VISION

A STORY OF PREVENTION
One child’s path to seeing clearly

ALL CHILDREN SEE
Supporting good vision for all
Our mission is to end preventable vision loss in children.

The eyes of a child are small miracles. Preventable vision loss is a huge tragedy.

If we can look into the eyes of every child, we can prevent the preventable. We can treat the treatable. We can correct the correctable. It starts with an eye screening, it continues with proper treatment, and ends with a child who sees clearly for life.
A Story of Prevention

Children don’t know how well they are supposed to see. Parents don’t always know that their child has a vision issue—there are often no obvious signs that a child is struggling to see the world clearly.

One of the most common childhood vision problems is Amblyopia, or “lazy eye.” Amblyopia occurs when the brain tells an eye to stop seeing. Vision is lost, and because of the way the brain develops, vision correction becomes much more difficult by the time a child is 9 years old—sometimes impossible.

This is precisely why early vision screening in children is so important. Vision screening instruments detect abnormalities in children’s eyes and can be effective on infants as young as six months of age. The earlier the treatment, the better the vision outcome.

Four-year old Aila is a vision screening success story. During a routine visit to her pediatrician, when Aila was only three years old, she failed a vision screening test. Her mother, Bonnie, had absolutely no idea that Aila had a vision problem. As is common, there were no signs that one of Aila’s eyes was significantly weaker than the other.

If you see with innocent eyes, everything is divine.

Federico Fellini
Aila's pediatrician referred her to a Pediatric Ophthalmologist. Careful examination showed that Aila's left eye was normal, but her right eye was significantly farsighted, causing a profound decrease in her vision. With the vision discrepancy between her two eyes, her brain was starting to exclusively rely upon the stronger eye. Without treatment, Aila would have never been able to restore the vision in her right eye.

If it weren’t for the screening, she could have lost vision in one eye,” said Bonnie. “I am just so thankful.”

There are multiple causes of Amblyopia, and all of them can lead to permanent vision loss if left untreated. Amblyopia affects about 2-3% of children. In the United States alone, this translates to 100,000 children with vision loss each year! If every child’s vision is screened and the child receives appropriate follow-up care, we can prevent this vision loss. **It is preventable!**

Aila was treated with glasses to correct the unequal farsightedness between her eyes. Her stronger eye was patched to “wake up” the brain, which forced her to use her weaker eye. (Patching is a process where the strong eye is covered to force the brain to reengage with the weaker eye so as to retrain it to use that eye and restore its vision). After a little over a year of treatment, Aila's vision is now strong in both eyes.

For best results, early detection and treatment of children’s eye problems are critical. It also helps avoid the possible social stigma of wearing a patch and can often shorten the duration of treatment.

Aila was extremely fortunate. Some children in the US do not have access to comprehensive eye exams after a failed vision screening simply because of socio-economic circumstances. The Children’s Eye Foundation of the American Association for Pediatric Ophthalmology and Strabismus is dedicated to ensuring that all children have early vision screening and treatment. Through education and direct patient care, we save children’s sight.

Join us! Make a gift and help us save children from preventable vision loss through early vision screening and appropriate treatment.

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**How you can Help CEF of AAPOS**

CEF of AAPOS funds a broad spectrum of initiatives necessary to end preventable vision loss in children, from educating the public, to funding innovative research, to training physician-scientists, to developing delivery systems of care to underserved populations, to providing comprehensive eye exams to children in need in the US.

There are many ways you can help CEF of AAPOS:

**MAKE A GIFT!**

Every gift makes a difference in saving children’s sight. Join CEF of AAPOS by making a gift today. There are many ways to make a gift. Some donors prefer to give monthly, others find a planned gift allows them to give more generously. Friends of CEF of AAPOS have also planned fundraising events on our behalf and generated donations through Facebook fundraisers or cause-related marketing.

**SPREAD THE WORD!**

Learn about our important work by joining us on social media and sharing our posts with your friends and family.

Facebook: Facebook.com/childrenseye/
Twitter: Twitter.com/childrenseyefou

**VOLUNTEER!**

We are always looking for ways to amplify our message. Reach out to us and learn more about how you can help disseminate information about All Children See—our direct patient care program—and share the message about the importance of early vision screening.
All Children See (ACS) is a public service program of the Children’s Eye Foundation of AAPOS. ACS is a pathway to quality eye exams for all children (18 and under), regardless of socioeconomic circumstances. More than 2% of children under the age of 18 are blind or visually impaired, and up to 5% of young children are at risk for permanent vision loss from conditions such as amblyopia (also known as “lazy eye”) and strabismus. Nearsightedness, farsightedness, and astigmatism are the most common vision disorders in children. 5-10% of preschoolers and 25% of school-age children have vision problems that affect their learning and quality of life. Because 80% of learning is visual, vision plays a critical role in the cognitive, physical, and social development of a young child.

For a variety of reasons, many children in the US have eye care needs that are not being met. Approximately 4.3 million children did not have any health insurance coverage in 2018, an increase of 425,000 children from the previous year. We cannot afford to allow our children to forgo care. The consequences of delaying treatment for children with visual impairment can be life-long—including vision loss.

All Children See pairs children needing a comprehensive eye exam with nearby, highly-qualified pediatric ophthalmologists. ACS prioritizes seeing children who have already failed a vision screening and partners with eyeglass companies, eye patching companies, and other organizations that provide any necessary follow-up care. Together, we are ending preventable vision loss in children through our All Children See program.
Global Education and Training

Each year, the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) hosts an annual symposium where leading experts and researchers in the field share information about cutting-edge technology and the latest innovations in care. Colleagues from around the world convene to learn from one another and build relationships that have been greatly expanded. Thanks to the generosity of Dr. Marilyn Miller, CEF of AAPOS began underwriting the costs of pediatric ophthalmologists outside the US who were unable to cover the fees associated with attending the meeting. International ophthalmologists further benefit from a vastly expanded collegial network and develop skills they bring back to their respective countries, where they are encouraged to share what they have learned in their localities and beyond. In future years, we aspire to extend this award and sponsor the attendee for a one-week preceptorship, learning from a US pediatric ophthalmologist in his/her clinic and surgical practice.

Research is critical to advancing therapies, interventions, preventative measures, and, eventually, cures. The Children’s Eye Foundation of AAPOS has always placed funding promising research among its highest priorities and has funded nearly 80 scientists in its 50-year history. The funding we provide is often “seed funding” that helps young investigators demonstrate their ideas as viable and worthy of further exploration. For every dollar we have invested in research, there has been a more than 10-fold investment from other grant-making entities thereafter. Our grant awards are selective and directed to the most promising proposals, as determined by the AAPOS Research Committee. In addition to selecting grantees, this seasoned committee of researchers offers guidance to the grant recipients throughout the process of their investigative work.

Making an investment in research with the CEF of AAPOS enables the best and brightest researchers in the field to rapidly respond to innovative ideas and new opportunities to further our common mission of ending preventable vision loss in children.

Educational Resources

Screening eyes early is critically important to CEF of AAPOS’ mission to end preventable vision loss in children. For this reason, we invest considerable resources to educate the public about the importance of early vision screening. Through videos, educational resources distributed in schools, daycares and community centers, as well as through other promotional materials, CEF of AAPOS provides meaningful, credible education for parents and other care providers to keep children’s eyes healthy. Increased investment in educational resources enables us to extend our reach and ensure that parents know how important it is to screen eyes early. Early detection leads to much better outcomes.

Africa ROP

Every year, thousands of newborn babies in Sub-Saharan Africa (SSA) are going blind because physicians lack the training, supplies, and equipment they need to prevent blindness. This epidemic of blind babies is emerging in SSA from Retinopathy of Prematurity (ROP). ROP was first recognized in the US and Europe when premature babies began to survive in newly created Neonatal Intensive Care Units (NICUs). Though survival rates increased, babies received excessive oxygen in these NICUs, which often led to blindness. Today, developed countries benefit from multiple enhancements in NICUs and treatments for ROP, which have subsequently significantly reduced the incidence of blindness.

In developing countries in SSA, ROP is becoming a more common cause of childhood blindness as survival rates for premature infants increase, but oxygen is not regulated properly. At present, many countries in SSA lack the infrastructure and equipment necessary to reduce the incidence of ROP, provide proper screening, or treat it effectively.

CEF of AAPOS, in partnership with The International Pediatric Ophthalmology and Strabismus Council (IPOSC), is seeking funding to develop protocols, educational materials, and screening techniques, as well as to provide equipment to neonatal centers in Africa. This critically important initiative, once executed, will give many thousands of children the joy of sight for life.
**AMBLYOPIA**
Amblyopia is decreased vision in one or both eyes due to abnormal development of vision during childhood. With amblyopia, there may not be an obvious problem of the eye. Vision loss occurs because nerve pathways between the brain and the eye aren’t properly stimulated. The brain “learns” to see only blurry images with the amblyopic eye even when glasses are used. As a result, the brain favors one eye, usually due to poor vision in the other eye. Left untreated, total blindness can occur in the eye with poor vision. Another term commonly used for amblyopia is “lazy eye.” It is the leading cause of vision loss among children.

**PATCHING**
One effective treatment for Amblyopia is called patching. To strengthen the weaker eye and help retrain the brain to use the weaker eye, a patch is used to cover the strong eye that sees better. Over time, with the eye that sees better covered for certain hours every day, the weak eye and brain relearn to work together. Eventually, the patch is not needed and the weak eye works together with the strong eye. Often glasses are still needed to correct the near-sightedness far-sightedness, or astigmatism in one or both eyes. This Amblyopia treatment starts to lose effectiveness after a child is nine years old, as the brain becomes less able to adapt and change. Sometimes eye drops are used to the same effect as patching. These eye drops make the vision blurry in the eye getting the drop but don’t completely block the vision like a patch.

**STRABISMUS**
This means that the eyes are not straight. This doesn’t tell you whether the eyes are crossed in, turned out, turned up, or turned down. Strabismus prevents the eyes from focusing or working together to see clearly. It is commonly referred to as cross-eyed or wall-eyed.