Written Submission to the Finance Department for the 2024 Pre-Budget Consultations in Advance of the Upcoming Federal Budget

The Canadian Association of Optometrists

February 2024

Recommendation 1: That the Government of Canada prioritizes the vision health of all Canadians through the investment of a National Vision Strategy through the Public Health Agency of Canada or Health Canada, under the leadership of a Chief Vision Officer.

Recommendation 2: That the Government of Canada act on expanding the list of eligible occupations under the Canada Student Loan Forgiveness Program to include optometrists to effectively address the access to care challenges faced by people who live in rural, remote or sparsely populated areas and Indigenous communities.

Recommendation 3: That the Government of Canada honour its commitment to work in partnership with Indigenous communities to deliver the best results for people's health and ensure that our country's health care systems respect the unique needs of Indigenous Peoples by including appropriate eye health and vision care services through the Indigenous Health Equity Fund.

The Canadian Association of Optometrists (CAO) is delighted to participate in the 2024 Finance Department's annual call for submissions during the Pre-Budget consultations. We align with the current government's recognition of the crucial need to achieve health equity, particularly for people in underserved communities. Emphasizing the significance of substantial investments to ensure improved access to vision care services is imperative for the overall well-being of all Canadians. Optometrists nationwide are eager to engage in meaningful dialogue, leveraging firsthand experience as primary health care providers and represent the front line of vision health and small business owners. This submission aims to provide insights that will contribute to the formulation of measures and investments in Budget 2024, with the goal of fostering an inclusive economy that caters to the eye health and vision care of all Canadians.

This CAO submission intends to highlight Canadian optometrists' willingness to collaboratively contribute to a thriving economy and a healthy population. Current efforts fall short, as vision health is not acknowledged as an integral part of overall health or a key element of population health. Notably, vision policy is absent at Health Canada and the Public Health Agency of Canada, prompting CAO to urge the federal government to recognize and implement the three recommendations outlined in this submission. Optometrists are keenly aware that 75% of eye diseases and conditions are treatable or preventable¹. By demonstrating real leadership in providing better vision for all Canadians, optometrists are adeptly positioned to address economic concerns such as productivity, employability, and mobility. Insufficient access to eye health and vision care services hinders many Canadians from reaching their full earning and educational potentials.

Recommendation 1: That the Government of Canada prioritizes the vision health of all Canadians through the investment of a National Vision Strategy through the Public Health Agency of Canada or Health Canada, under the leadership of a Chief Vision Officer.

The federal government has a significant opportunity to act now by investing in a National Strategy on Eye Health and Vision Care, overseen by the Public Health Agency of Canada or Health Canada. CAO has identified that such a strategy would fulfill the requirement for an evidence-based approach supported by a vision desk, increased investments for genuine Made in Canada research, a robust system ensuring consistent and reliable medications for treating and diagnosing eye diseases and conditions, improved service accessibility for people who live in rural, remote, and Indigenous communities, and funding for a national public awareness campaign to educate Canadians on the importance of eye health and vision care. The time is now to support health promotion and disease prevention through investments that address efficient access to eye health and vision care.

CAO suggests aligning existing national strategies where the Public Health Agency of Canada has established specialized branches, known as "Desks," for specific professional disciplines, diseases, and conditions. In its inaugural year, CAO proposes the appointment of a Chief Vision

Officer from the community of eye health professionals to lead and develop federal vision policy within PHAC's existing frameworks and established mandate. The Chief Vision Officer, in collaboration with portfolio members, would work to formalize a mandate, outlining the Desk's core functions, roles, priorities, and milestones. Additionally, the Chief Vision Officer would craft a comprehensive communications plan to increase internal awareness of the Vision Desk within the federal health portfolio and clearly convey its mandate to external stakeholders. With over 8 million Canadians at risk of eye threatening conditions, addressing these administrative details early in the process is crucial for the effective creation of a national vision strategy.

A January 2023 Abacus Data poll demonstrated that 67% of Canadians supported an increased role of the Federal Government in eye health and vision care. Furthermore, 76-77% of Canadians supported the notion of a federal eye health strategy to identify training, education and guidance needs of healthcare professionals responsible for eye health; ensure Health Canada could rapidly consider new applications for treatments and devices used to treat eye conditions; promote research and improve data collection on eye disease prevention and treatment; identify specific strategies on how to enhance eye care access for people who are underserved including Indigenous peoples, children and older adults; and promote information and knowledge sharing between the federal and provincial governments in relation to eye disease and prevention². While long overdue, the federal government has an opportunity to demonstrate real leadership in eye health and vision care. Through the wellness and prevention mandate at the Public Health Agency of Canada, a National Vision Strategy would establish measurable goals to close the gaps in health outcomes relating to vision care.

Recommendation 2: That the Government of Canada act on expanding the list of eligible occupations under the Canada Student Loan Forgiveness Program to include optometrists to effectively address the access to care challenges faced by people who live in rural, remote or sparsely populated areas and Indigenous communities.

The Canada Student Loan Forgiveness Program presently encourages physicians and nurses to practice in underserved communities and regions; however, this support does not extend to optometrists. Student loan forgiveness is vital to facilitate the recruitment and retention of optometry professionals in these regions. It is imperative to broaden this Program's scope to include optometrists and address the pressing need for improved access to vision care for people living in rural and remote communities.

Furthermore, the existing Canada Student Loan Forgiveness Program, while advantageous, fails to recognize the vital contribution of optometrists in the health-care system as *primary health* care providers and represent the front line of vision health. The cost of studying optometry in Canada is close to \$100K. Considering this substantial financial commitment and the essential role optometrists play in eye health and vision care, it is equitable that they receive a commensurate level of student loan forgiveness, mirroring the support provided to physicians. While

acknowledging the importance of vision care, it is crucial to extend this support to optometrists for enhancing access to vision care services for people living in rural and remote communities.

Recommendation 3: That the Government of Canada honour its commitment to work in partnership with Indigenous communities to deliver the best results for people's health and ensure that our country's health care systems respect the unique needs of Indigenous Peoples by including appropriate eye health and vision care health services through the Indigenous Health Equity Fund.

In Canada, there exists a stark contrast in healthcare outcomes between the general population and Indigenous peoples. While Canada boasts a universal healthcare system, Indigenous communities face significant barriers to accessing quality eye health and vision care services. CAO draws much pride from our dedicated member optometrists enrolled in the NIHB Health Benefit. Providing eye health and vision care services to Indigenous patients addresses only a small percentage of identified barriers to access to care issues, and this is not enough. Enrolled optometrists know first-hand of the gaps in vision care services throughout Indigenous communities. CAO has identified an opportunity to improve fair and equitable access to quality and culturally safe vision health care services through the federal Indigenous Health Equity Fund. This federal investment of \$2 billion over 10 years, encourages greater Indigenous control of health services, and addresses the unique challenges Indigenous Peoples across Canada face to Optometrists are prepared to work collaboratively with deliver better health outcomes. Indigenous partners and their communities to address these gaps by providing quality vision care services which support Indigenous health priorities, and work towards eliminating health inequalities.

CAO recommends that that vision care services be included as an important element in the offering design and implementation of the Indigenous Health Equity Fund by promoting eye care services within this comprehensive program fund. Indigenous communities could address the individual needs of each specific population demographic with regards to eye health and vision care to better address and amplify the resources required for more comprehensive disease prevention and management, health promotion, and support for the health care communities servicing these Canadians.

Additional available data showcases the vast impact of the cost of vision loss across the economy:

- Increased rates of injury and physical trauma (e.g., falls) and motor vehicle accidents, particularly for older adults.³
- 90% of vision loss costs are non-eye related medical costs⁴ (i.e., everything from palliative care to occupational therapy).

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- Vision loss is more common among new immigrants than the Canadian-born population.⁵
- 34% of Indigenous persons with *diabetes* indicate the disease affected their vision.⁶
- There are more than 2000 eye injuries a day in Canada.⁷
- People with vision loss are at greater risk of social isolation and reduced community participation.⁸
- People with vision loss have more *complex needs and comorbidities* (e.g., diabetes, hypertension, physical and cognitive disabilities).⁹

In closing, Canadian optometrists applaud this government's vigorous efforts in addressing economic stability, and we appreciate the opportunity to contribute to a solution. We would welcome the opportunity to provide details on the many ways in which CAO can support the government through: the implementation of a National Strategy on Eye Health and Vision Care at PHAC or Health Canada; the inclusion of optometrists in the Canada Student Debt Forgiveness Program to entice more primary eye health providers to work in remote and under services regions; and to work in partnership with Indigenous communities to deliver the best results for people's vision health, while contributing to a more resilient health care system which includes vision care services all the while respecting the unique needs of Indigenous Peoples, funded through the Indigenous Health Equity Fund.

The Canadian Association of Optometrists (CAO) is the national voice of optometry. Optometrists are independent primary health care providers and represent the front line of vision health. Optometrists practice in a range of settings: most work in private practice, others work in clinics, hospitals, community health centres, corporate optometry, research, teaching and administration. Recognized at home and internationally as a leading advocate for the profession, CAO is dedicated to providing leadership and support to its +7,900 members (Optometrists, Students and Optometric Assistants) to enhance the delivery of healthy eyes and clear vision for all Canadians. For more information, visit www.opto.ca.

References

- 1. The International Agency for the Prevention of Blindness. (2020). *Vision atlas*. Available from: https://www.iapb.org/learn/vision-atlas/
- 2. Abacus. (2023, January). Vision Care and Canadians.
- 3. Canadian Institute for Health Information. (2017). National Health Expenditure Trends, 1975 to 2017. Ottawa, Ontario: CIHI.
- 4. Government of Canada. (2012). What is the population health approach? Available from: https://www.canada.ca/en/public-health/services/health-promotion/population-health-approach.html
- Buhrmann, R. et al. (2011). Vision Health: evidence review for newly arriving immigrants and refugees. Appendix 17 in Pottie K., Greenway, C., Feightener, J., et al. Evidence-based clinical guidelines for immigrants and refugees. *Canadian Medical Association Journal*, 183(12), E824- 925. doi: 10.1503/cmaj.090313
- 6. Statistics Canada. (2012). Aboriginal peoples survey.
- 7. Gordon, K. D. (2012). The incidence of eye injuries in Canada. *Canadian Journal of Ophthalmology*, 47(4), 351-353. doi: 10.1016/j.jcjo.2012.03.005
- 8. Deloitte. (2021, May). *The cost of vision loss and blindness in Canada*. Canadian Council of the Blind. Available from: https://www.fightingblindness.ca/wp-content/uploads/2021/12/Deloitte-Cost-of-vision-loss-and-blindness-in-Canada-report-May-2021.pdf
- 9. Cumberland, P. M., & Rahi, J. S. (2016). Visual function, social position, and health and life chances: the UK biobank study. *JAMA Ophthalmology, 134*(9), 959-966. doi: 10.1001/jamaophthalmol.2016.1778