

Eye health promotion to improve awareness and prevent vision loss among Indigenous Australians

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Ninety-four per cent of the vision loss and blindness in Indigenous Australians is caused by conditions that are preventable with access to eye examinations and timely treatment.¹ Vision loss causes significant loss to reported sense of well being and increases the risk of falls, depression and hip fractures, with those experiencing vision

loss using more health services.^{2–4} More than one-third of Indigenous adults have never had an eye examination.¹

Understanding the factors influencing the choice made by community members to seek care is important for planning and delivering eye care services. Understanding the challenges faced

Table 1. Summary of reported awareness and practices

Issue and awareness	Practices
Community members perspectives	
Belief that loss of vision is normal for adults and consistent with ageing; unclear about vision loss related to ageing	Did not seek eye care
Spectacles (including non-prescribed) were considered to be an important aid; the need for new spectacles was seen as a reason to make an appointment with the optometrist or to seek an eye examination	Participants were motivated to seek care or have an eye examination if they required new spectacles
Community members were able to recall eye health promotion campaigns that were successful in the past	Community members noticed a decrease in locally available eye care services and eye health promotion within their communities
Participants (community members and some health care providers, including Aboriginal health workers) did not know where to access eye care	Low use of services; no follow up of patients with identified eye conditions
Cost associated with obtaining health promotion materials was a barrier, particularly in rural and remote areas	Lack of access to health promotion materials; non-use of eye health promotion materials
Prescription spectacles and specialist fees were not affordable	Did not seek eye care due to high costs
Health care provider perspectives	
Eye care providers 'work in silos' with poor communication between other health services in the same region	Poor coordination between eye care services and other health care services; lack of available or appropriate services
Use of non-prescribed spectacles prevented some people from accessing eye examinations	Community members did not seek eye care if they had a change in vision and were able to obtain and use a pair of non-prescribed spectacles
Eye care providers were unable to determine the need for eye care among Indigenous populations, particularly in urban cities and large rural towns	Needs assessment for eye care was not conducted; services were not provided based on population need
Lack of awareness or understanding of what is expected or regarded as best practice for common eye conditions	No clear treatment protocols or referral pathways established for eye care
Health care providers did not know where to access eye health promotion materials	Providers were not able to support or facilitate patients to access a comprehensive range of eye care services in regional areas
Health care providers were not aware of local or regional eye care services	Providers were not able to support or facilitate patients to access a comprehensive range of eye care services in regional areas
'Some elderly Aboriginal people do not read and do not need spectacles'	Primary care staff did not perform near and distance vision screening; they failed to recognise the importance of good vision for a range of daily tasks other than reading Refractive error not identified
Health care providers were not aware of national guidelines for diabetic retinopathy that recommend Indigenous adults with diabetes have their eyes examined annually and non-Indigenous adults biannually	Retinal examinations for Indigenous patients with diabetes were not performed annually or regularly
Health practitioners were not aware of the high unmet need for eye care in some Indigenous populations	Appropriate services not provided

by health and eye care providers can inform future provision of eye care.

We consulted community members and health care providers on their perspectives about awareness of eye care issues and the impact this has on the use of eye services. Ten focus group discussions were conducted with 81 Aboriginal community members in seven communities in Victoria. A total of 289 semistructured interviews were conducted with staff from health services, government departments and non-government organisations in Victoria, Queensland, New South Wales, the Northern Territory, South Australia and Western Australia. Three stakeholder workshops were conducted with 116 participants. The participants' responses about awareness, practices and impact on eye health care are summarised in Table 1. Policy recommendations based on consultation data were developed and published in The Roadmap to Close the Gap for Vision.⁵

Many health care providers are not aware of the unmet need for eye care among the Indigenous communities they serve, particularly in urban centres and larger towns in rural areas. The lack of awareness about available treatments for eye conditions and knowing how and where to access affordable eye services contributes to the low use of eye care. Although good eye sight is valued and is the most commonly self-reported health condition, seeking eye care often receives low priority against other health issues.⁶

More work is required to improve referral pathways, develop service directories and promote awareness of vision loss prevention among health care providers and health care users. As improvements in eye health systems occur, new health promotion initiatives will be critical to let people know that eye care is available and when to seek eye care.

With government support, a commitment to equity and improving the provision of eye care for Indigenous Australians, it is possible to construct a supportive environment that empowers communities to access eye care and improve eye health outcomes.

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