

**COURSE DATA****DATA SUBJECT****Code:** 47008**Name:** Community optometry**Cycle:** Master's Degree**ECTS Credits:** 3**Academic year:** 2026-27**STUDY (S)**

Degree	Center	Acad. year	Period
2280 - Master's Degree in Advanced Optometry and Vision Sciences	Facultat de Física	1	Second quarter

**SUBJECT-MATTER**

Degree	Subject-matter	Character
2280 - Master's Degree in Advanced Optometry and Vision Sciences	Materias Optativas	ELECTIVES

**COORDINATION**

GENE SAMPEDRO ANDRES

**SUMMARY**

The course addresses the role of the optometrist in the promotion, prevention, and education of visual health from a community perspective. It analyses the main social, environmental, and epidemiological factors affecting vision, as well as the planning, implementation, and evaluation of screening and population-based visual health intervention programs.

The syllabus includes the study of the prevalence of visual dysfunctions in different population groups, the social determinants of health, and the conceptual framework of the Sustainable Development Goals. It also examines the strategic role of optometry within public health systems, particularly its integration into primary care and its contribution to equity, accessibility, and the early detection of visual impairments.

Upon completion, students will be able to design and evaluate community-based visual health interventions, working collaboratively with professionals in the social and healthcare sectors and applying an ethical, inclusive, and evidence-based approach.

**PREVIOUS KNOWLEDGE****RELATIONSHIP TO OTHER SUBJECTS OF THE SAME DEGREE**



There are no specified enrollment restrictions with other subjects of the curriculum.

## **OTHER REQUIREMENTS**

It is recommended to have prior knowledge of clinical optometry.

## **COMPETENCES / LEARNING OUTCOMES**

### **2280 - Master's Degree in Advanced Optometry and Vision Sciences**

Act autonomously in learning, make informed decisions in different contexts, issue judgements based on experimentation and analysis and transfer knowledge to new situations.

Apply techniques for evaluating and detecting visual problems in the community, such as visual screenings and basic eye health assessments.

Apply the knowledge acquired and be able to solve problems in new or unfamiliar environments within broader (or multidisciplinary) contexts related to the field of study.

Be able to communicate effectively, both orally and in writing, adapting to the characteristics of the situation and audience.

Collaborate effectively in work teams, taking on responsibilities and leadership roles and contributing to collective improvement and development.

Collaborate with other health professionals and community actors to develop strategies for prevention, promotion and education in visual health.

Contribute to the design, development and implementation of solutions that respond to social demands, considering the Sustainable Development Goals as a reference.

Demonstrate critical and self-critical reasoning in the field of the degree, considering aspects such as professional ethics, moral value and the social implications of the different activities carried out.

Design, implement, and evaluate visual health promotion programmes and activities at the community level, considering socioeconomic, cultural and demographic factors.

Discuss diagnostic judgements and appropriate decision-making in visual health education.

Know and understand, within the area of the degree, inequalities based on sex and gender in society; integrate different needs and preferences based on sex and gender into the design of solutions and problem-solving.

Promote visual health at the community level.

Propose creative and innovative solutions to complex situations or problems within the field of knowledge to respond to diverse professional and social needs.

Understand environmental and cardiovascular risk factors, habits and lifestyles affecting visual function.



Understand regulations related to eye protection and visual performance.

Understand the functional limits of human vision and their relation to age, whether in the workplace or in leisure activities, in connection with task-related visibility factors.

Understand the incidence and prevalence of visual disorders.

Understand what vision screening is and how it is planned in the community.

## DESCRIPTION OF CONTENTS

### **Topic 1. Concept of health and community**

The concept of health is addressed from a broad, integrative, and multidimensional perspective, understanding it as a state of physical, mental, and social well-being, beyond the mere absence of disease. The community-based approach to health is introduced, highlighting the influence of social determinants and the active role of the community as a setting for healthcare intervention. Essential definitions of public health and community health are also explored, with specific application to the field of visual health. Finally, models of care that include the optometrist as a key agent in the promotion, prevention, and improvement of visual health from a community perspective are analysed.

### **Topic 2. Organisation of community optometry**

The organisational structure of community optometry and its integration into public health systems is analysed, with particular emphasis on the role of the optometrist in interdisciplinary Primary Care teams. The regulatory and strategic frameworks that support their participation are reviewed, along with established experiences in various autonomous communities. The topic also includes the analysis of visual care in non-clinical settings, such as school programmes, prevention campaigns, and mobile screening units, highlighting the value of collaborative work with other health professionals and community agents to improve access and equity in visual health.

### **Topic 3. Role of the community optometrist**

The role of the optometrist as a health agent in diverse social settings is explored in depth, expanding their function beyond individual clinical practice. Their contribution to prevention, health education, and early detection of visual disorders is examined, with special attention to their ability to reduce inequalities in access to visual care. Their involvement in public intervention programmes, community campaigns, and health promotion activities is highlighted, along with their ability to build trust, provide effective educational guidance, and carry out appropriate and timely referrals within the healthcare system. Collaborative work with other professionals and community stakeholders is presented as an essential pillar of their role in the field of public visual



health.

**Topic 4. Incidence and prevalence of visual impairments**

The main visual dysfunctions across different life stages -childhood, adulthood, and ageing- are reviewed from an epidemiological perspective. Key indicators such as incidence, prevalence, and social burden of these impairments are analysed, with particular attention to vulnerable groups. Through the use of population data sources, students learn to interpret trends, identify unmet needs, and plan evidence-based community optometric interventions. The analysis of these data supports the prioritisation of actions and the efficient allocation of resources in the context of public visual health.

**Topic 5. Planning and implementation of visual screening programmes**

The foundations of visual screening in the community setting are addressed, from the identification and selection of target populations to the evaluation of programme effectiveness and impact. Key concepts such as sensitivity, specificity, validity, and cost-effectiveness are developed, and standardised public health protocols are reviewed. Students will learn to design, implement, and assess scientifically grounded visual screening programmes, considering the necessary population, logistical, ethical, and technical criteria for proper application. The course promotes a critical and responsible perspective in planning early detection interventions in real-life settings.

**Topic 6. Risk factors and habits affecting visual function**

Environmental, cardiovascular, and behavioural risk factors that directly affect visual health are analysed, including prolonged screen use, solar radiation, smoking, sedentary lifestyle, or chronic diseases. Optometric intervention is promoted with a focus on health education, support for behaviour change, and the adoption of healthy lifestyles. From a preventive and community-based perspective, the development of educational strategies is encouraged to help the population identify risks and make informed decisions to preserve visual function throughout the life course.

**WORKLOAD**

**PRESENCIAL ACTIVITIES**

Activity	Hours
Theory	20,00
Seminar	10,00
<b>Total hours</b>	<b>30,00</b>

**NON PRESENCIAL ACTIVITIES**

Activity	Hours
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Attendance at other activities	0,00
Individual or group project	15,00
Independent study and work	25,00
Preparation of lessons	0,00
Preparation for assessment activities	5,00
Resolution of case studies	0,00
<b>Total hours</b>	<b>45,00</b>

## TEACHING METHODOLOGY

The course Community Optometry employs an active, participatory, applied, and student-centred methodology that combines lectures, applied seminars, and the use of virtual environments to foster autonomous and collaborative learning.

### Lectures

The expository method is primarily used through lecture-based sessions supported by audiovisual materials (images, videos, diagrams, and charts) that help students understand key concepts and apply them in practice. These sessions are complemented by critical analysis activities, case resolution, and group reflection, enabling students to integrate content into real contexts of community intervention. The lectures thus provide a solid conceptual foundation for addressing visual health promotion and prevention.

### Seminars

In seminars, students are presented with exercises, quizzes, and practical cases that stimulate active participation. These activities are aimed at debate, the practical application of knowledge, and ethical and social reflection on the role of the optometrist in the community setting. Reasoned discussion and teamwork are encouraged to tackle complex situations from an interdisciplinary perspective.

### Virtual classroom and autonomous learning

The use of the virtual classroom allows continuous access to teaching resources, supplementary content, and synchronous or asynchronous activities, adapted to both in-person and online formats. This fosters flexible and self-directed learning, allowing students to develop innovative proposals related to community visual health, equity in service access, and interprofessional collaboration.

This methodological approach supports the development of transversal competencies such as teamwork, critical thinking, effective communication, and the ability to intervene in complex problems from both a healthcare and social perspective.



## EVALUATION

The course assessment is based on a combination of individual tests and/or collaborative work, with the aim of evaluating both conceptual mastery and the practical application of acquired knowledge. The components and their weightings are as follows:

- Theoretical or theoretical-practical exam (70% of the final grade):  
On-site assessment that may include open-ended questions, multiple-choice items, or case analysis related to community visual health. This test aims to assess the student's understanding of key concepts and their analytical skills in applied contexts.
- Evaluation of individual or group assignments (30% of the final grade):  
Includes the development of proposals such as visual health promotion campaigns, screening programme design, or analysis of clinical cases related to community-based optometric intervention. These assignments assess initiative, creativity, critical thinking, and teamwork.

In the resit session, the theoretical exam will follow the same format and weighting (70%). Regarding the individual or group assignments, students will have the opportunity to submit the activity again.

## REFERENCES

### Basic references:

- National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Population Health and Public Health Practice; Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health. *Making Eye Health a Population Health Imperative: Vision for Tomorrow*. Editors: Welp A., Woodbury R.B., McCoy M.A., Teutsch S.M. National Academies Press; 2016. ISBN 978-0-309-43998-5.
- Consejo General de Colegios de Ópticos-Optometristas. *Libro Blanco de la Salud Visual en España 2025*. Consejo General de COOO; 2025.
- Grosvenor T.P. *Primary Care Optometry*. Butterworth-Heinemann; 2007 (5.<sup>a</sup> ed.). ISBN 978-0750675758.

### Complementary references:

- Organización Mundial de la Salud. *World Report on Vision*. WHO; 2019.
- Organización Mundial de la Salud / IAPB. *Integrated People-Centred Eye Care: Including Eye Care in Health Systems*. WHO / IAPB; 2021.



- Organización Mundial de la Salud. *Vision and Eye Screening Implementation Handbook*. WHO; 2024.
- Blanchet K., Gilbert C., de Savigny D. *Rethinking Eye Health Systems to Achieve Universal Coverage: The Role of Research*. *The British Journal of Ophthalmology*. 2014;98(10): 1325-1328. doi:10.1136/bjophthalmol-2013-303905.