

**Socioeconomic Status and Access to Vision Care in Canada**

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**Introduction:** Despite a universal healthcare system, access to vision care in Canada is not necessarily equally accessible by all patients. The purpose of this review was to explore the association between socioeconomic status (SES) and access to vision care in Canada.

**Methods:** Medline, Embase, CINAHL and Cochrane were searched from inception to January 2024 for relevant articles containing original data. Studies that explored the association between SES and access to vision care in Canadian patients were included. Risk of bias was assessed using the Newcastle-Ottawa and AXIS assessment tools. Descriptive statistics were used to summarize findings. The review was registered in PROSPERO (registration number, CRD42024502482).

**Results:** The search yielded 908 records with twenty-two studies included in this review. The included studies covered all provinces and territories; however, the studies were most commonly from Ontario (11/22) or nation-wide studies (5/22). The studies ranged in date between 1985 and 2022 and included patients of all ages, including pediatric patients and seniors. The included studies explored the relationship between SES and access to ophthalmic care (1/22), optometric care (2/22), or both (9/22). Overall, 17 of the 22 studies found that patients of lower SES were significantly more likely to have decreased usage of vision care. The remaining five studies found no significant association between SES and access to vision care. Six of the included studies explored rates of diabetic retinopathy screening, five of which found that lower SES was associated with decreased rates of screening. Furthermore, one study noted that pediatric patients from low-medium income neighborhoods had higher clinic visit cancellations and no-shows compared to those from high income neighbourhoods ( $p < 0.001$ ). Patients experiencing homelessness were also significantly less likely to use vision care compared to the general Canadian population ( $p < 0.01$ ).

**Discussion/ Conclusion:** Low socioeconomic status was consistently associated with decreased access to vision care for patients of all ages. Efforts are required to increase accessibility to vision care for low-income individuals and to improve health equity.