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WYOMING VISION COLLABORATIVE WEBINAR
TOOLS AND TIPS TO HELP YOU
ESTABLISH A STRONG CHILDREN'S VISION HEALTH PROGRAM

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>> JULIA LAUSCH: Good afternoon. We have tools and tips to help you establish a strong vision health program.

As a notice to everyone, we're recording today's webinar so that we can have it posted on our website for people to view at a later date.

We will be muting people's lines just to help cut back on any extra noise in the background. This webinar is hosted by the Wyoming vision collaborative. We're funded by the Wyoming Department of Health and donations from the Wyoming lion foundation and the miracle in sight foundation. Today we have a presentation by Kira Baldonado; she is one of our stakeholders in the vision collaborative group. She is the director for The National Center of Children's Vision and Eye Health the prevent blindness. We have been working hard to inform and guide the development of a statewide screening program infrastructure for Wyoming. She's been very helpful in sharing information about current research and eye health and other nationwide initiatives. In a minute I'll hand the floor over to Miss Baldonado. Note that we'll have time for a brief question and answer period at the end of today's presentation.

If you have any questions, concerns, during the

presentation you are able to type into the text box and can either post the question t everyone or directly to me so please feel free to post questions at any time especially if there are any questions or concerns with technology. At the end when we do the question and answers, we'll unmute everybody's lines so that you can go ahead and chime in. Also we have posted in the text box a link to today's captioning services. That's for the event. If you would like to view the caption text please open the link in a separate window on your computer and then you can shrink it down so that you can view the text along with the presentation.

Kira, I would like to hand it over to you. Go ahead; welcome your presentation on the computer and then you can share your screen.

>> KIRA BALDONADO: Okay. There we go.

Welcome, everybody to the webinar. I'm the director of the national center for children's vision and eye health and today my goal is to provide some tools and tips to help establish or strengthen your existing children's vision health program. My objectives are to describe the 12 components of a strong vision health system of care, to describe some tips to improve the follow-up component of the vision health program, which is the most critical part of the program and to describe three ways to improve vision screening effectiveness. We want to do things well, make sure that kids are connected to care and make sure that they follow-up with the treatment that is recommended from the eye care professional.

Hopefully today's presentation will help you get some tips to make it to those steps.

Many times in the conversation we talk about doing a better job of vision screening. Here at the national center we have a line of thought that we want to take it from a better vision screening to a better vision system for children's vision. Within the scope of a system there are a lot of different things to consider as you put your vision health program in place. I'll have a trip around the clock here.

First and foremost, caregiver education. If parents don't understand why it is important, they don't understand the results, they don't understand the role that healthy vision can play in the child's education and learning ability then they're not likely to follow-up on recommendations. Making sure that you have parent permission not just to do the screening but also to share results as needed within HIPA and HERPA guidelines. Use evidence-based practices. Every day there is a lot of cool new stuff coming out on the market. We want to make sure that the tools that you're using for vision screening are the right tool for the ages that you're targeting and that they're the

right tool for the developmental stage that the child that you're screening and that they are really designed to do what you want them to do.

Organizational policies are kind of the Keystone of making sure things happen in a consistent way and that the information that comes out of the program is used in a consistent way.

You need to have strong policies in place.

You want to make sure you have a standardized approach to rescreening and referring. Often times we hear this is an area of concern for people that do vision screening. They're not quite sure when they should rescreen a child, when they should refer the child so having a standardized approach to that is important.

Cultural competency is an important consideration for children's vision. There are many cultures that don't believe that children should wear glasses, they think it has a negative connotation on their child's appearance in society. There are many cultures think that it shows a deficit, that their child isn't as strong as the others, so there may be cultural beliefs either to corrective eye wear, or to accessing an eye care provider that need to be overcome to make sure to improve the follow-up. Ensuring follow-up is a key component and making sure that you have a record system in place will help with that.

Linking to resources, not just for the parents, to eye care providers, that's important, but there may need to be linkages to getting free eye glasses or assistance in paying for eye glasses, linking eye care providers with the program and letting them know what you're doing. There are a lot of different types of resources that you want to make sure that you're working to.

Making sure you have exam outcomes on file that comes in the data piece that we talk about later. Making sure that what you're doing in the vision screening program is matching up with the eye exam outcomes. If they're not, what changes do you need to make? Making sure that there is good provider of communication. Vision screening has kind of plagued along the way to live in silos, we do vision screenings in head starts, vision screenings in primary care, vision screenings in public health but everybody does them all on their own thing, holding their own data to themselves and oftentimes that can lead to duplication of services, confusion by the parent of the child that's going through all of the different systems and it is just unnecessary.

If we can improve provider communication we can make sure that -- enforcing the referral made to the vision screening, making sure that the kids are connected to eye care and the results from screenings and exams is getting back to the people that need that information.

Making sure that treatment plans are understood not just by the family but by the people that are helping to make sure that the treatment plans are here too. If the child is patching while under the care of an early education provider, they have to be aware of that, that there is a treatment plan on file and that's their system and that that patch is worn in the correct hours under their care. Finally having an annual evaluation. There is no perfect system for children's vision health. There is always some area that can be improved in. Taking a step at the end of the year and saying hey, how have we done? How are we doing with the vision screening practices, how are with we doing with our connections to parents, do they feel educated, are we reaching all of the cultures we serve within our program and our kids getting the care they need. Making sure you take a moment to evaluate each of these 12 pieces every year is a worthwhile way to improve your program.

One of the things that you can focus on to create a great vision health program, one, making surf sure you participate in actions to support sound policies. That could be a scary thing for some people. When you talk about policies you think, you know, head start does that at the federal level or my boss does that for our organization. Policy development can be at any level along the way.

Consider how do you develop policies about your own workflow? How do you develop policies for the program, for your county, for your region, for the state? How can you contribute to policy development federally?

The voices for everybody, but especially those on the ground doing the vision screening, and have outcomes and impacts of these policies to report especially need those voices to help we need to build that flow up to the federal level saying that this is working, this is not, here is why. How can we change it? There are a lot of great opportunities to participate in forming policies.

You can also take steps to support your family; I'll talk about different ways to do that here in a moment.

Families, they're all over the board with their needs and you never know what will be that one thing that prevents them from taking that step to follow-up to eye care. Trying to have a strong support in place will help prevent some of that lack of follow-up.

>> Evidence-based approaches to vision, we touched on that.

Ensuring effective communication among all of the stakeholders.

I'll talk about some ways that you can pull in some of the local eye care providers, that you can pull in families, family advocates to improve the outcomes to your vision program and

number 5, engage in data sharing opportunities. It sounds maybe scary for some people. There are the heavy silos that are along the way. All of the people that care about children's vision and the more that we can look at opportunities to share data in an appropriate way with appropriate securities in place then we can have a better focus on the child rather than all of our screening procedures and numbers of how many were screened and how many we've referred in place, we have to track the child, not how many people we're screening.

Assess your competency as I said. Are you really making a difference? Do you need to make adjustments in how the screenings are followed up and supporting families?

Let's talk a moment about strong policies. I have a couple of different examples there.

So there may be different areas of policy change that you may want to put in place. Your screening methodology and periodicity is a couple of different approaches.

This might be for your program level, or the state. How are we going to screen children in different age groups? What is the evidence that drives practices within those age groups? How you screen a child in the preschool age is going to be different than how you do it and how often you do it at school age levels.

There are different needs, different reasons for screening and in these different age groups to make sure that you have strong policies in place about why you do something and when you do it.

Policies around data collection approaches. This is -- if any of you are familiar with the early childhood data collaborative; they have a lot of great guidance information around data collection especially early childhood. When you look at putting together some data sharing or collection policies in place, there are a lot of security and user guidelines that need to be put in place. It is really important to stop and take considerations of what data are we going to be collecting, who is going to have access to that data, how do we know is it secure, when we share, what do we share, what are the guidelines in place. Starting with policy development around these issues will stop a lot of questions later on down the road. It is very important.

Having some training approaches as a part of the policy development is also important. So how are you going to train the individuals doing the vision screening? How are we going to train the individuals that are handling the data coming in and going out? What are the different certifications, requirements for people at different levels and how is that built in to employee responsibilities, volunteer responsibilities and what

do you have on paper for those individuals to adhere to?

You need to have policies around the non-typically developing child or those that may be at increased risk for a vision problem. There is a lot of alignment around this area between American Academy of Optomology, ALA, the American Academy of Pediatrics, bright futures, prevent blindness in the national center, we all agree that those children who are not typically developing, they may have cerebral palsy, they may have development overlays of some sort or another, or on the autism spectrum or those that have an increased risk because of a strong-family history of vision conditions, those are kids that we know are not asymptomatic. They are going to have much higher likelihood of a vision problem so it’s critical that they get connected to an eye care provider and establish that relationship so that they can maintain the right periodicity for their vision health and their condition. Those are kids that need to be connected to an eye care provider rather than screened according to those policies.

Then make sure that your full system of vision health, I went around the clock, the full system, make sure that that is reflected in the documentation of what you're collecting and the policies. One of the examples I wanted to share of where that full system is developed in a policy is the policy in place by the Administration of Children and Families and the Office of Head Start, and their vision health policy. Many of us are familiar with the fact that in head start and early head start programs, within 45 calendar days of the child's entry into the program is the child's vision; they have to have a vision screening on file for that child.

There is more to this policy down the road that shows how they're addressing more of that full cycle for vision. If there is guidance from mental health professionals, child development professionals, then that considers the needs of maybe a non-typically developing child and that causes action on the end of vision care for that child.

They must utilize multiple sources of information, so they’re aligning communication along providers on all aspects of the child's health, development behavior, and making sure that they engage the family members, teachers around what they'll do for that child.

There is a lot of alignment and communication and sharing of data. Then extended follow-up and treatment. They use the programs that have to have a system in place of ongoing communication and making sure that the child gets referred to an eye care provider if they need it but also gets the care from the eye care provider and follows the treatment plans. You're seeing how they're working around that clock of making sure that

the families are involved, educated, they have alignment of communication, sharing data, and making sure that there is follow-up to treatment. That is a good strong policy. For those in head start, and early head start there are still a lot of gaps in it. Nobody is perfect but there is an adherence to more of that whole system approach.

Another more programmatic level approach to policy I wanted to share comes from the group we have been working with at the pediatrics physician organization at Boston Children's Hospital. They did a lot to analyze what was happening in their vision screening system and reviewed their records and found that a vision screening referral was the most common referral from a well-child visit that they had in their pediatric practice at Boston Children's Hospital.

They took a lot of effort to train the staff, a lot of different equipment, they tried different things out. They went ahead, they tried it out, evaluated, kept funding and training and they figured out that one of the lynch pins for what they were doing to make assuring that people got follow-up to care was to change the status of a referral that they made. This could be something that happens within your program. Typically they made a vision referral, it was low priority status, there were no extra efforts around making sure that there was follow-up to an eye care provider. They changed the status of a vision screening referral to critical. This will be similar to if a child was referred to a cardiologist or an asthma specialist, something that was critical to their overall developments and survivals. They changed the status to critical. That engaged different follow-up supports for the pediatric practice, there was enhanced communication with the family and that it was confirmation that they got follow-up to care. That changed the status of the way that the child followed up to eye care, incredibly changing the way that families were educated incredibly. That was a huge difference for their follow-up and success in children's vision. A big policy change for them.

Let’s talk a few minutes about how we're supporting families. As I said, there's a lot of different things that happen in the world of families on why they do, don't follow-up on an eye care referral. Maybe it is a language issue that many of the pieces of information that they're getting back about their child's vision is a letter in English and English is not necessarily their primary language, so they don't understand what's necessarily happening and their depending on the child to interpret for them. They may miss some critical information. The text, the information they're receiving, it is not easy to understand, it can lead to confusion on what the actions should

or should not be and they're not sure what the right steps to take are. They may turn to other individuals because then they lead them down the wrong path in relation to they're child's vision.

As I mentioned before, there is of mistrust for providers especially for individuals who may not be native to the country if they came from other countries. There are a lot of poor actions on the part of some healthcare providers in other countries that may have led to feelings of mistrust among healthcare providers in general. The families may be reserved in taking steps to follow-up with an eye care provider they're not familiar with.

Finally there are access issues that many of us are familiar with. That families have to take time off of work, if they have other children that they need to get care for so that they can take chair child to and doctor, the transit system they need to use doesn't mesh well with the office hours when it is open, it is pretty much not going to happen for those children.

There are a lot of different things that can happen within the program to help support families. First as I mentioned, obtaining written approval is important to make sure that you can take the results from the screening and help share them with the child's medical home. Who can also help link up to other specialists such as an eye care provider or share information with an eye care professional that may be working with your program to help the family connect to care? Have list of eye care providers available so that people know who the local eye care providers are, might be they're new to the area, they don't know where to go. Having local eye care sources available is going to help them get the follow-up step accomplished sooner. Connect parents to peers that can assist. I'll talk more about how to establish a peer support program within your organization, what kinds of things that a peer can do, a parent that has been through this can do to help us as families. Provide information that's easy to understand and act on. As I mentioned, if you give a highly technical letter to families that are not operating at that reading level or look at it and say I don't see clearly here what is the next three steps for me to do. Then they may put it aside and say I'll think about this later. If you have two, three kids to think about, that later doesn't happen. I know how the school papers stack up.

Then respecting cultural literacy needs. You have to be able to communicate what actions you're expecting that family to do and the language and cultural approach that they're comfortable with. If not, then again, it will be put to the side and dealt with later and it never comes.

As I mentioned, some of the peer support programs may or

may not be a new thing for your program. There are many that have some peer support, the parent advisory Committees that work with programs. With eye care, there is specific ways that the peers can assess. Providing parent to parent conversation. So one of the examples I had is screening programs we did in a private preschool where many children were screened and there were a few children identified with potential amblyopia. The children followed up to eye care and the screening program was good in keeping up on making sure that the kids connected to eye care, what the outcomes were, what treatment was needed. There were parents that were very good with connecting and following the treatment and getting the kids through the issue of amblyopia to improved vision.

As the year's past and they kept going back to the same school, they kept seeing some of the same kids come back with the same results. Yet, no treatment was being adhered to by the parent.

They asked if one parent that had been through the amblyopia treatment, their child had improvement, they asked if they were willing to speak to another parent to see what maybe their concerns were, to see if there were misconceptions, beliefs about the treatment, they were open and the two parents talked to one another and the one parent that had been threw the treatment helped the other one understand the importance and make them more comfortable, helping them deal with feelings of guilt which is blocking that parent from following up and made them realize the importance of going ahead with that treatment and then finally that child did get the ablyopia treatment that he needed and had improved vision. That parent that was originally resistant to it was opened up by the help of a peer. Even when they heard it from the preschool, from the screeners, and everybody else that was involved in saying it is important, it was that peer that made the difference.

Peers can act as personal advocates. If there are families not comfortable in a healthcare environment for one reason or another, maybe they can go with the family to an appointment to ask questions and record information.

>> To provide translation, again, you don't want to be dependent on the child of a family to provide that translation. There may be families within your program that will be willing to translate for others, either documents or appointments of what's happening so that they can have that conversation or communication in their native language.

>> Peers have also helped parents access or get a child to a healthcare appointment. Sometimes it is the working hours that make a difference, if the parents cannot get access to an eye exam during those -- during the working hours, they can't

take the time off, other parents, families, they have help to get the children to eye care appointments.

And again, that peer support and treatment adherence, is important. We had that through virtual online peer support networks on the website but also just to have that person saying, you know, I have been through this, I understand that the child doesn't want to wear the patch during the hours, you know, there is tricks and things we have done to make it easier. It is a big relief for families going through that stress.

Also some of the families that have been through it, they may be able to provide educational sessions to other parents and children. Maybe before a screening program starts one of those families who have benefited from the screening program may stand up, say, hey, you know, this is what happened to my child. He went through the screening, he did fail, he had to go to the eye care provider and here is the outcome of the treatment that he had. Here is the difference that it made. Just saying that in an educational moment for parents, even before the screenings start can help alleviate the fears that may come after the screening referral letter is sent home. If families that work with you on that advisory Committee level, they can help set goals for your eye health program so that they can help evaluate that success on an annual basis saying I think this is an area that we can work to improve in. Here are ideas that I have. Engaging the families is critical to make sure you have a successful program.

>> On the national center website we have a variety of resources to help you out. We have the financial assistance programs that are national and state level. The benefit of that resource is it has information for children and adults. Oftentimes if the issue is the parent has a vision problem too and they can't get the help they need and won't take the child, maybe they can get help through the program too.

We have a sample of referral documents, on one side it captures all of the information from the vision screening and it has locations at the bottom for the eye care provider to respond. What the outcome of -- of the exam was. On the flip side is a letter available in English and Spanish of nice, easily written, easy to understand letter of your child was referred for the vision screening, here is what you need to do, 1, 2, 3, and there is a place for the child to sign for release of information and who to send that to. It kick starts that information process. We have basic parent education pieces in different languages. The one you see there, it is in traditional Chinese and we have English and Spanish for that document.

>> We have also partnered with the NCFPP who have developed

resources more appropriate for the program level. You have some quick facts about children's eye problems that are appropriate training schools for other staff. They say if you notice some of these scenes it may mean that the child has a vision issue. Make sure that they need to know that the vision is screened and they refer them to an eye care provider. There are posters in different languages that you hang up around the center, the program, to make sure that parents understand through this visual reminder that the vision has a key part in a child's readiness to learn.

>> As I mentioned, evidence-based program, practices, are critical for children's vision and even here in this slide we have a quick yes or no, what to do, what not to do, there are essential elements of test visual activity design that lead to increased confidence in the screening outcome and there are tests that are poorly designed that can seem like an easy screening tool to use but really can leave some amblyopia or other vision problems undetected. So the design and evidence-based in the screening tool, it is very important.

Just some other examples here on this slide. You see there are a variety of different approaches. I know many of you a part of this group are using auto refactors, photo screeners to do the tools, there is a lot of great evidence for those out there now and growing more day by day. There is a lot of tests of visual activity there, you see at the top with the house, the circle, the heart, the square, the traditional LEA archetypes that are easy for preschoolers to use and can be used at a 10-foot, 5-foot distance, it is great, easy to use tests for the traditional chart base alone. There is evidence around occlusion, you see there down towards the bottom an adhesive patch which is considered best practice or especially constructed glasses for the left eye, right eye separately that are more fun for that preschool age group and prevent peeking a lot more than a paper cup, or a hand, or some other things that are proven not to be effective.

And then you follow the national referral and rescreening guidelines depending on what age group you're going to be focused on. Those that are screening school-aged kids will have different referral criteria than those screening younger children which had a little more leeway in the acuity than you would in the school-age child depending on the development of a child's vision over those ages.

For children that do not pass a vision screening, it is really important that you rescreen them as soon as possible, the same day is preferred if at all possible or if you're referring

the difficult to screen or untestable children with the goal being we don't want kids to go too long without getting connected to eye care if they really need it. If you can't rescreen that same day or the next couple of days, you have a window of up to six months max to get that rescreening done. If you know that you're not going to be able to do it within that timeframe go ahead, make that referral. Then again, make sure that you have vision screening training for the staff that leads to some level of certification and is based in evidence-based screening procedures that doesn't include just going on YouTube and watching a video about how somebody does a vision screening, you really need to make sure that you work with a national certification program to understand why you're using the tools you do, what are some of the right ways to do things, wrong ways to do things, make sure that you have confidence in the screening that you'll be providing.

Down at the bottom it is the policy for direct referral for children with increased risk.

On our website, the national center, we do have vision screening recommendations that were put together by a national expert panel comprised of four, many that deal with children vision coming together for a consensus document of the best way to do screenings for 36 to less than 72 months, 3 to five years old and that's available on the visionsystems.preventblindness.org website and there is information around collecting data and setting performance measures for your program.

Other resources to consider are prevent blindness does provide a national vision screener certification that is good for a three-year period so it -- we can discuss that individually if you're just learning more about that. Also we work with school health to put together a document that's available online called navigating the path of children's vision screening which goes into more depth of visual acuity, vision screening instruments and occlusion techniques.

Finally let's talk about promoting communication among all providers. So as I said, communication is key. If the information is not getting from one person to the next as you're working your child through that system there is a barrier for some reason and the child is not going to make it all the way through the system. So try to use a lot of different approaches to obtain outcome for referrals. Some programs gather that permission to communicate with other providers and to help with the referral as part of the program entry process, it is something that the parents sign off on as part of that process or as a part of the permission slip that's sent home to do the vision screening or again as I mentioned in our document, that

referral letter, it has a place for the parents to sign-off for permission to share the information.

We promote engaging the medical home; the medical home is charged with making sure that the child is connected to the specialty providers they need. Whether they do the vision screening themselves or not, if there is strong communication between the child's early education environment where the screening took place, and understand that that child was referred and the family hasn't followed up yet, then maybe that medical home can engage saying we see there is a referral, why haven't you followed up, what can we help you with? Can we connect you with some eye care providers that can assist you? Make sure that the support treatment plans and engage visual impairment specialists if needed. So it doesn't just end when the eye care provider sends information back. They need support in making sure that their amblyopia treatment is here in the classroom, if they need to enlarge letters, to have things duplicated or in different colors for them when they're in the classroom. Then you need to have that treatment plan in action for the classroom too.

And developing relationships, it is something that every program has to do. So there are a lot of different ways that you can develop relationships with an eye care provider for your program. A big part of it is just to go to the eye care providers around your program and find out who they are, what age of children they're comfortable seeing, what types of insurance they can accept and then you can create a list of those providers and keep them available for the families when the child is referred. You can discuss the vision policies of your program with the provider and they can help you refine them if needed. They'll understand why some are being referred to them and then understanding your policies, they can help be a better communicator from your program's perspective to why they're following up with a family.

As I said, create that resource listing this is a project for maybe some of the parents to be engaged, of college students in the area, this is a great project for them to work on to help support your program. Invite the providers to visit, and talk to children about eyes and vision, we highly recommend that the first time that kids hear about vision, the family hear about vision, it is not the referral letter from the vision screening back to them. Vision health should be a part of the overall education and communication that you provide in your program.

Here are other resources we have on the website for kids that are wearing glasses for the first time. We have a nice little simple tip for wearing eye glasses sheet, we have that referral document to help encourage communication, for those

kids that are going through amblyopia treatment, and we have the eye patch club. It is a newsletter that online forum for parents to talk to each other and a patching calendar that kids can use to keep track of the treatment and adherence process.

Let's talk about data tracking and sharing.

Just want to reiterate we need to get out of our silos. I know that data is the way that we measure our accountability to the programs and what we're charged with, but I just want to say that our accountability ultimately is to the vision health of the child in that situation. The more that we can seek to integrate our data across the different providers the better job we are going to be doing of following the care of the child versus the accountability to a program.

One way to do that, bringing different stakeholders together and seeking uniformity in the data points that you're collecting around vision. So if people are collecting similar data then it will be easier to compare outcomes when you're talking to each other.

Make sure that you do set some outcomes for yourself as part of your vision measurement, how do you want to improve. Is it just how many kids do we screen and how many more can we screen next year? What happens with those kids that we're referring to follow-up? Do they get that follow-up? What percentage does? Maybe you can go down to what kids aren't getting follow-up and see if you can find patterns and then target your program intervention to deal with the pattern. Make sure that somebody is looking at the data. Again, this goes back to your policy and staff training is to assign responsibility for who is looking at the data and what can they do with it. Use that for your program evaluation on an annual basis.

Here is a fun picture here that I'll just put upon the screen for a moment, and have you guys look at it.

>> And it looks like pretty typical vision screenings that you may see in a head start, some other program. There are several things here that just aren't being done to -- evidence-based approach; they're going to result in the best possible measure of acuity in this child. Some of the things I'll point out in this picture, they're occluding with a paper cup and the person holding the cup is kind of sitting behind the child, even if that cup is lifted up a little, they can't see if the child is peeking or not.

Also, on the charts being used in the far end of the wall, it is -- I'm at least glad to see it is a log MAR format -- it goes down in that upside down triangle we look for, but you see the person pointing to the chart is pointing to individual archetypes which makes them easier to see along the way.

The presentation of a full chart like that, that's pretty overwhelming for a preschool age kid. There are a lot of other tools out there now that present fewer archetypes that still have the same effectiveness of visual activity measure. There are a lot of up-dated evidence-based tools. So in this simple little picture there are a lot of things that can be taken to improve the approach to vision screening.

Some things you can do to make sure you're doing the best job are to compare the screening results to eye exam outcomes. Make sure that you have current training certifications for all of the staff that has responsibilities for screening and making referrals. Review your vision screening tools annually to make sure that they work well; none of the eye charts are cracked or broken. That you have working occludes, the software is updated in the vision screening devices if that's what you use.

Make sure that you review your vision screening program results with any health advisors you may work with. Say here is what we're doing, do you see the areas that you have concerns with, areas that we can improve on? Finally, make sure that you take efforts to share your vision screening data with other community stakeholders, how does the vision screening data from the head start compare to the public health outcome data and are the two of you seeing any patterns between what you're doing and there is opportunity there for collaboration to improve the patterns that you see.

There is a resource for program evaluation going through each of the 12 pieces that were on that clock. It is called the annual vision health program evaluation checklist. It takes each of the 12 pieces and simple yes or no questions and you easily identify the areas that you want to improve the vision health program in. Then in the last page of this document it creates an action plan for you to target your prioritized areas for improvement. There are a lot of these things that I spoke on on the website. I’m going to put that up there again.

There are educational tools, opportunity for professional development, resources for families and you can write in there to get technical assistance from us. We're happy to help you at any time.

Feel free to use that website.

Also within our website is an area called the year of children's vision, so, for some of you are in an early educational environment, there is additional resources targeted for you in those situations as well.

There is a copy of the website there and the web address is http://nationalcenter.preventblindness.org/year-childrens-vision

As a reminder, this presentation will be made available on our website at uwyo.edu/wind/vision/training. We hope to work

with you all further as we continue to build an effective statewide system for vision screening.

Thank you all for joining us today. Thank you again, Kira, we appreciate your presentation and your partnership as we build up Wyoming's vision screening program.

Have a great afternoon.

Thank you.

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