

**TITLE:** Investigating Avoidable Blindness in Oregon

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**STUDENT SUBMISSION:** Yes

**TOPIC/TARGET AUDIENCE:** All public health professionals, policy makers, program developers, evaluators, researchers, students, community members, and providers.

**ABSTRACT:** Introduction:

Our vision acts as the primary instrument with which we navigate the world. The loss of vision can be devastating for patients and their social networks. Most vision loss is preventable if well-established clinical care can be accessed in a timely manner. Existing barriers to eye care play varying roles in accessing preventive eye care. In an effort to understand the patient experience, we conducted a qualitative study to learn about their interactions with the eye care setting and vision loss aimed at identifying potential public health strategies to address preventable blindness.

Methods:

Semi-structured telephone interviews were conducted using closed and open-ended questions with 28 persons with blindness throughout Oregon. Interviews aimed to understand historical views on causes and events leading to avoidable blindness and were coded independently for emergent themes by two researchers. Results from the interviews informed development of a focus group script designed to cultivate strategies to prevent blindness. Five focus groups were conducted regionally across Oregon.

Results:

Interview results described a range of patient experiences including quality of life issues and resilience, resources and social support, trust in providers and medical systems, attitudes, access to eye care, and prevention efforts. Using an ecological approach, we identified strategies from the focus groups at the patient, provider and systems, community, and policy levels.

Conclusion: The findings of our study suggest that barriers to preventive eye care, early diagnosis and treatment occur at multiple levels. These barriers may be modifiable through public health interventions and systems improvements.

**OBJECTIVE(S):** Understanding barriers to vision care at multiple levels in the ecologic model through narratives from low vision and blind participants.

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