



Glaucoma At-Risk Groups People At Risk for Glaucoma

I. Introduction

- Glaucoma was discussed as a major topic in three types of groups:
 - Five groups of African Americans ages 40–70 who were at risk for developing glaucoma.
 - Twenty groups of adults ages 40–49, segmented by ethnicity.
 - Eighteen groups of adults ages 60+, segmented by ethnicity.
- Focus groups were held in seven geographically and ethnically diverse cities:
 - Chicago, IL.
 - Houston, TX.
 - Jackson, MS.
 - Kansas City, MO.
 - Miami, FL.
 - New York City, NY.
 - San Francisco, CA.
- The ethnicity of the groups in this discussion of glaucoma included the following:
 - African American.
 - Hispanic/Latino English-Speaking.
 - Hispanic/Latino Spanish-Speaking.
 - Caucasian.
- Groups were divided by age, and age groupings included the following:
 - Thirty–59 (all ethnicities).
 - Sixty+ (all ethnicities).
 - Forty–70 (four African American groups).

II. Key Findings

- There was no discernible pattern to participants' knowledge about glaucoma, either by their age, ethnic status, or geographic location.
- Most groups said that one of the leading risk factors for glaucoma was having diabetes.
- Both African American and Hispanic/Latino groups identified their ethnicity as a risk factor for glaucoma.
- Many misconceptions exist about the causes of glaucoma and the risk factors for getting the condition.

- Participants in most of the groups expressed the sentiment that effective treatments are available for glaucoma.
- Participants in every group expressed the desire for more information about eye health and conditions of the eye after participating in the focus groups.

III. Knowledge of Glaucoma

What do you know about glaucoma?

African American (ages 40–59)

- People in one group said that it causes pressure behind the eye, which in turn, causes other health problems. Direct quotes follow:
 - “There’s a test for it that nobody likes.”
 - “When I take my mother, she has no more peripheral vision, so a portion of her eye has no vision.”
 - “I thought glaucoma was the pressure of the eye.”
 - “It’s a disease that affects the vision.”
 - “It seems like glaucoma is more prevalent in African Americans.”
 - “I know a lot of younger people who have glaucoma. I thought it was mostly in older people.”
 - “The symptoms are blurry vision.”
 - “The peripheral vision.”
 - “The vision is cloudy or there is no vision.”
 - “With my mom, I realized the damage was already done. One thing led to another; she had a clogged artery and it was a snowball effect.”

African American (ages 60+)

- Participants in one group said they were familiar with eye terms such as glaucoma, age-related macular degeneration, cataract, diabetic retinopathy, and low vision because they have family and friends with eye issues.
- While most participants in another group said they had heard the term “glaucoma,” there was very little understanding of what causes the condition, how it is diagnosed, how it is treated, or what the long-term effects are.
- Responses from African Americans ages 60+ across groups included the following:
 - “Had cataracts removed, now I have glaucoma. On drops for the rest of my life.”
 - “I have glaucoma, so I go [to the eye care professional] every three months.”
 - “Whenever you get a certain age, you need to get your eyes tested and when I went to the ophthalmologist, I told her that glaucoma runs in my family and she just hopped on it. About six months ago, I had a cataract removed from my eye because I had problems with night driving. My grandmother and her brother went blind. But before I told her about my family history, my eyesight was fine.”
 - “You don’t take care of it, you will go blind.”
 - “Deals basically with your pressures.”
 - “They check your pressure and your eyes.”
 - “You have to use the eye drops every night.”
 - “My husband uses three types of drops in his eyes.”
 - “It’s a blurry, halo-type vision.”
 - “I have to wear sunshades because I can’t function or see.”

- “My aunt talks about it because she has thyroid problems.”
- “My brother has glaucoma and he can’t see at night.”
- “At night when I’m driving, I do have problems with the light on other cars.”
- “If I was driving in the sun, I have to have dark shades, but since I had cataract surgery, I don’t have that problem.”

African American “at risk for glaucoma” (ages 40–70)

- Participants in one group said that they hoped to never experience glaucoma because it causes blindness.
- Participants described glaucoma as high eye pressure and said that treatments for it include eye drops, medical marijuana, and surgery.
- One participant commented, “People, society as a whole, look at glaucoma as an older person’s disease, but babies can have glaucoma, and that’s something we failed to see.”

Hispanic/Latino English-Speaking (ages 40–59)

- Participants said glaucoma consists of pressure in the eye, is degenerative, involves eye cells hardening and dying, and causes headaches.
- In one group, only one participant was familiar with the way glaucoma affects eyes.

Hispanic/Latino English-Speaking (ages 60+)

- Responses varied from group to group, with as many as nine and as few as one participant in each group saying that he or she knew about glaucoma. However, even some of those who thought that they knew about glaucoma had either incomplete or incorrect information. Comments included the following:
 - “Maybe the loss of sight.”
 - “Fluid build-up.”
 - “Pressure.”
 - “Hazy vision.”
 - “An increase in pressure in the back of the eye.”
 - “Glaucoma is almost a fact of life for people with high blood pressure and diabetes.”
- A lot of questions were raised in one group about the meaning of “age-related vision problems.” One participant said that glaucoma was not an age-related problem.
- Most participants in one group did not know anything about glaucoma. One said it was “pressure in the back of your eye.” Another said the pain from glaucoma felt like a “punch with an ice pick.”
- Participants in one group said that glaucoma is hereditary and can cause blindness. One participant said he had to use drops every night or else “his blood pressure goes up.” According to one participant, the key to preventing eye disease is good nutrition.
- Nine people in one group indicated that they were familiar with how glaucoma affects vision. The effects they mentioned included going blind and having tunnel vision.

Hispanic/Latino Spanish-Speaking (ages 40–59)

- Most participants said that they had heard about glaucoma, but they did not know what it was or how it affected vision.
 - “I think it’s the degeneration of the iris.”
- Most participants thought glaucoma had something to do with pressure.

- “Maybe the loss of sight.”
- “An infection.”
- “Something in the eye that doesn’t let you see well.”
- “Seeing blurry.”
- “A sting.”
- “Light can bother.”
- “Pressure behind the eye.”
- “Veins bursting.”
- “Blurry vision.”
- “Not seeing color the same.”
- “Blindness.”
- One person said that her sister has glaucoma and can’t “see your face. It’s like a cloud.”

Hispanic/Latino Spanish-Speaking (ages 60+)

- Participants in these groups had varying levels of knowledge about glaucoma.
 - “Us diabetics have a tendency to suffer of that when we don’t pay attention to our food, exercise, and proper medicine, the pressure in the eye elevates and it causes blindness.”
 - “It’s like a cloud.”
 - “The person starts to feel pain, the pressure, and headaches.”
 - “Pressure in the eye.”
 - “The same reason for which diabetics lose their vision; it’s similar to cataracts, I think.”
 - “It’s a pressure that builds behind the eye, and that’s why they dilate the eyes.”
 - “Inflammation in the eye.”
 - “Gives you headaches. From what I know, it is a change in the liquid, and the capillaries cannot process the liquid because it’s too thick.”
 - “They say that glaucoma is like high blood pressure; a person can suffer of high blood pressure and not know about it because nothing hurts, there are no symptoms, and that’s why it’s important to get checked.”
- Participants described the following as symptoms of glaucoma:
 - Redness.
 - Tear production.
 - Vision with floating stars.
 - Dizziness.
 - Headaches.
 - Blurry vision.
 - Loss of vision.
 - Blindness.
 - Tunnel vision.

Caucasian (ages 40–59)

- Quite a few participants in these groups were familiar with the term “glaucoma,” but as with other population segments, only a few people were able to describe the condition.

Caucasian (ages 60+)

- Most people in these groups said that they had heard about glaucoma, but only a few were able to describe the condition.

How can one prevent vision loss from glaucoma?

African American (ages 40–59)

- Get regular eye examinations.
- Maintain a healthy diet.
- Protect one's eyes.

African American (ages 60+)

- Participants said the following when asked how someone could prevent vision loss from glaucoma:
 - “Do what they are supposed to.”
 - “Unless you're doing dumb things.”
 - “You should wear your shades. When you can tell it's bothering you, then you already have a problem.”
 - “Early testing.”
 - “I read that you could reduce your sugar intake when you have glaucoma or different eye problems, and not eat so much sweets, the pastries and all the goodies that we like; we should restrict them.”

African American “at risk for glaucoma” (ages 40–70)

- Participants said vision loss from glaucoma can be prevented by the following:
 - Having it detected early.
 - Receiving proper treatment.
 - Keeping eye appointments.
 - Controlling one's diet.
 - Using glasses.
 - Using eye drops.
 - Eating carrots.
 - Undergoing surgery.
 - Not staring at the sun.
 - Not watching television as much.
 - Not using the computer as much.

Hispanic/Latino English-Speaking (ages 40–59)

- Participants said vision loss from glaucoma can be prevented by the following:
 - Taking vitamin C and Omega-3.
 - Maintaining proper nutrition.
 - Wearing sunglasses.
 - Using screen filters with computers.
 - Resting one's eyes.
 - Not watching television so closely/watching television with the lights on.
 - Avoiding harsh temperature changes.
 - Exercising one's eyes with focus activities.
 - Using glasses with the correct prescription.

- Having one's eyes examined.
- Keeping one's diabetes under control.
- Using protective glasses.
- Protecting one's eyes from sunlight.

Hispanic/Latino English-Speaking (ages 60+)

- Participants said vision loss from glaucoma can be prevented by the following:
 - Getting regular eye exams.
 - Having eye pressure measured.
 - Taking out contact lenses before going to sleep.
 - Avoiding touching eyes with dirty hands.
 - Keeping glucose levels under control.
 - Lowering blood pressure.

Hispanic/Latino Spanish-Speaking (ages 40–59)

- Participants said vision loss from glaucoma can be prevented by the following:
 - Eating healthy foods.
 - Exercising.
 - Taking care of oneself.
 - Taking control of one's blood pressure.
 - Being consistent with daily health routines.

Hispanic/Latino Spanish-Speaking (ages 60+)

- Participants said vision loss from glaucoma can be prevented by the following:
 - “Going to an eye specialist.”
 - “Finding out if there is a treatment.”
 - “Having surgery.”
 - “Having laser treatment.”
 - “Using eye drops.”
 - “Cleaning the eye internally.”
 - “It's like cancer; you need to treat it on time.”

Caucasian (ages 40–59)

- Participants said that it is important to go to the eye care professional because it is essential for detecting eye diseases such as glaucoma.

Caucasian (ages 60+)

- Participants said vision loss from glaucoma can be prevented by the following:
 - Getting one's eye pressure checked.
 - Going to the eye care professional regularly.
 - Using medication.
 - Wearing sunglasses.
 - Eating nutritious foods.

Who is at higher risk for glaucoma?

African American (ages 40–59)

- African Americans.
 - “I think African Americans have a high risk of diabetes, which gives you a predisposition for glaucoma.”
- Hispanics.
- People with a family history of glaucoma.
- Anybody.
- People who participate “in the behavior that causes glaucoma.”
- People who live closer to the sun.

African American (ages 60+)

- Participants in one group said that the two risk factors for glaucoma were race—with African Americans being at higher risk for developing glaucoma—and age.
- People with diabetes.
- Latinos.
- African Americans.
- People with diabetes.

African American “at risk for glaucoma” (ages 40–70)

- People over age 40.
- People with diabetes.
- People with weight issues.
- Older adults.
- African Americans.
- Males more than females.
- People with high blood pressure.
- Those with relatives who have had the disease.

Hispanic/Latino English-Speaking (ages 40–59)

- People with diabetes.
- People who do not go to the eye care professional regularly.
- Those who are older.
- People who have a family history of glaucoma.

Hispanic/Latino English-Speaking (ages 60+)

- Older adults.
- People with diabetes.
- People with hereditary conditions.
- People who have diabetes.
- People with high blood pressure.

Direct Quote:

- “The term ‘higher risk’ means that you are more likely to have something or that you have a family history of the disease.”

Hispanic/Latino Spanish-Speaking (ages 40–59)

- People over age 40.
- People with low defenses, such as people with diabetes.
- African Americans.
- Older adults.

Hispanic/Latino Spanish-Speaking (ages 60+)

- People with diabetes.
- Older adults.
- People with high blood pressure.
- People with low blood pressure.
- Everyone.
- Those who are obese.
- Those who have high cholesterol.
- People who perform certain types of jobs, such as working at a radiator plant handling hot ovens or being in front of a computer all day.

Caucasian (ages 60+)

- Older adults.
- People with diabetes.

Why do you think glaucoma may be considered a serious condition?

African American (ages 40–59)

- Everyone in the group agreed that anything that affects one’s vision is a serious condition.
 - “It can blind you.”
 - “It can take your eyesight.”
 - “Deals with the pressures, like blood pressure; you can do better and monitor it. My mom doesn’t have diabetes or high blood pressure, she just has glaucoma.”

African American (ages 60+)

- “It can cause you to go blind.”
- “It affects night driving.”
- “It affected a friend of my husband’s vision; he went legally blind.”
- “I try to ask my husband if he can tell me how much and what he can see, but he tells me he can’t describe it. It’s already messed up because they can see better out of their peripheral vision. He doesn’t sit in front of the TV; they don’t see straight on. He has to have a magnifier and have things bold.”

African American “at risk for glaucoma” (ages 40–70)

- “It gets worse and worse. There is no cure for it. Once you develop glaucoma, you just have it. And they can do some stuff to stop it from advancing fast, but there’s no cure for it.”

Hispanic/Latino English-Speaking (ages 60+)

- “You lose your eyesight.”

- “You can go blind if you don’t take care of it.”
- “Because people can go blind.”

Hispanic/Latino Spanish-Speaking (ages 40–59)

- “It could cause blindness.”
- “It must be very serious because it’s something that is mentioned a lot. When you go to a doctor that’s not even an eye doctor, they ask you if you have glaucoma; maybe it can contribute to other conditions, not sure.”

Hispanic/Latino Spanish-Speaking (ages 60+)

- Participants said that glaucoma is considered a serious disease because it can cause people to go blind.

Caucasian (ages 60+)

- Participants said that glaucoma is considered a serious disease because it can cause people to go blind.

Can glaucoma be treated?

African American (ages 40–59)

- At least several participants in each group said that glaucoma could be treated.
 - “By a doctor, anything can be treated, if it’s caught in time.”
 - “They do have drops for glaucoma.”
 - “It’s treated with eye drops, that I do know, and monitoring it.”
 - “With the technicality and medical technology, I’m sure they’ll come up with something; they will be able to find some surgery to release the pressure. It’s probably in the works.”
 - “The partnership with the doctor and stay on top of it.”

African American (ages 60+)

- At least several participants in each group said that glaucoma could be treated.
 - “Glaucoma can be treated through dietary nutrition.”
 - “The doctor can treat it.”
 - “Medications.”
 - “Diet.”

Hispanic/Latino English-Speaking (ages 60+)

- At least several participants in each group said that glaucoma could be treated. Suggested treatments included the following:
 - Lowering blood pressure in the eyes.
 - Having laser surgery.
 - Having surgery, although participants in one group characterized this option as “radical.”

Hispanic/Latino Spanish-Speaking (ages 40–59)

- The majority of participants thought that glaucoma could be treated if it’s detected early and, if it was not treatable, someone would have told them to take care because it’s not treatable.

Hispanic/Latino Spanish-Speaking (ages 60+)

- At least several participants in each group said that glaucoma could be treated. Options included the following:
 - Eye drops.
 - Eye glasses.
 - Surgery.
 - High blood pressure prevention.

Caucasian (ages 40–59)

- Participants felt that, if glaucoma was caught early enough, it could be treated.

Caucasian (ages 60+)

- Most participants said that glaucoma could be treated. Options included the following:
 - Medications.
 - Eye drops.
 - Surgery.
 - Herbs.

IV. Summary

“One thing” that the National Eye Institute (NEI) could do for people at risk for glaucoma

Recommendations from all segments were similar, and most could be categorized under the following general recommendations:

- Increase public awareness of eye diseases and conditions.
- Develop standardized recommendations for appropriate preventive care.
- Develop materials that explain the various eye conditions and that tell people where to go for more information.
- Provide funding, or encourage others to provide funding, so that people without access to health care can access preventive care, purchase glasses, and afford necessary procedures.

African American (ages 40–59)

- Participants in this age group said NEI could offer the following:
 - Fact sheets that note what to do at age 20, 30, 40+ years of age.
 - Eye health information that is sent out at schools so that students can take it home to their parents and have work to complete on the subject, so that it can be clear to the parents.
 - Newsletters.
 - Community fairs.
 - Free eye examinations.
 - Birthday reminders to have their eyes examined.
 - More advertising.
 - Seminars in different areas on eye health.
 - Community board meeting visits.
 - Senior citizen home visits.

Direct Quotes:

- “Let people know about [the NEI] Website.”
- “Give these printouts to some church organizations; some churches hold health fairs.”
- “Run a program twice a year on eye health.”

African American (ages 60+)

- Participants in this age group said NEI could offer the following:
 - Help for people who can’t afford eye care.
 - Collaboration with a nonprofit organization that provides services for poor people.
 - Hotline in effort to reach someone right away.
 - Government involvement—reassurance that politicians are paying attention to eye care.
 - Education.
 - Visibility in communities that most need the help.
 - Incorporation of eye care into annual physical examination.
 - More affordable services.
 - Better incorporation into the school system.
 - More information.
 - Eye care for low-income people.
 - Mobile eye care truck for older adults—visiting senior citizen homes.
 - A report on the data from these focus groups.
 - Dissemination of the information to all, not just in selective places.

Direct Quotes:

- “Educating the public is key.”
- “Put an emphasis on starting it in the school; start while they are young.”
- “Many people listen to the Surgeon General, so the Surgeon General should start talking about eye health.”
- “Eye care professionals or vision centers should send updated information to their patients since the contact information is readily accessible.”

African American “at risk for glaucoma” (ages 40–70)

- The vast majority of participants in all groups expressed the need for more concise information on eye disease, signs and symptoms of glaucoma, and ways to prevent problems.
- Participants in this age group said NEI could offer the following:
 - Seminars.
 - Pamphlets/brochures.
 - Billboard advertisements.
 - More advertisements at the healthcare professional’s office and at the motor vehicle administration.
 - Roundtable discussions with health professionals.
 - Distribution of magazines.
 - Development of more culturally relevant and appropriate messages.
 - “I don’t know, for some reason it doesn’t come across—at least for me—and you guys can help me with this. In the African American community, it

- doesn't shine as much as when you hear about African Americans with high blood pressure, diabetes..."
- Social media campaign.
 - "I think tapping into social media, in today's society, would probably be as important—Facebook, YouTube, Twitter..."
- Low-cost or free eye examinations at different locations or during community health fairs.
- More informative and more affordable care to people who may not have insurance.
- Partnerships with organizations such as AARP to target a specific audience.

Direct Quotes:

- "When you're going to the doctors, you don't really see too many pamphlets or brochures about glaucoma. It's basically telling you about different types of diseases but nothing telling you about actually the symptoms and actually the definition of glaucoma, what it has to do with diabetes."
- "And visual stuff to kind of scare us. You know how they used to do it with—what was it? It's not AIDS—you could see a picture of it. Then you go, 'Oh, I don't want that. What can I do to not get that?'"
- "When you re-enroll in your health care every year, you should get information on eye health."
- "I know like at church, my church, we usually have like a health seminar where different people come in and tell you about different things. But nobody ever talked about the eyes. They always talk about diabetes, high blood pressure, and things like that. So, to me, there are not enough reminders to remind people to ask the doctor about their eyes and different things like that."
- "Well, you know, you have free health care that goes on...they put it in certain areas. That would catch the attention of a lot of people. A lot of people that can't afford the health care, it's a free clinic. They can go, and they have different areas set up where they can go, blood pressure, and get your eyes checked and so forth. That would help."
- "Implement something for kids. The earlier the better."

Hispanic/Latino English-Speaking (ages 40–59)

- Participants in this age group said NEI could do the following:
 - Cure sight problems.
 - Recommend better eye care professionals.
 - Distribute public service announcements (PSAs).
 - Provide choices of natural methods, such as treatments without glasses or that don't make the pharmaceuticals money, for vision problems.
 - Offer coupons.
 - Develop a mobile eye van.
 - Explain the "black dust" (others referred to this as "floaters").
 - Have programs on PBS with panels providing information on particular vision situations.
 - Provide some kind of oversight because there is a lack of information.
 - Provide information to regular physicians, not just at optic locations.
 - Develop an awareness program with a sense of urgency.
 - Create commercials to Hispanics.

- Mail or e-mail information.
- Use radio and billboards, depending on the age group NEI is trying to reach.
- Use Telemundo.
- Collaborate with diabetes and heart associations to publicize information.
- Work with the schools to reach students.
- Help people who cannot afford annual examinations.
- Make information available to the general practitioner because people go there more often.
- Use Spanish novellas.
- Offer free eye examinations.
- Make eye examinations more affordable.
- See that patients are treated fairly.
- Raise more awareness about eye health and clinical trials.
- Offer free eye care professional appointments, with screenings for the poor.
- Distribute magazines with health information.
- Place health information in a newsletter.
- Sponsor health education workshops.

Hispanic/Latino English-Speaking (ages 60+)

- Participants in this age group said NEI could offer the following:
 - More information on television, in magazines, or on a DVD.
 - Better promotion of NEI.
 - Information via a newsletter and the Internet.
 - Medicare to pay for eye exams.
 - Information in simple terms that is easy to understand.
 - Information sent by mail.
 - A sliding scale because a lot of older adults cannot afford eye exams or glasses.
 - Education on health insurance.
 - Magazine in “our everyday language.”
 - Centers located closer to participants so they do not have to travel to Washington, DC, for treatment.
 - Vision care integrated with Medicare.
 - Educational campaign launched using e-mail.
 - Development of a multilingual website.
 - Partnership with insurance companies to pass out information to their members.

Hispanic/Latino Spanish-Speaking (ages 40–59)

- Participants in this age group said NEI could do the following:
 - Offer free eye exams.
 - Conduct medical screenings at venues at the park districts, the Navy pier, health fairs, and events such as Taste of Chicago.
 - Provide services for free or at a reasonable cost.
 - Provide more information about preventive care and the importance of getting routine exams.
 - Visit older adults at nursing homes and conduct programs that will educate them and their families.

Direct Quotes:

- “I would like them to tell me through e-mail how to improve my sight or avoid having it deteriorate.”
- “Educate us about different conditions and how they affect our health.”
- “Develop awareness campaigns like the ones for breast cancer and the heart.”
- “Educate us through different publicity venues like brochures.”
- “Hold a congress with eye specialists open to the public.”
- “Do eye health fairs.”
- “Ads to tell people that if they are having eye issues, they should visit a doctor.”
- “Information at schools.”
- “Partner with nonprofits who are dedicated to eye conditions.”
- “Inform through the radio that the [NEI] Website exists.”
- “Do clinics or health fairs at work or shopping malls and provide eye exams.”
- “Provide information so people get motivated to learn more about vision. Eye insurance shouldn’t be optional.”
- “Important conditions like cancer, diabetes, and AIDS capture the media, but there’s nothing on the eyes.”

Hispanic/Latino Spanish-Speaking (ages 60+)

- Participants in this age group said NEI could do the following:
 - Offer free or low-cost eye examinations.
 - Provide more information on prevention.
 - Provide information on myopia.
 - Host conferences and seminars.
 - Provide more information for those who are planning on getting laser surgery.
 - Create a mobile unit and visit churches and low-income neighborhoods to give people eye exams.
 - Develop a campaign for organ donations (something that says “I’m seeing through your eyes”).
 - Post information about services and costs for eye-related procedures and products.
 - Provide information about how to improve vision and how to cure eye problems.

Caucasian (ages 40–59)

- Participants in this age group said NEI could do the following:
 - Pass out pamphlets with the warning signs of eye diseases.
 - Assist with the financial aspects of eye care.
 - Stress the importance of getting eyes examined.
 - Break down session with particular eye diseases.
 - Provide website with a lot of information.
 - Promote on PSAs and television.
 - Partner with Walgreens, ophthalmologists, and optometrists.
 - Promote as a resource for information.
 - Launch an ad campaign on television to promote NEI.
 - Advertise at healthcare professionals’ offices.
 - Put ads on the side of a bus and develop television commercials and PSAs to promote NEI.
 - Have a spokesperson.
 - Schedule a national eye care day.
 - Provide classes on eye health.

- Develop pamphlets and information about eye issues that are age related.
- Develop regulations on Lasik.
- Say more in commercials.

Caucasian (ages 60+)

- Participants in this age group said NEI could do the following:
 - Provide a hotline for questions.
 - Provide free examinations.
 - Make cheaper glasses available.
 - Inform people how they can better care for their eyes.
 - Offer some type of insurance through NEI.
 - Market information better.
 - Provide better branding.
 - Present information that, no matter the age, people should get an eye exam.
 - Make it more affordable for everybody.
 - Start focusing on teenagers and getting parents to get their eyes examined.
 - Use Facebook (the ads that come up on the side) or interesting campaign for eye health.
 - Offer eye exams in schools (it was given free in younger schooling levels, so also present it in the high schools).
 - Provide details so the public will know where they can get more information, if needed.
 - Distribute periodicals.
 - Offer access to the NEI Website.
 - Send everybody a coupon that is good with every eye care professional.
 - Distribute PSAs.
 - See one's eye care professional (giving information that it is important to get eyes dilated).
 - Partner with AARP.
 - Develop a newsletter.
 - Advertise on other health websites.
 - Tell people about natural herbs.
 - Allocate more money for research.
 - Develop a magazine for eye health.
 - Develop a classification of symptoms to describe the various eye conditions.

Direct Quotes:

- “Have a reliable site. I can't handle everything at once, but having one site I could believe in would save me a lot of time.”
- “Since [NEI is with the] government, it should have a website with preventive care.”