



Designing a survey to assess frequency, challenges, and effects of proper vision correction in older adults

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- Participants and staff at the facilities





Motivation

- Experience as Hospice Volunteer
- Why did my patient not have proper vision assessment/correction for that first year?
- Medicare and Medicaid coverage
- 2007 study of nursing home residents in Alabama: 66% had no record of eye exam in medical record
- Poor vision increases risk of accidents, falls, social isolation, depression



Research Purpose

- Develop a survey that will collect relevant data on:
 - Frequency of regular eye exams
 - Barriers to screening and updating corrective equipment
 - Impact of low vision on quality of life



Methods

- Literature review on vision screening and older adults and assessment instruments
- Human Subjects Certificate of Exemption
- Open-ended interview about vision problems, treatments, frequency of eye exams, barriers to treatment
- Administered Visual Functioning Questionnaire - 25 and asked participants for feedback on the questionnaire



Visual Functioning Questionnaire

- 25

- Developed at RAND under sponsorship of National Eye Institute
- 25 questions
- Instrument that measures:
 - Vision-specific quality-of-life
 - Asks about vision health
 - Difficulty with activities
 - Emotional response to vision problems



Study Participants

- Sample: 7 older adults
 - 2 living at nonprofit skilled nursing facility
 - 5 living at for-profit independent and assisted living facility
 - Age range: 65 - 94 (mean = 85)
 - 5 female, 2 male
 - All Caucasian



Results

- 6 had private insurance in addition to Medicare
- Patients had history of cataracts (n = 7), macular degeneration (n = 2), glaucoma (n = 1)
- All wore glasses at the interview
- 5 see an eye doctor at least once a year; 2 at least once every two years
- None reported problems with getting corrective equipment
- 2 were less likely to go see eye doctor because felt concerns weren't addressed



Cognitive Interviewing

- Participant's thoughts on the survey:
 - Difficult to respond to questions that ask about “going out of my home”
 - Many questions don't apply to people who are legally blind
 - Difficult to reduce a complex response to a question to a word or a number choice
 - Statistics don't give the entire picture because personality and preferences enter into quality-of-life
- Suggestions for additional questions:
 - Address mental health and depression related to vision loss
 - What activities have you ceased due to vision loss?



Conclusions

- All participants had regular eye exams and no barriers to obtaining treatments and corrective equipment
 - Living in a senior residential or long-term care facilities may promote regular vision screening
- Participants had difficulty responding to quality of life questions that were specific to vision only



Lessons Learned

- Older adult participants were very generous with their time and felt that vision loss is an important issue to study
- Plan ahead for Human Subjects
- Tape-record interviews in the future
- Include independent/community-dwelling older adults in future:
 - Difficult for SNF residents to self-administer survey
 - Vision may be addressed more regularly in senior residential facilities than in independent homes



Next Steps

- BSN Honors Project (2009-2010)
 - Applied for 2009-2010 de Tornyay Scholarship
 - Use information from this preliminary investigation to develop a more relevant survey
 - Survey review by professionals in fields of gerontology and vision
 - Administer survey to wider group of older adults (n = 100) and perform additional in-depth interviews (n = 10-15)
- Down the road...
 - PhD program in Nursing