Children’s Eye Health

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For the full report, please visit: http://nationalcenter.preventblindness.org/childrens-vision-and-eye-health

**Importance of Healthy Vision for Children**

Vision plays an important role in children’s physical, cognitive, and social development. More than one in 20 preschool-age children and one in four school-age children have a vision disorder. Uncorrected vision problems can impair child development, interfere with learning, and even lead to permanent vision loss; early detection and treatment are critical. Visual functioning is a strong predictor of academic performance in school-age children, and vision disorders of childhood may continue to affect health and well-being throughout the adult years.

The economic costs of children’s vision disorders are significant, amounting to $10 billion yearly in the United States.

**Prevalence and Impact of Vision Disorders in U.S. Children**

- Nearly 3 percent of children younger than 18 years are blind or visually impaired.
- Amblyopia (sometimes called “lazy eye”), found in about 2 percent of 6- to 72-month-old children, is the most common cause of vision loss in children.
- Between 2 and 4 percent of children under the age of 6 years have strabismus.
- The most common vision disorders in children are refractive errors—myopia, hyperopia, and astigmatism.

**Risk Factors for Vision Problems in Children**

Both genetic and environmental factors play a role in the development of vision disorders. Family history is a risk factor for some vision disorders such as refractive error, as is premature birth. The presence of some vision disorders increases the likelihood of developing other vision disorders, such as strabismus and amblyopia. A number of neurodevelopmental disorders (e.g., cerebral palsy, Down syndrome, autism spectrum disorders, hearing impairment and speech delay) also are associated with higher rates of vision problems. The most significant preventable risk factor for visual disorders in children is maternal smoking. Children of women who smoked cigarettes during pregnancy have higher rates of strabismus, hyperopia, and astigmatism.

**Access to Care**

Too many children with vision disorders have unmet needs for care, leaving them vulnerable to negative effects on learning and development. Racial and socioeconomic inequities in access to care are evident across a variety of measures and studies.
- Nearly one in four (24%) adolescents with correctable refractive error has inadequate correction.
- An estimated 6 percent of children with special health care needs (CSHCN) have unmet vision care needs.
- 14 percent had gone without needed new or replacement eyeglasses within the last year because their parents could not afford the cost.
- Nationally, only one-quarter of employees of private sector businesses have access to vision benefits through their employers.

**Screening and Intervention**

- Only 16 U.S. states require vision screening for preschool-age children. Few states specify vision screening protocols, and screening methods vary widely from state to state. Additionally, all Head Start and Early Head Start programs are required to have a record of a vision screening completed for all enrollees within 45 days of entry. However, there is no national protocol for conducting these screenings.
- Early detection and intervention for vision problems are incorporated into national goals and health care standards. The Healthy People 2020 Objective V-1 is to “increase the proportion of preschool children aged 5 years and under who receive vision screening.” The U.S. Preventive Services Task Force recommends vision screening at least once between the ages of 3 and 5 years.
- Due to the time-sensitive nature of amblyopia treatment, vision screening for preschool-age children is considered a cost effective investment. An analysis of the costs and outcomes of three screening scenarios found all three to be cost effective given a “willingness to pay” by policymakers of $4,000 to $10,500 for each case of visual loss prevented.
- Healthy People 2020 uses the 2008 National Health Interview Survey for baseline data on vision screening. In that survey, 40 percent of children age 5 years and younger had ever had their “vision tested by a doctor or other health professional.” This estimate is consistent with the 2011 National Survey of Children’s Health, which found that 40 percent of children age 5 years and younger had ever had their vision tested.

**Creating Effective State Systems for Children’s Vision**

State advocates and program and policy decision makers have multiple “entry points” to the system of services affecting children’s vision and eye health. Actions that strengthen screening protocols, improve access to diagnostic exams and treatment, and bolster capacity for surveillance and performance measurement all contribute to the development and support of a comprehensive approach. These actions could include:

- Examining existing data to identify geographic, socioeconomic, and racial disparities in access to services and outcomes.
- Identifying gaps in data capacity.
- Clarifying existing state mandates, protocols, and guidelines for vision screening, and gauging the uniformity of their application across jurisdictions and the degree to which they align with current standards of practice.
- Convening stakeholders for priority setting and planning.
Conjunctivitis, an inflammation of the outermost layer of the eye, is commonly called “pink eye,” although in reality any number of conditions can make the eye look pink or red.

Conjunctivitis can occur in adults, but most often occurs in young children, who are more vulnerable to infection. In fact, pink eye epidemics often spread rapidly through classrooms and day care centers.

In such communal settings you need to take extra precautions to prevent conjunctivitis, such as disinfectant spray use and frequent hand washing.

Types of Conjunctivitis

You should see an eye doctor to determine if your child has conjunctivitis or another ailment. If conjunctivitis is the problem, the way the eyes look and feel will provide clues about which type it is:

- **Viral conjunctivitis** usually affects only one eye, which has excessive watering and a light discharge. Crusting on eyelids sometimes occurs. Viral conjunctivitis is contagious, and like other viruses, antibiotics can't treat it. Unless there's a special reason to do so, eye doctors don’t normally prescribe medication for viral conjunctivitis, because usually it clears up on its own in a few days or weeks.

- **Bacterial conjunctivitis** often spreads to both eyes and causes a heavy discharge, sometimes greenish. Crusting may appear on eyelids. Bacterial conjunctivitis is contagious. Antibiotic eye ointments or drops may help eliminate it.

- **Allergic conjunctivitis** causes itching, redness and excessive tearing in both eyes. The nose also may be stuffy, itchy and runny. Allergic conjunctivitis is not contagious; it occurs when irritants such as allergens, dust and smoke are in the environment. Artificial tears may dilute irritants in the eye’s tear film, and antihistamine allergy pills or eyedrops also may help control symptoms.

A burning feeling and light sensitivity may also occur. For all types, warm compresses placed on the outside of eyelids and lubricating eyedrops may help eyes feel a little better.

Conjunctivitis is a common and easily treatable problem, which generally has no lasting effects and is not sight-threatening.

Pink Eye Facts for Parents & Teachers

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This doctor-reviewed information was adapted from www.allaboutvision.com/conditions/conjunctivitis.htm. Please see the article for more complete information.

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La conjuntivitis es una inflamación de la capa externa del ojo.

La conjuntivitis puede ocurrir en adultos, pero ocurre más a menudo en niños, que son más vulnerables a la infección. De hecho, las epidemias de conjuntivitis usualmente se propagan rápidamente en los salones y centros de cuidado de niños.

En dichos lugares usted necesita tomar precauciones extras para prevenir la conjuntivitis, tal como el uso de spray desinfectante y lavarse las manos frecuentemente.

**Tipos de Conjuntivitis**

Usted debe ver a un oculista para determinar si su hijo/a tiene conjuntivitis u otra dolencia. Si conjuntivitis es el problema, la manera en que los ojos se ven y sienten le proveerá pistas sobre qué tipo es:

- **La conjuntivitis viral** usualmente afecta solo un ojo, el cual lagrimea excesivamente y tiene secreción de pus. A veces se forman costras en los párpados. La conjuntivitis viral es contagiosa, y como otros virus, los antibióticos no lo pueden tratar. A menos que haya una razón especial para hacerlo, los oculistas normalmente no recetan medicamentos para la conjuntivitis viral, debido a que ésta usualmente desaparece por sí sola en unos días o semanas.

- **La conjuntivitis bacteriana** a menudo se propaga en ambos ojos y causa una secreción pesada de pus, generalmente verdoso. Pueden aparecer costras en los párpados. La conjuntivitis bacteriana es contagiosa. Las pomadas o gotas antibióticas para ojos pueden eliminarla.

- **La conjuntivitis alérgica** causa comezón, ojos rojos y lagrimeo excesivo en ambos ojos. La conjuntivitis alérgica no es contagiosa; ésta ocurre cuando irritantes tales como alérgenos, polvo y humo están en el medio ambiente. Las lágrimas artificiales podrían diluir los irritantes en la capa de lagrimeo del ojo, y las pastillas antihistamínicas para la alergia o las gotas para los ojos también podrían ayudar a controlar los síntomas.

También podría ocurrir una sensación de ardor o sensibilidad a la luz. En todos los tipos, las compresas tibias colocadas afuera de los párpados y las gotas lubricantes para ojos podrían ayudar a que los ojos se sientan un poco mejor.

La conjuntivitis es un problema común y fácilmente tratable. Generalmente no tiene efectos a largo plazo y no es una amenaza para la visión.

**Como Prevenir la Propagación de la Conjuntivitis**

Debido a que los niños están en contacto cercano en guarderías y en salones de clase, es difícil evitar la propagación de bacterias y virus que causan la conjuntivitis.

Los maestros, enfermeras escolares y supervisores de guarderías deberían sugerir a los padres para que les notifiquen si un niño tiene conjuntivitis para que los salones de clase y otros entornos compartidos puedan ser desinfectados.

Los padres deberían minimizar la exposición manteniendo a su hijo/a en casa si tiene ojo rojo hasta que la etapa contagiosa haya pasado. El doctor del niño puede avisar cuando es que la etapa contagiosa ha pasado, usualmente entre tres y cinco días después de su diagnóstico.

Consejos para prevenir un brote de conjuntivitis:

- Lavarse las manos frecuentemente, y animar a los niños para que hagan lo mismo. El jabón debería estar siempre disponible.
- Nunca permita que los artículos personales, incluyendo toallas, sean compartidos en la escuela o en casa.
- Anime a los niños a usar pañuelos desechables y a cubrir su boca y nariz cuando destornuden o tengan tos.
- Eduque para evitar tocarse o restregarse los ojos, para prevenir la propagación de bacterias y virus. Los padres deberían minimizar la exposición manteniendo a su hijo/a en casa si tiene conjuntivitis hasta que la etapa contagiosa haya pasado.

Este médico información aprobada fue adaptado de www.allaboutvision.com/conditions/conjunctivitis.htm. Por favor, consulte el artículo para obtener información más completa.

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Most people don’t know there are many common objects in the home that can cause serious eye injuries to children. Watching children is the best precaution, but there are other steps you can take to ensure their safety and well-being. Teaching kids about eye safety is one way. Using eye protection for risky tasks is another.

Actions often speak louder than words. Adults who wear eye protection are teaching their kids a valuable lesson. In addition, the following home safety tips can help keep you and your children safe.

**Bathroom and Kitchen**

> Teach children not to run around with forks, knives, combs or toothbrushes.

> Keep detergents, cleaning supplies, nail polish remover, mouthwash and makeup in locked cabinets or out of reach.

> Set a good example by wearing eye protection when using ammonia-based cleaning supplies.

**Bedroom**

> Keep clothes hangers in the closet.

> Don’t allow children to play with small, pointed or sharp toys or objects in bed.

> Don’t allow young children to use combs, brushes or hairspray unless you watch or help them.

**Play Area**

> Teach children to put toys away.

> Keep toys for older kids away from younger kids.
Eye Safety Tips for Your Home—Continued

> Don’t give toys with small parts to young children. Young kids tend to put things in their mouths, increasing the risk of choking.

> Tell children not to throw toys or objects at each other.

> Repair or throw away broken toys. Take recalled toys back to the store where you bought them.

**Workshop/Basement**

> Place nails, glue, screwdrivers and other tools out of reach of children.

> Keep younger children away from work areas where power tools are being used.

> Set a good example by always wearing eye protection while working on projects.

> Prompt others who enter the work area to wear eye protection.

**Backyard Games**

> Teach kids to wear the right eye protection when playing baseball, basketball or other types of contact sports. Call us at 800.331.2020 to get a list of the recommended eyewear for specific sports.

> Make sure children who wear prescription glasses play contact sports with proper eye protection.

> Work together with your kids to create a list of eye safety rules they should follow when they are playing.
Children's Eye Health and Safety: 3 Back-to-School Eye Care Tips for Kids

Our kids so often learn by looking. From following along as their teacher writes words on the board to soaking in the delicate brush strokes of Monet and Renoir, the littlest people in our lives see the world in a very special way.

August is Children’s Eye Health and Safety Month, and here are three ways you can help protect your children’s eye health from birth through adulthood.

#1: Schedule Routine Eye Exams

According to the American Academy of Ophthalmology, children should get their first vision check at birth, followed by rechecks between 6 and 12 months of age, around the age of 3 and before the child enters school. Of course, parents should schedule an extra checkup whenever they suspect their child may have an eye-related problem, and injuries should be attended to immediately.

Many pediatricians and family doctors are technically capable of performing a screening, but there is no substitute for the expert assessment of an eye specialist such as an ophthalmologist or optometrist.

#2: Pay Attention and Be Prepared

During your children's eye exams, your child’s ophthalmologist will be on the lookout for common vision problems including myopia (also known as nearsightedness) and alignment issues. They may also ask if you’ve noticed any of the following signs or symptoms:

- Eye strain when watching TV or working on the computer
- Squinting to read or do homework
- Sitting too close to the TV or holding a book too close when reading
- Excessive tearing
- Light sensitivity
- Using fingers to follow along when reading
- Rubbing eyes frequently
- Closing one eye to better focus

#3: Take Steps to Prevent Eye Injuries During — and After — the Back-to-School Season

Safety is also a major concern during Children’s Eye Health and Safety Month. Safety frames, sports eyewear and sunglasses can help protect young eyes from sawdust and paint during home crafting sessions, stray elbows on the basketball court, and the harsh glare of sunbeams bouncing off the water at the community pool. Using safety gates, securing caustic chemicals and pesticides, and cushioning sharp corners can also help safeguard against accidents inside the home.

Did you know that one in four school-age children has a vision problem or vision limitation that affects their ability to play sports, learn efficiently in school, and properly interact with the world at large?

To ensure your kids never fall behind schedule a vision check today.

Source: https://blog.illinoiseyecenter.com/blog/childrens-eye-health-and-safety-3-back-to-school-eye-care-tips-for-kids
August is Children’s Eye Health and Safety Month and with the first day of school almost here, it’s a great time for your child to get that eye exam you’ve been meaning to schedule. In fact, there’s no better time to start learning about children’s eye health and safety than the start of a new academic year.

**Lesson one:** approximately 1 out of every 20 preschoolers has a vision problem, but only about 15% of preschool children are actually getting their recommended routine eye exams. If you want to be sure that your children’s eyes are healthy, the best thing you can do is make an appointment for a comprehensive eye exam.

Eye problems can prevent your child from preforming their best in the classroom and in sports. The trickiest part is that children often don’t know they are having difficulty seeing. Some indicators of an eye problem include:

- Headaches that occur later in the day
- Tripping on curbs, steps, and other low-to-the-ground obstacles
- Noticeable eye rubbing or tearing when trying to concentrate
- Squinting at far away objects
- Tilting or turning head to look at objects
- Holding books very close to the face, or sitting very close to the television
- Wandering eyes/difficulty following moving objects

Any of these behaviors are possible indicators that your child may have an eye problem. If you notice your child is doing any of the above, your best option is to make an appointment for a comprehensive eye exam.

The American Academy of Ophthalmology (AAO), American Academy of Pediatrics (AAP) and the American Association for Pediatric Ophthalmology and Strabismus (AAPOS) all agree that children should receive biannual eye exams in addition to the exams offered at schools. These associations also recommend children already prescribed glasses get their eyes checked every year.

Children should also get visual acuity tests as well as comprehensive eye exams. The first visual acuity test should happen around age three; normally this is when nearsighted or farsighted children get their first pair of glasses. Generally, a follow up exam should take place at five years of age.

Of course, it’s always important to look after your child’s eye health even if they don’t have a vision problem. Proper vision protection is extremely important for children that play sports. Did you know that 90 percent of the eye injuries in children could be prevented if proper eye protection is worn? You can set the example for your child by wearing protective eyewear when you play sports.

Eye injuries can be quite scary for parents and children alike. If your child experiences an eye injury, seek medical attention as soon as possible. Don’t touch, rub or apply pressure to the injured eye. Have your children had their eyes checked lately? Schedule a comprehensive eye exam for your child.

Source: [https://blog.illinoiseyecenter.com/blog/basics-childrens-eye-care-safety](https://blog.illinoiseyecenter.com/blog/basics-childrens-eye-care-safety)
The Importance of Comprehensive Eye Exams for Children

As a parent, you did everything you could to get your kids ready to go back to school; took them clothes shopping, bought them supplies and took them to the doctor to get those required physicals and immunizations. But has your child received a comprehensive eye exam? Are you wondering if your child may have a vision problem?

According to the American Optometric Association (AOA), infants should have a comprehensive eye exam when they're six months old. Children should have their next eye exam at age three, and just before they begin first grade, typically at age six. Eye exams for children are extremely important.

Early identification of a child's vision problem is important.

Children are generally more responsive to treatment when problems are diagnosed early. Early eye exams also are important because children with healthy, normal vision perform better at school or at play. The following basic skills related to good eyesight for learning include:

- Near vision
- Hand-eye coordination
- Distance vision
- Binocular (two eyes) coordination
- Eye movement skills
- Peripheral awareness
- Focusing skills

Make sure to schedule your child's eye exam during a time when they are usually alert and happy - like right after they wake up in the morning or following their early afternoon nap.

Eye exams include a case history, vision testing, testing of eye alignment, an eye health evaluation and, if needed, prescription eyewear. Make sure to let your eye doctor if your child has or exhibits any of the following:

- A history of prematurity
- Delayed motor development
- Frequent eye rubbing
- Excessive blinking
- Failure to maintain eye contact or the inability to fixate on objects
- Poor eye tracking skills

Also, be sure to mention if your child has failed a vision screening at school or during a visit to his or her pediatrician.

Source: https://blog.illinoiseyecenter.com/blog/index.php/comprehensive-eye-exam-for-children
Use the outline below to draw your eyes:

1. In the middle, draw your black pupil.
2. Surround the pupil with your iris showing the color of your eyes.
3. Draw your eyelashes.
4. Draw your eyebrows.
5. Look at 3 friends around you. What color are their eyes?
   ______________________________________________________
   ______________________________________________________
   ______________________________________________________
6. Who else in your family has the same color of eyes as you do?
   ______________________________________________________