LETTER

Pediatric Eye Care Treatment Rates and Community Compliance to a Spectacle Provision Program in an Underserved School District [Letter]

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Dear editor

In their report on the six-year implementation of the UCSD Eyemobile for Children (EyeMobile) within an underserved San Diego school district for screening and treating pediatric refractive error, Rohn et al reveal a high level of compliance among children in completing eye examination referrals and in wearing spectacles prescribed through the program. With the EyeMobile program proving to be successful in both diagnosing and treating pediatric vision impairment, it would be interesting to further investigate the potential for such a program to be used in preventative care. With the prevalence of pediatric eye conditions such as myopia continuing to increase, there is a growing need to prioritize efforts toward prevention.

Within the EyeMobile program, general eye care information was given only to the parents of children who had already failed a vision screening. However, it may be of greater benefit to disseminate eye care information to the families of all participants, regardless of the results of their initial screening. A clinical trial looking into the effects of an online family health education program on the prevention of pediatric myopia found that children who received family health education had a significantly lower incidence of myopia than those who had not received family education. In addition to being able to inform parents on how to reduce the likelihood of myopia for their children, the EyeMobile and similar programs have the advantage of being able to operate directly within public school systems with higher levels of socioeconomic deprivation. This provides greater accessibility to subsets of children that may be less likely to exhibit positive vision-related health behaviors, including the children of non-myopic parents. These children have been shown to experience even greater reductions in the incidence of myopia through family education programs.

Overall, the incorporation of family health education may improve the capability of the EyeMobile, and similar screening programs, to be used in lowering the incidence of pediatric refractive error and in reducing the potential disparity in outcomes between children of myopic parents and children of non-myopic parents.

Disclosure

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