alzheimer Society of Canada., 2012. 10 Warning Signs. Available from: http://www.alzheimer.ca/en/About-dementia/Alzheimer-s-disease/Warning-signs-and- symptoms/10-warning-signs

Beach, C. M., 2008. Canada's Aging Workforce: Participation, Productivity, and Living Standards. A FESTSCHRIFT IN HONOUR OF DAVID DODGE. November. Bank of Canada. p. 197-218.

Cranswick, K & Dosman, D. (2008). Eldercare: What we know today. Statistics Canada. Component of Statistics Canada Catalogue no. 11-008-X. p. 48-57.

Fong, F., 2012. Older Workers Stampede into the Labour Market. TD Economics. p. 1-3.

MaRS., 2012. Business of Aging: Wellness solutions for our aging workforce. *MaRS Discovery District.* p. 1-17.

Max, W., Webber, P. & Fox, P. (1995). Alzheimer's Disease: The Unpaid Burden of Caring. *J Aging Health*, 7(2), 179-199.

Mental Health Commission of Canada., 2012. Psychological Health & Safety: An Action Guide for Employers. P. 1-54.

Ministry of Health and Long-Term Care, 2009. Caring-About-Caregivers: Caregiving for the future of Ontario. *The Government of Ontario*. p. 1-40

Neal, M. B., Ingersoll-Dayton, B., & Starrels, M. E. (1997) Gender and relationship differences in caregiving patterns and consequences among employed caregivers. *Gerontologist*, 59 (4), 860-872. pwc., 2011. Canadian CEOs more likely to eye older workers as potential recruits. Available from: http://www.pwc.com/ca/en/media/release/2011-06-09-ceo-human-resource-survey.jhtml

pwc., 2011. Canadian CEOs more likely to eye older workers as potential recruits. Available from: http://www.pwc.com/ca/en/media/release/2011-06-09-ceo-human-resource-survey.jhtml

Raderstorf M, Kurtz J., 2007. Managing mental health issues in the workplace. Part I (of II). *Professional Case Management* 12(4), 242-6.

Statistics Canada., 2006. Family Portrait: Continuity and Change in Canadian Families and Households in 2006, 2006 Census. Catalogue no. 97-553-XIE. p. 1-56.

The Canadian Study of Health and Aging Working Group., 2000. The incidence of dementia in Canada. *Neurology*, 55, 66-73.

The Conference Board of Canada., 2012. Home and community care in Canada: An Economic Footprint.

VON Canada., 2011. Older Workers with Caregiving Responsibilities: A Canadian Perspective on Corporate Caring. p. 1-26.

Werner, P., Mittelman, M.S., Goldstein, D., & Heinik, J., 2012. Family Stigma and Caregiver Burden in Alzheimer's Disease. *The Gerontologist*, 52 (1), 89-97.