

**Statement before the Policy Committee  
2005 White House Conference on Aging Listening Sessions  
Presented by  
Alberta L. Orr, Director, National Aging Program  
American Foundation for the Blind  
September 9, 2004**

The American Foundation for the Blind (AFB) is pleased to have this opportunity to submit this statement for consideration by the White House Conference on Aging Planning Committee. AFB is a leading national resource for people who are blind or visually impaired, the organizations that serve them, and the general public. AFB is committed to leveling the playing field for the 10 million blind or visually impaired Americans and ensuring that older persons with visual impairments have access to the same information, services, and jobs, as other older individuals. In this role, we are very interested in the key issues you have outlined for consideration.

**Planning Along the Life Span**

To give you some perspective of the magnitude of the problem of the congruence of aging and visual impairment across the lifespan:

- One in six or 6.5 million Americans age 55 and older experience severe vision loss, 5 million age 65 and older. These numbers will double in 2030 as baby boomers age and the older population climbs to 78 million.
- Four of the five major causes of blindness and vision impairment are age-related: macular degeneration, complicated cataracts, glaucoma, and diabetic retinopathy.
- People age 80 and over make up 8% of the population but account for 69% of the blindness and visual impairment in the country.
- The National Eye Institute (NEI) points out that the problem is even more severe for African-Americans where glaucoma rates are almost three times higher.

- Hispanic/Latino individuals in the United States have higher rates of visual impairment and blindness than members of other ethnic groups due to both diabetic retinopathy and glaucoma (NEI).

### **Health and Long-term Living**

Older individuals with visual impairments often have a hard time functioning without **access to independent living skills training** to enable them to take charge of their lives. Presently, the Title VII Chapter 2 program (Independent Living Services for Older Individuals Who Are Blind) of the Rehabilitation Act is the only federal program that addresses these issues. The funding for this program is extremely low (\$32 million nationwide) and only about 2% of eligible older individuals are receiving services.

Congress directed the Federal Centers for Medicare and Medicaid Services (CMS) to launch a 5 year demonstration to determine what role Medicare should take in the provision of such services and to issue policy statements regarding vision rehabilitation. Additionally, the Appropriations Act specifies that by January 2005 CMS develop policy recommendations that will allow vision rehabilitation professionals to provide services in patients' homes and environs. **Support of these initiatives by the aging community would greatly enhance these advocacy efforts.**

**Access to vision rehabilitation services is only part of the solution.** In this information age, imagine functioning without access to a computer for e-mail, managing your banking, or shopping on line. How would this impact your life? Older individuals with visual impairment also need **access to information about products and equipment** that will enhance their independent functioning. There are a great number of existing and emerging technologies that have the potential to revolutionize how older Americans and their families cope with visual impairment. To cite a few examples, closed circuit televisions that enable some

individuals with visual impairments to enlarge print and read; talking devices such as glucometers, blood pressure monitors, prescription recorders, thermometers, weight scales, and portable scanning devices. However, the Chapter 2 program can only provide limited funding for these assistive devices and Medicare and Medicaid only cover the devices in isolated instances.

A major example of how visual impairment affects the health and long-term living of older persons is in the area of medication management. Imagine if you were unable to read a prescription bottle to identify the medication and read the directions. Recently AFB responded to a study on accessibility of prescription drug information for blind and visually impaired Medicare beneficiaries mandated by Congress for the Food and Drug Administration. We cited issues that affect the ability of older persons with visual impairments to manage their medications such as:

- Being able to read prescription bottles
- Being able to differentiate among medications
- Access to accommodations such as a speech, scanning, and magnification devices

**These issues should be addressed by both the FDA and national aging policy initiatives.**

### **Our Environment**

**Access to the environment** is an issue that also greatly affects older persons with visual impairments. By far the most important environmental factor is the availability of accessible public transportation. Normal changes in the aging eye affect every older person's vision in some way such as difficulty adapting to dark and light, inability to focus at close range, increased need for light, difficulty with glare, and reduced depth perception. These changes make it harder for an older person to function safely in the environment without some modifications that have policy and marketplace implications.

For example, use of good color contrast in public buildings and in housing for older persons is critical as is effective lighting and reduced glare through window treatment and use of non-glare waxes. Visual impairment is a major contributor to falls among older persons and the incorporation of good planning in the areas mentioned here could help tremendously. These environmental elements are also essential for consideration for universal design. New governmental standards for lighting mandate the use of lowered levels of lighting in office and industrial settings. This can have a negative impact for older workers in their ability to function in these environments. **These standards need to be readdressed as well as ensuring that the senior housing industry takes into account the visual needs of the older population.**

### **The Marketplace**

Within the marketplace, a major access concern is the usability of common everyday appliances for people with visual impairments. The changeover in the marketplace to flat screen microwaves and stove tops, for example, creates a great degree of difficulty for people with visual impairments who want to remain independent. For the most part, these appliances are visually inaccessible and very difficult to adapt. AFB fears that this trend will continue and that appliances with buttons and dials that can be marked or adapted in some way will disappear. **It may be that governmental regulation may become necessary to ensure accessible universal design.**

### **Employment**

**Within the workplace**, the number of older persons is growing, but older persons with visual impairment are having a more difficult time remaining employed or reentering the workforce. A 1998 study ( Cavanaugh & Rogers, 2002) showed that only 24 percent of a sample of consumers with visual impairments aged 55 and older became gainfully employed as a result of vocational rehabilitation efforts. **Clearly, more public education is needed as well as emphasis on this issue through the Senior Employment initiatives.**

The needs of older individuals who are blind or visually impaired will remain substantially unmet as long as equipment and technologies essential to independent living are only available to those who can afford to purchase them privately. Lack of universal access will greatly limit the independent functioning, health, and safety of older persons with visual impairments. I am therefore recommending action steps to be taken related to this critical issue of access to technologies.

1. We call your attention to the work of the U.S. Architectural and Transportation Barriers Compliance Board's accessibility standards and guidelines relating to technology devices, especially the Electronic and Information Technology Access standards. They provide a significant foundation for the development of technology which is accessible to and usable by individuals who are blind or visually impaired.

2. We ask that you recommend fostering of collaboration between the National Institute on Aging, the National Institute on Disability and Rehabilitation Research, and the disability initiatives of the Centers for Disease Control to encourage more assistive technology outcomes research in aging.

3. We urge you to recommend that the Senate Finance and House Committee on Ways and Means insure that the Center for Medicare and Medicaid Services begin a review of durable medical equipment reimbursement standards in light of the need to provide older Americans with disabilities with access to assistive technology and services.

4. We ask that you address how to insure that older individuals with visual impairment have **access to information about services, products, equipment, and technologies** that will enhance their independent functioning.

5. Finally, it is apparent from our extensive research and relationships with the technology industry, that assistive technology development, especially for people who are blind or visually impaired, is hampered by limited investor interest in a small market. The White House Conference on Aging should recommend that the U.S. Department of Commerce convene a summit of technology investors and assistive technology manufacturers to develop investment and loan agendas to advance these developments and create incentives for universal design.

Alberta L. Orr  
Director, National Aging Program  
American Foundation for the Blind  
11 Penn Plaza, Suite 300  
New York, New York  
212 502-7634  
fax: 212 502 7773  
[alorr@afb.net](mailto:alorr@afb.net)