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Statement by

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Helen Keller International

Subcommittee on Labor, Health and Human Services,

Education and Related Agencies

Committee on Appropriations

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Robert M. Thomas, Jr., is testifying on behalf of ChildSight®, the domestic program of Helen Keller International that provides free, in-school vision screenings and prescription eyeglasses for children living in urban and rural poverty in the U.S.

Mr. Chairman, thank you for this opportunity to appear before the Committee on behalf of Helen Keller International's ChildSight® program. My name is Bob Thomas, and I serve as the volunteer Treasurer of Helen Keller International and Chair of the Finance Committee of HKI's Board of Trustees. I am requesting that you recommend that \$1.8 million of funding through the United States Department of Education be used in support of the HKI ChildSight® program in fiscal year 2010. It is our hope that, with the continued support of the Department of Education and private donors, we can deliver vision screenings and eyeglasses to thousands of children unable to afford eye care.

CHILDSIGHT®

ChildSight® is distinguished by its high clinical standards and its efforts to educate children and their families about the importance of corrected vision and the availability of related healthcare resources in their community. The hallmark of the program is the provision of prescription eyeglasses at the school site. As a service, it is prompt and convenient, and it seeks to overcome the economic, social and transportation barriers that prevent many poor children from obtaining the vision care they need. ChildSight® provides direct access to vision screening and refraction by a licensed optometrist, who then prescribes the necessary lenses for each child. Students who need eyeglasses receive them – on-site and free of charge – within one week.

But ChildSight® goes even one step further. Students identified with potentially severe vision problems beyond basic refractive error are referred to our partnering ophthalmologists for further evaluation and treatment (as needed), at no additional cost. This final step ensures that children who need comprehensive eye care will be able to receive it, regardless of their family's ability to pay.

With support from this Committee, the Department of Education and private donations, ChildSight® has now screened over **1.2 million** impoverished children in over 500 schools nationwide and has delivered free prescription eyeglasses to more than **139,000** students since the program's inception in 1994. The children served by ChildSight® come from families who live within 200% of the federal poverty level and have extremely limited access to basic health or vision care. All of our services are provided at no expense to the child's family.

We have seen the positive results of the ChildSight® program. Teachers we have surveyed throughout the country report that a majority of students who had their vision corrected with ChildSight® eyeglasses exhibited:

- significant improvement in the completion of schoolwork and homework;
- increased class participation and a reduction in disruptive behavior; and
- a dramatic improvement in grades, self-confidence and self-perception.

I had the opportunity to see ChildSight® in action. Recently, I visited one of our New York City sites that serves predominantly immigrant populations. I was there on the day we screened the students to test their vision and, where appropriate, our optometrists examined their eyes and prescribed corrective lenses. The children then selected frames for their new eyeglasses from the wide variety we make available. The process was a model of efficient organization and warm

engagement with the children. In many children, one could already see the anticipation of receiving their eyeglasses in a few days.

CHILDREN WITH VISUAL NEEDS

The mission of ChildSight® is to improve the vision and academic potential of schoolchildren living in urban and rural poverty. Vision and learning are inextricably linked. Most learning platforms – books, computer screens, blackboards, overhead projectors, and classroom presentations – require clear vision in order for a child to interact, assimilate information, and respond. Uncorrected refractive error (more commonly known as near-sightedness, far-sightedness and astigmatism) can significantly affect a child’s academic performance and overall development.

Our data, collected over 15 years of service, confirms that one in every four children between the ages of 10 and 15 fail standard vision screenings as a result of refractive error.

Children with undetected or uncorrected vision problems are at a major disadvantage in school and may be unfairly perceived as learning disabled, low achieving, or anti-social. Among poor, predominantly minority, public school students throughout our nation, the inability to learn due to poor vision is widespread, and largely unaddressed. Millions of children in the U.S. suffer from uncorrected refractive error due to various social, economic and transportation barriers, as well as inconsistent or inadequate treatment under existing school health programs.

Poor vision materially and adversely affects a child’s *quality* of life, often resulting in lost education and future employment opportunities, lower productivity, emotional frustration, and social exclusion.

The good news is that refractive error, which is one of the most common treatable health conditions of childhood, has a simple, cost-effective solution: the provision of correctly prescribed eyeglasses.

ChildSight® tackles this challenge by going directly into the schools to conduct vision screenings, to identify children with refractive error, and to provide them with prescription eyeglasses to correct this error, all free of charge. By supplying students with an essential learning tool – eyeglasses – ChildSight® helps to ensure these children can take advantage of all the educational opportunities available to them.

AREAS SERVED BY CHILDSIGHT®

Helen Keller International established ChildSight® in New York City in 1994. Today the program serves children in over 30 urban and rural communities in seven states: California (Los Angeles), Connecticut (Bridgeport, Hartford, New Haven and New London), New Jersey (Newark, Irvington, Jersey City, Orange, East Orange, Passaic and Plainfield), New Mexico (Gallup), New York (New York City), Ohio (Cleveland and East Cleveland) and Texas (El Paso).

Support from the Department of Education has played a key role in the success and growth of the program. The rapid geographic expansion achieved from 2000 to 2005 would not have been possible without the support of the Department of Education.

Department of Education support was particularly instrumental in the establishment of ChildSight®'s rural programs serving isolated communities surrounding El Paso, Texas, and Gallup, New Mexico. For example, in Gallup, recognizing the enormous burden of rural poverty, the severe lack of health resources and the barriers to accessing care, Helen Keller International established ChildSight® in Gallup-McKinley County, New Mexico. Since then, ChildSight® New Mexico has screened over 16,000 children throughout the county, including critically underserved children living on the Navajo Reservation, and has provided over 4,000 children with the prescription eyeglasses they needed to focus and thrive in the classroom.

PROGRAM INNOVATION

HKI's ChildSight® also continually seeks to improve and expand its program through innovation. One such program innovation is the ChildSight® Pre-K vision screening program, which was launched in New York City in 2005. Modeled after the original ChildSight® program, which targets children between ages 10 and 15, ChildSight® Pre-K addresses the unmet vision care needs of low-income children between ages 3 and 4, the age range when amblyopia (also known as "lazy eye") can be strategically identified and treated. Since 2005, ChildSight® Pre-K has now provided sight-saving services to over 10,500 pre-school children throughout New York City, most of whom had never received any eye health services before.

PUBLIC/PRIVATE UNDERTAKING

ChildSight® is truly a public/private endeavor. The program's success is due in large part to the dedication and commitment of the many physicians, educators, community activists and business people at each of our local sites. Along with their support and the generous contributions of foundations and corporations, we continue to seek the institutionalization and long-term sustainability of our programs. Previous endorsement and support by the Department of Education have played an important role in our ability to leverage committed support from the private sector. ChildSight® has received significant long-term funding from several foundations including the Annenberg Foundation, the Community Foundation for Greater New Haven, the Eisner Foundation, the Lavelle Fund for the Blind, the Reader's Digest Partners for Sight Foundation, the Rose Hills Foundation, the Starr Foundation, and the William Knox Holt Foundation.

Local health care professionals at each of our sites are members of the ChildSight® team, and more than 40 optometrists and pediatric ophthalmologists help us meet the vision care needs of the students we serve. ChildSight® contracts with 21 ophthalmic clinics and seven optical shops nationwide, all selected for their strong professional credentials. Services of all these community professionals are either donated or provided at a reduced, reasonable rate.

SOLVING THE PROBLEM

I ask that the Committee recognize our concern that so much more needs to be done. Children who need eyeglasses must receive them while they are still in school, so that they can make full use of their educational opportunities. I also ask you to consider the reality that children in many areas of urban and rural poverty are missing the chance to be helped because we cannot yet reach them. If students must struggle with the blurred, imprecise images they see on textbook pages, on the blackboard and in classroom demonstrations, then their opportunity to gain an

adequate education in our public schools is being wasted. This is especially tragic since this is a result of an easily fixable but neglected visual deficiency.

If we receive the \$1.8 million of requested funding, it will support our ongoing programs, and it will enable us to screen the vision of approximately 125,000 additional children during the 2010-2011 school year. ChildSight® is needed now more than ever as many families are faced with unemployment, reduced wages, unaffordable health insurance, elusive credit, and other financial constraints stemming from the current economic downturn. For a family struggling to pay for basics such as food, housing and utilities, a trip to the eye doctor or a pair of prescription eyeglasses is simply unaffordable, leaving many low-income children with uncorrected vision problems – and lost opportunities.

In closing, I ask the committee to recommend at least \$1.8 million dollars in fiscal year 2010 to support ChildSight® in its current locations, to expand the current sites, and to explore its potential expansion in other regions of the country.

Thank you, Mr. Chairman. Your attention and consideration are greatly appreciated, and I close with the wise words of our founding board member, Helen Keller: *If we look at difficulties bravely, they will present themselves to us as opportunities.*”

