

Quebec's Financial Assistance Program for Pediatric Corrective Lenses: A Parental Survey on Awareness and Accessibility

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Abstract

Purpose

Mieux voir pour réussir (See Better to Succeed) is a Government of Québec financial assistance program, which reimburses \$300 on the purchase of corrective lenses for all children younger than 18 years old. Our study assessed the level of parental awareness of the program and whether the reimbursement after upfront payment by the patient is a barrier to its uptake.

Methods

In this cross-sectional study, we distributed an online questionnaire to parents of elementary school children from three French-speaking school service centres in the Canadian province of Québec. The questionnaire included items related to socio-demographic factors, parental awareness of the program, history of the child's eye examinations, parental perception of eye health, and the reimbursement method as a possible barrier. We collected descriptive statistics and performed chi-square tests.

Results

In total 434 participants from 15 schools (response rate 20%) participated in the study. The program was known to 53% of participants. Parents were more familiar with the program if their child wore corrective lenses ($P < .001$), already had an eye exam ($P < .001$), had eye exams at the recommended frequency ($P < .001$), or if the parent considered their child having annual eye exams to be important ($P = .02$). For 27% of participants, the payment method could be a barrier to using the program, particularly parents with the lowest levels of income ($P < .001$) and education ($P < .001$).

Conclusion

Almost half of the parents surveyed were unaware of the program, suggesting the need for better targeted promotion. More than a quarter of parents, and almost half of those of lower socio-economic status, indicated that the reimbursement after upfront purchase was a barrier. Considering that the program aims to support academic success for all children, adjustments to the reimbursement method

could be beneficial to increase its uptake, especially among children from underprivileged backgrounds.

Keywords

pediatric optometry, health insurance reimbursement, health services, awareness, health services accessibility, Québec

Vision plays a key role in a child's development, whether it be early in childhood development or learning in school. About 80% of classroom learning is through vision.¹ Uncorrected or under corrected vision affects students' ability to focus in class. This leads to their disengagement from classwork, resulting in poor class participation, giving up on school-related tasks, and disrupting other students.^{1,2}

In Québec, comprehensive eye exams have been covered for children younger than 18 years old under the provincial health insurance plan since 1970.^{3,4} In 2019, in an attempt to optimize the chances of academic success for all school-aged children, the provincial government implemented two programs to provide optimal vision. Funded by Québec's Ministry of Education, the first program is À l'École de la vue. It sends optometrists province-wide to provide vision screening in schools to all four- and five-year-old kindergarten students.⁵ Funded by Québec's Ministry of Health through the public health insurance Régie de l'assurance maladie du Québec (RAMQ), the second program is Mieux voir pour réussir (See Better to Succeed) (MVPR). It is a universal financial assistance program, which offers a partial reimbursement on the purchase of corrective lenses. Since 2023, MVPR offers a reimbursement of a fixed amount of \$300,

every two years, on prescription glasses or contact lenses purchased in Québec from an optometrist or optician.⁶ Obtaining a reimbursement involves three steps:

1. The parent pays the full cost of the corrective lenses.
2. They complete an online form requesting reimbursement.
3. They receive a reimbursement cheque in the mail within three weeks.⁷

The RAMQ evaluated the MVPR program by conducting a satisfaction survey among past beneficiaries. The survey found that 95% of respondents considered the process to be easy, while 90% were satisfied with the delay in receiving the mailed reimbursement cheque. However, the RAMQ only surveyed parents or guardians of children who had benefited from an MVPR reimbursement, therefore excluding parents who had not used the program.^{8,9}

There are various potential barriers and facilitators to parental awareness or use of health care programs. There is very little literature about financial assistance programs in health care, such as MVPR, but lower socio-economic status appears to be a potential barrier to their use. Indeed, a study in France¹⁰ on a dental-care program showed that the more a child was "in need of care," the less likely they were to receive it, even if the costs were fully reimbursed to the parents. According to the researchers, one of the reasons for this result was that even if all the charges were refunded, the expensive initial payment could deter parents in a precarious financial situation from paying these fees and waiting for the reimbursement.¹⁰

In eye care, studies conducted in different countries have shown that low-income and minority children are disproportionately affected by poor vision due to

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a higher prevalence of refractive errors and reduced access to corrective lenses.¹⁻³ Several studies have also shown that the lower a parent's socio-economic status, the less likely they are to seek eye care services for their children as a preventive measure.¹¹⁻¹³ An Australian study reports that patients with private insurance tend to consult more for preventive health care than people without insurance due to lower out-of-pocket costs for consultations and purchases of related products.⁴ Often, lower financial means are an important obstacle to accessing eye care.¹³⁻¹⁵ However, there is a knowledge gap about how lower socio-economic status is a barrier to the use of financial assistance programs in eye care.

The objective of our study was to assess awareness and financial accessibility of the MVPR program among parents of Québec children younger than 18 years of age attending public schools. More specifically, we aimed to determine the level of awareness among parents across socio-economic levels, to explore factors influencing awareness of the program, and to assess whether the reimbursement method was a barrier to accessing the program's benefits.

Methods

The Clinical Research Ethics Board of the Université de Montréal approved the study protocol (#2023-4250), and all parents provided informed consent.

The target population of this cross-sectional study were the parents of children younger than the age of 18 years, who attend French-language elementary schools in Québec. In May 2023, we emailed three public school service centres (school boards) within 50 km of Montréal (i.e., Marie-Victorin, Mille-Îles, and Saint-Hyacinthe school services centres) to ask if some of their schools could serve as data collection sites. School service centres that agreed to participate were asked for contact information for their schools' administrators. We stratified recruitment of schools according to socio-economic status (i.e., low, moderate, and high) using Québec's Ministry of Education deprivation indices.¹⁶ Each elementary school was given two deprivation indices: the Socio-Economic Environment Index (i.e., Indice du milieu socioéconomique) and the Low Income Threshold Index (i.e., Seuil de

faible revenu). We determined levels of deprivation according to the values of both indices: 1 to 3 (low), 4 to 7 (moderate) and 8 to 10 (high).

It has been reported that individuals with a lower socio-economic status may be less likely to respond to surveys.^{17,18} To minimize this potential selection bias, the number of schools recruited with a high deprivation level was three times higher than those with a low or moderate level. Sample size was determined to obtain 225 completed questionnaires, based on a previous similar study.¹⁰ To reach this, we used a conservative predicted response rate of 25%,¹⁹ resulting in the need to send a minimum of 900 invitations to participate.

Recruitment

We sent school administrators a set of recruitment documents, which included a presentation of the project and a standardized invitation email for parents to complete an online survey. Inclusion criteria were for parents to have a child registered in either preschool (typically five or six years old), Grade 3 (typically eight or nine years old) or Grade 6 (typically 11 or 12 years old) and be able to fill out a browser-based survey in French or English. We selected these three grade levels to sample students from various points in elementary school without sending the questionnaire to the whole school. There were no exclusion criteria. If parents had more than one child attending one of these levels, we asked them to answer questions considering their youngest child. We sent a reminder email to parents through the school one week after the initial invitation.

Data Collection and Analysis

The questionnaire (Appendix A) was an online survey administered through LimeSurvey (GmbH, n.d.). The survey consisted of 12 to 13 multiple-choice items (depending on some answers) and collected no identifiable information. It included items to assess the level of parental awareness of MVPR, their source of information on the program, and factors potentially influencing their level of awareness, such as their child's past history of eye examinations and their frequency, their child's existing corrective lenses, and the level of importance parents give to eye health. These factors are expected to influence or be influenced by the parents' level of eye health

Table 1. Socio-demographic characteristics of parents ($N = 434$)

Socio-demographic characteristic	Frequency	%
School service centre		
Mille-Îles	196	45.2
Marie-Victorin	140	32.2
Saint-Hyacinthe	91	21.0
Did not specify	7	1.6
Deprivation level of school		
Low	119	27.4
Moderate	114	26.3
High	194	44.7
Not available	7	1.6
Child's age*		
5-6 (preschool)	200	46.1
8-9 (Grade 3)	147	33.9
11-12 (Grade 6)	87	20.0
Parent's education level (highest completed)		
University degree	186	42.9
College diploma or equivalent	105	24.2
High school / vocational certification	106	24.4
Elementary school	17	3.9
Other / not specified	20	4.6
Parent's annual income (gross)		
<\$25,000	37	8.5
\$25,001-\$50,000	88	20.3
\$50,001-\$100,000	182	41.9
\$100,001-\$150,000	64	14.7
>\$150,001	29	6.7
Not specified	34	7.8

* Participants with more than one child attending the school were asked to answer according to the youngest child's age.

literacy (questionnaire items 1, 2, 3, and 4).²⁰ It also contained items assessing parents' perception of MVPR's reimbursement method as a potential barrier, as well as items on income and education level.¹⁰ The questionnaire was composed in French and translated into English by a person whose first language is English. To verify and improve comprehension of questions, the survey was pre-tested on a sample of 10 French and English non-participants and subsequently adjusted.

We analyzed data using SPSS Statistics for Windows, version 29 (IBM Corp., Armonk, N.Y., USA). Descriptive statistics included answer frequencies with 95% confidence intervals. We performed chi-squared tests to analyze associations between categorical variables. Significance level was set at 0.05. Multiple comparisons were planned a priori for variables with multiple levels (e.g., income and education levels), using adjusted standardized residuals, for which the Bonferroni correction was used.

Results

The three centres we approached agreed to participate in our study, representing a pool of 20 schools to be contacted. Of these, 15 schools agreed to recruit parents: nine had a high deprivation level, three had a moderate level and three had a low level. They sent 2,144 parental invitations (1,129 had a high deprivation level, 424 had a moderate level, and 591 had a low level). From these, 434 parents fully completed the survey, for a global participation rate of 20.2%.

Table 1 describes the socio-demographic characteristics of the parents. In all, 44.7% ($n = 194$) had a child attending a school with a high deprivation level, 26.3% ($n = 114$) with a moderate level, and 27.4% ($n = 119$) with a low level. Almost half of the parents (46.1%, $n = 200$) had children in preschool. About 43% ($n = 186$) of parents had completed a university degree. The largest category of gross parental annual income was \$50,001 to \$100,000 (41.9%, $n = 182$).

Table 2 shows the levels of parental awareness of the MVPR program and potentially associated factors. Almost half of parents (46.3%, $n = 201$) had

Table 2. Parental awareness of Mieux voir pour réussir program and associated factors

Variable	<i>n</i>	Frequency	%	95% CI, %	$\chi^2(df)$	<i>P</i> value
Awareness of MVPR program	434			-	-	
Familiar with or had heard of program		233	53.7	48.9-58.5		
Had never heard of program		201	46.3	41.5-51.1		
Child had an eye examination in the past	434				27.3(1)	< .001
Yes		358	82.5	78.6-86.0		
No / I don't know		76	17.5	14.1-21.4		
Child currently wears corrective lenses	358				48.9(1)	< .001
Yes		102	28.5	23.9-33.5		
No / I don't know		256	71.5	66.5-76.1		
How often do you plan for your child to have an eye examination	434				23.6(1)	< .001
Adequate frequency (yearly)		242	55.8	51.0-60.5		
Inadequate frequency (biyearly / as needed/ unknown)		192	44.2	39.5-49.1		
I consider it important that my child has an annual eye examination	433				5.4(1)	.02
Agree (completely / somewhat)		392	90.5	87.4-93.1		
Disagree (completely / somewhat)		41	9.5	6.9-12.6		
Parent's education level (highest completed)	422				0.3(4)	.99
Parent's annual income (gross)	400				1.2(4)	.88

never heard of the program. As illustrated in Figure 1, parents who had heard of the program had most often heard of it through their optometrist ($n = 102$, 44%). There was a statistically significant positive association between awareness of the program and the following factors:

- whether a child had ever had an eye exam ($P < .001$),
- whether a child was currently wearing corrective lenses ($P < .001$),
- whether parents planned on their child getting an eye exam at the recommended annual frequency ($P < .001$), and
- whether a parent finds annual eye examinations important for their child ($P < .02$).

Parental awareness of the MVPR program was not statistically associated with parental level of education ($\chi^2[4] = 0.3$, $P = .99$) nor with annual income ($\chi^2[4] = 1.2$, $P = .88$).

Table 3 shows that the MVPR program's method of reimbursement "would" or "could" prevent parents from buying a child's glasses for 27.7% ($n = 119$) of survey respondents. Reimbursement reported as a barrier was significantly associated with both lower education ($n = 417$, $\chi^2[4] = 32.8$, $P < .001$) and lower income levels of parents ($n = 397$, $\chi^2[4] = 56.7$, $P < .001$). This association remained significant across all levels (all adjusted P values $< .001$). Figure 2 shows how parents having the lowest education and annual income perceive the reimbursement as a barrier compared with parents with higher education and income levels. This illustrates the accessibility gap between socio-economic status, with

Figure 1. How parents heard about the MVPR program (*n* = 233)

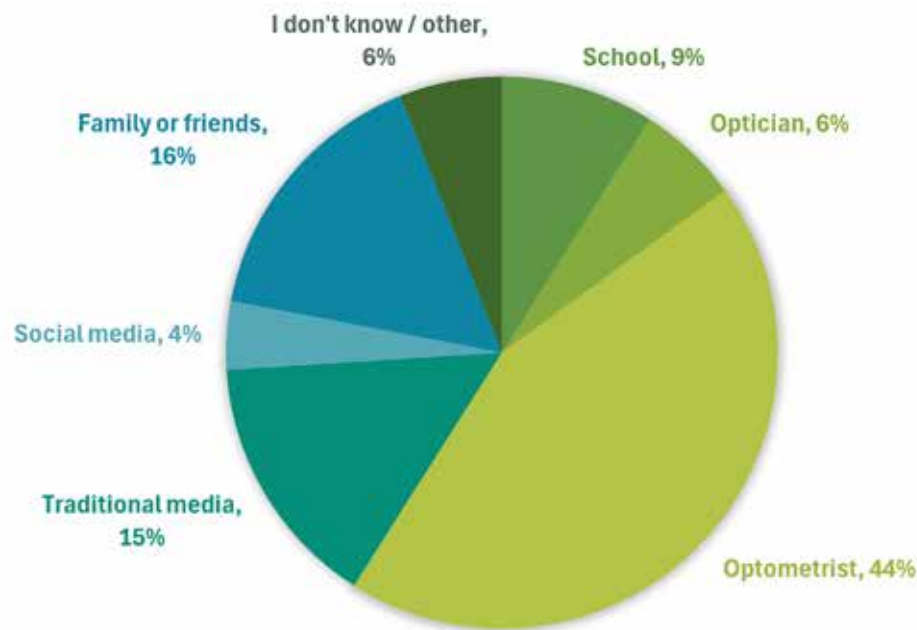
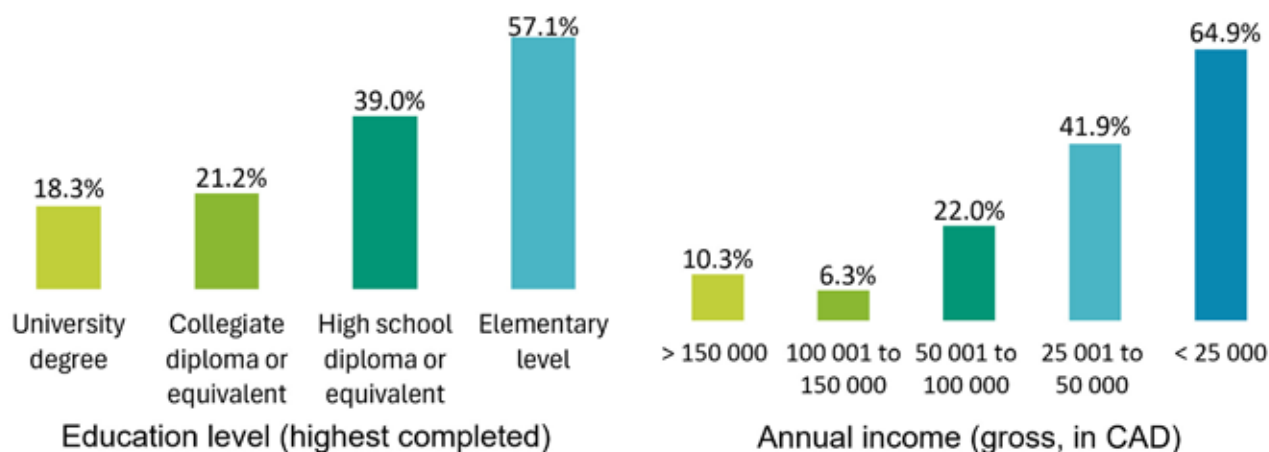


Table 3. MVPR program's reimbursement method as a barrier to purchase spectacles

Variable	<i>n</i>	Frequency	%
Program's reimbursement as a financial barrier	429		
Would / could be a barrier		119	27.7
Not a barrier		310	72.3
Variable	<i>n</i>	$\chi^2(df)$	<i>P</i> value
Parent's education level (highest completed)	417	32.8(4)	< .001
University degree		240.3(1)	< .001*
College diploma or equivalent		32.5(1)	< .001*
High school / vocational certification		171.6(1)	< .001*
Elementary school		18.5(1)	< .001*
Other / not specified		15.2(1)	< .001*
Parent's annual income (gross)	397	56.7(4)	< .001
<\$25,000		196.0(4)	< .001*
\$25,001-\$50,000		163.8(4)	< .001*
\$50,001-\$100,000		82.8(4)	< .001*
\$100,001-150,000		169.0(4)	< .001*
>\$150,001		23.4(4)	< .001*

*Bonferroni correction applied for analyses.

Figure 2. Proportion of parents who perceived the reimbursement as a barrier to purchasing glasses for their child, according to their income and education



57.1% of parents with an elementary school education and 64.9% of parents with an annual income of less than \$25,000 reporting it as a barrier to purchase glasses.

Discussion

Our study examined the level of parental awareness and accessibility of the MVPR financial assistance program. Results showed limited parental awareness of the program, and that its reimbursement method is perceived as a barrier by many parents, especially those of lower socio-economic status.

Almost half of the parents we surveyed had never heard of the MVPR program. A higher level of awareness was linked to whether a child had had a previous eye examination or wore corrective lenses, whether the parent was aware of the recommended frequency of eye exams, or whether the parent valued regular eye examinations. These factors all reflect higher parental health literacy. This correlates well with the fact that among parents aware of MVPR, the most frequently reported source of information was their optometrist. This also echoes the literature, which generally supports that parents will have better health literacy when they receive quality care from health care professionals.^{21,22} However, we expected education and income to be positively associated with levels of awareness because

some studies report that parents with a lower socio-economic status were less likely to seek eye care services as a preventive measure.^{11,12} We observed no such association. However, the contexts of these studies were different. One of them was conducted in the United States, where there is no universal coverage for eye care. The other was conducted in the United Kingdom, where “optical vouchers” cover a part of the cost of glasses for children younger than 16 years, but the covered amount is modest. It is also possible that families with lower income may be more likely to ask about available financial assistance programs as they often depend on them to get by.

If the objective of the MVPR program is to increase access to glasses for children, its promotion outside of professional settings should be improved across the spectrum of socio-economic status. Professional associations regularly lead campaigns to increase awareness for people, including children, to seek optometric care. Associations also provide information on their website on child eye health.^{23,24} However, other means of promoting the MVPR program should be considered in addition to this. One option could be to partner with the À l'École de la vue program,⁵ Québec's universal school screening program for children. As all parents of kindergarten-aged children in public schools

receive documentation before and after the screening, some of the l'École de la vue documentation (e.g., information leaflet, eye health report) could contain information to raise awareness of the MVPR program. This could also increase the chances of parents of children failing the school screening to pursue follow-up eye care with an optometrist.

Another notable finding is that the current reimbursement model of the MVPR program is perceived by more than a quarter of parents as a barrier to obtaining glasses for their children. These results are consistent with Azogui-Levy et al.'s study on a dental financial assistance program, where even if the parents were offered full reimbursement of oral care for their child, having to pay the initial amount was a deterrent.¹⁰ They found this to be the case especially among lower income families. Our study results resonate in the same way. The reimbursement was a barrier associated with lower socio-economic status. This is of particular concern because literature reports that children from lower socio-economic families may have more vision problems,^{2,3} can be more at risk of poor academic performance when they have uncorrected eye disorders,¹⁻³ and may have parents at greater risk of not seeking preventive care for their eye health.^{11,12,25}

Before the implementation of MVPR, parents benefiting from Social Solidarity Programs in Québec had coverage for a certain amount toward the purchase of glasses for their children. The eye care provider billed this amount to the government and received the refund directly. As a result, the patient only had to pay the remaining balance to the eye care provider.²⁶ Since the implementation of MVPR, these parents must pay the full cost of their children's glasses before obtaining the mailed refund. It is therefore possible that some parents who used to receive social assistance benefits for their child's glasses are now unable to access this financial assistance because they cannot afford the purchase of the glasses, a pre-requisite to claim reimbursement.

Therefore, if the MVPR program aims to increase access to eye care treatments for all children, including those who need it the most, some modification to its funding model may be warranted.

Indeed, our data show evidence to argue that a change to MVPR's current payment method may provide better accessibility to quality eye care treatments for all children in Québec. A solution could be to allow optometrists and opticians to bill the RAMQ directly for the cost of the glasses to avoid patients having to initially pay the fees themselves. Being responsible for the MVPR program, the Québec Ministry of Health could develop a more equitable and acceptable billing mechanism in cooperation with stakeholders, such as optometric and optical professional associations and regulatory bodies.

Strengths and Limitations

Our study is the first to report findings about a financial assistance program for pediatric eye care. Its strengths are its large sample size, which ranges across all school deprivation indices, and the sampling methodology, which aimed to increase responses from individuals from lower socio-economic status.

It also has three limitations.

First, the study could not use a validated questionnaire, which may limit reliability of results and their generalization outside of Québec. It also does not assess construct validity of items. In the current context, no validated questionnaire existed for this research question, and the process of formal validation exceeded the time and resources available. However, efforts were made to minimize information bias, such as pretesting and adjusting the questionnaire before data collection.

Second, data collection was limited to two administrative regions (Montérégie and Laval), which are suburbs of Montréal. The study period prevented us from including data from the Montréal administrative region itself, which contains the most low-income families.²⁷ This may have underestimated the proportion of parents for whom the reimbursement method is a barrier to the provision of glasses for their children.

Third, our sample has a high proportion (43%) of university graduates, which is roughly 10% higher than in Québec's general population.²⁸ As higher education is linked to higher health literacy,²⁹ our results on program awareness may have been overestimated.

Conclusion

Our study showed that there is limited parental awareness of Québec's financial assistance program for pediatric glasses. Just more than half of parents surveyed had heard of or were familiar with MVPR. This awareness was linked to having previously consulted an optometrist or generally having higher health literacy. Considering the objective of the program is to allow equitable access to glasses and better vision for all children, efforts should be made to promote it among parents of children who have never received optometric care across all levels of socio-economic status.

Furthermore, the program's reimbursement model was perceived as a barrier by a significant proportion of parents, especially among those with lower socio-economic status. Given the higher burden of vision problems and academic challenges among these children, policy-makers and professional leaders should consider an alternative and more accessible funding model.

Disclosures

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Ethical approval: Participants gave their implicit consent by answering the online questionnaire. They were informed of the nature of the study

beforehand and were able to make an informed decision on their participation. The Clinical Research Ethics Board of the Université de Montréal approved the study (reference number 2023-4250).

AI Statement: The authors confirm no generative AI or AI-assisted technology was used to generate content.

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Appendix A. Questionnaire (English Version)

Note: Original questionnaire contained either 12 or 13 questions, depending on some of the participants' answers. Minor formatting edits were made in the version presented here, to facilitate reading.

Considerations before filling out this survey (3):

1. Please note that to answer this questionnaire, you must meet the following criteria:

Have a child under the age of 18

2. This questionnaire must be answered by only one adult living under the same roof as the child. If you share custody of your child with your ex-partner and live under two separate roofs, each parent can answer this survey individually, without consulting the other.
3. Please indicate, among these three choices, in which school level is your youngest child currently enrolled in elementary school. Choose one of the following answers:
 - a. Kindergarten (preschool)
 - b. 3rd grade
 - c. 6th grade

*For each item of the questionnaire, parents were reminded to answer based on their youngest child (i.e. the child in the grade selected in the preliminary questions).

Questionnaire items:

1. Has your child ever had any kind of eye exam or vision test by an optometrist or ophthalmologist?

Note that a vision screening done at your child's school should not be considered.

- a. Yes
 - b. No
 - c. I don't know
2. How often do you plan to send your child for an eye exam?
 - a. Every year
 - b. Every 2 years
 - c. Depending on the complaints or needs of my child
 - d. I don't know
 3. If you responded a) to question 1: Does your child wear glasses or contact lenses?
 - a. Yes
 - b. No
 - c. I don't know
 4. Indicate your opinion about this statement: I consider it important that my child has an annual eye exam
 - a. Completely agree
 - b. Somewhat agree
 - c. Somewhat disagree
 - d. Completely disagree
 - e. I prefer not to answer

5. Have you ever heard of the « Mieux voir pour réussir » program? This is a government financial assistance program that offers a fixed reimbursement of \$300 every 2 years for a child under the age of 18 on the purchase of glasses or contact lenses to correct a vision problem.
 - a. Yes, I'm familiar with this program
 - b. I've heard of it, but I'm not familiar with it
 - c. No, I've never heard of this program
6. If you responded a) or b) to question 5: How did you hear about this program?
 - a. Optometrist
 - b. Optician
 - c. Pediatrician or family doctor
 - d. Family or friends
 - e. School
 - f. Media (radio, television, etc)
 - g. Social networks
 - h. Other
 - i. I don't know
7. Imagine that your child needs glasses. According to the current terms of the "Mieux voir pour réussir" program, you must pay the full cost of the corrective lenses in advance and wait up to 3 weeks before receiving a reimbursement. Could this prevent you from buying your child's glasses?
 - a. Yes, this would prevent me from acquiring the glasses.
 - b. Yes, this could prevent me from acquiring the glasses, depending on my current financial situation or other circumstances.
 - c. No, that would not prevent me from acquiring the glasses.
 - d. I don't know / I prefer not to answer.
8. How old is your child? (choice of integers from 4 to 17 inclusive)
9. Which school is your child currently attending? (choices included all schools of the relevant school service centers)
10. Which highest level of formal education did you complete?
 - a. Primary school
 - b. High school diploma or equivalent
 - c. Professional/vocational training (e.g., AEP, DEP) or equivalent
 - d. College diploma (CÉGEP) or equivalent
 - e. University level (Bachelor's degree/ Master's degree/ PhD)
 - f. Other
 - g. I don't know/ I prefer not to answer
11. What was your gross income (before taxes) for the 2022 tax year?
 - a. Less than \$25, 000
 - b. Between \$25, 001 and \$50, 000
 - c. Between \$50, 001 and \$100, 000
 - d. Between \$100, 001 and \$150, 000
 - e. More than \$150, 001
 - f. I don't know/ I prefer not to answer