Barriers to and facilitators of eye care among homeless adults in Montreal, Canada

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Abstract

PURPOSE

People experiencing homelessness have higher prevalence of health and eye problems than the general population, yet are less likely to access healthcare services, despite universal healthcare coverage in Canada. This study aimed to identify the priorities that competed with access to healthcare and the barriers to and facilitators of eye care for homeless adults in Montreal (Canada), while exploring potential differences between genders.

METHODS

This was a cross-sectional study conducted in homeless shelters in Montreal, following stratified randomization. A questionnaire was adapted from existing validated items on competing priorities as well as on barriers and facilitators. Items explored included costs, accessibility and transportation, trust, previous experiences and health literacy. Comparisons were made using chi-squared and Mann-Whitney U tests.

RESULTS

Six shelters for the homeless were approached and agreed to serve as data-collection sites. Sixty-two participants completed the questionnaire and 51.6% (n = 32) identified as women. In all, 69.4% (n = 43) of participants had valid eye care coverage. Half of the participants (n = 31) had not consulted an optometrist or ophthalmologist in ≥ 3 years. Nearly a quarter (24.2%, n = 15) of participants reported having at least one strongly competing priority. Prohibitive costs were the most strongly identified barrier, with a group median score of 4.0 (IQR 2.0-5.0). Complexity of coverage procedures seemed to be a barrier mostly for men (median score 4.0 [IQR 3.0-5.0] on a 5-point Likert scale). Strong facilitators included trust in optometrists (median 1.0 [IQR 1.0-2.0]) and having more than one health and social services provider in the same location (median 1.0 [IQR 1.0-2.0] on a 5-point Likert scale). No significant differences were found between men and women.

CONCLUSION

For adults experiencing homelessness in Montreal, despite considerable coverage for eye care services, competing priorities and prohibitive costs are strong barriers to seeking care. Trust in optometrists and the grouping of health service providers are notable facilitators. These data may help contribute to the development of more inclusive strategies for delivering eye care to this underserved population.

KEYWORDS

Eye Care, Ill-Housed Persons, Health Services Accessibility, Montreal, Adults

INTRODUCTION

Homelessness is a growing public health concern. In Montreal (Canada), a 2022 census on homelessness estimated that 4,690 people were living in a state of visible homelessness, a 33% increase compared to a similar census from 2018.[1] Men and women tend to have different experiences and backgrounds when it comes to their homelessness situation: most people experiencing homelessness are men (67%) and they represent the majority of

people in outdoor spaces (78%). Women are usually younger and more often in a situation of hidden homelessness: they tend to use transition resources, violence victims' resources or temporarily stay at an acquaintance's house.[1] People experiencing homelessness in Canada have higher prevalence of health and eye problems than the general population.[2-5] Recent studies conducted in Montreal and Toronto found that between 20% and 28% present with a visual impairment (presenting visual acuity < 20/40, measured with optical correction, if available).[4,5] These percentages are about 4 times greater than that in the general Canadian population (6%).[6] Ocular pathology is also highly prevalent; 24% of people experiencing homelessness have signs of ocular pathology such as cataract, glaucoma or diabetic retinopathy, and between 55 and 66% have uncorrected refractive error.[4,5]

People experiencing homelessness are less likely to use healthcare services such as eye care. A Canadian study conducted in Calgary in 2015 found that perceived barriers to accessing primary healthcare for people experiencing homelessness included: emotional barriers such as fear, priority setting, patient education, environmental barriers and discrimination, and finally system barriers such as financial issues and difficulty navigating the complex healthcare system.[7]

With regard to eye care access among a homeless population, a 2022 study[5] found that only 15% to 19% of participants had had an eye examination in the previous year, which is about half the value in the general Canadian population (41%).[6] Meanwhile, according to Canadian guidelines, asymptomatic adults under age 65 should get a general eye examination every 2 to 3 years, and those over 65 years should get an eye examination every year.[8]

The number of people experiencing homelessness in Montreal is increasing, and these individuals are at higher risk for visual impairment and eye disease and have specific needs of healthcare services. This study aimed to identify the competing priorities to healthcare as well as the barriers to and facilitators of eye care for homeless adults in Montreal (Canada), in the context of a universal healthcare system, and to explore potential differences between genders.

METHODS

After reviewing the existing literature, we developed a verbal questionnaire using items that had been validated in previous studies (Appendix A).[9,10] The questionnaire contained a section on sociodemographic data[10], a section on competing priorities with regard to healthcare and lastly, a section on barriers to and facilitators of eye care.

Competing priorities were measured using items from the UCLA Homeless Health Study.[9] In this section, a 4-point Likert scale was used (never, rarely, sometimes, usually). Individuals were considered to have frequent obstacles to subsistence if they answered having "sometimes" or "usually" had difficulty meeting one of the markers of subsistence over the past 30 days.

The section on barriers and facilitators included items on costs, accessibility and transportation, trust and previous experiences in the healthcare system, and comprehension and knowledge of eye care services and coverage. In this section, participants responded on a 5-point Likert scale. The score of each questionnaire item was adapted so that a lower score was considered a stronger facilitator (score of 1 or 2) or a weaker barrier. We considered 3 to be neutral. A high score (score of 4 or 5) was considered to reflect either a strong barrier or a weak facilitator.

The category for costs included items on health and eye care coverage, and fees associated with eye care consultation and obtaining spectacles. In the province of Quebec, general eye examinations by optometrists are covered for anyone with a valid health insurance card who is under 18 years old or 65 and older. People accessing social assistance benefits or with Indigenous status (between 18 and 64 years old) with a valid status card are also covered every 2 years. We considered a participant to have valid healthcare coverage if they had a valid governmental health insurance card such as a *Régie de l'assurance-maladie du Québec* (RAMQ) card or Ontario Health Insurance Plan (OHIP) card. Other services such as imaging (fundus photography, optical coherence tomography, etc.) and dilated fundus examination have variable coverage and may have to be paid out of pocket. For spectacles and contact lenses, only patients receiving welfare benefits or with a valid Indigenous status card can obtain coverage. The amount covered varies depending on the prescription and type of lenses, usually between $100 and $150 for welfare beneficiaries and around $275 for Indigenous patients.[11]

The accessibility and transportation category explored the convenience of the clinic working hours, appointments and types of services offered. The comprehension and knowledge category explored the difficulty of navigating coverage procedures and understanding the role of optometrists. Trust and previous experiences in the healthcare system were explored with items on feelings of security, past experience of discrimination and trust in optometrists.

Categorical sociodemographic characteristics for both genders were compared with chi-squared tests and Likert scale scores were compared using a non-parametric test (Mann-Whitney U test).

We calculated the minimal sample size for participants (n = 52) using *G*Power* for a generic chi-squared test allowing gender comparisons (df = 1, $p < 0.05$, effect size = 0.50). Study sites were identified by listing all resources and shelters in Montreal that attend to homeless persons (shelters, day centres, etc.). These were stratified according to the gender of their clientele and randomly approached (telephone or email) to participate in the study. We estimated that we would obtain 10 participants per shelter, and thus six study sites were required. The questionnaire was delivered verbally to individuals who were randomly approached at or around each shelter. Participants were not seeking care and recruitment was not performed in a clinical context. Responses were recorded on the LimeSurvey platform (LimeSurvey GmbH, Hamburg, Germany). Data collection was conducted during the summers of 2021 and 2022. Participants who completed the questionnaire, whether partially or fully, were given a 10$CAD gift card to a popular coffee shop chain.

The questionnaire was originally developed in French and subsequently translated to English, and then reviewed by a native English-speaking researcher. It was pre-tested on five individuals from the homeless population prior to the study, but their responses were not included in the analysis. Exclusion criteria were age less than 18, an inability to speak either French or English, and an inability to give free and informed consent.

Informed written consent was obtained from all participants and the study protocol followed the tenets of Helsinki. The study was approved by the Clinical Research Ethics Committee (CERC) of the University of Montreal (#2021-356).

RESULTS

We approached seven shelters and six of them agreed to serve as data-collection sites. Two of these shelters were for men only, three for women only, and one was open to all. The response rate is estimated to be 89% (62 individuals agreed to participate and completed the survey, among the 70 individuals who were approached to participate). Of the 62 participants who completed the questionnaire, 51.6% identified as women (n = 32) and the median age was 56 years (interquartile range [IQR] 41 - 62) (Table 1). Participants identifying as Indigenous accounted for 11.3% of the sample (n = 7). About two-thirds of participants (67.7%, n = 42) had completed a secondary level of education or higher. In all, 43 participants (69.4%) had valid healthcare coverage, and 39 (62.9%) had valid eye care coverage. Half of participants (n = 31) had not consulted an optometrist or ophthalmologist in the past three years. About one quarter of the participants had received an eye examination in the last year (25.8%, n = 16). Fifteen participants (24.2%) reported having used the services of a mobile optometry clinic at some point in the past. Participants who had a family physician accounted for 43.5% (n = 27) of the sample, and 71.0% had consulted with a general practitioner or nurse in the last year (n = 44). No statistically significant difference was found between men and women for any of the sociodemographic characteristics.

Figure 1 shows the results from items on competing priorities to healthcare. Finding clothes and a place to sleep were the priorities that were reported most often, with 18% (95% CI 9.2 – 29.5; n = 11 for both items) of participants reporting "sometimes" or "usually" not being able to meet those needs in the last 30 days. In all, 24% (95% CI 14.2 – 36.7, n = 15) of participants reported "usually" not being able to meet one of their basic needs in the last 30 days. No statistically significant differences were found between genders for any of the competing priorities.

Table 2 shows questionnaire items related to barriers and facilitators for eye care. Items regarding prohibitive costs had the highest internal consistency with Crohnbach's $\alpha = 0.81$. Prohibitive costs were the strongest barrier, with a group median score of 4.0 (IQR 2.0 - 5.0) on a 5-point Likert scale. Among the items associated with prohibitive costs, the item regarding lack of coverage as a barrier had the highest score, with a median of 5.0 (IQR 4.0 - 5.0). No significant association was found between participants covered by welfare benefits and the item regarding having enough money for spectacles or contacts lenses ($X^2 = 8.83$, df = 5, $p = 0.116$). The complexity of understanding coverage for healthcare, eye care or Indigenous assistance programs was a barrier that was reported more often by men (median score 4.0; IQR 3.0 - 5.0) than women (median score 3.0; IQR 1.0 - 4.0), but this difference was not statistically significant ($p = 0.262$).

Strong facilitators included general trust in optometrists (median 1.0; IQR 1.0 - 2.0), feeling secure in an optometry clinic (median 1.0; IQR 1.0 - 2.0), having more than one health or social service provider in the same location (median 1.0; IQR 1.0 - 2.0) and access to walk-in appointments (median 1.0; IQR 1.0 - 2.0). Accessing eye care in a homeless shelter was a facilitator, reported more often by men (median 2.0; IQR 1.0-3.0) than women (median 3.0; IQR 1.8-3.0), but this difference was not statistically significant ($p = 0.186$). There were no statistically significant differences between genders on other questionnaire items.

Table 1: *Sociodemographic characteristics of adults experiencing homelessness in Montreal, Canada (n = 62)*

	Median	Interquartile range (IQR)	
Age (y)	56	45-62	
Women	51	38-58	
Men	60	51-63	
	Frequency	**Percent**	**95% CI**
Age, categorized (y)			
18 - 39 (pre-presbyopic)	12	19.4%	10.4 – 31.4
40 - 64 (presbyopic)	40	64.5%	51.3 – 76.2
≥ 65 (senior)	10	16.1%	8.0 – 27.7
Gender			
Men	30	48.4%	35.5 – 61.4
Women	32	51.6%	38.5 – 64.5
Identifies as Indigenous			
Yes	7	11.3%	4.6 – 21.9
No	53	85.5%	74.2 – 93.1
Education (completed)			
None	4	6.5%	1.8 – 15.7
Elementary	16	25.8%	15.3 – 38.5
Secondary	23	37.1%	25.1 – 50.3
Post-Secondary	19	30.6%	19.6 – 43.7
Valid healthcare card (RAMQ or OHIP)			
Yes	43	69.4%	56.3 – 80.4
No	19	30.6%	19.6 – 43.7
Valid eye care coverage*			
Yes	39	62.9%	49.7 – 74.8
No	23	37.1%	25.1 – 50.3
Receives social welfare benefits (age 18-64)			
Yes	40	76.9%	51.3 – 76.2
No	12	23.1%	10.4 – 31.4
Receives social benefits for seniors (age >64)			
Yes	9	90.0%	6.8 – 25.7
No	1	10.0%	0.04 – 8.6
Has a family physician			
Yes	27	43.5%	30.9 – 56.7
No	35	56.5%	43.3 – 69.0
Last examination by a nurse or general physician			
< 1 year	44	71.0%	58.1 – 81.8
1 - 2 years	8	12.9%	5.7 – 23.9
> 2 - 3 years	6	9.7%	3.6 – 19.9
> 3 years	4	6.4%	1.8 – 15.7
Last examination by an eye care professional			
< 1 year	16	25.8%	15.5 – 38.5
1 - 2 years	9	14.5%	6.8 – 25.7
> 2 - 3 years	4	6.5%	1.8 – 15.7
> 3 years	31	50.0%	37.0 – 63.0

* valid eye care coverage: any participant with a valid provincial health card who is either over 65 years old or benefiting from welfare. Indigenous participants are also estimated to be covered for eye care.

Figure 1: *Likert scores on competing priorities to healthcare, among individuals experiencing homelessness in Montreal (n = 62)*

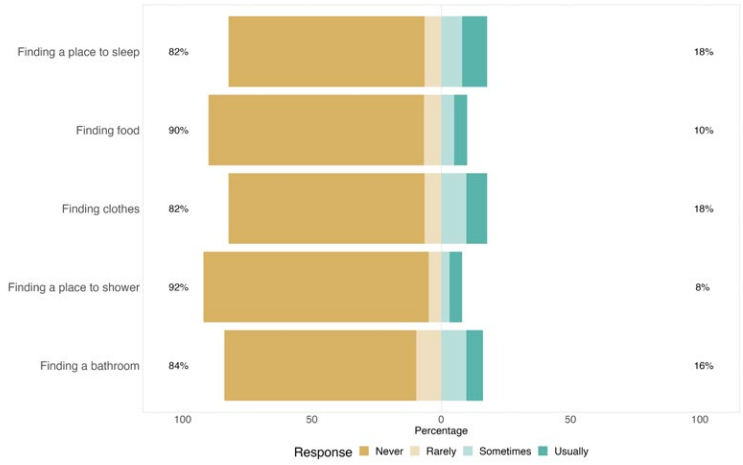

Table 2: *Questionnaire items: barriers to or facilitators of eye care among adults experiencing homelessness in Montreal (Canada)*

Category	Questionnaire item	Median score (IQR)	Median score (IQR) (Women)	Median score (IQR) (Men)	p-value*
Costs	I worry that I will be charged fees at the optometrist	3.0 (2.0-3.0)	3.0 (1.5-4.0)	3.5 (2.0-5.0)	0.515
	I have enough money for glasses or contact lenses	4.0 (3.0-5.0)	4.0 (3.0-5.0)	4.0 (2.0-5.0)	0.439
	I worry that my glasses or contact lenses will be more expensive than what is covered	3.0 (1.0-5.0)	3.0 (2.0-4.5)	4.0 (1.0-5.0)	1.000
	If I am covered, I am more willing to seek a consultation for my eyes	5.0 (4.0-5.0)	5.0 (4.0-5.0)	4.5 (3.3-5.0)	0.108
Accessibility and transportation	I am more willing to seek a consultation if there is more than one health and social services provider in one place	1.0 (1.0-2.0)	1.0 (1.0-2.0)	1.0 (1.0-2.0)	0.791
	I am more willing to seek a consultation if an optometry clinic offers walk-in appointments	1.0 (1.0-2.0)	1.0 (1.0-2.0)	1.0 (1.0-2.0)	0.746
	If I must take public transportation, I will not go to the optometrist	1.0 (1.0-3.0)	1.5 (1.0-3.0)	1.0 (1.0-2.8)	0.692
	Opening hours of optometry clinics meet my needs	2.0 (1.0-3.0)	2.0 (1.0-3.0)	1.0 (1.0-3.0)	0.698
	I would rather consult an optometrist directly in a shelter	2.0 (1.0-3.0)	3.0 (1.8-3.0)	2.0 (1.0-3.0)	0.186
Trust and previous experiences	I feel secure if I go to an optometry clinic	1.0 (1.0-2.0)	1.5 (1.0-2.0)	1.0 (1.0-2.0)	0.208
	I am more willing to go see the same optometrist again if they do not ask too many questions about my personal life	3.0 (1.0-4.0)	2.5 (1.0-4.0)	3.0 (1.3-5.0)	0.305
	I have never felt discriminated against or judged by an optometrist	2.0 (1.0-3.0)	1.0 (1.0-2.0)	2.0 (1.0-5.0)	0.127
	In general, I trust optometrists	1.0 (1.0-2.0)	1.0 (1.0-2.0)	1.0 (1.0-2.3)	0.334
Knowledge and understanding	I find the procedures related to health coverage, social or Indigenous assistance programs complicated to understand	3.0 (2.0-5.0)	3.0 (1.0-4.0)	4.0 (3.0-5.0)	0.262
	I understand what optometrists do and the services they offer	2.0 (1.0-2.0)	2.0 (1.0-2.0)	2.0 (1.0-3.0)	0.316
	I know where to find eye care professionals	2.0 (1.0-3.0)	2.0 (1.0-4.0)	2.0 (1.0-3.0)	0.548

*From the Mann-Whitney U test

Note: The 5-point Likert scale scores are reported so that 1 represented a stronger facilitator or a weaker barrier, and 5 represented a stronger barrier or a weaker facilitator.

DISCUSSION

The objectives of this study were to describe competing priorities to healthcare and barriers to and facilitators of eye care for men and women experiencing homelessness and to identify potential differences between them.

Although a large proportion of participants had valid healthcare and eye care coverage, competing priorities were were frequent. Experiencing financial difficulties seemed to be the main barriers to consulting an eye care professional or obtaining spectacles, independent of the coverage status of participants. These findings are consistent with other Canadian studies regarding primary care and dentistry, where the lack of financial resources is often the main barrier to seeking care for people experiencing homelessness.[7,12,13] When compared with other populations such as the Canadian immigrant population[14] and persons living in poverty in the province of Quebec (Canada),[15] financial resources also play a significant role in access to primary care. This is mainly because, despite the universal healthcare system, additional expenses generated by medical consultation such as transportation, loss of revenue due to missing work or babysitting fees represent a barrier to prioritization of healthcare and consultation.[14,15] This barrier was also reported in a 2024 study conducted in Australia on the diabetic population, where having to pay for diabetes-associated eye care was perceived as a barrier and a motive to delay eye care.[16] Little information is available on costs as a barrier to eye care in the general population. Having other, more pressing priorities, such as finding a place to sleep for the night and filling other subsistence needs was reported by about a quarter of our sample population. To our knowledge, this has never been previously reported in studies on eye care. Since this study was conducted mainly in shelters and not in outdoor spaces, this proportion may be underestimated when considering the larger homeless population. Moreover, vision issues may be lower on an individual's list of priorities compared to other health-related issues. This is consistent with the difference between the reported number of consultations with a nurse or general practitioner (n = 44, 71%) compared to consultations with eye care professionals (n = 16, 25.8%) over the last year. Another barrier that was reported more often by men was the complexity of coverage procedures. Though this difference was not statistically significant, we did notice a trend in our sample for more women to have completed secondary level education and higher (78.2%, n = 25) compared to men (56.7%, n = 17). This could point towards women having better health literacy, which may help them navigate the system and reduce this barrier to seeking eye care.

In our sample, general trust in optometrists and feeling secure in an optometry clinic seemed to act as facilitators to seeking eye care. This result is consistent with the findings of a study conducted in the province of Quebec in 2013 on enabling attitudes of primary care physicians from the perspective of patients with chronic diseases.[17] It was reported that trust is the basis of a strong relationship with the practitioner and facilitates control and improvement of health as well as credibility in the eyes of the patient. This result also echoes other studies in the fields of primary care and dentistry, where fear, previous negative experiences and lack of trust have been reported as barriers.[7,12,13]

Having on-site access to eye care within a shelter seemed to be a facilitator for homeless men compared to women, for whom this was neither a facilitator nor a barrier, although this difference was not statistically significant. However, women tend to more often be in situations of hidden homelessness,[1] and spend less frequent and shorter stays in shelters. This could explain why some women participants placed less value on the presence of on-site eye care services in shelters, although previous studies found that they would be interested in free eye clinics within shelter systems.[4] Having more than one health or social service provider in the same location was a facilitator of seeking eye care in our participants. A similar finding was reported in a 2022 study conducted in Vancouver (Canada)[18] within marginally housed people using drugs and alcohol. In that study, centralized multidisciplinary primary care offered in a supportive housing environment helped mitigate barriers to healthcare access, according to the users.

We also found that a lower proportion of individuals had coverage for eye care services (63%) than in other studies in Montreal and Toronto (70% and 72%, respectively)[2,4,5]. In contrast to the other studies, we did not offer eye examinations. We hypothesize that our data may be more representative of the general homeless population found in shelters, because individuals who have not had an eye examination recently may be more interested in participating in a study that offered one. Lastly, a larger proportion of our sample had received an eye examination in the past year (26%, compared to Montreal 15%, Toronto 19%).[2,4,5] This result could be due to the fact that five of the six shelters visited for this study were visited by a mobile optometry clinic (*Regard collectif*, from the University of Montreal School of Optometry)[19].

This study has some limitations. First, although Canada has a universal healthcare system, coverage for eye care services varies greatly between provinces and mobile eye care clinics are not common outside of Montreal. Thus, our findings regarding the use of eye care services and coverage for adults experiencing homelessness cannot necessarily be directly transferred to other settings. Moreover, data were only collected in shelters and not in other locations where people experiencing homelessness can be found. This may have influenced some of the perceived barriers, facilitators and competing priorities. For example, for people who physically live on the streets, fear of discrimination or judgement and feelings of security may differ. Their competing priorities might also be stronger, since most shelters offer services to mitigate the subsistence needs of their users.

The internal coherence of our questionnaire was another limiting factor for data interpretation. Some categories of barriers explored had poor internal coherence, limiting the scope of our conclusions.

CONCLUSION

To our knowledge, this study is one of the first to describe the competing priorities in health care and the barriers and facilitators specific to eye care from the perspective of adults experiencing homelessness in Canada. These data may ensure a better understanding of the use of eye care services. Adapting care models according to these results and developing more diverse strategies could help to contribute to the provision of more effective eye care to this underserved population.

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ETHICAL APPROVAL: Not required for this article type.

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Appendix A – Questionnaire: evaluation of barriers to and facilitators of eye care consultation for adults experiencing homelessness in Montreal

SOCIODEMOGRAPHIC DATA

1. ***What is your date of birth?***
   Refused to answer

2. ***If date of birth unknown, how old are you (in years)?***
   Refused to answer
   Was age estimated by researcher?
   Yes
   No

3. ***What was your sex at birth?***
   Male
   Female
   Refused to answer
   Don't know

4. ***What is your gender?***
   Male
   Female
   Nonbinary
   Other
   Or please specify:
   Refused to answer
   Don't know

5. ***What is your sexual orientation?***
   Heterosexual
   Homosexual
   Bisexual
   Other
   Or please specify:
   Refused to answer
   Don't know

6. ***Do you belong to one or more of the following racial or cultural groups from the list below?***
   Please select all that apply:
   White
   Asian
   Black;
   Latin American
   Arabic
   Refused to answer
   Don't know
   Other:

7. ***Were you born in Canada?***
   Yes
   No
   Refused to answer
   Don't know

8. ***Are you Indigenous, meaning either First Nation, Me tis, or Inuit?***
   Yes
   No
   Refused to answer
   Don't know

9. ***If yes, are you First Nation, Métis or Inuit?***
   First Nation
   Metis
   Inuit
   Refused to answer
   Don't know

10. ***What is the highest level of study you have COMPLETED?***
    No education
    Elementary school
    High school
    Post-secondary studies
    Refused to answer
    Don't know

11. ***Do you currently have a valid Medicare card (ex. RAMQ, "carte-soleil", OHIP card)?***
    Yes, a RAMQ card (carte soleil)
    Yes, another Medicare card (ex. OHIP card)
    No (Includes stolen or lost card)
    Refused to answer
    Don't know

12. ***Are you currently registered for welfare?***
    Yes
    No
    Refused to answer
    Don't know

13. ***Are you currently registered for Old Age Security?***
    Yes
    No
    Refused to answer
    Don't know

SOCIAL SUPPORT

(We are interested in knowing more about your relationships with other people, including your family and friends)

14. ***What is your legal marital status?***
    Single
    Living common-law (never legally married)
    Married
    Separated
    Divorced
    Widowed
    Refused to answer
    Don't know

15. ***Do you have dependent children?***
    Yes
    No
    Refused to answer
    Don't know

HEALTHCARE SERVICES UTILIZATION

1. ***Do you currently have a family doctor?***
   Yes
   No
   Refused to answer
   Don't know

2. ***When was the last time you consulted a doctor or a nurse?***
   Less than a year
   1 to < 2 years
   2 to < 3 years
   3 years and more
   Never
   Refused to answer
   Don't know

3. ***Over the last 12 months, have you seen or spoken with an eye healthcare professional (optometrist or ophthalmologist)?***
   Yes
   No
   Refused to answer
   Don't know

4. ***Over the last 12 months, have you been to the emergency room for an eye problem?***
   Yes
   No
   Refused to answer
   Don't know

5. ***When was your last eye exam?***
   Less than a year
   1 to < 2 years
   2 to < 3 years
   3 years and more
   Never
   Refused to answer
   Don't know

6. ***If the last eye exam was more than 2 years ago, is there a reason why you have not seen an eye healthcare professional (optometrist or ophtalmologist)?***
   Yes, specify:
   No
   Refused to answer
   Don't know

7. ***Have you ever had an eye exam in a mobile optometry clinic? (e.g. Regard collectif, from the University of Montreal)***
   Yes (Regard collectif)
   Yes (other), specify :
   No
   Refused to answer
   Don't know

8. ***Have you ever consulted a mobile optician to get glasses? (e.g. Bonhomme à lunettes)***
   Yes (Bonhomme à lunettes)
   Yes (other), specify :
   No
   Refused to answer
   Don't know

COMPETING PRIORITIES FOR HEALTHCARE

1. ***Over the past 30 days, how often have you had difficulty in meeting the following needs?***

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)
A place to sleep				
Food				
Clothes				
A place to shower				
Washrooms				

2. ***On a scale of 1 (totally disagree) to 5 (totally agree), 3 being neutral, to what extent do you agree with the following statement:***
   My health is a priority for me

BARRIERS AND FACILITATORS FOR EYE CARE

COSTS

On a scale of 1 (totally disagree) to 5 (totally agree), 3 being neutral, to what extent do you agree with the following statements:

a. Even if I am covered, I worry that I will be charged fees at the optometrist
b. I have enough money for glasses or contact lenses
c. I worry that my glasses or contact lenses will be more expensive than what is covered
d. If I am covered, I am more willing to seek a consultation for my eyes

ACCESSIBILITY AND TRANSPORTATION

On a scale of 1 (totally disagree) to 5 (totally agree), 3 being neutral, to what extent do you agree with the following statements:

a. If there is more than one health and social services provider in one place, I am more willing to seek a consultation there
b. If an optometry clinic offers walk-in appointments, I am more willing to seek a consultation there
c. If I have to take public transportation, I will not go to the optometrist
d. Opening hours of optometry clinics meet my needs
e. I would rather consult an optometrist directly in a shelter or centre rather than having to travel to the optometrist's office

TRUST AND PREVIOUS EXPERIENCES

On a scale of 1 (totally disagree) to 5 (totally agree), 3 being neutral, to what extent do you agree with the following statements:

a. I feel secure if I go to an optometry clinic
b. I am more willing to go see the same optometrist again if they do not ask too many questions about my personal life
c. I have never felt discriminated against or judged by an optometrist
d. In general, I trust optometrists

KNOWLEDGE AND UNDERSTANDING

On a scale of 1 (totally disagree) to 5 (totally agree), 3 being neutral, to what extent do you agree with the following statements:

a. I find the procedures related to health insurance coverage, social or Indigenous assistance programs complicated to understand
b. I understand what optometrists do and the services they offer
c. I know where to find eye care professionals

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