

Vision To Learn

SCALING PLAN OVERVIEW

Key Factor: Physical Health

Headline

All students in metro Atlanta will receive a vision screening, and those who fail the screening will receive an eye exam and a pair of glasses. Vision To Learn will fill the gap for those students who otherwise would not access needed optometric care.

Project description

- Vision To Learn is a national nonprofit that provides eye exams and glasses to students, free of charge.
 - Students who fail the screening will be sent home with a referral notice and Vision To Learn opt-out consent form for parent/guardian to review.
 - Vision To Learn's mobile vision clinic will then visit schools and provide eye exams to all kids who failed the screening and haven't opted out. All kids prescribed glasses will choose from a wide variety of frames on the clinic.
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1] How do you measure effectiveness?

- Number of exams provided
- Number of glasses provided
- GPA improvements / standardized tests improvement

2] What results have been achieved in the past 12 months?

- VTL has grown substantially since its founding about 5 years ago. We serve students across the country and have recently launched programs in Baltimore, MD; Newark, NJ; Jackson, MS; and Detroit, MI.

3] How do you collect population data?

- Data is collected from Neighborhood Nexus and other public sources of educational data. We also work with local school systems to track students.

4] Scaling Targets

| Type of Barrier | 2018 | 2019 | 2020 | 2021 | 2022 |
|-----------------------------|--------|--------|---------|---------|---------|
| Number of Students Screened | 50,000 | 80,000 | 110,000 | 120,000 | 120,000 |

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|----------------------------|-------|--------|--------|--------|--------|
| Students receiving an exam | 9,000 | 15,250 | 19,250 | 23,750 | 24,000 |
| Glasses Distributed | 7,200 | 12,200 | 15,400 | 19,000 | 19,200 |

5] Barriers that limit growth?

| Type of Barrier | Description | Impact | Strategy |
|------------------------|---|---|--|
| Financial | Each clinic can serve about 20,000 screened students/year. Clinics cost 110,000 to purchase plus operating costs. | The more clinics VTL has, the more students it can serve. | Identify funders interesting in supporting clinical purchase/outfitting and operating |
| Billing | Billing allows VTL to offset a large portion (often over half) of operating costs. This requires access to Medicaid numbers and ability to bill. | The more successful VTL is at billing, the more students can be served and the more public dollars can support the program. | Work with local Medicaid providers to become credentialed and facilitate the billing process. |
| Internal Capacity | VTL is a growing nonprofit; every dollar goes into serving our students. We have a lean team and need to build local capacity. | Having local capacity allows VTL to scale in a way that is responsive to the needs of the communities we serve. | Hire a local lead who can manage the program. This includes managing partner relationships, managing logistics, and assisting with funders. |
| School District Access | Schools are critical partners and the more investment we have from both district level leadership and school leadership, the more successful we can be at serving our students. | VTL is most successful, and the most students are served, in schools where engagement is high. | Having Learn4Life as a partner will be critical to gaining access to districts and schools. We will need to build on this partnership and meet early on with leadership at both levels to build buy-in and momentum. |
| State Regulation | Medicaid requires providers to be credentialed. Consent for services such as | Opt-out allows VTL to serve more students and prevents the initiative from having to spend significant time chasing opt-in consent forms. | VTL will seek to identify a local provider who either is locally credentialed or can become locally credentialed in a short |

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|--|--|--|---|
| | these can be given as opt-out. | Credentialing can be time-intensive. | time-frame. |
| Behavior Change (i.e. Parental Engagement) | Many parents are unaware of their child's vision issues. It is critical that we work with them to make them aware of the importance of vision care, of their child wearing their glasses, and, when necessary, that follow-up care may be appropriate. | Glasses don't do much good unless students wear them. Parental buy-in can have a significant impact on this. | Work with the school systems to implement a comprehensive communications plan to build awareness. |

6] List of Milestones

| Barrier | Goal | Milestone | Due Date | On Track? | Strategy |
|---------------------------------|---|--|--|-------------|---|
| Financial | Net costs for scaling across the Atlanta Metro area in 5 years will require fundraising \$3.2m. | \$110,000 per clinic | This can be done over time as the program scales, but the sooner it's raised, the sooner we can plan and build engagement. | | |
| Internal Capacity | Manage site visits | Hire project manager | 12/17 | Yes | A posting has been circulated; interviewing qualified candidates. |
| School District Access | Get buy-in from superintendents. | Currently have APS buy-in. | Rolling | Yes | Meet with individual district leadership |
| State Regulation | Become credentialed in Georgia | Credential | As soon as possible. | Yes | Continue to work with state Medicaid system |
| Behavior Change (i.e. Parental) | Comprehensive student engagement | Targeted outreach in the districts to be | Rolling, based on service date. | Not started | Meet with district leadership |

Engagement)

launched.

7] Key Talking Points: What are the three-to-six most important things we should say or show?

- Vision barriers significantly impacts academic performance in school-age children.¹
- Students who struggle to see struggle to learn to read and to see the board. They can fall behind, act out, be inappropriately tracked, and face significant issues as a result.
- Low income students are disproportionately impacted by this challenge because they often lack access to vision service, even though in many cases these are covered as a Medicaid expense.
- Researchers evaluated the impact on educational outcomes of providing enhanced vision services to low-income elementary school children. Providing vision screening and free eyeglasses significantly increased achievement.

8] Deliverables/Schedule

- July, 2017: Pilot with Fulton County Commission begins
- Fall, 2017: Hiring, building mobile clinic, begin vision screenings
- Fall, 2017: Service in APS begins
- January, 2018: First Vision To Learn mobile clinic begins exams at schools

¹ Maples, W.C. (2003). Visual factors that significantly impact academic performance. *Optometry*, January.