NATIONAL CENTER
for Children's Vision & Eye Health
AT PREVENT BLINDNESS AMERICA

STATEMENT OF NEED - VISION SCREENING FOR YOUNG CHILDREN: A NATIONAL PRIORITY

Founded in 1908, Prevent Blindness America is the nation's leading not-for-profit, voluntary eye health and safety organization dedicated to fighting blindness and saving sight. Focused on promoting a continuum of vision care through all life stages, we touch the lives of millions of people each year by promoting eye health, safety, early detection, and treatment. Prevent Blindness America is first and foremost a public health agency. As such, we are focused on improving the health of communities through education, health promotion, and research. We are committed to ensure that science informs our public policy efforts as we work to improve our community's vision and eye health. For more than 100 years, Prevent Blindness America has been *the* vision charity of America. As we continue our sight saving mission into the next 100 years, we are fulfilling our vision of prevention through focused attention on our core public health competencies of early detection, patient support, systems enhancement, public policy, research, public awareness, and health education.

Preventing vision loss and preserving sight has been the primary work of Prevent Blindness America since our beginnings and we have been focused on expanding and enhancing public health interventions to identify visual impairment early in order to link to appropriate eye care services. Currently, visual impairment in children is a condition that affects 5 to 10 percent of preschool age children, with between 1 and 4 percent of these having amblyopia, and an estimated 5 to 7 percent having refractive errors.[i] While preventive services are clearly critical to identifying visual impairment early, according to a 2005 report from the Centers for Disease Control and Prevention, only 1 in 3 children in America has received eye care services before the age of six.[ii]

We know that prevention works to identify vision conditions in children early and link them to appropriate care. The Partnership for Prevention, in reviewing the U.S. Preventive Services Task Force's listing of recommended clinical preventive services, found that pediatric vision screening is inexpensive, treatment is effective and it improves the quality of life. The U.S. Preventive Services Task Force recommends screening to detect amblyopia, strabismus and defects in visual acuity in children younger than five years of age.[iii]

Vision screening is an important element of a strong public health approach to children's vision care. By employing this critical public health tool our national and local public health infrastructure is strengthened and expanded. The role of vision screenings in the continuum of vision and eye healthcare is fully supported by the American Academy of Family Physicians, the American Academy of Ophthalmology, the American Academy of Pediatrics, the American Association of Certified Orthoptists and the American Association for Pediatric Ophthalmology and Strabismus.[iv]

toll-free 800.331.2020 fax 312.363.6052 address 211 West Wacker Drive, Suite 1700 Chicago, Illinois 60606

Early detection of vision problems is a key to the prevention of vision loss and blindness. Linkage to appropriate and necessary care is a critical step after effective screening to ensure that children identified with potential visual disorders receive a comprehensive exam and necessary treatment. Follow-up to referrals for positive screenings has been identified as an issue across many screening programs; yet, there is still limited research on how to improve follow-up or what specific barriers need to be overcome. A 2003 review of existing literature on the social, economic and political barriers to appropriate vision screening and follow-up noted three core barriers to linkage to care: 1) financial barriers including lack of vision coverage 2) real or perceived lack of capacity of eye professionals who treat children and 3) lack of knowledge about well-child care.[v] Promoting and creating a critical mass in the standardized delivery of vision screenings and follow-up care is at the core of our work as a public health organization.

While the important role of vision screening in the continuum of children's vision and eye health care is widely supported, there is not currently a uniform approach to screening, follow-up, and data-collection. The **Maternal and Child Health Bureau (MCHB)** at the Health Resources and Services Administration of the U.S. Department of Health and Human Services recognized the need for a national uniform approach and funded the establishment of the *National Center for Children's Vision and Eye Health* at Prevent Blindness America. The Center is designed to support the development of public health infrastructure to promote and ensure a comprehensive, multi-tiered continuum of vision care and eye health for young children. The Center is committed to conducting this work through strong partnerships, sound science, and targeted policy initiatives.

---

[i] 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 Trails, 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.

[ii] Centers for Disease Control and Prevention. Visual Impairment and use of eye-care services and protective eyewear among children – United States, 2002. *MMWR* 2005;54(17):425-429.

[iii] U.S. Preventive Services Task Force. Screening for Visual Impairment in Children Younger than Age 5 Years. http://www.ahrq.gov/clinic/3rduspstf/visionscr/vischrs.htm.

[iv] American Academy of Pediatrics. Eye Examination in Infants, Children, and Young Adults by Pediatricians. http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902.

[v] Castanes, Mary. Major Review: The Underutilization of Vision Screening (for Amblyopia, Optical Anomalies and Strabismus). Strabismus Quarterly. 2003; 18 (4):217-232.