

Prevent Blindness
Testimony to the House Appropriations Labor, Health and Human Services,
Education, and Related Agencies Subcommittee
Submitted by: Jeff Todd, President & CEO, Prevent Blindness
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As the nation's leading nonprofit, voluntary organization committed to preventing blindness and preserving sight, Prevent Blindness appreciates the opportunity to submit testimony to the Subcommittee. We stand ready to work with the Subcommittee and other Members of Congress to advance these and other policies that will prevent blindness and preserve sight.

We respectfully request the following allocations and support in Fiscal Year (FY) 2022 to the Centers for Disease Control and Prevention (CDC), Center for Chronic Disease Prevention and Health Promotion, to promote eye health and prevent eye disease and vision loss:

- **\$5,000,000 for the CDC's Vision and Eye Health program to update 15-year old national prevalence estimates on vision impairment and eye disease and allow the CDC to implement state and community-level interventions to help prevent avoidable vision loss; and**
- **\$4,000,000 to allow the CDC's Glaucoma program to continue to reduce the incidence of glaucoma through screening, referral, and treatment by reaching populations that experience the greatest disparity in access to glaucoma care.**

Vision is a critical sensory function that allows us to engage with our communities. From early in life as a part of childhood development and enabling readiness to learn in school, for adults in their working years to work productively and seek a sense of well-being through personal interests and recreational activities, and for older Americans to age healthfully and independently with a high quality of life and strong social connections, we need healthy vision and eyesight to maintain our quality of life, independence, social connections, and emotional health. Yet, despite its significance to enabling many aspects of daily living, vision and eye

health are often an afterthought until individuals notice changes to sight. Quite often, any degree of changed or lost vision is permanent and irreversible.

In our national public health system, vision and eye health is often left out of major conversations around health equity, access to care, and health outcomes. Too often, vision loss is generally considered as inevitable, and this attitude creates a significant disadvantage in efforts to improve our national public health and lower health expenditures for patients, their families and communities, and our country. Incidents of unnecessary vision loss represent tragic missed opportunities when preventive measures can lead to improved productivity and quality of life.

We don't have to look too far back in our history to see where missed opportunities to address vision and eye health exist. The COVID-19 pandemic has proven incredibly challenging for people who live with vision loss, including:

- children who face a fractured system of eye care or rely on special education services to accommodate vision impairments to help them learn and succeed in school who have experienced frequent and prolonged daily use of screens during the pandemic;
- working adults who have been unable or felt unsafe to access preventive eye care during the pandemic who may now face worsening vision issues as a result of delayed care;
- aging Americans who are at a dramatically higher risk of eye disease, vulnerable to the most harmful effects of the COVID-19 virus, and may also face lower health status and heightened health risks related to social isolation and cognitive decline; and
- racial, ethnic, and low-income or underserved and rural communities who faced disparities in access and in equities in health prior to the pandemic that have left them even more vulnerable to chronic disease-related vision loss.

In addition, the COVID-19 pandemic has shed new light on policies such as telehealth that require new considerations for a post-pandemic system of care—including in vision and eye health prevention and intervention. As well, our nation is grappling with the ramifications of an inequitable health care system that leaves our most vulnerable behind. **Never more has the investments in surveillance of vision loss and eye disease at the CDC been an opportune and timely moment.** Without interventions today, the current costs of vision problems in our country—projected to surpass \$177 billion in 2021—will skyrocket to a national expenditure level of \$717 billion by 2050.¹

To ensure that all Americans—regardless of their racial or ethnic background, age, socioeconomic circumstances, geographic location, or health status—have access to sight-saving, preventive eye care, Prevent Blindness promotes a systems-level approach to vision and eye health that includes surveillance, early detection and interventions, public awareness and education, and health equity to eliminate barriers in access to care. One major component of this approach that has been missing for too long is national-level, reliable surveillance data that identifies who is living with vision loss or eye disease, pinpoints why patients are not able to access or adhere to eye care (whether it is lack of insurance, affordability, or lack of appropriate eye care providers in rural or underserved communities), and seeks to improve health equity by determining burden of vision loss with demographic factors like racial or ethnic background, age, socioeconomic circumstances, or health status.

The CDC is aptly positioned to track state-level data on vision loss and eye disease and implement findings into evidence-based, public health interventions that can reach individuals at high risk of vision loss through community-based health efforts. Currently, to understand where

¹ https://preventblindness.org/wp-content/uploads/2020/04/Future_of_Vision_final_0.pdf

vision loss and eye disease is occurring in the U.S. population and produce data-driven interventions, the CDC relies on a patchwork of best-available data pieced together through claims, registries, and self-reported national-level surveys. A May 2021² analysis from the CDC and the NORC at the University of Chicago that summarizes these data sources, as well as data from the last use of visual content on the National Health and Nutrition Examination Survey (NHANES) from 1999 – 2008, has found:

- Over 7 million in the US are living with vision loss or blindness;
- 1.62 million people, or 23%, live with vision loss or blindness are under age 40;
- Vision loss or blindness is 68% higher than previous published estimates, with higher prevalence among Black and Hispanic populations and women more than men.

This data analysis is based on best estimates of vision loss *only*, and its authors conclude that examination-based information would create stronger national-level and state-based data that can lend better to more targeted efforts to prevent and treat vision loss and eye disease.

Our request for \$5 million to the CDC’s Vision and Eye Health program will reinstate use of the NHANES by placing ophthalmology examinations and visual content on the survey, and produce the level of data needed to fully understand our national burden of vision loss and eye disease. The 2005 -2008 data set is the last collection of truly reliable prevalence estimates of vision impairment and eye diseases, due in part to chronic underfunding of our national public health infrastructure. **This means that our best available data on our national vision loss and eye disease burden is nearly 15 years old with current state and community interventions based on 10-14-year-old data.** We cannot respond to the needs of patients who are living with blinding eye disease, low vision, or vision loss using data that predates such trends as our rapidly

² https://jamanetwork.com/journals/jamaophthalmology/fullarticle/2779910?guestAccessKey=fb84d04c-a5f4-4753-a5f8-835f528ea50e&utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_content=tf1&utm_term=051321

aging population, skyrocketing rates of chronic disease, new stresses to our eye health such as technology, and rising costs of health care. Furthermore, surveillance is necessary to understand how COVID-19 and future infectious diseases affect people who live with vision loss, blinding eye disease, or a disabling visual impairment. In the long term, not having this critical information base will create gaps in our knowledge of COVID-19 and other infectious diseases, the consequences of which may include gaps in research at the National Institutes of Health.

With at least \$5 million appropriated to vision and eye health in FY2021, the CDC can:

- Resume use of the NHANES to collect data on prevalence of diabetic retinopathy, glaucoma, and vision loss,
- Determine rates of vision and eye examinations, measure rates of visual acuity, screening tests, and visual functioning assessment to determine gaps in access and patient education, and
- Use this information to reinforce state and community capacity to respond to the needs of their communities with collaborative partnerships and interventions to improve vision and eye health at the state, local, or systems level.

We urge the Committee to direct \$5 million to the CDC's Vision and Eye Health program, and help ensure that we are doing everything we can to protect Americans' eye health and sight.

Glaucoma at the CDC

We ask the Committee to maintain the CDC's glaucoma program at \$4 million in FY2022, which will improve glaucoma screening, referral, and treatment particularly for populations that face disparity in access to glaucoma care through innovative, community-based approaches and models of care that connect glaucoma patients to sight-saving glaucoma care.