

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

Last Year's Accomplishments

This is a process measure that will be measured by the extent to which four benchmarks can be reached. The target for FFY 2007 was that one benchmark: "Referral to services pilot project" would be reached. Ohio has met its goal for 2007 by reaching this benchmark.

A. Identify data collection methods to measure screening rates.

The workgroup has reached agreement on the definition of screening for lead, vision, and hearing and has defined the population on which the group will focus. Screenings meet the standard definitions of visual acuity, stereopsis, and other guidelines established for school-aged children and by AAP for vision; a pure tone hearing screen and optional OAEs/tymps when available for hearing; and a blood lead test for lead. The hearing and vision groups will focus on improving screening rates for the preschool population (specifically ages 3 through 5); the lead group will focus on screening 1 and 2 year olds. The workgroup established agreement upon those definitions as benchmarks for FFY07, and both are completed. The group continues to discuss ongoing data collection methods for assessing impact on preschool screening rates as a result of workgroup activities; Ohio has made changes to its vision and hearing screening survey and school nurse survey in an effort to establish a baseline for screening rates.

B. Develop outreach/educational strategies to influence primary care providers on screening practices for lead/vision/hearing.

The workgroup focused on this activity in FFY07 and will continue to focus on this activity in FFY08. First and foremost, the workgroup has drafted a provider survey to determine the successes with and barriers to providing vision/hearing/lead screenings; in FFY08, the workgroup will focus on distributing and analyzing the survey. Results will provide the basis for future activities. In addition, the state continues to educate primary care providers on the importance of lead testing through PLANET; this curriculum was evaluated and revised in FFY07. The evaluation points to additional revisions necessary in FFY08, including more concentrated efforts toward evaluating the success of PLANET and its impact on screening rates. The state also continues to work with partners to assure medical students are trained on the importance of vision and screening during residency.

C. Formulate specific plans of action/activities within each screening area.

For vision screenings, Ohio has successfully trained Healthy Child Care Ohio consultants to train local child care providers on conducting vision screenings for children in their care; they also provide vision screening equipment to child care providers. For hearing screenings, the same Healthy Child Care Ohio consultants have received pure tone audiometers to conduct hearing screenings in child care settings. For lead testing, the workgroup continues to collaborate with the Ohio Lead Advisory

Council, specifically its targeted testing workgroup, to improve lead testing rates. In FFY07, the state initiated blood lead testing in WIC clinics, which has dramatically improved Ohio's ability to reach at-risk children.