

A Collaborative Approach to Improving the Eye Health of Diverse Populations

Consensus from Roundtable



Contributors

Neyal Ammary-Risch, MPH, MCHES

Director, National Eye Health Education Program (NEHEP), National Eye Institute (NEI)

Jimmy Ferrer

Co-Founder, FamiliasConDiabetes.org

Mila Ferrer

Co-Founder, FamiliasConDiabetes.org;
 Blogger, *Jaime, Mi Dulce Guerrero*

Edwin Marshall, OD, MS, MPH

Professor Emeritus of Optometry and Former Vice President for Diversity, Equity and Multicultural Affairs, Indiana University

Margo LaDrew

National Board Member, National Council of Negro Women (NCNW); Founder, Black BeautyShop Health Foundation

Charlotte Parniawski, RN-BC, MSN, CNE

Cultural Diversity Trainer, International Multicultural Institute; Nurse Educator, Bridgeport Hospital School of Nursing, part of the Yale New Haven System



Diane Sheehan, MSN, APRN, FNP-BC, CDE

Certified Diabetes Educator, Northeast Medical Group, Bridgeport Hospital, part of the Yale New Haven System

Daniel Suarez, MA, RN, NYAM Fellow

President, National Association of Hispanic Nurses (NAHN)

Vincent K. Young, MD

Chairman, Division of Ophthalmology, Albert Einstein Medical Center, Philadelphia

Introduction



“As the nation becomes increasingly diverse, and issues like diabetes and hypertension continue to become epidemics, there is a great need for eyecare professionals to collaborate with general health professionals and organizations to promote eye health education and encourage those at greater risk to seek regular eye care.”

– **Manuel Solis**
 Marketing Manager,
 Transitions Optical, Inc.

Growing ethnic populations are at greater risk for many eye health issues and vision problems. These groups are also largely impacted by several overall health issues, including diabetes and hypertension, which can contribute to serious vision problems or blindness. Unfortunately, while diabetes and hypertension are becoming more prevalent, those who are at higher risk may not be receiving the care they need. Research has shown that two-thirds of Americans don't know that their ethnicity can be a risk factor in developing eye health issues, and only four out of 10 Americans have scheduled a comprehensive eye exam within the past year.¹

Considering the undeniable link between eye health and overall health/quality of life, there is a great need for eyecare professionals – and the optical industry as a whole – to collaborate with the general health care sector and other experts to promote eye health education and provide optimal eye care. Seeking to improve collaboration and raise eye health awareness among at-risk groups, Transitions Optical, Inc. hosted a roundtable discussion on July 14, 2014 in Miami. The roundtable was attended by representatives from multiple points of interaction with diverse and at-risk patients, including eyecare professionals, general health professionals and key influencers from health-based, community and cultural organizations.

During the roundtable, participants reviewed the overall health issues most common among culturally diverse populations – including Hispanics, African Americans and Asian Americans – and shared their perspectives and best practices for promoting eye health, amidst a wide range of challenges ranging from low patient awareness levels, to access to care, to language and cultural barriers. Following individual presentations, participants discussed strategies and steps that eyecare professionals can take toward improving collaboration with the general health care sector and cultural and health-based organizations.

This consensus paper overviews the content presented during the roundtable and captures subsequent discussions and calls-to-action. *A Collaborative Approach to Improving the Eye Health of Diverse Populations* will provide a better understanding of:

- The overall health issues most common among diverse populations and implications for eye health
- Cultural considerations, including the need to increase diversity among professionals to further increase culturally competent care
- Opportunities for improving quality of care and reaching new patients through collaboration
- Best practices and strategies from the general health care sector and health-based, community and cultural organizations
- Resources that can be used to promote eye health education and collaboration

Overall Health Issues and Diverse Populations

Each of the largest and fastest-growing ethnic populations – including Hispanics, African Americans and Asian Americans – is at greater risk for several, overall health issues that can lead to serious eye health complications or blindness. This section reviews the overall health issues most commonly faced by these groups.

Diabetes

As the seventh leading cause of death in the United States, diabetes is quickly becoming a major health epidemic – particularly among ethnic minority groups, who are often more than twice as likely as non-Hispanic whites to develop the disease [TABLE 1]. Even more alarming is the fact that many people with diabetes, or who are at risk for developing it, don't understand their risks and are subsequently not seeking appropriate care. In fact, more than one in four people with diabetes does not even know that he or she has it.²

Diabetes and vision problems go hand-in-hand, with blurred vision often reported as one of the first noticeable symptoms of the disease. Over time, diabetes can lead to diabetic retinopathy and even total loss of vision. Although the majority

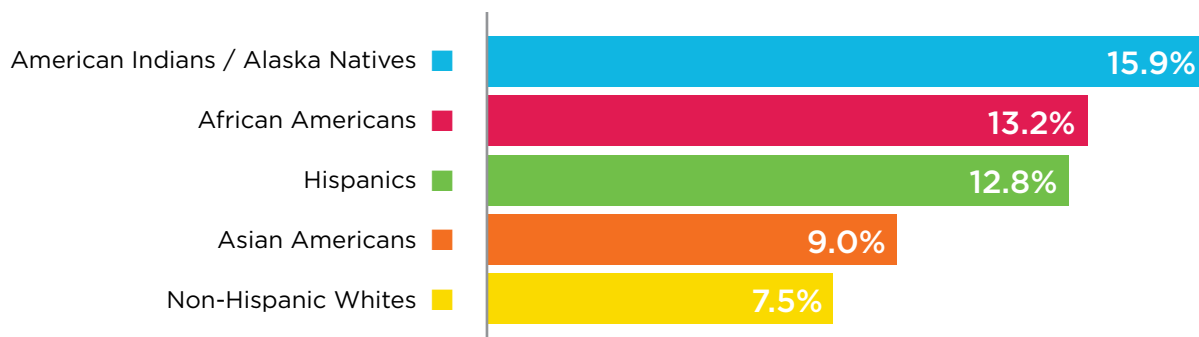
of Americans know that people with diabetes are at higher risk for diabetic eye disease, only 11 percent know that it often has no early warning signs.³ While ethnic populations are at higher risk for developing diabetes, another study reports that just 21 percent of Hispanics and 15 percent of African Americans say they are concerned about the risk of suffering from diabetic eye damage in the future.⁴

While it may sound intuitive for people with diabetes to seek regular eye care, the current numbers indicate that they are not – reinforcing a great need for education. In its 2012 “Vision Problems in the U.S.” report, Prevent Blindness America identified a significant increase in vision impairment and blindness among older Americans over the

past decade – including an astounding 89 percent spike in diabetic eye disease. While this increase results from a general, national diabetes epidemic, it is also likely connected to the increase of ethnic populations, who are at higher risk for the disease.

While diabetes can be a devastating and life-altering disease, it can be successfully managed or even controlled. The National Eye Institute (NEI) reports that 95 percent of severe vision loss from diabetic retinopathy can be prevented with early detection, timely treatment and appropriate follow-up care. Because ocular complications are so common among people with diabetes, NEI recommends that people with diabetes get a comprehensive dilated eye exam at least once per year.

TABLE 1 | % of People 20+ with Diagnosed Diabetes⁵



Hypertension

Hypertension is another health issue on the rise – affecting approximately one out of every three American adults today. An additional one in three American adults has prehypertension, with blood pressure numbers that are higher than normal. Despite these staggering rates, just half of people with high blood pressure have their condition under control.⁶

Hypertension affects African Americans at the highest rate. African Americans are 40 percent more likely than non-Hispanic whites to have high blood pressure, yet 10 percent less likely to have it under control.⁷ Hypertension is more likely to affect African Americans at an earlier age and, counter to overall population statistics, it is more common among African-American women than men.⁸ Hispanics are also largely affected by hypertension, with 29 percent of the Hispanic population being diagnosed with the disease – a percentage in line with that of non-Hispanic whites.

Untreated, hypertension can contribute to serious vision problems such as hypertensive retinopathy – a condition that can lead to vision loss or blindness when damage is caused to the light-sensitive tissue at the back of the retina.

Despite their risks for developing hypertension, only one in five Hispanics – and an equal number of African Americans – are concerned about developing eye damage from hypertension as they age, further reinforcing a need for education.⁹

HIV/AIDS

Human Immunodeficiency Virus (HIV) infection and Acquired Immunodeficiency Syndrome (AIDS) are on the rise, particularly among African Americans and Hispanics. In addition to a wide range of overall health complications and even death, these conditions can lead to serious eye health complications, including cytomegalovirus retinitis, herpes and retinal detachment and blindness within two to six months.¹⁰



African Americans face the most severe burden of HIV/AIDS of all racial and ethnic groups – being affected at eight times the rate of non-Hispanic whites. In 2010, African Americans accounted for an estimated 44 percent of all new HIV infections among adults and adolescents in the United States, despite representing just 12 percent of the overall population. An estimated one in 16 African-American men is expected to be diagnosed with HIV infection at some point in his lifetime.¹¹

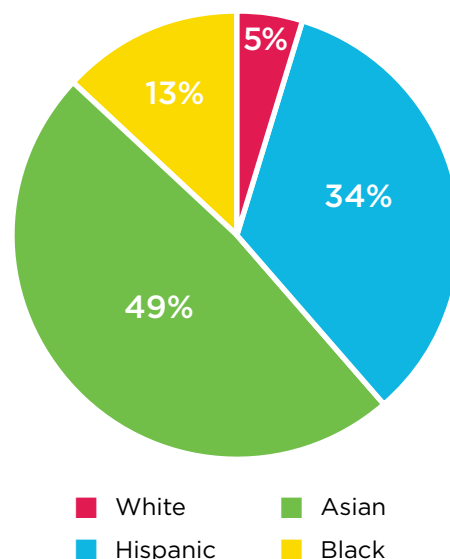
Hispanics are also disproportionately affected by HIV in comparison to other races and ethnicities. The estimated new HIV infection rate among Hispanics in 2010 in the United States was more than three times higher than for non-Hispanic whites.¹²

Tuberculosis

While tuberculosis (TB) is on the decline in the United States, it still remains the world's leading infectious cause of death, and can contribute to a number of serious complications throughout the body and eye, such as uveitis. Untreated, these problems can lead to permanent vision loss or blindness.

TB is significantly more common among ethnic populations, particularly Asian Americans. Rates are also substantially higher among foreign-born persons [TABLE 2]. In 2012, 63 percent of all reported TB cases in the United States occurred among foreign-born persons.¹³

TABLE 2
*2011 Reported TB Cases Among Foreign-Born Persons*¹⁴





Overall Health Issues and Other Eye Diseases

Many people who suffer from overall health conditions are at higher risk for developing eye disease, particularly those taking medications that can contribute to ocular side effects. Glaucoma and cataract are two of the most common eye diseases faced by diverse populations.

Commonly referred to as the silent thief of sight, primary open-angle **glaucoma** is particularly dangerous because there are no early warning signs – though just 8 percent of Americans know this.¹⁵ Glaucoma is significantly more common among African Americans and Hispanics,

with rates approximately five times higher than for non-Hispanic whites. Asian Americans are also more likely than the general population to develop glaucoma, with newer research showing rates similar to Hispanic populations. Rates of narrow-angle glaucoma are particularly higher among Asian Americans, including Chinese and Vietnamese subgroups. Normal-tension glaucoma and open-angle glaucoma are higher among Japanese Americans.¹⁶ According to the American Diabetes Association, people with diabetes are 40 percent more likely to suffer from glaucoma

than those who do not have the disease. High blood pressure is also a risk factor for developing glaucoma.

The leading cause of blindness worldwide, **cataract** also affects ethnic populations at higher rates, particularly Hispanics and African Americans. Yet, despite their higher risks, less than one in three Hispanics and African Americans are concerned about developing cataract as they age.¹⁷ According to the American Diabetes Association, people with diabetes are 60 percent more likely to develop cataract than non-sufferers.

Cultural Considerations for Care



Because every patient has a unique background, values and experiences, almost every clinical encounter is also a cultural encounter – reinforcing the importance for all eyecare professionals to be culturally competent and sensitive. There are many barriers to providing care, ranging from cultural differences and language barriers, to low awareness of the importance of care, to lack of access to care. Roundtable participants also addressed issues including apprehension – or a general lack of trust in the health care system, not knowing how to access services and possible fear of medical results – and acknowledged that in some cases, generations of racism and poverty may play a role. Understanding what barriers exist – and why – are important to providing culturally competent care.

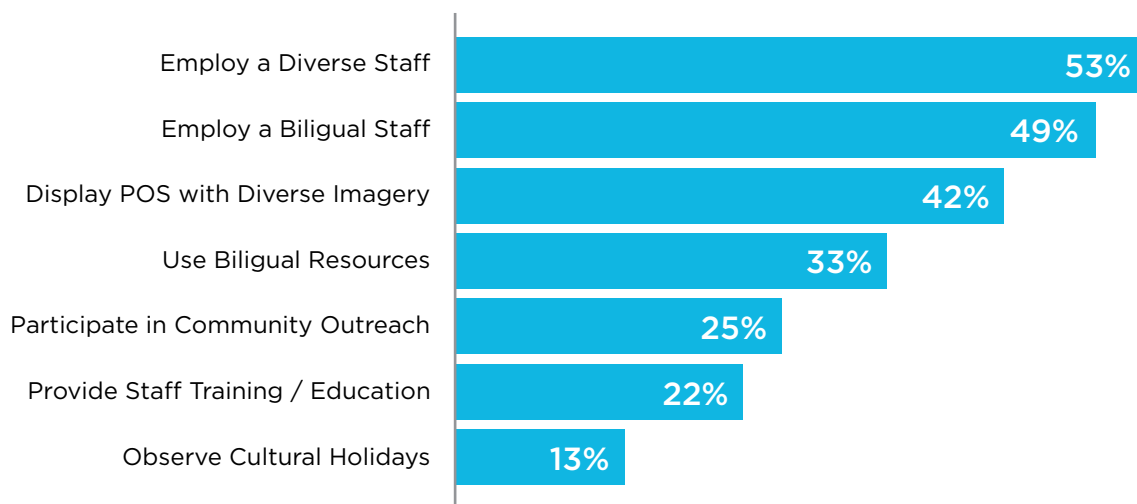
As the nation continues to become culturally diverse, virtually all eyecare professionals today serve a diverse patient base. While almost all eyecare professionals (95 percent) agree that understanding a patient's cultural background is helpful in providing a good overall patient experience, far fewer are taking steps that their patients believe are important. Consider that while seven out of 10 ethnic consumers believe that the best eyecare practices include staff from a mix of races and ethnicities¹⁸, just half of eyecare professionals employ a diverse or bilingual staff. Additionally, while the vast majority of ethnic consumers believe it is a sign of respect for their own or others' cultures when their eyecare professional offers bilingual or in-language resources¹⁹ – even if they themselves don't speak another language – only one in three eyecare professionals takes advantage of these resources in their practice. Few eyecare professionals are also taking steps such as displaying a mix of races and ethnicities in point-of-sale (POS) materials, observing holidays celebrated by different cultures and providing multicultural staff training and education [[TABLE 3](#)].

Providing culturally competent care increases the opportunity for a more positive interaction between the patient and provider, both in terms of communication and compliance with traditional and non-traditional care regimens. Because of this, it is critically important that eyecare and all health care professionals are educated specifically to address culture as a potential quality of care issue that can impact the delivery of services and their outcomes. Cultural competency training should begin early in the education process – woven throughout the curriculums in opticianry, optometry and ophthalmology programs – and should continue throughout the professional's career.

During the roundtable, Edwin Marshall, an optometrist and professor emeritus at Indiana University, shared his experiences in cultural competency training and best practices. The Indiana University School of Optometry has taken many steps to promote cultural competency and increase diversity among students, including reaching out to diverse youth to attract them into the optometry profession; reinforcing the importance of cultural competency in clinical care to faculty, staff and students; using multicultural resources to help educate, inform and care for patients; and providing opportunities for students to get actively involved in their local communities.

Eyecare professionals – whether still in training or having practiced in the field for many years – can benefit from leveraging strategies from the Culturally and Linguistically Appropriate Services (CLAS) standards in health care, which were developed by the Office of Minority Health to improve access to and quality of health care for ethnic minorities. In 2009, Transitions Optical supported a roundtable discussion on this topic, and overviewed several strategies for eyecare professionals through a resulting consensus paper. The paper can be accessed through MyMulticulturalToolkit.com. Updated CLAS standards for general health care, which were enhanced in 2013, are also available for reference through the U.S. Office of Minority Health website.

TABLE 3 / *Steps Eyecare Professionals Take to Promote Cultural Competency*²⁰



Opportunities for Collaboration



98% of eyecare professionals agree there is a great need for the optical and general health care industries to work together to improve eye health – but far fewer are proactively taking steps toward collaboration.

- **1 in 3** eyecare professionals does not share records with their patient's PCP.
- **3 out of 10** eyecare professionals do not receive referrals for patients being treated for diabetes.
- **Half** of eyecare professionals do not receive referrals for patients being treated for hypertension.

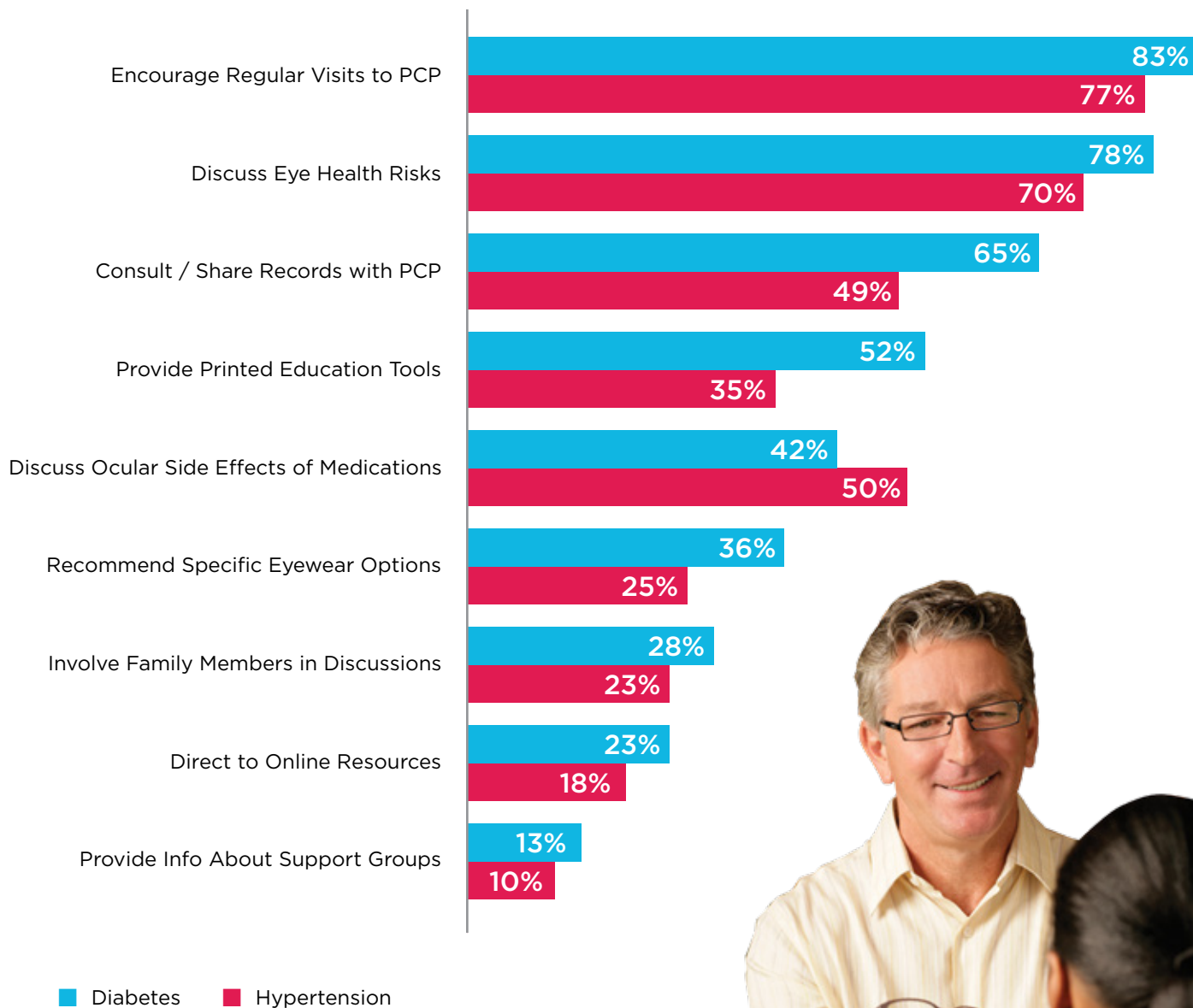
While eyecare professionals remain a primary and trusted source of eye health information, it is essential to take steps toward reaching those who are in need of eye care, but aren't receiving it. Beyond eyecare professionals, there are many health professionals and organizations who are taking steps toward promoting eye health education and the improvement of care for at-risk populations. Collaboration between these groups can be an important differentiator in the level of care a patient receives – or even if the patient receives care at all. Unfortunately, while collaboration between eyecare professionals and other health influencers occurs, it is not as common as it should be.

While virtually all (98 percent) eyecare professionals agree that there is a great need for the ophthalmic industry and the general health care industry to work together to reduce eye health damage caused by overall health issues, such as diabetes and hypertension, fewer are proactively taking steps toward collaboration. Research from Transitions Optical has found that more than one in three eyecare professionals does not consult or share records with their patients' primary care physicians. Additionally, three out of 10 eyecare professionals say they do not frequently receive referrals from primary care physicians or specialists who provide care for diabetic patients, and more than half do not receive referrals from those treating patients with hypertension.²¹ This is alarming, considering the devastating eye health consequences of both of these diseases.

Even within the eyecare practice, the same Transitions Optical study revealed that much more can be done to improve quality of care and satisfaction by patients suffering from diabetes and hypertension. For example, just over half of eyecare professionals said that they provide printed education tools to patients with diabetes, and just over one-third said they provide these resources to patients with hypertension. Less than half said that they discuss the ocular side effects of medications for patients with diabetes and hypertension, and even fewer recommend specific eyewear to address visual side effects, including sensitivity to UV light and glare. Additionally, only around one in four eyecare professionals said they involve family members in discussions. When appropriate, and not in violation of privacy laws, this is an important consideration since family involvement is seen as a sign of respect in many cultures. It can also help to reduce misunderstandings due to any language barriers and improve treatment compliance [[TABLE 4](#)].

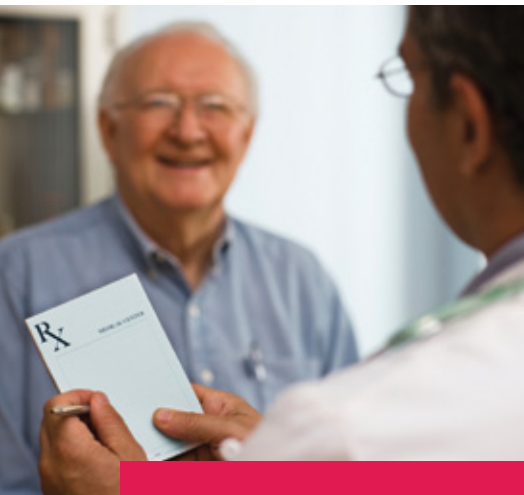
By actively taking steps such as collaborating with a patient's primary care physician or other health specialist, and by providing eye health education and resources both within their practices and through targeted local outreach efforts, eyecare professionals can play an integral role in improving the eye and overall health of their own communities.

TABLE 4 | Steps Eyecare Professionals Take When Providing Care to Patients with Diabetes and Hypertension²²



Managing Eye Health Issues in a Primary Care Setting

.....



96% of patients
say they would be likely
to have their eyes
examined if their PCP
suggested they do so –
yet one in three PCPs
does not believe
recommending dilated
eye exams is their
responsibility.

With the eye and body so connected, primary care professionals can and should play an active role in identifying which patients are at risk for eye disease and ensuring they are seeking regular, comprehensive eye exams through recommendations and referrals. As the patient's primary point of contact for overall health care, primary care physicians can be extremely influential and persuasive as to whether or not their patients schedule eye exams. In fact, research from NEI has shown that virtually all adults (96 percent) say they would be somewhat or very likely to have their eyes examined if their primary care physician suggested they do so.²³

Despite this, additional research from NEI revealed that one in three primary care physicians does not believe that encouraging patients to get a dilated eye exam is their responsibility, and two out of 10 do not believe they have adequate knowledge to advise their patients on eye health and eye disease.²⁴ This means that many patients in need of eye care may not be receiving it. Recall research from Transitions Optical, showing that three out of 10 eyecare professionals report that they do not receive referrals for patients suffering from diabetes, and half don't receive referrals for patients with hypertension.²⁵

Beyond the primary care physician, there are many other general health professionals and specialists who can play a critical role in helping to manage a patient's eye health. This includes physician assistants, nurse practitioners, nurses/nurse educators and specialists such as cardiologists, endocrinologists and certified diabetes educators. By exploring ways to collaborate with these groups, eyecare professionals can further improve patient outcomes and ensure consistency in messaging that the patient receives.

During the roundtable discussion, Charlotte Parniawski, RN-BC, MSN, CNE – a certified nurse educator and cultural competency expert – and Diane Sheehan, APRN, CDE – a certified diabetes educator and care provider – shared their experiences in discussing eye health with patients and provided strategies for collaborating with eyecare professionals. These strategies are outlined in the “Consensus from Group Discussion” section.

The Role Of Professional and Community Outreach Organizations in Providing Eye Health

.....

Research has shown that ethnic consumers are more likely to be loyal to companies that make a sincere effort to be a part of their communities – yet only one in four eyecare professionals actively participates in community outreach efforts.²⁶

Getting involved in their local communities can be a great way for eyecare professionals to generate new patients and reach those who are at risk for eye health issues, but may not be getting the eye care they need. During the roundtable, representatives from the National Association of Hispanic Nurses, National Council of Negro Women and Black BeautyShop Health Initiative shared how they are educating other professionals and the community about the importance of staying healthy. Each of the organizations provided information about specific eye health education programs and their perspectives on how eyecare professionals can partner with them to further promote eye health within at-risk communities.

National Association of Hispanic Nurses

The National Association of Hispanic Nurses (NAHN) is a non-profit professional association committed to the promotion of the professionalism and dedication of Hispanic nurses by providing equal access to educational, professional and economic opportunities. NAHN is also dedicated to the improvement of the quality of health and nursing care of Hispanic consumers. NAHN has more than 5,000 members, including licensed and student nurses, and approximately 40 chapters within the United States. NAHN also partners with corporations that share its vision for promoting both professional opportunities and eye health education within Hispanic communities.

Recognizing that Hispanics are at greater risk for many eye health issues – and overall health issues like diabetes and hypertension, which can affect the eyes – NAHN is taking steps to provide eye health education and resources to its nurse membership. In April 2014, NAHN announced a Corporate Member partnership with Transitions Optical to arm Hispanic nurses – who are on the frontlines of providing patient care, and are in a prime position to influence Hispanic consumers and coordinate care – with eye health education resources. These resources are available to members, free of charge, through the NAHN website at NAHNnet.org/Transitions_Optical.html.



Transitions Optical served as a Bronze-level sponsor of the 2014 NAHN Annual Conference, providing eye health education and resources to NAHN members. Diversity Advisory Board member and nurse educator, Charlotte Parniawski, attended to provide peer-to-peer advice.



National Council of Negro Women

The National Council of Negro Women (NCNW) is a nonprofit membership organization founded in 1935 by Mary McLeod Bethune. With a mission to lead, develop and advocate for women of African descent as they support their families and communities, NCNW addresses issues of human welfare and rights through public education, community service and advocacy. Recognizing that African-American women play a key role in their family's health and wellness – yet don't always make time to take care of themselves – NCNW is dedicated to promoting health and providing access to health care and education resources.

African Americans face significantly higher eye health risks than the general population, with the most pressing eye health issues being glaucoma, cataract and eye damage from overall health issues including diabetes, hypertension and HIV/AIDS. Unfortunately, despite their higher risks, African Americans, and particularly women, are less likely to get care – and when they do, they are more likely to get it late. Seeking to change this, NCNW added the topic of eye health to its education priorities in 2010 through a partnership with Transitions Optical. Information and access to eye health resources is available to NCNW members through an eye health section on NCNW.org. Transitions Optical has also supported NCNW by providing vision screenings and eye health education during community outreach events, including the NCNW's acclaimed Black Family Reunion Celebration on the National Mall in Washington, D.C.



Black BeautyShop Health Initiative

Founded by Margo LaDrew, a National Board Member for NCNW, the Black BeautyShop Health Initiative is designed to empower African-American women so that they can choose to live healthier lifestyles by offering programs for their mind, body and spirit. The initiative promotes health and wellness through a variety of health screenings, fitness activities and educational programs. Recognizing that women are the “CEO of the family,” and regularly visit beauty shops between two and four times a month, the Black BeautyShop Health Initiative arms African-American women with resources and tools to help them better understand and manage the health care disparities that affect them and their families most.

Educational materials and resources are available for all of the diseases that largely impact African-American women and their families, including heart disease, diabetes, breast cancer, HIV/AIDS and fibroid tumors. The Black BeautyShop Health Initiative also works with partners to develop targeted programs and disseminate information about domestic violence, mental health and nutrition and fitness. Given the higher risks for eye health issues, eye health education and vision screenings are also provided. Additional information about programs and resources is available at BlackBeautyShop.org.

Living With Diabetes: The Family Perspective

Diabetes is a disease that requires care and attention every hour of the day, every day of the year. This can take a huge toll on the person suffering from diabetes, as well as family members who play a supportive and integral role in providing care. Living with and managing diabetes can be even more challenging when language barriers are present and limited in-language resources or forums of patient-to-patient support exist.

During the roundtable, Mila and Jimmy Ferrer shared their experience living with a child diagnosed with type 1 diabetes and their path to creating a Spanish-language blog and patient education website in response to the limited Spanish-language diabetes resources available to families.

When their son, Jaime, was diagnosed with type 1 diabetes at the age of three, they began researching and finding ways to learn and understand more about diabetes to keep their son healthy. Recognizing the day-to-day struggles for families caring for a child with diabetes, in 2011, they decided to reach out and share their story with other Hispanic/Latino families through a blog – Jaime, mi dulce guerrero (Jaime, my sweet warrior) – found at Jaime-dulceguerrero.com.

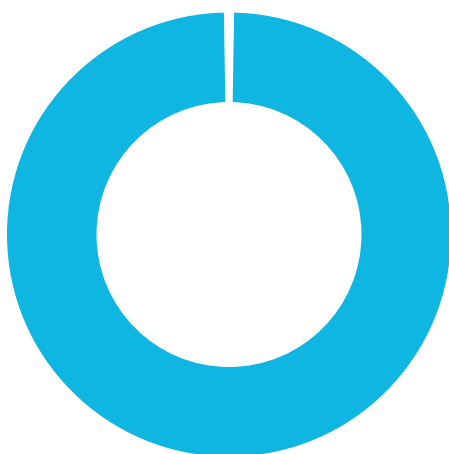
In 2013, Mila and Jimmy launched FamiliasconDiabetes.org – an educational and wellness website uniting Hispanic families living with diabetes. Today, Familias con Diabetes is a leading Spanish online source that helps to empower the Hispanic/Latino community to better manage and understand their diabetes, while providing a forum to share their own emotional struggles with the disease. The website also includes content about diabetes and the eye, since regular dilated eye exams and retinal screenings are critical for patients of all ages with diabetes.



jaime-dulceguerrero.com



FamiliasconDiabetes.org



Diabetes is a disease that requires 24/7/365 care. The open portion of this circle represents the amount of time that a person with diabetes spends with their doctor. The circle itself represents all of the time during the year that patients are required to manage their diabetes on their own. Considering this, people affected by diabetes need to become the CEO of their own health.

Government-Funded Programs

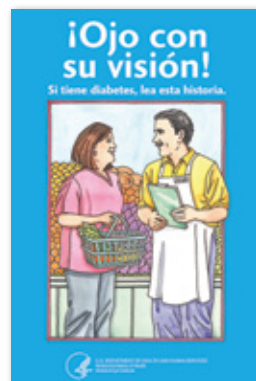
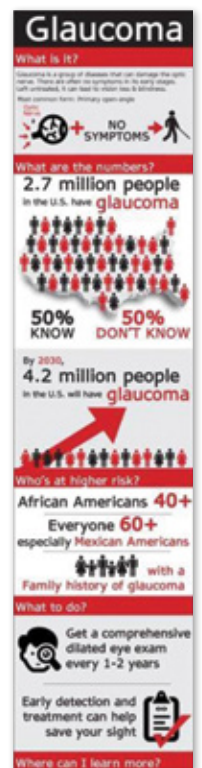


During the roundtable, Neyal Ammary-Risch, director of the National Eye Health Education Program (NEHEP) – a congressional directive to the National Eye Institute (NEI), one of the 27 institutes and centers of the U.S. National Institutes of Health (NIH) – shared the latest projections for various eye health issues and areas of education identified as a result of awareness and attitudes research conducted by NEI.

Established as a way to increase awareness among health care professionals and the general public of scientifically based health information that can be applied to preserving sight and preventing blindness, NEHEP works in partnership with a variety of public and private organizations that conduct eye health education programs.

Program activities are designed to promote the importance of early detection and timely treatment of eye disease and the use of vision rehabilitation services using strategies that are culturally appropriate, health-literate and evidence-based. NEHEP is supported by a Planning Committee and a Partnership, which bring knowledge about eye health and experience with populations at higher risk for eye disease, including aging and ethnic populations.

Additional information and resources are available at nei.nih.gov/nehep.



NEHEP Programs

| PROGRAM | AUDIENCE & MESSAGES | RESOURCES |
|--|--|--|
| Diabetic Eye Disease | <p>Designed to increase awareness about diabetic eye disease among people with diabetes, particularly those at higher risk, including older adults and ethnic populations.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Often has no early symptoms • 95% of severe vision loss can be prevented with early detection, timely treatment and follow-up care • Get a dilated eye exam at least once per year | <p>Most materials are available in English and Spanish.</p> <ul style="list-style-type: none"> • <i>Diabetes & Healthy Eyes Toolkit</i> and <i>Diabetic Eye Disease: An Educator's Guide</i> for health and community professionals • Patient education resources, including a website, brochures and illustrated comic book • Linkable infographics, video, web banners and eye animation • Drop-in article content about diabetic eye disease • Public service announcements • National Diabetes Month materials |
| Glaucoma | <p>Designed to raise awareness about early detection of glaucoma among people at higher risk, their families and friends, and health professionals who work with them.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Glaucoma has no early warning signs • Get a dilated eye exam every 1-2 years | <p>Most materials are available in English and Spanish.</p> <ul style="list-style-type: none"> • <i>Keep Vision in Your Future: Glaucoma Toolkit</i> for health and community professionals • Patient education resources, including a website, brochures and Medicare benefit card • Linkable infographics, video, podcasts, eye animation and Glaucoma Eye-Q Test • Faith-based institution bulletin copy • Public service announcements • Glaucoma Awareness Month materials |
| Low Vision | <p>Designed to create awareness among adults, their families and friends, and the general public about vision rehabilitation services.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • There is hope, there is help • Maintain your independence and quality of life • Vision rehabilitation can help you make the most of your remaining sight | <p>Most materials are available in English and Spanish.</p> <ul style="list-style-type: none"> • <i>Living with Low Vision</i> educational module for health and community professionals • Patient education resources, including a website and informational booklet/DVD • Linkable infographic • Public service announcements |
| Vision & Aging | <p>Provides health professionals with tools and guidance for informing older adults about eye health, eye diseases and conditions, and the importance of comprehensive dilated eye exams.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Vision loss is not a normal part of aging • Age-related eye diseases often have no early warning signs • Early detection and treatment may prevent vision loss or blindness • Everyone 50+ should have a dilated eye exam | <ul style="list-style-type: none"> • Professional resources, including a <i>See Well for a Lifetime Toolkit</i> • Patient education resources • Linkable infographics and videos • Social media messages • Public service announcements • Healthy Aging Month resources |
| iOjo con su Visión! (Watch Out for your Vision!) | <p>A Spanish-language program designed to reach the Hispanic/Latino community about eye health.</p> <p>Key Messages:</p> <ul style="list-style-type: none"> • Hispanics/Latinos are at higher risk for vision loss and blindness • Eye diseases often have no early warning signs or symptoms • Early detection, treatment and follow-up may prevent vision loss or blindness | <ul style="list-style-type: none"> • Professional resources and toolkits • Patient education materials in English and Spanish, including websites and information on various eye diseases • Linkable infographics, videos, simulations and animations • Public service announcements |

Consensus from Group Discussion



Following individual presentations, roundtable participants discussed various challenges and steps that eyecare professionals can take to improve the eye health of diverse populations through collaboration with other health professionals and key influencers. The below topics were discussed and agreed upon by participants.

Greatest Needs for Education

Roundtable participants agreed that much education is needed on behalf of both professionals and patients in order to promote eye health and provide an optimal eye care experience.

Consumer/Patient Education Needs

Education is needed to ensure that consumers and patients understand that eye damage, or even blindness, is a consequence of not only eye diseases, but also common systemic diseases. Because many health issues have no early warning signs of eye damage, regular eye care – including comprehensive dilated eye exams – is critical for early intervention and monitoring. Participants agreed that the overall health issues of greatest concern for ethnic populations are:

- **Diabetes** – for all populations, but specifically African Americans, Hispanics and Asian Americans (who are more likely than non-Hispanic whites to develop type 2 diabetes, but less likely to get an early diagnosis since they are less likely to be obese)
- **Hypertension** – for all populations, but specifically African Americans and Hispanics
- **HIV/AIDS** – specifically for African Americans and Hispanics
- **Tuberculosis** – specifically for Asian Americans or foreign-born persons

Education on eye diseases – particularly cataract, glaucoma and age-related macular degeneration – is also important for all populations. **Glaucoma**, particularly, often has no early warning signs, so comprehensive dilated eye exams should be given annually to those who are especially at risk. The topic of **low vision** was also discussed by participants as an issue that affects many populations, but does not get as much attention as it deserves. Patients living with low vision should be encouraged to continue to seek vision rehabilitation as part of the continuum of care. The NEHEP Low Vision Program promotes messaging that there is hope, and there is help – and by seeking vision rehabilitation and its associated services and devices, patients with vision loss can remain independent and improve their quality of life.

Additional areas of education needed include providing a better understanding of risk factors, ranging from age and ethnicity, to family history, to medications taken and other health comorbidities. For example, in addition to diabetic retinopathy, a person with diabetes is also more likely to develop eye diseases such as glaucoma and cataract. Roundtable participants also agreed that education is needed about what happens during an eye exam – and about the dilation process. The word “dilation” can sound scary to patients who have never experienced it before, or even to those who have and do not like the way the eye drops make them feel. Messaging to explain *why* they need dilation can be helpful, such as: “I know the drops can be uncomfortable, but the effects will wear off in a couple of hours. You are at risk for glaucoma, so dilating your eyes now could help you avoid a lifetime of vision loss.”

Participants also discussed that many patients don't go to the eye doctor because they don't even realize they're not seeing their best. Participants Jimmy and Mila Ferrer shared that they were never told that their son, Jaime, needed to visit the eye doctor until he was diagnosed with type 1 diabetes. Jimmy himself, who was a former professional athlete, never thought about his eyes until he one day put on his brother's glasses and saw the leaves on the trees.

Providing consumer/patient education can be done in multiple ways, including in-person conversations with the patient and family members during the eye exam; providing bilingual and in-language resources about



specific eye diseases and conditions; conducting routine follow-up to ensure patients at risk are getting regular eye care; and participating in community outreach events and providing vision screenings to those who may not be getting eye care but should.

Eyecare Professional Education Needs

Participants agreed that there is a need for more eyecare professionals to exercise cultural competency and provide care in a culturally sensitive way – and to promote these principles among other staff members. To help promote cultural competency, participants agreed that eyecare professionals should seek out staff training/education and bilingual and in-language resources available from organizations and companies, including NEI, Prevent Blindness, Transitions Optical and others.

Cultural competency education should be provided early in the education process – while still in school – and should continue throughout practice. Population shifts and changing demographics also mean changes in expectations for culturally competent care, so having access to the latest education and resources is important. By investing more time in education up front, eyecare professionals can experience long-term positive results.

General Health Professional Education Needs

Participants agreed that there is a great need for collaboration with general health professionals and providing them with ongoing education about eye health and the importance of providing referrals. Strategies for collaboration are outlined below in the “Collaborating with General Health Professionals” section.



Promoting Culturally Competent Care

Participants agreed that providing culturally competent care is a must for not only eyecare professionals, but also for general health professionals and specialists. Cultural beliefs, norms, expectations and attitudes can influence variations in trust, understanding and behavior – or, how people of diverse cultures perceive and respond to an eye disease diagnosis and treatment.

Patient education and materials must be culturally appropriate, and should model the CLAS standards in health care. Outreach to specific groups should not only reflect the patient's unique eye health needs, but should also include culturally appropriate and sensitive messages. Participants also addressed the importance of increasing diversity among eyecare professionals, as a way of further increasing culturally competent care.

Strategies identified for eyecare professionals include:

- **Understand cultural barriers to care** and promote a culturally sensitive environment that trickles down to all members of the ophthalmic care team. To do this, take advantage of staff training and education on a regular basis. It is important for team members to understand cultural terminology as well as cultural considerations for care.
- **Conduct office huddles** regularly to discuss patient needs to ensure the right questions are being asked and the best care is provided. Patients who are behind on their regular eye exams should also be included in discussions as a reminder to follow up with them via mail, text, or personally through a phone call.
- **Speak the patient's language.** It is important for the patient and eyecare professional to understand one another and be on the same page in regard to diagnosis and treatment options. If you do not speak the patient's native language, consider involving another staff member or interpreter to help ensure the patient understands what is being said and is able to follow through with next steps. Do not be afraid to repeat important points – or ask the patient to repeat them back – to confirm understanding. One example brought up during the roundtable is that not everything has the same meaning in English and in Spanish. For example, asking a patient to take drops “once” a day, could be interpreted by someone who speaks fluent Spanish as 11 (“once” translates to 11 in Spanish).
- **Use bilingual and in-language resources** to help to alleviate barriers and provide patients with information that they can take home and further absorb. During the roundtable, specific resources from NEI and Transitions Optical were shared.
- **Reshape the cultural mindset** to build trust and reduce anxiety with patients. If a patient is diagnosed with a serious issue, like diabetes, and is worried because other family members have gone blind from it, reassure the patient that what has happened to other family members does not have to happen to him or her.
- **Take advantage of techniques like “scripting”** to make communications more welcoming and encouraging. For example, instead of saying “We’re short-staffed today,” say “We’re busy, but never too busy to help you.” Instead of saying “I don’t know what you mean,” if a patient is speaking another language, say “We have a staff member who can help interpret for us.”

Collaborating with General Health Professionals

Participants agreed that collaboration between eyecare professionals and other health professionals is critical in order to provide the best possible eye care. Strategies identified to help promote collaboration include:



- **Promote ongoing referrals** by initiating relationships with local primary care physicians and other health specialists (area hospitals or clinics, cardiologists, endocrinologists, certified diabetes educators, etc.). These relationships and referrals can be beneficial to the general health professionals as well, since 61 percent of Americans with vision coverage get annual eye exams, yet only 21 percent get annual physicals.²⁷
- **Encourage sharing of eye health and medical records** via fax, mail or electronic medical records. Consider generating a letter on every patient that can be shared with other health professionals, including what was discussed during the eye exam; a current list of medications provided by the patient, as well as any new prescriptions; and recommended next steps for follow-up care. Participants also discussed the development of “patient passports” that patients can carry with them from one health professional to the next to update their medical history and treatment recommendations. This would help to promote consistency in messaging between professionals and promote follow-up care on behalf of the patient.
- **Provide ongoing education and resources to general health professionals** about eye health issues to ensure eye health is a topic that is addressed during routine examinations. Consider sharing printed resources, such as brochures on eye health issues common among patients with diabetes, hypertension, etc. To further build relationships and promote referrals and sharing of medical records, consider making regular office visits to local practitioners. Eyecare professionals can also attend and present/provide education during annual trade shows and meetings commonly attended by primary care physicians and other health specialists. To establish or build relationships with area hospitals, consider approaching them to see if they have a need for eye health information – or if they would consider adding an eyecare professional to their multidisciplinary team to ensure proper eye care is provided in connection with overall health.
- **Initiate joint educational programs/promotions**, particularly during awareness months – such as American Heart Month in February or Diabetes Awareness Month in November – as a way to further promote the connection between eye and systemic diseases.
- **Participate in local community outreach efforts or health screenings alongside health professionals** as a way to strengthen relationships with the health professional while generating new patients.

Collaborating with Cultural Organizations

While initiating a national partnership with a large community, cultural or health-based organization can be difficult, time consuming or outside of budgetary considerations, there are many steps eyecare professionals can take to get involved locally and establish a connection with well-received and respected organizations.

- **Volunteer time/participate in community outreach events** targeting diverse populations. Many organizations welcome the ability to offer complimentary services – such as vision screenings and eye health education – to participants as a way to attract them to the event.
- **Team up with other companies** who have existing relationships with community, cultural or health-based organizations. Many national companies will seek out eyecare professionals on a local level to conduct vision screenings. There may also be opportunities to tie into educational efforts for overall health issues such as diabetes or hypertension. For example, if a company is sponsoring blood pressure screenings, ask if they would be interested in having an eyecare professional present to conduct vision screenings or provide resources about the connection between high blood pressure and eye disease.
- **Initiate partnerships with local chapters of national organizations** and offer to lend support in regard to providing eye health education or services in exchange for patient referrals.
- **Reach out to local churches, senior centers and beauty shops** to offer eye health education and initiate a day for free vision screenings. Be sure to pass along your contact information for referrals.

Connecting with Families

In many cases, families will be heavily involved in providing care to a loved one suffering from serious eye or overall health issues – particularly when young children are the ones suffering. In many cultures, the role of the family continues to remain important throughout life, with parents taking care of their children, and children taking care of their parents or grandparents. Other family members, including brothers and sisters, aunts and uncles, etc., may also be involved in care. Because of this, making family members feel involved and informed is important.

The following strategies were discussed as ways to help eyecare professionals educate and improve relationships with family members to ultimately improve overall patient satisfaction and outcomes.

- **Reinforce that eye health is a priority.** In regard to attention given, eye health is often up against many other health issues, like diabetes, hypertension, HIV/AIDS and cancer. Because so many other steps are needed to care for these diseases, and often there are no warning signs for eye disease before it's too late, eye health is often put on the back burner. Reinforce to patients and their families that eye health is and should be a priority. Even if they are seeing well today, they may not be tomorrow. At the same time, be careful not to use "fear" as the main motivating tactic. Instead, reassure patients that eye damage and blindness can be avoided, but that routine dilated eye exams are important in keeping their eyes healthy. Prevention is better than cure.
- **Be respectful of the family's wishes and concerns.** Provide age- and gender-specific messages, and messages that are culturally sensitive and appropriate. Many patients can take offense to words such as "compliant" or being referred to as a "diabetic." The term "compliant" can sound harsh or judgmental, while the term "diabetic" can make it sound like the patient's life revolves around the disease. Research has shown that patients want their eyecare professional to get to know them personally – so taking steps to do this can help to strengthen relationships, build trust and ensure follow-up care.
- **Be in tune with financial resources available for eye care.** For example, if a patient clearly needs eyeglasses and specific lens treatments, but cannot afford them, offer a database of organizations that can possibly help support them. During the roundtable, nurse educator Charlotte Parniawski shared a story about a young, Hispanic male in his late 20's who was diagnosed with diabetic retinopathy and was in great need of eyeglasses. She was able to connect him with Lighthouse International to offer guidance and counseling, as well as funding for him to receive his eyeglasses.
- **Encourage families to provide support,** help and motivation; be empathetic and non-judgmental; and learn about the condition as much as possible. Consider that patients who have certain health issues, like diabetes, are not always with their doctors, but must take steps to control their condition every day. The goal of eyecare professionals and health providers should be patient empowerment and ensuring patients and their families can handle the disease on their own (while knowing that the eyecare professional is there for them when needed).



Educational and/or Financial Resources for Families

As shared by Charlotte Parniawski, RN-BC, MSN, CNE

- Lighthouse International
- National Eye Institute
- Prevent Blindness
- Think About Your Eyes
- Departments of public health (state and local)
- Community or faith-based organizations
- Patient navigators

- **Maintain an up-to-date practice website and leverage social media.**

Studies have shown that as many as three-quarters of Americans seek health information online. At the same time, patients are looking for trusted sources of information. Consider that three out of four Americans find eyecare professionals less intimidating than other doctors, and nearly all (95 percent) trust their eye doctor to make the best recommendations for them.²⁸ Establishing and maintaining a presence through popular social media websites, such as Facebook and Twitter, and offering forums for questions and advice through a personal practice website, can help to establish rapport with existing patients and gain new ones.

- **Reference other sufferers as examples and advocates to promote eye health.** Patients suffering from a disease and their families often turn online, or to others who have gone through something similar for emotional support and advice. Without providing names or personal information, consider sharing success stories of other patients to encourage them in their treatment paths. Patients may also appreciate a list of helpful online support groups or blogs to reference at home (i.e. FamiliasconDiabetes.org and Jaime-dulceguerrero.com).



Conclusion

.....

As rates of overall health issues with implications for vision continue to climb, including among at-risk ethnic populations, there remains an urgent need for eyecare professionals to educate the general public about the importance of scheduling regular, comprehensive eye exams and wearing the right eyewear to protect and enhance their vision.

While there are many steps that eyecare professionals can take within their own practices, roundtable participants agreed that in order to provide optimal eye care – and in order for significant learning and changes in behavior to take place on behalf of the general public – collaboration with other health professionals and influencers within local communities is a must.

This roundtable discussion served as an initial step in what will ideally result in many efforts toward encouraging collaboration between eyecare professionals and other influencers, including primary care physicians and health specialists, and organizations supporting professionals and local communities.

Roundtable Consensus Statement

To reduce the burden of eye disease from growing health issues among ethnic minority populations, we recommend that eyecare professionals commit to providing culturally sensitive education at the patient, family and community levels – and also commit to working collaboratively with general health providers and health care influencers to encourage continuity of care and reinforcement of education.

About Transitions Cultural Connections™

Recognizing that ethnic populations have higher risks for many eye health issues, yet often face obstacles to receiving the best possible care, Transitions Optical formed the Transitions Cultural Connections™ program as a way to raise eye health awareness among at-risk consumers, and support its partners with resources to do the same.

Through the *Transitions Cultural Connections* program, Transitions Optical strives to:

- Raise awareness of the eye health risks faced by growing ethnic populations, driving these groups to their eyecare professionals for regular eye exams;
- Increase consumer understanding of the role that adaptive eyewear options can play in enhancing and protecting their eyesight – both today and for the future; and
- Arm its partners – both optical industry professionals and health-focused organizations – with tools, programs and resources to support their individual education efforts.

Transitions Optical offers a number of resources for eyecare professionals – including staff training and education, bilingual and in-language resources and point-of-sale materials – through MyMulticulturalToolkit.com. The website also includes multicultural marketing strategies and tips for better connecting with and serving culturally diverse patients.



References

- ¹ Online survey conducted by Wakefield Research on behalf of Transitions Optical, Inc. in February 2013, among a nationally representative sample of 2,600 Americans 18+, including oversamples of 400 interviews among African Americans, American Indians, Asian Americans and Hispanics.
- ² Centers for Disease Control and Prevention, 2014 National Diabetes Statistics Report.
- ³ National Eye Institute, National Eye Health Education Program. 2005 Survey of Public Knowledge, Attitudes and Practices Related to Eye Health and Disease. 2007. Rockville, MD: National Institutes of Health.
- ⁴ Online survey conducted by Wakefield Research on behalf of Transitions Optical, Inc. in February 2013, among a nationally representative sample of 2,600 Americans 18+, including oversamples of 400 interviews among African Americans, American Indians, Asian Americans and Hispanics.
- ⁵ Centers for Disease Control and Prevention, 2014 National Diabetes Statistics Report.
- ⁶ Centers for Disease Control and Prevention. *Vital Signs: awareness and treatment of uncontrolled hypertension among adults – United States, 2003–2010*. *MMWR*. 2012;61(35):709–9.
- ⁷ Roger VL, Go AS, Lloyd-Jones DM, et al. *Heart disease and stroke statistics – 2012 update: a report from the American Heart Association*. Circulation. Epub 2011 Dec. 15.
- ⁸ Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB, et al. *Heart disease and stroke statistics – 2013 update: a report from the American Heart Association*. Circulation. 2013;127:e6–245.
- ⁹ Online survey conducted by Wakefield Research on behalf of Transitions Optical, Inc. in February 2013, among a nationally representative sample of 2,600 Americans 18+, including oversamples of 400 interviews among African Americans, American Indians, Asian Americans and Hispanics.
- ¹⁰ Livingston, Ivor Lensworth. *Ophthalmic disease in blacks: prospects for eliminating racial and ethnic disparities in health in the public health context*.
- ¹¹ Centers for Disease Control and Prevention. *HIV among African Americans*.
- ¹² Centers for Disease Control and Prevention. *HIV among Latinos*.
- ¹³ Centers for Disease Control and Prevention. *2011 reported TB cases among foreign-born persons*.
- ¹⁴ Centers for Disease Control and Prevention. *2011 reported TB cases among foreign-born persons*.
- ¹⁵ National Eye Institute, National Eye Health Education Program. 2005 Survey of Public Knowledge, Attitudes and Practices Related to Eye Health and Disease. 2007. Rockville, MD: National Institutes of Health.
- ¹⁶ Study funded by the National Eye Institute. American Academy of Ophthalmology, Ophthalmology, 2011.
- ¹⁷ Online survey conducted by Wakefield Research on behalf of Transitions Optical, Inc. in February 2013, among a nationally representative sample of 2,600 Americans 18+, including oversamples of 400 interviews among African Americans, American Indians, Asian Americans and Hispanics.
- ¹⁸ Online survey conducted by Wakefield Research on behalf of Transitions Optical, Inc. in February 2013, among a nationally representative sample of 2,600 Americans 18+, including oversamples of 400 interviews among African Americans, American Indians, Asian Americans and Hispanics.
- ¹⁹ Online survey conducted by Wakefield Research on behalf of Transitions Optical, Inc. in February 2013, among a nationally representative sample of 2,600 Americans 18+, including oversamples of 400 interviews among African Americans, American Indians, Asian Americans and Hispanics.
- ²⁰ Online survey conducted by Jobson Optical Research on behalf of Transitions Optical, Inc. in March 2014 among a nationally representative sample of 241 eyecare professionals.
- ²¹ Online survey conducted by Jobson Optical Research on behalf of Transitions Optical, Inc. in March 2014 among a nationally representative sample of 241 eyecare professionals.
- ²² Online survey conducted by Jobson Optical Research on behalf of Transitions Optical, Inc. in March 2014 among a nationally representative sample of 241 eyecare professionals.
- ²³ National Eye Institute, National Eye Health Education Program. 2005 Survey of Public Knowledge, Attitudes and Practices Related to Eye Health and Disease. 2007. Rockville, MD: National Institutes of Health.
- ²⁴ Online survey conducted by DocStyles on behalf of the National Eye Institute, National Eye Health Education Program, in August 2007 among a nationally representative sample of 1,500 primary care physicians.
- ²⁵ Online survey conducted by Jobson Optical Research on behalf of Transitions Optical, Inc. in March 2014 among a nationally representative sample of 241 eyecare professionals.
- ²⁶ Online survey conducted by Jobson Optical Research on behalf of Transitions Optical, Inc. in March 2014 among a nationally representative sample of 241 eyecare professionals.
- ²⁷ 2007 Synovate Omnibus Research; Archives of Internal Medicine, “Preventive Health Examinations and Preventive Gynecological Examinations in the United States,” 2007.
- ²⁸ Online survey conducted by Wakefield Research on behalf of Transitions Optical, Inc. in February 2013, among a nationally representative sample of 2,600 Americans 18+, including oversamples of 400 interviews among African Americans, American Indians, Asian Americans and Hispanics.



This publication was produced as a professional education resource by Transitions Optical, Inc. through the Transitions Cultural Connections™ initiative. **REF #S14P008**

Transitions.com. *Transitions* and *the swirl* are registered trademarks, and *Cultural Connections* is a trademark of Transitions Optical, Inc. **Photochromic performance is influenced by temperature, UV exposure and lens material.**
© 2014 Transitions Optical, Inc.