The Canadian Council of the Blind

The Voice of the Blind™ in Canada

WHITE CANE

MAGAZINE

Fall/Winter 2024

CELEBRATING

80 YEARS

1944–2024

A REPORT CARD ON

Vision Health in Canada

2023

Commissioned by the Canadian Council of the Blind
and Fighting Blindness Canada

INSIDE:

A Report Card on Vision Health in Canada 2023

Modern Solutions for Treating Glaucoma More Effectively

I Lost My Sight but Found My Calling

Apellis

> “As for the challenges I am currently facing in my daily life, I do have some major difficulties. Geographic Atrophy has affected my ability to read, drive, and navigate stairs…. I think that when you’re diagnosed with something [like GA], the important thing is to be informed.”
>
> -**Louise**, patient living with GA

Stay alert: recognizing signs and symptoms of Geographic Atrophy

Geographic Atrophy (GA) is an advanced form of dry age-related macular degeneration (AMD), which can lead to **permanent vision loss**.

Some early symptoms of GA include:

- Difficulty seeing in or adjusting to the dark
- Straight lines appearing crooked
- A growing blurry spot in the centre of vision

Living With GA

Visit www.LivingWithGA.ca for helpful resources designed for patients with GA and their caregivers

Scan the QR code with your phone's camera to visit **www.LivingWithGA.ca**

GA=geographic atrophy.

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See The Possibilities

An online resource for the Canadian public on the topics of vision health, serious eye diseases and what the COS is doing to promote vision health for everyone.

Here, you will get to know the Big Five Eye Conditions:

Five eye conditions are responsible for most vision loss in Canada. Check out our videos on each of the Big Five serious eye health concerns and explore their causes, risk factors, and how they're diagnosed and treated.

Age-related Macular Degeneration

Cataracts

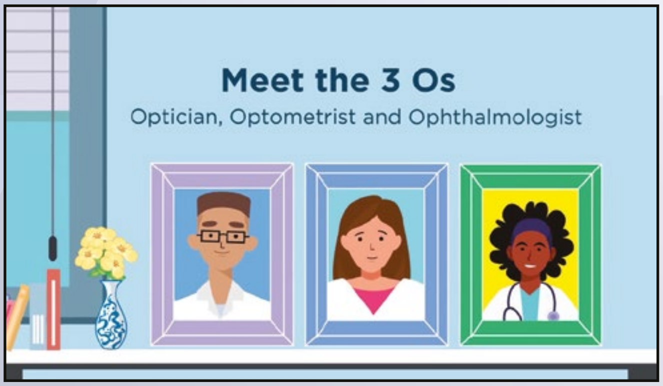
Diabetic Retinopathy

Glaucoma

Eye Injury

Meet the 3 Os of the eye care team:

- The Optician – a licensed health care professional who is trained to help you see better – whether you are near- or far-sighted or have low vision due to more complex eye health issues.
- The Optometrist – a licensed health care professional who can perform eye exams, write prescriptions for glasses, contact lenses, and some medications, and diagnose and treat some eye diseases. Often the first member of the eye care team you will see.
- The Ophthalmologist – also called an eye MD, a medical doctor who has had specialized training in the management of eye diseases. Ophthalmologists can diagnose, treat and prevent serious eye diseases like glaucoma, cataracts, and age-related macular degeneration.



Meet the 3 Os

Optician, Optometrist and Ophthalmologist

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

Learn from our content experts:

- Ask the Expert – our experts provide in-depth expertise on topics including pediatrics, AMD, Glaucoma, and skin cancer and oculoplastics.
- Hot Topics – the latest in ophthalmology innovation, including artificial intelligence and tele-ophthalmology.

Take tests and quizzes:

Test your vision to see how your eye health knowledge stacks up with our tests and quizzes, including a visual acuity test, Big Five risk assessment, and a fun Memor-EYES matching game.

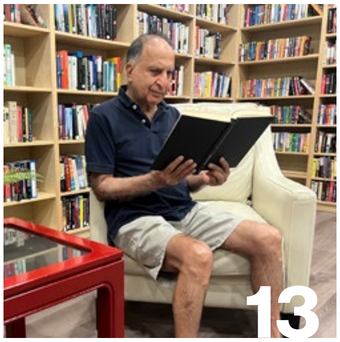
Meet real patients and hear their stories:

Here you will meet Canadian patients and the ophthalmologists committed to improving their lives through innovative medical and surgical eye care.

See The Possibilities is brought to you by the Canadian Ophthalmological Society (cos-sco.ca), dedicated to providing all Canadians with optimal medical and surgical eye care.

Learn more about caring for your vision health at

seethepossibilities.ca



PUBLISHER
Michael Baillargeon
Senior Manager, Eye Care Initiatives
Canadian Council of the Blind
ambaillargeon@rogers.com

EDITOR
Mike Potvin
mpotvin@ccbnational.net

SENIOR WRITER & COPY EDITOR
Tania Amardeil

CONTRIBUTING WRITERS
Jim Tokos, Mike Potvin, Michael Baillargeon, Dr. Keith Gordon, Tania Amardeil, Ian White, Dr. Chad Andrews, Shane Guadeloupe, Dr. Martin Spiro, Mary Mammoliti

SPECIAL CONTRIBUTORS/ BACKGROUND
Canadian Association of Optometrists, Canadian Ophthalmological Society, Fighting Blindness Canada, Vision Loss Rehabilitation Canada, CNIB, Dr. David Maberley, Dr. David Yan, Accessible Media Inc. (AMI)

PHOTO CREDITS
CCB Outlook Library, Andre Martin, AMI Photo Library, VLRC Photo Library, Susan Jong, Fred Chartrand, Cassio Calaigian (Onward Media Group), iStock

ART DIRECTION & DESIGN
James Bisch
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ACCESSIBILITY SERVICES
Accessibil-IT Inc.

PRINTER
Mi5 Print & Digital

DISTRIBUTION
Maria Jimena Flórez
admin@ccbnational.net

SPONSORSHIP & ADVERTISING SALES
Michael Baillargeon
Senior Manager, Eye Care Initiatives
Canadian Council of the Blind
Tel: 416-651-2102
ambaillargeon@rogers.com

Keith Communications Inc.
Jim Hall, President
1267 Dorval Drive, Unit 26
Oakville, ON M6M 3Z4
Tel: 905-849-7777 Ext. 119
jhall@keithhealthcare.com

CCB NATIONAL PRESIDENT
Jim Tokos

CCB EXECUTIVE DIRECTOR
Jim Prowse

CANADIAN COUNCIL OF THE BLIND NATIONAL OFFICE
14 Chamberlain Avenue, Suite 200
Ottawa, ON K1S 1V9
Tel: 613-567-0311
Toll-free: 877-304-0968
Fax: 613-567-2728
ccb@ccbnational.net
www.ccbnational.net

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CANADIAN COUNCIL
OF THE BLIND

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President's Message


PHOTO: **ANDRE MARTIN**

It's been a busy quarter for the Canadian Council of the Blind (CCB). As we approach the end of the CCB's remarkable 80th anniversary year, I'm pleased to share an update on our recent activities and initiatives, along with an overview of the state of vision health in Canada, informed by the latest research from our dedicated team.

In previous issues of *White Cane Magazine*, we reported on the various studies that the CCB has conducted to assess the impact of the COVID-19 pandemic on vision health in Canada. Now that the main impact of the pandemic on Canada appears to be waning, it was deemed important to reassess the state of vision health in Canada to determine whether the negative effects of the pandemic have been overcome. I'm pleased to report that the CCB, in partnership with Fighting Blindness Canada, has produced an update to our previous reports. The details of this report are discussed in the article by its principal investigator, Dr. Keith Gordon, on page 22 of this issue of *White Cane Magazine*, and an infographic summarizing the key findings of the study is shown on page 21. The overall conclusion of the latest report card is that most vision health services have recovered to where they were prior to the onset of the pandemic, but that backlogs have not been overcome to any appreciable extent. This means that the strain on vision care services will continue to grow. The report card also discusses several emerging trends that will affect the vision health of Canadians in the next few years. The results of the 2024 report card will be released at The State of Vision Health in Canada Conference, to be held in Toronto on October 30th.

This research and report card are part of our ongoing efforts, in collaboration with our vision partners, to promote the early detection and treatment of vision issues, which is critical in preventing avoidable vision loss. As the Report Card on Vision Health in Canada 2023 notes, after reviewing the latest data and conducting an interview of several ophthalmologists and optometrists, "There is clearly a significant need to educate the public about the need for regular eye examinations and their eye health in order to allow for early detection and treatment of eye diseases that may mitigate or prevent vision loss."

The CCB is also working closely with our pharmaceutical partners to ensure that education and awareness materials about eye conditions are accessible and written in plain language, so that patients have a clear understanding of their vision health. We also continue to advocate for better, faster access to the latest innovative medicines and treatments – from speeding up Health Canada and CADTH approvals to pushing the provinces and territories to approve funding expeditiously.

Most recently, the CCB has been advocating for approval of new innovative therapies that treat, delay, or cure vision-threatening diseases. Canadians with geographic atrophy, a sight-threatening form of age-related macular degeneration, currently have no Health Canada-approved treatments for this blinding eye condition. Intravitreal pegcetacoplan represents the first treatment shown to slow the progression of geographic atrophy in well-designed, phase III randomized trials. On February 2023, pegcetacoplan was approved by the U.S. Food and Drug Administration (FDA) for the treatment of this condition, and patients in the U.S. are routinely receiving the treatment. We implore Health Canada to follow with the FDA and approve this proven, effective, and safe treatment for geographic atrophy, which will allow for improved outcomes and real benefit in this patient population.

It's estimated that 1.2 million Canadians are blind or partially-sighted, with over 8 million others

Pictured from left to right: Deborah Gold (CEO, BALANCE for Blind Adults), Jennifer Urosevic (President and CEO, Vision Loss Rehabilitation Canada), and Angela Bonfanti (President and CEO, CNIB), leading 150 guests in singing "Happy Birthday" to celebrate the Canadian Council of the Blind's 80th Anniversary at the CCB Vision Health Month Annual Stakeholders Gathering Dinner last May.

PHOTO: **FRED CHARTRAND**

having an eye disease that could cause sight loss. This highlights how critical this type of advocacy work truly is.

The CCB is also engaged in ongoing efforts to ensure our voices are heard regarding an accessible Canada. While the Accessible Canada Act, passed in 2019, is designed to eliminate barriers and make Canada fully accessible, it applies only to areas under federal jurisdiction – meaning that advocacy at provincial and local levels is still critical. Our committee work, spearheaded by our Board of Directors, is striving to identify and tackle accessibility issues with items such as self-serve kiosks, self-service devices, and barrier-free transportation. By providing regular submissions on behalf of our members to government agencies like Standards Canada and collaborating with Crown corporations like VIA Rail Canada, the CCB team is helping to move the needle on creating a truly inclusive society.

Recently, I was personally involved in working with VIA Rail and its Advisory Committee on the launch of its new GoodMaps navigation app, which is now available at the Ottawa VIA Rail station. With this app, low-vision individuals can now navigate the Ottawa station independently and travel barrier-free. After rigorous testing, all VIA Rail stations will eventually have this same level of accessibility. The CCB team was also involved in VIA Rail's new accessible rail cars design.

Another exciting advocacy update is the CCB's recent work in advocating successfully for the Canadian federal government to develop a national vision health plan. Bill C-284, "An act to establish a national strategy for eye care," was first introduced into the House of Commons in June 2022. The bill was unanimously approved by the House of Commons and passed second reading in the Senate as of May 29th, 2024. It's expected that the bill will be passed by November, and the CCB has been asked to appear before the Senate. Bill C-284 is a positive step not only for those living the experience of vision loss, but for all Canadians. I'm eternally grateful to our team for pushing this initiative forward, as well as to the Honourable Judy Sgro, MP (Humber River-Black Creek), for her relentless determination.

I'm grateful to our vision health stakeholders – including the CNIB, Fighting Blindness Canada, Vision Loss Rehabilitation Canada, the Canadian Association of Optometrists, and the Canadian Ophthalmological Society, to name a few – as well as to all of our sponsors and partners for their ongoing support, engagement, and collaboration.

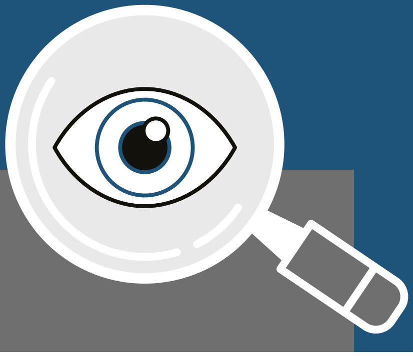
Also in this issue, you'll find a celebration of Shelley Ann Morris, a longtime CCB employee, who was recently recognized by the Canadian Association of Optometrists (CAO) as its 2024 CAO Vision Champion Award Winner. Check out the feature on page 28 to learn about Morris' outstanding advocacy and contributions to improving accessibility and opportunities for blind and visually-impaired individuals.

I hope you enjoy this issue of *White Cane Magazine*. Thanks for reading!

Jim Tokos
National President
Canadian Council of the Blind

PUTTING A LENS ON BIOSIMILARS

Your vision matters and it's important to clearly understand emerging vision care options and why they are trusted, high-quality medicines.



THE TOP 3 THINGS YOU SHOULD KNOW

1

Biosimilars are a type of biological medicine (or "biologic"); biologics are complex in structure and are manufactured using living cells.[1]

A biosimilar is highly similar in structure to an existing original biologic medicine (called a reference product).[1]

2

A Health Canada-approved biosimilar has no clinically significant differences in safety and efficacy compared to the original biologic.[1]

A biosimilar is subject to rigorous clinical testing and evaluation prior to being approved – it can take five to 10 years to develop a new biosimilar – and works the same way as the reference biologic drug.[2]

3

Biosimilars are emerging as effective options for the treatment of vision disorders.[3]

Patients who are prescribed a biosimilar medication instead of the original biologic are receiving the same standard of treatment.[1]

QUICK FACTS

Health Canada has approved **~50 biosimilars since 2009** to treat serious conditions like cancer, diabetes, rheumatoid arthritis, and now, retinal disease.[3]

Patients have been **safely switching** from original biologic medicines to biosimilars throughout North America and Europe since 2006, without compromising efficacy or quality of care.[4]

Biosimilars can be offered at a **lower cost** than the original biologic, which can **bring value** to health systems and support patient access to advanced therapies.[5]

Some provincial formularies have begun implementing biosimilar 'switch' policies to **reinvest savings** in provincial health care services.[6]

Vision loss and impairment impacts independence, employment opportunities, and can cause anxiety, fear and social isolation.[7] **Biosimilars have the potential to help more Canadians access treatment that can help preserve vision health and quality of life.**

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PHOTO: **ANDRE MARTIN**

Supporting Each Other to Become Better Social Butterflies

Social activities play an extremely important role in our lives, and even though we may not realize it, they're integral to our health. Getting together with friends and family to socialize or play sports, or even just checking in to see how a friend is doing, keeps us connected and engaged.

For the thousands of blind individuals in Canada, engaging socially can sometimes be a challenge. Many feel isolated due to a lack of accessible transportation or feel like an outsider because of their disability. If an activity isn't accessible, it can be a deterrent and someone may choose to stay home rather than be part of the group.

This is a good reminder to consider how important it is to be as inclusive as we can when planning social activities. Sometimes making the slightest tweak or adjustment can make it possible to include everyone. And it always helps to check in with the group and to say, "This is what we're planning, does this work for all of us?"

As a peer support organization, the Canadian Council of the Blind (CCB) is addressing this through programs and chapter meetings, which are so vital to the blind community. The CCB's chapter meetings allow individuals to interact with their peers, ask questions, and share stories. They also provide a space to advocate for things like accessible transportation, which enables disabled individuals to get out and be active socially.

Programs such as the CCB's Get Together with Technology (GTT) give members of the blind community an opportunity to chat about tips and tricks for online social activities and how to leverage technology in order to support each other in an online environment. This is all done in a safe space where ideas can be discussed and shared. GTT coordinators are happy to show members the latest smartphone apps that can assist in travel and explore these options in a group setting. This kind of peer support is so beneficial to members of our community who want to get out there and experience what the world has to offer.

Everyone deserves a chance to interact with friends and family and to feel like they're part of their community.

The CCB continues to work hard on behalf of the blind community to put pressure on government and industry to make sure there's a level playing field for everyone to participate in society equally.

I encourage you to join us and show your support and get involved! The CCB is always looking for volunteers, and your support can make a real difference in someone's social life.

Mike Potvin
Editor
2024 *White Cane Magazine*

Today's Canadian Council of the Blind

CANADIAN COUNCIL OF THE BLIND
80 1944-2024
LE CONSEIL CANADIEN DES AVEUGLES

PHOTO: **FRED CHARTRAND**

Celebrating 80 years of dedicated advocacy and support, the Canadian Council of the Blind (CCB) was founded in 1944 by schools of the blind and returning blind Canadian war veterans, and is recognized as the Voice of the Blind™ in Canada. The CCB is a membership-based not-for-profit, a nationally-registered charity, an extensive peer support network, and a consumer advocacy organization that brings together Canadians who are living with vision loss, including those who are blind, deaf-blind, and partially-sighted. In bringing together Canadians with lived experience of vision loss, the CCB maintains a vibrant network of active members in 70 chapters across Canada. Each chapter is unique to its geographic area, community-based, locally organized, and volunteer-driven by those with vision loss, and engages in a variety of social, recreational, and community activities based on the interests of local members.

A tireless advocate of the vision loss community, the CCB works to promote a sense of purpose and self-esteem along with enabling the efforts of each member to achieve an enhanced quality of life. The CCB, through its lived experience constituency, is proud of its efforts to break down barriers and remains dedicated to building public awareness and improving the well-being of people with seeing disabilities.

The CCB offers numerous programs to assist people living with vision loss, to increase accessibility in all areas of vision loss life, and to bring attention of vision issues to the general population and government. The Get Together with Technology (GTT) program, for example, provides training and support in using assistive technologies by and for people living with vision loss, empowering members to harness the power of the digital world. As part of its public outreach, the CCB also leads White Cane Week, an annual campaign launched in 1946 that celebrates the achievements of people with vision loss. During this week, the Experience Expo in Toronto features exhibitors, technology demonstrations, and hands-on workshops, offering the public a unique opportunity to explore accessible technology and services. Additionally, the CCB provides education on preventing vision loss by encouraging healthy living and regular eye examinations. Most importantly, the CCB collaborates with service providers and all levels of government in order to improve the current levels of service regarding accessibility and quality of life. Most recently, the CCB's efforts led to the unanimous approval of Bill C-284, "An act to establish a national strategy for eye care," which passed its second reading in the Senate on May 29th, 2024.

The CCB supports initiatives that call for the provision of the very best in available medical treatments. It advocates for increased funding for vision research and for research for devices and technology that improve the lives of people living with vision loss. It supports the fostering of patients' rights without limitation or discrimination. The CCB works with its vision partners Fighting Blindness Canada and the CNIB to provide a united voice for people living with vision loss in advocating for access to innovative treatments that prevent vision loss and restore sight. Together, the organizations advocated to bring anti-VEGF medications to Canada in 2006, and also recently advocated in support of access to two new medications to prevent blindness in people with age-related macular degeneration (AMD) and diabetic retinopathy. The CCB's advocacy has contributed to increasing access to the first new glaucoma medication in the last 20 years. This medication is now publicly-funded in eight provinces. Its advocacy also contributed to the positive recommendation made by the Ontario Health Technology Advisory Committee (OHTAC) to suggest public funding of a minimally-invasive glaucoma surgery device. In addition, the CCB played a major role in advocating for the reimbursement of the first targeted gene therapy to restore sight for an inherited retinal disease. This sight-saving therapy is now funded in five provinces.

Over the past few years, the CCB has undertaken a number of important studies on issues that affect the lives of people living with vision loss, as well as issues that affect the vision health of all Canadians. It has produced important reports on accessible technology and assistive devices, as well as a survey of Ontarians regarding their experiences with and perceptions of the Ontario Assistive Devices Program. In the very early weeks of the pandemic, the CCB was quick to survey Canadians who are blind, deaf-blind, or partially-sighted to gain an understanding of the pandemic-related issues they were experiencing. The results of this study were released in April 2020 and were used to advocate for a number of the issues identified in the study, such as priority vaccination for people living with vision loss. In December of 2020, the CCB commissioned a study of the prevalence and cost of vision loss in Canada. It worked to deliver this report in partnership with Fighting Blindness Canada, the Canadian Association of Optometrists, and the Canadian Ophthalmological Society. The landmark report was published in May 2021. An addendum to this report, which assessed the impact of the COVID-19 pandemic on vision health, was released in August 2021, and a follow-up report card that assessed the impact that the pandemic has had on ongoing vision health in Canada was released in October 2022. The latest update, published by the CCB in October 2024, reassessed the state of vision health in Canada to determine whether the negative effects of the pandemic had been overcome. This report card concluded that most vision health services have recovered to where they were prior to the onset of the pandemic, but that backlogs have not been overcome to any appreciable extent.

Through advocacy and research, the CCB is dedicated to building public awareness and improving the well-being and quality of life of those living with vision loss. It does this to ensure that stakeholders, governing bodies, and members of the vision loss community are informed with data that is substantive and reflective of the needs of all Canadians living with vision loss. The CCB accomplishes this, in part, by hosting annual conferences that bring together experts, stakeholders, and community members to discuss advancements in eye health, accessibility, and the latest in treatment options. These gatherings foster collaboration and enable the CCB to amplify its advocacy efforts on a national scale, all while recognizing that most vision loss and blindness can be prevented or treated.

The CCB is supported by its members, volunteers, and donors, who contribute collectively over 30,000 hours of their time on an annual basis to help achieve the success of the CCB's programs and initiatives.

For more information about the CCB, please visit www.ccbnational.net.

Honouring the Algonquin Anishinabe Nation, First Nations, Inuit, and Métis Peoples

The Canadian Council of the Blind (CCB) acknowledges that Ottawa, home of our head office, is built on un-ceded Algonquin Anishinabe territory. The peoples of the Algonquin Anishinabe Nation have lived on this territory for millennia. Their culture and presence have nurtured and continue to nurture this land.

The CCB honours the peoples and land of the Algonquin Anishinabe Nation. The CCB honours all First Nations, Inuit, and Métis peoples and their valuable past and present contributions to this land.

Along with the Government of Canada, we at the CCB are committed to a renewed nation-to-nation relationship with Indigenous peoples based on recognition of rights, respect, co-operation, and partnership.

Stem Cell Therapy Gets FDA Approval for Clinical Trials

FBC Funding Contributed to Therapy Development

Major research breakthroughs rarely happen overnight. They are the result of years, and sometimest decades, of work. One discovery leads to another which leads to another — sometimes culminating in a clinical trial. This was the case for Dr. David Gamm of the University of Wisconsin, who received a Restore Vision 20/20 grant from Fighting Blindness Canada (FBC) in 2018 to develop a stem cell therapy for advanced retinitis pigmentosa.

While gene therapies may prevent the death of photoreceptor cells and slow down vision loss, they cannot restore retinal degeneration. This is where stem cell therapy comes in. New cells such as photoreceptor cells grown in a lab are transplanted back into the eye, hopefully replacing cells that have died or been damaged.

With FBC funding, Dr. Gamm optimized the development of photoreceptor cells derived from stem cells and demonstrated that in a lab these cells can reach out, integrate and function within retinal tissue.


Dr. David Gamm

In a major milestone, BlueRock Therapeutics LP recently announced the U.S. Food and Drug Administration (FDA) cleared this cell replacement therapy based on Dr. Gamm's work for a first-ever clinical trial.

"This is a major accomplishment for our collaborative team of academic and industry scientists and clinicians. It is also the culmination of nearly a decade of concerted effort. Importantly, multiple aspects of this work (and next-generation products) have been inspired or advanced via support from FBC," says Dr. Gamm.

You can learn more about FBC-funded research at fightingblindness.ca.

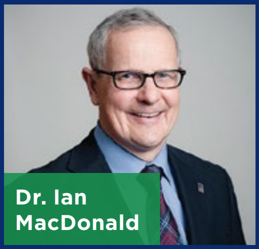
FIGHTING
BLINDNESS
CANADA

Accelerate Vision Health Series

Join us for a dynamic three-part web series that will spotlight the future of vision health and research.

Episode 1:
Celebrating the Past
& Building the Future
of Vision Research

Thursday, November 7
7:30 p.m. EST


Dr. Ian MacDonald


Dr. Matthew Benson

Learn more: fightingblindness.ca/accelerate

Navigating Life with Age-Related Macular Degeneration

Mohamed reads in the library of his condominium, with a vibrant community he feels connected to.

Mohamed's Story

Eyesight is one of our most precious senses, a constant companion that helps us experience the world and its beauty. Without vision, even the simplest tasks could become significantly more challenging. It's a gift we often take for granted, until one day, something changes. Colours are a little less vivid, or a street sign looks more blurry.

For many, subtle vision changes can signal the start of an eye condition. In fact, one in seven Canadians will develop a serious eye disease in their lifetime.[1] Age-related macular degeneration (AMD) is the leading cause of vision loss in Canada, primarily affecting people over 55 and 2.5 million Canadians.[2] As Canada's population continues to age, the number of individuals living with vision impairment will continue to rise.

In AMD, central vision is affected, making it harder to do everyday activities like reading, driving, and distinguishing faces. There are two kinds of AMD: dry AMD and wet AMD.[2] For people like Mohamed Lalani, a Toronto resident, his diagnosis of wet AMD felt sudden.

"As an immigrant to Canada over 50 years ago, I've always been independent, driven by my entrepreneurial spirit. But in 2020, while driving one evening, I realized something was wrong, and my vision was fading. I turned the car around and went home, worried about what I was experiencing," says Mohamed.

In the weeks that followed, he navigated his diagnosis, which he refers to as devastating, all while making many adjustments to his lifestyle.

"I had to make some tough adjustments," he says. "I lost my driver's license, and felt like I was losing my independence. The question echoed in my mind – why me?"

Mohamed made the decision, along with his wife's support, to move from a multi-floor house in the suburbs to a condo in the city for easier mobility and the benefit of being closer to his doctors, community, and the support that he needs.

Fortunately, 75% of all vision loss and blindness is treatable with early intervention,[2] and prevention begins with staying on top of your eye health. For Mohamed, his quick action helped him get the treatment and support he needed.

"If there's one thing I want others to know, it's this: don't neglect your health," he says. "Stay informed, keep up with your doctor's appointments, and don't be afraid to seek help. Your eyes are the gateway to everything – take care of them."

For people recently diagnosed with an eye condition like AMD, having the right information, awareness of the condition, and support to help navigate your journey is key. If you're looking for support or resources and want to learn more, visit www.EyeHealthMatters.ca.

This article was sponsored by Hoffmann-La Roche Limited (Roche Canada).

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I'd seen it all

Then I had an
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Specsavers

Eye exam costs are covered by provincial health care for eligible seniors. Must be 65 years+ as of purchase date. Conditions apply, see specsavers.ca for details.

From Eye Drops to Micro-Invasive Surgery: Modern Solutions for Treating Glaucoma More Effectively


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KEITH GORDON, PH.D., SENIOR RESEARCH OFFICER, CANADIAN COUNCIL OF THE BLIND &
CHAD ANDREWS, PH.D., RESEARCHER AND POLICY ANALYST

Until recently, the mainstay of glaucoma treatment has been the use of eye drops to lower the pressure within the eye. Frequent use of eye drops has been inconvenient for many patients and has often lowered their quality of life. By reducing the production of fluid in the eye, drops don't treat the underlying issue, which is that the fluid can't get out of the eye. This is why interventional glaucoma, which is used to restore drainage from the eye by a number of different surgical procedures, is now used to treat the underlying problem. Historically, patients undergoing interventional glaucoma would receive a trabeculectomy, a fairly complicated procedure requiring almost double the operating room time and resourcing to complete. More recently, a number of procedures have been developed that do not require surgery as extensive as trabeculectomy. These procedures are called micro-invasive glaucoma surgery (MIGS) and minimally invasive bleb surgery (MIBS). MIGS constitutes a group of surgical procedures used to treat mild to moderate glaucoma. The current, most common form of MIGS involves the implantation of a micro-stent within the eye, which facilitates drainage from the eye and thereby lowers intraocular pressure. MIBS is used primarily for the treatment of moderate to severe glaucoma and involves the implantation of devices into the eye that create a small channel for the drainage of fluid from the eye, thereby reducing the intraocular pressure.

The implantation of MIGS/MIBS requires significantly less post-operative management and has a much lower surgical risk profile than trabeculectomy and for this reason there is a growing shift toward the use of MIGS/MIBS implants as the primary surgical treatment option for glaucoma. The main challenge is that hospitals do not have funding to purchase the necessary implants. While MIGS and MIBS devices are available in all provinces, individual hospitals typically bear the responsibility of purchasing these devices, with no additional government funding provided specifically for this purpose. Funding for these devices is not available through the provincial formulary and, to further complicate the situation, in most cases patients are not allowed to pay out of pocket for the devices, and private surgical clinics cannot fund them. As a result, patients across Canada have inequitable access to this surgical method.

In January 2024, Health Quality Ontario, based on guidance from the Ontario Health Technology Advisory Committee (OHTAC), recommended publicly funding MIBS for glaucoma. In the OHTAC's report, clinicians consulted stated that the "use of MIBS is anticipated to increase over time and, under ideal use conditions, MIBS devices may replace 50% to 90% of trabeculectomies in Ontario." Ontario hospitals and Departments of Ophthalmology are looking to work with the Ministry to tackle challenges that currently exist in reducing surgical wait times for all patients, including those who are currently waiting for glaucoma surgery. They are looking for the ministry to collaboratively work toward introducing funding criteria to cover the cost of basic implants for eligible patients. While a material investment is required to cover the cost of the implant, both precious operating room time and associated follow-up clinic time can be saved in each case. These changes will help provide better value to patients who spend less time in both the examination and operating room and have a reduced risk of complications associated with the previous treatment option (trabeculectomy).

Despite the OHTAC's positive recommendation, neither MIBS nor MIGS is publicly funded by the Province of Ontario, which means that not every patient who needs a MIBS or MIGS procedure is able to access the surgery.

Backlogs for eye surgery created by the pandemic have not been overcome to any significant extent and patients with glaucoma will lose vision if their intraocular pressure is not controlled while they wait for surgery. MIGS and MIBS require less operating room time and therefore have the potential to help reduce surgical backlogs and cut wait times for surgery. At the same time, they can dramatically reduce risk and improve the patient's quality of life. It is essential that governments provide funding for these devices.

Susan Jong: A Patient's Story

Minimally invasive bleb surgery (MIBS) can be life-changing for people living with glaucoma. Susan Jong, 74, comes from a family with a strong history of glaucoma – her grandfather lost his sight to the disease. Diagnosed with glaucoma herself around the age of 50, Jong was able to manage her condition with eye drops for many years. (Glaucoma drops were often used exclusively as the standard of care for a long time, but now laser is typically utilized earlier in the patient's journey as part of the standard of care.)

Unfortunately, Jong was intolerant to the glaucoma drops. "I began to react to the preservatives in them," she says. "I started to use preservative-free drops, which worked fine until they didn't."

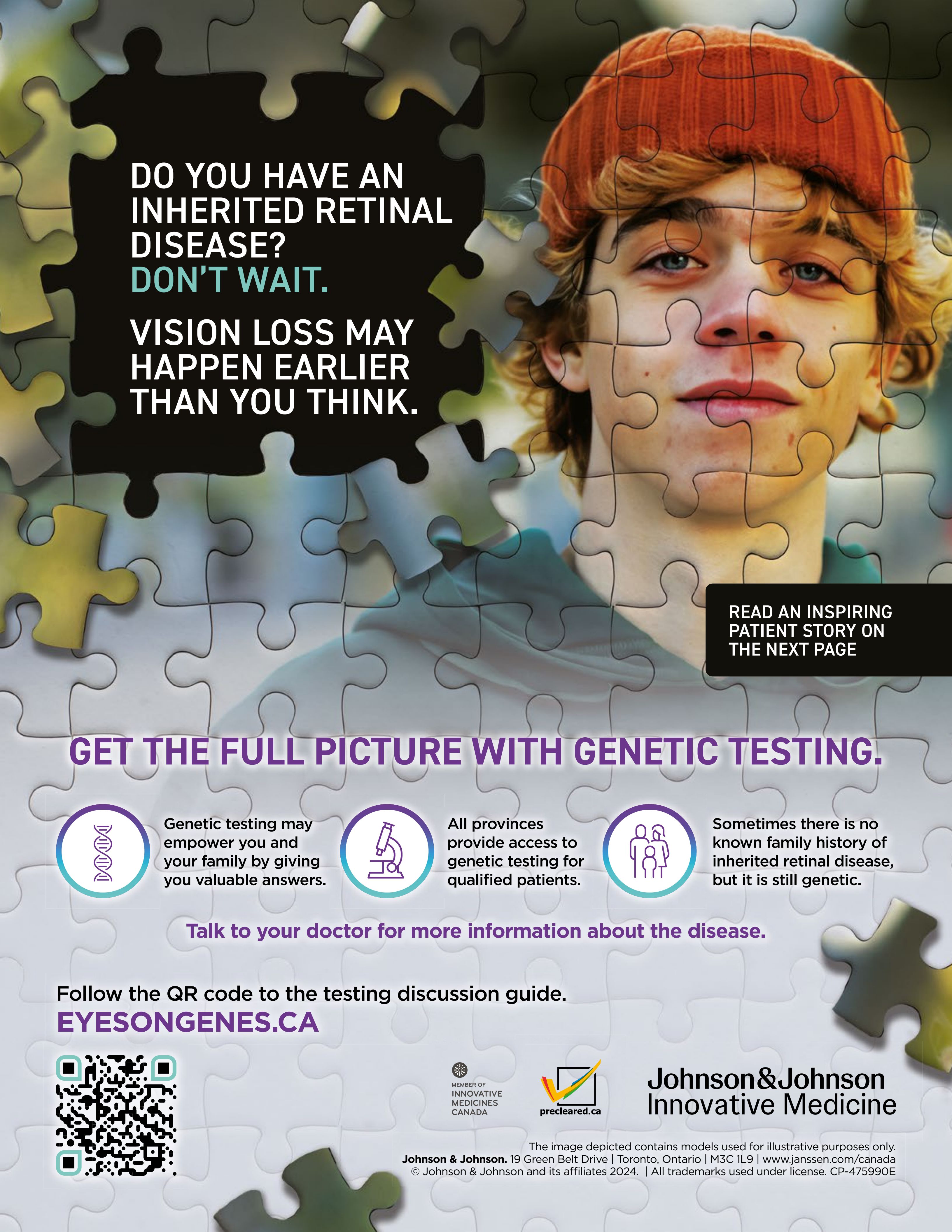
On a routine eye check in November of 2021, Jong found out that she had high intraocular pressures, despite her treatment. "My ophthalmologist performed a laser treatment on my eye to see if the pressure would come down," she says. "Unfortunately, the eye pressure didn't improve and by the next morning I could only see shadows with my right eye. I was then given new drops to use, in the hope that my pressures would improve. No success."

Being able to see well is important for most people, but for Jong, it was especially critical. As an ophthalmic operating room nurse – a role she has dedicated herself to for an impressive 53 years – good vision was essential to performing her duties effectively.

After traditional treatments failed to lower her eye pressure, Jong was referred to the ophthalmologist Dr. David Yan, who suggested a new approach: MIBS with a stent – a tiny, tube-like implant that creates a new drainage pathway for eye fluid, reducing intraocular pressure. "I had my first device inserted in my right eye at the end of December 2021 and my left eye received a stent in the first week of January 2022," says Jong. "The surgeries went very smoothly. I had conscious sedation and was totally relaxed and comfortable. I had no pain post-operatively in either eye."

While Jong experienced light sensitivity during recovery and it took several weeks for her to fully regain her ability to drive, her patience paid off. "My vision is excellent now," she says. "I don't use glaucoma drops and my pressures are the best that they've been in years – they're at the ideal pressure specified by my glaucoma specialist. I can't feel the stents in my eyes – I'm totally unaware that they're there."

Free from daily glaucoma medications, Jong feels immense gratitude for the surgery's success. "I'm so grateful to Dr. Yan for saving my sight and also to the creator of the device for giving him the tool to do so," she says. "I'm very fortunate."



DO YOU HAVE AN INHERITED RETINAL DISEASE? DON'T WAIT.

VISION LOSS MAY HAPPEN EARLIER THAN YOU THINK.

READ AN INSPIRING PATIENT STORY ON THE NEXT PAGE

GET THE FULL PICTURE WITH GENETIC TESTING.

Genetic testing may empower you and your family by giving you valuable answers.

All provinces provide access to genetic testing for qualified patients.

Sometimes there is no known family history of inherited retinal disease, but it is still genetic.

Talk to your doctor for more information about the disease.

Follow the QR code to the testing discussion guide.

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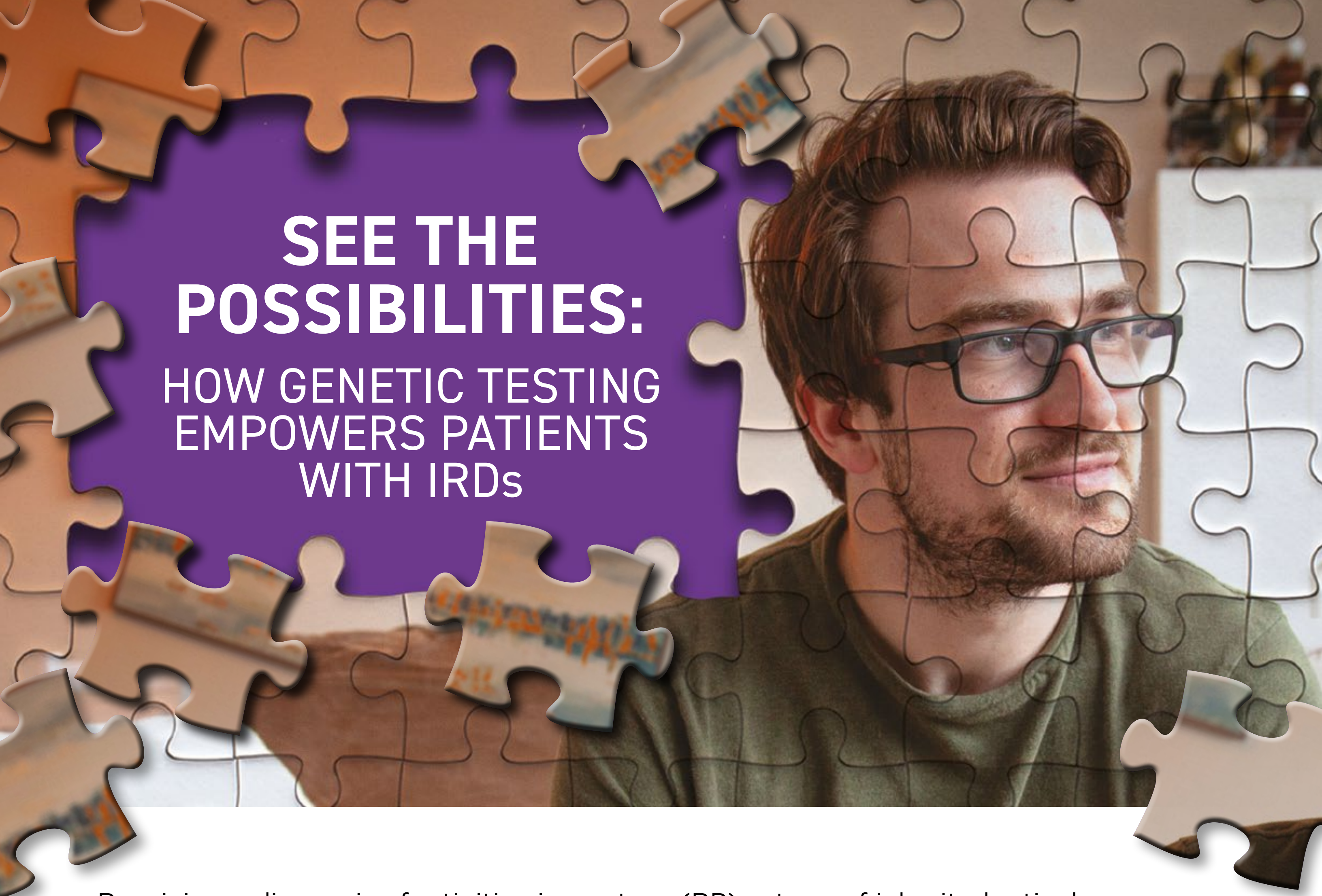
SEE THE POSSIBILITIES:

HOW GENETIC TESTING EMPOWERS PATIENTS WITH IRDs



Receiving a diagnosis of retinitis pigmentosa (RP), a type of inherited retinal disease (IRD), can be daunting, coming as a surprise during routine eye exams for some patients. While the initial diagnosis is a significant step, understanding the exact type of IRD through genetic testing is crucial for providing patients with more specific information about their diagnosis. Conrad, a young man from Ottawa, shares his story to highlight the perserverance needed to get genetic testing, the importance of self-advocacy, as well as the value of finding a community of IRD patients like him.

Conrad's journey began with a routine eye exam at 20, where his optometrist noticed something unusual. Initially, Conrad had no discernable symptoms or family history suggesting a visual impairment. The examination hinted at a potential IRD, specifically retinitis pigmentosa, and the optometrist recommended Conrad see a specialist.

The news was a shock. Conrad vividly remembers the difficult phone call to his then-girlfriend, now-wife, sharing the unexpected possibility of blindness.

"I don't want you to freak out, but I just got out of the eye doctor, and they think I might have this disease," he recalls telling her.

Despite the shock and the long, arduous process of confirming his RP diagnosis, Conrad's resilience never wavered. It took nearly six months and multiple tests to get answers, but he refused to let it stop him from living his life. After completing his studies in Sudbury, Conrad returned to his hometown where he lives and works, while embracing his love for outdoor activities, classical music, and his terrier, North.

Hockey has always been a big part of Conrad's life, and discovering blind hockey was a revelation, offering not only a way to stay active but also be part of a supportive community. Canadian Blind Hockey, the national organization, is dedicated to growing the Para sport within Canada and internationally.

"Blind hockey has been incredible for me. It has given me a sense of community and purpose that I didn't expect to find." Conrad says. "The puck is different – it's larger and makes noise – but the spirit of the game is the same. It's not yet a Paralympic sport, but we're working towards that." Conrad shares.

As his journey progressed, Conrad learned about genetic testing through a community resource connected to Fighting Blindness Canada. A genetic test allows patients to find the specific gene responsible for their IRD. This discovery was pivotal for Conrad, as his healthcare providers hadn't mentioned genetic testing so far. Recognizing its importance, Conrad self-advocated to push for a referral for genetic testing.

"Genetic testing was not something I even knew about until I met someone who had been through it," Conrad explains.

Historically, healthcare professionals have not recommended genetic testing for IRDs due to a lack of treatment options and awareness. However, things are changing for the better. Genetic tests are becoming more common. In Conrad's case, while the test wasn't suggested during his initial diagnosis 6 years ago, it was readily offered during a recent checkup.

Conrad has undergone 2 rounds of genetic tests so far. Despite both tests yielding inconclusive results, he remains hopeful and is preparing for a third test.

GENETIC TESTING AND RE-TESTING ARE RECOMMENDED BECAUSE NEW IRD GENES ARE CONTINUALLY BEING DISCOVERED, INCREASING THE LIKELIHOOD OF IDENTIFYING THE SPECIFIC GENETIC MUTATION.

Throughout his journey of diagnosis and genetic testing, Conrad emphasizes the importance of self-advocacy and having a strong support system.

"Self-advocacy is more than just about the individual; it often requires the support of family, friends, and even healthcare workers. Having a strong support system around you is crucial," Conrad says.

Conrad found a sense of belonging and empowerment through community resources such as Fighting Blindness Canada and their Young Leaders Program. These organizations provide critical information, support networks, and opportunities to connect with others facing similar challenges.

He advises those newly diagnosed with an IRD to actively seek genetic testing and connect with supportive communities. Conrad's story is a testament to the strength and resilience required to manage a progressive condition like RP.

"Don't hesitate to push for genetic testing," Conrad urges. "And find your community – they will be your strongest support."

Conrad's journey sheds light on the role of genetic testing and re-testing in managing IRDs. Understanding the specific genetic cause of an IRD has the potential to empower patients, providing valuable information for a personalized journey and even family planning.

For those diagnosed with an IRD, knowledge is power. Proactively seeking genetic testing and leveraging community resources can make a significant difference in their journey.

For more information on genetic testing and resources for patients with IRD, talk to your doctor, and visit EYESONGENES.CA

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2023 REPORT CARD ON VISION HEALTH IN CANADA

FIGHTING
BLINDNESS
CANADA

80
1944–2024
CANADIAN COUNCIL
OF THE BLIND

Vision health and care in Canada

1.2M+
Canadians live with vision loss

Vision loss has profound health, financial, and societal impacts

COVID-19 caused missed treatments and longer surgery wait times

Post-pandemic recovery of vision health care system

Comparing 2023 to 2019 data, most services have recovered but challenges remain

Ophthalmic day surgery
4%
✓ Volume increase

Pharmaceutical claims
9%
✓ Volume increase

Vision research
25%
✓ Investment increase

Cataract surgery wait times
10%
✗ Higher wait times

Initiated in 2022, the National Strategy for Eye Care remains unapproved as of 2024

2022
Private member's bill introduced to Parliament

2023
Bill passes House of Commons

2024
Bill passes 2nd reading in Senate

Emerging issues

Health care workforce shortages and supply chains

Access to regular eye exams

Role of AI in health care

Trust and access for Indigenous communities

Access to assistive devices programs

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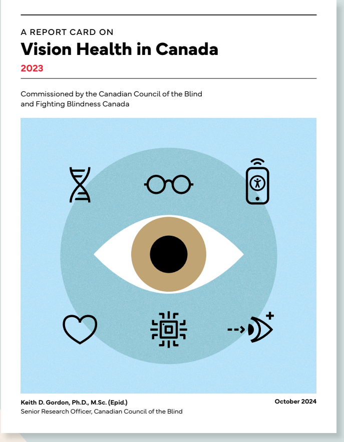
A Report Card on Vision Health in Canada 2023



A REPORT CARD ON

Vision Health in Canada

2023

Commissioned by the Canadian Council of the Blind
and Fighting Blindness Canada

Keith D. Gordon, Ph.D., M.Sc. (Epid.)
Senior Research Officer, Canadian Council of the Blind

October 2024

Report card cover design

KEITH GORDON, PH.D., SENIOR RESEARCH OFFICER, CANADIAN COUNCIL OF THE BLIND

In October of 2022, the Canadian Council of the Blind (CCB), in partnership with Fighting Blindness Canada (FBC), issued a report on the impact that the COVID-19 pandemic was having on the state of vision health in Canada. The report card found an overall improvement in vision health in 2021 compared with the first year of the pandemic (2020), but that services and wait times had not returned to pre-pandemic levels. Two years have now elapsed, and we decided that it was important to see whether the impact of the pandemic has been fully overcome and to determine the current state of vision health in Canada. We also wanted to identify emerging issues that might impact vision health in the future. Data for the current report card were acquired from various Canadian sources and literature reviews, as well as in-depth interviews with ophthalmologists and a survey and interviews of optometrists.

The overall finding of the current study is that, by and large, vision health has returned to the situation that existed prior to the pandemic, but that backlogs in services created by the pandemic have not been overcome. Considering the growth and aging of the population, there is concern that the strain on health care services and resources will continue to grow.

The current study showed that the impact of the pandemic on eye surgery has largely been overcome and that surgical volumes have returned to pre-pandemic levels. While all provinces showed an improvement in wait times for cataract surgery compared with 2021, wait times nationally are still 10% above pre-pandemic values. One can expect wait times to continue to grow since surgical backlogs have not been reduced. Shortages of nursing and allied staff continue to hinder the ability to substantially increase surgical volume.

Ophthalmic pharmaceutical usage, a measure of the extent of treatment of eye diseases, has recovered from slowdowns during the pandemic, showing a 9% growth over pre-pandemic levels. This is indicative of the return of patients to regular visits with their eye doctors for treatments and prescriptions. Both ophthalmologists and optometrists interviewed for this study reported that during the pandemic they had seen patients who had lost vision due to missed appointments but had not seen this situation recently.

Both ophthalmologists and optometrists also stressed that regular eye examinations were the most important thing an individual can do to maintain their vision health. It is thus pleasing that the study showed that the overall expenditure on vision care had increased by 24% from 2019 to 2023, indicating that optometric visits are above pre-pandemic levels.

The total funding for vision research in Canada in 2023 was estimated at $26.2 million, a 25% increase compared to 2019. However, this is still far beneath what is required and much less than research funding for other less prevalent health conditions.

Previous reports on the state of vision health in Canada had recommended the creation of a national strategy for eye health. It was thus pleasing that Bill C-284, an Act to establish a national strategy for

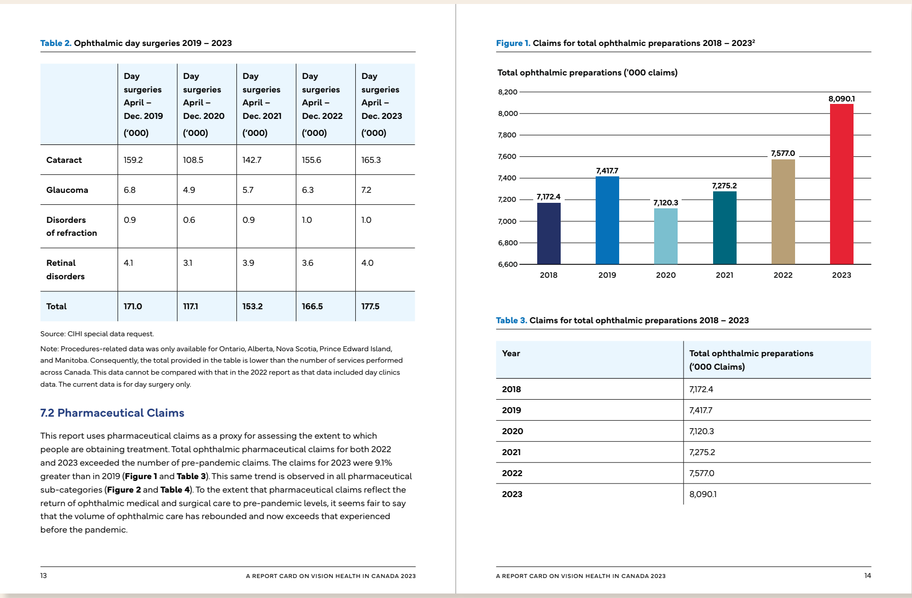


Table 2. Ophthalmic day surgeries 2019 – 2023

	Day surgeries April – Dec. 2019 ('000)	Day surgeries April – Dec. 2020 ('000)	Day surgeries April – Dec. 2021 ('000)	Day surgeries April – Dec. 2022 ('000)	Day surgeries April – Dec. 2023 ('000)
Cataract	159.2	108.5	142.7	155.6	165.3
Glaucoma	6.8	4.9	5.7	6.3	7.2
Disorders of refraction	0.9	0.6	0.9	1.0	1.0
Retinal disorders	4.1	3.1	3.9	3.6	4.0
Total	**171.0**	**117.1**	**153.2**	**166.5**	**177.5**

Source: CIHI special data request.

Note: Procedures-related data was only available for Ontario, Alberta, Nova Scotia, Prince Edward Island, and Manitoba. Consequently, the total provided in the table is lower than the number of services performed across Canada. This data cannot be compared with that in the 2022 report as that data included day clinics data. The current data is for day surgery only.

7.2 Pharmaceutical Claims

This report uses pharmaceutical claims as a proxy for assessing the extent to which people are obtaining treatment. Total ophthalmic pharmaceutical claims for both 2022 and 2023 exceeded the number of pre-pandemic claims. The claims for 2023 were 9.1% greater than in 2019 (**Figure 1** and **Table 3**). This same trend is observed in all pharmaceutical sub-categories (**Figure 2** and **Table 4**). To the extent that pharmaceutical claims reflect the return of ophthalmic medical and surgical care to pre-pandemic levels, it seems fair to say that the volume of ophthalmic care has rebounded and now exceeds that experienced before the pandemic.

13 A REPORT CARD ON VISION HEALTH IN CANADA 2023

Figure 1. Claims for total ophthalmic preparations 2018 – 2023[2]

Table 3. Claims for total ophthalmic preparations 2018 – 2023

Year	Total ophthalmic preparations ('000 Claims)
2018	7,172.4
2019	7,417.7
2020	7,120.3
2021	7,275.2
2022	7,577.0
2023	8,090.1

A REPORT CARD ON VISION HEALTH IN CANADA 2023 14

Data for the current report card were acquired from various Canadian sources and literature reviews, as well as in-depth interviews with ophthalmologists and a survey and interviews of optometrists.

eye care, introduced to the House of Commons on June 14, 2022, was unanimously approved by the House of Commons on October 25, 2023, and passed second reading in the Senate on May 29, 2024. Adoption of a national strategy for eye care should have far-reaching consequences for improving the state of vision health and vision rehabilitation in Canada.

As mentioned previously, the latest report card set out to identify a number of emerging issues with the potential to affect vision health in the future. Here is a short summary of the issues identified in the report:

- **The myopia epidemic:** Optometrists reported seeing an increase in the prevalence and severity of myopia among their patients and attribute this to a lack of outdoor activity, primarily due to the social isolation of the pandemic, and an increase in screen time associated with the use of digital devices.
- **Gene therapy:** Health Canada approved the first gene therapy for an inherited retinal disease in 2020. Considering the number of other gene therapies in clinical trials, there is a strong likelihood that others will be available in the coming years.
- **Geographic atrophy:** New therapies for the treatment of geographic atrophy, for which there are no currently available treatments, are available in other countries and offer hope for people suffering from this potentially blinding eye disease.
- **Artificial intelligence:** The report reviewed the potential afforded by artificial intelligence for the diagnosis and treatment of eye diseases, for eye care practice management, and for devices that are changing the lives of people who are blind or partially-sighted.
- **Assistive devices programs:** These programs, which reimburse the cost of certain assistive devices, are available to a limited extent in some provinces. This report reviewed the programs in each province and territory and strongly recommends that the federal government create and mandate a national assistive devices program to offset the cost of independence-granting assistive devices for all blind and partially-sighted Canadians.
- **Indigenous eye care:** Three optometrists who identified as Indigenous were interviewed for this study. All recommended a different way of administering vision health for Indigenous populations as well as the need to train more Indigenous optometrists and ophthalmologists.

A national framework for managing the vision health issues discussed in the report card is essential if we are to overcome the shortcomings identified therein and capitalize on the potential that new technologies will provide.

The current report card is available online at: fightingblindness.ca/reportcard.

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GET READY TO SEE FARTHER

The Mission is Clear:

STOP MYOPIA

DR. MARTIN SPIRO
President, Canadian Association of Optometrists

As we celebrate Children's Vision Month, it's an opportune moment to raise awareness again about the myopia epidemic that has evolved into a global public health crisis demanding our immediate attention. With a new digital campaign, we are committed to debunking myths about myopia and encouraging annual eye exams for children to protect their sight from a younger age.

Along with the rising prevalence, myopia is occurring at earlier ages starting in childhood (6-7 years of age), and progressing at a more rapid rate than the previous generations. However, children with vision problems are generally unaware of their condition, because they assume everyone sees the way they do. Parents may also not realize their child has a vision problem, especially if the child seems to be functioning well in other areas. This is why we need to focus on prevention and early detection, and we still need to debunk some persistent myths.

Protecting children's sight

Healthy vision is an important part of a child's overall well-being, allowing them to succeed in their everyday activities in school and on the playing field. It is important to remember that once myopia has progressed, the person's vision won't come back. You can slow — even potentially stop — progression, but not reverse or resolve it afterwards. This is concerning, given that high levels of myopia can lead to sight-threatening conditions, including retinal detachments, cataracts, glaucoma, and myopic maculopathy.

Making eye care routine

According to a 2024 Leger survey,[1] 87% of respondents believe children should get an eye exam at least once every two years, and only 45% get their children's eyes tested every year. However, children should get a comprehensive eye exam annually. It is never too soon to see an optometrist! The CAO recommends that parents schedule comprehensive eye exams for their children starting at six to nine months, then again between the ages of two and five years, and annually thereafter to age 19. After 19, eye development stabilizes, allowing check-ups every two years for healthy adults with no known eye conditions. Annual eye exams are crucial, even if no symptoms are evident, to catch potential issues early and ensure timely intervention.

Maintaining good habits beyond the exam room

Parents and caregivers can maintain good habits to minimize the impact of myopia and protect their children's sight. Studies have shown that an hour of outdoor time each day for children may help to delay the onset of myopia.[2,3] **Playing outdoors** is also essential for healthy child development and is associated with increased physical activity and reduced sedentary behaviour.

CAO also **recommends limiting screen time**. As they enter school, it may be challenging to limit screen time as their visual demand is increased with virtual schooling and electronic entertainment. Therefore, getting into a good habit of taking regular breaks from screens every 30-60 minutes helps relax their eyes. For all children, screen time is not recommended at least one hour before bedtime, to help with better sleep.

This month, we invite our community to boost public awareness about children's eye health through a simple yet potent message: **"Get ready to see farther"**, and to convey this message to our elected officials. As the Parliament resumes the Fall session, let's unite and support the swift passage of **Bill C-284**, to ensure healthy eyes and clear vision for all Canadians, for life.

CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

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[1] Online survey of 2,000 Canadians aged 18+ between June 5 and June 21, 2024, using Leger's LEO online panel conducted on behalf of the Canadian Association of Optometrists.
[2] Guo Y et al. Outdoor jogging and myopia progression in school children from rural Beijing: the Beijing children eye study. *Transl Vis Sci Technol*. 2019;8(2):2-2
[3] Xiong S et al. Time spent in outdoor activities in relation to myopia prevention and control: a meta-analysis and systematic review. *Acta Ophthalmol*. 2017;95(6):551-566.

Celebrating putting patients first

At Bayer, we are passionate about patient-centred care, creating a network of worldwide expertise, and advancing knowledge through collaboration. Together, we can help people living with retinal disease accomplish their dreams.

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BAYER

Honouring Shelley Ann Morris, 2024 CAO Vision Champion Award Winner

Shelley Ann Morris was recently recognized by the Canadian Association of Optometrists (CAO) for her outstanding advocacy and contributions to improving accessibility and opportunities for blind and visually-impaired individuals.

TANIA AMARDEIL

From conquering the CN Tower's 1,776 steps and co-hosting a pioneering radio show to championing accessible public transit and fostering inclusive sports for people with visual impairments, Shelley Ann Morris has never let obstacles stand in her way. This year, her relentless efforts to break down barriers and improve the lives of those with vision loss earned her the prestigious 2024 Vision Champion Award from the Canadian Association of Optometrists.

"We applaud Shelley's impactful achievements in broadening perceptions and creating opportunities through her tireless commitment to improving the lives of those with visual impairments and by setting an example of resilience and perseverance," wrote Dr. Martin Spiro, President of the Canadian Association of Optometrists.

The Vision Champion Award celebrates Canadians outside of the optometric community who have made significant contributions to public eye health and vision care, and there's no doubt that Morris fits the bill. Her commitment as an athlete, advocate, and dedicated employee of the Canadian Council of the Blind (CCB) has positively impacted countless lives across Canada.

Advocacy has always been close to Morris' heart. "When you're born with a disability, you have to become an advocate, whether you like it or not," she says. In her hometown of Ottawa, Morris collaborates with various festivals to improve accessibility and inclusivity. She's also a key member of the Alliance for Equality of Blind Canadians, where she successfully advocated to reverse a city decision on push-button doors for the LRT system.

Through her work with the Active Living Alliance for Canadians with a Disability, Morris has played a crucial role in enabling blind and visually-impaired people to participate in physical activities and sports, improving their physical, mental, and social well-being. As a visually-impaired athlete herself, Morris is deeply committed to promoting inclusivity and accessibility in sports and recreation. From tackling physical challenges such as the CN Tower Stair Climb ("My sister dared me!" she laughs) to competing in running events and triathlons with sighted guides, Morris is proof that with the right support and mindset, there are no limits to what people with visual impairments can achieve.

Beyond her athletic accomplishments and advocacy work, Morris has made significant contributions to supporting the public's visual welfare. In 2013, she co-founded the CKCU-FM radio show "Welcome to My World" alongside Kim Kilpatrick, founder of the CCB's Get Together with Technology (GTT) program. "It was a show by, for, and about people with disabilities," she says. "We had a seven-year run and it was a real joy."

A longtime participant in the GTT program, Morris is a strong proponent for the role of technology in empowering people with disabilities. "It's an incredible program," she says.

It's inspiring to see Morris recognized for her remarkable achievements and dedication to improving the lives of those with visual impairments. She truly embodies what it means to be a Vision Champion.

Celebrating Bayer's commitment in supporting ophthalmology programs in

Canada for over 10 years

Patient groups and advocacy *60+ initiatives*

Bayer is committed to supporting patient advocacy groups in Canada that help to provide education, awareness, and materials to improve patients' quality of life.

Research studies *17+ studies*

Bayer is continually investing in Canadian research and Investigator Initiated Research (IIR) to innovate and develop new ways to treat retinal diseases. It's all part of our mission statement: *Health for All, Hunger for None.*

Academia and fellowships *70+ institutions*

Bayer is investing in Canadian institutions to educate and train new optometrists and ophthalmologists to provide the highest standard of care for eye disease.

Education *120+ programs*

Bayer is dedicated to supporting programs that train Canadian ophthalmologists and clinical staff in new and emerging medicines and treatments to help improve patient outcomes.

Conferences and symposia *135+ conferences*

Bayer is supporting local and national conferences, to help improve patient care in Canada by providing ophthalmologists with access to the latest science, clinical trends, and experts.

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Nearly half of Canadians are overdue for an eye exam

Specsavers' newest campaign encourages Canadians to get a comprehensive eye exam with optical coherence tomography.

With the rising cost of living impacting many families, a new Leger study shows that 40 per cent of Canadians are deterred from getting an eye exam and/or corrective lenses due to cost.[1]

Commissioned by Specsavers, the survey also revealed that almost half of Canadians (42%) are overdue for an eye exam. Given that 75 per cent of all vision loss is preventable and treatable, according to the Canadian Council of the Blind (CCB)[2], these survey results are cause for concern.

Technology in service of Canadians' eye health

"It's clear that cost is a barrier preventing Canadians from prioritizing their eye health," says Bill Moir, Managing Director, Specsavers Canada. "That's why Specsavers equips each location with Optical Coherence Tomography (OCT), which is included as part of every standard eye exam, at no additional cost to patients."

"We prioritize equipping our locations with advanced technology like OCT because we recognize the role it has in supporting optometrists to detect sight-threatening conditions like diabetes, glaucoma and age-related macular degeneration in their earliest stages possible."

Since the risk of progressive eye conditions increases with age, Canadians 65 or older are recommended to get an eye exam every year, up from every two years for those aged 64 or below.

Changing lives through better sight

The latest campaign by Specsavers aims to change perspectives on the importance of eye health among the overwhelming number of Canadians who have been deprioritizing their eye exams.

The campaign focuses on driving better knowledge about eye health and the importance of early detection, while encouraging Canadians to visit an optometrist if they are overdue for an eye exam or experiencing vision problems. Clinics within Specsavers locations are owned by local independent optometrists who provide quality eyecare in their communities. In addition to having OCT technology available at all Specsavers locations, the company offers quality eyewear at accessible prices that start at as low as $69 including single vision lenses and $149 including progressive lenses.

"There really is no excuse for postponing eye exams to ensure eye-related issues can be caught as early as possible," adds Moir. "At Specsavers, we're on a mission to ensure as many people as possible get access to eyecare and affordable eyewear."

On a path of continued success

Driven by its purpose of "changing lives through better sight," Specsavers now has more than 130 stores across Ontario, Manitoba, Alberta, and British Columbia. Having recently achieved Great Place to Work® certification, the company is now the fastest growing network of eyecare professionals in Canada[3] with more than 300 optometrists, 400 opticians and 1,000 eyecare consultants caring for patients across the country.

"Just last year, our growing network of eyecare professionals provided 250,000 eye exams and fitted 450,000 pairs of glasses for Canadians. We're on track to care for 1 million customers and patients in 2025," says Moir. "Every day, our colleagues and partners are delivering clinical and retail excellence in local communities while creating a great culture that is inclusive and driven by purpose."

Learn more at specsavers.ca.

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[1] Specsavers Eye Exam Omnibus Survey, conducted by Leger. August 2024.
[2] A Report Card on Vision Health in Canada, The Canadian Council of the Blind and Fighting Blindness Canada. October 2022.
[3] Data on file. Based on LinkedIn reports.

Specsavers

The Impact of Dry Eye Disease and the Importance of Proper Care in Canada

Dry Eye Disease (DED), clinically known as keratoconjunctivitis sicca, is more than just a minor irritation. For many Canadians, it's a persistent issue that can seriously disrupt daily life, often without them fully realizing the underlying cause of their discomfort. Despite how common it is, DED often flies under the radar, meaning a lot of people are left dealing with discomfort that could be managed more effectively.

What Exactly Is Dry Eye Disease?

At its core, Dry Eye Disease is a complex condition that primarily affects the balance of your tear film, which is essential for keeping your eyes comfortable and your vision clear. This imbalance can happen for various reasons – tear film instability, inflammation, or damage to the eye's surface. For those who suffer from DED, these symptoms are not just uncomfortable – they negatively impact or affect a person's quality of life.

In Canada, the prevalence of DED is particularly concerning. Studies show that between 21% to 30% of the Canadian population experience some form of dry eye,[1] with women and older adults being disproportionately affected,[2] especially women who have gone through menopause due to hormonal changes. This broad range emphasizes the variability in DED's presentation and the challenges in its diagnosis. Canada's cold, dry winters, as well as our increased exposure to wind and indoor heating, often make symptoms worse.

The Different Types and Causes of DED

DED generally falls into two main categories: aqueous-deficient and evaporative. The most common form is evaporative dry eye, often associated with Meibomian Gland Dysfunction (MGD). MGD occurs when the glands responsible for producing the oily layer of the tear film become blocked or dysfunctional, leading to rapid evaporation of tears and resulting in dry eye symptoms. Other things that can contribute to DED include aging, wearing contact lenses, certain medications, underlying health issues that can impact tear production, environmental factors, prolonged digital device use, reading and other near viewing activities that reduce blinking, and having refractive surgery such as LASIK.

Given the many causes of DED, it's clear that a one-size-fits-all treatment approach is not enough. It's crucial to identify what's causing the dry eye for each person and address it with the right treatment plan, whether that means improving tear production, managing inflammation, or protecting the eye's surface from further damage.

Why Inflammation Matters

One big factor in DED is inflammation, which can turn a mild, occasional issue into a chronic problem. If inflammation is left unchecked, it can create a vicious cycle where the tear film becomes even more unstable, leading to more inflammation and further damage to the eye's ocular surface. This cycle not only maintains the symptoms of dryness and discomfort but can also lead to more severe complications such as damage to the cornea.

Targeting inflammation is, therefore, crucial in managing DED effectively. Treatments that focus on reducing inflammation can help break this cycle, offering longer-lasting relief and protecting the eye in the long run. This is especially vital for people who haven't found enough relief with over-the-counter options like artificial tears, as addressing the root cause of the inflammation can lead to more sustainable improvements in both the signs and symptoms of dry eye.

The Canadian Perspective: Impact and Management

In Canada, over 6 million people are affected by DED and the economic burden has been reported to be $24,331 (Canadian dollars [CAD]) per patient per year.[2] This condition has far-reaching implications not just for patients but also for the healthcare system. The CNIB reports that dry eye is a leading cause of eye discomfort, impacting activities like reading, driving, and working on the computer. When your eyes are constantly uncomfortable, it's hard to focus on anything else, which can lower your productivity and even your overall mood.

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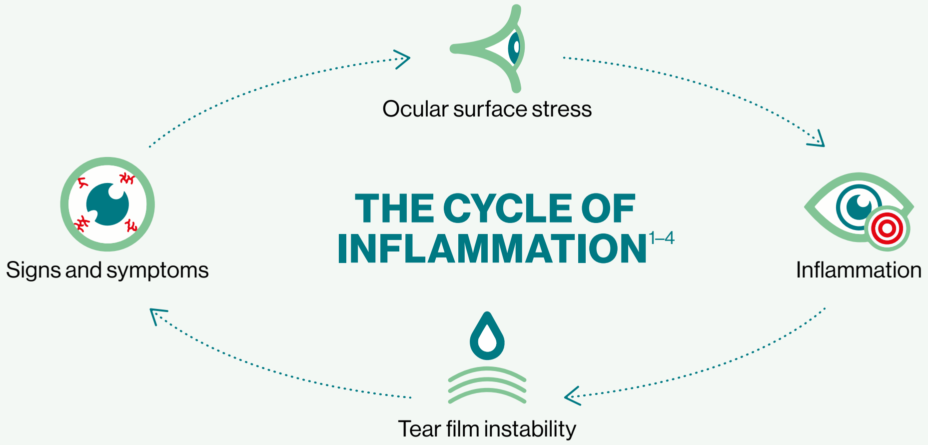
[1] Sharma, A., & Hindman, H. B. (2014). Aging: a predisposition to dry eyes. Journal of ophthalmology, 2014, 781683. https://doi.org/10.1155/2014/781683

[2] Chan, C., Ziai, S., Myageri, V., Burns, J. G., & Prokopich, C. L. (2021). Economic burden and loss of quality of life from dry eye disease in Canada. BMJ open ophthalmology, 6(1), e000709. https://doi.org/10.1136/bmjophth-2021-000709



If left untreated, DED can lead to more significant problems, such as a higher risk of eye infections or damage to the corneal surface. A study from 2017 even found that people with DED in Canada, who experience the subjective symptoms, are more likely to develop anxiety and depression, likely due to the chronic discomfort and the way it impacts their quality of life.[3] Additionally, symptoms of DED are also associated with poor sleep quality (almost half of patients with DED suffer with poor sleep quality).[4]

Managing DED requires a comprehensive approach. Patient education is crucial, as many may not fully understand the factors that contribute to their symptoms.

Simple changes like reducing exposure to wind, staying hydrated, and taking breaks from screen time can make a big difference.

For those with more severe or persistent DED, pharmacological treatments are often necessary. Traditional options include artificial tears or lubricant eye drops, which can provide temporary relief by supplementing the tear film. However, these treatments do not address the underlying inflammation that often drives the condition.

That's where newer therapies come in. These specialized treatments target underlying causes of DED – they work to calm the inflammation that's causing the discomfort in the first place. By targeting this underlying issue, these therapies can help restore balance to the tear film, providing longer-lasting relief. For patients who have struggled with recurrent symptoms despite using artificial tears or lubricant eye drops, a more targeted treatment can offer a solution, particularly for those with moderate to severe DED.

The Role of Healthcare Providers

Healthcare providers in Canada have a crucial role to play in spotting and managing DED early on. Early intervention is key to preventing further or future damage to the ocular surface, since untreated DED can make many other ocular conditions and procedures such as cataract surgery more difficult to manage. Regular eye exams are key, especially for people at higher risk, such as older adults, women, and those who wear contact lenses. During these exams, eye care professionals can assess the health of the tear film and the ocular surface, check for underlying issues, and suggest the best treatment options.

Pharmacists can also help by educating people on how to use their eye drops correctly and encouraging them to stick with their treatment plans. In some cases, they might even suggest that a patient see an eye care specialist if their symptoms persist or get worse.

Moving Forward: Taking Care of Our Eyes

As more people in Canada become aware of Dry Eye Disease, it's clear that managing it well requires a holistic approach. By combining education, environmental changes, and targeted treatments, we can improve outcomes for those affected and reduce the burden of DED on both individuals and the healthcare system.

For many Canadians, DED isn't just a small nuisance – it's a chronic condition that needs ongoing care. By taking steps to protect our eyes and seeking out the best treatments available, we can keep our vision sharp and our lives comfortable, even with this all-too-common, but often overlooked, condition.

This editorial is sponsored by Bausch + Lomb.

BAUSCH + LOMB

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[3] Kitazawa, M., Sakamoto, C., Yoshimura, M., Kawashima, M., Inoue, S.,Mimura, M., Tsubota, K., Negishi, K., & Kishimoto, T. (2018). The Relationship of Dry Eye Disease with Depression and Anxiety: A Naturalistic Observational Study. Translational vision science & technology, 7(6), 35. https://doi.org/10.1167/tvst.7.6.35

[4] Magno, M.S., Utheim, T. P., Snieder, H. Hammond, C.J., Vehof, J. (2021). The relationship between dry eye and sleep quality. Science Direct, Volume 20, Pages 13-19

A national strategy to support eye health in Canada

98%
Canadians who say good vision health is critical/important to overall health

1.2 MILLION
Canadians living with vision loss

8+ MILLION
Canadians at risk of eye-threatening conditions

$32.9B
Annual cost of vision loss

The good news: vision loss can be prevented or treated in 75% of cases.

Making eye health, vision care and rehabilitation services a population health priority requires a national strategy for eye care.

OUR KEY GOALS FOR BILL C-284

- Creation of a Vision Health Desk at the Public Health Agency of Canada
- Increasing investments for made-in-Canada research
- Streamlining approval process for new medicines and technology to treat and prevent vision loss
- Enhanced access to care for vulnerable populations, including Indigenous peoples, children and seniors
- Investments for eye health awareness, advocacy and support groups

Save our sight. Make vision health a priority for all Canadians.

CANADIAN ASSOCIATION OF OPTOMETRISTS
ASSOCIATION CANADIENNE DES OPTOMÉTRISTES

CNIB FOUNDATION | FONDATION INCA

DIABETES CANADA | DIABÈTE CANADA

Opticians Association of Canada
Association des Opticiens du Canada

FIGHTING BLINDNESS CANADA | VAINCRE LA CÉCITÉ CANADA

CAOT - ACE
Canadian Association of Occupational Therapists
Association canadienne des ergothérapeutes

BALANCE for Blind Adults

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

CANADIAN COUNCIL OF THE BLIND | LE CONSEIL CANADIEN DES AVEUGLES

VISION LOSS REHABILITATION CANADA | RÉADAPTATION EN DÉFICIENCE VISUELLE CANADA

ifA International Federation on Ageing

Open-Door Policy

New CEO Ushers in New Era at CNIB

Angela Bonfanti, CNIB's new president and CEO, sits in her office within the non-profit's national headquarters – no larger or more impressive than any of the others that line the spacious corridor.

When asked why she didn't take the biggest office in the building, now that, as of August 2024, she holds the organization's biggest role, she says, "Being connected with the incredible team we have here at CNIB is so much more important to me than having a large, fancy office. I want my team to feel like they can always come and talk to me, and I want my office to feel welcoming to all. That's important to me."

"My door is always open," she says, gesturing to the open door in front of her before adding, "literally" with a chuckle.

Bonfanti, who previously held the role of CNIB's chief operating officer, is the first female president in the organization's 106-year history, though she's quick to point out she won't be the last.

"I'm proud to be the first female CEO," she says. "But what makes me prouder is nurturing an internal culture where senior roles are attainable not only for more women, but for people of all different backgrounds. That's part of why my door's always open. I want to encourage all the voices at CNIB to come forward and be heard."

That open-door policy applies not only to CNIB's staff, says Bonfanti, but to the people the organization serves: Canadians impacted by blindness nationwide.

"It's not hyperbolic to say we're working to change the world, to eradicate barriers to inclusion," she says. "And the only way we can achieve that is by listening to our participants and building our strategies based on what they want and need from us."

That, says Bonfanti, is exactly how CNIB created its latest strategic plan, The Way Forward. Launched in 2023, The Way Forward was crafted based on extensive consultation with thousands of Canadians impacted by blindness, not only through in-person town halls but phone and digital surveys in nine languages. Spearheaded by Bonfanti, it was the most extensive consultation process in CNIB's history.

This focus on taking direction from CNIB's participants is hardly surprising considering Bonfanti's background. Her father became blind when she was very young, and she's spent much of her life advocating for him – and most importantly, advocating for his voice to be heard. She recounts occasions throughout her childhood when people spoke over her father instead of *to* him, or ignored him completely.

"What they didn't realize is that my father has a powerful voice and so do I," she says. "And just like I did with my dad for so many years, it's my honour and privilege to continue fighting for the voices of people impacted by blindness to be heard."

To learn more about Angela Bonfanti, visit cnib.ca/ceo.

Artist Marie Webb (right), featured in *Our Community*.

AMI-TV Announces Upcoming Production Slate

AMI is pleased to announce its upcoming 2024-25 production slate of new series for AMI-tv and AMI+.

Telling a wide range of authentic stories about Canadians in the disability community through positive portrayal, the new scripted and docuseries projects promise to become favourites with AMI's viewers and to complement AMI's current stable of TV series.

These new offerings, totalling more than 100 hours of programming, include the very first children's series for AMI.

New Series

Collar of Duty Kids

Collar of Duty Kids takes young viewers into the lives of amazing kids who've been matched with extraordinary service animals. It's all about these brand-new partnerships and the adventures they get up to. If you're thinking just dogs, you're in for a surprise because the show talks about creatures from parrots to pigs!

The Crip Trip

The Crip Trip is a punk-rock, gonzo, road trip comedy following the misadventures of artist, filmmaker, and quadruple amputee Daniel Ennett and his producer/friend/caregiver Frederick Kroetsch as they drive from Edmonton to Toronto. Their goal: to secure employment for Daniel in the television industry, thereby saving him from long-term care. Along the way, the duo will meet with other artists in the disability community to hear their stories.

Get Hooked

This isn't your dad's fishing show. In partnership with OUTtv, *Get Hooked* is a fresh take on how members of the queer, Black, Indigenous, and disability community turn the mental health benefits of fishing into pure joy. *Get Hooked* will feature the British disability advocate and comedian Rosie Jones along with other diverse nature lovers.

Jennie

Based on the life of Jennie Bovard, the candid host of the AMI podcast *Low Vision Moments*, viewers are in for a blurry ride, as Jennie fumbles and finds her way through everyday life as a person with albinism and low vision – work, friendship, love, and waving at mailboxes.

Underdog Inc.

Underdog Inc. follows Dale Kristensen (*Backroad Truckers*), a Little Person, as he navigates life in a mountain town, juggles the ups and downs of fatherhood, and runs a small business with his sister. Dale's business, Underdog Inc., offers a variety of services to customers in the region, including backroad trucking, hotshot delivery of urgent cargo, salvage and rescue calls, and construction and handyman services. Whether he's transporting heavy loads up and down treacherous backroads or tackling a long list of repairs for demanding homeowners, Dale is making a name for himself as a trucker, handyman, and all-around good guy. Most importantly, he's showing his son – and the world – that life is not about first impressions... it's about lasting connections.

We Were Broncos

We Were Broncos is the story of Ryan Straschnitzki's life beyond the horrific Humboldt Broncos bus crash in 2018. As an athlete, Ryan wanted to be a professional hockey player. But after the crash, he had to adapt to a new athletic goal of becoming a Paralympic sledge hockey player while completely changing his lifestyle. *We Were Broncos* is about perseverance in life and adaptive sport.

Stand-up comedian D.J. Demers on stage.

Returning Series

Returning series include Season 9 of *Our Community*, Season 3 of *Disrupt*, Season 3 of *Healthy at Home*, Season 5 of *Dish with Mary*, Season 4 of *Mind Your Own Business*, Season 6 of *Postcards From...*, and a brand new *All Access Comedy* special.

Stream AMI original content on AMI+! With a streamlined layout, visitors can access AMI's stable of audio, television, and digital content created by and for the disability community. Additionally, visitors can utilize customizable accessibility settings for the blind and partially-sighted community AMI serves.

AMI.ca has a new look! Earlier this year, AMI.ca was re-branded as a corporate website. Visitors to the new AMI.ca will find information about careers available at AMI, the annual AMI Scholarship, AMI-tv and AMI-audio schedules, a described video guide, and popular recipes from *Dish with Mary* and *Four Senses*.

Keep up to date on everything going on at AMI and in the community it serves by signing up for the AMI Newsletter at ami.ca/newsletter and have it delivered straight to your inbox.

Want to have input into the future of programming at AMI? Join AMI's Research Panel at ami.ca/researchpanel.

AMI-audio, AMI-tv, and AMI-télé are all available as part of basic digital packages offered by most television providers across the country. If you have basic cable, you have access to AMI.

Follow AMI on Facebook (@AccessibleMediaInc), X (@AccessibleMedia), Instagram (@accessiblemediainc), YouTube (@AccessibleMedia), and TikTok (@accessiblemedia).

Listening, Learning, Leading

A Visionary Strategy to Aim Higher and Reach Further

SHANE GUADELOUPE, VLRC

PHOTOS BY: **CASSIO CALAIGIAN,** ONWARD MEDIA GROUP

Vision loss doesn't mark the end of the journey, but rather the beginning of a new adventure. While it presents unique challenges, vision loss also offers an opportunity to experience life from a new perspective. With the right support, tools, and mindset, people living with vision loss can maintain fulfilling, independent, and meaningful lives. It's about adapting, not giving up – embracing change and finding new ways to thrive in all aspects of life.

Setting the stage for a new era in vision rehabilitation

"We believe there is a different path forward," explains Shannon Foster, Executive Lead of Strategic Integration at Vision Loss Rehabilitation Canada (VLRC).

"Recognizing the challenges, we realized that the first step to addressing them was understanding the experiences and needs of individuals with vision loss. We knew we had to start with listening to shape our future," Foster shares. As a non-profit, national health care organization, VLRC's mission is to provide high-quality, integrated, and accessible rehabilitation and health care services that enable Canadians with vision loss to live their chosen lives.

"Through extensive consultations with clients, community leaders, and health care experts," Foster continues, "we've crafted a Strategic Plan that prioritizes personalized care, celebrates diversity, and drives innovation. We're charting a course that meets today's needs while anticipating tomorrow's challenges."

Shannon Foster, Executive Lead of Strategic Integration, VLRC

Customizing support in a nation as diverse as Canada

Canada is a vast, multicultural, and diverse nation. VLRC believes it's essential to create a personalized care plan for each client, which celebrates their cultural diversity and overcomes any language barriers. For instance, the organization provides language interpreters for those who need them. By prioritizing clients, VLRC has made the personalization of vision loss journeys the core of its Strategic Plan, emphasizing support and active involvement.

One of VLRC's key commitments is to champion the well-being of children, youth, and families experiencing low vision or blindness while advocating for resource accessibility.

"I've been a client of VLRC for as long as I can remember," says Alyssa C., age 26.

"They provide a personal experience for me, by teaching me things that are tailored to me. For instance," Alyssa continues, "with O and M (orientation and mobility), I'm taught how to get to work, to the store, and anywhere else I need to go."

Driving meaningful change for Canadians through client-centred commitments

VLRC's prioritization of clients is evident through the establishment of the following four key commitments:

A. Honouring and respecting the diverse needs of clients.

B. Providing seamless services and resources at every step.

C. Anticipating and responding to the emerging needs of all those impacted by blindness or low vision.

D. Delivering unparalleled services that are dedicated to achieving optimal client outcomes through service excellence.

Alyssa C., a VLRC client, walks a neighbourhood sidewalk with her white cane.

How does the health care organization envision its impact on Canadians once it achieves its Strategic Plan goals?

"By achieving the aims of our Strategic Plan, we envision a future where every Canadian affected by vision loss has access to personalized, innovative care that not only supports them but also empowers them to lead full, independent lives," explains Christopher McLean, Vice-President of Healthcare Operations at VLRC.

"VLRC's client-first strategy is the foundation of our commitment to continuous improvement," McLean states. "By actively listening to our clients and learning from their experiences, we can refine our services and make informed decisions that meet our clients' needs." This commitment ensures that VLRC always strives to provide the best possible care.

"Our success will be measured not only by the services we provide but also by the tangible improvements in the quality of life for the people we serve," McLean adds.

VLRC dedicates itself to tailoring vision rehabilitation services while honouring Canada's diversity. The organization aims to ensure that every Canadian affected by vision loss can access personalized, innovative care for independent living.

Through these efforts, VLRC is not just providing vision rehabilitation services, but also building a future where no one faces vision loss alone, regardless of their location or the unique challenges they encounter. This dedication to its mission drives VLRC forward and inspires others to join in the fight against preventable vision loss.

Christopher McLean, Vice-President of Healthcare Operations, VLRC

I Lost My Sight but Found My Calling

How food writer Mary Mammoliti overcame a devastating diagnosis and disability to pursue her dream career

MARY MAMMOLITI, SPECIAL TO THE *TORONTO STAR*

When Mary Mammoliti's vision took a sharp decline at the height of her career in finance, her hope and spirits plummeted along with it. Scared and depressed, Mammoliti turned to a place of comfort and confidence: her kitchen. There, as a lifelong home cook, she felt comfortable, in control and inspired. Now, a Toronto-based food writer, podcaster and host of cooking show *Dish with Mary* on AMI-tv, Mammoliti feels more hopeful than ever. With season five of her show set to air early next year, she shares the story of losing her sight but finding a future she couldn't be more excited about.

It was on the playground that I first started noticing I was different from other kids. They would run and play and didn't have to be careful like I did. They could run down stairs without thinking about it, whereas I had to stop and look carefully at each step. I told my mom what was happening with my sight, and she took me to an optometrist, who said I had astigmatism and needed glasses. But it was much more than that.

My mom was a huge support for me, and she was the one who took me to appointments, but she died of cancer when I was 13. But life went on, and so did the deterioration of my sight.

I was in my early 20s when it came to a head. I was at a club one night, and I could see across the room, but I couldn't see things that were very close to me. If someone put out their hand to pass me something, I just couldn't see it. Then I started seeing white flashing lights. I was like, "Okay, this is not right." I brought myself to emergency the next day and the doctor there told me I had "a condition" and sent me to see an ophthalmologist.

I went to the appointment with my sister and – I'll never forget this – he said, "Well, you're going blind." I said, "What?!" And he said, "Yes, you're going blind." My eyes welled up, and I looked at my sister, and the colour just drained from her face. He said, "There's no point in crying because it's not going to change anything." That was my introduction to what I have, a rare genetic eye condition called retinitis pigmentosa, which causes gradual vision loss.

I always say I lived as an imposter for most of my life because I hid my condition. I was shellshocked. And I hid it because I didn't want to be treated differently. Because saying it out loud would mean accepting that I was going blind.

A lot of people say, "Why would you hide it? It's a part of you." But today is a different time than it was then. We didn't have access to social media groups of people supporting one another who have the same condition. You didn't really know another person who had the same condition you did. In support groups, the people were much older, much further along in the disease.

At that time I was a financial analyst, and I did everything I could to hide my disability at work because I was fearful that it would impact my career. If I had to go to a conference, I was thinking, "How am I going to make sure that I see someone extending their hand to shake mine?" I only had central vision by this point. "What if I miss a step? What if I bump into someone?" Sometimes I was teased about it because people didn't know what was going on. Humour became a big part of dealing

with it because I had to play things off as a joke. Like, "Oh, silly me."

Everything was about hiding my disability. It consumed everything, and I didn't see any joy in anything. Then one day at work, I noticed the screens were putting more strain on my eyes and everything hazed over. I called my coworker, a very good friend of mine who knew about my eyes. I said, "Something's wrong. I can't see." She quietly walked me down and put me in a cab home. That's when knew I couldn't go back to that career. I couldn't physically do it with the amount of eyesight that I had. I didn't want to accept it, but I had no choice.

At home that night, something made me go into the kitchen and start cooking by myself. It turned out it was exactly what I needed.

I had always loved cooking. My mom was a phenomenal cook and our door was always unlocked – if anyone popped in at any time, there were always biscuits or cookies on the table, coffee always brewing. Food was just at the centre of everything. It was how we connected with one another and with other people. Every Sunday, my mom would make sugo, and my dad continued that after she passed. To this day, when I smell the onions sautéing in olive oil, hear the sizzle of meat searing, the fresh tomato sauce, it takes me back to when my mom would show me how she made it.

That night at my house, I realized, I can do this, I don't need anyone to help me with this. I don't have anyone saying watch your step. I don't have anyone looking at me oddly because I missed something. I didn't know it at the time but cooking that meal would show me what I needed to rebuild my independence and forge a new life with less eyesight.

At first, I loved doing easy recipes because I didn't have to modify them as much for my eyes, but then I started transforming the recipes, and every time I felt I was getting stronger and better and I started challenging myself. I think that's what drew me into the culinary world: It's not designed for someone like me, someone with a visual impairment, but I was finding ways to make it adaptable and getting creative. I noticed that every time I cooked, this inner joy came out.

With therapy, lots of it, and through cooking, I started discovering my independence again. One thing that I've learned is that if something doesn't work, there's always a way to work around it.

Food became my career by accident. I was in my early 40s and Instagram was starting up. Friends were always asking me for recipes, so I would put up a photo and recipes tell my friends, "Go here; here's

> “I think by exposing more people to what disability truly looks like in mainstream media and showing the diverse strength and ability of this badass group of change-makers, the more people will forget the ‘dis’ and include people of all abilities.”
>
> – Mary Mammoliti

the recipe, guys.” Then someone encouraged me to start sharing publicly about my disability. That was a little difficult for me, but I did it. People started asking me questions about how to cook with a disability, and it grew from there.

Then I was in a cooking competition called *Match-Up* where they would pair a visually impaired cook and a sighted chef, and we would compete as a team against another team. I felt more comfortable doing that than anything else. So I started looking for different ways to share my food with people. I started my website, started meeting people. And now I host my own cooking show, *Dish With Mary* on AMI-tv (Accessible Media Inc.). I just wrapped up my podcast that I’ve had for five years, 145 episodes, interviewing chefs, people within the disability community, some celebrities. I’ve been on *The Marilyn Denis Show*, *Breakfast Television*, Global News, and I’ve been a speaker on many panels.

Next, I want to write an inclusive cookbook because learning how to make something adaptive, learning how to make a recipe enjoyable for every type of cook out there, is what brings me joy. And I’m putting it out to the universe: I want to be the first low-vision/blind cook on Netflix or the Cooking Channel or the Food Network. We need more representation, anywhere we can get it.

Growing up, I didn’t see anyone like me in mainstream media. Every time you would see someone with a disability, they were always portrayed as helpless, the victim, and I think that had a big effect on me. But people need to get used to saying the words “disability” and “disabled.” They aren’t bad words. I think by exposing more people to what disability truly looks like in mainstream media and showing the diverse strength and ability of this badass group of change-makers, the more people will forget the “dis” and include people of all abilities.

I’m happier now than I’ve ever been, and a huge part of that is not hiding my disability. My advice to anyone is to be yourself because hiding in fear will eventually catch up to you. Even though I see so much less, everything seems crystal clear to me now: what I should be doing and where I should be going. I’m leading with what brings me joy, which is food.
—as told to Eden Boileau

Canadian Council of the Blind

LOCAL CCB CHAPTERS

CANADIAN COUNCIL OF THE BLIND 80 1944–2024 LE CONSEIL CANADIEN DES AVEUGLES

BC-YUKON DIVISION

100 Mile House & District Chapter
Alberni Valley Chapter
Blind-Yukon Chapter
Bowen Island Chapter
Campbell River Chapter
Chilliwack & District Chapter
Comox Valley Chapter
Dogwood Chapter
Festival of Friends Chapter
GTT BC Chapter
Kamloops White Cane Chapter
Kelowna Blind Curlers Chapter
Kelowna Chapter
Knotty Knitters & Crazy Crocheters Chapter
Lower Mainland Chapter
Nanaimo Chapter
Parksville & District 69 Chapter
Prince George Blind Curling Chapter
Provincial Book Club Chapter
South Okanagan Chapter
Sunshine Coast White Cane Chapter
Vancouver Arts & Culture Lovers Chapter

ALBERTA DIVISION

Calgary Club Chapter
Edmonton Cribbage Chapter
GTT Edmonton Chapter

SASKATCHEWAN DIVISION

Regina Chapter

ONTARIO DIVISION

Afloat Chapter
Carleton University Chapter
Chatham-Kent Chapter
Club '60' Barrie Chapter
Cornwall Chapter
Dragon Boat Toronto Chapter
GTT North Bay Chapter
Hamilton Blind Curlers Chapter
Hamilton Chapter
Listeners Book Club
London Chapter
London Vision Impaired Curlers Chapter
McMaster University Chapter
Mississauga V.I.P. Chapter
Ontario Blind Golf Chapter
Ottawa Blind Curlers Club
Ottawa Chapter
Ottawa University Chapter
Pembroke White Cane Chapter
Peterborough Chapter
Roadrunners Chapter
Rocks Chapter
Sault Ste. Marie White Cane Chapter
Thunder Bay & District Chapter
Toronto Blind Curling Club
Toronto Ski Hawks Ski Club Chapter
Toronto Visionaries Chapter
Waterloo Regional Club
Windsor/Essex Low Vision Social & Support Chapter
York Region Lighthouse Chapter

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Prince County Chapter
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Moncton Club

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For more information about the CCB or to reach a National Board or staff member, please contact us at our national office:

Canadian Council of the Blind
14 Chamberlain Avenue,
Suite 200, Ottawa, ON
K1S 1V9

Tel: 613-567-0311
Toll-free: 877-304-0968
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CANADIAN COUNCIL OF THE BLIND
LE CONSEIL CANADIEN DES AVEUGLES

We Wouldn't Be Where We Are Without You

Your Support Is Helping Us Change What It Means to Be Blind

The Canadian Council of the Blind (CCB) wishes to express its gratitude to all our sponsors, partners, stakeholders, and friends for their generous contributions and impactful support of the community of people living with vision loss.

Your continued presence is critical if the CCB is to continue to grow and develop, to use its powerful voice not only in addressing vision loss but in speaking out on behalf of vision health, and to engage in the conversation about how blindness and vision loss are preventable. Therefore, it's important that we demonstrate to you, as a group, our gratitude and appreciation for your confidence in and support of the Council.

The work of the CCB is having a positive impact on the vision loss and vision health communities. Together we are a powerful voice, and we wouldn't be where we are without you. Together we are making a difference. Together we are working to change what it means to be blind. That's important. Thank you!

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Vision Loss Rehabilitation Canada / Réadaptation en déficience visuelle Canada

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If you require this information in an accessible format, please contact Roche at 1-800-561-1759.

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