Introduction
Amblyopia, strabismus, and significant refractive error are the most prevalent disorders of the vision system in children aged 3 through 5 years. Amblyopia occurs in 1.2-3% of preschool children in the United States. Poor vision can affect a child's development.

Our goal was to design a universal vision screening program that is flexible and effective on local, state, and national levels. Challenges include mobilizing stakeholders, building capacity, and creating the expertise for success.

Program Goals
Prevent Blindness, with support from the Maternal and Child Health Bureau, established the National Center for Children's Vision and Eye Health (Center) to address children's vision screening. The Center convened experts from pediatrics, ophthalmology, optometry, public health, vision research, nursing, and more to develop recommendations for a comprehensive approach to children's vision screening (Figure 1). The Center targeted children aged 36 to <72 months old.

The National Expert Panel formed recommendations around 3 key areas:

1. Performance measures to track both provision of vision screening & receipt of follow-up care in children 36 to <72 months of age.
2. Uniform management of data collected during vision screening: demographics, results screening, and outcome follow-up.
3. Best practice vision screening protocol supported by research evidence.

Recommendations were developed through a consensus process incorporating review of published literature; consultation with states developing their vision screening infrastructure; and consultation with experts in the national and state agencies that are actively involved with performance measure development. The full recommendations are on course to be published in 2014. Additionally, pilot programs were established in five states (Ohio, Massachusetts, Illinois, Georgia, and North Carolina) to seek out best practices that align with the panel recommendations and to study possible strategies for comprehensive vision screening and surveillance of children in each particular state.

Methods
The organization of the Center was focused on two primary objectives. As shown in Figure 2, the 5 pilot programs focused solely on their state systems and the National Expert Panel was tasked with planning a comprehensive approach to children's vision screening.

Conclusions
Children's vision screening has been perpetually challenged by a lack of national standardization, infrastructure, and surveillance. Vision screening lies at the intersection of multiple health care providers including pediatricians, optometrists, and ophthalmologists as well as many public institutions (Departments of Education, Departments of Public Health, etc.). Each entity has a role in the vision screening process, but often each role is uniquely defined by geography and profession.

The Expert Panel to the National Center for Children's Vision and Eye Health has suggested a comprehensive approach to vision screening implementation and surveillance with the goal of reducing the number of children suffering from needless vision loss.

Uniformity in vision screening implementation, improved data sharing and provider communication, and establishment of state and national level performance measures for vision screening represent the recommended pathway to healthier vision for children.

References
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