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Chair

Mr. James Rajotte

Standing Committee on Finance

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• (1530)

[English]

The Chair (Mr. James Rajotte (Edmonton—Leduc, CPC)): I call to order meeting number 44 of the Standing Committee on Finance.

I want to welcome our guests here for this afternoon's session. We are continuing our 2014 pre-budget consultations pursuant to Standing Order 83.1.

Colleagues, we have two panels before us today. We do have votes, I believe at six tonight, so we'll be a little compressed in the second panel.

With us here in the first panel, from the Alzheimer Society of Canada, is Mr. Jim Mann. We also have Chief Roberta Jamieson, president and CEO of Indspire. From Mitacs, we have Mr. Graham Carr. We also have Neurological Health Charities Canada, and Mr. Bruce Ireland; and from YWCA Canada, we have a director, Ms. Ann Decter. Welcome to the committee.

You will each have five minutes maximum for your opening statement, and then we'll have questions from members.

We'll begin with Mr. Mann, please.

Mr. Jim Mann (Member, Board of Directors, Alzheimer Society of Canada): Good afternoon, Mr. Chair and members. Thank you for giving me this opportunity to speak with you today about Alzheimer's disease. It's an issue that's very important to me and to hundreds of thousands of families across Canada.

But first, Mr. Chair, I would like to thank you and your committee for recommending in your report last year the creation and implementation of a national dementia strategy. I appreciate your support.

My name is Jim Mann, and I live in Surrey, British Columbia, with my wife, Alice. I'm here today to speak with you about what it's like to live with one of the most feared and least understood illnesses in the world, Alzheimer's disease.

It's a disease I know intimately. I am one of the 747,000 Canadians currently living with Alzheimer's disease and other forms of dementia. Our numbers are forecast to nearly double to 1.4 million by 2031.

I was diagnosed with Alzheimer's disease nearly eight years ago, at the age of 58. I already had a very good idea about what lay ahead of me, because my late mother had been living with Alzheimer's for

a few years at the time I was diagnosed. I watched it slowly erode her health and eventually take her life, after about 10 years.

Through my mother, I also got a first-hand look at the stigma that surrounds Alzheimer's, in the actions of her peers in her independent apartment complex as well as from some in the health care field. Since my diagnosis, I too have seen and felt the same stigma. I have experienced the isolation that goes along with it.

But what is most disturbing is the ignorance around this disease, the stereotyping, the assumptions, like the time at a hospital emergency room when I insisted my wife accompany me to the examining room because I had Alzheimer's disease. A senior nurse in the ER told me I didn't need Alice with me because I looked fine. That's part of the problem, isn't it? How is someone with Alzheimer's disease supposed to look? You can't see the degeneration of someone's brain from the outside.

Despite her education and experience, the nurse had displayed a familiar stereotype about Alzheimer's, the one that assumes that as soon as a person is diagnosed with Alzheimer's disease, they immediately become incapable and incompetent. This is a disease that generally progresses very slowly, so slowly, in fact, that it often goes undetected for as much as 25 years before being diagnosed.

Nearly eight years into living with Alzheimer's, I've come to realize that I have good days and bad days. I suppose the same could be said for all of us in this room, except when I have a good day, it means I get to exercise my independence. And when I have a bad day, when my mind is too muddled to do much on my own, it means I need support.

For a person who loved business and the accompanying stimulation, and who thrived in that environment, I am now very limited in my daily activities, to one real task a day. Is that frustrating? You bet it is! But I try to make sure the one task I focus on each day is worthwhile and important, like speaking to you today.

I find purpose in educating people about Alzheimer's and spreading awareness that even though there is no cure yet for this disease, there can still be life after diagnosis, especially if the diagnosis comes early enough. That's what gets me through each day and gives me hope.

I hold on to hope that we as a country can do more to improve the quality of life for the 747,000 Canadians like me living with dementia as well as for our families. I hope that greater awareness will knock down the barriers of stigma about Alzheimer's disease and other dementias so that individuals can get a diagnosis and access to treatment and support far earlier. I hope that we can accelerate research in all areas of dementia research to find better treatments and ultimately a cure. I hope that anyone with Alzheimer's disease or dementia can access the same level of health care and services no matter where they live in Canada.

● (1535)

I hope that the Government of Canada will look favourably on the Alzheimer Society of Canada's proposal to make all of these ideas possible, through the creation of a national dementia plan to create the Canadian Alzheimer's disease and dementia partnership. The partnership would bring together thought leaders, planners, and advocates across the government, health, research, academia, and industry sectors, as well as families impacted by dementia, to facilitate and develop a national dementia plan.

Finally, I hope I have been able to help you understand a little more about living with Alzheimer's disease.

Thank you.

The Chair: Thank you very much, Mr. Mann, for sharing your experiences with us.

We'll now go to Ms. Jamieson please.

Chief Roberta Jamieson (President and Chief Executive Officer, Indspire): *Sekon!* Bonjour, good afternoon, and greetings to everyone.

Thank you for inviting me here today. First, it is only appropriate, as a Mohawk in Algonquin territory, to acknowledge the Algonquin Nation as I begin my remarks today.

As you know, I am the president and CEO of Indspire. As you prepare the next federal budget, you are going to hear a number of opinions about where to spend, where to cut, and how best to use our tax dollars. Some would say that they don't envy the position you're in. To be honest, I do. I know exactly where funds are needed and where the federal government can achieve a high rate of return on its investments.

I want to share with you specifically the investments that should be made, must be made, if we are to make a real difference in supporting and advancing the future prospects of Canada's fastest growing demographic group, indigenous students. They are not only the fastest growing, but ready to prosper.

Indspire is a national charity. It used to be called the National Aboriginal Achievement Foundation. Our job, since 1985, has been to pursue the vision of enriching Canada by advancing indigenous achievement through educational programs and the promotion and advancement of indigenous cultural, social, and economic achievements. We work with students directly in the K-to-12 space through something called the Indspire Institute.

Outside the federal government, we are the largest funder of indigenous post-secondary education in the country. Let me give you

some figures. To date, we have raised and provided more than \$65 million in support, through 20,000 bursaries and scholarships.

I want to tell you about 2013-14 because it was a banner year for us. There was \$10 million awarded to students—over 3,000 of them. Two thousand students attended our motivational career conferences. Hundreds learned about careers in mining and other industries in our in-classroom modules. Hundreds of educators were matched to coach and give peer mentoring to one another. I could go on. I should tell you that to date we have also supported 300 PhD students.

Not only are we assisting our students with access to post-secondary education and training, in the trades as well, but also academic excellence in the fields they are choosing.

Let me tell you what I'm most excited about. A couple of months back, Indspire committed to looking at the impact that our financial awards program was having on the students we've supported. We reached out to students. We surveyed students. The methodology is available to you if you wish.

Let me get to the bottom line of the findings, which my staff tell me to please say are preliminary until we publish, so I will.

Of the students we've supported with financial assistance who are now out of school, 91% graduated. There was 91% of the students we supported who graduated. There are 83% who are now employed; and 85% of them indicated, of course, that their education assisted with their employment. The vast majority who graduated and are employed are working with indigenous populations in their work. That's impressive. These statistics are beyond exciting. They tell us that to make real meaningful change in the lives of Canada's most vulnerable, investments into education pay off handsomely. They also tell me that investments into the education of Canada's indigenous population must continue to flow.

● (1540)

Year after year, the gap between what is needed and what we can provide continues to grow. Last year I gave you some impressive numbers, but we were able to fund only 26% of the amount needed. In short, the need is greater and the potential is incredible.

I want to thank the Government of Canada for its support of this program, because in budget 2013 the Government of Canada committed \$10 million to this program on the condition that I matched it by raising private funds. I'm very proud to tell you that while we're not at the end of the campaign yet, we are at \$6.2 million and counting, and are receiving a lot of private sector support and from individual donors.

I only have a limited amount of time. I want to—

The Chair: Ms. Jamieson, I'm sorry. We are bumping up against time. I ask you to conclude, please.

Chief Roberta Jamieson: I'm 30 seconds away.

How can a government help? Education inspires. It liberates. It changes lives, families, and communities. This is a right that far too many indigenous Canadians haven't had the option of exercising.

My recommendation calls on the federal government to continue investing in post-secondary education for our indigenous students: first nations, Inuit, and Métis. What's required is a serious commitment of significant and sustained funds for post-secondary education and trades training for indigenous Canadians. Only that kind of investment will bring the kind of change we need in our lifetimes.

The results will follow. I've demonstrated that the track record is there and the potential is incredible, so please be bold as you take up your challenge. Put results first. Believe it can be done because I know it can be.

Thank you very much.

The Chair: Thank you very much.

We'll now go to Mr. Carr, please.

Dr. Graham Carr (Member, Vice-President, Research and Graduate Studies, Concordia University, Mitacs): Good afternoon, Mr. Chair and honourable members of the committee. My name is Graham Carr. I'm the vice-president for research and graduate studies at Concordia University in Montreal.

[*Translation*]

Thank you for the opportunity you have given me today to address you on behalf of Mitacs and the university staff, as part of the consultations on budget 2015.

[*English*]

Mitacs is a national not-for-profit research organization that supports Canadian innovation through collaborative research projects that link businesses or not-for-profit organizations with the talent at our universities.

At Concordia, we're making major investments to intensify and build out our research capacity. We pride ourselves on being a next-generation university, with leading-edge research strengths in areas such as preventive health, non-human genomics, synthetic biology, information security, aerospace, digital media, and the creative arts. Collaboration with companies and not-for-profit organizations to support new research endeavours and create unique training opportunities for our graduate students is a fundamental component of our institutional strategy. Our partnership with Mitacs helps to advance this goal.

For the past 15 years Mitacs has worked on behalf of the Canadian university community in partnership with governments across Canada to build programs that support skills development and training for students. These programs help highly qualified graduate students and post-doctoral fellows transition to research and development careers. They also broaden the impact of university-based research and help Canadian companies and not-for-profits become more productive and innovative.

Mitacs' flagship program, Accelerate, integrates paid research internships and professional skills development into the existing academic training that graduate students receive. Each internship

relates to a peer-reviewed project supervised by a professor. It applies fundamental research to tackle an R and D challenge faced by a company or not-for-profit. The program has grown from 18 internships in 2007 to well over 2,500 internships last year alone.

At Concordia, the number of Mitacs projects has grown exponentially since 2008, when we had one intern, to this past year, when we had almost 60. Let me share with you two examples of Concordia projects that Mitacs has supported that speak to promoting health and workplace safety, which is of particular concern to your committee.

Researchers at Concordia partnered with Parker Filtration Canada, based in Laval, to model and analyze filters used by combustion engines. By improving their efficiency, our researchers aimed to reduce the level of environmental pollution caused by heavy-duty diesel engines and to limit the amount of exposure to pollution that industrial workers face on a daily basis.

A second project partnered with the Vancouver-based company Williams & White to design a robotic arm that can accurately load a saw blade into a grinding machine and deliver the finished saw. This innovation not only enhances the safety of sawmill workers but also makes the overall grinding process more efficient.

As the vice-president for research and graduate studies, I have a vested professional interest in the career prospects of Concordia's graduate students. We know that the majority, including most Ph.D.s, will not find employment within academia. Mitacs opens other avenues for students. Its projects frequently result in the creation of new positions, as companies and not-for-profits discover what their interns have to offer. In some cases, Mitacs interns may also create their own companies.

Thanks to combined funding from Industry Canada and the tri-council industrial research and development internship program, Accelerate currently supports over 2,000 internships per year. For budget 2015, Mitacs is proposing to expand Accelerate to 10,000 internships per year by 2020. Mitacs is extremely skilled at engaging companies and not-for-profits with the university community. Its pan-Canadian network of businesses and academics is unmatched. Accelerate is Canada's pre-eminent platform for multi-sectoral research training.

• (1545)

[*Translation*]

Concordia, like other member universities, is strongly behind the Mitacs mission and is very supportive of the proposal to expand the scope of the Accelerate program.

[*English*]

Thank you for your attention.

The Chair: Thank you very much, Mr. Carr.

We'll now go to Mr. Ireland, please.

Mr. Bruce Ireland (Caregiver, Neurological Health Charities Canada): Good afternoon, Mr. Chair and members of the committee.

On behalf of Neurological Health Charities Canada, I am grateful for the opportunity to provide input to the committee. Our recommendations to you are based on the collective insight of the NHCC's member organizations as well as the findings of the recently concluded National Population Health Study of Neurological Conditions.

NHCC is a collective of 24 health charities working together to improve the lives of all Canadians living with neurological conditions and their families. Neurological conditions impact individuals, families, communities, health care systems, and our economy. NHCC members recognize that more can be achieved collectively to improve outcomes and maximize value and sustainability than can be achieved individually.

My name is Bruce Ireland, and let me explain why I'm here and why it is important to me that, in its support of families and vulnerable Canadians, the Government of Canada acts on the findings of the national study.

Since 2000 I have been the primary caregiver for both my wife, Karen, who is now 65, who lives with Parkinson's disease, and for our daughter, Michelle, now 30, who has Down syndrome.

Most people are familiar with the tremors and rigidity typically associated with Parkinson's disease, but almost 50% of people with Parkinson's also have clinical depression. In Karen's case, Parkinson's disease initially manifested itself as severe depression, so severe sometimes that she couldn't get out of bed; and since 2000, when she was diagnosed at 51, Karen has been unable to work. Michelle is barely mobile and understands at the level of a 12-year-old, but we ensure that she is involved in all parts of my family life. I handle all the household duties and look after Karen and Michelle, including coordinating the medical and psychiatric care they both need.

Until 2009 when I took early retirement, I juggled caregiving with my full-time job as president and CEO of the YMCA in Oakville. Karen's depression has been the most challenging part of Parkinson's disease. However, new challenges present themselves regularly to our family. Because of arthritis, Karen has had surgery on both of her knees, and Michelle is facing major reconstructive surgery on her knees next year. Just moving around the house and the community is a major challenge for them, and presents its own challenges for me as their caregiver.

Our family's experience underlines a key finding of our national study, that neurological conditions cannot be addressed in isolation. However, the health system is often challenged when a person has two or more health conditions, particularly when a mental health condition is involved. For example, if a person with a neurological condition also has a diagnosis of a mental health condition, he or she may be excluded from care. An important way to improve access to services and optimize outcomes would be to educate and support health care providers in how to best address the functional impacts and needs of individuals and families.

My family has been both supported by and involved with the Parkinson Society of Canada throughout our journey, and through the Parkinson Society, we became aware of the national study. My wife and I were excited by its possibilities and supported the work

through our participation, including attending the first progress meeting of the study researchers.

Being able to bring our family's experience to the study through the researchers has been profound. I see my voice in the report. I see my wife's voice in the report. I understand how this new evidence can be used to improve my family's quality of life. I can take the report and advocate for action.

The report identifies key knowledge gaps and better ways to meet and manage the health needs of Canadians affected by neurological conditions. As a caregiver and a representative of NHCC, I encourage the Government of Canada to build on the study's momentum and the successful partnership between NHCC and the government.

For your consideration, we have provided four recommendations in our written submission to the Government of Canada. The government is recognizing neurological conditions as a public priority and the momentum within the neurological community is high. We have a key opportunity right now to make a difference in the lives of people living with neurological conditions. Let's move forward together.

Thank you for your time.

• (1550)

The Chair: Thank you very much, Mr. Ireland.

We'll now go to Ms. Decter, please.

Ms. Ann Decter (Director, Advocacy and Public Policy, YWCA Canada): Thank you.

Good afternoon, and thank you for the invitation to appear before the committee.

As the country's oldest and largest women's multi-service organization, with member associations serving women and girls in nine provinces and two territories, YWCA Canada strongly recommends that the federal government adopt gender budget analysis in the federal budgetary process as a fundamental step at the earliest possible stage of budget development. This process will assess the impact of policies based on gender and permit the government to correct for gender bias.

Supporting women, girls, and families requires adopting policies that work for women, policies based on women's present-day lived realities that include high workforce participation rates for women; a 64% employment rate for women with infants and toddlers; and two-thirds of mothers with a youngest child in preschool or kindergarten; women comprising the majority of university graduates; women continuing to provide the majority of child care; and women and girls continuing to face violence on a daily basis.

YWCA Canada recommends the following policies to support women, girls, and families: a national child care system to improve women's access to work through early childhood education; national leadership on violence against women to improve health and well-being; reducing and preventing women's homelessness to improve health and well-being; and increasing the national child benefit to reduce poverty.

Quebec's low-cost, broad-based child care system—the only one in Canada—confirms that child care is a social policy that addresses poverty among women by dramatically increasing their access to employment. As advocates have said for years, this is a highly effective anti-poverty tool.

Based on the Quebec experience, it is hard to overstate the positive impact of widespread access to low-cost child care on women raising children on their own.

Between 1996, when low-cost child care was introduced in Quebec, and 2008, a total of 69,700 additional mothers joined the workforce; employment rates for mothers with children under the age of six increased 22%; the number of single mothers on social assistance was reduced by more than half, from 99,000 to 45,000; the after-tax median income of single mothers rose by a startling 81%; relative poverty rates for single parent families headed by women declined from 36% to 22%, from more than a third to less than a quarter; and the GDP rose \$5.1 billion, or 1.7%.

Quebec's investment in low-cost child care generates \$104 for that provincial government for every \$100 invested, and \$43 for the federal government without any federal investment in the program. Child care is a revenue positive program.

The failure of governments across this country to develop low-cost child care shows gender bias on a dramatic scale. The savings and the benefits are immense.

As the country's largest single provider of shelter for women facing violence, YWCA Canada urges the federal government to lead policy coordination on violence against women at all three levels of government by establishing federal-provincial-municipal tables with input from violence support services and other relevant sectors. Canada needs a national action plan on violence against women that will set national standards for prevention, support services, legal services, and access to justice and crucial social policies, such as safe, affordable housing.

Domestic violence and sexual assault cost our country \$334 per Canadian each year. The federal government currently spends \$2.70 per capita.

Why do we say that Canadians should encourage the federal government to initiate a national inquiry on missing and murdered indigenous women without further delay, in addition to increasing direct action responses? A national inquiry on missing and murdered indigenous women has the potential to become a public conversation that can change deep-seated attitudes in Canada—and deep-seated change is very much needed.

YWCA Canada welcomed the federal government's 2011 throne speech commitment to address the problem of violence against

women and girls. We continue to wait for effective fulfillment of this promise.

Of 210,000 people estimated to be homeless in Canada almost half of them, some 103,000, are women. Violence and poverty are the major drivers of women's homelessness. Four out of ten women leaving Canada's emergency shelters for women fleeing violence do not know where they will live. Women's homelessness tends not to be visible. The streets are not safe for women, and women hide the fact that they are homeless.

● (1555)

The wholesale shift of major funding from the previous homelessness partnering secretariat to the Housing First model needs to be accompanied by a gender-based analysis and resulting strategy to ensure the model is adapted to fit women's homelessness.

The federal government should streamline tax system supports for families into a single increased national child benefit, with a maximum of \$5,400 a year, and absorb the universal child benefit into the NCB. Resources now directed to the regressive child tax and child's fitness tax credits should also be redirected to the NCB. With these adjustments, the cost of raising the maximum NCB to \$5,400 a year would be reduced to \$174 million annually.

The Chair: Could we wrap up very quickly, please?

Ms. Ann Decter: Yes.

Coupled with full-time work at \$11 an hour, the enhanced benefit would enable a single parent with one child to move out of poverty. This would also eliminate multiple layers of administration, which increase red tape and expense.

YWCA Canada urges the federal government not to adopt income splitting in federal budget 2015 or at any time in the future, as the benefits of this policy do not flow to vulnerable families.

Thank you.

The Chair: Thank you, Ms. Decter.

Colleagues, I am suggesting we do the first round for seven minutes and that in the interests of time we do the second round for five minutes. The first four questioners will have seven minutes.

We'll begin with Mr. Cullen, please.

● (1600)

Mr. Nathan Cullen (Skeena—Bulkley Valley, NDP): Thank you, Chair.

Thank you to our witnesses. It's difficult to do what you're trying to do today, which is to present compelling and complicated issues in such a short amount of time. The committee shares the impossible task of trying to sum up all of the social services and impacts, and somehow do that in a couple of meetings, and then present our recommendations to the federal government as it prepares this budget.

The current context is that we've moved from a number of years of significant deficit to a likely surplus, which I imagine has somewhat affected some of your presentations here today.

I want to first of all, on a personal level, say thank you to Mr. Ireland and Mr. Mann for your compelling testimony and for the work you do. “Work” is not the appropriate word. I am searching for another one—the service, the commitment....

Mr. Ireland, I'll start with the positive. There's a program right now, the caregiver amount program, that was set up by the government, and it was at about \$110 million last year. What benefit—if you receive any benefit from this tax measure—does your family receive under that program?

Mr. Bruce Ireland: We do receive a benefit when we file our income tax for it. It helps provide some relief, but certainly not all of it. If you look at the total loss of income since my wife was diagnosed, you can see that it's quite significant, and then with me also retiring early, it has certainly affected our long-term outlook in terms of our finances.

Mr. Nathan Cullen: Thank you. I wasn't looking for a personal disclosure, but the program as established right now—and I want to get this right—is somewhere around \$4,500 maximum per family. It's an offset. To be clear, is it your recommendation and that of other families you know to augment this particular program? Is it a direct benefit? Does it offset some of the challenges that you face financially in your caregiver role?

Mr. Bruce Ireland: It provides limited offset, I would say, and certainly in some families it's probably a lot less, particularly because it's a credit as opposed to a direct dollar reduction in personal taxes or whatever.

Mr. Nathan Cullen: So you imagine not only an enhancement but also perhaps changing what the program actually does, the way that it impacts families, in a way that would be more direct?

Mr. Bruce Ireland: Absolutely.

Mr. Nathan Cullen: Okay. We can do follow-up submissions from you as to what that impact would be.

Ms. Decter, do you have any idea of how much the federal government spent on the Cohen commission, which was an inquiry into the missing salmon in the Fraser River?

Ms. Ann Decter: No, I'm sorry. I don't know.

Mr. Nathan Cullen: It was \$26 million. It was an inquiry after a particularly bad sockeye return on the west coast.

Ms. Ann Decter: I remember that.

Mr. Nathan Cullen: Other than money, because that can't be the reason if we spent \$26 million looking for fish, what is the reason, from your arguments...? The YWCA has long argued for an inquiry into missing and murdered aboriginal women. If it's not money, then what have you been told—or what do you surmise—is the reason why the federal government is resisting?

Ms. Ann Decter: It's hard to peer into another's mind.

Mr. Nathan Cullen: The YWCA has long advocated for this.

Ms. Ann Decter: Yes. I guess I think there's a failure to understand the need for changes in attitudes and the function that an inquiry would provide, much in the way the Truth and Reconciliation Commission provided an immense amount of learning and changes in attitude. You can see it throughout the media.

Sometimes you see people writing in and saying that people want a royal commission. We are not talking about a royal commission. No one who's advocating has said “royal commission”, but a national inquiry, which would give the families a chance to talk. I think that if we watched coverage on the Tina Fontaine case this week, we saw clearly the problems with policing, and it comes down to attitudes.

I think that to shift those attitudes we really need to hear what people are going through, we really need to hear about the daily lives of women and the violence they live with, and we need to listen. The non-aboriginal community needs to witness, listen, and change their attitudes.

Mr. Nathan Cullen: Thank you.

Mr. Mann, you thanked the government for the national prevention strategy, or the committee for that recommendation. We as the official opposition have long argued for a national dementia strategy. This committee deals with a whole range of issues, but only rarely do we deal with the issues you folks are presenting here today, in large part, and I want to get to Ms. Jamieson last.

Why would such a national strategy be of import? I think our committee would understand the human dimension of this. Is there perhaps an economic dimension for those who are not swayed by that first aspect of why a national strategy would be important?

● (1605)

Mr. Jim Mann: I'm sorry. Could you ask the question again for me?

Mr. Nathan Cullen: Absolutely.

Mr. Jim Mann: Just the last part. I forgot.

Mr. Nathan Cullen: I would offer that the need for this at a human level, at a personal level, this need to have a national dementia strategy, is important. It seems obvious. Is there an economic argument also to be made for Canada to have such a national dementia strategy in place?

Mr. Jim Mann: I think it's fair to say that the problems we have with the numbers of people being diagnosed with dementia and their families.... That number is increasing all the time.

As for the experience with the Canadian Partnership Against Cancer and the Mental Health Commission, both of those are proof that the creation of such an organization helps focus the argument or the various areas that need that. I talked about the issue of research, the issue of raising awareness for early detection, and supporting the Dementia Friends training sessions. Really, above all, I think it helps with the better-educated workforce and the development and further expansion of the First Link program.

Mr. Nathan Cullen: Thank you.

My time has expired?

The Chair: Yes, unfortunately.

Mr. Nathan Cullen: Ms. Jamieson, I'll perhaps ask one of my colleagues to follow up. I regret my pacing. I'm a huge fan, so we'll allow another colleague to pick that up.

The Chair: Thank you, Mr. Cullen.

We'll go to Mr. Saxton for seven minutes, please.

Mr. Andrew Saxton (North Vancouver, CPC): Thank you, Chair.

Thanks to our witnesses for being here today. My first question will be for Jim Mann of the Alzheimer Society of Canada.

First of all, Mr. Mann, thank you for being here today and for sharing your own personal experience with this disease. I really admire your courage in doing that.

As you stated in your opening statement, the issue of dementia is a serious one, and it's one that also touches many lives of many Canadians. I know that most of us at least know somebody or have a loved one who is suffering from it. I know because I do myself as well.

I recently met with Dr. Pat McGeer, a world-renowned dementia specialist and researcher at UBC, and he shared with me some of his concerns about this terrible disease. He also shared with me his optimism about finding a cure and better treatment for this disease as well.

Now, I noticed in reading the pre-budget submissions that a number of organizations are looking to tackle this issue head-on. I wanted to find out about that. Are you working closely with these other organizations? Because you all want to accomplish the same thing and you all need funds to do it, is there close cooperation amongst these groups?

Mr. Jim Mann: First of all, the Alzheimer Society of Canada has a research program that it runs, and it has distributed many millions of dollars to many different Canadian researchers, in both biomedical and quality-of-life streams. That is one area where we are working with many different researchers. We are cooperating with a number of the different foundations or groups in Canada that are seeking the same thing—not just a cure, but finding out why people get Alzheimer's, get a dementia.

The Alzheimer Society research program targets a lot of younger researchers who—and I really dislike the phrase—think outside the box. They're new to research, and I think in some cases bring a different outlook to the same problem.

• (1610)

Mr. Andrew Saxton: Would you like to share some of the main issues in your proposal with us today?

Mr. Jim Mann: The major one is setting up the Canadian Alzheimer's disease and dementia partnership, along the lines of the Canadian Partnership Against Cancer and the Mental Health Commission. I think the results of the Partnership Against Cancer, for one, show very clearly the progress that has been made in cancer research and a lot of cures today, which certainly a few years ago was not seen as a possibility. For us, the partnership is along the same lines, in providing leadership on a critical issue and coordinating research efforts. As you quite rightly said, there are a lot of different groups and research is being done, so there's a good coordination effort.

I did speak at the end to Mr. Cullen about the First Link program and how I think it is very important. It would be a part of that.

If I have a quick moment, the First Link program is.... For some, in getting a diagnosis they're told by a doctor, "You have Alzheimer's. Here's a prescription for a cholinesterase inhibitor. I'll see you in six months". Whereas First Link says, "Here's your diagnosis. With your approval, I will give your name and contact information to the Alzheimer Society". It then regularly follows up and says, "We understand you have a diagnosis. Is there anything we can do? We have support groups, brochures, etc." Then there's another follow-up a few months later, and so on.

That has shown to be a huge benefit to the community and to the health care system.

Mr. Andrew Saxton: Thank you very much.

With my remaining time I'd like to ask a question of Roberta Jamieson from Indspire.

First of all, Roberta, congratulations on your successful graduation rates. Those were very impressive numbers that you read to us in your opening statement.

Could you elaborate further on the building brighter futures program?

Chief Roberta Jamieson: Yes, I'd be delighted to do that.

In fact, I think there is some bilingual material here that will tell you real stories of real indigenous students who have been supported.

This is a program that operates with the support of government funds, individual donations, and the corporate sector. It provides much-needed support to first nations, Inuit, and Métis students throughout the country.

Last year the request was the needed amount from students, which was just under \$40 million. We were able to provide over \$10 million. It was a banner year for us, but nowhere near the need.

This program is available. There's a call and deadlines for application. The amounts are awarded by a juried process of indigenous professionals who determine need. We look at marks. We look at financial need. We look at whether they have also asked elsewhere for funds and are coming to us for a top-up. We look at indigenous identity. And we look at whether they have thought through their career plan. All of these pieces go into the determination of the funds that are given.

The Vice-Chair (Mr. Nathan Cullen): Thank you, Ms. Jamieson.

• (1615)

Chief Roberta Jamieson: I also want to say that what we've done as a policy is to provide as many students as possible with something, instead of providing the first couple of hundred in the door with the whole ask. We're really trying to spread the wealth, as it were.

The Vice-Chair (Mr. Nathan Cullen): Thank you, Ms. Jamieson.

Thank you, Mr. Saxton.

It's over to you, Mr. Brison, for seven minutes.

Hon. Scott Brison (Kings—Hants, Lib.): Thank you very much.

Thanks to each of you for your compelling presentations.

I'll start with Mr. Mann. My mum had Alzheimer's and was able to live at home until last November. She passed away in November at the age of 84.

But we had a lot of good fortune, in that we had my father, now 91, who was there on a 24-hour basis and was able, at least to some extent or another, to be a primary caregiver, and my sister, who's a nurse with the VON and was able to coordinate all the caregiving, which is a tough job, and also coordinate all the medical care. When you don't know the medical system, it is mind-bogglingly difficult to coordinate, and she understood it. We had the financial means to pay for caregiving. We had Dr. Kenneth Rockwood, an exceptional researcher and doctor in Halifax. Also, they had a community of support in terms of their neighbours, but without any one of those, we would not have been able to take care of my mother.

I'd like to for a moment go to the part of your national strategy that focuses on helping people figure out where to go to get the services and support they need. To me, that's very compelling. We're the only G-7 country without a national Alzheimer's and dementia strategy. Would your approach help families that don't have medical professionals within them coordinate the care for a loved one? Would that be one of the objectives? Or to at least figure it out within the system...?

Mr. Jim Mann: Not specifically, Mr. Brison. I'm not entirely sure. Sorry.

Hon. Scott Brison: Okay. That's fine.

One of the things that I think unites the presentation from the neurological association and Mr. Ireland and the Alzheimer's strategy with Mr. Mann is the caregiving aspect. To Mr. Cullen's questions, you were able to respond in terms of the benefit to your family.

One of the design issues about the national caregiver tax credit is that it's a non-refundable tax credit. As such, low-income families may not qualify because they don't make enough to get the benefit. Given the importance of caregiving and the need in low-income families, would you recommend that we make this refundable as part of the design change?

Mr. Bruce Ireland: I would absolutely recommend that. I think it's important because I see families all the time that are not able to do that and are struggling.

I think your comment about the health care system and trying to figure it out is a challenge. In our recommendations, you'll notice under number 4 that we're suggesting a partnership between the Government of Canada and NHCC to increase awareness among the public and education and training among health care providers to increase understanding and help to combat stigma. I think these are really critical. I've seen this in a variety of different areas and personally as well, so yes, I would agree with you one hundred per cent.

Hon. Scott Brison: One of the compelling arguments for a national strategy in areas like Alzheimer's and dementia is that our

aging demographic of course is a national issue, but in the Maritimes, for instance, we have some of the most rapidly aging populations in the country in some of the smallest provinces. As a result, national research and national support can be disproportionately beneficial in smaller provinces. I see that my colleague Mr. Keddy agrees with that. It's something that's important in my region.

In terms of aboriginal and first nations young people, I'm told that there are 400,000 young aboriginal students entering the workforce in the next 10 years. Is that accurate?

Chief Roberta Jamieson: That's the best number that I've seen: about 400,000 under 16 who will be entering the workforce or the social assistance line.

Hon. Scott Brison: It's really important that we realize the economic imperative. This is not just a social issue affecting aboriginal and first nations, because if we get this right, having this many young people entering the workforce will be an economic benefit to the country, but if we get it wrong—and we're currently, on a macro level, getting it wrong—it's a huge economic cost that we all ultimately are going to be responsible for.

• (1620)

Chief Roberta Jamieson: I think that's true, Mr. Brison. In fact, a couple of years ago there was a great study by the Centre for the Study of Living Standards that found that if we closed the gap in education and employment over 15 years, we would save \$115 billion on the expense side of government funding and add \$401 billion—with a "b"—to Canada's GDP. That's a pretty compelling argument that it's a smart investment.

Hon. Scott Brison: Ms. Decter, on the early learning and child care side, low-income families, given the cost of child care, really can't afford to go out to work in a lot of cases. There is the economic cost of people not being able to go to work because they have to stay home to take care of children, but there is also the benefit of kids getting a really good start. The Mustard and McCain studies have been around for a long time, but they are compelling in that a dollar invested in a kid in a high-risk situation provides \$7 of benefit by the time the kid is 30 years old—or something to that effect.

Why aren't we focusing more on the economic benefits of early learning and child care and childhood development and broadening the community of support, based on that economic benefit?

Ms. Ann Decter: I think some of us are trying to, but it is a bit difficult to get the message out and, at least in current times, it tends to be pushed back towards a discussion of whether people should be at home and kids should be raised at home. There was a long five- or six-year period when we thought \$100 a month was a child care plan—which it clearly isn't. I think there is some residual fear that it's some kind of institutional model, but really there has been a huge social change. Back in 1976 about 27% of women with young children were in the workforce. Women's employment marched up year by year, and we didn't get a corresponding social program to support that.

We all know that incomes have stagnated. It takes two incomes to feed a family, and if a woman is alone and can't afford child care, the choice is social assistance. It's not only that there is a lack of investment in the kids getting out and being with other kids and being in an enriched environment of child care, it's also the example they see.

The Vice-Chair (Mr. Nathan Cullen): Thank you, Ms. Decter.

Thank you, Mr. Brison.

We go now over to Mr. Keddy for up to seven minutes, please.

Mr. Gerald Keddy (South Shore—St. Margaret's, CPC): Thank you, Mr. Chairman.

Welcome to our witnesses.

We're having an interesting discussion here today and, of course, there are a number of "asks" on the table.

I'm going to start with you, Mr. Mann.

Like Mr. Brison, my mother also suffered from Alzheimer's and eventually succumbed to that disease. I suspect most of us around the table have a story that's very similar to that.

We know there's a growing and very real health threat, as I will call it, facing Canadians. Currently we have somewhere in the neighbourhood of 750,000 people living with dementia. That's expected to double by 2030, so that's over the next 15 years. Some of those folks will have dementia, and some will have Alzheimer's, and some will have other problems. They could be concussion-related. I don't know. I'm not going to speculate.

Your "ask" here would be for a national dementia plan of \$150 million over five years, or \$30 million annually. I'm going to be specific, but what I'm concerned about with that "ask"—and maybe Mr. Ireland could step in here as well—has to do with the coordination. I really believe we have to confront this issue head-on. We need to put something in place to do that. The question is how we coordinate that effort. Quite frankly, how do we get the best value for our dollar when we do that?

●(1625)

Mr. Jim Mann: I think you're right that the need is there. As I had agreed earlier, with so much different research going on, or so many people doing the research, there's a need to coordinate. If you have a group of people doing biomedical research, then you're hoping that scientist A will not be duplicating what scientist B will be doing. That's where a lot of the coordination will be, in just making sure that people talk to each other.

I'm going to be very general here, but I'm not sure there's a lot of communication among researchers to say, "This is what I'm doing, and these are some of the problems I've found." In fact, that's one benefit of the new Brain Research Centre that was opened at UBC recently. They have a more general area where all these scientists can get together and talk about it.

Mr. Gerald Keddy: To Mr. Ireland, I read in your submission that Neurological Health Charities Canada, which is a complement of 24 organizations working together, represents literally millions of Canadians with chronic neurological disorders and injuries. You've

put together, to my understanding, a Canadian longitudinal study on aging.

Mr. Bruce Ireland: Correct.

Mr. Gerald Keddy: Can you just describe that, and how we can coordinate government investment in this area?

Mr. Bruce Ireland: I'm not fully conversant with all of that, but I can say that for the neurological study that was done, with 19 different studies on the neurological diseases, all of the groups came together to look at the expectations and at what the future would be for many of them. For example, with Parkinson's, by the year 2030 there will be over 135,000 people with the disease. I think that's part of the key.

The longitudinal study is really looking at how people are impacted over a period of time. I was involved in a microsimulation where we actually were asked, from the time of diagnosis to ultimately the time when somebody passed, what were the implications, what were the changes in life, and what were the behaviours and everything else. I think we work very closely together.

To pick up on research, in our national research program for Parkinson Society Canada, all of our researchers work collectively together. I've seen significant increases in where we're going and how we're getting there for this particular disease. I can tell you that it's been very exciting. I would say on the record that we probably have some of the best Parkinson's researchers in the world working on this and collaborating with people around the world.

So I think there's a lot of collaboration going on. I expect that with this additional funding we're asking for, there will be even more work to be able to get to where we need to get.

Mr. Gerald Keddy: Yes. I think the future absolutely is going to depend on collaboration and, quite frankly, leveraging dollars with the private sector.

Mr. Bruce Ireland: Absolutely.

Mr. Gerald Keddy: Ms. Jamieson, in your submission you talked about the number of young first nation students you've helped. I think you mentioned the number, some 300 Ph.D. students. That's great, but I worry sometimes, and I have the same question for Mr. Carr, that sometimes we concentrate.... I realize that it's not just a matter of educating someone for their master's or their Ph.D. There's also the matter of finding them a relevant job at the end of that cycle.

I'm not sure which one of you had mentioned that everyone can't be in academia....

The chair is looking at me: I'm running out of time.

The Vice-Chair (Mr. Nathan Cullen): I'm sure we'd all love to hear the answer. I'll give one minute for a response to that question, please.

Mr. Gerald Keddy: Yes.

How do you streamline the rest of those young minds and abilities into the workforce?

Dr. Graham Carr: Thank you for the question.

I was the one who said that not all of those students and graduate students, including Ph.D.s, wind up in academia. I think universities are working to transform their training for students. Programs like Mitacs are essential for that. They do provide the pathways for students to get internship experience outside a university context. They're eligible for that because of the fundamental skills they've learned within the university.

For many of them, the success rates for Mitacs students being interns and being placed within industry are very high. Something like 1,400 to 1,500 of the last 10,000 Mitacs interns have received job offers from the companies where they were doing internships. In many cases, those companies have actually created new R and D positions that didn't exist until they had the opportunity to work with the interns and recognize the value added that this could bring to their company.

• (1630)

Mr. Gerald Keddy: That's fine, but you two need to get together.

The Vice-Chair (Mr. Nathan Cullen): That may be our committee recommendation.

We are out of time for this session.

Thank you, Mr. Keddy.

Perhaps, Ms. Jamieson, you can tack on part of that answer to a subsequent question.

[*Translation*]

Mr. Caron, you have the floor for five minutes.

Mr. Guy Caron (Rimouski-Neigette—Témiscouata—Les Basques, NDP): Thank you, Mr. Chair.

Since I have two minutes less than the previous speakers, I will be quick.

I want to thank all of you for your presentations.

I will begin with Ms. Decter.

You mostly talked about a child care system. Those are some impressive figures. I saw the study on the program's impact in Quebec. Among other things, you said that the percentage of single mothers on welfare in Quebec had dropped by 55%—an improvement that is largely due to this measure. So the impact can be measured. Between 1996 and 2008, the employment rate for mothers with children under the age of six increased by 22%. This program has had some extremely positive impacts.

Can you give us more details on the consequences of this system on government finances? In the case of a child care system, we are talking about government investments—be it on a provincial level or, in the case of a national system, the federal level. In any event, very little is being said about the positive effects such a system has on the economy.

Can you tell us more about this?

[*English*]

Ms. Ann Decter: I think the statistic we had from Quebec was a \$5.1 billion increase in GDP. I think if you take that across the country, you will see that putting in a national child care system or a

variety of systems that comprise a national system would actually increase Canada's GDP. That's why they say it's a revenue-positive program—you don't necessarily get the money exactly where you put it in.

For example, when the federal government sponsors child care programs across the country, province to province it is not going to necessarily reap the direct benefits of decreasing the number of mothers on social assistance, because those are provincial programs. But I think we have to remember at base that it is coming out of one pocket, that there is a single taxpayer, and it's up to governments to invest it in a way that benefits everyone and not be too fussed about whether this is a provincial benefit from a federal investment.

In the countries that do have it, you see that it's very positive and very positive with regard to women's contribution. From where we sit, given the changes in women's workforce participation and education, what are we forgoing by having women unable to participate fully in the workforce when they are so educated and motivated? At the same time the benefits to the children are really immense. For every program we look at, whether it's for women who are leaving violent relationships or women who are homeless, a national child care system is of benefit all the way across.

[*Translation*]

Mr. Guy Caron: You also pointed out that, according to the study, every \$100 Quebec invested in this system's development generated \$104. That means the program is well balanced, so its impact is a positive one on the whole.

The federal government receives \$43 for a program it did not invest any money in. It would be really worthwhile to see what the impacts could be if the federal government were to also start investing in a national child care system.

You also talked about—and I thought this was really interesting, or at least intellectually stimulating—the creation of a single child benefit that would mainly be funded through the Universal Child Care Benefit, UCCB, but also through the child tax benefit and children's fitness tax credits.

In your brief, you pointed out that those tax credits are two aggressive measures. Can you explain to us why that is?

• (1635)

[*English*]

Ms. Ann Decter: They are aggressive measures in a tax sense. They benefit people in a higher tax bracket rather than people in a lower tax bracket. The national child benefit is means-assessed, if you want to say it that way. So it gives the most benefit to the most vulnerable, rather than being something universal.

[*Translation*]

Mr. Guy Caron: You are basically saying that such non-refundable tax credits are not accessible to low-income families. Is that correct?

[English]

Ms. Ann Decter: That's right. You have to have a taxable income to benefit from them. I like them fine personally, but they are not a progressive tax.

[Translation]

Mr. Guy Caron: We just talked about the child care system. Yet the government demonstrated its opposition to such a system by creating the Universal Child Care Benefit.

In your opinion, does the Universal Child Care Benefit provide advantages similar to those of a child care system?

[English]

The Vice-Chair (Mr. Nathan Cullen): Could we have a very brief answer, Ms. Decter, as we have just a few seconds left?

Ms. Ann Decter: Is that from a national child care system? I'm not getting a good translation here.

[Translation]

Mr. Guy Caron: I would like you to compare a child care system to the government's response—the implementation of the Universal Child Care Benefit, UCCB.

[English]

Ms. Ann Decter: A national child benefit is simply a dollar amount that can be spent on anything. We're not saying to choose one or the other. I think you should maintain the national child benefit for families that are in need, and we need low-cost child care that is accessible across the country.

It's similar to a public education system. There was a time when we wondered about public education and whether everyone should go to school, and all those things. We are long past that time now with regard to early learning and child care. The demographics of the country, the behaviour of women, what families are made of, and how they work have changed dramatically over the last 30 to 40 years, and we are sitting back in 1970.

The Vice-Chair (Mr. Nathan Cullen): Thank you, Ms. Decter.

[Translation]

Thank you, Mr. Caron.

[English]

Mr. Allen, go ahead, please, for up to five minutes.

Mr. Mike Allen (Tobique—Mactaquac, CPC): Thank you very much, Mr. Chair.

Thank you to our witnesses for being here today.

The testimony of family caregivers is compelling and always striking, which I think Mr. Cullen mentioned before. Having had my mum look after my father with dementia and my sister with multiple sclerosis and then being looked after as an Alzheimer's patient herself, I know the incredible family effort that goes into this, and so my heart goes out to you. Thank you for those comments today.

A number of my colleagues have asked questions regarding those areas, so for now I want to focus on Mr. Carr and Ms. Jamieson.

Mr. Carr, you talked about some of your internships turning into actual entrepreneurship. Do you have the percentage of your interns

that actually do turn into entrepreneurs? Would you see that continuing when you look at your 10,000 internships by 2020?

Dr. Graham Carr: Yes. The statistics show that about 14% of interns have actually started their own companies, which is a pretty high success rate. I would anticipate that with the growth of the program, that number would increase.

One of the things I see in the university context right now is that many more students generally have an entrepreneurial outlook than may have been the case when I was a graduate student, and they are coming from all fields. That's entrepreneurial in the classic business sense, and it's also socially entrepreneurial.

Mr. Mike Allen: You talked in your brief a little bit about the Canada first research excellence fund. You also talked a little bit about the increased funding to the Canada Foundation for Innovation. I didn't necessarily see an amount in there. Have you defined an amount for what you think that investment is going to require, and how is your organization going to ensure that the research and development skyrocket from these funds?

Dr. Graham Carr: Mr. Allen, I have to be clear that I'm here as a university partner for Mitacs, so I'm speaking on behalf of the university partners. The brief itself was prepared by Mitacs, so it would be best to refer that question on the dollar amount directly to them. I would say, though, from the perspective of universities, that investment in CFI, investment in infrastructure, is something that research in universities across the country would certainly welcome.

Mr. Mike Allen: Okay.

Mr. Chair, would we mind having that request made to Mitacs as to what—

• (1640)

The Vice-Chair (Mr. Nathan Cullen): Absolutely.

Just so panellists understand, the committee can seek additional information from you after your testimony, which is obviously abbreviated today.

You have just a little over two minutes, Mr. Allen.

Mr. Mike Allen: Thank you, Mr. Chair.

Ms. Jamieson, I'd like to move to you for a minute. You said that you're only funded 26% of what's needed and that you need more. I guess success in the program would breed success.

I would just like to understand this. You talked about your industry in the classroom. It sounds very intriguing to me, because as part of our youth employment study we talked about how we can get young people focusing on the trades and working in industry as good things. Can you talk a little bit more about how industry in the classroom works and how you're able to leverage the \$10 million in federal funding into other funding?

Chief Roberta Jamieson: Thank you very much for the question.

The Industry in the Classroom program creates teaching modules that showcase aboriginal people in various careers. For mining, it's completely funded by Vale Inco. They featured indigenous people in the jobs that are offered in the mining sector. We all think there's one job and you put on your hat with the light and you go down, but there are many, many, many jobs. We take them into the classroom and motivate students.

It's key that our kids see our own people in the roles. They play games and they learn that they bring to the table resources, that they're good listeners, and that they're team players. They start with something and can aspire to something, and then there's support to get them there. Mining, broadcasting, the justice field, and the railway: we have a number of them on the go. They're very important motivational tools.

We also have conferences where we bring the students together. It might be the first time in their lives that they feel like they're part of a critical mass of kids who are going to finish high school and go on.

These are powerful, powerful tools, and there is much more to be done. We are working on the energy sector, and there are many more that should be done.

Mr. Mike Allen: Thank you.

The Vice-Chair (Mr. Nathan Cullen): Thank you, Mr. Allen.

Thanks, Ms. Jamieson.

Mr. Rankin, please, for up to five minutes.

Mr. Murray Rankin (Victoria, NDP): Thank you, Chair.

Thanks to all of you for coming.

I have a very limited amount of time, so if I may, I'd like to begin with Ms. Jamieson of Indspire.

I'm a big fan of the work you do. This afternoon you trotted out those statistics about how many students graduate and how many students got employment, and I guess I want to give you the opportunity to tell us how you did that. What are the ingredients of your success?

Chief Roberta Jamieson: Well, it's the students themselves feeling motivated. We stay in touch with them. We follow their careers. We monitor and track their progress. We try to ensure that they have access to educational institutions. We're working with the AUCC, from whom you're going to hear this afternoon, on how they can change colleges and universities to be places that retain students. So we work with students, but we work also with the institutions they're going into so they will succeed.

If I may refer to the 300 comment that was made earlier on Ph.D.s, that's since we started, and 82% of our kids in this survey are employed, so they're not sitting around with degrees. Last year alone, we supported 167 in the business sector, 161 med students, and 342 nursing students. We need to have a few lawyers, so of course we have 164 of those—

Voices: Oh, oh!

Mr. Murray Rankin: No, let's not go to the lawyers, please.

Chief Roberta Jamieson: I'm a lawyer.

Mr. Murray Rankin: Please, let's not go there.

Chief Roberta Jamieson: And one can go on....

Mr. Murray Rankin: Okay.

You mentioned just now that in the 2013 budget the Government of Canada gave \$10 million and that you were in the process of matching it. To date, \$6.2 million has been raised.

Chief Roberta Jamieson: Yes.

Mr. Murray Rankin: Am I to understand that if you don't succeed you will not manage to acquire those federal funds?

Chief Roberta Jamieson: Oh, I'm not even contemplating that.

Mr. Murray Rankin: When is the deadline for doing so?

Chief Roberta Jamieson: It's March 2015. We raised \$5 million before last May. In the first year alone, we raised half.

Mr. Murray Rankin: Thank you very much.

I'd like to go to Ms. Decter, please.

You are obviously very knowledgeable about the child care programs in Canada, and in Quebec there's the example you spoke of. How does our experience stack up with OECD or G-8 countries? Are we in a situation that's similar to comparable economies elsewhere?

• (1645)

Ms. Ann Decter: I don't know those as well, and you will have Martha Friendly on the next panel, who is very well versed on this. My recollection is that we are down near the bottom. I think we are ahead of the United States, but other than that I think we are the lowest in the amount spent on child care and early learning—in the OECD for sure.

Mr. Murray Rankin: At the tail end of your remarks, you talked about income splitting. You said that you didn't think it helped vulnerable communities. Could you expand on that?

Ms. Ann Decter: Actually, I said “vulnerable families”. From what I understand and from what I have read—and you have both the Fraser Institute and the Canadian Centre for Policy Alternatives saying that this is not a helpful policy—you basically must have one high-income earner to get a good benefit out of it. Most vulnerable families do not have a high-income earner at all. There's no benefit to shifting taxable income back and forth if you're below the taxable income. It's set up for people who are paying big taxes.

Mr. Murray Rankin: I want to ask Mr. Carr a question.

First, it's not clear to me how Mitacs is funded. Could you just elaborate?

Dr. Graham Carr: Yes. Mitacs receives funding from Industry Canada, and from provincial governments across the country, and through a fund that the tri-councils have set aside specifically for training.

Mr. Murray Rankin: In your third recommendation, you say that we should identify innovative companies to support. How would you propose we go about doing that?

Dr. Graham Carr: Again, I think that's a question that's best referred to Mitacs itself. I'm here as the academic representative.

I know from our researchers' perspectives that in some cases we're working with companies with whom we already have a relationship, but in other cases the great benefit to universities of the relationship with Mitacs is that Mitacs has a truly national network. They're well plugged into innovation agendas across the country, and they help to make connections that universities might not otherwise be able to do.

Mr. Murray Rankin: Thank you.

The Chair: Thank you, Mr. Rankin.

We'll go to Mr. Van Kesteren, please.

Mr. Dave Van Kesteren (Chatham-Kent—Essex, CPC): Thank you, Mr. Chair.

Thank you all for coming here. It's been a great experience. We've certainly heard some interesting testimony.

Mr. Carr, you presented quite an astounding statistic. You said, "A recent U.S. study found that the fastest growing 1% of businesses are responsible for 40% of job creation, while the fastest growing 5% of U.S. firms account for nearly 70% of all...new jobs." That's an incredible statistic. It would certainly be of interest, I think, for us to maybe further investigate that and maybe dig down on those numbers, because they certainly do say something.

My question—some have alluded to this as well—is do you suggest that we should possibly be targeting those companies, and governments should maybe assist those in funding, if they are indeed the ones that are doing the hiring?

Dr. Graham Carr: Again, on the specific targeting, Mitacs is best positioned to answer that. But I would say that one of the major successes that Mitacs has had is in targeting the small and medium enterprises, many of which are large job creators within the country who previously hadn't had much experience working with the academic community. That's an important constituency that Mitacs internships reach out to. It creates great opportunities for universities to link in to small and medium enterprises as well.

Mr. Dave Van Kesteren: Thank you.

Our Minister of Employment has investigated, and has taken a trip to Germany. I think you're aware of that too.

Are we at the stage of, or should we start to investigate, possibly a new direction in how we coordinate and cooperate with industries as to where some of our students should be studying and what they should be studying?

Dr. Graham Carr: Speaking from a university perspective, I think one of the attractions of the Mitacs program as it currently exists is the diversity of opportunities it creates. Mitacs internships

are really placed across the spectrum of industry, and increasingly in not-for-profit organizations.

You mentioned the minister's trip overseas. There's another dimension to that which is relevant to Mitacs and relevant to the universities. I spoke today about Accelerate, which is the flagship program, but as I'm sure many of you are aware, Mitacs runs a suite of different types of programs. One of them is the Globalinks program, which effectively recruits students away from targeted countries to come to work in the Canadian context, to study in Canadian universities, to have internship opportunities in Canadian universities.

One of the other great successes of Mitacs, just in terms of developing highly trained personnel for the Canadian R and D economy, is that more than 90% of Mitacs' interns in the Accelerate program end up staying in Canada and working in Canada. I think that's another benefit that's not a negligible one.

● (1650)

Mr. Dave Van Kesteren: Ms. Jamieson, I want to talk to you very quickly. Maybe you could clarify something. You were talking about first nations opportunities. We've heard about the enormous opportunities as well. Can you maybe tell this committee again, if I heard it correctly, how many of those jobs are going back into the community as opposed to going to private industry?

Chief Roberta Jamieson: The vast majority are working to give back to indigenous communities. Now those may be urban or rural, or they may be working for a first nations corporation. There are many, many dimensions to that answer.

Mr. Dave Van Kesteren: Are you a little bit concerned about that? Normally a healthy ratio for the public and the private sector is approximately 20% of something. Are you concerned that maybe more indigenous people are not moving into the private sector?

The Chair: Could we have just a brief response, please?

Chief Roberta Jamieson: There is a huge demand for indigenous students in the private sector as well. I can tell you that some of the people in our campaign cabinet—the CEO of Suncor, Shell, Air Canada, and all of these folks—are participating to grow employees. The natural resource development companies in this country are looking for our kids who are within 100 to 200 kilometres of their resource developments to work in their mines, to be on their boards of directors, and to be their CEOs, lawyers, and so on.

The Chair: Thank you.

Thank you, Mr. Van Kesteren.

We'll go to Mr. Adler, please.

Mr. Mark Adler (York Centre, CPC): Thank you very much, Chair.

Thank you to all the witnesses for being here today.

In particular, Mr. Mann and Mr. Ireland, thank you so much. I admire your courage. Thank you very much for being here today.

There is a lot of talk that next year in the budget we're going to have a fiscal dividend. We're here to hold pre-budget consultations on how to make the best use of that fiscal dividend.

Mr. Ireland, how can we help?

Mr. Bruce Ireland: I think the recommendations that have come out to the government are basically around the partnership and to investigate our key knowledge gaps including the impact of neurological conditions that begin early in life, which we are all seeing more of. There is also the relationship between mental health and our neurological conditions and risk factors associated with our brain conditions. As well, we need to do ongoing and expanded surveillance of neurological conditions, because you will recognize from the report that there is going to be significant growth over the next 15 years.

I think also the enhancement of the Canadian longitudinal study on aging will give us a very good perspective of what we need to really look at from the perspective of aging. We all know that we have an aging population, and those are definitely the kinds of things we are looking for from neurological health charities. We brought 24 charities together under one umbrella to collaborate and work together to really define the issue, define what we need, and define what we need the Government of Canada to do to support us.

Mr. Mark Adler: Thank you.

Mr. Mann, could you please respond to the same question? How can the Government of Canada help you?

• (1655)

Mr. Jim Mann: I think the creation of the Canadian Alzheimer's disease and dementia partnership is the primary vehicle to move forward and improve research, but also to improve workplace education and improve the support offered through the First Link program.

I think all of those together collectively are the biggest step forward, because this is a national issue. Three out of four Canadians are impacted whether directly or as family-member caregivers. So it is significant enough that we need the focus. The partnership is modelled after the partnership for cancer, and the proof that it works there is before us. They have made huge strides, and we would hope to do the same.

Mr. Mark Adler: Thank you.

Professor Carr, I'm a big fan of Mitacs. I think it's been a huge success. Could you please elaborate on really just how successful the program has been and why it's so important to continue down that road?

Dr. Graham Carr: Thanks for the question, Mr. Adler.

You asked Mr. Mann and Mr. Ireland about the benefits that would come to Canada of investing in their organizations. I think the benefits coming from an investment in Mitacs are that simultaneously we help train the next generation of researchers, many of whom will go out to be entrepreneurs themselves. We strengthen the research and diversify the research capacity of our universities.

One of the huge benefits I see at Concordia with the success of the Mitacs program, and I know my colleagues at other universities see this too, is that it provides an advantage for us in terms of recruiting top-quality students who not only want the basic skills training that they will get in our advanced degree programs but who see the opportunities for internship placements as diversifying their options entering into the workforce.

Finally, of course, it helps Canadian industry to be competitive and develop its own R and D capacity.

The Chair: Thank you, Mr. Adler.

On behalf of the committee, I want to thank all of our guests who appeared on this first panel today, contributing toward our pre-budget consultation. Thank you so much for being with us.

Colleagues, we'll break for about two minutes. Then we'll bring the second panel forward.

Thank you.

- _____ (Pause) _____
-
- (1700)

The Chair: I would ask colleagues to resume their seats as quickly as possible, please.

First of all, I want to welcome our guests to our second panel as we continue our pre-budget consultations for 2014. I do want to apologize in advance. We will have bells, I understand, at about 5:30 and a vote at about 6:00. I will seek unanimous consent of the committee to keep studying while the bells are going on, perhaps to about 5:50. We will hopefully go as long as we can here.

We have another five individuals or organizations before us. In this panel we have first of all from the Association of Universities and Colleges of Canada, the president and vice-chancellor of the University of Manitoba, Mr. David Barnard. Welcome.

We have, from the Canadian Alliance of Student Associations, Mr. Travis Gordon, who is the chair. From the Canadian Medical Association, we have the president, Chris Simpson. We have, from the Canadian National Institute for the Blind, Ms. Victoria Nolan.

Welcome to the committee.

From the Childcare Resource and Research Unit, we have Ms. Martha Friendly, the executive director.

Thank you, all, for being here.

You each have five minutes maximum for your opening statement. We will begin with Mr. Barnard.

• (1705)

Dr. David Barnard (President and Vice-Chancellor, University of Manitoba, Association of Universities and Colleges of Canada): Thank you, and I want to thank the committee for the opportunity to appear here. We certainly appreciate the important role that you have in shaping the federal budget, and we welcome the theme of supporting families and vulnerable Canadians.

As was mentioned, I'm the president of the University of Manitoba and also chair of the board of the Association of Universities and Colleges of Canada. I was the first person in my family to go to university. Universities today are quite a bit different from what they were when I attended. Universities are evolving through innovation and as a result remain the surest path to prosperity for Canadian families. They open us up to larger worlds, and they have never been more flexible, offered more options, or been more visionary than they are today. I think higher education in Canada is not standing still. Canada's universities are extending their reach and stretching the boundaries of traditional education to make sure we continue to lead in the world.

With respect to employment, as this committee examines the federal government's role in supporting families and vulnerable Canadians—the theme for today's panel—we believe good job opportunities are essential to success in this. Canada needs the skills of all kinds of graduates to keep us competitive in the global economy. The data are clear with respect to our sector. University education means high-quality jobs. Over the last six years more than twice as many new jobs have been created for university graduates as for colleges and trades graduates combined. Even in Alberta 56% of net new jobs have been for university graduates, and over their careers university graduates typically earn 50% more than other full-time workers without a university degree.

We welcomed the committee's study on youth employment and its recommendations last spring. We were pleased to see your support for our main recommendation to support increased experiential learning opportunities. That recommendation is here again in our submission to you for these pre-budget consultations. To be explicit, we recommend that the federal government invest in an integrated package of programs building on those that already exist and developing new options to offer more career-boosting opportunities for Canadian youth including supports for employers, especially small and medium-sized enterprises, to hire co-op students and paid interns, and additional funding for research internships through Mitacs' programs.

With respect to research, this committee has been steadfast in its support of the importance of research, contributing in a significant way last year to the funding of the Canada First research excellence fund in budget 2014. We believe that the world-class research done at our universities and in communities across Canada is also crucial to the goal of supporting families and helping vulnerable Canadians. Our researchers are helping to advance progress in everything from new ways to predict autism very early in a child's life to research on understanding the aging process—which is of more interest to some of us than to others—to shedding light on causes of disease and disability.

In the research component of our submission, AUCC recommends long-term sustained funding through the granting councils, with the rate of growth leading the economy, and predictable multi-year funding for research infrastructure through the Canada Foundation for Innovation.

As a final topic, with respect to aboriginal education, since we are talking today about supporting families and vulnerable Canadians, we know that some of the most vulnerable are from aboriginal communities. I had the honour to be with the Prime Minister in

Alberta when the agreement on K-to-12 education was announced last February, and we urge government to continue to work with first nations leaders to address issues in the K-to-12 system. While doing that, though, we can look to the post-secondary level at the same time. Universities have made gains in increasing access and success. We offer 350 programs across the country with more than one-third of these offered off-campus in communities.

At the University of Manitoba, for example, we strive to ensure that first nations, Métis, and Inuit values are acknowledged, embraced, and infused into life on our campuses. Creating space to allow indigenous students to see themselves in the fabric of our university is crucial. For example, our own Migizii Agamik Bald Eagle Lodge is a place of pride for the over 2,000 indigenous students and many indigenous faculty and staff at the University of Manitoba. Supporting students is key to all of our academic institutions. We want to make our university a welcoming place for all of them. So with respect to this, we recommend direct financial support to students, and support for university initiatives working with local communities.

Again, thank you.

The Chair: Thank you very much for your presentation.

Now we'll hear from Mr. Gordon, please.

Mr. Travis Gordon (Chair, Canadian Alliance of Student Associations): Good evening, Mr. Chair, committee members, and fellow presenters.

I am the elected board chair of the Canadian Alliance of Student Associations and a student at the University of Prince Edward Island. I am pleased to have the opportunity to present the budget priorities of the Canadian Alliance of Student Associations on behalf of our 22 member associations representing over 280,000 students across Canada.

The Government of Canada has taken important steps to stabilize Canada's economy through measures including continued investment in education, skills, and training. While there is no magic fix for long-term economic health, CASA believes that a highly trained and educated population is at the core of creating a stable and prosperous economic future. In that light, CASA is calling on government to invest in education and skills training in this upcoming budget.

CASA believes no Canadian student should be punished for working to support themselves in school. Currently, students who receive financial aid through the Canada student loans program lose out, dollar for dollar, if they work over a maximum threshold. They are punished despite the fact that work experience contributes to the economy now and to employment success in the future.

In budget 2011 the federal government made a positive improvement to the Canada student loans program by increasing the weekly in-study income exemption from \$50 to \$100 per week. This opened financial assistance to more students and helped foster an environment where youth seeking employment can use their income to make ends meet and not have it clawed back by government. While this investment was positive, more must be done to enable students to work while studying.

With the rising cost of education, working while studying has become the norm for Canadian students like me. In 2011, 60% of students reported working an average of 18 hours per week. Under the current policy, the average student working 18 hours a week at \$10 an hour will miss out on \$2,720 worth of financial aid over an academic year. For a student like me, that's four months' worth of food and rent.

Moreover, as paid co-op and internship programs become increasingly common components of education, students are now finding themselves forced to choose between the student aid they need to attend school and the work experience they will need to succeed out of school. This hurts not only students but employers and Canada's economic future. By exempting from the student loans assessment all income earned while studying, we will ensure that students are not unfairly targeted by the unintended consequences created by this policy, while creating a simpler, more streamlined, and efficient student loans system.

The cost of tuition has risen at triple the rate of inflation over the last 10 years, increasing by over 45% since 2003. In the same time, the weekly loan limit of the Canada student loans program has risen by 0%. It is time that action be taken to move the cap from \$210 per week up to \$245 per week in order for students to meet the financial realities of education costs today.

Thirty-one per cent of Canadian students have financial need that exceeds the funding available to them. Faced with this funding shortfall, students have only a few troubling alternatives. One option is to turn to private loans and credit cards, which have extremely high interest rates and lack repayment flexibility. A more frequent option is for these individuals to turn towards their families, who are now often sacrificing their own financial stability.

In a poll conducted by Abacus Data, CASA found that one third of Canadian post-secondary education families reported taking funds out of their retirement savings in order to support their child's education, while another 14% went so far as to remortgage their home. The high cost of education is no longer just a student issue but an issue for Canada's middle-class families as well. Student debt is becoming family debt, and this should be a concern for all Canadians.

Finally, CASA wants to ensure that students from low-income backgrounds and with high levels of need are appropriately supported. We are asking government to build on its past successes by increasing the value of the Canada student grants program by 9.4% to account for inflation since the grant program was created in 2009. Moreover, CASA calls on government to extend the grants program in order to create access for graduate students, who are currently not able to apply for grants.

The most recent report from the Canada student loans program reveals that more students are borrowing to pay for school and the proportion of students with high debt levels is rising. Students who graduate with high debt levels are less likely to buy a home, start a family, or start a business, and are more likely to default. Targeted grants reduce student debt loads and support higher rates of successful repayment. In that context, CASA urges government to act in addressing and updating the grants program in this upcoming budget.

These recommendations are not isolated from each other but rather are part of CASA's comprehensive strategy to enable students to access post-secondary education and graduate with a reasonable and affordable amount of debt. A strong knowledge economy will in turn create a strong and prosperous economy for all of Canada.

•(1710)

Thank you very much. I look forward to your questions.

•(1715)

The Chair: Thank you very much, Mr. Gordon.

We'll now hear from Mr. Simpson, please.

Dr. Chris Simpson (President, Canadian Medical Association): Thank you very much, Chair, for the opportunity to present as you prepare for next year's federal budget.

It's no secret that Canada's population is aging more rapidly than ever before and that this trend will have widespread implications for different aspects of our society. Finance Canada recognized this demographic shift in its 2012 report, entitled "Economic and Fiscal Implications of Canada's Aging Population", and the effects it will have on labour force growth and public finances with the ratio of seniors to working-age Canadians expected to nearly double by 2032. Already patients who are aged 65 and over account for nearly half of Canada's health care spending. Seniors also face challenges accessing health services across the continuum of care, despite most provinces already having seniors care strategies in place. These challenges are only intensifying.

Canadians echo these concerns. The CMA released a public opinion poll in August that found that 95% of baby boom Canadians aged 45 and over believe we need a national strategy for seniors care, and 90% believe a seniors strategy would improve the overall health care system.

As a physician, I wholeheartedly echo those concerns. Take the situation you will find in hospitals across the country on any given day—the high number of alternate level of care, or ALC, patients. I'm referring to patients, many of them seniors, suffering from dementia and other chronic conditions who remain in hospital beds when they should be elsewhere because we don't have sufficient long-term care infrastructure or home care assistance for them. In my hospital today there are 55 ALC patients. The patient I was going to operate on tomorrow was cancelled a couple of hours ago. The entire hospital is shut down with no elective activity happening and no transfers coming in from the region.

One day of care for a patient in a hospital clocks in at \$1,000. By contrast, one day in a long-term care facility costs \$130 and one day of home care is about \$55. If we were to move all the ALC patients from their hospital beds to more appropriate care, we estimate that the system would save \$2.3 billion per year. That's just one example of how a national seniors strategy can lead to smarter spending and a more effective health care system overall.

We need to realize the critical role of informal caregivers—the backbone of any health care or social care system. Statistics Canada released a study just last week reporting that 1.9 million young Canadians are providing care to the sick and elderly: that's 27% of the population between the ages of 15 and 29. We must ensure that these caregivers receive sufficient public support to override the significant risks they face in relation to economic costs, lower productivity, and impacts on the labour market.

Finance Canada's 2012 report recognized the need to act early to prepare for the shift ahead, to put in place policies to help strengthen the Canadian economy and not reduce services or cut benefits for seniors down the line. It's not hard to do the math on what this demographic trend could do to the health care system in the not-too-distant future, so it's not hard to understand why the CMA is recommending that the federal government provide targeted funding to support the development of a national strategy for seniors, one that integrates home care, hospitals, hospices, and long-term care facilities into the continuum.

Canadian doctors believe there's a strategic opportunity, in this era of fiscal surplus, to invest in our seniors. This investment will benefit not only Canadians in need today but also generations to come. If we can improve the way we care for our seniors, we'll go a long way to creating a high-performing health care system for all Canadians.

I'd be pleased to take questions at your discretion.

The Chair: Thank you very much, Dr. Simpson.

We'll hear now from Ms. Friendly, please.

Ms. Martha Friendly (Executive Director, Childcare Resource and Research Unit (CRRU)): Thank you.

I'm the executive director of the Childcare Resource and Research Unit. I'm talking about the other end of the age spectrum compared to what Dr. Simpson was talking about, but there are actually a lot of policy similarities.

I'm really pleased that you asked me here today to talk about the relationship of child care to the priority of supporting families and

helping vulnerable Canadians by focusing on health, education, and training.

I want to make a few points about Canadian child care. Canada is one of the world's wealthiest countries, but international analyses by the OECD, UNICEF, and other groups looking at child care policy and provision have repeatedly given us the very lowest ratings among OECD countries. I understand that this point came up in the previous session.

The most recent Canadian data from 2012 showed that progress on many aspects of child care is essentially stagnant. At the same time, high-quality child care remains out of reach for most families, as there are only enough spaces to cover about 20% of children aged zero to five, and fees in most of Canada are out of ordinary families' reach.

Families of all types lose out, but some lose out more than others. If parents are lucky, they may be able to find quality child care that not only allows them to go to work or to school or to train, but benefits the children's health and social and educational development. If parents are vulnerable—if they're low income, if they're newcomers to Canada, if they're single parents or indigenous—they're doubly disadvantaged. Not only will they have a hard time finding a quality child care space, but they will undoubtedly be unable to pay for it if they do find one.

As the research shows, young children who are in poor-quality child care while their parents are working, training, or going to school—as most children are in this country—are vulnerable to the potentially negative effects of poor-quality child care. This is true whether or not they're already vulnerable for other reasons.

Today's families are united by their drive to access early childhood education and child care that meets two criteria: one, it allows them to work, study, train, or learn English or French and, two, it allows their children to thrive, learning through play, making friends, and building language and social skills. Changing child care to make this happen for most families would be a great opportunity for Canada.

Overall, changing Canadian child care needs a national child care program that involves all three levels of government. The federal government's role in such a program would be to develop, in collaboration with provinces and territories, an overarching national policy framework, including a long-term sustained funding plan that is needed to ensure that the system's principles and goals can be achieved over time. This would mean a commitment by the federal government to be a major funder of the system and a policy leader and convener.

This is the finance committee, so I want to talk about the financial aspects. I'll make a couple of recommendations about those.

One key to changing child care for the better in this country is that federal funding needs to be supply-side funding, or funding services, rather than demand-side funding, which is giving money to parents. I really want to cite solid evidence showing that demand-side funding such as income splitting and cash allowances like the universal child care benefit and the child care expense deduction are nothing but costly experiments that are ineffective and demonstrably poor social and fiscal policy.

Based on our analysis—and I would speak for other people who are working on early childhood education and care across Canada—in the next year we intend to argue that the next Government of Canada should begin the process of developing a national child care program based on the ideas here.

In the short term, in the 2015 federal budget, we propose first that this committee recommend that the Department of Finance evaluate the effectiveness of the universal child care benefit, the effectiveness of proposed plans for income splitting, and the effectiveness of the child care expense deduction, and publish the results publicly. These programs cost a lot of money. With the addition of income splitting, they would be costing Canadians about \$7 billion a year.

The second thing I want to recommend is that there needs to be an immediate infusion of emergency money to the provinces and territories to shore up the child care that we have. Based on my calculations, that would be transfer payments of about \$700 million in the next federal budget. Child care is crumbling. While a national child care program is being developed, the next federal budget could be a signal that this situation can change.

• (1720)

Thank you very much. I would be happy to take your questions.

The Chair: Thank you, Ms. Friendly.

We'll now go to Ms. Nolan, please, for a presentation.

Ms. Victoria Nolan (Volunteer, Canadian National Institute for the Blind): Good afternoon. I am delighted to be here today on behalf of the CNIB and CELA, the Centre for Equitable Library Access.

I am reading this presentation using adaptive technology, so I might be slightly over five minutes.

I am a Paralympian, a special education teacher, and a mom. I was diagnosed with retinitis pigmentosa at the age of 18. Following the birth of my second child, I had lost 97% of my sight. I know firsthand how important it is to have access to reading materials in alternative formats.

I would like to take a moment to introduce three people who are very interested in today's proceedings.

Sam Fulton is a retired teacher, and chair of the CNIB board committee responsible for the governance of library services. Sam has told me how frustrated he is that not enough materials are available in formats that he can access.

Craig Oliver, CNIB's honorary chair and a CNIB client, is also here today. Craig has repeatedly said that he strongly believes that CELA's library services are critical to the continued employment of blind or partially sighted Canadians.

Finally, Katja Newman is a college student who has grown up with the CNIB. Katja credits CNIB with sparking her interest in literacy from an early age. She has seen many technical innovations, and she now uses the CNIB library to help her with her academic work.

These three individuals reinforce how important it is to have access to alternative format print materials.

My remarks today will focus on two important priorities: the production of alternative format content and the shift from physical to digital delivery of that content.

First I would like to talk to the production of content, which is the CELA submission. CELA was launched on April 1 of this year to support public libraries in offering library services for Canadians with print disabilities. This service provides the widest range possible of reading materials in such alternative formats as braille and audio. It provides content in both official languages and programs for first nations. It places a special emphasis on young readers and on Canadian content. Its overall focus is to increase the number of new accessible titles and the speed at which they are made available. Our goal is to secure 50% of CELA's overall funding from the federal government, with the remainder being provided by the provinces and territories, Canada's large urban libraries, and private donations through CNIB's fundraising efforts.

We are asking for \$3.25 million per year in federal funding for each of three years starting in April 2015. This funding will be used to support the production of published works in alternative formats, something that is fundamentally important to our community.

The second area I want to focus on is how alternative format materials are delivered to Canadians. Right now the federal government provides funding to cover mailing costs for the literature for the blind program. Over one million audiobook CDs—over two million pieces of mail—are sent out and returned to the CNIB through this program every year. However, thanks in part to federal government funding from 2011, the CNIB now has the infrastructure and collection in place to distribute its books digitally.

We are asking that you take the next logical step and provide funding to allow for digital delivery. This would mean reallocating the \$9.9 million annual funding provided under the literature for the blind program. This is not a request for new funding but rather a transfer of existing funding. Digital delivery would allow Canadians with print disabilities to download accessible reading materials anywhere in Canada with Internet access. With the transition to digital delivery, the cost to the Government of Canada would be significantly reduced, savings would begin almost immediately, and by year five we anticipate an annual reduction of \$7 million.

Why are these two initiatives so important? Canadians living with a print disability currently have access to a mere 7% of print materials. Greater access to a wider range of materials will make a big difference in our lives. It will improve literacy and enhance education, open up more opportunities for jobs and community engagement, improve access to information and knowledge, reduce barriers for persons with disabilities, and accelerate the adoption of digital technology.

I would like to conclude on a personal note. I turned to the CNIB library when I realized my vision loss wasn't affecting just me; it was also affecting my children, because I couldn't read to them. I now download books and we listen to them together. It's made a huge difference for my family. I've also seen the program's success at school, where I'm able to download books and play them for my students. However, when friends recommend books to me, I can't access them because alternative format content is still so limited.

• (1725)

Imagine the possibilities that will be unlocked by producing more content in alternative formats and by moving to digital distribution of that content. It will make a world of difference to me, to Sam, to Craig, to Katja, and to the three million Canadians with print disabilities they are here to represent today.

Thank you for your consideration.

The Chair: Thank you very much for your presentation, Ms. Nolan.

Colleagues, we'll do five-minute rounds, please.

[*Translation*]

Mr. Caron, go ahead.

Mr. Guy Caron: Thank you very much.

Once again, I want to thank all the witnesses for their very enlightening presentations.

Dr. Simpson, thank you for your presentation.

You probably know that the federal government made a unilateral decision—without negotiating with the provinces—to reduce the growth of health transfer payments to the provinces. The growth rate will drop from about 6% to 3% a year over the next 10 years. You are asking the government for additional investments, so that you can develop a long-term strategy for population aging, which will put pressure on provincial budgets.

How can you reconcile that request—which I think is perfectly legitimate—with the government's decision to reduce the growth of funding? An increase of 3% is below the 5% to 5.5% increase in health care costs forecast by the Conference Board of Canada.

• (1730)

[*English*]

Dr. Chris Simpson: Thank you for the question.

I think the message we're hoping to convey is that unlike the way money has been transferred in the past—and I'm thinking about the 2004 accord—there was money earmarked for wait-time reduction. I think in hindsight one could argue that the accountability attached to that was quite loose. The product that was delivered was okay, but we sort of managed to tread water but not really transform the system.

This time we're saying—setting aside the question on the amount of money, because I understand that's a very political issue—that if we accept there are going to be some federal transfers, let's attach some very smart accountability to those. What we're offering, I suppose, is the end result of a two- or three-year period in our organization's history in which we've really given this a great deal of

thought. We thought, it's a big problem and it touches virtually every Canadian, but if you had to start somewhere, where would you start? Senior care is where everything seems to land, because if we can fix senior care, I think we'll fix a lot of what's wrong with the system. The targeted investments we're talking about now need to be tied to much more accountability for what that's going to deliver. Very importantly, it can't just be about the federal government. I think it has to be about what provincial and territorial governments bring. Frankly, it has to be what we bring to it, too. Physicians and other health care providers have to be part of the solution. We all have to step up our game.

The Chair: Colleagues, I do have unanimous consent to continue for another 20 minutes.

Thank you.

Mr. Caron.

[*Translation*]

Mr. Guy Caron: You are leading me in an interesting direction because the second question I wanted to ask you is actually related to this.

As you know, health comes under provincial jurisdiction. So the provinces are not necessarily receptive to the fact that conditions are attached to those transfers. However, the issue of an integrated health care strategy for seniors is an important one. You talked about long-term care and home care. You could also include palliative care, a large part of which is used by seniors.

How can the federal government play a leadership role in order to handle these issues consistently in collaboration with the provinces, so that they could feel that their jurisdiction is respected?

[*English*]

Dr. Chris Simpson: I appreciate the question very much, because that is the issue, of course.

The way I like to think about it is to look at some of the European jurisdictions that have been more successful than ours has. By country, their health care systems rank higher than ours does in performance ratings, and they spend a smaller proportion of their GDP on health care. So they're doing a better job with less money. How are they doing it? They are doing it with three things. They are doing it with a very strong medical profession that's willing to put skin in the game and lead. I'm telling you, we are willing to do that and are doing that. The second thing is that we have to have strategic goals that go beyond sound bites and political cycles. There has to be an endgame and something we want to achieve. The third thing is a committed national government.

I think the jurisdictional wrangling that happens is a distraction. I think it's allowed us to avoid making some of these tough decisions. Certainly, there are aspects of health care that are a provincial responsibility, but the achievement of health for Canadians surely must be the responsibility of all levels of government. We're asking the federal government to be a partner at that table.

The Chair: Merci.

We'll go to Mr. Keddy, please, for five minutes.

●(1735)

Mr. Gerald Keddy: Thank you, Mr. Chairman.

I welcome our witnesses.

Picking up the comments from your brief, Mr. Simpson, you mention that a hospital stay costs somewhere in the neighbourhood of \$1,000 a day, a seniors' home costs \$130 to \$140, and home care is \$50 to \$60 a day. Quite frankly, I've always argued that for some patients in hospitals who are able to look after themselves, it would be cheaper to put them up in a hotel, quite honestly.

You said something that really got my attention: that there are other jurisdictions doing a better job with less money. Health care is a huge cost to the federal budget. There is a jurisdictional problem and I think you went over it a little too easily. For any federal government and any provincial government, it's a real task to wrestle that to the ground.

One thing we have done is the Canada Health Infoway. Have you seen the direct results of that on the ground? Is it saving Canadians money? Are you getting patients' records quicker?

Dr. Chris Simpson: I appreciate that question as well. I think the current stats are that something like roughly two-thirds of family doctors now have an electronic health record. That's a substantial improvement. We're definitely going in the right direction, although we lag behind.

How much money that has saved I think is a little unclear. It may not have saved any money yet, because the entire system isn't completely integrated. For example, as a specialist in a hospital I don't have access to the health records from the family doctors who refer patients to me, so that leads to duplicated tests and delays and that sort of thing, all the stuff you already know.

But I think that's definitely a key piece, not just for the sharing of patient information but for measuring the performance of our system, which is arguably a big part of why some of the countries such as Denmark and even the U.K. have made some of the leaps that they have recently. We rank 10th out of 11 in the Commonwealth Fund in the performance of our health care system. Only the U.S. is worse.

Mr. Gerald Keddy: Thank you.

We really do have very little time for this round of questioning, and the bells have started, but again you've mentioned something that I have to pick up on, and that's measuring performance. At our university and community college levels, at the end of the day everything is results based.

There's really no adequate way, Mr. Barnard and Mr. Gordon both, to measure your performance. When we're lobbied, we never get the results for how many students you've graduated and how many are working. We never get the results. Are we sending diesel mechanics through community college when we should be training more carpenters? That results-based information is really, I think, something that we need as a government to make decisions. Would you care to comment on that?

Dr. David Barnard: Certainly, universities track that information, and a lot of that information can be shared with you, such as what the graduation rates are and what the completion rates are. If that's

information that's of interest to the committee, we can certainly provide it to you.

A voice: Yes.

Mr. Gerald Keddy: I have a little more time than I thought I had, so I'm going to ask you to forward that information to us. We can get that at a later date and we'll have an opportunity to look at it, because I really do have a question here that I want to get on the table for the National Institute for the Blind.

Ms. Nolan, thank you for your presentation. I just wanted to get this straight on our 2011 funding for infrastructure. Really, I believe your most important ask is for \$10 million over three years for a continuation of the infrastructure that's already been put in place.

Ms. Victoria Nolan: I'd like to direct that question to our representative from the library.

Mr. Andrew Martin (Senior Project Director, Centre for Equitable Library Access, Canadian National Institute for the Blind): My name is Andrew Martin. I'm the director of the Centre for Equitable Library Access and I'm assisting Victoria with her presentation.

The reason for the request is that there is a significant cost to producing materials in a format that people like Victoria, say, or Craig can use. They can't read a regular book. Nor is the kind of e-book that you might order on Amazon going to meet their needs, because it isn't accessible. We could explain in more detail what that means, perhaps at a later date, but it isn't accessible.

They need material in a specially formatted file—Daisy audio is the most common one—and these books can cost anything up to \$2,000 to \$2,500 to produce. You need the original material, ideally with an electronic file. There are costs in obtaining that. Narrators need to be paid. There are the production costs.

Basically, we've isolated the total production cost as being somewhere north of \$3 million a year. We are asking the Government of Canada to supply that cost because it doesn't fall into the category of library service. I hope that answers your question.

●(1740)

The Chair: Thank you. I'm trying to move things along and to be fair to every member of Parliament here, but you can certainly supply any additional materials to the committee.

Mr. Brison, go ahead, please.

Hon. Scott Brison: Thank you.

I have a comment on CNIB and CELA's presentation. The funding to help your services join the digital age is particularly important today. Even the changes to Canada Post's services make some of these things less available and accessible than they were in the past. Many of us on this committee who have family members who benefit from the work you're doing get this and understand it.

Also, I think I speak on behalf of all members of this committee when I say that we would never want to take any position that would get Craig Oliver upset at us, so I think you can count on good support.

I'd like to ask a question to Travis Gordon.

First of all, Travis, not every organization that comes to this committee gets its member of Parliament, such as Sean Casey, who is here with us today, to offer support, so this is pretty important stuff.

On CASA's presentation, the Conference Board of Canada's recent report on intergenerational inequality focuses on the youth job market today, and it speaks to the challenges young people face upon graduation. With higher levels of student debt and a very tough youth job market, should we move to a more flexible approach in terms of repayment of student debt, something over a longer period of time, recognizing the challenges young people are faced with today upon graduation and in getting good employment?

Mr. Travis Gordon: Certainly when we're looking at addressing these issues it's very important to look at all avenues. Methods of repayment could be something. I've heard discussions in the past on perhaps extending the grace period and re-evaluating interest rates. It's also important to target student debt specifically at its core. CASA is here advocating for a 9.4% increase to the Canada student grants program, and that would make up for the shortfalls that have happened since 2009 when the program was first introduced. That program has been very effective at directly impacting student debt, and so when we have these sorts of conversations, as I said, it's very important to address or look at all angles.

Hon. Scott Brison: Thank you very much.

Ms. Friendly, thank you very much for appearing again.

In 2005 the federal government negotiated and achieved agreements with all provinces and territories for a national early learning and child care program. Do you think it would be possible to get buy-in today from the provinces and territories for that type of national program? Given your understanding of the provincial and territorial positions, do you think it would be possible?

Ms. Martha Friendly: The Premier of Ontario has actually said this publicly. I think it was in her throne speech. She mentioned the poverty reduction strategy that they just released and said that we need a national child care program and that Ontario would welcome it. I haven't asked them, but I think it would depend on what a federal government would do.

The provinces are the ones that are basically on the front lines on child care. It's not that they haven't been making changes—and many of them have been trying to make improvements—but basically they don't have the money.

I want to emphasize again the point that this isn't really a provincial issue. It's like health care. In fact, a lot of the things that Dr. Simpson said are very applicable to child care. It really needs to be done within a kind of overarching policy framework, because what we have is a real waste of money and resources because we don't have a coherent approach.

Just so we understand, there is a way to do this in Canada. We have done this before by having a federal government that works with the provinces and territories to actually execute a program that isn't one-size-fits-all but is one that fits Canadians in rural communities and in indigenous communities all across the country. Based on what the Premier of Ontario has said, certainly that province would welcome it, and there would probably be buy-in

from provinces, depending on what a federal government was putting on the table.

● (1745)

The Chair: Okay, you have about one minute maximum.

Hon. Scott Brison: Dr. Simpson, should we make the caregiver tax credit a fully refundable benefit such that low-income Canadian families would benefit?

Dr. Chris Simpson: It would certainly be a step in the right direction. The other issue with it, although the concept is very good, is that only 3% or 4% of Canadians who would be eligible for it actually availed themselves of it, and it was something to the tune of about \$300, but it's a good example of where the federal government can intervene in something that's important to the health of seniors that's not really in the health care portfolio to get around those jurisdictional concerns that others had.

The support for informal caregivers is very important. We'd like to see a lot more, and your suggestion is a great one.

The Chair: Mr. Brison, you have time for one very brief question.

Hon. Scott Brison: The federal funding for tri-councils has been cut in recent years. What kind of impact have you seen on the ground, Dr. Barnard?

The Chair: Okay, that's....

Mr. Brison loves doing this to me: I ask for a brief question, he asks for the origins of the universe.

Voices: Oh, oh!

Hon. Scott Brison: You said to be very brief. My question was very brief.

The Chair: Mr. Barnard, if you could answer in 30 seconds maximum, I'd appreciate that.

Dr. David Barnard: The actual number has been going up. It hasn't kept up with the purchasing power. What does it look like on the ground? It looks like increased competition for good researchers who have good ideas. The system's been growing. There are more people in it. The real purchasing power of the grants hasn't kept up, so there are probably good ideas in Canada that aren't being funded.

The Chair: Thank you, Mr. Brison.

We'll go to Mr. Van Kesteren for five minutes.

Mr. Dave Van Kesteren: Thank you, Chair. I will be splitting my time with Mr. Adler.

I want to go to you, Ms. Nolan. You mentioned the moneys that you received from the federal government in 2011, and that was for the digital books; I think you said there's only 11% or something. I want to follow up with that. I want you to tell us why this new CELA service is of such benefit to people with print disabilities and how it will help them access material.

Maybe you could elaborate on that.

Ms. Victoria Nolan: I'm only a client, but in my opinion, as I said, we only have access to about 7% of print materials. It's very rare that I'm able to find a book for myself, for my personal use, that is in an accessible format. We're looking to broaden the range of titles available, essentially, I believe.

Mr. Dave Van Kesteren: I think Mr. Adler wants to have a follow-up question.

Mr. Mark Adler: Yes.

Thank you, Chair.

Ms. Nolan, it was very touching when you said that you want to read to your kids. I know the importance of that. So it was very, very touching when you said that, and I just want to mention that.

I've been a supporter of the Israel Guide Dog Center for the Blind. They train guide dogs. I see you have a number of dogs here with you. I'm just thinking of the importance of having a guide dog and how significant that is. The role these animals play for these people who are visually impaired is really important.

I just want to throw some names out to you, and just tell me what the common denominator is here: Aldous Huxley, José Feliciano, Harriet Tubman, Joseph Pulitzer—I'm sure Mr. Oliver is familiar with that name—Jeff Healey, and the famous Greek writer Homer. Do you know what they all have in common? They were all visually impaired, either blind or severely visually impaired.

How important is it to have this resource for people who are visually impaired? What will be the cost to society, the cost to humankind, if this kind of facility or resource is not available to people who are visually impaired?

• (1750)

Ms. Victoria Nolan: Well, imagine the cost of not being literate. You're missing out on your education. You're missing out on culture. You're missing out on being able to participate in your community, on just having conversations with people.

I mean, it's huge, the impact; just being part of a community.

Mr. Mark Adler: We have great examples of people throughout recent history who have achieved great things and who were visually impaired. Imagine if these resources that we have today and that we will have tomorrow and next year were available to people 100 years ago, 500 years ago. Imagine the advances we would have made in technology, in society, in medicine, in poetry, in arts and culture if that were available back then.

Thank you very much.

Thank you, Chair.

The Chair: Thank you very much, Mr. Adler.

Mr. Rankin, I understand you have a couple of brief questions.

Mr. Murray Rankin: How long do I have? Is it just a couple of minutes? I just want to make sure I don't....

The Chair: I'd like two minutes, if we could.

Mr. Murray Rankin: Okay.

Ms. Friendly, thank you for your presentation. You talked about the importance of a national child care strategy. Then I think you

indicated, and I just want to make sure I got this right, that your recommendation would be that the universal child care benefit and income splitting not proceed, and that those would be the funds that you would recommend be used to defray that.

Ms. Martha Friendly: Let me put it another way.

One of the main arguments against having publicly funded child care across the country is that we can't afford it. What I would like to point out is that money is being spent without evaluation or assessment of whether it actually does what it's intended to do. One of the members on this side said that everything must be results-based now. I guess what I was suggesting to the finance committee would be to examine those programs that are attached to child care that have objectives that I think should be assessed to see whether they're actually being met. We're spending a lot of money and we have no idea if we are getting any results from it. I'm not going so far as to say that money should be spent on the national child care program. It's in a more general sense to say that the idea that we can't afford a national child care program diminishes when you look at the spending of other associated money.

Mr. Murray Rankin: I have a quick question for Dr. Simpson.

Thank you very much.

I understand that the CMA has been doing more work on the social determinants of health. There is some excellent research. When I think about the fact that two million Canadians are using food banks and one in ten people lives in poverty, have you done any estimate on the impact of these social determinants on people's health?

Dr. Chris Simpson: The number is going to shock you. We figure about 25% of your total health results from the kind of health care system we have. About 10% or 15% is from our environment, from air pollution and so on. Fully 50% is from the social determinants of health. That is housing, poverty, transportation deficiencies, nutrition, and so on.

Mr. Murray Rankin: That's staggering.

Thank you very much.

The Chair: Thank you.

Thank you, Mr. Rankin.

On behalf of the committee, I want to thank all of our witnesses for participating in this panel with your presentations and responses to our questions.

I do apologize for the shortened panel, but we do have to go to vote now.

Colleagues, we will see you tomorrow.

Thank you.

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