

# PLANO CHILD DEVELOPMENT CENTER

“A History of Vision”

5401 S. Wentworth Avenue, Suite 14 A, Chicago Illinois 60609-6300

Phone: 773.924.5297

Fax: 773.373.3548

[www.planovision.org](http://www.planovision.org)

April 9, 2015

## **Officers**

*Dr. Robert L. Johnson*  
Co-Founder (Deceased)

*Dr. Henry R. Moore*  
Co-Founder (Deceased)

**Mr. Albert Pritchett**  
Chairperson

**Mrs. Linda Ford**  
Vice Chairperson

**Ms. Natalie Henderson-Ray**  
Secretary

**Mrs. Sandra Kaye Williams**  
Treasurer

## **Members**

Mr. Willie Allen  
Rev. Dr. Michael Burnside  
Mrs. Cerelda Jones  
Dr. Ronald E. Kimmons  
Mrs. Diane Harris-McGee  
Dr. Sherald Leonard  
Dr. Donald M. Pedro

## **Emeritus**

Mr. Edward M. Brock  
Mrs. Cheribelle W. Byrd  
Mrs. Bernadette Gilbert  
Dr. Louella B. Douglas  
Mr. Harry W. Porterfield

**Executive Director**  
Dr. Stephanie R. Johnson-Brown

**Associate Director**  
Dr. Joseph W. McCray Jr.

NAACP Executive Board  
Seattle King County  
Seattle, WA

For more than 50 years, PLANO Child Development Center (Plano) a 501(c) 3 No-For-Profit Corporation has been meeting the needs of patients with visually-related learning difficulties across the Chicago metropolitan area. Founded in 1959 and chartered in 1965 under the leadership of the late Dr. Robert L. Johnson and Dr. Henry R. Moore, PLANO has been true to its mission of identifying, evaluating and treating educationally-disadvantaged children who suffer from an under-developed and/or inefficient vision information processing system. As a result of poor vision skills, this diagnosis often results in decreased academic performance and lack of self-esteem.

Most of us are born with the ability to see, but what is not understood by many of us is that having effective vision – the ability through our eyesight to identify, process and understand what we see – is a learned skill that begins developing at birth. For many children, especially African-American children, the development of effective vision may be underdeveloped and directly affects their ability to learn and develop mentally, socially, and emotionally. Plano’s comprehensive vision care program is designed to improve visual efficiency and visual processing, allowing the child to be more responsive to educational instruction. The program consists of several components: education, comprehensive vision testing, vision therapy, and pre and post testing evaluations.

I became involved with a vision and learning symposium “Educating Young Eyes held November 8, 2014 at the University of Washington Bothell Campus. As a participant on one of the panels, I shared the view of a practicing behavioral optometrist servicing many underserved children as the executive director of Plano. The results of comprehensive vision care intervention have been life changing in my patients. My nephew, Larry Fitzgerald Arizona Cardinal WR is one of our success stories.

Studies indicate that poor readers usually have healthy eyes, with no eye muscle problems and 20/20 vision acuity. Children who pass the 20/20 eyesight test with flying colors may still have a serious learning-related vision problem.

The American Foundation for Vision Awareness estimates that 17-25% of all school-age children have vision problems significant enough to impair academic performance. The rate may go as high as 60% for those children labeled as having learning problems, according to the American Optometric Association. Children are often misdiagnosed as having ADD/ADHD, labeled “dumb” or mislabeled in a resource room when their academic or behavior struggles actually stem from correctable vision problems.

A study of inner city youths found that poor vision is related to academic and behavior problems among at-risk children. Research showed that 70 percent of juvenile offenders had undetected and untreated vision problems. A NAACP amendment included vision therapy as a focus in prevention and re-entry programs. In 2008, the National Institute of Health stated that 5 percent of school-age children are affected by convergence insufficiency and it is the most common vision disorder in children other than the need for eye glasses.

To decrease visual dysfunction as a major cause of academic underachievement in financially poor students, comprehensive visual evaluations and the therapeutic interventions indicated by the diagnosis must be put in place. This process includes the primary eye examination which evaluates both eye health and eyesight, and determines if the student needs eyeglasses. It also assesses the student's eye tracking, eye focusing and eye teaming skills.

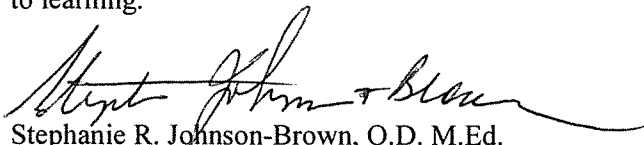
The information found in the assessment determines the diagnosis of the patients as well as determines if other referrals are needed prior to the beginning of vision therapy treatment. Vision therapy is an individualized treatment program prescribed to prevent and treat certain vision problems such as crossed eyes, lazy eye, eye movement control, eye focusing, eye coordination and teamwork between the two eyes. Studies have shown that the correction of vision problems with vision therapy leads to significant reduction in visual symptoms and improvements in reading performance.

As a presenter at a Harvard conference entitled "How Vision Impacts Literacy: An Educational Problem That Can Be Solved" hosted by the Harvard Graduate School of Education in 2001, I am concerned that no research came out of it to further improve vision care for our nation's children despite the conference's showing of great need.

I am further concerned that national NAACP resolutions from 2009 and 2010 regarding the need for attention to binocular vision problems and need for vision therapy for our at risk youth have been ignored. We need to insist that binocular vision issues are addressed in implementation of the Affordable Care Act's optometry provisions, and vision therapy is available under Medicaid not only in my state but in all states.

As current president of the National Optometric Association comprised primarily of minority optometrist from throughout the United States our members work to advance the visual health of minority populations through the delivery of effective and efficient eye and vision care service to the minority community. With updates in children's vision being the focus of our convention this summer, it demonstrates our association's priority in the importance of children's vision. Attached is our recent newsletter which includes an article written by one of our members, Dr. Larry Jones in support of Washington's State bill 1865 requiring simply adding near testing to the current eye exams and vision screenings.

I look forward to more conferences involving the public and leaders from law, education and the medical profession resulting in solutions to eliminate vision deficits as a barrier to learning.



Stephanie R. Johnson-Brown, O.D. M.Ed.  
Executive Director