

**ATTN: CASSANDRA KOUTOURIDIS**

**QUEENSLAND VISION INITIATIVE INC**

**INDIGENOUS QUEENSLANDER EYE HEALTH PROJECT**

**EYE HEALTH SERVICE PROVISION SURVEY**

This survey is to examine the provision of eye and other health services to Aboriginal and Torres Strait Islander people in Queensland.

**Section A: Contact Details**

**1. Contact name:**

---

**2. Contact details:**

**Address:**

---

**Email:**

---

**Website address:**

---

**Telephone:**

---

**3. What is your profession?**

---

**4. Who is your employer?**

---

**5. Do you provide eye or other health services to Aboriginal and Torres Strait Islander people in Queensland?**

- Yes (If ticked YES, please go to Section B)
- No (If ticked NO, please go to Section C)

**Section B: Service provision to Aboriginal and Torres Strait Islander communities**

**6. Which communities/areas do you service, and how many patients/clients per community/area?**

<i>Community/Area</i>	<i>Number of patients/clients</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**7. How often do you visit these communities/areas?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. How long have you been providing services to Aboriginal and Torres Strait Islander communities?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. What services do you provide?**

- Full eye examination
- Vision screening
- Vision screening with full eye examination on indication
- Laser treatment or other medical and surgical treatment
- Prescription of spectacles
- Low Vision Services
- Other (please indicate)

\_\_\_\_\_

\_\_\_\_\_

**10. How are these visits funded? (can indicate more than one)**

- Eye tests bulk billed through Medicare
  - Medical Specialist Outreach Assistance Program (MSOAP)
  - Visiting Optometrists Scheme (VOS)
  - Self funded
  - Other funding sources (please indicate)
- 
- 

**11. When providing services do you work with other health professionals in a team setting?**

- Yes
- No

If ticked YES, please indicate the other health professionals in the team:

---

---

---

---

---

**12. Do you provide spectacles to Aboriginal and Torres Strait Islander people?**

- Yes
- No

If ticked YES, are spectacles supplied (can indicate more than one):

- Through the Spectacle Supply Scheme (SSS) administered by Medical Aids Subsidy Scheme (MASS)
- Standard Cost
- Reduced Cost

**Section C: Issues associated with service provision**

**13. What do you think are the main issues associated with eye health service provision to Indigenous Queenslanders? (you may wish to tick more than one response)**

- Variable levels of cultural awareness amongst eye and allied health professionals and organisations
  - Lack of a consistent, clear, culturally appropriate eye health message being received by Indigenous Queenslanders
  - Limited knowledge by Indigenous Queenslanders of the Medicare scheme
  - Limited knowledge by Indigenous Queenslanders of the Spectacle Supply Scheme (SSS) administered by Medical Aids Subsidy Scheme (MASS)
  - Clients unable to access services because of transport issues
  - Clients uncomfortable with eye examination
  - Lack of education regarding prevention of eye conditions
  - Financial costs to health professionals and organisations
  - Duplication of service provision
  - Gaps in service provision
  - Other (please indicate)
- 
- 
- 

**14. How do you think eye health service provision to Indigenous Queenslanders can be improved? (you may wish to tick more than one response)**

- Increase visits to Aboriginal and Torres Strait communities from eye and allied health professionals
  - Improve communication between Government, eye and allied health professionals and Indigenous organisations
  - Increase numbers of Regional Eye Health Coordinators and Aboriginal and Torres Strait Islander Health Workers
  - Increase cultural awareness training to eye and allied health professionals
  - Produce targeted and culturally appropriate education campaigns regarding eye health issues be produced
  - Other (please indicate)
- 
- 
-

## Permission/Consent

I,

---

Agree that the information provided in the survey may be used by QVI Inc for the Indigenous Queenslander Eye Health Project and that survey information and results may be provided to individuals, Government and Non-Government agencies.

Signed:

---

**Thank you for your time. QVI Inc can be contacted at:**

- **Address:** PO BOX 6091, Fairfield Gardens QLD 4103
- **Telephone:** 07 3391 9191
- **Mobile:** 0418 978 699
- **Fax:** 07 3391 3406
- **Email:** [cassandra.koutouridis@visionaustralia.org](mailto:cassandra.koutouridis@visionaustralia.org)

*QVI Inc acknowledges the support of Queensland Health in relation to the Indigenous Queenslander Eye Health project.*