



## Ohio's Aging Eye Public Private Partnership

A statewide collaboration preparing for the growth of aging eye challenges in Ohio



*Seeing through the eyes of diabetic retinopathy*

“My husband and I are both regularly at the eye doctor, and unfortunately, we do not have vision insurance. As the expense grows, our vision is getting worse. My husband is in business for himself and his vision is critical to his job and our livelihood.”

Carol Ridenour, age 65, Lima



*Seeing through the eyes of AMD*

“In advocating for vision issues I want to tell people to have regular check-ups. Don't wait. I have always believed that prevention is the best. Live a healthy life and take good care of your eyes so that they last you a lifetime.”

Ben Putnam, Jr., age 80, Marietta

“By not taking the best care of my diabetes, it eventually caught up to me. In all, I received laser treatments five times in my left eye and twice in my right eye. The early detection and laser treatments saved my sight.”

Al Stabilito, age 46, Boardman



*Seeing through the eyes of glaucoma*

“I still tell others not to take their vision for granted. Everyone should be vigilant about seeing his or her eye doctor to prevent unnecessary vision loss; for as many people with vision loss do adapt...I'd certainly give at least my left arm to have good vision.”

Bob Horrocks, age 54, Lewis Center



*Seeing through the eyes of cataract*

January 2006

The Honorable Bob Taft and Members of the General Assembly  
Ohio Statehouse  
Columbus, Ohio 43215

Dear Governor Taft and Members of the Ohio General Assembly:

We are pleased to present this second annual report of **Ohio's Aging Eye Public Private Partnership** (AEPPP). The AEPPP is a volunteer collaboration of 23 statewide organizations representing tens of thousands of constituents. We all share a common interest in developing a statewide plan of action to curb the growth of age-related vision problems and preventable vision loss. We began our work in April 2003 with our charge coming from a proclamation from Governor Taft.

According to the report, *Vision Problems in the U.S. (2002)*, over 187,000 Ohioans age 40 and older are currently legally blind or visually impaired, largely resulting from age related eye diseases which include diabetic retinopathy, cataract, glaucoma, and age-related macular degeneration (AMD). The number of Ohio seniors and adults affected by these diseases is expected to double over the next 30 years as the Baby Boomer generation ages- affecting more than **2.5 million Ohioans** if nothing is done to curb this growth.

The mission of **Ohio's Aging Eye Public Private Partnership** is to develop a strategic plan of action to address issues relating to vision care public policy, vision care services, public and professional awareness, and vision research that impacts the quality of life for Ohio's seniors now and in the future.

This report summarizes the progress to date of Ohio's AEPPP work to prevent the growth of unnecessary vision loss. Recommendations for further action are outlined on pages 6 and 7.

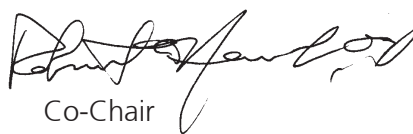
The work of the AEPPP is consistent with the national vision agenda and serves as a model for other states. Healthy People 2010, the national prevention initiative developed by the U.S. Department of Health and Human Services, places special emphasis on the importance of vision which states that the national goal is to "improve the visual health of the nation through prevention, early detection, treatment and rehabilitation." A Congressional Vision Caucus co-chaired by U.S. Representative, Patrick J. Tiberi (Ohio) was formed to set forth a national vision strategy to raise awareness about the increasing number of Americans at risk for age-related diseases, provide better understanding of the personal risk of vision loss and stress the importance of necessary steps to preserve and protect eyesight. And, the federal government's first adult vision program was established at the Centers for Disease Control and Prevention.

We thank you for your leadership in creating the Aging Eye Public Private Partnership and look forward to your continuing support and collaboration in leading the way to preventing the growth of vision loss among Ohio's aging population.

Sincerely,



Co-chair  
Merle Grace Kearns  
Director  
Ohio Department of Aging



Co-Chair  
Robert D. Newcomb, OD, MPH  
Professor of Clinical Optometry  
The Ohio State University College of Optometry

# The Scope of the Problem...

According to the report, Vision Problems in the U.S. (2002), 187,000 Ohioans age 40 and older are currently legally blind or visually impaired due to age-related eye diseases. As the baby boomer generation ages, it is expected that this number will double. Over the next thirty years, more than 2.5 million Ohioans will be affected by age-related eye diseases.

The four leading aging eye diseases are: age-related macular degeneration, cataract, diabetic retinopathy, and glaucoma.

## Age-Related Macular Degeneration

creates a loss of sharp central vision. There are two forms: wet and dry -which is the most common form.



The exact cause of AMD is unknown and at this time there is no successful treatment available. Today, 71,113 Ohioans have AMD. By the year 2030, 142,226 will have AMD if nothing is done to curb its growth. Risk factors include: race (more common in Caucasian populations), smoking, obesity, gender (women are more likely to have AMD than men), and family history.

**Cataract** is the clouding of the eye's naturally clear lens and is treatable by surgical means only. 879,217 Ohioans have cataract and by the year 2030, 1.7



million Ohioans will have cataract if nothing is done to curb its growth. Risk factors include: exposure to ultraviolet radiation (sunlight), poor nutrition,

smoking, excessive alcohol consumption, age, and diabetes.

**Diabetic Retinopathy** involves abnormal growth of blood vessels in the back of the eye of persons with diabetes which can leak resulting in loss of vision. It is a common complication that effects 40% of all persons with diabetes and is the leading cause of new blindness. Today, 216,861 Ohioans have diabetic retinopathy. By 2030, 433,722 Ohioans will have diabetic retinopathy. Management of diabetes and regular preventative eye exams are the best defense against the development of diabetic retinopathy. The incidence of diabetic retinopathy is increased among African Americans, Hispanics and Native Americans.



**Glaucoma** causes the loss of peripheral or side vision. Once vision is lost, it cannot be restored; however further loss of remaining vision can usually be prevented with treatment. Half of all people with glaucoma don't know they have it-which is why it is often called the "sneak thief of sight" Today 91,884 Ohioans have glaucoma. By 2030, 183,768 Ohioans will have glaucoma. Regular, professional eye exams - especially for high risk groups including Hispanics and African Americans and those age 45 and over - are the best defense in catching glaucoma at its earliest stages when treatment can halt its further progress.

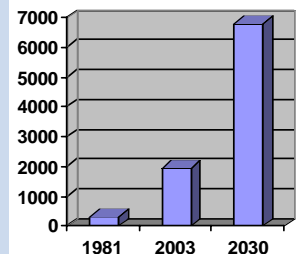


## Vision Loss is Costly to Ohioans

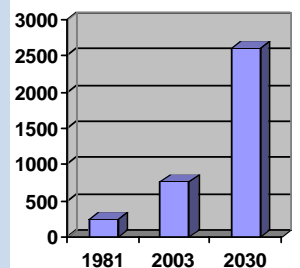
The annual economic and societal burden of vision-related disabilities is significant!

Based on the estimation in the doubling of vision loss over the next three decades and figuring an annual inflation rate of 3%, the cost of visual disorders and disabilities in Ohio can reach over \$9.4 billion annually by the year 2030!

### Estimated Growth of Economic Costs of Vision Loss to Ohio from 1981 to 2030 in millions



Direct costs



Indirect costs

## New Ohio-Specific Vision Data Is an Eye Opener

“ There I was, a healthy, active 52-year old woman who was in the prime of her life. When my ophthalmologist told me at my regular eye exam three years ago that I was starting to develop a cataract, I was floored. To me, the thought of cataracts was nearly impossible ... wasn't that an older person's problem?

And even though I knew I needed to have the cataracts removed, I was very scared of the outcome.

That fear was partially driven from having watched an elderly aunt, who in her 90s was still of sound mind ... but struggled in her day to day living because glaucoma had robbed her of her vision.

I am amazed at how well it all turned out for me. I think it is very important for people to have a general awareness of what to look for and what happens during cataract surgery. There is a huge population of baby-boomers who are going to need that information.



Sharon Custer  
age 55  
Columbus

The Behavioral Risk Factor Surveillance System (BRFSS) is one of the nation's largest health surveys. It includes interviews from 247,000 households and is the primary means whereby states collect their data on health status and health behaviors.

In 2005, for the first time, the BRFSS offered additional survey questions about vision to interviewees aged 50+. Because of the momentum generated by the Aging Eye Public Private Partnership, Ohio was one of five states electing to collect this additional data from the 6,000 households that it surveys through the Ohio Department of Health.

The following early results from the Ohio Survey are eye-openers and can provide vision stakeholders and policy-makers with new Ohio-specific information from which to set our future Ohio Vision Agenda:

**The top two reasons for not visiting an eye doctor included "no reason to go" and cost/lack of insurance.**

This may point to a need for public awareness regarding preventive eye care. Regular eye exams are important even if there is "no reason to go" as many eye problems that can lead to vision loss have no symptoms and occur slowly. Often, vision lost cannot be restored and the later a vision problem is caught, the less successful its treatment might be.

3% of seniors (age 65+) and 25% of Ohioans aged 50-64 reported that cost or lack of insurance prevented them from getting an eye exam. While 60% of Ohioans aged 50-64 and 47% of Ohioans aged 65+ report having some type of health insurance coverage for eye care, there is still a gap in access to needed eye care, especially for working-aged Ohioans, at a time when preventive care can be most effective long-term.

**Only 47% of Ohioans aged 65+ reported having some type of health insurance coverage for eye care and 13% of reported that cost or lack of insurance prevented them from getting an eye exam.**

Since January 2002, Medicare has covered 80% of the fee for a comprehensive eye exam for seniors with risk factors - family history of glaucoma, African Americans, dia-

betes. We might draw the conclusion that less than half of Medicare beneficiaries are aware that they have this Medicare benefit or are unsure when it is appropriate to access this benefit.

**11.4% of seniors, aged 65+ report that their last visit to an eye doctor was more than two years ago - this is nearly one out of every nine Ohio seniors (172,000) who are not getting periodic, professional eye care.**

This may be an indication that seniors are not aware that the risk for vision loss dramatically increases with age and most eye diseases that steal vision occur slowly, without any noticeable symptoms that allow for self-diagnosis. Preventive eye exams are the best defense.

**Nearly 11% of Ohio seniors, aged 65+ reported being told by an eye doctor or other health professional that they have glaucoma.**

If 11% of Ohio's seniors report having glaucoma, 166,470 seniors are affected. This is nearly double current national estimates. It is also known that only half of those with the "sneak thief of sight" are aware they have the disease. If this is true, then we can assume that there may be another 166,470 Ohio seniors who have glaucoma and don't know it... for an estimated total of 333,000 Ohio seniors with glaucoma.

**8.6% or 130,149 Ohio seniors aged 65+ and 2.1% of Ohioans aged 50-64 (17,608) report being told by an eye doctor or other health professional that they have age-related macular degeneration (AMD).**

This is a total of 147,757 Ohioans with AMD. This is more than double of current national estimates of Americans in this age group with AMD.

**54% of seniors, aged 65+, reported being told by an eye doctor or other health professional that they now have cataracts.**

Applying this percentage to Ohio's current population, aged 65+, there are 817,219 Ohio seniors who now have or have had a cataract. This is consistent with national data.

*Note: This analysis represents self-reported data from 2280 randomly selected Ohioans. Comparisons to national data refer to "Vision Problems in the United States" a meta-analysis published by Prevent Blindness America and the National Eye Institute in 2002.*

# Positioning Ohio as a Leader in Vision

## The Work of the Aging Eye Public Private Partnership

Ohio's Aging Eye Public Private Partnership is working to position Ohio as a leader in age-related eye disease research, prevention and awareness. At the same time, we are creating a model for other states to use in addressing the increasing prevalence of glaucoma, diabetic retinopathy, cataract and age-related macular degeneration. Some highlights of the AEPPP's accomplishments since our formation in 2003 include:

**Posting the Aging Eye Public Private Partnership Website** ([www.preventblindness.org/ohio/agingeye](http://www.preventblindness.org/ohio/agingeye)) which includes a directory of vision research being conducted in Ohio; studies, fact sheets and news releases on the leading causes of vision loss among adult Ohioans. Future plans include the addition of a web forum for vision researchers to share ideas and develop collaborations.

**An Ohio Vision Loss Prevention Research Symposium** on June 6, 2005 at COSI - the Center for Science and Industry, Columbus where 130 leaders from vision research, public health, aging network and government attended a day of discovery in bringing vision research from the lab bench to the patient. Future plans include additional vision research-oriented symposia in other parts of the state and a survey of eye care clinicians learn the treatments and cures that they hope for in the future.

**Support of Senate Concurrent Resolution 33**, sponsored by AEPPP Member, Senator Steve Stivers, which established the Legislative Task Force to Preserve Adult Vision. The Task Force reported on the current system of vision services provided to Ohio adults and compiled recommendations. A synopsis of their report can be found on page 7.

Future plans include working with Members of the General Assembly to implement recommendations made in the Task Force Report.

**Creation of a Resource Directory of Eye Care and Vision Rehabilitation Services in Ohio.** Future plans include distribution of the Resource Directory through offices of the Ohio General Assembly, the Ohio Department of Health, the Ohio Department of Aging and other organizations with an interest in the aging network.

**Support for the Centers for Disease Control's Behavioral Risk Factor Surveillance System** which offered new, additional questions about vision to interviewees aged 50+.

Early results of the survey are detailed on page 4. New vision questions will be added to Ohio's 2006 BRFSS to gain additional information and data.

**Preparation of recommendations as a resource to Ohio delegates to the White House Conference on Aging 2005** that focused on urging the federal government to prepare for the growth of vision loss among senior

populations in the next few decades. Three members of the Partnership were delegates to the 2005 White House Conference on Aging including, Merle Kearns, AEPPP co-chair and Director of the Ohio Department of Aging, Carol Ridenour, Director of PSA 3 Agency on Aging, Inc. in Lima, Ohio, and Marc Molea, Chief of the Ohio Department of Aging's Older Americans Act Programs Division.

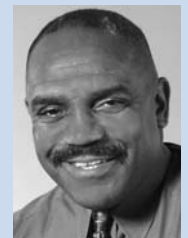
**Presentations regarding Ohio's Aging Eye Public Private Partnership** and the growth of aging eye diseases were given to the House Health Committee and the Senate Health and Human Service and Aging Committee in October and November 2005.

**“ We were honored to be among the 42 delegates from Ohio at the White House Conference on Aging that helped guide public policy on aging for the next 10 years and to be the voices of our friends back home.”**

Merle Kearns, Director of the Ohio Department of Aging & Partnership co-chair

“ I have enjoyed playing basketball all my life, but an eye injury I received during a game almost sidelined me. I was poked in the eye by another player's finger causing trauma to my left eye. I shook it off and delayed seeking treatment for the injury until my wife sent me to the doctor months later. Little did I know that the injury was a blessing in disguise. I was diagnosed with glaucoma in my left eye. I progressed from using eye drops to having surgery to control the elevated pressure in my eye.

I consider myself lucky that I caught it in time to treat it. Once you lose your vision, you realize how critical it is to your daily life.



**Thomas Joyce**  
age 50  
Columbus

# Recommendations, Actions to Curb the Growth of Vision Loss among Older Ohioans

“ I was diagnosed as a diabetic at the age of 12. As a child, I did not always take the best care of myself. When I learned that I had to see my ophthalmologist, I questioned why, since I was able to see fine with my prescribed glasses. I quickly learned that diabetic retinopathy is a major cause of blindness and it was important to get my eyes dilated every six months to see if fluid was leaking from blood vessels in the back of my the eyes. If they were leaking, early detection and treatment was a must. By not taking the best care of my diabetes, it eventually caught up to me. In all, I received laser treatments five times in my left eye and twice in my right eye. The early detection and laser treatments saved my sight. Thankfully I woke up and realized diabetes is nothing to take for granted. It's a serious disease. Today, I have good to excellent control with my blood sugar and both eyes have been stable for more than 10 years.



**Al Stabilito**  
age 46  
Boardman

In the proclamation issued by Governor Bob Taft which established the Aging Eye Public Private Partnership, one of its charges was "to advise and make recommendations as to ways of increasing awareness about the growing future vision needs of Ohio's aging population". In 2005, the following recommendations were developed by consensus among members of the AEPPP. These recommendations were presented to The Legislative Task Force for the Preservation of Adult Vision and as resources to the Ohio delegation to the White House Conference on Aging. In the coming year, the AEPPP will continue to refine these recommendations as new data and best practice information becomes available. Our recommendations are:

## Coordination

Nothing moves without organization and the creation of an Office of Aging Vision within the Ohio Department of Health would provide a coordinating position from which to launch outreach and education efforts.

### Recommendation:

Create an Office of Aging Vision or a coordinating position within the Ohio Department of Health-Prevention Division to coordinate prevention and educational activities across Ohio.

## Research

Increasing vision research and Ohio's commitment to it benefits quality of life and could play a vital role in Ohio's Third Frontier Initiative to revitalize and encourage investments in new and high-tech business enterprise in Ohio.

### Recommendations:

1. Encourage the Third Frontier Initiative of the Ohio Department of Development to support communication and collaboration

among research organizations, including vision research organizations, in current life sciences decision-making and strategy setting bodies.

2. Provide incentives for collaboration around Ohio's expanding research in genomics and new noninvasive advancements in technology to identify genes specific to parts of the eye and work toward predicting eye disease, preventing vision loss, and personalizing treatment.

3. Require on-going use of the Optional Vision Module of the Behavioral Risk Factor Surveillance System done by the Centers for Disease Control and Prevention in cooperation with the Ohio Department of Health.

## Early Detection and Treatment

Half of all vision loss is preventable through healthy lifestyles, a regular routine of preventive vision care and treatment of eye problems at their earliest stages.

### Recommendations:

1. Support measures that increase vision screening practices among providers of primary health care.

2. Support preventive eye care benefits for all Medicare recipients.

3. Advocate for the inclusion of a vision screening as part of the "Welcome to Medicare" wellness exam which is available to all first-time recipients.

4. Support legislation that would require certain health care policies, contracts, agreements and plans to provide benefits for equipment, supplies and medication for the diagnosis, treatment and management of diabetes and for diabetes self-management education.

## Eye Care Access for the Disadvantaged

An estimated 1.2 million Ohio residents (12%) are without health insurance. Access to health care continues to be a major stumbling block for many Ohioans. Vision care is often neglected because people often only address their most immediate medical emer-

**(See Recommendations continued on page 7)**

# Legislative Task Force Releases Final Report

The Legislative Task Force for Preserving Adult Vision released its final report on the status of current vision services available to Ohio's adult and aging population December 6, 2005.

Senator Jeffrey Armbruster served as chairman of the Task Force. Other members from the Senate included Senators Ray Miller and Robert Spada. Members from the House of Representatives included Representatives Courtney Combs, Lorraine Fende, and Geoffrey Smith, Vice-Chair.

According to the Task Force Report, Ohio can improve the visual quality of life for older Ohioans now and in the future by taking action on the following strategies:

**-Create** an Office at the Ohio Department of Health which will address the eye health needs of Ohio's adults and

provide public education, awareness, training for healthcare providers and public health surveillance of the impact and scope of vision loss in adult Ohioans.

**-Encourage** people to get comprehensive eye exams by way of private sector and government incentives including discounts on drivers license and motor vehicle registration renewals, auto insurance discounts and incentives for employers to offer employee eye care benefits.

**-Encourage** Medicaid to continue to cover preventive eye care.

**-Adopt** legislation that will require health insurance companies to include coverage for diabetes supplies and education as part of their basic health care plans.

To access a copy of the full report, go to [www.preventblindness.org/ohio/agingeye](http://www.preventblindness.org/ohio/agingeye).

## Recommendations (continued from page 6)

gencies. The importance of regular, professional eye exams, however, cannot be emphasized enough. In many cases if eye problems are left untreated, permanent vision loss and even blindness can result.

### Recommendations:

1. Maintain optional preventive vision care services for 800,000 Ohio adults in the State Medicaid Budget.

2. Encourage the Ohio Department of Health and its partnerships to provide technical assistance and support to Ohio's Federally Qualified Health Centers that focus on adult vision loss and provide training and technical assistance to Health Center professionals to implement adult vision assessment in a general wellness exam and emphasize the urgency of professional vision care for patients with diabetes.

3. Encourage the Ohio Department of Health and its partnerships to increase the contributions of eye care safety net providers in meeting unmet vision care needs.

4. Develop a state tax incentive for the donors of inkind professional services (such as comprehensive eye exams and eye surgeries) that benefit vulnerable populations in need of care.

5. Support federal legislation that includes

optometrists in the Department of Health and Human Services National Health Service Corps program and other programs that increase vision care providers in underserved areas.

6. Support federal legislation that provides for comprehensive eye care coverage (preventive exam, glasses, low vision aids, etc.) for all served by VA Clinics and Hospitals.

### Rehabilitation

There will always be a need for vision rehabilitation services because unfortunately we cannot prevent all eye diseases or their progression. Due to better medical care we are living longer. When all preventive and medical interventions are exhausted, rehabilitative services for individuals with a vision loss offer opportunity and hope to assist the individual to be as independent as possible enhancing one's quality of life. Independent living program support for older Ohioans who are visually impaired keeps people out of dependent care situations.

### Recommendations:

1. Support federal legislation for Medicare reimbursement for vision rehabilitation specialists.

2. Support health insurance coverage for basic vision care, vision education and for vision rehabilitation services.

“Several years ago, I discovered that I had cataracts. My wife and sister-in-law both had cataracts, and surgery had corrected their vision. There was no reason to think different of my situation. However, once the cataract was removed from my left eye, my vision did not clear up. It was then determined that I suffer from Age-Related Macular Degeneration.

While I can see a little better than before, I know that the AMD will always be there. I have undergone laser treatments, have my eyes checked every three to four months, and take special vitamins to keep the vision loss under control. While the AMD doesn't slow me down, it is sometimes discouraging ... especially when it's necessary to read something in smaller print. And driving at night is something I only do if I have to.



Jerry Baum  
age 73  
Toledo



# Ohio's Aging Eye Public Private Partnership

A statewide collaboration preparing for the growth of aging eye challenges in Ohio

## Co-Chairs

Hon. Merle Grace Kearns  
Director, Ohio Department of Aging

Dr. Robert Newcomb  
Professor of Clinical Optometry, The Ohio State University College of Optometry

## Subcommittee Chairs

*Public/Professional Awareness*

**Richard T. Bunner**  
Public Health Consultant, Prevent Blindness Ohio

*Public Policy*

**William Casto**  
Director, Bureau of Services for the Visually Impaired, Ohio Rehabilitation Services Commission

*Vision Research*

**Rafat R. Ansari, Ph.D.**  
Director, Vision Research Laboratory, Biofluid Sensor Systems, Microgravity Science Division,  
NASA Glenn Research Center

## Members

Association of Philanthropic Homes for the Aging, Association of Area Agencies on Aging, Association of Ohio Health Commissioners, Council for Older Adults, KnowledgeWorks Foundation, Ohio Council for Home Care, Ohio Association of Gerontology and Education, Ohio Agencies Serving the Visually Impaired, NASA Glenn Research Center, Ohio Department of Health, Ohio Department of Insurance, Representative Geoff Smith, Representative Kathleen Chandler, Ohio Nurses Association, Ohio Ophthalmological Society, Senator Steve Stivers, Senator Randy Gardner, Ohio Rehabilitation Services Commission, Ohio Osteopathic Association, Ohio Optometric Association, Ohio Veterans Visual Impairment Services Team, Opticians Association of Ohio & Prevent Blindness Ohio.

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