Connecting Vision to Aging

Flip the Script:

Connecting Aging to Vision

Why is flipping the script in both directions important?

- Large numbers of older people with vision loss and chronic conditions.
- Older people with vision loss don’t know how to access aging or vision services. Often, they are not served by either service delivery network.
- Vision and aging are not connected in the legislative/public policy worlds.

Imperative need for education, awareness and advocacy

- The aging and the vision rehab network need to learn more about the services each provide and how to access them.
- Aging service providers often do not know how to work with people who are blind or low vision nor how to welcome them into their programs.
- Vision Rehab agencies need to learn about the services available through the aging network for which older people with vision loss are eligible.
- Although vision rehabilitation services are not called out in the Older Americans Act, there are ways that aging service providers can work with vision rehab agencies. For example, VISIONS in NY has been funded as a senior center for several years.

Additional Reasons to “flip the script”

- Social isolation, loneliness, depression
- High number of falls—some studies show up to 2X higher
- Need for comprehensive services to promote independence
- (3X more likely to be admitted to LTC facilities)
- Older people with vision loss are often hiding in plain sight—disconnected by lack of transportation, inability to use the phone, psychological trauma, lack of understanding of vision loss, lack of knowledge of services, and often pride.
- Economics

Let’s look at the numbers-How many older people are vision impaired?

Based on American Community Survey question:

Are you blind or do you have difficulty seeing even when wearing glasses?

- With the youngest of the baby boomers hitting 65 by 2029, the number of people with visual impairment or blindness in the United States is expected to double by 2050, according to studies funded by the National Eye Institute (Varma, 2016)

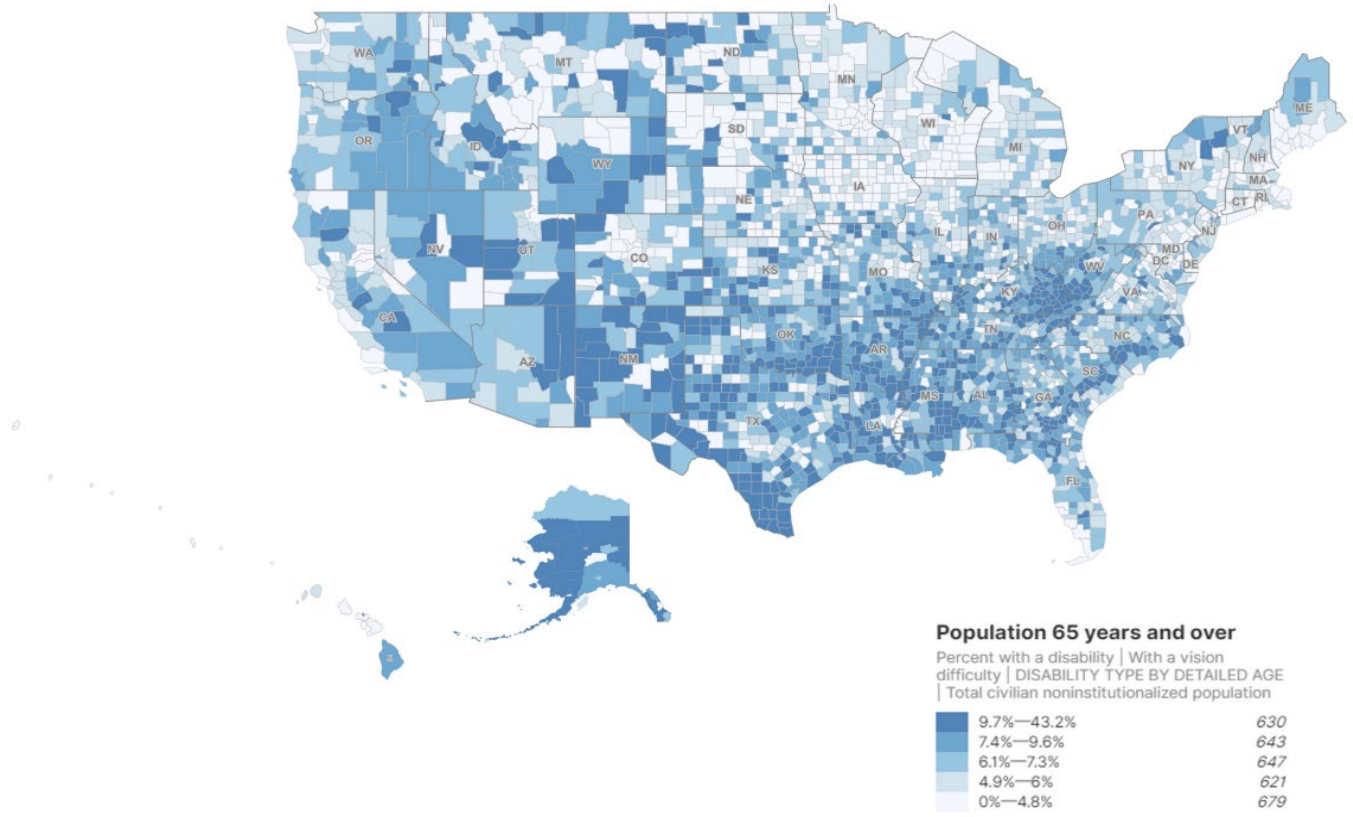
Big Data Findings: Prevalence of Vision Difficulties in People 65+ (2019)

US Average = 7.3%

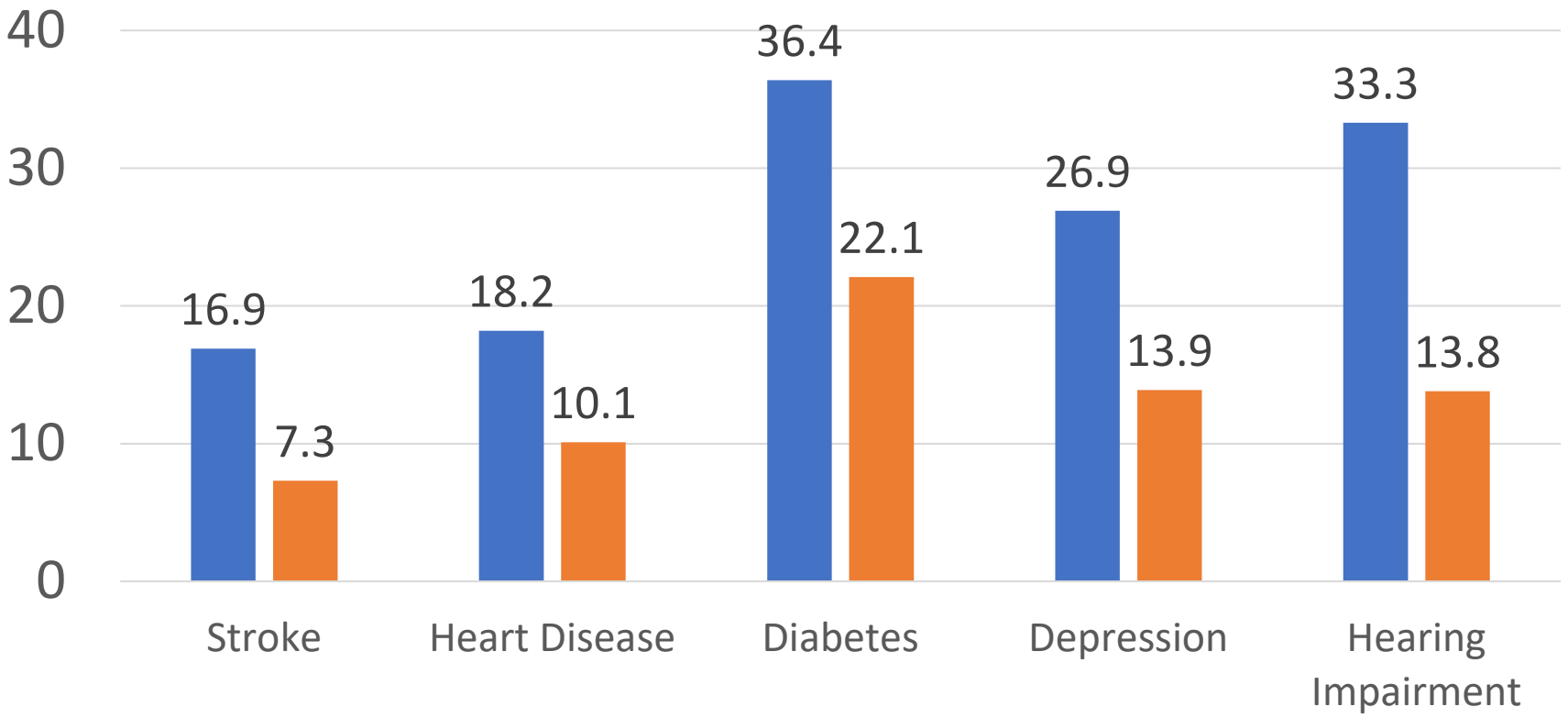
Lowest = 5.8% Illinois

Highest = 12.4% Louisiana

Percentages of persons aged ≥65 years with severe vision loss, by county—American Community Survey, 2019

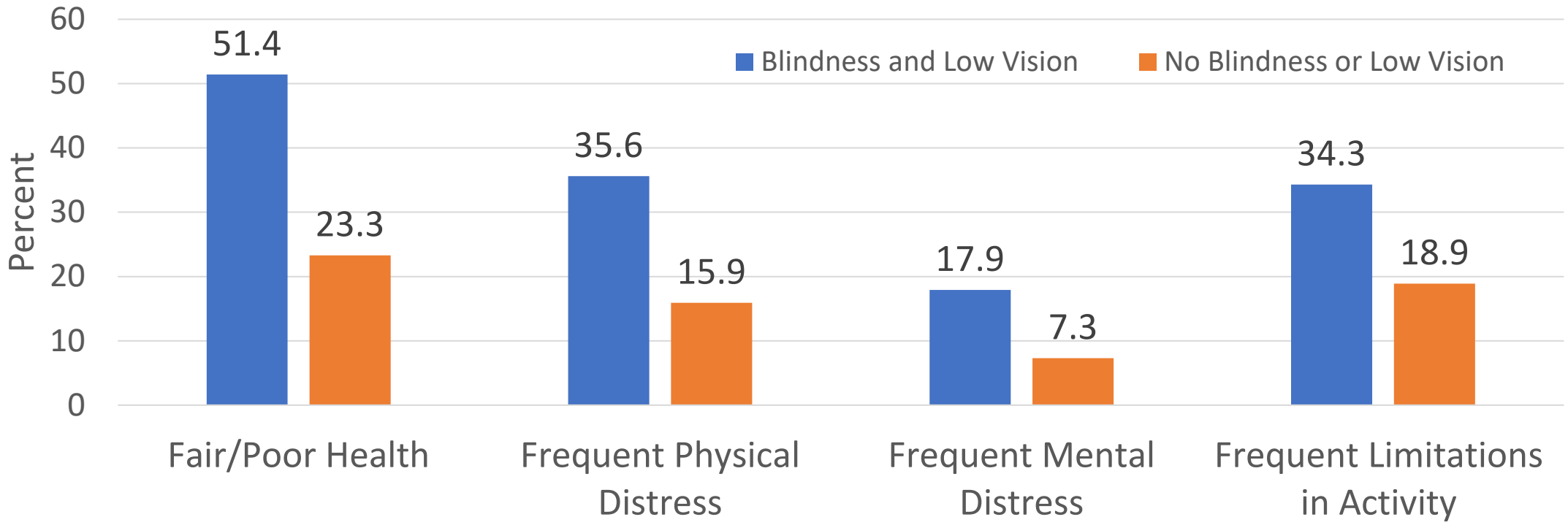


Chronic Conditions 65+: US



Data Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Atlanta, GA

Health Related Quality of Life

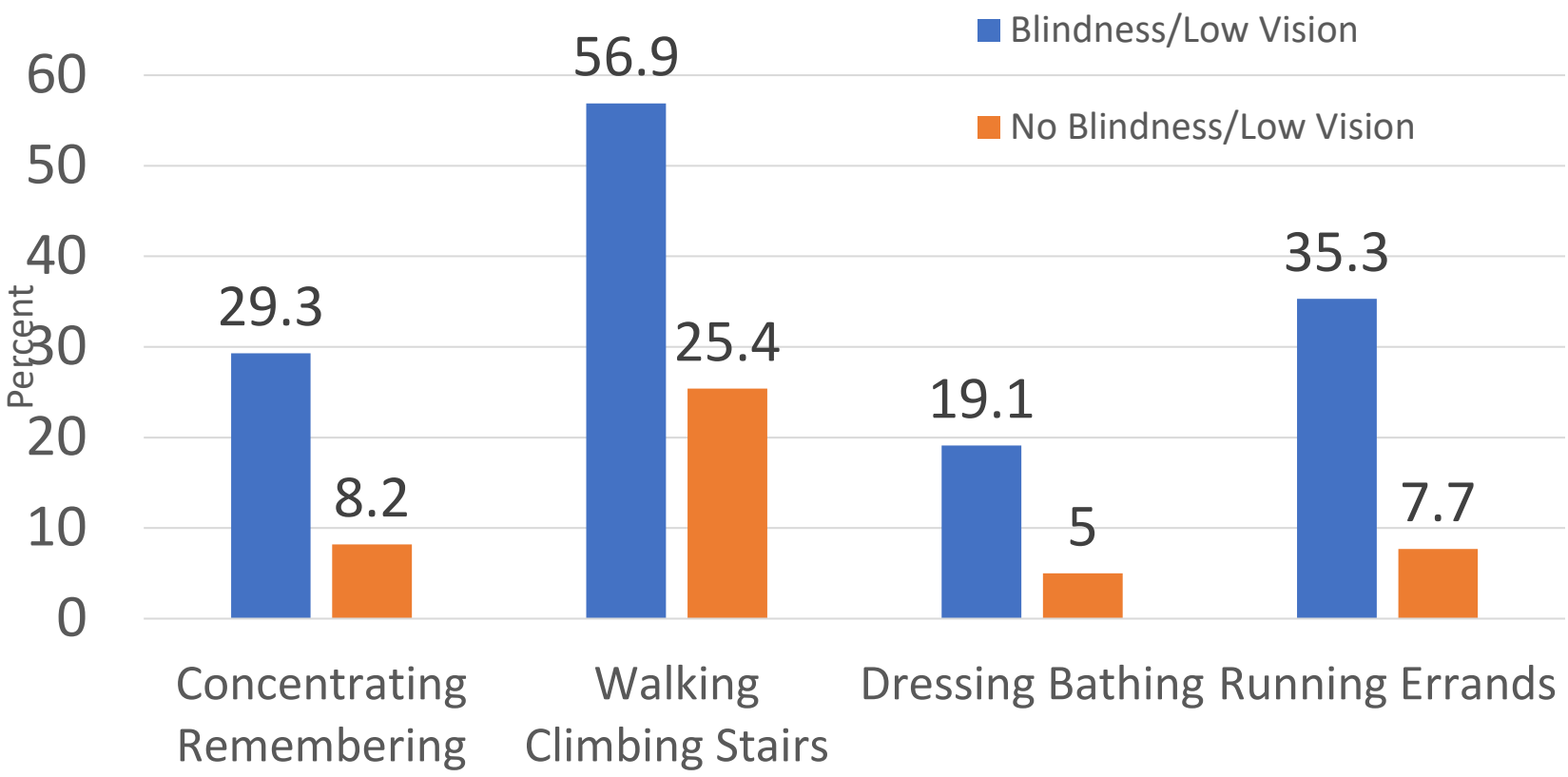


Data Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Atlanta, GA.

Frequent Physical Distress: Adults who reported having 14 or more days per month when their health was not good.

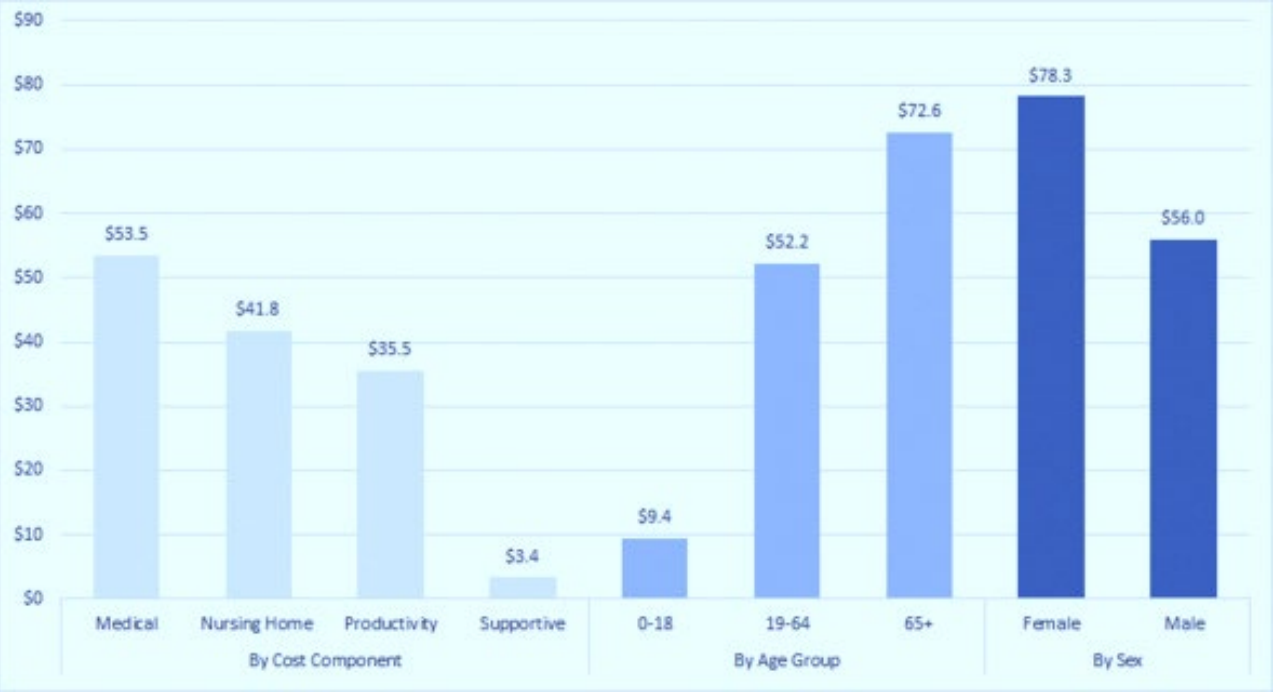
Frequent Mental Distress: Adults who reported having 14 or more days per month when their mental health was not good.

Disability Measures: US



Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control, Atlanta, GA

Economic Burden of VL: $134.2 billion



Supportive Services Category

Federal support program costs were estimated as the sum of 2017 budgetary expenditures for the American Printing House for the Blind, the National Library Service for the Blind and Print Disabled, the Committee for Purchase program, and the OIB program

Economic Burden of Vision Loss continued

- Nationally, VL costs $16,838 per person.
- Costs per person were highest among people 65 years of age and older.
- People 65 years of age and older incurred the highest medical and NH costs and the lowest productivity losses

What Can Be Done to Change This Dynamic?

The Un-siloed Approach

“Most older people have multiple problems that require an un-siloed, team-based approach. “ --from “The Aging Revolution.”

Example: The 4Ms of an Age-Friendly Health Systems

a. What Matters—know and align services with what matters to the older person
b. Medication-manage and use meds appropriately
c. Mentation-prevent and/or identify depression, dementia
d. Mobility-ensure older adults can move around safely

Start an Aging Revolution. Stop the Siloed Approach

There is no one and done solution. Think about options.

- Is there a way to provide a more integrated services approach? How do we incorporate “what matters”? How do we establish an age-friendly vision rehab system?
- Is there a way to take advantage of the partnerships/health care contracts that AAA’s have formed?
- How can we work with the aging network to assess for vision problems and refer those who meet OIB guidelines and vice-versa. We are in the same business—helping older people thrive.
- Is there a way to engage consumer graduates of OIB programs to lead the way—partnering with ACB, Alliance on Aging and Vision Loss (AAVL), NFB?

Solutions

Olivia has given you the overview of how the aging network is organized.

It is critical to work at all levels top down and bottom up:

- Talk to the state Department on Aging and engage in state councils
- Become involved in the state plan on aging and multisector plans on aging being developed in several states. Be at the table
- Provide training to AAAs, Senior Centers, and other appropriate staff—for example the work that AAVL is doing.
- Engage consumer advocates who are active at all levels

References

- Social Isolation and Loneliness Among Older Adults and Their Relationship to Vision Loss – ConnectCenter
- The Big Data Project - VisionServe Alliance
- The Economic Burden of Vision Loss and Blindness in the United States – Ophthalmology
- Dowling, Kenney, and Carney. The Aging Revolution (2024). Skyhorse Publishing, NY.