

Eye health measures for Aboriginal and Torres Strait Islander people 2023: interactive data

Web report | Last updated: 05 Dec 2023 | Topic: [First Nations people](#)

About

This set of interactive data visualisations is part of the seventh annual report on the Eye health measures for Aboriginal and Torres Strait Islander (First Nations) people. The interactive data allows users to explore the data in more detail and filter/ customise the data and figures to meet their information needs.

This report is part of a suite of 3 products. The other products are:

- [Eye health measures for Aboriginal and Torres Strait Islander people 2023](#)
- [Eye health measures for Aboriginal and Torres Strait Islander people 2023: in brief](#) (presents highlights from the annual report).

Cat. no: IHW 278

- [Maps](#)
- [Data](#)

Findings from this report:

- [First Nations age-standardised cataract surgery rate increased from 6,462 in 2013-14 to 8,691 per million in 2020-21](#)
 - [The prevalence of active trachoma in children aged 5-9 in at-risk communities fell from 15% in 2009 to 2.2% in 2022](#)
 - [Around 47% of First Nations people who had a diabetes test also had an eye examination in 2021-22](#)
 - [In 2020-21, the median waiting time for cataract surgery was 167 days for First Nations people](#)
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Summary

Vision loss has a profound impact on a person's quality of life and ability to perform everyday activities, for example, by limiting opportunities for physical mobility, work, education and social engagement (Razavi et al. 2018). Eye diseases and vision problems are the most common long-term health conditions reported by Aboriginal and Torres Strait Islander (First Nations) Australians, with over one-third of First Nations people self-reporting eye or sight problems (ABS 2018-19).

This report presents data for both First Nations and non-Indigenous Australians for a range of eye health measures across prevalence, diagnosis and screening, treatment services and workforce and outreach programs. Data are presented over time, by age and sex, by state and territory, remoteness areas and lower level geographies.

Prevalence

Trachoma is a highly infectious disease of the eye. Repeated trachoma infections can result in scarring, in-turned eyelashes (trichiasis) and blindness. The overall prevalence of active trachoma among children aged 5-9 in at-risk communities fell from 15% in 2009 to 2.2% in 2022.

Diagnosis and screening

- Between 2011-12 and 2021-22, the proportion of First Nations Australians who had an annual First Nations specific health assessment increased from 14.5% to 24.4% (based on age-standardised rates).
- In 2021-22, 12.9% of First Nations people (around 114,000) had an eye examination by an optometrist or ophthalmologist.
- Diabetic retinopathy is a complication of diabetes which can result in vision loss if not detected and treated early. Among First Nations people who had a diabetes test, the age-standardised proportion who were screened for diabetic retinopathy rose from an estimated 33% in 2010-11 to 40% in 2021-22.

Treatment

- In 2020-21, the age-standardised cataract surgery rate for First Nations people was about 8,691 hospitalisations per 1,000,000 population - an increase of more than 25% since 2013-14.
- In 2022, the overall treatment coverage of active trachoma cases in at-risk communities was 96%, that is, 829 community members identified as having trachoma received treatment. This included children with active trachoma, along with their household contacts and other community members.
- In 2021-22, 17,547 spectacles were dispensed to First Nations people under state spectacle schemes by New South Wales, Victoria, Queensland, South Australia and Tasmania (the states and territories able to provide data). Of these, Victoria (2,496 spectacles, 39 per 1,000 population) came closest to meeting the estimated number of spectacles needed (4230) - 59% of the population-based need met.

Workforce and outreach

The number of occasions of service provided under the Visiting Optometrists Scheme - which provides specialist eye health services to First Nations people in mainly regional and remote areas - have fluctuated, but overall services have tripled between 2010-11 (around 8,300 occasions of service) and 2021-22 (around 25,000 occasions of service).

Comparison with non-Indigenous Australians

- Between 2010-11 to 2020-21, the total age-standardised proportion of First Nations people tested for diabetes who had an eye examination increased from 33% to 43% before decreasing to 40% in 2021-22, while for non-Indigenous Australians it rose from 37% to 48% before declining to 46%.
- In 2020-21, age-standardised hospitalisation rates for First Nations people for cataract surgery (8,691 per 1,000,000) were lower than for non-Indigenous Australians (8,944 per 1,000,000).



Prevalence

Prevalence - the extent of eye health problems

Information on the prevalence of eye health conditions among First Nations people is important for monitoring the magnitude and causes of vision loss at the population level, and how these change over time. The following measures can assist in the development of more effective eye health policies and programs.

Measure 1.1.1

Prevalence of vision impairment and blindness

Measure 1.1.2

Population who self-reported eye or sight problems

Measure 1.2.1

Main causes of vision impairment and blindness

Measure 1.2.2

Self-reported eye or sight problems

Measure 1.3.1

Children and adults in at-risk communities with trachoma

Measure 1.3.2

Children and adults in at-risk communities with trichiasis

Prevalence

Measure 1.1.1

The proportion of First Nations people with vision impairment and blindness (vision loss).

Most of the vision loss experienced by First Nations people is potentially preventable. Measures of the prevalence of vision impairment and blindness are important for monitoring changes in eye health over time and identifying the need for services (Figure 1 and Figure 2).

Figure 1: Prevalence of vision impairment and blindness, 2016

The chart for this measure shows the estimated percentage of patients with vision loss and confidence intervals for these estimates, by Indigenous status. The data is presented as a combined scatter plot for the point estimate and Gant chart representing the confidence interval. The chart is filtered by vision loss type comprising blindness, vision impairment and total vision loss.

Blindness by Indigenous status, 2016

This chart shows weighted point estimates and confidence intervals for blindness in 2016 for Indigenous and non-Indigenous Australians. It shows that rates of blindness were higher for Indigenous Australians (0.3%) than for non-Indigenous Australians (0.2%).

Vision impairment by Indigenous status, 2016

This chart shows weighted point estimates and confidence intervals for vision impairment in 2016 for Indigenous and non-Indigenous Australians. It shows that rates of vision impairment were higher for Indigenous Australians (10.4%) than for non-Indigenous Australians (6.2%).

Vision loss by Indigenous status, 2016

This chart shows weighted point estimates and confidence intervals for vision loss in 2016 for Indigenous and non-Indigenous Australians. It shows that rates of vision loss were higher for Indigenous Australians (10.7%) than for non-Indigenous Australians (6.3%).

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1 in 10 First Nations people aged 40 or over suffer from vision loss.

Figure 2: Prevalence of vision impairment and blindness: interactive data

Prevalence of vision impairment and blindness, 2016: interactive data

This interactive data visualisation shows 2 separate charts showing the estimated percentage of patients with vision loss and confidence intervals for these estimates, by Indigenous status and other various characteristics. The data is presented as a combined scatter plot for the point estimate and Gant chart representing the confidence interval.

Vision loss by Indigenous status and age and sex, 2016

This chart shows weighted point estimates and confidence intervals of the prevalence of vision loss in 2016 for Indigenous and non-Indigenous Australians. The chart can be filtered by age group and sex.

It shows that the prevalence of vision impairment for both Indigenous and non-Indigenous survey participants increased markedly with age. For Indigenous Australians, the prevalence of vision impairment was 7.2% among those aged 40-49 years, compared with 56% among those aged 80 and over. Indigenous rates were higher than non-Indigenous rates for all age groups, particularly for the oldest age groups. The chart shows that there was no significant difference between Indigenous males and female in the rates of vision impairment.

Vision loss by Indigenous status and region, 2016

This chart shows weighted point estimates and confidence intervals of the prevalence of vision loss in 2016 for Indigenous and non-Indigenous Australians, by remoteness of geographic location. The chart shows that the age-standardised prevalence of vision loss for First Nations people in *Outer regional* and *Very remote* areas was significantly higher than in *Major cities*.

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- Based on 2016 NEHS (National Eye Health Survey) results, First Nations people experienced more vision impairment, blindness and vision loss than non-Indigenous Australians.
- The prevalence of vision loss increases markedly with age. For First Nations people, the prevalence of vision loss was 7% among those aged 40-49, compared with 56% among those aged 80 to 89.
- There was no significant difference between First Nations males and females in the rates of vision loss.
- The age-standardised prevalence of vision loss for First Nations people in *Outer regional* and *Very remote* areas was significantly higher than for non-Indigenous Australians.



Prevalence

Measure 1.1.2

The proportion of First Nations people who reported eye or vision problems.

Most of the vision loss experienced by First Nations people is potentially preventable. Measures of the prevalence of vision impairment and blindness are important for monitoring changes in eye health over time and identifying the need for services (Figure 3 and Figure 4).

Figure 3: Self-reported eye or sight problems, 2018-19

Self-reported eye or sight problems, 2018-19

Self-reported eye/sight problems among First Nations people by age, 2018-19

This vertical bar chart compares the proportion of First Nations people who reported an eye or sight problem in 2018-19. The chart can be filtered by age and sex. The chart shows that the prevalence of self-reported eye or sight problems was highest for First Nations people aged 55 and over (around 94%), compared with 10% for those aged 0-14. The chart also shows that a higher proportion of Indigenous females reported an eye or sight problem (43%), than males (32%).

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- In 2018-19, nearly 4 in 10 First Nations people (38%, or 307,300 people) reported long-term eye or sight problems.
- In 2018-19, the prevalence of self-reported eye or sight problems was higher for First Nations females than First Nations males.

Figure 4: Self-reported eye or sight problems: interactive data

Self-reported eye or sight problems: Interactive data

This interactive data visualisation presents 3 separate charts showing self-reported eye and sight problems for Indigenous and non-Indigenous Australians by various characteristics.

Self-reported eye/sight problems by Indigenous status, 2001 to 2018-19

This line graph shows time trend data for the period 2001 to 2018-19 for Indigenous and non-Indigenous Australians reporting eye and sight problems. The chart shows that, since 2001, the age-standardised proportion of First Nations people who reported an eye or sight problem increased from 47% to 49% in 2018-19, whereas for non-Indigenous Australians it remained stable around 52%.

Self-reported eye/sight problems among First Nations people by region, 2018-19

This vertical bar chart compares the proportion of First Nations people who reported an eye or sight problem in 2018-19, by remoteness of geographic location. The chart shows that First Nations people in *Major cities* (42%) and *Inner regional areas* (39%) had a higher prevalence of self-reported eye or sight problems, compared with those in *Remote areas* (34%) and *Very remote areas* (27%).

Self-reported eye/sight problems among First Nations people by jurisdiction, 2018-19

This vertical bar chart compares the proportion of First Nations people who reported an eye or sight problem in 2018-19, by state and territory. The chart shows that the percentage self-reporting eye or sight problems was highest in South Australia (49%) and lowest in the Northern Territory (29%).

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- In 2018-19, the proportion of First Nations people who self-reported eye or sight problems decreased as remoteness increased, from 42% in *Major cities* to 27% in *Very remote areas*.
- Since 2001, the age-standardised proportion of First Nations people who had an eye or sight problem increased from 47% to 49% in 2018-19, whereas for non-Indigenous Australians it remained stable at around 52% across this period.

Prevalence

Measure 1.2.1

The main causes of vision impairment and blindness (vision loss) for First Nations people, as a proportion of those with vision loss.

Most of the vision loss experienced by First Nations people is potentially preventable. Measures of the prevalence of vision impairment and blindness are important for monitoring changes in eye health over time and identifying the need for services (Figure 5 and Figure 6).

Figure 5: Main causes of vision impairment and blindness by Indigenous status, 2016

Main causes of vision impairment and blindness by Indigenous status, 2016

This chart shows weighted point estimates and confidence intervals for the main causes of vision loss among participants in the 2016 National Eye Health Survey by indigenous status. The data is presented as a combined scatter plot for the point estimate and Gant chart representing the confidence intervals. The top 3 causes of vision loss for First Nations people were refractive error (61%), cataract (20%) and diabetic retinopathy (5.2%). For Non-Indigenous they were refractive error (61%), cataract (13%) and age-related macular degeneration (10%).

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Main causes of vision loss were refractive error (61%), cataracts (20%) and diabetic retinopathy (5%).

Figure 6: Main causes of vision impairment and blindness by sex, 2016

Main causes of vision impairment and blindness by sex, 2016

This stacked vertical bar chart compares the proportion of Indigenous and non-Indigenous participants with different causes of vision loss in 2016, by sex. The chart shows that the main causes of vision loss for Indigenous males and females were similar, though a higher proportion of Indigenous males had refractive error as a main cause and a higher proportion of Indigenous females had cataracts as a main cause.

The chart shows that the pattern of causes for males and females was similar for non-Indigenous Australians. Age-related macular degeneration was the third most common cause for non-Indigenous Australians but this was not the case for Indigenous Australians.

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- Results of the 2016 National eye health survey (NEHS) showed that the 3 main causes of vision loss for First Nations people aged 40 and over were refractive error (61%), cataract (20%) and diabetic retinopathy (5.2%).
- In 2016, a higher proportion of First Nations and non-Indigenous males had refractive error than First Nations and non-Indigenous females.

Prevalence

Measure 1.2.2

The main causes of vision impairment and blindness (vision loss) for First Nations people, as a proportion of those with vision loss.

Most of the vision loss experienced by First Nations people is potentially preventable. Measures of the prevalence of vision impairment and blindness are important for monitoring changes in eye health over time and identifying the need for services (Figure 7 and Figure 8).

Figure 7: Self-reported causes of eye or sight problems by Indigenous status, 2018-19

Self-reported causes of eye or sight problems by Indigenous status, 2018-19

This grouped horizontal bar chart compares the main causes of sight problems in 2018-19, by Indigenous status. The chart shows that First Nations people were over twice as likely as non-Indigenous Australians to report blindness, and almost twice as likely to report having a cataract as causes of sight problems, based on age-standardised rates.

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First Nations people were 2.4 times as likely to report blindness than non-Indigenous Australians.

Figure 8: Self-reported causes of eye or sight problems amongst First Nations people by sex, 2018-19

Self-reported causes of eye or sight problems amongst First Nations people by sex, 2018-19

This grouped horizontal bar chart compares the main causes of sight problems for First Nations people in 2018-19, by sex. The chart shows that the top 3 causes of sight problems reported by First Nations people were long sightedness (22%), short sightedness (16%) and cataract (1.4%). The prevalence of long-sightedness was higher for Indigenous females than Indigenous males (25% and 18%, respectively).

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- In 2018-19, the main causes of sight problems reported by First Nations people were long-sightedness (31%), short-sightedness (20%), and cataract (2.4%).
- The prevalence of long-sightedness and short-sightedness was higher for First Nations females (25% and 20%, respectively) than for First Nations males (18% and 11%, respectively).
- Adjusting for age, First Nations Australians were more likely than non-Indigenous Australians to report blindness (2.4 times as likely) or having a cataract (1.7 times as likely) as a cause of sight problems.

Prevalence

Measure 1.3.1

The estimated number, and proportion of First Nations children in at-risk communities with active trachoma.

Trachoma is an infectious disease of the eye. Repeated trachoma infections can result in scarring, in-turned eye-lashes (trichiasis) and blindness if left untreated. Trachoma is found in some remote areas of Australia. Prevalence data are important for assessing the effectiveness of trachoma control activities (Figure 9 and Figure 10).

Figure 9: Prevalence of trachoma in at-risk communities for children aged 5-9, 2009 to 2022

Prevalence of trachoma in at-risk communities for children aged 5-9, 2009 to 2022

This line graph presents changes in the proportion of First Nations children aged 5-9 with active trachoma from 2009 to 2021. The chart shows that, between 2009 and 2021, the estimated prevalence of active trachoma in children aged 5-9 in all at-risk communities fell from 15% to 2.2%.

Visualisation not available for printing

Prevalence of trachoma declined from 15% in 2009 to 2.2% in 2022

Figure 10: Prevalence of trachoma: interactive data

Prevalence of trachoma: Interactive data

This interactive visualisation shows 2 separate charts showing the prevalence of active trachoma in at-risk Indigenous communities, by various characteristics.

Prevalence of active trachoma in at-risk communities for children aged 5-9 by jurisdiction, 2022

This vertical bar chart compares the proportion of Indigenous children aged 5-9 with active trachoma, by state and territory. The chart shows that, in 2022, the proportion of children aged 5-9 in the screened communities who had active trachoma was 10% in Western Australia (37 children), 5% in the Northern Territory (50 children) and in South Australia no children were found with active trachoma. No screening was conducted in Queensland.

Prevalence of active trachoma in at-risk communities for children aged 5-9 by jurisdiction, 2009 to 2021

This line graph presents changes in the proportion of Indigenous children aged 5-9 with active trachoma from 2009 to 2021 for five jurisdictions

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- From 2009 to 2022, the estimated overall prevalence of active trachoma in children aged 5-9 years screened in all at-risk communities fell from 15% to 2.2%. The overall prevalence has been below 5% since 2012.
- In 2022, the proportion of children aged 5-9 years with active trachoma in screened communities was 10% in Western Australian (37 children), and 5% in the Northern Territory (50 children). In South Australia no children were found with active trachoma. In Queensland no screening was conducted in 2022.

Prevalence

Measure 1.3.2

The estimated number, and proportion of First Nations adults in at-risk communities with trichiasis.

Repeated trachoma infections can result in scarring and in-turned eye lashes, trichiasis. Early detection and treatment of trichiasis can prevent blindness (Figure 11 and Figure 12).

Figure 11: Prevalence of trichiasis, 2011 to 2022

Prevalence of trichiasis, 2011 to 2022

This dual axis combined line graph and scatter plot shows the percentage and number of Indigenous adults aged 40 and over with trichiasis, from 2011 to 2022. The chart shows that, from 2011 to 2022, the percentage of First Nations people aged 40 and over with trichiasis fell from 1.6% to 0.1%.

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In 2022 less than 1% of adults in at-risk communities suffered from trichiasis.

Figure 12: Prevalence of trichiasis: interactive data

Prevalence of trichiasis: Interactive data

This interactive visualisation shows 2 separate charts showing the prevalence of trichiasis in at-risk Indigenous communities, for First Nations people by various characteristics.

Prevalence of trichiasis in communities that screened by age, 2022

This dual axis combined vertical bar chart and scatter plot compares the percentage and number of First Nations people with trichiasis in at-risk Indigenous communities, in two broad age groups, and for all Australians aged 15 and over in 2022. The chart shows that there were 8 First Nations people aged 40 and over with trichiasis, a prevalence rate of 0.11%. There were no Australians aged 15-39 with trichiasis in these communities.

Prevalence of trichiasis in communities that screened among those aged 40 and over, by jurisdiction, 2022

This dual axis combined vertical bar chart and scatter plot compares the number and percentage of Indigenous adults aged 40 and over with trichiasis, for 3 jurisdictions in 2022. The chart shows that the prevalence of trichiasis in First Nations people aged over 40 was highest in Western Australia and South Australia (both 0.2%). Northern Territory had no cases of trichiasis and Queensland had no screening.

Visualisation not available for printing

- The proportion of First Nations people aged 40 years and over with trichiasis fell from 1.6% in 2011 to 0.1% in 2022.
- Among the 3 jurisdictions that undertook screening in 2022, the prevalence of trichiasis in First Nations people was 0.2% in South Australia and 0.2% in Western Australia. In the Northern Territory, no adults aged 40 years and over who were screened were found to have trichiasis.

Diagnosis and screening

Screening plays an important preventative role in eye health as early detection and treatment of eye problems, such as diabetic retinopathy and cataract, can prevent vision impairment and blindness. The following measures provide information on eye health diagnosis and screening services to assist in the monitoring of the adequacy of services provided to First Nations people.

Measure 2.1.1

First Nations people who had an Indigenous health assessment

Measure 2.1.2

First Nations people who had an Indigenous health assessment who also had an initial eye examination by an optometrist

Measure 2.2

Eye examinations by an eye care professional

Measure 2.3.1

Eye examinations among those tested for diabetes (MBS data)

Measure 2.3.2

Screening for diabetic retinopathy among those with self-reported diabetes (survey data)

Measure 2.3.3

Screening for diabetic retinopathy with a retinal camera (MBS data)

Measure 2.4.1

Trachoma screening coverage

Measure 2.4.2

Trichiasis screening coverage

Measure 2.5

Undiagnosed eye conditions

Diagnosis and screening

Measure 2.1.1

The number of people who had a First Nations specific health assessment (MBS item 715 or 228) including a health assessment provided via videoconference or teleconference (MBS item 92004, 92011, 92016, 92023), proportion of the population and age-standardised rates.

Where a person had both an in-person health check and a telehealth check in a year, one health check was selected at random for inclusion in the analysis (Figure 13 and Figure 14).

All First Nations people, regardless of age, are eligible for a First Nations-specific health assessment which should include an eye health check.

Figure 13: Annual health assessments, 2020-21 and 2021-22

Measure 2.1.1: The number of First Nations people who had an Indigenous health assessment (MBS item 715 or 228) including a health assessment provided via videoconference or teleconference (MBS item 92004, 92011, 92016, 92023), proportion of the population and age-standardised rates.

Annual health assessments, 2020-21 and 2021-22

Number and proportion of First Nations people that had an MBS health assessment, 2020-21 and 2021-22

This dual axis combined vertical bar chart and scatter plot displays the number and proportion of MBS health assessments in 2020-21 and 2021-22. The chart shows that 27% of First Nations people had Indigenous-specific MBS health assessments in 2020-21. This declined to 24% 2021-22.

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In 2021-22, just under one-quarter (208,620 or 24%) of First Nations people had a First Nations specific health assessment.

Figure 14: Annual health assessments: interactive data

Annual health assessments: interactive data

This interactive data visualisation shows 5 separate charts showing the crude percentage of First Nations people who had Indigenous specific health checks by the following categories.

Proportion of the First Nations population that had an MBS health assessment by region, 2021-22

This vertical bar chart compares the proportion of MBS health assessments in 2021-22, by remoteness category of geographic location. The chart shows that the proportion of MBS 715 health assessments was highest in *Outer regional* (30%) and *Remote* areas (27%). The proportion was lowest in *Major cities* (21%).

Proportion of the First Nations population that had an MBS health assessment by jurisdiction, 2021-22

This vertical bar chart compares the proportion of MBS health assessments in 2021-22, by state and territory. The chart shows that the proportion of MBS health assessments was highest in Queensland (30%) and the Northern Territory (25%) and was lowest in ACT and Victoria (12% and 11%, respectively).

Proportion of the First Nations population that had an MBS health assessment by age and sex, 2021-22

This grouped vertical bar chart compares the proportion of MBS item 715 health assessments in 2021-22, by age and sex. The chart shows that the proportion of MBS health assessments were very similar for Indigenous males and females aged 0-14— 23% and 21%, respectively. For all other age groups except 75+, the proportion for Indigenous females was higher than for Indigenous males.

Proportion of the First Nations population that had an MBS health assessment by PHN, 2021-22 (bar chart)

This horizontal bar chart shows the proportion of MBS health assessments in 2021-22, by PHN. The chart shows that the PHNs with the lowest proportion of health assessments were Northern Sydney (5.3%) and South Eastern Melbourne (6%), while those with the highest rates were Western NSW (32%) and Brisbane North (33%).

Proportion of the First Nations population that had an MBS health assessment by age, 2011-12 to 2020-22

This line graph shows changes in the proportion of MBS health assessments, from 2010-11 to 2021-22, by age group. The chart shows that, between 2011-12 and 2018-19, the age-standardised proportion of MBS health assessments increased over time. This increase occurred across all age groups, but was highest for those aged 65-74 and 75 and over (from around 18% to around 39% for both groups). From 2018-19 to 2020-21 the rate was flat or declining for all age groups and then declined sharply for all age groups 2020-21.

Visualisation not available for printing

- In 2021-22, just under one-quarter (208,620 or 24%) of First Nations people had a First Nations-specific health assessment. This included over 4,000 health assessments provided via videoconference or teleconference (see *Indigenous health checks and follow ups*, supplementary tables).
- The proportion of First Nations people who had a health assessment increased from around 12% in 2011-12 to 28% for the 0-14 age group and 23% for the 15-24 age group in 2018-19, before declining to 21% and 19% for both age groups, respectively, in 2021-22. For those aged 75 and over the proportion rose from 20% in 2011-12 to around 37% in 2017-18, before plateauing at around 39% from 2018-19 to 2020-21 and then decreasing to around 36% in 2021-22.
- In 2021-22, the number and proportion of First Nations males aged 0-14 who had a health assessment was slightly higher than the number and proportion of females - 32,511 (23%) and 28,929 (21%), respectively. For all other age groups, health assessments for First Nations females outnumbered those for First Nations males.



Diagnosis and screening

Measure 2.1.2

The number of people who had a First Nations specific health assessment (MBS item 715 or 228) including a health assessment provided via videoconference or teleconference (MBS item 92004, 92011, 92016, 92023), and who also had an initial eye examination by an optometrist.

Figure 15: Annual health assessments and initial eye examination by an optometrist, 2020-21 and 2021-22

Measure 2.1.2 The number of First Nations people who had an Indigenous health assessment (MBS item 715 or 228) including a health assessment provided via videoconference or teleconference (MBS item 92004, 92011, 92016, 92023), and who also had an initial eye examination by an optometrist.

Annual health assessments and initial eye examination by an optometrist, 2020-21 and 2021-22

Number and proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist, 2020-21 and 2021-22

This dual axis combined vertical bar chart and scatter plot displays the number and proportion of MBS health assessments in 2020-21 and 2021-22. The chart shows that 4.5% of Indigenous Australians had an Indigenous-specific MBS health assessment and an eye check by an optometrist in 2021-22. This is a decrease of 1% from 2020-21.

Visualisation not available for printing

In 2021-22, under one in twenty (40,204 or 4.5%) of First Nations people had a First Nations-specific health assessment and an initial eye examination by an optometrist.

Figure 16: Annual health assessments and initial eye examination by an optometrist: interactive data

Annual health assessments and initial eye examination by an optometrist: interactive data

This interactive data visualisation shows 5 separate charts showing the crude percentage of First Nations people who had Indigenous specific health check and an initial eye examination by an optometrist by the following categories.

Proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist by remoteness, 2021-22

This vertical bar chart compares the proportion of MBS health assessments and eye examinations in 2021-22, by remoteness category of geographic location. The chart shows that the proportion of MBS 715 health assessments and eye examinations was highest in *Outer regional* areas (5.2%). The proportion was lowest in *Very remote* areas (3%).

Proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist by jurisdiction, 2021-22

This vertical bar chart compares the proportion of MBS health assessments and eye examinations in 2021-22, by state and territory. The chart shows that the proportion of MBS health assessments and eye examinations was highest in Queensland (5.9%) and New South Wales (4.8%) and was lowest in Western Australia (2.9%) and Victoria (2.4%).

Proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist by age and sex, 2020-21-Indigenous population (denominator)

This grouped vertical bar chart compares the proportion of MBS health assessments and eye examinations in 2021-22, by age and sex. The chart shows that the number and proportion of MBS health assessments and eye examinations were very similar for Indigenous males and females aged 0-14— 2% and 2.2%, respectively. For all other age groups except 75+, the proportion for Indigenous females was higher than Indigenous males.

Proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist by age and sex, 2020-21-number of health assessments (denominator)

This grouped vertical bar chart compares the proportion of MBS health assessments and eye examinations in 2021-22, by age and sex. The chart shows that the number and proportion of MBS health assessments and eye examinations were very similar for Indigenous males and females aged 0-14— 9% and 10.7%, respectively. For all other age groups except 75+, the proportion for Indigenous females was higher than Indigenous males.

Proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist by Primary Health Network (PHN), 2020-21

This horizontal bar chart shows the proportion of MBS health assessments and eye examinations in 2021-22, by PHN. The chart shows that the PHNs with the lowest proportion of health assessments were Eastern Melbourne (1.3%) and North Sydney (1.2%), while those with the highest rates were Brisbane North (7.9%) and Brisbane South (7%).

Proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist by age 2010-11 to 2020-21

This line graph shows changes in the proportion of MBS health assessments and eye examinations, from 2010-11 to 2020-21, by age group. The chart shows that, between 2010-11 and 2020-21, the age-standardised proportion of MBS health assessments and eye examinations increased over time. This increase occurred across all age groups but was highest for those aged 65-74 and 75 and over (from around 3.8% to around 20% for both groups).

Visualisation not available for printing

- The age-standardised proportion of First Nations people who had a health assessment and an initial eye examination by an optometrist increased from around 1% in 2011-12 to around 7% from 2018-19 to 2020-21, before slightly declining to 6.1% in 2021-22.
- In 2021-22, health assessments and initial eye examinations for First Nations females outnumbered those for First Nations males across all age groups, especially for age groups 45-54 and 65-74.

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Diagnosis and screening

Measure 2.2

The number of First Nations people who had an eye examination by an optometrist or ophthalmologist in the last 12 months, proportion of the population.

Eye care professionals play an important role in screening for eye and vision problems by conducting basic eye examinations (Figure 17 and Figure 18). Current data provides an incomplete picture of the extent of First Nations eye health services. For example, data do not capture many of the ophthalmological services - such as eye examinations undertaken by salaried ophthalmologists in public hospitals.

Figure 17: Eye examinations by an eye care professional, 2021-22

Measure 2.2: The number of First Nations people who had an eye examination by an optometrist or ophthalmologist in the last 12 months, proportion of the population

Eye examinations by an eye care professional, 2021-22

Number and proportion of First Nations people that had an eye examination by an eye care professional, by profession type, 2021-22

This dual axis combined vertical bar chart and scatter plot displays the number and proportion of Indigenous Australians, in 2021-22, that had had an eye examination by ophthalmologists and optometrists in the preceding 12 months. The chart shows that in 2021-22 there were around 141 First Nations people who had an eye examination undertaken by an ophthalmologist in the preceding 12 months (0.0% of the population) and around 114,080 who had an eye examination undertaken by an optometrist (12.9% of the population).

Visualisation not available for printing

In 2021-22, there were around 114,000 First Nations people who had had an eye examination undertaken by an optometrist or ophthalmologist in the preceding 12 months - 13% of the population.

Figure 18: Eye examinations by an eye care professional: interactive data

Eye examinations by an eye care professional: interactive data

This interactive data visualisation shows 3 separate charts showing the proportion of the population that had an eye examination by an eye care professional in the preceding 12 months, for Indigenous and non-Indigenous Australians by various characteristics.

Proportion of First Nations people that had an eye examination by an optometrist or ophthalmologist in the last 12 months, by remoteness, 2021-22

This vertical bar chart compares the proportion of eye examination by an optometrist or ophthalmologist in the last 12 months in 2021-22, by remoteness. The chart shows that the was highest in *Inner regional areas* (14.7%). The proportion was lowest in *Very remote areas* (7%).

Proportion of First Nations people that had an eye examination by an optometrist or ophthalmologist in the last 12 months, by jurisdiction, 2021-22

This vertical bar chart compares the proportion of eye examination by an optometrist or ophthalmologist in the last 12 months in 2021-22, by jurisdiction. The chart shows that the was highest in *Australian Capital Territory* (16.4%). The proportion was lowest in *Northern Territory* (8.2%).

Proportion of people that had an eye examination by an optometrist or ophthalmologist in the last 12 months, by Indigenous status, 2010-11 to 2021-22

This grouped line chart the proportion of eye examination by an optometrist or ophthalmologist in the last 12 months in , by Indigenous status from 2010-11 to 2021-22. The chart shows the proportion rose steadily from 2011-11 to 2018-19 rising from 32.8 per cent to 38 percent. It dipped to 36.7 percent in 2019-20, then rose sharply to 42.9 per cent in 2020-21 before decreasing in 2021-22 to 39.9 percent.

The non Indigenous proportion followed a similar pattern but was consistently higher that the First Nations proportion.

Visualisation not available for printing

- In 2021-22, there were around 114,000 First Nations people who had had an eye examination undertaken by an optometrist or ophthalmologist in the preceding 12 months - 13% of the population. This was less than the estimated number of eye examinations needed for First Nations people each year (145,469) (IEHU 2017).
 - In 2021-22, the proportion of First Nations people who had had an eye examination in the preceding 12 months was lowest in Western Australia and the Northern Territory (8.7 and 8.2%) followed by South Australia (8.7%) and was highest in Australian Capital Territory (16.4%).
 - Between 2012-13 and 2021-22, the total age-standardised proportion of the First Nations population that had had an eye examination increased from 17.2% to 17.7%, while the proportion for non-Indigenous Australians increased from 22.1% to 25.2%.
-



Diagnosis and screening

Measure 2.3.1

The number of First Nations people screened for diabetic retinopathy in the 12-month period who also had a diabetes test in the 12-month period or in the year before, as a proportion of those who had a diabetes test (MBS data). First Nations people who had a diabetes test may not have been found to have diabetes. For this reason the rate of those screened for diabetic retinopathy may be an underestimate.

Current guidelines recommend a diabetic eye examination annually for First Nations people with diabetes, and at least every 2 years for non-Indigenous Australians with diabetes (Figure 19 and Figure 20).

Figure 19: Eye examinations among those tested for diabetes (MBS data), 2021-22

Measure 2.3.1: The number of First Nations people who had an eye examination in the 12-month period or in the year before, as a proportion of those who had a diabetes test (MBS data). First Nations people who had a diabetes test may not have been found to have diabetes.

Eye examinations among those tested for diabetes (MBS data), 2021-22

Number and proportion of First Nations people who had a diabetes test who also had an eye examination by profession type, 2019-20

This dual axis vertical bar chart and scatter plot displays the number and proportion of First Nations peoples screened for diabetes who had had an eye examination by an optometrist, ophthalmologist or GP. The chart shows that in 2019-20, an estimated 40% had an eye examination by an optometrist, 3.1% by an ophthalmologist and 1.4% by a GP.

Visualisation not available for printing

An estimated 29,000 First Nations people had had a diabetes test in the previous year, with 13,574 (47%) also screened for diabetic retinopathy at least once in 2021-22.

Figure 20: Eye examinations among those tested for diabetes (MBS data): interactive data

Eye examinations among those tested for diabetes (MBS data): interactive data

This interactive data visualisation shows 3 separate charts showing the proportion of those who had a diabetes test who had an eye examination by an optometrist or ophthalmologist, for Indigenous and non-Indigenous Australians by age and over time. by various characteristics.

Proportion of First Nations people who had a diabetes test who also had an eye exam by region, 2021-22

This vertical bar chart shows the proportion of First Nations people screened for diabetes who had an eye examination in 2019-20, by remoteness. While the proportion is highest in *Inner regional* areas (51.3%), in general it decreases with remoteness—with the lowest rate in *Very remote* areas (32.1%).

Proportion of First Nations people who had a diabetes test who also had an eye exam by jurisdiction, 2021-22

This vertical bar chart shows the proportion of First Nations people screened for diabetes who had an eye examination in 2021-22, by jurisdiction. The jurisdictions with the highest proportions were Queensland and Tasmania (49.7% and 53.8%, respectively), and the lowest was the Northern Territory (33.2%).

Proportion of people who had a diabetes test who also had an eye exam by age and Indigenous status, 2010-11 to 2021-22

This grouped line graph shows the proportion of those screened for diabetes who had an eye examination from 2010-11 to 2021-22, by age group and Indigenous status. The chart shows that for First Nations people the proportion has risen across all years from 2010-11 to 2018-19 before declining for the older age groups (35-44, 45-54, 55-64 and 65 and over) in 2019-20.

For Non Indigenous persons the proportion has risen over time, with proportions rising with age across all years from 2010-11 to 2018-19 before declining for all age groups from 2018-19 to 2019-20.

Visualisation not available for printing

- In 2021-22, the proportion of First Nations people screened for diabetic retinopathy was highest in Tasmania (54%), and lowest in the Northern Territory (33%).
- Between 2010-11 and 2018-19, the total age-standardised proportion of First Nations people tested for diabetes who had an eye examination increased from 33% to 38% before decreasing to 37% in 2019-20, while for non-Indigenous Australians it rose from 37% to 46% before decreasing to 43%. The First Nations proportion increased to 43% in 2020-21 before decreasing to 40% in 2021-22.





Diagnosis and screening

Measure 2.3.2

The proportion of First Nations participants in the NEHS with self-reported diabetes who had a diabetic eye examination in the preceding 12 months (survey data).

Current guidelines recommend a diabetic eye examination annually for First Nations people with diabetes, and at least every 2 years for non-Indigenous Australians with diabetes.

- In 2016, just over half (53%) of First Nations participants in the eye health survey aged 40 and over with self-reported diabetes had had a diabetic eye examination in the preceding 12 months, the period recommended in the National Health and Medical Research Council (NHMRC) guidelines for First Nations people.
- The proportion of First Nations participants in the NEHS with self-reported diabetes who had had a diabetic eye examination in the preceding 12 months varied by remoteness, with participants in Very remote areas having the lowest rate (35%).

Diagnosis and screening

Measure 2.3.3

The number and rate of First Nations people screened for diabetic retinopathy with a retinal camera. (MBS data).

Figure 21: Screening for diabetic retinopathy with a retinal camera (MBS data), 2021-22

Measure 2.3.3: The number of First Nations people who were screened for diabetic retinopathy with a retinal camera, in the 12-month period (MBS data)

Screening for diabetic retinopathy with a retinal camera (MBS data), 2021-22

Number and rate per 1,000 of First Nations people who were screened for diabetic retinopathy with a retinal camera by sex, 2021-22

This dual axis combined vertical bar chart and scatter plot shows the number and rate of First Nations people who were screened for diabetic retinopathy with a retinal camera in 2021-22, by sex. The rate screening as the same for males and females males (0.8 per 1,000).

Visualisation not available for printing

In 2021-22, an estimated 721 (0.8 per 1,000 First Nations population) First Nations people diagnosed with diabetes, were screened for diabetic retinopathy with a retinal camera (Figure 21 and Figure 22).

Figure 22: Screening for diabetic retinopathy with a retinal camera (MBS data): interactive data

Screening for diabetic retinopathy with a retinal camera (MBS data): interactive data

This interactive data visualisation shows 3 separate charts showing the proportion of the population that had an eye examination by an eye care professional in the preceding 12 months, for Indigenous and non-Indigenous Australians by various characteristics.

Number and rate per 1,000 of First Nations people who were screened for diabetic retinopathy with a retinal camera by region, 2021-22

This dual axis vertical bar chart and scatter plot shows the number and rate of First Nations people diagnosed with diabetes who were screened for diabetic retinopathy with a retinal camera in 2021-22, by region. The rate was highest in *Remote* areas, 1.3 per 1,000 population and lowest in *Major cities*, 0.6 per 1,000 population.

Number and rate per 1,000 of First Nations people who were screened for diabetic retinopathy with a retinal camera by jurisdiction, 2021-22

This dual axis combined vertical bar chart and scatter plot shows the number and rate of First Nations people diagnosed with diabetes who were screened for diabetic retinopathy with a retinal camera in 2021-22, by jurisdiction. The rate was highest in Western Australia, 3 per 1,000 population and lowest in Victoria, 0.3 per 1,000 population.

Number of First Nations people who were screened for diabetic retinopathy with a retinal camera by age, 2016-17 to 2021-22

This line graph shows the number and rate of First Nations people who were diagnosed with diabetes who were screened for diabetic retinopathy with a retinal camera from 2016-17 to 2021-22, by age group. The number of eye examinations is highest for those aged 35-54 and 55-74 years across all years and has also risen most steeply for this group, rising from 157 and 217 respectively in 2016-17 to 649 and 692 in 2018-19, before declining to 264 and 337 in 2021-22.

Visualisation not available for printing

- In 2020-21, the rate of screening tests for diabetic retinopathy with a retinal camera for First Nations people was lowest in *Inner regional* areas (0.6 per 1,000) and highest in *Remote* areas (4.4 per 1,000). In 2021-22 the rate of screening tests for First Nations people was lowest in *Major cities* (0.6 per 1,000) and highest in *Remote* and *Very remote* areas (both 1.3 per 1,000).
- From 2016-17 to 2021-22, age-specific rates of screening tests for diabetic retinopathy with a retinal camera for First Nations people were highest for those aged 55-74 or 75 and over.

Diagnosis and screening

Measure 2.4.1

The estimated number, and proportion of First Nations children in at-risk communities screened for trachoma.

Figure 23: Trachoma screening coverage 2012 to 2022

Measure 2.4.1: The estimated number and proportion of Indigenous children in at-risk communities screened for trachoma

Trachoma screening coverage 2012 to 2022

Trachoma screening coverage in communities that screened, children aged 5-9, 2012 to 2022

This line graph presents trachoma national screening coverage for children aged 5-9 years in Indigenous communities, from 2012 to 2022. The chart shows that, nationally between 2012 and 2021, the proportion of children aged 5-9 years who were screened for trachoma in at-risk communities rose from 70% in 2012 to 90% in 2022.

Visualisation not available for printing

Between 2012 and 2022, the proportion of children aged 5-9 years screened for trachoma in at-risk communities that required and received screening rose from 70% in 2012 to 92% in 2016. The proportion screened dropped slightly in 2017 to 83% then rose again to 90% in 2019 and has remained flat until 2022 (Figure 23 and Figure 24).

Figure 24: Trachoma screening coverage: interactive data

Trachoma screening coverage: interactive data

This interactive data visualisation shows 2 separate charts presents the number and percent of children aged 5-9 years screened in Indigenous communities, for First Nations people by various characteristics.

Trachoma screening coverage in communities that screened, children aged 5-9, by jurisdiction 2022

This dual axis combined vertical bar and scatter plot presents the number and percent of children aged 5-9 years screened in Indigenous communities, in 2022, by jurisdiction. The rate was highest in Western Australia (93%) and lowest in South Australia (86%).

Trachoma screening coverage in communities that screened, children aged 5-9, 2012 to 2022 by jurisdiction

This line graph presents trachoma screening coverage for children aged 5-9 years in Indigenous communities, by jurisdiction, from 2012 to 2021. The chart shows that, nationally between 2012 and 2022.

Visualisation not available for printing

In 2022, in the 76 at-risk communities in 3 jurisdictions (Western Australia, South Australia and the Northern Territory) that undertook screening, there were a total of 1,491 children aged 5-9 screened for trachoma, a rate of 91%.

Diagnosis and screening

Measure 2.4.2

The estimated number, and proportion of First Nations adults screened for trichiasis.

Figure 25: Trichiasis screening coverage, 2022

Measure 2.4.2 The estimated number and proportion of Indigenous adults screened for trichiasis

There are 3 separate charts for this measure showing trichiasis screening coverage in Indigenous communities, by various characteristics.

Trichiasis screening coverage, 2022

Trichiasis screening coverage in communities that screened, by age, 2022

This dual axis combined vertical bar chart and scatter plot presents number and percent screened for trichiasis in Indigenous communities, in 2022, by age group. The chart shows that 4,054 First Nations people aged 15-39 (a rate of 22%) and 6,752 Indigenous adults aged 40 and over (a rate of 56%) were screened for trichiasis in at-risk communities.

Visualisation not available for printing

- In 2022, 35% of First Nations people aged 15 years or over were screened for trichiasis.
- In 2022, 4,054 First Nations people aged 15-39 years (22%) and 6,752 First Nations adults aged 40 years and over (56%) were screened for trichiasis in at-risk communities that required and received screening.

Figure 26: Trichiasis screening coverage: interactive data

Trichiasis screening coverage: interactive data

Trichiasis screening coverage in communities that screened, Australians aged 40 and over, by jurisdiction, 2022

This dual axis combined vertical bar chart and scatter plot presents the number and proportion screened for trichiasis in Indigenous communities in Queensland, Western Australia, South Australia and the Northern Territory in 2022, for adults aged 40 and over. The proportion screened was highest in South Australia, (487 adults, a rate of 75%) while the number screened was highest in the Northern Territory (3,259 a rate of 48%) . There was no screening in Queensland in 2022.

Trichiasis screening coverage in communities that screened, Australians aged 40 and over, 2011 to 2022

This dual axis combined line graph scatter plot presents the number and proportion screened for trichiasis in Indigenous communities, in 2011 to 2022. The chart shows that the proportion of Indigenous adults aged 40 and over screened for trichiasis rose from 1,179 (9%) in 2011 to 8,270 (24%) in 2017 before dropping to 6,6752 (56%) in 2022.

Visualisation not available for printing

- In 2022, the proportion of First Nations adults aged 40 years and over screened for trichiasis was highest in South Australia (487 adults, 75%) and lowest in Northern Territory (3,259 adults, 48%).
- In jurisdictions that undertook screening, the proportion of First Nations adults aged 40 years and over screened for trichiasis in at-risk communities that required and received screening rose from 1,179 (9%) in 2011 to 6,752 (56%) in 2022. The number of First Nations adults aged 40 years and over screened for trichiasis was highest in 2020 (8,607, 45%), while the proportion was highest in 2022 (6,752, 56%).

Diagnosis and screening

Measure 2.5

The number of First Nations people with vision impairment or blindness attributed to 1 of the 5 main causes (refractive error, cataract, diabetic retinopathy, age-related macular degeneration and glaucoma) who had not had their condition diagnosed, as a proportion of those with vision impairment or blindness attributed to 1 of the 5 main causes.

Figure 27: Undiagnosed eye conditions, 2016

Measure 2.5 The number of First Nations people with vision impairment or blindness attributed to 1 of the 5 main causes (refractive error, cataract, diabetic retinopathy, age-related macular degeneration and glaucoma) who had not had their condition diagnosed, as a proportion of those with vision impairment and blindness attributed to 1 of the 5 main causes.

This visualisation is a stacked bar chart showing diagnosis rates for the top 3 eye diseases and for refractive error for First Nations and non-Indigenous Australians.

Eye conditions, First Nations people, by whether diagnosed, 2016

This stacked vertical bar chart compares the number of First Nations people participating in the National Eye Health Survey in 2016 who had diagnosed and undiagnosed eye conditions. The chart shows that:

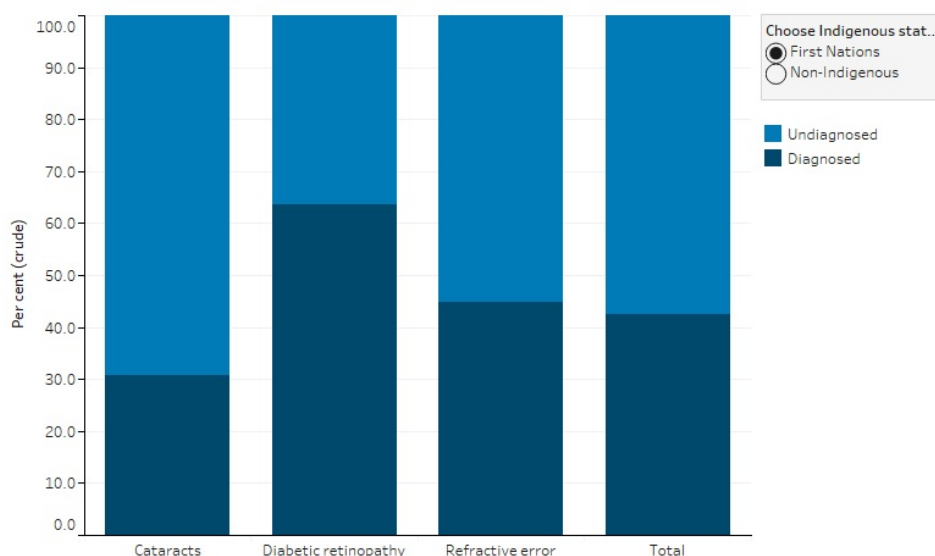
- 55% of Indigenous participants tested had undiagnosed refractive error
- 69% of Indigenous participants tested had undiagnosed cataract
- 36% of Indigenous participants tested had undiagnosed diabetic retinopathy.

Eye conditions, non-Indigenous Australians, by whether diagnosed, 2016

This stacked vertical bar chart compares the number of non-Indigenous Australians participating in the National Eye Health Survey in 2016 who had diagnosed and undiagnosed eye conditions. The chart shows that:

- 64% of non-Indigenous participants tested had undiagnosed refractive error
- 36% of non-Indigenous participants tested had undiagnosed cataract.

First Nations people by diagnosis status



Eye health measures for Aboriginal and Torres Strait Islander people 2023 Cat. no IHW 278
 Source: National Eye Health Survey 2016.

[Footnotes]

- In 2016, around 57% of First Nations participants in the 2016 NEHS had vision impairment or blindness attributed to 1 of 5 main causes (refractive error, cataract, diabetic retinopathy, age-related macular degeneration and glaucoma), and had not previously had their condition diagnosed.
- The rates varied by condition, with the highest rate being for undiagnosed cataract:
 - 64 of 116 (55%) First Nations participants tested had undiagnosed refractive error
 - 27 of 39 (69%) First Nations participants tested had undiagnosed cataract
 - 4 of 11 (36%) First Nations participants tested had undiagnosed diabetic retinopathy.





Treatment

According to the 2016 National Eye Health Survey, refractive error, cataract and diabetic retinopathy are the leading causes of vision loss among First Nations people. Information on First Nations hospitalisations for cataract surgery, treatment for diabetic retinopathy and provision of spectacles (a low cost-effective treatment for refractive error), for example, reflect the prevalence of particular conditions in the population as well as the use of health services.

The following measures provide information on the use of eye health treatment services which allows for ongoing monitoring and for identification of particular services, regions or groups within the First Nations population, where access to and use of services could be improved.

Measure 3.1

Hospitalisations for diseases of the eye

Measure 3.2

Hospitalisations for injuries to the eye

Measure 3.3

Hospitalisations for eye procedures

Measure 3.4

Hospitalisations with a procedure for cataract surgery

Measure 3.5.1

First Nations people who have had cataract surgery, as a proportion of the population who requires it (NEHS)

Measure 3.5.2

First Nations people who have had cataract surgery, as a proportion of the population who requires it (WHO definition)

Measure 3.6.1

Median and 90th percentile waiting times

Measure 3.6.2

Proportion of patients treated within 90 days, and within 365 days

Measure 3.7.1

Population treated for diabetic retinopathy as a proportion of those screened

Measure 3.7.2

Population treated for diabetic retinopathy as a proportion of those screened for diabetes

Measures 3.8.1 and 3.8.2

Community members who were treated in communities where active trachoma was identified and trichiasis treatment coverage

Measure 3.9

Treatment of refractive error

Measure 3.10

Spectacles dispensed under state schemes



Treatment

Measure 3.1

The number of hospitalisations for diseases of the eye, per 1,000 First Nations people.

Hospitalisations reflect both the occurrence in the population of eye conditions which are serious enough to require hospitalisation, as well as access to and use of hospitals services (Figure 28 and Figure 29).

Figure 28: Hospitalisations for diseases of the eye, 2019-21

Measure 3.1 The number of hospitalisations for diseases of the eye, per 1,000 Indigenous Australians.

Hospitalisations for diseases of the eye, 2019-21

Hospitalisations for First Nations people for diseases of the eye, by principal diagnosis, 2019-21

This horizontal bar chart compares the hospitalisation rate for First Nations people for diseases of the eye, in 2019-21, by principal diagnosis. The chart shows that the most common principal diagnosis for hospitalisations for diseases of the eye was disorders of the lens (3.8 per 1,000). The rate of hospitalisations for disorders of the choroid & retina was 1 per 1,000. Disorders of conjunctiva and disorders of eyelid, lacrimal system & orbit were both 0.4 per 1,000.

Visualisation not available for printing

- In the two-year period 2019-21, there were around 11,058 hospitalisations for First Nations people for diseases of the eye - a crude rate of 6.4 per 1,000 population.
- In 2019-21, for First Nations people, the most common principal diagnosis for hospitalisations for diseases of the eye was disorders of the lens (6,528 hospitalisations or 3.8 per 1,000).

Figure 29: Hospitalisations for diseases of the eye: interactive data

Hospitalisations for diseases of the eye: interactive data

This interactive visualisation shows 5 separate charts showing Hospitalisations for diseases of the eye, by various characteristics.

Hospitalisations for diseases of the eye, by Indigenous status and region, 2019-21

This vertical bar chart compares age standardised rates of hospitalisation for diseases of the eye in 2019-21, by Indigenous status and remoteness category of geographic location. The chart shows that hospitalisation rates were highest for First Nations people in *Remote and very remote* areas (combined) (12 per 1,000) and lowest in *Inner/outer regional* (12 per 1,000).

Hospitalisations for diseases of the eye, by Indigenous status and jurisdiction, 2019-21

This vertical bar chart compares age standardised rates of hospitalisation for diseases of the eye in 2019-21, by Indigenous status and by state and territory. The chart shows that hospitalisation rates for First Nations people for diseases of the eye were lowest in the Australian Capital Territory (6.1 per 1,000) and Tasmania (7.3 per 1,000) and were highest in Queensland and Western Australia (both around 14 per 1,000) followed by the New South Wales (11 per 1,000).

Hospitalisations for First Nations people for diseases of the eye, by age and sex 2019-21

This vertical bar chart compares hospitalisation rates for diseases of the eye in 2019-21, by age and sex. The chart shows that hospitalisation rates rose with age for males and females. Hospitalisation rates were similar for males and females for all age groups up to 74. For those aged 75 and over, rates were higher for Indigenous males (84 per 1,000) than Indigenous females (73 per 1,000).

Hospitalisations for First Nations people for diseases of the eye, by PHN, 2019-21 (bar chart)

This horizontal bar chart compares the hospitalisation rate for diseases of the eye for First Nations people in 2019-21, by PHN, grouped by state. The chart shows that the PHNs with the lowest hospitalisation rates for First Nations people for diseases of the eye were the Australian Capital Territory and Western Sydney (NSW) (2.5 and 2.7 per 1,000, respectively). The PHNs with the highest hospitalisation rates for First Nations people were Western Queensland (QLD) and Country WA (WA) (8.9 and 10.3 per 1,000, respectively).

Hospitalisations for diseases of the eye, by age and Indigenous status, 2011-12 to 2020-21

This line graph shows hospitalisation rates for diseases of the eye, from 2011-12 to 2020-21, by Indigenous status. The chart can be filtered by age group and also for all ages age standardised.

Visualisation not available for printing

- Age-specific hospitalisation rates were higher among First Nations people than non-Indigenous Australians in 2020-21 for those aged 45 to 54 (7.7 and 6.7 per 1,000, respectively) and 55 to 64 (and 24.9 and 21 per 1,000, respectively).
- Between 2013-14 and 2020-21, the age-standardised hospitalisation rate for diseases of the eye for First Nations people increased from 8.9 to 12.6 per 1,000, while the rate for non-Indigenous Australians increased from 13.2 to 14.3 per 1,000.



Treatment

Measure 3.2

The number of hospitalisations for injuries to the eye, per 1,000 First Nations people.

Hospitalisations reflect both the occurrence in the population of eye conditions which are serious enough to require hospitalisation, as well as access to and use of hospitals services.

Figure 30: Hospitalisations for eye injuries, 2019-21

Measure 3.2 The number of hospitalisations for injuries to the eye, per 1,000 Indigenous population.

Hospitalisations for eye injuries, 2019-21

Hospitalisations for First Nations people for injuries to the eye, by type of injury, 2019-21

This horizontal bar chart compares the hospitalisation rate for First Nations people for injuries of the eye, in 2018-20, by type of injury. The chart shows that the most common type of injuries were open wounds of the eyelid and periocular area and periorbital fracture (both 0.4 per 1,000) followed by superficial injuries of eyelid and periocular area (0.2 per 1,000) and contusion of eyeball and orbital tissues (0.1 per 1,000).

Visualisation not available for printing

- In the 2-year period from 2019-21, there were around 2,100 hospitalisations of First Nations people for injuries to the eye - 1.2 per 1,000 population.
- In 2019-21, for First Nations people, the most common principal diagnosis for hospitalisations for injury to the eye was an open wound of eyelid and periocular area (0.4 per 1,000).

Figure 31: Hospitalisations for eye injuries: interactive data

Hospitalisations for eye injuries: interactive data

This interactive visualisation shows 5 separate charts showing Hospitalisations for eye injuries, by various characteristics.

Hospitalisations for injuries to the eye, by Indigenous status and region, 2019-21

This grouped vertical bar chart compares hospitalisation rates for injuries to the eye in 2019-21, by remoteness category and Indigenous status. The chart shows that age-standardised hospitalisation rates were higher for First Nations people in all regions. Indigenous injury rates were highest in *Remote and very remote* areas combined (3.2 per 1,000) and lowest in *Major cities* (0.9 per 1,000).

Hospitalisations for injuries to the eye, by Indigenous status and jurisdiction, 2019-21

This grouped vertical bar chart compares hospitalisation rates for injuries to the eye in 2019-21, by jurisdiction and Indigenous status. The chart shows that age-standardised hospitalisation rates were higher for First Nations people in all jurisdictions. Injury rates were highest in Northern Territory (4.1 per 1,000) and lowest in NSW/ACT (0.6 per 1,000).

Hospitalisations for First Nations people for injuries to the eye, by age and sex 2019-21

This grouped vertical bar chart compares hospitalisation rates for injuries to the eye in 2019-21, by age and sex. The chart shows that hospitalisation rates for males was higher in all age groups except 75 and over.

Hospitalisations for First Nations people for injuries to the eye, by PHN, 2019-21 (bar chart)

This horizontal bar chart compares the hospitalisation rate for injuries to the eye for First Nations people in 2019-21, by PHN, grouped by state. The chart shows that the PHNs with the lowest publishable hospitalisation rates for First Nations people for injuries to the eye were Tasmania, and Nepean Blue Mountains (all 0.3 per 1,000). The PHNs with the highest hospitalisation rates for First Nations people were the Northern Territory and Western Queensland (3.9 and 3.3 per 1,000 respectively).

Hospitalisations for injuries to the eye, by Indigenous status and age, 2011-12 to 2020-21

This line graph shows hospitalisation rates for injuries of the eye, from 2011-12 to 2020-21, by Indigenous status. The chart can be filtered by age group and also for all ages age standardised.

The chart shows that, in this period, the age standardised hospitalisation rate for First Nations people for injuries of the eye increased, from 1.2 to 1.5 per 1,000. Over the same period, the rate for non-Indigenous Australians decreased from 0.5 to around 0.4 per 1,000.

Visualisation not available for printing

- In 2020-21, the age-specific hospitalisation rate for First Nations people aged 35-44 (2.7 per 1,000) was more than 7 times the rate for non-Indigenous Australians of the same age (0.3 per 1,000).
 - Between 2013-14 and 2020-21, the age-standardised hospitalisation rate for eye injuries for First Nations people and non-Indigenous Australians was fairly constant.
-



Treatment

Measure 3.3

The number of hospital separations with a procedure on the eye and adnexa, per 1,000 First Nations people.

Hospitalisations reflect both the occurrence in the population of eye conditions which are serious enough to require hospitalisation, as well as access to and use of hospitals services (Figure 32 and Figure 33).

Figure 32: Hospitalisations for eye procedures, 2019-21

Measure 3.3 The number of hospital separations with a procedure on the eye and adnexa, per 1,000 Indigenous population.

Hospitalisations for eye procedures, 2019-21

Hospitalisations for First Nations people for eye procedures by procedure type, 2019-21

This horizontal bar chart compares the hospitalisation rate for First Nations people for eye procedures, in 2019-21, by procedure type. The chart shows that the most common procedure was lens procedures (3.5 per 1,000) followed by retinal procedures (1.4 per 1,000).

Visualisation not available for printing

- In the 2-year period 2019-21, there were around 10,800 hospitalisations of First Nations people for eye procedures - a crude rate of 6.2 per 1,000 population.
- In 2019-21, for First Nations people, the most common hospitalisations for an eye procedure were lens procedures (3.5 per 1,000) followed by retinal procedures (1.4 per 1,000).

Hospitalisations for eye procedures: interactive data

Hospitalisations for eye procedures: interactive data

This interactive visualisation shows 5 separate charts showing the prevalence of active trachoma in at-risk Indigenous communities, by various characteristics.

Hospitalisations for eye procedures, by Indigenous status and region, 2019-21

This grouped vertical bar chart compares age standardised hospitalisation rates for eye procedures in 2019-21, by remoteness category and Indigenous status. The chart shows that hospitalisation rates for First Nations people were lower than for non-Indigenous Australians in *Major cities* (12.4 and 13.7 per 1,000 respectively) and *Inner and outer regional areas* (11.9 and 13.2 per 1,000 respectively) but higher in *Remote and very remote areas* (14.6 and 11.8 per 1,000 respectively).

Hospitalisations for eye procedures, by Indigenous status and jurisdiction, 2019-21

This grouped vertical bar chart compares age standardised hospitalisation rates for eye procedures in 2019-21, by jurisdiction and Indigenous status. The chart shows that hospitalisation rates for First Nations people were lower than for non-Indigenous in all jurisdictions except the Northern Territory and Western Australia.

Hospitalisations for First Nations people for eye procedures, by age and sex 2019-21

This vertical bar chart compares hospitalisation rates for eye procedures in 2019-21, by age and sex. The chart shows that hospitalisation rates rose with age for males and females. Hospitalisation rates were similar for males and females in all age groups up to 75 and over. For those aged 75 and over rates were higher for Indigenous males (82 per 1,000) than Indigenous females (74 per 1,000).

Hospitalisations for First Nations people for eye procedures, by PHN, 2019-21

This horizontal bar chart compares the hospitalisation rate for eye procedures for First Nations people in 2019-21, by PHN, grouped by state. The chart shows that the PHNs with the lowest hospitalisation rates were Western Sydney, the Australian Capital Territory and Nepean Blue Mountains (NSW) (all equal to or less than 3.3 per 1,000). The PHNs with the highest hospitalisation rates for First Nations people were Brisbane North (Qld) and Country WA (WA) (both over 8.9 per 1,000).

Hospitalisations for eye procedures, by Indigenous status, 2011-12 to 2020-21

This line graph shows hospitalisation rates for eye procedures, from 2011-12 to 2020-21, by Indigenous status. The chart can be filtered by age group and also for all ages age standardised.

The chart shows that, in this period, the age standardised hospitalisation rate for First Nations people eye procedures increased, from 8.1 to 12.3 per 1,000. Over the same period, the rate for non-Indigenous Australians increased from 13 to around 14 per 1,000.

Visualisation not available for printing

Between 2013-14 and 2020-21, the age-standardised hospitalisation rate for eye procedures for First Nations people increased from 8.7 to 11.4 in 2018-19 before dropping to 10.3 per 1,000 in 2019-20 and then increasing to 12.3 in 2020-21, while the rate for non-Indigenous Australians increased from 13 to 13.8 in 2018-19 before dropping to 12.2 per 1,000 in 2019-20 and then increasing to 14 per 1,000 in 2020-21.

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Treatment

Measure 3.4

The number of hospital separations with a procedure for cataract surgery, per 1,000,000 First Nations people.

Hospitalisations reflect both the occurrence in the population of eye conditions which are serious enough to require hospitalisation, as well as access to and use of hospitals services. The cataract surgery rate is calculated per million to align with international standards (Figure 34 and Figure 35).

Figure 34: Cataract surgery rate, 2017-19 and 2019-21

Measure 3.4 The number of hospital separations with a procedure for cataract surgery, per 1,000,000 Indigenous population.

Cataract surgery rate, 2017-19 and 2019-21

Hospitalisations for First Nations people for cataract surgery, 2017-19 and 2019-21

This dual axis combined vertical bar chart and scatter plot compares hospitalisation rates for cataract surgery in 2017-19 and 2019-21. The chart shows that in 2017-19, the number of hospitalisations for cataract surgery was 6,072 (3,660 per 1,000,000) and in 2019-21 the number of hospitalisations was 6,714 (3,894 per 1,000,000 population).

Visualisation not available for printing

In the 2-year period from 2019-21, there were around 6,700 hospitalisations for First Nations people for cataract surgery - a rate of 3,894 per 1,000,000 population. The number of hospitalisations over the 2-year period 2019-21 was below the estimated annual number of First Nations people needing cataract surgery (16,537).

Figure 35: Cataract surgery rate: interactive data

Cataract surgery rate: interactive data

This interactive visualisation shows 6 separate charts Hospitalisations for cataract surgery, by various characteristics.

Hospitalisations for cataract surgery, by Indigenous status and region, 2019-21

This grouped vertical bar chart compares age standardised hospitalisation rates for cataract surgery in 2019-21, by remoteness category and Indigenous status. The chart shows that hospitalisation rates for First Nations people were lower than for non-Indigenous Australians in *Major cities* (7,585 and 8,053 per 1,000,000, respectively) and *Inner and outer regional areas* combined (7,883 and 8,464 per 1,000,000, respectively) but higher in *Remote and very remote* areas combined (7,758 and 7,192 per 1,000,000 respectively).

Hospitalisations for cataract surgery, by Indigenous status and jurisdiction, 2019-21

This grouped vertical bar chart compares age standardised hospitalisation rates for cataract surgery in 2019-21, by jurisdiction and Indigenous status. The chart shows that hospitalisation rates for First Nations people were lower than for non-Indigenous in all jurisdictions.

Hospitalisations for First Nations people for cataract surgery, by age and sex, 2019-21

This grouped vertical bar chart compares hospitalisation rates for cataract surgery for First Nations people in 2019-21, by age and sex. The chart shows that hospitalisation rates rose with age for both males and females. Hospitalisation rates were similar for males and females in younger age groups. However, for those aged 55-64 and 65-74 rates were higher for Indigenous females (15,172 and 45,878 per 1,000,000, respectively) than Indigenous males (13,313 and 39,356 per 1,000,000, respectively). For those aged 75 and over rates were higher for Indigenous males (60,706 per 1,000,000) than Indigenous females (52,404 per 1,000,000).

Hospitalisations for First Nations people for cataract surgery, by PHN, 2019-21 (bar chart)

This horizontal bar chart compares the hospitalisation rate for cataract surgery for First Nations people in 2019-21, by PHN, grouped by state. The chart shows that the PHNs with the lowest hospitalisation rates for First Nations people for cataract surgery were Western Sydney, the Australian Capital Territory and Nepean Blue Mountains (NSW) (all under 2,400 per 1,000,000). The PHNs with the highest hospitalisation rates for First Nations people were Western Queensland (Qld), Murrumbidgee (NSW) and Country WA (all over 5,200 per 1,000,000).

Hospitalisations for First Nations people for cataract surgery, by roadmap region, 2019-21 (bar chart)

This horizontal bar chart compares the hospitalisation rate for cataract surgery for First Nations people in 2019-21, by roadmap region, grouped by state. The chart also shows estimated need for cataract surgery. For all roadmap regions estimated need is greater than number of hospitalisations.

Visualisation not available for printing

- In 2020-21, the age-specific rate of hospitalisations was higher for First Nations people aged 45-54 and 55-64 than for non-Indigenous Australians of the same age. However, at older ages, age-specific rates were higher for non-Indigenous Australians than First Nations people.
- Between 2013-14 and 2020-21, the age-standardised rate for cataract surgery for First Nations people increased from 6,462 to 8,130 per 1,000,000 in 2018-19 and then dropped to 6,884 per 1,000,000 in 2019-20 before increasing to 8,691 in 2020-21, while the rate for non-Indigenous Australians increased from 8,631 to 8,747 in 2018-19 and then dropped to 7,423 per 1,000,000 in 2019-20 before increasing to 8,944 in 2020-21.



Treatment

Measure 3.5.1

The cataract surgical coverage rate, expressed as the number of First Nations people who have had cataract surgery, as a proportion of those who have had cataract surgery plus those who have vision loss (visual acuity worse than 6/12) and cataracts in 1 or both eyes (National Eye Health Survey definition).

The coverage rate captures those with the condition who have and have not had cataract surgery (Figure 36 and Figure 37).

Figure 36: Cataract surgical coverage rate (NEHS), 2016

Measure 3.5.1: The cataract surgical coverage rate, expressed as the number of First Nations people who have had cataract surgery, as a proportion of those who have had cataract surgery plus those who have vision loss (visual acuity worse than 6/12) and cataracts in 1 or both eyes (National Eye Health Survey definition).

Cataract surgical coverage rate (NEHS), 2016

Cataracts surgery coverage rate by Indigenous status, 2016

This combined scatter plot and Gant chart compares cataract surgery coverage, by Indigenous status. The chart shows that, in 2016, the cataract surgical coverage rate for Indigenous participants in the 2016 NEHS was 59%. This was significantly lower than the rate for non-Indigenous participants (89%).

Visualisation not available for printing

In 2016, the NEHS cataract surgical coverage rate for First Nations people was 59%. This was significantly lower than the rate for non-Indigenous Australians (89%).

Figure 37: Cataract surgical coverage rate (NEHS): interactive data

Cataract surgical coverage rate (NEHS): interactive data

This interactive visualisation shows 2 separate charts showing the cataract surgery coverage rate according to the National Eye Health Survey (NEHS), by various characteristics.

Cataracts surgery coverage rate by Indigenous status and age, 2016

This combined scatter plot and Gant chart compares cataract surgery coverage in 2016, by Indigenous status and by age group. The chart shows that cataract surgical coverage rates for Indigenous participants did not differ significantly by age group. Excluding those aged 40–49 (where there was no data), non-Indigenous cataract surgery coverage was higher than that for First Nations people across all age groups.

Cataracts surgery coverage rate by Indigenous status and sex, 2016

This combined scatter plot and Gant chart compares cataract surgery coverage in 2016, by Indigenous status and by sex. Among Indigenous Australians, the rate was higher among males than females (69% and 52%)—however there was no sex related difference among non-Indigenous Australians (88% for both).

Cataracts surgery coverage rate by Indigenous status and region, 2016

This combined scatter plot and Gant chart compares cataract surgery coverage in 2016, by Indigenous status and by remoteness. The chart shows that cataract surgical coverage rates for Indigenous participants did not differ significantly by remoteness (due to large confidence intervals). Non-Indigenous cataract surgery coverage was higher than that for First Nations people in each remoteness category.

One graph filtered by age and sex. Need to change wording to reflect this?

Visualisation not available for printing

In 2016, the estimated cataract surgical coverage rate for First Nations people was lowest for those aged 40–49 (43%) and highest for those aged 70–79 (73%). The surgical coverage rate for non-Indigenous Australians was significantly higher than for First Nations people, for those aged 60–69 and for those aged 80 or over.



Treatment

Measure 3.5.2

The cataract surgical coverage rate, expressed as the number of First Nations people who have had cataract surgery, as a proportion of those who have had cataract surgery plus those with vision loss (visual acuity worse than 6/18) and cataracts in both eyes (World Health Organization definition).

The coverage rate captures those with the condition who have and have not had cataract surgery.

In 2016, the cataract surgical coverage rate for First Nations people was 93% (CI 75%-98%). This was lower than the estimated rate for non-Indigenous Australians of 99% (CI 97%-100%), although not statistically significant.

Treatment

Measure 3.6.1

The median waiting time (or the number of days within which 50% of patients who completed their wait were admitted for cataract surgery) and the 90th percentile waiting time (or the number of days within which 90% of patients who completed their wait were admitted for cataract surgery).

The waiting times measures provide an indicator of access to cataract surgery for those on waiting lists managed by public hospitals (Figure 38 and Figure 39).

Figure 38: Waiting times for elective cataract surgery (percentile), 2012-13 to 2020-21

Measure 3.6.1: The median waiting time (or the number of days within which 50% of patients who completed their wait were admitted for cataract surgery) and the 90th percentile waiting time (or the number of days within which 90% of patients who completed their wait were admitted for cataract surgery).

Waiting times for elective cataract surgery (days), 2012-13 to 2020-21

Waiting times for elective cataract surgery by Indigenous status, 2012-13 to 2020-21

This line graph shows the days waited at the 50th percentile for elective cataract surgery, from 2012-13 to 2020-21, by Indigenous status. The chart shows that the median waiting time, or time waited before 50% of First Nations patients were admitted for cataract surgery, was consistently longer than that for non-Indigenous Australians until 2019-21. In 2020-21 The median waiting times converged for First Nation and Non -Indigenous Australian (167 days).

This line graph also shows the days waited at the 90th percentile for elective cataract surgery, from 2012-13 to 2020-21, by Indigenous status. The chart shows the time waited before 90% of First Nations patients were admitted for cataract surgery, was consistently longer than that for non-Indigenous Australians (in 2020-21 this was 395 days and 388 days, respectively).

Visualisation not available for printing

- From 2012-13 to 2020-21, the median waiting time for elective cataract surgery for First Nations people rose from 140 days to 152 days (in 2015-16), and then dropped to 130 days in 2019-20 and then increased to 167 days in 2020-21. Over the same period, the median waiting time for non-Indigenous Australians rose from 88 days to 93 days (in 2015-16), dropped and then rose again in 2020-21 to 167 days.
- From 2012-13 to 2020-21, the number of days waited at the 90th percentile was similar for First Nations people and non-Indigenous Australians and remained relatively stable for both groups.

Figure 39: Waiting times for elective cataract surgery (percentile): interactive data

Waiting times for elective cataract surgery (percentile): interactive data

This interactive visualisation shows 2 separate charts for Waiting times for elective cataract surgery by Indigenous status by various characteristics.

Waiting times for elective cataract surgery by Indigenous status and region, 2019-21

This bar chart shows the days waited at the 50th percentile for elective cataract surgery, in 2019-21, by Indigenous status and region. The chart shows that the median waiting time, or time waited before 50% of Indigenous patients were admitted for cataract surgery, was higher for First Nations people across all regions with the exception of *Outer regional and Inner regional* areas where the wait times for First Nations people was slightly less than that for non-Indigenous Australians

This bar chart shows the days waited at the 90th percentile for elective cataract surgery in 2019-21, by Indigenous status and region. The chart shows the time waited before 90% of Indigenous patients were admitted for cataract surgery, was longer for First Nations people in across all regions with the exception of *Outer regional* areas where the wait times for First Nations people was slightly less than that for

non-Indigenous Australians (375 and 399 days, respectively).

Waiting times for elective cataract surgery by Indigenous status and jurisdiction, 2019-21

This bar chart shows the days waited at the 50th percentile for elective cataract surgery, in 2019-21, by Indigenous status and jurisdiction. The chart shows that the median waiting time, or time waited before 50% of Indigenous patients were admitted for cataract surgery, was lower for First Nations people in NSW, SA and Tasmania and higher in all other jurisdictions.

This bar chart also shows the days waited at the 90th percentile for elective cataract surgery in 2019-21, by Indigenous status and jurisdiction. The chart shows the time waited before 90% of patients were admitted for cataract surgery, was shorter for non-Indigenous Australians in all jurisdictions except WA.

Visualisation not available for printing

- In 2020-21 the median waiting time for elective cataract surgery for First Nations people was the same as that for non-Indigenous Australians (167).
- In 2020-21 the time waited before 90% of Indigenous Australians were admitted for cataract surgery was similar to the time waited by for non-Indigenous Australians (395 days and 388 days, respectively).

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Treatment

Measure 3.6.2

The proportion of patients who completed their wait who had cataract surgery within 90 days and within 365 days. To make it easier to interpret, the figure shows the proportion who waited more than 365 days for cataract surgery.

The waiting times measures provide an indicator of access to cataract surgery for those on waiting lists managed by public hospitals (Figure 40 and Figure 41).

Figure 40: Waiting times for elective cataract surgery (days), 2012-13 to 2020-21

Measure 3.6.2: The proportion of patients who completed their wait who had cataract surgery within 90 days and more than 365 days.

Waiting times for elective cataract surgery (days), 2012-13 to 2020-21

Waiting times (treated within 365 days) for elective cataract surgery by Indigenous status, 2012-13 to 2019-20

This line chart shows the percentage of patients waiting more than 365 days for elective cataract surgery, from 2012-13 to 2020-21, by Indigenous status. The chart shows that while there has always been more First Nations people that were not treated within 365 days the gap has narrowed significantly. In 2012-13, the percent was 6.6 for Indigenous and 3.2 for non-Indigenous. In 2020-21, 16% of First Nations people and 14.6% of non-Indigenous Australians waited more than one year for cataract surgery

Visualisation not available for printing

- Between 2012-13 and 2020-21, the proportion of First Nations people treated within 90 days for elective cataract surgery remained relatively stable while the proportion of non-Indigenous Australians treated dropped over this period (from 50% to 38%).
- The proportion of First Nations people and non-Indigenous Australians treated within 365 days dropped between 2012-13 and 2020-21 (from 93% to 84% and from 97% to 85%, respectively).

Figure 41: Waiting times for elective cataract surgery (days): interactive data

Waiting times for elective cataract surgery (days): interactive data

This interactive visualisation shows 2 separate charts for Waiting times for elective cataract surgery by Indigenous status by various characteristics.

Waiting times (days) for elective cataract surgery by Indigenous status and region, 2019-21

This bar chart shows the percentage of patients treated within 90 days for elective cataract surgery, in 2019-21, by Indigenous status and region. The chart shows that in all regions except Outer regional the percentage of First Nations patients treated within 90 days was lower than non-Indigenous.

This bar chart also shows the percentage of patients waiting more than 365 days for elective cataract surgery in 2019-21, by Indigenous status and region. The chart shows that in Major cities and Outer regional areas a smaller percentage of Indigenous than non-Indigenous Australians waited longer than 365 days.

Waiting times (days) for elective cataract surgery by Indigenous status and jurisdiction, 2019-21

This bar chart shows the percentage of patients waiting more than 90 days for elective cataract surgery, in 2019-21, by Indigenous status and jurisdiction. The chart shows that in NSW, Qld and SA a slightly higher percentage of Indigenous patients were treated within 90 days.

This bar chart also shows the percentage of patients waiting more than 365 days for elective cataract surgery in 2019-21, by Indigenous status and jurisdiction. The chart shows in all states except WA and the NT a larger percentage of First Nations people than non-Indigenous Australians waited longer than 365 days.

Visualisation not available for printing

- In 2020-21, the proportion of First Nations people who had elective cataract surgery and were treated within 90 days was similar to the proportion of non-Indigenous Australians who were treated within this time (37.7% and 38%, respectively).
- In 2020-21, the proportion of First Nations people treated within 365 days for cataract surgery was similar to the proportion of non-Indigenous Australians who were treated within this time (84% and 85.4%, respectively).



Treatment

Measure 3.7.1

The diabetic retinopathy treatment rate, expressed as the number of First Nations people who had a retinal laser procedure or an intra-vitreous injection who had also had a diabetes test as a proportion of those screened for diabetic retinopathy. First Nations people who were screened for diabetic retinopathy may not have been found to have diabetic retinopathy. For this reason the rate of those treated for diabetic retinopathy may be an underestimate.

The timely treatment of diabetic retinopathy can prevent vision loss. Treatment generally involves injections into the eye or laser therapy (Figure 42 and Figure 43).

Figure 42: Treated for diabetic retinopathy among those screened for diabetic retinopathy, 2021-22

Measure 3.7.1: The diabetic retinopathy treatment rate, expressed as the number of First Nations people who had a retinal laser procedure or an intra-vitreous injection who had also had a diabetes test as a proportion of those screened for diabetic retinopathy. First Nations people who were screened for diabetic retinopathy may not have been found to have diabetic retinopathy. For this reason, the rate of those treated for diabetic retinopathy may be an underestimate.

Treated for diabetic retinopathy among those screened for diabetic retinopathy, 2021-22

Age standardised proportion of First Nations people screened for diabetic retinopathy treated for diabetic retinopathy by Indigenous status, 2019–20

This vertical bar chart compares the age-standardised proportion of the population screened for diabetic retinopathy who received treatment in 2021-22, by Indigenous status. The age-standardised proportion was 2.8% for First Nations people and 2.9% for non-Indigenous Australians.

Visualisation not available for printing

In 2021-22, the age-standardised proportion treated was similar for First Nations people and non-Indigenous Australians (2.8% and 2.9%, respectively).

Figure 43: Treated for diabetic retinopathy among those screened for diabetic retinopathy: interactive data

Treated for diabetic retinopathy among those screened for diabetic retinopathy: interactive data

There are 4 separate charts for this measure by various characteristics.

Proportion of First Nations peoples screened for diabetic retinopathy treated for diabetic retinopathy by region, 2021–22

This dual axis combined vertical bar chart and scatter plot displays the proportion and number of First Nations peoples screened who were treated for diabetic retinopathy in 2021-22, by remoteness area. Point markers display the proportion treated in each remoteness area. The proportion is highest in *Major cities* areas (both 4.3%), and lowest in *Remote* areas (1.9%).

Proportion of First Nations people screened for diabetic retinopathy treated for diabetic retinopathy by jurisdiction, 2021–22

This dual axis combined vertical bar chart and scatter plot displays the proportion and number of First Nations people screened who were treated for diabetic retinopathy in 2021-22, by jurisdiction. Point markers display the proportion treated in each jurisdiction. The highest number treated is in New South Wales (260), but the highest proportion treated is in the Australian Capital Territory (5.8%). The lowest number treated was in NT (4), which also had lowest proportion treated (0.7%).

Proportion of First Nations people screened for diabetic retinopathy treated for diabetic retinopathy by age and sex, 2021–22

The grouped vertical bar chart displays the proportion of First Nations people screened who were treated for diabetic retinopathy in 2021-22 by age group and by sex. The rate increases with age for males and females.

Proportion of First Nations people screened for diabetic retinopathy treated for diabetic retinopathy, 2010–11 to 2021–22

This dual axis combined line chart and scatter graph shows the proportion of First Nations people screened who were treated for diabetic retinopathy, from 2010-11 to 2021-22. Point markers display the percentage treated, while the line displays the number treated in each time period. The proportion increased from 3.3% in 2010-11 to 3.8% in 2021-22, as did the number receiving treatment going from 349 to 510.

Visualisation not available for printing

- In 2021-22, there were 510 First Nations people screened for diabetic retinopathy who underwent treatment. This was 3.8% of those screened for diabetic retinopathy.
 - Between 2010-11 and 2021-22, the number of First Nations people screened for diabetic retinopathy who underwent treatment increased from 351 in 2010-11 to 510 in 2021-22. The proportion who underwent treatment declined from 3.5% in 2010-11 to 3.2% in 2014-15, 2015-16 and 2016-17 before rising slightly to 3.8% in 2021-22.
-



Treatment

Measure 3.7.2

The diabetic retinopathy treatment rate, expressed as the number of First Nations people who had a retinal laser procedure or an intra-vitreous injection who had also had a diabetes test as a proportion of those who had a diabetes test. First Nations people who had a diabetes test may not have been found to have diabetes. For this reason the rate of those treated for diabetic retinopathy may be an underestimate.

The timely treatment of diabetic retinopathy can prevent vision loss. Treatment generally involves injections into the eye or laser therapy (Figure 44 and Figure 45).

Figure 44: Treated for diabetic retinopathy among those tested for diabetes, 2021-22

Measure 3.7.2: The diabetic retinopathy treatment rate, expressed as the number of First Nations people who had a retinal laser procedure or an intra-vitreous injection who had also had a diabetes test as a proportion of those who had a diabetes test. First Nations people who had a diabetes test may not have been found to have diabetes. For this reason the rate of those treated for diabetic retinopathy may be an underestimate.

Treated for diabetic retinopathy among those tested for diabetes, 2021-22

Age standardised proportion of First Nations people screened for diabetic retinopathy treated for diabetic retinopathy by Indigenous status, 2021–22

This vertical bar chart compares the age-standardised proportion of the population screened for diabetic retinopathy who received treatment in 2021-22, by Indigenous status. The age-standardised proportion was 1.3% for First Nations people and 1.4% for non-Indigenous Australians.

Visualisation not available for printing

The age-standardised proportion of First Nations people treated (1.3%) was lower than the proportion of non-Indigenous Australians treated (1.4%).

Figure 45: Treated for diabetic retinopathy among those tested for diabetes: interactive data

Treated for diabetic retinopathy among those tested for diabetes: interactive data

There are 4 separate charts for this measure by various characteristics.

Proportion of First Nations people screened for diabetic retinopathy treated for diabetic retinopathy by region, 2021–22

This dual axis combined vertical bar chart and scatter plot displays the proportion and number of First Nations people screened who were treated for diabetic retinopathy in 2021–22, by remoteness status. Point markers display the proportion treated in each remoteness area. The proportion is highest in *Major cities* (2.1%) and *Inner regional* areas (2%), and lowest in *Remote* areas (0.7%).

Proportion of First Nations peoples screened for diabetic retinopathy treated for diabetic retinopathy by jurisdiction, 2021–22

This dual axis combined vertical bar chart and scatter plot displays the proportion and number of First Nations people screened who were treated for diabetic retinopathy in 2021–22, by jurisdiction. Point markers display the proportion treated in each jurisdiction. The highest number treated is in New South Wales (260), but the highest proportion is in the Australian Capital Territory (2.4%). The lowest number treated was in NT (4), which also had the lowest proportion (0.2%).

Proportion of First Nations people screened for diabetic retinopathy treated for diabetic retinopathy, by age and sex, 2021–22

The grouped vertical bar chart displays the proportion of First Nations people screened who were treated for diabetic retinopathy in 2021-22 by age group and by sex. The rate increases with age for males and females across all age groups. The rate for males is higher in all age groups.

Proportion of First Nations people screened for diabetic retinopathy treated for diabetic retinopathy 2010–11 to 2021–22

This dual axis combined line chart and scatter graph shows the proportion of First Nations people screened who were treated for diabetic retinopathy, from 2010–11 to 2021–22. Point markers display the percentage treated, while the line displays the number treated in each time period. The proportion increased from 1.3% in 2010-11 to 1.8% in 2021-22, as did the number receiving treatment going from 349 to 510.

Visualisation not available for printing

- In 2021-22, there were 510 First Nations people screened for diabetes who underwent treatment. This was 1.8% of those screened for diabetes.
 - Between 2010-11 and 2021-22, the estimated proportion of First Nations people screened for diabetes who underwent treatment rose from 1.3% in 2010-11 to 1.8% in 2021-22. The number screened increased from 26,713 to 29,000 over the same period.
-



Treatment

Measures 3.8.1 and 3.8.2

The estimated number, and proportion of:

- Community members who were treated in communities where active trachoma was identified
- First Nations adults with trichiasis who were treated.

The screening and treatment frequency for trachoma in at-risk communities is based on the trachoma prevalence rate (Figure 46 and Figure 47). Treatment for trichiasis is important for preventing vision loss.

Figure 46: Trachoma treatment coverage, 2011 to 2022

Trachoma treatment coverage, 2011 to 2022

Community members where active trachoma was identified who were treated 2011 to 2022

This dual axis combined line chart and scatter plot shows the percentage and number of active trachoma cases treated between 2011 and 2022. The chart shows that, in this period, the proportion of First Nations people with active trachoma who received treatment rose from 65%, peaking at 90% in 2014 and declining to 71% in 2021 then increasing to 96% in 2022 .

Visualisation not available for printing

The proportion of community members who received treatment for trachoma has generally increased over time from 65% in 2011 to 95% in 2022.

Figure 47: Trachoma treatment coverage: interactive data

Trachoma treatment coverage: interactive data

There are 2 separate charts for this measure by various characteristics.

Community members where active trachoma was identified who were treated by age, 2022

This dual axis combined vertical bar chart and scatter plot displays the number and percentage of active trachoma cases treated in 2022, by age. The chart shows that a total of 829 First Nations people with active trachoma received treatment for the condition, a rate of 96%. This included 84 children aged 0-4 (94%), 187 aged 5-9 (98%) and 106 aged 10-14 (97%) and 452 Indigenous young Australians and adults aged 15 years and over (93%).

Community members where active trachoma was identified who were treated by jurisdiction, 2022

This dual axis combined vertical bar chart and scatter plot displays the percentage and number of active trachoma cases treated in 2022, by jurisdiction. The chart shows that the proportion of First Nations people with active trachoma who received treatment was 71% in Western Australia (304 people), 97%, and 96% in the Northern Territory (525 people). In SA and Queensland there were no cases with active trachoma.

Visualisation not available for printing

- In 2022, in communities where active trachoma was identified, a total of 829 community members received treatment, a rate of 95%. This included 84 children aged 0-4 years (94%), 187 aged 5-9 years (98%), 106 aged 10-14 years (97%) and 452 (93%) community members aged 15 years and over.
- Between 2011 and 2022, in communities where active trachoma was identified, the proportion of community members who received treatment rose from 65% in 2011 to 90% in 2014. The proportion who received treatment generally declined from then to 71% in 2021 before increasing in 2022 to 95%.
- In 2022, in the 3 jurisdictions with at-risk communities, 4 First Nations adults aged 40 years and over with trichiasis had surgery in the past 12 months. Two of the 4 surgeries took place in Western Australia.
- Between 2012 and 2022, the number of First Nations adults aged 40 years and over who had surgery for trichiasis rose from 16 adults in 2012 to 31 in 2013. The number of surgeries has generally declined over time since then, to 4 in 2022.

Treatment

Measure 3.9

The number of First Nations people who had spectacle or contact lens correction for refractive error, as a proportion of those who had refractive error (whether or not they had spectacle or contact lens correction).

Treatment of refractive error through the provision of spectacles is a low cost, effective intervention (Figure 48 and Figure 49).

Figure 48: Treatment of refractive error, 2016

Measure 3.9: The number of First Nations people who had spectacle or contact lens correction for refractive error, as a proportion of those who had refractive error (whether or not they had spectacle or contact lens correction).

Treatment of refractive error, 2016

Treatment of refractive error by Indigenous status and age, 2016

This combined scatter plot and Gant chart compares the treatment of refractive error, by age group and by Indigenous status. For Indigenous Australians, the proportion does not change significantly between age groups (due to large confidence intervals), and is between 76% and 86%. For non-Indigenous Australians, no information is available for those aged 40–49, but for those aged 50 and above, the proportion treated is between 91% and 95%.

Treatment of refractive error by Indigenous status and sex, 2016

This combined scatter plot and Gant chart compares the treatment of refractive error, by sex and by Indigenous status. For Indigenous Australians, the proportion does not change significantly between sexes (both 82%), but among non-Indigenous Australians the proportion is slightly higher for females (94% compared with 93%).

Visualisation not available for printing

In 2016, treatment rates for refractive error were higher for non-Indigenous Australians than First Nations people, at 94% and 82%, respectively.

Figure 49: Treatment of refractive error: interactive data

Treatment of refractive error: interactive data

There are 2 separate charts showing the estimated percentage of patients treated and confidence intervals, by Indigenous status and other various characteristics. The data is presented as a combined scatter plot for the point estimate and Gant chart representing the confidence interval.

Treatment of refractive error by Indigenous status and time since last exam, 2016

This combined scatter plot and Gant chart compares the treatment of refractive error, by time since last eye exam and Indigenous status. For Indigenous Australians, 85% of those who had had an eye examination in the past year were treated for refractive error. For non-Indigenous Australians, 96% of those who had had an eye examination in the past year were treated for refractive error.

Treatment of refractive error by Indigenous status and region, 2016

This combined scatter plot and Gant chart compares the treatment of refractive error, by remoteness and Indigenous status. For Indigenous Australians, the proportion is highest in *Inner regional* and *Remote* areas (both 88%), and lowest in *Outer regional* areas (70%). Among non-Indigenous Australians the proportion is highest in *Remote* areas (97%) and lowest in *Outer regional* and *Very remote* areas (both 92%).

Visualisation not available for printing

- In 2016, treatment rates for refractive error for First Nations people in *Outer regional* (70%) and *Very remote* (75%) areas were significantly lower than in *Major cities* (87%), the reference region.

- The treatment rate for non-Indigenous Australians was significantly higher than for First Nations people in *Inner regional*, *Outer regional* and *Very remote* areas.



Treatment

Measure 3.10

The number of spectacles dispensed to First Nations people under state subsidised spectacles programs, per 1,000 population.

All jurisdictions have subsidised spectacle schemes but only 5 jurisdictions - New South Wales, Victoria, Queensland, South Australia and Tasmania - could provide data on First Nations people for this measure. The eligibility criteria and entitlements provided by the state schemes vary across jurisdictions. (Figure 50 and Figure 51)

Figure 50: Spectacles dispensed under state schemes, 2021-22

Measure 3.10: The number of spectacles dispensed to First Nations people under state subsidised spectacles programs, per 1,000 population.

Spectacles dispensed under state schemes, 2021-22

Number of spectacles dispensed and need by jurisdiction, 2021-22

This stacked vertical bar chart compares the number of spectacles dispensed in 2021-22 and the number of First Nations people over 40 requiring glasses in 2021-22, by jurisdiction. The chart shows that 6,198 First Nations people received glasses under the New South Wales state scheme, however, it was estimated that over 18,840 required glasses. In Queensland 7,299 adults received glasses under the state scheme, however it was estimated that 15,987 First Nations people over 40 required glasses each year in Queensland. In Victoria 2,496 spectacles were dispensed under the state scheme with an estimated 4,230 requiring glasses. In South Australia 1058 spectacles were dispensed under the state scheme with an estimated 3,005 requiring glasses. In Tasmania 496 spectacles were dispensed under the state scheme with estimated 1,988 requiring glasses.

Visualisation not available for printing

Comparison of the number of spectacles dispensed with the estimated need for those aged over 40 showed that Victoria was closest to meeting the estimated number of glasses needed for First Nations people aged over 40 (2,496 dispensed compared with 4,230 needed).

Figure 51: Spectacles dispensed under state schemes: interactive data

Spectacles dispensed under state schemes: interactive data

This chart presents 4 separate charts showing state spectacles schemes, by various characteristics.

Rate per 1,000 population of spectacles dispensed by jurisdiction, 2021-22

This vertical bar chart compares the rate per 1,000 population of spectacles dispensed in 2021-22 by jurisdiction. The chart shows that First Nations people received glasses under the Victorian state scheme at a rate of 38.7 per 1,000 population. In New South Wales the rate was 21.4 per 1,000 population, in Queensland it was 29.9 per 1,000 population, in South Australia the rate was 23 per 1,000 and in Tasmania it was 16.2 per 1,000.

Rate per 1,000 population of spectacles dispensed by age, Vic 2021-22

This vertical bar chart shows the rate per 1,000 of spectacles dispensed to First Nations people in Victoria in 2020-21, by age group. The chart shows that the rate of First Nations clients receiving glasses under the spectacles program increased with age. The rate was highest among those aged 61 years and over (53 per 1,000) followed by those aged 21-30 years (7.4 per 1,000).

Rate per 1,000 population of spectacles dispensed by age, Qld 2021-22

This vertical bar chart compares the rate per 1,000 population of spectacles dispensed to First Nations people in 2021-22, by age group, in Queensland. The chart shows that the rate of First Nations clients receiving glasses under the spectacles program increased with age. The rate was highest among those aged 65 years and over (167 per 1,000) followed by those aged 50-64 years (87 per 1,000).

Rate per 1,000 population of spectacles dispensed by age, SA 2021-22

This vertical bar chart shows the rate per 1,000 of spectacles dispensed to First Nations people in South Australia in 2021-22, by age group. The chart shows that the rate of Indigenous clients receiving glasses under the spectacles program increased with age. The rate was highest among those aged 65 years and over (99 per 1,000) followed by those aged 45-64 years (54.3 per 1,000).

Rate per 1,000 population of spectacles dispensed by age, Tas 2021-22

This vertical bar chart shows the rate per 1,000 of spectacles dispensed to First Nations people in Tasmania in 2021-22, by age group. The chart shows that the rate of First Nations clients receiving glasses under the spectacles program increased with age. The rate was highest among those aged 65 years and over (102 per 1,000) followed by those aged 55-64 years (34 per 1,000).

Rate per 1,000 population of spectacles dispensed by age and sex, NSW, 2021-22

This grouped vertical bar chart compares the rate per 1,000 population of spectacles dispensed to First Nations people in 2021-22, by age and by sex, in New South Wales. The chart shows that, in New South Wales in this period, in all age groups, higher rates of Indigenous females than males received glasses under the spectacles program. The rates of Indigenous clients who received glasses were highest for males and females aged 65 years and over.

Visualisation not available for printing

- In 2021-22, there were around:
 - 6,198 spectacles provided to First Nations people in the New South Wales scheme (21 per 1,000)
 - 7,299 provided under the Queensland scheme (30 per 1,000)
 - 2,496 provided under the Victorian scheme (39 per 1,000)
 - 1,058 provided under the South Australian scheme (23 per 1,000)
 - 496 provided under the Tasmanian scheme (16 per 1,000).
- Comparison of the number of spectacles dispensed with the estimated need for those aged over 40 showed that Victoria was closest to meeting the estimated number of glasses needed for First Nations people aged over 40 (2,496 dispensed compared with 4,230 needed).
- In the other jurisdictions the estimated number of spectacles needed was considerably greater than the number dispensed:
 - 18,840 needed compared with 6,198 dispensed in New South Wales
 - 15,987 needed compared with 7,299 dispensed in Queensland
 - 1,988 needed compared with 496 dispensed in Tasmania
 - 3,005 needed compared with 1,058 dispensed in South Australia.



Workforce and outreach services

The size and location of the eye health workforce gives a broad indication of access to specialist and allied eye health services. Outreach services funded by the Australian government aim to improve access to services for people living in rural, regional and remote areas where these services are not readily available.

The following measures provided information on the eye health workforce and outreach services.

Measure 4.1

The number and full time equivalent rate (FTE) of optometrists

Measure 4.2

The number and full time equivalent rate (FTE) of ophthalmologists

Measure 4.3

The number and full time equivalent rate (FTE) of allied ophthalmic personnel

Measure 4.4.1

Occasions of service under the Visiting Optometrists Scheme

Measure 4.4.2

Occasions of service with eye health professionals under the Rural Health Outreach Fund

Measure 4.4.3

Occasions of service with eye health professionals under the Medical Outreach Indigenous Chronic Diseases Program

Measure 4.4.4

Occasions of service with eye health professionals under all the outreach programs combined

Measure 4.4.5

Occasions of service with eye health professionals under the Eye and Ear Surgical Support Program

Workforce and outreach services

Measure 4.1

The number of employed optometrists, full-time equivalent (FTE) per 100,000 Australian population.

The size and location of the eye health workforce provides a broad indication of access to eye health services. FTE is a measure calculated by dividing an estimate of the total hours worked by employees in an occupation in a week by an estimate of the standard hours worked for optometrists (38 hours per week).

The number of FTE is then compared with the size of relevant population to get the FTE per 100,000 population. (Figure 52 and Figure 53)

Figure 52: Number and rate of optometrists, 2013 to 2021

Measure 4.1: The number of employed optometrists, full-time equivalent (FTE) per 100,000 Australian population.

Number and rate of optometrists, 2013 to 2021

Number and FTE per 100,000 persons, optometrists, 2013 to 2021

This dual axis combined vertical bar chart and scatter plot presents the number and FTE rate of optometrists, from 2013 to 2021. The chart shows that, between 2013 and 2021, the number and rate of optometrists has increased. In 2013 there were 4,219 employed optometrists (17 FTE per 100,000) and, by 2021, this had increased to 5,686 (19.4 FTE per 100,000).

Visualisation not available for printing

In 2021, there were around 5,700 optometrists employed in Australia (19 FTE per 100,000).

Figure 53: Number and rate of optometrists: interactive data

Number and rate of optometrists: interactive data

There are 3 separate charts for this measure, showing the number and rate of full-time equivalent (FTE) optometrist per 100,000 population, by various characteristics.

Number and FTE per 100,000 persons, optometrists, primary health network, 2021 (bar chart)

This dual axis combined horizontal bar chart and scatter plot presents the number and FTE rate of optometrists in 2021, by PHN. PHNs have been grouped by state and are ranked from highest to lowest FTE rate within each state grouping. In NSW the PHN with the highest rate of employed optometrists was Central and Eastern Sydney (28 FTE per 100,000). Murrumbidgee had the lowest rate in NSW (13 FTE per 100,000). In Victoria the PHN with the highest rate of employed optometrists was North Western Melbourne (21.6 FTE per 100,000). South Eastern Melbourne had the lowest at 16.6 FTE per 100,000.

Number and FTE per 100,000 persons, optometrists by region, 2021

This dual axis combined vertical bar chart and scatter plot presents the number and FTE rate of optometrists in 2021, by remoteness. The chart shows that *Major cities* had the highest number (4,481) and rate (20.7 FTE per 100,000) of employed optometrists. This was followed by *Inner regional* areas (895, or 18 FTE per 100,000) and *Outer regional* areas (266, or 12.3 FTE per 100,000). The numbers and rates of optometrists were lowest in *Remote* and *Very remote* areas.

Number and FTE per 100,000 persons, optometrists, by jurisdiction, 2021

This dual axis combined vertical bar chart and scatter plot presents the number and FTE rate of optometrists in 2021, by jurisdiction. The chart shows that the Northern Territory had the lowest number (31, or 13 FTE per 100,000) of employed optometrists. New South Wales had the highest number (1,856) and rate (20 FTE per 100,000) of employed optometrists.

Visualisation not available for printing

In 2021, *Major cities* had the highest number (4,481) and rate (21 FTE per 100,000) of employed optometrists. This was followed by *Inner regional* areas (859, or 18 FTE per 100,000) and *Outer regional* areas (266, or 12 FTE per 100,000). The numbers and rates of optometrists were lowest in *Remote* and *Very remote* areas.

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Workforce and outreach services

Measure 4.2

The number of employed ophthalmologists, full-time equivalent (FTE) per 100,000 Australian population.

The size and location of the eye health workforce provides a broad indication of access to eye health services. FTE is a measure calculated by dividing an estimate of the total hours worked by employees in an occupation in a week by an estimate of the standard hours worked for optometrists (38 hours per week). The number of FTE is then compared with the size of relevant population to get the FTE per 100,000 population. (Figure 54 and Figure 55)

Figure 54: Number and rate of ophthalmologists, 2014 to 2021

Measure 4.2: The number of employed ophthalmologists, full-time equivalent (FTE) per 100,000 Australian population.

Number and rate of ophthalmologists, 2014 to 2021

Number and FTE per 100,000 persons, ophthalmologists, 2014 to 2021

This dual axis combined vertical bar chart and scatter plot presents the number and FTE rate of ophthalmologists, from 2014 to 2021. The chart shows that, between 2014 and 2021, the number and rate of ophthalmologists has increased. In 2014 there were 872 employed ophthalmologists (3.9 FTE per 100,000) and, by 2021, this had increased to 1,003 (3.9 FTE per 100,000).

Visualisation not available for printing

- In 2021, there were around 1,003 ophthalmologists employed in Australia (3.9 FTE per 100,000).
- Between 2014 and 2021, the number of ophthalmologists increased slightly, while the rate remained fairly constant.

Figure 55: Number and rate of ophthalmologists: interactive data

Number and rate of ophthalmologists: interactive data

There are 3 separate charts for this measure, showing the number and rate of full-time equivalent (FTE) ophthalmologist per 100,000 population, by various characteristics.

Number and FTE per 100,000 persons, ophthalmologists, primary health network, 2021 (bar chart)

This dual axis combined horizontal bar chart and scatter plot presents the number and FTE rate of ophthalmologists in 2021, by PHN. PHNs have been grouped by state and are ranked from highest to lowest FTE rate within each state grouping. Rates for PHNs with fewer than 10 ophthalmologists have not been published. In NSW the PHN with the highest rate of employed ophthalmologists was Central and Eastern Sydney (8.0 FTE per 100,000). South Eastern NSW has the lowest publishable rate (2 FTE per 100,000). In Victoria the PHN with the highest rate of employed ophthalmologists was North Western Melbourne (5.1 FTE per 100,000). Murray has the lowest publishable rate at 2.1 FTE per 100,000.

Number and FTE per 100,000 persons, ophthalmologists by region, 2021

This dual axis combined vertical bar chart and scatter plot presents the number and FTE rate of ophthalmologists in 2021, by remoteness. The chart shows that *Major cities* had the highest number (847) and rate (4.5 FTE per 100,000) of employed ophthalmologists. This was followed by *Inner regional* areas (129, or 2.9 FTE per 100,000) and *Outer regional* areas (24, or 1.3 FTE per 100,000). The numbers of ophthalmologists were lowest in *Remote* and *Very remote* areas. Rates are not published in these areas because of small numbers.

Number and FTE per 100,000 persons, ophthalmologists, by jurisdiction, 2021

This dual axis combined vertical bar chart and scatter plot presents the number and FTE rate of ophthalmologists in 2020, by jurisdiction. The chart shows that the Northern Territory had the lowest number (7, rate not published) of employed ophthalmologists. New South Wales had the highest number (371) and rate (4.4 FTE per 100,000) of employed ophthalmologists.

Visualisation not available for printing

In 2021, *Major cities* had the highest number (847) and rate (4.6 FTE per 100,000) of employed ophthalmologists, followed by *Inner regional areas* (129, 2.8 FTE per 100,000) and *Outer regional areas* (24, or 1.3 FTE per 100,000).

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Workforce and outreach services

Measure 4.3

The number and rate of allied ophthalmic personnel, full-time equivalent (FTE), per 100,000 Australian population.

The size and location of the eye health workforce provides a broad indication of access to eye health services. (Figure 56 and Figure 57)

Figure 56: Number and rate of allied ophthalmic personnel, 2021

Measure 4.3 The number and rate of allied ophthalmic personnel, full-time equivalent (FTE), per 100,000 Australian population.

There are 4 separate charts for this measure showing the number and rate of full-time equivalent (FTE) allied ophthalmic personnel per 100,000 population, by various characteristics.

Number and rate of allied ophthalmic personnel, 2021

Number and rate of allied ophthalmic personnel, by profession, 2021

This dual axis horizontal bar chart and scatter plot presents the number and FTE rate of allied ophthalmic personnel in 2021, by profession. The chart shows that the biggest category of allied ophthalmic personnel in Australia was optical dispensers. In 2021, there were around 6,162 optical dispensers (14.2 FTE per 100,000), 1,069 orthoptists (3 FTE per 100,000) and 401 optical mechanics (1.3 FTE per 100,000) in Australia.

Visualisation not available for printing

The biggest category of allied ophthalmic personnel in Australia is optical dispensers. In 2021, there were around 6,162 optical dispensers (14 FTE per 100,000), 401 optical mechanics (1.3 FTE per 100,000) and 1,069 orthoptists (3.0 FTE per 100,000) in Australia.

Figure 57: Number and rate of allied ophthalmic personnel: interactive data

Number and rate of allied ophthalmic personnel: interactive data

There are 3 separate charts for this measure

Number and rate of allied ophthalmic personnel, by profession and region, 2021

This dual axis combined grouped vertical bar chart and scatter plot presents the number and FTE rate of optical dispensers and 'other' allied ophthalmic personnel in 2021, by remoteness. The chart shows that *Major cities* had the highest number (4,604) and rate (13.6 FTE per 100,000) of optical dispensers and other allied ophthalmic personnel (1,299, or 5.3 FTE per 100,000). This was followed by *Inner regional* areas with 1,143 optical dispensers (17.6 FTE per 100,000) and 141 other allied ophthalmic personnel (2 FTE per 100,000). There were insufficient numbers of optical dispensers and other allied ophthalmic personnel in *Remote* and *Very remote* areas to calculate rates.

Number and rate of allied ophthalmic personnel, by profession and jurisdiction, 2021

This dual axis combined grouped vertical bar chart and scatter plot presents the number and FTE rate of optical dispensers and 'other' allied ophthalmic personnel in 2021, by state and territory. The chart shows that New South Wales had the highest number (1,784) and rate (11.4 FTE per 100,000) of optical dispensers and other allied ophthalmic personnel (615 or 5.2 FTE per 100,000). This was followed by Victoria with 1,543 (14 FTE per 100,000) optical dispensers and 541 other allied ophthalmic personnel (6 FTE per 100,000).

Number and rate of allied ophthalmic personnel, 2016 and 2021

This dual axis combined grouped vertical bar chart and scatter plot presents the number and FTE rate of optical dispensers and 'other' allied ophthalmic personnel in 2016 and 2021. In 2016 there were 4,859 optical dispensers (15.1 FTE per 100,000) and in 2021 that number was 6,162 (14.4 FTE per 100,000).

Visualisation not available for printing

From 2016 to 2021, the number of optical dispensers and orthoptists increased, as did the number of optical mechanics. The FTE rate of all allied ophthalmic personnel decreased, from 15 to 14 FTE per 1,000 for optical dispensers, and from 4.5 to 4.4 FTE per 1,000 for optical mechanics and orthoptists combined.



Workforce and outreach services

Measure 4.4.1

The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under the Visiting Optometrists Scheme (VOS).

Outreach programs are designed to address the uneven distribution of the health workforce and to improve access to eye health services across Australia. (Figure 58 and Figure 59)

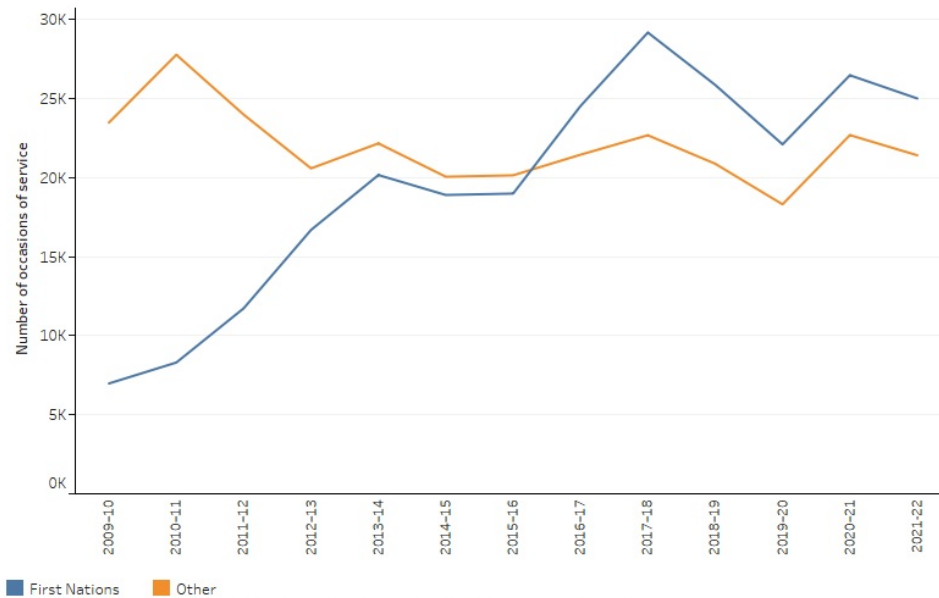
Figure 58: Occasions of eye health services - VOS, 2009-10 to 2021-22

Measure 4.4.1 The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under the Visiting Optometrists Scheme (VOS).

Occasions of eye health services - Visiting Optometrists Scheme (VOS), 2009-10 to 2021-22

VOS occasions of service, time trend, 2009-10 to 2021-22

This multiple line graph shows the number of occasions of service under the VOS in 2009-10 to 2021-22, by Indigenous status. The chart shows that, in 2009-10, there were 6,975 occasions of service for First Nations patients under the VOS. This increased to 24,992 in 2021-22.



Eye health measures for Aboriginal and Torres Strait Islander people 2023 Cat. no IHW 278
Source: Department of Health and Aged Care (unpublished).

[Footnotes]

- In 2021-22, there were 24,992 occasions of service for First Nations patients and 21,401 for other patients under the VOS.
- In 2009-10, there were around 6,975 occasions of service for First Nations patients under the VOS. This increased to 29,161 in 2017-18 before declining to 24,992 in 2021-22. In 2021-22 First Nations people had around 3,600 more VOS occasions of service than other Australian patients.

Figure 59: Occasions of eye health services - Visiting Optometrists Scheme (VOS): interactive data

Occasions of eye health services - Visiting Optometrists Scheme (VOS): interactive data

There are 4 separate charts for this measure showing the number and rate per 1,000 population for VOS occasions of service, by various characteristics.

VOS occasions of service, First Nations people by PHN, 2021-22 (barchart)

This dual axis combined horizontal bar chart and scatter plot presents the number and rate of VOS occasions of service per 1,000 population, by PHN. PHNs have been grouped by state and are ranked from highest to lowest rate within each state grouping. In NSW the PHN with the highest rate of occasions of service per 1,000 was Western NSW (69 per 1,000). Western Sydney has the lowest rate (3.3 FTE per 1,000).

In Victoria the PHN with the highest rate of occasions of service per 1,000 was Gippsland (37.9 FTE per 1,000). South Eastern Melbourne has the lowest rate at 4.4 FTE per 1,000.

VOS occasions of service, Indigenous Australians, by region, 2021-22

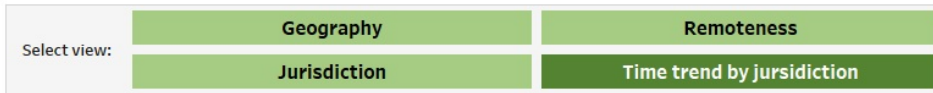
This vertical bar chart shows the number of VOS occasions for First Nations people in 2021-22. Remote/*Very remote* regions combined have the highest number (15,839) and *Major cities* have the lowest (1,349).

VOS occasions of service, by Indigenous status and jurisdiction, 2021-22

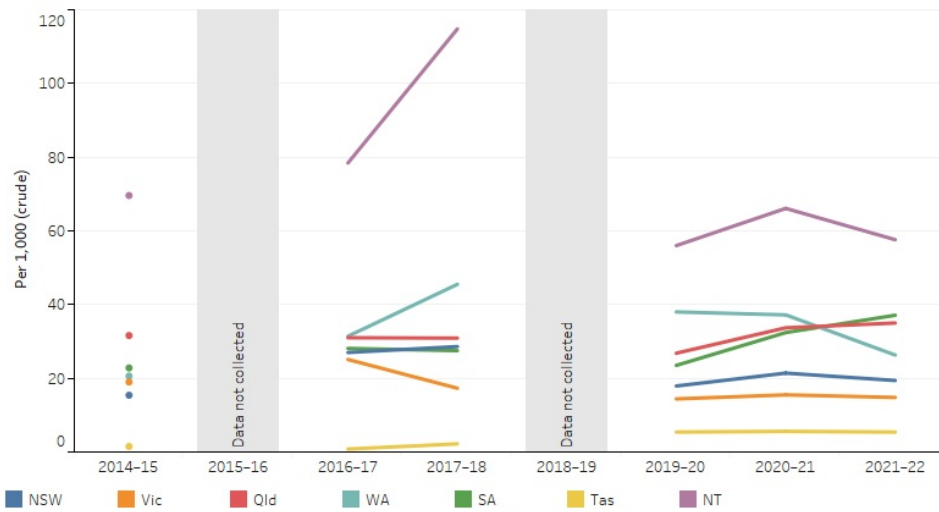
This grouped vertical bar chart compares the number of VOS occasions of service in 2021-22, by Indigenous status and jurisdiction. The chart shows that the number of Indigenous occasions of service under the VOS was lowest in Tasmania (168), followed by Victoria (982), while the highest number was seen in Queensland (8,752) followed by the NSW/ACT (5,889).

VOS occasions of service per 1,000, First Nations people by jurisdiction, 2021-22

This vertical bar chart compares the rate of VOS occasions of service per 1,000 First Nations people in 2021-22, by state and territory. The chart shows that the rate of Indigenous occasions of service was highest in the Northern Territory (57.6 per 1,000) followed by South Australia (37.1 per 1,000).



By jurisdiction, 2014-15 to 2021-22



Eye health measures for Aboriginal and Torres Strait Islander people 2023 Cat. no IHW 278
Source: Department of Health and Aged Care (unpublished).

[Footnotes]

In 2021-22, the rate of First Nations occasions of service was highest in the Northern Territory (58 per 1,000), followed by South Australia (37 per 1,000).



Workforce and outreach services

Measure 4.4.2

The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under the Rural Health Outreach Fund (RHOF).

Outreach programs are designed to address the uneven distribution of the health workforce and to improve access to eye health services across Australia. RHOF services are provided in *Inner regional*, *Outer regional*, *Remote* and *Very remote* areas only. (Figure 60 and Figure 61)

Figure 60: Occasions of eye health services - RHOF, 2011-12 to 2021-22

Measure 4.4.2: The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under the Rural Health Outreach Fund (RHOF).

Occasions of eye health services - Rural Health Outreach Fund (RHOF), 2011-12 to 2021-22

RHOF occasions of eye health services for Indigenous patients, time trend, 2011-12 to 2021-22

This line graph shows trends in the number of occasions of service for First Nations people under the RHOF from 2011-12 to 2021-22. The chart shows that, in 2011-12, there were 4,977 Indigenous occasions of service under the RHOF. This number increased to reach 8,652 in 2015-16, and then decreased to 5,870 in 2018-19. In 2021-22 there were 1,796 occasions of service.

Visualisation not available for printing

In 2021-22, a total of 1,796 occasions of eye health services for Indigenous patients were provided under the RHOF.

Figure 61: Occasions of eye health services - Rural Health Outreach Fund (RHOF): interactive data

Occasions of eye health services - Rural Health Outreach Fund (RHOF): interactive data

There are 4 separate charts for this measure including one map showing the number and rate per 1,000 population for RHOF occasions of service, by various characteristics.

RHOF occasions of service, First Nations people by PHN, 2021-22 (bar chart)

This dual access horizontal bar and scatter plot presents the number and rate of RHOF occasions of service per 1,000 population, by PHN. PHNs are grouped by state and ordered from highest to lowest number of occasions of service. The PHN with the highest number of occasions of service was Country WA (589) and lowest was Gippsland (Victoria) with 5.

RHOF occasions of eye health services for First Nations patients, by region, 2021-22

This vertical bar chart presents the number of RHOF occasions of service in 2021-22, by remoteness. Inner and Outer regional areas have been combined as have remote and very remote. For Inner and outer regional areas there were 1,167 occasions of service (3 per 1,000) and for remote and very remote there were 629 occasions of service (4 per 1,000).

RHOF occasions of eye health services for First Nations patients, by jurisdiction, 2021-22

This vertical bar chart presents the number and rate of RHOF occasions of service in 2021-22, by jurisdiction. The chart shows that the number of First Nations eye health occasions of service under the RHOF was highest in the NSW (684, or 4.4 per 1,000) followed by WA (589, or 9.2 per 1,000).

Visualisation not available for printing

In 2021-22, the rate of First Nations eye health occasions of service under the RHOF was highest in Western Australia (9 per 1,000), followed by the New South Wales (4 per 1,000).



Workforce and outreach services

Measure 4.4.3

The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under the Medical Outreach Indigenous Chronic Disease Program (MOICDP).

Outreach programs are designed to address the uneven distribution of the health workforce and to improve access to eye health services across Australia. (Figure 62)

Figure 62: Occasions of eye health services - MOICDP, 2021-22

Measure 4.4.3: The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under the Medical Outreach Indigenous Chronic Disease Program (MOICDP)

There are 2 charts for this measure showing the number and rate per 1,000 population for MOICDP occasions of service, by various characteristics.

Occasions of service - Medical Outreach Indigenous Chronic Disease Program (MOICDP) 2021-22 (jurisdiction)

This dual axis combined vertical bar chart scatter plot presents the number and rate of MOICDP occasions of service in 2021-22, by jurisdiction. The chart shows that the highest number of Indigenous occasions of service provided by an eye health professional under the MOICDP was in SA (3,822 or 315 per 1,000). The lowest rate was in Tasmania (208, or 50 per 1,000).

Occasions of service - Medical Outreach Indigenous Chronic Disease Program (MOICDP) 2014-15 to 2020-22 (Time trend)

This line graph shows trends in the number of occasions of service for First Nations people under the MOICDP from 2014-15 to 2020-22. The chart shows that, in 2014-15, there were 550 Indigenous occasions of service provided by eye health professionals under the MOICDP. This number increased to 7,663 patients in 2021-22.

Visualisation not available for printing

- In 2021-22, a total of 7,663 occasions of service for First Nations patients were provided by eye health professionals under the MOICDP.
- Services were provided to First Nations patients in 7 jurisdictions.
- The highest rate of First Nations occasions of service provided by an eye health professional under the MOICDP was in Western Australia (315 per 10,000), followed by New South Wales (80 per 10,000).

Workforce and outreach services

Measure 4.4.4

The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under all the outreach programs combined.

Outreach programs are designed to address the uneven distribution of the health workforce and to improve access to eye health services across Australia. (Figure 63)

Figure 63: Occasions of eye health services - Combined outreach programs, 2021-22

Measure 4.4.4: The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under all the outreach programs combined.

There are 2 charts for this measure showing the number occasions of service for all outreach services, by various characteristics.

Occasions of service - Combined outreach services 2021-22 (jurisdiction)

This vertical bar chart presents the number of occasions of service for all outreach programs combined, by jurisdiction. The chart shows that the highest number of occasions of service provided by an eye health professional was in Queensland (9,774) and the lowest number was in Tasmania (382).

Occasions of service - Combined outreach services 2014-15 to 2021-22 (Time trend)

This line chart shows trends in the number of occasions of service for First Nations people in all outreach programs from 2014-15 to 2021-22. Lines are presented for each of the 3 outreach program types (VOS, RHOF and MOICDP) and a line for total number of occasions of service for all outreach combined is also presented. In 2014-15 there were 27,269 occasions of service for all outreach programs. This peaked in 2017-18 at 39,020 and has since declined to 34,451 in 2021-22.

Visualisation not available for printing

In 2021-22 a total of 34,451 occasions of service for First Nations patients were provided by eye health professionals under all the outreach programs combined. This was an increase on the 27,269 services provided in 2014-15.

Workforce and outreach services

Measure 4.5

The number of First Nations people, per 1,000 population, under the Eye and Ear Surgical Support Program (EESS).

Figure 64: Eye and Ear Surgical Support Program, 2021-22

Measure 4.4.5: The number of occasions of service for First Nations people with eye health professionals, per 1,000 population, under the Eye and Ear Surgical Support Program (EESS).

A single chart by jurisdiction is presented for this measure.

Eye and Ear Surgical Support Program (EESS) occasions of service, 2021-22.

This vertical bar chart presents the number of occasions of service for EESS programs, by jurisdiction. The chart shows that the highest number of occasions of service provided by an eye health professional was in WA (246) and the lowest number was in Victoria (7).

Visualisation not available for printing

- In 2021-22 a total of 580 occasions of service for First Nations patients were provided by eye health professionals under the Eye and Ear Surgical Support Scheme (EESS).
- In 2021-22, the highest number of First Nations occasions of service provided by an eye health professional under the EESS was in Western Australia (246) followed by Queensland (135).

Glossary

Aboriginal and Torres Strait Islander

People who identified themselves, or were identified by another household member, as being of Aboriginal and/or Torres Strait Islander origin. See also [Indigenous](#).

admitted patient

A patient who undergoes a hospital's admission process to receive treatment and/or care. This treatment and/or care can occur in hospital and/or in the person's home (for hospital-in-the-home patients). [METEOR identifier: 268957](#).

age-standardisation

A set of statistical techniques used to remove, as far as possible, the effects of differences in age when comparing 2 or more populations.

Australian Refined Diagnosis Related Groups (AR-DRGs)

An Australian system of diagnosis related groups (DRGs). DRGs provide a clinically meaningful way of relating the number and type of patients treated in a hospital (that is, its casemix) to the resources required by the hospital. Each AR-DRG represents a class of patients with similar clinical conditions requiring similar hospital services.

cataract

A mostly degenerative condition in which the lens of the eye clouds over, obstructing the passage of light to the retina and causing [vision impairment](#) and, potentially, blindness.

blindness

Presenting visual acuity of <6/60 in the better eye.

diabetic retinopathy

A complication of diabetes and refers to damage to the blood vessels in the retina which can result in blindness, so early diagnosis is important. At any stage of severity, it can be associated with diabetic macular edema, a swelling of the macular area of the retina, that impacts on vision.

First Nations people

People who have identified themselves, or have been identified by a representative (for example, their parent or guardian), as being of [Aboriginal and/or Torres Strait Islander](#) origin. See also [Indigenous](#)

hospitalisation (separation)

An episode of care for an [admitted patient](#) that can be a total hospital stay (from admission to discharge, transfer or death), or a portion of a hospital stay beginning or ending in a change of care type (for example, from acute care to palliative care).

Indigenous

A person who identifies themselves as being of [Aboriginal and/or Torres Strait Islander](#) origin. See also [First Nations people](#).

non-Indigenous

People who indicated they are not of Aboriginal and/or Torres Strait Islander origin. Compare with [other Australians](#).

other Australians

Includes people who did not identify as being of Aboriginal and/or Torres Strait Islander origin, and people for whom information on their Indigenous status was not available. Compare with [non-Indigenous](#).

principal diagnosis

The diagnosis established, after study, to be chiefly responsible for occasioning an episode of [admitted patient](#) care, an episode of residential care or an attendance at the health-care establishment. [METEOR identifier: 514273](#).

procedure

A clinical intervention that is surgical in nature, carries a procedural risk, carries an anaesthetic risk, requires specialised training and/or requires special facilities or equipment available only in an acute care setting. [METEOR identifier: 514040](#).

rate difference

The literal, or absolute, gap between 2 population rates; for this report, it was calculated as the rate for Indigenous Australians minus the rate for non-Indigenous Australians.

rate ratio

The relative difference between populations taking scale into account; for this report, it was calculated as the rate for Indigenous Australians divided by the rate for non-Indigenous Australians, and is interpreted as follows:

- a rate ratio of 1 indicates there is no difference between the rates
- a ratio less than 1 indicates the rate is lower in the Indigenous population
- a ratio greater than 1 indicates the rate is higher in the Indigenous population.

refractive error

Problems with the focusing of light and occurs when the shape of the eye prevents light from focusing directly on the retina. It causes long- or short-sightedness.

separation

See [hospitalisation](#).

vision loss

[Vision impairment](#) plus blindness

trachoma

An infectious disease of the eye caused by *Chlamydia trachomatis*. Repeated trachoma infections can result in scarring, in-turned eyelashes ([trichiasis](#)) and blindness.

trichiasis

In-turned or in-grown eyelashes often caused by repeated eye infections (such as [trachoma](#)). Severe cases can result in scarring and vision loss.

vision impairment

Presenting distance visual acuity of <6/12 in the better eye.



Maps

Maps for health assessments, hospitalisations for eye health treatment, workforce and outreach services are available by various geographies. For detailed information about the measures for these maps see:

- [Health assessments \(Diagnosis and screening, Measure 2.1.1\)](#)
- [Health assessments and eye examination \(Diagnosis and screening, Measure 2.1.2\)](#)
- [Eye disease \(Treatment, Measure 3.1\)](#)
- [Eye injuries \(Treatment, Measure 3.2\)](#)
- [Eye procedures \(Treatment, Measure 3.3\)](#)
- [Cataract Surgery \(Treatment, Measure 3.4\)](#)
- [Optometrists \(Workforce and Outreach, Measure 4.1\)](#)
- [Ophthalmologists \(Workforce and Outreach, Measure 4.2\)](#)
- [VOS \(Workforce and Outreach, Measure 4.4.1\)](#)

Figure 65: Maps by various geographies

Maps

Screening and diagnosis

PHN

2.1.1 Proportion of the Indigenous population that had an MBS health assessment by PHN, 2021-22 (map)

This map of Australia compares the proportion of MBS Indigenous health assessments in 2021-22, by PHN. The proportions for each PHN are grouped into 5 categories, ranging from proportions of ≤ 10 in the lowest category to proportions ≤ 34.4 in the highest category.

2.1.2 Proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist by PHN, 2021-22 (map)

This map of Australia compares the proportion of First Nations people that had an Indigenous-specific MBS health assessment and an eye check by an optometrist in 2021-22, by PHN. The proportions for each PHN are grouped into 5 categories, ranging from proportions of ≤ 2.2 in the lowest category to proportions $\leq 7.4\%$ in the highest category.

Roadmap region

2.1.1 Proportion of the Indigenous population that had an MBS health assessment by roadmap region, 2021-22 (map)

This map of Australia compares the proportion of MBS health assessments in 2021-22, by roadmap regions. The proportions for each roadmap region are grouped into 5 categories, ranging from proportions of ≤ 9.7 in the lowest category to proportions ≤ 45.5 in the highest category.

2.1.2 Proportion of First Nations people that had an Indigenous health assessment and an eye check by an optometrist by Roadmap region, 2021-22 (map)

This map of Australia compares the proportion of First Nations people that had an Indigenous-specific MBS health assessment and an eye check by an optometrist in 2021-22, by Roadmap region. The proportions for each roadmap region are grouped into 5 categories, ranging from proportions of ≤ 2.6 in the lowest category to proportions ≤ 7.5 in the highest category.

Treatment

PHN

Eye Diseases

Hospitalisations for First Nations people for diseases of the eye, by PHN, 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for diseases of the eye, in 2019-21 by PHN. The rates for each PHN are grouped into 5 categories, ranging from ≤ 3.5 (per 1,000 population) in the lowest category to ≤ 10.3 (per 1,000 population) in the highest category.

Eye Injuries

Hospitalisations for First Nations people for injuries to the eye, by PHN, 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for diseases of the eye, in 2019-21 by PHN. The rates for each PHN are grouped into 5 categories, ranging from ≤ 0.5 (per 1,000 population) in the lowest category to ≤ 3.9 (per 1,000 population) in the highest category.

Eye procedures

Hospitalisations for First Nations people for eye procedures, by PHN, 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for eye procedures, in 2019-21 by PHN. The rates for each PHN are grouped into 5 categories, ranging from ≤ 4.0 (per 1,000 population) in the lowest category to ≤ 10.8 (per 1,000 population) in the highest category.

Cataracts

Hospitalisations for First Nations people for cataract surgery, by PHN, 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for cataract surgery, in 2019-21 by PHN. The rates for each PHN are grouped into 5 categories, ranging from $\leq 1,787$ (per 1,000,000 population) in the lowest category to $\leq 6,649$ (per 1,000,000 population) in the highest category.

Roadmap region

Eye Diseases

Hospitalisations for First Nations people for diseases of the eye, by roadmap region, 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for diseases of the eye, in 2019-21 by roadmap region. The rates for each roadmap region are grouped into 5 categories, ranging from ≤ 4.7 (per 1,000 population) in the lowest category to ≤ 15.8 (per 1,000 population) in the highest category.

Eye Injuries

Hospitalisations for First Nations people for injuries to the eye, by roadmap region, 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for diseases of the eye, in 2018-21 by roadmap region. The rates for each roadmap region are grouped into 5 categories, ranging from ≤ 0.8 (per 1,000 population) in the lowest category to ≤ 7.1 (per 1,000 population) in the highest category.

Eye procedures

Hospitalisations for First Nations people for eye procedures, by roadmap region, 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for eye procedures, in 2019-21 by roadmap region. The rates for each roadmap region are grouped into 5 categories, ranging from ≤ 4.6 (per 1,000 population) in the lowest category to ≤ 15.9 (per 1,000 population) in the highest category.

Cataracts

Hospitalisations for First Nations people for cataract surgery, by roadmap region, 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for cataract surgery, in 2019-21 by roadmap region. The rates for each roadmap region are grouped into 5 categories, ranging from $\leq 2,933$ (per 1,000,000 population) in the lowest category to $\leq 8,009$ (per 1,000,000 population) in the highest category.

IREG

Eye Diseases

Hospitalisations for First Nations people for diseases of the eye, by Indigenous region (IREG), 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for diseases of the eye, in 2019-21 by Indigenous region (IREG). The rates for each IREG are grouped into 5 categories, ranging from ≤ 4.7 (per 1,000 population) in the lowest category to ≤ 14 (per 1,000 population) in the highest category.

Eye Injuries

Hospitalisations for First Nations people for injuries to the eye, by Indigenous region (IREG), 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for diseases of the eye, in 2018-21 by Indigenous region (IREG). The rates for each IREG are grouped into 5 categories, ranging from ≤ 0.8 (per 1,000 population) in the lowest category to ≤ 4.9 (per 1,000 population) in the highest category.

Eye procedures

Hospitalisations for First Nations people for eye procedures, by Indigenous region (IREG), 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for eye procedures, in 2019-21 by Indigenous region (IREG). The rates for each IREG are grouped into 5 categories, ranging from ≤ 4.1 (per 1,000 population) in the lowest category to ≤ 14.1 (per 1,000 population) in the highest category.

Cataracts

Hospitalisations for First Nations people for cataract surgery, by Indigenous region (IREG), 2019-21 (map)

This map of Australia compares the hospitalisation rates for First Nations people for cataract surgery, in 2019-21 by Indigenous region (IREG). The rates for each IREG are grouped into 5 categories, ranging from $\leq 2,300$ (per 1,000,000 population) in the lowest category to $\leq 7,866$ (per 1,000,000 population) in the highest category.

Workforce

PHN

Optometrists

FTE per 100,000 persons, optometrists by primary health network (PHN), 2021 (map)

This map of Australia shows the FTE rate of optometrists in 2021, by PHN. The rates for each PHN are grouped into 5 categories, ranging from ≤ 15.5 in the lowest category to ≤ 29.7 in the highest category.

Ophthalmologists

FTE per 100,000 persons, ophthalmologists by primary health network (PHN), 2021 (map)

This map of Australia shows the FTE rate of ophthalmologists in 2021, by PHN. The rates for each PHN are grouped into 5 categories, ranging from ≤ 2.6 in the lowest category to ≤ 8.5 in the highest category.

VOS

VOS occasions of service, First Nations people by PHN, 2021-22 (map)

This map of Australia shows VOS occasions of service per 1,000 population, by PHN. The rates for each PHN are grouped into 5 categories, ranging from ≤ 6.2 in the lowest category to ≤ 240.4 in the highest category.

Visualisation not available for printing



Data





Report editions

This release

Eye health measures for Aboriginal and Torres Strait Islander people 2023: interactive data | 05 Dec 2023

Previous releases

- Eye health measures for Aboriginal and Torres Strait Islander people 2022: interactive data |
Web report | 16 Mar 2023
- Indigenous eye health measures 2021 |
Web report | 01 Sep 2021
- Indigenous eye health measures 2020 |
Publication | 05 Nov 2020
- Indigenous eye health measures 2018 |
Web report | 06 Aug 2019
- Indigenous eye health measures 2017 |
Web report | 26 Apr 2018
- Indigenous eye health measures 2016 |
Publication | 30 May 2017





Related material

Resources

Related topics

- [Eye health](#)
-

