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We ask Congress to sustain funding at <u>\$4 MILLION</u> for the CDC's glaucoma program in Fiscal Year 2021. This funding is essential for promoting early detection and intervention of glaucoma, which can result in permanent vision loss if left untreated.

Glaucoma is a serious, lifelong eye disease that can lead to vision loss if left undetected and untreated. While treatment cannot reverse damage that has already occurred, it can prevent further vision loss. Glaucoma causes loss of sight by damaging the optic nerve, which sends information from your eyes to your brain. People experience glaucoma differently. Usually, glaucoma affects side vision (peripheral vision) first. Late in the disease, glaucoma may cause "tunnel vision." In this condition, the person can only see straight-ahead (central vision). However, glaucoma can also seriously damage central vision. In the early stages, glaucoma has no symptoms or noticeable vision loss; however, by the time symptoms or vision loss appears, permanent damage to the eye may have already occurred and vision lost cannot be restored.

Glaucoma is a leading cause of blindness for people aged 60 years and older. Currently, 64% of glaucoma patients are white and 20% are black. By 2050, most glaucoma patients will be non-white, due primarily to the rapid increase in Hispanic glaucoma patients. By 2050, blacks and Hispanics will each constitute about 20% of all glaucoma patients. Today, our nation spends more than \$6 billion annually on the disease with costs projected to rise to \$12 billion per year by 2032 at which time nearly 4.3 million people will face the disease. Early detection and treatment are cost-effective and fundamental approaches to slowing disease progression and preserving remaining vision.

Normal Vision



Glaucoma at the Centers for Disease Control and Prevention

The Centers for Disease Control and Prevention (CDC) conducts glaucoma detection programs designed to reach populations that are at highest risk for getting glaucoma. Two particular programs have proven essential in providing direct glaucoma detection, referral, and sustained eye care services through innovative service models to those who need it most.¹

University of Alabama (UAB) EQUALITY (Eye care Quality and Accessibility Improvement in the Community): The UAB coordinated with local optometrists to provide comprehensive eye exams and send high-resolution retinal images to glaucoma specialists at the Department of Ophthalmology for review, diagnosis, and a developed treatment plan. Educational components included brochures, short consumer-oriented videos, and posters placed in the vision centers. This program successfully reached 651 participants with optometrists making 750 diagnoses by eye and 19% new detected cases of glaucoma. 88% of program participants were older than 40 years and 64% were African-American.

Willis Eye Hospital: Willis Eye Hospital transported eye care equipment to community sites (such as senior centers, residential housing for seniors, faith-based organizations, health fairs, and public health clinics) where a team of 4-7 technicians and a glaucoma specialist provided free eye examinations and laser treatment. Services were provided in 43 communities in Philadelphia with 1,649 people were screened for glaucoma and 1,709 glaucoma diagnoses were made by eye. This outreach also resulted in diagnosis of eye-related diseases in 1,462 eyes (1,140 of which were cataracts).