

Closing the Gap for Vision Regional Implementation

Mitchell D Anjou, Andrea I Boudville, Hugh R Taylor

A regional plan to Close the Gap for Vision

The plan is based on evidence from national research findings for jurisdictional and regional implementation

The aim is to translate Indigenous eye care policy recommendations into practice across Victoria

The facts – our evidence base

- Indigenous adults suffer six times more blindness than other Australians
- 94% of this vision loss is unnecessary being preventable and treatable
- 35% of Indigenous adults have never had an eye exam



Consultations

- Semi-structured interviews, focus groups, stakeholder workshops and meetings were conducted in 2010 and 2011
- Engaged over 500 people
- 21 sites across Australia

Consultation included community members, Aboriginal Health Services, private practices, hospitals, non-government organisations and government



The Roadmap to Close the Gap for Vision

42 recommendations across nine domains

- Primary eye care as part of comprehensive primary health care
- Indigenous access to eye health services
- Co-ordination
- Eye health workforce
- Elimination of trachoma
- Monitoring and evaluation
- Governance
- Health promotion and awareness
- Health financing



Requirements for a regional model

- Hospital for cataract surgery
- Diabetic retinal laser treatment
- Ophthalmology services
- Optometry services – preferred in AMS
- Access to subsidised spectacles scheme
- Primary care identification of visual problems and initiation of referrals
- Assurance of diabetes annual review

Services are provided to meet population-based needs. ACCHOs, Local Hospital Networks and Medicare Locals work together to plan and monitor regional needs.

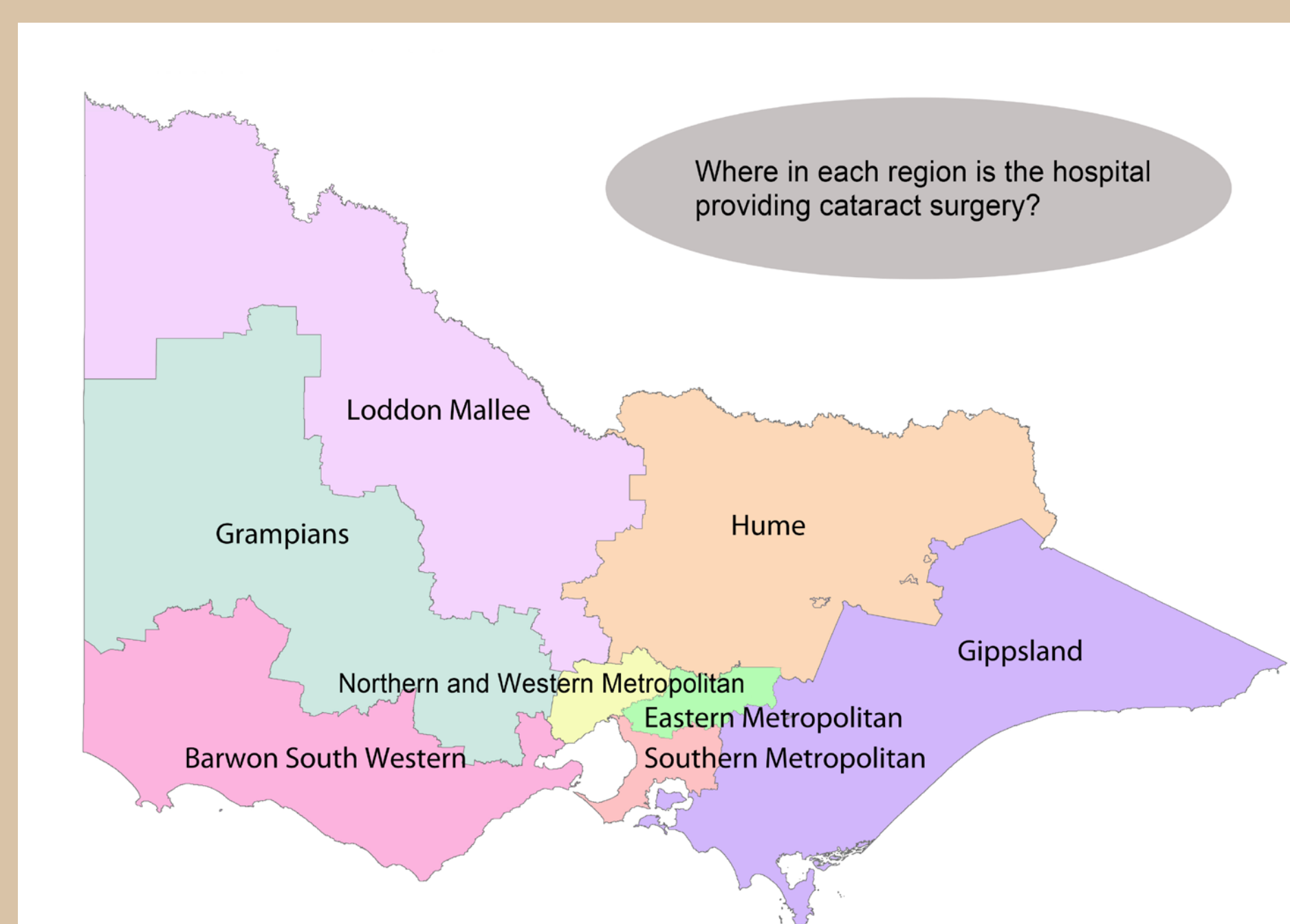
- Regional surveillance – monitoring and evaluation
- Identification of holes/ gaps
- State supported funding
- State program – supports development and assists with issues and problems

Steps of implementation

- 1 Define regions
- 2 Define population size
- 3 Determine regional service needs
- 4 Identify regional hub hospital (service facilities)
- 5 Determine current services local and visiting
- 6 Identify gap in service requirements
- 7 Establish regional collaboration network
- 8 Develop regional service directory and referral protocol
- 9 Identify co-ordination and case management staff and allocate roles
- 10 Establish data collection and monitoring system
- 11 Report regional data for local and state level surveillance

Victoria- the regions

Eight Department of Health and Closing the Gap regions



Acknowledgements

We acknowledge and thank the many community members, colleagues and stakeholder who were consulted, participated in and contributed to the project.

Thank you to Rachael Ferguson for assistance in preparation of this poster.

The project was conducted with the support of Harold Mitchell Foundation, The Ian Potter Foundation, Greg Poche AO and The University of Melbourne.

What are the estimated needs?

(Table 11: Projected eye care needs for Victoria)

	Loddon Mallee	Grampians	Barwon South Western	Hume	Gippsland	Metro NW	Metro S	Metro E	Total
Estimated number of Indigenous people who are blind	30	14	19	24	20	46	30	19	230
Estimated number of Indigenous people who require glasses each year	262	126	170	214	177	407	264	170	1,789
Number of Indigenous people requiring cataract surgery each year to reach National CSR (9,500)	44	17	26	35	29	69	41	25	285
Estimated number of Indigenous people with diabetes who require an annual eye examination	394	189	255	323	266	613	397	256	2,694
Estimated number of Indigenous people with diabetes who require laser surgery each year	46	22	30	37	31	71	46	30	312
Estimated number with trachomatous scarring at risk for developing trichiasis	171	82	110	140	115	256	172	111	1,165
Estimated number of Indigenous people with intumed eyelashes (Trichiasis)	15	7	10	12	10	23	15	10	102
Number of full time equivalent ophthalmologists required to service Indigenous population to reach National average (1:28,000)	0.16	0.06	0.10	0.13	0.11	0.26	0.15	0.09	1.07
Number of full time optometrists required to service Indigenous population to reach National average (1:5,400)	0.85	0.33	0.51	0.68	0.57	1.34	0.79	0.47	5.53

What is being provided currently?

Who needs to be involved?

- Local Aboriginal medical services
- Close the Health Gap regional committees
- Local Hospital Network
- Medicare Local
- Local eye care providers – optometrists, ophthalmologists
- Visiting eye care providers – optometrists, ophthalmologists

What needs to happen?

- Collaboration
- Support service delivery partnerships
- Collect and share information
- Regional goals include developing
 - service directories
 - referral protocols

Who can help?

Victorian Advisory Committee on Koori Health (VACKH) Eye Health Subcommittee was established in 2010

Comprising representatives of VACCHO, Department of Health Victoria, Department of Health and Ageing Commonwealth, Victorian eye health sector

Current initiatives include:

- Aboriginal Subsidised Spectacle Scheme – operated through Australian College of Optometry
- State eye care co-ordinator – appointed through VACCHO
- RVEEH Aboriginal Liaison Officer

Conclusion

The gap for vision can be closed through regional implementation of the Roadmap recommendations – we present an 11 step process for local action.

References

1 Taylor HR, NIEHS team, Keffe JE, Arnold A-L, et al. National Indigenous Eye Health Survey – Minum Barreng (Tracking Eyes). Melbourne: Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne in collaboration with the Centre for Eye Research Australia and the Vision CRC; 2009

2 Taylor HR, Dunt D, Hseuh YS, Brando A. Projected Needs for Eye Care Services for Indigenous Australians. Melbourne : Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne; 2011

3 Taylor HR, Anjou MD, Boudville AI, McNeil RJ. The Roadmap to Close the Gap for Vision Full Report. Melbourne : Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne; 2012