Letter to the Editor

Should we be doing more to identify barriers to cataract surgery for Indigenous populations in New Zealand? Response

Hugh R. Taylor AC FRANZCO and Mitchell D. Anjou AM MScOptom

Indigenous Eye Health Unit, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia

Correspondence: Professor Hugh R. Taylor, University of Melbourne—Melbourne School of Population Health, Level 5 207 Bouverie Street, Carlton, VIC 3053, Australia.

Email: h.taylor@unimelb.edu.au

Received 17 June 2020; accepted 18 June 2020

Funding sources / Financial disclosure: None

Conflict of interest: None

This is the author manuscript accepted for publication and has undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the [Version of Record](#). Please cite this article as doi: [10.1111/ceo.13812](https://doi.org/10.1111/ceo.13812)

Freundlich and McGhee ask a very good question “Should we be doing more to identify barriers to cataract surgery...?”¹ This is particularly timely as the World Health Assembly has endorsed the World Report on Vision². This Report calls for the inclusion of Integrated Person-Centred Eye Care to be part of Universal Health Coverage so that eye care becomes accessible, appropriate and affordable for all. The only way we can tell if we are achieving this provision of equity in care is if we monitor service provision and actually measure what we are doing.

One starting point can be a national survey of eye health that will not only show the distribution and causes of vision loss and blindness but also help to identify cultural or geographic areas of need.

As we point out in our review crude or unadjusted cataract surgery rates for two groups can be confounded by differences in life expectancies and age distributions³. Whilst clearly outcomes measures, these analyses can still mask inequities. Documenting the waiting times for initial assessment appointments and then the waiting times for surgery itself can be very revealing, but one must make sure that the various population groups are being properly identified. Establishing systems to monitor regional data and regularly report performance can assist in identifying variation. In Australia, with Aboriginal and Torres Strait Islander peoples’ eye care, this has been a very good starting point to identify and work to overcome some significant barriers and discrimination.

Once one has clear documentation of the unequal delivery of care, one can start to examine these barriers in more detail.³ As mentioned above these may be issues related to the accessibility or affordability of care, but, in the case of indigenous populations, they often may also include a lack of cultural safety. This is a particularly important area that mainstream health systems managers, providers and

services so often overlook. One may have done several cultural awareness courses, but these lessons must be put into practice such that the clinic or hospital and all staff follows them⁴. Importantly, the determination of safety is from the perspective of the patient. This is a change that we, the health care providers, must make to ensure First Nations patients and their family members can receive care without racial discrimination and prejudice.

Given this background the question raised is highly pertinent. What are the barriers encountered by Maori and Pacifica people with cataract? Why are they under-represented? Our work in Australia has shown that the pathway of care has many gaps and barriers, so the people drop out of the system. We called it a "leaky pipe" that has many leaks and we came up with a series of recommendations to address these⁵. A similar approach seems needed in New Zealand too.

REFERENCES

1. Freundlich SEN, McGhee CNJ. Should we be doing more to identify barriers to cataract surgery for Indigenous populations in New Zealand? Clin Experiment Ophthalmol. 2020; 48: pp-pp [Publishers to provide page numbers]
2. World report on vision. Geneva: World Health Organization; 2019. 180 p. Report No.: 1
3. Taylor HR, Anjou MD. Cataract surgery and Indigenous eye care: A review. Clin Experiment Ophthalmol. 2020 Jun 2; 48:512-6.
4. RANZCO [Internet]. Surry Hills, Australia: RANZCO; 2020. Aboriginal and Torres Strait Islander Eye Health; 2020 [3 June 2020]. Available from : <https://ranzco.edu/home/community-engagement/aboriginal-and-torres-strait-islander-eye-health/>

RANZCO/Community Engagement/Aboriginal and Torres Strait Islander Eye Health cultural safety

5. Taylor HR, Anjou MD, Boudville AI, McNeil RJ. The Roadmap to Close the Gap for Vision: Full Report. Melbourne: Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne, 2012.

Minerva Access is the Institutional Repository of The University of Melbourne

Author/s:

Taylor, HR;Anjou, MD

Title:

Should we be doing more to identify barriers to cataract surgery for indigenous populations in New Zealand?-Response

Date:

2020-07-06

Citation:

Taylor, H. R. & Anjou, M. D. (2020). Should we be doing more to identify barriers to cataract surgery for indigenous populations in New Zealand?-Response. CLINICAL AND EXPERIMENTAL OPHTHALMOLOGY, 48 (7), pp.1016-1016. <https://doi.org/10.1111/ceo.13812>.

Persistent Link:

<http://hdl.handle.net/11343/275987>