
Focus Area 28 – Vision

Healthy Kansans 2010

Steering Committee Meeting

April 22, 2005

Description of the Problem

- 28-1 Dilated eye examinations
 - 28-2 Vision Screening for children (< age 5)
 - 28-3 Impairment due to refractive errors
 - 28-4 Impairment in children and adolescents (> 5)
 - 28-5 Impairment due to diabetic retinopathy
 - 28-6 Impairment due to glaucoma
 - 28-7 Impairment due to cataract
 - 28-8 Occupational eye injury
 - 28-9 Protective eyewear
 - 28-10 Vision rehabilitation services and devices
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- Our problem is that this is the first Health Plan to include vision, so we have very little data.

What Can Be Done?

Potential for Improvement

- Children's Vision:
 - Referral rates for 3 year old children from the SEE TO LEARN® Program are 12-13%.
 - Referral rates for children in the Vision In Preschoolers study vary from 15-25%.
 - Early intervention (corrective lenses) is critical.
- Diabetes
 - 7.2% of Kansans are diabetic.
 - Detection of early diabetic eye disease, or even diabetes itself, is possible with an annual dilated eye examination.

What Can Be Done?

Proven Interventions

- Children's Vision:
 - Early identification and treatment of vision problems in children allows normal vision development and has secondary effects in the classroom.
- Diabetes:
 - Early detection of diabetes provides an opportunity to promote regular ongoing care.
 - Since many patients do not receive regular health care, the detection of diabetes through an eye examination may be the entry point for such patients.

What Can Be Done?

Proven Interventions

- Focus on overlap with leading health indicators.
- Diabetes
 - Encourage physical activity (22-2)
 - Obesity (19-2)
 - Decrease proportion of persons who don't have a specific source of on-going care (1-4a)

How Are We Addressing This Issue in Kansas Now

- 2003 KUMC NEI Grant: 38% of children evaluated in Wyandotte County were referred for further vision care.
- 2004 KUMC NEI Grant: A web site is currently under development to improve nursing students, and practicing nurses, understanding of vision and proper vision testing techniques.
- 2005 KOA Adult Diabetes Education Project Grant: Statewide expansion of the program that has been in existence for more than 10 years at the Susan B. Allen Memorial Hospital in El Dorado, KS.
- 1993 - 2005 SEE TO LEARN® Program
- 1997 - 2005 SEE TO WORK® Program
- 1997 - 2005 SEE TO Play® Program

What are Kansas' Assets for Improving This Health Issue?

- NEI's collaboration with the American Optometric Association (Kansas Optometric Association)
- KUMC and their success in NEI grant writing
- Kansas Optometric Association
 - SEE TO LEARN®
SEE TO WORK
 - Adult Diabetes Education Project

Both of the above organizations are local and have more than 100 years of providing service to the residents of our state.

All of the programs listed above were founded in Kansas, thus the original doctors are available to consult on further development.

What are Barriers or Liabilities That Are Limiting Progress in Kansas?

- By far our greatest barrier is the lack of data and benchmarks.
- A second barrier is the diverse scope of vision initiatives.

Recommendations

- Continue to collaborate with KUMC
- Expand SEE TO LEARN
- Expand SEE TO WORK
- Expand SEE TO PLAY
- Expand Adult Diabetes Education Program statewide

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