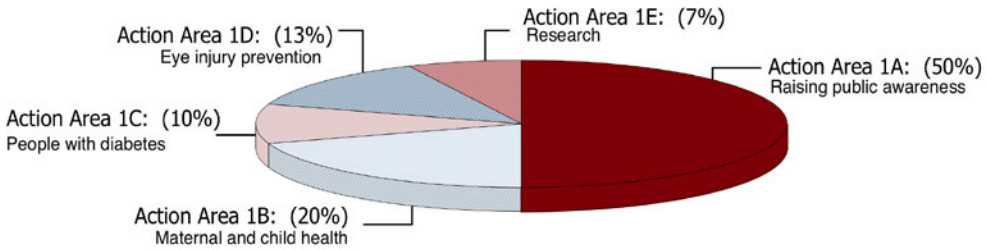
Figure 1.6

2011 STOCKTAKE – DISTRIBUTION OF ACTIVITY ACROSS ACTION AREAS UNDER KEY ACTION AREA 1 OF THE NATIONAL FRAMEWORK BY ALL JURISDICTIONS



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

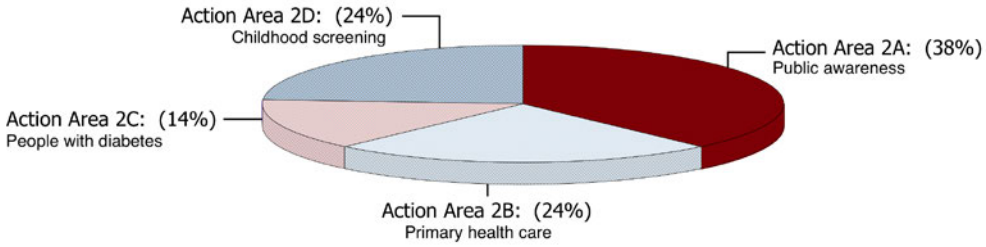
Key action area 2: Increasing early detection

Early detection accounted for about one fifth of all eye health and vision care activity reported, with a significant proportion (38 per cent) focused on improving the general public's awareness of symptoms of eye disease, the roles of eye care practitioners and promoting regular eye checks (refer Figure 1.7 below). Most jurisdictions contributed to this priority while a smaller number targeted other aspects of early detection, including childhood screening, responsiveness of the primary health care system and support for people with diabetes.

Individual jurisdictional priorities were evident and included early detection of childhood vision problems, awareness of eye health for the older population and utilising public spaces and events to promote regular vision checks.

Figure 1.7

2011 STOCKTAKE – DISTRIBUTION OF ACTIVITY ACROSS ACTION AREAS UNDER KEY ACTION AREA 2 OF THE NATIONAL FRAMEWORK BY ALL JURISDICTIONS



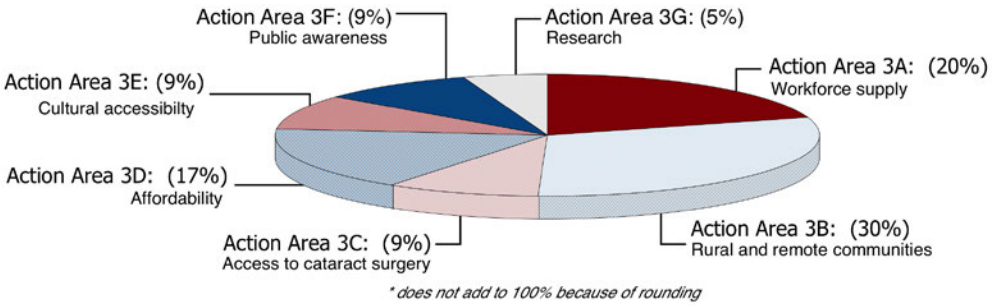
Source: The Allen Consulting Group 2011 based on stocktake returns from jurisdictions

Key action area 3: Improving access to eye health care services

The distribution of activity in this area, which represented the greatest single concentration of activity (31 per cent), is summarised in Figure 1.8 below. All jurisdictions addressed aspects of service access issues with the majority of activity concerned with meeting the needs of rural and remote communities, ensuring the supply of an appropriate workforce and affordability of services and spectacles.

Figure 1.8

2011 STOCKTAKE – DISTRIBUTION OF ACTIVITY ACROSS ACTION AREAS UNDER KEY ACTION AREA 3 OF THE NATIONAL FRAMEWORK BY ALL JURISDICTIONS



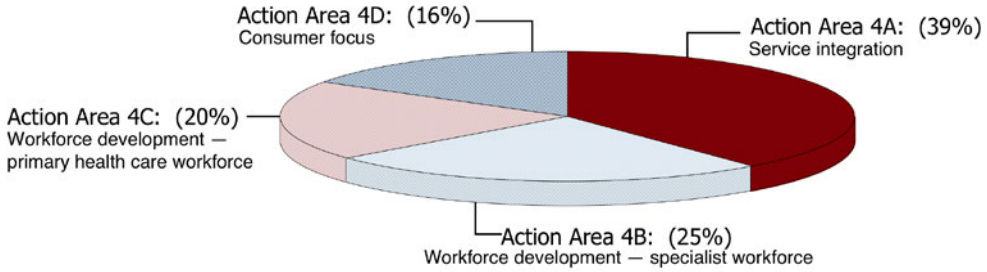
Source: The Allen Consulting Group 2011 based on stocktake returns from jurisdictions

Key action area 4: Improving the systems and quality of care

Almost one quarter of all activity contributed to improving systems and quality of care. Of the activities in this area, service integration (39 per cent) and workforce development (45 per cent) formed the focus of the activity as shown in Figure 1.9 below. This area featured a number of national initiatives to develop sustainable models for service delivery and local workforce arrangements, such as shared care, to facilitate service access.

Figure 1.9

2011 STOCKTAKE – DISTRIBUTION OF ACTIVITY ACROSS ACTION AREAS UNDER KEY ACTION AREA 4 OF THE NATIONAL BY ALL JURISDICTIONS



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

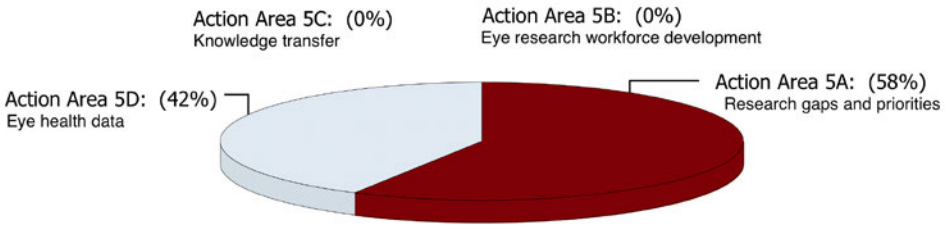
Key action area 5: Improving the evidence base

Activity in this area was reported to be the lowest (nine per cent) of the five key areas of the National Framework. As shown in Figure 1.10 below, activity was recorded against two of the four priority action streams with the majority of activity related to action on research gaps and priorities, including generation of evidence based practice guidelines, standardised screening tools and support for high quality and wide ranging clinical research.

A number of activities sought to utilise existing data collections to inform program development, through information on prevalence and the nature of vision impairment. Others generated data through surveys providing information on eye health care behaviour. The Australian Institute of Health and Welfare drew from diverse health datasets to provide targeted information about eye health.

Figure 1.10

2011 STOCKTAKE – DISTRIBUTION OF ACTIVITY ACROSS ACTION AREAS UNDER KEY ACTION AREA 5 OF THE NATIONAL FRAMEWORK BY ALL JURISDICTIONS



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

The wider, secondary influence of activity

Jurisdictions were also given the opportunity to record the wider or secondary influence of their activity beyond the selected primary focus. For some activity there are multiple aims, which may be activities relevant to a number of Actions under a Key Action Area or indeed to Actions across Key Action Areas. For example, an activity to improve access to eye health care services might target workforce supply and specifically the primary Action of develop and trial new eye care service (3A.(v)) with a secondary Action to promote the use of appropriate personnel (1D.(iv)).

The primary and secondary Actions mapped against the framework are shown in Figure 1.11 below. As might be expected, this had the dual effect of increasing the 'intensity' of activity against some Actions and increasing the coverage of Actions.

Figure 1.11

COMBINED COMMONWEALTH, STATE AND TERRITORY GOVERNMENT ACTIVITY MAPPED AGAINST ACTIONS UNDER ALL ACTION AREAS OF THE NATIONAL FRAMEWORK

JURISDICTIONS: PRIMARY AND SECONDARY ACTIONS

0 | 1-10 | 11-20 | 21-30 | 31-40 | 41-50 | 51-60 | 61-70

KEY ACTION AREA 1 **REDUCING THE RISK OF EYE DISEASE AND INJURY**

KEY ACTION AREA

KEY ACTION AREA 1: REDUCING THE RISK OF EYE DISEASE AND INJURY
Objective: Eye disease and vision loss are prevented, where possible, through addressing known modifiable risk factors

ACTION AREAS

1A. Raising Public Awareness

ACTIONS

- **1A.(i)** Conduct communication activities to raise public awareness about the risk factors for eye disease and injury, the importance of healthy lifestyle behaviours to the prevention of eye disease, and the prevention of chronic diseases (eg diabetes) that can lead to eye complications
- **1A.(ii)** Develop links to communication activities around lifestyle risk factors at national, state and local levels to ensure that eye health considerations are incorporated into these initiatives
- **1A.(iii)** Produce targeted eye health communication materials for different audiences such as health professionals, aged and community care workers, teachers, parents, people from culturally and linguistically diverse communities, older people, Aboriginal and Torres Strait Islander communities
- **1A.(iv)** Build the capacity of the generalist medical, nursing, pharmacist and other allied health workforce to provide advice and information to the public about maintenance of eye health and the prevention of eye disease and injury
- **1A.(v)** Encourage the specialist eye care workforce to undertake opportunistic health promotion activities around eye safety and the prevention of eye disease during routine consultations
- **1A.(vi)** Establish and strengthen partnerships to promote eye health messages, including through other sectors such as transport, education, occupational health and safety

1B. Maternal and Child Health

- **1B.(i)** Develop linkages to communication activities promoting optimum maternal and child health at national, state and local levels to ensure that eye health considerations are incorporated into these initiatives
- **1B.(ii)** Continue to promote good practice eye care by parents and obstetric and paediatric health practitioners in the perinatal and neonatal period
- **1B.(iii)** Optimise the immunisation status of women of childbearing age, including migrants
- **1B.(iv)** Identify the best approach to vision screening for children, the age that such screening should occur and the most appropriate protocols
- **1B.(v)** Support trachoma control programs, where relevant, in consultation with local communities and consistent with best practice, and in conjunction with environmental health programs
- **1B.(vi)** Develop evidence based guidelines regarding the wearing of sunglasses by children

1C. People with Diabetes

- **1C.(i)** Continue to incorporate eye health into diabetes education regarding the risk of developing eye complications and the need to ensure that blood sugar levels, blood pressure, weight and serum lipids are monitored and controlled to prevent diabetic retinopathy

1D. Eye Injury Prevention

- **1D.(i)** Develop and implement workplace specific protocols and materials to educate workers in high risk industries about the importance of eye safety and eye protection measures
- **1D.(ii)** Develop and implement workplace specific protocols and materials to educate teachers, lecturers and students using high risk laboratory equipment and chemicals about the importance of eye safety and eye protection measures
- **1D.(iii)** Promote eye safety to people undertaking "do-it-yourself" and gardening activities in the home environment
- **1D.(iv)** Promote the use of appropriate personal protective eyewear in high risk sporting and recreational activities
- **1D.(v)** Develop linkages to skin cancer prevention communication activities at national, state and local levels to promote the importance of avoiding exposure to high levels of ultraviolet light and glare to avoid possible vision loss
- **1D.(vi)** Develop linkages to national alcohol and domestic violence strategies to raise awareness of violence related vision loss
- **1D.(vii)** Encourage and support the use of good eye care practices by office workers

1E. Research

- **1E.(i)** Support further research into the aetiology of eye disease and the risk factors associated with eye injury
- **1E.(ii)** Support research programs that contribute to the compilation of an evidence base for population health approaches to reducing the risk of blindness and vision loss