

INSTRUCTIONS

- Structural and social determinants of health can often create barriers for parents/caregivers when it comes to scheduling and taking their children to a confirmatory eye exam and follow-up eye care after receiving a vision screening referral.¹
- We created the Small Steps to Eye Care Action Plan: A Conversation Guide to help resolve individualized barriers to follow-up eye care after a family receives a vision screening referral. You can determine when it is best to use this Action Plan (e.g., after the 3rd contact and the child has yet to see an eye doctor).
- The goal of this conversation guide is to create a plan together with the parent/caregiver or family medical decision-maker to resolve barriers to scheduling and attending an eye exam.
- The questions on pages 3 and 4 of this Action Plan will help guide a conversation about addressing individualized barriers the parent/caregiver or family medical decision-maker identifies.
- This conversation guide and Small Steps to Eye Care Action Plan development can be conducted in person or over the telephone. Another option is offering the family pages 3 and 4 to complete before meeting or talking with you.

What To Do Next:

- Read the "Conversation Instructions" on page 2 before beginning a discussion with the parent/caregiver or family decision-maker.
- After you have read and understood the instructions and are ready for the conversation, begin by asking who makes the medical decisions for the family and ask that person's permission to discuss the vision screening referral the family recently received.
- Once you have permission, ask the parent/caregiver or family medical decision-maker if they have any questions about the referral or what needs to happen next. If no questions or concerns are immediately identified by the caregiver, continue with the Action Plan's conversation questions on pages 3 and 4.

¹World Health Organization. (2024). *Vision and eye screening implementation handbook*. <https://www.who.int/publications/i/item/9789240082458>. The WHO says it is crucial to understand and address the reasons why the eye examination and/or treatment are not occurring.

National Academies of Sciences, Engineering, and Medicine. (2024). *Myopia: Causes, prevention, and treatment of an increasingly common disease*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/27734>. The authors emphasize that vision screening programs provide effective strategies to ensure that children identified with potential vision impairment receive a comprehensive eye exam to diagnose vision disorders and provide treatment.

Conversation Instructions:

1. Determine whether you need a translator to assist you, the parent/caregiver, or the family decision-maker with the conversation.
2. Where you see a blank line - _____ - in the text on the following pages, write the child's name.
3. Read each of the 10 concerns on pages 3 and 4.
 - a. You will want resources or suggestions available to share with the family to provide solutions to barriers.
 - i. For resources for the 1st bullet, download Signs of Possible Vision Problems in Children – [English](#) or [Spanish](#).
 - b. Remember to pause between questions to give the parent/caregiver time to answer or ask questions about that concern.
4. Place a check in the “Yes,” “No,” or “Unsure” boxes for each concern.
5. Add the first “Yes” or “Unsure” concern to page 6 in the Action Plan’s “Concern #1” box.
 - a. Brainstorm steps you or the family can take to solve the concern and write those steps in this document’s “*Action Steps and who is responsible.*” box. You might have action steps to complete.
 - b. Let the parent/caregiver or medical decision-maker decide the date to write in each Action Step’s “Due Date” box. Also, mark the “Due Date” box if you are addressing the solution.
6. Continue brainstorming the remaining concerns.
7. Ask the parent/caregiver or medical decision maker when they want you to contact them again to either mark the “Completed Date” or to change the “Due Date” if additional time is needed to complete an Action Step.
8. Give the family or the medical decision-maker a copy of the completed Action Plan on pages 6 and 7.
9. Continue working with the family until the child receives the eye examination and treatment.

SCRIPT: “A vision screening referral means a child needs an eye exam to determine if the child has a vision problem that requires treatment. We’ve talked with many parents/caregivers and have learned that several have the same concerns about taking their child to an eye doctor. With your permission, I’d like to read through this list of concerns other caregivers have and help you think about how we can work together to get _____ an eye exam.”

Yes	No	Unsure	Concern #1:
			Do you or another family member have transportation to go to the eye exam appointment?

Yes	No	Unsure	Concern #2:
			Have you noticed anything that concerns you about _____’s vision? (Refer to Signs of Possible Vision Problems in Children – English or Spanish .) If yes, what are your concerns? <i>(Note in the space below)</i>

Yes	No	Unsure	Concern #3:
			Do you have any concerns about _____’s potentially needing to wear glasses? If yes, could you help me understand your concerns? <i>(Note in the space below)</i>

Yes	No	Unsure	Concern #4:
			Do you have any concerns about the cost of an eye exam or eyeglasses? If yes, please help me understand your concerns. <i>(Note in the space below)</i>

Yes	No	Unsure	Concern #5:
			Do you have insurance coverage for eye examinations or eyeglasses? This may include vision insurance provided by an employer, private vision insurance, state Medicaid, or CHIP coverage.

Yes	No	Unsure	Concern #6:
			<p><i>SKIP THIS QUESTION IF THE ANSWER TO #5 WAS YES.</i></p> <p>Would you like to learn about programs that help pay for eye exams or glasses?</p>

Yes	No	Unsure	Concern #7:
			<p><i>SKIP THIS QUESTION IF THE ANSWER TO #5 WAS NO.</i></p> <p>Does your insurance require _____'s medical care provider to make a referral to an eye doctor for an eye exam? If yes, do you know if _____'s medical care provider made the referral?</p>

Yes	No	Unsure	Concern #8:
			<p>Do you need help finding an eye doctor for _____?</p>

Yes	No	Unsure	Concern #9:
			<p>Will you need a translator for the eye exam appointment? If yes, tell the person at the eye doctor's office who is making the eye exam appointment that you will need a translator.</p>

Yes	No	Unsure	Concern #10:
			<p>Do you or another family member have a work schedule that will allow either you or another family member to take time off from work for the eye exam appointment?</p>

Yes	No	Unsure	Concern #11:
			<p>Do you have any other concerns we haven't discussed yet? <i>(Note in the space below)</i></p>

SCRIPT FOR COMPLETING PAGES 6 AND 7:

After all concerns are written, say: - **“You’ve identified ___ concerns. My job is to help you figure out how to get _____ to an eye doctor for an exam to determine if your child has a vision problem and requires treatment, such as prescription glasses.**

Discuss the first “yes” or “unsure” concern and what needs to occur to resolve that concern. Ask when the family thinks the solution to the first concern can occur and write the date in the “Due Date:” box. Also, add a “Due Date” if you have an Action Step.

Continue this process until all concerns are addressed. After discussing all concerns, ask the family when they want to talk next and add that date to “The date(s) we will talk again so we can fill in the “Completed Date” boxes section. Some families may want to talk after every action step.

SCRIPT AFTER PAGES 6 AND 7 ARE COMPLETED:

“May we review the Action Plan we created together to make sure I understand your concerns? Completing the small steps we’ve identified in the Action Plan will help you schedule and attend an eye exam and receive follow-up eye care, if necessary, for _____ so _____ will have the best vision possible for learning at school, social activities with friends and family members, or other things, such as playing sports or future careers.”

Small Steps to Eye Care Action Plan for _____		
Concern #___:		
Action Step and who is responsible:	Due Date:	Completed Date:
Notes:		
Concern #___:		
Action Step and who is responsible:	Due Date:	Completed Date:
Notes:		
Concern #___:		
Action Step and who is responsible:	Due Date:	Completed Date:
Notes:		

Concern #___:		
Action Step and who is responsible:	Due Date:	Completed Date:
Notes:		
Concern #___:		
Action Step and who is responsible:	Due Date:	Completed Date:
Notes:		
<p>The date(s) we will talk again to mark the "Completed" boxes.</p> <hr/>		
<p>Parent/Caregiver Name: _____</p>		
<p>Cell Phone Number: _____ OK to Text <input type="checkbox"/></p>		
<p>Email: _____</p>		
<p>Preferred Communication Method: ___ Cell Phone ___ Text ___ Email ___ In-Person ___ Other: _____</p>		