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Access Barriers to Eye Care Utilization among People with Physical Disability in Hong Kong

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Abstract

This study investigates the impact of access barriers to eye care services among people with physical disability in Hong Kong. 250 participants completed the assisted self-administered questionnaires. There were statistical differences in ranking of access barriers between recent eye service-users and non-users. The impact of access barriers including: consultation fee ($p = 0.009$), need of accompanying helper ($p = 0.049$), knowledge about service provider ($p = 0.011$), transportation ($p = 0.041$), and access into building ($p = 0.007$) were significantly higher for non-users.

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Keywords: Access barriers; Eye care utilization; Physical disability

1. Introduction

People with physical disability account for up to 4.5% of the total population of Hong Kong [1]. The government has taken various actions to enable people with physical disability to have equal access to health care facilities and services, including the updating of building laws to provide disability friendly access in new buildings in the city [2,3].

However, little is known about the effectiveness of these measures in the area of health care delivery, especially in eye services which involve both public and private stakeholders. It is a known fact the current eye care delivery system in Hong Kong is not integrated and there is little communication between the public and private systems. There is also

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little coordination between the professional groups providing eye care. Consequently, the delivery system is fragmented and care is episodic.

With the high prevalence of myopia in Hong Kong and the increased risk of serious eye disease associated with high myopia [4,5], the need to access eye services is evident. When more than one disability is present, the challenges faced are more than just adding up the impact of each disability [6]. When physical disability and poor vision are put together, options are further reduced and the ability to function independently are diminished. It is therefore advantageous to ensure people with physical disability have the best vision possible.

In addition, there are many neurological disorders such as traumatic brain injury and stroke, which may affect mobility as well as vision [7]. The lack of access to eye services in these physically disabling conditions may result in undetected visual impairments, which in turn may have a significant negative impact on rehabilitation and independent living after recovery.

This study aims to collect information on the current pattern of eye care utilization and to identify access barriers perceived by this special population that may discourage them from using eye care services.

2. Methodology

In Hong Kong, people with physical disability are difficult to locate. They may be considered as a marginalized group. Because of the lack of an available and reliable sampling frame for this population, a facility-based sampling approach was adopted in this study. Members from non-government organizations (NGOs) including sheltered workshops, elderly centers, self-help groups, and community organizations that serve the physically disabled were recruited to respond to an assisted self-administered questionnaire.

A structured questionnaire was constructed with reference to surveys on health and vision care access or of similar nature in other countries including: Vision Module of Behavior Risk Factor Surveillance System (BRFSS) [8], Strabane NRA General Health Needs Assessment Survey [9], and UNSW Access to Eyecare Survey [10].

The finalized questionnaire comprises 39 questions that collect information regarding recent eye examination, possible barriers in accessing eye services, and demographic characteristics of the participants. 10 possible access barriers including eye examination fee, spectacles cost, assistance of care taker, knowledge about service provider, location of service provider, transportation, building entrance, interior facility layout of the service provider, equipment, and booking system were identified from the literature [8-10]. A 5-points Likert scale was used to record the severity of each of these barriers perceived by the participants.

The American Optometric Association [11] and the American Academy of Ophthalmology [12] recommend bi-annual eye examination for the general public. One outcome measure of this study, therefore, included those who had an eye examination within 2 years and those who did not. The Mann Whitney U test was applied to assess the differences in impact of access barriers perceived between recent eye service-users and non-users.

3. Results

3.1. *Demographics of the studied population*

Among the 250 respondents, 60.8% were female. The majority of the respondents were between 50 – 59 years old (34.8%) and the rest of the survey population was quite evenly distributed among all age groups except for those between 18 – 29 years old (5.6%).

Most of the survey population were either retired (28%), housewives (21.2%) or unemployed (12%). For those who worked full-time (28.4%), some may work in a sheltered workshop. It was therefore reasonable to find that for most, the monthly income was less than HK\$4,000 (72.8%).

In terms of the level of disability, the majority of the participants have full function according to the Katz Index of Independence in Activities of Daily Living (78%). The rest have a disability in at least one daily living activity including bathing, dressing, toileting, transferring, and eating. 5.2% of the respondents were unable to perform any of the activity listed and were regarded as “severely disabled”.

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