

colleagues about any changes in the needs and vision-related abilities of the person with low vision.

## Different levels of low vision care

### Primary/community level

Nurses, ophthalmic nurses, community-based workers, and other mid-level personnel can do the following:

- Be alert and identify people who might have low vision
- Refer them for diagnosis, prognosis, and good refraction
- Refer older children and adults who have useful vision to low vision services at secondary or district level
- Refer young children and adults with complex needs to tertiary level
- After diagnosis, refraction, and referral for low vision care, advise on non-optical interventions and environmental modifications (pages 7,8, and 12) and refer for educational support and community-based rehabilitation if needed.

### Secondary or district level

At secondary or district level, services are aimed mainly at adults and older children

who want to access print or perform tasks that require good near vision. The panel on page 14 lists the minimum equipment you will need to start a low vision service at secondary or district level.

At this level, optometrists and mid-level eye care workers can be trained to give basic low vision services appropriate to their skills and experience.

They should have good communication skills and be able to do the following:

- Test distance and near visual acuity (ideally also in younger children)
- Perform objective and subjective refraction
- Perform minimum essential low vision assessments (page 4 onwards)
- Prescribe essential low to medium magnification devices for near and distance, with training in their use (pages 9–10)
- Advise patients on non-optical interventions and environmental modifications (page 12)
- Refer people to the most appropriate person or organisation for further training, financial help, and education
- Refer young children and those with complex needs to the tertiary level

- Ensure regular follow-up of adults and children who were seen at tertiary level.

### Tertiary level or teaching hospital

Well-trained, dedicated low vision staff can provide the following:

- Complex assessment tests
- Refraction of people with complex problems
- Provision of a wide range of devices, including electronic devices
- Good links to education and rehabilitation services
- Training the use of low vision devices.

### Beyond the clinic

There will be many more people with low vision in the community who need our services.

Think about how you can reach out to tell them about what you offer. Plan outreach clinics, or link with others working in the community.

Visit schools for the blind – perhaps there are children who will be able to use their remaining vision if they receive low vision support.

Low vision work may be challenging, but it is immensely rewarding!

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# Improving access to low vision services



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Our recent survey<sup>1,2</sup> found that low vision services were often inaccessible to large numbers of people in low- and middle-income countries.

Based on the findings of this research, we suggest three areas for action: human resources, sustainability of services, and advocacy. However, it is important to keep in mind that these strategies must be adapted to suit your situation.

### Human resources

- Integrate low vision into existing ophthalmic and optometric curricula and include it in the practical training of education and rehabilitation workers
- Offer informal low vision workshops and courses for eye care workers who have not received formal training.
- Delegate tasks to less specialised health workers where possible. For instance, instead of the optometrist doing the simple refraction and basic low vision

care, a trained vision technician could do these tasks.

- Build on the skills of existing staff. For example, in areas where there are no ophthalmologists or optometrists, refractionists, ophthalmic nurses, and opticians can be trained to take on additional low vision tasks appropriate to their skills and experience.

### Sustainability

Strengthen community-based rehabilitation and outreach services.

- During outreach, you could explain or show how the home environment can be adapted and make timely referrals to district level care. Through outreach, people can be followed up to ensure they are still able to use their low vision devices, and you can give refresher lessons to those who need it. In addition, children with poor vision can be detected and supported early.
- Outreach services should be carried out on a regular basis, although the frequency may vary, depending on need.
- Integrate low vision services into existing education, rehabilitation, and eye care systems. Establish appropriate and healthy collaborations between the government and the private sector.

- Non-governmental organisations must work together with the private sector and government to support and fund low vision services. However, for this to work in the long term, the government must take the lead and take ownership of programmes and services.

### Advocacy

We recommend two strategies:

- 1 Use strong research evidence on which to formulate policy.
- 2 Encourage NGOs and all stakeholders with an interest in low vision to come together under one umbrella organisation, i.e. a national VISION 2020 or prevention of blindness committee. The group can then deliver the policy message with one clear voice.

Once advocacy and lobbying have started, more detailed planning must be done at the implementation level. For instance, encourage local government and policy makers to include low vision in their district VISION 2020 or eye care plans.

### References

- 1 Chiang PPC, O'Connor, P, Le Mesurier, R.T., Keffe, J.E. A Global Survey of Low Vision Service Provision *Ophthalmol Epidemiol* 2011;18(3):109-121.
- 2 Chiang P, Xie J, Keffe JE. Identifying the Critical Success Factors in the Coverage of Low Vision Services Using the Classification Analysis and Regression Tree Methodology. *Invest Ophthalmol & Vis Sci* 2011;52(5):2790-2795.

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