My earliest memory is of my grandfather serving me breakfast when I was four years old. While my parents were working, I stayed with my grandparents in their modest two-bedroom home located behind the hardware store they owned. Their roles as caretakers reversed when I turned 13. This was when my grandfather was diagnosed with Parkinson’s and required constant care and supervision. From this point on, I spent most of my teenage years assisting my grandparents with simple daily tasks, such as helping with meals and aiding my grandfather while he walked.

It wasn’t until I was in high school that I realized the irony of the situation. The home my grandfather built and raised seven children in had turned against him. Simple changes in flooring became obstacles that required a walker and supervision. Eating required planning and the help of his children or grandchildren. It was this experience and realization that led me into interior design.

I grew up in the Rio Grande Valley in South Texas, one of the poorest areas in the U.S., where less than 20 percent of high school students continue their education. A major in interior design wasn’t the safest selection for job security. Nevertheless, I was passionate about the problems I saw the elderly experienc-
ing. If something as simple as making someone's home more accessible could improve their quality of life, then it was something I wanted to pursue.

I started my undergraduate career in interior design at Texas State University. While there, I focused on interior design for assisted living facilities and nursing homes. One of my professors was Dr. Asha Hegde, an advocate for light and health. She taught a lighting design class where we learned about the importance of lighting for aging eyes. For interior designers, knowledge of how lighting affects older adults was especially important when considering finishes and spatial design. Learning about retinal illuminance and reduced color contrast and saturation helped me understand the added layer of difficulty the elderly face in navigating space.

Dr. Hegde stressed the important role lighting design plays when designing any space for older adults, and I began to consider lighting design as a career.

A NEW WORLD OPENS

Upon graduation, I was offered a position as a lighting applications engineer with a local firm, and I began my career in the lighting industry. Around this time, my mother was diagnosed with macular degeneration, a condition that causes damage to the fovea of the eye, leaving her with only peripheral vision in one eye. As I researched the condition, I discovered an entire world of lighting devoted specifically to light and health, with one branch specializing in light and the aging eye. I joined the IES Committee for the Aged and Partially Sighted and began reading more about light and health. Through my research, one name states tailoring your interests to many exciting applications.

The beauty of this industry is how light affects all aspects of our lives. This diversity facilitates tailoring your interests to many exciting applications.

My grandfather passed away when I was a senior in high school. I never got to implement my knowledge of interior and lighting design in his home to help improve his quality of life, but I like to think my deep passion for lighting and the aging eye stems from the time I spent with him. I have been able to implement what I've learned to help my mother. By understanding her condition, I was able to develop lighting designs that improve her day-to-day life.

While at the most recent LRC Partner-Alliance Event, Zia Eftekhar, former chairman and CEO of Philips Lighting North America, said: "Lighting isn't our job. It's our passion." I'm happy to say that this will always be true for me—light and health are my passions. As an emerging professional, I hope you find what you're passionate about in lighting and turn it into your career.

The EP Column addresses issues affecting younger lighting professionals and those new to the industry.