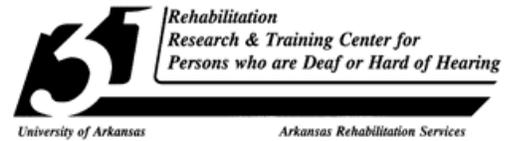




Selected Proceedings of ALDAcon 2005



DUAL SENSORY LOSS

Presenters: HEIDI ADAMS & DIANE JONES

HEIDI ADAMS: Our meeting today is sponsored by PEPNet, which is a national consortium funded by a federal grant that works with organizations or various entities to provide access for people with hearing loss. The Midwest Center for Postsecondary Outreach (MCPO) is a part of that consortium and covers twelve states in the mid-west. This presentation is by the Center for Sight and Hearing, an outreach site for PEPNet and MCPO. It is also the only community-based agency in the entire network; all other outreach sites are located in postsecondary education or training programs. The Center for Sight and Hearing works with people who have hearing loss, vision loss, or both. We're seeing increasing numbers of individuals who have both.

We picked baseball as our theme today. We picked this baseball analogy because it's that time of year, isn't it? Obviously strike one for most of us would be a hearing loss, strike two would be adding a vision loss to that. What's the scenario after that? What comes next? Strike one, strike two...

AUDIENCE MEMBER: Strike three.

AUDIENCE MEMBER: And you're out.

HEIDI ADAMS: You might be out. You might become dysfunctional, isolated, and essentially your life in the world might be over. But that's not the only scenario. What else might happen?

AUDIENCE MEMBER: You might get better.

AUDIENCE MEMBER: Could you get a base hit?

HEIDI ADAMS: It's possible. You might get a base hit. You might also get a base hit and a couple of other runners would come in.

AUDIENCE MEMBER: RBIs. Runs batted in.

HEIDI ADAMS: Right, RBIs. In other words you could learn coping skills; you could learn what's out there to support you. You could accept this additional loss and move on with your life. There's yet one more scenario.

AUDIENCE MEMBER: A home run.

HEIDI ADAMS: Absolutely -- a home run. This additional challenge may force you to make changes that would bring out strengths in you that you didn't believe you had. The challenge might be a very positive force for change in your life. Now, many of you knew Rocky Stone. For those of you who didn't, Rocky lost his hearing during basic training in the military, so he became hard of hearing at a young age. He then was also a new recruit for a fledgling agency called the CIA. He became a spy. After many years of a successful career as a spy in several different venues around the world, his hearing worsened. So he retired from that and he took on a new job. He took on this little, unknown consumer group of people with hearing loss that had a name about 18 words long. It wasn't doing very much, and he built that into SHHH (Self-Help for Hard of Hearing people, Inc.), a major force in advocacy, legislation, and support in a lot of other ways for people with hearing loss. After serving as head of SHHH for several years, again his hearing worsened. He retired from SHHH, and he got a cochlear implant.

Right after that, the macular degeneration he'd had for some time took a turn for the worse. Rocky became legally blind. The last time I saw him was when he was an ALDA luncheon presenter at the Alexandria, Virginia conference. This whole new change in his life had not daunted him because he was on a new mission. Rocky had not been what you might call a gifted speaker. His new mission, that he announced at that luncheon, was to become a much better public speaker, also, a much better joke teller. And he did that. That luncheon speech was terrific. Rocky certainly hit a home run and he's a hall of famer in my book, an amazing, amazing man.

Now to our game plan. What we're going to talk about first is what we mean by vision loss: what causes it; what impact both losses will have on you as an individual; what you can do about it, the coping strategies and assistive technology. At the end, if we have time, we're going to do a little replay, a special activity that I hope will get you a little bit more involved. We're going to cover the first three areas as quickly as we can, We'll spend a little bit more time on the last issues, how you can cope with dual sensory loss.

DIANE JONES: I get the opening pitch. What I want you to take away today is to be aware of changes that can occur as life goes on. For example, I, now over 50, need reading glasses, and who knows what else as time goes on? So, what is a dual sensory loss? It's any degree of combined vision and hearing loss. It can be mild to very severe. It can interfere with communication. With a hearing loss, communication is difficult already. Now with any degree of hearing and vision loss, acquiring information and communication is made even more difficult.

Low vision. That means that corrective lenses, surgery, or medication is not going to help any more. Your vision is beyond that loss. We've often heard, 20/20 is perfect vision. 20/40 and 20/ to over 400 is where low vision begins to occur. Low vision can be a loss of acuity, not seeing as sharply as you're used to. As we grow older, we're not going to see as clearly. We are going to need more lighting. It might be a visual defect in your field causes a loss of central vision. A defect in your peripheral vision causes your outside vision to deteriorate. You could lose contrast sensitivity. Let me give you a quick example. I had an 85-year-old client, a lady who lived independently. She couldn't find the couch and her chairs anymore in her living room. She didn't understand why she often times missed the couch and ended up on the floor. She asked if I could come over and take a look at her living room.

Interestingly enough, she had white carpet, light, light beige walls, white furniture. I didn't want her to buy new furniture or paint the walls and get new carpet, so I made some quick suggestions. In her linen closet I found a colorful blanket and some area rugs. I laid the rugs down in front of the couch, draped a blanket over her couch, and made a little bit of color contrast using pillows on her small chairs. Then I invited her into the living room to sit down. She walked right over and sat on the couch. She didn't feel around to find the couch. All she needed was a little bit of contrast.

Poor visual discrimination. Often people have a loss of depth perception as their vision changes. They think they see the step, but they miss it, or they misjudge the size of the step. Things they see might seem foggier, denser, not as clear. Or a person might begin to see spots. Think of looking at a house. Standing out on the sidewalk looking at a house, a person might start to see it but can't quite see the windows, or the door doesn't seem to all be there.

Low vision is a functional state different from visual impairment. Impairment means actual damage to the eye. Damage could be to the vessels, or to the optic nerve. You need to focus on the rest of your residual vision and use assistive technology. Use what remaining vision you have and use technology, for example, a magnifier to make print larger.

Jahoda said that more people are blind by definition than by any other cause. For example, this definition could mean a doctor, meeting with a patient for six months, has tried everything. Nothing helps. There is nothing left to do. The doctor might say, "You're going to have to deal with your macular degeneration." He doesn't give you any resources, any other ideas. What's the first thing a person says? "I'm going to become blind, everything's over."

The population of people with combined loss is growing. In the 1960s and 1970's, most people didn't live beyond the age of 70 or 75. So the medical world wasn't ready for people living longer. Now it has occurred and all of a sudden eye diseases show up. The number one eye disease in this country is macular degeneration, which basically

begins for most people after the age of 65. There is a huge population of people who have macular degeneration. It's the number one research project in the United States at this time.

Here are some statistics. For people 50 and older, 37 percent of the population has some degree of hearing loss. Thirty percent of the population has a vision loss. That means, 9 to 10 million people have some degree of low vision, that is, 1 out of 20 in the United States has low vision. One out of 5 over the age of 65, and I've just recently heard, 1 in 3 over the age of 75.

However, you will not be in total darkness. That's good news! Eighty percent of people with changed vision retain some ability to see. One learns how to work with that remaining vision. So, what can you expect from a vision loss? Your vulnerability increases. Think about your hearing loss. Isn't it awful when somebody comes up behind you and scares you because you didn't know they were behind you? Most of us can see out to our sides about an arm's length. When you have a vision loss, especially if it's peripheral vision, the field of vision becomes smaller and smaller. You don't see people coming up along side of you. That makes you more vulnerable.

This loss can limit your quality of life. Things you used to do, take longer to do. I love to do puzzles, but I can't imagine trying to look at puzzle pieces and trying to put them together now with my vision loss. You can develop less of a sense of well-being, physically, functionally, and socially. You have decreased independence. And your activities of daily living may change. One of the things we often hear at the Center is, "I love to cook. Now, cooking isn't as easy for me because I can't see where the level is when I put white powder into a white measuring cup. Or when pouring black coffee in a black cup, when do I stop pouring?"

Mobility. Traveling becomes more difficult whether you're inside your house or not. You can mentally picture how your living room is set up, but what happens if one of your children or grandchildren moves the ottoman and forgets to put it back? Oops! You could trip right over that ottoman.

Communication can change as well. Now, not only are you having difficulty hearing it, you can no longer lipread the person if you have macular degeneration which has caused your central vision to go.

Four groups of people can experience a vision loss. People, such as myself, sighted and hearing all my life; people who are hard of hearing or deaf; blind or partially sighted people; and people with vision and hearing loss most of their lives. All these losses have an impact on day to day living.

For example, imagine a man trying to shave. He might start to miss some of his whiskers. Imagine women putting on makeup, trying to comb their hair and look gorgeous before going out. Men and women could both put on mismatched outfits

because they can't see the colors. Maybe you end up with an orange top and purple pants. Whoa!! You've got to pay attention to those things.

These problems with daily living, plus loss of independence and poorer social relationships can have a strong emotional impact. That strong emotional impact can make you even more isolated than you were before. It can put you on an emotional roller coaster. Here's a good example. Some people will say, "You know, I'm not seeing so good any more, and I'm already struggling with my hearing aids." Then later they'll say, "I could really see good today. I can see the stop sign out there on the corner. I can read it." They become excited about this, which will last for a couple of weeks until all of the sudden they're not seeing so well any more. For a while losing vision for some people can go up and down and up and down. It can put you on a real emotional roller coaster.

HEIDI ADAMS: What can you do now that you've heard a little bit about low vision? Now is the time to be thinking about that. Research is ongoing pertaining to macular degeneration. Scientists are doing more research with vitamins. They're doing research on vegetables and fruits that will help. Green vegetables are supposed to be really good for your vision and slowing down some of these eye diseases. A lot of good books are out now written about food groups that can help with vision loss.

Exercise and having a healthy lifestyle is essential for diabetics. Too many people do not take care of their diet and exercise. Diabetes and eye disease go together. So be sure you take your insulin and medications correctly, and exercise and eat right. When you go to your eye doctor to get your eyes tested, be sure you get checked for glaucoma. If you have glaucoma in your family, you need to be checked at least once a year, if not more.

Sunglasses are important. That doesn't necessarily mean the darkest ones you can get. You need sunglasses that not only protect in front of your eyes, but above and to the sides, because the sun's going to come in wherever it can get in. You need to protect your vision all the way around.

AUDIENCE MEMBER: My father had glaucoma, and it's been passed on to my brother. My father then went to a genetic specialist to see if I would get glaucoma. The genetic specialist told my father that if glaucoma is in your family, and you have blue eyes, you're more likely to get it. I have brown eyes, so I'm less likely to get it. But I still protect my eyes.

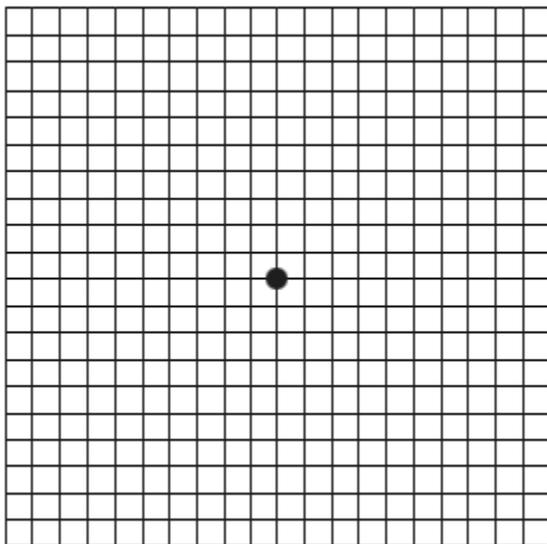
DIANE JONES: It's important, as I said earlier, that you have your eyes tested on a regular basis. Watch for other symptoms. If you start to see less, if it's more difficult to read, or inside it seems dark or shadowy, something might be going on with your vision. If you have eye pain, don't ever ignore eye pain. This was how my father found out he had glaucoma, but it was too late. He lost sight in one eye. He was also diabetic. He had the symptoms of flu and eye pain at the same time so you can have eye pain for

other reasons. It could also signify a detached retina. That's most severe because as the retina starts to pull away, your eye socket starts to pull away. If you don't catch that right away, you could lose your vision instantly. So pay attention to that.

Double vision sometimes can result from medications you might be taking. Be sure you tell your doctor about double vision. Maybe you just need to have the medication changed. Double vision sometimes can be an early indication a stroke could be occurring.

If you have redness or swelling of the eyes, go and have them checked out. Maybe you have allergies, but it could be that something else may be occurring.

This card is an Amsler grid. In the center is a black dot. It is a way to check for vision loss possibly caused by eye disease. My mother keeps one on her refrigerator at home. It has to be seen at eye level, not way up or way down but where your eyes are going to see it just by standing in front of it. Cover one eye at a time without pressure, and concentrate on the black dot in the center. The lines going up and down and side to side should be straight. There should be no wave in them at all. My mother, who's 84, had it up on her refrigerator for years. Two years ago one morning she got up, did it, and all of a sudden she noticed waves. She called me, told me, and I said she needed to see her ophthalmologist right away. Sure enough, she found out she had the early signs of macular degeneration, but it's being controlled right now by medication. If the spot disappears or moves when you're looking at it, that could mean spots are starting to develop in your eye.



Now I want to just talk briefly about Usher's Syndrome. This is retinitis pigmentosa. Type One is you're deaf first, you have sensory neural loss, and then vision occurs. This is retinitis-pigmentosa. Type Two is you're blind first and then hearing loss occurs, sensori neural loss. You may have central vision but the sides will be fuzzy.

Macular degeneration is the number one eye disease in the United States. It mostly starts after the age of 65, but we know many people in their 40's that we're seeing at the Center have it already. This disease is really a tough one because of the loss of central vision. Central vision is where you read, do your writing and see people. I'm looking at you right now, and I can see maybe the outline of your hair, and your eyes but I might not see your nose and your lips if I had macular degeneration.

Cataracts are when things start to look hazy or yellow, as if trying to look through fog. Years ago, to have your cataracts removed, you'd have to stay in the hospital for ten days, with a sand bag over your eyes, and you'd have to lie perfectly still. Nowadays, doctors take out the damaged lens, put a new lens in, and you go home the same day.

Diabetic retinopathy doesn't affect central vision, but it starts to attack around the eye. It creates spots. You might be looking at the newspaper one day and thinking they did a terrible job of printing this newspaper. In one word, part of the c is missing, in another word, the a is gone. Looking at a picture, you might start to see spots here and there. That happens because when diabetes attacks the major organ of the eye, it hits the blood vessels and breaks them.

I have already talked a little bit about my dad's glaucoma. He didn't realize that his vision was narrowing until it was too late. It is described as looking through a straw. Can you imagine, and having a field of vision that small? You can still read but your visual field is not very big.

With a stroke, vision is like a shade being pulled over half of your eye. If you start to experience that, you need to get to the doctor as well.

About treatments: Macular degeneration can be treated with lasers, or slowed down by medications, and scientists are also researching the use of nutrition and vitamins. Diabetes, again, is taking care of yourself and taking your insulin correctly. Glaucoma has laser treatment and medications. Cataracts fixed with surgery. Okay, so my inning's done. You're up.

HEIDI ADAMS: I'm going to talk about some strategies and assistive technology. Let's first talk about how we often deal with hearing loss. One of the first issues Sam Trychin talks about when he discusses coping strategies, is that we tend to stop paying attention. When it's hard to understand what's going on, we just tend to stop paying attention. He says that this can become such a problem that it's actually a secondary disability. Look at our guy standing in the outfield here. Boy, is he going to be embarrassed when he gets back to the dugout. He's getting a tan but he's not paying attention. Sam actually talks about taking active steps to change this.

We're talking about hearing loss because we're going to need to use all of the resources that we have. We need to make sure that we're really behaving ourselves in terms of

what we do with our hearing loss before we address some of the vision loss issues. Sam suggests a good strategy is to have a friend or relative read sentences to you, which you repeat back to them. You really have to focus to understand what's going on. Someone could also read a paragraph to you, which you then summarize. If hearing loss is affecting you at work, you might give your boss or your co-workers the impression that you're not paying attention, which may create a problem. Sam suggests volunteering to do things like take minutes at a meeting, or summarize what's gone on at a meeting.

What else do we do? We bluff. We know we're not supposed to bluff because people feel we're not paying attention, or that we're not interested in what they have to say. After a while, they don't like to talk to us very much any more.

What about dominating conversations? There are times when I'm just not going to understand anything, so it's just easier to tell my story than to listen to somebody else. That's the fastest way to empty a room. If you take over the conversations, nobody's going to want to hang around and listen to that.

If these are the ways that you're dealing with your hearing loss, they can lead you to anxiety, depression, and anger. You're getting "short-term gain and long-term pain," to quote Sam Trychin.

HEIDI ADAMS: How do we deal with vision loss, then? Emotions run the gamut. Diane has already talked about this. Our luncheon speaker talked about this issue very eloquently. We go through a normal grieving process. We have to go through a grieving process to get to the point where we can accept the vision loss and begin to move on. In most cases, the good news is that we've done this before. We know there's another side to this emotion because we've dealt with our hearing loss this way. We can become isolated, stuck between sighted and unsighted worlds. Remember that limbo feeling? Maybe we still have it at times. Are we hearing? Are we deaf? What are we? Well, it's the same process.

What about your job? If you lose your vision, and you're already dealing with a hearing loss, are you going to lose your job? Will you lose opportunities to become a leader at work, for advanced training, or for promotion? You lack control. You might feel the world is running past you like a freight train and there's no way of catching up.

What changes the person is not the blindness, but the reaction to it. It's all about attitude. So, what can we do? We can talk about it. We need to be open about it, explain what's happening. Tell people about it. We need to seek professional help for those really tough times. We can enlist our personal support networks. Be choosy about who you enlist. You want to pick people who are going to be supportive of you, and encourage you to achieve what you can achieve, not someone who's going to "awful-ize" and tell you how terrible it is. Dealing with low vision is about using what you have, not about focusing on what you've lost.

We need to learn the facts. There is a tremendous amount of information out there, information on the Internet that can be downloaded. However, be discriminating. Be choosy about the sites you pick so you get accurate information. Again, you need to emphasize the positive, using what you have and not worrying about what you've lost. It's all in your attitude.

Now, we need to strategize. One of the first things you should do is visit a low vision specialist. A low vision specialist isn't going to give you a diagnosis, nor talk about the kinds of treatment. When you visit a low vision clinic or a low vision specialist, you already have your diagnosis. The specialist is going to work with you, talk with you about what your lifestyle, what your priorities are, and what is most important for you to do in your life in terms of using your vision? They will offer you some approaches to that. Some suggestions will be recommendations for assistive technology, and others coping strategies.

HEIDI ADAMS: You're going to find that some of the techniques and approaches that you use for your hearing loss are going to work for you in terms of your vision loss as well.

The next few ideas came from the coach's mouth, actually. These were responses to a questionnaire by people at the Visions 1990 conference who had RP, or retinitis-pigmentosa. There is a whole series of responses. I picked the ones that I thought were especially applicable for people with dual sensory loss. You can get the details by going to the Foundation Fighting Blindness and click on Coping Resources. The suggestions are not all going to work for you. As you did with your hearing loss, you're going to find the things that work specifically for you.

One of the first suggestions is to use lighting. I will explain here what I did. For one day at the Center, I went through my normal working day with low vision. I had my glasses treated. I could see light; I had a fair amount of mobility around the Center, which wasn't too much of a problem. I could see light in the center part, the macula, but I could see nothing clearly. The surrounding areas were blurred. I had one area down in the corner where I could lip read somewhat. I went through my normal working day. I had prepared for this exercise: loaded a text enlarging software program on my computer called Magic. Unfortunately, every time I tried to access my e-mail, my laptop froze. Microsoft Windows has accessibility programs that I used. I used the CapTel phone, and I found that by turning my head in a certain way, resting the phone on my shoulder, and using a hand held magnifier, I could read the display.

I got through my day that way. It was a very interesting day. But I had the wonderful advantage that at 6:01 P.M., I could take off my treated glasses and I no longer had low vision. I gained a sense of what it was like to go through a working day like that. It was very frustrating, but I found out I could do it. So, use lighting. Control the natural light. Use shades or blinds. We do that with our hearing problems too. If we can't lip read very

well when we're looking into a glary light, we control the light. We sit or work with your back to the glare so we won't be looking into it.

Use lots of lamps. Have lamps everywhere you will be doing a task. Have the switches handy. Use task lighting with flexible arms so that you can move the bright part of the light over your work area. Keep flashlights everywhere, in your purse, in your pocket, in your car, at the top of the basement stairs, on your bedside table.

HEIDI ADAMS: Okay, a little pre-game planning, here. Take your hat and your sunglasses. The brim of a hat reduces glare. Take your sunglasses. One of the most difficult transitions occurs when you walk from an interior space into bright, blinding sun light. You can't see; you can't function. Use sun lenses. They're the glasses that cover the entire area, so you don't have the sunlight coming in from the side.

Use daylight. Plan your day so that you can make maximum use of that daylight for the tasks that require finer vision. Eliminate hazards. Never leave cabinet doors open. They hurt when you walk into them. Also, watch those low-hanging lights in your house. Get rid of them or hang them higher. Eliminate those hanging potted plants. Eliminate hazards. When you're finished with a hassock, move it out of the way so you don't trip over it on your way to answer the phone.

Keep your assistive technology in convenient places. If you always use a magnifier at a particular place, put it there so it's there when you sit down to read your paper, or whatever it is you want to do.

Be organized. Keep your important things in special places. If you are always hunting for your keys, put them in the same place every single time. Make sure that you and others return things to their proper places. Organize your household-- your closets, your fridge, your cupboards, your drawers, your medicine cabinet. Then, if you're reaching for something at night in a dim light, you're not taking the wrong medication. Encourage your family, do whatever you need to do, to get them to put things back in their proper places so you know where they are.

You also want to be seen as well as see. Wear protective coloring in your clothes. You may not hear people, or see shadows or changes in light that indicate that you're in danger, so make sure that other people can see you. Use color and contrast. If you have a dark purse, a bright-colored wallet or a bright-colored key fob on your keys will help you find them more easily. If you drink milk, pour it into a dark glass so you can see where the level is. If you like coffee, use a light-colored mug so you can see where the level is.

Be assertive and advocate for yourself. Tell others what you need, and ask for their help. That's another thing we've had a lot of practice with, right? We need to do it appropriately.

You're going to need people and to teach people how and when to help you. You remember that old cartoon about the Boy Scout helping a little old lady across the street? And she was whacking him over the head with her cane because she didn't want to cross the street. You need to let people know that there are times that you don't need help as well as the other times when you do. Ask people to give you specific directions and instructions. To say, "You can put this over there," is not a whole lot of help if you can't see what "this" is and you can't see where "over there" is. For directions to the ladies room, for example, tell people how to best describe the way. It's best to say, "Walk past the two light-colored doors on your right, and it will be the next door." Help people to learn how to give you very specific directions. Learn who's willing to help. Some people just aren't willing to help. Make your life easier by picking people who are going to give you the support that you need.

Use your other senses. Use as much of your hearing as you possibly can. Use touch. I do this already. Without opening my eyes in the morning, I can grab my vibrating alarm clock, slide my thumb down and push that snooze button. I don't even have to open my eyes. Here's another trick: When you can't see someone's face clearly, use the other person's name frequently in conversation. Keep repeating their name, which functions the same way as being able to look them directly in their eyes.

Travel safely. Be aware of your surroundings. Know where you are. Stay to the right and use a cane or guide dog. Some people use a white cane, but it's actually just a support cane that people might use if they had an arthritic knee or something. Use a cane not so much because you need the cane to travel, but to alert other people that you are someone with a vision loss, and that they need to watch out. Look for contrast and level changes. At the Center, underneath the latch inside the stalls on the ladies room is a bright piece of yellow tape. That way people know where the latch is, and they don't get locked in the stalls. Mark stairs and doorways with reflective tape. Along all of our corridors at the Center, we have railings with a dark line down the center of each so that people can see the railings. We also have a line of dark tiles along the walls of the corridors so the people can see where they are going. Many people try to orient themselves by walking with their arms stretched out in front of them. What works best is putting your hand out to the side and using it to trail along furniture, railing, and hallways so that you can feel where you are.

Use the elevator. Take life a little bit easy. Instead of trying to negotiate stairs where you can't see very well, (many stairwells are not well lit), just take the elevator. And allow plenty of time.

Social situations. Choose quiet, well-lit restaurants, go with friends and stick with them. Meet with people privately. Sam Trychin has the most wonderful trick for those huge family holidays that drive so many of us crazy. He suggests you set up a time to meet with individuals you want to talk to. Say, "Why don't I meet you in the library back there, that quiet room, or the den back there where it's a little quieter? I'll meet you there at 3:30 and we can kind of catch up on what's been happening with one another." That

way you don't try to have a conversation at the dinner table with all of the background noise.

Move in closer. Dancing is a great activity because you're really moving close to people. Sit in the front row. Just when we thought we didn't have to sit in the front row any more because we had captions and interpreters, we're back to sitting in the front row. But it helps to move up close. Just do it. Those social situations can seem so frightening, and you can have so many "what-ifs." But, 90 percent of the embarrassing or hurtful things that we think will happen might not occur after all. So just go out there and do it.

What about work? Post a sign asking people to announce themselves. One of our vision therapists said one of the most annoying things that she heard from people with low vision was when people approach and say, "Hey, how are you?" and the person with low vision had no clue who was talking. Put up a sign reminding people to please announce themselves when they come in.

Have a spot where people can leave things for you so that you know that when you check that spot, it's going to be there. If something is left on a chair, or on a cluttered desk, you might never see it. Have a particular place where people can leave things for you. Ask co-workers to write things in a way that you can read, and show them how. Do you need block letters? Do you need large print? Is it easier for you to read black on white, or black on yellow? Let them know.

At a meeting, seat yourself before others arrive. That way you're not going to step on anybody's feet, you're not going to fall over anybody. Also, sit at the end of the table.

Here is a quote from Charles Darwin. "It's not the strongest of the species that survives, nor the most intelligent, but the one most responsive to change."

What else can you do? Join a support group. What about starting an ALDA self-help group for people who have both vision and hearing loss?

Okay, toys, toys, toys. Basically there are several groups of helping items. Magnification makes things bigger, not just text but photos, other small items. Large print is generally defined as being 14 to 20 point or more. We work with one of our volunteers who can read at 24 point. High contrast: remember that milk in the mug and the coffee in the mug? Use talking programs as much as you can. There are many computer programs, but one of the best is Zoom text. It's a text enlargement program. You can change the font, the foreground and background color, you can change the size of the font, and there's also a talking aspect to it. It's a pricey program, but it's a powerful program. A similar and less expensive program is Magic. A third one is something called Web Eyes. Web Eyes provides Internet access although it won't work with applications like Word or Access. It does work on the 'net and will allow people to e-mail.

Microsoft Windows has some built-in accessibility items, such as large print and tablet. Tablet is a tablet with very dark, high contrast lines, and wide spacing. Amplified phones also have large buttons. If you use the phone, you can mark the numbers and functions with colored markers to see the functions buttons more easily. Large print calendars, large print address books and large print recipe books all work well. A pen called a 20/20 is like a Sharpie, but does not bleed through the paper. Then, there's CCTV. CCTV doesn't stand for closed-captioned TV but for closed-circuit television. Basically it's a TV camera and monitor pointed at a table below them. The CCTV magnifies what's on that table underneath. You slide what you want to read under a lens and you can read. One of the limitations is it's not portable.

There is a CCTV called a Jordy. It's not for reading or writing, but you can use it for bird watching. You can take it to the theater. Another type of CCTV is called the Optron. It comes apart, weighs 12 and a half pounds, and fits in a carrying case. If you drop something on the floor, you can focus the Optron on the floor to find and pick up what you dropped.

Magnifiers are a mainstay for people with vision loss. There are standing, fixed magnifiers. When you have large levels of magnification, the slightest bit of tremor makes it almost impossible to read. So these are fixed. You put them down on the table so that they remain steady. There is a simple, hand-held, one and a magnifier with a light in it. There is a gel marker you use to mark buttons on a stove or anything that you want to highlight. Use it for those buttons on the phone that you can't see. This watch talks, but there are also Braille watches, watches with high contrast, watches with large number dials, and watches with raised numerals. There are large-sized playing cards. And the sun lens that completely cover your eyes so you don't have that light coming in from the sides. There are liquid sensors; there are signature guides; and there are tweezers with magnifiers.

At the end now, I thought maybe we needed a serenity prayer for people with both vision and hearing loss. "Dear Lord, Please give me the serenity to accept what cannot be changed, the courage to change what can be changed, and the strength to not kill anyone who says, 'never mind, it's not important,' or 'do you know who this is?'"

Thank you for coming today.