

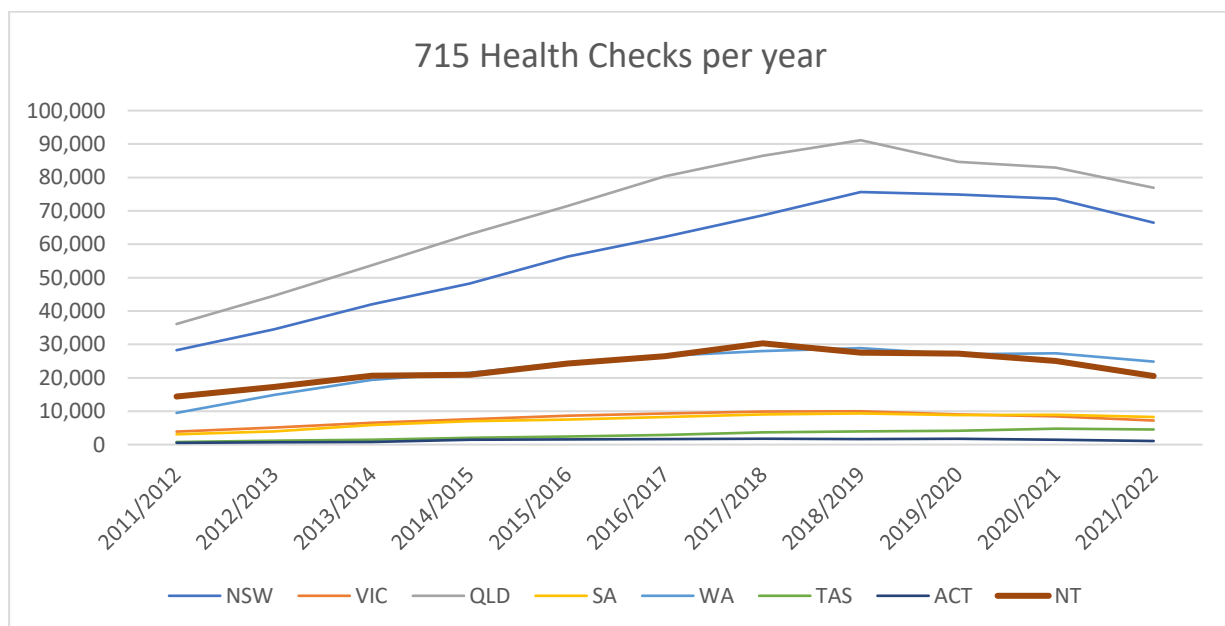
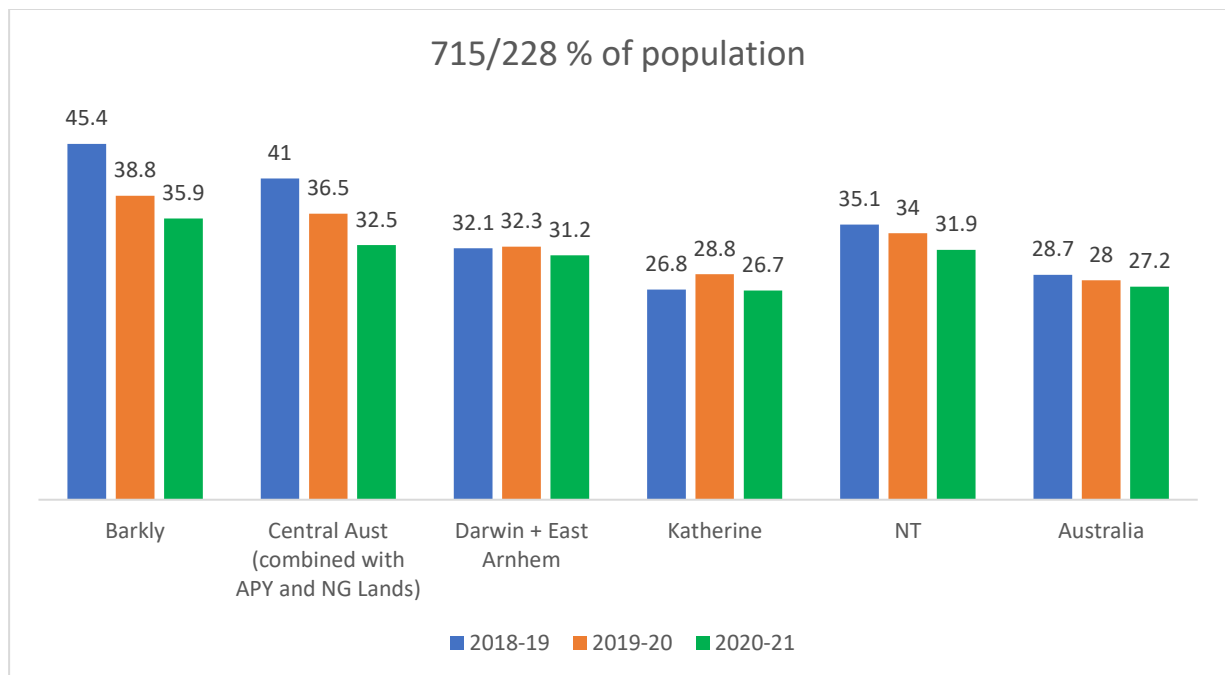
# Eye care for Aboriginal and Torres Strait Islander People in NT

Overview – updated April 2023

This report packages current publicly available data on key Indigenous eye health measures for NT. All underlying data in this report is from publicly accessible sources. These measures cover the eye care pathway for the conditions causing the highest rate of vision loss and blindness for First Nations Australians.

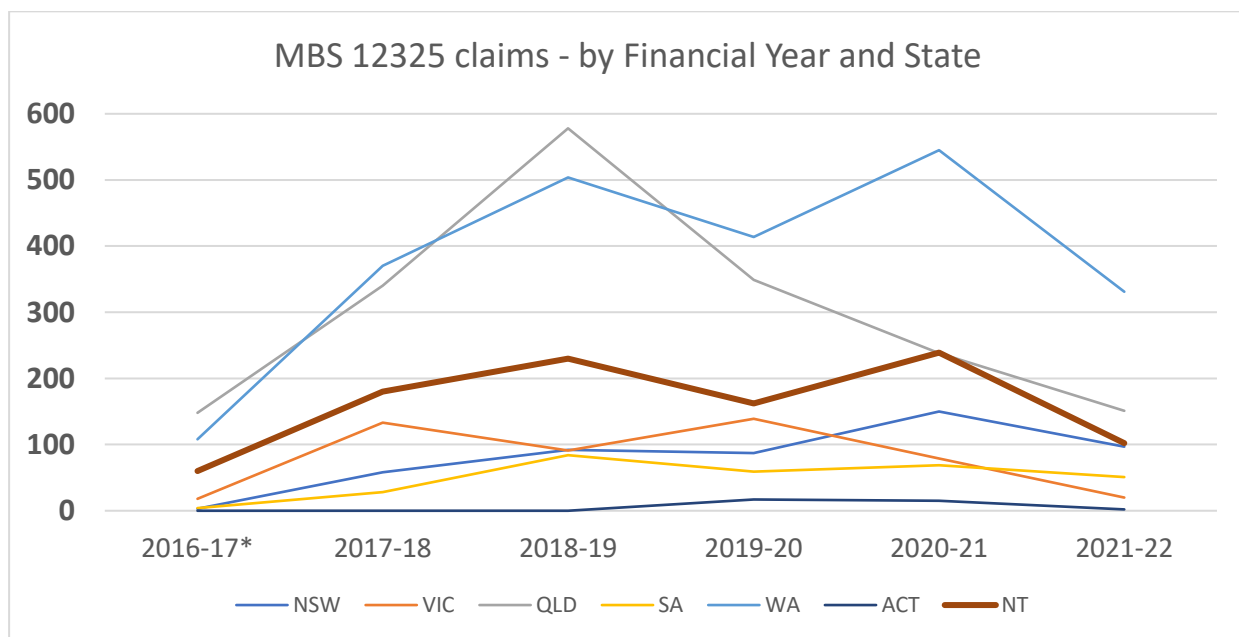
This report was prepared by Indigenous Eye Health Unit, University of Melbourne.

## 715 health checks



- 715 health checks include an eye check component, which is an important mechanism for early screening of potential eye problems. The eye check component is not reported, so we don't know how often it is being conducted.
- 715 Health Checks in NT peaked at 30,329 in 2017/18, and has been in decline since. Last year the decline accelerated, from 25,001 in 2020/21 to 20,550 in 2021/22.
- In other words, from 2017-2022, 715 health checks in the Territory have decreased by about one third. This is an alarming trend which started well before the COVID-19 impact.
- The decrease is recorded across the different NT regions. Despite this, Barkly still maintained the highest rate of 715 health checks in the NT, with 35.9% population coverage in 2020/21. Katherine remained as the region with the lowest coverage, with 26.7% in 2020/21.
- IEHU has health promotion materials available to encourage eye checks, titled Eye Care Now, Eye Care Always, as well as clinic screening support resources.
- **Key message:** there is an overall decline in 715 rates which, among other things, impacts on eye health screening. We need to keep supporting ACCHOs to implement the eye component of the 715 health checks.

### Eye screening for patients with diabetes

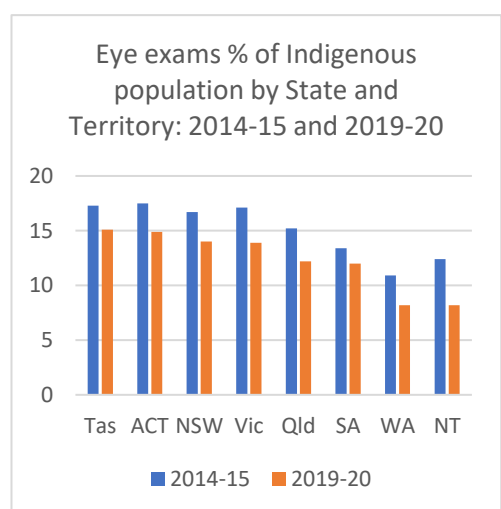
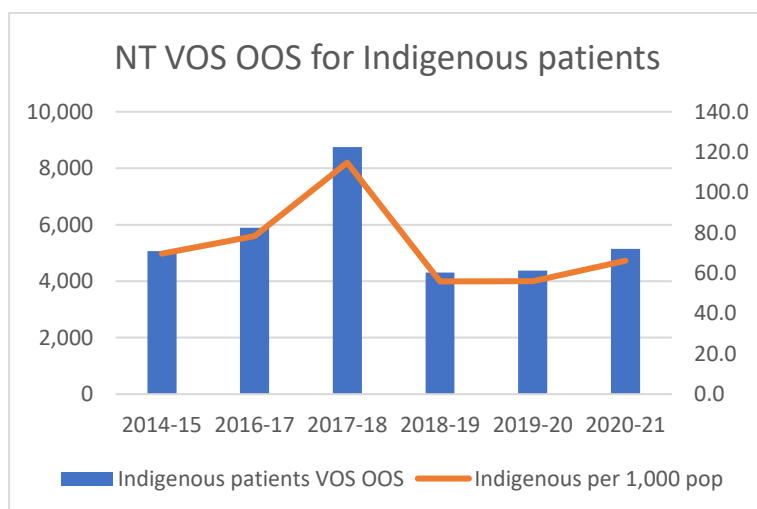
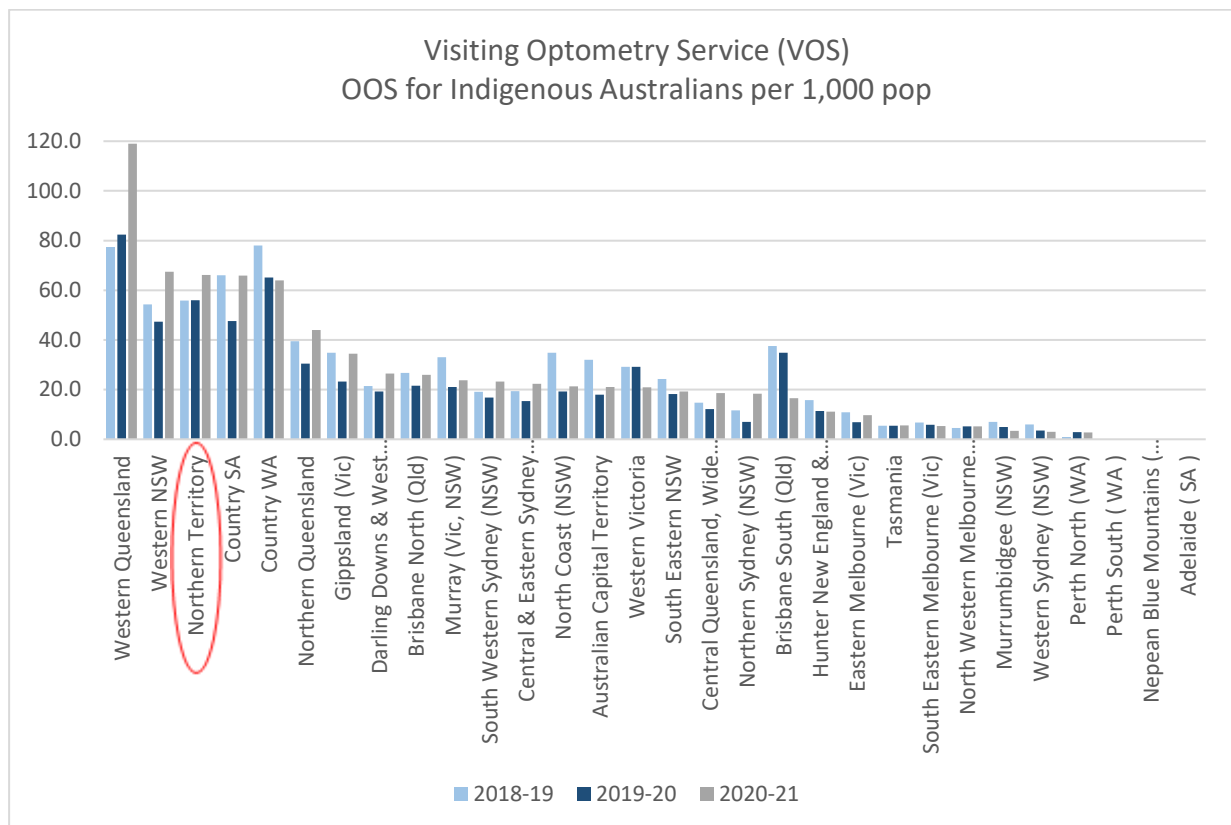


- Annual screening for diabetic retinopathy (DR) is recommended for Aboriginal and Torres Strait Islander patients with diabetes.
- Over the past several years, the sector has concentrated on efforts to build capacity in the ACCHO sector to screen for DR in primary care. The Australian Government funded a rollout of retinal cameras to ACCHOs, supported by a consortium of organisations from across the jurisdictions. Cameras were delivered and staff trained, however the project concluded and there is no ongoing provision for training and clinic support.
- An MBS item introduced for DR screening in primary care (MBS 12325 for Indigenous patients / 12326 for non-Indigenous patients). The item requires signoff but the screening can be performed by AHW/P.
- NT recorded 102 MBS 12325 claims in 2021/22, down from a peak of 239 in 2020/21.
- AIHW reports that in 2019/20, 1,048 Aboriginal and Torres Strait Islander patients in NT who had a diabetes monitoring check also had an eye exam during the same year. This represents

28.7% of patients who had diabetes checks, a lower rate than any other jurisdiction (others range between 32.6%-47.9%).

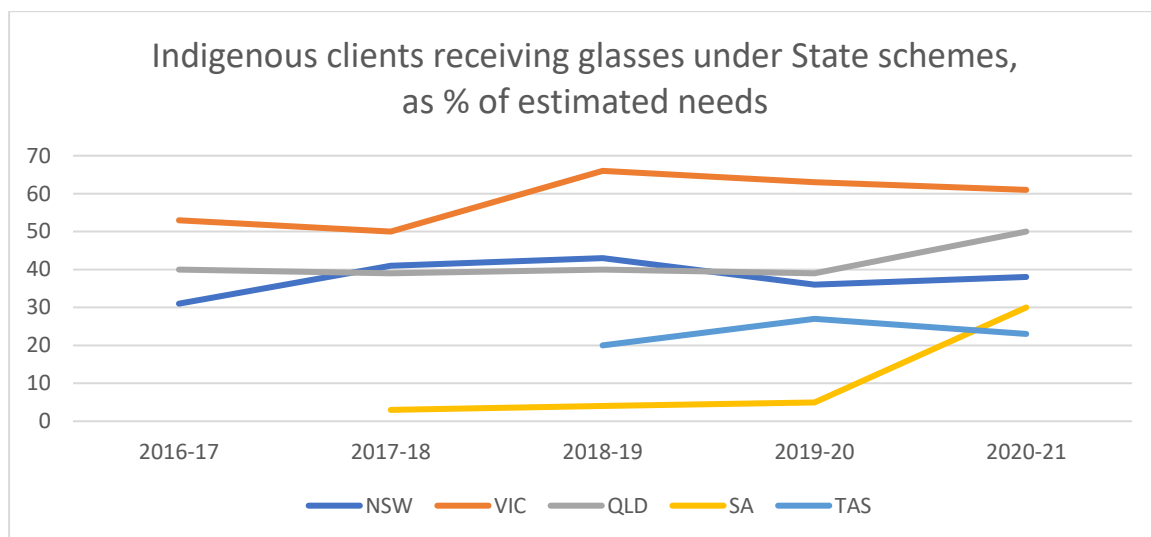
- IEHU has resources available to support screening, including clinical support cards, and health promotion to encourage annual screening for patients with diabetes (“Check Today, See Tomorrow”)
- **Key message:** we need to keep supporting ACCHOs to use the retinal cameras, while keep maintaining the health promotion messages to encourage annual screening.
- The sector’s challenge is to secure appropriate resources for ongoing training on existing equipment (retinal cameras).

### Eye examination by optometrist or ophthalmologist



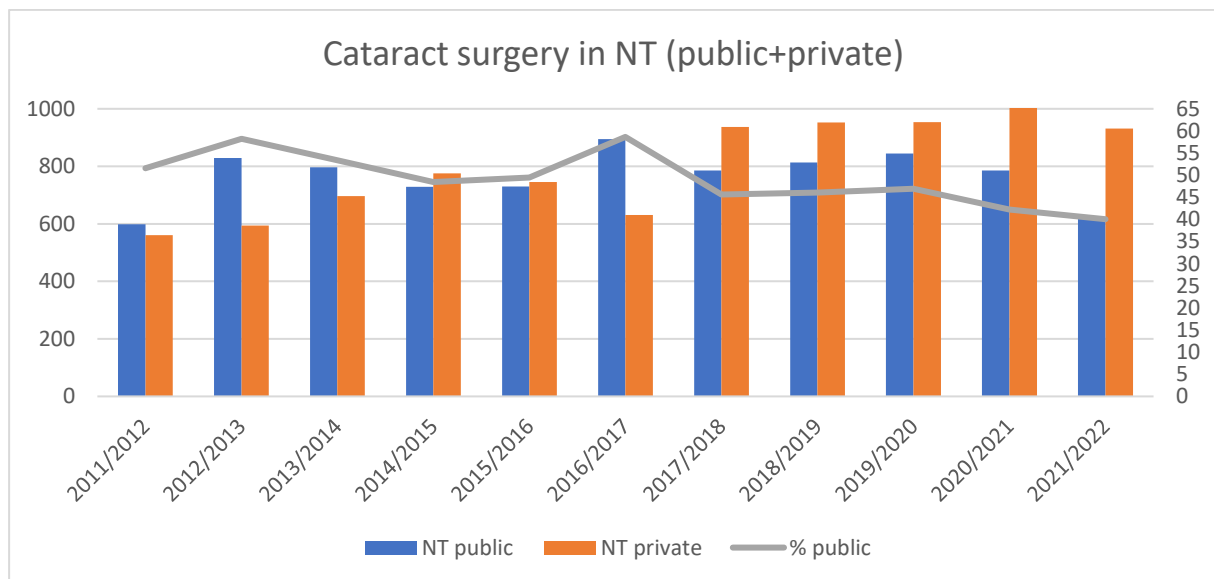
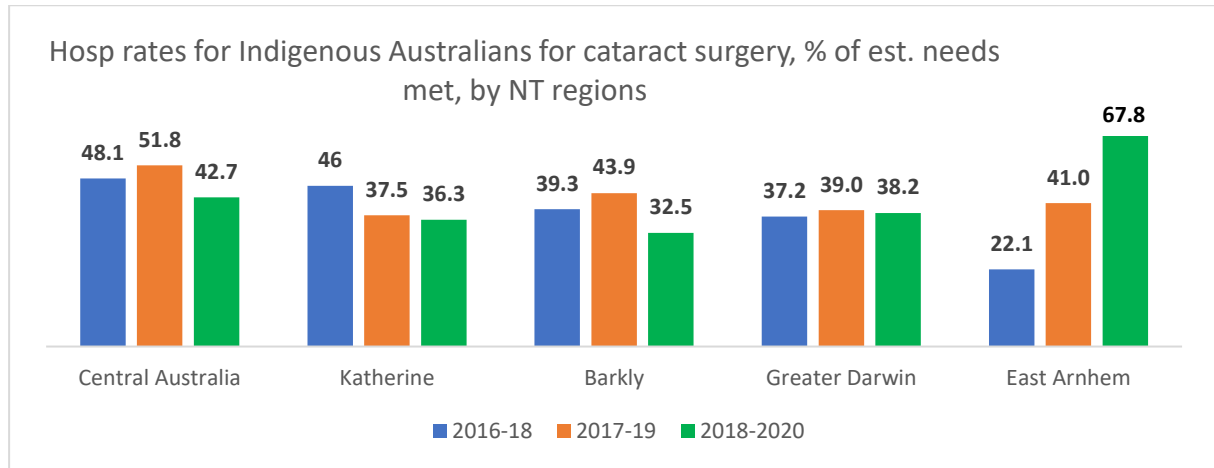
- NT recorded 6,375 eye examinations for Aboriginal and Torres Strait in 19/20, about 8.3% of population.
- This rate is lower than any other State and Territory, and of the national non-Indigenous rate. We expect that these levels would be reduced for 2020-2022 due to service disruptions and impact of COVID-19.
- The 6,375 eye exams recorded for Indigenous people in the NT represent 6.1% of eye exams performed for Indigenous patients in Australia for 19/20, despite the NT Indigenous population represents 9% of the Australian Indigenous population.
- Visiting Optometry Service (VOS) rates for First Nations People in the NT grew over the last year of data to 66 per 1,000 people in 2020-21, up from 56 in 2019-20.
- **Key message:** we should work with the outreach fundholder to improve VOS rates across the different regions of the NT.

### Refractive error/ glasses



- Refractive error is the highest cause of treatable vision loss in the community, and can be treated with the provision of glasses following an eye exam.
- The main subsidised glasses scheme in the NT is administered through the NT Concessions Scheme. This is not a First Nations – specific scheme and has restrictive conditions. It doesn't regularly report statistics for provision of glasses to First Nations People.
- The NT doesn't currently have a First Nations – specific Territory subsidised spectacle scheme, and so NT data is not included in AIHW reports.
- **Key message:** The sector should collectively advocate for a scheme which will include appropriate access to First Nations patients.

## Cataract surgery

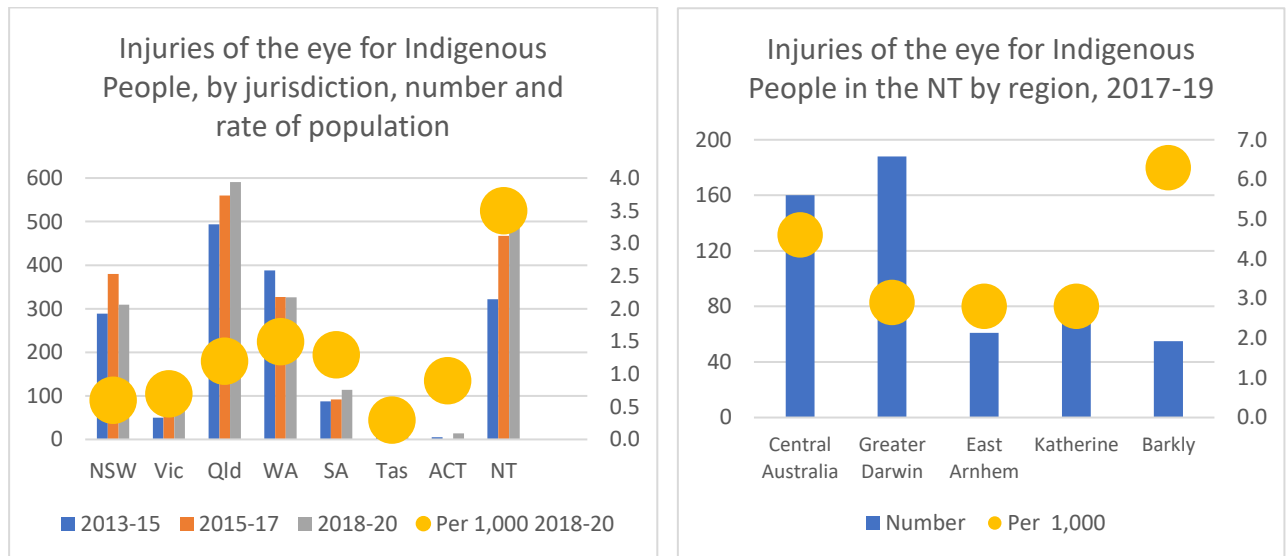


- For the period of 2018-20, est rates of needs met for cataract surgeries for Indigenous patients varied widely across NT regions.
- East Arnhem Land recorded a sharp increase in estimate rate of needs met from 2016-18 to 2018-20 (22.1% to 67.8%), while other regions recorded smaller decreases in this period.
- In recent years, the rate of cataract surgeries performed in public settings reduced consistently, from a peak of 58.7% in 2016/17 to a low of just 40.1% in 2021/22.
- A reduction in the rate of cataract surgeries performed in public is likely to impact Indigenous patients disproportionately. Aboriginal and Torres Strait Islander patients across Australia rely on the public system for cataract at more than twice higher rate (65%), emphasising the access difficulty to private ophthalmology for cataract surgery for Aboriginal and Torres Strait Islander Australians, and the need to maintain appropriate and equitable access through the public system.
- Outreach ophthalmology is funded through the Medical Outreach – Indigenous Chronic Disease (MOICDP) and Eye and Ear Surgical Support (EESSP) Programs.
- NT recorded an estimate 252 MOICDP Occasions of Service for Aboriginal and Torres Strait Islander patients in 2020/21. No EESSP OOS were reported for the NT in this period.
- **Key message:** current cataract surgery access rates for Aboriginal and Torres Strait Islander People in NT are unacceptably low.
- IEHU supports combined sector advocacy for better and more equitable access to eye care for Aboriginal and Torres Strait Islander People in the NT.

## Diabetic retinopathy treatment

- There are two main modules of DR treatment: Laser photocoagulation (laser) and intravitreal injections (IVI). Laser commonly includes consultation, examination, two treatment sessions, and follow up. IVI treatment includes injections at regular intervals, commonly 6 weeks. Treatment period is review after a year and based on progress, but many patients require ongoing treatment for years.
- Laser treatment is carried in both public and private settings, and IVI in NSW is mostly done in private.
- AIHW estimates 8 Aboriginal and Torres Strait Islander patients accessed DR treatment via private providers in NT in 2019/20. Public hospital data is not available. This is likely to be significantly lower than estimated need (857 DR ophthalmology consultations per year).
- Cost of IVI treatment: OOP for patient varies as some elements are not able to be bulk-billed, and we estimate common cost should be up to \$723 per eye, per year.
- However, according to DoH Medical Costs Finder, median cost in Australia is \$224 per treatment, which translates to just under \$1,800 per eye per year. NT specific data is not available.
- **Key message:** current access for DR treatment for Aboriginal and Torres Strait Islander patients in NT is also unacceptably low. We need stronger commitment for no-cost access in private for treatment, and ensure access to treatment via public hospitals remain viable and appropriate.

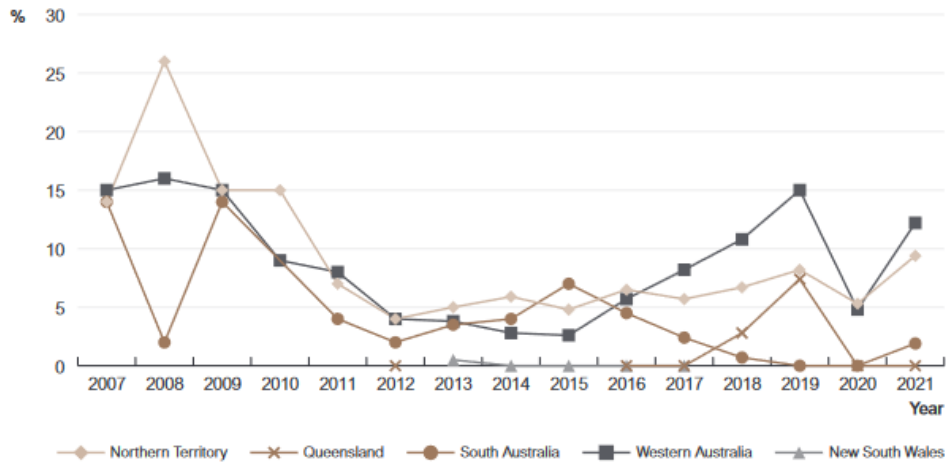
## Injuries of the Eye



- NT consistently records the highest rates of eye injuries for First Nations Australians. For the period of 2018-20, the NT recorded a hospitalisation rate for eye injuries for Indigenous People of 3.5/1,000 population, more than double the rate of the next jurisdiction.
- This is a higher rate than any other State or Territory in Australia. In the NT, non-Indigenous population eye injury rate is 0.7/1,000 population, one-fifth of the Indigenous rate.
- Barkly and Central Australia regions recorded the highest rate of eye injuries for Indigenous People in the NT.

# Trachoma

Estimated prevalence of trachoma among children aged 5-9 years by jurisdiction, Australia\* 2007 – 2021

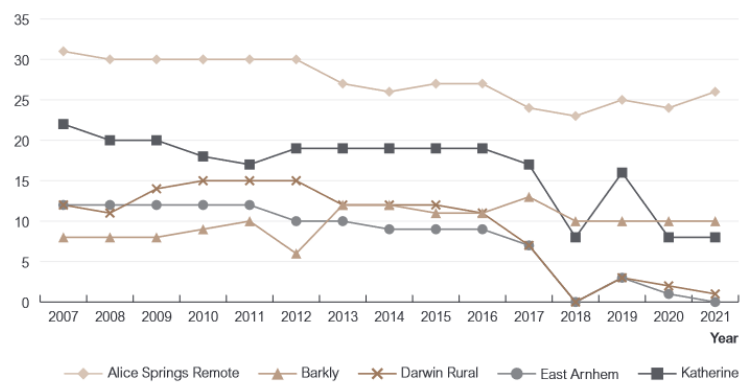


\* Most recent estimates carried forward in at-risk communities that did not screen in 2021.

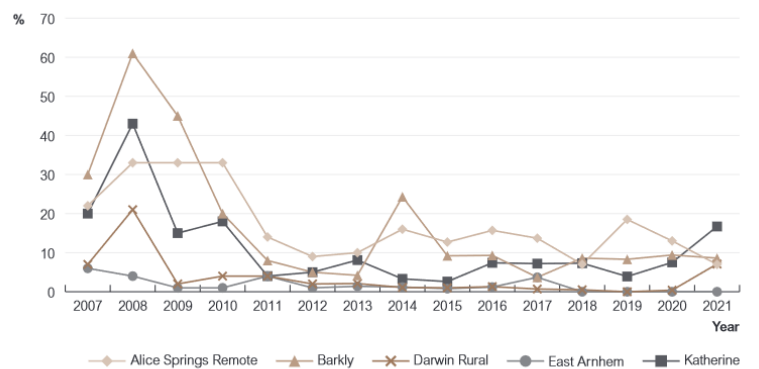
Overall trachoma prevalence in children aged 5-9 years in all at-risk communities by region, Northern Territory 2021



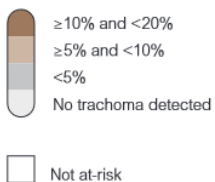
Number of at-risk communities by region, Northern Territory 2007 – 2021



Estimated prevalence of trachoma among children aged 5-9 years in all at-risk communities\* by region, Northern Territory 2007 – 2021



\* Most recent estimates carried forward in at-risk communities that did not screen in 2021.



- Trachoma is still endemic in the NT, with rates between 5-10% in children 5-9 years old recorded in Central Australia remote communities, Barkly, and Katherine.
- Screening rates were impacted by COVID-19, down to 880 in 2021 from a peak of 2,049 in 2019.
- Screening coverage however remains high (90%).
- 628 First Nations People in NT received treatment for trachoma in 2021.
- **Key message:** Trachoma elimination and monitoring work remains key in the NT. A required push on environmental health is strongly needed to support long-term elimination.

## Workforce

- Optometry: NT recorded 33 optometrists in 2020, an estimated 13.1 FTE per 100,000 population, lower than any other State or Territory in Australia.
- Compared with other PHNs, NT optometry rates are the third lowest in Australia.
- Ophthalmology: Similarly, NT recorded lower rate of ophthalmologists than any other State in 2020. NT recorded 6 registered ophthalmologists in 2020 and consistently for a number of years prior. Rate per 100,000 population is too small to be publishable by AIHW.
- Aboriginal Health Practitioner workforce: NT in the past led Australia with training and integration of Aboriginal Health Practitioners (AHP) into the health workforce. Over the past decade, while other jurisdictions steadily increased their number of registered AHP, NT numbers stagnated and fell. At the end of Q1 2023 there were 194 registered AHP in the NT, the lowest number in a decade, compared with a peak of 221 in 2013. At the same time period, the overall number of registered AHP in Australia grew from 288 to 852
- **Key message:** Optometry and ophthalmology workforce in NT are not equitable with the rest of Australia. Ensuring appropriate workforce levels is key in delivering better eye health outcomes. At the same time, strengthening the primary care workforce and ensuring appropriate numbers are trained is an ongoing challenge. Equity in access requires appropriate workforce levels across the different regions.

## Data sources

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4. Indigenous Eye Health Unit, The University of Melbourne. Calculator for the delivery and coordination of eye care services. Available from: <https://dr-grading.iehu.unimelb.edu.au/ecwc/>
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7. Services Australia. 2022. Medicare Statistics. Available from: <http://medicarestatistics.humanservices.gov.au/>
8. Kirby Institute. 2023. Australian Trachoma Surveillance Report 2021. Available from: [https://kirby.unsw.edu.au/sites/default/files/kirby/report/TRACHOMA\\_2021\[1\].pdf](https://kirby.unsw.edu.au/sites/default/files/kirby/report/TRACHOMA_2021[1].pdf)