



CHILDREN'S VISION HEALTH: HOW TO CREATE A STRONG VISION HEALTH SYSTEM OF CARE

Madison, a child enrolled in Head Start, did not pass vision screening and received glasses after a follow-up eye exam. When she returned to her classroom with her new glasses, Madison walked into the room and looked around. A picture of a giraffe on the wall caught her attention. She walked to the picture, looked at the giraffe, turned to her teacher, and said, "I didn't know giraffes had eyes!"

This story reinforces our knowledge that children with vision disorders rarely know that the way they see their world differs from the way children with good vision see the world. Consequently, they miss out on learning opportunities in the world around them because of poor vision.

Research suggests that up to 1 in 20 preschool-aged children may have a vision problem that can lead to permanent vision loss if not detected and treated early—preferably before age 5 years (Calonge, 2004). Head Start, Early Head Start, and early childhood program vision screeners are in a perfect position to help find these children, who can then be referred to an eye care provider for diagnosis and treatment.

To assist front-line screeners, the National Head Start Association is collaborating with leading national vision and eye health organizations in an initiative called the Year of Children's Vision (YOCV). The goal of YOCV is to provide national guidance to staff of Head Start programs and other early childhood educators to standardize approaches to vision screening, improve follow-up for eye care for children who do not pass vision screening, provide family friendly educational information, and consult with some of the nation's leading pediatric eye care providers to ensure best practices.

Unless a child's eye is crossed, you will rarely know that a child is having difficulty with vision. You can help find children with vision problems by implementing a strong vision health system of care as a part of your early education program.

What is Included in a Strong Vision Health System of Care?

A vision health system of care includes at least the following 12 components:

1. Ensuring that all parents/caregivers receive educational material, which respects cultural and literacy needs, about the importance of:
 - a. Good vision for their child now and in the future.
 - b. Scheduling *and attending* an eye exam when their child does not pass vision screening.

2. Ensuring that parent/caregiver's written approval for vision screening includes permission to:
 - a. Share screening results with the child's eye doctor and primary care provider.
 - b. Receive eye exam results for your file.
 - c. Talk with the child's eye doctor for clarification of eye exam results and prescribed treatments.
 - d. Share eye exam results with the child's primary care provider.
3. Screening vision with age-appropriate and evidence-based tools and procedures, including optotypes (pictures) and/or instruments.
 - a. Follow national referral and rescreening guidelines.
 - b. Include vision screening training for your staff that leads to certification in evidence-based vision screening procedures.
 - c. Ensure that contracted screening organizations use evidence-based tools and procedures, utilize national referral and rescreening guidelines, and clearly state that a screening does not replace an eye exam nor provide a diagnosis.
4. Creating policies for screening or direct referral for children with special needs.
5. Rescreening or referring difficult-to-screen (untestable) children.
 - a. Research suggests that untestable children are *twice as likely* to have a vision problem than children who pass a vision screening (The Vision in Preschoolers Study Group, 2007).
 - b. If you have reason to believe that the child may perform better on another day, consider rescreening the child within 6 months (American Academy of Ophthalmology, 2012). Otherwise, refer untestable children for an eye exam.
6. Providing parents/caregivers with vision screening results in easy-to-understand language, which respects cultural and literacy needs and provides steps to take for prompt follow-up with an eye care provider.
 - a. Provide written *and* verbal results.
7. Creating a system for following-up with parents/caregivers to help ensure that the eye exam occurs.
 - a. Identify and remove barriers to follow up to eye care, such as transportation or a lack of knowledge of what will occur during the eye exam.
 - b. Consider ways to engage parents in peer-to-peer conversations to encourage follow up to eye care and adherence to prescribed treatments.
8. Linking parents/caregivers for an eye examination with an eye doctor who specializes in the care and treatment of young children.
9. Receiving eye exam results for your files.
10. Sending a copy of eye exam results to the child's primary care provider.
11. Ensuring that the eye doctor's treatment plan is followed.
 - a. Develop a plan to assist with eye patching and/or glasses, as recommended by the eye care provider.

12. Evaluating the effectiveness of your vision health program annually.
 - a. Compare screening results to eye exam outcomes.
 - b. Identify variations in referral rates among your screeners.
 - c. Monitor screening procedures to ensure they follow current recommendations.
 - d. Monitor follow up to eye care for children who do not pass vision screening or who were untestable.
 - e. Look for common barriers in follow up to eye care and development and implement solutions.

With a strong vision health system of care in place, you are better equipped to find children, like Madison, whose vision is too blurry to differentiate a giraffe's eyes from the pattern of its coat. With early identification, diagnosis, and treatment, nearly all children can obtain their maximum visual potential. The steps you take now will lead to better lifelong vision health and learning readiness for the children you serve.

References:

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