**AGING & VISION LOSS THEORY OF CHANGE**

**October 2020**

**Losing vision later in life is an overlooked yet rapidly growing public health crisis, which has been exacerbated by COVID-19.**

At least 12 million Americans over the age of 60 report significant difficulty seeing resulting in reduced ability to engage in necessary daily tasks or activities they once found enjoyable. Accurately taking medications, getting groceries, cooking, reading mail, and other mundane chores can seem impossible without assistance. The current pandemic-related restrictions have intensified social isolation, loneliness, anxiety and dependence resulting in diminished physical and mental health of older people with vision loss. Without intervention, these devastating effects can have a lasting effect. Mounting evidence supports a link between vision impairment and risk for dementia and mild cognitive impairment. This correlation is particularly notable in women, and those with more significant visual impairment are at greater risk.

While vision loss is not a natural part of aging, research has shown that at least half of Americans aged 65 and older are at high risk of eye diseases that can lead to impaired sight such as glaucoma, macular degeneration and diabetic retinopathy. The CDC estimated that eye disorders and vision loss are among the costliest conditions to the U.S. economy at more than $145 Billion. Based on ever-increasing healthcare costs and an aging population, this cost will continue to grow through 2050.

**The magnitude of this crisis requires a paradigm shift.**

**Older People Living with Blindness and Low Vision are:**

* A growing and diverse population *spanning three generations*
* Valuable and significant contributors to employers, family and community life
* Deserving of respect and compassion
* Capable of self-determination regarding their lifestyles
* Indispensable resilient partners in creating a livable world
* In need of specialized services & accessible resources, tools and environments

**In order to be Effective, Policies, Practices and Systems in Support of Older People Living with Blindness & Low Vision must be:**

* Included in social determinants of health acknowledging the unique risks of aging with vision loss
* Developed in collaboration with experts & older people skilled in self-advocacy
* Culturally competent
* Equitably funded

**Factors Contributing to the Problem**

Barriers to older people with vision loss accessing tools and services necessary for living an independent, engaged and meaningful life include but are not limited to:

* Vision issues are largely ignored in public policy; one important example is that vision loss and related issues are not mentioned in the Older Americans Act.
* A dearth of understanding of age-related vision loss and corresponding professional interventions for older people amongst long-term care and healthcare providers, the aging network and even eyecare professionals.
* Severely inadequate public funding for vision rehabilitation services for older people resulting in inadequate numbers of qualified personnel and readily available community-based services in many areas of the country.
* Vision rehabilitation services, low vision and other optical devices are not covered by Medicare and Medicaid.
* Extremely limited funding for accessible technology and training on its usage.
* Limited, inaccessible & unaffordable public transportation options.
* Social determinants of health obstruct the timely and effective treatment of chronic medical conditions including age-related vision loss.

**Ideally, older people with vision loss will successfully age in place, engage in meaningful activities, and access resources, professional vision rehabilitation services, independent living tools and employment when desired. Actions that can facilitate this change are as follows:**

**Awareness:** A National Awareness Campaign conducted in collaboration with all national blindness organizations, MSU OIB-TAC, State VR Agencies, community rehabilitation providers and other national partners outside The Field.

* Develop strategic partnerships with eyecare and other medical professionals, the aging network, allied healthcare entities and integrated care collaboratives.
* Develop toolkits and training videos for dissemination and use by partners and coalition members.
* Hire a PR firm to develop and conduct an awareness campaign.

**Outcomes:** It is generally understood that . . .

* Normal aging of the eye does not lead to vision loss; vision loss is the result of eye disease; most common eye diseases in America are age-related.
* Vision loss is a chronic health condition. It is pervasive and has a significant impact on older adults, their families and communities.
* Vision loss is recognized by HHS and CDC as a chronic health condition; is included in the Chronic Care Act, and vision specific issues and solutions are included in the Older Americans Act.
* Vision rehabilitation is the process of treatment and education that helps individuals who are blind or have low vision attain maximum function, well-being, personally satisfying levels of independence, and optimum quality of life.
* Vision rehabilitation is a quality standard of care and medical, allied health and aging network professionals routinely seek to identify and connect older people experiencing vision loss to those services.

**Policy & Funding**: National and statewide advocacy to assure relevant policy and legislation such as OAA referencing vision-specific issues and services and; promotion of the recognition of vision loss as a chronic condition and Medicare/Medicaid covering vision rehabilitation, low vision devices and access technology; and that public funding of services for this population is significantly increased.

* Advocate for the creation of federal interagency committee on Aging & Vision Loss in accordance with the 2016 NASEM recommendations
* Advocate for significantly increased public funding for Older People with Vision Loss with annual cost of living increases (from Rehab Services Admin for OIB)
* Explore funding opportunities with the Administration for Community Living
* Prepare draft language for incorporation in specific documents like OAA
* Participate in coalitions in pursuit of Medicare/Medicaid coverage of vision rehabilitation services and devices (low vision and technology)
* Develop toolkits demonstrating alternative funding strategies used in state & local government and share with all members to explore applicability
* Prepare & distribute specific briefing papers that educate policy makers on all significant aspects of aging & vision loss

**Outcomes**: Public funding for the following interventions is increased at least ten-fold:

* Professional vision rehabilitation services
* Qualified personnel training
* Devices & technology with training on usage for older people with vision loss

**Data & Research**: Assure meaningful vision loss incidence and prevalence data is collected and shared; that vision rehabilitation outcomes are measured and disseminated widely; and that the research recommended in the 2016 NASEM Report is conducted to establish evidence-based programming and the efficacy of vision rehabilitation services for funders.

* Advocate with CDC for consistent collection of incidence/prevalence data.
* Compel Healthy People 2030 vision objectives to include AT & vision rehab.
* Develop and promote the use of an outcome measurement tool for professional vision rehabilitation services by all service providers in the field.
* Initiate vision rehab services research projects in higher ed and other institutions in accordance with the 2016 NASEM Report on Vision.
* Collaborate with NASEM on topic workshops culminating in a report to support national policy recommendations concerning aging & vision loss.

**Outcomes:** National data is regularly collected and disseminated on an annual basis

* Documenting the incidence, prevalence and co-morbidity of all older people with vision loss; with cross reference to social determinants of health
* Documenting evidence-based professional vision rehabilitation service outcomes
* And national evidence-based research has established the value of vision rehabilitation services and programming.

**Access**: Establish a “no wrong door” system of care for the identification of older people experiencing vision loss and their connection to professional services and accessible solutions in support of independent living and employment.

* Develop and disseminate screening tools to partners in aging and allied health networks including long-term care; create streamlined process for referral to vision rehabilitation services.
* Field-wide promotion of standardization and best practices for vision rehabilitation services amongst all service providers in the field.
* Advocacy for inclusive design, affordable community-based transportation and 508 compliance of all communication outlets.

**Outcomes:** Older people with vision loss have easy access to . . .

* High quality professional vision rehabilitation services throughout the U.S.
* Accessible living environments that accommodate living with vision loss
* Information through accessible technology
* Affordable transportation options