



Close the Gap for Vision by 2020
National Conference 2019
Strengthen & Sustain

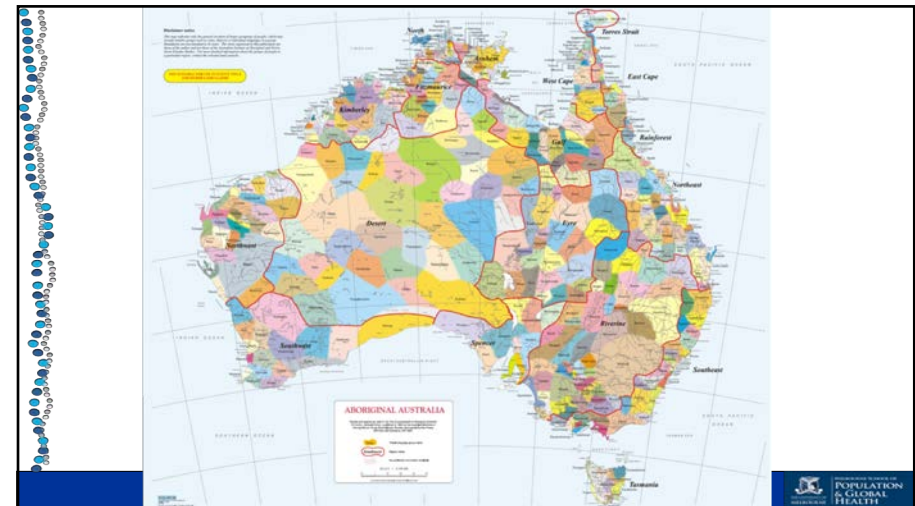



Minim Barring
Indigenous Eye Health
Melbourne School of Population and Global Health

Introduction

Hugh Taylor

@IEHU_UniMelb #CTGV19



Aboriginal People have the World's Best Vision

Ability to see 6/2.4

	Female	Male
Aboriginal	45%	55%
European	8%	32%

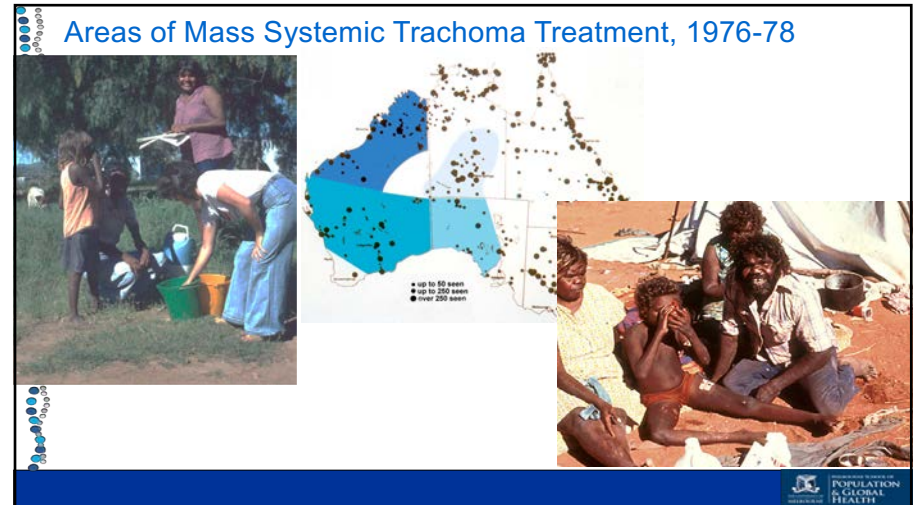


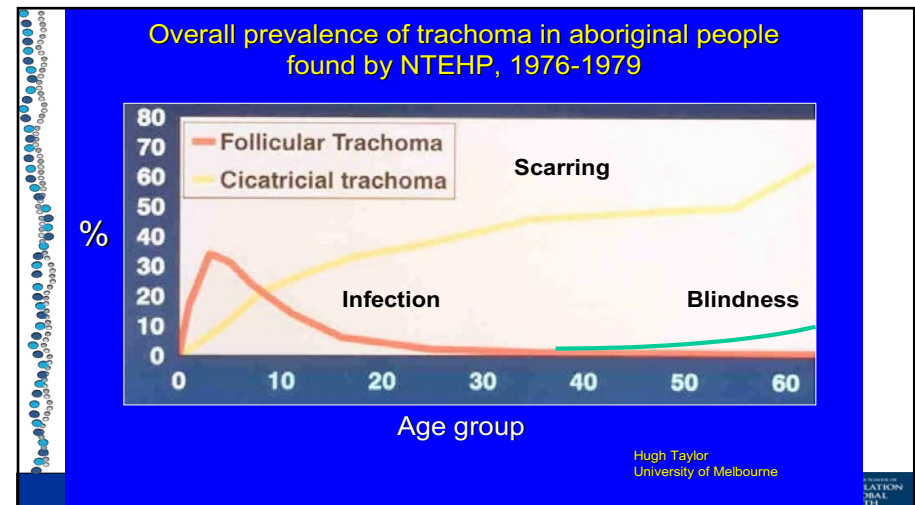
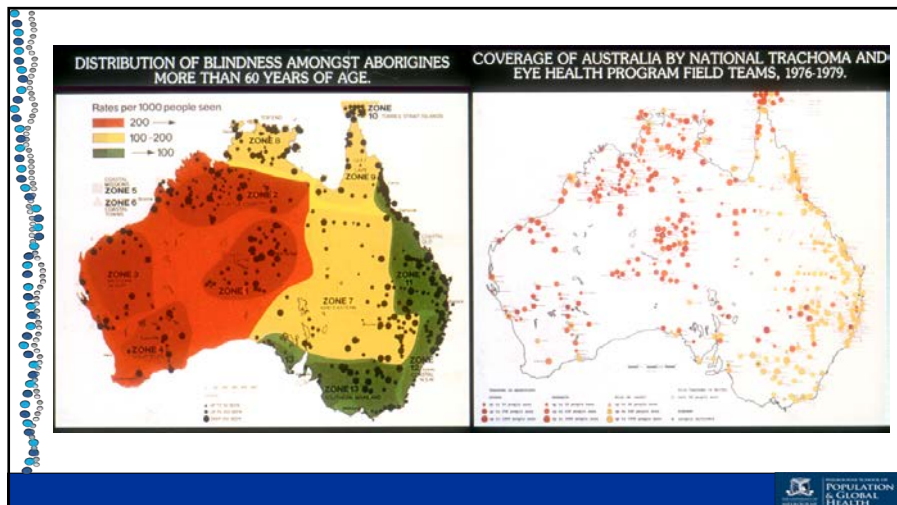
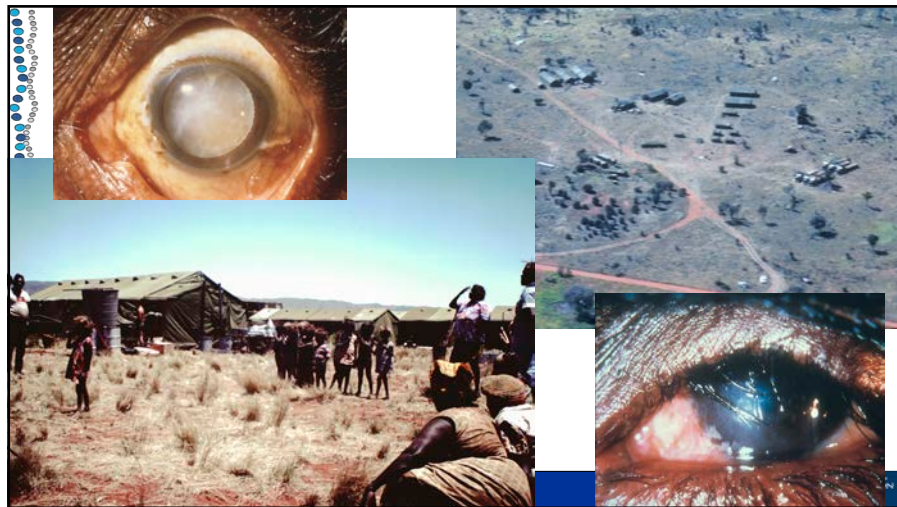

6/1.4 with one or both eyes!

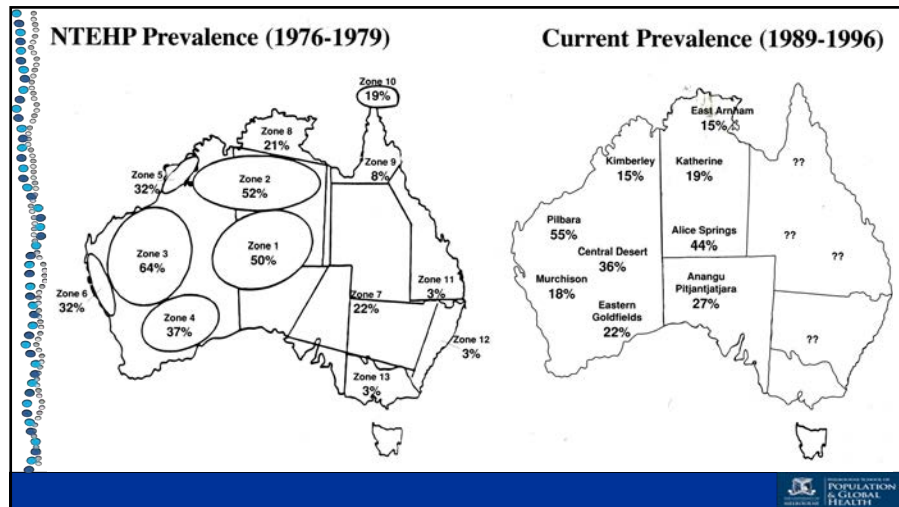
Taylor 1980

But they may still need glasses especially for near









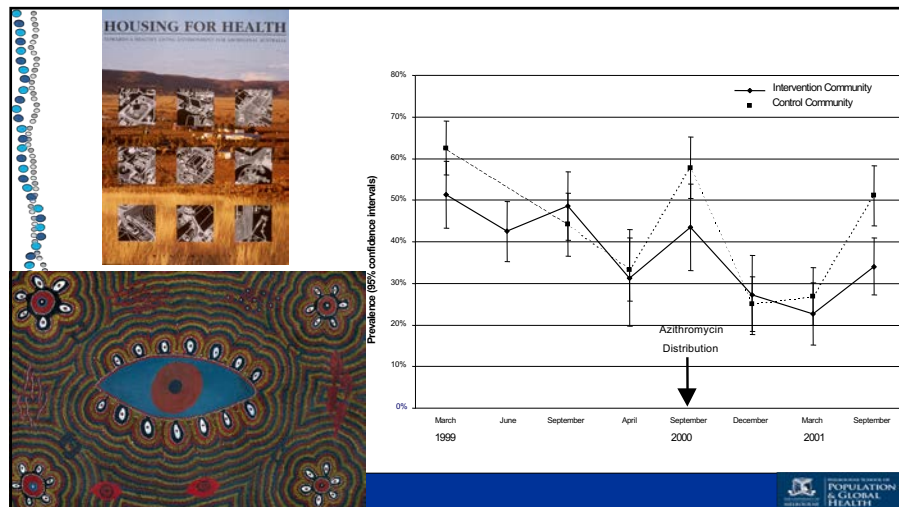
1996-97 Review

Recommendation 13
Develop trachoma clinical practice guidelines

Recommendation 14
Provide Azithromycin through PBS

Recommendation 15
Further improvements required in the regional delivery of housing, infrastructure and the resources for maintenance

Uwankuru palya ngalkapai —
Better vision for all



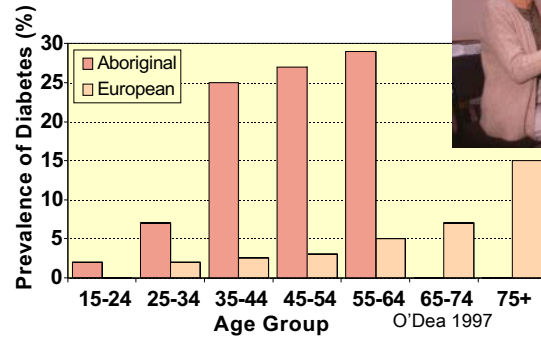
June 2008

clean FACES for kids

Kids who clean their faces everyday. Become healthy. Happy kids!

Wash your face with clean soapy water and use a towel

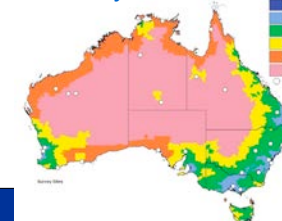
Diabetic Retinopathy



Indigenous Eye Health, NIEHS 2008

Aboriginal and Torres Strait Islander children start life with much better vision, 5 times less poor vision
But those 40 years and older had 6 times more blindness

Almost all the vision loss is unnecessary and could be prevented or treated
But one third had never had an eye exam



National Indigenous Eye Health Survey

Mouni Barning (Tracking) Eyes

Population & Global Health

We know the main causes of vision loss and we know what to do...

Cataract



provide access to surgery

Diabetes



retinal exams and injections or laser

Refractive Error



provide the right glasses

Trachoma



eliminate with SAFE Strategy

Most of it can be fixed overnight!

With glasses you see right away

After cataract surgery you see the next day

Vision Loss caused 11% of the Health Gap and would Double in 20 years



Population & Global Health

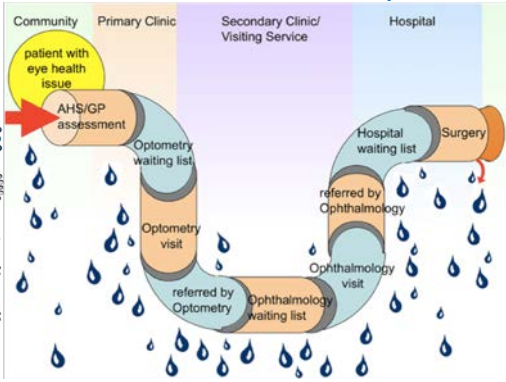
But the **Unmet Need** for eye care in the cities is...




... the same as it is in the most remote areas!!

POPULATION & GLOBAL HEALTH

The Patient Journey is like a Leaky Pipe and there are multiple leaks



If you only fix 1 or 2 leaks it is still leaky

The Roadmap to Close the Gap for Vision

Full Report

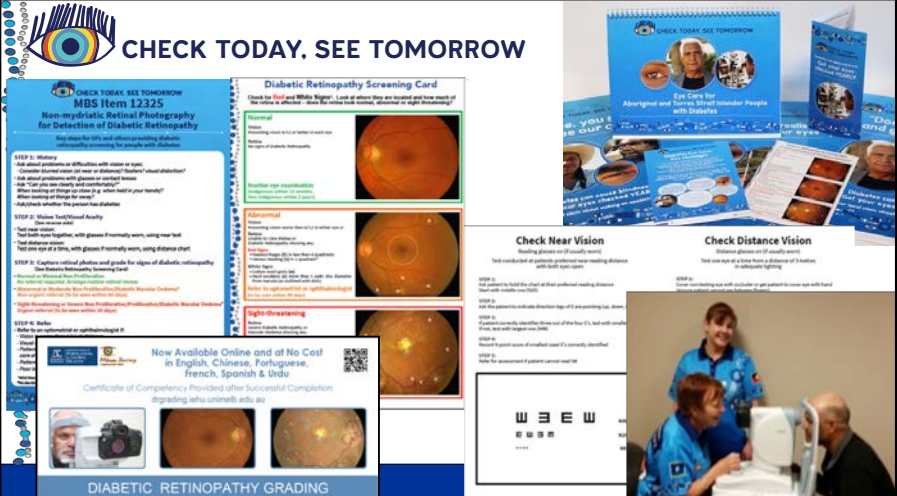


Regional Stakeholder Partnerships

- Define **region** with **AMS**, population and cataract surgery hub
- Establish regional **stakeholder partnerships** and collaboration
- Population-based needs** and gap analysis
- Develop **referral protocols** regional directory
- Identify **co-ordination** and case-management staff roles
- Establish regional **data collection** and monitoring
- Ensure regional **oversight** and accountability
- Regional Stakeholder Groups now in 53 of 63 self-defined regions



CHECK TODAY, SEE TOMORROW



DIABETIC RETINOPATHY GRADING

Health Promotion Activities

- Trachoma Story Kits
- Songs and videos and DVDs
- TV and radio CSAs
- Link with other hygiene programs
- Activities in schools, preschools and football
- Safety mirrors, soap and hygiene packs
- Community Art Murals



CLEAN FACES, STOP THE EYES!

TRACHOMA STOP TRACHOMA & OTHER INFECTIONS

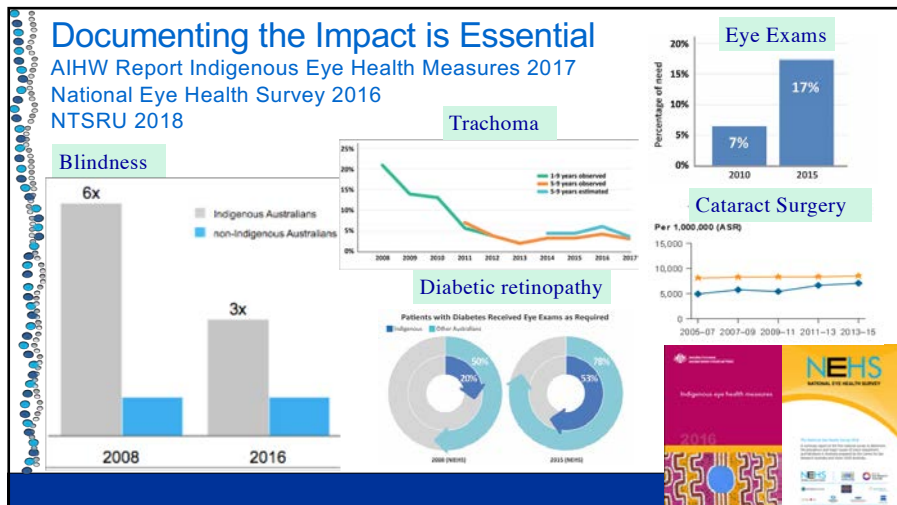
Housing, Education and Environmental Health

- “Every dirty face is a health hazard”
- Safe and functional “bathrooms”
- Emphasise “clean faces” and good hygiene
- This reduces;
 - Trachoma
 - Otitis media
 - ARIs
 - Gastro,
 - Skin infections
 - Scabies
 - (Rheumatic heart)
 - (Glomerulonephritis)



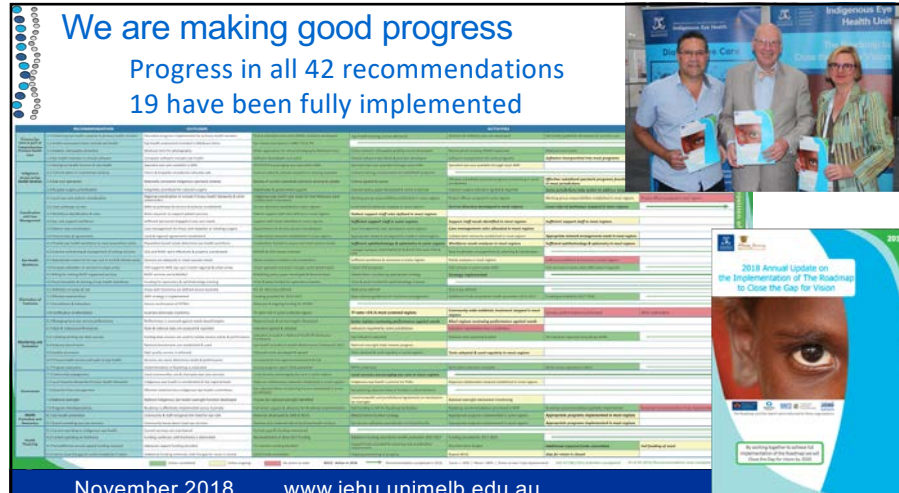
SAFE BATHROOM CHECKLIST

“Clean Faces, Safe Bathrooms”



We are making good progress

Progress in all 42 recommendations
19 have been fully implemented



November 2018

www.ihu.unimelb.edu.au



Vision 2020 Australia 5 Year Plan or Blueprint

Strong eyes, strong communities

- Follows meetings with Minister Wyatt in 2017 and 2018
- Submitted February 2019
- Developed with solid community consultation
- Builds on the recommendations of the Roadmap
- Increases support for eye care in ACCHOs and jurisdictional involvement

Strong eyes,
strong communities



A five year plan for Aboriginal and
Torres Strait Islander eye health and vision
2019-2024

VISION
2020
AUSTRALIA



POPULATION
& GLOBAL
HEALTH



COAG Health Council

Communiqué
8 March 2019

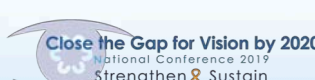
Major items discussed by Health Ministers today included:

Eye Health

The rate of vision impairment and blindness in Aboriginal and Torres Strait Islander people is three times higher than non-Indigenous Australians. The leading causes of vision loss and blindness in Indigenous adults are uncorrected refractive error, cataract and diabetic retinopathy. Ministers noted the Eye Health Roadmap as a framework to deliver collaborative policies and programs.

Diseases of housing overcrowding and poverty in remote Aboriginal and Torres Strait Islander communities

Health Ministers discussed the conditions that make up the health gap for Aboriginal and Torres Strait Islander people and are associated with a range of social and environmental determinants. Communicable diseases in particular share the same environmental risk factors of poor cleanliness and hygiene, the impacts of which are exacerbated by overcrowded living conditions. Acute rheumatic fever (ARF) and rheumatic heart disease (RHD) are two examples of diseases resulting from overcrowding and poverty in remote Aboriginal and Torres Strait Islander communities.



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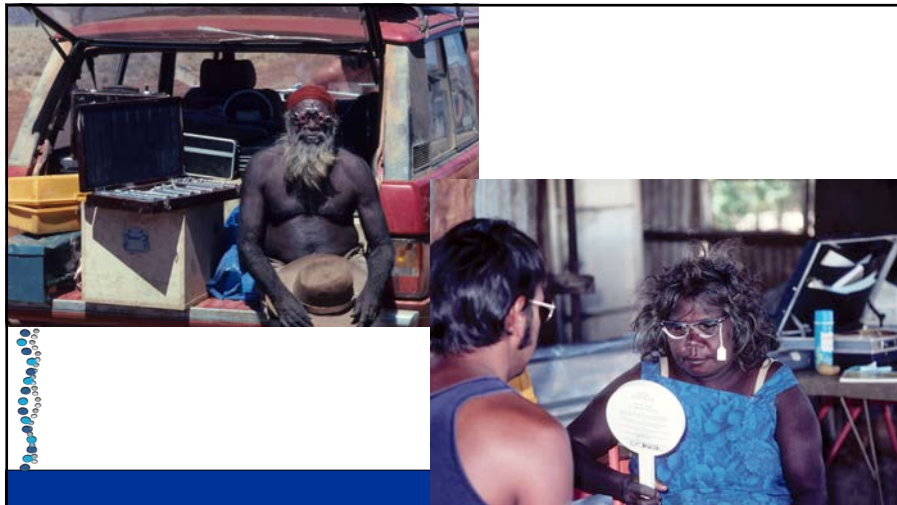
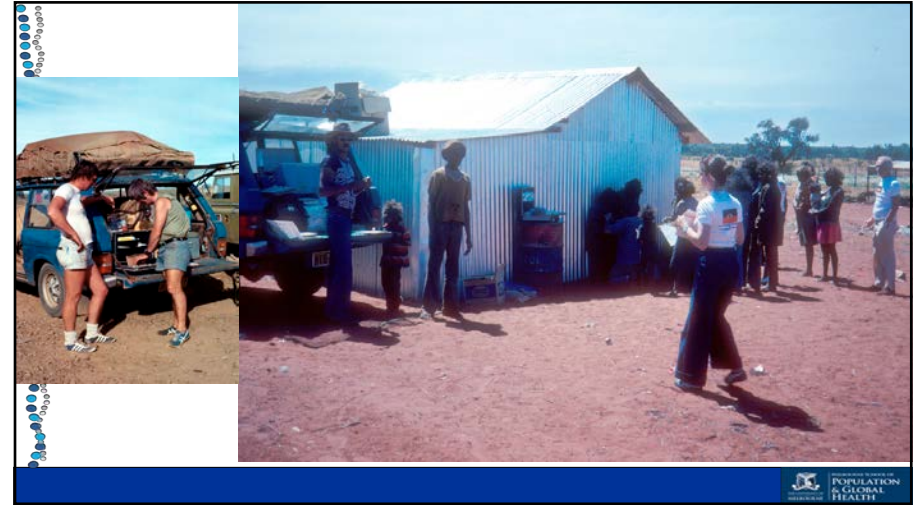

Summary

- Indigenous Australians start off with much better vision, but there is still a real “Gap for Vision”
- However, some really good progress has been made
- We have much to discuss and still work to do

...we can Close the Gap for Vision by 2020

@IEHU_UniMelb

#CTGV19





You have to fix each leak

- The Roadmap to Close the Gap for Vision, 2012
- 42 recommendations
- Community engagement
- Cultural safety
- Primary care with regional services
- Multi-layered
 - National oversight
 - Statewide support
 - Regional implementation

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The Roadmap to Close the Gap for Vision



Full Report



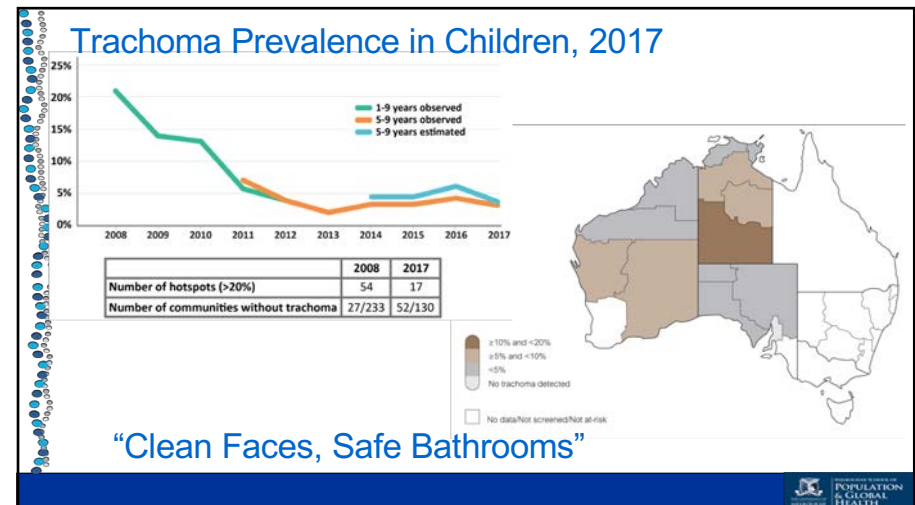
“Clean Faces, Safe Bathrooms”

“Every child with a dirty face is a health hazard!”



Transmission is stopped by keeping every face clean

UNIVERSITY OF MELBOURNE
POPULATION & GLOBAL HEALTH



Katherine Region, July - August 2007



Community	N	TF (<10)	TS(>40)	Coverage
	384	32% (35/109)	60% (53/89)	82%
	251	26% (23/89)	78% (36/46)	80%
	179	<2% (1/54)	68% (21/31)	90%
	389	14% (18/125)	63% (41/65)	88%
	115	17% (7/41)	50% (8/16)	93%

*Trichiasis present in 7, overall rate 0.5%

*TF by person 10.5%(135/1282)
by left eye 8.6% (110/1282)

Distribution of clinical signs in PCR positive subjects

	n	PCR-positive (%)
Population	1282	46 (3.6)
WHO Simplified grading		
- TF Absent	1,174	27 (2.3)
- TF Present	108	19 (17.6)
Fine grading		
- TF ₀	793	6 (0.8)
- TF ₁	257	16 (6.2)
- TF ₂	124	5 (4.0)
- TF ₃	98	16 (16.3)
- TF ₄	10	3 (30)
Active trachoma	110*	20 (18.2)

*TF alone = 99, TF and TI = 9, TI without TF = 2

