



Minum Barreng
Indigenous Eye Health Unit

Needs for Eye Care Services and Review of Policy Development

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Minum Barreng (Tracking Eyes)



Vision Loss in Children

One fifth as common as in mainstream

Vision Loss in Adults

Blindness is 6 times more common

Low Vision is 3 times more common

Causes of Blindness in Adults

32% Cataract

14% Refractive Error, and Optic Atrophy

9% Trachoma and Diabetic Eye Disease

**Overall 94% of Vision Impairment is avoidable
...and 35% have never had an eye exam**



There is a marked shortage
of eye care in remote areas

Efficient eye services
require proper co-ordination

There are still barriers to utilisation
when eye care services exit

Projected Needs for Eye Care Services for Indigenous Australians



Report prepared by Arthur Hseu,
Alex Brando and David Dunt

Provide targets for eye care delivery

The number of people who need to
be seen or treated

The number of eye providers required

Data Used:

ABS for regional population
National Survey for
prevalence
National manpower coverage



National Need for Eye Services

- Diabetes examinations 39,000 pa
- Diabetic laser surgery 5,000 pa
- Cataract surgery 4,400 pa
- Exams and glasses 26,000 pa
- Trichiasis surgery 1,500 operations

Need to increase providers

Ophthalmologists 1 FTE :28,000

Optometrists 1 FTE :4,90

A Critical History of Indigenous Eye Health Policy-Making



Towards Effective System Reform

Report prepared by Jilpia Jones,
Graeme Henderson and Nerelle Poroch

Review covers 1976-2010

11 Health Ministers

9 Heads of Department

7 Department name changes

7 formal reviews of eye health

- Detailed review of reports and documents
- Interviews with 23 key “players”

Consistent Findings-

7 Reviews of Eye Health, 1980-2004

- Need for close community input and involvement
 - “Solutions” cannot be imposed
- Need for national oversight and monitoring
 - Peaks and troughs, often led by a “champion”
- Need to integrate basic eye care into primary care
 - Stand alone services are not appropriate, but PHC needs to do primary eye care
- Need commitment to overcome jurisdictional issues
 - Implementation often delayed
- Need commitment of appropriate priority and resources
 - Many recommendations not implemented

Why Eye Health is Important

- It is common;
 - most common self reported health complaint 30%
 - blindness rates are 6 times higher,
 - blindness from cataract is 12 times higher, surgery 7 times less
- It causes;
 - 11% of Years of Life Lost to Disability for Indigenous people
 - 3rd leading cause of the Gap for Health!
 - increases mortality rates by at least 2 fold
- It is discrete and fixable;
 - Cataract surgery, New glasses, Diabetic blindness, Trachoma
- It is a paradigm for all specialist health care;
 - it requires integration into primary health care
 - it needs coordination within a regional basis
 - it requires community engagement

The challenge now is to develop Policy Recommendations

Facilitate visiting eye teams

Improve and expand MSOAP and VOS

Coordinate the pathway of care

Provide adequate case management and coordination

Improve utilisation of available eye services

Including cultural safety and low cost spectacles

Develop costed models of care for new interventions

Develop a roadmap for policy change

to provide quality eye care...

...and Close the Gap for Vision

