



Progressing Aboriginal and Torres Strait Islander Eye Health and Vision Care

Policy and funding proposal, 2013

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Executive Summary

This proposal seeks an additional capped funding commitment of **\$53.63 million** over three years to close the eye health and vision care gap in the Aboriginal and Torres Strait Islander population. Importantly, this figure is sought within the context of a five-year funding requirement of **\$90.75 million** as outlined in *The Roadmap to Close the Gap for Vision, 2012* (The Roadmap).¹

Addressing the four conditions responsible for 94 per cent of vision loss can be achieved by strengthening current programs such as the Medical Specialists Outreach Assistance Program (MSOAP) and Visiting Optometrists Scheme (VOS) and integrating eye health into broader health infrastructure such as Medicare Locals and Local Hospital Networks. A focus on coordination through Aboriginal Community Controlled Health Services (ACCHS) and between the fore mentioned programs is imperative to strengthen partnerships, enhance referrals and maximise efficiencies.

Australia's international obligations establish a mandate for further investment in eye health and vision care. They also require a greater emphasis on adopting a systems-based approach, improving the evidence base and monitoring and evaluation.

Importantly, this proposal supports the recommendations of The Roadmap and is complementary to Vision 2020 Australia's mainstream proposal *Progressing eye health and vision care in Australia, 2013*. Inclusion of Indigenous eye health in the plan to implement the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss* (National Framework) is important particularly through the identification of a national suite of eye health indicators including those specific to the Aboriginal and Torres Strait Islander population.

Vision 2020 Australia works closely with the National Aboriginal and Community Controlled Health Organisation (NACCHO). NACCHO is the peak body representing over 150 ACCHS across the country on Aboriginal health and wellbeing issues. Both organisations recognise eye health has a significant role to play in closing the gap in Indigenous health and ACCHS are well positioned to coordinate eye health services as part of this proposal.

This submission has been prepared by members of Vision 2020 Australia's Aboriginal and Torres Strait Islander Committee which is chaired by the CEO of NACCHO, Lisa Briggs.

Vision 2020 Australia supports the Close the Gap Campaign Steering Committee proposal which includes the need for long term-goals, a shared sense of ownership by Aboriginal and Torres Strait Islander people, the need for genuine partnerships and policy commitments and investment.

As part of this commitment, a funding allocation must be dedicated to eye health. With government funding for Aboriginal and Torres Strait Islander health secured by upholding the Close the Gap Statement of Intent, Vision 2020 Australia and members believe a sizeable portion must be dedicated to eye health in keeping with the holistic definition of health as advocated by the Closing the Gap Steering Committee proposal.

¹ The \$53.63 million figure is sought for a three year period within the context of the five year funding requirement of \$90.75 million outlined in *The Roadmap to Close the Gap for Vision, 2012*. This figure is also exclusive of trachoma funding announced in the 2013-14 Federal Budget.

Key recommendations summary

Principal recommendation

Vision 2020 Australia calls on the Australian Government to honour the Close the Gap statement of intent. Specifically, in closing the gap for vision, Vision 2020 Australia recommends the following be incorporated into the National Framework Implementation Plan:

Recommendations	2014-17
Recommendation 1: Improved coordination and referral pathways.	\$36.63 million ²
Recommendation 2: Improved accessibility.	\$13.56 million ³
Recommendation 3: Elimination of trachoma. <i>\$16.5 million was announced in the 2013-14 Budget.</i>	NIL
Recommendation 4: Governance and evaluation.	\$3.44 million ⁴
Total figure sought for the next three years:	\$53.63 million

Note: The \$53.63 million figure is sought for a three-year period within the context of the five-year funding requirement of \$90.75 million outlined in The Roadmap.

² *Roadmap to Close the Gap for Vision* (2012). Published by the Indigenous Eye Health Unit, The University of Melbourne: Melbourne.

³ Ibid.

⁴ Ibid.

The Facts

- There is **significant disparity** between the eye health of Aboriginal and Torres Strait Islander people and mainstream Australians. **Blindness rates in Indigenous adults are six times the rate in mainstream Australians.**⁵
- Some 94 per cent of **vision loss is preventable or treatable** but 35 per cent of Indigenous adults have never had an eye exam.⁶
- **Blinding cataract is 12 times more common** in Indigenous adults, yet **surgery is seven times less.**⁷
- **Vision loss represents the equal third leading cause of the gap** after heart disease and diabetes, but ahead of trauma, stroke and alcoholism.⁸
- **Vision loss increases mortality rates** in the Indigenous population by at least twofold.⁹
- There are four conditions responsible for 94 per cent of vision loss in Aboriginal and Torres Strait Islander communities. These include: **uncorrected refractive error, cataract, diabetic retinopathy and trachoma.**¹⁰ Current funding commitments address trachoma but not the three other conditions.
- **37 per cent** of Indigenous adults have diabetes; and **13 per cent** have already lost vision; only **20 per cent** have had a recent eye examination; only **37 per cent** have received the **laser surgery they need.**¹¹
- Some **60 per cent** of very remote communities have **blinding endemic trachoma.**¹²
- **Half of all vision loss** in Indigenous people is due to refractive error.¹³

⁵ *National Indigenous Eye Health Survey* (2009). Published by the Indigenous Eye Health Unit, The University of Melbourne in collaboration with the Centre for Eye Research Australia.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

¹⁰ *The Roadmap to Close the Gap for Vision*, pg 3.

¹¹ Ibid.

¹² *The Roadmap to Close the Gap for Vision*, pg 6.

¹³ *The Roadmap to Close the Gap for Vision*, pg 2.

Recommendations

Vision 2020 Australia provides the following recommendations in relation to Aboriginal and Torres Strait Islander eye health and vision care. These recommendations stand alongside *Progressing eye health and vision care in Australia*, Vision 2020 Australia's 2013 mainstream policy proposal.

Recommendation 1: Improved coordination and referral pathways

Coordination of eye health services, case management and the successful navigation of referral pathways are key to creating efficiencies through best use of existing services and to addressing Indigenous eye health.

Qualitative evidence indicates coordination services are currently overstretched and that there is a need for retention of personnel and improved succession planning to better support the patient journey and improve service delivery.¹⁴

It is recommended that funding be provided to improve coordination of services, case management and enhance referral pathways between Medicare Locals, Local Hospital Networks and ACCHS. Vision 2020 Australia proposes the latter are best placed to coordinate services.

Endorsement of ACCHS echoes Vision 2020 Australia's advocacy of a holistic, systems-based approach to Aboriginal and Torres Strait Islander health. Given the close links between vision loss and chronic disease, for example between diabetes and diabetic retinopathy, it is also important for eye health to be integrated within chronic disease and diabetes plans.

Recommendation 1

Vision 2020 Australia recommends funding of **\$36.3 million** (over three years) to improve coordination of eye care services and enhanced referral pathways for Aboriginal and Torres Strait Islander people.

¹⁴ *Regional Eye Health Coordination*, Final Report, Vision 2020 Australia submission to the Australian Government Department of Health and Ageing, June 2010.

Recommendation 2: Improved accessibility

Vision 2020 Australia supports The Roadmap recommendations under domain 4 - eye health workforce 'to increase availability and improve distribution of eye health workforce'.

In particular, it notes that the eye health workforce and funding are allocated according to population needs with consideration of existing local services and contracting of VOS and MSOAP be restructured to provide simple, flexible, coordinated and transparent operation and management of these services.

Vision 2020 Australia also supports the recommendation of the *Evaluation of the Medical Specialist Outreach Assistance Program and Visiting Optometrists Scheme* which notes that 'better mechanisms are required to assess levels of need and gaps in access; and take into account the cost of service delivery in more remote locations.'

There is strong consensus in the sector on the importance of shared planning and close cooperation between MSOAP and VOS programs. Members support the need for more close alignment, organisation and coordination between the two. Engagement of both programs with Medicare Locals, Local Hospital Networks and ACCHS is also very important.

The population-based needs estimated by the *National Indigenous Eye Health Survey* provides the benchmark level of optometric and ophthalmic services required for any given region and to be utilised when planning MSOAP and VOS services.

Recommendation 2

Vision 2020 Australia recommends funding of **\$13.56 million** (over three years) to increase access to eye health and vision care services for Aboriginal and Torres Strait Islander people.

Recommendation 3: Elimination of trachoma

Vision 2020 Australia commends the Australian Government for its commitment of \$16 million over four years towards the eradication of trachoma in 2009 as part of the initiative, *Improving Eye and Ear Health Services for Indigenous Australians for Better Education and Employment Outcomes*.

This funding allocation has led to inroads in the elimination of trachoma in areas identified as experiencing endemic trachoma.

It is recommended that a continued funding commitment be provided to ensure continued mapping of the extent of the condition, the delivery of effective trachoma interventions such as the SAFE strategy, and provision of ongoing monitoring and evaluation activities through the National Trachoma Surveillance and Reporting Unit.

Recommendation 3

Vision 2020 Australia recommends continued commitment to eliminating trachoma in the Aboriginal and Torres Strait Islander population.

\$16.5 million trachoma funding was announced in the 2013-14 Federal Budget.

Recommendation 4: Governance and evaluation

In line with the WHO Global Action Plan's (2014-19) call for greater monitoring and evaluation, governance is critical in ensuring national oversight of activity against The Roadmap and the National Framework Implementation Plan. There is significant intersect between the activity of the Australian Government, state and territory governments and Vision 2020 Australia members and it is critical all components are working together to monitor progress, adjust accordingly and avoid duplication of effort. Vision 2020 Australia endorses the call for a national oversight body to provide continuity, oversight and accountability through monitoring national progress and assessing national priorities, as outlined in The Roadmap. Such a body could form part of the proposed Aboriginal and Torres Strait Islander Health Monitoring Group that is proposed by NACCHO and supported by Vision 2020 Australia.

Recommendation 4

Vision 2020 Australia recommends funding of **\$3.44 million** for governance and evaluation.

Background

Roadmap to Close the Gap for Vision

The Roadmap prepared by the Indigenous Eye Health Unit, The University of Melbourne, following extensive consultation with the sector, provides 42 recommendations across nine key areas. These include:

- primary eye care as part of comprehensive primary health care
- Indigenous access to eye health services
- coordination
- eye health workforce
- elimination of trachoma
- monitoring and evaluation
- governance
- health promotion and awareness
- health financing.

There are many linkages between The Roadmap and the National Framework and Vision 2020 Australia is advocating for these linkages to be incorporated into the National Framework Implementation Plan.

Why eye health is important?

There is significant disparity between the eye health of Aboriginal and Torres Strait Islander people and mainstream Australians. Four conditions are responsible for 94 per cent of vision loss in Aboriginal and Torres Strait Islander communities. These include:

- uncorrected refractive error
- cataract
- diabetic retinopathy
- trachoma.

The terrible irony is that Aboriginal and Torres Strait Islander children have better vision than mainstream children, so early preventive vision care as well as a focus on overall health and wellbeing in life is essential to the preservation of eye sight and long term good health.

National Indigenous Eye Health Survey

Published in 2009, the *National Indigenous Eye Health Survey* has helped inform an understanding of the extent, causes and impact of vision loss in Aboriginal and Torres Strait Islander people. Closing the gap for vision will require the elimination of the known differences in the standard of eye health between Indigenous and non-Indigenous Australians.

National Framework and Aboriginal and Torres Strait Islander eye health

While Aboriginal and Torres Strait Islander communities are not specifically identified in the National Framework, the following areas are particularly relevant to Aboriginal and Torres Strait Islander people eye health and vision care:

Key Action Area Three - Improving access to eye health and vision care services which seeks to ensure that all Australians have equitable access to eye health and vision care services when required.

Key Action Area Four - Improving the systems and quality of care which seeks to ensure that eye health and vision care is safe, affordable, **well-coordinated**, consumer-focused and consistent with internationally recognised good practice.

'Many Indigenous communities could benefit from a greater full-time presence of optometrists and ophthalmologists, as well as increased coordination between visiting eye teams, local service providers, Aboriginal Medical Services, and Regional Surgical Centres'.

Helen Johnstone, Indigenous Research and Evaluation, AIHW

Access

The MSOAP and VOS are two important programs that have facilitated access to ophthalmological and optometry services for people living in rural and remote Australia. Access however, remains significantly lower in some remote and very remote areas. It is important that the most vulnerable, many of whom live in these communities and include Aboriginal and Torres Strait Islander people, have access to these important services. Furthermore, while remoteness is an issue, even in urban and regional areas many Aboriginal and Torres Strait Islander people are not utilising services that are available.

A 2010 report by Siggins Miller¹⁵ assessing the MSOAP and VOS identifies a number of barriers to accessing eye health and vision care services by Aboriginal and Torres Strait Islander people. These include:

- limited service availability
- workforce distribution
- remote nature of many communities
- access to cataract surgery and eye examinations
- affordability
- cultural insensitivity
- access to transport
- public awareness
- eye health literacy in the community
- perceived cost of spectacles
- perceived cost of cataract surgery.

Coordination

The Roadmap places significant emphasis on coordination at the local and regional levels. Coordination refers to case management and support of the patient journey, service delivery, and enhanced referral pathways.

With the establishment of Medicare Locals and Local Hospital Networks it is important that mechanisms for the coordination of eye care be established by these entities in a collaborative, integrated and multidisciplinary manner with ACCHS within its footprint. The ACCHS network, which is both community-based and community-controlled, is integral

¹⁵ Siggins Miller report 2010.

to ensuring the best clinical and cultural outcomes for Indigenous Australians. Similarly, local referral pathways need to be in place for all eye care services and made known to service providers.

Vision 2020 Australia supports the third recommendation of the Close the Gap Campaign Steering Committee submission in response to the 2012 *National Aboriginal and Torres Strait Islander Health Plan* (NATSIHP) discussion paper which recommends that the NATSIHP recognise NACCHO, NACCHO affiliates and ACCHS as the preferred provider and vehicle for the delivery of comprehensive primary care. It also recognises that practices by these organisations in delivering culturally appropriate comprehensive primary health care reflect a holistic definition of health.

Studies show that there is a strong correlation between good coordination and positive eye health outcomes and it is something that should be supported throughout the referral pathway from primary through to tertiary eye care. 'By integrating the visiting optometry and ophthalmology services, less primary health care is performed by ophthalmologists, which improves the surgical case rate. There are increased levels of clinical activity and reduced waiting time without any additional costs.'¹⁶

The Regional Eye Health Coordinator (REHC) is one example of a professional cadre, trained in coordinating patients along the pathway of care. This workforce however, is stretched and under-resourced and not available in all areas of Australia. The flow-on effect of the recent expansion in VOS servicing has significantly impacted on the REHC workload creating a reduced capacity to fulfil the regional eye health coordination role. Furthermore, the shift of allocated eye health funding for these posts to pooled funding for chronic disease management following a 2003 review saw a 'focus on eye care evaporate'.¹⁷

A dedicated investment and focus on coordination will seek to improve service delivery and enhance referral pathways between Medicare Locals, Local Hospital Networks and ACCHS. This will support the recommendations of The Roadmap which includes a focus on ensuring that those with a high need for eye care, such as diabetes, receive the necessary examinations and treatment required. Vision 2020 Australia notes diabetes is an identified priority area of the Aboriginal and Torres Strait Islander Chronic Disease Fund.

It is anticipated enhanced funding will demonstrate the impact appropriately resourced structures can have in leveraging partnerships and enhancing referral pathways.

Trachoma

Australia is the only developed country where trachoma still exists. It is a highly preventable blinding infectious eye disease which occurs in areas with poor hygiene and living conditions. Blinding endemic trachoma occurs in 60 per cent of Australian outback communities.¹⁸

Vision 2020 Australia and members commend the Australian Government for its funding commitment of \$16.5 million to eliminate trachoma announced in the 2013-14 Federal Budget, which is a continuation of its \$58.3 million commitment first made in 2009. The initiative, *Improving Eye and Ear Health Services for Indigenous Australians for Better*

¹⁶ Turner, A., Mulholland, W., and Taylor, H. (2011) *Coordination of outreach eye services in remote Australia* in Clinical and Experimental Ophthalmology, RANZCO.

¹⁷ Ibid.

¹⁸ *The Roadmap to Close the Gap for Vision*, pg 6.

Education and Employment Outcomes, has seen significant inroads in the elimination of trachoma.¹⁹ In particular, there has been a 'significant expansion of trachoma-control activities in the Northern Territory, Western Australia and South Australia'.²⁰ New South Wales and Queensland however, are just starting to address the issue.

As a result of the measure, 150 communities across 16 rural and remote communities have been screened and if necessary, treated.²¹ Analysis of data indicates there has been a reduction in trachoma owing to heightened levels of screening.

Australia is part of the international alliance which forms the Global Elimination of Trachoma by 2020 (GET 2020). GET 2020 is committed to implementing the SAFE strategy which stands for surgery for trichiasis (in-turned eyelashes), antibiotics, facial cleanliness and environmental improvement.

Given Australia's commitment to GET 2020, it is important eye health initiatives address trachoma. The evidence certainly points to a strong correlation between funding commitment and positive outcomes for Aboriginal and Torres Strait Islander people.

¹⁹ *Closing the Gap: Prime Minister's Report*, 2013.

²⁰ *Ibid.*

²¹ *Ibid.*

About Vision 2020 Australia

Established in October 2000, Vision 2020 Australia is part of VISION 2020: *The Right to Sight*, a global initiative of the World Health Organisation and the International Agency for the Prevention of Blindness.

Vision 2020 Australia is recognised by the Australian Government as the national peak body for eye health and vision care, representing more than 50 member organisations involved in local and global eye care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support.

Our vision is the elimination of avoidable blindness and vision loss by the year 2020 and ensuring that blindness and vision impairment are no longer barriers to full participation in the community.

Vision 2020 Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO) are two peak bodies working together through consistent messaging and strategic alignment - a powerful collaboration when addressing the gap between Indigenous and non-Indigenous eye health.

Vision 2020 Australia Aboriginal and Torres Strait Islander Committee members

- Aboriginal Health and Medical Research Council of NSW
- Aboriginal Health Council of South Australia
- Australian College of Optometry
- Brien Holden Vision Institute
- Centre for Eye Research Australia
- Indigenous Eye Health Unit, The University of Melbourne
- National Aboriginal Community Controlled Health Organisation
- OneSight Foundation
- Optometrists Association Australia
- Queensland Aboriginal and Islander Health Council
- Retina Australia
- The Fred Hollows Foundation
- The Royal Australian and New Zealand College of Ophthalmologists
- The Royal Victorian Eye and Ear Hospital

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About Vision 2020 Australia

Established in October 2000, Vision 2020 Australia is part of VISION 2020: The Right to Sight, a global initiative of the World Health Organisation and the International Agency for the Prevention of Blindness.

Vision 2020 Australia is the peak body for the eye health and vision care sector, leading advocacy efforts within Australia and globally, and raising community awareness about eye health and vision care. We provide a collaborative platform for our members—representing 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.



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



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The Australian Council for International Development (ACFID) is the peak Council for Australian not-for-profit aid and development organisations. Vision 2020 is a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory we are committed and fully adhere to the ACFID Code of Conduct, conducting our work with transparency, accountability and integrity. More information about ACFID and the Code can be found at: www.acfid.asn.au