

## Insights

# Improving Blurry Pediatric Practices for a Better Vision Health System

In grade school, where seats were assigned alphabetically, Kira Baldonado, whose maiden name started with a Z, always sat at the back of the classroom. She couldn't see well, but she didn't know that. She had no base of comparison. It wasn't until second grade that Baldonado had an eye exam, was diagnosed with a vision problem and was given glasses.

Fast forward 20 years and Baldonado was concerned that her 3-year-old son had yet to have an eye exam. She was told by her pediatrician that they only conduct eye exams when a parent has a complaint or concern. Baldonado insisted her son be tested and they discovered he has a vision problem, which required eye glasses to correct.

"I'm passionate about this work because I have experienced what happens when the system for children's vision works and what happens when it fails," says Baldonado. "I see a great opportunity to significantly improve how children's vision is addressed in our country, which, in turn, will have a huge influence on individual child development and learning ability."

Six years ago, Prevent Blindness, the nation's oldest volunteer eye health and safety organization, established the National Center for Children's Vision and Eye Health at Prevent Blindness (NCCVEH). Its mission is to develop a coordinated public health infrastructure to promote and ensure a comprehensive, multi-tiered continuum of vision care for young children. As part of the process, the NCCVEH convened a panel of experts including leading professionals in ophthalmology, optometry, pediatrics, public health, and related fields, to review the current scientific literature, explore best practices, and gain consensus on the best approach to children's vision and eye health. Today, Baldonado serves as the director of the NCCVEH.

NICHQ is working with the NCCVEH through a project called the "[Improving Children's Vision: Systems, Stakeholders & Support](#)," to develop systems around vision and eye health for children ages 5 years old and younger. Currently, child vision assessments happen in many different settings—primary care offices, schools, public health clinics, community events. While exposure to assessments is a good start, each setting has its own standards, approaches and tools. For example, some settings use eye charts with images and others with letters, as opposed to all using the same eye chart for a certain child age or cognitive ability. This can result in different assessment outcomes.

The American Academy of Pediatrics does have guidelines about vision screening frequency. Children ages 3 to 6 should get a formal vision screening at each well-child visit with an age-appropriate vision screening tool (chart or instrument). After age 6, children should get screened at least every two years. According to results from the 2011-2012 National Survey of Children's Health, these guidelines are only being met 55 percent of the time.

“We need a uniform approach for children’s vision health which includes parent engagement and education, provider communication, integrated data collection, and population-level surveillance,” says Baldonado, “For many, the first time a parent thinks about possible problems with their child’s vision is when they get a vision referral letter from school. We need to make sure parents and providers understand the importance of vision health as the child develops. Healthy vision is especially important as children prepare for school, to ensure children are learning ready.”

A big piece of the Early Detection in Vision Problems program focuses on professional education. Baldonado stated “it is far too common for a 4 year old to have a vision screening in a Head Start program using one set of screening tools and get one outcome, then attend a well-child visit at their medical home and receive a different screening test with a different outcome. Parents are left with a recommendation (or perhaps two recommendations), but they do not necessarily know the right next steps or why their child is potentially getting different results on these different assessments.”

Starting with five states, the Early Detection in Vision Problems program will bring together diverse stakeholder groups—primary care physicians, public health professionals, educators, early intervention specialists, family advocates, and community groups—to better coordinate efforts around surveillance, early detection, screening tools, referrals and follow-up to eye care. The goal is to have best practices emerge, use them in these five states, get and share the results, and then ultimately other states can adopt these proven best practices.

“About 90 percent of the most common vision problems in kids are treatable at an early age if kids are connected to proper care,” says Baldonado. “We can really have a strong positive impact on children’s vision if we have a strong system in place to support it.”

*For additional information about NCCVEH or general children’s eye health, visit <http://nationalcenter.preventblindness.org> or call (800)-331-2020.*