

Special edition: 2008 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.



FREE HEARING SCREENINGS!
Get your hearing checked for free on Noise Awareness Day, April 29. Call 651.645.2546 or visit www.sightandhearing.org for locations.

“It was kind of scary...”**Board member’s son suffers eye injury playing ball**

Every 13 minutes, emergency rooms across the United States treat sports-related eye injuries. More than 40,000 occur every year, in fact, many resulting in permanent vision loss. The sport



13-year-old Ben Arnold suffered a life-changing eye injury last year playing baseball.

baseball team. It was the first inning, and the pitcher threw the ball to Ben to tag a player running to second. Ben over-anticipated and put his glove to the ground to tag the player before he had the ball. The ball hit him smack in the eye.

Ben wasn’t wearing eye protection that day, but he happened to be wearing glasses; one of his hard contacts had broken the night before. Most of the impact of the ball was absorbed in the eyeglass frame, cutting both his cheekbone and his nose. The pressure from the ball broke the bone in the back of the eyeball — an orbital blowout fracture.

“A good hitter can hit a line drive, but who knew a 12-year-old could *throw* a ball so hard it would break an eye?” said Ben’s mom, Karen Arnold, who also is a long-time SHA board member.

Witnessing the event from the stands, Karen said her son grabbed his eye and fell down. He was bleeding and they couldn’t tell where it was coming from. He immediately couldn’t see out of his eye, it was so swollen.

Karen took him to urgent care, where the doctor didn’t know what to do. So, she grabbed her Blackberry and dialed Dr. Charles Barer, a fellow SHA board member and ophthalmologist with Edina Eye Physicians & Surgeons.

that causes the greatest number of eye injuries in children ages 14 and younger? Baseball.

Behind the statistics are real kids like Ben Arnold, a 13-year-old from Andover, who unfortunately, knows all too well how easily a sports eye injury can happen.

Last May, Ben was playing second base for the Andover Pirates, a sixth-grade boys recreational

Amblyopia is the most common cause of visual impairment in childhood, affecting two out of 100 children. Unless it is treated at a young age, amblyopia can lead to permanent vision loss in one eye. Yet most people have never heard of it. That was the case for Lynette Behling, whose son was recently diagnosed with amblyopia.

Parker, 4 ½, was screened by SHA at All Saints Catholic Preschool in Lakeville last November. He was found to have 20/30 vision in his right eye, but 20/100 vision in his left, a significant difference that would cause the brain to eventually “turn off” vision to the weaker eye.

Interestingly, Parker had passed his vision screening at his pediatrician’s office just a few months prior.

“When they mentioned they would be having the screening at preschool, a lot of the moms didn’t seem too concerned,” said Lynette, “but something inside of me just told me to do it.”

That gut instinct proved correct. After the screening, Lynette took her son to see Dr. Jill Anderson, a pediatric ophthalmologist in Burnsville, who happened to have a cancellation for the next day. She confirmed that Parker had amblyopia and needed to wear glasses.

From the time he picked up his new glasses, Parker raved about how he could see things better.

“We went to the Mall of America,” recalls Lynette, “and



Parker Behling is proud of his new glasses.

they had all of their holiday decorations up. Right away he says: ‘Look mom!’ And he was so excited pointing out all of the things way up high.”

Parker wears his glasses from the time he gets up to the time he goes to bed, and is proud to show them off. In fact, his first day at school after getting them, one of his friends spotted Parker’s glasses and said, “Mommy, how come Parker has glasses and I don’t?”

“I’m so thankful he had that screening done,” said Lynette.

Because ambloopia has no outward symptoms, even the most intuitive parent would have no idea anything was wrong. That’s why it’s so important to have a thorough screening by trained professionals or a comprehensive

eye exam.

“Those screeners [Kathy Noel and Kris Hawkins] were just wonderful,” Lynette recalls. “Not only did they find his vision condition, but looking in his ears, the lovely lady asked me ‘Does he have a cold? I think he might have an ear infection.’ Sure enough, I took him to Metro Peds and he had a double ear infection.”

SCREENING

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

During the 2008 screening year, SHA screened 12,045 children in the 11-county metro area. Of these, 9,304 were preschool-age children (Head Start,

preschools and daycare centers), 2,598 were school-age children, and 202 were infants/toddlers screened with our newborn hearing screening equipment. Here are some interesting facts:

- 28 percent of infants screened were referred for further medical evaluations for hearing issues.

- 2,163 preschoolers were referred for further medical attention for vision and hearing issues — the highest overall referral rate we’ve had in more than 10 years.

- 723 school-age children were referred for further medical attention due to vision and/or hearing issues. SHA screeners noted more school-aged children wearing glasses than in past years.

- 10,482 (87 percent) children screened live in low-income

>>

households — a record high for our program.

- 1,053 vision vouchers for free eye exams and eyeglasses were issued to uninsured children living at or below poverty level. This is a 25 percent increase over vouchers issued last year — a testament to how the economy is affecting the needs in the community and our program.

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 Minnetonka, Roseville and Shoreview; Jewish Family & Children's Services; Lerner Universal Corp.; Osseo Area Schools; Ramsey County; Regis

Corp.; Roseville Area Seniors; Smiths Medical; TCF; and United Properties. Most notable was the increase of adults who were “at risk” for vision health issues — many of whom had several years between vision exams, high blood pressure, and/or a family history of glaucoma.

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 13 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.

- 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. □

BEN'S STORY CONTINUED FROM PAGE 1

The team of ophthalmologists at this clinic, many of whom are current or past SHA board members, began to see Ben on a daily basis over Memorial weekend and beyond. Everything about the accident is literally a blur for Ben.

“I don't remember much,” he says. “They had me look at the eye chart to see what my vision was, and at first I couldn't even see the big ‘E’, just light and dark. It was kind of scary.”

Ben had bleeding in the iris of his eye, and his eye pressure rose. Because of the broken bone behind his eyeball, he had a few floating bone fragments and a lot of double vision. Doctors treated the inflammation and pressure, but the biggest issue they were watching for was retinal detachment. The retina is a nerve layer at the back of the eye that senses light and sends images to the brain. A retinal detachment occurs when the retina is pulled away from its normal position, which can lead to blindness if left untreated.

Ben was at a high risk for retinal detachment because of his medical history. Born prematurely at 24

weeks (full-term gestation is 40 weeks), Ben developed a potentially blinding eye disorder called retinopathy of prematurity (ROP). The smaller a baby is at birth, the more likely that baby will develop ROP. When Ben was a newborn, he underwent three retinal surgeries, which saved his eyesight but left him strongly nearsighted.

His history combined with this injury increased the likelihood that the retina would detach. It did, nearly one month later. Ironically, the same doctor who performed Ben's surgeries when he was a baby, Dr. Stephen Bennett of VitreoRetinal Surgery PA, was the one who would perform Ben's surgeries 12 years later. On Father's Day, Ben underwent a surgery called a scleral buckle, where a silicone band is placed around the eye and tightened. This keeps the vitreous gel from pulling on the scar tissue and allows the retina to flatten back down onto the wall of the eye. Unfortunately, it didn't work.

Two weeks later, Dr. Bennett performed a more invasive vitrectomy, which involves removing the vitreous and replacing it with a saline solution. After the

We are extremely grateful to the following individuals, businesses, foundations and associations who gave during the past year, from Oct. 1, 2007, to Sept. 30, 2008.

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

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Gifts were received by SHA in memory or in honor of the following individuals.

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SPECIAL THANKS

SHA thanks the following for their gifts in-kind:

- Jeff Gerow-Ellis, Jeff the Computer Guy & Assoc.
- Tim Klear
- TwinVision Studios

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Dear Friends of Sight & Hearing Association,

Winston Churchill once said the pessimist sees difficulty in every opportunity and the optimist sees the opportunity in every difficulty. Over the past year, we remained optimistic when some may have considered it a reasonable time to be pessimistic. Our funding sources dwindled with the economy and all the while, the number of children in need increased.

SHA has persevered through three tough periods in its 70 years. During World War II, devoted doctor's wives kept operations going while their husbands went off to war. Thirty years later, when finances were so tight and we faced the possibility of closing our doors, a dedicated ophthalmologist named Dr. Robert Fink — along with an outstanding attorney, Amos Deinard, and other volunteer board members — built new relationships and capital that enabled SHA to rehire staff and continue programming. Finally, another 30 years later, in 2008, a tough decision was made by our board members to stagger staff schedules during the summer so we would have a reserve that would enable us to continue our programs in September. It was a difficult summer for all of us, but our amazing staff and board remained optimistic that we could make it through these tough economic times.

In our history, we have never sat and dwelled on difficulties. We forge ahead and keep our eyes and ears open for any opportunity that helps us remain vital. And then there was an opportunity, or some may call it a miracle — a special grant offering from the Greater Twin Cities United Way, a group that funds primarily social-service programs. We were invited to participate in a three-year health initiative for children and, through a lengthy application process, were approved for funding. Thanks to this opportunity and the ongoing support from our loyal donors and some new friends we've met along the way, we expect to persevere for another 30 years and beyond.

Kathy Webb, executive director

BEN'S STORY CONTINUED FROM PAGE 3

vitreous has been removed, the scar tissue on the retina can be peeled back or cut away, allowing the retina to relax and lay back down against the eye wall. The solution is like a gas bubble and acts as a pressure bandage in the eye.

For two weeks, Ben was told not to sit up and to keep his face down (looking at the floor). The bonus: Ben's dad hooked up a flat screen TV on the floor and Ben camped out in the living room, laying face down over the couch. He was allowed to play lots of video games and was even paid \$100 to weed the flowerbeds around the house. It took him four days. But it wasn't all fun and games. Even sleeping was something his parents had to monitor.

"We would set the alarm every hour during the night to make sure he was sleeping face down," Karen recalls.

When he was finally allowed to sit up, the gas bubble naturally started

STATEMENTS OF FINANCIAL POSITION
(September 30, 2008)

STATEMENTS OF ACTIVITIES
(For the Year Ended September 30, 2008)

<u>ASSETS</u>		<u>UNRESTRICTED NET ASSETS</u>	
CURRENT ASSETS		Support	
Cash	\$ 30,218	Contributions	\$ 99,132
Accounts and pledges receivable	5,478	Planned gifts	11,805
Investments	17,309	Indirect public support	29,949
Prepaid expenses	2,374	Books, brochures and pamphlets	4,032
Inventory	4,386	Other program service fees	57,273
		Investment income	(2,539)
		Gifts in kind	-
Total current assets	<u>59,765</u>	Other revenue	<u>830</u>
PROPERTY AND EQUIPMENT		TOTAL UNRESTRICTED SUPPORT	<u>200,482</u>
Furniture, fixtures and equipment	106,172		
Accumulated depreciation	<u>(68,169)</u>	Expenses	
		Program services	
Net property and equipment	<u>38,003</u>	Community health services	238,212
		Professional education and research	3,267
TOTAL ASSETS	<u>\$97,768</u>	Public health information	26,940
		Supporting services	
		Fundraising	16,308
		Management and general	<u>8,689</u>
		TOTAL EXPENSES	<u>293,416</u>
		Change in unrestricted net assets	<u>(92,934)</u>
		Change in net assets	<u>(92,934)</u>
		Net Assets at beginning of year	<u>182,432</u>
		Net Assets at end of year	<u>\$ 89,498</u>
<u>LIABILITIES AND NET ASSETS</u>			
CURRENT LIABILITIES			
Outstanding checks in excess of cash	\$ -		
Accounts payable	872		
Accrued expenses	<u>7,398</u>		
Total current liabilities	<u>8,270</u>		
NET ASSETS			
Unrestricted			
Designated for property and equipment	38,003		
Other unrestricted	<u>51,495</u>		
Total unrestricted net assets	89,498		
Total net assets	89,498		
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 97,768</u>		

Notes are an integral part of these financial statements. For a complete, audited financial statement, contact Sight & Hearing Association at 651-645-2546, ext. 16 or visit GuideStar's Web site at www.guidestar.org.

BEN'S STORY CONTINUED FROM PAGE 6

to break up, creating lots of tiny bubbles in his field of vision.

"I felt like I was a lava lamp," laughs Ben.

Ten months later, Ben sees 20/100 with correction in his right eye (what you can see 100 feet away, Ben needs to be at 20 feet) and experiences double vision due to crossing in of the eye, according to Dr. Jafar Hasan, an SHA board member and the ophthalmologist who has been following up with Ben on a monthly basis. His pupil is partially dilated, meaning it doesn't get larger or smaller depending on light, and is a different size from his other eye.

"The glasses [Ben was wearing the day of the accident] helped as a barrier," said Dr. Hasan. "If he had been hit directly on his eye, the damage would have been worse."

According to the American Academy of Ophthalmology, most sports-related eye injuries result in permanent vision loss. Dr. Hasan says it's difficult to know how much more Ben's eyes will improve.

Through it all, Ben's doctors and parents alike speak highly of Ben's attitude.

"When something like this happens to your child, you just want so much to be able to take it all away," says his mom. "We were sitting together one day and I said to him, 'Ben, you are my hero. I'm so amazed and so impressed with how you've handled

everything.' His response was 'Yeah, I feel like crying sometimes, but what good would that do?'"

Dr. Barer says Ben became a "regular" at Edina Eye Physicians.

"We saw a lot of little Ben," he said. "Let me tell you, this kid's one resilient child.

He's been through a lot."

Ben's team ended up winning the league championship, bringing Ben home a trophy. But when asked if he'll ever play baseball again, Ben hesitates.

"It's been a little scary," he repeats.

Although too late for Ben, 90 percent of sports-related eye injuries can be prevented simply by wearing proper eye protection.

Besides baseball, Dr. Barer has seen eye injuries from sports like tennis, where a ball can hit the eye, and basketball, where elbows and fingers are likely to jam into the eye.

"I'm not a fan of passing laws to mandate things like eye protection," he says, "but you only get one set of eyes. It only makes sense to protect them." □



Ben Arnold, before his eye injury.



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