

# Written Submission to Finance Canada's Pre-Budget Consultation in Advance of the Upcoming Federal Budget

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*Société Alzheimer Society*  
CANADA

September 8, 2026

## **Territorial Acknowledgment**

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We acknowledge that we exist on the traditional and ancestral territories of Indigenous Peoples. This land has been inhabited, cared for and governed by First Nations, Inuit and Métis Peoples. We recognize that these lands include both treaty and unceded territories, and regions governed by longstanding Indigenous cultural traditions. We recognize the enduring presence and inherent rights and cultures of all Indigenous people and affirm our collective responsibility to uphold the spirit and intent of treaty relationships where they exist and to engage in meaningful acts of reconciliation.

We are committed to ongoing learning, reflection and meaningful action in support of truth and reconciliation.

**The Alzheimer Society of Canada recommends targeted federal investments that strengthen economic growth, support workforce participation and ensure people living with dementia and care partners can access timely, person-centred care.**

**Recommendation #1** That the Government of Canada support Canada's Drug Agency in establishing a Dementia Clinical Advisory Panel to guide the assessment and implementation of emerging Alzheimer's disease therapies.

**Recommendation #2** That the Government of Canada renew and strengthen federal investment under the National Dementia Strategy to scale proven initiatives and improve risk reduction, early detection and system readiness, improving quality of life for people living with dementia and care partners, while strengthening Canada's readiness to mitigate the impact dementia has beyond the health system.

**Recommendation #3** That the Government of Canada advance timely, accessible and sustainable supports for care partners, drawing on leading practices and recommendations such as those identified in the Canadian Centre for Caregiving Excellence's *National Caregiving Strategy for Canada*.

**“An early diagnosis would have been a game changer for us. Not only to try medications to slow his progression but also to have a better understanding of his wishes.”**

**— Amy, Ontario-based care partner**

## Introduction

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Dementia is one of Canada's fastest-growing health, social and economic challenges, with direct implications for labour force participation and public spending. More than 770,000 people currently live with dementia in Canada, and approximately 8.7% of Canadians aged 65 and older are affected. The Alzheimer Society of Canada's Landmark Study projects that this number will increase by 187% by 2050, reaching more than 1.7 million people as demographic pressures intensify. Globally, dementia is now the seventh leading cause of death and a major cause of disability among older adults. The World Health Organization has recognized dementia as one of the greatest health challenges of our time.

To put this growth into perspective, by 2050 the number of Canadians living with dementia could exceed the entire population of the Ottawa-Gatineau metropolitan area—or be enough to fill Toronto's Rogers Centre more than 43 times.

Scientific advances are transforming how dementia is diagnosed and treated. Emerging disease-modifying therapies for Alzheimer's disease require earlier diagnosis, biomarker confirmation, specialized monitoring and coordinated care pathways that many health systems are not yet prepared to deliver. These developments represent a fundamental shift in how dementia care must be organized and delivered in Canada.

The impact extends well beyond the health system. Dementia places significant pressure on people living with dementia, their families, care partners, employers and the broader economy. In 2020, approximately 350,000 care partners provided an estimated 470 million hours of unpaid care annually, equivalent to more than 235,000 full-time jobs. Many care partners reduce work hours, decline advancement or leave the workforce entirely to provide care, affecting household income, employer productivity and Canada's available workforce. As prevalence increases, the number of care partners is projected to more than triple to over one million by 2050, with care demands reaching nearly 1.4 billion hours annually.

This is growing reliance on unpaid care has significant implications for labour force participation, productivity and inclusive growth. These pressures are compounded by uneven access to diagnosis, care and support across Canada, particularly for people living with dementia and care partners in rural and remote communities, as well as among Indigenous Peoples, newcomers and other underserved populations.

When people and care partners cannot access timely diagnosis and support, families absorb avoidable costs and workers may be pushed out of paid employment sooner than necessary. The Alzheimer's Association in the United States has advised that without timely access to diagnosis and treatment, we risk creating the greatest health inequity of our generation by failing to act.

Canada is among a limited number of countries globally with a national dementia strategy, yet current funding levels constrain its ability to translate policy into consistent, measurable system outcomes.

Together, these trends underscore the need for a coordinated national response. Preparing Canada for emerging Alzheimer's disease therapies, strengthening the implementation of the National Dementia Strategy and improving early diagnosis will be critical to reducing system pressures, supporting care partners and ensuring Canadians can access timely and appropriate care.

## Recommendation #1: Prepare Canada for emerging Alzheimer's disease therapies

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Support Canada's Drug Agency in establishing a Dementia Clinical Advisory Panel to inform the health technology assessment and reimbursement reviews of emerging disease-modifying therapies for Alzheimer's disease. This can be done within the existing expert advisory structure of Canada's Drug Agency, similar to the pan-Canadian Oncology Drug Review process for cancer drugs.

The panel should include people with lived experience, alongside those with expertise in neurology, geriatric medicine, geriatric psychiatry, primary care, diagnostics and ethics, and provide guidance on appropriate use criteria, biomarker diagnostics and safety monitoring to support consistent and equitable access across Canada.

### Rationale

Investing in disease-modifying therapies for Alzheimer's disease has the potential to reduce long-term healthcare and social care costs by delaying disease progression, decreasing hospitalizations and postponing the need for long-term care. For people living with dementia, earlier and better-coordinated access can mean more time living independently, making decisions about the future and participating in family, community and work life. By helping people living with dementia maintain their independence longer and reducing reliance on care partner support, these investments can also support labour force participation and generate broader economic returns beyond the health system.

National drug assessment, reimbursement recommendations for public drug plans and pan-Canadian coordination are federal responsibilities carried out through Health Canada and Canada's Drug Agency. While provinces are responsible for delivery and implementation, federal leadership is necessary to ensure that clinical guidance, diagnostic standards and monitoring protocols are consistent across jurisdictions. Without coordinated national guidance, provinces risk developing fragmented diagnostic and monitoring pathways that could delay access to treatment and increase system costs.

Leveraging expertise and transmitting guidance at the national level will help ensure that reimbursement decisions reflect the complexity of Alzheimer's disease treatments and that health systems are prepared to to adopt them responsibly, while supporting consistent and equitable access across Canada, including for people living with dementia in rural, remote and underserved communities.

Current federal drug assessment processes are well-equipped for areas such as oncology, where disease-specific expertise and established pathways support decision-making under uncertainty. Comparable structures do not yet exist for neurodegenerative conditions such as Alzheimer's disease. Embedding this expertise within Canada's Drug Agency will help ensure these therapies are assessed in a way that reflects their full value to people living with dementia, care partners and the health system. This recommendation builds on Canada's Drug Agency's *Health System Readiness for Disease-Modifying Therapies for Alzheimer Disease* (2024), which identified the need for coordinated implementation across jurisdictions.

## Recommendation #2: Operationalize the National Dementia Strategy

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That the Government of Canada renew federal investment in the National Dementia Strategy through a new five-year commitment of at least \$50 million, building on the original federal investment, including investments in the Dementia Strategic Fund, the Enhanced Dementia Surveillance Initiative and the Dementia Community Investment, which flow from the fund.

Funding should focus on sustaining and scaling initiatives that have already demonstrated success through federally funded pilot projects, while supporting measurable progress through national indicators and public reporting on outcomes.

### Rationale

Since its launch in 2019, Canada's National Dementia Strategy has relied on a limited, time-bound funding envelope of \$50 million over five years. The strategy outlined a coordinated national approach to dementia, built around three core objectives: preventing dementia, advancing therapies and finding a cure, and improving quality of life for people living with dementia and their care partners. It also emphasized reducing stigma, supporting dementia-inclusive communities and strengthening the systems and workforce that provide care.<sup>1</sup>

Recent federal fiscal pressures, including constrained growth in the Canada Health Transfer and the planned expiry of targeted bilateral health funding, underscore the need for sustained and predictable federal investment in dementia care and support. Dementia is already a major driver of health system demand, particularly in hospitals, home care, long-term care, retirement and assisted living homes. Without continued and predictable federal investment, provinces and territories will face increasing pressure to absorb rising care needs, limiting their ability to invest in community-based supports that can help people remain independent longer, delay institutionalization and reduce overall system costs.

Fewer than 25% of countries globally have a national dementia plan. Canada is among this group, but current funding levels limit its ability to translate policy into measurable system outcomes. No new funding was allocated in the last federal budget to advance or expand the National Dementia Strategy, despite ongoing calls for sustained investment. Implementation has also been uneven across jurisdictions, and many of the Strategy's goals have yet to translate into measurable national progress, in part because federal investments in pilots have not translated into ongoing support for successful interventions.<sup>2</sup>

Sustained federal investments are needed to support provinces, territories and community organizations in advancing key priorities under the Strategy, particularly as Canada prepares for rising demographic pressures. This includes improving equitable access to culturally appropriate and community-based dementia supports for First Nations, Inuit and Métis Peoples, newcomers and other underserved populations, while addressing persistent barriers to diagnosis, care and ongoing supports in rural, remote and non-urban communities.

This next phase should prioritize scaling proven interventions that have already demonstrated measurable outcomes, ensuring federal investments translate into consistent national impact rather than remaining fragmented across short-term projects. Strategic investments in risk reduction, public awareness and help-seeking, early detection and strengthened diagnosis pathways — including primary-care capacity and timely referral and assessment — can help Canadians access appropriate care and supports earlier, remain independent longer, reduce pressure on care partners, support workforce participation and improve the sustainability of our health systems.

## Recommendation #3: Implement the National Caregiving Strategy for Canada

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That the Government of Canada advance timely, accessible and sustainable supports for care partners, drawing on leading practices and recommendations such as those identified in the Canadian Centre for Caregiving Excellence's *National Caregiving Strategy for Canada* — beginning with the following immediate measures:

- Convert the Canada Caregiver Credit from a non-refundable tax credit to a refundable, tax-free benefit of at least \$1,250, ensuring care partners with low or modest incomes can benefit.
- Exempt current and future provincial caregiver benefits and related payments from federal taxes and eligibility calculations.
- Change the Employment Insurance Act and the Canada Labour Code to expand all caregiver EI benefits to 50 weeks.
- Improve financial supports for people receiving care, including expanding eligibility for and improving access to the Disability Tax Credit.

### Rationale

Supporting working care partners is essential to Canada's economic growth, labour force stability and productivity. Millions of Canadians balance paid employment with caring for children, aging parents, spouses and family members living with disabilities or chronic health conditions. This challenge is particularly acute in dementia. Care partners already provide more than 580 million hours of unpaid care to people living with dementia each year, the equivalent of approximately 290,000 full-time jobs. By 2050, the care provided by more than one million care partners is projected to exceed 1.4 billion hours annually, equivalent to approximately 690,000 full-time jobs, placing growing pressure on Canada's labour force at a time when the country can least afford to lose experienced workers.<sup>3</sup>

In fact, unpaid care partners are estimated to contribute the equivalent of \$97.1 billion annually to Canada's economy.<sup>4</sup> Caregiving is also an affordability challenge for Canadian families. Recent national data from

the Canadian Centre for Caregiving Excellence found that nearly half of care partners experience financial strain related to caregiving, while one in five report spending \$1,000 or more each month on out-of-pocket care costs. More than one-quarter have stopped saving because of care-related financial pressures.<sup>5</sup> Many care partners are forced to reduce their hours, delay career advancement or leave the workforce altogether, resulting in lost productivity, higher turnover costs for employers and reduced economic participation. As Canada's population ages and care demands increase, retaining experienced workers will depend increasingly on policies that help Canadians balance employment and caregiving responsibilities.

These measures need not await completion of the broader Strategy; Budget 2026 provides an opportunity to deliver immediate, targeted affordability and workforce supports while longer-term implementation proceeds. The federal government has already recognized the need for action in this area. During the 2025 federal election, the Liberal Party committed to continuing to advance a National Caregiving Strategy, including improving access to government benefits and services and strengthening financial and practical supports for care partners. It also committed to reviewing and reforming access to the Disability Tax Credit and enhancing Employment Insurance to better reflect the needs of Canada's modern workforce.<sup>6</sup> Budget 2026 presents an opportunity to begin translating these commitments into concrete action for Canada's care partners, including those supporting people living with dementia.

The caregiving challenge is particularly acute in the context of dementia. As the number of Canadians living with dementia continues to rise, more workers will assume caregiving responsibilities that often intensify over many years as the disease progresses. Care partners of people living with dementia frequently face significant financial pressures, employment disruptions and a higher risk of burnout as they attempt to balance work with increasingly complex care demands. Without adequate supports, many are forced to reduce their labour force participation at precisely the time their financial obligations are growing.

1. Public Health Agency of Canada. [A Dementia Strategy for Canada: Together We Aspire](#) (2019).

2. Brainwell Institute (2025). [Mind the gap: Closing the care divide for Canadians with dementia](#) (2025).

3. Alzheimer Society of Canada. [Dementia numbers in Canada](#) (2024).

4. Government of Canada, Employment and Social Development Canada. ["Backgrounder on Workforce Alliances"](#) (2026).

5. Canadian Centre for Caregiving Excellence, [Pre-Budget Submission: Federal Budget 2026](#) (2026).

6. Centre for Caregiving Excellence. [Federal Election 2025: Platform Highlights](#) (2025).

## Conclusion

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Preparing Canada for the growing economic impact of dementia requires action across health, social and economic policy. As dementia prevalence rises, the cost of inaction will be measured not only in health outcomes, but in lost productivity, increased system strain and foregone economic growth. Scientific advances are also changing what dementia preparedness requires. Emerging Alzheimer's disease therapies create new opportunities for people living with dementia, but realizing their benefit depends on timely diagnosis and access to care. This requires appropriate dementia expertise in federal decision-making and coordinated health-system readiness to support timely and equitable access.

At the same time, sustained investment in the National Dementia Strategy is needed to translate federal leadership into meaningful and measurable improvements for people living with dementia and care partners, including through proven initiatives that advance prevention, treatment and quality of life. Canada's response must also recognize the economic contribution and growing pressures experienced by care partners. Strengthening federal care partners benefits, tax measures and disability supports can help protect financial security, sustain labour force participation and reduce the economic consequences of caregiving for Canadian families.

Together, these actions would position Canada to respond to dementia as the interconnected health, social and economic challenge that it is, improving outcomes for people living with dementia and care partners while strengthening Canada's workforce and the sustainability of its health and social systems.

## About the Alzheimer Society of Canada

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Founded in 1978, the Alzheimer Society of Canada (ASC) works with Alzheimer Societies across Canada to influence policy, support research and raise awareness about the impact of dementia on individuals, families and communities.

ASC operates within a federated model and is part of a network of 11 legally independent provincial and territorial Alzheimer Societies that deliver programs, services and support to people living with dementia and care partners in communities across Canada. Together, these organizations form the Alzheimer Society Federation. In collaboration with provincial societies, researchers, health system partners and policymakers, ASC advances national priorities such as dementia research, public awareness and policy solutions that improve outcomes for people living with dementia and those who care for them.

## Contact

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