

Why Indigenous Eye Health is Important for Diabetes Care?

Vision loss is 11 percent of the Indigenous health gap¹. The National Indigenous Eye Health Survey (NIEHS) found that 37% of Indigenous adults have diabetes and 13% have already lost vision².

Only 20% of Indigenous adults with diabetes had the required annual eye exam and only 37% needing laser surgery have received that treatment². We calculate that 75% of those needing annual eye care have diabetes, Figure 1³.

The Roadmap to Close the Gap for Vision makes 42 recommendations to improve Indigenous eye health in Australia and 37 of these are relevant to diabetes care⁴.



Vision loss has a significant impact on overall health and personal capacity to take care of health needs.

People with diabetes may have eye conditions such as diabetic retinopathy (26%), refractive error, the need to wear glasses, (44%) and cataract (32%).

Annual retinal examinations and eye checks allow early identification of eye conditions that can lead to vision loss. Up to 98% of blindness from diabetes is preventable with early detection and timely treatment.

Lessons Learned

We identify work in 9 regions across Australia to develop eye care networks to deliver efficient planning and co-ordination of eye care for Aboriginal and Torres Strait Islander people, Figure 2.

Specific barriers identified include a lack of co-ordination of eye care, the absence of eye care in primary health care diabetes management plans and team care arrangements, poorly defined roles and responsibilities for co-ordinating eye care within regions and no systems to report and monitor eye health outcomes and performance. Progress is being made to find local solutions to address these barriers, Figure 3.

Progress is being made to find local solutions to address these barriers. Steps include identifying regional stakeholders, conducting a gap analysis of eye care service provision, identifying links between eye health, diabetes and chronic disease programs and developing regional workforce capacity.



Figure 3: Local solutions to link diabetes care and Indigenous eye health

Conclusion

The regional implementation of these solutions will Close the Gap for Vision and eliminate unnecessary vision loss for Aboriginal and Torres Strait Islander people who have diabetes.

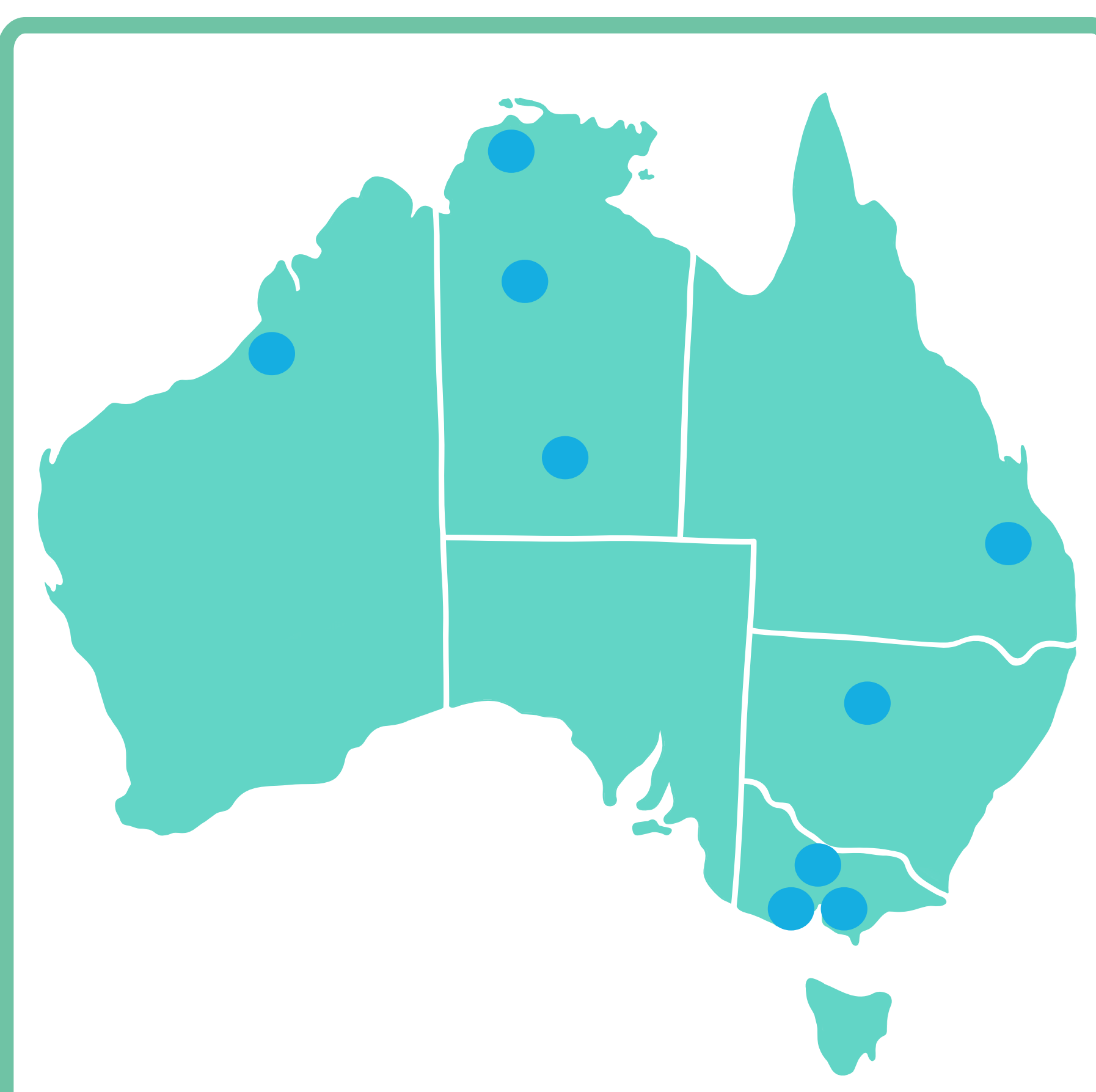


Figure 2: Developing eye care networks in 9 Regions

Best Practice for Indigenous Eye Health

The National Health and Medical Research Council guidelines for the management of diabetic retinopathy recommend annual retinal examinations for Aboriginal and Torres Strait Islander peoples⁵.

To support the implementation of these guidelines eye health items have been included in the RACGP/NACCHO Preventative Health Guidelines. Additionally mandatory eye checks are included in the Medicare Benefit Schedule.

Item 715 Aboriginal and Torres Strait Islander adult and older persons health assessment⁵.

However, work needs to be done to include the eye checks and retinal examinations or referral for retinal examinations in Indigenous chronic disease management plans and primary health care programs such as the Patient Incentive Program (PIP), Team Care Arrangements and GP Management plans.

Additionally work to co-ordinate eye care services and support patient access to these services is critical to ensure that Aboriginal and Torres Strait Islander people are able to receive treatment for identified eye and vision problems.

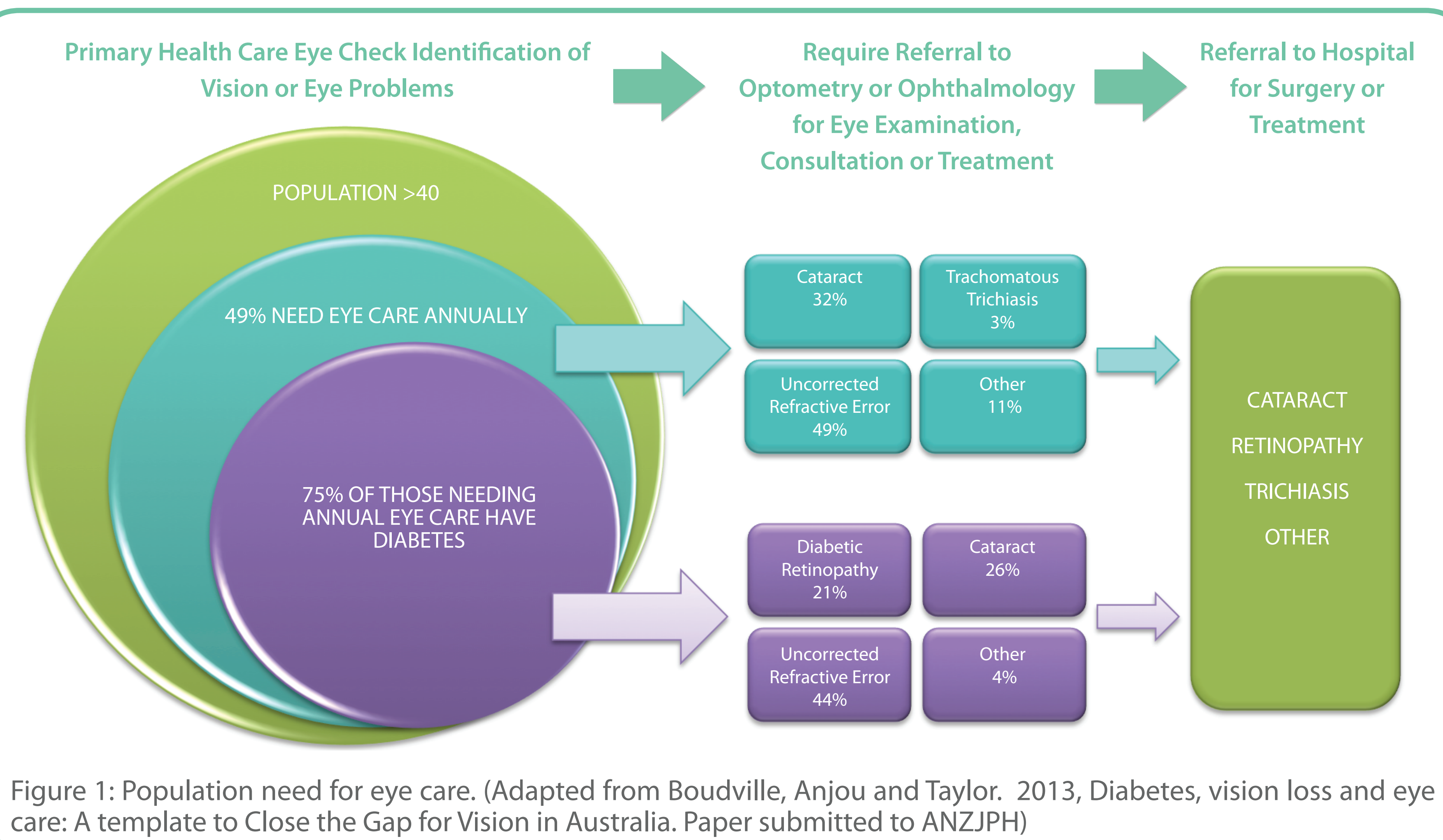


Figure 1: Population need for eye care. (Adapted from Boudville, Anjou and Taylor. 2013, Diabetes, vision loss and eye care: A template to Close the Gap for Vision in Australia. Paper submitted to ANZJPH)

