

Evaluation of the Victorian Aboriginal Spectacles Subsidy Scheme

A Summary Report 2016





The Victorian Aboriginal Spectacles Subsidy Scheme (VASSS) is a Victorian State Government initiative that aims to improve access to high quality visual aids (e.g. glasses/spectacles) for Aboriginal Victorians, and in doing so, contribute to closing the gap in eye health between Aboriginal and non-Aboriginal Victorians. It is an additional subsidy to the statewide Victorian Eyecare Service (VES), funded by the Department of Health and Human Services (DHHS) and managed by the Australian College of Optometry (ACO).

Through the VASSS, all Aboriginal and Torres Strait Islander Victorians have been eligible to obtain spectacles for a co-payment of \$10. Since its introduction in 2010 until June 2016, over 11,000 pairs of spectacles have been supplied, with important improvements in eye health as a consequence.

“The Scheme is a game changer – the \$10 cost certainty has changed the conversation I have with clients from a real battle to get them to agree to make an appointment to a positive discussion about taking care of themselves” (Aboriginal Community Controlled Health Organisation [ACCHO] Care Coordinator)

“VASSS has made a big difference to understanding diabetes and medications. Being able to see makes a big difference to engagement with life! People can see food properly, and this helps people make good dietary choices” (ACCHO Care Coordinator)

“The glasses I was able to get through the scheme has improved my work. I research using computers and books, and now I can help more clients” (ACCHO Client)

An evaluation of the VASSS in 2012 found that the program was successfully facilitating access to spectacles and eye health examinations for Aboriginal people, as well as early identification of vision-threatening eye disease, and thus preventing blindness. A number of recommendations for continuing success were made and implemented.

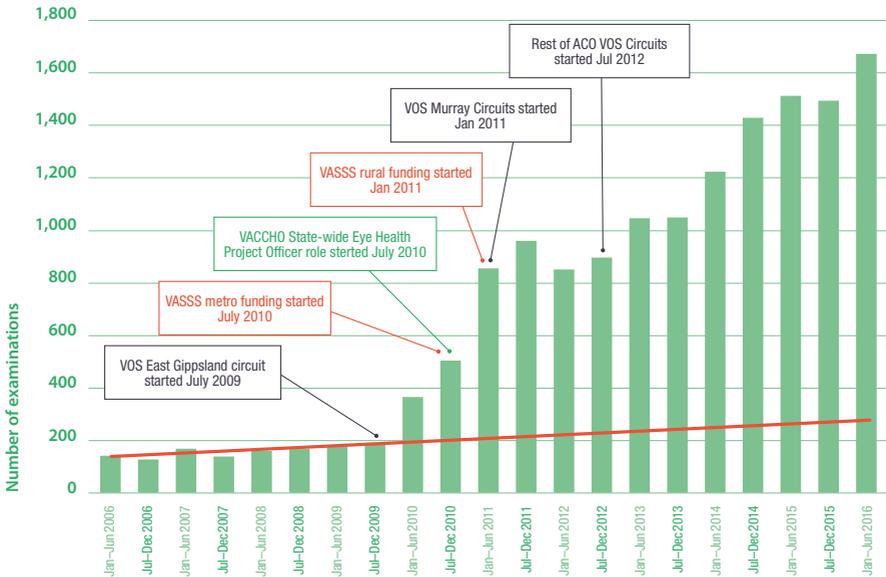
A second evaluation was undertaken in 2016 to assess the ongoing effectiveness of the VASSS against its intended core objectives – access to affordable and cost certain high quality eye examinations and spectacles, a suitable choice of spectacle frames, and increased uptake of eye care services. The information will be used to inform future developments of the program.

Overview of 2016 Evaluation Findings

Uptake of eye examinations and access to high quality spectacles

- The number of ACO eye examinations for Aboriginal Victorians¹ has increased from approximately 350 to almost 3,200 eye examinations per year.

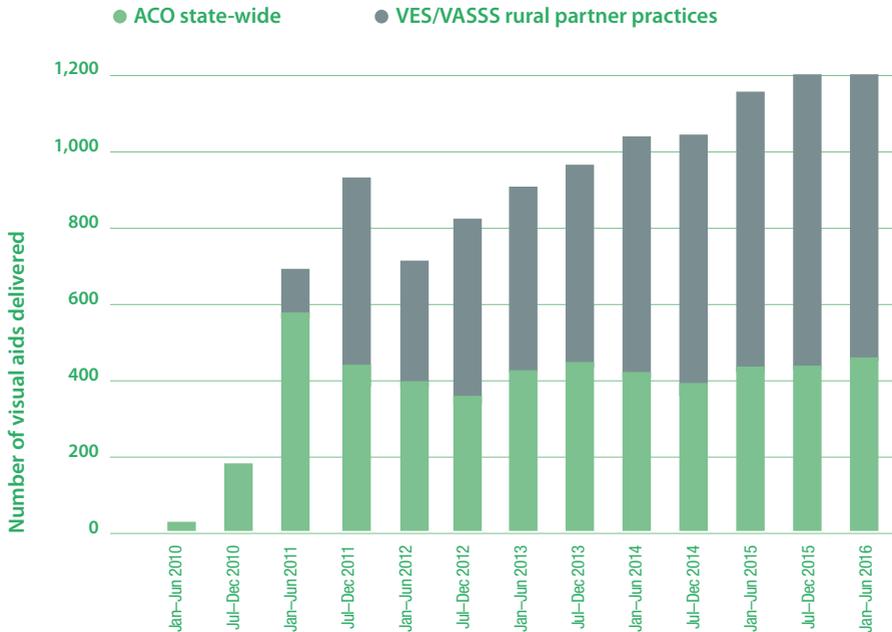
Figure 1. Number of eye examinations conducted by ACO optometrists (not including those conducted in VES rural practices) for Aboriginal Victorians over time. The orange line is the linear trend of examination numbers for the period prior to the start of the VASSS, projected forward to June 2016 as if there was no-intervention.



1. This includes only VASSS-related ACO eye examinations; it does not include VASSS-related VES rural eye examinations due to the limitations of data collection from VES rural practices.

- Over 11,000 VASSS spectacles had been delivered to end June 2016, with the program on target to surpass the DHHS commitment of 12,712 by 30 June 2017.

Figure 2. VASSS visual aids (spectacles) supplied over time (Note that VES rural includes spectacles prescribed by ACO as part of the Visiting Optometrists Scheme [VOS]).



- Initial growth in VASSS was driven by the ACO's direct service delivery, while more recent growth has been from delivery in partnership with VES rural practices. In addition, the benefits of the Koolin Balit Regional Aboriginal Eye Health Projects are apparent in regional changes over time.
- There is no one-size-fits-all service delivery model that could be applied across the state – there are different opportunities and different challenges in each place. Different mixes of visiting optometry services and VES rural practices work well in different places.
- Most participating VES rural practices chose to join the VASSS to contribute to Aboriginal eye health; however, other financial, time and physical stressors (e.g. Medicare freeze, client non-attendance, limited space) can impact on participation and sustainability.

- While positive stories show that VES rural practices can be a critical part of successful service delivery of Aboriginal eye care, others suggest that some VES rural practices require more support to become a culturally safe place.
- The VASSS frame range is mostly well received, but some Aboriginal community stakeholders see a role for input from more diverse ages, regions and genders in selecting the frames.
- The \$10 co-payment is reported as fair and reasonable.
- The VASSS conforms to sector-endorsed principles for supply of subsidised spectacles to Aboriginal people.

Meeting the demand

- The number of Aboriginal Victorians accessing the VASSS over the 2015-16 financial year was estimated to be 2,186, compared to the Indigenous Eye Health (IEH) calculator estimate of 2,411 people aged over 40 requiring spectacles each year.
- The ACO performed 3,182 comprehensive eye examinations for Aboriginal Victorians over the 2015-16 financial year, compared to the IEH calculator estimated need of 6,409 annual eye examinations.²

Awareness of eye health risks and broader effects

- The VASSS has raised awareness of eye health risks within Aboriginal communities, although there is a need to accommodate a greater range of health literacy levels.
- VASSS appears to generate broader benefits than correcting vision and detecting eye disease – it is commonly described that this simple, positive outcome from having an eye examination (getting spectacles, seeing better), improves self-agency, engagement with culture and community, and holistic aspects of Aboriginal health.

Referral to ophthalmologists for treatable eye disease

- There are challenges for Aboriginal Victorians with vision-threatening eye disease to attend appropriate ophthalmology services, particularly in rural and regional areas.

2. It should be noted that the number of spectacles includes those provided through both the ACO and VES rural services; whereas, the number of VASSS-related eye examinations includes only those provided through the ACO (it is not possible to provide the number of VASSS-related VES rural eye examinations due to the limitations of data collection).

Aboriginal community involvement

- Aboriginal community stakeholders noted that deeper, broader and genuine input into the process of planning eye health strategies at the ACO would be welcomed.
- ACCHOs and other agencies who host visiting optometrists provide support that is critical to achieving access to eye care.

Cost-effectiveness

- A health economics calculation suggests that the VASSS investment may return greater value to Victoria in productivity gains than the program has cost.



Main Messages

The VASSS has been very well received by stakeholders and continues to successfully fulfill its main aim of improving access to high quality affordable visual aids. It has also increased Aboriginal uptake of primary eye health checks.

The success appears to be due to a combination of flexible funding from DHHS Aboriginal Health and Wellbeing Branch, the long-term stability of VES funding, the diligence, hard work and networks of the ACO and its staff, the contributions of VES rural practitioners, VOS funding, the efforts of partner agencies, concurrent programs such as the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) Statewide Eye Health Project Officer role, policy leadership from IEH at the University of Melbourne, and coordination via the Statewide Aboriginal Eye Health Advisory Group.

The VASSS is key to achieving equitable access to spectacles by Aboriginal Victorians, and the benefits to health, productivity and quality of life that result.

The VASSS patient co-payment should remain at or close to \$10, with consideration of co-payment tiers *only if needed* to limit access and drive targeting towards those in highest need or at greatest risk.

VASSS funding should be increased to the level of need, or, *if budget constraints are required*, VASSS should be restricted in a way that is most likely to fulfil a policy aim (e.g. encouraging access by those with the greatest vision impairment, and/or those at highest risk of vision-threatening eye disease, and/or those with the greatest financial challenges, while discouraging others).

Funding flexibility through VASSS, VES and VOS need to continue.

Funding for slit lamp biomicroscopes for ACCHOs who host eye care services should be considered, as these instruments are fundamental in the identification and management of eye disease.

Regional Aboriginal Eye Health Projects appear to be significant enablers of the VASSS and should continue.

There needs to be continuous support for VES rural practitioners, who are useful in tailoring local service delivery models and meeting local need, to improve the likelihood of continued success and sustainability.

Explore funding options for the diagnostic procedures conducted by VES rural optometrists that are not covered by Medicare.

Collaborate with VACCHO to consider options to train a group of Aboriginal Health Workers to deliver spectacles and do minor repairs.

A health promotion and education component should be included to encourage the Aboriginal Victorians at highest risk of vision impairment to make and attend VASSS-supported eye examinations.

Ongoing evaluation of the VASSS is important for continuous quality improvement and service prioritisation.



VASSS Evaluation Steering Committee

Australian College of Optometry

Department of Health and Human Services, Aboriginal Health and Wellbeing Branch

Department of Health and Human Services, Ageing and Aged Care Branch

Indigenous Eye Health, University of Melbourne

Indigenous Health Equity Unit, University of Melbourne

Minne-Merri Consultants

Advice was also gratefully received from the Victorian Aboriginal Community Controlled Health Organisation

Acknowledgements

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We thank Yorta Yorta artist Barry Atkinson for the artwork *Up Stream, Down Stream* that is featured in this report and The Torch for making this possible.



This evaluation was conducted by Tim Fricke (Minne-Merri Consultants) on behalf of the Australian College of Optometry for the Victorian State Government Department of Health and Human Services.

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