



Dementia in Canada

Presentation to the Standing Senate Committee on Social
Affairs, Science and Technology

Speaking Notes

Veronique Boscart, RN, PhD

President – CGNA

Region 4 Representative – RNAO Board of Directors

April 13, 2016



Thank you for the opportunity to appear before the committee to address dementia in Canada. Today I am here representing the Canadian Gerontological Nursing Association and the Registered Nurses' Association of Ontario. The **Canadian Gerontological Nursing Association** (CGNA) is the national organization representing gerontological nurses and promotes gerontological nursing practice across national and international boundaries. The **Registered Nurses' Association of Ontario** (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP) and nursing students in Ontario.

In preparation for this presentation, CGNA and RNAO developed a joint submission and 12 recommendations on five key areas related to dementia care in Canada.

The first key area is **Health System Resources**.

Dementia is a highly complex illness that encompasses responding to biomedical, psychosocial and ethical challenges. This multifaceted illness requires a multifaceted approach, which includes various health and social services. It also requires health human resources equipped with the knowledge and skills to manage this chronic disease. An ample supply, distribution and utilization of health professionals, including registered nurses and nurse practitioners, working together in teams is critical to support people living with dementia. This should be one of the key elements included in the next *Health Accord*, along with enforcing the *Canada Health Act*, appropriately increasing health funding, reinstating the Health Council of Canada and expanding Medicare to include universal home care and pharmacare without co-payments or user fees.

The second key area is **Education**.

It is imperative that registered nurses, nurse practitioners, and others, including unregulated providers, have opportunities to enrich their knowledge skills and competencies to care for persons with dementia. This can happen through dedicated education in gerontology and chronic disease management. Efforts should also be made to provide human and financial resources to support uptake in practice and education, of the most current and relevant evidence to ensure the highest quality, evidence-based care for Canadians with dementia. One shining example of this in action is RNAO's award-winning Nursing Best Practice Guideline program. RNAO translates evidence into practice and healthy work environment guidelines and a number of implementation resources to improve health service delivery. The results of this work are staggering and being adopted throughout the world.

It is also important that the Canadian health system aligns the knowledge and skill of our health workforce with the needs of people. Exciting efforts are underway in Ontario and other jurisdictions to authorize RNs to prescribe medications. We are calling for an independent model of prescribing that can be used to provide accessible and continuous care for persons experiencing dementia. This will minimize unnecessary transfers, which can be problematic for persons with dementia.

The third key area is **Housing**.

Fostering living well with dementia means efforts should be made to support persons to remain within their own homes and communities. This requires access to appropriate home and community supports and assistance for care partners. Well organized home care services, and sufficient and suitable day programs are important staples of supporting aging at home and providing care partners with the resources and supports they need. When a person with dementia is no longer able to live safely and independently at home, they may consider transitioning to a more supported care setting (e.g., supportive housing, assisted living) to avoid premature or inappropriate institutional care. As a society, we must ensure that all Canadians with dementia, regardless of their socioeconomic status, have access to appropriate housing. This

can be done by ensuring that accessible housing models exist that accommodate various levels of care needs and abilities, and resembles living at home. We further urge for the application of a health equity lens in government decision-making to better understand the sociocultural and economic factors that persons with dementia and their care partners' experience.

The fourth key area is **Care Partners**.

The role of care partners, family members, friends and others are critical to support persons living with dementia. Compared to caregivers of older adults who retained cognitive abilities, care partners of persons with dementia are more likely to experience chronic health problems, depression, and social isolation. We urge the committee to recognize and value the integral role of care partners for persons experiencing dementia and ensure structured support exist, including accessible day programs and respite care. We also call on you to support efforts that co-ordinate information about local services and programs under one body. Features of the services and programs should be clearly communicated to the public (i.e. provision of meal, length of session, age requirements, etc.).

The final key area is **Integration of Health and Social Services**.

A shift is needed in Canadian health policy from a focus on individual sectors to a broader, integrated model of health and social services. Interprofessional primary care delivery that utilizes teams of regulated health professionals practising to their full scope supports an alignment between health and social services. Interprofessional team-based primary care models enable providers to enter into long-term therapeutic relationships whereby all of a person's health and social needs can be co-ordinated, in collaboration with service providers within the community. For persons with dementia, these models give them consistent access to a single point of contact for their care. Primary care Registered Nurses are ready to serve as dedicated care co-ordinators.

In conclusion, RNAO and CGNA are grateful the Standing Senate Committee on Social Affairs, Science and Technology for the opportunity to contribute to your work. We look forward to seeing our recommendations integrated into your final report and would welcome the opportunity for further dialogue on this important issue. I look forward to answering your questions.