

Essay ► InfantSEE® Scholarship, 2015 1st Place Winner

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The InfantSEE® program benefits the patient and the optometric community, but it is underutilized. As an optometrist, I plan to become a provider who will encourage this program to grow, enabling every child to have their best chance at success for early learning and social development. I will involve the pediatric medical community, government programs, and patients in promoting InfantSEE®. I plan to increase awareness and utilization of this program, especially in the underserved population in my hometown of Rapid City, South Dakota and the surrounding rural area.

In preparation for becoming an InfantSEE® provider, I chose a program that has a reputation for excellence in pediatric and binocular vision. I learn from excellent clinicians whose experience and guidance have enabled me to become a skilled, compassionate clinician who actively seeks pediatric patients. My clinical experiences have been instrumental in my success. I am fortunate to attend a program with a pediatric and binocular vision clinic on campus that gives me access to the most advanced techniques and equipment used in assessment and treatment of children's visual problems. I have also participated in school screening events with both Indiana University School of Optometry (IUSO) faculty and private practitioners.

Infants use vision as their primary method for gathering information about themselves and their environment,¹ and I have observed developmental stagnation in children who do not receive the visual care they need. My most memorable case was an eight-month-old child who had never had an eye exam. Only after the optometrist suggested it did the mother schedule an appointment for her son. Upon questioning, the mother revealed that her son never seemed to smile or respond to her. She

simply believed that he was a calm child who had a limited range of emotions. He did not like to crawl and often ignored his toys. The child presented with a refractive error of +8.50 D OU, and bilateral amblyopia was suspected. One week after receiving glasses, the child returned for a follow-up. He smiled, laughed, and crawled around the office investigating his surroundings; he was no longer shy. The change in his personality was incredible. In addition to treating children, I have also been a vision therapy patient, which gives me a unique perspective on its effectiveness. My experiences with pediatrics and binocular vision have given me the confidence I need to seek out pediatric patients throughout my career.

Unfortunately, millions of infants are not receiving a visual evaluation. This program faces two primary challenges: uninformed parents and an insufficient number of InfantSEE® providers. The optometric community should take responsibility for the relative obscurity of this program. The public has not been educated on the importance of infant eye examinations and the impact that proper visual development has on social development and learning. Also, in addition to assessing the ocular health of the child, optometrists may identify serious health concerns or deficits in infants not receiving other medical care.

Many areas do not have enough providers to evaluate every infant. Out of 35 licensed optometrists,² only eight are InfantSEE® providers in Rapid City, SD.³ To encourage provider growth, InfantSEE® should be introduced as a practice builder, rather than a charity service. InfantSEE® patients may attract additional family members to a practice, and word of mouth from parents will identify the practice as child-friendly and family-oriented. Those who choose not

to see infants should have knowledge of the program and willingness to refer to other providers in the area. There is potential for the program to grow within my community and the surrounding area.

Promoting InfantSEE® requires the cooperation of medical professionals, patients, and government programming. The most effective starting point is education of medical professionals in the pediatric and optometric communities. These professionals should be emphasizing the importance of an eye examination for every infant at each of their immunization visits, which, within the first year, are recommended by the CDC at birth and at two, four, and six months.⁴ These referrals are mutually beneficial and will strengthen the ties between the medical community and optometry, building the foundation which will grow into a vital partnership as the children age into adolescents and adults.

Additionally, I will encourage parents of my InfantSEE® patients to share their experiences. Word of mouth is one of the most successful ways to increase patient numbers, and it will continue to be a useful tool in the promotion of this program. According to a survey by the Nielsen Company, 92% of consumers trust recommendations from friends and family above all other forms of advertising.⁵ Encouraging parents to talk to their daycare providers, coworkers, friends, and family is the most effective form of advertising.

Government programs have the potential to disseminate information to a large number of people. South Dakota contains nine Native American reservations, a large percentage of which have diminished access to health care and whose population is low-income. Unfortunately, this population also has an increased incidence of systemic disease and high astigmatism. In some Native American populations, astigmatism greater than 2.00D was found in 30% of infants.⁶ By coordinating with reservation leadership, Native American infants can have the eye

care they need from an early date, enabling optometrists to start the conversation about eye health and disease. South Dakota's program Women-Infants-Children (WIC) provides care to low-income women and their young children. This program should also be a target for InfantSEE® promotion.

InfantSEE® has the potential to provide exams to every infant in the United States. A program of this caliber deserves passionate optometrists, and my experiences over the last three years have prepared me to be an enthusiastic and effective partner. This award would enable me to fund seminars with pediatric physicians and government officials. I will also purchase equipment for my office that will enhance my pediatric examinations. I look forward to being able to promote this program in my state. Working together, we can provide infants with their best chance at health and developmental success.

References:

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Kuipers S. 2015 InfantSEE® Scholarship Essays. *Optom Vis Perf* 2016;4(BSK):34-5.