

**ASSESSMENT OF STATE HEALTH  
DEPARTMENTS' VISION RELATED PROGRAMS**

**SUBMITTED BY:  
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## **I. Introduction**

In February 2001, the National Eye Institute (NEI), Office of Communication, Health Education, and Public Liaison awarded Macro International Inc. (ORC Macro) a contract to assess the current status of State Health Departments' vision related policy and programmatic efforts. NEI was interested in gathering information regarding (1) gaps that may exist in states' vision policies/programs and, (2) recommendations about how NEI may assist State health agencies in meeting their vision objectives.

Three project goals were identified—

1. To gather data on each state's vision position including goals and objectives they may have set.<sup>1</sup>
2. To gather information about vision related programs that have been developed and implemented by each state.
3. To identify ways in which NEI, through its National Eye Health Education Program, can assist states.

In order to meet these goals, ORC Macro developed a plan that contained six tasks—

1. Meet with NEI staff to review work plan, discuss study methods, and identify stakeholders.
2. Identify at least one stakeholder in each state and the District of Columbia.
3. Develop a discussion protocol that would be e-mailed to stakeholders.
4. Conduct the discussion either by e-mail or telephone.
5. Analyze the data.
6. Prepare a final written report for NEI.

A detailed description of the study methodology is presented in Section II of this report. Information that each state provided about its goals and objectives, use of Healthy People 2010 vision objectives, specific eye health programs, and how the National Eye Institute could better assist their state health departments, is presented in Section III: Findings. The final portion of the report, Section IV: Summary and Recommendations, summarizes the key findings. Suggested recommendations based on these findings are put forth for NEI's consideration.

## **II. METHODOLOGY**

In February 2001, ORC Macro met with NEI to review the proposed management plan, review project goals, and discuss how this effort would be accomplished. NEI and ORC Macro agreed to use e-mail as the primary means of collecting information. However, at the stakeholder's request, ORC Macro would hold discussions by telephone.

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<sup>1</sup> This included the 50 states and the District of Columbia.

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### **A. IDENTIFICATION OF STAKEHOLDERS**

ORC Macro used the list of state directors of the Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPE) to generate an initial list of stakeholders. This list, available from their Web site <http://www.astdhpphe.org>, contains the name, e-mail address, and telephone number for each voting member of the association. Members were not listed for the District of Columbia, Maine, and Nebraska. For these two states and the District of Columbia, ORC Macro contacted the health department by telephone and/or by Internet to identify a stakeholder. An e-mail address was not listed for South Carolina in the list of state directors. Ultimately a stakeholder was identified in each of the 50 states and the District of Columbia.

### **B. PROTOCOL DEVELOPMENT**

ORC Macro prepared a discussion protocol suitable to e-mail to stakeholders that was approved by NEI. The e-mail included introductory paragraphs explaining that NEI was seeking information about each State Health Department's eye health policy and programmatic efforts and that NEI had contracted with ORC Macro to gather this information.

The protocol contained discussion items on the following 10 topics—

1. State eye health goals and/or objectives
2. Use of Healthy People (HP) 2010 to guide state eye health policies and programs
3. Eye health programs that state health departments implemented
4. Organization of the state health department
5. Eye health programs offered by other state level agencies
6. Eye health programs that county health departments implemented
7. Information sharing between state health department and county/municipalities
8. Suggestions on how NEI can assist the state
9. State HP 2010 contact
10. Name/address to which NEI publications can be sent.

The protocol that was e-mailed to ASTDHPPE State Directors is shown in Appendix A.

### **C. DATA COLLECTION PROCEDURES**

ORC Macro designed and used a State Health Department Tracking Form to monitor the delivery and receipt of e-mails and/or telephone conversations. On February 12, 2001, the first wave of e-mails was sent to all the stakeholders with the exception of District of Columbia, Maine, Nebraska, and South Carolina (see Appendix A, pages 1-2). Stakeholders were identified for these three states and the District of Columbia shortly thereafter and an e-mail was sent to them. Each email was marked "urgent" and return receipt. Stakeholders were asked to email the

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name(s) of appropriate people that ORC Macro should contact, along with their e-mail address and phone number by February 20, 2001. E-mails that were returned "undelivered" were noted and the stakeholder was contacted via telephone. If the stakeholder was no longer at the agency, ORC Macro identified a new contact person.

On February 21, 2001, a reminder e-mail was sent to stakeholders in 34 states asking for their response by February 26, 2001 (see Appendix A, pages 3-4 for sample reminder e-mail). Again, on March 6, 2001, stakeholders who had not responded were sent another reminder e-mail requesting a response by March 14, 2001. A final e-mail reminder was sent out to those states that had not responded by March 21, 2001. Those who did respond were sent an e-mail thanking them for taking the time to respond to the discussion items. A copy of the e-mail with discussion items that was sent to identified stakeholders is shown in Appendix A, pages 5-6.

### D. Response Rate

Thirty-eight states and the District of Columbia responded to our request for information about their state's eye health programs. As shown in Table 1, the majority (66.7%) of stakeholders replied by e-mail. The overall response rate for this project was 76.5 percent.

**Table 1: Response**

Response	Number of States	Percent
E-mail	34	66.7%
Telephone	4	7.8%
E-mail and telephone	1	2.0%
Did not respond	12	23.5%
<b>Total</b>	<b>51</b>	<b>100%</b>

Despite repeated attempts by e-mail and telephone, the following 12 states did not respond—

- Alaska
- California
- Connecticut
- Maryland
- Massachusetts
- Minnesota
- Nevada
- New Mexico
- Oregon
- South Carolina
- Tennessee
- Virginia

### E. DATA ANALYSIS

In order that coding categories could be established, stakeholders' responses to all items were carefully reviewed. ORC Macro developed a codebook and entered each state's data into an SPSS (Statistical Package for the Social Sciences) database for analysis. Frequency counts and distribution tables were generated. ORC Macro analyzed the open-ended responses using content analysis in order to identify patterns and themes and report how frequently they emerged. Contact names and addresses were entered into separate MS Word files by state.

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## III. FINDINGS

### A. INTRODUCTION

It must be noted that many stakeholders did not respond to every item in the protocol. In fact, the stakeholders from Louisiana, Oklahoma, and Vermont, simply stated that their state did not have any eye health programs and did not respond to any other discussion items. The stakeholder in Montana wrote "I am brand new to state government. After reading through the questions, I don't think I can supply any information that answers the specific questions asked." Thus it is unclear whether or not Montana has any eye health programs in their state health department. Although stakeholders in Alabama, Colorado, and New Jersey, reported that their State Health Department did not have any eye health programs, these respondents did provide a response to one or more of the other discussion items. Because of the different response rates, caution should be used in interpreting frequency count information. The remainder of this section of the report is organized by discussion topic. Major findings are highlighted in the section and more detailed information can be found in the appendices.

### B. EYE HEALTH GOALS AND/OR OBJECTIVES OF STATE DEPARTMENTS OF HEALTH

The discussion protocol asked stakeholders to identify any written goals and/or objectives that their health department established related to eye health. Stakeholders from 32 states responded to this item. As shown in Table 2, 50 percent of the stakeholders who responded to this question said their state health department had eye health goal(s)/objective(s). Respondents from 2 states reported that their state had a state law governing vision screening and another had a law requiring the health department to develop a blindness prevention education, screening, and treatment program. Two other states had both goals/objectives and a state law, and 11 stakeholders (34.4%) reported that their state did not have any goals/objectives.

**Table 2: Eye Health Goals and/or Objectives**

<b>Response</b>	<b>Number of States</b>	<b>Percent</b>
Yes, have goals/objectives	16	50.0%
Yes, have law	3	9.4%
Yes, have goals/objectives and law	2	6.2%
No goals/objectives	11	34.4%
<b>Total</b>	<b>32</b>	<b>100%</b>

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A review of the goals, objectives, and laws that the stakeholders from 21 states wrote about reveals that—

- Fourteen states and the District of Columbia have specific goals/objectives related to diabetes. The states include Delaware, Florida, Illinois, Indiana, Iowa, Kentucky, Maine, Nebraska, North Carolina, North Dakota, New Jersey, Rhode Island, Utah, and Wisconsin.
- Four states have goals/objectives related to vision screening—Arkansas, Indiana, Ohio, and West Virginia.
- Four states have a law related to vision screening—Illinois, Kentucky, Michigan, and Rhode Island.
- Two states have goals/objectives related to eye examinations—Indiana and West Virginia.
- Two states have goals/objectives related to occupational injury—West Virginia and Wisconsin.
- One state (Missouri) has a state law requiring the Health Department to create the Blindness Prevention, Education, Screening, and Treatment Program.
- One state (West Virginia) has an objective to reduce visual impairment due to glaucoma.
- One state (West Virginia) has an objective to reduce visual impairment due to cataract.

The verbatim state health department eye health related goals, objectives, and laws cited by the stakeholders are presented in Appendix B in alphabetic order by state. The majority of goals and objectives were established in the late 1990s.

### **C. HEALTHY PEOPLE 2010**

The discussion protocol informed stakeholders that vision objectives had been included in Healthy People (HP) 2010. Respondents were asked to comment on whether or not their state uses the HP framework to guide their health policies and programs related to eye health. Stakeholders from 27 states and the District of Columbia responded to this item. The majority (N=19, 67.9%) said that the HP framework guides their eye health policies and programs. One stakeholder (3.6%) did not know and the remaining 8 respondents (28.6%) reported that the HP framework did not guide their eye health policies and programs.



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States that use the HP 2010 framework include—

- Arkansas
- District of Columbia
- Delaware
- Florida
- Indiana
- Illinois
- Iowa
- Kansas
- Kentucky
- Michigan
- Mississippi
- Missouri
- North Dakota
- North Carolina
- Pennsylvania
- Rhode Island
- Utah
- West Virginia
- Wisconsin

The respondent from Colorado did not know whether or not Colorado used the HP 2010 framework to guide its eye health policies and programs, and stakeholders from Alabama, Maine, Nebraska, New Jersey, New York, Ohio, Texas, and Washington, specifically stated that their state did not use the HP framework.

Sample comments include:

- Florida: “The State Diabetes Control Program uses HP 2010 initiatives for eye examinations as the basis for long-range planning and in the development of state objectives.”
- Kansas: “The State Health Department does use HP as a framework for programs and encourages all other partners to do so as well.”
- Kentucky: “Utilized the Healthy People 2010 objectives in developing their ‘Healthy Kentuckians 2010’ diabetes chapter.”
- Michigan: “We are cognizant of the vision goals of Health People 2010, and our screening programs for children are congruent with the objectives of identification, prevention, and treatment of vision problems.”
- North Carolina: “While NC uses HP 2010, we are more guided by national objectives set forth by the CDC Diabetes Translation Division, which is their chief funder.”
- New Jersey: “No, I am just learning about HP2010 eye health objectives.”
- North Dakota: “North Dakota is beginning the process of developing a Healthy People 2010 state plan.”
- Ohio: “We have related the HP 2010 objectives to our needs assessment process for the Maternal and Child Health (MCH) block grant, but we do not specifically develop programs through that framework. We are primarily driven by MCH block grant performance measures established by the federal MCH bureau and by additional state negotiated performance measures.”

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- Pennsylvania: “[Pennsylvania] is cognizant of the HP2010 objectives concerning the prevention of vision impairment in children and continues to emphasize activities that relate to those objectives.”
- Rhode Island: “Our state uses HP 2010 as a guide and will continue to do so in the future.”
- Wisconsin: “Healthy People 2010 helps to focus Department priorities.”

As a follow-up item, the protocol asked stakeholders whether or not they anticipate that HP 2010 vision objectives will guide their state’s future eye health programs and policies.

Representatives from 29 states and the District of Columbia responded to this item. Fourteen stakeholders (46.7%) affirmed that HP 2010 vision objectives would guide them. Four stakeholders (13.3%) thought the objectives would possibly guide their future eye health programs and policies, one respondent (3.3%) did not know, and the remaining 11 stakeholders (36.7%) said HP 2010 vision objectives will not guide their future eye health programs and policies.

States that will use HP 2010 vision objectives to guide their state’s future eye health programs and policies include—

- Arkansas
- District of Columbia
- Delaware
- Florida
- Hawaii
- Idaho
- Iowa
- Kentucky
- Maine
- Missouri
- North Dakota
- Utah
- West Virginia
- Wisconsin

Stakeholders from Kansas, Mississippi, Ohio, and Texas stated that HP 2010 vision objectives might guide their state’s future eye health programs and policies, while the representative from Colorado was uncertain. States that do not plan to use the HP 2010 vision objectives include Alabama, Georgia, Illinois, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania, Washington, and Wyoming.

Sample comments regarding the use of HP 2010 vision objectives include—

- Arkansas: “Yes, the Arkansas Vision Screening Program will adopt HP 2010 vision objectives.”
- Georgia: “We do not plan to use the HP 2010 in a formal way—only as they touch on other conditions such as diabetes and vision screening.”
- Illinois: “Not really. Our statute for screening is long standing and we don’t really have staff or funding for new initiatives.”

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- Kansas: “Kansas is still in the process of completing Healthy Kansans 2010 objectives. We have not yet developed any eye health objectives.”
- Kentucky: “We will continue to look at the National Objectives in developing our state objectives.”
- New Hampshire: “New Hampshire’s Department of Maternal and Child Health did not include any eye health related objectives in its HP NH 2010.”
- Ohio: “The HP 2010 vision objectives may be considered, especially in conducting community needs assessments. However, they would have more impact if their level of importance was reflected in the policies of other federal agencies, i.e., Maternal and Child Health Bureau.”
- Utah: “Yes, [we plan to use HP 2010 vision objectives to guide our state’s future eye health programs and policies] related to diabetes.”
- Washington: “Only if there is federal money to set up a state program/project in this area.”
- Wisconsin: “The Department is working on the objectives in the area of occupational health and diabetes. They provide a framework for us to work towards.”

### D. EYE HEALTH PROGRAMS

One of the goals of this project was to gather information about vision related programs that state health departments had implemented. In order to gather this information, stakeholders were asked what, if any, eye health programs their state health department had implemented. For those who had a program(s), stakeholders were queried about whether or not the program targeted groups at higher risk for eye disease and disorders, the number of people reached by the program, and questions about funding.

Of the 38 states and the District of Columbia that responded to the assessment, 23 (59%) indicated that they had some type of eye health program. Stakeholders in the remaining 16 states (41%) reported that their state health department did not have any eye health programs.

States that reported having eye health program(s) include—

- Arizona
- Arkansas
- Delaware
- District of Columbia
- Georgia
- Illinois
- Indiana
- Iowa
- Missouri
- Nebraska
- New Hampshire
- New Jersey
- Ohio
- Pennsylvania
- Rhode Island
- South Dakota

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- Kentucky
- Maine
- Michigan
- Montana
- Texas
- Utah
- Wisconsin

States that reported no eye health programs include—

- Alabama
- Colorado
- Florida \*
- Hawaii
- Idaho
- Kansas \*
- Louisiana
- Mississippi
- New York
- North Carolina \*
- North Dakota \*
- Oklahoma
- Vermont
- Washington
- West Virginia
- Wyoming

\*Stakeholders reported that their state had a Diabetes Control Program, but did not consider it an eye health program.

A description of the program(s) each state implemented is presented in Appendix C in alphabetical order by state. A discussion of these programs is presented below by type of program.

### 1. DIABETES EYE HEALTH PROGRAMS

One of the primary program activities of state health departments that have an eye health component concerns diabetes. All 50 states, the District of Columbia, and eight U.S.-affiliated jurisdictions receive funding from Centers for Disease Control and Prevention (CDC) to develop diabetes control programs (DCP). States may use the money to fund their diabetes-related eye disease activities, including vision screenings and dilated eye exams.

While this assessment did not ascertain which state eye health programs received their funding from CDC, 16 states—California, Illinois, Massachusetts, Michigan, Minnesota, Montana, New York, North Carolina, Ohio, Oregon, Rhode Island, Texas, Utah, Washington, West Virginia, and Wisconsin—receive what is called expanded funding (\$800,000 each) to establish comprehensive programs so they can implement statewide, multilevel public health approaches to reduce the burden of diabetes.<sup>2</sup>

The health departments of the remaining states and territories receive an average of \$232,000 each to develop initial expertise, define the scope of the problem, identify gaps, and develop limited intervention projects, which may include diabetic eye disease programs.

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<sup>2</sup> Information about the CDC's Diabetes Program was obtained from the Diabetes Public Health Resource of the CDC National Center for Chronic Disease Prevention and Health Promotion at [www.cdc.gov/diabetes/states/index.htm](http://www.cdc.gov/diabetes/states/index.htm).

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Stakeholders in Delaware, Georgia, Iowa, Kentucky, Maine, Nebraska, Pennsylvania, Rhode Island, Texas, Utah, and Wisconsin referred to their Diabetes Control Program and funds that are being used to increase the percentage of persons with diabetes who receive a dilated eye examination. The Iowa Department of Public Health funded a diabetes program targeting African Americans for retinal exams. In Utah, the Diabetes Control Program in the Department of Health works with seven health plans to implement an incentive program that targets those with diabetes. If the plan member receives an eye examination within the calendar year, the member receives a 60-minute telephone calling card. In Kentucky, the Chronic Disease Prevention and Control Branch recently began an eye project with public and private health plan partners. The goal of the project is to increase the number of annual eye exams for persons with diabetes. The project is just beginning, so the stakeholder was unable to provide many details.

For the past 15 years, the New Jersey Department of Health and Senior Services provides a \$95,000 grant to the New Jersey Commission for the Blind and Visually Impaired. This grant provides funds to screen at least 800 people with diabetes who are uninsured or underinsured.

Interestingly, stakeholders in Florida, Kansas, North Carolina, and North Dakota wrote that their state health departments **did not** have eye health programs, but do have Diabetes Control Programs that do not have specific funds targeted for eye health. While their diabetes program “does not have any specific eye health program,” the respondent from North Carolina wrote, “they do participate in the NIH/CDC National Diabetes Education Program that promotes controlling diabetes for life (which includes preventing diabetic retinopathy and blindness).” North Dakota has a diabetes control program that targets eye health, but the stakeholder knew of no specific funding for eye care in the health department.

The stakeholder from Washington wrote, “at one time, the Diabetes Control Program had a Diabetic Eye Project...the program offered free dilated eye exams to uninsured people with diabetes in community care clinics. This program was phased out 3 years ago with the administration turned over to the professional association of ophthalmologists.”

### **2. VISION SCREENING PROGRAMS**

Stakeholders in 12 states Arizona, Arkansas, Georgia, Illinois, Indiana, Kentucky, Michigan, New Hampshire, Ohio, Pennsylvania, Rhode Island, and South Dakota described their vision-screening programs. Georgia and Illinois specifically mentioned the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services that are provided to qualified residents under the age of 21. EPSDT is Medicaid's comprehensive and preventive child health program for individuals under the age of 21. Vision components of the program must include, at a minimum, diagnosis and treatment for defects in vision, including eyeglasses. Vision services must be provided according to a distinct schedule developed by the state and at other intervals as medically necessary.

Each state's Medicaid Agency is required to inform all Medicaid-eligible persons under age 21 that EPSDT services are available; to set distinct periodicity schedules for screening, dental, vision, and hearing services; and to submit a report annually.

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Most states that conduct vision screening do so for preschool and school age children. In Arizona, the Department of Health Services strongly encourages vision screening for children pre-kindergarten through 12th grade in public and private school, but it is a voluntary program. In Arkansas, the Department of Health's Vision Screening Program (VSP) provides training, limited loans for screening equipment, and technical assistance to ensure quality vision screenings are conducted in schools. Students who are identified with a vision problem during the screening are re-screened and, if needed, referred for a professional exam. During the 1999–2000 school year, 234,195 students were screened. Of these, 11,036 students received a professional eye exam. Ninety percent of these students had a confirmed vision problem.

Illinois, Kentucky, Michigan, and Rhode Island have state laws requiring that children have their vision screened. In Illinois, all children ages 3 and up, in any organized daycare/preschool program must have their vision screened annually. Kentucky recently passed a law stating that all students must have an eye exam when they enter the school system for the first time. Rhode Island recently passed a law to design a vision screening program for children. This program will target children 3 to 5 years old.

Michigan's vision screening program focuses on children ages 3 to 21 years of age. They screen just under a million children annually. Preschool children ages 3 to 5 are screened at least once before they enter school, and school age children are screened in the odd grades through 11<sup>th</sup> grade. Approximately 200 qualified vision technicians, who are hired by the county health departments, conduct the screenings in Michigan.

New Hampshire has a vision/hearing screening program that provides statewide screening for children ages 3 to 6 who have not had their vision screened. They screen approximately 2,000 children each year. In Ohio, the Department of Health sets the requirements for what grades are routinely screened each year, what equipment can be used, what vision tests are used, and referral criteria. Children who do not pass the screening are referred to their medical providers or may attend the Department's Hearing and Vision Specialty clinics.

The Pennsylvania Department of Health's School Health Program administers and provides partial reimbursement for vision screening in all grades. The only routine eye health provided school age children in South Dakota is vision screening.

While the majority of vision screening programs that states implemented are targeted to children 21 years and younger, the Indiana State Department of Health has provided the University of Indiana with funds to purchase equipment for eye screening in three rural health clinics. This program will provide new access to affordable optometry services.

The Kentucky Department of Public Health recommends that adults at high risk for glaucoma—African Americans over age 40, Caucasians over 65, individuals with a family history of glaucoma, diabetics, and individuals with severe myopia—be provided visual acuity screening and referred for ophthalmologic examination.

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### **3. VISION PROGRAMS FUNDED BY OTHER SOURCES**

Three states, Georgia, Missouri, and Ohio, have vision programs that are made possible by a \$1.00 donation that residents can voluntarily make at the time of obtaining or renewing their driver's license (Georgia and Missouri) or vehicle registration (Georgia, Missouri, and Ohio). The donation in Georgia is earmarked to help people who have vision problems. In Ohio the funds are used to ensure that children have good vision and healthy eyes.

During Georgia's 1999–2000 legislative session, the state legislature enacted this new program that is administered by the Department of Human Resources. Within the Department of Human Resources, the Division of Public Health recently issued 5 requests for proposals for programs and services in education, screening, diagnosis, and treatment of visual impairment. The stakeholder anticipates that awards will be made shortly. During the first year of the program, citizens donated approximately \$500,000.

The Missouri legislature passed a new law to create the Blindness Prevention, Education, Screening, and Treatment Program. The Department of Health administers this program from funds raised from voluntary \$1.00 donations made by applicants for a driver's license or vehicle registration. This program requires the state health department to pay for eye exams for every individual enrolling in kindergarten or first grade, or a Head Start program for whom public and private health insurance does not cover the cost of the examination. This program began January 1, 2001, and these funds will be available for distribution on July 1, 2001. The state estimates that donations will be \$126,667 per year, with 592 children enrolling in the program.

Ohio's program is called Save our Sight (SOS) and, as mentioned above, was created to ensure that children in Ohio have good vision and healthy eyes. The program accomplishes this through the early identification of children with vision programs and the promotion of good eye health and safety. According to the stakeholder, the SOS program has \$1,300,000 in funding. The stakeholder wrote that Ohio is currently planning SOS promotional activities to increase the number of donations, since only about 10 percent of vehicle registrants donate.

SOS funds address the vision needs of the estimated 500,000 children in Ohio who have undetected vision problems. SOS funds are limited to services for children, and are used to provide a variety of services including the development and implementation of an Amblyope Registry. The Ohio Amblyope Registry is a statewide program designed to serve the needs of children with amblyopia, commonly known as lazy eye, their families, and eye doctors. It is a voluntary registration program to increase knowledge about amblyopia, its treatment, and prevention. All services provided by the registry are free of charge and are offered to children up to 18 years old.

Kentucky designated some of its tobacco settlement monies to provide eye exams for children entering school for the first time. The Kids Now Vision Program is a partnership of the Governor's Office of Early Childhood, Kentucky Optometric Association, Kentucky Department of Education, Kentucky Cabinet for Health Services, and the Commission for Children with Special Health Needs. Families whose incomes that are above 200 percent of the poverty level, yet under 250 percent of the poverty level, and who have no other insurance that pays for eye

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examinations, are eligible for assistance. The stakeholder indicated that the Kids Now Vision Program is funded for \$150,000 per year.

### **4. VISION EDUCATION AND TRAINING PROGRAMS**

Stakeholders in three states described education and/or training programs that are offered to residents. The Illinois Department of Public Health has an agreement with the Illinois Society for the Prevention of Blindness to conduct an "Eye Spy" program. Certified technicians teach 4<sup>th</sup> grade children about eye health and safety. Through Ohio's Save Our Sight Program, funds have been allocated to train, certify, and equip vision screeners. Funds are also used to provide protective eyewear for youth sports and school activities, and for the development and provision of eye health and safety program in schools. Lastly, the Arizona Department of Health Services teamed with Prevention Blindness of America to provide a training-of-trainers program for school nurses and other screeners to train them in the best vision screening practices.

### **5. OTHER VISION PROGRAMS**

The stakeholder in Wisconsin wrote that the purpose of one of her state's eye health programs was to reduce occupational eye injury, which is being addressed through Occupational Safety and Health Administration (OSHA) consultation and appropriate eye protection in the workplace.

## **E. ORGANIZATION OF STATE HEALTH DEPARTMENTS**

In an effort to better understand where eye health programs are situated, stakeholders were asked to describe how their state health department is organized and where eye health programs are located. Stakeholders in 21 states and the District of Columbia either identified their state health department (n=18, 46.2%) or provided a copy of their organizational chart (n=4, 10.2%). Stakeholders from 17 states (43.6%) did not respond to this item on the protocol. As described below, the vision programs described in the previous section of this report are located in different bureaus, divisions, and offices in the various states.



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Many of the eye programs that stakeholders described are part of their Diabetes Control Program (DCP). Ten states provided information about where their DCP was situated—

- Idaho— Bureau of Health Promotion, Division of Health
- Iowa— Bureau of Health Promotion, Division of Health Programs, Prevention and Addictive Behaviors
- Kentucky— Chronic Disease Prevention and Control Branch, Division of Adult and Child Health
- Nebraska— Division of Chronic Disease Prevention and Control, Preventive and Community Health Services
- North Carolina— Division of Public Health, Department of Health and Human Services
- North Dakota— Division of Health Promotion, Preventive Health Section, Department of Health
- Pennsylvania— Bureau of Chronic Diseases and Injury Prevention, Deputy Secretary for Public Health
- Texas— Bureau of Disease, Injury, and Tobacco Prevention
- Utah— Bureau of Health Promotion, Division of Community and Family Health Services
- Wisconsin— Bureau of Chronic Disease Prevention and Health Promotion

Vision screening programs are housed in various sections, offices, and divisions depending on how the state's health department is organized. For example, Arkansas' Vision Screening Program is housed in the Child and Adolescent Health Section of Statewide Services. In Illinois, vision screening falls within the Division of Health Assessment and Screening Vision and Hearing Programs, which is part of the Office of Health Promotion. Pennsylvania's Bureau of Community Health Systems, School Health Program is responsible for vision screening and provides partial reimbursement for vision screening in all grades.

The Division of Family and Community Health is responsible for Michigan's vision screening program. This division is part of the Department of Community Living, Children, and Families. In New Hampshire, vision screening falls under the purview of the Bureau of Maternal and Child Health. Finally, Ohio's vision programs are situated in the Division of Family and Community Health Services in the Bureau of Child and Family Health Services, Field Services Division.

Wisconsin's eye protection in the workplace program is located in the Department of Health and Family Services, Division of Public Health, Bureau of Occupational Health. Missouri's Blind Education, Screening and Treatment program is located in the Bureau of Genetics and Disabilities Prevention in the Division of Maternal and Child Health, Missouri Department of Health.

## **ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS**

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A list of the 50 state health departments, including address, telephone number (if available) and Web site address is presented in Appendix D.

### **F. EYE HEALTH PROGRAMS OFFERED BY OTHER STATE LEVEL DEPARTMENTS/AGENCIES**

Realizing that eye health programs may exist in other state agencies, staff designed the protocol to query stakeholders whether or not they were aware of programs offered by other state level departments/agencies. Respondents from 29 states and the District of Columbia responded to this item. Twelve stakeholders (40%) mentioned programs in other state agencies, while 18 others (60%) were not aware of any other eye health programs at the state level. Even though some stakeholders knew that other state agencies had eye health programs, the stakeholders did not provide specific details about the programs.

- Arkansas— Arkansas School for the Blind provides support to the school for vision impaired students.
- District of Columbia— Eye health programs may exist within the Public Benefit Corporation, Department of Aging, and Medicare/Medicaid.
- Florida— School Health maintains an eye screening program for pre-kindergarten through 3<sup>rd</sup> grade students. Supplemental eye screening, treatment, and follow-up is provided through Vision Quest in pre-kindergarten through grade 3.
- Georgia— The Division of Rehabilitation has eye related programs. This Division was part of the Department of Human Resources and is now being transferred to the Department of Labor.
- Illinois— Eye health programs exist in the Office of Rehabilitation Services, which is part of the Department of Human Services.
- Indiana— The Department of Education is responsible for vision screening in schools.
- Kentucky— The Commission for Children with Special Health Needs provides care for children 0 to 21 whose household incomes peak at up to 200 percent of the poverty level. The Commission provides diagnosis, treatment, and vision correction for children with eye disease or serious refractive errors. The state has also established a program called Kids Now that provides eye exams to children entering school for the first time. It should be noted that the Kids Now Vision Program is a partnership among several different state agencies (including the Cabinet for Health Services, Department of Education, Office of Early Childhood, Commission for Children with Special Health Care Needs), and the Kentucky Optometric Association.

The Department of Education has implemented a program of mandatory pediatric eye exams for children up to 20 years of age who enter the Kentucky school education system for the first time.

▪ Missouri—

The State Department of Social Services, which concentrates on vocational rehabilitation, operates the Missouri Prevention of Blindness program. This program provides eye care for all residents with visual problems. The goal is to prevent blindness through early diagnosis and treatment. Services are provided in clinics throughout the state. The clinics counteract two obstacles to better eye care: inadequate family finances and/or limited medical eye care services in many areas of the state. Anyone may be screened at a clinic, regardless of income. Patients at the clinic may be referred for glasses, sent to a medical center for further diagnosis and treatment, or referred to a local physician for follow-up care.

The program uses contracts with state medical facilities to provide comprehensive eye care to eligible individuals. Persons who experience visual problems are referred to other public and private programs that may be of further assistance in meeting their medical care needs, or in providing other necessary services.

The State Department of Social Services also operates a statewide eye health program that has 3 components: glaucoma screening clinics, full-scale eye screening clinics, and treatment of eye conditions. The screenings are available to all Missourians who qualify based on income, asset, and medical insurance guidelines, plus the documented severity of their eye condition. Typically eligible conditions involve eye trauma, progressive eye disease, malfunction and malformation of the eye, and loss of visual acuity. The program is targeted to those who are poor and underinsured. The program is funded at \$240,000/year and reaches about 10,000 residents.

▪ New Hampshire—

A multi-sensory intervention through consultation and education (MICE) program is offered to children aged 0–3 years who are diagnosed with a vision impairment. MICE is provided by New Hampshire's Blindness/Visual Impairment Program.

Other agencies that the stakeholder referenced were the Early Support Services Family Center; Services for the Blind and

Visually Impaired; and Assistive Services for Education, Technology, and Training.

## ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS

- New Jersey— Department of Education.
- Texas— The stakeholder referenced the Texas Commission for the Blind.
- Utah— The Department of Education has a school for the blind.

### G. EYE HEALTH PROGRAMS OF COUNTY HEALTH DEPARTMENTS

The discussion protocol asked stakeholders whether or not their county health departments had implemented eye health programs. As shown in Table 3, the majority (65.4%) of stakeholders who responded to this item reported that their county health departments did not have eye health programs at the county level.

**Table 3: Eye Health Programs of County Health Departments**

Implementation of Eye Health Programs	Number of Respondents	Percent
Yes	7	26.9%
No	17	65.4%
Don't know	2	7.7%
<b>Total</b>	<b>26</b>	<b>100%</b>

Stakeholders in Arkansas, Georgia, Illinois, Kentucky, Michigan, New Hampshire, and Ohio described their county health department's eye health programs. For example, the local county health units in Arkansas and Georgia participate in the Early Periodic Screening Diagnosis and Treatment (EPSDT) program.

In Illinois, much of the mandated vision screening is funded through grants totaling \$702,000 that go to the county health departments. The funds are primarily used to pay for vision screenings at preschools and day care centers. Local health departments also sponsor vision clinics through the IDPH program.

Michigan's county health departments are also responsible for administering the preschool and school age vision screening program. The health departments hire vision technicians who receive a 2-week training course from the state, and who screen the children at Head Start programs; child care centers; and at public, private, and charter schools. Vision screenings are also provided free of charge at scheduled open clinics sponsored by the health department.

The local health departments in Kentucky promote eye exams and referrals for persons with diabetes. They also provide routine eye screening and referrals for mandatory eye exams for pediatric patients. New Hampshire has two city health departments that provide eye health services to individuals. One of the services provides vision screenings for children. And, the stakeholder for Ohio wrote that the vision programs offered by the Ohio Department of Health are done in cooperation with local city and county health departments and the school system.

## ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS

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### H. EYE HEALTH INFORMATION SHARING

Stakeholders were asked what, if any, eye health information their state health department shared with counties and/or municipalities in their state and, if they did share information, how it was disseminated. Respondents from 15 states reported that eye health information is shared among agencies. In most cases, information is disseminated from the state health department to the local health agencies. Stakeholders' responses are provided below.

- Arkansas— “The Vision Screening Program (VSP) provides each of Arkansas’ school districts with a summary report. Those districts with 80 percent or greater follow-up rates receive a Certificate of Commendation from the VSP.”
- Florida— “Critical parameters of the Florida Diabetes Medical Practice including an annual eye examination” are shared with local health departments. “Opportunities for free eye screenings through various specialty organizations are forwarded to county health departments and community health centers via e-mail and facsimile.”
- Georgia— The Georgia Division of Public Health shares vision related information with its 19 health districts. These 19 health districts are responsible for 159 counties in the States. The Division has little to no contact with the actual county health departments.
- Hawaii— “Eye information associated with diabetes is disseminated to Hawaii’s 7 regional health departments via e-mail, Web sites, mail, and fax.”
- Illinois— The Illinois Department of Public Health “works with the Illinois Society for the Prevention of Blindness and shares brochures and eye health and safety information through the Department’s training courses and workshops and consultant services.”
- Iowa— The Iowa Department of Public Health “has a Resource Directory [that] lists diabetes” that is shared with county health departments.
- Michigan— “All county health departments, under the leadership and assistance of the Michigan Department of Community Health, promulgate and promote information about free and periodic vision testing and screening to all parents of Michigan preschool and school age children.”
- Missouri— Brochures, radio, and newspaper media will be used to disseminate information about the Blind Education, Screening and Treatment program funds.
- New Hampshire— “The Preschool Vision Hearing Screening Program (PSVHSP) provides all screening results of the children screened to the school

## ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS

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nurse in [the child's] community.”

- New Jersey— “The New Jersey Department of Health and Senior Services shares printed material on the importance of dilated eye exams with county health departments. The New Jersey Commission for the Blind sends out announcements on free vision screenings to local hospitals and community health centers.”
- New York— The stakeholder shares NEI materials on glaucoma, low vision, and diabetes with the county health departments.
- North Carolina— The North Carolina Division of Public Health “distributes the National Eye Health Education Program’s pharmacist information kit, diabetic retinopathy kit, and the glaucoma kit to statewide partners.”
- North Dakota— “The eye health information the North Dakota Department of Health shares deals specifically with diabetes. The Diabetes Control Program is investigating partnerships with the North Dakota Optometric Association.”
- Ohio— “The Ohio Department of Health shares screening health policy and school screening data via a biennial report. They provide public health education materials upon request. In addition, information can be disseminated via their Department Web site and the public health television program (PH 1).”
- Utah— The Utah Diabetes Control Program “develops local district health profiles for persons with diabetes. These profiles are sent to the local health departments when updated.”
- Wyoming— The Wyoming Community and Family Health Division shares information from CDC about the diabetes education program.

### I. ASSISTANCE THAT THE NATIONAL EYE INSTITUTE CAN PROVIDE TO THE STATES

Another goal of this project was to identify some ways that the National Eye Institute, through its National Eye Health Education Program, could assist states. Toward this end, the protocol included an item asking stakeholders to identify how the NEI could better assist their state health department’s eye health related services. More than half (n=22, 56.4%) of the stakeholders offered a comment about how NEI could assist them. Two stakeholders (5.1%) said they did not know what NEI could do for them. Stakeholders from 15 states (38.5%) did not offer any comment. As shown in the box below, the majority of responses were requests for information, materials, and technical assistance. Other stakeholders hoped that NEI would provide funding.

## **ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS**

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The verbatim comments that stakeholders wrote are listed below:

- Alabama: “Provide funding.”
- Arkansas: “Provide public awareness materials.”
- Colorado: “I don’t know.”
- District of Columbia: “Develop better data collection systems/processes for assessing visual impairment/blindness at a population level. Current hospital discharge and BRFSS data is inadequate.”
- Delaware: “Educational materials.” Another person wrote, “set up funding for vision screening at the pre-school level.”
- Florida: “Most of the clients served by the county health departments are indigent and cannot financially afford the cost of specialized care. It would be helpful if various state agencies (i.e., state Diabetes Control Programs; state of Florida agencies that maintain eye health programs) are joined on a list serve and notified of various free screening opportunities for indigent patients.”
- Georgia: “To learn what NEI currently does and what they are planning to do. Executive summary about the services NEI provides would be helpful. Also, any literature in another language.”
- Hawaii: “Information on new initiatives and funding available for developing (an) Eye Health Program.”
- Idaho: “Ideas for integrating eye health into currently existing programs. Ideas for population based eye health strategies and programs.”
- Illinois: “Don’t know.”
- Iowa: “Materials that we can disseminate to local programs or information (we can) order. We will distribute this information through our network. We do hope to do some promotion about eye health and diabetes during November.”
- Kentucky: “Resource directory.” They would be able to put a resource directory on the KY Cares Web site.
- Michigan: “By keeping the state abreast of relevant research, trends, and practices of vision screening service from around the nation.”
- Missouri: “Provide information and education services for states on what programs are available for the blind.”

## ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS

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- Nebraska: “Publish the results of this survey, with copies to each state’s chief health officer and Governor.”
- New Hampshire: “Provide information on best practices and recommendations for screenings for children.”
- North Carolina: “Any useful provider and patient educational materials or tools would be helpful related to diabetes.”
- New Jersey: “Web site screening very helpful as well as patient education materials.”
- New York: “Federal funding for a grant program for state or local level.”
- Ohio: “My personal opinion is by influencing government policy in relevant agencies, i.e., Maternal and Child Health Bureau, Medicaid. Medicaid for instance has not made policy of system wide use of polycarbonate lenses for children; Medicaid has stopped collecting medical provider compliance data for vision assessment.”
- Rhode Island: “(As we develop our new vision screening program,) it would be extremely beneficial for the development of our program if you could share with us the information you have received from other states. It might give us the framework we need. Any other assistance you can provide to us would be greatly appreciated!”
- Utah: “Provide resources for patients who are underserved or uninsured to get eye exams. Provide training materials for primary care providers who serve patients in underserved areas or those who are low income.”
- Washington: “There first needs to be a recognition that there needs to be a program to address this [eye related health services]. Without a home for the program it will get no attention.”
- Wisconsin: “Provide materials in additional languages and culturally appropriate for minority populations.”
- Wyoming: “I doubt that Wyoming will have a separate emphasis on an eye program. Your information to us would have to be couched in a fashion to encourage emphasis on vision in Medicaid, EPSDT, MCH, CSHCN, CDC prevention programs, general news releases on eye issues, etc.”



### **J. STATE CONTACTS**

The protocol informed stakeholders that members of the Healthy Vision Coalition might be interested in contacting someone from their state to seek assistance in promoting HP 2010 objectives. Stakeholders were asked to provide contact names and mailing and/or e-mail addresses, and 24 stakeholders responded.

The last item on the discussion protocol asked stakeholders to provide a contact name and mailing address if they were interested in receiving vision related publications from NEI. Twenty-three stakeholders responded to this item. A complete list of stakeholders, Healthy People 2010 contacts, and the names and addresses to where NEI publications should be sent, can be found in Appendix E.

## **IV. Summary and Recommendations**

### **A. SUMMARY**

Three goals were identified for this project—

- Gather data on each state's vision position
- Gather information about each state's vision programs
- Identify ways in which NEI can assist states.

In February and March 2001, ORC Macro identified 51 stakeholders and e-mailed them a discussion protocol that was approved by the National Eye Institute. Stakeholders from 38 states and the District of Columbia (76.5%) responded to our request for information about their State Health Departments' eye health policy and programmatic efforts. ORC Macro carefully reviewed their responses and analyzed them using an SPSS database that generated frequency counts. ORC Macro also analyzed the open-ended responses using content analysis to identify patterns and themes.

Some of the key findings that emerged from the analysis—

- Twenty-one states reported their health department has goals, objectives, and/or state laws related to eye health.
  - ◆ Most of the goals and objectives related to diabetes and vision screening. The most common goal was to increase the percentage of persons with diabetes who received dilated eye exams.
- Many states appear to be familiar with Healthy People 2010 vision objectives. Nineteen of the 22 states that responded to this item reported that they use the Healthy People framework to guide their health policies and practices related to eye health. Four states—Kansas, Kentucky, North Carolina, and West Virginia—specifically mentioned that they had or were in the process of developing their own state Healthy People objectives.

## **ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS**

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- Thirteen states and the District of Columbia reported that they anticipate that HP 2010 vision objectives will guide their state's future eye health programs and policies.
- Of the 38 states and the District of Columbia, 59 percent (n=23) reported having an eye health program in their department of health. The majority of these programs were diabetes related or vision screening for preschool and school age children.
  - ◆ Three states—Georgia, Missouri, and Ohio—have or are in the process of developing eye health programs that are funded by \$1.00 donations from citizens when they obtain or renew their driver's license and/or register their motor vehicle. To date, Ohio has developed the most comprehensive program.
  - ◆ Two states—Illinois and Arizona—have partnered with other organizations to provide eye health related education and training programs.
  - ◆ Kentucky is using money it received from the tobacco settlement to provide eye exams for children entering school for the first time.
- None of the states that responded to the discussion items indicated that their state health department's organizational chart included a separate office/division/bureau for eye health. Stakeholders who responded to the protocol indicated that diabetes eye health is most often found in their state's diabetes control program. There was no uniform division that vision screening was located. In fact, in some states the Department of Education is responsible for their state's vision screening programs.
- Only 12 stakeholders (40% of those who responded) identified other state departments/agencies that offered eye health programs. Other agencies that have programs included the Department of Education, Department of Social Services, and the Rehabilitation Services.
- The majority of stakeholders who responded to this item (n =17, 65.4%) said their county health departments do not have eye health programs. Only stakeholders in Arkansas, Georgia, Illinois, Kentucky, Michigan, and New Hampshire knew about vision programs at the county level. The majority of the county programs focus on vision screening.
- Eye health information is being disseminated from the state level to counties and/or municipalities in 15 states. For example, some state health departments provide printed material on the importance of dilated eye exams and information on diabetes. A few states provide statistical information including screening data to their county health departments. The stakeholder from New York shares NEI materials on glaucoma, low vision, and diabetes with country health departments.
- Stakeholders were eager to share their suggestions about how NEI, through its National Eye Health Education Program, could assist them. The majority of stakeholders requested information and materials. Some wanted more information about NEI, others were interested in the latest research and trends, and still others wanted materials they could disseminate to

## **ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS**

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other organizations/agencies and/or the public. Other stakeholders hoped that the NEI could provide funding for eye health programs. One state, Idaho, was interested in ideas how to integrate eye health into their existing programs. Two states, Georgia and Wisconsin, requested literature in other languages. Two other states, Nebraska and Rhode Island, requested that NEI make this report available to the states.

- Most stakeholders who responded to the protocol provided the name and address of an individual that the Healthy Vision Coalition could contact when seeking states' assistance in the promotion of HP 2010, and the name and address of someone in the health department who would be interested in receiving vision related publications from NEI.

### **B. RECOMMENDATIONS**

ORC Macro has assessed the current status of vision related policy and programmatic efforts of State Health Departments, and has developed 5 recommendations about how NEI may help these agencies meet their vision objectives and deliver effective eye health programs.

#### **1. CONTINUE DATA COLLECTION**

While ORC Macro undertook an intensive search for states' eye health stakeholders and information concerning eye health policy and programs, ORC Macro found it particularly challenging in several states to identify a stakeholder in eye health. In order to obtain the most complete information possible, NEI may consider further data collection, especially in key states that have been identified where information could not be easily gathered, yet is known to exist.

#### **2. IDENTIFY AN NEI STATE LIAISON**

ORC Macro has identified enough gaps in vision policies and programs for the NEI to consider designating a staff person who would serve as a liaison to the states. This individual would become knowledgeable about the state of the government-funded vision programs across the country. The primary gaps concern eye diseases other than those that are diabetes-related, and vision programs other than screening for children. While these are issues of vital importance, NEI provides a wealth of information about many other aspects of vision health. The liaison could be a point of contact for state health officials about these programs.

The NEI State Liaison would be able to continue to gather information about vision policy/programs, coordinate with state stakeholders, and provide information to stakeholders such as brochures (in English and Spanish) or campaign materials on vision health and eye disease. The Liaison would also be in a position to identify those states with programs that would be useful models to other states, and could link state eye health programs through a best practices model.

#### **3. KNOWLEDGE EXCHANGE NETWORK**

Many of the states from which ORC Macro gathered information have instituted vision policies/programs that other states could use. The NEI could develop a knowledge exchange network, or a central database of programmatic information, from which state vision

## **ASSESSMENT OF STATE HEALTH DEPARTMENTS' VISION RELATED PROGRAMS**

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stakeholders could download information about particular aspects of other states' vision-related policies/programs and activities. This information would prove invaluable to states seeking to improve upon existing programs or initiate new programs, since several states have identified a need for this information.

### **4. PROVIDE HP 2010 GUIDANCE AND BROADEN DISSEMINATION EFFORTS**

While most state health officials appear to be familiar with Healthy People 2010 vision objectives, others are not. NEI could provide information to all states pertaining to HP 2010 including how to set objectives, and how to promote the HP 2010 toolkit and the Healthy Vision Web site. The Healthy Vision Web site could have a delineated state page where a user could click on a link and either view information about a particular state's programs, or could link directly with a particular state's eye health Web site.

Since many stakeholders said their county health departments do not have eye health programs, the NEI State Liaison could work with stakeholders to engage county/local health officials in integrating eye health into their existing programs.

### **5. HIGHLIGHT STATE ACTIVITY THROUGH MEDIA OUTLETS**

The NEI could further highlight state vision programs by running features on specific programs in the *Outlook* newsletter and the NEI Web site. Examples might include—

- The Utah Department of Health's initiative to work with seven health plans to implement an incentive program (provide a free 60-minute telephone calling card) to plan members who receive an eye examination within the calendar year.
- Ohio's "Save Our Sight" program for vision screening of children.
- Missouri's program in which citizens can make a \$1.00 donation to fund vision programs when they renew their license or vehicle registration.
- Kentucky's use of tobacco settlement monies to provide eye exams for children entering school for the first time.

The features could include interviews with key players in the efforts, descriptions of the programs, and information from the National Eye Institute.

**APPENDIX A**  
**PROTOCOL E-MAILED TO STAKEHOLDERS**

The National Eye Institute (NEI), one of the Federal government's National Institutes of Health, is seeking information about each state health department's eye health policy and programmatic efforts. The NEI will use this information to identify ways it may provide assistance to state health departments.

Your name was given to us by **[insert name]**. Listed below are a series of items the NEI would like learn more about. Please feel free to answer each item in the text of this e-mail and reply to me **[insert your e-mail address]** or, if you prefer, I'd be happy to discuss this with you by telephone. If you would like to talk by telephone, please return this e-mail with your phone number and I'll call you, or you can call me at 301.572.**[insert extension]**.

If you have any questions about this project, please contact Arlen Rosenthal, Project Director, ORC Macro via e-mail at [rosenthal@macroint.com](mailto:rosenthal@macroint.com) or by telephone at 301.572.0222. You may also contact Rosemary Janiszewski, Deputy Director, Office of Communication, Health Education, and Public Liaison, National Eye Institute by e-mail at [rxj@nei.nih.gov](mailto:rxj@nei.nih.gov) or by telephone at 301.496.5248.

Thank you for taking the time to respond to this e-mail. Please respond by **[insert date]**.

**[insert your name]**

1. Does your state health department currently have any written goals and/or objectives related to eye health?

**If YES**, please tell us what they are.

When did you establish these goals/objectives?

2. Vision objectives have been included in Healthy People 2010. Does your state use the Healthy People framework to guide its health policies and programs related to eye health?

Do you anticipate that Healthy People 2010 vision objectives will guide your state's future eye health programs and policies?

3. What, if any, eye health programs has your state health department implemented?

Please describe each program. [Note: Please identify any vision-related Web sites your state has.]

Does this program(s) target groups at higher risk for eye disease and disorders?

Approximately how many people are reached by this program(s)?

What is the approximate funding level for each program?

Has funding increased or decreased in the past 2 years?

Do you anticipate that funding will change (increase, decrease or remain the same) in the next 2 years?

4. Please describe how your state health department is organized. In particular, in what departments/agencies within your state health department are your eye health programs situated? [Note: You may attach an organizational chart to this e-mail or fax it to my attention at 301.572.0999.]
5. Are you aware of any eye health programs that are offered by other state level departments/agencies (for example, in your state department of education or state department of labor)?

**If YES**, please provide the name, telephone number and/or e-mail address of a person in that department/agency whom we can contact.

6. Do you know whether your state's county health departments have implemented eye health programs?

Please describe these programs. [Note: We are particularly interested in learning whether any specific groups are targeted for eye health services.]

7. What eye health information do you share with counties/municipalities in your state? What mechanisms do you have in place for disseminating this information?
8. How can the National Eye Institute better assist your state health department's eye health-related services?
9. Members of the Healthy Vision Coalition, under the auspices of the National Eye Institute, may be interested in contacting you to discuss the Healthy People 2010 vision objectives and seek your state's assistance in the promotion of these objectives. Should they contact you, or do you recommend they contact another individual in your health department? Please provide the person's name, address, telephone and fax numbers, and e-mail address. Do you recommend that contact be made via telephone, e-mail, or by regular mail?
10. Periodically, the National Eye Institute disseminates vision-related publications. The NEI would like to place you on their mailing list. In order to receive these publications, please indicate your name, title, mailing address, and telephone and fax numbers.

For more information about the National Eye Institute, visit their Web site at <http://www.nei.nih.gov> . Again, thank you for your time and assistance.

**APPENDIX B**  
**STATE HEALTH DEPARTMENT GOALS AND/OR OBJECTIVES**  
**RELATED TO EYE HEALTH**



**APPENDIX B**  
**STATE HEALTH DEPARTMENT GOALS AND/OR OBJECTIVES**  
**RELATED TO EYE HEALTH**

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**ARKANSAS**

- Vision screenings are conducted in private and public schools.

**District of Columbia**

- Of District residents with diabetes, increase the percentage of those who reported having had a dilated eye exam within the past year, to 85 percent. This objective was set in 1997 in preparation for HP 2010.

**Delaware**

- By 2004, demonstrate success in achieving an increase in the percentage of persons with diabetes in Delaware who receive the recommended eye examinations. This objective was established in 1999.

**Florida**

- Impact objective: By June 30, 2002, increase by 10 percent the number of individuals with diabetes who had a dilated retinal exam within the past 12 months. (Baseline = 67.4% Source: Based on the 1994 and 1996 average for the Behavioral Risk Factor Surveillance Survey.)
- Process objective: By June 30, 2002, implement a statewide education plan for increasing awareness of diabetes and the components of comprehensive diabetes disease management for reducing the burden of uncontrolled diabetes, as outlined in the Florida Diabetes Medical Practice Guideline.

The State Diabetes Control Program developed these objectives in 1998.

**Idaho**

- Increase the proportion of adults with diabetes who have an annual dilated eye exam. (Follow HP2010 objective 5-13)

**Illinois**

- Law requiring all children ages 3 and up, in any organized daycare/preschool program, to have their vision screened annually. This law requires vision screening at specified grade levels in the schools. Screening must be done utilizing IDPH approved equipment and tests and must be done by technicians/nurses trained and certified by IDPH. This law was established in 1969.

**APPENDIX B**  
**STATE HEALTH DEPARTMENT GOALS AND/OR OBJECTIVES**  
**RELATED TO EYE HEALTH**

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**Indiana**

- HP 2010 Objective 28-1: Increase eye exams
- HP 2010 Objective 28-2: Increase visual screening for children
- Risk reduction objective: By July 2001, the Indiana University School of Optometry will equip three clinics in Crawford, Orange, and Brown Counties with complete lanes of ophthalmic equipment necessary for the provision of eye and vision examination and treatment services to the target population.

**Iowa**

- Increase to 80 percent the proportion of persons with diabetes who have an annual dilated eye examination by 2005. Established by Healthy Iowans 2010 in 1999.
- The Diabetes Control Program goal is to increase the percentage of Iowans with diabetes that receive the recommended eye exams from 65 percent of people with diabetes surveyed to 75 percent. Established in 1999.

**Kentucky**

- Within the Division of Adult and Child Health: No goals/objectives but do have a state law that requires that all students to have an eye exam when they enter the school system for the first time in Kentucky.
- In the Diabetes Program they do have a 2010 objective related to eye exams. The objectives were established in 1999.

**Maine**

- Increase the percentage of persons with diabetes who receive the recommended eye exams. Diabetes Control Program objective established in 1999.

**Michigan**

- Michigan has minimum program requirements that act as law for more than 45 county health departments responsible for implementing them. These requirements come from the Public Health Code that was revised in 1978 mandating free and periodic hearing and vision screening to Michigan children.

**APPENDIX B**  
**STATE HEALTH DEPARTMENT GOALS AND/OR OBJECTIVES**  
**RELATED TO EYE HEALTH**

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**Missouri**

- Missouri passed SB721 during the 2000 legislative session. This requires the Department of Health to develop a blindness education, screening and treatment program to provide blindness prevention education, screening, and treatment and to provide screen and treatment of persons who do not have adequate coverage for such services under a health plan.

**Nebraska**

- They are finalizing state-level HP 2010 objectives, one of which will be to increase the proportion of adults with diabetes who have an annual dilated eye examination. They will use the Behavior Risk Factors Surveillance Survey to collect data for this objective. In 1999, the BRFSS showed that 61 percent of Nebraska respondents with diabetes reported having a dilated eye exam in the past year. This compares to a nationwide rate of 56 percent. Their proposed target rate of 75 percent is the same as the national one.

**North Carolina**

- Healthy Carolinians 2010 goals (HP 2010): Increase the proportion of older adults with diabetes who have an annual dilated eye examination (target 73.6%; baseline data from BRFSS was 66.9% 1995-1999). This was established in 2000.
- In the Diabetes 3-Year Strategic Plan (1999-2002): By 2002, increase the percentage of persons with diabetes in NC who receive an annual dilated eye exam (e.g., 1998 BRFSS data will increase 15% of baseline which is 67% to 77.1%; 1998 Medicare claims data will increase 10%, which is 74.4% to 81.8%).

**North Dakota**

The ND Diabetes Control Program subscribes to the National Diabetes Objectives, which includes an objective on recommended eye exams. The program also incorporates goals and objectives regarding eye health for people with diabetes in our state work plan. The objectives were established in 1999.

- National—By 2004, demonstrate success in achieving an increase in the percentage of persons with diabetes in your state or jurisdiction that receive the recommended eye exams.
- State Impact Objective—By June 30, 2004, the NDDCP will have demonstrated success in achieving an increase in the percentage of persons with diabetes who receive an annual eye examination from 65 percent to 70 percent.

**APPENDIX B**  
**STATE HEALTH DEPARTMENT GOALS AND/OR OBJECTIVES**  
**RELATED TO EYE HEALTH**

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- Under the impact objective, there are 4 process objectives pertaining to planning and partnerships; surveillance; quality improvement and reaching underserved, elderly, and minority populations; and education.

**New Jersey**

- To increase the percentage of people 18 and older with diabetes who have a dilated eye exam. Objective is 2 years old.

**Ohio**

- Fund and monitor statewide children's vision specialty clinics (diagnosis and treatment). Established more than 30 years ago.
- Decrease the percentage of kindergarten and first grade children failing a school vision screening. Established more than 30 years ago.
- Provide support to statewide 501c organizations that offer statewide vision services for the purpose of implementing children's vision screening training and certification (to include equipment); provide vision education materials; operation of a statewide amblyopia case management system and registry; funding of a grant program for the distribution of youth protective eyewear; and provision of vision health and safety education in the schools. This program is funded through donations at the time of vehicle registration and is called the Save Our Sight Program. Program began in April 1999.

**Rhode Island**

Within the Diabetes Control Program—

- By 2002, increase the percentage of people with diabetes in RI who receive at least one dilated eye examination per year to 85 percent. This goal was established in 1998.

**APPENDIX B**  
**STATE HEALTH DEPARTMENT GOALS AND/OR OBJECTIVES**  
**RELATED TO EYE HEALTH**

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## **Utah**

- By 2010, reduce eye disease due to diabetes in Utah by 20 percent.
- By 2004, increase the percentage of Utah primary care providers who refer their patients with diabetes for an annual eye exam from 79 percent to 90 percent. Baseline data from the Utah 1997 Diabetes Provider Survey.
- By 2004, increase the percentage of persons with diabetes who received appropriate (at least once per year) eye exams, from 71 percent to 85 percent. Baseline data from the 1997 Utah with Diabetes Survey.

These three goals were established in 1999.

## **West Virginia**

West Virginia Healthy People 2010: Vision Chapter

- Objective 28.1: (Developmental) Increase the proportion of persons 18 and over who have a dilated eye examination at appropriate intervals. (Baseline data available in 2003.)
- Objective 28.2: (Developmental) Increase the proportion of preschool children aged 3 to 5 who receive a vision screening. (Baseline data available in 2003.)
- Objective 28.3: (Developmental) Reduce visual impairment due to glaucoma. (Baseline data available in 2003.)
- Objective 28.4: (Developmental) Reduce visual impairment due to cataract. (Baseline data available in 2003.)
- Objective 28.5: Reduce occupational eye injury. (Baseline data: 567 per 100,000 workers for FY 1998.)

These objectives were established in 2000.

## **Wisconsin**

- Reduce occupational eye injury.
- Increase the proportion of adults with diabetes who have an annual dilated eye examination.

**Appendix C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

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**ARIZONA**

Vision screening for children pre K –12 grade in public schools and many private schools. This is a voluntary screening program that the Arizona Department of Health Services strongly encourages.

Last year the Arizona Department of Health Services teamed with Prevent Blindness of America to provide a training-of-trainers (TOT) session for school nurses and other screeners to train them in the best vision screening practices.

**ARKANSAS**

The Arkansas Department of Health, Vision Screening Program (VSP), provides training, limited screening equipment loan and technical assistance to ensure quality vision screenings are conducted in schools. Two-day training workshops are offered each fall for new school nurses. Nurses receive all information necessary to provide complete vision screening programs in their schools.

Vision screenings are conducted in public schools as well as many private schools. Those students who have recognized problems on the initial vision screening are re-screened and if needed, referred for a professional exam. After the re-screening, a professional vision exam is performed on those students with suspected vision problems. The VSP receives a summary report for each stage of the vision-screening process. Public and many private schools submit screening results each year. Summary information allows the results to be compared among schools and school districts. Those school districts with 80 percent or greater follow-up rates receive a Certificate of Commendation from the Arkansas Vision Screening Program.

During the 1999–2000 school year, 234,195 students were screened. 26,509 students were rescreened and 17,269 of these students were referred. 11,036 students received a professional eye examination. Ninety percent of these students had a confirmed vision problem.

Special education students are given increased emphasis. The VSP screening program is unfunded. However, financial support is obtained through General Revenue Funds. The stakeholder indicated that funding had remained the same during the past 2 years and expected that it would remain the same during the next 2-year period.

**DELAWARE<sup>3</sup>**

The Diabetes Control Program (DCP) has as one of its objectives to increase the percentage of persons with diabetes who receive the recommended eye exams.

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<sup>3</sup> It should be noted that two stakeholders from DE responded, one from the DCP and the other from DVI. In an effort to clarify their responses, we also accessed information from one of the state's Web sites: <http://www.state.de.us/dhss/dvi/dvihome.htm>.

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

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Delaware’s DCP is funded by a cooperative agreement with the U.S. Centers for Disease Control and Prevention (CDC). The program is located within the Division of Public Health, with the Department of Health and Social Services. The stakeholder wrote, “funding varies, many programs are partnered with a collaborative base of government agencies, non-profits, and community leaders. This helps relieve the financial burden for the DCP.” They anticipate that funding will remain the same during the next 2 years.

The Delaware Division for the Visually Impaired (DVI) (located in the Department of Health and Social Services) offers services and programs to individuals with severe or total vision loss, regardless of age. Services can be provided either in the DVI offices, in people’s home or on people’s job-sites and may include counseling and support groups, mobility and independent living assistance, educational services geared specifically for the visually impaired, vocation rehabilitation, and training in assistive technology. Some of the programs include—

- An Education Program designed to minimize the effects of a visual handicap on the development of infants and toddlers and on the academic achievements of students’ ages 4 to 21 that are blind and visually impaired. This is done through the efforts of itinerant teachers and child counselors, and through the provision of textbooks and instructional materials in appropriate mediums.
- A Training Services Program that provides persons of all ages with adaptive training, high tech and low-tech adaptive equipment, and counseling that promotes personal independence and emotional adjustment. These services are provided in environments dictated by individual need and include home, education, training and employment sites, and are offered in either of two Adjustment Training Centers.
- A Low Vision Program that assesses and stimulates the effective utilization of functional vision through the provision of appropriate low vision aids and associated training to consumers of all ages.
- Child Watch Program for visually impaired children ages 0–21. This is an education program that served 233 children. The program is funded for \$300,000 from the State and \$37,000 from the federal government. Funding has increased in the past 2 years, but may decrease in the next 2 years.

**DISTRICT OF COLUMBIA**

The DC Health Department has a Medicaid and Medicare dually eligible project. It aims to increase dilated eye exams among dually eligible populations. This program targets older, low-income residents. Approximately 750 residents have received services. The project is funded for \$15,000. This is a new program and the stakeholder anticipates increased funding during the next 2 years.



**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

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**GEORGIA**

Three stakeholders shared information about several programs that are administered by the Division of Public Health, Family Health Branch, and Disease Prevention and Health Promotion Branch of the Georgia Department of Human Resource.

- **Babies Can't Wait**—up to age 3 (from Individuals with Disabilities Act. The State receives federal funds for this program. Children with specific conditions are mandated to receive services. Any child identified with a severe eye condition is targeted for services. If referred, the child is first assessed, and if eligible, the state provides early intervention services designed to maximize use and link that child with other programs and services. At age 3, the Department of Education becomes involved.
- **Children First**—through age 5. This program identifies children ages 0 through 5 who are at risk. An assessment (checklist) is completed and, if appropriate, a referral is made. This is an opportunity to provide parents with health information.
- **Children's Medical Services**—through age 19. This is a Maternal and Child Health (MCH) supported program. Clinic services are provided to low income children.
- **Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)**—Medicaid's comprehensive and preventive child health program for individuals under the age of 21. Those eligible receive an eye screening and a referral is made, if appropriate.
- **Vision screening** in either pre-K or kindergarten is conducted at health clinics and by school nurses. This program is part of Georgia's health department.
- **Diabetes Program**—funded through CDC. One of the national goals is to increase the number of dilated eye exams for patients with diabetes. There is also a public awareness and educational component of the program. Care of one's eyes is part of the program. As appropriate, patients are referred to local optometrists/ophthalmologists. Some doctors provide services at no charge beyond what Medicare/Medicaid pays. The Lions groups and Pearle Vision Foundation support this effort.
- **Department of Human Resources**—responsible for administering a new vision program. During Georgia's 1999–2000 legislative session, they enacted a new program. Residents may voluntarily donate \$1.00 to help people who have vision problems when they renew their license/registration. The Division of Public Health recently issued five Requests for Proposals for programs/services in education, screening, diagnosis, and treatment of visual impairment. During the first year of the program, citizens have donated approximately \$500,000. They anticipate awarding these contracts shortly.

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

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**ILLINOIS**

Illinois has a law requiring all children ages 3 and up, in any organized daycare/preschool program, to have their vision screen annually. This law requires vision screening at specified grade levels in the schools. Screening must be done utilizing IDPH approved equipment and tests and must be done by technicians/nurses trained and certified by IDPH.

The stakeholder also indicated that they have an educational component for 4<sup>th</sup> graders through an agreement with the Illinois Society for the Prevention of Blindness. Their Eye Spy program is provided in schools through additional training of the IDPH certified technicians to teach children about eye health and safety.

The department also sponsors clinics throughout the state for follow-up on referrals from screening. These clinics are set up using local optometrists/ophthalmologists on an as needed basis. They are geared toward children who do not have access to vision care and to those who fall through the cracks of being able to afford vision care (i.e., working poor). Through Illinois' public aid system, vision screening can be paid for through the Early Periodic Screening, Detection and Treatment Program. This program targets children and low socio-economic groups who are at higher risk for eye disease and disorders.

The mandated screening programs reach approximately 1,250,000 individuals each year. They provide \$702,000 in grants to local health departments for vision and hearing screening services plus approximately \$500,000 in salaries, fringes, travel, and operational costs. Funding has increased "ever so slightly" in the past 2 years. The stakeholders anticipate that funding will remain the same during the next 2 years.

**INDIANA**

The Local Liaison Office at the Indiana State Department of Health reported that they received federal block grant money from the CDC. The Health Department used some of their money (\$80,000) and provided the University of Indiana a grant to purchase equipment for eye screening in three rural health clinics. This program will provide new access for residents of 3 rural counties to affordable optometry services where none existed. Now, up to seven patients can be seen by each clinic each week.

**IOWA**

Funded one Diabetes Today program that is targeting African Americans to get retinal eye exams. This is a small program with funding of \$1,500/year for 3 years.

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

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**KENTUCKY**

- Kentucky is using some of its tobacco settlement monies to provide eye exams for children entering school for the first time. It's called the Kids Now Vision Program and is a partnership of the Governor's Office of Early Childhood, KY Optometric Association, KY Department of Education, KY Cabinet for Health Services, and the Commission for Children with Special Health Needs. To be eligible: family incomes that are above 200% of the poverty level, yet under 250% of the poverty level and have no other insurance that pays for an eye examination will be eligible for assistance.
- Within the Chronic Disease Prevention and Control Branch, they have recently begun an eye project (not program) with public and private health plan partners. The goal of the project is to increase the number of annual eye exams for persons with diabetes. The project is just beginning and details are incomplete. The Branch also works with the American Diabetes Association (ADA) annually during American Diabetes Month (November) in promoting the importance of eye exams and foot exams for those with diabetes. The ADA also seeks volunteer professionals to provide these exams free of charge during the month. [Note: this response is from the Chronic Disease Prevention and Control Branch, which is in the Division of Adult and Child Health, part of the Cabinet of Health Services.
- The stakeholder from the Maternal and Child Health Branch of the Division of Adult and Child Health wrote that pediatric patients who are at risk are screened for visual problems during routine visits to the local health departments and they are screened at routine intervals during their pediatric years. [Through local health departments, adults and children may receive visual acuity screening using a screening tool (e.g., Snellen test). Preventive exam of the eye is available along with referral for medical care and eyeglasses.]
- The health department recommends that adults be provided visual acuity screening and referred for ophthalmology examination for those at high risk for glaucoma: African Americans over age 40, whites over 65, patients with a family history of glaucoma, patients with diabetes, and patients with severe myopia. These services are provided yearly.

**MAINE**

The Bureau of Medical Services has a Medical Eye Care Program. The stakeholder did not know anything about this program. Maine also has a Diabetes Control Program, located within the Bureau of Health.

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

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**MICHIGAN**

The state has a vision-screening program that focuses on children 3–21 years of age. Michigan has approximately 200 qualified vision technicians who are hired by the county health departments. They screen just under a million children annually. Preschool children ages 3–5 are screened at least once before they enter school, school age children in the odd grades through grade 11. More than 70,000 referrals are made to eye doctors. The health departments hire the vision technicians who attend a 2-week training course from the state, and who screen children at head start/child care centers and at public, private, and charter schools. Screenings are also provided free of charge at scheduled health department open clinics.

The screening program is one of 8 state required services providing public health prevention and promotion funded through a state block grant. The state provides a block grant to county health departments to offset a portion of the costs of vision screening services provided by these agencies. It is expected that current funding appropriations will remain approximately the same during the next 2 years.

**MISSOURI**

The Missouri Health Department has created a new Blindness Education, Screening, and Treatment Program. The Missouri legislature enacted this program into law on January 1, 2001. The health department is required to “pay for eye exams for every individual enrolling in kindergarten or first grade, or at a Head Start program for whom public and private health insurance does not cover the cost of the examination.” This program is funded by \$1.00 donations made by citizens who are renewing or applying for a driver’s license, or registering a motor vehicle. The Missouri Health Department anticipates that this program will be funded for \$126,667 per year, and that will enroll approximately 592 children in the program.

**MONTANA**

The Montana Department of Public Health and Human Services provides blind and low vision services to individuals with visual disabilities who are eligible to seek employment.

**NEBRASKA**

There are eye health program activities in Nebraska’s diabetes and Medicaid programs.

**NEW HAMPSHIRE**

- A preschool vision/hearing screening program (PSVHSP) that provides statewide screening for children ages 3 to 6 who have not had a vision screening. The PSVHSP screen approximately 2,000 children/year. The program, located in the Bureau of

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
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Maternal and Child Health is funded through block grant and state funds. They anticipate that the budget will remain the same.

**NEW JERSEY**

The Health Department provides a \$95,000 grant to the New Jersey Commission for the Blind and Visually Impaired, under the New Jersey Department of Human Services. Their annual objective is to screen a minimum of 800 people with diabetes, who are uninsured or underinsured. The program has been ongoing for 15 years. Funding has remained the same.

**OHIO**

The stakeholder identified several eye health programs—

- Vision Screening for Children. This is a program of early detection, diagnosis, and treatment of children with hearing and vision problems. The Ohio Department of Health (ODH) sets the requirements for what grades are routinely screened each year, what equipment can be used to do the screenings, what vision tests can be used, and the referral criteria. Children who do not pass school vision screenings are referred to their medical providers or may attend ODH’s Hearing and Vision Specialty clinics. For more information go to [www.odh.state.oh.us/ODHPrograms/HVSCRhvscri.htm](http://www.odh.state.oh.us/ODHPrograms/HVSCRhvscri.htm)
- Vision Specialty Clinic Program. This program provides access to pediatric specialists for children in medically underserved areas of Ohio. Seven types of clinics are located in 52 of Ohio’s 88 counties providing, among other services, vision clinical services. Any child up to age 21 who has a suspected problem is eligible to attend the clinics. For more information go to [www.odh.state.oh.us/ODHPrograms/MEDSPEC/medspec1.htm](http://www.odh.state.oh.us/ODHPrograms/MEDSPEC/medspec1.htm)
- Ohio Save our Sight (SOS) Program. This program was created to ensure that children in Ohio have good vision and healthy eyes. The program accomplishes this through the early identification of children with vision problems and the promotion of good eye health and safety. Citizens of Ohio fund the program through voluntary \$1 donations at the time of their vehicle registration. SOS funds address the vision needs of the estimated 500,000 children in Ohio who have undetected vision problems. SOS funds are limited to services for children.

These funds provide the following services:

1. training, certification and equipping of vision screeners
2. provision of protective eyewear for youth sports and school activities
3. development and provision of eye health and safety programs in school
4. development and implementation of an Amblyopia (lazy eye) Registry.

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

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The SOS program has \$1,300,000 in funding. They are planning SOS promotional activities that they hope will increase donations. Currently, about 10 percent of vehicle registrants donate. Early projections indicated that the program could generate \$3 million per year.

For more information about the SOS program go to:

[www.odh.state.oh.us/ODHPrograms/SOS/sos1.html](http://www.odh.state.oh.us/ODHPrograms/SOS/sos1.html)

- Ohio Amblyope Registry. This program is designed to meet the needs of Ohio’s children with amblyopia. It is a voluntary registration program to increase knowledge about amblyopia, its treatment, and prevention. The Registry is part of the Save Our Sight program for children, which receives voluntary contributions via the \$1.00 donation check-off box on Ohio license plate renewal forms. The registry is for children up to age 18. For more information go to [www.ohioamblyoperegistry.com](http://www.ohioamblyoperegistry.com)

### **PENNSYLVANIA**

The Pennsylvania Department of Health works in partnership with organizations and institutions dedicated to the promotion of eye health through its Diabetes Control Program, its WIC program, and its School Health Programs and field offices. The stakeholder noted, “While the Department **does not** have a specific program dedicated exclusively to eye health, its cooperation with and support of its partners has proven beneficial to those in need of information and intervention through PA and serves as a basis for future consideration of increased levels of involvement.” The specific programs they do have include—

- The Department’s Diabetes Control Program staff and the Diabetes Nurse Consultants assigned to its 6 district offices provide educational information, referral to free or low-cost eye examinations, and follow-up for those seeking assistance.
- The Department’s Special Health Care Needs and WIC programs are currently involved in a cooperative effort with the PA Chapter of the American Optometric Association in conjunction with The Foundation of the American Academy of Ophthalmology designed to provide free vision screening via their “Eye Care America” program (The Children’s Project) for children before the age of 5. The free vision screenings are being coordinated and conducted by the PA Association for the Blind through its county offices in cooperation with the PA Chapter of the American Academy of Pediatrics.

Throughout 2001, Pennsylvania Department of Health’s WIC offices and District Offices and Special Kids Network will be provided and distribute educational information concerning the free vision screening.

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
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It is anticipated that data from the free vision screening will be made available to the Department of Health and will assist in decision making concerning future involvement.

- The Department of Health’s School Health Program administers and provides partial reimbursement for vision screening in all grades each year as part of a health services program mandated by Article 14 of the PA School Code in all PA schools. This program includes—
  1. Snellen or other Distance Visual Acuity test is conducted for all students each grade year.
  2. Convex lens test is given to all 2<sup>nd</sup> graders who pass the Distance Visual Acuity Test.
  3. Color perception test is given to all students before completion of 6<sup>th</sup> grade or sooner.
  4. Guidelines for testing requirements are currently under review and proposed requirements include far and near visual acuity tests, convex lens test, color vision test, stereo/depth perception test, and near point of convergence test.

**RHODE ISLAND**

- The Rhode Island Department of Health’s Diabetes Control Program (DCP) eye programs include—
  1. Pharmacy eye care campaign—95% of RI pharmacies distributed diabetes eye care brochures.
  2. NIH Hispanic Eye Care campaign was disseminated through a multi-media initiative by the DCP Multicultural Coalition.
  3. Currently, the DCP is partnering with managed care organizations, RI Medical Society, Medicare PRO, College of Eye Physicians and Surgeons, and Optometry Society to provide a program to service persons who have not had a dilated eye exam in 16 months. All participating health providers are identifying their at-risk population (approximately 5,000 in total), 47 eye care providers have agreed to participate and provide dilated eye exams to the identified group, there is a direct mailing to the participant by their insurer or Medicare PRO inviting them to have an eye exam at a central booking and transportation center. The main costs for the program are the staff for 2 months to book patients, arrange transportation when needed, and provide reminder calls. The program is for persons 65 years or older. The following 3-month wave will be for persons under 65 years.
  
- Another stakeholder mentioned that Rhode Island recently passed a law to design a vision-screening program for children. RI is in the preliminary stages of working toward this, and have met with officials from the school department (which has a comprehensive screening program in place), the department of health, local pre-

**APPENDIX C**  
**EYE HEALTH PROGRAMS STATES HAVE IMPLEMENTED**  
**IN THEIR DEPARTMENT OF HEALTH**

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school programs and outspoken local optometrists who are strongly encouraging a mandatory eye exam before children start school. The focus is on children 3 to 5. They are not sure which agency will have jurisdiction for this program.

### **SOUTH DAKOTA**

The only routine eye health provided is vision screening. They use the Snellen Chart for primary school age children.

### **TEXAS**

The Texas Department of Health has a program to fund diabetic eye screens to low income patients. Over the past 5 years, 16,000 patients have been seen. The program is funded for \$300K per year and during past 2 years, funding has increased. The stakeholder expects funding to remain the same during the next 2 years.

### **UTAH**

The following eye health programs are located in the Diabetes Control Program—

- In the past, the Utah Department of Health has implemented diabetes eye screening programs. Currently they are working with seven health plans to implement an incentive program targeting persons with diabetes. If the plan member gets an eye exam within the calendar year, they get a 60-minute telephone calling card. As part of this project, primary care providers and members have been sent information on the status of their eye exams. Also, a form was developed to facilitate reporting of eye exam results from the eye care provider to the primary care provider. The Department will collect HEDIS data on eye exams and will use it to evaluate the project.
- They also have a program to educate providers about current diabetes standards of care. An annual eye exam is included in the standards.

The Utah Health Department hopes to reach 20,000 diabetics through their programs. Funding is \$100,000. Funding has remained the same for the past 2 years and they anticipate that it will continue at the same level.

### **WISCONSIN**

The only eye health program in the Wisconsin Department of Health and Family Services is addressed through its Diabetes Control Program (DCP). One of the program's goals is to increase the proportion of adults with diabetes who have an annual dilated eye examination. The DCP is working with health systems to increase exams. In addition, the Wisconsin Essential Diabetes Mellitus Care Guidelines include recommendations for annual dilated eye exams.



**APPENDIX D**  
**STATE HEALTH DEPARTMENTS' WEB SITE AND MAILING ADDRESSES**

**APPENDIX D**  
**STATE HEALTH DEPARTMENTS' WEB SITE AND MAILING ADDRESSES**

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**ALABAMA**

Alabama Department of Public Health, RSA  
Tower, PO Box 303017, Montgomery, AL  
36130-3017

<http://www.alapubhealth.org/>

**ALASKA**

Alaska Department Division of Public  
Health, P.O. Box 110610, Juneau, AK  
99811-0610  
(907) 465-3090

<http://www.hss.state.ak.us/dph/>

**ARIZONA**

Arizona Department of Health Services  
1740 West Adams, Phoenix, AZ 85007

<http://www.hs.state.az.us/>

**ARKANSAS**

Arkansas Health Department. 4815 W.  
Markham Street, Little Rock, Arkansas  
72205

501-661-2243

<http://www.healtharkansas.com/>

**CALIFORNIA**

California Department of Health Services  
Office of Public Affairs, 714 P Street, Room  
1350

Sacramento, California 95814

(916) 657-3064

<http://www.dhs.ca.gov/index.htm>

**COLORADO**

Colorado Department of Public Health and  
Environment, 4300 Cherry Creek Drive  
South

Denver, Colorado 80246-1530

<http://www.cdph.state.co.us/cdphehom.asp>

**CONNECTICUT**

Connecticut Department of Public Health,  
410 Capitol Avenue, P.O. Box 340308,  
Hartford, Connecticut 06134-0308

(860) 509-8000

<http://www.state.ct.us/dph/index.html>

**DELAWARE**

Delaware Health and Social Services,  
Division of Public Health, Jesse Cooper  
Building, Federal & Water Streets, P.O. Box  
637

Dover, DE 19903

(302)-739-4701

<http://www.state.de.us/dhss/dph/index.htm>

**FLORIDA**

Division/Office Name  
4052 Bald Cypress Way, Bin#  
Tallahassee, Florida 32399  
(954) 467-4811

<http://www.doh.state.fl.us/>

**GEORGIA**

Division of Public Health  
Two Peachtree Street, NW  
Atlanta, Georgia 30303-3186  
(404) 657-2700

<http://www.ph.dhr.state.ga.us/>

**HAWAII**

Hawaii State Department of Health  
1250 Punchbowl Street  
Honolulu, HI 96813

(808) 586-4442

<http://www.hawaii.gov/health/>

**IDAHO**

Idaho Department of Health and Welfare  
450 W. State Street,  
Boise, Idaho 83720-0036

(208) 334-5500

[www.idahohealth.org](http://www.idahohealth.org)

**ILLINOIS**

Illinois Department of Public Health  
535 West Jefferson Street  
Springfield, Illinois 62761  
(217)-782-4977

<http://www.idph.state.il.us/>

**INDIANA**

Indiana Family and Social Services  
Administration  
P. O. Box 7083

Indianapolis, IN 46207-7083

<http://www.IN.gov/fssa/>

**IOWA**

Iowa Department of Public Health  
Lucas State Office Building  
Des Moines, IA 50319-0075  
(515)-281-5787

<http://idph.state.ia.us/>

**APPENDIX D**  
**STATE HEALTH DEPARTMENTS' WEB SITE AND MAILING ADDRESSES**

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**KANSAS**

Capitol Tower Building  
400 SW 8th, Suite 200  
Topeka, KS 66603-3930  
(785) 296-0461  
<http://www.kdhe.state.ks.us/index.html>

**KENTUCKY**

KY Department for Public Health  
275 East Main Street, Frankfort, KY 40621  
(502) 564-3970  
<http://publichealth.state.ky.us/>

**LOUISIANA**

Louisiana Department of Health  
1201 Capitol Access Road  
P.O. Box 3234, Bin 31  
Baton Rouge, Louisiana 70821-3234  
(225)342-1532  
<http://www.dhh.state.la.us/BCIS/LINKPAGE.HTM>

**MAINE**

Maine Bureau of Health  
11 State House Station  
157 Capitol St.  
Augusta, Maine 04333  
(207) 287-8016  
<http://janus.state.me.us/dhs/boh/index.htm>

**MARYLAND**

(410) 767-5300  
<http://mdpublichealth.org/html/admin.html>

**MASSACHUSETTS**

Department of Public Health  
250 Washington Street  
Boston, MA 02108-4619  
(617) 624-6000  
<http://www.state.ma.us/dph/dphhome.htm>

**MICHIGAN**

City of Detroit Health Department  
Herman Kiefer Health Complex 1151 Taylor  
Detroit, Michigan 48202  
(313) 876-4000  
[http://www.mdch.state.mi.us/sub/community\\_public\\_health/index.html](http://www.mdch.state.mi.us/sub/community_public_health/index.html)

**MINNESOTA**

Minnesota Department of Health  
P.O. Box 64975  
St. Paul, MN, 55164-0975  
(651)-215-580  
<http://www.health.state.mn.us/>

**MISSISSIPPI**

Mississippi State Department of Health  
Post Office Box 1700  
Jackson, Mississippi 39215-1700  
570 Woodrow Wilson Boulevard  
(601)576-7874  
<http://www.msdh.state.ms.us/planning/index.htm>

**MISSOURI**

Missouri Health Department, 912-920-930  
Wildwood Drive,  
P.O. Box 570, Jefferson City, Mo. 65102  
(573) 751-6400  
<http://www.health.state.mo.us/>

**MONTANA**

Montana Department of Public Health and  
Human Services  
<http://www.dphhs.state.mt.us/hpsd/index.htm>

**NEBRASKA**

P.O. Box 95044  
Lincoln, NE 68509-5044  
(402) 471-2306  
<http://www.hhs.state.ne.us/puh/puhindex.htm>

**NEVADA**

505 East King Street, Room 201  
Carson City, Nevada 89701  
(775) 684-4200  
[http://www.state.nv.us/health/telephone\\_directory.htm](http://www.state.nv.us/health/telephone_directory.htm)

**NEW HAMPSHIRE**

NH Department of Health and Human  
Services  
129 Pleasant Street  
Concord, NH 03301  
1-800-852-3345 (in NH only)  
x4685 or (603) 271-4685  
<http://www.dhhs.state.nh.us/Index.nsf?Open>

**NEW JERSEY**

Department of Health and Senior Services  
John Fitch Plaza  
P.O. Box 360  
Trenton, NJ 08625  
(609) 292-7837  
<http://www.state.nj.us/health/commiss/commiss.htm>

**APPENDIX D**  
**STATE HEALTH DEPARTMENTS' WEB SITE AND MAILING ADDRESSES**

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**NEW MEXICO**

New Mexico Department of Health  
1190 S. St. Francis Dr.  
P.O. Box 26110  
Santa Fe, New Mexico 87502-6110  
(505) 827-2613  
<http://www.health.state.nm.us/website.nsf/webMainFrames?ReadForm>

**NEW YORK**

New York Department of Health  
<http://www.health.state.ny.us/homens.html>

**NORTH CAROLINA**

Division of Public Health  
N.C. Department of Health and Human Services  
1916 Mail Service Center  
Raleigh, North Carolina 27699-1916  
(919) 733-3816  
<http://www.dhhs.state.nc.us/dph/contacts.htm>

**NORTH DAKOTA**

Informational Directory  
North Dakota Department of Health  
600 East Boulevard Avenue  
Bismarck, ND 58505-0200  
Phone: (701) 328-2372  
<http://www.ehs.health.state.nd.us/ndhd/>

**OHIO**

Ohio Department of Health  
<http://www.odh.state.oh.us/>

**OKLAHOMA**

Oklahoma State Department of Health  
1000 NE 10th  
Oklahoma City, OK 73117  
405/271-5600, or 1-800-522-0203  
<http://www.health.state.ok.us/phone/index.html>

**OREGON**

Oregon Department of Human Services  
500 Summer St. NE, E25, Salem, OR  
97301-1098  
(503) 945-5944  
<http://www.hr.state.or.us/>

**PENNSYLVANIA**

Pennsylvania Department of Health  
P.O. Box 90  
Health and Welfare Building  
Harrisburg, PA 17108  
1-877-PA-HEALTH  
<http://www.health.state.pa.us/contact.htm>

**RHODE ISLAND**

Rhode Island Department of Health  
3 Capitol Hill  
Providence, RI 02908  
401-222-2231  
<http://www.health.state.ri.us/>

**SOUTH CAROLINA**

South Carolina Department of Health and Environmental Control  
2600 Bull Street, Columbia, SC 29201  
(803) 898-3432  
<http://www.scdhec.net/>

**SOUTH DAKOTA**

South Dakota Department of Health  
Health Building - 600 E. Capitol  
Pierre, SD 57501-2536  
1-800-738-2301 (in SD only)  
<http://www.state.sd.us/doh/>

**TENNESSEE**

Tennessee Department of Health  
Cordell Hull Building  
425 5<sup>th</sup> Avenue N.  
Nashville, TN 37247  
(615) 741-3111  
<http://www.state.tn.us/health/>

**TEXAS**

Texas Department of Health  
Central Office  
1100 West 49th Street, Austin, TX 78756  
(512) 458-7111  
<http://www.tdh.state.tx.us/visitor.htm>

**UTAH**

Utah Department of Health  
PO Box 1010  
Salt Lake City, Utah 84114  
(801) 538-6101  
<http://hlunix.ex.state.ut.us/>

**VERMONT**

Department of Health  
Vermont Department of Health  
108 Cherry Street, Burlington, VT 05402-0070  
(800) 464-4343 (in VT)  
(802) 863-7200  
<http://www.state.vt.us/health/>

**APPENDIX D**  
**STATE HEALTH DEPARTMENTS' WEB SITE AND MAILING ADDRESSES**

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**VIRGINIA**

Virginia Department of Health  
1500 E. Main Street, Room 104, Richmond,  
Virginia 23219  
(804) 371-0478  
<http://www.vdh.state.va.us/>

**WASHINGTON**

Washington State Department of Health  
1112 SE Quince Street  
P.O. Box 47890  
Olympia, Washington, 98504-7890  
<http://www.doh.wa.gov/>

**WEST VIRGINIA**

Bureau of Public Health  
Room 702, 350 Capitol Street  
Charleston, WV 25301-3712  
(304) 558-2971  
<http://www.wvdhhr.org/bph/>

**WISCONSIN**

Wisconsin Department of Health and Family  
Services  
W. Wilson Street, Madison, WI 53702  
(608) 266-1865  
<http://www.dhfs.state.wi.us/>

**WYOMING**

Wyoming Department of Health  
117 Hathaway Building  
Cheyenne WY 82002  
(307) 777-7656  
[wdh@state.wy.us](mailto:wdh@state.wy.us)

**APPENDIX E**  
**STATE CONTACTS**

## APPENDIX E: STATE CONTACTS

STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
AL	Jim McVay 334- 206-5600 phone <a href="mailto:Jmcvay@adph.state.al.us">Jmcvay@adph.state.al.us</a>	Jim McVay <a href="mailto:Jmcvay@adph.state.al.us">Jmcvay@adph.state.al.us</a>	
AZ	Lucille Ryan Sensory Program Manager Newborn Hearing, School-age Hearing, and Vision Screening <a href="mailto:Lryan@hs.state.az.us">Lryan@hs.state.az.us</a>		
AR	Tommy Piggee Program Support Manager Arkansas DOH Chronic Disease & Disability Prevention 4815 West Markham Slot 3 Little Rock, AR 72205 501-661-2479 phone 501-661-2009 fax <a href="mailto:tpiggee@healthyarkansas.com">tpiggee@healthyarkansas.com</a>		Millie Sanford, MS Coordinator, Vision and Hearing Screening Prog. Child and Adolescent Hlth. 4815 West Markham Slot 20 Little Rock, AR 72205 501-661-2459 phone <a href="mailto:msanford@healthyarkansas.com">msanford@healthyarkansas.com</a>
DE	Don Post Diabetes Control Program Manager Jesse Cooper Bldg. P.O. Box 637 Dover, DE 19903 302-739-4754 phone 302-739-3839 fax <a href="mailto:Dpost@state.de.us">Dpost@state.de.us</a>		Don Post Diabetes Control Program Manager Jesse Cooper Bldg. P.O. Box 637 Dover, DE 19903 302-739-4754 phone 302-739-3839 fax <a href="mailto:Dpost@state.de.us">Dpost@state.de.us</a>  Lynn Johnson Division for Public Health 305 West 8 <sup>th</sup> Street Wilmington, DE 19801
DC	James Copeland, MHS DC Department of Health Diabetes Program Coordinator DC Diabetes Control Program 825 North Capitol Street, NE Washington, DC 20002 202-442-5902 phone	James Copeland, MHS DC Department of Health Diabetes Program Coordinator DC Diabetes Control Program 825 North Capitol Street, NE Washington, DC 20002 202-442-5902 phone	James Copeland, MHS DC Department of Health Diabetes Program Coordinator DC Diabetes Control Program 825 North Capitol Street, NE Washington, DC 20002 202-442-5902 phone

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STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
DC (cont.)	202-535-2207 fax <a href="mailto:james.copeland@dc.gov">james.copeland@dc.gov</a>	202-535-2207 fax <a href="mailto:james.copeland@dc.gov">james.copeland@dc.gov</a>	202-535-2207 fax <a href="mailto:james.copeland@dc.gov">james.copeland@dc.gov</a>
FL	Cathy Brewton Diabetes Control Program 4052 Bald Cypress Way, Bin #A18 Tallahassee, FL 3239 850-245-4330, ext. 2834 phone <a href="mailto:Cathy.Brewton@doh.state.fl.us">Cathy.Brewton@doh.state.fl.us</a>	Bonnie Gaughan-Bailey DCP Program Manager 4052 Bald Cypress Way Bin #A18 Tallahassee, FL 32399 850-245-4367 phone 850-414-6625 fax <a href="mailto:bonnie_gaughan-bailey@doh.state.fl.us">bonnie_gaughan-bailey@doh.state.fl.us</a>	Bonnie Gaughan-Bailey DCP Program Manager 4052 Bald Cypress Way Bin #A18 Tallahassee, FL 32399 850-245-4367 phone 850-414-6625 fax <a href="mailto:bonnie_gaughan-bailey@doh.state.fl.us">bonnie_gaughan-bailey@doh.state.fl.us</a>
GA	James H. Brannon, Jr. Director Chronic Disease Prevention & Health Promotion Branch Division of Public Health 2 Peachtree Street, Room 16-407 Atlanta, GA 30303-3142 404-657-2550 phone 404-657-6905 fax <a href="mailto:jhbrannon@dhr.state.ga.us">jhbrannon@dhr.state.ga.us</a>	Michele Mindlin Division of Public Health Grants C Street 16 <sup>th</sup> Floor Atlanta, GA 30303 <a href="mailto:Mbmindlin@hr.state.ga.us">Mbmindlin@hr.state.ga.us</a> 404-657-2758 phone	For Kids: Roz Vacon Director of Family Health Branch 2 Peachtree Street 11 <sup>th</sup> Floor Atlanta, GA 30303-3142  For Adults: James H. Brannon, Jr. Director Chronic Disease Prevention & Health Promotion Branch Division of Public Health 2 Peachtree Street, Room 16-407 Atlanta, GA 30303-3142 404-657-2550 phone 404-657-6905 fax <a href="mailto:jhbrannon@dhr.state.ga.us">jhbrannon@dhr.state.ga.us</a>
HI	Colleen Minami, MSN, CNA Acting Branch Chief Chronic Disease Management and Control Branch 1250 Punchbowl Street, Room 205 Honolulu, Hawaii 96813 808-586-4609 phone 808-587-5340 fax	Dept. Of Human Services Ho'opono Center for the Blind 1901 Bachelot Street Honolulu, HI 96817 808-586-5269 phone <a href="mailto:jkimura@dhs.state.hi.us">jkimura@dhs.state.hi.us</a>	Colleen Minami, MSN, CNA Acting Branch Chief Chronic Disease Management and Control Branch 1250 Punchbowl Street, Room 205 Honolulu, Hawaii 96813 808-586-4609 phone 808-587-5340 fax



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STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
HI (cont.)	<a href="mailto:ceminami@mail.health.state.hi.us">ceminami@mail.health.state.hi.us</a>	Colleen Minami, MSN, CNA Acting Branch Chief Chronic Disease Management and Control Branch 1250 Punchbowl Street, Room 205 Honolulu, Hawaii 96813 808-586-4609 phone 808-587-5340 fax <a href="mailto:ceminami@mail.health.state.hi.us">ceminami@mail.health.state.hi.us</a>	<a href="mailto:ceminami@mail.health.state.hi.us">ceminami@mail.health.state.hi.us</a>
ID	Joanne Mitten Chief, Bureau of Health Promotion Idaho Dept. of Health and Welfare P.O. Box 83720 450 West State Street, 1 <sup>st</sup> Floor Boise, ID 83720-0036 208-334-5933 phone 208-334-6573 fax <a href="mailto:mittenj@idhw.state.id.us">mittenj@idhw.state.id.us</a>	Joanne Mitten Chief, Bureau of Health Promotion Idaho Dept. of Health and Welfare P.O. Box 83720 450 West State Street, 1 <sup>st</sup> Floor Boise, ID 83720-0036 208-334-5933 phone 208-334-6573 fax <a href="mailto:mittenj@idhw.state.id.us">mittenj@idhw.state.id.us</a>	Joanne Mitten Chief, Bureau of Health Promotion Idaho Dept. of Health and Welfare P.O. Box 83720 450 West State Street, 1 <sup>st</sup> Floor Boise, ID 83720-0036 208-334-5933 phone 208-334-6573 fax <a href="mailto:mittenj@idhw.state.id.us">mittenj@idhw.state.id.us</a>
IL	Gail M. Tanner, MS Administrator IDPH Vision & Hearing Programs 535 West Jefferson, 2 <sup>nd</sup> Floor Springfield, IL 62761 217-782-4733 phone 217-524-2831 fax <a href="mailto:gtanner@idph.state.il.us">gtanner@idph.state.il.us</a>	Gail M. Tanner, MS Administrator IDPH Vision & Hearing Programs 535 West Jefferson, 2 <sup>nd</sup> Floor Springfield, IL 62761 217-782-4733 phone 217-524-2831 fax <a href="mailto:gtanner@idph.state.il.us">gtanner@idph.state.il.us</a>	
IN	Hazel Katter Indiana State Department of Health 2 North Meridian Street –8B Indianapolis, IN 46204-3003 317-233-8588 phone 1-800-809-8460 phone 317-233-7761 fax <a href="mailto:hkatter@isdh.state.in.us">hkatter@isdh.state.in.us</a>		
IA	Sandy Crandell Diabetes Control Program Iowa Department of Public Health Lucas State Office Bldg, 4 <sup>th</sup> Floor 321 East. E. 12 <sup>th</sup> St.	Sandy Crandell Diabetes Control Program Iowa Department of Public Health Lucas State Office Bldg, 4 <sup>th</sup> Floor 321 East. E. 12 <sup>th</sup> St.	Sandy Crandell Diabetes Control Program Iowa Department of Public Health Lucas State Office Bldg, 4 <sup>th</sup> Floor 321 East. E. 12 <sup>th</sup> St.

## APPENDIX E: STATE CONTACTS

STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
IA (cont.)	Des Moines, IA 50319-0075 515-242-6204 phone 515-281-4535 fax <a href="mailto:Scrandel@health.state.ia.us">Scrandel@health.state.ia.us</a>	Des Moines, IA 50319-0075 515-242-6204 phone 515-281-4535 fax <a href="mailto:Scrandel@health.state.ia.us">Scrandel@health.state.ia.us</a>	Des Moines, IA 50319-0075 515-242-6204 phone 515-281-4535 fax <a href="mailto:Scrandel@health.state.ia.us">Scrandel@health.state.ia.us</a>
KS	Deborah Williams <a href="mailto:Dwilliam@kdhe.state.ks.us">Dwilliam@kdhe.state.ks.us</a> 785-291-3743 phone	Deborah Williams <a href="mailto:Dwilliam@kdhe.state.ks.us">Dwilliam@kdhe.state.ks.us</a> 785-291-3743 phone	Deborah Williams <a href="mailto:Dwilliam@kdhe.state.ks.us">Dwilliam@kdhe.state.ks.us</a> 785-291-3743 phone
KY	Mickey Smith Child Health Team <a href="mailto:Mickey.Smith@mail.state.ky.us">Mickey.Smith@mail.state.ky.us</a> 502-564-3236  Theresa Renn Diabetes Program <a href="mailto:Theresa.Renn@mail.state.ky.us">Theresa.Renn@mail.state.ky.us</a>  Linda Lancaster Adult Health <a href="mailto:Linda.Lancaster@mail.state.ky.us">Linda.Lancaster@mail.state.ky.us</a>  Beverly Hampton Director of Administrative Services Commission for Children with Special Health Care Needs 982 Eastern Parkway Louisville, KY 40217 502-595-4459, ext. 285 phone 502-595-4673 fax <a href="mailto:Beverly.Hampton@mail.state.ky.us">Beverly.Hampton@mail.state.ky.us</a>		
ME	Maryann M. Zaremba Director Diabetes Control Program Bureau of Health, DHS 151 Capitol Street, 11 SHS Augusta, ME 04333 207-287-2906 phone <a href="mailto:maryann.m.zaremba@state.me.us">maryann.m.zaremba@state.me.us</a>	Dora Anne Mills, MD Director, Bureau of Health 157 Capitol Street 11 State House Station Augusta, ME 04333 207-287-3270 phone 207-287-9058 fax	Already receive mail from NEI

## APPENDIX E: STATE CONTACTS

STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
MI	George J. Zarka Vision Program Consultant Michigan Department of Community Health 3423 N. M.L. King Blvd. P.O. Box 30195 Lansing, MI 48909 517-335-8482 phone 517-335-8294 fax <a href="mailto:ZarkaG@state.mi.us">ZarkaG@state.mi.us</a>	Mary Scoblic Public Health Consultant Mgr. Infant and Child Health Unit Michigan Department of Community Health 3423 N. M.L. King Blvd. P.O. Box 30195 Lansing, MI 48909 <a href="mailto:Scoblicm@state.mi.us">Scoblicm@state.mi.us</a>	
MS	Pat Clemen School Health Coordinator MSDH P.O. Box 1700 Jackson, MS 39215-1700 601-576-7781 phone 601-576-7444 fax <a href="mailto:Pclemen@msdh.state.ms.us">Pclemen@msdh.state.ms.us</a>		Pat Clemen School Health Coordinator MSDH P.O. Box 1700 Jackson, MS 39215-1700 601-576-7781 phone 601-576-7444 fax <a href="mailto:Pclemen@msdh.state.ms.us">Pclemen@msdh.state.ms.us</a>
MO	Roger Crocker Bureau of Genetics and Disabilities Prevention PO Box 570 Jefferson City, MO 65102 573-751-6266 phone <a href="mailto:crocker@mail.health.state.mo.us">crocker@mail.health.state.mo.us</a>  Michael Murray Rehabilitation Services for the Blind <a href="mailto:Mmurray@mail.state.mo.us">Mmurray@mail.state.mo.us</a>	Roger Crocker Bureau of Genetics and Disabilities Prevention PO Box 570 Jefferson City, MO 65102 573-751-6266 phone <a href="mailto:crocker@mail.health.state.mo.us">crocker@mail.health.state.mo.us</a>	Roger Crocker Bureau of Genetics and Disabilities Prevention PO Box 570 Jefferson City, MO 65102 573-751-6266 phone <a href="mailto:crocker@mail.health.state.mo.us">crocker@mail.health.state.mo.us</a>
MT	Carol Feuerbacher Blind and Low Vision Services <a href="mailto:Cfeuerbacher@state.mt.us">Cfeuerbacher@state.mt.us</a>		
NE	David Schor, MD, MPH, FAAP Health Promotion and Education Director and Medical Advisor NE Health and Human Services System Lincoln, ND 68509-5044 402-471-0784 phone	David Schor, MD, MPH, FAAP Health Promotion and Education Director and Medical Advisor NE Health and Human Services System Lincoln, ND 68509-5044 402-471-0784 phone	David Schor, MD, MPH, FAAP Health Promotion and Education Director and Medical Advisor NE Health and Human Services System Lincoln, ND 68509-5044 402-471-0784 phone

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STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
	402-471-7049 fax <a href="mailto:David.schor@hss.state.ne.us">David.schor@hss.state.ne.us</a>	402-471-7049 fax <a href="mailto:David.schor@hss.state.ne.us">David.schor@hss.state.ne.us</a>	402-471-7049 fax <a href="mailto:David.schor@hss.state.ne.us">David.schor@hss.state.ne.us</a>
NH	Holly Wentworth Preschool Vision Hearing Screening Program Coordinator 6 Hazen Drive Concord, NH 03301 603-271-4532 phone 603-271-3827 fax <a href="mailto:hwentwor@dhhs.state.nh.us">hwentwor@dhhs.state.nh.us</a>	Gwen Grossmiller Healthy NH 2010 6 Hazen Drive Concord, NH 03301 603-271-8326 phone <a href="mailto:ggrossmiller@dhhs.state.nh.us">ggrossmiller@dhhs.state.nh.us</a>	Holly Wentworth Preschool Vision Hearing Screening Program Coordinator 6 Hazen Drive Concord, NH 03301 603-271-4532 phone 603-271-3827 fax <a href="mailto:hwentwor@dhhs.state.nh.us">hwentwor@dhhs.state.nh.us</a>
NJ	Sunil Parikh NJ Commission for the Blind And Visually Impaired 153 Halsey Street, 5 <sup>th</sup> floor Newark, NJ 07102 973-648-3550 phone 973-648-3155 fax <a href="mailto:Sparikh1@dhs.state.nj.us">Sparikh1@dhs.state.nj.us</a>	Mary Ann Reiter Diabetes Control Program NJ Dept. of Health and Senior Services P.O. Box 364 Trenton, NJ 08625-0364 609-984-6137 phone 609-292-9822 fax	Mary Ann Reiter Diabetes Control Program NJ Dept. of Health and Senior Services P.O. Box 364 Trenton, NJ 08625-0364 609-984-6137 phone 609-292-9822 fax
NY	John Cahill Director, Bureau of Community Relations New York State Dept. of Health 1748 Corning Tower Albany, New York 12237 <a href="mailto:Jmc04@health.state.ny.us">Jmc04@health.state.ny.us</a> 518-474-5370 phone 518-486-2361 fax	John Cahill Director, Bureau of Community Relations New York State Dept. of Health 1748 Corning Tower Albany, New York 12237 <a href="mailto:Jmc04@health.state.ny.us">Jmc04@health.state.ny.us</a>	John Cahill Director, Bureau of Community Relations New York State Dept. of Health 1748 Corning Tower Albany, New York 12237 <a href="mailto:Jmc04@health.state.ny.us">Jmc04@health.state.ny.us</a>
NC	Janet Reaves, RN, MPH <a href="mailto:Janet.reaves@ncmail.net">Janet.reaves@ncmail.net</a> Director NC Diabetes Prevention and Control Unit 1915 Mail Service Center Raleigh, NC 27699-1915 919-715-3131 phone 919-733-0488 fax	Mary Bobbitt-Cooke <a href="mailto:Mary.bottitt-cooke@ncmail.net">Mary.bottitt-cooke@ncmail.net</a> 919-715-0416 phone	Janet Reaves, RN, MPH <a href="mailto:Janet.reaves@ncmail.net">Janet.reaves@ncmail.net</a> Director NC Diabetes Prevention and Control Unit 1915 Mail Service Center Raleigh, NC 27699-1915 919-715-3131 phone 919-733-0488 fax
ND	Sherri Parsons Coordinator, Diabetes Control Program 600 E. Blvd. Ave, Dept 301 Bismarck, ND 58505-0200	Sherri Parsons Coordinator, Diabetes Control Program 600 E. Blvd. Ave, Dept 301 Bismarck, ND 58505-0200	Sherri Parsons Coordinator, Diabetes Control Program 600 E. Blvd. Ave, Dept 301 Bismarck, ND 58505-0200

## APPENDIX E: STATE CONTACTS

STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
	701-328-2698 phone 701-328-2036 fax <a href="mailto:sparsons@state.nd.us">sparsons@state.nd.us</a>	701-328-2698 phone 701-328-2036 fax <a href="mailto:sparsons@state.nd.us">sparsons@state.nd.us</a>	701-328-2698 phone 701-328-2036 fax <a href="mailto:sparsons@state.nd.us">sparsons@state.nd.us</a>
OH	Richard Bunner Program Administrator Ohio Department of Health Bureau of Child and Family Health Services 246 North High Street, Box 118 Columbus, OH 43216-0118 614-466-2640 phone 614-428-6793 fax <a href="mailto:rbunner@gw.odh.state.oh.us">rbunner@gw.odh.state.oh.us</a>	Richard Bunner Program Administrator Ohio Department of Health Bureau of Child and Family Health Services 246 North High Street, Box 118 Columbus, OH 43216-0118 614-466-2640 phone 614-428-6793 fax <a href="mailto:rbunner@gw.odh.state.oh.us">rbunner@gw.odh.state.oh.us</a>	Richard Bunner Program Administrator Ohio Department of Health Bureau of Child and Family Health Services 246 North High Street, Box 118 Columbus, OH 43216-0118 614-466-2640 phone 614-428-6793 fax <a href="mailto:rbunner@gw.odh.state.oh.us">rbunner@gw.odh.state.oh.us</a>
OK	Adeline Yerkes <a href="mailto:AdelineY@Health.State.OK.US">AdelineY@Health.State.OK.US</a>		
PA	William J. Neil, MSPH, CHES Manager Health Education and Information Program Bureau of Chronic Diseases and Injury Prevention PA Dept. of Health P.O. Box 90 Harrisburg, PA 17108 717-787-5900 phone 717-783-5900 fax <a href="mailto:wneil@state.pa.us">wneil@state.pa.us</a>	William J. Neil, MSPH, CHES Manager Health Education and Information Program Bureau of Chronic Diseases and Injury Prevention PA Dept. of Health P.O. Box 90 Harrisburg, PA 17108 717-787-5900 phone 717-783-5900 fax <a href="mailto:wneil@state.pa.us">wneil@state.pa.us</a>	William J. Neil, MSPH, CHES Manager Health Education and Information Program Bureau of Chronic Diseases and Injury Prevention PA Dept. of Health P.O. Box 90 Harrisburg, PA 17108 717-787-5900 phone 717-783-5900 fax <a href="mailto:wneil@state.pa.us">wneil@state.pa.us</a>
RI	Linda Hughes Program Coordinator R.I. Services for the Blind and Visually Impaired 40 Fountain Street Providence, RI 02903 <a href="mailto:Lhughes@ors.state.ri.us">Lhughes@ors.state.ri.us</a>		
SD	Jennifer Merkwon <a href="mailto:Jennifer.Merkwon@state.sd.us">Jennifer.Merkwon@state.sd.us</a>		
TX	Philip Huang, MD, MPH Chief, Bureau of Disease, Injury, and	Philip Huang, MD, MPH Chief, Bureau of Disease, Injury, and	Philip Huang, MD, MPH Chief, Bureau of Disease, Injury, and Tobacco

## APPENDIX E: STATE CONTACTS

STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
	Tobacco Prevention Texas Department of Health 1100 W. 49 <sup>th</sup> Street Austin, TX 78756 512-458-7200 phone 512-458-7618 fax <a href="mailto:Philip.Huang@tdh.state.tx.us">Philip.Huang@tdh.state.tx.us</a>	Tobacco Prevention Texas Department of Health 1100 W. 49 <sup>th</sup> Street Austin, TX 78756 512-458-7200 phone 512-458-7618 fax <a href="mailto:Philip.Huang@tdh.state.tx.us">Philip.Huang@tdh.state.tx.us</a>	Prevention Texas Department of Health 1100 W. 49 <sup>th</sup> Street Austin, TX 78756 512-458-7200 phone 512-458-7618 fax <a href="mailto:Philip.Huang@tdh.state.tx.us">Philip.Huang@tdh.state.tx.us</a>
UT	Barbara Larsen, RD, MPH Utah Diabetes Control Program Program Manager P.O. Box 2107 Salt Lake City, UH 84114-2107 801-538-6221 phone 801-538-9495 fax <a href="mailto:blarsen@doh.state.ut.us">blarsen@doh.state.ut.us</a>	George Delavan, MD Director, Division of Community Health Services UDOH <a href="mailto:Gdelavan@doh.state.ut.us">Gdelavan@doh.state.ut.us</a>	Barbara Larsen, RD, MPH Utah Diabetes Control Program Program Manager P.O. Box 2107 Salt Lake City, UH 84114-2107 801-538-6221 phone 801-538-9495 fax <a href="mailto:blarsen@doh.state.ut.us">blarsen@doh.state.ut.us</a>
VT	Debbie Dameron <a href="mailto:Ddamero@vdh.state.vt.us">Ddamero@vdh.state.vt.us</a>		
WA	Jan Norman, RD, CDE P.O. Box 47836 7211 Cleanwater Lane, Bldg. 13 Olympia, WA 98504-7836 360-236-3686 phone 360-236-3708 fax <a href="mailto:jan.norman@doh.wa.gov">jan.norman@doh.wa.gov</a>	Jack Williams Assistant Secretary of Health Community and Family Health <a href="mailto:Jackson.williams@doh.wa.gov">Jackson.williams@doh.wa.gov</a> Mail stop 7830 Olympia, WA 98504-7830 360-236-3723 phone	
WV	Jennifer L. Weiss, MS Healthy People 2010 Coordinator WV Bureau for Public Health-Community Health Promotion 350 Capitol Street, Room 319 Charleston, WV 25301-3715 302-558-0644 phone <a href="mailto:jenniferweiss@wvdhhr.org">jenniferweiss@wvdhhr.org</a>		Jennifer L. Weiss, MS Healthy People 2010 Coordinator WV Bureau for Public Health-Community Health Promotion 350 Capitol Street, Room 319 Charleston, WV 25301-3715 302-558-0644 phone <a href="mailto:jenniferweiss@wvdhhr.org">jenniferweiss@wvdhhr.org</a>
WI	Pat Zapp, Director Diabetes Control Program Division of Public Health 1 W. Wilson Street, Room 218 Madison, WI 53701		

## APPENDIX E: STATE CONTACTS

STATE	STAKEHOLDER	HEALTHY PEOPLE 2010 CONTACT	PUBLICATIONS ADDRESS
	608-261-6871 phone <a href="mailto:Zappa@dhfs.state.wi.us">Zappa@dhfs.state.wi.us</a>		
WY	John Harper Sr. Deputy Administrator Community and Family Health Division Wyoming Dept. of Health Room 463, Hathaway Bldg. Cheyenne, WY 82002 307-777-6039 phone 307-777-7215 fax <a href="mailto:jharpe@state.wy.us">jharpe@state.wy.us</a>		John Harper Sr. Deputy Administrator Community and Family Health Division Wyoming Dept. of Health Room 463, Hathaway Bldg. Cheyenne, WY 82002 307-777-6039 phone 307-777-7215 fax <a href="mailto:jharpe@state.wy.us">jharpe@state.wy.us</a>