Children's Healthcare Canada | Santé des enfants Canada

Start Strong – A Playbook for Healthy and Vibrant Children and Youth

Frequently Asked Questions & Answers | November 2026

Q: What is the problem the Playbook hopes to solve?

A: Experiences and outcomes of healthcare for children, youth and families in Canada are worsening. Poor child health carries a significant and lasting burden, not only for children and their families, but also for healthcare systems and the Canadian economy. Children suffering from poor health experience lower participation rates at school, may face worsened social and emotional development, experience higher health system utilization, and their parents or caregivers often encounter out-of-pocket expenditures and miss work.

In a recent Abacus poll, most Canadians surveyed believe children today are worse than their own childhood. Canadians expect a bright future for their children. Children's Healthcare Canada believes the federal government has a leadership role to play, establishing children's health and well-being as a national priority.

Q: Why should Canadians care about these issues?

A: **1. Childhood shapes health for life.** Many conditions that strain the health system in adulthood begin in childhood, including mental health, chronic illness, and developmental needs. Care at the right time can change the course of a person's life. A delay in care or treatment can turn a manageable condition into a lifelong one.

2. It is a sound public investment. The *Thrive* report, prepared by Deloitte for Children's Healthcare Canada and Canada's Children's Hospital Foundations, found that every dollar invested in children's healthcare generates up to a five-fold return. That return comes from better health outcomes, lower costs to families and health systems, and future workforce productivity.

3. The effects reach beyond the child. When a child cannot get healthcare, parents and caregivers bear additional costs, lost time at work and the ongoing strain of navigating systems that too often fail to meet their needs. Siblings may take on caregiving roles and miss educational and social opportunities. 76% of parents surveyed through a recent Abacus poll have missed work to deal with children's health issues. Children's health is also a workforce, education, and community issue.

4. Today's children are Canada's future. They will be the workers, caregivers, innovators, and taxpayers who sustain the country, including the health system an aging population will rely on. There is no Canada Strong without healthy, vibrant children and youth.

5. Children cannot advocate for themselves. Children do not vote and rarely shape policy, and health systems are largely built around adults. That places a responsibility on adults and governments to speak and act for them.

6. It is a question of fairness. Where a child lives, their family's income, or their background should not decide whether they get timely, appropriate care. Equitable access is a test of the kind of country Canadians want.

Q: How does this support a strong Canada?

A: Every nation-building project Canada undertakes — economic productivity, social cohesion, workforce resilience — depends on current and future generations who are healthy, capable, and able to participate fully in the life of the country. Investing in children's health is not a social expenditure. It is an economic strategy.

Investing in children's healthcare is one of the most powerful levers Canada has to ensure long-term domestic resilience and future workforce productivity. Canada is facing a tightening labour market and a growing proportion of older adults. By 2051, one in four Canadians will be over 65, according to Statistics Canada's Population Projections (2021 to 2068). The children and youth of today are tomorrow's workforce, caregivers, taxpayers, and innovators. Investing in their health now is how Canada secures the human capital it will need.

Q: How does this help children and families in Canada?

A: Too many families in Canada are navigating a system that was simply not designed for their child. *Start Strong* calls for a system that starts with the child and the family, not with the diagnosis. It calls for care that is accessible regardless of where you live, who you are, or what your family income is — care that addresses the whole child, from prenatal health through the transition to adulthood.

For families of children with complex needs, it means a system that finally recognizes parents as essential partners in care, not afterthoughts.

For Indigenous families, it means fully implementing Jordan's Principle and closing the inequitable gaps in access that have persisted for far too long. For every family, it means a health system that builds trust rather than fear.

Q: What does Canada currently spend on children's healthcare? Is it enough?

A: As of 2023, provinces in Canada spent $14,675 per senior (aged 65 or above) per year on health care vs. $2,328 per child per year age 1 to 14, about 6.3x more per senior than per child (CIHI NHEX data, 2025). Children under 18 account for approximately 23% of the population and about 10% of provincial and territorial health spending, based on CIHI per capita spending by age applied to Statistics Canada population counts (CIHI Health Expenditure Data in Brief, Nov 2025).

Canada disproportionately and systemically underinvests in child and youth health and wellbeing compared to other countries who rank higher on the 2020 UNICEF Report Card. Canada currently invests 1.68% of its Gross Domestic Product (GDP) on policies and investments towards children and youth compared to countries like France, the United Kingdom, and Sweden, who invest up to 3.68% of their respective GDPs.

Underinvestment in children's health and healthcare has been decades in the making and can be attributed to several complex factors, including sociodemographic changes within the broader population, advances in science and medicine, changes within the healthcare workforce, and the increasing health and social complexity amongst children and youth presenting for care.

The costs of inaction are real, they are measurable, and they are high. For example:

- Delayed scoliosis surgery for children in Canada costs the healthcare system $44.6 million, in addition to caregiver productivity loss of $1.4 million.
- Without timely investments, the Conference Board of Canada projects the lifetime costs of children experiencing anxiety and/or depression at the age of 10 could approach a staggering $1 trillion.
- Investments today in child and youth mental health could save Canada $28 billion annually, while nurturing the well-being and securing the futures of young people from coast to coast.
- *Thrive: The Economic Case for Investing in Children's Health*, conducted by Deloitte in 2025, found that every dollar invested in children's healthcare generates up to a five-fold return through improved outcomes, reduced costs to families and health systems, and future workforce productivity



Q: Should we be prioritizing investments in children and youth over supporting our aging population?

A: There are many competing and pressing priorities within our healthcare systems. The intention of this campaign is not to direct funding away from seniors or adult health services, but rather to highlight the unique challenges children's health systems face when we've seen a growing population of children and youth with increasingly complex medical needs. Canada needs a balanced approach to investing upstream to ensure children and youth have the best possible opportunity to live a healthy and long life. For decades, we have underinvested in children's health systems – we are now paying the price with long waits for essential services, and seeing children's health outcomes deteriorate as a result.

Q: How does your plan advance health equity?

A: Access to care and outcomes are inequitable across the country and across demographics. Delays and lengthy wait times for children and youth have profound social and economic consequences. The most significant guiding principle for all care reform needs to be equity. For children, specialized services are often concentrated in a small number of urban centres, and a child's postal code, family income, and the jurisdiction responsible for their care too often determine the services they receive. Our recommendations include building culturally safe and appropriate services that support all children, including those from equity-deserving populations. We are calling on the federal government to fully fund and implement Jordan's Principle and the Inuit Child First Initiative.

Q: How will these recommendations support collaboration between provincial and federal governments related to caring for Indigenous kids?

A: Although there are no recommendations specifically targeting healthcare interventions for Indigenous children, recommendations underscore the importance of collaboration between all levels of government, launching a national children's strategy, expanding primary care access and universal screening, and designating a child health officer. These are all measures that will improve health outcomes for Indigenous children.

Q: We know poverty and housing affect health, yet you don't seem to address that in your recommendations?

A: The mandate of Children's Healthcare Canada and the focus of this report was to build stronger, more integrated, and sustainable health systems for children and youth. CHC is a proud founding partner of the Inspiring Healthy Futures coalition, which addresses and advocates for policies and investments necessary for all children to thrive. That includes a reliable family income, food security, affordable and safe housing, a safe environment, clean water, stronger schools and communities, access to affordable childcare, and access to the internet. Without these necessities, children's health outcomes will continue to worsen.

Q: How does this connect to the online harms debate?

A: *Start Strong* documents how the combination of pandemic disruption, social media use, online harms, geopolitical uncertainty, and climate anxiety has created unprecedented stress on the mental health of children and youth. More than a quarter of Canadian youth aged 12 to 17 now rate their mental health as fair or poor — double the rate before the pandemic, according to Statistics Canada's Canadian Health Survey on Children and Youth. Rates of prescribed mood and anxiety medication, hospital admissions for eating disorders, and mental health-related emergency visits have all risen as a result.

Online harms legislation is a critical upstream intervention, but legislation like Bill C-34 alone will not repair the damage already done or build the care system these children need when they are in crisis. We need both: a policy that prevents harm online, and a healthcare system equipped to respond when harm has already occurred.

Q: What are the challenges in attracting and retaining the highly specialized workforce that services children and youth?

A: There currently is a limited pool and pipeline of highly trained professionals that serve children. As with other specialized professionals, issues like compensation, length of training, work-life balance, resource constraints and geographical imbalances all contributed to HR challenges. CHC is calling on the federal government to ensure that national HR strategies pay special attention to the diverse workforce needed to serve children and youth.

Q: How much money would this take?

A: *Start Strong* calls on the federal government to create a Child Health Transfer — a dedicated, ring-fenced funding stream of $10 billion over ten years, administered through bilateral agreements with provinces and territories.

Canada's 8.6 million children and youth represent nearly 23 per cent of the population but receive a fraction of provincial/territorial or federal funding for healthcare. The economic analysis is clear: every dollar invested in children's healthcare generates up to a five-fold return through better health outcomes, reduced long-term system costs, and future workforce productivity (*Thrive: The Economic Case for Investing in Children's Health* (Deloitte, 2025). Children's healthcare is one of the highest-return investments Canada can make.

Q: Where will the funds come from to right-size health systems for children?

A: Right-sizing health systems for children is a long-term goal and requires sustained and dedicated investments from all levels of government and the philanthropy community. The real challenge is not in mobilizing funding but in building the political will to address the unique challenges children face, and right-sizing the health systems t hat care for children, youth and families.

Q: Didn't the federal government commit $2 billion dollars to the pediatric crisis in 2022? Where did those funds go?

A: They did. So far, only two jurisdictions have leveraged these funds to support pediatric care.

Q: Health is a provincial responsibility, yet your campaign also targets the federal government. How do you see cooperation happen at all levels?

A: Every level of government has a role to play in improving children's health systems.

The federal government has an important role setting a pan-Canadian vision for the health and wellbeing of children and youth growing up in this country. The federal government also plays a vital role in establishing criteria and accountability for funds delivered through the Canada Health Transfer program. Children's health can be established as a priority through earmarked funding within this context. The federal government also plays an important role in funding health research in this country. They can equally ensure that a percentage of this funding is earmarked for child health research.

Q: Have you talked to the provinces about this — what do they think?

A: Provinces and territories are under enormous pressure to deliver on children's health with fragmented funding and no national framework to guide their efforts. A coordinated national strategy, one that provides federal investment, shared data infrastructure, and a common direction would be welcomed by provincial leaders. *Start Strong* is not asking provinces to surrender jurisdiction — it is asking all orders of government to work towards common targets.

Q: What role does CHC play in advancing right-sized health systems?

A: CHC will convene health system leaders, clinicians, researchers, data experts, policymakers, and families to share innovations, build shared infrastructure and standards, and broker knowledge so that progress made in one region benefits children everywhere in Canada. CHC will document examples of innovation already underway across Canada and internationally, and identify concrete opportunities for collaborative action so that provinces, territories, institutions, and communities can learn from one another and move faster together than any single system could on its own.

Q: Who else has a role to play to realize this vision?

A: Everyone has a role to play in ensuring the health systems that serve children are high functioning.

- Provinces and territories directly fund and coordinate health services within their jurisdictions. Including education/training seats/programs for specialized trained workforce. They have levers to incentivize the integration of services throughout the continuum of care.
- Child health advocacy organizations like CHC can raise awareness of children's and youth's challenges and collaborate with peer organizations to create priorities and solutions to advance health outcomes.
- Children's healthcare delivery organizations across the continuum of care have opportunities to build capacity through partnerships and innovative care models.
- Philanthropy is the second-largest funder of children's health. Children's hospitals and others depend on philanthropic gifts to fund medical equipment, infrastructure, health research and more.

Q: Who will steward this work?

One of the clearest gaps in Canada's current approach to children's health and well-being is the absence of a dedicated federal champion with accountability for outcomes. Children's Healthcare Canada has called for the creation of a Chief Children's Health Officer — a senior federal official whose mandate is to coordinate cross-departmental action on children's health, monitor progress against national targets, and ensure children's priorities are not lost between ministries or election cycles.

This is not a new concept. Canada has created similar roles in other domains when sustained, cross-cutting leadership was needed. Children deserve the same. The Chief Children's Officer would be the anchor for the implementation of a national strategy and the five reform principles articulated in *Start Strong*.

Q: Tell us more about the engagement to get to these recommendations?

A: Recommendations articulated in *Start Strong* are grounded in national consultations that were held in 2026, including:

- In-depth interviews and group conversations with 60 diverse voices across Canada and internationally, including health system leaders, clinicians, researchers, policymakers, and families.
- A comprehensive review of national and global evidence, spanning UNICEF report cards, international reform strategies, pediatric research, and economic analyses.
- An interactive workshop at the CHC annual conference in May 2026, where findings were pressure-tested by over 300 healthcare professionals.

Q: How will you ensure your recommendations are heard and advanced by all stakeholders?

A: These recommendations were co-developed with front line providers, family partners, health system leaders, and researchers delivering care across the continuum. CHC also engaged other child health advocacy organizations and partners, including the Canadian Paediatric Society, Pediatric Chairs of Canada, and the Canadian Association of Paediatric Nurses. We have a positive working relationship with elected officials within the federal government and hope to engage our members to advance these priorities at the provincial level. An “all-hands-on-deck” approach will be necessary to address the complex issues we face.

Q: Where would you start to implement these recommendations? Do you have any firm commitments from partners? Who is leading what pieces?

A: There are efforts underway related to a national health data strategy and a national health human resource strategy. We also know that Senator Moodie has introduced a bill in the Senate related to a National Children's Strategy. We hope to leverage this momentum to advance recommendations issued within this report.

Q: What is the government's response to your recommendations?

A: CHC will be socializing recommendations with decision makers in November at their Annual Child Health Hill Day.

This report calls for creating a national children's strategy, consistent with a bill recently tabled by Senator Moodie. This was also a consistent recommendation issued by witnesses called to testify at the Child Health Study conducted in 2022/23 by the House of Commons Committee on Health and Social Affairs.

Q: Would a change in federal government make a difference?

A: The health and well-being of children should not be a partisan issue, but rather a unifying vision for this country. Children's Healthcare Canada has taken a non-partisan approach to advancing a future fit for kids. We have been engaging with members from all political parties, with the hopes that federal parties will make children's health and well-being a platform priority in the months to come.

