

**OSARC MONTHLY MEETING
3/13/2024 12:30pm - MINUTES**

OSARC Board: Joan Borovoy, Chair; Mark Lewis, Acting Vice Chair; Susan O'Brien, Secretary; Colleen Cox, Consultant; Judith Lovell, Volunteer; Jay Warshofsky, COMRO Rep

OSA Staff providing support: Rob Spencer, OSA Media Director; Megan Wofsy, OSA Asst to the Pres

Presentation:

Cathleen McGuire, CRVT, the Senior Director of Vision Rehabilitation and Outreach at VISIONS/Services for the Blind and Visually Impaired. She has been in the field of vision rehabilitation for over 25 years. She has a BS in Human Services from St. John's University and an MA In Special Education with a concentration in Vision Rehabilitation and Orientation and Mobility from Hunter College. She has worked with children, adults with developmental disabilities and older adults.

VISIONS/Services for the Blind and Visually Impaired is a nonprofit vision rehabilitation and social service organization founded in 1926. Its purpose is to develop and implement individualized programs to assist people of all ages who are blind and visually impaired, to allow them to lead independent and active lives, and to educate the public about their capabilities and needs. Many services are NY State funded.

IMPORTANT ADVICE: See an ophthalmologist (an MD) annually.

DISEASES OF CONCERN TO THE OLDER POPULATION:

Cataracts: All older people will likely develop cataracts. Surgery is recommended and a new glasses prescription will be required.

Age-related Macular Degeneration (AMD): AMD is a disease that can result in severe loss of central vision, but people rarely go blind from it. Loss of central vision means you cannot see fine details, whether you are looking at something close or far. But your peripheral (side) vision will still be normal. For instance, if you are looking at a clock with hands, with AMD, you might see the clock's numbers but not the hands. AMD is very common and is a leading cause of vision loss in people 50 years or older.

There are **2 types** of AMD: dry and wet.

Most people with AMD have **Dry AMD**, when the macula gets thinner with age. It happens in 3 stages: early, intermediate, and late. It progresses slowly over several years. There's no treatment for late dry AMD, but you can find ways to make the most of your remaining vision. And if you have late dry AMD in only 1 eye, you can take steps to protect your other eye.

Wet AMD is a less common type of late AMD that usually causes faster vision loss. Any stage of dry AMD can turn into wet AMD — but wet AMD is always late stage. It happens when abnormal blood vessels grow in the back of the eye and damage the macula.

Treatment for AMD depends on the stage and type. There's currently no treatment for early AMD, so your eye doctor will probably just keep track of how your eyes are doing with regular eye exams. Eating healthy, getting regular exercise, and quitting smoking can also help.

If you have intermediate AMD in 1 or both eyes, special dietary supplements (vitamins and minerals) may be able to stop it from turning into late AMD. If you have late AMD in only 1 eye, these supplements may slow down AMD in your other eye.

For Wet AMD, there are other treatments that may be able to stop further vision loss:

- Medicines called anti-VEGF drugs that the doctor injects in your eye.
- Photodynamic therapy (PDT), a combination of injections and laser treatment

There's currently no treatment for late dry AMD — but researchers are hard at work looking for treatment options. And you can get support to help you live with vision loss from AMD.

Glaucoma: Glaucoma is a common eye condition where the optic nerve, which connects the eye to the brain, becomes damaged. It is usually caused by fluid building up in the front part of the eye, which increases pressure inside the eye. Glaucoma can lead to loss of vision if it's not diagnosed and treated early. It is most common in adults in their 70s and 80s, especially with a family history.

Glaucoma does not usually cause any symptoms to begin with. It develops slowly over many years and affects the edges of your vision (peripheral vision) first. Glaucoma can usually be detected during a routine eye test by an optometrist, often before it causes any noticeable symptoms. You should have a routine eye test at least every 2 years.

It's not possible to reverse any loss of vision that occurred before glaucoma was diagnosed, but treatment can help stop your vision getting worse. Options are eyedrops – to reduce the pressure in your eyes, laser treatment – to open up the blocked drainage tubes or reduce the production of fluid in your eyes and surgery – to improve the drainage of fluid.

Diabetic Retinopathy: Diabetic retinopathy is an eye condition that can cause vision loss and blindness in people who have diabetes. It affects blood vessels in the retina (the light-sensitive layer of tissue in the back of your eye). It is caused by high blood sugar due to diabetes. Over time, having too much sugar in your blood can damage your retina — the part of your eye that detects light and sends signals to your brain through a nerve in the back of your eye (optic nerve).

Early stages of diabetic retinopathy usually don't have any symptoms. In later stages, blood vessels in the retina start to bleed into the vitreous (gel-like fluid that fills your eye) causing floating spots or streaks that look like cobwebs. Sometimes, the spots clear up on their own — but it's important to get treatment right away. Without treatment, scars can form in the back of the eye.

In the early stages of diabetic retinopathy, your eye doctor will keep track of how your eyes are doing. In later stages you may receive drugs to slow down the damage. There are also laser treatments to reduce swelling in your retina. Finally, there is surgery to remove scar tissue.

If you have any of these diseases you should see a doctor who specializes in that disease.

OTHER IMPORTANT VISION ISSUES:

Low vision is a vision problem that makes it hard to do everyday activities. It can't be fixed with glasses, contact lenses or other standard treatments like medicine or surgery. You may have low vision if you can't see well enough to do things like read, drive, recognize people's faces, tell colors apart or see your television or computer screen clearly.

Legal blindness Normal vision is 20/20. That means you can clearly see an object 20 feet away. If you're legally blind, your vision is 20/200 or less in your better eye or your field of vision is less than 20 degrees with corrective lenses. That means if an object is 200 feet away, you have to stand 20 feet from it in order to see it clearly. But a person with normal vision can stand 200 feet away and see that object perfectly.

People diagnosed with legal blindness may be eligible for programs such as federal Social Security Disability Income (SSDI) and Supplemental Security Income (SSI), as well as tax breaks. Other resources such as educational scholarships, guide dog programs and vision rehab therapists are available through nonprofits and support group connections. Eligibility may vary for state and local programs.

Vision Rehabilitation Therapists try to work with people before their vision loss is severe. They provide options to those with vision loss especially through technology. Computers, tablets and smartphones provide an array of options to assist the visually impaired such as magnifying print/photos, using speech-enabled writing tools and providing assistance with font size and colors etc. Each state differs in what is covered, based on the level of vision loss.

Vision preservation means taking care of your eyes by having regular eye exams, protecting your eyes with sunglasses, safety glasses, goggles or safety shields, eating healthy, staying on top of chronic illnesses like diabetes, quitting smoking and getting regular exercise.

Cathleen can be reached at 631-504-1180.

Council of Municipal Retiree Organizations (COMRO) Report: by Jay Warshofsky

Maria Alvarez from the NY Statewide Senior Action Council reported they are advocating for a bill in the Senate and the Assembly to fund the “Master Plan for Aging”. NY State has the fourth largest population over 60, so funding is really needed.

The DC37 Retiree Association was put into receivership, freezing their budget and suspending their board, by the parent organization, AFSCME. AFSCME said the reason was lack of proper bookkeeping, but retirees believe it is because of their opposition to the city’s plan to move retirees to Medicare Advantage (MA) and the group’s financial support to the NYC Organization of Public Service Retirees.

Healthcare update

Three lawsuits are in the Appellate Courts, appealed by the city after it lost in the lower courts: 1) The City is seeking a reversal of a lower court judge’s permanent restraining order against the implementation of the Aetna Medicare Advantage plan which would have eliminated traditional Medicare with a medigap supplemental policy as an option in City health coverage 2) The City is seeking to overturn the ban imposed by a lower court justice on co-pays for the Emblem GHI Senior Care plan introduced by the City and Emblem from January 2022 through January 2023 and 3) the City is seeking to overturn the original imposition of a restraining order against imposing premiums on traditional Medicare with a supplement while offering Medicare Advantage plans without a premium. This case dates back to the original contract with the first successful bidders Emblem/Anthem (collectively “the Alliance”). This third case is the only one in the highest state court, the Court of Appeals. The other two are in the Appellate Division of NYS Supreme Court.

Health insurance for active employees and pre-Medicare retirees is currently being bid out. The goal is to replace the GHI CBP plan with a new plan that will save at least 10% on health insurance costs to the city. The final bidders are Aetna and a combination of EmblemHealth and United Healthcare.

Next Meeting: Wednesday, April 17 at 12:30pm. Our speaker will be an attorney discussing wills, trusts and estates. In May, a member of the Senior Caucus of the Democratic National Committee will speak about the upcoming election. In June, we will have a financial advisor.

We will be sending out a survey asking for your ideas for meeting topics for next year. Please respond with any ideas you would like to suggest. OSARC is also in need of a Vice Chair. If anyone is interested in applying, please contact Joan Borovoy, the chair at Joan.Borovoy@gmail.com.