

## Call to Action

**This planning document provides:**

1. A record of the conference, taking the ageing project into consideration
2. A second call to action

### **Balance**

#### **Considering the initial phase of the Age Action Alliance**

Action needs to be taken against the growing number of eye disorders and related issues in old age. There is not enough support in Germany for preventative measures against vision impairment and blindness, which was clearly demonstrated in a symposium that took place at the end of June 2014 in Germany.

The symposium demonstrated a willingness to provide social change and collaboration in the areas of eye health and older persons from experts in the fields of nursing, research, ophthalmology, optometry, rehabilitation, senior organizations, self-help, business, etc.

#### **The symposium**

The need for action in the field of eye health and ageing and other related issues were clearly identified at the symposium. The Bonn Declaration was developed from the collaborative approach taken at the symposium and the first objective from this declaration is to "prevent avoidable vision loss and ensure people with vision loss have optimal support".

#### **Fields of action**

The need for action was identified in the following fields:

- Accessibility in nursing and residential situations
- Education and training on Vision and Eye Diseases
- Medical eye and ophthalmic care in old age
- (basic) Rehabilitation after vision loss
- Consultation of people and their families
- Information, Prevention and Preparedness
- Health Services Research

These fields of action were discussed at the symposium, formulating debates and solutions.

### **Action: Accessibility in nursing and residential situations**

When discussing how to design homes and care facilities for visually impaired individuals, words such as magnification, lighting and contrasts, were the words that were most commonly used.

Evidence shows that, so far, only 10 percent of all dwellings are accessible in Germany.

Tasks:

- Set minimum standards and find realistic, practical solutions
- Find acceptable solutions in the legal field on accessibility, practicality, aesthetics and safety

### **Action: Education and training on Vision and Eye Diseases**

A major theme of vision loss is concentrated on the inadequate care of older persons and highlights that training in this field can only solve a small part of this issue. One potential approach to a solution to this issue could be the establishment of a theme in education and training of staff.

There are currently many training initiatives by individual stakeholders, however, these differ in their conceptual approaches and content.

Tasks:

- Merging of initiatives through networking of stakeholders
- Develop training concepts and materials for all employees of nursing homes and other professionals
- Train appropriate stakeholders
- Offer flexible, accessible learning opportunities
- Regulate financing of training programs
- Create liabilities (standards of care, standards of education and training, seals, certification)
- Sensitize policy and public

### **Action: Eye Medical and ophthalmic care in old age**

Recent studies show that a large proportion of the residents and patients living at home are not being provided with frequent check-ups with an ophthalmologist, due to reasons of organizational and financial boundaries. The transportation of the residents will rarely take place given the travel costs and the need for a qualified individual to accompany the patient.

Tasks:

- Clarify how eye doctors and patient can come together
- Find solutions for transport costs and the monitoring of patients
- Ensure that nursing facilities have the necessary and appropriate record of documents and information (i.e. existing glasses/aids, chip cards, findings, nursing documentation)
- Ensure that the test results are received in intelligible forms to the nursing facility, relatives and family doctor
- Regional and local solutions to be developed with a higher-level structure
- To safeguard economic features of care for residents in homes and nursing homes

**Action: (basic) Rehabilitation after vision loss**

These include training in orientation and mobility, training in life skills and supports of various kinds, such as screen readers, magnifiers and special glasses.

Tasks:

- Establish a binding path to rehab after diagnosis
- Defining the scope and components of low vision counseling
- Ensure that advice is independent for a longer period and offered nationwide
- Ensure financing of the (basic) rehabilitation is nationwide and uniform
- Strengthen and expand the advocacy for visually impaired and blind people
- Networking occupational groups that work with the blind and visually impaired individuals

**Action: Advice to people and their families**

Professional consultants emphasized the wide heterogeneity of vision health among visually impaired people, which lead to different expectations for counseling of visually impaired people. The existing consulting currently offered varies extensively and is oriented differently and located in many different places.

Tasks:

- More knowledge about providing consultation, (e.g. in the form of a kind of advisory map that provides information on the extent, quality and location)
- A secure long-term financing for nationwide counseling by covered under health insurance
- Inform the medical community about the counseling services
- Develop a consulting approach for other aging issues and better networking with other themes and professional groups

### **Action: Information, Prevention and Preparedness**

Eye disorders occur in old age. Prevention, early detection and increased support are needed for good vision in older individuals. However, little is known on this topic and individuals with eyes diseases, policies, and healthcare providers thus cannot properly assess the significance of common eye diseases and the general loss of eye health due to age. This, in turn, leads to inadequate screening and early detection.

Tasks:

- Campaigns directed towards preventing the main eye diseases are required
- For the arguments to be put together

### **Action: Health Services Research**

In order for the public to engage in and enforce goals, reliable data is needed on the incidence of age-related diseases, the positive results of screening, early detection and the positive outcomes of better care. Documentation is further needed to demonstrate the improved costs that will occur with better eye care and the increase in health and quality of life for those suffering from eye disease.

Tasks:

- Gather information on past and ongoing research projects and collate them together
- Ensure effective research strategy will guide development and discussion among researchers

### **Call:**

We would like to draw from the above fields of action, in drafting groups related to an action plan. We invite you to participate in this work:

- Please write your thoughts down on the topics that interest you  
You can contact us directly at: [info@sehenimalter.org](mailto:info@sehenimalter.org).
- Please work in groups with one of the editors for the development of individuals topics of the Action Plan. This will work with each other mainly in writing and by phone
- Give us more ideas, inspiration and information

Berlin, 22. 09. 2014

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