

SIGHT LOSS

COMMUNITY HEALTH PROFILE 2022



A BOLDER HEALTHIER BIRMINGHAM

INTERNATIONAL, NATIONAL AND BIRMINGHAM CONTEXT

people living in Birmingham who have some degree of sight loss

people living in Birmingham who are blind or partially sighted

GLOBAL SIGHT LOSS



PEOPLE LIVING WITH SIGHT LOSS

Based on global data from 2018

1 billion of those have preventable and treatable sight loss. There are 33.6 million people globally who could be classified as blind

People in Birmingham with **Certificates of Visual** Impairments (CVIs) (2016/17)

Total annual direct and indirect costs of sight loss in Birmingham





THE FIGURE FOR £28 BILLION

OVERVIEW

Sight loss can affect anyone at any stage of their life, and it is estimated that

THE MAJORITY OF PEOPLE WITH VISION **IMPAIRMENT AND BLINDNESS ARE**

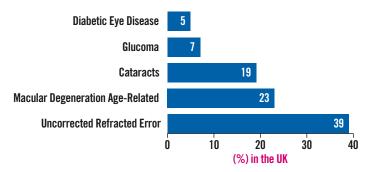
however, vision loss can affect people of all ages

Adults with learning disabilities are



KEY FACTS IN ENGLAND AND BIRMINGHAM

MAIN CAUSES OF SIGHT LOSS



ESTIMATED INCREASE IN SIGHT LOSS NUMBERS IN THE UK

BY 2030

INPATIENT EYESIGHT PROCEDURES **CONDUCTED IN BIRMINGHAM (2019/20)**

Risks of specific eye disease higher amongst certain communities

higher risk of Glaucoma and a higher risk of Diabetic Eye Disease in Black African

higher risk of Diabetic Eye Disease in the **South Asian Community**



GETTING THE BEST START IN LIFE

SIGHT LOSS AT BIRTH

According to a study of 439 babies born in the UK



AFFECTED BY PRENATAL

CHILDREN IN BIRMINGHAM

(2021) AGED 0-16 WHO **ARE BLIND OR PARTIALLY**

GROWING UP WITH SIGHT LOSS



LOWER LEVELS OF ACADEMIC ATTAINMENT



LOWER LEVELS OF PHYSICAL ACTIVITY



HIGHER RATES OF OBESITY

WORKING AND LEARNING WELL









FINDING STUDYING SUPPORTIVE THE SUBJECT INSTITUTIONS

MOBILITY ON CAMPUS

INDEPENDENT LIVING



ALMOST HALF OF PEOPLE WITH SIGHT

PROTECT AND DETECT

ARE CONCERNING EYESIGHT

PREVENTABLE 🔼

OF BLINDNESS AND SEVERE SIGHT LOSS CASES COULD BE PREVENTED IF DETECTED AND TREATED IN TIME BY REGULAR TESTING

ANNUAL OUTPATIENT CONSULTATIONS IN

BIRMINGHAM TREATING EYESIGHT PROBLEMS

ANNUAL INPATIENT PROCEDURES IN **BIRMINGHAM TREATING EYESIGHT PROBLEMS**

BARRIERS TO

Reported reasons for individuals not attending eye tests



LANGUAGE BARRIERS



PERCEIVED COST OF **OPTOMETRISTS AND RETAIL ELEMENT ASSOCIATED WITH VISITING OPTOMETRISTS**



ONLY TEST WHEN SHOWING SYMPTOMS



EYESIGHT TESTING NOT SEEN AS REGULAR HEALTH ISSUE

UPTAKE OF EYE TESTING

Communities with the lowest levels of eyesight testing include

PEOPLE WITH LEARNING DISABILITIES AND AUTISM, **OLDER ADULTS, ETHNIC MINORITY COMMUNITIES, INDIVIDUALS** FROM AREAS OF HIGH DEPRIVATION, WORKING-AGED MALES

MENTAL HEALTH AND WELLNESS

of people with severe sight loss show symptoms of clinical depression

OF PEOPLE WITH SEVERE SIGHT LOSS HAVE **PESSIMISTIC ATTITUDES** TOWARDS THE FUTURE



OF INDIVIDUALS WITH SIGHT LOSS REPORT GETTING SUPPORT FROM

CLINICAL OR REHABILITATION STAFF FOR EMOTIONAL PROBLEMS

PREDICTORS OF DEPRESSION





STRESS





ISOLATION AND **LONELINESS**

RISK FACTORS PREDISPOSING **PEOPLE TO SEVERE SIGHT LOSS AUTISM AND DEMEN**

WIDER DETERMINANTS

People with severe sight loss have difficulty shopping and cooking which leads to unhealthy eating, obesity and possibly further eye diseases

SMOKING, ALCOHOL AND SUBSTANCE USE

There is no evidence suggesting that people with sight loss smoke more, drink more alcohol or use substances more than the sighted population

SMOKING AND SIGHT LOSS

MORE LIKELY TO DEVELOP AMD (AGE-RELATED MACULAR **DEGENERATION**)

MORE LIKELY TO DEVELOP CATARACTS

THOSE WHO ARE MODERATE TO **HEAVY DRINKERS ARE**

MORE LIKELY



ACTIVE AT EVERY AGE & ABILITY

RESULTS OF SEVERE SIGHT LOSS



LOSS IN CONFIDENCE



REDUCED MOBILITY



CO-MORBIDITIES E.G. DEMENTIA



FALLS DUE TO SIGHT LOSS

THE NIB ESTIMATES THAT IN BIRMINGHAM,

sight loss over 65 experience

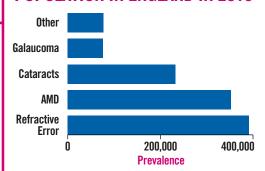
Low levels of physical activity can result in higher obesity, glaucoma, AMD, diabetes and Retinopathy

AGEING AND DYING WELL

OF BIRMINGHAM POPULATION ARE AGED 65 AND OVER

OF THOSE WHO

EYE DISEASE IN THE 65 AND OVER **POPULATION IN ENGLAND IN 2013**



LEADING CAUSE OF

CLOSING THE GAPS

LIFE EXPECTANCY

People who have severe sight loss tend to have lower life expectancy than sighted people primarily because of associated life-threatening conditions



IMPACTS OF COVID-19

During the pandemic, those with Sight Loss had additional barriers when accessing







HEALTH AND GROCERIES SOCIAL SERVICES

such as dementia and strokes

VACCINATION CENTRES

The COVID-19 pandemic has also widened some pre-existing gaps in terms of wellbeing



INCREASE IN ISOLATION AND LONELINESS



INCREASE IN MENTAL HEALTH PROBLEMS



INCREASE IN EYE DETERIORATIONS AND CO-MORBIDITIES

INEQUALITY GAPS

INEQUALITIES AMONGST DIFFERENT DEMOGRAPHICS



OLDER ADULTS



More prone to isolation and depression



CHILDREN



Achieving lower levels of educational attainment and physical activity



CO-**MORBIDITIES**



Co-morbidities. especially learning disabilities, make all aspects of life more difficult



MINORITY ETHNIC GROUPS



Co-morbidities. especially learning disabilities, make all aspects of life more difficult



AREAS OF HIGH **DEPRIVATION**



Financial vulnerabilities

GAPS IN SERVICE PROVISION

IMPROVING SERVICES

Increased focus needs to be placed on navigating complex health service agencies and accessing social and health care services. The provision of the services can be implemented by



VROS (VISUAL REHABILITATION OFFICERS) ECLOS (EYE CLINIC LIAISON OFFICERS)

OF TRUSTS IN BIRMINGHAM AND THE BLACK COUNTRY HAVE FCI OS

OF PEOPLE CERTIFIED WITH SEVERE SIGHT LOSS RECEIVE SUPPORT FROM VROs

EMOTIONAL SUPPORT

A UK survey of 1,200 people with sight loss found that only

REPORTED BEING OFFERED ANY