Abstract

Problem

Currently, visual impairment in children is a condition that affects 5 to 10 percent of preschool age children, with between 1 and 3 percent of these having amblyopia, and an estimated 5 to 7 percent having refractive errors.¹ If not detected and treated early, vision impairment could affect all aspects of life, negatively impacting a child’s ability to learn, athletic performance, and self-esteem.

Children’s vision screening needs to shift to become a coordinated, well-designed, universal approach that actively engages the community and motivates both families and professionals in respect to their roles in the process.

Goals and Objectives

The goal of the National Center for Children’s Vision and Eye Health is to support the development of public health infrastructure to promote and ensure a comprehensive, multi-tiered continuum of eye care and vision health for young children.

Program Objective 1: Serve as a technical resource center to states.

Program Objective 2: Enhance existing efforts in the surveillance of children’s vision, screening, outcomes to care, and reduction of vision health disparities.

Program Objective 3: Develop and disseminate educational tools and information.

Methodology

The Center will work in collaboration with our national and state partners to provide the technical assistance, education, training, resources, and leadership necessary to advance a universal approach to children’s vision screening in the U.S.

Activities planned to meet the program objectives include:

- Serve as a coordinator for national collaboration around children’s vision screening systems;
- Provide and promote a nationally recognized vision screening protocol that is science based;
- Work with State Title V Programs to integrate vision screening into existing or new state performance measures;
- Develop a report on the status of children’s vision and vision screening in the U.S.;
- Promote the inclusion of vision screening data into existing integrated data systems;
- Develop and disseminate tools and resources that facilitate the implementation of vision screening recommendations.
Cooperation

Careful planning, stakeholder engagement, and program management experience has put Prevent Blindness America in a strong position to continue to guide the Center from a developmental phase into an implementation phase in which we will see the recommendations for a comprehensive, multi-tiered approach to children’s vision screening brought to life. Through continued commitment of national experts, key stakeholder groups, state pilot site coalition members, and organizational resources we will see the Center grow as a technical assistance provider, programmatic innovator, and leader in children’s vision and eye health.

Evaluation

The Center will coordinate all evaluation efforts and use a mixed qualitative/quantitative model to assess its progress toward achieving its important goals and objectives. A number of measures will be taken to address formative and process efforts. Feedback loops and formal evaluation components will be implemented and planned collaboratively with the Center Advisory Committee, project staff and staff at the five state locations to improve project implementation. As the activities planned for each objective are carried out, careful steps will be taken to ensure a solid plan for the activity is formed, that it is tested at the pilot level and evaluated for needed revisions before a wider dissemination is implemented.

Annotation

The objectives outlined for the National Center for Children’s Vision and Eye Health will promote a comprehensive, multi-tiered approach to children’s vision screening. Through continued commitment of national experts, key stakeholder groups, state pilot site coalition members, and organizational resources the Center will grow as a technical assistance provider, programmatic innovator, and leader in children’s vision and eye health. The outcomes of this project will lead to a reduction of visual impairment in preschool age children and the establishment of a public health role in the continuum of eye care for young children.

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Prevent Blindness America program narrative response to HRSA-12-056

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Introduction

Vision Screening for Young Children: A National Priority

Preventing vision loss and preserving sight has been the primary work of Prevent Blindness America for over 100 years. From the insights and efforts of the organization’s founder, Louisa Lee Schuyler, we have been focused on expanding and enhancing public health interventions to identify visual impairment early in order to link children to appropriate eye care services. Currently, visual impairment in children is a condition that affects 5 to 10 percent of preschool age children, with between 1 and 3 percent of these having amblyopia, and an estimated 5 to 7 percent having refractive errors.\(^1\) While preventive services are clearly critical to identifying visual impairment early, according to a 2005 report from the Centers for Disease Control and Prevention, only 1 in 3 children in America has received eye care services before the age of six.\(^{ii}\)

Nationally there is consensus among pediatricians and vision professionals that a child should be screened starting at age three years by their pediatrician or family practitioner.\(^{iii}\) Screening at age three years by the pediatrician is also part of the Bright Futures guidelines,\(^{iv}\) which provide comprehensive guidance for children in all stages of development. While there is consensus by professional organizations that screening should begin in the pediatrician’s office, survey data indicates that as many as 65% of pediatricians are not screening children starting at age three years (this proportion has been found to remain consistent from research done in 1988, 1998, and 2006).\(^{v}\)

We know that prevention works to identify vision conditions in children early and link them to appropriate care. The Partnership for Prevention, in reviewing the U.S. Preventive Services Task Force’s listing of recommended clinical preventive services, found that pediatric vision screening is inexpensive, treatment is effective and it improves the quality of life. The U.S. Preventive Services Task Force recommends screening to detect amblyopia, strabismus and defects in visual acuity in children younger than five years of age.

Vision screening is an important element of a strong public health approach to children’s vision care. The purpose of vision screening is to identify children in need of care, educate about that need, and ensure that a comprehensive eye exam is received. By employing this critical public health tool our national and local public health infrastructure is strengthened and expanded. Prevent Blindness America recognizes the important role of primary healthcare professionals and school nurses in conducting vision screenings, we also believe that community and school based screenings conducted by trained vision screeners and utilizing a scientifically validated and approved screening protocol enhance the public health model of vision care. Without screenings performed by community programs and schools, many children with vision problems would have otherwise gone undetected. Currently, children can receive vision screenings in multiple settings with the results of the screenings captured in siloed data bases. Providers of the screening services are unaware of previous screening attempts, results, or follow up care received and can lead to duplication of efforts and poor surveillance of the true level of screening being conducted at the state or national level.
The role of vision screenings in the continuum of vision and eye healthcare is fully supported by the American Academy of Family Physicians, the American Academy of Ophthalmology, the American Academy of Pediatrics, the American Association of Certified Orthoptists and the American Association for Pediatric Ophthalmology and Strabismus.

The use of vision screening in the pediatrician’s office is important to moving forward our objective of increasing and improving vision screening for young children. Central to this effort is the concept of the medical home. The integration of vision screening into pediatric practices through the medical home is supported by the American Academy of Pediatrics (AAP), the American Academy of Family Practice (AAFP), and others. An important component of a medical home is that care is coordinated across all elements of the health care system. If a child is screened in the pediatrician’s office and fails the screening, the pediatrician can then make a referral to an ocular professional for a comprehensive exam and treatment, as well as ensure parental understanding of the referral and address any ongoing vision needs that may emerge. Linkage to appropriate and necessary care is a critical step after effective screening to ensure that children identified with potential visual disorders receive a comprehensive exam and necessary treatment. Follow-up to referrals from vision screenings has been identified as an issue across many screening programs; yet, there is still limited research on how to improve follow-up or what specific barriers need to be overcome. A 2003 review of existing literature on the social, economic and political barriers to appropriate vision screening and follow-up noted three core barriers to linkage to care: 1) financial barriers including lack of vision coverage 2) real or perceived lack of capacity of eye professionals who treat children and 3) lack of knowledge about well-child care. Other barriers identified included language and illegal immigration status that limited access to insurance.

Prevent Blindness America recognizes that vision screening has been perpetually challenged by a lack of standardization, infrastructure, and surveillance, and thus the most successful program is one that identifies how to actively engage the community and motivate both families and professionals regarding their roles in the vision screening process. Addressing the issues of referral for appropriate eye care and connection to the medical home will be fundamental to the success of this effort. Additionally the development of an organizational infrastructure will be critically important. Vision screening lies at the intersection of several providers (pediatricians, optometrists, ophthalmologists) and public institutions (Departments of Education, Departments of Public Health, etc). All have a role, but within each state the role is uniquely defined. Our nation’s challenge is to build a core universal vision screening methodology that also has structural flexibility to recognize vision screening needs on multiple levels- local, state, and national- and to properly integrate and mobilize key stakeholders and resources to build the necessary capacity and expertise for a universal approach to children’s vision screening.

National Center for Children’s Vision and Eye Health

In 2009 Prevent Blindness America was awarded a grant from the Maternal and Child Health Bureau at the Health Resources and Services Administration of the U.S.
Department of Health and Human Services (Cooperative Agreement #H7MMC15141-01-00) to establish the National Center for Children’s Vision and Eye Health (the ‘Center’). The mission of the Center is to develop a coordinated public health infrastructure to promote and ensure a comprehensive, multi-tiered continuum of vision care for young children. This coordinated approach to care addresses and removes the challenges and barriers that are inherent to current approaches to children’s vision screening across the United States.

In its first three years the Center has taken a dynamic, multi-layer approach to establishing the groundwork for an evidence-based strategy to children’s vision screening. Nationally, the Center called together leading experts in the fields of ophthalmology, optometry, pediatrics, research, and public health along with family representation to create the National Expert Panel. The National Expert Panel, chaired by Dr. Shirley Russ, came together to form recommendations around three key areas for a comprehensive approach to children’s vision screening:

- Performance measures that could be implemented across states to track both provision and receipt of vision screening in children aged 3 through 5 years.
- Uniform management and integration of patient level data collected during vision screening including demographic information, results of individual screening tests, and outcome and follow-up.
- Best practice protocol in vision screening for children ages 3 through 5 supported by available research evidence.

These recommendations were developed through a consensus process incorporating review of published literature including basic research, reviews and policy statements; consultation with states that are developing their vision screening infrastructure; and consultation with experts in the field and with national and state agencies that are actively involved with performance measure development. The recommendations are strongly informed by available evidence, but also incorporate expert opinion. The final recommendations are scheduled for submission in April 2012 as three separate articles to appear in the same issue of a peer reviewed journal, and will be the first set of national recommendations for a uniform approach to preschool vision screening, data collection, and surveillance ever published.

Another essential layer to the success of the National Center for Children’s Vision and Eye Health was to establish programs at the state level where the concepts being developed for national implementation could be tested and refined before being widely disseminated. In 2009, five states (Ohio, Massachusetts, Illinois, Georgia, and North Carolina) were selected to serve as pilot sites for the Center and were charged with forming their own multi-disciplinary coalition to study possible strategies for universal vision screening of children in their particular state. This approach allows the Center to determine effectiveness and efficiency for implementation and assess the best elements of each state strategy for possible replication. Each of the states conducted a situation analysis to determine an accurate picture of their vision screening systems which was then used to develop a state action plan to position them for a more universal approach to vision screening. The state level programs support the mission of the Center by
providing a preview of how the new screening systems will work, key stakeholders to engage and educate, and development of best practice examples that can be shared with others. At the same time the Center provides the necessary technical assistance to the state pilot sites to ensure that their work is aligned with that of the National Expert Panel. The state pilot sites have been successful – presenting at state and national level conferences, delivering training and technical assistance for state department staff, creating unified task forces and coalitions, and working toward the establishment of uniform data systems and statewide Title V performance measures for vision screening.

A final layer was added to the foundation of the Center in 2010 when the Children’s Vision and Eye Health Federal Intra-Agency Task Force was established. This task force provides opportunities for programmatic linkages and coordination of efforts between all federal agencies that have a role to play in children’s vision screening. The members of the task force meet on a quarterly basis to seek out opportunities for collaboration, remain up to date on current issues around children’s vision screening, and to support the mission of the National Center for Children’s Vision and Eye Health.

The culmination of planning, stakeholder engagement, and programmatic experience to date has put Prevent Blindness America in a strong position to continue to guide the Center from its developmental phase into the implementation phase in which we will see the recommendations for a comprehensive, multi-tiered approach to children’s vision screening brought to life. Through continued commitment of national experts, key stakeholder groups, state pilot site coalition members, and organizational resources we will see the Center grow as a technical assistance provider, programmatic innovator, and leader in children’s vision and eye health.

**Summary of Core Programmatic Objectives**

Prevent Blindness America’s proposal contains three key programmatic objectives that will support the continued development of a public health infrastructure for a comprehensive and coordinated approach to children’s vision. These objectives expand on the groundwork laid in the initial years of the National Center for Children’s Vision and Eye Health, promote the recommendations developed by the National Expert Panel, and seek best practice examples at the state level through continued work in the states of Ohio, Illinois, Georgia, North Carolina, and Massachusetts. The key objectives include:

**Objective 1.** Serve as a technical resource center to states in the development/improvement of comprehensive vision screening programs for children.

**Objective 2.** Enhance existing efforts in the surveillance of children’s vision, screening, outcomes to care, and related health disparities.

**Objective 3.** Develop and disseminate educational tools and information that promote a comprehensive approach to children’s vision health.

These objectives advance the work of the National Center for Children’s Vision and Eye Health to the next level, supporting infrastructure development, community support,
training and education. Woven through all three objectives are the five state pilot sites (North Carolina, Georgia, Ohio, Massachusetts, and Illinois) which will serve as implementers, educators, trainers, and promoters of the recommendations in their own and surrounding states.

Prevent Blindness America is deeply committed to developing the infrastructure for comprehensive and sustainable vision screening programs that address effective screening and follow-up treatment. We believe that our comprehensive approach starting with the standardization of vision screening, engagement of key stakeholder groups, and dissemination of proven approaches will ensure not only success in the near term but the establishment of a long-term sustainable effort. Through the work of the Center, Prevent Blindness America will close the gaps in children's vision screening efforts.

**Needs Assessment**

More than 12.1 million school-age children, or one in four, have some form of vision problem. These problems, however, do not only begin while in school. Vision impairments caused by refractive error, amblyopia, strabismus, and/or astigmatism are common conditions among young children, affecting 5 to 10 percent of all preschoolers. Amblyopia is present in 1 to 4 percent of pre-school children and an estimated 5 to 7 percent of pre-school children have refractive errors. If not detected and treated early, vision impairment could affect all aspects of life, negatively impacting a child's ability to learn, athletic performance, and self-esteem. According to the Centers for Disease Control and Prevention, impaired vision can affect a child's cognitive, emotional, neurologic, and physical development by potentially limiting the range of experiences and kinds of information to which the child is exposed.

According to results from the Medical Expenditure Surveys risk for under-diagnosis and under-treatment of vision problems is increased for children from low-income families as well as minority populations including African American and Hispanic children. In the population of children with special healthcare needs, those that have difficulty seeing have increased barriers to care than those children without vision problems. Data from the 2009-2010 National Survey of Children with Special Healthcare Needs shows that those children with special healthcare needs that also have difficulty seeing face significantly more obstacles to access and are less likely to receive needed care and services. These children are more likely to be older, of minority status, have public insurance, be uninsured (currently & in past year), or live in the poorest, less educated, or non-English speaking households. Disparities in access to and utilization of eye care or screening opportunities in these populations result in higher incidence of vision problems without resolution. Special care and consideration must be given when planning public health approaches to eye care for these underserved populations.

These daunting problems significantly affect our nation's children, yet something can be done and vision screening, as a component of a comprehensive continuum of eye care,
is an appropriate and effective public health intervention. A leading preschool vision screening study notes that vision screening is critical to the welfare of our children and can have an impact not only on vision and eye health but also on social development and productivity.\textsuperscript{xiii}

While it is understood that early identification and treatment of health problems typically reduce complications and lead to improved health outcomes, only an estimated 14 percent of children receive comprehensive eye examinations before entering kindergarten or first grade.\textsuperscript{xiv} And although policies and guidelines exist, fewer than one half of all children are screened in pediatric offices, and currently only 21 percent of preschool age children are screened for vision problems.\textsuperscript{xv,xvi} Further, while the federal Office of Head Start currently requires children to be screened for vision problems, it provides Head Start programs with no consistent protocol for implementing the screening process.

Until the work of the National Center for Children’s Vision and Eye Health had started, no national standard for vision screening of young children existed. Requirements for preventive eye care prior to or during the school years vary broadly from state to state. Many states have no standards and those with guidelines present with little consistency regarding type, frequency, and referral or follow-up requirement protocol.\textsuperscript{xvii} Prevent Blindness America conducted a survey in 2010 of vision screening in the United States. The data from this survey highlights the substantial challenges and discrepancies that exist in the United States and the work and issues that lie ahead for Prevent Blindness America and the Center to address. Not only are the regulations and laws inconsistent throughout the United States, but there continue to be many states with no requirement for vision screening or eye exams for children. One of the most substantial challenges the Center will have to address are inconsistencies in vision screening rules, laws, and practices both between states as well as within each remaining state. To assist in this endeavor, Prevent Blindness America created a searchable map that allows visitors to the website to examine the laws and regulations in each state (http://nationalcenter.preventblindness.org/programs-and-resources).

A number of studies have provided insight into prevalence of vision problems and approaches to improve screening practices, including the Vision in Preschoolers Study, the Baltimore Pediatric Eye Disease Study, and the Multi-Ethnic Pediatric Eye Disease Study. While the studies provide useful information to guide the dialogue, they also have limitations that have kept them from being effectively translated into universally accepted clinical protocol. Additionally, Hartmann, et al., in 2006 noted that a national consensus about the adequacy of current methods for preschool vision screenings has not been reached, and recommends certification and re-certification programs for individuals who conduct vision screenings should be further developed to improve accurate and reliable implementation of screening and referral guidelines in both community and primary care settings.\textsuperscript{xviii}

The approach to ensure a comprehensive, multi-tiered continuum of vision care for young children must address all aspects of the vision screening system- a uniform approach to screening and follow up, having surveillance systems in place, and capturing vision screening and outcomes data at the patient level. Data collection in
current vision screening programs has often failed to incorporate a follow-up data capture component to the screening referral. For the existing systems that do capture data from the screening program, it is often maintained in a separate system for each office or agency performing the screening allowing for the potential of duplicated services on a single child and additional staff time lost to determining outcomes for individual children. For a comprehensive system for children’s vision screening to emerge an integrated approach to data collection will be an essential step. An integrated system would provide for screening data to be captured at the patient level at the time of screening, allow follow-up care providers to record their results at the time of service, and support the medical home’s coordination of care and transition of the patient. Kemper and Patel noted in 2011 that better use of data could help achieve the triple aim of improving the experience of care, improving the health of populations, and reducing per capita costs of health care by developing targeted interventions (e.g., increasing detection in communities with low rates of screening; tracking systems for those with an abnormal screen or comprehensive eye examination; and facilitating care for those with amblyopia, with an amblyogenic risk factor, or with any other vision problem requiring additional care).

It is also important that the medical home be a core concept of any program dealing with children’s vision. A recent study involving children with special healthcare needs found that those who are patients of pediatricians had a lower risk of unmet need for vision care than those with other types of providers. A leading pre-school vision screening study recommends that methods be developed to improve communication between eye care specialists (optometrists and ophthalmologists) and primary healthcare professionals about an individual child’s eye problems. In December 2011, the National Center for Children’s Vision and Eye Health initiated collaboration with the National Center for Medical Home Implementation (NCMHI) to develop informational pieces on children’s vision and eye health and the medical home. These materials will be disseminated broadly and posted on each Center’s website and made available to their respective stakeholders. The educational pieces are targeted to families and primary healthcare providers to encourage utilization of the National Expert Panel’s recommendations and Bright Futures guidelines regarding appropriate practices in vision screening and the supportive role that medical homes can play in the vision needs of children. The materials also provide information on reimbursement approaches to vision screening for providers that are following the set schedules of screening periodicity. The final educational materials are due to be completed and disseminated by June 2012.

The issues being addressed by the Center- vision screening and the preschool population- have clearly been established as important national concerns. The U.S. Department of Health and Human Services has included specific objectives in Healthy People 2020 targeting vision and eye health, with the most specific to children being Objective V-1 (increase the proportion of preschool children aged five years and younger who receive vision screening) and Objective V-2 (reduce blindness and visual impairment in children and adolescents aged 17 and under). The objectives outlined in this proposal will directly contribute towards the achievement of these two Healthy People 2020 objectives by supporting increased and improved vision screening of
preschool children in primary health care and public health programs, integration of vision screening as a performance measure in state Title V programs, and enhanced approaches to vision screening data collection and surveillance.

Prevent Blindness America recognizes that current approaches to vision screening have been perpetually challenged by system fragmentation, and thus the most successful program is one that answers the question of how to actively engage the community and motivate both families and professionals in respect to their roles in the vision screening process. There are essential key elements that need to come into play for a successful approach to this public health challenge. They include uniform planning; surveillance, coordination and collaboration; screening infrastructure; training; technical advisory processes; laws and regulations; and public and professional education and awareness.

With this in mind, Prevent Blindness America will answer the need for these key elements as the work of the National Center for Children’s Vision and Eye Health is continued as laid out in this proposal. The scientific evidence demonstrating the need for a coordinated, well-designed, universal approach to vision screening of young children is clear, the recommendations on that universal approach have been provided, and now the time has come to make it a reality in our state public health systems.

Methodology

The National Center for Children’s Vision and Eye Health will build on its groundwork of the recommendations developed by its National Expert Panel to further the development of public health infrastructure to promote and ensure a continuum of eye care for young children within the healthcare delivery system. The Center will work in collaboration with our national and state partners to provide the technical assistance, education, training, resources, and leadership necessary to advance a universal approach to children’s vision screening in the U.S. We will focus the efforts of the Center on the following objectives: to serve as a technical resource center to states in the development/improvement of comprehensive vision screening programs for children; enhance existing efforts in the surveillance of children’s vision, screening, outcomes to care, and health disparities impacting access to eye care for children; and develop and disseminate educational tools and information that promote a comprehensive approach to children’s vision health.

Prevent Blindness America proposes to infuse all aspects of this important project with the qualities that have made the organization a strong contributor to public health for more than 100 years- strong volunteer and professional leadership, use of scientific and evidence-based approaches, engagement of the consumer (from families to professionals) in the design and evaluation of its products, and assurance that the services provided are assessable to people that function at all literacy levels and show respect to different cultural needs.

The proposed focus areas for the programs of the Center are: technical assistance to states; surveillance of children’s vision; educational resource development and
communication and awareness. Each focus area will have targeted activities for the three year period with budget allotted for appropriate evaluation, reporting and promotion/marketing. In order to achieve the programmatic goals and objectives of this effort the Center will conduct the following activities to support each of the objectives:

**Objective 1.** Serve as a technical resource center to states in the development/improvement of comprehensive vision screening programs for children.

**Activity A:** Serve as a coordinator for national collaboration around children’s vision screening systems (incl. education, sound practice, performance measures, data collection, and attention to disparities related to healthy vision).

Task 1. Transition the existing *National Expert Panel* into a *Technical Assistance & Advisory Committee* (Advisory Committee) for the National Center.

Task 2. Enhance partnerships with key national stakeholders and partner organizations to ensure a collaborative national approach to children’s vision screening.


**Implementation Methodology:**

Prevent Blindness America will enhance the position of the National Center for Children’s Vision and Eye Health as a convener of leaders in children’s vision to ensure excellence in the products and services of the Center. The National Expert Panel to the Center contributed a significant amount of work and commitment to the development of the recommendations for a continuum of eye care for young children. We will plan to carry on this expertise by transitioning the National Expert Panel into a formal advisory committee for the Center. The Advisory Committee will be a body of nationally recognized leaders in children’s health, vision care, public health, early education and childcare, vision research and family advocacy (many carrying over from the Expert Panel role) who will guide the work of the Center. The Committee is charged with promoting best practice in early detection and comprehensive care for children’s vision, guiding policy and program development through technical assistance, and ensuring quality in all of the Center’s endeavors. Specific functions of the Advisory Committee will be delegated to the three subcommittees which include education, technical guidance, and policy. The key activities of the subcommittees include:

1. Complete a review of the Center’s vision screening recommendations every two years;
2. Identify training and educational program needs and ensure alignment with health literacy and cultural standards;
3. Review and advise on the establishment and maintenance of realistic and practical children’s vision screening programs;
4. Participate in developing understanding of and support for the Center and its mission;
5. Assist in the development of the Center’s annual program plan;
6. Review requests for technical assistance in the implementation of recommendations developed through the Center (current recommendation areas include: vision screening implementation, data collection, and performance measure development);
7. Provide information and guidance on new technology or research that will require changes in recommended equipment and training/educational programs; and
8. Assist the Center in reviewing or proposing legislation or administrative policies affecting children's vision and eye health.

Prevent Blindness America also proposes to provide ongoing leadership to the Children’s Vision and Eye Health Federal Intra-Agency Task Force, a group committed to identifying opportunities for programmatic linkages and coordination of efforts between all federal agencies that have a role to play in children’s vision screening. The task force will play a significant role in the dissemination of the recommendations developed by the National Expert Panel, and encourage their own programs and grantees to integrate the information contained therein. The task force will provide an essential sounding board for the impact of the recommendations and future programmatic initiatives adopted by the National Center for Children’s Vision and Eye Health. The members of the task force will continue to meet on a quarterly basis to seek out opportunities for collaboration, remain up to date on current issues around children’s vision screening, and support the efforts of the National Center for Children’s Vision and Eye Health.

Prevent Blindness America believes in the importance of collaborating across the spectrum of the vision and healthcare community. Therefore, in addition to inclusion of key members on the National Expert Panel and the Children’s Vision and Eye Health Federal Intra-agency Task Force, we will also seek opportunities to engage our partner organizations in the activities of this initiative. Among these include: American Academy of Family Physicians, American Academy of Ophthalmology, American Academy of Pediatrics, American Association for Pediatric Ophthalmology and Strabismus, American Optometric Association, American Public Health Association (Vision Care Section), Association of Maternal and Child Health Programs, Centers for Disease Control and Prevention (Vision Health Initiative; Division of Adolescent and School Health), Maternal and Child Health Bureau and related National Center programs, National Association of Community Health Centers, National Commission on Vision and Health, and National Head Start Association. Additionally, we will seek to engage community leaders from families and parent organizations, legislators, and minority health groups to assist in expanding the capacity of the Center.

**Activity B.** Provide and promote a nationally recognized vision screening protocol that is science based to unify federal agency, professional, and community-based protocols for preschool vision screening.
Task 1. Promote the recommendations of the National Expert Panel describing a comprehensive approach to children’s vision screening as a national protocol. Update the recommendations as new evidence emerges or to address new areas/ages of children’s vision screening.

Task 2. Provide representation or expert assistance to national organizations that are developing performance measures or policies around children’s vision screening to ensure appropriate measure development and coordination of efforts among varying organizations (i.e.- Centers for Medicare and Medicaid Services, National Quality Forum, National Council on Quality Assurance, American Academy of Pediatrics, Head Start, etc.).

Task 3. Provide technical assistance to states requesting help in designing or implementing a vision screening program based on the National Expert Panel recommendations.

Implementation Methodology

Core to the goal of advancing universal vision screening for young children is to advance common approaches to vision screening implementation, the promotion of state and national Title V performance measures for vision screening and the advancement of a set of standards for use in data collection and reporting of vision screening activities. The members of the National Expert Panel provided the Center with the recommendations that address these needs, and it is now the function of the Center to promote these recommendations and keep them up to date as new evidence emerges. To advance the recommendations the Center will work with key national and state stakeholder groups to integrate the recommendations into existing procedures, provide culturally and linguistically appropriate educational tools to serve families and professionals, support the training of professionals in the recommended approaches, and implement a comprehensive promotional campaign. The Advisory Committee to the Center will guide the staff in promotional efforts as well as maintain updates to the content of the original National Expert Panel recommendations.

The core leadership efforts of the Center will focus on enhancing and evaluating best practice approaches in the state-based children’s vision screening programs in Ohio, Georgia, North Carolina, Illinois, and Massachusetts. The Center will provide staff and volunteer experts that can guide the state programs in the use of the recommendations when establishing or revising a vision screening program. Efforts will center on training and education via existing state service avenues, including primary healthcare providers (pediatricians and family practitioners), community health centers, and Head Start and other preschool settings. Screening program efforts advanced by the Center, whether in primary healthcare environments or layperson screenings, such as those conducted in preschool settings, will need to be comprehensive in nature and include linkages to care to ensure appropriate treatment, surveillance of children’s vision, and improved approaches to data collection for vision screenings and outcomes at the patient-level. The five states that we are working with have shown a strong commitment to the adoption of the
recommendations developed by the National Expert Panel, and have established multi-stakeholder coalitions that have been preparing for the education, training, and promotion necessary to support this work in their states.

As state vision screening program models are developed and promoted across the country, the Center will work to ensure these address the key community-based systems of service promoted by MCHB. These include a) ensuring family/professional partnerships at all levels of care; b) promoting the medical home model of coordination of care; c) ensuring early and continuous screening, evaluation and diagnosis, and intervention; d) fostering methods to ensure adequate public and private financing of needed services; e) ensuring services that are easily accessible by families; and f) promoting successful transition of all aspects of adult health care for pediatric patients.

The Center is also committed to seeking uniformity among the performance measures on children’s vision screening established by other agencies to increase the ability to compare results nationally while reducing the data collection and reporting burden put on medical providers. Members of the Advisory Committee to the Center will be available to provide expert-led recommendations to groups such as the National Quality Forum, the National Council on Quality Assurance, the American Academy of Pediatrics, the American Academy of Pediatric Ophthalmology and Strabismus, and the American Academy of Ophthalmology on their proposed performance measures and policy statements on vision screenings by pediatricians. xxii

Activity C. Work with State Title V Programs to integrate vision screening into existing or new state performance measures.

Task 1. Work with individual state Title V programs to propose and support the development of/or integration of vision screening into state performance measures for 2016-2021. Performance measures should be based on current examples, best practice, available data sources, and coordination with other national measures.

Task 2. Implement general guidelines and technical specifications for vision screening and outcomes data collection, preparation, and reporting that will support the development and implementation of performance measures. Integrate into existing technical specifications manuals as appropriate.

Implementation Methodology:

Current surveillance efforts around children’s vision conservation in Title V programs are largely lacking and inconsistent, with only two state Title V programs having a documented performance measure for vision screening in the last five years. Visual impairments in children are a constant, whereas the current public health approach to this common childhood disability is not. There are numerous governmental agencies, not-for-profits and professional associations that provide valuable services and good intentions, but to date the national approach has been fragmented and often hindered by competing policies and lack of collaboration. The recommendations around
performance measure development established by the National Expert Panel provide
the framework to overcome these challenges and establish a method of surveillance in
Title V programs that is a comprehensive approach for children’s vision. The Center will
work with the five targeted state pilot sites to integrate the recommendations into the
2016-2021 state negotiated performance measures for their Title V programs. The
performance measures to be developed may support larger scale initiatives to ensure
that preventive services are received by children or that measures from Healthy People
2020 that have been adopted (specifically those related to preschool vision screening)
strive to mirror the recommendations outlined by the Center.

As performance measures for vision screening are adopted by states, it will be
imperative that guidance is provided by the Center to ensure uniformity in the design
and accountability of the established Title V state performance measure. The Center,
through a workgroup of experts (including epidemiology, performance measurement,
statistics, information technology, and eye care providers) pulled out of the Advisory
Committee, will create a technical manual that can be adopted by the states to ensure
that the estimates used for the numerator and denominator of the performance measure
are valid and reliable. This national guidance document will also allow for measure
uniformity and comparisons between the states implementing the measure and for
tracking progress over time.

Objective 2. Enhance existing efforts in the surveillance of children’s vision, screening,
outcomes to care, and related health disparities.

Activity A: Develop a report on the status of children’s vision and vision screening in the
U.S.

Task 1: Utilize the vision health and screening data from the 2011 National
Survey of Children’s Health (data due out Fall 2012). Incorporate other available
data sources such as the National Survey-Children with Special Health Care
Needs (2009-10 data); CMS data; and prevalence studies such as BEPEDS and
MEPEDS.

Task 2: Develop national and state profile pages to house on the Center website
and to promote to key national stakeholder groups.

Implementation Methodology:

The National Center for Children’s Vision and Eye Health will produce a report on the
status of children’s vision in the United States- including an analysis of screening
frequency, receipt of care, impact of health disparities on vision care, frequency of
vision problems based on ethnicity, and unmet needs for vision care. The report will be
presented as a national chart book in which the data elements will be broken down to
state level prevalence. This will provide a unique national resource that will examine
the vision health of children from different socioeconomic backgrounds on a national
and state level to assist public health systems in program planning and intervention
design. This chart book will also provide the basis to examine progress toward
improved vision for children over time as new data becomes available and is compared
to previous years’ results. The data providing the foundation for the chart book will be derived from multiple sources, including the 2011 National Survey of Children’s Health, which for the first time in that year contained questions on vision screening. These new questions were added per the request of the National Expert Panel and represent one of the few national approaches to the basic surveillance of children’s vision screening. The new question will better estimate rates of children receiving a test of acuity, the setting, and source of screening per parent report. Other sources of data for the chart book include the Current Population Survey, conducted by the U.S. Census Bureau, the 2009-10 National Survey of Children with Special Health Care Needs, and recently available prevalence studies including the Baltimore Pediatric Eye Disease Study (BPEDS) and the Multi-Ethnic Pediatric Eye Disease Study (MEPEDS).

The Center will actively promote the use of the Children’s Vision chart book data by creating both a PDF version of the information as well as an interactive online database and report generator that will be accessible and prominently displayed on the website of the National Center for Children’s Vision and Eye Health (http://nationalcenter.preventblindness.org). The database will provide an interface for public health professionals to create specific reports on children’s vision according to preferred population, demographics and geographic criteria and/or a combination thereof. The searchable database will:

- Provide on-demand querying and subsequent report generation which is intuitive and easy for end users;
- Allow end user to define the report elements;
- Allow on screen sorting of data;
- Allow download of data to spreadsheet;
- Create info graphics such as pie charts, bar graphs, line graphs; and
- Allow for expansion of database as more data becomes available.

Activity B: Promote the inclusion of vision screening data in existing integrated data systems.

Task 1: Document the Ohio Impact SIIS-vision screening page experience as a best practice and expand its capabilities to fully functioning if funding is available.

Task 2: Seek out 2-3 additional states that have the capability to incorporate vision into an integrated data base and work with key partners in that state to establish the system for vision screening data.

Task 3: Disseminate best practice on the benefits of an integrated data system that includes vision screening data at national/regional conferences, webinars, and other appropriate outlets.

Implementation Methodology:

Recommendations from the National Expert Panel of the National Center for Children’s Vision and Eye Health encourage the development and integration of data systems that
are accessible by all stakeholders in the vision screening process and support follow up to care from a screening referral. Such a system at the state level will: 1) improve the likelihood that children who are screened and identified as needing referral to an eye care provider will actually be referred and examined; 2) improve communication between patient families, schools, community programs, primary care doctors and eye care providers; 3) provide quality surveillance data that can be used to document prevalence of eye disorders and accessibility to follow-up eye care services; and 4) monitor and report specific information to evaluate performance measures.

The Center, via the Ohio state pilot site project, has been working in partnership with the Ohio Department of Health (ODH) to integrate vision screening and follow up data into their existing state immunization registry. ODH was a successful recipient of a Healthy People 2020 Action Project award to support the statewide data collection expansion to include vision screening and referral data. The data collection builds upon ODH’s existing structure for statewide immunization data collection and reporting through ImpactSIIS, the Ohio statewide immunization management system which is administered by the ODH Division of Prevention. In ImpactSIIS, the project integrated a vision screening data tab for current users, secured limited access to vision data for non-medical providers and created a data loader to house HL7 records and uploads from other Electronic Medical Records and other screening databases. The ImpactSIIS system has the capability to expand services to include appointment reminders for patients and enhance report generation abilities. The long-term goal is that vision screening and referral data is collected for all children in Ohio and housed within ImpactSIIS. The Ohio Department of Health envisions the vision screening module within ImpactSIIS as a registry to hold public health data to share through the Health Information Exchange. The Center will work with ODH staff to document their data collection approach as a best practice to support the National Expert Panel recommendation for the integration of vision screening data. The experience in Ohio will be used as a model for duplication in other states that have the capacity to expand their statewide integrated databases- providing guidance on approaches to security, design, and data monitoring.

The Center will also work with the other targeted states of Massachusetts, Illinois, North Carolina, and Georgia to explore their capabilities of vision screening data integration into existing state systems and begin to prepare their networks following the example established in Ohio. Technical assistance provided by the Center to the states will include resource development to support programming, training and promotion of the enhanced system capabilities; consultation services outlining existing approaches to data integration; and alignment of data collection with existing national and state performance measures for children’s vision screening- supporting the addition of vision screening surveillance to the state Title V program performance measures. The Center will also disseminate the National Expert Panel recommendations for vision screening data collection through presentations at national and regional conferences of target stakeholder groups (including an abstract submitted for presentation at the American Public Health Association Conference scheduled for October 2012) and webinars.
featuring the progress of the Ohio example and work completed in the other pilot states. The Center will also provide technical assistance to other states, as requested.

Objective 3. Develop and disseminate educational tools and information that promote a comprehensive approach to children’s vision health.

Activity A: Develop tools and resources that facilitate the implementation of the National Expert Panel recommendations.

Task 1: Develop and make available fact sheets (for families, healthcare, childcare, and topical).

Task 2: Develop and disseminate family support programs to encourage children’s vision health. Integrate into existing family support/education initiatives.

Task 3: Develop a Vision Screening Training program- curriculum, presentation, trainee materials, certification & recertification system.

Task 4: Promote a web-based education (not training) module enhancing preschool vision screening practices for primary care providers, nurses, and allied health care providers.

Task 5: Establish a webinar series of topical presentations provided by members of the Advisory Committee and staff from the National Center for Children’s Vision and Eye Health.

Implementation methodology:

The core work of the National Center for Children’s Vision and Eye Health is focused on improving national and state-based children’s vision screening programs via the dissemination of the National Expert Panel’s recommendations. In order to fully support the integration of the recommendations, a comprehensive educational effort must be made to all stakeholders in the process- including families, providers, public health professionals, educators, and policy leaders.

The Center will develop fact sheets that increase awareness of the recommendations to these targeted groups- ensuring that members of these groups are engaged in their development and take into account cultural needs and literacy levels to encourage use and understanding. Additional support for families and their role in the health of their children’s vision will be available via national expansion of the Eyes That Thrive program- an initiative developed in Massachusetts by the New England College of Optometry, ABCD Head Start Boston, and our state pilot site program. The program provides preschool children at Head Start sites with standardized screenings and follow up eye care as well as individualized vision action plans with compliance monitoring, resource materials available in five native languages, and education for parents and staff at each of the Head Start locations.
The Center staff and Advisory Committee will also develop and coordinate a national training and certification program based on the recommendations and will actively engage the community and empower professionals in their roles in the vision screening process. The training will ensure that vision screening methods being employed are evidence-based and comprehensive in nature by ensuring access to follow up care and tracking of the outcomes of referrals. The Center will also develop vision screening training support materials for use in primary care, childcare, and public health environments. These materials will contain a vision screening guide, recommended approaches and sample paperwork for data collection and follow up to care, customizable posters to support the screening program onsite, resources for eye care services for children referred from the screening, and access to educational materials and curricula designed to promote healthy vision for life. The five state programs currently working with the Center will be trained as providers of this training program to ensure it is readily accessible on a regional basis to interested individuals. Participants in this training program will be registered as screeners certified in the process recommended by the National Expert Panel in a database maintained by Prevent Blindness America.

The National Center for Children’s Vision and Eye Health will support the education of vision screening in the primary care environment through the promotion of a web-based education series coordinated by the University of Alabama that provides comprehensive information on vision screening of preschool-age children, best practice approaches, common vision problems in that age group, recommended screening tools, and utilization of reimbursement Current Procedural Terminology codes for vision screening in the primary care setting. The web-based education program provides the participant with comparisons of screening activity to peers in their own state, has quizzes incorporated into the structure to ensure knowledge gained, and analyzes screening approaches being used by the healthcare practice to guide towards best practice approaches and quality improvement. In addition, the University of Alabama coordinates the continuing medical and nursing education credits earned through use of the online tool.

Finally, the Center will support the educational needs of specific target populations (including families, public health professionals, child care providers, State Title V programs, and nurses) and increase awareness around the National Expert Panel recommendations by conducting a series of webinar presentations that emphasize the comprehensive approach to vision screening of young children. This webinar series will provide quarterly presentations on vision screening implementation, integration of vision screening data into state systems, development of performance measures in children’s vision screening, and support programs and resources for families related to their children’s vision care. The webinars will be presented by members of the Advisory Committee, Center staff, and external experts via a set schedule and as requested for technical assistance.

Activity B: Implement a communication and awareness campaign to increase use of and knowledge about the NEP recommended approaches to vision screening and the National Center for Children’s Vision and Eye Health.
Task 1: Provide updated information to target audiences via the National Center website, e-newsletter articles, social media avenues, webinar and presentation archives, press releases, and PSAs.

Task 2: Exhibit and present at professional conferences.

Task 3: Produce flyers and posters targeted to families and providers outlining the importance of comprehensive eye care for children.

Task 4: Collaborate with existing parent education initiatives driven by public health departments.

Implementation methodology:

The National Center for Children’s Vision and Eye Health will use multiple approaches to increase awareness of the recommendations developed by the National Expert Panel as well as the resources the Center can offer to implement the recommendations. The Center website, established in 2011, will serve as a central repository for downloadable resources, past presentations and webinars, and the latest news for the Center. The Center will also regularly contribute news and materials to the social media avenues utilized by Prevent Blindness America – Twitter, Facebook, etc. – and provide updated information via traditional media approaches.

The Center is also planning to present or exhibit at the national conferences of key stakeholder groups to encourage use of the recommendations and seek a uniform approach to children’s vision screening. The Center has had an abstract accepted for presentation at the 2012 National Association of School Nurses Conference, and has submitted two abstracts for presentations at the 2012 APHA national conference to be held October 2012. Additional targets for conferences include the American Academy of Pediatrics, the 2013 National Head Start Association conference, and the National Association for the Education of Young Children conference.

The Center is committed to increasing awareness about children’s vision, and will support education by creating posters and flyers that screening organizations (primary care offices and community programs) can use to let parents know about children’s vision screening events, why healthy vision is important, and signs of possible vision problems in children. The Center will ensure that members of the target groups are engaged throughout development and take into account cultural needs and literacy levels to encourage use and understanding.

Throughout all of the activities outlined in this proposal, the Center will foster the core principles promoted by MCHB, including a) ensuring family/professional partnerships at all levels of care; b) promoting the medical home model of coordination of care; c) ensuring early and continuous screening, evaluation and diagnosis, and intervention; d) fostering methods to ensure adequate public and private financing of needed services; e) ensuring services that are easily accessible by families; and f) promoting successful transition of all aspects of adult health care for pediatric patients.
Provided in Attachment 8 is a compilation of letters of commitment from members of the National Expert Panel and committed Advisory Committee leadership; letters of commitment from the state pilot sites; and letters of collaboration from agencies and organizations that are working with the Center to accomplish the activities that have been described above.

Work Plan and Timeline

**Objective 1:** Serve as a technical resource center to states in the development/improvement of comprehensive vision screening programs for children.

- **Month 1-2:** Plan and execute the quarterly meetings of the Children’s Vision and Eye Health Federal Intra-Agency Task Force. (Responsible: Center Director)
- **Month 1-2:** Transition the National Expert Panel to the Advisory Committee of the National Center for Children’s Vision and Eye Health. (Responsible: Center Director and Executive Committee of the Advisory Committee)
- **Month 1-4:** Establish communication plan with each of the five states implementing the statewide strategy to ensure regular communication and provision of technical assistance as needed. (Responsible: Center Director)
- **Month 1-4:** Finalize selection of Executive Committee members of the Advisory Committee and establish guiding policies. (Responsible: Center Director and Executive Committee of the Advisory Committee)
- **Month 3-4:** Establish the annual program plan for the Center. Key areas of the plan to include:
  - Review/update of Center’s vision screening recommendations (in 2014);
  - Training and educational program needs;
  - Promotion of the Center and its mission;
  - Plan needs for technical assistance;
  - Strategy for Regularly updating recommendations on screening technology or research; and
  - System for reviewing or proposing legislation or administrative policies affecting children’s vision and eye health. (Responsible: Center Director and Advisory Committee members)
- **Month 4:** Provide guidance to state pilot sites on updated program plan and evaluate their progress towards vision screening data integration and performance measure development. (Responsible: Center Director and Advisory Committee members)
- **Month 3-6:** Establish communication with key partner organizations and seek opportunities for collaboration according to annual program plan. (Responsible: Center Director and Advisory Committee members)
- **Month 5:** Convene meeting of the Advisory Committee of the Center- Executive Committee and Workgroups. Establish special workgroup for development of the technical guidance manual for performance measure development. (Responsible: Center Director and Executive Committee of the Advisory Committee)
- Month 6: Plan and execute the quarterly meeting of the Children’s Vision and Eye Health Federal Intra-Agency Task Force. (Responsible: Center Director)
- Month 8-10: Convene meeting of the Advisory Committee of the Center-Executive Committee and Workgroups. (Responsible: Center Director and Executive Committee of the Advisory Committee)
- Month 10: Plan and execute the quarterly meeting of the Children’s Vision and Eye Health Federal Intra-Agency Task Force. (Responsible: Center Director)
- Month 12: Final draft of the technical guidance manual completed. (Responsible: Center Director and Special Workgroup members)
- Month 12-14: Convene annual meeting of the Center Advisory Committee-review progress to annual plan, update from pilot state programs, update membership, and set objectives for following year. (Responsible: Center Director and Executive Committee of the Advisory Committee)
- Month 15: Provide guidance to state pilot sites on updated program plan and evaluate their progress towards vision screening data integration and performance measure development. (Responsible: Center Director and Advisory Committee members)
- Month 12-24: Plan and execute the quarterly meetings of the Children’s Vision and Eye Health Federal Intra-Agency Task Force. (Responsible: Center Director)
- Month 25: Convene annual meeting of the Center Advisory Committee-review progress to annual plan, update from pilot state programs, update membership, and set objectives for following year. (Responsible: Center Director and Executive Committee of the Advisory Committee)
- Month 25: Establish special workgroup to review and revise Center recommendations based on new research or to respond to emerging needs in children’s vision. (Responsible: Center Director and Executive Committee of the Advisory Committee)
- Month 26: Provide guidance to state pilot sites on updated program plan and evaluate their progress towards vision screening data integration and performance measure development. (Responsible: Center Director and Advisory Committee members)
- Month 27-36: Plan and execute the quarterly meetings of the Children’s Vision and Eye Health Federal Intra-Agency Task Force. (Responsible: Center Director)
- Month 36: Convene annual meeting of the Center Advisory Committee-review progress to annual plan, update from pilot state programs, update membership, and set objectives for following year. (Responsible: Center Director and Executive Committee of the Advisory Committee)
- Month 36: Disseminate any updates made to recommendations by the special workgroup.
- Month 37: Provide guidance to state pilot sites on updated program plan and evaluate their progress towards vision screening data integration and performance measure development. (Responsible: Center Director and Advisory Committee members)
**Objective 2:** Enhance existing efforts in the surveillance of children’s vision, screening, outcomes to care, and related health disparities.

- **Month 1-3:** Meet with the staff of the Ohio Department of Health (ODH) to document the Ohio ImpactSIIS vision screening data integration project. (Responsible: Center Director)
- **Month 3-4:** Convene planning and writing workgroup for the “Children’s Vision in the U.S.” (CVUS) chart book. Review data sources and map content. (Responsible: Center Director and Special Workgroup of the Advisory Committee)
- **Month 6:** Complete ImpactSIIS best practice document for review and approval by ODH. (Responsible: Center Director)
- **Month 8:** Complete graphic art design and online publication of the Ohio ImpactSIIS data integration project. Promote availability. (Responsible: Center Director, PBA Staff, and Communications Committee)
- **Month 5-9:** Review initial draft of the CVUS chart book- comment and revise. (Responsible: Center Director and Special workgroup of the Advisory Committee)
- **Month 11:** Final version of CVUS chart book complete. Prepare for conversion to online report generation website and graphic art creation. (Responsible: Center Director, PBA staff and Special workgroup of the Advisory Committee)
- **Month 13:** Share approaches to data integration- recommendations and best practice examples at target conferences and with state agencies in the pilot sites (OH, GA, IL, NC, and MA). (Responsible: Center Director and Advisory Committee members)
- **Month 14:** Web pages for the CVUS chart book active and promoted. (Responsible: Center Director, PBA staff and Communications Committee)
- **Month 15-24:** Share approaches to data integration- recommendations and best practice examples at target conferences. Continue to provide technical assistance to state pilot sites (OH, GA, IL, NC, and MA) to ensure integration of vision screening data. (Responsible: Center Director and Advisory Committee members)
- **Month 24-36:** Update the CVUS chart book and online report generation function based on the availability of new data. (Responsible: Center Director, PBA Staff and Advisory Committee members)

**Objective 3.** Develop and disseminate educational tools and information that promote a comprehensive approach to children’s vision health.

- **Month 1:** Develop a publicity plan for Center activities and resource promotion. (Responsible: Center Director, Advisory Committee and PBA Staff)
- **Month 2-36:** Issue press releases, social media announcements, and parent/partner organization announcements upon release of new education resources, webinar events, and training tools. (Responsible: Center Director, Advisory Committee and PBA Staff)
Month 1-3: Have existing parent and provider educational materials reviewed for ease of use and cultural competency. Publish to the Center website. (Responsible: Center Director)

Month 1-3: Develop a vision screening training and certification program based on the National Expert Panel recommendations. Conduct internal reviews and testing. (Responsible: Center Director, PBA Staff and Education Committee)

Month 2: Conduct educational webinar- ‘Recommendations on vision screening preschool age children- a uniform approach.’ (Responsible: Center Director and Advisory Committee members)

Month 2: Review program evaluations for the Eyes that Thrive parent support program. Discuss any needed improvements and retest. (Responsible: Center Director, PBA Staff and Education Committee)

Month 2: Present on the National Expert Panel recommendations and approaches to data integration at the American Public Health Association annual conference (abstracts submitted and pending approval.) (Responsible: Center Director and Advisory Committee members)

Month 3-4: Establish plan for educational material development as a part of the annual plan developed in concert with the Center Advisory Committee. (Responsible: Center Director and Advisory Committee members)

Month 3-4: Develop posters on children’s vision screening targeted to families and providers. Have focus groups and the Advisory Committee review the materials. (Responsible: Center Director and Education Committee)

Month 4-6: Vision screening training and certification program reviewed by the Advisory Committee. Review training materials with staff from state pilot sites in preparation for implementation. (Responsible: Center Director)

Month 5: Prepare Eyes that Thrive program for dissemination to the other pilot state sites (OH, GA, IL, and NC) for use and evaluation. (Responsible: Center Director, PBA Staff and Education Committee)

Month 5: Promote availability of web-based primary care provider and allied medical staff educational program. Monitor utilization and data entered into training program. (Responsible: Center Director, PBA Staff and Advisory Committee)

Month 5-7: Refine vision screening posters based on focus group and committee comments. Complete graphic design. (Responsible: Center Director, Education Committee, and PBA Staff)

Month 6: Update Center website archive of press releases and presentations. (Responsible: Center Director)

Month 6: Drafted educational materials reviewed and approved by Center Advisory Committee workgroup. (Responsible: Center Director and Advisory Committee members)

Month 7: Conduct educational webinar- ‘Integration of vision screening data into state systems.’ (Responsible: Center Director and Advisory Committee members)

Month 6-7: Vision screening training and certification program tested in pilot state sites. Review training evaluations and revise as needed. (Responsible: Center Director, PBA Staff and Education Committee)
- Month 7-8: Newly developed materials reviewed for ease of use and cultural competency. (Responsible: Center Director)
- Month 8-9: Seek final approval of poster design from Advisory Committee. Submit posters for translation into requested languages. (Responsible: Center Director)
- Month 8-10: Final training materials completed and made available to approved trainers. (Responsible: Center Director)
- Month 9-10: Complete graphic design on new educational materials and publish content to the Center website. Promote availability when complete. (Responsible: Center Director, PBA Staff, and Advisory Committee)
- Month 11: Promote availability of web-based primary care provider and allied medical staff educational program. Monitor utilization and data entered into training program. (Responsible: Center Director, PBA Staff and Advisory Committee)
- Month 11: Conduct educational webinar- ‘Approaches to performance measure development for children’s vision screening.’ (Responsible: Center Director and Advisory Committee members)
- Month 12: Make posters available for download from the Center website. Promote availability. (Responsible: Center Director and PBA Staff)
- Month 12: Update Center website archive of press releases and presentations. (Responsible: Center Director)
- Month 13: Establish plan for educational material development as a part of the annual plan developed in concert with the Center Advisory Committee. (Responsible: Center Director and Advisory Committee members)
- Month 13-14: Promote availability of web-based primary care provider and allied medical staff educational program. Monitor utilization and data entered into training program. (Responsible: Center Director, PBA Staff and Advisory Committee)
- Month 14-15: Review Eyes that Thrive program evaluations from state pilot sites. Revise materials as needed. (Responsible: Center Director, PBA staff, and Education Committee)
- Month 16: Conduct educational webinar- ‘Family resources and supports for healthy vision in children.’ (Responsible: Center Director and Advisory Committee members)
- Month 16-24: Promote availability of Eyes that Thrive program for use nationally. (Responsible: Center Director, PBA Staff and Advisory Committee)
- Month 16-24: Conduct educational webinar series (Responsible: Center Director and Advisory Committee members)
- Month 16-36: Promote availability of web-based primary care provider and allied medical staff educational program. Monitor utilization and data entered into training program. (Responsible: Center Director, PBA Staff and Advisory Committee)
- Month 25: Establish plan for educational material development as a part of the annual plan developed in concert with the Center Advisory Committee. (Responsible: Center Director and Advisory Committee members)
- Month 12-36: Conduct vision screening training workshops on a regional basis, via state pilot sites, and as requested for technical assistance. (Responsible: Center Director, Pilot States, and PBA Staff)
- Month 25-36: Conduct educational webinar series. (Responsible: Center Director and Advisory Committee members)
- Month 36: Establish plan for educational material development as a part of the annual plan developed in concert with the Center Advisory Committee. (Responsible: Center Director and Advisory Committee members)

Resolution of Challenges

The National Center for Children’s Vision and Eye Health has an ambitious plan for the next three years that will support the dissemination and integration of the recommendations developed by the National Expert Panel. Integration of these recommendations on a national level will promote and support the development of a public health infrastructure that will ensure a continuum of eye care for young children. Accomplishing this plan will take considerable hard work, perseverance, and the tenacity to work through multiple challenges to achieve our common goal. That said, we also know that identifying and planning for challenges is the best preparation for overcoming them.

We have identified the following principle challenges to be fully understood, planned for, and addressed properly if they emerge. These include:

**Challenge 1.** *Vision screening efforts for children ages 3 through 5 vary drastically across states, counties, and regions; as yet, no uniformity in the current screening system either nationally or locally has been formally adopted to overcome this variation in approach.*

**Approach:** Prevent Blindness America recognizes that current approaches to vision screening have been perpetually challenged by lack of uniformity, and thus the most successful program is one that presents a national approach to vision screening implementation and actively seeks out adoption of that approach by all key stakeholders involved, including families and professionals in respect to their roles in the vision screening process. There are essential key elements that need to come into play for a successful approach to this public health challenge. They include uniform planning; surveillance, coordination and collaboration; screening infrastructure; training; technical advisory processes; policy and regulations; and public and professional education and awareness. With this in mind, Prevent Blindness America will answer the need for these key elements as the work of the National Center for Children’s Vision and Eye Health is continued- including approaches to education, training, technical assistance, and support of coordinated policy development. The Center has the expert leadership and staff in place that will provide constant surveillance to changing needs in advancing the recommended approach. The scientific evidence demonstrating the need for adoption of a coordinated, well-designed, universal approach to vision screening of young children is clear, the recommendations on that universal approach have been
provided by the National Expert Panel, and now the time has come to make it a reality in our national and state public health systems.

**Challenge 2.** *Within each state, addressing the competing needs and increasingly limited available resources may result in:*

- Resistance by state public health leaders to prioritize this focus area at a time of significant fiscal challenges.
- Resistance by local health care agencies to expand services in this area at a time when increasing utilization of services and acuity of need is also increasing.
- Resistance by health care providers to add this item to their long list of priority items to be covered during care delivery.

**Approach:** In times of limited resources it can be far too easy to contract the number of resources provided in an effort to contain costs. Such a response, especially in relation to preventative services and screenings, can actually cost more in the long run. Identifying conditions early and providing treatment early results in substantial savings by limiting the cost burden in future years. Prevention is the cornerstone of health care reform. As health care reform activities are enacted on the state-level, health care organizations, and providers that are prepared and currently providing preventative care will be at a strong advantage to increase client care, procure additional resources, and improve services to those who need it most. Work will need to be done with all state-level partners to address their challenges as they emerge, to provide supportive documents regarding the importance of screening for young children, and explain the mid to long term benefits for being early adopters of this important health care improvement. Consideration for resource challenges was evident throughout the development of the recommendations by the National Expert Panel, and their final work represents an understanding of shifting national movements towards preventive care. The recommendations provide a road map toward uniformity which will result in reduction of duplicated services, improved use of staff time towards care vs. collection of missing health information, and an improved system of surveillance to better direct preventive dollars towards evidenced-based needs.

**Evaluation and Technical Support Capacity**

The National Center for Children’s Vision and Eye health will support the public health role in assuring a continuum of eye care for young children within the healthcare delivery system and in the medical home. Fundamentally, the activities outlined in this project are targeted to create short and long-term systems change in an effort to achieve a multi-tiered continuum of vision care and eye health for young children. With this in mind Prevent Blindness America has developed an integrated logic model and evaluation plan that is designed to measure the impact of the Center’s work as well as the work of the five state pilot projects.
The work of the Center and the state pilot programs will be guided by Prevent Blindness America staff leadership comprised of:

- Kira Baldonado, National Center Director
- Jeff Todd, Chief Operating Officer;
- Mary Bregantini, Senior Director of Program Outreach;
- Ken West, Senior Director of Communications;
- Sue Ramirez, Administrative Assistant
- Kathy Majzoub, Director of Prevent Blindness America Northeast Region and the Massachusetts Pilot Program;
- Donna Dreiske, Director of the Illinois Society for the Prevention of Blindness and the Illinois Pilot program;
- Jennifer Talbot, President and CEO Prevent Blindness North Carolina
- Jenny Pomeroy, President and CEO Prevent Blindness Georgia
- Sherry Williams, President and CEO Prevent Blindness Ohio

The work of the professional staff will be guided by the Advisory Committee of the Center- a body of nationally recognized leaders in children’s health, vision care, public health, early education and childcare, vision research and family advocacy (many of whom will transition over from the National Expert Panel) who are charged with ensuring quality and sound science in the products of the Center. The Advisory Committee will be chaired by M. Kathleen Murphy, DNP, RN, FNP-BC who is an Assistant Professor at the School of Nursing, University of Texas Medical Branch. Additionally, the Center will seek guidance from member organizations of the Children’s Vision and Eye Health Federal Intra-agency Task Force, a group committed to identifying opportunities for programmatic linkages and coordination of efforts between all federal agencies that have a role to play in children’s vision screening. The task force will play a significant role in the dissemination of the recommendations developed by the National Expert Panel, and encourage their own programs and grantees to integrate the information contained therein. The task force will provide an essential sounding board for the impact of the recommendations and future programmatic initiatives adopted by the Center. Member lists for the current National Expert Panel to the Center and the Children’s Vision and Eye Health Federal Intra-agency Task Force can be found in Attachment 6.

**Comprehensive Evaluation**

Evaluating programs whose goals include substantial systems change has been the subject of much investigation and scholarly inquiry. A central finding of this work is that proper evaluation of strategies for systems change is best conducted through a logic model approach. The logic model development process allows system stakeholders to discuss desired system change, plan how to accomplish that change, and generate shared responsibility for the results. When logic models are revised and revisited at every step in program implementation, they are a significant tool for guiding change and understanding evaluation results. Logic models are also a useful device for continuous quality improvement, ensuring that program goals are being met through the strategies and interventions identified within the program.
The Center will coordinate all evaluation efforts and use a mixed qualitative/quantitative model to assess its progress toward achieving its important goals and objectives. A number of measures will be taken to address formative and process efforts. Feedback loops and formal evaluation components will be implemented and planned collaboratively with the Center Advisory Committee, project staff and staff at the five state locations to improve project implementation. As the activities planned for each objective are carried out, careful steps will be taken to ensure a solid plan for the activity is formed, that it is tested at the pilot level and evaluated for needed revisions before a wider dissemination is implemented. The following section will review the core elements of the evaluation plan including the Center’s goals and objectives, logic model, overview data objectives and inputs, as well as the long-term impact of the Center.

**National Center for Children’s Vision and Eye Health Project Goal:** To support the public health role in assuring a continuum of eye care for young children within the healthcare delivery system and in the medical home.

**Center Project Objectives:**

**Objective 1:** Serve as a technical resource center to states in the development/improvement of comprehensive vision screening programs for children.

**Objective 2:** Enhance existing efforts in the surveillance of children’s vision, screening, outcomes to care, and related health disparities.

**Objective 3.** Develop and disseminate educational tools and information that promote a comprehensive approach to children’s vision health.
Lack of implementation of a universal vision screening methodology that coordinates vision screening efforts on multiple levels-local, state, and national-resulting in a fragmented approach to vision screening of young children.

**Priorities**

1. Serve as a technical resource center to states in a universal approach to vision screening
2. Enhance existing efforts in the surveillance of children’s vision, screening, outcomes to care, and related health disparities
3. Develop, test, and disseminate educational tools and information that promote a comprehensive approach.

**Situation**

- Advisory Committee of the National Center for Children’s Vision and Eye Health
- The Children’s Vision Federal Intra-Agency Task Force
- Five State Programs
- Staffing to support the Center’s mission
- Strong national interdisciplinary partnerships
- State & community-based partnerships

**INPUTS**

**ACTIONS**

- Develop, test, and disseminate educational resources and programs that align with a comprehensive approach to screening.
- Implement approaches to state and national level surveillance for vision screening that will assist Title V programs.
- Assess & develop best practices, provide training, & technical assistance
- National partners: HRSA/MCHB, CDC, Head Start, AAP, AAFP, AAPOM, AMCHP, AAO, AOA, APHA, NACHC
- State Partners: Title V programs & State government leadership
- Coalition Partners: including local vision community partners and AAP

**ASSESSMENT**

- Increased involvement nationally & locally
- Increased knowledge & ability to collect & use vision screening data
- Increased confidence and uniformity in performance measurement tools

**ACTION**

- Increased integration & utilization of National Expert Panel recommendations by the states
- Increased communication & utilization of training, educational resources, & technical assistance

**IMPACT**

- State Title V performance measure for vision are in place and follow national guidance in technical design.
- Coordination among all performance measures for children’s vision screening.
- A state-based national surveillance system for vision screening for young children is in place and being utilized.
- A national system of training & technical assistance is in place and being utilized.
## National Center for Children’s Vision and Eye Health - Data Objectives and Inputs:

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Process Data</th>
<th>Systems Change Data</th>
<th>Service Utilization data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1.</strong> Serve as a technical resource center to states in the development/improvement of comprehensive vision screening programs for children.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Activity A.</strong> Serve as a coordinator for national collaboration around children’s vision screening systems (incl. education, sound practice, performance measures, data collection, and addressing disparities to healthy vision.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task 1. Transition the existing <em>National Expert Panel</em> into a <em>Technical Assistance &amp; Advisory Committee</em> for the National Center.</td>
<td></td>
<td></td>
<td>XX</td>
</tr>
<tr>
<td>Task 2. Enhance partnerships with key national stakeholders and partner organizations to ensure a collaborative national approach to children's vision screening.</td>
<td></td>
<td></td>
<td>XX</td>
</tr>
<tr>
<td>Task 3. Facilitate activity and discussion for the Children’s Vision and Eye Health Federal Intra Agency Task Force.</td>
<td></td>
<td></td>
<td>XX</td>
</tr>
<tr>
<td><strong>Activity B.</strong> Provide and promote a nationally recognized vision screening protocol that is science based to unify federal agency, professional, and community-based protocols for preschool vision screening.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Task 1. Promote the recommendations of the National Expert Panel describing a comprehensive approach to children’s vision screening as a national protocol. Update the recommendations as new evidence emerges or to address new areas/ages of children's vision screening.</td>
<td></td>
<td></td>
<td>XX</td>
</tr>
<tr>
<td>Task 2. Provide representation or expert assistance to national organizations that are developing performance measures or policies around children’s vision screening to ensure appropriate measure development and coordination of efforts among varying organizations (i.e. - CMS, NQF, NCQA, AAP, Head Start, etc.)</td>
<td>XX</td>
<td></td>
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<tr>
<td>Task 3. Provide technical assistance to states requesting help in designing or implementing a vision screening program based on the National Expert Panel recommendations.</td>
<td>XX</td>
<td></td>
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</tr>
<tr>
<td><strong>Activity C.</strong> Work with State Title V Programs to integrate vision screening into existing or new state performance measures.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Task 1. Work with individual state Title V programs to propose and support the development of/or integration of vision screening into state performance measures for 2016-2021. Performance measures should be based on current examples, best practice, available data sources, and coordination with other national measures.</td>
<td>XX</td>
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</tr>
<tr>
<td>Task 2. Implement general guidelines and technical specifications for vision screening and outcomes data collection, preparation, and reporting that will support the development and implementation of performance measures. Integrate into existing technical specifications manuals as appropriate.</td>
<td>XX</td>
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</tr>
</tbody>
</table>

**Objective 2.** Enhance existing efforts in the surveillance of children’s vision, screening, outcomes to care, and related health disparities.

**Activity A.** Develop a report on the status of children’s vision and vision screening in the U.S.

| Task 1. Utilize the vision health and screening data from the 2011 National Survey of | XX |
Children’s Health (data due out fall 2012). Incorporate other available data sources such as the National Survey-Children with Special Health Care Needs (2009-10 data); CMS data; and prevalence studies such as BEPDES and MEPEDS.

<table>
<thead>
<tr>
<th>Task 2. Develop national and state profile pages accessible from the Center website and promote to key national stakeholder groups.</th>
<th>XX</th>
<th>XX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity B. Promote the inclusion of vision screening data into existing integrated data systems.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Task 1. Document the Ohio Impact SIIS-vision screening page experience as a best practice and expand capabilities to fully functioning if funding is available.</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>Task 2. Seek out 2-3 additional states that have the capability to incorporate vision into an integrated data base and work with key partners in that state to establish the system for vision screening data.</td>
<td></td>
<td>XX</td>
</tr>
<tr>
<td>Task 3. Disseminate best practice on the benefits of an integrated data system that includes vision screening data at national/regional conferences, webinars, and other appropriate outlets.</td>
<td>XX</td>
<td></td>
</tr>
</tbody>
</table>

**Objective 3.** Develop and disseminate educational tools and information that promote a comprehensive approach to children’s vision health.

**Activity A.** Develop tools and resources that facilitate the implementation of the NEP recommendations.

<p>| Task 1. Develop and disseminate fact sheets (for families, healthcare, childcare, and topical). | XX |   |</p>
<table>
<thead>
<tr>
<th>Task 2.</th>
<th>Develop family support programs (i.e. - Eyes That Thrive) to encourage children’s vision health. Integrate into existing family support/education initiatives.</th>
<th>XX</th>
<th>XX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Task 3.</td>
<td>Develop a Vision Screening Training program - curriculum, presentation, trainee materials, certification &amp; recertification system.</td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>Task 4.</td>
<td>Promote a web-based education (not training) module for primary care providers, nurses, and allied health care providers.</td>
<td>XX</td>
<td>XX</td>
</tr>
<tr>
<td>Task 5.</td>
<td>Establish a webinar series of topical presentations provided by members of the Advisory Committee and staff from the National Center for Children’s Vision and Eye Health.</td>
<td>XX</td>
<td>XX</td>
</tr>
</tbody>
</table>

**Activity B.** Implement a communication and awareness campaign to increase use of and knowledge about the NEP recommended approaches to vision screening and the National Center for Children’s Vision and Eye Health.

| Task 1. | Provide updated information to target audiences via the National Center website, e-newsletter articles, social media avenues, webinar and presentation archives, press releases, and PSAs. | XX | XX |
| Task 2. | Exhibit and present at professional conferences. | XX | |
| Task 3. | Produce flyers and posters targeted to families and providers outlining the importance of comprehensive eye care for children. | XX | XX |
| Task 4. | Collaborate with existing parent education initiatives driven by public health departments. | XX | |

**Impact:** The impact of the Center lives long past the initial release of the recommendations, dissemination, and programmatic work. Through the integration of national standards for Title V performance measures, as well as data collection and reporting, the Center will have put in place the cornerstones for a continuum of eye care for young children within the healthcare delivery system and the medical home. The
deployment of these recommendations supports emerging trends in national health information exchange, growing support for the power of prevention and the role that non-medical stakeholders play in promoting prevention and enhancements to the health care system as impacted by health care reform.

Through the work proposed in this project, the Center will have established a central repository for best practices relating to children’s vision screening. The Center website will serve as an interactive source of up-to-date training and education, technical assistance, and a location to find health promotion communication tools that support children’s vision.

The impact of these programs extends beyond their original objectives. Because the information is easily accessible, culturally and linguistically relevant, and of high quality, a number of agencies and organizations can utilize them as parts of larger training and education programs. We are confident that these substantial efforts will expand and enhance public and private sector health systems’ ability to ensure children receive the full continuum of vision services- from screening to referral to follow up care.

Organizational Information

Founded in 1908, Prevent Blindness America is the nation’s leading voluntary eye health and safety organization dedicated to the mission of preventing blindness and preserving sight. We touch the lives of millions of people each year through public and professional education, advocacy, vision screening training and certification, community and patient service programs, and research.

Presently, Prevent Blindness America has 30 board members and numerous supporting committee members, 26 staff at our national office and thousands of volunteers throughout the U.S. While our national office provides resources and select services nationwide, we have a network of affiliates, divisions, and regional operations that provide services throughout their respective territories.

Notable among Prevent Blindness America’s accomplishments includes leading legislative efforts to eliminate ophthalmia neonatorum as a leading cause of infant blindness (1917), creating the first volunteer-run preschool vision screening program (1926), organizing the first volunteer glaucoma screening program (1944), spearheading legislation to require impact resistant lenses in eyewear (1972), launching the first public education programs on diabetic eye disease (1981), guiding the establishment and funding of a vision health initiative at the Centers for Disease Control and Prevention (2003), publishing research data on the prevalence of vision problems and the associated costs (2007), and launching a nationwide public service campaign with a message on the importance of regular eye care (2008). All this while screening millions of Americans each year to detect potential vision problems and facilitating access to follow up care for thousands more without eye care benefits.

Prevent Blindness America is well suited to conduct the program requirements and meet the expectations established by this guidance. We have had proven success with
the establishment of the National Center for Children’s Vision and Eye Health and the convening of the National Expert Panel to produce the first set of national recommendations for a universal approach to vision screening in young children. We believe that the key to successful vision screenings is that they be evidenced based, well designed and properly administered. Otherwise, they fail in their intended role to advance children’s vision and eye healthcare.

To ensure the recommendations developed by the National Expert Panel were evidenced based and well designed, we convened leading experts in child health and vision care from across the country, including ophthalmologists, optometrists, pediatricians, public health strategists, vision and eye health researchers, and family advocates. To ensure the recommendations are properly administered, Prevent Blindness America currently coordinates a national certification program for children’s vision screening and vision screening training. This certification is a central element to our program offerings and, as such, the designated minimum protocols must be strictly followed in order to maintain certification. As the National Expert Panel recommendations are disseminated nationally, the Prevent Blindness America training and certification program will be revised to follow the protocols outlined in the recommendations.

Prevent Blindness America has long recognized the need to promote the proper role of pediatricians and other healthcare providers in addressing the important vision and eye health needs of their patients. In 2004, in conjunction with the American Academy of Pediatrics (AAP), we developed a training program and accompanying manual – Preschool Vision Screening for Healthcare Professionals – to better educate these healthcare providers about their responsibilities to their patients’ eye health. While the training follows the screening guidelines established by the AAP-Bright Futures and the American Association of Pediatric Ophthalmology and Strabismus, it provides additional practical guidance on the realities of establishing vision screening within a healthcare provider’s office environment.

As it relates specifically to the issue of children’s eye health and preschool vision screening, Prevent Blindness America has clearly proven its national leadership role in establishing partnerships, assessing the need and advancing systems of service for children’s vision care. In addition to the partnership initiative we established with the AAP, as described above, Prevent Blindness America has also established a Memorandum of Understanding (MOU) with the Office of Head Start of the Administration for Children and Families in the U.S. Department of Health and Human Services. This MOU was established to assist Head Start programs in their efforts to conduct vision screenings in a consistent and accurate manner. The National Expert Panel recommendations will allow us to provide further technical assistance to support this MOU through the resources and services outlined in this proposal.

Additionally, as a leader in the children’s vision and eye health community, we have outlined our organizational vision for children through the report Our Vision for Children’s Vision: A National Call to Action for the Advancement of Children’s Vision and Eye Health. Through the establishment of this national children’s vision and eye
health platform, we not only commit our own efforts to children’s vision, but we invite other key stakeholder organizations and individuals to join us in this important movement.

Our Vision for Children’s Vision shares a six-plank platform for children’s vision and eye health. It honors the importance of professional vision care and emphasizes the critical public health role that vision screening plays in that continuum of care. It recognizes the importance of ensuring all children are prepared to enter school unhampered by undetected vision problems. It addresses the importance of eye safety at home, school and play; and stresses the significance of advances in pediatric vision research. Finally, it acknowledges that our collective vision cannot be fully achieved without public awareness and understanding of children’s vision and eye health.

In addition to our experience in vision screening and training programs, detailed above, Prevent Blindness America currently has a wealth of additional resources that will enhance the work of the National Center for Children’s Vision and Eye Health, including several programs that have been developed to address specific concerns related to children’s eye health.

Our long-standing Eye Patch Club is a program that was designed to be a fun and supportive tool for parents and caregivers when dealing with the necessary patching that often accompanies a child’s diagnosis with amblyopia. A related amblyopia listserv provides a parent with an online community of their peers who are dealing with similar issues and concerns with their children. This has become an extremely well utilized resource. Recently, we have created SuperSpecs, a fun, educational program that instructs children on the proper care of their eyeglasses. Finally, our Play it Safe With Your Eyes program is a video education program for parents and teachers to educate young children about issues related to eye safety. All of these resources, along with a great deal of additional information, are available on our website (www.preventblindness.org).

The care and protection of our children’s eyesight is at the forefront of the mission of Prevent Blindness America with the objectives of the Center included in the organization’s strategic plan. We stand prepared to continue the success that has been found to date through the Center and to use these experiences to achieve the programmatic goals outlined in this funding opportunity.

SUMMARY

The culmination of planning, stakeholder engagement, and programmatic experience to date has put Prevent Blindness America in a strong position to continue to guide the National Center for Children’s Vision and Eye health from its developmental phase into the implementation phase in which we will see the recommendations for a comprehensive, multi-tiered approach to children’s vision screening brought to life.

Through continued commitment of national experts, key stakeholder groups, state pilot site coalition members, and organizational resources we will see the Center grow as a technical assistance provider, programmatic innovator, and leader in children’s vision
and eye health. This project will continue to be the avenue through which Prevent Blindness America will lead the way, ensuring that all children in the United States will have their vision screened prior to entry to school utilizing a uniform, scientifically-based method, and providing them access to care regardless of economic or geographic limitations.

References


Ibid.

American Academy of Pediatrics. Eye Examination in Infants, Children, and Young Adults by Pediatricians.

http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics;111/4/902.


National Center for Children's Vision and Eye Health

Expert Advisory Committee
- Key Activities:
  - Identify training and educational program needs; Review and advise on the establishment and maintenance of children's vision screening programs; Assist in the development of the Center's annual program plan

Executive Committee: Chair & Vice-Chair

Education Committee

Technical Guidance Committee
- Key Activities:
  - Provide information and guidance on new technology or research that will require changes in recommended equipment and training/educational programs; Complete a review of the Center's vision screening recommendations every two years

Policy Committee
- Key Activities:
  - Assist the Center in reviewing, proposing, or commenting on legislation or policies affecting children's vision and eye health.

State Pilot Sites-Ohio, Georgia, North Carolina, Illinois, and Massachusetts

State Children's Vision Coalitions
- Responsibilities:
  - Implement the recommendations developed by the National Expert Panel; engage and educate key stakeholders at the state level; development of best practice examples; provide technical assistance in-state and to other states

Prevent Blindness America Response to HRSA 12-056; CFDA No. 93.110
March 2012
### National Center- Objective 1 Workplan Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year 1 (Sept 2012- August 2013)</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition the National Expert Panel to the Advisory Committee of the National Center for Children’s Vision and Eye Health</td>
<td></td>
<td></td>
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<tr>
<td>Plan and execute quarterly meetings of the Children’s Vision and Eye Health Federal Intra-agency Task Force</td>
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<tr>
<td>Work with the Advisory Committee to establish the annual program plan for the Center</td>
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<tr>
<td>Provide guidance to state pilot site programs on updated program plan and evaluate their progress toward established goals.</td>
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<tr>
<td>Establish communication with key partner organizations and seek opportunities for collaboration in accordance with annual program plan.</td>
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<tr>
<td>Convene meeting of the Advisory Committee, Executive Committee and Workgroups</td>
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</tr>
<tr>
<td>Establish special workgroup for development of the technical guidance manual for performance measure (PM) development.</td>
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<tr>
<td>First draft of the PM technical Guidance manual completed by special workgroup.</td>
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</tr>
<tr>
<td>Establish special workgroup to review and revise the Center recommendations.</td>
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<tr>
<td>Disseminate updates made to the recommendations</td>
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</table>

### National Center- Objective 2 Workplan Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year 1 (Sept 2012- August 2013)</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meet with staff of the Ohio Department of Health to document the Ohio ImpactSIIS vision screening integration project</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete ImpactSIIS document for review and approval by ODH</td>
<td></td>
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</tr>
<tr>
<td>Final ImpactSIIS document approved and prepared for online publication.</td>
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<tr>
<td>Share ImpactSIIS document and NEP recommendations at conferences of target stakeholder groups and with state pilot programs.</td>
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<tr>
<td>Convene planning and writing workgroup for the Children’s Vision in the U.S. (CVUS) chartbook project. Plan approach &amp; data sources.</td>
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<tr>
<td>Review initial draft of the CVUS chart book. Comment and revise.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final version of CVUS chart book produced. Submit for graphic design and online conversion.</td>
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<tr>
<td>Online, interactive report function for the CVUS chartbook becomes active.</td>
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<td></td>
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<tr>
<td>Update the CVUS report and online functions</td>
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</table>

### National Center- Objective 3 Workplan Timeline

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year 1 (Sept 2012- August 2013)</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue press releases, social media announcements, and partner organization announcements for all new resources, events, and educational opportunities</td>
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<tr>
<td>Have existing educational and promotional resources reviewed for ease of use and cultural competency. Revise materials as needed and publish to website.</td>
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</tr>
<tr>
<td>Provide presentations on the recommendations at the American Public Health Association Annual Conference</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Develop a preschool vision screening training/certification program based on the recommendations. Conduct internal reviews and testing.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Vision screening training program reviewed by Advisory Committee. Review training materials for testing in pilot state programs.</td>
<td></td>
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</tr>
<tr>
<td>Review state pilot site evaluations of the training/certification program. Revise program as necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final preschool vision screening training/certification materials produced and disseminated.</td>
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<td></td>
</tr>
<tr>
<td>Conduct vision screening training workshops on a regional basis, via state pilot site programs, and as requested per technical assistance.</td>
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<tr>
<td>Conduct quarterly educational webinars based on the recommendations and available resources of the Center.</td>
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</tbody>
</table>
Prevent Blindness America  
Response to HRSA 12-056 CFDA 93.110  
Project Period: September 1, 2012 to August 31, 2015  
Budget Period: September 1, 2012 - August 31, 2013  
Year 1 Budget

<table>
<thead>
<tr>
<th>Personnel Costs</th>
<th>Role in Project</th>
<th>Annual Salary</th>
<th>FTE</th>
<th>Salary &amp; Wages</th>
<th>Fringe Benefits</th>
<th>Total Personnel</th>
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<tbody>
<tr>
<td>Chief Operating Officer</td>
<td>Project Manager</td>
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<td>Director of National Center</td>
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<td>Director - Illinois Operations</td>
<td>IL Project Manager</td>
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<td>Program Assistant</td>
<td>Project Assistant</td>
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<td>4,774</td>
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<td>Program Manager - MA</td>
<td>MA Project Manager</td>
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<tr>
<td>Web Development</td>
<td>Ken West</td>
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<tr>
<td>Program</td>
<td>Mary Bregantini</td>
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<td>Consultant Costs</td>
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<tr>
<td>Equipment Costs</td>
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<tr>
<td>Supply Costs</td>
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<td>43,566</td>
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<tr>
<td>Other Costs</td>
<td>26,600</td>
<td>5,586</td>
<td>32,186</td>
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<td>Consortium/Contractual Costs</td>
<td>Total</td>
<td>88,000</td>
<td>18,480</td>
<td>106,480</td>
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<td>Grand Totals</td>
<td>247,894</td>
<td>52,058</td>
<td>299,952</td>
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Prevent Blindness America Budget Justification Response to
Maternal and Child Health Bureau- Coordinating Grant for Children’s Vision Screening
Announcement Number: HRSA 12-056; CFDA No. 93.110
Project Period: September 1, 2012 – August 31, 2015
Budget Period: September 1, 2012 – August 31, 2013

Budget Justification

Below is the budget justification for Prevent Blindness America’s response to the Maternal and Child Health Bureau coordinating grant for children’s vision screening (announcement number HRSA-12-056.) Prevent Blindness America proposes the following to support the core elements of this project.

Salaries and wages:

Job description: Primary Investigator – Kira Baldonado (95% LOE)
Directs the National Center for Children’s Vision and Eye Health, including coordination of all working groups, the Center’s Advisory Committee, researchers, state pilot sites (Ohio, Georgia, North Carolina, Illinois, and Massachusetts) and inter-governmental relationships. Oversees grant associated initiatives and objectives. Responsible for the day-to-day operations of the project, development of training and education materials, managing requests or technical assistance, and developing best practice materials.

Job description: Administrative Assistant – Susan Ramirez (10% LOE)
Responsible for general office administration as it pertains to the project including coordination of meeting plans, answering phones, placing orders for supplies, processing mail, and other administrative duties. Responsible for maintaining project-related financial records including processing check requests, preparing monthly project accounting documents.

Job description: Chief Operating Officer – Jeff Todd (5% LOE)
Responsible for coordination of all national Prevent Blindness America activities. Provides leadership and guidance to project staff as it relates to agency’s vision and mission as well as over-arching organizational structure.

Job description: Director – Illinois Programs, Executive Director, Illinois Society for the Prevention of Blindness (ISPB) – Donna Dreiske (12.5% LOE)
Administers the Illinois Pilot Project, convenes and facilitates stakeholder and work group meetings, works to expand networks and partnerships, provides leadership and coordinates project-related activities.
Salary expenses for the following staff are covered by Prevent Blindness America as in-kind to this project:

- Mary Bregantini- Senior Director, Program Outreach (5% FTE); Assist in the development and dissemination of educational materials and the vision screening training curriculum.
- Ken West- Senior Director- Interactive Communications (5% FTE); Responsible for planning and executing all internal and external marketing communications in print and on the web. He will also be responsible for website management and maintenance.
- Kathy Majzoub- Director, Prevent Blindness America Northeast Region (25% FTE); Responsible for the Massachusetts Pilot Project, convenes and facilitates stakeholder and work group meetings, works to expand networks and partnerships, provides leadership and coordinates project-related activities.

Total In-kind Salary: ($32,607)

**Year 1:** $84,599

**Fringe benefits:**
Fringe benefits are calculated as 15% of employee salary and include health insurance, unemployment insurance, life insurance and retirement plan match.

**Year 1:** $12,690

**Meeting and Travel costs:**
**Travel:** Includes costs to host the annual meeting of the Center's Advisory Committee, a minimum of one site visit to each state pilot program, and travel/exhibition at the American Public Health Association (APHA), Association of Maternal and Child Health Professionals (AMCHP), Head Start (HS) and American Academy of Pediatrics (AAP) annual conferences. Expenses related to travel for meetings of the Illinois and Massachusetts pilot site programs are also included. See details below:

**Advisory Committee Annual Meeting**
(1 Meeting x 22 persons, room rental, meeting package, audio/visual rental, applicable fees and taxes, member travel costs, meeting supplies)
$19,210.00

**State Pilot Site Program Visitation**
(Minimum of one visit each to Georgia, North Carolina, Illinois, Ohio and Massachusetts, airfare, lodging, and applicable taxes)
$4,000.00

**Annual Conference Participation/Exhibition** (includes participant fees, any exhibit fees, and related travel expenses)
- **APHA** $1,795
- AMCHP $1,745
- HS $2,440
- AAP $2,815
Total all conferences: $8,795.00

State pilot site travel for Illinois and Massachusetts programs (including mileage, lodging, and applicable taxes):
Illinois $2,000
Massachusetts $2,000

Year 1: $36,005.00

Equipment:

Year 1: $0

Supplies:

Year 1: $0

Contractual:
Contract expense for state pilot program coordination in Georgia, Ohio, and North Carolina. Note, expenses related to coordination of the Illinois and Massachusetts are for contracted consulting services to assist with the operation of the state pilot program.

Year 1:
Contract with Georgia = $24,000 (minimal amount determined to fulfill contractual obligations with consortium members.) Will implement the National Expert Panel recommendations for a uniform statewide strategy for universal vision screening for children ages 3 through 5, support the state Title V program in the development of a performance measure for vision screening, engage and educate key stakeholder groups at the state level, develop and evaluate best practice programs, and provide technical assistance in children’s vision screening as requested.

Contract with Ohio = $24,000 (minimal amount determined to fulfill contractual obligations with consortium members.) Will implement the National Expert Panel recommendations for a uniform statewide strategy for universal vision screening for children ages 3 through 5, support the state Title V program in the development of a performance measure for vision screening, engage and educate key stakeholder groups at the state level, develop and evaluate best practice programs, and provide technical assistance in children’s vision screening as requested.

Contract with North Carolina = $24,000 (minimal amount determined to fulfill contractual obligations with consortium members.) Will implement the National Expert Panel recommendations for a uniform statewide strategy for universal vision screening for children ages 3 through 5, support the state Title V program in the development of a
performance measure for vision screening, engage and educate key stakeholder groups at the state level, develop and evaluate best practice programs, and provide technical assistance in children’s vision screening as requested.

Illinois= $8,000. Facilitation services for meetings of the Illinois pilot site children’s vision coalition.

Massachusetts= $8,000. Facilitation services for meetings of the Massachusetts pilot site children’s vision coalition.

**Year 1:** $88,000

**Construction:**

**Year 1:** $0

**Other:**

Services for material (posters, fact sheets, etc.) translation and review for cultural competency and ease of use. $5,500

Project related expenses for activities of the Massachusetts pilot site program. $15,000

Development of the *Children’s Vision in the U.S.* chart book interactive online database and report generator that will be accessible from the website of the National Center for Children’s Vision and Eye Health. $6,100

**Year 1:** $26,600

**Direct Costs:** $247,894

**Indirect Costs:**
The rate is 21% and is computed on the following direct cost base of: Salary and wages, fringe benefits, equipment, supplies, travel, and the first $24,000 of each consortium award.

**Year 1:** $52,058

**TOTAL YEAR 1 REQUEST:** $299,952