A REPORT CARD ON VISION HEALTH IN CANADA

THE IMPACT OF THE COVID-19 PANDEMIC ON CANADIANS WHO ARE BLIND, DEAF-BLIND OR PARTIALLY-SIGHTED 2022

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

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REPORT CARD PART 2

1.Table of Contents

2. List of Tables

3. Introduction

In April 2020, at the start of the COVID-19 pandemic in Canada, the Canadian Council of the Blind (CCB) surveyed people who were blind, deaf-blind, or partially-sighted to assess the effect that the pandemic was having on their lives. The data obtained from the survey was used to advocate to governments and other organizations for actions and policies to assist the vision loss (VL) community in areas where a unique need or situation was identified. For example, the CCB advocated to all provincial governments that people with VL should be given priority with respect to vaccination.

Two and a half years have gone by and, while the pandemic is still ongoing, how we are all dealing with the current situation is different from that of 2020. At this stage in the evolution of the pandemic it was felt important that we reassess how people with VL are dealing with the pandemic to see if there are still issues that need to be addressed. The current survey used many of the same questions we asked in the 2020 survey in order to be able to make comparisons. In addition, questions were asked that were specific to this phase of the pandemic.

4.Executive Summary

The Canadian Council of the Blind (CCB) conducted a survey of Canadians who are blind, deaf-blind, and partially-sighted from June 10th to July 24th, 2022 in order to obtain an update as to what impact the COVID-19 pandemic has had on the VL community. Many of the questions posed in the survey were identical with those used in the survey conducted by the CCB in April 2020 at the start of the pandemic. This enabled direct comparisons to be made between the situation as it existed early on in the pandemic and the situation two and a half years later. In addition, a number of questions were asked in the survey that gave a direct reflection of the status of the community that could not have been asked at the start of the pandemic, such as vaccine status.

The survey was conducted via the SurveyMonkey platform. An email with an explanatory letter, including privacy information, was sent out to the full CCB email list on two occasions. The survey and accompanying letter were also included in the CCB's monthly e-newsletter and the BALANCE for Blind Adults' weekly e-newsletter, and sent to the email list of the Alliance for Equality of Blind Canadians, to the email distribution list of Fighting Blindness Canada, and to the client lists of CNIB and Vision Loss Rehabilitation Canada.

4.1 Demographics of survey sample

A sample of 572 responses was received (the exact same number of responses as was received in one week in the 2020 survey), with responses coming from all provinces. 57.0% of respondents were over the age of 65, with 25.6% of respondents identified as being blind, 70.8% being partially-sighted, and 3.6% being deaf-blind. This sample is, therefore, not representative of the general Canadian population in that 18.5% of the Canadian population is currently over the age of 65.[1] (See Limitations of Survey.)

58.7% of respondents said they had another disability in addition to their vision loss. Respondents identified a wide array of diseases as the cause of their vision loss, with the main cause being age-related macular degeneration (AMD) (both dry and wet forms), accounting for 25.4% of respondents (almost equally divided between dry and wet AMD), followed by glaucoma (21.4% of respondents), cataracts (18.2% of respondents), and retinitis pigmentosa (16.7% of respondents).

Most respondents lived with someone else (family, friends, or roommates), with only 33.5% living alone. A mere 0.9% of respondents lived in retirement/nursing homes.

4.2 Access to information

Most people were still acquiring their information about COVID-19 from television, radio, and internet. 41.0% of respondents said that they had acquired their information from government websites. 78.9% of respondents had accessed a government announcement (up from 69.0% in 2020) with only about 44.0% of respondents indicating that all government websites were fully accessible and 25.3% of respondents saying that only some of the government websites were accessible. It is somewhat disappointing to find that many members of the VL community had difficulty accessing government information.

24.4% of deaf-blind respondents said that they had access to deaf-blind interpreters, with 18.7% of respondents saying that they only had access to interpreters some of the time. A larger group (56.9%) of respondents said that they didn't have access to deaf-blind interpreters. Clearly, many members of the deaf-blind community seem to have been at risk during the pandemic due to the lack of availability of deaf-blind interpreters.

[1] Statistics Canada. Population estimates on July 1st, by age and sex. Available at: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501 Accessed August 1, 2022.

4.3 Vaccination

96.6% of respondents said that they had received at least one vaccination for COVID-19. This compares very favourably with that of all Canadians. (92.7% of Canadians over the age of 18 have received at least one vaccination.)[2] 95.2% of respondents had received two or more vaccinations (compared with 90.4% for Canadians aged 18 or older), with 86.3% of respondents having received at least one booster (compared with 59.3% for Canadians aged 18 or older). From this data, it appears that the VL community has been well-vaccinated. 91.0% of respondents reported that the vaccination facility they attended was fully accessible. One in four respondents (24.4%) used a form of public transportation to get to the vaccination site that made them vulnerable to acquiring COVID-19 (public transit, paratransit, or a taxi/Uber).

4.4 Acquisition of, and testing for, COVID-19

Almost twice as many respondents to this survey had tested positive for COVID-19 (21.8%) compared with the general Canadian population (10.6%)[3]. 1.8% of respondents said that they had been hospitalized for COVID-19. This compares to 0.4% of the total Canadian population that have been hospitalized.[3] It is unclear whether this difference is because the survey sample was older than the general population or whether the comorbidities or some other factor make the survey population more vulnerable to the effects of COVID-19. 44.9% of respondents said they had been tested for COVID-19 outside their home, most of whom were tested at an accessible facility (83.8% of respondents). 12.1% of respondents had travelled to the test facility by public transit, paratransit, or taxi/Uber, making them vulnerable to contracting COVID-19.

Almost half of the respondents (49.3%) said that they had conducted a COVID-19 test at home. 45.0% of respondents said that they found COVID-19 test kits to be readily available. When asked whether the results were accessible to those who conducted a COVID-19 test at home, 36.8% of respondents said that the results were accessible while 18.1% said that the results were not accessible. Pursuing this line of questioning one step further, respondents were asked whether they needed help to conduct an at-home COVID test. 36.0% of respondents said that they did require help with conducting at-home COVID tests. Clearly there is a need for tests to be

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[2] Government of Canada. COVID-19 vaccination in Canada. Available at https://health-infobase.canada.ca/covid-19/vaccination-coverage/#a3 Accessed August 1, 2022.

[3] Government of Canada. COVID-19 epidemiology update. Available at: https://health-infobase.canada.ca/covid-19/?stat=rate&measure=cases_total&map=pt#a2 Accessed August 1, 2022.

designed to be more accessible to people with VL, possibly through a talking test reader.

4.5 Leaving home

30.2% of respondents said that they left their home for essential work during the pandemic. This number had increased slightly since 2020, when 24.7% of people with VL were leaving home for essential work. Almost all respondents had left home for one reason or another during the pandemic. There was an increase in the number of people having left home in all categories compared with the 2020 survey, the largest increases being those people who left home to acquire prescriptions or other medications and those who left home to visit a doctor. In 2020 only 37.3% of respondents had left home to buy medications. In the current survey this number had increased to 67.2%, while 14.2% of respondents had left home to visit a doctor in 2020, compared with 71.4% in the current survey.

The survey shows that people were feeling more confident going outdoors as the pandemic progressed. About a third of respondents (33.4%) said they needed a sighted guide when leaving home. This compares with 47.4% of respondents to the 2020 survey who said they needed a sighted guide. Respondents were asked to identify when they first felt safe to go out of their homes. The results showed that more people felt safe as time went on, likely associated with the implementation of more robust health measures and the arrival of vaccines and booster shots.

4.6 Shopping for groceries and other essentials

Half the respondents (50.0%) said that they were doing their shopping themselves. This compares with 34.1% of respondents to the 2020 survey. It appears that people have become more comfortable with going into public spaces as the pandemic has progressed.

At the same time more people appear to be shopping online than in 2020. 27.2% of respondents said they ordered their groceries online and had them delivered to their home. This compares with 17.5% of respondents who ordered their groceries online in the 2020 survey.

At the start of the pandemic, people with VL expressed discomfort in interacting with staff when shopping. 36.1% of respondents to the 2020 survey said they were not comfortable interacting with store staff when shopping. In the current survey the percent of respondents uncomfortable with interacting with store staff has dropped to 13.5%. Those respondents who were not comfortable interacting with staff while shopping were asked to say why they weren’t comfortable. Many participants reported a lack of accessibility associated with COVID safety measures (such as masks and plexiglass partitions) as the primary reason for their feelings of discomfort

while in stores. It could very well be that while stores were preoccupied with implementing new infrastructure and guidelines, it was never a primary concern or priority to build accessibility into these features. A "ground up" approach to accessibility design will be important to consider for future health crises.

4.7 Wearing a mask when away from home

Respondents were asked whether they wore a mask when away from home during the pandemic. Only 3.2% of respondents said that they didn't wear a mask at least some of the time when away from home during the pandemic. A poll conducted by Leger in March 2021[4] reported that 87.0% of Canadians regarded wearing a mask as a civic duty. The fact that 96.8% of respondents wore masks at least some of the time is significantly higher than the overall number of Canadians committed to wearing masks. The percent of respondents not currently wearing a mask at all when away from home has climbed to 27.1% and when asked whether people would continue to wear a mask even after the mask mandate has ended, this number increased again, with 30.5% of respondents saying they would not be wearing a mask. Over half the respondents (56.5%) said they were concerned at least some of the time that they couldn't assess whether those around them were wearing a mask.

4.8 Shopping online for groceries and supplies

Respondents were asked whether they started doing their shopping online as a result of the pandemic. 20.9% of respondents said that they started doing shopping online during the pandemic for the first time. This compared with 13.3% of respondents shopping online for the first time at the start of the pandemic, as reported in the 2020 survey.

Only 29.3% of respondents who were shopping online said that all websites were accessible (compared to 23.2% in the 2020 survey), while 64.3% said that only some were accessible. 6.3% of respondents said that no websites were accessible. This compared with 15.6% of respondents in the 2020 survey. It appears that there has been a slight improvement in the accessibility of online shopping websites since the start of the pandemic.

54.8% of respondents said that they have always been able to get time slots for pickup or delivery and a further 45.2% said that, at first, time slots were hard to get, but that they found them easier to get now. From these results

[4] Global News. Majority of Canadians say wearing a mask during coronavirus pandemic is a civic duty: poll. Available at: https://globalnews.ca/news/7350128/canadians-support-wearing-mask-coronavirus/ Accessed August 9, 2022.

it can be concluded that difficulty experienced with pickup and delivery in the early stage of the pandemic is no longer a general problem.

4.9 Healthcare issues

Respondents were asked if they had met with any healthcare providers either online or by telephone. Three quarters of respondents (75.4%) said that they had. For this population, telemedicine became a fairly normal method of accessing healthcare during the pandemic.

The healthcare issue that most concerned respondents to the current survey (67.4% of respondents) was that they may not be able to see their doctor if they became sick during the pandemic. 42.2% of respondents were concerned about being able to access transportation to get to a doctor or hospital and 40.3% of respondents were concerned about having someone accompanying them to the doctor or hospital. These fears have not abated with time, the number of respondents expressing these fears being very similar to that of the 2020 survey.

26.8% of respondents said that they had had an important medical appointment or surgery cancelled due to the pandemic. This was lower than had been expected.

73.9% of respondents who had personal support workers (PSWs) come into their homes during the pandemic said that the PSWs were using personal protective equipment (PPE). This is an improvement from the 60.0% of PCWs in the previous survey who were using PPE.

4.10 Employment issues

13.6% of respondents said that their employment status had changed during the pandemic. When this group was asked what the change in their employment status was, 57.6% said that they had retired, 14.0% of respondents said that they were unable to work, and 6.6% said that they were now working full-time from home. 4.1% of this group were unemployed and 2.0% had been laid off from work.

Respondents who worked from home were asked whether they had the accessible technology they needed if they had to do their job at home during the pandemic. 56.0% of respondents who work from home said they did have the necessary accessible technology. 24.6% of respondents said they had some, but not all the necessary technology, while 19.5% of respondents said they did not have the technology. These results are very similar to those from the 2020 survey where the numbers were 48.5%, 30.4%, and 21.1%, respectively.

More than half the respondents required to work from home (53.1%) said their employer would not supply the necessary accessible technology they

required to work from home. This has changed very little since the start of the pandemic. Clearly some advocacy is needed to ensure that all employees required to work from home have the necessary accessible technology provided by their employer. 54 respondents self-funded the accessible technology they needed to work from home. The amounts spent ranged from 40.7% of respondents spending between $100 and $999 all the way to 7.4% of respondents spending over $5,000. This situation is very similar to that of 2020.

Of the respondents who were still working, 59.0% said that they were either satisfied or very satisfied with the way their employer was handling their work situation.

54.3% of the respondents who had been laid off during the pandemic said that they were either unsatisfied or very unsatisfied with their employer's handling of their lay off. This compares with only 12.7% of laid-off respondents who were unsatisfied or very unsatisfied in the 2020 survey.

4.11 Financial issues

One third of respondents who had experienced a loss of income as a result of the pandemic (33.5%) said they had been able to access government financial assistance. It is unclear why two thirds of the people who had suffered a financial loss did not access government assistance.

Respondents were asked a series of questions as to whether they were concerned at the start of the pandemic that they may not be able to make certain payments. They were then asked whether their concerns were warranted, i.e. did they actually experience difficulty making the payments they were concerned about at the start of the pandemic? The responses for people who had trouble ranged from 12.2% for people who were concerned about their ability to pay for their utilities to 31.4% for people who were concerned about their ability to maintain their standard of living. In short, approximately one in four respondents who were concerned about their ability to keep up to date with their payments did in fact experience this difficulty.

4.12 Connecting with family and friends

92.9% of respondents said that they did have the means to connect electronically with their families and friends. This compared with 90.0% of respondents in the 2020 survey.

4.13 Government performance

30.0% of respondents were either satisfied or very satisfied with the performance of the federal government with respect to the COVID-19 pandemic, while 27.2% of respondents were either unsatisfied or very

unsatisfied with the federal government's performance. This was very similar to the 2020 survey when 33.0% of respondents were either satisfied or very satisfied with the federal government's performance.

25.2% of respondents said they were either satisfied or very satisfied with the performance of their provincial government. This is a substantial decrease in satisfaction compared with the 2020 survey when 38.0% of respondents were either satisfied or very satisfied with the performance of their provincial government. These results have been broken down by province to ascertain whether the situation is the same in all provinces. Respondents in Nova Scotia and British Columbia were most satisfied with the performance of their provincial government.

26.4% of respondents were either satisfied or very satisfied with the performance of their municipal government, while 28.4% of respondents were either very unsatisfied or unsatisfied. This is very similar to the 27.0% of respondents who said they were either satisfied or very satisfied with their municipal government's performance in the 2020 survey. No attempt has been made to break these results down into particular municipalities.

4.14 Stress, fears, and apprehensions

Respondents were asked whether, at the start of the pandemic, they were concerned that the effect of the added stress on their mental health would cause them to feel overwhelmed. 52.0% of respondents said that they were concerned that they might feel overwhelmed. This was almost identical to the 52.9% of respondents to the 2020 survey who said they were concerned about feeling overwhelmed at that time.

Respondents who had felt concerned at the start of the pandemic that they might become overwhelmed were asked if they felt that way now. 59.3% of respondents said that they did not feel that way now. While this is good news in that the VL community seems to be less overwhelmed, there is still a substantial number of people with VL concerned about feeling overwhelmed (48.0% of those who had previously felt overwhelmed).

In an open-ended question, respondents were asked what their particular concerns were regarding the COVID-19 pandemic as it relates to their vision loss and general health. The responses were grouped into several categories Despite the number of respondents who articulated no concerns, it is clear that most people are worried about the pandemic and its ongoing effects on their health. In particular, many are concerned about their access to health services, with several identifying an increase in VL resulting from delays and barriers to eye care. Respondents were also disappointed by the lack of accessibility related to COVID-related health measures, such as masking and partitions, which have been identified as a the most common source of discomfort in other questions in this survey.

Using a 10-point scale, respondents were asked to identify how stressed they felt at the start of the pandemic and in a subsequent question to identify how stressed they felt currently. 37.5% of respondents said they felt a stress level of 7 or greater at the start of the pandemic. By comparison, only 15.8% of respondents are currently experiencing stress at a level of 7 or greater. 46.1% of respondents said that they were experiencing more than a moderate level of stress at the start of the pandemic, while only 22.9% of respondents were feeling more than moderate stress currently.

While there are still a significant number of people with VL living with high levels of stress, it is encouraging to note that the levels have decreased over the past two years.

4.15 Managing the emotional impact of the pandemic

In a final open-ended question, respondents were asked: "Given the current circumstances and the effect of COVID-19, is there anything that you are doing to manage the emotional impact of the pandemic? Do you feel any positive or negative emotional impacts from the pandemic? (Please explain)" Responses were grouped into several categories. Importantly, the largest group of respondents used this question as an opportunity to describe negative events and emotional impacts during COVID-19. They did not describe any self-care or wellness activities, which may suggest a generalized and severe psychological impact felt by members of the VL community. Those who did describe self-care referenced a wide variety of activities, with the largest groups writing about the value of physical and outdoor activity, as well as socialization and the role of family and friends.

5.Overview and Commentary

The current survey describes a community that has done quite well overall compared with the fears, stresses, and concerns that it was experiencing at the start of the pandemic. The following comments are an overview of each of the sections identified in the Executive Summary above.

5.1 Demographics

In addition to usual information on the community of people living with VL, this survey showed that over one third of people were living alone. This has a number of implications, the main one being concern over loneliness and inability during the pandemic to get assistance from someone outside the home at a time of social distancing and social isolation. While the question was not asked in this survey, other surveys have shown that many people with VL are on the lower end of the socioeconomic scale. A survey conducted in 2022 with people with VL in Ontario showed that one third of respondents

(33.0%) had household incomes before tax of less than $35,000 and 42.0% had household incomes before tax of less than $50,000.[5]

5.2 Access to information

Most people had accessed a government website, however, there were still a significant number of people who had difficulty accessing the COVID-19 information on government websites. In order to ensure that the healthcare needs of the VL community are taken care of, particularly in the case of another pandemic or similar health crises, it is critical that governments test their websites with people with VL to ensure that they are accessible.

5.3 Vaccination

The results reflect vaccination levels for COVID-19 that were higher than those of the general population despite the lack of support of the federal or provincial governments with respect to giving priority to the VL community who were shown by the CCB survey to be in serious need. After the 2020 survey, the CCB wrote letters to the federal, provincial, and territorial ministers of health and also published an open letter to the Prime Minister in *The Hill Times*, requesting vaccination priority for people living with VL (see Addendum). Virtually no response was received from any government.

5.4 Acquisition of, and testing for, COVID-19

Almost twice as many people with VL had tested positive compared with the general population, with about four times the percentage of people hospitalized. It is unclear whether the reason for this is that the population who responded to this survey were older than the general population or whether their comorbidities made them more vulnerable than the general population. As pointed out in the CCB letter concerning vaccination, the VL community is a community at risk and should get priority vaccination or healthcare treatments in health crises.

At-home test kits are not accessible to people with VL, with many respondents indicating that they needed help to conduct at-home testing. Since over one third of people with VL live alone, it's essential that kits be developed that can be accessible to people with VL.

5.5 Leaving home

This survey showed that many more people were leaving home for a wide variety of reasons. This is extremely positive in terms of stress reduction and physical fitness; however, it does make the community more susceptible to

[5] Gordon K and the vision loss ADP reform working group. Reforming Ontario's Assistive Devices Program: February 2022. Available at: https://ccbnational.net/shaggy/ Accessed August 1, 2022.

COVID infection due to the inability to assess how close one is to someone who may be unmasked.

5.6 Shopping for groceries and other essentials

In general, people seem to have managed to negotiate the issues associated with in-store shopping (partitions and social distancing). Very few negative comments were received in this regard.

5.7 Wearing a mask when away from home

A greater percent of people with VL are wearing masks compared with the general population and a significant percent of respondents said that they would continue to wear a mask when away from their home, particularly when they were indoors.

5.8 Shopping online for groceries and supplies

More people are now shopping online due to a combination of greater availability and more accessible websites. However, there is still a need for more shopping websites to be accessible.

5.9 Healthcare issues

The main healthcare concern that people expressed in this survey was their ability to see a doctor or healthcare practitioner when they need one. Many people also said that they need someone to accompany them to a doctor or hospital. Doctors, hospitals, and other healthcare practitioners that have barred an accompanying person need to facilitate the accompaniment of their patients with VL as well as other disabilities.

5.10 Employment issues

One of the main issues with respect to employment that arises from this survey is the fact that many employers are not covering the cost of accessible technology that their employees with VL need to work at home. Many people with VL are financially strapped at this time and cannot afford the extra cost associated with the acquisition of accessible technology.

5.11 Financial issues

Many people with VL were concerned about their inability to meet many financial payments at the start of the pandemic. About one third of those that showed a loss of income were able to access government assistance but about one in four of those that were concerned that they might not be able to pay for essentials did in fact experience difficulty making these payments. Like almost all Canadians, the COVID-19 pandemic has hit everyone hard financially, but the VL community in general has a lower income level than the general population. This needs to be taken into account in all potential financial interactions with people with VL.

5.12 Connecting with family and friends

Over 90% of respondents in this survey and the 2020 survey said they had the technology that enabled them to communicate electronically with their family and friends. This is good news at a time when Zoom and similar meeting technology have become our primary means of connecting at a distance.

5.13 Government performance

More respondents to this survey said that they were satisfied with the performance of the federal government with respect to communicating essential information to the VL community compared with provincial governments. However, the number of people dissatisfied with all levels of government is quite high and it's essential that governments pay more attention to the special needs of people with VL, some of which are discussed above.

5.14 Stress, fears, and apprehensions

This is a good news story, in that the community of people with VL is less stressed than it was at the start of the pandemic as reflected in their individual scores in this survey and by way of comparison of this survey with that of April 2020. However, there are still significant numbers of people expressing feelings of being overwhelmed and being under extreme stress. This fact needs to be at the forefront of everyone's dealings with people living with VL, particularly those that live alone.

5.15 Managing the emotional impact of the pandemic

People with VL have developed a full range of coping skills that have seen them emerge from the pandemic with less fear and apprehension. The respondents to this survey described a wide variety of activities that helped them manage, with the largest groups writing about the value of physical and outdoor activity, as well as socialization and the role of family and friends.

6.Methods

The 2022 COVID-19 survey, comprised of 72 questions, was conducted using the SurveyMonkey platform. The survey was conducted from June 10 till July 24, 2022. The survey was conducted in English only and distributed to people in all provinces and territories.

An email with an explanatory letter, including privacy information, was sent out to the full CCB email list on two occasions. The survey and accompanying letter were also included in the CCB's monthly e-newsletter and the BALANCE for Blind Adults' weekly e-newsletter, and sent to the email list of the Alliance for Equality of Blind Canadians, to the email

distribution list of Fighting Blindness Canada, and to the client lists of CNIB and Vision Loss Rehabilitation Canada.

It was recognized that by distributing the survey via email, it would only reach those people with the ability to respond electronically. However, since urgency had motivated our use of email only in the 2020 survey, it was felt that email was the best method for enabling direct comparison of the two surveys.

7.Results

A robust sample of 572 responses was received over the six weeks the survey was open. Responses were received from all provinces and one territory. Respondents took an average of twenty minutes to complete the survey. The results, reported below, are grouped by subject theme. The number of respondents to each question is shown below the results for each question.

7.1 Demographics

7.1.1 Respondents by province (Table 1)

The survey had a national reach, with most responses coming from the most populous provinces (Ontario, British Columbia, and Alberta). The exception to this was Quebec, which had fewer responses than might be expected given its relative population. The spread of responses by geography was very similar to that of the 2020 survey.

Table 1. Respondents by province

Province	Percent of respondents
Newfoundland and Labrador	2.0
Nova Scotia	4.6
Prince Edward Island	0.5
New Brunswick	1.8
Quebec	3.8
Ontario	51.7
Manitoba	2.9
Saskatchewan	2.9

Alberta	11.1
British Columbia	18.5
Yukon Territory	0.2

548/572 responding

7.1.2 Respondents by age (Table 2)

57.0% of respondents were over the age of 65, the age group most likely to have severe illness with COVID-19, with 9.3% being over the age of 85. The age profile for this survey is slightly older than that of the 2020 survey, with 57.0% being over the age of 65 compared with 41.8% in the 2020 survey and 9.3% over the age of 85 compared with 5.1% in the 2020 survey. Health Canada has identified people over the age of 65 as being particularly vulnerable to the effects of COVID-19.[6]

Table 2. Respondents by age

Age	Percent of Respondents
Under 18	1.1
18 - 24	1.1
25 - 34	3.0
35 - 44	7.5
45 - 54	10.9
55 - 64	19.6
65 - 74	28.1
75 - 84	19.6
85 and over	9.3

[6] Government of Canada. Epidemiological summary of COVID-19 cases in Canada. Available at: https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a3 Accessed August 1, 2022.

562/572 responding

7.1.3 Respondents by level of vision loss (Table 3)

Respondents self-identified their level of VL. No definition of VL was provided. 25.6% of respondents identified as being blind, with 70.8% being partially-sighted and 3.6% being deaf-blind.

Table 3. Respondents by level of vision loss

Self-reported vision	Percent of respondents
I am blind	25.6
I am partially-sighted	70.8
I am deaf-blind	3.6

497/572 reporting

7.1.4 Disabilities other than vision loss (Table 4 and Table 5)

In the current survey, 58.7% of respondents said that they had a disability other than VL. This is more than double that of the 2020 survey, which reported 28.1% of respondents with a disability other than VL. The specific disabilities identified by respondents are shown in **Table 5**.

Table 4. Disabilities other than vision loss

Disability other than vision loss	Percent of respondents
Yes	58.7
No	41.3

542/572 responding

Table 5. Specific disabilities other than vision loss

	Percent of respondents
Hearing loss/deafness	28.9
Arthritis/mobility	20.9
Diabetes	10.7
Heart/stroke	6.2
Mental illness/depression	5.6
All other	27.7

7.1.5 Eye diseases causing vision loss (Table 6)

The largest cause of VL in this population was age-related macular degeneration (AMD), accounting for 25.4% of respondents (almost equally divided between dry and wet AMD), followed by glaucoma (21.4% of respondents), cataracts (18.2% of respondents), and retinitis pigmentosa (16.7% of respondents).

Table 6. Eye diseases causing vision loss

Eye diseases	Percent of responses
Glaucoma	21.4
Cataracts	18.2
Retinitis pigmentosa	16.7
Born blind	16.2
Age-related macular degeneration (dry)	12.8
Age-related macular degeneration (wet)	12.6
Diabetic retinopathy	2.9
Diabetic macular edema	0.8

Eye diseases	Percent of responses
Other	36.5

536/572 reporting

7.1.6 Living situation (Table 7 and Table 8)

While most of the respondents lived with someone else, with about half (44.2%) living with a spouse or partner, about a third (33.5%) lived alone. This is of particular concern since isolation due to the pandemic may make them particularly lonely at this time. As in the 2020 survey, very few respondents lived in nursing homes and retirement homes. It was noted in the previous survey that while it may appear that the high prevalence of COVID-19 cases in nursing homes and retirement homes may not be a concern for the VL community, it should be recognized that people in these homes may be less likely to have computer access or be inclined to fill out surveys at this time. Their advanced age and possible infirmity may also decrease the likelihood of their responding to a survey.

Table 7. Living situation

Living situation	Percent of respondents
I live with my spouse or partner	44.2
I live by myself	33.5
I live with family member(s)	14.7
I live with friend(s) or roommate(s)	2.7
I live in a retirement home or nursing home	0.9
Other	4.0

556/572 reporting

Table 8. Number of people in household

No. of people in household	Percent of respondents
1	33.4

No. of people in household	Percent of respondents
2	45.2
3	11.4
4	6.3
5	2.0
6	0.4
7	0.0
8	0.0
More than 8	1.3

542/572 reporting

7.2 Access to information

Since information about COVID-19 was disseminated from various sources during the pandemic, it was important to understand where respondents acquired their pandemic-related information.

7.2.1 Sources of information on COVID-19 (Table 9)

Respondents to this question were asked about sources of information about COVID-19. The results showed that television, radio, and internet were still the three main methods by which people gained their information. 41.0% of respondents said that they had acquired their information from government websites.

Table 9. Means by which information about COVID-19 acquired

Means by which information acquired	Percent of respondents
By television	65.1
Internet via computer	53.4
By radio	50.2
Word of mouth from a friend or family member	45.7
Government websites	40.9
Internet via smartphone or tablet	38.8
By social media	28.6
In newspapers/print media	28.1
GTT program from the Canadian Council of the Blind	9.3
AMI–tv and/or AMI-audio	6.4

562/572 reporting

7.2.2 Accessing government announcements (Table 10 and Table 11)

One of the features of the pandemic has been the frequent provision of COVID-related information by all governments (federal, provincial, and municipal). In addition to the provision of information via various forms of media, governments have provided much of the information on their own websites. The CCB was interested in learning whether the VL community was accessing this information and whether government announcements were fully accessible to the community. The results of the current survey showed that 78.9% of respondents had accessed a government announcement (up from 69.0% in 2022), with only about 44.0% of respondents indicating that all government websites were fully accessible and 25.3% of respondents saying that only some of the government websites were accessible. It is somewhat disappointing to find that many members of the VL community had difficulty accessing government information.

Table 10. Accessing government announcements

Accessed government announcements	Percent of respondents
Yes	78.9
No	21.1

554/572 reporting

Table 11. Government website accessibility

Government website accessibility	Percent of respondents
Yes	44.1
No	7.3
Some were accessible	25.3
Not applicable	23.2

521/572 reporting

7.2.3 Acquisition of information by the deaf-blind community (Table 12)

24.4% of deaf-blind respondents said that they had access to deaf-blind interpreters, with 18.7% of respondents saying that they only had access to interpreters some of the time. A larger group (56.9%) of respondents said that they didn't have access to deaf-blind interpreters. Clearly, many members of the deaf-blind community seem to have been at risk during the pandemic due to the lack of availability of deaf-blind interpreters.

Table 12. Access to deaf-blind interpreter

Had access to deaf-blind interpreter	Percent of respondents
Yes	24.4
No	56.9
Some of the time	18.7

54/572 reporting

7.3 Vaccination

The VL community has been particularly vulnerable with respect to acquiring COVID-19, due to the need of many people for assistance with many of their activities, coupled with their inability to observe social distancing. For this reason, the CCB advocated with all provincial governments across the country for people with VL to have priority status. Unfortunately, governments were not particularly responsive in this regard. The following three questions sought to ascertain whether the VL community was able to acquire the necessary vaccination, whether vaccination sites were accessible, and how people got to the vaccination sites.

7.3.1 Level of vaccination for COVID-19 (Table 13)

96.6% of respondents said that they had received at least one vaccination for COVID-19. This compares very favourably with that of all Canadians. (92.7% of Canadians over the age of 18 have received at least one vaccination.)[7] 95.2% of respondents had received two or more vaccinations (compared with 90.4% for Canadians aged 18 or older), with 86.3% of respondents having received at least one booster (compared with 59.3% for Canadians aged 18 or older). From this data, it appears that the VL community has been well-vaccinated.

[7]Government of Canada. COVID-19 vaccination in Canada. Available at https://health-infobase.canada.ca/covid-19/vaccination-coverage/#a3 Accessed August 1, 2022.

Table 13. Level of vaccination for COVID-19

Level of vaccination	Percent of respondents
One vaccination	1.4
Two vaccinations	8.9
Two vaccinations and a booster	44.2
Two vaccinations and two boosters	42.1
Not vaccinated	3.4

554/572 reporting

7.3.2 Accessibility of vaccination facility (Table 14)

Respondents were asked whether the vaccination facility where they received their vaccinations was fully accessible. 90.8% of respondents said that it was, with only 9.2% of respondents saying that the vaccination facility was not accessible.

Table 14. Accessibility of vaccination facility

Accessibility of vaccination facility	Percent of respondents
Yes	90.8
No	9.2

524/572 reporting

7.3.3 Transportation to vaccination facility (Table 15)

Respondents were asked what transportation they accessed to get to the vaccination facility. About one in four respondents used a form of public transportation to get to the vaccination site that made them vulnerable to acquiring COVID-19 (public transit or a taxi/Uber). 61.0% of respondents were driven there by a friend or family member while 19.8% of people walked there.

Table 15. Transportation to vaccination facility

Transportation to vaccination facility	Percent of respondents

A friend or family member drove me	61.0
I walked there	19.8
I took public transit	13.9
I took a taxi/Uber	5.5
I used paratransit (e.g. Wheel-Trans)	5.0

470/572 reporting

7.4 Acquisition of, and testing for, COVID-19

The CCB deemed it important to understand the acquisition rate of COVID-19 compared with the total Canadian population, and to ascertain how people were getting tested for COVID-19, given that the at-home rapid tests were not accessible to people with VL.

7.4.1 Tested positive for COVID-19 at any time (Table 16)

21.8% of respondents said that they had tested positive for COVID-19 at any time. This number is approximately double that of 10.6% for the Canadian population.[8]

[8]Government of Canada. COVID-19 epidemiology update. Available at: https://health-infobase.canada.ca/covid-19/?stat=rate&measure=cases_total&map=pt#a2 Accessed August 1, 2022.

Table 16. Tested positive for COVID-19

Tested positive for COVID-19	Percent of respondents
Yes	21.8
No	78.2

555/572 reporting

7.4.2 Hospitalization for COVID-19 (Table 17)

1.8% of respondents said that they had been hospitalized for COVID-19. This compares to 0.4% of the total Canadian population that have been hospitalized (170,000 cases[9] out of the Canadian population of 38.6 million[10]). Canadian hospitalization data is not available by age so the number of 0.4% includes children who are less likely to be hospitalized. The current survey did not survey children.

Table 17. Hospitalization for COVID-19

Was hospitalized	Percent of respondents
Yes	1.8
No	98.2

548/572 reporting

7.4.3 Testing for COVID-19 outside the home (Table 18, Table 19, and Table 20)

Respondents were asked if they were tested for COVID-19 at any time during the pandemic at a testing site outside their home. 44.9% of respondents said they had been tested outside their home. A subsequent question asked whether the COVID-19 test site conducting the test was accessible. 83.8% of respondents said that it was, while 16.2% said that the test site where they had their test done was not accessible. When asked how they got to the test facility, 30.2% of respondents said that a friend or family member had driven them there. 10.6% of respondents had travelled

[9] Government of Canada.COVID-19 epidemiology update. Available at: https://health-infobase.canada.ca/covid-19/ Accessed August 1, 2022.

[10] Statistics Canada. Canada's population estimates first quarter 2022. Available at: https://www150.statcan.gc.ca/n1/daily-quotidien/220622/dq220622d-eng.htm Accessed August 1, 2022.

to the test facility by public transit or taxi/Uber, making them more vulnerable to contracting COVID-19.

Table 18. Tested for COVID-19 outside the home

Tested for COVID-19 outside the home	Percent of respondents
Yes	44.9
No	55.1

553/572 reporting

Table 19. Accessibility of COVID-19 test facility

Accessibility of COVID-19 test facility	Percent of respondents
Yes	83.8
No	16.2

245/572 reporting

Table 20. Transportation to COVID-19 test facility

Transportation to COVID-19 test facility	Percent of respondents
A friend or family member drove me	30.2
I walked there	7.9
I took public transit	5.4
I took a taxi/Uber	5.2
I used paratransit (e.g. Wheel-Trans)	1.5

223/572 reporting

7.4.4 Testing for COVID-19 at home (Table 21, Table 22, Table 23, and Table 24)

Almost half of the respondents (49.3%) said that they had conducted a COVID-19 test at home. 45.0% of respondents said that they found COVID test kits to be readily available while 12.1% of respondents found that test kits were not readily available. When asked whether the results were accessible to those who conducted COVID-19 test at home, 36.8% of

respondents said that the results were accessible while 18.1% said that the results were not accessible. Pursuing this line of questioning one step further, respondents were asked whether they needed help to conduct an at-home COVID test. 36.0% of respondents said that they did require help with conducting at-home COVID tests while 19.7% of respondents said that they did not require help in conducting these tests. Clearly there is a need for tests to be more accessible to people with VL, possibly through a talking test reader.

Table 21. Conduct of at-home COVID-19 test

Conducted at-home COVID-19 test	Percent of respondents
Yes	49.3
No	50.7

527/572 reporting

Table 22. Availability of COVID-19 test kits

Test kits readily available	Percent of respondents
Yes	45.0
No	12.1
Not applicable	42.9

504/572 reporting

Table 23. Accessibility of COVID-19 test results

Accessibility of COVID-19 test results	Percent of respondents
Yes	36.8
No	18.1
Not applicable	45.1

508/572 reporting

Table 24. Requirement for assistance to conduct COVID test

Required assistance to conduct COVID test	Percent of respondents
Yes	36.0
No	19.7
Not applicable	44.3

508/572 reporting

7.5 Leaving home

It was felt that how the VL community fared during the pandemic would be best exemplified by the extent to which they had left home for employment, shopping, or recreation.

7.5.1 Leaving home for essential work (Table 25)

Respondents were asked whether they or anyone they lived with continued to leave home for essential work. 30.2% of respondents said that they did. This represents a slight increase compared with the 2020 survey, in which 24.7% of respondents said that they were leaving home for work.

Table 25. Leaving home for essential work

Left home for essential work	Percent of respondents
Yes	30.2
No	69.8

549/572 responding

7.5.2 Leaving home for non-work-related reasons (Table 26)

About two thirds of respondents (67.2%) left home to do grocery shopping during the pandemic. This is an increase compared to 57.3% of respondents in the 2020 survey. 63.4% of respondents said they had left home to buy prescriptions or other medications. This is a dramatic increase compared with the 37.3% of respondents who had left home to buy medications in the 2020 survey. Another large increase occurred in the number of respondents who had left home to visit a doctor. 71.4% of respondents to the current survey had left home to visit a doctor, whereas only 14.2% of respondents to the 2020 survey had left home to visit a doctor.

Table 26. Reasons for leaving home during the pandemic

Reasons for leaving home	Percent of respondents
To go for a walk	74.7
To visit a doctor	71.4
To do grocery shopping	67.2
To buy prescriptions or other medications	63.4
To visit the hospital	38.1
To attend a walk-in clinic	19.5
To go to my regular work in an essential service	10.0
Other	20.8

549/572 reporting

7.5.3 Need for a sighted guide when leaving home (Table 27)

About a third of respondents (33.4%) said they needed a sighted guide when leaving home. This compares with 47.4% of respondents to the 2020 survey who said they needed a sighted guide.

Table 27. Need for a sighted guide when leaving home

Needed a sighted guide when leaving home	Percent of respondents
Yes	33.4
No	64.8
I have not left my home	1.8

542/572 reporting

7.5.4 Feeling safe outside of the home

Respondents were asked when they first felt safe to go outside of their home. The results (**Table 28**) show a clear increase in feelings of comfort as time goes on, likely associated with the implementation of more robust health measures and the arrival of vaccines and booster shots. This notion is corroborated by patient testimonies touching on relief and comfort associated with vaccines, such as feeling safer "after I had my two COVID vaccines." The decrease in feelings of safety during the final third of 2021 could be connected to the severity of the third wave in Canada during that period.

Table 28. Time when it felt safe to go outside the home

Time when it felt safe to go outside the home	Number of respondents
Other	13
May - Aug 2022	11
Jan - Apr 2022	9
Sep - Dec 2021	5
May - Aug 2021	11
Jan - April 2021	3
Sep - Dec 2020	2
May - Aug 2020	6
Jan - Apr 2020	2

62/572 reporting

7.6 Shopping for groceries and other essential supplies

7.6.1 Means of acquisition of groceries and supplies (Table 29)

Respondents were asked how they were currently shopping for groceries, medicines, and other essential supplies. 50.0% of respondents said that they were doing their shopping themselves. This compares with 34.1% of respondents to the 2020 survey. It appears that people have become more comfortable with going into public spaces as the pandemic has progressed.

At the same time, more people appear to be shopping online than in 2020. 27.2% of respondents said they ordered their groceries online and had them delivered to their home. This compares with 17.5% of respondents who ordered their groceries online in the 2020 survey. The reason for this may be an increase in comfort level with shopping online coupled with the fact that more delivery services have emerged over the course of the pandemic.

Table 29. Means of acquisition of groceries and supplies

Means of acquisition of groceries and supplies	Percent of respondents

I did the shopping myself	50.0
A friend or family member did the shopping for me	35.5
My spouse or partner did the shopping	32.6
I ordered my groceries online and had them delivered to my home	27.2
I ordered my groceries online and then a friend or family member picked them up for me	5.2
I ordered my groceries online and then I picked them up	4.7
I had my meals delivered to me through Meals on Wheels or a similar service	3.6
My caregiver did the shopping for me	2.3

558/572 reporting

7.6.2 Comfort when interacting with store staff when shopping (Table 30 and Table 31)

At the start of the pandemic, people with VL expressed discomfort in interacting with staff when shopping. Protective barriers were being set up in front of cashiers for the first time and social distancing markers were being placed on the floor that couldn't be seen by people with VL. 36.1% of respondents to the 2020 survey said they were not comfortable interacting with store staff when shopping. In the current survey, the number of respondents uncomfortable with interacting with store staff dropped to 13.5%.

Those respondents who were not comfortable interacting with staff while shopping were asked to say why they weren't comfortable. The 94 open-ended responses received were grouped under the nine categories shown in **Table 31**.

Many participants reported a lack of accessibility associated with COVID safety measures (such as masks and plexiglass partitions) as the primary reason for their feelings of discomfort while in stores. It could very well be

that while stores were preoccupied with implementing new infrastructure and guidelines, it was never a primary concern or priority to build accessibility into these features. A "ground up" approach to accessibility design will be important to consider for future health crises.

Table 30. Comfortable when interacting with store staff

Comfortable interacting with store staff	Percent of respondents
Yes	56.5
No	13.5
Not applicable	30.0

534/572 reporting

Table 31. Reasons for discomfort while shopping

Reasons for discomfort while shopping	Number of respondents
Lack of accessible safety measures or general accessibility issues	28
Difficult to socially distance or observe other guidelines	13
Lack of adherence to rules or guidelines	12
Lack of quality customer support or assistance from staff	10
Other	10
Fear of severity and danger of COVID-19	8
General feeling of discomfort	6
Lack of clear rules or guidelines	4
Not a positive experience	3

94/572 reporting

7.7 Wearing a mask when away from home

7.7.1 Wearing a mask when away from home during the pandemic (Table 32)

Respondents were asked whether they wore a mask when away from home during the pandemic. Only 3.2% of respondents said that they didn't wear a mask when away from home during the pandemic, with 39.2% saying that they didn't wear a mask when outdoors. More than half respondents (57.5%) wore a mask both indoors and outdoors.

A poll conducted by Leger in March 2021[11] reported that 87.0% of Canadians regarded wearing a mask as a civic duty. The fact that 96.8% of

[11] Global News. Majority of Canadians say wearing a mask during coronavirus pandemic is a civic duty: poll. Available at: https://globalnews.ca/news/7350128/canadians-support-wearing-mask-coronavirus/ Accessed August 9, 2022.

respondents wore masks at least some of the time is significantly higher than the overall number of Canadians committed to wearing masks.

Table 32. Wearing a mask when away from home during the pandemic

Wore a mask when away from home	Percent of respondents
Yes, all the time	57.5
Yes, but not when I was outdoors	39.3
I did not wear a mask when going outside of my home	3.2

555/572 reporting

7.7.2 Still wearing a mask when away from home (Table 33)

Respondents were asked whether they were still wearing a mask when they were away from home. 27.1% of respondents said that they did not wear a mask when they were away from home, 51.7% of respondents said that they only wore a mask outdoors, and only 21.2% of respondents still wore a mask all the time when away from home.

Table 33. Still wearing a mask when away from home

Still wearing a mask when away from home	Percent of respondents
Yes, all the time	21.2
Yes, but not when I am outdoors	51.7
No, I do not wear a mask when going outside of my home	27.1

551/572 reporting

7.7.3 Continuing to wear a mask when away from home even after the mask mandate has ended (Table 34)

Respondents were asked whether they would continue to wear a mask when away from home even after the mask mandate in their area had ended. 30.5% of respondents said that they would not be wearing a mask at all, while 52.1% said they would only wear a mask when outdoors. Only 17.4% of respondents said that they would wear a mask all the time even after the mask mandate had ended.

Table 34. Continuing to wear a mask when away from home even after the mask mandate has ended

Still wearing a mask when away from home	Percent of respondents
Yes, all the time	17.4
Yes, but not when I am outdoors	52.1
No, I will not wear a mask when I go outside of my home	30.5

518/572 reporting

7.7.4 Concern over being unable to assess whether others are wearing a mask (Table 35)

Respondents were asked whether they were concerned that they were not able to assess whether those around them were wearing a mask when they were away from their home. 23.5% of respondents said that they were concerned and 33.0% of respondents said they were concerned some of the time, while 43.5% of respondents said that they were not concerned.

Table 35. Concern over being unable to assess whether others are wearing a mask

Concerned over being unable to assess whether others are wearing a mask	Percent of respondents
Yes	23.5
Yes, some of the time	33.0
No	43.5

527/572 reporting

7.8 Shopping online for groceries and supplies

7.8.1 Prevalence of online grocery shopping (Table 36)

Respondents were asked whether they started doing their shopping online as a result of the pandemic. 20.9% of respondents said that they started doing shopping online during the pandemic for the first time. This compared with 13.3% of respondents shopping online for the first time at the start of the pandemic as reported in the 2020 survey. 26.1% of respondents were shopping online during the pandemic but said they had shopped online before the pandemic. 53.0% of respondents did not shop online. This compared with 64.7% of respondents who did not shop online as reported in the 2020 survey.

Table 36. Prevalence of online grocery shopping

Shopped online for groceries and supplies	Percent of respondents
Yes, for the first time	20.9
Yes, but I've shopped online before	26.1
No	53.0

545/572 reporting

7.8.2 Accessibility of online shopping websites (Table 37)

Those people who were doing online grocery shopping were asked whether they found the shopping websites to be accessible. Only 29.3% of respondents said that all websites were accessible (compared to 23.2% in

the 2020 survey), while 64.3% said that only some were accessible. 6.3% of respondents said that no websites were accessible. This compared with 15.6% of respondents in the 2020 survey. It appears that there has been a slight improvement in the accessibility of online shopping websites since the start of the pandemic.

Table 37. Accessibility of online shopping websites

Accessibility of online shopping websites	Percent of respondents
All were accessible	29.3
Some were accessible	64.3
None were accessible	6.3

520/572 reporting

7.8.3 Availability of time slots for pickup and delivery (Table 38)

54.8% of respondents said that they have always been able to get time slots for pickup or delivery, and a further 45.2% said that at first time slots were hard to get but that they found them easier to get now. From these results it can be concluded that difficulty experienced with pickup and delivery in the early stage of the pandemic is no longer a general problem.

Table 38. Availability of time slots for pickup and delivery

Availability of time slots for pickup and delivery	Percent of respondents
I've always been able to get time slots for pickup or delivery	54.8
At first time slots were hard to get but it is easier to get them now	45.2

518/572 reporting

7.9 Healthcare issues

7.9.1 Meeting with healthcare providers online or by telephone (Table 39)

Respondents were asked if they had met with any healthcare providers either online or by telephone. Three quarters of respondents (75.4%) said that they had. For this population telemedicine became a fairly normal method of accessing healthcare during the pandemic.

Table 39. Meeting with healthcare providers online or by telephone

Met with healthcare providers online or by telephone	Percent of respondents
Yes	75.4
No	24.6

552/572 reporting

7.9.2 Concerning healthcare issues (Table 40)

Respondents were asked a series of questions designed to address any concerns they may have with respect to their healthcare. About two thirds of respondents (67.4%) said that they were worried that they may not be able to see their doctor if they got sick. 42.2% of respondents were concerned about being able to access transportation to get to a doctor, hospital, or test site. 40.3% of respondents were concerned about having someone accompanying them to the doctor or hospital. Given that many hospitals, clinics, and doctors' offices did not permit anyone to accompany a patient to their appointment, this fear is certainly a valid one.

Table 40. Concerning healthcare issues

Concerning healthcare issues	Percent of respondents
Being able to see your doctor if you're sick	67.4
Being able to access transportation to get to a doctor, hospital, or test site	42.2
Having someone accompany you to the doctor or hospital	40.3
Being able to get your prescriptions from the pharmacy	24.3
Being able to arrange a telehealth appointment with your doctor	23.4

325/572 reporting

7.9.3 Cancellation of medical or surgical appointments (Table 41)

Respondents were asked if they had had important medical appointments or surgery cancelled during the pandemic. 26.8% said that they had had a medical or surgical appointment cancelled. In the light of reports of large numbers of patients being unable to see their doctors or having surgical procedures cancelled, this number is a little lower than one might have expected.

Table 41. Cancellation of medical appointments or surgery

Had medical appointments or surgery cancelled	Percent of respondents
Yes	26.8
No	73.2

552/572 reporting

7.9.4 Use of personal protective equipment (PPE) by personal support workers (PSWs) entering the home (Table 42)

Respondents who had PSWs entering their home during the pandemic were asked whether the PSWs used PPE. 73.9% of respondents to this question said that they did. This situation has changed since the start of the pandemic, most respondents to the 2020 survey saying that PSWs were not using PPE at that time.

Table 42. Use of personal protective equipment by personal support workers entering the home

Personal support worker used personal protective equipment	Percent of respondents
Yes	73.9
No	26.1

107/572 reporting

7.10 Employment issues

7.10.1 Change of employment status during the pandemic

In order to understand the impact that the pandemic may have had on people's employment status, respondents were asked what their employment status was prior to the pandemic (**Table 43**) and then whether their employment status had changed (**Table 44**). They were then asked what the change in their employment status was (**Table 45**). 16.2% of respondents were working full-time prior to the pandemic, with 7.2% working part-time. This is essentially the same as that in the 2020 survey, when 15.9% of respondents were working full-time and 8.9% were working part-time. The percent unemployed decreased a little from 11.0% to 8.5%. 13.6% of respondents said that their employment status had changed during the pandemic. When this group was asked what the change in their employment status was, 57.6% said that they had retired, 14.0% of respondents said that they were unable to work, and 6.6% said that they were now working full-time from home.

Table 43. Employment status prior to pandemic

Employment status prior to pandemic	Percent of respondents
Retired	55.8
Working full-time	16.2
Unable to work	11.2
Unemployed	8.5
Working part-time	7.2
Self-employed	5.9
Student	3.1

556/572 reporting

Table 44. Change of employment status during the pandemic

Employment status changed during pandemic	Percent of respondents
Yes	13.6
No	86.4

530/572 reporting

Table 45. Changes experienced in employment status

Changes experienced in employment status	Percent of respondents
I am retired	55.6
I am unable to work	14.0
I am working full-time from home	6.6
I am now unemployed	4.1
I am working part-time from home	3.3
I am working part-time in my usual workplace	3.3
I am working full-time in my usual workplace	2.9
I am self-employed working from home	2.9
I retired because of the pandemic	2.0
I have been laid off from work	2.0
I am self-employed working in my usual workplace	1.6
I now study online	1.6

242/572 reporting

7.10.2 Availability of employment-required accessible technology at home (Table 46)

Respondents who worked from home were asked whether they had the accessible technology they needed if they had to do their job at home during the pandemic. 56.0% of respondents who work from home said they did have the necessary accessible technology. 24.6% of respondents said they had some but not all the necessary technology, while 19.5% of respondents said they did not have the technology. These results are very similar to those from the 2020 survey where the numbers were 48.5%, 30.4%, and 21.1%, respectively.

Table 46. Availability of employment-required accessible technology at home

Availability of employment-required accessible technology at home	Percent of respondents
Yes	56.0
No	19.5
Some but not all	24.6

175/572 reporting

7.10.3 Supply of required accessible devices by employer (Table 47)

People who were required to work from home by their employer were asked whether their employer provided them with the necessary technology they need to work from home. 53.1% of respondents to the current survey said that their employer would not supply the necessary accessible technology. This compares with 56.1% of respondents in the 2020 survey. 34.3% of respondents said their employer would provide the technology. This is an increase over the 23.7% of respondents in 2020 who said their employer would provide the technology. The current survey has fewer respondents saying that their employer would fund some of the technology (12.6% vs. 20.2% in 2020). Overall, it doesn't appear that employers are meeting their obligations to keep their employees with VL supplied with the necessary technology to carry out their jobs.

Table 47. Supply of required accessible devices by employer

Employer supplied required accessible devices	Percent of respondents
Yes	34.3
No	53.1
Some	12.6

73/572 reporting

7.10.4 Cost of self-funded accessible technology for employment (Table 48)

Respondents who self-funded their necessary accessible technology were asked how much they spent on this necessary technology. The results ranged from 40.7% of respondents spending between $100 and $999 all the way to 7.4% of respondents spending over $5,000. The situation appears to be very similar to that of 2020, when 41.4% of respondents spent under $1,000 and 12.0% of respondents spent over $5,000.

Table 48. Cost of self-funded accessible technology for employment

Cost of self-funded accessible technology for employment	Percent of respondents
$100 – $999	40.7
$1,000 – $1,999	22.2
$2,000 – $2,999	11.1
$3,000 – $3,999	14.8
$4,000 – $4,999	3.7
More than $5,000	7.4

54/572 reporting

7.10.5 Satisfaction with employer's handling of the pandemic (Table 49)

People who were employed were asked how satisfied they were with the way their employer had managed their work situation either at home or in their normal workplace. 59.0% of respondents said that they were either satisfied or very satisfied with the way their employer managed their work situation. This compares with 68.8% of respondents in the 2020 survey who were either satisfied or very satisfied with their employer. It seems like the number of people who are very unsatisfied has increased since the previous survey, having increased from 1.8% in 2020 to 15.4% in the current survey.

Table 49. Satisfaction with employer's handling of the pandemic

Satisfaction with employer's handling of the pandemic	Percent of respondents
Very unsatisfied	15.4
Unsatisfied	7.9
Neither satisfied nor dissatisfied	17.8
Satisfied	29.5
Very satisfied	29.5

125/572 reporting

7.10.6 Satisfaction with employer's handling of lay off (Table 50)

People who had been laid off during the pandemic were asked how satisfied they were with the way their employer had managed their employment separation. 54.3% of respondents said that they were either unsatisfied or very unsatisfied with their employer's handling of their lay off. This compares with only 12.7% of respondents who had been laid off who were unsatisfied or very unsatisfied in the 2020 survey.

Table 50. Satisfaction with employer's handling of lay off

Satisfaction with employer's handling of lay off	Percent of respondents
Very unsatisfied	22.9
Unsatisfied	31.4
Neither satisfied nor dissatisfied	28.6
Satisfied	11.4
Very satisfied	5.7

35/572 reporting

7.11 Financial issues

Many people were feeling financial stress throughout the pandemic, often as a result of having been laid off from employment. The following questions explored various aspects of financial stress that may have been experienced by people with VL during the pandemic.

7.11.1 Accessing government financial assistance (Table 51)

Respondents were asked whether they were able to access government financial assistance if they experienced a loss of income as a result of the COVID-19 pandemic. One third (33.5%) of the respondents to this question said they had been able to access government financial assistance. This is consistent with the 2020 survey, when 32.7% of respondents said they anticipated that they would be accessing government assistance. It is unclear why two thirds of the people who had suffered a financial loss did not access government assistance.

Table 51. Accessing government financial assistance

Accessed government financial assistance	Percent of respondents
Yes	33.5
No	66.5

116/572 reporting

7.11.2 Financial concerns

In order to ascertain how people fared financially during the pandemic, a series of questions were asked about specific financial concerns. Respondents were asked if they were concerned about a particular financial obligation at the start of the pandemic and were subsequently asked whether they did actually have trouble meeting that particular obligation.

7.11.2.1 Concern about ability to pay for groceries and other essentials

Respondents were asked whether they were concerned at the start of the pandemic that they wouldn't be able to pay for groceries and other essential items due to the impact of COVID-19. 20.8% of people responding to this question said that they were concerned at the start of the pandemic that they wouldn't be able to afford groceries (**Table 52**). This is consistent with the 2020 survey, when 19.3% of respondents said they were concerned about their ability to pay for groceries. When those respondents who had been concerned that they wouldn't be able to pay for groceries and other essential items at the start of the pandemic were asked whether they experienced this difficulty, 30.4% of respondents said that they had (**Table 53**).

Table 52. Concern about ability to pay for groceries and other essentials

Concerned about ability to pay for groceries and other essentials	Percent of respondents
Yes	20.8
No	79.2

539/572 reporting

Table 53. Difficulty experienced paying for groceries and other essentials

Experienced difficulty paying for groceries and other essentials	Percent of respondents
Yes	30.4
No	69.6

185/572 reporting

7.11.2.2 Concern about ability to pay rent or mortgage

When asked whether they had been concerned at the start of the pandemic about their ability to pay their rent or mortgage, 13.1% of respondents said that they had been concerned (**Table 54**). Once again this is consistent with the 2020 survey, when 13.7% of respondents said they were concerned about their ability to pay their rent or mortgage. When those that had been concerned about their ability to pay their rent or mortgage were asked whether in fact they had found it difficult to pay their rent or mortgage, 21.0% said that they had found it difficult (**Table 55**).

Table 54. Concern about ability to pay rent or mortgage

Concern about ability to pay rent or mortgage	Percent of respondents
Yes	13.1
No	86.9

535/572 reporting

Table 55. Difficulty experienced paying rent or mortgage

Experienced difficulty paying rent or mortgage	Percent of respondents
Yes	21.0
No	79.0

161/572 reporting

7.11.2.3 Concern about ability to pay for utilities

When asked whether they were concerned at the start of the pandemic that they may not be able to pay for their utilities, 12.2% of respondents said that they had been. Once again this is consistent with the 2020 survey, when 14.1% of respondents had said that they were concerned about their ability to pay for utilities (**Table 56**). When those that were concerned were asked whether they did in fact have trouble paying for their utilities, 18.9% of those who had been concerned said that they did experience difficulty paying their utilities (**Table 57**).

Table 56. Concern about ability to pay for utilities

Concerned about ability to pay for utilities	Percent of respondents
Yes	12.2
No	87.8

533/572 reporting

Table 57. Difficulty experienced paying for utilities

Experienced difficulty paying for utilities	Percent of respondents
Yes	18.9
No	81.1

164/572 reporting

7.11.2.4 Concern about ability to meet financial obligations

Respondents were asked whether they were concerned at the start of the pandemic that they wouldn't be able to maintain an up-to-date status with bank loans, credit cards, and other financial responsibilities due to the pandemic. 15.4% of respondents said that they had been concerned in this regard (**Table 58**). In the 2020 survey, 17.9% of respondents said that they were concerned about meeting these financial obligations. Of those that had expressed concern over their ability to meet their financial obligations, 25.6% said that they had in fact had trouble meeting these financial obligations (**Table 59**).

Table 58. Concern about ability to meet financial obligations

Concerned about ability to meet financial obligations	Percent of respondents
Yes	15.4
No	84.6

534/572 reporting

Table 59. Difficulty experienced meeting financial obligations

Experienced difficulty meeting financial obligations	Percent of respondents
Yes	25.6
No	74.4

172/572 reporting

7.11.2.5 Concern about ability to maintain standard of living

Respondents were asked whether they were concerned at the start of the pandemic that they wouldn't have the financial capability to maintain their present standard of living without financial assistance. 19.7% of respondents said that they were concerned about this (**Table 60**). In the 2020 survey, 28.6% of respondents had expressed concern about maintaining their standard of living, so this represents a slight improvement.

When those that were concerned at the start of the pandemic whether they would be able to maintain their standard of living were asked whether they did in fact have trouble doing so, almost a third of the respondents (31.4%) said that they did have trouble maintaining their standard of living (**Table 61**).

Table 60. Concern about ability to maintain standard of living

Concerned about ability to maintain standard of living	Percent of respondents
Yes	19.7
No	80.3

532/572 reporting

Table 61. Difficulty experienced maintaining standard of living.

Experienced difficulty maintaining standard of living	Percent of respondents

Yes	31.4
No	68.6

188/572 reporting

7.11.2.6 Concern about ability to afford the internet

Respondents were asked: "If you relied on the internet for either work or social contact, were you concerned at the start of the pandemic that you wouldn't be able to continue to afford it?" 12.3% of respondents to this question said that they were concerned about their ongoing ability to afford the internet (**Table 62**). When this question was asked in the 2020 survey, 24.5% of respondents said that they were concerned about their ability to be able to afford the internet. Respondents who had been concerned about their ability to afford the internet at the start of the pandemic were asked if they did in fact have trouble being able to afford the internet. 16.3% of those who responded to this question said that they had experienced difficulty being able to afford the internet (**Table 63**).

Table 62. Concern about ability to afford the internet

Concerned about ability to afford the internet	Percent of respondents
Yes	12.3
No	80.6
I don't use the internet	7.1

537/572 reporting

Table 63. Difficulty experienced being able to afford the internet

Experienced difficulty affording the internet	Percent of respondents
Yes	16.3
No	83.7

215/592 reporting

7.12 Connecting with family and friends

7.12.1 Availability of technology to maintain social connections (Table 64)

Since technology has become the primary means of staying connected with family and friends during the pandemic, it was important to understand whether people with VL had the ability to connect via technology with their loved ones. 92.9% of respondents said that they did have the means to connect electronically with their families and friends. This compared with 90.3% in the 2020 survey. Once again it should be noted that since this survey is conducted electronically, the results may be distorted, however, one can interpret the results as meaning that people had the necessary apps that would allow them to connect with their families or friends.

Table 64. Availability of technology to maintain social connections

Had access to technology to maintain social connections	Percent of respondents
Yes	92.9
No	7.1

539/572 reporting

7.13 Government performance

Throughout the pandemic all levels of government have been extremely active in attempting to inform the general population on all issues associated with COVID-19 and the associated vaccination and testing issues. Since many of the needs of the VL community are unique to people with VL, it was felt important to understand whether the various levels of government were meeting the needs of the community.

7.13.1 Satisfaction with federal government performance with respect to COVID-19 (Table 65)

Respondents were asked how they would rate the performance of the federal government in keeping the community living with VL informed about the COVID-19 situation. 30.0% of respondents were either satisfied or very satisfied with the performance of the federal government, while 27.2% of respondents were either unsatisfied or very unsatisfied with the federal government's performance. The bulk of respondents (42.8%) were neither satisfied nor unsatisfied.

Table 65. Satisfaction with federal government performance with respect to COVID-19

Satisfaction with federal government performance with respect to COVID-19	Percent of respondents
Very unsatisfied	13.7
Unsatisfied	13.5
Neither satisfied nor unsatisfied	42.8
Satisfied	24.4
Very satisfied	5.6

540/572 reporting

7.13.2 Satisfaction with provincial government performance with respect to COVID-19 (Table 66 and Table 67)

Respondents were asked how they would rate the performance of the provincial government in keeping the community living with VL informed about the COVID-19 situation. 25.2% of respondents said they were either satisfied or very satisfied with the performance of their provincial

government while 34.5% of respondents were either unsatisfied or very unsatisfied with the performance of their provincial government. It appears that the performance of provincial governments is slightly worse than that of the federal government. When these results are broken down by province (**Table 67**), of those provinces with a large enough response to draw a meaningful conclusion, British Columbia and Nova Scotia are the only provinces in which more respondents said they were satisfied or very satisfied with the government's performance compared with respondents who were unsatisfied or very unsatisfied.

Table 66. Satisfaction with provincial government performance with respect to COVID-19

Satisfaction with provincial government performance with respect to COVID-19	Percent of respondents
Very unsatisfied	18.0
Unsatisfied	16.5
Neither satisfied nor unsatisfied	40.3
Satisfied	20.6
Very satisfied	4.6

539/572 reporting

Table 67. Satisfaction with provincial government performance with respect to COVID-19 by province

	Percent of respondents satisfied and very satisfied	Percent of respondents unsatisfied and very unsatisfied
British Columbia	39.1	26.1

Alberta	19.6	42.9
Saskatchewan	18.8	25.0
Manitoba	26.4	31.6
Ontario	21.0	36.7
Quebec	15.8	26.3
New Brunswick*	44.4	22.2
Prince Edward Island*	25.0	25.0
Nova Scotia	36.4	31.8
Newfoundland and Labrador*	50.0	20.0

*Sample size too small to draw a meaningful conclusion

7.13.3 Satisfaction with municipal government performance with respect to COVID-19 (Table 68)

Respondents were asked how they would rate the performance of the municipal government in keeping the community living with VL informed about the COVID-19 situation. 26.4% of respondents were either satisfied or very satisfied with the performance of their municipal government, while 28.4% of respondents were either very unsatisfied or unsatisfied. No attempt has been made to break these results down into particular municipalities.

Table 68. Satisfaction with municipal government performance with respect to COVID-19

Satisfaction with municipal government performance with respect to COVID-19	Percent of respondents
Very unsatisfied	13.7
Unsatisfied	14.7
Neither satisfied nor unsatisfied	45.3

Satisfied	20.6
Very satisfied	5.8

539/572 reporting

7.14 Stress, fears, and apprehension

The 2020 survey found the VL community to be experiencing a great degree of stress, fear, and apprehension as to what to expect for the future. It was felt essential to see if this was still the case.

7.14.1 Feeling overwhelmed (Table 69 and Table 70)

Respondents were asked whether, at the start of the pandemic, they were concerned that the effect of the added stress on their mental health would cause them to feel overwhelmed (**Table 69**). 52.0% of respondents said that they were concerned that they might feel overwhelmed. This was almost identical to the 52.9% of respondents to the 2020 survey who said they were concerned about feeling overwhelmed at that time.

Respondents who had felt concerned at the start of the pandemic that they might become overwhelmed were asked if they felt that way now (**Table 70**). 59.3% of respondents said that they did not feel that way now. While this is good news in that the VL community seems to be less overwhelmed, there is still a substantial number of people with VL concerned about feeling overwhelmed (48.0% of those who had previously felt overwhelmed).

Table 69. Concern about feeling overwhelmed at the start of the pandemic

Concerned about feeling overwhelmed at the start of the pandemic	Percent of respondents
Yes	52.0
No	48.0

537/572 reporting

Table 70. Concern about feeling overwhelmed now

Concerned about feeling overwhelmed now	Percent of respondents

Yes	40.7
No	59.3

310/572 reporting

7.14.2 Concerns about vision loss and general health (Table 71)

In an open-ended question, respondents were asked what their particular concerns were regarding the COVID-19 pandemic as it relates to their VL and general health. The responses were grouped into several categories as shown in **Table 71**. Despite the number of respondents who articulated no concerns, it is clear that most people are worried about the pandemic and its ongoing effects on their health. In particular, many are concerned about their access to health services, with several identifying an increase in VL resulting from delays and barriers to eye care. Respondents were also disappointed by the lack of accessibility related to COVID-related health measures, such as masking and partitions, which have been identified as a the most common source of discomfort in other questions in this survey.

Table 71. Concerns about vision loss and general health

Concerns about vision loss and general health	Number of respondents
No concerns related to VL or blindness	63
Barriers or delays to hospital and health services	59
Lack of accessible information or safety measures (including complications related to masks)	46
General health and safety concerns	35
Other	29
Isolation or depression	17
Lack of assistance or leadership from government and health authorities	17
Difficulty maintaining social distancing	15
Lack of social empathy and awareness related to blindness and VL	9
Safe and reliable transportation	9
Financial and work-related concerns	8
Increased difficulty with daily activities	6

313/572 reporting

7.14.3 Level of stress (Table 72)

At the start of the pandemic, the 2020 survey asked people to identify their level of stress on a 10-point scale. This survey found that 28.8% of people rated their level of stress at that time at 7 or higher on a scale of 1 to 10, with 40.3% of respondents experiencing more than a moderate level of stress. The current survey asked respondents to identify the level of stress they felt at the start of the pandemic on the same 10-point scale and then in a subsequent question they were asked to identify the level of stress they currently felt (**Table 72**). 37.5% of respondents said they felt a stress level of 7 or greater at the start of the pandemic. By comparison, only 15.8% of

respondents are currently experiencing stress at a level of 7 or greater. 46.1% of respondents said that they were experiencing more than a moderate level of stress at the start of the pandemic, while only 22.9% of respondents were feeling more than moderate stress currently.

While there is still a significant number of people with VL living with high levels of stress, it is encouraging to note that the levels have decreased over the past two years.

Table 72. Level of stress felt currently, compared with that felt at the start of the pandemic

Level of stress	Percent of respondents current	Percent of respondents at the start of the pandemic
0 No stress	15.1	5.8
1	11.4	3.9
13	12.1	6.0
3	13.3	9.6
4	8.8	7.5
5 Moderate stress	16.3	21.2
6	7.1	8.6
7	6.5	12.4
8	4.1	13.3
9	2.2	6.0
10 Maximum stress	3.0	5.8

534/572 reporting

7.15 Managing the emotional impact of the pandemic (Table 73)

In a final open-ended question, respondents were asked: "Given the current circumstances and the effect of COVID-19, is there anything that you are doing to manage the emotional impact of the pandemic? Do you feel any positive or negative emotional impacts from the pandemic? (Please explain)" Responses were grouped into several categories shown in **Table 73**.

Importantly, the largest group of respondents used this question as an opportunity to describe negative events and emotional impacts during COVID-19. They did not describe any self-care or wellness activities, which may suggest a generalized and severe psychological impact felt by members of the VL community. Those who did describe self-care referenced a wide variety of activities, with the largest groups writing about the value of physical and outdoor activity, as well as socialization and the role of family and friends.

Table 73. Activities used to manage the emotional impact of the pandemic

Activities used to manage the emotional impact of the pandemic	Number of respondents
Negative impact felt but no self-care described	104
Physical and outdoor activities (walking, exercise, etc.)	55
Socializing with friends/family/strangers	44
No negative emotional impact felt	42
Other	20
Creative activities or learning (reading, movies, course work, etc.)	19
Preventative health measures (masking, vaccines, etc.)	16
Meditation and mindfulness activities	10
Psychiatric care, therapy, or medication (anti-anxiety, etc.)	9
Engagement with blindness groups such as CCB, GTT, and CNIB	5
Religion and spirituality	5
Avoiding news and media	4

Avoiding crowds or social gatherings	4

336/572 reporting

8.Limitations of Survey

As already acknowledged, the survey group was older than the general population. Comparison of some survey results with those of the general population are included here for perspective gathering only and are not meant to be a statistically significant comparison. Furthermore, since the survey was conducted electronically, questions related to the use and affordability of technology may be biased, as are questions related to the affordability of technology. People able to utilize technology are probably also better-informed about online communications such as the COVID-19 communications issued by governments, as a result of their access to technology.

9.Addendum

Letter to Prime Minister Justin Trudeau, Health Minister Patty Hajdu, and Minister of Employment, Workforce Development, and Disability Inclusion Carla Qualtrough

Tuesday, December 15, 2020

The Right Honourable **Justin Trudeau**, P.C., M.P.
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Dear Prime Minister Trudeau, Minister Hajdu, and Minister Qualtrough,

We at the Canadian Council of the Blind (CCB), Fighting Blindness Canada (FBC), and the International Federation on Ageing (IFA) are writing you today on behalf of over 1.5 million Canadians who are blind, deaf-blind, and partially-sighted and who are experiencing special challenges due to the impact of the COVID-19 pandemic. We believe it is imperative that people living with vision loss be given a priority position, close behind our heroic first responders and vulnerable seniors, with respect to being vaccinated against COVID-19. People living with vision loss are members of a vulnerable community, whose members were known to be living with economic, social, and emotional stress even before this pandemic that research has shown to be over and above that experienced by the sighted community.

Earlier this year, in response to anecdotal reports of the stresses people with vision loss were experiencing as a result of the pandemic, the CCB conducted a survey in which those living with vision loss were asked to report the effect the pandemic was having on their daily lives. On April 30, we released the results in a report entitled *The Impact of the COVID-19 Pandemic on Canadians Who Are Blind, Deaf-Blind, and Partially-Sighted*.

The results were astounding. Our survey's 572 respondents revealed the existence of a high level of stress, anxiety, fear, and even depression within our vision loss community. The respondents told us that:

- Their current stress levels were high – 40% of respondents said they were experiencing more than moderate stress, with 29% rating their stress level at 7 or higher (on a scale of 1 to 10).
- They were very concerned about social distancing and felt unsafe leaving their homes. They were unable to judge their distance from others and were concerned that others, unaware of their vision loss, tended to come too close.
- They were particularly concerned that the effect of the added stress from the pandemic on their mental health may cause them to become overwhelmed.
- They were anxious about their ability to access a doctor or healthcare practitioner and were concerned that social distancing and patients-only medical appointments meant that they would be unable to have someone accompany them when keeping necessary appointments with doctors or at clinics or hospitals. This is of particular concern to people with vision loss who require a sighted guide to assist them with their out-of-home activities.

- They were concerned that their inability to keep eye doctor appointments may cause them to incur additional vision loss. This is of particular concern for those having regular injections for the treatment of age-related macular degeneration or diabetic retinopathy.
- They saw shopping as unsafe, often experiencing fear, stress, and anxiety due to their inability to determine distance from others. Additionally, they felt great frustration with being unable to adequately communicate with cashiers, who were usually behind plexiglass screens, making negotiating payment and conversing difficult.
- They were particularly concerned about their ability to meet financial obligations. This is of particular concern since people living with vision loss are economically vulnerable and are generally recognized as being on the lower end of the socioeconomic scale.
- Many (about half) had a personal care worker entering their home, half of whom weren't wearing masks or other proper personal protective equipment.
- Many asked to work from home discovered they didn't have the accessible devices or technology required to do their jobs, and that employers had refused to provide or fund necessary equipment.

Since the major eye diseases causing vision loss are often associated with aging, we are seriously concerned that these individuals are particularly susceptible to the impact of COVID-19, both on account of their vision loss, as described above, and also due to advancing age.

When asked to describe the impact that the COVID-19 pandemic was having on their lives, one of the respondents expressed the difficulties he/she was experiencing as follows:

> ***"What is affecting my mental health is this prolonged and extreme isolation. As a blind person I already live a fairly limited life when referring to freedom of movement and independence and now even that small wedge of my active life has been completely eradicated."***

This community as a whole is reaching out for your help in relieving the additional burdens and stress resulting from the impact of the COVID-19 pandemic on their daily lives. As primary stakeholders to this vulnerable community, we are asking you, as decision-makers, to take the time to understand their situation and to ensure that people living with vision loss be given priority with respect to COVID-19 vaccination. We seek this opportunity to regain that "small wedge of active life" and to minimize the

isolation and loneliness that those with vision loss are currently experiencing.

In this time of the pandemic and with its consequential and dramatic impact on the vision loss community, your timely consideration of this most important request will be greatly appreciated.

Yours sincerely,

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10. Acknowledgement

The Report Card on Vision Health in Canada was commissioned by the Canadian Council of the Blind and Fighting Blindness Canada. We would like to express our gratitude to those members of the vision loss community who generously gave of their time to complete this survey.

11. Appreciation

This report was made possible by unconditional grants from a number of Canada's leading research-based pharmaceutical companies, corporate sponsors, and key members and stakeholders of the vision loss community. The Canadian Council of the Blind and Fighting Blindness Canada would like to express our appreciation for their generous support, without which this important initiative could not have been accomplished.

Logos pictured above: Alcon, Allergan, an AbbVie company; AGTC; Bayer; Canadian Council of the Blind; Fighting Blindness Canada; Novartis; Roche; and Specsavers.

12. Research Leads

Keith Gordon, Principal Investigator

Dr. Keith Gordon is the Senior Research Officer of the Canadian Council of the Blind (CCB). His research is dedicated to advancing advocacy for the vision loss community. Dr. Gordon was the principal investigator of four CCB studies: "The Impact of the COVID-19 Pandemic on Canadians Who Are Blind, Deaf-Blind, and Partially-Sighted" (April 2020); "The Cost of Vision Loss and Blindness in Canada" (March 2021); "The Impact of the COVID-19 Pandemic on Eye Health in Canada" (September 2021); and "Reforming Ontario's Assistive Devices Program" (February 2022). He also authored the CCB report "A Needs Report on Accessible Technology" (November 2019).

Dr. Gordon is past Vice President of Research of the Canadian National Institute for the Blind (CNIB) in Toronto, where he worked from 2007 to 2017, directing all research activities of the organization. Prior to that, he spent more than 30 years in the ophthalmic industry, where he was responsible for a wide range of research and scientific activities.

Dr. Gordon is past Research Director of Blind and Low Vision New Zealand and is currently Chair of the Board of BALANCE for Blind Adults. He's also an adjunct professor in the Department of Ophthalmology and Vision Sciences at the University of Toronto and an Honorary Teaching Fellow in the School of Optometry and Vision Science at the University of Auckland in Auckland, New Zealand.

Chad Andrews, Investigator

Dr. Chad Andrews is a researcher and policy analyst with a Ph.D. in cultural studies. As a consultant and advisor, he works with stakeholders in health science and policy to analyze and comprehend the physical, psychological, and socioeconomic impacts of disease and disability.

Collaborating with patients and patient groups, he has been involved in a number of burden of illness projects that study the personal and social dimensions of vision loss, including work that is now published in the *Canadian Journal of Diabetes* and the *Canadian Journal of Ophthalmology*. Dr. Andrews also teaches and publishes occasionally in the interdisciplinary spaces between literature, history, and policy.

Larissa Moniz, Investigator

Dr. Larissa Moniz joined Fighting Blindness Canada (FBC) in December 2019. She has a Ph.D. in molecular and cancer biology from the University of Toronto and has continued her research in the UK at University College London. Dr. Moniz has worked in research and knowledge translation at a number of health charities, both in the UK and Canada, most recently at Prostate Cancer Canada.

At FBC, Dr. Moniz's team works to deliver on the mission of the organization, which is to fund research toward treatments to preserve and restore vision, to ensure that all Canadians have access to appropriate vision care, and to provide support and information to individuals living with VL.

Michael Baillargeon, Project Co-Lead

Michael Baillargeon is Senior Advisor to the Canadian Council of the Blind (CCB), managing advocacy, research, and special event initiatives, as well as government and stakeholder relations. Over the last 16 years, he has been an advisor to, and advocate for, the blind, deaf-blind, and partially-sighted community. Baillargeon has played a key role on a wide range of issues before the Council, including serving as publisher of *White Cane Week Magazine* and overseeing annual White Cane Week and Vision Month events, including the Vision Health Summit, Gala Dinner, and Experience Expo and Forum.

Baillargeon has grown the CCB research department, conducting studies in a number of areas important to the VL community, including accessible

technology and assistive devices. He was co-lead on the CCB study "The Impact of the COVID-19 Pandemic on Canadians Who Are Blind, Deaf-Blind, and Partially-Sighted," published in April 2020, as well as "The Cost of Vision Loss and Blindness in Canada" and its COVID-19 Addendum, both of which were released by the CCB in 2021. More recently, Baillargeon represented the CCB working with stakeholder groups in reporting on, and recommending changes in, Ontario's Assistive Devices Program (ADP).

Through advocacy and research, Baillargeon is dedicated to building public awareness and improving the well-being and quality of life of those living with VL. He is proud of his efforts with the CCB to dismantle barriers to accessibility, and in working with others to prevent blindness and to provide those living the experience of VL the tools to change what it means to be blind.

Doug Earle, Project Co-Lead

Doug Earle joined Fighting Blindness Canada (FBC) in December 2018 as President and CEO. Since then, he has been leading FBC though a transformation to accelerate research into all blinding eye diseases in order to discover treatments and cures for blindness, and to improve access to innovative gene and cell therapies and medications. Earle co-chaired the Canadian Vision 2020-21 Summits with Michael Baillargeon, consulting the community to identify its advocacy agenda in these symbolic years.

Over Earle's 30-year career, he has served in progressively more senior roles at five health charities, two hospitals, two universities, and TVOntario public television. He played instrumental roles in the advocacy that led to the Krever Commission of Inquiry on the Blood System in Canada and compensation for people living with HIV and hepatitis C through tainted blood and has worked with philanthropists to fund millions in medical research and other projects.

13. Endnotes

[1] Statistics Canada. Population estimates on July 1st, by age and sex. Available at: https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501 Accessed August 1, 2022.

[2] Government of Canada. COVID-19 vaccination in Canada. Available at https://health-infobase.canada.ca/covid-19/vaccination-coverage/#a3 Accessed August 1, 2022.

[3] Government of Canada. COVID-19 epidemiology update. Available at: https://health-infobase.canada.ca/covid-19/?stat=rate&measure=cases_total&map=pt#a2 Accessed August 1, 2022.

[4] Global News. Majority of Canadians say wearing a mask during coronavirus pandemic is a civic duty: poll. Available at: https://globalnews.ca/news/7350128/canadians-support-wearing-mask-coronavirus/ Accessed August 9, 2022.

[5] Gordon K and the vision loss ADP reform working group. Reforming Ontario's Assistive Devices Program: February 2022. Available at: https://ccbnational.net/shaggy/ Accessed August 1, 2022.

[6] Government of Canada. Epidemiological summary of COVID-19 cases in Canada. Available at: https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a3 Accessed August 1, 2022.

[7]Government of Canada. COVID-19 vaccination in Canada. Available at https://health-infobase.canada.ca/covid-19/vaccination-coverage/#a3 Accessed August 1, 2022.

[8]Government of Canada. COVID-19 epidemiology update. Available at: https://health-infobase.canada.ca/covid-19/?stat=rate&measure=cases_total&map=pt#a2 Accessed August 1, 2022.

[9] Government of Canada.COVID-19 epidemiology update. Available at: https://health-infobase.canada.ca/covid-19/ Accessed August 1, 2022.

[10] Statistics Canada. Canada's population estimates first quarter 2022. Available at: https://www150.statcan.gc.ca/n1/daily-quotidien/220622/dq220622d-eng.htm Accessed August 1, 2022.

[11] Global News. Majority of Canadians say wearing a mask during coronavirus pandemic is a civic duty: poll. Available at: https://globalnews.ca/news/7350128/canadians-support-wearing-mask-coronavirus/ Accessed August 9, 2022.

The Impact of the Covid-19 Pandemic on Canadians Who are Blind Deaf-Blind or Partially-Sighted 2022

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

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