



FREE WEBINAR



**Elder Abuse
Prevention
Ontario**

Reducing Risk & Increasing Support: Future Directions in Dementia Care

December 1st

1:00 PM - 2:00 PM ET

SPEAKERS

Laura Tamblyn Watts
CEO, CanAge

Cathy Barrick
CEO, Alzheimer Society of Ontario

CanAge.

Alzheimer Society

A top-down view of a smudge stick burning in a brass bowl. The bowl is ornate with embossed patterns. White smoke rises from the burning bundle. The scene is set on a green wooden surface and is decorated with various items: a large white crystal in the top left, a green chrysanthemum in the top left, green cedar branches in the top right, a yellow pom-pom in the middle left, another yellow pom-pom in the middle right, a green chrysanthemum in the bottom center, a green chrysanthemum in the bottom right, and a cluster of white crystals in the bottom right. A semi-transparent grey banner with the text "LAND ACKNOWLEDGEMENT" is positioned across the bottom of the image.

LAND ACKNOWLEDGEMENT

WEBINAR HOUSEKEEPING



Communication

All attendees will be muted during the webinar.



Speaker

Will be visible while presenting and for the Question/Answer session.



ASL Interpreters

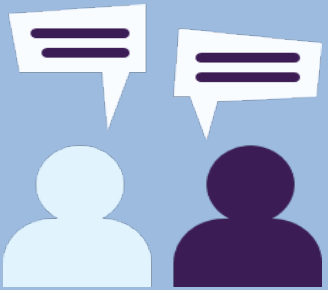
Image and name (ASL Interpreter) will be visible during the webinar. View all speakers by clicking gallery view.
Can also PIN the ASL Interpreter to have image on your screen at all times.



Adjusting Speaker Images

Drag the line, between the image frame and slides, to the left to make speaker image larger.

WEBINAR HOUSEKEEPING



Chat Box

Post comments
during the session.



Question Box

Type your questions in **Question/Answer box**.

A response will be posted during the webinar *or* asked to speaker after the presentation.

WEBINAR HOUSEKEEPING



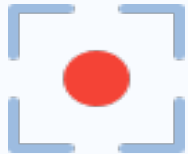
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Recording

A recorded version of this webinar will be available on EAPO's website.



Chat/ Question Box



Post comments in Chat Box.

Type your questions in **Question/ Answer box**.

Responses will be provided after the presentation.

WEBINAR HOUSEKEEPING



Evaluation

Your feedback on knowledge gain from session and suggestions for future topics is appreciated. Options to access survey:

- QR Code
- pop-up notice with link to survey
- Followup email with survey link



Elder Abuse
Prevention
Ontario



SCAN ME

WEBINAR HOUSEKEEPING

Respecting Privacy and Confidentiality

EAPO appreciates there may be personal circumstances or issues which participants may wish to address. However, in keeping with our commitment to maintaining your privacy and confidentiality, today we will be answering general questions posed through the Q&A.

If someone wishes to discuss specific circumstances, we invite you to contact EAPO following this webinar to arrange for a confidential conversation so that we may further assist you.



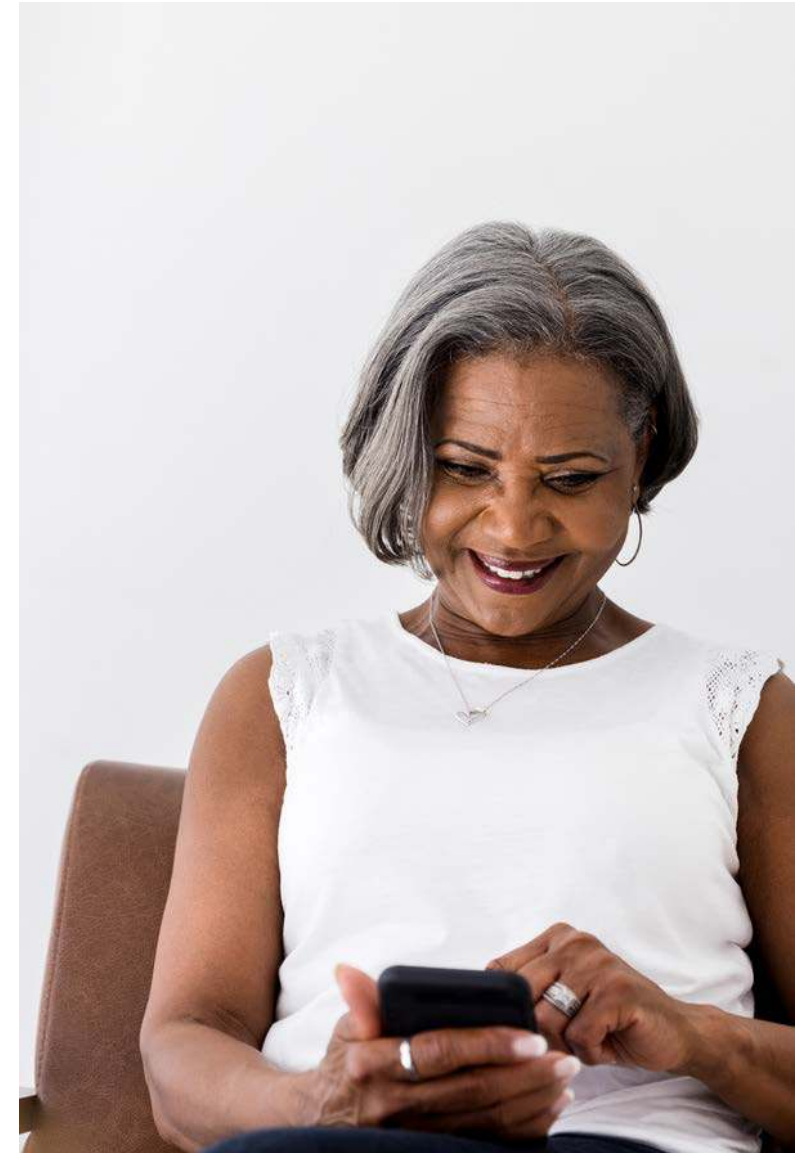
EAPO Preventing
Abuse in
Older Adults

MISSION

EAPO envisions an Ontario where ALL seniors are free from abuse, have a strong voice, feel safe and respected.

ACTION

Raising awareness, delivering education and training, working collaboratively with like-minded organizations and assisting with service coordination and advocacy.

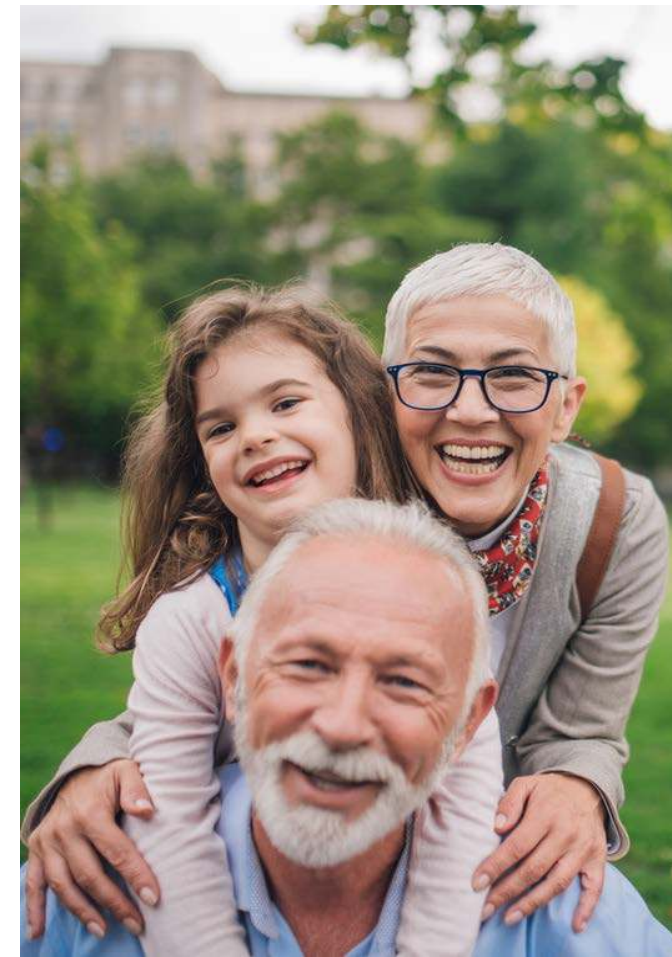


STOP ABUSE – RESTORE RESPECT

SIMPLY PUT, WE ALL HAVE A ROLE TO PLAY

EAPO is mandated to support the implementation of Ontario's Strategy to Combat Elder Abuse.

Funded by the ON Government, under the
Ministry for Seniors and Accessibility (MSAA)



Ontario's Strategy to Combat Elder Abuse

1

Public Education and Awareness

A Province-wide, multi-media public education campaign to promote awareness about elder abuse and provide information on how to access services.

2

Training for Front-Line Staff

Specialized training to staff from various sectors, who work directly with seniors, to enhance their knowledge and skills to recognize and respond to elder abuse.

3

Co-ordination of Community Services

To strengthen communities across the province by building partnerships, promoting information sharing and supporting their efforts to combat elder abuse.



3 Pillars of the Strategy

Speaker

Laura Tamblyn Watts is the Founder and CEO of CanAge, Canada's national seniors' advocacy organization. Laura is a passionate advocate on a variety of urgent issues affecting older Canadians, including long-term care and home care, financial security, elder abuse, health care, ageism and inclusion of marginalized communities.

Laura previously served as Chief Public Policy Officer at the Canadian Association of Retired Persons before establishing CanAge at the onset of the Covid 19 pandemic. Since then, CanAge has emerged as a go-to media commentator and trusted voice for Canadian seniors, underscored by Laura's more than 20 years' experience defending the rights and dignity of older people as a lawyer and thought-leader.

Laura is actively involved in seniors' legal, financial and regulatory reform initiatives in Canada, the US, Australia and the South Pacific, including sitting on several federal government advisory boards and working groups guiding public policy standards and legislation. After being called to the bar in 1999, Laura gained extensive legal experience in matters surrounding aging. She currently teaches the Law and Aging course at the Factor Inwentash Faculty of Social Work at the University of Toronto, where she is also a Fellow of the Institute for Life Course and Aging. Having served as past chair, Laura is currently an executive member of the Canadian Bar Association's National Elder Law section and Elder Abuse Prevention Ontario.



**Laura Tamblyn
Watts**

CEO, CanAge



Speaker

As the Chief Executive Officer of Alzheimer Society of Ontario, Cathy Barrick leads with enthusiasm, creativity and a drive to create impact within the not-for-profit sector. Cathy drives innovation through fundraising and program development. Cathy believes that not-for-profits should step up and shine by increasing their social profit margins.

Cathy has worked in the not-for-profit sector from the start, beginning her career as a gerontological social worker. Using her ability to cultivate and foster relationships with others, Cathy has become a fundraising champion. Her leadership of organizations for the last 20 years continues to evolve with a focus on creating an environment where staff feel both valued and supported in their efforts to do good.

As a recent Intrapreneur Fellowship graduate of the School for Social Entrepreneurs, Cathy tackles organizational challenges and change from the inside out. Using design thinking to drive success, Cathy believes we can change the culture of the not-for-profit sector.



Cathy Barrack

CEO, Alzheimer
Society of Ontario



Overview

The speakers will draw on their experience, learnings and recommendations within the reports: Roadmap Towards a **Renewed Ontario Dementia Strategy** (Alzheimer Society of Ontario) and **Dementia in Canada Cross-Country Report 2022** (CanAge) and draw upon the report **Navigating The Path Forward For Dementia In Canada** (Alzheimer Society Canada), to highlight:

- Prevalence and projections of dementia in Ontario and across the Country
- Reduce discrimination, stigma and stereotypes, and challenges that come with the onset of dementia
- The impact on the health care system, seniors and family caregivers

Collectively, we can all take actions to reduce risks and promote change for our future care.

Roadmap Towards a Renewed Ontario Dementia Strategy

Expert Panel Analysis

Submitted by the Alzheimer Society of Ontario

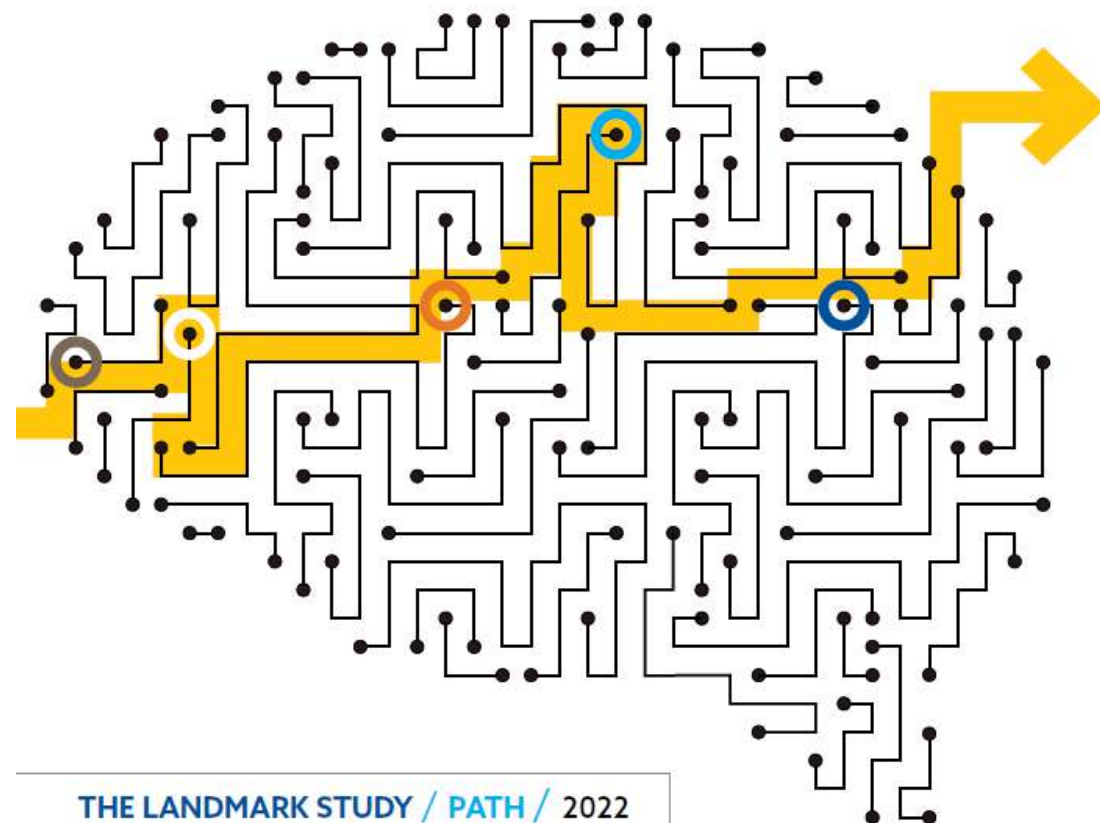


"Those with dementia are still people and they still have stories and they still have character and they're all individuals and they're all unique. And they just need to be interacted with on a human level."
- Carey Mulligan

REPORT

1

NAVIGATING THE PATH FORWARD FOR DEMENTIA IN CANADA



THE LANDMARK STUDY / PATH / 2022

Number of people living with dementia in Canada

	2020	2050	% Growth in Number by 2050
Canada	597,300	1,712,400	187%
Ontario	250,300	756,100	202%

2022 Estimates

CANADA

- 661,600 people living with dementia (prevalence)
- 133,900 new diagnoses this year (annual incidence)

ONTARIO

- 282,100 people living with dementia
- 57,000 new diagnoses this year

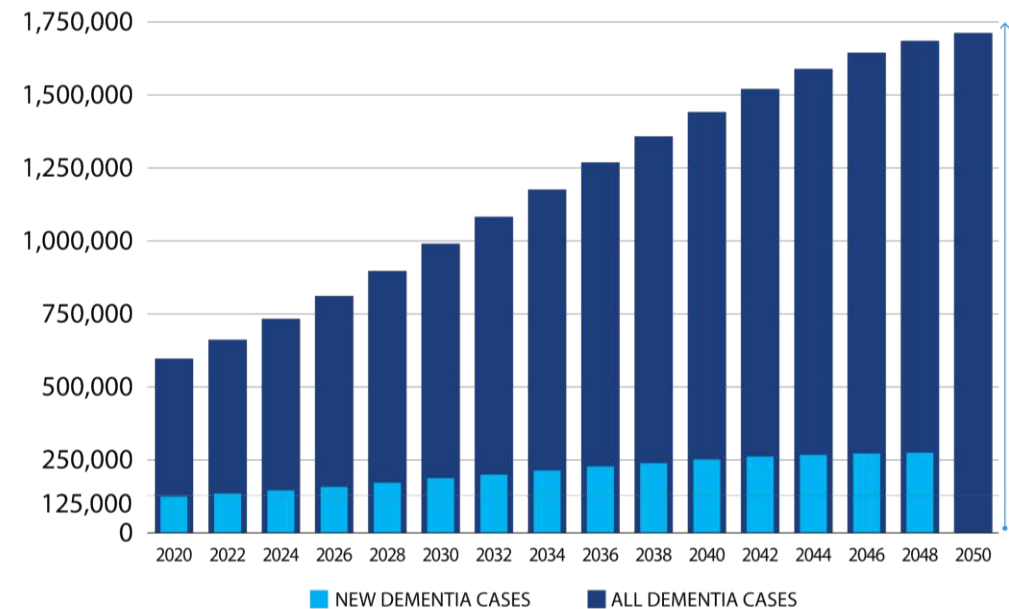
Based on current trends, we are expecting to see over 6.3 million new diagnoses of dementia in the next 3 decades.

250K new dementia diagnoses in Canada per year in the 2040s:

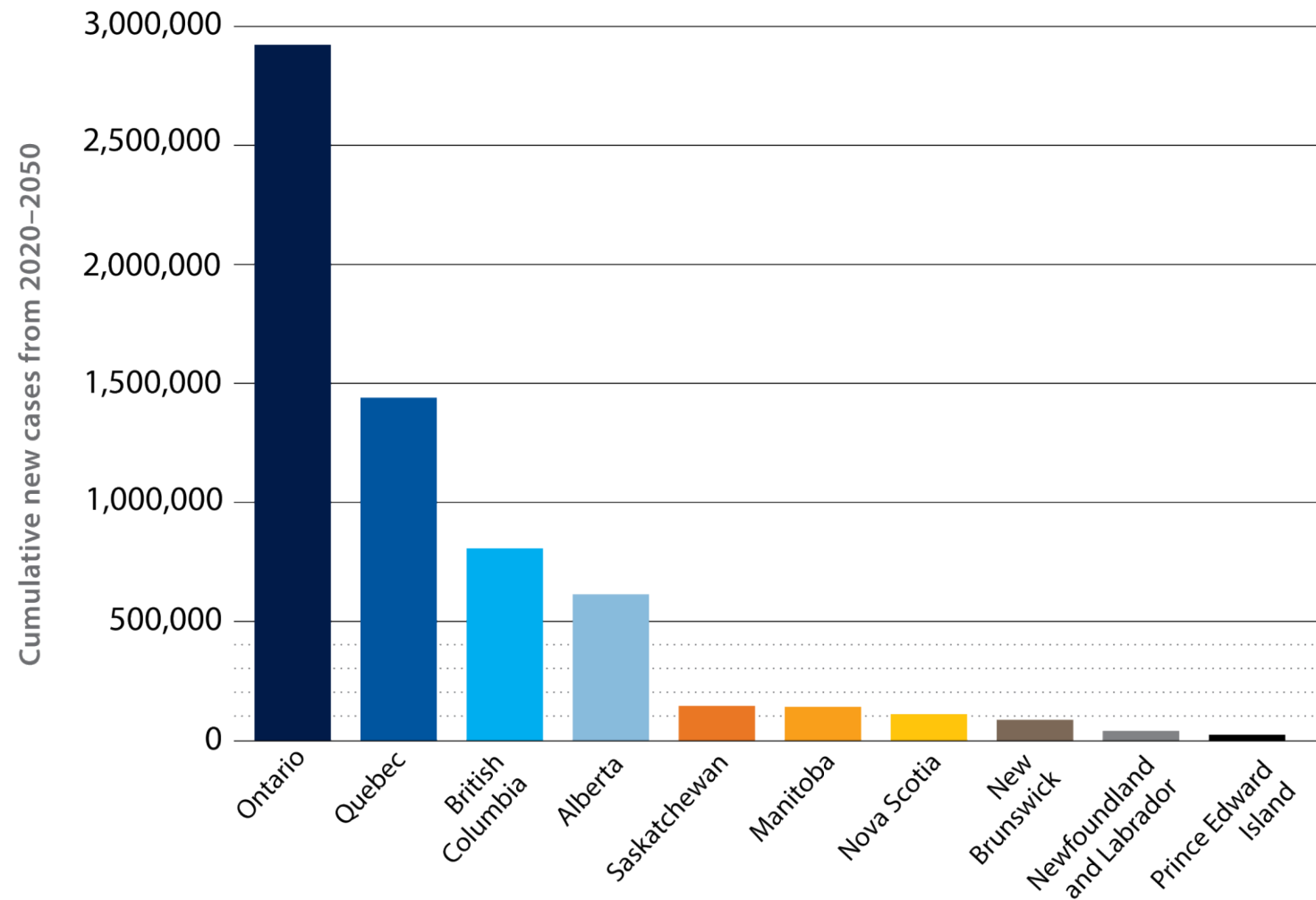
- 21,000 new diagnoses per month
- 700 new diagnoses per day
- 30 new diagnoses every hour

By 2035, the model estimates that over 100K new dementia diagnoses will occur each year in Ontario:

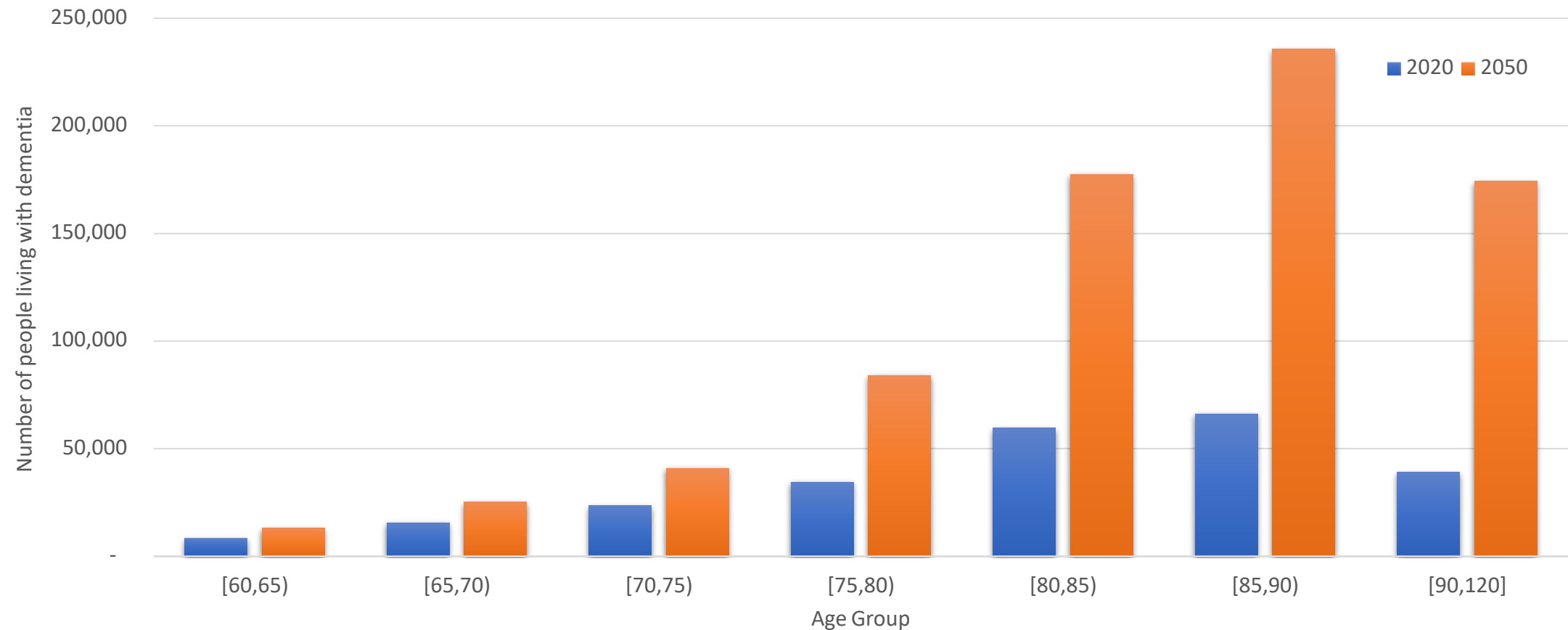
- 8300+ per month
- 275+ per day
- 11+ every hour



Provincial Breakdown of Cumulative Cases



Number of people in Ontario living with dementia by age group, 2020 and 2050.



Support for people living with dementia

- In Canada, most people living with dementia reside at home.
 - 69% of seniors with dementia under the age of 80
 - 58% of those living with dementia over age 80
- People living with advancing dementia often cannot manage their lives on their own.
 - In addition to the care provided by health and social care professionals (including the Alzheimer Societies), most people with dementia living at home will rely on the care and support of care partners.
 - These family members, friends and other volunteers who support the person living with dementia are commonly referred to as “informal caregivers” or **care partners**.

Ontario Care Partner Estimates

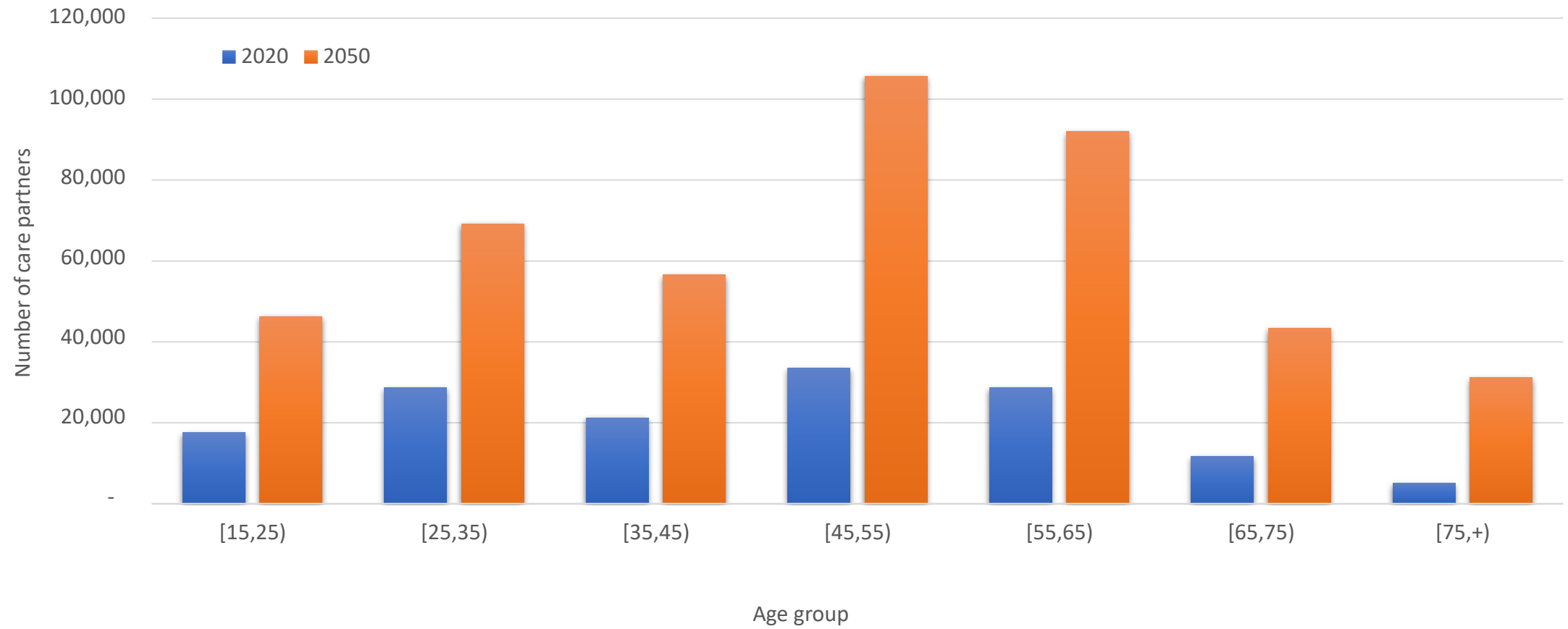
	Male	Female	Total
2020	68,300	78,200	146,500
2050	210,600	233,800	444,400
Increase 2020-2050	208%	200%	203%

If you look at the number of hours of care provided in the province:

2020: Unpaid caregiving for dementia in Ontario is equivalent to 105,300 FT jobs

2050: Unpaid caregiving for dementia in Ontario is equivalent to 322,450 FT jobs

Age distribution of care partners for people living with dementia in Ontario, 2020 and 2050.



Delay in Onset Models

Three hypothetical scenarios were constructed to examine the impact of delaying the onset of dementia:

- Delay of 1 year
- Delay of 5 years
- Delay of 10 years

It is important to note that while no specific mechanism is identified to achieve such reductions, the goal is to understand the effects of such interventions.

Table 7. The number of individuals in Canada who would avoid dementia across the three scenarios where dementia onset is delayed by 1, 5 or 10 years

	1-YEAR DELAY (FEWER CASES)	5-YEAR DELAY (FEWER CASES)	10-YEAR DELAY (FEWER CASES)
ALZHEIMER'S DEMENTIA	236,800	1,128,400	2,039,700
VASCULAR DEMENTIA	118,900	538,800	955,700
OTHER DEMENTIA	138,400	620,500	1,035,300
TOTAL CASES DELAYED	494,000	2,287,800	4,030,700

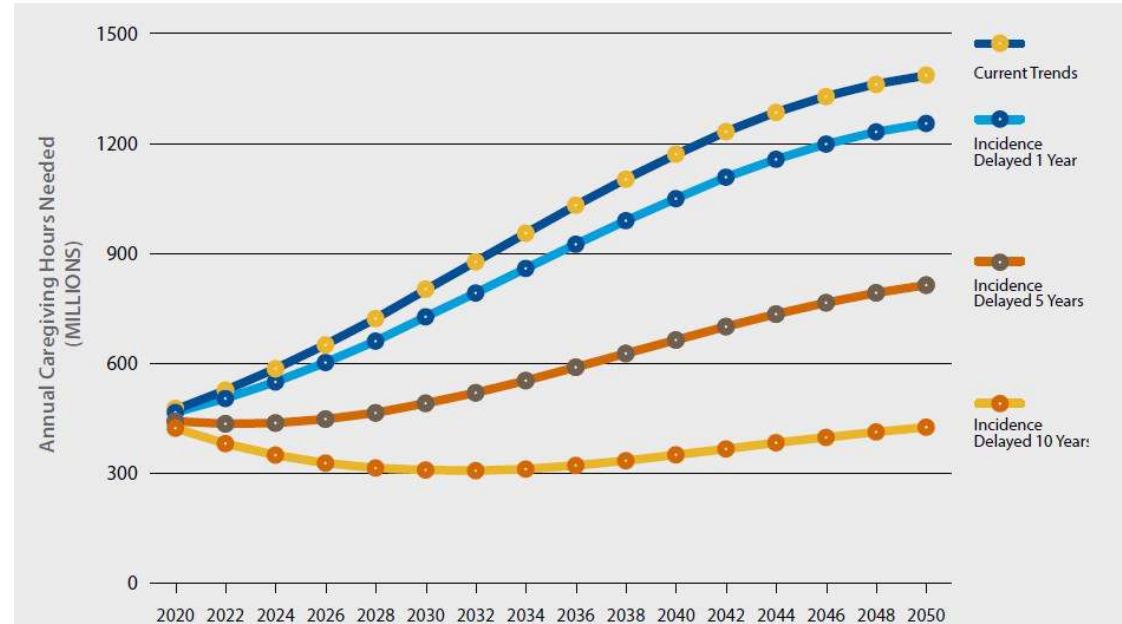
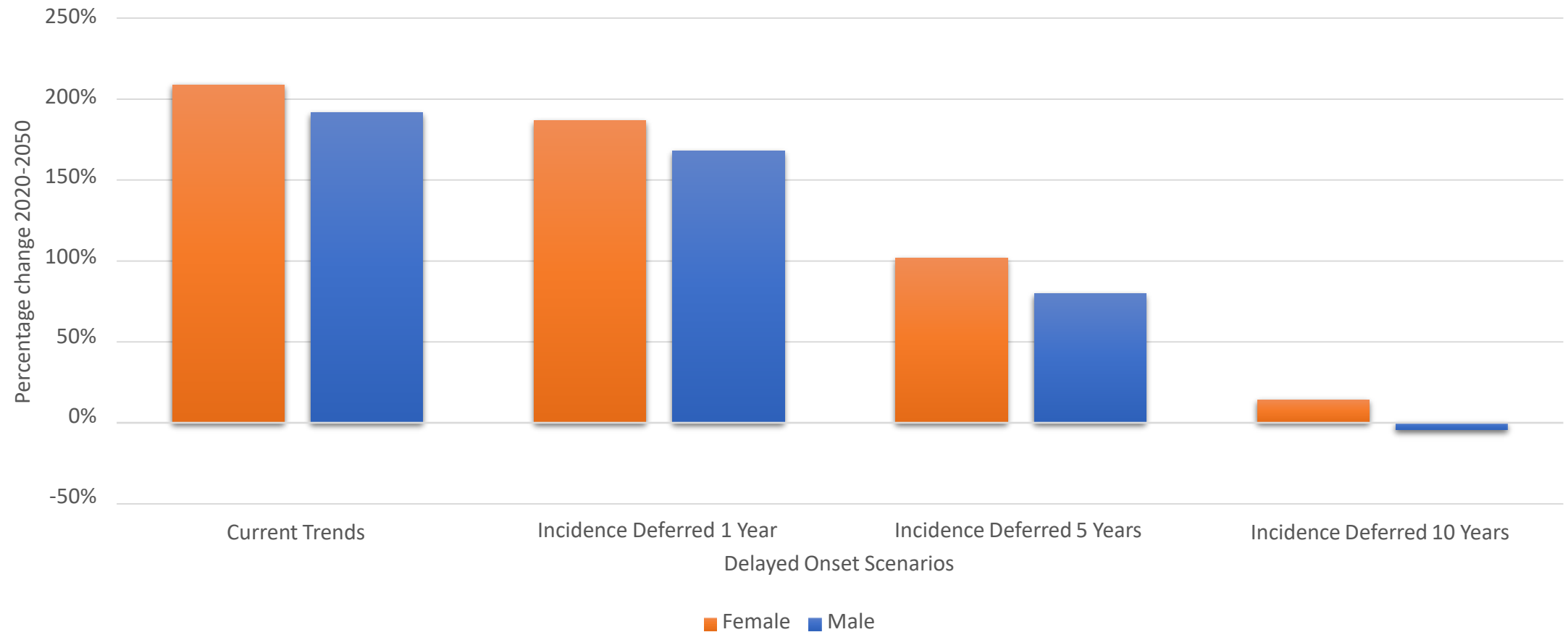
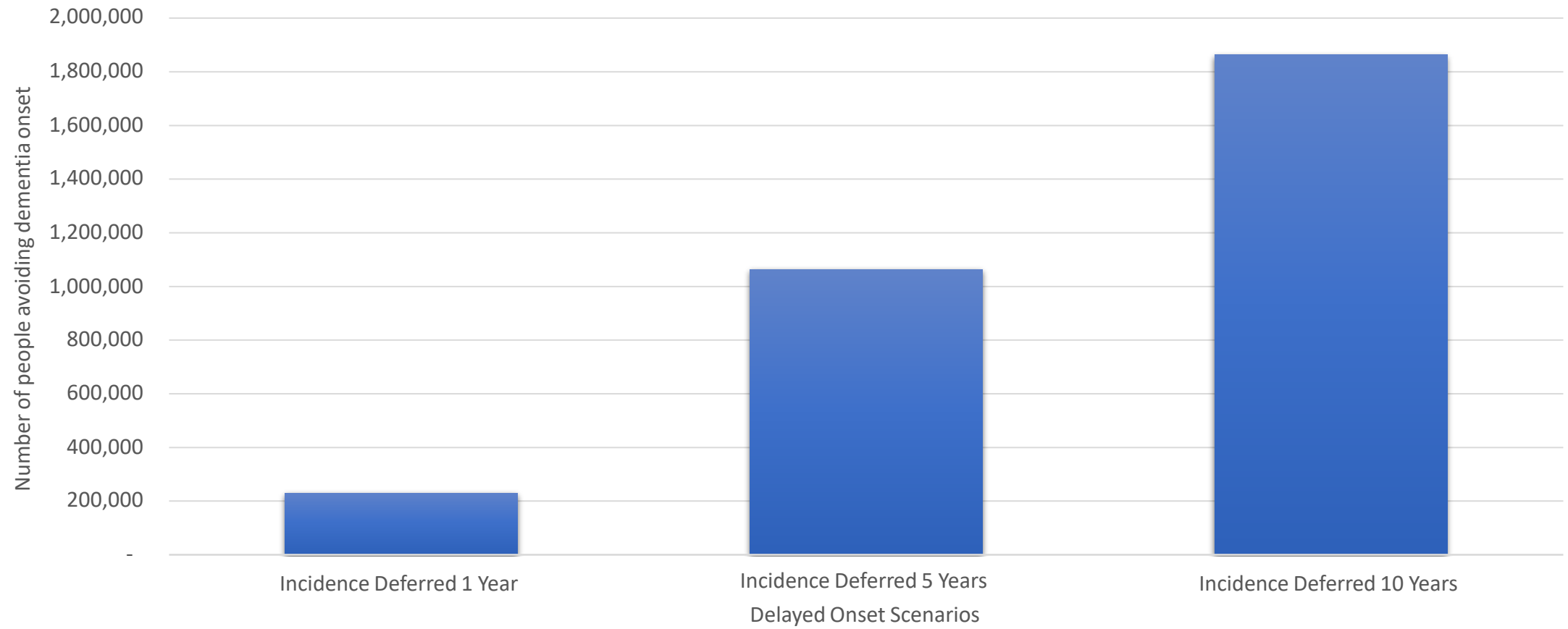


Figure 7. Impact of delaying the onset of dementia on the number of informal caregiving hours needed in Canada, 2020 to 2050.

Impact of delaying dementia onset on the projected number of people living with dementia in Ontario in 2050.



The cumulative number of individuals in Ontario who would avoid dementia across the three scenarios where dementia onset is delayed by 1, 5 or 10 years.



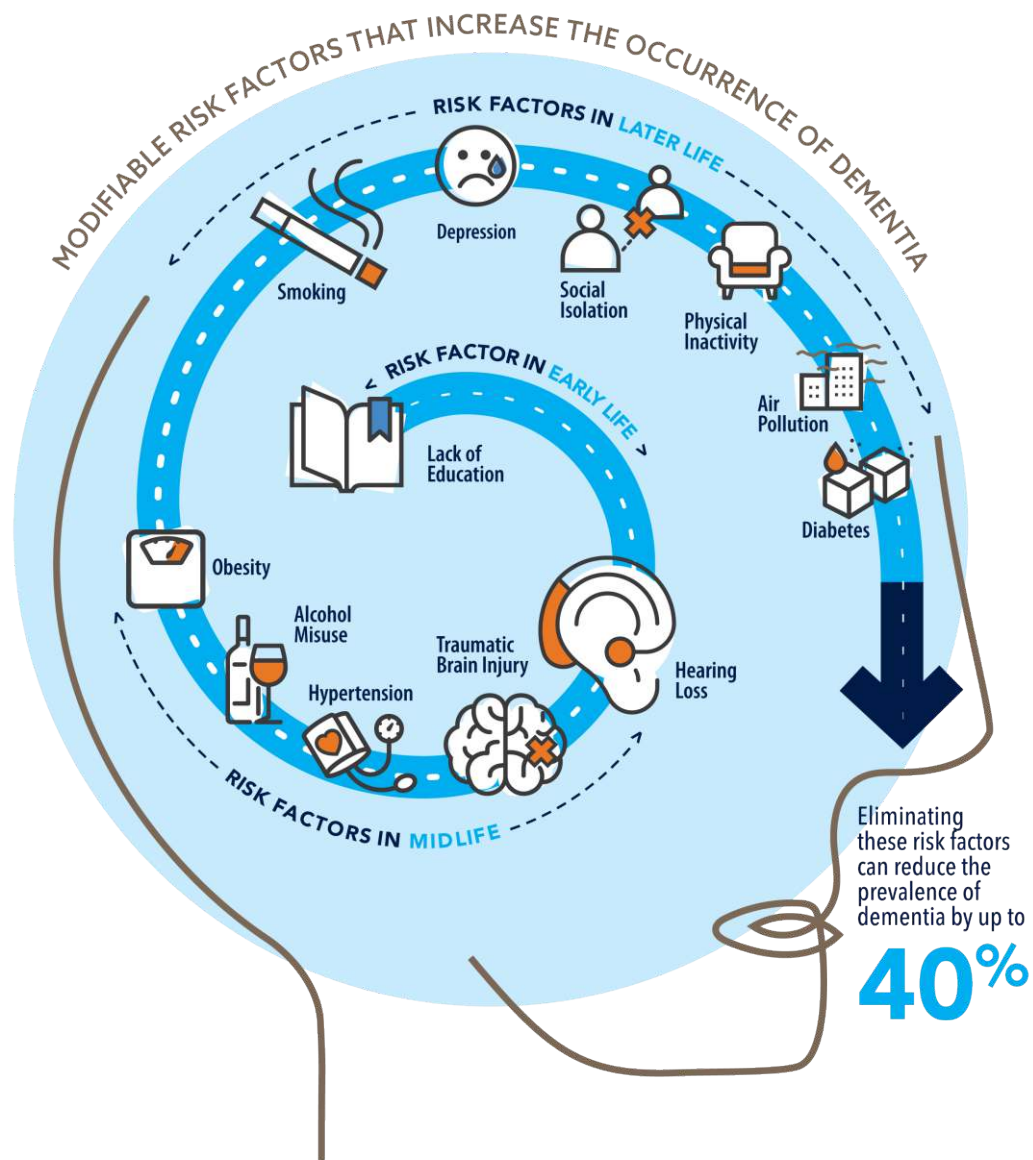


Figure 5. The twelve modifiable risk factors shown above contribute to increased dementia risk (Livingston et al., 2020). Addressing these modifiable risk factors can reduce the prevalence of dementia in Canada.

12 Actions For a Healthier Brain at Any Age



- In contrast to looking at the risk factors, epidemiological studies have found that there are also “protective factors” when it comes to dementia risk.
- These factors include a range of healthy habits that have been shown to reduce the risk of cognitive decline and dementia through actively influencing brain health.

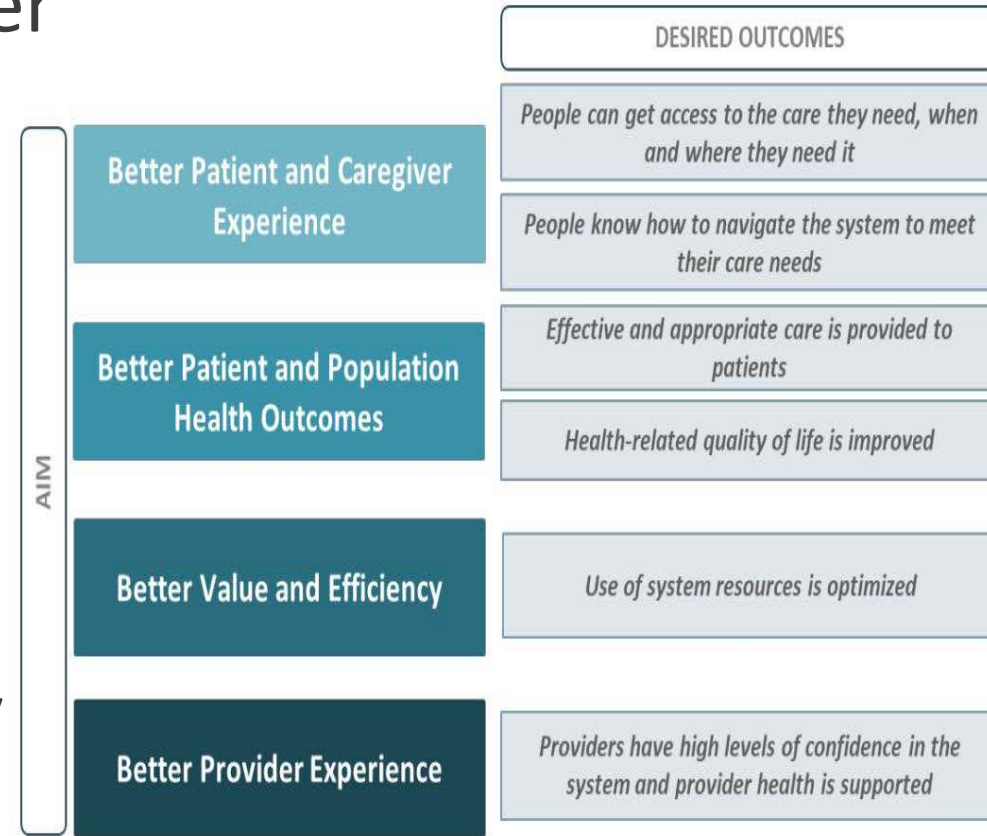
- 1 Be physically active each day.** Reduce sedentary time and move more. This can include all types of physical activities, including walking, running, weightlifting, gardening, yoga, tai chi, swimming, dancing, biking, team sports and yard work.
- 2 Protect your heart.** Monitor your blood pressure, cholesterol and diabetes closely. What's good for the heart is also good for the brain.
- 3 Stay socially active.** Make sure to be engaged with friends and family. Maintain your social network and stay connected.
- 4 Manage your medical conditions.** Keep on top of your overall health. This is directly linked to your brain health and your ability to avoid dementia as you get older.
- 5 Challenge your thinking.** Take on mental leisure activities that you enjoy. Always try to learn new things, no matter what your age.
- 6 Get a good night's sleep every night.** Try to sleep over 6 to 8 hours each night to help maintain your brain health.
- 7 Have depression treated.** Remember that depression is more than just feeling down. Seek help to improve the functioning of your brain.
- 8 Avoid excessive alcohol intake.** Limit your intake of wine, beer and other alcoholic beverages.
- 9 Maintain your hearing.** Use hearing aids if you need them. Protect your hearing from loud noises.
- 10 Find meaning in life.** Find a purpose to get out of bed each day. This is associated with better brain health and reduced dementia risk.
- 11 Avoid all types of head injury.** Steer clear of activities where you might put your brain at risk of harm.
- 12 Adopt healthy behaviours.** Make healthy food choices, reduce avoidable stress, quit or reduce smoking, and get regular check-ups with your doctor. All these actions will positively affect your brain health.

Government Approach to Health Care

- Enthusiasm for challenging “status quo”
- This includes previously taboo topics...privatisation, erosion of consent (Bill 7)
- If it will increase capacity/efficiency, it's on the table

The Quadruple Aim

1. Better patient/caregiver experience
2. Better provider experience
3. Better patient/population health outcomes
4. Better value/efficiency
 - Need to tie asks to one, ideally multiple aims



C: Ontario Ministry of Health and Long-Term Care

Dementia in Ontario Today

- Quadruply missing the mark.
- Reactive, not proactive.
- Dementia **is** hallway healthcare. Dementia **is** long-term care.
- The ideal starting point for government's push for value + efficiency.

Context and Urgency

- **50%** of Ontario's ALC days are attributed to older adults living with dementia (~3,000 beds)
- **One-third** of voters in Ontario have a parent, spouse, or sibling living with dementia
- **Two-thirds** of LTC residents in ON live with dementia
- **Over 260,000** Ontarians live with dementia today—a figure that will triple by 2050
- Ontario's first-ever approved treatment is expected **within the mandate of this government**
- **7.5 years:** wait time in Ontario for a diagnosis when a disease-modifying therapy is approved, with current capacity

Roadmap Towards a Renewed Ontario Dementia Strategy

Alzheimer Society

April 2022

Roadmap Towards a Renewed Ontario Dementia Strategy

Expert Panel Analysis

Submitted by the Alzheimer Society of Ontario



"Those with dementia are still people and they still have stories and they still have character and they're all individuals and they're all unique. And they just need to be interacted with on a human level."
- Carey Mulligan

Roadmap Process

- 21 experts interviewed in Dec 2021/Jan 2022
- Feedback informed 77 costed recommendations
- Recommendations grouped into 13 policy areas
- Five phase implementation plan, starting with Budget 2023
- Intent was to do government's job for it

Top Three Asks

Ontario's experts in dementia care recommend that the provincial government:



Draft and implement a renewed Ontario Dementia Strategy under the purview of a dedicated Secretariat, with the authority to oversee dementia care and make recommendations across the spectrum of government services, including health and long-term care.



Establish integrated community-based care, encompassing community support services, day programs, respite care, home care, memory clinics, occupational therapy, and medical interventions to retain the quality of life of people living with dementia.



Complement the current plan of expanding long-term care homes and building of new long-term care beds by ensuring that the sector has sufficient health human resource capacity and well-trained staff to provide adequate care for older Ontarians, particularly dementia care and behavioural support.

13 Policy Areas

- | | |
|-------------------------------|------------------------------|
| 1. Educational Infrastructure | 8. Economic Burden |
| 2. Quality Standards | 9. Support for Care Partners |
| 3. Primary Care | 10. Elder Abuse |
| 4. Diagnostic Capacity | 11. LTC |
| 5. Specialist Care | 12. Stigma |
| 6. Coordinated Care | 13. Prevention |
| 7. Aging in Place | |

Building Our Case

- *Roadmap* makes good **political** sense:
 - One-third of ON voters have a close family member (spouse, parent, sibling) living with dementia
 - Half of ON voters concerned about developing dementia
 - Nine-in-ten voters agree govt needs to do more to support seniors, especially those living with dementia

Building Our Case

- *Roadmap* makes good **policy** sense:
 - Half of all ALC days, 2/3rds of LTC beds linked to PLWD
 - ON to spend \$28b on LTC/ALC costs of dementia by 2043
 - Treatment is coming, ON isn't ready: 7.5 year wait time

Dementia in Canada:

Where We Are

What's Coming &

How to Get There



Presented by: Laura Tamblyn Watts



- **Canada's national seniors' advocacy organization**
- **Mission: advance the rights and well-being of older Canadians**
- Non-partisan
- Membership-based
- Policy book makes 135 evidence-based policy recommendations across 6 compass points
- 50+ national partners
- 140+ policy wins
- 265% growth this year



Violence and Abuse Prevention



Optimal Health and Wellness



Infection Prevention and Disaster Response



**Caregiving, Long-term Care, Home Care, and
Housing Resources**



Economic Security



Social Inclusion

CanAge.

Learning Objectives

1. Where We Are: Dementia Report
2. What's Coming: Innovation
3. How To Get There: Driving Advocacy



Adult Vaccination in Canada
Cross-Country Report Card **2022**



Cross Canada Comparison



Key Findings

In this year's report, small improvements were noted in many jurisdictions.

We continue to see glaring gaps in access to vaccination programs for older adults. The bad news belongs to BC and Quebec, who are far behind where they should be in adult vaccinations, given their resources. BC finally instituted coverage for the basic, standard flu vaccine for people 18+ this year, leaving Quebec alone and dead-end for influenza coverage. Newfoundland also continues to receive a failing score, which is disappointing in a province which has any number of easy-to-do steps that would help raise its score. Nunavut and the Northwest Territories also struggled again this year, where lack of access to in-person medical care, a remote population, and a limited tax base can make adult vaccination a challenge – but one that was overcome with COVID-19 vaccines. That success makes it clear that progress in these territories is possible, where political will exists.

In the good news category, kudos go to Yukon for most improved jurisdiction. Yukon gained points thanks to implementing a high-dose flu seniors-specific vaccine

coverage program, and providing the recommended shingles vaccines. Yukon also should be commended for its investment in improving its online resources on adult vaccinations.

Good news can also be found in our smallest jurisdiction, Prince Edward Island. This year, PEI joins Ontario and Yukon in funding the recommended shingles vaccine for any adult aged 65+. PEI, in fact, is the forerunner in this report, having the highest grade of all provinces and territories.

Overall, how does Canada do? So badly it is actually shameful given what we have been living through with COVID-19. Indeed, many of the excuses we have heard from governments about how hard it is to fund, provide access to, and current information about adult vaccinations has simply been proven false. We did it for COVID-19 vaccines. We can, and must, do this for the rest of the NACI-recommended vaccines too. This report helps guide specific steps to improve pan-Canadian adult vaccinations.

Specific Communities / communautés spécifiques

Vaccinating Older Indigenous Canadians



Adult Vaccination in Canada – Cross-Country Report (CanI 2022)

Older Indigenous people are less likely than other adults to be up-to-date with their routine vaccinations, further exacerbating low vaccine uptake within some already at-risk communities. One reason for this is that a vast minority of Indigenous seniors has no regular access to health care; another is that Indigenous peoples often face discrimination within the healthcare system, particularly for those who live off-reserve.

The federal government's [Non-Insured Health Benefits \(NIHB\)](#) program provides an ever-growing number of eligible First Nations and Inuit clients with coverage for a range of health benefits that are not covered through other means, such as provincial/territorial health insurance. With an exception of those who live in British Columbia, many Métis Canadians (who are not considered to be "treaty Indians"), are not eligible for the NIHB; the current government flows most of its health care funding for Métis through the Métis National Council.

Most vaccines are already covered through provincially and territorially funded insurance programs, and as such, are not provided through the NIHB. However, the best-in-class vaccine for shingles is covered, but only for clients between 65 and 70 years of age, and as of January 2021. This puts NIHB program recipients ahead of the game compared to other jurisdictions, although access remains an issue for those living in rural and remote areas. We are also concerned that adults under the age of 65, and those over the age of 70, are not eligible for the best-in-class vaccine for shingles. CanAge recommends that the shingles vaccine be made available to all adults aged 50+.

As we demonstrate in the following pages, just because a vaccine is available to an older Canadian, doesn't mean that it is easy to access, or that one is even aware of its existence. This is particularly true for those living in remote and rural communities, such as many Indigenous seniors.

These systemic issues, combined with a substantiated lack of trust in the system, add up to substantially increased health risks for Indigenous Canadians. This is not new information; "Distrust of the healthcare system is pervasive in a study that reviewed vaccination uptake during the 2009 influenza pandemic" amongst the Indigenous population.

We point again and again to the fact that more needs to be done when it comes to immunizing Canadians, and it is particularly true for our Indigenous older adults.

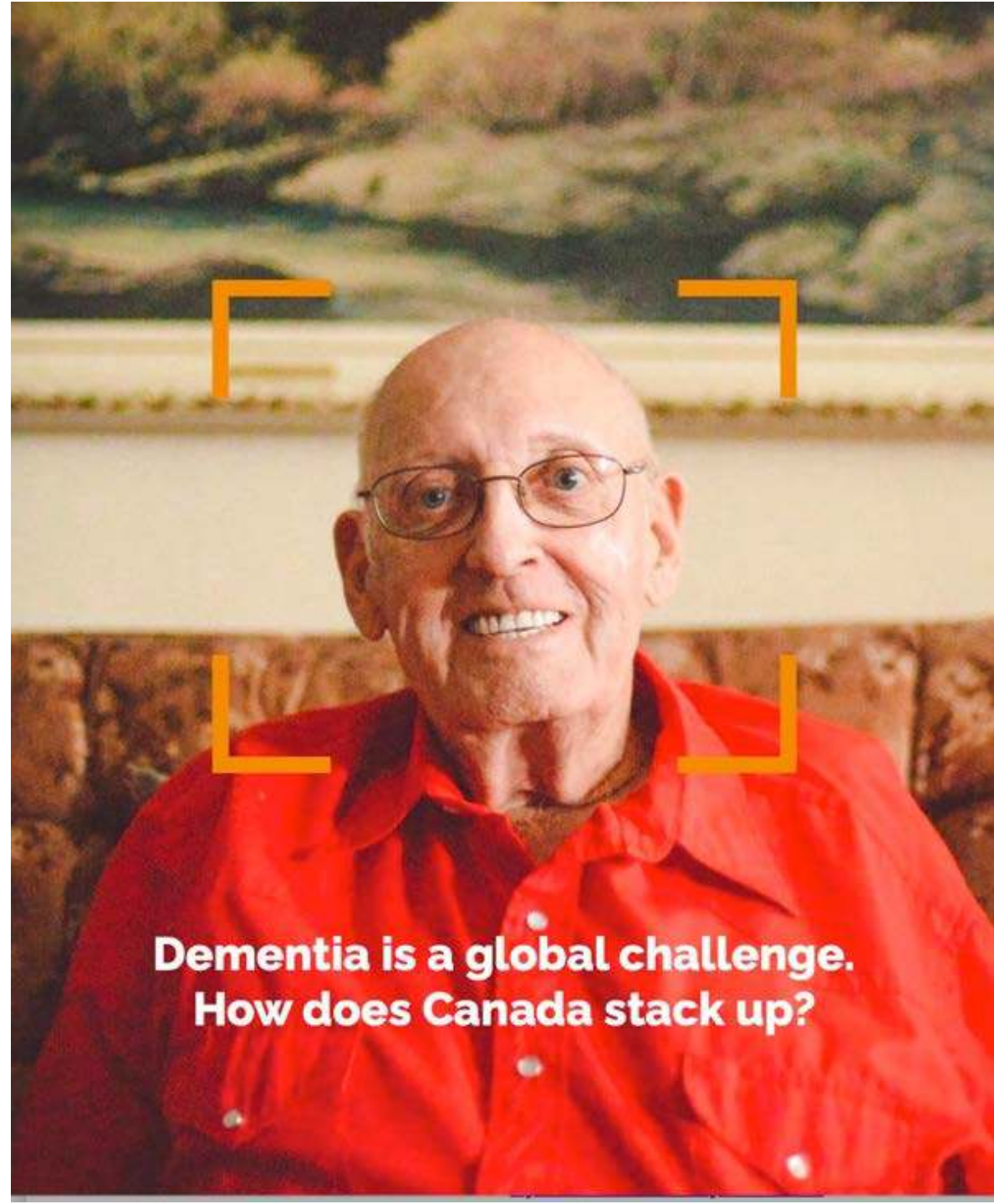
ON vs BC Scorecard / fiche d'évaluation



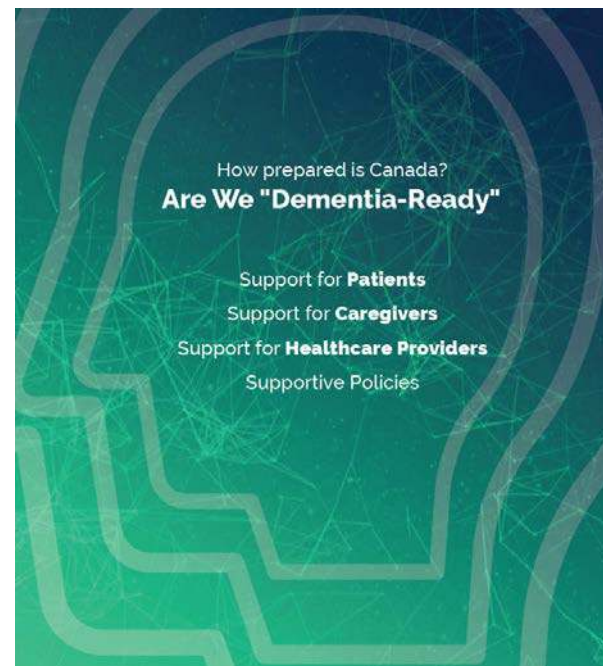
CanAge.

Dementia in Canada

Cross-Country Report 2022



**Dementia is a global challenge.
How does Canada stack up?**



In 2020, in Canada there were:
6,491,030 children 17 or younger
and there were 2,300
paediatricians

**= 1 paediatrician
for every
2,822 children**

In 2020, in Canada there were:
6,835,866 seniors 65+
and only 327 geriatricians

**= 1 geriatrician
for every
20,905 seniors**

An almost 10-fold difference

– Dementia Readiness: Current vs. Future State

Early access to a diagnosis is **CRITICAL** for those living with dementia, **BUT about two-thirds of Canadian primary care practices are not accepting new patients.**^{.21}

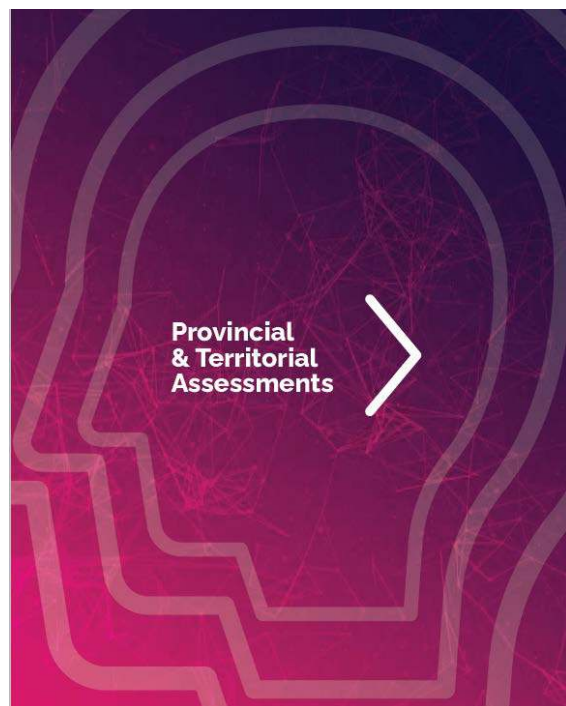
Dementia requires a multidisciplinary approach to care, **BUT fewer Canadian primary care physicians reported having “frequently” coordinated care with social services compared with other countries.**^{.22}

Surveys consistently show that there are many people, patients, caregivers and healthcare professionals that think that dementia is a natural part of aging, **BUT it is not.**^{.23}

Early diagnosis provides several key benefits in treatment and care options, **BUT surveys consistently show that many Canadians fear and avoid dementia.**^{.24}


SEE LINKS: [How Canadians Perceive Dementia](#) and [The 10 Benefits of Early Diagnosis](#) from the Alzheimer Society of Canada.

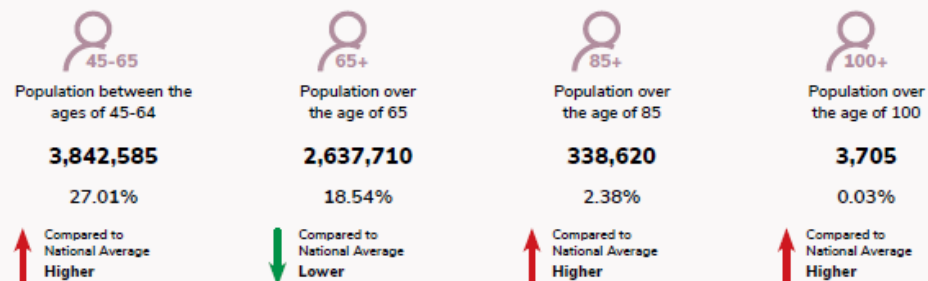
While not all forms of dementia are preventable, there are certain forms that can be delayed or prevented by managing certain risk factors, **BUT most Canadian public health campaigns do not educate the public on how these risk factors are linked to dementia.**^{.25}



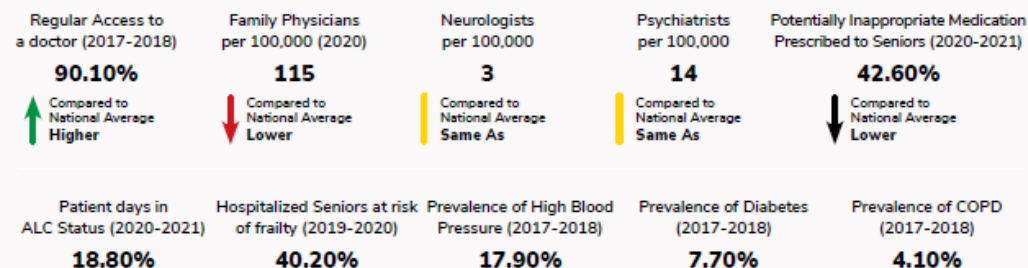
Ontario

HOW THE POPULATION IS AGING ONTARIO

 Total Population **14,223,942**



CURRENT CARE METRICS IN ONTARIO

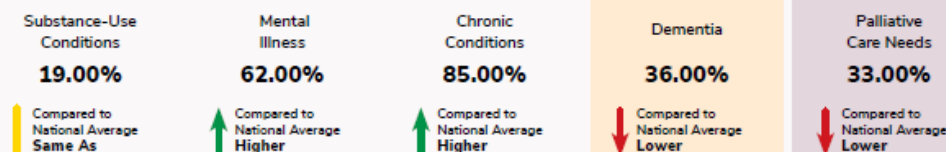


PUBLIC HEALTH PERFORMANCE OF KNOWN RISK FACTORS IN ONTARIO



SURVEY RESPONSES FROM PHYSICIANS IN ONTARIO

Proportion of primary care physicians whose practice is well prepared, with respect to having sufficient skills and experience, to manage care for patients with:



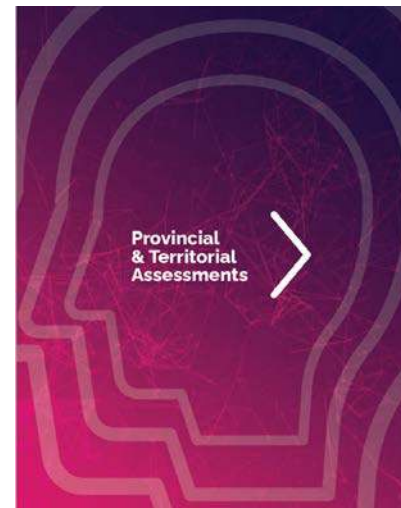


LEADERSHIP	Progressive Conservative Party of Ontario (June 29, 2018)
PREMIER	Doug Ford
MINISTER OF SENIORS	Raymond Cho
MINISTER OF HEALTH	Sylvia Jones
MINISTER OF HOUSING	Steve Clark
CHIEF MEDICAL OFFICER	Dr. Kieran Moore
MINISTER OF LONG-TERM CARE	Paul Calandra

Provincial & Territorial Assessments



POLICY & PLANNING ASSESSMENT	YES/NO/ INCONCLUSIVE
Is there a dementia strategy in operation in this jurisdiction currently?	No
If yes, was this strategy conceived under the current (sitting) government?	N/A
Are there published resources for individuals (and families) who suspect that they may have dementia, which directs them to a health care provider for assessment?	No
Are care pathways published for patients to understand the health navigation process for dementia?	No
Are care pathways published for healthcare providers (HCPs) to understand the health navigation process for dementia patients?	No
Are there published resources for caregivers?	INCONCLUSIVE
Does this jurisdiction's public health website identify dementia as a public health priority?	No
Does this jurisdiction's public health website provide information to its residents on known modifiable behavioural risk factors?	No
Does this province have an initiative that supports dementia-friendly communities?	No
Is open data from the government or health authority available to the public on the incidence and prevalence of dementia within this jurisdiction?	No
Is this data current?	N/A
Is there a ministry with a dedicated or shared portfolio for seniors within this jurisdiction?	Yes
Are mandate letters for this government up to date and made public?	No



Is this jurisdiction considered "Dementia-Ready"?

(Support for Patients - Support for Caregivers - Support for Healthcare Providers - Supportive Policies)

NO

Key Findings

1. Ontario's population is higher than the Canadian average in three of the four age brackets identified, but those brackets represent over 45% of the population.
2. Ontario's physicians reported higher confidence ratings than the national average on both dementia care and palliative care preparedness. In fact, Ontario ranks in the bottom two provinces for dementia preparedness.
3. Ontario does not have a current dementia strategy.
4. Ontario has not made dementia a public health priority.



For Canadians living with dementia, we ask for:

- Timely access to a diagnosis
- Resources and information available to best inform physicians, patients and families
- Resources and training available for patients and their caregivers
- Confidence that family physicians are knowledgeable and understand how to manage and/or refer patients for dementia care
- Clear care pathways that provide clear understanding of how to access supports as one's needs change over time
- Treatment with dignity, respect, and included as a part of society
- The ability to preserve one's independence, autonomy and rights to live and age well in Canada, while being protected from abuse, stigma, isolation, or unfair treatment
- Clear access to innovative technologies, research studies and clinical trials
- Canada's unwavering commitment to funding research and finding a cure



For Caregivers supporting those living with dementia, we ask for:

- Recognition of caregivers as an essential and critical part of the continuum of care for those living with dementia
- Resources and information available to best inform physicians, patients and families
- Resources and training available for caregivers to help them feel confident in their ability to help
- Clear care pathways that provide clear understanding of how to access supports as one's needs change over time
- Treatment with dignity, respect, as a part of one's care team
- Increased supports and flexible options for families to take leave, secure family caregiving benefits, and enhanced financial security measures
- The ability to honour one's independence, autonomy and rights to live and age well in Canada, while protecting their loved ones from abuse, stigma, isolation, or unfair treatment
- Increased respite care, and other key supports for family caregivers
- Clear access to innovative technologies, research studies and clinical trials
- Canada's unwavering commitment to funding research and finding a cure



For Canada's Healthcare Workers, we ask for:

- Clearly laid outcare pathways and procedures to support timely, accurate and early diagnosis
- Supports that aid physicians in developing greater confidence in their ability to support their patients living with dementia
- Resources, information and training to best equip physicians, on how to provide care, refer care, and/or route to specialty services within the community
- Clear care pathways that provide clear understanding of how to access supports as one's needs change over time
- Dementia-friendly training to equip healthcare workers with the knowledge needed to best serve the needs of patients with dementia
- Dementia-friendly training and certification for staffing within Canada's hospitals
- The ability to honour one's independence, autonomy and rights to live and age well in Canada, while protecting those living with dementia from abuse, stigma, isolation, or unfair treatment
- Clear access to innovative technologies, research studies and clinical trials
- Canada's unwavering commitment to funding research, innovation, and finding a cure

2. What's Coming

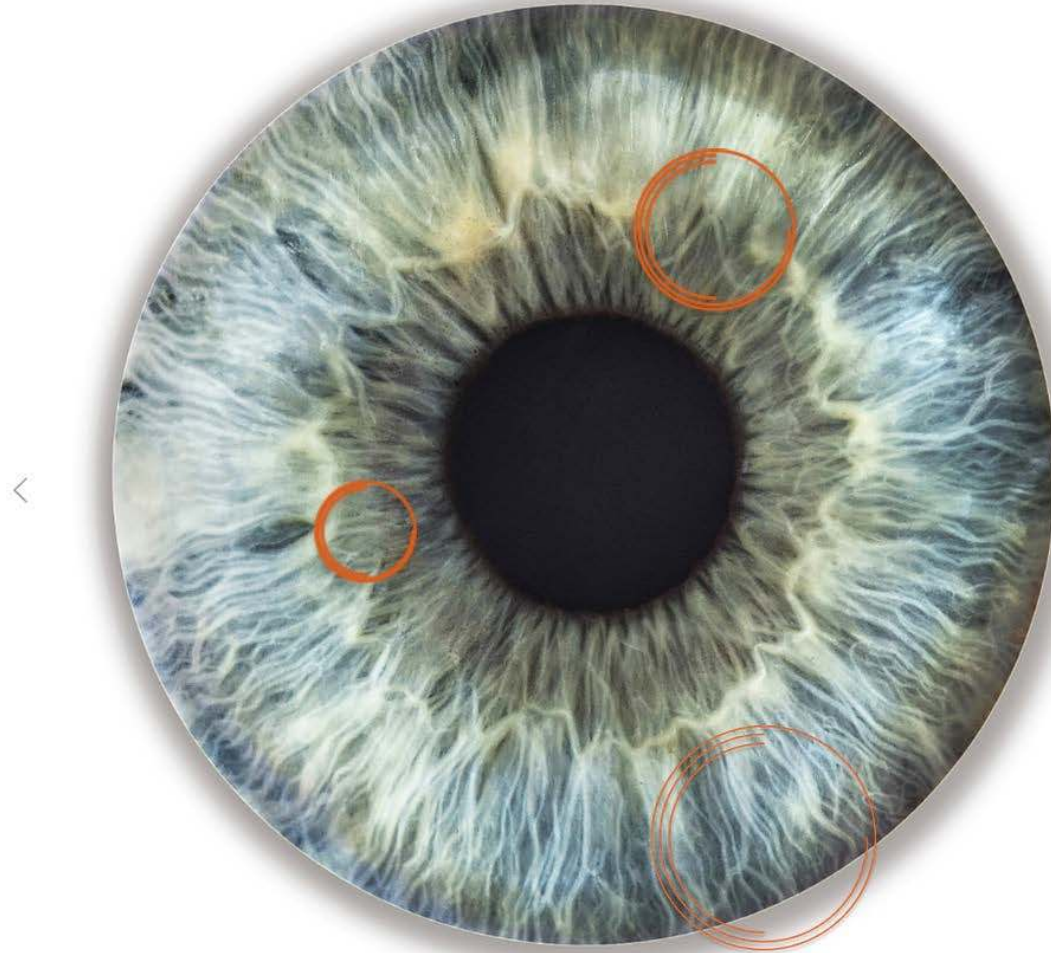


Technological Innovation

DIAGNOSIS



RETISPEC





Winterlight Labs





- ADAS-Cog

- CDR

- MMSE

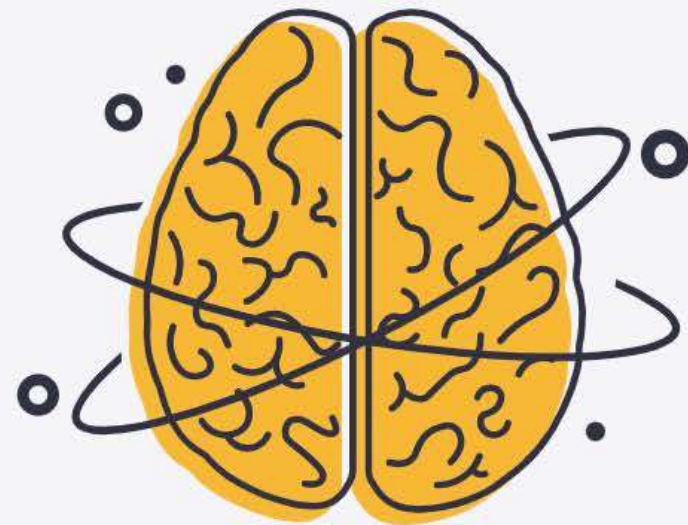
- MoCA

- PANSS

- HAM-D +++



,



Medications approved to treat Alzheimer's disease

5 min read


There are no treatments today that can cure Alzheimer's disease. However, there are currently four medications, approved by Health Canada, that can help manage symptoms of the disease. Learn about them on this page.

Which medication can help you?

Medications to treat Alzheimer's may slow the rate of cognitive decline, or help with symptoms such as changes in language, thinking abilities and movement.

Each medication has a brand name and a generic name.

- **Aricept™** (brand name) or **Donepezil** (generic name)
- **Reminyl ER™** (brand name) or **Galantamine** (generic name)
- **Exelon™** (brand name) or **Rivastigmine** (generic name)
- **Ebixa®** (brand name) or **Memantine** (generic name)

 For the purpose of your treatment, it doesn't matter whether the medication is brand name or generic – their effects are the same.

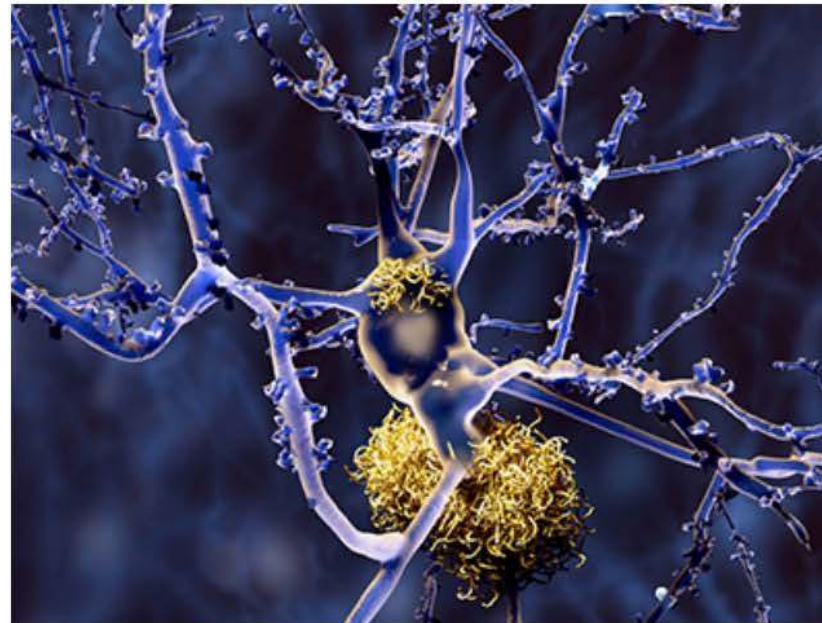
Depending on how severe your symptoms are and how quickly the disease progresses, different medications may be appropriate.

New Medications and Molecules

Aducanumab (Aduhelm™) has received accelerated approval as a treatment for Alzheimer's disease from the U.S. Food and Drug Administration (FDA). This is the first FDA-approved therapy to address the underlying biology of Alzheimer's disease.

It is the first therapy to demonstrate that removing beta-amyloid, one of the hallmarks of Alzheimer's disease, from the brain is reasonably likely to reduce cognitive and functional decline in people living with early Alzheimer's.

Approval of this therapy underscores the importance of early detection and accurate diagnosis. We encourage people who are interested in learning more about this treatment, for themselves or a loved one, to have a conversation with their health care provider.



-3. How Do We Get There



Policy

POLICY - identifying a problem together with an idea on how best to improve it for the largest number of people

Advocacy

ADVOCACY - the active persuasion, lobbying or campaigning to make a third-party decision-maker, care about your goal, rationale, and methods and take a step towards implementation



Government



Advocacy



Community

CanAge.

How to develop a Policy Framework

1. Clear Issue
2. Research
3. Consult
4. ID Level of government
5. Type of Switch
6. ID Solution(s)
7. Costs
8. Critics
9. Political language
10. Alternatives



Developing a Policy Pitch

1. Introduction
2. The ASK
3. Problem, Solution, Costs, Critics,
4. Solution
5. Costs
6. Critics and counter arguments
7. What success would look like
8. Repeat the ASK
9. Thank them for their time
10. Leave a handout

Storytelling

Make it personal

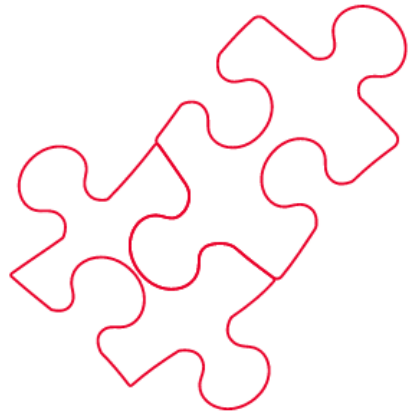
Government Relations Strategies

1. How does your government work
2. Know their agenda
3. Develop a rapport with their booking person
4. Research the person you are meeting with
5. Know the Policy Cycles

Things to avoid

1. Not doing a full scan of all research
2. Not identifying all the players involved
3. Too much information
4. Not tailoring messages to your audience
5. Dry or boring
6. Lack of supporting evidence
7. Working in a silo - talk to the end user
8. Stopping too soon
9. Using vague words
10. Bad timing





Conclusion

If you have any questions, please contact

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Questions

CanAge.

Société Alzheimer Society
ONTARIO

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Continuing the Conversation

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<https://alzheimer.ca/on/en/about-us/alzheimer-society-ontario>

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www.canage.ca/voices

www.canage.ca/join



FREE WEBINAR



**Elder Abuse
Prevention
Ontario**

Do Interventions to Reduce Ageism Work? A Meta-Analysis Review Finds Promising Results

December 7th

12 NOON - 1:00 PM ET

SPEAKERS

DR. DAVID BURNES



SHEILA SCHUEHLEIN

Associate Professor at the University of Toronto,
Factor-Inwentash Faculty of Social Work

Consultant,
Elder Abuse Prevention Ontario

Register: https://eapon.ca/ageism_interventions



FREE WEBINAR



**Elder Abuse
Prevention
Ontario**

Closing the Gap: Promoting Health and Dignity for Black Older Adults

December 8th

1:00 PM - 2:00 PM ET

SPEAKERS

Dr. Mireille Norris MD, MHsc, FRCPC
Internist, Geriatrician, Sunnybrook Hospital

Dr. Denbow Burke
Family Physician



Register: https://eapon.ca/Closing_the_Gap

Your Feedback is important to us!

WE WOULD
APPRECIATE HEARING
FROM YOU.
**Please take a few
minutes to complete
our survey!**



Elder Abuse
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Ontario



SCAN ME



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GIVING
TUESDAY

PLEASE GIVE



GIVING TUESDAY Nov 29

Now more than ever we are called upon to make a difference.

IT STARTS WITH ONE SMALL ACT OF KINDNESS.



You can make a meaningful impact
on Giving Tuesday ❤️



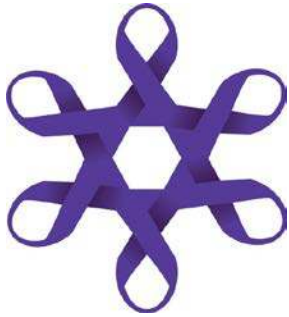
Elder Abuse
Prevention
Ontario

GIVING
TUESDAY

Nov
29



SCAN ME



Contact Us

Comments? Questions?

Raeann Rideout

Director Strategic Partnerships
Elder Abuse Prevention Ontario

Tel: 705.927.3114

www.eapon.ca

@EApventionON

A purple rectangular tag with a hole on the left side is placed on a rustic wooden surface. A light-colored string is looped through the hole. Three white daisies with yellow centers are scattered around the tag: one in the foreground to the right, and two in the background. The text 'Thank you!' is written in a black, cursive script on the tag.

Thank
you!