National Indigenous Eye Health Survey

Vision loss in Indigenous adults (compared to non-Indigenous Australians):

- Blindness: 6.6 times more common
- Low vision: nearly 3 times more common

The main causes of blindness are:

- Cataract
- Refractive error
- Diabetic eye disease
- Trachoma

Commonwealth funding of $1.8 million for a National Eye Health Survey: Input from DoH, NACCHO, TFHF, OA, RANZCO, V2020A, VCRC and efforts of service providers on the ground is acknowledged.

Indigenous Eye Health Indicators

To be reported by jurisdictions and nationally:

- MBS 715 Health check
- Cataract surgery rate
- Cataract surgery within 60 days of booking
- Referral examination for people with diabetes
- Laser proliferative rate for diabetic retinopathy
- Subsidised spectacles
- Trachoma prevalence rates
- Trachoma treatment coverage
- Visiting optometry days
- Visiting ophthalmology days

The Importance of Diabetes Eye Care

- No Indigenous person with diabetes should be allowed to go more than 12 months without an eye examination
- People with diabetes form three-quarters of those needing eye care each year

Diabetic Eye Care Health Promotion

Clinical and community resources have been developed through a community-led process encouraging yearly eye checks and eye health promotion for people with diabetes.

Resources include:

- A flysheet for health professionals/laypersons and community
- Poster series
- Health worker checker/templates postcards
- Music videos and sound files
- Digitisations
- Clinical brochure

Prevalence of Active Trachoma

National prevalence fell from 14% in 2009 to 4.7% in 2014

2014 0.27 57 0

Trachoma Prevalence (Number of Communities)

Trachoma Prevalence (% of the population)

- 2008: 24
- 2013: 8

Regional Implementation of Roadmap

The second Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Lisa Briggs (CEO NACCHO) in November 2013 in Hobart.

The first Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Dame Quentin Bryce in February 2012 in Adelaide.

The third Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Lisa Briggs (CEO NACCHO) in November 2013 in Hobart.

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Regional Progress

- Established regional collaborative network
- Identified system coordination and patient care management staff roles
- Local planning & action through regional collaborative network
- Established regional health promotion and awareness
- Established regional data collection and monitoring system
- Established regional accountability and oversight

Additional Commonwealth Funding

2008

- $4.6 million for eye health coordination over 4 years
- Funding approved for initial data reporting as part of national oversight over 4 years
- $11.6 million for trachoma health promotion over 2 years

Steps for National Implementation

1. National oversight and accountability function
2. Adopt national benchmarks including pathways and standards
3. Prioritise eye care for Primary Health Networks
4. Support jurisdictional activity
5. Funding for coordination and programs

Steps for Jurisdictional Implementation

1. Establish eye health committee within Aboriginal Health Forums
2. Define regions with identified surgical facility
3. Support regional planning
4. Support regional and jurisdictional performance monitoring

The Cost to Close the Gap for Vision*

- The Roadmap and this report were endorsed by these organisations

The Cost to Close the Gap for Vision*

- The implementation of The Roadmap’s recommendations could close the gap in Indigenous eye health
- It would generate over $330 million in benefits for the Australian economy, at a cost of $230 million
- Current funding only returns $0.90 for each $1.00 spent
- Exposure savings will yield $2.50 for each additional $1.00

* PwC, The Value of Indigenous Sight: An Economic Analysis, September 2015

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**Primary Eye Health Care for Indigenous Peoples**

### 6.1 Preventing eye health workforce to meet population needs

- Population-based needs determine eye health workforce
- Equitable access to aged care and health services
- Vision Australia and MOICDP work effectively & properly coordinated
- RACGP & NHMRC guidelines

### 6.2 Increase appropriate resources in eye health workforce

- Services are adequate to meet resource needs
- Needs analysis for all health services
- Urban & rural health workforce

### 6.3 Define and implement needs for eye health workforce

- Funding for training & competency training
- Indigenous health service GP collective

### 6.4 Effective interventions

- National guidelines for training programs
- New national guidelines for training programs

### 6.5 Monitoring and evaluation

- National guidelines for monitoring & evaluation
- National guidelines for monitoring & evaluation

### 6.6 Ensuring local eye care system management

- Eye care system management
- Local eye care system management

### 6.7 Governance

- National guidelines for management
- National guidelines for management

### 6.8 Institutional arrangements

- National guidelines for institutional arrangements
- National guidelines for institutional arrangements

### 6.9 Quality assurance

- High-quality service is achieved
- Quality assurance

### 6.10 Primary health system support for eye health

- Services can be delivered to meet needs
- Primary health service self-audit in eye health

### 6.11 Primary health system support for eye health

- Self-audit in eye health
- Self-audit in eye health

### 6.12 Implementation managemen

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