

## RESEARCH PAPER

# Breaking down barriers to eye care for indigenous people: a new scheme for delivery of eye care in Victoria

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This report describes the implementation of and outcomes from a new spectacle subsidy scheme and de-centralised care options for Aboriginal and Torres Strait Islander peoples in Victoria, Australia. The Victorian Aboriginal Spectacle Subsidy Scheme (VASSS) commenced in 2010, as an additional subsidy to the long-established Victorian Eyecare Service (VES). The Victorian Aboriginal Spectacle Subsidy Scheme aimed to improve access to and uptake of affordable spectacles and eye examinations by Indigenous Victorians. The scheme is overseen by a committee convened by the Victorian Government's Department of Health and Human Services and includes eye-health stakeholders from the Aboriginal community and government, not-for-profit, university and Aboriginal communities. Key features of the Victorian Aboriginal Spectacle Subsidy Scheme include reduced and certain patient co-payments of \$10, expanded spectacle frame range, broadened eligibility and community participation in service design and implementation. We describe the services implemented by the Australian College of Optometry (ACO) in Victoria and their impact on access to eye-care services. In 2014, optometric services were available at 36 service sites across Victoria, including 21 Aboriginal Health Services (AHS) sites. Patient services have increased from 400 services per year in 2009, to 1,800 services provided in 2014. During the first three years of the Victorian Aboriginal Spectacle Subsidy Scheme program (2010 to 2013), 4,200 pairs of glasses (1,400 pairs per year) were provided. Further funding to 2016/17 will lift the number of glasses to be delivered to 6,600 pairs (1,650 per year). This compares to population projected needs of 2,400 pairs per year. Overcoming the barriers to using eye-care services by Indigenous people can be difficult and resource intensive; however the Victorian Aboriginal Spectacle Subsidy Scheme provides an example of positive outcomes achieved through carefully designed and targeted approaches that engender sector and stakeholder support. Sustained support for the Victorian Aboriginal Spectacle Subsidy Scheme at a level that meets population needs is an ongoing challenge.

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Eye health is significantly worse among Indigenous Australians than in non-Indigenous Australians. The 2008 National Indigenous Eye Health Survey (NIEHS)<sup>1</sup> highlighted that the prevalence of blindness in Aboriginal Australians is six times higher than in non-Aboriginal Australians and that 94 per cent of this visual loss is preventable or treatable. Cataract (32 per cent) and diabetic retinopathy (9 per cent) are the major causes of blindness (visual acuity worse than 6/60), while uncorrected refractive error (54 per cent) and cataract (27 per cent) are the major causes of low vision (visual acuity from 6/12 to 6/60). The study also showed that 35 per cent of Indigenous adults had never had an eye examination and 39 per cent of adults could not discern normal-size reading print.

These findings illustrated the critical need for additional initiatives to reduce this inequity and 'close the gap for vision'. The 'Roadmap to Close the Gap for Vision'<sup>2</sup> (Roadmap) was published in 2012 and has been supported through the contributions and endorsement of the Aboriginal health and eye-care sectors and by government and non-government organisations. The Roadmap outlines a comprehensive set of strategies for improving the vision and eye health of Indigenous Australians and includes specific recommendations relating to access to optometric services and low-cost spectacles - 34 of the 42 Roadmap recommendations address refractive error. This paper describes implementation of a new low-cost spectacle scheme, the Victorian

Aboriginal Spectacle Subsidy Scheme (VASSS) and expansion of service access sites in urban and regional Victoria aimed at improving access to and uptake of eye care for Aboriginal and Torres Strait Islander Victorians.

Access to affordable spectacles can assist with improving education and employment outcomes.<sup>3–7</sup> Additionally, eye examinations initiated with a view to prescribing spectacles will uncover other causes of visual loss that may be preventable or treatable. Better vision may additionally improve other indicators that impact on disadvantage: the Productivity Commission report on *Overcoming Indigenous Disadvantage*<sup>8</sup> outlines gaps in outcomes for Indigenous Australians compared to non-Indigenous Australians across a range of

health, life expectancy, education, employment and social indicators. The recent *Closing the Gap Prime Minister's Report* (2014)<sup>9</sup> further highlights the importance of improving education and employment outcomes for Aboriginal Australians.

Correcting refractive error, when measured in terms of quality adjusted life years (QALY) gained, has been shown to be highly cost effective<sup>10,11</sup> and for some people, correcting near refractive error is just as important to quality of life as correcting distance refractive error.<sup>10</sup> Uncorrected refractive error is now understood to be the leading cause of visual impairment in the world<sup>12,13</sup> and unacceptably, blindness from refractive error is five times higher in Indigenous than non-Indigenous Australians.<sup>1</sup>

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### THE NEED IN VICTORIA

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The Indigenous population in Victoria is currently estimated<sup>14</sup> to be 37,991 people (0.7 per cent of the total population of Victoria), with the total for Australia estimated to be 548,370 (2.5 per cent of the total population of Australia). Victoria's Indigenous people comprise seven per cent of the total Indigenous population of Australia and is the smallest proportion of the total population of all the states. Indigenous people live throughout Victoria, with 47 per cent (18,023) located in areas of greater Melbourne and the remainder (53 per cent; 19,683) in rural and regional Victoria.

Provision of eye care in Victoria is largely through private practitioners (with consultation fee support through Medicare), who may also access government support, through the Visiting Optometrists Scheme (VOS), to increase geographic accessibility to all Victorians. Additionally, the Victorian Eyecare Service<sup>15</sup> provides subsidies for glasses for persons on low incomes. Government supported organisations delivering public health eye-care services include the Australian College of Optometry and the state's hospital and local community health centres. An unknown proportion of members of the Aboriginal community will obtain their eye care from private providers and some of these will access financially subsidised glasses.

The University of Melbourne Indigenous Eye Health group has used national prevalence rates for refractive error, cataract and diabetes, while current population estimates and Medicare utilisation data have been used to generate first order estimates of the annual requirements for eye care. These estimates

are that the annual needs for provision of eye care to close the gap for vision in Victoria should include approximately 6,400 comprehensive eye consultations and 2,400 pairs of glasses for Indigenous persons.<sup>16,17</sup>

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### AUSTRALIAN COLLEGE OF OPTOMETRY AND VICTORIAN EYECARE SERVICE

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The Australian College of Optometry (ACO) is the principal provider of low-cost eye care for Victorians experiencing social and economic disadvantage. The ACO is a non-government not-for-profit organisation founded in 1940, originally to provide a course in optometry that is now provided by The University of Melbourne. Its present day functions are to deliver public health eye-care services in clinic-based and outreach settings, provide clinical optometric education in partnership with universities, deliver continuing professional development programs and carry out vision and eye-care research.

Since 1985, the ACO has delivered a major public eye-health program for the Victorian government called the Victorian Eyecare Service (VES). This program is funded by the Victorian state government Department of Health and Human Services (DHHS) and has been managed by the ACO since 1985. The ACO provides low-cost eye care in metropolitan Melbourne from its central main clinic in Carlton, a network of five clinics in community health centres in some of the lower socio-economic areas of metropolitan Melbourne and through an extensive mobile outreach program. In regional Victoria, the ACO works in partnership with a network of over 80 private optometry practices that participate in the Victorian Eyecare Service. The participating practices receive a set government subsidy rebate for the provision of subsidised glasses to patients. The Victorian Eyecare Service is available to all Victorian residents holding Pensioner Concession or Health Care Cards (for longer than six months). The scheme aims to minimise barriers to care for people with limited financial means and/or complex social situations, by providing eye examinations at no charge to patients by bulk-billing to Medicare, subsidising visual aids and by providing a range of service options in geographically accessible locations. Patients make a modest co-payment for visual aids (in 2015 the co-payments are \$39 for single vision glasses and \$53.50 for bifocal glasses). In total, the

Victorian Eyecare Service assists eye-care provision to approximately 75,000 patients per year.<sup>18</sup>

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### EYE CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES IN VICTORIA

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Aboriginal and Torres Strait Islander Victorians can access the Victorian Eyecare Service offered through clinics at the Australian College of Optometry or the network of participating private practices in country areas, but there are barriers to them doing so. Cost is a significant barrier, as is cultural accessibility. A number of publications have outlined the need to implement additional strategies to ensure improved community access to both eye care and affordable spectacles for Aboriginal and Torres Strait Islander peoples.<sup>19-23</sup> It is the authors' view that improved service models should aim not only to provide affordable spectacles but also improve uptake of a range of available public and private optometric and ophthalmological services.

In 1998, the ACO opened an optometry clinic at the Victorian Aboriginal Health Service (VAHS) in Melbourne, the first Aboriginal community-controlled health service in the state established in 1973. The Victorian Aboriginal Health Service optometric clinic in Fitzroy, in inner Melbourne, originally operated two half-days per week. It was a modest beginning but did provide an opportunity for Indigenous community members to access optometric services in a culturally safe and familiar environment. It now operates two full days per week to provide about 400 eye examinations per year along with dispensing services, eye-health promotion and referral pathway support.

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### EVOLUTION OF A NEW SCHEME

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In 2009, the Victorian Government Closing the Health Gap initiative and the Australian Government Visiting Optometrists Scheme (VOS) Indigenous Expansion Program provided the impetus and opportunity for further system change. The Visiting Optometrists Scheme was established through legislation in 1975 to support optometrists to provide services in areas that are geographically isolated.<sup>24</sup> Recent initiatives had expanded the VOS to especially encourage the provision of optometric services for Indigenous communities.

A state-wide Aboriginal and Torres Strait Islander eye-health committee was established in 2010, as a subcommittee of the Victorian Advisory Council on Koori Health (VACKH). This provided a stakeholder forum focused on identifying and implementing improved strategies for Indigenous eye care in Victoria. The Victorian Advisory Council on Koori Health is the Victorian Aboriginal health planning forum and includes VACCHO (Victorian Aboriginal Community Controlled Health Organisation, the peak body for 27 Aboriginal community-controlled health services in Victoria) and the Victorian and Australian Government health departments. Other members include the ACO, Vision 2020 Australia, Vision Australia, the Indigenous Eye Health group at The University of Melbourne, the Victorian Aboriginal Health Service and the Royal Victorian Eye and Ear Hospital (RVEEH). This committee was reconstituted by the Victorian Department of Health (now Department of Health and Human Services) as the Koolin Balit Aboriginal Eye Health Advisory Group in 2013. The group works to identify and implement strategies to improve eye-health outcomes following the finding of the National Indigenous Eye Health Survey<sup>1</sup> that services were a long way from meeting eye-care needs, including eye examinations, glasses, diabetic retinopathy screening, cataract detection and referral for tertiary eye care.

The 2010 eye-health subcommittee of the Victorian Advisory Council on Koori Health recommended funding for three initiatives:

1. a Victorian Aboriginal Spectacle Subsidy Scheme
2. a statewide eye health project officer based at Victorian Aboriginal Community Controlled Health Organisation and
3. an Aboriginal patient pathway co-ordinator at the RVEEH.<sup>25,26</sup>

Funding was provided by the Victorian government Department of Health and Human Services for both the Victorian Aboriginal Spectacle Subsidy Scheme and the Victorian Advisory Council on Koori Health project officer and was extended for an additional three years from 2013. In addition funding was provided to support the regional implementation of Indigenous eye-care reform.

The Victorian Advisory Council on Koori Health adds an additional subsidy to the long-established Victorian Eyecare Service. The Victorian Aboriginal Spectacle Subsidy Scheme enables access to the Victorian Eyecare Service by all Aboriginal and Torres Strait Islander Victorians, irrespective of

whether they hold a concession card or not, and reduces the patient contribution to \$10 for completed spectacles including single vision, bifocal or multifocal lenses.

VASSS adopted three principles to improve accessibility of subsidised spectacles:

1. introducing a reduced, fixed patient financial contribution to remove the cost barrier and provide cost certainty
2. expanding eligibility to include all Aboriginal and Torres Strait Islander community members resident in Victoria, broadening the community support and
3. introducing clearly defined points of access to the new scheme, including through an increased number of Aboriginal Health Services (AHS), all ACO services sites and participating Victorian Eyecare Service practices.

Aboriginal community members were involved in planning and operating the new scheme, thus offering a share of 'ownership' of the new program to Aboriginal organisations, notably the Victorian Aboriginal Community Controlled Health Organisation and Aboriginal Health Services (including the Victorian Aboriginal Health Service). Community elders were involved in the selection of an expanded range of spectacle frames to align with community preference.

It was also important to involve the providers who would deliver the scheme. A personal stake and shared understanding of the issues were considered critical for the scheme to be successful. Practitioners contributed to the system design and involvement was voluntary. A subset of 28 Victorian Eyecare Service regional practitioners volunteered to take part. There was also need for publicity and promotion to Indigenous communities and the Victorian Aboriginal Community Controlled Health Organisation and the state eye-health project officer were key to this.

Alongside the introduction of the Victorian Aboriginal Spectacle Subsidy Scheme, the ACO was able to expand its existing services to Indigenous communities. It increased the number of sessions at the Victorian Aboriginal Health Service in Fitzroy from two half-days per week to two full days per week, provided extra Visiting Optometrists Scheme country circuits to more rural and regional locations and increased services to Aboriginal Health Services and the communities they serve by including other service locations across metropolitan Melbourne.<sup>27,28</sup> Geographically and numerically expanded services provide Indigenous communities with choice, namely, more frequent services, more

service locations and the option of an optometric service within the Aboriginal Health Service, that offers a culturally safer environment for some,<sup>29,30</sup> while preserving the option of accessing mainstream optometric services if desired.

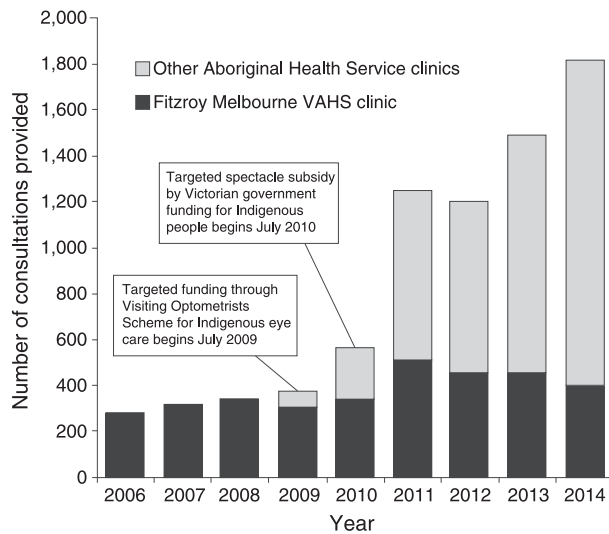
In 2014, optometric services were available at 21 Aboriginal Health Services across Victoria provided by Australian College of Optometry (20) and one VES/VASSS private practitioner. Services for Aboriginal and Torres Strait Islander patients through ACO/VES sites increased from 400 services per year provided in 2009, to 1,800 services provided through 36 service sites across Victoria in 2014. Access sites for the Victorian Aboriginal Spectacle Subsidy Scheme comprise:

1. metropolitan Melbourne total 18 sites (six community health centre clinics, 10 visiting services and two Aboriginal Health Service clinics) and
2. rural Victoria total 46 sites (28 Victorian Eyecare Service regional practices providing the Victorian Aboriginal Spectacle Subsidy Scheme and 18 visiting optometric services to the Aboriginal Health Service).

Four thousand two hundred pairs of glasses (1,400 pairs per year) were provided during the first three years of the Victorian Aboriginal Spectacle Subsidy Scheme program (2010–2013). Further funding to 2016/17 will lift the number of glasses to be delivered to 6,600 pairs.

The population-based projected need for spectacles for the Victorian Aboriginal and Torres Strait Islander peoples is 2,400 pairs per year<sup>16</sup> with current Department of Health and Human Services funding provided for 1,650 subsidised pairs per year. The service utilisation information that is becoming available will allow a more detailed needs analysis to inform program planning for the future.

The new strategies to expand service-delivery locations and introduce a new spectacle subsidy scheme specifically for Indigenous peoples have brought about a significant increase in uptake of services and improved outcomes.<sup>31</sup> Figure 1 illustrates how consultation numbers have increased significantly since the introduction of the Victorian Aboriginal Spectacle Subsidy Scheme and expansion of service locations supported by the Victorian Optometrists Scheme, with overall service uptake having increased four-fold. This graph shows consultation numbers of approximately 1,800 in 2014 and only includes ACO optometric services at the



**Figure 1. Number of optometric consultations provided by the Australian College of Optometry to Aboriginal and Torres Strait Islander persons in Melbourne and rural Victoria from 2006 to 2014**

Victorian Aboriginal Health Service, metropolitan locations across Melbourne and Visiting Optometrists Scheme locations in rural Victoria. The consultation numbers provided by participating Victorian Eyecare Service private practitioners in rural areas are not currently reported.

Qualitative and quantitative monitoring and evaluation,<sup>32</sup> internal and external to the Australian College of Optometry, have identified a number of additional benefits in the evolution of the new service system:

1. increased detection and management of ocular conditions other than refractive errors
2. improved referrals for other systemic conditions which manifest with ocular signs and
3. strengthened community and Aboriginal Health Services participation in eye-care programs.

Community feedback from patients and Aboriginal Health Services staff provided informally to optometrists and program managers at the ACO and other stakeholders has supported the value of the new services and that availability of glasses for \$10 makes a significant difference. The Victorian Department of Health (now Department of Health and Human Services) undertook an evaluation of the Victorian Aboriginal Spectacle Subsidy Scheme in 2011/2012 that showed positive uptake and outcomes.<sup>31</sup> The evaluation reported that the visual benefits of spectacles included improved vision for

reading, paid work, education/study, driving and computer work. Other key findings included new clients accessing services, improved client satisfaction with spectacle frames, increased attendance for eye examinations (where clients reported previously not attending for eye examinations due to high cost of glasses and an increased detection of ocular disease).

## DISCUSSION

Victorian Aboriginal eye-care services and eye-health outcomes have been improved by the initiatives taken by the Australian College of Optometry and the Victorian and Australian governments in partnership with Aboriginal Health Services over the last five years. We identify that there is still more to do, as there remains a need for more services, improved co-ordination and community involvement in service planning and better access to ophthalmology and public hospital care. A 'whole of system' approach is required and this must address the full range of primary, secondary and tertiary eye-care services necessary, workforce requirements, methods of integration along the eye-care pathway, service access, monitoring, service evaluation and health promotion. These approaches are in line with the ACO commitment to integrated eye-care services and the Optometry Australia Guidelines for Sustainable Eye Care for Aboriginal and Torres Strait Islander communities,<sup>19</sup>

the Roadmap to Close the Gap for Vision<sup>2</sup> and the Victorian Advisory Council on Koori Health Eye Health Strategy.<sup>32</sup> The approach taken also aligns with Koolin Balit ('Healthy People'), the Victorian Government's strategic directions for Aboriginal eye health.<sup>26</sup> While implementation of an effective spectacle subsidy system tailored to the needs of Aboriginal and Torres Strait Islander community members has made a significant difference to the utilisation of eye-care services, attention to this one part of the system alone will not completely close the vision gap. Other elements of service system reform in Victoria that need to be addressed include: increasing the number of service sites and the frequency of service delivery, increasing services provided within Aboriginal Health Services and enhancing the promotion of the services and the spectacle subsidy scheme. Resources are required to ensure implementation of a broad and integrated eye-care program for Indigenous peoples in all regions across Victoria, through engagement with Department of Health and Human Services regions, primary health, hospitals and local Indigenous organisations.

Overcoming the barriers to using eye-care services by Indigenous people can be difficult and resource intensive; however, positive outcomes can be achieved with carefully designed and targeted approaches that engender sector and stakeholder support, such as the Victorian Aboriginal Spectacle Subsidy Scheme. We have demonstrated successful implementation of a new spectacle subsidy scheme for Indigenous peoples showing an increased number of people ordering glasses and accessing eye-care services. An ongoing challenge is to ensure sustained support for the Victorian Aboriginal Spectacle Subsidy Scheme at a level that meets population needs. Similar approaches are required across Australia for Aboriginal and Torres Strait Islander communities and other marginalised communities in need of access to affordable spectacles.<sup>33</sup>

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