

# **Disability-disaggregated data collection: Application of Washington Group Questions in an eye hospital in Paraguay**

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# Eye health services and disabilities...



“I do not know if I can do cataract surgery on this patient, he is wheelchair bound...”

Cataract surgeon, urban public hospital low-and middle income country Asia

“...questions about vision are not often asked in hearing clinics, and vice versa”

Brabyn J et al. Dual Sensory Loss: Overview of Problems, Visual Assessment, and Rehabilitation. Trends in Amplification Volume 11 Number 4 December 2007 219-226

“Clinicians also need to be alert to depression and hearing loss which will be more common in their patients with visual impairment compared to those without...”

Court H et al. Visual impairment is associated with physical and mental comorbidities in older adults: a cross-sectional study. BMC Medicine 2014, 12:181

# Introduction



- Differential physical and attitudinal barriers exist for patients with disabilities accessing eye health services
- It is therefore important to be informed about the number of patients with eye health problems and disabilities
- However, counting patients with disabilities is challenging due to for example culturally different definitions of disability, underdeveloped hospital-based Health Information Systems and neglect of patient-centered approaches
- We now report key results of a pilot project at the Fundación Visión eye hospital, Paraguay, which aimed to test the Washington Group (WG) questions in the daily routine of a busy satellite eye hospital in a rural area of Paraguay

# Methodology

- Two WG questionnaires were selected as data collecting tools:
  - 1) The WG Short Set (WG-SS) for patients  $\geq 5$  years
  - 2) The WG-ES 3 questionnaire (“Short Set Enhanced”), for patients  $\geq 13$  years (excluding the “upper body” questions in order to improve feasibility of the data collection,
- The Spanish WG version was translated into Paraguayan Spanish and then into the local language Guarani
- Eye hospital staff (nurses, administrators, and social workers) were trained for one week on the use of the WG questions by trainers with extensive experience in community-based inclusive development in South America. Additional advice was provided by the International Center for Evidence in Disability, London
- Both WG versions were used alternatively from July to September 2018
- We applied the Washington Group cut-off definitions for disability (“cannot do at all” and “having a lot of difficulties”)
- Focus group discussions and interviews with participating staff were conducted in January 2019

# Results

## Short Set of Questions



- 999 patients (556 female) aged five years and older answered the short version
- The mean age was 47 years, with the majority from the age groups 50 to 70 years and 10 to 20 years
- Overall, 27.7% were categorized as having at least one type of disability
- Most commonly reported were visual difficulties with 16.4%, followed by communication difficulties with 9.6%, remembering difficulties with 5.9% and mobility difficulties with 3.8%
- The rate of disability increased significantly with age, for example hearing disability increased from 0.9% in the age group 21-50 years to 11.8% in the age group 71 years and older
- 32% of those categorized as a person with a disability reported multiple disabilities

# Results

## Extended Set of Questions



- 501 patients aged 13 years and older answered the extended set
- Indicator 4 patients were categorized as being disabled (for example: “feeling a lot depressed daily”)
- 3.6% were categorized as disabled because of being worried, nervous or anxious (female 3.4%)
- 1.4% were categorized as disabled because of feeling depressed (female 1.2%)

# Results

## Qualitative findings



- Seven people (five women, two men) from the hospital staff participated in focus-group discussions
- The hospital staff was overall very positive about the WG questionnaires and considered them as being practical
- The staff felt that the questionnaires enabled them to know more about disability; they had not expected a high rate of patients with disabilities accessing their services

# Results

## Qualitative findings (continued)



- Application of the questions resulted often in longer conversations with the patients: “The flow of patients was not interrupted, but there were patients open to talk, they began to tell you more” or “Applying the questions was like a conversation”
- Some staff members indicated that they needed to be better prepared to deal with emotional reactions of the patients: “One person started crying when I asked the last four questions and I didn't know how to comfort her.”
- It was felt that application of the questions on a daily basis would need more resources: “I would recommend the questionnaire, but something more practical, to shorten it more and make it faster, with more summarized questions”



# Conclusions/Recommendations



- WG SS seems to be a feasible tool for periodic disability-disaggregated data collection in a secondary/tertiary eye hospital with a basic and functioning Health Information System, but requires substantial training (especially if mental health questions are being used)
- Daily application required additional administrative and human resources
- Results should inform specific actions to mitigate barriers, for example for patients with communication difficulties, and to improve referral pathways for further medical or rehabilitative services
- Changes over time regarding the rate of patients with disabilities accessing the hospital need to be monitored, for example by periodic short application of the questionnaires once a year
- More integration of the WG questions with other hospital data could be useful (for example, combination with income classification or access to cataract surgeries)