



Preschool Vision Screening

Intro

The first six years of a child's life are critical to their future health and development. Children develop the vision skills needed for learning to read, eye-hand coordination, and fine motor skills during their preschool years (3 to 5 years of age). Over 80% of a child's learning is based on vision. Children's vision develops until about 8 years of age. Once eye development is complete, vision cannot be easily corrected (BC Health Guide, 2007).

Preschool vision screening

Vision screening is a quick, simple and low cost procedure that is universal in nature, meaning that it is applied to the entire population. Screening should be considered part of a continuum in that a positive screening test result will result in a referral to appropriate health providers and services (BC Ministry of Healthy Living and Sport, 2008).

COMMON VISION CONDITIONS AMONG CHILDREN ARE:

- » Crossed eyes (strabismus): occurs when the eye muscles are weak and the eyes do not align properly.
- » Lazy eye (amblyopia): occurs when the vision in one eye is considerably weaker than in the other. If left untreated, the child's brain will ignore the weak eye and develop good vision in the good eye only. The weak eye will remain blurry.
- » Nearsighted, Farsighted, and Astigmatism (Refractive error): is when the vision in one or both eyes requires a visual aid

(i.e. eyeglasses) to improve vision. Unaided, the child sees less than normal vision (Bradley & Reiderer, 2000).

Regular vision screening can help detect and prevent complications from common eye problems. The younger the child is screened (36 months to 5 years) the more likely a vision condition can be identified and referred for proper treatment.

Warning signs of eye problems can include: red, itchy or watery eyes; holding objects too close; lack of concentration; squinting, excessive blinking or rubbing of eyes; avoiding books and other activities requiring close-up work; bumping into things; poor eye-hand coordination; covering or closing one eye; and performing below potential (BC Health Guide, 2007).

Aboriginal children's vision

Aboriginal people in BC experience poorer health outcomes than their non-Aboriginal counterparts (Transformative Change Accord: First Nations Health Plan, 2007). To ensure Aboriginal children get the best possible start in life, Aboriginal preschool vision screening should be:

- » Culturally appropriate in that it sensitively acknowledges, affirms and reflects the values of Aboriginal culture within and





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between families and communities.

- » Cognizant of barriers to eye health and vision care including access to health services in rural, remote, and isolated communities and other socio-economic barriers.
- » Sustainable in that it has community support, directly involves community members, and contributes to community capacity through training and education (Tobin, 2007).

For more information on vision screening and children's eye health visit:

BC Provincial Health Authorities
www.healthservices.gov.bc.ca

BC Association of Optometrist's
www.optometrists.bc.ca

References

BC Health Guide (2007). Young Children and Their Eyes. No. 53. BC Ministry of Health.

BC Ministry of Healthy Living and Sport (July 2008). *Provincial Vision Screening Training Manual*. Victoria: BC Ministry of Living and Sport.

Bradley, L.J. & Reiderer, M.L. (2000). *The Vision First Check Program in British Columbia: A Preschool Vision Screening Program for Children Age Two and Three*. Canadian Journal of Public Health, 91(4): 252-255.

Tobin, Pamela (2007). *Preschool Vision Screening for Aboriginal Children in British Columbia: A Needs Assessment*. BC Initiatives for Aboriginal Health.

