

**VICTORIAN ADVISORY COUNCIL ON
KOORI HEALTH (VACKH)**

Aboriginal Eye Health Strategy

2013-2014

Purpose

The Victorian Advisory Council on Koori Health (VACKH) – Aboriginal Eye Health Strategy (the Strategy) has been developed by the VACKH Aboriginal Eye Health Subcommittee to address the broad, overarching objective to eradicate preventable blindness for Aboriginal Victorians. The document outlines the priorities to work towards this objective and includes recommendations to ensure that Aboriginal eye health is addressed through broader policy decisions.

The Strategy provides the basis for the VACKH Eye Health Subcommittee Action Plan which outlines the specific activities being carried out by members of the subcommittee.

Background

The Strategy recognises and builds on existing work and programs in eye care including that of the Royal Victorian Eye and Ear Hospital and other public hospitals, ophthalmologists, the Australian College of Optometry and network of participating practitioners, optometrists and the Aboriginal community controlled sector. Programs include services funded by the Department of Health and Ageing (DoHA) under the Medical Specialist Outreach Assistance Program (MSOAP) and Visiting Optometrists Scheme (VOS) and Office of Aboriginal And Torres Strait Islander Health (OATSIH) funded co-ordination services in regional Aboriginal Community Controlled Organisations (ACCHOs).

The National Indigenous Eye Health Survey

In 2008, the Indigenous Eye Health Unit, University of Melbourne published the National Indigenous Eye Health Survey. The Survey found that:

- blindness rates in Indigenous adults are 6.2 times the rate of mainstream
- low vision (vision impairment) rates in Indigenous adults are 2.8 times the rate of mainstream
- the major causes of blindness in Indigenous adults are cataract (32%), optic atrophy (14%), refractive error (14%), diabetic eye disease (9%) and trachoma (9%, but none in Victoria)
- the major causes of vision impairment in Indigenous adults are refractive error (54%), cataract (27%) and diabetic retinopathy (12%)
- overall, 94% of vision loss is preventable or treatable, but 35% of adults have never had an eye exam.¹

Victorian Aboriginal Eye Health Initiative

In November 2009, the Victorian Government committed \$1 million over 4 years to improving eye health outcomes for Aboriginal Victorians. Three projects were established as follows:

- Employment of a Statewide Eye Health Project Officer at the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to facilitate improved access to eye care for Aboriginal Victorians, facilitate community awareness programs around the importance of eye health, and build the capacity of the Aboriginal health workforce
- Employment of a Patient Pathways Coordinator at the Royal Victorian Eye and Ear Hospital to establish referral pathways for Aboriginal patients, and reduce barriers to tertiary care
- Provision of funding to the Australian College of Optometry to administer the Victorian Aboriginal Subsidy Scheme for Aboriginal and Torres Strait Islander Victorians that allows patients access to a specifically designed spectacle frames along with prescribed lenses for a patient contribution of \$10.

¹ *National Indigenous Eye Health Survey; Minum Barreng*, Indigenous Eye Health Unit, Melbourne School of Population Health, University of Melbourne, 2009

VACKH Aboriginal Eye Health Subcommittee

The VACKH provides a forum for the State and Commonwealth Governments and community sector to work collaboratively to improve health processes and outcomes for Aboriginal peoples. The VACKH was established under the Victorian Framework Agreement on Aboriginal and Torres Strait Islander Health between the Victorian Aboriginal Community-Controlled Health Organisation (VACCHO), the Australian Government Minister for Health and Ageing and the Victorian Minister for Health.

In 2010, the VACKH established an Aboriginal Eye Health Subcommittee to oversee the development and implementation of strategies that address Aboriginal and Torres Strait Islander eye health issues and provides expert, technical and policy advice and recommendations to the VACKH specific to eye health initiatives. The Aboriginal Eye Health Subcommittee oversees the implementation of the three projects under Victorian Aboriginal Eye Health Initiative described above.

The Victorian Department of Health provides the secretariat to the VACKH Eye Health Subcommittee.

Membership of the VACKH Eye Health Subcommittee includes representatives from the following organisations.

Victorian Aboriginal Community Controlled Health Organisation	Department of Health and Ageing
Department of Health Victoria	Indigenous Eye Health Unit, University of Melbourne
Australian College of Optometry	Royal Victorian Eye and Ear Hospital
Vision 2020 Australia	Victorian Aboriginal Health Service
Vision Australia	Royal Australian and New Zealand College of Ophthalmologists

Indigenous Eye Health Unit - Roadmap to Close the Gap for Vision

In 2011, the Indigenous Eye Health Unit (IEHU), University of Melbourne, in consultation with community members and stakeholders from the eye care sector, developed and distributed the *Roadmap to Close the Gap for Vision* (the Roadmap), the result of the 'Barriers to the provision and utilisation of eye health services for Indigenous Australians' project that sought to build an evidence base intended to inform the development of a model to improve eye care for Indigenous Australians. The Roadmap identifies 42 interlocked recommendations across nine domains to 'close the gap for vision' to be presented to government.

This Strategy has been developed utilising the priorities and recommendations contained within the Roadmap as a framework.

Policy Context

The *Koolin Balit* outlines the Victorian Government's strategic directions for Aboriginal health in Victoria over the next 10 years from 2012. This Strategy aligns with the priorities contained within the *Koolin Balit* strategic directions and Action Plan.

The *National Indigenous Reform Agreement* (NIRA) agreed by the Council of Australian Governments (COAG) is the lead national Agreement supporting efforts to close the gaps between Aboriginal and non-Aboriginal Australians within a decade.

The *National partnership agreement on closing the gap in Indigenous health outcomes* commits Australian governments to a \$1.6 billion contribution over four years to 2013 to contribute to closing the gap in life expectancy within a generation.

The *Victorian Indigenous Affairs Framework* (VIAF) is Victoria's whole-of-government framework underpinning efforts to raise life expectancy and quality of life for Aboriginal Victorians. The VIAF is aligned with NIRA and is incorporated into the bilateral plan between Victorian and the Commonwealth for delivering NIRA.

The *Victorian Aboriginal Health Plan* was produced by the VACKH in 2009 and outlines aims for improving the health and wellbeing of Aboriginal people in Victoria and key principles and potential actions to achieve these aims.

Priorities

The VACKH Eye Health Subcommittee has identified the following priorities for the Victorian context based on the recommendations contained within the Roadmap and aligned with the priorities identified in the Koolin Balit.

While these are the necessary priorities to close the gap in vision for Aboriginal people, the VACKH Eye Health Subcommittee has decided to focus on particular priorities due to current limitations in resources and scope.

Areas 2 and 3 focus on access to and coordination of eye health services and are key priorities for closing the gap in vision for Aboriginal people. The VACKH Eye Health Subcommittee will focus on these two priorities by carrying out local regional planning as described below.

Area 1 – Primary eye care as part of comprehensive primary health care

This area aligns with *Koolin Balit* Key Priority 6: Managing care better with effective services – We will achieve our aims by developing and implanting culturally responsive ways to improve Aboriginal people's access to high-quality screening, assessment and treatment services.

Without appropriate screening at the primary care level, it is not possible for Aboriginal people with diabetes or poor vision to be identified and then referred for the necessary specialist eye care. For the purposes of this document, Primary Eye Care is carried out within a Community Clinic by an Optometrist, General Practitioner, Registered Nurse or Aboriginal Health Worker.

One of the issues identified within the Roadmap is that General Practitioners, Registered Nurses and Aboriginal Health Workers are not undertaking routine vision testing and appropriate referral to optometry and ophthalmology. There are multiple reasons for this including time, priority, systems, knowledge and responsibility.

Medicare health assessment items for Aboriginal and Torres Strait Islander people have now been revised to include vision and eye health, however, there is still work to do to ensure implementation and cultural competence. The inclusion of eye health in Clinical Software would help prompt eye health assessments as part of routine care.

Diabetic retinopathy detection is particularly important given the high incidence of diabetes within the Aboriginal population. The National Indigenous Eye Health Survey found that blindness from diabetic retinopathy in Indigenous adults was 14 times for common in comparison to non-Indigenous adults. Aboriginal people with diabetes must not go for more than one year without retinal assessment.

Area 2 – Aboriginal access to eye health services

This area aligns with *Koolin Balit* Key Priority 6: Managing care better with effective services – We will achieve our aims by developing and implanting culturally responsive ways to improve Aboriginal people's access to high-quality screening, assessment and treatment services.

Aboriginal people often fail to access eye care services or drop out of the eye health system without receiving care or treatment. This perpetuates a negative perception of the eye health system within the community that dissuades others from seeking treatment.

Improving access and coordination of the eye health system (see Area 3 below) are the critical priorities for addressing the gap in vision for Aboriginal people.

Visiting eye health services, including the Visiting Optometrists Scheme (VOS) and the Medical Specialist Outreach Assistance Program (MSOAP) can help provide additional specialist service availability to increase the number of people accessing eye health services. Additional strategies are required to improve access in inner regional and metropolitan areas and the importance of service availability in ACCHOs is recognised. The Australian College of Optometry currently provides services in many areas of Victoria however the gaps in services need to be further identified and addressed.

Aboriginal people will also need to access mainstream services to receive the appropriate specialist treatment. Cultural competency in eye health clinicians and cultural safety in mainstream services is important for providing Aboriginal people with the confidence to access services. This is highlighted in Koolin Balit, particularly in the area of Enabler 3: Cultural responsiveness.

The Victorian Aboriginal Spectacle Subsidy Scheme (the VASSS), funded through the Victorian Aboriginal Eye Health Initiative, has recently been evaluated and has been highly successful in improving access to eye care services by removing cost barriers associated with being prescribed spectacles.

Long waiting lists for public patients is a particular barrier to Aboriginal people in accessing eye surgery. Consultation fees above schedule pose a further difficulty in access to ophthalmology services. These are especially an issue for people living in rural areas where public care is limited and waiting lists are so long that they may need to travel to Melbourne to access surgery.

Area 3 – Coordination

This area aligns with *Koolin Balit* Key Priority 6: Managing care better with effective services - We will achieve our aims by developing and implementing culturally responsive ways to improve the coordination and integration of services for Aboriginal people accessing and moving between health care settings.

The patient pathway for eye care can be extremely complex and difficult to navigate – it involves multiple visits with a number of practitioners and locations of service. This means that Aboriginal people often drop out of the system before receiving treatment. The Roadmap uses the metaphor of a ‘leaky pipe’ to describe the difficulties Aboriginal people experience in entering the eye care system and then to successfully navigate the system to eventually receive the appropriate treatment.

Improving coordination and referral pathways and improving access to eye health services (see Area 2 above) are important priorities for addressing the gap in vision for Aboriginal People. For this reason, the Planning and Implementation steps described below will focus on improving coordination of eye health services for the Aboriginal population at a regional level.

Area 4 – Eye health specialist workforce

This area aligns with *Koolin Balit* Enabler 3: Cultural responsiveness – We aim to increase the number of Aboriginal people in the mainstream health workforce and increase the capacity of mainstream health providers and their workforce to meet the health needs of Aboriginal people in Victoria.

To deliver effective services, the eye health specialist workforce should be sufficient to meet the needs of the local Aboriginal population and have the appropriate cultural understanding.

Workforce planning should be linked to the regional planning approach described below in the section on Planning and Implementation. Gaps in the required health specialists might be addressed through Commonwealth programs such as the Visiting Optometrists Scheme (VOS), Medical Specialist Outreach Assistance Program (MSOAP) and the Urban Specialist Outreach Assistance Program (USOAP) although these programs are limited.

Workforce development is a significant area which is being addressed through the Department of health Closing the Gap Aboriginal Health Workforce, Sector Workforce Planning Branch. Strategies to develop workforce should be developed in consultation with this Branch.

Area 5 – Monitoring and evaluation

This area aligns with *Koolin Balit* Enabler 1: Improving data and evidence – We aim to improve health service planning and delivery for Aboriginal people through comprehensive and consistent information monitoring and management of data relating to Aboriginal health and service provision.

The continuous improvement of the quality of Aboriginal eye health will depend on the ability to monitor the progress and improvement of eye care services to meet the population needs of Aboriginal people.

As described under Planning and Implementation below, regional reporting and performance review systems for data might be developed by collating data from ACCHOs, Medicare Locals and regional hospitals. However, to do this, mechanisms would need to be put in place to share this data and use it for this purpose.

Area 6 – Governance

This area aligns with *Koolin Balit* Enabler 1: Improving data and evidence – We aim to improve health service planning and delivery for Aboriginal people through comprehensive and consistent information monitoring and management of data relating to Aboriginal health and service provision.

Closing the gap in vision can only be achieved if the organisations involved in developing and delivering eye care are held responsible and accountable. While the VACKH Eye Health Subcommittee has oversight of the Victorian Aboriginal Eye Health Initiatives, its authority is limited. Regional reporting of activity can be aggregated for the State through the VACKH Eye health Subcommittee.

Area 7 – Health promotion and awareness

This area aligns with *Koolin Balit*. Key Priority 5: Addressing Risk Factors – We will achieve our aims by supporting the implementation of planned, evidence-based health promotion initiatives.

Improving the awareness and knowledge of eye health and eye health services amongst community members and health service staff encourages more Aboriginal people to access appropriate eye care services. This is particularly important in the context of related illnesses such as diabetes.

Planning and Implementation

The following steps for addressing the priorities identified above have been endorsed by the VACKH Eye Health Subcommittee. The steps have also been endorsed by Honourable David Davis MP, Victorian Minister for Health on the understanding that implementation will require little new funding.

Implementation will focus particularly on Priority Areas 2 and 3, which relate to improving access and coordination, by engaging in local planning focusing on select sites.

As implementation will depend on the funding and resources available, it is unclear who will carry out all the work associated with each step. The VACKH Eye Health Subcommittee has identified the regional Closing the Health Gap Committees as possible leaders for the local planning and implementation work, these committees were set up specifically to govern expenditure of local Closing the Gap funding and vary in their capacity. Although they have a shared purpose, the committees do not have any formal connection to the VACKH.

1 Define regions

The VACKH Eye Health Subcommittee has agreed to base planning on the eight Department of Health regions comprising Loddon Mallee, Grampians, Barwon South West, Hume, Gippsland, North West Metropolitan Region, Southern Metropolitan Region and Eastern Metropolitan Region.

2 Define population size and regional needs

Regional data is available via the 2011 census and estimates of population-based needs can be generated from the prevalence data found in the National indigenous Eye Health Survey.

3 Identify regional hub hospitals

The VACKH Eye Health Subcommittee will identify hospitals, where public cataract surgery is performed, to be the hub hospital in each region.

4 Initial implementation

The VACKH Eye Health Subcommittee will identify 2-3 pilot regions, including a metropolitan and a rural region, on which to focus planning activity.

5 Develop regional service directories

Determine current levels of service provision and the capacity of locally available services within each region.

6 Identify service gap

The VACKH Eye Health Subcommittee will analyse data on regional needs in relation to the regional service directories to determine gaps in services required. Although VOS and MSOAP are limited, these programs may be able to provide any additional support required.

7 Establish regional collaboration network

The VACKH Eye Health Subcommittee will establish regional collaboration networks based on available infrastructure. The Closing the Health Gap Committees may be able to fulfill this function depending on the work required and whether these committees are still in place.

8 Develop referral protocols

VACKH development of regional referral protocols to be determined by regional collaboration network.

9 Co-ordination and case management

The roles the identification of staff and the allocation of roles and responsibilities needs to occur at the clinic, hospital and regional levels with regional oversight.

10 Data collection and monitoring

Regional reporting and performance review systems will be developed for data from ACCHOs, Closing the Health Gap projects, Medicare Locals and regional hospitals.

11 Performance review

Regional data will be reported and reviewed every six months to VACKH Eye Health Subcommittee and VACKH.

Constraints

While the VACKH can develop strategies and make recommendations, it does not have the authority to make government policy or funding decisions.

The implementation of the priorities identified in this document is dependent on the funding and resources available.

Funding for the Closing the Health Gap Initiatives is non recurrent and is due to finish on 30 June 2013. There is no guarantee that funding will be available to continue activities currently being carried out as part of Closing the Health Gap. This includes the three projects funded through the Victorian Aboriginal Eye Health Initiative and the Closing the Health Gap Committees.

The Sustainable Government Initiative has resulted in a significant reduction of the Victorian public service workforce and further reductions will be made. The loss of back office and administrative positions will limit the ability of the Victorian Department of Health to carry out strategic work.

Annual Review

As the funding environment for Aboriginal Health is uncertain, this document has been developed for one calendar year with the intention that it will be reviewed annually. The VACKH Eye Health Subcommittee anticipates that the strategy will evolve over time.