



# Evaluation of a School-Based Visual Screening for Kindergarten Children

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## Amblyopia: 3-5%

- Treatment more effective before age 7

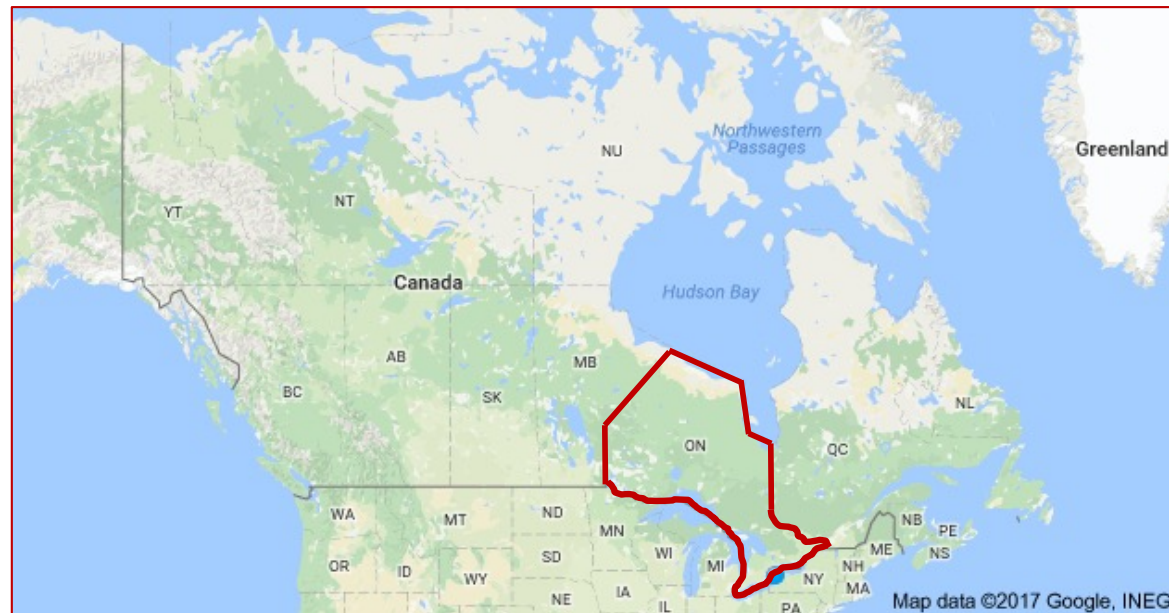
## Refractive Errors: 10%

- Hyperopia, Astigmatism
- Worse reading readiness lower IQ scores
  - 6 weeks after wearing glasses, IQ scores improved

Bradfield (2013); Drover et al. (2008); Roch-Levecq et al. (2008); VIP-HIP Study Group (2016)

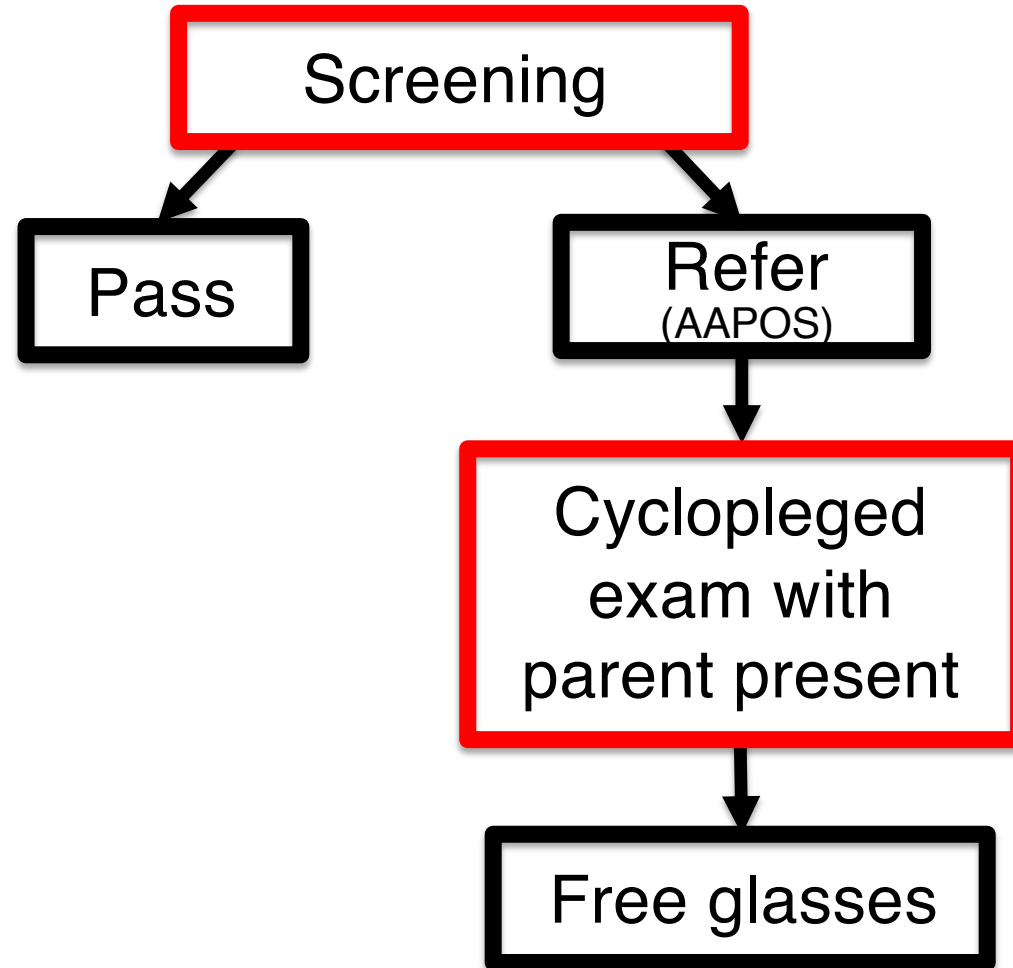
# Status Quo

- Most preschool children not checked
- Optometry exams: <14% of children under age 6 years (despite no cost to parents)



Ontario Association of Optometrists (2015)

## Our **School**-Based Model



# Screening Tests

1. Cambridge Crowding Cards



2. Randot Stereo Acuity



3. Plusoptix S12C Autorefractor



4. Spot Autorefractor



5. Pediatric Vision Scanner



Study 1: Will screening make a difference in detection of refractive errors?

Measure: number of children wearing glasses

3 schools with screening & exams vs.  
3 schools with no program

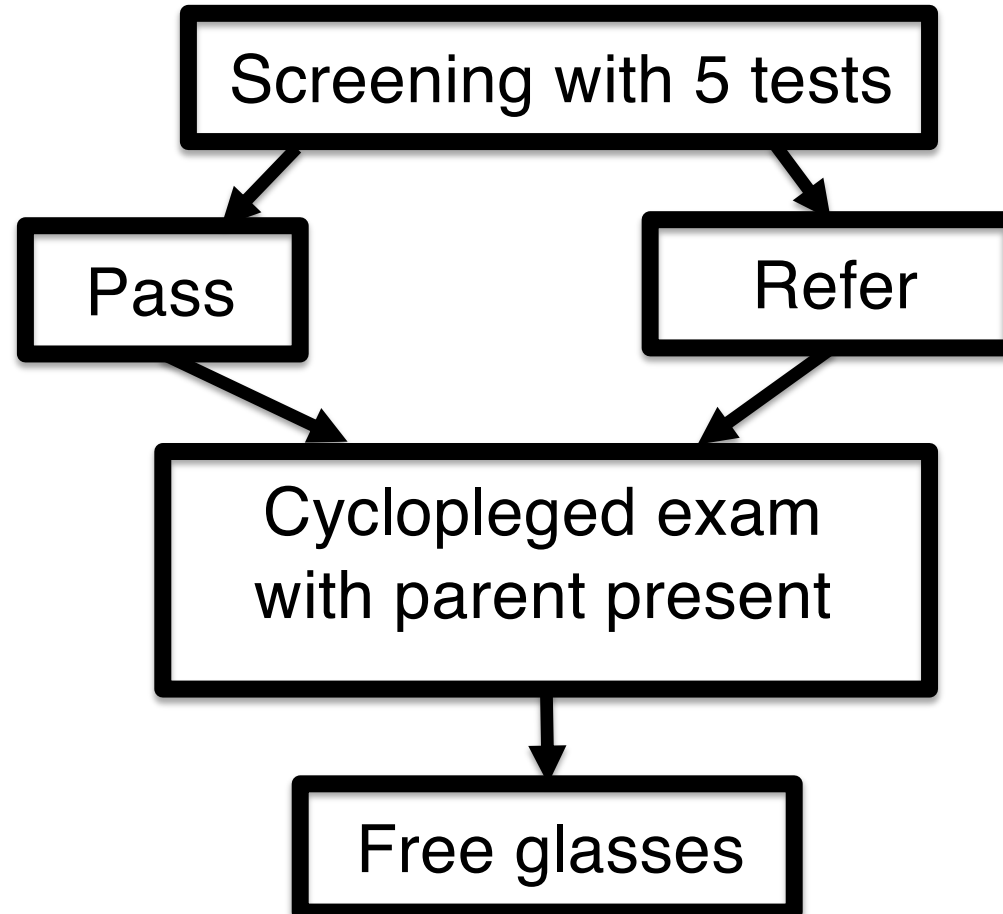
	Children Enrolled	September Glasses Counts	June Glasses Counts
Our Program	661	14 (2%)	56 (10%)
No Program	581	15 (2%)	20 (3%)

“No Program” schools received the program the following year

## Study 2: How accurate is screening?

- 712 children age 3-6 years (mean age = 5.3 years)
- Screening & exams *in school*

# Research Design



# Outcome Variables

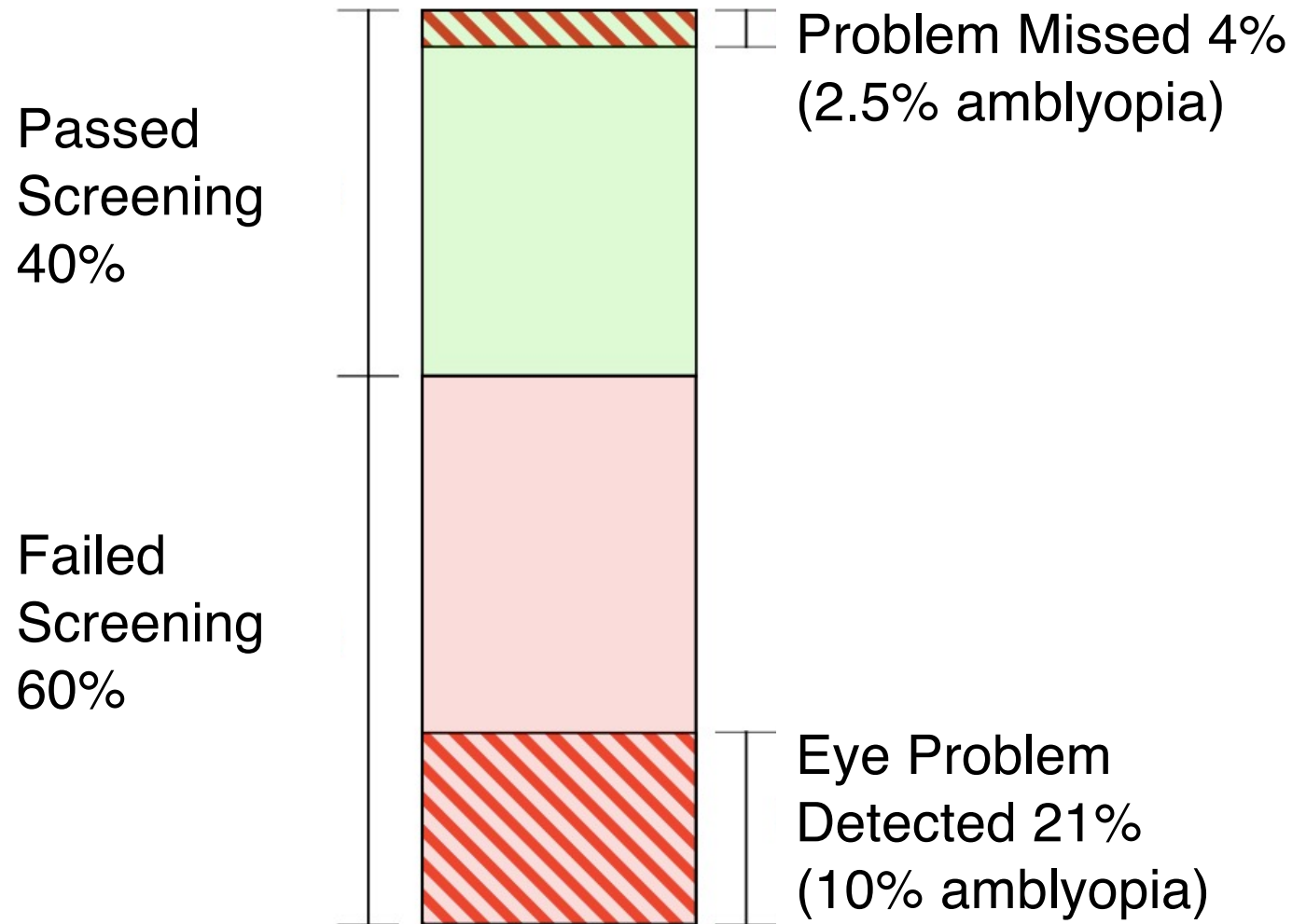
- Amblyopia suspect:  $\geq 2$ -line difference & worse than 20/40 in one eye
- Amblyopia risk factors:
  - Strabismus (tropias  $> 10$ D)
  - Reduced stereo ( $> 100$  arcsec)
  - High RE:  $> +4.0$ D or  $> +3.0$ D with acuity worse than 20/40 in any eye
  - Anisometropia

# Refractive Errors

	31-48 months	> 48 months
Anisometropia (SE)	> 2.0D	> 1.5D
Hyperopia	> +4.0D	> +3.5D
Myopia	< -3.0D	< -1.5D
Astigmatism	> 2.0D	> 1.5D

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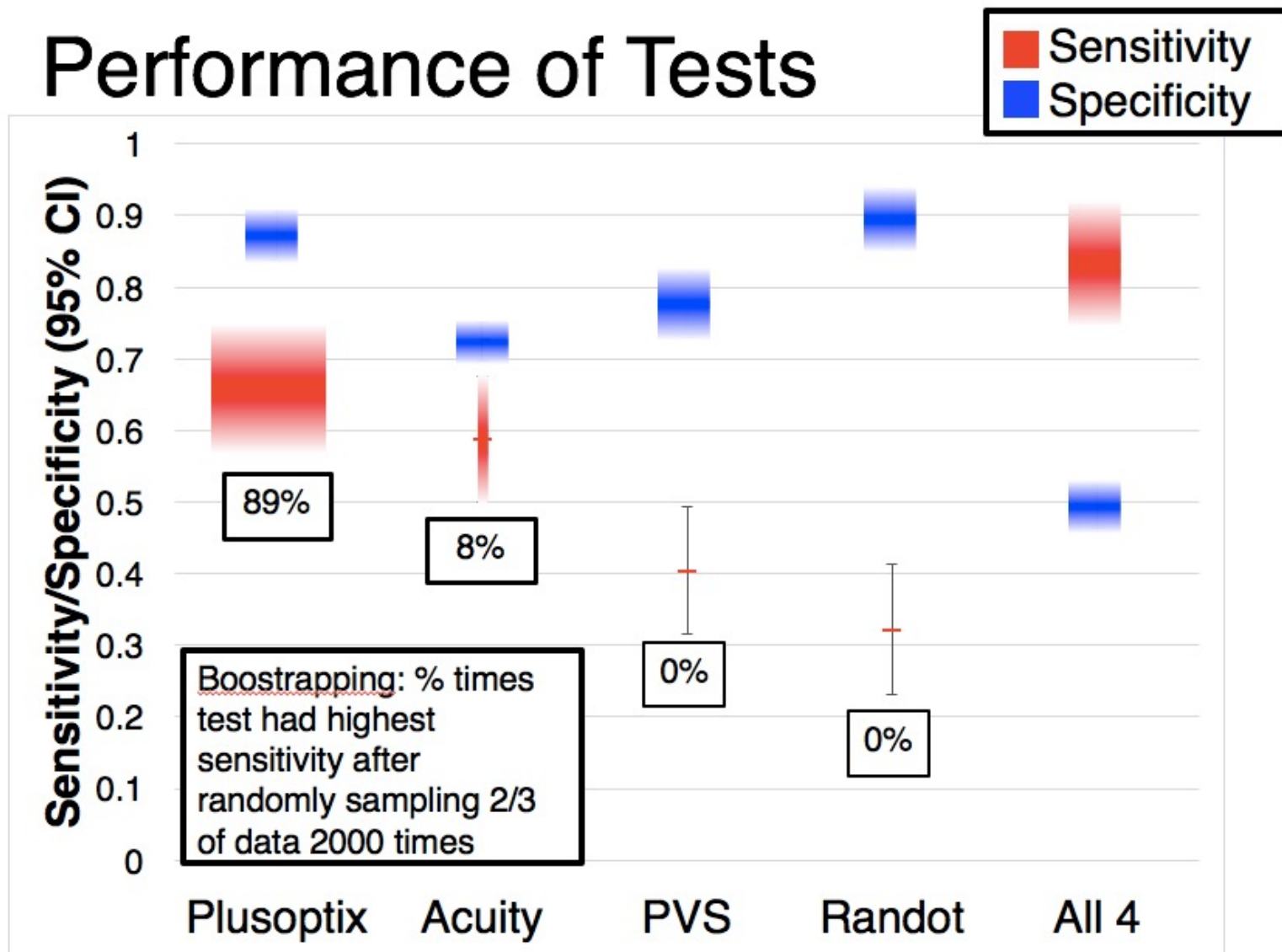
## Study 1: Findings (N = 712)



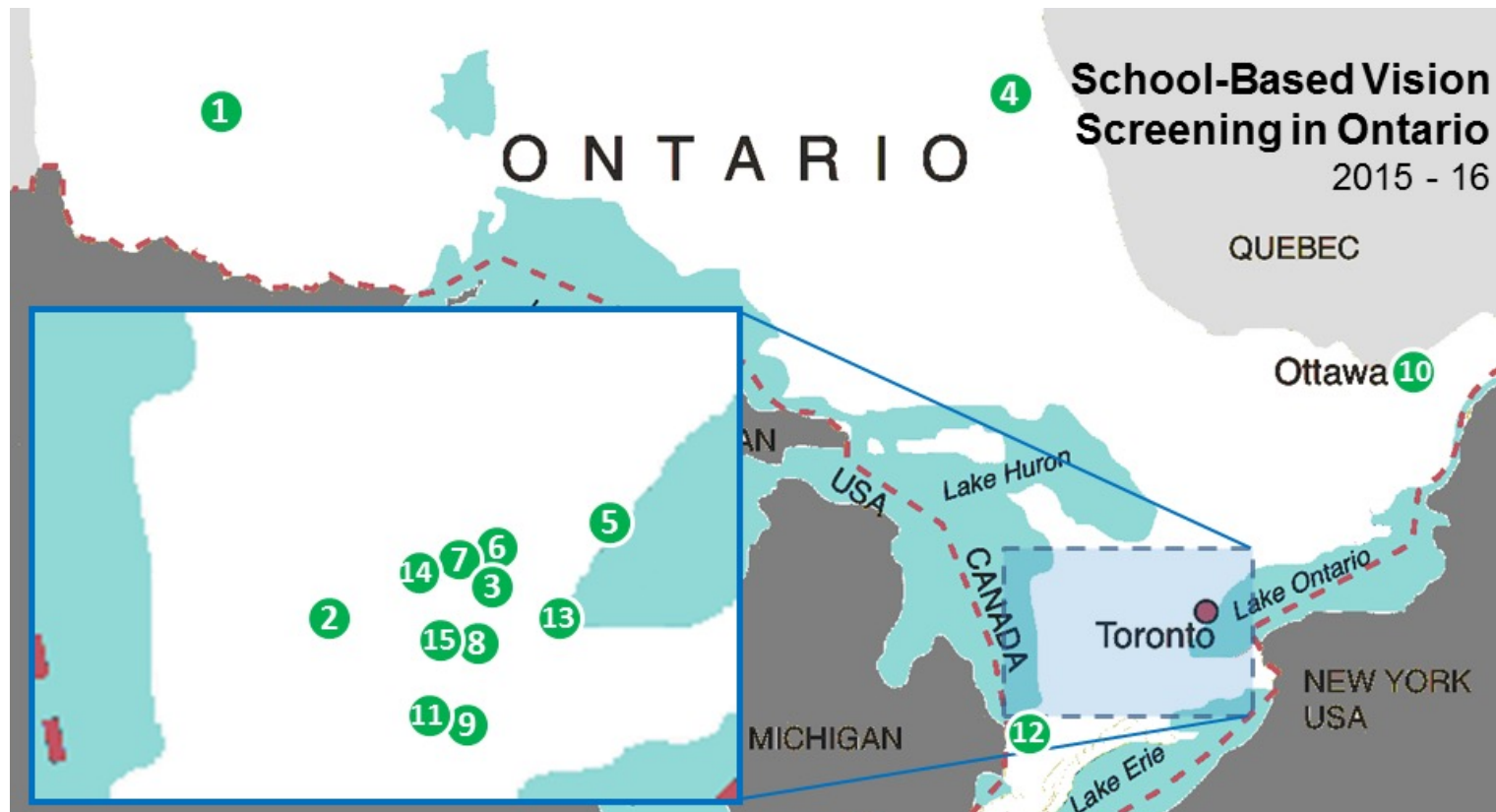
## Study 1: Findings (N = 712)

Junior Kindergarten	Senior Kindergarten
Sensitivity = 0.80	Sensitivity = 0.91
Specificity = 0.42	Specificity = 0.58

# Performance of Tests



## Study 3: Feasibility

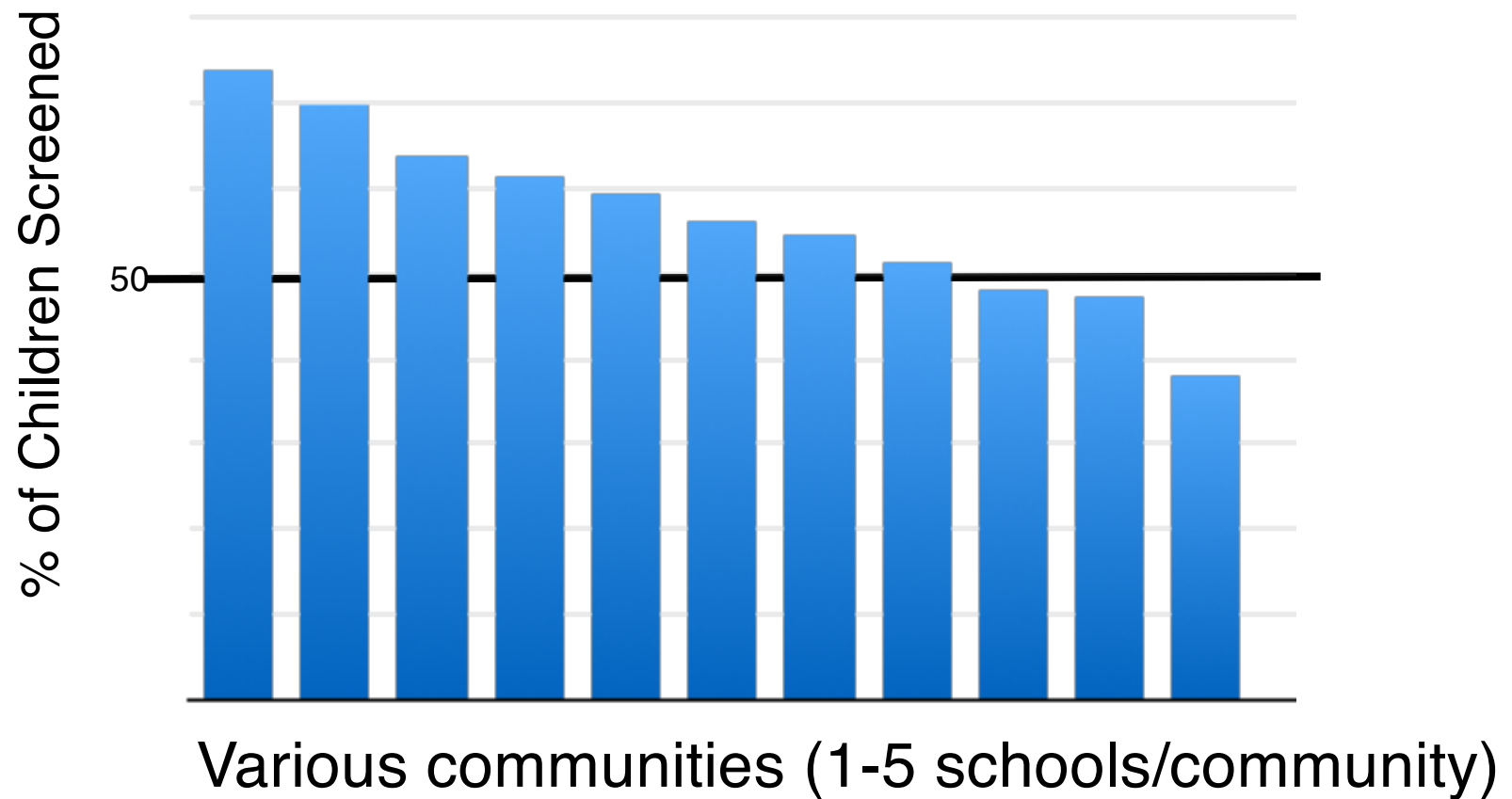


- 1 LAC SEUL FIRST NATIONS** (872)
- 2 WELLESLEY** (10,713)
- 3 GUELPH** (121,688)
- 4 KIRKLAND LAKE** (8,493)
- 5 TORONTO** (6,054,191)
- 6 ERAMOSA** (8,511)
- 7 ROCKWOOD** (3,869)
- 8 CAMBRIDGE** (126,748)

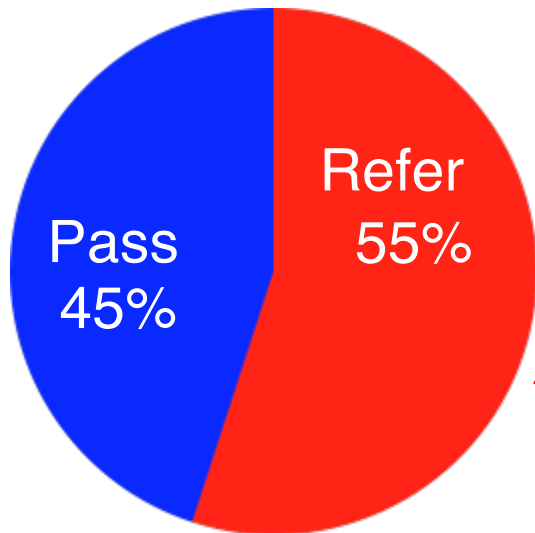
- 9 NORWICH** (10,721)
- 10 OTTAWA** (883,391)
- 11 WOODSTOCK** (37,754)
- 12 SARNIA** (89,555)
- 13 HAMILTON** (519,950)
- 14 FERGUS** (19,126)
- 15 KITCHENER** (219,153)

(Population)

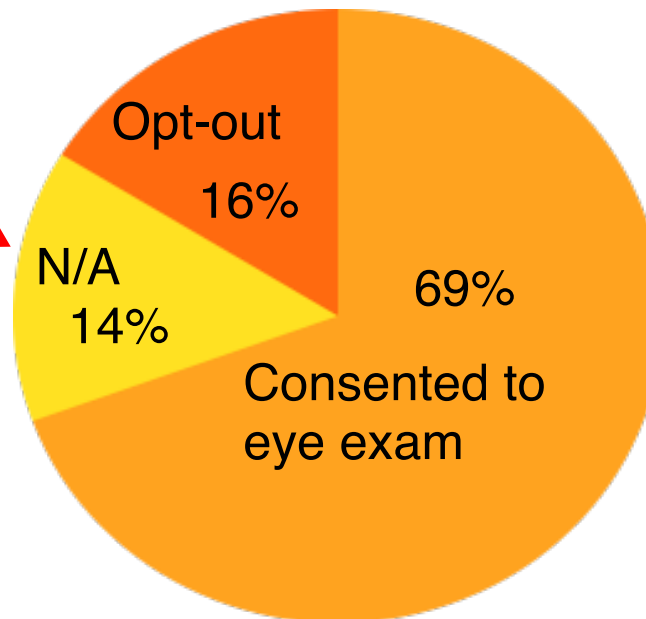
## Variable Referral Rates (N = 2534)

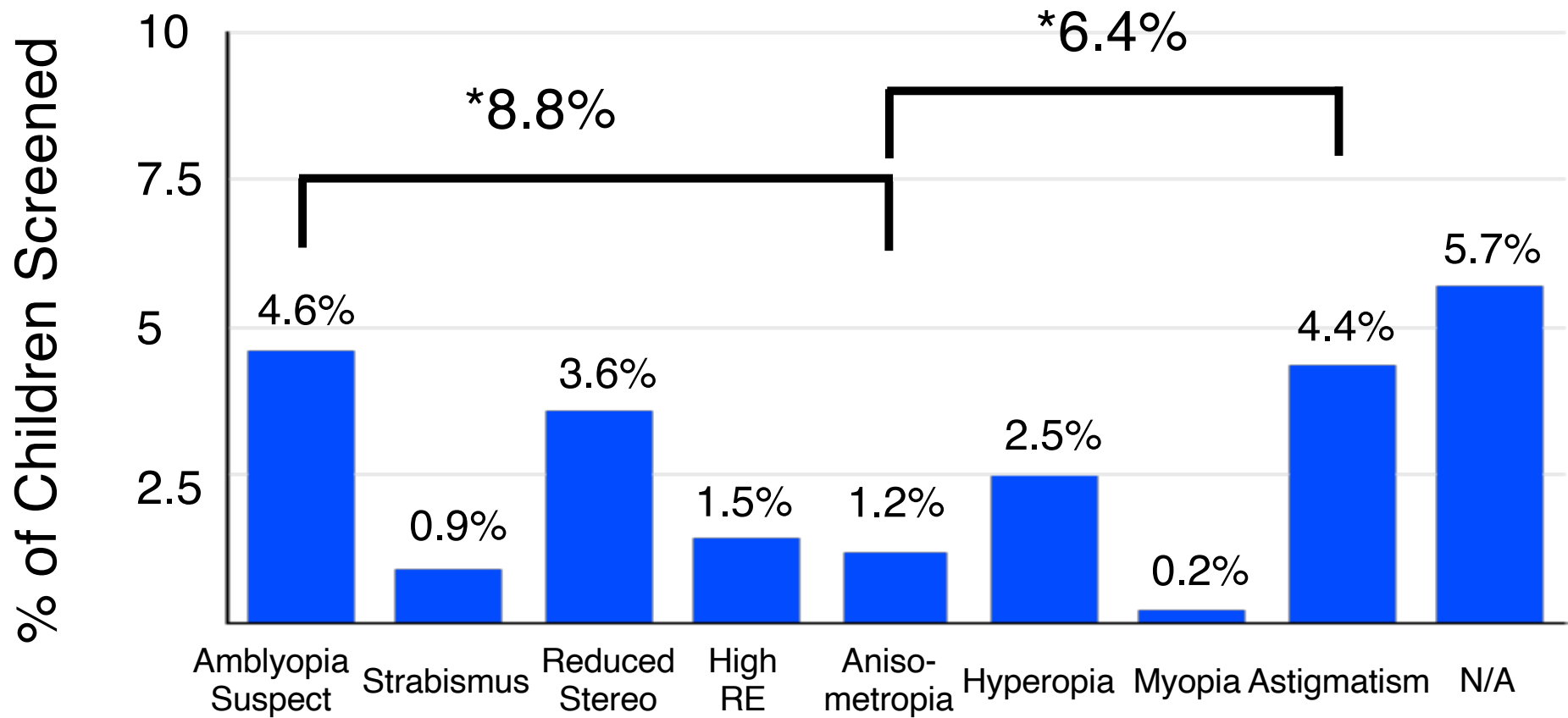


## Do parents consent to the follow-up optometry exam?



#1 reason for opt-out (80%):  
“already under care”





\*4.1% had amblyopia (& risk factors) & refractive errors

Let your children see the future!



[www.visionscreening.ca](http://www.visionscreening.ca)

# Acknowledgments

- **Optometrists:**
  - Eye See...Eye Learn<sup>®</sup>, Ontario Association of Optometrists
  - Toronto Gift of Sight & Sound
- **Complimentary Glasses:**
  - Nikon and OGI through ESEL<sup>®</sup>
  - Clearly<sup>™</sup> through Toronto Gift of Sight & Sound
- **Screeners:** 5 screeners = 25-30 children/hour
  - Oxford County, Lambton, Timiskaming Health Units
  - District A15 Lions: Fergus, Rockwood, Guelph Royal City, Galt Cambridge, Wellesley, and Ariss-Maryhill
  - iScreen (University of Ottawa medical students)