

The Hourglass January 1, 2026

The Alliance on Aging and Vision Loss (AAVL) A Special-Interest Affiliate of the American Council of the Blind (ACB) since 1999

Visit our Web Site: <https://www.aavl-blind-seniors.org>

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From the President

*****President's Message: Still on Mission!**

Doug Powell

President@AAVL-blind-seniors.org

I realize it has been too long since you have received our semiannual newsletter, for which I apologize. Penny Reeder has agreed to become our editor, and I know you will be happy with her work. She brings a wealth of experience to the job -- having been the editor of the ACB Braille Forum for several years. Welcome, Penny, and thank you.

I also want to thank Lisa George for her service as editor for the past few years. She did a great job until other responsibilities took her attention away.

Last summer, at our annual meeting, we added two members to the Board. Hopefully, we'll keep adding members since these additions came as AAVL state affiliate representatives. California and Georgia have active state affiliates, and are therefore entitled to elect representatives to our Board. Your state can form an affiliate and, once chartered, can be represented in our decision making process.

Since last January, there has been a lot of turmoil at the federal level, especially in the social services sector. So, rather than pounding our heads against walls, we've shifted our focus to improving our relationships with national organizations working on aging issues. We've had a couple of meetings with people from the National Council on Aging (NCOA) whose members lead and work at Senior Centers around the country. Their focus has been on Falls Prevention, and, with the help of Larry Johnson who is a certified trainer, we have been able to start advocating for more attention to vision loss as a component of fall risk. As a result of that meeting, AAVL and the Aging and Vision Loss National Coalition (AVLNC) have submitted two proposals for presentations at the NCOA Conference in Alexandria, VA, this coming May. One would be specifically on adjustments to the Falls Prevention curriculum, and the other would be a more general

presentation on how to make community aging programs more accessible to people experiencing vision loss, and trying to reach more people who need vision rehabilitation services in communities not yet reached. We'll find out if our proposals were accepted in early February.

Earlier this year, we put our AAA Project on hold, since we didn't know how changes at the federal level were going to effect services at the local level. The dust has settled a little, and we have decided to renew our efforts to have you get more involved with your Area Agency on Aging, which provides services such as Meals on Wheels, care giving support, transportation support, and the like. We're hoping you will invite a representative from your AAA to present to your local ACB chapter on what they have to offer, you. Next, you would present to their staff and leaders what it takes to make their programs accessible to people who are experiencing sight loss. And most importantly, you would request to join the AAA Advisory Council to give them ongoing input into improving their programs and services as they relate to people who are blind or who have low vision. We have over 150 members, and approximating not duplicating members in the same locality, imagine the impact that we could have on 100 AAAs around the country! Let's make a real difference in our communities! Anisio recently sent out an announcement about a couple of organizing meetings in January. We hope you will participate in this project -- both to help you become a powerful advocate, and to improve your community's services to all older people who are blind or have low vision. Membership dues are now being accepted for 2026. Don't forget to fill out the membership renewal form at www.aavl-blind-seniors.org and make your payment for this year. Life memberships are \$200, individual 1-year dues are \$15, and dues submitted through a chartered state affiliate are \$10. You can also support AAVL on an ongoing basis by signing up for ACB's Monthly Monetary Support (MMS) program and designate AAVL for up to 1/2 of your donation. (And, just sayin', we would not turn down an individual's one-time donation.)

Lastly, a heads up for this summer's AAVL Annual Meeting: the Officers are up for election. Anisio (VP) and I are terming out in our current positions, and Sharon (Secretary) and Kathy (Treasurer) have told me that

they are not interested in running again. So, we need your help in identifying members to take on these leadership roles. Any one of us would be happy to "show you the ropes" between now and July (and afterward, if needed).

I hope you enjoyed a wonderful holiday season, and that you will come back in January raring to participate with AAVL!

From the Editor

*****Editor's Message for a New Year**

Penny Reeder

Penny.reeder@gmail.com

Hello and happy new year. I am excited to bring back our AAVL Hourglass newsletter, and I hope you enjoy this and future issues during the coming year. At the moment, I am planning for us to publish two issues, this one – the first in a long time – and another in June or early July, to provide as much information as we can about the coming AAVL convention, proposed resolutions or bylaw amendments, and coming elections. We are living amidst a great amount of chaos and upheaval, and, when possible, I hope we can cover at least some of the many problematic situations that threaten the well-being of our community of older people who contend with low and lost vision, and call upon our organization for effective advocacy. I encourage all of you to help me with this news coverage. Call me, tell me what's on your mind and what's happening – or not – in your part of the country. Send email messages, to the AAVL email discussion list, and to me, personally, as well. And, please, please write articles, essays, letters to the editor, or tackle any other format that appeals to you! This is our shared newsletter. We all need to be present for one another, especially in a year when funding for services is actually non-existent in some states. Mine is one.

I am honored to serve as editor of The Hourglass. I joined AAVL almost immediately after the ACB Board accepted the affiliate's charter. That's

because the most well-informed, highly motivated advocate for supporting older people who were coping with vision loss that any of us has ever had the pleasure of knowing insisted that I join! That advocate was Teddie Joy Remhild. Teddie Joy, I am happy to still be working for you, more than twenty-five years later!

The first Hourglass editor was Bill Lewis. Bill and his brother, Jack, were Southerners. Both were great advocates, and both had killer senses of humor. Once I attended a state ACB convention in Athens, GA. Jack was president of the Georgia Council of the Blind, and Jack jumped up on top of the table in the front of the room and proceeded to tap dance to raise money for the affiliate! People cheered and laughed and tossed their dollars and not an insignificant amount of loose change into the hat which was being passed hither and yon in support of the tap dancer on top of the table!

Bill was Jack's brother. I don't know if he knew how to tap dance, and, in fact, he could be a little curmudgeonly once in a while – especially if his publication deadline was approaching and he was still waiting for articles. But, he also had that great sense of humor, and Bill's Hourglass newsletters always included a joke or two. Remembering that about the early days of AAVL and Bill's Hourglass jokes, I included a few old-age-themed jokes in this issue. (Yes, I know. Bill's were probably better! Help me out by sharing the jokes that make you laugh and help you cope with being blind!)

Email me here: penny.reeder@gmail.com. Please write, "For the Hourglass," in the subject field, so I won't overlook your contribution.

Thank you all. And, happy new year. Let's all do our best to find whatever joy we can during coming months, and to make the lives of older people with low and lost vision better.

*****An Opportunity for Your ACB State Affiliate or Local Chapter to Enlist Your Community in Meeting the Needs of Older Adults Who Are Blind or Have Low Vision: Suggestions from AAVL**

Anisio Correia, Chair

AAVL Advocacy Committee

advocacy@aavl-blind-seniors.org

The Alliance on Aging and Vision Loss (AAVL) encourages each of you to reach out and build connections with your local Area Agency on Aging (AAA), your State Office on Aging, or your local senior center. This is a wonderful opportunity for us to make a meaningful difference in the lives of older adults who are losing and/or have lost their vision.

Developing a working relationship with your AAA and other local aging network service providers can be mutually beneficial. A partnership will help ACB members learn more about valuable community services available through these agencies—such as transportation, nutrition assistance, caregiver support, falls prevention, and more. At the same time, we can educate AAA or senior center staff about the needs of seniors experiencing vision loss, increasing awareness and accessibility within their programs.

Here are a few simple steps to get started:

1. Locate your AAA: Go to the Eldercare Locator at:

<https://eldercare.acl.gov> In the first edit field, enter your zip code and press enter;

Typically, the first heading contains the listing for your local Area Agency on Aging; if not, go to the next heading until you find the listing for your AAA and/or State Office on Aging. Your AAA can also provide you with contact information for the senior center in your area or you can use google or other search engine for that information.

2. Reach out and introduce yourself: Invite an AAA or senior center representative to give a presentation to your local ACB chapter about the services they provide.

3. After the presentation to your Chapter, encourage a couple of your fellow members to reach out and find out more about the organization and its services.

4. Offer to educate their staff: You can share information about ACB, demonstrate how to use sighted guide techniques, and provide a resource list of local and state agencies serving people who are blind or visually impaired.
5. Get involved: Ask if someone from your chapter or affiliate could serve on the AAA's Advisory Council. This is a great way to ensure that the needs of older blind individuals are represented in local planning and decision-making.
6. If you have already reached out to your local AAA, senior center or other aging-related organization, please let us know at advocacy@aavl-blind-seniors.org

Together, we can build strong, lasting partnerships that expand opportunities and improve the quality of life for our older blind population. Your outreach can make a real difference—one conversation at a time. For more information—or to connect with an AAVL member who can walk you through the process and help you get started, send an email to advocacy@aavl-blind-seniors.org

Also, stay tune for an upcoming Community Call in mid-January where some of our members will describe their successes in reaching out to their local aging networks.

We want to help and are committed to your success in developing this partnership.

*****Why Form an AAVL affiliate in Your State?**

Jeff Thom

Over the years, I've worn a fair number of hats within the American Council of the Blind. However, two current ones of which I am extremely proud are immediate past president of AAVL and current president of the California Alliance on Aging and Vision Loss (CAAVL), my state's AAVL affiliate. This article focuses on the array of activities in which a state AAVL affiliate might engage and, therefore, why I strongly encourage those of you in other states to consider joining Georgia and California in forming AAVL affiliates. There has never been a shortage of state and local advocacy concerns specifically impacting older adults with vision loss. It is arguable, however,

that, with the federal cuts to health and social services programs being implemented or proposed by the Trump Administration and the impact upon programs for people with disabilities caused by the change in attitude at the federal level with respect to diversity, equity, inclusion and accessibility, it has never been more incumbent upon advocacy organizations like AAVL to concentrate its efforts at the state level. The most important take-away from this article is that every state's landscape for older adults and specifically those with vision loss is different and the issues that are important in one state can differ markedly from the state next door or the one 2,000 miles away. Let's just explore a few of the advocacy items that your state might decide to tackle.

One issue that is a universal problem is the lack of appropriate services for the extremely large population of blind and low vision nursing home residents. There are a number of initiatives that state AAVL affiliates could undertake, to attempt to address this seemingly insurmountable problem. As one example, CAAVL is preparing to compile and disseminate educational materials, both for nursing home staff, and for blind and low vision residents, themselves.

Secondly, despite the federal Medicaid cuts' being implemented over the next couple of years, there are still Medicaid dollars out there over which each state has discretion, including what are known as home and community-based services dollars. A state AAVL affiliate could advocate to have a portion of these dollars allocated to its woefully under-funded Older Individuals who are Blind (OIB) program that provides various services to adults experiencing vision loss.

Over the past few years, a number of states have begun to develop master plans on aging. Essentially, these plans provide a long-term policy roadmap for programs and services to seniors. A state AAVL affiliate could work to ensure that an advocate with vision loss was involved in the creation of such a master plan and that the plan reflects the specific concerns and needs of our population.

I could, of course, go on and on, from paratransit to accessible housing, from home health care to day care center services. However, I'd like to mention another side benefit that can flow from the formation of a hard-working state AAVL affiliate. When you work on important advocacy issues your network becomes larger and larger, and more people find out about who you are and the work that you are trying to achieve. This, in turn, can lead to increased membership in not only the AAVL affiliate, but in your state affiliate as well.

If you need guidance in the process of forming such an affiliate, do not hesitate to approach myself or another AAVL board member.

So, I challenge you to form an AAVL affiliate and to take on the work that will make your state a better place for current and future generations of older adults who are blind or have low vision.

*****Alliance on Aging and Vision Loss
Annual Membership Meeting Minutes
July 19, 2025**

President Doug Powell called the meeting to order at 1:03 PM ET. All board members were present except for Sue Staley. There were many members in attendance as well.

There were no additions to the agenda as previously presented.

There were corrections to the minutes as follows: the Sight and Sound Impaired Committee had been misnamed, and the correct name for MMS is Monthly Monetary Support. Otherwise the minutes were accepted by the board.

Treasurer Kathy Gerhardt sent out a written year end report. She mentioned an ongoing issue with the IRS, which does not seem to have a record of our nonprofit status, in spite of her many attempts to rectify the

situation. Jeff Thom is assisting with this matter, and we decided that fundraising must be put on hold until the issue is resolved.

Discussion then centered on bylaw changes. President Doug thanked Regina Brink and her committee for work in this arena. We decided to include representative's from our chapters in Georgia and California, and potentially others, on our board of directors. We decided to lower the dues from \$15 to \$10 for those in AAVL state affiliates.

We also changed the coverage for an AAVL life membership to pay the ACB \$5 portion as well as the AAVL \$10 portion of yearly dues. And we are making available a payment plan for those who would like to pay the \$200 AAVL life membership over two years or four years.

Jeff Thom was very pleased to present the Teddie Joy Remhild Award to Larey Johnson, a vital member of our AAVL community. American Council of the Blind president Deb Cook Lewis also spoke about his passion for service to blind and low vision seniors. President Doug Powell called him tenacious, and Peggy Garrett also spoke about his work. Larry said that the contributions that blind seniors make to our society have not been fully understood and recognized.

President Doug then proceeded to the elections of four board members. He thanked Christy Crespin and her committee for the slate, and Christy expressed pleasure that several people were interested in the positions. Incumbents Larry Johnson and Danette Dixon were elected by acclamation, as was Dawn Brush. Sandra Burgess was nominated by the nominating committee, and Karyn Campbell accepted a nomination from the floor. Karyn Campbell was elected.

President Doug mentioned that Anisio Correia had been a track coordinator at the Vision Serve Alliance conference, and that AAVL is considered a respected member of this organization. Jeff Thom serves on the Older Independent Blind Technical Assistance Advisory Council. Doug mentioned the website www.timetobebold.org, where members can find information about their state Older Independent Blind programs. Doug also mentioned

the two sessions held at our national convention in July regarding Area Agency on Aging, as facilitated by Jeff Thom and Doug Powell.

Anisio Correia, chair of the advocacy committee, encouraged members to reach out to their local Area Agency on Aging and to try to become involved in their advisory councils. He said that many advocacy efforts have been stalled because of the new administration.

There was no fundraising report, except to say that our AAVL walk team could still accept donations until August 31. Unfortunately Terrilyn, home of much good candy, is gone. We discussed the possibility of a planned giving effort, but Jeff Thom recommended that this be put on hold until our nonprofit status is rectified. President Doug encouraged members to participate in our Monthly Monetary Support program and to designate AAVL as one of the recipients of our funds.

Lisa George is no longer able to be the editor of our newsletter, the Hourglass, and Penny Reeder is interested in working on this publication.

Treasurer Kathy Gerhardt reported that we have 161 members, and congratulated Bob Acosta on becoming a life member.

Larry Johnson mentioned that he sent our public service announcement to the International Association of Audio Information Services, and that the announcement was distributed to some 30 stations.

Sandy Troiano reported that there are generally 25 to 30 people on the Ins and Outs of Sight Loss in Later Life calls each week.

Terry Pacheco thanks Sandy Troiano and Anisio Correia for being our delegates to the national convention this year.

Sharon Strzalkowski and Karyn Campbell made a motion to adjourn, and the motion passed. The meeting ended at 3:28PM ET.

Respectfully submitted,

Sharon Strzalkowski,
Secretary

[Breaking Humor: I have a photographic memory. ... Just forgot to load the film.]

*****Medicare's new AI experiment sparks alarm among doctors, lawmakers**

ANNA CLAIRE VOLLERS

-DECEMBER 5, 2025 1:22 PM

[From: Medicare's new AI experiment sparks alarm among doctors, lawmakers • Minnesota Reformer]

[Editor's Note: With thanks to ACB Board Member, Chris Bell, who shared this information with the AAVL email discussion list]

A Medicare pilot program will allow private companies to use artificial intelligence to review older Americans' requests for certain medical care — and will reward the companies when they deny it.

In January, the federal Centers for Medicare & Medicaid Services will launch the Wasteful and Inappropriate Services Reduction (WISeR) Model to test AI-powered prior authorizations on certain health services for Medicare patients in six states: Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington. The program is scheduled to last through 2031. The program effectively inserts one of private insurance's most unpopular features — prior authorization — into traditional Medicare, the federal health insurance program for people 65 and older and those with certain disabilities. Prior authorization is the process by which patients and doctors must ask health insurers to approve medical procedures or drugs before proceeding.

Adults over 65 generally have two options for health insurance: traditional Medicare and Medicare Advantage. Both types of Medicare are funded with public dollars, but Medicare Advantage plans are contracted through private insurance companies. Medicare Advantage plans tend to cost less

out of pocket, but patients enrolled in them often must seek prior authorization for care.

AI-powered prior authorization in Medicare Advantage and private insurance has attracted intense criticism, legislative action by state and federal lawmakers, federal investigations and class-action lawsuits. It's been linked to bad health outcomes. Dozens of states have passed legislation in recent years to regulate the practice. In June, the Trump administration even extracted a pledge from major health insurers to streamline and reduce prior authorization.

"Americans shouldn't have to negotiate with their insurer to get the care they need," U.S. Health and Human Services Secretary Robert F. Kennedy Jr. said in a June statement announcing the pledge. "Pitting patients and their doctors against massive companies was not good for anyone."

Four days after the pledge was announced, the administration rolled out the new WISeR program, scheduled to take effect in January. It will require prior authorizations only for certain services and prescriptions that the Centers for Medicare & Medicaid Services has identified as "particularly vulnerable to fraud, waste, and abuse, or inappropriate use." Those services include, among other things, knee arthroscopy for knee osteoarthritis, skin and tissue substitutes, certain nerve stimulation services and incontinence control devices.

The companies get paid based on how much money they save Medicare by denying approvals for "unnecessary or non-covered services," CMS said in a statement unveiling the program.

The new program has alarmed many physicians and advocates in the affected states. "In concept, it makes a lot of sense; you don't want to pay for care that patients don't need," said Jeb Shepard, policy director for the Washington State Medical Association. "But in practice, [prior authorization] has been hugely problematic because it essentially acts as a barrier. There are a lot of denials and lengthy appeals processes that pull physicians away from providing care to patients. They have to fight with insurance carriers to get their patients the care they believe is appropriate."

CMS responded to Stateline's questions by providing additional information about the program, but offered few details on what the agency would do to prevent delays or denials of care. It has said that final decisions on

coverage denials will be made by “licensed clinicians, not machines.” In a bid to hold the companies accountable, CMS also incentivizes them for making determinations in a reasonable amount of time, and for making the right determinations according to Medicare rules, without needing appeals. In the statement announcing the program, Abe Sutton, director of the CMS Innovation Center, said the “low-value services” targeted by WISeR “offer patients minimal benefit and, in some cases, can result in physical harm and psychological stress. They also increase patient costs while inflating health care spending.”

A vulnerable group Dr. Bindu Nayak is an endocrinologist in Wenatchee, Washington, a city near the center of the state that bills itself as the “Apple Capital of the World.” She mainly treats patients with diabetes and estimates 30-40% of her patients have Medicare. “Medicare recipients are a vulnerable group,” Nayak told Stateline. “The WISeR program puts more barriers up for them accessing care. And they may have to now deal with prior authorization when they never had to deal with it before.”

Nayak and other physicians worry the same problems with prior authorizations that they’ve seen with their Medicare Advantage patients will plague traditional Medicare patients. Nayak has employees on staff whose only role is to handle prior authorizations. More than a quarter of physicians nationwide say prior authorization issues led to a serious problem for a patient in their care, including hospitalization or permanent damage, according to the most recent report from the American Medical Association. And some patients are unfairly denied treatment. Private insurers have denied care for people with Medicare Advantage plans even though their prior authorization requests met Medicare’s requirements, according to an investigation from the U.S. Department of Health and Human Services published in 2022. Investigators found 13% of prior authorization denials were for requests that should have been granted. But supporters of the new model say something must be done to reduce costs. Medicare is the largest single purchaser of health care in the nation, with spending expected to double in the next decade, according to the Medicare Payment Advisory Commission, an independent federal agency. Medicare spent as much as \$5.8 billion in 2022 on services with little or no benefit to patients.

Congress pushes back

In November, congressional representatives from Ohio, Washington and other states introduced a bill to repeal the WISeR model. It's currently in committee. "The [Trump] administration has publicly admitted prior authorization is harmful, yet it is moving forward with this misguided effort that would make seniors navigate more red tape to get the care they're entitled to," U.S. Rep. Suzan DelBene, a Washington Democrat and a co-sponsor of the bill, said in a November statement.

Physician and hospital groups in many of the affected states have backed the bill, which would halt the program at least temporarily. Shepard, whose medical association supports the bill, said that would give CMS time to get more stakeholder input and give physicians more time to prepare for extra administrative requirements. "Conventional wisdom would dictate a program of this magnitude that has elicited so much concern from so many corners would at least be delayed while we work through some things," Shepard said, "but there's no indication that they're going to back off this." Adding more prior authorization requirements for a new subset of Medicare patients will tack on extra administrative burdens for physicians, especially those in orthopedics, urology and neurology, fields that have a higher share of services that fall under the new rules.

That increased administrative burden "will probably lead to a lot longer wait times for patients," Nayak said. "It will be important for patients to realize that they may see more barriers in the form of denials, but they should continue to advocate for themselves."

Dr. Jayesh Shah, president of the Texas Medical Association and a San Antonio-based wound care physician, said WISeR is a well-intentioned program, but that prior authorization hurts patients and physicians.

"Prior authorization delays care and sometimes also denies care to patients who need it, and it increases the hassle factor for all physicians," he told Stateline.

Shah added that, on the flip side, he's heard from a few physicians who welcome prior authorization. They'd rather get preapproval for a procedure than perform it and later have Medicare deny reimbursement if the procedure didn't meet requirements, he said.

Prior authorization has been a bipartisan concern in Congress and statehouses around the country.

Last year, 10 states — Colorado, Illinois, Maine, Maryland, Minnesota, Mississippi, Oklahoma, Vermont, Virginia and Wyoming — passed laws regulating prior authorization, according to the American Medical Association. Legislatures in at least 18 states have addressed prior authorization so far this year, an analysis from health policy publication Health Affairs Forefront found. Bipartisan groups of lawmakers in more than a dozen states have passed laws regulating the use of AI in health care. But the new effort in the U.S. House to repeal the WISeR program is sponsored by Democrats. Supporters worry it's unlikely to gain much traction in the Republican-controlled Congress. Prior authorization delays care and sometimes also denies care to patients who need it, and it increases the hassle factor for all physicians.

– Dr. Jayesh Shah, president of the Texas Medical Association Shepard said his organization has talked with state and congressional representatives, met with the regional CMS office twice, and sent a letter to CMS Director Dr. Mehmet Oz.

“We’ve looked at all the levers and we’ve pulled most of them,” Shepard said. “We’re running out of levers to pull.”

Venture capital jumps in CMS announced in November it has selected six private tech companies to pilot the AI programs.

Some of them are backed by venture capital funds that count larger insurance companies among their key investors.

For example, Oklahoma’s pilot will be run by Humata Health Inc., which is backed by investors that include Blue Venture Fund, the venture capital arm of Blue Cross Blue Shield companies, and Optum Ventures, a venture capital firm connected to UnitedHealth Group, the parent company of UnitedHealthcare. Innovaccer Inc., chosen to run Ohio’s program, counts health care giant Kaiser Permanente as an investor.

Nayak said she knows little about Virtix Health, the Arizona-based private company contracted by the feds to run Washington state’s pilot program.

“Virtix Health would have a financial incentive to deny claims,” Nayak said.

“It begs the question, would there be any safeguards to prevent profit-driven denials of care?”

That financial incentive is a concern in Texas too.

“If, financially, the vendor is going to benefit by the denial, it could be a problem for our patients,” Shah said. He said that Oz, in a speech at a

recent meeting of the American Medical Association, assured physicians that their satisfaction and turnaround times would be metrics that Medicare would factor into the tech companies' payments.

*****Insight for the Journey: Pace Yourself, Deliberately Use Your Energy Wisely, Improve Focus and Clarity**

Suggestions posted to the ACB Leadership Email Discussion List by American Council of the Blind Second Vice President, Kenneth Semien, Sr.

I sought after an article to benefit others while I explored ways to better pace myself to get my assignments completed in a timely manner. It's not good when I'm attempting to get a lot done when my energy level becomes diminished. Read below for great tips to move you forward in being more productive.

Here we go.

The art of time management: 5 habits of people who get twice as much done in half the time

by Mal James|

November 4, 2025.

[From: The art of time management: 5 habits of people who get twice as much done in half the time]

Today, I'm sharing the five habits that have been absolute game-changers for me. The ones that helped me get twice as much done in half the time. They might just help you too.

1. Planning the night before

Sounds basic, right?

It is. But when you plan in the morning, you're using precious mental energy that could be better spent actually doing the work. By planning the night before, you show up knowing exactly what needs to happen.

I now do this every evening before I shut down my laptop. I write down my top three priorities for the next day and roughly block out when I'll tackle them. That's it. Nothing fancy.

The difference has been massive. I wake up with clarity instead of anxiety. No more wasting that crucial morning energy on decision-making.

If you're someone who finds yourself spinning your wheels at the start of each day, give this a try for a week. You might be surprised how much smoother your mornings become.

2. Protecting deep work time like it's sacred

When I worked in a traditional office environment, I used to get so frustrated. I'd be deep into a project, really in the zone, and someone would tap me on the shoulder with a "quick question."

Those interruptions would completely derail me. What should have taken two hours would stretch into four because I kept getting pulled out of focus. The concept of deep work really clicked for me after reading Cal Newport's book on the subject, "Deep Work: Rules for Focused Success in a Distracted World." It reinforced what I already suspected: our most valuable work happens when we can focus without interruption for extended periods. These days, I block out specific chunks of time for deep work. During these periods, I turn off notifications, close my email, and make it clear I'm not available unless there's an emergency.

For me, this is usually two to three hours in the morning when my energy is highest. That's when I tackle my most challenging or creative work. The stuff that actually moves the needle.

Here's the thing though. Protecting this time requires saying no to things. Meetings that could be emails. Slack messages that can wait. The constant pull to check your phone.

It's not easy, especially in work cultures that expect instant responses. But the productivity gains are so significant that it's worth the occasional awkward conversation about boundaries.

3. Batching similar tasks together

I stumbled onto this one by accident.

A few years ago, I noticed I was spending an absurd amount of time switching between different types of work. I'd write for twenty minutes, then jump into emails, then hop on a call, then back to writing.

Each switch required my brain to completely change gears. It was exhausting and inefficient.

So I started grouping similar tasks together. I'd have a writing block where I'd work on multiple articles back-to-back. Then a separate block for all my administrative stuff. Another for calls and meetings.

The improvement was immediate.

When you batch tasks, you get into a rhythm. Your brain doesn't have to keep switching contexts, which means you work faster and make fewer mistakes. You also tend to get better at whatever you're doing as you move through similar tasks.

These days, I batch everything I can. I do all my email responses a few times a day rather than constantly checking. I schedule all my meetings on specific days when possible. I even batch my errands and life admin into one afternoon a week.

This isn't revolutionary advice. But it's one of those things that sounds simple until you actually implement it consistently. Then you realize how much mental energy you were wasting on context switching.

4. Saying no to almost everything

This was probably the hardest habit for me to develop, but it's been one of the most impactful.

I used to say yes to everything. Coffee meetings with people I barely knew. Projects that didn't align with my goals. Committees and groups that sounded interesting but weren't actually important to me.

I thought being busy meant being productive. I was wrong.

Now, I'm ruthless about protecting my time. Before agreeing to anything, I ask myself: Does this move me toward my actual goals? If the answer isn't a clear yes, it's a no.

This doesn't mean being rude or unhelpful. It just means being honest about what deserves your limited time and energy.

The result? I accomplish way more of what actually matters and feel less scattered and overwhelmed.

5. Working with your energy, not against it

This might be the biggest lesson I learned.

For years, I tried to force myself to be productive all day long. I'd push through the afternoon slumps, trying to do demanding work when my brain was foggy. It would work well for a day or two and before I knew it, I was burning out.

Eventually, I realized that time management isn't just about managing time. It's about managing energy.

We all have natural rhythms. For me, I'm sharpest in the mid morning. By mid-afternoon, my ability to do deep, creative work drops significantly.

So I stopped fighting it. I structure my days around my energy levels instead of trying to maintain constant productivity. My most important, challenging work happens in the morning. Afternoons are for easier tasks like emails, admin work, and routine stuff that doesn't require peak mental performance. Evenings are for winding down and planning the next day.

I also learned that taking real breaks actually makes me more productive overall (experts back this up, too). A 20-minute walk in the afternoon does more for my output than pushing through another hour at my desk.

This approach requires knowing yourself. When are you at your best?

When do you naturally dip? What recharges you?

Once you figure that out and structure your day accordingly, you'll find you get more done with less effort.

The bottom line:

Time management isn't about cramming more into your day. It's about being strategic with the time you have.

These five habits have helped me accomplish significantly more without working longer hours or burning out. They're not flashy or complex, but they work.

Will they work exactly the same for you? Maybe not. We're all different, and what works for me might need adjusting for your situation. But I'd encourage you to try them. Why not? Pick one or two and commit to testing them for a few weeks. See what happens.

All the Best,

Kenneth Semien Sr.

Breaking Humor: My forgetfulness is getting bad. ... But... at least I forget how bad it is.

*****Join the New AAVL Group on Facebook!**

AAVL is pleased to announce that we have joined the so-called Metaverse as an actual, identifiable Facebook Group! We believe that our group's presence on FB will be a huge benefit to AAVL as our formal group will attract the attention of older adults who are looking for answers and hoping to find solutions to the many problems that confront people of any age – but especially people over 55 or 60 – who are beginning to cope with lost or dramatically lower vision. To find and join our group, open Facebook and go to SEARCH. Type in: "Alliance on Aging and Vision Loss," click on Search, and Facebook will ZOOM you right into our group! Join, visit often, and contribute to discussions, welcome new members, share information, and reach out with , empathy, encouragement, and support.

Here is the message that visitors will find when they visit our AAVL Facebook Group.

Welcome to the Alliance on Aging and Vision Loss, AAVL.
Are you a senior dealing with vision loss? Do you worry about things like safely and efficiently handling cooking, cleaning, laundering, or any of those many activities we all depend upon for day-to-day living? Would you like to get more information or talk with others who are also dealing with the same concerns??

The Alliance on Aging and Vision Los, is a special-interest affiliate of the American Council of the Blind (ACB). We share ways for folks like you to get Information about living well – despite loss of vision -- and finding support. We produce monthly programs to disseminate information regarding a variety of topics related to vision loss. Our programs are

accessible, on the ZOOM platform and via podcasts, no matter where you live and which times may be convenient for you. We also offer weekly support calls where you can chat with other seniors who are losing vision. Our frequently updated website will keep you informed about services and assistance from organizations and local, state, and federally funded agencies that may be especially helpful to older people who are coping with impaired or deteriorating eyesight. We are so pleased to welcome you to our Facebook group. You can also learn more or officially join AAVL these ways:

Contact us by email: president@aavl-blind-seniors.org

Visit our website: <http://www.aavl-blind-seniors.org/>

Life does not have to stop after vision loss. Welcome to AAVL.

*****The Eye Exam Is Becoming An AI Exam**

By C.M. Rubin, Contributor. Nov 01, 2025, 09:00am EDT Forbes.com

[From: [AI Eye Exams: How Technology Is Transforming Vision Care](#)]

From clinic bottlenecks to home OCT and foundation models, a new wave of ophthalmics could help prevent millions from losing sight if regulation, reimbursement, and equity keep pace.

More than 2.2 billion people live with near- or distance-vision impairment, and about 1 billion of those cases were preventable or untreated meaning millions are still losing sight that could be saved. In England's NHS, ophthalmology is now the busiest outpatient specialty, and the pressure on appointments often translates into weeks of delay for patients.

Age-related macular degeneration (AMD) is the leading cause of vision loss in older adults. It damages the macula, the part of the retina for sharp, central vision so people struggle to read, drive, or recognize faces; wet AMD can worsen quickly (often treatable but visit-intensive), while dry AMD, including geographic atrophy, progresses more slowly but steadily. This feature grew out of my recent video interview with Prof. Pearse Keane (UCL/Moorfields), where we explored how AI is moving from code to clinic

and what that means for patients now and over the next few years. Watch the interview here [Why should an eye patient care? Because AI is making eye care faster, simpler, and closer to you.](#) It can deliver a yes/no answer during a regular visit (fewer extra appointments), help your doctor spot changes earlier (treatment on time), and, in some cases, let you monitor from home (fewer injections or trips without risking vision). The goal isn't to replace your specialist to get you the right care at the right moment with less hassle.

Code Meets Clinic: OCT, Autonomous AI, and Reimbursement

The brutal truth is that people are losing sight because of delays, says Prof. Pearse Keane. He helped launch the MoorfieldsDeepMind program that showed an AI system could analyze OCT scans at specialist level along a real clinical pathway turning a research milestone into a clinical blueprint. He later co-led INSIGHT, now the world's largest ophthalmic bio-resource with 35+ million eye images linked to outcomes built with governance, privacy, and public engagement from day one.

The clearest code-to-clinic proof today is autonomous AI for diabetic retinopathy screening. Michael D. Abroff, MD, PhD (University of Iowa; founder, Digital Diagnostics) led the first FDA De Novo-cleared autonomous medical AI in 2018. Crucially, it's reimbursable in the U.S. via CPT 92229, enabling primary-care, point-of-care diagnosis. In plain English: autonomous AI makes the clinical call (and carries liability), so it can safely sit where the patient is; assistive AI supports a clinician who remains liable. In real programs, time from screening to specialist follow-up has dropped from 12 months to 35 days, and clinics have reached top national quality benchmark seven as U.S. adoption sits near ~2% because local economics and operations lag the evidence.

By the Numbers (today): 2018: first FDA De Novo for autonomous DR AI; 2021: CPT 92229 created for autonomous retinal imaging; 2024: De Novo for home OCT with AI to remotely monitor wet AMD between office visits. Together these milestones mark the shift from code ? clinic and increasingly, clinic ? home.

Population Scale: Singapore's National Eye Screening Playbook

When Assoc. Prof. Daniel Ting looks back at Singapore's national program for diabetic retinopathy, he describes a formula that scales. First, referral pathways were co-designed by primary care and ophthalmology so patients

flagged by AI flowed to the right level of care cutting unnecessary tertiary referrals and keeping frontline clinicians onside. Second, a national tele-ophthalmology platform stitched together fundus cameras and electronic medical records, so an image taken in a community clinic could be uploaded, analyzed, and reported back in minutes. Third, Singapore adopted an AI-first, expert-second operating model: algorithms screen every image, and only uncertain or positive cases escalate to human graders.

Keeping a nationwide system safe required more than intent. Ting points to the reporting standards he helped champion STARD-AI and DECIDE-AI as the guardrails that turn promising into proven clinical practice. In real terms, that means transparent dataset reporting, clear subgroup performance results, early in-clinic evaluations, and ongoing drift monitoring across devices and demographics with recalibration before wider scale-up if performance slips. And while researchers cite AUC, Ting argues the next headline metric for health ministries isn't a lab accuracy score at all it's pathway-level cost savings: evidence that AI-enabled screening shortens turnaround, improves referral precision, and reduces avoidable specialist visits across the journey.

Inside Health Systems: Changes Patients Actually Feel

At Johns Hopkins Wilmer Eye Institute, T. Y. Alvin Liu, MD focuses on changes patients notice. The first is clerical: ambient AI scribes are beginning to replace manual note-taking, so clinicians face people, not screens. The second is clinical: for neovascular AMD on as-needed (PRN) treatment, home OCT or remote retinal imaging paired with AI is compelling if it preserves the same vision with fewer visits or injections. Liu's 90-day AI-ready clinic checklist is plumbing, not pixie dust: HL7/FHIR-compatible EHR, a simple alert workflow, and disciplined change management because most failures are human-factor failures, not algorithmic ones. To keep adoption fair, he tracks real-world outcomes by race and ethnicity during rollout.

Therapies Meet AI Precision: Anti-VEGF, Home OCT, Gene/Cell

Tongalp H. Tezel, MD (Columbia) treats wet AMD at the front lines and runs a lab advancing gene- and cell-based therapies. His near-term view is practical:

use AI-integrated OCT to personalize anti-VEGF injection schedules (patients aren't all the same), and pair home OCT with AI triage so clinics time visits and injections better. In early reports, home-monitoring programs avoided unnecessary injections in ~42% of cases and triggered earlier intervention in ~35% a signal that smarter monitoring can cut burden without sacrificing vision.

The evidence bar, he stresses, is clinical: phase-3 randomized trials must show superior vision outcomes, not just faster fluid detection. Looking 25 years out, he expects AI to help match the right patient to the right therapy from RPE cell replacement to gene therapy using OCT features such as the ellipsoid zone, GA size, and subretinal hyperreflective loci. Rule of care: AI detects change; the retina specialist decides. To keep this safe and equitable, training/validation must span diverse populations and OCT devices, with real-world error and subgroup performance monitored as adoption grows.

Foundation & Multimodal Models: From Pretrain to Patient Safety

Foundation and multimodal models are opening new avenues, says Alan Karthikesalingam, MD, PhD (Google DeepMind). These include assisting physicians with conversational clinical reasoning, providing patients with clearer information, and enabling natural-language interaction with model predictions. Adapting these capabilities to high-risk clinical care and assuring safety and generalization remains active work. In practice, that means guardrails by default: transparent documentation, routine drift monitoring, and defined update/rollback procedures.

On the research front, RETFounda foundation model trained on ~1.6 million retinal images and released for non-commercial research shows why pretrain once, adapt many times matters: fewer labels to fine-tune, stronger robustness across devices and sites, and potential sensitivity to rare-disease signals smaller datasets miss. As health systems move beyond pilots, cross-hardware durability plus live performance surveillance will be baseline requirements.

A Signal From the Future: Implants for Geographic Atrophy

In October, BBC World covered a multicenter trial of a subretinal photovoltaic implant (PRIMA) at Moorfields and other European sites that restored meaningful reading in late-stage dry AMD (geographic atrophy). It isn't standard care and requires careful selection and rehabilitation, but it

shows the pipelines direction. As Pearse Keane notes, AI + OCT/home monitoring can help identify who benefits and when, opening the door to implants, gene therapies, and cell therapies with safety and equity as guardrails.

Roadmap: Who Does What (Now ? Next)

Patients & Families

Ask for point-of-care screening. If you have diabetes, ask about autonomous AI for diabetic retinopathy; it can give a same-visit answer and speed follow-up.

Explore home monitoring. For wet AMD, vetted home OCT programs may keep vision the same with fewer visits/injections.

Clinicians & Health-System Leaders

Build the plumbing. In ~90 days: HL7/FHIR EHR, simple alerts, and a pause/update/rollback plan.

Measure what matters. Track time-to-treatment, completion rates, and avoidable referrals; audit by device and demographic subgroup (equity).

Scientists & Builders

Choose your lane. Architect for autonomous AI (system liability; point-of-care scale) or assistive AI (clinician-in-the-loop).

Own the lifecycle. Use foundation models for robustness and define drift triggers to pause/update/rollback and report them.

Policy Makers & Investors

Align incentives. Codes like CPT 92229 enabled use; next, make local ROI transparent so clinics see the benefit.

Fund the backbone. National tele-ophthalmology platforms, device connectivity, and reporting capacity are infrastructure.

The Bottom Line

Today, real-world deployments show AI in eye care works where patients live: autonomous AI for diabetic retinopathy in primary care (with reimbursement),

national tele-ophthalmology pipelines that move images and results in minutes, and home OCT programs beginning to reduce unnecessary visits and injections while

AI scribes return time to clinicians. Next (12-36 months), expect foundation-model robustness, routine drift monitoring, and predictive retina AI to better

time interventions. On the horizon, new implants, gene therapies, and cell therapies should arrive not as stand-alone miracles, but as options matched by AI to the right patient at the right moment under strong clinical governance.

The eye exam is becoming an AI exam--bringing specialist-level care to where people are, so treatment is earlier, safer, and more equitable. Lets focus on a blueprint for saving sight at scale.

*****Announcing: Medication Reminders Now Available on ScripTalk Mobile iOS App**

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Get notified when it's time to take your medications!

Never forget to take your medications again!

A new ScripTalk Mobile iOS App feature lets you easily create and manage reminders for each medication you have.

Download or Update the ScripTalk Mobile App from the App Store.

To enable this new Reminders feature and to read about how to use it, go to Help inside the ScripTalk Mobile App.

These reminders are fully customizable (five-minute increments) and tied into your iPhone's critical alerts so you never miss a dose! There is even AI Assistant Support that reads your labels and suggests reminder times based on your prescription instructions. And this new feature is fully compatible with VoiceOver.

If you have any feedback at all, please use the "Provide Feedback" button also found on the Help page, or call En-Vision at 1-800-890-1180.

Stay Safe with your Meds!

*****Help Us Celebrate your Birthday**

Sharon Strzalkowski

Greetings to all members of Alliance on Aging and Vision Loss, Those of us on the membership committee would like to send you a birthday greeting by phone, if you would like it. Please send your birthday and month to Sharon Strzalkowski,

strzal@charter.net

and she will make sure that you get a call on your birthday. We hope that this will be an enjoyable way for each of you to know that you belong to our group and that we care about you. Thank you.

*****Editorial: WE CAN IF WE THINK WE CAN –
IMPROVE THE QUALITY OF LIFE FOR OLDER AMERICANS WITH
VISION LOSS!**

And, we must, because it is us, in whom they trust, to speak up and speak out on their behalf. As seniors with vision loss we understand the fear, the frustration, the sense of helplessness and isolation that can be experienced by an older person who loses their vision. It is frightening, disorienting and it is life-changing.

Advocacy happens one small step at a time. Progress can often be painfully slow. We must awaken society to the reality that millions of older Americans today experience severe loss of vision and that this number is increasing dramatically over the next 15 years.

Cruelly, these older Americans, in too many cases, are being shut out from society, deprived of the opportunity to live independently and participate productively in their communities.

They are “the Forgotten Ones”.

It is these same Americans who helped build our country – constructed the roads and bridges, delivered the mail, raised the crops, cut our hair, delivered babies, taught our children. They are grand-parents and parents, uncles and aunts, brothers and sisters, friends and strangers. America owes them a debt of gratitude. And society must not shut them out but instead welcome them in ... their wisdom, their knowledge and their experience by allowing them the opportunities to continue to be active and valued members of their community. To do this, society must be persuaded to eliminate barriers of communication and attitude, and to outreach and embrace seniors with vision loss as equal and valued customers, employees, advisors and partners.

Let us be bold! Let us get involved! Together we can build a brighter future for all blind seniors.

Larry Johnson

Humor Break: Q: What do you call a group of forgetful congressmen?

A: An oversight committee

*****25 Great Foods You Can Eat Without Gaining Weight**

These healthy, delicious options are light on calories and fat, plus they fill you up

By Stephanie Watson,

Updated October 17, 2025 AARP

Published December 19, 2024

[From: [25 Healthy Foods That Won't Make You Gain Weight](#)]

[From the Editor: It's a new year, and some recommend it's a good time for making resolutions. Thanks to Larry Johnson for sharing these recommendations for healthier – and painlessly tasty – foods to indulge in, in 2026. Happy new year, Larry and Everyone in AAVL!]

Eliminating certain foods from your diet seems like the norm when you're trying to lose weight. You cut calories. You cut fat. Basically, anything that's

crammed with carbs, sweetened with sugar or deep-fried is off-limits. But dieting doesn't have to mean deprivation. Many delicious and healthy foods can still be part of your meals if you focus less on calories and more on the overall quality of what you eat. "Lean into whole foods and away from processed foods as much as you can," advises Katie Sanger, a registered dietitian from Reno, Nevada.

The one food group you can indulge in without gaining weight is vegetables, especially non-starchy ones like broccoli, celery, zucchini and bell peppers, according to Lona Sandon, an associate professor of clinical nutrition at the University of Texas Southwestern Medical Center. "Non-starchy vegetables are the best ones to overconsume, because they're so much lower in calories than other food choices," she says.

Even with vegetables, resist the temptation to go hog wild on any one food. Eat nothing but carrots and you'll have an overabundance of beta-carotene at the expense of other nutrients. (Your skin might even turn orange.)

Variety is the secret spice to any weight-loss diet. "When we focus on just one food, we are getting very minimal nutrients," Sanger says. "Everything in moderation." When making changes to your diet, get some help from your primary care doctor or a dietitian. Your doctor can check your vitamin and cholesterol levels, while a dietitian can assess your needs and create a meal plan that's not only tailored to your goals but also sustainable over the long term.

Mix and match these 25 foods to your heart's content as part of an overall well-balanced diet.

1. Berries

Make berries your go-to cereal topper or dessert, and start reaping the myriad health benefits. Strawberries, blackberries, raspberries or blueberries are all low in calories and rich in nutrients like fiber, vitamin C, folate and potassium. The natural plant pigments that give these fruits their vibrant colors have antioxidant and anti-inflammatory properties that may protect against heart disease, diabetes and cancer. Blueberries are rich in a flavonoid called anthocyanin that can help boost the immune system. And unlike other fruits, berries are relatively low in sugar. "You want to be mindful of how much sugar you're consuming, even if it is from fruit," Sanger says. Berries are low on the glycemic index, so they won't spike

your blood sugar, and you'll digest them slowly. That's important when weight loss is the goal.

2. Chickpeas

Chickpeas, also called garbanzo beans, are a member of the legume family (which includes beans, peas and lentils). You'll find them in hummus, the Middle Eastern spread made from mashed chickpeas blended with olive oil, tahini, lemon juice and spices. They also make an excellent salad topper. Chickpeas are higher in calories (120 per half-cup serving) and carbs (20 grams per serving) than many of the other foods listed here, but they're packed with nutrients. "Chickpeas are very fiber-rich, and they're a good source of protein," Sanger says. They're also a good source of potassium, calcium and vitamin A, and research suggests they might help with weight management and heart disease prevention.

3. Mushrooms

The mushroom family is enjoying a renaissance. In 2022, The New York Times named this edible fungus "ingredient of the year." It's no wonder, since mushrooms make a lower-fat and lower-calorie stand-in for meat in recipes. "They don't have the protein and the same level of B vitamins that meat has, but they have that chewy texture, which makes it easy to put them into a dish and reduce some of the meat," says Sandon. Mushrooms are heterotrophic, which means they absorb their nutrients from the environment around them. Cremini and portobello mushrooms are high in selenium, while shiitake mushrooms are a good source of vitamin B6.

4. Celery

Don't relegate celery to the veggie tray. This versatile vegetable is so much more than a cocktail party hors d'oeuvre. For a mere 6 calories per stalk, it offers fiber plus nutrients like potassium, vitamin A and lutein, along with a satisfying crunch.

Another benefit: Celery is 95 percent water, with almost a half-cup in each serving. The combination of water and fiber fills the belly quickly, which prevents overeating, Sanger says. If you find this simple veggie too plain on its own, spread a thin layer of hummus on it, or add flavor with some lemon juice or chives.

5. Popcorn

Popcorn is packed with fiber and whole grains, but be sure to limit yourself to three cups. If you're looking for the perfect low-cal snack, you've found it. Each crunchy bite of popcorn is filled with fiber and whole grains. With a mere 30 calories per cup, you can chow down on large quantities with zero guilt. One big caveat is to be careful with how you prep your popcorn. Popping it in oil and drowning it in butter and salt will override its health benefits — a tub of movie theater buttered popcorn can contain more than 1,000 calories and 2,650 milligrams of sodium. Instead, air-pop it, drizzle on a little olive oil or avocado oil, and add just a pinch of sea salt for flavoring, Sanger suggests. Try to limit yourself to 3 cups, which is still a hefty portion.

6. Grapefruit

You may remember the grapefruit diet, a fad from the 1970s: "Eat grapefruit with every meal and the weight will melt off," or so its proponents claimed. While it isn't a magical fat-burning food, adding grapefruit in moderation to your diet isn't a bad idea if you're trying to lose weight. Because the fruit is 88 percent water, it should fill you up faster, so you'll eat less. Just don't coat it with sugar to make it taste sweeter. And make sure it doesn't interact with your medications.

"Grapefruit or grapefruit juice can interfere with some types of blood pressure medications and cholesterol-lowering medications," Sandon says. Ask your doctor or pharmacist whether it is safe to eat with your current meds.

7. Spinach

It's hard to find a healthier food than spinach. For just 40 calories a cup, it offers protein, folate, vitamin A and more than 400 percent of your daily requirement of vitamin K, a nutrient that's essential for bone strengthening and preventing blood clots. Its high potassium and magnesium content can help regulate blood pressure, and the fiber fills you up. Plus, it can help keep your gastrointestinal tract moving smoothly to prevent constipation. If you're not enamored with spinach, you can easily tamp its flavor down by adding it to smoothies or casseroles.

8. Cottage cheese

The vitamin D and calcium in dairy foods are essential components of strong bones and teeth. One easy way to meet your recommended daily allowance of these nutrients is to incorporate a serving of cottage cheese

into your meals and snacks. The 2 percent variety is low in calories (91 per 4-ounce serving) but packed with protein and nutrients such as phosphorus and potassium. Cottage cheese is unique in that the type of protein it contains, casein, digests slowly to help curb appetite, Sandon says. One concern, though, is that it can be high in sodium (as much as 400 mg per half-cup serving), so be aware of how much you're getting if you add it to your daily diet.

9. Cauliflower

When it comes to cruciferous vegetables, broccoli gets a lot of attention, but cauliflower deserves an honorable mention. It's versatile and mild-flavored enough to serve as a low-calorie (just 27 per cup) substitute for rice, mashed potatoes and pizza crust, making it a darling of the low-carb crowd. Proving that vegetables don't need to be green to be nutritious, cauliflower is loaded with fiber, folate and vitamins C and K.

10. Carrots

Carrots are a good source of vitamins A and K, as well as potassium and fiber — all for just 25 calories per medium-sized carrot.

Eye doctors are big fans of this root vegetable, and for good reason. Carrots are an excellent source of vitamin A, which is essential for sharp vision.

But there's much more to these orange veggies than meets the eye.

They're also a good source of vitamin K as well as potassium and fiber — all for a mere 25 calories per medium-sized carrot.

11. Oatmeal

One cup of oatmeal contains 4 grams of fiber, but it's not just any fiber.

Beta-glucan is soluble fiber. Mixed with water, it thickens and fills the belly, which wards off the late-morning hungries. Another of beta-glucan's perks is its ability to lower total and low-density lipoprotein (LDL) cholesterol levels. As with popcorn, the correct preparation is key. "If you're putting on a pat of butter, brown sugar and a splash of whipping cream, that definitely negates the benefit," Sam says. She recommends making oatmeal with low-fat milk for extra calcium and protein. Top it with fresh berries to add nutrients without piling on more calories.

12. Black beans

We chose black beans, but any variety — kidney, navy, lima, pinto — will work. Because black beans are legumes, they're higher in calories (115 per

half-cup) and carbs (20 grams) than non-starchy vegetables, but with 8 grams of fiber and 8 grams of protein per serving, they'll really fill you up. "Beans can actually be substituted for meat because of their protein," Sandon says. And thanks to their soluble fiber, beans are also helpful for reducing cholesterol and triglyceride levels.

13. Lettuce

Buried under a mound of salad toppings as it often is, lettuce is easy to overlook. But this leafy green is worthy of your attention. You can chow down on two entire cups of lettuce and still consume less than 16 calories. Skip the iceberg, which is also light in nutrients. Romaine and watercress have a similarly low calorie count but are rich in vitamins A and K as well as potassium. Because drowning your salad in dressing will add back all the calories you were trying to avoid, sprinkle on some lemon juice or olive oil and vinegar instead.

14. Pomegranates

This bright red fruit has been part of the human diet for thousands of years — its seeds are an important part of the Greek myth of Persephone — but only recently have scientists discovered its full health potential.

Pomegranates contain plant-protecting chemicals called polyphenols that also protect humans. These fruits have antioxidant, antibacterial, antifungal and anti-inflammatory properties, and they're an excellent source of folate, potassium and vitamin K. Reaching the sweet and tart seeds can take some effort, but that's a plus considering that an entire medium-sized pomegranate contains 234 calories.

You'll conserve calories if you save half for later.

15. Broccoli

Broccoli is less than 30 calories per cup, so you can eat as much of this veggie as you'd like. We've already established that the cruciferous vegetable family is filled with nutritional superstars, and broccoli is no exception. Its benefits are too numerous to list here, but some of the highlights are antioxidants like vitamins C and E and beta-carotene, which may help reduce the risk of chronic diseases. Its high fiber content promotes fullness and keeps your digestive system running smoothly, while its anti-inflammatory properties are a plus for your heart and blood vessels. With less than 30 calories per cup of broccoli, you could feast on this veggie to your heart's content without gaining weight. However,

overindulgence does have a downside. “If you try to sit down and eat two pounds of broccoli ... there might be some unpleasant gastrointestinal side effects,” says Sandon.

16. Salmon

This fatty fish has more than earned its “superfood” title. It has just about everything in the nutrient department — protein, calcium, magnesium, phosphorous, potassium and vitamin A — all for a slim 130 calories per 3-ounce serving. Salmon is most notable for its omega-3 fatty acids, healthy fats that protect vision and lower the risk for heart disease. You might have seen the debate about farm-raised or wild-caught salmon and wondered which one to buy. While farm-raised salmon tends to contain more omega-3s, it could also expose you to higher levels of pollutants and other contaminants. For a delicious way to prepare it, try Al Roker’s salmon rice bowl recipe.

17. Oranges

It’s easy to understand the orange’s appeal. The sunshine fruit provides a full day’s worth of vitamin C, plus fiber and protective antioxidants, all for around 65 calories. Their high fiber and water content make oranges surprisingly filling. Like most other fruits, oranges are much healthier served on a plate than in a glass. “Essentially, with fruit juice the fiber is removed, so you’re just getting a cup of sugar with some nutrients in it,” Sanger says. In other words, orange juice isn’t the ideal drink option if weight loss is your goal. Choose the whole orange instead.

18. Tofu

This meat alternative is no longer just for vegetarians — omnivores are also jumping on the tofu bandwagon. You can’t get much more versatile than this soybean-based food, since it assumes the flavor of whatever marinade or sauce you soak it in. Tofu contains 10 grams of protein, without all the saturated fat and cholesterol of red meat. Like other soy products, it’s rich in plant-based chemicals called flavonoids, which help lower blood pressure and reduce the risk for heart disease and certain cancers. All that, and a $\frac{3}{4}$ -cup serving contains just 100 calories.

19. Kale

Kale is another entry that’s earned its rightful place among the pantheon of superfoods. People in the eastern Mediterranean region cultivated kale thousands of years ago, but only in the past decade has it become a

culinary trend in the United States. Its impressive nutritional credentials (calcium, potassium, vitamins A, B6, C and K, and folate), low calorie count (less than 35 per cup) and peppery flavor make this cruciferous veggie a favorite of chefs and dietitians alike. And like spinach, kale is versatile enough to blend into smoothies, roast into snack chips or wilt into soups and stews.

20. Eggs

One large hard-boiled egg has 78 calories, but it also has 6 grams of protein, along with nutrients like calcium, B vitamins, iron, lutein, zeaxanthin, selenium and choline. The much-maligned egg has taken a beating in the nutritional ring, but public opinion seems to be turning in its favor. One large hard-boiled egg has 78 calories, but with those calories you get 6 grams of protein, along with nutrients like calcium, B vitamins, iron, lutein, zeaxanthin, selenium and choline. While much of the controversy has centered on the cholesterol content of the yolk, the dietitians we spoke with didn't suggest ditching this nutritional powerhouse. "We usually recommend eating the entire egg," Sanger says. "The yolk is where most of the nutrients in an egg are concentrated." To avoid adding extra fat and calories, serve your eggs hard-boiled or poached rather than scrambled with butter or fried — and definitely leave off the bacon.

21. Tomatoes

The tomato's rich red hue isn't just for show. The color comes from a plant pigment called lycopene, which also infuses these fruits (yes, tomatoes are fruits) with protective antioxidants. Studies have linked tomatoes with a reduced risk for heart disease and cancers of the lung, prostate and stomach. One medium-sized tomato has plenty of fiber, vitamins C and K, potassium and folate, and eating the entire thing will add just 23 calories to your daily tally. While some fruits and vegetables are healthier when consumed raw, cooking tomatoes actually boosts their lycopene content.

22. Brown rice cakes

Who says you can't snack when you're trying to lose weight? You can if you substitute brown rice cakes for your usual crackers or snack chips. At 34 calories and less than 1 gram of fat per rice cake, it's a satisfying treat that won't compromise your diet goals. Brown rice has a definite advantage over white rice because it hasn't been stripped of the bran and germ, where most of the nutrients are concentrated. As a result, it's higher in

fiber, potassium, iron, magnesium and some B vitamins. Rice cakes can be a little plain on their own, so Sandon suggests pairing them with a piece of low-fat cheese or some nut butter, which will also add protein.

23. Skinless chicken breast

Chicken is another good-for-you protein source, but which part of the bird you eat and how you prepare it matters. Skinless chicken breasts are the best choice, with just 140 calories, 3 grams of total fat and 1 gram of saturated fat per 3-ounce serving. The same portion size of dark meat from a thigh or drumstick contains 170 calories, 9 grams of total fat and 3 grams of saturated fat. Regardless of whether you choose dark or light meat, coating it in flour and deep-frying it will dramatically increase the fat and calories. Grill, roast or bake chicken instead, removing the skin and adding olive oil and seasonings like rosemary, garlic powder or smoked paprika to ramp up the flavor.

24. Greek yogurt

Yogurt has a lot going for it. It's an excellent source of bone-building calcium and vitamin D, as well as gut-friendly bacteria called probiotics. Ounce for ounce, the protein count is on par with meat. Greek yogurt has an edge over its American counterpart, with almost twice the protein (21 vs. 13 grams per cup) as well as less sugar and fewer carbs. Sanger recommends choosing unsweetened Greek yogurt and sweetening it yourself with fruit or a little bit of honey.

25. Cucumbers

Few foods are cooler than the cucumber. Though this crudité has just 8 calories per half-cup serving, it's no lightweight. Cucumbers contain a decent amount of fiber, calcium, potassium and vitamins A and K. Because they are 96 percent water, tossing a few slices onto your salad or sandwich will help you achieve your daily fluid goals — and keep you filled up.

*****News from the National Library Service (NLS) (Library of Congress): The My Talking Books Skill for Alexa Is Available Again!**

The NLS Alexa My Talking Books skill is officially available for service. For those of you who had existing My Talking Books accounts prior to October

2025, when the government shut down, your profiles have been retained. Those of you who are not using the NLS Alexa skill called My Talking Books, can begin using the skill by filling out the registration form found at the following web address:

<https://www.surveymonkey.com/r/mtb-open-beta>

Patrons under the age of 18 will need to have a parent or guardian fill out the Parental Acknowledgement form at the following web address:

<https://www.surveymonkey.com/r/mtb-parental-acknowledgment>

Thank you,
Your NLS team

*****Bookshare is honored to announce a membership Discount offer for American Council of the Blind Members!**

[From the Editor: If you've never checked out BookShare before, your editor urges you to take advantage of a wonderful way to retrieve accessible reading materials! There are more than a million titles, including current best-sellers, text and reference books, and study aids at every level! Winter nights are long! You're sure to find something in BookShare's extensive and ever-growing collection to make those long, cold winter nights absolutely enjoyable!]

Bookshare is honored to announce a membership Discount offer for American Council of the Blind members. If you're a member of AAVL, then you are also a member of the American Council of the Blind!

First-time Bookshare members can join Bookshare for 30% off an annual membership fee. Existing Bookshare members can renew for 20% off the cost of their annual membership. Bookshare is FREE for ACB members who are students (includes all ages and levels, from elementary to college, and that includes Hadley Institute students, as well!).

First-time Bookshare members, sign up online. When signing up online, you will need to submit proof of disability. (BookShare will help with instructions.) Once your proof of disability has been accepted, use promo code
ACBNEW30
when adding your subscription, and your discount will be reflected in your payment.

Renewing Bookshare members, log into your account and go to My Account, then Subscription. Use promo code
ACBRENEW20
to renew at the discounted price.

*****Savvy Seniors Tech Support Resources**

[Thanks to David Goldfield for sharing this excellent resource on his informative email list, Tech-VI. Subscribe to the Tech-VI announcement list to receive news, events and information regarding the blindness assistive technology field.

Email:

tech-vi+subscribe@groups.io

www.DavidGoldfield.com]

[Savvy Seniors Tech Support Resources
appeared first on OE Patients.

<https://oepatients.org/savvy-seniors-tech-support-resources/>; Read “Want to Be Tech Savvy? Don’t Ask Your Kids” by Geoffrey Fowler on WSJ.cm]

A recent Wall Street Journal article, titled “Want To Be Tech Savvy? Do not Ask Your Kids,” exposes a harsh reality. Family members are not a reliable source for technical support. This is not to cast aspersions on your loved ones or to judge their ability. Stop blaming your visual impairment for the emotionally charged exchanges with the geek you love. Let’s be clear — tech support is best administered by a neutral party. Your offspring can be impatient or make fun. It can be a frustrating, aggravating experience.

Today's tech is not for the young, it's for everyone. When it's well designed and user-friendly, technology knows no bounds. Age should not be a barrier.

The true test of great universal design is its adoption by young and old alike. The aging population can well benefit from the focus on social, communication, finance, health and fitness as much, or more, than any other age group.

The move to mobile touchscreens has opened the gates of access. That means we do not have to buy "special devices" because of our age or our eyesight. The most popular smartphones and tablets do not discriminate — they are designed to benefit all of us.

Do not be deterred by a bad encounter with the family genius. Do not give up. It is well worth your effort to stay connected. Learning new technology is a great way to exercise your brain and keep it sharp.

Here are some places you can find the tech support you need to nourish the nerd within.

list of 5 items nesting level 1

- Public Library – More and more libraries are offering free tech support and training programs. They may have regularly scheduled classes and even individualized help administered by qualified volunteers. Contact your local library today and inquire.
- Apple – The Apple Stores offer free personal set-up, numerous workshops scheduled daily, Genius Bar to help you solve issues or fix problems, and Accessibility Support 24/7 by phone at 877.204.3930 for people with visual, hearing, learning and physical impairments.
- YouTube.com – Video tutorials are utilized by people of every age. Search your topic and find a variety of "how to" videos on the subject. If the first video doesn't suit you, another will immediately follow. Watch, pause, rewind, as needed. You'll even find tech tutorials specifically for Seniors.
- Microsoft – Microsoft Stores offer technical support and personal training for a fee under Microsoft Complete hardware protection plans, and the Microsoft Disability Answer Desk is available by phone at 800.936.5900 to support customers with vision loss (free of charge).
- Senior Centers – Senior centers are offering more in the way of technology support and training as well. Contact your local center and ask

about their offerings. In this setting, you'll be learning from and with your peers.

list end nesting level 1

Before you begin to expand your horizons, here are a few tips that can help you ease into the learning process with realistic expectations.

list of 3 items nesting level 1

- Focus on learning one thing at a time. Classes and workshops may cover more elements than you can absorb in one session. Be happy to learn a couple of new things each time and come back for the rest later.
- Know the key to successful learning is rooted in repetition. You don't learn to do something on the first try. Repeat it 20 times and suddenly you are the master. Learning to navigate a touch screen is mostly about how many times you touch that screen every day. After a while, it's just second nature — ingrained in your sense memory.
- A learning curve causes discomfort across the entire spectrum of age, whether your eyesight is good, or not. Keep things in perspective by allowing yourself credit for your successes.

Humor Break: The oldest computer was an apple given to Adam and Eve back in paradise lost, but it came with very limited memory of just 1 byte. ... Then everything Crashed!

*****Art of Fauna and Be My Eyes Win 2025 Apple App Store Awards for Their Cultural Impact**

By AppleVis Member of the AppleVis Editorial Team, 4 December, 2025

[From the Editor: It is so wonderful when app developers are rewarded – and awarded – for the attention they pay to accessibility. If you haven't ever used BeMyEyes, let me encourage you to give it a try! I use the app with my iPhone, three or four times every week (sometimes more!), to read a spice bottle, or retrieve a dropped bottle cap, or figure out what color a shirt I'm thinking of wearing actually is, or read the return address on an

envelope, or a package of frozen food – the possibilities are endless and the service is amazing and wonderful! I don't have vision to use the Art of Fauna app – or at least, I don't think I do – but the reviews for this app are so positive, and the developer says the app supports VoiceOver, larger text, darker interface, differentiation without color alone, sufficient contrast, and reduced motion. If you are a person with low vision, this app might be just what you're looking for when you need a break from the relentlessly terrible daily news or you have a yen for nature even when it's too cold for a hike! If you try it out, I hope you'll let us know!]

Art of Fauna and Be My Eyes have both been selected by Apple as winners of a 2025 App Store Award for their cultural impact. (Editor's Note: Be My Eyes is the parent company of AppleVis.)

Chosen from a list of 45 finalists by Apple's Editors, the 2025 App Store Awards recognize 17 apps and games for demonstrating exceptional innovation, user experience, and design. Award categories include App of the Year for iPhone, iPad, Mac, Apple Vision Pro, Apple Watch, and Apple TV; Game of the Year for iPhone, iPad, Mac, Apple Vision Pro, and Apple Arcade; and Cultural Impact.

Art of Fauna (Developed by Klemens Strasser) is a fully accessible, relaxing puzzle game where users can recreate historic wildlife artwork while learning about animals and supporting conservation efforts. Art of Fauna previously won a 2025 Apple Design Award for inclusive design. Be My Eyes (developed by Be My Eyes) is a free app that empowers blind and low vision people to access the visual world through the power of volunteers, public and private organizations, and artificial intelligence. The full list of all 2025 App Store Award winners is available on Apple's website.