

Paper Session A1: The Influence of Health Disparities: A Call to Action

Self-Reported Vision Status as a Correlate of Health Care Access Among Adult Women Respondents to the 2008 National Health Interview Survey

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Purpose: Examination of vision status as it relates to ability to access various health care services among adult women participants in the 2008 National Health Interview Survey. Nursing research has not focused on visual impairment, though recent surveys suggest that numbers of adults with low vision and blindness will increase markedly as the Boomer generation ages.

Theoretical Framework: According to the Health Belief Model, people's decisions to engage in health promotion and/or disease prevention behaviors are made through evaluation of perceived barriers, susceptibility, severity and benefits.

Methods: This research was conducted using a descriptive design entailing sample analysis of an existing data base. The sample comprised 21,781 adults (18-85+), including 12,267 women, in the 2008 National Health Interview Survey Adult Samples. Data were collected by US Census workers during home interviews with telephone follow-up, using a complex probabilistic sampling design with over-sampling of underserved minority groups. The National Health Interview Survey is a computer assisted personal interview that takes approximately one hour and most items are structured fixed response questions; the interview schedule can be reviewed on the NHIS website. Data were subjected to chi-square, correlation and regression analyses using SPSS 18.0.

Results: Women self-reporting no vision comprised 0.4% of the sample, while 13.0% reported low vision even with correction. Significant relationships were found between self-reported vision status and: ability to afford a prescription; having gotten a flu shot, obtained dental care, seen an eye doctor, OB/GYN, medical specialist, general doctor, advanced practice nurse or physician's assistant within the past year; having gotten a PAP test within the past two years; or ever having received a pneumonia shot or experienced homelessness. No significant relationships were observed between self-reported vision status and: having had a mammogram within the past two years; having a tetanus shot within 10 years; or reporting a usual place for routine and preventive care.

Conclusions and Implications: The percentage of women self-reporting no vision or low vision despite correction is substantial. Impaired vision is associated with a number of indicators of ability to access common health care services.