CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

Pre-Budget Consultation Submission in Advance of the 2021 Federal Budget

February 2021

Recommendations for the Government of Canada:

1. **Conduct a Vision Study** at the House of Commons Standing Committee on Health or the Senate Social Affairs Committee to formally address the current crisis in eye health and vision care across the country and the impacts of lost productivity in the workplace, in learning environments and across the life spectrum.
2. **Fund a comprehensive review of the *Environmental Scan of Vision Health and Vision Loss in the Provinces and Territories of Canada*** produced by National Coalition for Vision Health of 2008, funded by The Population Health Fund, The Public Health Agency of Canada.
3. **Create a Vision Desk under the Public Health Agency of Canada** to advance population level eye health[1] through health promotion, disease prevention and professional/technical guidance. Special emphasis would be placed on vulnerable populations.
4. **Invest in ocular telemedicine training, research, and development** to improve access throughout Canada, particularly for vulnerable populations.

The Canadian Association of Optometrists (CAO) applauds the government's focus to rebuild the economy in the wake of the pandemic and welcomes the opportunity to contribute to this dialogue based on the first-hand experience of optometrists in their roles as primary eye health practitioners and small business owners.

The COVID-19 pandemic illustrated the vast gaps in the health care system, as well as how unprepared it was to deal with health emergencies resulting from the novel Coronavirus. While health care delivery focused on the management and treatment of the virus, doing so resulted in the inability to deliver treatment for patients with existing health conditions, which exacerbated those conditions.

For eye health and vision care, access to care has long been an issue for many Canadians. Eye health and vision care are not universally covered across provincial health care systems, those with employee benefit plans are barely covered for basic eye exams and eyewear, and access to optometric care for remote and marginalized, vulnerable communities remains inequitable and under-resourced.

At the outset of the pandemic, optometrists experienced various degrees of office closures, consistent with provincial Public Health directives. There were varying levels of accommodation for the delivery of urgent care, provided offices could conform to stringent clinical protocols. After the reopening of clinics, optometrists experienced a drop in patient volumes by as much as 60 per cent, the result of physical distancing and infection control measures developed by provincial optometric regulatory colleges and health ministries. This drop in patient volumes was further felt in employment restrictions for optometric clinic staff, and the supply chain for clinics.

Economic Recovery, Productivity, and Eye Health

Recommendation 1: A Vision Study

Issues surrounding vision and vision policy have never been explored by the Government of Canada. The Canadian Association of Optometrists recommends that the House of Commons Standing Committee on Health or the Senate Social Affairs Committee conduct a study to formally address the current crisis in eye health and vision care across the country and the impacts of lost productivity in the workplace, in learning environments and across the lifecycle.

While the direct costs associated with vision health and vision loss in Canada are exceptionally high at $11 billion in 2012[2], the indirect costs are nearly just as high at $8.1 billion[3]. The largest indirect cost is associated with **lost productivity** of Canadians with vision loss at 48%, or lost earnings estimated at $3.9 billion annually[4] that can be attributed in part to low employment among working-age people with vision loss.

Lower educational attainment and employment rates, higher absenteeism, decreased income, injury, premature retirement, lower socioeconomic position and poorer health and life chances are all associated with poor visual function.[5] Optometrists know that these financial consequences can be reduced, because 75% of vision loss is preventable or treatable.[6]

For Canadians to be as productive as possible, they require quality eye care from birth. Eye health must be a priority, as well as an investment touching overall health. The Government of Canada has an opportunity to act through a comprehensive undertaking at the House of Commons Standing Committee on Health, or at the Senate's Social Affairs Committee.

A Need for Updated Research

Recommendation 2: That through its Population Health Fund, the Public Health Agency of Canada fund a comprehensive review of the *Environmental Scan of Vision Health and Vision Loss in the Provinces and Territories of Canada*, produced by National Coalition for Vision Health of 2008.

There is very little research data about eye care and vision health in Canada. When it exists, it does not delve deep enough, and does not reflect the current landscape of vision disease and conditions, lost productivity, etc. More systematic and detailed research is required to accurately assess the extent of the crisis and help prioritize future actions and spending.

Efforts to gather vision health data in the past have included the work of the National Coalition for Vision Health (NCVH), a not-for-profit organization of associations that shared a common interest in eye care and vision research, who undertook a project with Health Canada funding in September 2008. The members of the Coalition were comprised of a wide array of vision health professionals and researchers as well as the Canadian Institutes of Health Research.

Furthermore, in 2017, the Canadian Institute of Health Information (CIHI) reported that Canadians spent $4.8 billion – 2% of all health care spending in Canada - on vision

services.[7] Any degree of progressive vision loss is associated with increased costs to the health system and to the overall economy.[8]

Other available data hints at 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*.[9])
- 90% of vision loss costs are *non-eye related medical costs*[10] (everything from palliative care to occupational therapy.)
- Vision loss is more common among *new immigrants* than the Canadian-born population.[11]
- 34% of Indigenous persons with *diabetes* indicate the disease affected their vision.[12]
- There are more than 2000 *eye injuries* a day in Canada.[13]
- People with vision loss are at greater risk of *social isolation* and reduced *community participation.*[14]
- People with vision loss have more *complex needs and comorbidities* (e.g., diabetes, hypertension, physical and cognitive disabilities[15]).

Unfortunately, this data is fragmented, coming from various sources. There is an urgent need for a comprehensive review of the *Environmental Scan of Vision Health and Vision Loss in the Provinces and Territories of Canada* research to better identify and address gaps in vision health and eye care.

Making eye health a priority at PHAC

Recommendation 3: That the government create a Vision Desk under the Public Health Agency of Canada to advance population level eye health[16] through health promotion, disease prevention and management, and professional/technical guidance. Special emphasis would be placed on vulnerable populations.

The Government of Canada maintains jurisdiction over health care for indigenous populations, veterans, the RCMP, refugees and a wide range of social services. Understanding the specific needs of each demographic vis-à-vis eye health and vision care could 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.

Ocular Telemedicine

Recommendation 4: Government investment in ocular telemedicine training, research and development to improve access throughout Canada, particularly for vulnerable populations.

If the COVID-19 pandemic has taught us anything, it is that, as a nation, we cannot be caught unprepared. One area where Canada receded resulting from a lack of investment is eye health and vision care. The pandemic and ensuing lockdowns have, and continue to, put our most vulnerable population groups at risk of accessing vision care from optometrists, including seniors (the inability of optometrists to enter homes to deliver care) and those who live in remote and rural communities (including Indigenous populations who were unable to leave their homes or communities to seek and receive vision-saving care.)

Canada has two world-class schools of optometry at the University of Montreal and the University of Waterloo. Both are examining ocular telemedicine as a solution to the diminished access to **primary** vision care that vulnerable populations are experiencing because of pandemic restrictions on movement. Ophthalmology programs at some medical schools, including McMaster University, are also moving in that direction.

The Government of Canada has an exceptional opportunity to support such innovation, research, and development, not to simply create more diagnostic technologies, but to be a global leader in ocular telemedicine that focuses on equity, and primary vision care. The mechanism already exists through the Canadian Institute of Health Research but requires the to make it happen.

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