



## **Self-Reported Vision Loss Combined People With Self-Reported Vision Loss**

### **I. Introduction**

- Self-Reported Vision Loss (SRVL) groups were held in the following six geographically and ethnically diverse cities:
  - Atlanta, GA.
  - Denver, CO.
  - Houston, TX.
  - Kansas City, MO.
  - Miami, FL.
  - New York, NY.
- The ethnicity of the SRVL groups included the following:
  - African American.
  - Hispanic/Latino English-Speaking.
  - Hispanic/Latino Spanish-Speaking.
  - Caucasian.
- Groups were divided by age, and these age groupings included the following:
  - 30–59 (all ethnicities).
  - 60+ (all ethnicities).
  - 40–70 (two Hispanic/Latino English-Speaking, two Hispanic/Latino Spanish-Speaking).

### **II. Key Findings**

#### All Groups

- Participants in all groups said that vision was very important to them.
- The severity of reported vision loss varied widely from group to group and person to person, with some defining vision loss as needing glasses after age 40, while others defined it as relying on assistive devices to perform everyday tasks.
- Most participants thought that vision loss and aging were inextricably related.
- While most participants were familiar with cataract, they were not as familiar with other eye diseases and conditions, and few were able to explain major eye conditions, such as glaucoma, diabetic eye disease, or age-related macular degeneration (AMD).
- The term “low vision” was a new one to almost all participants in all groups.

*(Note: If an age group is identified in a bullet entry, the associated comments were only heard in those age groups. If no age group is specified, the moderator heard the comments in all age groups.)*

### African American

- Most participants said that vision was one of the most important senses.
- Many participants believed that visits to a physician and an eye care professional should increase as one gets older or when something feels different.
- In general, participants believed that maintaining a healthy diet was important for eye health.
- Participants stated that eye health should be taught to children at a young age, similar to how dental care is taught.
- Participants stated that the cost of eye health treatment and the lack of vision insurance serve as disincentives for getting regular eye exams.
- Participants stated that they would like to have information on how often they should see an eye care professional, and how to decide whether to see an optometrist or an ophthalmologist.

### Hispanic/Latino English-Speaking

- Some participants said their hearing is related to their seeing.
- Participants stated that their motivation for having their eyes examined more frequently included becoming more educated about eye health.
- Participants in several groups said they preferred healthcare professionals of their own ethnicity, because these healthcare professionals could then relate to their culture and lifestyle.
- Participants suggested that eye exams be routine for children so that they would continue the routine as they got older.
- Several participants said that making money by conducting regular eye exams, selling glasses, and so forth are incentives for eye care professionals to keep patients' eyesight uncorrected.
- Participants reported that they obtain information on health issues through the Internet, television (especially Dr. Oz), family and friends, insurance companies, books, and magazines.
- Participants stated that cost is an issue in obtaining eye examinations.
- Participants reported that vision loss had affected their day-to-day activities by causing trouble or difficulty in seeing things clearly and sharply, such as reading small print, when driving, or seeing signs.

### Hispanic/Latino Spanish-Speaking

- Participants in all groups stressed the importance of vision. One participant said, "If you don't have vision, you can't work and you don't have anything. You can't see your children. It is the light of your life."
- Participants had little knowledge of different eye diseases and conditions, even though they were examined by eye care professionals frequently. A few participants had heard of some eye diseases, but had very little understanding of what they were.
- Most participants mentioned preferring information in Spanish, as long as the information was well translated and adapted.
- Few participants could remember seeing anything related to vision in the media during the past 12 months, other than ads for laser surgery.

- Participants said they received information from Hispanic clinics, Univision (Dr. Elisa), radio, an insurance company that sends monthly magazines, community magazines, and the Dr. Oz TV show.
- Participants said that the high cost of eye exams and eyeglasses was a major disincentive to getting regular eye exams.

#### Caucasian

- Participants in all groups stated they felt that vision loss and aging were related.
- Although vision was considered very important, participants in these focus groups stated that they take vision for granted and that eye health is not at the top of their minds.
- Only a few participants in each group were clear about the difference between an optometrist and an ophthalmologist.
- Participants were not sure how vision loss could be prevented, and some thought that it could not be prevented.
- Participants said there should be more of a “daily awareness factor” regarding their needs for further education about vision.
- Television shows, specifically Dr. Oz and The Doctors, were mentioned as major sources of health information.
- The most trusted sources of information participants mentioned were healthcare professionals, insurance providers, and the Internet.
- Many participants said that visits to physicians and eye care professionals should increase as one gets older and that one should go whenever something felt different or on an as-needed basis.
- Costs, health insurance, and not being able to see were among the factors that influenced participants to get an eye examination.

### **III. General Health**

#### **Definition/self-assessment of general health**

##### African American (30–59, 60+)

- Participants said that general health includes one’s energy level and freedom to move around.
- Overall, most participants rated their health positively.

##### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants defined general health as having overall physical and emotional well-being, as well as getting regular health exams.
- Participants rated their general health as anywhere from “so-so” to excellent.

##### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants associated the term “general health” with wellness in general and with feeling good.
- Participants’ assessment of their current health status ranged widely, from those who felt they were in excellent health to those dealing with chronic, serious health issues.

### Caucasian (30–59, 60+)

- Participants stated that general health includes physical, mental, and emotional health.
- Generally, participants in all groups rated their health as good to very good.
- One participant mentioned having heart disease and other chronic conditions, but he said that “the right pills get me going.”

### **Frequency of healthcare professional visits**

#### African American (30–59, 60+)

- In general, participants reported visiting their healthcare professional on a regular basis—from every three months to annually and as needed.

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants said they generally went to the healthcare professional once or twice a year, although several said they went as often as once a month or once every three to four months, if they had a chronic health condition such as diabetes.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants generally visited a healthcare professional from as often as every month to once a year.
- Participants with serious health issues reported going every three to six months but said they felt like they went every month because of the great number of healthcare professionals they saw.
  - “Because of my kidneys [transplant], I go every three months to the nephrologists. The one who checks my diabetes is also every three months, and the primary care physician is also every three months.” (60+)
  - “I’m a cancer survivor and I had to go to follow up every month, then every three months; after that it was every six months, and now, fortunately, I go once a year.” (60+)

#### Caucasian (30–59, 60+)

- There was no consistent pattern in how often participants went to the healthcare professional, with some scheduling regular visits and others “never” going to the healthcare professional.

### **Types of healthcare professionals they see**

#### African American (30–59, 60+)

- Cardiologist.
- Neurologist.
- Urologist.
- Ophthalmologist.
- Gynecologist.
- General practitioner.

Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Primary care physician.
- Gynecologist.
- Ophthalmologist.
- Dentist.
- Neurologist.
- Oncologist.
- Cardiologist, or “heart doctor.”
- Endocrinologist.
- Pulmonologist.
- Eye specialist.
- Rheumatologist.
- Pain management specialist.
- Spine specialist.
- Podiatrist.
- Skin specialist.

Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Primary care physician.
- Eye care professionals, including an optometrist, ophthalmologist, and “eye doctor.”
- Obstetrician/gynecologist.
- Dentist.
- Dermatologist.
- Urologist.
- Nephrologist.
- Otolaryngologist. (60+)
- Endocrinologist.
- Cardiologist.
- Gastroenterologist.

Caucasian (30–59, 60+)

- Primary care physician.
- Eye care professional.
- Dentist.
- Orthopedist. (30–59)
- Cardiologist.
- Dermatologist.
- Oncologist.
- Gynecologist.
- Urologist.
- Weight loss specialist. (30–59)
- Pain specialist.

## Where they get information on health issues

### African American (30–59, 60+)

- TV (Dr. Oz and The Doctors).
- Internet (Google, MedNet, WebMD).
- The healthcare professional's office.
- Health insurance websites and printed materials.
- Family and friends.

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- TV (Dr. Oz, The Doctors, Oprah, Dr. Phil, Rachael Ray, Doctor-to-Doctor on the Christian Channel [60+], Dr. Rodriguez, cable television programs, Heavy on A&E, Nightline, 60 Minutes).
- Internet (Google, WebMD, Mayo Clinic, Ivillage).
- Magazines (*AARP Magazine*, *Prevention*, *Women's Health*, *MORE*).
- Newspapers (*New York Times* and *Wall Street Journal*).
- Commercials.
- Dr. Rosenberg (60+).
- Health food stores.
- Home remedy book.
- Publications, including insurance company pamphlets.
- Family and friends, especially in the medical field, for home remedies or advice.
- Hospitals.
- Insurance companies.
- Library.
- Medical triage (a phone application [60+]).

### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Television (Dr. Oz, Dr. Elisa on Univision [30–59], VeMe, Fox News Ask the Doctor).
- Internet (Google, WebMD, Mayo Clinic, websites of newspapers from their country of origin).
- Radio (Dr. Losana on 1210 AM. [60+]; NPR, “as they provide information on diabetes and eating”; Sunday morning show featuring a chiropractor).
- Newspapers and magazines (*Better Homes and Gardens*, *Vanidades* (60+), *Men's Health*, *Selecciones [Reader's Digest]* [60+], *Diario los Americas* [60+], *Miami Herald* health section [60+], *Denver Post* [30–59]).
- Hospital publications (*The Baptist Hospital Bulletin* [60+]).
- Booklet from Kaiser.
- Information given by healthcare professionals.
- Community centers and health fairs.
- Insurance company.
- AARP.
- Printed material in healthcare professionals' offices.
- Family and friends.

### Caucasian (30–59, 60+)

- Primary care physician.
- Internet (WebMD, Cleveland Clinic, Mayo Clinic, Google).
- Magazines (*Prevention*, *Shaped In*, *Good Housekeeping*, *Women Today*, medical journals at healthcare professionals' offices, *AARP Magazine*) and newspapers.
- TV shows (Dr. Oz, The Doctors, health networks).
- iPad app called “Prognosis” (60+).
- Radio shows, including those streamed online.
- Insurance companies.
- Family and friends, particularly those in the health field.

## IV. Vision

### What they know about vision

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- “Vision can distort hearing because a person cannot read other people’s lips as they speak to them.” (60+)
- “Loss of vision can cause a family member to be a completely different person.” (60+)
- “As people age, they are no longer able to drive at night due to glare.” (30–59)
- “Vision is important and people take it for granted.” (30–59)
- “The muscles of the eye do not function as well as you get older, as they did when you were younger.” (60+)
- “There are different types of eye conditions, like glaucoma, people who are farsighted or nearsighted, or have problems with the retina.” (60+)
- “There is glaucoma and macular degeneration.” (60+)
- “A lot of us get cataract at a young age.” (60+)
- “If you don’t take care of your diabetes, you can eventually go blind.” (40–70)
- “Many vision problems were hereditary.”

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Several participants mentioned having family members with diabetes.
- Another participant reported having a friend who had an aneurysm that affected her vision. (60+)
- Several participants talked about losing vision as they aged; “We all get ‘tired vision’ with age,” said one participant, while another said, “As we grow older, we lose sight.” (60+)
- One participant described his vision as “fatal,” as he could only see close objects with one eye, and with the other, could only see objects that were far away. (60+)
- Others talked about dry, itchy, tired eyes when they look at the computer too long.

#### *Direct Quotes:*

- “My biggest concern is my vision. Every day I see less...and that has me worried.” (60+)
- “I’ve used glasses for 20 years, but my vision is worse every day and I can’t see the signs. And it’s not because of a disease; it’s just ‘tired eyesight.’” (60+)

## What comes to mind when asked to describe their eyesight

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Vision was viewed by participants as diminishing over time, and thus a struggle.
- One participant said his eyesight was “terrible.” (60+)
- One participant admitted not knowing that diabetes would affect his eyes until he was diagnosed with diabetes. (60+)

#### *Direct Quotes:*

- “Sometimes I need my glasses; other times I do not need my glasses.” This same participant said she was borderline diabetic and borderline for glaucoma and that changes in her diet and blood pressure medicine had helped. (60+)
- “My vision is very poor. I am a diabetic and my vision has gotten worse. I have had three strokes and I can’t really read or see without a magnifying glass.” (60+)
- “It is really unsettling not to be able to see. You have to be brave. Getting older is not for sissies. I’m blurry, and it is frustrating being blind. I’d rather lose a leg or arm, and not your eyesight. I have trouble with depth perception. If there is something six inches away, I might think it is 12 inches away. I can’t let anyone move anything in the house.” (60+)

### Caucasian (30–59, 60+)

- The majority said that their vision was getting worse with age—“going downhill.”
- Words participants used to describe their own eyesight were “a mess,” “worse,” “declining,” “degenerative,” “annoying,” and “fluctuating.” (30–59 and 60+)

## Frequency of eye exams

### African American (30–59, 60+)

- Although many participants reported not going to an eye care professional until they recognized a problem with their sight, most now go regularly and have had their eyes examined in the past year.
- Generally, participants in these groups expressed the belief that vision fades with age and that declining vision is a natural part of life.
- A few participants felt that after a certain age, people should get their eyes examined twice a year.

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants reported that they have their eyes examined generally every one to five years, although one participant said it had been 15 years since his last eye exam.
- Participants in most groups suggested that people should get their eyes examined every one or two years.

### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants in all groups tended to think that all persons should have their eyes examined once a year, unless specific problems indicated that their eyes should be examined more frequently.
- Participants’ most recent appointments with an eye care professional ranged from the past few months to more than five years ago.

### Caucasian (30–59, 60+)

- Participants said that they generally went to an eye care professional anywhere from “every three months,” because of diagnosed problems, to “every year or two.”
- The last time participants reported having their eyes examined ranged from four months ago to two years ago, and most of the participants said an optometrist had examined their eyes.
- Opinions on how often people should get their eyes examined varied among participants. A few said at least every two years, while others said it depended on the person’s history, and others suggested going every year.
- Participants in some groups said that eye care professionals discussed their general health and what medications and vitamins they were currently taking, while others said that their eye care professionals discussed only eye-related issues.

### **Why vision is important to them**

#### African American (30–59, 60+)

- Participants stated that vision was important because people want to see; family members have cataracts, glaucoma, and blindness and participants want to avoid getting these conditions; and vision is needed for work, everyday activities, and keeping one’s independence.

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants said vision was something people shouldn’t take for granted, that it was important, that it got worse as one got older, and that if diabetes ran in one’s family, it was important to pay close attention to vision.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants in all groups expressed the belief that vision was very important and that it was important to take good care of their eyes to avoid diseases such as glaucoma.

#### Caucasian (30–59, 60+)

- Many participants said that vision was needed to enjoy a normal, everyday life.

### **Topics discussed with eye care professionals during visits**

#### African American (30–59, 60+)

- Participants in this group discussed the following with eye care professionals during visits:
  - Family health history.
  - Diet/nutrition.
  - General eye health.
  - Eye diseases and preventive measures.

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants reported speaking with eye care professionals about the following:
  - General health.
  - Family history.

- Changes in health.
- Eye health.
  - Going blind.
  - Knowing ways to detect glaucoma.
  - Deciding whether to dilate.
  - Learning about UltraVision.
  - Discussing symptoms such as dry eye or redness, eye weakness, and astigmatism.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants discussed the following with eye care professionals:
  - Health history.
  - Cataract.
  - Glaucoma.
  - Diabetes.
  - High blood pressure.
  - Family health history.
- Several participants said they do not discuss things other than vision with their eye care professional.
- Many participants in one group referred to the eye care professional as the oculist. Some were not aware of whether the oculist was the same as the ophthalmologist or the optometrist. One participant said, “The oculist and the optometrist are the same thing.” Another participant said, “The oculist and the ophthalmologist are the same thing.” Two other participants said, “My optometrist is the one who sends me to the ophthalmologist.” (60+)

#### **Views on having eyes dilated**

##### African American (30–59, 60+)

- Most participants believed that people should have their eyes dilated either annually or whenever they went to an eye care professional.

##### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Most participants said that people should have their eyes dilated annually, while others said that people should do so every time they visit an eye care professional, when it was recommended, or every two years.

##### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants in most groups said that the comprehensive dilated eye exam should be done once a year or as recommended by an eye care professional. “If people are at risk of something (disease), they should have it more frequently.”
- Participants in one group said that it was important to get their eyes dilated so that the eye care professional could see behind the retina.
- One participant said that getting a comprehensive dilated eye exam was “obligatory.” (60+)
- Participants in one group talked about how it was “horrible” getting their eyes dilated. Their reasons were that they did not like being unable to drive for several hours, that

the drops really sting, and that the drops penetrated the tear duct and the taste went into their throat. (30–59)

#### Caucasian (30–59, 60+)

- Participants in most groups said that people should have their eyes dilated either every time they go to the eye care professional or annually.
- Some participants reported having never had their eyes dilated and didn't know what the procedure was for.
- Participants did not particularly like having their eyes dilated.

#### **Motivation/disincentives to get eyes examined**

#### African American (30–59, 60+)

- Participants stated that motivators to have their eyes examined included the following:
  - Unclear vision, decrease in vision, and difficulty seeing.
  - Reading glasses that were not strong enough.
  - Recommendation by general practitioner.
  - Expired prescription.
- Participants stated that influential factors in not going as often as needed to eye care professionals included the following:
  - Cost.
  - Limitations on their health insurance.

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Reasons participants gave for getting one's eyes examined included the following:
  - Change in vision.
  - Eyes that were “bothersome.”
  - Need for new glasses.
  - Need for an eye exam for a job.
  - Headaches.
  - Reminder to make an appointment.
  - Kaiser Permanente reminder alert.
  - Desire for new frames.
  - Expired contact lens prescription.
  - Free exam.
- Disincentives for getting one's eyes examined included the following:
  - Expense.
  - Lack of insurance.
  - Need for thicker lens.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Motivators to getting eyes examined included the following:
  - Tired eyes.
  - Sufficient money to pay for the services.
  - Lower priced eye exams and glasses.
  - Headaches.
  - Changes in vision.
  - Diagnosis of diabetes.

- Reminders from insurance companies.
- A major disincentive to getting one's eyes examined regularly was cost.

#### Caucasian (30–59, 60+)

- Motivators included the following:
  - Change in vision.
  - Headaches.
  - Better education about their vision, from diseases to symptoms to warning signs.
  - Encouragement from healthcare professionals.
  - Rewards, such as coupons for eye care services, gift cards, or free glasses.
  - Better insurance.
  - Reduced-cost or free exams.

## **V. Knowledge of Eye Diseases**

### **Concerns about vision**

#### African American (30–59, 60+)

- Most participants in these groups rated their eyesight as average.
- All participants valued their eyesight.
- Several participants were fearful of going blind.
- Some participants reported having difficulty driving at night and using computers because of their vision.
- Some participants stated their jobs required them to work on a computer daily, and they felt that using a computer on such a continual basis affected their vision. (30–59)
- Some participants stated that they needed stronger reading glasses, and others said they have issues adjusting to progressive lenses.

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Concerns participants expressed about vision included the following:
  - Vision loss.
  - Difficulty focusing.
  - Uncertainty regarding knowing when lenses and glasses are not enough.
  - Blindness.
  - Inability to read small print.
  - Dislike of bifocals.
  - Poor vision at night.
  - Inability to drive, day or night, because of vision loss.
- Participants reported sharing their concerns with family, children, neighbors, and parents.
- When they have had eyesight concerns, participants said they did the following:
  - Contacted or saw a healthcare professional.
  - Took medications as directed.
  - Exercised.
  - Watched their diet.
  - Sprayed their eyes with silver water. (60+)
  - Rested with a cold pack.

- Used Dry Eyes and eye drops.
- Put a warm cloth over their eyes.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants who had family members with eye diseases expressed concern that they might also get those diseases.
- One participant said that her sight deteriorated from stress after her husband died.

#### Caucasian (30–59, 60+)

- Participants expressed concern about the following:
  - Floaters.
  - Excessive sunlight.
  - Ways to improve their vision.
  - Cataract surgery.
  - Glaucoma.
  - Continued loss of vision.
  - Detached retina.
  - Dependence on others to read for them.
  - Frustration when they cannot use certain types of lenses.
  - Lack of information and education.

#### *Direct Quote:*

- “At about 48, I started not seeing close and it makes me feel old.” (30–59)

### **How vision loss has affected them**

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants reported that vision loss had affected their day-to-day activities in the following ways:
  - Causing difficulty in seeing clearly and sharply.
  - Causing difficulty when reading small print.
  - Causing difficulty when driving and seeing signs.
  - Causing lack of eye focus.
  - Needing more light.
  - Making them dependent on glasses.
  - Causing headaches when glasses were forgotten.
  - Causing difficulty seeing at night.
  - Feeling pressure buildup when going from the computer to paper.
  - Needing money for glasses.
  - Not being able to read or do crossword puzzles.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants reported that vision loss had affected their day-to-day activities in the following ways:
  - “I use audio books.” (30–59)
  - “It has affected the things I do on a daily basis.” (60+)
  - “I can’t drive well.” (60+)
  - “I can’t see well.” (60+)

- “Distances are different with eye glasses than without, and the person has a fear of falling.” (60+)
- “When I have to give a study, I memorize the notes because I can’t see well and get ashamed and frustrated.” (60+)
- In several groups, participants said that their eyesight was “pretty good” and that it did not affect their daily lives.

### Caucasian (30–59, 60+)

- The majority of participants in most of the Caucasian “vision loss” groups did not have diagnosed eye diseases but had experienced vision changes as they aged.
- In one group, no one had been diagnosed with an eye disease. One participant said, “For me it’s just a freckle in the cornea.” Another participant said, “I have heart issues, and it can progress into something, but I can’t remember what it is,” and when another participant mentioned macular degeneration, the first participant said that that was the term. (30–59)
- In another group, three participants expressed by a show of hands of having been diagnosed with an eye disease, but two of them said that their eye disease was astigmatism, while the third person mentioned having had cataracts. (30–59)
- Several participants said that they were not comfortable driving at night because of their vision loss.
- Others said that vision loss affected their day-to-day lives, because they have a hard time reading and they felt like they were losing their independence. (30–59)
- Among the things participants reported doing to cope with their vision issues were as follows:
  - Carpooling to avoid driving.
  - Using eyeglasses.
  - Using eye drops for irritation.
- Participants stated the following as ways they cope with their vision issues:
  - “If it’s just a one-day thing, a headache, I don’t get concerned, but if it continues, I go to the doctor.” (30–59)
  - “I ask for help if driving at night or in the rain. I get too distracted with the glare, so if someone is with me, I ask them to drive.” (30–59)
- For many of the participants in these groups, “vision loss” meant needing glasses, and they felt frustrated about having to plan around their glasses.
  - “Make sure you grab those glasses before you walk out the door.” (30–59)
  - “If I leave my glasses at home, I have to go back and that drives me crazy.” (30–59)
  - “[I] use my glasses more than usual.” (30–59)

## **Vision rehabilitation**

### African American (30–59, 60+)

- In general, not many participants knew what vision rehabilitation was:
  - Some participants thought it meant exercising one’s vision.
  - Other participants described it as the process of not being able to see, and then being able to see better.
  - One participant mentioned a new product, computerized glasses (seen on the show, The Doctors), which a person self-adjusts while wearing them.

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants in one group described vision rehabilitation as a process that takes a long time and includes “eye exercises,” “physical therapy for your eyeballs,” and “two different glasses that you alternate.” (30–59)
- Participants in most groups said they were unsure what vision rehabilitation was, but if they had to guess, they would guess that it was something to “strengthen [eye] muscles and exercises for your eyes.” (60+)
- One participant mentioned a card that a person could look through that is supposed to strengthen eyesight. However, she was not sure if it worked because it sounded too simple. (60+)
- One group said that vision rehabilitation referred to Lasik, therapy, and “improving [eyesight] back to [as] normal as possible.” (30–59)
- Participants in yet another group thought that vision rehabilitation was surgery. (30–59)

### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Only one or two participants in all of the groups had ever heard the term “vision rehabilitation”; these were the individuals who had family members or friends who either were blind or had low vision.
- One participant mentioned a vision rehabilitation program in Colorado; another participant in a different group mentioned the Lighthouse for the Blind. (60+)

### Caucasian (30–59, 60+)

- Almost no participant in any of the groups had heard of vision rehabilitation.
- One participant said that as a young child, he went to training for his eye three times a week; it trained his left eye.
- Another participant thought it was customary in China to stop classes every 30 minutes to massage the eye.
- Another participant remembered that when she was young, she wore a patch over the good eye to strengthen the weak eye. (60+)

## **Vision loss**

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Many participants reported not knowing the term “vision loss.”
- One participant suggested that vision loss meant “not quite as sharp.”
- Participants in most groups stated that vision loss and aging were inevitable and natural processes that went together. However, several other participants disagreed. One participant said that her 88-year-old mother had perfect vision. Another agreed, saying that his 93-year-old grandfather did not need glasses.

### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- In most groups, no one had ever heard the term “low vision” before.

### Caucasian (30–59, 60+)

- The term “vision loss” was identified with poor eyesight and defined as “below 20/20, having trouble seeing things, and needing more light to see.”
- Participants felt that vision loss and aging were related.

## **Cataract**

### African American (30–59, 60+)

- The vast majority of these participants were familiar with cataracts.

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Most participants said that they had heard of cataract, but generally only those who had been diagnosed with cataract or had a family member or friend with cataract could explain what it was.
- One participant said everyone in his or her family had cataract and so believed it was hereditary. (60+)

### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- In all groups, most participants had heard of cataract, several had been diagnosed with one, and most appeared to have at least a vague sense of what a cataract is.
  - “The doctor told me that with time, it would get worse; it’s like it matures.”
  - “I was told the same thing. It’s a membrane that grows over your eye, a transparent membrane that blocks the sight, and it arrives and gets worse with age.”
  - “It’s like a callus.”
  - “It’s a skin that starts to cover the eye. A friend of mine had it and told me about it.”
  - “The pupil is covered by a tissue on top of the eye.”
  - “[It is] a tissue inside the eye.”
  - “Cataract is a tissue that grows inside the eye.”
  - “It’s a cloud; the lens of your eye gets dirty, and you cannot perceive light very well, and you see blurry. Surgery on cataracts can only be done when they are mature. It’s a white tissue that starts covering the black part of the eye; it’s some type of deposit over the crystalline lens.”

### Caucasian (30–59, 60+)

- Most participants were familiar with cataract.

## **Diabetic eye disease**

### African American (30–59, 60+)

- Most participants said they had heard of diabetic eye disease.

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- In one group, 11 of the participants had been diagnosed with diabetic retinopathy/diabetic eye disease, and in another group, eight participants had the diagnosis, so these participants were familiar with the condition.
- In the rest of the groups, from one to five participants said they had heard the term, but none were able to explain it.
- One participant said that diabetic retinopathy “starts to destroy your retina and is related to sugar.”

### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Most participants had not heard of diabetic eye disease or diabetic retinopathy and were unable to explain either, except to deduce that they were related somehow to diabetes:

- “Diabetic retinopathy is related to diabetes, and people can get blind.”
- “When the retina in the eyes is worse because you can lose your sight.”
- “I do not understand very well what it is.”
- “Maybe it is when the retina goes down and closes.”
- “That’s what my son has. It’s when the eye fills up with blood. He started seeing black spots and didn’t do much about it, and when he went, it was too late for surgery.”

#### Caucasian (30–59, 60+)

- Very few participants in these groups had heard of diabetic eye disease.

### **Glaucoma**

#### African American (30–59, 60+)

- Most participants had heard of glaucoma, and several had been diagnosed with this condition.

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Several participants in most groups said they were familiar with the term “glaucoma” but could not explain what it was.
- Glaucoma was described by one participant as losing peripheral vision.
- Another participant described glaucoma as hazy, related to high blood pressure, and the feeling of pressure in the eyes.
- In four of the groups, none of the participants had heard of diabetic eye disease, diabetic retinopathy, AMD, or glaucoma.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Several participants in these groups had heard the term “glaucoma,” but only a few appeared to have any understanding of what the condition was or how it affected eyesight.

#### Caucasian (30–59, 60+)

- Very few participants were familiar with glaucoma.

### **AMD**

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Seven participants in one group had been diagnosed with AMD, so they could explain what it was.
- Most of the other participants had not heard of AMD.
- Those who did try to explain AMD described it as “tunnel vision.”

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Several participants had heard of AMD, and a participant in one of the groups had been diagnosed with this condition. However, only a few participants appeared to have an idea about what AMD was and how it affects vision.

### Caucasian (30–59, 60+)

- Between zero and two participants in each group had heard of AMD.

## **Low vision**

### African American (30–59, 60+)

- Several participants thought that low vision meant the following:
  - The act of reading low (looking down).
  - Lower reading accuracy in comparison with someone with great vision.
- Most participants had never heard the term used before the focus group.

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Only a few participants in these groups stated that they had heard the term “low vision.”
- Participants described low vision as a decrease in the ability to focus and see precisely and clearly. One participant said that things look darker and that it is more difficult to see well.

### Caucasian (30–59, 60+)

- Very few participants were familiar with the term “low vision.”

## **Assistive devices and services for people with low vision**

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants in several groups were unfamiliar with assistive devices or services, because they did not know about vision loss.
- Participants in other groups listed the following as assistive devices for people with vision loss:
  - Mirror with 3x magnification.
  - Light for makeup application.
  - Walking cane.
  - Signs.
  - Escalator.
  - Books with large print.
  - Laser surgery.
  - Seeing-eye dogs.
  - Antiglare devices.
  - Magnifying glasses.
  - Computer devices to enlarge print.
  - Eyeglasses.
  - Talking clocks.
  - “High-tech” glasses.
  - Audio devices including speaking commands.
  - Glasses with lights attached.

### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Assistive devices for people with vision loss that participants were familiar with were as follows:
  - Telephone with large buttons.
  - Magnifying glasses.
  - Big calculator.
  - Computer.
  - Computer programs that enlarge the screen or read the screen.
  - *Reader's Digest* and other large-print publications.
  - Braille.
  - Guide dogs.
  - Audio books.
  - Walking sticks.
- Participants also mentioned Medicaid as assisting people with vision loss.
- An organization that provides free eyeglasses for kids; “My son uses it for his kid because he breaks his glasses every week.”

### Caucasian (30–59, 60+)

- Assistive devices that participants in various groups mentioned included the following:
  - Magnifying sheets.
  - Lighted magnifying glasses.
  - Other magnifiers.
  - Canes.
  - Software to magnify fonts on computer screens.
  - Clocks with big numbers.
  - Kindle.
  - Reading glasses that have lights in them.
  - Braille and handicapped option on ATMs.
  - Computer screens that enlarge print.
  - Reading machines.
- Participants in most groups had never discussed assistive devices with their eye care professionals.

### **Views on preventing vision loss**

#### African American (30–59, 60+)

- Cut down computer time.
- Use new technology.
- Buy antiglare protection.
- Rest eyes.
- Use eye drops.
- Use sunglasses.
- Improve diet.
- Visit an eye care professional regularly.
- Exercise.
- Take vitamins.

### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Maintain sugar levels.
- Eat properly.
- Get regular eye exams and physicals.
- Take diabetes medication.
- Exercise.
- Take vitamins.
- Close eyes every five minutes when on the computer.
- Rest eyes so they lubricate.
- Adjust computer monitor to exercise eyes.
- Use eye drops.
- Use caution when applying lotions and eye creams.
- Take aspirin or Tylenol.
- Use sunglasses.
- Offer healthcare services, such as dental, visual, and hearing exams, in schools.

### Hispanic/Latino Spanish-Speaking (30–59, 60+)

- Eat a balanced diet.
- Rest.
- Have a simple life.
- Don't watch too much television.
- Use moderation while using electronic devices.
- Don't stand near the microwave while it is on.
- Close eyes.
- Remove makeup at night.
- Take vitamin A.
- Drink carrot juice.
- Have eyes examined.
- Use sunglasses and safety glasses.
- Put a damp towel on eyes.

### Caucasian (30–59, 60+)

- Wear sunglasses and protective eyewear.
- See eye care professional when needed.
- Use alternative medicines.
- Eat a balanced diet.
- Rest eyes.
- Use eye drops.
- Adjust eyeglasses prescription.
- Reduce computer time.
- Get educated on prevention mechanisms.

## VI. Health Information Preferences

### Level of comfort in communicating with primary care physicians

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants in some groups reported feeling that some physicians were patronizing, and as a result, they preferred a physician who understood them and their culture.
- Some participants said they felt that some physicians were culturally insensitive and that lines of communication needed to be improved. They thought that physicians should sit and talk with patients and discuss options.
- Other participants did not perceive physicians to be culturally insensitive or discriminating.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- For most participants, the most trusted source of health information was the physician; others also mentioned the pharmacist.
- Participants felt that few physicians took the time to explain things, did not rush, and were respectful.

### Level of comfort in communicating with eye care professionals

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants in one group said that they felt like part of an assembly line when they saw their eye care professional. (40–70)

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Participants reported having conversations with their eye care professionals about headaches and dizziness, ways to prevent their vision from getting worse, what makeup to wear that did not irritate their eyes, and information on allergies.

### Beliefs, attitudes, myths, or feelings about going to an eye care professional

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Participants stated that they did not want to hear bad news, that they wanted their vision to improve, and that there were a lot of myths about laser surgery. (60+)

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Most of the participants said they prefer Spanish-speaking eye care professionals.
- Participants in one group did not feel that eye care professionals were culturally sensitive. (30–59)
- Participants felt frustrated because they did not feel that eye care professionals answered their questions. They also felt they were discriminated against because they did not speak English. However, some participants said that they did feel respected by their eye care professional.

#### *Direct Quotes:*

- “I always fear they will tell me that my disease has increased.” (60+)

- “I don’t know about the rest of the people, but when I go to the doctor, it’s because another of my family relatives has recommended them. Because ‘If you follow advice, you will have a long life’ (a popular Latin proverb). I feel more comfortable knowing that the doctor has the knowledge.” (60+)

#### Caucasian (30–59, 60+)

- A few participants thought that healthcare professionals in general have an “attitude,” making them a bit insensitive. Those who are limited in their choices feel that there is a lack of respect. However, most participants did feel respected by their healthcare professionals. (30–59)
- Participants mentioned looking up symptoms and clinical studies. (30–59)

#### *Direct Quotes:*

- “Eyeglasses making your eyes weaker, but the doctor said it’s not true.” (30–59)
- “Until I had a heart issue, I didn’t go to the doctor, but eyes are something you don’t think of.” (30–59)

### **Sources of health information**

#### African American (30–59, 60+)

- Primary care physician.
- TV (Dr. Oz, The Doctors).
- Internet (WebMD, Doctors.com, Merkmanuals.com, Mayo Clinic, insurance company websites, health discussion boards, Google).
- Magazines (*Life Extension, AARP Magazine, Prevention, Essence, Women’s Health, Men’s Health*).
- Radio (Gary Null, 107.3, KPRT, Tom Joyner, WKMN, WJLK).
- A women’s support group (mentioned by one participant).

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Internet.
- Primary care physician.
- Magazines.
- Specialists.
- Television advertising.
- Radio.
- Newsletters.
- Mail.
- Eye care professional.
- Friends and relatives.
- Word of mouth.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- *The Denver Post*.
- Magazines (*Prevention, AARP Magazine, Vanidades, Selecciones [Reader’s Digest]*).
- Community programs (*Charlar* [talking] in north Denver for older people).
- Health fairs with health clinics and vegetables to take home.

- Hospital.
- Internet (Google, Mayo Clinic, websites of newspapers from participants' countries of origin).
- Kaiser booklet.
- Healthcare professionals.
- TV (Channel 7-ABC, Univision, Regular cable channels, Dr. Oz, Eucavisa [Ecuadorian channel], Denver Channel 6).
- National Public Radio.

### **Most trusted sources of health information**

- The most trusted source of health information for all demographics was the primary care physician.

### **Information seen in the media about vision**

#### African American (30–59, 60+)

- Over the past year, most participants reported having seen only television commercials and advertisements for laser surgery.

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- One participant reported seeing information about medical marijuana in the media.
- Other participants reported having heard about Lasik in the media.
- In one group, none of the participants could remember having seen or heard anything about eye health or disease in the media.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Most participants could remember seeing only commercials for contact lenses or laser surgery.
- One participant mentioned having heard a radio program on sight loss.
- A participant in another group saw a program on Univision about glaucoma.
- Another participant saw a program about eye surgery on Discovery.

#### Caucasian (30–59, 60+)

- Participants remembered seeing commercials on dry eyes and Lasik.

#### *Direct Quote:*

- “Something about vitamins and eye nourishment, maybe at a vitamins store or magazine.”

### **Types of information about eyesight/vision they have looked for**

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Contact lenses.
- Comfortable glasses.
- Eligibility for Lasik surgery.
- Vitamins.

- Healthy eating.
- New types of lenses.
- Prescription scuba goggles.
- Cataract.

#### Caucasian (30–59, 60+)

- Participants looked for information in order to be aware of things that could potentially happen and things they should not do.
- Participants mentioned looking up exercises that can strengthen eye muscles.
- Participants said they looked online for information regarding their eyesight.
- Participants stated that they looked for information about the best eye surgeon and on Lasik in general.

## **VII. Summary**

### **“One thing” that the National Eye Institute (NEI) could do for people with vision loss**

#### African American (30–59, 60+)

- Develop better, more aggressive advertising:
  - Sponsor television commercials during the Super Bowl. (30–59)
  - Use celebrity endorsements.
  - Create a Facebook page.
- Educate the public:
  - Provide more attractive brochures that relate to all demographics.
  - Focus on all age groups, not only seniors, because low vision affects everyone.
  - Have an NEI representative appear on news talk shows.
  - Get information out to the public so people can identify symptoms/issues.
  - Use outlets such as AARP.
  - Educate children through the school system.
  - Place public service announcements (PSAs) at the end of popular shows.
  - Place PSAs on the radio.
- Help provide access to affordable care:
  - Provide eye health for low-income patients.
  - Offer free services for people without insurance.
  - Supply coupons for glasses.
- Remind physicians to ask patients about eye health/exam at annual visits.
- Hold seminars with people who can explain information for those who can't read.

#### Hispanic/Latino English-Speaking (30–59, 60+, 40–70)

- Improve access to information:
  - Advertise on television, magazines, radio, and the Internet.
  - Provide the public with more information.
  - Send general mailings.
  - Send e-mails.
  - Provide updates on new things that work (for vision improvement).
  - Hold health fairs where people can pick up materials.
  - Produce commercials and websites that feature information about eyesight.

- Invite a celebrity to talk about vision.
- Provide information to public libraries.
- Show commercials on television, as other organizations do for prescription drugs and blood donations.
- Provide information in grocery stores to reach people who don't have glasses.
- Create a webpage on Facebook.
- Advertise National Eye Month for awareness.
- Create specific brochures on eye health and diseases that eye care professionals and primary care physicians can give to patients.
- Provide a mobile bus that travels through neighborhoods, like blood mobile buses.
- Let people know where to get information.
- Provide information on the following topics:
  - Preventive care.
  - Eye exercises.
  - Nutrition.
  - General findings.
  - Eye health.
- Provide education about eye health.

#### Hispanic/Latino Spanish-Speaking (30–59, 60+, 40–70)

- Provide research and education.
- Provide funding:
  - Provide funds for services and glasses.
  - Host eye clinics and help with costs of exams.
- Improve public awareness:
  - Provide information in Spanish.
  - Provide more information on eye health through a variety of channels.
  - Provide a list of healthcare professionals that people can be referred to, not just eye care professionals.
  - Write articles for newspapers to reach people at all levels.
  - Hold health fairs.

#### Caucasian (30–59, 60+)

- Make information on eye health more readily available:
  - Provide information in schools and healthcare professionals' offices.
  - Sponsor an eye health month.
  - Use Facebook and Twitter.
  - Tell people when to wear safety glasses (eye safety campaign).
  - Advertise with AARP.
  - Distribute fliers through the Department of Motor Vehicles.
  - Sponsor PSAs at the end of popular TV and radio shows that inform the public.
- Encourage primary care physicians to address eye health as part of their regular interactions with patients.
- Provide free or low-cost services:
  - Offer “free eye exams.” (60+)
  - Offer free services for people who don't have insurance. (30–59)
  - Offer coupons for glasses. (30–59)

- Some participants expressed concerns about having a government agency get involved in public information about eye health:
  - “Government has the tendency to put out misinformation.” (30–59)
  - “If it’s a government agency, I’m going to be skeptical about it.” (30–59)