

Barriers to People with Physical Disabilities Getting Eye Care

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People with physical disabilities make about 4.5 percent of Hong Kong's overall population. The government has taken a number of steps to ensure that individuals with physical disabilities have equal access to health care facilities and services, including amending building codes to ensure that new buildings in the city are accessible to persons with disabilities.

However, little is known about how effective these strategies are in the delivery of health care, particularly in eye treatments, which involve both public and private stakeholders [1]. It is common knowledge that Hong Kong's present eye care delivery system is un-integrated, with little contact between the public and commercial sectors. The need for eye care is obvious, given Hong Kong's high prevalence of myopia and the increased risk of serious eye illness associated with high myopia. When there are many disabilities present, the issues are greater than just adding up the effects of each disability. When physical impairment and poor vision are combined, alternatives are narrowed even further, and the capacity to function independently is harmed. As a result, it is advantageous to guarantee that those with physical disabilities have the best possible vision.

There are also various neurological illnesses that can impact motion and vision, such as traumatic brain damage and stroke [2]. In these physically debilitating illnesses, a lack of access to eye services may arise. The goal of this study is to gather data on the present pattern of eye care utilization and to identify access hurdles that this unique demographic perceives as deterring them from seeking eye care.

People with physical disabilities are difficult to find in Hong Kong. They could be classified as a minority group. This study used a facility-based sample technique due to the lack of a valid and available sampling frame for this group. Members of non-government organizations (NGOs) that serve the physically impaired, such as sheltered workshops, ageing centers, self-help groups, and community organizations, were recruited to complete an assisted self-administered questionnaire. A systematic questionnaire was created using information from surveys on health and visual care access, as well as surveys of a similar sort conducted in other countries [3].

The completed questionnaire consists of 39 questions that collect data on the individuals' most recent eye examination, potential impediments to getting eye services, and demographic factors. From the literature, ten possible access hurdles were identified: eye examination fee, glasses cost, caretaker assistance, knowledge of service provider, service provider location, transportation, building entrance, service provider interior facility layout, equipment, and booking system [4].

The intensity of each of these impediments was measured on a 5-point Likert scale by the participants.

For the general population, the American Optometric Association and the American Academy of Ophthalmology suggest bi-annual eye exams. Those who had an eye examination during the previous two years were one of the study's outcome measures. 60.8 percent of the 250 respondents were female. Except for those between the ages of 18 and 29, the bulk of the respondents (34.8 percent) were between the ages of

50 and 59, and the balance of the survey population was fairly evenly distributed across all age groups (5.6 percent).

The majority of those polled were either retired (28%) or housewives (21.2%), or unemployed (12 percent). Some of those who worked full-time (28.4%) might be sent to a sheltered workshop [5]. As a result, it was acceptable to conclude that the average monthly income was less than HK\$4,000 (72.8 percent). According to the Katz Index of Independence in Activities of Daily Living, the majority of participants had full function in terms of handicap (78 percent). The others have at least one daily limitation.

Acknowledgements

The author would like to acknowledge his Department of Optometry from the Arizona College of Optometry, Midwestern University for their support during this work.

Conflicts of Interest

The author has no known conflicts of interest associated with this paper.

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Received: 12-Feb-2022, Manuscript No. OMOA-22-58649; **Editor assigned:** 14-Feb-2022, PreQC No. OMOA-22-58649(PQ); **Reviewed:** 19-Feb-2022, QC No. OMOA-22-58649; **Revised:** 21-Feb-2022, Manuscript No. OMOA-22-58649(R); **Published:** 28-Feb-2022, DOI: 10.4172/2476-2075.1000160

Citation: Smith A (2022) Barriers to People with Physical Disabilities Getting Eye Care. *Optom Open Access* 7: 160.

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