VISION CARE RESPONSIBILITIES AND MANPOWER

The responsibility for the visual welfare of a child must be shared by many individuals and groups. These change with the age of the child. First, observations are made by the obstetrician, later by the pediatrician. Parent observation begins at birth and continues until maturity. In the preschool years, special vision-screening activities are provided by voluntary agencies in cooperation with the vision care professions, local health agencies, service clubs and community welfare groups. At school entering time, the emphasis shifts and educators and school health personnel assume a responsible role. That this organization of vision care is inadequate is shown by the results of every professionally performed vision screening program and clinical study, where 8 to 12% of elementary school children are found to have previously undetected vision problems.

The following *Table III* shows the relationship between the various professional groups and their responsibilities, in terms of usual actions, for the detection of vision problems of children.

TABLE III.—RESPONSIBILITIES FOR DETECTING VISION PROBLEMS BY PROFESSION

Vision problems	Pediatrician	Ophthalmologist	Optometrist	Educators, school nurse	Psychologist
Disease	+	+	+	----------	-------
Acuity	+	+	+	+	-------
Squint	+	+	+	----------	-------
Refractive error	----------	+	+	----------	-------
Coordination	----------	----------	+	----------	-------
Visual performances	----------	----------	+	+	-------
Developmental	----------	----------	+	+	+
Perception	----------	----------	+	+	+

The treatment of vision problems involves complex and overlapping relationships involving a variety of professions. The nature of these relationships are illustrated in the following *Table IV*.

TABLE IV.—INTERPROFESSIONAL RELATIONS IN TREATMENT OF CHILDREN WITH VISION PROBLEMS

Children:			
4 percent	Organic problems: Congenital, Traumatic, Disease	Uniquely	Ophthalmology (100 percent).
20 percent	Refractive error, Visual acuity, Squint	Shared	Optometry (75 percent). Ophthalmology (25 percent).
10 percent	Visual performance, Coordination problems, Vision training, Developmental vision	Uniquely	Optometry (100 percent).
6 percent	Vision perception as it affects reading.	Jointly	Optometry. Educational psychology.
1 percent	Visual rehabilitation, Visual handicapped, Brain injured, Mentally retarded	Jointly	Optometry. Ophthalmology. Psychologist. Rehabilitation personnel. Special teachers.
100 percent	Visual environment: Lighting, Safety	Jointly	Lighting engineer. Architect. Optometrist.
100 percent	Vision health education	Jointly	Optometrist, ophthalmologist, health education, nurse/teacher.

The distribution of optometrists and ophthalmologists is also of concern, particularly with respect to the distribution of the population of children. The distribution by states is shown in Appendix A. Optometrists are more widely disbursed into small cities and towns. Ophthalmologists tend to congregate in the large cities.

A PROPOSED PROGRAM

The clinical requirements of assessing the vision problems of a child and planning an individual program of vision care require a high order of profes-