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NEW ANALYSIS INDICATES COMMUNITY HEALTH CENTERS LACK RESOURCES TO PROVIDE POOR AND RURAL COMMUNITIES WITH MUCH NEEDED VISION CARE SERVICES

Report reaffirms American Optometric Association's commitment to end exclusion of doctors of optometry in National Health Service Corps and step up education on the importance of eye and vision care

Washington, DC – February 25, 2009 – A new analysis from The George Washington University School of Public Health and Health Services indicates that a lack of access to eye care services for residents in rural and low-income areas has become a major public health crisis in America. The report "Assessing the Need for On-Site Eye Care Professionals in Community Health Centers" analyzed the services provided by community health centers across the country, and revealed that visual health and access to comprehensive eye exams for rural and low-income populations is severely lagging.

Rural and low-income populations are at greater risk for undiagnosed and untreated eye and vision problems and are less likely to receive comprehensive eye examinations. Therefore, federally-funded community health centers in underserved communities are often the only option to improve the visual health of residents living in these areas, however 70 percent of community health centers do not offer on-site vision care services.

"The American Optometric Association is committed to increasing access to eye care for all Americans," said Dr. Barry Barresi, executive director of the American Optometric Association (AOA). "We have a responsibility to help ensure that essential primary eye care services are offered at these facilities. Greater access to preventive eye care can lead to diagnosis and treatment before loss of vision becomes severe or untreatable."

Dr. Barresi and others at the AOA have been working with health care leaders and advocates to expand access to eye health care provided at community health centers since 2006 when a letter of agreement was signed by the AOA, the National Association of Community Health Centers (NACHC), the New England Eye Institute (NEEI) and the Massachusetts League of Community Health Centers (MLCHC). The organizations all supported this study and advocate for access to high quality, comprehensive and affordable vision care for all medically underserved populations in community health centers.

"The National Association of Community Health Centers is happy to see this analysis as one of the results of our partnership with the American Optometric Association, the New England Eye Institute and the Massachusetts League of Community Health Centers," said Tom Curtin, M.D., senior vice president and chief medical officer of the NACHC. "This research will allow all the partners to continue working together to develop strategies to increase evidence-based vision services for our rural and underserved populations."

The analysis listed the major barriers to providing on-site comprehensive eye care services as the inability to afford the necessary space and equipment, difficulties with Medicaid, Medicare and private insurance reimbursement, and discrepancies in Medicaid coverage and benefits across states.

"The study confirms that there is an eye and vision care access crisis in America's most vulnerable communities," said Randy Brooks, O.D., president-elect of the AOA. "With firmly established links between healthy vision and success in education and employment, it's not acceptable to have less than one-third of community health facilities offering primary eye and vision care on site. This dire situation makes it even more important that AOA-backed legislation like the National Health Service Corps Improvement Act (HR 1884 in the 110th Congress), a bi-partisan bill to expand access to primary eye and vision care in underserved areas, be given fast-track consideration on Capitol Hill."

Although greater access to preventive eye exams can often lead to the diagnosis and treatment of conditions before vision loss becomes severe or untreatable, few third-party payers mandate such coverage. Under current Medicaid rules, only some children who meet specific qualifications are entitled to vision examination and treatment services. The AOA's foundation, Optometry's Charity™, has programs in place, such as InfantSEE® and VISION USA™, which provide free eye assessments or assistance to cover the cost of eye care for infants, children and adults.

Additional findings from the report include:

- Eleven percent of health centers report having full-time eye care professionals (those with paid eye care professionals utilize optometrists to staff their centers);
- Only four percent of community health centers surveyed plan to expand or build capacity for on-site eye care in the next 12 months;
- 73 percent of health centers do not plan to purchase instruments or equipment to provide comprehensive eye care over the next year;
- Only 10 percent of health centers have on-site optical space with an eyeglass frame inventory for patients to select, order, pick up, and have adjustments to complete eyeglass orders.

The analysis also indicated that patients may lack general understanding about the need for routine eye exams. Experts agree that strategies to improve access to vision care must include increased efforts to educate consumers about the importance of routine eye examinations. Additionally, health care advocates advise that a more detailed evaluation of the type and quality of eye care should be conducted to help health centers identify cost-effective practices, and to evaluate the cost of vision health. Experts also advise that additional research should be conducted to assess the value of having an eye care professional on-site and the impact on reducing or eliminating vision disparities.

"For nearly 40 years New England Eye Institute faculty optometrists and our students at The New England College of Optometry have transformed the lives of hundreds of thousands of health center patients by improving their visual health," said Roger Wilson, O.D., vice president for Health Center Programs at the NEEI. "This remarkable accomplishment is due to our enduring collaboration with the Massachusetts League of Community Health Centers and greater Boston area health centers."

About the American Optometric Association (AOA):

The American Optometric Association represents approximately 36,000 doctors of optometry, optometry students and paraoptometric assistants and technicians. Optometrists serve patients in nearly 6,500 communities across the country, and in 3,500 of those communities are the only eye doctors. Doctors of optometry provide two-thirds of all primary eye care in the United States.

American Optometric Association doctors of optometry are highly qualified, trained doctors on the frontline of eye and vision care who examine, diagnose, treat and manage diseases and disorders of the eye. In addition to providing eye and vision care, optometrists play a major role in a patient's overall health and well-being by detecting systemic diseases such as diabetes and hypertension.

Prior to optometry school, optometrists typically complete four years of undergraduate study, culminating in a bachelor's degree. Required undergraduate coursework for pre-optometry students is extensive and covers a wide variety of advanced health, science and mathematics. Optometry school consists of four years of post-graduate, doctoral study concentrating on both the eye and systemic health. In addition to their formal training, doctors of optometry must undergo annual continuing education to stay current on the latest standards of care. For more information, visit www.aoa.org.

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