

# The Vision Initiative



A plan for improving quality of life and health outcomes by reducing the impacts of vision impairment in our community.

## **The Vision Initiative is**

- **a practical program of activity designed to prevent avoidable vision impairment and to reduce the impact of vision impairment – health, social and economic – on individuals and on the community**
- **developed by a broad coalition of committed organisations**
- **comprehensive in its approach to bringing about individual, structural and social changes**
- **single minded in its focus on getting people, particularly those in high risk groups, to have appropriate, regular eye examinations**
- **outward looking in recruiting interest and support from those outside the vision sector to put eye health on their agenda**
- **based on the best available evidence**
- **committed to improving professional practice and the availability of, and access to, quality services**
- **Victorian-focused initially but based on evaluation and building support will become a national program of activity within four years**

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## Executive Summary

The Vision Initiative has the important goal “to prevent avoidable blindness and to reduce the impact of severe vision loss for all Australians.” This is an important and urgent goal to achieve as over 150,000 Victorians have a significant degree of vision loss or impairment – at least half of this vision loss is correctable and one quarter is preventable.

The Vision Initiative focuses on the five conditions that cause 80% of the vision impairment in Australia:

- undercorrected refractive error
- cataracts
- diabetic retinopathy
- glaucoma
- age-related macular degeneration

The Initiative builds a sustainable public health framework and infrastructure to enable the eye sector to collaborate and jointly support the key messages:

“Get your eyes checked every five years if you are 50+ years, unless you are in a high risk group”

*or*

“You are at risk if you:

- experience a change in vision
- smoke
- have diabetes
- have high exposure to Sunlight
- have a family history of eye conditions
- are elderly
- are indigenous”

The Vision Initiative will be implemented through a co-ordinating organisation which will have prime responsibility for the management and implementation of ongoing public information and education activities, with an inclusive approach to engage the target population. The co-ordinating organisation will also maintain a focused advocacy campaign, putting eye health on both the national health agenda and on the personal health agendas of Victorians.

Three phases of activities to raise the profile of eye health are planned over a 3 to 4 year period. Phase 1 focuses on establishing the infrastructure and skills base for the Initiative and set the agenda for advocacy and research. Phase 2 is concentrated on motivating the public to have their eyes examined, while Phase 3 engages other professionals to support the eye health message, intensifies the focus on groups at high risk, and engages other Australian jurisdictions for national implementation.

A steering committee drawn from key health, eye health, Government and research organisations will provide leadership for the Vision Initiative in its foundation period. Vision 2020 Australia, as the national eye health partnership organisation, will be integral to the development of the Vision Initiative in Victoria and during its national implementation.

## Abbreviations

ACAT	Aged Care Assessment Teams
ACCRM	Australian College of Rural and Remote Medicine
ADGP	Australian Divisions of General Practice
AMD	Age related macular degeneration
AMA	Australian Medical Association
AMS	Aboriginal Medical Services
ARM	Age-related Macuopathy
BoD	Burden of Disease
CALD	Culturally and Linguistically Diverse
CERA	Centre for Eye Research Australia
CHC	Community Health Centres
CME	Continuing Medical Education
CPE	Continuing Pharmacy Education
CRCERT	Cooperative Research Centre for Eye Research and Technology
DA	Diabetes Australia
DHS	Department of Human Services - Victoria
Div's	Divisions of General Practice
DMMR	Domiciliary Medication Management Review
GPs	General Practitioners
HACC	Health and Community Care
ICEE	International Centre for Eyecare Education
IDI	International Diabetes Institute
IDM	Integrated Disease Management
LEHP	Lions Eye Health Program
MOC	Melbourne Optometry Clinic
MUARC	Monash University Accident Research Centre
NARI	National Ageing Research Institute
NHMRC	National Health and Medical Research Council
OAA	Optometrists Association Australia
OATSIH	Office of Aboriginal and Torres Strait Islander Health
OHS	Occupational Health & Safety
PBS	Public Benefits Scheme
PCPs	Primary Care Partnerships
PSA	Pharmaceutical Society of Australia
RACGP	Royal Australian College of General Practitioners

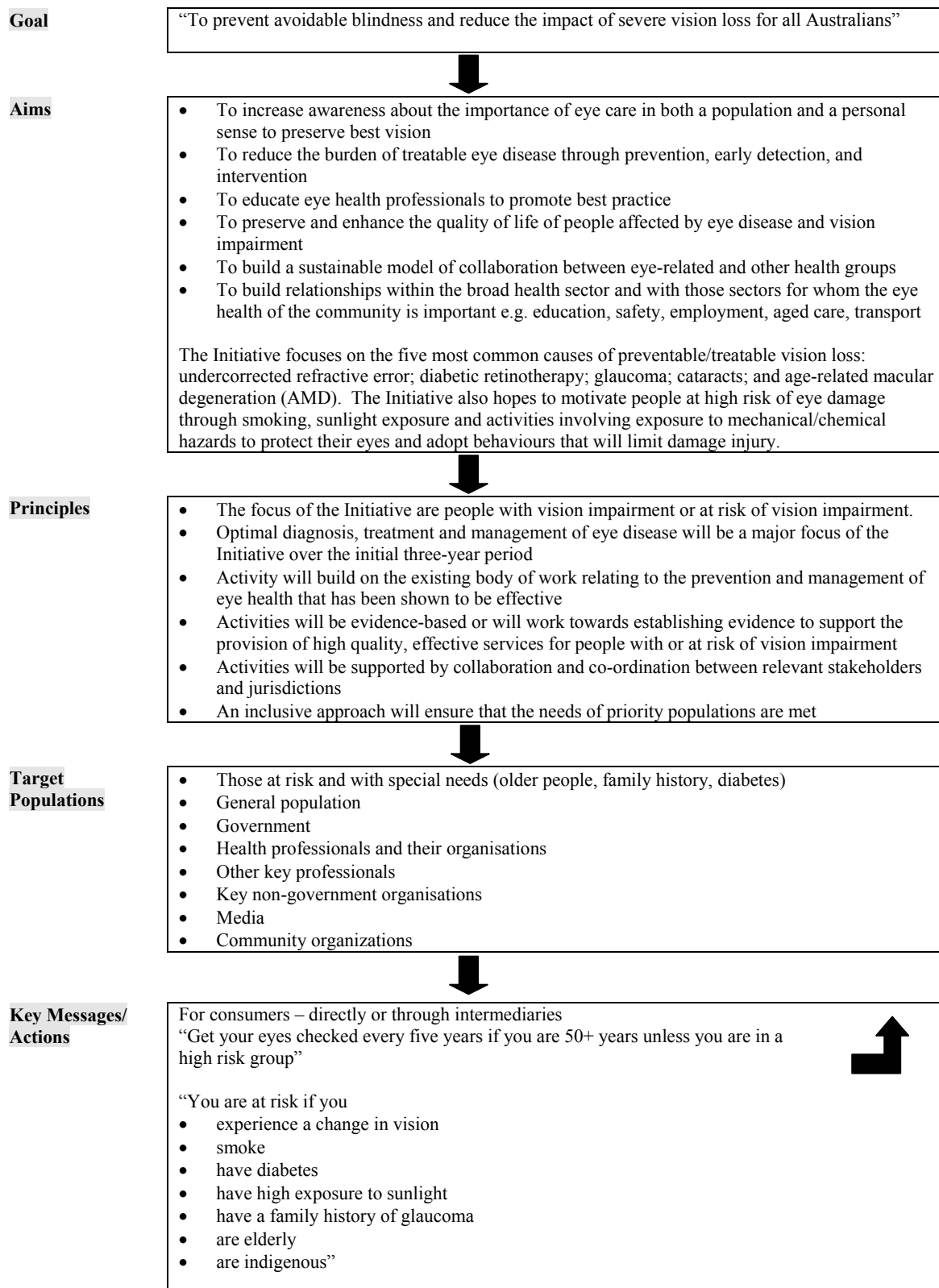
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RDN	Rural Doctors Network of Victoria
RDNS	Royal District Nursing Services
RVEEH	Royal Victorian Eye and Ear Hospital
RVIB	Royal Victorian Institute for the Blind
SEDA	Seeing Eye Dogs Australia
SES	Socio Economic Status
TAC	Traffic Accident Corporation
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAF	Vision Australia Foundation
VCO	Victorian College of Optometry
VES	Victorian Eyecare Service
VPHREC	Victorian Public Health Research & Education Council
VISION 2020	Vision 2020 Australia

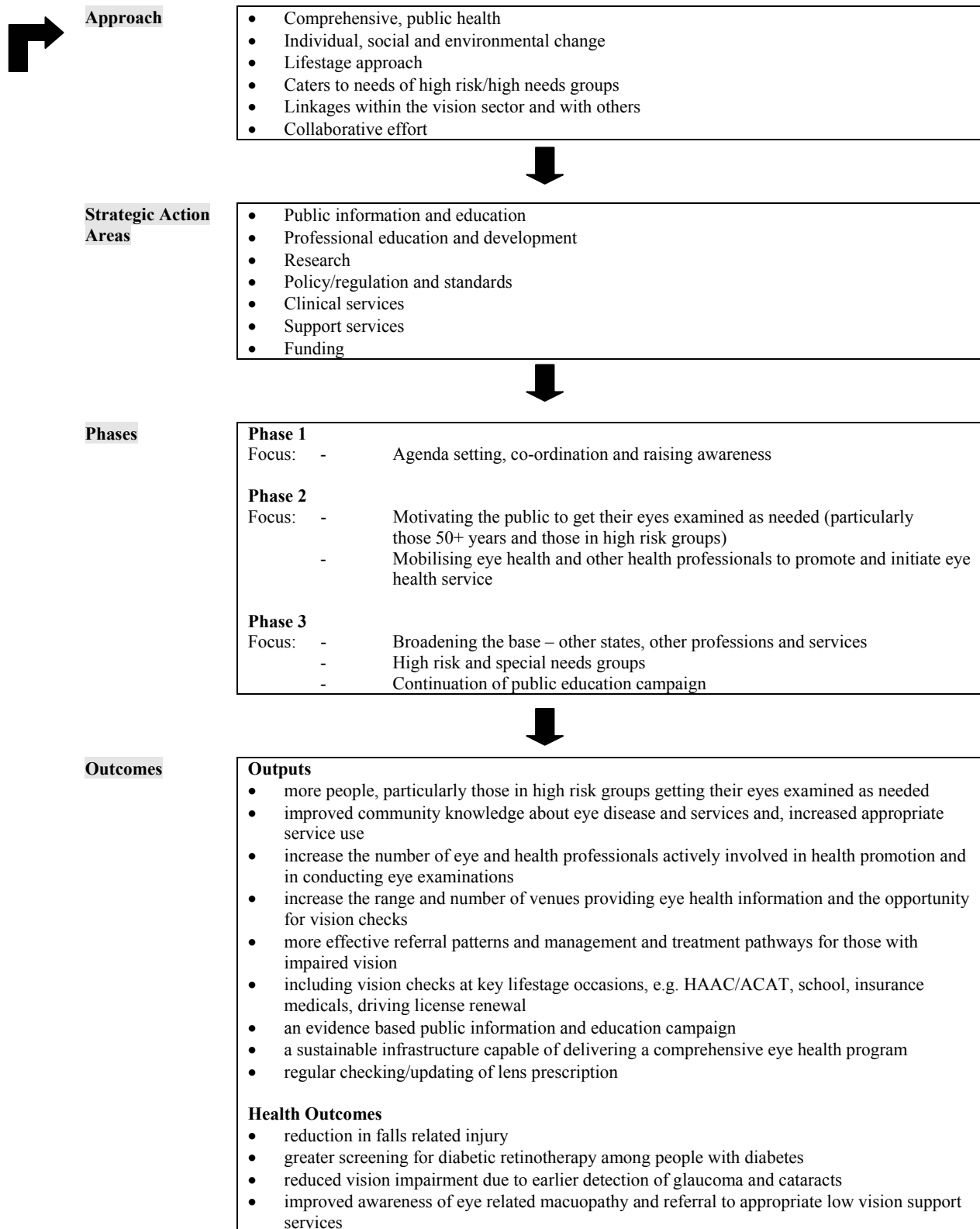
## **Acknowledgements**

The Vision Initiative Development Steering Committee thanks all those individuals and organisations who generously gave their time, expert advice and support in the development of the Initiative. Many suggestions have been incorporated into the Vision Initiative, while some of the issues raised were outside the scope of this document and are likely to be addressed in its implementation.

We would like to acknowledge the prior work contributed to a proposal pilot in the ACT. Maree Davidson and Helen Egan facilitated the consultations and deliberations resulting in this document outlining the Vision Initiative.

## The Vision Initiative At A Glance







# **PART A BACKGROUND**

## **contents**

The Case for Eye Health  
Why Start the Initiative in Victoria?  
How this Vision Initiative relates to the National Eye Health Strategy

# 1 The Case For Eye Health

Eye health is important – we use our eyes all day, every day, both consciously and in an unconscious manner – smiling at our children at breakfast, traveling to work, study, play and family, cooking, taking medication, relaxing with a book or in front of the television, comforting grandchildren to sleep, settling the day’s tasks.

Many thousands of Australians, including over 150,000 Victorians, have a significant degree of vision loss or impairment.<sup>1</sup> **At least half of this vision loss is correctable and one quarter is preventable.**

Just imagine improving the vision and quality of life of all of these people through actions in a comprehensive Vision Initiative.

## 1.1 The Current Situation – Vision Impairment

Vision impairment is the collective description of eye health conditions that lead to poor sight or to the loss of sight. Over 80% of vision impairment in Australia is caused by five conditions:

- Undercorrected refractive error,
- Cataract,
- Diabetic retinopathy,
- Glaucoma, and
- Age-related macular degeneration

Each of these eye conditions robs the individual of the benefits of clear sight for daily living, employment, education and leisure. Table 1 summarises the characteristics of the five main eye concerns in Australia and focuses on the physical health dimensions of eye problems.

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<sup>1</sup> Taylor HR, *Eyecare in the Community*, Centre for Eye Research Australia (CERA), Sept 2001

**Table 1 Visual Impairment in a Nutshell**

	<b>Refractive error</b>	<b>Cataracts</b>	<b>Diabetic retinopathy</b>	<b>Glaucoma</b>	<b>Macular Degeneration</b>
Effect on vision	Blurring, eye strain, tiredness, headaches	Cloudy blurring of whole picture, glare from strong light sources	No initial symptoms, then irregular blotches across the picture	No initial symptoms, then tunnel like vision, blurring, losing edges of picture	Black spot – losing the centre of the picture
What has happened to eyes	Eyes unable to focus well: shortsightedness, long-sightedness, asymmetric blurring, decreasing lens flexibility or eye coordination difficulties	Lens material becomes cloudy and dense	Damage to the light sensitive area (retina) at the back of the eye	Nerve cells are damaged, preventing visual signals reaching the brain, damage occurs before symptoms are noticed	Damage to the macular, the part of the light sensitive retina which enables central vision and seeing fine detail
Who is affected most	All ages, is reason for more than 50% of visual impairment	Older people	Between 21% and 49% of those with diabetes, and up to 1% within entire population <sup>2</sup>	Those with a family history of glaucoma (x4), and over 50 years. 10% of population will develop glaucoma, only half will realise have glaucoma	Those over 50 years and with a family history (x3) >60% of population will develop macular degeneration and 25% will have significant vision loss
How many are affected	Increases with age from 1% of 50 year olds to 13% if over 80 years <sup>{NOTEREF_Ref1876251 \h \* MERGEFORMAT}</sup> (212,000 Australians affected)	Increases from 0.6% for 70 year olds to 12% if over 90 years <sup>†</sup> NOTEREF_Ref1876251 \h \* MERGEFORMAT } 36,000 impaired, with 120,000 cataract operations pa	450,000 diagnosed with diabetes, same number undiagnosed, > 70% have eye changes within 15 years of diagnosis	210,000 Australians affected, 0.4% of 60 years old to 1.4% for 80 year olds <sup>{NOTEREF_Ref1876251 \h \* MERGEFORMAT}</sup>	0.8% of those in their 70s to 16% of those in their 90s <sup>†</sup> NOTEREF_Ref1876251 \h \* MERGEFORMAT }
20 year projection	In the next 20 years, maintaining the status quo will lead to a doubling of visual impairment in Australia. This arises from the 3-fold increase in visual impairment with each decade of age, the increase in the proportion of Australian over the age of 65, and increased life expectancy.				
Prevention		Quit smoking to prevent macular cataracts. Wear sunglasses/hat to prevent cortical cataracts	Early diagnosis/treatment can prevent 98% of severe vision loss	Prevent/delay vision loss through early detection and treatment	Quit smoking, protect from sunlight-B exposure to limit AMD damage
Management	Vision testing every 5 years Update glasses/lenses as needed and wear them	Family history awareness, act on vision changes, surgery to remove cataracts	Eye examination at diabetes diagnosis, then every 2 years, control of diabetes, laser treatment for early eye damage	Eye drops, medication, surgery for some people	Limited treatment of AMD, develop skills to support lifestyle with limited vision Access rehabilitation/low vision support services
Change in Vision	Elderly screen	Elderly screen		Family history	Elderly screen
MESSAGE	2-5 yearly eye exams depending on age.	5 yearly eye examinations	2 yearly eye examinations 1 year, indigenous	5 yearly eye examinations	5 yearly eye examinations family history smoking cessation

<sup>2</sup> Weih LM, Van Newkirk MR, McCarty CA, Taylor HR. Aged-specific causes of bilateral vision impairment in Victoria. *Arch Ophthalmology* 2000; **118**: 264-269

## 1.2 The Real Costs of Vision Loss

The costs of vision loss in Australia are substantial. While it is possible to put a dollar figure (\$2.1 billion in 1999) on direct costs to government for eye care and rehabilitation the indirect costs have yet to be ascertained – but they are significant.

Refractive Error	\$250 million
Cataract	\$378 million
Diabetes	\$326 million
Glaucoma	\$320 million
Macular degeneration	\$180 million
Blind pensions and benefits	\$625 million
<b>Total annual estimated cost to government</b>	<b>\$2.079 billion</b>

Vision impairment has broad implications for the community in addition to the physical aspects. Vision loss is a key contributor to changes in physical and mental wellbeing. In turn, diminishing wellbeing is a key contributor to falls by elderly people, to poorer levels of social independence and to measurable outcomes such as increased demand on community services, health services and hospital resources.

### A Case Study – Falls by Elderly People

Vision impairment is one of a number of risk factors that contributes to the high number of falls by elderly people. National Ageing Research Institute (NARI) has reported that approximately one in three people over the age of 65 years fall each year, with 10% of people having multiple falls and 30% requiring medical attention.

The direct and immediate contribution of poor eyesight to the high number of falls among older people includes impacts such as poor depth perception and / or blurring resulting in the person not seeing a curb on the street or the edge of a rug and therefore tripping and falling over.

However the impact of vision impairment may have been subtly influencing the person for many years as shown in the following scenario.

*An older person experiences vision loss over a number of years, resulting in:*

- *less confidence walking/socialising outside home, leading to less exercise and diminishing strength, and reduced flexibility.*

*As a result the older person experiences:*

- *poor balance and poor recovery from stumbles, leading to reduced confidence in moving around, even within the home. 46% of falls of older people occur at home.*

Of those people admitted to hospital in Victoria as the result of falls, the most common injury is broken bones (66%), including hip fractures, which account for 29.5% of fall related admissions. Each patient admitted for a broken hip stays for an average of 16.4 days with treatment and hospital costs of \$10,392 per admission.<sup>3</sup>

In Victoria, 11,845 older persons were admitted to hospital as a result of falls in one year, including 3,465 for fractured hips (1998/99 data). This represents 124,611 bed days for the year, including 49,060 for fractured hips at a cost of \$36 million annually. "Unfortunately, many of these individuals will never return home, and a substantial number will die needlessly as a result of their hip fractures".<sup>4</sup>

Impaired vision is just one of the risk factors for falls, which also include medication effects, medical conditions, foot and footwear problems, dizziness, balance and gait problems, lower limb weakness, inactivity, indoor or public hazards, fear of falling and poor nutrition.

Improvements in vision would lead to improvements across the individual's social and health profile, lessening the risk of falling and leading to lower costs to society in terms of direct health care and community care.

<sup>3</sup> Erin Cassell, Prevention of hospital treated fall injuries in older people. *Hazard*, Victorian Injury Surveillance & Applied Research System (VISS) No. 48, Sept 2001; pages 7-12

<sup>4</sup> Stokes M. Ozanne-Smith J, Best Buys in Fall Injury Prevention. *Hazard*, Victorian Injury Surveillance & Applied Research System (VISS) No. 48, Sept 2001; pages 1-3

## **2 Why Begin the Initiative in Victoria?**

Victoria is ready to embark on a comprehensive eye health initiative as the starting point for a national eye health program. The locus of interest for this initiative is in Victoria and the environment is conducive to developing and sustaining this activity.

- The amount of eye disease and vision impairment trebles with each decade of life after the age of 40. Of the current Victorian population of 4.8 million, 12.8% are over the age of 65 years (621,952 people). By 2051 the percentage of the population over the age of 65 will have almost doubled.
- The Visual Impairment Project (VIP), a population based epidemiological study of 5,147 people was conducted by Centre for Eye Research Australia (CERA) from 1991 to 1999 to establish the prevalence and causes of visual impairment in Victoria and to examine health care utilization.
- The recent community-based Vision Screening for Older People project undertaken in the City of Whitehorse by CERA and the Royal Victorian Eye and Ear Hospital (RVEEH) provides clear direction and practical advice for visual screening at a local level.
- Victoria is implementing a range of national health strategies and other initiatives relevant to eye health, e.g.:
  - National Diabetes Strategy
  - National Tobacco Campaign
  - Aboriginal and Torres Strait Islander (ATSI) diabetes and eye health programs
  - Aged Care Assessment Teams, and the Department of Human Services (DHS) Falls Prevention Focus
- The eye health field in Victoria has demonstrated both its commitment and ability to work together to achieve common goals.
  - An extensive consultation process has underpinned the development of this Vision Initiative
  - The process was funded by key eye health organisations
  - Quality, accessible services are available. Improved knowledge of these and better referral patterns will ensure greater utilisation.
  - The Victorian Vision Initiative partners have a track record in developing and implementing projects, e.g. VIP, World Sight Day.
- Victoria is an acknowledged leader in health promotion to bring about legislative, environmental and individual behaviour change
  - VicHealth has provided assistance and advice on the development of this initiative
  - Victorian based social marketing campaigns such as ‘Together We Do Better’ (mental health promotion), Quit (current National Tobacco Campaign and more recent Parents Campaign), SunSmart, WorkSafe and TAC are not only directly relevant to eye health but provide a wealth of experience from which to learn

### **3 How This Vision Initiative Relates to the National Eye Health Strategy**

Vision 2020 – The Right to Sight – Australia and its partners are developing a National Eye Health Strategy. The purpose of the strategy is to eliminate avoidable blindness or severe vision loss. The National Strategy proposes three broad strategies:

1. To identify the issue of eye health as a priority area and for Government to recognise this through including eye health on the National Health Agenda.
2. To increase community awareness of the importance of eye health and eye care.
3. To coordinate and fund prevention, education, early intervention and rehabilitation services to reduce the impact of severe vision loss.

The Vision Initiative shares this goal and reflects these priorities and strategies. Vision 2020 Australia is the Initiative's auspicing body, and many of the Vision Initiative steering committee members are Vision 2020 Australia partners.

The Vision Initiative differs from the Strategy in that it is a program of activity implemented across identified Strategic Action Areas.

The Vision Initiative extends beyond the eye health sector - working intersectorally and across health and social community issues.

The Vision Initiative is starting in Victoria, providing the opportunity to monitor and evaluate its various activities and to assess both when and how to promulgate those shown to be effective, nationally. Ongoing communication at a national level and with other states and territories will be an important part of the management of the Vision Initiative.



# **PART B THE VISION INITIATIVE**

## **contents**

Goal
Aims
Underlying Principles
Requirements to Achieve Change in Eye Health of Victorians
Target Audiences
Messages
Strategic Framework
Evaluation & Monitoring
Structure & Management

## **1 Goal**

“To prevent avoidable blindness and reduce the impact of severe vision loss for all Australians.”

## **2 Aims**

- To increase awareness about the importance of eye care in both a population and a personal sense to preserve best vision
- To reduce the burden of treatable eye disease through prevention, early detection, and intervention
- To educate eye-related professionals to promote best practice
- To preserve and enhance the quality of life of people affected by eye disease and vision impairment
- To build a sustainable model of collaboration between eye-related and health groups
- To build relationships within the broad health sector and with those sectors for whom the eye health of the community is important, e.g. education, safety, employment, aged care, transport

The Initiative focuses on the five most common causes of preventable/treatable vision loss: undercorrected refractive error, diabetic retinopathy, glaucoma, cataracts and age-related macular degeneration (AMD). The Initiative also hopes to motivate people at high risk of eye damage through smoking, sunlight exposure, and activities involving exposure to mechanical/chemical hazards to protect their eyes and adopt behaviours that will limit damage injury.

## **3 Underlying Principles**

- The focus of the Initiative are people with vision impairment, or at risk of vision impairment
- Optimal diagnosis, treatment and management of eye disease will be a major focus of the Initiative over the initial three-year period
- Activity will build on the existing body of work relating to the prevention and management of eye health that has been shown to be effective
- Activities will be evidence-based or will work towards establishing evidence to support the provision of high quality, effective services for people with or at risk of vision impairment
- Activities will be supported by collaboration and co-ordination between relevant stakeholders and jurisdictions
- An inclusive approach will ensure that the needs of priority populations are met

## 4 Requirements to Achieve Change in Eye Health of Victorians

A checklist of what needs to be in place if the goals of the Vision Initiative are to be achieved includes:

- Behavioural, social and economic research
- Legislation, regulations and standards that promote eye health
- Eye health on public agenda
- Skilled professionals
- Affordable and accessible quality services
- Responsive health care system
- Supportive policy/practice regarding access to services and treatment
- Consumers know about eye health and eye health services, and regard the issue as personally relevant to them
- Public gets eye examinations as needed
- Needs of at-risk groups catered to
- Monitoring and surveillance systems in place
- Co-ordinated and consistent approach by stakeholders

## 5 Target Audiences

The audiences for this Vision Initiative are quite diverse and include the following:

- **Those at risk and with special needs**
  - 50+ years  
(increasing age is by far the greatest risk factor)
  - people with diabetes
  - people with a family history of glaucoma
  - smokers
  - people with high exposure to sunlight
  - Aboriginal and Torres Strait Islander communities
  - Culturally & Linguistically Diverse communities (included because language and cultural factors can make access to information and services more difficult.)
  - elderly
- **General population**

Based on the need to increase understanding of vision impairment, available eye health services, and treatment; to increase the priority placed on eye health in the community; and to promote regular eye examinations
- **Government**

It is crucial to have eye health on the agenda of the three tiers of government:

  - Local – planning, community services
  - State – human services, education
  - Federal – health and aged care

- **Health professionals and their organisations**
  - take on board a common message to their clients about eye health, risk and how to get an eye examination
  - increase confidence and capacity to promote services
  - see eye health in the context of improved quality of life for individuals and families
  - increase knowledge and skill levels and promote best clinical evidence based practice models
  - encourage greater communication between eye health professionals and with other health professionals
  
- **Other key professionals**

e.g. teachers, community service workers, human resource managers

  - raise awareness of the health, social and economic impacts of vision impairment, how it is relevant to their work, what they can do, and how their active participation will contribute to improved eye health
  
- **Key non-government organisations**
  - understand impacts of vision impairment
  - prioritise funds and activities to support message to have regular eye exams
  - promote support services
  - provide information to the families of those with hereditary vision impairment conditions
  
- **Media**
  - recruit and build relationships with journalists to take on vision impairment or age health
  - as a hard news story, e.g. research findings, new campaigns
  - as a lifestyle issue in order to increase public awareness and to put eye health on the agenda of decision makers
  
- **Community Organisations**

e.g. religious organisations, senior citizens, sporting and community service organisations, social clubs

  - inform about the preventable costs of vision impairment to individuals and to communities
  - promote the importance of regular eye examinations and reduced risk
  - encourage use of community facilities as sites for health promotion and screening where appropriate
  
- **Community Members - Individuals**
  - importance of activities to preserve good vision
  - regular examinations as indicated
  - importance of family history, especially glaucoma

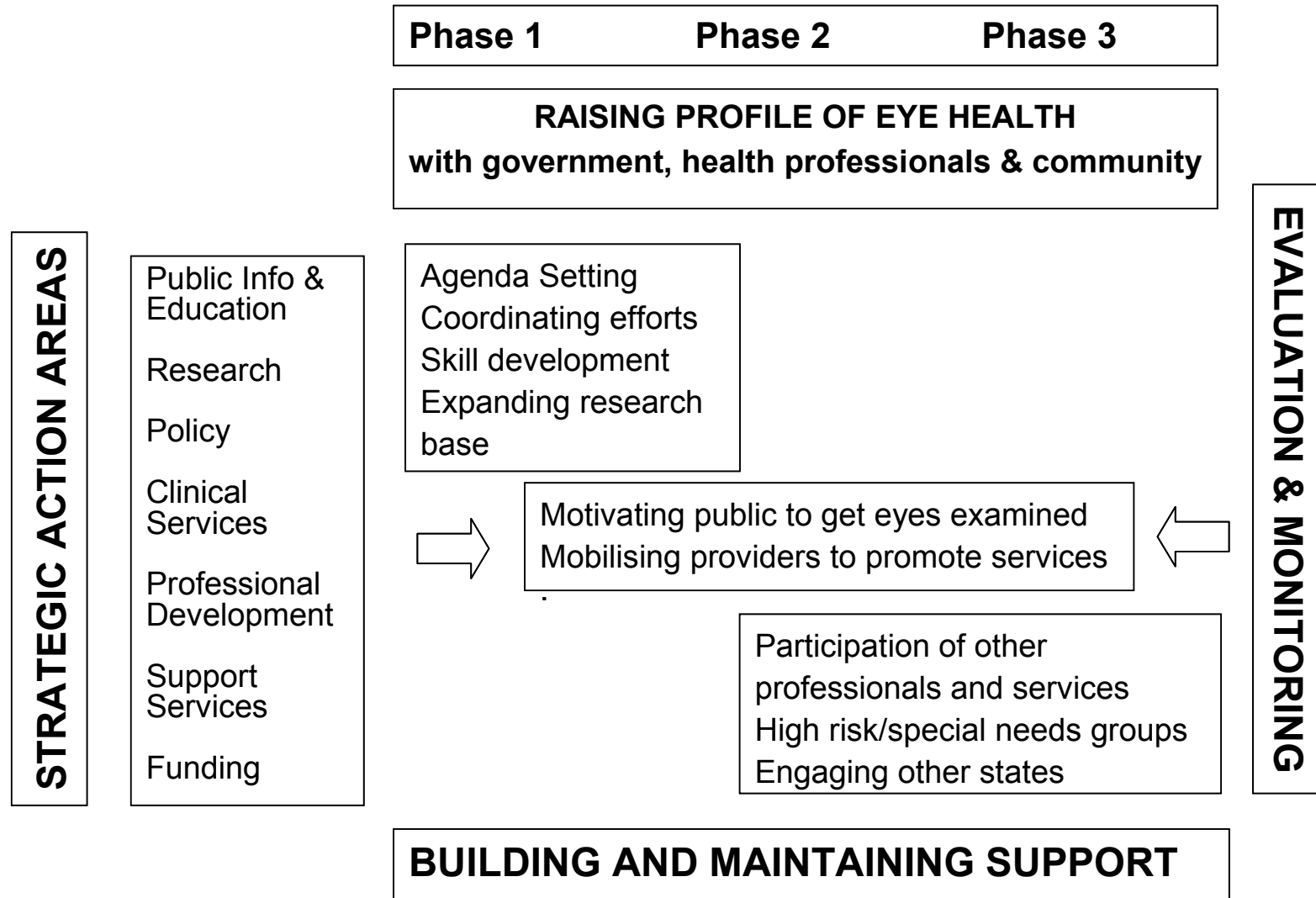
## **6 Messages**

For consumers – directly or through intermediaries

**“Get your eyes checked every five years if you are 50+ years,  
unless you are in a high risk group”**

- “You are at higher risk if you**
- **experience a change in vision**
  - **smoke**
  - **have diabetes**
  - **have high exposure to sunlight**
  - **have a family history of glaucoma**
  - **are elderly**
  - **are indigenous”**

## 7 Strategic Framework



## 7.1 Phases

Three phases of activity are planned over a 3-4 year period.

*Phase 1 (2003)*: has a focus on agenda setting, co-ordinating activity and skills development:

- Putting Eye Health on the State Government and community agenda as an issue that matters to individuals, families, communities and to government for health, social and economic reasons.
- Utilising current activities and available opportunities as a means to promote eye health to the community in a more co-ordinated and effective manner.
- Encouraging health professional organisations to work together to inform, motivate and resource their members.
- Expanding the research agenda to include more social, behavioural and economic impacts studies.

*Phase 2 (2004 and 2005)*: has a focus on motivating the public to get their eyes tested as needed, and mobilising eye health and other health professionals to promote eye health services:

- Develop and implement a public education campaign (paid and unpaid) that has a strong call to action
- Service providers actively promote services
- Training and professional development activities in place
- Release of research – economic, behavioural, community attitudes

*Phase 3 (2005)*: has a focus on high risk and special needs groups, and the participation of other service providers and community groups. It also focuses on moving towards a national strategy active across states and territories.

## 7.2 Strategic Action Areas

For the necessary gains to be made in the near future, increased and improved activity must occur in strategic action areas. These areas have been identified through the published literature, acknowledged good practice and the Vision Initiative consultation process. The initial key activities outlined have also been identified in this manner.

- **Public Information & Education**
  - motivate public particularly those 50+ years or in high risk groups to get eyes examined as needed (single most important action)
  - increase awareness of eye health issues within general public
  - motivate public on prevention practices – sunlight, injury
- **Professional Education & Development**
  - provide “minimum intervention” education and brief “referral” resource for eye care sector and first contact people
- **Research**
  - broaden research base to consumer, social and economic impacts
- **Policy/Regulation/Standards**
  - better utilise existing policy/infrastructure
- **Clinical Services**
  - promote best clinical practice and use of evidence based medicine
  - integrate optometrists into referral patterns and clinical pathways
  - increase GPs/optometrists eye examination, referral and management
  - increase utilisation of low vision service by appropriate referral
- **Support Services**
  - broaden understanding of “low vision” and reduce psychological impediments to low self-identification
- **Funding**
  - collaborate for the development of public health message by funds identification/pooling
- **Evaluation and Monitoring**
  - establish baseline; evaluate key activities; monitor progress

Activity within these action areas such as development and delivery is planned on the basis of consumer and community needs. The inclusion of policy/regulation and standards also ensures that social and environmental factors are considered.

### 7.3 Building and Maintaining Support

Crucial to the success of this Vision Initiative is the willingness and ability of the vision sector and other key stakeholders to work together. To this end advocacy and an effective communication flow between Vision Initiative collaborators and between the Vision Initiative and broader stakeholders is important.

Building and maintaining support for eye health generally and the Vision Initiative specifically can be facilitated through:

- Regular dissemination of information, campaign updates, new research, resources, product and service information amongst stakeholders, e.g. email network
- Creating opportunities to participate in Vision Initiative activities through funding projects, or developing and promoting information products in line with key Initiative messages or finding ways to co-operate on projects
- Providing opportunity for a range of organisations to take the lead role in various activities
- Feedback on the positive results or outcomes of participating collaborators
- Opportunity to ‘showcase’ the work and contributions of collaborating organisations
- Providing opportunities for collaborators and supporters to have access to each other

The Vision Initiative draws on the concept of the ‘value chain’ as a way to analyse the nature of its partnerships or relationships. This concept describes how value is built up as a product or service progresses from ‘raw material’ to the ‘consumer.’

Applying this to improving eye health in the community the value chain could include:

- Acknowledging the social, cultural, economic, political and health environment
- Gathering of information and research, policy development
- Structural and environmental initiatives and facilities
- Developing programs and services through government, non-government, community and private sector organisations
- Skills enhancement and training and delivery of services

Organisations can use this value chain concept to identify where and how they can add value. They can also identify stages upstream or downstream or their own activities where the client or community can benefit from better integration of planning and services.

It is also possible to identify contrasting organisational approaches, e.g.:

- **Doing it yourself** – one organisation could provide an integrated range of services by extending its own range of activities upstream or downstream e.g. a “one-stop-shop” for eye health. This is known as vertical integration.
- **Networking with others along the value chain.** Rather than pursue a strategy of vertical integration, organisations stick to their niche areas of competitive advantage but work in inter-connecting partnerships with other organisations along the value chain to provide integrated packages.

## **8 Evaluation & Monitoring**

A comprehensive approach to evaluation and monitoring, incorporating process and impact measures (outcome measures are longer term) is a vital component of the Vision Initiative Framework.

This approach will include:

- Developing an ‘Initiative Process Monitor’ that comprises a set of process measures to indicate progress towards achieving the aims of the Vision Initiative
  - e.g. o media coverage (amount and content)
  - o participation of health and other professionals in the partnership
  - o calls to the info-line and hits on the website

These measures will look at quality as well as quantity.

- Conducting a baseline study, and continuous tracking or pre and post campaign studies and data collection to measure impact on and trends around:
  - knowledge, attitudes, beliefs and behaviours regarding eye health and vision impairment
  - changes in and treatment of eye disease
  - use of services as indicated by:
    - demand for low-cost spectacles
    - rates of eye examinations using Medicare data
    - new clients referred to low vision services
    - use of pharmaceuticals such as glaucoma drops
- Introducing a partnership monitoring and measurement system which documents in a systematic way the nature and level of contribution to the Vision Initiative by the range of internal and external collaborators. Any outputs and outcomes of the relationship, the quality of the partnership model and the resulting relationship will also be monitored.
- Design studies to better understand input – process – output relationships around eye health. These may be based around pilot or development trials as well as prospective studies where predictive relationships are explored.
- Put in place a process to ascertain how well eye health is integrated with and imbedded within the community’s consciousness and the practices of the health care system.
- Repeat appropriately designed population based studies of eye disease using VIP data from CERA as a baseline.
- Research into the impact of the campaign on health services, including access to hospital and other eye health services. This will include economic modelling to ascertain cost effectiveness issues.

## **9 Structure & Management**

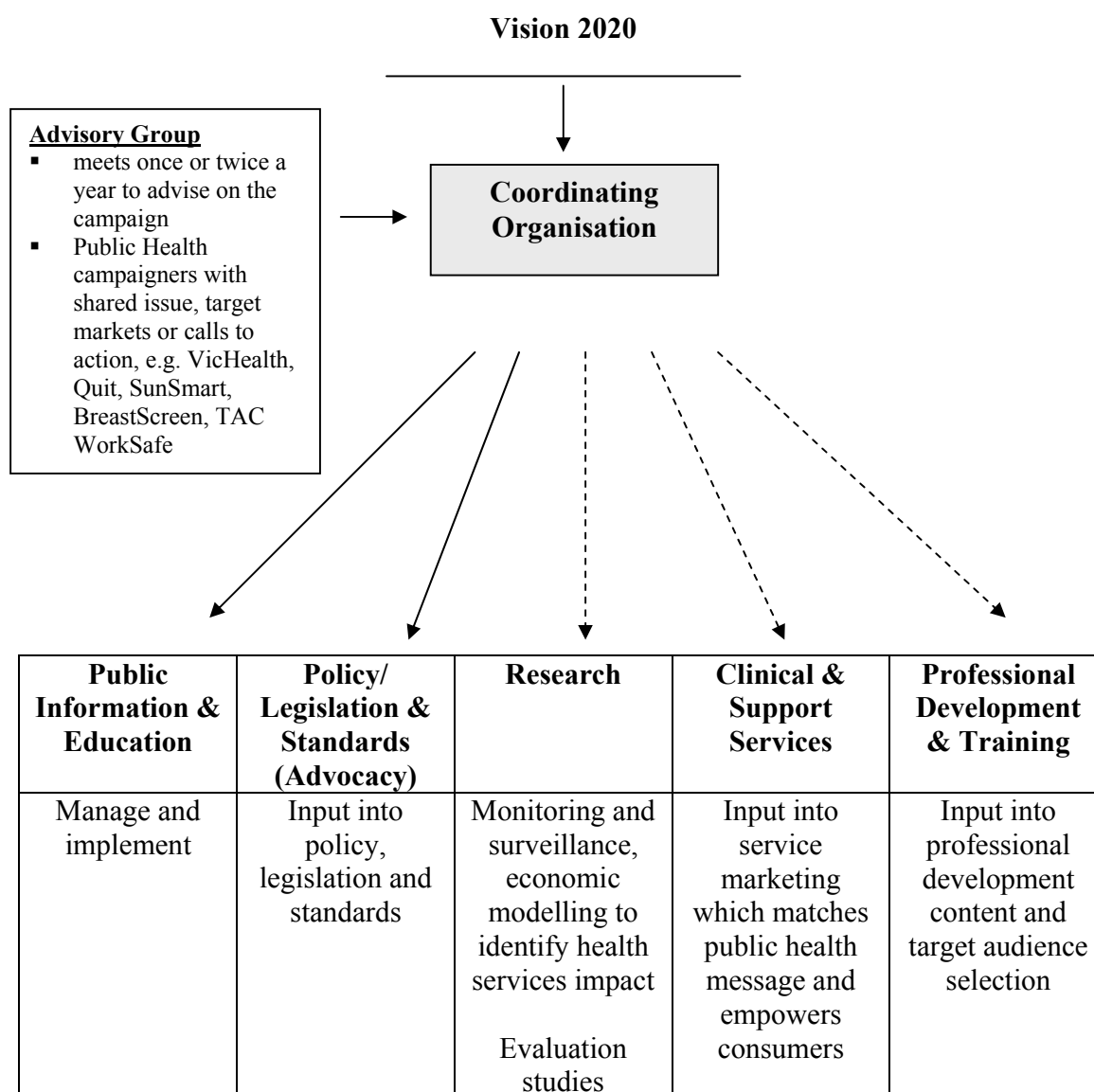
The suggested structure and management of the Vision Initiative reflects the need for an organisation or secretariat to take responsibility, on direction from the steering committee, for an ongoing public information and education program as well as an advocacy role. This coordinating organisation would also facilitate communication between stakeholders and across working groups.

Working or task groups, relating to strategic action areas, are integral to this model. They will enable respected, effective input to be provided and acted upon in the areas of research, clinical support services and professional development and training. Each working group would comprise those active in the particular area. A 'lead' agency may be needed to coordinate each working group.

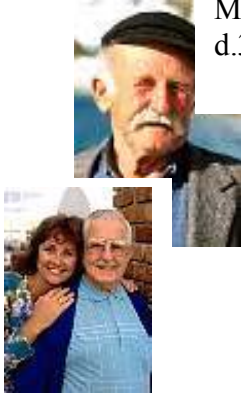
An Advisory Group is also suggested to provide input from the broader public health sector to the consumer focused campaigns.

## Structure & Management

<b>Current Victorian Steering Committee</b>				
VAF	OAA	DHS	CERA	NARI
RVEEH	RVIB	RANZCO	VCO	RACGP
VPHREC	VISION 2020			VICHEALTH



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# **PART C PUTTING THE INITIATIVE INTO ACTION**

## **contents**

Phase 1: 2003  
Phase 2: 2004 and 2005  
Phase 3: 2005

## **PHASE 1:2003**

### **Focus**

Agenda setting, coordination and raising awareness

### **Objectives**

- Increase awareness amongst public, media and service providers of eye health of the need for regular eye examinations (focus on older people)
- Establish the Vision Initiative as a sustainable entity
- Establish appropriate baseline against which to measure progress
- Increase co-operation and collaboration within the vision sector and across health professional organisations
- Have more comprehensive vision checks included in existing assessment processes
- Increase knowledge base about economic, social and personal impacts of vision impairment

### **Target Audiences**

- Victorians 50+ years
- Eye and other health professionals
- Government and other decision makers and funders
- Others in high risk groups

### **Activities**

- Stakeholder forum to launch the Vision Initiative in Victoria
  - opened by State Minister for Health and /or Senior Victorians to acknowledge importance of issue and an opportunity to showcase government's current commitment to eye health
- Conduct a 'mini' campaign
  - use World Sight Day as a focus for co-ordinated activity
- Establish a structure and process to manage the Vision Initiative and its activities
  - important to be inclusive and encourage ongoing commitment
  - secure funding or 'in kind' support from within the sector to resource public relations, networking and campaign development aspects of the Initiative
  - resource from within the field administrative support for Vision Initiative working groups
- Develop and implement ongoing Public Relations program
  - based on research activity and target group opportunities to measure (see calendar of activity following)
- Develop consumer focused approach and resources
  - through working group of health and consumer groups develop a minimum intervention and promotion tool to encourage service providers to promote eye examinations to public and to provide salient information

- Build on current research agenda
  - include more consumer, behavioural, social and economic studies
- Design evaluation and monitoring strategy
- Seek funding – jointly from Government, industry and the sector – for a mass reach public education campaign (Phase 2)
- Work with partners towards inclusion of vision checks or eye examinations in existing assessment processes, e.g. Health and Community Care (HACC), Aged Care Assessment Teams (ACAT), school health

### **Possible Projects for Funding**

- Costs of Inaction Study
  - direct and indirect economic and social costs of vision impairment
- Consumer research
  - motivations, barriers regarding getting eyes tested, use of support
- Developing a ‘simple’ consumer message
  - to be used by health professionals and others such as service organisations, postcard?
- Developing / evaluating minimal intervention for GPs, other health workers – Quit model, Vision Script
- Developing Vision Initiative email network and website
  - (or link to existing)
- Baseline Study
  - consumer knowledge, attitude and behaviours (VIP?)

### **Outputs of Phase 1**

- Sustainable infrastructure in place
- Public Relations capacity built within a co-ordinating organisation or across the sector
- Health professionals working together on specific projects
- Range of research projects developed or funded
- Baseline study underway
- Consumer-focused information resource and minimal intervention for health professionals developed and disseminated
- Media coverage gained on both the issue and the call to action

## **PHASE 2: 2004 and 2005**

### **Focus**

- Motivating the public to get their eyes tested as needed (particularly those 50+ years and those in high risk groups)
- Motivating the public to engage in preventive measures to protect their eyes from damage
- Mobilising eye health and other health professionals to promote eye health services

### **Objectives**

- To inform people about the personal relevance of vision impairment
- To inform people about specific eye diseases and risk factors
- To increase understanding of eye health services available
- To motivate people to get their eyes examined
- To inform, motivate and mobilise eye and other health professionals to be actively involved in promoting eye health messages and services

### **Target Audiences**

- General public inclusive covering ATSI, Culturally and Linguistically Diverse, low socio-economic status (SES) and others
- Victorians 50+ years
- Health and other relevant professionals
- Others in high risk groups

### **Activities**

- Develop and implement a public education campaign, including public relations, promotion and advertising.
- Messages will be based on research from Phase 1
  - “Have appropriate, regular eye examinations”
  - “Protect your eyes”
- The Campaign will likely consist of:
  - An advertising campaign comprising a combination of:
    - 1) information/ motivational messages that put eye health on the consumers personal agenda and
    - 2) a call to action that tells the consumer what they can do, services available and how to access them
  - Availability of information and vision checks through local promotions conducted by Vision Initiative partners and supporters
  - A launch event including the release of research findings around ‘The Costs of Inaction’ (if available)

- An ongoing public relations program as for Phase 1. This includes:
  - opportunistic use of special events and days to promote messages
  - release of research findings
  - features around the Vision Initiative and those who are participating
  - promotion of support services and products
  - profiles of people who have taken action
  - productivity and economic costs of vision impairment in business media
  - provision of articles to issue-specific, local and community newsletters
  - articles in health industry and specialist media
  - promotional activities providing fun, easy and accessible vision checks
- Work with the range of eye health professionals, associations, Divisions of General Practice, Royal Australian College of General Practitioners (RACGP), Pharmaceutical Society of Australia (PSA) and Pharmacy Guild to encourage members to actively include eye health promotion associated with the campaign. This will include broader dissemination of the ‘resources’ developed in Phase 1 and the use of prescription and patient profile software to prompt mention of eye examinations and discussion of family history
- Work with key peak and community organisations e.g. Council for the Ageing, Lions, Country Women’s Association, Bowling Clubs, Returned Services League to enlist their support to promote campaign messages and provide a venue for vision checks. Provide training and information opportunities for these groups
- Hold a campaign briefing for stakeholders and if possible conduct regional briefings
- Establish a telephone info-line and promote the Vision Website where callers can be assisted to access services and obtain more detailed information prompted by the campaign
- Set in place data collection processes to help track and evaluate campaigns – process and impact measures
- Media and communication training sessions will be offered to those likely to have a role with the media and/or at public events

### **Projects Requiring Funding Within Phase 2**

- Public education campaign
- Public Relations
- Partnership Support
- Professional Development
- Telephone Info-line and website updates and maintenance
- Process and impact evaluation

## **PHASE 3: 2005**

### **Focus**

- Broadening the base in other states, other professions and services
- High risk and special needs groups
- Continuing public education campaign

### **Objectives**

- To assist people to know when and if they are at increased risk
- To better identify and diagnose those at higher risk
- To increase participation of eye and other health professionals with high risk/high needs groups
- To provide information, treatment and support in culturally appropriate and accessible ways
- To encourage workers within CALD and ATSI organisations to take on and promote eye health messages and services
- To extend the Vision Initiative to other states and territories
- To continue raising public awareness and motivating people to get their vision checked

### **Target Audiences**

- People 50+ years
- People with family history of glaucoma, diabetes and/or macular degeneration
- Smokers
- People with high exposure to sunlight
- People who have noticed a change in their vision
- People with diabetes
- Others in high risk groups
- ATSI communities
- CALD communities
- Organisations and government departments working with CALD and ATSI communities
- Eye and other health professionals
- National vision organisations
- State and Territory based vision organisations
- State, Territory and Commonwealth Departments of Health and Aged Care

### **Activities**

- Develop and implement the next phase of the public education campaign based on evaluation of the launch phase undertaken in Phase 2.
- Bring together a small group of eye health professionals and people from the Aboriginal health sector working on Aboriginal Eye Health Initiatives and other relevant programs (e.g. falls, prevention, diabetes, tobacco control, health worker training) to develop a manageable approach to promoting eye health within the community, in addition to inclusive approach undertaken in Phase 2.
- Follow a similar process with CALD communities
- Organise a session for health professionals and community workers (accreditation for Continuing Medical Education and Continuing Pharmacy Education) on promoting eye health in these communities. There are opportunities to co-host such an event with other health agencies
- Promotions and storylines with Quit, SunSmart, WorkSafe and Injury Prevention to emphasise preventive actions.
- Create a family history focus specifically around eye health but also in association with other health issues
- Use key national organisations to disseminate information about the Vision Initiative to their State and Territory colleagues – regular meetings, conferences, websites, newsletters
- Co-ordinate national ‘buy in’ with the implementation of the National Eye Health Strategy
- Convene a national forum – a joint Cooperative Research Centre for Eye Research and Technology and CERA, Commonwealth Department of Health and Aged Care forum around the Vision Initiative

### **Projects requiring funding in Phase 3**

- Phase two of the public education campaign
- Resources or activities resulting from ATSI and CALD working groups
- Health professionals session around eye health in ATSI and CALD communities and effective ways of working
- National forum



# **PART D**

# **THE PROCESS OF**

# **DEVELOPING THE**

# **VISION INITIATIVE**

## **contents**

Knowing What Works and What Needs to be Done  
Building an Effective and Enduring Partnership  
Consulting the Field  
Learnings  
Conclusions of the Consultation

## 1 Knowing What Works and What Needs to be Done

Knowing that almost 50% of blindness and 70% of severe vision impairment is caused by conditions that are preventable or treatable has been the primary motivating force for forming a coalition to develop the Vision Initiative.

The eye health field in Victoria spans prevention, early intervention, treatment, management and rehabilitation of those with severe vision loss.

The risk factors for common eye diseases are well understood – increasing age (being the greatest risk), diabetes, people with family history of glaucoma, macular degeneration, smokers and people with high exposure to sunlight.

We know from evidence and experience that:

- Although blindness and cancer are the two most feared health conditions that people want to prevent, eye health is not on the personal agenda of most Victorians
- There is a lack of awareness amongst the public of available services and treatment
- Knowledge about eye disease increases the likelihood that people seek eye examinations

We know that **the single most effective action to take is for all Victorians 50+ years to have appropriate, regular eye examinations.**

- Each 5 years after 50 years
- Each 2 years in a high risk group (diabetes, family history of glaucoma)
- Immediately there is a change in vision

We also know that:

- Preventive action such as a non-smoking lifestyle, protection from sunlight (hats, sunglasses) and avoiding injury at home, school and work will protect eyes from unnecessary risks.
- Eye care has proven, low risk, high success and cost effective interventions such as refraction and cataract surgery.
- An extensive range of evidence-based eye care models exists and can be delivered through primary care services in metropolitan and regional Victoria.
- Increased use of available support services for those with visual impairment will result in improved quality of life.
- Extending eye health from the vision sector into a broader health, social and economic environment will provide greater access to increasing awareness and providing opportunities for people to get their eyes checked and treated.

AND

- A coordinated, sustainable approach that builds capacity is necessary to change the face of eye health.

## 2 Building an Enduring and Effective Partnership

In many ways collective action is the key to improving eye health in the community. One group alone does not and cannot take on all responsibility. Professor Hugh Taylor AC, co-chair of Vision 2020 Australia, recognised this when extending an invitation to the range of peak eye health and professional organisations, health promotion and research agencies, and representatives of state and commonwealth government.

The resulting group, under the auspices of Vision 2020 Australia, decided on a course of action underpinned by:

- Greater coordination between existing eye and health care professionals
- Strengthening links with other sectors that have a vested interest in improved eye health
- Drawing on existing resources and current activities
- Identification of opportunities to pool resources and to work together on projects.

A Vision Initiative Steering Committee was formed in September 2001, comprising:

Michael Lynch (Chair)	Vision Australia Foundation (VAF)
Christine Harding	Royal Victorian Institute for the Blind (RVIB)
Ben Harris	Optometrists Association Australia (OAA) <sup>5</sup>
Graeme Houghton	Royal Victorian Eye & Ear Hospital (RVEEH) <sup>6</sup>
Rebecca James	Victorian Public Health Research & Education Council (VPHREC)
Rosemary Lester	Prevention & National Health Priority Section, Department of Human Services (DHS)
Neville McBrien	Victorian College of Optometry (VCO)
Mark McCombe	Royal Australian & New Zealand College of Ophthalmology (RANZCO)
Robert Moodie	Victorian Health Promotion Foundation (VicHealth)
Carley Nicholls	Vision 2020 Australia
Hugh Taylor AC	Centre for Eye Research Australia (CERA)

The idea of this Initiative is not new. Advocates in the eye health area have been working towards a public health initiative to increase eye health as a major health and social issue for some years. Even as recently as mid 2001, approaches were made to the previous Federal Minister for Health to conduct a pilot program in the ACT.

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<sup>5</sup> Joe Chakman (Optometrists Association Australia) served on the Steering Committee up to December 2001

<sup>6</sup> Joe Carbone (Royal Victorian Eye and Ear Hospital) served on the Steering Committee up to February 2002

### 3 Consulting the Field

Partners contributed time and funds to consult a wide range of groups in the vision and related sectors in order to better understand priorities, identify opportunities and gaps, and to form the basis for the proposed Vision Initiative. The exercise also aimed to raise awareness and to harness support amongst stakeholders. More than 45 Victorian and national groups and key individuals were consulted, including:

- Non-government organisations providing services to people with vision impairment
- Eye health clinical providers such as optometrists and ophthalmologists
- Government departments/agencies in health, aged care and community services
- Health promotion/regulatory bodies such as VicHealth’s “Together We Do Better,” Quit, SunSmart, Workcover, TAC
- Health service providers such as GPs and pharmacists, Primary Care Partnerships
- Community based organisations

A list of organisations consulted can be found in Appendix A.

The next step in the development of the Vision Initiative will be to broaden the consultation to include vision related product and technology suppliers.

### 4 Learnings

A great deal of valuable information was gathered during the consultation process. Individuals and organisations were generous with their time and in providing data and access to information and products.

#### 4.1 Outcomes

Current activities, gaps, opportunities and key outcomes were mapped against a matrix of strategic action areas. A summary of these follows.

#### **Public Information and Education**

##### **What is happening**

- No lead agency, nor any stand-out performer
- Sole mass reach tool is QUIT “AMD” ad, within limited support from CERA – “Don’t fry your eyes” ad
- Many organisations are producing consumer information, with only limited dissemination to general public and target audiences

##### **Gaps**

- Service providers (optometrists/ophthalmologists) appear to feel no responsibility to inform public/clients about eye health issues – provide service without making use of opportunities for related personal/public health information
- Dissemination strategies/implementation is poor
- Strategies for CALD communities are restricted to translating existing materials
- Workplace information appears to be lacking

### **Opportunities**

- Service providers (optometrists/ophthalmologists) - talking informatively during consultations
- General Practitioners (GPs) – informative referral/recall
- Pharmacists – informative referral and dissemination
- Lions Eye Health Program (LEHP) – dissemination
- VACCHO (Kit utilised) – dissemination
- Primary Care Partnerships (PCPs) – dissemination

### **Policy/ regulation/ standards**

#### **What is happening**

- Commonwealth Medicare policy provides rebates for eye examinations every 2 years.
- Not much public policy at State or Commonwealth but Gov. does support pilot programs that integrate eye health in a sustainable way, then encourage adoption more widely ie. Older Person Projects, PCPs
- May be more activity at Local Government level in terms of supportive environment (footpaths, lighting etc.)
- Low awareness of Commonwealth funded Visiting Optometrists Program (rural areas) and OAA Home Visiting Optometrist Program among both the public and eye sector
- Commonwealth supports Enhanced Care Planning for people with diabetes and over 70's through Medicare item numbers through general practice
- NHMRC Diabetes Guidelines 1997 not updated, may do NHMRC Diabetic Retinopathy Guidelines in 2002 if funded
- Representation on Australian Standards Committees for relevant eye health/protection products – uncertain about degree of active involvement

#### **Gaps**

- Low awareness that optometrist eye examinations are covered by Medicare – 97% of services are bulk billed with no charge to the client. Medicare/Bulk Billing signs on optometrists windows do not appear to be interpreted by the public as meaning there is no direct cost to the patient
- Policy of low cost eye services (Melb. Optometry Clinic & Victorian Eyecare Service) is not supported by a public awareness program, also may be mis-matched to clients needs (ie. clients unwilling to wear glasses provided as are heavy and unfashionable)
- No consideration being given at Commonwealth level to an Over 50s health check
- Ski goggles and solarium goggles/glasses are not included in the sunglass standard
- Examination of eye health guidelines and auspicing bodies; no mention of guidelines in interviews, therefore not in active use

#### **Opportunities**

- Medicare rebateable eye examinations better supported by optometrist displays/advertising/information seen from outside premises
- Increase awareness of eligibility for low cost eye services by all members of the eyecare sector and in the community health and services sector
- Potential to conduct benefit/cost analysis for Over 50s health check along with other key health areas (diabetes, heart, cancer – cervical, breast, prostate) – link with improved recall systems

## Clinical Services

### What is happening

- Limited activity in primary prevention, i.e. sunlight exposure, smoking
- Some awareness and early detection activity - Lions Eye Health Program, Community Health Centre ad hoc programs, although almost all about particular conditions i.e. diabetes, glaucoma
- People only access services if self-identify an eye problem or are asked about family history – few prompts to consider eye health from GPs, pharmacists, RDNS, community services, etc.
- Optometrists are perceived by some as sellers of eye glasses/contact lens – public is not aware of screening/management of eye conditions that can be done by optometrists. Territory protection by GPs, ophthalmologists and optometrists is not helpful
- Non-mydratic retinal cameras (NMRC) are scattered - require excellent systems to effectively utilise – complexity arises from training/staff turnover (particularly for VACCHO), location/relocation, coordinating clients, practice in result interpretation, expensive to purchase, no Medicare item # for photography (use Care Planning #)
- GP's skills workshops have revealed simple changes such as guidance on the physical/lighting set-up for eye checks and ideas for handling children during eye checks
- GPs have low awareness of optometrist skills and have preference for medical referral pattern

### Gaps

- Proactive comprehensive screening programs
- Few triggers for eye checks/screening participation
- No coordinated invitation from optometrists or GPs to the public to have eyes examined (barriers here include optometrist concern about perceived drumming up of business, money, skill levels, time available)

### Opportunities

- Information flows through PCPs may support improved eyecare with greater involvement of eye care professionals
- Greater collaboration for events such as World Sight Day, Diabetes Week, World Diabetes Day, Glaucoma Week, etc.
- Insert triggers for eyecare consideration in each life stage:

#### Childhood (0-13 yrs)

- suggest eye examinations at preschool & school entry or grade 2 when many children are reading (include question on entry forms, similar to immunisation questions, in addition to semi-formal assessment made at newborn, 8 months and 3 ½ year stages by Maternal and Child Health Nurses)

#### Adolescence (13-20 yrs)

- raise awareness among adolescents in school health promotion programs

#### Work/Study (18-25 yrs)

- include more comprehensive eye examination prior to driver licence training/testing
- potentially repeat for each licence renewal

Young family (25-40 yrs)

- develop family check approach with recall, similar to dental, immunisation, haircuts, link to sports training, reading/ computer/ library use
- potentially repeat eye examination for drivers licence renewal

Middle years (40-65 yrs)

- link to consideration / recall opportunities of other key health areas (diabetes, heart, cancer – cervical, breast, prostate)
- potentially repeat eye examination for drivers licence renewal

Older years (>65 yrs)

- include eye examination in Over 70s health check,
- link to consideration of other key health areas (diabetes, heart, breast and prostate cancer),
- increase eye examination awareness among visiting nursing services, home and community care workers and aged care assessment teams
- potentially repeat eye examination for drivers licence renewal

## Support Services

### What is happening

- Limited understanding of the meaning of “low vision” is leading to low self-identification
- Less than 20% of those with low vision are using support services
- Rural people with vision loss are slightly more likely to self refer to support services
- Most people rely on being referred or being told to attend a low vision service, may be referred very late
- Low vision services targeted towards children; then episodic; then targeted towards elderly

### Gaps

- Limited psychological support for vision loss, where vision loss is major there is a need to encourage development of skills for life with low vision, rather than reliance on diminishing sight
- Low vision from AMD is very common, may be 20 years since any ophthalmologist care, GPs may not refer to low vision services owing to low awareness of issues for patient and low awareness of services available
- Up to 80% of people with low vision are not exposed to support services
- “Broaden understanding of “low vision” and act on the psychological impediments to low vision self identification”

### Opportunities

- Make greater use of optometrists, ophthalmologists and orthoptists as knowledgeable informants able to spend the time talking with people about their eyes and to convey public health information as measurements/examinations are completed

## Research

### What is happening

- Clinical research is well established
- Health service provision research is underway via multiple small projects – no systematic methods observed to capture and implement research findings on a wider scale (PCPs are making an attempt to capture/implement)
- Diabetic retinopathy is well supported by research – concern expressed about how to make projects sustainable
- Older Persons research – some supported by DHS, falls research by NARI, MUARC
- Some research into general public knowledge and consumer attitudes has been done (OAA and LEHP)
- Some GP skills/knowledge gap research underway by Joint Consultative Committee of RACGP, RANZCO and Australian College of Rural and Remote Medicine (ACCRM)
- Is there VIP research into what motivates people to get their eyes tested?

### Gaps

- Research into economic impact of vision loss
- Research into linkages between vision loss and falls by older people
- Research into impact of vision loss on the health system/residential care sector
- Research into the costs (financial and psychological) to the individual and community arising from vision loss and diminished independence (after have eyes tested, what are the psychological/lifestyle impediments to acting on the eye test results?)
- Research into motivation and strategies to getting eyes tested
- Prevalence by socio-economic status and within different culturally and linguistically diverse groups in seeking eye health services
- Minimum intervention research – GPs/other front line contacts using simple question prompts (quit smoking approach)
- “Broaden the base of research around eye health to include consumer, social and economic impacts”

### Opportunities

- All the gaps identified above present real opportunities for research
- There is scope for more action research into general public knowledge and consumer attitudes

## Funding

### What is happening

- Medicare rebates are available for eye examinations every two years and 97% of optometry services are bulk billed
- Commonwealth supports Enhanced Care Planning for diabetes and over 70's through Medicare item numbers via general practice
- Government fee for services for specific programs is used by many organisations as primary revenue source
- Commonwealth funding of Visiting Optometrist Program in regions, Koori Diabetes Service (currently planning only)
- Lions Eye Health Program – funded by Lions Clubs International Foundation

- Eye health organisations funding/contribution to CERA
- Eye health organisations funding Vision 2020 Australia
- Some organisations are doing small self-funded programs/projects alongside primary service delivery
- DHS funding of Older Persons Projects, including OAA (eye health), NARI (falls) and RDNS (continence)
- Diabetic retinopathy projects funded by Commonwealth and Victorian Government (may be coming to end)
- National Aging Research Institute (NARI) falls research
- Monash University Accident Research Centre (MUARC) falls research

### **Gaps**

- No funding or carriage of public education and health message

### **Opportunities**

- Redirect current organisational resources to support public health message
- Pool existing resources to support public health message
- Identify/reserve bequests/grants/foundation funds to support public health activities and evaluation over a three year rolling cycle

## **Professional education/ development**

### **What is happening**

- Most groups provide professional development training to own staff and/or members and on contract for others such as council workers, customer service employees, nursing home staff, etc.

### **Gaps**

- Potential gap in the reach and effectiveness regarding eyecare issues for first contact points such as pharmacy staff, GPs, optometrists, council domestic support workers, visiting nurses (RDNS), etc.
- “Provide minimum intervention education and brief ‘referral’ resource for eye care sector and first contact people e.g. *Have you had your eyes checked? – here is information about how you can have your eyes checked*”

### **Opportunities**

- To have a consistent message re: regular eye checks, optometrists skills and predominantly bulk billed services, low vision services, visiting eyecare services, predisposing factors for vision loss.
- Increase recognition of signs of vision decline by first contact points and health professionals and provide first action point
- One question prompts – “Have you had your eyes examined?” – trigger and awareness raising

## 4.2 Vision Sector Programs, Relevant Resources and Linkages

This table provides a listing of current and recent past activities and linkages.

<p><b>Centre for Eye Research Australia (CERA)</b></p>	<ul style="list-style-type: none"> <li>• Eye Research Foundation</li> <li>• Clinical Research Unit</li> <li>• Close links with University of Melbourne Department of Ophthalmology</li> <li>• Visual Impairment Project (VIP)</li> <li>• Lions Eye Health Program</li> <li>• Lions Low Vision Initiative</li> <li>• Burden of Eye Disease Project – Economic Evaluation of Eye Care</li> <li>• Vitamin E, Cataract and Aged Related Macuopathy Study</li> <li>• Vision Screening for Older People Project</li> <li>• Cardiovascular Health and Age-related Macuopathy Project</li> <li>• Aboriginal Eye Health Initiative</li> <li>• Diabetic Retinotherapy screening initiatives</li> <li>• Preparation of Clinical Practice Guidelines</li> </ul>
<p><b>Commonwealth Department of Health</b></p>	<ul style="list-style-type: none"> <li>• Medicare rebates for optometrist eye examinations (97% bulk billed)</li> <li>• Medicare rebates for ophthalmology services</li> <li>• Visiting Optometrists Program</li> <li>• National Diabetes Strategy</li> <li>• Diabetes Federal Budget Initiative</li> <li>• Medicare Item Numbers for Enhanced Care Plans through general practice</li> <li>• Eye Health Linkage Strategy from 2002 (OATSIH)</li> </ul>
<p><b>Diabetes Australia</b></p>	<ul style="list-style-type: none"> <li>• National Diabetes Service</li> <li>• Diabetes Eye Health Program video</li> <li>• An Eye-on-Diabetes collaboration (website development in 2002)</li> <li>• Various limited duration diabetic retinopathy projects</li> </ul>
<p><b>Department of Human Services – Victoria</b></p>	<ul style="list-style-type: none"> <li>• Victorian Retinopathy Screening Development Program (VRSDP)</li> <li>• Diabetic Retinopathy Forum materials</li> <li>• Falls Prevention Conference – mid 2004 Secondary School nursing – health promotion approach</li> <li>• Primary Care Partnership</li> <li>• Specific PCP program, Upper Hume Rural Health Promotion (minimise social/geographical isolation for older people by decreasing failing eye sight)</li> </ul>
<p><b>Divisions of General Practice</b></p>	<ul style="list-style-type: none"> <li>• Diabetes Alliance Group (5 Div. of GP)/Western Melbourne Retinopathy Screening Program</li> <li>• Fundal cameras for diabetic retinopathy screening/monitoring owned/operated by some Divisions</li> </ul>
<p><b>Lions Clubs</b></p>	<ul style="list-style-type: none"> <li>• Lions Eye Health Program (LEHP)</li> <li>• LEHP Community Eye Health Kit</li> <li>• LEHP into Action newsletter</li> <li>• Lions Low Vision Initiative</li> </ul>

	<ul style="list-style-type: none"> <li>• Lions Ride for Sight</li> <li>• Freecall 1800 010 234 and website</li> <li>• Training seminar for Lions Club members</li> </ul>
<b>Monash University Accident Research Centre (MUARC)</b>	<ul style="list-style-type: none"> <li>• Resource guide for Fall Prevention Material for Older People (including videos, websites, guides, booklets)</li> <li>• Hazard – regular evidence based publication with falls prevention/incidence data and information</li> </ul>
<b>National Ageing Research Institute (NARI)</b>	<ul style="list-style-type: none"> <li>• Falls and Balance Clinic</li> <li>• National Falls Prevention Forum</li> <li>• Scoping Study for Ageing Research</li> <li>• Avoiding the Tumble program (with Western Health Service)</li> <li>• Assessment and Care Planning Training</li> <li>• Training programs for HACC Staff</li> </ul>
<b>National Health and Medical Research Council (NHMRC)</b>	<ul style="list-style-type: none"> <li>• Diabetes Clinical Practice Guidelines (1997)</li> <li>• Clinical Practice Guidelines for Management of Diabetic Retinopathy (review 2002?)</li> <li>• Screening Surveillance Guidelines – under review</li> </ul>
<b>Optometrists Association Australia (OAA)</b>	<ul style="list-style-type: none"> <li>• “See to the Future” – Older Person Health program</li> <li>• Optometry Bookshop</li> <li>• Safe under the Sun – advertising campaign (99/00)</li> <li>• General Practice Partnership Program</li> <li>• Professional education at Southern Regional Conference</li> <li>• Consumer Perception and Attitudes Research Report 1998</li> <li>• Therapeutically qualified optometrists</li> <li>• Optometrists Home Visits database</li> <li>• Publications – <i>Optometry News</i> (Vic) and <i>Australian Optometry</i> (national)</li> <li>• Website – www.vicoptom.asn.au</li> <li>• Southern Regional Congress – continuing education</li> </ul>
<b>Primary Care Partnerships (PCPs)</b>	<ul style="list-style-type: none"> <li>• Materials supporting a health promotion approach</li> <li>• 32 PCPs of which 19 rural and regional</li> <li>• Upper Hume PCP has specific eye health program</li> </ul>
<b>Pharmaceutical Society of Australia (PSA)</b>	<ul style="list-style-type: none"> <li>• Pharmacist professional development program</li> <li>• Internet based continuing education modules</li> <li>• Young Pharmacy Project</li> <li>• Australian Pharmacist – monthly journal</li> <li>• Postscript – journal for pharmacy assistants</li> <li>• Guidelines to pharmacists in providing services to people with poor vision</li> </ul>
<b>Royal Australian College of General Practitioners (RACGP)</b>	<ul style="list-style-type: none"> <li>• Joint Consultative Committee (JCC) on Ophthalmology with RANZCO, RACGP and ACRRM</li> <li>• Continuing Medical Education (CME)</li> <li>• Survey done late 2001 – GP and Ophthalmologist views on Primary Eye Care Skills and Education</li> </ul>

<p><b>Royal Australian and New Zealand College of Ophthalmologists (RANZCO)</b></p>	<ul style="list-style-type: none"> <li>• Part of Joint Consultative Committee (JCC) on Ophthalmology with RANZCO, RACGP and ACRRM</li> <li>• Survey done late 2001 – GP and Ophthalmologist views on Primary Eye Care Skills and Education</li> <li>• Education materials</li> <li>• Continuing Medical Education (CME)</li> </ul>
<p><b>Royal District Nursing Service (RDNS)</b></p>	<ul style="list-style-type: none"> <li>• Participants in 13 Primary Care Partnerships</li> <li>• Homeless Eyecare Service with VCO</li> <li>• Institute for Community Health</li> <li>• Veterans Home Care Program through Rally Healthcare (private arm of RDNS)</li> <li>• Resource on working with CALD groups</li> <li>• Older Persons Health Program – continence</li> <li>• Internal training in Nurse Assessors Course and Neurological Update</li> <li>• Training program for HACC and Council workers</li> </ul>
<p><b>Royal Victorian Eye and Ear Hospital (RVEEH)</b></p>	<ul style="list-style-type: none"> <li>• Professional training and education i.e. Ophthalmic nurses</li> <li>• Some GP education resources/website links</li> <li>• Population Health and Primary Care Advisory Group</li> <li>• Community/Consumer Advisory Group</li> <li>• Cross Cultural Health Advisory Committee</li> <li>• Health Promotion and Community Development Unit</li> </ul>
<p><b>Royal Victorian Institute for the Blind (RVIB)</b></p>	<ul style="list-style-type: none"> <li>• Technical and Training Services</li> <li>• RVIB Enterprises – employment service</li> <li>• Client Services – 12 sites including school</li> <li>• Training for workplaces, schools etc.</li> <li>• Home/workplace assessment</li> <li>• Peer Support groups</li> <li>• Low vision clinic</li> </ul>
<p><b>Victorian Aboriginal Community Controlled Health Organisation (VACCHO)</b></p>	<ul style="list-style-type: none"> <li>• Koori Diabetes Service (in planning phase)</li> <li>• Eye Health Awareness Kits</li> <li>• 3 fundal cameras for diabetic retinotherapy screening</li> <li>• Green laser machine in Mildura (Needs utilisation model established)</li> </ul>
<p><b>Vision Australia Foundation (VAF)</b></p>	<ul style="list-style-type: none"> <li>• Amalgamated library with Royal Victorian Institute for the Blind &amp; Royal Blind Society</li> <li>• Training Location for optometrists and ophthalmologists</li> <li>• Adapt Centre demonstrating/supplying low vision products</li> <li>• Peer worker program</li> <li>• Residential care</li> <li>• Day centres</li> <li>• Telephone networks</li> </ul> <p>Community care packages provider for the Commonwealth</p>

<b>Victorian College of Optometry (VCO)</b>	<ul style="list-style-type: none"> <li>• Melbourne Optometry Clinic and regional clinics – metro low cost eyecare service</li> <li>• Victorian Eyecare Service – regional low cost eye care service</li> <li>• Home less Eye care Service with RDNS</li> <li>• CALD services</li> <li>• Overseas exchange students</li> <li>• University of Melbourne Department of Optometry and Vision Sciences</li> <li>• Clinical Vision Research Australia</li> <li>• Professional education/CME for optometrists</li> <li>• National Vision Research Institute of Australia</li> <li>• Low vision clinics with VAF</li> <li>• National Roads Colour Vision Standards database</li> <li>• Eyes-on-Diabetes chair</li> </ul>
<b>Vision 2020 Australia (VISION 2020)</b>	<ul style="list-style-type: none"> <li>• Membership connections throughout eyecare sector</li> <li>• International connections</li> </ul>

## 5 Conclusions of the Consultation

The real value of consulting these groups and individuals was the general interest in mobilising around eye health issues. There was a genuine desire to find ways of working together, of understanding the activities of others in the health/eye care sector and a recognition that the public needs to be better informed and services need to be better promoted.

Putting eye health on the agenda of individuals, service providers, decision makers and fund granting bodies was seen to be of prime importance.

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| <ul style="list-style-type: none"> <li>• <b>The idea of the Vision Initiative was welcomed</b></li> <li>• <b>There is an expressed desire to work collaboratively around eye health issues</b></li> <li>• <b>Where possible and appropriate funding and knowledge may be pooled to resource priority activities</b></li> <li>• <b>Increasing knowledge around eye health and eye health services and motivating the public (particularly older Victorians) to get their eyes examined as needed was the agreed highest priority</b></li> </ul> |
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# **PART E**

## **UNDERSTANDING THE ISSUE FROM A CONSUMER PERSPECTIVE**

### **contents**

- The Impact of Visual Impairment
- Perceptions of Visual Impairment
  - Knowledge relating to Action
- Accessing Eyecare – Options for Care
- Barriers to Accessing Eye Health Services
- What Most People Don't Know About Eye Health Services
- Key Players in Vision Impairment
  - Engaging our Target Audience

## **1 The Impact of Visual Impairment**

For the individual, vision impairment affects both the quality and duration of life. Even mild vision impairment is associated with a 2.4 times increase in mortality. Vision impairment also affects premature morbidity. Vision loss is associated with a two-fold increase in risk of falls and four-fold increase in risk of hip fracture. Depressive symptoms are common among older adults with vision impairment (29.7% compared with 8.5% in those with better vision).

Vision impairment affects the everyday life and independence of individuals and inhibits healthy ageing. It is reported that twice as many people with impaired vision report difficulties with activities of daily living. Vision impairment is also associated with increased social isolation, a significant factor in mental health and wellbeing. It has been found that religious participation falls by half, and more than half of those with impaired vision report difficulty with the independent mobility required to leave the home.

## **2 Perceptions of Vision Impairment**

There is a common perception that vision impairment is inevitable, like wrinkles, grey hair or even ‘gravitational forces’ on our bodies.

At the same time we fear vision impairment as much or more than cancer, no doubt because of its profound effects on independence. The Vision Impairment Project Study conducted by the University of Melbourne Department of Ophthalmology and CERA (the VIP) showed that one quarter of those surveyed said that the disease they wished most to prevent for themselves was blindness.

## **3 Knowledge relating to Action**

Most eye disease is preventable or treatable. Early detection of risk factors or disease makes a real difference. Given this, it is imperative that we get our eyes examined as needed, particularly those of us at high risk.

Low levels of awareness of the importance of appropriate eye examinations, the fact that eye health is not on our immediate personal agenda and lack of knowledge about risk factors mean that many of us take no action. This situation is exacerbated by a perceived lack of active encouragement or invitation by eye and health professionals and lack of knowledge of services available and of what follows an eye examination.

Research indicates that people who have correct knowledge about eye disease are more likely to receive regular eye examinations. Unfortunately it appears that those of us at highest risk also have the lowest levels of knowledge.

## 4 Accessing Eyecare – Options for Care

Often the first point of contact regarding concern about an eye health issue is the local general practitioner. GPs are involved in eye examinations, removal of foreign matter, treatment of infections and the management of conditions such as glaucoma, AMD and diabetes (including fundal photography if available) and provide referrals as appropriate. Optometrists examine eyes and test vision, manage eye disease, diagnose and prescribe corrective lenses and some eye medications, and provide referrals where appropriate. Ophthalmologists treat all eye conditions upon referral from a GP or optometrist.

## 5 Barriers to Accessing Eye Health Services

### 5.1 Barriers to Action and Follow Through

	Consumers	Health Practitioners
<b>Barriers to eye examinations</b>	Low knowledge Low motivation Low perceived need Access uncertainty/distance Language/cultural factors Competing concerns Cost Concerns Insurance coverage Referral uncertainty No call to action/no invitation	Appropriate skill/training Appropriate equipment/access Interest elsewhere e.g. GPs Competing priorities Lack of financial return for some, e.g. GPs, pharmacists Attitude – self perception Tension around promotion of low cost services Location
<b>Eye Examination</b>		
<b>Impediments to acting on results of eye examination</b>	Do benefits outweigh perceived cost? e.g., fear of reduced independence Poor understanding of the costs of inaction/poor vision Pathway to service Financial costs Fashion/peer acceptance	Referral patterns and information flows do not support continuum of care Local health linkages are patchy and connections are vague Competing health issues for patients Lack of systems for recall and for smooth information flow Groups affected: optometrists, GPs, ophthalmologists, RVEEH, community health centres, occupational therapists, orthoptists

While there are multiple avenues for gaining treatment of eye conditions (as noted above) there are significant barriers to accessing services. Information about barriers to the use of eye health services has been drawn from CERA’s VIP research, from consumer research conducted by the Optometrists Association of Australia (OAA)<sup>7</sup> in 1998 and from the Vision Initiative consultation process.

<sup>7</sup> Optometrists Association Australia (OAA) Consumer Attitudes and Perception Study – Research Report: Open Mind Research Group; Feb 1998

- VIP research identified predisposing factors that supported the use of eye care. These factors include the presence of diagnosed eye disease or vision impairment, older age, knowledge of eye conditions and female gender. Enabling factors included having private health insurance, living in metropolitan areas and speaking English as first language.
- These factors interact and create a set of perceived barriers to accessing eye care by many in the community. Together with the notion that diminishing eyesight is just part of getting older, the barriers to accessing eye care are high.
- The consumer research conducted for the OAA together with information derived from the Vision Initiative consultation process indicated that people only access an eye examination if they perceive a change in their vision, and do not request an examination as part of general health care. If a change in vision is observed most people would visit their GP for an assessment, as awareness of optometrists' skills and services is low, as is the fact that no referral is necessary. Older consumers over the age of 65 appeared to have wider knowledge on the range of eye problems that an optometrist can treat or advise on. Younger consumers only associate optometrists with testing eyes, then prescribing and fitting glasses or contact lenses. There is also low awareness of Medicare rebates for eye examinations and the high rate of bulk billed eye examinations.

Lack of awareness about eye care and knowledge about how to use the services of optometrists means many people simply do not bother. The wide distribution of optometrists in shopping areas does not appear to result in uptake of services by the general public.

- Consultation also revealed a large range of personal/social impediments to accessing eye care. These included:
  - The desire not to know - 'if they/I can't do anything about it, I just don't want to know'
  - Fears of reduced independence (for example, if ceasing driving is recommended)
  - Fears of voiding insurance or facing high premiums if have adverse results from eye examination
  - Concerns about 'standing' in the family, particularly for retired men who are often the primary driver in a couple
  - Belief that they don't need any help - 'my wife/husband manages everything that I can't do – we don't need to change anything', and
  - Interaction of any of the above concerns with cultural factors arising from family background.

## **6 What Most People Don't Know About Eye Health Services**

### **6.1 Service Providers and Payment**

Australia has a universal insurance health system where access to health services is available under Medicare across the population. Health care services from public hospitals are provided at no direct charge to the patient. Patients are eligible for Medicare rebates for services provided by medical practitioners and optometrists. Many other services provided by general practitioners (GPs) and almost all services provided by optometrists are bulk billed (in which the provider receives a scheduled fee under the Medicare scheme and the patient has no direct costs).

In eye care, 97% of eye examinations conducted by Australia's 2,500 privately practicing optometrists are bulk billed, so the patient has no direct costs for the eye examination. There is no need for a referral to an optometrist, although many health practitioners will refer patients in need of eye care. The patient pays for any corrective glasses or contact lenses required. Private health insurers may also make some contribution to the cost of glasses or eye treatments, with the contribution depending on the individual's level of cover.

Consultation with one of Australia's 650 ophthalmologists in private practice will be charged to the patient and partially reimbursed by Medicare. A referral from an optometrist or medical practitioner is required for the full Medicare rebate to be payable. Waiting times to see an ophthalmologist in private practice are about six weeks, compared with 12-14 weeks for consultation in a public hospital clinic.

In Victoria low cost eye health services are available for those on a pension card, with a health care card or meeting other eligibility criteria of the Melbourne Optometry Clinic (MOC) and Victorian Eyecare Service (VES). If reading/distance glasses are prescribed, these are available from the MOC/VES for \$26 or \$37 for bifocal glasses.

### **6.2 Service Utilisation**

Service utilisation statistics for Victoria are available for the use of optometrists and ophthalmologists, with some non-research based data for the use of low vision services provided by VAF and the RVIB.

According to data from the VIP, most Victorians over the age of 40 years have seen an eye care provider at least once. For people over the age of 40 years with under corrected refractive error, cataract or undiagnosed glaucoma:

- nearly 9% of people had never seen an eye care provider
- 45% of people had seen an optometrist in the previous year
- 11% had seen an ophthalmologist in the previous year, and
- 35% had seen both an optometrist and an ophthalmologist in the previous year.

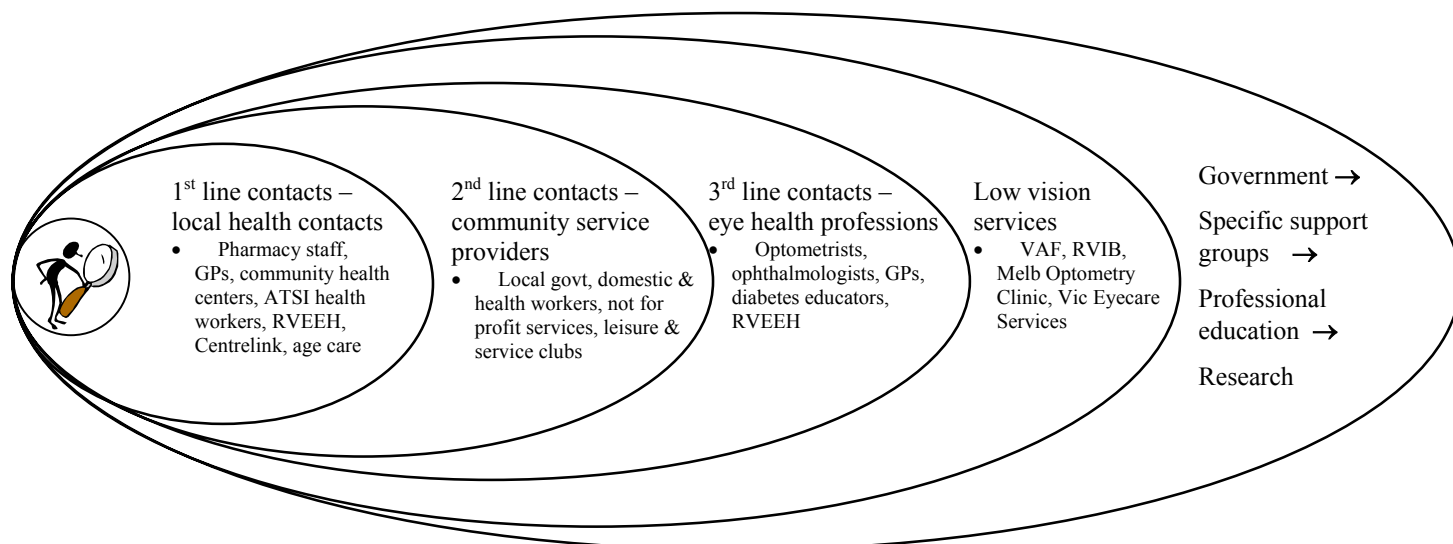
Other data from the VIP about the use of eye care services by people with diabetes showed low uptake in eye care service use (below the recommended dilated eye examination at diagnosis and then every two years thereafter).

- For instance, there was little difference in the use of optometrists to those without diabetes, with 38% of people with self reported diabetes and 33% of people without diabetes visiting an optometrist within the last year.
- Further evidence of the low uptake of eye services was shown by the 25% of people with diabetic retinopathy who had never seen an ophthalmologist and the 34% of people with diabetes but no perceived eye damage who had never seen an ophthalmologist.

Estimates for Australia indicate that the number of people with undiagnosed diabetes may equal the numbers who are diagnosed – as a result these figures of low eye care uptake among those affected by diabetes may be large underestimates.

## 7 Key Players in Vision Impairment

To a person with vision loss or impairment there is a confusing array of groups and organisations involved. The following diagram organises the key eye health players according to how frequently an individual with vision impairment would encounter them or would seek them out for services, information or support.



Many of the contact points above are currently involved in providing eye health information or services to the public. Examples of these include:

- Lions Eye Health Program (LEHP) – 50+ years, diabetes, glaucoma
- Optometrists through OAA – Older Persons Program, 97% of eye examinations are bulk billed with no direct charge to the patient
- GPs – eye care skills workshops in some divisions of general practice
- Aboriginal Medical Services (AMS) – some using Eye Health Kit, diabetes
- Royal District Nursing Service (RDNS) – health promotion now on agenda
- Diabetes groups – information provision, recall
- Primary Care Partnerships (PCPs) – eye health as part of holistic health approach
- HACC/ACAT – limited questions/assessment of vision
- QUIT – eye health information included in resources

Recent research projects such as the CERA/RVEEH Vision Screening for Older Adults demonstrate how community based organisations can play an active role in raising awareness and in screening.

Many of the initiatives mentioned above are small-scale, short term and geographically constrained. A problem for the consumer is that they cannot be sure to receive eye health information or advice from any of the myriad health and other professionals about eye health or community agencies and workers with whom they have contact.

## 8 Engaging our Target Audiences

Above all it is crucial to know our target audiences. It's like knowing a friend. Imagine writing a letter to someone you don't know – it's a difficult letter to write, hard to start, hard to maintain the flow, to express issues and to finish. On the other hand writing to someone you know and know well is easy. It's a simple concept and an important one to keep in mind considering the diversity and complexity of our audiences for this Initiative.

Any notion of one audience or public is a myth. Essentially an audience or public is any significant individual or identifiable group having some potential for interaction with the source organisation, its actions or its interests. Each organisation has many audiences or publics, and each public has a different relationship with the organisation. So it will be for the Vision Initiative.

It is also necessary to know how each of the identified audiences relates to those who are attempting to engage them. Status changes from time to time and perhaps from situation to situation. The relevance and saliency of various audiences is also an important factor.

In addition to these relationship factors it is also important to identify the roles particular audiences can play. **Primary** audiences are where the relationship between the source of the information and the audience is direct (and cannot be changed), e.g. television advertisement to the public. **Intervening** audiences are the groups and organisations we work through to deliver our message, e.g. local health and community workers. **Moderating** audiences pass on information, adding to it and modifying it as they see fit, e.g. politicians, general practitioners, the media.

The prior experience and pre-existing beliefs of audiences – individuals, groups and organisations – are all most important factors affecting relationships, roles and responses to communications initiatives and to the organisation.

The challenge for the Vision Initiative is to ensure that consumers receive a clear and consistent message about eye health through each communication channel.



# **PART F**

# **APPROACH**

## **contents**

Trialling the Initiative  
Integrated Communications  
Commonsense Linkages  
A Continuum  
Lifestages  
Catering to the Needs of High Risk/High Needs Groups  
Settings

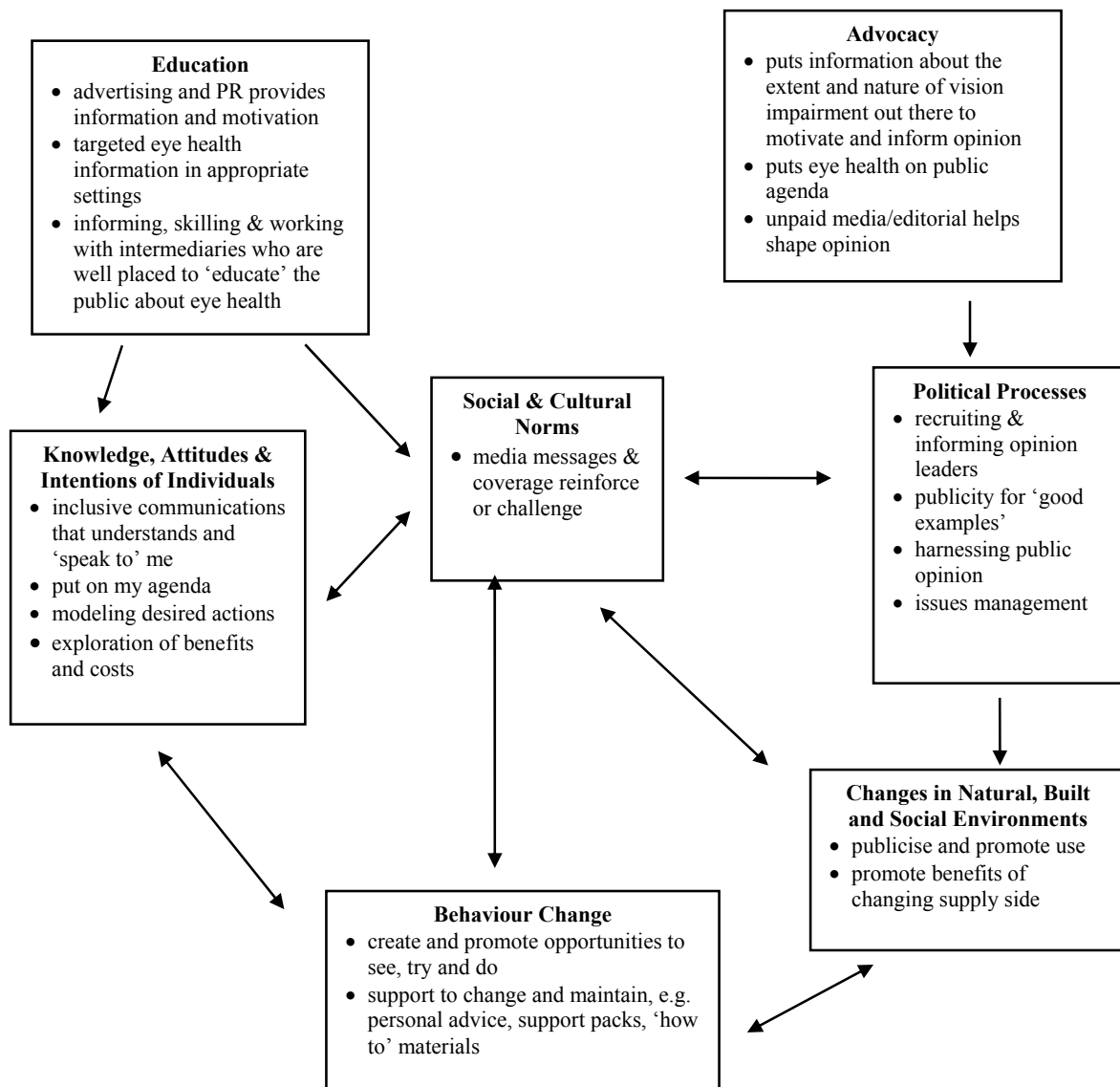
The Vision Initiative is taking a comprehensive public health approach. In keeping with current health promotion theory and practice the aim is to bring about structural and social change as well as individual behaviour change.

## 1 Trialling the Initiative

The Vision Initiative is starting in Victoria under the auspices of a national organisation, Vision 2020, but has every intention of expanding to become a national program over the next few years. The basis for the expansion will be that the Vision Initiative is a model that works, is transferable and is sustainable at a national level.

## 2 Integrated Communications

The diagram below demonstrates how an integrated communications strategy can contribute to a comprehensive eye health promotion program.



### 3 Commonsense Linkages

Integral to the success of the Vision Initiative will be linkages within the eye health sector, with government, and across other relevant sectors.

It is the strength of these relationships that will allow a coordinated approach to eye health which in turn will intensify a Victorian and the national focus for eye health.

There are existing and potential linkages between eye health and other issues. These linkages can be related objectives, common risk factors (e.g. Quit, SunSmart, and WorkSafe around prevention messages and Diabetes groups around prevention and early diagnosis), common or compatible stakeholders and intersectoral collaborations, shared priority population groups (e.g. DHS Falls Prevention, Council for the Ageing, HACC), and settings in which interventions take place (e.g. pharmacy, GPs' surgeries, schools, homes, social and sporting clubs). These linkages can translate into collaborative action.

### 4 A Continuum

The Vision Initiative focuses much of its initial attention around early detection and intervention (motivating people to have eye examinations and into an appropriate treatment pathway) as a means to making a significant impact on the problem. However to be effective and sustainable the Initiative needs also to devote energy to:

- Prevention and health promotion
- Treatment and management
- Maintenance, support and self-care

The Vision Initiative must ensure that organisations and individuals working at these points along the continuum are recognised for the value of their contribution and to find ways to increase opportunities to work together.

### 5 Lifestages

The greatest short term gains in reducing vision impairment can be made by focusing on those in middle and older age. Other stages in life present opportunities to inform and educate about eye health and to detect vision problems. These might include:

#### **Childhood (0-13 years)**

- Maternal and child health nurse 0 months, 4-8 months, 3½ years
- Highlight SunSmart messages
- Preschool and school entry question on enrolment forms

#### **Adolescence (13-20 years)**

- Awareness raising in curriculum and school health promotion programs
- Highlight SunSmart messages
- Include eye examination in sport training and with reading, computer and library activities
- Promote smoking prevention and quit smoking messages

**Work/Study (18-25 years)**

- Comprehensive eye examination at drivers licence testing and on renewal
- Highlight smoking messages

**Young family (25-40 years)**

- Family opportunities for eye checks with recall, link to immunisation, dental
- Highlight family history links to glaucoma, diabetes and refractive error
- Highlight smoking and SunSmart messages

**Middle years (40-65 years)**

- Link eye examination to consideration of other key health areas (diabetes, heart, cancer – cervical, breast, prostate)
- Repeat eye examination for drivers licence renewal
- Diabetes Type II diagnosis – eye examination then on recall system
- Highlight smoking messages

**Senior years (65-80 years)**

- Retirement – life insurance checks
- Repeat eye examination for drivers licence renewal
- Eye checks at sporting and social clubs
- Daily exposure to Amsler chart (hatch magnets) for AMD recognition
- HACC & ACAT – consider vision within independence assessment
- Residential care – engrave glasses/teeth with name
- 70+ extended health check
- Opportunities associated with Veterans Gold Card

**Older years (80+ years)**

- HACC & ACAT – consider vision with independence assessment
- Residential care – engrave glasses/teeth with name
- Extended health check
- Opportunities associated with Veterans Gold Card

## **6 Catering to the Needs of High Risk/High Needs Groups**

In addition to increasing age there are other individual, social and environmental factors that put people in a high risk or high needs situation.

**Diabetes**

- Take advantage for opportunistic diagnosis of diabetes and include eye health at start
- Significant resources and funding currently
  - National Diabetes Strategy
  - Extended Care Plans through GPs/educators

### **Family History**

- Build awareness from Maternal and Child Health setting onwards
- Provide information to those diagnosed to share with family members as alert mechanism
- Key areas are diabetes, glaucoma, cataracts and AMD

### **Culturally and Linguistically Diverse (CALD)**

- Established community members– build awareness through community resources and cultural groups
- Recent arrivals – build awareness in language/adult courses
- Ethnic media and health professionals serving CALD groups

### **Koori**

- Eye health workers/network building (western/northern)
- ‘How to use’ manual for Eye Health Kit (increase eye health focus)
- High priority given to diabetes, build on and increase eye health focus

### **Low Socio-Economic Status**

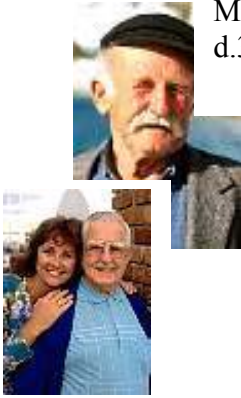
- Local promotion of bulk billed and low cost services
- Mass media, also through Centrelink, Department of Veterans Affairs, Office for Family Assistance, Seniors Card

## **7 Settings**

Both in terms of receiving motivational information about eye health and with regard to initial vision screening there are many relevant settings. These opportunities include:

- **Home** as a setting to receive eye health information via the electronic or print media or letterbox drops, for family discussions around the table or for visiting support workers to notice that a client may have impaired vision
- **School** as a place where respectively teachers and school nurses can observe and test vision, and support health promotion activities
- **Work** as an opportunity to receive prevention messages (particularly in an Occupational Health & Safety context) and to promote the need and opportunities for eye examinations
- **Community, social and sporting clubs** as convenient venues for delivering messages and conducting screening to groups who have common interests and who may be priority population groups
- **Shopping centres/strips** provide opportunities as information venues but also some tenants have relationships with clients (e.g. pharmacists, optometrists, hairdressers) that make them appropriate settings for displays, providing information and screening
- **Health services**, ie hospitals, community nurses, optometrists and other health and eye care service providers

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# APPENDICES

## Appendix A: Who We Contacted

## Who We Contacted

Jill Keeffe	Centre for Eye Research Australia
Joe Chakman	Optometrists Association Australia
Joe Carbone	Royal Victorian Eye & Ear Hospital
Rosemary Lester	Department of Human Services - Victoria
Kay Mills	Department of Human Services - Victoria
Hugh Taylor	Centre for Eye Research Australia
Roger James	Pharmaceutical Society of Australia
Bill Horsfall	Pharmaceutical Society of Australia
Yosi Berger	ACTU
Brien Holden	International Centre for Eyecare Education
Ben Harris	Optometrists Association Australia (VIC)
Michael Lynch	Vision Australia Foundation
Neville McBrien	Victorian College of Optometry
Catherine Thompson	Department of Human Services – Victoria Aged Care
Christine Harding	Royal Victorian Institute for the Blind
Graeme Craig	Royal Victorian Institute for the Blind
Karen Passey	Diabetes Australia Victoria
Sue Hunt	Diabetes Australia Victoria
David Blythe	Seeing Eye Dogs Australia
Jill Gallagher	VACCHO
Mark McCombe	Royal Australian & New Zealand College of Ophthalmologists
Ian Hamm	OATSIH - Victoria
Tony McBride	Commonwealth Department of Health
Karen Large	Commonwealth Department of Health
Tracey Slatter	Department of Human Services - Primary Care Partnerships/Integrated Disease Management
Sue Heward	Department of Human Services - Primary Care Partnerships/Integrated Disease Management
Robyn Smith	National Ageing Research Institute (NARI)
Peteris Darzins	National Ageing Research Institute (NARI)
Michael Farell	National Ageing Research Institute (NARI)
Steve Gibson	National Ageing Research Institute (NARI)
Patricia Reeves	Council on the Aging
Anne Maree Marney	Royal District Nursing Service
Beverley Lindsell	Glaucoma Australia Inc
Todd Harper	QUIT
Craig Sinclair	Sunsmart
Lesley Day	Monash University Accident Prevention Research Centre
Genieve Napper	Optometrist
Rebecca James	Victorian Public Health Research and Education Council
Julie Thompson	Rural Doctors Network of Victoria
Steven Beggs	Department of Human Services - Burden of Disease
Bob Guest	RANZCO
Pam Gerard	RACGP
John McEncroe	Div of GPs
Anthony Carnolselli	CERA
Penny Pavlou	Inner South PCP
Craig Woods	Clinical Vision Research Australia at VCO
Isabel Henry	RVEEH
Glynis Ramsey	RACGP
Anne Lockwood	RACGP
Dr Caroline Johnson	RACGP
Graham Down	Dandenong Div of GPs
Kerry Connelly	Maternal & Child Health Nurse