



8760 Manchester Road
St. Louis, MO 63144
(314) 961-8235
[VisionServe Alliance](#)

August 14, 2023

Administration on Aging
Administration for Community Living
Department of Health and Human Services
Attention: ACL-AA17-P
Washington, DC 20201

Re: NPRM – Older Americans Act: Grants to State and Community Programs on Aging, Indian Tribes for Support and Nutrition Services, Supportive and Nutritional Services to Older Hawaiian Natives, and Allotments for Vulnerable Elder Rights Protection Activities

FR#: 2023-12829
RIN: 0985-AA17

To Whom It May Concern:

On behalf of [VisionServe Alliance](#) (VSA) and the [Aging and Vision Loss National Coalition](#) (AVLNC), we urge you to consider the following recommendations for changes to proposed OAA regulations related to the needs of people with age-related vision loss.

VSA and our partner organizations share an unwavering commitment to vastly improve the lives of people with blindness and low vision. Leading a powerful, nationwide alliance since 1987, VSA helps enhance the overall health of the vision loss field by addressing the strategic issues most impacting our field and people facing blindness and vision loss.

VSA leads the AVLNC, a consortium of 160+ organizations and leaders of national, state, local, private, and public agencies who advocate for increased access and enhanced quality of life for older Americans with blindness and low vision. AVLNC empowers older adults to age in place, primarily through vision rehabilitation services and training. Although vision rehabilitation services provide life-changing benefits and substantial long-term cost savings, **less than 5% of older people with blindness or low vision currently receive vision rehabilitation services.**

Basis for Recommendations

In the changes recommended below, we make explicit reference to the inclusion of “older individuals with sensory loss” as these individuals are left out of the revised definitions for greatest social and economic need.

A recent study estimated that 12.5 million people over the age of 40 years in the United States experienced vision impairment. Of those, 1.02 million were blind (visual acuity of 20/200 or worse), 3.22 million had vision impairment (visual acuity of 20/40 to <20/200), and 8.2 million had uncorrected refractive error. **By 2050, the population of people with vision impairment is expected to increase by 118%**. The greatest increases will be among women, older people, African Americans, and Hispanics (Varma et al, *JAMA Ophthalmology*, 134(7), pp.802-809).

The Numbers Speak

- About 7.3% of older US residents report blindness or low vision.
 - Women, African Americans, Hispanics, Native Americans, and those 80+ years old report higher prevalence of vision loss.
 - Vision loss is not evenly distributed across the states, nor within states.
- Older people with blindness and low vision have **lower levels of education and are poorer** than older people without blindness and low vision.
 - 28.7% of older people with blindness and low vision did not graduate.
 - 37% have annual incomes below \$20,000 (just \$300 above the federal poverty level for a household of two people).
- Older people with blindness and low vision are more likely to have a **lower health-related quality of life**.
 - Older people with blindness and vision loss are almost three times more likely to be **unable to see a doctor** because of the cost compared to older people without vision loss.
 - **Poor mental health** among older people with vision loss is 2.5 times that of older people without vision loss.
 - Older people with blindness and low vision generally have a **greater likelihood of reporting other medical conditions** (e.g., hearing impairment, diabetes, stroke, heart disease) than older people without vision loss.
 - They are also **more likely to have age-related chronic conditions** compared to older people without vision loss as shown in this chart:

Chronic Conditions among People Aged 65+ Years, with and without Blindness and Low Vision, United States, 2019, BRFSS

Chronic Condition	% with Blindness and Low Vision	% without Blindness or Low Vision
Stroke	16.9	7.3
Heart Disease	18.2	10.1
Diabetes	36.4	22.1
Depression	26.9	13.9
Hearing Impairment	33.3	13.8

Further,

- Geographically, prevalence of severe vision loss is greatest in the southern, southeastern, and southwestern United States.
- Overall, people with blindness and low vision are **disadvantaged in multiple domains** of poorer health, decreased quality of life, and increased disability, placing them at greater risk for compromised independence and autonomy.

[VisionServe Alliance (2022). *United States' Older Population and Vision Loss: A Briefing*, St. Louis. [VisionServe Alliance Big Data Insights](#)]

Specific Comments on OAA NPRM

§ 1321.3, Definitions:

With ACL's decision to delete the terms "frail" and "severe disability", we feel it is critically important to add "*sensory loss*" to two of the definitions that make up "greatest social need" as spelled out below:

Greatest social need, as used in this part, means the need caused by noneconomic factors, which include:

(1) Physical and mental disabilities

Recommendation: Add "*sensory loss including deaf, hard of hearing, blind or visually impaired, and deaf-blind*" to this category. We would like to see these added to the final rule. If ACL decides not to include them in the final rule, then we strongly urge ACL to make reference to these in the preamble, notes, or other commentary accompanying the final rule.

(6) Chronic conditions

Recommendation: Add "*sensory loss including deaf, hard of hearing, blind or visually impaired, and deaf-blind*" to the definition of chronic conditions. We would like to see these added to the final rule. If ACL decides not to include them in the final rule, then we strongly urge ACL to make reference to these in the preamble, notes, or other commentary accompanying the final rule.

Additional Recommendations for Definitions:

- Add the terms "*accessible*" and "*accessibility*": The terms "*accessible*" and "*accessibility*" in connection with the delivery of services and information to older individuals with vision and or hearing loss mean physical and programmatic access ensuring the full and equal participation of Older Americans.

- Add the term “*vision rehabilitation services*”: A wide range of professional services that can restore functional independent living after vision loss; such services are provided by a team of specially training and credentialed professional, which may include low vision therapists, vision rehabilitation therapists, orientation and mobility specialists, assistive technology instructors, and other allied health professionals.

§1321.85, Supportive Services

Proposed § 1321.85 clarifies the supportive services set forth in Title III, Part B, section 321 of the Act, which includes in-home supportive services, access services, and legal services. It also clarifies allowable use of funds, including for acquiring, altering, or renovating, and constructing multipurpose senior centers and that those funds must be distributed through an approved intrastate funding formula or funds distribution plan, as articulated in the State plan.

Recommendation: Include in the definition of in-home support services the ability to provide vision rehabilitation services as we proposed for inclusion in the definitions section.

Recommendations Related to State and Area Plans

§ 1321.27, Content of State Plan

- (1) In response to the RFI and other requests for clarification, we propose additional required core elements for the State plan, including that the, State plan: must provide evidence that it is informed by, and based on, area plans; explain how individuals with greatest economic need and greatest social need are determined and served**; include the State agency's intrastate funding formula or funds distribution plan; demonstrate outreach to older Native Americans and coordination with Title VI programs under the Act; certify that program development and coordination activities will meet requirements; specify the minimum proportion of funds that will be expended on certain categories of services; provide information if the State agency allows for Title III–C–1 funds to be used as set forth in proposed § 1321.87(a)(1)(A); describe how the State agency will meet its responsibilities for the Legal Assistance Developer; explain how the State agency will use its elder abuse prevention funding awarded pursuant to Title VII of the Act; and describe how the State agency will conduct monitoring of the assurances to which they attest. The proposed provision also clarifies the Assistant Secretary's authority to establish objectives for State plans, including objectives related to Title VII of the Act.

Recommendation: As explained in the rationale in the definitions section, older people who have visual impairments meet the greatest economic and social need criteria. Therefore, add as a core element, coordination with the OIB-TAC

programs such as vision rehabilitation services under RSA as specified in TITLE IV—ACTIVITIES FOR HEALTH, INDEPENDENCE, AND LONGEVITY (7) coordination with the designated State agency described in section 101(a)(2)(A)(i) of the Rehabilitation Act of 1973 (29 U.S.C. 721(a)(2)(A)(i)) to provide services to older individuals who are blind as described in such Act; [note [OIB-TAC refers to Older Individuals Who Are Blind Technical Assistance Center](#)]

- (2) The regulations address that the State plan must define greatest economic need and greatest social need, including for the following populations: Native American persons; persons who experience cultural, social, or geographical isolation caused by racial or ethnic status; members of religious minorities; lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) persons; persons living with HIV or AIDS; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality as the State defines it. The Act directs State agencies and AAAs to focus attention, advocacy, and service provision toward those in greatest economic need and greatest social need.

Recommendation: State and area plans should address specifically people who have sensory disabilities as stated above.

Justification for Recommendations: The data from national databases and stated in the report referenced earlier indicate that people 65 and older with vision loss fit both categories. As noted, they experience both social and geographic isolation, live in the southern, southeastern, and southwestern parts of the US, many in poverty, and represent the following race/ethnicities:

White non-Hispanic 6.1%
Black non-Hispanic 10.5%
Asian 8.8%
Hispanic 13.9%
American Indian or Alaska Native 14.2%

(VisionServe Alliance (2022). *United States' Older Population and Vision Loss: A Briefing, St. Louis.*)

As indicated in the previous chart, 33% have hearing loss and many other comorbidities such as diabetes and heart conditions.

§ 1321.95, Service Provider Title III and Title VI Coordination Responsibilities

Consistent with proposed § 1321.53 (State agency Title III and Title VI coordination responsibilities) and proposed § 1321.69 (AAA Title III and Title VI coordination responsibilities), proposed § 1321.95 sets forth expectations for coordinating activities and delivery of services under Title III and Title VI, as articulated in sections

306(a)(11)(B),^[154] 307(a)(21)(A),^[155] 614(a)(11),^[156] and 624(a)(3)^[157] of the Act. We propose to clarify that coordination is required under the Act and that all entities are responsible for coordination, including State agencies, AAAs, and service providers. The proposed section complements the language proposed at § 1321.53 for State agencies and § 1321.69 for AAAs, and includes those requirements specific to service providers.

Recommendation: Use the same language from § 1321.27

Conclusion

In closing, VisionServe Alliance and the Aging and Vision Loss National Coalition feel these proposed changes are critical given the growing numbers of older individuals with age-related vision loss and the current and ongoing paucity and quality of existing services. Further, this situation results in a great economic burden to the country, not to mention to individuals and family members as documented in the CDC Economic Burden report from 2021 [[The Economic Burden of Vision Loss and Blindness in the United States \(cdc.gov\)](#)].

Respectfully submitted,

Lee Nasehi, MSW

President and CEO

VisionServe Alliance

leen@visionservealliance.org

Pris Rogers, PhD

Co-Chair, Policy and Funding

Aging and Vision Loss National Coalition

prisrogers@gmail.com

Mark Richert, Esq.

Co-Chair, Policy and Funding

Aging and Vision Loss National Coalition

4mrichert@gmail.com