

## Insights

# A Proactive Approach to Early Children's



Vision issues are the most preventable disabling

condition that children experience, [according to the American Academy of Pediatrics \(AAP\)](#). But since young children aren't able to articulate vision impairments, diagnosis and treatment relies entirely on regular screenings.

Early screening can detect serious health concerns and prompt proactive intervention. If left undiagnosed, vision impairments can result in deteriorating school performance, eventual blindness and sometimes life-threatening conditions. Mandatory screening laws vary from state to state and it's often not any one care providers (e.g., pediatrician, schools) that take ownership of vision care. With [vision impairments affecting more than one in 20 preschool age children](#), access to screenings is critical for children's health.

As part of the Improving Children's Vision: Systems, Stakeholders & Support ([ICV](#)) initiative, NICHQ is helping three states to develop comprehensive, coordinated approaches to improving vision and eye health for children under age 5. Introducing a systems-level approach can best overcome geographic and economic obstacles, and navigate the various components of state

and community health systems.

As part of the initiative, the state team in Ohio is applying a quality improvement approach to an ongoing effort to encourage vision screenings for the state's 450,000 preschool aged children. [Prevent Blindness, Ohio Affiliate](#), funded by the Ohio Department of Health's Save Our Sight Fund, increases access to vision screenings by training and certifying preschool vision screeners, and providing vision screening kits and equipment. Screeners come from various sources including public and private preschools, pediatric practices, local health departments and child care centers.

In Ohio, public schools require that preschool vision screening takes place within the school year. Following a screening, children receive a brochure that states that the screening took place, acknowledges the results of the screening, and provides next steps, specifically whether or not a referral to an ophthalmologist is recommended.

Success is measured by the number of children screened, the number of children who see a doctor following the referral recommendation, and the results of that follow-up care. Prevent Blindness, Ohio Affiliate's Director of Marketing and Community Services Stephanie Koscher notes, "the referral process is our biggest obstacle. In our latest sample, only half of children referred had follow-up care, which means too many children still won't receive the treatment they need."

To increase referrals, quality improvement strategies, or change ideas, in Ohio are centered around education and outreach. The team is hopeful that informative brochures, a permission letter that highlights important statistics about children and eye health, and increased parent and teacher education will all contribute to better vision screening outcomes.

"Right now, children need to bring screening results home," Koscher continues. "If we can promote better communication between teachers and parents, we can make sure forms are not lost and results get into the right hands."

Eliminating process barriers and creating communication pathways are hallmarks to a systems-level quality improvement approach. "We need to ensure that everyone within the system understands the importance of early vision screenings and follow up," explains NICHQ Senior Project Director Jennifer Ustianov MS, BSN, RN, IBCLC. "This is not common knowledge, which makes pre-education a priority; the more touchpoints we can provide, the more likely the program will prove successful. This means engaging stakeholders at every stage of the process, from the parents at home, to the teachers at school, to the doctors receiving the referrals."

Currently, vision screening for preschool children is only required in 16 states, leaving many children without access. And in those 16 states, children still face the communication and process barriers noted by Koscher and Cowley. Ohio's continued efforts will provide important evidence to help refine the best strategies for improving early childhood vision and eye health.