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Senator Christopher Bond
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Dear Senator Bond:

I would like to applaud the role you have played recently in raising awareness about the importance of preventative vision care for children. As a sufferer of undiagnosed amblyopia, I commend your leadership and willingness to speak out, as you have through the Check Yearly Campaign, on the personal issue of vision loss.

Sadly, as you are probably well aware, one in four children in the United States have undetected vision problems that are serious enough to impede their learning. Many of these vision problems can be prevented if caught early on in childhood. Yet, only one state currently requires students entering public school to receive comprehensive eye exams, the only reliable method for actually diagnosing vision problems.

With this in mind, I am writing to request your support for the two attached policies, the *Healthy Vision For Our Children Outreach Program* and the *Vision for America* plan.

Healthy Vision For Our Children Outreach Program is a program designed to help parents of elementary school students learn the warning signs of vision problems. It also encourages parents to get their children tested at an early age. The program is a collaborative effort between parents, schools, eye care professionals and public health officials and provides incentives for parents to take responsibility for their children's visual health.

The *Vision for America* plan goes a step further by establishing new federal standards mandating comprehensive eye exams similar to those already in place in Kentucky. With this program:

- More vision problems will be caught at any early age;
- Fewer students will be misdiagnosed with learning disabilities, ADHD ,hyperactivity or dyslexia;
- Fewer vision problems will fall through the cracks as a result of the vision screening referral process;
- and, national standards for vision testing will be created that will offer greater consistency of treatment as well as encourage record-keeping that will enhance research in this area.

Should you have any questions regarding these policies, please do not hesitate to contact me directly by phone at 804.690.6632 or by email at collinsr@gwu.edu. I will follow up with your office in a week to schedule a time to meet. Thank you for your time and consideration. I look forward to speaking with you soon.

Best regards,

Ruth Collins

KEEPING AN EYE ON CHILDREN'S VISION IN THE CLASSROOM

CHILDREN'S VISION IS IMPORTANT TO THEIR ACADEMIC SUCCESS

One in four children in the United States have undetected vision problems that are serious enough to impede their learning (Black, 2002). Catching these problems early on is essential to ensuring student achievement because 80 percent of what children learn in their first twelve years is obtained through vision (McCaskill, 2002). Vision skills needed to succeed in school include near vision, distance vision, binocular coordination, eye movement skills, focusing skills, peripheral awareness, and eye hand coordination.

WHY VISION SCREENINGS ARE NOT ENOUGH

One reason many vision problems are not being detected early on is that states, with the exception of Kentucky, do not require comprehensive eye examinations before school entry. Unlike school or office-based vision screenings, comprehensive exams by a licensed optometrist or ophthalmologist provide diagnoses and ensure that no students are left behind due to visual impairments.

Some reasons why comprehensive eye exams are more effective than vision screenings are:

- **Comprehensive eye exams are the most reliable and accurate method of diagnosing and treating vision problems.** Unlike vision screenings, they evaluate eye health and key visual skills essential to learning. (McCaskill). Vision screenings, by their definition, are only meant to identify those who are in need of further examination.
- **Comprehensive eye exams follow specific protocols and standards.** Vision screenings, on the other hand, do not always follow similar protocols. This makes it difficult for researchers to collect data on their effectiveness and often leads to inconsistency in treatment.
- **Comprehensive eye exams promote parent awareness.** In a small study conducted by the American Academy of Pediatrics Research, only 66% of children ages 3 to 5 years old received vision screenings from their pediatricians (Ferebee). Some parents may falsely believe their pediatricians are screening their children when in actuality they are not.

- **Comprehensive eye exams provide immediate feedback.** Many patients are referred from vision screening for further testing. Referrals from screenings are not always followed up with voluntarily. According to one study, approximately 40% of children who failed a vision screening did not receive the recommended follow-up care (VCA, 2005).

WHY FOCUS ON THIS AGE BRACKET

It is important that children are tested at an early age because rates of vision problems rise as children get older. Among children ages 6-11 years old, an estimated 5.3 million (21.5%) have a vision problem. Rates continue to rise as children get older, with an estimated 24% of 12 – 17 year olds exhibiting some type of vision problem (CHHCS). Early detection provides the best opportunity for effective, inexpensive treatment.

WHAT IS CURRENTLY BEING DONE

Over the past decade, many states have begun to address the question of how to best identify and ensure timely treatment for children with vision problems. As of 2002, thirty states plus the District of Columbia required vision screening for elementary schools or for all school-aged children. One state (Kentucky) required all children to receive a comprehensive eye exam. Four states required comprehensive eye exams for some students, such as special education students, but not others. 19 states did not require children to receive any preventative vision care before or during the school year. (VCA, 2005).

Recently, this issue has also appeared in federal legislation. On May 10, 2005, Representatives Bill Pascrell of New Jersey and Ileana Ros-Lehtinen of Florida introduced HR 2238, a bipartisan legislature that would create a program to increase the number of children who receive comprehensive eye exams. The legislation is now before the Subcommittee on Health and currently has 189 signatures from other representatives (VCA, 2005).

POLICY ALTERNATIVE ONE: *HEALTHY VISION FOR OUR CHILDREN OUTREACH PROGRAM*

According to a survey completed by the Vision Council of America, only 6% of parents recognize that vision problems can lead to difficulties in school (McCaskill). This statistic indicates that one reason vision problems are not being caught early on is because parents are not being made aware of the connection between vision testing and student achievement.

The proposed *Healthy Vision For Our Children Outreach Program* recommends that eye care professionals and public health officials participate in parent outreach programs to help parents of elementary school students learn the warning signs of vision problems. The program will provide incentives for parents to take their children to get comprehensive eye examinations. Methods of reaching out to parents will include direct mailings as well as information sessions organized through school district offices. Incentives will include complimentary first time exams for children of parents who attend one of these sessions.

FORESEEN POSITIVE IMPACTS

If schools are going to reach their goals of producing successful students, they must partner with the people ultimately responsible for the children in their care – the parents. The primary benefit of this program will be that it will encourage more parents to get comprehensive eye exams for their children. In return, more students' vision problems will be detected at an early age. The ancillary benefits of this program are that it will encourage sustained parent involvement in their school communities. It will also serve as a stepping stone for schools to reach out to parents about other important issues. Additionally, it will forge a more powerful relationship between the education community and the public health community.

FORESEEN NEGATIVE IMPACTS

The proposed parent outreach program does have potential drawbacks from the viewpoint of some parties involved, including parents, school and district administrators, eye care professionals and public

health officials. Many parents may dismiss the program as a waste of time. Also, not all parents will have equal time to participate in these outreach sessions. Therefore, they may argue that it is unfair to compensate some families and not others. School and district administrators may complain that organizing and scheduling these sessions will take time away from other important tasks they need to perform. It also may be difficult to find eye care professionals and public health officials that will volunteer their services.

FEASIBILITY OF IMPLEMENTATION

The parent outreach program will be implemented with the help of local public health officials, eye care professionals, and school and district administrators. Public health officials and eye care professionals will provide district offices with materials to send out to parents regarding the importance of comprehensive eye exams. They will also be active in the district-wide sessions. School and district administrators will draft letters to parents inviting them to participate in sessions where they will learn more about how their child's vision impacts their ability to learn.

STAKEHOLDER SUPPORT AND OPPOSITION

Two powerful stakeholders who are likely to support this program are the National Coalition for Parent Involvement in Education (NCPIE) and the National PTA. NCPIE's mission is "to advocate the involvement of parents and families in their children's education, and to foster relationships between home, school, and community." The National PTA advocates for services and policies that benefit children, educate parents to become advocates for their children, and engage community members in support of public education. Both of these groups will support the effort this program takes to educate parents about their child's visual health.

Those likely to oppose this program are individual parents and Parent Teacher Associations (PTAs), specifically those in rural areas where districts are fairly spread out. They may argue that the program gives parents that live close to their child's school an unfair advantage. They also may argue that

transportation costs to get comprehensive eye exams are too high since not all areas have qualified optometrists or ophthalmologists.

COST

The cost-benefit analysis of this program involves all parties, including school/district administrative staff, eye care professionals, public health officials, and parents. This program will be extremely cost-effective, as eye care professionals and public health officials will participate on a voluntary basis to help inform parents. The only costs incurred will be:

- *Parents:* Parents that participate will have to pay for transportation costs to and from the information sessions as well as to and from the optometrist's or ophthalmologist's office.
- *Schools / Districts:* They will have to pay for the postage to send out the materials provided for the sessions. Each district will also have to designate someone to manage the communications between the schools and the parents. They will have to pay this person for the time spent organizing this program.
- *Eye care professionals / public health officials:* They will have to pay for the materials to be sent out to the parents. They will also be volunteering to run the district sessions so this will take away from time and money they could be making elsewhere.

POLICY ALTERNATIVE TWO: *VISION FOR AMERICA*

The proposed program, *Vision for America*, will establish new federal standards mandating comprehensive eye exams. The federal government will provide each state with funds, comparable to its level of economically disadvantaged students, to help pay for comprehensive eye exams for low-income pupils. To be qualified as economically disadvantaged, family income will need to fall between 200% to 250% of the poverty level.

THE KENTUCKY EXAMPLE

A similar policy has been successfully implemented on a state-wide level in Kentucky. On July 15, 2000, Kentucky enacted HB 706 as part of the Kentucky General Assembly's Early Childhood Initiative, and became the first state in the United States to require children to have a comprehensive eye exam before entering the public school system. Parents of children ages 3-6 that were entering school for the first time were required under the law to submit a Kentucky Eye Examination for School Entry form no later than January 1st of the school year to verify that their child received an eye examination (Kentucky Department of Education).

Research shows that the impact this law has had on catching vision impairments early on is extremely positive. One study reviewed eye examination results from 5,316 children entering the Kentucky school system between July 15, 2000 and April 1, 2001. The results showed that 13.92% of the children were prescribed spectacle lenses, 3.40% were diagnosed with amblyopia (also known as "lazy eye"), and 2.31% were diagnosed with strabismus (a visual defect in which one eye cannot focus with the other on an object because of an imbalance of the eye muscles). Furthermore, eighty percent of these children had visited a primary care physician in the same year, yet fewer than twenty percent had been told to visit the eye doctor. If the Kentucky law (House Bill 706) had not been passed, it is possible these vision problems would have gone undiagnosed and untreated. If untreated, these children would have been lacking the optimum vision required to perform well in the classroom (Zaba, Johnson, Reynolds).

FORESEEN POSITIVE IMPACTS

The benefits of the *Vision for America* plan are numerous. Some foreseen positive impacts include:

- 1) As the Kentucky initiative has shown, more vision problems will be caught at an early age if children receive comprehensive eye exams.
- 2) Fewer students who receive comprehensive eye exams will be misdiagnosed with learning disabilities, ADHD, hyperactivity or dyslexia.
- 3) The program will standardize how students are tested for vision problems and encourage record keeping. Current state-based data collection methods vary widely and little research is available on a

national level regarding preschool and school aged vision testing. The development of common standards will enhance research and also allow for a greater consistency of treatment.

- 4) Fewer vision problems will fall through the cracks as a result of the referral process, as is often the case with vision screenings. In one study of inner city Baltimore youth, the follow up rate for children with suspected vision problems was less than 33% (Ferebee). Comprehensive eye exams will give an immediate diagnosis to each student so schools will not have to track down whether or not a student actually went for a follow-up examination.

FORESEEN NEGATIVE IMPACTS

One disadvantage to the program is that pediatricians may stop giving vision screenings if a mandate is made requiring comprehensive eye exams. According to a study in Kentucky, more than one half of primary care physicians stated that they would be less likely to offer vision screenings in their offices because of the new requirement for comprehensive eye exams. This may lead to fragmentation in care since pediatricians will not always know whether or not children in their practice have received eye exams (Kemper, Fant, Badgett).

Another disadvantage to the program may be some parents' and schools' unwillingness to cooperate with the mandate. Take, for example, the recent case that took place in North Carolina. In August 2005, House Speaker Jim Black inserted a requirement into the 2005-06 state budget at the last minute that mandated all students entering kindergarten to receive a comprehensive eye exam. Some school boards and parents then sued the state, arguing that the law put an unconstitutional price tag on admissions to public schools. As a result of this backlash, on March 14, 2006, State Superior Court Judge Leon Stanback prohibited the "implementation, administration, and enforcement" of the law until July 2007 (NCSBA).

As this example shows, it is essential that parents and schools are made aware that the mandate will not interfere with their child's ability to attend school. Under the *Vision for America* plan, students who do not

receive comprehensive eye exams will not be barred from school. Local districts will need to decide how to take action when there is non-compliance.

FEASIBILITY OF IMPLEMENTATION

Vision for America will be overseen by the Office of Safe and Drug-Free Schools at the US Department of Education. Key officials at the US Department of Education will meet with key officials at Kentucky's Early Childhood Authority (the public agency created under HB 706 to ensure that all children in Kentucky meet their developmental potential) and other key organizations and interest groups to develop guidelines for implementation.

At the minimum, guidelines will include the following: 1) Parents will have until January 1 of the year following school entrance to submit the proper papers. 2) Local district policy will determine how parents or guardians will be given the guidance and assistance needed to get the examination. 3) Children already in the school system or students over the age of six transferring into the school system will not be required to have the examination.

STAKEHOLDER SUPPORT AND OPPOSITION

A powerful stakeholder who will support this policy is The American Optometric Association. They are the leading authority in the optometric profession and have participated in numerous past lobbying opportunities in support of mandatory comprehensive eye exams (AOA).

A powerful stakeholder who is unlikely to support this policy is the American Academy of Pediatrics. They support early vision screening and regular follow-up screenings, but they stop short of calling for mandatory comprehensive eye exams because they "would take the primary care physician out of the loop" (Children's Mercy). Other stakeholders who may be against this policy for financial reasons are individual school boards and PTAs. Requiring comprehensive exams will cost many schools and parents time and money that they may not be willing to give up.

COST

It is requested that 50 million dollars be appropriated for the *Vision for America Plan* for the first fiscal year, and such sums as may be necessary for each of the following fiscal years. Each state, including the District of Columbia, will then be provided with funds, comparable to their number of economically-disadvantaged students, to help pay for comprehensive eye exams for these pupils. To be qualified as economically disadvantaged, family income will need to fall between 200% to 250% of the poverty level. Alternative options to eye exam funding for families that fall above this poverty line but do not have the necessary insurance are Medicaid, Health Choice, or Vision USA, a volunteer group where optometrists and ophthalmologists volunteer their time.

POLICY MOST LIKELY TO BE IMPLEMENTED

While the *Healthy Vision For Our Children Outreach Program* may be less costly, *Vision for America* is more likely to be adopted because it will require less time and effort to implement and will result in more immediate action. It is also more likely to be effective because it will ensure eye examinations for all students, not just students of parents who have expressed interest in getting them tested.

One modification to *Vision for America* that may make it more attractive, particularly to pediatricians, is adding to the implementation process a form of record-keeping so that eye exam information for each student can be easily transferred to their primary care physician. Another feature that could be added to *Vision for America* is additional funding for schools or districts to organize parent information sessions. These sessions would give parents the opportunity to learn more about why eye exams are important and allow them to ask questions about the process before getting their child tested.

CONCLUSION

In order to prevent vision loss and educational problems, the government needs to take action to provide children with the preventative care they need. As Congressman Bill Pascrell once stated "It's a disgrace that only a small number of children are actually receiving the preventative care that they need to ensure healthy vision. This lack of vision care places children at a greater risk for permanent vision loss, as well

as learning difficulties in school. Unless we act, children will continue to fall through the cracks”(VCA, 2005). Both the proposed programs, *Vision for America* and the *Healthy Vision For Our Children Outreach Program* will ensure that no student falls through the cracks as a result of unhealthy vision.

REFERENCES

- American Academy of Ophthalmology. (2001). *Policy Statement: Vision Screening for Infants and Children*. Retrieved on March 11, 2006 from <http://www.aoa.org/aoa/member/policy/children.cfm>.
- American Medical Association House of Delegates. (n.d.). Resolution 430: Encouraging Vision Screenings for Schoolchildren. *American Medical Association*. Retrieved on March 8, 2006 from <http://www.ama-assn.org/meetings/public/annual05/430a05.doc>.
- American Optometric Association. (n.d.) Retrieved on February 17, 2006 from <http://www.aoa.org/>.
- American Public Health Association. (2001). *Policy Statement 2001-1: Improving early childhood eye care*. Retrieved on March 13, 2006 from http://www.apha.org/legislative/policy/01_policy.pdf.
- Bailey, G. (2006). Vision Problems of Preschool Children. *AllAboutVision.com*. Retrieved on February 5, 2006 from <http://www.allaboutvision.com/parents/preschool.htm>.
- Black, S. (2002). A Lens on Learning. *American School Board Journal*, 189 (11). Retrieved on February 5, 2006 from <http://www.asbj.com/2002/11/1102research.html>.
- Center for Health and Health Care in Schools. (2004). *Childhood Vision: What the research tells us*. Retrieved on March 8, 2006 from <http://www.healthinschools.org/sh/vision.pdf>.
- Children's Mercy (2005). Is Mandatory Screening Needed? *Physicians Update*. Retrieved on February 20, 2006 from <http://www.childrens-mercy.org/mso/docs/phyup0505.pdf>.
- Ferebee, A. (2004). Childhood Vision: Public Challenges & Opportunities. *The Center for Health and Health Care in Schools*. Retrieved on March 13, 2006 from <http://www.healthinschools.org/sh/visionfinal.pdf>.
- Kemper, A.R., Fant, K.E., & Badgett, J.T. (2003). Preschool Vision Screening in Primary Care after a Legislative Mandate for Diagnostic Eye Examinations. *Southern Medical Journal*, 96(9), 859-862.
- Kentucky Department of Education. (2005). *School Eye Exam: Questions and Answers*. Retrieved on April 9, 2006 from <http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/School+Eye+Exam:+Questions+and+Answers.htm>
- Kentucky Legislation. (2000). *House Bill 706: Early Childhood Development*. Retrieved on March 13, 2006 from <http://www.lrc.ky.gov/research/00rs/HB706.htm>.
- McCaskill, V. (2002). Poor Eyesight Can Lead To Bad Grades. *Vision Council of America*. Retrieved on February 5, 2006, from http://66.151.100.87/s_check/doc_news_release.asp?TRACKID=&CID=199&DID=200.
- North Carolina School Boards Association. (2006). *Court stops mandatory eye exams for kindergartners; State joins public school systems in requesting injunction*. Retrieved on April 20, 2006 from <http://www.ncsba.org/pdfs/NCSBA%20News%20Release%20-%2004-14-06.doc>.
- National Coalition for Parent Involvement in Education. (n.d.) Retrieved on April 15, 2006 from <http://www.ncpie.org/>
- National Eye Institute. (2004). *Vision in Preschoolers Study*. Retrieved on March 8, 2006 from <http://www.nei.nih.gov/neitrials/static/study85.asp#pubs>.
- National Parent Teacher Association. (2006). Retrieved on April 15, 2006 from <http://www.pta.org/homepage.html>.
- Owens, C.G. (2006). Penland: Kindergarten eye exam now on hold. *Smoky Mountain Sentinel*. Retrieved on April 9, 2006 from http://www.smokymountainsentinel.com/news/2006/0329/Front_Page/001.html.
- Robinson, B., Bobier, W., Martin, E., & Bryant L. (1999). Measurement of the Validity of a Preschool Vision Screening Program. *American Journal of Public Health*, 89(2), 193-8.
- RTI/UNC Evidence-based Practice Center. (2004). Screening for Visual Impairment in Children Younger than Age 5 Years: A Systematic Evidence Review for the U.S. Preventive Services Task Force. *Agency for Healthcare Research and Quality*. Retrieved on March 13, 2006 from <http://www.ahrq.gov/downloads/pub/prevent/pdfser/visualser.pdf>.
- Unite for Sight, Inc. (2005). Retrieved on March 11, 2006 from <http://www.uniteforsight.org>.
- Townley, K. (2005). *School Eye Exam: Questions and Answers*. *Kentucky Department of Education*. Retrieved on March 30, 2006 from <http://www.education.ky.gov/KDE/Instructional+Resources/Early+Childhood+Development/School+Eye+Exam:+Questions+and+Answers.htm>.
- Vision Council of America. (2005). *Making the Grade? An Analysis of State and Federal Children's Vision Care Policy*. Retrieved on April 5, 2006 from http://www.2020advocacy.com/s_2020/pdfs/Making_the_Grade.pdf.

- Vision Council of America. (2006). *State, Federal Governments Eye Laws to Improve Children's Vision and Learning*. Retrieved February 6, 2006 from http://www.visionsite.org/s_vision/doc.asp?TRACKID=&SID=1&DID=2222&CID=170&VID=42&RTID=&CIDQS=&Taxonomy=&specialSearch=.
- Vision Council of America Press Room. (n.d.). *U.S. Senator Reveals Vision Loss, Aims to Raise Public Awareness of Amblyopia*. Retrieved on April 9, 2006 from http://www.visionsite.org/s_vision/doc.asp?CID=170&DID=2225.
- Zaba, J.N., Johnson, R.A., & Reynolds W.T. (2003). Vision examinations for all children entering public school—the new Kentucky law. *Visiontherapy.org*. Retrieved on April 5, 2006 from http://www.visiontherapy.org/vision-therapy/pdfs/09_exams_children_Zaba.pdf.