

The Vision Connection:
Integrating Vision into State Health Programs

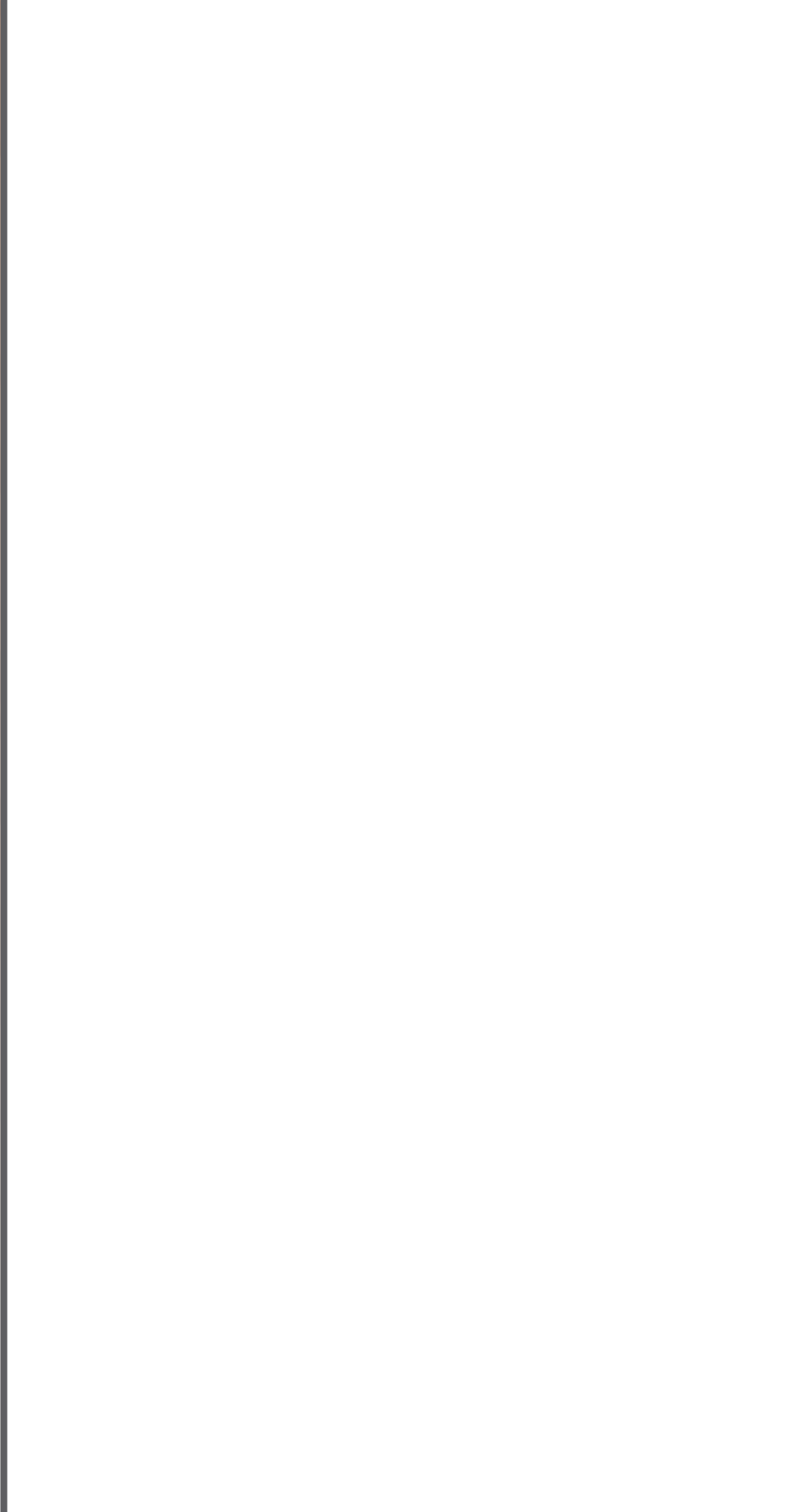


TABLE OF CONTENTS

<i>Introduction</i>	4
<i>Exploring Vision Integration</i>	5
<i>Examples of Vision Integration Success</i>	7
Developing State Partnerships The Texas Experience	8
Partner Contributions The Georgia Experience	10
Vision Integration with a Diabetes Program The New York Experience	12
Sustainable Impact of Long-Term Partnerships The Ohio Experience	14
<i>Prevent Blindness America</i>	17
<i>Behavioral Risk Factor Surveillance System</i>	18
<i>Future Directions</i>	20
<i>Resources</i>	21
<i>Acknowledgements</i>	22
<i>Affiliates</i>	23



INTRODUCTION

In 2003, Prevent Blindness America entered into a significant partnership with the Centers for Disease Control and Prevention (CDC) to address vision and eye health preservation issues. Our cooperative efforts since then have allowed us to create groundbreaking strategies to expand the scope of public health disease prevention and health promotion activities surrounding vision and eye health.

By merging the capacity of the Prevent Blindness America network of affiliates with state health departments, innovative relationships were established to increase the visibility of the relationship between vision and public health. These public-private partnerships have fostered state and local collaborations that included integration of vision and eye health messages within existing programs tailored to meet specific community needs.

Here we share four distinctly different collaborations between states and Prevent Blindness America affiliates, illustrating the capacity of states and communities to promote vision and eye health as a part of community public health initiatives. Opportunities were identified, in part, by examining data generated from the Visual Impairment and Access to Eye Care module of the Behavioral Risk Factor Surveillance System that provides state-level data to support the need for vision programming.

EXPLORING VISION INTEGRATION

The integration of vision into state health departments has been a priority for Prevent Blindness America throughout the past decade. This integration of vision messaging and programming into existing state efforts can lead to effective interventions, improved surveillance activities, and better use of staff time and program resources. Prevent Blindness America, with support from the CDC's Vision Health Initiative, has worked to integrate and elevate vision and eye health as a public health issue in state health departments across the country.

Early on, Prevent Blindness America recognized the importance of engaging state public health systems in its efforts to advance vision preservation activities. Toward this end, a partnership was developed with the National Association of Chronic Disease Directors, which led to a number of initiatives. As an initial effort, this partnership resulted in an abbreviated literature review on state-based vision and eye health efforts – *Age-related Eye Diseases: An Emerging Challenge for Public Health Professionals*.¹

This project was coupled with an assessment of the vision-related activities of seven states, which included surveys as well as site visits to meet with key players in each state's public health network. The states included in this effort were Arizona, Arkansas, Florida, Georgia, Maine, New Mexico, and Ohio. This process resulted in the publication of a document entitled *Vision Problems in the U.S.: Recommendations for a State Public Health Response*.² Among the findings of this assessment process were that most states had vision programs to some degree or another that were linked to their diabetes programs; there existed a few state-wide vision councils; there was some Medicaid coverage for vision; and rehabilitation agencies and Veterans Administration facilities generally addressed vision. It also revealed that there existed little evidence of systematic coordinated planning; there were few community-based services; data was generally not available on vision problems, and there was no integration of vision services outside of diabetes.

¹ Gohdes DM, Balamurugan A, Larsen BA, Maylahn C. Age-related Eye Diseases: An Emerging Challenge for Public Health Professionals. *Prev Chronic Dis*. Available at: www.cdc.gov/pcd/issues/2005/jul/04_0121.htm, accessed December 2, 2011; July 2005.

² National Association of Chronic Disease Directors and Prevent Blindness America. *Vision Problems in the United States: Recommendations for a State Public Health Response*. Available at: www.preventblindness.net/site/DocServer/CDD_Vision_Report.pdf?docID=1324, accessed December 2, 2011; 2004.



Following the release of this report, a working group comprised of representatives of state public health agencies, the CDC, and Prevent Blindness America and its affiliates formed to recommend actions that would result in state-based comprehensive vision preservation programs. The working group met in the fall of 2005 to reach consensus on the key elements of this action plan. The resulting document, *A Plan for the Development of State Based Vision Preservation Programs*³, serves as a summary of the working group's deliberations. The report describes the current status of public health vision conservation efforts; recommends increased adult vision preservation activities within state chronic disease programs; recommends increased program activity by Prevent Blindness America; emphasizes collaborative roles and activities for health departments, Prevent Blindness America, and other vision preservation organizations; and recommends that the CDC identify comprehensive and coordinated strategies and priorities in eye health and vision preservation that could serve as the basis for collaborative initiatives.

Most recently, National Association of Chronic Disease Directors' document, *Recommendations for State Health Agency Actions to Support Integration of Chronic Disease Programs*⁴, established eight principles to guide the development of state integration efforts:

- Engage state health agency leadership
- Develop crosscutting epidemiology and surveillance programs
- Leverage the use of information technology
- Build state and local partnerships
- Develop integrated state plans
- Engage management and administration
- Implement integrated interventions
- Evaluate integration activities

EXAMPLES OF VISION INTEGRATION SUCCESS

Early adopters of vision integration include: Texas, Georgia, New York, and Ohio. On the following pages, we share snapshots of how these four states have succeeded in taking steps toward integrating vision and eye health into their state-based activities.



³National Association of Chronic Disease Directors and Prevent Blindness America. A plan for the Development of State Based Vision Preservation Programs: Summary of a Retreat on Public Health Vision Preservation. Available at: www.preventblindness.net/site/DocServer/State_Based_Vision_Screening_Programs.pdf?docID=1341, accessed December 2, 2011; 2005.

⁴National Association of Chronic Disease Directors. Recommendations for State Health Agencies: Actions to Support Integration of Chronic Disease Programs. Available at: www.diseasechronic.org/files/public/NACDD_PI_Recommendations.pdf, accessed June 14, 2011; 2006.



Developing State Partnerships

It is crucial to work with partners through each step of the vision integration process. Establishing working relationships with state health department programs that have an interest in vision and eye health is a vital first step in starting a vision integration project. Prevent Blindness Texas explains how they forged a partnership with their state health department and other critical partners from across their state.

The Texas Experience

In early 2010, Prevent Blindness Texas initiated efforts to integrate vision and eye health preservation strategies into existing programs and functions at the state health department and to promote public health strategies among community partners in state organizations and institutions. The primary partnership with the Health Promotion and Chronic Disease and Prevention Unit at the Texas Department of State Health Services was critical to this effort's initial success. After a preliminary effort to provide bilingual vision and eye health education materials to state-approved primary and specialty clinics in Texas, Prevent Blindness Texas established a partnership with the Office of Border Health at the Texas Department of State Health Services.

Residents of the border region were known to have high rates of diabetes, but the 2007 Health Risk Factors in the Texas-Mexico Border report had not sufficiently sampled vision health information among residents of the fifteen Texas counties along the US-Mexico border. Prevent Blindness Texas supported the Office of Border Health and the Center for Health Statistics in the implementation of the Behavioral Risk Factor Surveillance System Visual Impairment and Access to Eye Care module in 2011. This survey is a state customized, national telephone-based survey of adults that gathers information on conditions and

behaviors known to influence health. Prevent Blindness Texas and Texas Department of State Health Services Office of Border Health signed a formal Memorandum of Understanding to implement the module along the border region and find ways to integrate vision within existing state health department programs (such as those addressing diabetes, nutrition, obesity, and hypertension) to benefit the half million Texas residents living along the border.

The first Texas Vision Health Integration Collaborative Workshop of the newly established partnership was held in Houston, expanding this effort to additional stakeholder partners from across the state. The workshop attracted 35 state institutions, universities, and organizations to determine best practices for vision health integration strategies. This meeting resulted in the formation of a steering committee and three workgroups. The steering committee provided guidance to the Collaborative, while the workgroups focused on the following topic areas: Early Detection and Prevention, Workplace School Safety and Injury Prevention, and Education and Community Outreach. There has been great interest and participation by the Collaborative members in working on vision integration in the state of Texas. This has led to projects providing bilingual materials about eye health, training teachers on an eye health and safety curriculum, and implementing a public awareness campaign focusing on eye health.



Partner Contributions

Once collaborative partnerships with the state health department and organizations are developed, each partner needs to contribute to the vision integration project. Georgia shares their experience in vision integration with their partners.

The Georgia Experience

The Georgia Vision Collaborative – consisting of partners from the state health department and public health organizations, along with individuals who work with older adults – came together in 2007 to organize the Georgia Vision Institute, a daylong seminar for seniors and staff members of senior organizations. The purpose of this event was to increase the percentage of older adults who receive regular eye exams for the early detection of age-related eye disease. In addition, the Institute aimed to improve the systems of support for seniors so that they would receive appropriate follow-up treatment for age-related eye diseases, primarily glaucoma and diabetic retinopathy. This integration resulted in public health organizations, government health departments, and individuals providing each other with information and resources. The seminar included sessions on the economic and human impact of vision problems, diabetes and aging eye diseases, low vision services, vision conservation, new treatments, and possible future cures for eye disease.

The lead collaborative partners, Prevent Blindness Georgia and the Center for the Visually Impaired, made this event possible through partner cooperation and individual contributions. In preparation for the event, each partner publicized the Institute through their websites, messages to their constituents,

and distribution of flyers to the public at their events. Partners also provided databases of potentially interested groups to which email invitations were sent. The Georgia Department of Human Resources' Diabetes Prevention and Control Program disseminated information about the Institute to encourage other departments to attend, which helped build recognition and establish connections for the collaborative partners. The Diabetes Prevention and Control Program also financially supported the event with a grant and Prevent Blindness Georgia provided funds to pay for the venue with a CDC subgrant through Prevent Blindness America.

The Institute program was organized by Georgia Vision Collaborative organizations. Two low vision service partners, the Center for the Visually Impaired and the Blind and Low Vision Services of North Georgia, planned a presentation and a panel discussion about low vision services which included a low vision patient, two low vision rehabilitation specialists, and a low vision optometrist. Prevent Blindness Georgia scheduled four disease specialists who spoke about age-related eye diseases. At the Institute, the Georgia Vision Collaborative partners presented a new Vision Resource Guide, which all had contributed to, to inform both agencies and individuals about vision resources within their communities.

In addition, exhibits were set up in the reception areas at the Institute. The Georgia Eye Bank provided a display to encourage cornea donations and to educate the public about the importance of organ donation. Low vision partners demonstrated the use of simple low vision aids and identified potential clients. Prevent Blindness Georgia provided vision screening to all attendees, using risk assessment forms, as well as visual acuity and visual field tests.

As a result of the Georgia Vision Institute, relationships were established among the collaborative partners, the Georgia Office of Aging, senior centers and residences in the metropolitan Atlanta area. The Institute also provided partner organizations with opportunities to build relationships with senior groups. Subsequently, the collaborative partners were invited to speak at the Office of Aging state meetings. Prevent Blindness Georgia began providing vision clinics to senior centers on a contract basis – a practice which continues today.



Vision Integration with a Diabetes Program

The partnerships built through integration in Georgia led to a successful event bringing about new collaborations. Without each partner's contribution, the event's success would not have been fully realized. While every partner in a vision collaborative brings significant value, due to the heightened connection between diabetes and vision loss, one of the most important partners to engage in a vision integration effort must be the state diabetes program. New York demonstrates how they worked to integrate vision within the state diabetes program.

The New York Experience

The Vision Health Integration and Preservation Program in New York State was a public-private partnership between the New York State Department of Health and Prevent Blindness Tri-State. This program raised awareness among public health leadership about the connection between vision, eye health, and chronic disease and demonstrated the importance of vision health in supporting partner goals and objectives. While the program touched various aspects of health, a significant effort was made around its collaboration with diabetic eye disease.

More than one million adult New Yorkers have diabetes and another 760,000 have diabetes and do not know it. Among New Yorkers aged 40 years and older, the most frequent reason given for not visiting an eye care professional in the past 12 months was because "they had no reason to go."⁵ This was true for both people with and without diabetes and suggests that more awareness of vision health issues, particularly for people with diabetes, is needed.

In response to the increasing prevalence of diabetes in New York, the state Diabetes Prevention and Control Program developed a series of briefing documents

concerning diabetes prevalence, economics, school-age children, population disparities, and complications of diabetes for providers and decision makers, but had not considered developing one focused on vision and eye health.

The Vision Health Integration and Preservation Program provided an analysis of the Behavioral Risk Factor Surveillance System illustrating that diabetic retinopathy is diagnosed in 19.4% of adult New Yorkers with diabetes⁶ and between 40 to 45 percent of Americans diagnosed with diabetes have some stage of diabetic retinopathy.⁷ Given this information, the Diabetes Prevention and Control Program welcomed the development of an informational brochure in collaboration with the vision program to educate the provider community and government decision makers about the status of diabetic eye disease in New York.

In 2009, the two programs developed an informational brochure, *Diabetes and Vision Impairment: 5 Key Messages*⁸. The brochure was crafted primarily by the vision program core team, adding very little to the workload of the diabetes program staff. The only costs for this initiative were staff time; one diabetes program staff member and three vision program staff members. A follow-up evaluation conducted with the diabetes program revealed that: 1) without the influence of the vision program, the integration activity would not have occurred; 2) the diabetes program staff learned more about the relationship between diabetes and vision, and the importance of vision loss prevention strategies; and 3) the diabetes program could see new partnerships forming as a result of the development and dissemination of the document since it was a “great example of how (the Diabetes Prevention and Control Program) could work with other programs to create similar briefings”.

The *Vision Impairment and Diabetes: 5 Key Messages* brochure is now a part of the information and tools that will be overseen by the Diabetes Prevention and Control Program and updated as necessary. In fact, data from the informational brochure was used by the office of the New York Commissioner of Health for a Wall Street Journal article on diabetes and blindness.

⁵ New York State Behavioral Risk Factor Surveillance System, 2008.

⁶ New York State Behavioral Risk Factor Surveillance System, 2008.

⁷ National Eye Institute. Facts about Diabetic Retinopathy. Available at www.nei.nih.gov/health/diabetic/retinopathy.asp, accessed June 20, 2011; 2010.

⁸ New York Department of Health and Prevent Blindness Tri-State. *Diabetes and Vision Impairment: 5 Key Messages*. Available at: www.health.state.ny.us/publications/0939/index.htm, accessed June 14, 2011; 2010.



Sustainable Impact of Long-Term Partnerships

The New York experience is a great example of how vision integration can be easily added to a state health department chronic disease program. Earlier examples highlighted the importance of developing partnerships to advance the vision integration model. Equally important is sustaining these partnerships over the long-term. Ohio's experience in vision integration provides a strong example of long-term partnership efforts.

The Ohio Experience

Long-term vision integration with state partners has led to sustained changes in Ohio. The Ohio Department of Health has become an integral partner with Prevent Blindness Ohio and other vision and eye health advocates of vision integration.

According to the 2008 *Vision Problems in the US*⁹, more Ohioans than ever are facing the threat of blindness from age-related eye disease (including age-related macular degeneration, cataract, glaucoma, and diabetic retinopathy). The number of Ohio seniors affected by age-related eye diseases is expected to double by the year 2030 as the Baby Boomer generation ages, possibly leading to more than 2.5 million Ohioans affected. Ohio's Aging Eye Public Private Partnership formed in 2003 specifically to ensure this potential result never becomes reality.

The creation of the Partnership grew from Ohio's *Vision...Awaken to the Challenge*, a conference facilitated by Prevent Blindness Ohio to initiate a dialogue among the state's leading policymakers, government officials, healthcare providers, social service agencies and other interested parties. The Partnership has successfully integrated many of its vision related products, resources, trainings, and educational messages into existing initiatives of the

participating state-wide departments and associations. The longevity of this partnership has led to numerous activities, including:

- Publication of an annual report to the Governor and Ohio General Assembly highlighting the current state of eye health among Ohio's seniors and the steps being taken by the Partnership to address the growth of vision loss in Ohio
- Development of a web resource, *Vision Problems in Ohio*¹⁰ which provides useful information about the prevalence of vision loss and impairment including the direct and indirect costs of vision loss in Ohio and in each of the state's 88 counties
- The Ohio Department of Aging declared April *Aging Eyes Month* and provided eye health messaging on their website, television show, and in their newsletter
- The Ohio Department of Health staff receive vision integration training through workshops
- Vision care resources were provided to seniors who attended the Welcome to Medicare events throughout the state hosted by the Ohio Senior Health Insurance Information Program of the Ohio Department of Insurance
- Legislative briefings have been hosted by the Partnership, Ohio Rehabilitation Services Commission-Bureau of Services for the Visually Impaired and the Ohio Departments of Health and Aging to educate lawmakers about the scope and financial burden of age-related eye diseases
- The Healthy Ohio website, hosted by the Ohio Department of Health, promotes glaucoma awareness in January
- Prevent Blindness Ohio provides adult vision screening services and adult vision screening training for member organizations of the Partnership
- Ohio-specific fact sheets detailing information, tools, and resources to maintain healthy vision were created: Healthy Sight for Life and Your Vision and Diabetes

⁹ Prevent Blindness America. Vision Problems in the US. Available at: www.preventblindness.net/site/DocServer/VPUS_2008_update.pdf?docID=1561, accessed August 23, 2011; 2008.

¹⁰ Prevent Blindness Ohio. Vision Problems in Ohio: Prevalence of Adult Vision Impairment and Age-Related Eye Disease in Ohio. Available at: <http://ohio.preventblindness.org/vision-problems-ohio-prevalence-age-related-eye-disease-ohio>, accessed December 2, 2011; 2008.

- The Partnership co-hosts Vision Research Scientific Forums and Summits on age-related eye diseases each year
- The Partnership member organizations have utilized the Eye Health Education Toolkit which contains three PowerPoint presentations on age-related eye diseases, vision resources, and healthy living to integrate into existing educational outreach programs
- The Partnership has created an Ohio Vision Resources and Services Guide which provides a listing of state-wide telephone numbers and web sites to assist individuals and organizations in finding vision care, prescription assistance, rehabilitation services, educational materials, and access to low or no cost eye exams
- All Partnership resources can be accessed online at: <http://ohio.preventblindness.org/ohios-aging-eye-public-private-partnership>

These efforts have led to the inclusion of vision preservation for Ohio's aging population in the strategic plans of the state Departments of Health, Aging, Insurance, and Rehabilitation Services, as well as organizations providing senior services, conducting research, and providing support services. Most of these had no vision preservation activities previously. Not only did the Ohio vision integration effort draw some much needed attention to vision and eye health, but the collective efforts of the Ohio's Aging Eye Public Private Partnership members have allowed them to continue and grow over the past decade.

PREVENT BLINDNESS AMERICA

At Prevent Blindness America, our vision is vision – a vision that all children are afforded the benefits of sight as they grow and learn; a vision that all adults are educated about proper eye healthcare and have access to that same care; a vision that necessary attention is provided to issues surrounding the aging eye; and a vision that no one needlessly loses their sight due to unsafe practices.

Founded in 1908, Prevent Blindness America, the nation’s leading voluntary eye health and safety organization dedicated to preventing blindness and preserving sight, is first and foremost a public health organization. As such, we focus on improving the nation’s vision and eye health by enhancing community capacity through our core competencies of early detection, patient support, systems enhancement, public policy, research, public awareness, and health education. Half of all blindness can be prevented, yet this can only occur through these essential interventions.

Prevent Blindness America has been involved in the integration of vision activities at the state level since 2003. With the support of key national partners – including the Centers for Disease Control and Prevention and the National Association of Chronic Disease Directors – we have been able to work closely with our affiliates and other state partners to advance state vision integration efforts to make vision and eye health a priority health concern in these states. Prevent Blindness America will continue to expand its efforts nationally and through its field network to foster a cooperative relationship with state health departments to promote the eye health of all Americans.



BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

Many of the state integration efforts mentioned in this publication have used their state Behavioral Risk Factor Surveillance System survey data to further the vision integration in their state. Prior to 2005, there were only two vision related questions in the survey, but due to the efforts of the CDC Vision Health Initiative, there is an optional nine question module related to vision and eye health – Access to Eye Care and Visual Impairment. The vision module contains nine questions to assess prevalence of self-reported visual impairment, eye disease, eye injury, access to eye care, lack of eye care insurance, and eye examination among individuals aged 40 years and older.

1. How much difficulty, if any, do you have in recognizing a friend across the street?
2. How much difficulty, if any, do you have reading print in newspaper, magazine, recipe, menu, or numbers on the telephone?
3. When was the last time you had your eyes examined by any doctor or eye care provider?
4. What is the main reason you have not visited an eye care professional in the past twelve months?

5. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.
6. Do you have any kind of health insurance coverage for eye care?
7. Have you been told by an eye doctor or other healthcare professional that you NOW have cataracts?
8. Have you EVER been told by an eye doctor or other healthcare professional that you had glaucoma?
9. Have you EVER been told by an eye doctor or other healthcare professional that you had macular degeneration?

The information from this module can be combined with other health information collected by the Behavioral Risk Factor Surveillance System to provide rich data for a state to determine priority areas for eye health programming. As the New York example demonstrated, the combination of vision and diabetes data was able to provide a useful snapshot. Similar efforts can also be undertaken in areas such as cardiovascular health, tobacco use, obesity, and nutrition.

The CDC recently released an issue brief, *The State of Vision, Aging and Public Health in America*¹¹, which summarizes the prevalence of vision loss and eye diseases reported by people aged 65 or older in 19 states. It also provides information about access to eye care, health status, and co-morbid conditions among older adults.

¹¹ Centers for Disease Control and Prevention. The State of Vision, Aging and Public Health in America. Available at: www.cdc.gov/visionhealth/pdf/vision_brief.pdf, accessed June 14, 2011; 2011.



FUTURE DIRECTIONS

In the current environment of limited funding to state health departments, integration of vision programming will be crucial in maximizing resources. Using existing funding sources in diabetes, cardiovascular disease, cancer, tobacco cessation, and other programs can revolutionize the way singular programs are broadly addressed. States need to learn how vision and eye health problems affect their populations, and how targeted public-private partnerships and prevention-based initiatives can work to advance the Prevent Blindness America mission of preventing blindness and preserving sight.

RESOURCES

Centers for Disease Control and Prevention. The State of Vision, Aging and Public Health in America. Available at: www.cdc.gov/visionhealth/pdf/vision_brief.pdf, accessed June 14, 2011; 2011.

National Association of Chronic Disease Directors. Recommendations for State Health Agencies: Actions to Support Integration of Chronic Disease Programs. Available at: www.diseasechronic.org/files/public/NACDD_PI_Recommendations.pdf, accessed June 14, 2011; 2006.

National Association of Chronic Disease Directors and Prevent Blindness America. A Plan for the Development of State Based Vision Preservation Programs: Summary of a Retreat on Public Health Vision Preservation. Available at: www.preventblindness.net/site/DocServer/State_Based_Vision_Screening_Programs.pdf, accessed August 23, 2011; 2005.

National Association of Chronic Disease Directors and Prevent Blindness America. Vision Problems in the United States: Recommendations for a State Public Health Response. Available at: www.preventblindness.net/site/DocServer/CDD_Vision_Report.pdf?docID=1324, accessed August 23, 2011; 2004.

**FOR MORE
INFORMATION:**

Prevent Blindness America

211 West Wacker Dr. Suite 1700
Chicago, IL 60606
1-800-331-2020
www.PreventBlindness.org

Acknowledgements

Special thanks for their contributions to this document:

New York State Department of Health
Diabetes Prevention and Control Program,
Prevent Blindness Georgia,
Prevent Blindness Ohio,
Prevent Blindness Texas, and
Prevent Blindness Tri-State.

This publication was supported by Cooperative Agreement Number U58DP001311 from the Centers for Disease Control and Prevention to Prevent Blindness America. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

AFFILIATES

Florida

Jay Tobin
President and CEO
Prevent Blindness Florida
800 Second Ave. South,
Suite 390
St. Petersburg, FL 33701
T 727.498.6561
In FL: 800.817.3595

Georgia

Jenny Pomeroy
Executive Director
Prevent Blindness Georgia
739 West Peachtree St. NW
Suite 200
Atlanta, GA 30308
T 404.266.2020

Indiana

Wendy Boyle
Executive Director
Prevent Blindness Indiana
70 E. 91st St. Suite 204
Indianapolis, IN 46240
T 317.815.9943, x229

Iowa

Jeanne Burmeister
Executive Director
Prevent Blindness Iowa
1111 Ninth St. Suite 250
Des Moines, IA 50314
T 515.244.4341

Mid-Atlantic *(District of Columbia, Maryland, Virginia)*

Timothy Gresham
President and CEO
Prevent Blindness
Mid-Atlantic
11618 Busy St.
Richmond, VA 23236
T 804.423.2020
In VA: 888.790.2020

Nebraska

Kathryn Byrnes
Executive Director
Prevent Blindness Nebraska
6818 Grover, Suite 102
Omaha, NE 68106
T 402.505.6119

North Carolina

Jennifer Talbot
Executive Director
Prevent Blindness
North Carolina
4011 Westchase Blvd.
Suite 225
Raleigh, NC 27607
T 919.755.5044
In NC: 800.543.7839

Northern California

Wing-See Leung
President and CEO
Prevent Blindness
Northern California
1388 Sutter St. Suite 408
San Francisco, CA 94109
T 415.567.7500

Ohio

Sherill Williams
President and CEO
Prevent Blindness Ohio
1500 West 3rd Ave.
Suite 200
Columbus, OH 43212-2874
T 614.464.2020

Oklahoma

Dianna Bonfiglio
Executive Director
Prevent Blindness Oklahoma
6 Northeast 63rd St.
Suite 150
Oklahoma City, OK 73105
T 405.848.7123

Tennessee

Jennifer Gamble
President and CEO
Prevent Blindness Tennessee
95 White Bridge Rd.
Suite 312
Nashville, TN 37205
T 615.352.0450
In TN: 800.335.0450

Texas

Debbie Goss
President and CEO
Prevent Blindness Texas
2202 Waugh Dr.
Houston, TX 77006
T 713.526.2559, x107
In TX: 888.987.4448

Tri-State

*(Connecticut,
New Jersey,
New York)*
Kathryn Garre-Ayers
President and CEO
Prevent Blindness Tri-State
101 Whitney Ave.
Suites 300 & 301
New Haven, CT 06510
T 203.772.4653
In CT: 800.850.2020,
option 0

Wisconsin

Barbara Armstrong
Executive Director
Prevent Blindness Wisconsin
759 North Milwaukee St.
Suite 305
Milwaukee, WI 53202
T 414.765.0505

DIVISION

Kentucky

LuAnn Epperson
President and CEO
Prevent Blindness Kentucky
P.O. Box 436113
Louisville, KY 40253
T 502.254.4973
In KY: 800.828.1179

REGIONAL AREAS

Northeast Region

*(Maine, Massachusetts,
New Hampshire,
Rhode Island, Vermont)*
Kathy Majzoub, Director
Northeast Region
424 Beacon St.
Boston, MA 02115
T 312.731.3990

Northwest Region

*(Idaho, Montana,
Oregon, Washington,
Wyoming)*
Carol Strong, Director
Northwest Region
16420 SW McGillivray
Suite 103/645
Vancouver, WA 98683-3599
T 503.290.9200

Illinois Programs

Donna Dreiske, Director
211 W. Wacker Dr.
Suite 1700
Chicago, IL 60606
T 312.363.6029

