**Aging and Vision Loss National Coalition**

**Three-Year Plan Ending December 31, 2023**

**with Accomplishments of Inaugural Year**

**Ending December 31, 2021**

**Guiding Principles/Assumptions**

**Older Adults Living with Blindness or Impaired Sight**

* **have intrinsic value** and deserve to be treated with respect and compassion
* **are capable of self-determination** and are entitled to full and accurate information from professionals and vendors in to determine how and where they want to live
* **will benefit** from access to high quality comprehensive specialized vision rehabilitation services based upon personal needs and objectives
* **are indispensable partners** in creating a livable world for themselves and peers,
* **make significant contributions** to their employers, families, and communities

**Effective Policies, Practices and Systems that affect Older Adults Living with Blindness or Impaired Sight require**

* **Innovation** unconstrained by existing models
* **Awareness** throughout societyabout and understanding of aging & vision loss
* **Collaboration** amongst experts and advocates
* **Universal Design**
* **Cultural Competency**
* **Equitable Funding**

**Services Innovation & Universal Design** - Service delivery to OIB ought not to be constrained by existing models, nor should we feel it necessary to choose only one model or approach – all effective approaches are welcome and encouraged;

**Specialized Assessment and Services** – these are developed specifically for people with blindness, low vision and other visual impairment and are an essential component of every treatment plan regardless of the service provider;

**Service Quality** - consumers deserve program service standards - they protect the consumer and funder; accountability is desirable**;**

**Cultural Competency** – best practice demands services to be culturally competent and sensitive to people of color, non-English speaking and other immigrant populations, income levels;

**Equitable Funding** - OIB should receive the % of funding from the govt and private sources that reflects their % of the total pop for funding of persons with vision loss

**Purpose of the Coalition’s Work**

Ensure older adults with vision loss receive high quality comprehensive specialized vision rehabilitation including low vision services by focusing the healthcare, aging and vision rehabilitation communities on:

* the unique challenges of the combined experience of aging and vision loss;
* the impact of aging & vision loss on the socio-economic life of our nation; and
* the need to work together to advance research, policy & funding that results in much greater access to quality vision rehabilitation services to a majority of older adults and maximizes their positive contributions to society and community life.

**Niche/Differentiators**

The combined aging and vision rehabilitation expertise of its members in collaboration with consumers and advocacy partners uniquely positions AVLNC to engage the aging, healthcare and vision rehabilitation networks in essential program and policy changes, which no other groups are doing.

**Targeted Sector/Market Segments:**

* Eyecare professionals: ophthalmologists and optometrists
* Other Medical professionals: geriatricians and gerontologists and OT’s
* Aging Policy Makers: Administration on Community Living (including CIL’s), National council on Aging, National Area Agencies on Aging, Gerontological Society of America, AARP, Area Agencies on Aging, Long-term Care Providers, Assisted Living
* Healthcare Policy Makers: CDC, NEI, NIH, CMS, Surgeon General, Home Healthcare Agencies and staff
* Older People (including those with vision loss) and Their Families
* Elected Officials at the federal and state levels
* ACB, ACVREP, AER, NFB, BVA, FFB, NOAH (Consumer and Professional Associations)
* Research Partners including NASEM and CDC
* Universities with Relevant Personnel Preparation Programs
* Vision Rehabilitation Community: Community-based service providers, national organizations, RSA, DOE, state agencies, TAC’s

**Inaugural Year Accomplishments January 1 – December 31, 2021**

**AVLNC Steering Committee and VSA AVLNC Staff**

***Co-Chaired by Lauren Branch, NewView Oklahoma; and Lee Nasehi, VSA***

* Develop, coordinate, and monitor a calendar of national conferences within the Aging & Allied Healthcare Networks at which members of the AVLNC can present “Reframing Aging & Vision Loss Seminars”.
  + **Sylvia Perez, Nancy Miller, Lauren Branch and Pris Rogers presented at the N4A and NCOA National Conferences (both were virtual) last year.**
* Hire and/or contract AVLNC staff in accordance with plans and dedicated funding.
* **Contracted with Mark Richert through AER for policy work; contracted with Dr. Pris Rogers to manage the development of the plan for the Aging and Vision Loss Leadership Academy, the Public Awareness Committee, and the Policy & Funding Committee; and contracted with Anisio Correia to manage the development of a plan for the Consumer Self-Advocacy Training Program, the Data & Research Committee, and Access to Quality Services Committee.**
* Develop a complete plan and secure funding for a “Leadership in Aging and Vision Loss Academy” with an initial cohort of 10 professionals from VSA member organizations.
  + **Plan is 90% complete. Will use the rest of this calendar year to generate interest, recruit first cohort, and secure funding; have met with several potential funding sources.**
* Plan and facilitate initial AVLNC Meeting in January and subsequent quarterly meetings.
  + **Quarterly and Annual Planning Steering Committee Meetings and Full Coalition Meetings all conducted as planned; significant attendance at every event; VSA collaborated with AER to host all the online sessions.**
    - January Q1: 1/22/21
    - April Q2: 4/7/21
    - July Q3: 7/12/21
    - October Q4: 10/18/21
* Enhance & Maintain [AVLNC Website](https://visionservealliance.org/avlnc/) and [Document Portal](https://drive.google.com/drive/folders/1QXWTWmwbgIx7B_5lyC9162C_lJ0952C6?usp=sharing).
  + **A work in progress, administered by VSA staff.**
* Develop and manage [AVLNC Listserve](https://avlnc.groups.io/g/main).
  + **Completed by VSA staff.**

**Public Awareness Committee**

***Co-Chaired by Sylvia Perez, MSU OIB-TAC; and Nancy Miller, VISIONS***

* MSU select ad agency for [public awareness campaign](https://visionservealliance.org/public-awareness-committee/) by Jan. 1, 2021.
  + **Complete.**
* Reach out to the Reframing Institute to get feedback for campaign. Include AVLNC info as well. (Jan. 30, 2021).
  + **No response to initial inquiries and so put on hold; will attempt again in 2022.**
* Enlist 50 agencies to disseminate the awareness flyer to their aging and social service networks and track results of referrals - start with VSA members. (Feb. 1, 2021 for dissemination and report back results on 8/1/2021)\*
  + **What were the results?**
* Develop awareness campaign and toolkit (MSU) and disseminate (7/1/2021)\*
  + **Did this happen?**
* Ensure that at least 50 agencies in 10 states have the awareness toolkit and training on how to promote awareness and use the tools. (Nov. 1, 2021)**\*** 
  + **Did this happen?**

**\*Note:** We have several elements to the awareness campaign, including the “[If you can’t see something, say something](https://visionservealliance.org/avlnc-awareness-campaign-resources/)” flyer, the timetobebold campaign, and a mini documentary coming up… We have these all up on the OIB-TAC.org site, with [www.TimeToBeBold.org](http://www.timetobebold.org/) having its own landing page that links over to the OIB-TAC.org and a finding services page that links to many agencies (not all VSA agencies are included-as the decision was made to only include those directly funded with OIB funds).

In addition, there are files on the OIB-TAC site for a flyer/postcard that can be downloaded and printed. However, in Sept. all OIB program managers were mailed the “timetobebold” flyers and postcards and signature guides to disseminate. There are also a couple of courses on community outreach. These are elements of the toolkit but not labeled that way on the site.

Furthermore, it was disseminated to members at the VisionServe Alliance conference when we discussed the AVLNC and to the steering committee and AVLNC membership. Finally, a meeting was conducted to introduce the vision rehabilitation agencies throughout the state of New York to the NY State Director of the Office for the Aging and Director Greg Olsen received information on how to contact each agency for referrals and what counties they cover. This is an effort to connect to the aging and vision rehabilitation systems in New York. Included in that meeting were staff from the New York State Association of Area Agencies on Aging throughout NYS.

**Policy & Funding Committee**

***Co-Chaired by Mark Richert, VSA/AERBVI, and Pris Rogers, AFB/Advocate***

* Draft an aging and vision loss “message bill” that includes components that provide comprehensive services and supports to promote independence and quality of life for older people with vision loss including determining ask for OIB funding and needed language changes in the Rehabilitation Act and Older Americans Act (and others as identified). Additionally, obtain buy-in from blindness advocacy groups and find sponsor(s) and/or support for the recommended changes.
  + **Draft started and will be completed by the end of 2021.**
* Build relationships with key stakeholder partners about specific asks, such as connections with organizations like Prevent Blindness (related to the Congressional Vision Caucus), National Council on the Aging, etc.
  + **Started; can’t finish until draft is complete.**
* Develop supporting materials and tools for use with the Coalition and related stakeholders, e.g. one-pagers to comprise a take action toolkit.
  + **Scheduled for 2022.**
* Start development of advocacy training program for older people with vision loss.
  + **A committee has been formed, curriculum outline has been delineated; research on similar efforts undertaken; partnerships being explored with Hadley, APH, Prevent Blindness, WellConnected, Alliance on Aging and Vision Loss (AAVL), etc. Will complete in first half of 2022.**

**Data & Research Committee**

***Co-Chaired by John Crews, retired CDC; and Jaclyn Borchardt, Vision Forward***

* Conduct 3 seminars on data driven science for VSA members and partners, in collaboration with Dean Van Nasdale from OSU.
* **Will have conducted four:**
  + Data Driven Science Series Episode 1 – [Dean VanNasdale – Quantifying the Determinants and Public Health Impact of Vision Impairment in the United States](https://www.youtube.com/watch?v=7Caa895iAPQ&feature=youtu.be&ab_channel=VisionServeAlliance)
  + Data Driven Science Series Episode 2 – [Dr. William Monaco – The Prevalence of Vision Impairment and Eye Diseases Among Nursing Home Residents: The Delaware Study](https://www.youtube.com/watch?v=XA2zIBcIZig&ab_channel=VisionServeAlliance)
  + Episode 3 recording was lost due to a technical error.
* Assemble key articles regarding prevalence of vision impairment and disparities among people with/without vision impairment. Create a bibliography of relevant papers and make a full article, accessible, library for VSA members.
  + **In process: After considerable discussion, group members decided to develop a survey to better understand the perceived need for publications and articles from stakeholders (practitioners and administrators) in vision rehabilitation. Survey results are in and affirmed the need for a resource list. A preliminary list has been added to the VSA website.**
* Address development of standardized outcomes for vision rehabilitation services.
  + **In progress.** [Vision Serve Alliance Blind and Low Vision Rehabilitation Services Outcomes (VSA-RSO)](https://drive.google.com/file/d/1y7zkOfTL7ozx-dMerHXobT40GK1HkhLq/view?usp=sharing)
  + Conduct telephone conference with others currently involved in Outcomes research
  + Characterize current initiatives in measuring outcomes
  + Make recommendations to VSA regarding measurement strategies
* Review the NASEM *Making Eye Health a Population Health Imperative* (2016) report’s vision rehabilitation chapter to identify common objectives between NASEM report and VSA AVLNC strategic plan.
  + **Complete.** [AVLNC, NAESM, NEI Analysis](https://visionservealliance.sharepoint.com/sites/VisionServeAlliance/Shared%20Documents/AVLNC/AVLNC%20Committee%20-%20Data%20and%20Research/AVLNC-NASEM-NEI-Analysis-MPeskoe.docx)
* Identify and suggest standard vision questions for inclusion in community health surveys.
  + **Completed a pilot project and put into practice at one of our organizations. ElderCare locator to use ACS question for screening for vision services. This workgroup concluded its work and identified the efficacy of questions being used across various surveillance instruments. The group categorized these questions into three tiers based on their value and efficacy. A webinar on this topic was offered on October 20, 2021.**
    - [Vision Assessment Questions](https://docs.google.com/document/d/1-JBF2EdD6Fyt5XvAaUfaRgIxYUZngxhe/edit?usp=sharing&ouid=108836162698934627314&rtpof=true&sd=true)
    - [Survey Questionnaire](https://docs.google.com/document/d/1Dw5-IqTx4mxKZ6qIw4LfHwJ4PONtVAvS/edit?usp=sharing&ouid=108836162698934627314&rtpof=true&sd=true)
* Develop a plan and funding for the Big Data Project, a national report that includes 50 state profiles of incidence/prevalence data described by BRFSS indicators, with the purpose of providing service providers with robust data to plan services and advocate for support.
  + **Plan completed. Contract with Ohio State University to run data, conduct the analysis and prepare the reports for each state and national signed; and Phase 1 Implementation underway with 8 states participating (Pennsylvania, Louisiana, California, Florida, Missouri, Oklahoma, New York and Illinois). Will have Phase 1 Reports ready in early January 2022.**

**Access to Quality Vision Rehabilitation Services Committee**

***Co-Chaired by Neva Fairchild, AFB and AERBVI, and Elly du Pre, FASB & AERBVI***

* Reach out to all personnel preparations programs to establish or join a working group focused on aging and access to quality services for older people with vision loss.
  + **Committee members decided to explore the possibility of organizing a webinar-like presentation for the purpose of highlighting successful vision rehab programs which incorporate the services of Occupational Therapists. It is anticipated that we will be able to offer this webinar during the fourth quarter of this year or early in 2022. We encouraged members of AVLNC with successful experiences in this arena to contact the Access to Quality Services Committee, so that their program(s) may be included in the presentation.**
* Seek opportunities to connect with Federally Qualified Healthcare centers to increase access to vision care for older people and connect centers to referral sources, such as the Aging Network and vision rehabilitation services.
  + **CPR Subcommittee – Cultivating Partnerships and Referrals: This subcommittee has been divided into three subgroups, namely, Medical, Government and Community/Social Services. Each of these subgroups has been identifying and discussing strategies for reaching out to and developing partnerships with each of these three distinct constituencies. It is estimated that this work will conclude during the fourth quarter of this year, resulting in separate fact sheets outlining these strategies.**
* Prepare a tool kit, and recruit people locally to present at Aging Network Conferences, on the screening tool developed by New View Oklahoma. Spreading the word about the screening tool and what the ROI of using it is.
  + **Will pursue in 2022.**
* Support New View Oklahoma’s Pilot Project with Oklahoma’s Aging Network.
  + **A toolkit is being developed and will be posted on the AVLNC website later this quarter, available both as an electronic resource and for printing different relevant sections.**
  + **A representative from New View Oklahoma is an integral part of the Toolkit subcommittee, and is committed to begin using it as part of NewView’s outreach to the aging network.**

**One-Year Plan: January 1 – December 31, 2022 Goals**

**Steering Committee & VSA/AVLNC Staff**

* Launch the AVL Leadership Academy with a cohort of 10
* Develop an AVLNC Scorecard
* Identify a pool of champions in our field who truly understand the Aging & Vision Theory of Change and embrace a greater vision
* Complete the Aging & Vision Loss aspect of the Big Data Project
* Complete the Consumer Advocacy Training Program Planning & Execute (in conjunction with Policy & Funding Committee)

**Public Awareness**

* Create an annual calendar of Aging & Vision Loss conference presentation opportunities; encourage the development of several Aging & Vision Loss presentations by all AVLNC Committees; coordinate a pool of AVLNC presenters to participate in a prioritized number of these
* Develop guidelines for writing and sources for submitting articles about Aging & Vision Loss to specialized and mainstream publications; conduct online training sessions (VSA webinars) for interested professionals; encourage professionals in our member organizations to write and submit articles about AVL; ask AVL Leadership Academy Emerging Leaders to do this as well; target one publication per month.
* Pursue a Messaging Campaign with The Edge of the Ad Council
* Challenge each of the Committees to present at AER and other conferences on Aging & Vision Loss; don’t have to participate in-person – submit recorded presentations

**Data and Research**

* Offer quarterly webinars on data-driven science about 60 minutes in length & recorded
* Research bibliography continued – collect vetted items to share with members/field
* Generate a paper (for JVIB) to summarize the most urgent research needs in our field to attract potential researchers and funding – will take all of 2022 and perhaps into 2023
* RSO (individual function focused) will continue (it is currently in process with universities). Consider the development of a “quality of life” outcomes tool. RSO group is interested expanding the scope once the RSO is completed.
* Survey VSA members to learn what Quality of Life Surveys they are using in their vision rehabilitation programs and consider/analyze the data being collected in consideration of a national project.

**Policy & Funding**

* Teddie-Joy’s Law – complete the full draft (transportation and technology are still fuzzy and needs to be resolved ASAP); build support from key stakeholders and identify/recruit congressional sponsors and bill number; gain support of the Congressional Vision Caucus
* Collect from and share with members how they have secured funding for Older Adults with Vision Loss in their states/locally
* Consumer Advocacy Training Program plan in partnership with AAVL completed and launched – and focused on Teddie-Joy’s Law (and more); pilot trainings (6-8 sessions); looking for VSA members to refer participants. Exploring partnerships with Hadley & APH. First training will likely be members of AAVL.

**Access to Quality Services**

* Toolkit: complete and disseminate to all vision rehab networks.
* Personnel Prep: assure gerontological issues are included in higher ed personnel prep programs for vision rehab professionals.
* Encourage all states to specifically mention/include older adults with vision loss in their VR and IL plans.
* Create a presentation and conduct as a webinar and at national conferences (VSA, AER) in 2022 that depicts effective service models utilizing OT’s and COTA’s who are trained in low vision/vision rehabilitation. (NOTE: Jenice mentioned that there is a working group of OT’s that are developing standards, tools, training, etc. on this subject.)
* Employment: Develop position on and plan for campaign employment of older adults with vision loss – what are most significant issues we can impact?
* Community Partnerships and Referrals: Utilize Aging & Vision Rehab briefing paper in a campaign to alert provider organization leaders about the “future of vision rehabilitation”.

**Two-Year Picture: by December 31, 2023**

* AER Higher Education Accreditation Commission (HEAC) will have mandated a comprehensive aging curriculum.
* The Coalition will have developed the framework and hired the firm for the National Awareness Campaign.
* Substantive communication from the Coalition with the AD Council will have occurred and application submitted.
* Coalition members will be presenting at all relevant major Aging Conferences.
* National vision rehabilitation service/outcome data will have started being collected.
* The Coalition will have established a collaborative relationship with at least 6 National Organizational Partners.
* The Congressional Vision Caucus will have established an Aging Focus.
* Vision-related research recommended by NASEM will be underway.
* A Surgeon General’s Report on Aging & Vision Loss will be in discussion.
* The Coalition will be conducting/coordinating Consumer Advocacy Training.
* The Coalition will have established a relationship with the Congressional Physicians Caucus.
* VSA will have established the funding mechanisms necessary to support the AVLNC Initiatives.
* The Coalition will have developed the OIB Cost of Living strategy and language and supported by the blindness community.

**Three-Year Target: by December 31, 2024**

* AVLNC will have strategic alliances with national partners and policy champions who agree to include aging & vision loss in federal legislation and other policy documents.
* The Surgeon General will issue a report on the Impact of Aging and Vision Loss based upon the recommendations that came out of the NASEM workshops.
* Vision-related research recommended by NASEM will be underway; some completed and in report status for Surgeon General consideration.
* A national interagency committee on Aging & Vision Loss will be established and meeting in a meaningful way (in accordance with the 2016 NASEM recommendations.)
* Older adults with vision loss are included as a targeted population in aging policy, public health initiatives (i.e., Healthy People 2030) and health coverage.
* Eyecare professionals recognize that vision rehabilitation is a part of the continuum of care and routinely make appropriate referrals.
* Older adults with vision loss are trained & mobilized to advocate for policy change.
* Federal funding for older adults with blindness and low vision will be increased; at a minimum OIB Funding will be increased tenfold and regular cost of living increases thereafter will have been enacted.
* Other funding at state and local levels will be available and utilized by community-based vision rehabilitation providers.
* The field of Vision Rehabilitation will have adopted practice and program standards.
* Outcome measures will be collected routinely by vision rehabilitation providers and shared with research partners for the purposes of establishing evidence- based programs.
* Federal grants will be available again for the establishment of new community-based vision rehabilitation programs in severely underserved parts of the nation.
* University programs for eyecare, occupational therapy, geriatrician & gerontology professionals will include aging *and* vision loss curricula and facilitate practicum opportunities in community-based vision rehabilitation programs; and those for vision rehabilitation will include specific aging curricula.
* Best practices for the combination of Aging & Vision Rehabilitation Services will have been established, rolled out and accepted by both professional networks.
* Clinical data on eye disease/condition and acuity/specific vision loss will be routinely collected nationally and reported (including counting all older adults with vision loss.)
* National Awareness Campaign on Aging & Vision Loss (based upon the Frameworks Institute recommendations) is funded, executed and adopted by national partners.
* The National Policy Collaborative will have a joint legislative agenda on AVL