



Report Recommendations on the Federal Government's National Strategy for Eye Care

FINAL REPORT

JANUARY 9, 2026

Vision Health Partners Coalition



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Executive Summary

The report presents recommendations from the Vision Health Partners Coalition (VHPC). The purpose of this report is to provide a unified set of recommendations for the federal government's National Strategy for Eye Care. The report addresses the urgent need to improve vision health in Canada, noting that while 2.2 million Canadians identify as having a vision impairmentⁱ, millions more are at risk of conditions where early detection could slow progression. In 2019, the total cost of vision loss in Canada was estimated at \$32.9 billion, comprising both direct health care expenditures and indirect social costsⁱⁱ.

The VHPC met, conducted consultations with a diverse group of stakeholders, reviewed documents, and deliberated on recommendations on the federal government's National Strategy for Eye Care from April to December 2025.

The recommendations can be grouped into five key themes, including Equitable Access, Integrated Care System, Awareness and Education, Research and Data, and Strategy Implementation. Prioritized by the VHPC, the recommendations are as follows:

1. That the federal government establish a Strategic Steering Committee composed of people with lived experiences, vision health leaders, vision health professionals including ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, researchers, and others to oversee implementation, provide strategic guidance and support the successful execution of the National Strategy for Eye Care over time. [Short Term (1 year)]
2. That the federal government establish a Vision Health Desk to coordinate Canadian research investments, centralize data collection on vision health, drive public awareness campaigns and provide leadership and oversight for the implementation and accountability of the National Strategy for Eye Care. [Short Term (1 year)]
3. That the federal government launch a national public awareness campaign focused on prevention, early detection, role clarity, and reducing stigma associated with vision loss, to empower Canadians to take proactive steps in protecting their eye health. [Short Term (1 year)]
4. That the federal government commission an independent, third-party audit to evaluate the uptake and utilization of federal public coverage programs and identify coverage gaps across the general population. [Medium Term (2-3 years)]

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5. That the federal government develop and implement national data infrastructure to collect and share vision health indicators that track prevalence, system performance and access to support evidence-based policy, planning, and equitable care delivery. [Short Term (1 year)]
6. That the federal government create dedicated research funding for the entire spectrum of vision health. [Medium Term (2-3 years)]
7. That the federal government work in partnership with Indigenous communities to co-design equitable standards of care for programs and services related to vision health. [Medium Term (2-3 years)]
8. That the federal government work in collaboration with provincial and territorial governments, and key interest-holders to support coordinated, person-centered care pathways that span from prevention to rehabilitation, and habilitation. Ensuring individuals receive the right care, at the right time, by the right professional, with clear pathways to navigate services, and consistent accountability across the vision health workforce. [Medium Term (2-3 years)]
9. That the federal government work in collaboration with provincial and territorial governments, and key interest-holders to expand education and training for primary health care professionals (non-vision) to strengthen their capacity in prevention, early detection, and referral to appropriate vision care services. [Medium Term (2-3 years)]
10. That the federal government convene provincial and territorial governments, along with key interest-holders, to collaboratively develop equitable and consistent pan-Canadian access to and quality of vision health services, rehabilitation, habilitation, and medical devices. [Ongoing]
11. That the federal government work in collaboration with provincial and territorial governments, and key interest-holders to evaluate and monitor current and future vision health workforce requirements and to develop targeted strategies that strengthen and sustain the workforce across the continuum of care. [Medium Term (2-3 years)]
12. That the federal government identify pathways to streamline the regulatory review process for drugs and medical devices, while maintaining rigorous standards for safety and efficacy. [Medium Term (2-3 years)]
13. That the federal government convene provincial and territorial governments, and key interest-holders to emphasize vision health as a consistent national priority within primary care frameworks and chronic and acute care pathways, while maintaining clear accountabilities. [Ongoing]

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14. That the federal government convene provincial and territorial governments, and key interest-holders to develop equitable and consistent pan-Canadian access to and quality of assistive technology programs. [Medium Term (2-3 years)]
15. That the federal government develop and implement federal funding streams to expand equitable and timely access to vision health services, including rehabilitation and habilitation services, medical devices and assistive technologies for underserved and marginalized populations across Canada, to support pan-Canadian consistency in access to and quality of vision care, medical devices, and assistive technology programs. [Ongoing]
16. That the federal government strengthen disability support programs by integrating education, high skilled training and employment pathways for individuals with low vision and blindness. [Medium Term (2-3 years)]
17. That the federal government work in collaboration with provincial and territorial governments, and key interest-holders to ensure there is advanced planning and inclusion of specific, accessible protocols for individuals with low vision and blindness in national and regional emergency preparedness, response, and recovery plans. [Medium Term (2-3 years)]

Introduction & Background

Vision health is a universal issue that shapes our ability to learn, work, and participate in daily life. Although an estimated 2.2 million Canadians identify themselves as having a vision impairment, millions more are at risk of conditions where early detection can significantly slow progression. Vision impairment includes low vision or blindnessⁱ, which is the partial or complete inability to see, resulting from conditions that affect the eyes, optic nerves, or brain's visual pathways.

In Canada the leading causes of low vision or blindness include uncorrected refractive errors, cataracts, age-related macular degeneration, glaucoma, and diabetic retinopathy. Many of these conditions are progressive, irreversible conditions that severely compromise autonomy and quality of life.

Drivers of low vision or blindness include an aging demographic, the rise of chronic diseases including diabetes and hypertension, acute events such as a stroke, and a lack of public awareness and equitable access to affordable vision care. A large percent of conditions can be delayed in their progression if detected and treated early enough.

The total cost of vision loss in Canada was estimated at \$32.9 billion in 2019ⁱⁱ. This cost is multifaceted, including direct health care expenditures and indirect social cost burdens.

Health care costs include vision care treatment, services, and prevention. In 2019, the total health care system costs attributed to low vision and blindness in Canada was estimated to be \$9.5 billionⁱⁱ. In addition to health care system costs, other associated costs to low vision and blindness include productivity losses, which were estimated to be \$4.3 billion in 2019, as well as, purchasing of aids, equipment and home modifications, low vision rehabilitation services, formal care, aged and home care, and economic efficiency losses, totalling \$1.8 billion in 2019ⁱⁱ.

The social costs of vision loss arise from loss of income through reduced workforce participation and economic hardship imposed on individuals and their families. Many individuals are unable to pursue education or maintain employment. Beyond financial challenges, the current paradigm often fails to account for the challenges vision loss imposes on individuals' day-to-day lives and independence. Loss of autonomy has major effects on individuals' mental health, dignity, and their personal relationships. These consequences make vision loss one of Canada's most significant health challenges. However, since vision loss is not typically considered to be a life-threatening condition, its

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life changing impact on daily living and independence are often not considered within public health and awareness priority areas.

In terms of vision loss' impact on the individual, estimates suggest harms associated with vision loss are largely social, rather than clinical, with 2019 findings of total well-being costs for vision loss amounting to \$17.4 billion, compared to \$15.6 billion for health care costsⁱⁱ.

There is a significant opportunity for long-term cost saving through prevention and early detection.

Despite vision loss' widespread impact, vision health services are largely fragmented from the broader health system, and social and economic impacts are often underestimated. An individual's ability to receive comprehensive vision care across the lifespan is limited by the lack of a common framework for care, reimbursement, and services across provinces and territories. It is often the case that vision care is isolated from the broader health care system, despite vision loss being commonly associated with other disabilities that fall within the system, such as mental health conditions. Inequitable access to care is further compounded by financial constraints caused by expensive assistive technologies, as well as indirect medical costs for transportation and accommodation.

The National Strategy for Eye Care represents an opportunity for Canada to change course for the vision health of all Canadians. We welcome this Strategy as a guiding star to improve access to care, system integration, highlight Canada as a leading vision health research country, and raise awareness to promote prevention and early detection.

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The Vision Health Partners Coalition (VHPC) is a group of not-for-profit organizations that advocate for policy change, promote public awareness, and support research and educational initiatives for vision care in Canada. VHPC firmly believes that every Canadian, irrespective of location, income, or background, should be entitled to affordable and comprehensive eye care that enables them to live, work, and participate fully in their daily lives. To this end, VHPC has come together in support of Health Canada's efforts to develop a National Strategy for Eye Care by developing a unified set of recommendations to guide its development and implementation.



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ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

CANADIAN COUNCIL
OF THE BLIND



LE CONSEIL CANADIEN
DES AVEUGLES



Canadian Ophthalmological Society
Société canadienne d'ophtalmologie
EYE PHYSICIANS AND SURGEONS OF CANADA | MÉDECINS ET CHIRURGIENS OPHTALMOLOGISTES DU CANADA

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EN DÉFICIENCE VISUELLE™**
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Engagement Summary

To ensure the National Strategy for Eye Care is grounded in shared priorities, clinical evidence, and the lived experiences of Canadians, VHPC conducted a comprehensive, mixed-methods engagement process. This process was designed to collect insights from the full spectrum of stakeholders across Canada’s vision health sector and the broader health ecosystem.

Engagement Scope & Timeline

The engagement period spanned two and a half months, from late-June to early-September 2025. During this time, VHPC successfully reached a total of 833 stakeholders from diverse geographical regions, ensuring that the recommendations are representative of national needs.

Methods & Participants

Stakeholder Group	Total Informants
Key informant interviews	28
Lived experience focus group	8
Workforce survey*	285
Lived experience survey	512
Total individuals engaged	833

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**The workforce survey included professionals working in the vision health sector including optometrists, ophthalmologists, opticians, vision rehabilitation therapists, client care navigators, orientation and mobility specialists, and low vision specialists.*

Analysis

Following the engagement activities, a thematic analysis of responses was conducted across all engagements. This process identified recurring challenges, shared priorities, and policy solutions.

To translate these findings into a unified set of policy proposals, VHPC undertook a two-stage collaborative workshop process:

1. **Full-Day Retreat Workshop (Ottawa):** VHPC members convened to review the thematic analysis findings and collectively draft initial recommendations, ensuring alignment with organizational mandates and evidence.
2. **Finalization Workshops (Virtual):** Several follow-up sessions were held to prioritize the recommendations, align them with Health Canada's strategic objectives, and finalize the unified policy guide presented in this document.

This robust and inclusive methodology ensures that the final recommendations are not only evidence-based but also reflect a consensus across the entire Canadian vision health community.

Recommendations

1. That the federal government establish a Strategic Steering Committee composed of people with lived experiences, vision health leaders, vision health professionals including ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, researchers, and others to oversee implementation, provide strategic guidance and support the successful execution of the National Strategy for Eye Care over time. [Short Term (1 year)]

Effective implementation of the National Strategy for Eye Care will require strategic oversight grounded in diverse expertise. The **establishment of a Strategic Steering Committee within the proposed Vision Health Desk is recommended to ensure the Strategy's successful long-term execution and ongoing knowledge sharing and collaboration with provinces and territories.** The composition of the Committee is a critical feature, bringing together stakeholders across the vision care continuum to ensure that strategic decisions are informed and reflect the needs of the low vision and blind community. This includes, people with lived experience to ensure the Strategy is anchored in the lived reality of living with low vision and blindness, the vision health workforce including ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, and others, to provide insight into service delivery challenges, clinical standards of care and interprofessional collaboration, researchers to ensure implementation efforts are guided by peer-reviewed evidence, clinical standards, and the latest population-health research, and vision health leaders to provide a system-level perspective on barriers, opportunities, and alignment with existing emerging initiatives.

2. That the federal government establish a Vision Health Desk to coordinate Canadian research investments, centralize data collection on vision health, drive public awareness campaigns and provide leadership and oversight for the implementation and accountability of the National Strategy for Eye Care. [Short Term (1 year)]

The National Strategy for Eye Care requires a dedicated hub to support a coordinated implementation and ensure accountability. Currently, the federal government lacks a centralized point for coordinating initiatives, monitoring progress, and driving a national agenda on vision health, leading to fragmented efforts and inconsistent data.

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The creation of a Vision Health Desk is essential to provide the necessary stewardship and sustained leadership for the Strategy. This desk would fulfill a multifaceted mandate, including acting as a central body that provides leadership and oversight for the Strategy's implementation. This includes the facilitation of interprovincial coordination, establishing key performance indicators, issuing public reports on the progress, outcomes and resources allocated to the Strategy to establish transparency and accountability. It would also serve as a national repository for vision health data and coordinate federal funding. Lastly, the Vision Health Desk would be the centre of development of national awareness campaigns.

To execute this broad mandate, **the Vision Health Desk must be accompanied by a dedicated, multi-year funding commitment from the federal government, to ensure staffing of vision health experts and to sustain programs and initiatives. The Vision Health Desk ensures the long-term sustainability and effectiveness of the National Strategy for Eye Care.**

3. That the federal government launch a national public awareness campaign focused on prevention, early detection, role clarity, and reducing stigma associated with vision loss, to empower Canadians to take proactive steps in protecting their eye health. [Short Term(1 year)]

A national public awareness campaign on common eye conditions and the impact of delayed detection should be a key focus of the National Strategy for Eye Care. It serves as a primary tool to address behavioural barriers and reduce the burden of preventable vision loss.

The need for a national awareness effort is clear, while 97% of Canadians consider eye health a crucial part of their overall well-beingⁱⁱⁱ, one in three adults do not follow the Canadian Association of Optometrists eye exam guidelines^{iv}, contributing to a significant gap in prevention and early detection interventions. This leads to increased occurrence of diagnosis at later disease stage which is costly and preventable^v.

A comprehensive, national campaign must aim to address three core objectives:

1. Educate Canadians on **proactive measures to protect eye health** such as wearing sunglasses that block 100% of UVA and UVB light, seeking shade during peak sun hours, smoking cessation, managing screen time, and linking healthy diet to long-term vision protection.

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2. Effectively **communicate the benefits and recommended frequency of regular eye examinations for prevention and early detection of eye diseases.** This should also include communicating the increased risk for those with diabetes or hypertension, as well as the importance of routine comprehensive eye exams for children prior to starting school to support early identification of vision issues that can impact learning and development.
3. **Enhancing role clarity** for Canadians regarding the roles of each member of the vision health workforce, including ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, and others. This public education is important to support Canadians' understanding of how care is coordinated, the expertise and roles of different professionals in providing services, and the importance of timely access for prevention, specialized or advanced eye care, and rehabilitation when needed.
4. **Addressing the stigma associated with low vision and blindness.** The campaign must dispel misconceptions, promote the capabilities and contributions of individuals who have low vision or blindness, and encourage inclusive practices in public, the workplace and the need to support and elevate these individuals and the unique skills they bring across communities.

The campaign must be developed in collaboration with people with lived experience, the vision health workforce, and community based organizations. Messaging must be available in Braille, large print, audio, and digital accessibility and be translated into a wide range of languages including Indigenous languages to reach diverse populations.

4. That the federal government commission an independent, third-party audit to evaluate the uptake and utilization of federal public coverage programs and identify coverage gaps across the general population. [Medium Term (2-3 years)]

The federal government is responsible for the provision of essential vision health services and coverage to specific populations, including, First Nations and Inuit under the Non-Insured Health Benefits (NIHB), individuals incarcerated in federal institutions through Correctional Services Canada (CSC), veterans through Veterans Affairs Canada, serving members of the Canadian Armed Forces, and immigrants and refugees through the Interim Federal Health Program (IFHP).

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Currently there is an absence of publicly available utilization and uptake data for these programs. Without this information, it is not possible to evaluate whether benefit packages are effective or appropriate for the populations they are intended to support. This gap limits the ability to assess whether eligible individuals are accessing services or coverage and prevents monitoring and addressing disparities in care.

Recent studies show that certain populations covered under the federal programs, such as Indigenous Canadians, particularly those living in rural and remote areas, experience a number of barriers to accessing vision health servicesⁱⁱ. These access challenges are the result of many factors, including inadequate transportation, financial constraints, and a lack of on-reserve care.

Oftentimes, the specific populations that the federal government provides services or coverage to also experience their own unique hurdles to access care such as language barriers for newcomers^{vi}, and general unawareness of services and coverage offered.

While program specific data is missing, the lack of visibility extends to the general Canadian population. Significant coverage gaps exist for those who fall outside of direct federal jurisdiction and often rely on a patchwork of provincial and private coverage. This is of particular concern for children, for whom timely detection of vision conditions is beneficial to visual and general development^{vii}, and seniors, who experience age-related eye conditions^{viii}.

To address these complexities **the federal government must commission an independent, third-party audit to:**

- **Conduct a data-informed evaluation of the services and coverage currently available to federally covered populations, going beyond expenditures to identify systemic and practical barriers to participation.**
- **Perform a concurrent analysis of the general population to map out coverage deserts and better understand where more resources may be needed.**

The resulting data will be essential for the development of targeted, evidence-based policy solutions that will meaningfully improve vision health outcomes and reduce health inequity in Canada.

5. That the federal government develop and implement national data infrastructure to collect and share vision health indicators that track prevalence, system

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performance and access to support evidence-based policy, planning, and equitable care delivery. [Short Term (1 year)]

Standardized data collection and reporting is essential to inform policies, care pathways, and best practices for vision care. Canada currently lacks high-quality data on screening and detection, uptake of preventative interventions, workforce metrics, wait times for vision care, access to treatments, post-treatment outcomes, and occurrence of vision loss, among others. Robust interprovincial data sharing remains unattainable within the current fragmented system. Data inconsistencies and limitations exacerbate health inequities – particularly in rural, remote, and Indigenous communities – and hinders our ability to understand the true scope of vision loss and where interventions are most needed.

Numerous Canadian studies have identified this lack of high-quality national data as a major limitation, with researchers often relying on self-reported metrics and extrapolating data from U.S. rates to the Canadian population^{ix}. For instance, the Cost of Vision Loss study estimated the percentage of Canadians living with vision loss in 2019 to be 3.2% using clinical measurements such as best corrected visual acuity (BCVA) and projections from studies conducted in other countriesⁱⁱ. The StatsCan Canadian Survey on Disability (CSD), which relied on self-reported metrics and a broader definition of vision loss, estimated it to be 7.4%ⁱ.

To ensure that future social support and health care resource allocation adequately reflects the clinical and social needs of the population, Canada must develop a robust and centralized database on vision prevention, detection, loss, treatment, and the vision health workforce. **A standardized data reporting framework for vision health across provinces and territories must be incorporated.** This framework should include clinically validated indicators – standardized measures developed and verified by clinical experts to ensure data accuracy, comparability, and relevance to patient outcomes – developed in consultation with ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, and other experts with expertise in research methodology, to ensure interoperability between clinical and administrative systems, and enable consistent tracking of health outcomes, resource utilization, and disparities across regions and populations.

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6. That the federal government create dedicated research funding for the entire spectrum of vision health. [Medium Term (2-3 years)]

Canada is home to world-class vision health researchers who are driving systemic solutions and advancing innovations, yet their impact is limited due to the lack of dedicated funding, which remains stagnant and minimal. This lack of sustainable investment makes it challenging to support foundational research and significantly limits opportunities to pursue applied and translational studies that could directly benefit patients and the health system.

The majority of federal funding for vision health is currently administered through the Canadian Institutes of Health Research (CIHR) Institute of Neurosciences, Mental Health and Addiction (INMHA). This structure presents several challenges. Much of vision health research is not neuroscientific in nature but ophthalmic, public health, social, or technological. Furthermore, little government funding is allocated towards social research focused on the lived experiences of people who are blind or partially sighted. Without an understanding of the issues they face and the barriers they encounter daily, we are left with an incomplete picture of vision loss and its impact on Canadians. Vision health research proposals must also compete with life-threatening, neuroscience and mental health priorities, often leading the application to be overlooked.

To support Canada's vision health ecosystem and unlock the full potential of Canadian research excellence, **the federal government must establish a dedicated vision health funding stream that provides consistent, long-term investments.** Research funding must be prioritized across the continuum of research - from discovery science and clinical applications (including treatments and rehabilitation) to health systems and individual experience.

7. That the federal government work in partnership with Indigenous communities to co-design equitable standards of care for programs and services related to vision health. [Medium Term (2-3 years)]

Vision health remains a critically underserved and overlooked area for Indigenous peoples in Canada, with preventable and treatable eye conditions occurring at disproportionately higher rates^x. The current drivers of inequity are the lack of accessible, culturally appropriate, and financially viable vision care and preventative services. Indigenous peoples must often travel long distances - up to 900 kilometers in territories - to see a vision health professional^{xi}. While the federal NIHB program provides partial coverage for

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vision care and transportation, long processing times and the need to travel away from their homes and support systems to receive treatment often diminishes the program's effectiveness^{xii}. Barriers also exist for many vision care professionals who often rely on fundraising efforts to deliver care to Indigenous communities.

Access to basic vision care for Indigenous youth is particularly limited, with 32% living in remote regions where services are minimal, and rates of blindness being six times higher relative to non-Indigenous children^{xi}. National programs such as the Eye Health Screening Initiative (EHSI)^{xiii} and Indigenous Children's Eye Examination (ICEE) Project have improved community access, but the initiative's continued effectiveness is challenged by funding constraints^{xi}. Furthermore, over the last two decades, the percentage of Canada's Indigenous populations living with diabetes has risen by 20%, increasing the risk of diabetic retinopathy and other vision health complications, notably within the youth population^{xi}. While these inequities are evident, existing national studies on the cost estimates of vision loss are not reflective of Canada's Indigenous populationsⁱⁱ.

The **federal government must work in partnership with Indigenous communities to address these systemic barriers through culturally appropriate co-designed community-based standards of care**. Integrating mobile vision clinics, telemedicine services, and workforce training strategies for ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, and others can help ensure that the care delivered is accessible and culturally grounded.

8. That the federal government work in collaboration with provincial and territorial governments, and key interest-holders to support coordinated, person-centered care pathways that span from prevention to rehabilitation, and habilitation. Ensuring individuals receive the right care, at the right time, by the right professional, with clear pathways to navigate services, and consistent accountability across the vision health workforce. [Medium Term (2-3 years)]

The vision health system is often difficult or unfamiliar to navigate, creating significant distress and delays for patients, especially for those coping with a new diagnosis of vision loss. Unlike streamlined pathways for conditions like acute cardiac events, the patient journey through the vision health system is often marked by variability in triage, unclear referral processes, and limited guidance on next steps, which can contribute to delays in care and uncertainty for patients and families.

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This fragmentation is due to a lack of coordinated hand offs between the key phases of care. Primary health care professionals (non-vision) often lack the appropriate training or tools to screen for eye conditions or make timely, appropriate referrals. Patients face difficulties and wait times in accessing vision care. Individuals with vision loss often feel isolated and are often unsure of where to turn for vision rehabilitation, habilitation, assistive technology training and integral mental health support.

To resolve these challenges, coordinated, person-centred care pathways must be established that adheres to the No Wrong Door approach. This approach ensures that regardless of the entry point, individuals are connected to the right care at the right time.

The federal government must collaborate with provinces, territories, and key interest-holders to support:

- National clinical guidelines that establish consistent triage standards between primary health care professionals, and the continuum of the vision health workforce including ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, and others.
- Dedicated Vision Health Navigators who provide personalized, non-clinical support to guide individuals through the system, help coordinate referrals and connect patients to social and mental health supports.
- Secure digital infrastructure that enables tracking and communication across the continuum of patient care.

Through the establishment of a clearly defined care pathways, the patient experience would improve and people with low vision or blindness would have timely access to the comprehensive, multidisciplinary services, and life changing services they need, delivered with safety, quality, and accountability.

9. That the federal government work in collaboration with provincial and territorial governments, and key interest-holders to expand education and training for primary health care professionals (non-vision) to strengthen their capacity in prevention, early detection, and referral to appropriate vision care services. [Medium Term (2-3 years)]

While some cases of vision loss can be prevented and treated, the vast majority of cases are left undiagnosed and untreated due to gaps in accessibility and early identification^{xii}.

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For many Canadians, particularly in rural and remote regions, primary health care professionals are the first, and often only point of contact with the health care system^{xiv}. Given that primary care serves as the entry-point to the broader health care system, this sector has an imperative to ensure that physicians, nurse practitioners, and allied health professionals are equipped with the necessary knowledge, skills, and resources to be able to identify at-risk-patients at the onset of symptoms, and refer patients to the appropriate member of the vision health workforce in a timely manner. Vision health is often siloed from other health services despite its role as a critical determinant of overall health and well-being, and it being strongly intertwined with chronic disease, prevention management, and aging - all of which fall under the umbrella of services primary health care covers.

Currently, primary health care professionals (non-vision) receive limited formal training in vision care. Through continued professional development, such as mandatory eye health care modules focused on prevention, early detection, specific demographic concerns, as well as clearly defined and consistent referral pathways for eye care, these enhancements in the primary health care workforce would create a more coordinated continuum of care. Through the Strategy, **federal and provincial governments must work collaboratively with primary health care (non-vision) education institutions (including medical schools, nursing programs, and allied health training programs) to expand education and training on vision health.** Strengthening primary health care professional knowledge and competencies in prevention, early detection, and appropriate vision care referrals will enable earlier interventions for both vision conditions and related health issues, ultimately reducing overall health system costs and improving population well-being.

10. That the federal government convene provincial and territorial governments, along with key interest-holders, to collaboratively develop equitable and consistent pan-Canadian access to and quality of vision health services, rehabilitation, habilitation, and medical devices. [Ongoing]

Access to vision health services varies significantly across the country, creating a patchwork of care where Canadians' postal codes often dictate their health outcomes^{xv, xvi}. Currently, provincial public frameworks for routine eye exams, preventative screenings, rehabilitation and habilitation services are inconsistent. Most routine eye exams and prescription glasses are not covered by public health insurance, with the exception of children and seniors, and medically necessary eye exams for specific eye conditions. Because of this, many adults rely on workplace insurance plans or pay entirely out-of-

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pocket for these services and devices. Out-of-pocket costs associated with vision care are high and often unaffordable for Canadians in lower income brackets. As a result, many choose to forgo regular vision care or the purchasing of needed medical devices altogether – risking further progression of eye conditions.

Early detection of preventable eye disease depends on Canadians' receiving routine eye check-ups. Without timely detection and intervention, many of these conditions can silently progress, increasing the risk of vision loss and associated health complications such as falls, depression, and reduced quality of life^{xvii}. Well-being and health care cost burdens are also higher without proactive and preventative vision care services, and given Canada's growing and aging population, these costs are anticipated to add up to \$56 billion in 2050 – 1.7 times greater than 2019 costsⁱⁱ.

The federal government must convene provinces, territories and interest-holders, to encourage the collaborative development of equitable and consistent pan-Canadian access to and quality of vision health services, rehabilitation, habilitation, and medical devices. This dialogue should aim to harmonize the quality and accessibility of care across the full continuum of vision care to ensure that Canadians receive appropriate and consistent coverage across the country.

11. That the federal government work in collaboration with provincial and territorial governments, and key interest-holders to evaluate and monitor current and future vision health workforce requirements and to develop targeted strategies that strengthen and sustain the workforce across the continuum of care. [Medium Term (2-3 years)]

A sustainable, skilled, and well-distributed vision health workforce of ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, and others is the backbone of an effective vision health system, yet Canada is currently facing significant challenges in meeting the growing demand for care. A shortage of the vision health workforce is exacerbating wait times and limiting access to essential services. This shortage is most acute in rural, remote, and Indigenous communities, creating inequities where patients must travel to see vision health professionals. As Canada's population ages, the prevalence of eye disease is expected to rise, placing pressures on an already strained system. Therefore, workforce planning must focus on meeting the complex needs of this demographic shift. There is a pressing need to develop domestic strategies that expand training capacity within Canada and ensure a steady pipeline of qualified talent.

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Additionally, the current workforce operates in a fragmented environment. The Strategy must emphasize stronger collaboration across all vision health professions including ophthalmologists, optometrists, opticians, orthoptists, vision rehabilitation and habilitation therapists, client care navigators, orientation and mobility specialists, low vision specialists, and others to enable integrated models of care.

Through the Strategy, **the federal government must act as a convener to harmonize data collection and workforce evaluation and monitoring across provinces and territories.**

This collaboration should drive the creation of targeted initiatives, such as incentives for the vision health workforce to practice in underserved communities and expanded training programs for the vision health workforce. By proactively evaluating future requirements and investing in a cohesive, collaborative vision health workforce, governments can ensure that the vision health sector is equipped to deliver high-quality, accessible care to all Canadians.

12. That the federal government identify pathways to streamline the regulatory review process for drugs and medical devices, while maintaining rigorous standards for safety and efficacy. [Medium Term (2-3 years)]

Health Canada's Health Products and Food Branch regulates drugs and medical devices, including those intended to be used for eye diseases and conditions.

Stakeholders across the vision health sector frequently highlight that Canada's current regulatory process is complex, lengthy, and often duplicative compared to international peer countries. This inefficiency results in delays of months or even years for Canadian patients to access new, innovative therapies and devices. Furthermore, the regulatory overhead also disincentivizes submissions from manufacturers and discourages market entry in Canada.

The federal government must identify specific solutions that enhance regulatory review system efficiency while upholding safety and quality standards. Adopting a more streamlined regulatory process is important to ensure Canadians benefit from the latest innovations in vision health, to improve health outcomes.

13. That the federal government convene provincial and territorial governments, and key interest-holders to emphasize vision health as a consistent national priority within primary care frameworks and chronic and acute care pathways, while maintaining clear accountabilities. [Ongoing]

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Vision health is often siloed and treated as separate from overall health, rather than being integrated into primary care and chronic disease management. This fragmentation is reflected in the Canada Health Act, which only covers medically-necessary vision health services, excluding routine examinations and corrective devices from standard public coverage. The result of this isolation leaves the needs of vision health unaddressed, in particular for high-risk populations.

In particular, this impacts individuals with chronic diseases, such as diabetes and hypertension, who are at a significantly increased risk of developing vision-threatening conditions such as diabetic retinopathy and glaucoma^{xviii}. It also affects individuals who experience vision loss related to other health events, such as stroke, where visual impairment is common but may not be consistently identified, referred, or followed by appropriate vision care and rehabilitation services.

To address this, the **federal government must convene provinces, territories, and key interest-holders to emphasize the importance of consistently integrating vision health within primary care, chronic disease, and acute care pathways**. Integration should align with the complexity of care and the respective training, and accountabilities of health care and vision health professionals.

Effective integration includes strengthening awareness and consistent application of established vision care pathways, particularly for individuals at higher risk of vision loss. This includes ensuring that vision-related changes – such as those associated with chronic disease or following events like stroke – are appropriately recognized, communicated, and referred for follow-up vision assessment, rehabilitation, or habilitation as part of coordinated care and discharge planning.

Integrating also requires that protocols for sudden vision loss are in place and well understood across the full continuum of care, including acute care, rehabilitation and habilitation settings, and that hospital care teams have access to appropriate vision support for inpatients. Clear discharge pathways are essential to ensure timely connection to community-based vision care professionals, including rehabilitation and habilitation services. In addition, further work is needed to support shared electronic health records that facilitate the exchange of relevant vision health information between primary care providers, hospitals, and the vision health workforce.

The integration of eye care into a person's overall health care, can prevent costly late-stage interventions and improve long-term health outcomes across the population, supported by

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strong collaboration among professionals and a shared commitment to quality, safety, and accountability.

14. That the federal government convene provincial and territorial governments, and key interest-holders to develop equitable and consistent pan-Canadian access to and quality of assistive technology programs. [Medium Term (2-3 years)]

Assistive technologies are essential tools that enable individuals with vision loss to perform daily tasks, access information, and navigate environments. These range from electronic magnifiers, CCTVs, and braille displays to specialized wearable devices, and softwares. Because these items are custom-manufactured products, they lack the economies of scale found in consumer electronics. Consequently, costs are prohibitively high and the technologies frequently require specialized training to use effectively.

Currently, access to assistive technologies largely depends on where an individual lives in Canada, resulting in inequities. Similarly to other vision health services, there is a patchwork of provincial programs with varying funding levels and restrictive eligibility criteria. These programs also often fail to support rural and remote communities where service providers are scarce.

Compounding this issue is the rigidity of current definitions. Most provincial frameworks strictly exclude mainstream technologies from being classified as “assistive”, despite the fact that these devices now function as powerful accessibility tools for navigating and reading. This leaves individuals paying entirely out-of-pocket for essential technology. A national standard is needed to bridge the gap between traditional purpose-built tools and modern mainstream solutions, ensuring that financial barriers and geography do not dictate a Canadian's ability to live independently.

Through a collaborative partnership, the federal government must convene provinces and territories to establish equitable and consistent pan-Canadian access to and quality of assistive technology programs.

15. That the federal government develop and implement federal funding streams to expand equitable and timely access to vision health services, including rehabilitation and habilitation services, medical devices and assistive technologies for underserved and marginalized populations across Canada, to support pan-Canadian consistency in access to and quality of vision care, medical devices, and assistive technology programs. [Ongoing]

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To enable pan-Canadian access to and quality of vision health services, medical devices and assistive technologies across provinces and territories, federal funding streams must be developed and allocated. By increasing support, provincial and territorial governments can fund programs that ensure vulnerable populations have equitable access to these necessary services that are often neglected. Only 43% of Canadians report having vision care insurance, while 24% skipped their eye exam because it was not covered by insurance^{xix}.

With an estimated 2.2 million Canadians living with some form of vision impairmentⁱ, gaps in insurance coverage for vision rehabilitation services contribute to disparities in care^{xvi}.

By directly addressing these disparities through targeted federal funding, Canada can achieve long-term cost savings by enabling people to access routine eye care, medical devices and assistive technologies early - reducing reliance on costly interventions for advanced disease. This approach not only prevents avoidable vision loss but also ensures that Canadians who need support the most are able to receive it.

16. That the federal government strengthen disability support programs by integrating education, high skilled training and employment pathways for individuals with low vision and blindness. [Medium Term (2-3 years)]

The diagnosis of vision loss is a life altering moment that fundamentally changes an individual's way of life, self-identity and economic security. For someone whose career may have depended highly on their sight, the transition requires comprehensive support to prevent long-term unemployment and socio-economic decline.

Individuals living with vision loss are greatly affected financially, facing fewer job opportunities, increased absenteeism, and reduced productivity at work when they are not fully supported in their roles. The financial cost of this systemic failure is immense. Reduced employment is estimated to contribute \$3.2 billion to the overall productivity loss, while reduced productivity while at work accounts for \$381 million and increased absenteeism for \$319 millionⁱⁱ.

While some organizations and provincial governments offer disability supports that integrate high skilled training and employment pathways for individuals with low vision and blindness, there are opportunities for improvement. **Dedicated federal funding for vocational rehabilitation is essential.** This includes ongoing specialized training of assistive technologies such as screen readers, tactile displays, and adaptive softwares,

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and tailored job matching and coaching that connects individuals with meaningful employment pathways.

17. That the federal government work in collaboration with provincial and territorial governments, and key interest-holders to ensure there is advanced planning and inclusion of specific, accessible protocols for individuals with low vision and blindness in national and regional emergency preparedness, response, and recovery plans. [Medium Term (2-3 years)]

As Canada faces a rising frequency of climate-related disasters, such as wildfires and floods, and the lingering lessons of the COVID-19 pandemic, it is evident that emergency management frameworks often overlook the specific needs of the disability community. Individuals with low vision and blindness are disproportionately vulnerable during these events due to systemic barriers in communication, evacuation, and continuity of care^{xx}. Currently, emergency planning is often designed for the general population, resulting in a dangerous gap for those who rely on non-visual information and specialized support systems.

One of the most significant barriers identified is the inaccessibility of emergency communications^{xxi}. Evacuation and sheltering present unique physical risks. Many Canadians with vision loss do not drive and rely on public transportation or specialized transit, which may be suspended during crises. During rapid evacuations, the inability to navigate debris-cluttered environments or identify safe routes independently increases the risk of injury or death.

Additionally, health emergencies such as the COVID-19 pandemic highlighted the fragility of the vision health care continuum. Public health protocols, such as social distancing, are often difficult for individuals who rely on sighted guides or tactile interpretation. Many employees mandated to work from home discovered they lacked the necessary accessible technology to do so, with employers often refusing to fund these essential accommodations, further threatening their economic security^{xxii}.

To address these risks, the federal government must lead the development of inclusive national guidance for emergency management. This includes mandating accessible alert formats, classifying essential vision treatments as critical services that must continue during health emergencies. These plans must be co-designed with people with lived experience to ensure they reflect the reality of navigating a crisis without sight.

Appendix A: Vision Health Partners Coalition Members

Canadian Association of Optometrists: www.opto.ca

Canadian Council of the Blind: www.ccbnational.net

Canadian National Institute for the Blind: www.cnib.ca

Canadian Ophthalmological Society: www.cos-sco.ca

Fighting Blindness Canada: www.fightingblindness.ca

Opticians Association of Canada: www.opticians.ca

Vision Loss Rehabilitation Canada: www.visionlossrehab.ca

Michael Baillargeon - Special Advisor

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Appendix B: Glossary of Terms

Vision Health Professionals and Workforce

Ophthalmologists

Ophthalmologists are the specialist eye care providers. Ophthalmologists have completed a Bachelor of Science degree or higher, followed by a four-year Doctor of Medicine degree from an accredited university's school of medicine, and a minimum of five years of postgraduate specialty training in ophthalmology through an accredited residency program specializing in the medical and surgical management of eye disease. Many ophthalmologists pursue additional fellowship training in subspecialty areas of ophthalmology. Ophthalmologists are educated, clinically trained, and licensed to deliver comprehensive specialty eye care, including the advanced diagnosis and management of complex and sight-threatening eye diseases, medical and surgical treatment, and referral to other vision health professionals when required.

Optometrists

Optometrists are the primary eye care providers. Optometrists have completed a Bachelor of Science degree or higher, followed by a four-year Doctor of Optometry degree from an accredited university's school of optometry. Optometrists are educated, clinically trained and licensed to deliver the best standard of comprehensive primary eye care.

Opticians

Opticians interpret optical prescriptions and dispense eyewear to meet individual visual needs. They work in collaboration with optometrists and ophthalmologists to ensure that prescriptions are accurately filled. Opticians provide personalized eyewear fitting and guidance, including advice on lens options, eyewear care, and the use of protective eyewear.

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Orthoptists

Orthoptists are allied health professionals who specialize in the assessment and management of disorders related to eye movement, eye alignment and visual development. Orthoptists assess visual system function, including binocular vision and ocular motility, and provide non-surgical interventions for visual disorders. They work collaboratively within the vision health care team, particularly with ophthalmologists, to support diagnosis, treatment planning, and ongoing management of patients with these conditions.

Vision Rehabilitation Therapists

Vision Rehabilitation Therapists support people with the tools and information needed to live independently with vision loss. This includes instructing individuals on how to effectively use compensatory skills and assistive technology. They guide people through the management of their activities throughout their daily lives, including work, school or leisure. A Vision Rehabilitation Therapist focuses on empowering individuals with the practical skills needed for various life domains, enhancing their vocational, educational and independent living skills.

Vision Habilitation Therapists

Vision Habilitation Therapists support individuals with visual impairment from birth with developing important life skills. They support enabling independence in daily tasks, participation in social activities, and help with developing self-confidence.

Client Care Navigators

Client Care Navigators are a person's guide through their health care journey. They provide intake assessments and create personalized roadmaps to address unique needs and challenges. Once these needs are understood, the Client Navigators connect an individual with the right services within an organization to receive tailored care.

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Orientation and Mobility Specialists

Orientation and Mobility Specialists support individuals with vision loss by instructing them on orientation and mobility travel skills and techniques. This includes identifying goals with the individuals, developing an orientation and mobility service plan accordingly. They further teach concept development, spatial and sensory awareness, pre-cane skills, cane techniques and overall travel skills.

Low Vision Specialists

Low Vision Specialists help individuals maximize their remaining sight to maintain independence and quality of life. They provide solutions and aids for visually impaired patients such as special glasses, lenses, magnifiers, filters, and advanced eye movement exercises to offer functional visual improvements.

Primary Health Care Professionals and Workforce

Family Physicians

Family Physicians are primary health care professionals and medical doctors. Family Physicians have completed a Bachelor's degree or higher, followed by a Doctor of Medicine degree from an accredited university's school of medicine, and postgraduate training in family medicine. Family Physicians are educated, clinically trained, and licensed to provide continuous, comprehensive primary care for overall health management, including general health assessments, initial evaluation of health concerns, and referral to appropriate health professionals, including vision health professionals, when required.

Nurse Practitioners (NPs)

Nurse Practitioners (NPs) are primary health care professionals. Nurse Practitioners have completed a Bachelor of Science in Nursing, registration as a Registered Nurse, several years of clinical experience, followed by graduate-level education and advanced clinical training as a Nurse Practitioner, and are licensed to practice within regulated health care

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systems. Nurse Practitioners are educated, clinically trained, and licensed to provide comprehensive primary care, including health assessments, health promotion, management of common health conditions, and referral to appropriate health professionals, including vision health professionals, when required.

Pharmacists

Pharmacists are primary health care professionals who support safe and effective medication use and chronic disease management. They dispense medications, administer select injections, and, in some settings, assess and prescribe for minor ailments. In the context of vision health, pharmacists support general eye health by advising on common eye conditions, providing guidance on ocular medications, and identifying potential visual effects of systemic medications, with referral to other health professionals when appropriate.

Occupational Therapist (OTs)

Occupational Therapists (OTs) are regulated health care professionals who support people of all ages overcome barriers in their daily activities due to illness, injury, or disability. OTs focus on the functional impact of vision impairment, assess factors, implement interventions and support daily activities.

Physiotherapists (PTs)

Physiotherapists (PTs) are primary health care professionals with a significant role in health promotion and treatment of injury and disease. They combine in-depth knowledge of the body and how it works with specialized hands-on clinical skills to assess, diagnose and treat symptoms of illness, injury or disability.

Social Workers

Social Workers assist patients and provide services in many areas across the health care continuum including mental health and addictions, chronic disease, children and youth illnesses, geriatrics illnesses, grief, trauma, and a broad range of other general

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psychosocial issues. They provide psychosocial assessments and interventions, complete risk assessments, provide psychotherapy, and many other supports. They additionally make referrals to other community resources.

Additional Terms

Age-related Macular Degeneration

Age-related macular degeneration (AMD) is a condition that compromises your central vision. As the name implies, aging is the primary risk factor, making AMD the leading cause of blindness in North American adults over 50. The condition develops when waste deposits build up in the macula, the specific part of the eye responsible for sharp, detailed vision needed for reading, driving, and recognizing faces. Because the disease can progress at unpredictable rates (slowly for some, rapidly for others), routine eye exams are essential for early detection. ([CAO](#))

Assistive Technologies

Assistive Technologies are tools that enable individuals with vision loss to perform daily tasks, ranging from custom tools like CCTVs and braille displays to specialized wearable devices and software.

Cataracts

Cataracts develop when the natural lenses in your eyes harden and become cloudy due to aging. This cloudiness prevents light from reaching the retina, making your vision blurry, much like looking through a dirty car windshield. These painless formations can develop in one or both eyes at different rates and are typically discovered during standard eye exams. While most are age-related, other varieties include traumatic, radiation, congenital, and secondary cataracts. ([CNIB](#))

Diabetes

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Diabetes is a chronic condition that occurs when your body struggles to produce or properly use insulin, the key hormone needed to convert sugar into energy. While unmanaged diabetes can lead to severe health complications, taking proactive steps can control the disease and lower your risks. The three primary forms of the condition include type 1 diabetes, type 2 diabetes, and gestational diabetes. ([Government of Canada](#))

Diabetic Retinopathy

Diabetic retinopathy is the most common form of vision loss associated with diabetes and the leading cause of blindness in working-age adults in Canada. It occurs when high blood sugar levels damage the blood vessels in the retina (the light-sensitive tissue at the back of the eye). This damage can cause the vessels to leak fluid or bleed, potentially leading to swelling (diabetic macular edema) or the growth of new, weak blood vessels (proliferative retinopathy), both of which can distort vision or cause blindness if left untreated. ([Fighting Blindness Canada](#))

Glaucoma

Glaucoma is a disease of the optic nerve. The optic nerve transmits the images you see from the eye to the brain and is made up of many nerve fibres (like an electric cable with its numerous wires). Glaucoma damages nerve fibres, which can cause blind spots and vision loss. Glaucoma is usually related to the pressure inside the eye, known as the intraocular pressure (IOP). When the aqueous humour (a clear liquid that normally flows in and out of the eye) cannot drain properly, pressure builds up in the eye. The resulting increase in IOP can damage the optic nerve and lead to vision loss. ([See The Possibilities](#))

Hypertension

Hypertension (high blood pressure) is a condition where the pressure in your arteries remains higher than normal over time, forcing your heart to work harder to pump blood. According to 2025 guidelines, it is diagnosed when blood pressure readings are consistently at or above 130/80 mmHg. Often called the "silent killer" because it typically has no warning signs or symptoms, it is the number one risk factor for stroke and a major risk factor for heart disease. ([Heart and Stroke](#))

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No Wrong Door Approach

A care coordination model ensuring that regardless of where a patient enters the system (primary care, emergency, etc.), they are connected to the right care at the right time without facing dead ends.

Vision Impairment

Vision impairment includes low vision or blindness, which is the partial or complete inability to see, resulting from conditions that affect the eyes, optic nerves, or brain's visual pathways.

Footnotes

ⁱ Statistics Canada. (2022). *Seeing disabilities, 2022*. [Infographic]. Retrieved from <https://www150.statcan.gc.ca/n1/pub/11-627-m/11-627-m2025002-eng.htm>

ⁱⁱ Deloitte. (2021). *The Cost of Vision Loss and Blindness in Canada*. Canadian Council of the Blind. Retrieved from <https://www.fightingblindness.ca/wp-content/uploads/2021/12/Deloitte-Cost-of-vision-loss-and-blindness-in-Canada-report-May-2021.pdf>

ⁱⁱⁱ Canadian Ophthalmological Society. (2025). *Ninety-Seven Per Cent of Canadians Say Eye Health is Crucial to Wellbeing but More Education is Needed to Keep Eyes Healthy: COS Survey*. [News Release]. Retrieved from <https://www.cos-sco.ca/ninety-seven-per-cent-of-canadians-say-eye-health-is-crucial-to-wellbeing-but-more-education-is-needed-to-keep-eyes-healthy-cos-survey/>

^{iv} Specsavers. (2025). *Canada Eyecare Report 2025*. Retrieved from <https://www.specsavers.ca/eye-health/eyecare-report>

^v Canadian Association of Optometrists. (2016). *Better Vision for Seniors*. Retrieved from https://opto.ca/sites/default/files/resources/documents/online_better_vision_for_seniors_en_2016.pdf

^{vi} Pandey, M., Maina, R. G., Amoyaw, J., Li, Y., Kamrul, R., Michaels, C. R., & Maroof, R. (2021). Impacts of English language proficiency on healthcare access, use, and outcomes among immigrants: a qualitative study. *BMC health services research*, 21(1), 741. <https://doi.org/10.1186/s12913-021-06750-4>

^{vii} Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2016). *Effectiveness of vision screening programs for children aged one to six years*. Retrieved from https://www.publichealthontario.ca/-/media/Documents/V/2016/vision-screening-effectiveness.pdf?sc_lang=en

^{viii} Health Canada. (2017). *Seniors and Aging – Vision Care*. Retrieved from <https://www.canada.ca/en/health-canada/services/healthy-living/your-health/lifestyles/seniors-aging-vision-care.html>

^{ix} Aljied, R., Aubin, M. J., Buhrmann, R., Sabeti, S., & Freeman, E. E. (2018). Prevalence and determinants of visual impairment in Canada: cross-sectional data from the Canadian

Longitudinal Study on Aging. *Canadian journal of ophthalmology. Journal canadien d'ophtalmologie*, 53(3), 291–297. <https://doi.org/10.1016/j.jcjo.2018.01.027>

^x Kritzinger, J., Chaban, Y. V., Lichter, M., & Dimaras, H. (2025). The state of eye care and health among Indigenous Peoples in Canada. *Canadian journal of ophthalmology. Journal canadien d'ophtalmologie*, 60(1), 1–7. <https://doi.org/10.1016/j.jcjo.2024.07.002>

^{xi} Canadian Ophthalmological Society. (2025). *The Indigenous Children's Eye Examination (ICEE) Project [Press Release]*. Retrieved from <https://www.cos-sco.ca/the-indigenous-childrens-eye-examination-icee-project/>

^{xii} Canada. Senate. National Strategy for Eye Care Bill - Third Reading. November 5, 2024. Ottawa. Retrieved from <https://sencanada.ca/en/senators/ravalia-mohamed-iqbal/interventions/655942/35?context=1>

^{xiii} Vision Loss Rehabilitation Canada. (2022). *Eye Health Screening Initiative*. [Infographic]. Retrieved from <https://idhc.life/wp-content/uploads/2022/05/Eye-Care-Screening-Initiative-PAMPHLET-8-12-x-11-folded-WEB.pdf>

^{xiv} McNamara, N. A., & Polse, K. A. (2019). Community Health Centers: A Model for Integrating Eye Care Services with the Practice of Primary Care Medicine. *Optometry and vision science : official publication of the American Academy of Optometry*, 96(12), 905–909. <https://doi.org/10.1097/OPX.0000000000001458>

^{xv} Huang, K., Trope, G., Buys, Y., Jin, Y. (2025). Unequal access to routine eye exams in Canada: an analysis of government-funded eye exam coverage policy and associated vision health outcomes. *Canadian journal of ophthalmology. Journal canadien d'ophtalmologie*, 60(2), 297–299. <https://doi.org/10.1016/j.jcjo.2024.11.008>

^{xvi} Jaiswal, A., Santhakumaran, S., Walker, S., Sukhai, M. A., Packer, T., & Kessler, D. (2021). A scoping review of vision rehabilitation services in Canada. *British Journal of Visual Impairment*, 41(1), 66–95. <https://doi.org/10.1177/02646196211029344>

^{xvii} National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health, Welp, A., Woodbury, R. B., McCoy, M. A., & Teutsch, S. M. (Eds.). (2016). *Making Eye Health a Population Health Imperative: Vision for Tomorrow*. National Academies Press (US). <https://doi.org/10.17226/23471>

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^{xviii} Song, B. J., Aiello, L. P., & Pasquale, L. R. (2016). Presence and Risk Factors for Glaucoma in Patients with Diabetes. *Current diabetes reports*, 16(12), 124. <https://doi.org/10.1007/s11892-016-0815-6>

^{xix} Fyihealth group. (2025). *Vision Care Insurance in North America: Fact, Fiction, Risk & Opportunity*. Retrieved from <https://fyihealthgroup.com/vision-care-insurance-in-north-america-fact-fiction-risk-opportunity/>

^{xx} Engelman, A., Craig, L., & Iles, A. (2022). Global Disability Justice In Climate Disasters: Mobilizing People With Disabilities As Change Agents. *Health affairs (Project Hope)*, 41(10), 1496–1504. <https://doi.org/10.1377/hlthaff.2022.00474>

^{xxi} Villarreal, M., MacPherson-Krutsky, C., & Painter, M. (2025). Barriers and best practices for inclusive emergency alerts and warnings. *International Journal of Disaster Risk Reduction*, 125, 105581. <https://doi.org/10.1016/j.ijdrr.2025.105581>

^{xxii} Canadian Council of the Blind. (2020). *Canadian Council of the Blind's COVID-19 Impact Study Reveals Disturbing Reality for Those Canadians Living with Vision Loss*. [News Release]. Retrieved from <https://ccbnational.net/shaggy/canadian-council-of-the-blinds-covid-19-impact-study-reveals-disturbing-reality-for-those-canadians-living-with-vision-loss/>