Questions and Answers from the "Year of Children's Vision: Developing a Strong Vision Health System (Part II)" Webinar *(Presented March 25, 2014)*
QUESTIONS: Some Early Head Start service coordinators do a simple "vision test" for the child, basically they are asked to follow a pen from one eye to another one. Is there other better options for us to use? I am in the District of Columbia area and in vision screening is only done on children ages 3 and up. Do you know any resource that can provide vision screening for children younger than 3 yrs? How and what can we do to introduce this in Early Head Start?
ANSWER: Currently there are no vision screening techniques with sufficient evidence that reflects high sensitivity and specificity and can be conducted in a screening setting at this time that we can recommend. The National Center for Children's Vision and Eye Health is planning on conducting a thorough review of the research in an effort to make appropriate recommendations for children who are less than 3 years of age. The process is expected to begin at our next meeting (August). In the interim, we recommend two options. Early Head Start program staff can collaborate with children's primary care providers/medical homes to seek the detailed vision health assessment information needed to meet the vision screening timeline mandate. Another option is to determine if your area has InfantSEE® doctors. InfantSEE® is a public health program of the American Optometric Association. Participating optometrists provide a free comprehensive eye assessment of infants between 6 and 12 months. For more information or to locate a doctor in your area, visit http://www.infantsee.org/
QUESTION: Who does vision screening certifications? Do you find that certification results in legal difficulties? Does State certification require a state level board to address the requirements of certification? Can your state's certification guidelines be shared with other states?
ANSWER: Prevent Blindness (preventblindness.org) provides the only national vision screening certification program. The certification program includes, at a minimum, an overview of children's vision problems, a review of the use of scientifically validated, developmentally and age-appropriate visual acuity screening tools, procedures for referral to an eye care provider that recognize cultural and literacy needs, and, finally, an overview of parent education and engagement procedures. As of this time, we are unaware of any vision screening certification program that has resulted in legal difficulties. Some state departments of health or education have their own advisory committees that

establish state certification protocols for children's vision screening. The approach to vision screening varies greatly among states. It is important that state protocols are regularly updated based on sound scientific research, utilize valid screening tools, and consider screening needs based on the age and developmental status of the child. States without their own vision screening protocols in place may wish to reference national guidelines available through organizations such as the National Center for Children's Vision and Eye Health at Prevent Blindness and the American Association for Pediatric Ophthalmology and Strabismus.

QUESTIONS:

Can we get blank copies of the forms used in the Eyes That Thrive program?

I am located in southern Illinois. Is there an On-Site mobile unit in our area or where can I find this information? I am also very interested in the Eyes that Thrive in School program and would love more info!!

What is the e-mail address for kits, including the Vision Action Plan?

Will we get a copy of the action plan? I would like to look at it and maybe implement it in our program.

Is there a mobile unit program for South Texas?

Where is the mobile van located and how far does it travel?

Dr. Lyons, do you think your program will be expanded to the whole state?

How can I implement the Eyes That Thrive program at my school?

Are those vision education cards available? How do we get them?

ANSWER: To learn more about the Eyes That Thrive Program please contact:
Kira Baldonado
Director, National Center for Children's Vision and Eye Health at Prevent Blindness
211 West Wacker Drive Suite 1700 Chicago, Illinois 60606
Telephone: 312.363.6038
http://www.preventblindness.org/
http://nationalcenter.preventblindness.org/

Please view the following link to learn more about the program, as well:
https://www.youtube.com/watch?v=Qc48--fYP5s

The On-Sight Mobile Van's schedule is concentrated in the greater Boston Area; however, we are working with Head Start in the western part of the Commonwealth. If you are in Massachusetts and interested in additional information about the On-Sight Mobile Van, please contact:

Paulette Tattersall, DipPharm, MSc
Pediatric Program Director, New England Eye On-Sight, Mobile Vision Clinic
Telephone: 617-587-5700
http://www.newenglandeye.org/our-locations/on-sight/

I do not know of one resource with the location of all the Mobile Vision Van Programs across the country. Some of these Mobile Vision Vans screen children and some deliver comprehensive vision care.

I would contact Optometry Schools and Departments of Ophthalmology in your local area. I would contact your local LensCrafters as they have a Van Program. Transition Optical has a Program. The Philadelphia Eagles and the Tampa Bay Buccaneers have Mobile Vision Van Programs as well.

QUESTION: Dr. Lyons-Does it matter if a child gets referred to an optician vs. an ophthalmologist? They can typically see an optician without an insurance referral.

ANSWER:

- Opticians fit, grind, and dispense spectacles.
- Optometrists are Primary Eye Care Doctors.
- Ophthalmologists are Doctors specializing in eye disease and surgery.

QUESTION: Dr. Stacy Lyons, I was wondering you thoughts about vision therapy by a behavioral optometrist and why does insurance not cover this service?

ANSWER: Vision therapy is a very efficacious treatment for many diagnoses. Many insurance companies cover vision therapy.

QUESTIONS: What are the recommended grades in school for screenings? In our county the screenings are new entry into state system, 1st grade, kindergarten and ninth. The nurses don't agree but this is what the state requires.

ANSWER: To our knowledge, no national guideline exists for school-based vision screening. The American Academy of Pediatrics recommends vision screening in primary care practices at ages 3 through 6 years, and 8, 10, 12, 15, and 18 years.

QUESTION: What do you do when child is screened on physical and the acuity is 20/40 and dr. fails child and refers?

ANSWER: In many screening protocols 20/40 is a fail on a vision screening. This child should be sent to a comprehensive vision examination by an optometrist or ophthalmologist.

QUESTIONS: Do children who come into head start programs already wearing glasses need to be screened for the 45 day mandate?

Should they be screened with or without their glasses?

Do you recommend screening again after a child receives glasses or contacts?

ANSWER: Yes, for several reasons. The first is to ensure that you are compliant with

the mandate. Second, even though a child wears glasses does not mean that they are seeing well. They may need further care.

The hope is that when a child is wearing glasses they are under the care of an eye care provider. That is not always the way it is. I would include children with glasses in the screening. They should wear their glasses for tests that are appropriate; i.e., if the glasses are for reading only, they should be worn for testing at near. If the glasses are worn full time, they should wear them throughout the screening. Many times the glasses that children are wearing are more than 2 years old and the children may need to be reexamined and provided a new prescription. Their parents may not realize the need for regular eye care.

QUESTION: Does anyone have a sample referral letter to send to parents?

ANSWER: A sample referral letter is available on the Year of Children's Vision website via the following link:
http://nationalcenter.preventblindness.org/sites/default/files/national/documents/Pediatric%20Vision%20Screening%20Referral%20Form%20REVISED%2012014.pdf

Additional educational resources that can be shared with parents are also found on the YOCV website under the "Resources" link:
http://nationalcenter.preventblindness.org/resources-2

QUESTIONS: Can 3-5 year olds be screened at 10 feet?

ANSWER: Yes. Standardized eye charts use a screening distance of 10 feet between the chart and the child's eyes. Tests of visual acuity using single, isolated LEA Symbols at 5 feet are also appropriate.

QUESTIONS: Is it necessary to refer 3 yr olds who can't match if parents indicate no vision problems?

Do you have any suggestions for a child that does not have good language skills at the age of 3 and can't tell me if they are seeing the pictures or letters?

ANSWER: Our professional experience tells us that most of the time parents are unaware that their children have vision problems because they see nothing in their children's behaviors that indicate a vision problem is present and children typically will not tell us they have difficulty seeing. Most vision problems are not visible like a boo-boo that requires a bandage. Many tests of visual acuity will include "response panels" and separate cards showing the optotypes that can be used for matching. If this child has a language delay, you may want to refer the child for an eye exam instead of trying to screen the child's vision.

QUESTIONS: Are there better screening tools than the Sure Sight screener?

Is the Spot by PediaVision screener recommended for all students?

ANSWER: The answer depends on the challenges you have with the SureSight. First, you want to ensure the device is calibrated every 18 months, set in minus cylinder, set

on child mode unless the child is older than 7 years, and updated to the version 2.25 software. You can contact your School Health representative for instructions on setting the device in minus cylinder. If you upgrade to the version 2.25 software, it will be set in the correct cylinder mode. Two additional instruments you could review include the PediaVision Spot and the Plusoptix S12.

To our knowledge, the PediaVision Spot screener will screen for amblyogenic factors for all school students.

QUESTIONS: Even with a school based health clinic we struggle with getting parents to complete the paperwork to refer their children to our pediatric ophthalmology clinic. We have lots of information written on a 5th grade level in the 2 primary languages (English & Spanish) but we deal with over 200 languages in our school district (large immigrant population) and families that are constantly moving around. We have limited resources ourselves and in the school (with people such as social workers) to help with our recruitment. Could you offer any advice to get parents to understand the importance being seen after a failed screening and to comply with follow up visits? There is no cost to the family for exams or glasses and we are not sure what else we can do!

ANSWER: There are numerous reasons that parents experience barriers in follow-up to eye care beyond language alone. Many are experiencing difficulties with finances, transportation, a lack of trust of eye care providers, cultural bias' about the need for eye care and use of corrective lenses, and a lack of time due to work. One approach which may prove helpful for all of the healthcare needs you provide is to establish a parent peer-to-peer network so that parents of the same culture and SES may be used to connect with parents who are least likely to follow up to care. This peer-to-peer program can serve to increase understanding of the need to follow up on referrals, assist families with transportation or time concerns, and overcome cultural bias. It sounds as if you have resources to assist with cost of care, but some assistance may be needed in understanding the access to this care for families who fear participating in programs due to documentation concerns. Parent peer partners can help to build that needed trust.

COMMENT FOR WEBINAR ATTENDEE: I use the school counselor to intervene and collaborate with the families for follow-up care to take place. It seems to help. It takes a while but helps.

QUESTION: What is the directive regarding eye exams (vision screening?) and daycare centers? Or is it just for school based programs?

ANSWER: Directives, or public health rules, around children's vision health can vary based on the administrative body to which you are accountable. Some states have laws in place requiring vision screening of children in early education settings that should be followed. The following link can provide an overview of laws for children's vision health: http://nationalcenter.preventblindness.org/school-requirements-childrens-vision.

Additionally, the Administration for Children and Families- Office of Head Start has the following requirements in place for Head Start and Early Head Start programs:

45 C.F.R. § 1304.20(b)(1)(b) Screening for developmental, sensory, and behavioral

concerns. (1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child's cultural background.

45 C.F.R. § 1308.6(b)(3)(3) Developmental screening is a brief check to identify children who need further evaluation to determine whether they may have disabilities. It provides information in three major developmental areas: visual/motor, language and cognition, and gross motor/body awareness for use along with observation data, parent reports and home visit information. When appropriate standardized developmental screening instruments exist, they must be used. The disabilities coordinator must coordinate with the health coordinator and staff who have the responsibility for implementing health screening and with the education staff who have the responsibility for implementing developmental screening.

45 C.F.R. § 1308.6(c)(c) Staff must inform parents of the types and purposes of the screening well in advance of the screening, the results of these screenings and the purposes and results of any subsequent evaluations.

QUESTION: Can anything be done for color vision (deficiencies)?

ANSWER: Unfortunately, there is no current treatment to correct for color vision deficiencies. What is most important is to be aware of the deficiency and teach the child how to discriminate the colors that are confused. Knowing about color deficiencies is most important in choosing professions since several prohibit individuals with color deficiencies (electrician, pilot).

QUESTION: I work for a charter school and I would like to get more information about how I can get exam / treatment for a child who needs assistance. I had written to the Lions club in our district, but I did not get any positive responses.

ANSWER: There are a wide variety of programs available to ensure children have access to eye care and glasses. The following link provides a list of available programs: http://preventblindness.org/vision-care-financial-assistance-information Additionally, Prevent Blindness can facilitate access to some eye care financial resource programs. You can submit a request for assistance to Tasha Swain at tswain@preventblindness.org or call 1-800-331-2020 for more information.

QUESTIONS: I am a Prek-12 nurse, what are your recommendations for referral criteria for students of this age?

What are the screening (referral) criteria for kids ages Prek-12?

ANSWER: The passing criterion for visual acuity assessment using optotypes is age-specific and must be met by both the right and left eyes separately.

Children ages 36 through 47 months must identify correctly 3 of 3 or 3 of 4 of the 20/50 optotypes to pass; children aged 48 to <72 months must correctly identify the same number of optotypes at the 20/40 level. Children ages 6 years and older must correctly identify the same number of optotypes at the 20/32 level. Children who do not meet these age-specific criteria should be referred for a comprehensive eye examination. Additionally, there are children who should by-pass the vision screening and be directly referred to an eye care provider. These children include those with readily recognized eye abnormalities, such as strabismus or ptosis. Those children with known neurodevelopmental disorders also should be referred directly to an optometrist or ophthalmologist, including children on the autism spectrum.
QUESTION: What should the vision screening process incorporate for the specific ages/grades of students who need screened??
ANSWER: All screenings should include assessing visual acuity in each eye individually and have a test of the use of two eyes together. This could be stereopsis or another technique to ascertain binocular posture (as seen in the instrument-based screening). When I personally run vision screenings of school-aged children, I include testing visual acuity in each eye at near and some form of assessment of refractive error and stereopsis. When I have lots of manpower (I teach at an optometry school), I include eye health and color vision for any age. I can do this at no additional cost; however, there is no scientific evidence to prove the cost saving.
QUESTION: If a child fails the vision test, should another vision test be done and how soon after the first failed test?
ANSWER: Children who are likely to be able to complete a vision screening test at a later time should be rescreened. If practical, an attempt should be made to rescreen children the same day; otherwise, they should be rescreened as soon as possible but no more than 6 months later. Children unable to be screened with optotype-based testing can often complete a vision screening using an instrument and vice versa. Those children who are unlikely to be able to complete a second attempt at screening (due to a mental or physical inability) should be directly referred to an eye care provider.
QUESTION: How young does a child need to be to have a concern with a failed vision test?
ANSWER: A failed vision screening that is repeatable as failed is one that should be addressed at any age. It has been shown that most of the vision screening tests that are recommended have relatively high sensitivity and specificity. If a child fails even upon repeated testing, they are at risk for a vision problem. Keep in mind that not all vision problems are treated; some may be observed over time.
QUESTIONS: Does this webinar provide CEU's for nurses?

Will these slides be available after the webinar?

ANSWER: The webinar does not provide CEU's; however, a Certificate of Attendance is available. You may choose to submit this certificate, along with other requested information, to your professional association for educational credit.

The webinar slides and recording can be accessed via the following links:
Webinar recording: http://youtu.be/7N1aphXq8Qg
Download presentation slides:
http://www.schoolhealth.com/media/pdf/YOCV_webinar_032514.pdf

QUESTION: What are ways you can help a child that is born without an iris?

ANSWER: We think you are referring to aniridia, or incomplete formation of the iris. If this is the question, several issues should be considered. First, the child should be examined to rule out other systemic conditions that also show aniridia (i.e., Wilms tumor). Second, a comprehensive exam is necessary to ensure everything else is healthy, including intraocular pressure. With respect to addressing simply the lack of iris, there are suggestions to use a contact lens with an artificial pupil. This often improves visual acuity and comfort. The child will always have reduced visual acuity and needs to be under eye care on an annual basis.