The importance of Diabetes Eye Care

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

The Roadmap is an interlinked set of recommendations to improve access to and quality of care. It was launched by: Minister Warren Snowdon MP and Justin Mohamed (Chair National Aboriginal and Torres Strait Islander Social Justice Commissioner) in November 2012 in Melbourne.

The first Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Lisa Briggs (CEO V2020A) in November 2012 in Hobart.

The second Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was released by Mick Gooda (Aboriginal and Torres Strait Islander Social Justice Commissioner) in November 2013 in Melbourne.

Prevalence of Active Trachoma

- Visiting ophthalmology days
- Visiting optometry days
- (Subsidised spectacles for jurisdictions)
- Retinal examination for people with diabetes
- MBS 715 health check

Steps for National Implementation

1. National oversight and accountability function
2. Adopt national benchmarks including pathways and standards
3. Prioritise eye care for Medicare Locals/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 forum
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 2014 estimated annual cost to Close the Gap for Vision is $7.7bn.

If it were simple, it would have been done long ago

Vision loss is 11% of the Indigenous health gap.

Most of this is unnecessary and could be eliminated ‘overnight’

National Indigenous Eye Health Survey

Vision loss in Indigenous adults (compared to non-Indigenous Australians)
- Windows 6-10 times more common
- Low vision is nearly 3 times more common

The main causes of blindness are
- Cataract
- Refractive error
- Diabetic eye disease
- Trachoma

Regional Implementation of Roadmap

National prevalence fell from 4% in 2000 to 4% in 2013

The Importance of Diabetes Eye Care

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

Indigenous Eye Health Indicators

- To assess system performance and equity
- Undertaken by regions, jurisdictions and nationally
- NABH T55 health check
- Cataract surgery rate
- Cataract surgery within 90 days of booking
- Retinal examination for people with diabetes
- Laser procedure rate for diabetic retinopathy
- (Cataractid spectacles for jurisdictions)
- Trachoma prevalence rates
- Visiting optometrist dates
- Visiting ophthalmology days

Accomplishments 2014

National Roadmap Engagement and Accomplishments 2014

- Additional Commonwealth funding for Indigenous eye health
- Endorsement from all major political parties and Parliamentary spokesmen
- High-level engagement with parliamentarians and policy makers
- National Framework Implementation Plan

Barriers to Taking Action

- Funding for coordination and programs
- Lack of regional data collection and monitoring systems
- Lack of regional planning
- Lack of regional and jurisdictional performance monitoring

Steps for National Implementation

1. National oversight and accountability function
2. Adopt national benchmarks including pathways and standards
3. Prioritise eye care for Medicare Locals/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 forum
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

2014 Annual Update on the Implementation of The Roadmap to Close the Gap for Vision


Outcome 1: Ensuring continuity of primary eye health services
- Ensure that primary eye health services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 2: Closing the vision gap
- Sufficient workforce and resources are in place in all regions.
- Local and regional agreements are established to address the vision gap.

Outcome 3: Eliminating trachoma
- TRF rates below 5% in all screened communities.
- Comprehensive pathway towards elimination.

Outcome 4: Enhancing eye health capacity in primary health services
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 5: Improving health outcomes and service utilisation
- Comprehensive health services are provided.
- Sufficient workforce and resources are in place in all regions.

Outcome 6: Ensuring equity in eye health services
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 7: Developing the workforce
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 8: Improving the efficiency of health services
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 9: Strengthening the health system
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 10: Enhancing the social determinants of health
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 11: Ensuring the sustainability of health services
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 12: Ensuring the implementation of health policies and strategies
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 13: Ensuring the effective implementation of health governance
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 14: Ensuring the effective implementation of health promotion
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 15: Ensuring the effective implementation of health financing
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 16: Ensuring the effective implementation of health information systems
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 17: Ensuring the effective implementation of health workforce development
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 18: Ensuring the effective implementation of health research and innovation
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.

Outcome 19: Ensuring the effective implementation of health systems planning and evaluation
- Quality services are available and accessible to all communities.
- Sufficient workforce and resources are in place across all regions.