A Plan for the Development of State Based Vision Preservation Programs

Summary of a Retreat on Public Health Vision Preservation

Prevent Blindness America & National Association of Chronic Disease Directors

The Rensselaerville Institute

Rensselaerville, New York

October 31 – November 2, 2005
Prevent Blindness America (PBA) and the National Association of Chronic Disease Directors (NACDD), in cooperation with the Centers for Disease Control and Prevention (CDC), are collaborating to establish vision as a state public health priority and aid the development of a national agenda for public health vision preservation. In 2004, PBA and NACDD conducted a seven-state assessment of the status of vision preservation programs within and outside of government that identified potential roles for public health in this challenging area. The results of this assessment were reported in Vision Problems in the United States: Recommendations for a State Public Health Response. Following the release of this report, a working group was formed consisting of representatives of state public health agencies, CDC, and PBA and its affiliates, to recommend actions that would result in state based comprehensive vision preservation programs. The working group met October 31st to November 2nd, 2005, to reach consensus on the key elements of this action plan. This report shares the results of that meeting and makes recommendations that would serve to enhance the collaboration of organizations in initiating system changes and strengthen state efforts in the prevention of vision loss and preservation of eye health.

There is substantial evidence that vision and eye health initiatives are both necessary and cost effective for all life stages. The rising incidence of age-related eye diseases associated with the aging of our population necessitates placing a high priority on adult vision. Increased adult vision preservation activities are needed within state chronic disease programs along with more activity by PBA
and other vision partners. This report identifies the key elements of state vision preservation actions and programs led by state health departments. Greater collaboration between state health departments and PBA affiliates would enhance state based efforts.

It describes the current status of public health vision conservation activities; recommends increased adult vision preservation activities within state chronic disease programs; recommends increased program activity by PBA; and emphasizes collaborative activities for health departments and PBA. Further, to build momentum for a national effort to address adult vision preservation, it recommends that CDC identify comprehensive and coordinated strategies and priorities in eye health and vision preservation that can serve as the basis for collaborative initiatives. The identified components should be prioritized and include collaborative recommendations for next steps. Planned activities that build momentum, increase capacity and decrease redundancy should be undertaken by CDC, state health departments, and PBA and its state affiliates.

Finally, the key concepts presented clearly translate to other stakeholders throughout the vision community having similar investments in the preservation of sight. Any successful national and state effort aimed at reducing the incidence of vision loss must openly engage all such partners.
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There is considerable evidence that half of visual impairment and blindness can be prevented through early detection and timely treatment. Since most vision threatening conditions have no obvious symptoms in the early treatable stage of the disease process, effective public health strategies and translation of proven interventions are needed to reduce the burden of visual impairment and blindness. State based vision preservation programs housed within state health departments could provide insight and expertise from their various public health programmatic efforts to mount a coordinated public health response.

The collaborative work between Prevent Blindness America (PBA), the National Association of Chronic Disease Directors (NACDD) and the Centers for Disease Control and Prevention (CDC) has focused on two objectives: (1) identifying the key elements for state vision preservation programs and actions to be taken; and (2) fostering collaboration between state health departments and PBA and its state affiliates. The key elements described here establish a framework for programs, policy and initiatives in the arena of public health vision preservation. A collaborative effort of all vision related partners is necessary for the successful development of an adult vision preservation action plan. The participation and leadership by CDC is considered critical to the success of this collaborative effort.

This report provides a history of the collaborative efforts beginning in 2004, identifies steps to establish public health vision preservation activities, and provides recommendations to CDC, NACDD, and PBA and its affiliates for the development of a nationwide public health vision preservation action plan.
Current trends in the prevalence of vision loss and the aging of our population indicate that vision loss will double in the next twenty years. The nationwide implementation of the consensus elements of a model state vision preservation action plan is critical in reversing the alarming growth in blindness and vision impairment.

PRELIMINARY ACTIONS

Working together to define appropriate roles for state health departments in maximizing vision preservation, PBA, NACDD and CDC launched a Vision Loss/Blindness Prevention Project in 2004. Through its cooperative agreement with CDC, PBA provided funding to NACDD to convene a Vision Loss/Blindness Prevention Committee that developed project priorities, objectives and a plan of action. The first priority was to learn what state health departments and their partners are doing to promote vision health. The committee selected seven states for comprehensive site visits and established a protocol for obtaining relevant information in a consistent manner. Topics of interest included current programs, vision health plans, policies, rules, regulations, program funding, local community health services, state and local data, and future directions. The results of this assessment were first reported in Vision Problems in the United States: Recommendations for a State Public Health Response, and then presented at a variety of conferences for national audiences.

The following year, representatives of state chronic disease programs, PBA state affiliates, NACDD and CDC convened a meeting to identify key elements of state-based vision preservation action plans. A desired outcome of the meeting was to define opportunities for collaboration
between state health departments and PBA and its affiliates. A working group of eighteen people (Attachment 1) met at The Rensselaerville Institute in upstate New York from October 31st to November 2nd, 2005. The working group consisted of staff and consultants from NACDD (4), state health departments (4), the PBA national office (3), PBA state affiliates (5) and CDC (1). Participants represented programs in nine states.

The primary objective of the workshop was to identify the next steps for enhancing collaboration between PBA and NACDD that would lead to the establishment of defined state-based vision preservation action items. Integral to this effort is the guidance and leadership of the CDC to develop a national agenda for a public health action plan focused on eye health and vision loss prevention. While services to address vision problems in children need to be improved, the working group agreed that the primary focus for this action plan should be on adult vision preservation.
Workshop participants were asked to:

· Outline roles for state chronic disease programs;
· Outline roles for service delivery organizations and other organizations representing the vision community;
· Review current roles and services of PBA affiliates;
· Outline collaboration opportunities between state chronic disease programs and PBA and its affiliates in the establishment of vision preservation actions; and
· Recommend key elements for beginning-level vision preservation programs and actions state health departments should initiate.

The desired outcome for the workshop was to produce five to ten specific and realistic steps for PBA affiliates and state chronic disease programs to undertake during the next two to three years with the hope that the universal nature of many of the action items would draw support from the vision community-at-large. The participants were divided into two breakout groups to discuss steps toward action plan development and used a set of 15 key elements of a model state vision preservation program as the basis for their deliberations (see Attachment 2). The discussion focused on actions to prevent vision loss, the potential roles (rather than activities) for state health departments, and how to engage existing vision partners in efforts to build an effective program.

SCOPE OF THE PROBLEM

In the United States, an estimated 80 million people have potentially blinding eye diseases, one million are blind, and 3 million have low vision.² The leading causes of vision loss
among children are uncorrected refractive errors, strabismus, amblyopia and injury. Among adults, the four leading age-related eye diseases (ARED) are glaucoma, cataract, diabetic retinopathy and age-related macular degeneration. Data for these conditions are summarized in a 2002 report from Prevent Blindness America entitled, *Vision Problems in the U.S.*³ Additionally, as part of its cooperative agreement with CDC, PBA commissioned NACDD to prepare a summary of the literature on age-related eye disease which was published in the peer-reviewed journal *Preventing Chronic Disease* in 2005.⁴ A detailed summary of epidemiologic studies documenting the incidence, prevalence and consequences of the various eye diseases is being prepared by the National Vision Program at CDC and is expected sometime in 2007.

**PUBLIC HEALTH CHALLENGE**

A comprehensive initiative to promote vision health should address the entire lifespan and take into account the needs, opportunities and barriers to reach different age groups and high risk populations with appropriate and essential public health services. To fully understand this challenge, it is helpful to think about public health efforts to reach infants, children and adolescents using tailored strategies and another set of strategies that targets adults and older adults, i.e., the focus of this retreat. Some activities, like surveillance, pertain to all age groups. Other efforts need to be targeted to specific sub-groups.

The greatest challenge in meeting the needs related to children’s vision is ensuring that they receive optimum vision screening with essential follow-up or comprehensive eye examinations within the first five years of life when serious
eye problems are easiest to correct. The objective of a state based program would be to ensure that children have access to available screening and examination resources. Translation efforts should include a more concerted focus on screening “program” development, consisting of optimally defined procedures for early detection based on sensitivity, specificity and positive predictive value, and well coordinated follow-up evaluations for individuals with positive test results.

AREDs constitute a major challenge for people who are at least 40 years of age. Raising awareness about vision health among mid-life adults and how they can prevent vision loss is a significant concern. Equally important are efforts to coordinate public, private and non-profit resources in reaching populations at greatest risk. For example, data released from the CDC 2005 Behavioral Risk Factor Surveillance System among four states revealed that an average of 60% of all individuals surveyed in the 50 to 64 year age group said they did not seek professional eye examinations because they felt they had no reason to go or had not thought of it.

The diversity of current state health department programs – both in how they are organized and the resources available for public health activities – presents other challenges in vision preservation. Some states have staff responsible for children’s vision preservation with none specifically assigned to adult health services. While many states have vision advisory committees, councils or coalitions, their mandates differ. At the national level, there is virtually no public health policy related to adult vision services. No systematic and coordinated vision preservation planning process can be found in state health departments. It is evident that while state health departments are the logical focus for vision preservation
planning, they need direction and resources in the planning process.

**KEY ELEMENTS OF A STATE VISION PRESERVATION PROGRAM**

Working group participants were asked to identify the key elements of a state vision preservation plan, using a list of elements drafted by the project steering committee (Attachment 2). The elements deemed essential should correspond to the following three areas of emphasis:

- The focus should be on *prevention* of vision loss and promotion of eye health;
- Consideration should be given to the *roles* that state health departments should play, rather than *activities*;
- The elements should build on the *strengths* of vision partners.

The proposed key elements for a model state vision preservation program were reviewed by the working group for relevance, feasibility and appropriateness. Many comments were made in breakout sessions regarding additions, deletions and modifications. The elements, described in the following pages according to the Ten Essential Public Health Services, are a reflection of the working group discussion and are offered as a possible framework for future state-level program and policy development.

The Ten Essential Public Health Services were first set forth in a document called ‘Public Health in America’ and were developed by the Core Public Health Functions Steering Committee (convened by DHHS). They are based on the public health activities that should be undertaken in all
states and communities and grew out of a need to better communicate the scope and importance of governmental public health to the general public and legislators.

Monitor Health Status & Diagnose and Investigate Health Problems in the Community

- State-specific vision surveillance to identify populations at risk and quantify the burden of vision impairment

The State should obtain information about populations having one or more vision problems (refractive errors, amblyopia, diabetic retinopathy, glaucoma, cataract and age-related macular degeneration) by collecting this information directly through the Behavioral Risk Factor Surveillance System (BRFSS) or other state-specific data sources. At a minimum, states should employ the Visual Impairment and Access to Eye Care module, in alternating years, on the BRFSS. In addition, the State should develop new methods to identify populations at risk and estimate the burden of vision impairment (e.g., economic studies, impact on quality of life).
Inform, Educate, Empower People

- Public education and public awareness campaigns about the leading causes of vision impairment and need for a continuum of vision services from screening through diagnosis and treatment

The State should coordinate the provision of public education for vision preservation, utilizing the capabilities of the service-delivery sector. The State should identify opportunities for collaboration with other organizations to carry out a public awareness campaign. The State should utilize private, non-profit organizations to the greatest extent possible for public health education, screening, treatment, eye glasses, etc., targeting those in greatest need.

Mobilize Community Partnerships

- Coordination of vision services within the state health department and with external vision partners

The State should designate a senior-level program manager, i.e., integration specialist, to coordinate a vision preservation program that addresses both children and adults, and to work toward establishing a comprehensive vision component in local health department programs.

- Coalition formation led by the state health department with private, non-profit organizations and professional associations

A coalition of interested and committed vision partners should be convened by the State. Community-based coalitions led by public health coordinators should also be encouraged. Community-based organizations should be utilized to the greatest extent possible for provision of health education, screening, treatment, eye glasses, etc.
Develop Policies and Plans that Support Individual and Community Health Efforts

• A State Vision Preservation Plan that would emphasize elimination of disparities related to vision health care

The State should develop a long-range plan that identifies the problem; at-risk populations (by age, race, ethnicity, gender, location, etc.); policies, rules, regulations; distribution of eye care providers; access and gaps in services; goals and objectives of a State Vision Preservation Program; proposed interventions; partners; performance measures; and surveillance approaches. The plan should establish priorities for how the program evolves over time, starting with at-risk groups before addressing vision needs of the general population.

The plan should recognize opportunities and barriers to delivering vision services for children and adults, focusing programming on adults while encouraging coordination with children’s programs. Elimination of disparities should be emphasized. The plans should provide PBA and vision-related organizations with information and recommendations to assist them in their advocacy efforts.

• An advisory process to provide for public and professional input into the development and evaluation of vision preservation programs

The State should develop a process for gathering input and guidance from key stakeholders across the state to enhance vision preservation efforts and ensure the quality of public health efforts. Guidelines for provision of public health services should be developed and promulgated.
• Integration of vision preservation components within relevant state health department programs

The State should designate a staff person, i.e., integration specialist, to promote the inclusion of vision preservation activities in existing DOH programs. These activities should correspond to the agreed-upon public health roles for achieving vision health. It would be desirable for this person to be at a senior level.

• An evaluation and quality assurance plan

The State should develop and implement an evaluation plan to monitor all activities of the State Vision Preservation Program and assure a high level of quality of such efforts.

Enforce Laws and Regulations that Protect Health and Ensure Safety

• Laws and regulations in support of efforts to ensure preservation of sight

The State should identify model legislation to preserve eyesight and make treatment affordable, and then strive to implement such legislation.

Link People to Needed Personal Health Services & Assure the Provision of Health Care

• Follow-up methodologies to ensure comprehensive eye care for people identified through screening or other case finding efforts

The State, in collaboration with appropriate screening partners, should design protocols for the effective follow-
up of all persons identified as needing a comprehensive eye exam and appropriate treatment. Additionally, pilot programs to improve access to treatment should be supported, especially among people who are uninsured or under-insured.

• Mapping systems to show distribution of eye care providers and other related healthcare services

The State should develop methods to show the distribution of optometrists, ophthalmologists, and other related health professions to better understand availability of eye care professionals and the population’s access to these care resources.

Assure a Competent Public Health and Personal Health Care Workforce

• Creation of state health department program infrastructure with staff and appropriate services to address each state’s needs and priorities

The State should acquire funds to hire a program manager, or otherwise designate a person to coordinate and integrate activities that align with the recommended services for vision preservation.

• Professional education and training of health care professionals and service providers through workshops and symposia emphasizing strategies for prevention, treatment and rehabilitation

The State should co-sponsor (with all appropriate vision preservation organizations) an annual meeting of health care professionals with an emphasis on dissemination of new research findings and deployment
of vision conservation resources for at-risk populations. In addition, the State, in collaboration with selected vision preservation organizations, should organize and coordinate inclusive training sessions for the service-delivery sector in the form of symposia or workshops that incorporate the most current evidence about effective prevention, treatment and rehabilitation strategies. The State should also encourage the inclusion of vision topics into other CME courses and meetings.

- Research and translation leading to improved clinical and public health practice

The State should initiate or support pilot and demonstration programs to prevent vision loss; stimulate vision preservation translation research through ongoing projects within the Prevention Research Centers and other academic partners or similar research venues; and promote the adoption of research findings into clinical and public health practice.

PROPOSED ACTIONS FOR STATE PUBLIC HEALTH VISION PRESERVATION PROGRAMS

Staffing

Each state health department should have at least one person specifically dedicated to vision preservation program activity. At the outset it may not be practical or possible to have that individual serve in a full-time capacity. The primary role for this person could be to serve as a state-level coordinator to bring together various organizations and individuals already working toward vision preservation. Additionally, the state coordinator should be skilled as a program integration specialist, since an effective vision program depends on the involvement of other public health
The ability to develop vision-related activities within an existing organizational framework, rather than as a separate categorical program, would be instrumental to the newly-developing area of public health vision preservation. Although state health department staff are often employed to work in categorical disease-focused programs, future initiatives calling for integration at all levels will no doubt result in job descriptions that match this need and individuals trained to fill this new public health niche. Program integration specialists are often found in the information technology field so job descriptions for such positions may provide states with a template for the creation of a vision program integration specialist. A public health vision program specialist must focus on program integration and avoid the pitfall of labor-intensive direct services. The following responsibilities would be appropriate for such a person to have:

- Developing coalitions and partnerships;
- Facilitating education programs;
- Providing for professional development;
- Responding to public inquiries;
- Monitoring program activity across a public health department;
- Facilitating and assisting with related public health research and planning;
- Serving in an agency-wide advisory capacity; and
- Providing a central point of focus for reporting and program evaluation.
Program Development

States will require funding to initiate and coordinate a state vision conservation program, with an amount of $250,000 recommended as necessary for start-up funding. The most likely source for these funds would be at a federal level (CDC) in the form of capacity-building grants. With the likelihood of limited funding for state public health vision preservation programs it will be necessary to prioritize areas of program development. Although public health strategies are needed to identify and assist populations at risk of developing all four AREDs, as well as those who are already visually impaired, states will need to explore many options for incorporating vision related activities into existing program initiatives. Within state health departments, a number of programs may be interested in collaboration, including those focused on diabetes, cardiovascular disease, healthy aging, disabilities, injury, tobacco use, reproductive health, maternal and child health, cancer, arthritis, school health, birth defects, nutrition, physical activity, and genomics. Agencies involved with aging, mental health, education and highway/traffic safety should also be considered.

Program Activities

The first steps in developing a state vision preservation program should focus on establishing partnerships with vision related organizations including PBA and its affiliates, other vision related non-profits and various professional associations (e.g., ophthalmology, optometry, primary care, pediatrics, nursing and health education). Additional partners may include aging-related service providers, opticians, affiliates of the American Diabetes Association, churches, service organizations such as Lions Clubs International, and
other groups concerned about ARED.

An important focus of a vision coalition should be to assist the state health department in the development of a state vision plan. This plan, laid out in a sequence of key steps, should chart a course over three to five years for the development of a state vision preservation program. It is recommended that pilot projects be initiated that target at-risk populations and specific vision disorders. The selection of populations and vision disorders should be based upon state-specific data. The coalition should also assist the state in identifying program issues that need to be supported through rules promulgation and/or enactment of state laws to support development of screening policies and screener standards for all populations and all age groups. The working group participants also recommended that states utilize peer review organizations to improve vision care provided in clinical settings.

Quality assurance of public health interventions to conserve vision will require objective evaluation to assure that the best actions are taken, especially since resources may be limited. A clear plan for the evaluation of a public health program should provide “assurance of ongoing evaluation and critical review of health programs effectiveness, based on analysis of health status and service utilization data.” 6
### Elements of Program Activity Development

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<tr>
<th>Program Activities</th>
<th>Support Elements</th>
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<tr>
<td>Secure funding</td>
<td>CDC/state/other federal</td>
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<td>Employ staff</td>
<td>Program integration specialist</td>
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<td>Build coalition</td>
<td>State health internal &amp; external partners / increase the diversity of stakeholders relating to vision and eye health</td>
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<tr>
<td>Establish state vision plan</td>
<td>Focus on adult vision preservation</td>
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<tr>
<td>Develop draft rules and laws</td>
<td>Screening and screener standards (state-based and/or PBA-endorsed)</td>
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<tr>
<td>Establish integration strategies</td>
<td>Collaborate with internal agency partners Identify and develop program data sources</td>
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<td>Identify and develop program data sources</td>
<td>State surveys to include BRFSS optional vision module</td>
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<td>Develop RFP/RFA for pilot projects</td>
<td>Needs assessment and state specific data Develop state program evaluation plan</td>
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<td>Develop state program evaluation plan</td>
<td>Use elements of agency evaluation plan / funding source evaluation requirements</td>
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<tr>
<td>Determine program reporting procedures</td>
<td>Part of current state health plan / funding source reporting requirements</td>
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#### THE ROLE OF THE STATE HEALTH DEPARTMENT CHRONIC DISEASE PROGRAMS

Several states receive funds from income tax check-off contributions that support vision preservation efforts, such as ‘Drive for Sight’ (Georgia) and ‘Save our Sight’ (Ohio, Texas). For other states, however, any vision related activities of state chronic disease programs are likely to emanate from CDC-funded diabetes prevention and control programs,
where CDC program guidance requires a focus on reducing diabetes complications (e.g., retinopathy). Based on the evidence for the effectiveness of clinical preventive services, CDC recommends that all persons at risk for diabetes or who have diabetes receive a dilated eye exam once a year. The national network of state diabetes programs could provide a focus for adult vision preservation efforts within the state public health infrastructure.

Programs addressing hypertension, high cholesterol, dental health, podiatry, etc., could also incorporate vision related messages into existing program communications, again showing the value of having a vision program integration specialist. Chronic disease directors should be encouraged to integrate vision activities into these other state health department programs in addition to efforts that may already have been done with their diabetes prevention and control program.

Inclusion of the CDC optional vision module on the Behavioral Risk Factor Surveillance System’s (BRFSS) telephone interview is a critical first step for newly
developing adult vision preservation programs. The BRFSS provides state specific data that would contribute important information about selected eye diseases and might elevate adult vision needs in a state’s list of health priorities. Chronic disease directors could also look for opportunities to include appropriate vision related components within existing CDC categorical grants (e.g., occupational health, injury prevention, chronic disease/health promotion, birth defects/developmental disabilities, etc.). Language encouraging vision-related activity could also be inserted into state chronic disease program RFAs and contracts supported with outside organizations. Building this larger, more diverse base of stakeholders is essential in achieving vision objectives and promoting a better understanding of the important interrelationship that exists between vision and overall health.

State chronic disease directors should participate on vision related boards and committees of external organizations. This outreach would be an asset in the coalition and partnership-building of a newly evolving state vision preservation program. Chronic disease directors are encouraged to provide leadership and expertise in the creation of state vision preservation programs. The NACDD may wish to establish a new vision health interest group as well.
Current Vision Activities of Prevent Blindness America Affiliates

PBA is the second oldest voluntary health organization in the United States. The PBA affiliate network currently encompasses 19 states and the District of Columbia. Additionally, the PBA national office provides programming and services in many more. PBA efforts include public and professional education, grants, research, service delivery and advocacy. PBA is focused on the prevention of eye disease and the preservation of sight. PBA provides leadership in promoting and establishing legislation, as well as creating public policy. PBA receives CDC funding to enhance its adult vision program with nearly one-half of the funding going to PBA affiliates. PBA has played a central role in the creation of the Congressional Vision Caucus and, through its grassroots network, strongly advocates for vision programs at the state and federal level, including increased funding for vision functions at CDC, the National Eye Institute, and the Maternal and Child Health Bureau.

PBA has played a central role in the development of the Vision Problems Action Plan: A National Public Health Strategy 2004. This plan states that, “To stimulate and strengthen a national coordinated effort for reducing the occurrence of vision loss and its accompanying disabilities, the nation must have a full-scale public health effort underway that includes: 1) communication and education; 2) surveillance, epidemiology and prevention research; and 3) programs, policies and systems changes.” The plan noted that, “...little or no infrastructure exists in state health departments to test or implement programs, policies and systems changes.
that will improve outcomes for individuals at risk of vision problems and associated disabilities. PBA, through its state affiliates, has built a strong network of programs and policies throughout the country, but has limited partnerships with the public health system to further test existing strategies, or to help lay the groundwork for policy and systems changes.” By its statements and actions, it is clear that PBA wishes to foster a cooperative relationship with state health departments to further translation efforts. The current activities of PBA indicate that such relationships have been developed in several states.

Appropriate Expanded Roles for Prevent Blindness America in Working with State Health Programs

PBA must expand its efforts nationally and through its affiliate network to partner with public health in the establishment of a nationwide public health vision preservation program. The PBA outreach should include offers to present information and suggestions to public health leaders about vision conservation priorities; invitations to health department representatives to serve on PBA boards and committees; advocacy for additional federal funding; development of vision coalitions and work groups; and production of materials for public and professional education. At the same time, the PBA network should learn about the operations of the public health system, how data are obtained and interpreted, and whether there are opportunities to participate on health department advisory committees and disease specific task forces. Of these, perhaps the most significant service PBA can provide is to continue and expand its federal and state advocacy for vision preservation programs.
The public health challenge presented by growing numbers of Americans threatened by age-related eye disease will require federal support and adequate resources. The guidance and financial support of CDC is critical for a comprehensive and coordinated national vision effort. Many of the recommended actions can be carried out or promoted by the CDC National Vision Program and integrated within CDC programs.

In addition to ensuring a strong vision preservation presence internally, CDC should also seek to strengthen infrastructure needs in state health departments. CDC should support the development of capacity-building grants in three to six states. While funding levels must ultimately be dictated by the availability of funds, it is suggested that successful programs be provided a minimum funding of $250,000 per grantee through cooperative agreements. CDC may wish to develop a menu of recommended activities with some prioritization. CDC could also consider, at least at the outset of program development, the assigning of field staff with expertise in public health and vision; those assignees could assist in the initial effort to build vision-based coalitions and model programs.

Finally, CDC has already established a national partnership with PBA. This mutual endeavor to reduce the threat of age related eye disease should be continued through an ongoing cooperative agreement.
The charge to the working group was to identify five to ten specific and realistic steps for PBA and NACDD to undertake over the next two to three years. The recommended next steps include:

1. Organize inclusive state vision summits to set the agenda for a call to action;
2. Create state level community vision coalitions;
3. Secure funding for a vision program integration specialist within as many state health department chronic disease programs as possible;
4. Provide opportunities for public health professionals to be involved in PBA leadership and work groups and provide such opportunities for PBA representatives to participate on public health advisory committees and task forces;
5. Identify at-risk populations nationally and within states for program direction, and identify and support currently available eye health and vision data sources;
6. Develop state health action plans on vision preservation with a focus on adult vision;
7. Explore opportunities to integrate vision preservation activities and messages within existing public health initiatives.

With the potential for blindness in America to double in the next two decades, it is time for a public health initiative to meet this challenge. The first steps toward addressing this challenge have been provided in this document and can be taken while CDC continues to develop its National Vision Program. These two processes should build on the ongoing collaboration of the three groups attending this retreat and should further engage the vision community-at-large, as all have a stake in reducing the impact of vision problems in our country.
REFERENCES


5. Public Health Functions Steering Committee. Members (July 1995): American Public Health Association, Association of Schools of Public Health, Association of State and Territorial Health Officials, Environmental Council of the States, National Association of County and City Health Officials, National Association of State Alcohol and Drug Abuse Directors, National Association of State Mental Health Program Directors, Public Health Foundation, U.S. Public Health Service – Agency for Health Care Policy and Research, Centers for Disease Control and Prevention, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, Office of the Assistant Secretary for Health, Substance Abuse and Mental Health Services Administration. Adopted: Fall

Attachment 1 – Workshop Participants

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Centers for Disease Control and Prevention (CDC) Representatives:

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Attachment 2 – Elements of a Model State Vision Preservation Program

Areas of Emphasis

- Focus on prevention of vision loss
- Identify roles for state health departments to play, rather than activities.
- Build on the strengths of vision partners

Key Elements

1. State Plan: The State should develop a long-range plan that identifies the problem; at-risk populations (by age, race, gender, location, etc.); assessment of policies, rules, regulations; distribution of eye care providers; access and gaps in services; goals and objectives of a Vision Preservation Program; proposed interventions; partners; performance measures; and surveillance priorities. The plan should emphasize the elimination of disparities. [States should refer to the Healthy People 2010 objectives when possible.]

2. Surveillance: The State should obtain information about populations having one or more vision problems (refractive errors, amblyopia, retinopathy, glaucoma, cataract and macular degeneration) by collecting this information directly or using published estimates. States are required to employ the vision module, in alternating years, on the Behavioral Risk Factor Surveillance System. In addition, the State should develop new methods to identify populations at risk and the burden of vision impairment.
3. Coordination: The State should designate a senior-level program manager to coordinate the Vision Preservation Program that addresses both children and adults. States should work toward establishing a comprehensive vision component in local health department programs.

4. Infrastructure: The State should acquire funds sufficient to pay for screening of at-risk populations on a yearly basis, the support for a program manager, and administration of the vision module.

5. Partners: The State should utilize private, non-profit organizations to the greatest extent possible for public health education, screening, treatment, eye glasses, etc.

6. Training and Certification: The State, in collaboration with selected vision preservation organizations, should organize and coordinate training sessions for the service-delivery sector in the form of symposia or workshops. The content of these trainings should incorporate the most current evidence about effective prevention, treatment and rehabilitation strategies.

7. Referral, Diagnosis & Follow-up: The State, in collaboration with appropriate screening partners, should design protocols for the effective follow-up of all persons identified as needing a comprehensive eye exam and appropriate treatment.

8. Public Education: The State should coordinate the provision of public education for vision preservation, utilizing the capabilities of the service-delivery sector. The State should identify opportunities for collaboration with other organizations to carry out a public awareness
campaign.

9. Professional Education: The State should co-sponsor (with all appropriate vision preservation organizations) an annual meeting of health care professionals with an emphasis on dissemination of new research findings and deployment of vision conservation resources for at-risk populations.

10. Program Integration: The State should promote the inclusion of vision preservation activities in existing DOH programs targeting all age groups. These activities should correspond to the agreed-upon roles for public health.

11. Advisory Process: The State should develop a process for gathering input and guidance from key stakeholders across the state.

12. Evaluation: The State should develop and implement an evaluation plan to monitor all activities of the Vision Preservation Program.

13. Mapping: The State should develop methods to show the distribution of optometrists, ophthalmologists, and other related health professions to better understand availability of eye care professionals and the population’s access to these care resources.

14. Laws and Regulations: The State should identify model legislation to preserve eyesight and make treatment affordable, and then strive to implement such legislation.

15. Research and Translation: The State should stimulate vision preservation research through ongoing projects
within the Prevention Research Centers, other academic partners or similar research venues, and promote the adoption of research findings into clinical and public health practice.