

# Fostering Healthy Sight in Canada: Focus on Culturally Diverse Groups

CONSENSUS FROM ROUNDTABLE



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## OVERVIEW

Ethnic minorities in Canada are quickly becoming the majority. In fact, by the year 2031, visible minorities alone will make up 32 percent of all Canadians.<sup>1</sup> As the face of the nation continues to change, more eyecare professionals are experiencing a culturally diverse patient base with unique vision care and communication needs.

Seeking to provide insights for eyecare professionals and to help guide its multicultural efforts in Canada, Transitions Optical, Inc. brought together a panel of experts for a roundtable discussion on May 3, 2010, in Toronto, Ontario – where more than 63 percent of residents are expected to belong to a visible minority by 2031.<sup>1</sup> During the event, participants identified the needs of the country's largest ethnic minority populations, and explored strategies for delivering more culturally appropriate vision care.

The roundtable featured in-depth presentations on the eye- and overall-health needs, along with cultural and linguistic considerations, for three demographic groups: **Asian Canadians** (with a focus on Chinese and South Asian populations), **African Canadians** and **Aboriginal peoples** (including First Nations, Métis and Inuit populations). Under Canada's *Employment Equity Act*, Asian Canadians and African Canadians are considered visible minorities. While the Aboriginal population is not considered a visible minority, this group is large and growing.

Presentations were delivered by eyecare professionals with experience serving these three demographics in their practice. The roundtable was also attended by an education consultant and former school superintendent, who provided insights into educational priorities and strategies for reaching ethnic children and their parents about the importance of regular vision care and the proper eyewear options to protect and enhance their vision.

Participants addressed the numerous challenges faced by specific groups to receive quality vision care and vision wear. The most significant and consistent challenge identified was the higher incidence of eye and systemic diseases among these groups, paired with their lower awareness of the need for preventative care. Unique cultural characteristics and barriers to receiving adequate care were also addressed for each population.

During discussion, participants identified several strategies for overcoming challenges, including treating each patient as a person rather than as a minority; showing respect for individual cultures; increasing cultural sensitivity through staff training; and creating a welcoming environment by hiring a multilingual staff or by making available multilingual or in-language materials.

Participants also identified a need for all eyecare professionals to become more “culturally aware” – taking the time to understand the health needs and risks for each demographic, as well as where their patients are coming from and how to improve communication. Participants expressed a need for increased diversity among optical professionals, and stressed the importance of promoting cultural sensitivity training in the workplace.

This consensus paper overviews the content presented during the roundtable and captures subsequent discussions. After reading this consensus paper, you will have a better understanding of:

1. **The eye health- and communication-needs of the largest demographic groups in Canada, including Asian Canadians, African Canadians and Aboriginal populations.**
2. **Strategies for promoting culturally appropriate vision care within your own practice.**

### By 2031...

- Visible minority groups will comprise 63% of the population in Toronto; 59% in Vancouver; and 31% in Montreal.
- Half of Canada's visible minority population will be Asian Canadian.
- The African Canadian population will double in size.
- Nearly half of Canadians 15 and older will be foreign-born, or will have at least one foreign-born parent.
- Up to 32% of Canadians will have a mother tongue other than English or French.

# UNDERSTANDING DIVERSE POPULATIONS IN CANADA

This section overviews the content presented during individual presentations.

## FOCUS ON ASIAN CANADIANS: *Spotlight on Chinese and South Asian Populations*

### A GROWING DEMOGRAPHIC

Asian Canadians make up the largest demographic group in Canada – comprising 66 percent of the country’s visible minority population and 11 percent of the overall population.<sup>2</sup>

In 2006, 2.5 million Canadians reported being of Asian ethnicity. By 2031, this number is expected to reach a staggering 7.1 million<sup>1</sup> – making targeting Asian Canadians a smart business consideration for eyecare professionals.



The term “Asian Canadian” is broad, and encompasses several different subgroups. The two largest are the South Asians and Chinese. Other groups include Filipinos, Southeast Asians (including Vietnamese, Cambodian, Malaysian and Laotian), Koreans and Japanese.

#### South Asians<sup>1</sup>

South Asians – including East Indian, Pakistani and Sri Lankan populations – make up 25 percent of Canada’s visible minority population and 4 percent of Canada’s overall population. In 2006, this group numbered 1.3 million, and by 2031, it will number between 3.2 and 4.1 million – or 28 percent of the visible minority population.

The majority of South Asians live in Ontario or British Columbia, specifically the Toronto and Vancouver areas. From 2001 to 2031, the South Asian population in Toronto is expected to climb from 11 to 24 percent.

#### Chinese Canadians<sup>1</sup>

Chinese Canadians are a close second to the South Asian population in terms of current numbers – but not in growth. Today, they make up 24 percent of Canada’s visible minority population and close to 4 percent of

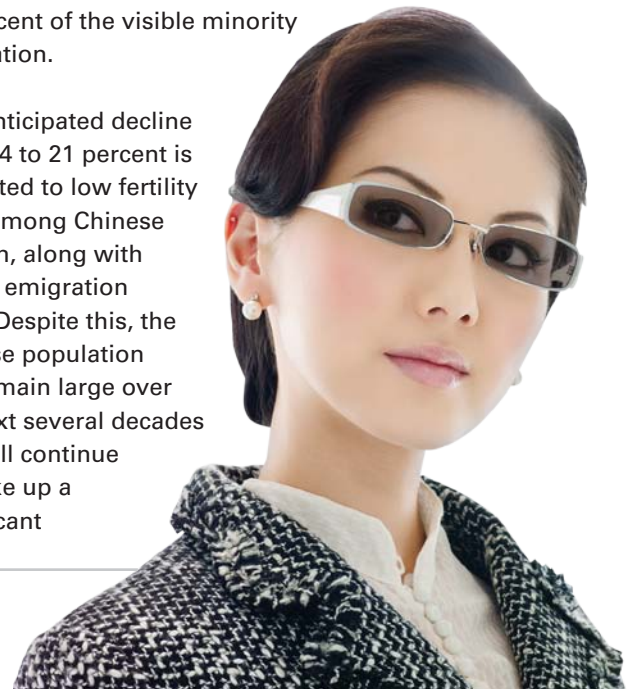
Asian Canadian Subgroups	% of Canada’s Visible Minority Population
South Asians	24.9%
Chinese	24.0%
Filipinos	8.1%
Southeast Asians	4.7%
Koreans	2.8%
Japanese	1.6%

Source: Statistics Canada, 2006

## The spending power of Chinese and South Asian Canadians exceeds \$40 billion per year.

Canada’s overall population. The Chinese subgroup is expected to grow in size from 1.2 million to between 2.4 and 3.0 million by 2031 – making up 21 percent of the visible minority population.

This anticipated decline from 24 to 21 percent is attributed to low fertility rates among Chinese women, along with higher emigration rates. Despite this, the Chinese population will remain large over the next several decades and will continue to make up a significant





patient base for Canadian eyecare professionals.

Similar to South Asians, the majority of Chinese Canadians live in Ontario or British Columbia. In 2001, 82 percent of those reporting Chinese origin lived in one of these two provinces. By 2031, the Chinese population in Vancouver alone is expected to climb from 18 to 23 percent.



#### **Cataract**<sup>4</sup>

Asian Canadians are more likely to develop cataract than the general population. Cataracts are more common with age, and it is believed that cumulative exposure to UV radiation is a risk factor in their development – making UV-blocking eyewear an important consideration for this group.

The emergent Asian Canadian population represents a significant opportunity for eyecare professionals to grow their practices. Today, the spending power of Chinese and South Asian consumers in Canada exceeds \$40 billion. In the Toronto area alone – where South Asian consumers have formed a significant market segment – purchasing power is nearly \$10 billion.<sup>3</sup>

It is also important to recognize that the South Asian and Chinese populations are younger than the Canadian average, thus representing a growth opportunity for the future.

#### **EYE HEALTH ISSUES**

Considering the growing impact of the Asian Canadian population, it is important to be aware that this group is at heightened risk for several eye diseases and issues.

*As many as 90% of Asian Canadians are affected by myopia.*

#### **Age-Related Macular Degeneration (AMD)**<sup>5</sup>

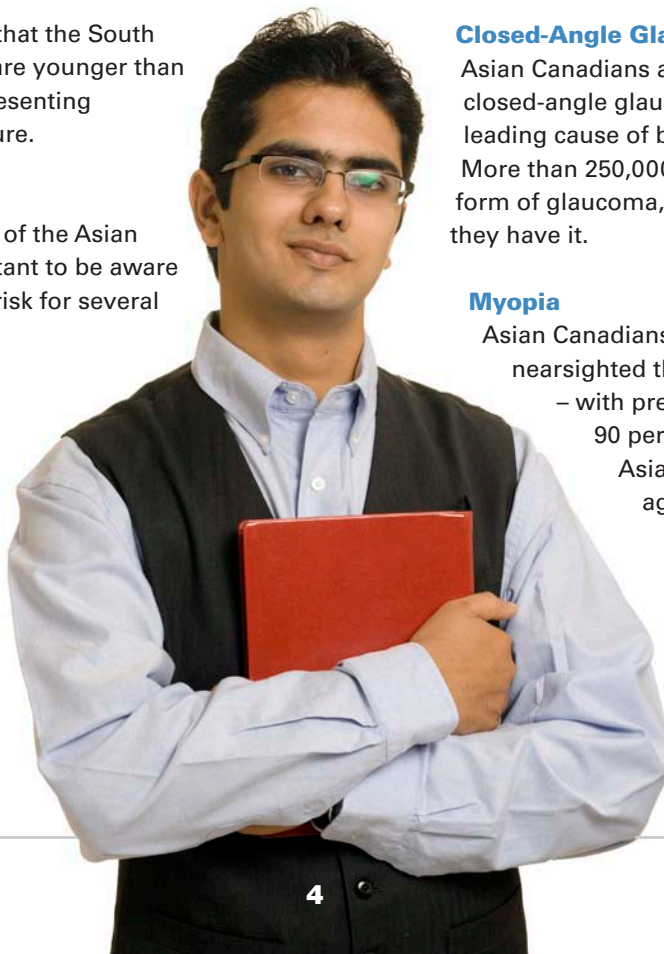
Prevalence of AMD among Chinese Canadians is twice as high as the overall population, and is a leading cause of severe vision loss for people over the age of 50. AMD has a strong genetic link, and smokers have up to four times the risk for developing it. The progression of AMD, like cataract, has also been linked to cumulative UV exposure.

#### **Closed-Angle Glaucoma**<sup>5</sup>

Asian Canadians are more likely to develop closed-angle glaucoma, which is the second leading cause of blindness among Canadians. More than 250,000 Canadians have some form of glaucoma, but only half are aware they have it.

#### **Myopia**

Asian Canadians are much more likely to be nearsighted than the general population – with prevalence of myopia reaching 90 percent.<sup>6</sup> Myopia also affects Asian populations at a younger age. Chinese Canadian children at the age of 6, for example, have a prevalence rate of 22.4 percent, compared to a rate of 6.4 percent for non-Chinese Canadian children.<sup>5</sup> While myopia is not vision-threatening and can often be



## Did You Know?

> Cumulative UV exposure can lead to the development of sight-stealing diseases like cataract and age-related macular degeneration. Photochromic Transitions® lenses block 100 percent of UVA and UVB rays – helping to protect the eyes, while adapting to changing light to allow patients to see more clearly and comfortably, all day, every day.

corrected with eyewear, people with myopia are three times more likely to develop glaucoma<sup>7</sup> – reinforcing the importance of regular eye exams.

### OVERALL HEALTH ISSUES

There are many systemic diseases affecting the Asian Canadian population, which could have implications for vision.



### Diabetes

Diabetes can lead to serious complications throughout the body and eye, including diabetic retinopathy. Asian Canadians are at higher risk for developing both diabetes and diabetic retinopathy, and Chinese Canadians may have twice the rate of diabetic retinopathy than whites.<sup>5</sup> Because weight is a risk factor for developing diabetes – and Asian Canadians are less likely to be obese than the general population – doctors may be late in diagnosing it.<sup>8</sup>

Signs of diabetes can often be seen in the eye, even before symptoms occur. Because of this, the eye doctor is often the first health professional to detect the disease. This reinforces the importance of regular eye exams for this group, or anyone at risk.

### Hypertension

South Asians are three times more likely than the general population to develop hypertension – and are more likely to get it at an earlier age.<sup>9</sup>

Hypertension – or high blood pressure – can sometimes be detected through an eye exam. Untreated, it can lead



to hypertensive retinopathy, which causes blurry vision and can eventually lead to blindness. Research shows that the longer Asian immigrants live in North America, the more likely they are to have high blood pressure – reinforcing the importance of preventative care.<sup>10</sup>

### **Tuberculosis**<sup>11</sup>

The number of cases of tuberculosis – or TB – has increased globally since the mid-1980s. Prevalence among Asian Canadians is significantly higher than the general population. Over time, TB can lead to serious infections in the eye, including ocular tuberculosis.

### **ACCULTURATION**<sup>12</sup>

Asian Canadians make up a diverse population comprised of many generations, and therefore have varied levels of acculturation. Differences in cultural values and potential language barriers may vary depending on how long a person has lived in the country.

The majority of Asian Canadians are foreign-born – and most immigrants arrived in Canada over the past decade. In 2001, approximately 70 percent of Chinese and South Asian Canadians were born outside of Canada, compared to 18 percent of all Canadians. The most common countries of origin for Chinese Canadians include China, Hong Kong and Taiwan.



Understanding and being sensitive to unique cultural characteristics is a good practice builder for eyecare professionals. While most Asian Canadians feel a sense of belonging to Canada, approximately 60 percent say they still identify with their own ethnic group.

### **LANGUAGE**

Language is a core aspect of any group's culture – and is important to consider because of the increased opportunities it can present for eyecare professionals to connect with and educate patients. Consider this: upon arrival to Canada, 42 percent of immigrants speak neither English nor French.<sup>13</sup>

*85% of Chinese and 65% of South Asians speak another language at home.*

While most Asian Canadians speak at least one of Canada's official languages, many have a mother tongue other than English or French and speak another language at home. In fact, Chinese is the third largest mother tongue in Canada.<sup>14</sup>

#### **Chinese Canadians**<sup>14</sup>

While 85 percent can converse in either English or French, the same percentage speaks another language at home. In most cases, the language is Cantonese or Mandarin.

#### **South Asian Canadians**<sup>15</sup>

Approximately 93 percent can converse in English or French, but 65 percent have another mother tongue. The most common languages spoken by South Asian Canadians are Punjabi (29 percent); Tamil (10 percent); Urdu (9 percent); Gujarati (6 percent); Hindi (6 percent); and Bengali (3 percent).

### **CULTURAL VALUES**

In order to better serve your Asian Canadian patients, it is important to understand their unique cultural values and virtues.

#### **Family**<sup>12</sup>

For many Asian Canadians, family is the central focus of life. They are more likely to marry than the general population, and less likely to live alone. South Asians in Canada are also more likely to live in multi-family or multi-generational households. They tend to live





in new, larger homes, resulting in higher household expenditures.

**>TIP:** Eyecare professionals can expand their patient base by encouraging their Asian Canadian patients to schedule appointments for all family members.

#### Education<sup>12</sup>

Many Asian Canadians take pride in their academic achievements, and tend to seek higher levels of education. This is often encouraged by parents, and doing well professionally is seen as a great accomplishment.

More than 25 percent of Chinese and South Asian Canadians have a university degree, compared with 15 percent of the general Canadian population. While South Asian men are more likely than their counterparts to receive higher levels of education, South Asian women are still more likely than other Canadian women to have a university degree. Men and women of Chinese origin are equally likely to attend school full-time.

**>TIP:** Considering the value placed on education, eyecare professionals should mention the link between healthy vision and school performance, especially for children. For example, correcting problems, like myopia, early on can positively impact school performance.



## TIPS FOR YOUR PRACTICE: FOCUS ON ASIAN CANADIANS

*As Presented by the Roundtable Participants*

- **Offer bilingual or in-language materials.** Even if a patient speaks fluent English or French, he or she may feel more comfortable speaking or reading materials in another language. By hiring a bilingual staff, or simply offering in-language materials in the top Asian Canadian languages spoken, eyecare professionals can improve communication and show respect for individual cultures.
- **Be inclusive of family members.** Some of your Asian Canadian patients may bring family members with them to their appointments. Make a point to include them in the exam or decision-making process, if they're interested. Don't forget to encourage all members of the family to set up appointments.
- **Be respectful of personal space and privacy.** Understand how cultural values may impact how you conduct an exam or fitting. For example, some Asian Canadian women may prefer not to make direct eye contact with their physician – or some may want to try frames on for themselves rather than have the eyecare professional place the frames on them.

#### Religion<sup>12</sup>

Canadians of South Asian origin are more religious than the general population. They are almost equally divided among the Sikh (28 percent), Hindu (28 percent) and Muslim (22 percent) faiths. Another 16 percent are Christian, and just 4 percent report no religious affiliation.

On the other hand, more than half of Chinese Canadians report no religious affiliation. The most commonly practiced religions include Buddhism, Catholicism and Protestantism.

**>TIP:** It is helpful for eyecare professionals to understand that different religious beliefs may affect a patient's behavior or values.

### Cultural Virtues<sup>16</sup>

A patient's cultural virtues may impact how he or she communicates with the eyecare professional, so understanding and recognizing cultural virtues is key. For example, common virtues among the Chinese Canadian subgroup may include patience, perseverance, self-sacrifice, maintenance of inner strength, self-restraint and humility.

**>TIP:** Understand common cultural virtues. For example, some Asian Canadian patients may nod their heads “yes” out of politeness, even if they mean “no”.

### BARRIERS TO EYE CARE

In addition to potential language barriers, eyecare professionals may encounter several other obstacles to providing care for their Asian Canadian patients.

In a U.S. study, Asian Americans showed a **lack of understanding of the need for regular vision care and proper vision wear.** More than one third did not believe eye exams were necessary unless they were experiencing a vision problem. In the same study, Asians were also the least likely to believe that vision correction can greatly improve performance and everyday activities.<sup>17</sup>

Asian Canadians may also have **lower awareness of health issues.** Chinese Canadians, for example, have low awareness of their risks for hypertension and its complications.<sup>18</sup>

Similarly, this group may be **less likely to take the steps necessary to preserve their overall health.** A study of Chinese and Southeast Asian Canadians revealed that these groups are less likely than the overall population to eat the recommended amounts of fruits and vegetables. Chinese Canadians are also less likely to be physically active.<sup>9</sup>

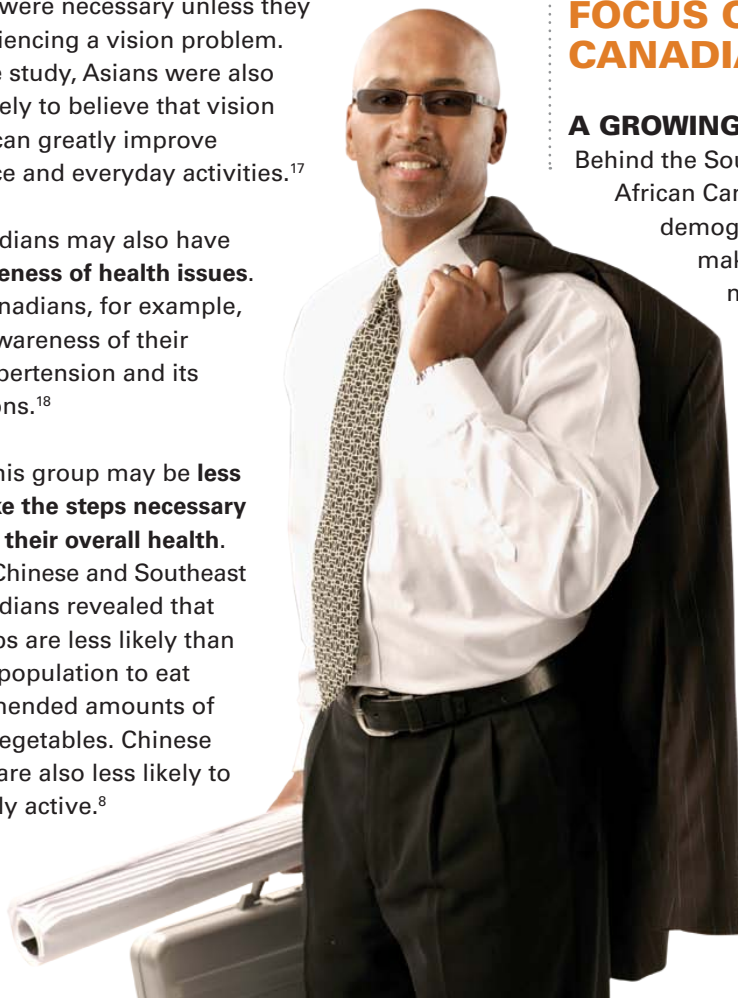


## FOCUS ON AFRICAN CANADIANS

### A GROWING DEMOGRAPHIC

Behind the South Asians and Chinese, African Canadians represent the third largest demographic group in Canada. They currently make up 15 percent of the country's visible minority population, and 2.5 percent of the overall population.<sup>2</sup> By 2031, the number of African Canadians is expected to double, reaching 1.6 million.<sup>1</sup>

The African Canadian population is primarily distributed among four provinces: Ontario, Quebec, British Columbia and Alberta.<sup>19</sup> Ontario is home to approximately 60 percent of African Canadians. This demographic also forms the largest visible minority group in Quebec, comprising 29 percent of the province's visible minority population. African Canadians are largely concentrated in urban areas, including Montreal, Toronto, Ottawa-Gatineau and Winnipeg.<sup>2</sup>





## *By 2031, the African Canadian population is expected to double.*

With the growth of the African Canadian population comes an opportunity for eyecare professionals to gain new customers and form lasting relationships – increasing both patient satisfaction and sales. While the average income for African Canadians is lower than the general population, significant buying power still exists – especially in heavily populated markets such as Toronto and Montreal.

### **EYE HEALTH ISSUES**

African Canadians are at risk for several eye health issues, including glaucoma and cataract.

#### **Glaucoma**

Glaucoma is six to eight times more common among African Canadians – and is more likely to surface at an earlier age.<sup>20</sup> African Canadians who have glaucoma are also more likely to suffer from blindness. In a U.S. study, glaucoma was four times more likely to cause blindness in African Americans than in whites, and 15 times more likely to cause blindness in those between the ages of 45 and 64.<sup>21</sup>

#### **Cataract**

While there is little data in Canada to confirm that cataract affects the African 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 times more likely to develop cataract, and five times more likely to go blind as a result.<sup>22</sup>

One roundtable participant also found in a review of his own practice that the percentage of cataract diagnosed was higher among his African Canadian patients.<sup>23</sup> Since cumulative UV exposure can contribute to cataract development, recommending UV-blocking eyewear is one of the simplest ways eyecare professionals can serve this population.

### **OVERALL HEALTH ISSUES**

African Canadians are one of the hardest-hit demographic groups when it comes to having higher prevalence rates of systemic diseases and conditions. Many of these issues can take a toll on vision, making routine eye exams a must.

#### **Diabetes**

Diabetes is estimated to be 2.5 times more common among African Canadian populations, and diabetic retinopathy also occurs at higher prevalence.<sup>24</sup> African Canadians are at higher risk for developing type 2 diabetes – the type that is better managed and even preventable if caught early, potentially through an eye exam.<sup>25</sup>



### Hypertension

Incidence of high blood pressure is approximately double among African Canadians compared to whites.<sup>26</sup> It is also important to note that rates of obesity – which can be linked to high blood pressure and diabetes – are higher among African Canadian women compared to white women.<sup>24</sup> Counseling patients on the potential impact of hypertension on vision is one way to help motivate them to keep their blood pressure under control.

## Diabetes is 2.5x more common among African Canadians

### HIV/AIDS<sup>27</sup>

Although the overall prevalence of HIV and AIDS has decreased, the number of cases among African Canadians has increased. While African Canadians make up just over 2 percent of Canada's overall population, in 2003, they made up 20 percent of all AIDS cases. Late-stage AIDS can lead to complications in the eyes, such as cytomegalovirus retinitis – which can cause retinal detachment and blindness within two to six months.

### Sickle-Cell Anemia<sup>27</sup>

Sickle-cell anemia affects more African Canadians than any other racial group, and an estimated one in 12 African Canadians carries the sickle-cell trait. Sickle-cell anemia is an inherited blood condition characterized by pain and swelling of the joints, fever and respiratory infections. It can lead to vision problems and blindness when blood vessels in the eye become blocked with sickle-shaped cells.

### Lupus<sup>27</sup>

While lupus is not extremely common, it affects African Canadian women at a much higher rate than the general population (one in 250 versus one in 2,000). Lupus is a chronic autoimmune disease in which the immune system begins to malfunction and attack different parts of the body, causing inflammation.



It can lead to problems in the eye, including Sjogren's Syndrome – which occurs in one in five to 10 people with lupus. In this condition, the immune system attacks the glands that produce fluids to lubricate the eye.

One in 10 people with lupus will develop conjunctivitis, and some may also get an overactive thyroid gland that can cause prominence of the eyeballs. Rarely, lupus will affect the blood vessels in the eye, leading to pain and reduced vision. Use of long-term steroids to treat lupus can increase the risk of developing cataract and glaucoma – so regular eye exams are critical for patients with lupus.

### Sarcoidosis

African Canadians experience sarcoidosis at a rate of 10 to 15 times higher than the general population.<sup>24</sup> Sarcoidosis is a disease of unknown cause in which inflammation occurs in the lymph nodes, lungs, liver, eyes, skin or other tissue. Approximately 25 to 50 percent of people with Sarcoidosis have eye-related problems, with the most common issue being uveitis.<sup>28</sup>

### ACCULTURATION<sup>29</sup>

Around half of all African Canadians were born outside of Canada. Most African Canadians report one or more origins, with the most popular being Caribbean (50+ percent) and African (42 percent). Other origins include British Isles (12 percent), Canadian (11 percent) and French (4 percent).



While most African Canadians (83 percent) identify with Canadian culture, 71 percent say they have not lost sense of their own unique cultural heritage.

## CULTURAL VALUES

In order to provide the best possible care and patient experience, it is helpful for eyecare professionals to understand the unique cultural values of their African Canadian patients.

### Family and Independence<sup>30</sup>

While family remains an important value among African Canadians, out of every ethnic group in Canada, they are the least likely to get married and most likely to get divorced. African Canadians are also the most likely to have common-law relationships – reinforcing strong commitment that stops short of marriage.

**>TIP:** Even if not married, African Canadians can still have strong family relationships. Ask about the health of their loved ones in general.

### Religion<sup>29</sup>

The most common religions among African Canadians are Protestantism (30 percent), Catholicism (23 percent) and Muslim (22 percent).

**>TIP:** If religion plays an important role in your patient's life, be considerate of how certain beliefs may impact the way you interact with that patient. For example, in the Islamic faith, some Muslims may avoid direct eye contact with members of the opposite sex.<sup>31</sup>

### Education<sup>29</sup>

African Canadians are slightly more likely than the general population to hold university degrees, with men more likely than women to report having an education.

**>TIP:** Never assume a level of understanding or level of education.

### Role of Women<sup>32</sup>

Historically, women play a large role in the African Canadian family. Many report feeling pressure to play the "strong black woman" role, and subsequently put other people's needs ahead of their own.

**>TIP:** Encourage African Canadian women to make appointments for themselves in addition to their family members.

## BARRIERS TO EYE CARE

### TIPS FOR YOUR PRACTICE: FOCUS ON AFRICAN CANADIANS

*As Presented by the Roundtable Participants*

- **Understand that African Canadians are a diverse group.** As with any group, it is important not to make assumptions or to stereotype. Treat each patient like a person rather than as an "African Canadian."
- **Look out for all members of the family.** If a person comes in with another family member for an appointment, make sure he or she is taking care of their own eye health needs, too. Offer to set up regular, comprehensive exams for all members of the family.
- **Create a welcoming environment.** Even though you may not need to use bilingual materials for this group, it is important to display education and point-of-sale materials that show positive, African Canadian imagery.
- **Get involved.** Research suggests that your African Canadian patients may be more receptive to practices that give back to their community.<sup>34</sup>

While language barriers may not be an issue, eyecare professionals should be aware of other potential obstacles to providing care to the African Canadian population.

First, research shows that many African Canadians are **unfamiliar with the Canadian healthcare system** and are not using it in the most effective way. African Canadian women are also **less likely to utilize preventative health programs**, such as pap tests and mammograms, than the general population.<sup>24</sup>

Additionally, while visible minorities have higher unemployment rates in general, African Canadians experience **double the unemployment rate** of others. They also report **lower salaries** than other visible minority populations, despite their greater likelihood of holding a university degree.<sup>33</sup> This, however, should not



be a deterrent from offering higher-performing, premium products.

Stress as a result of racism and adjusting to a new location is also common among the African Canadian population. Various Canadian studies have pointed to the increasing prevalence of depression, anxiety and schizophrenia among the African Canadian population – with racism identified as a major cause.<sup>24</sup>

## FOCUS ON ABORIGINAL POPULATIONS:

### *Spotlight on First Nations, Inuit and Métis Populations*

#### **A GROWING DEMOGRAPHIC<sup>35</sup>**

While not counted as a “visible minority” in the Canadian Census, the Aboriginal population in Canada is large and growing. Aboriginal peoples make up 3.8 percent of Canada’s total population, or 1.2 million people – larger than the African Canadian population.

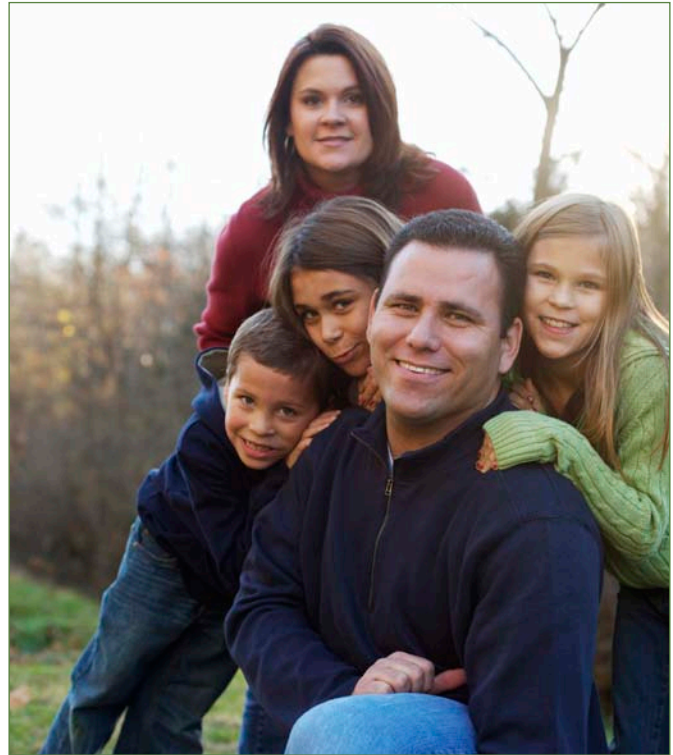
Between 1996 and 2006, the Aboriginal population in Canada grew 45 percent – nearly six times faster than the rate of non-Aboriginal populations.

Although 80 percent of Aboriginal Canadians live in Ontario and the western provinces, the fastest increase over the past decade occurred east of Manitoba. The Aboriginal population grew 95 percent in Nova Scotia, 67 percent in New Brunswick, 65 percent in Newfoundland and Labrador, 53 percent in Quebec and 65 percent in Ontario. While many Aboriginal Canadians live on reserves, more than half live in urban areas.

The Aboriginal population in Canada is divided into three main groups: First Nations (known in the U.S. as North American Indians), Métis and Inuit.

#### **First Nations**

More than 60 percent of Aboriginal Canadians identify themselves as First Nations. The majority of First Nations live in Ontario and western provinces. They also represent 30 percent of those living in the



Northwest Territories, 20 percent in the Yukon Territory, and 10 percent in Saskatchewan and Manitoba.

#### **Métis**

Approximately 34 percent of Canada’s Aboriginal population is Métis – meaning they identify as having one parent of European descent and one of First Nations descent. The Métis make up the fastest-growing Aboriginal group, having increased in size by 91 percent since 1996. This growth rate can be attributed to higher fertility rates and an increasing trend for people to identify themselves as Métis.

Although the Métis represent just over 1 percent of Canada’s total population, they account for larger shares of the population in the West – including 9 percent of those living in the Northwest Territories, 6 percent of those in Manitoba, 5 percent in Saskatchewan and 3 percent in both Alberta and the Yukon Territory.

#### **Breakdown of Canada’s Aboriginal Population**

First Nations	60+%
Métis	34%
Inuit	4%

*Source: Statistics Canada, 2006*



## *From 1996 to 2006, Canada's Aboriginal population grew 6x faster than other populations.*

### **Inuit**

The Inuit population in Canada is young and growing. While this group currently comprises just 4 percent of Aboriginal peoples in Canada, it makes up a majority of the population in several areas.

The Inuit 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 comprise the majority of residents in all four regions, including up to 90 percent of those living in Nunavut, Nunavik and Nunatsiavut, and nearly 60 percent of the Inuvialuit region.

As a group, Aboriginal Canadians are significantly younger than the general population. This represents an opportunity for eyecare professionals to reach out to this growing group and develop long-lasting relationships with Aboriginal patients and their families. In 2006, the median age of all Aboriginals in Canada was 27 – which is 13 years lower than the non-Aboriginal population. The median age for the Inuit population was 22.

### **EYE HEALTH ISSUES**

Aboriginal Canadians are disproportionately affected by eye health issues – and face more barriers to eye care than any other group. One in four Aboriginal people in Canada report a problem with their vision, compared to one in 10 in the general population.<sup>36</sup> This reinforces the vital role eyecare professionals can play in educating their Aboriginal patients about the need for regular vision care.

### **Age-Related Macular Degeneration**

While little data exists on prevalence of AMD among Aboriginal Canadians, as a group, they have more risk factors for developing the disease. First, Aboriginal Canadians are at a significantly higher risk for diabetes, which increases risk for AMD.<sup>36</sup> Research also shows that Aboriginal Canadians are much more likely to smoke than the general population (41.6 percent versus 22.7

percent).<sup>37</sup> Smokers are three to four times more likely to develop AMD than non-smokers. Finally, Aboriginal Canadians living off-reserve are more likely to be obese.<sup>35</sup> Studies have linked obesity with the potential progression of AMD.

### **Cataract<sup>38</sup>**

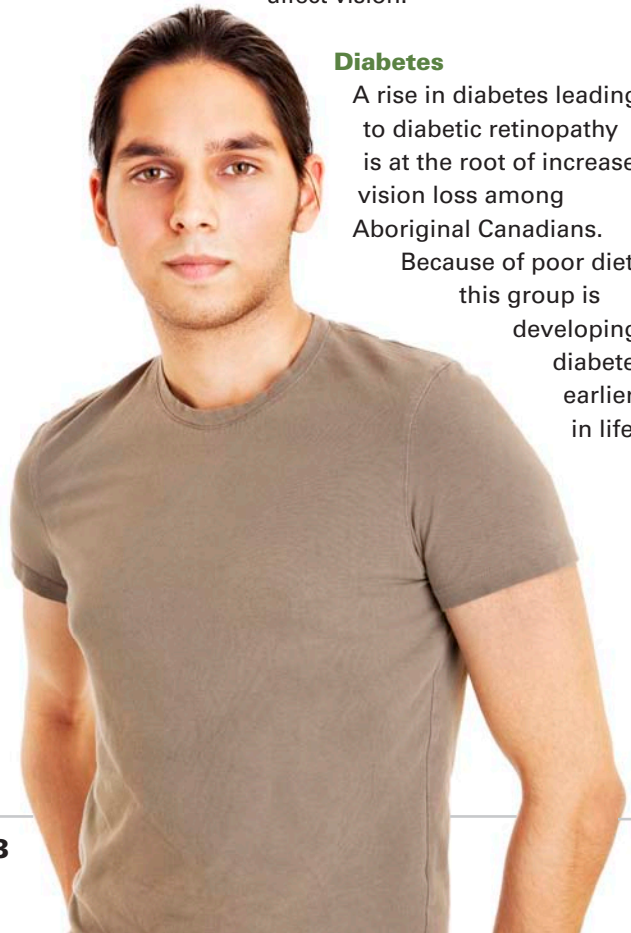
Another concern for Aboriginal populations in Canada is cataract, with risk factors including age, smoking and cumulative UV exposure. While little data exists on prevalence, one study confirmed that First Nations in Canada are more likely to develop cataract than the general population.

### **Glaucoma**

First Nations and Métis populations in Canada are more likely than other demographics to develop closed-angle glaucoma.<sup>39</sup> Inuit populations, on the other hand, are more likely to develop primary open-angle glaucoma (POAG). The prevalence of POAG among Canadian Inuit women is up to 40 times higher than in non-Inuit women.<sup>5</sup>

### **OVERALL HEALTH ISSUES**

Aboriginal populations in Canada are hit the hardest when it comes to overall health issues that can affect vision.



### **Diabetes**

A rise in diabetes leading to diabetic retinopathy is at the root of increased vision loss among Aboriginal Canadians.

Because of poor diet, this group is developing diabetes earlier in life –





allowing more time for sight-threatening complications to develop. Their higher rates of obesity and likeliness to smoke also put them at greater risk.<sup>40</sup>

Aboriginal Canadians are three to five times more likely to develop type 2 diabetes than the general population. With rates so high, it is considered to be an epidemic among this group.<sup>41</sup> Prevalence of diabetes is highest among First Nations adults at 19.7 percent, followed by the Métis at 6 percent. Diabetes is much less common among Inuit populations, with prevalence at just 2 percent. Complications from diabetes are, in general, more severe among Aboriginal Canadians.<sup>41</sup>

Approximately two out of three Aboriginal Canadians diagnosed with diabetes are women – and Aboriginal women's rates are five times higher than the general population. This is of great concern for women of child-bearing age, when health complications may arise for both the woman and baby.<sup>27</sup>

### **Hypertension**

More than 15 percent of Aboriginal Canadians suffer from hypertension. Aboriginal Canadians are also more

## *Nearly 20% of First Nations peoples have diabetes.*

likely to have high blood pressure as a result of diabetes than the general population – and are more likely to develop it at an earlier age.<sup>42</sup> Aboriginal Canadians living off-reserve are 2.5 times more likely to be overweight or obese than non-Aboriginals, putting them at higher risk for both hypertension and diabetes, and their ocular complications.<sup>43</sup>

### **Tuberculosis<sup>44</sup>**

While incidence of TB in Canada is low, the highest rates by far are reported among Aboriginal populations. The TB rate among Inuit populations has doubled in the past four years to an alarming 186 times higher than that of non-Aboriginal Canadians. The rate of First Nations is 31 times higher. This can be attributed to poor socio-economic conditions where many of them live. TB can lead to a number of infections throughout the eye.

### **HIV/AIDS**

Rates of HIV are estimated to be three times higher among Aboriginal Canadians.<sup>45</sup> As a group, Aboriginal Canadians are disproportionately affected by many social, economic and behavioral factors – such as higher rates of poverty, substance abuse, sexually transmitted diseases and limited access to or use of health care services – which can increase their vulnerability to HIV infection.<sup>46</sup> Over time, AIDS can lead to serious ocular infections and even blindness.

### **LANGUAGE**

While most Aboriginal Canadians speak at least one of Canada's national languages, native languages still play a vital role in their overall culture – and can contribute to potential communication barriers. Approximately one in four Aboriginal Canadians can converse in another Aboriginal language.<sup>47</sup>





## MOST POPULAR ABORIGINAL LANGAUGES IN CANADA<sup>50</sup>

LANGUAGE	# OF SPEAKERS	AS FIRST LANGUAGE	SPOKEN AT HOME
CREE	99,950	78,885	47,190
INUKTITUT	35,690	32,010	25,290
OJIBWAY	32,460	11,115	11,115

There are 11 major Aboriginal language families in Canada, made up of more than 65 distinct dialects. Of these dialects, only Cree, Inuktitut and Ojibway have enough population of fluent speakers to be considered viable to survive long-term.<sup>48</sup>

Two of Canada's territories give official status to native languages. In Nunavut, Inuktitut and Inuinnaqtun are official languages alongside English and French. Inuktitut is a common vehicular language in territorial government. In the Northwest Territories, the *Official Languages Act* declares 11 different languages, with the most common dialects being Chipewyan, Cree, Dogrib and South Slavey.<sup>49</sup>

Although the Canadian Census reports an overall decline in the number of Aboriginals with a mother tongue other than English or French, approximately nine out of 10 people with knowledge of one of the top languages regularly use the language at home.<sup>47</sup>

### CULTURAL VALUES

Aboriginal Canadians share many cultural values. Understanding these values can help eyecare professionals provide higher levels of care to this growing demographic.

#### Family and Community<sup>51</sup>

As with other demographics, Aboriginal Canadians place tremendous value on family and community. Common traditional strengths among Aboriginal Canadians include community conscience and shared sense of responsibility. There is also great respect for elders, who are seen as reliable sources of knowledge and wisdom.

**>TIP:** Eyecare professionals can connect with their Aboriginal patients by asking about their families and demonstrating community involvement.

#### Traditional Cultures of Ancestors

The traditional cultures of ancestors – shaped by nature – exert a strong influence over many Aboriginal Canadians, from their spirituality to political attitudes.<sup>52</sup> They share a deep-seated belief of living in harmony with the earth and its creatures.<sup>51</sup>

**>TIP:** Encourage your staff to celebrate holidays or participate in community events recognizing the history and culture of local tribes.

#### Religion<sup>53</sup>

Spirituality plays an important role in Aboriginal culture, with two out of three Aboriginal Canadians considering themselves Christian. Aboriginal teenagers in Canada are more likely than the general population to say they value their religion, and less likely to reject the churches attended by their parents and grandparents.

**>TIP:** Be considerate of spiritual and religious beliefs.

#### Use of Herbal Remedies and Traditional Medicine<sup>54</sup>

Aboriginal Canadian patients may turn to herbal medicines and remedies before seeking professional care. More than three out of 10 Métis adults report having



traditional medicines, healing or wellness practices available in their community of residence.

**>TIP:** Ask your patients if they are using any herbal supplements or traditional remedies that could affect their vision.

### **Other Traditional Strengths<sup>51</sup>**

Aboriginal Canadians also tend to place values on:

- Sharing, humility and not hurting others
- Cooperation and non-competition
- Good mental health, or being in balance with family, community and the environment

## **TIPS FOR YOUR PRACTICE: FOCUS ON ABORIGINAL CANADIANS**

### ***As Presented by the Roundtable Participants***

- **Know the languages spoken.**

If any languages other than English or French are spoken, offer bilingual or in-language resources in the right dialects. Know that subtle differences may exist. For example: a standard greeting in Nunavut may be “ublaakut” in the East, and “uulaakut” in the West.<sup>60</sup>

- **Create an office that reflects their cultural values.**

Understand what is important to your Aboriginal patients and reflect those values in your own practice. For example, you may choose to promote a more earth-friendly practice.

- **Learn national holidays.**

Encourage your entire staff to learn holidays celebrated by local tribes so they can acknowledge and respect them. National Aboriginal Day on June 21, for example, recognizes the cultures and contributions of the First Nations, Inuit and Métis populations in Canada. Nunavut celebrates Nunavut Day on July 9.

- **Promote eye- and overall-health.**

Since Aboriginal patients are at higher risk for many eye- and overall-health conditions, encourage them to set up regular exams for themselves and all family members.

## **BARRIERS TO EYE CARE**

In addition to being hit the hardest with eye- and overall-health conditions, Aboriginal Canadians face the most barriers to receiving adequate vision care and are disproportionately affected by many social, economic and behavioral factors.<sup>55</sup>

Many Aboriginal populations in Canada experience higher rates of poverty and unemployment, which can lead to dependency on welfare or exposure to substandard living conditions.<sup>56</sup> Even though unemployment rates are dropping for Aboriginal Canadians, the group is still twice as likely to be unemployed.<sup>57</sup> Rates of substance abuse are also significantly higher among Aboriginal populations.<sup>55</sup>

Geographic isolation can make it difficult for many Aboriginal Canadians to receive the care they need. Even though care is typically provided by the government, there is a shortage of eyecare professionals in many Aboriginal-inhabited areas, such as the Northwest Territories. In 2001, just 40 percent of Aboriginal women and 32 percent of Aboriginal men reported seeing an eye doctor.<sup>58</sup>

Some Aboriginal Canadians may also have a general distrust for non-Aboriginals. To combat potential trust issues, eyecare professionals may want to consider hiring an Aboriginal staff member.<sup>59</sup>

## Common Eye- and Overall-Health Issues Among Ethnic Populations in Canada

	ASIAN CANADIANS	AFRICAN CANADIANS	ABORIGINALS
<b>Eye Health</b>			
<b>Age-Related Macular Degeneration</b>	A leading cause of severe vision loss. Prevalence 2x as high among Chinese Canadians. Risks include UV exposure, smoking.	Assumed to be at lower risk, but factors such as UV exposure and smoking can still contribute to development.	Have more risk factors for developing AMD, including higher rates of diabetes and obesity, and increased likelihood to smoke.
<b>Cataract</b>	More likely to develop cataract than the general population.	Remains a concern among older populations. U.S.-specific data confirms higher risk among African Americans.	First Nations Canadians more likely to develop cataract than the general population.
<b>Glaucoma</b>	More likely to develop closed-angle glaucoma – the second leading cause of blindness among Canadians.	6-8x more common among African Canadians. More likely to get it earlier and develop blindness.	First Nations and Métis more likely to develop closed-angle glaucoma. Inuit populations more likely to develop primary open-angle glaucoma (POAG). Prevalence of POAG 40x higher in Inuit women vs. non-Inuit women.
<b>Myopia</b>	Prevalence rates up to 90%.	Prevalence not as high, but still exists among African Canadian population.	Prevalence of myopia among Aboriginal Canadians is not as well known.
<b>Overall Health</b>			
<b>Diabetes</b>	At higher risk for developing diabetes and diabetic retinopathy. Chinese Canadians have 2x rate of diabetic retinopathy vs. whites.	2.5x more common among African Canadian populations. Diabetic retinopathy occurs at higher incidence.	Poor diet leads to earlier development. Aboriginals 3-5x more likely to develop type 2 diabetes. Prevalence highest among First Nations (19.7%) and lowest among Inuit (2%). Aboriginal women 5x more likely to have diabetes than non-Aboriginal women.
<b>HIV/AIDS</b>	Late-stage AIDS can lead to cytomegalovirus retinitis, which can cause retinal detachment and blindness within two to six months.	Trending upward in African Canadian populations. Can lead to ocular infections, including cytomegalovirus retinitis.	Rates of HIV 3x higher among Aboriginal Canadians. Can lead to ocular infections, including cytomegalovirus retinitis.
<b>Hypertension</b>	South Asians 3x more likely to develop hypertension, and more likely to get it early. The longer Asian immigrants live in North America, the more likely they are to have it. Can lead to hypertensive retinopathy.	Incidence is double. Can lead to hypertensive retinopathy.	Affects 15% of Aboriginal Canadians. More likely to have high blood pressure as a result of diabetes. More likely to develop it at an earlier age. Can lead to hypertensive retinopathy.
<b>Lupus</b>	Studies show more common among Asian Canadian women than white women. Can lead to visual problems including Sjogren's Syndrome, conjunctivitis and overactive thyroid gland.	Affects African Canadian women at higher rates than general population (1 in 250 vs. 1 in 2,000). Can lead to visual problems including Sjogren's Syndrome, conjunctivitis and overactive thyroid gland.	Can lead to visual problems including Sjogren's Syndrome, conjunctivitis and overactive thyroid gland.
<b>Sarcoidosis</b>	Does not appear to be as common among this population.	Rate 10-15x higher than general population. Can cause eye-related problems, including uveitis.	Does not appear to be as common among this population.
<b>Sickle-Cell Disease</b>	Does not appear to be as common among this population.	Affects more African Canadians than any other racial group. One in 12 carries sickle-cell trait. Can lead to visual problems and blindness.	Does not appear to be as common among this population.
<b>Tuberculosis</b>	Prevalence significantly higher among Asian Canadians. Can lead to ocular infections.	In U.S., rates 8x higher in African Americans vs. whites. Can lead to ocular infections.	Highest rates reported among Aboriginal populations. Rates 186x higher among Inuit populations and 31x higher among First Nations. Can lead to ocular infections.



## KEY TOPICS OF DISCUSSION

Following presentations, roundtable participants collaborated to discuss strategies for overcoming obstacles to providing culturally sensitive, quality vision care to ethnic minority populations in Canada. Topics of discussion included: **educational priorities** for both the public and the industry; **what eyecare professionals can do** in their own practices and communities; and **what the optical industry can do** to further support current and future eyecare professionals in meeting the needs of culturally diverse patients.

Participants agreed that simply recognizing potential challenges is a good first step that eyecare professionals can take to improve overall patient care. It is important to acknowledge that while each demographic group has unique health- and communication-needs, within each group there may still be variations in languages used, cultural values and levels of understanding. These differences can make communicating with patients more challenging.

Participants felt strongly that all eyecare professionals should strive to be more “culturally aware.” To effectively overcome obstacles, eyecare professionals should take time to understand their patient base – focusing on each patient as an individual and identifying any potential barriers to care. Regardless of race or ethnicity, participants agreed that improving the quality of communication with patients is essential – and that the goal should always be to ensure the patient understands what has happened during the exam and is aware of any next steps to protect and preserve vision.

## EDUCATION PRIORITIES

### PUBLIC EDUCATION

Roundtable participants expressed an urgent need for public education to reach ethnic minorities – as well as the general population – about the importance of regular vision care and the benefits of sight-enhancing eyewear options.



Top priorities discussed included raising awareness of:

- The need for preventative vision care for eye- and overall-health, including getting regular eye exams and wearing UV-blocking eyewear.
- Systemic health factors – such as diabetes – and their impact on vision.
- The link between vision and performance in school or at home.
- The benefits of eyewear beyond vision correction (seeing more clearly and comfortably).
- Access to health- and vision-care services.

### **PROFESSIONAL EDUCATION**

Participants agreed that cultural competency education and training should be offered to staff members on an ongoing basis. This will help to improve everyday interactions with patients.

Roundtable participants also reinforced a need to educate and raise cultural awareness among students. Cultural sensitivity training should be introduced in opticianry and optometry schools early on, and multicultural resources and education should be made available throughout the education curriculum. This will help reinforce the importance of applying these learnings outside of school and in their own practices.



## WHAT EYECARE PROFESSIONALS CAN DO

There are many steps eyecare professionals can take in their own practices to ensure the best possible eye care experience for their patients. Participants discussed the following strategies:

- 1. Know your patients.** Take a close look at your patient base. What demographics do you serve? Do any of your patients have specific needs? Do language barriers exist? A simple assessment can help you address potential barriers before they become an issue.
- 2. Know more than your patients.** Your patients are online – and, chances are, they may “Google” what you say. In fact, they may have even done some research before their appointment. Whether you’re in the exam room or dispensary, keep up to date on the latest eye health and product information so you can remain more educated than your patients.
- 3. Work with your patients.** Vision care should be a collaborative effort between the doctor and patient. There needs to be a solid, open line of communication during all steps of the exam.
- 4. Be respectful of cultures.** Put yourself in your patients’ shoes. Take time to understand where your patients are coming from, and how their cultural values or beliefs may impact the way you conduct the eye exam or eyewear fitting. Purchase a multi-faith calendar to be in the know of holidays celebrated by your patients.
- 5. Never assume.** Assumptions can be dangerous and, when faulty, may even cause you to lose a patient. Never assume levels of education or understanding, and never assume your patient will not like – or can’t afford – premium eyewear options. Treat all patients as individuals and with respect.
- 6. Use bilingual and in-language materials.** Even if language barriers don’t exist, offering bilingual and in-language resources can help to establish a welcoming environment and show respect for different cultures. If language barriers become a larger issue, you may also want to consider

hiring a multilingual staff or taking advantage of interpreter services.

- 7. Make the effort.** Even if you do not speak the same language, your patients will most likely appreciate your efforts to better understand and meet their needs.
- 8. Train your staff.** To be considered a culturally sensitive practice, *all* your staff members need to be on board. Remember the saying: one bad apple can spoil the bunch. Reinforce the importance of culturally appropriate care and provide staff members with ongoing training opportunities, as well as resources to use with patients.
- 9. Become involved in the community.** Make eye health a priority in your community by becoming an advocate at local health fairs and events, or in local schools. Make sure any literature or goodies you hand out prominently display your practice’s name and information, so potential patients will know where to find you!

## WHAT THE OPTICAL INDUSTRY CAN DO

Participants agreed that the optical industry should take an active role in supporting eyecare professionals in their efforts to provide more culturally appropriate vision care. This section overviews the top priorities identified by roundtable participants.

### PROFESSIONAL EDUCATION

Participants agreed that the optical industry should play a larger role in providing cultural competency education and resources to both opticianry and optometry schools. They reinforced a need for industry associations and organizations, as well as optical companies, to develop new multicultural content that can be used within schools or by individual eyecare practitioners as continuing education opportunities.

### INCREASING DIVERSITY

Roundtable participants identified a need for increased diversity among optical professionals. Increasing the number of minority eyecare professionals in the



## FOCUS ON KIDS

**W**e all know that healthy vision is instrumental to good school performance. Unfortunately, many children do not get the eye care they need or deserve – particularly those belonging to an ethnic minority. In fact, some children may not even realize they're not seeing their best.

The topic of kids and student education played an important role in the roundtable discussion – and participants agreed that eyecare professionals can make a difference by becoming *educators* and *eye health advocates* within their local communities.

Former school superintendent Trevor Ludski encouraged eyecare professionals to take advantage of opportunities within schools – saying that while he has seen many schools visited by dentists or safety professionals, he has rarely seen visits by eyecare professionals. Ludski reinforced that most elementary teachers would be more than willing to have an eyecare professional come in and guest lecture about the importance of healthy vision and regular eye exams. A good first step, he said, would be to contact local principals to find out where opportunities exist.

Getting involved with local schools is a great way for eyecare professionals to distribute literature about good vision and school performance that kids can take home to their parents – encouraging them to schedule a comprehensive eye exam. Depending on resources and staff available, eyecare professionals can also benefit from offering to provide complimentary vision screenings to students – then work with the school to send letters home to parents when potential vision problems are identified. Including practice information is an effective way to reach potential new patients.



workforce will allow practices to more effectively hire staff members who are representative of the communities that they serve. One of the participants referenced how his staff includes ophthalmologists of Asian Canadian, African Canadian and Middle Eastern descent as a way to better serve the practice's culturally diverse patient base.

### CONSUMER EDUCATION

While eyecare professionals can play a sizeable role in educating their patients about eye health, they rely on the industry to provide valuable in-office tools, and to more effectively reach those who rarely – or have never – seen an eyecare professional. Roundtable participants expressed a need for the following:

#### In-Office Resources

Optical associations and corporations can get involved by offering complimentary patient education and point-of-sale materials – including bilingual tools – that eyecare professionals can use within their practices.

#### Community Outreach

More consumer education in the community is needed to raise awareness about eye health. Participants discussed the need for more organizations to develop multicultural education programs that could be leveraged locally by eyecare professionals. They also expressed interest in the creation of a “central website” that could contain valuable eye health information relevant to different demographic groups.

#### Media Exposure

To effectively reach specific demographics about their eye health needs, roundtable participants stressed the importance of targeting local and national media. Advertising on television and radio can help to increase awareness and drive consumers to eyecare professionals. Transitions Optical, for example, is already reaching Chinese-speaking consumers through Mandarin and Cantonese television advertising on OMNITV.

## CONCLUSION

As the face of the nation continues to change, eyecare professionals must also adapt their practices to better accommodate their culturally diverse patient base. Transitions Optical views this roundtable as an initial step in supporting eyecare professionals' efforts to provide more culturally appropriate vision care to all patients.

Despite an urgent need for culturally appropriate vision care, roundtable participants agreed that "multicultural" has historically been a quiet topic in the optical industry. For this to change, eyecare professionals and the entire industry must first recognize that a need exists – and then take the time to identify and apply strategies for providing better care to culturally diverse groups.

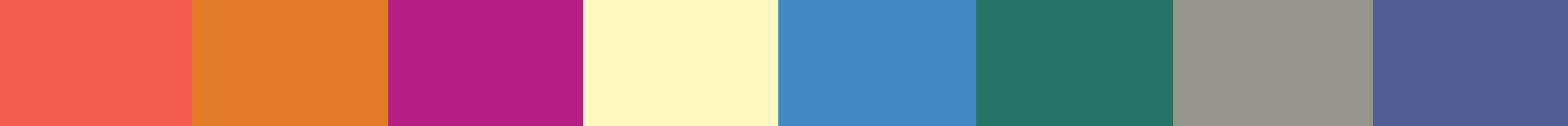
By understanding and meeting the needs of diverse groups, eyecare professionals have the opportunity to improve patient care, increase customer satisfaction and grow their practices through long-term patient relationships and referrals. ■



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