

Up to 16 million Americans have uncorrected vision impairment

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Despite the importance of eyesight, millions of people grapple with undiagnosed or untreated vision impairments—ranging from mild conditions to total blindness—and eye and vision health remain relatively absent from national health priority lists, says a new report from the National Academies of Sciences, Engineering, and Medicine. The report calls for transforming vision impairments from common to rare and eliminating correctable and avoidable vision impairments in the U.S. by 2030.

Although there are no reliable data on the total number of people affected by all causes of [vision](#) impairment in the U.S., one model estimates that more than 142 million Americans over the age of 40 experience vision problems. Uncorrected or undiagnosed refractive errors affect between 8.2 million and 15.9 million people in the United States, including millions of children who are at risk for many long-term academic, social, and physical problems without appropriate care. Uncorrectable vision impairment could double by 2050 due, in part, to the aging population unless efforts are made to slow the progression and severity of many common age-related eye diseases and conditions such as age-related macular degeneration, cataracts, and glaucoma, the report says. The committee that carried out the study and wrote the report found that [vision loss](#) can also amplify the adverse effects of other chronic illnesses and is associated with an increased risk for deaths from injuries and other causes.

The report calls for a population-health approach that promotes eye and

vision health beyond the clinical setting, with an emphasis on minimizing preventable and uncorrected impairment. Reducing the burden of visual impairment and disparities begins with addressing many social and environmental factors that affect overall health—such as health literacy and access to safe work and play environments—as part of concerted efforts to build healthy communities. Preventing vision-threatening injuries, infections, and underlying chronic diseases such as diabetes can reduce the need for treatment.

The economic impact of vision loss on individuals and society is substantial. Early diagnosis and appropriate access to high-quality treatment could improve the trajectory of modifiable, correctable, and uncorrectable vision impairment and reduce associated costs, the report says, but many public and private health insurance coverage policies, including Medicare, exclude eye examinations for asymptomatic or low-risk patients, corrective lenses, and visual assistive devices. Thus, many people must purchase additional vision insurance or shoulder costs out of pocket, exacerbating overall health inequities among populations least able to afford care.

A number of factors impede focused and sustained programmatic investment in promoting eye and vision health, including the segregation of eye care from the rest of medicine, fragmentation within the eye care system, and a lack of coordination across and within federal entities. "For far too long, eye health has received inadequate public health attention despite good vision being essential to most people's overall health and well-being," said Steven Teutsch, chair of the committee and former chief science officer, Los Angeles County Department of Public Health. "We need a comprehensive approach to eye health that emphasizes education and prevention, equitable and easily accessible care, and coordination in treating and managing chronic eye conditions and vision impairment in ways that help people to live full, productive lives."

The committee recommended that the secretary of the U.S. Department of Health and Human Services issue a nationwide call to action to reduce vision impairment across the lifespan of people in the U.S., with specific goals to eliminate correctable and avoidable vision impairment by 2030, delay the onset and progression of unavoidable chronic eye diseases and conditions, minimize the impact of chronic [vision impairment](#), and achieve eye and vision health equity by improving care in underserved populations. Additionally, the secretary should collaborate with other federal agencies, nonprofit and for-profit organizations, professional organizations, employers, public health agencies, and the media, to launch a coordinated public awareness campaign that promotes eye health policies and practices across all age groups.

The Centers for Disease Control and Prevention should develop a comprehensive surveillance system for eye and vision health to better document the epidemiological patterns, risk factors, care patterns, and costs associated with vision loss. Surveillance should be coupled with a common research agenda and coordinated research and demonstration grant programs that target eye conditions and diseases that contribute the greatest public health burden. The resulting evidence would allow health care professionals and public health decision makers to better understand the nature and extent of the public health burden, risk factors, and at-risk populations, and also to target effective policies, practices, and interventions.

There are marked discrepancies in current guidelines for care of people who do not show symptoms of poor [eye health](#), the committee found. HHS should convene one or more panels, with professional organizations and other knowledgeable parties, to develop a single set of evidence-based clinical and rehabilitation practice guidelines and measures to 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, the report says. These guidelines should drive

payment policies, including coverage determinations for corrective lenses and visual assistive devices following a diagnosed medical condition.

In the absence of federal directives and programs to advance eye and vision health, state and local public health departments struggle to incorporate [eye](#) and vision health as a programmatic focus, the committee said. To build state and local [public health](#) capacity, CDC should prioritize and expand its vision grant program in partnership with state-based chronic disease programs and other clinical and non-clinical stakeholders. Moreover, communities should work with state and local [health](#) departments to translate a broad national agenda into well-defined actions, policies, environments, and other social conditions that account for a community's needs, resources, and cultural identity.

More information: Making Eye Health a Population Health Imperative: Vision for Tomorrow: www.nap.edu/

Provided by National Academies of Sciences, Engineering, and Medicine

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