



# Visual and Ocular findings in a Rohingya Refugee Population in Chicago

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## INTRODUCTION

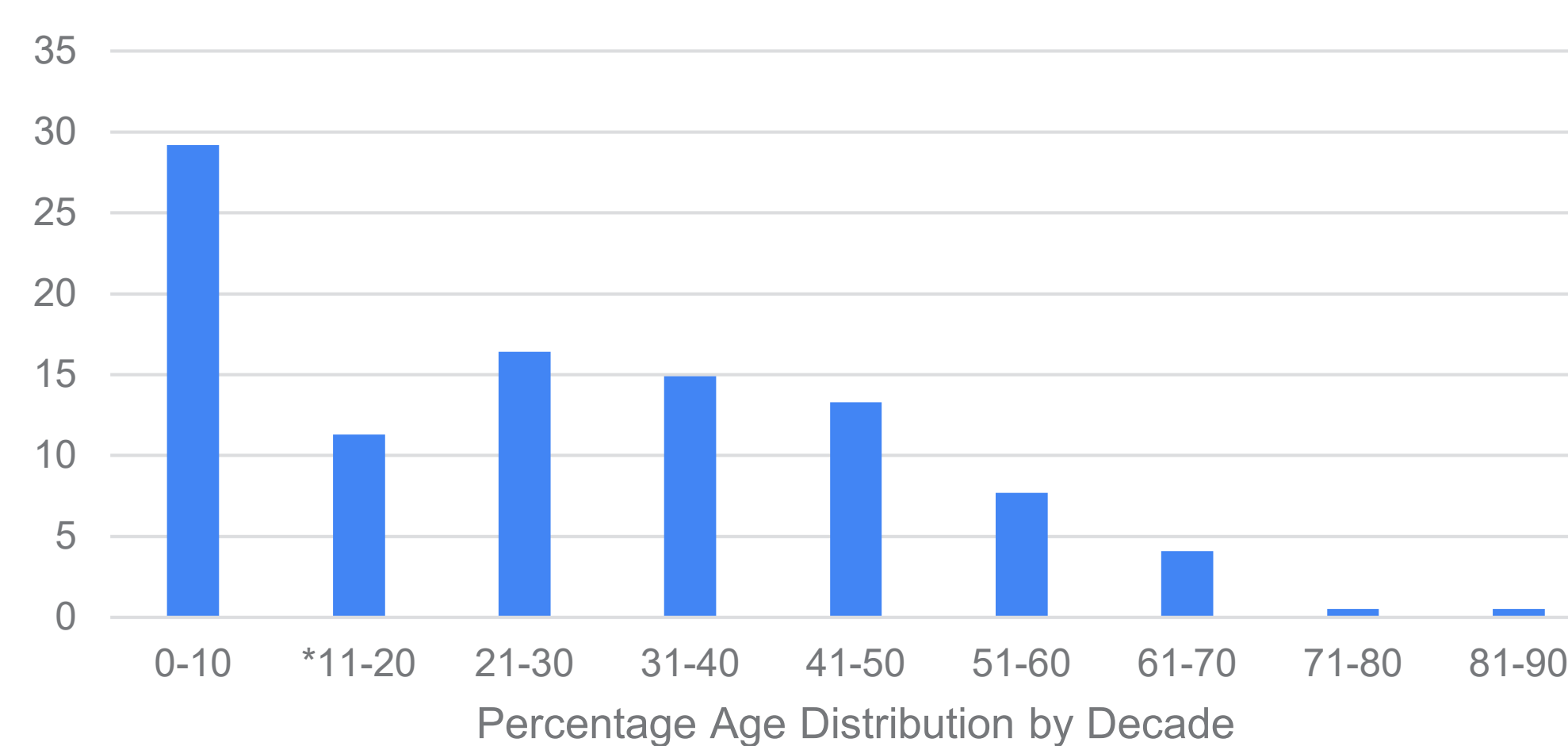
The Rohingya are a Muslim minority ethnic group that number about one million. They are a displaced people that currently live in refugee settlements worldwide. Little is known about the eyecare needs of the Rohingya people. Lack of basic eye care for refugees is a major concern and clinical evidence of visual and ocular health problems can help support the establishment of vision care within healthcare provided. This project reports visual and ocular findings in a cohort of Rohingya refugees settled in Chicago, Illinois.



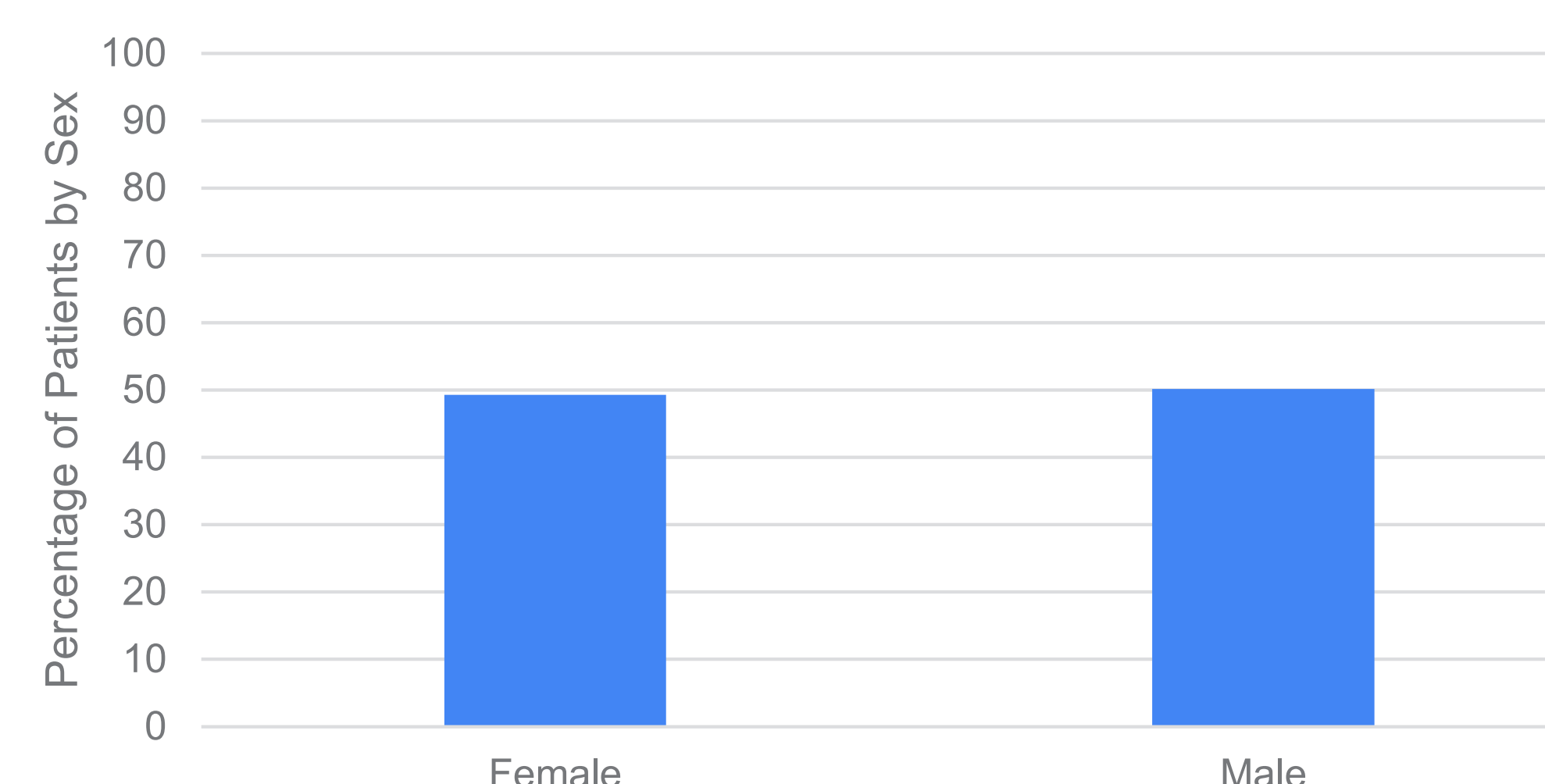
## METHODS

Two community clinics were organized by VOSH-Illinois in conjunction with a local Rohingya organization to provide eyecare for Rohingya refugees settled in Chicago. Comprehensive eye examinations were provided, and prescription glasses were provided by OneSight EssilorLuxottica Foundation. The examinations followed the standard of care and in the state of Illinois under the Department of Professional Regulation section 1320.90.

**GRAPH 1**  
Age  
Distribution



**GRAPH 2**  
Sex

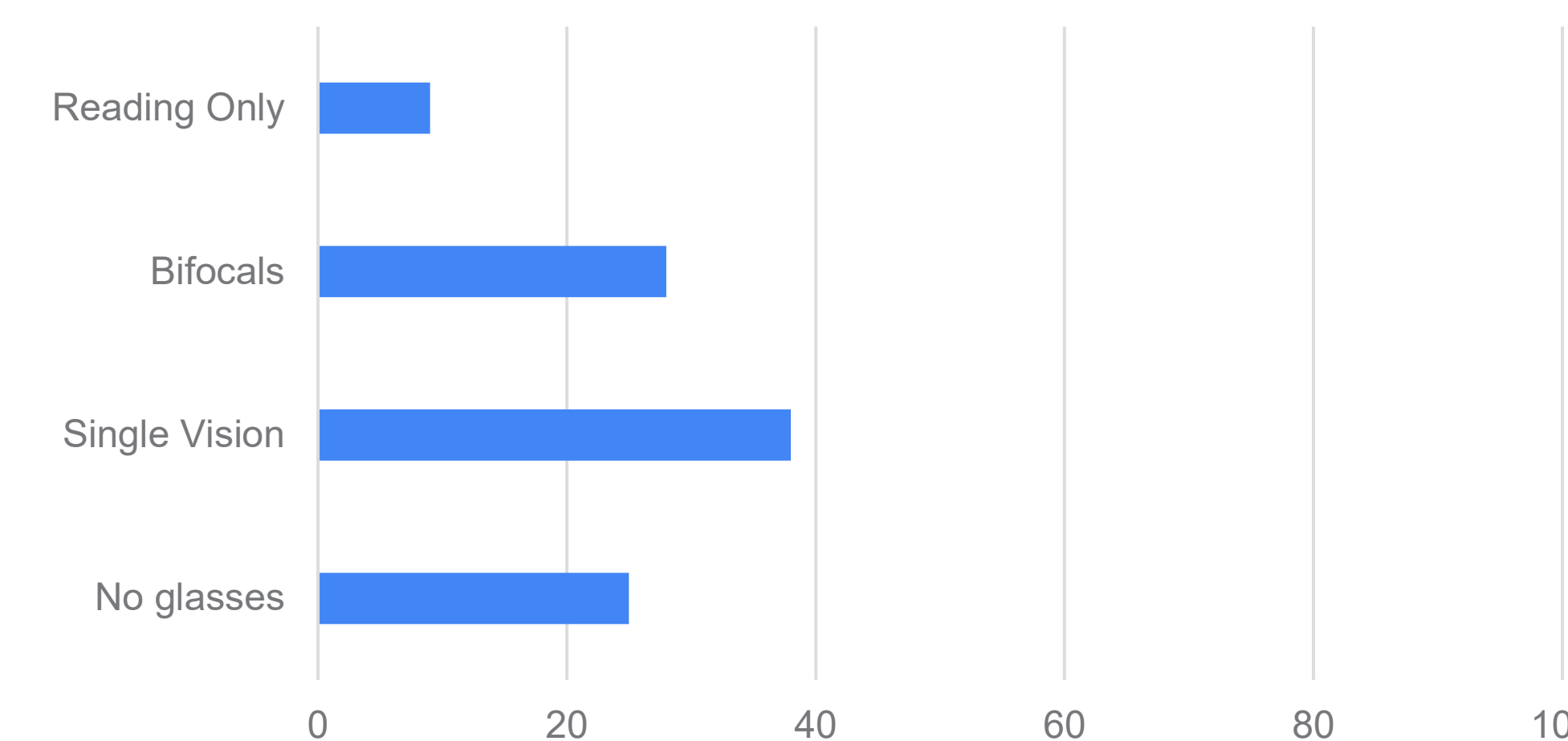


**TABLE 1**

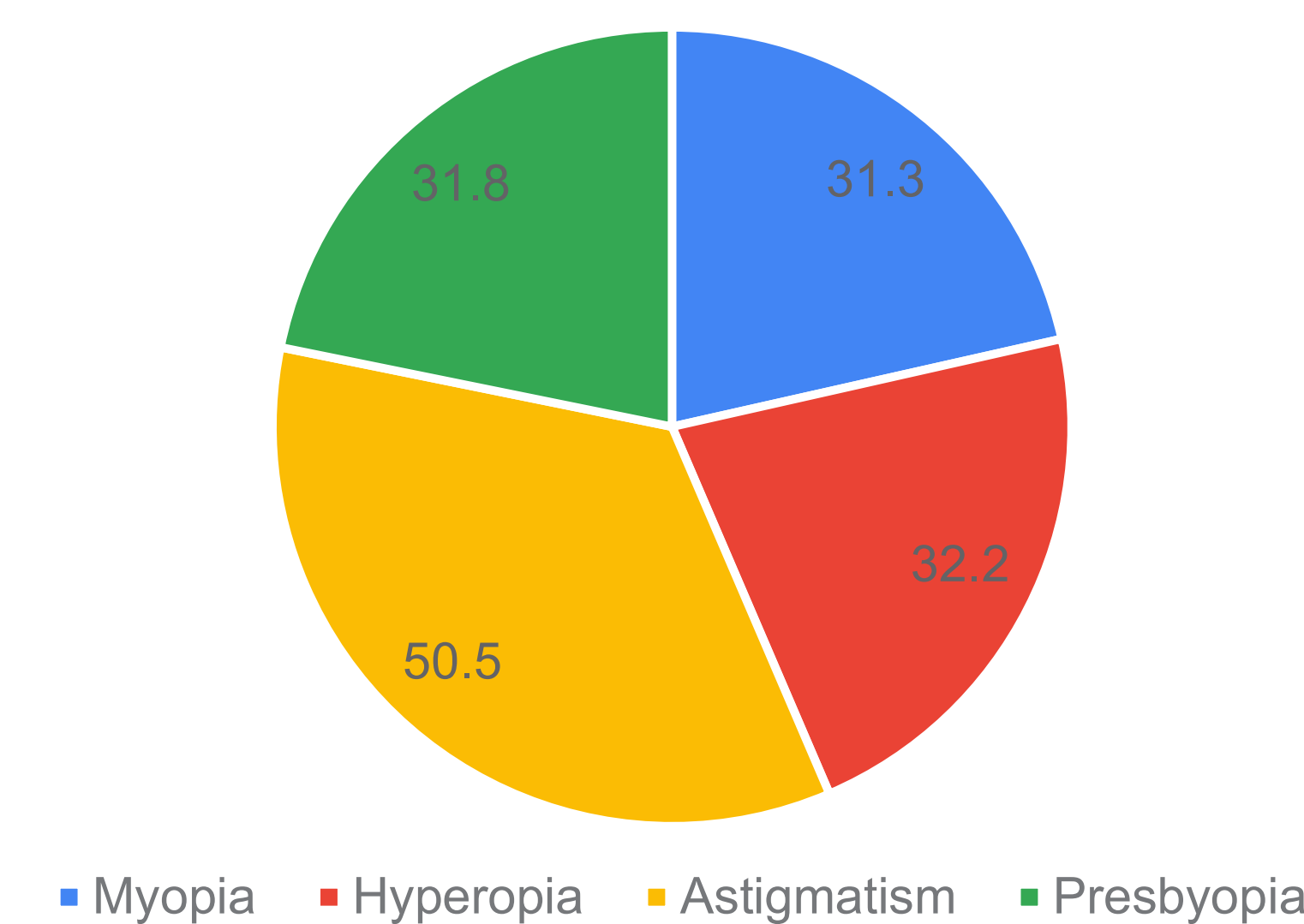
Visual Acuity	Right Eye	Left Eye
Entering VA	20/38.8 (SD +/- 40.2)	20/40.2 (SD +/-32.4)
Exiting VA	20/21.4 (SD +/-5.5)	20/21.5 (SD (+/-6.1)

\*Note: entering VA is with habitual correction if any and exiting VA is with best correction determined during examination

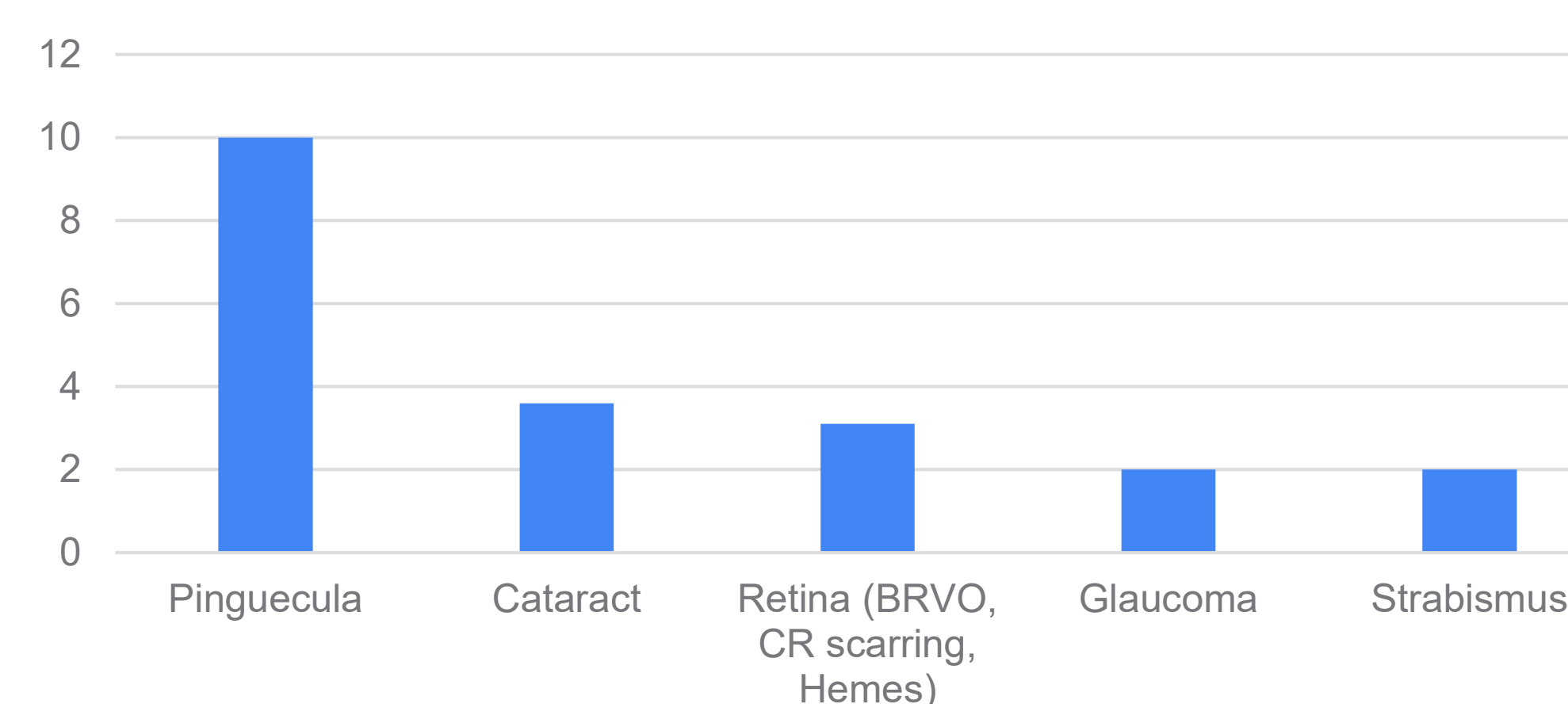
**GRAPH 3**  
Percentage  
Glasses  
Prescribed



**GRAPH 4**  
Percentage  
Refractive  
Error



**GRAPH 5**  
Percentage  
of  
Significant  
Ocular  
Health  
Findings



## RESULTS

195 patients were examined, and 146 prescription glasses were provided. Demographics, visual and ocular findings are displayed in accompanying graphs and table.



## CONCLUSION

The prevalence and causes of vision loss in this local Rohingya cohort contributes to the limited information known about this population's eyecare needs. The primary problem was found to be uncorrected refractive error followed by concern for retinal problems and glaucoma. Determining trends within this local Rohingya population can contribute to validating the need for eyecare for this population in any location. Some location may have access to eyecare, such as in Chicago, however, some locations may not yet have access to eyecare established. Within a refugee population, the need for eyecare as part of healthcare is needed. Improved vision and the prevention of vision loss leads to better quality of life, ability to participate in educational, vocational, and avocational pursuits.

## ACKNOWLEDGEMENTS

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