**EYE CARE FOR THE HOMELESS:**
**FIRST YEAR OF DATA FROM A MOBILE TEACHING CLINIC**

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**Background**
- Among homeless populations, there are significant prevalence and morbidity of eye disease and an unmet need for refractive services\(^1\)\(^,\)\(^2\)
- Little is known about this population in Quebec (Canada)
- In 2017, the University of Montreal (UM) School of optometry implemented a mobile community clinic, Regard collectif (RC)
- Aims of RC clinic
  - provide quality eye care to the homeless
  - fill the gap in ophthalmic epidemiology for this population
  - give optometry students the opportunity to acquire competencies relative to caring for marginalized patients

**Methods**

**Retrospective chart review**
- RC clinical records include
  - elements from epidemiological studies data collection forms
  - data on social determinants of health
    - literacy, education, Indigenous status, substance abuse, etc.
  - Patient consent for use of data is systematically collected during RC clinics

**RC clinic is a mandatory clinical rotation for 4th year optometry students**
- Elective 3-hour course on prejudice, ethics and health care for homeless
- Of 6 – 12 hours of clinical activity
- Qualitative student feedback was collected by semi-structured verbal and written questionnaires after the training and the clinical rotations
  - Before clinic:
    - What are your expectations/permissions with regards to working with homeless patients?
  - After clinic:
    - How was your experience of working with homeless patients? Did your experience with RC change your perception of homeless patients?
    - What did you change in your approach to these patients?
    - What did you learn about homelessness?

**Results**

**RC achievements, first year of operations**

- Clinic days: 26
- Patients visits:
  - 76% men (n = 158)
  - 24% women (n = 51)
- Comprehensive eye exams (92% with dilated fundus exam) 210
- Follow-up or partial exams 99
- Needed some intervention 97% (n = 203)
- Correction of refractive error 85% (n = 179)
- Significant ocular or systemic disease
  - Cataracts (n = 14)
  - Glaucoma or glaucoma suspicion (n = 6)
  - Diabetic retinopathy (n = 2)
  - Neuro-ophthalmic disorders (n = 6)
  - Other (n = 3)

**Lack of social medical coverage of patients**

- 34% uninsured for eye exam
- 63% uninsured for spectacles

**Student experience**

- Over 196 direct teaching hours were provided to 44 optometry students
- Qualitative feedback from the student experience
  - reported lessened prejudices
  - increased awareness of the importance to adapt their approach to suit the realities of marginalized patients

**Qualitative student feedback**

- I realized there were several occasions where I was tempted to label a quick judgment concerning their education or background or social manners. However, the knowledge and insight I gained from the workshop encouraged me to stop socially prejudging these individuals and to take the opportunity to discover their individuality and their social interests.
- I was enlightened to see the impact our services had on improving their vision and quality of life; whether it involved reading the newspaper or reading a favorite novel or just playing bingo.
- RC was an incredible experience, which provided me the opportunity to evolve and improve my social judgment skills from a humanitarian perspective.
- After my first experience with RC, I found myself quite perplexed. I faced a patient who was my age; in another dimension, our roles could’ve been reversed. (...) I realized the line between a homeless person and « everyday » people is quite thin.

**Conclusion**

- The newly implemented RC clinic allows the first report of ophthalmic clinical data on the Montreal homeless population.
- Optometry students exposed to RC in its first year of operations seem to enhance their competencies to care for marginalized patients.

**References**