



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

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

Canadian Association of Optometrists

August 2020



CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

- **Recommendation 1:** That the government of Canada undertake a Vision Study at 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 the impacts of lost productivity in the work place, in learning environments and across the life spectrum.
- **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 of 2008, funded by The Population Health Fund, The Public Health Agency of Canada.
- **Recommendation 3:** That the government of Canada create a Vision Desk under the Public Health Agency of Canada to advance population level eye health¹ through health promotion, disease prevention and professional/technical guidance. Special emphasis would be placed 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 lock downs, and governments look to promote economic recovery and stability, optometrists across the country are ready to contribute to the dialogue through first-hand experience in both their roles as primary eye health practitioners as well as small business owners. Economic recovery for Canadians is of paramount urgency. The Canadian Association of Optometrists applauds this government's focus and undertaking and welcomes the opportunity to contribute to a solution.

The COVID-19 pandemic confirmed for optometrists the vast gaps in the health care system, as well as how unprepared it was to deal with health emergencies that fell out of the realm of the novel Coronavirus. Eye health and vision care in effect, joined other conditions and diseases that took a back seat to treating the threatening symptoms of the virus. For many years, we have been acutely aware of the flaws in the health care system vis-à-vis eye health and vision care; eye health and vision care are not universally covered across provincial health care regimes; access to proper eye care is inequitable across the country; employee benefits barely cover basic eye exams and eye wear; and services to rural and remote areas and marginalized vulnerable populations remain undersupplied.

From mid-March to the end of May, optometrists throughout Canada were directed to close their offices. Some were able to provide urgent care, but only if they had access to the required PPE. This was particularly problematic for patients with undiagnosed, severe or worsening conditions. After the reopening of clinics, optometrists have seen patient volumes drop by as much as 60 per cent. This is due to the physical distancing and infection control measures that have been put in place by provincial governments and regulatory colleges. While this certainly affects patient access to care, it also has huge ramifications for clinic staff, the supply chain, and the vision care industry.

Economic recovery, productivity, and eye health

Recommendation 1: That the government undertake a Vision Study at 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 the impacts of lost productivity in the work place, in learning environments and across the life cycle.

While the direct costs associated with vision health and vision loss in Canada are exceptionally high at \$11 billion in 2012², the indirect costs are nearly just as high at \$8.1 billion³. The overall single largest indirect cost is associated with **lost productivity** of Canadians with vision loss at 48%, or lost earnings estimated at \$3.9 billion annually⁴. This can be attributed in part to the low employment rate 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 in financial discussions 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. Incredibly, the issues surrounding vision and vision policy have never been explored by the Government of Canada.

Updated Research is Urgently Required

Recommendation 2: 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 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 data available 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 disabilities¹⁵).

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 health¹⁶ 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: 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

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.

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

References

1. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach.html>
2. CNIB. (2012). The Cost of Vision Loss in Canada
3. Ibid.
4. Ibid.
5. 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
6. World Health Organization. (2010). Action plan for the prevention of avoidable blindness and visual impairment, 2009-2013. Geneva: WHO. Available from: http://www.who.int/blindness/ACTION_PLAN_WHA62-1-English.pdf
7. Canadian Institute for Health Information. (2017). National Health Expenditure Trends, 1975 to 2017. Ottawa, Ontario: CIHI.
8. 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.
9. 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.
10. Op cit.
11. Buhrmann, R. et al. (2011). Vision Health: evidence review for newly arriving immigrants and refugees. Appendix for Pottie K., Greenway, C., Feightner, J., et al. Evidence-based clinical guidelines for immigrants and refugees. Canadian Medical Association Journal.
12. Statistics Canada. (2012). Aboriginal Peoples Survey.
13. Gordon, K. (2012). The incidence of eye injuries in Canada. Canadian Journal of Ophthalmology. 47(4): 351-353.
14. CNIB. (2012). The Cost of Vision Loss in Canada.
15. 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.
16. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach.html>

