

# Fostering Healthy Sight in Canada: Focus on Kids

CONSENSUS FROM ROUNDTABLE

Vision care in childhood can impact healthy sight for a lifetime.

It can also have a dramatic effect on academic and social development. Kids with undetected vision problems can suffer from low self-esteem, frustration, poor literacy or physical side effects – like headaches. Sometimes, they are wrongly viewed as “slow learners.”

In addition, beyond vision correction, certain aspects of achieving healthy sight – such as the need for ultraviolet (UV) and trauma protection, and even self- and peer-acceptance – are especially important for younger patients.

With regular eye exams, eyecare professionals can detect problems early, prescribe proper treatment and provide the best possible eyewear solutions to enhance and protect sight. Vision screenings can be catalysts for introducing and integrating children and parents into the vision care system, and encouraging regular eye exams. Comprehensive exams can uncover overall health problems before symptoms occur. They can assist in early detection of diseases, such as diabetes, neurological disorders and brain tumors. Early diagnosis of ocular (of the eye itself) and systemic (of the body as a whole) diseases can improve outcome, and can often delay or prevent future complications.



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Children have long been a focus for Transitions Optical, Inc. Transitions is committed to addressing the needs of children with an excellent product solution – and educating eyecare professionals and patients – to ensure the healthy sight of kids today and for a lifetime.

Transitions convened a forum of professional thought-leaders from the optical industry and kids-focused associations to explore obstacles to meeting children's



needs, and identify strategies that the eyecare industry can embrace to overcome them. The Fostering Healthy Sight: Focus on Kids roundtable event was held on February 2, 2009, in Toronto, Ontario, and included eight participants spanning eye care, education and non-profit sectors.

Attendees contributed their unique perspectives and discussed how eyecare professionals and the industry overall can best meet the clinical and educational needs of young patients

by increasing awareness of proper healthy eye habits among children and their influencers.

Presentations by eyecare professionals focused on eye health risk factors faced by children – such as increased incidence of certain ocular disorders related to eye development and environmental dangers children encounter, like ultraviolet radiation, glare and trauma. Communication strategies that can be applied in-office to provide the best care and overall experience for the young patient, taking into account the maturity level of children and their individual lifestyles, were also explored. Participants from organizations that address children's health issues shared best practices on how to educate parents and kids prior to entering school (ages zero to six) and throughout the education system, and how to reach schools and parents through general public outreach and community partnerships. Discussion sessions allowed all parties to offer their own unique perspectives.

Based on the presentations and discussions, insights related to vision care, vision wear and education “musts” were established. Obstacles to meeting these needs and methods for overcoming them were also identified. A summary of these topics and an overview of the presentations delivered are captured in this consensus paper, which concludes with the group's collective recommendations for next steps.



# Overview of Presentations

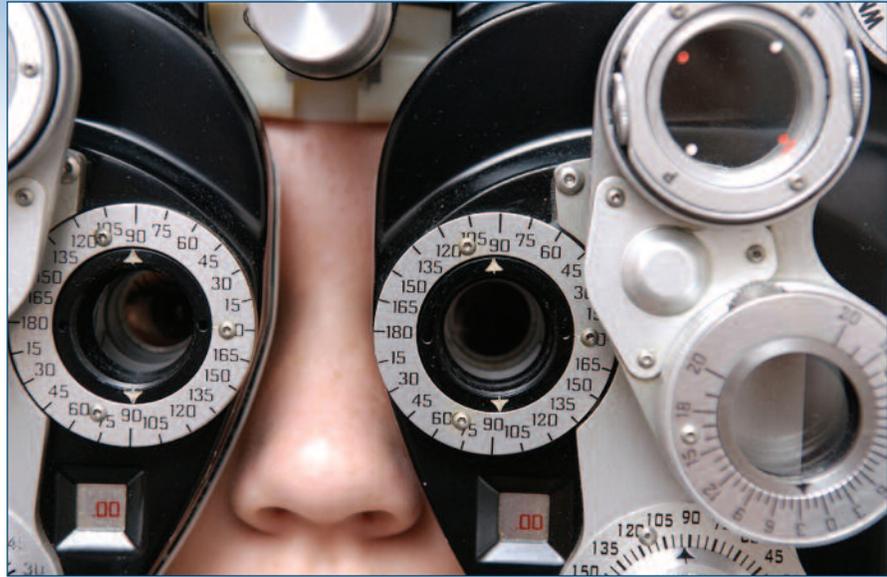
## Clinical Needs/Risk Factors

There are certain clinical needs and risk factors inherent among children that can impact sight. In addition, eye exams can aid in detection of serious, systemic diseases – like neurological disorders, brain tumors and childhood diabetes – which can otherwise be difficult to catch early. From a developmental standpoint, poor vision is associated with learning disabilities, delinquency and negative social interactions.

Yet, children often either do not receive eye exams, or they get them too late. Many parents lack awareness about the importance of a comprehensive eye exam. They often perceive that vision screening will be conducted at school or in the paediatrician's office. While screenings conducted by a trained professional have a positive effect, they do not replace regular, thorough ocular examinations (which can aid in detecting early signs of ocular or systemic health problems) or an accurate refraction (which can be needed to correct vision problems).

## Physiological Risk Factors

Children's **developing eyes** have special needs. They are more susceptible to ocular disorders, such as strabismus (misalignment), strong ametropias (refractive error) and amblyopia ("lazy eye"). These types of problems are treated more effectively when caught early, and can be missed in a screening.



Increasingly, children are also given prescription and non-prescription **medications**, which can have adverse ocular side effects. Steroidal agents (like inhalers to treat asthma), anti-histaminic drugs (used to relieve seasonal allergies and respiratory conditions) and medications for Attention-Deficit Hyperactivity Disorder (ADHD) are prescribed to children and have the potential to create vision problems. Even antibiotics can impact eyes. Still, parents are largely unaware that medications can impact the eyes, as well as the whole body. In a survey, nearly half of parents said that their kids took medications, yet more than half did not know some of these medications can increase sensitivity to the sun.<sup>1</sup>

**Diabetes** is another risk factor that is increasing in children. Experts are predicting that children born in 2000 have a one in three chance of developing diabetes due to the rise in childhood obesity. Of particular concern is that excess weight over time increases the risk of developing chronic health problems. Obesity is one of the leading risk factors for heart disease, stroke

and Type 2 diabetes. Obesity rates among children and youth have nearly tripled in the last 25 years; and indications are that the rates of overweight and obesity among First Nations children are two to three times higher than the Canadian average.<sup>2</sup>

More than 2.4 million Canadians have diabetes, and up to six million more are at an increased risk for developing diabetes.<sup>3</sup>

Diabetes affects blood vessels, and therefore impacts the entire body. Left untreated, it can lead to blindness among other issues, like heart disease, kidney failure and circulatory problems. Glaucoma and cataracts occur more frequently in people with diabetes; and it is estimated that approximately 2 million individuals in Canada (i.e. almost all people with diagnosed diabetes) have some form of diabetic retinopathy.<sup>4</sup> These conditions are treatable but, if not caught early enough, they can lead to vision loss or blindness. Studies show that early detection and proper treatment reduces the risk of diabetic retinopathy and blindness by 50 to 60 percent.<sup>5</sup>

Since children tend to be less aware of the seriousness of diabetes, and less likely to know how to manage it, their glucose levels are prone to fluctuation. Control of blood sugar levels can significantly reduce the incidence and severity of diabetic retinopathy; but the only way to identify eye problems in their earliest and most treatable stages is to have regular, comprehensive eye examinations.<sup>6</sup>

Diabetes and related ocular complications, such as diabetic retinopathy and cataract, have also been associated with reductions in contrast sensitivity and increased susceptibility to glare. Because they are at risk for various eye diseases, it is especially important for children with diabetes to protect their eyes from visible light and ultraviolet rays.

## Environmental Risk Factors

**Ultraviolet radiation exposure** is especially significant in children. Their crystalline lenses are not yet fully developed to adequately filter UV rays, leading to increased transmission inside the eye.<sup>7</sup> In addition, the average child receives three times the annual sun exposure as an adult<sup>8</sup> and UV damage is cumulative. Prolonged exposure can lead to ocular disease, damage to the cornea or skin surrounding the eye and impaired vision.

Despite this greater demand for UV protection, children are two times more likely to wear sunscreen than they are sunglasses to protect from the sun's harmful radiation.<sup>9</sup>



Visible light and glare affect vision by causing a loss of visual performance or visibility.

**Glare** (bright light) is another environmental factor that can be distracting, or even dangerous.

Visible light and glare affect vision by causing a loss of visual performance or visibility. Reduced contrast sensitivity caused by glare can compromise sight, even if it has been corrected to “perfect” 20/20 vision. When individuals encounter glare, they tend to squint and experience eye fatigue.<sup>10</sup> Eighty percent of Canadians agree that glare affects their vision outdoors, and more than half say their eyes feel fatigue as evening approaches.<sup>11</sup>

Because of the increased time kids spend outdoors, glare protection is especially important. Nine out of 10 children prefer Transitions® lenses over regular, clear lenses.<sup>12</sup> Benefits cited include seeing better and social “coolness.”

Since kids tend to be physically active, it also leads to a higher risk for **sports-related eye injuries**. Studies show that, of the more than 40,000 people treated for potentially blinding sports-related eye injuries in the United States every year, almost a third are children between ages five and 14; and an estimated 90 percent of those injuries are preventable.<sup>13</sup> Impact-resistant lenses are extremely important for prevention of injuries.

**Nutrition** is another factor that can affect the eyes. Research suggests that certain vitamins and nutrients – like antioxidants – can reduce the risk of developing certain eye diseases or alleviate symptoms, like dry eye.<sup>14</sup>

## Communication Needs/ Opportunities

The lack of awareness among parents about the steps necessary to protect and preserve healthy sight – and the lack of action – demonstrates the need for further communication. For instance, most parents report that their children spend more than three hours in the sun daily, but they don't check UV levels or provide UV-blocking eyewear. That's because only 13 percent indicated "damage to the eyes" as a risk of ultraviolet exposure; and they were unaware of other factors, such as medications, that can affect UV sensitivity.<sup>15</sup>

Unique communication needs associated with children creates a challenge for the eyecare industry to generating awareness and inspiring action. Fortunately, there are a variety of opportunities that exist to overcome these barriers.

### Recognizing Vision Problems

Because young children often do not realize that they can't see well, it is important for caregivers to know the signs of vision problems. Difficulty seeing the television or reading signs in the distance; turning the head to use only one eye; complaining of headaches, dizziness or nausea; poor eye-hand coordination; or covering or closing one eye while reading can all indicate the possible existence of a problem.

Good eyesight for learning requires visual acuity at various distances, binocular (two-eyed) coordination, eye movement ability, focusing or accommodation, peripheral awareness and eye/hand coordination.

A collaborative effort by teachers, social workers, parents and eyecare professionals is the most effective approach to identifying vision problems.

The Ontario Association of Optometrists (OAO) recommends that children receive an eye exam at six months of age, at three years of age, before they start school and again every 12 to 24 months as recommended by an optometrist. In addition to having vision checked regularly, parents can work with their child's teachers to help accommodate vision problems (like moving the child closer to the front of the class or using larger print size on materials when possible). Maintaining an ongoing dialogue with the child (what can they see on the smart board, can they read better with their glasses?) can also help parents to detect any problems that might persist.

### Impact of Eye Exams

A comprehensive eye exam is designed to evaluate both the child's vision and the health of the eyes.

Many parents falsely believe that their children will receive a school vision test and, if a screening is available, that it is an acceptable substitute for a comprehensive eye exam by an eye doctor. A study by the National Institutes of Health in the U.S. found that, at best, preschool screenings catch 68 percent of children with vision problems. The worst screenings only caught 37 percent.<sup>16</sup> While efforts to increase the number of problems identified should continue, the potential for screening programs is clear if almost 70 percent of children with vision problems have the possibility to be integrated into the vision care system for a full ocular exam and health assessment.



Parents should understand the implications of uncorrected vision problems. Eighty percent of learning is visual for children under the age of 12.<sup>17</sup> Vision affects many aspects of learning: seeing the blackboard, reading a book, interacting on the playground and with gym equipment and playing sports. Children with poor vision may find it difficult to focus on their work – particularly if they are far-sighted (and have trouble reading). They may become frustrated and feel less capable than other students. Social interaction can be impacted; and non-verbal cues from peers and adults could effect self perception and self esteem.

Eighty percent of children identified with learning problems have undiagnosed vision problems; and 50 percent of delinquent kids have previously undiagnosed vision problems.<sup>18</sup>

Children with undetected and uncorrected vision problems may even be misdiagnosed as having a learning disability or behavioural problem such as ADHD, according to the American Optometric Association.<sup>19</sup>

Many vision problems are easily solved if detected early. Working together, professionals and partners can help achieve timely diagnosis and treatment.

## **Kid-Focused Eye Exams**

The goals of a comprehensive eye exam in childhood are to make sure the eyes are healthy and developing properly, and that the child has the best possible vision to perform well in school.

A kids-focused approach – and a caring team of professionals – can help ease children’s fears and achieve the objectives of the exam. Using child-friendly equipment (like boosters for exam chairs) and tests (including videos and fun shapes and colours) can enable infants as young as six months of age to have their eyes examined. Utilizing age-appropriate questions can help solicit desired feedback from even the youngest patients.

Correlating the purchase of eyewear to a milestone in the child’s life can help it to feel more like an achievement than a failure. Practices can provide a certificate (even including a digital photo of the patient) with the purchase of a first pair of glasses and, with the parents’ permission, feature pictures on the practice’s Web site or “Wall of Fame.”

Family-friendly details in the office – like wall murals and waiting room-books and toys – can put children at ease and help communicate to adults who are there for their own exam that the practice treats children.

## **Parent-Inclusive Eye Exams**

Parents’ attitudes can influence kids, so creating a positive rapport with them is important. In order for parents to feel confident, they must have their own concerns addressed during the appointment. By the end of the

examination, parents should know if their child’s eyes are healthy, focusing and working together, if the child has good depth and colour perception and what specific eyewear is required.





As resistant as some children are to wearing glasses, parents may have an equally negative response to being told that their child needs corrective eyewear. Parents frequently feel guilty when their child is diagnosed with a vision problem – often because they fear that the child has inherited “their eyes” or because they are told that the problem could have been corrected more successfully if it had been treated sooner. Confusion over learning new terminology, the stress of paying for eyewear (possibly over a long period of time) and the added responsibility of policing their child’s wearing of and caring for their eyewear are all unwelcome side effects for parents.

Acknowledging these feelings and suggesting solutions for coping can help ease parent anxiety. Providing a checklist that explains when the child should wear his/her eyewear and how it should be cared for can help ensure compliance and dispel any myths (like that corrective lenses will weaken eyesight over time). A letter that parents can pass along to their child’s teacher can also be useful, particularly if patching is required.

Parents should understand that, by providing children with proper eyecare, they are investing in the child’s physical, scholastic, social and emotional development.

## Kid-Focused Dispensing

Carrying an inventory of options that appeal to kids is critical. It helps to know what is considered “in style” for the age group. There are many frame brands specifically targeted to younger patients. Since children will be focused on the frame’s appearance, the important considerations of fit and construction will fall to the dispenser. Flexible materials and spring hinges can make frames durable, while cable temples help promote a more secure fit. Sports bands and strings that attach to frames may pose a strangulation hazard – a risk that should be communicated to parents.

To increase the odds that children will love (and therefore wear) their eyeglasses, it helps to involve them in lens selection, in addition to picking out frames. The process takes into account prescription, lifestyle factors, fashion, sun safety, impact protection and additional “fun” features. Offering packages that bundle popular “kids-focused” features for a discounted price is an option that can satisfy parents’ desire to provide the best possible quality at the most reasonable value. Options like photochromics, which offer multiple benefits (i.e. glare and UV protection), can help parents to feel like they’re getting the most out of their purchase.

Certain types of lens material and treatments are also better for young patients. Impact-resistant lens materials – like polycarbonate and Trivex™ lens material – provide protection and have the added benefit of being light weight. Using a design that decreases magnification is important for appearance; while features like

anti-reflective coating, polarized and photochromic lenses are often prescribed for increased comfort and convenience. Because of the amount of time children spend outdoors, all lenses should provide UV protection.

Dispensing high-quality frames and lenses with a kid-friendly warrantee is an important consideration for kids and parents. Explaining the warrantee fully is necessary for minimizing potential future misunderstandings.

Observing children during the appointment may provide valuable insight for the dispenser about the child’s disposition (whether he/she is calm or energetic, cautious or careless, etc.).

Individual personality may influence frame and lens recommendations. Kids’ interests also factor into the eyewear choice. Anti-reflective coating could be an important feature for patients who spend a lot of time on the computer. Impact-resistant eyewear is a must for children who participate in sports. In some cases, a second pair may be recommended to satisfy various needs. Parents should be encouraged to bring in their children’s sports helmets for fittings as well, when applicable.

Providing the reason behind the recommendation also helps enhance compliance. For example, an asthmatic child may take medication that leads to photosensitivity, and therefore could benefit from photochromic lenses.

## Educating Outside the Exam Room

Early childhood educators can be among the first to identify a potential vision problem. They have opportunities to observe behavior in various settings (playtime, learning time, meals, etc.), and have the benefit of being able to compare performance to other children of the same age.

Educators in the school system are also an important link between parents, administrators and other members of the community who have an interest in creating healthy youth across the country.

But, because they are such a relevant audience, schools can often be overburdened by outside agencies wanting to implement programs. Working with organizations that have already established lines of communication with educators can maximize impact.

## Special Considerations

**Inaccessibility of vulnerable families** can create even more barriers to care. Beyond economic, systemic and geographic obstacles, some families can be difficult to reach due to culture, language, level of education, social isolation or because they have a fear of professionals. Even more stressors include mental health problems, domestic violence, housing instability, food insecurity or substance abuse.

Understanding the broader social implications these families face can benefit eyecare professionals in treating them. Offering incentives (food/snacks, sunglasses, books, crayons, etc.) and taking into consideration the literacy level of materials that are developed can further enhance communications.

Developing strong community partnerships with local service providers, community/parents groups, businesses and governments to raise awareness, increase access and strengthen the community as a whole can help the eyecare industry to close service gaps and contribute to wide-scale healthy child development.

Another subgroup of children who are at special risk is the **blind or partially sighted**. Since vision loss in childhood is not a common occurrence, many are isolated in their own communities and schools.

Most professionals will see a relatively small number of children with vision loss. But those they do see will have a wide variety of diagnoses and vision problems. A single diagnosis can result in a range of vision loss – from a minor field loss to total blindness – and additional disabilities make each child’s situation unique. Because few studies have been done on this group, it makes the situation even more challenging.

Since children who have suffered vision loss comprise a small group, funding is limited, making it difficult to sustain specialized programs. Education and training that does exist tends to be limited in variety and availability.

Kids with vision loss may require certain interventions/adaptations/accommodations to typical ways of reading, communicating, learning, playing and working. But, there are few adapted teaching tools and assessments available. Specialized equipment and software can be cumbersome and too expensive to include in school programs and daily activities. The longer intervention is delayed, the less chance children have to develop a strong sense of self and contribute meaningfully in their communities.

Information, support and new knowledge are needed for families to intervene and advocate on their child’s behalf, adapt to meet their unique needs and support their growth and development. Early childhood educators, teachers, physicians and therapists may also require resources to meet the needs of children with vision loss.

## Key Topics of Discussion

The goal of the roundtable was to develop actionable consensus on how to educate about the importance of eye exams and the need for quality eyewear, and to ultimately provide better eyesight for Canadian kids.

Participants reached consensus on the following points:

### 1) Vision care “musts”

Children are often unable to communicate – or even realize – that they are experiencing a vision problem. In many cases they do not possess the same point of reference as adults (poor vision may seem “normal” to them, since they have never experienced what it is like to see with corrected vision). Many children also find ways to work extra hard to overcome vision problems. Obtaining a proper eye exam from a qualified eyecare professional prior to entering school – regardless of whether or not an issue has been detected – is critical to catching vision problems, which could otherwise remain unidentified throughout formidable childhood years. A regular eye exam schedule should then be established with an eyecare professional.

Less than half (38 percent) of Canadians visit an optometrist on an annual or semi-annual basis.

According to the May 2004 issue of *Annals of Family Medicine*, vision impairment occurs in 5 to 10 percent of all pre-school age children. The American Optometric Association says that 25 percent of all school-age children have some vision problems.

2006 Eye Health Report Card. Canadian survey conducted by Ipsos-Reid Canada and sponsored by the Canadian Association of Optometrists. <http://www.opto.ca/en/ehm/practiceManagement.htm>.

All About Vision. (2007, December). Eye Exams for Children. <http://www.allaboutvision.com/eye-exam/children.htm>.

## 2) Vision wear “musts”

- Kids are often more physically active than adults, leading to higher risk for sports-related eye injuries and sun exposure. Children should wear impact-resistant lenses with glare and UV protection. Even children who do not require prescription eyewear should be advised to protect their eyes with UV-blocking lenses.
- Providing kids options in vision-correcting devices that promote self- and peer-acceptance is essential to ensuring that they will comply with wearing them. Fortunately, there are fewer stigmas associated with glasses than in the past, and there are premium options available to make eyewear “cooler” (like lenses to keep eyes from looking magnified and patterned patches).

## 3) Obstacles

Participants agreed that common challenges creating barriers to care include:

- **Low awareness of the importance of eye exams** among target influencers (parents, childcare providers, general medical practitioners, policymakers, teachers, etc.): In addition, there is still a misperception that schools (or paediatricians) are responsible for vision screenings.
- **Lack of understanding about professional categories** (ophthalmologists, optometrists and opticians): Not only are consumers often unclear as to what each profession does, even within these professional groups it can be difficult to ascertain differences (for instance, some optometrists are certified to use diagnostic and/or therapeutic drugs, while others are not). To further complicate parents’ decisions about which eyecare professional is right for their child there is no clear way to distinguish which ones have paediatric expertise. Additionally, there is no consistent recommendation to consumers across groups about the frequency of eye exams, which can create confusion and mistrust.
- **Resistance to collaborative care:** There is often duplication of services provided by the eyecare professions, which can generate a competitive – rather than cooperative – situation.
- **Dual role creates skepticism:** Because eyecare professionals often dispense – or “sell” – the medical devices they prescribe, it makes school personnel and general practitioners more reluctant to refer parents/kids.
- **Geography:** Access to regular eye examinations can be restricted by a patient’s ability to travel to and from the appointment. Lack of public transportation and distance to services (for those living in remote/rural/isolated communities) can present barriers to care.
- **Economics:** Economic factors can make some families more vulnerable to receiving suboptimal vision care. These can include the inability to pay for services and corrective equipment and limited access to outside financial support.



Almost all developed nations in the world, including most provinces in Canada, have established successful Universal Newborn Hearing Screening programs. There are currently no universal programs for comprehensive eye exams.

While vision screenings are performed at many schools, several studies and reports suggest that 40 to 80 percent of children who are identified as having visual problems during a screening do not receive timely and appropriate follow-up evaluation and care by an ophthalmologist or optometrist.

Eye Exams for Children found that universal eye exams would greatly outperform a theoretical system in which every child received a vision screening (it is estimated that less than one in four children currently receive a vision screening before entering school). Under this scenario, each year a universal eye exam program would successfully treat 33,000 more children for amblyopia than a universal screening program, a 144 percent increase.

Universal Newborn Hearing Screening Fact Sheet. (2008, June 17). [http://www.coalitionquebecoise-dusn.org/index.php?option=com\\_content&view=article&id=49&Itemid=70&lang=en-GB](http://www.coalitionquebecoise-dusn.org/index.php?option=com_content&view=article&id=49&Itemid=70&lang=en-GB).

Vision Council of America. (2004, Sept. 21). Universal Preschool Eye Exams Would Significantly Reduce Vision Loss Caused By Amblyopia, New Study. <http://www.opthalmologyweb.com/News.aspx?spid=23&newsid=51205&headerid=23>.

#### 4) Educational priorities

Education continues to be needed on the importance of regular eye exams, quality eyewear and available resources. It is also important to address parents' fears and misunderstandings about eyewear.

#### 5) What the optical industry can do

- **Education through educators:** Since it's important to reach children with messages about proper vision care early in life – when healthy sight habits are formed – communicating to teachers and elementary schools can be valuable. Lesson plans focused on eye health are a way to engage kids and parents and direct them to available resources. Another approach is to begin targeting earlier influencers (like personnel at daycare centres, parent drop-in centres and preschools) and following up with elementary-school-age children.

- **Educational materials:** To be effective, educational materials should include a fresh view on the topic of kids eye health and be targeted appropriately. A brochure may be valuable for parents, while children might relate better to a coloring book.
- **Advocacy:** Immunizations and hearing screenings are routinely done on children in Canada prior to entering school. However, the need for an eye exam is not advocated as strongly. Support and awareness are also lacking on the income/benefit side. Not all employers provide vision as part of their health benefit coverage. Even in provinces where children and/or families in need are eligible for coverage by the government, it is not broadly known among groups that serve these populations.
- **Alternative methods of communication:** Families who do not regularly attend checkups by a general physician are often the least aware of the importance of vision care, and can be the most difficult to reach. Utilizing multiple venues where kids are targeted (libraries, children's theaters, public broadcasting television, etc.) may increase the odds of the message getting through.



## 6) What eyecare professionals can do

- **Reach out to fellow professionals:** Harmonious interaction between primary medical professionals and eyecare professionals is an important step toward educating patients (and parents) on the importance of preventive vision care. Sending family doctors a note or calling to provide an update on their patient's appointment can build trust and increase referrals. The three sectors of eyecare professionals working together to the full extent of their training – either through collaborative practices or public service – can create greater opportunities for the industry to work with other professions, associations and government.

According to the Canadian Paediatric Society (CPS), all children should have vision screened in their preschool years, and it the responsibility of the child's paediatrician to ensure that these tests are performed by the most qualified personnel.

Yet, only 14 percent of children under age six have had an eye exam by an eye doctor; and only half of all children will have an eye exam before completing high school.

New Brunswick Association of Optometrists. (2008). Children's Vision. [http://www.nbao.ca/en/childrens\\_vision.html](http://www.nbao.ca/en/childrens_vision.html).

- **Reach out to community:** Eyecare professionals can raise awareness and create goodwill in the communities they serve by conducting vision screenings, partnering to facilitate transportation to and from appointments for families in need and advertising about their services (ads that picture children and occur in all seasons can be especially effective). Serving as a guest speaker to deliver curriculum in schools can help develop relationships with teachers and boost their confidence in referring students in need of an eye exam. Collaborating with other allied health care professionals (like dentists/hygienists or dieticians) to provide screenings in schools could help amplify the message that eye health is an important part of overall health and wellness. Informational Web sites are another way to reach other practitioners, associations, regulatory bodies and industries.
- **Use patient visits as education opportunities:** Providing parents with handouts when their children require vision correction can serve as a valuable resource after the visit, and can also be passed along to help teachers understand how devices should be used (for instance, if a patch is required). Having books in the waiting room that show kids wearing glasses – or other ocular devices, like a patch – helps educate and ease anxiety, and sharing real-life scenarios during the visit can enhance understanding and acceptance.



Physical Health and Education (PHE) Canada was represented at the Fostering Healthy Sight: Focus on Kids roundtable event to share successes in working on children and youth leadership initiatives, resource development, holistic approaches, educator involvement projects and partnerships with other agencies and corporations.



PHE Canada serves children, youth, educators, parents, school administrators and community members who are interested in helping to create healthy, active children and youth across Canada.

Partnering with existing services for at-risk children and families can greatly increase the industry's ability to help. The Coalition for Community Action Programs for Children (CAPC) participated in the roundtable discussion and provided best practices.



CAPC targets children living in low income families; children living in teenage-parent families; children experiencing developmental delays, social, emotional or behavioral problems; and abused and neglected children. Special consideration is given to Métis, Inuit and off-reserve First Nations children, and the children of recent immigrants and refugees, children in lone-parent families and children who live in remote and isolated communities.

CAPC programs use innovative approaches to help overcome geographic barriers to services – including mobile services (toy bus, fly-in services, home visiting, parent/child groups) and support in the way of transportation (like public transportation tokens).

Roundtable participant CNIB is a nationwide, community-based charity committed to public education and vision health for all Canadians. It is the only service organization to provide a continuum of specialized vision loss services, including access to a range of specialists, technology, library resources, volunteers, research and special activities, like summer and mentorship programs.

According to a CNIB Youth Study, young people with vision loss are offered a limited range of vocational options. Based on stereotypical assumptions about the employment potential and skills capacities of vision-impaired individuals, participants reported encountering a great number of barriers and challenges to employment. Despite this, 84 percent expressed great optimism that these barriers and challenges could be overcome. Half of parents surveyed did not share this optimism.



CNIB survey of 320 youth with vision loss aged 15 to 30.

## Conclusion

Given quality eye care and the right eyewear, most children can see to their full potential, enabling them to visually experience the joys of childhood and better prepare for the future. Yet, even with all the benefits of proper vision care and vision wear, “kids’ vision” remains an area where education is still needed.

The *Fostering Healthy Sight in Canada: Focus on Kids* roundtable event helped to outline primary barriers (like low awareness among target influencers and resistance to collaborative care among professionals) to providing optimal vision care for children and expanding and enhancing education among those who are responsible for them.



Roundtable participants agreed that providing proper eye care and the right eyewear is an important investment in the physical, scholastic, social and emotional development of children. Vision care must include a comprehensive eye exam with a qualified eyecare professional early in life (preferably beginning at preschool age). Vision wear needs will vary based on the patient, but should take into account prescription and non-prescription eyewear, and should feature durability and provide UV and glare protection.

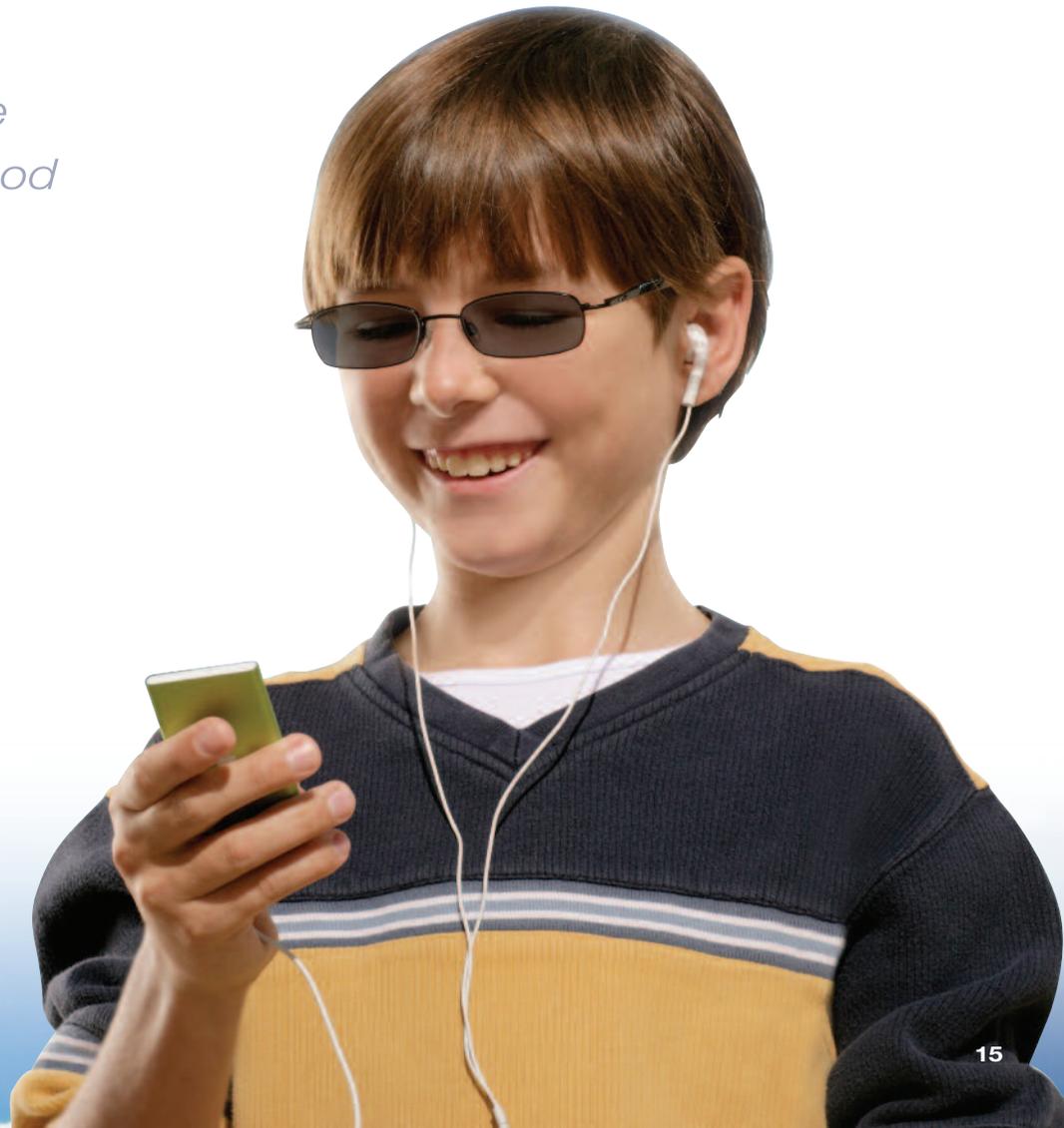
Because vision care in early childhood is so important, it's critical for the industry to work to overcome barriers that put some patients at a greater risk for not receiving the highest level of recommended care. Economic, geographic and social stressors are just a few factors that can place families in a vulnerable position. Children with vision loss can benefit greatly from early intervention with specialists and the use of assistive devices, yet access remains an issue.

To communicate the value of vision care and vision wear to the proper audiences, collaboration within the optical industry and appropriate education tools are required. Reaching out to non-traditional audiences (including charity/community organizations, educators, policy makers and other practitioners) and in unexpected venues will enhance and intensify the message. Individual grassroots attempts to develop relationships within professional, educational and community settings will be a key driver behind the success of the industry's efforts.



- <sup>1</sup> Survey conducted on behalf of Transitions Optical, Inc. from April 26-30, 2006 in the U.S. by ICR, Media, Pa.
- <sup>2</sup> Public Health Agency of Canada. Childhood Obesity and the Role of the Government of Canada, Aug. 23, 2007. <http://www.phac-aspc.gc.ca/ch-se/obesity/obesity-eng.php>.
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