

**Vision
20/20
Australia**

**National peak
body
for the eye
health & vision
care sector.**

CLEAR VISION

Key priorities for eye health & vision care





**We respect and honour Aboriginal and Torres Strait
Islander Elders past, present and future.**

**We acknowledge the stories, traditions and cultures
of Aboriginal and Torres Strait Islander peoples and
recognise their continuing connection to land, waters
and community.**

Artwork by Timothy Buckley - Iris, 2022

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In developing this platform, Vision 2020 Australia has worked with more than 50 organisations involved in local and global eye health, low vision support, health promotion, vision rehabilitation and eye research to identify groups most in need.

In addition to these sector-endorsed priorities, many members will advocate for their own organisational-specific priorities.

We support our members in advocating for a range of improvements in eye health, vision care and support services.



At a Glance: an Overview of our Platform

Nearly 1 in 2 Australians live with a long-term eye condition, a disproportionate number of whom are Aboriginal or Torres Strait Islander people. Vision impairment costs the economy \$27 billion each year, with many everyday Australians forced to wait interminably for treatment in the public health system and/or pay high out-of-pocket costs for eye care.

Most vision impairment occurs in older people, and so these costs and associated healthcare inequities are only set to grow as Australia's population undergoes rapid ageing. Looking further afield, the Western Pacific Region in which Australia is situated also has one of the world's largest and fastest growing older populations.

Fortunately, 90% of vision loss can be prevented or treated if detected early enough. Meanwhile, people whose vision loss is permanent could live much more independently and safely with the right training and support.

To improve eye health and vision care in Australia and the region, Vision 2020 Australia and its members are calling on key decision makers to invest in:

1. Eye care at the community and primary care level, to improve access to prevention, early intervention and treatment and reduce unnecessary referrals to the public health care system. This is especially important for people living in remote, rural and regional areas.
2. Provision of early intervention services for older adults with vision impairment, to significantly reduce long-term healthcare costs and the need for support workers. Providing older people with specialised training via block funded low vision service providers will enhance the quality of life of older Australians and reduce the overall cost to the healthcare system.
3. Well-prescribed, low-cost assistive technologies in the Western Pacific Region, to restore sight for people with reversible vision loss and empower people with irreversible vision loss to perform daily tasks safely and autonomously. By improving the quality of life, health and participation of the millions of people in South-East Asia and the Pacific who urgently need assistive technologies, Australia can bolster its reputation as a generous and constructive regional partner.

Clear Vision for Eye Health:

Right care, right place, right time.

Nearly 1 in 2 Australians live with at least one long-term eye condition, with Aboriginal and Torres Strait Islander communities disproportionately affected.

Vision impairment costs the economy \$27 billion annually, with considerable financial strain on everyday Australians due to high out-of-pocket costs for eye care. Public hospitals face long waitlists, with some patients waiting up to five years for treatment, exacerbating healthcare inequities.

A successful and scalable pilot in Victoria demonstrated the potential in strengthening primary and community-based eye care and improving early detection of eye conditions.

Expanding this model nationally could reduce costs, improve access and address growing eye health needs and affordability.

The Problem

Eye health is a critical yet often overlooked component of primary health care, with vision impairment and blindness having far-reaching consequences for individuals, families, and governments ¹⁻⁶. In Australia, almost 1 in 2 people live with at least one long term eye condition, with this number increasing as rates of chronic eye disease grow in line with an ageing population ⁷.

The impact of vision loss is particularly severe in Aboriginal and Torres Strait Islander communities. Vision impairment and blindness impacts more than a third of Indigenous Australians ⁸, with bilateral vision impairment and blindness three times more common among Aboriginal and Torres Strait Islander adults than among non-Indigenous adults ⁹.

In 2021, the annual economic cost of vision impairment in Australia was estimated to be \$27 billion; much of this cost can be attributed to years

of life lost as a result of disability (DALYs) and premature mortality as well as indirect costs such as lost earnings and the impact on families and carers ¹⁰⁻¹¹. Vision impairment also increases the risk of falls, car accidents and dementia ¹², as well as rates of depression and anxiety ¹³⁻¹⁴.

Many of these costs can be prevented through early detection of eye conditions with 90% of blindness and vision loss preventable or treatable if detected early enough. However, this opportunity is often missed, particularly for Aboriginal and Torres Strait Islander peoples, who are less likely to access eye care services due to a range of systemic barriers.

In Australia, 30% of general health care expenditures is payable by the individual or private health insurance, as 70% of expenditures occurs in public settings. In contrast, 60% of eye health expenditure is payable by the individual or private health insurance, but only 1 in 2 Australians have

private health cover ¹⁵. This suggests eyecare affordability issues for everyday Australians and heavier reliance on public services. With unprecedented delays, public hospital ophthalmology services are unable to keep pace with increasing rates of chronic eye disease like diabetic eye disease, age related macular degeneration and glaucoma.

To address this, more than half of public ophthalmology outpatient facilities no longer offer comprehensive care and have reduced their services to restrict patient intake ¹⁶. Despite this, many patients still wait up to five years in some regions to see a public ophthalmologist ¹⁷, posing a serious healthcare risk that can result in permanent vision loss and disability.

This disproportionately affects vulnerable communities who are unable to afford private care and people from regional and rural areas who need to travel significant distances to access care due to the significant maldistribution of the eye health workforce (less than 25% of the optometry and allied ophthalmic workforce and 15% of ophthalmologists work outside metropolitan areas) ¹⁸.

The Solution

Many people try to avoid hospital visits unless absolutely necessary, as these appointments can be stressful and difficult to access, with many patients relying on support from family to accompany them. Keeping eye care community-based is a patient-centric and sustainable approach as it ensures that patients receive the right care in the right place at the right time – closer to home and with shorter wait times.

The Australian Government has a unique opportunity to leverage the skilled primary health care workforce by enhancing the relationship between General Practitioners (GPs) and optometrists to ensure timely access to eye care for all Australians.

With a strong foundation of 19 optometrists for every 4 ophthalmologists per 100,000 people, we can improve the eye health system significantly ¹⁹.

The majority of jurisdictional health departments have recently delivered specific referral or clinical prioritisation criteria in many specialty health areas

including ophthalmology. These criteria/guidelines provide key information to assist primary care providers in referring patients appropriately and ensuring there is adequate clinical information for accurate triage. They also serve the key role of ensuring that care is based in the community where possible, which prevents patients being unnecessarily referred to tertiary care. This in turn frees up scarce hospital resources to manage acute and complex disease.

Variability in the uptake of these guidelines among primary care providers is a major limitation in their effectiveness and results in unnecessary referrals to public ophthalmology. By enhancing awareness, understanding and uptake of these guidelines among optometrists and GPs, we can ensure more effective use of our healthcare resources ²⁰.

A recent Victorian pilot project, Embedding Eye Health Preventative Care into Primary Care, showed the potential for a primary care initiative to improve eye care delivery. The pilot aimed to increase eye screening rates and detection of eye conditions/disease for at-risk groups in Victoria, reduce the prevalence of avoidable blindness and vision loss and improve communication pathways between general practice and eye care providers. This was achieved through a series of education modules focussed on eye health, along with various quality improvement activities that GP practices could easily integrate into their standard protocols and processes.

The evaluation of the pilot found that across participating GP practices (n=46):

- Greater than 90% of GPs reported an increase in their capability to provide eye care as a result of targeted education,
- Referrals from GPs to optometry increased in frequency by 83%
- Improved knowledge of the impact of chronic diseases on eye health led to better care in the management of chronic diseases.
- Early referral of at-risk patients to an eye health specialist resulted in detection of an eye condition for every second patient with similar treatment rates.
- The majority of GP practices (70%) indicated intentions to continue using the eye health training modules for all staff members to maintain improvements beyond the Pilot.

The evaluation indicated that future iterations would continue to provide significant benefits due to the high impact outcomes and scalability of this model.

The Ask

Vision 2020 Australia is calling on the Australian Government to fund a national initiative through the Primary Health Networks (PHNs) to improve the delivery of eye care at the community and primary care level. Our recommendation is based on this successfully piloted and evaluated Victorian project.

A scaled and modified version of this pilot, costing \$37.1 million over four years will deliver:

1. An increase in early detection, prevention and treatment of eye conditions, particularly in at-risk patients
2. Stronger awareness of local referral and clinical prioritisation criteria amongst optometrists and GPs
3. Improved communication and referral pathways between optometrists and general practices.
4. Improved community-based and culturally safe multidisciplinary care for individuals with chronic disease and/or at risk of eye disease
5. Increased patient-centric care and a reduction in unnecessary referrals to overburdened public hospitals
6. Improved cataract surgery wait times
7. Improved access to culturally safe, community-based care for Aboriginal and Torres Strait Islander people who aren't accessing regular health care through ACCHO services.
8. A return on investment of \$2.50 to every additional \$1 spent for eliminating unnecessary vision loss for Aboriginal and Torres Strait Islander People

Recommended key program features and modifications include: (See Supplementary Information for further details)

- Delivery through PHNs
- Consider prioritising:
 - Regional and rural GP practices
 - Optometry practices within the same PHN as full scope public ophthalmology service(s)
- Inclusion of two additional modules around cultural safety for mainstream providers and jurisdictional public ophthalmology referral criteria.

This initiative will improve primary health systems, ensuring they are more capable of preventing avoidable blindness and vision loss and reducing unnecessary hospital visits.

Ensuring benefits are both sustainable and centred around the health needs of all Australians.

Supplementary Info

Cost

\$37.1million

Duration

Four years (\$9.3 million per year)

Delivery and Coordination

Primary Health Networks (PHNs)

Target/Restrictions

1. 2586 GP practices in regional and rural areas
2. 3117 Optometry practices within the same PHN as full scope public ophthalmology services.

Scheme

GP practices can apply via their PHN for a Primary Care Incentive Payment of \$10,000 total, which is paid across quarterly instalments.

The payments will be delivered following satisfactory completion of the quality improvement initiatives, including a minimum of three education modules:

1. Introduction to eye health and vision loss
2. Diabetes and eye health
3. Public ophthalmology referrals.

Practices would have access to the full suite of educational modules for the duration of the project.

Optometry practices can apply for Optometry referral guideline training payments for salaried optometrists. The payment of \$200 will be payable to the optometrist for completing a 2-hour module about local public ophthalmology referrals.

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Clear Vision for Older Australians: Streamlining eye health support for better outcomes in the Support at Home Program.

Vision impairment costs the economy \$27 billion annually, a figure set to rise in the decades ahead as Australia's population continues to rapidly age. Many people who live in residential aged care facilities have eye conditions. The assistive technology and specialised training that helps older people with eye conditions continue to live safely at home isn't widely understood in the mainstream community, or even within the aged care sector.

To address this growing problem, it is necessary to improve aged care assessors' training and awareness of vision impairment. All participants in the new Home Support Program and residential care settings who have vision impairment flagged at the assessment stage should be automatically referred to accredited blindness and low vision service providers.

Dedicated block funding for these providers would enhance the quality of life for older Australians and reduce the overall cost to the healthcare system.

The Problem

It is estimated that 5.1% of Australians aged 65 years and older – or close to a quarter of a million people – experience partial vision loss or blindness that cannot be corrected by spectacles, compared with only 0.8% of younger Australians ¹. Worse still, a recent study found 4 in 10 long term aged care residents in Australia had at least one eye condition, indicating potential for high eye care needs in aged care settings ².

Among Australians aged 65 and older who require assistance or have difficulty with daily tasks, individuals with partial or total vision loss are significantly more represented than those with no vision loss. For example, more than half (56%) of those with partial or total vision loss need help navigating when they are away from home,

compared to only one in ten people with no vision loss ³. Similarly, almost three-quarters (73%) of people with vision loss require assistance with healthcare tasks, compared with less than one-quarter (22%) of those without vision loss. These figures illustrate the substantial impact of vision loss on daily functioning and independence ⁴.

People who have permanent vision loss could, through specialised training, often continue living safely at home, with minimal assistance. But the technology and support available isn't widely understood in the mainstream community, or even within the aged care sector.

As a result, when diagnosed with a vision condition, many older people either become highly dependent on others to perform daily tasks, or are

encouraged to enter residential care. Both of these outcomes are more costly for the Government, and less empowering for the individual.

Poor vision can increase cognitive load, potentially worsening dementia by altering brain structure and limiting activities⁵⁻⁹. Vision impairment is also linked to a higher risk of falls¹⁰⁻¹², and can contribute to depressive symptoms¹²⁻¹⁵.

In 2021, the total annual economic cost of vision loss in Australia (for persons with vision loss aged over 40) was estimated to be \$27 billion. This includes the monetary value of the loss of wellbeing and total financial cost of vision loss¹⁷⁻¹⁸.

The Solution

Rather than fostering independence and agency, the current model of service provision continues to promote dependence on ongoing and costly support from domestic assistance providers and carers among older adults with vision loss.

A revision of the model of care is required, so that ongoing needs are cost-effectively addressed. The reforms introduced in the new Aged Care Act, and planned introduction of the New Support at Home Program for older Australians, offers a crucial opportunity for this Government to start connecting older Australians with vision loss to the help they need.

Investing in the provision of early intervention services for older adults with vision impairment can significantly reduce long-term healthcare costs and the need for support workers.

Early intervention services will also reduce rates of admission to residential aged care. This is paramount as the Australian population is rapidly aging and the impact of undetected vision loss is expected to increase in the coming decades.

Highly targeted and proven services are available to maximise the independence of people with vision loss. Vision rehabilitation and training, delivered by orientation and mobility specialists, orthoptists, low vision optometry specialists, occupational therapists and assistive technology trainers, mitigates the risks associated with vision loss, and has a massive positive impact on quality of life and mental wellbeing.

Vision service providers understand the need to bolster the mental wellbeing of people with vision impairment, and so facilitate much needed social connection through group training activities. Many staff with lived experience also act as role models, offering encouragement and demonstrating all that is possible with limited vision.

Currently, people are missing out on access to these services, thanks to inefficient assessment and referral processes that don't adequately recognise vision impairment. Assessors, although well intentioned, often lack expertise in eye health and even with recent improvements in assessment questions there remains a lack of triggers for appropriate action and referral to specialized vision services. For instance, the assessment forms do not adequately cover all major vision conditions (e.g., cataracts, glaucoma), nor do they trigger direct referrals to low vision services, despite evidence that early intervention is crucial in managing the impact of these conditions. Thus, vision impairment often goes undetected, especially in older adults whose functional limitations, such as difficulty reading or moving around safely, may not be adequately assessed without a proper eye health evaluation. This can lead to delayed or missed referrals to vision care services.

Even an older person who has had a vision diagnosis for many years may not have their care needs met. Awareness and perceptions of aged care workers on supporting older Australian adults showed that adults living in aged care with vision and hearing loss are not adequately identified and workers are not trained to support these individuals. Information is also not well recorded on care plans¹⁹.



The introduction of vision services can lessen the need for people to rely on more costly and frequent support. Through a specialist service provider, a person with vision loss receives training in:

- How assistive technology such as magnifiers, scanners and text-to-speech software can help with reading mail and food labels.
- How to travel to the shops safely and independently or to visit family, through orientation and mobility training.
- How to adapt the home environment and continue performing household tasks, with the help of a specialist occupational therapist.
- How to maximise the utility of remaining vision, through advice from an orthoptist.

All of these interventions allow a person to maintain their independence and agency, rather than relying on others to perform tasks for them. The Government has acknowledged the value of these cost-saving interventions, through its commitments to fully funding clinical care in the new Support at Home program, and up to \$15,000 to help a participant access assistive technology.

We propose some further steps to help older Australians with vision loss stay at home as long as possible.

The Ask

V2020A urges the government to prioritise vision rehabilitation in the aged care reform agenda by improving the assessment and referral process and providing dedicated funding to specialist providers to deliver adequate and cost-effective care.

This approach will streamline service delivery, improve outcomes for older Australians with vision loss, and reduce long-term healthcare costs. Vision 2020 Australia and its members are ready to collaborate with the Government to implement these changes and ensure better care for all.

The Australian Government can achieve this through the following actions:

Improving Awareness and Training for Assessors

Develop guidelines and training programs for aged care assessors that clearly outline when to refer clients to vision service providers, based on specific triggers identified in the assessment. This will ensure that vision impairment is not overlooked, and that older Australians receive the support they need promptly.

Streamlining Referral Pathway

Introduce a new requirement that all participants in the new Home Support Program and residential care settings who have vision impairment flagged at the assessment stage be automatically referred to accredited blindness and low vision service providers. These specialist providers would be funded through a block grant and empowered to determine the necessary interventions and allocate resources effectively.

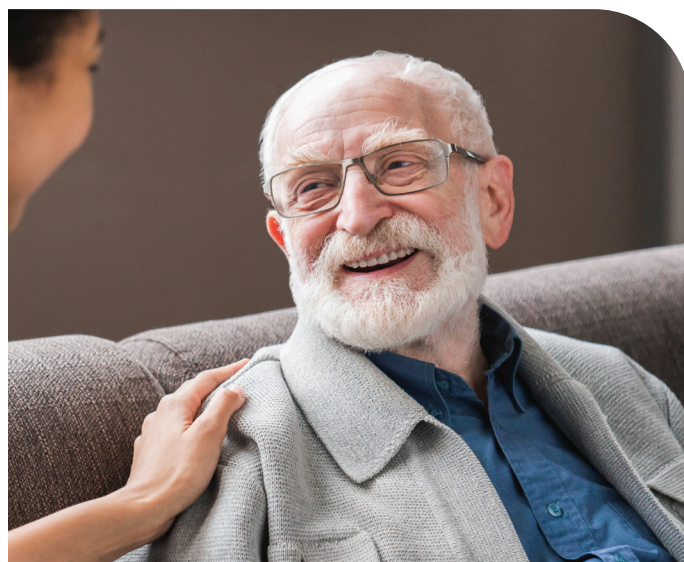
This approach would remove the burden on generalist assessors to identify specific services, ensuring quicker access to tailored care for those with vision loss.

Dedicating Block Funding for Vision Services

Allocate specific funding for vision support services to address unmet needs in aged care. This funding should cover both episodic and ongoing care, reflecting the varying nature of vision impairment management. By funding specialist providers directly, the government can incentivize outcome-focused care, optimize resource use, and enhance the quality of life for older Australians. Additionally, service providers would be equipped to deliver timely interventions that prevent further deterioration of vision and reduce the overall cost to the healthcare system.

This proposal aligns with the government's goals for healthy ageing and improved access to care, as outlined in recent policy announcements, including the Royal Commission into Aged Care Quality and Safety.

By committing to this approach, the government can demonstrate its dedication to equitable healthcare and its willingness to invest in sustainable, cost-effective solutions that improve outcomes for all Australians.



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Clear Vision for a Stronger, More Inclusive, and Resilient Region:

Prioritising assistive technology for older people in the Western Pacific.

The Western Pacific Region is experiencing rapid population ageing, which has exacerbated vision impairment as a critical public health issue, particularly in low- and middle-income countries. Vision loss disproportionately affects older people, limiting quality of life, social inclusion, and economic independence, while increasing risks of comorbidities, falls, and depression. Women, individuals with intersecting disabilities, and those from lower socio-economic backgrounds face compounded barriers, highlighting the need for targeted interventions.

Assistive technology (AT) can support independence and reduce disparities for individuals with vision loss, but access to AT in low- and middle-income countries remains alarmingly low. A coalition of organisations is urging the Australian Government to invest an additional \$12 million over four years to enhance AT availability in the Pacific, helping people across the region live independent, active lives, regardless of background or circumstances.

The Problem

The Western Pacific Region has one of the largest and fastest growing older populations in the world. There are more than 245 million people aged 65 years and older in the region and this number's expected to double by 2050 ¹.

With an ageing population, vision impairment has risen to the forefront as a critical public health concern ². The majority of blindness occurs in older people, with 73% of avoidable vision loss occurring in people aged 50 years and older ³⁻⁴. A significant proportion of this vision loss is concentrated in low- and middle-income countries ²⁻⁴.

Good vision and functional ability are essential for social inclusion, economic empowerment and overall well-being, especially as people age. Vision impairment among older people

significantly impacts quality of life, limiting daily activities, independence, and social and economic opportunities ⁶⁻¹¹. Vision loss also raises the risk of mortality, comorbidities, dementia, falls, and depression.

In the Western Pacific, vision impairment is caused by several factors, including limited access to vision correction, untreated cataracts and increasing rates of eye disease. It is estimated that in South-East Asia, East Asia and Oceania only 40% of people aged 50 years and older who require glasses to see clearly at a distance can access them ¹³.

Similarly, just over one in three people (37.4%) aged 50 years and older who need cataract surgery in the Western Pacific Region undergo the procedure,

and only two in ten (21.0%) undergo surgery and achieve good vision ¹⁴. Furthermore, eye diseases affecting the back of the eye - such as complications from diabetes, age-related macular degeneration, and blocked blood vessels in the retina - are increasingly contributing to vision loss. These conditions are becoming more prevalent as populations age and as non-communicable diseases (NCDs), like diabetes, become more widespread.

The challenges faced by older people with vision impairment in the Western Pacific Region are further complicated when vision loss co-occurs with other disabilities or NCDs. Inequities are further compounded by societal barriers such as ableism, as well as intersecting disadvantages related to age, gender and socio-economic status. Older people with vision loss are significantly more likely to experience additional disabilities, such as hearing impairment, mobility difficulties, and challenges with self-care and independent living ^{15,16}.

Women, in particular, bear a disproportionate burden of vision and hearing loss as they age, ^{17,18} exacerbated by socio-cultural norms and caregiving responsibilities, which deepen gender- and age-based disparities in health ^{2,19}.

In addition to the challenges posed by ageing and vision loss, older adults from lower socio-economic backgrounds face greater barriers to accessing eye care and assistive services, contributing to increased social isolation and reduced independence ^{2,20}. NCDs such as diabetes, cardiovascular disease, and mental health difficulties are closely linked with vision loss, further complicating the management of these conditions ^{10,20,21}.

The Solution

Assistive technology can play a critical role in ensuring people with both reversible and irreversible vision loss remain independent, benefiting the health, economic and social well-being of individuals and communities.

Well-prescribed, low-cost equipment can allow people with irreversible vision loss to perform daily tasks autonomously without relying on friends and family, and mitigates risk of falls, hip fractures, depression, and other costly outcomes. For those with reversible vision loss, AT solutions like glasses and surgery can restore vision, often eliminating the need for further intervention.

AT encompasses a wide range of products, and services, including diagnostic tools, glasses, hearing aids, wheelchairs, and digital devices. Skills development and training in the use of AT are essential for promoting literacy, mobility, and independence, enabling older adults with vision loss to engage in employment and social activities.

According to the World Health Organisation's Global Report on Assistive Technology, two-thirds of the global population aged 60 and older require one or more assistive products. Yet, in low- and middle-income countries, access to these essential tools can be as low as 3% of the need ²².

Improving access to AT is vital for supporting independence, reducing inequalities, and achieving the UN's 2030 Sustainable Development Goals.

Ensuring availability of AT not only promotes social inclusion but also enhances workforce participation and reduces poverty.

While the Australian Government has made strides in expanding AT access, such as through the 2024 Federal Budget commitment to providing school-aged children in the Indo-Pacific region with aids like glasses, hearing aids, and mobility devices, a more comprehensive and equitable approach is needed to address the diverse needs of older adults as well.

A systemic approach to AT delivery is essential ²³, particularly for the growing older population in the Western Pacific. This means building cohesive, resilient systems that overcome socio-economic and geographic barriers.

By fostering collaboration among stakeholders and promoting a holistic view of AT implementation, the region can ensure that the benefits of AT are both sustainable and accessible for everyone in need.



The Ask

In accordance with a coalition of organisations dedicated to advancing disability equity and rights through international development and humanitarian efforts, we call on the Australian Government to help improve the quality of life, health and participation of the millions of people in South-East Asia and the Pacific who urgently need assistive technologies.

The long-term, catalytic project of delivering assistive technology in the Pacific requires a systemic approach accounting for all key populations across the life cycle. Considering the growing needs and the significant benefits that AT can provide, we urge the Government to expand its existing efforts by allocating an additional \$12 million over four years (from 2025-26) to improve disability services through:

1. Providing affordable, high-quality assistive technology across the lifecycle, including older people, in partnership with Pacific disability-led organisations. This assistive technology should encompass a broad range of assistive devices, from basic aids like spectacles, hearing aids, and mobility walkers/wheelchairs to advanced electronic devices that enhance communication, navigation, and daily living.
2. Funding partner governments and agencies to train specialists in prosthetics and health workers to use non-specialist technologies for

vision screening and spectacle distribution. While also training and funding local service providers to provide initial assessments and follow-up to determine ongoing clinical efficacy for users of assistive technology devices

3. Supporting ongoing training for local personnel in the procurement, care, maintenance, and disposal of assistive technologies.
4. Commissioning:
 - A regional analysis of existing support services, which looks at the specific requirements of different demographic groups, including older populations and working adults and makes recommendations for improvements to ensure AT initiatives are effectively targeted for all people.
 - Pilot programs to implement these recommendations and develop necessary support services.

By addressing these issues, Australia can continue to lead globally in eye health and ensure that all older people in the Western Pacific Region, regardless of their background or circumstances, have the opportunity to live full, independent, and active lives.



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OUR MEMBERS

Gold



Bronze



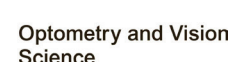
Major Supporting



Supporting



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