Background

Progress report 2008

The 2008 progress report collated summary information provided by the Commonwealth, state and territory governments, through their membership of the Australian Population Health Development Principal Committee (APHDPC), about activity under each of the Key Action Areas conducted in support of implementation of the National Framework. The substantial contribution of other agencies was acknowledged.

The 2008 report captured non government activity to the extent that agencies were linked to activity coordinated by government. As such, there is limited reference to the complementary effort of non government organisations.

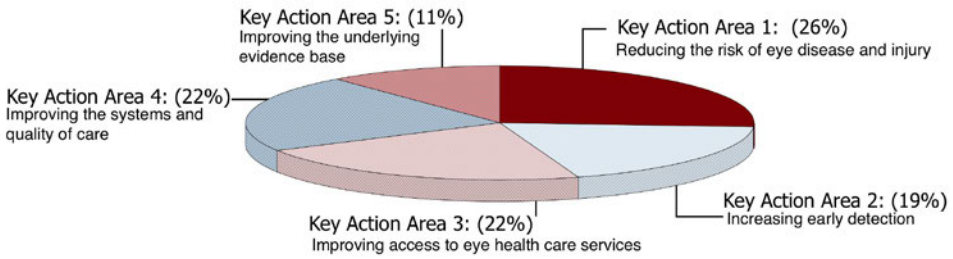
For purposes of continuity, a brief commentary is provided on the information in the 2008 progress report.

Key findings

As shown in Figure 1.1 below, activities reported in 2008 were relatively evenly distributed across most of the Key Action Areas with the single highest concentration supporting risk reduction priorities (26 per cent) and the lowest for improving the underlying evidence base (11 per cent).

Figure 1.1

2008 PROGRESS REPORT - DISTRIBUTION OF ACTIVITY ACROSS KEY ACTION AREAS OF THE NATIONAL EYE HEALTH FRAMEWORK



Source: The Allen Consulting Group 2011 based on report to AHMC 2008

Within each Key Action Area, it was possible to assign activity to all except one Action Area. The largest number of activities supported raising public awareness, followed by service integration and improving access to services in rural and remote communities. Attention was also given to development of the specialist and primary health care workforce and childhood screening.

Key Action Area 1: Reducing the risk

Activities related to raising public awareness and educating people with diabetes about the risk of eye disease were most prevalent.

Reviewing the evidence base for risk factors for eye disease and injury as well as investigating population health approaches to reducing the risk of vision loss and blindness were also a focus.

Key Action Area 2: Increasing early detection

Childhood screening services designed to detect poor eye health were most commonly reported with the majority of jurisdictions identifying activity in this area. Primary health care activities to increase early detection focused on building capacity to identify vision loss, detect eye disease and refer appropriately.

Key Action Area 3: Improving access to eye health care services

Activities designed to improve access to eye health care services for rural and remote communities dominated and were reported by all jurisdictions, particularly those with more dispersed populations. Activities designed to increase the affordability of eye health care services were also common. The Commonwealth Government played a large role through the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.

Fewer activities were reported for improving access to services through cultural accessibility initiatives, public awareness and research.

Key Action Area 4: Improving the systems and quality of care

Service integration was a large focus of activities across all jurisdictions. The Commonwealth Government in particular emphasised activities to promote collaboration across the eye health sector.

Workforce development activities aimed at the specialist and primary health care workforce were common. These were designed to ensure high quality of care by health professionals with up to date training and modern technology.

Key Action Area 5: Improving the evidence base

Activities designed to encourage high quality research products and support for resources, infrastructure and funding to undertake eye research were frequently reported. There was also support for communication, coordination and cooperation between research bodies and multi-disciplinary teams.

Eye health data, such as expanding and developing datasets relevant to eye health and vision care, was also a relatively common activity.

There was no activity clearly identifiable as knowledge transfer.

Comparison of progress reports

The summary of the focus of activity in the 2008 progress report to Health Ministers provides a platform for consideration of the 2011 progress report. However, it is not possible to compare activity reporting between these periods because of a number of reporting differences.

- The 2008 progress report may have reported a single jurisdictional activity under one or more Key Action Areas, whereas the 2011 stocktake, which was the basis for this progress report, required jurisdictions to nominate one Key Action Area that best reflected the primary focus of activity.
- The 2008 progress report captured a wider range of activity with potential to influence prevention of vision loss and blindness, such as healthy lifestyle programs aimed at reducing the risk of certain chronic diseases. The 2011 stocktake only included such activity where a specific eye health and vision care component could be identified, for example, a tobacco campaign with a specific eye health message.

- In both the 2008 report and 2011 stocktake, a state or territory may report a Commonwealth Government funded activity being implemented in their respective jurisdiction, which may also be included in the Commonwealth Government report. While this may have been a valid 'double count' of an activity given the different roles and responsibilities of jurisdictions in enabling this activity, this was not consistently applied in jurisdictional reporting. Examples of this included the Visiting Optometrists Scheme (VOS) and the National Eye Health Initiative (NEHI) grants.