

VISION

Facilitator Guide: Module 11





© World Health Organization 2025.

All rights reserved. This is a draft version for field-testing. The content of this document is not final, and following the field testing, WHO will revise and publish the definitive version. The document may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means without the permission of the World Health Organization.



Contents

| Introduction to the Guide | 3 |
|---|----|
| Iconography | 3 |
| Module 11: Vision | 5 |
| Vision | 6 |
| Learning Objectives | 7 |
| Importance of Vision in Ageing | 8 |
| Care Pathway to Manage Vision Impairment | 9 |
| Advice and Community-based Care | 10 |
| Management of Vision Impairment | 11 |
| Interventions for Disease and Risk Factors | 12 |
| Interventions for Social and Physical Environment | 13 |
| Summary | |
| References | 15 |



Introduction to the Guide

Welcome to the Facilitator Guide for the WHO Integrated Care for Older People (ICOPE). This guide serves as a roadmap for the facilitators, helping them navigate through the session while ensuring that key topics are covered and participants are engaged. It may also include tips, potential challenges and suggested ways to handle different situations that may arise during the session.

Iconography

The following icons are used in the Facilitator Guide to indicate the type of content being presented.

| Icon | Action | Description |
|-------------------------|--------------------|---|
| 二 六 | Session Title | Indicates the name of the session being conducted. |
| 8 | Session Objectives | Lists the learning objectives to be achieved. |
| $\overline{\mathbb{Z}}$ | Timing | Indicates the duration of the session or activity. |
| | Show | Indicates the slide to be presented. |
| <u>a</u> | Say | What to say or explain while facilitating. It will contain the recommended script/ answers to be discussed. |
| ? | Ask | Ask the participants a question and encourage them to respond. |
| | Do | What to do to facilitate an activity or provide guidance to learners. |
| D | Play | Indicates a video clip to be presented. |

Session Structure

This facilitator guide is organised according to the way you will present the material on each slide:

- Show The slides
- Say This is a scripted narrative outline for you.
- Ask Questions to prompt dialogue with and among the participants
 - The dialogue associated with the questions should take between 5 to 10 minutes. However, you will need to use your best judgement about the time to dedicate to the question-and-answer sessions. Some sessions may last longer.
- Do Prompts you to do an action

Keep in mind that this Facilitator Guide is only a roadmap. You are expected to apply your voice and experience to make this tool work for you. The 'Say' sections are simply indications; you can use them as a script when you feel the need to, but you can and should adapt it to suit your natural training style. Add your own personal touch and personality to every training, while being careful to stick to the session objectives.





A key component of successful face-to-face training is establishing trust and rapport with your learners. Use your own good judgment to assess the attitude and cultural sensitivities of the people in your workshop. Adapt your training techniques and approach accordingly.

You are going to be great at conducting this training.





Module 11: Vision

| 二 | Session Title: | Vision |
|--------------|---------------------|---|
| Z | Timing: | 10 min |
| | Session Objectives: | Explain the care pathways to manage vision impairment for older people. Describe the methodologies to assess the vision and common eye conditions of older people. List the interventions to manage vision impairment for older people. |



Vision



Time: 10 min



Do:

- Formal welcome
- Introduction of facilitator



Show: Slide 1





Say:

Welcome to the module on Vision.

Today, we'll focus on a vital aspect of intrinsic capacity: vision. In this module, we'll discuss the importance of vision in maintaining mobility and safe interaction with others and the environment. As we age, issues like near-sightedness, farsightedness, cataracts, glaucoma, and macular degeneration become more common. These can lead to challenges in social relationships, accessing information, moving safely, and performing tasks, potentially causing anxiety and depression. Therefore, assessing vision is essential for a person-centred approach to care.

Let's get started!

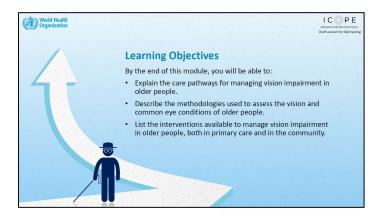




Learning Objectives



Show: Slide 2





Say:

Let's look at the learning objectives for this module. By the end of our session, you will be able to:

- Explain the care pathways to manage vision impairment in older people.
- Describe the methodologies used to assess the vision of older people.
- List the interventions available to manage vision impairment for older people.

Importance of Vision in Ageing



Show: Slide 3





Ask:

Let's start with a question: How do you think vision impacts our daily lives as we age?



Say:

Vision is critical not just for mobility, but also for safe interactions with our peers and the environment. As we grow older, conditions like cataracts, glaucoma, and macular degeneration become more common and can lead to vision impairment. This impairment can cause significant difficulties in maintaining social relationships, accessing information, moving safely, and performing manual tasks. These challenges often result in increased anxiety and depression and may lead to serious adverse events, such as falls.

Today, we'll explore these issues and discuss how to manage and support vision health in older adults effectively.

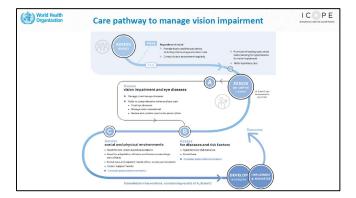




Care Pathway to Manage Vision Impairment



Show: Slide 4





Say:

Let's walk through the care pathway to manage vision impairment.

The pathway begins with a basic assessment, which is essential for identifying individuals who may be experiencing vision difficulties. This initial step typically involves simple screening tools or questions that can be administered in community or primary care settings.

If vision impairment is suspected, the next step is an in-depth assessment. This involves a comprehensive evaluation of both visual function and any underlying eye diseases. It may require a referral to an eye care specialist for diagnostic testing and a clinical examination.

The pathway also addresses diseases and risk factors that may contribute to or complicate vision impairment. Chronic conditions, such as diabetes or hypertension, may need coordinated management to prevent further deterioration.

It is important to consider the social and physical environment when addressing vision impairment. This condition does not occur in isolation; it is influenced by the individual's surroundings. Assessing factors such as lighting, mobility aids, and social support can help tailor interventions that improve safety and independence.

Once all assessments are complete, the focus shifts to developing a care plan. This plan should be individualized and may include medical treatment, rehabilitation, assistive devices, and environmental modifications.

After the care plan is agreed upon, we can proceed with implementing and monitoring the interventions. Ongoing follow-up ensures that the care plan remains effective and responsive to any changes in the individual's condition or circumstances.





Advice and Community-based Care



Show: Slide 6





Say:

Now, let's discuss the advice and community-based care that can be provided to maintain vision capacity.

It is essential for older adults to receive general advice that emphasizes the importance of awareness and prevention. First, we need to address common misconceptions regarding vision loss as an inevitable part of aging. It is important to reinforce that many causes of vision impairment are preventable or treatable.

Key preventive measures include:

- Managing risk factors such as diabetes and hypertension, which can negatively affect eye health.
- Regular eye check-ups, which are vital for the early detection of conditions like cataracts and glaucoma.
- Taking breaks from near work, such as reading or using screens, to reduce eye strain.
- Protecting the eyes from ultraviolet light exposure by wearing sunglasses and hats.
- Maintaining hygiene, such as regular handwashing, to prevent infections.
- Quitting smoking, as smoking is a known risk factor for several eye diseases.

For those who are already experiencing or are at risk of vision impairment, it is crucial to optimize the home environment to reduce fall risks. This can include improving lighting, removing tripping hazards, and using contrasting colors to enhance visibility. Guidance on the appropriate use of spectacles, which can significantly improve vision, should also be provided.

Additionally, the slide includes a quick reference for reading spectacle prescriptions. Generally, a person aged 40 to 50 may require lenses ranging from +1.00 to +2.00 diopters, while those over 50 may need lenses between +2.00 and +3.00 diopters.

Finally, it is critical to stress the importance of screening for hypertension, as this condition can silently damage vision over time if left unmanaged.

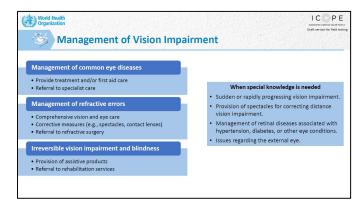




Management of Vision Impairment



Show: Slide 6





Say:

Let's discuss the management of vision impairment.

The slide is organized into three main categories:

- 1. Management of common eye diseases. It is important recognizing and treating common eye conditions such as infections, cataracts, or glaucoma. The first step is to provide treatment or first aid care when appropriate. However, many cases will require referral to specialist care, especially when the condition is beyond the scope of primary or community-level services.
- 2. Management of refractive errors. Refractive errors (e.g., nearsightedness, farsightedness, and astigmatism) are among the most common and easily correctable causes of vision impairment. It is required a comprehensive vision and eye care, including corrective measures such as spectacles or contact lenses. In some cases, referral for refractive surgery may be appropriate.
- 3. Irreversible vision impairment and blindness. For individuals whose vision loss cannot be reversed, the focus shifts to maximizing independence and quality of life. This includes the provision of assistive products (e.g., magnifiers, talking devices, or mobility aids) and referral to rehabilitation services that can support daily functioning and social participation.

There are situations when more advanced expertise is needed. These include:

- Sudden or rapidly progressing vision loss, which may signal a medical emergency.
- Provision of spectacles for distance vision, which may require precise assessment.
- Management of retinal diseases linked to systemic conditions like hypertension or diabetes.
- External eye issues, such as trauma or severe inflammation.

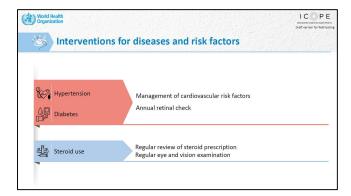




Interventions for Disease and Risk Factors



Show: Slide 7





Say:

Next, let's discuss how to assess and manage diseases and risk factors that can impact vision.

Hypertension is an important risk factor for retinal diseases and glaucoma. It's crucial to manage cardiovascular risk factors in these individuals.

Diabetes requires special attention as it can lead to diabetic retinopathy. Therefore, a person with diabetes should have an evaluation by an eye care specialist every year.

Steroid use can also affect vision. Long-term steroid therapy can increase intraocular pressure or lead to cataracts, potentially resulting in vision impairment. Anyone on long-term steroid therapy should have regular eye examinations and eye pressure checks to monitor and manage these risks effectively.

By addressing these conditions, we can help prevent further vision impairment and ensure better overall eye health.

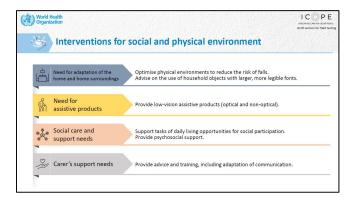




Interventions for Social and Physical Environment



Show: Slide 8





Say:

This slide presents interventions to support individuals, especially older adults, with vision impairment by focusing on their physical and social environment.

First, home adaptations are essential to reduce the risk of falls and injuries, which can be achieved by improving lighting, removing tripping hazards, and using household items with larger fonts for easier handling.

Assistive products, including optical aids (e.g., magnifiers) and non-optical tools (e.g., talking clocks), can greatly enhance independence and navigation.

It is also important to focus on social care and support, addressing the risk of isolation by aiding daily tasks, fostering social engagement, and providing psychosocial support for emotional challenges.

Lastly, supporting carers is crucial. They need training and resources to effectively communicate and adapt care practices for those they assist.





Summary



Show: Slide 9





Do:

Go through the slides and recap the points discussed during the session.



References



Show: Slide 10



Here are some references to essential publications or websites.

