

Community Eye Health *Journal*

Findings from the Reader Survey



Executive Summary

Prepared by:

Victoria Francis

Health Communication Specialist

Editor: *Community Eye Health Journal*

The International Centre for Eye Health

London School of Hygiene and Tropical Medicine, Keppel Street,

London WC1E 7HT.

Email: Victoria.Francis@Lshtm.ac.uk

Executive summary

Introduction

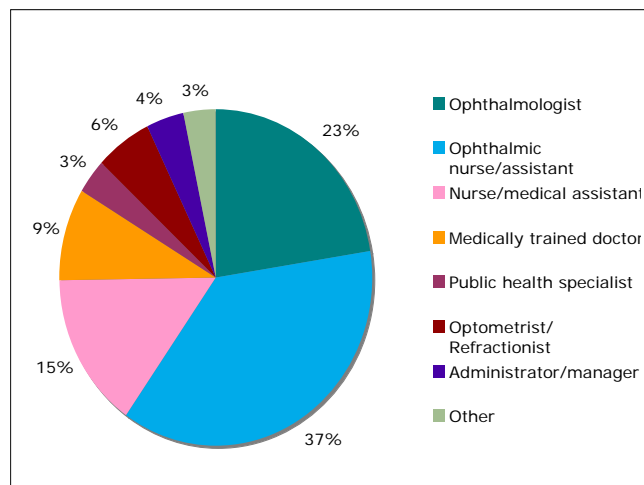
The *Community Eye Health Journal (CEHJ)*, published by the International Centre for Eye Health, London School of Hygiene and Tropical Medicine, is a quarterly educational publication. It combines clinical issues with public health approaches to the prevention of blindness. It aims to provide readers in low- and middle-income countries with a synthesis of best practice and current research, in a reader-friendly format, suitable to adapt as teaching materials.

This second reader survey was carried out between 2004 and 2005 to solicit reader views on the quality and relevance of the *CEHJ*, and to understand the current readership profile. A four-page questionnaire was inserted into the June 2004 issue for distribution to the 15,000 readers. Responses yielded both quantitative and qualitative data. Responses from 1,704 questionnaires from 84 countries, representing a response rate of 11.4 per cent, were analysed.

Reader profile

Professional background.

Readers of the journal include ophthalmologists, ophthalmic nurses and assistants, optometrists/refractionists, general doctors and nurses, public health specialists and administrators or programme managers. Sixty per cent of our readers have specialist ophthalmic training, of which 23 per cent are ophthalmologists and 37 per cent are mid-level eye workers: ophthalmic nurses; assistants, or cataract surgeons. The most dramatic change in the readership appears to be this mid-level group which has increased by 17 per cent, while the ophthalmologist readership appears to have reduced by 7.5 per cent. A growing readership is optometrists and refractionists now making up 6 per cent of the readership overall, compared to 5 per cent in the 1997 survey, and up to 8 per cent in Africa and the Western Pacific.



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Places of employment. Over half of our respondents work away from the major cities, 30 per cent in rural settings and 23 per cent in small towns. Most work at the primary level (39 per cent) or the secondary level (35 per cent), with 25 per cent working at the tertiary level. Comparison with the 1997 survey suggests that the rural readership is growing, with 14 per cent more reporting that they live and work in rural settings. Sixty two per cent of

respondents work for government. Thirteen per cent report combining government employment with other work. Private sector employment accounts for 13 per cent, with the highest proportion of these being in the Americas. Four and a half per cent work for international or missionary organisations and 2 per cent with local NGOs. Five per cent describe their employers as 'other'.

Access to the internet. Almost half of our readers (48.8 per cent) responded that they have no internet access. Of those who do have access, 24.3 per cent rely on internet cafes. There is considerable regional variation; while 96.6 per cent of readers in the Americas can access the internet, this is true for only 47.8 per cent of respondents in South East Asia. Those who have accessed the *CEHJ* website had positive comments:

The usefulness of the website cannot be underestimated. It's a knowledge bank for me.

227. Cataract Surgeon - The Gambia

However, some readers also point out the difficulties they face with accessing the website

Very useful but expensive as charges are made per hour

177. Nurse - Cameroon

In the 1997 survey, just over 20 per cent of the current readership had access to the internet, compared to the overall total of 51 per cent in the recent survey. Overall, this means that there has been an almost 50 per cent increase in access.

Access to computers. Just over 45 per cent have access to a computer always, 30 per cent occasionally and 23 per cent have no access to a computer. These findings point to the value of the CD-ROM version of the journal.

Access to other sources of information. For 73 per cent of respondents, *CEHJ* is the only source of up-to-date information they have. Access to libraries and resource centres is even more limited, with only 18.4 per cent reporting that they have access to a resource centre.

Languages used by respondents. Eighty-five per cent of respondents include English in their list of working languages. Of these, 25 per cent use English exclusively, while 60 per cent use it along with one or more other local language. 165 languages used by respondents are mentioned. Of these, the most common other language is Kiswahili, used by 12 per cent of respondents, with Hausa and Hindi the second most commonly used languages at around 5 per cent of respondents. Fifteen per cent reported not using English at all as a working language. This seems to be the case mostly in South East Asia.

Gender of respondents. Seventy-seven per cent of the returned questionnaires were from males, and 23 per cent from females. It is not clear whether this is representative of the readership, or simply that more males responded.

Readers views on the quality and relevance of the *Community Eye Health Journal*

Readers speak overwhelmingly for the usefulness of the journal. Ninety seven per cent of readers report finding the journal very useful or useful. The top four types of material described as "very useful" were ranked as follows:

1. Articles on the theme for the issue
2. Evidence-based eye care
3. The Technology Series
4. Original research

The four themes mentioned most frequently as the most useful to readers were:

1. Prevention of Blindness
2. Childhood Cataract
3. Low Vision
4. HIV/AIDS and the Eye.

It should be noted that two of these themes, Childhood Cataract and Low Vision, were the most recent, so these findings might reflect a 'recency effect', reader recall, or lack of access to previous issues.

How readers use the journal

Ninety-four per cent report reading and then keeping the journal for reference. Twenty-two per cent report placing the journal in a library for others to read. Fifty per cent said that they share their copy with others. Estimates of numbers "shared with" range from one to 300, while a number of readers do not specify numbers but describe sharing with "many" or "the whole department". The 36 per cent who specify numbers suggest an average of just over 10 sharers benefiting from each issue, but numbers are likely to be far higher than this if we take into account the non-specified and "many" responses.

The *CEHJ's* influence on the practice of eye health workers

In response to the question "Has any article in the Journal helped you to change your practice?" 1,235 out of 1,704 (72 per cent) answered that their practice had been influenced, with 1,040 (84 per cent of those influenced) providing descriptions of how their practice had been influenced. We found four main areas where readers report an effect on their practice:

- **Change in clinical understanding and practice**

For example

I have now tended to make small corneo-scleral incisions during cataract surgery. I have found it better than the previous large incisions which caused complications like iris prolapse.

546 Cataract Surgeon - Uganda

We have started putting antibiotic eye ointment or drops to every new born baby in labour room.

1078 Ophthalmic Assistant - Tanzania

- **Orientation towards a community focus in providing eye care**

For example:

The study of ophthalmic assistants' course helped me to get a job, but study of Community Eye Health Journal improved my knowledge and my responsibility in the field of prevention of blindness.

1628 Ophthalmic Assistant - India

- **Changed attitudes towards work and patients**

For example:

I now think more of how to help the larger community than making big money from individual patients in my daily ophthalmic practice.

768 Ophthalmologist - Nigeria

- **Stimulus to share with others through communication and education**

For example:

I have adopted a good attitude of using every minute for teaching or showing information on the prevention of blindness and VISION 2020

214 Ophthalmic Nurse - South Africa

The CEHJ as a teaching resource

Forty-one per cent of readers report using the journal for teaching a wide range of colleagues, ophthalmology students, nurses, community health workers, school teachers and members of the public. For example:

I teach resident ophthalmic surgeons and ophthalmic nursing students mainly. I extensively refer to the Journal in delivering my lectures.

261 Ophthalmologist - Nigeria

Used for Journal Review. This involves consultants and residents. This is usually done using power point presentation.

202 Ophthalmologist - Nigeria

I used Volume 12 Issue number 32. It was on Trachoma Safe Strategy. I translated the Trachoma Rapid Assessment Rationale and

basic principle into Khmer and teach the Trachoma Teams during Trachoma Rapid Assessment in Cambodia 2004.
500 Medical Assistant - Cambodia

We laminated the different pictures of retina to use on explaining to patients the proliferative changes in Diabetic + Hypertensive Pathology
431 Ophthalmic Nurse - South Africa

I taught some members of a community during one of my eye care outreach. How I used the material was by showing them the picture of trachoma and how to prevent it with SAFE methods.
320 Ophthalmic Nurse - Nigeria

What readers like about the journal

Eight main categories were identified in the responses.

- **The journal helps to educate:** updating knowledge, relevance and practical nature of the articles, and value as a distance learning tool.

For example

It is the sole source material that keeps me current with problems of the eyes and development in the field of ophthalmology, as with us in the rural health centres refresher courses are rare to come by.

445 Nurse - Cameroon

- **The journal builds confidence**

For example

Very easy to read and it is like a mirror to us, we see ourselves in the journal hence it increases my confidence and gives me hope to continue to work successfully.

754 Ophthalmologist - Ghana

Of course, it is wonderful. Before I knew it, my knowledge about community services was not reasonable. Now I am quite confident to serve the community.

596 Ophthalmologist - Pakistan

- **The format and design of the journal make it easy to understand**

For example

What I most like in the journal is the writers who are writing for the grass root level workers and they give some useful examples like tables, figures and some key message which are easy to understand.

1342 Community Health worker - India

Its simplicity in terms of presentation of facts as well as the diverse contributions/experiences from different parts of the world.

933 Ophthalmologist - Nigeria

- **The international perspective**

For example

Its commitment in the eye care worldwide, especially its concern on developing countries, where there is a lot of eye diseases and shortage of eye care professionals and equipments. I also like the journal because it adds more knowledge to me and to know the situation of some countries in eye care.

916 Ophthalmic Nurse - Nigeria

- **The focus on developing countries and 'grassroots'**

For example

The most important achievement of CEH Journal is touching the ophthalmic world at grass root level.

1399 Ophthalmic Assistant - India

- **The inclusion of readers' contributions**

For example

The organisers of the Journal both sponsors and editors are considerably consistent. It is an open Journal for anybody's contribution.

310 Medical Assistant - Malawi

- **The way it is distributed - free and regularly**

For example

That it is given or sent to people living in developing countries free of charge. For this reason many poor people like some of us are able to have it. This help us a lot because the latest information we get from it we help to educate the community on how to take care of their eyes and prevention of avoidable blindness etc.

200 Optical Technician - Cameroon

- **Appreciation of Indian supplement**

For example

Because the supplement is very easy to read, and having more details about India's eye health it describes the common eye problem affecting mostly Indians.

1400 General Doctor - India

Distribution

Most readers obtain a personal copy of the journal through the post. 367 respondents (21.5 per cent) reported experiencing problems receiving the journal. Readers attribute delays or lost issues to postal problems in their countries, personal factors in their own circumstances (such as being

relocated), and difficulties with sharing copies within an organisation or amongst colleagues.

Because of problems like these, a number of readers request copies to be sent to domestic rather than institutional addresses. This has subsequently been agreed to during editorial meetings. Note has also been taken of comments from readers suggesting possible problems with the mailing list maintained at ICEH.

Reader views on the future improvement of the journal

Themes. Thirty-four categories of suggestions were identified, and organised into two groups: suggestions about themes concerned with diseases; suggestions related to interventions and programmes. The top five suggestions for disease-focused themes were

- Cataract
- Childhood blindness, including cataract, nutritional deficiencies, squint, and ROP.
- Other systemic diseases including Hypertension, Leprosy, Toxoplasmosis, TB, dysthyroid, CJD, Sickle Cell, STDs and other general health problems.
- Other eye diseases including uveitis, tropical diseases, Pterygium, orbital, optic nerve, neuro ophthalmology etc
- Refractive errors

The five most frequently mentioned themes in the category of interventions were:

- Community and social issues
- Human Resource issues including HRD training and HRD roles
- Programmes – general Prevention of Blindness, community eye health and VISION 2020
- Surgery
- Medicines in eye health including drugs and their uses and traditional treatments

Optometry and the role of optometrists was also mentioned frequently, and seems to be a growing interest.

Quality. The most frequent comments in the "quality" category recommended leaving the journal as it is. Additional requests were for information about training opportunities and funding sources, with an emphasis on local and short term courses which are more affordable.

Reach. Readers recommend increasing the distribution (so that "*it can reach every health worker involved in eye health care working in the developing world*"), increasing the number of issues each year, and a few requested translations into other languages.

Additional educational resources. Many ask for the *CEHJ's* educational role to be extended by including additional resources, for example: slides, posters, books, colour atlas of common eye problems, community-level hand

books, copies of vision testing materials, flip charts, audio and video cassettes, pictures and posters for demonstration, research tools such as standard questionnaire for study/research and quality of life questionnaires. Some readers would like to see the journal include more interactive materials such as clinical quizzes, test or questions to answer. Some readers propose that the journal be linked to a distance education course.

Readers also want the journal to be available in different formats, most notably CD-ROMS (since the survey, the second issue CD-ROM has been completed), and also composite copies of the print version, because, as one reader points out: *"Some of us hardly have access to internet to access earlier issues"*. Suggestions for compiling past issues include: sending bound copies of past editions to ophthalmic/ophthalmology training institutions in developing nations, a composite volume of the journal for the last two years, earlier issues made available to those only recently registered, published as text book, compiled into booklets or textbooks of reference and placed in public libraries, specialist libraries hospitals and remote health centre shelves.

Conclusion

Findings from this reader survey confirm many of the findings of the earlier survey eight years ago. The CEHJ continues to be valued, and for many health workers, the only resource to keep them updated, interested and motivated in their work as public health eye care workers. Clearly, readers value the high quality of the content, visual material, and quality of the printing. Many report keep copies for easy reference, building up what can be described as a serial textbook.

While there has been a reported increase in internet access since the last survey, still just under half of the readers have no internet access, and for those that do have access, this is mostly through internet cafés. It would seem sensible therefore to continue producing this publication in its print form, along with 'spin-off' educational materials such as CD-ROMS, posters, and teaching sets.

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