Purpose
To respond to the Australian Government’s call for input into the National Primary Health Care Strategy.

Background

Vision 2020 Australia

As the peak body for the eye health and vision care sector, Vision 2020 Australia represents over 50 member organisations involved in; local and global eye care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support.

Collectively, Vision 2020 Australia and members seek to eliminate avoidable blindness and vision loss by the year 2020 and ensure blindness and vision impairment are no longer barriers to full participation in the community.

Vision 2020 Australia played a pivotal role in the development of the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss and is calling for the development of a low vision and rehabilitation strategy.

National Framework
In July 2004, the Australian Health Ministers’ Conference agreed to develop a national plan for Australia to promote eye health and reduce the incidence of avoidable blindness. This initiative represents Australia’s response to the World Health Assembly resolution on the elimination of avoidable blindness in member countries.

The National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss aims to provide a blueprint for nationally coordinated action by governments, health professionals, non-government organisations, industry and individuals to work in partnership.

The Framework is focused on the important work of promotion and prevention underpinning the direction of the National Primary Health Care Strategy.

Why eye health is important
In Australia, around 500,000 people are affected by vision impairment and blindness. By the year 2020, the prevalence of eye conditions is predicted to double, which will further impact demands on and costs for eye health and vision care services. With a rapidly increasing ageing population the costs of eye care will continue to increase faster than the population to more than double current expenditure.

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1 National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss, (November 2005) endorsed by the Australian Health Ministers’ Conference
In 2004 the annual economic impact of blindness and vision loss was estimated at $9.85 billion\(^3\).

In Indigenous communities the prevalence of eye disease is up to ten times that of the general community. The leading causes of blindness and vision impairment include cataract and diabetic retinopathy. Eye care programs for Aboriginal people in remote Australia are overstretched and waiting lists are long.

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**Surgery gives Willie his eyes back**

Willie thought he would never see again after he developed a blinding cataract. His vision was affected so badly he relied on his family members to help him complete even the most basic of tasks.

The 76-year-old was unable to have the surgery he needed to restore his sight because of a shortage of eye health services in his remote community in the Northern Territory. But thanks to Vision 2020 Australia member The Fred Hollows Foundation, Willie has been given a second chance to see.

Willie was among 50 patients from remote Indigenous communities that underwent eye operations at Alice Springs Hospital in April during a week-long surgery blitz run by The Fred Hollows Foundation.

An ophthalmologist removed a serious cataract from Willie’s right eye during the surgery. If the cataract had not been removed, Willie would have eventually gone completely blind.

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In areas of public housing, which often have a high percentage of people from culturally and linguistically diverse backgrounds, people may experience disadvantage in regard to their access to eye care services. The 2006 community survey conducted at the Collingwood Housing estate indicated that 53 per cent of residents visited an eye specialist or clinic, which is much lower than the Victorian State average of 78 per cent. In addition, 42 per cent of residents confirmed to have experienced a change in their vision over the last 12 months. This is higher than the Victorian State average of 39 per cent\(^4\).

**The earlier a condition is detected and treated the better the outcome.**

**Importantly, 75% of vision loss is preventable or treatable.**

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**The impact**

Low vision not only significantly impacts an individual’s contribution to their community but also affects their emotional wellbeing. People with vision impairment are much less likely to work and are less independent than peers with normal vision. They are more likely to have falls or other accidents and can easily lose confidence in their ability to manage everyday life.

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\(^4\) Department of Human Services Victoria (2005), Victorian Population Health Survey
People who are blind or have low vision are at increased risk of depression. They enter nursing homes two years earlier than their peers and die younger.5.

If she’d had an eye test in time, Sybil would just be walking the dog

Sybil adores Fred. The lovable guide dog is not only her companion but also her eyes. But if she’d had a simple eye test she might never have needed him.

Sybil was blinded by untreated diabetic retinopathy and subsequently, age-related macular degeneration. But to make matters worse, she now knows that her diabetic retinopathy may have been preventable or treatable if it was detected earlier.

“If I had sought treatment earlier, or had more regular eye tests I might not be blind today,” she said. “When I was first told I would have to learn to live without my sight, I experienced absolute disbelief. I could not believe that I was going blind and there was nothing I could do. I begged the doctor for glasses - anything. But it was too late.”

Eye health is related to key target areas in Australia: The Healthiest Country by 2020 completed by the National Preventative Health Taskforce. Overweight and obesity can lead to diabetic retinopathy; smoking can cause vision loss and blindness; harmful drinking can result in eye trauma and there is evidence to suggest excessive consumption of alcohol can lead to eye disease.

Eye health is also important in messages around sun protection and being safe at home, work and play. In Victoria 1 in 10 presentations to emergency departments with unintentional injury has sustained an eye injury.6. Prevention can reduce the reliance on tertiary services.

Early intervention is the key

Spending on eye care is expensive. Nationally, the cost of treating eye conditions is estimated to be higher than the cost of treating diabetes and asthma combined.7.

In 2005-06 there were nearly 248,000 hospital separations for diseases and disorders of the eye. This accounted for 3.4 per cent of all hospital separations for that year, increasing from 3.2 per cent in 2001-02.8.

Eye health does not need to be this expensive and place such pressure on Australia’s health care system when 75% of vision loss is preventable or treatable.

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6 Evidence of eye injury in Australia, 1998
8 Australian Institute for Health and Welfare (2008), Eye Health in Australia, a hospital perspective
Dedicated spending on early intervention and prevention can have a direct impact on an individual's future and reduce demand and the cost burden on Australia’s health care system enabling resources and funding to be directed elsewhere.

**Results can be delivered immediately - a small investment will go a long way and have a major impact on preventing avoidable blindness and vision loss for all Australians.**

**A simple eye test saved Margaret’s sight**

Margaret had no idea she had a condition that could have claimed her sight until she had a routine eye test. The registered nurse, then 46 years old, thought her eye health and vision were perfect.

“I wasn’t concerned about having my eyes tested regularly because I thought I was fine - until I was diagnosed with glaucoma,” she said. “If I didn’t have my eyes tested when I was 46, I might not have been able to see today. It’s that simple.”

“Early detection of the condition saved my sight,” she said. “Because my condition was diagnosed early, having glaucoma has not affected how I live my life,” she said.

### Addressing key elements of an enhanced primary health care system

1. **Accessible, clinically and culturally appropriate, timely and affordable**

   Having Aboriginal and Torres Strait Islander people provide health care services in their communities is vital and has many social and health benefits. They are key players in ‘closing the gap’ and moving towards self determination.

   Aboriginal and Torres Strait Islander Health Workers (ATSIIHW) and eye care coordinators are in the front line of primary health care. They work in a wide range of geographical areas from urban to remote clinics as well as providing a range of mobile services. They are frequently the only health care provider in a community, especially in remote locations. They also provide care across the whole health continuum from undertaking health promotion programs to performing clinical care and being responsible for a range of emergency situations. Key to the role is the early identification of health issues and the importance of referral and follow-up.

   As a population, Aboriginal and Torres Strait Islander people have the highest morbidity and mortality statistics than any other cultural group in Australia. People from Aboriginal and Torres Strait Islander communities are ten times more likely than the general community to suffer from eye disease. The leading causes of blindness and vision impairment are cataract, diabetic retinopathy, refractive error and trachoma.

   **Key facts for Aboriginal and Torres Strait Islander communities include:**
   - In many parts of Australia, access to spectacles can be difficult and cost prohibitive
   - Eye care programs for Aboriginal people in remote Australia are overstretched and waiting lists are long
   - Rates of chronic diseases are significant; Aboriginal and Torres Strait Islanders develop type 2 diabetes earlier and the prevalence is significantly higher which can lead to diabetic retinopathy
   - Aboriginal and Torres Strait Islander people are three times as likely to report vision
loss due to cataract but four time less likely to have surgery

• In Australia, trachoma is found almost exclusively within the Aboriginal and Torres Strait Islander population and remains endemic in large areas of Western Australia, South Australia and the Northern Territory. Often poor hygiene practices lead to diseases such as trachoma

• Awareness of and access to low vision services is limited in Aboriginal and Torres Strait Islander communities.

Vision 2020 Australia facilitates an Aboriginal and Torres Strait Islander Committee and many of its members are involved in working directly with Indigenous communities. Some activities undertaken by Vision 2020 Australia include:

• supporting the role of the Aboriginal and Torres Strait Islander Health Workers by submitting a proposal supporting the National Regulation of Aboriginal and Torres Strait Islander Health Workers in Australia

• piloting an eye health elective for the Certificate IV with the Victorian Aboriginal Community Controlled Health Organisation, which can be rolled out across Australia

• investigating and preparing a report on the status of eye health coordinators working in Aboriginal Medical Services around Australia. These coordinators play a critical role in the prevention and early intervention of eye disease and vision conditions. However, there appears to be a disturbing trend emerging which could threaten their existence.

Eye health coordinators are critical to delivering culturally appropriate and timely eye health and vision care services in Aboriginal and Torres Strait Islander communities.

2. Patient-centred and supportive of health literacy, self-management and individual preference

Self-management principles are strongly based on a person-centred approach enabling people with conditions to feel more in control. Self-management can have very positive outcomes including increasing activity, reducing falls and enabling people to participate in their community.

Landmark qualitative research\(^9\) has found that self-management includes the ability to manage three things:

• the disease process/condition

• the emotional consequences of living with the condition

• the changes to daily life that are a consequence of the condition

As a woman with a chronic condition has said\(^10\)

“Living with a chronic condition is like flying a small plane. If it is flown well, one gets where one wants to go with the exhilaration of mastering a complicated set of challenges. If it is flown badly, one either crashes or lands shakily in the wrong airport, reluctant to ever leave the ground again.

The patient must be the pilot, because the other possible pilot, the health care professional, is only in the plane a few hours every year, and the plane rarely touches the ground.

\(^9\) Corbin and Strauss (1985) Managing Chronic Illness at Home: Three Lives of Work

\(^10\) Wagner et al (2001) Improving Chronic Illness Care: Translating Evidence into Action
If chronically ill patients must pilot their planes, then the role of health care is to ensure skilled pilots, safe planes, flight plans that safely get the pilot to their destinations and air traffic control surveillance to prevent mishaps and keep them on course.”

Under the National Eye Health Initiative demonstration grant, Curtin University of Technology has been funded to trial and evaluate self-management approaches to managing eye disease and injury, which they are working on closely with the Association for the Blind of Western Australia. There has also been a review completed on self-management education programs for age-related macular degeneration11.

Self-management may lead to improved outcomes for people with ongoing eye health conditions and has the potential to reduce the burden on tertiary services.

3. More focussed on preventative care, including support of healthy lifestyles

As outlined above, early intervention and prevention is the key to eliminating avoidable blindness and vision loss in Australia. Dedicated spending on early intervention and prevention can have a direct impact on an individual’s future and reduce demand and the cost burden on Australia’s health care system enabling resources and funding to be directed elsewhere.

Eye health does not need to be this expensive and place such pressure on Australia’s health care system when 75% of vision loss is preventable or treatable.

Success is possible and can be achieved in a relatively short timeframe. A small investment can go a long way and have a major impact on preventing avoidable blindness and vision loss for all Australians.

In Victoria, through the Vision Initiative, Vision 2020 Australia successfully implemented an integrated social marketing campaign. The campaign ran in two waves in 2005 and had a significant impact on achieving education and awareness goals. Analysis of the campaign by the Centre for Eye Research Australia found that:

- Percentage of target audience intending to have their eyes checked in the next 12 months increased from 52% to 62% after the campaign aired
- Percentage of target audience who said having regular eye tests was important (unprompted) rose from 20% to 27% post campaign
- As a direct result of seeing or hearing the campaign, 19% of target audience either had their eyes tested, intended to have their eyes tested, or encouraged others to have their eyes tested
- Percentage of those who recalled having had an eye test in the last two years rose from 79.8% to 85.1% between 2003 and 2005

It is time to address this issue and build a sustainable nation-wide early intervention and prevention program. Some action is being taken, but more needs to be done. Importantly,

- Commonwealth, state and territory governments have already committed to the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss
- National awareness activity is being planned, but this is limited due to budget constraints
- States and territories are undertaking programs in partnership with the eye health sector
- The eye health sector is working across the whole continuum of eye health and vision care from early intervention to low vision and rehabilitation.

What is needed is a well resourced and funded National Eye Health Awareness Campaign to maximise impact and effectively prevent avoidable blindness and vision loss now and into the future.

In addition to an awareness campaign, other national opportunities could include:

- As part of the National Eye Health Initiative demonstration grants program, the Murdoch Children’s Institute has undertaken a study on children’s screening. A national children’s screening program coupled with a possible nation-wide screening program for older drivers could form part of the prevention strategy
- Incorporating eye health questions into the ACAT assessment tools would ensure that vision is assessed in older Australia as part of the aged care program
- National schemes, such as glasses and vision aids, would reduce the inequities between jurisdictions for people on low incomes.

Early intervention and prevention is the key and results can be delivered quickly. A well funded national eye health campaign can provide a platform to demonstrate the importance of prevention, coupled with tangible results.

**A major eye health awareness campaign, combined with a suite of national initiatives, would deliver positive health outcomes within a relatively short time frame.**

4. **Well-integrated, coordinated, and providing continuity of care, particularly for those with multiple, ongoing and complex conditions**

The eye health and vision care sector works together effectively under the peak body Vision 2020 Australia. Working across the whole continuum of eye care from prevention and early intervention to low vision and rehabilitation, the sector has united to implement the National Framework and support the development of a low vision and rehabilitation strategy.

**The eye health sector is well positioned to support the Primary Health Care Strategy and collaborate on prevention initiatives.**
5. **Safe, high-quality care which is continually improving through relevant research and innovation**

Under the National Framework it has been acknowledged that there is a current lack of eye health research. Key area for action 5: Improving the evidence base identifies a number of challenges and four key action areas including research gaps and priorities, eye research workforce development and knowledge transfer and eye health data.

**Increased funding for eye health research will greatly contribute to the safety and quality of care.**

6. **Better management of health information, underpinned by efficient and effective use of eHealth**

Improvements in the management of health information are required, particularly in rural and remote areas which are serviced by local Aboriginal Medical Services as well as fly in/fly out services such as the Visiting Optometrists Scheme and the Medical Specialist Outreach Assistance Program. Lack of centralised patient records inhibits best practice care and can result in duplication of services, wasting already scarce resources.

Treatment of eye injuries or conditions can be improved with eHealth. For example, a new model slit lamp can be linked into computer networks, store video or still images. This enables images to be sent electronically to specialists for diagnosis and advice on treatment. This equipment is important because there are often no specialists in rural and remote areas requiring people to travel long distances at expense to follow up on eye health issues. Diagnosis and treatment are often delayed, complicating conditions that may otherwise be avoidable. This is particularly relevant for eye health where early intervention may save sight.

**Incorporating eye health information in a review of health information management is essential, while servicing rural and remote communities with eHealth initiatives would make a huge impact on quality of care and positive health outcomes.**

7. **Flexibility to best respond to local community needs and circumstances through sustainable and efficient operational models**

Through a National Eye Health Initiative demonstration grant, Vision 2020 Australia members, led by The Fred Hollows Foundation, are implementing the Top End Eye Health Project in the Northern Territory. The purpose of the project is to improve the coordination of eye health and vision care services and to develop a vision and broad parameters for a new model of service delivery for eye health and vision care services in the Top End of the Northern Territory. This is designed to meet local community needs in a complex environment which has geographic, workforce and patient challenges.

Vision 2020 Australia also works with the Victorian State Government to implement their response to the National Framework through the Vision Initiative program. Vision 2020 Australia staff work with the Department of Human Services to integrate Vision Initiative messages and programs into existing systems and activities, such as Primary Care Partnerships, Neighbourhood Renewal, Injury Prevention, Go For Your Life etc. The Vision Initiative team also works with other key organisations such as Quit, SunSmart and WorkSafe to integrate messages.
One way the Vision Initiative team has worked with Primary Care Partnerships, a geographical grouping of local area service providers, is in the development of an eye health component for Make a Move. Make a Move is a Department of Human Services initiative to encourage older Victorians to get active. The project aim is to promote the health and independence of older people by providing activities designed to improve, maintain or reduce the rate of decline in strength and balance, improve nutrition, footwear, foot care and vision.

Eye health initiatives have been successfully integrated into existing operational models that provide flexibility to respond to local community needs.

8 Working environments and conditions which attract, support and retain workforce
Working in rural and remote communities is challenging and there are often high levels of staff turnover and difficulty finding skilled staff. Many optometrists, ophthalmologists and other eye health professionals volunteer their services to remote and rural communities for short visits. Others are involved in schemes such as the Visiting Optometrists Scheme. This additional workforce helps to complement the existing workforce on the ground, however as noted in The Fred Hollows Foundation Top End Project, coordination is key to ensuring this professional resource is well utilised and having a positive impact for people using the service.

The recent establishment of the Remote Area Health Corp (RAHC), through Aspen Medical, is seen positively by Vision 2020 Australia members. However, there are concerns about the long term sustainability of the program and the potential for the RAHC to disenfranchise local health professionals due to disparity of payment to the incoming professionals for doing the same job. This could create further unforeseen issues in local workforce management.

Encouraging employment in rural and remote areas is vital, along with appropriate management of visiting professional services and recognition of local health professionals.

9. High-quality education and training arrangements for both new and existing workforce
Professional bodies including the Optometrists Association Australia, the Royal Australian and New Zealand College of Ophthalmologists and the Orthoptic Association of Australia are members of Vision 2020 Australia. Vision 2020 Australia suggests further advice is sought from these organisations regarding education and training for new and existing workforce.

In the submission supporting the National Regulation of Aboriginal and Torres Strait Islander Health Workers in Australia (ATSIHW), Vision 2020 Australia also supported the establishment of a professional body for ATSIHW to provide ongoing professional education training opportunities.

Quality education and training is key and Vision 2020 Australia members are available to advise on this matter.

10. Fiscally sustainable, efficient and cost-effective
Spending on eye care is expensive. Nationally, the cost of treating eye conditions is estimated to be higher than the cost of treating diabetes and asthma combined12. Eye health does not need to be this expensive and place such pressure on Australia’s health care system when 75% of vision loss is preventable or treatable.

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Immediate results can be delivered in a short timeframe - a small investment can go a long way and have a major impact on preventing avoidable blindness and vision loss for Australians both now and into the future.

**Eye health should not cost Australia $9.85 billion annually and place such pressure on Australia’s health care system, when 75% of vision loss is preventable or treatable.**

**Conclusion**

In summary Vision 2020 Australia advocates for the following issues to be considered in addressing the key elements of an enhanced primary health care system.

1. **Eye health coordinators are critical to delivering culturally appropriate and timely eye health and vision care services in Aboriginal and Torres Strait Islander communities.**

2. **Self-management may lead to improved outcomes for people with ongoing eye health conditions and has the potential to reduce the burden on tertiary services.**

3. **A major eye health awareness campaign, combined with a suite of national initiatives, would deliver positive health outcomes within a relatively short time frame.**

4. **The eye health sector is well positioned to support the Primary Health Care Strategy and collaborate on prevention initiatives.**

5. **Increased funding for eye health research will greatly contribute to the safety and quality of care.**

6. **Incorporating eye health information in a review of health information management is essential, while servicing rural and remote communities with eHealth initiatives would make a huge impact on quality of care and positive health outcomes.**

7. **Eye health initiatives have been successfully integrated into existing operational models that provide flexibility to respond to local community needs.**

8. **Encouraging employment in rural and remote areas is vital, along with appropriate management of visiting professional services and recognition of local health professionals.**

9. **Quality education and training is key and Vision 2020 Australia members are available to advise on this matter.**

10. **Eye health should not cost $9.85 billion annually and place such pressure on Australia’s health care system, when 75% of vision loss is preventable or treatable.**

As outlined, eye health and vision care must be a key consideration of the National Primary Health Care Strategy due to the major impact early intervention and prevention programs can play on the cultural, social and economic fabric of Australian society.

Vision 2020 Australia congratulates the Australian Government on its work on developing a National Primary Health Care Strategy and for inviting comment from the healthcare sector.
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National body working in partnership to prevent avoidable blindness and improve vision care