



JUN 29 1977

State Commission For The Blind

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BURT L. RISLEY, Executive Director

Blind (State Comm. For Me)

*vision screening
for school children*

file or discard

June 13, 1977

The Honorable Betty Andujar
Member, Senate Human Resources
Committee
Room 128-B, The State Capitol
Austin, Texas 78701

Dear Senator Andujar:

During the term of the 64th Texas Legislature, Representative Eddie Bernice Johnson expressed her concern about the status of vision screening programs for school children of this state. Other concerned legislators were aware of the problems caused by student failures due to undetected visual impairments, of the difficulties of trying to detect all visual impairments at an early age, and the wisdom, in both human and economic terms, of early detection and treatment of such impairments. The result of this sensitivity and concern by legislators was a line item appropriation to the State Commission for the Blind to improve the quality of and public interest in vision screening for the school children of the state.

There were, however, no formal guidelines accompanying the appropriation, so the Commission had to rely upon its recollection of the discussions within the House Social Services Committee to develop a program which would meet the legislative intent of the appropriation. It was determined that the available funds could best be utilized to implement several different vision screening models which would:

- (a) screen the maximum number of students possible,
- (b) gather data on the cost-effectiveness of vision screening projects, and
- (c) increase public awareness of the importance and the current status of vision screening of this state's children.

This approach should provide some of the information needed to plan realistic, effective and efficient vision screening programs for all school-aged children throughout the state.

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A general assumption has always been that visual abnormalities are so intimately involved with satisfactory school performance and achievement that detection and referral of these problems would naturally be a function of the education system. Since Article 3207 of Vernon's Civil Statutes precludes the Commission from involvement in the academic education of children, and since the Commission's Visually Handicapped Children's Program has always had more referrals than it could adequately serve, the Commission has not developed a competence nor accumulated experience in vision screening per se. For this reason the Commission utilized the appropriated funds to contract for vision screening services with other public and private organizations which had already developed basic expertise in this area. In this way, the requested data could be collected while the maximum number of students were benefiting from screening services.

But special problems quickly become apparent when working toward an effective vision screening program for the entire state. The size of our state, with its various geographical areas and population densities, contributes to service delivery problems. Concentrations of various ethnic groups may require a different emphasis or approach in programs for some areas. And the many autonomous school districts and other factors combine to suggest that no one vision screening model will be sufficient to assure adequate screening and referral services for all of our children at the stage in their development when intervention would be most cost-effective. Therefore, in order to gather the most useful data possible and to stretch the appropriation as far as possible, several vision screening models were developed.

The Texas Department of Health Resources, the Texas Society for the Prevention of Blindness, three regional Education Service Centers, and the Governor's Coordinating Office for the Visually Handicapped (in a consultative capacity) cooperated in the program to screen regular and special education (high-risk) students from kindergarten through grade twelve in rural, urban and metropolitan area schools representing a cross section of the state's student population. The actual screening was done by eye specialists, public health nurses, school nurses, teachers, specially trained graduate students, or trained volunteers, depending upon the model, but the emphasis was on using the fewest possible paid workers consistent with adequate screening services.

Although some of the screening projects are still screening students and gathering data, the data collected through December 1, 1976, is presented in this preliminary report. This should provide an overview of how the Commission is meeting its mandate, and at the completion of the project on August 31, 1977, a final report will be written and sent to the legislature which will thoroughly describe

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each model and the results obtained by each model in terms of the number of students screened, the effectiveness of the screening, utilization of available resources, costs, and adequacy of screening programs. Over 125,000 students should have been screened, and the Commission should have data to indicate the cost-effectiveness of various approaches to vision screening.

It should be noted that legislation introduced by the 65th Texas Legislature (S.B. 1124) would have established the more sophisticated machinery needed to assure early and adequate vision screening for all young Texans through interagency cooperation. The full Senate passed the bill, but unfortunately it was caught in the pre-adjournment crunch and it eventually died in the House. Consequently there is no organization or program charged with statewide vision screening for school children which could utilize the data being collected immediately. However, since the emphasis was to screen the maximum number of students while gathering the data, the Commission is confident that the funds have been well spent. Also, the data collected should prove useful to any individual or organization planning strategies for future programs to increase public awareness or to improve and extend vision screening services.

The desirability of vision screening, regardless of the level of sophistication with which it is conducted, has been established beyond question. Recent studies on the final outcome of individuals with previously undetected visual impairments who were referred to this agency's Visually Handicapped Children's Program indicate that between 65 and 68 percent of these cases are eventually closed with no significant visual handicap. And with the implementation of a screening and referral system to detect students with marginal vision problems which would require less extensive services, these percentages should rise even higher. This means that hundreds of children will grow up with no physical restrictions to limit their educational achievement, their vocational choice, or even their ability to drive a car. The humane and economic implications of this are enormous, and the legislature is to be congratulated for making this possible.

But frankly, there is some apprehension within the Commission and other organizations about defining definite needs and arousing expectations, and then not having the resources with which to provide the services found to be necessary. This agency is commissioned to serve every visually handicapped citizen of this state. Obviously, the extent of services needed from the Commission will vary with each individual's medical, family and economic circumstances, but visual impairments, like many other handicaps, tend to occur most frequently among disadvantaged individuals who have the fewest resources for coping with adversity. It is certain that early

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detection of visual aberrations by vision screening for all Texas youth is a very sound investment which can substantially reduce future demands on general revenue funds, but it is just as certain that the promise of that investment cannot be fully realized unless resources are available to provide the necessary follow-up treatment and services.

The Commission has always enjoyed legislative interest in its programs, and it remains eager to work closely with the legislature to keep this state on top in services to its blind and visually handicapped citizens. This preliminary report is being provided as promised to the legislature to keep concerned individuals abreast of vision screening developments. The final report at the conclusion of the program will fully describe and document the entire project. Please accept our thanks for this opportunity to assist the legislature in better serving the school children of our state.

Sincerely,



BURT L. RISLEY
Executive Director

BLR:ce
Enclosure

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VISION SCREENING PROJECT
STATUS REPORT

At the direction of the 64th Legislature of the State of Texas, the Texas State Commission for the Blind has undertaken a project to:

- (1) assess the status of vision screening in the public schools of Texas;
- (2) develop a variety of model vision screening approaches;
- (3) test these models;
- (4) collect the critical data;
- (5) synthesize the data; and
- (6) report the project findings to the Legislature and other appropriate entities.

This project was designed to establish the present quantity and quality of vision screening at the independent school district level. The information gathered is considered essential to ensuring an effective, cost efficient program of preventive vision care for the school children of Texas. It is a well established fact that the earliest possible identification of vision problems, with appropriate referral and ensuing application of educational, ophthalmologic or optometric intervention strategies results in optimal benefits to the individual. Long-term rehabilitation is often reduced when a pupil receives early diagnosis for a serious vision problem. The costs of such rehabilitation and special education are likewise diminished. It should be stressed that screening, while useful for the identification of potential problems, should never be considered to be a professional diagnosis.

The Commission for the Blind designed a questionnaire to assess the present status of vision screening in the schools. (Refer to

Exhibit 1.) The Commission's Visually Handicapped Child (VHC) workers administered the tests in 1126 school districts to School Administrators or their designees. Responses were received from 1117 school districts. Data received indicated that 64.4% ^{1/} of the public school children were screened for vision problems. 35.6% did not receive screening (Exhibit 2). Exhibit 3 illustrates that 6.4% (98,990) students were determined to be in need of professional examination. This information was provided to the parents or guardians. Exhibit 4 is a table showing this information, broken down by districts. A map illustrating the Texas State Commission for the Blind's district boundaries is included (Exhibit 5).

Statistics released in March by the National Society for the Prevention of Blindness provide a picture of the magnitude of the problems or situations to be addressed by school vision screening. Estimated enrollment in Texas public/non-public schools, both elementary and secondary (fall, 1976) was 2,926,300 students. Of this number, 731,600 are estimated to have vision problems. Eye injuries will be sustained by an estimated 9,650 students. The estimated preschool population, 3 to 5 years of age as of July 1, 1976, is 686,800, with 34,300 estimated to have vision problems.

In an attempt to meet this formidable challenge, the Blind Commission investigated alternative methods of vision screening at the school level. Vision screening models were established to test

^{1/} Without direct observation of the activities reported by the respective ISD's, it is difficult to be certain these figures do not represent overlapping school years. Thus, these figures should be accepted as a general picture of the present level of the vision screening effort, and not as absolute data.

VISION SCREENING SURVEY

Name of School District _____

Address of School District _____

Total Student Membership of School District _____

Name and Title of Person(s) Interviewed _____

Name of VHC Caseworker Completing this Form _____

1. Is there a vision screening program in the school? _____ Yes _____ No
(If the answer to number 1 is yes, complete the rest of this form)
If yes, by the school? _____; by others _____ (Please include name, address, telephone number of key persons involved with the vision screening program) _____

2. Who does the vision screening? (Check more than one if appropriate)
_____ volunteers
_____ teachers
_____ nurses
_____ others (please specify) _____

3. What method or methods of screening are used? (Check more than one if appropriate)
_____ Snellen Test
_____ Snellen Test with + lens
_____ Machines (specify type _____)
_____ Worth 4 Dot Test
_____ Other (please specify) _____

4. Who supervises the vision screening?
_____ Nurse
_____ Ophthalmologist
_____ M.D.
_____ Optometrist
_____ Other (please specify) _____

5. List below the grades screened over the past five school years (use numerals to designate grades and k for kindergarten):

75-76 _____
74-75 _____
73-74 _____
72-73 _____
71-72 _____

6. a) Approximately how many children were screened during the 75-76 school year? _____

b) Approximately how many children were referred to eye specialists as a result of the screening? _____

7. Is there an established follow-up procedure to determine whether or not a child has actually been examined by a specialist?

Yes _____ No _____

If yes, please describe it briefly: _____

8. Are you satisfied with the results of your current vision screening?

Yes _____ No _____ If no, how would you improve it? _____

9. Place any other pertinent information in the space provided below: _____

Signature of the VHC Caseworker
Completing this Form

AVERAGE DAILY ATTENDANCE OF TEXAS SCHOOL CHILDREN AVAILABLE FOR
VISION SCREENING AS REPORTED BY ISD'S = 2,486,951

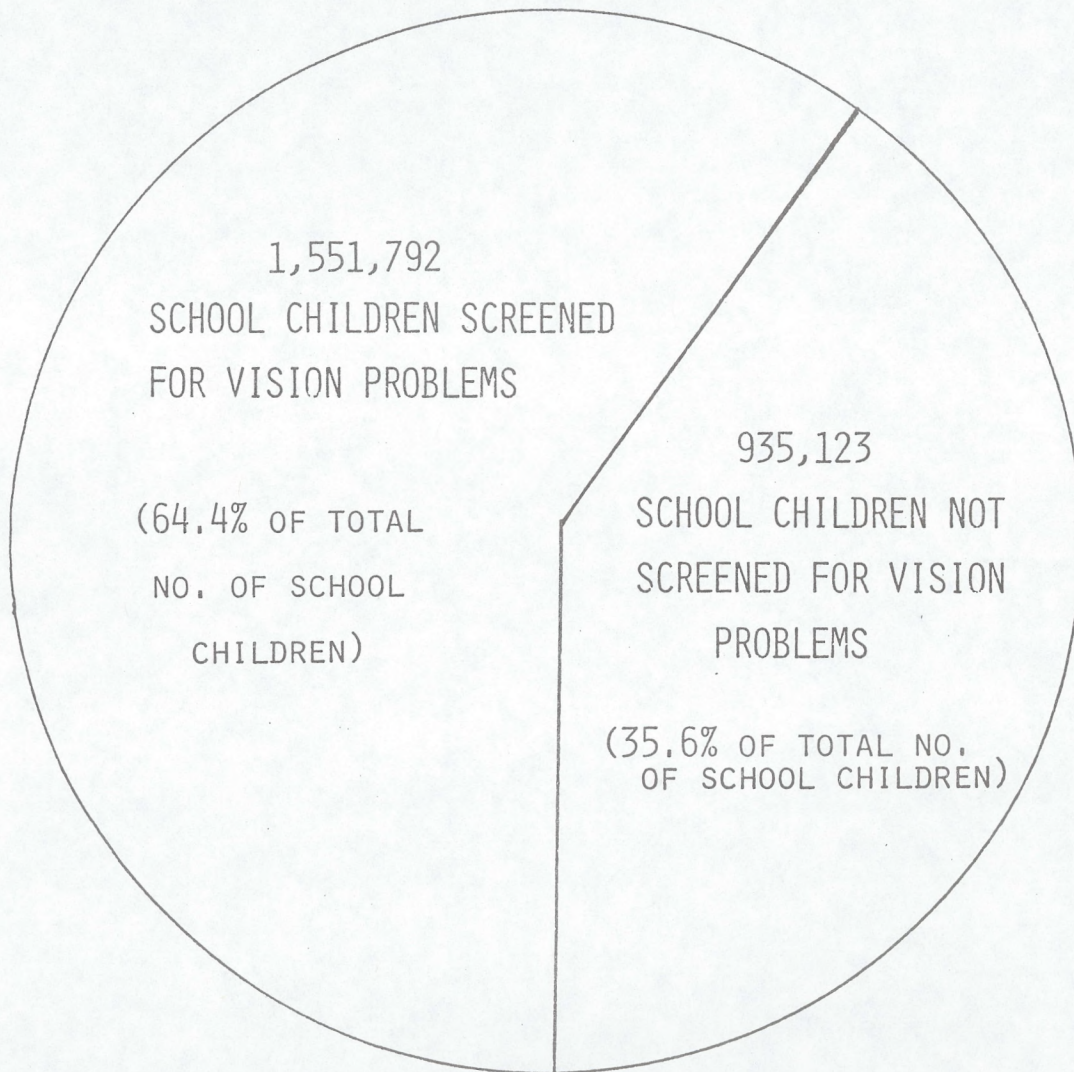


Exhibit 2

PERCENTAGE OF STUDENTS REFERRED
OUT OF TOTAL NO. OF
STUDENTS SCREENED

Total Number of Students Screened = 1,551,792

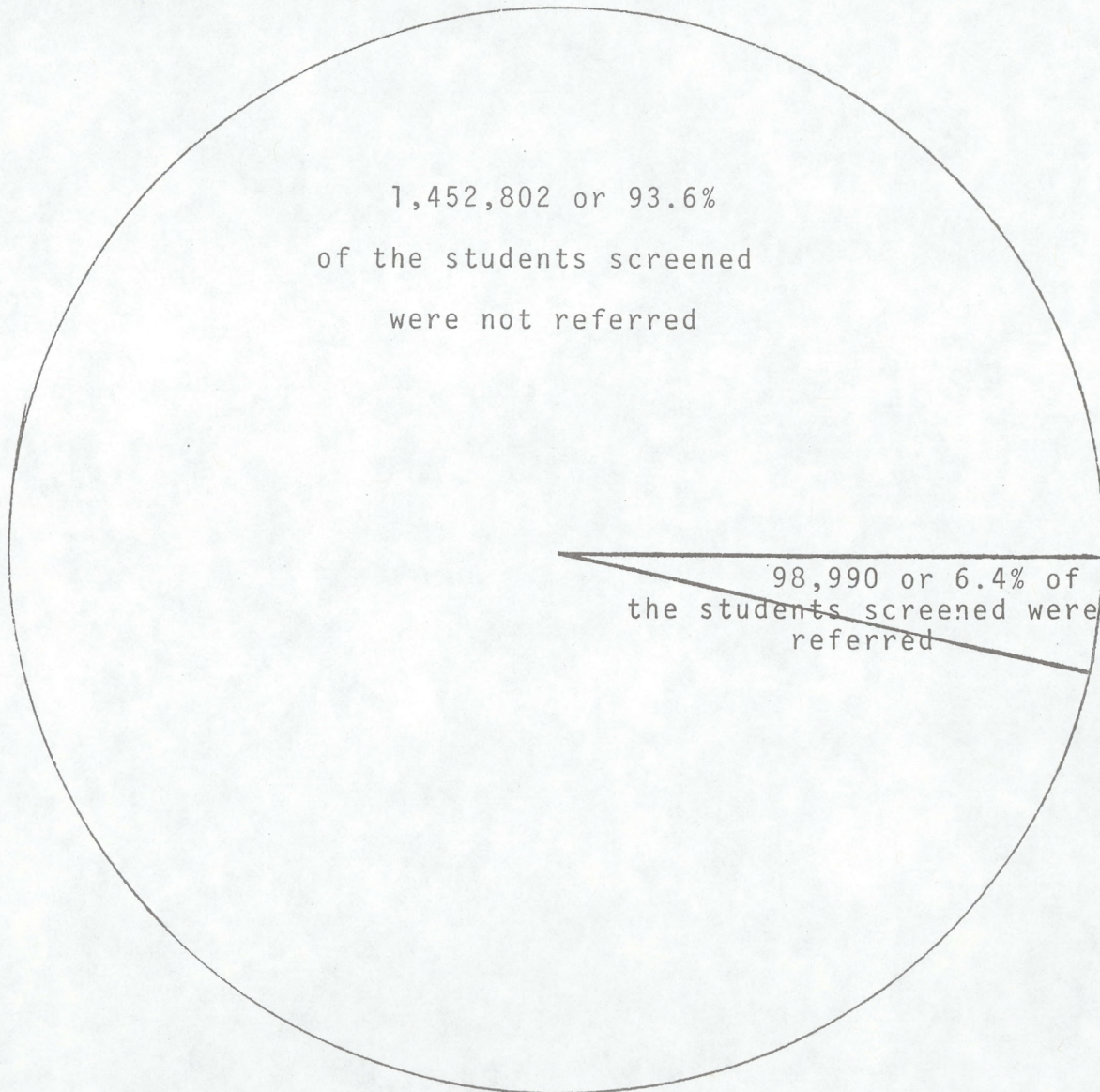


Exhibit 3

000000 4

PRELIMINARY DATA SUMMARY OF VISION SCREENING EFFORTS
AS REPORTED TO ISD'S TO TEXAS COMMISSION FOR THE BLIND
VISUALLY HANDICAPPED CHILDREN (VHC) CASE WORKERS

District		% of Total Population Screened No.=1,551,792	% of Screened Population Referred No.=98,990	% of Total Population Referred No.=98,990	Number Not Satisfied No.=1,126	
1	Corpus Christi	103,063	45.0	8.23	3.2	7
2	Fort Worth	182,973	76.6	5.4	4.1	6
3	Dallas	242,308	59.7	4.7	2.8	27
4	Tyler	90,687	63.0	6.6	4.1	5
5	Austin	91,579	42.6	7.97	3.4	11
6	Houston	497,495	74.0	5.7	4.2	6
7	San Antonio	267,935	59.3	6.6	3.9	14
8	Lubbock	79,485	57.8	6.5	3.7	6
9	Galveston	51,839	61.8	5.9	3.6	0
10	El Paso	111,676	54.2	9.1	4.9	5
11	Wichita Falls	38,606	50.8	8.4	4.3	1
12	Harlingen	103,583	77.4	7.1	5.5	3
13	Beaumont	73,723	80.4	6.6	5.3	6
14	Waco	84,821	69.0	8.0	5.5	4
15	Odessa	70,496	59.4	7.97	4.7	2
16	Laredo	31,178	57.9	7.1	4.1	2
17	Amarillo	126,599	49.0	5.7	2.4	6
18	Abilene	57,204	56.7	7.4	4.2	20
19	Texarkana	48,884	47.6	6.7	3.2	17
20	San Angelo	25,462	34.5	5.9	2.03	5
21	Lufkin	48,894	47.8	9.3	4.4	7
22	Bryan	25,596	82.9	5.1	4.2	9
23	Victoria	32,865	57.0	7.2	4.2	5

Total ISD Student Population*	2,486,951	range = 34.5 to 80.4% True M = 62.4% Adj. M = 59.32%	range = 4.7 to 9.3% True M = 6.9% Adj. M = 6.4%	range = 2.03 to 5.5% True M = 6.4% Adj. M = 3.4%	range = 0 to 27% <u>174 ISD's</u> 1,126 ISD's = 16%
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M = Mean -7-

*Figures adjusted by adding population figures for ISD's providing incomplete data or not reporting

COMMISSION FOR THE BLIND DISTRICTS

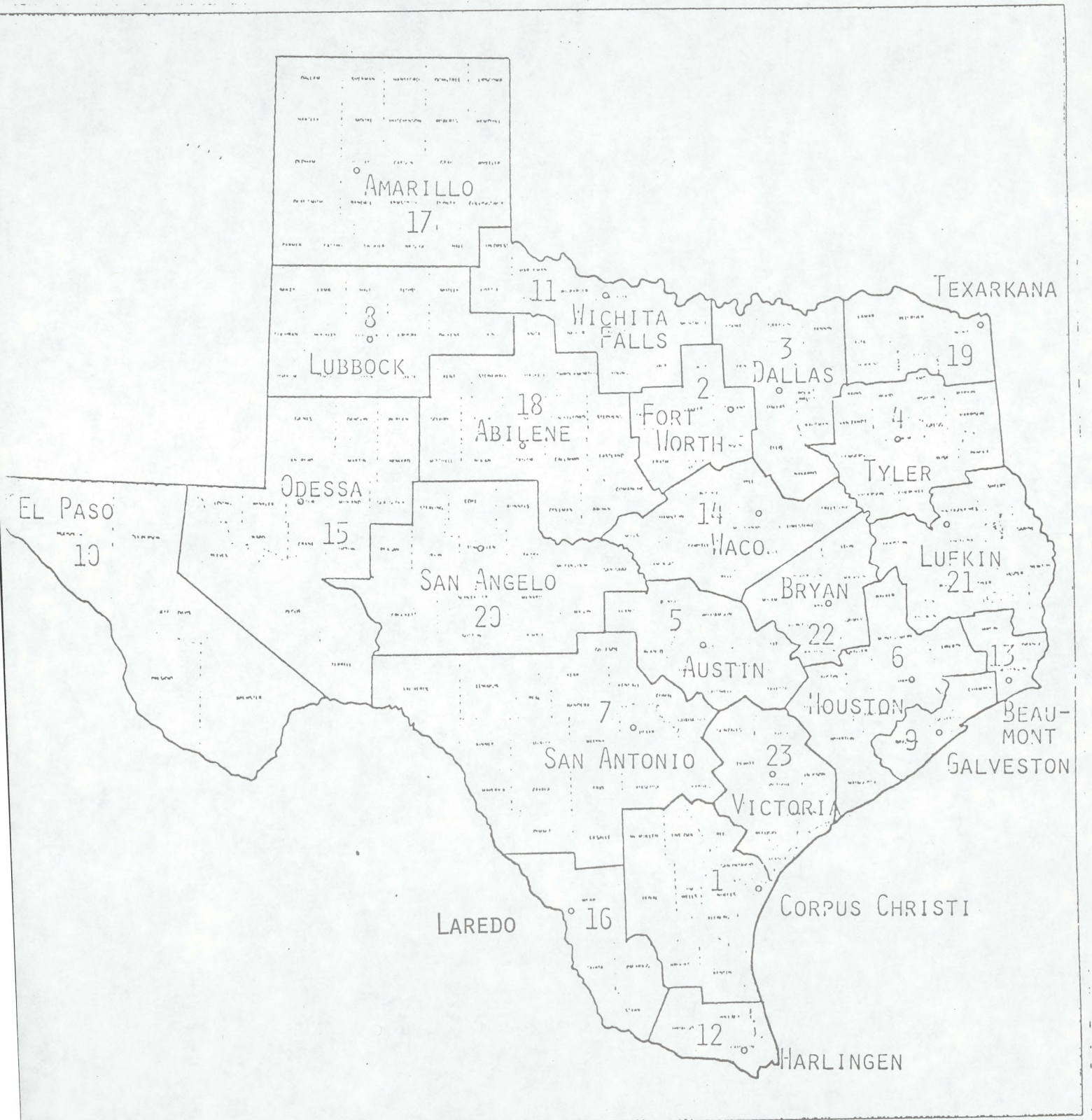


Exhibit 5

the feasibility of several suggested approaches to screening, utilizing different categories of people to provide the direct screening effort. Due to the lack of homogeneity in the geography of the state, these models were situated in various areas of the state and headquartered in the following cities: Houston, Corpus Christi, Kilgore, San Angelo, and El Paso. The Houston model is of a clinical mode, with screening conducted in two clinics by nurses and optometrists. Trained volunteers were used in the El Paso model, while the Education Service Center models utilized school nurses, with some assistance from trained teachers, graduate students, etc.

Some factors of these models, such as average time and cost per child, efficiency and effectiveness of testing procedures cannot yet be directly compared, as all relevant data has not been collected. Some of the aspects of the models may never lend themselves to direct comparison. Uncontrollable variables, such as differing techniques, procedures, level of competence of screening personnel, kind and condition of testing equipment, do not allow for absolute comparison of the models. However, it can be concluded that the clinical model, though efficient, is quite expensive, and the Education Service Center models are more cost effective/cost efficient for screening large populations across the state. Use of the Snellen equipment was dominant in the school districts, as reported by the school administrators to the VHC workers. 251 schools used the Snellen equipment alone, while 200 used this equipment in conjunction with other testing equipment. Specific equipment used in each model is specified in the following descriptions of each

Vision Screening Model. It would also seem to appear that the volunteer model lacks the appropriate depth of screening that is required.

Exhibit 6 summarizes comments by the vision screeners. It indicates they feel more training is needed, plus additional trained personnel. Another need mentioned was that of more and better equipment. More sophisticated programs, including continuous screening and follow-up resources, are another requirement. Private sector aid, specifically the Lions Clubs, has been very cooperative, the screeners feel.

An overall picture of the types of models, children served, and screening personnel, is presented in the Summary Table, Exhibit 7.

EL PASO VISION SCREENING MODEL

Number of Students Screened: 10,915 *

Number of Students Referred: 770

Percentage of Students Referred: 7.05%

Grades Screened:

Sample populations from five I.S.F.'s were screened. These included one school each of Kindergarten thru Sixth Grade, Seventh thru Eight Grade, and Ninth thru Twelfth Grade.

Screening Conducted by:

The El Paso branch of the Texas Society for the Prevention of Blindness sponsored the screening, with a staff consisting of the Executive Director of the El Paso T.S.P.B., and one full-time person to provide case work, volunteer training, record keeping, referral and follow-up services. Volunteers were trained to conduct the actual screening.

Testing Procedures and/or Equipment Employed:

Snellen Symbol "E" Chart for Grades K-3
Snellen Lines of Letters Chart for Grades 4-12
All children tested by linear method
All children read 20/30 foot line

Follow-up Procedures:

Referral letter sent to parents, along with Eye Examiner's Report and a return envelope.

Potential Impact:

Approximately 117,000 students would be screened if project is followed through on a yearly basis.

Recommendations of Study:

Grades K, 1, 3, 5, 7, and 9 should be screened.
Trained volunteers should be utilized.
Paid coordinator should be hired by school districts to direct such a program.

Average Time/Cost Per Child: \$1.25

*Contract amended to screen an additional 11,000 students.

HOUSTON VISION SCREENING MODEL

Number of Children Screened: 1,936

Number of Children Referred: 493

Percentage of Children Referred: 25%

Ages Screened: 0 to 22 years

Screening Conducted by:

The Texas Department of Health Resources established a special project in Houston, located in two clinics, under the Early Periodic Screening, Diagnostic and Treatment Program, utilizing the services of an optometrist and a clerk in each clinic on a half day basis for a period lasting six months. The children were screened by a nurse and optometrist independently during the first three months, and conjointly during the last three months.

Testing Procedures and/or Equipment Employed:

Nurses used Snellen Chart and corneal reflection techniques.

Optometrists used

Snellen Chart (distant and near)

Illiterate E Chart for the younger children

Stereopsis exam for suppression

External exam for pathology

Color test

Retinoscopy

Ophthalmoscopy

Potential Impact:

Approximately 100,000 children in a comparable clinical situation in the Greater Houston Area would be potentially impacted.

Findings of Study:

- a. Preschool and school-age vision screening is feasible using methods now available.
- b. Nurses and others appropriately instructed can administer vision screening to children.
- c. There are insufficient numbers of ophthalmologists and optometrists in Texas to meet the demand for professional eye care and vision evaluation unless screening with referral is utilized.

- d. 25% of children screened in this study were referred-- 64% with refractive error, 21% with binocular coordination problem, and 15% with pathology.
- e. Following instruction in proper technique for detecting refractive error, binocular coordination, and certain anomalies and pathological conditions, vision screening nurses measurably improved capability, particularly with younger children.
- f. During the study, 430 significant visual problems were found and referred, which was 22% of the children screened.
- g. Follow-up of children referred was difficult to impossible, since most appointments made were not kept by the individuals, and physicians were resistant to providing information back to screeners. It must be noted that this study was confined to a six month period with no provision for continuation of referred cases.
- h. Project was hindered in first three months due to lack of some essential equipment brought on by hurried establishment of study and lag time in ordering and receiving.
- i. During the first phase, the nurse needed 3-5 minutes to visually screen a child. With increased procedures in second phase, the nurse needed seven (7) minutes per child; however, her ability to detect visual problems was statistically evident.
- j. The cost per child visually screened in the project was \$9.95, which included salaries of two optometrists and two clerks, equipment and supplies. No facility nor maintenance costs were included in this cost.

Recommendations of Study:

- 1. A preschool/school-age vision screening program be established in Texas.
- 2. Nurses and/or other trained persons can utilize current and available equipment and techniques to detect the majority of visual problems needing referral to an ophthalmologist and/or optometrist.
- 3. A program be established in the State of Texas to develop standards and methods for instructing nurses and/or others in proper vision screening technology.
- 4. A state agency be charged by legislative act to assume responsibility for a statewide childhood vision screening program.
- 5. Ophthalmologists and optometrists, through their respective professional organizations, be made aware of contemplated

legislative action and that support be solicited.

6. The Texas Department of Health Resources, if charged by law, be considered as the agency to assume the public health aspects of a statewide childhood vision screening program.

Average Time/Cost Per Child:

- a. Average time per child
 1. initial screening: 3-5 Min.
 2. clinical diagnosis: does not apply
- b. Average cost per child - \$9.95

Comment:

This model was very effective, but differed from all other approaches in that it concerned the total process from basic screening to professional diagnosis. Results show higher costs per child, as would be expected in a clinical, diagnostic process as opposed to school-site screening in the other models.

REGION II EDUCATION SERVICE CENTER
VISION SCREENING MODEL

In Progress

Number of Students Screened: 4,417 (Including 1,641 Special Education Students)

Number of Students Referred: 361 (Including 130 Special Education Students)

Percentage of Students Referred: 8.17%

Grades Screened: 1-12, with emphasis on all children in Special Education and children with potential visual deficiencies.

Screening Conducted by:

This was a joint effort between the Region II Education Service Center, the Commission for the Blind, and the Governor's Coordinating Office for the Visually Handicapped. The first phase involved an awareness program in order that the participating school districts would concentrate on the identification of children with visual deficiencies. The second phase added direct technical assistance to individual teachers so that the identified children may receive individual instructional programs. Two workshops and one follow-up session were held. Screening was accomplished by 33 persons: 21 R.N.'s or school nurses, 4 speech therapists, 3 L.V.N.'s, and 5 teachers or staff persons.

Testing Procedures and/or Equipment Employed:

Titmus and/or Slides

Potential Impact:

If followed through on a yearly basis, there is potential impact on approximately 91,000 students.

Findings of Study:

- a. Many children previously screened failed to pass screening provided by competent screening personnel.
- b. Some children are inappropriately placed in Special Education classes due to unsuspected visual impairments.

Recommendations of Study:

Continued screening and technical assistance to schools is needed to meet the needs of the visually handicapped.

Average Time/Cost Per Child:

Average time and cost per child data is yet to be determined, as this study is still in progress.

Comment:

The average time/cost per child should be similar to those of the Region XV ESC Model.

REGION VII EDUCATION SERVICE CENTER
VISION SCREENING MODEL

In Progress

Organization and training for this project began in mid March and will extend to August 31, 1977.

Inservice workshops for volunteers, aides, teachers, nurses, graduate students, and ESC staff are in progress.

The personnel mentioned above are expected to participate directly or indirectly in the vision screening process.

Number of Students Screened: 2,000+ to date

Number of Students Referred: Not yet available

Testing Procedures and/or Equipment Employed: Titmus

Follow-up Procedures: Similar to Region XV ESC - Eye Specialist Report and referral forms.

Average Time/Cost Per Child: Not yet available

REGION XV EDUCATION SERVICE CENTER
VISION SCREENING MODEL

In Progress

Number of Students Screened: 19,221 (Including 1,788 Special Education Students)

Number of Students Referred: 1,289 (Including 198 Special Education Students)

Percentage of Students Referred: 6.7%

Grades Screened:

Selected grades were screened by the various school districts. Several school districts screened all grade levels.

Screening Conducted by:

This was a joint effort between the Region XV Education Service Center, the Commission for the Blind, and the Governor's Coordinating Office for the Visually Handicapped. Four 2-day training institutes were conducted in strategic locations of this region. In September a 1-day inservice training session was held for all Special Education Administrators and Diagnosticians. Screening was accomplished by 90+ school nurses and instructional aides subsequent to their attendance at the training sessions.

Testing Procedures and/or Equipment Employed:

Titmus with Snellen as backup, or the Telebinocular

Follow-up Procedures:

Some school districts used the Eye Specialist Report and referral forms. Other districts left the follow-up to principal or to parents.

Potential Impact:

If project is followed through on a yearly basis, 45,000 students would be potentially impacted.

Average Time/Cost Per Child:

- a. Average time per child: 7 Min.
- b. Average cost per child: \$.42

SUMMARY OF COMMENTS FROM THE VISION SCREENING PERSONNEL

<u>Overall</u>	<u>Satisfied</u>	<u>Not Satisfied</u>
Program Results	164(14.7%)	174(15.6%)
Follow-up	52	
<u>Breakdown of the above:</u>		
Lack of parental concern/cooperation	16	7
Need more time	5	9
Need more personnel	12	26
Need more training/workshops	17	20
Need more/better equipment	13	27
Need more money/reason not specified	11	5
Need more/better space/facilities	3	7
Need professionals/qualified people/nurses	15	24
Need more sophisticated/appropriate program	5	25
Need more screening/continuous screening	6	26
Need money resources to follow-up	4	13
Need more follow-up help/personnel	2	5
Need better follow-up	6	26
Need test for far-sightedness		6
Lions Club were cooperative	82	
Over referrals/Titmus unsatisfactory		4
Superintendents/administration against - 3		

Exhibit 6

SUMMARY TABLE

Project	Agent	Type Project	No. of Children Served	No. to be Screened by end of FY 77	Potential No. Screened if Procedures are Followed Through	No. Referred	% Referrals
El Paso	T.S.P.B.	Volunteer	10,915	22,000	117,000	770	7.05%
Houston	D.H.R.	Clinical Model	1,936	2,200	100-110,000	493	25%
Corpus Christi	E.S.C. Reg. II	ESC & School Personnel	19,221 *	11,000**	91,000	361	8.17%
Kilgore	E.S.C. Reg. VII	ESC, School & Other Trained Personnel	2,000+*	45,000	111,000	*	*
San Angelo	E.S.C. Reg. XV	ESC & School Personnel	4,417*	45,000	45,000	1,289	6.7%
			38,489	125,200	464,000 (Approx)	2,933	

* In Progress

** Special Education and High Risk Children

Exhibit 7