



CANADIAN ASSOCIATION OF OPTOMETRISTS  
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

## Written Submission for the Pre-Budget Consultations in Advance of the Upcoming Federal Budget

The Canadian Association of Optometrists

October 2022



**Recommendation 1:** That the government of Canada create a Vision Desk under the Public Health Agency of Canada to advance population level eye health<sup>1</sup> through health promotion, disease prevention and professional/technical guidance, with special emphasis to be placed on vulnerable populations.

**Recommendation 2:** That the government of Canada work towards enhancing access to eye health and vision care for vulnerable populations, including Indigenous peoples, children and seniors.

**Recommendation 3:** That the government of Canada invest in 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, to be funded by The Population Health Fund, The Public Health Agency of Canada.

**Recommendation 4:** That the government of Canada invest in ocular telemedicine to facilitate its use throughout Canada, particularly for persons living in rural and remote areas, those with mobility challenges and marginalized vulnerable populations.



## Introduction

The Canadian Association of Optometrists welcomes the opportunity to contribute to this government's current call for submissions through the Pre Budget process to the House of Commons Finance Committee (FINA). We are pleased that this government recognizes that health care equity for our most vulnerable populations deserves thorough, recognized, and targeted investment to ensure that all Canadians can attain eye health and vision care health services. Optometrists across the country are ready to co-develop and contribute to the dialogue through first-hand experience as both primary eye health practitioners and small business owners.

For decades, optometrists across the country have been acutely aware of the considerable gaps in our health care system vis-à-vis eye health and vision care:

- access to proper eye care is inequitable across the country;
- eye health and vision care are not universally covered across provincial health care regimes;
- employee benefits inadequately cover basic eye exams and eye wear; and
- services to rural and remote areas, Indigenous communities and marginalized vulnerable populations remain insufficient and scarce.

## Making eye health a priority at PHAC

**Recommendation 1:** That the government of Canada create a Vision Desk under the Public Health Agency of Canada to advance population level eye health<sup>1</sup> through health promotion, disease prevention and professional/technical guidance, with special emphasis to be placed on vulnerable populations.

Drawing from previously established health desks at the Public Health Agency of Canada, CAO suggests that in its first year of inception, the Vision Desk senior management, in consultation with portfolio members, would endeavor to formalize its mandate and expectations for the function; should develop a strategic plan that clearly defines its roles, priorities, and milestones; and develop a communications plan to enhance internal awareness of the Vision Desk at the health portfolio level, and to present a clear Vision Desk mandate to external stakeholders.

The CAO is requesting a starting annual budget of \$423,964 for the establishment of a Vision Desk, which reflects that of the Dental Desk. According to the *Evaluation of the Office of the Chief Dental Officer (2017)*, the annual budget for the Dental Desk was an average of \$357,563 between 2012-2013 to 2015-2016.<sup>2</sup> \$357,563 in 2016 is equivalent to \$423,964 in 2022, when adjusted for inflation [Bank of Canada's Inflation Calculator, October 7, 2022, rounded to the nearest dollar]. In Canada, public expenditure only accounts for 6% of total dental expenditures.<sup>3</sup>

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 individual needs of each specific population demographic with regards to eye health and vision care would help 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.



**Recommendation 2:** That the government of Canada work towards enhancing access to eye health and vision care for vulnerable populations, including Indigenous peoples, children and seniors.

Optometrists are ready to co-develop a distinctions-based Indigenous eye health and vision care framework to ensure Indigenous Peoples can receive these services in or near their own communities and bolster Indigenous health system navigators to provide dedicated support for Indigenous people and their families with regards to much improved access to proper and adequate vision care services.

### Research Engagement and Review

**Recommendation 3:** That the government 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, at The Public Health Agency of Canada.

There is scant available research data addressing eye care and vision health in Canada. When it exists, it does not delve deep enough, nor does it reflect the current landscape of vision disease and conditions, lost productivity, etc. In order to properly address the extent of the eye health crisis across Canada, thorough and detailed research is required to 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, which 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.<sup>4</sup> As Javitt, Zhou, and Willke (2007) note, any degree of progressive vision loss is associated with increased costs to the health system and to the overall economy.<sup>5</sup>

In 2019, the total healthcare system costs attributed to Vision Loss in Canada in 2019 was estimated to be \$9.5 billion.<sup>6</sup> The total cost of productivity losses for Vision Loss were estimated to be \$4.3 billion in 2019, or \$3,535 per person with VL. The largest component of productivity losses was reduced employment (\$3.2 billion) followed by presenteeism (\$380.6 million) and absenteeism (\$318.9 million).<sup>6</sup>

Additional 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.<sup>5</sup>
- 90% of vision loss costs are *non-eye related medical costs*<sup>5</sup>(i.e., everything from palliative care to occupational therapy).
- Vision loss is more common among *new immigrants* than the Canadian-born population.<sup>7</sup>



- 34% of Indigenous persons with *diabetes* indicate the disease affected their vision.<sup>8</sup>
- There are more than 2000 *eye injuries* a day in Canada.<sup>9</sup>
- People with vision loss are at greater risk of *social isolation* and reduced *community participation*.<sup>10</sup>
- People with vision loss have more *complex needs and comorbidities* (e.g., diabetes, hypertension, physical and cognitive disabilities).<sup>11</sup>

Unfortunately, this data is fragmented, and is compiled 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.

### Ocular telemedicine

**Recommendation 4:** That the government invest in ocular telemedicine to facilitate its use throughout Canada, particularly for persons living in rural and remote areas, those with mobility challenges and marginalized vulnerable populations.

While an in-person comprehensive eye examination is considered the gold standard in providing full and proper eye health and vision care, there are progressive, innovative, and modern telecommunications technologies that can provide clinical services, diagnostic imaging and assessment technologies that are able to provide certain eye care services remotely. Investment and development in the forms of comprehensive telemedicine training and education for optometrists and other eye health professionals, improved broadband Internet access, ground-breaking research into new ocular telemedicine platforms, and public awareness would all contribute to the development and implementation of ocular telemedicine. A dedicated long-term investment in medical devices and diagnostic imaging machines will further improve economic growth through these investments and provide valuable information through the increased use of disaggregated data. Canada can be a world leader in clean technology while greatly improving the processes of providing clinical services when the patient and the clinician are not in immediate proximity.

Optometrists are acutely aware that ocular telemedicine has the potential to help many Canadians, including those living in rural and remote areas, as well as individuals who have mobility challenges. It is clear that ocular telemedicine would also serve as a useful application in co-management arrangements and consultations between optometrists, ophthalmologists, and a wider variety of health care professionals often working in inter-professional health care teams to better provide care and services to Canadians.

*The Canadian Association of Optometrists is the national voice of optometry, dedicated to collaboratively advancing the highest standard of primary eye care through the promotion of optimal vision and eye health.*

*Canada's doctors of optometry are deeply committed to improving eye health and vision care services for all Canadians.*



## References

1. Government of Canada. (2012). *What is the population health approach?* Available from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach.html>
2. Office of Audit and Evaluation, Health Canada and the Public Health Agency of Canada. (2017, March). *Evaluation of the officer of the chief dental officer (OCDO) July 2012 to March 2016.* Available from: <https://www.canada.ca/content/dam/hc-sc/documents/corporate/transparency/corporate-management-reporting/evaluation/2012-2016-evaluation-office-chief-dental-officer/English-Oral-Health-Evaluation-Report.pdf>
3. The Canadian Academy of Health Sciences. (2014). *Improving access to oral health care for vulnerable people living in Canada.* Available from: [https://cahs-acss.ca/wp-content/uploads/2015/07/Access\\_to\\_Oral\\_Care\\_FINAL\\_REPORT\\_EN.pdf](https://cahs-acss.ca/wp-content/uploads/2015/07/Access_to_Oral_Care_FINAL_REPORT_EN.pdf)
4. Canadian Institute for Health Information. (2017). *National health expenditure trends, 1975 to 2017.* Ottawa, Ontario: CIHI.
5. Javitt, J. C., Zhou, Z., & Willke, R. J. (2007). Association between vision loss and higher medical care costs in Medicare beneficiaries: costs are greater for those with progressive vision loss. *Ophthalmology*, 114(2), 238-245. doi: 10.1016/j.ophtha.2006.07.054
6. Deloitte Access Economics. (2021, May). *The cost of vision loss and blindness in Canada.* The 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>
7. Buhrmann, R. et al. (2011). Vision Health: evidence review for newly arriving immigrants and refugees. Appendix 17 in Pottie K., Greenway, C., Feightner, J., et al. Evidence-based clinical guidelines for immigrants and refugees. *Canadian Medical Association Journal*, 183(12), E824-925. doi: 10.1503/cmaj.090313
8. Statistics Canada. (2012). *Aboriginal peoples survey.*
9. 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
10. CNIB. (2012). *The cost of vision loss in Canada.*
11. 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