

## The Business Case for a Dementia-Ready Ontario

More than 334,500 Ontarians currently live with dementia – a number expected to triple by 2050.<sup>1</sup> Family and friend care partners in Ontario provide an estimated 5.4 million hours of care weekly—the equivalent of over 135,000 full-time jobs. Dementia presents significant challenges to individuals, families, care partners, and the healthcare system, costing the province over \$30 billion annually.<sup>2</sup>

People living with dementia are hospitalized more frequently, spend longer in hospitals, face higher risks of hospital-induced harm, and are 6 times more likely to enter long-term care prematurely compared to older adults without dementia. By addressing these risks early, the next government can ensure better patient outcomes and generate significant value for Ontario's healthcare system by reducing avoidable strain on hospitals and long-term care facilities.

The next Ontario government has an opportunity to address these challenges through proactive planning and targeted investments, transforming dementia care and positioning the province as a leader in innovative, patient-centred approaches. The Alzheimer Society of Ontario recommends investment in 6 shovel-ready programs and 2 policy enablers to make sure Ontario is dementia-ready now and prepared for a future with disease-modifying treatments for people across the province.

### Dementia-Ready Ontario Recommendations

#### 1. Hospital and long-term care diversion

Invest \$16 M beginning in 2025/26 to expand the DREAM Program to 40-50 hospitals to divert hospital admissions for people living with dementia.

The Dementia Resource, Education, Advocacy, and Mentorship (DREAM) Program embeds local Alzheimer Society staff in hospital emergency departments that divert non-acute people living with dementia away from admission. Diverted patients are offered in-home respite care based on their specific needs, greatly reducing the risk of repeat emergency room visits, admissions (55-60% diversion at current sites), and alternate level of care to long-term care designations – improving patient outcomes and saving health care resources. DREAM addresses underlying systemic challenges of hospital overcrowding, freeing up resources and improving outcomes for both patients and care partners.

#### 2. Dementia competency training in long-term care for providers

Invest \$2 M beginning in 2025/26 in U-First!® to train 3000 new long-term care providers; develop and deliver U-First!® for Leaders; and develop and deliver U-First!® refresher course.

U-First!® provides in-depth training and skills development on responding to behaviour changes and person-centred care that have been proven to increase the capacity of personal support workers and other interprofessional care providers in long-term care homes. Increased government

<sup>1</sup> Alzheimer Society of Canada (2022). *Navigating the Path Forward for Dementia in Canada: The Landmark Study Report #1*. <https://alzheimer.ca/en/research/reports-dementia/navigating-path-forward-landmark-report-1>.

<sup>2</sup> Jun, Hankyung; Zehao Shi; Soeren Mattke (2022). *Projected Savings to Ontario's Provincial Budget from Reduced Long-Term Care Home Utilization Due to a Disease-Modifying Alzheimer's Treatment*. Canadian Health Policy, SEP 2022. ISSN 2562-9492, <https://doi.org/10.54194/VCID2992>

investment in U-First!® will enhance dementia care in Ontario by training thousands of additional long-term care providers, fostering collaborative care practices, and sustaining high-quality, person-centred support for people living with dementia, ultimately reducing strain on the healthcare system.

### **3. Activation and respite for early-stage dementia in diverse communities**

Invest \$2.2 M beginning in 2025/26 in the Social to add 9800 new day program spots for people living with early dementia in diverse communities.

The Social is a mobile day program designed to provide 3 hours of positive and meaningful activities for people living with dementia in the early stages of dementia. A highlight of this program is its outreach to underserved communities: the Alzheimer Society of Ontario uses a train-the-trainer model to recruit community members who will build culturally sensitive programming that will be delivered to clients by the members of the communities they live in, without financial barriers, so that all individuals can benefit from the Social.

### **4. Transitional support to long-term care**

Invest \$5.5 M beginning in 2025/26 in the Transition to Long-term Care Program to support 100 long-term care homes in the province.

The Transition to Long-Term Care Program assigns local Alzheimer Society staff to help people living with dementia prepare for a move to long-term care, including activation support after their move. For the more than 70% of long-term care residents in Ontario who live with dementia, an abrupt change in environment, routine, and surroundings can be overwhelming – leading to rapid decline in physical and cognitive health. This program has demonstrated success as hospitalization rates for newly admitted residents living with dementia have fallen dramatically.

### **5. Detection and diagnosis of dementia**

Invest \$3.1M beginning in 2025/56 in the Dementia Registry and Cognitive Assessment Program to support early detection and diagnosis of dementia in 8 local Alzheimer Societies.

The Dementia Registry and Cognitive Assessment Program captures real-world evidence on Alzheimer's Disease while supporting the rollout of disease-modifying therapies (when approved). Alzheimer Society of Ontario staff conduct cognitive testing and functional assessments for clients referred by their primary care provider, ensuring earlier access to cognitive tests while reducing the bottlenecks for diagnostic testing by dementia care specialists. Without action, over 90% of Ontarians who seek treatment may be ineligible due to late diagnosis and current gaps in testing capacity.<sup>3</sup>

### **6. System navigation and support**

Convert the 2025/26 \$3.45 M enhancement of the First Link® Care Navigation Program into base funding to sustain its delivery and support 7000 new clients per year.

The First Link® Care Navigation Program helps to connect people living with dementia and their care partners to the information, supports, and services they need as early as possible and throughout the progression of their condition. This not only prevents unnecessary hospitalizations but also delays long-term care admissions as clients can receive care in the community for longer. A sustained investment in First Link® is required to meet the growing demand for navigation and support throughout the dementia journey.

<sup>3</sup> Jun, Hankyung, et al. (2022).

## Policy Enablers for a Dementia-Ready Ontario

- A. Implement the *Improving Dementia Care in Ontario Act* to establish a provincial dementia framework that improves access to dementia care.

Despite the growing prevalence of dementia in Ontario, care planning and service delivery remain disjointed, uncoordinated, and inefficient. Without clear objectives and measurable goals for dementia care, families and providers must navigate a fragmented system with insufficient support. A framework for dementia care across the healthcare system is required to implement and maintain equitable care for people living with dementia, regardless of where they live.

- B. Mandate the creation of a coordinating body for dementia care, supported by legislative authority and with funding control, to oversee and direct dementia care across the continuum of care in Ontario.

In alignment with recommendations from the expert members of the Ontario Dementia Care Alliance, effectively implementing a plan for dementia requires a central coordinating body responsible for dementia care.<sup>4</sup> This body must have funding control and be able to facilitate collaboration across relevant ministries for high-quality and evidence-informed dementia care in Ontario. The coordinating body should include meaningful representation from key stakeholders, including care providers and advocacy groups.

## Conclusion

Targeted investments in hospital diversion, dementia training, day programs, transitional supports, diagnosis, and system navigation are essential to address current bottlenecks in the healthcare system. Investing now will also ensure timely access to new disease-modifying therapies for dementia when they are approved.

Now is the time to act to make Ontario dementia-ready. The Alzheimer Society of Ontario stands ready to work with the next government to scale and spread programs that will meet the needs of the growing population and preserve the health system for future generations.

## About the Alzheimer Society of Ontario

The Alzheimer Society of Ontario is a federation of 26 frontline community support service providers, operating in every community across Ontario. We supported over 84,000 people living with dementia and care partners last year. We provide education and training to physicians and other health care professionals, as well as to the public, and work to reduce the stigma that is often associated with dementia.

<sup>4</sup> Ontario Dementia Care Alliance (2024). Promoting Access to Dementia Care in Ontario: Submission to the Ontario Government in Advance of the 2024 Budget. [https://alzheimer.ca/on/sites/on/files/documents/Ontario%20Dementia%20Care%20Alliance%20Pre-Budget%20Submission%202024\\_Final.pdf](https://alzheimer.ca/on/sites/on/files/documents/Ontario%20Dementia%20Care%20Alliance%20Pre-Budget%20Submission%202024_Final.pdf).