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# **Vision, Hearing and Spinal Screening Programs**

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**Implementing Changes in the Vision, Hearing and  
Spinal Screening Programs for School Year 2018-2019**



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# Welcome

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# Learning Objectives



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- Hearing Screening  
No changes
- Vision Screening  
The impact of House Bill 3157, Texas 85<sup>th</sup> Legislature, Regular Session, 2017.
- Spinal Screening  
The impact of House Bill 1076, Texas 85<sup>th</sup> Legislature, Regular Session, 2017.

# DSHS Public and Population Health



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## Public Health

- The science and professional discipline of preventing, detecting, and responding to specific medical risks and conditions
- Looks at issues, policies, and outcomes
- Concerned with broad disease categories across all communities and protecting the health of the entire population

## Population Health

- Focuses on health outcomes of a group of individuals or communities, and measures the incidence and prevalence of health conditions and diseases within a defined population

# DSHS and the Community Health Improvement Division



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## Vision

- A Healthy Texas

## Mission

- To improve the health, safety, and well-being of Texans through good stewardship of public resources, and a focus on core public health functions.

## CHI Guiding Statement

- CHI focuses on healthy outcomes for all populations in Texas communities through promoting data-driven research and evidence-based prevention practices.

## CHI Goals

- Provide opportunities for sharing knowledge and information across programs. Increase staff satisfaction and customer service. Implement and maintain evidence-based prevention activities supported by data-driven research to improve community health outcomes. Leverage opportunities for data sharing and integration across agency programs.

## Values

- Collaboration, Leadership, Recognition, and Science

# Vision and Hearing Screening Overview

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## Vision and Hearing Screening

The Vision and Hearing Screening program at the Texas Department of State Health Services (DSHS) helps to identify children with possible vision and hearing disorders who attend public and private schools, as well as licensed childcare facilities.

The goal of our program is to screen all preschoolers and school age children throughout Texas. This will help identify and link those that may have possible vision and hearing problems to the appropriate remedial services.



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# Vision and Hearing Screening Across Texas

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For the 2016-2017 School Year

The number of children screened for vision was 2,710,827 with 227,333 (8.3%) children referred.

The number of children screened for hearing was 2,655,050 (1.7%) with 44,541 children referred.



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# House Bill 3157, Texas 85th Legislative Session, 2017.

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## AN ACT

relating to requirements for screenings in public or private schools to detect vision disorders of students.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 36.004, Health and Safety Code, is amended by adding Subsection (b-1) to read as follows:

(b-1) The rules must allow an individual who attends a public or private school to be screened using photoscreening to detect vision disorders.

SECTION 2. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall adopt the rules necessary to implement the changes in law made by this Act.

SECTION 3. This Act takes effect September 1, 2017.



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## Impacts of HB 3157

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Current rules- Texas Administrative Code, Title 25 Part 1, Chapter 37, allow for the use of photo screening in a manner that is consistent with American Association for Pediatric Ophthalmology and Strabismus (AAPOS) recommendations, rules will not need to be amended to implement HB 3157.

HB 3157 does not require that schools use photo screening technology nor require that schools purchase the equipment. However, it explicitly allows schools to use photo screening technology as part of the screening process.



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## So what does this mean for schools?

The gold standard for testing visual acuity in children 6 and older is an approved eye chart.

- Children 6 and older = Visual acuity wall chart or  
Visual acuity wall chart & photoscreener (both)
- Children through 5 years = photoscreener
- Children with disabilities (at any age) who do not respond well to the visual acuity eye wall chart = photoscreener

**Note:** Children 6 and older, who have a disability that does not allow visual acuity to be tested with an approved eye chart, can be tested using a photoscreener. However, children in this group who pass photoscreening may still need to be referred for further evaluation at the schools discretion.



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# Stakeholder Consideration

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- DSHS convened an Expert Panel – Nov. 2017
- Vision Screening Public Comment- March 2018
- Solicited Questions prior to this Webinar- May 2018



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## Expert Panel

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- Promote the best outcomes for Texas children .
- Meet once every 2 years at a minimum.
- Assist DSHS w/ program and policy evaluations by reviewing research in the field.
- DSHS Collaborated with Texas Medical Association, Prevent Blindness Texas, Texas Pediatric Society, UT Health Science Center San Antonio Department of Ophthalmology, the Texas Optometry Board, the Texas Ophthalmological Association, and Texas Optometric Association to get recruit experts to the panel.
- Members are licensed Ophthalmologists and/or Optometrists



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# Vision Public Comment

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DSHS received public comment on March 22, 2018  
Some concerns addressed at the public hearing were:

- 1) Automated screening devices for all ages
- 2) The use adhesive occlusal patches
- 3) The use of the Tumbling E chart



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# Questions submitted to Program

**1) The vision guidelines are listed as “recommendations” on the DSHS website. Does this mean that we can choose which recommendations work best for our district?**

The recommendations #1-#5 on the DSHS website are recommendations that came out of our expert panel meeting on Nov. 16, 2017. Schools may use these as recommendations. These are not program requirements.

**2) Rule 37.23 states that photoscreening may be used on any student with a disability who does not respond well to chart screening and a referral for a professional examination is recommended if they fail photoscreening; However, recommendation #3 on the DSHS website says that these children should be referred regardless of photoscreening result. So if they pass the photoscreening are we still supposed to refer the child?**

Photoscreening may be used on children with disabilities and they should be referred for a professional evaluation if they fail. The expert panel recommendation to refer these children regardless of photoscreening result is not a program requirement, rather a recommendation of best practices. In other words, schools should consider that a photoscreener does not accurately assess visual acuity in children ages 6 and older. Therefore, at the schools evaluation and discretion, disabled children who pass photoscreening may still need a referral for a more comprehensive eye exam.



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## Questions submitted to Program

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**3) If a child with a disability passes photoscreening but the screener determines that the child may benefit from a more comprehensive eye exam, and refers the child, how should the school report the result?**

The school will only report the passing result of the photoscreening.



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# Vision Screening Summary

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- The Department of State Health Services will continue to use the vision screening guidelines outlined by the American Association for Pediatric Ophthalmology and Strabismus (AAPOS), as the standard procedure for screening school-aged children
- School-based screening should focus on monocular visual acuity testing using an approved wall eye chart at standardized distances. Approved eye charts for 2018-2019 school year are the HOTV and the Sloan Letter Chart.
- Automated/instrument based screening devices such as photoscreeners should be used in accordance with evidence-based, approved practices based on age and purpose. Whenever an Automated/instrument-based screener is used on children age 6 and older, an approved wall eye chart must also be used.
- DSHS and the expert panel reviewed and consulted with AAPOS on current recommendations and confirmed that computer-based/interactive visual acuity screeners do not currently have sufficient evidence of effectiveness to be supported.



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## Vision Screening Summary Continued

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- Department will consider validated evidence-based research published in peer-reviewed and professionally accepted journals. The Department of State Health Services will routinely monitor professional recommendations and convene experts, as necessary, to assist with evaluating program policies and procedures.
- House Bill 3157 allows the use of photoscreening devices, but does not require the use or purchase of photoscreening devices. Photoscreening is a form of pediatric vision screening that uses a special-purpose camera to determine how well a child can see.
- Photoscreening devices can be used to screen students at *any age* for risk factors that may lead to vision disorders. However, for children 6 years old and older, photoscreening does not screen accurately for visual acuity.
- Photoscreeners may be used for children through 5 years and children with disabilities (of any age) who do not respond well to the visual acuity eye wall chart.



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# Spinal Screening Overview/Stats

- The Texas Department of State Health Services Spinal Screening Program was established by the Texas Legislature to detect abnormal spinal curvature in students. The program is required to adopt rules as mandated by the statute.
- School-based spinal screening helps to identify adolescents with abnormal spinal curves and refer them for appropriate follow-up by their primary care physician. Screening can detect scoliosis at an early stage, when the curve is mild and may go unnoticed.
- **Early detection is key to controlling spinal deformities.**



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# Spinal Screening Overview/Stats

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- In the 2016-2017 school year the number of children screened was 782,756, with 22,156 (2.9 %) children referred.



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## House Bill 1076, Texas 85th Legislative Session, 2017.

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### Spinal Screening Policy Effective 2018-2019 School Year

- House Bill 1076 allows the DSHS to consider the most recent, nationally-accepted, peer-reviewed recommendations when considering appropriate **age** for conducting mandatory spinal screening.
- Sept. 2015 Scoliosis Research Society (SRS) published a joint position statement paper with the American Academy of Orthopedic Surgeons (AAOS), the Pediatric Orthopedic Society of North America (POSNA), and the American Academy of Pediatrics (AAP):
  - Screening examinations for spine deformity should be part of the medical home preventative services visit for females at **age 10 and 12 years**, and males **once at age 13 or 14 years**.



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## Changes to Current Spinal Screening Policy

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- School Year 2018-2019
  - Girls will be screened two times, once at age 10 and again at age 12. Boys will be screened one time at age 13 or 14.



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## Other Changes to the Program

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The chief administrator of each school shall ensure that each individual admitted to the school is screened for spinal abnormalities at the appropriate age.

Schools must ensure one of the following to comply with screening requirements:

- The school has documentation from a licensed professional that the individual is actively under medical care for one or more spinal problems.
- The school has documentation that the screening was performed by a qualified individual at the appropriate age outside of the school.
- The certified school screener screened the child at the appropriate age.
- The school has a specific affidavit waiving the child's screening.



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Affidavits must be received by the school on or before the scheduled spinal screening date for that child.

There two types of affidavits

1) An affidavit stating that the spinal screening will be conducted by a qualified individual outside the school.

**Note:** If executing this affidavit, schools should obtain documentation that the child underwent spinal screening by a qualified individual within 60 days of the signed affidavit.

2) An affidavit in lieu of the screening records stating that the spinal screening conflicts with religious tenets.



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## Q&A Spinal Screening Policy School Year 2018-2019

**1) With the new laws coming out this fall, can I still screen the 5<sup>th</sup> and 8<sup>th</sup> grades or do I specifically have to screen 10-and-12-years old girls and 13-or-14-year-old boys?**

Spinal screening for boys and girls will be age-specific beginning in the 2018-2019 school year. **Girls** need to be screened **twice**- once at age **10** and again at age **12**. Boys need to be screened **once** at age **13 or 14**.

**2) Will we be in compliance if we screen girls in 5<sup>th</sup> and 7<sup>th</sup> grades and boys in 8<sup>th</sup> grade since most students will fall in those grades for the specified ages?**

The required screening will be ages 10 and 12 for girls and 13 or 14 for boys. Children at these ages fall into different grade levels.

**3) Will screenings occur throughout the school year, as students reach the appropriate age?**

Starting in school year 2018-2019, spinal screening is age-specific and not by grade. Schools must adjust screening to ensure that children are screened at the appropriate age. Each school has the opportunity to create a process that works for its particular school or district.



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## Q&A Spinal Screening Policy School Year 2018-2019

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**4) If a boy enrolls at age 15 or above with no history of spinal screening, should they be screened?**

A screening will not be required.

**5) If a girl enrolls at age 11 or 13 with no history of spinal screening, should they be screened?**

Girls are not required to be screened at age 11, but they will be screened at age 12.

Girls 13 years or older are not required to be screened.



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## Q&A Spinal Screening Policy School Year 2018-2019

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**6) Current professional recommendations encourage screening be performed in a medical home. Can schools encourage or require children to get screened at their doctor's office or by another qualified individual outside the school?**

Schools may encourage, but they cannot require children to be screened in the medical home.

Texas Health and Safety Code, Chapter 37, requires school administrations to comply with the screening requirement. This means the school must ensure the child is screened for spinal abnormalities by a certified screener in the school, or by a qualified individual outside the school.

Schools can obtain documentation from parents that spinal screening has been performed by a professional at the appropriate age. This may reduce the number of students who need to be screened and prevent unnecessary additional screening.



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## Q&A Spinal Screening Policy School Year 2018-2019

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**7) According to policy on the DSHS website, *children enrolled in a facility who meet the above age requirements after September 1 of that school year are exempt from screening until the following September.* How does this apply now that we are using ages?**

This policy was removed from the DSHS website. This policy no longer applies to spinal screening because screening should be conducted at the appropriate age, regardless of age by Sept. 1.



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## Q&A Spinal Screening Policy School Year 2018-2019

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**8) Can we have forms available at registration for parents to sign for students who had a summer physical who are not athletes?**

Facilities can provide forms, but documentation must be provided that screening was performed by a qualified individual at the appropriate age.

**9) Will the State be updating the Spinal Manual to include the new guidelines?**

An addendum including updated policies will be available for schools before the beginning of the 2018-2019 school year. Meanwhile, the department is working to bring current manuals up to date. Updates and frequently asked questions can be found on our Spinal Screening Program website at <http://dshs.texas.gov/spinal>



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## Q&A Spinal Screening Policy School Year 2018-2019

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**10) If a child is admitted within 60 days before the end of the current school year, can we wait to screen them in the first 120 days of the next school year?**

If the child is of the appropriate screening age and has no documentation of spinal screening, the school should obtain documentation (affidavit or screening results) or screen the child. If the child will still be the appropriate age during the first 120 days of the following school year, then the child can be screened.



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## Q&A Spinal Screening Policy School Year 2018-2019

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**11 ) For the upcoming school year, do we still have to screen at the required ages even if the child was screened the year prior?**

Yes. With the new age requirements, the child will need to be screened at the appropriate age.

**12) What determines whether we screen 13-or-14-year old males? Do we just pick an age?**

The school has the flexibility to screen boys at age 13 OR 14.

Question 13: Do the age requirements still apply if the student is new to the district? Do I screen them or do I just screen per the age requirement?

DSHS Response: You only need to screen students at the required ages if they have no record of screening or an affidavit.



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## Q&A Spinal Screening Policy School Year 2018-2019

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### **14) Can nursing students be trained to help school nurses conduct spinal screening?**

Vision, hearing and spinal screeners must have a GED or High School Diploma to qualify to become a certified DSHS screener. Nursing students who meet the qualification criteria, and become certified, may help school nurses conduct spinal screenings.

### **15) Will the Child Health Reporting System be updated to reflect submission numbers by age as opposed to grade?**

The reporting system will be updated to reflect reporting requirements.



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# Spinal Screening Program Summary



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- DSHS will continue to consider the most recent, nationally-accepted, peer-reviewed recommendations when considering appropriate age for conducting mandatory spinal screening.
- House Bill 1076 implementation will begin in the 2018-2019 school year. Females should be screened twice - at age 10 and 12 - and males should be screened once - at age 13 or 14.
- The school administrators will continue to be responsible for ensuring that all children are either screened in the school at the appropriate age or have documentation that the child was or will be screened outside the school at the appropriate age



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## Conclusion

- Information will be updated for both the Spinal and Vision Programs
  - An addendum to supplement current manuals will be distributed for the 2018-2019 School Year.
  - The revised program manuals will include new guidelines.
  - The Child Health Reporting System will be updated to include ages for spinal screening as opposed to grades.
  - The DSHS website will be periodically updated with the most current information about the programs.
- Sign up for email updates at
- <http://dshs.texas.gov/spinal/default.shtm>  
<http://dshs.texas.gov/vhs/default.shtm>
- Submit questions to [VHSSprogram@dshs.texas.gov](mailto:VHSSprogram@dshs.texas.gov)

**THANK YOU!**