Eliminating Avoidable Blindness and Reducing the Impact of Vision Loss in Australia by 2020

Policy Proposal

June 2010

National body working in partnership to prevent avoidable blindness and improve vision care
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1 Executive Summary

1.1 Purpose

This proposal seeks the development of a new 10 year Eye Health and Vision Care Strategy for Australia which is adequately funded and builds on the work already undertaken by governments and the sector. Total estimated funding of $95 million is sought over 10 years with $38 million in the first four years.

The Australian Government has endorsed the World Health Assembly Action Plan for the Prevention of Avoidable Blindness and Visual Impairment, however, if avoidable blindness is to be eliminated and the impact of vision loss reduced by 2020, a strengthened approach is required.

This proposal, prepared by Vision 2020 Australia on behalf of its members (listed in Appendix 1), recognises what has been achieved to date, but importantly identifies that much more needs to be done to achieve this goal.

The endorsement and implementation of the following recommendations will provide a roadmap for success as we countdown to 2020.

1.2 Key recommendations

Vision 2020 Australia, as the national peak body for the eye health and vision care sector, makes the following recommendations:

1.2.1 A new Eye Health and Vision Care Strategy for Australia

- The development of a new 10 year Eye Health and Vision Care Strategy, inclusive of all high risk population groups including Aboriginal and Torres Strait Islander communities, older Australians and those with low vision will contribute to meeting the objectives of the World Health Assembly Action Plan for the Prevention of Avoidable Blindness and Visual Impairment (WHA Action Plan). It is proposed the new strategy replace the existing National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss (National Framework).

- It is proposed the Eye Health and Vision Care Strategy will include a national audit of evidence based activities currently undertaken across Australia to identify successful interventions and any gaps.

1.2.2 A review to ensure eye health and vision care is strategically placed within the Department of Health and Ageing

The current eye health and vision care policy sits within the Office for an Ageing Australia however eye health and vision care is a much broader population issue. Two options are proposed:

- Establishment of a dedicated eye health and vision care office within the Department of Health and Ageing

- Relocation of the eye health and vision care section to an appropriate area within the Population Health Division.

Eye health and vision care is a cross-cutting health issue and it is essential one of these options is endorsed to achieve optimum outcomes.
1.2.3  The incorporation of eye health and vision care in national indicators

Eye health and vision care is currently under represented. It is important that this significant health issue is embedded within national indicators and a baseline epidemiological study is undertaken to monitor how Australia is tracking against the WHA Action Plan. The recommended headline indicators include:

- The Australian Health Survey
- Healthy Australia 2020 Goals
- *Australia’s Health*
- Australian National Census

1.2.4  Integration of eye health and vision care in broader policy initiatives

Eye health is closely linked to the factors that contribute to chronic disease and it is important it is integrated in broader health policy initiatives. Its inclusion will ensure the adoption of a holistic approach.

1.2.5  A targeted eye health social marketing campaign

Vision 2020 Australia strongly recommends the roll out of a targeted social marketing campaign to reach at risk groups and build on the foundations of the National Eye Health Awareness Campaign of 2009.
2 Context

2.1 Why eye health is important

Many Australians are blind or have vision loss. In 2009, there were almost 575,000 people aged 40 or over with vision loss. Of these, around 66,500 people were blind. It is projected that by the year 2020, the number of people aged 40 or over with vision loss will rise to almost 801,000 and those who are blind will rise to 102,750. This will impact on demands 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.

The statistics are sobering given the latest demographic projections. The 2010 Intergenerational Report indicates that between now and 2050 those aged 65 to 84 years are expected to more than double; and those aged 85 and over are expected to more than quadruple, from 0.4 million people today to 1.8 million in 2050.

These forecasts have social and economic implications given the risk of eye disease increases three-fold with every decade after forty years of age. Those aged 70 years and older comprise the largest proportion of those who are blind or have vision loss at nearly 70 per cent and this figure is set to rise.

The financial cost of vision loss has increased dramatically in recent years. In 2004, the total cost of vision loss was estimated to be $9.85 billion. In 2009 the total financial cost was estimated to be $16.6 billion, which equates to $28,905 per person. The rise in cost is likely to increase given Australia’s projected demographics. It is therefore critical that Australia develops a new strategy and increases its commitment to eye health and vision care if it is to eliminate avoidable blindness and reduce the impact of vision loss by 2020.

The Australian Government needs to strengthen its approach by developing a new 10 year Eye Health and Vision Care Strategy if it is to meet the social and economic challenges of a rapidly ageing population.

2.2 Current situation

Australia has made significant inroads to eliminating avoidable blindness by 2020. The Australian Government has supported the endorsement of World Health Assembly (WHA) resolutions WHA56.26 on the elimination of avoidable blindness in 2003 and WHA59.25 on the prevention of avoidable blindness and visual impairment in 2006. The National Framework, an intergovernmental initiative, is Australia’s response to resolution WHA56.26. It has influenced national policy change and implementation across five key areas for action:

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• reducing the risk of eye disease and injury
• increasing early detection
• improving access to eye health care services
• improving the systems and quality of care
• improving the evidence base.

The initial provision of $13.8 million over four years in 2006 and subsequent recurrent annual funding estimated at $3.45 million through the National Eye Health Initiative (NEHI) has gone a long way to raising awareness of eye health issues. This is due in part to the collective work of the eye health and vision care sector through the 25 projects funded under two rounds of NEHI demonstration grants; the four eye health reports published by the Australian Institute of Health and Welfare and the roll-out of a National Eye Health Awareness Campaign in May 2009.

These actions, combined with the Australian Government’s recognition of Vision 2020 Australia’s role as the national peak body for eye health and vision care through the Community Sector Support Scheme has enabled the sector to work more collaboratively and be better represented at all government levels.

Vision 2020 Australia commends the Australian Government for its initial investment in eye health and vision care. The NEHI has established strong foundations from which to build.

While the existing National Framework was developed in response to WHA 56.26, the Australian Government has made further international commitments. It is important that a new strategy be developed to reflect the most recent WHA Action Plan and to take eye health and vision care to the next level.

2.3 WHA Action Plan – a roadmap for success

The Australian Government has taken some action to fulfil its obligations under past WHA resolutions by developing the National Framework and funding the NEHI. Much more needs to be done however, if Australia is to successfully eliminate avoidable blindness by 2020.

In May 2009, the Australian delegation, led by Professor John Horvath spoke in favour of the WHA Action Plan, building on previous resolutions. The WHA Action Plan sets out five objectives for Member States:

- **strengthen advocacy** to increase Member States’ political, financial, and technical commitment in order to eliminate avoidable blindness and visual impairment
- **develop and strengthen** national policies, plans and programmes for eye health and prevention of avoidable blindness and visual impairment
- **increase and expand research** for the prevention of blindness and visual impairment
- **improve coordination** between partnerships and stakeholders at national and international levels for the prevention of blindness and visual impairment
- **monitor progress** in elimination of avoidable blindness at national, regional and global levels.

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2.4 **Analysis of the National Framework**

The endorsement of the WHA Action Plan provides the opportunity to take stock and assess how the Australian Government is tracking against its commitment as a member state and whether the National Framework is still an adequate blueprint for action.

2.4.1 **Progress Report of 2008**

The National Framework requires that all state and territory governments report on their progress against the National Framework once every three years to the Australian Health Ministers’ Conference.

A comparative analysis of the document against its first Progress Report of August 2008 (Progress Report) indicates that Australia’s collective achievements in eye health and vision care have formed a solid launching pad to take the sector to the next level. Despite this positive review, it identifies that not all key areas for action have been addressed and gaps remain outstanding.

These gaps can be partly attributed to the format of the National Framework because its structure and lack of measurable indicators make evaluation and reporting difficult. Many initiatives, such as NEHI demonstration projects, are one-offs that are often only undertaken in one state or territory. This means there is limited national coverage and a lack of coordinated activity which raises further questions around sustainability and long term impact.

Analysis of the Progress Report reveals that while the National Framework provides a platform for coordination and collaboration there is scope to enhance this outcome. Many initiatives, both nationally and within states and territories, tend to run in isolation because they are managed out of different departments and portfolios.

This was an issue that was highlighted at the NEHI round one demonstration grant workshop coordinated by Vision 2020 Australia and funded by the Department of Health and Ageing in November 2009.

The purpose of the workshop was to share learnings and outcomes and identify barriers and challenges. It was attended by Vision 2020 Australia members and project leaders.

The workshop revealed that while many projects had natural synergies there was scope for improvement. The NEHI report of March 2010 notes, ‘to ensure that the impact of the demonstration grants is maximised it is critical that a coordinated approach is adopted for the next phase of program implementation.’ Additionally, the Access Economics report of 2010 notes, ‘there is a danger that health, disability and aged care policies and programs will continue to operate as silos.’

It is positive that improving the evidence base was identified as a key area for action in the current National Framework. Vision 2020 Australia commends the Australian Government for recognising the importance of enhancing eye health data and research. This area however, is unmet. Failure to meet this objective hinders Australia’s capacity to meet its obligations under the WHA Action Plan.

Importantly, there are no guidelines or established baseline data to quantify its success.

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2.4.2 Comparison to WHA Action Plan

It is a concern that the gaps in the National Framework are central to key objectives of the WHA Action Plan. The latter has a strong emphasis on monitoring and evaluation, improving the evidence base, integrating eye health and vision care in broader health plans, sharing lessons learned, and conducting research. These elements are not adequately captured in the National Framework.

The focus on prevention of avoidable blindness and vision loss, however, transcends from the National Framework to the WHA Action Plan with elements of action areas one and two embedded in its objectives.

**Australia needs to incorporate eye health and vision care in key indicators and broader health policy initiatives to enhance monitoring and evaluation and improve the evidence base.**
3 Opportunity

3.1 Ten years to go

Australia has 10 years remaining to eliminate avoidable blindness and vision loss. The Australian Government has supported the WHA Action Plan hence it is critical we review our existing eye health and vision care policy. This is important as not all the key areas for action under the National Framework have been met and the document does not adequately capture what Australia needs to do to eliminate avoidable blindness by 2020.

Australia is a world leader in eye health and vision care at the international level. In 2008 the Australian Government committed $45 million through the Avoidable Blindness Initiative to eliminate blindness in the Asia Pacific region. The announcement was the Australian Government's response to Vision 2020 Australia's 10 year Regional Plan submission of 2007.

As a global leader in the prevention of avoidable blindness, it is important that Australia's commitment is mirrored in our domestic activity.

With 10 years to go this is the Australian Government's opportunity to build upon the foundations of what has collectively been achieved by organisations in the eye health and vision care sector. The National Framework is now five years old and should be replaced by a new Eye Health and Vision Care Strategy if Australia is to meet its obligations under the WHA Action Plan by 2013 and nationally eliminate avoidable blindness and reduce the impact of vision loss by 2020. It will particularly ensure that workforce issues, at risk populations and the most vulnerable are not overlooked.

3.2 Health reform

The National Eye Health Initiative was introduced under the Coalition Government in 2006 and its focus is consistent with the government's strategic direction at the time. The election of the Australian Labor Government in 2007 has seen a greater focus on prevention through its National Partnership Agreements on Preventive Health, Closing the Gap in Indigenous Health Outcomes and health policy documents including the National Primary Health Care Strategy and the commissioned National Preventative Health Taskforce and the National Health and Hospitals Reform Commission reports.

The 2010 federal budget has addressed a number of the recommendations in the above reports. Taking Preventative Action - A Response to Australia: The Healthiest Country by 2020 outlines funded measures to target smoking, obesity, binge drinking, alcohol and illicit drugs. Although eye health is not directly related to all these issues there are strong linkages between eye health and the factors that contribute to chronic disease and other preventive health conditions.

Central to these preventive measures is the infrastructure required for implementation. The establishment of the Australian National Preventive Health Agency will provide a formidable mechanism for tackling chronic disease and other preventive health conditions.

There are parallels between the National Framework, the WHA Action Plan and Australia's first National Primary Health Care Strategy. Strong links are evident across all four priority directions for change with a particular synergy with key priority area three 'increasing the focus on prevention.'
Underlying the above health policy initiatives are the mechanisms to acquire evidence-based research to support them. The Australian Health Survey, commencing in 2011 will gather important data on the health of Australians and inform future health policy. Eye health must be included in a considered way in the Australian Health Survey if the Australian Government is to fulfil its obligations under the WHA Action Plan objectives to increase and expand research and monitor progress. If it is not included in the first Australian Health Survey then interim arrangements must be explored in consultation with the sector to ensure eye health data is captured in some form so it can feed into the survey’s baseline results.

The development and implementation of overarching national health policies, systemic preventive health initiatives and a designated agency adequately funded and supported by quantitative data means it is critical for the Australian Government to revisit its approach to eye health.

Australia’s approach to smoking cessation demonstrates a robust preventive health model that could easily be applied to the prevention of avoidable blindness and vision loss. By the Australian Government’s own admission, ‘Australia’s success in reducing smoking prevalence has been characterised by a mix of health promotion (including effective engagement of individuals and communities), regulatory and fiscal initiatives.’

The success of the preventive health reform initiatives is subject to adequate workforce capacity. The establishment of Health Workforce Australia will facilitate a national approach to health workforce policy. It is vital eye health and vision care is represented in the work of the agency given its focus on prevention and close working relationship with the Australian National Preventive Health Agency.

The increasing centralisation of health policy to the Commonwealth through the establishment of the National Health and Hospitals Network (NHHN) is further impetus for the incorporation of eye health within national indicators and broader health policy initiatives.

Vision 2020 Australia and members are well placed to inform the Australian Government on how this should translate into policy and practice. Eye health and vision care was the only sector representing a ‘body part’ to engage in roundtable consultation with the Australian Government about the proposed health reforms. Vision 2020 Australia and members met with the Hon Mark Butler MP, Parliamentary Secretary for Health, in September 2009 and presented arguments for the inclusion of eye health in the proposed health reforms.

There is potential for eye health to be an example of a successful preventive health model, given Vision 2020 Australia and members’ effective working relationship with the Australian Government and proven track record in delivering results. There is also a significant return for minimal investment when 75 per cent of vision loss is preventable or treatable.
3.3 Closing the Gap in Aboriginal and Torres Strait Islander eye health

Vision 2020 Australia commends the Australian Government for its contribution of $58.3 million over four years to address eye and ear health issues for Indigenous Australians. However, if we are to close the gap between Indigenous and non-Indigenous eye health, more needs to be done.

The leading causes of blindness and vision loss in Indigenous adults are cataract, optic atrophy, refractive error, diabetic eye disease and trachoma.\textsuperscript{10} Australia is the only developed country where trachoma exists. As the Prime Minister noted during his speech on the \textit{Closing the Gap} report in February 2009 ‘Australia is the only developed nation among 57 listed by the World Health Organisation that still has blinding trachoma.’\textsuperscript{11}

Overall, 94 per cent of vision loss in Aboriginal and Torres Strait Islander communities is preventable or treatable, but 35 per cent of adults have never had an eye exam.\textsuperscript{12} Blindness rates in these communities are six times the rate in mainstream Australians. As Professor John Horvath noted when supporting the WHA Action Plan, ‘while we are proud of our achievements in implementing our own National Eye Health Initiative, more needs to be done for Indigenous Australians.’\textsuperscript{13}

Addressing workforce, coordination and accessibility issues will help to close the gap between Indigenous and non-Indigenous eye health outcomes. Qualitative research by Vision 2020 Australia indicates that regional eye health coordinators generally find there is limited funding for eye health; limited eye health training for Aboriginal health workers; high staff turnover and poor succession planning.\textsuperscript{14} Further, the need for eye health coordination was raised at the Office for Aboriginal and Torres Strait Islander Eye Health Clinical Roundtable discussion of August 2009.

Vision 2020 Australia’s Aboriginal and Torres Strait Islander eye health proposal is complementary to \textit{Eliminating Avoidable Blindness and Reducing the Impact of Vision Loss by 2020}. The former was developed following Vision 2020 Australia’s Regional Eye Health Coordination Workshop held in May 2010. The workshop was attended by Vision 2020 Australia members, government stakeholders, regional eye health coordinators and was opened by the Hon Warren Snowdon MP, Minister for Indigenous Health, Rural and Regional Health and Regional Services Delivery. The proposal supports a national Aboriginal and Torres Strait Islander spectacle scheme and recommends a number of actions, endorsed by workshop attendees, for the Australian Government to address the above issues.

Although the National Framework Progress Report captures Aboriginal and Torres Strait Islander eye health initiatives, it is not an indicator in its own right. The development of a new strategy is an opportunity to include a focus on this group.

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\textsuperscript{10} Professor Taylor AC, H. and members of the National Indigenous Eye Health Survey Team (NIEHS). The NIEHS team includes Professor Keeffe OAM, J., Arnold, A., Dunn, R., Fox, S., Dr Goujon, N., Dr Xie, J., Still, R., Burnett, A., Marolia, M., Dr Shemesh, T., Carrigan, J., and Stanford, E., 2010, \textit{National Indigenous Eye Health Survey}, Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne in collaboration with the Centre for Eye Research Australia and the Vision CRC.

\textsuperscript{11} Rudd, K., 2009, Closing the Gap Report speech in Parliament House, Canberra.

\textsuperscript{12} Professor Taylor AC, H., et al., 2010, \textit{National Indigenous Eye Health Survey}, Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne in collaboration with the Centre for Eye Research Australia and the Vision CRC.

\textsuperscript{13} Professor Horvath, J., 2009, speaking at the World Health Assembly.

\textsuperscript{14} Vision 2020 Australia, 2009, Regional Eye Health Coordinator submission to the Office for Aboriginal and Torres Strait Islander Health
3.4 Low vision and rehabilitation

The focus of the National Framework is specifically on the elimination of avoidable blindness and vision loss in accordance with resolution WHA 56.26. Despite a strong recommendation by Vision 2020 Australia to include low vision and rehabilitation in the National Framework only a few linkages are mentioned. In 2004 the Australian Health Ministers decided to refer low vision and rehabilitation issues for consideration by the Community and Disability Services’ Ministers.

The endorsement of the WHA Action Plan provides the opportunity to address low vision and rehabilitation issues affecting our ageing population.

Low vision significantly affects an individual’s physical and emotional wellbeing. People with vision impairment are less independent than peers with normal vision. They are more likely to

- have falls or other accidents
- can easily lose confidence in their ability to manage everyday life
- are at increased risk of depression and
- enter nursing homes two years earlier than their peers and die younger.15

The introduction of new technologies such as the development of the bionic eye may improve sight for some people who are blind or have low vision, potentially increasing the need for low vision services into the future.

There is an issue with respect to health and disability funding in Australia because there is not a smooth transition between receipt of the Disability Support Pension and the Age Pension. People who are blind or have low vision who transfer to the Age Pension after the age of 65.5 years do not stop having a disability. There needs to be greater linkages between the Department of Families, Housing, Community Services and Indigenous Affairs and the Department of Health and Ageing.

In 2009 the Australian Government committed to developing a complementary framework for low vision and rehabilitation. Vision 2020 Australia’s Low Vision and Rehabilitation Working Group submitted a proposal to the Department of Families, Housing, Community Services and Indigenous Affairs following a workshop in September 2009. The proposal recommends key areas for action and incorporates health linkages not captured in the existing National Framework.

The Australian Government must act now to incorporate these linkages in the new Eye Health and Vision Care Strategy to enable the Department of Health and Ageing and the Department of Families, Housing, Community Services and Indigenous Affairs to develop holistic, complementary approaches to improving eye health and quality of life.

The new 10 year Eye Health and Vision Care Strategy must have a focus on closing the gap between Indigenous and non Indigenous communities, workforce capacity, low vision and rehabilitation and the ageing population.

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4 Recommendations

4.1 A new Eye Health and Vision Care Strategy for Australia

It is strongly recommended a new 10 year strategy, modelled on the attainment of the WHA Action Plan objectives, be developed in consultation with Vision 2020 Australia and members and endorsed by the Council of Australian Governments (COAG). The endorsement of the current National Framework at the Australian Health Ministers’ Conference in 2005 was important for the development of eye health policies and initiatives across states and territories. An intergovernmental agreement at the COAG level, however, will have a greater influence on the sustainability and long term impact of the new strategy. It will also facilitate the achievement of the WHA Action Plan objectives.

Australia needs to match its international efforts on the domestic front. Working in partnership with the sector, the Australian Government’s Avoidable Blindness Initiative has placed Australia in good stead to eliminate avoidable blindness in the Asia Pacific region by 2020.

The development of a new Eye Health and Vision Care Strategy has the capacity to build on the existing strong foundations through the introduction of the National Framework and the NEHI. Vision 2020 Australia recommends the new strategy:

- be endorsed by COAG
- include a focus on key policy areas such as closing the gap between Aboriginal and Torres Strait Islander and non Aboriginal and Torres Strait Islander eye health and vision care, workforce capacity, low vision and rehabilitation and an ageing population
- incorporate indicators and benchmarks for monitoring the Australian Government’s progress against its anticipated outcomes
- include a national audit of all evidence-based activities currently being undertaken to identify successful interventions and any gaps.

Vision 2020 Australia strongly proposes the development and implementation of an epidemiological study. This will provide baseline data to enhance Australia’s capacity to monitor the Eye Health and Vision Care Strategy and Australia’s progress against the WHA Action Plan.

The endorsement of the WHA Action Plan is a mandate for Australia to invest heavily in eye health and vision care and Australia has an opportunity to take it to the next level.

4.2 Positioning eye health and vision care for the future

It is essential that the Eye Health and Vision Care Strategy is appropriately supported at the departmental level for it to be successful. Vision 2020 Australia proposes two options for the Australian Government’s consideration, including:

- establishment of an office dedicated to eye health and vision care within the Department of Health and Ageing.
- relocation of the current eye health and vision care section to an appropriate area within the Population Health Division.

Eye health and vision care issues affect many Australians of different demographics, not just ageing Australians and both options represent a better fit for eye health and vision care than its current location in the Office for an Ageing Australia.

It is envisaged the role of the new eye health area will be to oversee the development and implementation of the 10 year Eye Health and Vision Care Strategy and identify opportunities for the integration of eye health in broader health initiatives.
The transition of responsibility for eye health and vision care to the new area will provide greater intradepartmental linkages across program areas including the Australian National Preventive Health Agency, the Office for Aboriginal and Torres Strait Islander Health and the Office of Health Protection.

Vision 2020 Australia recommends staff in the proposed eye health and vision care area undertake the following activities:

- manage the development and implementation of the new 10 year *Eye Health and Vision Care Strategy* and its consultation process
- work collaboratively to ensure the seamless coordination of integrated systems between the Department of Health and Ageing and the Department of Families, Housing, Community Services and Indigenous Affairs
- work collaboratively to ensure the seamless coordination of integrated systems between intradepartmental areas including the Office for Aboriginal and Torres Strait Islander Health, Office for an Ageing Australia, Office of Health Protection, Medicare Benefits Division, Pharmaceutical Benefits Division, Mental Health and Chronic Disease Division, International Strategies Branch and Rural Health Services and Policy Branch.
- consult with Vision 2020 Australia as the national peak body for the eye health and vision care sector and manage relationships with key stakeholders
- provide an eye health liaison and advisory role to the Australian National Preventive Health Agency
- promote through state and territory offices the new *Eye Health and Vision Care Strategy* and monitor its implementation
- provide secretariat support for the coordination of government reporting against the new strategy.

4.3 Incorporation of eye health in national indicators

The integration of eye health and vision care in national indicators will strengthen the *Eye Health and Vision Care Strategy* by influencing systemic policy and behaviour change.

4.3.1 Healthy Australia 2020 Goals

Eye health and vision care must be incorporated in the Healthy Australia 2020 Goals.

The Australian Government has accepted the National Preventative Health Taskforce's recommendation of establishing 'a rolling series of ten-year goals for health promotion and prevention to be known as Healthy Australia Goals, commencing with Healthy Australia 2020 Goals.'"16 The Australian National Preventive Health Agency will provide biennial reporting on progress against the goals.

It is important eye health is incorporated in these goals to ensure the sustainability of eye health initiatives and improve the evidence-base of eye health and vision care information. It will help to address the gaps in the National Framework and meet the objectives of the WHA Action Plan around monitoring and evaluation.

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4.3.2 Australia’s Health

It is important eye health data is incorporated in its own right in the Australian Institute of Health and Welfare’s biennial flagship report *Australia’s Health*. This report informs governments’ health policy directions and it is important policy makers are informed of the latest eye health data.

Vision 2020 Australia is a proud sponsor of the 2010 Australia’s Health Conference. The work of Vision 2020 Australia and the focus of the conference are closely aligned as there are links between eye health and vision care, preventive health and chronic disease.

Eye health and vision care should be incorporated in *Australia’s Health* for it to be recognised as an important health issue that must be addressed in broader health policy.

4.3.3 Australian Health Survey

The Australian Health Survey, commencing in 2011 will provide vital information for individuals, policy makers, community organisations and researchers.

It will include four components:

- National Health Survey – an existing household survey
- National Aboriginal and Torres Strait Islander Survey – an existing household survey
- National Nutrition and Physical Activity Survey – new household survey
- National Health Measures Survey – new pathology collection.17

Vision 2020 Australia proposes that eye health is included as part of the National Health Measures Survey component of the Australian Health Survey. Given its close links with diabetes and chronic disease, it is imperative eye health is included, particularly for the early detection of glaucoma, diabetic eye disease, cataract and macular degeneration as these conditions may not have any symptoms in the early stages. These conditions will not be picked up through self-reported data. In addition, it is strongly recommended that questions around refractive error are also incorporated into the existing household survey. Consultation with the sector to review existing questions and propose updated eye health questions is recommended.

The incorporation of eye health in the Australian Health Survey will help the Australian Government to close the gap between Indigenous and non Indigenous eye health. There are a number of recently published reports on the prevalence of blindness and vision loss in Aboriginal and Torres Strait Islander communities. However, it is important eye health is incorporated in the Australian Health Survey so the capturing of this information is systemic. It needs to be incorporated in ongoing surveys to provide a benchmark to ascertain how Australia is progressing in achieving this objective.

Importantly, it will provide strong foundations from which to develop policy.

The WHA Action Plan focuses on monitoring and evaluation and the incorporation of eye health in the Australian Health Survey will strengthen the Australian Government’s performance in this area and provide a benchmark for future performance against the new *Eye Health and Vision Care Strategy*.

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4.3.4 Epidemiological eye health and vision care study

Vision 2020 Australia strongly recommends the development and implementation of an epidemiological study modelled on the Melbourne Visual Impairment Project of 1992-96 and the Blue Mountains Eye Study of 1992-94. As Eye Health in Australia, the background paper to the National Framework notes, ‘Australia has some of the best population-based data about eye disease and refractive error in the world. Nevertheless, that data is far from comprehensive, particularly in published form.’

The Melbourne Visual Impairment Project is a population-based study of the prevalence and causes of vision problems. The sample population comprised of randomly selected individuals aged 40 years and over from Melbourne and rural Victoria including residents of households and nursing homes. The Blue Mountains Eye Study is also a population-based study of the prevalence and causes of vision problems. The sample population comprised of non-institutionalised residents aged 49 or older living in two adjoining urban postcode areas in the Blue Mountains area, west of Sydney, New South Wales.

It is important this study is undertaken to provide baseline evidence to ascertain how Australia is progressing against the objectives of the WHA Action Plan. If the 2011 Australian Health Survey does not include eye health as part of the biomedical component of the survey, then Vision 2020 Australia recommends the development of a separate eye health survey be implemented. The ‘one-off’ survey would provide an interim measure to capture data on eye health not picked up in the Australian Health Survey. These results can then feed into the baseline results of the Australian Health Survey and provide a benchmark for Australia’s progress against the WHA Action Plan.

4.3.5 Australian National Census

The next Australian National Census will be undertaken in 2011. It is important questions around eye health are included in the Census to complement the other broader headline indicators and provide a comparative basis at five year intervals.

4.4 Integration of eye health in broader health policy initiatives

The inclusion of eye health within national health indicators will feed into broader health policy initiatives.

4.4.1 Australian National Preventive Health Agency

If eye health is to be integrated in the Australian Government’s broader health reforms then it is critical it is incorporated in all aspects of the Australian National Preventive Health Agency. The agency is the cornerstone of the preventive health agenda and the Australian Government has devolved considerable decision-making power so it can oversee many of the preventive health programs.

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It is important that eye health is included in the planned social marketing campaigns to be rolled out through the Australian National Preventive Health Agency. As mentioned previously, eye health is closely linked to the factors that cause chronic disease and it is important these campaigns incorporate eye health and vision care messages to demonstrate the association between tobacco, diabetes and eye disease. Further, ‘there is consistent evidence from the literature which recommends the need to understand and consider all factors that will, or are likely to, influence the target group.’\(^ {21}\) People are more likely to cease smoking if they are aware it may lead to vision loss, for example.

The incorporation of eye health and vision care messages within agency activities will help to raise its profile and filter through to other important initiatives such as the National Public Health Research Strategy which the National Health and Medical Research Council will develop in collaboration with the Australian National Preventive Health Agency.

Integrating eye health and vision care in broader health policies and systems has proven to be simple and cost effective considering the return on minimal investment.

### 4.4.2 Health Workforce Australia

It is critical that eye health and vision care is represented in Health Workforce Australia given coordination of clinical training across a range of settings will become an important part of the work of the agency. Eye health and vision care professionals should be captured in the audit of the preventive health workforce available to implement initiatives delivered through the National Partnership Agreement on Preventive Health. The Access Economics report of 2010 notes that ‘Health Workforce Australia will be establishing a National Health Workforce Statistical Resource to assist with longer term planning initiatives and to provide advice regarding workforce directions. Eye health professionals need to be included in this register.’\(^ {22}\)

It is important eye health and vision care is represented in the work of the agency given its focus on prevention and close working relationship with the Australian National Preventive Health Agency.

### 4.5 Social marketing campaign

Vision 2020 Australia strongly recommends the roll out of a targeted social marketing campaign for maximum community reach, building on the foundations of the 2009 National Eye Health Awareness Campaign. The 2009 campaign was an important vehicle for communicating eye health information to the Australian community as messages resonated with most respondents. Unfortunately the campaign was limited to print and radio advertisements and was developed in a relatively short period. This had a negative affect on the reach of the campaign.

There are examples however, where social marketing campaigns with similar formats can have proven outcomes. The Macular Degeneration Foundation conducted a successful television, radio and print awareness campaign supported by partnerships and government. The campaign demonstrated there was a 53 per cent increase in awareness of macular degeneration within a two year timeframe, rising from 47 per cent in February 2007 to 72 per cent in September 2009.


Many mass social marketing campaigns have proven effective results. A study commissioned by the Department of Health and Ageing in 2003 demonstrates that social marketing campaigns ‘showed spectacular, long-term returns on investment and cost savings...’23 Similarly, ‘a 2008 study, Prevention for a Healthy America, shows that for every US$1 invested in proven community-based disease prevention programs...the return on investment over and above the program would be US$5.60 within five years.’ 24

Another study commissioned by the Victorian Government identified seven critical success factors. These include the fact ‘there is a growing body of evidence which recommends mass media interventions should be targeted and tailored to suit the requirements of those whose behaviour it aims to influence.’25

Another of the critical success factors states ‘the need for rigorous assessment and ongoing analysis of any mass media campaigns, as part of the process analysis and exploring opportunities for change, has been identified in the literature.’26

The Department of Health and Ageing commissioned evaluation of the Skin Cancer Awareness Campaign, which ran during the summers of 2006-07, 2007-08 and 2008-09, indicated positive behaviour change by the target audience.27 The campaign cost $18.5 million over three years28 and consisted of television, print and radio advertisements.

Eye health and vision care focused social marketing campaigns have delivered key results. The Victorian Vision Initiative has run a number of successful social marketing campaigns in target communities as well as state wide.

Some key findings include

- February to March 2005, Save Your Sight Campaign – state wide integrated advertising campaign across television, radio and print resulted in a 20 per cent increase in awareness of eye health and vision care issues
- October to November 2005 – targeted campaign in Bendigo and Ballarat resulted in a 10 per cent increase in the proportion of the target audience intending to have their eyes tested in the next 12 months
- March 2008 – targeted campaign in Wangaratta which resulted in an eight per cent shift in people reporting that their vision is an important health issue and a 13 per cent increase in the people over 40 recognising the need for regular eye tests.

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The **Tasmanian Eye Health and Vision Care Initiative** ran an integrated social marketing campaign across Tasmania in 2009 funded by the Tasmanian Department of Health and Human Services.

Some key findings include:

- there was an awareness increase of 17 per cent of the need for regular eye tests
- there was an increase of 13 percent in awareness that 75 per cent of vision loss is preventable or treatable
- there was an increase of six per cent of people who reported having an eye test within the last 12 months

Through Vision 2020 Australia campaigns and other campaigns conducted by member organisations it has been demonstrated that there is a direct correlation between the size of the media buy and the levels of public awareness.

A targeted social marketing campaign could be modelled on the funded tobacco social marketing campaign targeting high-need and hard to reach groups, including people from culturally and linguistically diverse backgrounds and people living in socially and economically disadvantaged neighbourhoods.

The development and roll-out of a targeted social marketing campaign will reinforce key preventive eye health and vision care messages and help Australia to fulfil its obligations under the WHA Action Plan.
4.6 Funding commitment required

Total estimated funding of $95 million is sought over 10 years with $38 million in the first four years.

Table 2: Summary estimated budget details

<table>
<thead>
<tr>
<th>Eye Health and Vision Care Strategy</th>
<th>Over 10 years</th>
<th>2011–15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy development, consultation and implementation</td>
<td>$30 million</td>
<td>$12 million</td>
</tr>
<tr>
<td>Eye health and vision care social marketing</td>
<td>$25 million</td>
<td>$10 million</td>
</tr>
<tr>
<td>Research, monitoring and evaluation activities</td>
<td>$32.5 million</td>
<td>$13 million</td>
</tr>
<tr>
<td>Eye health and vision care office/section</td>
<td>$7.5 million</td>
<td>$3 million</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$95 million</strong></td>
<td><strong>$38 million</strong></td>
</tr>
</tbody>
</table>

4.6.1 Strategy development, consultation and implementation

Costs are based on a national audit of eye health and vision activities, professional collaboration, including information events, communication channels, consultants’ fees, research projects and intra and intergovernmental activities.

4.6.2 Eye health and vision care social marketing campaign

Costs are based on creative development, national media buy, media and public relations and community support delivered via community organisations.

4.6.3 Research, monitoring and evaluation activities

Costs are based on monitoring and evaluation of the Eye Health and Vision Care Strategy and the development and implementation of a national epidemiological eye health and vision care study. Costs include market/social and behavioural research and process evaluation.

4.6.4 Eye health and vision care office/section

This is based on the estimated cost of five staff – one director and four support staff. It also includes estimates for travel, allowances, administrative and accommodation expenses.
5 Conclusion

The development of the new 10 year Eye Health and Vision Care Strategy is essential for Australia to meet its obligations under the WHA Action Plan. Australia is a global leader in eye health and vision care but its international efforts need to be matched on the domestic front. The Australian Government’s endorsement of the new strategy will complement the Avoidable Blindness Initiative being implemented in our region.

The annual financial cost of vision loss does not have to be $16.6 billion when 75 per cent of vision loss is preventable or treatable.

With 10 years to go it is critical the Australian Government acts now to eliminate avoidable blindness and reduce the impact of vision loss by 2020.

6 Contact details

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7 Appendix 1

Member and Associate list – March 2010

Principal Member
CBM Australia

Gold Member
The Royal Australian and New Zealand College of Ophthalmologists

Silver Member
Vision Australia
Vision Cooperative Research Centre

Bronze Member
International Centre for Eyecare Education
Operation Eyesight Australia
Optometrists Association Australia
Royal Australasian College of Surgeons
Royal Victorian Eye & Ear Hospital
The Fred Hollows Foundation

Major Supporting Member
Association for the Blind of WA
Australian College of Optometry
Brien Holden Vision Institute
Centre for Eye Health
Centre for Eye Research Australia
Lions Australia
Lions Eye Institute
Optical Distributors & Manufacturers Association of Australia
Save Sight Institute
Sydney Hospital / Sydney Eye Hospital

Supporting Member
CanDo4Kids – Townsend House
Centre for Vision Research
Guide Dogs Association of SA and NT
Guide Dogs NSW/ACT
Guide Dogs Queensland
Guide Dogs Victoria
OneSight Foundation
Optometric Vision Research Foundation
Orthoptics Australia
Queensland University of Technology
- School of Optometry
Royal Institute for Deaf and Blind Children
Royal Society for the Blind SA
VisionCare NSW

Corresponding Member
Aboriginal Health and Medical Research Council of NSW
Aboriginal Health Council of South Australia
ASPECT Foundation
Australian Ophthalmic Nurses Association QLD
Blind Citizens Australia
Curtin University of Technology
Danila Dilba Health Service
Diabetes Australia – Victoria
Foresight Australia
Glaucoma Australia
Indigenous Eye Health Unit, Melbourne School of Population Health, University of Melbourne
International Association of Contact Lens Educators
Macular Degeneration Foundation
Optometry Giving Sight in Australia
Queensland Aboriginal & Islander Health Council
Queensland Vision Initiative
Retina Australia
Royal Children’s Hospital, Melbourne
Royal Guide Dogs Association of Tasmania
School of Optometry and Vision Science, University of New South Wales

Vision 2020 Australia Associate
Baker IDI Heart and Diabetes Institute
Brotherhood of St Laurence
Diabetes Australia – New South Wales
Keratoconus Australia
National Aboriginal Community Controlled Health Organisation
National Ageing Research Institute, Melbourne
SunSmart, Cancer Council Victoria

Policy Proposal
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National body working in partnership to prevent avoidable blindness and improve vision care

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