United States Fact Sheet

Country Overview

» The US spans 3.797 million square miles
» Population: 321 million
» 2016 Human Development Index Ranking: 10 of 188 countries

Scope of Vision Needs

» 0.15% of the US population is blind
» 1.25% of the population has moderate to severe vision impairment or MSVI
» The US accounts for 0.38% of global blindness and 0.36% of global MSVI
» Diabetic Retinopathy (DR) is the leading cause of blindness in adults, affecting 1/3 of diabetics over 40 years old

Nationwide Eye Care Response

» The US CSR was 6,353 surgeries per million in 2010
» There are 60.8 ophthalmologists per million people
» There are 127.4 optometrists and 155.4 AOPs per million people

VISION NEEDS

% Pop Blindness | % Pop MSVI | Global Blindness | Global MSVI

0.15% | 1.25% | 0.38% | 1.70%

CATARACT SURGICAL RATE PER MILLION PEOPLE

WHO Target | United States
3,000 | 6,353

2 Unless otherwise noted, all statistics provided by IAPD Vision Atlas Global Vision Database.
3 CDC Diabetic Retinopathy Fact Sheet: https://www.cdc.gov/visionhealth/pdf/factsheet.pdf
Seva’s Approach in the US

American Indians suffer disproportionately from higher rates of preventable and treatable eye conditions due to a lack of access to affordable, quality eye care. Barriers to care among American Indians include: poverty, geographic isolation, and the lack of linguistically and culturally appropriate eye care providers. Seva’s goal with the American Indian Sight Initiative (AISI) is to improve eye health through collaborative, locally based partnerships. We focus on the most common and treatable eye health issues found in American Indian communities: the need for eye health screening, medical treatment, and eyeglasses. With local partners in California and New Mexico, we are reducing the barriers to quality eye care in American Indian communities.

Kewa Pueblo Health Corporation (KPHC) provides the Native American population of Santo Domingo Pueblo, located 41 miles outside of Albuquerque, New Mexico, with basic health services including optometry, primary care, dental and pharmacy. Through AISI, Seva works with in partnership with optometrist Dr. Lindsey Marvel, who is a Tribal member of the Caddo Nation to provide expanded care to the Santo Domingo Pueblo and surrounding Pueblos. Seva supports Dr. Marvel in treating patients with corneal irregularities, keratoconus and pellucid marginal degeneration. KPHC also conducts screenings at the local elementary schools. Additionally, Dr. Marvel and KPHC staff have been trained in effective telemedicine practices by Aravind Eye Care System, one of Seva’s partners in India (see below) and have expanded their efforts to the San Felipe Pueblo.

Southwestern Indian Polytechnic Institute (SIPI) is a Tribal Community College located in Albuquerque, New Mexico. SIPI has partnered with Seva since 2013 through AISI. SIPI offers an Associate Degree of Applied Science and a certificate in Optical Laboratory Technology. SIPI’s Vision Care program is designed to lead students into careers as opticians, dispensing opticians, ophthalmic optical laboratory technicians and ophthalmic technicians. This unique program provides students with hands-on laboratory experience that qualify them for employment in the ophthalmic industry. Seva supports SIPI by providing essential equipment and supplies for training in the classroom and student-run community outreach events. Additionally, Seva subsidizes expensive certification exams so many graduates can move on to work as vision technicians within Native American communities, which often lack affordable, equitable, and culturally appropriate access to eye care services.

United Indian Health Services (UIHS) is in Arcata, California. UIHS provides vision and primary care services to approximately 10,000 patients across Northern California. Their board of members is made up of nine distinct tribes. UIHS and Seva have partnered on AISI since 2015. Through this partnership, UIHS was able to purchase equipment used to improve services and decrease the number of outside referrals, cutting down on extra travel costs and time off work for their patients. Seva is focused on supporting UIHS’s plans to increase their capacity and improve their vision care program. Recently, UIHS hired an optometrist who has been working to strengthen the vision care program.
SPOTLIGHT ON CAPACITY
BUILDING FOR UNIVERSAL ACCESS
TO EYE CARE

Telemedicine allows patients to communicate with a doctor via videoconference and share results in real time. For some American Indian communities in need of specialized eye care, this can be a game changer. Seva’s AISI recently sent representatives from KPHC, led by optometrist Dr. Lindsey Marvel, to India to learn telemedicine best practices from experts at Aravind Eye Care System. The team returned to the US to become mentors to the healthcare team serving the neighboring San Felipe Pueblo community. With Seva’s input, Dr. Marvel designed and ran a telemedicine training for healthcare workers in Kewa and San Felipe. Additionally, San Felipe can now refer patients in need of follow-up care to the Kewa eye clinic. This leadership practice, of receiving training and mentorship and passing it on to others, exemplifies Seva’s capacity building model.

Many Native Americans live in rural areas without specialized care facilities, but they can get to a local health clinic. There, community health workers connect patients to off-site eye care providers who might be hundreds of miles away through KPHC’s use of telemedicine to diagnose and prescribe treatment for eye health issues, including diabetic eye disease. These innovative tools and programs, which continue to evolve, hold great promise in addressing eye care and other healthcare challenges into the future.

Resources:

Seva’s American Indian Sight Initiative
Female Leaders in Eye Care
The Promise of Telemedicine