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Donald J. Trump
President-Elect
1717 Pennsylvania Avenue
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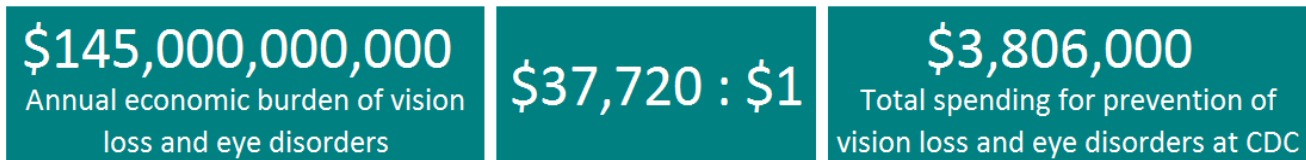
Dear President-Elect Trump:

As you prepare to take office, [Prevent Blindness](#) would like to bring to your attention a largely overlooked, but significant problem facing our country – our collective eye health! Prevent Blindness represents millions of people across the country and is the nation’s leading volunteer eye health and safety organization dedicated to fighting blindness and saving sight, as well as to ensure those living with low vision are able to enjoy a high quality of life. Eyesight is highly valued; it is central to an adult’s employability, a child’s success in school, as well as sustaining independence as we grow older. Eye health problems have a strong correlation to other health concerns (diabetes, smoking, depression, falls, etc.) and in public opinion polls conducted over the past 40 years Americans have consistently identified fear of vision loss as second only to fear of cancer.ⁱ And yet, a coordinated national approach to interventions, supported by adequate funding is currently not in place.

Among people over the age of 40, vision related eye diseases are unnecessarily common – cataract (24.4 million); diabetic retinopathy (7.7 million); macular degeneration (2.1 million); and glaucoma (2.7 million).ⁱⁱ And uncorrected refractive errors affect 13.6% of the population over the age of 12.ⁱⁱⁱ Largely due to our aging population and other changes in demographics, these numbers are likely to increase dramatically in the coming decades.^{iv}

Among our nation’s children, more than 12.1 million school-age children, or one in four, have some form of vision problem;^v and the growing prevalence of these problems begins before a child even enters school, with eye conditions affecting 5 to 10 percent of preschool-age children.^{vi}

The financial impact of these problems is enormous. In terms of direct medical costs, eye disorders rank 5th among the top eight chronic conditions, with the overall annual cost of vision problems in the U.S. calculated at **\$145 billion**.^{vii} **Without significant planning and intervention, our own research suggests this cost could rise to as much as \$717 billion by the year 2050.**



We know that prevention works. And yet, currently, the federal government (through the Centers for Disease Control and Prevention (CDC)) allocates \$3.806 million toward prevention of vision problems – with only \$512,000 funding their overall vision health initiative. This means that for every \$37,720 vision problems are costing our country, we are only allocating a **single dollar** toward their prevention. As you begin to focus on your healthcare plan for the country and consider appointments throughout the Department of Health and Human Services (HHS) – including the CDC, the Health Resources and Services Administration (HRSA), and the National Eye Institute (NEI) – we encourage you to ensure that eye health does not continue to be pushed to the side of the healthcare dialogue.

Specifically, we ask that you support adequate resources for the Vision Health Initiative of the CDC to enact the surveillance and state grant programs necessary to drive down the costs of adult vision problems, and to advance a children’s vision health program within HRSA that would lead to direct support for state level programs resulting in earlier detection and treatment of vision problems, leading to life-long success in young children.

The National Academies of Sciences, Engineering, and Medicine's Health & Medicine Division (formerly known as the Institute of Medicine or IOM) recently issued [Making Eye Health a Population Health Imperative: Vision for Tomorrow](#). Throughout this report, there were a number of recommendations that made a direct call for federal government action. Among these were recommendations for the HHS to:

1. Issue a call to action to motivate nationwide action toward achieving a reduction in the burden of vision impairment across the lifespan of people in the United States.
2. Launch a coordinated public awareness campaign to promote policies and practices that encourage eye and vision health across the lifespan, reduce vision impairment, and promote health equity.
3. Create an interagency workgroup to develop a common research agenda and coordinated eye and vision health research and demonstration grant programs that target the leading causes, consequences, and unmet needs of vision impairment.
4. Convene a panel to develop a single set of evidence-based clinical and rehabilitation practice guidelines and measures that can be used by eye care professionals, other care providers, and public health professionals to prevent, screen for, detect, monitor, diagnose, and treat eye and vision problems.
5. Develop, through the CDC, a coordinated surveillance system for eye and vision health in the United States.
6. Build state and local public health capacity, by prioritizing and expanding the CDC's vision grant program, in partnership with state-based chronic disease programs and other clinical and non-clinical stakeholders, to a) design, implement, and evaluate programs for the primary prevention of conditions leading to visual impairment, including policies to reduce eye injuries; b) develop and evaluate policies and systems that facilitate access to, and utilization of, patient-centered vision care and rehabilitation services, including integration and coordination among care providers; and c) develop and evaluate initiatives to improve environments and socioeconomic conditions that underpin good eye and vision health and reduce injuries in communities.

In addition to acknowledging the important – yet underfunded – roles of the Vision Health Initiative at the CDC and the NEI, the report committee acknowledged the HRSA-funded quality improvement work being led by the [National Center for Children's Vision and Eye Health](#) as a leading example of the importance of continuous quality improvement in advancing population health.

Importantly, the report recognizes that for too long vision and eye health have not received the attention and investment they warrant, given their importance to public health. At Prevent Blindness we look forward to working with the upcoming Congress and its [Congressional Vision Caucus](#) to ensure that vision programs currently in place at the CDC will be supported with the necessary resources to turn back the tide of vision problems before us, and to explore opportunities to support the Maternal and Child Health Bureau's interests related to addressing the eye health needs of our youngest citizens through a systems-based approach to ensuring all children have adequate eye care throughout their childhood, and particularly in their youngest years. Your support of these programs will be significant.

We look forward to working with you and your Administration to address these challenges and to ensure that no one should needlessly go through life without optimal vision. Please feel free to utilize Prevent Blindness and our National Center for Children's Vision and Eye Health as a resource throughout your transition period and beyond. For any assistance, please reach out to Jeff Todd, Chief Operating Officer (312.363.6026; jtodd@preventblindness.org) or Kira Baldonado, Director of National Center for Children's Vision and Eye Health (312.363.6038; kbaldonado@preventblindness.org)

Yours in partnership,



Hugh R. Parry
President & CEO



Richard L. Sanchez
Board Chair



Torrey DeKeyser
Chair, Government Affairs Committee

ⁱ Research to Prevent Blindness. *Public Knowledge and Attitudes Concerning Blindness*. 1965, 1976, 1988.

ⁱⁱ Prevent Blindness America. Vision Problems in the U.S. <http://www.visionproblems.us.org>, accessed August 13, 2013.

ⁱⁱⁱ Healthy People.gov. <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=42>, accessed August 13, 2013.

^{iv} Vitale S, Cotch MF, Sperduto RD. Prevalence of visual impairment in the United States. *JAMA*, 2006;295(18):2158-2163.

^v Donahue SP, Johnson TM, Ottar W, Scott WE. Sensitivity of photoscreening to detect high magnitude amblyogenic factors. *J AAPOS*. 2002; 6:86-91.

^{vi} Nelson H, Nygren P, Huffman L, Wheeler D, Hamilton A. *Screening for Visual Impairment in Children Younger than Age 5 Years: Update of the Evidence from Randomized Controlled Trials, 1999-2003*, for the U.S. Preventive Services Task Force. May 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/clinic/3rduspstf/visionscr/vischup.htm>.

^{vii} Prevent Blindness America. *Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States*.