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14<sup>th</sup> March 2014  
Joint Select Committee on Northern Australia  
PO Box 6021  
Parliament House  
Canberra ACT 2600

Dear Committee Members

**Re: Submission to the Joint Select Committee on Northern Australia**

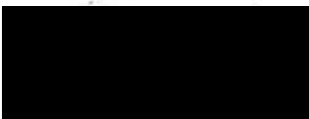
I am pleased to provide you with The Fred Hollows Foundation's (The Foundation) submission to the Joint Select Committee on Northern Australia.

The Foundation recommends there is a critical need for increased and long term investment in health financing and infrastructure to support the inclusion and meaningful participation of Aboriginal and Torres Strait Islander people in the sustainable development and growth of Northern Australia.

The Foundation would welcome the opportunity to provide a concise verbal presentation at the public hearing scheduled in Darwin on Tuesday 20<sup>th</sup> May 2014.

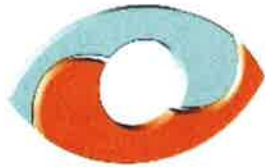
I am happy to provide any clarification in relation to the information contained in The Foundation's submission.

Yours sincerely,



Manager, Indigenous Australia Program, The Fred Hollows Foundation





**The Fred Hollows  
Foundation**

**SUBMISSION TO THE  
JOINT SELECT COMMITTEE ON NORTHERN AUSTRALIA**

**MARCH 2014**

Website: [www.hollows.org.au](http://www.hollows.org.au)

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## INTRODUCTION

The Fred Hollows Foundation (The Foundation) was established in 1992 as an international development organisation, focusing on blindness prevention and improving Aboriginal and Torres Strait Islander<sup>1</sup> people's health and eye health<sup>2</sup>.

The Foundation is an independent, not-for-profit, politically unaligned and secular organisation inspired by the life and work of Professor Fred Hollows (1929-1993). Professor Hollows was an internationally acclaimed eye surgeon and activist for social justice who championed the right of all people to high quality and affordable eye care and good health.

The Fred Hollows Foundation's Indigenous Australia Program (IAP) **spends more than \$6 million dollars each year in Australia**, primarily in remote and underserved parts of Northern Australia, to support Aboriginal and Torres Strait Islander people achieve optimal eye health and health outcomes.

### AVOIDABLE BLINDNESS: THE STATISTICS<sup>3</sup>

- Aboriginal and Torres Strait Islander children have better vision than the mainstream population; **BUT** Aboriginal and Torres Strait Islander adults are **6 times more likely than other Australians to go blind**;
- 94% of vision loss for adults is preventable or treatable.
- 35% of adults have never had an eye examination;
- Vision loss among Aboriginal and Torres Strait Islander adults causes **11% of the health gap**. It is behind cardiovascular & diabetes, equal with trauma, ahead of alcoholism & stroke;
- **Four conditions cause 94% of the vision loss among Aboriginal and Torres Strait Islander adults. Each is readily amenable to treatment. They are:**
  - i. **Blinding Cataract**
  - ii. **Refractive Error**
  - iii. **Diabetic (Retinopathy) Eye Disease:**
  - iv. **Trachoma occurs in 60% of remote (and only) Aboriginal communities located in northern Australia. Australia is the only developed country to still have Trachoma**

**Refer to Attachment 1 for details.**

<sup>1</sup> Aboriginal and Torres Strait Islander at times hereafter referred to as Aboriginal.

<sup>2</sup> The vision of The Foundation is to see a world in which no person goes needlessly blind and Aboriginal and Torres Strait Islander people exercise their right to good health.

<sup>3</sup> Indigenous Eye Health Unit, April 2013. *Roadmap to Close the Gap for Vision*.

**The Foundation's Indigenous Australia Program:**

***Works in remote and under serviced***

***Aboriginal communities*** across the entire Northern Territory, the Kimberley, Pilbara and Goldfields regions of Western Australia, the Anangu Pitjantjatjara Yankunytjatjara Lands (APY) in South Australia, Western New South Wales; and South-East Queensland. The Foundation will continue to expand its eye health programming into regions in Northern Australia throughout 2014 and beyond.

***Works in partnership*** with Aboriginal Community Controlled Health Organisations (ACCHOs); the Australian, State and Northern Territory governments; and major eye health and health stakeholders<sup>4</sup> to eliminate trachoma and end avoidable blindness.

***Supports significant initiatives to strengthen primary health and eye care systems***, and increase coordinated stakeholder engagement, to improve health outcomes and to close the gap in life expectancy between Aboriginal and Torres Strait Islander people and non-Indigenous Australians;

***Advocates for an increased level of and equitable access*** to comprehensive eye and primary health services to close the gap in health and eye health inequality between Aboriginal and Torres Strait Islander and non-Indigenous Australians in a generation (by 2030).

**Works in the areas of:**

***i. Eye Health: Ending Avoidable Blindness by:***

- **Eliminating trachoma** through the employment and training of Aboriginal Community Based Workers who help increase participation in trachoma screening and treatment activities and an increased uptake of face washing amongst children;
- **Increasing rates of eye surgery** and decreasing surgery waiting times;
- **Boosting** the coordination and delivery of additional (government funded) **outreach ophthalmology and optometry services;**
- **Strengthening** primary health and eye health care systems;
- Facilitating the delivery of innovative **Tele-health services;**
- **Training and capacity building** for primary health care providers.

***ii. Improving Aboriginal and Torres Strait Islander Health by:***

- Supporting innovative enhancement of primary health care models within the ACCHO sector;
- Leading nutrition and food security research; and developing and widely disseminating educational resources;
- Supporting a suit of initiatives to increase Aboriginal and Torres Strait Islander health leadership, governance, advocacy and policy capacity within the ACCHO sector.

<sup>4</sup> Major eye health and health stakeholders include Vision 2020 Australia; Indigenous Eye Health Unit, University of Melbourne; Close the Gap Campaign Steering Committee; V2020 Australia Aboriginal and Torres Strait Islander Committee; Brien Holden Vision Institute; Indigenous and Rural Eye Health Service (IRIS); Menzies School of Health Research.

<b>THE CASE FOR INVESTING IN THE ELIMINATION OF AVOIDABLE BLINDESS</b> <i>The social, health and economic benefits far outweigh the costs.</i>	
Social and Health Impacts	Economic benefits
<p>Restoring sight allows an individual to reclaim their position in society, whether as an older person participating in social, family and community activities; as a worker contributing to the economic development of their community and Northern Australia; or as a young student who can go to school and onto further studies and work because they can see.</p> <p>Refer to <a href="http://www.hollows.org.au/">http://www.hollows.org.au/</a></p>	<p>The Foundation commissioned PricewaterhouseCoopers (PwC) to undertake research to understand the costs and benefits of addressing avoidable blindness. The research showed that there is a compelling economic case for further investment in ending avoidable blindness. For every \$1 invested in preventing or treating eye health problems, there is a potential economic benefit of \$2.10 globally. In developing countries the potential benefit is much greater, with every \$1 invested in preventing someone from going blind resulting more than \$4 returned in economic terms<sup>5</sup>.</p>

**KEY MESSAGES:**

1. Aboriginal and Torres Strait Islander people are the predominant population in remote parts of Northern Australia who experience significant and well documented disadvantage. The development of Northern Australia could present a range of socio-cultural and economic development opportunities for Aboriginal and Torres Strait Islander people.
2. Sustainable economic development initiatives in Northern Australia:
  - Will require a **skilled and healthy workforce that is highly inclusive of Aboriginal and Torres Strait Islander people.**
  - Must account for the significant disadvantage experienced by Aboriginal and Torres Strait Islander people who live in Northern Australia.
  - Need to be underpinned by the provision of adequate health infrastructure and resourcing to close the health inequality gap between Aboriginal and Torres Strait Islander people compared to non-Indigenous Australians by 2030<sup>6</sup>.
  - Need to develop formal mechanisms that ensure long-term funding commitments<sup>7</sup>

<sup>5</sup> PwC. Investing in Vision – comparing the costs and benefits of eliminating avoidable blindness and vision impairment. February 2013.

<sup>6</sup> See Close the Gap Progress and Priorities Report 2014.

<sup>7</sup> See Close the Gap Progress and Priorities Report 2014.

- Plan and develop initiatives in partnership with Aboriginal and Torres Strait Islander people; Aboriginal Community Controlled Health Organisations<sup>8</sup> and other peak Aboriginal and Torres Strait Islander representative and statutory organisations<sup>9</sup>

**3. The provision of adequate<sup>10</sup>, good quality and accessible<sup>11</sup> primary, secondary, tertiary and outreach specialist eye services across Northern Australia is a fundamental part of improving the eye health of Aboriginal and Torres Strait Islander people.**

**To Close the Gap on Vision will require significant increases in health financing and resourcing to:**

- Integrate primary eye care as part of comprehensive primary health care;
- Increase the level of and access to comprehensive eye health services (primary, secondary and tertiary and specialist outreach services)<sup>12</sup>;
- Strengthen and effectively coordinate health and eye health systems. Poorly coordinated services are inefficient and costly and result in poorer outcomes for patients, communities and health care providers<sup>13</sup>.
- Monitor, evaluate and report on progress and improvements of services and outcomes in the area of eye health.
- Improve awareness and knowledge of eye health in Northern Australian communities to support self-empowerment.

<sup>8</sup> The Foundation supports ACCHOs as the preferred deliverers of health services to Aboriginal and Torres Strait Islander communities;

<sup>9</sup> Aboriginal Peak Organisations Northern Territory, an alliance of the Central Land Council, Northern Land Council, Central Australia Aboriginal Legal Service, North Australia Aboriginal Justice Agency and Aboriginal Medical Services Alliance Northern Territory, launched NGO Partnership Principles in October 2013.

<sup>10</sup> Refer to The Roadmap to Close the Gap to Vision, Full Report (January 2012:112-115) for details of the accepted methodology to determine the number and type of eye care services required each year for a population.

<sup>11</sup> It seems likely that place is a primary determining factor in the worse health of rural and remote Australians. Compared with those in living major cities, the people of rural and remote Australia have poorer access to health professionals including doctors and medical specialists. Compared with the rate at which city people access Medicare, people in rural and remote areas are at a massive disadvantage – there's a so-called "Medicare deficit" of around \$1billion a year (Barclay, March 2014).

<sup>12</sup> For example, at Katherine (the third largest town in the NT which services an expansive region), the current level of optometry services meets 25% of the projected optometry eye health needs. Undiagnosed refractive error is the leading cause of avoidable blindness for Aboriginal and Torres Strait Islander people. The unmet need for specialist ophthalmology services (including surgery) is significantly larger.

<sup>13</sup> Anjou, M.D, Boudville, A.I., and Taylor, H.R. 2012. *We Can See the Gap: Regional Eye Health Coordination for Indigenous Australians*, Aboriginal and Torres Strait Islander Health Worker Journal, Second Quarter 2012, Vol. 35-Number 2; Indigenous Eye Health Unit, April 2013. *The Roadmap to Close the Gap for Vision*, The University of Melbourne.



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## ATTACHMENT 1: ABORIGINAL & TORRES STRAIT ISLANDER EYE HEALTH STATISTICS

- Aboriginal and Torres Strait Islander children have better vision than mainstream population; **BUT** Aboriginal and Torre Strait Islander adults are **6 times more likely than other Australians to go blind**;
- 94 %per cent of vision loss for adults is preventable or treatable;
- 35% of adults have never had an eye exam.
- Vision loss among Aboriginal and Torres Strait Islander adults causes **11% of the health gap**. It is behind cardiovascular and diabetes, equal with trauma but ahead of alcoholism and stroke. **Most vision loss can be corrected overnight.**

### FOUR CONDITIONS CAUSE 94% OF THE VISION LOSS AMONG ABORIGINAL AND TORRES STRAIT ADULTS. EACH IS READILY AMENABLE TO TREATMENT:

#### REFRACTIVE ERROR:

- Uncorrected refractive error is a major cause of vision loss that is cheaply and easily corrected with spectacles;
- Only 20% of Aboriginal adults wear glasses for distance compared to 56% in mainstream;
- Lack of reading glasses meant that 39% could not see normal print;
- Readily accessible eye services are needed for Indigenous Australians. Access to a good supply of low-cost spectacles would address 54% of the vision loss and low vision of Indigenous Australians.

#### CATARACT

- Blinding cataract is 12 times more common among Aboriginal adults;
- Rates of cataract surgery are 7 times lower.
- Cataracts cause 32 % of blindness in adults and 27 % of low vision.
- Waiting time for cataract surgery is 88% longer than mainstream;
- Aboriginal and Torres Strait Islander people are 4 times more likely to have to wait for more than a year for Cataract surgery;
- Only 65 per cent of those with vision loss caused by cataracts have received surgery.

#### DIABETIC EYE DISEASE (DIABETIC RETINOPATHY)

- Third leading cause of vision loss and blindness for Aboriginal and Torres Strait Islanders;
- 37% of adults have diabetes and 13% have already lost vision through diabetic retinopathy;
- 98% of blindness from diabetes is preventable with early detection and timely treatment;
- Only 20% have had an eye exam in the last year
- Only 37% needing laser surgery have received it;
- **All Aboriginal and Torres Strait Islander people with diabetes need an annual eye exam; and better access to diabetes education**
- Laser surgery (requiring good quality and portable equipment) should be locally available to treat diabetic retinopathy.

#### TRACHOMA

- **Australia is the only developed country to still have Trachoma;**
- Trachoma is a major blinding infectious eye disease – occurs in areas with poor hygiene and living conditions;
- Blinding endemic Trachoma occurs in 60% of remote Aboriginal communities (in Northern Australia);
- Late scarring and in-turned eyelashes (trichiasis) affects 1.4% of older Indigenous people across Australia;
- Trachoma is still the fourth leading cause of blindness among Aboriginal Australians.

Source: Indigenous Eye Health Unit, Melbourne School of Population & Global Health, April 2013. *Roadmap to Close the Gap for Vision*, The University of Melbourne.

## ATTACHMENT 2: INDIGENOUS AUSTRALIA PROGRAM – SUMMARY 2013 ACTIVITIES

### EYE HEALTH

- **Increased Eye Surgery rates** and decreased surgery waiting times for Aboriginal people in the most remote communities in the NT, SA (APY Lands) and Western NSW. Over 280 people received eye cataract and other surgeries.
- **Enhanced coordination and delivery of outreach ophthalmology services** and supported 500 additional ophthalmology consultations for Aboriginal and Torres Strait Islander people from remote communities in the Top End of the NT.
- **Boosted outreach optometry services** to remote communities across the NT. This included screening of 481 people; dispensing 225 spectacles; and training 60 clinical support staff and health workers in the areas of eye care case management and referral and in the use of DRS. There has been over a 500 % increase in people from remote communities accessing optometry services.
- **Supported the employment and training of 12 Aboriginal Community Based Workers (CBW)** to support the Australian Government's Trachoma Elimination Program in 8 remote communities across the NT – helping increase participation in trachoma screening and treatment activities and an increased uptake of face washing amongst children. The NT Government Centre for Disease Control, Trachoma Program says *"without them [CBWs] we would be ineffective – they make a major difference to the efficacy of the whole trachoma treatment week....we are advocating strongly for CBWs to be employed at other communities in the NT"*.

### ESSENTIAL PRIMARY HEALTH CARE

- **Supported enhanced primary health care models within the ACCHO sector.** Continued to fund five health professionals to provide comprehensive health checks for adults and children from the APY Lands to tackle child health, eye health and chronic disease. 100% of children aged 6 months to 6 years were immunised. A rigorous interim evaluation has found that *"these results exceed national, SA and NT results for both Aboriginal and all Australian children"*<sup>14</sup>
- **Led innovative and participatory nutrition and food security research** ('Sprinkles') and the development and national dissemination of educational resources.

### ADVOCACY

- Advocated for Aboriginal and Torres Strait Islander people's access to comprehensive eye and primary health services through participation in, and support of, the Close the Gap coalition<sup>15</sup>, and V2020 Australia;
- Supported a suite of initiatives to increase Aboriginal and Torres Strait Islander health leadership, governance, advocacy and policy capacity within ACCHOs;
- Trained 82 Aboriginal and Torres Strait Islander people (including health professionals) so they can better speak out on their rights and contribute as leaders in their health organisations and communities.

<sup>14</sup> Sironis Health, November 2013

<sup>15</sup> The Foundation works collaboratively to call upon governments to take real, measurable action to achieve Aboriginal and Torres Strait Islander health equality within a generation (by 2030).

