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What we think about, and what we'd like you to think about

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ABELL SALUTES:

ALLAN M. TIBBELS, 1955-2010: An Appreciation

Allan Tibbels died on Thursday, June 3, 2010, just days before the organization he founded in 1989, Sandtown Habitat for Humanity, completed its 278th home in the Sandtown-Winchester neighborhood of West Baltimore. The rehabbing of these once-blighted, boarded up houses in this severely distressed neighborhood was not only the measure of the progress of Sandtown Habitat, but it was also the measure of Allan Tibbels' passion for justice. His mission was to eliminate the vacant housing, rebuild the neighborhood and provide stability in the lives of the homeowners. By his own admission, it was a tremendous undertaking. "The need here in Sandtown is overwhelming," he said. "I can't meet it all. Need is all around me."

Allan Tibbels' embrace of the Sandtown communities' needs began in 1986, when he, a quadriplegic as a result of an injury while playing basketball, and his wife Susan, their two young daughters, and friend Mark Gornik, a seminary graduate, decided to move from surburban Howard County into Sandtown. They not only changed *where* they lived, they changed *how* they would live: According to Karen Free writing in *Habitat World*, "They wanted to live out the principles of the John Perkins model of Christian community development, which calls for the sharing of the gospel with others through social action and economic development." Their

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WHY CAN'T JOHNNY READ?

Baltimore's school-based vision-screening program may be leaving thousands of children with uncorrected eyesight problems. Six recommendations for strengthening the system.

By Joan Jacobson

Vision screening in public schools is essential for students to learn, especially when low-income children face a high rate of eyesight problems and have poor access to health care. Left undetected and uncorrected, vision problems can interfere with reading and other visual skills that are critical to academic success. Unfortunately, Baltimore's students are disadvantaged by a vision-screening system that is so understaffed and underfunded that hundreds go without state-mandated eye tests and thousands more who fail vision-screening tests may not be getting necessary glasses.

State law requires the city to screen children when they enter school (in pre-kindergarten, kindergarten, or a later grade when they transfer from another system), and in first and eighth grades.[1] But the Baltimore City Health Department goes further, testing hundreds of students in other grades referred by parents or teachers who suspect their children have sight problems. In 2008, health officials and educators were alarmed when the state law eliminated a requirement to screen fourth, fifth, or sixth graders.[2] Even though the law no longer required it, the city screened sixth graders for the last time in 2008-2009 because they had not been tested since kindergarten and health officials know early adolescence is a vulnerable age for vision problems. The results were distressing: Twenty-seven percent failed (compared to 15 percent of all Baltimore City public school students tested that year).[3] Under the new law, students have to wait seven years (between first and eighth grades) for mandatory testing.

Administering the tests is a logistical challenge for the nine vision screeners employed by the health department, who travel to 140 schools each year (some more than once). Moreover, the health department manages the task of vision screening without a computer system to track the 24,500 children screened or the 3,700 who failed their vision test during the 2008-2009 school year.[4]

While struggling to tend to the vision screening (and hearing tests) of the city's largely poor public school students, the same health-department screeners are also required by law to test the vision of more than 1,600 students at 38 private schools, such as Gilman, Bryn Mawr, Friends, and several preschools and parochial schools. With numerous studies showing a high incidence of vision problems among disadvantaged children, it is not surprising that the percentage of students who failed their vision test in Baltimore City public schools during the 2008-2009 school year was more than twice that of students in city private schools: 15 percent versus 7 percent, respectively. In

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suburban Harford County, 11 percent failed the same year.

Despite the impressive number of children tested, screeners were unable to test all those in grades mandated by law: Of the 21,225 Baltimore City public school students who should have been screened in 2008-2009, 2,528 children (or 12 percent) were missed because they were absent. Catching up with absent students would normally be the job of the school nurse, but the task is difficult, with each nurse assigned to three schools and saddled with more urgent daily health needs.

The 2008-2009 school year was the first time the state law required screening of eighth graders and the task proved problematic. Only 76 percent of Baltimore City eighth graders were tested, with 1,407 failing to show because testing came at the end of the year when attendance is poor. Of those who were screened, 21 percent failed, indicating that an equally high number of no-show students may have undiagnosed sight problems.

Equally difficult is the job of following the students who fail the vision screening and need to see a doctor for follow-up medical care, such as surgery or eyeglasses. The law requires the health department to send notices to parents of children who fail the screening and relies upon parents to report back to the health department when they take their child to a doctor.

Of the 3,743 students who failed their initial screening in the 2008-2009 school year, only 53 percent (or 1,988) were known to have followed up with further medical care. Health-department officials say the follow-up percentage would be worse if it wasn't for the one full-time health aide assigned to track thousands of families whose children failed the vision test but did not send in a follow-up form showing the child went to a doctor for further testing. A transient student population, with an estimated 30 percent of phone numbers listed in students' records no longer valid, makes the search especially difficult. And because the vision program is not computerized, the health aide tracks the students from stacks of papers in her small East Baltimore office.[5]

When a child does see a doctor, the health department may not know if the child received glasses or another corrective procedure; state law does not require local agencies to track children who failed screenings after initial contact with a doctor.[6] Even if health officials are aware of follow-up medical care, that information is not shared with school administrators and teachers. Therefore, if a child is supposed to be wearing glasses, his teacher may not know.

This study compares Baltimore's precarious situation with Harford County's comparatively well-staffed vision-screening program: Seventy-five nurses employed by Harford County's Department of Education oversee vision screening in only 54 schools, with a varying number of trained volunteer screeners. Because the county's Department of Education handles all vision screening, there is no complicated bureaucratic coordination with a second agency, as there is in the city.[7]

In 2008-2009, Harford County schools screened 12,921 students—half the number of Baltimore City. And with in-school nurses overseeing testing, Harford County goes beyond the current law and continues to screen children before they get to eighth grade—screening fourth instead of sixth graders—at no extra cost.

The Importance of Vision Screening

The need to test children's vision, especially at an early age, has been understood by the medical community for decades. In 1969, two Baltimore ophthalmologists published a ground-breaking book outlining the need and methods for screening for vision problems in young children, using new testing methods developed by the Maryland Society for the Prevention of Blindness (now the Maryland Society for Sight).[8]

Conditions such as strabismus (when the eyes are not straight) or amblyopia (lazy eye) can best be corrected at an early age; otherwise, the conditions will become permanent—hence, the state's recent move to require that testing begin at an early age. Later, refractive eye problems that can be corrected with glasses develop as a child grows.[9]

Over the last two decades there have been a myriad of studies, from the medical and educational communities, that show the need to intensively screen school children—especially the urban poor—and provide follow-up vision care. The poorer the school population, the more children need glasses or other interventions. Some studies suggest vision problems may be the result of a disadvantaged child being born at a low birth weight to a teenage mother who may have had inadequate prenatal care. Poor nutrition and lack of access to health care also play a part.[10]

A recent study published in the *Journal of School Health* found that while students from poor urban schools have twice the vision problems of other children, an aggressive on-site program providing children with in-school vision screening and two pairs of glasses (one kept by the teacher) increased eyeglass use from 19 percent to 47 percent. Researchers studied first and second

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graders in eight New York City public schools. "Children disproportionately affected by visual dysfunction can receive glasses in a timely manner and wear them regularly in the classroom," the study concluded.[11]

The Abell Foundation funded a similar program, providing in-school vision screening and glasses to middle school students in Baltimore City public schools from 1996 through 2003. During the time the program was active, more than 67,000 children were screened and 6,213 received prescription eyeglasses free of charge. The program was discontinued during the 2003-2004 school year because the health department was unable to sustain it through Medicaid reimbursements.

A study in 1993-1994 by ophthalmologist Mark W. Preslan and Audrey Novak, executive director of the Maryland Society for Sight, at Baltimore's Steuart Hill Elementary School (which taught pre-K through second grade at the time) provided intensive screening of every child, plus free follow-up eye care.[12] Their study concluded: "Amblyopia, strabismus, and refractive errors were found in relatively high frequencies for this population sample of inner-city children. These findings underscore the necessity of comprehensive vision-screening programs that integrate follow-up care. Children with limited access to specialized eye care must be provided with a mechanism for obtaining these services."

The Health Department's Challenge

The Baltimore City Health Department's screeners schedule visits to 140 public schools each year, where nurses, teachers, administrators, and volunteers help usher thousands of students to a quiet place set aside for vision and hearing tests. It is an elaborately choreographed feat (with testers making several trips to some schools) involving a staff of only nine screeners who come with no laptops or other technology that would make their jobs more efficient.

The health department also tests students in 38 private schools at no cost to the schools, pursuant to a state mandate. Maryland's law requires testing by local health departments "in any private school that has received a certificate of approval" from the state. The result is that Baltimore City's strapped health department screened 1,667 students in private schools in 2008-2009 and 2,291 students in 2009-2010.[13]

In public schools there are natural shortcomings when testing such a large population of disadvantaged students with such a limited staff in a school system struggling to improve attendance and to keep in touch with transient families.

This study found three major areas of concern that must be tackled if the vision problems of Baltimore's school children are going to be improved:

1. Absentees who miss screening.
2. A high rate of students who fail the vision test, particularly in the upper grades.
3. Poor follow-up of nearly half those who fail the test, but do not seek medical care.

1. Absentees:

2008-2009: 12 percent (2,528 of 21,225) of children in the target grades were missed.

Breakdown:

- Pre-K: 10 percent were missed (369 of 3,643)
- K-first grade: 6 percent were missed (752 of 11,836)
- Eighth grade: 24 percent were missed (1407 of 5,746)*

** Eighth-grade attendance fell off at the end of the year after academic testing was completed.*[14]

2009-2010: 8 percent (1,353 of 16,863) of children in the target grades were missed.[15]

Breakdown:

- Pre-K: 9 percent were missed (444 of 4,738)
- First grade: 4.5 percent were missed (305 of 6,785)
- Eighth grade: 11 percent were missed (604 of 5,340)

The percentage of eighth-grade absentees was reduced in the past year, after the health department divided screeners into four teams, screening eighth graders earlier in the year when attendance is higher. Next year they hope to continue improving eighth-grade turnout by analyzing attendance records, school by school, to determine which schools must be tested earlier, but health-department officials worry time will be taken away from the younger children who also need to be tested. They are also concerned that changing the screening schedule will require multiple trips to the same schools.[16]

2. Failure Rate:

2008-2009: 15 percent (3,743 of 24,458) of those screened were found to have vision problems requiring follow-up care.

Breakdown:

- Pre-K: 11 percent failed (349 of 3,274)
- K: 9 percent failed (469 of 5,291)
- First grade: 10 percent failed (527 of 5,793)
- Sixth grade: 27 percent failed (1,022 of 3,763)
- Eighth grade: 21 percent failed (923 of 4,339)
- All other grades (students suspected of having vision problems): 23 percent failed (453 of 1,998)

2009-2010: 12 percent (2,482 of 20,917) of those screened were found to have vision problems requiring follow-up care.

Breakdown:

- Pre-K: 8 percent failed (363 of 4,294)
- K: 8 percent failed (239 of 3,183)
- First grade: 7 percent failed (454 of 6,480)

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- Eighth grade: 20 percent failed (955 of 4,736)
- All other grades (students suspected of having vision problems): 21 percent failed (471 of 2,224)

The failure rate was higher in 2008-2009 because a very high number of sixth graders failed that year, but were no longer tested the following year, bringing down the average. Because the law no longer requires testing of all sixth graders, only individual sixth graders suspected of having problems are screened. (In 2009-2010, 90 sixth graders were singled out for vision testing, and 44 percent of them—40 students—failed.) Health-department officials would like to continue testing sixth graders (as well as seventh graders) regardless of whether or not the law requires it, but that task would take an extra five screeners.[17]

3. Inadequate Follow-up:

2008-2009: 53 percent (1,988 of 3,743) of children who failed the initial screening had documented follow-up contact with a doctor.

Breakdown:

- Pre-K: 52 percent follow-up (180 of 349)
- K: 60 percent follow-up (281 of 469)
- First grade: 48 percent follow-up (255 of 527)
- Sixth grade: 68 percent follow-up (693 of 1,022)
- Eighth grade: 28 percent follow-up (261 of 923)
- All other grades (students suspected of having vision problems): 70 percent follow-up (318 of 453)

2009-2010: 17 percent (416 of 2,482)* of children who failed the screening had documented follow-up contact with a doctor.

Breakdown:

- Pre-K: 12 percent follow-up (42 of 363)
- K: 20 percent follow-up (48 of 239)
- First grade: 17 percent follow-up (77 of 454)
- Eighth grade: 9 percent follow-up (83 of 955)
- All other grades (students suspected of having vision problems): 35 percent follow-up (166 of 471)

** Follow-up numbers were especially low because (as of July 2010) the health department was still working to contact families to get children follow-up vision care. Other causes for low follow-up include severe winter weather that delayed doctors' appointments, the redeployment of the follow-up coordinator to help with H1N1 inoculations, and health officials being furloughed on days when they would have been contacting parents.*[18]

Challenges and Limitations of the Follow-up System

After a student fails the vision test, the screeners send home a notice, advising a parent to "take your child to an eye doctor or clinic for a complete eye examination as soon as possible. An untreated vision problem can affect your child's ability to learn."

On the bottom half of the notice is a place for a doctor to note test results for each eye with and without corrective lenses; a second column for a "diagnosis" (such as astigmatism or refractive error); and a list of recommendations to check off, including whether a child needs preferential seating in class, or corrective lenses. A parent or doctor must then mail the notice by folding it over so a pre-paid, first-class mail notice appears, along with the health department's address.

When the card signed by a health-care professional is returned to the health department, the "follow-up" is considered complete. However, if a parent tells a health official that the child has already sought necessary medical care (i.e., has received glasses) that is also counted as a successful "follow-up," even though the health department hasn't received the requisite card.[19]

Getting to that point is no easy task. When the initial notice is sent home, screeners also notify a health aide in charge of follow-up with a list of students who have failed the screening. If the mailed notice is returned because the address is no longer valid, another health official gives a copy to the student to carry home.

The aide in charge of follow-up calls parents, though an estimated 30 percent of phone numbers she is given are not valid. In that case, she calls the school's health suite to see if there is another phone number in a student's records. She may also call the "emergency contact" listed in a student's file. She also sends out another notice. She continues her attempts to contact families, sometimes for months after the student fails the test (especially if her records show a child failed a previous screening), making 40 calls a day and working through the summer until the next school year begins. Sometimes a parent says his or her child has glasses, but isn't wearing them. Other times, if a child has no health insurance or medical assistance, she will direct the parent to fill out an application for the Maryland Children's Health Insurance Program (MCHIP), or to a private fund that offers financial assistance for a child's eye care.

Remarkably, the health department keeps track on paper of the thousands of children each year who fail its vision (and hearing) test and need follow-up care. It has no computerized database. "That's the link that's missing," says the health-department supervisor who oversees the vision-screening program.

The lack of coordination between the health department and each school may be further hampering the process of following up with children who fail their vision test. Although the school receives a list of students who fail the vision test, school records do not indicate if the child saw a doctor, should be wearing glasses, or needs another med-

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ical procedure. Health-department officials say any such medical information could violate a child's confidentiality.[20] Health officials also do not involve school personnel in contacting parents for follow-up care, even though school staff may be better able to contact and communicate with families (especially those who can not read English).

The Change in Maryland Law

Since the start of the 2008-2009 school year, Maryland's law for hearing and vision screening in public schools has required testing three times: when a student enters the school system (at any grade), once in first grade, and once in eighth or ninth grade.[21]

Previously, the law required testing when a student entered school; again in the fourth, fifth, or sixth grade; and when a student entered ninth grade.[22]

The change did not please teachers and health-care officials because it no longer requires screening in pre-adolescence or early adolescence when many children develop problems that should be corrected with glasses. Consequently, wealthier jurisdictions, like Harford County, continue to voluntarily screen pre-adolescents, while Baltimore City can no longer afford it.[23]

The push to change the law during the 2008 General Assembly session was promoted by the American Academy of Ophthalmology, which wanted to add first grade to the law so young children can be repeatedly screened for strabismus and amblyopia, which should be corrected before a child's vision is fully developed by age 6 or 7.[24] Ophthalmologists, however, never intended to drop the requirement to screen in the early adolescent years—in fourth, fifth, or sixth grade.[25]

Instead, according to Dr. Mary Louise Collins, an ophthalmologist at GBMC and representative of the American Academy of Ophthalmology, legislators informed her organization that no bill would pass the General Assembly that increased the number of years of required vision screening because it might increase public costs. Therefore, a compromise was reached to eliminate the fourth-, fifth-, or sixth-grade requirement.

The fallout was swift. Dr. Collins says she heard "severe resistance from the (Maryland) Department of Education because they surveyed school nurses and screeners" who said many children would be unable to see the blackboard and unable to seek private testing.

How the Law in Maryland Compares to Other States

Maryland's law falls in the middle when compared to other states' vision-screening laws. A national survey shows that 10 states have no laws. In other states, half have statutes that are weaker and half have laws stronger than Maryland's.[26]

The weakest laws, like Alaska's and Georgia's, only require vision screening once before a child enters kindergarten or first grade. The strongest laws, like Nebraska's and Massachusetts', require annual vision screening. Many other states require screening more consistently than Maryland, in elementary, middle, and high school. Most laws, however, do not tackle the difficult task of assuring that children receive corrective eye care. New Mexico appears to have come up with a partial solution: Its legislature created a fund in 2008, called Save Our Children's Sight Fund,[27] to finance further eye testing for contact lenses or eyeglasses, and for insurance to cover lost or broken glasses. To maintain a revenue stream, drivers can check off $1 or $5 contributions when registering their vehicles.

Getting It Right: Hampstead Hill Academy

At Hampstead Hill Academy in East Baltimore, making vision care a high priority sets the school apart from the rest of the city's public school system: The school uses its own resources and solicits the help of a nonprofit organization to take vision care to a higher level. Principal Matthew Hornbeck uses money from his charter school's budget to pay for glasses when a family can't afford them. His administration's version of "follow-up" care goes beyond health-department and legal requirements: The school, which teaches pre-K through eighth grade, tracks students who fail the test and urges teachers to make sure children who need glasses are wearing them. The school also enlists the services of the nonprofit Maryland Society for Sight to test extra grades that are not covered by the health department.[28]

Hampstead Hill also pays extra money ($35,000 a year) to retain a full-time school nurse and a part-time health aide, where other city schools must share a nurse with two other schools. The school's full-time nurse assists with vision-screening follow-up, contacting parents and checking with students to determine if appointments have been made and kept. Based on referrals from staff, the nurse also conducts on-site vision screenings using a "Snellen Chart"—the block-lettered vision-screening chart frequently used by pediatricians and eye-care professionals to assess children's eyesight.

Good vision care, says Hornbeck, "is essential to student learning. You're going to lose kids if they can't see. In some ways it's like the special-education equipment of assisted technology. A student needs a keyboard because he can't write. We ought to be providing kids with glasses, and if they break them, we ought to provide them with another pair. Vision is like breakfast. It's necessary."

In 2009-2010, half of those who failed the screening at Hampstead Hill were wearing glasses before the end of the school year. (Of the 23 students who failed the test, 11 were wearing glasses, one passed a re-test, one student transferred to another school, and 10 needed more follow-up.)[29]

That's a 52 percent successful follow-up rate. In contrast, only 17 percent

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of students citywide who failed the vision screening during the 2009-2010 school year had documentation of follow-up care by the end of the school year, and the health department has no record of how many of these children have glasses, unless the school nurse reports back to the department. Hampstead Hill also had a lower absentee rate than the rest of the school system, so fewer students missed the vision test. Of 208 students eligible for screening, 16 (or 8 percent) were absent. In the eighth grade, which has poor attendance systemwide, only two students (or 5 percent) missed the screening at Hampstead Hill, out of 44 enrolled students. Systemwide, 11 percent of eighth graders missed the test this past year.

The Maryland Society for Sight augmented the health-department testing by screening third and sixth graders in 2008-2009. The organization will go to any school that requests testing if a small donation is made to the nonprofit, which gets nearly all its funding from private sources. In the case of Hampstead Hill, a teacher made the donation.[30] Hampstead Hill has worked with the Maryland Society for Sight for five of the past six school years to supplement the screening provided by the city health department, and will do so again in the 2010-2011 school year.

Language could also be a barrier at schools like Hampstead Hill, where 30 percent of families speak Spanish as their first language. Audrey Novak, the Maryland Society for Sight's executive director, recalls being on the school playground with a sixth grader who interpreted for her parents so they would know her younger sibling had failed the vision test. Because the health department does not coordinate its "follow-up" notices with each school, they only send them in English. (Hampstead Hill staff, on the other hand, are used to sending other types of school notices home in Spanish and English. They believe they would reach more parents if notices of vision-test failures could be written to Hampstead Hill families in Spanish.)[31]

A Comparison to Harford County

In contrast to Baltimore City's overtaxed vision-screening program, Harford County's program is comparatively well-staffed: Seventy-five nurses conduct vision screening in 54 schools with the help of trained volunteers, while Baltimore City's 80 nurses in 140 schools have support from just nine vision testers. Harford County's nurses also have access to computers containing class rosters, allowing them to track students' test results and to note who is absent.

Harford County's model for vision screening is a departure from Baltimore City's program because it uses only one bureaucracy to get the job done, instead of two. The Harford County Department of Education takes care of all vision screening (and hearing) in its public schools without the involvement of the Harford County Health Department. (State law gives jurisdictions the option of using either the school system or health department to conduct vision screening.)

Where the city health-department screeners coordinate their visits to 140 schools, Harford County's vision-screening nurses are already in each school.[32] This model allows for a more successful system for screening, preventing most students from falling through the cracks at the initial testing stage. In the city, when children miss testing when they are absent, testers have moved on to another school by the time the absent students return to school. In Harford County, nurses know who was absent on a day of screening and can easily catch up with a child when he or she returns. The county does not keep systemwide statistics showing how many students missed the vision test, but Mary Nasuta, the county's nurse coordinator, says, "You know who's out and go back and screen them. We do vision screening the entire year. We do catch everybody. It's hard to get by us."

The county also screens special-education students (if they haven't been screened in the last year) before their Individual Education Plan meeting, a periodic meeting with teachers and parents to update a student's education plan and to review progress.[33] The city has no similar vision-screening program for special-education students.

At no extra cost, it also tests fourth graders, even though the law no longer requires it. "To go from [grades] one to eight is unacceptable," says Nasuta, of the recently changed law. "School nurses are there to optimize success in school with vision and hearing."

Unlike Baltimore City, Harford County sends home notices when children pass their test.

But even in the comparatively well-funded Harford County, it is difficult to find out if students who fail the test get follow-up medical care. Harford County's rate of successful follow-ups was 35 percent (517 of 1,459 who failed the test).

Like the Baltimore City health department, Harford County also screens private-school students, but far fewer than in the city. In 2008-2009, the county's health department tested 445 students (compared to 1,667 the same year in the city) in 15 schools. However, in 2009-2010, the health department stopped visiting private schools due to budget cuts and required parents to bring children for screening to its Aberdeen offices. Only 12 students showed up for screening.[34]

Getting Help From the Maryland Society for Sight

The Maryland Society for Sight, formerly the Maryland Society for the Prevention of Blindness, has been advocating for proper eye care for children for a century. The organization was instrumental in eradicating a leading cause of blindness in infants in the early 20th century, developed lighting standards in classrooms and offices in the 1940s, and invented vision tests for children too young to read letters in the 1960s so that

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strabismus and amblyopia could be detected and corrected.[35]

Today, the organization, funded largely with private funds, trains vision-screening technicians and will conduct screenings in any Maryland public school that requests its help, as long as a donation is made to the organization. It still spends much of its time concentrating on very young children. It has been screening in Head Start programs for the last 25 years, and last year tested children in 29 city Head Start programs. At the beginning of its testing program, the organization asks parents to fill out a questionnaire to find out if they suspect any vision problems in their children. The Maryland Society for Sight also tracks test results in a computer database coordinated with Head Start's computer system.

In Baltimore City public schools, the organization goes to individual schools when requested by a principal, as it did at Hampstead Hill Academy (testing grades no longer required by law) and a few others over the years, including Wolfe Street Academy and Collington Square Elementary School. Although the Maryland Society for Sight currently does not have resources to provide children with eyeglasses, it refers needy families to providers that offer free or discounted glasses. The organization's recent visits to schools, such as Hampstead Hill, were done without coordination with the health department's staff.[36]

The Maryland Society for Sight's executive director, Audrey Novak, recalls that her last contact with the city's health department was about 10 years ago when it asked her to train some of its nurses.

Conclusion

The Abell Foundation has a long-standing interest in the vision care of Baltimore's public school children, having funded programs over the years to test students' vision and provide them with free glasses. Despite temporary inroads made by Abell and other groups to improve Baltimore children's eyesight, this study found that neither the city's health department, nor the public school system, knows the medical outcome for thousands of Baltimore children who failed their vision tests over the years. Hundreds more who were absent the day their class was tested could have undiagnosed vision problems. With no mechanism to catch those who were absent, it is possible for a Baltimore city public school student to fall through the cracks and go through the entire educational system without ever having an eye test.

Recommendations

Therefore, this study makes the following key recommendations:

1. Baltimore's new Commissioner of Health should convene a task force comprised of representatives from the city's health department, Baltimore City Public Schools, and the Maryland Society for Sight to create a plan to correct the following deficiencies in the vision-screening program:

    a. Improve follow-up medical care for those who fail the vision test, including reinstating the ChildSight program or a similar program to provide glasses in schools.
    b. Devise a plan for make-up screenings of children who miss testing due to absence.
    c. Increase the number of vision-screening technicians or nurses to include enough staff to screen absent students upon their return to school, and to add sixth graders to the list of grades tested. Health-department officials say they would need five additional screeners to test sixth graders.
    d. Investigate the political possibility of changing the law to include screening of fourth, fifth, or sixth graders.
    e. Explore whether the Baltimore City Public School System should take over the vision-screening program from the health department. Alternatively, explore avenues for improving information sharing between the health department and the schools regarding children who fail the vision screening and whether they received follow-up medical care.
    f. Screen special-education students before each IEP (Individual Education Plan) meeting if the student hasn't had a vision test in the last year.

2. Explore ways for the state to find alternative funding to test the eyesight of private-school children, now being performed by underfunded city staff at the expense of vision care of public-school children. If technicians were freed from screening private-school students, it is possible they would have time to return to public schools to test absentees. Alternatively, the city should consider adopting Harford County's recent policy change, providing vision screening for private-school students at a health-department clinic rather than visiting each private school to provide testing.
3. Determine the cost and funding sources for a computer system that will streamline the health department's vision-screening system.
4. Institute an annual vision-screening survey by school principals to determine how many children were screened in each school, how many in the target grades missed the screening, how many were identified as needing glasses, and how many children are wearing glasses in school. Principals with discretionary budgets should explore setting aside funds to purchase glasses for students who lose them or have no other means of obtaining them.
5. Research a fund-raising model similar to New Mexico's Save Our Children's Sight Fund to finance fol-

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low-up vision care by asking drivers registering their vehicles to earmark contributions.

6. The Maryland Department of Education should update its website to correct outdated references to the vision-screening law. The out-of-date web links include the state's Hearing and Vision Screening Manual, which could be misleading for school systems. This old manual, posted on the Maryland Department of Education's website as of 8/8/10, shows the old law on page iv:

http://www.marylandpublicschools.org/NR/rdonlyres/6561B955-9B4A-4924-90AE-F95662804D90/3331/HearingandVision.pdf.

Other outdated links include:

http://www.marylandpublicschools.org/nr/rdonlyres/12cc8fa0-cc5a-4e7a-b13f-4c3ae845835e/3484/shsstandards.pdf;

and

http://www.marylandpublicschools.org/nr/rdonlyres/ffbedda8-3156-4c7e-958e-04cab0d36e36/9681/7408.pdf.

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vision was to relocate and live and work among their neighbors in Sandtown and have the needs of the community become their needs as well. When then 31-year-old Allan Tibbels moved into a dilapidated house in Sandtown 24 years ago, he was living out this vision and his faith.

Tibbels' and Gornik's first initiative was to found New Song Community Church two years later in 1988. Together with neighbors' support, energy and commitment, they began the work of rebuilding their community—family by family. In the process, it became clear to them: a critical need of Sandown was safe, decent and affordable housing.

To address this need, a year later, in 1989, they organized Sandown Habitat for Humanity, enlisting thousands of volunteers to share in support of the effort. After 20 years, the volunteers and a full-time staff of mostly residents from the neighborhood, completed the rehabilitation of more than 275 homes, mostly gut rehabs, but including 27 newly constructed units as well. Of the progress, Tibbels said, "The houses that were condemned aren't condemned anymore. Sandtown has set as its focus the renewal of a 15-square block area and it's just about accomplished. Work will radiate out from there until all of the houses are decent again." Allan Tibbels' vision was coming true, incrementally, month by month, house by house.

These were numbers by which Allan Tibbels kept score on his life, but they weren't the only numbers. He envisioned a program that would provide comprehensive community development, widening the focus of New Song's housing rehab program to take in healthcare and educational services.

In 1990 he helped to establish New Song Family Health Services, to accommodate the Sandtown residents' health care requirements. The program coordinates the work of Peoples Community Health in providing primary care, as well as the New Song Health Co-op that offers health education and personalized consultations for neighbors with health-related issues. In 1991 he led the effort to found New Song Community Learning Center, to address the educational needs of the children in Sandtown. The Center now operates a preschool to 8th grade public school (under the New Schools Initiative) and develops leaders from the community, providing year-round educational opportunities for children and their families.

Tibbels recognized, too, the need for economic development, and helped to create the EDEN Jobs; the agency provides job placement, referrals and training services for community residents as well as small business development. An example is the start-up of Gerry's Goods, a neighborhood owned and operated coffee shop/convenience store in the heart of the New Song focus area. New Song is also in partnership with one of the only local Sandtown pastors who welcomed this fledgling group of people over 24 years ago, Elder C.W. Harris and his wife Amelia. Both are life-long neighborhood residents who, inspired by the work of New Song, began Newborn Holistic Ministries, which operates Martha's Place, a residential treatment facility for women in recovery, and Jubilee Arts, a community arts development program for children and adults.

Allan Tibbels had the vision that saw all this as possible, and the perseverance, love and commitment to help it become reality. At the Sandtown Habitat house dedication two days after Allan passed away, one of his co-workers said, "We are committed to continuing his legacy. We miss him dearly, but we will continue to do the things he would want us to be doing." Day by day - the work goes on.

Allan Tibbels would have liked that.

ENDNOTES

[1] Maryland code: TITLE 7: PUBLIC SCHOOLS, Subtitle 4, Health and Safety of Students, 7-404, Hearing and vision screening tests, http://www.michie.com/maryland/lpExt.dll/mdcode/bff2/c654/c744/c759#JD_ed7-404.

[2] This outdated manual posted on the Maryland Department of Education's website as of 8/8/10 shows the old law on page iv: http://www.marylandpublicschools.org/NR/rdonlyres/6561B955-9B4A-4924-90AE-F95662804D90/3331/HearingandVision.pdf.

[3] Data from the Baltimore City Health Department and correspondence from Francine Childs, assistant commissioner for school health.

[4] Data from the Baltimore City Health Department.

[5] Interview with Barbara Nearing, school health aide who makes follow-up calls; Shawan Johnson, program supervisor; and Sandra Haskett, director of school health, 7/8/10.

[6] Maryland Code: TITLE 7: PUBLIC SCHOOLS, Subtitle 4, Health and Safety of Students, 7-404, Hearing and vision screening tests, http://www.michie.com/maryland/lpExt.dll/mdcode/bff2/c654/c744/c759#JD_ed7-404.

[7] Interview with Mary Nasuta, nurse coordinator for Harford County Schools, 4/7/2010.

[8] Arnall Patz, MD, and Richard E. Hoover, MD, *Protection of Vision in Children*, (Springfield, IL: Charles C. Thomas,1969).

[9] Brochures from Prevent Blindness America.

[10] Harold A. Solan and Rochielle Mozlin, "Biosocial Consequences of Poverty: Associated Visual Problems," *Optometry and Vision Science*, April 1997; 74(4): 185-89.

[11] Donna Ethan, et al., "Implementing and Evaluating a School-Based Program to Improve Childhood Vision," *Journal of School Health*, July 2010; 80(7): 340-45.

[12] Mark W. Preslan, MD, and Audrey Novak, "Baltimore Vision Screening Project," *Ophthalmology*, January 1996; 103(1): 105-09.

[13] Data from the Baltimore City Health Department.

[14] The health department's data for those who missed the screening lumped kindergartners and first graders together.

[15] Data from the Baltimore City Health Department; explanation of numbers from Francine Childs, assistant commissioner for school health, and Dr. Suzan Mankarious, epidemiologist. Data provided to The Abell Foundation by the health department indicate that 3,545 out of 13,228 kindergartners (or 27%) were not screened during the 2009-2010 school year. However, this figure is misleading because many of these children—the exact number is unknown—were screened the previous year in pre-K and did not have to be screened again in kindergarten.

[16] Correspondence from and interviews with health-department officials.

[17] Correspondence from the ealth department.

[18] Correspondence from the health department.

[19] Interview with Barbara Nearing, school health aide who makes follow-up calls; Shawan Johnson, program supervisor; and Sandra Haskett, director of school health, 7/8/10.

[20] Interview with Francine Childs, assistant commissioner for school health, and Jacquelyn Duval-Harvey, Deputy Commissioner for Youth and Families.

[21] Maryland code: TITLE 7: PUBLIC SCHOOLS, Subtitle 4, Health and Safety of Students, 7-404, Hearing and vision screening tests, http://www.michie.com/maryland/lpExt.dll/mdcode/bff2/c654/c744/c759#JD_ed7-404.

[22] This outdated manual posted on Maryland Department of Education's website as of 5/17/10 shows the old law on page iv: http://www.marylandpublicschools.org/NR/rdonlyres/6561B955-9B4A-4924-90AE-F95662804D90/3331/HearingandVision.pdf.

[23] Interview with Mary Nasuta, nurse coordinator for Harford County Schools.

[24] Maryland Society for Sight and Prevent Blindness America.

[25] Interview with Dr. Mary Louise Collins, ophthalmologist at the Greater Baltimore Medical Center who was a member of the American Academy of Ophthalmology's Committee for State and Governmental Affairs in 2008. She also chaired the legislative committee for the American Association for Pediatric Ophthalmology and Strabismus during 2008.

[26] A national survey of state laws by Prevent Blindness America: State Mandated School Eye Exam and Vision Screening Laws: http://www.preventblindness.org/advocacy/StateVisionScreeningLaws11907.pdf. Note: this survey may not be completely up to date, as it did not update Maryland's current law from 2008.

[27] In New Mexico, January 1, 2008; An Act, relating to motor vehicles; providing a check-off option for drivers to contribute to the 'Save Our Children's Sight Fund,' creating a fund, making an appropriation: http://www.nmlions.org/publicrelations/NMLOKS/SB1149.pdf.

[28] Interview with Matthew Hornbeck, principal, Hampstead Hill Academy.

[29] Data dated 5/19/2010 provided by Hampstead Hill Academy from assistant principal Arleen Proto.

[30] Interview with Audrey Novak, executive director, Maryland Society for Sight.

[31] Interview with Geri Swann, Hampstead Hill community-outreach coordinator.

[32] Interview with Mary Nasuta, nurse coordinator for Harford County Schools.

[33] Ibid.

[34] Interview with Mary Jo Beach, director of the Care Coordination Unit of the Harford County Health Department.

[35] Maryland Society for Sight's website: mdsocietyforsight.org, and interview with Audrey Novak, executive director.

[36] Interview with Sandra Haskett, director of school health.