

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

By: The Canadian Association of Optometrists

August 2021



- Recommendation 1: That the Government of Canada undertake a Vision
 Study through the House of Commons Standing Committee on Health or the
 Senate Social Affairs Committee, in order to formally address the current crisis
 in eye health and vision care across the country and its impact on lost
 productivity in the workplace, in learning environments and across all aspects
 of life.
- Recommendation 2: That the Government 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 the National Coalition for Vision Health (2009), to be funded by The Public Health Agency of Canada.
- Recommendation 3: That the Government of Canada create a Vision Desk under the auspices of the Public Health Agency of Canada to advance population level eye health¹ through health promotion, disease prevention and professional/technical guidance, with special emphasis on vulnerable populations.
- **Recommendation 4:** That the Government of Canada invest in ocular telemedicine in order to facilitate its use throughout Canada, particularly for persons living in rural and remote areas, those with mobility challenges and marginalized vulnerable populations.

As Canadians emerge from the COVID-19 pandemic, and governments look to promote economic recovery and stability, optometrists across the country want to contribute to the recovery based on first-hand experience as both primary eye health practitioners and small business owners. The Canadian Association of Optometrists (CAO) applauds this government's efforts towards economic recovery and welcomes the opportunity to contribute to a longer-term solution.

For many years, optometrists have been acutely aware of the gaps in the health care system in terms of eye health and vision care:

- Access to eye care across Canada is inequitable, based on varying approaches to coverage by provincial health ministries;
- employee benefits barely cover basic eye exams and eye wear; and
- services to rural and remote areas and marginalized vulnerable populations remain undersupplied.

The COVID-19 pandemic confirmed these gaps as treatment of the virus took precedence over treatment of eye health and vision care.

From mid-March to the end of May 2020, optometrists throughout Canada responded to varying requirements from provincial health ministries to close their clinics. After the reopening of clinics, optometrists experienced a drop in patient volumes by as much as 60 per cent, the result of ongoing physical distancing and infection control measures enacted by provincial governments and regulatory colleges. While the closures affected patient access to care, it also introduced significant challenges for clinic staff, the supply chain, and the vision care industry.

Economic recovery, productivity, and eye health

Recommendation 1: That the Government of Canada undertake a Vision Study through the House of Commons Standing Committee on Health or the Senate Social Affairs Committee, in order to formally address the current crisis in eye health and vision care across the country and its impact on lost productivity in the workplace, in learning environments and across all aspects of life.

The financial impact of vision loss on the Canadian economy is estimated at \$15.6 annually. ²

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 believe that these negative consequences can be reduced, because 75% of vision loss is preventable or treatable.⁶

For Canadians to reach their full potential, they require access to quality eye care from birth. Eye health must be a priority, as well as an investment.. The Government of Canada has an opportunity to examine the opportunities for improvement with a comprehensive examination through the House of Commons Standing Committee on Health, or the Senate's Social Affairs Committee. It is surprising that **vision and/or vision policy have never been explored by the Government of Canada.**

Updated Research is Urgently Required

Recommendation 2: That the Government 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 (NCVH) in 2009, funded by The Public Health Agency of Canada.

Available research examining eye health and vision care in Canada is limited and where it exists, does not reflect the current landscape of disease and conditions and its financial and/or social impacts. A previous effort by the National Coalition for Vision Health to gather this information in 2009 is outdated and cannot effectively contribute to formulating an effective fiscal response to the impact of vision care and loss.

Research shows that any degree of progressive vision loss is associated with increased costs to the health system and to the overall economy.⁷ And yet, in 2017, the Canadian Institute of Health Information (CIHI) reported that Canadians spent \$4.8 billion – just two percent of all health care spending in Canada - on vision services.⁸

Making eye health a priority at PHAC

Recommendation 3: That the Government of Canada create a Vision Desk under the auspices of the Public Health Agency of Canada to advance population level eye health through health promotion, disease prevention and management, and professional/technical guidance, with special emphasis 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 eye health and vision care requirements of each demographic will help to better address and amplify the resources required for more comprehensive disease prevention and



management, health promotion and support for these populations.

Ocular telemedicine

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.

Though nothing can replace an in-person comprehensive eye examination, rapid advances in diagnostic imaging and assessment technologies have enabled Canada's optometrists to provide certain eye care services remotely. Investment in the forms of comprehensive telemedicine training and education for optometrists and other eye health professionals, improved broadband Internet access, research into new ocular telemedicine platforms, and public awareness would all contribute to the development and implementation of ocular telemedicine in this post pandemic era.

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.

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.



5

References

- 1. Determinants of Health. (2021, July 16) Health Canada. https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach.html
- 2. Canadian Council of the Blind. The Cost of Vision Loss in Canada. May 2021; 1.
- 3. Cumberland PM, Rahi JS, for the UK Biobank Eye and Vision Consortium. (2016). *Visual Function, Social Position, and Health and Life Chances. The UK Biobank Study.* JAMA Ophthalmol. 2016;134(9):959–966. doi:10.1001/jamaophthalmol.2016.1778
- 4. World Health Organization. (2010). *Action plan for the prevention of avoidable blindness and visual impairment*, 2009-2013. Geneva: WHO. http://www.who.int/blindness/ACTION_PLAN_WHA62-1-English.pdf
- 5. Javitt, J., Zhou., Z., Willke, R. (2007). *Association between Vision Loss and Higher Medical Care Costs in Medicare Beneficiaries*. American Academy of Ophthalmology. 114:2; 238-245.
- 6. Canadian Institute for Health Information. (2017). *National Health Expenditure Trends*, 1975 to 2017. Ottawa, Ontario: CIHI.
- 7. Determinants of Health. (2021, July 16) Health Canada. https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach.html

