Good morning Chair Klevorn and members of the Task Force,

My name is Dr. Nicole Schmiedt and I am an optometrist practicing in Lakeville in a private optometric practice. I am also a member of the Minnesota Optometric Association. I provide comprehensive medical eye care services as well as Low Vision Rehabilitation. As a Low Vision optometrist, I am particularly aware of the challenges that face our aging adult community as they aim to remain independent and active in their daily lives.

Today I will provide some background regarding vision loss and the aging population. I will also expand upon four recommendations I have for the task force. As you plan and implement recommended policies for aging Minnesotans, **I urge the task force to consider:**

1. Supporting health coverage and access for seniors to receive comprehensive in-person medical eye exams once yearly.

2. Encouraging access to Low Vision Rehabilitation to close the gap that exists with these referrals.

3. Providing appropriate funding for MN State Services for the Blind and Visually Impaired as well as other nonprofits such as Vision Loss Resources.

4. Researching and investing in innovations to sustain the engagement of older adults in the community.

Before I dive into each of these in detail, I'd like to give a brief overview regarding vision loss and the aging population. As you know, Minnesota's population of 65+ individuals is growing rapidly with the largest increase happening now, from 2020-2030. According to the 2021 National Health and Aging trends, 1 in 4 older U.S. adults have vision impairment and as the U.S. population ages, the number of individuals with vision impairment is expected to grow. The prevalence of vision impairment is expected to increase 24% per decade over the next 35 years.[1] Vision impairment is known to limit independence and creates numerous barriers to engaging in everyday activities, community participation, and maintaining well-being.[2] Vision impairment is also known to increase the incidence of many other comorbid health conditions such as depression and anxiety, risk of falling, and cognitive disorders such as dementia. However, vision impairment is considered a modifiable risk factor for these conditions. Meaning that, if vision loss can be prevented or treated, the incidence of these health conditions decreases.[1]

This leads me to my **first recommendation**. If the risk of mental health disorders, falling, and cognitive impairment all decrease with decreasing visual impairment, Minnesotan seniors need access to low

cost, quality eye care to help prevent and treat vision loss. It is estimated that 90% of vision impairment and blindness globally are avoidable and a large majority are treatable with low cost and widely available interventions like cataract surgery and eyeglasses.[3] The task force needs to support policies that reduce the cost of eye care for seniors, especially the cost of glasses. Adequate correction of refractive error with glasses reduces the prevalence of blindness by 20% and visual impairment by 37%.[4] Equity should also be incorporated when designing these policies so that 65+ year olds with low income, low education, or that live in rural areas can also be included. It is important to keep in mind that rural Minnesota tends to be older on average, and this population is more likely to have reduced access to care. These are often the most underserved in the population as out of pocket costs are a major barrier to eye health care.[5]

The next step and my **second recommendation** after routine eye care is making follow-up care a priority. If vision loss is discovered during an eye exam and cannot be corrected by standard glasses or medical intervention, it is the standard of care is to refer the patient to a low vision rehabilitation optometrist. There is a large gap in the healthcare system for older adults that need low vision care. Low vision optometrists are a scarce commodity, and patients often have difficulty finding a provider or traveling to the provider for care. The National Nursing Home Survey in the US discovered that only half of nursing homes contract for vision and hearing services, and only 12.6% have optometric services available. Access to eye care is important in maintaining independence and quality of life in the care home setting where residents are dependent on their caregivers. [4]

If the patient in need has been diagnosed with vision loss by their eyecare provider, has been appropriately referred to a low vision optometrist, and successfully accessed low vision care, this is often just the start of a long-term rehabilitation process of adjusting to life with vision loss. Our society has been developed for sighted people, and navigating the complexities of employment, transportation, and activities of daily life all need to be relearned to function efficiently with vision loss. This is why my **third recommendation** is to support and expand funding for MN State Services for the Blind and Visually Impaired and other nonprofits such as Vision Loss Resources. These organizations take the next step and help keep visually impaired people integrated in the community.

For example, the World Health Organization recognizes employment as a paramount social determinant of health that influences well-being and quality of life.[6] Without workplace accommodations, visual impairment can make work more difficult or impossible. Even when employed, people with vision impairment earn less money than those without visual impairment. From the Canadian Longitudinal Study on Aging, visual impairment is correlated with 3 times higher odds of not working than those

without visual impairment. Therefore, workplace accommodations are crucial to help keep those with visual impairment in the work force. Some examples of more common accommodations are modified work hours, modified workstations and working from home. These accommodations are often fought for by visually impaired people in conjunction with advocates in Vocational Rehabilitation at MN State Service for the Blind and Visually impaired. This crucial service keeps Minnesotans in the workforce and results in substantial gains in productivity for the economy. Policies to support vocational rehabilitation services and to improve workplace participation by those with vision loss are needed.[6]

Finally, I urge the task force to continue to research and invest in public innovations to sustain the engagement of older adults in the community. Functional limitations to vision lead to a loss of independence which restricts many people to their home leading to loneliness and social isolation. Support is needed to assist with independent activities of daily living to encourage aging-in-place, quality of life, and well-being. There are many innovative technological solutions to improve the lives of those aging with vision loss. Some examples include screen readers, magnifiers, scanners, and navigational canes. Personal smart phones and computers also have integrated accessibility tools like enlarged text, text to speech, and enhanced contrast. These can all be implemented and adopted with the help of a low vision optometrist. Other challenges reported by individuals with vision loss were lack of accessibility and transportation barriers. Website accessibility, or lack thereof, is a central issue facing people aging with vision loss. There are known solutions to make online content accessible such as minimum contrast standards, text resizing capabilities, and screen reader accessible content. In 2022, the Americans with Disabilities Act specified that websites and mobile applications are considered "places of public accommodation". Therefore, local and state governments as well as businesses open to the public must provide accessible web content.[2] There is a clear need to make existing technologies accessible for people with vision impairment specifically making websites compatible with screen readers. Broader mandates and policies that enforce and incentivize the development and maintenance of accessible web content are needed. These policies can also apply to transportation. Mobile apps for public transit that offer real time transit information in an accessible format are an invaluable opportunity for enhancing community mobility in the aging visually impaired population. App-based riding sharing services like Uber and Lyft also provide enhanced independence for the aging population and should provide accessible information as well.

As more Minnesotans continue to age, more will face these everyday challenges of life with vision loss. I urge the task force to consider the importance of annual in person medical eye exams for seniors that include materials benefits for glasses or assistive devices. These exams will help diagnose vision loss early in order to treat it most efficiently, or to start the process of adapting to vision loss early. I hope the

task force will help prioritize Low Vision Rehabilitation for seniors with vision loss and plan on investing in resources such as MN State Services for the Blind and Visually Impaired. Finally, I hope discussion and research will continue so innovative technological solutions for the public including accessible websites, public transportation apps, and community education for our aging visually impaired population can be incorporated into our communities. Thank you.

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