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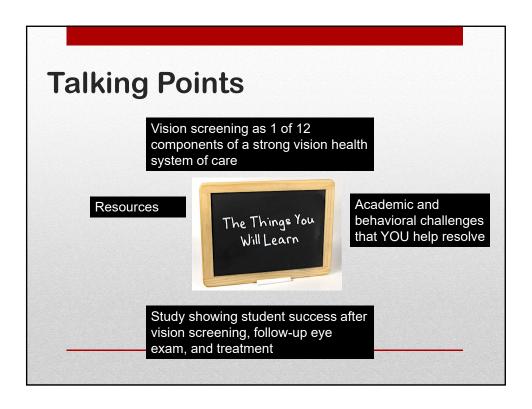
For personal viewing only to review and refresh knowledge.

Not to be used as a stand-alone training, presentation, or certification tool.

Celebrating and Thanking <u>YOU</u>
for the Great Vision Screening Work YOU Do!!!!!!

Dr. P. Kay Nottingham Chaplin, EdD

- · 18+ years in vision screening field
- Former Director/Lead Trainer Vision Initiative for Children West Virginia University Eye Institute – focus on Head Start, school nurses, pediatric primary care practices
- Member –Advisory Committee to the National Center for Children's Vision and Eye Health at Prevent Blindness
- Consultant Vision Screening Committee, American Association for Pediatric Ophthalmology and Strabismus
- Current Director Vision and Eye Health Initiatives at Good-Lite and School Health Corporation
- Current Education and Outreach Coordinator for the National Center for Children's Vision and Eye Health at Prevent Blindness
- · Provided 178 vision screening training workshops
- Lectured, trained, and consulted at more than 200 international, national, state, district, and local venues, including national webinar panels, and annual conferences
- My focus is to encourage age-appropriate and evidence-based vision screening based on national guidelines and best practices – as part of a 12-component Strong Vision Health System of Care.





Only 41% of children ages 5 years and younger are screened for vision problems.⁴

¹U.S. Preventive Services Task Force. (2017). Vision screening in children ages 6 months to 5 years (Evidence Synthesis No. 153). Rockville, MD: Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services. Retrieved from https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0098873/

²Kemper, A. R., Bruckman, D., & Freed, G. L. (2004). Prevalence and distribution of corrective lenses among school-aged children. Optometry and Vision Science, 81(1), 7-10.

³Varma, R., Tarczy-Hornoch, K., & Jiang, X. (2017). Visual impairment in preschool children in the United States: Demographic and geographic variations from 2015 to 2060. *JAMA Ophthalmology, 135*(6), 610-616.

⁴Block, S., & Baldonado, K. (2018). Staying Focused on Children's Vision: Leveraging Results from the 2016-2017 National Survey of Children's Health. Association of Maternal and Child Health Programs. Arlington, VA.

Impact of Vision Health on Development, Behavior, and Learning Readiness

- Research shows a link between health and a child's ability to perform optimally in school.
- "Health Barriers to Learning" include vision deficits.
- Left undetected and untreated, "Health Barriers to Learning" can affect a child's ability to:
 - Pay attention in class
 - · Be motivated to learn
 - · Maintain consistent attendance
 - · Perform well academically
 - Graduate high school



Gracy, D., Fabian, A., Basch, C. H., Scigliano, M., MacLean, S. A., MacKenzie, R. K., & Redlener, I. E. (2018). Missed opportunities: Do states require screening of children for health conditions that interfere with learning? *PLoS ONE 13*(1): Retrieved from http://journals.plos.org/plosone/article/file?id=10.1371/journal.pone.0190254&type=printable

Ruderman, Marjory. 2016. Children's Vision and Eye Health: A Snapshot of Current National Issues (1st ed.). Chicago, IL: National Center for Children's Vision and Eye Health at Prevent Blindness. Retrieved from https://nationalcenter.preventblindness.org/sites/default/files/hational/documents/Childrens Vision Chartbook F.p.

7 Behaviors

- 1. Talking in class
- 2. Notably quiet in class
- 3. "Spacy" children in their own world
- 4. Difficulty sitting still
- 5. Frustrated with academic work
- 6. Squinting during class activities
- 7. Clumsiness

<u>Talking in class</u> – Child said he talked because he was asking other students to help him read material on board.

<u>Notably quiet in class</u> – Child said she stopped looking at board . . . She couldn't see material on board.

<u>"Spacy" and in own world</u> – Interrupt story time to come forward to see book pictures. "I can see that now!"

<u>Difficulty sitting still</u> – Up and moving in circle time or watching TV with brother. Loner and bored. Now sits and participates in group activities.

Gallin, P. F. (2015, May 15). Kids who can't see can't learn. The New York Times. Retrieved from http://www.nytimes.com/2015/05/15/opinion/kids-who-cant-see-cant-learn.html?r=0

Screener and parent stories.



<u>Squinting during class activities</u> – "Mommy! There are numbers on that circle on the wall!"

<u>Clumsiness until receiving glasses</u> – "I have realized through these screenings that vision can affect a child's behavior, balance, and academic performance."

Gallin, P. F. (2015, May 15). Kids who can't see can't learn. The New York Times. Retrieved from http://www.nvtimes.com/2015/05/15/opinion/kids-who-cant-see-cant-learn.html? r=0

Screener and parent stories.

Multistate Level

- of real few services
- 2015 Vision in Preschoolers
 Hyperopia in Preschoolers
 Study (VIP-HIP) found:
 - Children ages 4 and 5 years with uncorrected hyperopia (farsightedness ≥4.0 D) scored significantly worse on a test of early literacy than children with normal vision.
 - ≤ 4.0 D also had lower scores, but difference not statistically significant

- Performance most affected:
 - Print knowledge subtest,
 - Measuring ability to identify letters and written words

VIP-HIP Study Group, Kulp, M. T., Ciner, E., Maguire, M., Moore, B., Pentimonti, J., Pistilli, M., Cyert, L., Candy, R., Quinn, G., & Ying, G. (2016). Uncorrected hyperopia and preschool early literacy: Results of the Vision In Preschoolers – Hyperopia In Preschoolers (VIP-HIP) Study. *Ophthalmology*, *123*(4), 681-689.

Diopter defined

- "Diopter" refers to the strength of a prescription lens required to give a child the clearest vision possible. The higher the number, the stronger the prescription lens.
- A child requiring 4 diopters of correction in prescription glasses, or contact lenses, would likely struggle with blurred vision, crossed eyes, or both, and would see much better with prescription glasses.



Multiple Inner City Schools Level

- 317 2nd and 3rd grade students in 12 high-poverty schools in Baltimore City School District in phase 1
- Poor baseline visual acuity and hyperopia associated with reduced reading achievement and worse baseline reading scores





Collins, M. E., Mudie, L., Slavin, R. E., Corcoran, R. P., Owoeye, J., Chang, D., Friedman, D. S., & Repka. M. X. (2016). Prevalence of eye disease and reading difficulty in an inner city elementary school population—preliminary results of the Baltimore Reading and Eye Disease Study (BREDS) [Abstract]. Journal of AAPOS, 20(4), e29-e30. Retrieved from http://www.jaapos.org/article/S1091-8531(16)30239-7/abstract

Single School District Level

2015 study of low-income children ages 3 through 5 years screened in South Carolina's Charleston County School District – *after diagnosis and treatment with prescription glasses* – found:

- Improvement in academic progress.
- · Increase in focus during lessons.
- Increase in participation and classroom interaction.
- Improvement in confidence and behavior.



Peterseim, M. M., Papa, C. E., Parades, C., Davidson, J., Sturges, A., Oslin, C., Merritt, I., & Morrison, M. (2015). Combining automated vision screening with on-site examinations in 23 schools: ReFocus on Children Program 2012 to 2013. *Journal of Pediatric Ophthalmology & Strabismus*, *52*(1), 20-24.

Individual Child Level

- 5th grade student
- Consistent, unruly disruption in classes
- · Grades: C's and D's
- Thinking about switching him to program for emotionally disturbed students
- Vision screening + eye exam + glasses

- Almost immediately his disruptive behaviors calmed
- 3 months after vision screening + eye exam + glasses:
 - Grades improved to B's and working on A's
- Student's aunt told Lions: "You saved my nephew."

True story from Charles Short - Indiana Lions District 25C - West Lafayette, IN

Early Identification & Treatment Make a Difference

 First grade reading ability found to be predictive of 11th grade reading outcomes, including: Children who lag in 1st grade but catch up by 3rd or 5th grade have good prognosis for future reading level.

- Reading comprehension,
- · Vocabulary, and
- General knowledge.



Cunningham, A. E., & Stanovich, K. E. (1997). Early reading acquisition and its relation to reading experience and ability 10 years later. *Developmental Psychology*, 33(6), 934-945.

Academic Considerations for Vision

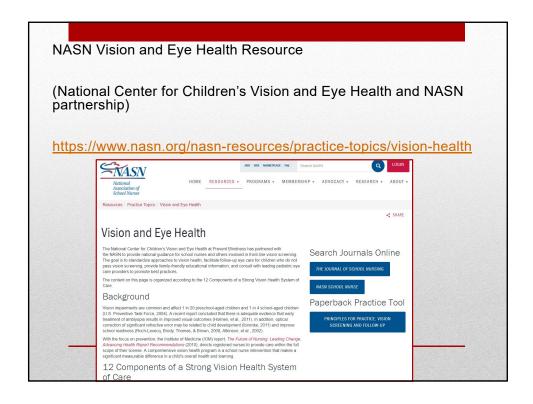
- ➤ Improved GPA (reading and math) more likely for hyperopes than myopes
- Increased satisfaction with school
- ➤ Reduced stress
- > Improved cognition, attention span, and focus
- > Improved test scores
- Less task avoidance and need for discipline
- Less labeling- ADD or ADHD
- Earlier identification leads to improved outcomes

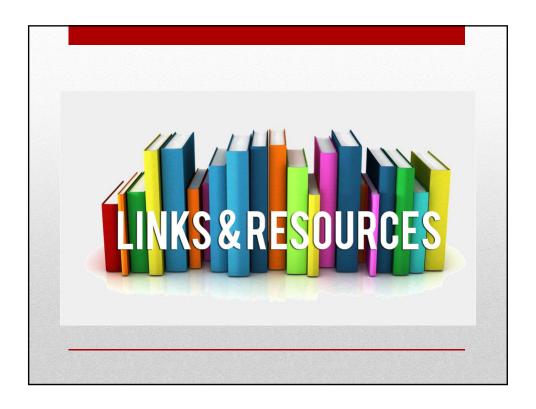
Academic Performance of Oyler School Students after Receiving Spectacle Correction. Thesis by Kimberly L. Renner; Graduate Program in Vision Science; The Ohio State University, 2017

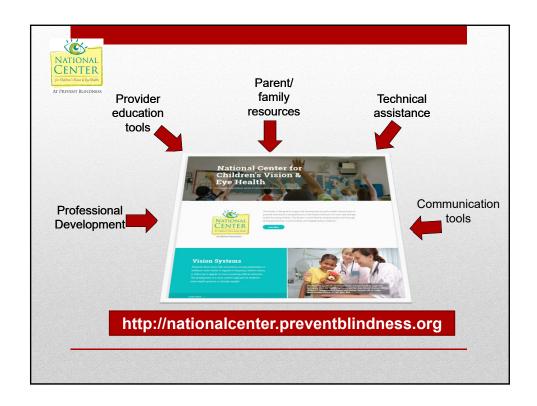
Healthier Students Are Better Learners: A Missing Link in School Reforms to Close the Achievement Gap. Basch, CE. EQUITY MATTERS: Research Review No. 6 Columbia University; March 2010.



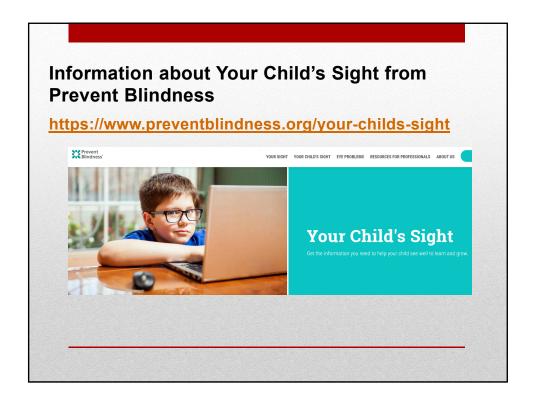




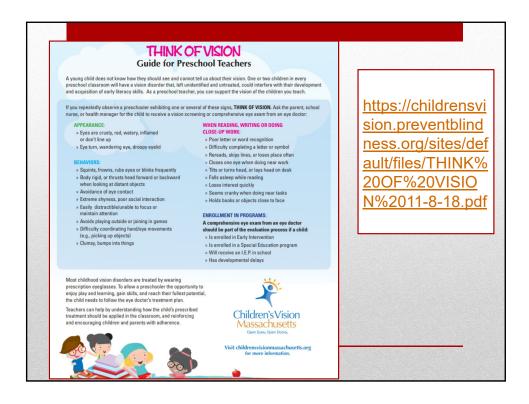














Call to Action

- Share resources with parents, school nurses, and others.
- Pat the back of someone sitting near you in appreciation of their volunteer efforts to help find children who will have better school experiences.
- Continue doing the great work you do!!

