Healthy eyes help children learn, explore, and interact with others. The C.S. Mott Children’s Hospital National Poll on Children’s Health asked a national sample of parents of children 3-18 about how they take care of their child’s eye health.

The most common factors parent rate as having a major impact on children’s vision and eye health are the amount of screen time each day (49%), reading in poor light (45%), how close children sit to the TV/screen (40%), diet (40%), and blue light from screens (37%). Only 30% of parents say wearing sunglasses when outdoors has a major impact on children’s vision and eye health.

The most common actions parents take to protect their child’s eye health are making sure their child has adequate reading light (85%), reminding their child to move back from the screen (74%), having their child get enough Vitamin A (66%), and setting limits on the amount of screen time (60%). Less often parents have their child wear sunglasses when outdoors (41%) or wear glasses that block blue light (27%).

Most parents report that their child wears protective glasses or goggles when doing activities that pose a risk of eye injuries, including working with tools (70%) and playing shooting games (61%). Only 31% of parents say their child wears protective glasses or goggles when playing contact sports.

Parents report their child has had a vision test during a visit to the pediatrician or family doctor (80%) or at school or daycare (29%). About half of parents (54%) say their child has seen an optometrist or ophthalmologist in the past two years. About 14% of parents say their child has not had a vision test or seen an eye doctor in the past two years.

Most parents report their child’s health insurance covers the full (60%) or partial (24%) cost of visits to an eye doctor; 9% say they are not covered and 7% are unsure. Parents who report no coverage for eye doctor visits are less likely than parents with full or partial coverage to say their child has seen an eye doctor in the last two years.
Data Source & Methods

This report presents findings from a nationally representative household survey conducted exclusively by Ipsos Public Affairs, LLC (Ipsos) for C.S. Mott Children's Hospital. The survey was administered in April 2022 to a randomly selected, stratified group of adults who were parents of at least one child age 3-18 years living in their household (n=2,002). Adults were selected from Ipsos’s web-enabled KnowledgePanel® that closely resembles the U.S. population. The sample was subsequently weighted to reflect population figures from the Census Bureau. The survey completion rate was 59% among panel members contacted to participate. The margin of error for results presented in this report is ±1 to 4 percentage points.

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Findings from the C.S. Mott Children’s Hospital National Poll on Children’s Health do not represent the opinions of the University of Michigan. The University of Michigan reserves all rights over this material.

C.S. Mott Children’s Hospital
National Poll on Children’s Health

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Implications

Protecting their child’s eye health is a responsibility that parents may not consider, yet decisions about routine situations can affect a child’s vision and eye health in the short term or long term. This Mott Poll suggests that some parents may have inaccurate perceptions of factors that affect their child’s eye health.

Parents’ most common action to protect their child’s eye health is ensuring adequate reading light. This mirrors advice for parents from a prior generation. However, reading in poor light can cause a sensation of eye fatigue or eye strain, but they will not do any permanent damage or long-term eye problems. Instead, parents should focus on areas that have a major impact on eye health. Foremost is the child’s overall amount of screen time (TV, cell phones and tables) and time working up close (including books or homework) which can lead to becoming more nearsighted.

A reasonable goal for parents is to identify specific times during the day for children to be away from screens and up-close tasks. Parents should encourage at least 1-2 hours of outdoor time per day, which lessens the risk of nearsightedness. When children are outdoors, they should wear sunglasses and/or wide-brimmed hats to decrease the risks of ultraviolet radiation damage, which can contribute to eye problems in older age.

A more recent concern for some parents is blue light from screens. While the amount of blue light does not damage children’s eyes, it can impact Circadian rhythms and make it harder for them to fall asleep. Parents may want children to stop blue light screen use at least 1 hour before bedtime.

Preventing eye injuries involves recognizing and minimizing potential dangers. This Mott Poll indicates that many parents either do not recognize the risk or do not act to prevent eye injuries during activities that include a risk of objects hitting the child’s eye at high speed or force. For example, older children and teens should wear protective eyewear when working with hammers, drills, or other tools, or when using lawn mowers, weed trimmers, or other outdoor equipment. Children should wear goggles or other protective eyewear when using BB guns or Nerf guns, or when playing paintball or other shooting games.

Parents should consider their child’s risk of eye injuries when playing sports with high velocity ball action including lacrosse, tennis, baseball and softball, and basketball. Parents may seek advice from their child’s health care provider or eye doctor to find a type of eyewear that protects against injury and is comfortable to wear while playing.

Another important parent responsibility is making sure their child gets regular vision tests every 1-2 years. For many children, vision tests are done during well-child visits. The pediatrician or family physician will check the child’s visual acuity and examine the child’s eye movements and eye alignment, as well as reflection that light makes on the child’s eyes, to evaluate whether both eyes are developing properly. It is essential to identify and treat vision problems as early as possible, because undiagnosed vision problems can lead to permanent vision loss.

Some children may get vision tests through school. Because school vision testing varies from state to state, both for the age of children tested and the type of testing, parents should view school vision testing as useful information, but not a substitute for regular vision tests with the child’s primary care provider.

Parents should bring their child to an optometrist or ophthalmologist if the vision test done by the primary care provider or the school indicates a possible problem, if they notice their child’s eyes crossing or going out of alignment, or if their child mentions symptoms like blurry vision. If there is a family history of vision or eye problems, parents may consider bringing their child to the eye doctor as a proactive approach to early identification.