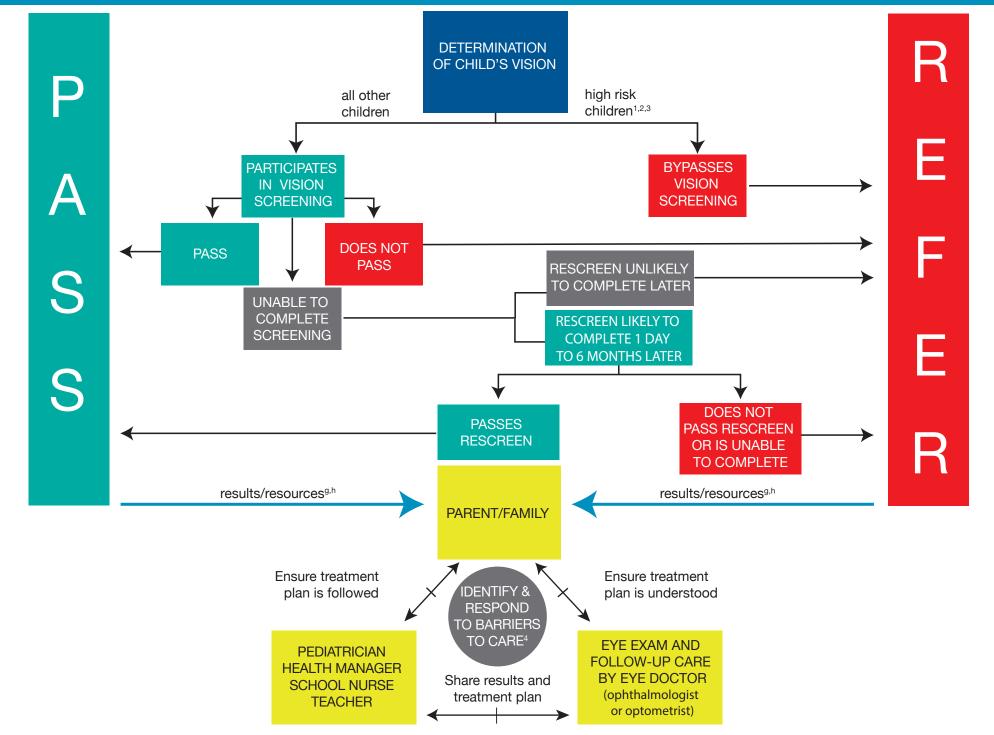




SYSTEM OF VISION SCREENING AND CARE



1. Neurodevelopmental Delay:

MA State Law: An Act Relative to Eye Examinations for Children, 2004: "......Within 30 days of the start of Kindergarten, evidence the child has passed a vision screening within the previous 12 months, must be presented. For children who fail to pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye exam indicating diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided......"

Diagnosed Neurodevelopmental Disorders Include:

- Hearing impairment
- Motor abnormalities such as cerebral palsy
- Down syndrome
- Cognitive impairment
- Autism spectrum disorders
- Speech delay
- And others....

2. High Risk of Having a Vision Disorder. b Children who:

- Are difficult to vision screen/untestable
- Have a parent or guardian who suspects a vision-related problem
- Have a **family history** of a sibling or parent with a childhood vision disorder
- Have systemic diseases (e.g., diabetes, juvenile arthritis)
- Use medications known to cause vision problems (e.g., scopolamine, diazepam)
- Were born prematurely at 32 weeks or earlier; or had low birth weight
- Had maternal smoking, drug use, or alcohol use during pregnancy
- Are not reaching developmental milestones

3. Educational Concerns: b,d

A comprehensive eye examination to rule out presence of a vision disorder is advisable for children enrolled in Early Intervention, entering Special Education, with academic performance below expected level or with teacher concerns, or at high risk of dropping out of school.

Consistent use of vision correction can lower levels of student stress in school, and improve:

- Academic progress
- Focus and attention span during lessons
- Classroom participation and interaction
- Confidence and behavior

4. Understand and Respond to Barriers to Eye Care:d

- Access: To eye appropriate doctor (Provide local list of eye doctors who regularly treat children^e)
- Cost / insurance coverage: Can be misunderstood; Medicaid usually has no patient cost and may include eyeglasses^f
- **Time:** Appointments may conflict with parent work schedule
- Transportation: To and from eye doctor location
- Language: Parent/caregiver unclear on next steps after vision screening, or needs a translator to make appointment
- Culture: Eyeglasses may not be accepted (Provide culturally relevant information on importance of vision care^{g,h})
- Trust: Concerns, if undocumented immigrant status
- Lack of information: On importance of eye exam, consistent treatment, and connection to child well-being and learning (Provide culturally relevant information on importance of vision care^{g,h})
- Find out why prescribed vision treatment is not being used:
 (e.g., check eyeglasses fit, date of last prescribed
 treatment, need for eye patches, lost/broken eyeglasses,
 understanding of eye doctor instructions)

a. malegislature.gov/laws/generallaws/parti/titlexii/chapter71/section57

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

c. Megan E. Collins, MD, MPH. Presentation @ Prevent Blindness Focus on Eye Health Summit, Washington DC, 2019.

d. nasn.org/nasn-resources/practice-topics/vision-health

e. childrensvision.preventblindness.org/wp-content/uploads/sites/20/2020/05/CVMA-Resource-Guide-6-26.pdf

f. Vision care assistance available at childrensvisionmassachusetts.org or preventblindness.org

g. childrensvision.preventblindness.org/downloadable-cvma-resources-2-2/

h. nationalcenter.preventblindness.org/parents-need-to-know/