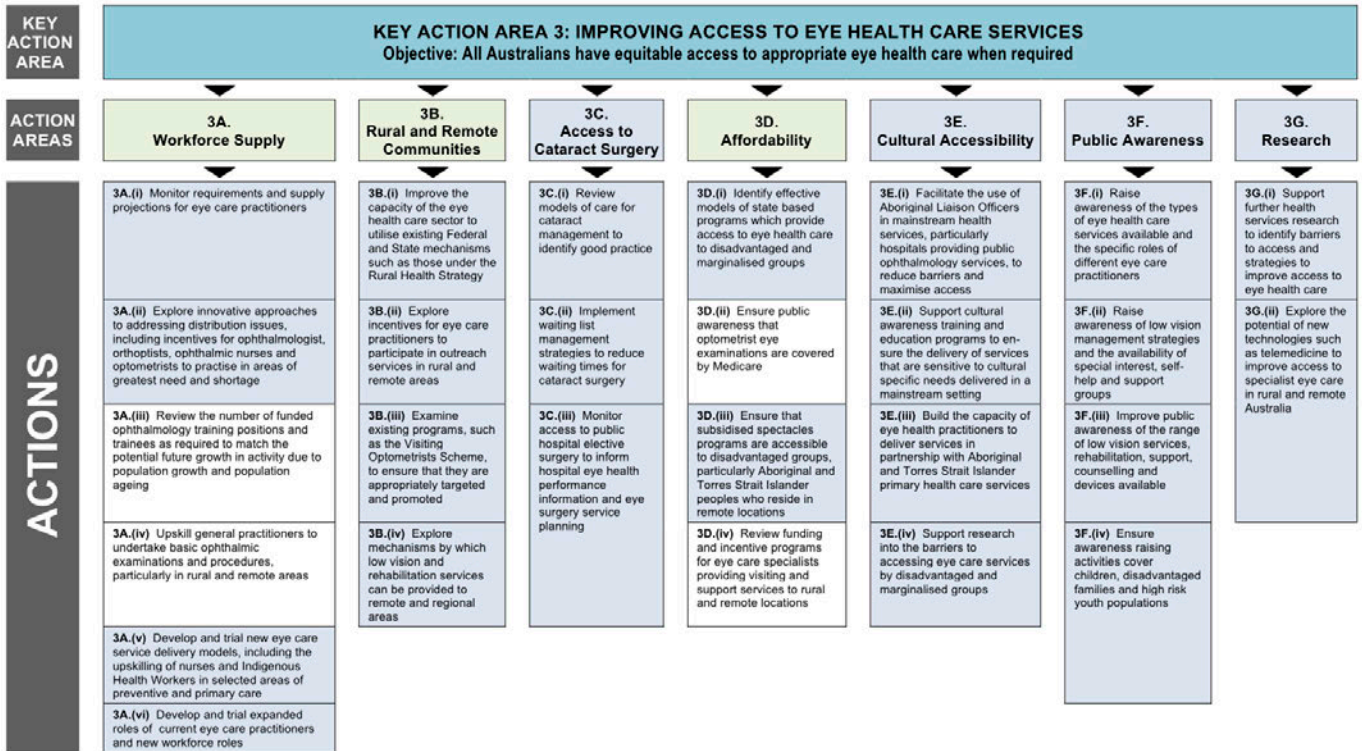
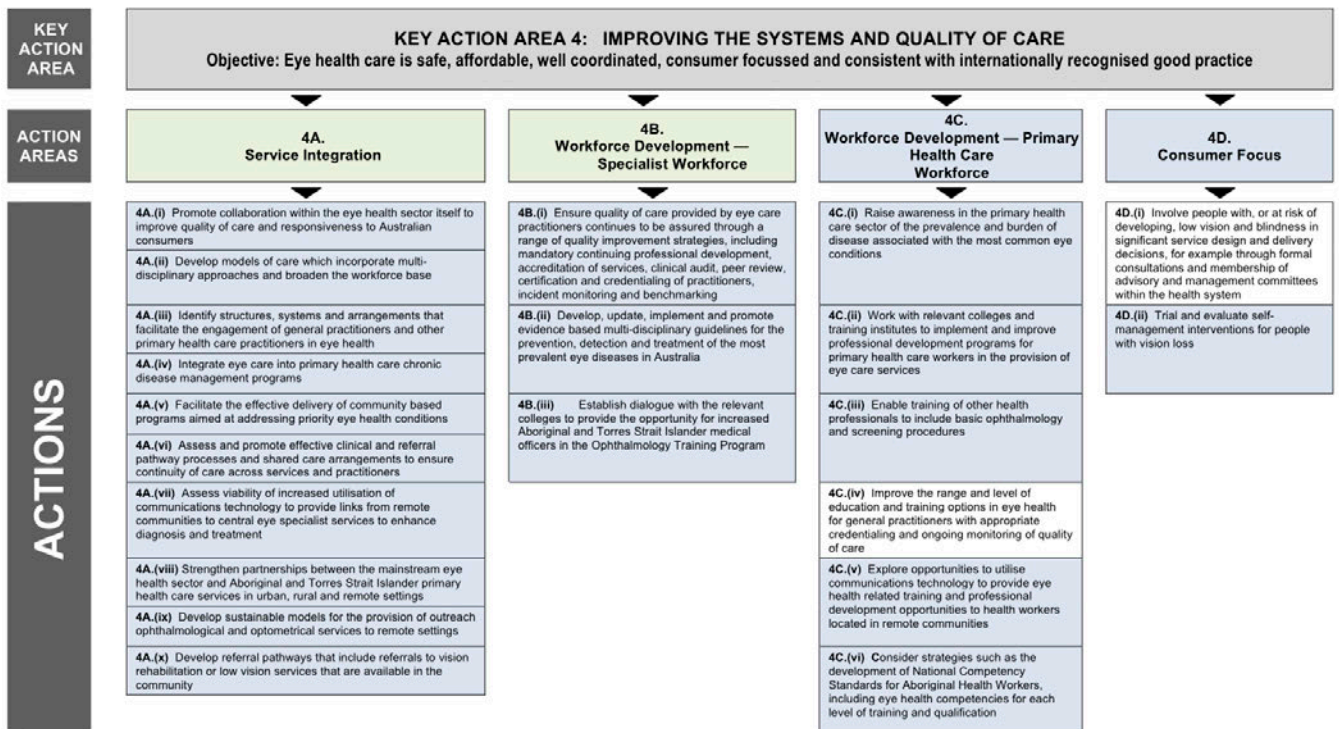




KEY ACTION AREA 3 IMPROVING ACCESS TO EYE HEALTH CARE SERVICES

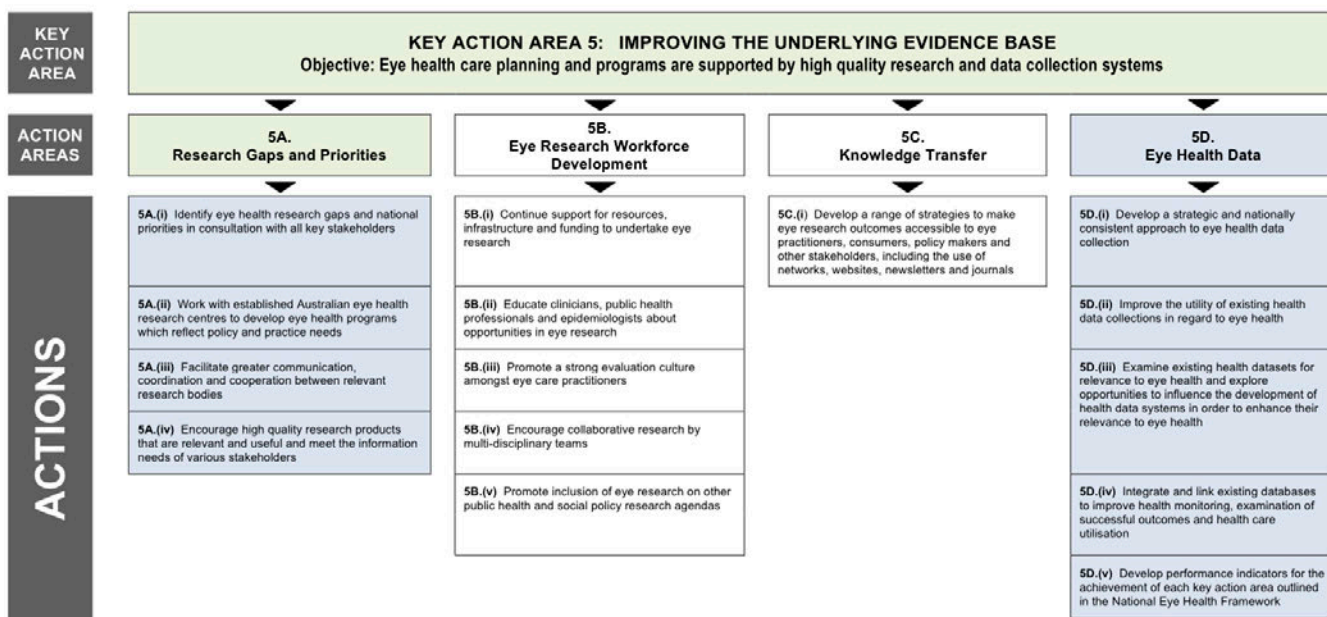


KEY ACTION AREA 4 IMPROVING THE SYSTEMS AND QUALITY OF CARE





KEY ACTION AREA 5 IMPROVING THE UNDERLYING EVIDENCE BASE



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

It should be noted that in some instances areas of the heat maps suggesting no direct activity could reflect maturing strategies and new emphases building on earlier achievements, such as the development of guidelines regarding the wearing of sunglasses (Action 1B.(vi)).

Further, as noted earlier, these activities were in addition to the contribution to eye health prevention and promotion through broader health programs, the wider health system and the activities of other areas of government, such as workplace health and safety initiatives. For example, the Australian Government provides support for people with eye health conditions through the Pharmaceutical Benefits Scheme (PBS) and Medicare Benefits Schedule (MBS).

Key action area 1: Reducing the risk

While not all jurisdictions were active in this area, around one in six reported activities focused on reducing the risk of eye disease and injury. As shown in Figure 1.6 below, half (50 per cent) of these activities were primarily aimed at raising public awareness. Jurisdictions employed a range of approaches to foster an improved understanding and awareness of modifiable risk factors, the prevalence of eye conditions, best practice in prevention and access to information to build eye health literacy.

Trachoma control, age related macular degeneration and reducing complications of diabetes received specific attention.

A number of overarching strategies were reported including those to coordinate effort, set strategic priorities, implement multi-faceted initiatives and universal screening programs for school children.

Reporting of activity under eye injury prevention generally did not capture activity outside of the responsibility of health departments. Wider jurisdictional contributions to the National Framework priorities for workplaces, therefore, were not captured in this stocktake.