

Engaging Stakeholders to Improve Vision

MODERATOR



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*“Engaging Stakeholders to
Improve Vision”*



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Vision – A *Population Health* Concern

- Vision impairment – a major population health issue
 - Adversely affect a large number of people
 - Impose large morbidity, quality-of-life and cost burdens
 - Increasing in severity and predicted to continue increasing
 - Perceived by the public to be a threat
 - Feasibly addressed by community or public health-level interventions

US Vision Impairment	
Vision Problems (≥40 years)	89 million (62%)
Refractive Error	48 million
Uncorrected Refractive Error*	8.2 million to 15.9 million
Uncorrected Cataracts*	1.2 million
Eye Injuries	2.5 million/year
Uncorrectable Vision Impairment	6.4 million
Direct and Indirect Costs	\$139 billion
Prevalence, severity and impact varies by etiology, age, race/ethnicity, SES	

Saaddine JB, et al., 2003; CDC, 2009

Owens and Mutter, 2011; Prevent Blindness, 2012; Varma et al., 2016; Wittenborn and Rein, 2016; Wittenborn et al., 2013

*Substantial portion of undiagnosed vision impairment in the US, 2010



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A Population Health Concern

- Health and socioeconomic consequences of vision loss extend across the lifespan/beyond the eye and visual system

Affects overall health and quality of life

Can lead to developmental, academic and social challenges

Can have lifelong negative effects on education and employment outcomes

Affects independence and ability to work or care for oneself or others

Increased risk for social isolation, cognitive impairment and functional decline

Increased risk for depression, anxiety and other psychological problems

Increased risk of falls, fractures, injuries and limited mobility

Amplifies the negative effects and complicates the management of other conditions

Can exacerbate preexisting health and social inequities

NASEM, 2016



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Current Reality

- Vision impairment is absent from many national health priority lists, public health agendas and community programs focused on chronic conditions
- Millions of people grapple with undiagnosed or untreated vision impairment despite a general perception of the importance of good vision
- Majority of individuals in US will experience some type and degree of vision loss and impairment during their lifetime
- Lack of awareness and asymptomatic nature of disease leads to delayed diagnoses and treatment and greater risk of blindness
- Interventions exist for uncorrectable vision impairment, but information about and access to services is often limited

Vision is often regarded as a given . . .
until it is not

NASEM, 2016; Alexander et al., 2008; Sloan et al., 2005; Overbury and Wittich, 2012; Pollard et al., 2003



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Where we need to go

- Identifying populations at high risk for vision loss and the drivers of those risks
- Early diagnosis and appropriate access to high-quality treatment
- Deploy limited resources to promote policies
- Tailor effective, evidence-based interventions
- Improve or maintain functionality, independence and quality of life of populations with uncorrectable vision impairment
- Improve population health equity



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NASEM, 2016

We Cannot Get There Alone!

- Must move beyond the vision silo
- Speak to professionals, policy makers, and populations about the role for vision in *their* worlds in *their* words
- Vision program interventions/considerations need to be integrated at all levels of the socio-ecological model
- Unify and strengthen surveillance efforts, data analysis, and research to fill the gaps
- Diverse service infrastructure is in place to meet the demand for all services – from preventative to rehabilitative



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The Journey for Vision and Population Health to Date



Coordination of Key Partners

Mission of the CVPH

- To convene and empower key stakeholders to recognize and integrate vision and eye health as an important driver of health and quality of life.



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How does the Center for Vision and Population Health work?



We Convene Stakeholders
We Encourage Consensus
We Seek to Improve Situations
We Drive for Improved Policies
We Desire Sustainability

We bring together INDIVIDUALS
to seek out solutions and to
spread change in the system.



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Purpose of the CVPH

- Provide national technical assistance and policy resources
- Convene national experts on vision health, research, patient perspectives, and public health
- Collaborate with community, state, and national stakeholders
- Support state-level programs by delivering technical support and evidence-based interventions
- Be responsive to emerging topics to sustain a population health approach to vision and eye health.



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Activities of the CVPH

- Conduct an assessment of existing multi-stakeholder groups with missions that align with the CVPH and establish a communication sharing plan
- Implement local, state, and national campaigns
- Conduct an environmental scan for existing or emerging toolkits/best practices/research and promote utilization
- Leverage national data sources, prevalence data, and research



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Activities of the CVPH

- Publish articles using updated vision data, peer-reviewed journals of key stakeholder groups; presentations on vision health disparities/inequities at conferences; and integrate data-driven eye health information into websites, news, and social media sources at all levels
- Review existing measures of accountability in the public health and health care system to determine existing and needed measures and policies to support vision and eye health



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Working Together – the CVPH Dream Team!

- (Chair) Heather Whitson, MD, MHS
- Kristina Beaugh, MPH, CHES
- Mitchell V. Brinks, MD, MPH
- Anne L. Coleman, MD, PhD
- Joshua R. Ehrlich, MD, MPH
- Kevin Frick, PhD
- Judith E. Goldstein, OD
- Peter Jacobson, JD, MPH
- Paul P. Lee, MD, JD
- Jordan Luke, M.A.Ec
- Edwin Marshall, OD, MS, MPH
- Chris Maylahn, MPH, DrPH
- Nancy D. Miller, LMSW
- Marc Molea
- Thomas Panek
- David B. Rein, PhD, MPA
- Frank Sloan, PhD
- Joan Stelmack, OD, MPH
- Bonnielin Swenor, PhD, MPH
- Dean VanNasdale, OD, MS, PhD
- Xinzhi Zhang, MD, PhD, FACE, FRSM



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