



# Survey Report Reforming Ontario's Assistive Devices Program.



## Vision Loss ADP Reform Working Group

Canadian Council of the Blind

Principal Investigator

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February 9, 2022.



*"The primary goal of the survey, outlined in this report, is to develop a rigorous and patient-centred evidence-base from which to make recommendations to ADP governing bodies that are informed, substantive, and reflective of the needs of Ontarians living with vision loss."*

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# 1 Introduction

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For over 30 years, Ontarians with vision loss (VL) have benefited from the Assistive Devices Program (ADP), an invaluable resource that partially funds some of the costs associated with essential assistive devices. The technology revolution has impacted the lives of people living with VL to such a dramatic degree that there are now very few activities that a person who is blind or partially-sighted cannot participate in when equipped with the appropriate technology. For this reason, it is essential that the ADP keep pace with changing technology and provide rapid reimbursement for assistive devices.

In response to reports from users of the ADP that there are long wait times to receive reimbursement for visual aid devices and that these often resulted in lost employment opportunities, the Canadian Council of the Blind (CCB), in collaboration with a group of stakeholder organizations (“The Vision Loss ADP Reform Working Group”)<sup>i</sup> that represent more than 466,000 Ontarians living with VL, undertook a survey of people living with VL to better understand their experiences with the ADP. The Vision Loss ADP Reform Working Group believes that it is essential that those who have accessed the ADP be consulted for their perspectives on which parts of the program are working and which parts could be improved. Perhaps more importantly, the group believes that it is crucial to survey people living with VL who have not accessed the ADP to understand their reasons for not using it.

The primary goal of the survey, outlined in this report, is to develop a rigorous and client-centered evidence-base from which to make recommendations to ADP governing bodies that are informed, substantive, and reflective of the needs of Ontarians living with VL.

During the initial stages of the current survey, we became aware of a number of issues that were being reported to us by ADP authorizers and vendors that warranted inclusion in this report. For this reason, we undertook a supplemental survey of ADP authorizers and vendors. The full report on the survey of authorizers and vendors is in the authorizer and vendor survey addendum on page 96.

It should be noted that this report is intended to be a survey of issues that relate to the funding of visual aid devices only. It is not meant to assess the functioning of the ADP for assistive devices acquired by people with other disabilities.



# 2 Executive Summary

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The survey was conducted over three weeks in November 2021 using the SurveyMonkey platform. Respondents were solicited via direct email distributed by members of the ADP Reform Working Group, and were asked to complete the survey whether or not they had accessed ADP in the past 5 years.

## 2.1 Demographics of respondents.

A sample of 446 responses (with 95% confidence and a 5% margin of error) were received from individuals residing within all regions of the province. Respondents were almost equally split between males and females.

The most frequently reported comorbidities were hearing loss, chronic illness, and mobility/functional disability. **Table 1** below, provides further information about the respondents.

**Table 1. Respondent demographic information**

<b>Respondent Information</b>	<b>% Respondents (n=446)</b>
Working age (18-64)	61
Blind	41
Partially Sighted	55
Deaf-blind	4
Additional disability	34
Household pre-tax income less than \$35K	33
Household pre-tax income less than \$50K	42

## 2.2 Employment

33% of respondents were working either part or full time or were self-employed. Of those respondents that were working, more than half (54%) said they worked from home, with 28% saying they always worked at their place of employment.

When asked whether they had to supply their own equipment in order to work either at home or their place of employment, more than half the



respondents (53%) replied that they had to supply their own equipment either entirely or in part.

## 2.3 Device purchases and ADP

78% of respondents had purchased a visual aid device or white cane over the previous 5 years, 83% of whom had applied to ADP for financial assistance. People who had not applied to the ADP during the past 5 years were referred to a separate set of questions which are discussed in section 2.5 below.

## 2.4 Responses by people who had applied to the ADP

### *a. Types of devices applied for*

The most frequent application for ADP funding was for reading/writing systems such as a computer or specialized software (73%). The second most mentioned device category was orientation and mobility aids such as white canes (42%).

### *b. Referral to the ADP*

Respondents were asked who recommended they apply for the ADP. Most respondents (30%) said that they self-referred as they were aware of the program. Eye doctors (ophthalmologists and optometrists combined) accounted for about one quarter of the referrals (22%) and a combination of vision rehabilitation professionals and orientation and mobility instructors accounted for almost a third of referrals (32%).

### *c. Experience with the authorizer*

35% of respondents took five weeks or longer to get an appointment with the authorizer, with one in six respondents (16%) taking longer than 8 weeks. 31% of respondents said that they had to travel more than 20 kilometres to their appointment with the authorizer; a further 15% travelled between 11 and 20 kilometres.

52% of respondents said that they were required to pay for the assessment by the authorizer. These individuals reported fees ranging from \$10 to \$350, the most common fee being \$75 (reported by 49% of respondents).



Although most respondents were satisfied with their authorizer assessment (81%); appointment wait times and the length of the assessment caused dissatisfaction (42% and 35% respectively).

*d. Time from authorization to approval.*

46% of respondents said that it took two months or more from the time they met with the authorizer to the time the ADP gave its approval to purchase the device.

*e. Experience with the vendor*

About one-fifth of respondents (21%) had to travel more than 10 kilometres to the vendor to acquire the device once they had been authorized by the ADP to acquire it, with 14% of respondents having to travel more than 20 kilometres.

38% of respondents found an authorized vendor through referral by their authorizer, with 14% of respondents having been referred by their vision rehabilitation instructor and 13% finding their vendor online. 26% of respondents said they found their vendor in some other way.

32% of respondents said that they had compared pricing from more than one ADP authorized vendor. 77% of respondents said that they felt they were getting a fair price for the product they were acquiring. Respondents who felt they were not getting a fair deal were asked to explain why they felt this way. Forty-eight people offered an explanation, with most suggesting that the device offered by the vendor was too expensive. A smaller group said that they could purchase their device from a non-approved vendor at a lower price.

61% of respondents said that the wait time for their device was over 3 weeks, with 30% of respondents saying that it took more than 5 weeks.

58% of respondents reported that they needed assistance with the set-up and configuration of their device. Most respondents (52%) said they received this assistance from the vendor, with 36% of respondents reporting having received this assistance from family members.

Three-quarters of respondents (75%) said that they were very satisfied or somewhat satisfied with their experience with the vendor, while 12% of respondents said that they were somewhat dissatisfied or very dissatisfied. There were a variety of reasons given for dissatisfaction with the vendor, the most common being the choice of devices offered.



#### *f. Device preference*

84% of respondents said they were able to get ADP funding for their preferred device. Those that were not were then asked what they would have preferred to have purchased since the ADP had not funded their preferred choice. People replying to this question said they would have preferred a laptop, iPad, iPhone, or a Braille notetaker.

Selecting from a list of devices not currently covered by the ADP, respondents were also asked which devices they would like to obtain if they were covered. The most desired device was a Smart Phone, selected by 77% of respondents, followed by a tablet computer (63% of respondents), a Bluetooth keyboard for smart phones or tablets (57%), and a smart watch (53%).

60% of respondents said they were not always able to purchase the assistive technology/devices they need. When asked to explain the reasons, most respondents said that the device they wanted was not affordable, even with ADP coverage applied.

#### *g. Which devices are people purchasing through the ADP?*

The most purchased low-tech device through the ADP was a white cane (62% of respondents), followed by a magnifier (31%), an audiobook playback machine (21%), and specialized spectacle lenses (19%)

The most purchased high-tech devices through the ADP were laptops (57% of respondents), followed by screen-reading software such as JAWS™ (45%), desktop computers (33%), and screen magnification software such as Zoomtext™ (30%)

#### *h. Inclusion and effectiveness of device training*

42% of respondents said that training was included as part of ADP funding support for their device(s) and a further 14% said that it was included for some devices. 25% of respondents said that no training was included as part of their ADP funding support. 29% of those who had had training included with their ADP funding said that they did not feel confident in their ability to operate their device after the training, primarily because they felt that the time allotted was inadequate and that the trainer was not sufficiently knowledgeable or competent

31% of respondents said that they had access to ongoing training for the use of their device. When those who had access to ongoing training were



asked who provided it, the largest number of responses were received for CNIB (30%), followed by Balance for Blind Adults (16%), family/friends (15%), and the CCB get together with technology program (9%)

Respondents who did not have access to ongoing training were asked if the lack of access made it difficult or impossible to use their device effectively. 42% of the 194 people responding to this question said that lack of access to ongoing training made it difficult or impossible for them to use their device effectively.

*i. Software upgrades*

74% of respondents said that their authorized device included software that needed to be upgraded from time to time. 57% said that such upgrades were not available at an affordable cost. When asked whether the lack of access to affordable software upgrades made it difficult or impossible to continue using their software effectively, 55% of these individuals reported that it did.

*j. Awareness of and interaction with the ADP*

57% of respondents said that it was either somewhat easy or very easy to acquire information about the ADP, while 25% said that it was either somewhat difficult or very difficult.

32% of respondents said that they had communicated directly with someone at ADP during the process of acquiring their device. While 55% of respondents said they were somewhat satisfied or very satisfied with the response they received when communicating with the ADP, 26% said they were somewhat dissatisfied or very dissatisfied with the response.

Respondents who said they were either somewhat dissatisfied or very dissatisfied were asked to describe their experience and outline any concerns they may have. Most responses to this open-ended question indicated difficulty with communication in various contexts with ADP administrators.

*k. Overall time to acquire a device through the ADP*

More than half the respondents (57%) waited 2 months or more from the time they first requested an assessment to the time they acquired their device, with 23% of respondents taking 6 months or more. Only 43% of respondents were able to acquire a device within 8 weeks.

*l. Affordability of device acquisition without the ADP*





70% of respondents said that they would not have been able to acquire their device without ADP funding.

*m. Satisfaction with overall process of acquiring a device through the ADP*

61% of respondents said that they were either somewhat satisfied or very satisfied with the overall process of acquiring a device through the ADP, while 28% of respondents said that they were somewhat dissatisfied or very dissatisfied with the overall process.

In an open-ended question, respondents were asked if they could describe their experience and feelings of acquiring a visual aid device through the ADP. A total of 173 individuals responded to this question, with comments that described a wide range of experiences. While 51 individuals did describe a positive experience with the ADP, the remaining 122 responses described issues that ranged from a lack of responsiveness to the inappropriateness of the device. The largest portion of these, however, dealt with the amount of time the process takes: 43 comments touched on this matter.

*n. Recommendations for improvement of the ADP*

A wide range of recommendations were provided in open-ended sections of the survey, ranging from reducing the time it takes to receive a device to increasing the coverage provided by the ADP for devices. Some respondents also recommended that the program be made more accessible to people living with VL. A full account of qualitative responses is provided in the report below.

*o. Support for an independent advisory council*

93% of respondents said that they would support the establishment of an independent advisory council, one that would include people with a seeing disability and their stakeholder organizations, for continuous monitoring of ADP processes to ensure efficient funding procedures and updated technology options. They were also asked to comment further regarding this proposal. 43% of respondents added their comments on the matter, with many underscoring the benefit of involving individuals with lived experience of vision loss and blindness in the development and administration of the ADP. For instance, one respondent explained that an advisory council would be beneficial because “they would be my peers and understand what it takes to live as a visually impaired person.”



## 2.5 Responses by people who had not applied to the ADP

### *a. Reasons for not having applied to the ADP*

People who had not purchased a visual aid device through the ADP over the past 5 years were asked to provide their reasons for not accessing the program. The reasons can be categorized as follows:

#### 1. Price and affordability

Combined, these accounted for 28% of responses: 10% found the vendor product too expensive; 9% could buy the product at a lower price elsewhere other than the approved vendor; and an additional 10% said that the products or the assessment fee were still unaffordable.

#### 2. Process too complicated or too long

14% of responses indicated that the process of applying to the ADP was either too long or too complicated

#### 3. Product not available or not funded by the ADP

13% of responses said that the desired product was either not available or not funded by the ADP.

#### 4. Absence of training or assistance with set-up.

The absence of training or assistance with set up of devices accounted for 6% of responses.

Some respondents also provided comments in the form of open-ended feedback. When describing reasons for why they have not utilized the ADP over the past 5 years, the largest group of respondents highlighted issues related to the availability, variety, and appropriateness of the devices (for example, the devices being subpar or old), issues related to the cost of the devices, as well as general administrative issues (such as a lack of responsiveness from administrators). Feedback was also given in the form of recommendations for improvements that could encourage individuals to use the program. Again, most of the comments touched on the availability, variety, and appropriateness of the devices.



## 2.6 Open-Ended Comments and Feedback: Qualitative Results

In specific sections of the survey, respondents were given the opportunity to elaborate on their responses or provide open-ended commentary, typically in the form of issues they experienced in relation to the ADP. A total of 738 open-ended responses were collected. The largest group of these referred to issues with the availability, variety, and appropriateness of the devices accessed through the ADP (187 comments). This could include, for example, the device being outdated, non-functional, or inappropriate for the needs of the user. This was followed by issues related to cost, typically unaffordability (136); “other” issues (including communication and management of the program) (94); and general administrative issues (including the restrictive timeframe of the program and a lack of responsiveness from administrators) (93). The remaining comments dealt with issues related to the time the process takes (88); satisfaction with certain aspects of the program (67); issues related to training (39); issues related to the general accessibility (and access to) the program (21); and technical issues with the device, including inaccessibility (13).

## 2.7 Authorizer and Vendor Survey

A short, separate survey was sent to 178 authorizers and vendors across Ontario. Responses to the survey were received from 25 respondents from across the province with a disproportionate number of responses coming from Western Ontario. Eleven out of the 25 respondents said that they were both authorizers and vendors; 7 said they were authorizers only while 5 said they were vendors only. One respondent used to be both an authorizer and vendor and one other used to be an authorizer only.

Authorizers and vendors were asked how easy or difficult they found filling out the requisite ADP forms. 11 of the 25 respondents (44%) said that they found it somewhat difficult or very difficult to fill out ADP forms.

Authorizers and vendors were further asked how long it took them on average to get reimbursement from the ADP. 16 out of 25 respondents (64%) said that it took them more than two months to get reimbursed for



services and products with three respondents taking 6 – 7 months for reimbursement and another three respondents taking more than 7 months.

When asked what their level of satisfaction with the process of getting reimbursement from the ADP was, more than half the authorizers and vendors who responded (13/25) said that they were either somewhat dissatisfied or very dissatisfied with the process while only 8 out of 25 said that they were somewhat satisfied or very satisfied with the process.

Respondents were also given the chance to provide open-ended feedback in response to questions regarding their satisfaction with the process. A total of 19 individuals took the opportunity to do so. Among these comments, 9 highlighted issues related to the overall process being too complicated. For instance, one respondent indicated that there is “too much paperwork,” while another suggested that the system is so arduous that it seems as if the “ADP tries to wear down the authorizers and vendors.” Related to the notion of system-level problems, 6 individuals offered comments oriented around the idea that reimbursement takes too long—“too long to wait for payment,” for instance. The remaining comments were related to the process needing to be updated or modernized (2 comments), or were categorized as “other” (also 2 comments).

Authorizers and vendors were asked what barriers to approval and/or funding by the ADP they had encountered on behalf of their clients. The majority of responses identified the four major barriers as the approval process taking too long (17/25 respondents); that many essential devices are not reimbursed (16/25 respondents); that the approval process is too complicated (15/25 respondents); and that the paperwork is too complicated (14/25 respondents).

As with questions regarding their level of satisfaction, respondents were given a chance to offer open-ended comments here as well: 3 individuals provided such comments. One gestured towards the ADP being overly complicated. Another suggested that the reimbursement amount is inadequate. A final comment highlighted an issue with the reimbursement list being outdated or missing important products.

In another open-ended question, respondents were asked what recommendations they would propose for the improvement of ADP. The question collected 21 responses, the highest number of open-ended comments in the survey. Out of this feedback, 5 comments were related to the process being too complicated. These comments align with other



suggestions that the ADP is too complex, the most common theme within the survey's open-ended responses.

An additional 5 comments were categorized as "other," running the gamut from a need for "Sensitivity to patient's needs" to improvements that would "Divide devices into funding categories more appropriate to what they actually are." The next most common type of comment (4 responses) related to the reimbursement list being outdated and missing important products. An additional 4 comments suggested that the funding amount for devices is too low. And finally, 3 comments related to the process needing to be updated or modernized: for instance, "Streamline the services to be completed online,"



## 3 Recommendations.

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### 3.1 Recommendation 1. Conduct a thorough review and re-evaluation of the administration and delivery of the ADP to Ontario's vision loss community.

The ADP is an excellent and necessary program, exceptional in scope, which, if properly delivered, provides benefit and the unique ability to make a difference in the lives of people living with vision loss. The motivation of the current ADP survey was not to question its retention but to provide insights and recommendations on how best to update and reform the ADP. Our sole purpose in this exercise is to assist the program's administrators in achieving its goals in a manner of delivery more satisfactory to the intended target. We must re-imagine the program from the perspective of people living with vision loss. The result would be an increase in the program's ability to better serve Ontario's vision loss community. ADP administrators and staff need to better understand their client base, those they intend to serve. They need to recognize their needs and deliver in a timely manner. Currently the design of the program's system of delivery is ill-suited to meet the needs of this community.

To quote a responding vendor, "Finally, the program's underutilization has been present for 30 years. The ADP is a wonderful idea that needs complete revamping. ADP staff just make things difficult for providers at times when we are dealing face to face with challenging cases and the emotional baggage of vision loss. How does your complicated system help this? You need to partner with providers, not stand as obstacles. ADP is a failure not because it isn't needed and not because providers can't help, but squarely because the program administrators have likely never experienced its frustration."

Over 60% of respondents to this survey said that they were either somewhat satisfied or very satisfied with the overall program. However, many people (28% of respondents) said that they were either somewhat dissatisfied or very dissatisfied with the overall program. Many of those that said they were satisfied with the overall program expressed dissatisfaction over specific aspects of the program. For these reasons it is recommended



that a full review of the ADP be conducted to improve this important, necessary, and valuable program.

Dissatisfaction does not stem from the program's design or intended purpose, but from its administration and delivery. Several issues and concerns at the root of the problem were identified in the survey and are outlined below. It is recommended that these issues be considered in a full review of the ADP's terms of reference and administration.

## **Key findings and issues identified in the survey to be addressed in re-evaluating the ADP:**

### **a. Length of time required for ADP funding approval is unacceptable.**

The current survey revealed that many people experienced an unacceptable period from when they first applied for funding, to the time they received final approval, and then to the time they acquired their device.

More than half the respondents (57%) took 2 months or more to acquire their device with 23% of respondents taking 6 months or more. Only 43% of respondents were able to acquire their device within 8 weeks.

Extended waits were required at almost every step in the process of acquiring an ADP funded device, from the time required to get an appointment with the authorizer all the way to the eventual acquisition of the product from the vendor.

### **b. ADP reimbursements to all parties at all levels are taking too long.**

Respondents are frustrated by the complexity involved in completing required approval forms, many of which are perceived as being cumbersome and, in some cases, unnecessary.

### **c. People living with vision loss are often required to travel great distances to access approved authorizers and vendors.**

Thirty one percent of respondents said that they had to travel more than 20 kilometres to their appointment with the authorizer; a further 15% travelled between 11 and 20 kilometres.



d. Many of today's essential devices, most notably smartphones, are not funded by ADP.

The list of available devices funded by ADP has not kept up with changes in technology.

e. People who needed their device for employment, even though that employment was at home, are denied ADP funding.

f. Product choice and availability through many vendors is limited, often restricting an individual's options, and leaving them dissatisfied with their final choice.

The ADP listed devices may only include one or two models when the market offers a dozen or more. This limits individual choice of which available device may best suit the individual user. Sixty percent of respondents said they were not always able to purchase the assistive technology/devices they need.

g. Cost of devices listed by ADP-approved vendors is often too high when compared with other retailers.

h. Several respondents who had not accessed the ADP said that they could not afford to do so even though 75% of the cost would be funded through ADP.

h. The number of ADP funded training hours included in the set-up of some devices is inadequate and funding for ongoing training needs to be included in the funding of the device.

Forty two percent of survey respondents said that lack of access to ongoing training made it difficult or impossible for them to use their device effectively.

i. Some experienced device users, who are aware of technology changes, and who have been previously funded by the ADP, are still required to go through the full ADP authorization process even though they are well aware of their own needs.





j. Certain software programs require additional payments when the software is upgraded making the software unaffordable.

k. ADP staff are not always as responsive or as communicative as they could be. Several respondents reported difficulty communicating in a timely manner with ADP staff.

l. Authorizers and vendors are frustrated by the time it takes to negotiate the seemingly endless red tape associated with applying for and receiving reimbursement.

Most importantly, the issues noted above do not tell the whole story. The survey reveals that many people living with vision loss feel that the ADP is insensitive to their needs and lacks the understanding of the reality of living with vision loss. In conducting this review, one should not preclude the possibility that the ADP, in providing service to the vision loss community, will find it necessary to step out of the box in its delivery. The program's administrators, in recognizing that those living with blindness have unique needs, might consider redefining the program so as to provide affirmative action to this community.

### 3.2 Recommendation 2. Bring the ADP in line with Ontario commitments to service design. Explore a more participatory system that leverages and supports community knowledge, ongoing feedback, and information sharing. Review the cost, efficacy, and impact of all administrative gatekeeping processes.

The ADP was designed for a context that has changed significantly. Among the societal changes are the increased reliance on digital systems, greater familiarity with online tools, and the proliferation of new forms of assistive devices. The ecosystem of assistance to Ontarians with disabilities and the regulatory context have also changed. These changes require a systemic analysis and redesign of the program to achieve the program goals more effectively and efficiently.

The current administrative requirements to ensure that only eligible Ontarians gain access to only qualified devices has had a negative economic



impact and has compromised the efficacy of the program. Among these negative impacts are:

- More time taken to follow bureaucratic procedures of questionable value by authorizers and applicants, taking away time from functional assessments and training.
- Certification processes and restrictions that result in smaller lists of more expensive and outdated devices, meaning a lack of suitability to meet individual needs and a lack of compatibility with quickly changing contexts (e.g., interoperability issues for digital access).
- Decreased flexibility and available options for a population that is highly diverse, resulting in decreased efficacy of funded devices.
- One-size-fits-all training that fails to meet diverse skills and needs and results in greater expense by a monopoly of authorized trainers.

Among the alternative service design models to consider are a multi-sided platform. The role of device certification could be opened to a collective of device users and professionals in the field. Eligibility determination could be based on barriers experienced and associated functional requirements alone, and thereby opened to local health professionals without special knowledge of assistive devices. Associated with each barrier or functional need would be an eligible cost range of possible ways to address the needs, leaving the choice of devices up to the individual. Curated and dynamically updated information about options could be provided online. Specialized professionals could provide guidance in selection and set-up, as well as training to individuals who need it, remotely or in person. The platform would enable ADP recipients to give feedback regarding devices and training, and to share new accessibility strategies. Appropriate updates could be distributed without the need for a new assessment.

Greater autonomy and self-determination regarding device use would also have a positive economic outcome as people would be less dependent on services. This type of system would help to establish a supportive and knowledgeable assistive device community.

This could be piloted in the vision aids sector as there is a large spectrum of applicants, from very savvy users to people who are still coming to terms with vision loss and are not aware of ways to address barriers.

The process of service redesign would be consistent with the strategies proposed by the Ontario Digital Service and the associated commitments <https://www.ontario.ca/page/start-users-deliver-together>. The ADP is a



prime candidate for modelling more effective ways to deliver services in Ontario.

### 3.3 Recommendation 3. Establish an ADP Reform Committee for visual aids tasked with re-evaluating the ADP.

In the current study, 93% of respondents said that they would support the establishment of such an independent working committee. Many open-ended comments on the benefits of such a committee underscored those of involving individuals with lived experience of vision loss and blindness in the development and administration of the ADP. For instance, one respondent explained that an advisory committee would be beneficial because “they would be my peers and understand what it takes to live as a visually-impaired person.”

#### 3.3.1 People with lived experience at the table

It is necessary that people with lived experience of disability be at this table, in a meaningful way, when any discussions or policy decisions are happening. Agencies that provide services to people with disabilities should not be the ones speaking on their behalf. While these agencies may contribute a perspective on their experience with clients, they should be the first to support and promote the right of people with disabilities to speak for themselves. Organizations like the Canadian Council of the Blind (CCB) and the Alliance for Equality of Blind Canadians (AEBC), which are primarily dedicated to empowering people with lived experience of disability to represent themselves, should be full participants at any policy table.

#### 3.3.2 Proposed composition of an ADP Reform Committee

The ADP Reform Committee should be co-chaired by Minette Samaroo and Ian White, both of whom are persons with lived experience of blindness and vision loss. Additional members should include, but not be limited to, the ADP leadership team from the Ministry of Health; representation from the Minister of Health’s office; Hillary Hartley, Chief Digital and Data Officer and Deputy Minister for Digital Government for the Province of Ontario; Dr. Jutta Treviranus from OCAD University, whose team has experience in supporting



co-design processes with and by individuals that feel the greatest impact, as well as knowledge of alternate models of assistive device delivery globally; key stakeholder and service organizations such as BALANCE for Blind Adults, Fighting Blindness Canada, and the CNIB; as well as representation from authorizers and vendors. This would provide for constructive dialogue and continuous monitoring of the ADP process, allowing for informed recommendations that, when instituted, would ensure a more client-friendly administrative strategy, updated technology options, and efficient funding procedures.

### 3.3.3 “Nothing about us without us”

People with disabilities have the right to speak for themselves and to influence any policy decisions. This principle is embedded in the United Nations’ Convention on the Rights of Persons with Disabilities (formally adopted by the UN General Assembly on December 13, 2006, and ratified by Canada in 2010) and means that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy.

## 3.4 Recommendation 4. Establish a Device Review Group to regularly review available visual aid devices and make recommendations for the addition or deletion of those funded by the ADP.

Technology has dramatically improved the ability of people living with vision loss to fully participate in all aspects of society, particularly in gaining and participating in employment. Unfortunately, the list of vision aids reimbursed by the ADP has not kept up with the growing need for devices. Most notable in this regard is the fact that the ADP does not fund smartphones. A smartphone is the most useful device for people with vision loss. The growing number of apps and services that are delivered through a smartphone has completely revolutionized the lives of people living with vision loss. In the current survey, when asked what device they would most like to obtain if it was covered by the ADP, a smartphone was the most desired device, selected by 76.6% of respondents.



### 3.4.1 Composition of Device Review Group

The Device Review Group should be comprised of people living with vision loss, service provider organizations, and experts in the field of assistive devices. This would ensure consistent current input from the blind/low-vision/deaf-blind community, respecting the latest and most useful devices in the market with a focus on ensuring that clients receive the best supports and accessibility possible from the ADP.

The Device Review Group should also have the ability to recommend which devices should no longer be funded and ensure that devices that are no longer manufactured are removed from the device reimbursement list.

### 3.4.2 Frequency of Device Review Group meetings.

The Device Review Group should meet as is necessary, but no less than twice a year.

## 3.5 Recommendation 5. Shorten the time at every step involved in acquiring approval of ADP funding.

### 3.5.1 Support virtual assessment and authorization process

The current survey revealed that many people experienced an unacceptable period from when they first applied for funding, to the time they received final approval, and then to the time they acquired their device.

More than half the respondents (57%) took two months or more to acquire their device, with 23% of respondents taking six months or more. Only 43% of respondents were able to acquire their device within eight weeks.

Extended waits were required at almost every step in the process of acquiring an ADP-funded device, from the time required to get an appointment with the authorizer all the way to the eventual acquisition of the product from the vendor. It is essential that the ADP Reform Committee analyze every step in the process with the aim of simplifying the process and removing unnecessary delays in each phase.

Many applicants needed their device for employment purposes. More than half the respondents (54%) said that they worked from home for an employer, with 28% saying that they always worked at their place of



employment. When asked whether they had to supply their own equipment to work either at home or their place of employment, more than half the respondents (53%) replied that they had to supply their own equipment, either entirely or in part. The lack of availability of a device is often a barrier to people gaining employment. Having to wait months in some cases for funding of an essential device is clearly unacceptable. Providing devices for people to work out of their home, thereby achieving gainful employment while dramatically improving their quality of life, should not be denied out of hand.

People living with vision loss have great difficulty travelling. In some instances, clients may require a replacement of existing equipment and may not need a complete on-site assessment. For these clients, a virtual reassessment would be suitable and efficiently meet their visual needs. The COVID-19 pandemic has increased isolation of all of society. This is particularly true of people living with vision loss, who have additional concerns associated with social distancing and going out without a sighted guide. The net result is that people living with vision loss are more reluctant to travel for employment, shopping, or accessing health care, or are at home because of provincially mandated lockdowns. For these reasons it is essential that the ADP support assessment clinics that offer virtual assessment for the authorization of vision aids while minimizing the need to travel.

The current survey revealed that a significant number of respondents had to travel large distances to meet with the authorizer. Of the respondents, 31% said that they had to travel more than 20 kilometres to their appointment and a further 15% travelled between 11 and 20 kilometres. As already mentioned, travel is particularly difficult for people living with vision loss. A reflection of this is given by the fact that the survey revealed that only about half of the respondents from Northern Ontario and Eastern Ontario had accessed the ADP in the past five years. It will always be difficult to establish an adequate number of authorizers to cover Ontario's vast rural geography. Currently, there is minimum availability of authorizers outside a few urban areas (Toronto and Waterloo most notably). Online authorization would eliminate the need for travel and the difficulty in maintaining a network of authorizers.



### 3.5.2 Re-evaluate the role of authorizer to be consistent with both virtual and in-person authorization.

Some devices will require in person evaluation as part of the authorization process, while others may be authorized entirely virtually. In order to facilitate the process, the standards required for authorizers as well as the number of authorizers will need to be reviewed regularly to ensure consistency across the province, while also ensuring widespread geographic coverage. It will be necessary to regularly review the standards for authorizers of low-tech and high-tech devices. The frequency of review for low tech authorizers will most likely be lower than that for high tech authorizers, due to the fast-changing nature of technology.

### 3.5.3 The ADP Reform Committee should evaluate the current process and associated forms to ensure that they are both accessible and simple, and that red tape is minimized

While virtual assessment would increase accessibility to the ADP, there continues to be a significant number of people dissatisfied with the length of time at different stages of the authorization process. Several applicants and authorizers reported filling out forms multiple times due to errors made that necessitated additional lengthy wait periods. When developing forms, the ADP should incorporate ease of use and accessibility to minimize common errors. To ensure that all forms and processes meet the needs of people living with vision loss, this committee should include people living with vision loss and members of stakeholder organizations.

### 3.5.4 Simplify the process of applying for ADP reimbursement to authorizers and vendors

In the survey of authorizers and vendors, 11 out of 25 respondents said that they found ADP reimbursement forms to be somewhat difficult or very difficult to complete. Fifteen out of 25 respondents said that the approval process is too complicated and 14 out of 25 said that the paperwork is too complicated. To maintain an active and supportive network of authorizers and vendors, it is essential that the ADP simplify the vendor reimbursement process.



### 3.5.5 Automatically fund all applications for white canes annually

The white cane is a vital instrument for people living with blindness or vision loss for safety and mobility reasons. A person using a mobility cane, or a sensory cane with a typical rolling object attached to the bottom, can be alerted to curb cuts, cross walks, and obstructions or barriers in their way. These can all be avoided through proper cane use. It is also important that young people receive a cane when diagnosis of vision loss is made, as many youths feel it is “not cool” to be seen with a white cane. At the very least they should be carrying a white cane (ID cane) somewhere on their person for reasons of safety when finding themselves in difficult situations. It is imperative for people who are blind or living with vision loss to have outstanding cane skills as a prerequisite for obtaining a guide dog.

As a person’s level of vision loss changes, the type of cane they require often changes as well. Furthermore, canes tend to get damaged due to the wear and tear they experience through their use. ID canes are particularly vulnerable to damage as they are more fragile. For these reasons, it is recommended that the ADP fully fund the replacement of all canes on an annual basis.

Forty-two percent of 238 respondents stated that they had received ADP funding for a white cane. Access to a white cane should be on request and should not require authorization beyond the applicant being identified as legally blind. Undoubtedly, people applying for a white cane have a unique need and would not apply for this device unnecessarily. Eliminating the application process would be beneficial to both the client and the ADP.

### 3.6 Recommendation 6. Frequency of reimbursement for replacement devices should be individualized relative to the nature of the device.

Several survey respondents said that they needed their devices replaced more often than they were able to do under the current 5-year ADP replacement policy. The rate of technology change has driven the need for frequent replacement of some high tech devices, while the durability of different devices can be quite different. For this reason it is recommended





that the replacement frequency be changed to reflect the durability and redundancy of each device.

### 3.7 Recommendation 7. All visual aid devices funded by the ADP should be exempt from HST.

The cost of HST alone is prohibitive for some clients in the acquisition of ADP-funded equipment. Removing the HST from the funded devices would improve affordability.

At the very least, the HST should only be payable on the 25% of the device that is not funded by the ADP.

### 3.8 Recommendation 8. Authorization fee should be eliminated.

It is recommended that the ADP follow the lead of Quebec where the authorization fee is covered by the provincial health program. As discussed elsewhere, the costs associated with acquiring a device through the ADP are still a barrier for many people in terms of their ability to acquire a device. For this reason, it is recommended that the authorization fee be covered by OHIP or eliminated entirely.

### 3.9 Recommendation 9. All visual aid devices should be available at no cost to people receiving the Guaranteed Income Supplement.

People living with vision loss who receive the Ontario Disability Support Program (ODSP) should continue to receive the benefit of fully-funded visual aid devices through the ADP beyond the age of 65. To ensure that this benefit continues, it is recommended that all people receiving the Guaranteed Income Supplement have the full cost of their devices funded by the ADP.



### 3.10 Recommendation 10. People who have been funded by the ADP should not have to be re-authorized when they apply for funding on a subsequent occasion.

Many applicants for ADP funding have said that they knew what device they needed, since they had been funded for this device previously. Nevertheless, they were still required to go through the full authorization process. This is a prime example of gatekeeping. Allowing automatic renewal of funding for a previously funded device would simplify the process considerably, removing an unnecessary source of great frustration.

### 3.11 Recommendation 11. Facilitate online purchase of devices from vendors and major retailers.

Online purchasing of devices would have a double benefit. Firstly, as discussed previously, it would facilitate the acquisition of devices by people who have difficulty travelling. Secondly, it would encourage more competition and enable the purchase of devices from more than one supplier.

There should be a regular review of the eligible vendors for devices to include both specialized assistive devices and expansion of the list to include general retailers who carry mainstream devices like laptops and smartphones. This would further serve to encourage market competition.

### 3.12 Recommendation 12. Funding for all devices needs to include the costs associated with training if, when, and where necessary.

It serves no value to give technology to someone who is blind or has vision loss if it is not supported with a comprehensive training program. Training in the use of newly acquired devices is a necessity for many. The ADP, when providing the necessary funding to purchase visual aid devices for use by blind and partially-sighted people, must recognize that it need be accompanied by sufficient high-quality training to ensure a reasonable



chance of success. Charities and vision rehabilitation organizations providing the necessary training should be fully compensated for the training provided.

In the current survey, 58% of respondents reported that they needed assistance with the set-up and configuration of their device. Most respondents (52%) said that they received this assistance from the vendor, with 36% of respondents reporting having received this assistance from family members. Respondents were also asked whether they had access to ongoing training for the use of their device. Only 31% of respondents said that they did. Of those respondents having access to ongoing training, 30% received this training from the CNIB, 16% from BALANCE for Blind Adults, and 9% from the CCB's Get Together with Technology program.

Respondents who did not have access to ongoing training for their device were asked if the lack of access to ongoing training made it difficult or impossible to use their device effectively. Of the 194 people responding to this question, 42% said that lack of access to ongoing training made it difficult or impossible for them to use their device effectively.

### 3.13 Recommendation 13. All devices funded by the ADP should include unlimited free software upgrades and the full cost of repair of the device within the effective life span of their acquisition.

Several respondents reported that they were unable to afford the upgrades to their software, without which they were not optimizing the use of their device. All funded devices sold by ADP authorizers and vendors should include funding for updates to support intended use of the device.

Respondents also said that they were unable to afford the cost of repair of some devices and were, therefore, not using their ADP-funded device.



3.14 Recommendation 14. The ADP should advise the technology sector that, following a one-year warning, they will no longer be funding devices that are not fully accessible and that do not include free upgrades and initial training.

3.15 Recommendation 15. The ADP should work with the Ministry of Education to facilitate training in the use of ADP-funded visual aid devices.

Explore working with the Ministry of Education to develop college-level education programs to train people to be accessible technology trainers for all ADP-funded visual aid devices.

Explore setting up classes to be administered by boards of education in which people with vision loss can acquire training for devices.

3.16 Recommendation 16. The ADP, through its application process, should collect client contact information, including email addresses.

The ADP should establish a database of email addresses from all consenting applicants for funding, similar to those that presently exist with most, if not all, authorizers and vendors. This would allow the program to rethink its present communications strategy with clients and have the potential of speeding up the entire process.

Communication with people who are blind or living with vision loss should never be by regular mail. Only email is readable by people living with vision loss.



### 3.17 Recommendation 17. The ADP should undertake regular surveys of all people accessing ADP funding.

It is recommended that the ADP conduct brief customer satisfaction surveys (with five to seven questions), by email, of people accessing ADP funding. These surveys should be consistent with those generated by major retailers, financial institutions, and others, and should be conducted randomly within a week of the completion of the client's experience with the program. The accumulated results, measuring customer satisfaction, should be updated and published on the ADP website.

A more comprehensive survey of people accessing ADP funding, like the survey presently utilized by the ADP every three years and accessible to the vision loss community, should be conducted regularly (at least every two years) with the resulting findings being published on the ADP website. As stated above, communication with people who are blind or living with vision loss should never be by regular mail. Only email is readable by people living with vision loss

### 3.18 Recommendation 18. The ADP should undertake a comprehensive marketing and communications strategy designed to increase awareness of the availability and benefits of the program for people living with vision loss. It should also include vision health and vision rehabilitation professionals.

A recent study conducted by the CCB revealed that there are more than 466,000 people living with vision loss in Ontario. The ADP reports that only 6,000 people received ADP funding in 2019/2020. There is clearly a large number of people who are unaware of the program and who could take advantage of the program if they knew about it. People living with vision loss aren't going to access a system that they don't know about or can't figure out how to navigate.

It is essential that the ADP embark on a regular comprehensive communications program to increase awareness of the program with all potential stakeholders. A program of this sort would be designed to assist



people in acquiring information about how to apply for ADP funding; what the required steps in the process are; which products are funded; and how to access the list of authorizers and vendors. The ADP website and all communications should be accessible to people living with vision loss.

### 3.19 Recommendation 19. Learn from others.

Currently, it appears that only Alberta (AADL – Vision Loss Rehabilitation Alberta) and Quebec (Assistive Devices Program) are the only two provinces other than Ontario providing funding for visual aids. It is recommended that the Ontario ADP review the policies, services, and equipment offered by these similar programs. In particular, the ADP should investigate the effectiveness of the Quebec loan program for visual aid devices, as well as their inclusion of annual funding for guide dog care in the visual device program.



## 4 Survey of Ontarians living with VL

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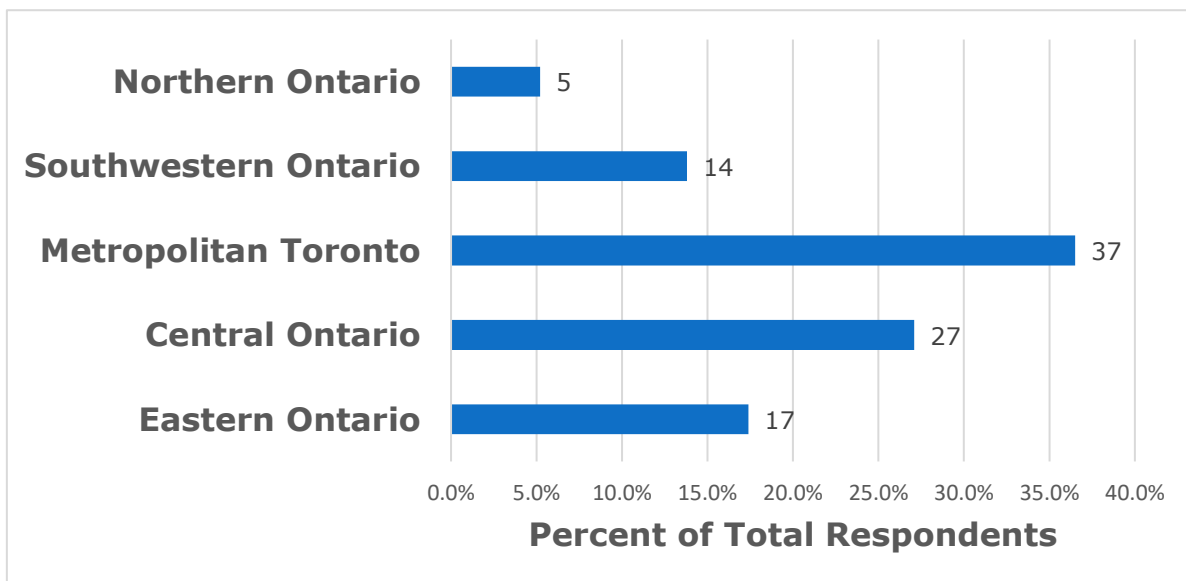
All respondents were asked to provide demographic information. The respondents were then divided into different streams depending on if they had or had not accessed the ADP.

### 4.1 Respondent description

#### 4.1.1 Respondents by Provincial Region

Responses to the survey were received from across the province with most responses coming from Metropolitan Toronto. ([Figure 1](#))

**Figure 1. Respondents by provincial region**



**388/446 responding**



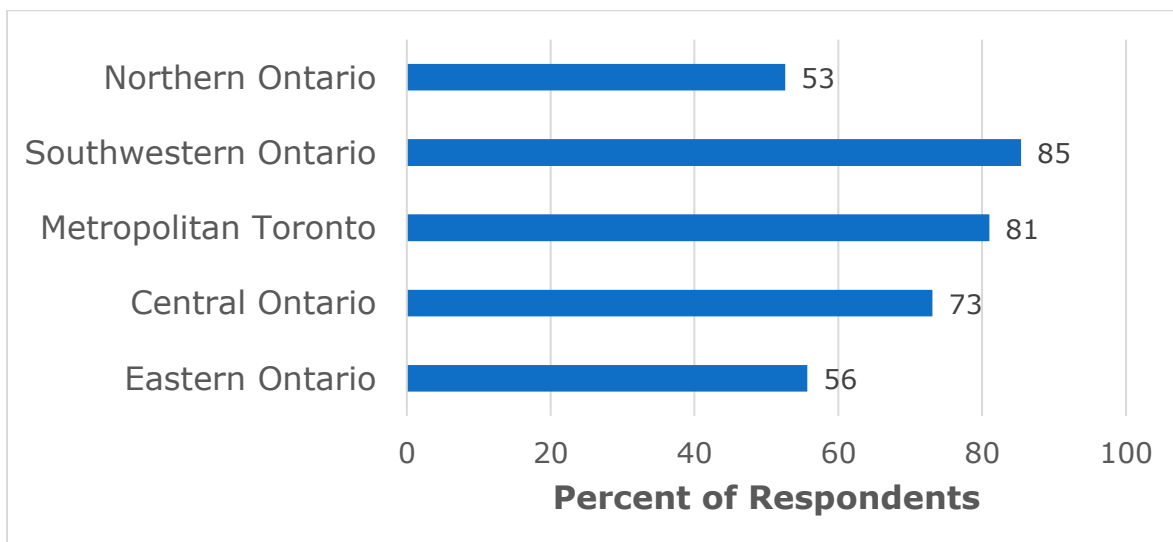
**Table 2. Respondents by provincial region**

Provincial Region	Responses %
Northern Ontario	5
Southwestern Ontario	14
Metropolitan Toronto	37
Central Ontario	27
Eastern Ontario	17

#### 4.1.2 Respondents accessing the ADP by region

The percentage of respondents in each region was calculated based on whether or not they had accessed the ADP. (Figure 2) The percentage of respondents who had accessed the ADP was higher in Southwestern Ontario followed by Metropolitan Toronto and Central Ontario. These numbers seem to correspond with the absence of assessment offices in Northern and Eastern Ontario, although this assertion cannot be confirmed with the available data.

**Figure 2. Respondents accessing the ADP by region**



388/446 responding





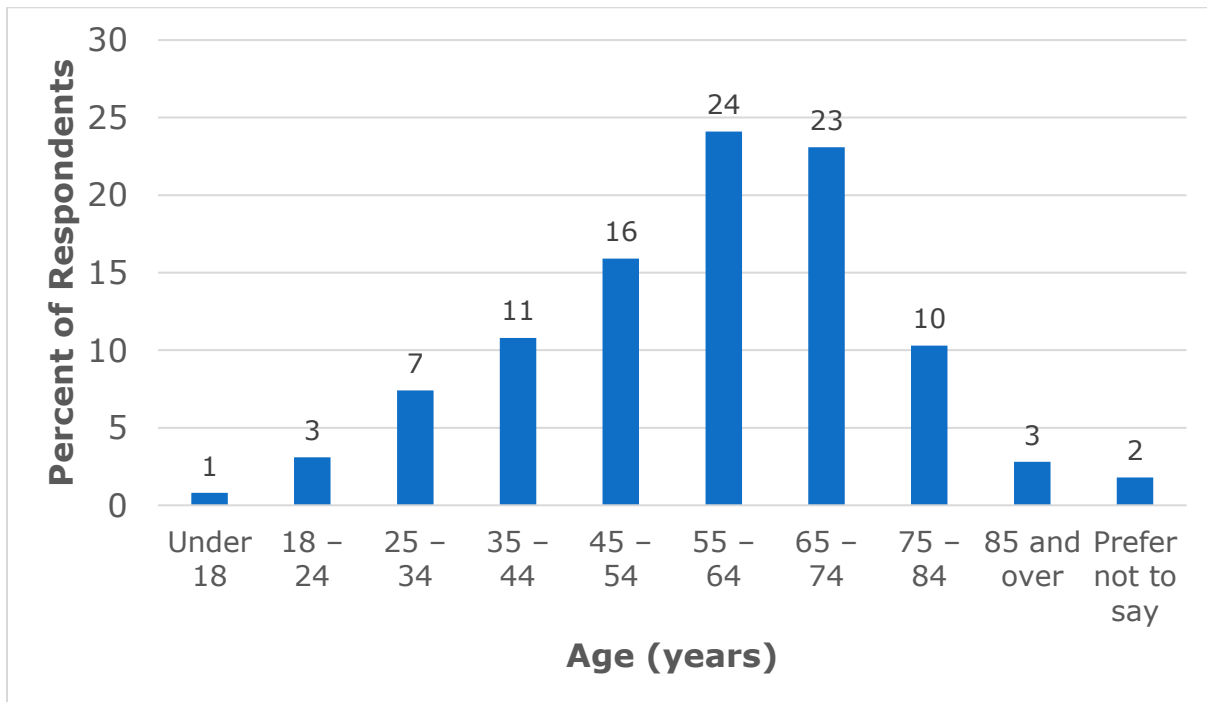
**Table 3. Respondents accessing the ADP by region**

Provincial Region	Respondents Accessing ADP %
Northern Ontario	53
Southwestern Ontario	85
Metropolitan Toronto	81
Central Ontario	73
Eastern Ontario	56

### 4.1.3 Respondents by age

Almost two-thirds (61%) of respondents were of working age (**Figure 3**). It is not unreasonable to assume that this group would be using their devices primarily for purposes related to their employment or for gaining employment.

**Figure 3. Percent of respondents by age**



390/446 responding



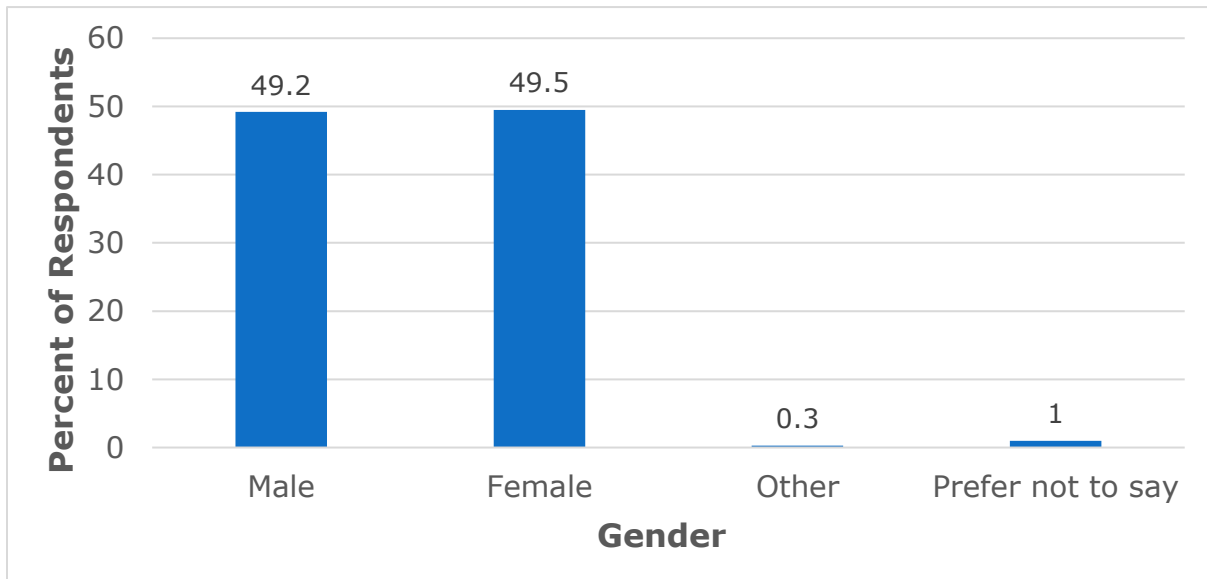
**Table 4. Percent of respondents by age**

Age	Percent of Respondents
Under 18	1
18 – 24	3
25 – 34	7
35 – 44	11
45 – 54	16
55 – 64	24
65 – 74	23
75 – 84	10
85 and over	3
Prefer not to say	2

#### 4.1.4 Respondents by gender

Respondents were almost equally divided between male and female respondents (**Figure 4**)

**Figure 4. Percent of respondents by gender**



384/446 responding



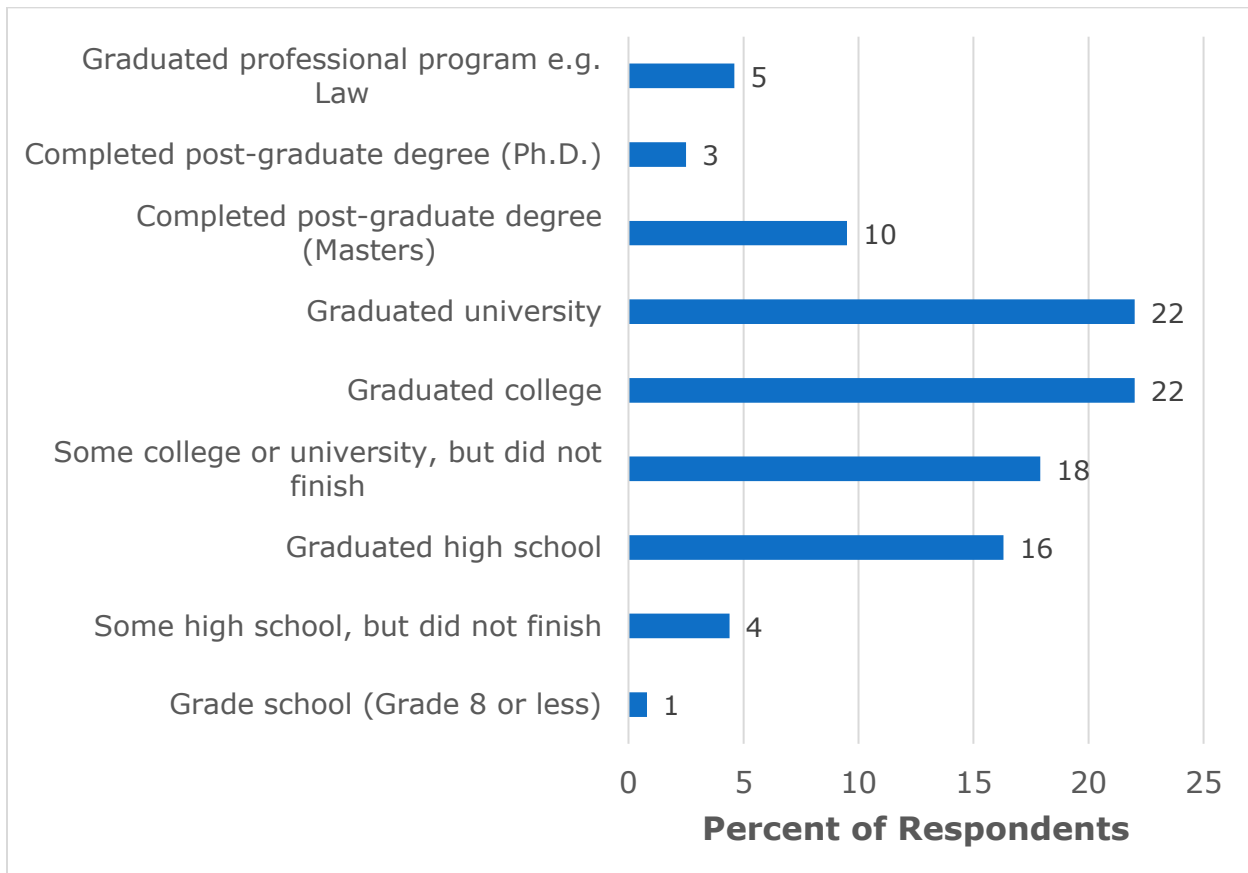
**Table 5. Percent of respondents by gender**

Gender	Percent of respondents
Male	49.2
Female	49.5
Other	0.3
Prefer not to say	1

#### 4.1.5 Respondents by level of education

Almost two-thirds of respondents (61%) had graduated from college, university or a professional program, with a further 18% having attended college or university without graduating (**Figure 5**).

**Figure 5. Respondents by level of education**



368/466 responding



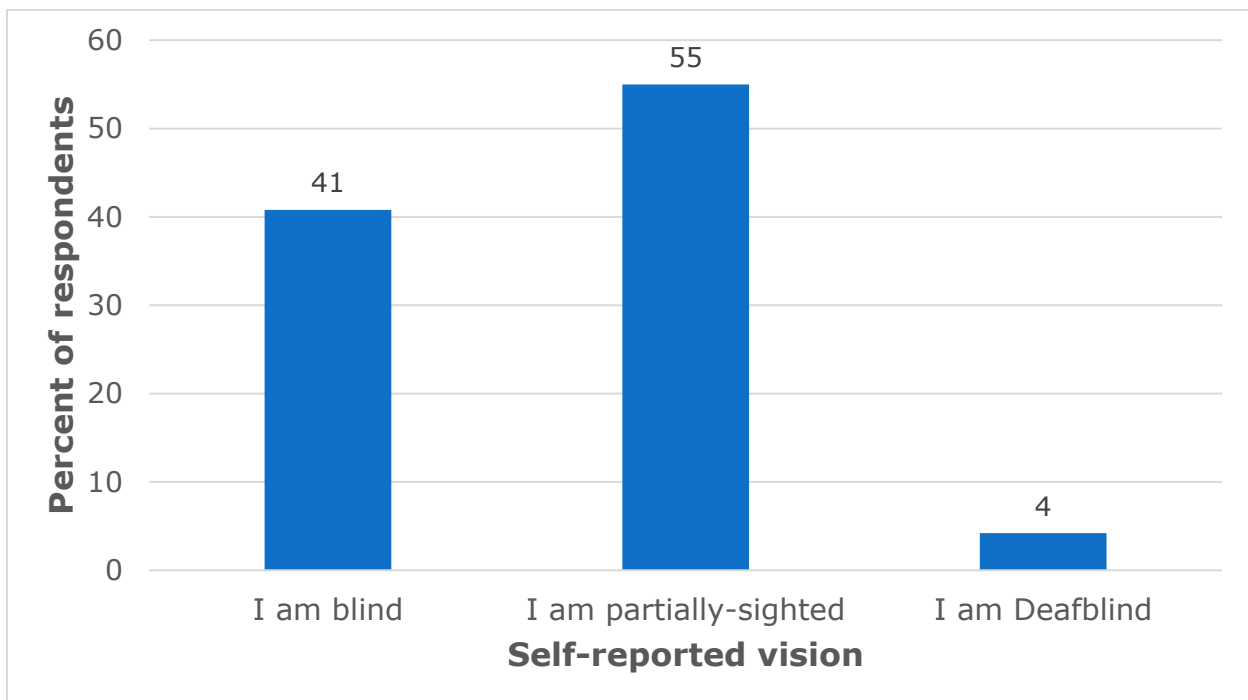
**Table 6. Respondents by level of education**

<b>Level of education.</b>	<b>Percent of respondents</b>
Grade school (Grade 8 or less)	1
Some high school, but did not finish	4
Graduated high school	16
Some college or university, but did not finish	18
Graduated college	22
Graduated university	22
Completed post-graduate degree (Masters)	10
Completed post-graduate degree (Ph.D.)	3
Graduated professional program e.g. Law	5

#### 4.1.6 Respondents by level of vision loss

Respondents self-identified their level of vision loss. (Figure 6) No definition of vision loss was provided. 41% of respondents identified as being blind, with 55% being partially-sighted and 4% being deaf-blind.

**Figure 6. Respondents by level of vision loss**



382/446 responding



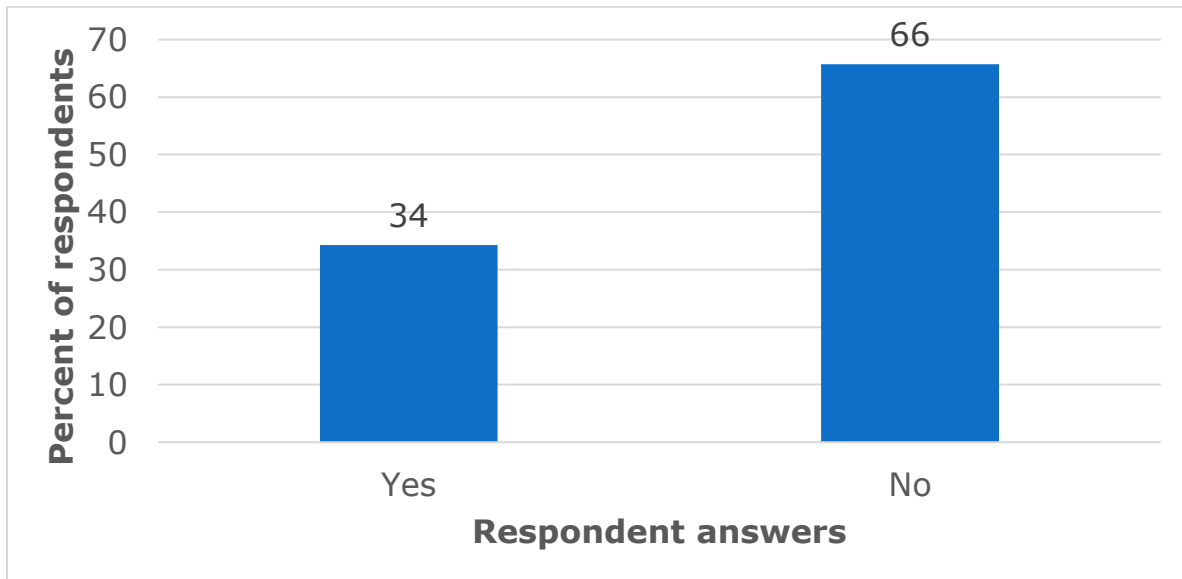
**Table 7. Respondents by level of vision loss**

<b>Self-reported vision</b>	<b>Percent of respondents</b>
I am blind	41
I am partially-sighted	55
I am Deafblind	4

#### 4.1.7 Disabilities other than sight loss

34% of respondents said that they had a disability other than sight loss (**Figure 7**). In a previous study conducted by CCB<sup>ii</sup> the percent of respondents saying they had an additional disability was 28%. The most frequent disability other than vision loss was hearing disability (**Figure 8**), accounting for 36% of respondents who had another disability.

**Figure 7. Disabilities other than sight loss**



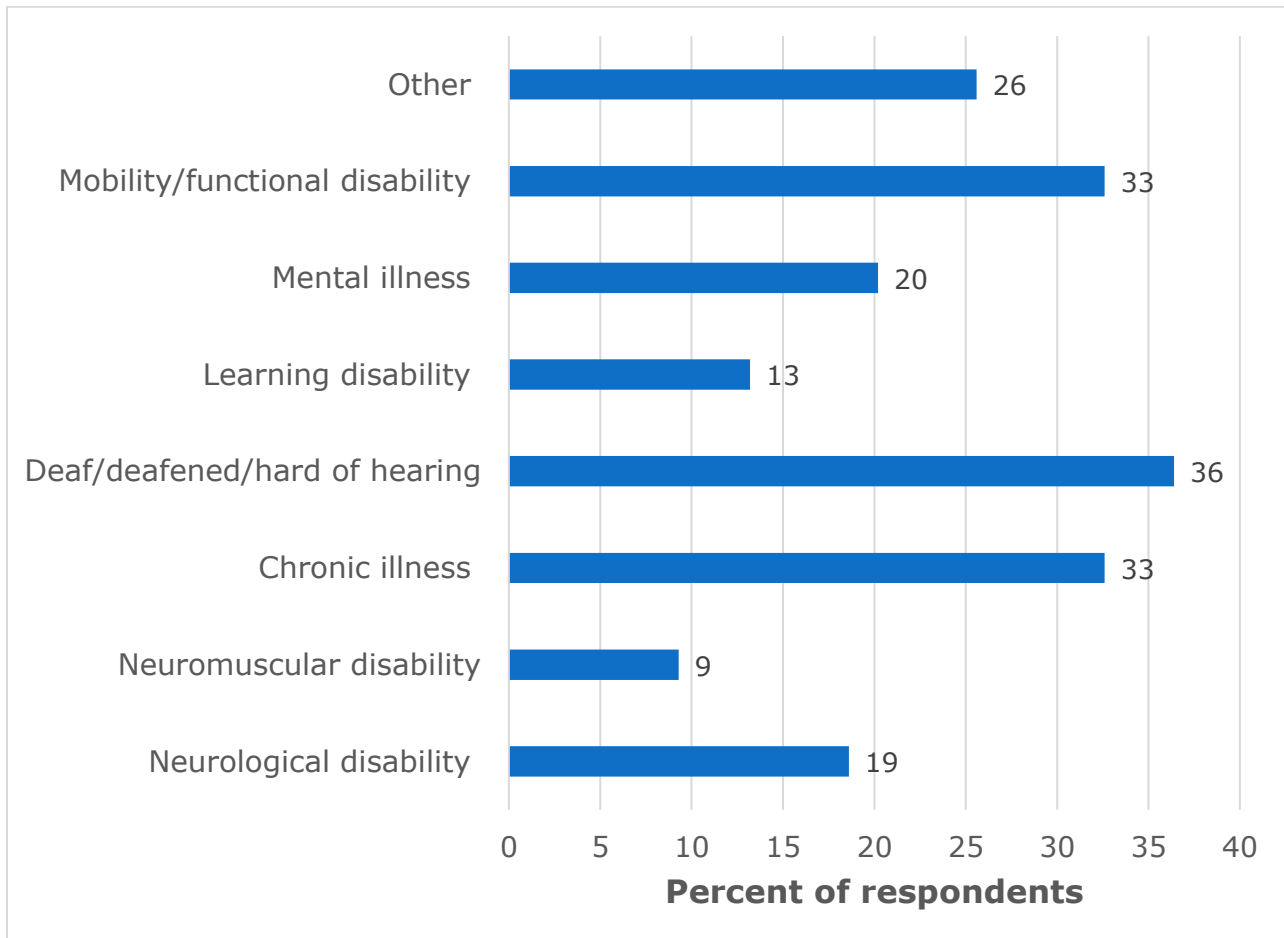
373/446 responding



**Table 8. Disabilities other than sight loss**

<b>Respondent answers</b>	<b>Percent of respondents</b>
Yes	34
No	66

**Figure 8. Additional disabilities for people with vision loss**



129/466 responding



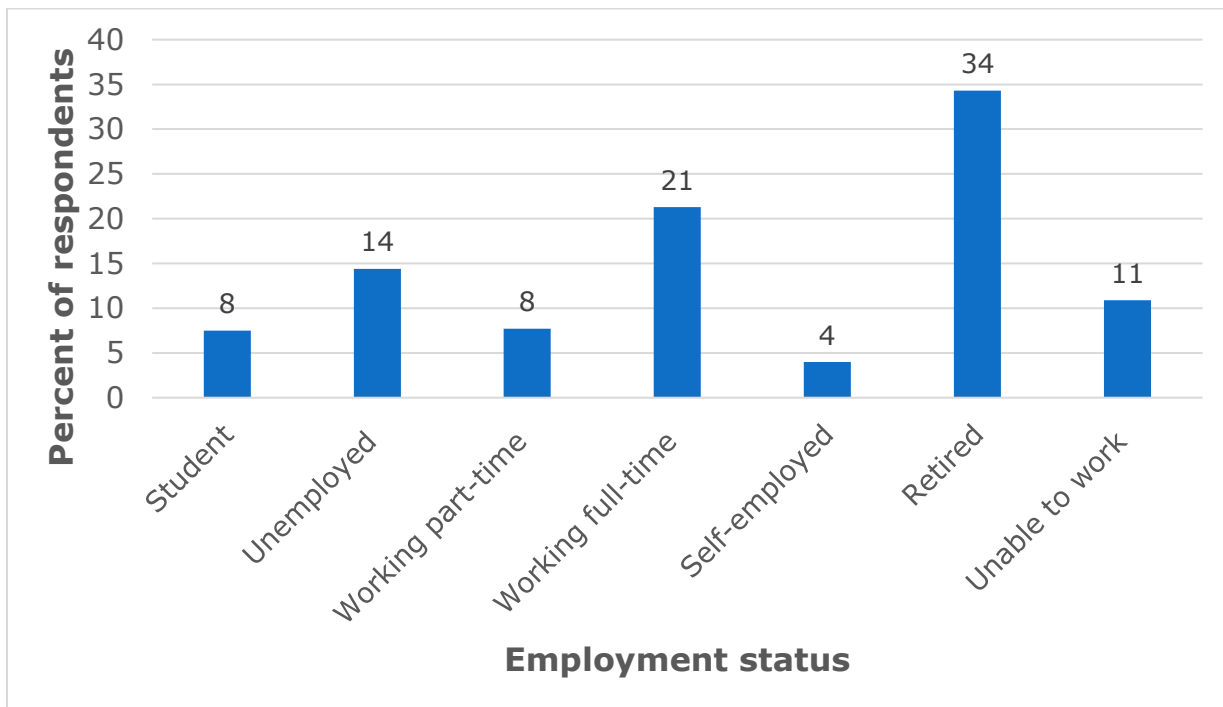
**Table 9. Additional disabilities for people with vision loss**

<b>Disability type</b>	<b>Percent of respondents</b>
Neurological disability	19
Neuromuscular disability	9
Chronic illness	33
Deaf/deafened/hard of hearing	36
Learning disability	13
Mental illness	20
Mobility/functional disability	33
Other	26

#### 4.1.8 Employment status of respondents at time of application to the ADP

33% of respondents were working either part or full time or were self-employed (**Figure 9**). This number was consistent with the previous survey conducted by CCB<sup>1</sup> wherein 33% of respondents said that they were working either full or part-time or were self-employed prior to the onset of the pandemic.

**Figure 9. Employment status at time of application to the ADP**



376/446 responding



**Table 10. Employment status at time of application to the ADP**

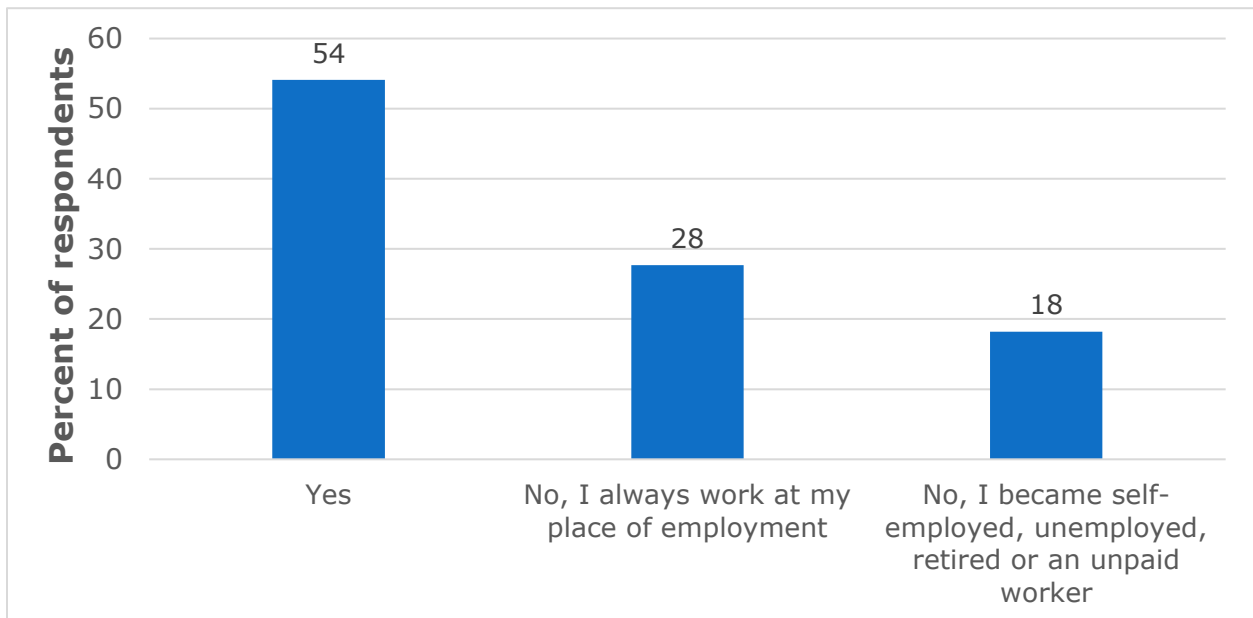
<b>Employment Status</b>	<b>Percent of respondents</b>
Student	8
Unemployed	14
Working part-time	8
Working full-time	21
Self-employed	4
Retired	34
Unable to work	11

### 4.1.9 Employment

To better understand the device needs of respondents, we asked about work locations and employers. More than half the respondents to this question (54%) (**Figure 10**) said they worked from home for an employer, with 28% saying they always worked at their place of employment.

When asked whether they had to supply their own equipment in order to work either at home or their place of employment more than half the respondents (53%) replied that they had to supply their own equipment either entirely, or in part (**Figure 11**.)

**Figure 10. Location of employment (Have you worked from home for an employer all or some of the time since the pandemic?)**



n=159

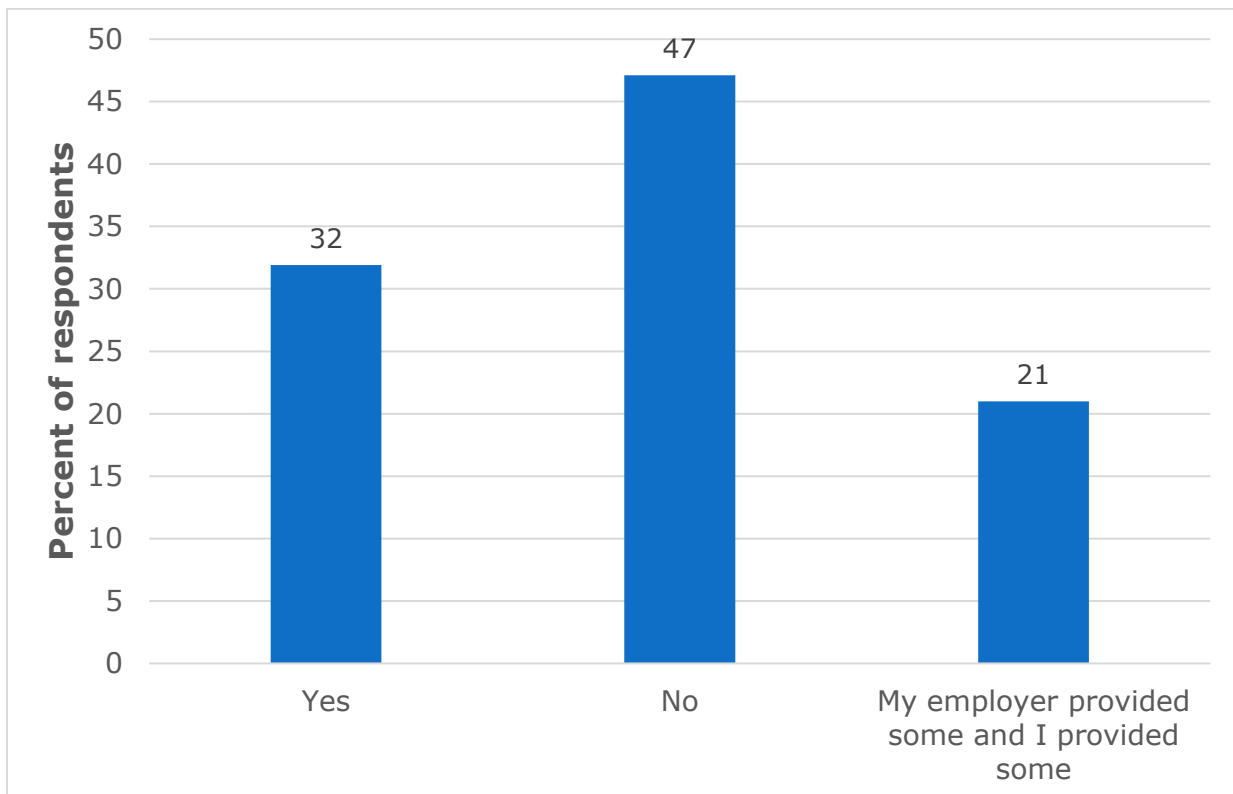




**Table 11. Location of employment (Have you worked from home for an employer all or some of the time since the pandemic?)**

<b>Do you work from home for an employer?</b>	<b>Percent of respondents</b>
Yes	54
No, I always work at my place of employment	28
No, I became self-employed, unemployed, retired or an unpaid worker	18

**Figure 11. Self-supplied equipment (Did you have to supply your own equipment or software in order to work either at home or at your place of employment?)**



n=157



**Table 12. Self-supplied equipment (Did you have to supply your own equipment or software in order to work either at home or at your place of employment?)**

Do you have to supply your own equipment?	Percent of respondents
Yes	32
No	47
My employer provided some and I provided some	21

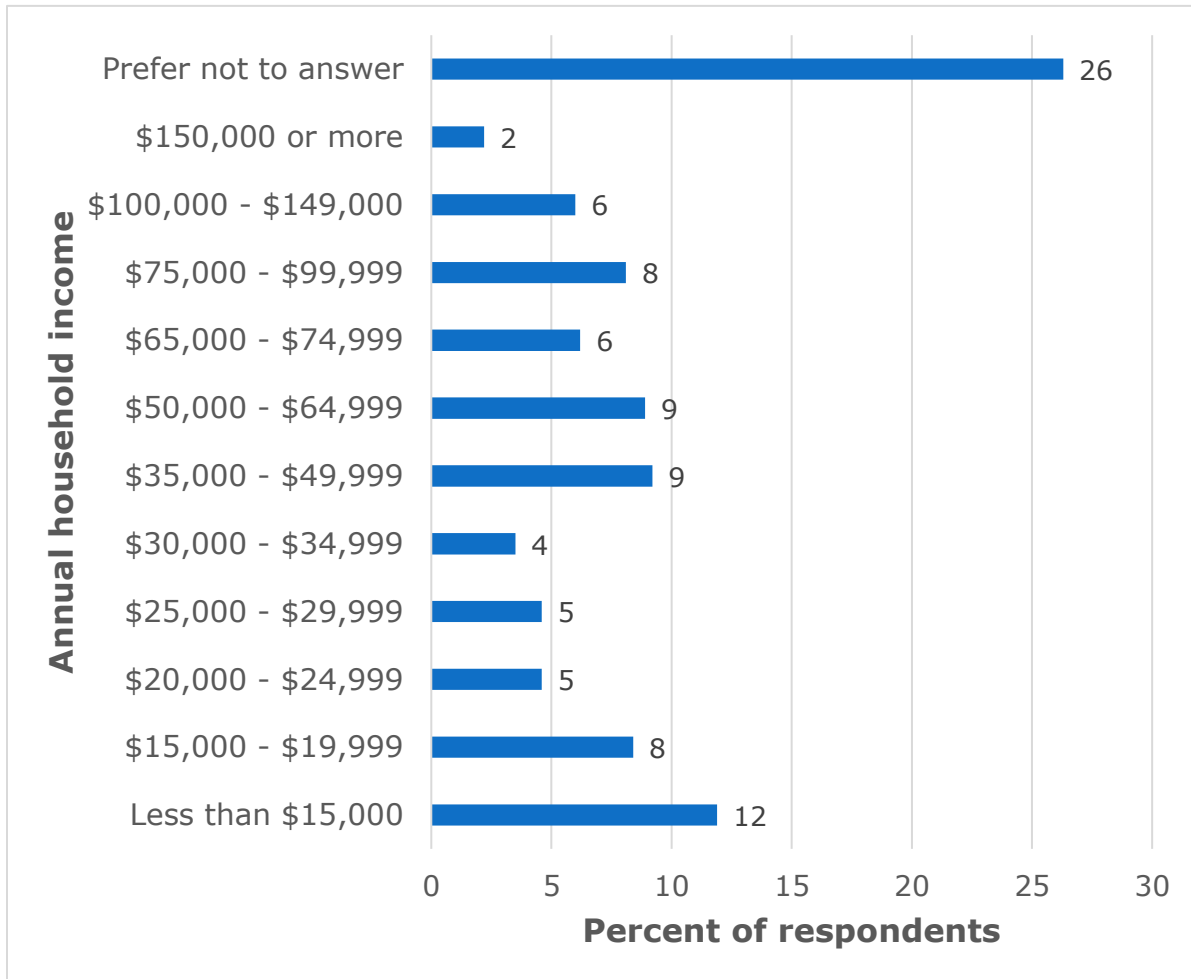
**4.1.10 Household income**

As with employment, it is important to understand the overall available funds that people living with vision loss (VL) have to spend on the devices they need. This survey found that one third of respondents (33%) had household incomes before tax of less than \$35,000 and 42% had household incomes before tax of less than \$50,000. (Figure 12) This profile shows a community with few extra funds to spend on anything other than necessities.

Respondents were also asked if they received financial assistance through the Ontario Disability Support Program (ODSP). 68% of respondents said that they did not receive financial support through the ODSP.



**Figure 12. Annual household income before tax**



369/446 responding.



**Table 13. Annual household income before tax**

<b>Annual household income</b>	<b>Percent of respondents</b>
Less than \$15,000	12
\$15,000 - \$19,999	8
\$20,000 - \$24,999	5
\$25,000 - \$29,999	5
\$30,000 - \$34,999	4
\$35,000 - \$49,999	9
\$50,000 - \$64,999	9
\$65,000 - \$74,999	6
\$75,000 - \$99,999	8
\$100,000 - \$149,000	6
\$150,000 or more	2
Prefer not to answer	26

#### 4.1.11 Device purchases and the ADP

78% of respondents said that they had purchased a visual aid device or white cane in the past 5 years. All respondents were subsequently asked if they had applied to the ADP in the past 5 years. 73% of respondents said that they had applied to the ADP in the past five years. Of those people who had purchased a device in the past five years, 83% said they had applied to the ADP for financial assistance.

The next section of questions were only asked of people who had accessed the ADP over the past five years. All others were referred to the questions in **Table 40**



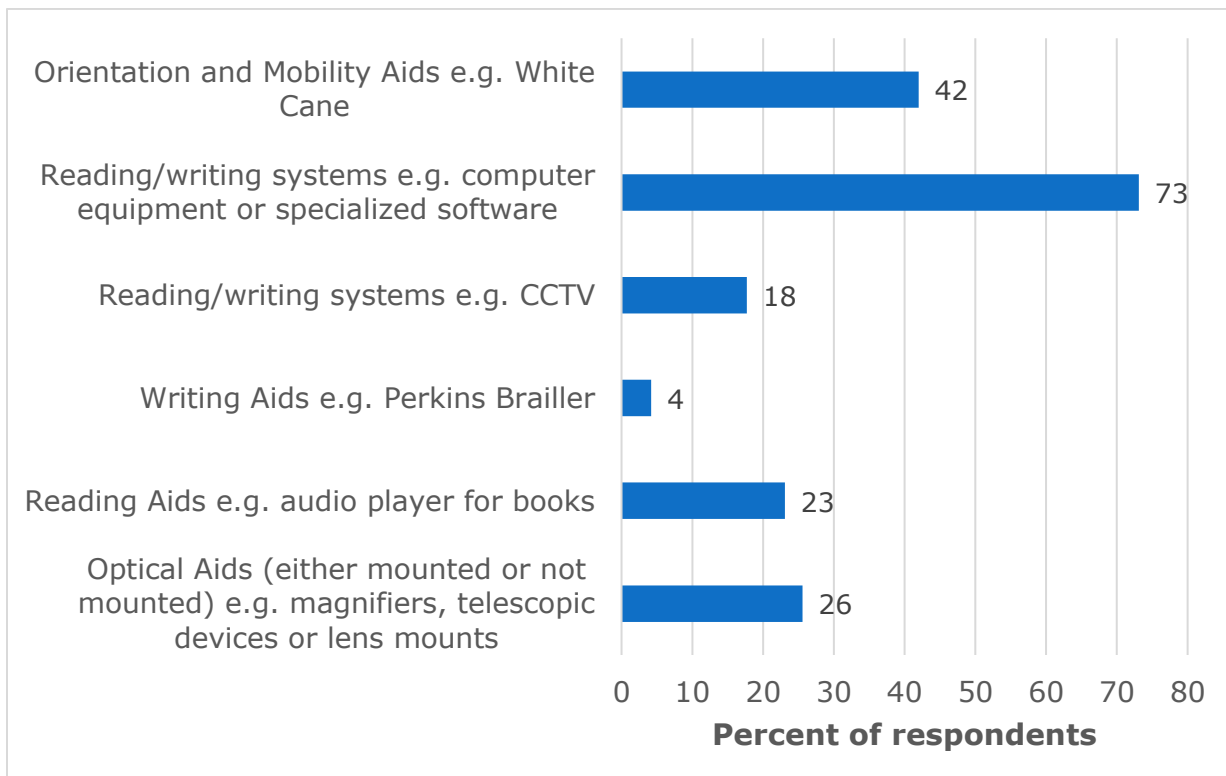
## 4.2 Responses by People Who Had Applied to the ADP

265 people indicated that they had applied to the ADP for funding support in the last five years.

### 4.2.1 Types of devices for which financial support was applied for

Survey respondents were asked which category of visual aid device they had applied for within the past five years. The device category mentioned most frequently was reading/writing systems such as a computer or specialized software, with 73% of respondents having applied for funding for a device within this category. (Figure 13) The second most mentioned device category was orientation and mobility aids e.g. a white cane, with 42% having applied for funding within this category.

**Figure 13. Devices applied for by respondents**



238/265 responding



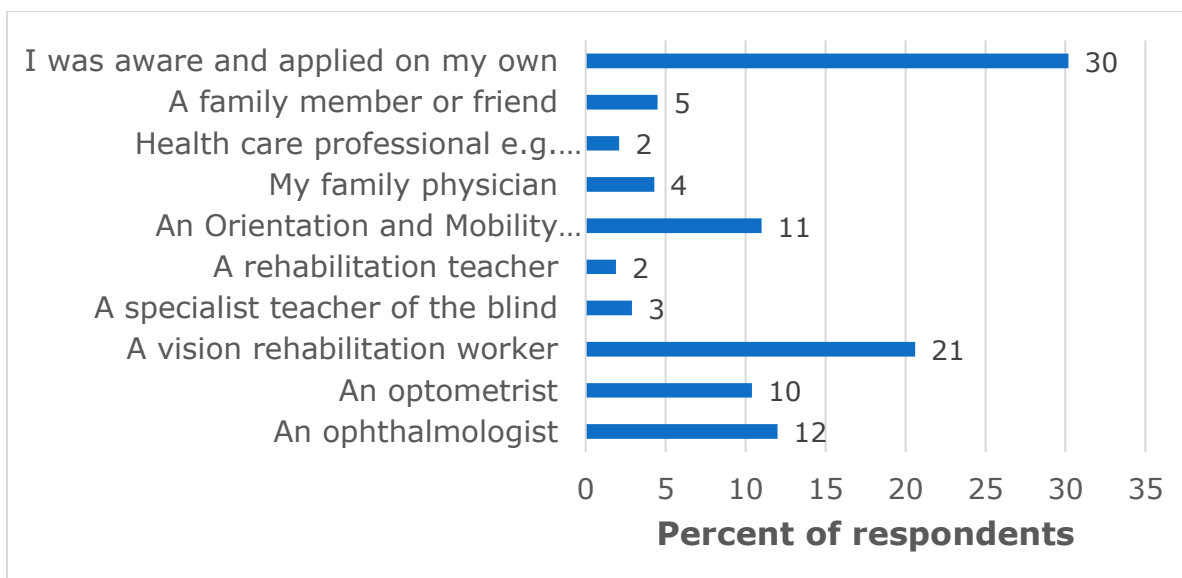
**Table 14. Devices applied for by respondents**

<b>Device Category</b>	<b>Percent of respondents</b>
Optical Aids (either mounted or not mounted) e.g. magnifiers, telescopic devices or lens mounts	26
Reading Aids e.g. audio player for books	23
Writing Aids e.g. Perkins Braille	4
Reading/writing systems e.g. CCTV	18
Reading/writing systems e.g. computer equipment or specialized software	73
Orientation and Mobility Aids e.g. White Cane	42

#### 4.2.2 Person referring to the ADP

Respondents were asked who recommended they apply for the ADP. The largest number of respondents (30%) said that they self-referred as they were aware of the program. Vision rehabilitation professionals and orientation and mobility instructors combined accounted for almost a third of referrals (32%), with eye doctors (ophthalmologists and optometrists combined) accounting for about one quarter of the referrals (22%) (**Figure 14**)

**Figure 14. Person referring to the ADP**



244/265 responding



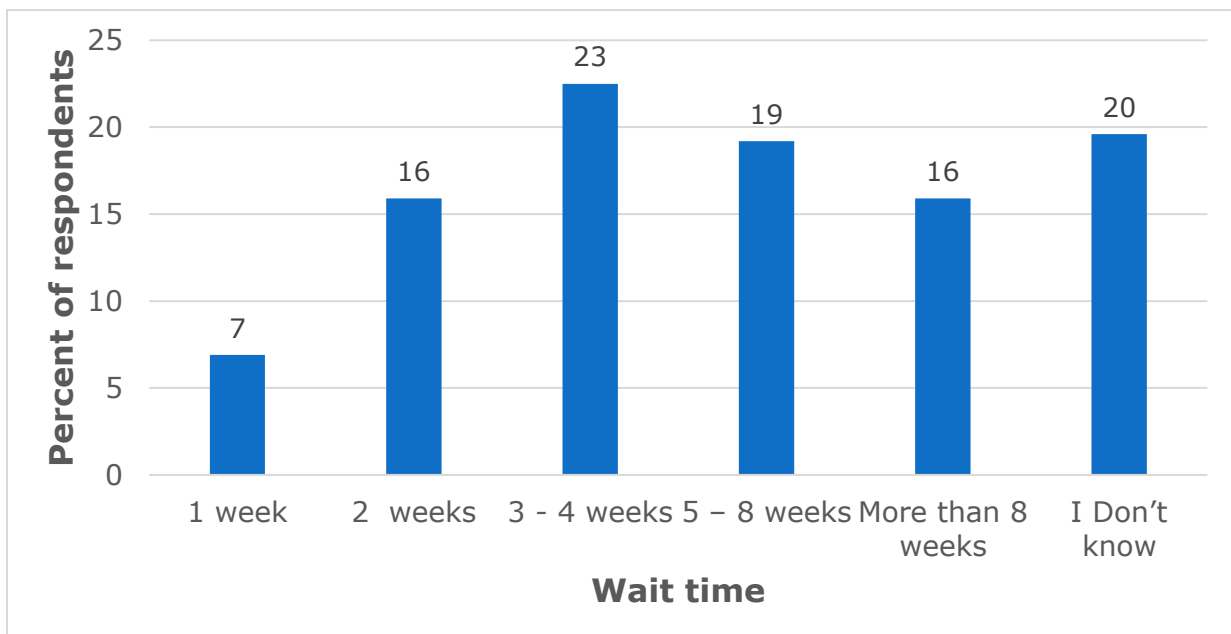
**Table 15. Person referring to the ADP**

Referring person	Percent of respondents
An ophthalmologist	12
An optometrist	10
A vision rehabilitation worker	21
A specialist teacher of the blind	3
A rehabilitation teacher	2
An Orientation and Mobility Instructor	11
My family physician	4
Health care professional e.g. occupational therapist	2
A family member or friend	5
I was aware and applied on my own	30

#### 4.2.3 Wait time for authorizer.

Respondents were asked how long they had to wait for their appointment for the authorizer. 35% of respondents took five weeks or longer to get an appointment with the authorizer with one in six respondents (16%) taking longer than 8 weeks. (**Figure 15**)

**Figure 15. Wait time for authorizer**



245/265 responding



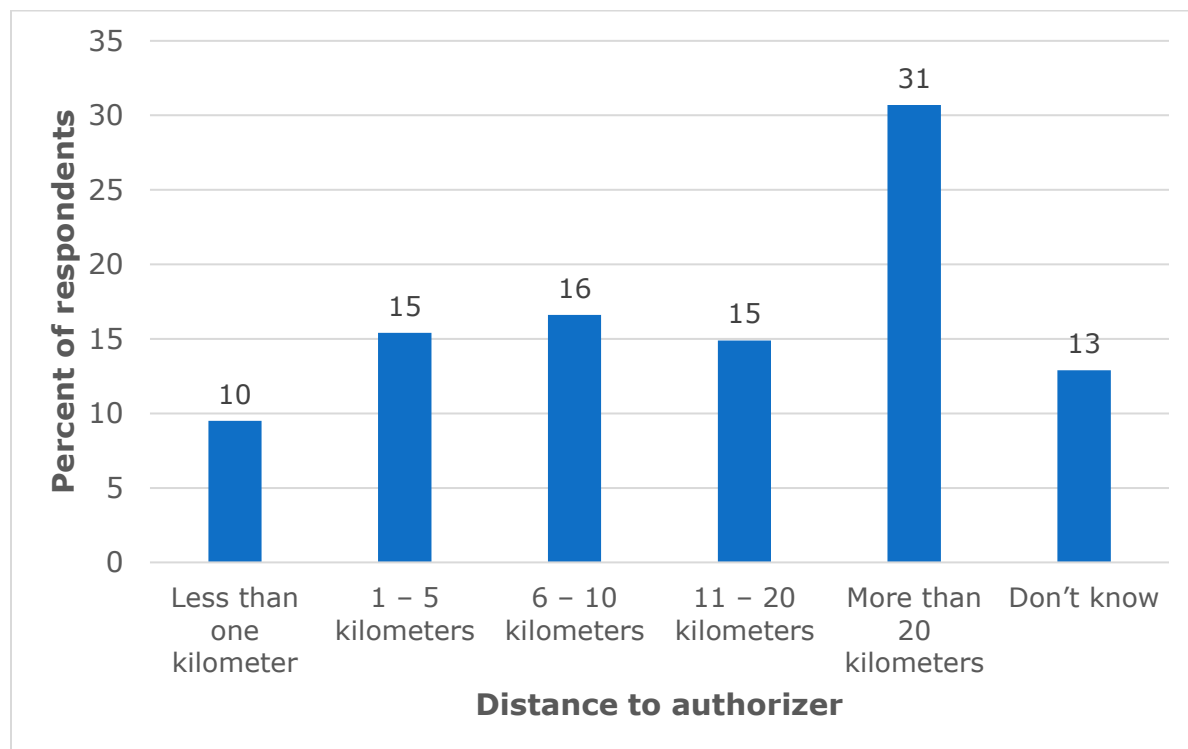
**Table 16. Wait time for authorizer**

<b>Wait time</b>	<b>Percent of respondents</b>
1 week	7
2 weeks	16
3 - 4 weeks	23
5 - 8 weeks	19
More than 8 weeks	16
I don't know	20

#### 4.2.4 Distance to authorizer

Respondents were asked how far they had to travel from their home to their appointment with the authorizer. 31% said that they had to travel more than 20 kilometres to their appointment; a further 15% travelled between 11 and 20 kilometres. (Figure 16). Distance travel is a challenge for people living with vision loss. The fact that almost a third of respondents had to travel more than 20 kilometres is an issue that needs attention.

**Figure 16. Distance to authorizer**



241/265 responding





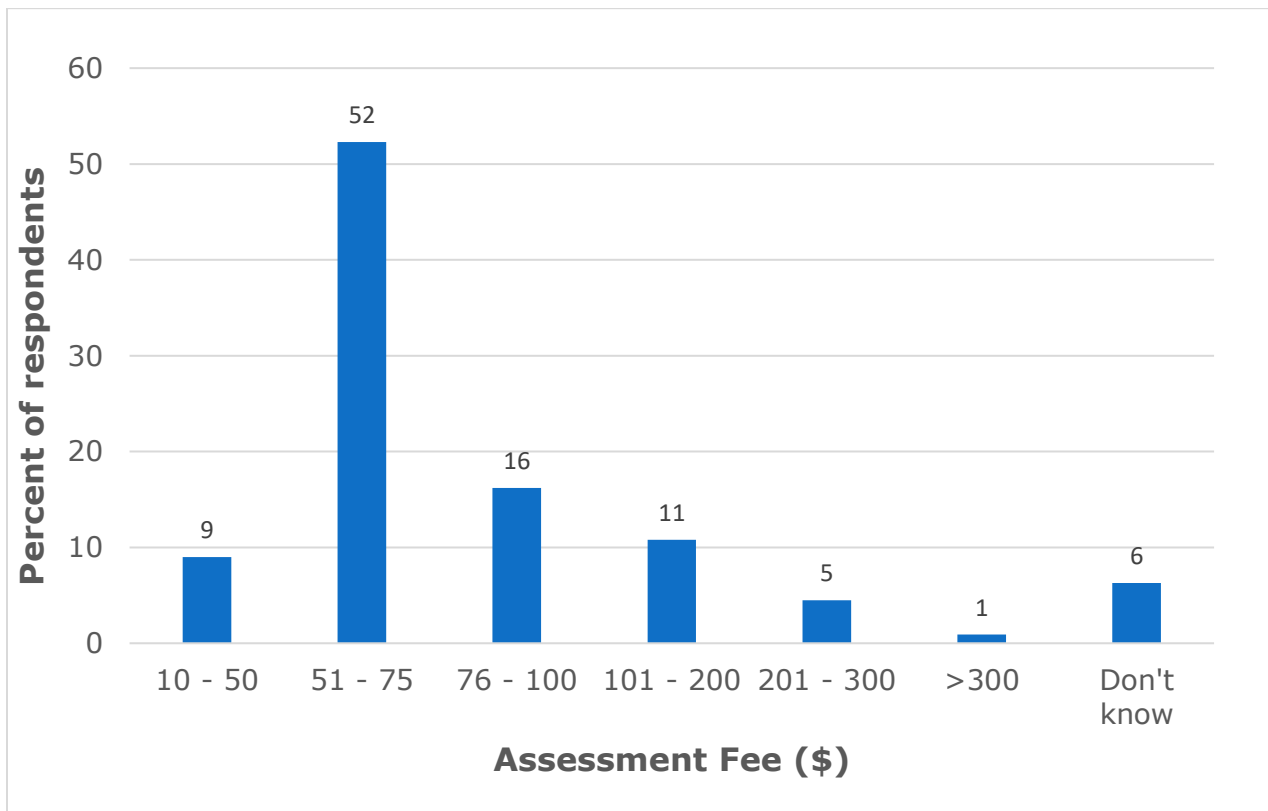
**Table 17. Distance to authorizer**

<b>Distance to authorizer</b>	<b>Percent of respondents</b>
Less than one kilometre	10
1 – 5 kilometres	15
6 – 10 kilometres	17
11 – 20 kilometres	15
More than 20 kilometres	31
Don't know	13

#### 4.2.5 Payment to authorizer

52% of respondents said that they were required to pay for the assessment by the authorizer. When asked what the fee was, respondents reported a wide range of fees charged ranging from \$10 to \$350 (**Figure 17**), the most common fee being \$75, which was the fee reported by 49% of respondents.

**Figure 17. Assessment fees paid to authorizer**



111/265 responding



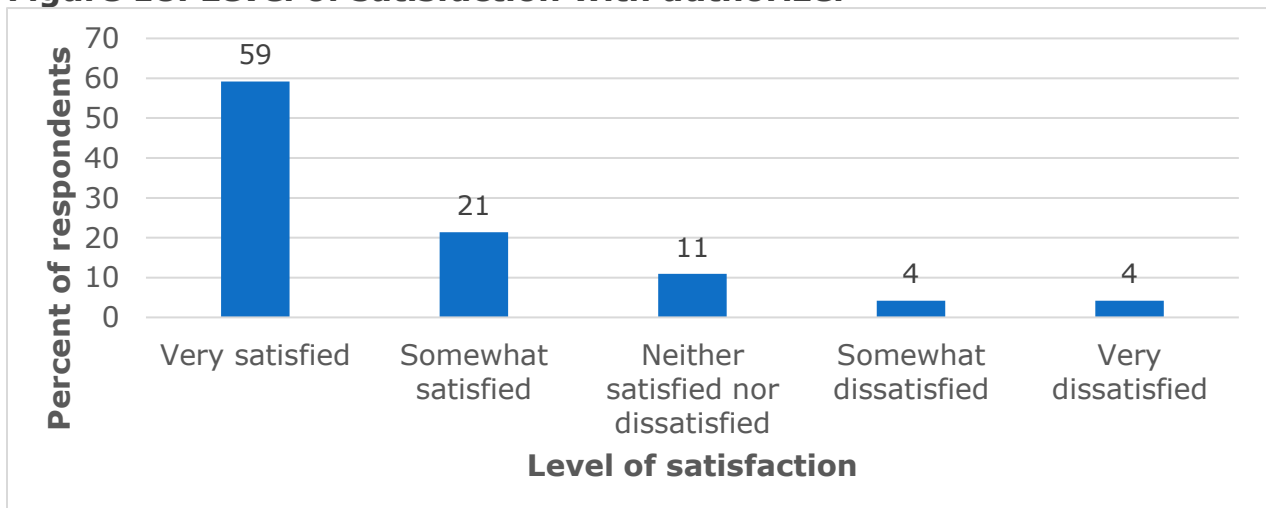
**Table 18. Assessment fees paid to authorizer**

Assessment Fee	Percent of respondents
10 - 50	9
51 - 75	52
76 - 100	16
101 - 200	11
201 - 300	5
>300	1
Don't know	6

#### 4.2.6 Satisfaction with authorizer

Respondents were asked how satisfied they were with their appointment by the authorizer. 81% of respondents reported that they were somewhat satisfied or very satisfied with their assessment by the authorizer (**Figure 18.**) For those that were somewhat dissatisfied or very dissatisfied with their assessment by the authorizer, the main reason was the length of time to get an appointment (42% of responses) (**Figure 19**) followed by length of time for the appointment itself (35% of responses) and lack of knowledge of authorizer and poor customer service (31% of responses each). The other responses reported included comments about lack of knowledge of the authorizer about accessible technology, ADP and how to fill out ADP forms and ADP.

**Figure 18. Level of satisfaction with authorizer**



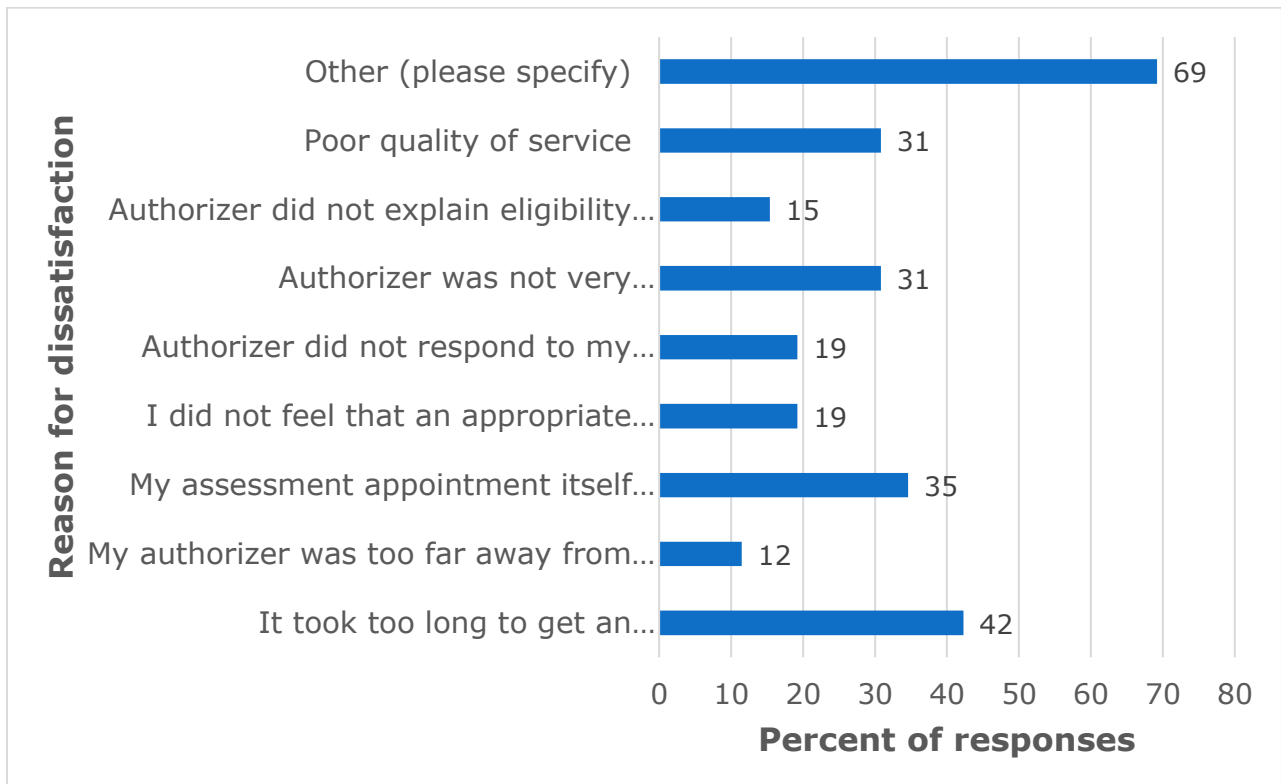
**238/265 responding**



**Table 19. Level of satisfaction with authorizer**

<b>Level of Satisfaction with authorizer</b>	<b>Percent of respondents</b>
Very satisfied	59
Somewhat satisfied	21
Neither satisfied nor dissatisfied	11
Somewhat dissatisfied	4
Very dissatisfied	4

**Figure 19. Reason for dissatisfaction with authorizer**



26/265 responding



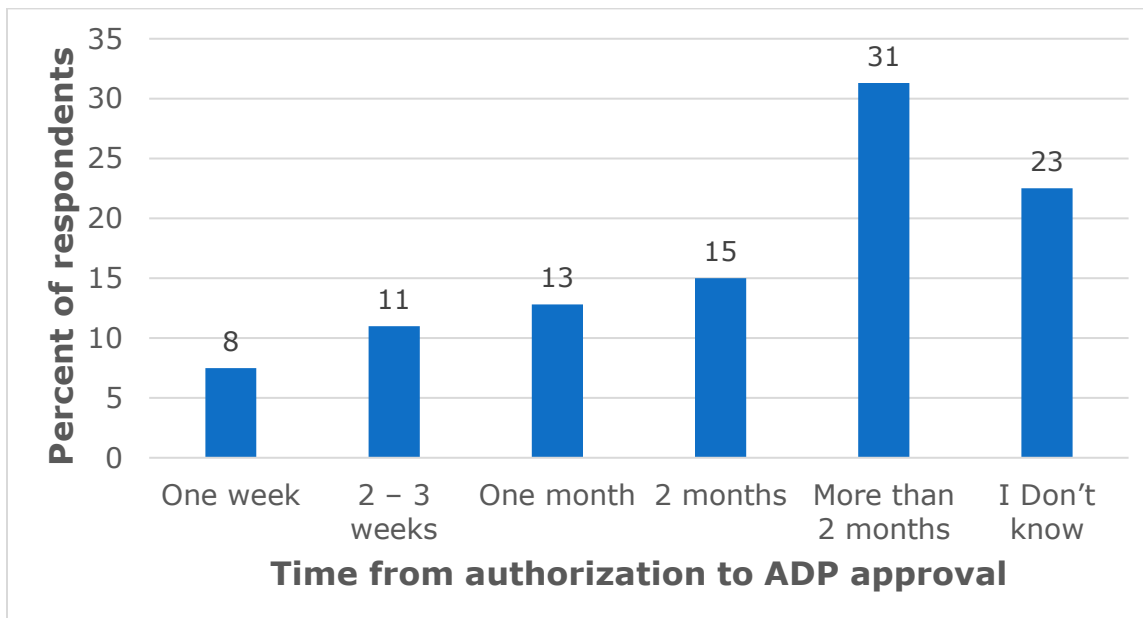
**Table 20 Reason for dissatisfaction with authorizer**

Reason for dissatisfaction	Percent of responses
It took too long to get an appointment to see the authorizer	42
My authorizer was too far away from my home	12
My assessment appointment itself took too long	35
I did not feel that an appropriate device was recommended	19
Authorizer did not respond to my needs	19
Authorizer was not very knowledgeable	31
Authorizer did not explain eligibility requirements very well	15
Poor quality of service	31
Other (please specify)	69

#### 4.2.7 Time from authorization to ADP approval

Respondents were asked how long it took from the time they met with their authorizer to the time that the ADP gave its approval to purchase the device. 46% of respondents said that it took 2 months or more with almost a third (31%) reporting that it took more than 2 months. (**Figure 20**)

**Figure 20. Time from authorization to ADP approval**



227/265 responding



**Table 21. Time from authorization to ADP approval**

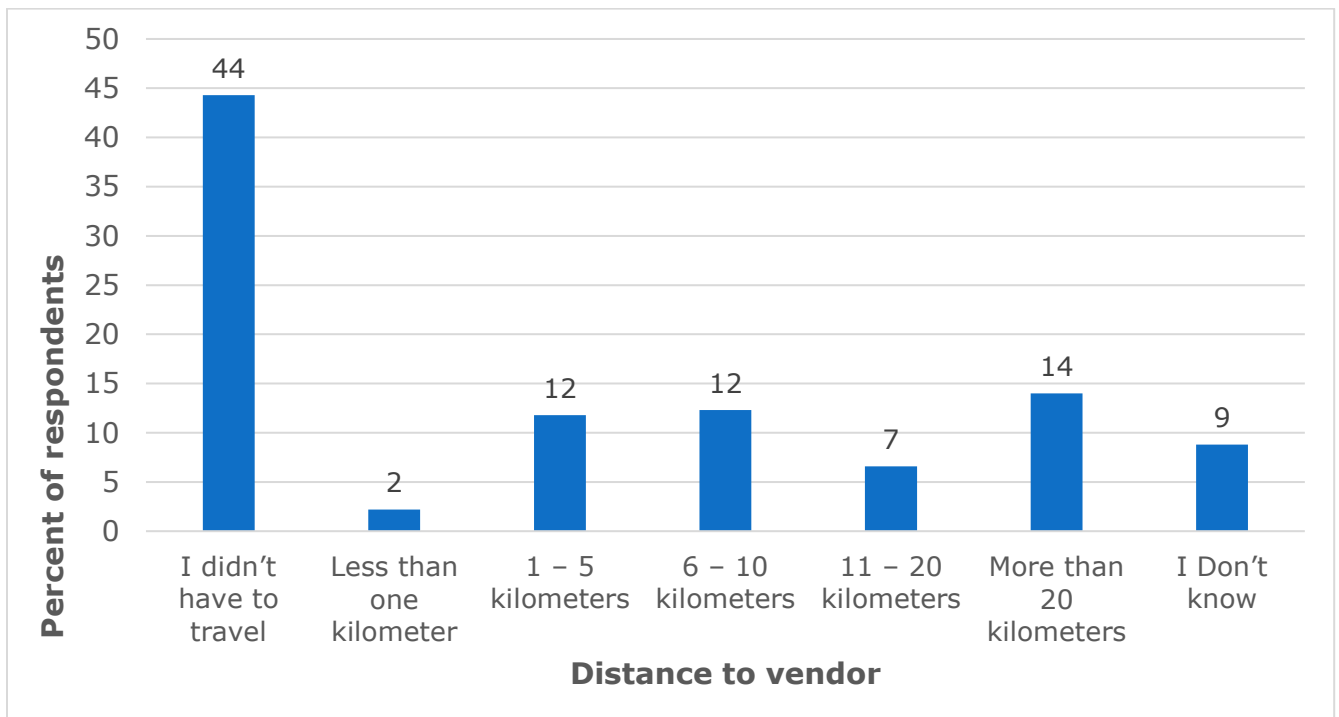
<b>Time from authorization to ADP approval</b>	<b>Percent of respondents</b>
One week	8
2 – 3 weeks	11
One month	13
2 months	15
More than 2 months	31
I Don't know	23

#### 4.2.8 Distance to vendor

Respondents were asked how far they had to travel to the vendor to acquire their device after they had been authorized to purchase it.

About one fifth of the respondents (21%) had to travel more than 10 kilometres with 14% of respondents having to travel more than 20 kilometres. 44% of respondents did not have to travel at all to acquire their device. (Figure 21)

**Figure 21. Distance to vendor**



Responding 228/265



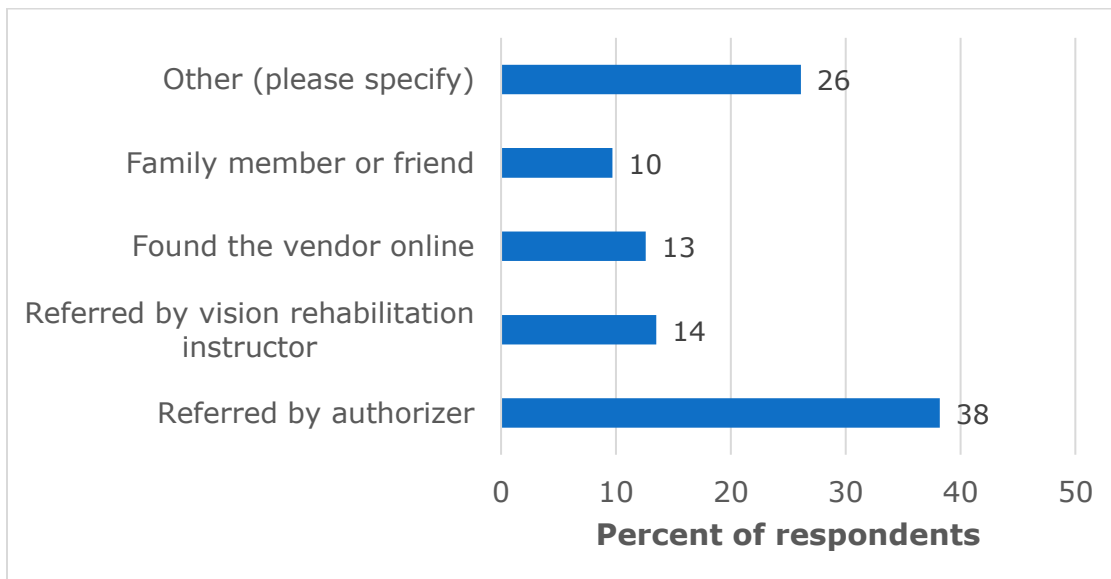
**Table 22. Distance to vendor**

<b>Distance to vendor</b>	<b>Percent of respondents</b>
I didn't have to travel	44
Less than one kilometre	2
1 – 5 kilometres	12
6 – 10 kilometres	12
11 – 20 kilometres	7
More than 20 kilometres	14
I Don't know	9

### 4.2.9 Finding a vendor

Respondents were asked how they found an ADP authorized vendor. The largest number of people were referred by their authorizer (38%) with 14% of respondents having been referred by their vision rehabilitation instructor and 13% found their vendor online. 26% of respondents said they found their vendor in some other way.([Figure 22](#)) A large number of those indicating they had found their vendor some other way reported going to a vendor they had used before, while a number of people said they had purchased their device online.

**Figure 22. How a vendor was found**



238/265 responding



**Table 23. How a vendor was found**

How vendor was located	Percent respondents
Referred by authorizer	38
Referred by vision rehabilitation instructor	14
Found the vendor online	13
Family member or friend	10
Other (please specify)	26

#### 4.2.10 Pricing of Device

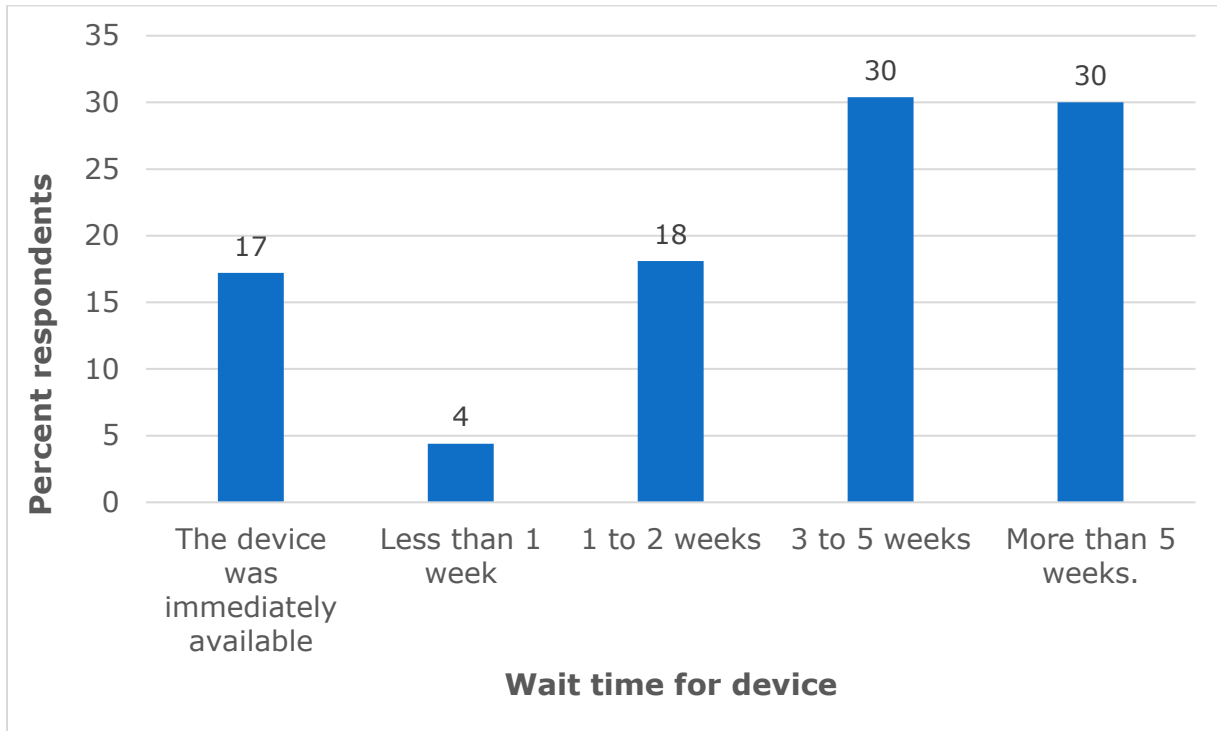
Respondents were asked whether they had compared pricing from more than one ADP authorized vendor. 32% of respondents said that they had compared pricing. They were further asked whether they thought they were getting a fair price for their device from their vendor. 77% of this group said that they felt they were getting a fair price. Respondents who felt they were not getting a fair deal were asked to explain why they felt this was the case. Forty eight people offered their explanation, most of whom said that the device offered by the vendor was too expensive. A number said that they could purchase their device from a non-approved vendor at a lower price.



#### 4.2.11 Device Availability from vendor

Respondents were asked how soon their authorized device was available. 61% of respondents said that the wait time for their device was over 3 weeks with 31% of respondents saying that it took more than 5 weeks. (Figure 23)

**Figure 23. Wait time for device from vendor**



227/265 responding

**Table 24. Wait time for device from vendor**

Wait time for device	Percent respondents
The device was immediately available	17
Less than 1 week	4
1 to 2 weeks	18
3 to 5 weeks	30
More than 5 weeks.	30

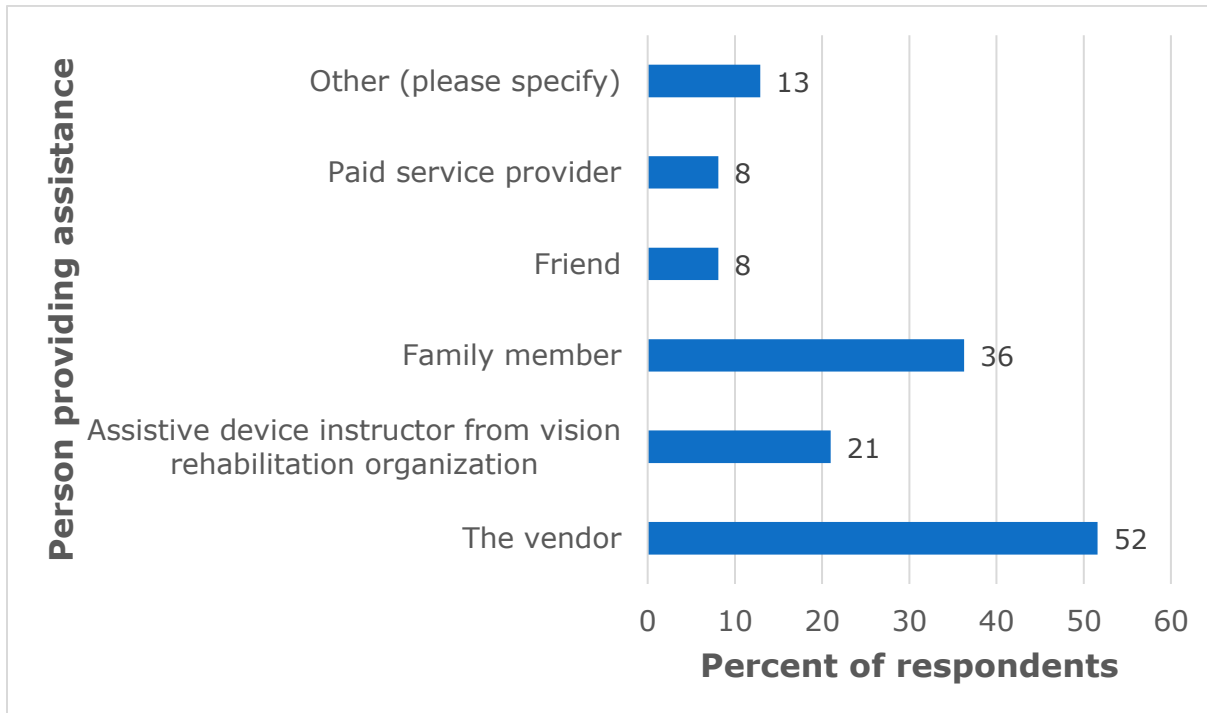




#### 4.2.12 Assistance with set up of device

Respondents were asked if they needed help with the set up and configuration of their device. 58% of respondents reported that they did need assistance with the set up and configuration of their device. Most respondents (52%) said they received this assistance from the vendor (**Figure 24**) with 36% of respondents reporting having received this assistance from family members.

**Figure 24. Assistance with set up of device**



124/265 responding

**Table 25. Assistance with set up of device**

Person providing assistance	Percent of respondents
The vendor	52
Assistive device instructor from vision rehabilitation organization	21
Family member	36
Friend	8
Paid service provider	8
Other (please specify)	13



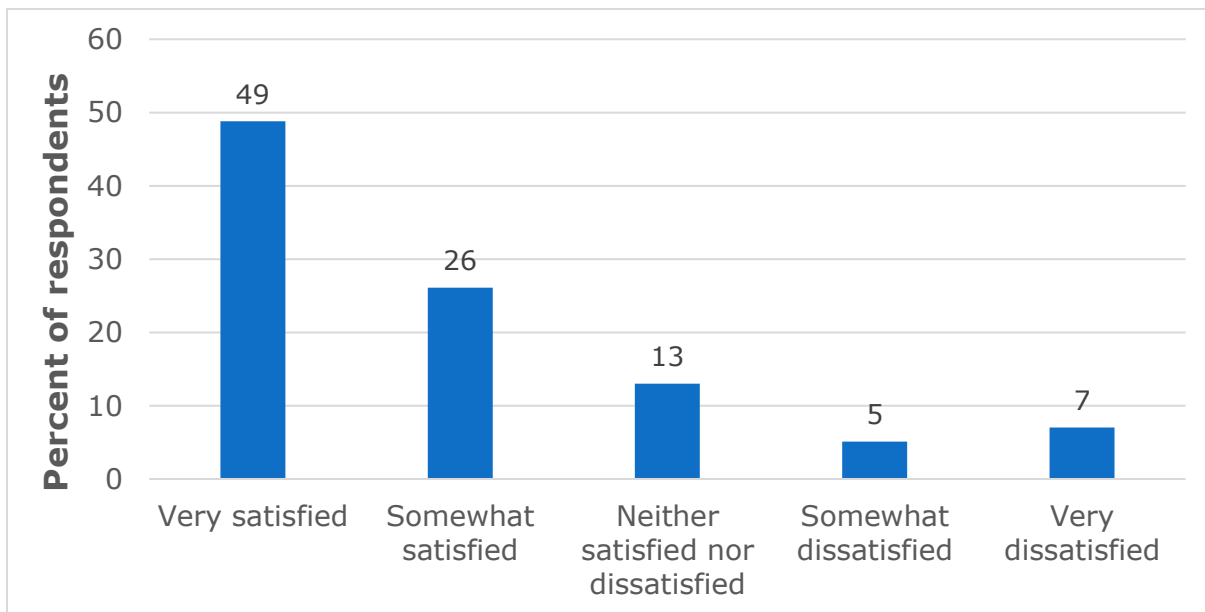
### 4.2.13 Device preference

Respondents were asked whether they were able to get ADP funding for their preferred device. 84% of respondents said that they were able to get ADP funding for their preferred device. Those that were not able to get ADP funding were then asked what they would have preferred to have purchased since the ADP had not funded their preferred choice. People replying to this question said they would have preferred a laptop, iPad, iPhone or a Braille note taker.

### 4.2.14 Satisfaction with vendor

Respondents were asked how satisfied overall they were with their experience with the vendor. Three quarters of respondents (75%) said that they were very satisfied or somewhat satisfied with their experience with the vendor (**Figure 25**) with 12% of respondents saying that they were somewhat dissatisfied or very dissatisfied. There is a wide range of reasons given for dissatisfaction with the vendor, the most common reason being the choice of devices offered by the vendor (71% of respondents indicating this as a cause of their dissatisfaction), followed by limited selection of devices (51%), lack of responsiveness of vendor and poor quality of service by vendor (41% each). (**Figure 26**).

**Figure 25. Satisfaction with vendor**



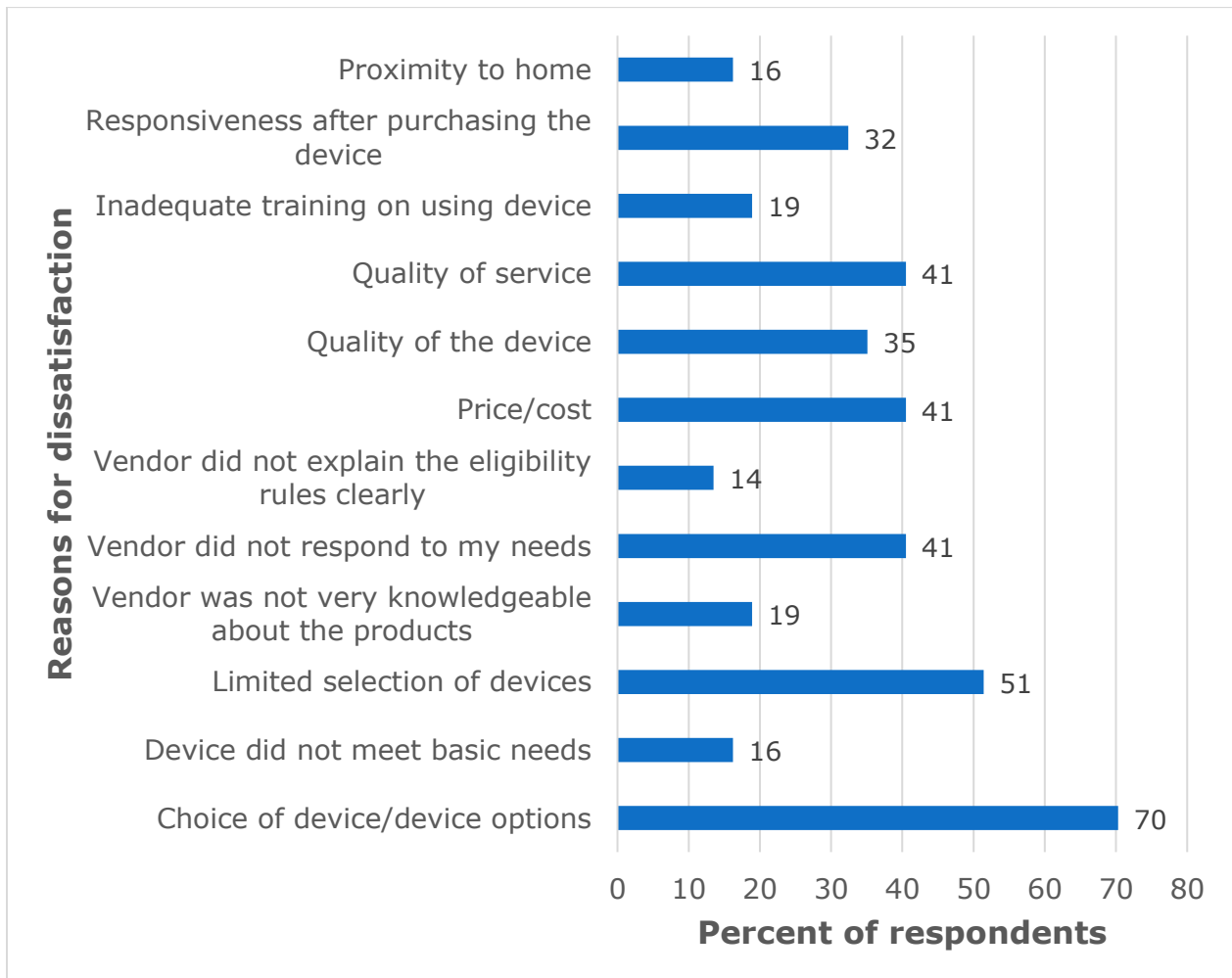
215/265 responding



**Table 26. Satisfaction with vendor**

<b>Level of satisfaction with vendor</b>	<b>Percent of respondents</b>
Very satisfied	49
Somewhat satisfied	26
Neither satisfied nor dissatisfied	13
Somewhat dissatisfied	5
Very dissatisfied	7

**Figure 26. Reasons for dissatisfaction with vendor**



37/265 responding



**Table 27. Reasons for dissatisfaction with vendor**

<b>Reasons for dissatisfaction with vendor</b>	<b>Percent of respondents</b>
Choice of device/device options	70
Device did not meet basic needs	16
Limited selection of devices	51
Vendor was not very knowledgeable about the products	19
Vendor did not respond to my needs	41
Vendor did not explain the eligibility rules clearly	14
Price/cost	41
Quality of the device	35
Quality of service	41
Inadequate training on using device	19
Responsiveness after purchasing the device	32
Proximity to home	16

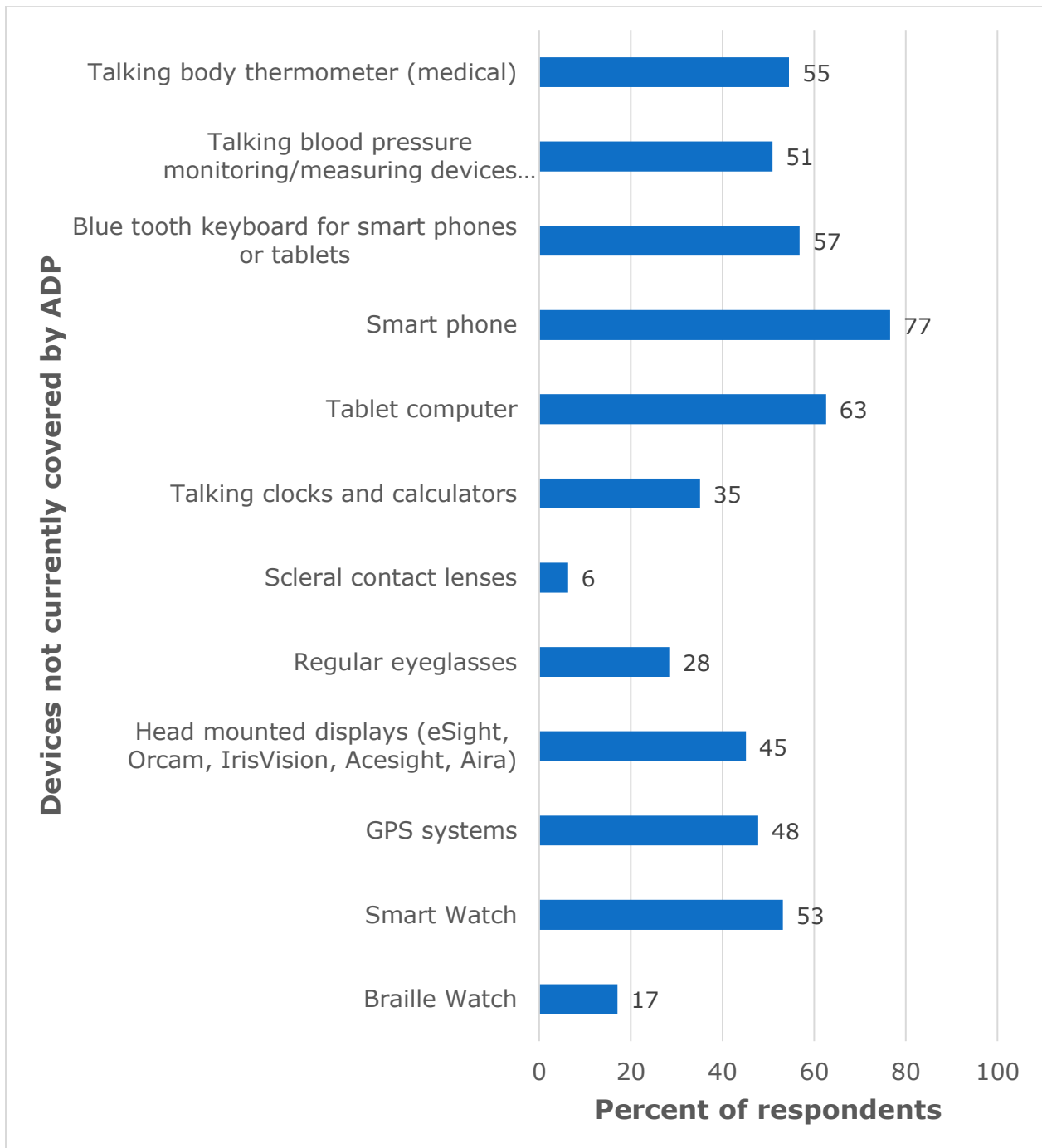
#### 4.2.15 Desired devices not currently covered by the ADP

Respondents were asked what devices on a list of devices not currently covered by the ADP they would like to obtain if they were covered. The most desired device was a smartphone, selected by 77% of respondents, followed by a tablet computer (63% of respondents); a Bluetooth keyboard for smart phones or tablets (57%) and a smart watch (53%). (**Figure 27**)

Technology has totally changed the lives of people living with blindness or low vision. The desire for smart devices represents a need for technology that will allow them to fully participate in life. It is not just a convenience or a “nice to have”, it is an essential. This high level of desire for these smart devices is a reflection of that need.



**Figure 27. Desired devices not covered by the ADP**



222/265 responding



**Table 28. Desired devices not covered by the ADP**

<b>Devices not currently covered by the ADP</b>	<b>Percent of respondents</b>
Braille Watch	17
Smart Watch	53
GPS systems	48
Head mounted displays (eSight, Orcam, IrisVision, Acesight, Aira)	45
Regular eyeglasses	28
Scleral contact lenses	6
Talking clocks and calculators	35
Tablet computer	63
Smart phone	77
Blue tooth keyboard for smart phones or tablets	57
Talking blood pressure monitoring/measuring devices (medical)	51
Talking body thermometer (medical)	55

#### 4.2.16 Ability to purchase assistive technology/devices

Respondents were asked whether they were always able to purchase the assistive technology/devices they need. 60% of respondents said that they were not always able to purchase the assistive technology/devices they need. Those who were not able to purchase the desired devices were asked to explain the reasons therefor.

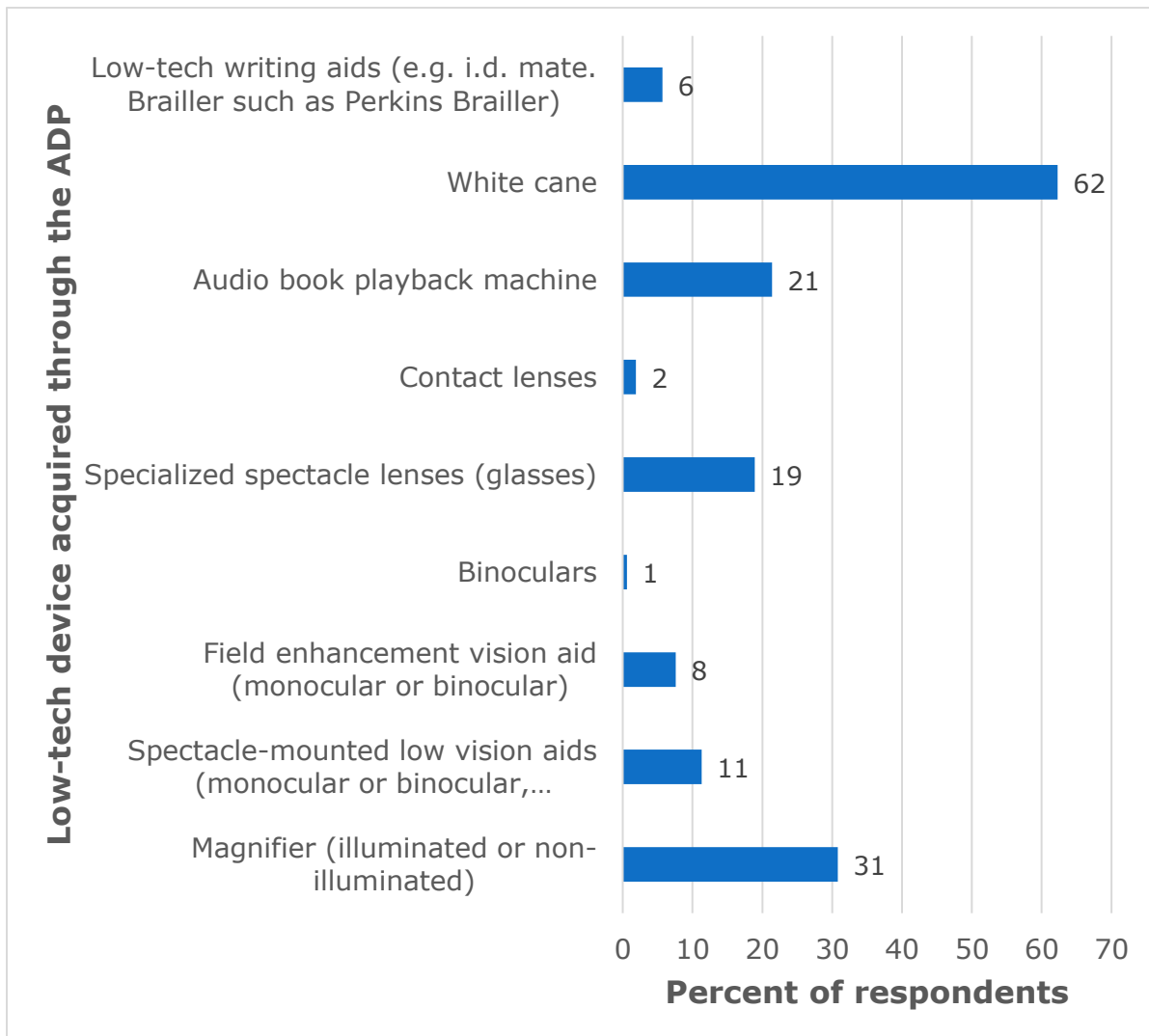
Additionally, in open-ended sections of the survey, a total of 136 responses dealt with the issue of cost specifically. Many of these comments were concerned with the lack of affordability of devices, even with ADP coverage applied. For example, once respondent explained that “the prices for accessible technology are insane. It’s way too expensive and I almost had a heart attack learning what it costs. Even with ADP I cannot afford what I need to help me with everyday living.”



#### 4.2.17 Low-tech visual aids acquired through the ADP

Respondents were asked to identify which low-tech devices they had acquired through the ADP within the past five years. The white cane was by far the most purchased low-tech device through the ADP ( 62% of respondents), followed by a magnifier (31% of respondents). An audiobook playback machine (21%) and specialized spectacle lenses (19%) (**Figure 28**)

**Figure 28. Low-tech devices acquired through the ADP**



159/265 responding



**Table 29. Low-tech devices acquired through the ADP**

<b>Low-tech device acquired through the ADP</b>	<b>Percent of respondents</b>
Magnifier (illuminated or non-illuminated)	31
Spectacle-mounted low vision aids (monocular or binocular, microscope or telescope)	11
Field enhancement vision aid (monocular or binocular)	8
Binoculars	1
Specialized spectacle lenses (glasses)	19
Contact lenses	2
Audio book playback machine	21
White cane	62
Low-tech writing aids (e.g. i.d. mate. Braille such as Perkins Braille)	6

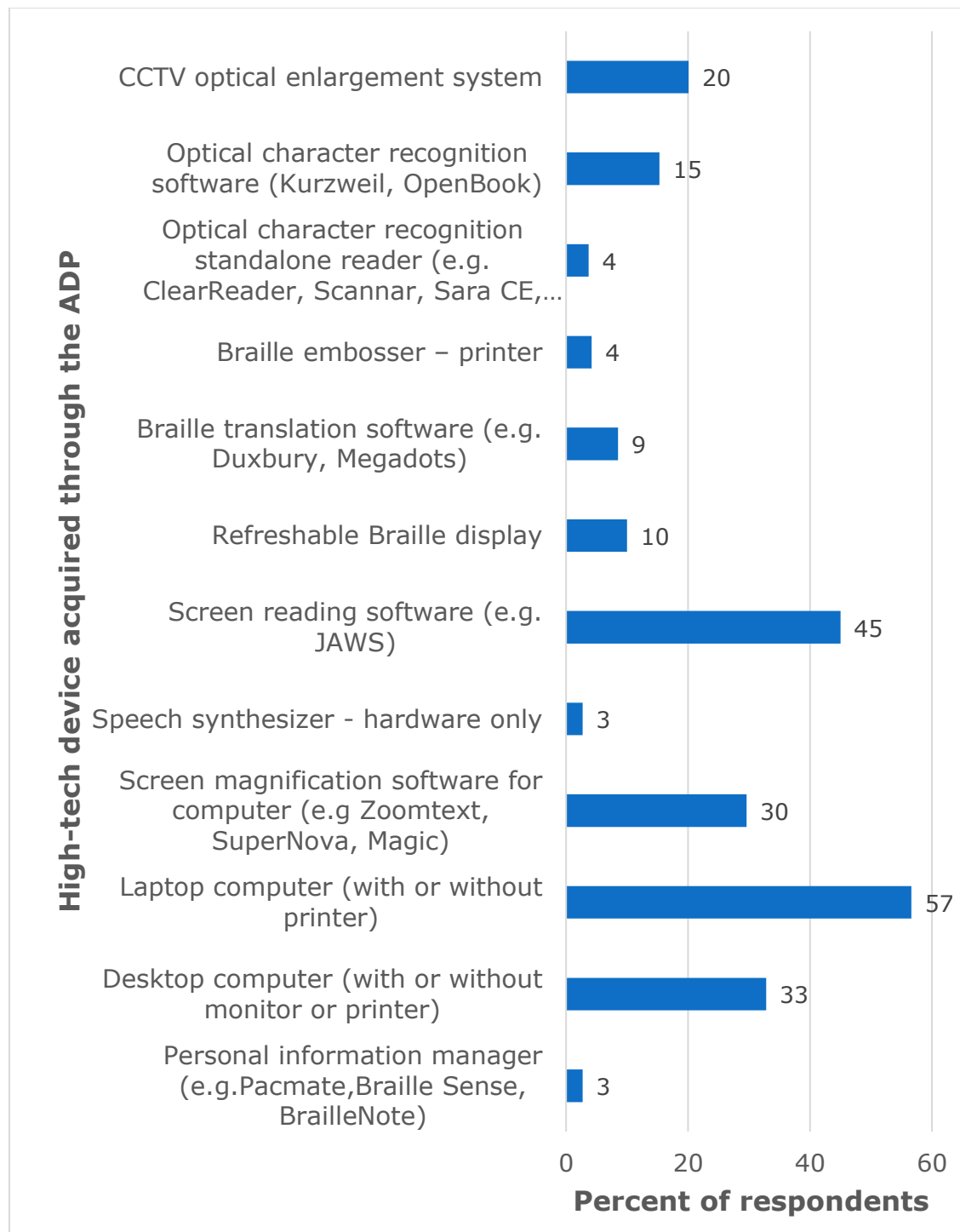
#### 4.2.18 High-tech visual aids acquired through the ADP

Respondents were asked to identify which high-tech devices they had acquired through the ADP within the past five years. Laptop computers were the high-tech device most acquired by respondents (57% of respondents), followed by screen-reading software e.g. JAWS (45%), desktop computers (33%) and screen magnification software e.g. Zoomtext (30%) (**Figure 29**)





**Figure 29. High-tech devices acquired through the ADP**



189/265 responding



**Table 30. High-tech devices acquired through the ADP**

<b>High-tech device acquired through the ADP</b>	<b>Percent of respondents</b>
Personal information manager (e.g. Pacmate, Braille Sense, BrailleNote)	3
Desktop computer (with or without monitor or printer)	33
Laptop computer (with or without printer)	57
Screen magnification software for computer (e.g. Zoomtext, SuperNova, Magic)	30
Speech synthesizer - hardware only	3
Screen reading software (e.g. JAWS)	45
Refreshable Braille display	10
Braille translation software (e.g. Duxbury, Megadots)	9
Braille embosser – printer	4
Optical character recognition standalone reader (e.g. ClearReader, Scannar, Sara CE, Open Book with Pearl Camera)	4
Optical character recognition software (Kurzweil, OpenBook)	15
CCTV optical enlargement system	20

#### 4.2.19 Inclusion and effectiveness of device training.

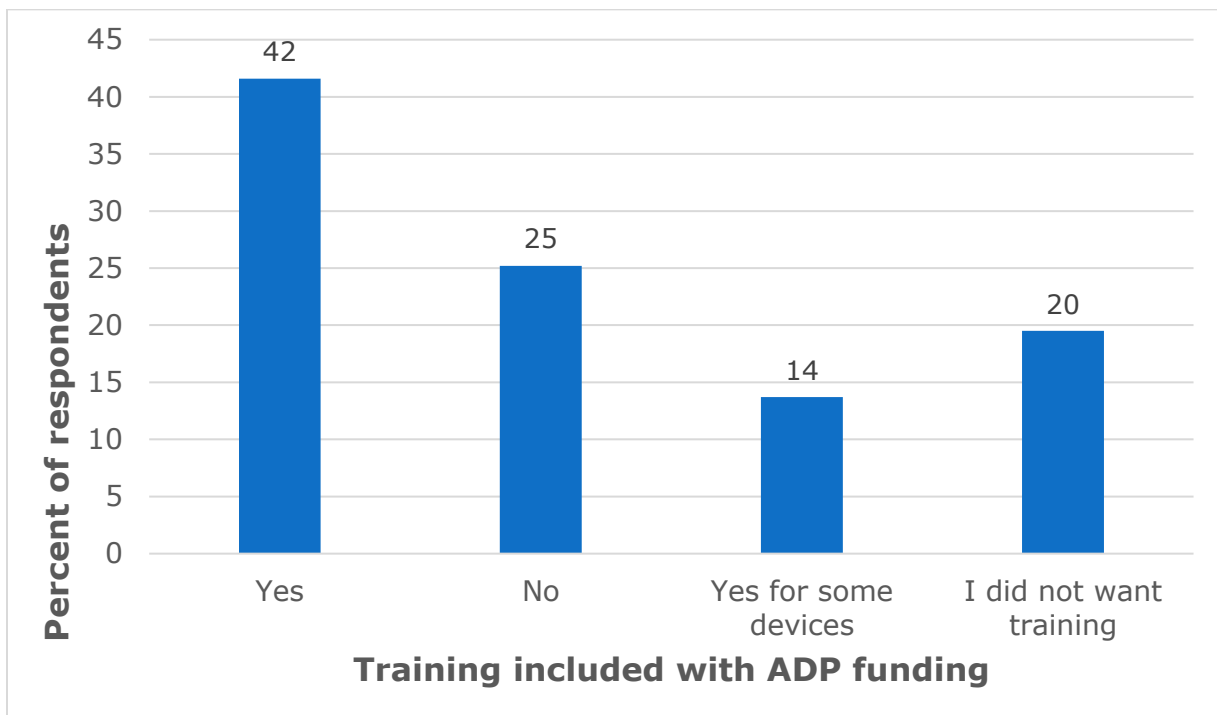
Respondents were asked whether training was included as part of ADP funding support for their device(s). 42% of respondents said that training was included with their ADP support, and a further 14% said that it was included for some devices. 25% of respondents said that no training was included as part of their ADP funding support, while 20% of respondents said that they did not want training (**Figure 30**).

Those respondents who had had training included with their ADP funding were then asked how effective they thought the training had been. 29% of respondents said that they did not feel confident in their ability to operate



their device after their training. When asked to explain why they did not feel confident in their ability to operate their device following training, this group offered a number of reasons, the two main ones being their feeling that the time allotted for training was insufficient, and that the trainer was not sufficiently knowledgeable or competent.

**Figure 30. Training inclusion as part of ADP funding**



223/265 responding

**Table 31. Training inclusion as part of ADP funding**

Training included with ADP funding	Percent of respondents
Yes	42
No	25
Yes for some devices	14
I did not want training	20

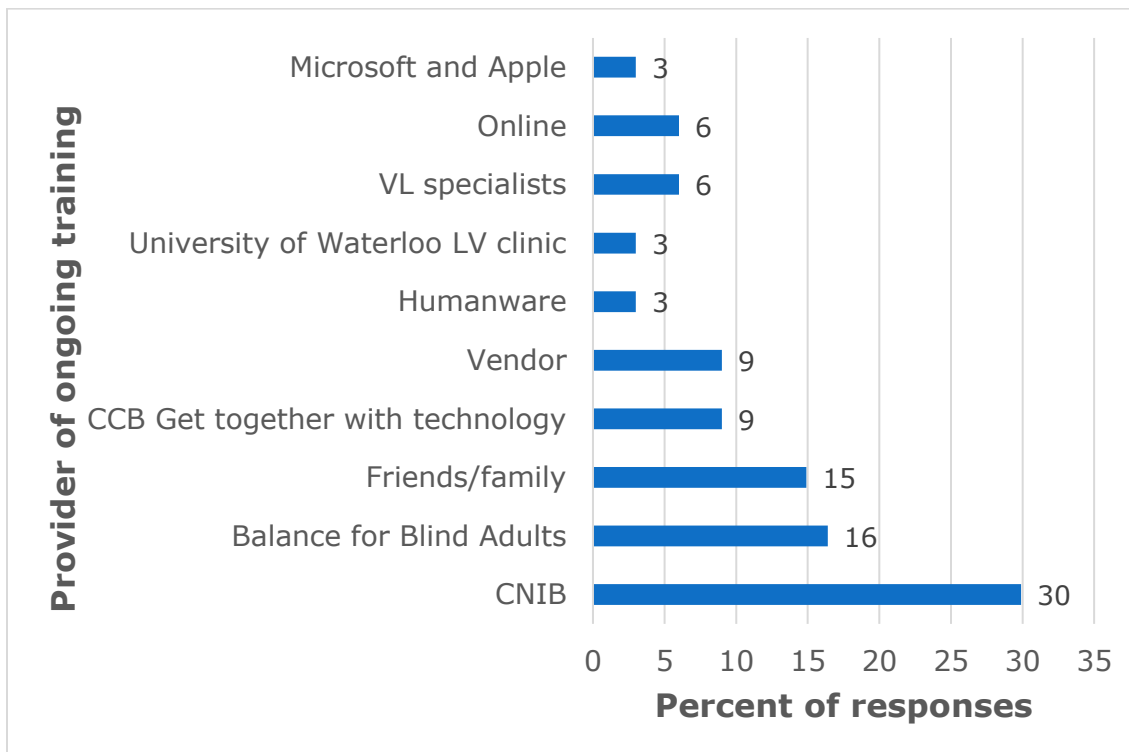


#### 4.2.20 Ongoing device training

Respondents were asked whether they had access to ongoing training for the use of their device. 31% of respondents said that they did. When those who had access to ongoing training were in turn asked who provided this training, the largest number of responses were received for CNIB (30 % of the 65 responses) followed by BALANCE for Blind Adults (16%), family/friends (15%) and the CCB get together with technology program (9%) (**Figure 31**).

Respondents who did not have access to ongoing training for their device were asked if the lack of access to ongoing training made it difficult or impossible to use their device effectively. 42% of the 194 people responding to this question said that lack of access to ongoing training made it difficult or impossible for them to use their device effectively.

**Figure 31. Provider of ongoing training**



61/265 responding



**Table 32. Provider of ongoing training**

<b>Provider of ongoing training</b>	<b>Percent of responses</b>
CNIB	30
BALANCE for Blind Adults	16
Friends/family	15
CCB Get together with technology	9
Vendor	9
Humanware	3
University of Waterloo LV clinic	3
VL specialists	6
Online	6
Microsoft and Apple	3

#### 4.2.21 Software updates

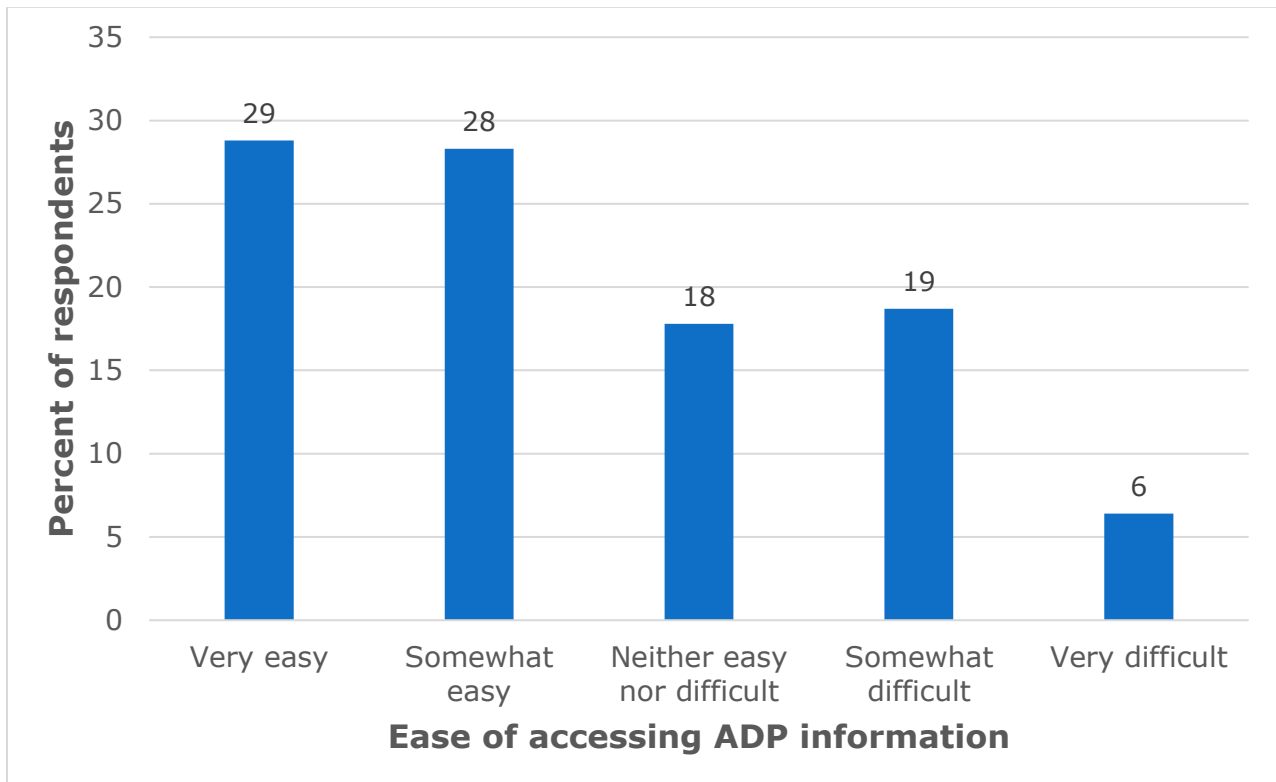
Respondents were asked whether their authorized device included software that needed to be upgraded from time to time. 74% of the 218 people responding to this question said that it did. When the people who responded saying that their authorized device did include software that needed periodic upgrading were then asked whether such upgrades were available to them at an affordable cost, 57% of respondents said that such upgrades were not available at an affordable cost. Those respondents who reported that upgrades were not available at an affordable cost were then asked whether the lack of access to affordable software upgrades made it difficult or impossible to continue to use their software effectively. 55% of respondents reported that the lack of access to affordable software upgrades made it difficult or impossible to continue to use their device effectively.

#### 4.2.22 Awareness of the ADP

In order to assess the ability of people living with VL to access information on the ADP, respondents were asked how easy it had been for them to acquire information about the ADP when they first became aware of the program. 57% of respondents said that it was either somewhat easy or very easy for them to acquire information about the ADP, while 25% of respondents said that it was either somewhat difficult or very difficult for them to acquire information about the ADP. (**Figure 32**)



**Figure 32. Ease of accessing ADP information**



219/265 responding

**Table 33. Ease of accessing ADP information**

<b>Ease of accessing ADP information</b>	<b>Percent of respondents</b>
Very easy	29
Somewhat easy	28
Neither easy nor difficult	18
Somewhat difficult	19
Very difficult	6

#### 4.2.23 Communication with the ADP

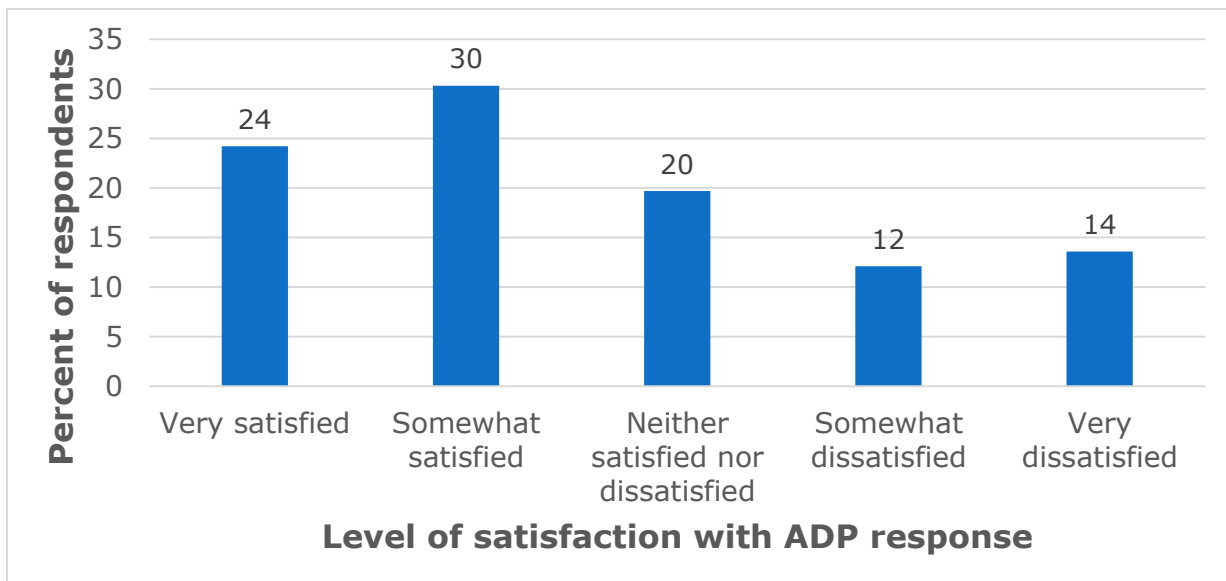
Respondents were asked whether they ever communicated directly with anyone at the ADP during the process of acquiring their device. 32% of the 218 people answering this question said that they had communicated directly with someone at the ADP during the process of acquiring their device. Those who had communicated with ADP personnel were asked what



their level of satisfaction was with the response they received. 55% of respondents said they were somewhat satisfied or very satisfied with the response they received while 26% of respondents said they were somewhat dissatisfied or very dissatisfied with the response they received from the ADP. (Figure 33). Respondents who said they were either somewhat dissatisfied or very dissatisfied with the response they received from ADP were asked to describe their experience and outline any concerns they may have.

In open-ended responses, the subject of communication appeared in several contexts, including in relation to a lack of responsiveness from ADP administrators. For instance, once respondent described the following experience: “It was very hard to contact a representative from the ADP because there were extensive periods of being placed on hold when calling them. Also, every time that I spoke to a representative, they were unwilling to provide essential information to me. Finally, there was no method to conduct a follow-up between telephone calls to determine the status of my application, if my request was approved, and any information related to being reimbursed for approved purchases.”

**Figure 33. Level of satisfaction with ADP response.**



66/265 responding



**Table 34. Level of satisfaction with ADP response**

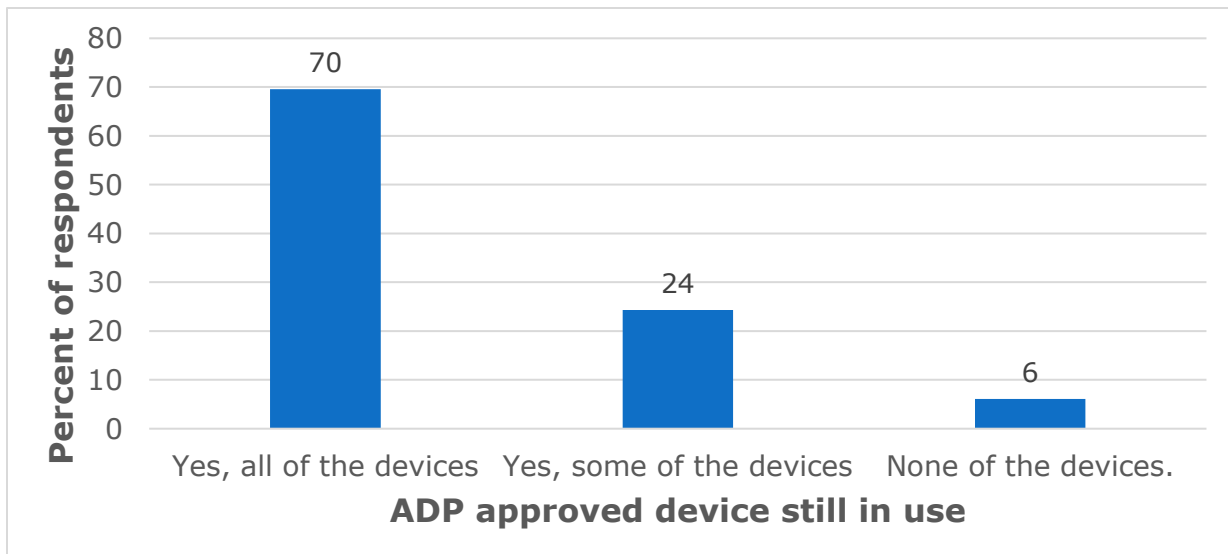
Level of satisfaction with ADP response	Percent of respondents
Very satisfied	24
Somewhat satisfied	30
Neither satisfied nor dissatisfied	20
Somewhat dissatisfied	12
Very dissatisfied	14

#### 4.2.24 Longevity of ADP approved device

Respondents were asked whether they were still using the device they were authorized for by the ADP. 70% of respondents said that they were using all of their ADP approved devices, with a further 24% saying that they were still using some of their ADP approved devices. Only 6% of respondents said that they were using none of their ADP approved devices. (**Figure 34**)

Respondents were subsequently asked to give a reason why their ADP approved device was no longer in use. The main reason given relates to the device not working. 19% of respondents said that their device was no longer working, while a further 17% of respondents said that their device never worked and another 18% said that they never learned to use the device properly. To this can be added the 6% of people who never received their device. (**Figure 35**) Adding these together, it appears that 60% of people purchasing an ADP approved device never got full value out of the device.

**Figure 34. Longevity of ADP approved device**

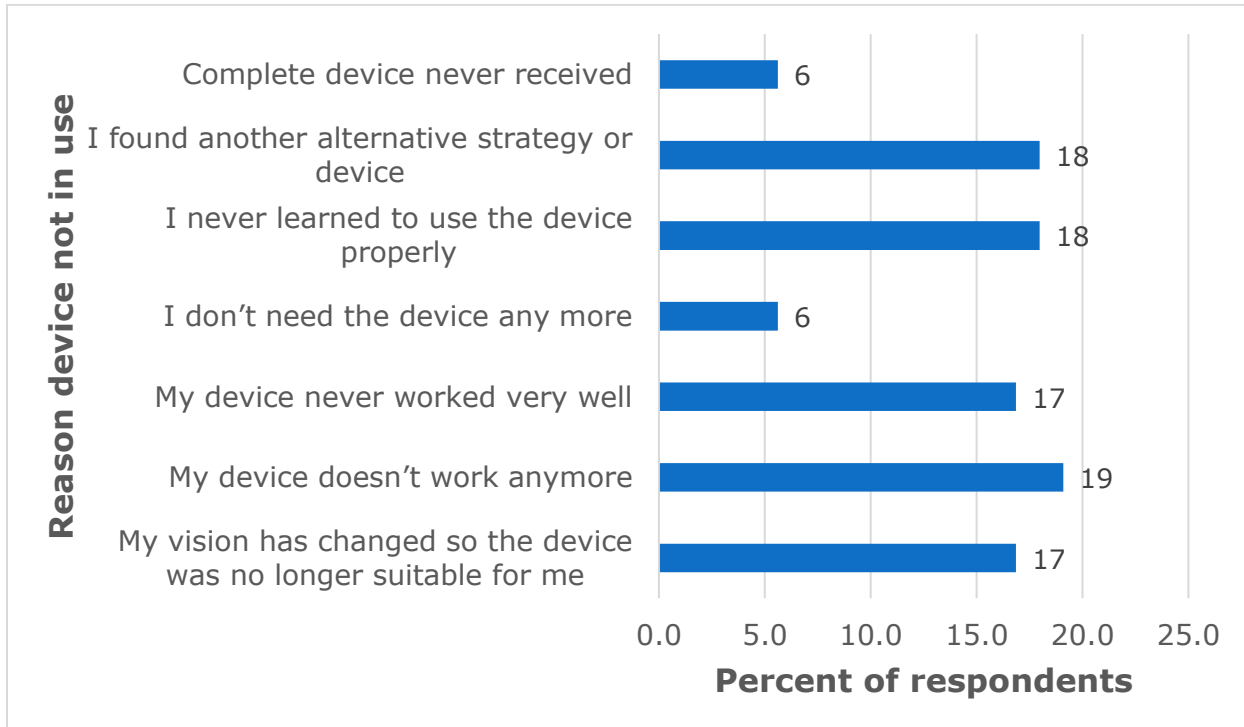




**Table 35. Longevity of ADP approved device**

<b>ADP approved device still in use</b>	<b>Percent of respondents</b>
Yes, all of the devices	70
Yes, some of the devices	24
None of the devices.	6

**Figure 35. Reason ADP approved device no longer in use.**



59/265 responding



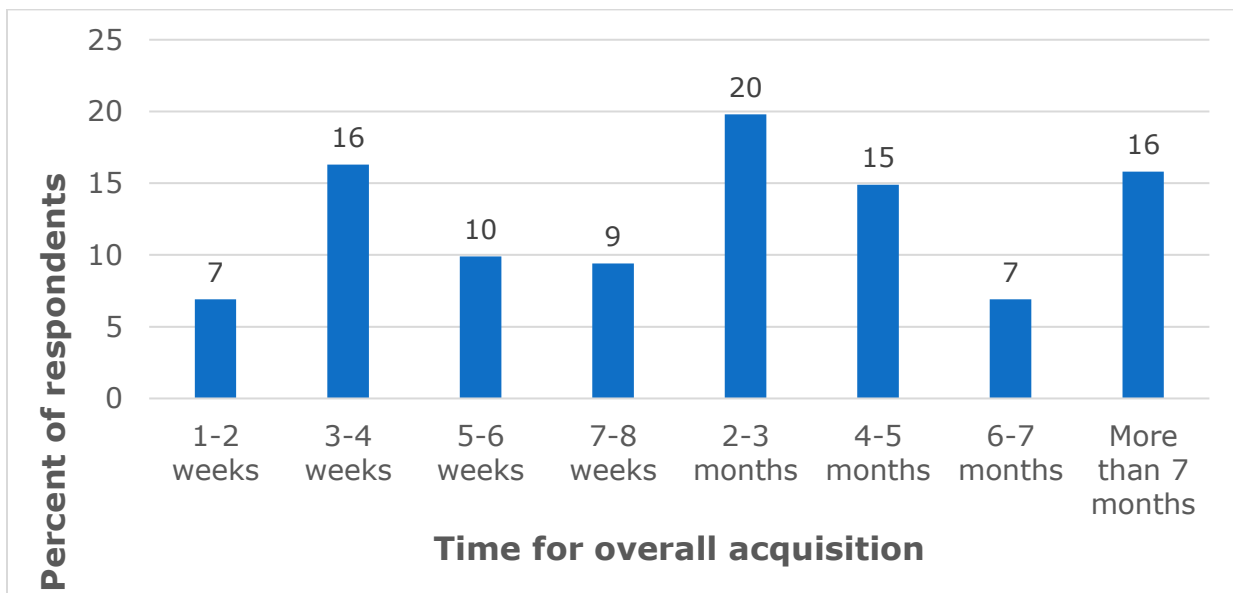
**Table 36. Reason ADP approved device no longer in use**

Reason device not in use	Percent respondents
My vision has changed so the device was no longer suitable for me	17
My device doesn't work anymore	19
My device never worked very well	17
I don't need the device any more	5.6
I never learned to use the device properly	18
I found another alternative strategy or device	18
Complete device never received	6

#### 4.2.25 Overall length of time to acquire device through the ADP

Respondents were asked how long the process to acquire a device took them, from the time they first requested an assessment to the time they acquired their device. More than half the respondents (57%) took 2 months or more to acquire their device with 23% of respondents taking 6 months or more. Only 43% of respondents were able to acquire their device within 8 weeks. (**Figure 36**)

**Figure 36. Time for overall acquisition of device through the ADP**



202/265 responding



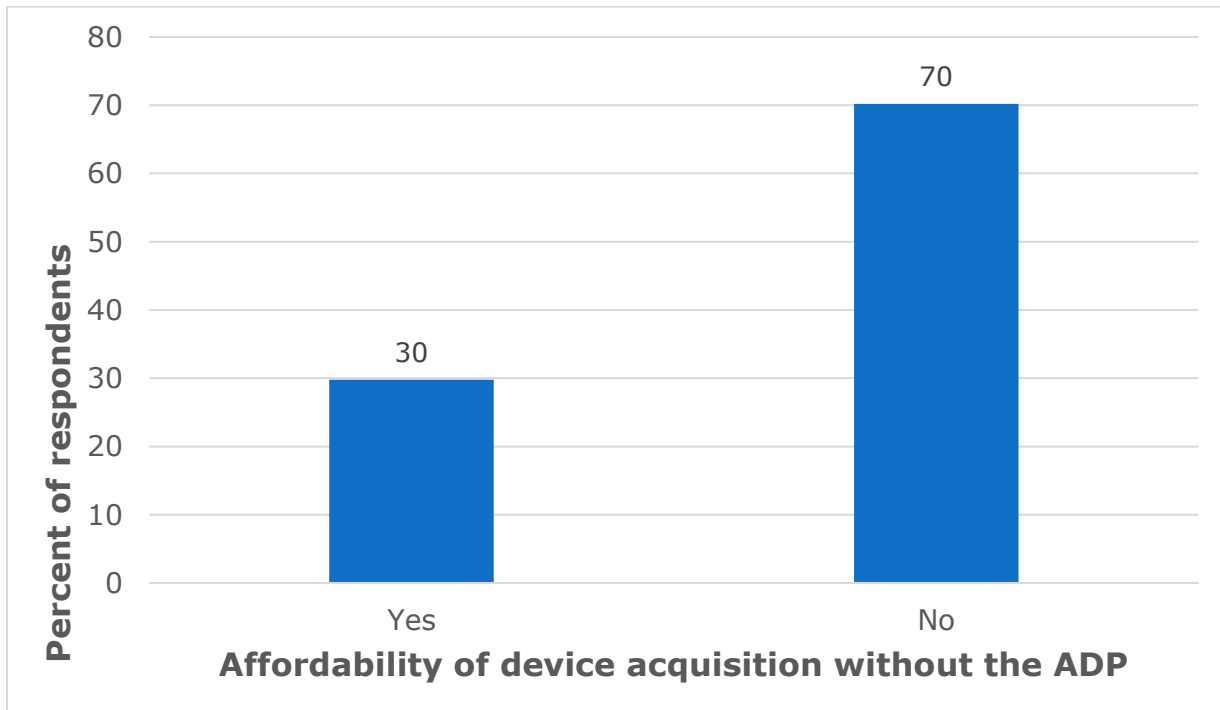
**Table 37. Time for overall acquisition of device through the ADP**

<b>Time for overall acquisition</b>	<b>Percent of respondents</b>
1-2 weeks	7
3-4 weeks	16
5-6 weeks	10
7-8 weeks	9
2-3 months	20
4-5 months	15
6-7 months	7
More than 7 months	16

#### 4.2.26 Affordability of device acquisition without the ADP

Respondents were asked whether they would have been able to acquire their device if they had not received ADP funding. 70% of respondents said that they would not have been able to acquire their device if they had not received ADP funding. (Figure 37)

**Figure 37. Ability to afford device without the ADP**



208/265 responding



**Table 38. Ability to afford device without the ADP**

<b>Affordability of device acquisition without the ADP</b>	<b>Percent of respondents</b>
Yes	30
No	70

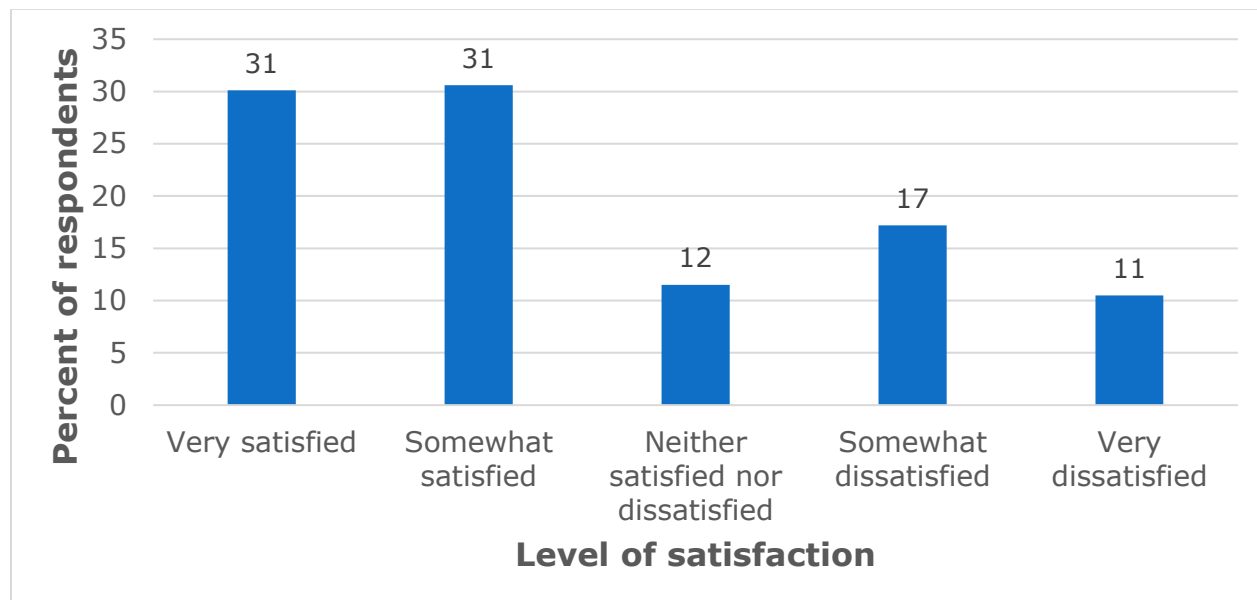
#### 4.2.27 Satisfaction with overall process of acquiring a device through the ADP.

Respondents were asked to express their level of satisfaction with the process of acquiring their most recent device through the ADP. 61% of respondents said that they were either somewhat satisfied or very satisfied with the process, while 28% of respondents said that they were somewhat dissatisfied or very dissatisfied with the overall process. (Figure 38)

In an open-ended question, respondents were asked if they could describe their experience and feelings of acquiring a visual aid device through the ADP. A total of 173 individuals responded to this question, with comments that described a wide range of experiences. While 51 individuals did describe a positive experience with the ADP, the remaining 122 responses described issues that ranged from lack of responsiveness to the inappropriateness of the device. The largest portion of these, however, dealt with the amount of time the process takes: 43 comments touched on this matter. As an example, one respondent explained that the best way to improve the program would be to “Speed it up. Take it away from CNIB; should be run by a more efficient entity. I compare this to when I get hearing aids and the specialist processes the [device] immediately.” A full account of open-ended responses is provided on page 91.



**Figure 38. Level of satisfaction with overall process**



209/265 responding

**Table 39. Level of satisfaction with overall process**

Level of satisfaction	Percent of respondents
Very satisfied	30
Somewhat satisfied	31
Neither satisfied nor dissatisfied	12
Somewhat dissatisfied	17
Very dissatisfied	11

#### 4.2.28 Recommendations for improvement of the ADP

A wide range of recommendations were provided in open-ended sections of the survey, ranging from reducing the time it takes to receive a device to increasing the coverage provided by the ADP for devices. Some respondents also recommended that the program be made more accessible; for instance, one participant suggested that ADP administrators “make the program more accessible to those with all kinds of disabilities and don't make them jump through so many hoops.” A full account of qualitative responses is provided on page 92



#### 4.2.29 Support for an independent advisory council

Respondents were asked whether they would be supportive of the ADP establishing an Independent Advisory Council, which would include people with a seeing disability and their stakeholder organizations, for continuous monitoring of the ADP process to ensure efficient funding procedures and updated technology options? They were also asked to comment further regarding this proposal. 93% of respondents said that they would support the establishment of such an independent advisory council. 43% of respondents added their comments on this proposal. Many of these comments underscored the benefit of involving individuals with lived experience of vision loss and blindness in the development and administration of the ADP. For instance, one respondent explained that an advisory council would be beneficial because “they would be my peers and understand what it takes to live as a visually impaired person.”



## 4.3 Responses by People Who Had Not Applied to the ADP

### 4.3.1 Reasons for not having acquired a visual aid device through the ADP over the past 5 years

People who had not purchased a visual aid device through the ADP over the past 5 years were asked to supply their reasons for not accessing the program. From a set of provided answers they were asked to select those that applied to them as well as specify any other reasons for not accessing the program. (**Table 40**) The reasons can be categorized as follows:

A. Price and affordability.

Combined these accounted for 28% of responses, comprised as follows: 10% found the vendor product too expensive; 9% could buy the product at a lower price elsewhere other than the approved vendor; a further 10% of responses said that the products or the assessment fee were still unaffordable.

B. Process too complicated or too long.

14% of responses indicated that the process of applying to the ADP was either too long (9% of responses) or too complicated (5% of responses)

C. Product not available or not funded by the ADP.

13% of responses said that the desired product was either not available or not funded by the ADP

D. Absence of training or assistance with set-up. Combined the absence of training or assistance with set up of devices accounted for 6% of responses.

E. No device purchase in the past 5 years: 11% of responses.

F. Other. 13% of responses gave reasons other than those on the list provided.



Many of these categories are reflected in open-ended comments as well. For instance, price and affordability are central themes in 187 comments left by respondents (the highest number), while 88 responses touched on the process taking too long. In relation to cost, one participant explained that “I feel that I would have saved money by purchasing the device at a regular store.” In relation to the length of the process, one respondent explained that their “CCTV died and [I] needed another immediately. Long wait for authorizer appointment, so went to vendor. Vendor did not know where to get one quickly, but offered to sell me a demo, which didn't meet my visual needs. I wasted \$2500 because I couldn't get a quick authorizer appointment.” A full account of open-ended responses is provided on page 92

**Table 40. Reasons for not having acquired a visual aid device through the ADP**

Reasons for not accessing ADP	Percent of responses
I haven't purchased any visual aid device in the past five years	10.8
I was not aware of the ADP	0
I can afford to pay for my own visual aid device	3.2
I applied to the ADP once before and found the process too complicated	5.4
I needed my device quickly and the ADP takes too long	8.6
I don't live near an ADP authorizer and am unable to travel that far	4.3
I contacted an authorizer but couldn't get an appointment	2.2
I attended a meeting with the authorizer but they did not refer me to a vendor	0
Nobody referred me to the ADP	0
My employer provides the devices I need and I don't have to pay for them	2.2
I contacted the ADP and nobody got back to me	2.2
I contacted the ADP and they were unable to explain to me how to access the program	0
I had no idea how to find an ADP authorized vendor	0
The products supplied by the vendor were too expensive	9.7
I was able to buy the product(s) I needed at a lower price somewhere else rather than through the recommended vendor	8.6





The product I needed was not available through the recommended vendor or was not funded through the ADP	12.9
I was not able to get the assistance I needed to set up my device	3.2
I was not able to get the training I needed to use my device	3.2
The device provided by the vendor did not come with the necessary software	1.1
Even though the ADP reimburses 75% of the cost of a device, I still am unable to afford the device(s) I need.	7.5
I was unable to afford the assessment fee	2.1
Other (please specify)	12.9

86/97 responding

### 4.3.2 Suggested changes to the ADP by people who did not access the ADP

Some respondents also provided comments in the form of open-ended feedback. When describing reasons for why they have not utilized the ADP over the past 5 years, the largest group of respondents highlighted issues related to the availability, variety, and appropriateness of the devices (for example, the devices being subpar or old), issues related to the cost of the devices, as well as general administrative issues (such as a lack of responsiveness from administrators). Feedback was also given in the form of recommendations for improvements that could compel individuals to use the program. Again, most of the comments touched on the availability, variety, and appropriateness of the devices. For example, one individual commented that "I would like to see updated knowledge from the assessor about current technologies and them respecting my opinions on the devices I need since I am generally more aware of the latest tech. Also, I would like to see greater options for the type of tech I can receive. The system of relying on a list is too restrictive and the list itself is very out of date." Another respondent recommended that the program "have more electronic devices/subscriptions covered." These comments align with many others calling for a larger variety of devices that carry the potential to meet more diverse and specific needs. Other individuals recommended that the program offer more financial



## 4.4 Comparison of Low-Tech Compared with High-Tech Purchasers

### 4.4.1 Comparison of overall satisfaction

In order to test the assumption that the process of acquiring a device through the ADP might be different depending on whether one is purchasing a low-tech versus a high-tech device, we compared the percentage of respondents saying they were either very satisfied or somewhat satisfied with the overall process.

65% of respondents who purchased low-tech devices said that they were either somewhat satisfied or very satisfied with the overall process. This compares with 60% of purchasers of high-tech devices.

25% of purchasers of low-tech devices said that they were either somewhat dissatisfied or very dissatisfied compared with 29% for purchasers of high-tech devices.

While it appeared that purchasers of high-tech devices are slightly more dissatisfied than purchasers of low-tech devices, Chi-square analysis showed this difference not statistically significant. (The chi-square statistic is 0.95. The p-value is 0.33)<sup>iii</sup>

### 4.4.2 Comparison of length of time it took to acquire the device

An analysis of the length of time it took respondents to acquire their device reveals that 45.6% of respondents who purchased low-tech devices took 2 months or more to acquire their device while 59% of respondents who purchased high-tech devices. A chi-square analysis showed this difference not statistically significant. (The chi-square statistic is 0.45; the p-value is 0.50)<sup>iii</sup>



## 4.5 Open-Ended Comments and Feedback: Qualitative Results

In specific sections of the survey, respondents were given the opportunity to elaborate on their responses or provide open-ended commentary, typically in the form of issues they experienced in relation to the ADP. Seeing as this kind of feedback is difficult to represent in quantitative form (as with other results shown in this report), the below table gathers open-ended responses into categories that provide some insight into the types of feedback that were received, with certain comments shown in full as examples. Relevant sections and representative comments were reported on and incorporated into earlier sections of this report, where appropriate.

As outlined below, a total of 738 open-ended responses were collected. The largest group of these referred to issues with the availability, variety, and appropriateness of the devices accessed through the ADP (187 comments). This could include, for example, the device being outdated, non-functional, or inappropriate for the needs of the user. This was followed by issues related to cost, typically unaffordability (136); “other” issues (including communication and management of the program) (94); and general administrative issues (including the restrictive timeframe of the program and a lack of responsiveness from administrators) (93). The remaining comments dealt with issues related to the time the process takes (88); satisfaction with certain aspects of the program (67); issues related to training (39); issues related to the general accessibility (and access to) the program (21); and technical issues with the device, including inaccessibility (13).



## 4.6 Qualitative Results – identified issues (N=738)

### 4.6.1 Issues with the availability, variety, and appropriateness of the device (n=187)

Examples:

“ADP list of products does not include many of the advanced technologies brought into the market in the past 20 years. Mobile technologies like smart phones, one of the most versatile accessible devices ever invented, are not funded.”

“ADP is so restricted - we can only buy very few items, and now this year it is even worse. Last time I bought an apple iMac computer, which has worked very well for me, and now I am told this time I cannot buy what I did buy last time. This is very unfair - I have learnt how to navigate an apple desktop, and I would love to buy a laptop and pay the difference, if need be, so I can have access, but now ADP will not approve the item I would love to have. I am willing to pay the difference, but I am told I can no longer do this - there is a \$50 difference only - surely ADP should allow us the device that is most suited to us - let us decide - let us make the important decision - not ADP to make this decision for us - PLEASE make this program more accessible for us.”

“I wanted an Apple desktop, but the total cost exceeded what I was allowed. I don't understand why the total cost matters. If you want to pay more over and above what is reimbursed you should be able to.”

### 4.6.2 Issues related to cost (N=136)

Examples:

“I feel that I would have saved money by purchasing the device at a regular store.”

“Most vendors, when you already have a licensed version of a screen reader product, rather than just purchasing a version upgrade on your behalf, which would be a lot cheaper, purchase a whole new product, because they know that they can charge you the full price under ADP. It wouldn't be so bad if they registered the product in your name, rather than their own, because technically speaking, once the government reimburses the vendor for their coverage and you have been charged the full price before coverage, they



still keep your portion and thus at that point you own the equipment. Another thing, besides an annual subscription, which is becoming more and more common, assistive technology software manufacturers would offer a 2 year maintenance agreement free of charge, if you were to buy the utility directly from them and so, ADP vendor should include that offer and that would bring down the price to a more realistic figure. However, some vendors and one in particular have changed their policy to including the software maintenance agreement for only one year, or not include it altogether.”

“...the prices for accessible technology are insane. It’s way to expensive and I almost had a heart attack learning what it costs. Even with ADP I cannot afford what I need to help me with everyday living. They need to lower the prices. I understand that technology is expensive but many of my friends who are blind or partially sighted cannot get a job. We are low income. It doesn’t seem fair to have this outrageously priced technology that doesn’t always last 3 years.”

#### 4.6.3 Other issues (including communication and management of the program) (N=94)

Examples:

“Just getting to the proper room in the building was a nightmare. Got lost a couple of times.”

“Have not been able to purchase the iPad that I desire. Covid has closed essential services for the visually impaired. Too far away from a major centre for the blind. Very isolated as I am the only blind personnel and navigating through the pandemic on my own.”

“There should be more vendors for clients to choose from. The agencies who have the power to approve our applications should be more efficient so it will take a short of time to get reimbursed if we buy devices directly from a store.”



#### 4.6.4 General administrative issues (including restrictive timeframe and lack of responsiveness) (N=93)

Examples:

“You can only apply for computer technology every 10 years. So, you are using an old computer that cannot hold the current apps and technologies that are needed to work, navigate, and communicate.”

“It was very hard to contact a representative from ADP because there were extensive periods of being placed on hold when calling them. Also, every time that I spoke to a representative, they were unwilling to provide essential information to me. Finally, there was no method to conduct a follow-up between telephone calls to determine the status of my application, if my request was approved, and any information related to being reimbursed for approved purchases.”

“Need to reduce dependency on so many levels of approvals and processes. If there is a way to cut down the bureaucratic blocks it would be helpful. Can the process not be wholly online? Why do we have to present applications in paper alone? Why must CNIB be in charge of everything? Why should the blind have to be so very much at the mercy of this provider? Instead, would it not be possible for ADP to have its own officers to assess, approve and offer the latest necessary technology through the existing machinery.”

#### 4.6.5 Issues related to time the process takes. (N=88)

Examples:

“It took almost 2 years to get my screen reader software from ADP vendor.”

“CCTV died and needed another immediately. Long wait for authorizer appointment, so went to vendor. Vendor did not know where to get one quickly, but offered to sell me a demo, which didn't meet my visual needs. I wasted \$2500 because I couldn't get a quick authorizer appointment.”

“It took over eight months from the time I was approved to receive my software package from this company and in the interim I learned how to use my iPhone, which is a much better screen reader.”



#### 4.6.6 Satisfied with certain aspects of the program. (N=67)

Examples:

"I was very happy with the services."

"The glasses with colored lenses and new prescription stopped a head tremor brought on by fluorescent light. The wrap around frames help with dry eye and protects my right eye that is paralyzed and barely open but never quite closes due to a brain tumor."

"Very empowering because I was able to keep current with technology, which I use to provide support to other blind computer users."

#### 4.6.7 Issues related to training. (N=39)

Examples:

"There was not enough training provided and it was too condensed so it was hard to take in and retain. Also, set up and customization was included and took time from the training."

"Only 10 hours of training allowed by ADP for Windows10 and JAWS2018. Insufficient, plus trainer not readily available."

"Sometimes the person doing the training had not received instruction on how to teach visually impaired students. Not understanding that each some student has different levels of vision loss and requires planning a lesson geared to the individual's remaining vision. Instructors taught the students as if they had full sight."

#### 4.6.8 Issues related to the general accessibility (and access to) the program. (N=21)

Examples:

"The government forms were repetitive, with much of the info provided many times before. If blind, the process should be much simpler."

"I have no hearing or sight and technology is how I connect with my community. I wish there was a law that vendors had to provide instructions in Braille. Even when I request this it is not done. It should be a condition of ADP support for vendors for any ADP clients."

"...make the program more accessible to those with all kinds of disabilities and don't make them jump through so many hoops."



#### 4.6.9 Technical issues with device, including inaccessibility. (N=13)

Examples:

“Zoom text never worked on my computer and the vendor abandoned me without solving the issue. Over the course of troubleshooting, the software was deprecated and there was no software maintenance agreement. I stopped trying to use it and started using NVDA which worked as it should and is way more powerful than Zoom text.”

“Had to replace battery in one device. Not sure how long it will last. I think I am over the 5-year time limit before becoming eligible for ADP again.”

“Some devices are not accessible.”

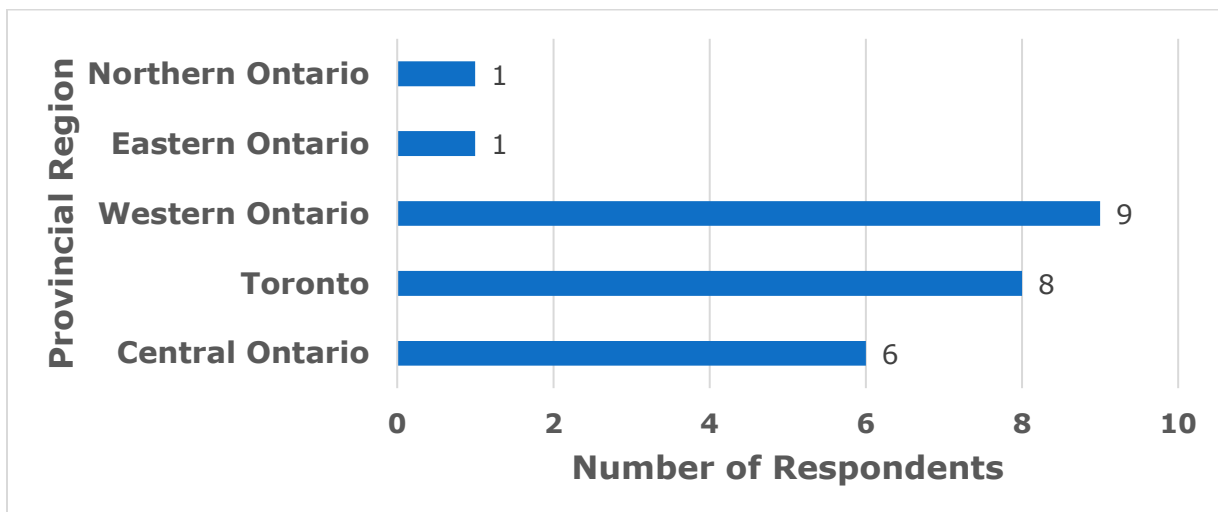
## 5 Authorizer and Vendor Survey Addendum

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### 5.1 Location of Authorizers and Vendors

Responses to the authorizer and vendor survey were received from 25 respondents from across the province with a disproportionate number of responses coming from Western Ontario ([Figure 39](#))

**Figure 39. Authorizers and vendors by provincial region**



25/25 responding





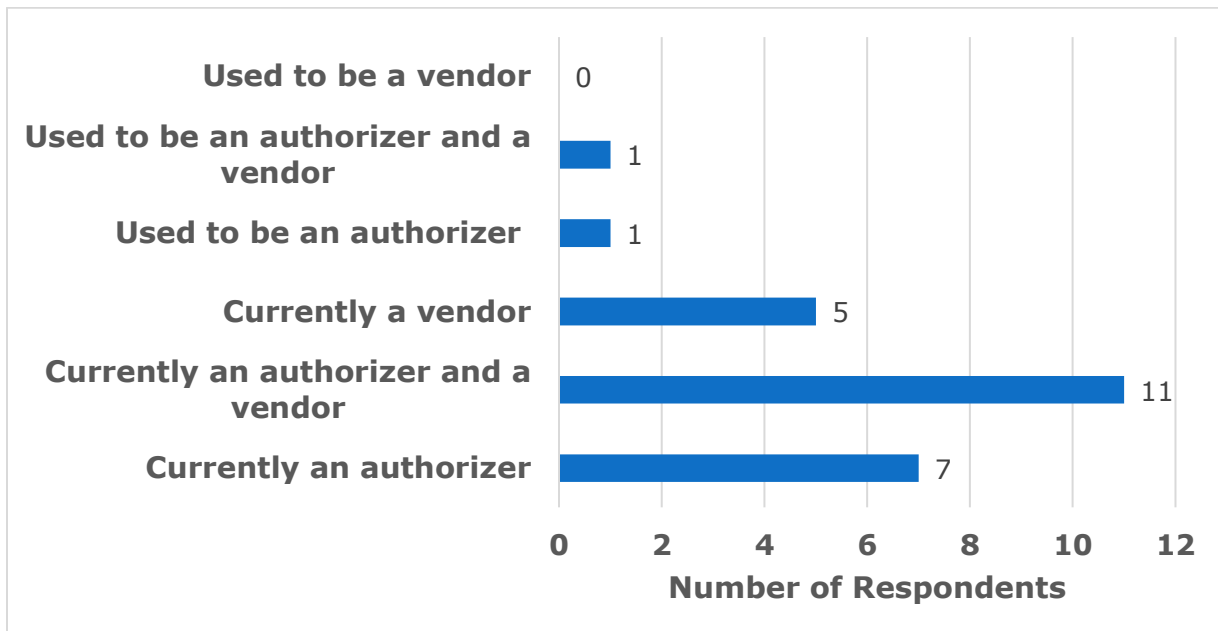
**Table 41. Authorizers and vendors by provincial region**

<b>Provincial Region</b>	<b>Number of Respondents</b>
Central Ontario	6
Toronto	8
Western Ontario	9
Eastern Ontario	1
Northern Ontario	1

## 5.2 Number of authorizers and vendors

Respondents to the survey addendum were asked whether they were authorizers or vendors. Eleven out of the 25 respondents said that they were both authorizers and vendors; 7 said they were authorizers only while 5 said they were vendors only. One respondent said they used to be both an authorizer and a vendor while one used to be an authorizer only. ([Figure 40](#))

**Figure 40. Number of authorizers and vendors**



25/25 responding



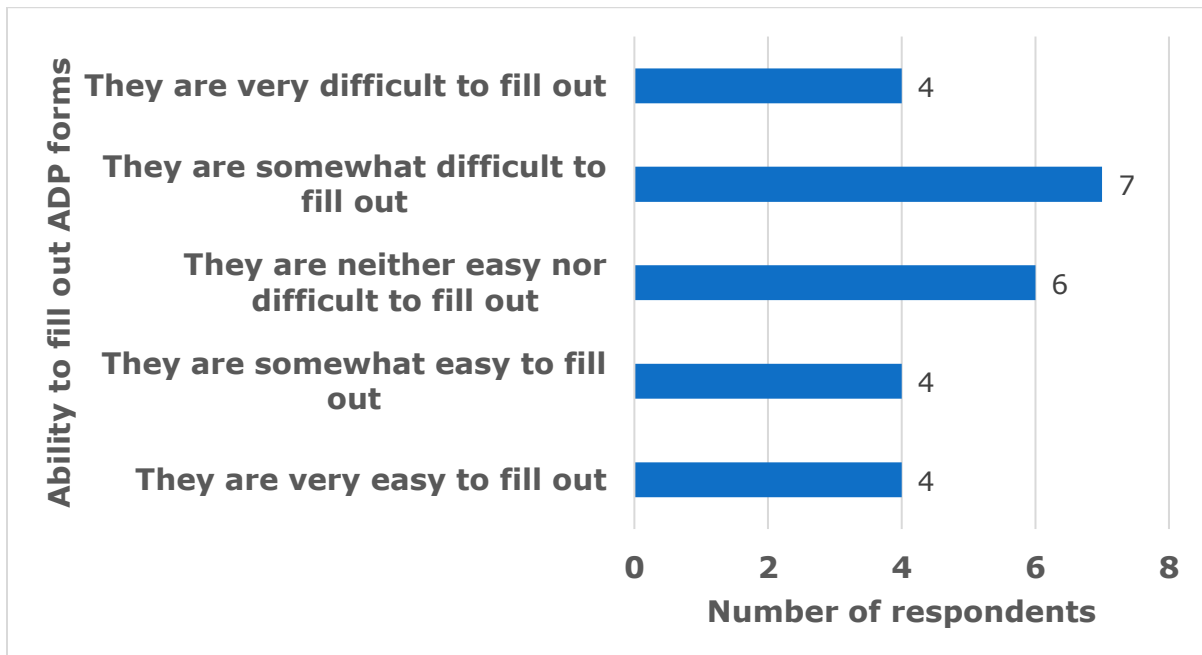
**Table 42. Number of authorizers and vendors**

<b>Authorizer/Vendor</b>	<b>Number of Respondents</b>
Currently an authorizer	7
Currently an authorizer and a vendor	11
Currently a vendor	5
Used to be an authorizer	1
Used to be an authorizer and a vendor	1
Used to be a vendor	0

### 5.3 Ability to fill out ADP forms

Respondents were asked to indicate whether they found filling out the requisite ADP forms to be easy or difficult. 11 of the 25 respondents said that they found it somewhat difficult or very difficult to fill out ADP forms with 8 of the respondents saying that they found it somewhat easy or very easy to fill out the forms. (**Figure 41**)

**Figure 41. Ability to fill out ADP forms**



25/25 responding



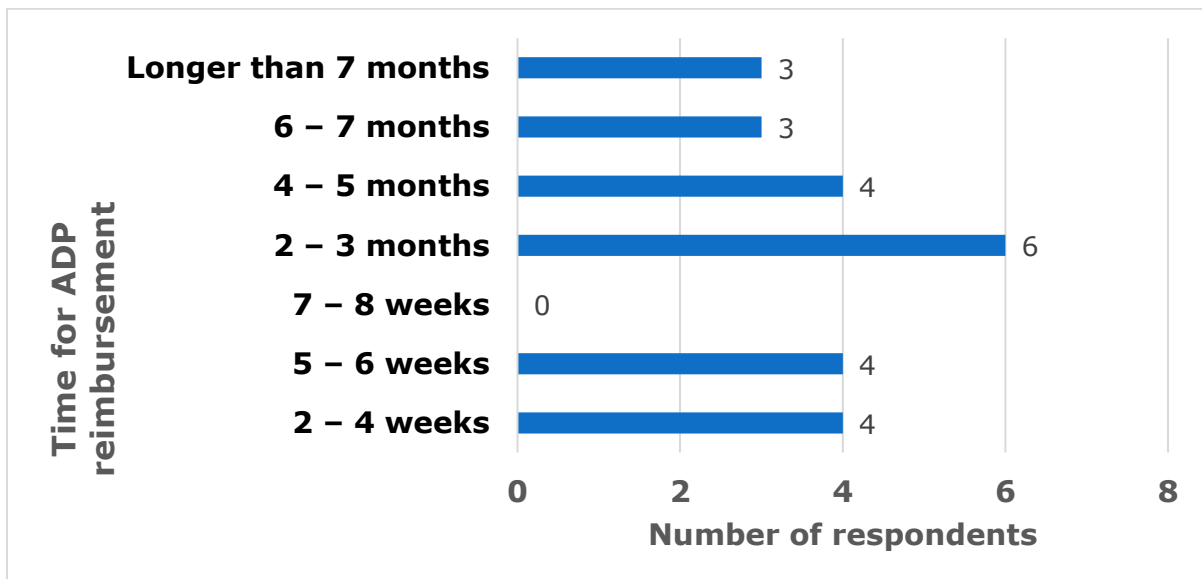
**Table 43. Ability to fill out ADP forms**

<b>Ability to fill out ADP forms</b>	<b>Number of respondents</b>
They are very easy to fill out	4
They are somewhat easy to fill out	4
They are neither easy nor difficult to fill out	6
They are somewhat difficult to fill out	7
They are very difficult to fill out	4

## 5.4 Time for ADP Reimbursement

Respondents were asked how long it took them on average to get reimbursement from the ADP. 16 out of 25 respondents (64%) said that it took them more than two months to get reimbursed for services and products with three respondents taking 6 – 7 months for reimbursement and another three respondents taking more than 7 months. ([Figure 42](#)).

**Figure 42. Time for ADP reimbursement**



25/25 responding



**Table 44. Time for ADP reimbursement.**

<b>Time for ADP reimbursement</b>	<b>Number of respondents</b>
2 – 4 weeks	4
5 – 6 weeks	4
7 – 8 weeks	0
2 – 3 months	6
4 – 5 months	4
6 – 7 months	3
Longer than 7 months	3

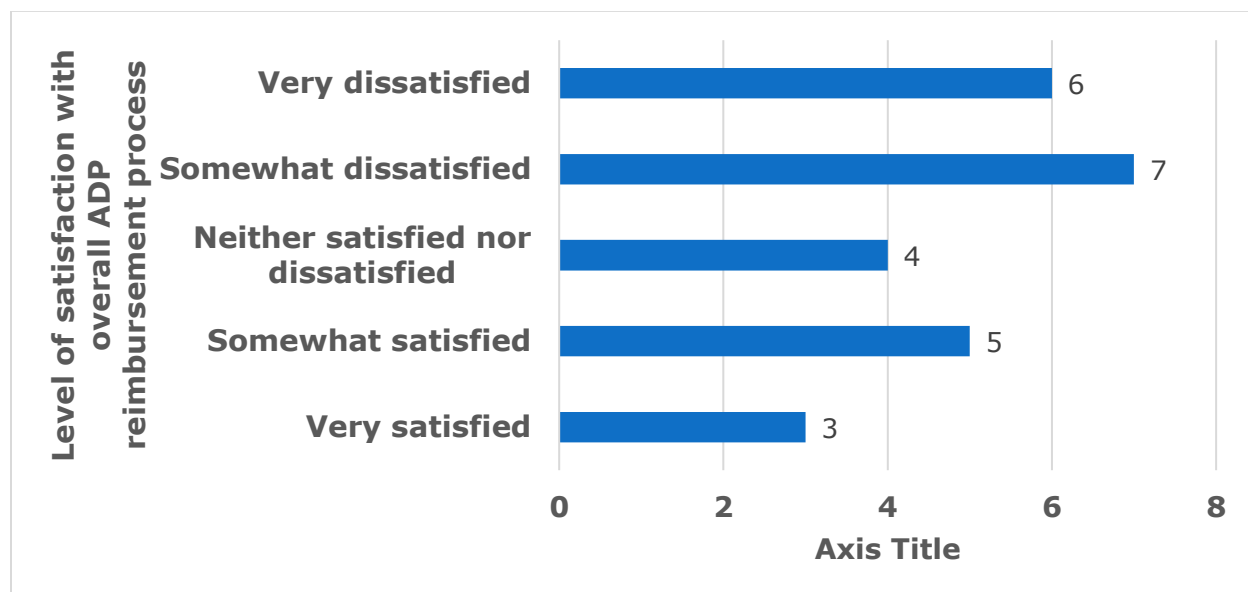
## 5.5 Level of satisfaction with the process of getting reimbursement from the ADP

Respondents were asked what their level of satisfaction was with the process of getting reimbursement from the ADP. More than half the respondents (13/25) said that they were either somewhat dissatisfied or very dissatisfied with the process while only 8 out of 25 said that they were somewhat satisfied or very satisfied with the process. (**Figure 43**).

Respondents were also given the chance to provide open-ended feedback in response to questions regarding their satisfaction with the process. A total of 19 individuals took the opportunity to do so. Among these comments, 9 highlighted issues related to the overall process being too complicated. For instance, one respondent indicated that there is “too much paperwork,” while another suggested that the system is so arduous that it seems as if the “ADP tries to wear down the authorizers and vendors.” Related to the notion of system-level problems, 6 individuals offered comments oriented around the idea that reimbursement takes too long—“too long to wait for payment,” for instance. The remaining comments were related to the process needing to be updated or modernized (2 comments), or were categorized as “other” (also 2 comments).



**Figure 43. Level of satisfaction with ADP reimbursement process**



25/25 responding

**Table 45. Level of satisfaction with overall reimbursement process.**

Level of satisfaction with overall ADP reimbursement process	Number of respondents
Very satisfied	3
Somewhat satisfied	5
Neither satisfied nor dissatisfied	4
Somewhat dissatisfied	7
Very dissatisfied	6

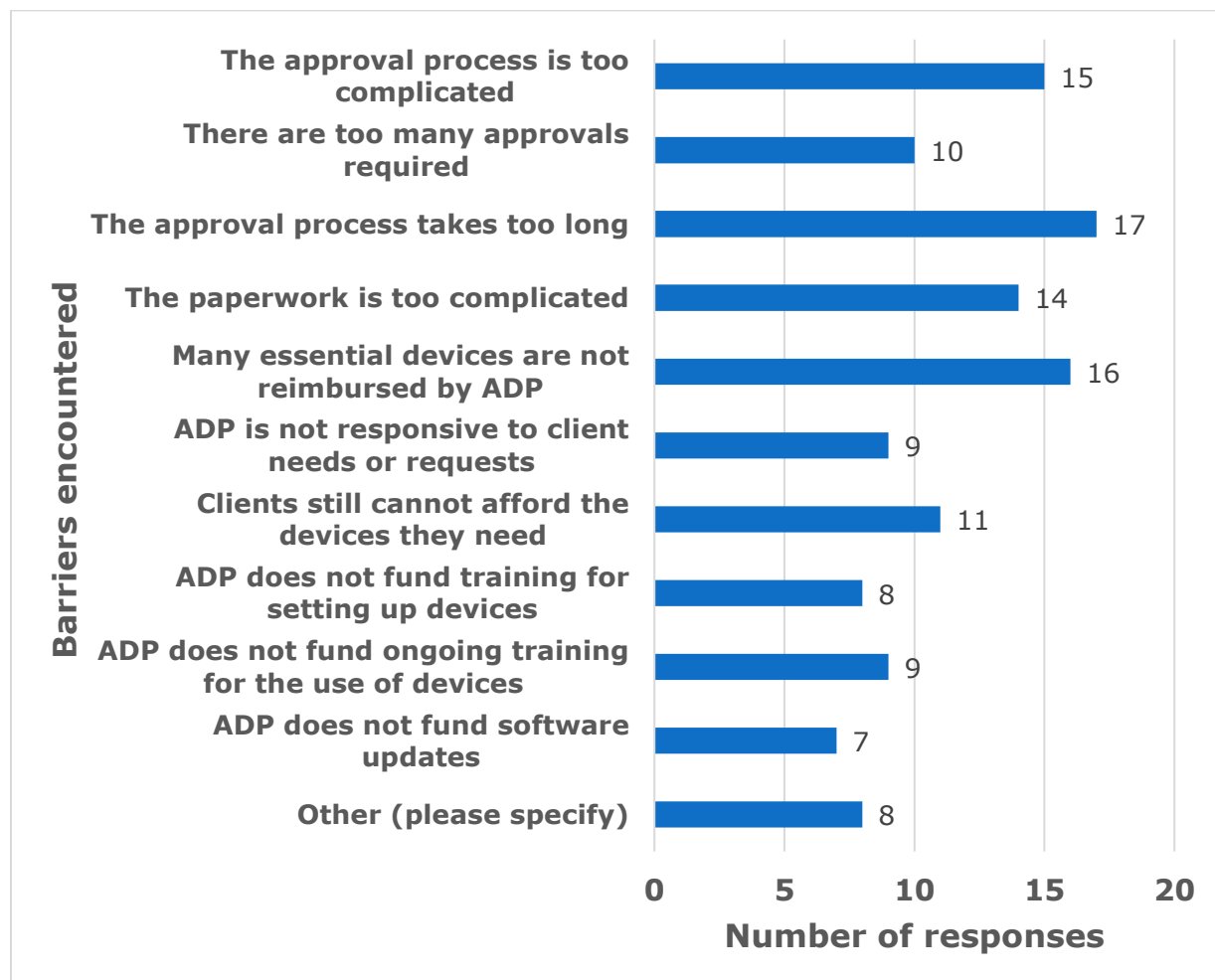
## 5.6 Barriers to approval by the ADP encountered by authorizers and vendors on behalf of their clients

Respondents to the survey were asked what barriers to approval and/or funding by the ADP they had encountered on behalf of their clients. (**Figure 44**). The majority of responses identified the four major barriers as being that the approval process takes too long (17/25 respondents); that many essential devices are not reimbursed by ADP (16/25 respondents); that the approval process is too complicated (15/25 respondents; and that the paperwork is too complicated (14/25 respondents).



As with questions regarding their level of satisfaction, respondents were given a chance to offer open-ended comments here as well: 3 individuals provided such comments. One gestured towards the ADP being overly complicated: “There should be an easier way to know what a patient is covered for. Many patients don't remember and if the application is denied, the whole process has to start all over again, delaying care.” Another suggested that the reimbursement amount is inadequate: “Training costs are high now and vendors don't get enough funds.” A final comment highlighted an issue with the reimbursement list being outdated or missing important products: “magnifiers do not cut it anymore - patients need electronic devices.”

**Figure 44. Barriers to approval by the ADP encountered by authorizers and vendors on behalf of their clients**



25/25 responding



**Table 46. Barriers to approval by the ADP encountered by authorizers and vendors on behalf of their clients**

<b>Barriers encountered</b>	<b>Number of responses</b>
The approval process is too complicated	15
There are too many approvals required	10
The approval process takes too long	17
The paperwork is too complicated	14
Many essential devices are not reimbursed by the ADP	16
ADP is not responsive to client needs or requests	9
Clients still cannot afford the devices they need	11
ADP does not fund training for setting up devices	8
ADP does not fund ongoing training for the use of devices	9
ADP does not fund software updates	7
Other (please specify)	8

## 5.7 Recommendations by authorizers and vendors for improvement of the ADP

In an open-ended question, respondents were asked what recommendations they would propose for the improvement of the ADP. The question collected 21 responses, the highest number of open-ended comments in the survey. Out of this feedback, 5 comments were related to the process being too complicated—for instance, one respondent suggested that the program organizers should “Simplify the funding approval process and make it vendor and patient-centric.” The comment aligns with other suggestions (some outlined above) that ADP is too complex, the most common theme within the survey’s open-ended responses (13 comments in total across the survey).

An additional 5 comments were categorized as “other,” running the gamut from a need for “Sensitivity to patient’s needs” to improvements that would



“Divide devices into funding categories more appropriate to what they actually are.” The next most common type of comment related to the reimbursement list being outdated and missing important products—4 comments were offered that could be categorized in this manner. One respondent, for instance, explained that the ADP organizers should “Update the list of devices with new devices and models that are more efficient and cheaper than older models. ADP should update prices, as a lot of existing devices are costlier now. There are several devices no longer manufactured or updated by software developers that must be removed.” An additional 4 comments suggested that the funding amount for devices is too low: for example, “They should increase funding especially for illuminated stand magnifiers and the video magnifiers. These devices keep people in their homes.” And finally, 3 comments related to the process needing to be updated or modernized: for instance, “Streamline the services to be completed online,” as well as “Obtaining electronic signatures from clients is difficult the way the form is currently set up.”

All of the open-ended suggestions provided in this section were grouped into qualitative categories along with the rest of the survey’s comments. The below table (Error! Reference source not found.) shows the number of comments within each category.

**Table 47. Qualitative Results from Vendors and Authorizers**

<b>Type of Response</b>	<b>Number of Responses (n=40)</b>
Issues with the process being too complicated	13
Issues with reimbursement taking too long or being of an inadequate amount	7
Other issues	6
Issues with the reimbursement list being outdated or missing important products	5
Issues related to the process needing to be updated or modernized	5
Issues suggesting the funding amount for devices is too low	4





## 6 Research Leads

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### **Keith Gordon, Principal Investigator**

Dr. Keith Gordon is the Senior Research Officer of the Canadian Council of the Blind (CCB) and the principal investigator of “The Cost of Vision Loss in Canada” study released by CCB in 2021. He is also author of the CCB report “The Impact of the COVID-19 Pandemic on Canadians Who Are Blind, Deaf-Blind, and Partially-Sighted,” published in April 2020.

Dr. Gordon is past Vice President Research of the CNIB and past Research Director of Blind and Low Vision New Zealand. He is Chair of the Board of BALANCE for Blind Adults, and Chair of the Board of the international organization Retina Action.

He is an adjunct professor in the Department of Ophthalmology and Vision Sciences at the University of Toronto and an Honorary Teaching Fellow in the School of Optometry and Vision Science at the University of Auckland in Auckland, New Zealand.

### **Chad Andrews, Investigator**

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

Collaborating with patients and patient groups, he has been involved in a number of burden of illness projects that study the personal and social dimensions of vision loss, including an article on patient communication and diabetic macular edema (DME) that was recently published in the *Canadian Journal of Diabetes*. Dr. Andrews is also active in the humanities, occasionally teaching and publishing in the areas of literature, primarily speculative fiction; policy, especially frameworks that govern the products of technoscience; and political and technological theories.



## **Michael Baillargeon, Project Co-Lead**

Michael Baillargeon is Senior Advisor, Government Relations and Special Projects for the Canadian Council of the Blind (CCB). Over the last 16 years, he has been an advisor to and advocate for the VL community. He has played a key role on a wide range of issues before the Council, including being publisher of *White Cane Week Magazine* and managing White Cane Week events including the annual summit and forum.

Baillargeon project managed CCB studies on accessible technology and assistive devices. He was co-lead on the CCB study: “The Impact of the COVID-19 Pandemic on Canadians Who Are Blind, Deaf-Blind, and Partially-Sighted,” published in April 2020 as well as “The Cost of Vision Loss in Canada” study released by CCB in 2021. Through advocacy and research, Baillargeon is dedicated to building public awareness and improving the well-being and quality of life of those living with VL. Baillargeon is proud of his efforts with the CCB to dismantle barriers to accessibility and to change what it means to be blind.

## **7 Additional Resources**

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The resources in the Endnotes below<sup>iv,v,vi,vii,viii,ix,x</sup> are included here to add additional background and to complement the findings and discussion in this report. They are not meant to be exhaustive or reflect all the opinions of the people surveyed for this study.

## **8 Terms of Use**

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## 9 Endnotes

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i The initial stakeholders represented in the ADP Reform Working Group, which is led by the Alliance for Equality of Blind Canadians (AEBC) Toronto Chapter, are the Canadian Council of the Blind (CCB) Toronto Visionaries Chapter, the CNIB Foundation, BALANCE for Blind Adults, Fighting Blindness Canada (FBC), the FBC Young Leaders Program, the CCB's Get Together with Technology (GTT) Program, and the Inclusive Design Research Centre (IDRC) at OCAD University.

ii Gordon KD, (2020). 'The impact of the COVID-19 pandemic on Canadians who are blind, deaf-blind, and partially-sighted', Available at: <https://ccbnational.net/shaggy/wp-content/uploads/2020/05/COVID-19-Survey-Report-Final-wb.pdf> Accessed December 2021.

iii Social Science Statistics. Chi-square calculator. Available at : <https://www.socscistatistics.com/tests/chisquare/default2.aspx>

iv Petrie H., Carmien S., Lewis A. (2018) Assistive Technology Abandonment: Research Realities and Potentials. In: Miesenberger K., Kouroupetroglou G. (eds) Computers Helping People with Special Needs. ICCHP 2018. Lecture Notes in Computer Science, vol 10897. Springer, Cham. Available at: [https://doi.org/10.1007/978-3-319-94274-2\\_77](https://doi.org/10.1007/978-3-319-94274-2_77)

v Desmond D, Layton N et al. (2018) Assistive technology and people: a position paper from the first global research, innovation and education on assistive technology (GREAT) summit. Disability and rehabilitation assistive technology. 13, 437-444. Available at: <https://doi.org/10.1080/17483107.2018.1471169>

vi Senjam SS, Manna S, Bascaran C. Smartphones-Based Assistive Technology: Accessibility Features and Apps for People with Visual Impairment, and its Usage, Challenges, and Usability Testing. Clin Optom (Auckl). 2021 Nov 27;13:311-322. doi: 10.2147/OPTO.S336361.



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vii Martiniello N, Eisenbarth W, Lehane C, Johnson A, Wittich W (2019): Exploring the use of smartphones and tablets among people with visual impairments: Are mainstream devices replacing the use of traditional visual aids?, *Assistive Technology*, DOI: 10.1080/10400435.2019.1682084

viii Valdez RS, Rogers CC, et al. (2020) Ensuring full participation of people with disabilities in an era of telehealth. *Journal of the American Medical Informatics Association*, 00(0), 2020, 1–4 doi: 10.1093/jamia/ocaa297

ix de Witte L, Steel E, Gupta S, Ramos VD, Roentgen U.(2018) Assistive technology provision: towards an international framework for assuring availability and accessibility of affordable high-quality assistive technology. *Disabil Rehabil Assist Technol*. Jul;13(5):467-472. doi: 10.1080/17483107.2018.1470264.

x Smith RO, Scherer MJ et al. (2018) Assistive technology products: a position paper from the first global research, innovation, and education on assistive technology (GREAT) summit, *Disability and Rehabilitation: Assistive Technology*, 13:5, 473-485, DOI: 10.1080/17483107.2018.1473895

