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June 6, 2022

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: Request for Information: Older Americans Act Regulations; RIN 0985-AA17

Dear Acting Administrator Barkoff:

Prevent Blindness is the nation's leading nonprofit, voluntary 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) Request for Information: Older Americans Act Regulations, and the implementation of provisions concerning caregiving, delivery of services and programs, and how these programs can advance equity in accordance with Executive Order 13985 "Advancing Racial Equity and Support for Underserved Communities Through the Federal Government."

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 age 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 indicatorssuch as life satisfaction, physically unhealthy days, mentally unhealthy days, and activity limitation- as compared to older people without vision impairment. 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

Facts About Older Adults and Vision Loss

- People with visual impairment are more likely to be poorer, less educated, and less likely to participate in the workforce.
- African American individuals experience the highest prevalence of visual impairment and blindness.
- Women are projected to outnumber men by 30% to 32% with respect to VI and by 6% to 11% with respect to blindness.
- Older people with vision impairment are more likely to report age-related chronic conditions than their sighted peers. The prevalence of dual sensory impairment increases markedly with age with over 50% of people with vision loss 65 and older having hearing loss.
- Older people with vision impairment are twice as likely to fall compared to older people without vision impairment.



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.

45 CFR part 1321 - 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.

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* 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 outreach to low vision patients and stakeholders to understand this new and often distressing, life-altering experience.
- 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.



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Executive Order 13985: Advancing Racial Equity and Support for Underserved Communities Through the Federal Government

Executive Order 13985 calls for a whole-of-government approach to advancing equity for all. 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. 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.

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