Perspectives, a VLRC Podcast

Episode 3 Transcript

Host: Angelina Algranti, Vice President, People and Culture, Vision Loss Rehabilitation Canada

Guest: Ashley Shaw, Senior Manager, Clinical Performance and Evaluation, Vision Loss Rehabilitation Canada

Guest: Shannon Foster, Executive Lead, Strategic Integration, Vision Loss Rehabilitation Canada

Narrator [00:01]
This is Perspectives, a VLRC podcast.

Ashley Shaw [00:05]
Among the people who hadn't received services, about one in three of them didn't actually know vision rehabilitation services existed. One in five didn't know how to access vision rehabilitation services.

[Theme music] [00:18]

Angelina Algranti [00:18]
Welcome back to Perspectives, a VLRC podcast. I'm Angelina Algranti, Vice President of People and Culture for Vision Loss Rehabilitation Canada. This series is part of an eight-part collaboration with the Vision Health Partners Coalition on the National Strategy for Eye Care. Today, we're asking a simple question: when someone experiences vision loss, how do they learn about rehabilitation, and accessing it? My guests are VLRC colleagues Ashley Shaw, Senior Manager of Clinical Performance and Evaluation, and Shannon Foster, Executive Lead of Strategic Integration. They contributed to VLRC's Living with Vision Loss in Canada survey report, documenting the experiences of more than a thousand people with vision loss. Ashley and Shannon, welcome, and thank you for joining us.

Ashley Shaw [01:18]
Thank you so much.

Angelina Algranti [01:20]
Ashley and Shannon, tell us a bit about your roles at VLRC.

Ashley Shaw [01:25]
So I can start. As Angelina mentioned in the intro, I'm the Senior Manager for Clinical Performance and Evaluation at VLRC. What that means is a few different things. I get to support all of our regions across the country, all of our teams, coast to coast to coast, and I do that through a few areas. I oversee business intelligence and quality improvement activities, to make sure that all of our client records are accurate and that staff have the information to do their jobs every day. And I also get to do all kinds of fun work to help us better understand whether our services, and how our services, are making a meaningful difference in people's lives. We can do this through program evaluations around the outcomes and the impact of our services; also understanding things like who is able to access our services, and who we think might be out there who isn't able to access our services, and what clients experience while they're accessing our services. All of these fun areas really come together to help us understand what difference we're making, and where we need to do better.

Shannon Foster [02:46]
As the Executive Lead for Strategic Integration, my role is really to connect strategy with action. So I get the privilege of working across the organization to ensure that all of our priorities and decisions are focused on improving the outcomes for the people that we serve, and that they meet our strategic objectives. That means I get to dabble in the research department and work with colleagues like Ashley. I get to dig into operations and see where some of our gaps are. And I get to work with the innovation team, which allows us to establish new projects and services based on our client needs. So it's a really interesting, high-level view of what VLRC is doing, and how we work within the broader health care system.

Angelina Algranti [03:34]
Perfect. Thank you for those introductions. For listeners unfamiliar with vision rehabilitation or habilitation, could you explain what it involves? Who can benefit from it, and how does it differ from other forms of rehabilitation, such as physiotherapy?

Ashley Shaw [03:51]
Vision rehabilitation really means learning to do the things you want to be able to do every day, in different ways. Some of those ways might mean maximizing the remaining vision that you still have. Some of those might be non-visual strategies and techniques, which of course, as someone with no usable vision, are my favourite, because there are all kinds of really exciting ways that you could live and work and play without any vision at all. But for someone who's transitioning

to losing their vision, or who maybe was born with some vision loss, it's really important that they have these opportunities as soon as possible to learn what's out there for them, what services, supports, tools and strategies are available for them. We can support people with activities around travel and mobility, technology use, community participation, school and work participation, or even just activities of daily living and taking care of responsibilities at home. Whatever it is that someone wants and needs to be able to do, we can provide specialized support through vision rehabilitation. So unlike other therapies, of course, there are some physiotherapy and some other kinds of rehabilitation that are more focused on restoring the function of, maybe, a limb or something like that. We're more focused in vision rehab on restoring the function of the person as a whole. Whether that means supporting the remaining vision that they have, so the person can use it without becoming tired or strained, or if it means doing the same thing they used to do in a different way, all of those pieces are part of the style of rehabilitation that we're able to provide at a place like Vision Loss Rehabilitation Canada. And I've received, on and off throughout my life, vision rehabilitation and, of course, vision habilitation supports. I was born totally blind, and so was a very, very early vision habilitation client, going through all sorts of critical transitions that people go through in vision habilitation, where we have congenitally blind children, so children who are under the age of five and have lost some vision, who are able to meet their developmental milestones, go to school, and eventually transition to adulthood and move to more independent living, getting a job, post-secondary. All of those pieces we do in a staged approach that meets someone where they're at with their vision. So I hope that gives you a little bit more information about vision rehabilitation.

Angelina Algranti [06:48]
It does, thank you. And thank you, Ashley, for sharing a bit about yourself and your journey. What role does VLRC play in providing vision rehabilitation and habilitation services, and which professionals work alongside the people we serve?

Ashley Shaw [07:04]
At VLRC, we really want to take an individualized approach and meet someone based on their individual needs and goals. So, for example, a vision rehabilitation therapist or vision rehabilitation specialist will be able to support someone in their everyday activities, like meal preparation, organizing clothing, identifying money, or just things that you don't necessarily think about every day until you've lost some vision, and then you start thinking about a whole list of these things. Orientation and mobility specialist is a fancy way of saying that these specialists provide support with getting around, with travel, which might involve learning to

use a mobility cane, or an identification cane, which just lets them identify themselves as someone who's maybe lost vision. These staff can support with all kinds of things, from learning to get around inside a room at the very beginning, to crossing streets and taking public transit. There's really a whole full range of support within that discipline. Our assistive technology specialists help clients identify what assistive technologies might meet their needs best, and can also provide training in how to use some of those assistive devices: things like a screen reader, or a screen magnifier that enlarges text on the screen, or even something as simple as using an iPad or an iPhone that has built-in accessible features. And our low vision therapists can assess clients and support them with magnifiers, with high-contrast marking, and even some low-tech solutions around their home or their workspace that might support them in being able to maximize remaining vision, for those who can access low vision rehabilitation, or who still have usable remaining vision. So different specialists may work together as a team, or in a coordinated approach, depending on what a particular client's situation is. And all of them together have this goal of getting someone to a space where they can accomplish what they want to accomplish.

Angelina Algranti [09:06]

Right. Thank you. VLRC delivers programs such as Aging in Place, the Stroke Program, and Falls Prevention. How do these connect vision rehabilitation to the broader health care system?

Shannon Foster [09:20]

Great question, Angelina. These are really great programs that were created because we recognize and respect that vision does not exist in isolation from the rest of a person's health. We know that someone recovering from a stroke, for example, often experiences changes in their vision that affect their mobility, their daily activities, and most importantly, their safety. And we also know that older adults are at greater risk of falls when their vision changes later in life. So by bringing vision rehab into these broader health contexts, we were able to identify and address needs that are really often overlooked in a person's care plan. And it created opportunities for us to work more closely with hospitals and our allied health professionals in the rehab and community health care space. So we have occupational therapists and the certified vision rehab specialists that Ashley mentioned who do this important work in collaboration with those partners, in order to support those client transitions. They're great programs. We have them in a variety of locations across the country, and they're really designed to bridge that community care gap.

Angelina Algranti [10:28]
Great. Thank you for that information. Crisis response and rehabilitation supports people who've experienced sudden vision loss. Why is early intervention so important?

Ashley Shaw [10:39]
Well, sudden vision loss can immediately affect daily activities, work, family responsibilities and safety, as Shannon mentioned. And for someone who's experiencing either a sudden or a severe vision loss, where they're not getting the opportunity to gradually transition to that loss of vision, early rehabilitation can address some of these practical needs that are really urgent and often high priority. It can also introduce useful tools and strategies very early on, even while someone is still working with their rehab team after a stroke, or while someone is still in hospital. So we've had specialists be able to go into hospital and help a client's care team understand that now you need to be able to describe to them where things are in the room, make sure the client is familiarized with their own hospital room, and start to work on things like independently identifying items on their plate. Even these little basic tasks that someone might be working on while they're still in the hospital, if they've lost some vision, our staff can help with. The emotional impact is really high right away for people. Sometimes people are anxious, so there are elements like that too, right? To have someone there who understands what you're going through.

Shannon Foster [11:51]
Yeah, that transition part is really, really important. And the mental health support, like you said, is something that VLRC is currently working on, advancing our role in that space, because it's such a counselling skill, to really understand the perspective of the client.

Angelina Algranti [12:09]
Your roles work behind the scenes in client care. How do you or your teams ensure that service makes a real difference for the people we serve?

Shannon Foster [12:17]
It's interesting, because Client First is one of our strategic aims. It's one of the three pillars that we've based our current strategic plan, Aim Higher, Reach Further, on. And we keep that in mind with every project and every decision that we make. So everything we do at VLRC revolves around asking ourselves how it benefits our clients and if it supports their journey. And we really use that philosophy to guide some of the programs that we create, some of the initiatives

that we take on, and some of the funding asks and the priorities that we advocate for with government. They all revolve around that.

Ashley Shaw [12:57]
Yeah, I think too, for myself and for my team, the opportunity to use different forms of evidence to tell some of our clients' stories in a particular way is really impactful. It's about that big picture. Our staff are focused on their specific clients, and we're trying to look at what the experience is, in general, of all of the clients, and how we can make sure that people aren't falling through the cracks, that there aren't any gaps that we could prevent. And so we want to be able to understand things like who's able to access our services. Is there equity in terms of people being able to achieve different outcomes? And how can we combine all of the data that we have around access, service effectiveness, and the client experience and feedback that clients provide to us, to be able to help the rest of the organization understand what our clients as a group, or as a population, are experiencing when they come through our doors? And help us understand who maybe should be coming through our doors and hasn't had the opportunity to.

Angelina Algranti [14:10]
Thank you. Yes, I certainly echo that. We certainly make decisions with the client in mind. So thank you for that. We've spent a little bit of time talking about the services that Vision Loss Rehab Canada provides, and how we work to understand whether those services are making a meaningful difference in people's lives. But to understand the full experience of living with vision loss, we also need to hear directly from the people who live it every day. That's what Living with Vision Loss set out to do: capture people's experiences, the barriers they face, and what needs to change to better support their independence and quality of life. Let's talk about what we heard and what those findings tell us. Why did VLRC want to hear directly from people with vision loss or blindness about their lives?

Ashley Shaw [15:00]
Well, to start with, as we were talking about, we have a decent amount of information about the people who have been able to access our services, but we don't necessarily always get a chance to hear from the people who haven't accessed our services, or haven't accessed them in a while; people that our staff aren't necessarily seeing from day to day, or maybe haven't seen in the past couple of years, things like that. And so we wanted people to have an opportunity to tell us things that we might not have had the chance to hear yet, or offer perspectives from our clients. We also want to make sure, of course, that we're responding to actual need, rather than perceived need. So even for the clients

that we do see all the time, as well as for folks who maybe haven't had the chance to access our services, if we imagine that we understand what it is they need, that's not as powerful as having them actually tell us what they need, or tell us what their lives are like: what supports work well for them, what they use to accomplish everyday activities, where the biggest gaps for them have been in terms of a resource or a tool or integration of systems. All of that is information that we can't necessarily get from client record data alone. It's sometimes best just to go to the source and ask people: What is it that we can do better? What is it that we can do differently? What situations do you deal with every day that you might like some support with?

Angelina Algranti [16:33]
Thank you for that. What do the referral and awareness findings tell us about how people currently discover vision rehabilitation services?

Ashley Shaw [16:42]
So a lot of people in the survey reported that they were referred to vision rehabilitation services from their optometrist or ophthalmologist: 46%, in fact, of the people who had received vision rehab services. But independent referrals were pretty common as well. 22% of our survey respondents who'd received vision rehab services told us that they had self-referred. And the remaining folks who received services were referred through a whole different combination of family and friends, community organizations, and other health care providers, like their family doctor, occasionally. But what this really tells me, this high percentage of referrals from ophthalmologists and optometrists, is how important it is for people to have access to that referral option to us at the earliest stage possible. Optometrists and ophthalmologists are the folks who are working with people when they first receive a diagnosis, when they first receive a prognosis, and maybe when they don't quite understand yet what the actual functional impacts of that diagnosis and prognosis are going to be on their lives. So to have someone who can intelligently talk about vision rehabilitation services, who knows what impact they've had on clients, and can discuss that option with their patients, or at least plant the seed for them to consider later. At least we don't then have people coming to us and telling us that they didn't even know that our services were an option, which is always really sad.

Angelina Algranti [18:24]
Thank you. Why do you think some people living with vision loss still aren't connecting with rehabilitation services?

Ashley Shaw [18:32]
Our survey respondents gave us lots of clear information about this as well. Among the people who hadn't received services, about one in three of them didn't actually know that vision rehabilitation services existed. So they were maybe learning about it, some of them, for the first time just by taking our survey. One in five didn't know how to access vision rehabilitation services. So maybe even if they received services long ago, or they had heard of services like this, or had talked to friends who received services, they weren't sure how to start their referral pathway or their vision rehabilitation journey. People can't seek out a service if they don't know it exists. They can't access one if they don't know where to start in terms of access. So this really emphasizes that vision rehabilitation needs to be part of the journey with vision loss from the very beginning. Clear, simple referral pathways are really critical for people to be able to access services when they need them. They can wait till later, or things like that, but they should be able to make an informed decision about when they want to access services, and what services they feel they need at that point in time. Really, someone's access to vision rehab services shouldn't depend on them knowing how to navigate the health system, or happening to encounter the right professional by chance.

Angelina Algranti [19:55]
Many survey respondents described emotional distress, isolation and financial strain, and nearly half live below the poverty line. What do these findings tell us about what it really takes to live independently with vision loss?

Ashley Shaw [20:09]
So whenever I think about independence, I also like to think about autonomy, which is basically just being able to do the things that you decide are important for you to be able to do; being able to have that element of choice and agency in your life, to do the things that make you proud, that help you fulfill whatever purpose you have in life, to get a little bit philosophical. So independence is a piece of that: to be able to actually have the skills and the tools available to you to accomplish things that you want to be able to do. But that's not all that independence and autonomy are. People can have really strong skills, but they can still face, for example, transportation barriers, especially in regions or geographies that have very poor public transit, which is essential if someone can't drive. People can face technology barriers. They can have amazing technology and skills and encounter inaccessible websites, or documents that aren't provided to them in a format that can work with their technologies, things like that. People can face financial barriers if they struggle with income, or struggle to find employment. Even just the financial barriers associated with the

cost of assistive technologies or other specialized tools across a lot of the country are quite significant. That really underscores how we can do our part, for sure, to help people develop skills and strategies, and to connect them with supports where those are available. But we can't place responsibility for all of independence on an individual. People need to be able to live in environments that enable them to be autonomous and independent.

Angelina Algranti [21:53]
Yes, that's very fair. The survey touched on assistive technology, employment and transportation. Which of these gaps do you think the public understands least?

Ashley Shaw [22:04]
So I think technology is kind of my favourite example here. In the survey, we had a very, very large number of people who told us that they use a smartphone as a travel aid. So in amongst the other tools that they use for travel, like a cane or a guide dog, they're also using their smartphone, and specialized or non-specialized smartphone apps, to assist them with navigation, or image recognition on signs, all kinds of things like this while traveling. We have a lot of folks who are using that to actually enlarge or speak out elements of their environment, like signs and text and things like that. So then you've taken a smartphone from something that's a standard communications device to something that's actually an accessibility tool. It's actually become a mobility aid, alongside a cane and a guide dog and other aids that we can use in concert with each other. We also had a very large number of people who responded to the survey tell us that a smartphone is something that they have difficulty affording: either a smartphone, or the data plans necessary to use it, of course, or both. So this is an element where we have an accessible technology that's relatively mainstream and easy to get from a store. We may also have training. Of course, in vision rehabilitation services, our assistive technology trainers and our low vision therapists can support people in learning to get their smartphone set up so that it's as accessible as possible for them to use. But all of those elements aren't going anywhere if you can't afford the device, or if you can't afford the data plan. You're also not going anywhere with the technology if an app, or a website, or a document that you need to review is not compatible with screen reading or screen magnification technology. And so all of these pieces fit together. I like to think of them like a puzzle, or a math equation. For this kind of smartphone in a travel scenario to work, we need technology, plus training and resources, plus affordability, plus accessible design.

Angelina Algranti [24:09]
About 20% of respondents lost their vision between ages 45 and 64, a period when publicly funded eye exams are typically no longer offered. What does that imply for early detection and prevention?

Shannon Foster [24:24]
The 20% of respondents losing their vision was maybe a surprise to us, but it wasn't. It really highlighted the importance of not relying on age alone as an indicator of who needs access to assessments, because people in this age group are working, and they're raising families and supporting their households financially. And changes in their vision have significant consequences for their employment, their income and earning potential, their family responsibilities, and of course their mental health, when changes like that occur and they're not prepared for it. So we really need accessible information about eye health, screening and assessment, and clear referral pathways when concerns do arise, from ophthalmology into allied health care and into vision rehabilitation. We also really need to recognize that early identification should connect people not only to treatment, but to us at VLRC when they need it. Because our eyes are not separate from our bodies, right? Health care should encompass eye health, and it should be funded and it should be supported. And regular exams should be encouraged across the lifespan. So removing financial and access barriers, and creating a prevention and awareness campaign at a national level, would be so effective in reducing the impact of that vision loss, through early treatment and early involvement of vision rehab where it's needed.

Angelina Algranti [25:55]
Can you share a story, without identifying details, of a client whose independence changed through rehabilitation?

Ashley Shaw [26:04]
So I can share a story. It's stuck with me, and I feel like I've told this story in a few different situations, because I think it's such a good representation of the impact that our teams have on people's lives. We had a client who approached us because they wanted to get back in the kitchen. They had lost some vision, and they wanted to be able to do some everyday meal prep again for themselves, but they weren't sure how to go about it, or whether they still could, and they wanted some more information. So we had a staff member, a vision rehabilitation therapist, who visited with the client in their home to provide some assessment and find out more about what the client wanted to achieve. Our staff member was able to support the client with starting to learn some skills for meal prep and kitchen safety with vision loss. And one of the things that our staff member

realized while they were visiting is that the client's family members who live with them were more anxious about the client being in the kitchen than the client was. The client had more of an exploratory attitude, and was willing to learn. Their family members, if the client got up, would be like, “What can we do for you? What can we get for you? You just sit down. It's fine.” And they weren't realizing that this was causing the client some frustration that wouldn't have otherwise been present. And of course, we know from mental health research that social support is great for people, but too much social support makes people anxious, makes people depressed, affects people's confidence, and impinges on that autonomy that we were talking about earlier. And so as the specialist was working with the client, they were also helping the client to self-advocate with their family members, and normalizing, just by being in the home and working on some tasks in the kitchen and some skill development with the client, the client being in the kitchen again, doing these things for themselves again that they wanted to be able to do; that there were actually strategies for the client to do this and still be safe. It became more normal for the family members. And families go through a lot when someone close to them is losing vision. Really, it was giving the client the tools to be able to learn new skills, but also learn the skills of being able to describe what it is that they're going through to their family, and what it is that they want to be able to accomplish. It's sometimes hard to express that to the people who love us the most, and we know they want the best for us. But sometimes we need the skills to tell them to maybe back off a tiny bit, and let us do our thing, and let us explore.

Angelina Algranti [28:39]

Thank you for sharing those details with us. The survey gives us a clearer picture of the challenges people experience, but it also raises a bigger question: how do we turn evidence into meaningful change across Canada? One important opportunity is the National Strategy for Eye Care. It creates a national framework for improving eye health, and we need to ensure that vision rehabilitation is recognized as an essential part of the journey; not just diagnosis and treatment, but the support people need to adapt, participate, and live as independently as possible. Let's explore what this can mean in practice. In simple terms, what is the National Strategy for Eye Care, and why should vision rehabilitation be included?

Shannon Foster [29:25]

The National Strategy for Eye Care provides a national framework for improving eye health in Canada. It recognizes the importance of preventing eye disease, improving diagnosis and treatment, supporting research and innovation, and also ensuring people living with vision loss can access rehabilitation and habilitation

services. And rehabilitation is essential in this strategy because treatment cannot always restore someone's vision. So even when medical care is excellent, a person may still need support to adapt to changes in how they go about their daily lives. So we really need to see rehabilitation and habilitation as part of that full continuum of care, not just an optional service that comes after medical treatment. The real goal is not simply to treat the eye condition. It is also to help the people experiencing it achieve the best possible health, the best independence and the best quality of life that we can help them achieve.

Angelina Algranti [30:33]
And where does vision rehabilitation fit within the pillars of the strategy, particularly integrated care systems, equitable access, and strategy implementation?

Shannon Foster [30:46]
I see rehabilitation as cutting across the strategy, rather than fitting neatly into one particular pillar. For example, with integrated care, rehabilitation needs to be connected to eye care, primary care, hospitals and community supports. We talk about that integration into the broader health care system. We really need to be part of the whole community. Equitable access is the same. People should be able to access appropriate services regardless of where they live, their income, their age or their diagnosis, and that includes access to vision rehabilitation services. And for implementation of the strategy, across the whole system, we need those clear referral pathways. We need sufficient workforce capacity, and we need sustainable funding. And those are probably the biggest challenges for vision rehabilitation services: we're there, and to your point, we struggle to get the connection to the clients who need us. We struggle for funding to support the development of the workforce that we need. The opportunity now, of course, is to make that recognition meaningful in practice, and not just in theory, so that people are consistently referred to our services and can actually access them.

Angelina Algranti [32:08]
What did the survey show about differences between regions, and how does that connect to the strategy's focus on equitable access?

Shannon Foster [32:16]
Well, the broader issue really is that the national picture can conceal very different experiences, depending on where someone lives, because geography can affect their access to eye care professionals and our rehabilitation specialists. To Ashley's point, transportation and assistive technology factor in, and the general broader community supports that they have access to. So

people who are living in more rural, remote and northern communities in Canada may face additional travel and service barriers compared to people in more urban and suburban centres. And different provincial and territorial arrangements also affect how services are provided and how they can be accessed. So as we go through with this strategy, we really need to examine the regional differences carefully, rather than assume that the same model can work anywhere in Canada. We need to be able to adapt the way we deliver services across the country. So the goal really is consistent access to the appropriate services, including rehabilitation, while allowing service delivery on the ground to respond to those local needs.

Angelina Algranti [33:32]
Thank you for that. The strategy also speaks to research and data. How do VLRC's survey and its work in clinical performance and evaluation contribute to building the evidence base?

Ashley Shaw [33:45]
I think that our clinical performance work and our evaluation work help us to understand who we're serving, and what needs they've come to us with; maybe how it was that we served them, what strategies we used, all of those sorts of pieces. There are also factors like wait times, how long people waited to speak with their specialists, and what supports they had while they were waiting to access their vision rehabilitation specialists. Those sorts of pieces are important as well. And what outcomes did they experience with us? There are also opportunities that we had, like this one with the Living with Vision Loss in Canada study, to administer a survey to a large group of people who both were and were not vision rehab clients, but who had lived experience with vision loss. But there's so much else that we don't necessarily have the opportunity to do without an integrated research approach to vision rehabilitation in Canada. We see this even if we look at the published research. We've got some strong vision science and vision rehabilitation researchers in Canada, and research streams. We've got ourselves at Vision Loss Rehab Canada. We're fortunate to have these. But we really need an integrated approach. What types of supports are most impactful on the ground, to support maybe our staff in having virtual contact with our clients? How can those virtual supports be administered in a way that's accessible? Because a very decent proportion of vision rehabilitation frontline staff members, like myself, also have lived experience with vision loss. So how can we make sure that when our staff and our clients are working together, and maybe both the staff and the client have some vision loss, they're able to share these tools, and that we're able to offer our clients the best practices and the best service models that we can? Having an integrated approach to vision rehab

research would allow us to do that in the unique challenges that we face in Canada.

Angelina Algranti [35:58]
Thank you for that, Ashley. To wrap up, if listeners take away one message from today's conversation, what would you suggest that be?

Ashley Shaw [36:05]
I think really, all of us together need to remember that vision loss doesn't determine what independence or autonomy can look like for someone. Independence is personal, autonomy is personal, and it starts with what someone wants and needs to be able to do. And so vision rehabilitation can provide people with skills and strategies and tools, including non-visual strategies and tools, to be able to accomplish those activities that they want to be able to do, either for the first time, in the case of vision habilitation, or once again, in the case of vision rehabilitation.

Shannon Foster [36:41]
Good point, Ashley. I agree. From that client perspective, I would hope that every person experiencing vision loss is able to be informed about rehabilitation and connected to the appropriate services that they need. Because too often, people are trying to navigate a complicated system at a time in their life when they may be coping with major changes. And a routine, accessible referral pathway would definitely be a practical step towards closing that gap. But I would also hope that people were able to access rehab earlier, and support their independence, like you were saying, and their autonomy, and make better use of the services and the expertise that's already available. Because we really need to move from rehab being available in principle to rehabilitation being accessible in practice. So yeah, client first, always.

Angelina Algranti [37:34]
Absolutely. Excellent point. How can someone reach VLRC, and who can make a referral?

Ashley Shaw [37:40]
So anyone, I would say, can make a referral. If you're a community service organization supporting someone, if you're an eye care professional, if you're a different type of health professional, like allied health professionals, if you're a friend or a family member or a neighbour, I've seen all of those folks come through as referral sources. You can also refer yourself to us. If you just want more information, have questions, have a particular skill that you're wanting to

work on, or you just want to know what your options are to be able to approach a particular activity, you can refer yourself to us as well. Right, Shannon?

Shannon Foster [38:24]
Yeah, we have a number of services that are available to our clients: everything from Veterans Affairs, to our Indigenous Health Program. We have the Screening Initiative. We've got the GAIN program, which does disability support benefits. There are so many services for different aspects of people's transition and journey through vision loss. You don't have to have fully lost your vision. If you feel that you're just needing some support, some assistive tech, we can hook you up with peer support programs as well, through our partners at CNIB. There are lots of options for a variety of stages. So if it's you, or someone else that you know who is experiencing vision loss, I would definitely encourage you to reach out and see what services we have available in your region. Because you don't have to have everything figured out before you take those first steps.

Angelina Algranti [39:17]
Thank you. That's very helpful. I've just got three questions left to wrap it up. You've both been so helpful and provided so much valuable information. I thank you for that. If you had 30 seconds with the next Minister of Health, what's the one thing about the National Strategy for Eye Care you'd want them to understand?

Shannon Foster [39:39]
I would want them to understand that treating an eye condition, and helping someone live and thrive with that eye condition and vision loss, are two different but equally important parts of care. The national strategy is this opportunity to connect all those pieces together. And we really need those clear referral pathways, and the funding, and the access to vision rehabilitation and habilitation, regardless of where someone lives. So our success in this strategy shouldn't be measured by how well we prevent or treat eye disease, but by whether people can access the support that they need to live independently and fully participate in their communities.

Angelina Algranti [40:22]
And this podcast series launched on World Sight Day. What does that day mean to you and the organization?

Ashley Shaw [40:29]
So for us at Vision Loss Rehabilitation Canada, it's the opportunity to remind people what vision rehabilitation is, or to help them understand it for the first time; to help people understand that a difficult prognosis doesn't mean that they can't

do the things they want and need to be able to do anymore. Prevention matters; it's critical. Diagnosis and treatment matter; they're critical. But the conversation can't end there. For me personally, I've always had difficulty with the concept of World Sight Day, because I always thought, even as a kid growing up, that it was about the restoration of vision. And I have an eye condition that has that type of prognosis, where my vision can't be restored, and there are many, many people like myself who face that situation. Even with something like an eye health strategy, we're thinking, my eyes have already kind of left the building, right? So to me, World Sight Day is about us as well, and our needs as well: so that even if your vision can't be restored, or you've already lost your vision, or you have an eye condition that's not preventable, you have access to the supports that let you become who you're meant to be.

Angelina Algranti [41:29]
And is there a moment or a story that reminds you why this work matters, even on the hardest days?

Shannon Foster [41:35]
We've worked together on these surveys and through multiple focus groups as we developed our strategic plan. And I think it's really the honesty and the generosity of the people who share their experiences with us, whether it's through our client experience survey, or, like I said, our focus groups and our external research, because they're taking the time to tell us what's working, and where they're facing barriers and roadblocks in their journey. And it helps highlight what we could do to make their lives easier. Those conversations for us are so incredibly valuable, because they remind us that behind every data point and question is that person, with their own goals and their challenges and their aspirations. And when we listen to those experiences, and use them to shape our services and our strategies and our priorities, we're really, truly making sure that the voices of the people we serve are at the heart of every decision we make, and that we're always putting our client first.

[Theme music begins and plays to the end] [42:39]

Angelina Algranti [42:40]
Ashley and Shannon, thanks for joining us, and thanks to our listeners for tuning in to Perspectives, a VLRC podcast. So the key takeaways from this podcast are that vision rehabilitation must move from being available in principle to accessible in practice. Everyone experiencing vision loss should know about it, and how to access it. If someone you know is experiencing vision loss, visit visionlossrehab.ca. Are you enjoying the series? Follow or subscribe to help others discover these conversations. Next week, host Chris McLean talks with

Yvonne Garvey on the Canadian Council of the Blind about community, connection and peer support. Until then, this has been Perspectives, a VLRC podcast. Thanks for listening.