Works Cited

Quoted Research

**Hudak, Donald T., and Elbert H. Magoon. "Poverty Predicts Treatment Failure." *Journal ofAmerican Association for Pediatric Ophthalmology and Strabismus* 1.4 Dec. (1997): 214-15. *Embase*. Web. 13 Feb. 2012.**

This journal article details a study comparing the success of treatment for amblyopia in regards to children with Medicaid and those without Medicaid. It uses clear statistics comparing the visual acuity of children before and after the treatment, categorizing them as good, moderate, and bad final outcomes. It does not study compliance with treatment or the severity of the children’s initial diagnosis but the statistics largely speak for themselves, notably those I employed in my essay. They tell clearly that those with low income fare worse by a wide margin.This essay was perhaps the most crucial piece of research for me because it provides hard statistical data supporting the main argument of my op-ed column; that poverty affects the treatment of amblyopia negatively. It also underscores my personal experience and makes it less anecdotal by giving me statistics to use. I also feed a little off their statistics at the end.

**Gibson, William. "Economic Impact of Blindness From Amblyopia." *Children's Eye Foundation*. Children's Eye Foundation, n.d. Web. 17 Feb 2012. <https://docs.google.com/viewer?url=http://www.childrenseyefoundation.org/images/uploads/economic%20impact%20of%20blindness%201-7.pdf>.**

In this article, William Gibson stresses the importance and utility of preventing blindness and vision related to and/or caused by amblyopia by doing a cost analysis, essentially suggesting that both individuals and the nation lose income from blindness caused by amblyopia because people with disabilities of any kind make less money.

One of my main critiques for this article is that it is all speculation; there doesn’t seem to be any finite statistical data. They estimate the number people with a visual disability. Moreover, it is based on the presumption that people with visual loss due to amblyopia have the same income loss of those with moderate disabilities. “Moderate disability” seems like a very broad term, possibly referring to loss of mobility or hearing, which might have different effects on people’s chances and incomes. Despite these flaws, I wanted to show several things in my article which this article supplements: lack of treatment for amblyopia costs society, prevention is cheap compared to the consequences, individuals suffer from a loss of opportunity and income due to amblyopia-related visual disability, and finally, something I would like to touch on in my second draft, that amblyopia-related visual disabilities can help to contribute to the vicious cycle of class in America; People with amblyopia-related vision loss are already more likely to be low class and the economic costs of amblyopia help to keep them there.

**Leenheer, Rebeca S., Jennifer A. Dunbar, Jeffrey Colburn, Andrew Edwards, and Carrie Lim. "Barriers to Compliance in Amblyopia Therapy: Parental Perspectives in Low-and-High-income Families." *Journal of American Association for Pediatric Ophthalmology and Strabismus* 13.1 Feb. (2009): 6. Print.**

This journal article denotes the different reasons why low income and high income family do not comply with treatment; it looks to see why parents don’t patch. It found out that the reasons why families didn’t comply differed by income. Its main weakness, at least in terms of my needs, is that it does not address the fact that more of the high income families do in fact comply; class is the elephant in the room. It’s hinted at because it mentions huge margins comparing how higher income families were more consistent and understood the treatment better. It helps to provide statistical evidence for my claims as to why families don’t comply and the evidence for how higher income families were more consistent and understood the treatment better is also invaluable to my argument about the relationship between amblyopia treatment and class.

**Lithander, Joan, and Johan Sjostrand. "Anisometropic and strabismic amblyopia in the age group 2 years and above: a prospective study of the results of treatment." *British Journal of Opthamology*. 75.2 (1991): 111-116. Web. 19 Feb. 2012. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC504127/>.**

This is a report evaluates the results of a study on “the efficacy of optimized treatment in terms of number of cured children, time to achieve cure, and the rate of initial improvement of visual acuity”, which was “evaluated in relation at start of treatment, type and degree of amblyopia and adherence to treatment regiment” (Lithander, Sjostrand 111). This is another article that provided strong evidence and a quote for my argument, though it was more foundational; it proves that the main reason children are not cured of amblyopia is not the severity of their condition or treatment regimen but noncompliance. It’s a building block piece of evidence to my greater thesis that amblyopia is not cured when there is noncompliance and noncompliance is more likely in families with low incomes.

Other Research

**Holmes, JM, RW Beck, RT Kraker, et al. "Impact of patching and atropine treatment on the child and family in the amblyopia treatment study." *Archives of Opthalmology*. 121.11 1625-1932. Web. 17 Feb. 2012. <http://ukpmc.ac.uk/abstract/MED/14609923/reload=0;jsessionid=XGe3BjNysK5P4cup8wqO.141>.**

“Although the [Amblyopia](http://ukpmc.ac.uk/abstract/MED/14609923/?whatizit_url=http://ukpmc.ac.uk/search/?page=1&query=%22Amblyopia%22) Treatment Index questionnaire results indicated that both [atropine](http://ukpmc.ac.uk/abstract/MED/14609923/?whatizit_url_Chemicals=http://www.ebi.ac.uk/chebi/searchId.do?chebiId=CHEBI%3A16684) and patching treatments were well tolerated by the child and family, [atropine](http://ukpmc.ac.uk/abstract/MED/14609923/?whatizit_url_Chemicals=http://www.ebi.ac.uk/chebi/searchId.do?chebiId=CHEBI%3A16684) received more favorable scores overall and on all 3 questionnaire subscales,” is the conclusion for this article (1625, Holmes, Beck, Kraker et al.) This study focused greatly on how effective these treatments are and people’s reactions to them. It compares two different treatments, atropine and patching. This is another piece of research that I came across early on, which was not what I was looking for but did reinforce some of my ideas, mainly that ambylopia treatment is effective. It seems to ignore the problem of noncompliance and if that is not a problem, I have to question their sample group and composition. For that reason, I avoided quoting from this article.

**Lawson, Richard. *Atlantic Wire*. 15 02 2012: n. page. Web. 18 Feb. 2012. <http://www.theatlanticwire.com/entertainment/2012/02/19-kids-and-counting-gets-stranger-sadder/48733/>.**

In this article from *The Atlantic*’s counterpart on the web, Lawson writes about how “19 Kids and Counting”, a show about a Quiver-full family, is getting stranger and sadder. It takes notices of the undertones of sexism and paternalism throughout the series, especially in the family’s family structure and church groups. It then criticizes the produces for drawing out the mother’s pregnancy with their 20th child- it is available on the internet that that child was miscarried, making the current episodes seem pointless and cruel. The content of this article is irrelevant to my purpose. I mainly was looking for inspiration as to what kind of journalistic article I wanted to write. This article is descriptive, persuasive and remains entertaining. It also incorporates a more conversational tone but notes societal issues and occasionally takes a more factual tone. Seeing how Lawson achieved this helped me structure my paper. Moreover, my piece is intended for an “internet” audience. As a result, I looked to Lawson as to how to format my paragraphs (short, no indentation).

**Simons, Kurt, and Mark Preslan. "Natural History of Amblyopia Untreating Owing to Lack of Compliance." *British Journal of Ophthalmology*. 83. (1999): 582-587. Print. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1723047/>.**

“Preschool children with amblyopia or its risk factors are at risk of having the current amblyopia deteriorate or of developing amblyopia, if not treated. These results raise questions about the ethical acceptability of a prospective study of amblyopia treatment at these ages” (Kurt, Prelan, 582). The title of the above article is a bit misleading; the above quote is the main conclusion and it is not reflected well in that title. Therefore, when I first found it, I thought it might be more useful than it ended up being. This article was one of the first I read in pursuit of information that was rather hard to find (statistics on class and income, in relation to the success of amblyopia). I’ve used it as an example of the studies made for amblyopia and it helped me see what kind of research is being most commonly done or at least is most available about amblyopia treatment. This article also emphasizes the saliency of time in amblyopia treatment, if indirectly.