



National Injury Prevention Strategy 2020-2030 Consultation on draft Strategy – Vision 2020 Australia

SECTION A: ABOUT YOU

1. What is your name? (Optional)

Vision 2020 Australia

2. The Department of Health would like your permission to publish your consultation response. Please indicate your publishing response.

Publish response (your email address will not be published but all other answers, including your name, will be published)

3. Please provide your personal or organisation's email address below (optional). Your email will be used to allow a PDF of your response to be automatically sent to you after you submit your response. If you enter your email address, the Department will be provided with your email, and you will automatically receive an acknowledgement email when you submit your response.

Email address: policy@vision2020australia.org.au

4. Are you providing your response as: (select all that apply)

A health professional

A member of the public

A researcher/academic

A policy maker

An injury prevention practitioner

A worker from an Aboriginal Community Controlled Organisation

A person with a lived experience of injury

Other - specify in text box below - Eye Health and Vision Sector Peak Body

5. Where are you based?

Victoria

6. Are you providing your response on behalf of an organisation, government department or agency? If you are responding on behalf of an organisation, government department or agency, please provide the name and area of expertise of the organisation below.

Yes - responding on behalf of Vision 2020 Australia and its members of the Prevention and Early Intervention Committee

If applicable, please specify the name of your organisation, department or agency

Vision 2020 Australia

If applicable, please specify the area of expertise of your organisation, department or agency?

Vision 2020 Australia is the national peak body for the eye health and vision care sector. Working with and representing almost 50 member organisations, it focuses on supporting policy and funding change to prevent avoidable blindness, enhance eye care delivery and better meet the needs of people who are blind or living with low vision.

7. In which country were you born?

N/A

8. How old are you?

N/A

9. Are you of Aboriginal and/or Torres Strait Islander origin?

No

10. Do you identify as a person from one or more of the priority populations identified in the Strategy? (Select all that apply)

Aboriginal and/or Torres Strait Islander person

Rural and remote

Low socio-economic

None of the above

11. Do you or your organisation represent one or more of the priority population groups? (Select all that apply)

Aboriginal and/or Torres Strait Islander people

Rural and remote

- Low socio-economic
- Babies and children (0-14 years)
- Youth (15-24 years)
- Adults (25-64 years)
- Older people (65+ years)
- None of the above**

SECTION B: STRUCTURE OF THE STRATEGY

12. Regarding the entire Strategy, is the overall structure of the Strategy appropriate and easy to follow?

Yes

13. Context and background for the Strategy: Do the sections ‘Introduction’ and ‘Setting the Scene’ provide adequate context and background for the Strategy?

Yes

14. Is there anything missing or should be changed in the ‘Introduction’ section?

No comments

15. Is there anything missing or should be changed in the ‘Setting the Scene’ section?

Vision 2020 Australia would like to see references to eye injuries included in this section.

Suggested text

Eye injuries are preventable, but currently lead to a high number of emergency department presentations and hospitalisations. Falls, assault, workplace incidents and sports are the most common causes of those injuries¹.

While some vision loss caused by eye injuries is temporary, some injuries can result in permanent vision loss and associated health, social and economic impacts for affected Australians. Past studies have suggested that vision loss (due to all causes) can result in costs of up to \$30,000 per person².

Preventing avoidable vision loss can also contribute to injury prevention, by for example reducing rates of falls and other major causes of injury in certain cohorts.

Rationale for inclusion

Eye injuries lead to a high number of emergency department presentations (over 86,000 between 2013-15) and hospitalisations (over 51,000).

¹ AIHW Report: Eye injuries in Australia 2010–11 to 2014–15

² Access Economic Pty 2010, “Clear Focus: The Economic Impact of Vision Loss in Australia in 2009”, Vision 2020 Australia

Safe Work Australia statistics between 2000-2015 show around 5,950 serious claims were due to eye injuries received at work (or around 5.2% of all serious claims).³ Given the total estimated cost of injuries in the same period was \$61.8bn, eye injuries contribute to the significant burden on society and workers, caused by injuries.⁴

A 1995 survey of eye injuries treated at all Victorian hospitals projected estimated annual medical costs of \$39 million in Victoria, and \$155 million nationwide.⁵

Vision loss due to injury or other causes can affect the physical, functional, emotional and social wellbeing of people at all life-stages. For example, evidence suggests that people living with vision loss experience:

- double the rates of falls (leading cause of injury in 65+ year old age group)
- three times increased risk of depression
- four times the risk of hip fractures
- greater utilisation of health, aged care and social services
- admissions to nursing homes, occur three years earlier⁶

SECTION C: VISION AND CALL FOR ACTION

16. Is the overarching vision for the Strategy appropriate? The Strategy Vision reads as follows: "To reduce the overall burden of injury in Australia and address inequities that contribute to the disproportionate burden of injury experienced by specific population groups"

Yes

Explanation

Agreed, given disproportionate burden of injuries experienced by the groups identified.

17. The Strategy has three core outcome indicators reflecting the Vision. Are the three core outcome indicators appropriate? Please specify for each core outcome indicator below.

1. Reduced rates of injury in key priority areas. Target: To reduce the overall rate of injury burden by 30%
2. Reduced burden of injury in priority populations. Target: To reduce the overall rate of injury by 40% among the priority populations
3. Reduced risk of injury due to the three cross-cutting priority areas

³<https://www.safeworkaustralia.gov.au/statistics-and-research/statistics/disease-and-injuries/disease-and-injury-statistics-type#number-and-percentage-of-serious>

⁴ Ibid

⁵ Fong LP Med J Aust.1995 Jan 16;162(2):64-8. Eye Injuries in Victoria, Australia

⁶ Access Economic Pty 2010, "Clear Focus: The Economic Impact of Vision Loss in Australia in 2009", Vision 2020 Australia

Please provide comments on core indicators

Vision 2020 Australia agrees with the core outcome indicators, and notes that for some population groups (for example older Australians), addressing the main causes of vision loss⁷ can potentially reduce incidence of falls - a cause of around 35% of injuries for the 65+ year cohort.⁸

18. Are the six principles underpinning the Strategy appropriate? Please specify for each principle below.

1. Evidence-based
2. Equity
3. Engagement
4. Coordination
5. Resourcing
6. Responsibility

Please provide comments on the principles

Vision 2020 Australia is supportive of the six principles underpinning the Strategy.

19. Call for Action: Does the section 'Call for Action' adequately frame the approach for and intent of the Strategy?

Comments on 'Call for Action', specifically whether it adequately frames the approach and intent of the Strategy

Vision 2020 Australia is supportive of the approach and intent outlined in the 'Call for Action' of the Strategy, including:

- Focussing first on injuries representing the greatest burden for all life-stages and priority populations is an appropriate approach, and there is good evidence that reducing the main causes of vision loss can reduce risks of falls particularly for older Australians.
- Ensuring equitable access to information, products and programs in a safe and culturally-sensitive manner is also strongly supported.
- Engagement and empowerment of Aboriginal and Torres Strait Islander Peoples to co-design and implement programs and policies in line with the principle of self-determination to address priorities identified by their local communities.

⁷ The National Eye Health Survey 2016 identified the five main causes of vision loss and blindness in adult Australians as cataract, uncorrected refractive error, diabetic retinopathy, age related macular degeneration and glaucoma. Aboriginal and Torres Strait Islander peoples experience blindness and vision loss at three times the rates of non-Indigenous Australians.

⁸ AIHW: Tovell A & McKenna K 2018. Eye injuries in Australia, 2010–11 to 2014–15. Injury research and statistics series no. 194. Cat. no. INJCAT 114. Canberra: AIHW

SECTION D: PRIORITY POPULATIONS

20. Priority population: Aboriginal and Torres Strait Islander people. Do the sections 'Understanding context' and 'Burden of injury' provide adequate context and background for injury relating to Aboriginal and Torres Strait Islander people?

Yes

Comments on the sections 'Understanding context' and 'Burden of injury' in relation to Aboriginal and Torres Strait Islander people

Vision 2020 Australia is very supportive of strategies to reduce incidence and impact of injuries on Aboriginal and Torres Strait Islander people.

As identified by the Strategy's underpinning dataset, Aboriginal and Torres Strait Islander people experience an inequitable burden of injury, particularly in regards to key causes (intentional self-harm, traffic injury and violence). These are significant factors which need immediate attention and correction.

Traffic accidents and violence can cause eye injuries, potentially resulting in reduction in quality of life, social participation, employment and mental health issues.

Avoidable vision loss (due to factors such as cataract and uncorrected refractive error) can also increase the risk of traffic accidents, falls and other common causes of injury.

Preventing avoidable vision loss can thus play an important role in injury prevention, and government's support for the implementation of *Strong Eyes, Strong Communities – the five year plan for Aboriginal and Torres Strait Islander eye health and vision* will contribute to the broader goals of the National Injury Prevention Strategy, 2020-2030.

21. Priority population: Aboriginal and Torres Strait Islander people. Does the section 'Applying the Strategy principles for Aboriginal and Torres Strait Islander people' adequately describe how to apply the Strategy principles for Aboriginal and Torres Strait Islander people?

Yes

Please provide comments below regarding Applying the Strategy principles for Aboriginal and Torres Strait Islander people

Vision 2020 Australia is supportive of principles described in this section.

22. Priority population: Aboriginal and Torres Strait Islander people. Do you agree with the Strategy's approach to working appropriately with Aboriginal and Torres Strait Islander people, communities and organisations?

Yes

Please provide your comments below regarding the Strategy's approach in relation to working appropriately with Aboriginal and Torres Strait Islander people, communities and organisations

Vision 2020 Australia is very supportive of the Strategy's commitment to self-determination for Aboriginal and Torres Strait Islander peoples, and its stated aim of engagement with Aboriginal Community-Controlled Health Organisations (ACCHOs) and Aboriginal Community Controlled Organisations (ACCOs).

It supports the stated approach centred on cultural and community focus, strengthening Indigenous governance and cultural respect.

23. Priority population: Rural and remote populations. Do the sections 'Background' and 'Burden of injury' provide adequate context and background for injury relating to rural and remote populations?

Yes

Comments on sections

Vision 2020 Australia acknowledges the highlighted burden of injury on rural and remote populations, and the noted reduced access to primary health care services, higher rates of diseases and injuries, and thus higher rates of hospitalisations and mortality.

Vision 2020 Australia agrees with the suggested opportunities to improve access to health information and services through the internet and expansion of available tele-health services, in particular for eye care services, which can contribute to reducing the incidence of falls and other risks arising from reduced vision.

For Australians living with permanent vision loss, particularly older Australians, there is a need to enhance access to specialist low vision and vision rehabilitation services as these can directly address some of the contributing factors to injuries such as falls and help them maintain independence as well as social and economic participation.

24. Priority population: Socio-economically disadvantaged people. Do the sections 'Background' and 'Burden of injury' provide adequate context and background for injury relating to socio-economically disadvantaged people?

Yes

Comments on sections

Vision 2020 Australia is supportive of the proposed focus on addressing the disproportionate burden of injuries on the socio-economically disadvantaged people.

In the eye health and vision context, providing access to subsidised glasses for socio-economically disadvantaged people is a low-cost, effective investment by governments in injury prevention.

Over 60 per cent of avoidable vision loss is due to people not having glasses, or suitable glasses, and cost is often a key barrier. For these people, provision of subsidised glasses can address their vision loss and reduce their risk of falls, traffic accidents and other causes of injury.

25. Are the priority areas for action across the priority population groups appropriate? (See Table 3)

Yes

Comments on priority areas

Vision 2020 Australia supports the priority areas for action across the identified priority population groups.

As noted throughout this submission, preventing vision loss and providing access to appropriate affordable equipment and support where permanent vision loss has occurred can make a significant contribution to addressing major causes of injury, particularly for older Australians.

Vision 2020 Australia would like to see the significant risk of injury associated with eye disease, trauma, blindness and vision impairment acknowledged here since it can substantially reduce quality of life by affecting physical, functional, emotional and social wellbeing of people at all life-stages.

Eye injuries form an important component of the broader range of injuries associated with workplace and sporting activities for adults and it would be helpful to recognise this in this section.

For both, it may be helpful to note that the Australian Government both funds individual organisations and Vision 2020 Australia to deliver activities that reduce preventable blindness, which in turn contributes to reducing the overall risk of injuries in Australian communities.

SECTION E: LIFE-STAGES

26. Do you agree with the life-stage approach identified for the Strategy? • Babies and Children (0-14 years) • Youth (15-24 years) • Adults (25-64 years) • Older people (65+ years)

Yes

Comments Vision 2020 Australia supports the life-stage approach identified for the Strategy.

27. Life-stage 1: Babies and Children (0-14 years). Do you agree with the priority areas for action specified for Babies and Children (0-14 years)?

Yes

Comments on the priority areas for action specified

N/A

28. Life-stage 2: Youth (15-24 years). Do you agree with the priority areas for action specified for Youth (15-24 years)?

Yes

Comments on the priority areas for action specified

Vision 2020 Australia requests that the importance of eye protection in reducing the burden of injuries to this cohort be highlighted, particularly as they relate to home, workplace and sporting activities. The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) estimates that around 30% of all eye injuries occur at home (DIY projects, car repairs or gardening, chemical burns, foreign bodies and penetrating eye injuries).

In the workplace, available data indicates the large majority of work-related eye injuries occur in the 20-44-year-old cohort (SafeWork Australia 2008⁹) so instituting preventive activities through education, training and workforce safety activities is vital.

29. Life-stage 3: Adults (25-64 years). Do you agree with the priority areas for action specified for Adults (25-64 years)?

Yes

⁹ https://www.safeworkaustralia.gov.au/system/files/documents/1702/workrelatedeyeinjuriesaustralia_2008_pdf.pdf

Comments on the priority areas for action specified

Vision 2020 Australia would like the importance of eye protection in reducing the burden of injuries to this cohort (particularly as they relate to workplace activities), given that the large majority of work-related eye injuries occur in the 20-44-year-old cohort (SafeWork Australia 2008¹⁰).

The importance of eye protection equipment and workplace safety and education policies in addressing this should be noted.

Safe Work Australia statistics between 2000-2015 show around 5,950 serious claims were due to eye injuries received at work (or around 5.2% of all serious claims).¹¹ Given the total estimated cost of injuries in the same period was \$61.8bn, eye injuries constitute a significant burden on society and workers.¹²

30. Life-stage 4: Older people (65+ years). Do you agree with the priority areas for action specified for Older people (65+ years)?

Yes

Comments on the priority areas for action specified

Vision 2020 Australia strongly supports the focus on areas such as falls for this group, given the significant impacts these can have on the health, wellbeing and independence of older Australians.

It would be helpful in this section to note that vision loss can significantly increase the risk of falls, and hence preventing avoidable vision loss and providing access to appropriate equipment and support for people who have permanent vision loss, is an important element of preventing falls.

The need to address 'intrinsic risk factors such as vision' is recognised in the *National Falls Prevention for Older People Plan: 2004 onwards*¹³.

31. Life-stage: Antenatal. The Strategy has taken a life-stage approach to injury prevention. While the antenatal period is a key life-stage, this stage does not have its own section. Do you agree with this approach?

- Yes (this life-stage is adequately captured in other sections)
- No (this life-stage should have its own section)

As identified in the Strategy document, there is a gap in data relevant to the burden of injury during the antenatal period. Further research appears warranted before further expanding on the current approach.

¹⁰ https://www.safeworkaustralia.gov.au/system/files/documents/1702/workrelatedeyeinjuriesaustralia_2008_pdf.pdf

¹¹ <https://www.safeworkaustralia.gov.au/statistics-and-research/statistics/disease-and-injuries/disease-and-injury-statistics-type#number-and-percentage-of-serious>

¹² Ibid

¹³

https://web.archive.org.au/awa/20091015044721mp_/http://www.nphp.gov.au/publications/sipp/fallplan.pdf

32. Life-stage: Antenatal. Are there any injury areas or interventions relating to the antenatal period that should be included?

No further comments

SECTION F: Cross-cutting priority areas (across the lifespan)

33. Cross-cutting area 1: Reducing injury associated with alcohol. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

Yes

Comments regarding priority areas.

Vision 2020 Australia supports this cross-cutting priority area, given the established connection between alcohol and risk factors for eye injury.

For example, of the 51,778 people hospitalised as a result of an eye injury in the 5-year period, 1 July 2010 to 30 June 2015; assaults (23% or 11,818) were the second most common causes of eye injuries after falls.¹⁴

Assault-related eye injuries were three times more frequent for Indigenous Australians (than for non-Indigenous Australians in the same 5-year period¹⁵).

34. Cross-cutting area 2: Reducing injury associated with an increase in extreme weather events. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

Yes

Comments regarding priority areas.

No further comments

35. Cross-cutting area 3: Better planning of the built environment. Do the priority areas for action adequately address injury prevention for this cross-cutting issue?

Yes

Comments regarding priority areas.

Vision 2020 Australia supports this cross-cutting priority area and encourages engagement with its member organisations representing people with blindness or vision impairment; experts in vision rehabilitation, orientation and mobility and other service providers; and expert research organisations, as necessary partners for further engagement, consultation and co-design of better built environments for increased social participation by people with vision loss.

¹⁴ AIHW: Tovell A & McKenna K 2018. Eye injuries in Australia, 2010–11 to 2014–15. Injury research and statistics series no. 194. Cat. no. INJCAT 114. Canberra: AIHW

¹⁵ AIHW: Tovell A & McKenna K 2018. Eye injuries in Australia, 2010–11 to 2014–15. Injury research and statistics series no. 194. Cat. no. INJCAT 114. Canberra: AIHW

SECTION G: Current research gaps

36. Do the research gaps outlined in 'Current Research Gaps' adequately address the specific research needs to reduce injury across life-stages and across priority populations?

Yes

Comments regarding priority areas.

As highlighted in the draft Strategy, there is no data currently available that assesses the risk and impact of injury among Aboriginal and Torres Strait Islander people living with a disability. Similarly, there is a scarcity of injury data that provides sufficient detail to inform communities' injury prevention priorities.

Vision 2020 Australia would be supportive of this research being conducted to inform further work on reducing incidence of injury for Aboriginal and Torres Strait Islander peoples.

Vision 2020 Australia would also support more investment in research for causes of motor vehicle accidents for older drivers, to ensure more people can maintain their safety and independence.

Research into the efficacy of strategies to reduce workplace eye injuries would also be welcomed by Vision 2020 Australia and its members.

SECTION H: Case studies

37. Are the case studies outlined across the Strategy appropriate?

Yes

Comments regarding priority areas.

No further comments

SECTION I: Making Progress

38. Does the section Making Progress adequately address the activities required at the National, State/Territory and Local levels to progress the Strategy?

Yes

Comments regarding priority areas.

It would strengthen the Strategy if some of the broader activities underway at the different levels were identified; i.e. those that are supporting the goals of the strategy both to highlight good practice and identify where additional action is required to achieve the strategy's goals.

Eye care provides an illustration of how some jurisdictions are more active in preventing avoidable vision loss which is a contributing factor to some of the most common causes of injury.

For example, the Victorian Government funds the Vision Initiative to raise awareness of the risk of avoidable vision loss and encourage at-risk Victorians to seek regular eye examinations and treatment, however other jurisdictions have not sustained this level of investment.

Aboriginal and Torres Strait Islander eye health and vision is another area where there is varying level of activity and, as available data suggests, varying levels of investment between states and territories in the eye care, glasses and treatments required to address avoidable vision loss.

39. Do the Priority Areas for Action throughout the Strategy align with strategies within your organisation, department and/or agency?

Yes

Comments regarding priority areas

Vision 2020 Australia and its members are working to prevent avoidable blindness which is a risk factor for common injuries such as falls and traffic accidents. Many of our members work to promote awareness of eye injury prevention and have dedicated initiatives which are synergistic to the aims of the National Injury Prevention Strategy.

Current examples include:

- Royal Australian and New Zealand College of Ophthalmologists' national eye health awareness month (JulEYE) theme for 2020 is '*Look out for your eyes*' - a public education campaign to avoid common household injuries.¹⁶
- Royal Victorian Eye and Ear Hospital's resource '*10 Tips to Protect Your Eyes*', available publicly, also aims to bolster this message.¹⁷
- This year Optometry Australia produced an occupational and safety eyewear guide to help prevent eye injuries.¹⁸ *The 2020 Occupational Optometry Guide* includes information on preventing occupational eye injuries, appropriate eye protection products, standards and screening protocols. Surveys conducted by Optometry Australia indicate around 21% of Australian's had sustained eye injuries doing DIY projects, but only 12% consistently wear eye protection - showing the need for more public awareness and education.¹⁹
- Lions Eye Institute has also highlighted the issue of eye injuries in children. This has led to a proposal for sports eye protection to be accepted for review by Standards Australia.²⁰

40. Several lead agencies are tasked with progressing the Strategy. Do you agree with the lead agencies for the priority areas for action?

Yes

Comments regarding priority areas

No comment

¹⁶ <https://ranzco.edu/home/foundation/juleye/>

¹⁷ https://www.eyehandear.org.au/content/Document/10%20tips%20to%20protect%20your%20eyes_FINAL%20%20.pdf

¹⁸ <https://www.optometry.org.au/workplace/occupational-optometry-safety-eyewear-guide-for-members-to-help-prevent-eye-injuries>

¹⁹ Optometry Australia: 2020 Vision Index Report

²⁰ <https://www.lei.org.au/about/news/preventing-eye-injuries-children/>

SECTION J: Appendices

41. Do the appendices add value to the Strategy?

Yes

Comments regarding appendices

No further comments

SECTION K: Final Comments

42. How useful would the Strategy be to you?

Very useful Somewhat useful Not at all useful Not relevant

What is your main reason for this rating?

It provides valuable policy context for the work being done by our organisation and members to prevent avoidable vision loss.

43. Are there any other comments relating to the Strategy that you would like to make?

No, however we look forward to your response and working with the Australian Government on the implementation of the Strategy across our sector.