



**Prevent
Blindness**

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August 15, 2023

Alison Barkoff
Acting Administrator and Assistant Secretary for Aging
Principal Deputy Administrator
Administration for Community Living
U.S. Department of Health and Human Services

Re: RIN 0985-AA17
Older Americans Act: Grants to State and Community Programs on Aging; Grants to Indian Tribes for Support and Nutrition Services; Grants for Supportive and Nutritional Services to Older Hawaiian Natives; and Allotments for Vulnerable Elder Rights Protection Activities
Proposed Rule

Dear Acting Administrator Barkoff:

Prevent Blindness is the nation's leading patient advocacy organization committed to protecting and expanding access to sight-saving care for patients of all ages who live with a multitude of diseases, conditions, and circumstances that may affect their eye health or impair vision. We appreciate the opportunity to provide feedback on the Administration for Community Living's (ACL) Proposed Rule: **"Older Americans Act: Grants to State and Community Programs on Aging; Grants to Indian Tribes for Support and Nutrition Services; Grants for Supportive and Nutritional Services to Older Hawaiian Natives; and Allotments for Vulnerable Elder Rights Protection Activities."** We offer comments specifically related to the sections on Definitions and Grants to States and Community Programs on Aging.

Background

Prevent Blindness encourages policies that foster healthy vision throughout all stages of life—including the aging process. Thus, we believe that healthy vision is a process and not an outcome; meaning, aging health policies should reflect the notion that vision loss is not inevitable to aging. While the aging eye is susceptible to a myriad of diseases that can affect sight and undergoes many changes that can affect the refractive state of the eye and its function with impacts to one's ability to see clearly, with the right interventions, loss of sight and its consequences do not have to be accepted as inevitable with advancing age.

Early detection, treatment, and consistent follow-up care are important aspects of aging with good vision and avoiding preventable vision loss and blindness. [The Centers for Disease Control and Prevention estimates](#) that diagnosis and early treatment could prevent most of the visual impairment and blindness in the U.S. More can be done, however, to improve policies that address the aging population's vision and eye health needs by mobilizing programmatic action right where



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seniors need it most: in their daily lives, communities, and homes. In addition, we affirm that aging health policy should ensure adults with age-related vision issues are connected to available necessary community services and assistance programs that can help them adapt to their changing vision and age healthfully.

The time to address vision and eye health in our aging population is never more urgent than now. The [Prevalence of Visual Acuity Loss or Blindness in the US](#) study published in JAMA Ophthalmology (2021) found that as of 2017, 7.08 million people are living with uncorrectable visual acuity loss, including 1.08 million Americans who are living with blindness. This includes 20% of all individuals aged 85 and older in the U.S. who experience permanent vision loss. Older people with vision impairments report worse outcomes in health-related quality of life indicators (such as life satisfaction, physically unhealthy days, mentally unhealthy days, and activity limitation) as compared to older people without vision impairment. Vision loss has a high correlation to many other costly chronic health conditions – particularly many that increase in prevalence with age.

Coordinating studies from the [National Academies of Sciences, Engineering, and Medicine](#) and [others](#) indicate that older adults who have untreated poor vision are more likely to suffer from Alzheimer’s disease, cognitive decline, mental health issues, including depression and social isolation, and dementia. Visual impairment and vision loss come with other serious health risks, including injury or death from falls, costly chronic conditions, diminished mental and emotional health due to loss of independence or ability to engage in personal hobbies or exercise, and social isolation and loneliness. As the population in the United States ages, the nation faces a significant challenge in adequately serving the needs of older individuals with vision impairment.

The Older Americans Act (OAA) supports a range of community programs and social services for individuals aged 60 years and older. Several provisions of the OAA include support for family caregivers, aging in place, and disease prevention and chronic disease management services- all areas in which vision and eye health can play a contributing role and standardized provisions for individuals with vision loss should be considered. Below, we provide the following recommendations around enhancing the role of vision and eye health into OAA-supported interventions.

Definitions

The ACL proposes to further define the terms “**greatest economic need**” and “**greatest social need**” to include populations that are identified in *Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government* and includes “persons with disabilities.” ACL further proposes to remove the terms “**frail**” and “**severe disability**.” As proposed, these changes seek to promote consistency in service delivery and provision as related to OAA grants and funding distribution.

In general, Prevent Blindness supports these additions. People with visual impairments are more likely to be poorer, less educated, and less likely to participate in the workforce, which may leave an



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individual without sufficient economic and social stability in their aging years. We appreciate that the proposed revised definition looks beyond finances and personal assets as an indicator of greatest economic need and encourages states and communities to consider aspects of their own populations that may lend to an individual's demonstration of economic need. Costs to individuals, communities, and families may include acute or chronic medical conditions that [come with high costs](#) of care and treatment, loss of productivity, and costs related to a diminished personal independence such as transportation or caregiving. To an aging person living with vision loss, these circumstances and others can be just as economically, financially, and socially destabilizing as a lack of adequate financial resources.

However, we express our concern about the unintended consequences that may come with flexibility in defining these terms. While we acknowledge once again that the revised definition includes "persons with disabilities," many eye diseases and conditions are progressive in nature and create variable conditions for people to continue with some level of daily activity and living without being entirely disabling. In addition, vision impairment among older people is not distributed evenly across the United States. Some counties and regions of the nation have higher prevalence of vision impairment than others. Vision impairment is especially prevalent in areas that are poorer and where access to medical and eye care is limited. Limiting definitions of "greatest economic need" and "greatest social need" to "persons with disabilities" without consideration for a person's functional status may inadvertently exclude those with visual impairments who may demonstrate a great need for access to services.

Recommendation

As a solution, we propose including "**persons with functional sensory impairments**" to the categories of populations. We also propose that ACL further include vision loss, low vision, severe vision impairment, or blindness in state guidance and technical assistance to states around how to establish the criteria of determining "greatest economic need" and "greatest social need" to ensure those with low visual function are not wholly overlooked or excluded from needed services just because they may not fit the definition of "persons with disabilities."

Title III: Grants to States and Community Programs on Aging

The OAA currently allows use of funds for provision of supportive services, including health education and training; chronic condition self-management; information concerning prevention, diagnosis, or treatment; rehabilitation of age-related disease or disabling conditions; and falls prevention services. Additionally, funding can also be used for services designed to provide health screening to detect or prevent illness and injury common in older adult populations. As well, OAA resources can be used for the provision of services and assistive devices designed to meet the needs of older adults with disability. There are evidence-based interventions for vision which can, and should, be integrated in each of these areas of service.



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Generally, there is lack of awareness among the aging network about the prevalence of vision loss, its connection to aging and overall health and wellness, and how to assist those who face it in navigating their new way of life and remaining active in their communities. Given the increasing link between cognitive decline, social isolation, and depression, assessing not just an individual's visual acuity but also their **visual function**. Visual function includes considerations of visual acuity and binocular function, contraction of visual fields, presence of presbyopia or dry eye, contrast sensitivity, dark adaptation, glare recovery time, change in color vision, and visual processing speed. Consideration of visual function is necessary to include in efforts related to mental and behavioral health and other neurodegenerative provisions, as well as disease prevention and health promotion. As such, we recommend enhancements to programs that will improve independence and daily living activities through low vision rehabilitation and assistive devices with an emphasis on low-income older adults, specifically those within minority populations and living in rural areas. These may include:

- Significant and ongoing outreach to low vision patients and stakeholders to understand this new and often distressing, life-altering experience to provide mental health support.
- Emphasis on provider education and public awareness that vision and visual function may deteriorate slowly as age progresses or due to chronic diseases, that even gradual loss could pose risks to their well-being or quality of life, and that efforts can be taken to empower older adults to adapt to these changes.
- Expanded federal agency collaboration between HHS agencies such as the Centers for Disease Control and Prevention, Administration on Aging, the Centers for Medicare and Medicaid Services, the National Eye Institute, and the National Institute on Aging to create a resource page on the ACL website dedicated to vision and eye health and low vision.
- Improved public and aging network awareness of signals that may indicate vision problems, how to find vision rehabilitation services, how to make programs accessible to those with no or low vision, and how to help older people who are new to vision loss deal with a condition that affects every part of their lives.

It is worth noting that the [National Council on Disability's Health Equity Framework](#) includes a recommendation to CMS to issue administrative action that would lead to coverage of low vision devices and assistive technologies. As the direction of this coverage and its extent has yet to be determined by CMS, Prevent Blindness encourages ACL to consider how it can begin its work with the aging services network to educate and inform on the needs of low vision populations. Aging services networks are aptly positioned to improve the level of awareness and service delivery around low vision, low vision services and rehabilitation, and community services that can promote accessibility and connect those living with low vision to transportation, community recreational amenities, support services such as libraries, voting centers, and other civic responsibilities, public health emergency-related services such as vaccine distributions and testing sites, and disaster preparation services.



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Once again, we appreciate the opportunity to submit comment on this important proposal, and we look forward to working with ACL to ensure that Americans continue to have access sight-saving care. Please contact Sara D. Brown at sbrown@preventblindness.org or (312) 363-6031 if you have any questions.

Sincerely,

Jeff Todd
President and CEO
Prevent Blindness