Vision Access welcomes submissions from people with low vision, from professionals such as ophthalmologists, optometrists, low vision specialists, and everyone with something substantive to contribute to the ongoing discussion of low vision and all of its ramifications. Submissions are best made as attachments to email or may also be made in clear typescript. Vision Access cannot assume responsibility for lost manuscripts. Deadlines for submissions are March 1, June 1, September 1, and December 1. Submissions may be mailed to Mike Keithley, Editor, 191 East El Camino Real #150, Mountain View, CA 94040; 650-386-6286, editor@cclvi.org.

Publications Committee:
Joyce Kleiber, Sarah Peterson, Valerie Ries-Lerman, and Mike Keithley

Join our Social Networks.
CCLVI is now on Twitter at twitter.com/CCLVI_Intl and Facebook by searching for "Council of Citizens with Low Vision International." Questions? Email fb@cclvi.org.
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Welcome to the Fall 2014 Vision Access. It's getting cooler in the morning, and Star tells me that many trees have red leaves. Now we almost always start and end morning and evening walks in the dark, and very soon we'll be smelling that weed that reminds me of dirty socks. So it's really fall and time to get to work!

I took King's advice and drifted through the summer. But I know many of you went to the ACB convention in Las Vegas, and we have changes to report in the CCLVI administration. So remember to check the Officers' and Directors' section of this magazine for new contact information.

Organizational News

Presidents Message, Fall 2014: Continuing Success, by Charles Glaser

As I start my term as the new president of CCLVI, I remember back to July of 1979 at the then Pantlind Hotel in Grand Rapids Michigan where I attended the first scheduled meeting of CCLV, a fledgling new affiliate of ACB called "Council of Citizens with Low Vision". I realized this organization could be very beneficial for people who had low vision and people who were losing it. I joined as a charter member. Through the years I have been very proud of CCLVI's work and programs as a resource for people who are transitioning to less than normal vision. Along with my involvement with CCLVI, I served on the first ACB Environmental Access Committee and as the assistant convention coordinator of the ACB Convention Committee. I am the immediate past president of the Randolph-Sheppard Vendors of America and have been a chapter president of my local ACB affiliate. Outside of ACB I currently serve on the American Blind Bowling Association National Tournament Committee.

My Work has already begun. Committee chairpersons have been appointed and they are assembling their committees. You will find a list of committee chairs and their contact information later in this issue of Vision Access. Please contact any of the chairs if you would like to contribute to our continued success.
CCLVI’s most recent initiative started four years ago when Richard Rueda, Dr. Bill Takeshita and others had an idea. They wanted CCLVI to produce a book for people who have or are developing low vision. After three years of dedication from Richard, Dr. Bill, President Jim Jirak and the help of many others, "Insights into Low Vision" was completed. With chapters written by twenty-six well-respected professionals and leaders in the field of Low Vision, this book is a comprehensive resource for people who need help in the transition from normal vision to life with limited vision, along with those of us who have become accustomed to our vision loss but can always use a few pointers on how to make our life better.

For the last year we have focused our efforts on getting "Insights" into the organized blind and low vision community by giving a complimentary copy to those of you who have donated to our organization. We hope you have enjoyed our book and we would like your feedback as we now launch into publicizing "Insights" to the general population. Please help us continue to be a resource for people with limited vision.

Legislation, submitted by Dan Smith

HR 3749 - Small Steps Forward
Many of us with limited eyesight have coveted the various screen readers and electronic magnifiers that are available on the market, but we wonder how we'll pay for such extravagant devices. HR3749 may lead to financial help for some of us. This legislation would establish a nationwide demonstration project to evaluate the fiscal impact of permitting Medicare recipients to receive coverage for purchases of low vision devices. This coverage would be similar to the kind people with other disabilities receive for purchasing durable medical equipment.

So many people with low vision are receiving Medicare benefits, and this legislation calls for a program that could lead to improving their lives, particularly for seniors. Currently Medicare will not pay for any device that happens to use a lens, regardless of whether the device incorporates other features. This legislation is a step in the right direction, encouraging changes to this discriminatory national policy and permitting many of us to more effectively utilize our vision. HR3749 would establish a nationwide demonstration project to consider the fiscal impact of a permanent change in Medicare coverage to pay for low vision devices. It would initiate a five-year demonstration project that would put low vision devices in the hands of Medicare beneficiaries who can benefit from such devices.
and for whom such devices are medically necessary. The legislation introduced by Reps Carolyn Maloney (D NY) and Gus Bilirakis (R FL) currently has four other cosponsors: Steve Cohen (D TN), Cathy Castor (D FL), Michael Doyle (D PA), and William Owens (D NY). It has currently been assigned to the House Energy and Commerce; Ways and Means Committee. If the above Representatives represent your Congressional district, please contact them to thank them for their support for this legislation that could help so many of us.

CCLVI and ACB strongly advise the rest of us to contact our Representatives to encourage them to sponsor and support this important legislation.

U.S. Senate Bill 2689: Medicare CGM Access Act of 2014 by Christopher Gray

Hi to all,

Many may not be aware that Medicare does not provide support for those people with diabetes who use continuous glucose monitoring (CGM) as a part of their healthcare regimen. CGM is particularly important for Type 1 diabetics and insulin-dependent Type 2 diabetics to a lesser degree. The success of this bill could be quite beneficial to many members of the blind community.

S. 2689, Medicare CGM Access Act of 2014, seeks to remedy this omission of service. Here is an excerpt from Billtrak:

7/30/2014--Introduced. Medicare CGM Access Act of 2014 - Amends title XVIII (Medicare) of the Social Security Act to provide Medicare coverage of continuous glucose monitoring (CGM) devices.

Current Sponsors:

Shaheen, Jeanne [D-NH], (joined July 30, 2014)
Cochran, Thad [R-MS], (joined Sep 10, 2014)
Heinrich, Martin [D-NM], (joined Sep 10, 2014)
Inhofe, James "Jim" [R-OK], (joined Sep 10, 2014)
Vitter, David [R-LA], (joined Sep 10, 2014)

I want to encourage people to contact their US. Senators and ask them to consider being a co-sponsor of this important legislation for those with severe diabetes.

CGM is a relatively new technology that allows for ongoing measuring of blood sugar, hence the term "continuous." Because measurements are continuous, CGM can also show and predict trends in blood sugar as it rises and falls, giving additional warning of an impending problem.

Thank you, Chris.
## CCLVI Committee Chairs
### Standing Committees

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<th>Constitution:</th>
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<td>Jim Jirak&lt;br&gt;<a href="mailto:immediatepastpresident@cclvi.org">immediatepastpresident@cclvi.org</a></td>
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<tr>
<td>Credentials Co-Chairs:</td>
<td>Linda Allison&lt;br&gt;<a href="mailto:treasurer@cclvi.org">treasurer@cclvi.org</a>&lt;br&gt;Jim Jirak&lt;br&gt;<a href="mailto:immediatepastpresident@cclvi.org">immediatepastpresident@cclvi.org</a></td>
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<td>eCommunications:</td>
<td>Vacant&lt;br&gt;(<a href="mailto:webmaster@cclvi.org">webmaster@cclvi.org</a>)</td>
</tr>
<tr>
<td>Legislation:</td>
<td>Dan Smith&lt;br&gt;<a href="mailto:1st-vp@cclvi.org">1st-vp@cclvi.org</a></td>
</tr>
<tr>
<td>Membership:</td>
<td>Jim Jirak&lt;br&gt;<a href="mailto:immediatepastpresident@cclvi.org">immediatepastpresident@cclvi.org</a></td>
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### Ad hoc Committees

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<tr>
<td>Finance &amp; Budget:</td>
<td>Linda Allison&lt;br&gt;<a href="mailto:treasurer@cclvi.org">treasurer@cclvi.org</a></td>
</tr>
<tr>
<td>Genensky Scholarship:</td>
<td>Kathy Schmitt Whitaker&lt;br&gt;<a href="mailto:genensky@cclvi.org">genensky@cclvi.org</a></td>
</tr>
<tr>
<td>Public Relations:</td>
<td>Robert Spangler&lt;br&gt;<a href="mailto:secretary@cclvi.org">secretary@cclvi.org</a></td>
</tr>
<tr>
<td>Fundraising:</td>
<td>Leslie Spoone&lt;br&gt;<a href="mailto:2nd-vp@cclvi.org">2nd-vp@cclvi.org</a></td>
</tr>
<tr>
<td>Book Committee:</td>
<td>Dr. Bill Takeshita&lt;br&gt;<a href="mailto:Drbillfoundation@gmail.com">Drbillfoundation@gmail.com</a></td>
</tr>
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Please note that volunteers are actively being sought for CCLVI committees. Contact a committee chair or President Glaser at president@cclvi.org Thank you.

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### Award

**Award by Debbie Grubb**

from the FCB Convention Update

[Editor's note: Debbie Grubb is the FCB Convention Committee Chair. FCCLV is an affiliate of FCB.]

The Florida Council of the Blind was proud to present its prestigious Legislative Award to

Rep Gus Bilirakis for his sponsorship of and ongoing commitment to HR3749, the Medicare Demonstration of Coverage for Low Vision Devices Act of 2013. Representative Bilirakis accepted this award in
person at the annual Legislative Seminar held during the 2014 FCB Convention where he gratefully accepted the award and promised to continue his active support of this legislation. He acknowledged the planning, hard work, and knowledge of the legislative process shown by those representing the organization on Capitol Hill during the ACB 2014 Legislative Seminar. Mark Richert (Director of Public Policy, American Foundation for the Blind), the National guest at this year’s FCB event, eloquently outlined the significance of and necessity for the passage of this legislation.

Representative Bilirakis was obviously very moved by what was said and by the importance of this award to us as well as the importance to us of those to whom we choose to bestow it. The local office was extremely proud that he was selected to receive this award and left no stone unturned to assist with the logistics of bringing him to the Convention.

CCLVI and Vendors Partner to Award Video Magnifiers in Honor of Dr. Samuel Genensky, by Catherine Schmitt Whitaker

The Council of Citizens with Low Vision International (CCLVI), Enhanced Vision, Eye Tech Low Vision and HumanWare are proud to announce recipients for the annual Dr. Samuel Genensky Video Magnifier Memorial Award. The partnership recognizes and celebrates Dr. Genensky’s achievements and thirst for knowledge. In 2014, a total of two video magnifiers were awarded to individuals who have low vision with demonstrated need and potential to significantly improve their daily living with the use of a video magnifier from a competitive pool of applicants. CCLVI is grateful for vendor partner contributions and the meaningful difference these awards are making in the lives of individuals who have low vision.

Christine Batten received her Bachelors of Science degree in Nutrition and recently became a registered dietician. An avid learner, Christine is applying to medical school to become a doctor specializing in public health as she believes in a preventative approach to health and aspires to practice in a community clinic. Experience with the use of handheld magnifiers, video magnifiers and screen readers throughout school, Christine feels that a desktop video magnifier will be of greatest use for her at this time. She was awarded HumanWare’s Prodigio Desktop 20 inch system, and she said it will be greatly appreciated and used as she prepares for medical school and serves as an adjunct faculty member at San Francisco State.
University teaching introductory nutrition courses. The magnifier will be used to grade papers, complete documents and read assignments in medical school.

Legally blind since birth due to albinism, Christine has found the greatest struggle to be people not understanding her disability and what low vision means. She has sought ways to break down these barriers and has been active in disability advocacy efforts. Christine has not let her limited eyesight Limit her dreams.

Cierra Moon Mangibuyat is an active 5 year old. She was recently diagnosed with Achromatopsia and wears sunglasses and a hat on the playground to reduce glare. She also has a need for high contrast with a darker background when looking at objects or reading. Although she needs to hold a book three to five inches from her face and her eyes become tired from reading within half an hour, Cierra has a passion for reading. The DaVinci Portable Video Magnifier from Enhanced Vision will provide Cierra with greater access to reading, beading bracelets and learning other independent activities at school and home. Cierra's strength and spirit for learning all she can shines through!

A video magnifier is a machine that enlarges print material on a monitor from two to ten times. The system also allows the user to change the background and text color to maximize color contrast and eyesight usability. A video magnifier is often referred to as a CCTV.

Dr. Samuel M. Genensky, inventor of the first closed-circuit TV reading device for individuals with low vision, founder of the Center for the Partially Sighted in Los Angeles, and the founding president of CCLVI, passed away on June 26, 2009. Dr. Genensky inspired and mentored many within the low vision community. For more information about the video magnifier award, visit www.cclvi.org and click on "scholarship programs."

Quality of Life

Okay I Can't See, by Bonnie Rennie

[Editor’s note: Bonnie Rennie is active in the California Council of the Blind (CCB) Seniors with Vision Loss Committee. The committee is producing a book called Seniors Facing Vision Loss, helping this population accommodate vision loss and use resources that are mainly in California.]
Some say "so sad that you can't see."
But that simply seems so silly to me.
The sights from sounds in symphony
So sensational, not to be scrapped or scorned,
Sincerely!
I savor the songs
And seriously!
There'd be no room to perceive them,
If I could see!

Sultry shouting sea,
Squishy sandy shore.
Silent sheltering sunset,
Who could seek for more?
The so-called secondary senses see how to celebrate life.
Were I to see now, it would surely bring strife.
So please don't say "sorry" that I can't see.
Seek to set aside the shallowness,
Love what my soul can see.

BEP Currency Reader Program

The U.S. Currency Reader Program: As an interim measure in advance of issuing tactile-enhanced Federal Reserve notes, the Bureau of Engraving and Printing (BEP) is providing currency readers free of charge to eligible blind and visually impaired individuals.

The BEP recently announced its distribution plans for the U.S. Currency Reader Program. Details of the announcement can be found in press releases issued on July 3, July 14 and August 18, 2014.

The U.S. Currency Reader Program will launch in two phases:
Pilot: Beginning September 2, 2014, in partnership with the National Library Service for the Blind and Physically Handicapped (NLS), Library of Congress, the BEP will initiate a four-month pilot where NLS patrons can pre-order a currency reader. The pilot program allows the government to test its ordering and distribution processes and gauge demand for currency readers. To receive a currency reader, eligible individuals who are currently patrons of NLS need only contact their NLS regional library or call 1-888-NLS-READ. When prompted for regional library (third tone), say "library" and you will be connected to your nearest braille and talking book library. Ask for a currency reader, and someone will take your name and contact information so that you will be issued a currency reader when they become available.

National Roll out: Currency readers will be widely available to all U.S. citizens, or persons legally residing in the U.S. who are blind or visually impaired, starting January 2, 2015. Individuals who are not NLS patrons must submit an application, signed by a competent authority who can certify eligibility. Applications will
be available on

Additional information about the U.S. Currency Reader Program and about the currency reader device can be found through links at www.moneyfactory.gov/uscurrencyreaderpgm.html. The BEP encourages organizations that support the blind and visually impaired community to distribute these materials, or to incorporate the information provided into individualized communications.

Rap,
by Melissa Pivovaroff

No crystal clear blue eyes
I would be very wise
To not let them become my demise.
It isn't a prize when they are twitching
And/or itching
All day, every day
In every way.
I can't be happy when they are gay.
Pain is in the socket zones,
Specifically in my orbital bones.
They don't know what to do.
All they see is red hue.
There hasn't been much a clue.
Electrodes held with a ton of glue
To measure the optic nerve function
With my brain in conjunction
The signal is clear.
I wish the cure was near.
Pop a drop, how about two?
No, that is not enough.
I have tried a lot of stuff.
The drops are preservative-free
To help with the dryness so I can see.
This routine has become part of me.

We keep adding more and more drops.
With only one eye working, I feel like Cyclops.
Prescribed for at night,
A drop called Azasite.
It gave me quite a fright.
Putting them in felt like hell.
I wonder why these drops sell.
It felt like a forceps made of metal.
So overwhelming the pain would not settle,
Like boiling water in a kettle.
Like loads of syrup on a Belgium waffle,
So much lubrication was beyond awful.
I'm glad it's done.
It was not fun.
Despite such, they stayed red.
Retina specialist should not get all the cred.
My dermatologist prescribed another drop called Sulf-Pred.
Then we went ahead.
Tried some topical, too.
Visiting Albertson's Savon Pharmacy is nothing new.
Something by the name of Desonide Cream.
Being a test rat isn't the American Dream.
Before the red hue turned to violet,
We put aboard another drop called Zylet.
Even using up to nine,
No relief—that must be a sign.
Using colossal amounts of products,
Shifting things like plate tectonics,
We even tried antibiotics.
Doxycycline and Z-Packs,
I have reached my frustration's max.
It is quite hard to relax.
With a grin, he gives me more medicine.
An ointment called Erythromycin.
I use an over-the-counter drop called Gen-Teal.
And take an immense amount of Advil.
It is not near fine.
Yet, I still will up and grind
Because I have a quirky mind.
They are hard as rocks knocking.
No need for pill popping.
Still there is no stopping.
With my rhyme,
It is sublime.
My conditions are the muse.
I use.
Maybe there is no time for an occupation,
Living with macular degeneration.
I soon would like to get my lyrics on the radio station.

All across the nation
With styles of my integration
Of all my emotion
With all my devotion
I release
The unease
Of it all
So I don't fall.
Because there isn't any luck
Losing my footing, I feel stuck.
The struggle is real.
The situation is by no means ideal.
Nor does it have much appeal.
Add 4 more artificial tears.
Last name means brewer of beers.
No more corona 'n lime.
They are hurting all the time,
More than a grain of salt.
Not so smooth like vanilla malt.
Life is no breeze.
Take away the pain, yes please.
It is hard to be optimistic.
When no truth seems to be realistic.
The future for me seems quite grim,
What doctors say is taken out on a whim.
The light at the end of the tunnel seems quite dim.
He does not intend to be mean.
My condition isn't like something he's ever seen.
Wish we knew the truth.
But, we have no proof of a cause.
If we did, he'd deserve a round of applause.
Intrepid Travelers,
by Stephanie Booth

[Editor's note: This article came from the Real Simple website at www.realsimple.com/work-life/life-strategies/seeing-impaired-mothers-group-0010000119851/index.html.]

Parenting without sight is no mean feat—but like any serious challenge, it's a little easier when you have friends along for the climb.

It's Saturday night at a vast indoor playground in downtown Portland, Oregon. Dozens of kids clamber through three stories of tunnels and slides while their parents sit at tables nearby. In a brightly painted room usually reserved for birthday parties, a mothers' group is meeting. For the next two hours, the four women in attendance will trade stories about their families. They'll talk about their kids, their homes, their husbands, their dogs—but their dogs are here with them, under the table. All these moms are legally blind.

A Meeting of Minds

One of the group's members is Tracy Boyd, 44, a mother of four (though she looks like a kid herself). Tracy was born with congenital glaucoma that worsened as she got older. In high school, she was still able to read large-print books. Now she can only detect blurred shapes and colors (say, whether a person is a blond or a brunette).

Last April, Tracy attended an alumni meeting set up by Guide Dogs for the Blind (GDB), the largest guide-dog school in the country, where her dog, Chiffon was trained. Tracy brought along Desmond, her then five-month-old son. (Tracy's daughter Alina is 18, and her sons Colin and Tristan are 12 and 8.) "People at the meeting couldn't see Desmond, but they could hear him, so everyone wanted to hold him and know how I was doing," she remembers.

One of those people was Kelsey Sparks, 24. Kelsey was born with a retinal disease. She can make out some shapes, but they're blurry, and she has no depth perception or peripheral vision. At the time of the meeting, Kelsey was five months pregnant with her first child. "I said to Tracy, 'I have so many questions. How can I be blind and take care of a kid? How am I going to carry a baby when I'm holding onto my guide dog?" she says. "I had no idea how other moms did it."

Joy Ross, a blind mom of two at the meeting, nudged Tracy. "We should start a moms' group," Joy whispered. Tracy was thinking the same thing.

Up for the Challenges

Tracy had 18 years of parenting under her belt; she was an accidental expert in the difficulties
facing blind moms. "If you see your baby crawling toward an electrical outlet, you pull him away. But what if you can't see him?" she says.

Communication is a big issue. Tracy says, "I'm always wondering, 'Are my kids happy? Are they sad?' When you can't see their faces, you have to build a deeper dialogue. There's much more talking."

There's also more planning. Tracy and her husband, Preston (who is sighted, as are all the Boyd kids and the children of the other women in the group), keep furniture in front of all outlets as an extra safety measure, backing up the outlet covers already in place. Tracy memorizes the words to board books so she can read to Desmond. She buys only white socks, so matching is never an issue. To ensure that diaper rash doesn't go undetected and untreated, she applies lotion during every diaper change. She has a phone that reads texts aloud to her, enabling her to stay in frequent contact with her older kids, who all help out with the baby by locating and putting on his shoes, getting him into his car seat, and pairing up his shirts and pants (which Tracy stores on outfit hangers so they're ready when she needs them).

Joy had developed plenty of parenting strategies of her own: "I lay out rules when my girls have play dates: Don't put stuff in the walkways where I can trip. Don't leave your cups full of liquid or plates of food out. And please let me know if you're right in front of me."

Tracy used to worry that other parents wouldn't feel comfortable having their kids over to her house, but that has never been the case. "I might not be able to see what's going on, but I can hear the different sounds and know exactly what the kids are getting into," she says.

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Science and Health

Nutrition and Vision for People with Diabetes, by Mike Keithley

This is a summary from the Let's Talk Low Vision conference for July, 2014. In this conference, Bill Takeshita interviewed Natalie Nankin, a registered nurse and certified nutritionist who discussed the importance of having a proper diet to maximize your health plus a working exercise routine. Alsa Regus was also a guest who discussed her family's history of diabetes and how her Leber's congenital amaurosis (a genetic
eye disease) encouraged her to take her conditions seriously, have frequent eye examinations, and pay attention to diet and exercise. She encouraged her family to follow her example.

As you know, diabetic retinopathy (the rapid destruction of the retina by abnormal blood vessels) is a major complication of either type 1 or 2 diabetes, so it's a major concern to low vision people. In fact, it's the leading cause of blindness in Americans under 45.

Natalie Nankin explained what diabetes is. Put very simply, it is the lack, or perhaps wrong kind of insulin our cells need to use blood sugar or blood glucose. The inability of cells to use glucose effectively starves them of energy. In fact, Dr. Bill mentioned that the retinas of people with diabetic retinopathy look like starved tissue! One source for all things diabetes is the American Diabetes Association at www.diabetes.org. Its monthly newsletter Diabetes Forecast is available on the BARD website.

Insulin is made in the pancreas. In type 1 diabetes, insulin isn't made at all. Techniques to control blood sugar are different from those used by people with type 2 diabetes, where the pancreas produces insulin the body cannot use.

So back to diet and exercise. Natalie Nankin explained that, in general, avoid sugar, eat small portions, mostly of leafy vegetables and fruit. Keep close track of carbohydrates. Be aware that fruits have fructose, a sugar, and that fruit juices reach the bloodstream quickly and produce a big glucose spike. Beware of the carbs in beans and corn, and cut down on red meat.

Type 1 diabetics must monitor their blood sugar and carbs rigorously (see the Legislation article in this issue) since levels are not being controlled by any naturally occurring insulin. Insulin pumps are often used since they maintain a consistent flow of insulin. Type 2 diabetics might not have to monitor things so closely, but people in this class tend to be overweight, so diet and exercise to lose weight is in order.

The bottom line is that you, your doctor and nutrition specialists work together to live with diabetes and avoid the complications of vision loss.

Press Release: Telemedicine Catches Blinding Disease in Premature Babies

[Editor’s Note:] For a copy of the complete press release below, contact JAMA Network Media Relations, media.jamanetwork.com/contact-us, 312-464-5262, or mediarelations@jamanetwork.org. To view the full press release, visit www.nei.nih.gov/news/pressreleases/062614.asp.

Telemedicine is an effective strategy to screen for the potentially blinding disease known as retinopathy of prematurity (ROP), according to a study funded by the National Eye
Institute (NEI). The investigators say that the approach, if adopted broadly, could help ease the strain on hospitals with limited access to ophthalmologists and lead to better care for infants in underserved areas of the country. NEI is a part of the National Institutes of Health.

The telemedicine strategy consisted of electronically sending photos of babies' eyes to a distant image reading center for evaluation. Staff at the image reading center, who were trained to recognize signs of severe ROP, identified whether infants should be referred to an ophthalmologist for evaluation and potential treatment. The study tested how accurately the telemedicine approach reproduced the conclusions of ophthalmologists who examined the babies onsite.

"This study provides validation for a telemedicine approach to ROP screening and could help save thousands of infants from going blind," said Graham E. Quinn, M.D., professor of ophthalmology at the Children's Hospital of Philadelphia and the lead investigator for the study, which was reported in JAMA Ophthalmology. The study was conducted by the e-ROP Cooperative Group, a collaboration that includes 12 clinics in the United States and one in Canada.

Some degree of ROP appears in more than half of all infants born at 30 weeks pregnancy or younger--a full-term pregnancy is 40 weeks--but only about 5 to 8 percent of cases become severe enough to require treatment. In ROP, blood vessels in the tissue in the back of the eye called the retina begin to grow abnormally, which can lead to scarring and detachment of the retina. Treatment involves destroying the abnormal blood vessels with lasers or freezing them using a technique called cryoablation. Early diagnosis and prompt treatment is the best prevention for vision loss from ROP, which is why the American Academy of Ophthalmology recommends routine screening for all babies who are born at gestational age 30 weeks or younger or who weigh less than 3.3 pounds at birth.

The study evaluated telemedicine for ROP screening during the usual care of 1,257 premature infants who were born, on average, 13 weeks early. About every nine days, each infant underwent screening by an ophthalmologist, who assessed whether referral for treatment was warranted. Those who were referred were designated as having referral-warranted ROP (RW-ROP). Either immediately before or after the exam, a non-physician staff member in the neonatal intensive care unit (NICU) took images of the infant's retinas and uploaded them to a secure server at the University of Oklahoma, Oklahoma City. Trained non-physician image readers at the University of Pennsylvania, Philadelphia, then downloaded the photos, independently evaluated them following a standard protocol, and reported the presence or absence of RW-ROP.
Through the telemedicine approach, non-physician image readers correctly identified 90 percent of the infants deemed to have RW-ROP based on examination by an ophthalmologist. And they were correct 87 percent of the time when presented with images from infants who lacked RW-ROP. The examining ophthalmologists documented 244 infants with RW-ROP on exam. After referral, 162 infants were treated. Of these, non-physician image readers identified RW-ROP in all but three infants (98 percent).

"This is the first large clinical investigation of telemedicine to test the ability of non-physicians to recognize ROP at high risk of causing vision loss," said Eleanor Schron, Ph.D., group leader of NEI Clinical Applications. "The results suggest that telemedicine could improve detection and treatment of ROP for millions of at-risk babies worldwide who lack immediate in-person access to an ophthalmologist," she said.

Weekly ROP screening -- or even more frequently for high-risk babies -- is a realistic goal for telemedicine and could help catch all cases needing treatment, according to the report. In the study, imaging was restricted to occasions when an ophthalmologist examined the baby. In practice, hospital staff could implement an imaging schedule based on the baby's weight, age at birth, and other risk factors. "With telemedicine, NICU staff can take photos at the convenience of the baby," said Dr. Quinn.

Telemedicine for evaluating ROP offers several other advantages.

It may help detect RW-ROP earlier. In the study, about 43 percent of advanced ROP cases were identified by telemedicine before they were detected by an ophthalmologist -- on average, about 15 days earlier. Telemedicine could save babies and their families the hardship and hazards of being unnecessarily transferred to larger nurseries with greater resources and more on-site ophthalmologists. "Telemedicine potentially gives every hospital access to excellent ROP screening," Dr. Quinn said.
It might also bring down the costs of routine ROP screening by reducing the demands on ophthalmologists, whose time is better allocated to babies who need their attention and expertise. In a separate analysis, the study found that non-physicians and physicians had similar success in assessing photos for RW-ROP. Three physicians evaluated image sets from a random sample of 200 babies (100 with RW-ROP based on the eye exam findings; 100 without) using the standard grading protocol. On average, the physicians correctly identified about 86 percent of RW-ROP cases; the non-physicians were correct 91 percent of the time. The physicians correctly identified about 57 percent of babies without RW-ROP; non-physicians were correct 73 percent of the time.

The cost of establishing a telemedicine ROP screening program includes acquisition of a special camera for taking pictures of the retina, training of NICU personnel to take and transmit quality photos, and establishment and maintenance of an image reading center. "As we move along this road, advances in imaging and grading of images may streamline the process even more," Dr. Quinn said.

For more information about ROP, visit www.nei.nih.gov/health/rop. To view a video about e-ROP, visit the NEI YouTube channel at youtu.be /7l_CqjV3NMA.

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**Tidbits**

compiled by Mike Keithley

The Hadley School for the Blind is offering a course on macular degeneration. Access hadley.edu/ShowCourseDetail.asp?courseid=MDG-102.

Weight Watchers: Follow-up Inquiry

ACB representatives will be meeting with Weight Watchers to talk about the Weight Watchers' accessibility initiative. Announced in June, 2013, the initiative covered Weight Watchers print, web, and mobile information. The initiative is designed to provide people with visual impairments full access to the award winning weight loss program.

If you are visually impaired and a Weight Watchers member, we would value hearing about your experiences. Have you been able to easily navigate the website and mobile apps? Are meeting leaders helpful and aware of your needs as a member with vision loss? Have you requested materials in braille or large print, and if you have, what was your experience? Have
you ever called customer service for help? How did that go?

You can read the Weight Watchers press release at legal.com/2013/06/weight-watchers-press. The Weight Watchers Accessibility Information Page that describes the initiative, is at weightwatchers.com

Thank you for helping us help Weight Watchers meet the needs of its members who are blind and visually impaired. Please send feedback to Lainey Feingold, Law Office of Lainey Feingold, legal.com, 510-548-5062, LF@LFLegal.com.

Request for Contributions

CCLVI gratefully accepts contributions from readers and members to help pay for the costs of publishing Vision Access, the costs related to our 800 line and Project Insight, and for funding the Carl E. Foley and Fred Scheigert Scholarships. Please send contributions to CCLVI Treasurer, Linda Allison, 6010 Lilywood Lane, Knoxville, TN 37921 Phone: 800-733-2258

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melody.banks@cclvi.org

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fred.scheigert@cclvi.org

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Albany, NY
kathy.farina@cclvi.org

Other roles

Vision Access Editor
Mike Keithley
editor@cclvi.org
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* CCLVI Local Chapter Affiliates

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CCCLV@cclvi.org

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