AGING TEXAS WELL ADVISORY COMMITTEE REPORT TO TEXAS LEGISLATURE

PER S.B. 1693 Relating to a Study of Seniors with a Visual Impairment

By:
The Texas Health and Human Services
Aging Texas Well Advisory Committee

Submitted To:
Governor Abbott,
Lieutenant Governor Patrick,
Speaker of the House Straus,
and
the Texas Legislature

Date Submitted:
November 1, 2018
Table of Contents

AGING TEXAS WELL ADVISORY COMMITTEE REPORT TO TEXAS LEGISLATURE .................................1

Table of Contents..................................................................................................................................2

Background........................................................................................................................................3
Introduction and Need.........................................................................................................................4
Section 1: A Closer Look—Epidemiology Data and More .................................................................7
Section 2: Partnerships.......................................................................................................................19
Section 3: Training............................................................................................................................23
Section 4: Public Awareness............................................................................................................28
Summary: Section and Overall Recommendations ........................................................................31
Appendices .....................................................................................................................................36
Background

Texas’s population continues to age, and the prevalence of visual impairments also increases with age. The state faces a growing number of older adults for whom visual impairment can present daily challenges to their ability to live independently.

The Texas State Legislature passed S.B. 1693 Relating to a Study of Seniors with a Visual Impairment by the Aging Texas Well Advisory Committee on June 9, 2017. The Aging Texas Well Advisory Committee (hereafter ATWAC) is comprised of professionals in the aging field from across the state and has investigated the growing numbers of older adults affected by visual impairment as well as current and proposed future services to allow affected older adults to remain inclusive in their communities. As instructed in S.B. 1693, the executive commissioner of the Health and Human Services Commission (HHS) directed the ATWAC to assist the commission to (1) determine the appropriate level of independent living services for the growing number of seniors in the state with visual impairment; and (2) make recommendations on the provision of services to seniors with visual impairment. The ATWAC was able to categorize the multitude of requirements for the study into four groups. They are addressed in each of the sections below.

The ATWAC is hereby releasing their final report.
Introduction and Need

According to the American Foundation for the Blind, visual impairment encompasses individuals who are both blind and who have low vision. A person with low vision is someone who has trouble completing visual tasks even while wearing corrective lenses, but can use special strategies, devices, or environmental modifications to help him or her complete the tasks.¹

Across the United States, nearly 3.8 million older adults ages 60 and older suffer from some type of visual impairment,² with the four main causes being cataracts, diabetic retinopathy, glaucoma, and age-related macular degeneration.³ This represents almost 7% of the population.⁴ The prevalence of visual impairments increases with age beginning around age 65, rising rapidly through the 70s and exponentially after age 80.⁵ Over the next 20 years, the number of older adults with vision impairments is expected to grow.

Texas has 424,000 adults over the age of 65 who are legally blind. Because of the expected increase in Texas’s older adult population, that number is expected to top 680,000 by the year 2030.⁶ Furthermore, an estimated 261,000 Texans aged 65 and older report dealing with vision difficulties.⁷

---


As people lose their vision, they may no longer be able to complete activities that many people take for granted, such as driving or reading. With the loss of function and independence, many feel angry, scared, or depressed. It also can lead to isolation or loneliness, especially if vision impacts a person’s transportation options. Section 1 provides a closer look at what causes visual impairment, what data and projections reveal about current and expected trends, what services are currently offered, and ways to address current and future challenges.

In an effort to better understand what services currently exist, who provides and funds the services, and where the services are delivered for the growing population of older Texans, ATWAC developed two surveys, one for service providers distributed in March 2018 and one for clinicians distributed in June 2018. Section 2 addresses these efforts in seeking to develop and improve partnerships to address visual impairment, as charged by S.B. 1693.

Empowering a person with low vision begins with helping service professionals learn and build new and constructive attitudes and strategies, giving them the tools and resources to provide accurate information so that clients can make informed choices. Part of that accurate information is proper foundational training. Regarding a training curriculum recommendation, there is no one source of information that meets the unique needs of training state professionals to better serve older Texans with low vision/blindness. The ATWAC training recommendations are addressed in Section 3.

The committee found that there are limited available resources for older adults since many of the existing programs are focused on employment and not necessarily broader needs of an older individual navigating the community and seeking social engagement and independent living outside of employment-related settings. Regarding public awareness of available resources, survey feedback and literature review indicated that stigma poses a significant barrier to individuals and families accessing programs. The fear of loss of independence related to loss of vision may impede an individual’s choice to seek

---


assistance. Healthcare professionals who may be a likely referral source may not have knowledge of available supports, programs, services and best practices for information sharing. In addition, the Texas Workforce Commission (TWC) indicates there are gaps in education and training related to vision loss for service providers and agencies across the aging network. These include a lack of information about access points for available supports and services for individuals experiencing low vision. Section 4 below addresses these public awareness issues, as charged by S.B. 1693.

Nearly 90% of older adults want to age in place\textsuperscript{10}, and for those with visual impairments that may create additional obstacles. There is much that the state can do to ensure that they are able to age in place and age with dignity.

\textsuperscript{10} Mermelstein & Reynolds, A Spotlight on Aging, at note ix.
Section 1: A Closer Look—Epidemiology Data and More

Visual Impairment Among Today’s Older Adults

As Texas’s population aged 65 and older continues to increase, so does the number of older adults with visual impairments. In 2017, there were an estimated 3,472,712 Texans ages 65 and older.\textsuperscript{11} That represents a 68% increase in Texas’s older population, which numbered 2,072,532 in 2000.\textsuperscript{12} In 2016, 8.1% of all Texan adults over the age of 65, or 243,000 people, reported either being blind or having trouble seeing while wearing corrective lenses. Percentage-wise, this represents a slight decrease from 8.6% in 2012,\textsuperscript{13} but because of the population increase, 23,000 additional older adults experienced visual impairments in 2016 than in 2012. The state’s rate of visual impairment is higher than that of the United States as a whole, where 6.2% of the older adult U.S. population has a visual impairment.\textsuperscript{14}

Determining Prevalence for the Leading Causes of Visual Impairment

The four main causes of visual impairment are cataracts, diabetic retinopathy (related to diabetes), glaucoma, and age-related macular degeneration.\textsuperscript{15} Additionally, vision can be affected by stroke, head injuries related to falls or accidents, and other diseases. For a description of the leading causes, see Appendix 1.0.

While the numbers above are based on self-reporting, another way to understand how many older adults experience visual impairment is through medical treatment claims.


\textsuperscript{13} Before 2008, visual impairment was grouped with other sensory-related disabilities, such as hearing loss. In 2008, the Census Bureau began separating different disabilities. U.S. Census Bureau. (2012). Sex by Age by Vision Difficulty 2008-2012 American Community Survey 5-year Estimates [Table B18103]. Retrieved from http://factfinder.census.gov.


There are limitations on available data, and what is presented cannot be generalized, but what is available presents a stark picture.

Approximately 1 in 3 older Texans uses a managed care option instead of traditional Medicare.\textsuperscript{16} WellMed Medical Management is one of the largest primary care groups in the country serving Medicare eligible people. It operates clinics across key urban areas in South Texas, and as a Medicare Advantage provider, a significant portion of its patient population is minority and/or low income. To provide a better understanding of how many individuals are affected by vision-related impairments, below is a 12-month data snapshot based on WellMed’s nearly 82,000 enrollees.\textsuperscript{17} WellMed is only one medical group offering services in Texas, and its information cannot be generalized across the state. However, it has a significant presence in at least two markets that have comparatively larger populations of people with visual impairments, and the data provides a glimpse into the needs of today’s older adults.

<table>
<thead>
<tr>
<th>Metro Area</th>
<th>Glaucoma</th>
<th>Age-Related Macular Degeneration</th>
<th>Cataracts</th>
<th>Diabetes with Accompanying Vision Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin</td>
<td>46</td>
<td>1,144</td>
<td>2,690</td>
<td>1,137</td>
</tr>
<tr>
<td>Corpus Christi</td>
<td>93</td>
<td>2,275</td>
<td>6,069</td>
<td>3,317</td>
</tr>
<tr>
<td>Dallas</td>
<td>14</td>
<td>289</td>
<td>697</td>
<td>335</td>
</tr>
<tr>
<td>El Paso</td>
<td>70</td>
<td>2,505</td>
<td>4,552</td>
<td>2,204</td>
</tr>
<tr>
<td>Rio Grande Valley</td>
<td>48</td>
<td>2,264</td>
<td>4,771</td>
<td>2,550</td>
</tr>
<tr>
<td>San Antonio</td>
<td>141</td>
<td>5,862</td>
<td>14,649</td>
<td>6,897</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>412</strong></td>
<td><strong>14,339</strong></td>
<td><strong>33,428</strong></td>
<td><strong>16,440</strong></td>
</tr>
</tbody>
</table>


\textsuperscript{17} WellMed Medical Management. (2018). Number of clients treated for conditions linked to visual impairment. Unpublished raw data.
Most Texans still use traditional Medicare. Below is the number of older Texans on traditional Medicare who were treated for top eye diseases in 2014 and 2015.\textsuperscript{18}

**Table 2. Number of Older Texans Treated for Major Eye Diseases**

<table>
<thead>
<tr>
<th></th>
<th>Glaucoma</th>
<th>Age-Related Macular Degeneration</th>
<th>Cataracts</th>
<th>Diabetes with Accompanying Vision Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014</strong></td>
<td>213,122</td>
<td>152,880</td>
<td>576,438</td>
<td>58,312</td>
</tr>
<tr>
<td><strong>2015</strong></td>
<td>192,648</td>
<td>129,182</td>
<td>468,117</td>
<td>48,350</td>
</tr>
</tbody>
</table>

Individuals may be counted in more than one category based on diagnosed conditions. It is noteworthy that the numbers are down in 2015 from 2014. This might be due to the data not being included for those enrolled in Medicare Advantage plans.

**The Rising Visually Impaired Population**

In 2014, the National Opinion Research Center at the University of Chicago forecasted that within 20 years, the number of people affected by the top four eye diseases would increase by 50% nationwide. By 2050, it predicted that more than 10 million older adults would have significant vision problems or be blind. The costs for this increase would be borne heavily by the Medicare program.\textsuperscript{19}

Using 2016 population data, the Texas Department of Health and Human Services Center for Analytics and Decision Support (HHS CADS) created projections that show what Texas can expect in terms of older adults with visual impairments. There are two populations that contribute to the visually impaired older adult population, those that become visually impaired as an older adult and those who become visually impaired at a younger age and

---


have become older. HHS CADS predicts that the visually impaired population will continue to increase over the next 20 years.

Table 3. Blind or Visually Impaired Adults – Texas Population Projections

<table>
<thead>
<tr>
<th>Year</th>
<th>Ages 45-64</th>
<th></th>
<th>Ages 65+</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Visually Impaired</td>
<td>Total Population</td>
<td>Percent Affected</td>
<td>Visually Impaired</td>
</tr>
<tr>
<td>2018</td>
<td>261,320</td>
<td>7,008,770</td>
<td>3.7%</td>
<td>311,720</td>
</tr>
<tr>
<td>2028</td>
<td>309,990</td>
<td>8,031,140</td>
<td>3.9%</td>
<td>485,810</td>
</tr>
<tr>
<td>2038</td>
<td>381,210</td>
<td>9,695,390</td>
<td>3.9%</td>
<td>658,180</td>
</tr>
</tbody>
</table>

Because of Texas’s diversity, HHS CADS also projected growth across the various HHS regions. There are differences in available resources and health disparities in parts of the state; therefore, some regions can have a higher rate of growth than others (Table 4).

Table 4. Population Projections by Region

<table>
<thead>
<tr>
<th>HHSC Public Health Region</th>
<th>2018</th>
<th>2038</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1- High Plains</td>
<td>10,420</td>
<td>920,550</td>
<td>59%</td>
</tr>
<tr>
<td>2- Northwest Texas</td>
<td>7,980</td>
<td>574,230</td>
<td>36%</td>
</tr>
<tr>
<td>3- Metroplex</td>
<td>72,510</td>
<td>7,919,310</td>
<td>142%</td>
</tr>
<tr>
<td>4- Upper East Texas</td>
<td>17,010</td>
<td>1,211,650</td>
<td>48%</td>
</tr>
<tr>
<td>Region</td>
<td>2018</td>
<td>2038</td>
<td>Percent Change</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------</td>
<td>----------</td>
<td>----------------</td>
</tr>
<tr>
<td>5- Southeast Texas</td>
<td>11,050</td>
<td>16,410</td>
<td>49%</td>
</tr>
<tr>
<td></td>
<td>822,130</td>
<td>967,640</td>
<td>18%</td>
</tr>
<tr>
<td>6- Gulf Coast</td>
<td>67,860</td>
<td>163,450</td>
<td>141%</td>
</tr>
<tr>
<td></td>
<td>7,262,350</td>
<td>11,229,650</td>
<td>55%</td>
</tr>
<tr>
<td>7- Central Texas</td>
<td>34,720</td>
<td>78,220</td>
<td>125%</td>
</tr>
<tr>
<td></td>
<td>3,581,460</td>
<td>5,628,890</td>
<td>57%</td>
</tr>
<tr>
<td>8- Upper South Texas</td>
<td>39,070</td>
<td>76,490</td>
<td>96%</td>
</tr>
<tr>
<td></td>
<td>3,034,260</td>
<td>4,212,660</td>
<td>39%</td>
</tr>
<tr>
<td>9- West Texas</td>
<td>7,660</td>
<td>12,600</td>
<td>64%</td>
</tr>
<tr>
<td></td>
<td>628,260</td>
<td>773,090</td>
<td>23%</td>
</tr>
<tr>
<td>10- Upper Rio Grande</td>
<td>12,200</td>
<td>22,800</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>947,660</td>
<td>1,255,540</td>
<td>32%</td>
</tr>
<tr>
<td>11- Lower South Texas</td>
<td>31,240</td>
<td>59,680</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>2,464,590</td>
<td>3,418,940</td>
<td>39%</td>
</tr>
</tbody>
</table>

Based on the projections, metropolitan areas are expected to see the most growth, with areas such as Houston (Region 6), Dallas (Region 3), and Austin (Region 7) experiencing increases of more than 100%. South Texas regions (Regions 8 and 11) also face nearly 100% growth. All regions will experience a visually impaired population that will grow at least twice as fast as the area’s general population.

It is important to note that based on the Medicare claim numbers, the actual growth might be higher than predicted since more people receive treatment than indicate they have vision problems.
Diabetes: The Hidden Factor

Diabetes can lead to a variety of eye diseases that can impair a person’s vision, and it continues to cause disabling conditions across the country.

**Figure 1** in the Appendix utilizes the HHS administrative regions to show the prevalence of visual impairments in adults 45 and older and the prevalence of diabetes in adults 18 and older. This visualization confirms the correlation between diabetes and its impacts on vision. For example, a higher prevalence of visual impairments related to diabetes is evident in the Rio Grande Valley and several counties in West Texas.

Also indicated on the **Figure 1** map are the locations of Diabetes Educators who provide awareness, information and preventative strategies for older adults experiencing vision impairment. The Texas Workforce Commission (TWC) works with older Individuals who are Visually Impaired (OIB) in a program that contracts with qualified Diabetes Educators to assist in identifying goods and services that can allow individuals to continue to live independently. In the past few years there has been a decrease in Diabetes Educator providers. The TWC is addressing this through solicitation of new providers.

---

Figure 1. Vision Impairment and Diabetes in Adults for 2016 and Education Providers for 2018

Texas Workforce Commission

Vision Impairment and Diabetes in Adults for 2016 and Education Providers for 2018

NOTE: Vision impairment and diabetes prevalence appear weak-to-moderately positively correlated across PHR. The 95% confidence interval for Pearson’s r is 0.01 to 0.32.

Legend

- Diabetes Education
  - Provider (Current 2018)

Major Roads

--- Interstate

- - - Original National Highway System

PHR Boundary

Vision Impairment Prevalence

- 6.5% - 8%
- 6.1% - 7%
- 7.1% - 9%
- 8.1% - 11%

Diabetes Prevalence

- 8% - 11%
- 11% - 13%
- 13% - 15%
- 15% - 21%

Data Sources:

Vision impairment prevalence was calculated using aggregate data for adults 45 years and older from the 2013-15 Texas Behavioral Risk Factor Surveillance System (BRFSS). Adult diabetes prevalence (18 years and older) was taken from the 2015 Texas County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
A Program Designed for Older Adults Who are Blind/Visually Impaired

Living independently with a visual impairment can be challenging. Visual impairments that occur later in life can create barriers that threaten independence. If they have proper supports, services, and community awareness, older people with visual impairments can continue to enjoy living independently. Texas will need to ensure that the goods and support services are available for this growing population to avoid these challenges.

The program developed for older adults with visual impairment is the Independent Living Services Program for Older Individuals who are Blind/Visually Impaired (ILS-OIB) housed within TWC. Currently there are 14 OIB workers strategically placed throughout Texas to provide services to all eligible Texans (see Figure 2 below and in the Appendix).

The eligible consumer is 55 years or older and has a significant visual impairment that is impacting his or her ability to live independently. The services/goods are identified and jointly agreed upon between OIB worker and the consumer. Prior to eligibility, the OIB worker travels to the home of the individual to assess and identify the challenges and the services/goods necessary for him or her to live independently. This process requires extensive time with the consumer and as a result, the travel for OIB workers serving rural areas requires diligent time management to ensure prompt service delivery for all consumers in their area.

While the ILS-OIB program is relatively new to TWC, it was previously operated under the legacy Texas Department of Assistive and Rehabilitative Services-Division of Blind Services (DARS-DBS) division of HHS. The program was moved from HHS to TWC on September 1, 2016 with the passage of SB 208. Because of this agency change, one of the top priorities of TWC is to inform communities in all Texas counties of the new contacts and referral information to access the program.

Figure 2 below and in the Appendix shows the location of the 14 OIB workers and the prevalence of vision impairments in the older adult population. As mentioned earlier, there is a growing population of older adults that are faced with the possibility of losing some or all of their vision which will have an impact on their ability to live independently. For example, individuals experiencing vision impairment may need to rely on private and
public transportation. To ensure independence and quality of life, the communities where they live will need to increase community resources (such as supportive transportation services) and create awareness of these resources to this population.
Services and goods offered through the ILS-OIB program

- **Orientation and Mobility Services (O and M).** These services allow individuals to learn how to navigate in their homes and community. For example, they may learn how to use a white straight cane to navigate through a grocery store.

- **Diabetes Education Training.** Many Texans with visual impairments are diagnosed with retinopathy and in many instances, have other complications associated with diabetes. The Diabetes Educator can work with them on: proper diet, using adaptive glucose meters, such as a talking meter and talking blood pressure monitors.
• **Independent Living Services.** These services assist the individual in his or her home or community. For example, allowing them to safely cook in their kitchen with use of safety indicators such as bump dots or timers.

• **Counseling Services.** These supportive services assist the individual in adjusting to loss of vision.

• **Information and Referral Services.** An example of these services is referral of an individual to the Center for Independent Living (CIL) for items that are not directly related to the visual disability.

• **Video Magnifier provision.** The American Federation for the Blind (AFB) defines a video magnifier, or closed-circuit television (CCTV) system, as one that uses a stand-mounted or handheld video camera to project a magnified image onto a video monitor, a television (TV) screen, or a computer monitor.

• **Bump Dots provision.** Bump dots are raised “bumps” that can mark objects.

• **Adaptive kitchen aids (e.g., oven gloves, safety knives, talking timers).**

Other services/goods that are not directly related to visual impairment but might be needed: (These services might be accessed through a CIL or other community partners.)

• Counseling Services (therapeutic counseling through a community partner)

• Physical Therapy

• Occupational Therapy

• Other daily living activities (e.g.- money management class)

• Hearing aids

• Prosthesis

**Challenges/Gaps in Service Provision for Older Adults Who are Visually Impaired**

There are several challenges and gaps in the provision of services for older Texans who are visually impaired. These include the following:

• **Awareness of programs in the community.** Efforts to enhance information from older persons, Area Agency on Aging seminars, the ILS-OIB program, CILs, non-profit organizations, and other community partners need to occur.

• **Awareness of the economic impact to the community.** Efforts by municipalities, counties, and other civic organizations to study the fiscal impact of having older
adults with visual impairment stay in their respective communities rather than become institutionalized are needed. Those able to remain at home are avoiding excessive costs associated with living in a residential facility, but more importantly, they remain active and involved in their community. They are consumers at grocery stores, volunteers at museums, teaching others to sew, tutors to children, and providing ideas for future generations. This not only contributes to the community and continues to value people of all ages, but it also enriches the lives of these individuals.

- **Bolster collaboration with CILs.** The CILs are new to providing some of the IL services previously provided by HHS. The demand for these IL services are presently in high demand and has already created a waiting list due to lack of funds. This demand will continue to increase as the older population seeks available services in the community. Therefore, the CILs, ILS-OIB program and other community partners must have routine strategic planning in which they discuss issues such as transportation, healthcare, durable medical goods utilization, comparable services and benefits, as well as hosting community events that promote services and supports for older adults with vision impairment.

- **Lack of Providers.** Texas, along with other states, experiences challenges with retention and availability of certain providers. Orientation and Mobility, Diabetes Educators, Independent Living providers all provide direct services to the older adults with a visual impairment. However, the travel time to rural areas, reporting requirements and other extensive responsibilities reasons discourage some providers from continuing to offer these services. Providers are typically contracted through the CIL or through the ILS-OIB program. Communities that have active advisory groups that involve both consumers and providers result in better collaboration and awareness for the entire community. As the number of older Texans increases, so will those who will experience challenges related to vision loss. There is a need to continue to survey customers, providers, and community organizations to ensure that support and availability of services are keeping pace with the growing population.
Section 2: Partnerships

Interpretation of Survey Responses

In an effort to better understand what services currently exist, who provides and funds the services, and where the services are delivered for the growing population of older adults with visual impairment in Texas, the ATWAC developed a survey (Appendix 2.1 and 2.2) which was distributed in March 2018 to service providers, with a second survey distributed to clinicians in June 2018 (Appendix 2.3). A total of 59 responses were received: 48 service providers and 11 clinicians. Survey questions were specifically developed to: identify current levels of collaboration and existing barriers experienced by individuals and organizations that prevented a higher level of collaboration; identify strategies and incentives to increase partnerships and collaboration; and understand what roles both public and private partnerships currently have in providing services to older adults with a visual impairment.

Overall, the responses were similar between the two groups regarding barriers preventing collaboration and what might increase partnerships and collaboration. The clinicians who responded only represented urban areas, however, so rural challenges did not appear as an identified barrier. The commonality was interesting in that it did identify the key issues as: lack of, or limited knowledge of, available services; no centralized process for communication or information sharing; lack of transportation; and the need for additional funding and low/no cost services. The clinicians who reported making referrals most frequently noted TWC as the entity to which they referred, and secondarily the Area Agencies on Aging (AAAs), while the service providers indicated additional partnerships but no one source consistently beyond TWC and the AAAs.

Other findings regarding partnerships include the following:

Current levels of collaboration

- Slightly fewer than half of the service provider respondents indicate they have formal partnerships or agreements with other public and/or private organizations to provide services to seniors with vision impairment.
- 79% of respondents indicate they provide community referrals and also that individuals referred to their organization are from other service providers 79% of the time, indicating that a high degree of informal collaboration also exists.
- The referral source phone number 2-1-1 was a theme.
Barriers preventing greater levels of collaboration

- Lack of knowledge and awareness. Individuals do not know where to go or what resources exist. Some consumer stakeholders located in urban areas informed TWC-OIB workers they became aware of the program through physician referral.
- No method for sharing and exchanging information on what resources do exist, how to refer, etc.
- Challenge of reaching individuals in rural areas due to lack of resources (transportation, service providers, funding, etc.) Consumer stakeholders informed TWC-OIB workers that computers would be a vital resource, as would education for family members in the same daily skills the consumer receives.
- Limited or very specific services provided at a single location.
- No formal and consistent method to capture and share data. Capturing and sharing common data could assist in identifying size and scope of the issue, and could be used to identify additional partnership opportunities.

The role of public and private organizations providing services to persons with visual impairment

- Information and referral
- Education and training
- Advocacy
- Vision screenings and early intervention activities when visual impairment is first identified
- Assistive technology, adaptive aids/equipment
- Innovation and best practices, to include data collection and sharing across entities

The following recommendations are a starting point for better partnerships between public and private partners, including clinicians, and for expanded coordination of services as a method to begin addressing the initial priorities identified in the surveys.

Partners of all kinds can work together in a variety of ways:

1. **Collaborations** may be general in nature with the goal of sharing information and increasing awareness of important issues.
2. **Coordination** may be more involved where partners identify common service goals and determine ways to align services to be more effective.
3. **Partnerships** of a more formal nature may be formed through written agreements for improved systems of service and for applying for funding opportunities.
Incentivizing partners to increase collaborations, coordination efforts, and partnerships to involve public and private entities requires a considerable effort to share information and to learn from each other. The survey data reveal a lack of knowledge among partners about what services are available, how consumers can be referred to these services, and how consumers can access these services in both urban and rural environments. This lack of knowledge inhibits the formation of effective collaborations and partnerships.

To determine more long-term policy approaches, more information (through surveys and focus groups) is needed beyond the scope of this report from public and private partners, clinicians, older adults with vision loss, and their families.

RECOMMENDATION 2.1.

Encourage partners to communicate with and learn from each other

State agencies should identify and provide resources to learn from each other about what services they offer, keep each other informed about changes to services, share information about how to access the services, and share ideas for best practices.

RECOMMENDATION 2.2.

One-point entry for services and information

State agencies should take a leadership role in centralizing information about visual impairment services for older adults. One-point entry for services makes it easier for healthcare providers and service providers to make referrals and more effectively meet the needs of the consumers.

Partners will be able to recommend a one-point entry service for consumers to learn about vision loss and available services and also find assistance in applying for services and equipment. Clinicians and service providers can use this one-point entry service for their own education about the needs of the older adults they serve and to know what services are available.

One-point entry for consumers might include several services:

- Educational information
- Lists of available services with explanations of what they are and how to access them
- Benefits counseling
- Assistance in filling out applications for services, equipment, etc., to ensure that applications are filled out in a timely manner and avoid a lapse in service
- In-home services and supports
- Equipment
- Adaptive skills training for persons with vision loss and their families
- Support group listings
- A source of education for healthcare providers, service providers and family members to learn about the needs of older adults with vision loss and the impact it has on their lives

RECOMMENDATION 2.3.

Increase awareness and education to partners, clinicians, and consumers through the TWC-OIB program

Through the TWC-OIB program, determine ways to use existing services and expand them to reach public and private partners, clinicians, and consumers who do not already use their services.

- Educate all parties on the experience of losing vision and how that impacts whether people are active in seeking and using services.
  - Describe the fear, vulnerability, loss of control, loss of confidence, learning new ways to live life, and family dynamics, as life changes with loss of vision.

- Educate all parties on the processes of accessing services and insurance and the barriers they may face.
  - How to understand and work with insurance
  - Impact of services that end after a short time
  - Training for staff on all issues
  - Addressing issues of geography and transportation
  - Costs of equipment
  - Issues/barriers regarding access to services, especially lack of clinicians and services in rural areas
  - Determining the best uses for funding, and how to apply for it, for longer-term services and equipment
  - Lack of communication and referrals between partners/clinicians
Section 3: Training

A person is made up of a series of characteristics, one of which might be, or might become, low vision or blindness. However, structural models, state and federal policies, inexperienced trainers and trainings, and a host of other factors may cause blindness or low vision to be treated as a singularly limiting condition, necessitating direct and, often, paternalistic interventions. A focus on empowerment, independence, autonomy, and dignity for the person with visual impairment begins with helping service professionals build new and constructive attitudes and strategies. Empowering older adults with low vision requires the service professional to be able to provide accurate information so that clients are able to make informed choices. Part of that accurate information is proper foundational training. Regarding a training curriculum recommendation, there is no one source of information that meets the unique needs of training state helping professionals better serve older adults with visual impairment.

RECOMMENDATION 3.1.
Tiered approach to training

The ATWAC recommends a tiered approach – something scalable from base knowledge to task specific, such as assistive technology or job training or independent living skills. The training should be research/evidence-based and pair that sound information with practical skill-building to allow the state professional to immediately apply the learning.

The resources offered through Mississippi State University, home of the National Technical Assistance Center on Blindness and Visual Impairment, are available online and at no charge. They provide the primary level of information to help professionals learn about visual impairment in older adults and additional resources that start to move toward that “scalable” aspect that the ATWAC deems important.

Materials and trainings available through the TWC, both through ILS-OIB and Vocational Rehabilitation, nicely complement trainings available through Mississippi State. *Texas Confidence Builders, Core Essentials,* and *Teacher Technique Training* move the training from condition-based learning to practical/applicable learning, including education for the state professional to reduce a tendency toward paternalism and increase their ability to empower Texans with visual impairment.

Other resources presented below in Table 5, and subsequent resources when identified, can serve as a clearinghouse for additional learning.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Title(s)</th>
<th>Location</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hadley Institute for the Blind and Visually Impaired</td>
<td>Blindness Basics</td>
<td><a href="https://hadley.edu/showCourseListing.asp?program=HIPS">^</a></td>
<td>N</td>
<td>Variety of professional development offerings.</td>
</tr>
<tr>
<td></td>
<td>Introduction to Low Vision and Adults</td>
<td></td>
<td></td>
<td>Not all offerings free.</td>
</tr>
<tr>
<td></td>
<td>Self-Esteem and Adjusting with Blindness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helen Keller National Center for Deaf-Blind Youths and Adults</td>
<td>Confident Living: A Course for People Supporting Older Adults with Combined Vision and Hearing Loss</td>
<td><a href="https://www.helenkeller.org/hknc/online-courses">https://www.helenkeller.org/hknc/online-courses</a></td>
<td>Y</td>
<td>Resources well-done. Expensive.</td>
</tr>
<tr>
<td></td>
<td>Working with Individuals who are Deaf-Blind: A Course for Mental Health Professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Title(s)</td>
<td>Location</td>
<td>Cost</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Kansas State University – Adult Development and Aging</td>
<td>Gray for a Day</td>
<td><a href="http://www.aging.k-state.edu/programs/grayforaday/grayforaday.html">http://www.aging.k-state.edu/programs/grayforaday/grayforaday.html</a></td>
<td>N</td>
<td>Simulation on aging. General content but does include changes in vision.</td>
</tr>
</tbody>
</table>
| Mississippi State University                                    | Training Suite: Enhancing Employment Outcomes for Persons with Visual Disabilities  
- Employer Attitudes  
- Technology Accessibility  
Training Suite: Introduction Courses  
- Introduction to Blindness  
- Adjustment to Blindness  
Training Suite: Working with Older Individuals Who Are Blind  
- An Introduction to Community Outreach  
- Community Outreach: Creating Targeted and Accessible Presentations | [https://www.ntac.blind.msstate.edu/courses/](https://www.ntac.blind.msstate.edu/courses/) | N    | National Technical Assistance Center on Blindness and Visual Impairment                        |
<table>
<thead>
<tr>
<th>Organization</th>
<th>Title(s)</th>
<th>Location</th>
<th>Cost</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Training Suite: Special Topics</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• The Low Down on Low Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Intro to Assistive Technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training Suite: Common Eye Conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adult Eye Conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Training Suite: Randolph-Sheppard Training</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Introduction to Blindness and Low Vision</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td>Title(s)</td>
<td>Location</td>
<td>Cost</td>
<td>Notes</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>Texas Workforce Commission</td>
<td>Texas Confidence Builders</td>
<td><a href="http://www.twc.state.tx.us/files/jobseekers/tx-confidence-builder-twc.pdf">http://www.twc.state.tx.us/files/jobseekers/tx-confidence-builder-twc.pdf</a></td>
<td></td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Core Essentials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Teacher Technique Training</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Section 4: Public Awareness

There are limited available resources for older adults since many of the existing programs are focused on employment and not necessarily broader needs of an older individual navigating the community and seeking social engagement and independent living outside of employment-related settings.

Survey feedback and literature review indicate the issue of stigma poses a significant barrier to individuals and families accessing programs. The fear of loss of independence related to visual impairment may impede an individual’s choice to seek assistance. Healthcare professionals who may be a likely referral source may not have knowledge of available supports, programs, services, and best practices for information sharing.

The statewide provider service indicates there are gaps in education and training related to vision loss for service providers and agencies across the aging network. These include a lack of information about access points for available supports and services for individuals experiencing low vision.

Awareness of Existing Services

The committee’s research discovered a considerable lack of a statewide informational campaign and website for older adults with visual impairments and their families. This gap in information extended to professionals and community stakeholders who may be referral sources. Removing the barriers such as stigmas associated with accessing programs will be paramount to extending community access to this valuable information and services. Current trends suggest that additional electronic health technology will be beneficial as the state works to close these gaps in care.

Another area of concern was the lack of broad-based resources across the geriatric healthcare system as well as the aging service provider community. The issue of enhancing awareness with respect to the prevalence of visual impairment in older adults and the best service provider practices continues to be an area in need of additional resources. Utilizing assets like community-based initiatives such as “train-the-trainer” and community health workers will be invaluable as the state works to broaden the current network to serve the residents of Texas.
RECOMMENDATION 4.1.

Establish an online portal

The establishment of an online portal for information and training for community stakeholders, aging network providers and healthcare partners. Resources on the portal might include:

- Links to national information and technical assistance sites such as the National Technical Assistance Center [https://www.ntac.blind.msstate.edu/courses/](https://www.ntac.blind.msstate.edu/courses/)
- Existing videos to support the medical community to increase awareness about visual impairment and the importance of early referrals [https://futureinsight.org/stay-informed/resources/videos](https://futureinsight.org/stay-informed/resources/videos)
- State level resource guides
- Best practices for referral processes
- Training for Aging and Disability Resource Centers (ADRCs) staff in resources available to those with visual impairment

RECOMMENDATION 4.2.

Awareness Campaigns

Use a broad-based, multipronged approach with awareness campaigns aimed at, 1) older adults with visual impairment and their families; 2) healthcare providers across the continuum, in-home, and facility-based; 3) aging network partners (AAA, ADRC and their community partners); and 4) broader community stakeholders “gatekeepers” such as first responders (EMS) and faith-based communities.

Specific outreach activities might include:

- Attendance at health fairs
- Outreach to community clinics, veterans organizations and programs serving older adults
- Attendance at interagency meetings across the aging and disability network
- Outreach to family caregivers via existing care coordination and educational events
● Word of mouth from one individual with low vision to another. (Low Vision Clubs, support groups)
● Outreach to libraries participating in the Talking Book Program
● Outreach to National Federation for the Blind statewide chapters
● Outreach to for-profit providers of low vision services

RECOMMENDATION 4.3.

Broaden Awareness Campaign

Deliver message as part of an existing, broader awareness campaign such as Disability Employment Awareness Month, existing health and wellness campaign, or general disability awareness message.

RECOMMENDATION 4.4.

Training and Education Across Networks

Provide training and education across service provider and professional association networks within existing structures for regular education and training such as in-service meetings, quarterly training, monthly webinars, annual conferences, and other existing avenues for training.
Summary: Section and Overall Recommendations

RECOMMENDATION 2.1.

Encourage partners to communicate with and learn from each other

State agencies should identify and provide resources to learn from each other about what services they offer, keep each other informed about changes to services, share information about how to access the services, and share ideas for best practices.

RECOMMENDATION 2.2.

One-point entry for services and information

State agencies should take a leadership role in centralizing information about visual impairment services for older adults. One-point entry for services makes it easier for healthcare providers and service providers to make referrals and more effectively meet the needs of the consumers.

Partners will be able to recommend a one-point entry service for consumers to learn about vision loss and available services and also find assistance in applying for services and equipment. Clinicians and service providers can use this one-point entry service for their own education about the needs of the older adults they serve and to know what services are available.

One-point entry for consumers might include several services:

- Educational information
- Lists of available services with explanations of what they are and how to access them
- Benefits counseling
- Assistance in filling out applications for services, equipment, etc., to ensure that applications are filled out in a timely manner and avoid a lapse in service
- In-home services and supports
- Equipment
- Adaptive skills training for persons with vision loss and their families
• Support group listings
• A source of education for healthcare providers, service providers and family members to learn about the needs of older adults with vision loss and the impact it has on their lives

RECOMMENDATION 2.3.

Increase awareness and education to partners, clinicians and consumers through the TWC-OIB program

Through the TWC-OIB program, determine ways to use existing services and expand them to reach public and private partners, clinicians and consumers who do not already use their services.

• Educate all parties on the experience of losing vision and how that impacts whether people are active in seeking and using services.
  ‣ Describe the fear, vulnerability, loss of control, loss of confidence, learning new ways to live life, and family dynamics, as life changes with loss of vision.
• Educate all parties on the processes of accessing services and insurance and the barriers they may face.
  ‣ How to understand and work with insurance
  ‣ Impact of services that end after a short time
  ‣ Training for staff on all issues
  ‣ Addressing issues of geography and transportation
  ‣ Costs of equipment
  ‣ Issues/barriers regarding access to services, especially lack of clinicians and services in rural areas
  ‣ Determining the best uses for funding, and how to apply for it, for longer-term services and equipment
  ‣ Lack of communication and referrals between partners/clinicians
RECOMMENDATION 3.1.

Tiered approach to training

The ATWAC recommends a tiered approach – something scalable from base knowledge to task specific, such as assistive technology or job training or independent living skills. The training should be research/evidence-based and pair that sound information with practical skill-building to allow the state professional immediately apply the learning.

The resources offered through Mississippi State University, home of the National Technical Assistance Center on Blindness and Visual Impairment, are available online and at no charge. They provide the primary level of information to help professionals learn about visual impairment in older adults and additional resources that start to move toward that “scalable” aspect that the ATWAC deems important.

Materials and trainings available through the TWC, both through ILS-OIB and Vocational Rehabilitation, nicely complement trainings available through Mississippi State. Texas Confidence Builders, Core Essentials, and Teacher Technique Training move the training from condition-based learning to practical/applicable learning, including education for the state professional to reduce a tendency toward paternalism when helping Texans with visual impairment.

Other resources presented in Table 5, and subsequent resources when identified, can serve as a clearinghouse for additional learning.

RECOMMENDATION 4.1.

Establish an online portal

The establishment of an online portal for information and training for community stakeholders, aging network providers and healthcare partners. Resources on the portal might include:

- Links to national information and technical assistance sites such as the National Technical Assistance Center [https://www.ntac.blind.msstate.edu/courses/](https://www.ntac.blind.msstate.edu/courses/)
- Existing videos to support the medical community to increase awareness about visual impairment and the importance of early referrals [https://futureinsight.org/stay-informed/resources/videos](https://futureinsight.org/stay-informed/resources/videos)
- State level resource guides
- Best practices for referral processes
- Training for Aging and Disability Resource Centers (ADRCs) staff in resources available to those with visual impairment

**RECOMMENDATION 4.2.**

**Awareness Campaigns**

Use a broad-based multipronged approach with awareness campaigns aimed at, 1) older adults with visual impairment and their families; 2) healthcare providers across the continuum, in-home, and facility-based; 3) aging network partners (AAA, ADRC and their community partners); and 4) broader community stakeholders “gatekeepers” such as first responders (EMS) and faith-based communities.

Specific outreach activities might include:

- Attendance at health fairs
- Outreach to community clinics, veterans organizations and programs serving older adults
- Attendance at interagency meetings across the aging and disability network
- Outreach to family caregivers via existing care coordination and educational events
- Word of mouth from one individual with low vision to another. (Low Vision Clubs, support groups)
- Outreach to libraries participating in the Talking Book Program
- Outreach to National Federation for the Blind statewide chapters
- Outreach to for-profit providers of low vision services

**RECOMMENDATION 4.3.**

**Broaden Awareness Campaign**

Deliver message as part of an existing, broader awareness campaign such as Disability Employment Awareness Month, existing health and wellness campaign or general disability awareness message.
RECOMMENDATION 4.4.

Training and Education Across Networks

Provide training and education across service provider and professional association networks within existing structures for regular education and training such as in-service meetings, quarterly training, monthly webinars, annual conferences and other existing avenues for training.

OVERALL RECOMMENDATION 1.1

Funding is a bigger, global issue that impacts many aspects of the entire report. The surveys revealed a need for more funding, but not enough information to go much further. The committee does not have enough information due to time constraints to make accurate and substantial recommendations regarding the range and impact of funding issues, such as what the real funding needs are and where funding can be used most effectively. Therefore, the ATWAC recommends further study be conducted to fully address this issue.

OVERALL RECOMMENDATION 1.2

The committee recommends establishing coordination among stakeholders, service providers, consumers, the Governor’s Committee on People with Disabilities, other appropriate state agencies, and those with limited knowledge and/or training of working with older Texans with visual impairment. Ultimately, this collaboration among all involved can result in new partnerships and identification of new training, marketing, resources, and awareness of issues by older adults experiencing visual impairment.

OVERALL RECOMMENDATION 1.3

Finally, the ATWAC recommends consumers be included in the collaborative process, with defined roles for them as active stakeholders.
Appendices

Leading Causes of Visual Impairment ................................................................. 36
1.2 Figure 1: Map of Vision Impairment and Diabetes in Adults for 2016 and Education Providers for 2018 ................................................................. 38
1.3 Figure 2: Map of People with Vision Impairments and OIB Worker Locations .... 39
2.1 Vision Impairment Survey for Community Providers .................................. 40
2.2 Vision Impairment Survey for Medical Providers ....................................... 44
2.3 Follow-up Vision Impairment Survey .......................................................... 46
Appendix 1.1: Leading Causes of Visual Impairment

Age Related Macular Degeneration (Macular Degeneration). Disease that causes dysfunction of the macula, the area in the middle of the retina that makes possible the sharp central vision needed for such everyday activities as reading, driving, and recognizing faces and colors. The condition is commonly known as age-related macular degeneration (AMD) and is the leading cause of visual impairment among older people. However, there are also other types of macular degeneration, such as Stargard’s Disease and Bests’s Disease. Macular degeneration causes blurred, distorted, or dim vision or a blind spot in the center of the visual field. Peripheral vision is generally not affected. This condition is painless and may progress so gradually that the affected person at first notices minor change. There is no cure for macular degeneration, but drug therapy, laser surgery, or other medical treatment may in some cases be able to slow the disease's progression or prevent further vision loss. People with macular degeneration can also benefit from the use of various devices for low vision, such as magnifiers, high-intensity lamps, and pocket-sized telescopes.

Glaucoma. Disease in which the pressure of the fluid inside the eye is too high, resulting in a loss of peripheral vision. If the condition is not diagnosed and treated, the increased pressure can damage the optic nerve and eventually lead to blindness. Vision lost as a result of such damage cannot be restored. A person who has glaucoma may not realize it at first, because the disease often progresses with no symptoms or warning signs. Early detection through regular eye examination and prompt treatment is essential to prevent vision loss. Daily medication (usually eye drops), surgery, or a combination of both enables most people to control their intraocular pressure and retain their vision.

Cataract. A condition in which the lens of the eye, which is normally clear, becomes cloudy or opaque. Cataracts generally form slowly and without pain. They can affect one or both eyes. Over time, a cataract may interfere with vision, causing images to appear blurred or fuzzy and colors to seem faded. Most cataracts are related to aging. In fact, cataracts affect more than 50 percent of all adults by age 80 and are the primary cause of vision loss in people 55 and older. People with early cataract may benefit from new eyeglasses, bright lighting, anti-glare sunglasses, or magnifying lenses. If, despite such devices, cataract interferes with daily activities, surgery is the only effective treatment.
Cataract surgery, which is common, involves removal of the cloudy lens and replacement with an artificial lens.

**Diabetic Retinopathy.** Eye condition that results from the damaging effect of diabetes on the circulatory system of the retina. The longer someone has had diabetes, the greater the person's likelihood of developing diabetic retinopathy. Changes in the tiny blood vessels of the retina can lead to vision loss. People with diabetes should have routine eye examinations so that diabetes-related problems can be diagnosed and treated as soon as possible. Maintaining strict control of blood sugar levels helps to prevent diabetic retinopathy. Surgical and laser treatments can help many people affected with this condition.

The Information above was obtained from the American Foundation for the Blind (https://www.afb.org/default.aspx).
Appendix 1.2: Fig. 1. Map of Vision Impairment and Diabetes in Adults for 2016 and Education Providers for 2018

Texas Workforce Commission

Vision Impairment and Diabetes in Adults for 2016 and Education Providers for 2018

Legend

<table>
<thead>
<tr>
<th>Diabetes Education Provider (Current 2018)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Roads</td>
</tr>
<tr>
<td>- Interstate</td>
</tr>
<tr>
<td>- Original National Highway System</td>
</tr>
<tr>
<td>- PHR Boundary</td>
</tr>
</tbody>
</table>

Vision Impairment Prevalence

- 5.5% - 6%
- 6.1% - 7%
- 7.1% - 8%
- 8.1% - 11%

Diabetes Prevalence

- 0% - 11%
- 11% - 13%
- 13% - 16%
- 16% - 21%

Data Sources:
Vision impairment prevalence was calculated using aggregate data for adults 40 years and older from the 2013-15 Texas Behavioral Risk Factor Surveillance System (BRFSS). Adult diabetes prevalence (18 years and older) was taken from the 2016 Texas County Health Rankings, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin’s Population Health Institute.
Appendix 1.3: Fig. 2. Map of People with Vision Impairments and OIB Worker Locations
### Appendix 2.1: Vision Impairment Survey for Community Providers

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Possible Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Organization:</td>
<td>Open-Ended Response</td>
</tr>
</tbody>
</table>
| 2      | What services for people with low vision do you provide? Select as many options as applicable. | Independent living services  
Community referrals  
Support groups or ways to meet others with low vision  
Access to assistive technology/devices  
Reading services and/or devices  
Orientation and mobility training  
None  
Other (please specify) |
| 3      | How are clients referred to you/your organization? Please select all that apply. | Medical professional  
Vocational Rehabilitation Counselor  
OIB Program staff  
Other service provider  
Other client  
Person’s friend or family member  
Other (please specify) |
| 4      | How are the costs of your services covered? Please select all that apply. | State benefit program  
Federal benefit program  
Service recipient pays  
Private support (foundation or other)  
Other (please specify) |
| 5      | Where are your services provided? You may select more than one option.    | In an office  
In a clinic or hospital  
In the client's home  
Remotely (via the telephone, mail or online)  
Other (please specify) |
<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Possible Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>What is the geographic reach of the services you provide?</td>
<td>Nationally, Statewide across Texas, Regionally, County, City, Other (please specify)</td>
</tr>
<tr>
<td>7</td>
<td>Please list the region, city or county that your service/s cover.</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>8</td>
<td>If you collect individual client data on vision, on average, how many people 50 and over with low vision do you serve in a calendar year? (If you do not collect this data, please enter &quot;N/A&quot;).</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>9</td>
<td>Do you currently have a waiting list for your program or services?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>10</td>
<td>How many people are currently on your waiting list?</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>11</td>
<td>Approximately how long does it take for a client to move off of the waitlist?</td>
<td>0 to 3 days, 3 days to 1 week, 1 to 2 weeks, 2 to 4 weeks, 1 to 3 months, 3 to 6 months, 6 months to a year, A year or more, Other (please specify)</td>
</tr>
<tr>
<td>Number</td>
<td>Question</td>
<td>Possible Answers</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------</td>
<td>-------------------------------------------------------</td>
</tr>
<tr>
<td>12</td>
<td>What is the cause of the wait list? You may select more than one option.</td>
<td>Lack of funding&lt;br&gt;Lack of personnel&lt;br&gt;Program restrictions&lt;br&gt;Other (please specify)</td>
</tr>
<tr>
<td>13</td>
<td>In your experience, what are the unmet needs of people 50 and older with vision impairment in Texas?</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>14</td>
<td>In your experience, what are the biggest challenges or barriers to providing services to older adults with vision impairment?</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>15</td>
<td>Do you have formal partnerships or agreements with other agencies or organizations to provide these services?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>16</td>
<td>What organizations do you partner with to provide vision loss services?</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>17</td>
<td>What services are provided through this partnership?</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>18</td>
<td>What other organizations or stakeholders should we contact regarding older adults with vision impairment? (Please share their names and email addresses if known.)</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>19</td>
<td>Please share any successful outreach strategies your organization has used to reach older adults with vision impairment.</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>20</td>
<td>Is there anything you would like to tell us about the services you provide for older adults with visual impairment that we did not cover, or any other general comments?</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>21</td>
<td>May we follow up with you regarding this comments?</td>
<td>Yes&lt;br&gt;No</td>
</tr>
<tr>
<td>Number</td>
<td>Question</td>
<td>Possible Answers</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------</td>
<td>--------------------------</td>
</tr>
<tr>
<td>22</td>
<td>Name, title, phone, and email:</td>
<td>Open-Ended Response</td>
</tr>
</tbody>
</table>
### Appendix 2.2: Vision Impairment Survey for Medical Providers

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Possible Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What is your profession?</td>
<td>Ophthalmologist, Optometrist, Other (please specify)</td>
</tr>
<tr>
<td>2</td>
<td>What is the name and zip code of the city/town where you work?</td>
<td>Open-ended Response</td>
</tr>
<tr>
<td>3</td>
<td>In what geographical areas do you provide services?</td>
<td>Rural, Urban, Other (please specify)</td>
</tr>
<tr>
<td>4</td>
<td>On average, how many total patients per year do you treat for glaucoma, macular degeneration, diabetic retinopathy, or cataracts? (If you do not serve any with the above diseases, please enter &quot;N/A&quot; in the comment box answer choice)</td>
<td>1-10, 10-50, 50-100, 100 or more, Other (please specify)</td>
</tr>
<tr>
<td>5</td>
<td>On average, how many patients age 50 and older with vision loss do you serve per year? (If you do not serve adults age 50+, please enter &quot;N/A&quot; in the comment box answer choice)</td>
<td>1-10, 10-50, 50-100, 100 or more, Other (please specify)</td>
</tr>
<tr>
<td>6</td>
<td>Do you know what independent living and/or rehabilitative services are available for your older adult clients experiencing vision loss?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>7</td>
<td>Do you feel prepared to inform patients about where to find independent living services and</td>
<td>Yes</td>
</tr>
<tr>
<td>Number</td>
<td>Question</td>
<td>Possible Answers</td>
</tr>
<tr>
<td>--------</td>
<td>--------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>other community resources to help them adjust to a vision loss diagnosis?</td>
<td>No</td>
</tr>
<tr>
<td>8</td>
<td>Do you refer these patients and others with low vision to independent living skills training and/or rehabilitative services?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>9</td>
<td>If so, where do you refer them?</td>
<td>Texas Workforce Commission (formerly Dept. of Rehabilitative Services programs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Texas Health and Human Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Area Agency on Aging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-profit organization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Centers for Independent Living</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N/A, do not refer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other (please specify)</td>
</tr>
<tr>
<td>10</td>
<td>If you do not refer patients, what barriers do you experience in providing referrals to other organizations? (Please enter &quot;N/A&quot; if you do refer)</td>
<td>For public entities: (open-ended response)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For private entities: (open-ended response)</td>
</tr>
<tr>
<td>11</td>
<td>How would/does collaboration with other organizations help you better serve your patients?</td>
<td>For public entities: (open-ended response)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For private entities: (open-ended response)</td>
</tr>
<tr>
<td>12</td>
<td>What would help you collaborate with other entities to better serve older adult patients with vision loss?</td>
<td>For public entities: (open-ended response)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For private entities: (open-ended response)</td>
</tr>
<tr>
<td>13</td>
<td>What does your office do for outreach to older adults who may be experiencing vision loss?</td>
<td>Open-Ended Response</td>
</tr>
<tr>
<td>14</td>
<td>What do you think are the priority needs of patients age 50 and older with vision loss?</td>
<td>Open-Ended Response</td>
</tr>
</tbody>
</table>
### Appendix 2.3: Follow up Vision Impairment Survey

<table>
<thead>
<tr>
<th>Number</th>
<th>Question</th>
<th>Possible Answers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>How would collaboration and partnerships help you better serve your patients?</td>
<td>For public entities: (open-ended response)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For private entities: (open-ended response)</td>
</tr>
<tr>
<td>2</td>
<td>What barriers does your organization experience in collaborating with other organizations?</td>
<td>For public entities: (open-ended response)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For private entities: (open-ended response)</td>
</tr>
<tr>
<td>3</td>
<td>What would help you collaborate with other public and/or private entities?</td>
<td>For public entities: (open-ended response)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For private entities: (open-ended response)</td>
</tr>
<tr>
<td>4</td>
<td>If you do not provide services to older adults with vision impairment, what would encourage your organization to provide these services?</td>
<td>For public entities: (open-ended response)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>For private entities: (open-ended response)</td>
</tr>
</tbody>
</table>
This report was written and submitted by the Aging Texas Well Advisory Committee in compliance with Senate Bill 1693, 85th Regular Session.

The Aging Texas Well Advisory Committee was established by Executive Order RP42 to advise the Texas Health and Human Services and to make recommendations to state leadership on implementation of the Aging Texas Well initiative.

Information about the Aging Texas Well Advisory Committee can be found at: https://hhs.texas.gov/about-hhs/leadership/advisory-committees/aging-texas-well-advisory-committee.