



The New Performance Standards and Your Vision Screening Program



Janet Schultz, PNP-BC, ARNP

Certified Pediatric Nurse Practitioner with 35+ years of public health experience in the fields of pediatric and maternal child health.



Head Start liaison to the National Institutes of Health's National Eye Institute preschool vision project since 1995

9 years onsite at the Office of Head Start (OHS) in Washington D.C., providing intensive support and expertise to Program Specialists responsible for AIAN Head Start and EHS grantees in 26 states.

Conducted many trainings for HS/EHS staff and parents on behavioral, physical and oral health issues.

No affiliation with any pharmaceutical or instrument sales



P. Kay Nottingham Chaplin, EdD

16 years in vision screening field



Former Director/Lead Trainer - Vision Initiative for Children - West Virginia University Eye Institute

Member -Advisory Committee to the National Center for Children's Vision and Eye Health at Prevent Blindness

Current Education and Outreach Coordinator for the National Center for Children's Vision and Eye Health at Prevent Blindness

Current Director - Vision and Eye Health Initiatives at Good-Lite and School Health Corporation

Not in sales . . . The opinions expressed in this presentation are solely those of the presenter based on research and professional experience.



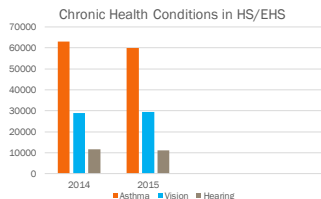
Kira Baldonado

- 14 years in children's vision screening and eye health field
- Director- National Center for Children's Vision and Eye Health at Prevent Blindness (NCCVEH)
- Coordinates strategic and programmatic efforts of the NCCVEH, including its National Expert Panel, Advisory Committee, Federal-level relationships, and state-level program initiatives
- Have published, presented, and developed resources to support strong vision and eye health programs for children
- The opinions expressed in this presentation are solely those of the presenter based on research and professional experience and do not reflect the opinions of program funders or specific organizations.



Vision- A Top Health Issue for Children

- Of 1M Children enrolled in HS/EHS Programs...
 - 30,000+ children with a diagnosed vision problem (3% of all children in HS/EHS programs)
 - 2nd MOST COMMON CHRONIC HEALTH ISSUE FOR HEAD START/EARLY HEAD START (after asthma)



1302.42 Child health status and care.

- (a) Source of health care. (1) A program, within 30 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, must consult with parents to determine whether each child has ongoing sources of continuous, accessible health care – provided by a health care professional that maintains the child's ongoing health record and is not primarily a source of emergency or urgent care – and health insurance coverage.



1302.42 Child health status and care

- ✎ (2) If the child does not have such a source of ongoing care and health insurance coverage or access to care through the Indian Health Service, the program must assist families in accessing a source of care and health insurance that will meet these criteria, as quickly as possible.
- ✎ (ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).



1302.42 Child health status and care

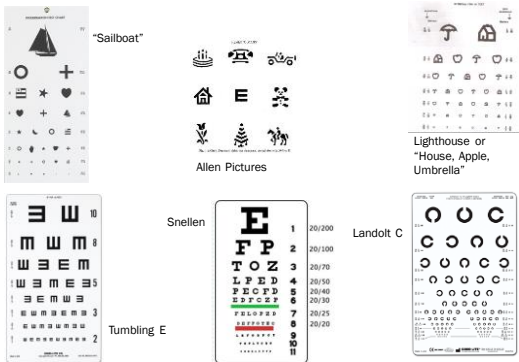
- ✎ (2) Within 45 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, a program must either obtain or perform **evidence-based vision** and hearing screenings.
- ✎ (3) If a program operates for 90 days or less, it has 30 days from the date the child first attends the program to satisfy paragraphs (b)(1) and (2) of this section.



7 Critical Vision Development Milestones to Monitor From Birth to 1st Birthday

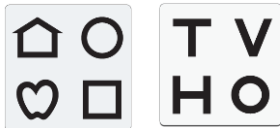


NOT Recommended by NCCVEH and/or AAP



Preferred Optotypes for Ages 3 to 7 Years

- NCCVEH
- AAP
- Recommend LEA SYMBOLS® and HOTV letters as optotypes



Cotter, S. A., Cyert, L. A., Miller, J. M., & Quinn, G. E. for the National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision screening for children 36 to <72 months: Recommended practices. *Optometry and Vision Science*, 92(1), 6-16. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274536/optops-92-16.pdf>

Donahue, S. P., Baker, C. N., Committee on Practice and Ambulatory Medicine, Section on Ophthalmology, American Association of Certified Orthoptists, American Association for Pediatric Ophthalmology and Strabismus, American Academy of Ophthalmology (2016). Procedures for the evaluation of the visual system by pediatricians. *Pediatrics*, 137(1), e20153597. Retrieved from <http://pediatrics.aappublications.org/content/pediatrics.eurj/2015/12/07/peds.2015-3597.full.pdf>

Single, Surrounded LEA SYMBOL at 5 feet

Research supports using single, LEA SYMBOLS® optotypes surrounded with crowding bars at 5 feet for children ages 3, 4, and 5 years



Vision in Preschoolers (VIP) Study Group. (2009). Findings from the Vision in Preschoolers (VIP) Study. *Optometry and Vision Science*, 86(6), 619-623.



NCCVEH Option - LEA SYMBOLS® for children ages 3, 4, and 5 years at 10 feet

Sight Line Kit



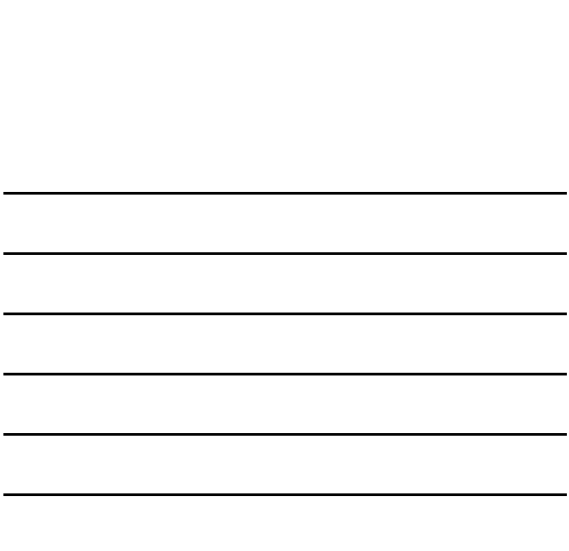
Unacceptable Occluders Ages 3, 4, and 5 years

- Hand
- Tissue
- Paper or plastic cup
- Cover paddle

- Why unacceptable?
- Children can easily peek



Carter, S. A., Oertl, L. A., Miller, J. M., & Quinn, G. E. for the National Expert Panel to the National Center for Children's Vision and Eye Health. (2015). Vision screening for children 36 to <72 months: Recommended practices. Optometry and Vision Science, 92(1), 6-16. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4274336/pdf/oxp.92.06.pdf>



Resources to Ensure Evidence-Based Vision Screening

Children's vision screening training and certification

Prevent Blindness America has the only national program for training and certifying screeners.

Our children's vision screening training and certification program ensures consistent, high-quality professional advanced recruitment screening tools designed to accurately detect and certification program progress consistent to the best possible age.

Why is vision screening for children so important? >

Prevent Blindness Certified Screener

Join! Prevent Blindness America's 30,000 volunteers, become a vision screener! >

Request information about vision screening training and certification or call ☎ 1-800-337-2020

www.preventblindness.org

Characteristics of Tests of Recognition Visual Acuity for Screening the Vision of Children Ages 3 Through 5 Years (36 to <72 Months)

By Patricia Kucharski

The most commonly measured type of visual acuity, recognition visual acuity, is defined as the ability to identify certain optotypes (letters, numbers, or figures) at a specified distance. Following are characteristics of tests of recognition visual acuity based on recommendations from the National Expert Panel to the National Center for Children's Vision and Eye Health at Prevent Blindness. Tests of recognition visual acuity whose design meets preferred practice¹ recommendations should be used for screening vision in the targeted age group. Anytime testing tools based on "unacceptable" characteristics should move toward using tools based on preferred practices as soon as possible.

Optotypes considered "Preferred practice"

At this point, these are the only two optotypes that meet the standards of preferred practice. Other optotypes may be included in the future depending on demonstration of evidence-based research.

1. Single surround LEA SYMBOLS®
2. Single surround HOTV Symbols

Unacceptable optotypes

Following are examples of commonly used charts that are NOT acceptable and should not be used in a vision screening program for children aged 3 through 5 years old. Refer to Appendix A for a more comprehensive list and images of optotype-based tests that are NOT acceptable at any test distance for this age group.

- Saltboards
- Birthday cakes
- Alphabet Pictures
- Signum hand's chart
- Wright figures®
- Charts with knobs

http://nationalcenter.preventblindness.org/sites/default/files/national/documents/Characteristics_of_Visual_Acuity_Charts_for_Screening_Children_NOR%20INSTRUMENTS.pdf

Children's Vision Health

How to Create a Strong Vision Health System of Care

by Kay Nethering, Charles, Jan E. Ramey, and Eric Beckstrand

This document was developed as part of the Healthy Communities for Children Initiative and is available as a free download from the National Center for Children, Youth, and Families.

Download this document here: www.preventblindness.org



1302.44

(b) Ensuring up-to-date child health status. (1) Within 90 calendar days after the child first attends the program or, for the home-based program option, receives a home visit, with the exceptions noted in paragraph (b)(3) of this section, a program must:



1302.44

(i) Obtain determinations from health care and oral health care professionals as to whether or not the child is up-to-date on a schedule of age appropriate preventive and primary medical and oral health care, based on: the well-child visits and dental periodicity schedules as prescribed by the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program of the Medicaid agency of the state in which they operate, immunization recommendations issued by the Centers for Disease Control and Prevention, and any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems;



1302.44

(ii) Assist parents with making arrangements to bring the child up-to-date as quickly as possible; and, if necessary, directly facilitate provision of health services to bring the child up-to-date with parent consent as described in §1302.41(b)(1).



Support families and their child's vision by...



Respecting cultural and literacy needs

Obtaining written approval


Facilitating linkages to eye care

Providing information that is easy-to-understand and action

Connecting parents with peers that can assist



Resources to Support Families . . .




Financial Assistance Programs

VS Referral Documents



Parent Education

<http://nationalcenter.preventblindness.org/resources-2>



Engage Peer Support Systems

- o Parent-to-parent
 - I did this...
 - You can try this...
 - My eye doctor told me this...
 - Personal referrals [of doctors, resources]
- o Personal advocates (for appointments)
- o Provide translations
- o Help parents access or get child to an eye appointment
- o Peer support in treatment adherence
- o Provide educational sessions to other parents and children
- o Set goals for children's health (incl. eye care) for the HS program and evaluate success

Communication is key!

- Use multiple approaches to obtain outcomes for referrals
- Promote engaging the medical home
- Support treatment plans and engage VI specialists if needed
- Develop relationships



Establish Community Provider Relationships

- Meet area eye care providers and discuss the needs of HS families
- Create a resource listing local providers, hours of operation, insurance accepted, location on bus line, and ages seen (potential project for a parent or college student)
- Invite providers to visit your program and talk with the families/children about vision



Resources to Ensure Communication Among Vision Health Stakeholders



Tips for Wearing Eye Glasses

VS Referral and Exam Report Document

Eyes That Thrive:
<http://www.preventblindness.org/eyes-thrive>

<http://nationalcenter.preventblindness.org/resources-2>



Resources to support better eye health

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

<http://nationalcenter.preventblindness.org>

Questions and Discussion



Conclusion of today's presentation

P. Kay Nottingham Chaplin
Nottingham@preventblindness.org 304-906-2204

Janet Schultz
JSchultz@DANYA.COM

Kira Baldonado
kbaldonado@preventblindness.org 312-363-6038



Additional Educational Opportunities at the NHSA Conference 2017

Session Title	Session #	Date	Time	Location
The New Performance Standards and Your Vision Screening Program	111	04/08/17	09:00 AM – 10:30 AM	Plaza Ballroom B – Hyatt Regency Chicago
Putting Healthy Vision in Sight – Critical Steps for Your Program	101	04/08/17	11:00 AM – 12:00 PM	Skyway 272 – Hyatt Regency Chicago
Birth to Three Study: Evaluation of a novel vision screening tool for detection of vision disorders.	208	4/09/17	02:00 PM – 03:30 PM	Skyway 265 – Hyatt Regency Chicago
From Birth to the 1 st Birthday: 7 Critical Vision Development Milestones to Monitor	175	04/09/17	04:00 PM – 05:00 PM	Columbus AB – Hyatt Regency Chicago
Implementing an Instrument – Based Vision Screening Program? What You Need to Know	181	04/10/17	09:00 AM – 10:30 AM	Michigan 1 – Hyatt Regency Chicago