



## State Stories for Children's Vision and Eye Health

### OHIO: Improving Children's Vision— Systems, Stakeholders, and Support

Background: Prevent Blindness Ohio participated in the NCCVEH's Improving Children's Vision: Systems, Stakeholders & Support Quality Improvement project and partnered with a public preschool system within the Knox County Educational Service Center (ESC) to increase the percentage of children who receive comprehensive eye examinations after not passing a vision screening. The ESC consists of four preschool locations that provide morning and afternoon classes. Knox County is predominately rural and located in central Ohio.

Companion to *Children's Vision and Eye Health: A Snapshot of Current National Issues, 2<sup>nd</sup> edition*, which can be accessed at <https://preventblindness.org/wp-content/uploads/2020/07/Snapshot-Report-2020condensedF.pdf>. For more information contact [info@preventblindness.org](mailto:info@preventblindness.org)

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**Aim:** To improve processes and develop new strategies for families to overcome common barriers to eye examinations following referral after a vision screening. The team sought a 20% increase in the 2015-2016 school year of preschool age children that report completing a comprehensive eye examination within six months of a child not passing a vision screening.

**Leadership and Expertise:** The team was led by the Ohio Affiliate of Prevent Blindness (PBO) and included staff from the Ohio Department of Health, three family representatives (two of which were also teachers at the school), an optometrist, and an optician.

#### Strategies:

- **Multi-year approach.** In the first year, the team partnered with all four preschool locations to

screen children and provide care coordination to families whose children did not pass the evidence-based, standardized vision screening. Parents were notified of the vision screening results through a brochure sent home in the child's backpack. The brochure indicated the type of screening performed, instructions for parents on making an appointment for a comprehensive eye examination by an optometrist or ophthalmologist, and a form for the eye care provider to complete. Ideally, the completed form would be returned to the school so administrators could assist with prescribed treatment plans. In the second year, only one site was chosen to implement the quality improvement study. By decreasing the number of classrooms involved, the team was better able to test small, incremental changes.

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## OHIO: Improving Children’s Vision— Systems, Stakeholders, and Support *(continued)*

- **Follow-up.** The parent permission form for vision screening included an educational paragraph about the importance of children’s vision health. Additionally, school officials included a pair of youth safety sunglasses, another brochure, *Your Child’s Sight*, and an activity book to take home. Follow-up was provided to parents of students referred from a vision screening who had not received a comprehensive examination or had not shared the results with the school. The school director sent a letter two months after the initial school screening. Approximately two months later, the child’s teacher contacted the family either face-to-face or via phone call. Finally, a brief survey to gather feedback was mailed to those parents that did not respond. A few parents returned surveys, confirming their child had been to the eye care provider, but they had not notified the school of the results.
- **Training.** To sustain this effort beyond the quality improvement (QI) study project, the preschool teachers at all four sites were trained as certified preschool vision screeners and provided vision screening equipment approved by the NCCVEH at Prevent Blindness and the Ohio Department of Health.
- **Infrastructure.** The team identified several existing strengths that supported the success of the project: having a nationally recognized children’s vision screening certification program in the state; using the existing collaboration between the Ohio Department of Health and Prevent Blindness to advance vision screening and eye health; and



# OHIO: Improving Children’s Vision— Systems, Stakeholders, and Support *(continued)*



financial support to provide vision screening tools to those who completed a certification training; and strong state-level data collection.

## Successes:

- **Teacher Communication.** While the school administrator’s follow-up letters resulted in no additional eye examinations, teachers’ direct communication with parents were effective. Responses received by teachers included: (a) confirmation of the eye examination; (b) no recall of receiving screening results; (c) no recall in receiving the director’s letter reminding the parent to make an appointment; (d) no plans to take the child to an eye care provider; and (e) non-responsiveness to teacher communication.
- **Strengthened Partnerships.** The initiative led to a stronger partnership between the schools and the Ohio Department of Health, which was attributed to state-wide efforts and improvement in the preschool setting. Strong involvement by parent partners had positive results. A Head Start Program was chosen for the Ohio pilot site because of its strong parent and family engagement focus. Head Start leadership assisted the quality improvement team in personal contact with parents and families in timely scheduling of follow-up comprehensive eye examinations for children that did not pass the vision screening tests.
- **Early Detection and Treatment.** Compared with the first-year results, parent education (before

and after the screening) and close communication between the teachers and parents proved to be successful. Increased numbers of children that needed comprehensive examinations received them as a result of using standardized vision screening implementation, conducting vision screening training and certification for teachers from the public preschools, and providing follow-up.

- **Policy Changes.** Program-level policy changes were implemented to facilitate the collection of needed information for permission to perform vision screenings, to educate parents, and to relay critical health information to families.

## Challenges:

- The project began with six Head Start projects in six different towns, making data collection difficult during the QI project. The team narrowed the scope of the project to one site in Knox County to improve efficacy of data collection.
- **Data Collection.** The project was initially too large, which made data collection burdensome and difficult to collect. This was resolved by limiting the data collection in Year Two.
- **Follow-Up with Parents.** Parents without updated contact information, including disconnected phone numbers, remained difficult to contact.