Performance Measure 9: Increase the proportion of children who receive age-and risk-appropriate screenings for lead, vision, and hearing.

Plan for the Coming Year

A. Identify available data sources and/or explore data collection methods to measure specific impact of activities on preschool screening rates for vision and hearing.

The group will explore development of data collection/reporting methodology for vision and hearing screening rates of preschoolers. Ohio's Childhood Lead Poisoning Prevention Program has a statewide surveillance system and statutory requirements for laboratories to report screening results. However, there is no effective data collection tool to measure how many preschoolers are receiving vision and hearing screenings. The group will continue to seek out a methodology that accommodates tracking of the number of preschool children screened. This strategy will complement the existing measure of comparing kindergarten screening fail rates over time.

B. Utilize results and analysis of the FFY08 provider survey in developing strategies to improve capacity to screen children in the well-child health care setting.

The workgroup successfully distributed a survey to primary care providers throughout the state and will analyze data to identify and prioritize barriers to screening; develop strategies to overcome identified barriers; and begin implementation of strategies in primary care settings. It is impossible to assume the barriers that will emerge from the survey analysis; however, the workgroup has the potential to provide solutions to training needs and, at a policy level, cost limitations. This follow-up will help to advance the population-based service of improving screening rates of children before they enter school.

C. Identify one specific activity for each screening area (lead, hearing, and vision).

The workgroup has formed three subcommittees focused on lead, hearing, and vision screenings; each subcommittee has identified an area of focus for the coming year. The lead subcommittee will work on maintaining blood lead testing in WIC clinics; this funding source is unavailable after 6/30/08. While strategies are in place to reimburse Medicaid-eligible children, other sources of funds must be identified to test children who are not Medicaid-eligible. The vision and hearing subcommittees will continue to work through the Healthy Child Care Ohio program to train and provide screening equipment to child care providers (vision) and train Healthy Child Care Ohio nurses to conduct screenings while on-site (hearing). The workgroup will initiate a literature review of best practices in screening preschool children for vision, hearing, and lead.