



See the Future:

A call to action to improve children's vision and eye health in the United States

COORDINATED SYSTEMS = HEALTHY VISION FOR CHILDREN

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Establishing Consistency and Accountability for Children's Vision

Vision and eye health in children younger than age 6 years is a national priority (*Healthy People 2020*: <http://www.healthypeople.gov/2020/topics-objectives/topic/vision/objectives>; *Office of the Inspector General, 2010*: <http://oig.hhs.gov/oei/reports/oei-05-13-00690.pdf>). Early identification of vision problems and eye diseases, including amblyopia, strabismus, and high refractive errors [hyperopia, myopia, astigmatism, and anisometropia], is critical for optimal treatment. Thus, children's vision and eye health must be elevated in importance in the medical home and in public health and community settings.

Little consistency, however, exists among children's vision health stakeholders for screening procedures, frequency, referral criteria, and follow-up methods. The **lack of standards for surveillance** of children's vision and eye health in the United States is yet another public health challenge.

The National Center for Children's Vision and Eye Health at Prevent Blindness (NCCVEH) is an effort funded in part by HRSA- Maternal and Child Health Bureau to improve these public health challenges, as well as the system that supports children's vision and eye health in the United States.

NCCVEH is responding to the need for an improved system to support children's vision and eye health by empowering key stakeholder groups to use:

- 1) Evidence-based vision screening practices and improved follow-up to eye care to help ensure early detection and treatment;
- 2) Integrated health data systems to track vision and eye health and improved surveillance;
- 3) State- and national-level performance measures to track program accountability and direct limited program resources.

Continue reading to learn how you can join the movement to support children's vision and eye health.

Essential Actions Needed NOW to Preserve Children's Vision Health

Page 2

Common Vision Problems in Children

Page 3

Populations at Increased Risk for Vision Problems

Page 3

Key Stakeholders in Children's Vision and Eye Health

Page 4



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MAKING A CHANGE- FOR THE BETTER!



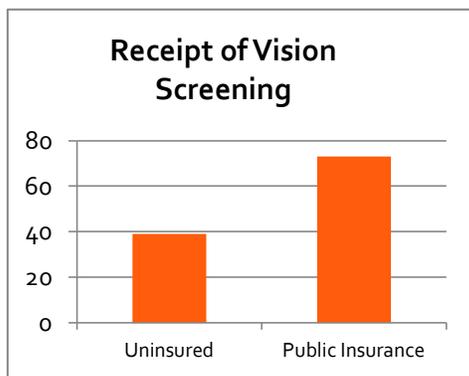
System changes should include improved vision screening, surveillance, and accountability.

FAST FACTS



1 in 5 Kids

Aged 5 years has **never** received a vision screening from a physician or other health-care provider. (MMWR Morb Mortal Wkly Rep. 2014;63(suppl 2):pp. 43-46)



39% vs. 73%

Children without ANY health insurance were MUCH LESS likely to have a vision screening compared to children with public insurance. (MMWR Morb Mortal Wkly Rep. 2014;63(suppl 2):43-46)



Essential Actions Needed **NOW** to Preserve Children's Vision Health

Attention to vision and eye health in young children is critical to long-term vision outcomes. Unfortunately, many children do not receive timely vision screenings or eye care. Public health activities- including work by the NCCVEH to improve surveillance, vision screening, and access to eye care, and encourage state and local efforts to provide screening within the community- are critical steps for improving children's vision and eye health in the United States.

What can you do? Take action now to:

- Identify gaps** in the delivery of vision services, gaps in data collection, and gaps in state performance measures;
- Clarify confusion** or lack of understanding of existing state laws, mandates, and protocols to align vision screening guidelines in your state;
- Establish a support system** for your improved vision health approach which may include hiring new program staff or establishing a technical advisory body.

The NCCVEH convened a National Expert Panel comprised of leading professionals in ophthalmology, optometry, pediatrics, public health, and related fields to establish recommendations on how to improve the public health infrastructure supporting the early detection of children's vision problems.

Recommendations for a Comprehensive Vision Screening System

Recommendations from the National Expert Panel to the NCCVEH include:

All children aged 36 to <72 months should be screened annually (best practice) or at least once (acceptable minimum standard) during the interval between their third and sixth birthdays.

Vision screening requires training and certification of screening personnel with recertification of personnel completed every 3 to 5 years.

Vision screening programs must plan for acquisition of sufficient and appropriate space, as well as obtaining and maintaining equipment and supplies.

Screening results must be recorded and communicated to the child's parents, and to the medical home/primary care provider, the school, and necessary state agency, with subsequent referral to an ophthalmologist or optometrist for examination and treatment when indicated. Exam outcomes should be shared among key stakeholders with patient permission.

Specific data systems must be established to facilitate this process and programs should monitor overall system performance at the state and national level via specific measures to ensure that screening goals are met.

Common Vision Problems in Children

Refractive Errors: *Refractive errors represent the most common vision problem in children and include myopia (nearsightedness), hyperopia (farsightedness), and astigmatism. Refractive errors occur when the shape of the eye prevents light from focusing directly on the retina.*



Strabismus: *Strabismus, commonly referred to as a crossed eye or lazy eye, is the misalignment of the eyes that is constant after age 6 months. One eye, or sometimes both, may turn in, out, up, or down.*



Amblyopia: *Amblyopia is reduced vision in one or both eyes that received inadequate use during early childhood. Without stimulation, the cortical cells do not develop in the brain to receive visual information from the eye.*

Left eye



Right eye



Populations at Increased Risk for Vision Problems

According to results from the Medical Expenditure Panel Survey (Ganz M, Xuan Z, Hunter DG. *Patterns of eye care use and expenditures among children with diagnosed eye conditions.* J AAPOS. 2007;11(5):480-487), the risk for under-diagnosis and under-treatment of vision problems is increased for certain populations, including children from low-income families and minority populations.

Among children with diagnosed special health care needs (such as neurodevelopmental delay), those who have difficulty seeing experience more barriers to care when compared with children without vision problems. Data from the 2009-2010 National Survey of Children with Special Health Care Needs (<http://www.cdc.gov/nchs/slait/cshcn.htm>) suggest those children with special health care needs, who also have difficulty seeing, face significantly more obstacles to health care access and are less likely to receive needed care and services. These children are more likely to be older, of minority status, either have public insurance or no insurance, and/or live in the poorest, least educated, and/or non-English speaking households.

Disparities in access and utilization of eye care or appropriate referral policies for high-risk populations result in a higher incidence of undetected, undiagnosed, and untreated vision problems. Special care and consideration must be given when planning public health approaches to eye care for these underserved and high-risk populations.



"Increased use of clinical preventive services could improve the health of infants, children, and adolescents and promote healthy lifestyles that will enable them to achieve their full potential."

Thomas R. Frieden, MD, MPH;
Director, CDC
(<http://www.cdc.gov/mmwr/pdf/other/su6302.pdf>)

FOR MORE INFORMATION

<http://nationalcenter.preventblindness.org/>

1-800-331-2020 (toll-free)

Key Stakeholders in Children's Vision and Eye Health

Improving the system serving children's vision and eye health must engage multiple stakeholders with a uniform mission. Working together, changes can be made to policies that will improve children's vision and eye health. Key stakeholders to bring to the table include:

- Public health leaders;
- Vision and eye health care providers (Ophthalmology and Optometry);
- Primary care providers/medical home;
- Early childhood educators;
- Early care and education agencies;
- Families;
- Community organizations;
- Insurance providers;
- Legislators;
- State agency coordinators;
- Funders.



About the National Center for Children's Vision and Eye Health

The mission of the National Center for Children's Vision and Eye Health at Prevent Blindness (NCCVEH) is to improve the systems that address children's vision and eye health. To accomplish this mission, the NCCVEH is developing a coordinated public health infrastructure to promote and ensure a comprehensive, multi-tiered continuum of vision care for young children. This coordinated approach to vision health for children leads to a uniform implementation of successful screening programs, increased follow-up to eye care, improved surveillance, and stakeholder engagement.

Strategic approach

The NCCVEH works in collaboration with national and state partners to provide technical assistance, education, training, resources, and leadership – advancing a universal approach to children's vision health in the United States.

The efforts of the NCCVEH are focused on the following objectives:

1. Serve as a technical resource center to states in the development and improvement of comprehensive vision and eye health programs for children.
2. Enhance existing efforts in the surveillance of children's vision, screening, outcomes to eye care, and health disparities impacting access to eye care for children.
3. Develop and disseminate educational tools and information that promote a comprehensive approach to children's vision and eye health.



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