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# FOSTERING A DIVERSE, EQUITABLE AND INCLUSIVE OPTICAL INDUSTRY IN CANADA

Consensus from a panel of eyecare professionals highlights need for tailored care and continued education





## I. Roundtable Participants (from left to right)

- Dr. Vi Tu Banh, O.D.
- Dr. Trevor Miranda, O.D. and Transitions Canada Pro Forum member
- Dr. Danielle Gordon, O.D. and Transitions Change Agent
- Dr. Olivia Dam, M.D., ophthalmologist
- Dr. Essence Johnson, O.D. and Transitions Diversity Advisory Board Member
- Sophia Seward-Good, optometric assistant and Founder, Ay Lelum
- Aunalee Boyd-Good, Canadian certified optometric assistant and Founder, Ay Lelum
- Dr. Surjinder Sahota, O.D. and Canadian Association of Optometrists board member
- Robert Dalton, executive director, Opticians Association of Canada

## II. Introduction

Black, Indigenous, and people of colour (BIPOC) minorities in Canada are quickly becoming the majority—and, as a result, more eyecare professionals are experiencing a culturally diverse patient base with unique vision care and communication needs. At the same time, the global and national conversation around diversity, equity and inclusion is driving positive changes for populations who historically have not been treated equally, and who may also be impacted by lack of access to health care and other resources to improve their health and well-being. Recent research from Transitions Optical, conducted by Wakefield Research, demonstrated the need for further education surrounding eye health for diverse patients. In fact in Canada, 81% of consumers surveyed do not agree that their ethnicity puts them at an increased risk for certain eye issues, while the opposite is true for several ethnicities and ocular conditions.

Building on its history of supporting diversity and inclusion efforts within the optical industry, Transitions Optical reinvigorated its multicultural program in 2022, launching several initiatives aimed at further strengthening resources to help eyecare professionals provide culturally and linguistically appropriate vision care to a diverse patient base. As part of these efforts, the company commissioned the research, exploring the perceptions of different health, eye health, eye care and eye wear needs among all populations in Canada, and hosted a roundtable discussion, bringing together experts in the optical industry in Canada.

According to [demographic projections](#), the ethnocultural diversity of Canada's population will increase greatly by 2031. The vast majority (96%) of Canadians belonging to a visible minority group will likely live in one of the 33 census metropolitan areas, and visible minority groups could comprise 63% of the population of Toronto, 59% of Vancouver and 31% of Montréal.

During the roundtable, participants discussed the three largest and fastest-growing BIPOC populations in Canada: Asian Canadians (with a focus on the Chinese and South Asian subgroups), Black Canadians and Indigenous peoples (including First Nations, Métis and Inuit).

“We recognize the importance of serving the unique eye health needs of ethnically and culturally diverse populations in Canada. We are honoured to gather this talented group of eyecare professionals together to assist in the creation of resources that will inspire other professionals.”

Arnaud Rajchenbach, Transitions Optical, Canada.

This consensus paper overviews the content presented during the roundtable and captures subsequent discussions and calls-to-action. *Fostering a Diverse, Equitable and Inclusive Optical Industry in Canada* will provide a better understanding of:

- The three largest and fastest-growing BIPOC populations in Canada: Asian Canadians, Black Canadians and Indigenous peoples.
- The eye health and overall health issues most common among BIPOC populations and their implications.
- BIPOC populations’ attitudes and preferences towards eye health and eyewear.
- Best practices and strategies for better serving diverse patients.
- Cultural considerations, including the need to increase diversity among professionals to further increase culturally competent care.
- Opportunities for improving quality of care and reaching new patients through collaboration.
- Resources that can be used to promote eye health education and collaboration.





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“It is important to be consciously aware of culture and how that affects patients’ interactions with the health care system, and with how the system interacts with communities.”

Dr. Essence Johnson



## Focus on Asian–Canadian Patients


The term “Asian Canadian” is broad and encompasses several different subgroups. The two largest are the South Asian and Chinese Canadians. Other groups include Filipino, Southeast Asian (including Vietnamese, Cambodian, Malaysian and Laotian), Korean and Japanese Canadians. Admittedly, eye health and overall health conditions do not impact all subgroups within this population equally, but the research and roundtable focused on areas of high concern for specific groups. For example, they are more likely to develop cataracts than the general population.<sup>1</sup> It is believed that cumulative exposure to UV radiation is a risk in their development—making UV-blocking eyewear an important consideration for this group. The prevalence of age-related macular degeneration (AMD) among Chinese Canadians is twice as high as the overall population<sup>2</sup> and Asian Canadians are more likely to develop closed-angle glaucoma, which is the second leading cause of blindness among Canadians.<sup>3</sup> As many as 90% of Asian Canadians are affected by myopia.<sup>4</sup>

In terms of overall health issues, Asian Canadians are at a higher risk for developing both diabetes and diabetic retinopathy and may have twice the rate of diabetic retinopathy than white Canadians.<sup>5</sup> South Asian patients are also three times more likely than the general population to develop hypertension and are more likely to get it from an earlier age.<sup>6</sup>

The 2022 research from Transitions Optical showed that 60% of Asian Canadian consumers surveyed had not had a comprehensive eye exam within the last year, and 54% had not taken their children for an exam within the last year. The top eye health issue that 38% of Asian Canadian consumers surveyed reported experiencing or worrying they may experience is difficulty seeing far away (myopia). Other areas of concern include: eyestrain or fatigue (35%), vision problems/difficulty as a result of usage of digital devices and screens (26%) and difficulty seeing at night (21%). 64% of Asian Canadian Consumers surveyed do not agree that their ethnicity puts them at an increased risk for certain eye issues, and only 31% of Asian Canadians believe prolonged exposure to the sun can contribute to loss of vision. In terms of multicultural resources, 65% agree that they would appreciate if their eyecare professional offered educational materials that are bilingual or in a language other than English.

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  4. Foundations for a Canadian Vision Health Strategy. Vision Health Canada, 2007.
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“It always boils down to education.  
It’s our job to help our patients  
understand their risks and I always  
offer hope and motivation to change.”

Dr. ViTu Banh

## Focus on Black Canadian Patients

Behind the South Asian and Chinese Canadians, Black Canadians represent the third largest demographic group in Canada. African and Caribbean origins are the most common ethnic origins reported by the first and second Black generations in Canada. The Black Canadian population is primarily distributed among four provinces: Ontario, Quebec, British Columbia and Alberta. While there is little data in Canada to confirm that cataract affects the Black Canadian population at a higher rate, it remains a concern—especially among the older population. Studies in the U.S. and Barbados have shown Black populations are 1.5 time more likely to develop cataract and five times more likely to go blind as a result.<sup>7</sup>

In terms of overall health issues, diabetes is estimated to be 2.5 times more common among Black Canadian populations and diabetic retinopathy also occurs at a higher prevalence.<sup>8</sup> Additionally, incidence of high blood pressure (hypertension) is approximately double among Black Canadians compared to white Canadians.<sup>9</sup> Sickle-cell anemia affects more Black Canadians than any other racial group, and an estimated one in 12 Black Canadians carries the sickle-cell trait.<sup>10</sup> And, while not extremely common, lupus affects Black Canadian women at a much higher rate than the general population (one in 250 versus one in 2,000).<sup>11</sup>

Similar to Asian Canadians, more than half (55%) of Black Canadians have not had an eye exam within the last year, and 64% have not taken their children for one according to the study from Transitions Optical. Black Canadians experience or worry the most (37%) about experiencing eyestrain or fatigue, followed by difficulty seeing far away (myopia) at 33%, vision problems as a result of digital devices and screens (31%) and difficulty seeing at night (27%). Black Canadians are also unlikely to feel their ethnicity puts them at an increased risk for certain eye issues—with 62% disagreeing with the statement. Just 23% of Black Canadians believe that vision loss is a potential long-term effect of long-term exposure to the sun. When it comes to in-office resources, 64% of Black Canadians surveyed agree that they would appreciate if their eyecare professional offered educational materials that are bilingual or in a language other than English.

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“I grew up somewhere where I was a visible minority, so when I have someone in my office now who is a visible minority I try to be incredibly sensitive and take extra care to make them comfortable.”

Dr. Olivia Dam



## Focus on Indigenous–Canadian Patients

While not counted as a “visible minority” in the Canadian Census, the Indigenous population in Canada is large and growing. Indigenous peoples make up 4.9% of Canada’s total population.<sup>12</sup> The Indigenous population in Canada is divided into three main groups: First Nations, Métis and Inuit.

More than 60% of Indigenous Canadians identify themselves as First Nations. The majority of First Nations Canadians live in Ontario and western provinces. Approximately 34% of Canada’s Indigenous population is Métis—meaning they identify as having one parent of European descent and one of First Nations descent. Métis Canadians make up the fastest-growing Indigenous group, having increased in size by 91% since 1996. The Inuit population in Canada is young and growing. While this group currently comprises just 45% of Indigenous peoples in Canada, it makes up a majority of the population in several areas. The Inuit population primarily live in four regions within an area called “Inuit Nunangat”: the Territory of Nunavut (meaning “our land”); Nunavik in Quebec; the Inuvialuit region in the Northwest Territories; and Nunatsiavut in northern Labrador. The Inuit population comprise the majority of residents in all four regions, including up to 90% of those living in Nunavut, Nunavik and Nunatsiavut, and nearly 60% of the Inuvialuit region.<sup>13</sup>

While little data exists on prevalence of AMD among Indigenous Canadians, as a group, they have more risk factors for developing the disease. Indigenous Canadians are at a significantly higher risk for diabetes, which increases risk for AMD.<sup>14</sup> While little data exists on prevalence, one study confirmed that First Nations individuals in Canada are more likely to develop cataract than the general population.<sup>15</sup> First Nations and Métis populations in Canada are more likely than other demographics to develop closed-angle glaucoma.<sup>16</sup>

Indigenous Canadians are three to five times more likely to develop type 2 diabetes than the general population.<sup>17</sup> Nearly 20% of First Nations peoples have diabetes. And more than 15% of Indigenous Canadians suffer from hypertension. While incidence of tuberculosis in Canada is low, the highest rates by far are reported among Indigenous populations.<sup>18</sup>

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12. First Nations People, Métis and Inuit in Canada: Diverse and Growing Populations, Statistics Canada, (2018)

13. Aboriginal Peoples in Canada: First Nations People, Métis and Inuit, Statistics Canada, 2011

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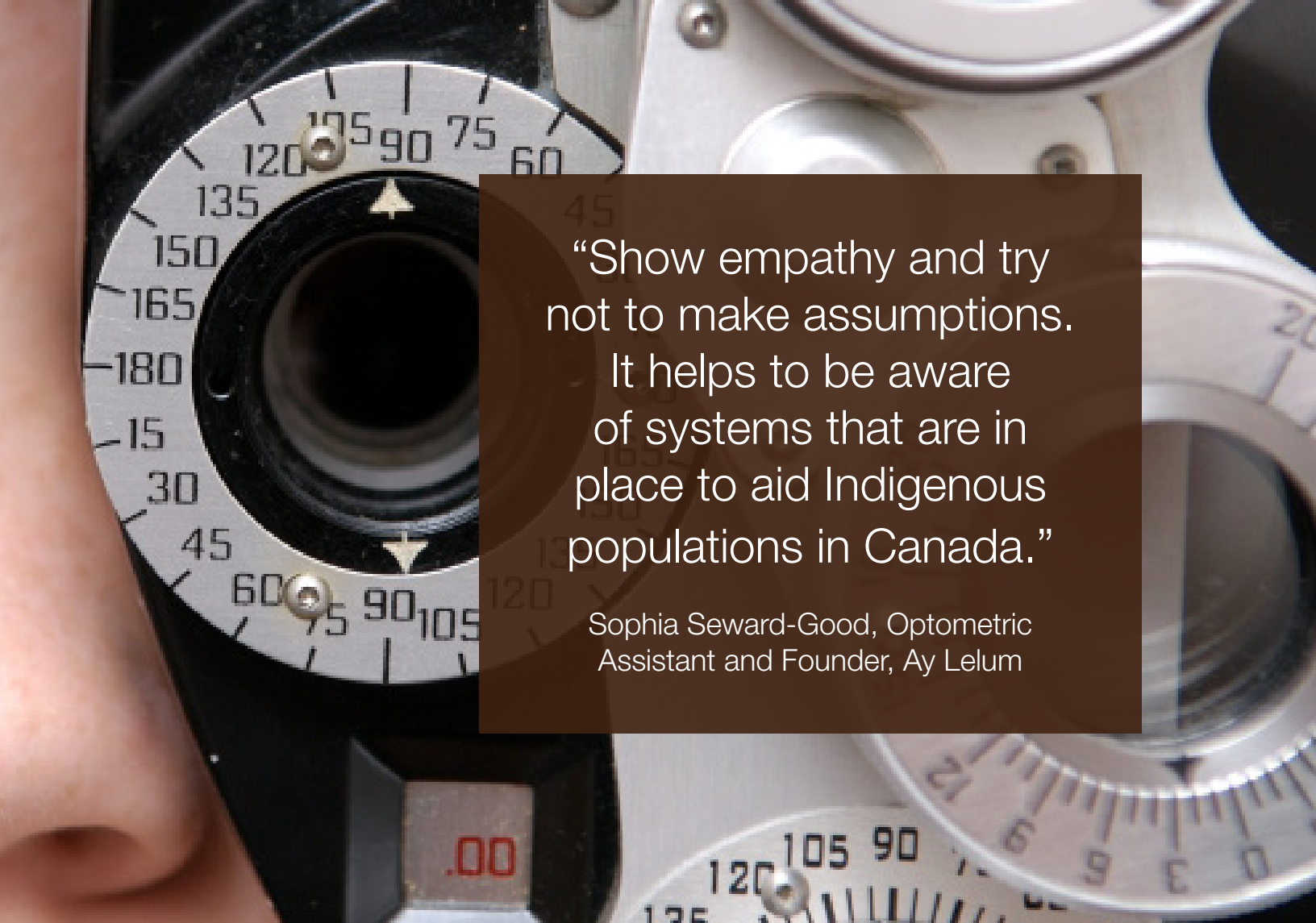
15. First Nations Regional Longitudinal Health Survey (RHS).

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17. Healthy Diverse Populations: Health and First Nations, Inuit and Métis Populations. Alberta Health Services.

18. First Nations, Inuit and Aboriginal Health, Tuberculosis. Health Canada.





“Show empathy and try not to make assumptions. It helps to be aware of systems that are in place to aid Indigenous populations in Canada.”

Sophia Seward-Good, Optometric Assistant and Founder, Ay Lelum

More than half (66%) of Indigenous Canadians surveyed in Transitions Optical’s latest research have not had an eye exam in the last year but only 40% (the lowest of the surveyed population) had not taken their children. Indigenous Canadian consumers rank difficulty seeing far away (myopia) as the eye health condition they experience or worry about experiencing the most. They also rank difficulty seeing at night (37%), eyestrain or fatigue (36%) and vision problems as a result of digital device/screen usage (24%) as concerns. Indigenous Canadian consumers surveyed rank bilingual or in-language resources very low, with only 5% agreeing these are important, and they rank an office staff that is professional and well-organized as the most important factor (49%). 58% of Indigenous Canadian consumers surveyed do not agree that their ethnicity puts them at an increased risk for certain eye issues, and only 24% of Indigenous Canadians believe that vision loss is one of the main harmful effects of extended exposure to the sun.

# Furthering Diversity, Equity and Inclusion in Your Practice and Beyond

Roundtable panelists discussed several ways that eyecare professionals can better serve patients of diverse populations.

## **How to foster an environment of belonging, equity and inclusion**

- Create a welcoming environment by hiring BIPOC and bilingual staff or making available bilingual or in-language materials.
- Non-gendered frame boards.

## **Advocating for diversity, equity and inclusion with colleagues**

- Increase cultural sensitivity through staff training.
- Complete an audit of patient demographic and analyze if staff are reflective of that demographic.
- Examine the diversity present in your professional associations, corporations, and boards to which you belong to ensure the company you represent harbours those values or are working towards diversifying. Adding diverse perspectives at the leadership level is an important way to effect change.


## **Inclusive Communications**

- Understand the importance of treating each patient as a person rather than as a minority.
- Consider the diversity of the imagery presented in practice photos, pamphlets and other marketing materials.

## **Increasing the pipeline of diverse individuals entering the optical industry.**

- Join groups/associations that can help bring you closer to the community you serve; consider mentorship.
- Volunteer in the community or if you own your own practice, set up a community day event or “career fair” where students can explore a career in optometry and your office.



A photograph of a display case filled with various styles of eyeglasses. The glasses are arranged on multiple shelves, showing a wide variety of colors and designs, including tortoiseshell, solid colors, and patterned frames. A dark brown rectangular box is overlaid in the center of the image, containing a quote in white text.

“I have worked to create a space that is safe for everyone. We display frames by collection and designer, rather than by gender and we have created a team that’s very diverse, which adds broader perspectives.”

Dr. Danielle Gordon