

Public Health and Community Optometry Course Schedule: Jan May 3 Birla Institute of Technology and Science, Pilani and Elite School of Optometry.

Comm Eye Health Vol. Published online 01 October The Right to Sight, established by the World Health Organization WHO and the International Agency for the Prevention of Blindness, has created valuable and effective collaborations of organisations involved in a wide range of eyecare and community healthcare activities aimed at the elimination of avoidable blindness and impaired vision. These have been selected not only because of the burden of blindness that they represent but, also, because of the feasibility and affordability of interventions to prevent and treat these conditions. It is only recently that uncorrected refractive error has achieved prominence as a major cause of functional blindness and significantly impaired vision, as a result of landmark population-based studies in adults, children and in post-cataract patients. Apart from individuals who have taken an active role in the elimination of diseases such as onchocerciasis or have been in cataract teams, optometrists have had little opportunity to take part in the front line elimination of four of the major, preventable blindness-producing conditions targeted by VISION The realisation of the impact of uncorrected refractive error has provided the opportunity for optometry to play a major part in alleviating vision loss for those most in need. The need to mobilise optometry to deal with uncorrected refractive error has been accompanied by the possibility of better integration of optometry into prevention of blindness in general, with some major benefits in areas such as: Teaching eye care personnel, especially in refraction and low vision care Providing screening and vision care services at secondary and tertiary levels Detection and management of potentially blinding diseases such as cataract, diabetes and glaucoma Research into the understanding of global eyecare needs and solutions, especially in vision correction and vision care service delivery Building economic and logistical models of self-sustainable eyecare. Impact of uncorrected refractive error Visually disabling refractive error affects a significant proportion of the global population, occurring in both genders, in all ages and in all ethnic groups. The most common cause of visual impairment, and the second leading cause of treatable blindness,¹ uncorrected refractive error has severe social and economic effects on individuals and communities, restricting educational and employment opportunities of otherwise healthy people. The duration of the effect is also significant -refractive error can account for twice as many blind-person-years compared to cataract, due to the earlier age of onset. Studies have shown that refractive error in children causes up to The REWG is now developing international strategic plans and policies to eliminate uncorrected refractive error. Refractive error can be simply diagnosed, measured and corrected, and the provision of spectacles is an extremely cost-effective intervention, providing immediate correction of the problem. Throughout the world optometry has been the major provider of vision correction, but usually from a private practice setting. Public health optometry has not reached the communities that are in most need in any organised way. Despite this, on their own initiative, thousands of private optometrists worldwide have regularly visited communities in need to provide vision care and dispense spectacles. The opportunity now is for optometry to develop a concerted effort to create local capacity in these communities, in collaboration with its partners in VISION , through service delivery, by creating human resources and by helping to develop the infrastructure needed, the three cornerstones of the VISION programme. The way to eliminate uncorrected refractive error is through the development of all these aspects of a self-sustaining system, including personnel to provide eyecare services; and spectacles, to correct vision. In most developed countries the optometrist to population ratio is approximately 1: However, in developing countries the ratio is 1: This lack of practitioners is the main reason for high rates of vision problems due to uncorrected refractive error in developing countries. In order to deliver good quality eyecare to countries where the need is greatest, there needs to be a steady but substantial increase in the number of eyecare personnel trained in refraction and vision correction. The current desperate situation in many countries cannot wait for advanced optometry to develop but requires optometry to take a major role in training mid-level personnel in refractive care. Many make the issue of refraction and vision correction too simple. Why not just use subjective trial and error? The main reason is that

it does not work. Children accommodate, myopia is overcorrected, and hyperopia is undercorrected. It is a waste of time, resources and money to do it the wrong way. International optometry and opticianry have important roles to play in this task. Traditionally, these groups have been primarily involved in the private sector, generally looking after wealthier people in the community. But progressive leadership in optometry sees an ever-increasing role in the development of training and continuing education programmes for all levels of available eyecare personnel; in the establishment of infrastructure; in the development of effective models and programmes; in the delivery of eyecare services to meet community needs, and in the funding needed for the provision of training and low cost spectacles. Refractive care provides excellent access to the population for screening of more serious eye problems, such as cataract and diabetes. For every 1, people the team has:

Chapter 2 : Community Eye Health Journal

A text which provides the historical basis for many changes in public health in the last 10 years and discusses the many interfaces of optometry and public health. The chapters on geriatrics, pediatrics and environmental vision are important in their application to individual problems.

Population-based assessment of prevalence and causes of visual impairment in the state of Telangana, India: Epub Mar
A population-based cross-sectional study of barriers to uptake of eye care services in South India: Population based assessment of unilateral visual impairment in south Indian state of Andhra Pradesh: Ophthalmic Epidemiology Mar
Population-based assessment of sensitivity and specificity of a pinhole for detection of significant refractive errors in the community. Prevalence of spectacles use in Andhra Pradesh, India: Population-based assessment of prevalence and risk factors for pterygium in the South Indian state of andhra pradesh: Invest Ophthalmol Vis Sci ; Presbyopia, spectacles use and spectacle correction coverage for near vision among cloth weaving communities in Prakasam district in South India. Ophthalmic Physiol Opt
A cross-sectional study of visual impairment in elderly population in residential care in the South Indian state of Andhra Pradesh: BioMed Research International ; Epub Feb 7. Changing trends in the prevalence of blindness and visual impairment in a rural district of India: Rapid assessment methods in eye care: Prevalence of uncorrected refractive errors, presbyopia and spectacle coverage in marine fishing communities in South India: Rapid assessment of visual impairment RAVI in marine fishing communities in South India--study protocol and main findings. Population-based cross-sectional study of barriers to utilization of refraction services in South India: An estimate of patient costs and benefits of the new primary eye care model utilization through vision centers in Andhra Pradesh, India. Asia Pac J Public Health. Uncorrected refractive errors, presbyopia and spectacle coverage: Prevalence and risk factors for refractive errors in the South Indian adult population: The Andhra Pradesh Eye disease study. Ocular trauma in a rural population of southern India: Awareness of glaucoma in the rural population of Southern India. Outcome and number of cataract surgeries in India: Planning low vision services in India: Population-based study of spectacles use in southern India. Moderate visual impairment in India: Population-based assessment of refractive error in India: Refractive error in children in a rural population in India. Invest Ophthalmol Vis Sci. Unilateral visual impairment in an urban population in southern India. Ocular trauma in an urban population in southern India: Angle-closure glaucoma in an urban population in southern India. The Andhra Pradesh eye disease study. Open-angle glaucoma in an urban population in southern India: Refractive errors in an urban population in Southern India: Population-based assessment of the outcome of cataract surgery in an urban population in southern India. Is current eye-care-policy focus almost exclusively on cataract adequate to deal with blindness in India?

Chapter 3 : Optometry | MCPHS University

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Chapter 4 : Global Optometry Resources - Resources

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The chapters on Health economics, Policy, Promotion and Third-Party Payment Plans will assist educators and

administrators in understanding the interface between optometry and public health. Read more Read less.

Chapter 6 : Public Health Optometry Is a State of Mind - www.nxgvision.com

Public Eye Health and Community Optometry Visual Impairment is a public eye health challenge that affects millions of people worldwide. Over 80% of the visual impairment avoidable.

Chapter 7 : Community Eye Health Journal Â» The role of optometry in VISION

(within the USA) (outside of the USA).