



# The New Performance Standards and Your Vision Screening Program



**2017 National Head Start  
Conference and Expo**

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# 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



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# 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.



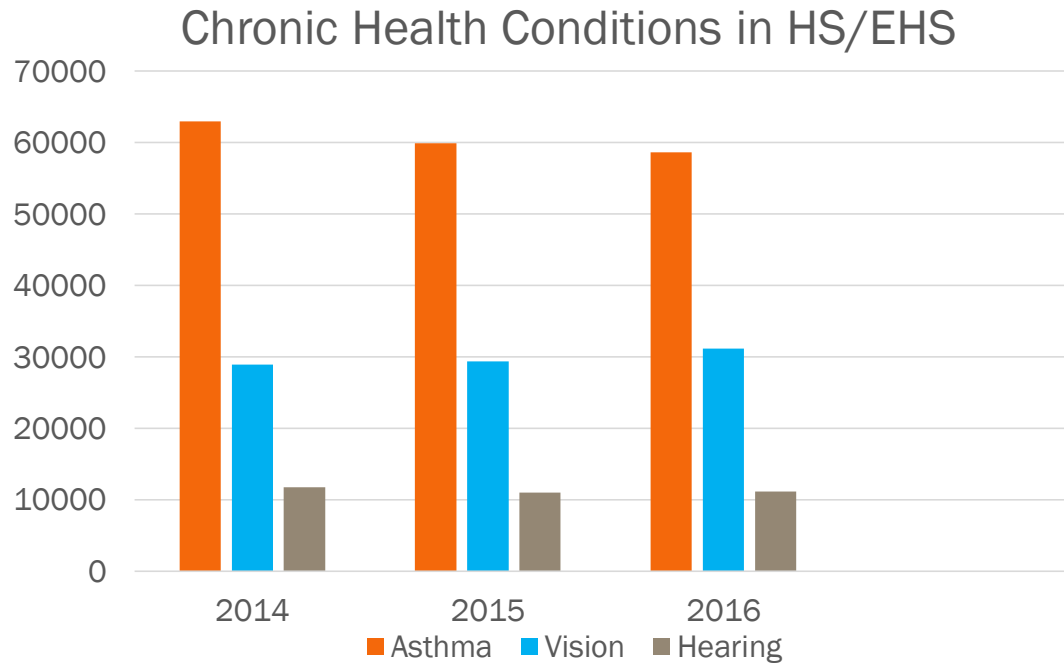
# Kira Baldonado

- ☞ 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)
  - 2<sup>ND</sup> MOST COMMON CHRONIC HEALTH ISSUE FOR HEAD START/EARLY HEAD START (after asthma)



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# 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 1<sup>st</sup> Birthday



## AGE

(Though milestones may vary up to 6 weeks; refer if eyes not straight by 5<sup>th</sup> mo.)

### By 5<sup>th</sup> month



<http://daamerica.org/wp-content/uploads/2013/10/fo-ur-infants.jpg>

### By 5<sup>th</sup> month



<https://pbs.twimg.com/media/CLLhTXBUwAAxZcl.jpg>

MILESTONE	IMPORTANCE OF MILESTONE	QUESTIONS TO ASK OR BEHAVIORS TO MONITOR	NEXT STEPS
<b>4<sup>th</sup> Milestone</b> <ul style="list-style-type: none"><li>Keenly watching hand movements of other children and adults and beginning to copy those hand movements</li></ul>	<ul style="list-style-type: none"><li>Keenly observing hand movements of others and starting to copy those hand movements leads to goal-directed reaching and grasping, which begins the process of learning from imitation, and understanding actions and goals of others.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Is baby keenly watching hand movements of other children and adults? (If “no”, move to Next Steps.)</li><li><input type="checkbox"/> Is baby beginning to copy hand movements of other children and adults? (If “no”, move to Next Steps.)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Refer for eye exam to assess all parts of the visual system to determine why baby is not keenly watching and beginning to copy hand movements of other children and adults.</li><li><input type="checkbox"/> Refer to Birth to Three Early Intervention program for assistance in helping baby observe and begin to copy hand movements of other children and adults.</li></ul>
<b>5<sup>th</sup> Milestone</b> <ul style="list-style-type: none"><li>Eyes are straight and do not appear to cross or drift</li></ul>	<ul style="list-style-type: none"><li>Eyes must be straight for good binocular vision to develop.</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> Are baby's eyes straight? (If “no”, move to Next Steps.)</li><li><input type="checkbox"/> Do baby's eyes ever appear to cross or drift? (If “yes”, move to Next Steps.)</li></ul>	<ul style="list-style-type: none"><li><input type="checkbox"/> If baby's eyes appear to turn in or out after age 4 months, immediately refer baby for eye exam to assess all parts of the visual system to determine the cause of eye misalignment.</li></ul>

# Instrument-Based Screening

- ☞ Use beginning at 12 months; better success at 18 months (AAP)
- ☞ Use instruments OR tests of visual acuity for children ages 3, 4, and 5 years (NCCVEH and AAP)



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/early/2015/12/07/peds.2015-3597.full.pdf>

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/PMC4274336/pdf/opx-92-06.pdf>

# Instruments “Approved” by NCCVEH



Welch Allyn® Spot™ Vision Screener



plusoptiX Portable S12C Vision Screener

# VOT Recommended by NCCVEH and/or AAP

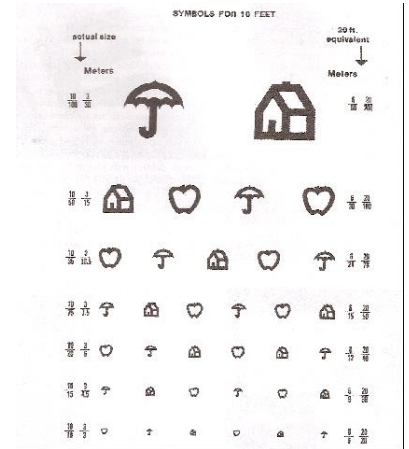


“Sailboat”

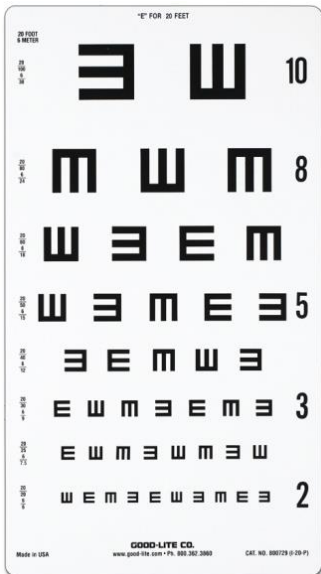


Allen Pictures

Fig. 1 (Allen). Preschool vision test characters. Actual size with 30-foot E.

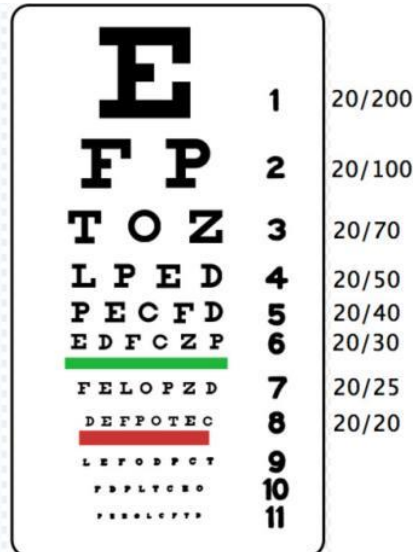


Lighthouse or “House, Apple, Umbrella”

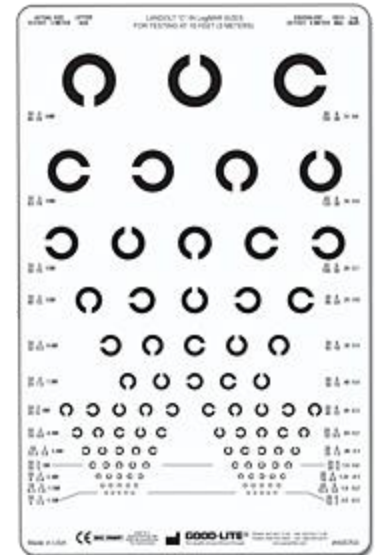


Snellen

Tumbling E



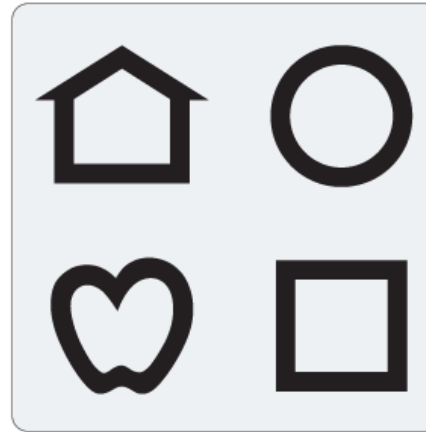
Landolt C



# Preferred Optotypes for Ages 3 to 7 Years

- NCCVEH

- AAP



- Recommend LEA SYMBOLS<sup>®</sup> 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/PMC4274336/pdf/opx-92-06.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/early/2015/12/07/peds.2015-3597.full.pdf>

# Single, Surrounded LEA SYMBOL at 5 feet

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



252100 20/40 Eye Check



252111 20/50 Eye Check



Fun Frames may vary

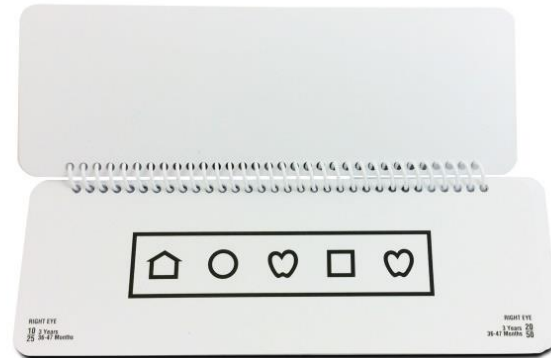
Vision in Preschoolers (VIP) Study Group. (2009). Findings from the Vision in Preschoolers (VIP) Study. *Optometry and Vision Science*, 86(6), 619-623.



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# NCCVEH Option - LEA SYMBOLS<sup>®</sup> 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*



# 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, highly Blindness' professional advisors recommend screening tests designed to accurately detect and certification program prepares screeners to do the best possible job.

Why is vision screening for children so important? ►

What tests are included in the children's vision screening?

What is a Prevent Blindness Certified Screener

Join Prevent Blindness America's 35,000 volunteers, Become a vision screener! ▼

Request information about vision screening training and certification or call ☎ 1-800-331-2020 .



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

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 practice\* recommendations should be used for screening vision in the targeted age range. **Anyone using tests based on "unacceptable" characteristics should move toward using tools based on preferred practices as soon as possible.**

### Optotypes considered "Preferred-practice\*"

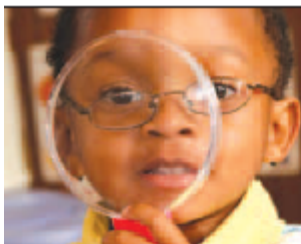
At this point, these are the only two optotypes that meet the standards of **preferred practice**. Other optotypes may be included in the future depending on demonstration of evidence-based research.

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.

- Sailboats
- Birthday cakes
- Allen Pictures
- Sjögren hands chart
- Wright figures©
- Charts with houses,



## Children's Vision Health

How to Create a Strong Vision Health System of Care

by P. Kay Nottingham Chaplin, Jean E. Ramsey, and Kira Baldonado

The authors thank the members of the Advisory Committee for the National Center for Children's Vision and Eye Health at Prevent Blindness for their support in the development of this article.

Madison, a child enrolled in Head Start, did not have vision screen...

Research suggests that up to 1 in 20 preschool-aged children may have a...

the brain receives clear, focused images from each eye. Any conditions...

[http://nationalcenter.preventblindness.org/sites/default/files/national/documents/Characteristics\\_of\\_Visual\\_Acuity\\_Charts\\_for\\_Screening\\_Children\\_NO%20INSTRUMENTS.pdf](http://nationalcenter.preventblindness.org/sites/default/files/national/documents/Characteristics_of_Visual_Acuity_Charts_for_Screening_Children_NO%20INSTRUMENTS.pdf)

# 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 act-on

Connecting parents with peers that can assist



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# Resources to Support Families . . .

## Financial Assistance Information

### Association of Schools and Colleges of Optometry

6110 Executive Boulevard, Suite 510  
Rockville, Maryland 20852  
Phone: (301) 231-5944  
Fax: (301) 770-1828  
[www.opted.org](http://www.opted.org)

Many optometry schools offer low-cost care to people willing to be treated by supervised students. They may also provide free care to people who join research studies.

### Chronic Disease Fund

6900 N. Dallas Parkway, Suite 200  
Plano, TX 75024  
Toll-free Patient Info: (877) 968-7233  
Main: (972) 908-7141  
[www.cdfund.org](http://www.cdfund.org)

Chronic Disease Fund® is an independent 501(c)(3) non-profit charitable organization helping patients with chronic disease, cancers or life-altering conditions obtain the expensive medications they need.

Fax: (415) 561-8567

[www.eyecareamerica.org](http://www.eyecareamerica.org)

EyeCare America provides eye care to US citizens and legal residents through volunteer ophthalmologists (Eye M.D.s) at no cost to those who qualify. Go to the website or call to find out if you qualify for eye care. EyeCare America facilitates eye care for U.S. citizens or legal residents who are without an Eye M.D. and who do not belong to an HMO or do not have eye care coverage through the Veterans Administration.

- Those who are age 65 or older and who have not seen an EyeMD in three or more years may be eligible to receive a comprehensive, medical eye exam and up to one year of care at no out-of-pocket cost for any disease diagnosed during the initial exam. Volunteer ophthalmologists will waive co-payments, accepting Medicare and/or other insurance reimbursement as payment in full; patients without insurance receive this care at no charge.



211 West Wacker Drive  
Suite 1700  
Chicago, Illinois 60661  
800.331.2020  
[PreventBlindness.org](http://PreventBlindness.org)



### Referral for an eye examination

Date: \_\_\_\_\_ Primary language: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Birth date (mm/dd/yyyy): \_\_\_\_\_ Grade: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Parent or guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_  
 Primary phone ( ): \_\_\_\_\_ Home if mobile, text messages allowed (y/n): \_\_\_\_\_  
 Secondary phone ( ): \_\_\_\_\_ Home if mobile, text messages allowed (y/n): \_\_\_\_\_  
 Phone number ( ): \_\_\_\_\_  
 Referring primary health care provider information: \_\_\_\_\_  
 Office name: \_\_\_\_\_ Vision screening conducted by: \_\_\_\_\_  
 Date of referral: \_\_\_\_\_  
 Reason for referral (check all that apply):  
 Visual acuity  
 Ocular alignment  
 Pupillary reflex  
 Retinal reflex  
 Ocular structure concerns  
 Family history of early onset vision problems  
 Developmental delay/chronic condition (specify): \_\_\_\_\_  
 Other (specify): \_\_\_\_\_  
 Reporting from the examining eye doctor:  
 Date of eye examination: \_\_\_\_\_  
 (1) Uncorrected visual acuity: \_\_\_\_\_  
 Right \_\_\_\_\_ Left \_\_\_\_\_  
 (2) Corrected visual acuity: \_\_\_\_\_  
 Right \_\_\_\_\_ Left \_\_\_\_\_  
 (3) Oculomotor Assessment: \_\_\_\_\_  
 (4) Diagnosis: \_\_\_\_\_  
 (5) Comments: \_\_\_\_\_  
 Check if appropriate:  
 Medical glasses  
 Contact Lenses  
 Other \_\_\_\_\_  
 Corrective lenses prescribed  
 Constant wear  
 Near vision only  
 Distance vision only  
 Distance vision only  
 Visual field restrictions  
 Amblyopia  
 Miotic imbalance detected  
 Near work may be difficult  
 Preferential seating needed  
 Low vision evaluation/assistance recommended  
 Re-evaluation of vision advised within 12 months  
 Other: \_\_\_\_\_  
 Eye care provider contact information: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 EOP name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Eye care provider, please return completed form to:



### 你知道嗎 —

兒童通常不會抱怨眼睛有問題。眼科疾病如果不及時治療，就可能導致永久失明。

### 你該做什麼：

- 在孩子玩、讀書、看電視或其他人的時候觀察孩子。如果有什麼異常情況，要及時與孩子的兒科醫生討論。
- 與醫生討論你家庭成員的眼科病史（例如弱視、斜視、使用眼藥水更近視力，或需要配戴度數很高的眼鏡）。
- 每次體檢時要詢問是否為孩子進行了眼科檢查。
- 詢問每次眼科檢查的結果，並要明白是什麼意思。
- 你孩子的醫生可能在眼科檢查後建議你去書眼科專科醫生，來評估在檢查中發現的問題。如果是這樣，一定要去進一步檢查。
- 在專科檢查後，一定要將結果轉送回給孩子的醫生。你自己也要保存一份通報報告。

### 眼科疾病的症狀

許多兒童的眼科疾病不能被發現。但是有些時候會有如下一些症狀出現。如果你注意到這些症狀，就要聯絡你的醫生：

### 斜視



### 白瞳症，當有光線反射到眼睛上時，瞳孔呈白色。



### 上臉下垂，眼皮下垂，擋住了部分視線。



## Parent Education

## VS Referral Documents

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



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# Engage Peer Support Systems

- Parent-to-parent
  - *I did this...*
  - *You can try this...*
  - *My eye doctor told me this...*
  - *Personal referrals [of doctors, resources]*
- Personal advocates (for appointments)
- Provide translations
- Help parents access or get child to an eye appointment
- Peer support in treatment adherence
- Provide educational sessions to other parents and children
- 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

**'s eyes**

- Pou vizyon an devlope nòmalman, pitit ou a bezwen de je ki an sante ki travay byen ansanm.
- Youn nan je pitit ou a pa travay byen tankou lòt la.
- Li trè enpòtan pou pitit ou a ke pwoblèm sa a kòmanse tèt la kòm sa.
- Pou kòrije pwoblèm sa a, pitit ou a reveye. Doktè je a ka deside ke pitit ou a itilize gout pou je pou l kòrije.
- Mennen pitit ou nan randevou doktè je a.

**Maladi je pitit ou a rele 'anblyopi:'**

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

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



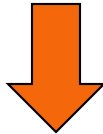
# Resources to support better eye health

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

Provider  
education  
tools



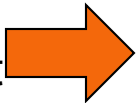
Parent/  
family  
resources



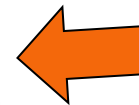
Technical  
assistance



Professional  
Development



Communication  
tools



<http://nationalcenter.preventblindness.org>



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# Questions and Discussion



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# Conclusion of today's presentation

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# 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 <sup>st</sup> 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