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*Vision and Aging: Crossroads for Service Delivery.*  
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the demographics of the American family have changed, that millions of American children live in one-parent households, and that parents often simply cannot live together in the same household with their children. The reality of this unfortunate situation does not make it advantageous for children, however, and taking pains to describe the phenomenon in neutral terms cannot change that reality. Maccoby and Mnookin deal with this issue more realistically; even their title recognizes that any time parents must divide their households it involves pain and other kinds of harm (such as financial) to the children. The essential question for professionals, and for parents alike, is how that harm can be minimized.

Terri Combs-Orme  
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Orr, Alberta L., *Vision and Aging: Crossroads for Service Delivery*. New York: American Foundation for the Blind. 1992. \$29.95 papercover.

"Increasing numbers of older persons will experience vision loss each year through at least the first three decades of the 21st century. Older blind and visually impaired persons will number nearly 6 million by the year 2030, doubling the number documented in 1990." So begins the forward by Carl R. Augusto, President and Executive Director of the American Foundation for the Blind. As an insightful and practical response to this burgeoning trend, Orr's book gives aging specialists and other human service providers an overview of the challenges that the loss of vision creates for aging adults. The book outlines the structure of both aging and blindness service delivery systems and describes the resources available. Orr's insights into necessary collaborative planning and mutual empowerment between the two fields will be of interest to blindness professionals as well as generalists.

Orr begins by documenting the current demographics of the visually-impaired older population. She defines types and degrees of vision loss, and she uses case studies to explore the

psychosocial aspects of aging and vision loss. Additionally, she itemizes the needs she believes require professional attention and advocacy.

Orr's book examines the "nature of aging", considering both the physiological changes that occur with aging and their functional implications. The book describes changes in the nervous system and structural degeneration which could interfere with cognition, memory, learning, and the control of sensory input. In addition to descriptions of various eye diseases, the author does a nice job of examining age-related changes which occur in visual functioning such as from changes in optical and neural functions, and changes in depth perception. It is also helpful that Orr includes a look at how another common correlate of aging—hearing loss—interacts with aging and blindness. Rather than dwelling on ear physiology, the discussion focuses on the more immediate concern of hearing impairment as a limiting factor in communicating with older adults. The chapter discusses problems such as Tinnitus and disequilibrium and their psychological and practical consequences for persons who are visually impaired. The reader is given a variety of helpful guidelines for effectively communicating with someone with a hearing impairment such as moving away from background noise when talking with that person.

Consistent with its overview approach, the book then examines the social context of aging and vision loss, considering their influence on quality of life, economic circumstances, family and social interactions, and living arrangements. A chapter on psychological aspects of aging and vision loss explores age-related differences in cognitive abilities (e.g., intelligence and memory), and discusses theories of personality development. However, unlike many psychology chapters in gerontology books, which often focus on declining mental functioning, this chapter offers a perspective balanced between declining capacity and continued development during the lifespan.

The mid-section of the book examines service delivery. An overview of the national network on aging is presented with attention to service provision from both the public and private sectors. Also included is a brief discussion of the role of linkages between Area Agencies on Aging and blindness agencies.

The author argues that these agencies can and should work to provide more effective services to seniors such as encouraging senior centers to provide vision screening and urging transportation systems to extend their services to visually impaired riders.

The text also examines the diversity of services to elderly including financial assistance, outreach programs, and housing options to name a few. It then deals with specific blind rehabilitation services. A chapter on low vision describes low vision services and discusses how optical devices such as telescopes can enhance the visual functioning of visually impaired older adults. The author suggests that low vision services should be multidisciplinary in nature and consider the financial, psychological, medical, and social problems experienced by the low vision person.

In another chapter the reader is introduced to the profession of rehabilitation teaching to the cadre of skills that can be taught to improve the daily living skills of older visually impaired adults. These skills include personal and home management, communication, leisure skills, and indoor orientation skills. In a case study, the authors illustrate how simple low tech adaptations such as large print checks, or using a white coffee cup can enhance a client's independence and self-esteem.

The chapter on orientation and mobility (O&M) discusses the importance of O&M services to the visually impaired older person. Such services may include orienting individuals to their home environment, travel training with a white cane to allow the individual to travel independently in his or her neighborhood, or giving instruction in the use of public transportation for grocery shopping. A strength of this chapter is its step-by-step description of sighted guide techniques which can be used in providing travel assistance to a visually impaired person.

The last section of the book presents challenges that policy makers and personnel in the fields of aging and blindness must address including: "1) recognizing the limitations of currently fragmented and poorly funded programs; 2) collaborating in the empowerment of previously dependent clients; 3) coordinating community resources and the efforts of service providers and

of older persons with disabilities; and 4) initiating new legislation and regulations reflecting all these changes" (p.327). The remainder of the chapter fleshes out how these challenges can be addressed.

In the final chapter, Orr looks to the future of collaborative planning and service delivery between the aging and blindness systems, and discusses the barriers to collaboration as well as implementation strategies. Necessarily, Orr examines the impact of funding on implementation.

What are the weaknesses of the text? Perhaps only that it is a good general overview. Those readers seeking detailed topical information or service strategies will need to review the references listed after each chapter and/or contact the resource organizations listed at the end of the book. The strength of this text is that it may initiate and inform a critical discussion of the service demands of the large aging/blind population of the coming decades.

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Ralph J. DiClemente. *Adolescents and AIDS*. Newbury Park, CA: Sage, 1992. \$17.95 papercover.

DiClemente has assembled a renowned group of researchers and behavioral scientists to develop and disseminate information on effective HIV/AIDS prevention programs for youth. HIV/AIDS will continue to take its toll, especially among those who do not have the knowledge, skills, and resources to protect themselves. The National Research Council's 1989 analysis of AIDS prevention called for systematic evaluation of education and prevention programs. This call was again recently (1991) reiterated by the National Commission on AIDS. *Adolescents and AIDS* documents findings from evaluations of prevention programs. It broadly affirms that data can be collected, programs can be evaluated, and that programs can impact the outcome of this epidemic upon youth.

In the absence of vaccines and cures, and with no breakthroughs immediately apparent, prevention is essential. This