MODERATED SESSION

Prevent Blindness
Focus on Eye Health National Summit

Innovations in Vision and Eye Health: Highlights from State-level Practices, Systems, and Policies

Session Moderator:

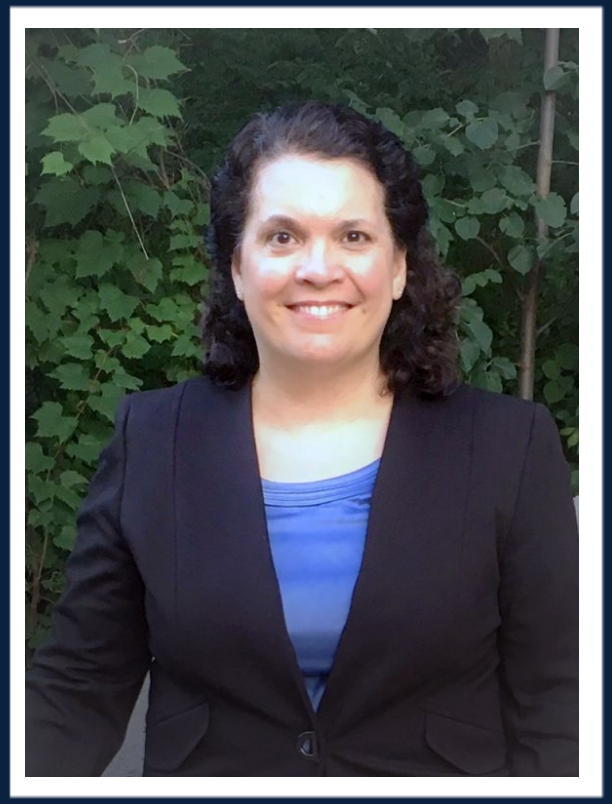
Martha Dewey Bergren, DNS, RN, NCSN, PHNA-BC, FNASN, FASHA, FAAN
University of Illinois Chicago, Executive Editor, Journal of School Nursing

Cindy Hillyer, MPA
Minneapolis Public Schools

Karen Woodhouse, MS
Eyes on Learning

Jacquelyn O'Banion, MD, MSc
Emory University

Focus on Eye Health Summit:
Our Changing Vision



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Building a Comprehensive System of Early Eye Health in Minnesota

Cindy Hillyer MPA
Director, Early Childhood Education
Minneapolis Public Schools

2017: Minneapolis Public Schools Early Childhood Screening Program and local club of the Lions Clubs International partner to increase instrument screening. This action leads to the launch of the Minneapolis early childhood vision health task force.

Analyzing MPS Outputs

% CHANGE

	INSTRUMENT VS CHART % CHANGE
REFERRALS	265%
DIAGNOSIS	330%
EXAMS	735%
TREATMENT	482%
CONTACTS	406%

TREATMENT/POSITIVE SCREEN	PERCENTAGE
2017 CHART SCREENING	28%
2018-INSTRUMENT SCREEN	52%

Data source MPS student information system SY 2017 & SY 2018

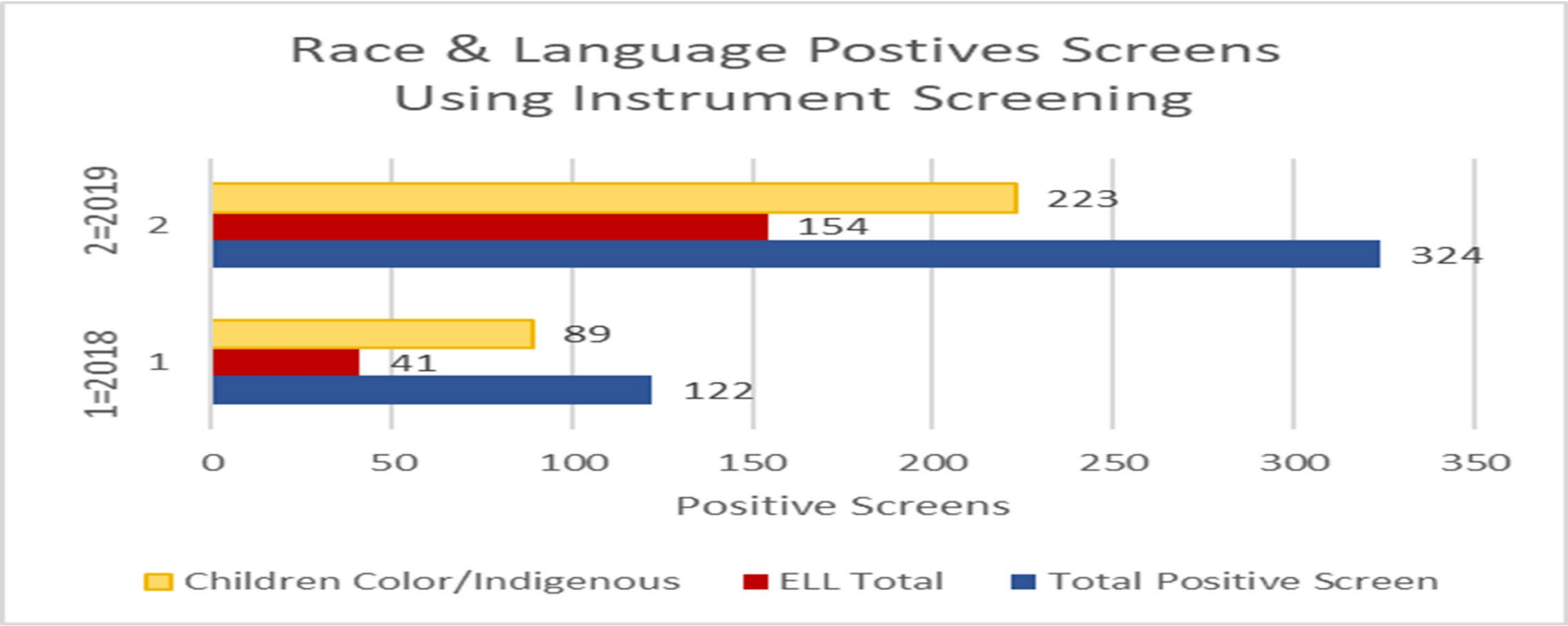
2018: HRSA funded UMN Center for Leadership Education in Maternal and Child Public Health deployed a research intern to support data analysis and administrative support in convening the Minneapolis early childhood vision health task force.

MINNEAPOLIS EARLY CHILDHOOD VISION HEALTH TASK FORCE

Organization	Phillips Eye Institute Foundation (Early Youth Eye care Initiative)	Hennepin County Child & Teen Checkups (EPSDT)	MD5M Kids Sight Foundation Lions Clubs International	Minneapolis Public Schools Early Childhood Screening/Early Childhood Special Education	Parents In Community Action Head Start and Early Head Start	City of Minneapolis Health Department	UMN Center for Leadership Education in Maternal and Child Public Health
Contribution	Free vision-screening, exams, treatment & follow through. Free to MPS and SPPS students	Population vision screening promoted through well-child exams for Medicaid enrolled children	Free Vison screening & referral Fund raising support health infrastructure (building new hospitals)	Minnesota Department of Education program universal vision screening before Kindergarten entrance	Vision screening required at program entrance. 6 month to 5 years.	Title V funding to support access to vision screening, exams and access to treatment	Research Intern to support convening, data analysis and local policy agenda development.
Sector	Health/Non-profit	Public/Health	Non-profit/Philanthropy	Education-State	Non-Profit/Public Health-Education-Federal	Public Health	Public/Health/ Higher Education

*This chart reflects the core lead team of the Minneapolis task force who aligned resources to advance a collaborative to advance early eye health in Minneapolis.

2019:convened stakeholders and launched Minneapolis Early Childhood Vision Health Task Force and selected to participate in the NCCVEH BVT.



Data source Minneapolis Public Schools Early Childhood Screening student data systems SY 2018 & SY 2019.

2020: Slide from poster presentation at the Association of Maternal & Child Health Programs (AMCHP) annual conference.

US Gov. Office of Special Education and Rehabilitative Services features Minneapolis direct service cross systems design

From the Directors

Hello, Early Learning Leaders!

August is Children's Eye Health and Safety Month. To honor this designation, our Voices in the Field interview with Cindy Hillyer, director of the Office of Early Childhood Education at Minneapolis Public Schools, highlights the importance of collaboration between service delivery systems. Hillyer leads a Minnesota Early Childhood Screening program that provides a universal, required health and education screening touch point for 3- through 5-year-olds before kindergarten, including a vision health screening. We invite you to read the full interview on the OSERS Blog.

August 2020: Advancing equity through service systems alignment and collaboration leads to improvements in care coordination, direct services, policy development and child and family outcomes.

COVID Task Force pivot: policy-planning-parent engagement

1. Advocacy & policy agenda

2. Capacity building
- early care and education
- dental therapist example
- rural-urban alignment

3. Communication
- parent survey
- policy agenda: what's our ask?

2021-2022 Rural Urban engagement, develop policy agenda, philanthropy engagement, parent engagement.

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Parent Survey Results

Column1	Column2	Column3	Column4
Survey Item	Response	#	%
Interpreter			% of Parents
	Yes	11	15%
	No	51	69%
	N/A	12	16%
Information Understanding			
	Yes	55	74%
	No	17	23%
	Kind of	2	3%
Participation			
	Yes	38	51%
	No	11	15%
	Kind of	2	3%
	Maybe	1	1%
	N/A	18	24%
	Not really	4	5%

Column1	Column2	Column3	Column4
Survey Item	Response	#	%
Concerns Acknowledged			
	Yes	53	72%
	No	1	1%
	Maybe	2	3%
	N/A	17	23%
	Not really	1	1%
Respect			
	Yes	48	65%
	No	0	0%
	Maybe	3	4%
	Kind of	1	1%
	Not really	1	1%
	N/A	21	28%
Follow Up Information			
	Yes	44	59%
	No	13	18%
	N/A	17	23%

Data source Minneapolis Vision Health Task Force parent survey results 2021-QualtricsXM online survey platform.

2021 task force developed, administered and analyzed results of parent survey focused on communication, access and barriers.

Focus Forward

Improve Communication

- parents/caregivers
- policy makers

Sustain direct service systems design

- partnerships
- resource alignment

Scale

- Rural-urban alignment
- Philanthropy engagement

Spread

- Policy agenda & legislative action
- Link early and elder eye health priorities

2021-2022 Minnesota Early Eye Health Task Force agenda.

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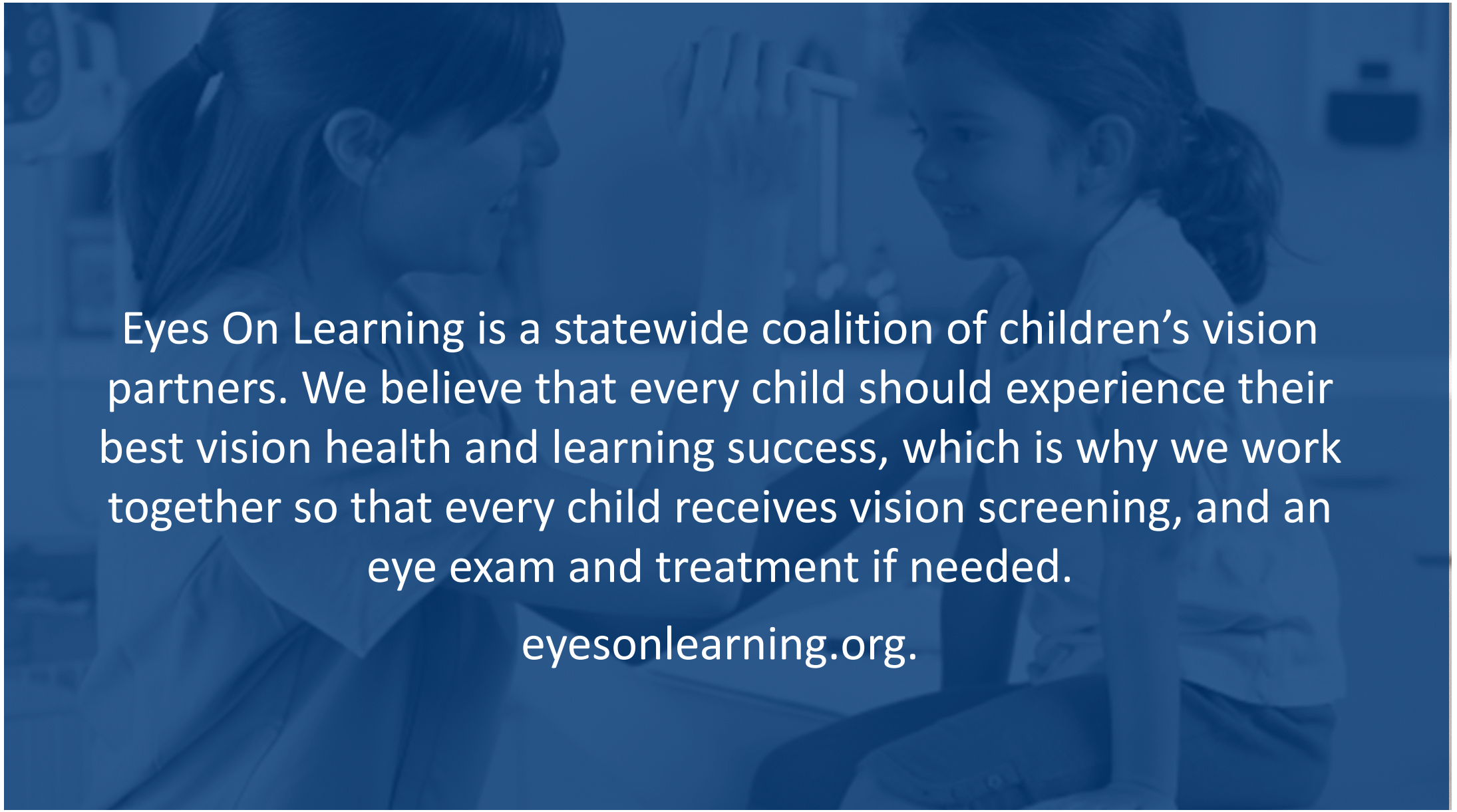
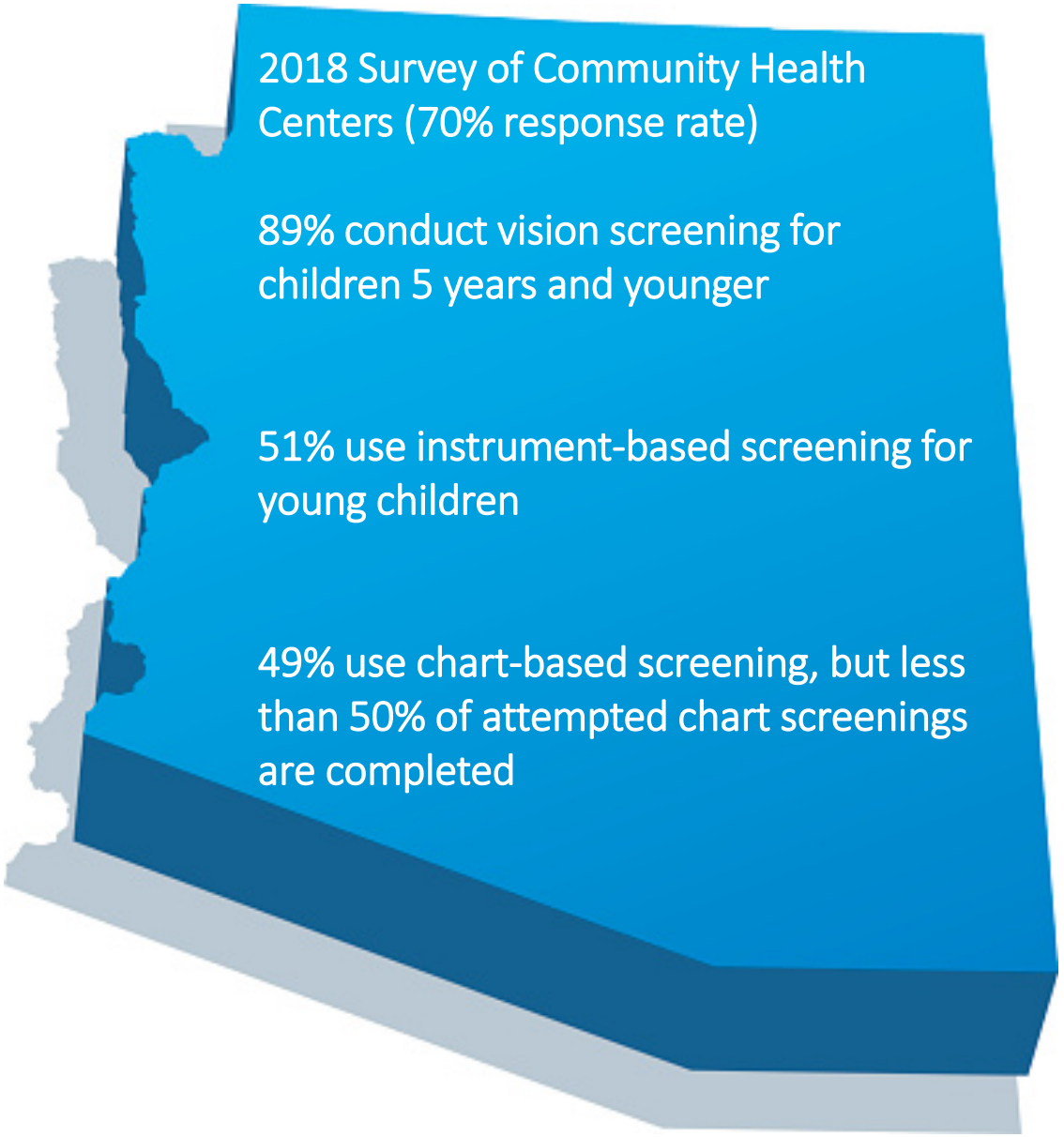
Impacting Best Vision Health for Children in Arizona

Karen Woodhouse, MS

Director, Eyes On Learning

Eyes On Learning
Advancing Children's Vision Health


Eyes On Learning is a statewide coalition of children's vision partners. We believe that every child should experience their best vision health and learning success, which is why we work together so that every child receives vision screening, and an eye exam and treatment if needed.
eyesonlearning.org.



Partnership to fund Photoscreener Grants for **62** health care and education organizations serving vulnerable children

35,000 more children to receive annual screening

Policy Win for Children's Vision : SB1456

Vision Screening Mandated in Arizona Schools

House Engrossed Senate Bill

State of Arizona
Senate
Fifty-fourth Legislature
First Regular Session
2019

CHAPTER 316

SENATE BILL 1456

AN ACT

AMENDING TITLE 36, CHAPTER 7.2, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 2; RELATING TO VISION SCREENING.

(TEXT OF BILL BEGINS ON NEXT PAGE)

Quality standards
Enhanced vision screener training
Tools and equipment
Data reporting

Better Vision Together Community of Practice

Accelerate how participants in the COP provide quality vision screens and successful referrals for the children they serve

National Center for Children's Vision and Eye Health
Prevent Blindness

- 2 virtual Communities of Practice: photoscreener grantees in health care and education/community settings met September 2020 – May 2021
- Parent partners were peer-participants in each COP with access to parent partner support
- Acknowledged COVID-19 impacts on their screening efforts
- Participants used their reported screening data during their COP participation for quality improvement

CHILDREN DON'T KNOW WHAT THEY CAN'T SEE.™

Children rarely complain about vision problems.
They believe everyone sees the world the way they do.

Talk to your child's doctor today or visit EyesOnLearning.org to learn more.

Aprenda más en EyesOnLearning.org/espanol

Eyes On Learning

Path to Healthy Vision

Screening › Eye Exam › Treatment

Routine vision screenings are important for a child's growth and learning milestones.
Children should receive vision screening:

For the First Time as Early as Age 1

At Least Once Between 3-5 Years Old

Every 1 to 2 Years Throughout Grade School

Healthy vision is critical for every child's social development, school success, and well-being.

A child's vision develops from the time he/she is born until kindergarten. Infants can only clearly see objects that are 8 to 10 inches from their faces. A baby's eyesight begins to improve at about 3-4 months old. Over the next few years, a child develops his/her ability to see further away, judge distances, and improve eye-body and eye-hand coordination.

It is critical to identify issues with eye health and vision development at a young age—problems are easier to correct when treatment starts early. Some problems, like amblyopia (also called "lazy eye"), can cause permanent vision loss if not caught and treated early.

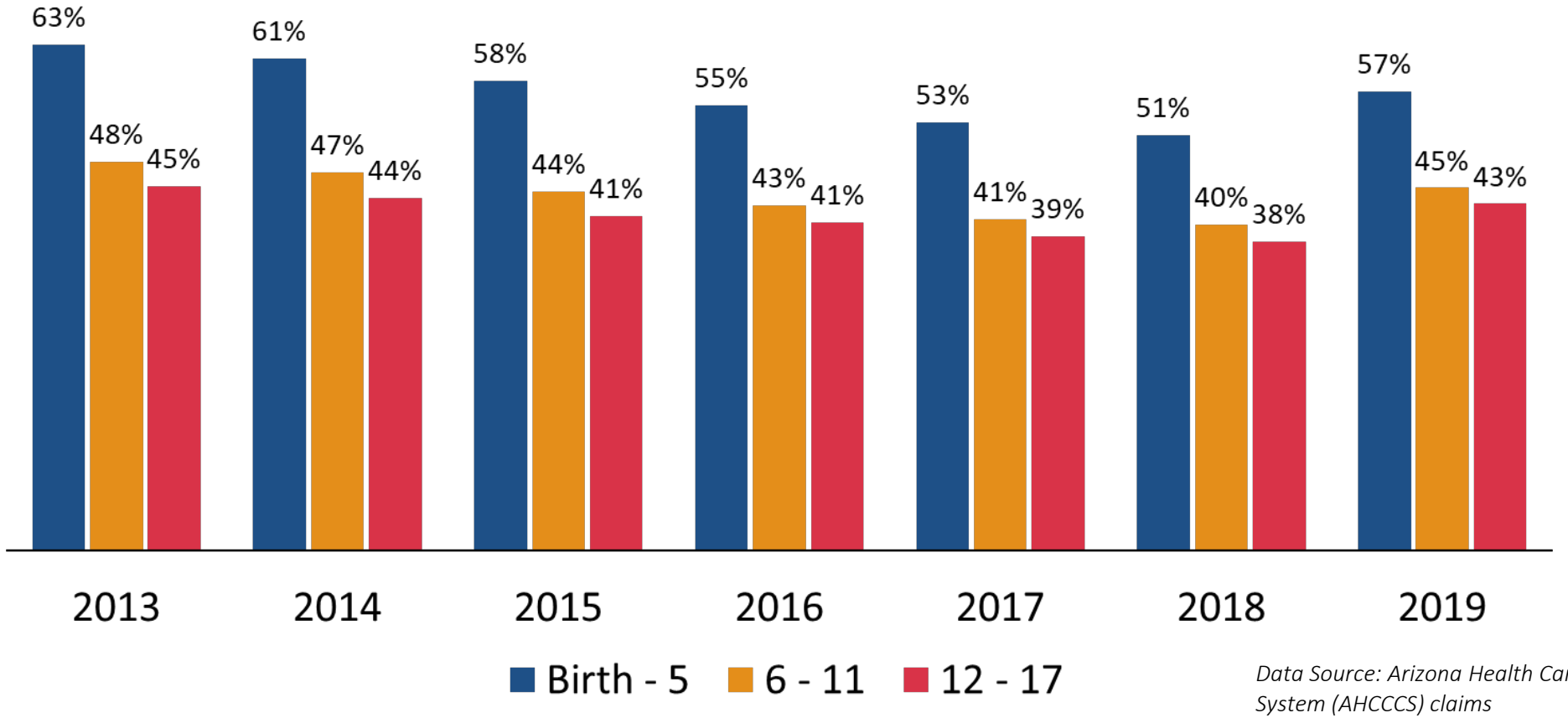
- **Watch for signs that your child has a vision problem.**
  These include squinting, itchy eyes, excessive blinking or tearing, headaches, tiring when reading, or sitting close to the TV or computer screen.
- **Request a vision screening for your child, even if he/she does not show signs of a vision problem.**
  You can do this at your well-child visit or take your child to an eye doctor (optometrist or ophthalmologist).
- **Take your child to an eye doctor for a complete eye exam.**
  If your child fails a vision screening, you should take him/her to an optometrist or ophthalmologist to determine if he/she has a vision problem.
- **Ensure your child follows the recommended treatment plan.**
  If the eye exam shows your child has a vision problem, the eye doctor may prescribe glasses or another treatment option to best support his/her vision health needs.

The Eyes On Learning Vision Coalition is a dedicated group of state, local, and national organizations that share a commitment to vision health and learning success for all Arizona children.

EyesOnLearning.org

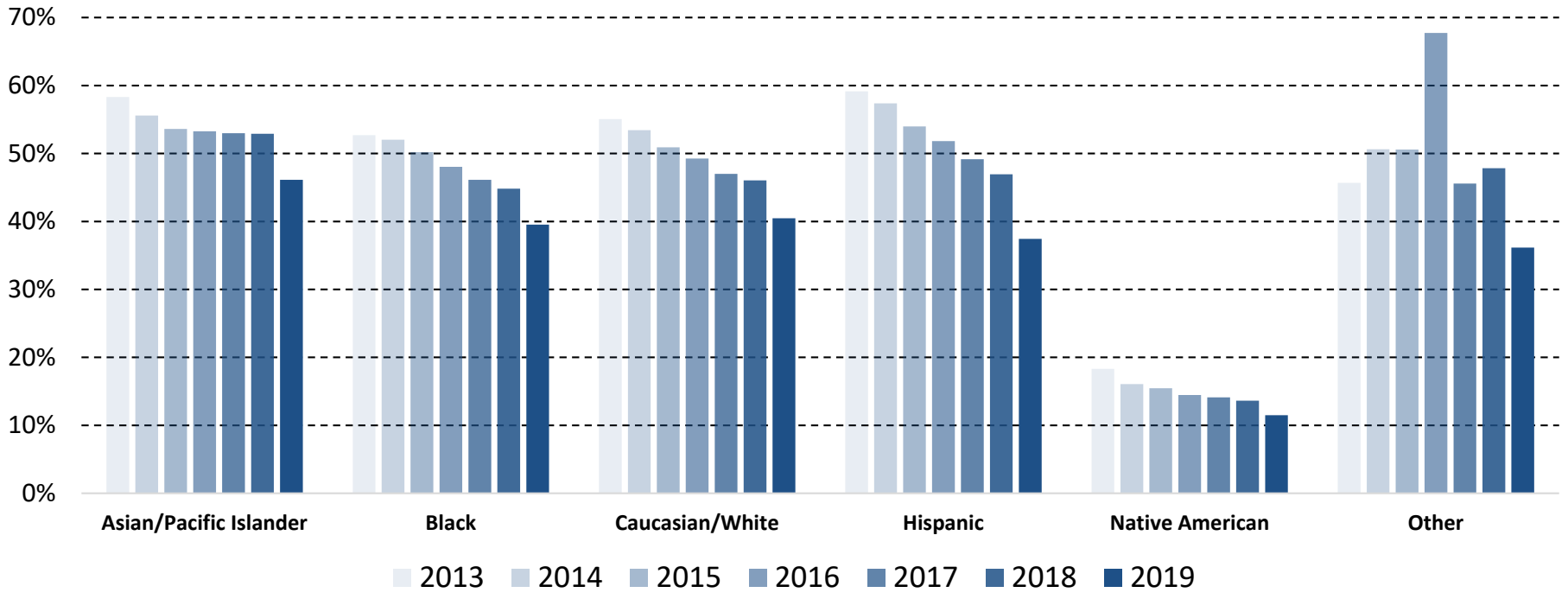
Eyes On Learning

The proportion of Arizona children enrolled in Medicaid receiving a vision screening increased in all age groups



Data Source: Arizona Health Care Cost Containment System (AHCCCS) claims

Fewer Arizona Native American children enrolled in Medicaid receive vision screening

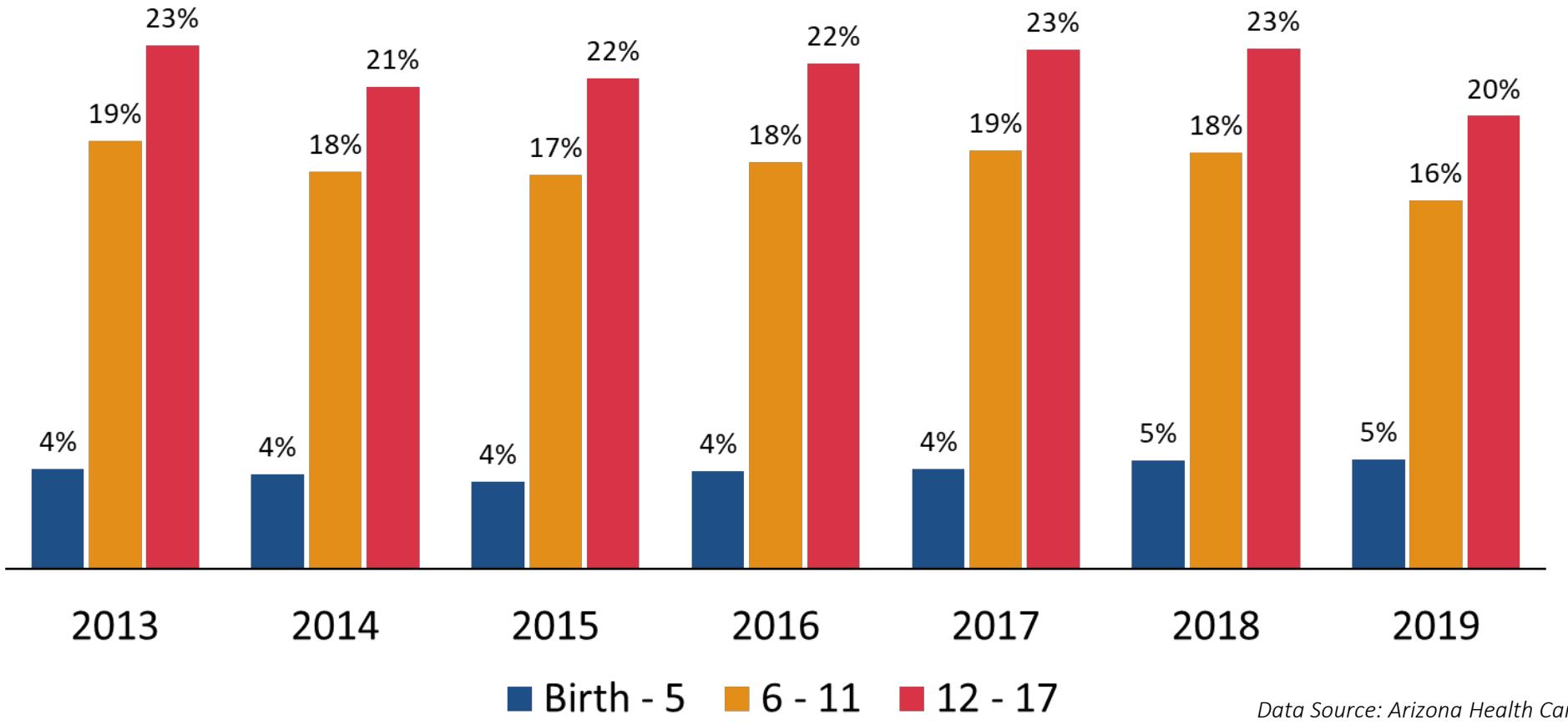


Medicaid Child Enrollment 2019 n=547,000

Asian/Pacific Islander	2.1%
Black	10.3%
Caus./White	56.5%
Hispanic	14.4%
Native American	8.0%
Other/Unknown	8.6%

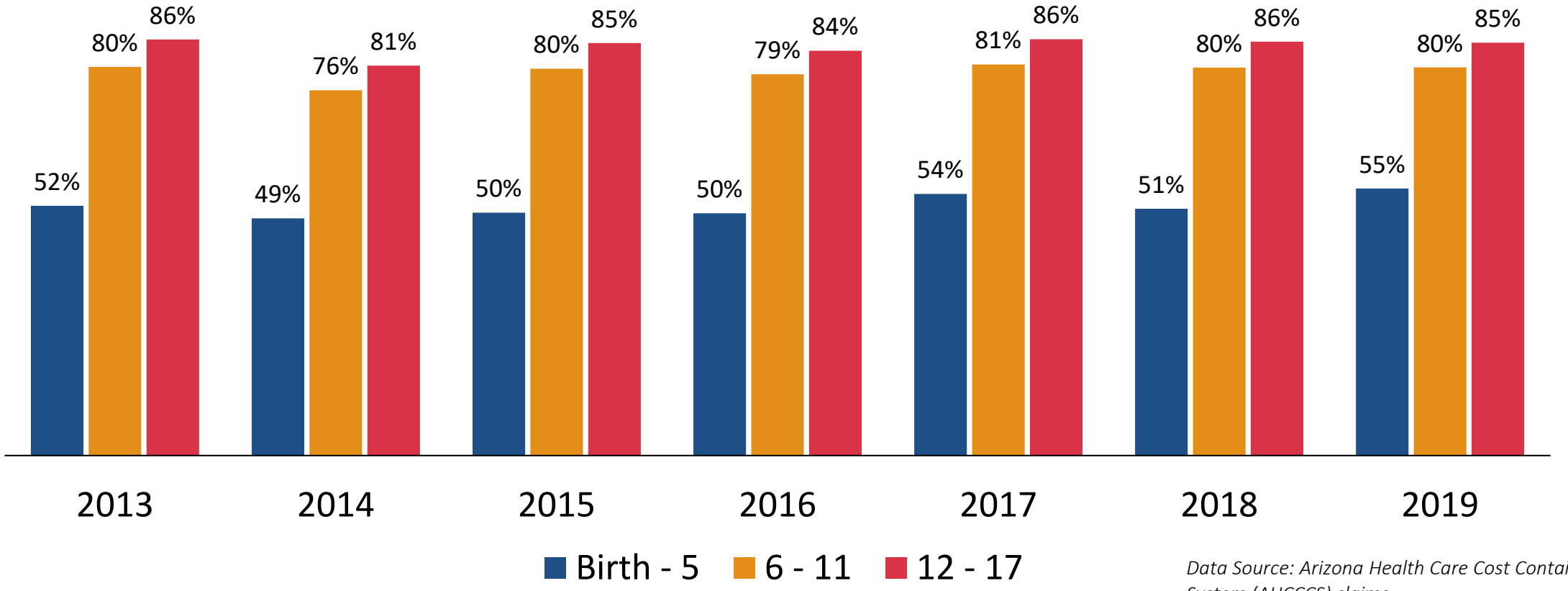
Data Source: Arizona Health Care Cost Containment System (AHCCCS) claims

More School-Age Children Should Receive Eye Exams After Screening Referral (at least 25-30%)



Data Source: Arizona Health Care Cost Containment System (AHCCCS) claims

81% of all children receiving an eye exam and diagnosis of vision problem receive treatment



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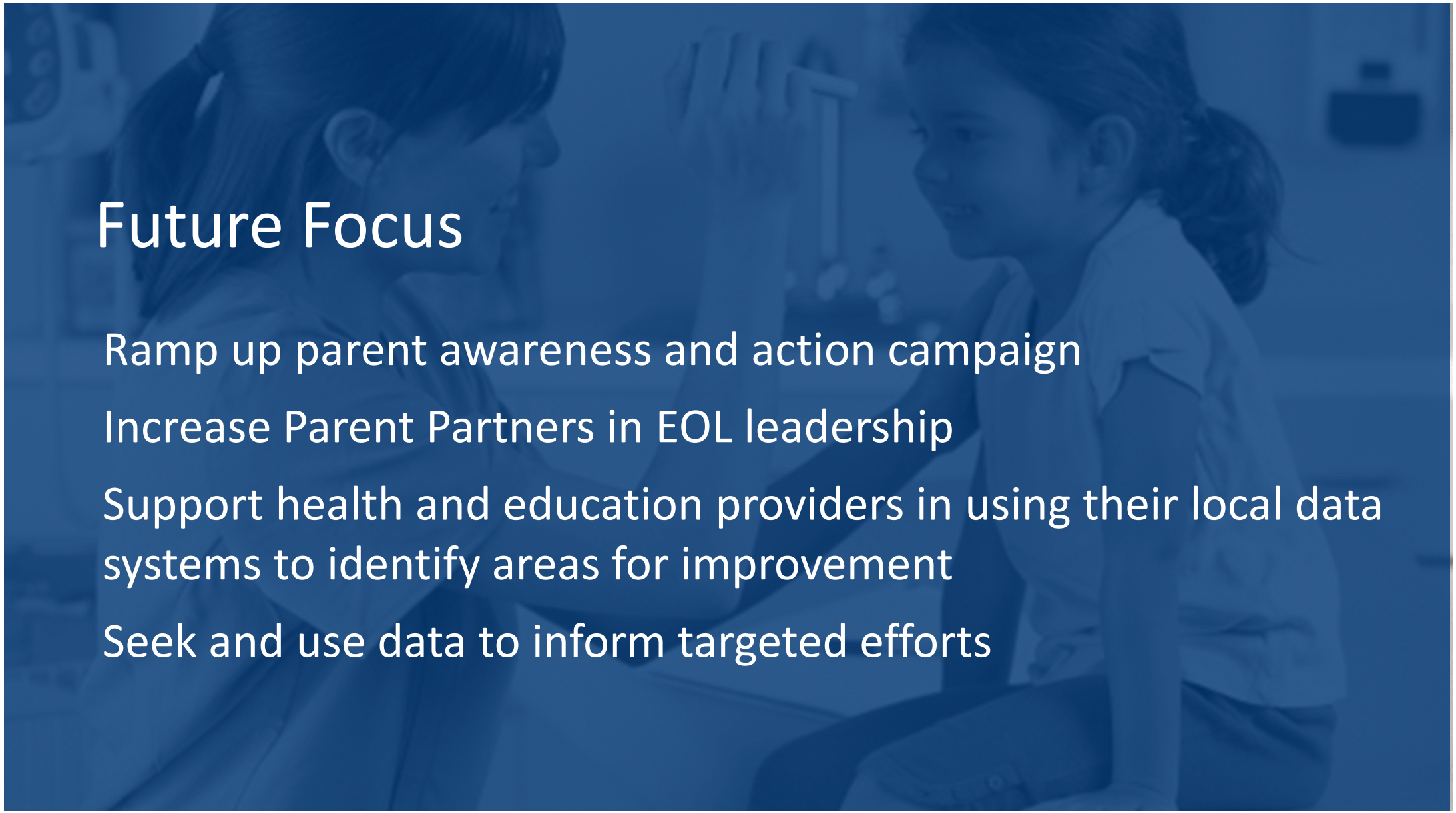

Future Focus

Ramp up parent awareness and action campaign

Increase Parent Partners in EOL leadership

Support health and education providers in using their local data systems to identify areas for improvement

Seek and use data to inform targeted efforts

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Georgia Vision 2020 – Improving Access Through Collaboration

Jacquelyn O'Banion, MD

Emory University

EMORY EYE CENTER

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VISION
2020

CENTER FOR THE VISUALLY IMPAIRED

EMORY EYE CENTER

The LIGHTHOUSE
helping people navigate their world

GEORGIA SOCIETY OF OPHTHALMOLOGY

Prevent Blindness Georgia
Our Vision Is Vision.

GEORGIA EYE BANK, INC.

LIONS INTERNATIONAL

GEORGIA OPTOMETRIC ASSOCIATION

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A Shared Mission: Prevent Blindness

From Silos ……..

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To Collaboration

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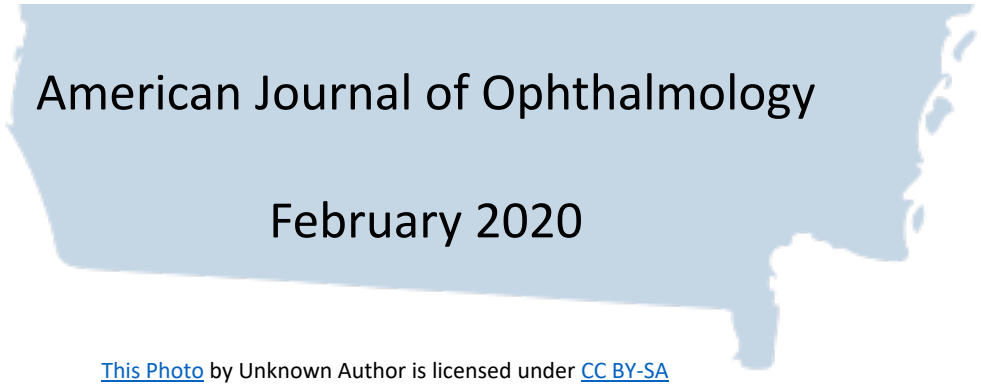
Where are we?

Effects of an Aging Population and Racial Demographics on Eye Disease Prevalence: Projections for Georgia Through 2050

ELAINE KELLY, QING WEN, DANNY HADDAD, AND JACQUELYN O'BANION



American Journal of Ophthalmology

February 2020

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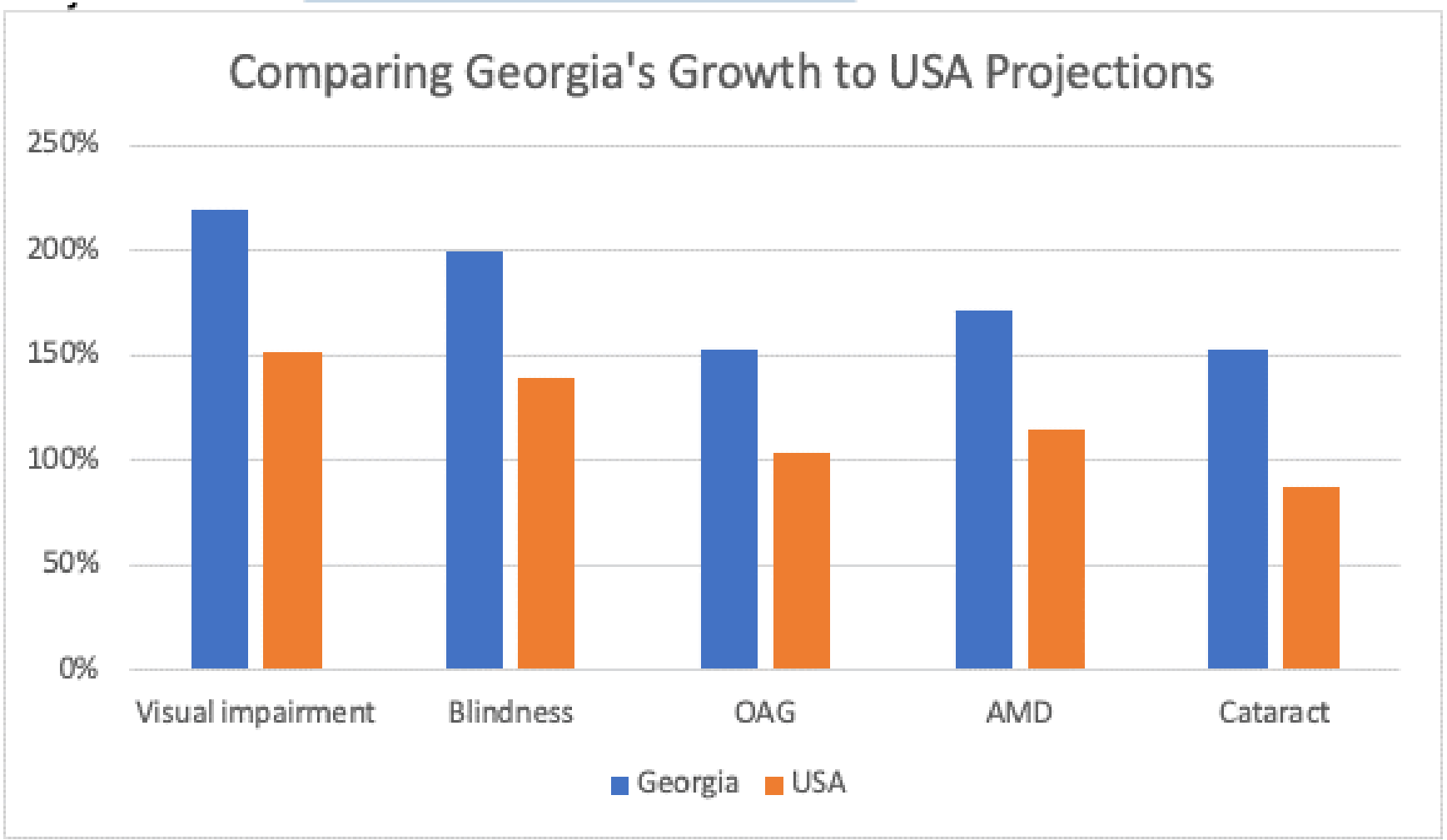
Georgia vs USA population



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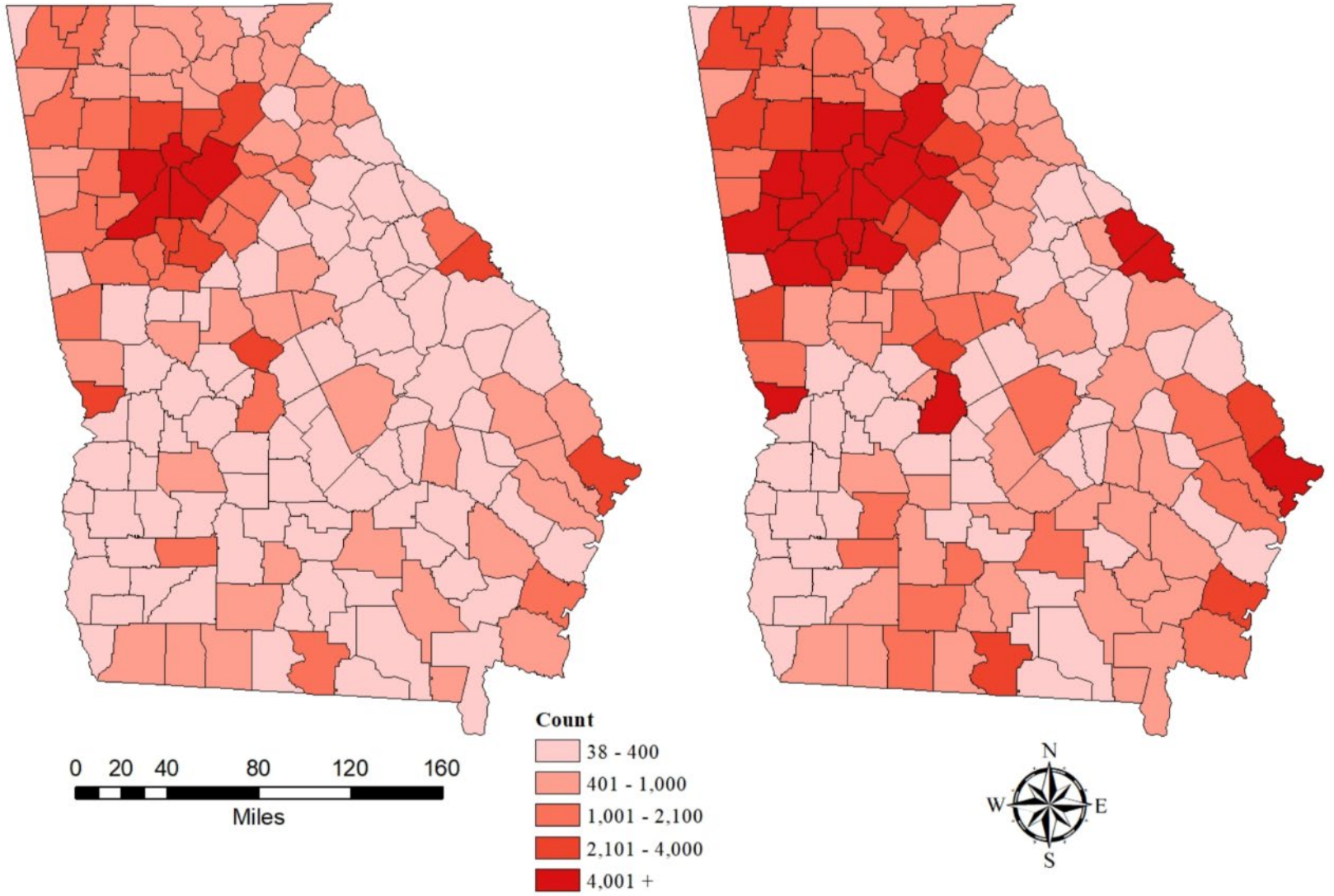
Vision Impairment and blindness

2020

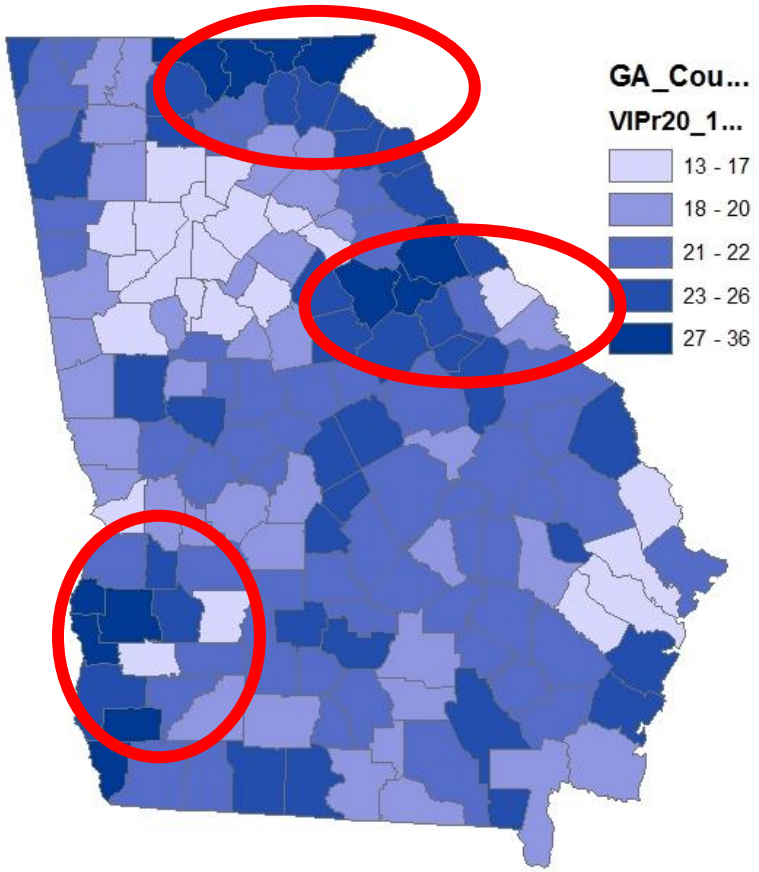


2050

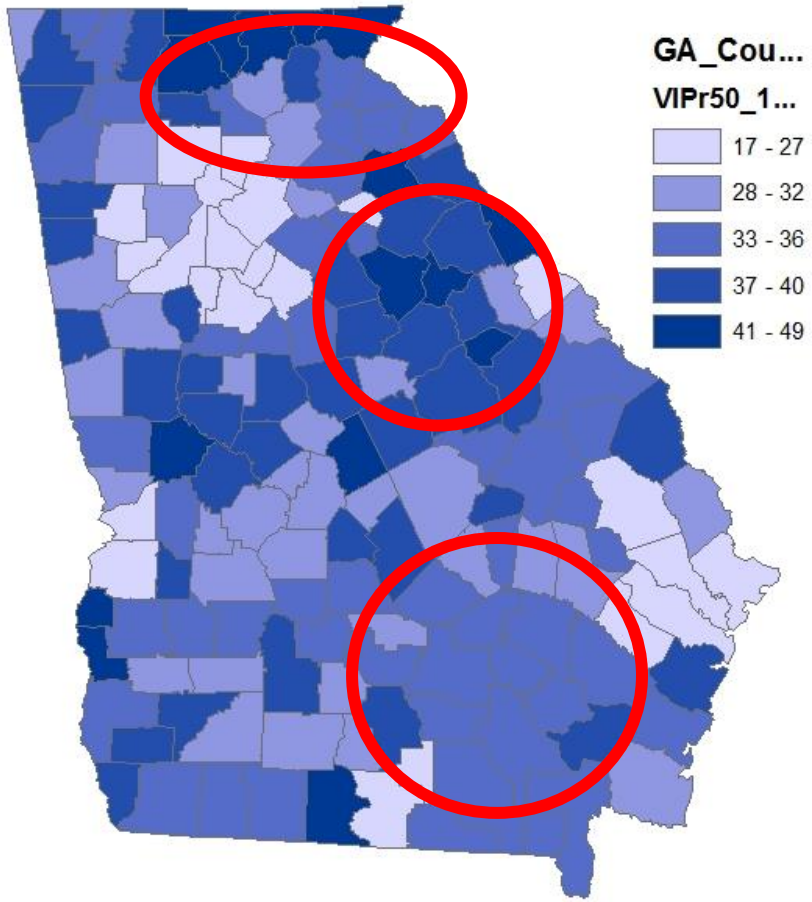
Disease Density,

#visually impaired per 1000 population

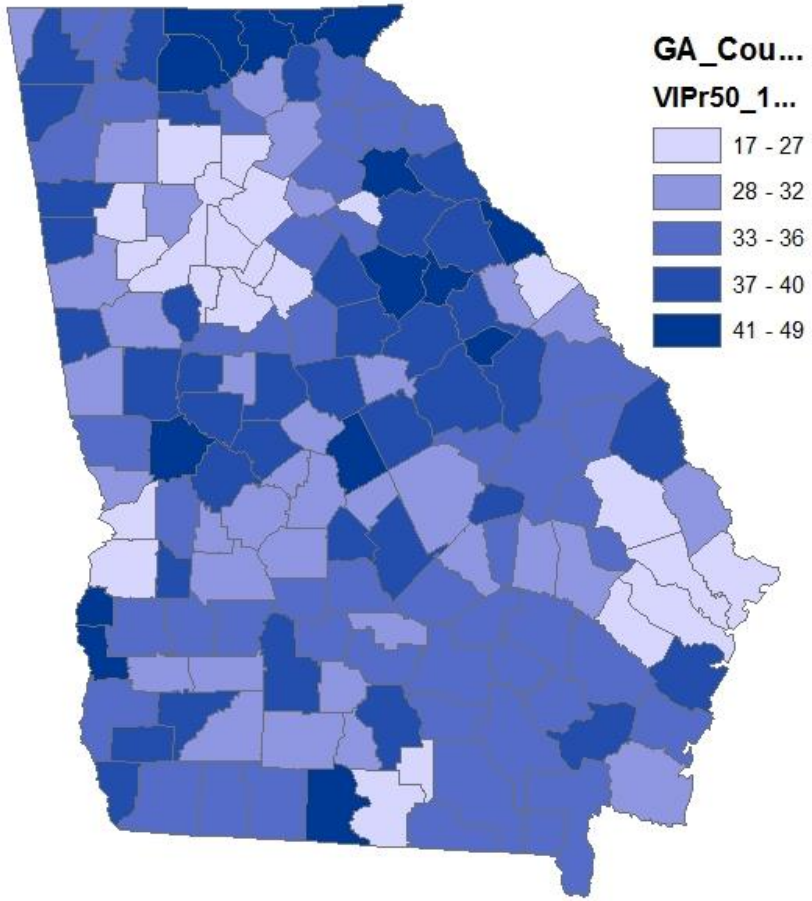
2020

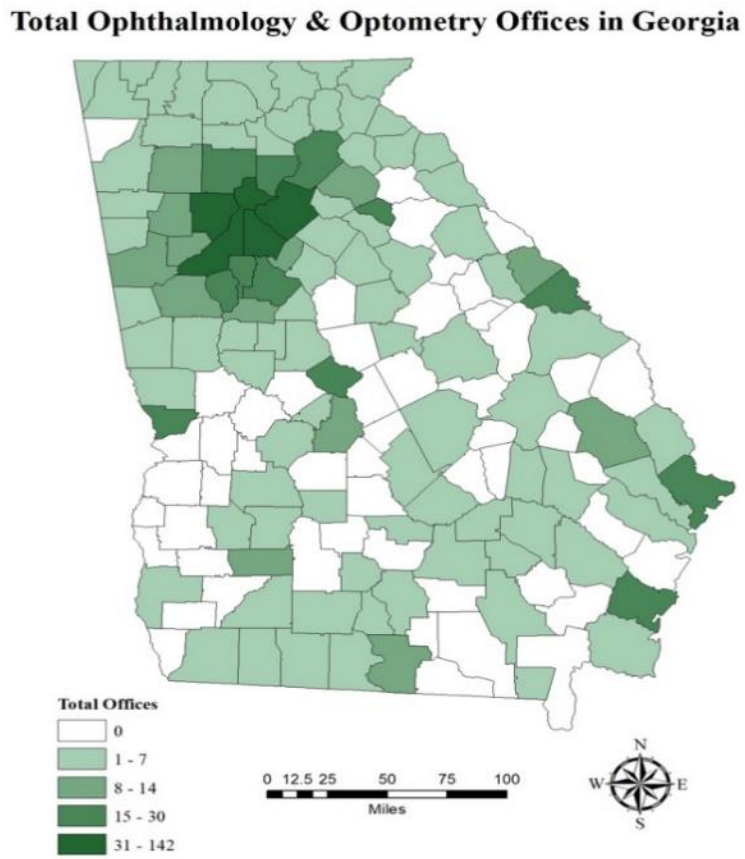


2050

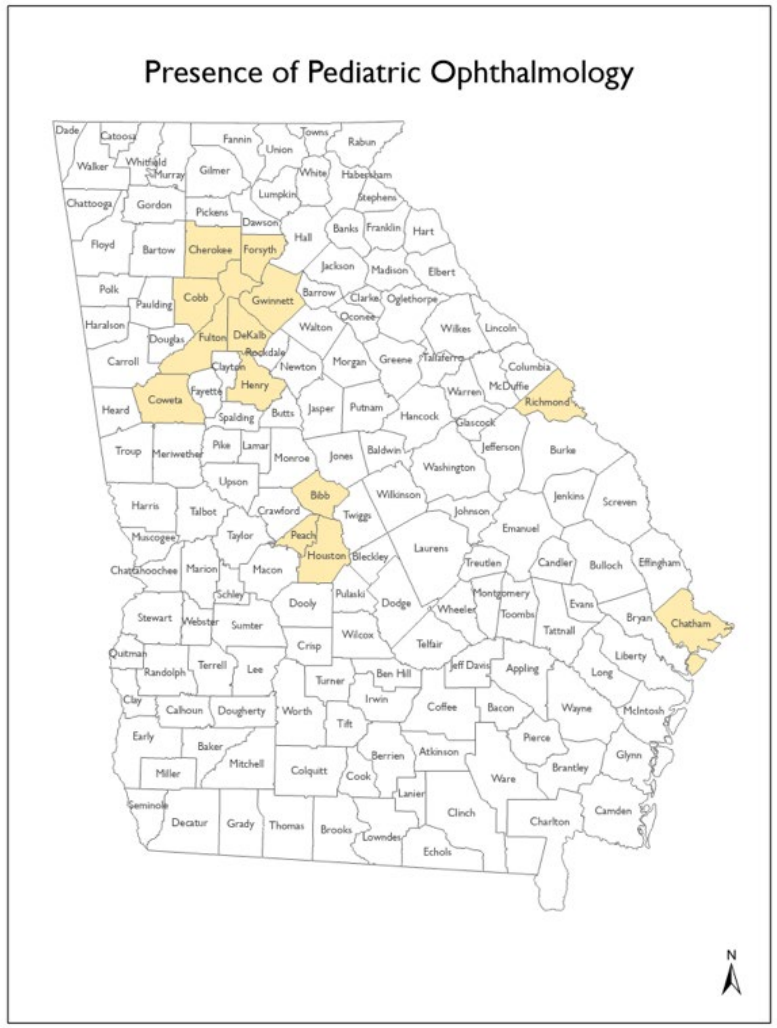


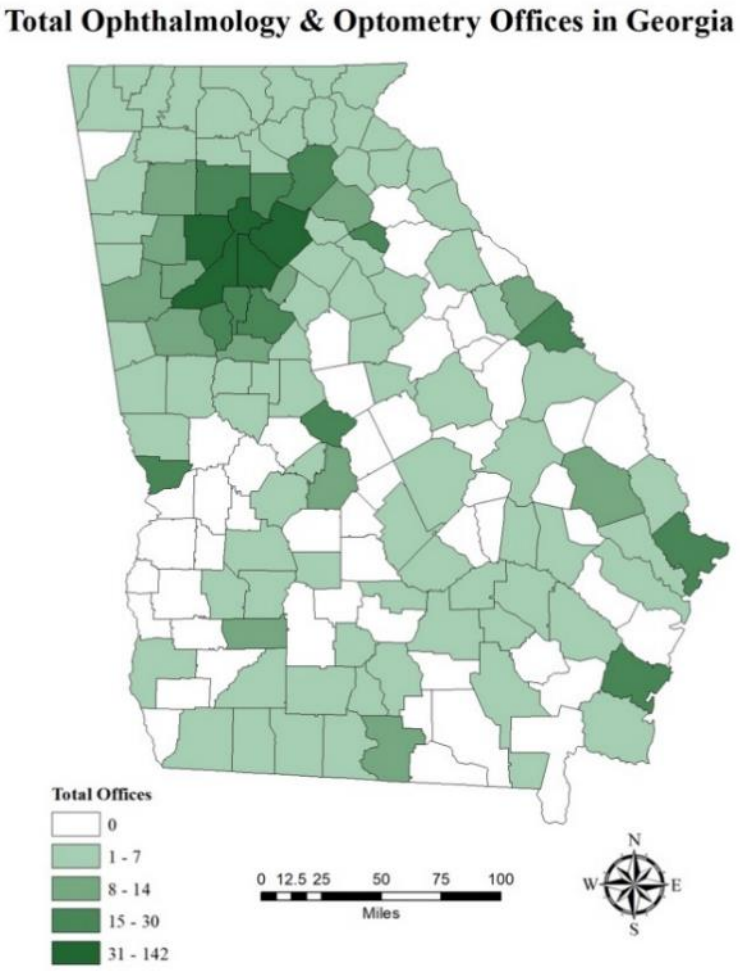
Assessing Gaps: Where are we needed?

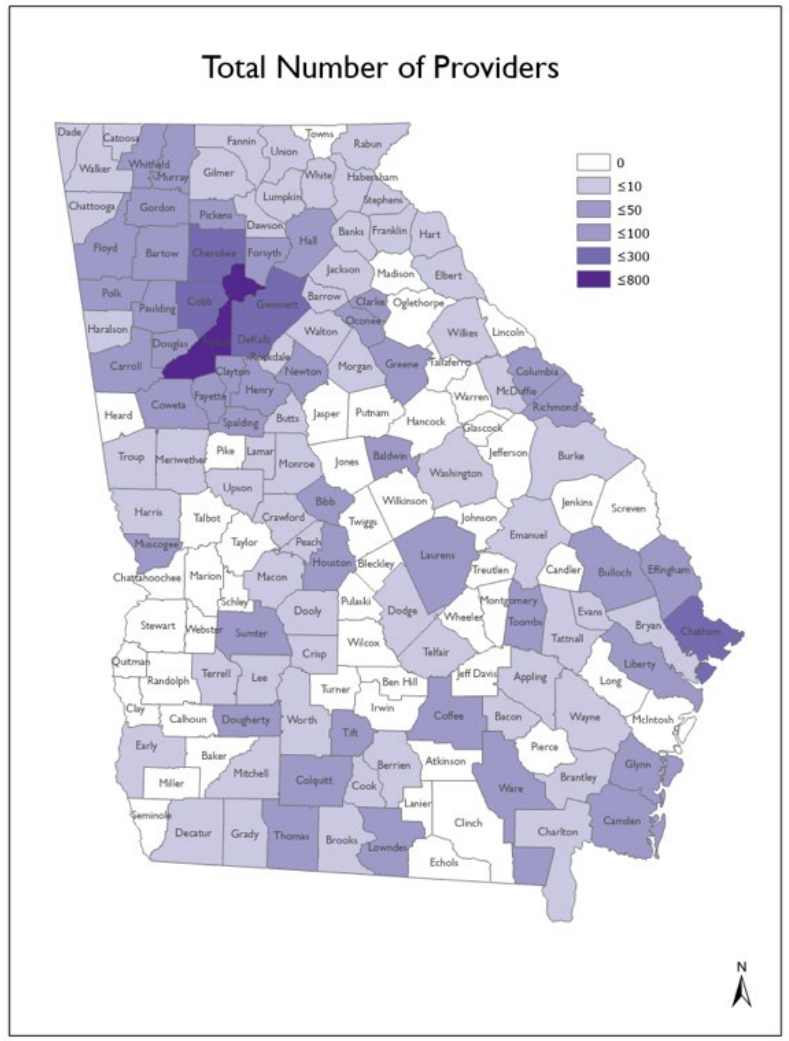




Understanding Access







Breaking Down Access Barriers

THE
GEORGIA VISION NETWORK

Connecting and Providing available care to those in need of services

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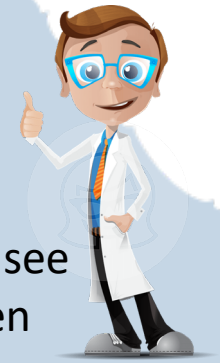
Georgia Vision Network

Community Vision Screening

Individual identified as needing further eye care

4.5hrs away

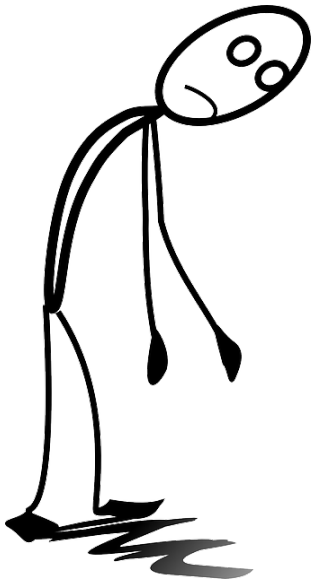
Won't see children



Only sees private insurance

Doesn't do diabetic exams

Reality. No care is sought



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Georgia vision network

Vision Screening – Performed by any organization in the state

Patient is identified as needing a full eye exam
Information is entered into the **GVN Database** and patient is paired to available care

Patient is paired with a local eye care provider through GVN or other outreach program

Local care is not available and a mobile clinic is arranged at a later date by GVN partners

A patient who has failed a screening and identified as needing further care will be entered into the network

Demographic and “qualifying data” will be entered as well as follow up needs

Algorithm for available programs and providers is completed

Patient is matched to available care or placed in the GVN Queue

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Georgia Vision Network

Community Vision Screening

Individual identified as needing further eye care

4.5hrs away

Doesn't do diabetic exams

Reality. No care is sought

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Georgia Vision Network

Community Vision Screening

Individual identified as needing further eye care

Within 30min
Works with charity organizations
Accepts patient insurance
Can assist with patient identified need

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The LIGHTHOUSE
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