

# Pennsylvania's Older Population and Low Vision: A Briefing



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# Contents

Executive Summary .....	3
Blindness and Low Vision among Pennsylvania’s Older Population: A Briefing .....	4
Purpose .....	4
Introduction .....	4
Vision Impairment in Pennsylvania .....	6
Demographic Characteristics .....	6
Geographic Distribution .....	7
Chronic Conditions .....	8
Health-Related Quality of Life .....	10
Disability Status .....	11
Social Determinants of Health and Health Equity .....	12
Discussion .....	12
Conclusion .....	13
References .....	14
List of Tables and Figures .....	15
Acknowledgements .....	16
Appendix A: Methods .....	17
Appendix B: Data Tables, BRFSS and ACS, 2019 .....	19
Appendix B, Table 1. Prevalence of Vision Impairment by Age, Race/Ethnicity, and Sex among People Age 65 Years and Older, United States and Pennsylvania, 2019, BRFSS .....	19
Appendix B, Table 2. Prevalence of Blindness and Low Vision by County among People Age ≥65 Years, Pennsylvania, American Community Survey, 2019. ....	20
Appendix B, Table 3. Social, Health, and Quality of Life Characteristics of People Age 65 Years and Older with and without Vision Impairment, United States and Pennsylvania, 2019, BRFSS .....	22
Appendix C: Tabular Representations of Figures 1-4 .....	26
Figure 1. Estimated Prevalence of Blindness and Low Vision by County, Pennsylvania, ACS, 2019 .....	26
Figure 2. Chronic Conditions among People with and without Blindness and Low Vision, Pennsylvania, 2019, BRFSS .....	26
Figure 3. Health-Related Quality of Life among People Aged ≥65 Years, with and without Blindness and Low Vision, Pennsylvania, 2019, BRFSS .....	27
Figure 4. Disability Status among People Aged ≥65 Years, with and without Blindness and Low Vision, Pennsylvania, 2019, BRFSS .....	27
Appendix D: Pennsylvania Resources .....	28

## Executive Summary

This briefing is designed to assist policy makers and service providers better understand the characteristics and circumstances of older people with vision impairment in Pennsylvania. Data from the Behavioral Risk Factor Surveillance System and the Census provide considerable insight into the population of people experiencing vision loss. About 6% of older Pennsylvanians report severe vision impairment or blindness. Women, African Americans, and those aged 80+ report higher prevalence of vision impairment. Vision impairment is not evenly distributed across the commonwealth. The prevalence of vision impairment by county ranges from 2.5% to 10.5%

Older people with vision impairment have lower levels of education and are poorer than older people without vision loss. Almost one-quarter of older people with vision impairment have not graduated from high school, and a third have annual incomes below \$20,000. In addition, older people with vision impairment report higher prevalence of chronic conditions, particularly stroke, arthritis, diabetes, kidney disease, and depression. Not surprisingly, then, 45% of older people with vision impairment in Pennsylvania compared to 22% among older people without vision impairment report fair or poor health. Moreover, 32% of older people with vision impairment report 14 or more days of poor physical health in the past 30 days compared to 14% of those without vision impairment. Similarly, 16% of people with vision impairment report 14 or more days of poor mental health compared to 6% of those without vision loss. This disparity in quality of life is repeated in activity limitation days, where 26% of people with vision impairment report 14 or more days of activity limitation compared to 17% among those without vision impairment.

Upstream factors including poverty and less education have the potential to contribute to higher prevalence of chronic conditions and poorer health-related quality of life. These factors may lead to increased disability, including increased difficulty walking, dressing/bathing, and doing errands.

Data from state and national surveys provide quantitative information regarding health, chronic conditions, and quality of life factors associated with vision impairment in Pennsylvania. These data, when informed by the personal experiences of people who have lost vision, serve to define policy decisions and interventions to preserve the independence, dignity, and autonomy of older people with vision impairment. By aligning aging services, public health initiatives, transportation resources, and vision rehabilitation programs to meet the needs of older people with vision impairment, there is potential to improve health, quality of life, and function.

# Blindness and Low Vision among Pennsylvania's Older Population: A Briefing

## Purpose

This briefing provides estimates of the prevalence of vision impairment among older people in the Commonwealth of Pennsylvania at the state and county level. Using state and national data systems, this report describes self-reported health, prevalence of chronic conditions, and quality of life among older people with and without vision impairment. The findings show that about 6% of older people in the commonwealth report vision impairment, and they report substantial health and social disparities compared to older people without vision impairment, differences that potentially compromise function and quality of life. By better understanding the circumstances of older people with vision impairment in Pennsylvania, policy makers and providers can tailor services in aging, public health, transportation, and vision rehabilitation to preserve the dignity, independence, and quality of life of older people.

## Introduction

Vision impairment and blindness often have profound effects upon older people and those who care for and about them. Vision impairment can make common activities difficult or impossible; for example, climbing stairs, crossing a street, driving, using public transportation, preparing meals, and performing household activities may be compromised. Older people experiencing vision impairment may have difficulty managing accounts, paying bills, and identifying prescribed medications. Falls or fear of falling may further compromise their independence. Vision impairment is often isolating, keeping people at home when they prefer to be with family and friends. Many older people with vision loss do not interact with others who are going through the same experience, creating further isolation and depression.

Nearly 137,000 residents, or 6%, of older people in Pennsylvania, report vision impairment or blindness. Those most at risk for vision impairment include women, African Americans, and those aged 80+ years. Older people with vision impairment are more likely to report less education and to experience poverty. They are also more likely to have age-related chronic conditions compared to older people without vision impairment. As Pennsylvania's population continues to age, the number of people experiencing vision impairment will likely increase.

While the circumstances and risk factors associated with aging and vision loss are serious, much can be done to ameliorate the effects of vision impairment. For example, improved access and utilization of vision and eye health, as well as the availability of comprehensive vision rehabilitation services, promoting independence and autonomy,

are effective strategies often enabling older Pennsylvanians to live independently and remain in their community.

A recent study estimated that 12.5 million people over the age of 40 years in the United States experienced vision impairment. Of those, 1.02 million were blind (visual acuity worse than 20/200), 3.22 million had vision impairment (visual acuity of 20/40 to less than 20/200), and 8.2 million had uncorrected refractive error. By 2050, the population of people with vision impairment is expected to increase by 118%. The greatest increases will be among women, older people, African Americans, and Hispanics.<sup>1</sup>

In addition to representing a large and growing population, older people with vision impairment generally have a greater likelihood of reporting other medical conditions, such as, diabetes, stroke, hypertension, heart disease, and hearing impairment than people without vision impairment.<sup>2</sup> They are twice as likely to fall as people without vision impairment.<sup>3</sup> Moreover, people with vision impairment are more likely to report oral health problems.<sup>4</sup> Perhaps because of these circumstances, older people with vision impairment are more likely to report higher levels of depression,<sup>5</sup> poor quality of life (QOL),<sup>6</sup> and overall poorer health than people without vision impairment.<sup>2</sup>

Vision impairment is not evenly distributed across the United States.<sup>1</sup> States with higher proportions of older people and racial/ethnic minorities tend to have higher prevalence of vision problems.<sup>1</sup>

Additional research shows that people with vision impairment are less likely to access routine medical care, and they are less likely to have access to and utilize eye care.<sup>7</sup>

Responding to this complex set of circumstances requires thoughtful, innovative, well-integrated strategies by multiple entities to address the varied health and rehabilitation needs of older people with vision impairment. Among those entities are eye care providers, the aging network, public health, transportation, and housing, as well as comprehensive vision rehabilitation services.

A central component of supports for older people with vision impairment is a network of public and private agencies providing vision rehabilitation services addressing communication, activities of daily living, personal care, self-advocacy, travel and mobility skills, diabetes and medication management, as well as access to assistive technology (e.g., smart phones, tablets, and computers). Services often include counseling, information, and referrals to community resources and supports. Vision rehabilitation services generally include low vision evaluations and the provision of adapted vision devices. Moreover, older people with vision impairment benefit from peer support groups where older people share common experiences and exchange information about successful management strategies. These services are often provided in the client's home or in an agency setting. The sum of vision rehabilitation services improves independence, self-esteem, health, and quality of life.

Despite the best effort of these agencies, only about 3% of older people with vision impairment receive vision rehabilitation services ([click here for more information](#)). This gap between need and response represents a major public health and public policy

concern recently addressed by a National Academies of Science, Engineering, and Medicine (NASEM, formerly the Institute of Medicine) seminal report *Making Eye Health A Population Health Imperative: Vision for Tomorrow*.<sup>8</sup> The NASEM report asserted, “Vision rehabilitation is essential to maximizing the independence, function, participation, safety, and overall QOL of people with chronic vision impairment. Yet there are numerous barriers to high quality and universally accessible vision rehabilitation services” (p. 414).<sup>8</sup> A goal of Healthy People 2030 is to increase access to vision rehabilitation services by only 10%, to 3.3% over a ten-year period ([click here for more information](#)).

This report examines data from the 2019 Behavioral Risk Factor Surveillance System (BRFSS) and the 2019 American Community Survey to characterize older people with vision impairment at the population level in Pennsylvania. See Appendix A for methods.

## Vision Impairment in Pennsylvania

### Demographic Characteristics

An analysis of 2019 Behavioral Risk Factor Surveillance System data reveals that 6.0% of people 65 years of age and older report vision impairment in response to the question, “Are you blind or do you have serious difficulty seeing, even when wearing glasses?” (See Appendix B, Table 1.)

While 7.2% of older women over age 65 years report vision impairment, 4.5% of men do so. In Pennsylvania, vision impairment varies among racial/ethnic populations: 5.7% of whites report vision impairment compared to 9.6% among African Americans. Vision loss is more prevalent among older age groups; 4.5% of people aged 65-74 years report vision impairment compared to 10.2% for those age 80 years and older. (See Table 1 below.) The patterns of vision impairment in Pennsylvania are reflected across the United States.

**Table 1. Prevalence of Vision Impairment by Age, Sex, and Race/Ethnicity among People Age 65 Years and Older, Pennsylvania, BRFSS**

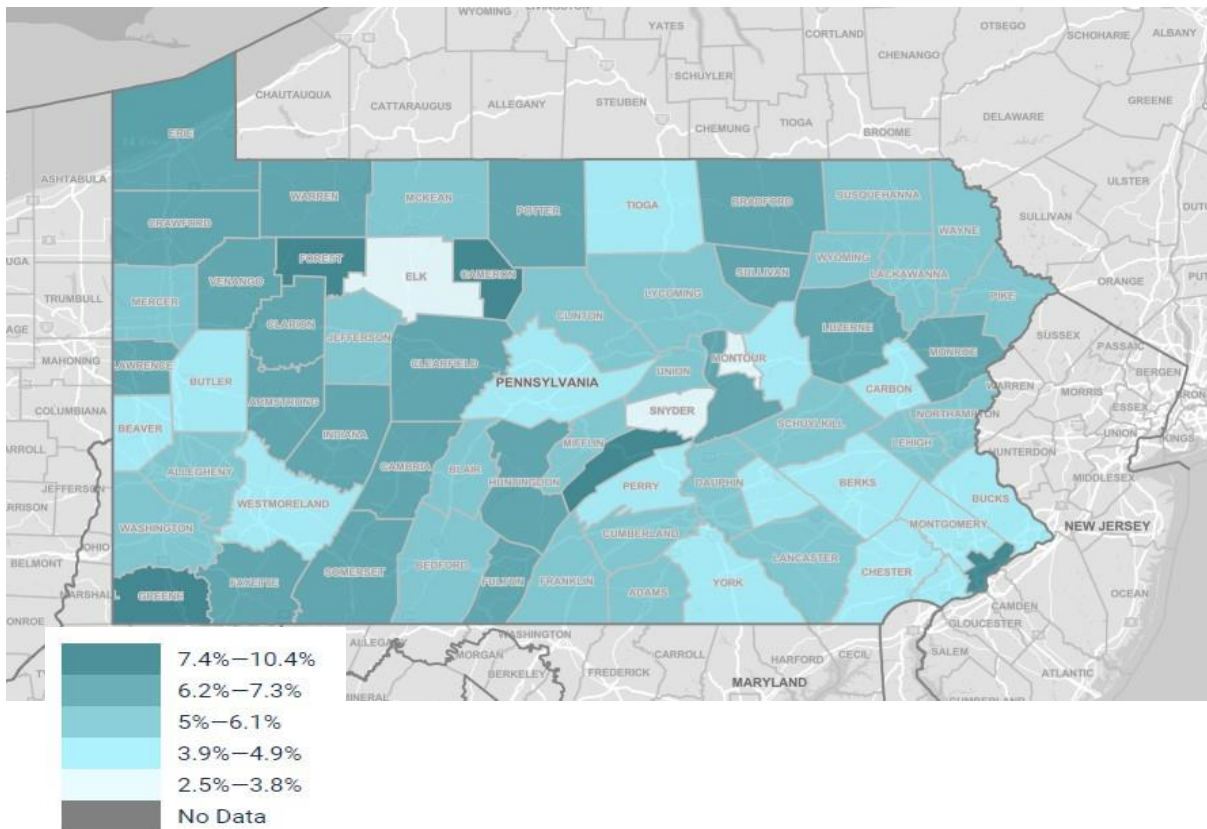
<b>Characteristic</b>	<b>Prevalence</b>
Pennsylvania Prevalence	6.0%
<b>Sex</b>	
Male	4.6%
Female	7.2%
<b>Age</b>	
65-74 Years	4.5%
75-79 Years	6.0%
80 + Years	10.2%
<b>Race/Ethnicity<sup>1</sup></b>	
White non-Hispanic	5.7%
Black non-Hispanic	9.6%
Asian	3.6%
Hispanic	4.7%

Data Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Atlanta, GA

### [Geographic Distribution](#)

Vision impairment is not evenly distributed across the United States or within states. Figure 1 shows the prevalence of vision impairment among people aged 65 years and older by county in Pennsylvania. Five categories of prevalence are presented, ranging from 2.5% to 10.5%. Higher prevalence of vision impairments tends to occur in more rural counties where resources and care providers may be scarce. Juniata County (10.4%), Philadelphia County (8.9%), Greene County (8.5%), Forest County (8.3%) and Cameron County (8.2%) have the highest prevalence of vision impairment among older people, while Elk County (2.5%), Montour County (3.5%), Snyder County (3.8%), Montgomery County (4.1%), and Centre County (4.1%) have the lowest prevalence of vision impairment among older people. The prevalence of vision impairment among people age 65 and older is presented by county in Appendix B, Table 2.)

**Figure 1. County Level Estimated Prevalence of Severe Vision Impairment by county, Pennsylvania, ACS, 2019**



Note: See Appendix C for tabular representation of Figure 1.

### Chronic Conditions

Older people with vision impairment in Pennsylvania are more likely to experience age-related chronic health conditions compared to people without vision impairment. See Figure 2. For example, 21.3% of people with vision impairment report having had a stroke compared to 7.6% among those without vision impairment. A stroke often compromises vision, but the effects of vision impairment from stroke are often unrecognized, under-appreciated, and under-treated. Diabetes is a known cause of vision impairment, and Pennsylvania data show that 33% of older people with vision impairment report diabetes compared to 24% of those without vision impairment. Older Pennsylvanians with vision impairment are also more likely to report having a heart attack (15%) compared to older people without vision impairment (11%). Because vision impairment often leads to compromised daily activities, older people with vision impairment more frequently report depression: 16% compared to 14% among older people without vision impairment. Moreover, people with vision impairment report more frequent hearing problems, with 18% reporting hearing impairment compared to 14% of

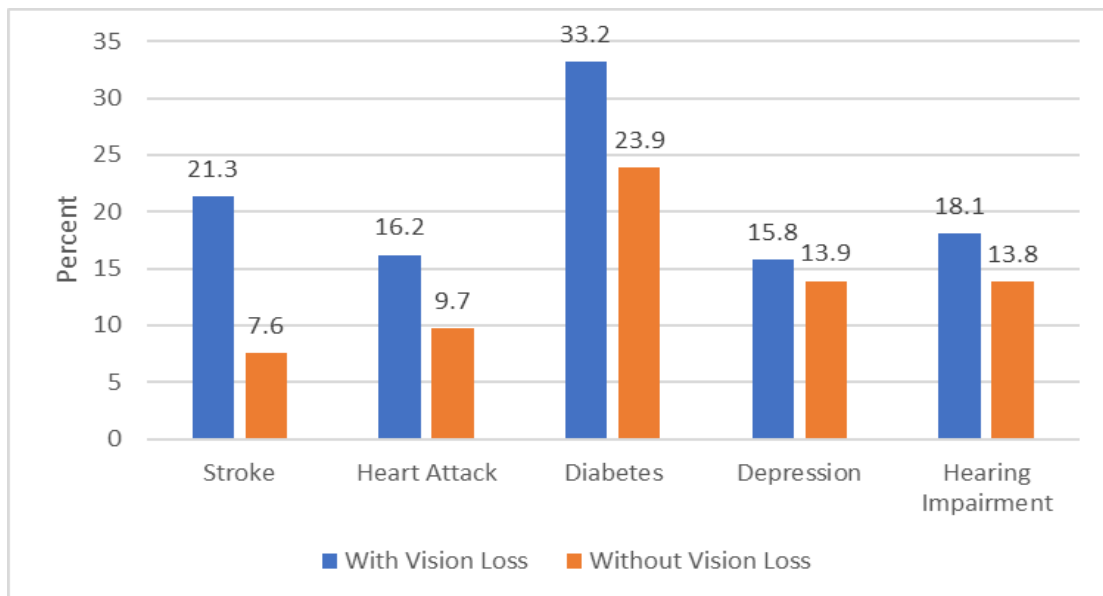
people without vision impairment. Dual sensory impairment often has a compounding effect that leads to complex healthcare and rehabilitation needs. Vision and hearing are often addressed independently instead of in combination where interventions could be more effective.

Because vision is often required to recognize obstacles and trip hazards, about half (48%) of older Pennsylvanians with vision impairment report falling, compared to 28% of older people without vision impairment.<sup>9</sup> Addressing falls risk among those with vision impairment could prevent complications of broken hip and functional decline.

In addition to heart attack, stroke, diabetes, and depression, the BRFSS asks about seven additional chronic conditions (asthma, cancer, COPD, arthritis, kidney disease, high cholesterol, and hypertension). In all cases, older people with vision impairment are more likely to report having these seven chronic conditions (Appendix B).

The sum of all these factors means that older people with vision impairment are at greater risk for losing independence.

**Figure 2. Chronic Conditions among People with and without Vision Impairment, Pennsylvania, 2019, BRFSS**



Data Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Atlanta, GA

Note: See Appendix C for tabular representation of Figure 2.

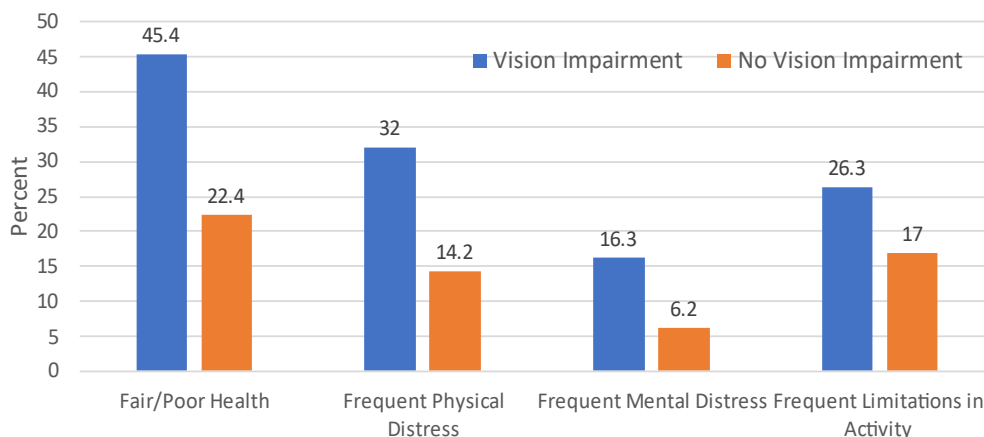
## Health-Related Quality of Life

BRFSS data show that older people with vision impairment compared to people without vision impairment are more likely to report poorer health-related quality of life. Four questions address health, physical distress, mental distress, and activity limitation in the Behavioral Risk Factor Surveillance System. This survey asks about self-reported health (excellent, very good, good, fair, and poor), how many days in the last 30 did the respondent report “health not good,” “mental health not good,” and “limitations in physical activity.” Figure 3 below illustrates the percent of people reporting 14 or more days out of the last 30 in which they experienced poor health, poor mental health, and activity limitations.

While 45% of people with vision impairment report fair or poor health, only 22% of older people without vision impairment report the same health status. Similarly, 32% of people with vision impairment report 14 or more days of physical health not good compared to 14% of those without vision impairment. Great differences are also found in frequent days of poor mental health; 16% of older people with vision impairment report frequent mentally unhealthy days compared to 6% among those without vision impairment. Not surprisingly, then, 26% of older people with vision impairment report frequent (14 or more) days of activity limitation compared to 17% among those without vision impairment.

Poorer health-related quality of life for older Pennsylvanians in all likelihood results from many factors, including the effects of chronic conditions and the lack of vision rehabilitation services.

**Figure 3. Health-Related Quality of Life among People Aged ≥65 Years, with and without Vision Impairment, Pennsylvania, 2019, BRFSS**



Data Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Atlanta, GA. Frequent Physical Distress: Adults who reported having 14 or more days per month when their health was not good. Frequent Mental Distress: Adults who reported having 14 or more days per month when their mental health was not good. Frequent Limitations in Activity: Adults who reported having 14 or more days per month when poor physical or mental health kept them from doing activities.

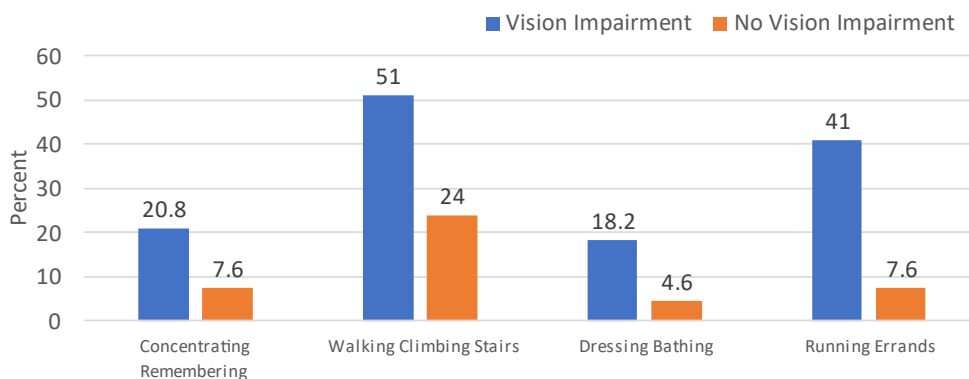
Note: See Appendix C for tabular representation of Figure 1.

## Disability Status

For many older people with vision impairment, multiple factors converge to threaten independence and quality of life. This report demonstrates that some groups are at greater risk of vision impairment than others, including women, African Americans, those in older age groups, and those who are poorer and have less education. These upstream demographic factors may contribute to older people with vision impairment reporting higher prevalence of chronic conditions, including higher rates of diabetes, stroke, hearing impairment, and depression. These chronic health conditions in turn contribute to older people with vision impairment reporting poorer overall health and poorer health-related quality of life, including more frequent physically unhealthy days, more frequent mentally unhealthy days, and more frequent days of activity limitation. The convergence of these factors results in older people with vision impairment reporting greater disabilities, including limitations in cognitive function, walking and mobility, running errands, and dressing/bathing.

For older people, the effects of upstream factors appear to have dramatic effects on measures of disability. See Figure 4. Twenty-one percent of older people with vision impairment report difficulty concentrating and remembering, compared to 8% of people without vision impairment. Substantial declines in cognitive function have been reported among people with vision impairment.<sup>10</sup> Other measures of disability may represent the effects of the lack of vision rehabilitation services. Older people with vision impairment are about twice as likely to report difficulty walking and climbing stairs (51% compared to 24%) compared to people without vision impairment. That limitation could be attributed to a lack of orientation and mobility training or a lack of low vision assessment and low vision aids. More dramatically, older people with vision impairment are five times more likely to report difficulty running errands (41% compared to 8%). That measure may reflect the combined effects of the lack of vision rehabilitation services that address travel skills and low vision services.

**Figure 4. Disability Status among People Age ≥65 Years with and without Vision Impairment, Pennsylvania, 2019, BRFSS**



Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control, Atlanta, GA

Note: See Appendix C for tabular representation of Figure 4.

## Social Determinants of Health and Health Equity

Health inequities are shown to be related to social determinants of health based on sex, socio-economic status, race, ethnicity, and specific health conditions.<sup>11</sup> Overall, people with vision impairment, as this report demonstrates, are disadvantaged in multiple domains of poorer health, decreased quality of life, and increased disability. See Appendix B, Table 2.

One social determinant of health is defined by educational level which often predicts career and economic well-being. Among older people with vision impairment, 23% did not complete high school compared to 10% of people without vision impairment. Higher prevalence of vision impairment is associated with lower educational achievement. For example, the prevalence of vision impairment among non-high school graduates is 13%, compared to a prevalence of vision impairment of 4% among those who have graduated from college.

In addition, older people with vision impairment are much more likely to experience poverty and lower incomes than people without vision impairment. For example, people with vision impairment are almost twice as likely to report an annual income of less than \$10,000, 5% compared to 3%. Ten percent of older people with vision impairment report annual incomes between \$10,000 and less than \$15,000, compared to 5% of people without vision impairment. Twenty percent of older people with vision impairment, compared to 9% of people without vision impairment, report an annual income of \$15,000 to less than \$20,000. Lower socio-economic status has also been shown to represent a substantial barrier to access to care for those with vision loss—those with the most need for care.

While people with or without vision impairment are likely to have health insurance and a regular doctor, more people with vision impairment report having to delay health care because of cost, 6% compared to 4% of people without vision impairment.

## Discussion

The experience of vision impairment for older people is complex and multidimensional. This report estimates the population and distribution of older people with vision impairment in Pennsylvania, and it characterizes the population in terms of health, chronic conditions, health-related quality of life, and disability status—variables available from the Behavioral Risk Factor Surveillance System and the American Community Survey. These findings reveal that upstream circumstances related to poverty and poorer education reveal the potential of downstream outcomes in poorer overall health and quality of life as well as increased disability.

While this briefing provides considerable insight into health, chronic conditions, and quality of life factors at the population level, the report does not tell the personal stories of older people who have lost vision. It does not chronicle the isolation or struggle to find eye care or vision rehabilitation services. It does not describe the positive effects of

vision rehabilitation or the power that older people feel when participating with peers to share their stories or solve common problems. That gap will be filled by others.

## Conclusion

About 6% of people age 65 years and older respond yes to the question “Are you blind or do you have severe difficulty seeing even when wearing glasses.” Women, African Americans, people who are older old, and people who are poorer and less educated report higher prevalence of vision impairment. People who are older and visually impaired, report higher prevalence of chronic conditions, poorer overall health, and poorer health-related quality of life. These factors appear associated with higher prevalence of disability indicators. These findings reveal that people with vision impairment are disadvantaged in multiple ways that place them at greater risk for compromised independence and autonomy. The findings in this report are designed to inform policy makers and providers about the circumstances of older people with vision impairment so that decisions and programs can be designed to better support older people with vision loss.

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## List of Tables and Figures

<b>Table or Figure Number</b>	<b>Label</b>	<b>Page</b>
Table 1	Prevalence of Vision Impairment by Age, Sex, and Race/Ethnicity among People Aged 65 Years and Older, Pennsylvania, BRFSS	7
Appendix B: Table 1	Prevalence of Vision Impairment by Age, Race/Ethnicity, and Sex among People Age 65 Years and Older, United States and Pennsylvania, 2019, BRFSS	19
Appendix B: Table 2	Prevalence of Blindness and Low Vision by County among People Age $\geq 65$ Years, Pennsylvania, American Community Survey, 2019	20
Appendix B: Table 3	Social, Health, and Quality of Life Characteristics of People Age 65 Years and Older with and without Vision Impairment, United States and Pennsylvania, 2019, BRFSS	22
Appendix C: Figure 1	County Level Estimated Prevalence of Severe Vision Impairment by county, Pennsylvania	26
Appendix C: Figure 2	Chronic Conditions among People with and without Vision Impairment, Pennsylvania, 2019, BRFSS	26
Appendix C: Figure 3	Health-Related Quality of Life among People Aged $\geq 65$ Years, with and without Vision Impairment, Pennsylvania, 2019, BRFSS	27
Appendix C: Figure 4	Disability Status among People Age $\geq 65$ Years with and without Vision Impairment, Pennsylvania, 2019, BRFSS	27
Appendix D	Vision Rehabilitation Resources	28

## Acknowledgements

VisionServe Alliance gratefully acknowledges **Pennsylvania Association for the Blind** and its members for their support of and participation in the development and completion of this report.

## Appendix A: Methods

The Behavioral Risk Factor Surveillance System conducted by the U. S. Centers for Disease Control and Prevention (CDC) gathers health and health behavior data in each of the states and territories. Conducted since 1984, the BRFSS represents the world's largest telephone survey, sampling over 440,000 people annually. For additional details, see [BRFSS](#). Data are collected from January to December using standard methods, and data are made publicly available about five months after data collection is completed. In 2013 the BRFSS added a standard set of disability questions to the core. The vision question asks, "Are you blind or do you have serious difficult seeing even while wearing glasses?" This question serves as the case definition of vision impairment for this study, and is the same question used by the American Community Survey in the Census data.

Using BRFSS data, it is possible to construct a profile of each state addressing demographic characteristics (age, sex, race/ethnicity, and education), reported chronic conditions (heart attack, coronary heart disease, stroke, COPD, diabetes, and arthritis), health-related quality of life (HRQoL), disability, and factors related to Social Determinants of Health among people with and without vision impairment. An analysis of these factors identifies the magnitude of within state disparities between people with and without vision impairment. Moreover, an analysis of aggregated national level BRFSS data allows for an understanding of how each state compares with national averages across these factors.

To account for the complex sampling weights used in the 2019 BRFSS survey, all analysis was run in SAS callable SUDAAN. To be included in the analysis subjects must be at least 65 years old and respond to both the vision impairment and age question. The response rate was 97.4%. The final sample size is 145,322. This includes 135,566 subjects without vision impairment and 9,756 subjects with vision impairment.

The American Community Survey (ACS) from the U.S. Census collects data on social, economic, and demographic characteristics, including housing, employment status, income/poverty, and level of education. In addition, the ACS collects data on race/ethnicity, sex, marital status, and living arrangements. Although the ACS does not collect information about health and health behaviors, it asks the same six disability questions as the BRFSS, including vision, hearing, cognition, walking, bathing, and doing errands. The function of the ACS is to provide information for decision makers to allocate federal resources. The granularity of the data makes it possible to construct county, state, and national profiles regarding social, economic, and demographic factors. See [this link for more U.S. Census information](#). The unique feature of the ACS is that the prevalence of vision impairment can be estimated at the county level, and maps can be constructed to illustrate the distribution of vision impairment within and across states.

This report was prepared by the VanNasdale Laboratory at The Ohio State University College of Optometry. Questions regarding the methods and findings for this study should be directed to John E. Crews, DPA ([johncrews@bellsouth.net](mailto:johncrews@bellsouth.net)) or Dean VanNasdale, OD, PhD ([vannasdale.1@osu.edu](mailto:vannasdale.1@osu.edu)).

## Appendix B: Data Tables, BRFSS and ACS, 2019

Appendix B, Table 1. Prevalence of Vision Impairment by Age, Race/Ethnicity, and Sex among People Age 65 Years and Older, United States and Pennsylvania, 2019, BRFSS

Category	U.S. %	U.S. 95% CI	PA %	PA 95% CI
<b>Age</b>				
65+ years	7.3%	7.0-7.6	6.0%	(4.8- 7.6)
65-74 years	6.3%	6.0-6.7	4.5%	(3.2- 6.2)
75-79 years	7.4%	6.7-8.1	6.0%	(3.5- 10.0)
80+ years	9.8%	9.2-10.5	10.2%	(6.9- 15.0)
<b>Sex</b>				
Male	7.0%	6.6-7.5	4.6%	(3.1- 6.7)
Female	7.5%	7.1-7.9	7.2%	(5.4- 9.5)
<b>Marital Status</b>				
Married	5.7%	5.3-6.1	4.2%	(2.9- 6.1)
Not Married/Separated	9.3%	8.8-9.8	8.0%	(6.0- 10.6)
<b>Education</b>				
Did not graduate High School	15.4%	14.0-17.0	13.0%	(7.3- 22.1)
Graduated High School	7.4%	6.9-7.9	5.4%	(3.7- 7.9)
Attended College or Technical School	6.6%	6.1-7.1	6.3%	(4.1- 9.7)
Graduated from College or Technical	4.0%	3.6-4.4	4.0%	(2.6- 6.0)
<b>Race/Ethnicity</b>				
White only, non-Hispanic	6.1%	5.8-6.4	5.7%	(4.4- 7.3)
Black only, non-Hispanic	10.5%	9.4-11.7	9.6%	(5.1- 17.2)
American Indian or Alaskan Native only, non-Hispanic	14.2%	10.0-19.8	--	
Asian only, non-Hispanic	8.8%	6.0-12.8	3.6%	(0.7- 15.9)
Hispanic	13.9%	11.9-16.2	4.7%	(1.0- 19.8)

**Appendix B, Table 2. Prevalence of Blindness and Low Vision by County among People Age ≥65 Years, Pennsylvania, American Community Survey, 2019.**

<b>County</b>	<b>Prevalence</b>
Adams County	5.6
Allegheny County	5.4
Armstrong County	6.8
Beaver County	4.5
Bedford County	5.7
Berks County	4.5
Blair County	5.4
Bradford County	6.4
Bucks County	4.3
Butler County	4.6
Cambria County	7.2
Cameron County	8.2
Carbon County	4.7
Centre County	4.1
Chester County	4.3
Clarion County	6.6
Clearfield County	6.8
Clinton County	5.1
Columbia County	4.2
Crawford County	6.7
Cumberland County	5.6
Dauphin County	5.7
Delaware County	4.8
Elk County	2.5
Erie County	6.4
Fayette County	6.4
Forest County	8.3
Franklin County	5.8
Fulton County	6.9
Greene County	8.5
Huntingdon County	6.3
Indiana County	7
Jefferson County	6
Juniata County	10.4
Lackawanna County	5.3
Lancaster County	5.4
Lawrence County	6.4
Lebanon County	4.3
Lehigh County	6.1

Luzerne County	6.4
Lycoming County	5.9
McKean County	6.1
Mercer County	6.1
Mifflin County	5.1
Monroe County	7.3
Montgomery County	4.1
Montour County	3.5
Northampton County	5.4
Northumberland County	6.4
Perry County	4.7
Philadelphia County	8.9
Pike County	5.2
Potter County	7.1
Schuylkill County	5.8
Snyder County	3.8
Somerset County	6.5
Sullivan County	6.5
Susquehanna County	5.5
Tioga County	4.9
Union County	5.7
Venango County	7
Warren County	6.3
Washington County	5.7
Wayne County	5.9
Westmoreland County	4.8
Wyoming County	5.7
York County	4.7

**Appendix B, Table 3. Social, Health, and Quality of Life Characteristics of People Age 65 Years and Older with and without Vision Impairment, United States and Pennsylvania, 2019, BRFSS**

Category	U.S. Blind/Visually Impaired (N=9,756)		U.S. Not Blind/Not Visually Impaired N=135,566		PA Blind/Visually Impaired N=228		PA Not Blind/Not Visually Impaired N=2112	
	%	95% CI	%	95% CI	%	95% CI	%	95% CI
<b>Age Groups</b>								
65-74 years	51.3	49.1-53.4	59.6	59.0-60.1	42.9	32.0-54.4	58.6	55.6-61.6
75-79 years	19.6	17.9-21.5	19.4	18.9-19.8	20.2	12.2-31.6	20.5	18.1-23.2
80+ years	29.1	27.3-31.0	21.0	20.6-21.5	36.9	26.2-49.1	20.8	18.5-23.4
<b>Sex</b>								
Male	43.4	41.2-45.6	45.1	44.5-45.6	33.4	23.6-44.9	44.8	41.9-47.8
Female	56.6	54.4-58.8	54.9	54.4-55.5	66.6	55.1-76.4	55.2	52.2- 58.1
<b>Marital Status</b>								
Married	42.1	40.7-45.1	56.3	55.7-56.8	37.4	26.8-49.4	54.2	51.2-57.1
Not Married/ Separated	57.1	54.9-59.3	43.7	43.2-44.3	62.6	50.6-73.2	45.8	42.9-48.8
<b>Education</b>								
Did not graduate High School	28.7	26.4-31.1	12.4	11.9-12.8	23.1	13.7-36.2	9.9	7.8-12.6
Graduated High School	28.5	26.7-30.3	28.2	27.7-28.7	36.6	26.2-48.5	41.5	38.5-44.4
Attended College or Technical School	15.0	13.7-16.4	28.4	27.9-28.8	23.3	15.3-33.9	22.3	19.9-24.9
Graduated from College or Technical	15.0	13.7-16.4	28.4	27.9-28.8	17.0	11.0-25.2	26.3	24.1-28.6

<b>Race/Ethnicity</b>								
White only, non-Hispanic	65.0	62.5-67.3	79.0	78.4-79.6	84.1	74.4-90.6	89.3	87.2-91.1
Black only, non-Hispanic	12.8	11.5-14.3	8.6	8.3-9.0	12.1	6.5-21.4	7.3	6.0-9.0
American Indian or Alaskan Native only, non-Hispanic	1.9	1.3-2.7	0.9	0.8-1.0	1.6	0.2-10.8	0.2	0.1-0.7
Asian only, non-Hispanic	3.0	2.0-4.4	2.4	2.1-2.8	0.7	0.2-2.9	1.3	0.5-2.9
Hispanic	15.3	13.1-17.6	7.4	7.0-7.9	0.7	0.2-3.1	0.9	0.5-1.8
<b>Annual Income</b>								
Less than \$10,000	10.6	9.1-12.3	3.6	3.3-3.9	4.8	1.9-11.3	2.9	2.0-4.3
\$10,000 to less than \$15,000	11.7	10.3-13.3	5.4	5.1-5.7	9.9	4.9-18.8	4.7	3.6-6.2
\$15,000 to less than \$20,000	14.8	13.2-16.5	7.9	7.6-8.3	19.5	9.6-35.6	9.2	7.5-11.2
\$20,000 to less than \$25,000	13.5	12.0-15.2	10.7	10.3-11.1	17.0	9.3-28.9	11.2	9.1-13.7
\$25,000 to less than \$35,000	14.4	12.8-16.0	12.7	12.3-13.1	21.1	6.4-21.4	13.7	11.6-16.0
\$35,000 to less than \$50,000	12.8	11.4-14.5	15.9	15.4-16.3	8.9	4.3-17.5	18.6	16.2-21.2
\$50,000 to less than \$75,000	9.8	8.5-11.2	16.5	16.1-17.0	15.4	7.9-27.8	17.4	15.2-19.9
\$75,000 or more	12.4	10.7-14.3	27.3	26.7-27.8	12.5	6.0-24.2	22.4	20.0-25.0
<b>Health Behaviors</b>								
<b>BMI</b>								
Underweight	2.6	2.1-3.3	1.8	1.7-2.0	1.1	0.2-7.7	1.5	1.0-2.4
Normal weight	27.3	25.5-29.2	30.5	30.0-31.1	21.3	13.4-32.0	28.3	25.7-31.1
Overweight	37.2	35.0-39.5	38.6	38.1-39.2	42.3	31.1-54.4	38.5	35.6-41.5
Obese	32.9	30.8-35.1	29.0	28.5-29.6	35.2	24.9-47.2	31.6	28.8-34.6
<b>Physical Exercise</b>	53.6	51.4-55.8	70.2	69.7-70.7	63.7	52.2-73.8	68.0	65.1-70.8

<b>Smoking Status</b>								
Current smoker	13.4	12.0-14.9	8.8	8.4-9.1	4.6	1.9-11.0	11.0	9.2-13.1
Former smoker	40.8	38.6-43.0	39.9	39.2-40.3	39.3	28.5-51.3	40.8	37.9-43.8
Never smoked	45.8	43.6-48.0	51.5	50.9-52.0	56.1	44.3-67.3	48.2	45.2-51.2
<b>Health Care Access</b>								
Have Health Insurance	96.0	95.0-96.8	98.1	97.9-98.2	95.1	88.5-98.0	98.3	97.2-99.0
Have Personal Doctor	92.4	91.0-93.6	93.8	93.5-94.1	97.1	91.5-99.1	95.2	93.6-96.4
Could not see doctor because of cost.	11.5	10.2-12.9	4.2	4.0-4.5	6.4	3.1-12.7	3.8	2.8-5.2
<b>Health-Related Quality of Life</b>								
Fair/poor health status	51.4	49.2-53.6	23.3	22.8-23.8	45.4	34.2-57.1	22.4	20.1-24.9
14 or more days during past 30 when physical health not good.	35.6	33.5-37.8	15.9	15.5-16.4	32.0	22.0-43.9	14.2	12.4-16.2
14 or more days during past 30 when mental health not good.	17.9	16.3-19.6	7.3	7.0-7.6	16.3	9.6-26.4	6.2	5.0-7.7
14 or more days of activity limitation.	34.3	31.8-36.9	18.9	18.3-19.5	26.3	15.9-40.4	17.0	14.2-20.1
<b>Chronic Conditions</b>								
High Blood Pressure	68.6	66.5-70.7	59.7	59.1-60.2	61.3	49.1-72.2	60.7	57.8-63.5
High Cholesterol	56.6	54.4-58.8	50.5	49.9-51.1	48.0	36.3-59.9	49.0	46.0-52.0
Myocardial Infarction	17.2	15.8-18.7	10.2	9.9-10.6	15.4	9.2-24.6	11.9	10.1-14.0
Angina or coronary heart disease	18.2	16.4-20.0	10.1	9.8-10.5	16.2	9.1-27.1	9.7	8.2-11.5
Stroke	16.9	15.3-18.6	7.3	7.0-7.6	21.3	12.7-33.4	7.6	6.1-9.5
Asthma	18.2	16.6-20.1	11.8	11.4-12.1	18.2	9.8-31.1	11.2	9.5-13.2

Cancer	32.7	30.7-34.7	31.8	31.3-32.4	31.8	22.3-43.1	32.3	29.6-35.2
COPD	22.9	21.3-24.7	12.2	11.8-12.5	19.2	11.2-31.0	13.8	11.8-16.1
Arthritis	61.3	59.1-63.4	49.5	48.9-50.1	75.6	65.3-83.6	52.9	49.9-55.9
Depression	26.9	25.0-29.0	13.9	13.5-14.3	15.8	8.8-26.7	13.9	11.9-16.0
Kidney disease	13.6	12.1-15.3	6.4	6.1-6.7	12.8	(8.4- 19.0)	8.3	(6.9- 9.8)
Diabetes	36.4	34.2-38.6	22.1	22.6-22.6	33.2	(26.3-41.0)	23.9	(21.8-26.2)
<b>Disability Status</b>								
Serious difficulty concentrating, remembering, or making decisions	29.3	27.3-31.4	8.2	7.9-8.5	20.8	11.9-33.8	7.6	6.1-9.5
Serious difficulty walking or climbing stairs	56.9	54.7-59.0	25.4	24.9-25.9	51.0	39.1-62.7	24.0	21.5-26.7
Difficulty dressing or bathing	19.1	17.4-20.8	5.0	4.8-5.3	18.2	10.1-30.6	4.6	3.5-6.0
Difficulty doing errands alone	35.3	33.3-37.5	7.7	7.4-8.0	41.0	29.8-53.3	7.6	6.3-9.1
Deaf or do you have serious difficulty hearing	33.3	31.3-35.3	15.0	14.6-15.4	18.1	11.6-27.2	13.8	11.7-16.1

## Appendix C: Tabular Representations of Figures 1-4

**Figure 1. Estimated Prevalence of Blindness and Low Vision by County, Pennsylvania, ACS, 2019**

Quintile	Number of Counties	Counties Included (listed highest to lowest prevalence)
7.5% - 10.4%	5	Juniata, Philadelphia, Greene, Forest, Cameron
6.2% – 7.3%	20	Monroe, Cambria, Potter, Indiana, Venango, Fulton, Armstrong, Clearfield, Crawford, Clarion, Somerset, Sullivan, Bradford, Erie, Fayette, Lawrence, Luzerne, Northumberland, Huntingdon, Warren
5% - 6.1%	24	Lehigh, McKean, Mercer, Jefferson, Lycoming, Wayne, Franklin, Schuylkill, Bedford, Dauphin, Union, Washington, Wyoming, Adams, Cumberland, Susquehanna, Allegheny, Blair, Lancaster, Northampton, Lackawanna, Pike, Clinton, Mifflin
3.9% - 4.9%	15	Tioga, Delaware, Westmoreland, Carbon, Perry, York, Butler, Beaver, Berks, Bucks, Chester, Lebanon, Columbia, Centre, Montgomery
2.5% - 3.8%	3	Snyder, Montour, Elk

**Figure 2. Chronic Conditions among People with and without Blindness and Low Vision, Pennsylvania, 2019, BRFSS**

Chronic Condition	% with Blindness and Low Vision	% without Blindness or Low Vision
Stroke	21.3	7.6
Heart Attack	16.2	9.7
Diabetes	33.2	23.9
Depression	15.8	13.9
Hearing Impairment	18.1	13.8

Data Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Atlanta, GA

**Figure 3. Health-Related Quality of Life among People Aged ≥65 Years, with and without Blindness and Low Vision, Pennsylvania, 2019, BRFSS**

<b>Health-Related Quality of Life</b>	<b>% with Blindness and Low Vision</b>	<b>% without Blindness or Low Vision</b>
Fair/Poor Health	45.4	22.4
Frequent Physical Distress	32	14.2
Frequent Mental Distress	16.3	6.2
Frequent Limitations in Activity	26.3	17

Data Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, Atlanta, GA. Frequent Physical Distress: Adults who reported having 14 or more days per month when their health was not good. Frequent Mental Distress: Adults who reported having 14 or more days per month when their mental health was not good. Frequent Limitations in Activity: Adults who reported having 14 or more days per month when poor physical or mental health kept them from doing activities.

**Figure 4. Disability Status among People Aged ≥65 Years, with and without Blindness and Low Vision, Pennsylvania, 2019, BRFSS**

<b>Disability Status</b>	<b>% with Blindness and Low Vision</b>	<b>% without Blindness or Low Vision</b>
Concentrating, Remembering	20.8	7.6
Walking, Climbing Stairs	51	24
Dressing, Bathing	18.2	4.6
Running Errands	41	7.6

Source: 2019 Behavioral Risk Factor Surveillance System, Centers for Disease Control, Atlanta, GA

## Appendix D: Vision Rehabilitation Resources

### 1. Pennsylvania State Rehabilitation Department

#### Office of Vocational Rehabilitation Central Office

1521 N. 6th Street  
Harrisburg, PA 17102  
717-787-5244 Voice  
717-787-4885 TTY  
800-442-6351\* Voice  
866-830-7327\* TTY

#### Blindness & Visual Services

1521 N. 6th Street  
Harrisburg, PA 17102  
717-787-5244 Voice  
800-622-2842\* Voice

**Website:** [Click here for Office of Vocational Rehabilitation website](#)

### 2. Private Agencies in Pennsylvania that serve Older People with Blindness or Low Vision

#### Pennsylvania Association for the Blind

Executive Office:  
555 Gettysburg Pike, Suite A300  
Mechanicsburg PA 17055  
[www.pablind.org](http://www.pablind.org)  
717-766-2020

#### PAB Member Agencies:

##### Beaver County Association for the Blind

616 Fourth Street  
Beaver Falls, PA 15010  
[www.bcblind.org](http://www.bcblind.org)  
724-843-1111  
(Serves Beaver County)

**Blair/Clearfield Association for the Blind & Visually Impaired**

300 Fifth Avenue  
Altoona, PA 16602

[www.bcabvi.org](http://www.bcabvi.org)

814-944-2021

(Serves Blair and Clearfield Counties)

**Blind and Vision Rehabilitation Services of Pittsburgh (BVRS)**

1816 Locust Street  
Pittsburgh, PA 15219

[www.bvrspittsburgh.org](http://www.bvrspittsburgh.org)

412-368-4400

(Serves Allegheny and Somerset Counties)

**The Blind Association of Butler and Armstrong**

322 N. Cedar St.  
Butler, PA 16001

[www.theblindassociation.org](http://www.theblindassociation.org)

724-287-4059

(Serves Armstrong and Butler Counties)

**Bucks County Association for the Blind & Visually Impaired**

400 Freedom Drive  
Newtown, PA 18940

[www.bucksblind.org](http://www.bucksblind.org)

215-968-9400

(Serves Bucks County)

**Cambria County Association for the Blind & Handicapped**

211 Central Avenue  
Johnstown, PA 15902

[www.ccabh.com](http://www.ccabh.com)

814-536-3531

(Serves Cambria County)

**Center for the Blind and Visually Impaired (CBVI)**

100 West 15th Street  
Chester, PA 19013

[www.cbvi.net](http://www.cbvi.net)

610-874-1476

(Serves Delaware County)

**Central Susquehanna Sight Services**

348 Market Street  
Sunbury, PA 17801

[www.cssight.org](http://www.cssight.org)

570-286-1471

(Serves Columbia, Montour, Northumberland, Snyder, and Union)

**Community Services for Sight**

4 Brookhill Road  
Sugarloaf, PA 18249

[www.communityservicesforsight.org](http://www.communityservicesforsight.org)

570-455-0421

(Serves Carbon, southern Luzerne, and Schuylkill Counties)

**Fayette County Association for the Blind**

48 Bierer Lane  
Uniontown, PA 15401

[www.fayetteblindassociation.org](http://www.fayetteblindassociation.org)

724-437-2791

(Serves Fayette County)

**Keystone Blind Association**

3056 E State Street  
Hermitage, PA 16148

[www.keystoneblind.org](http://www.keystoneblind.org)

724-347-5501

(Serves Crawford, Lawrence, and Mercer Counties)

**Lackawanna Blind Association**

228 Adams Avenue  
Scranton, PA 18503

[www.lackawannablind.org](http://www.lackawannablind.org)

570-342-7613

(Serves Lackawanna and Susquehanna Counties)

**Montgomery County Association for the Blind**

24 E Marshall Street  
Norristown, PA 19401

[www.mcab.org](http://www.mcab.org)

215-661-9800

(Serves Montgomery County)

**North Central Sight Services**

2121 Reach Road – P. O. Box 3292

Williamsport, PA 17701

[www.ncsight.org](http://www.ncsight.org)

570-323-9401

(Serves Bradford, Centre, Clinton, Lycoming, and Sullivan Counties)

**Northeast Sight Services**

1825 Wyoming Avenue

Exeter, PA 18643

[www.northeastsight.org](http://www.northeastsight.org)

570-693-3555

(Serves northern Luzerne, Pike, Wayne, and Wyoming Counties)

**NuVisions Center**

658 Valley Street

Lewistown, PA 17044

[www.nu-visions.net](http://www.nu-visions.net)

717-242-1444

(Serves Huntingdon, Juniata, and Mifflin Counties)

**Sights for Hope**

845 W Wyoming Street

Allentown, PA 18103

[www.sightsforhope.org](http://www.sightsforhope.org)

610-433-6018

(Serves Lehigh, Monroe, and Northampton Counties)

**South Central Blind Association**

202 South Juliana Street

Bedford, PA 15522

(no website)

814-623-8214

(Serves Bedford and Fulton Counties)

**The Sight Center of Northwest Pennsylvania**

2545 West 26th Street

Erie, PA 16506

[www.sightcenternwpa.org](http://www.sightcenternwpa.org)

814-455-0995

(Serves Cameron, Elk, Erie, Jefferson, McKean, Potter, and Warren Counties)

**Venango County Association for the Blind**

PO Box 515

3035 Rt. 257

Seneca, PA 16346

[www.venangoblind.org](http://www.venangoblind.org)

814-676-1876

(Serves Clarion, Forest, and Venango Counties)

**VisionCorps**

244 North Queen Street

Lancaster, PA 17603

[www.visioncorps.net](http://www.visioncorps.net)

717-291-5951

(Serves Adams, Chester, Lancaster, Lebanon, and York Counties)

**Vision Resource Center of Berks County**

2020 Hampden Boulevard

Reading, PA 19604

[www.vrcberks.org](http://www.vrcberks.org)

610-375-8407

(Serves Berks County)

**Vision Resources of Central Pennsylvania**

1130 South 19th Street

Harrisburg, PA 17104

[www.vrocp.org](http://www.vrocp.org)

717-238-2531

(Serves Cumberland, Dauphin, Franklin, and Perry Counties)

**Vision Services of Washington-Greene**

566 East Maiden Street

Washington, PA 15301

[www.vsowg.org](http://www.vsowg.org)

724-228-0770

(Serves Greene and Washington Counties)

**Westmoreland County Blind Association**

911 South Main Street

Greensburg, PA 15601-1048

[www.wcbainpa.org](http://www.wcbainpa.org)

724-837-1250

(Serves Indiana and Westmoreland Counties)

**Also providing services in Pennsylvania (not a PAB Member Agency):**

**VisionLink**

[www.visionlinkphl.org](http://www.visionlinkphl.org)

215-627-0600

(Serves Philadelphia County)