MEDIA RELEASE

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INDIGENOUS AUSTRALIANS MISSING OUT ON EYE CARE

INDIGENOUS Australians are missing out on eye health services even where they are made available because of a lack of coordination and cultural barriers, a new national report has revealed.

The *Provision of Indigenous Eye Health Services* report was developed by Professor Hugh Taylor AC, Harold Mitchell Chair of Indigenous Eye Health, at the University of Melbourne, and released today by Warren Snowdon, Minister for Indigenous Health.

It found that urban and regional areas have adequate eye care services but Indigenous Australians are not accessing them, highlighting the need for efficient coordination to identify and address cultural barriers.

“This demonstrates that we need to learn more about the cultural barriers that hold back Indigenous people from getting the eye care they need, particularly in the urban areas where there are lots of eye specialists,” said Professor Taylor.

“The report has highlighted the gross under-servicing of eye care to Indigenous Australians, with those living in rural and remote areas the most severely underserviced.”

“In 2009 our national research revealed that the rate of blindness in Indigenous adults is more than six times higher than non-Indigenous Australians and one third of Indigenous adults have never had an eye exam.”

“Sadly, 94 per cent of vision loss associated with eye disease in Indigenous communities is preventable or treatable.”

“This is a national disgrace. The provision of quality eye services is fundamental if we are to achieve our goal to ‘Close the Gap’ in vision for Indigenous Australians. The key is to introduce efficient and coordinated outreach eye care services with sustainable funding.”

The *Provision of Indigenous Eye Health Services* report found there is a marked shortage of optometric and ophthalmic services into more remote areas with high numbers of Indigenous people, and up to 24 per cent less in very remote areas.

The report found vast variances in the current outreach services provided to remote communities and demonstrated the positive impact of a coordinated, integrated approach between optometrists, ophthalmologists and local health services.

“In areas where there is good coordination, clinics see 40 per cent more patients than those areas poorly serviced. Waiting times are improved by 5 to 7months, cataract surgery rates are 80 per cent higher, and costs are reduced by15 per cent. We want to see this model replicated in all communities,” said Professor Taylor.

“Our 2009 *National Indigenous Eye Health Survey* was the first step in ‘Closing the Gap’ in vision. It showed us the true extent of the avoidable vision loss and unacceptable deficiencies in Indigenous eye health.”

“By reviewing the availability and effectiveness of the current eye health services, the *Provision of Indigenous Eye Health Services* report is the second step.”

“The final step will be to develop recommendations to Government on the best way to develop adequate eye care services for Aboriginal and Torres Strait Islander people, and coordination is the key.”

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Provision of Indigenous Eye Health Services: **Highlights**

- Blindness rates in Indigenous adults are six times the rate in mainstream
- 94% of the vision loss is preventable or treatable
- 35% of Indigenous adults have never had an eye exam
- There is a marked shortage of optometric and ophthalmic services into more remote areas and up to 24% less in very remote areas
- Efficient outreach eye care services need proper co-ordination and sustainable funding
- In urban and regional areas adequate eye care services exist but efficient co-ordination is required to overcome cultural access barriers
- Integrated chronic disease care must include screening and referral for diabetic eye disease
- Sustainable funding is required for retinal photography
- Treatment for diabetic eye disease and trachomatous trichiasis should be locally available
- Trachoma control programs need to be incorporated into comprehensive primary health care and health promotion
- Trachoma control needs to include all people in endemic areas

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