

# Current Perspective

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## Reprioritizing Vision Health

In an era of scarce resources in health care, nations and communities are, of necessity, prioritizing and targeting health problems, rather than spreading their resources “a mile wide and an inch deep.” Sometimes the reason for prioritization is obvious (e.g., Zika virus), but at other times the process can be less data-driven—if not overtly politicized. This process of prioritization determines, in part, funding levels for basic and translational research, screening benefits for disease, community health programs, public awareness and communication initiatives, and general policy-maker attentiveness.

Despite their obvious importance, vision health and eye disease treatment issues have in past decades been overlooked, given the (important) focus on heart disease, cancer, AIDS, Ebola, Zika, and other pressing public health problems. While the Academy, on behalf of ophthalmology, has developed effective patient-facing public health programs such as Eye-Smart (over 1 million viewers per month) and has built coalitions with consumer groups, we have, candidly, lacked the spark to build a fire of interest.

We may have it now. On September 15, the National Academies of Sciences, Engineering, and Medicine (NASEM) released *Making Eye Health a Population Health Imperative: Vision for Tomorrow*.<sup>1</sup> This evidence-based report, cofunded in part by the Academy, the Centers for Disease Control and Prevention, and 8 other organizations, focuses on building healthier communities by addressing eye health—particularly avoidable visual loss and blindness. It begins, “Losing one’s eyesight, at any age, is frightening. That fear has merit; compared to their peers, people with vision loss have reduced independence and quality of life, lower performance in school, lower wages and job attainment, and higher health costs.” The prevalence of visual impairment and blindness is expected to double by 2050, in large part because of our aging population. The cost of eye disease and its functional impact was about \$139 billion in 2013—exceeded by heart disease/stroke, diabetes, and cancer.

The report contains 9 overarching recommendations, with the first urging the government to “issue a call to action to motivate nationwide action toward achieving a reduction in the burden of vision impairment.” In other words, move

it up the priority list. It also covers topics such as public awareness programs, better evidence-based decision-making to inform population health initiatives (think of the IRIS Registry here!), appropriate screening programs, increased attention to vision research, a single set of evidence-based clinical guidelines, “culturally competent” eye care teams, and enhanced community-based eye health programs, among others.

While there are certainly some assertions and recommendations in the 491-page report with which we can disagree, we should embrace the report’s spirit and conclusions. Coming from the NASEM, a congressionally chartered, nonprofit, independent body, its conclusions carry significant weight in national policy discussions. This report injects eye health into the national discussion, as we battle for appropriate relative valuation of the work we do as ophthalmologists in the minds of the public and policy-makers. It also comes at a time when, thanks to IRIS, ophthalmology can use big data to inform the deliberations.

It also challenges us individually and collectively to consider eye health in populations and communities. While this may seem a distraction from our individual physician-patient relationships, the ultimate goal of transforming visual impairment in the United States from an all-too-common plight to a rare condition requires that we work in a concerted, coordinated fashion across the private and public sectors to overcome not just scientific barriers to healthy vision but also those of access to care, community behaviors, effective resource use, environmental issues, and related comorbidities, among others. If we don’t do it, who will?



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<sup>1</sup> <https://www.nap.edu/catalog/23471/making-eye-health-a-population-health-imperative-vision-for-tomorrow>.