

Special edition: 2010 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.



Perfectly timed: SHA screening detects vision loss in eye physician's daughter

A child's vision can change dramatically in a short period of time. Such was the case for Tara Valeti.

At the age of 3, Tara had a complete eye exam showing normal vision. Her mom, Mrunalini

amblyopic, nearsighted and had a significant astigmatism — all of which arose in one year.

Amblyopia, commonly called lazy eye, is a condition where there is strong vision in one eye and weak vision in the other. The

brain learns to turn off vision to the weaker eye. In Tara's case, she was 20/20 in her right eye, but 20/50 in her left.

Fortunately, because the problem was caught early, glasses are correcting the problem and the amblyopia has reversed, so there is no need to patch. Normally with amblyopia, a patch is used to cover the strong eye,

forcing the weaker eye to work.

"This highlights the importance of screening," said Dr. P. "Here I am a doctor. I had tested her vision. Within that year things had changed dramatically."

Dr. P. is familiar with childhood eye conditions like amblyopia and strabismus, not only as an eye doctor, but because she was



Now in kindergarten, Tara Valeti has 20/20 vision with her new glasses. Her vision condition was detected by a Sight & Hearing Association screening.

Parvataneni (also known as Dr. P.), is a pediatric ophthalmologist with Northwest Eye Clinic and a board member of the Sight & Hearing Association. Fast-forward a year, when the Sight & Hearing Association screened Tara at her preschool. She failed her vision screening.

It turns out Tara was pre-

TARA CONTINUED FROM PAGE 1
 diagnosed with strabismus as a young child. Strabismus is a condition where the eyes are not properly aligned with each other. One or both eyes turn in, out, up or down. Dr. P's eyes crossed at the age of 2. By the time she was 7, she needed surgery to correct the problem. Being nearsighted, she wore glasses, but outgrew them in her early teens. Today, she wears them for nearsightedness and astigmatism.

If left untreated, amblyopia can lead to strabismus or strabismus can lead to amblyopia. It is the most common childhood eye condition, but generally not detected except through an eye exam or

vision and the treatment would have been so much more complicated.”

SCREENING

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

During the 2009-10 screening year, SHA screened 12,490 children in the 11-county metro area. Of these, 9,162 were preschool-age children (Head Start, preschools and daycare centers), 3,088 were school-age children, and 240 were infants/toddlers screened with our newborn hearing screening equipment. Here are some interesting facts:

- One in three infants screened were referred for further medical evaluations for hearing issues.
- 15% of Head Start preschoolers and 7% of private center preschoolers were referred

“This highlights the importance of screening. Here I am a doctor. I had tested her vision. Within that year things had changed dramatically.”

—Mrunalini Parvataneni, M.D.

thorough screening.

It also runs in families. Because of her family history — not only did Dr. P. have strabismus, but her brother had amblyopia — Dr. P. knew the likelihood that her children may inherit the condition. She had already tested Tara's brother, whose vision is normal. She intended to retest Tara before kindergarten, but the SHA screening beat her to it.

“Screens are designed to pick things up at ages when things change,” explained Dr. P. “If we would've waited any longer, her

for vision. 19% of Head Start preschoolers and 20% of private center preschoolers were referred for hearing.

- 29% of school-age children were referred for vision and 5% for hearing.

- 11,172 (89 percent) children screened live in low-income households — the third year of record high numbers in our program of children living at or below poverty level.

- 1,262 vision vouchers for free eye exams and eyeglasses were issued to uninsured children liv-

ing at or below poverty level.

In addition to children, SHA provided health screenings and educational materials to thousands of adults at corporate and community health fairs throughout Minnesota. The City of Cottage Grove, Jewish Family & Children Services and Osseo Area Schools are just a few of the locations we screened. 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 partnered with the University of Minnesota to study the noise levels of toys in an effort to help prevent hearing loss in children. Each November, we release our annual Noisy Toys List to the media and the public.

- For the past 15 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, macular degeneration, women's eye health, tinnitus and noise-induced hearing loss, and products such as our popular Unfair Hearing Test, Noise Thermometer™, and Ear Infection Tracking Card. In addition, our website at www.sightandhearing.org continues to generate requests for

CONTINUED NEXT PAGE

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Dear Friends of Sight & Hearing Association,

When I began working for Sight & Hearing Association 12 years ago, I was told the way I look at children will change. That was a curious comment to me, as I thought I knew kids — after all, I *was* a mom. Within three months I understood, because I was looking at children in a different way. For example, when I stand in the check-out lane at the grocery store, I make eye contact with the little ones who face me as they sit in their shopping cart. Ok, we're all guilty of that, but I take it to the extreme by doing a quick cross cover with their eyes to make sure they are working together. It's funny that more parents don't question what I am doing, but most of the time the parent is so busy emptying the cart and thankful that the child is entertained for a few minutes. Sometimes I have to explain myself, but most of the time it's a few seconds of smiles and play and off the child goes. I feel that in our hectic world of multi-tasking, our children sometimes become part of our tasks; we are so used to their behavior and movements that we kick into autopilot and forget to really look at our kids. I remember those days of having young children and how hard it was to slow life down. One out of four households will have a child with a vision or hearing issue and my house was no exception. As you read our cover story, it even happens in households where a parent specializes in childhood vision health. Dr. Parvataneni, like all parents of young children, leads a busy life. She graciously shared her experience, not only as a parent, but also as a pediatric ophthalmologist who has witnessed on a professional level the importance of our unique screening program and how our screeners oftentimes exceed the quality of care that the pediatric health community can provide. SHA is known for our skills in working with children. Our screeners are a talented group of moms, grandmas and a dad who screen over 12,000 sets of eyes and ears each year, resulting in many success stories just like Tara's. In a world where young children are required to excel in school by third grade, a screening program like ours is vital. Studies have proven that children will struggle academically, socially and psychologically if vision or hearing issues are undetected and untreated early in childhood. Imagine being unable to see or hear at a young age — it would be devastating! All of you who are reading this, whether you realize it, are advocates for better vision and hearing health for children. The child may be in your home, living in your neighborhood, or at the check-out lane in the grocery store. Thank you for believing in what we do and caring enough about children to support us into 2011.

Kathy Webb, executive director



CONTINUED FROM PAGE 2

information from people all over the world. According to our statistical log, more than three million people have visited our site. □

We are extremely grateful to the following individuals, businesses, foundations and associations who gave during the past year, from October 1, 2009, to September 30, 2010.

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.*

IN MEMORY OF:

My Sister Vi Carmichael

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Father, Amos S. Deinard

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*SHA thanks the following for
their gifts in-kind:*

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- Midwest Special
Instruments
- Nanocopoeia Inc.
- Phonak
- ReSound
- Sentient Healthcare, Inc.
- TwinVision Studios

STATEMENTS OF FINANCIAL POSITION
(September 30, 2010)

STATEMENTS OF ACTIVITIES
(For the Year Ended September 30, 2010)

<u>ASSETS</u>			
CURRENT ASSETS		UNRESTRICTED NET ASSETS	
Cash	\$39,396	Support	
Accounts and pledges receivable	2,760	Contributions	\$ 215,197
Investments	52,200	Planned gifts	-
Prepaid expenses	3,104	Indirect public support	4,251
Inventory	<u>3,395</u>	Books, brochures and pamphlets	3,313
Total current assets	<u>100,855</u>	Other program service fees	60,472
PROPERTY AND EQUIPMENT		Investment income	24
Furniture, fixtures and equipment	112,917	Gifts in kind	14,495
Accumulated depreciation	<u>(84,838)</u>	Other revenue	<u>903</u>
Net property and equipment	<u>28,079</u>	TOTAL UNRESTRICTED SUPPORT	<u>298,655</u>
TOTAL ASSETS	<u>\$128,934</u>	Expenses	
		Program services	
		Community health services	234,170
		Professional education and research	5,636
		Public health information	31,041
		Supporting services	
		Fundraising	29,352
		Management and general	<u>10,596</u>
		TOTAL EXPENSES	<u>310,795</u>
		Change in unrestricted net assets	<u>(12,140)</u>
		Change in net assets	<u>(12,140)</u>
		Net Assets at beginning of year	<u>126,925</u>
		Net Assets at end of year	<u>\$ 114,785</u>
<u>LIABILITIES AND NET ASSETS</u>			
CURRENT LIABILITIES			
Accounts payable	\$ 3,005		
Accrued expenses	<u>11,144</u>		
Total current liabilities	<u>14,149</u>		
NET ASSETS			
Unrestricted			
Designated for property and equipment	28,079		
Other unrestricted	<u>86,706</u>		
Total unrestricted net assets	<u>114,785</u>		
Total net assets	<u>114,785</u>		
TOTAL LIABILITIES AND NET ASSETS	<u>\$128,934</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. 11 or visit the Charities Review Council website at www.smartgivers.org.