

To the legislators of Ontario's 43rd Parliament:

Congratulations. Whether elected for the first time or returned by your constituents for another term, you have earned the trust of tens of thousands of your neighbours.

Some have said that this was a boring election. I don't agree. It wasn't boring to the first-time voter who spent hours poring over party platforms and news articles so they could make an informed choice. It wasn't boring to the new Canadian who proudly stood in line to exercise a right denied to so many. And it wasn't boring to the care partner who took half an hour, the only free time they might have all week, to go vote for someone—someone they are now looking to for help.

Care partners, especially those supporting someone living with dementia, are burnt out. These are everyday people who, with no special training and very little support, are asked to play the role of nurse, social worker, PSW, and counsellor, all while still being a husband or wife, son or daughter, friend or relative. As one care partner in Sault Ste. Marie told us, "A caregiver must be given care or you will end up with two patients."

Care partners supporting someone living with dementia face an extra layer of complexity. These care partners report higher levels of distress and a greater amount of time spent caring than those supporting someone without a diagnosis of dementia. Care partners sacrifice their own mental, physical, and financial wellbeing to support someone close to them—and today, we aren't doing nearly enough to support them.

The impacts of caregiver burnout are being felt across our health and long-term care systems. When a crisis hits, care partners have nowhere to turn other than their local hospital emergency department. The result: in Ontario today, dementia is hallway healthcare. Fifty percent of alternate level of care (ALC) days in our hospitals are attributed to an older adult living with dementia—that's 2,600 beds occupied on any given day by someone living with dementia who doesn't want or need to be there. Most are waiting for a long-term care bed—where again a failure to support care partners means people, most of whom live with dementia, have no choice but to move to long-term care even when they don't yet require that level of care. Around 8% of long-term care residents in Ontario don't need to be there: they could have been supported at home, but they and their care partner(s) weren't getting the help they needed to stay there.

We can do better. All Ontarians expect action on dementia care: 89% agree their government should do more to keep seniors living at home, especially those living with dementia. The Alzheimer Society has a plan to do just that.

Société Alzheimer Society

ONTARIO

Our *Roadmap Towards a Renewed Ontario Dementia Strategy* contains 77 fully costed recommendations, each one based on expert feedback. These are concrete, measurable steps the Government of Ontario can take to build a dementia care system that supports those who rely on it, and those who work in it. We invite you to read our plan at www.votedementia.ca.

It starts with a public commitment to renewing Ontario's Dementia Strategy. This would be a clear signal to care partners and people living with dementia that their elected officials are serious about using the next four years to do more to keep older Ontarians where they want to be: at home.

I am asking that you use your position to be a champion for your constituents living with and affected by dementia. The Alzheimer Society is here to help: we will happily work with any elected official looking to improve the lives of care partners and Ontarians living with dementia.

We look forward to working with you over the next four years. Together, we can build a dementia care system that works.

Warm regards,



Cathy Barrick
Chief Executive Officer
Alzheimer Society of Ontario