

National Preventive Health Strategy – response to consultation questions, September 2020

Are the vision and aims appropriate for the next 10 years? Why or why not?

Vision 2020 Australia notes that the vision and aims outlined for the next 10 years are broad enough to largely encompass the range of preventive health activities that will be important to progress over the coming decade.

It does however request that the wording of the description under the first aim “Australians have the best start in life” be amended, to acknowledge that in addition to preventing infection disease and injuries in children, there is a need to prioritise other activities that support optimal childhood development.

Testing children’s vision at key ages¹ is an example of this, as it enables the early identification and management of eye health and vision issues which is critical to supporting normal childhood development. Available evidence indicates that:

- almost three quarters of a child’s early learning is dependent on vision so early detection of vision impairment is vital to support their optimal development², and
- correcting visual impairment with properly prescribed glasses results in a greater impact on attendance at school and academic performance than any other health intervention³.

Delays in addressing vision impairment can also have significant long-term effects on a number of key health determinants for children, including sensory, cognitive, social and language development. Alongside allergies and asthma, eye disorders are already one of the most common long-term health problems experienced by children⁴ and some studies indicate there may be significant increases in some eye disorders over coming years⁵, increasing the importance of proactive preventive measures. Further information regarding children’s eye health and vision matters is supplied in Attachment A.

Vision 2020 Australia also requests that consideration be given to amending the wording of aim two to read “Australians live **independently** as long as possible in good health”. This is an important addition as it not only reflects what Australians value, but also provides an important

¹ Research by the Murdoch Children’s Research Institute in 2008 concluded that birth, in infancy and in the year prior to schooling were critical times for vision testing.

² World Health Organisation, *World Report on Vision*, 2019, 3.

³ International Agency for the Prevention of Blindness, *Sustainable Development Goals*, viewed 14 September 2020

⁴ Australian Institute of Health and Welfare, *Eye Health among Australian Children*, 2008, Canberra.

⁵ Holden BA, Fricke TR, Wilson DA, et al. *Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050*, *Ophthalmology* 2016;123(5):1036-42.

platform for later parts of the strategy that emphasise individual responsibility and decision making, both of which rely on individuals having sufficient capacity, health and independence to take preventive action.

Vision 2020 Australia notes that good vision is integral to achieving a good start in life, living well and ageing well. The national strategy should recognise this.

Are these the right goals to achieve the vision and aims of the strategy? Why or why not, is anything missing?

Vision 2020 Australia notes that the goals are broadly sufficient, but suggests the following enhancements:

- Goal 2 - It would be helpful to consider prevention being embedded not just in the health system, but in other systems where evidence has shown preventive health efforts can be effective. This includes for example embedding preventive health in education and training through promotion of health eating, vision testing and simple eye health promotion messages⁶ at key ages and other priority areas for children and young people.
- Goal 6 – It would be helpful for this goal to also recognise existing science and research, so that prevention efforts are aligned to best available research alongside emerging issues and new science. The last sentence would benefit from refinement to make it clearer that the focus will be on investing in prevention efforts that are most effective to enable there to be a combination of prevention areas addressed. As currently drafted, it could be read as suggesting that even highly efficacious prevention efforts may not be supported if there were a more burdensome health issue to be addressed. This would run the risk of losing investment in relatively low cost but high return preventive activities such as vision testing and other activities that facilitate early detection.

Framework for action - are these the right actions to mobilise a prevention system?

Vision 2020 Australia notes the three elements of the framework for action 2030, and suggests that consideration be given to renaming “Mobilising a prevention system” as “Creating an effective prevention system” to better reflect the nature and scope of the work to be done.

In relation to the seven enablers identified under that component of the framework, Vision 2020 Australia:

- Supports the reference to accessibility under the information and literacy skills section. This needs to include accessible formats for Australians who are living with blindness or low vision or other considerations that can make it more challenging for them to access core information or enhance health literacy.

Consideration should also be given to broadening this enabler to be “Information, health literacy and engagement” to reflect that there is a broader body of proactive work required to achieve improved health. This will need to include different strategies such as proactive and targeted public campaigns and greater use of technology alongside the provision of accessible, appropriate information and support to enhance health literacy.

- Suggests that consideration be given to broadening the health system action to recognise the key role that other systems and platforms can play in supporting preventive health action. In addition to the earlier example of utilising the education and training system as a

⁶ For example, encouraging children from an early age not to rub their eyes or putting things near their eyes.

platform for some activities, this could for example include more systematic approaches such as how government communications could be better utilised to promote key messages and information to the Australian public.

- Supports the references to partnerships, noting that it would be helpful to have mechanisms that allow smaller sectors to contribute to the shaping and delivery of policy and action in this area alongside the large, NCD focussed organisations that have traditionally had a key role.
- Supports the inclusion of research and evaluation, including the importance of sharing information regarding best practice interventions and effective behaviour change approaches. It would be helpful for this to draw upon experiences not just in health, but in other areas where governments and others have sought to drive behaviour change. In exploring such improvements, it will be important that alongside researchers and policy makers, other organisations that bring systems knowledge and experience are also included to maximise the value of increased investment in these areas.

Where should efforts be prioritised for the focus areas?

Vision 2020 Australia notes that the six focus areas identified as priorities for boosting effort in the first years of the Strategy are all important.

It does however propose that a change be considered in relation to focus area four, to extend it from a sole focus on cancer screening to a broader focus such as “Supporting early detection by increasing screening in priority areas, including cancer”.

This suggestion is proposed as there are some other key areas where earlier detection through increased screening and related activities would likely significantly impact on overall population health. Suggestions for inclusion include screening for elevated blood pressure, cholesterol and blood sugar, all of which are key risk factors for major health conditions as well as vision testing.

The latter is recommended because of its critical importance in preventing the development or progression of key conditions for children and at-risk adults. Such approaches can support the early detection of a vision problem or associated risk factors, helping prevent or slow the progression of diseases such as refractive error, diabetic retinopathy, cataract, glaucoma and age-related macular degeneration. Other areas critical to the development and maintenance of good health, such as oral health and/or hearing, might also be considered as priorities within this category for similar reasons.

Such an approach would be consistent with identified priorities in the National Macular Disease Action Plan and other strategies that fall under the broader chronic disease strategy, and would be consistent with the stated intention of the National Preventive Health Strategy to not focus on specific disease, while recognising the particular significance of cancer and the need for prevention.

How do we enhance current prevention action?

Vision 2020 Australia supports inclusion of “continuing strong foundations” as a core element of the framework for action, so that future efforts build upon and benefit from knowledge and experience to date.

Vision 2020 Australia’s comments on the consultation paper have already identified some of the potential activities that could enhance current prevention action, including:

- Utilising systems and platforms beyond the traditional health system to embed and promote health seeking behaviours

- improving the collection and dissemination of information about what works
- actively seeking and learning from effective behaviour change strategies employed in other sectors
- finding more inclusive ways of shaping and governing a more systematic approach to preventive health that includes a wider range of contributors including those with deeper systems/sector knowledge.

In addition, there needs to be:

- A strategy to address some of the funding challenges that have been an ongoing challenge in the area of preventive health, including:
 - The need for some dedicated funding for prevention, and more continuity, certainty and transparency regarding that funding. Strategies such as that used to establish the Victorian Health Promotion Foundation appear to offer a potential model.
 - Support for innovative approaches and/or smaller scale preventive efforts targeted to areas of identified need. These are likely areas that require ongoing and/or more funds that exist in current government budgets but may not be of sufficient scale to justify/support a major budget bid.
- Capacity for more effective, consistent and proportionate approaches to evaluating impact and benefit of preventive activities. Current evaluation approaches tend to best fit large scale, systematic preventive efforts where there is good data through registries or equivalent systems and sufficient investment to justify more complex evaluation approaches. This poses challenges for smaller scale or more targeted efforts for which, while potentially impactful, there is not established guidance or agreement on measurement. This in turn makes it challenging to quantify impact and justify investment even when the evidence of need is strong.

Any additional feedback/comments

Given the critical role vision plays in supporting childhood development and lifelong health, wellbeing and independence, Vision 2020 Australia believes it is important that the national strategy note that alongside prevention of chronic disease, prevention of avoidable vision loss (potentially alongside other prevention of other sensory loss) has an important role to contribute towards achieving the aims and goals set out in the consultation paper.

It would also be helpful for the National Preventive Health Strategy to acknowledge other areas of prevention that may be covered in separate, parallel strategies.

For example, injury prevention is an important priority in areas such as vision, where there needs to be a sustained focus on action to address the prevalence of eye injuries and a high number of emergency department presentations and hospitalisations from falls, assaults, workplace incidents and sports⁷.

While some vision loss caused by eye injuries is temporary, some injuries can result in permanent vision loss and associated health, social and economic impacts for affected Australians. Past studies have suggested that vision loss (due to all causes) can result in costs of up to \$30,000 per person⁸.

⁷ AIHW Report: *Eye injuries in Australia 2010–11 to 2014–15*

⁸ Access Economic Pty 2010, "*Clear Focus: The Economic Impact of Vision Loss in Australia in 2009*", Vision 2020 Australia

In responding to the National Preventive Health Strategy consultation questions, Vision 2020 Australia has highlighted why including reference to prevention of avoidable vision loss is important. It should be noted that doing so also has the benefit of contributing to injury prevention, by reducing rates of falls and other major causes of injury in certain cohorts and should be considered in any long-term preventative health strategy.

Vision 2020 Australia understands that issues of injury prevention will be addressed via a separate, injury prevention specific strategy but it would be helpful for this link to be made in the broader Preventive Health Strategy.

Attachment A: Background information regarding children’s vision issues

The prevalence of eye disorders among Australian children and adolescence is difficult to accurately quantify, as a large proportion remain undiagnosed. However, a 2008 report from the Australian Institute of Health and Welfare (AIHW) found:

- More than 411,000 cases of long-term eye disorders among children under 15 years of age in Australia, were caused, most notably, by long and short-sightedness (hyperopia and myopia)
- Roughly one in six 10-14 year old’s were reported to wear glasses or contact lenses to correct their sight
- The number of children wearing corrective lenses was forecast to grow over coming decades⁹.

Alongside allergies and asthma, eye disorders are the most common long-term health problems experienced by children¹⁰.

There are also eye conditions that develop in older children that, if not identified and treated, can lead to vision loss. For example, keratoconus is a common progressive eye condition that becomes apparent during puberty or late teens that, if diagnosed early, can have its visual impacts limited by corneal collagen crosslinking surgery, otherwise advanced cases can require complex and expensive contact lenses and eventually a corneal transplant. The onset in puberty means Keratoconus can have a significant impact on a person's education, work, social and family life if not treated correctly.

Over the last few decades we have seen a significant increase in the prevalence of myopia in school aged children. By 2050 it is estimated that more than 50% of Australians will be short-sighted. The earlier a child gets myopia, the more severe it can become. High myopia, the most severe form of short-sightedness, can increase a person’s risk of developing serious eye conditions later in life, including retinal detachment, glaucoma, cataracts and myopic macular degeneration. Early detection provides the best chance of slowing down myopic progression and reducing the risk of serious complications later in life¹¹.

Periodic eye testing of children and adolescence is the simplest way to support early identification of vision impairment and prevent serious eye conditions in later life. There are various programs currently in place across the country that aim to assess children’s visual acuity, and identify risk factors for vision impairment, however there is no consistent, evidence-based approach to early identification and management of vision impairment in children and adolescence. Some states and territories offer universal screening of all children prior to or following school entry, whereas others offer only targeted screening for at-risk children or those with an obvious vision concern¹².

⁹ Ibid.

¹⁰ Australian Institute of Health and Welfare, *Eye Health among Australian Children*, 2008, Canberra.

¹¹ Holden BA, Fricke TR, Wilson DA, et al. *Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. Ophthalmology*. 2016;123(5):1036-42

¹² Murdoch Children’s Research Institute 2008, *National Children’s Vision Screening Project Discussion Paper*, Melbourne.

There are a range of options available to support the assessment of children's vision (from screening approaches contained in broader child health checks through to comprehensive eye examinations performed by optometrists, ophthalmologists or orthoptists). We recommend developing and supporting a national, evidence-based program capable of providing vision care to children and adolescence who need it, identifying vision problems early and supporting access to the required treatment and services.

Birth, infancy and early childhood are critical ages for detection and treatment of vision problems, so universal coverage at these points is important. It is important that programs are tailored to meet the needs of children and adolescence from lower socio-economic backgrounds, culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander children and youth¹. As well as early detection, public education is required to change how people, particularly parents, perceive eye health and the potential consequences to vision later in life if early treatment is not received for visual impairment.

Attachment B – Key data regarding eye health and vision in Australia

More than 453,000 Australians are living with blindness or vision impairment, making vision loss one of the most prevalent chronic health conditions. Vision 2020 Australia estimates that without action, this will almost double by 2030.

Aboriginal and Torres Strait Islander people are disproportionately impacted, experiencing three times the rate of blindness and three times the rate of vision loss compared to non-Indigenous Australians¹³.

The main causes of vision loss in Australia can be attributed to five preventable conditions: uncorrected refractive error, cataract, diabetic retinopathy, macular degeneration and glaucoma.

The risk of developing each of these conditions increases as a person ages, however available data suggests that some 90 per cent of vision loss can be prevented or reduced by early identification and treatment.

This is why proactive actions to prevent avoidable vision loss – by increasing the population’s understanding of risk factors, encouraging behaviour change to reduce those risks and increasing the number of at-risk people having regular eye tests – is so important.

There is also a strong economic case for total annual economic cost of vision loss in Australia. In 2009, this was estimated to be \$28,905 per person with vision loss aged over 40 which at that time, equated to \$16.6 billion. However, we know that 90 per cent of blindness and vision loss is preventable or treatable if it is detected early enough and is among the most cost-effective of all healthcare interventions, returning \$4 for every \$1 invested¹⁴.

¹³ *National Eye Health Survey Summary Report 2016.*

¹⁴ Access Economics, 2010, *Clear Focus: The Economic Impact of Vision Loss in Australia in 2009: A Report prepared for Vision 2020 Australia*, Melbourne