

Special edition: 2007 Annual Report

Sights & Sounds

The mission of the Sight & Hearing Association is to enable lifetime learning by identifying preventable loss of vision and hearing in children.

Dr. Kristin Davis knows all about the importance of healthy vision and hearing in children. After all, she is a pediatrician. But it wasn't until a screening by the Sight & Hearing Association when it hit closer to home. Her daughter, Kaitlyn, then age 3, had a hearing

couldn't hear, and there are so many other issues that can arise out of that."

Kaitlyn was screened twice by the Sight & Hearing Association at her preschool, Noah's Ark, in Circle Pines. After her first screening indicated she didn't

pass the hearing tests, Kristin's reaction was "whoa ... this is something." A rescreen one month later indicated another failed test and that Kaitlyn should see a doctor.

Kristin took her to see Dr. Barbara Malone, a pediatric ENT (ear-nose-throat doctor), who diagnosed her with a conductive hearing loss. A conductive hearing loss occurs because of a mechanical problem in the middle or inner ear. For instance,

the eardrum may fail to vibrate in response to sound. Even fluid trapped in the middle ear can cause a conductive hearing loss.

That was the case for Kaitlyn. Her eustachian tube, which drains fluid from the middle ear, was blocked by tissue surrounding her adenoids and tonsils, resulting in chronic fluid in her middle ear.



Dr. Kristin Davis attributes a screening by the Sight & Hearing Association with finding her daughter Kaitlyn's hearing loss.

loss — and Kristin didn't know it. According to Kristin, Kaitlyn's speech and vocabulary were great and she did not suffer from recurring ear infections — both signs of a potential hearing problem.

"Timing was perfect for Kaitlyn," Kristin said. "Had she not had the screenings early, we would not have known she

CONTINUED FROM PAGE 1

“Her doctor covered my ears with her hands and said, ‘This is how Kaitlyn hears,’” explained Kristin. “I felt just horrible, but I had no way of knowing.”

Fortunately, a conductive hearing loss is usually reversible. Kaitlyn underwent surgery to remove her adenoids and tonsils. Almost immediately, everything was much more clear and pronounced.

“I was blow-drying her hair,” recalled Kristin, “and she covered her ears because it was too loud.”

Other things like that — running water in the bathtub, the flushing of toilets in a public rest-

room, and even a movie — were all loud sounds that made Kaitlyn quickly cover her ears. Kristin then realized how much Kaitlyn had been missing.

“She didn’t have a delay, and she had been to all of her well-visits” she said, “so we didn’t have any concerns. But we didn’t know she couldn’t hear.”

Kaitlyn was so excited about her newfound hearing that she colored a picture for Dr. Malone with the words: “Thank you for helping me

hear.” Now, when Kristin meets a patient with an ear infection or fluid in the ears, she is vigilant to get it cleared up. “A huge part of my quickness to act is because I’ve seen it up close and firsthand.”

“In a pediatric office, we very rarely rely on a 3-year well-check hearing screening,” Kristin said. “Too often the child doesn’t want to participate or they may not understand what they’re supposed to do.

“But getting a thorough screening, [like the one by Sight & Hearing Association], is absolutely important for language development and articulation,” explained Kristin. “Significant development and behavior issues, even issues with potty training, can occur because of the mere fact that a child can’t communicate.”

Kristin says Kaitlyn was a perfect candidate for this screening.

“Screenings are meant to find things that wouldn’t be found easily, in otherwise healthy individuals,” she said. “It did exactly what it was supposed to do.”

SCREENING

Stories like these illustrate just how critical vision and hearing screening is to those we help.

During the 2007 screening year, SHA screened 12,523 children in the 11-county metro area at preschools, day care centers, nursery schools, Head Start programs and charter schools. Of the 10,304 preschoolers screened, 13 percent were referred for vision and 16 percent for hearing. Eighteen percent of the 3,272 school-age children screened were referred for vision and 7 percent for hearing. More

than 80 percent of the children SHA screens come from economically disadvantaged homes.

To help those children who are referred for vision problems but can’t afford glasses, SHA offers the Vision Voucher Project for Kids. Through this program, now in its seventh year, SHA grants uninsured or under-insured low-income children vouchers for a free eye exam and glasses. Last year, we issued nearly 800 vision vouchers.

In addition to children, SHA provided health screenings and educational materials to thousands of adults at corporate and community health fairs throughout Minnesota. Some of the locations we screened included the cities of Coon Rapids, Roseville and St. Cloud; Hennepin County; Project for Pride in Living Industries; TCF Bank; Osseo Area and Eden Prairie school districts; and Ethiopian Methodist Church. Of the adults we screened in 2007, one in seven had a vision and/or hearing issue that needed further medical attention.

EDUCATION AND RESEARCH

- Since 1998, the Sight & Hearing Association has studied the noise levels of toys in an effort to help prevent hearing loss in children. Every November, we publish our annual Noisy Toys List, which has become highly popular with media outlets across the country and in Canada.

- For the past 12 years, SHA has partnered with Minnesota audiologists to offer free hearing screenings for International Noise Awareness Day in April. Last year, more than 600 people had their hearing checked on this day. >>

“Screenings are meant to find things that wouldn’t be found easily, in otherwise healthy individuals. It did exactly what it was supposed to do.”

Dr. Kristin Davis, a pediatrician and Kaitlyn’s mom

Ellie didn't know she should be seeing any different

Imagine spending your entire life seeing clearly through only one eye. That's what it's like for kids with amblyopia. Until they're diagnosed, these children go through life thinking everyone sees the way they do: blurry in one eye and clear in the other. They have no idea they should be seeing any different.

Such was the case for 3 ½-year-old Ellie Dickson, who was diagnosed with amblyopia last December. Screened by the Sight & Hearing Association (SHA) at Hosanna Preschool in Lakeville, Ellie's vision was 20/30 in her right eye, but 20/100 in her left. Her brain was essentially learning to turn off vision to her left eye.

Amblyopia is the medical term used when the vision in one of the eyes is reduced because the eye and the brain are not working together properly. The eye itself looks normal, but it is not being used normally because the brain is favoring the other eye. This condition is commonly called lazy eye.

Ellie's mom, Jennifer, is grateful for the screening that found her daughter's eye condition.

"I noticed that she would bring books close to her, or would stand close to the TV," explained Jennifer, "but I thought that was just her. All kids seem to do that. I didn't think it was unusual.

"Without this screening, my daughter would still



Ellie Dickson

be seeing that way."

Amblyopia is the most common cause of visual impairment in childhood. The condition affects approximately 2 to 3 out of every 100 children. Unless it is successfully treated in early childhood, amblyopia usually persists into adulthood, and is the most common cause of monocular (one eye) visual impairment among children and young and middle-aged adults.

For Ellie, treatment means wearing glasses full time and an eye patch up to four hours a day. The patch is placed over her strong eye, which forces the weaker eye to work. She wears the patch to preschool, where she does a lot of close-up activities, such as looking at books, doing crafts, coloring and playing with Play-Doh.

After getting her new glasses, Ellie was quick to point out the things she could see.

"She said, 'Oh wow, I can see those colors on that sign,'" recalls Jennifer. "She definitely notices when she doesn't have her glasses on."

Because of Ellie's condition, which often is hereditary, her 2-year-old sister, Georgia, also has been tested. She does not show signs of amblyopia.

Jennifer says she is thrilled Ellie is getting the help she needs thanks to SHA. "I'd rather be going through this now, when she's young, than later, when it could really have affected her life." □

- The Sight & Hearing Association partnered with Reader's Digest for a special section focused on vision and hearing in the June 2007 Large-Print edition. The section provided readers with information about aging eyes and hearing loss.

- SHA receives hundreds of requests for information and

products each year. SHA offers educational fact sheets on topics such as glaucoma, tinnitus and noise-induced hearing loss, and products such as our popular Noise Thermometer™, Ear Infection Tracking Card, and Know Noise® hearing conservation curriculum. In addition, our Web site at www.sightandhearing.org continues

to generate requests for information from people all over the world. According to our statistical log, more than three million people have visited our site. In 2007, we added the ability to take online product orders and receive donations, making these processes much more efficient. □

We are extremely grateful to the following individuals, businesses, foundations and associations who gave during the past year, from Oct. 1, 2006, to Sept. 30, 2007.

All steps were taken to ensure accuracy of this list. We apologize for any inadvertent errors or omissions.

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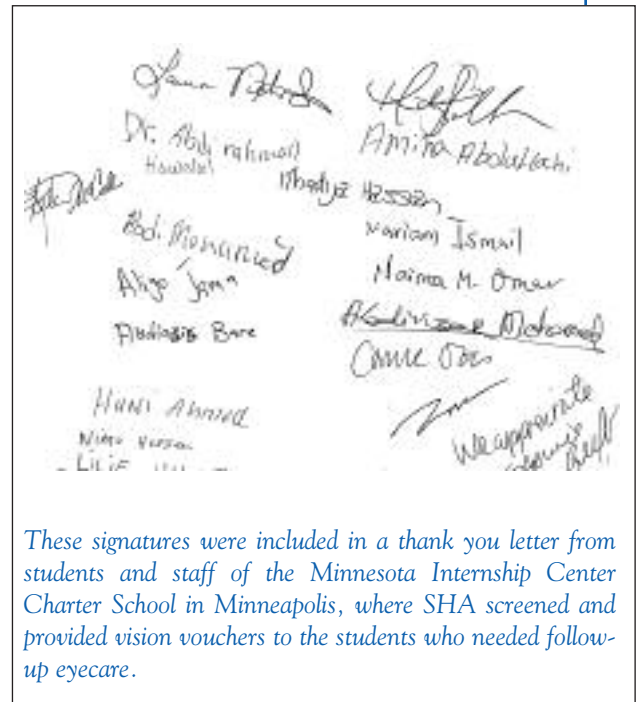
Dear Friends,

In 2007, we found that up to 30 percent of students in inner city schools have a vision and/or hearing issue that requires medical attention — an alarming statistic we share with everyone who will listen. Does this qualify as an epidemic health concern? Health funding trails behind education, human services and society benefit, according to the most recent funding trends. A child may not be a benefit to society if they cannot be educated due to a vision and/or hearing issue that hinders their performance in school — ultimately pulling resources from human service organizations to meet their basic needs. Then there are the news articles regarding failing students, tutoring programs, and special services for at-risk kids. Our research finds that

all the reports published regarding special programs to help students are missing two key elements: vision and hearing screening.

While heads nod in agreement that vision and hearing is essential for learning, we find some authorities on education in Minnesota push it aside as an observational note. While it may not be an epidemic health concern, it has the potential of becoming an epidemic educational concern. Of course, the fine line between health and education funding gets in the way of decision-making and we

patiently wait for “A-ha” moments while still driving the message that a child will not succeed in school if they cannot see or hear properly. As you see from our financial reports, SHA may not have much more time to wait for “A-ha” moments. We are not a government-funded agency, nor are we reimbursed from health insurance companies for the recommended vision and hearing screenings that are often overlooked by pediatricians (see Kaitlyn Davis’ story). For nearly 70 years, we have relied solely on contributions from private sources and minimal fees from a handful of schools that are able to contribute to our programming costs. It is YOU, our dear donor, who we find digging deeper into your pockets every year to contribute to our much-needed programs. Each year we witness the wealth of your generosity through better vision and hearing health of the thousands of children we have the privilege to screen and to the public we have the opportunity to educate. On behalf of our staff and board of directors, we thank you so much for your continued support!



These signatures were included in a thank you letter from students and staff of the Minnesota Internship Center Charter School in Minneapolis, where SHA screened and provided vision vouchers to the students who needed follow-up eyecare.

To your health, Kathy Webb, executive director

International Noise Awareness Day

Get your hearing checked free on April 16

In an effort to ensure every Minnesotan has the opportunity to have their hearing checked, the Sight & Hearing Association — in partnership with audiologists around the state — will provide free hearing screenings on Wednesday, April 16.

The goal of the day, proclaimed International Noise Awareness Day, is to educate the public about the dangers of noise to hearing and health.

“The problem of noise-induced hearing loss has been around for decades,” said Julee Sylvester, spokesperson for the Sight & Hearing Association, “affecting factory workers, farmers and those in the military. But today, because of technology, everyone is affected. In fact, it’s not uncommon for audiologists to see 20-year-olds with the hearing of 60-year-olds.”

The reason for hearing loss at an earlier age is simple: Noise is everywhere. It occurs at home: with the television, kitchen appliances, toys and iPods. In the yard: with leaf blowers and lawn

mowers. And at the office: the copy machine whines and the telephone rings. And, because hearing loss is completely painless, most people don’t realize they’re damaging their hearing until it’s too late.

This is the 13th year Sight & Hearing Association has sponsored free hearing screenings for Noise Awareness Day. To find a location near you, call the Sight & Hearing Association at 800-992-0424 or visit www.sightandhearing.org and click on health issue.

Free ear plugs, donated by 3M, and fact sheets on noise-induced hearing loss will be distributed at all screening sites.

International Noise Awareness Day, which began in 1996, is spearheaded by the League for the Hard of Hearing in New York and is a joint effort of numerous hearing-related organizations worldwide. □



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