Addressing the needs of our aging population in a new Health Accord

In 2015 for the first time in Canada’s history, persons aged 65 years and older outnumbered those under 15 years of age.¹

Our health care system must adapt to the changing needs of our aging population.

As the federal minister of health engages with the provinces and territories in the development of a new Health Accord, the CMA is highlighting areas in need of innovation.

Supporting informal caregivers in a new Health Accord

Canada’s health sector relies heavily on unpaid caregivers to look after seniors. Approximately 8.1 million Canadians are currently serving as informal, unpaid caregivers to family members and friends.²

In 2007, informal caregivers provided over 1.5 billion hours of home care — more than 10 times the number of paid hours that year.¹² The value of this contribution to the economy was estimated at approximately $25 billion in 2009.²³

Despite their tremendous value, most informal caregivers receive little or no support in terms tax breaks, leave and respite support. Employment flexibility is limited and tax credits are insufficient to cover costs.

- Informal caregivers incurred over $80 million in out-of-pocket expenses related to caregiving in 2009.²³
- Only 5% of caregivers providing care to parents reported receiving financial assistance.²⁴
- Twenty-eight per cent reported needing more assistance than they received.²⁵

What is the CMA recommending?

As an initial step, the CMA recommends that the federal government amend the caregiver and family caregiver tax credits to make them refundable. This would increase the amount of financial support for family caregivers.

What would this recommendation cost?

It is estimated that this measure would cost $90.8 million in 2017–18.

“This is not how I expected I would spend my retirement,” says Sharon, a recently retired mother and grandmother in Ottawa, who spent four years caring for her spouse, 11 years her senior.

“I was thrust into an entirely new role,” says Sharon. “I became a full-time, 14-hour-a-day caregiver, but more than that, I became a driver, a project manager, a case manager, a health records administrator, a pharmaceutical coordinator and a home and wound care secretary.”

“We were looking at a patchwork of health services to keep him stable,” says Sharon. “I knew it would be up to me to coordinate it all.”

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