


**VISION LOSS  
REHABILITATION™**  
CANADA

**RÉADAPTATION  
EN DÉFICIENCE VISUELLE<sup>MC</sup>**  
CANADA

A hand holding a magnifying glass over a blurred background. The magnifying glass is held in the lower right quadrant, and its lens is positioned over the center of the page. The background is a soft, out-of-focus landscape with a light sky and a darker horizon line.

**Living with Vision Loss in Canada:  
Exploring Experiences, Access, and  
Pathways to Service**

SURVEY REPORT 2025

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*“Vision loss has been a rollercoaster. There have been times when the psychosocial aspects of my experience were extremely difficult and I felt very alone, times when my employer dismissed my requests for accommodations and times when science made it possible to regain vision I thought I wouldn't regain. Through it all, I have found tenacity and courage within that I didn't know I had.”*  
~ VLRC Client and 2025 Survey respondent

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## Disclaimer

This report has been prepared solely for the use of Vision Loss Rehabilitation Canada. It captures the personal experiences and perspectives of their clients and community, providing insights into the challenges and needs of this population and should not be interpreted as representing all Canadians with vision loss. The findings are informative and suggestive, rather than statistically generalizable.

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## Executive Summary

Vision loss in Canada is a growing public health and social challenge. As the population ages and the prevalence of age-related eye conditions increases, access to preventive eye care, rehabilitation, and assistive technologies remains uneven across provinces. Recent years have further exposed systemic inequities across healthcare, income security, employment, transportation, and digital accessibility, amplifying existing barriers for people with vision loss.

This national survey captures the lived experiences of Canadians who are blind, partially sighted, or deafblind, underscoring both the diversity of the vision loss community and the systemic, interconnected nature of the challenges they face. Respondents identified persistent barriers related to income insecurity, employment discrimination, transportation limitations, and inconsistent access to specialized rehabilitation services. These gaps reflect a fragmented system that often fails to provide timely, coordinated support across health, employment, disability, and social service sectors. At the same time, the survey highlights the resilience of individuals and demonstrates that access to assistive technologies, mental health support, inclusive design, and early intervention can substantially improve independence and quality of life.

Taken together, the findings provide critical insight for policymakers, funders, employers, and service providers. Improving outcomes will require coordinated policy action across health, employment, transportation, and social services. Key priorities include enhancing funding for rehabilitation services, improving the affordability and coverage of assistive technologies, strengthening referral pathways to rehabilitation, expanding disability and income supports, addressing regional inequities in service delivery, and promoting inclusive workplaces through proactive employer engagement. Greater public awareness and accessible design are also essential to ensuring that Canadians with vision loss can live independently, participate fully in their communities, and achieve equitable quality of life.

## Key Findings

- **Challenges in Daily Life:** Emotional distress, social isolation, loss of driving privileges, limited access to assistive technology, and financial

burden are common. Respondents report gaps in public awareness, communication with healthcare providers, and equitable services.

- **Rehabilitation Access:** Among respondents who had not received services, only 31% were unaware that rehabilitation services existed, while 20% did not know how to access them.
- **Assistive Technology:** Respondents widely rely on assistive technologies, most notably smartphones (65%). However, significant barriers persist with 38% citing cost as a factor. Access challenges highlight ongoing gaps in affordability, awareness, and support.
- **Referral Pathway:** Referrals from eye care professionals accounted for 46% of all referrals, while 22% of respondents reported self-referring.
- **Mobility & Independence:** 52.5% rely on others for transportation. Smartphones are the most used assistive device for mobility (45.4%), supporting independence. Travel and workplace accommodations remain critical gaps.
- **Financial Hardship:** Nearly half live below the poverty line, with limited access to disability benefits or assistive devices essential for independence. 44% are unsure about their Canada Disability Benefit eligibility
- **Living Alone:** 25% live alone, necessitating additional social and instrumental support from family, friends, and rehabilitation organizations.
- **Education & Employment:** Highly educated (40.6% university degree, 27.1% college/certificate, 5.3% trade school) yet employment is low (23.9% working full-time), highlighting barriers to workplace inclusion.
- **Workplace Inclusion:** Many require accommodations; one-third must self-provide them. Over half lost vision while employed, with some needing retraining or leaving their roles. Two-thirds who left work could continue in their field with proper support.
- **Severity of Vision Loss:** 17.7% report total blindness, 79% partial sight, 3.3% deafblind. Older adults and those with additional disabilities or chronic diseases often experience more severe vision loss.

- **Onset & Prevention:** 20% experienced vision loss between ages 45–64; a critical period when government-funded eye exams are no longer offered.
- **Eye Diseases:** AMD (24.3%), retinal diseases (23.2%), and glaucoma (15.1%) are most common.

**Thematic Insights from Open-Ended Responses:** Qualitative analysis of 849 open-ended responses revealed ten overarching themes:

1. **Emotional and Psychological Impact** – Persistent feelings of anxiety, depression, and grief are widespread, affecting nearly half of respondents.
2. **Support Services and Accessibility** – Mixed experiences with service providers and significant regional disparities are common.
3. **Mobility and Transportation Challenges** – Loss of driving privileges and inadequate public transit pose major barriers to independence.
4. **Daily Living and Functional Challenges** – Everyday tasks are difficult or impossible without adaptations.
5. **Technology and Adaptive Solutions** – Assistive technology is highly valued but often unaffordable or inaccessible.
6. **Social and Community Interactions** – Many experience stigma, misunderstanding, and social isolation.
7. **Medical and Healthcare Challenges** – Long wait times, poor communication, and limited access to vision specialists are frequently reported.
8. **Employment and Professional Challenges** – Workplace discrimination and lack of accommodations impede career stability.
9. **Financial Constraints** – High costs of living with vision loss and inadequate financial supports compound hardship.
10. **Regional and Systemic Barriers** – Disparities in provincial programs and service delivery highlight the need for coordinated national policy action.

## Action Priorities

The survey highlights the complex and interconnected challenges faced by the vision loss community, including barriers to healthcare access, employment, transportation, technology, and social participation. Drawing from these findings, the following action priorities are designed to guide collaborators and partners in addressing systemic gaps, enhancing independence, and promoting equitable opportunities for individuals who are blind or partially sighted.

These recommendations emphasize targeted support for underserved populations, integration of mental health and social services, improved accessibility, and coordinated efforts across organizations, healthcare systems, employers, governments, and funders to create a more inclusive and supportive environment for all Canadians living with vision loss.

### **For Vision Loss Organizations**

- Increase access to vision rehabilitation services and assistive technologies, prioritizing low-income, rural, and underserved populations.
- Integrate mental health and social supports into vision rehabilitation services to address isolation and emotional distress.

### **For Community Organizations**

- Create programs addressing mental health, social inclusion, and peer support for individuals with vision loss.
- Advocate for accessible transportation options.
- Offer community-based assistive technology training and lending programs.
- Facilitate social inclusion initiatives to reduce isolation and improve quality of life.
- Prioritize support for individuals living alone, older adults, and those with multiple disabilities.

## **For Healthcare Providers**

- Improve communication with patients regarding diagnosis, treatment options, and rehabilitation services.
- Establish coordinated care pathways for individuals with multiple disabilities or chronic conditions.
- Promote regular eye exams for adults aged 45–64, focusing on preventable vision loss.
- Educate ophthalmologists and optometrists about local vision rehabilitation services for timely referrals.
- Address psychosocial impacts through integrated care approaches, including mental health support.

## **For Employers**

- Implement workplace accessibility audits and provide reasonable accommodations, including programs to support employees transitioning to new roles post-vision loss.
- Offer flexible work options, including remote and hybrid arrangements, tailored for employees with vision loss.
- Provide resources and training for HR staff on disability inclusion, adaptive technology usage, financial supports, and workplace accommodations.
- Strengthen employee understanding and attitudes toward vision loss by providing comprehensive disability-inclusion training and resources, including guidance on capabilities, adaptive technologies, and inclusive practices.

## **For Government**

- Increase funding for training in vision rehabilitation and assistive technologies, and associated user supports.
- Fund programs addressing mental health, social inclusion, and peer support for individuals with vision loss.

- Promote coordinated federal and provincial action to ensure equitable, consistent access to vision care, rehabilitation, transportation, and support services across Canada, including rural, Indigenous, and low-income communities.
- Provide financial assistance and subsidies for assistive technologies, including smartphones and adaptive software.
- Fund social, demographic, and vision rehabilitation research focused on the needs of people living with blindness or low vision.
- Expand coverage for eye exams for adults aged 45 - 64 and enhance funding for preventive eye care.
- Revise the age structure and payment levels of disability benefits to better reflect cost-of-living realities.
- Improve access to the Disability Tax Credit (DTC) by reducing administrative barriers, shortening processing times, and simplifying eligibility assessments.
- Strengthen policy coordination across health, employment, and social service sectors to address systemic barriers.
- Implement and enforce government policies that promote workplace accommodations and employment inclusion.

# Part A – Survey Details

## Introduction

Understanding the lived experiences of people with vision loss is essential to ensuring that services and policies are responsive, equitable, and effective. While clinical data identifies who is diagnosed with eye disease, it does not reveal how vision loss shapes daily life, how individuals access care, navigate their communities, secure employment, or adapt with technology. To bridge this gap, Vision Loss Rehabilitation Canada (VLRC) and Vision Health Canada (VHC) conducted a national survey to capture the voices and experiences of Canadians who are blind, partially sighted, or deafblind.

This report presents findings from a national survey exploring the experiences, challenges, and needs of Canadians living with vision loss. The survey examined seven key areas:

1. Demographic and socioeconomic characteristics
2. Nature and onset of vision loss
3. Daily life and community participation
4. Assistive technology use
5. Employment and economic participation
6. Access to rehabilitation and support services
7. Reflections on lived experience

## Methodology

The survey design focused on capturing both demographic information and experiential data, including onset of vision loss, access to and use of rehabilitation services, referral pathways, community navigation, employment, and technology use.

### Survey Distribution

The survey was distributed to 7,410 VLRC clients with active HealthCloud profiles who had received services in the past five years. To broaden participation, VLRC and VHC partnered with over 15 community organizations that shared the survey through email and newsletters. VLRC's marketing team also promoted it via social media to engage both clients and non-clients.

## Accessibility

To ensure accessibility, the survey was available in English and French. Participants could complete it online or by phone, accommodating a range of access needs.

## Response and Data Cleaning

A total of 1,075 responses were received from all provinces and territories, with a 71% completion rate. Data cleaning removed incomplete submissions and excluded responses from non-Canadian email domains and IP addresses to ensure the results reflected Canadian residents' experiences.

## Limitations

Several limitations should be considered when interpreting the findings:

- **Sample bias:** The majority of participants were connected to VLRC or partner organizations, meaning individuals without access to services or community networks may be underrepresented.
- **Self-selection bias:** As participation was voluntary, those with stronger engagement in vision loss services may have been more likely to respond.
- **Self-reported data:** Responses reflect individual perceptions and experiences, which may differ from client records.
- **Regional representation:** While responses were received from across the country, distribution was not proportionally weighted by population or prevalence of vision loss.
- **Racialized bias:** A primary limitation of this study is the sample's lack of racial and ethnic diversity, which limits the generalizability of the findings to the broader population. The overrepresentation of White participants may obscure the unique experiences of racial and ethnic minority groups.

## Detailed Findings

### 1. Demographic Profile of Respondents

Researchers examined the demographic and socioeconomic factors that may influence their experiences with vision loss. Questions focused on

respondents' geographic distribution, age, gender, language, and cultural background, as well as household composition, education, and income. Understanding these characteristics helps contextualize the survey findings and identify potential barriers to accessibility, inclusion, and equitable access to vision care and support services.

The survey reached participants across Canada, with most responses from Ontario, British Columbia, and Alberta (Table 1). Limited responses from Quebec suggest that further outreach could improve regional representation, though offering the survey in both English and French supported accessibility. It is also important to note that VLRC does not currently offer services in Quebec and does not have a client base in the province, contributing to the lower response rate from that region.

Respondents skewed older, as expected based on the prevalence of age-related eye conditions: nearly two-thirds (60.5%) were age 65 or older, while 25.0% were between ages 45 and 64 (Table 2). In total, 39.4% of respondents fell within the working-age range (18–64). This group is particularly vulnerable to preventable vision loss, as they are not uniformly eligible for publicly funded eye exams, creating access barriers that can delay diagnosis and treatment of sight-threatening conditions.<sup>1</sup> The majority of respondents were female (59.8%), and 20% identified as racialized (Table 3, Table 5). Most respondents spoke English at home (93.7%), followed by French (1.9%), with 4.6% speaking other languages, suggesting potential language barriers for some groups (Table 4).

Household composition varied among respondents: 26.2% lived alone, 41.9% with a spouse, 19.9% with other family, and 5.5% in long-term care, highlighting the need for targeted support for those living alone (Table 6). Educational attainment was relatively high, with 40.6% holding a university degree, 27.1% a college diploma or certificate, and 5.3% a trade qualification (Table 7).

Despite these education levels, incomes were low: 53.5% earned less than \$35,000 annually, 46.3% were below the poverty line, and 27.2% fell below the “Deep Income Poverty” threshold<sup>2</sup>, indicating severe financial hardship (Table 8).

Only 10.1% of respondents received employer disability benefits, and while 29.9% reported eligibility for the Canada Disability Benefit, 43.8% were unsure, pointing to a clear need for education on available supports (Table

9, Table 10, Table 11). This pattern mirrors a recent Statistics Canada<sup>3</sup> finding that 84% of people with disabilities were not accessing the Disability tax Credit. Similarly in this survey, 81.2% of respondents reported receiving no government assistance, underscoring substantial gaps in awareness and uptake of existing disability supports.

## 2. Nature and Onset of Vision Loss

The survey explored the nature, onset, and contributing causes of respondents' vision loss, as well as related health conditions that may influence their overall well-being. Understanding when vision loss occurs, how severe it is perceived to be, and the underlying causes provides critical insight into prevention opportunities, treatment access, and the broader health profiles of individuals experiencing visual impairment.

Only 11.0% of respondents described their visual impairment as mild, 46.7% as moderate, and 42.3% as severe (Table 14, Table 15). By age group reports of moderate impairment increased after age 55, while severe impairment declined. This trend aligns with expectations that age-related vision loss is more often moderate than severe. Advances in treatments for conditions such as age-related macular degeneration (AMD) and diabetic retinopathy have also helped reduce the overall severity of vision loss.<sup>4</sup>

It is important to note that self-reported severity of visual impairment is inherently subjective and may be influenced by situational and psychosocial factors, such as environmental conditions, functional contexts, access to assistive technology, or individual resilience and adaptation strategies.

A total of 12.4% of respondents reported being blind from birth. More than one-third (34.3%) first experienced vision loss after age 65, while 21.9% reported onset between ages 45 and 64 (Table 16). Many individuals forgo exams during these years, suggesting that more regular screening could prevent a significant proportion of vision loss.<sup>1</sup>

Age-related macular degeneration (AMD) was the most frequently reported cause of vision loss (24.3%), followed by retinal diseases (23.2%), glaucoma (15.1%), diabetic retinopathy (4.8%), and stroke-related causes (4.2%), likely reflecting retinal vein occlusion. Notably, 6.4% of respondents were unsure of their diagnosis (Table 17). Analysis by age showed that AMD and glaucoma increased in prevalence with age, while diabetic retinopathy and other retinal diseases became less common (Table 18).

More than half of respondents (56.7%) reported no additional medical conditions. Among those with multiple conditions, hearing loss was most common (19.2%), followed by neurological disabilities (13.7%) and mental health conditions (10.5%) (Table 19). Chronic health conditions were also widespread, most commonly blood pressure disorders (36.0%) and arthritis or immune-related conditions (34.0%), while 28.3% reported none of the listed conditions (Table 20).

### 3. Daily Life and Community Participation

To better understand how vision loss affects daily independence, respondents were asked about their shopping habits, transportation methods, use of mobility aids, and the impact of vision loss on everyday activities. These questions provide insight into how individuals with varying degrees of visual impairment manage essential tasks and the supports they rely on to maintain autonomy.

Overall, 39.6% of respondents reported doing their own shopping, while 41.4% used online shopping, arranging for home delivery, pickup, or assistance from others. In contrast, 58.7% relied entirely on someone else to shop for them (Table 21). Analysis by severity of vision loss showed that individuals with severe vision loss were significantly less likely to shop in person and more likely to rely on home delivery when shopping online. Online shopping was most common among respondents of working age and declined in older age groups (Table 22, Table 23).

Transportation patterns followed a similar trend. More than half of respondents depended on friends or family to drive or guide them to appointments or work. Among the remaining respondents, 14.4% used taxis or similar services, 14.1% used public transportation and 10.3% paratransit (Table 24). Analysis by severity showed that respondents with severe vision loss were more reliant on others for transportation, whereas those with mild or moderate impairment more often used independent means (Table 25).

A variety of mobility and navigation aids supported respondents in traveling safely. Over one-third (37.9%) used a long white cane, 34.4% used a human guide, and 45.4% used smartphones equipped with navigation or accessibility apps (Table 26).

Most respondents (60.9%) reported that their vision loss often or always limited their daily activities (Table 27). However, the ability to overcome such limitations is highly individual and influenced by factors such as environmental conditions, available technology, social supports, and personal resilience or adaptation strategies.<sup>5</sup>

#### 4. Employment and Economic Participation

This line of questioning explored the employment status, work experiences, and workplace barriers faced by respondents who are blind or partially sighted. Questions examined current and past employment, access to accommodations, job stability, and the effects of sight loss on career continuity. The findings provide valuable insight into the persistent accessibility and inclusion challenges that people with vision loss encounter in the labour market.

Overall, 58.3% of respondents were retired, while 17.9% were employed full-time, part-time, or self-employed. Among working-age respondents, 38.3% were employed in some capacity, with 23.9% working full-time (Table 28). These findings are consistent with previous CNIB surveys which reported full-time employment rates of 25% and 28%, respectively, highlighting the persistence of employment barriers for people with vision loss.<sup>6</sup>

Employment was strongly correlated with education, as respondents with higher education levels were more likely to be employed full-time (Table 29). Among students and full-time caregivers, 83.3% had worked previously; among those unable to work due to disability or illness, 89.7% had prior employment (Table 30, Table 31).

The COVID-19 pandemic temporarily increased opportunities for remote work. During the height of the pandemic, a 2020 Canadian Council of the Blind survey found that 78.2% of full-time employed respondents who were blind or partially sighted were working remotely.<sup>7</sup> The current survey findings show a partial return to in-person work: 38.7% of respondents now work exclusively from home, 23.2% follow a hybrid model, and 38.1% work solely on-site (Table 32).

Workplace accommodation remains a significant challenge. Among employed respondents, 71.3% required accommodations, and over half (50.6%) had to provide some or all of them personally, representing a major barrier to equitable employment (Table 33, Table 34). The most

common barrier identified was employers being unaware of or unable to provide necessary accommodations (27.4%), followed by inaccessible training programs (26.2%) (Table 35, Table 36). Despite these challenges, 78.1% expressed confidence in their job stability over the next 12 months (Table 37).

More than half (58.2%) of employed respondents reported that they began losing their sight while employed (Table 38). Of these, 70.9% remained in the same position, 13.6% retrained for new roles, and 15.5% left their organization (Table 39).

Among previously employed respondents, most (86.9%) had stopped working more than two years ago. Nearly half (48.7%) retired, while 23.8% left due to vision loss and 11.4% due to other health conditions. Two-thirds (67.1%) of those who left their jobs because of sight loss were able to continue working in the same field, with nearly half regaining employment within six months (Table 40).

Of those re-employed, 41.1% returned to their previous level of pay, and 16.1% reached that level within a year. However, 25.0% who returned to work never regained their prior income (Table 42). In terms of job satisfaction, 40.0% reported returning to their previous level, 12.7% did so within a year, and 18.2% never regained their earlier level of satisfaction (Table 43).

## 5. Access to Rehabilitation and Support Services

Researchers wanted to explore respondents' awareness of, referrals to, and use of vision rehabilitation services. Understanding how individuals access these supports, and why some do not, provides important insight into service reach, referral pathways, and potential gaps in awareness or accessibility.

All respondents were asked whether they had received services from one or more listed vision support and rehabilitation organizations and could select all that applied. Nearly three-quarters (74.1%) reported receiving support services from CNIB, while 68.9% report accessing rehabilitation services through Vision Loss Rehabilitation Canada (VLRC), and 3.9% reported receiving support from BALANCE for Blind Adults (Table 51).

Among those who had received rehabilitation services, almost half (46.8%) were referred by an ophthalmologist or optometrist. Another 22.0% referred themselves, and 7.1% were referred by a family member or relative (Table 52).

Respondents who had received rehabilitation were also asked to identify the specific services they had used, with many selecting more than one. The most frequently accessed services were low vision assessments (63.9%) and assistive technology training (60.8%), followed by independent living skills training (43.4%) and orientation and mobility training (42.6%) (Table 53).

Respondents who had not accessed rehabilitation services were asked to explain why. Nearly one-third (31.3%) said they were unaware such services existed, and 20.3% did not know how to access them, highlighting a need for better education and referral practices, particularly following diagnosis. Another 25.2% felt they did not need these services, while 9.6% cited distance as a barrier to access (Table 54).

## 6. Assistive Technology Support

The research team wanted to explore respondents' use of assistive technologies and the barriers they encounter in acquiring or using these tools. Understanding which devices and technologies are most commonly used, and the obstacles to access, helps identify gaps in affordability, awareness, and training that affect independence and quality of life for people who are blind or partially sighted.

Respondents were asked to identify the assistive devices or technologies they currently used. Smartphones were by far the most common, reported by nearly two-thirds of respondents (65.4%).

About half (51.5%) of respondents used a handheld magnifier, while 43.3% used a tablet, 40.1% a laptop computer, and 36.2% a desktop computer. Additionally, 23.5% used screen magnification software, 17.9% used screen reading software, and an emerging proportion (6.2%) had adopted smart glasses (Table 55).

Nearly all respondents (91.9%) have access to a smartphone or computer with internet and videoconferencing capabilities enabling them to stay connected with family and friends (Table 56).

When asked about barriers to accessing assistive technology, 38.2% cited financial constraints, making cost the most common obstacle. Another 28.1% reported uncertainty about which devices they needed, 24.8% cited difficulty obtaining training, and 13.3% said they did not know where to

acquire the devices. Nearly one-third (29.0%) reported experiencing no barriers at all (Table 57).

Given the high number of respondents identifying cost as a major barrier, further analysis examined the use of the four most common, and typically most expensive, technologies by income level. Across all devices, usage increased with income, though not as sharply as expected, suggesting that many individuals with lower incomes are finding ways to obtain these essential technologies despite financial challenges (Table 58, Table 59, Table 60, Table 61).

## 7. Thematic Insights from Open-Ended Responses

The final question in this survey was an open-ended question inviting respondents to share any aspects of their experience living with vision loss. A total of 849 responses were received and analyzed using two artificial intelligence (AI) methods of analysis, Deep Seek and GROK. The results of these analyses were combined to identify ten overarching themes, which are outlined following.

### **Emotional and Psychological Impact** (approximately 45% of responses)

Respondents described significant emotional challenges associated with vision loss, including depression, anxiety, frustration, and grief over lost independence. Feelings of isolation and diminished self-esteem were common, particularly during the adjustment period following vision loss. Many expressed fears of future deterioration and reduced capabilities. While some reported coping through acceptance, resilience, and a positive outlook, the emotional impact remained a dominant concern.

### **Support Services and Accessibility** (approximately 35% of responses)

Experiences with support and rehabilitation organizations were mixed. While some respondents praised the assistance received, others cited long wait times and inconsistent or fragmented services. Many emphasized the need for peer support, counseling, and early access to treatment and rehabilitation. Regional disparities were also evident, with respondents from rural areas (e.g., Northern British Columbia, New Brunswick) reporting significant service gaps.

### **Mobility and Transportation Challenges** (approximately 30% of responses)

Loss of driving privileges was one of the most frequently mentioned challenges, often leading to dependence on unreliable alternatives such as HandyDART or taxis. Public transit systems were commonly described as inaccessible, with issues such as uneven sidewalks, missing audible crosswalks, and poorly designed urban infrastructure. Respondents in rural regions reported even greater barriers due to limited transportation options.

### **Daily Living and Functional Challenges** (approximately 28% of responses)

Many respondents detailed difficulties performing daily tasks such as reading mail, cooking, shopping, and managing household responsibilities. These challenges were often tied to a loss of independence and a sense of frustration regarding the need for assistance with personal care and routine activities.

### **Technology and Adaptive Solutions** (approximately 25% of responses)

Assistive technologies—such as audiobooks, screen readers, and magnifiers—were highly valued, but access was often limited by high costs, rapid technological change, and insufficient funding (e.g., gaps in Assistive Devices Program coverage). Respondents also noted ongoing digital accessibility issues, including websites and mobile applications that remain incompatible with assistive technologies.

### **Social and Community Interactions** (approximately 20% of responses)

Respondents frequently reported feeling misunderstood or overlooked by the public. Some described instances where their white canes were ignored, or others made incorrect assumptions about their abilities. Social isolation and a lack of disability awareness in workplaces, schools, and public spaces were recurring themes.

### **Medical and Healthcare Challenges** (approximately 18% of responses)

Accessing appropriate eye care and rehabilitation was a concern for many respondents. Long wait times, limited access to specialists, and insufficient communication from healthcare providers about diagnoses and treatment options were frequently reported. Respondents in rural and remote areas faced additional service shortages, while those with multiple disabilities (e.g., deafblindness) highlighted the lack of coordinated or integrated care.

**Employment and Professional Challenges** (approximately 15% of responses).

Many respondents described employment-related barriers, including job loss following vision loss, workplace discrimination, and challenges securing new employment. A recurring recommendation was the need for stronger workplace accommodation policies and employer training to promote inclusion.

**Financial Constraints** (approximately 12% of responses)

The financial strain of living with vision loss was a consistent theme. Respondents pointed to the high costs of assistive devices, transportation, and medical care, compounded by limited financial assistance and restrictive eligibility criteria for government programs. Some reported difficulty maintaining employment, further exacerbating financial pressures.

**Regional and Systemic Barriers** (approximately 10% of responses)

Finally, respondents identified systemic inequities in access to supports across provinces and between urban and rural areas. Differences in eligibility criteria, program availability, and organizational offerings were commonly cited. Respondents called for broader policy reforms, including improved infrastructure, expanded provincial funding, and new tax credits for assistive technologies.

## Implications

The survey findings underscore that while Canada's vision loss community is diverse, its challenges are systemic and interconnected. Vision loss is associated with reduced income, barriers to employment, limited access to transportation and technology, and significant emotional and psychological strain. Despite high educational attainment, many respondents face economic insecurity and inconsistent access to rehabilitation and support services.

Improving outcomes will require coordinated policy action across health, employment, transportation, and social services. Priorities include enhancing affordability and coverage for assistive technologies, strengthening referral pathways to rehabilitation, expanding disability and income supports, and addressing regional inequities in service delivery.

Greater public awareness, inclusive design, and proactive employer engagement are also essential to ensuring that Canadians with vision loss can live independently, participate fully in their communities, and achieve equitable quality of life.

The findings highlight a complex interplay between individual adaptation and systemic barriers. Canadians living with vision loss demonstrate resilience and creativity in maintaining independence, but persistent gaps in services, funding, and awareness limit full participation in society.

## Systemic Challenges

**Psychosocial Impacts:** Vision loss in Canada has profound psychosocial consequences, affecting mental health, social participation, and quality of life.<sup>8</sup> Survey respondents reported significant emotional challenges, including depression, anxiety, grief, frustration, and diminished self-esteem, particularly during the adjustment period following vision loss. Concerns about future deterioration and loss of independence were common, highlighting the persistent emotional burden even among those who developed coping strategies such as resilience and acceptance.<sup>5</sup>

Social isolation and reduced community participation were also prominent. Many respondents relied on family, friends, or paid services for shopping, transportation, and daily activities, with those living alone or experiencing severe vision loss most affected. Challenges in navigating public spaces, limited accessible transportation, and a lack of public understanding of vision loss contributed to social marginalization. Employment barriers, including job loss, workplace discrimination, and inadequate accommodations, combined with financial strain from assistive technologies, rehabilitation, and transportation costs, further exacerbated psychosocial stress.<sup>2,4,6</sup>

Access to rehabilitation services, assistive technologies, and peer support play a critical role in mitigating these impacts. While many respondents had accessed services, gaps in awareness, availability, and affordability remained, particularly in rural regions. Integrated, person-centered care models that combine medical, functional, and psychosocial supports are essential to address these interconnected challenges, enhance independence, and improve overall well-being for Canadians living with vision loss.<sup>5,6</sup>

**Access to Assistive Technology:** Survey data underscore the vital role of devices such as smartphones, screen readers, and magnifiers for Canadians with vision loss, but barriers remain. These tools are critical to daily functioning, yet cost, insufficient training, and limited awareness continue to limit their use.<sup>9</sup>

Smartphones, in particular, have become powerful multipurpose assistive devices. Built in features such as magnification, text-to-speech, speech-to-text, and even camera-based interpretation can effectively replace or supplement many specialized devices. For people who are blind or low vision, a smartphone can help read signage, scan product barcodes, navigate routes, and access both printed and handwritten materials.<sup>10</sup>

When individuals cannot obtain these devices due to funding restrictions, the impact goes beyond reduced functional independence. Lack of access reinforces stigma, fosters perceptions of dependency, and increases the risk of social isolation. Cost is a major barrier: 73.9% of Canadians with disabilities report lacking required ICT (information & communication technology) aids, devices, or technologies because they cannot afford them. Limited access to appropriate accessible training compounds these challenges. A report from British Columbia found that only 35% of respondents with vision loss had received adequate training in the use of their assistive devices, while 30% had received none.<sup>11</sup> Without such training, the benefits of smartphones and other accessible technologies may not be fully realized, limiting their potential to promote independence.

These barriers have serious downstream effects. Difficulty obtaining or learning to use accessible technologies restricts individuals' autonomy, contributes to isolation, and aligns with broader patterns of communication and internet-use barriers. People may feel more dependent, increasing their risk of social isolation which is consistent with broader patterns of communication and Internet-use barriers.<sup>9</sup> Ultimately, the high cost of devices, insufficient training, and lack of awareness affect every aspect of life for Canadians who are blind or partially sighted, from employment and travel to essential daily tasks such as managing finances or mail. Without equitable access to these tools, many remain trapped in cycles of dependence, poverty, and social exclusion.<sup>4</sup>

Addressing these challenges requires meaningful and coordinated investment. Expanding provincial and federal subsidies for assistive hardware and software, offering comprehensive training programs, and ensuring that digital platforms meet modern accessibility standards would promote independence, inclusion, and dignity. However, without a universal, up-to-date approach to funding and support Canadians with vision loss will continue to face systemic barriers that limit their ability to work, travel, and fully access social and employment opportunities.

**Regional Disparities:** Across Canada, the prevalence of visual impairment and the availability of related care vary significantly by province, territory, and community, exposing deep geographic and socioeconomic inequities. In rural and remote regions, many individuals lack local eye-care providers, low-vision clinics, rehabilitation specialists, and accessible transportation. These gaps force some to travel long distances for care, or, in some cases, to forgo it entirely.<sup>12</sup>

Moreover, for those with diabetes, whose rates are disproportionately high among Indigenous populations, diabetic retinopathy remains a serious concern, yet screening and follow-up services are less accessible.<sup>13</sup>

Even in urban settings, low-income individuals struggle. Cost, limited public coverage, and a shortage of eye-care providers contribute to higher rates of undiagnosed or untreated conditions.

These disparities not only compromise eye health but also perpetuate broader inequities in quality of life and opportunity.

**Employment Barriers:** Canadian research, including findings from the CNIB survey on employment<sup>6</sup> and the Canadian Longitudinal Study on Aging,<sup>14</sup> consistently demonstrates that people with visual impairments experience lower employment rates, reduced lifetime earnings, and a heightened risk of job loss compared to sighted peers. These disparities stem from multiple, interconnected barriers. Many workplaces still lack accessible digital systems, adaptive software, or flexible job design, making routine tasks unnecessarily difficult.

In addition, individuals who acquire vision loss later in life often require retraining or upskilling to transition into roles compatible with adaptive technology, supports that are not always readily available or adequately

funded.<sup>15</sup> Employers may also be unfamiliar with reasonable accommodations or hold misconceptions about the productivity, safety, or cost of hiring someone with a visual impairment, which can influence hiring decisions and advancement opportunities.

## Conclusion

This national survey provides a snapshot view of the lived experiences of Canadians who are blind, partially sighted, or deafblind, highlighting the complex, interconnected challenges they face. Vision loss in Canada is not only a health concern but a broader social issue, affecting income security, employment, transportation, accessibility, and participation in community life. While respondents demonstrate remarkable resilience and adaptability, persistent systemic barriers, such as financial hardship, limited access to rehabilitation, uneven availability of assistive technologies, workplace discrimination, and regional disparities in services, continue to restrict independence, social inclusion, and overall quality of life.

The findings emphasize that progress requires coordinated, multi-sectoral action. Policy interventions must improve access to vision rehabilitation, expand coverage and affordability of assistive technologies, strengthen referral pathways, enhance workplace inclusion, and address inequities in regional service delivery. Integration of mental health support, social inclusion initiatives, and early intervention programs are also critical to mitigating the emotional and psychosocial impacts of vision loss.

Importantly, the survey underscores the transformative potential of assistive technologies, inclusive design, and proactive support systems. With strategic investment and collaboration across governments, healthcare providers, employers, and community organizations, Canadians living with vision loss can achieve greater independence, fuller participation in society, and equitable opportunities for education, employment, and community engagement.

Ultimately, this survey demonstrates that addressing vision loss in Canada is not solely a matter of health care—it is a societal imperative. By dismantling systemic barriers and creating a more inclusive, accessible environment, we can ensure that Canadians with vision loss are empowered to live with dignity, autonomy, and opportunity.

## About VLRC

**VISION LOSS  
REHABILITATION™**  
CANADA

**RÉADAPTATION  
EN DÉFICIENCE VISUELLE™**  
CANADA

Vision Loss Rehabilitation Canada (VLRC) is a national organization dedicated to helping people who are blind, partially sighted, or experiencing vision loss maintain independence and improve their quality of life. Through professional, accredited rehabilitation services, VLRC supports individuals in developing essential daily-living, mobility, and adaptive technology skills. We also play a vital role in advancing accessibility, advocating for inclusive policies, environments, and systems that enable full participation in society. By working with governments, community partners, and allied healthcare professionals, VLRC helps remove barriers, promotes equitable access to information and services, and raises awareness about the needs and rights of people with blindness or low vision. [www.visionlossrehab.ca](http://www.visionlossrehab.ca)

## Part B – Survey Data

### Data tables

Table 1. Question 1. Respondents by Province.

<b>Province</b>	<b>Percent Respondents</b>
British Columbia	21.5
Alberta	9.9
Saskatchewan	2.6
Manitoba	1.6
Ontario	57.1
Quebec	0.4
New Brunswick	2.8
Nova Scotia	1.9
Prince Edward Island	0.4
Newfoundland and Labrador	1.6
Northwestern Territory	0.1
Yukon	0.0
Nunavut	0.1

1075/1075 responding

Table 2. Question2. Respondents by Age

<b>Age</b>	<b>Percent Respondents</b>
Under 18	0.1
18 – 24	2.3
25 – 34	4.2
35 – 44	7.9
45 – 54	10.6

55 – 64	14.4
65 – 74	21.1
75 – 84	24.1
85 or older	15.3

1070/1075 responding

**Table 3. Question 3. Respondents by Gender.**

<b>Gender</b>	<b>Percent Respondents</b>
Female	59.8
Male	39.3
Non-binary or gender non-conforming	0.4
Personally, or culturally defined gender	0.5

1070/1075 responding

**Table 4. Question 4. Respondents by language spoken most often at home.**

<b>Language</b>	<b>Number of Respondents</b>	<b>Percent Respondents</b>
English	1007	93.7
French	20	1.9
Cantonese	8	0.7
Hindi	5	0.5
Urdu	5	0.5
Mandarin	4	0.4
Tagalog	4	0.4
Arabic	3	0.3
Spanish	3	0.3
Punjabi	2	0.2
Inuktitut	1	0.1
Japanese	1	0.1
Persian (Farsi)	1	0.1

BSL	1	0.1
Tamil	1	0.1
Bengali	1	0.1
Other	8	0.7

1075/1075 responding

**Table 5. Question 5. Respondents by race/ethnicity**

<b>Race/Ethnicity</b>	<b>Percent Respondents</b>
White	80.2
South Asian (e.g., Indian, Indo-Caribbean, Pakistani, Sri Lankan, Bangladeshi)	4.6
East Asian (e.g., Chinese, Taiwanese, Korean, Japanese)	4.3
Indigenous (First Nations, Métis, Inuit)	3.4
Black	2.8
Mixed race	2.0
Arab	1.0
Latin American	0.6
West Asian (e.g., Iran, Afghanistan)	0.4
Filipino	0.4
South-east Asian (Vietnam, Cambodia, Laos, Thailand, etc.)	0.3

1019/1075 responding

**Table 6. Question 6. Respondents by living situation.**

<b>Living Situation</b>	<b>Percent Respondents</b>
I live with my partner/spouse	41.9
I live alone	26.2
I live with family members	19.9
I live alone with supports	4.8
I live in a retirement home or group home	5.1
I live with friend(s) or roommate(s)	1.7
I live in long term care or nursing home	0.4

Table 7. Question 7. Respondents by highest level of education achieved

<b>Level of Education</b>	<b>Percent Respondents</b>
College diploma or certificate	27.1
High school or equivalent	24.2
University degree (Bachelor's)	22.0
Post-graduate degree (Masters)	11.7
Completed trade school or apprenticeship	5.3
Professional degree (e.g., law, medicine)	4.0
Post-graduate degree (Ph.D.)	2.9
None of the above	2.8

1056/1075 responding

Table 8. Question 8. What was your gross personal income before taxes in 2024?

<b>Gross income in 2024</b>	<b>Percent Respondents</b>
Under \$15,000	16.0
Between \$15,000 and \$19,999	11.2
Between \$20,000 and \$24,999	12.0
Between \$25,000 and \$29,999	7.1
Between \$30,000 and \$34,999	7.2
Between \$35,000 and \$49,900	11.9
Between \$50,000 and \$64,999	11.9
Between \$65,000 and \$74,999	5.6
Between \$75,000 and \$99,999	8.8
Between \$100,000 and \$149,999	5.9
\$150,000 or more	2.4

832/1075 responding

Table 9. Question 9. Do you receive financial assistance through a government disability support program such as the Ontario Disability Support Program (ODSP) or the Manitoba Employment and Income Assistance for Persons with Disabilities (EIA)?

<b>Responses</b>	<b>Percent Respondents</b>
Yes	18.8
No	81.2

1045/1075 responding

Table 10. Question 10. Do you receive Long Term Disability insurance benefits or other supplementary payments from your current or previous place of employment?

<b>Responses</b>	<b>Percent Respondents</b>
Yes	10.1
No	89.9

1051/1075 responding

Table 11. Question 11. Are you eligible for the CDB (Canada Disability Benefit)?

<b>Responses</b>	<b>Percent Respondents</b>
Yes	29.9
No	26.3
Not sure	43.8

1056/1075 responding

Table 12. Question 12. Which of the following best describes your vision related disability?

<b>Responses</b>	<b>Percent Respondents</b>
I am blind	17.7
I am partially-sighted	79.0
I am deafblind	3.3

1027/1075 responding

Table 13. Question 12. Analysis of vision loss by age

Age	I am Blind %	I am Partially Sighted %	I am Deafblind %
18 - 24	21.7	60.9	17.4
25 - 34	34.1	59.1	6.8
35 - 44	38.0	56.9	5.1
45 - 54	22.6	74.5	2.9
55 - 64	20.4	76.8	2.8
65 - 74	16.4	80.3	3.3
75 - 84	11.5	86.5	2.0
85 or older	7.6	90.5	1.9

Table 14. Question 13. How would you describe your current level of vision impairment?

Responses	Percent Respondents
Mild	11.0
Moderate	46.7
Severe	42.3

1027/1075 responding

Table 15. Question 13. Analysis of level of visual impairment by age.

Level of Visual Impairment			
Age	Mild	Moderate	Severe
18 - 24	8.7	60.9	30.4
25 - 34	11.4	34.1	54.5
35 - 44	15.2	38.0	46.8
45 - 54	7.8	55.9	36.3
55 - 64	8.5	40.1	51.4
65 - 74	12.2	43.2	44.6
75 - 84	10.3	52.9	36.8
85 or older	13.3	47.5	39.2

Table 16. Question 14. At what age did you first experience vision loss?

<b>Age of first experience of vision loss</b>	<b>Percent respondents</b>
I was born blind / with low vision	12.4
1-5	5.7
6-10	3.2
11-17	5.6
18-24	3.9
25-34	6.7
35-44	6.3
45-54	9.4
55-64	12.5
65-74	17.2
75-84	13.9
85 or older	3.2

1020/1075 responding

Table 17. Question 15. Which eye disease or condition is the primary cause of your vision loss? (Select one)

<b>Eye Disease</b>	<b>Percent Respondents</b>
Age-related macular degeneration	24.3
Retinal disease (e.g., retinitis pigmentosa, Stargardt disease, retinitis of prematurity)	23.2
Glaucoma	15.1
Diabetic retinopathy	4.8
Stroke	4.2
Trauma (e.g. accident or injury)	4.1
Cataracts	2.4
Corneal disease	2.3
I don't know the name of my eye condition	6.4
Other	13.2

1017/1075 responding

Table 18. Question 15. Analysis of eye disease causing vision loss by age.

Age	Glaucoma	Age-related Macular Degeneration	Cataracts	Diabetic Retinopathy	Retinal disease
18 - 24	4.4	0	0	0	26.1
25 - 34	6.8	2.3	0	6.8	20.5
35 - 44	5.1	1.3	0	6.3	22.8
45 - 54	8.8	4.9	2.0	6.9	27.5
55 - 64	10.6	4.9	4.9	8.5	24.0
65 - 74	16.0	16.0	1.9	5.2	15.5
75 - 84	19.8	36.0	0.4	3.2	10.3
85 or older	12.7	57.6	1.9	1.3	1.9

Table 19. Question 16. Have you been diagnosed with any of the following disabilities? (Select all that apply)

Disability Category	Percent Respondents
None of the above	56.7
Deaf, deafened, or hard of hearing	19.2
Neurological disability (e.g., epilepsy, Parkinson's disease, cerebral palsy, dementia, Alzheimer's disease, stroke, acquired brain injury)	13.7
Mental health disorder (e.g., chronic depression, bipolar disorder, borderline personality disorder, PTSD, schizophrenia)	10.5
Insulin-dependent diabetes (Type 1)	5.2
Neurodevelopmental disorder (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder (ADHD))	4.6
Neuromuscular disability (e.g., muscular dystrophy, ALS, multiple sclerosis)	2.8
Spinal cord injury	1.2
Other (please specify)	1.9

988/1075 responding

Table 20. Question 17. Do you live with any of the following chronic disease or health conditions? (Select all that apply)

Disease Category	Percent Respondents
Blood pressure disorders	36.0
Arthritis or other autoimmune disorders	34.0
None of the above	28.3
Heart disease, stroke or other cardiovascular conditions	21.9
Respiratory disease or breathing problems	16.7
Type 2 diabetes (non-insulin dependent diabetes)	14.3
Osteoporosis	13.0
Cancer	7.4
Other (please specify)	5.2

1025/1075 responding

Table 21. Question 18. How do you shop for your groceries, medications, and other essential and non-essential supplies (Select all that apply)

Shopper	Percent Respondents
I do the shopping myself	39.6
I shop online or by phone and have my purchases delivered to my home	33.4
My spouse or partner does the shopping	33.6
A friend or family member does the shopping for me	22.3
I do my shopping with the help of my spouse/partner/friend/family member	7.3
I shop online and have a friend or family member pick up my purchases	4.7
I shop online and then pick up my purchases	3.3
I receive prepared meals through Meals on Wheels or a similar subsidized service	2.8
My caregiver does the shopping for me	2.8
My retirement home/group home provides all my meals	2.4
Volunteer shoppers or organizations do my shopping for me	1.1

997 respondents

Table 22. Question 18. Shopping by severity of vision loss.

	Mild	Moderate	Severe
I do the shopping myself	60.2	44.3	29.2
My spouse or partner does the shopping	29.6	32.1	36.2
A friend or family member does the shopping for me	13.9	18.5	28.7
My caregiver does the shopping for me	0.9	1.7	4.5
I shop online and have my purchases delivered to my home	19.4	31.1	39.3
I shop online and pick up my purchases	4.6	3.2	3.1
I shop online and have a friend or family member pick up my purchases	3.7	4.5	5.2
I receive prepared meals through Meals on Wheels etc.	2.8	2.8	2.8

Table 23. Question 18. Online shopping by age.

Age	I shop online and have my purchases delivered to my home	I shop online and pick up my purchases	I shop online and have a friend or family member pick up my purchases
18 - 24	36.4	18.2	4.6
25 - 34	50.0	7.1	21.4
35 - 44	50.7	9.1	10.4
45 - 54	49.0	5.9	6.9
55 - 64	42.9	5.0	2.1
65 - 74	30.9	2.4	5.3
75 - 84	24.2	0.4	1.2
85 or older	19.4	0	3.2

Table 24. Question 19. How do you primarily get to your appointments or place of employment? (Select one)

Means of Transportation	Percent Respondents
A friend or family member drives me, or guides me	52.5
I take taxi, Uber, or other ride share service	14.4
I take public transit independently	14.1
I use paratransit (e.g., Wheel-Trans or HandyDART)	10.3
I walk there independently	4.0
I still drive	2.8
Volunteer driver/driver organization drives me	1.3
I carpool with co-workers	0.6

985/1075 responding

Table 25. Question 19. Means of transportation by severity of vision impairment

	Mild	Moderate	Severe
A friend or family member drives me, or guides me	51.2	54.4	57.9
I take public transit independently	19.0	15.0	13.7
I take taxi, Uber or other ride service	15.5	18.1	11.3
I walk there independently	7.1	4.4	1.6
I use paratransit	4.8	8.1	14.7
I carpool with coworkers	2.4	0	0.8

Table 26. Question 20. Which mobility and navigation aids do you use when traveling? (Select all that apply)

Aids used while traveling	Percent Responses
Long white cane	37.9
Human guide	34.4
Smart phone with navigation apps (e.g., Google Maps, Apple Maps)	22.5

None of the above	21.7
ID cane	15.5
Smartphone with free support apps	13.9
Smart phone with wayfinding systems	6.9
Walker/support cane/walking poles/wheelchair	6.3
Guide dog	5.3
Smart Glasses (e.g., MetaAI or Envision AI)	4.6
Smart phone with paid support apps (e.g., Aira)	2.1
Smart Cane eg. We Walk	1.2

1009 respondents

Table 27. Question 21. How often does your vision loss limit your daily activities?

Response	Percent Respondents
Never	1.7
Rarely	8.5
Sometimes	28.9
Often	38.1
Always	22.8

Table 28. Question 22. What is your current employment situation? (Select one)

Current Employment Situation	Percent Respondents
Employed full-time (30 hr or more per week)	10.7
Employed part-time (fewer than 30 hr per week)	3.0
Self-employed	4.2
Not currently working, but previously employed	9.4
Retired	58.3
Full time student	0.9
Full time caregiver	0.1
Never been employed	1.8
Unable to work due to disability or health reasons	11.6

1005/1075 responding

Table 29. Question 22. Relationship between education and employment.

Highest Level of Education Achieved	Percent of Working Age Employed Full Time
Highschool or equivalent	10.9
Completed trade school or apprenticeship	14.3
College diploma or certificate	21.1
University degree (Bachelor's)	22.9
Post-graduate degree (Masters)	39.2
Post-graduate degree (Ph.D.)	36.4
Professional degree (e.g., law, medicine)	40.0

Table 30. Question 23. If you are currently a student, or full-time caregiver, have you ever been employed at sometime in the past?

Response	Percent Respondents
Yes	83.3
No	16.7

12/1075 responding

Table 31. Question 24. You indicated you are currently unable to work due to disability or health. Did you work previously?

Response	Percent Respondents
Yes	89.7
No	10.3

117/1075 responding

Table 32. Question 25. What is your usual place of work? (Select one)

Usual Place of Work	Percent Respondents
In person (work at my place of employment)	38.1
Hybrid (a combination of working from home and at my place of employment)	23.2
Remote (work from home)	38.7

168/1075 responding

Table 33. Question 26. Do you require or use any workplace accommodations due to vision loss?

Response	Percent Respondents
Yes	71.3
No	28.7

157/1075 responding

Table 34. Question 27. Do you need to provide your own equipment or software in order to perform your job? (Select one)

Response	Percent Respondents
Yes	33.3
No	49.4
Some, but not all	17.3

168/1075 responding

Table 35. Question 28. How often have you experienced any of the following barriers throughout your employment history?

Employment Barrier	Percent Respondents				
	Never	Rarely	Sometimes	Often	Always
Inaccessible job postings	36.9	20.2	25.0	13.1	4.8
Lack of accommodation during the recruitment process	47.0	13.7	19.6	15.5	4.2
Discrimination during the hiring or promotion process	39.3	16.1	20.2	19.6	4.8
Inaccessible training programs (on the job or for professional development)	34.5	11.3	28.0	19.1	7.1
Lack of reliable or accessible transportation	29.8	14.9	29.8	16.6	8.9
Fear of losing disability benefits or supports	53.0	10.7	14.3	11.9	10.1
Employers unaware of or unable to provide necessary accommodations	37.5	13.7	21.4	20.9	6.5
Negative employer attitudes toward blindness/disability	38.1	17.9	21.4	15.5	7.1

168/1075 responding

Table 36. Question 28. Respondents replying that they experienced barriers often or always.

Employment Barrier	Percent Respondents with Often or Always
Inaccessible job postings	17.9
Lack of accommodation during the recruitment process	19.7
Discrimination during the hiring or promotion process	24.4
Inaccessible training programs (on the job or for professional development)	26.2
Lack of reliable or accessible transportation	25.5
Fear of losing disability benefits or supports	22.0
Employers unaware of or unable to provide necessary accommodations (e.g., screen readers, magnification software, or braille displays)	27.4
Negative employer attitudes toward blindness/disability	22.6

Table 37. Question 29. How confident do you feel about your job stability in the next 12 months?

Level of Confidence	Percent Respondents
Very confident	43.0
Somewhat confident	35.1
Not very confident	15.2
Not at all confident	6.7

165/1075 responding

Table 38. Question 30. Did you begin to lose your sight while you were employed?

Response	Percent Respondents
Yes	58.2
No	41.8

153/1075 responding

Table 39. Question 31. If you began to lose your sight while you were employed, were you able to continue working in the same position?

Response	Percent Respondents
Yes	70.9
No, I had to retrain and take on a new position	13.6
No, I had to leave the organization where I was employed	15.5

103/1075 responding

Table 40. Question 32. If you had to leave the organization where you were employed, were you able to continue working in your previous field or did you have to retrain in order to remain employed?

Response	Percent Respondents
I continued working in my previous field	67.1
I retrained to a new field	32.9

79/1075 responding

Table 41. Question 33. If you had to leave the organization where you were employed, how long did it take you to regain employment? (Select one)

Time to Regain Employment	Percent Respondents
Less than 6 months	46.8
6 months to 1 year	13.9
1-2 years	12.7
2-5 years	6.3
More than 5 years	7.6
I have never regained employment	12.7

79/1075 responding

Table 42. Question 34. If you were able to regain employment, how long did it take you to reach the same level of compensation (salary, benefits, etc.) you were receiving prior to your sight loss?

Time to Regain Compensation	Percent Respondents
Less than 6 months	41.1
6 months to 1 year	16.1

1-2 years	8.9
2-5 years	5.4
More than 5 years	3.6
I have never regained the same level of compensation	25.0

56/1075 responding

Table 43. Question 35. If you were able to regain employment, how long did it take you to achieve the same level of job satisfaction that you had prior to your losing your sight?

Time to Regain Job Satisfaction	Percent Respondents
Less than 6 months	40.0
6 months to 1 year	12.7
1-2 years	12.7
2-5 years	10.9
More than 5 years	5.5
I have never regained the same level of job satisfaction I had before losing my sight	18.2

55/1075 responding

Table 44. Question 36. What was your usual place of work? (Select one)

Employment Location	Percent Respondents
Remote (work from home)	6.8
In person (work at my place of employment)	81.5
Hybrid (a combination of working from home and at my place of employment)	11.7

769/1075 responding

Table 45. Question 37. Did you require or use any workplace accommodations due to vision loss?

Responses	Percent Respondents
Yes	29.9
No	70.1

542/1075 responding

Table 46. Question 38. Did you need to provide your own equipment or software in order to perform your job?

Responses	Percent Respondents
Yes	15.2
No	73.9
Some, but not all	10.9

605/1075 responding

Table 47. Question 39. How often did you experience the following barriers throughout your employment history?

	Never	Rarely	Sometimes	Often	Always
Inaccessible job postings	70.1	7.4	10.3	7.6	4.7
Lack of accommodations during the recruitment process	73.3	6.6	9.8	6.0	4.3
Discrimination during the hiring or promotion process	71.4	6.2	10.7	6.8	4.9
Inaccessible training programs (on the job or for professional development)	71.4	5.2	10.2	8.1	5.1
Lack of reliable or accessible transportation	68.2	6.9	12.8	7.0	5.1
Fear of losing disability benefits or supports	74.9	4.2	7.3	5.9	7.7
Employers unaware of or unable to provide necessary accommodations (e.g., screen readers, magnification software, or braille displays)	68.9	6.6	9.1	7.8	7.6
Negative employer attitudes toward blindness or disability	68.0	6.3	11.0	8.8	5.9

775/1075 responding

Table 48. Question 39. Respondents replying that they experienced barriers often or always.

Employment Barrier	Percent Respondents with Often or Always
Inaccessible job postings	12.3
Lack of accommodations during the recruitment process	10.3
Discrimination during the hiring or promotion process	11.7
Inaccessible training programs (on the job or for professional development)	13.2
Lack of reliable or accessible transportation	12.1
Fear of losing disability benefits or supports	13.6
Employers unaware of or unable to provide necessary accommodations	15.4
Negative employer attitudes toward blindness or disability	14.7

775/1075 responding

Table 49. Question 40. When did you stop working?

Time When Stopped Working	Percent Respondents
Within the past 6 months	3.8
6 months to one year ago	3.4
1-2 years ago	5.9
More than 2 years ago	86.9

769/1075 responding

Table 50. Question 41. What was the main reason you stopped working? (Select one)

Reason for Stopping Work	Percent Respondents
Vision loss or changes in vision	23.8
Layoff or job elimination	8.2
Health issues (not related to vision)	11.4
Chose to leave	5.7
Unable to get necessary accommodations	2.2
Retirement	48.7

734/1075 responding

Table 51. Question 42. Have you ever received services from any of the following vision rehabilitation organizations? (Select all that apply)

Organization from which Services Received	Percent Respondents
Canadian National Institute for the Blind (CNIB)	74.1
Vision Loss Rehabilitation Canada (VLRC)	68.9
BALANCE for Blind Adults	3.9
School-based vision rehabilitation services	3.4
Neil Squire Society	2.7
Private vision rehabilitation services	2.1
Low vision clinics	1.1
Institut Nazareth et Louis-Braille	0.8
Lethbridge-Layton-Mackay Rehabilitation Centre	0.3
Guide dog organizations	0.3
Pacific Training Centre for the Blind	0.3
None of the above	5.6

888/1075 responding

Table 52. Question 43. If you received services from a vision rehabilitation organization, who referred you to that organization? (Select one)

Referring Person/Organization	Percent Respondents
An ophthalmologist or optometrist	46.8
I referred myself	22.0
I don't know / don't remember	7.1
A friend or relative	7.1
A community or social services provider	4.7
Another healthcare provider	4.7
Family doctor	4.0
I have been a client all my life	3.6

856/1075 responding

Table 53. Question 44. What services did you receive from the vision rehabilitation provider or organization? (Select all that apply)

Services Received	Percent Respondents
Low vision assessment services	63.9
Assistive technology services (support with choosing or learning to use assistive devices like a screen reader)	60.8
Independent living skills (skills to support with activities of daily living)	43.4
Orientation and mobility training (travel and mobility skills, including guide dogs)	42.6
Counseling services	11.0
Group programs	10.9
Career and employment services (e.g., pre-employment training, workplace assessments)	7.8
Early intervention services (services provided to families of young children living with vision loss)	2.6
Deafblind services (e.g., intervenor services, other supports)	0.9
CNIB ID card or other transit pass	0.7
Library services	0.6

888 responding

Table 54. Question 45. If you have never received services from a vision rehabilitation organization such as Vision Loss Rehabilitation Canada, CNIB or BALANCE for Blind Adults, why is this the case? (Select all that apply)

Reason for not Accessing Services	Percent Respondents
I was not aware that these services existed	31.3
I am aware of these services but feel I do not need them	25.2
I don't know how to access these services or thought I had to apply for them	20.3
I live too far away, or outside of the service area	11.8
I have a referral but am still waiting to receive services	8.5
I tried, but the process took too long	7.7
I thought I needed a referral from my doctor to access services	7.3
I tried, but found navigating the process too complicated	6.5

I went to a school for people with vision loss and feel I already have the training I need	2.8
Cultural or language barriers	2.0

246 responding

Table 55. Question 46. Which of the following devices or assistive technologies do you currently use?

Device/technology currently in use	Percent Respondents
Smartphone	65.4
Handheld magnifier	51.5
Tablet	43.3
Laptop computer	40.1
Desktop computer	36.2
Screen magnification software (e.g., Zoomtext)	23.5
Screen reading software (e.g., JAWS)	17.9
Smartphone with volunteer support apps (e.g., Be My Eyes)	17.5
Video magnifier	17.4
Smartphone with paid support apps (e.g., Aira, Be My AI)	7.0
Smart Glasses (e.g., MetaAI or Envision)	6.2
Refreshable braille display	3.1
Braille note taker	1.8
CCTV	1.6

875 responding

Table 56. Question 47. Do you have access to basic technology(e.g., a smartphone or computer with internet and videoconferencing capabilities such as Zoom or social media) that enables you to connect with family, friends, others?

Response	Percent Respondents
Yes	91.9
No	8.1

880/1075 responding

Table 57. Question 48. What barriers have you experienced in accessing assistive technology? (Select all that apply)

<b>Barrier to Accessing Technology</b>	<b>Percent Respondents</b>
Financial constraints	38.2
None of the above	29.0
I don't know which devices I need	28.1
Difficulty accessing or receiving training for the device	24.8
I don't know where to get assistive devices	13.3
I feel uncomfortable using assistive technology in public	10.9
I can't use a device that would benefit me due to other disability or health condition	5.1
Difficulty understanding/using/remembering technology	2.3
Distance from offices/vendors where devices and training are available	1.2

835 responding

Table 58. Question 46. Desktop computer usage by income level

<b>Gross Income</b>	<b>Percent usage by respondent group</b>
Under \$15,000	18.8
Between \$15,000 and \$19,999	30.1
Between \$20,000 and \$24,999	22.0
Between \$25,000 and \$29,999	25.4
Between \$30,000 and \$34,999	30.0
Between \$35,000 and \$49,900	29.3
Between \$50,000 and \$64,999	36.4
Between \$65,000 and \$74,999	34.0
Between \$75,000 and \$99,999	31.5
Between \$100,000 and \$149,999	38.8
\$150,000 or more	36.0

Table 59. Question 46. Laptop computer usage by income level

<b>Gross Income</b>	<b>Percent usage by respondent group</b>
Under \$15,000	35.3
Between \$15,000 and \$19,999	21.5
Between \$20,000 and \$24,999	27.0
Between \$25,000 and \$29,999	22.0
Between \$30,000 and \$34,999	28.3
Between \$35,000 and \$49,900	36.4
Between \$50,000 and \$64,999	41.4
Between \$65,000 and \$74,999	34.0
Between \$75,000 and \$99,999	39.7
Between \$100,000 and \$149,999	40.8
\$150,000 or more	35.0

Table 60. Question 46. Tablet usage by income level

<b>Gross Income</b>	<b>Percent usage by respondent group</b>
Under \$15,000	27.1
Between \$15,000 and \$19,999	33.3
Between \$20,000 and \$24,999	27.0
Between \$25,000 and \$29,999	33.9
Between \$30,000 and \$34,999	30.0
Between \$35,000 and \$49,900	32.3
Between \$50,000 and \$64,999	38.4
Between \$65,000 and \$74,999	29.8
Between \$75,000 and \$99,999	39.7
Between \$100,000 and \$149,999	38.8
\$150,000 or more	55.0

Table 61. Question 46. Smartphone usage by income level

Gross Income	Percent usage by respondent group
Under \$15,000	51.1
Between \$15,000 and \$19,999	50.5
Between \$20,000 and \$24,999	45.0
Between \$25,000 and \$29,999	50.8
Between \$30,000 and \$34,999	61.7
Between \$35,000 and \$49,900	50.5
Between \$50,000 and \$64,999	55.6
Between \$65,000 and \$74,999	48.9
Between \$75,000 and \$99,999	54.8
Between \$100,000 and \$149,999	55.1
\$150,000 or more	70.0

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