

# Commonwealth, state and territory governments activity

## Summary of findings

The 2011 stocktake aligned activity to areas of primary and secondary focus. The following was noted based on the Commonwealth, state and territory governments' input and mapping of the combined contribution of activity to implementation of the National Framework.

- Almost one third of combined activity was reported under improving access to eye health care services and a further one quarter in the related area of improving systems and quality of care.
- The lowest overall activity count was for improving the underlying evidence base, however, research also occurred within other Key Action Areas of the National Framework related to reducing the risk and improving access to services.
- Around one in six activities were focused on reducing the risk of eye disease and injury with half of these activities primarily aimed at raising public awareness.
- Early detection initiatives accounted for about one fifth of all eye health activity reported by jurisdictions. A significant proportion focused on improving public awareness of the symptoms of eye disease, the roles of the eye care practitioners and promoting regular eye checks.
- All jurisdictions addressed aspects of service access with the majority of activity focused on meeting the needs of rural and remote communities, ensuring the supply of appropriate workforce and affordability of services and spectacles.
- Service integration and workforce development were areas of focus under improved systems and quality of care. Activity included national initiatives to develop sustainable models for service delivery and local workforce arrangements, such as shared care, to facilitate service access.
- Activity to build the evidence base was related to addressing research gaps and priorities and utilisation of data to generate information about eye health.

## Stocktake of eye health activity 2011

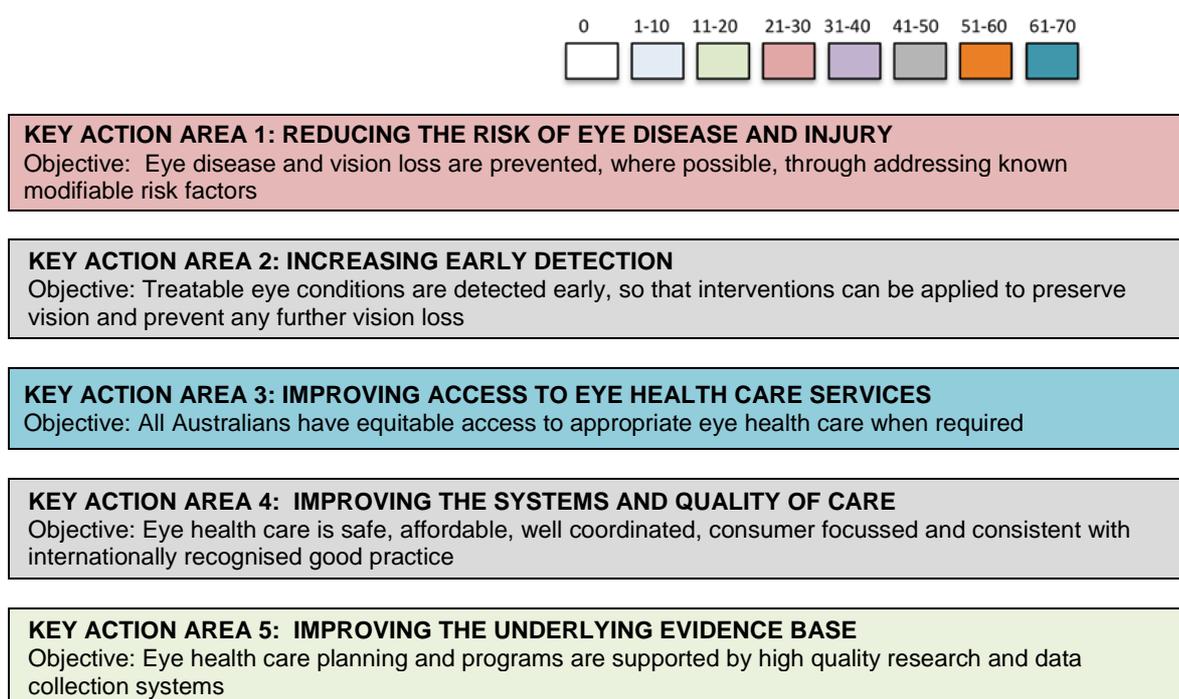
This section summarises the findings from the 2011 national stocktake when the combined responses from the Commonwealth, state and territory governments were mapped against the National Framework. The key findings consider both the primary focus of the activity (primary actions) and the wider influence of an activity (primary and secondary actions combined).

### Key findings

Information for 205 activities were reported by the Commonwealth, state and territory governments in the 2011 stocktake covering the three year period of approximately mid 2008 to mid 2011.

Figure 1.2

#### COMBINED COMMONWEALTH, STATE AND TERRITORY GOVERNMENT ACTIVITY MAPPED AGAINST THE KEY ACTION AREAS OF THE NATIONAL FRAMEWORK



Source: The Allen Consulting Group based on jurisdictional 2011 stocktake data

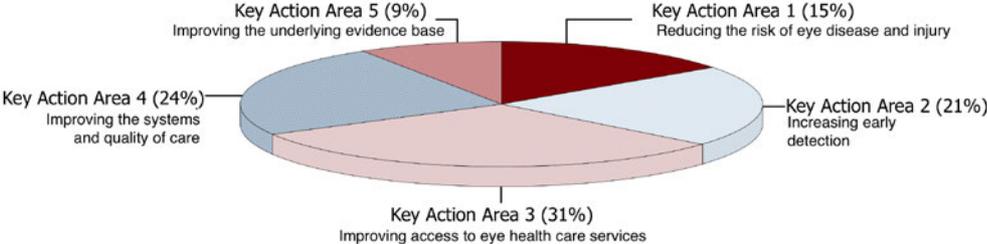
The collective influence of jurisdictional activity can be seen at a glance in the heat map in Figure 1.2 above. All Key Action Areas received attention with an emphasis on equitable access to quality services and to early intervention and prevention.

The combined count of jurisdictional activity mapped against the primary Key Action Areas, summarised in Figure 1.3 below, demonstrated that almost one third of activity was reported under improving access to eye health care services and almost one quarter in the related area of improving systems and quality of care.

The level of activity related to reducing the risk of eye disease and injury (15 per cent) generally does not account for the public health strategies targeting lifestyle risk factors for chronic disease. For example, there is an established link between risk factors such as obesity and tobacco smoking, and eye health. While this association was acknowledged, for the purposes of the stocktake jurisdictions were asked to only include this activity if there was a specific eye health component.

It should also be noted that while the overall activity count was lowest (nine per cent) for improving the underlying evidence base, research was also reported under the Key Action Areas related to reducing the risk and improving access to eye health care services.

Figure 1.3  
**2011 STOCKTAKE – DISTRIBUTION OF ACTIVITY ACROSS KEY ACTION AREAS OF THE NATIONAL FRAMEWORK BY ALL JURISDICTIONS**

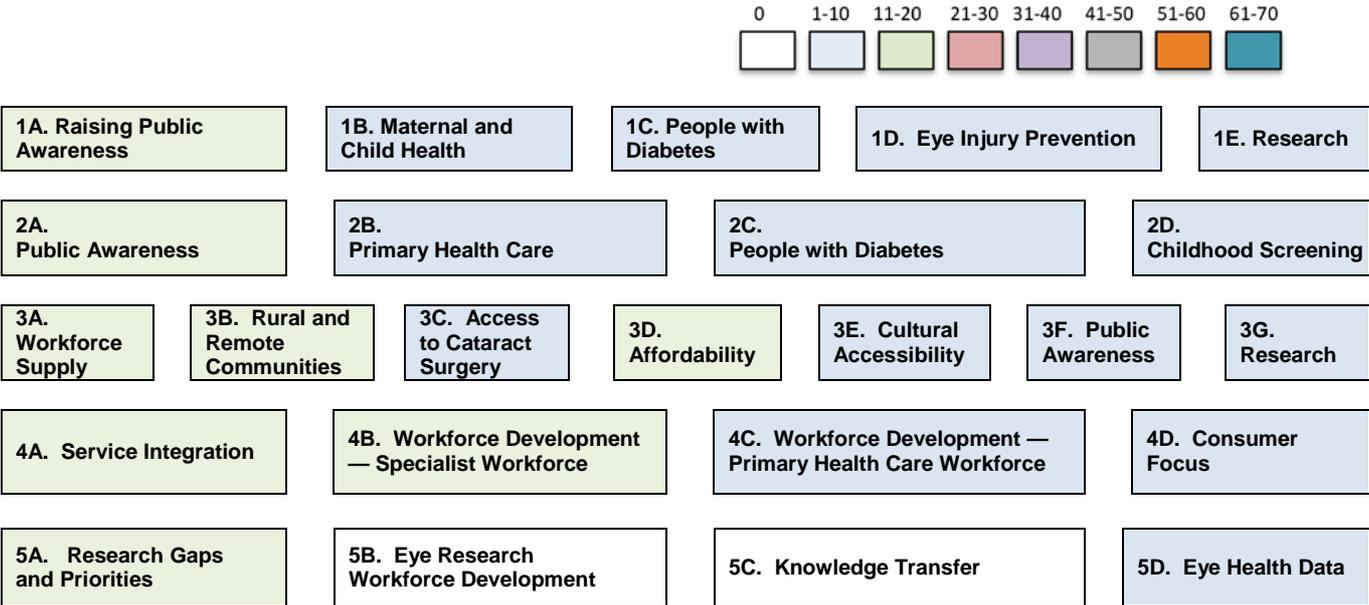


Source: The Allen Consulting Group 2011 based on stocktake returns from jurisdictions

Figure 1.4 below maps the primary Action Areas where reported activity occurred. Among Commonwealth, state and territory governments, particular attention was given to public awareness, access issues involving workforce supply, distance and affordability and to fostering targeted research.

Figure 1.4

**COMBINED COMMONWEALTH, STATE AND TERRITORY GOVERNMENT ACTIVITY MAPPED AGAINST THE PRIMARY ACTION AREAS OF THE NATIONAL FRAMEWORK**



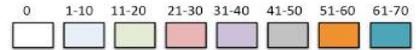
Source: The Allen Consulting Group 2011 based on stocktake returns from jurisdictions

The series of heat maps in Figure 1.5 below provide a more comprehensive picture of the way in which jurisdictions have reported the influence of activity on the specific priority actions under the National Framework.

Figure 1.5

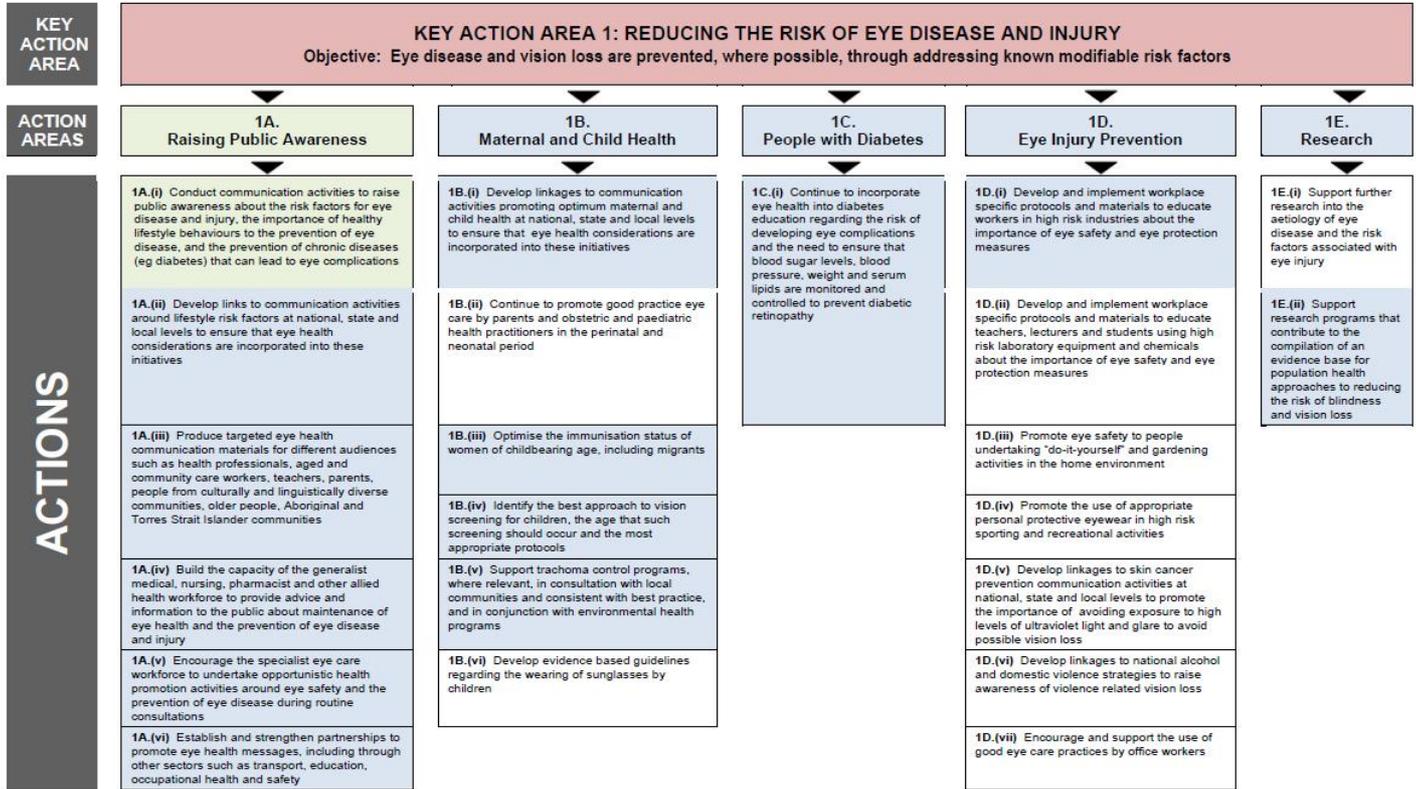
**COMBINED COMMONWEALTH, STATE AND TERRITORY GOVERNMENT ACTIVITY MAPPED AGAINST THE PRIMARY ACTION AREAS OF THE NATIONAL FRAMEWORK**

JURISDICTIONS: PRIMARY ACTIONS



**KEY ACTION AREA 1**

**REDUCING THE RISK OF EYE DISEASE AND INJURY**



JURISDICTIONS: PRIMARY ACTIONS



**KEY ACTION AREA 2**

**INCREASING EARLY DETECTION**

