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An assessment of vision care needs in selected homes for the aged

Karen D. Young
Pacific University
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Abstract
The elderly population is growing rapidly, and this requires a greater awareness of visual and other health care services needed by this population. The study was undertaken to determine if there were unmet vision care needs in elderly patients in homes for the aged. Data was obtained by a questionnaire survey of interested nursing homes in Washington County, and other information on problems facing the elderly by a literature search. It was found that there is a large unmet need in homes for the aged for vision care services.

Degree Type
Thesis

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AN ASSESSMENT OF VISION CARE NEEDS IN SELECTED HOMES FOR THE AGED

Senior Research Project
Karen D. Young
Dr. Norman S. Stern, O.D., Ph.D., Faculty Advisor

Pacific University College of Optometry
February 1979
Submitted in Partial Fulfillment of the Requirements for
the Degree of Doctor of Optometry at Pacific University College of Optometry:

Karen D. Young

Dr. Norman S. Stern, Faculty Advisor
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ACKNOWLEDGEMENTS

The author wishes to express her appreciation to the administrators, directors of nursing, senior citizens, and others who volunteered their time and participated in this project. Thanks also go to Dr. Stern, for his help as advisor.
ABSTRACT

The elderly population is growing rapidly, and this requires a greater awareness of visual and other health care services needed by this population. The study was undertaken to determine if there were unmet vision care needs in elderly patients in homes for the aged. Data was obtained by a questionnaire survey of interested nursing homes in Washington County, and other information on problems facing the elderly by a literature search. It was found that there is a large unmet need in homes for the aged for vision care services.
INTRODUCTION

The elderly population is growing rapidly, and this requires a greater awareness of visual and health care services needed by this population. 25,000,000 Americans are senior citizens, and this segment of the population is increasing at the rate of 1,500,000 per year. This is a 21.1% growth rate compared to 12.5% for the remaining population, according to the 1970 U.S. Census. There are about 130 women to 100 men in these upper age brackets. Eight out of ten women and nine out of ten men live in their own homes. One-quarter live alone. Of those not heading their own households, most live with relatives. It is a surprising fact that only a small number of the elderly live in nursing homes, about one in twenty. There are some 24,000 nursing homes throughout the country, and about 1,000,000 elderly persons reside in them, which is only 5% of the population over the age of 65.

The residents of nursing homes are largely the very elderly, with 74% being 75 years of age or older. 19% of the population above the age of 85 are residents of nursing homes. Most residents are female (70%), white (94%), and widowed (64%). It is of interest to note that in the last 25 years, a major shift has occurred in institutionalization of the elderly. In 1950, 37% were residents of mental hospitals, while in 1970, the figure was down to 8%. The trend is for placing the older "senile" population in nursing homes rather than mental institutions.

A discussion of the problems faced by the elderly will be presented in order to indicate the complex changes that occur in their lives. There are four groups of problems: social, psychological, financial, and health. Social problems include loss of loved ones, retirement, loss of status in community, isolation. Psychological problems include loss of roles, lack of positive self-image, depression, loss of purpose, fear. "In our youth-oriented society, the old are seen as useless and depressing, underlined by a survey...finding that of the general public, only 2%
viewed old age as the 'best time of life'\textsuperscript{7}. The incidence of suicide is high in the aged: one in four suicides is committed by a person 65 or over, even though that age group makes up only one of every ten persons in the U.S. Men in their eighties have the greatest rate of suicide of all.\textsuperscript{8}

Another problem area for the elderly is finances, since they are mainly low on income. Of the 7.2 million families with heads of household age 65 or over in 1970, half had incomes of less than $5,050. For the single aged person living alone or with relatives, half had incomes of less than $1,950.\textsuperscript{9} About 5,000,000 older persons were below the poverty level in the U.S. in 1970. "In a nation which spent more than $5 billion in 1970 on various cosmetics and hair-dyes and only $1.86 billion on Old Age Assistance, the negative regard for the older population is evident".\textsuperscript{10} These statistics do not necessarily indicate "negative regard", but may indicate priorities in spending.

For health care expenditures, 40\% of the nation's personal health care costs were publicly financed in 1975. For the elderly population, this figure is 66\% being covered by public financing, with the remainder being private funds.\textsuperscript{11} Medicare began in 1965. "The primary intent of the program was to enable elderly persons to enter the mainstream of health care, obtaining essential services without depleting their financial resources."\textsuperscript{12} There was the realization that the medical costs of the average person over age 65 were of such magnitude that assistance was required. Unfortunately, vision care was not considered an "essential service" under Medicare regulations, and even today after court challenges, optometric services are not covered. Medicare is federally funded, but even funding at the state level (Medicaid) does not rank vision care very high on its priority list for the elderly. Medicaid will pay for the eye examination, but not for the frames and lenses required by the elderly persons. For these items, along with dentures and hearing aids, the elderly
must use personal funds, or occasionally service organizations provide funds. "Eyes for the Needy" cards are distributed by a charitable organization located in New Jersey, and are of some help to the aged person with inadequate personal funds who requires new glasses. Some nursing homes make use of these sources in a conscientious effort to provide well-rounded health services to their residents.

The fourth major problem area for the elderly population is the deterioration of physical health. Chronic conditions are prevalent in the aged; the most common conditions include heart disease, arthritis, rheumatism, visual impairments, hearing loss, hypertension, and mental and nervous disorders. A combination of chronic and acute conditions restricts the activity of the average person over the age of 65 for almost five weeks out of the year, including bed stays, according to one source. National Health Survey figures show that two out of five older persons are limited by chronic conditions, compared to one out of twenty for those under age 45. The institutionalized elderly have a much higher rate of chronic illness in part due to the fact that they are of more advanced age than the noninstitutionalized elderly.

U.S. Public Health Service statistics on chronic visual impairment by age in 1971 found these prevalences:

- 32 per 1000 for the 17-44 y.o. age group,
- 63 per 1000 for the 45-64 y.o. age group,
- 205 per 1000 for the 65 and over age group.

Another source found that for the 75-79 year old age range, only 15 per 100 persons had 20/20 vision with correction. Also, about one-half of the known cases of legal blindness are 65 or more years old, with the poor vision often due to chronic degeneration, whether retinal, macular, lenticular or a chronic glaucomatous process. These figures indicate a definite need for routine, thorough eye examinations to determine the health status of the eyes, and to keep the prescription current, and to inform the elderly person on how to make use of the vision which remains: low vision aids, proper illumination, reading training.
Self-health assessments are used to determine functional disability. One report found that most individuals over the age of 65 do not consider themselves to be seriously handicapped in pursuing their ordinary daily activities, despite the many health problems that develop with aging: 68% of respondents in a National Health Survey of the aged rated their health as "good" or "excellent". Only 9% rated their health as "poor". Those with higher incomes ranked their self-health higher. The author found no studies in the literature on self-assessment of vision by the elderly.

Of the problems facing the elderly, the social, psychological, financial, and physical health aspects are quite intertwined in a given individual, making it difficult to isolate one problem area. For example, an older person with deteriorating vision may not have funds to acquire glasses or low vision aids, or may be told by her doctor (who reflects societal attitudes) that her eyes are too old to bother with or help. Her mobility may become more and more limited and her range of activities lessened, leading to isolation, loneliness and depression. Because she has difficulty in seeing steps or burning cigarette tips, or in reading medicine bottle instructions, her physical health may be further jeopardized. Adequate multi-disciplinary services and subsequent meaningful care might well balance the savings in costs of institutionalization and result in increased self-sufficiency, quality of living, and participation in society by the elderly person.
METHODS

The hypothesis was: vision care is inadequate for the elderly population living in nursing homes. To test this statement, a questionnaire survey was undertaken in local nursing homes. Those administrators or directors of service who agreed to participate in the study were asked a standard series of questions (Table 1), several of which were used in the Leslie and Greenberg study in Boston. The awareness of the complexity of the problem that resulted from the period of the survey led to a literature search with emphasis on problems of various types which face the elderly and which affect vision care. Discussions with various professional people in the field of geriatric care were also held.

There are sixteen homes for the aged, including both nursing and residential facilities, in Washington County, as listed in the telephone directory and learned of in talking with one nursing home administrator. Of these, fourteen were contacted by a telephone call to the administrator or director of services at each home. Three homes refused to participate. Of the eleven homes who agreed to participate, five had questionnaires mailed to them, five more were personally interviewed by the author, and one could not be scheduled. One of the mailed questionnaires was not returned, and the administrator could not be contacted, so that left nine questionnaires to be tabulated. Comparison of these findings was made with relevant current information available in the literature.

Additionally, another questionnaire survey was performed (Table 2) using elderly residents of two of the nursing homes, in an attempt to determine trends in self-assessment of vision by the elderly in institutions. As many of the residents were confused, or unable to hear or speak, these subjects were picked by the administrator for interest and ability to participate in a question and answer session. Nine subjects were interviewed personally by the author, and though this was a very small sample, the results may still provide an adequate illustration of the viewpoint of the elderly as regards their vision.
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Questions for the director of services or administrator:</strong></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>How many patients are in the facility?</td>
</tr>
<tr>
<td>2.</td>
<td>What is the average age, and age range, of the patients?</td>
</tr>
<tr>
<td>3.</td>
<td>Is this a residential or nursing facility?</td>
</tr>
<tr>
<td>4.</td>
<td>What is an average length of stay for a patient?</td>
</tr>
<tr>
<td>5.</td>
<td>How many patients are privately financed and how many receive public assistance?</td>
</tr>
<tr>
<td>6.</td>
<td>Is a physical exam required before admittance or upon entrance?</td>
</tr>
<tr>
<td>7.</td>
<td>Is there a staff optometrist? Full-time or part-time? Regular visits or when called?</td>
</tr>
<tr>
<td>8.</td>
<td>Is there a staff physician? Full-time or part-time? Regular visits or when called?</td>
</tr>
<tr>
<td>9.</td>
<td>Is there a staff ophthalmologist? Full-time or part-time? Regular visits or when called?</td>
</tr>
<tr>
<td>10.</td>
<td>How common, in your opinion, are the following visual problems in the facility?</td>
</tr>
<tr>
<td>a)</td>
<td>Medical: glaucoma, blepharitis, diabetic, other diseases and infections,</td>
</tr>
<tr>
<td>b)</td>
<td>Refractive: presbyopic, blur, uncorrected changes,</td>
</tr>
<tr>
<td>c)</td>
<td>Adjustment, misplaced, or breakage of eyeglasses?</td>
</tr>
<tr>
<td>11.</td>
<td>How are patient's visual problems detected?</td>
</tr>
<tr>
<td>a)</td>
<td>By nursing staff observations; also, is the staff trained to recognize visual probs?</td>
</tr>
<tr>
<td>b)</td>
<td>By routine medical or visual exams?</td>
</tr>
<tr>
<td>c)</td>
<td>By patient's complaints,</td>
</tr>
<tr>
<td>d)</td>
<td>By visual screening?</td>
</tr>
<tr>
<td>12.</td>
<td>How are visual problems handled?</td>
</tr>
<tr>
<td>a)</td>
<td>Are eye care services performed in the facility? Optometrist or ophthalmologist?</td>
</tr>
<tr>
<td>b)</td>
<td>Are patients sent out for vision care? To optometrist or ophthalmologist?</td>
</tr>
<tr>
<td>13.</td>
<td>Are there any patients with special visual problems? Legally blind? Low vision?</td>
</tr>
<tr>
<td>14.</td>
<td>What are your thoughts concerning regularly scheduled visual screenings and/or exams?</td>
</tr>
</tbody>
</table>
TABLE 2

QUESTIONS FOR THE SENIOR CITIZEN IN THE NURSING HOME

1. What are your main daily activities?

2. Do your eyes help or hinder as you go about your daily activities?

3. When did you last visit an eye doctor?

4. Do you have any eye problems now? If so, what are they?

5. If you wear eyeglasses,
   a) do they provide satisfactory vision?
   b) have you had problems with breakage or loss of them?
   c) do they seem to fit well to your face?

6. If given the opportunity, would you want an eye exam to be done during your stay here?

7. Comments.
TABLE 3
HUMAN SUBJECT RELEASE FORM

1. Institution:
   A. Title of Project: "An Assessment of Vision-Care needs in Selected Homes for the Aged"
   B. Investigator: Karen Young, 4th year optometry student
   C. Advisor: Dr. Norman Stern, C.D., PhD.
   D. Location: Pacific University College of Optometry, Forest Grove, Oregon
   E. Date: 1978

2. Description of Project:
   This project will determine if there are vision-care needs of senior citizens in homes for the aged in Washington County. Personal interviews using a standard questionnaire will be conducted with administrators or directors of services, and with senior citizens in the homes.

3. Description of Risks:
   The names of homes and all participants will remain anonymous.

4. Description of Benefits:
   This project will serve as an aid in understanding vision-care needs, and may lead to increased services offered by the nursing homes.

5. The investigator will be happy to answer any questions that you may have at any time during the course of this study.

6. You are free to withdraw your consent and to discontinue participation in this project at any time without prejudice to you.

I have read and understand the above. I am 18 years of age or over.

Signed ___________________________ Date ___________________
RESULTS

Table 4 shows that out of the sixteen nursing homes in Washington County, nine were interviewed. The total number of patients in these homes was 715, with home size ranging from 15 to 129 patients, for an average size facility of 79. Responses to the second question gave an average age of 82. This compares favorably with other studies which found that 74% were 75 years of age or older. At least four of the homes had no patients under the age of 52, and those homes having younger aged patients had just a few.

It was learned that there are three levels of care provided: skilled care, intermediate care, and residential care. Those patients in skilled facilities require the greatest degree of care, while those in residential facilities take care of many of their own needs. Two of the homes contained two levels of care in each facility. The average length of stay was difficult for most administrators to determine, as they stated that it varied a great deal. Four of the homes gave two years as their average, with the overall range for all homes varying from less than one month to six years or "indefinitely". The time of stay also depended on the level of care required, with those in skilled facilities spending the least time and those in residential facilities the most time. My results do not reflect this, since Question 3 was not broken down fully enough to account for the three levels of care.

56% of the patients were on public assistance, with the other 44% using private funds. Corwin's study of South Dakota nursing homes found 59% on public assistance, and Leslie and Greenberg's Boston area survey found 86% to be on welfare. One possible reason for the low percentage of patients on public assistance in Washington County homes is that Washington County has the highest per capita income of all counties in the state of Oregon. It can also be noted however that the ranges as to type of financing are quite wide amongst the nine homes.

State law requires a physical exam or report of a recent physical upon entrance
Total homes interviewed: 9

1. Number of patients in the facility:
   Average: 79
   Range: 15 to 129
   Total patients in all facilities visited: 715

2. Patient age in the facility:
   Average age at each facility: 82
   Range of ages: 29 to 101

3. Type of facility:
   Nursing: 6
   Residential: 1
   Both nursing and residential in same facility: 2

4. Average length of stay for a patient:
   2 years was stated by four facilities, with the other five facilities stating from less than one month to 6 years to "indefinitely"

5. Type of patient financing:
   Patients using private funds:
     Average: 44%
     Range: 13 to 86%
   Patients using public funds:
     Average: 56%
     Range: 14 to 87%

6. Physical exam or report of recent physical exam is required by state law

7. Facilities with staff optometrist:
   Full-time: 0
   Part-time or when called: 4

8. Facilities with staff physician:
   Full-time: 5
   Part-time: 4
   Regular visits: 7 (four facilities stated both regular visits and when called)

9. Facilities with staff ophthalmologist:
   Full-time: 0
   Part-time or when called: 3
to the home. None of the facilities had a full-time optometrist on the staff, but four had part-time optometrists. Of these four, only one had made regular visits, with the other three available when called. Of the four homes with part-time optometrists, three also had ophthalmologists on staff. This means that five homes have neither an optometrist nor ophthalmologist available. Several administrators stated that if a patient requires visual care, the family or the patient decide on the doctor to see, with it often being the previous family doctor. In other instances, the physician in charge of the patient will recommend a doctor. It was found that five facilities had full-time physicians on staff, with one home having two physicians. Every home had the services of a physician available when needed.

Question 10 on visual problems presented problems in tabulation, since the wording of the question is somewhat vague. After about half the interviews had been held, the author went to the "very common, common, etc." notation in an attempt to provide some sort of quantification system. At this point, the previous interviews were reviewed and the author decided which category belonged with each reply. From these results, it can be seen that medical problems are most prevalent, followed by adjustment problems.

Detection of visual problems in the facility was often by the staff, including the instances when the patient made comments to the staff. Three homes stated that their staff had little or no training in how to detect a visual problem. Patient complaints were a common mode of detection, but one administrator felt that many patients with a visual problem don't complain because of the gradual onset of the problem. Screening was an uncommon method of detection; most homes had had none.

In Question 12, the patient with a visual problem was generally sent out of the facility, either to an optometrist or ophthalmologist, while for those four facilities handling it in the home, only one had an optometrist doing this. All facilities had both legally blind and low vision patients. There was no attempt to quantify this.

As to having regularly scheduled screenings and/or exams, the large majority of
### TABLE 5

10. Visual problems in the facility:

<table>
<thead>
<tr>
<th></th>
<th>Medical</th>
<th>Refractive</th>
<th>Adjustment</th>
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<tbody>
<tr>
<td>very common</td>
<td>5</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>common</td>
<td>3</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>uncommon</td>
<td>1</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>not known</td>
<td></td>
<td>2</td>
<td>1</td>
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</table>

11. Detection of visual problems in the facility:

<table>
<thead>
<tr>
<th></th>
<th>by staff</th>
<th>Routine exams</th>
<th>Patient complaint</th>
<th>Vis. screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>very common</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>common</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>uncommon</td>
<td></td>
<td>7</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

12. Handling of visual problems:

<p>| | | | |</p>
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<thead>
<tr>
<th></th>
<th></th>
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<tbody>
<tr>
<td>In facility:</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sent out:</td>
<td>9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both ways:</td>
<td>2</td>
<td></td>
<td></td>
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</table>

13. All nine facilities stated they had legally blind and low vision patients. No attempt was made to quantify.

14. Thoughts on regularly scheduled visual screenings and/or exams:

5 administrators thought it a great idea and were very enthusiastic
3 administrators thought it was a good idea
1 administrator stated regular eye exams were already being done
them thought it quite a good idea and were very enthusiastic. One director said the need is great since many of the visual problems are not detected by the staff or the patient. Several administrators mentioned the problem of financing an eye exam and glasses. Welfare does not pay for a routine visual exam of the elderly patient. However, several administrators stated that it would. All were agreed that lenses and glasses were not provided by welfare, unless it was a post-surgical aphake case. One respondent stated it would be best for each patient to be checked at least once a year. Another mentioned the problem of transportation of the patient to a medical facility and that it would be easier for the doctors to visit the nursing home than to sent the patients out. The Senior Citizen Bus has been of help in this area. The administrators were found to be a concerned group and interested in bettering the services provided by their homes in order to improve the quality of living of their patients.

Table 6 gives the results of the senior citizen questionnaire. Nine patients were interviewed in two homes. Several responses were offered to the first question, with reading the most popular as it was indicated by 67% of the subjects as a major daily activity. Question Two's results were equivocal, with no majority stating that their eyes either helped or hindered during daily activities. It was found that over half of the respondents had not seen an eye doctor within the last two years. It would seem important for the elderly person to have regular, frequent exams to determine the state of ocular health and refractive condition. Four of the patients felt they had eye problems at present. Problems mentioned were "crustiness," redness at edge of eyes stated by two patients, inability to use glasses very long for reading, can't look at what she wants to see, has to look to the side (this patient said she has M.S.), and blur of close print, and painful eyes mentioned by two patients. Four more patients felt they had no eye problems at present, with one not sure. The unsure patient had a hearing aid built into the temple of the frame over one ear, and she thought the batteries were always running down which was an annoyance to her.
<table>
<thead>
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<th>Table 6</th>
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</thead>
<tbody>
<tr>
<td>Total subjects interviewed: 9</td>
</tr>
</tbody>
</table>

1. Main daily activities:
   - Reading: 6 responses or 67% of subjects
   - TV: 4 responses or 44% of subjects
   - Sewing, crochet, embroidery: 3 - 33%
   - Crafts: 1
   - Job in nursing home: 1
   - Listening to music: 1
   - Listening to sermons: 1
   - Exercises: 1
   - Outings: 1
   - Memorizing poetry: 1

2. Eyes help or hinder in daily activities:
   - Help: 3
   - Hinder: 2
   - Both: 1
   - Neither: 3

3. Last visit to eye doctor:
   - One year ago or less: 2
   - Two years ago or less: 2
   - Five years ago or less: 2
   - More than five years ago: 3

4. Eye problems at present:
   - Yes: 4
   - No: 4
   - Not sure: 1

5. For those subjects wearing eyeglasses: (all subjects used glasses)
   Satisfactory vision with glasses:
   - At far: 7
   - At near: 6
   - Loss or breakage: 2
   - Fit well to face: 5

6. Would like eye exam during stay:
   - Yes: 5
   - No: 3
   - No opinion: 1
Nearly all patients (78%) felt they had satisfactory vision with their glasses. Only two mentioned problems at near. Most had no problems with loss or breakage, but of those two respondents who indicated a problem, it was with breakage due to a falling down of the patient. Four stated they had problems with the fit of the glasses over the nose and ears. From the author's observations, there are many problems with proper adjustment of glasses in the nursing homes. One director said that their part-time optometrist had shown staff how to make adjustments using a salt pan, and as well, had instructed staff on visual detection of problems, and that this had been very helpful in terms of patient comfort at their facility. Five respondents felt that if given the opportunity, they would have their eyes examined. This is 56% of the patients. Another study had a rate of 53.5% volunteering to have an exam. One patient said no exam was needed unless the eyes got worse, while another said the glasses still gave good vision, so eyes didn't need to be checked. Doing this part of the study was interesting and entertaining for the author, as many of these patients of great advanced age are very witty, quick, wise and interested in others.
DISCUSSION AND CONCLUSION

It is estimated that of the elderly population in general, 75% are in need of visual care.20 For those in nursing homes, the need may be even greater. A visual screening project in South Dakota of that state's nursing and retirement home population had a referral rate of 38%.22 Part of the problem is in detection, since only one home had visual screenings and regular visits by an optometrist. Many existing visual problems have not been detected. Due to gradual diminution of vision, the older person may have learned to function adequately in familiar surroundings. It is likely that the visual loss will be accepted and not complained about, as part of the "price" of getting old. With loss of visual contact with the environment, interaction with it may reduce, leading to isolation and inactivity. One study found that visual loss can cause "frightening visual impressions that resemble hallucinations", which may make the older person feel more vulnerable to danger and crime, in addition to causing poor orientation and decreasing mobility.24

By the questionnaire results and the literature search, it is evident that the hypothesis is correct: vision care is inadequate in nursing homes. The reasons for this are complex; they include financial, social, psychological aspects. Working with these aspects can help to improve the level of visual care available, but it is a long-term endeavor.
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10. Ibid., p. 59.


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