

Strong eyes, strong communities



A five year plan for Aboriginal and
Torres Strait Islander eye health and vision

2019-2024



ACKNOWLEDGEMENTS

Vision 2020 Australia respectfully acknowledges the Traditional Owners of Country throughout Australia and pays respect to the ongoing living cultures of Australia's First Peoples.

Cover artwork

Cover artwork by Jordan Lovegrove – a Ngarrindjeri graphic/web designer, artist and illustrator. The untitled work shows Vision 2020 Australia's relationship with its member organisations and their journey to close the gap in eye health for Aboriginal and Torres Strait Islander people. Vision 2020 Australia is represented by the large central meeting place, the smaller meeting places are the many member organisations and the pathways between show them working to put a plan together to address some of the key issues affecting Aboriginal and Torres Strait Islander people. The many people/communities that Vision 2020 Australia is helping are represented by the colourful patterned shapes around the artwork. The big pathway going through the artwork shows their journey towards closing the gap.

Photographs

Thanks to the Brien Holden Vision Institute and The Fred Hollows Foundation for providing the photographs included in *Strong eyes, strong communities*.

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About Vision 2020 Australia

Vision 2020 Australia is the national peak body for the eye health and vision care sector.

Its role is to ensure that eye health and vision care remains high on the health, ageing, disability and international development agendas of Australian governments.

Vision 2020 Australia was established in October 2000. It is part of VISION 2020: The Right to Sight, a global initiative of the World Health Organization and the International Agency for the Prevention of Blindness.

The organisation represents almost 50 member organisations involved in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support including several Aboriginal and Torres Strait Islander organisations. A core priority is to advocate for equitable outcomes and access to quality eye health and vision care services for Aboriginal and Torres Strait Islander people.

Vision 2020 Australia has been strongly committed to progressing efforts to close the gap for vision, and has supported member organisations in their advocacy to improve access, availability and integration of eye health and vision care services. In the past three years, key submissions and proposals have included:

- *Close the Gap in Aboriginal and Torres Strait Islander Eye Health and Vision Care: Sector Funding Proposal* (2015)
- *Closing the gap in eye health and vision care by 2020* (2017)
- *Vision 2020 Australia Submission to the Closing the Gap Refresh Discussion Paper* (2018).

The work of Vision 2020 Australia is informed by its members. *Strong eyes, strong communities* was developed at the request of government, and guided by the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee, whose membership spans community controlled organisations, eye care professionals, service providers, researchers and others.

In addition, Vision 2020 Australia members and staff engaged with a range of other individuals and organisations involved in the planning, funding, delivery and review of eye care for Aboriginal and Torres Strait Islander people, including a mix of community workers, leaders and Jurisdictional Fundholders (Appendix 1).



Executive Summary

Over the last decade, the gap in eye health and vision for Aboriginal and Torres Strait Islander people has halved¹ through the collective work of many individuals and organisations and significant investments by government.

However, too many Aboriginal and Torres Strait Islander people still experience avoidable vision loss and blindness, and those who have lost vision often find it difficult to access the support and services they need.

Through additional targeted effort, this gap in vision can be closed by 2020. This will mean that Aboriginal and Torres Strait Islander people will have eye health and vision outcomes at least equivalent to those of non-Indigenous Australians.

Strong eyes, strong communities: a five year plan for Aboriginal and Torres Strait Islander eye health and vision charts a course to close the gap for vision and achieve a world class system of eye health and vision care for Aboriginal and Torres Strait Islander people.

It is based on available evidence and shaped by the collective input of many individuals and organisations.

Strong eyes, strong communities recognises that provision of eye health must be considered within a comprehensive, primary health care model, and that broader social determinants also impact upon eye health and vision outcomes.

Strong regional and local partnerships which support active collaboration between community, service providers and others will thus continue to be critical to plan, deliver and continually improve eye and vision care in line with people's needs and preferences.

Embedding eye care into community controlled and mainstream services at the same time that cultural safety is enhanced in mainstream services are other important elements which will help ensure that the eye health needs of all Aboriginal and Torres Strait Islander people can be met, regardless of where they seek their health care.

Continued data collection and monitoring will also underpin this work, so that the many partners involved in working towards this goal can monitor – and remain accountable for – making real change.

¹ Substantial progress has been made towards improving the eye health and vision of Aboriginal and Torres Strait Islander people. Of the 42 recommendations outlined in *The Roadmap to Close the Gap for Vision*, 19 have now been fully implemented and three quarters of all activities completed.

Strong eyes, strong communities identifies four areas for further action.

1 Enhance service delivery by expanding current eye health and vision care services (including subsidised spectacles schemes) and increasing outreach funding flexibility as well as developing new ACCHO led service models

2 Strengthen regional partnerships and local supports, as these will continue to be core to making local and regional systems work as well as they can for Aboriginal and Torres Strait Islander people

3 Embed eye health in ACCHOs and other primary care organisations, through a combination of workforce, system and awareness-raising activities

4 Eliminate trachoma, with a sustained focus on full implementation of the SAFE strategy, including targeted efforts to enhance environmental health and embed ongoing screening in primary health care.

In some instances there is existing work underway that can be leveraged, or improvements that can be achieved through changes to policy or administrative arrangements.

In other areas, new additional funding is required to achieve and sustain real improvements in eye health and vision for Aboriginal and Torres Strait Islander people.

An active partnership with Aboriginal and Torres Strait Islander organisations and people through all of these is essential.

***Strong eyes, strong communities* is a blueprint for change, collaboration and improvement. Together, a world class system that delivers culturally safe eye care to all Aboriginal and Torres Strait Islander people is within our reach.**



Figure 1: Strong eyes, strong communities – overview



Figure 2: Summary – Strong Eyes, Strong Communities: a Five Year Plan

	Activity	Actions – Short term (2019-2020)
Enhance service delivery	Sustain and expand outreach services	Expand outreach services through additional VOS and RHOF Outreach funding confirmed for 5 years of plan
	Increase outreach funding flexibility	Review guidelines to improve flexibility and allow outreach funds to be used to eliminate practical barriers
	Expand ACCHO led eye care	Co-design and implement ACCHO led models of eye care
	More equipment to support greater local delivery	Fund additional slit lamps as per phase 1 of NECEIP
	Expanding access to affordable glasses	Complete the National Subsidised Spectacles Scheme Project Work with states & territories to improve access to and consistency of subsidised spectacles schemes
	Strengthen the focus on children’s vision	Develop and implement a national approach to increasing the early identification of vision problems in children
	Increase availability of cataract surgery	Encourage jurisdictions and their public hospitals to increase access to cataract surgery
	Increase availability of treatments for diabetic eye disease	Work with jurisdictions to expand availability of equipment, outreach and public hospital services to support diagnosis and treatment of diabetic retinopathy, and also progress changes to MBS and PBS
	Improve access to low vision and blindness services	Refine and embed low vision care pathway Advocate for system improvements in NDIS and aged care
Strengthen regional partnerships and local supports	Support people to access care	Fund local support for people to access care Ensure eye health care is central to the support provided by the Integrated Team Care Program for people with diabetes
	Embed regional approaches	Fund additional regional implementation managers
	Renew jurisdictional oversight	Renew and maintain state and territory oversight of eye health and vision care services so local access barriers are removed
	Strengthen the provision of eye care through mainstream services	Leverage existing initiatives to strengthen the skills, knowledge and engagement of mainstream services in providing culturally safe and effective identification and management of eye problems.
Embed eye health in ACCHOs and other primary care services	ACCHO eye health workforce development	Establish ACCHO eye health funding pool Establish a national network of ACCHO staff with eye health skills & knowledge
	Ensure all ACCHOs and other Aboriginal primary health services have access to eye health professionals	Facilitate connections between eye health professionals and ACCHOs where these do not exist
	Improve awareness and knowledge of eye health in all primary care services	Develop an eye health promotion strategy that complements existing strategies
	Embed eye health information and pathways in practice and patient management systems	Support updates to clinical software packages so that eye health is part of routine patient care and data regarding clinical performance and reach can be accessed
Eliminate trachoma	Ongoing and sustained access to appropriate housing and water hardware	Work with state and territory housing authorities and Aboriginal and Torres Strait Islander communities to get prompt repairs via local trades people Work with state and territory housing authorities and Aboriginal and Torres Strait Islander communities to embed cyclical preventative maintenance of water hardware Agree and implement long term plan for safe and affordable housing for remote Aboriginal and Torres Strait Islander communities
	Fund environmental health positions in community settings	Support expanded role for environmental health workers to support the elimination of trachoma
	Embed ongoing trachoma and trichiasis care in ACCHOs and other primary care services	Train and support staff in ACCHOs and other primary care services to identify and treat trachoma and trichiasis

Actions – Medium Term (2021-2023)	Destination/outcome
Phased growth in VOS funding to full scale	<ul style="list-style-type: none"> • More Aboriginal and Torres Strait Islander people will have access to eye exams and screening
	<ul style="list-style-type: none"> • Delivery of more local and cost effective eye health services
Operate and evaluate models, share learnings and identify priorities for further expansion	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people will be empowered to shape and lead how they receive services
Fund priority equipment as identified through phase 2 of NECEIP	<ul style="list-style-type: none"> • Eye health care services will be embedded with ACCHOs as part of comprehensive, primary health care models
Continue to work with states and territories to achieve nationally consistent schemes for subsidised glasses	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people will have access to screening and testing locally through ACCHOs or other health care services
Evaluate and embed the national strategy	<ul style="list-style-type: none"> • Address around 60% of vision loss amongst Aboriginal and Torres Strait Islander people through access to affordable glasses
	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people with vision loss due to cataract or diabetic eye disease will have streamlined and culturally sensitive pathways to treatment
	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people will have access to blindness and low vision services through ACCHOs or other service providers, providing a more integrated pathway, increasing opportunities for people to have the NDIS and/or aged care supports they need to fully participate in their communities
Advocate for system improvements in NDIS and aged care	
Expand supports for people to access care in line with population based need	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people will be more consistently supported to engage with eye health and vision care services, and will experience more streamlined coordinated care, tailored to their local circumstances
	<ul style="list-style-type: none"> • There will be greater awareness of Aboriginal and Torres Strait Islander eye health and vision issues in ACCHOs and other key primary health services
	<ul style="list-style-type: none"> • Increased effectiveness of eye health services and use of infrastructure maximised through regional partnerships
	<ul style="list-style-type: none"> • Service planners, providers and communities will have a better understanding of population-based needs, able to identify local service gaps and strategies to remove roadblocks to care
	<ul style="list-style-type: none"> • Greater awareness of Aboriginal and Torres Strait Islander eye health and vision issues in ACCHOs and other key primary health services
	<ul style="list-style-type: none"> • People who access care through mainstream services will have their eye care needs better met
	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people will have access to eye care through ACCHOs or other primary health care services, providing a more integrated and simple patient pathway
	<ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander people will experience streamlined coordinated care, tailored to their local circumstances
	<ul style="list-style-type: none"> • Eye health and vision care services are embedded within ACCHOs
	<ul style="list-style-type: none"> • There will be greater awareness of Aboriginal and Torres Strait Islander eye health and vision issues in primary health services
Housing for Health principles underpin all housing programs	<ul style="list-style-type: none"> • Certification of elimination of trachoma by the World Health Organization by 2020
Continue implementation of long term remote housing plan	<ul style="list-style-type: none"> • Ongoing access to reliable water hardware alongside raised awareness prevents recurrence
	<ul style="list-style-type: none"> • ACCHO and other primary health staff feel confident in screening for trachoma and trichiasis

Setting the Scene

POLICY CONTEXT

Since 2006, Australia's peak Aboriginal and Torres Strait Islander health organisations and non-government organisations have united to improve the health and life expectancy of Aboriginal and Torres Strait Islander people through the Close the Gap campaign.

In 2008 at the Close the Gap National Indigenous Health Equality Summit, the Australian, state and territory governments agreed to targets to achieve health equality within a generation, leading to the Closing the Gap Strategy.

Since that time, a substantial amount of work has been done by many individuals, organisations and communities to narrow the gap in Aboriginal and Torres Strait Islander eye health. In 2012, *The Roadmap to Close the Gap for Vision* set out a comprehensive, whole of system strategy to improve access to eye health and vision care services and improved eye health outcomes for Aboriginal and Torres Strait Islander people across the nation. Vision 2020 Australia has also progressed significant policy work over this time.

Seven years later, *Strong eyes, strong communities: a five year plan for Aboriginal and Torres Strait Islander eye health and vision* builds on the work achieved through *The Roadmap* and sets out a plan for the next five years with increased involvement by Aboriginal and Torres Strait Islander people.

This is occurring at a time where the Council of Australian Governments has committed to a formal partnership with Indigenous Australians through their representatives to jointly agree on targets and implementation of a strengths based framework for Closing the Gap. This approach acknowledges that a central role for Aboriginal and Torres Strait Islander people in the making of the decisions that affect their lives is critical to closing the gap.²

MAJOR CAUSES OF BLINDNESS AND VISION LOSS IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

The prevalence of blindness and vision loss in Aboriginal and Torres Strait Islander people is three times that of non-Indigenous Australians.³

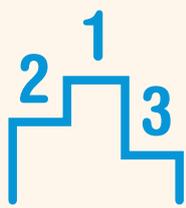
As Figure 3 highlights, uncorrected refractive error and cataract remain two of the main causes of blindness and vision loss in Aboriginal and Torres Strait Islander communities.

Diabetic retinopathy is another key contributor to vision loss in the Aboriginal and Torres Strait Islander community, and with the prevalence of diabetes rising, so too is the risk of diabetic vision loss.

² COAG Statement on the Closing the Gap refresh, 12 December 2018

³ National Eye Health Survey (2016).

Figure 3: Major causes of vision loss and blindness in Aboriginal and Torres Strait Islander people



LEADING CAUSES

THE 3 LEADING CAUSES OF **VISION LOSS** FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE AGED 40 AND OVER ARE **REFRACTIVE ERROR, CATARACT AND DIABETIC RETINOPATHY.**



REFRACTIVE ERROR

UNCORRECTED REFRACTIVE ERROR **CAUSES ALMOST TWO-THIRDS OF VISION IMPAIRMENT** FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE.

#1 CATARACT

CATARACT IS THE **LEADING CAUSE OF BLINDNESS** FOR ABORIGINAL AND TORRES STRAIT ISLANDER ADULTS.



BLINDING CATARACT IS **12 TIMES MORE COMMON** AMONG ABORIGINAL AND TORRES STRAIT ISLANDER ADULTS THAN NON-INDIGENOUS AUSTRALIANS.

1 IN 10 AT RISK OF DIABETIC EYE DISEASE

AROUND 10% OF ABORIGINAL AND TORRES STRAIT ISLANDER ADULTS HAVE DIABETES, AND 1 IN 3 HAVE DIABETIC RETINOPATHY.



98% OF BLINDNESS FROM DIABETES IS PREVENTABLE WITH **EARLY DETECTION AND TIMELY TREATMENT.**



TRACHOMA

AUSTRALIA IS THE **ONLY DEVELOPED COUNTRY TO STILL HAVE TRACHOMA**, FOUND PREDOMINANTLY IN ABORIGINAL COMMUNITIES. ENDEMIC RATES OF TRACHOMA **FELL FROM 21% IN 2008 TO 3.8% IN 2017**, BUT OVER 130 COMMUNITIES ARE STILL AT RISK.

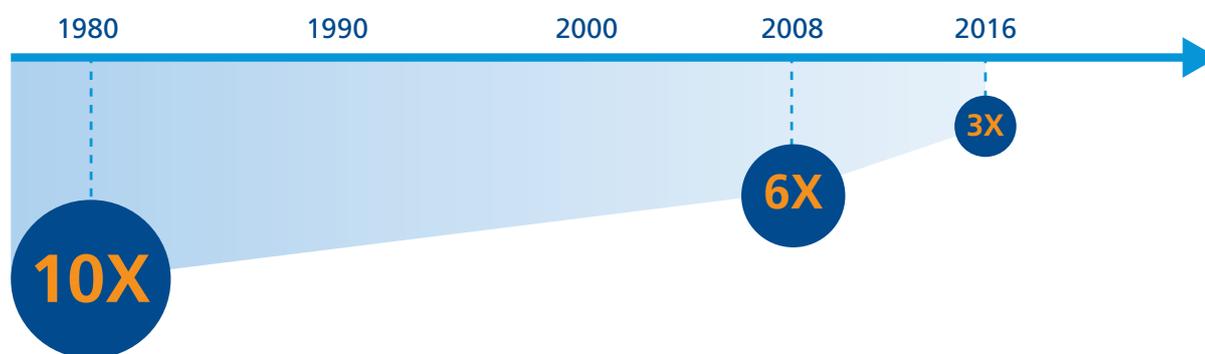
PROGRESS TO DATE

Substantial progress has been made in improving the eye health and vision of Aboriginal and Torres Strait Islander people over the last decade (Figure 4).

Of the 42 recommendations outlined in *The Roadmap to Close the Gap for Vision*, 19 have now been fully implemented and three quarters of all activities related to those recommendations have been completed.⁴

Figure 4: The gap for vision is closing

Prevalence of Aboriginal and Torres Strait Islander people experiencing blindness compared to that of non-Indigenous Australians



A range of major policy, funding and program changes, including significant funding commitments by the Australian Government, have underpinned these activities (Figure 5).

There are also now a small number of qualified orthoptists, optometrists and ophthalmologists who identify as being of Aboriginal and Torres Strait Islander descent, with additional professionals in training. Aboriginal and Torres Strait Islander people have emphasised the importance of increasing these numbers, and sustained efforts by governments, academic institutions, training and accreditation bodies and others is required to achieve this goal.

The priorities for action identified in *Strong eyes, strong communities* are designed to build on the strengths of what has been done to date and what has been learned. It complements existing work, and recognises that over time, and from place to place, services, approaches and needs may vary and flexibility will be required to best meet local community needs.

The eye health and vision care sector has shaped development of this Plan alongside Aboriginal and Torres Strait Islander health leaders and Aboriginal and Torres Strait Islander health workers. The advice and input of Jurisdictional Fundholders for programs that support eye health outreach services has also been invaluable.

Progress to date shows that with further, targeted investment from the Australian and state and territory governments and the sustained efforts of the eye health and vision sector in partnership with Aboriginal and Torres Strait Islander communities, equity in eye health for Aboriginal and Torres Strait Islander people will be achieved.

⁴ University of Melbourne Indigenous Eye Health Unit 2018 Annual Update on the Implementation of the Roadmap to Close the Gap for Vision

Figure 5: Recent Australian Government funding commitments that are improving Aboriginal and Torres Strait Islander eye health

- ✓ A new Medicare Benefits Schedule item enabling the detection of diabetic retinopathy with a non-mydriatic retinal camera
- ✓ Additional equipment and training across the country for health workers involved in the delivery of Aboriginal and Torres Strait Islander eye health and vision care services
- ✓ Funding for a coordination function administered through Jurisdictional Fundholders
- ✓ Continuation of funding for the Trachoma Program until 2021
- ✓ The Eye and Ear Surgical Support Services Program (EESSS)
- ✓ Expansion of the Visiting Optometrists Scheme, with increased services directed to Aboriginal and Torres Strait Islander people
- ✓ National oversight through Australian Institute of Health and Welfare reporting
- ✓ Additional funding for the Medical Outreach Indigenous Chronic Disease Program (MOICDP)
- ✓ Funding to promote greater access to affordable glasses and encourage state and territory governments to move towards nationally consistent subsidised spectacles schemes
- ✓ Investment in innovative models that utilise telehealth, mobile services and/or regional hub models
- ✓ Funding allocated for an additional 500 cataract surgeries across rural and remote Australia
- ✓ Optometry included in the Medicare Benefits Schedule for telehealth

Figure 6: Achievements to date: Coordination of Indigenous Eye Health Program

Coordination of Indigenous Eye Health funding has supported a range of activities that have enhanced the overall effectiveness of eye health services. Examples of how these funds have positively impacted on eye health provision include:

- Increasing patient attendance through improved coordination between VOS services and local Aboriginal health services
- Improved triaging and clinical pathways for recall and referral, which have included use of telehealth and expanding culturally sensitive support for patients
- Development of a training program for general practitioners, Aboriginal health workers and nurses working in ACCHOs to embed use of retinal cameras and other project outcomes
- Developing a deeper understanding of service needs, gaps and barriers
- Supporting improved program administration and information sharing across funded programs such as EESSS, RHOF, MOICDP and VOS

A Vision for the Future

OUR ASPIRATION

Strong eyes, strong communities sets out the key steps to a future in which:

- Aboriginal and Torres Strait Islander communities are equipped and supported to lead, deliver and shape their eye health and vision care, as part of a community led, comprehensive, primary health care model
- Aboriginal and Torres Strait Islander people experience a world class system that provides culturally safe and accessible eye health and vision care services
- The gap for vision is closed, and all Aboriginal and Torres Strait Islander people have equity of eye health and vision care.

ENHANCING ABORIGINAL AND TORRES STRAIT ISLANDER LEADERSHIP AND OVERSIGHT

The Close the Gap Campaign Steering Committee has highlighted the need to:

*Respect Indigenous peoples' right to self-determination in efforts to improve their health. At the national level, this means Aboriginal and Torres Strait Islander (government) partnerships in health planning. At the community level, it means community governance and control of health services... investment must be guided into the kinds of services, health infrastructure and other responses as determined by Aboriginal and Torres Strait Islander health leaders and communities.*⁵

Vision 2020 Australia and its members support self-determination. The critical importance of true and meaningful engagement with Aboriginal and Torres Strait Islander people and organisations is recognised and Vision 2020 Australia is reviewing governance and operating arrangements to give full effect to this.

Leaders in the Aboriginal and Torres Strait Islander health sector and others working in local communities have told us that to achieve equity in eye health, there needs to be:

- Changes to existing service models so communities decide when they receive services, and have as much control over those services as possible
- Changes to existing planning models, so Aboriginal and Torres Strait Islander people and community controlled organisations guide what is decided and what is given priority
- Ongoing, two-way information exchange and relationship building between visiting support roles, creating greater local service capacity and expanding career opportunities and pathways for community members
- A renewed commitment to strengthening eye health and vision care capacity in ACCHOs
- A significant increase in the number of Aboriginal and Torres Strait Islander health professionals working in optometry, ophthalmology and other eye health and support roles, creating greater local service capacity and expanding career opportunities and pathways for community members.

Strong eyes, strong communities reflects this feedback in a range of the identified priority actions.

⁵ Holland, C, *A Ten Year Review: the Closing the Gap Strategy and Recommendations for Reset*, Close the Gap Campaign Steering Committee for Indigenous Health Equality, 2018, p. 4

STRENGTHENING CULTURAL SAFETY

Cultural safety is a philosophy of practice that is about how a professional does something, not [just] what they do... [it] represents a key philosophical shift from providing care regardless of differences, to care that takes account of people's unique needs.⁶

Vision 2020 Australia and its members recognise that access to culturally responsive and safe services is essential to close the gap for eye health and vision care.

Vision 2020 Australia members expect all eye services to be developed with a strong focus on cultural safety, and for all staff working in those services to be culturally responsive and deliver culturally safe services.

A range of strategies are needed to build cultural awareness and safety in service delivery including:

- Increasing the employment and retention of Aboriginal and Torres Strait Islander people in the eye health and vision care workforce
- Training designed for providers to better understand the historical and cultural factors that can shape both health care needs and effective delivery of this
- Improving effective communication with Aboriginal and Torres Strait Islander people
- Supporting the adoption of a comprehensive approach to Aboriginal and Torres Strait Islander healthcare alongside other areas that build cultural awareness and safety in service delivery.

Members will continue to give effect to this commitment through their support for the comprehensive model of culturally aware primary health care provided by ACCHOs, through strengthening cultural safety in mainstream services and through their work within their own organisations to strengthen cultural safety.

Overarching Principles

The following principles will guide all the activity outlined in this Plan, to ensure the provision of Aboriginal and Torres Strait Islander-led, culturally safe and effective eye health services:

- **Community ownership and empowerment:** Empower Aboriginal and Torres Strait Islander communities to lead and participate in the design and delivery of services
- **Community providers:** Support development, delivery and leadership of eye health services by Aboriginal Community Controlled Organisations wherever possible
- **Culturally appropriate:** Ensure all parts of eye health and vision care are delivered in ways that are culturally safe and reflect an understanding of the local context
- **Coordinated and collaborative:** Focus on connecting systems, supports and services at regional and local levels so pathways to treatment and care are well coordinated and link to broader health and social care
- **Convenient to community:** Services are designed to be easy for people to access, provided locally where possible, and take advantage of emerging technology and treatment
- **Consistency:** Services and supports are timely and regularly available, consistent in quality and approach across all parts of Australia, supporting a continuous pathway of eye care
- **Capacity building:** Approaches to investment strengthen local workforce capacity
- **Continuity and sustainability:** Services need to be designed, funded and delivered in ways that support continuity of care and are sustainable, so that improvements in eye health and vision care are sustained over the long term.

⁶ Congress of Aboriginal and Torres Strait Islander Nurses and Midwives "CATSINaM definition of Cultural Safety" 2018, <https://www.catsinam.org.au/policy/cultural> accessed 5/12/18

Building culturally safe mainstream services

Many Vision 2020 Australia members are actively working to increase cultural competency across their memberships to help drive increased cultural safety. For example, across the eye care professions alone:

- **Optometry Australia** supports optometrists to extend their understanding of culturally safe eye health services through both its continuing professional education activities and member services. As an example of the optometry profession's holistic commitment to improving cultural competence, the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework was launched in October 2018 by the Optometry Council of Australia and New Zealand (OCANZ). This framework aims to better prepare optometry graduates to provide culturally aware and safe eye health services.
- **Orthoptics Australia** is committed to ensuring cultural safety, and cultural awareness is incorporated into the curriculum for students undertaking a degree in orthoptics. This includes studying Indigenous health and exposure to Aboriginal and Torres Strait Islander culture.
- **The Royal Australian and New Zealand College of Ophthalmologists (RANZCO)** also has a focus on cultural safety. Cultural competency is embedded into the RANZCO vocational training program via specially-designed modules that aim to ensure safe and effective communications between health professionals and patients, families and community members. These modules are currently being renewed and strengthened as part of RANZCO's commitment to leading in this area, and it is working with other medical colleges, Indigenous medical organisations and national accrediting bodies to promote a consistent approach to such training.
- **The Australian College of Optometry** is developing and implementing an Aboriginal and Torres Strait Islander cultural awareness training strategy for all staff, working with local Traditional Owners, and other Aboriginal and Torres Strait Islander stakeholders to ensure there is ongoing training in and engagement around cultural safety across all service locations.

A wide range of other work is underway across the broader health sector that will significantly improve cultural safety in mainstream services. This includes for example the work being done by:

- the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- the Royal Australian College of General Practitioners in partnership with NACCHO and
- the Australian Health Practitioner Regulation Agency.

Alongside this, mainstream services are enhanced through the employment of Aboriginal and Torres Strait Islander people and those non-Indigenous people with direct experience working in community controlled organisations.

Priorities for action, building on achievements to date

1 Enhance service delivery

WHAT'S CURRENTLY IN PLACE?

There have been a range of programs and investments rolled out to increase service delivery and improve service accessibility, and these have made a substantial improvement in the eye health of Aboriginal and Torres Strait Islander people. These include:

- Federal funding for targeted programs like the Eye and Ear Surgical Support Services (EESSS), the Medical Outreach Indigenous Chronic Disease Program (MOICDP), the Rural Health Outreach Fund (RHOF) and the Visiting Optometrists Scheme (VOS), which recognise the additional costs of providing outreach services
- Increasing investment in diabetic retinopathy screening, through federal funding for retinal cameras and associated training via initiatives such as the Provision of Eye Health Equipment and Training program
- Funding for the KeepSight program, a national diabetes eye screening program
- Support for regional partnership and stakeholder groups, which play a key role in the identification of population based needs, enhancing patient pathways and addressing local service gaps
- Subsidised spectacles schemes, funded by state and territory governments

- Support for innovative mobile clinics and telehealth
- Various workforce initiatives targeted towards increasing the availability and participation of qualified staff in the delivery of eye health and vision care services
- A range of funded programs and initiatives to encourage medical and other practitioners to work in rural and remote settings
- Funding for national data reporting through the Australian Institute of Health and Welfare national Indigenous Eye Health reports.

WHAT NEEDS TO CHANGE?

Despite investments, only some 60% of need is being met⁷ and access to culturally responsive treatment services is still lacking.

This gap between need and access to services is not limited to rural and remote areas. Data regarding waiting times for cataract surgery (Figure 7) highlight that gaps exist from major cities through to remote areas.

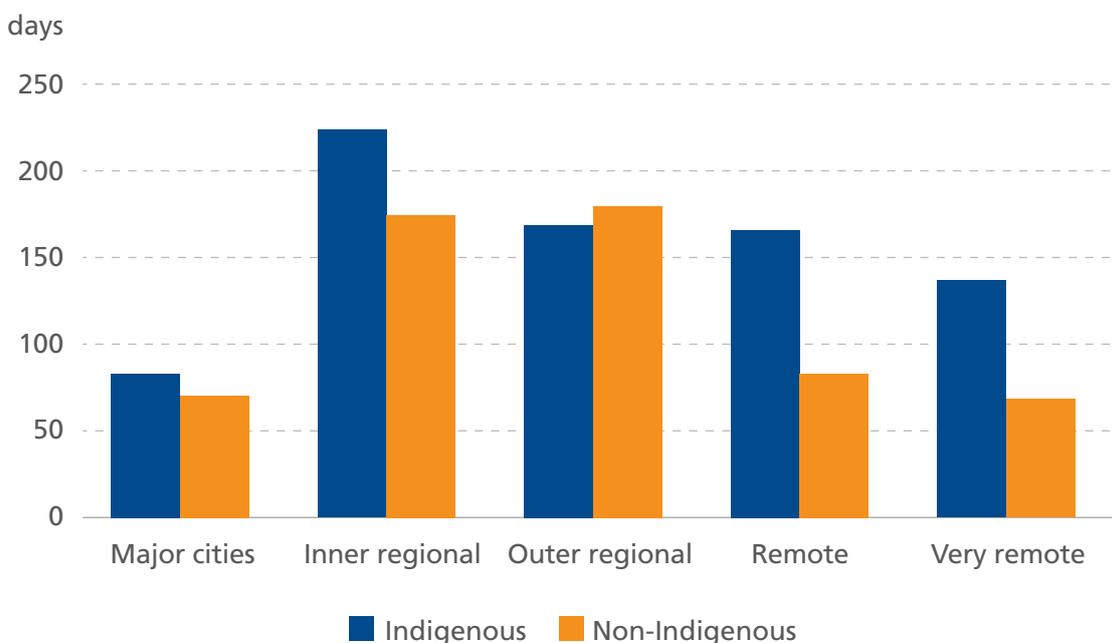
Variations in funding, health systems and policy settings between states and territories contribute to the availability and accessibility of these services.

⁷ Australian Institute of Health and Welfare, *Indigenous eye health measures 2017 web report: Workforce and outreach programs supplementary tables* <https://www.aihw.gov.au/getmedia/b6b251a0-162c-4067-9604-67fe766c5a3a/aihw-ihw-192-data-tables-workforce-2017.xls.aspx>

Changes are needed to increase timely access to services for Aboriginal and Torres Strait Islander people, including:

- Expanding outreach services in line with population based needs and providing longer term funding certainty
- Increasing flexibility in how outreach funds can be used to remove practical barriers to accessing services
- Increasing access to public cataract surgery and treatments for diabetic eye disease
- Developing ACCHO led eye health and vision care models
- Increasing the availability of affordable, quality glasses and other optical appliances for all Aboriginal and Torres Strait Islander people who need them.

Figure 7: Median waiting times for cataract surgery (Australian Institute of Health and Welfare, Indigenous eye health measures 2017 – web report Supplementary tables 2017)



WHAT NEXT?

Sustain and expand outreach services

Outreach programs play a critical role in supporting eye health professionals to deliver services to Aboriginal and Torres Strait Islander people across the nation, but are currently only funded on a fixed term basis.

A commitment to continuing outreach support for the five years of this plan is sought, alongside support for expanding outreach services to enable more Aboriginal and Torres Strait Islander people to get the eye care they need.

Analysis of available data indicates that over 21,000 additional VOS-supported eye examinations per annum are needed and that the VOS funding pool will need to grow over the coming five years to achieve this.

There have already been some increases in support for ophthalmological services, and thus available evidence suggests a more modest increase in RHOF funds is required to meet additional needs for outreach ophthalmology services. Active promotion of the programs to eye health professionals will be essential to increase uptake of this funding and achieve the growth in service availability required.

Continued collaboration between community controlled organisations, Jurisdictional Fundholders, eye sector stakeholders, and others involved in the planning and delivery of services will occur to ensure that growth funds are directed to areas of need.

Increase outreach funding flexibility

Increasing the flexibility of current outreach funding programs has been identified as important to address some of the current barriers to effective local service provision. Some of the potential changes needed include providing flexibility to fund:

- Items which allow surgery to take place in a hospital as close to home as possible
- Supports that can optimise the use of visiting practitioner time, such as local patient support roles and liaison roles that link practitioners with community primary health care services
- A broader range of patient travel, recognising that in some instances people and carers need support to travel locally for treatment
- Knowledge and skills exchange between visiting and local care providers, including ACCHO staff, which can both enhance treatment effectiveness and build local capacity to support people's needs between visits
- Increased services in those metropolitan, urban fringe and inner regional areas where evidence suggests there are significant service gaps.

It is timely to conduct a review of the program guidelines for outreach eye care services to facilitate greater funding flexibility which will in turn lead to more locally responsive services.

Expand ACCHO led eye health models

Alongside expanding growth in visiting services, building and expanding ACCHO led models of eye health and vision care is essential to provide greater local service availability and community control over the longer term.

There are already examples of strong community led eye care models, and actively supporting ACCHOs to build and/or expand these is a priority for the coming five years to identify how and where these models are most effective. Establishment of an ACCHO eye health innovation fund would support this, equipping ACCHOs in collaboration with their regional partners to lead activities such as:

- Development of expanded models that leverage current successful eye care models and reflect the needs and preferences of community members. This might, for example, involve directly employing eye health professionals, creating dedicated spaces and stronger relationships with local providers, negotiating specific clinical and/or surgical lists
- Implementing and evaluating identified model/s at three ACCHOs
- Identifying lessons learnt and how these can be applied to the delivery of eye care to Aboriginal and Torres Strait Islander people broadly.

More equipment to support greater local delivery

Continued investment in eye care equipment remains another priority for investment over both the short and longer term.

With additional eye care equipment and the associated infrastructure required to store and use it, eye health professionals would be able to deliver an expanded range of eye care services to Aboriginal and Torres Strait Islander people locally, reducing treatment delays and barriers, saving on unnecessary patient transportation costs and time, and ultimately saving sight.

Preliminary information collected through the National Eye Care Equipment Inventory Project (NECEIP) over 2016-17 indicates a need for lasers, visual field testing instruments and optical coherence tomography machines (OCTs) in a number of ACCHOs and to be available regionally. Further work will be undertaken to refine this analysis, and assessment of regional hospital eye care equipment needs is also required to support expanded regional service delivery.

There is some remaining equipment identified through phase 1 of the inventory project that requires roll out in the short term. The establishment of an eye care equipment fund will enable priority equipment to be rolled out in line with the findings of phase 2 of the inventory project once finalised in 2019. There will also likely be additional equipment required to support more public surgery services at a regional level.

Expanding access to affordable glasses

Approximately 60 per cent of vision loss for Aboriginal and Torres Strait Islander people is caused by uncorrected refractive error which can often be readily addressed through the provision of low cost glasses.

State and territory governments currently operate subsidised schemes, but these vary widely in their reach, costs, and accessibility. Establishing sustainable, nationally consistent arrangements⁸ that provide access to low cost glasses and other key optical appliances for all Aboriginal and Torres Strait Islanders remains a high priority for action.

In the short term, the Australian Government has funded a project to encourage states and territories to implement consistent schemes and increase the number of low cost glasses available across the country for Aboriginal and Torres Strait Islander people.

Longer term, further work is required between all states and territories and the Australian government to implement nationally consistent arrangements for subsidised glasses for up to 40,000 Aboriginal and Torres Strait Islander people.

Strengthen the focus on children's vision

For local Aboriginal and Torres Strait Islander communities, children's vision is often a priority.

Encouraging periodic eye testing of Aboriginal and Torres Strait Islander children is the simplest way to support early identification of any vision problems.

Further work to identify and resource a national strategy to support the early identification of vision and eye health problems in Aboriginal and Torres Strait Islander children across Australia is required.

Increase availability of cataract surgery

Aboriginal and Torres Strait Islander people still do not have access to cataract surgery as other Australians do. The cataract coverage rate for non-Indigenous people is 88%, but for Indigenous Australians it is only 62%. Equally, Aboriginal and Torres Strait Islander people wait on average 152 days for cataract surgery, 63% longer than the 93 days for non-Indigenous Australians.⁹

While there has been recent investment to increase the number of rural and remote area surgeries for Aboriginal and Torres Strait Islander people, more systemic change across all areas is required to increase the availability of timely public cataract surgeries in many locations, including urban areas.

Fast tracking of referrals through the system and prioritising cataract surgeries for Aboriginal and Torres Strait Islander people can significantly increase the number of people treated and their experiences of care (Figure 8).

Continued work with state and territory health departments and their hospital(s)/network(s)/district(s) is needed to embed system changes that will improve accessibility of public cataract services for Aboriginal and Torres Strait Islander people across Australia.

⁸ Optometry Australia in partnership with NACCHO identified a set of principles against which such schemes have been assessed, and the need for action to ensure all state and territory systems fully satisfy these principles is well recognised.

⁹ AIHW 2017

Figure 8: Improving access to cataract surgery**Case Studies**

South East Queensland – Changing the surgical pathway to improve access to cataract surgery

In South East Queensland, the Institute for Urban Indigenous Health worked with private hospitals to change how Aboriginal and Torres Strait Islander people were supported through their surgery.

The pilot study compared an existing external pathway to a new pilot surgical pathway in which the patient's journey was simplified, with as many steps as possible delivered in a single location. Alongside this, there was an increased focus on culturally appropriate and advanced coordination.

In the 7-month period after the new pathway was implemented 46 of 103 (45%) of referred patients completed cataract surgery, in contrast to 9 of 55 (16.3%) patients 7-months before the new pathway was implemented. Ultimately, the study determined that the integration of services and collaboration of relevant organisations led to increased completion rates of cataract surgery and may be applicable to other tertiary surgical pathways.

Queensland Health also has a clinical prioritisation initiative that enables ophthalmologists to prioritise Aboriginal patients for surgery, promoting more timely access to cataract surgery.

The Royal Victorian Eye and Ear Hospital – Raising priority, improving pathways

In 2017 the Eye and Ear made a commitment to reduce the wait time for Aboriginal and Torres Strait Islander patients to access cataract surgery. Aboriginal and Torres Strait Islander people requiring cataract review and/or surgery are now provided access to clinic appointments and surgery times as a matter of priority, as part of a fast tracked pathway for care.

These changes aim to improve access to care, with a strong focus on ensuring people are correctly identified as Aboriginal or Torres Strait Islander so they can access the pathway and be appropriately supported by their Aboriginal Health

Liaison Officers (AHLOs). Now, all Aboriginal and Torres Strait Islander patients requiring cataract surgery are seen at a Specialist Clinic appointment within 30 days of being referred and are operated on within 30-90 days of being placed on the surgical waiting list.

As part of this, there has been a focus on reducing delays due to incomplete information or pre assessment, with AHLOs working with the referrers to expedite the completion of the required documentation and testing to ensure the patients are seen in the expected timeframe.

Increase availability of treatment for diabetic eye disease

Rates of diabetes amongst Aboriginal and Torres Strait Islander people have increased substantially over the past decade and the number of people with diabetes requiring treatment for significant diabetes related eye disease is increasing.

As Figure 9 illustrates, a combination of activities is required to prevent, manage and treat diabetic eye disease and work is already underway in many of these areas. Further work will continue to fully embed retinal screening in ACCHOs.

While there has been a significant focus on expanding screening programs, there is also a need to expand treatment capacity and options. Other strategies identified in this plan, such as expanding outreach services and access to eye care equipment such as lasers and OCTs will assist but there is also a need to adjust current settings to expand access to newly available treatments.

For example, there have been significant advances in the treatment of diabetic eye disease with the introduction of intravitreal injections, which in some cases can preserve sight if commenced quickly and sustained.

Changes to current arrangements are required to improve affordable access to the necessary medication, equipment and doctors.¹⁰ These include changes to:

- Increase the frequency of outreach visits, so that treatments that require regular appointments (such as intravitreal injections) can be sustained
- Adjust the Medicare Benefits Scheme items for intravitreal injections and optical coherence tomography to increase access
- Expand public hospital provision, which is limited in many locations.

Improve access to low vision and blindness services

The 2016 National Eye Health Survey found that the prevalence of blindness in the Aboriginal and Torres Strait Islander community was three times that of non-Indigenous Australians, and people working in local services report challenges in accessing the supports people with permanent vision loss require, particularly in more geographically remote areas.

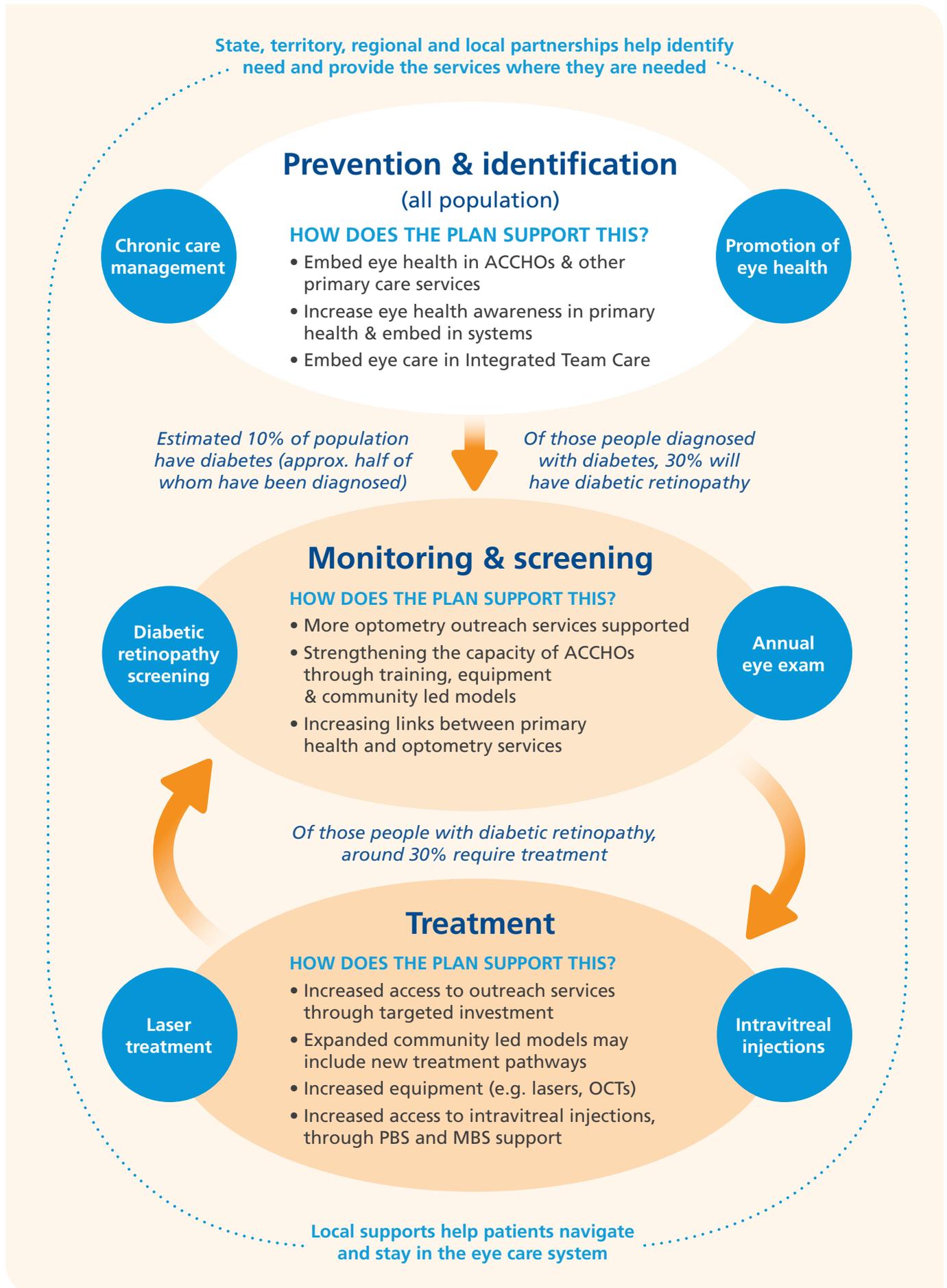
A range of work is required to improve access to appropriate blindness and low vision support services for Aboriginal and Torres Strait Islander people, in collaboration with ACCHOs, including:

- Work on a low vision care pathway to simplify referrals and access to low vision supports and care, with regional partnerships and stakeholder groups to advise how national pathways can best be implemented
- Continuing work to ensure that the National Disability Insurance Scheme and the aged care system better understand and meet the needs of Aboriginal and Torres Strait Islander people who have permanent vision loss
- Progressing strategies to expand the workforce available to provide the low vision services and supports that Aboriginal and Torres Strait Islander people need, including strategies that support people in local communities to train and take up some of these roles.

Much of this work will be progressed through active partnerships between ACCHOs, regional stakeholder groups and organisations working in the areas of low vision and blindness. Active engagement of the Australian Government and the National Disability Insurance Agency is essential to achieve real improvements.

¹⁰ These priorities align with actions outlined in the draft *National Action Plan for Macular Disease 2019-2024* (December 2018).

Figure 9: Expanding the system of diabetic eye care for Aboriginal and Torres Strait Islander people



What will be different?

More Aboriginal and Torres Strait Islander people will get the eye health and vision care services they need, when they need them, to reduce rates of preventable blindness and vision loss.



For Aboriginal and Torres Strait Islander people

With targeted investment in outreach services and increased flexibility in how funding for these services is delivered, more Aboriginal and Torres Strait Islander people will have access to eye exams and screening to prevent eye disease in the first instance.

In some communities, Aboriginal and Torres Strait Islander people will be able to receive enhanced eye health advice and care at their ACCHO, enabling this to be embedded into a comprehensive, primary health care model that actively considers broader determinants of health.

With increased access to affordable glasses, up to 60 per cent of vision loss of Aboriginal and Torres Strait Islander people could potentially be addressed, while additional investment in cataract surgery and diabetes treatments alongside expanded diabetic screening programs will reduce the significant vision loss that can be caused by cataracts and diabetes.



For the health care system

Over the longer term, the proposed actions will also help build more sustainable and effective eye care services by:

- Actively encouraging states and territories to provide comprehensive, nationally consistent schemes for subsidised spectacles
- Identifying opportunities for more localised access and holistic care, which can both contribute to effective care provision for people and fill some existing service gaps
- Deliver local and cost effective eye health services and provide continuity of care.





2 Strengthen regional partnerships and local supports

WHAT'S CURRENTLY IN PLACE?

There are regional stakeholder groups established (or developing) in at least 50 of the over 60 regions across Australia which support regional planning and integration of Aboriginal and Torres Strait Islander eye health and vision care.

These groups are a partnership between key eye health stakeholders in the region – no single organisation has authority for the full range of eye health services for Aboriginal and Torres Strait Islander people, but each participant contributes to the overall eye health system and patient pathway. These regional stakeholder groups ensure that eye care services are coordinated so that patients can access the eye health services they need, when they need them, from diagnosis to treatment.

Currently, some regional partnerships have a regional implementation manager or equivalent position in place¹¹ who performs a range of important functions.

At a local level, there are a range of activities required to enable Aboriginal and Torres Strait Islander people to engage but the level of resources available for supporting people through care is variable.

Non-government organisations and other organisations delivering outreach eye health and vision care services provide a significant amount of administration and patient support that is essential to effective operation of the overall system but this is not funded. This is not sustainable for Australia's eye health and vision care system.¹²

¹¹ Some of these groups have received support from the Australian Government (through Jurisdictional Fundholders), State and Territory governments and/or philanthropic funds.

¹² Vision 2020 Australia (2017) *Closing the Gap in Eye Health and Vision Care by 2020*

Partnerships and collaboration for improved eye health outcomes

Regional partnerships bring together local stakeholders to support effective coordination, integration, and monitoring. *Regional implementation managers:*

- assemble and support a regional eye care planning group that includes all regional stakeholders including the ACCHOs, NACCHO Affiliates, Jurisdictional Fundholders, local optometry and ophthalmology service providers, the local hospital(s)/network(s)/district(s), the local PHN and any other relevant regional eye health care providers and stakeholders
- complete population-based needs and gap analysis of eye care service requirements, including local and visiting eye care and hospital services, system integration and patient case management
- develop regional service directory and referral protocols and
- establish ongoing regional data collection, planning and action, monitoring and review system of process indicators.

Supporting people to access care focuses on providing the local combination of assistance that helps more people connect to, and remain engaged in, treatment and care. *While there will be some variation between locations, potential activities include:*

- clinic organisation, coordination and support
- patient organisation, transport and support
- eye care referral pathway management
- supporting clinical data recording and data collection
- supporting other local eye health objectives and patient case management.

Case Study

Patient support making a real difference on the ground

“Having an Aboriginal Health Worker providing support for our patients has made the most amazing difference to our effectiveness.

“For example, if we need to pick someone up in community to get them to clinic, her presence offers cultural safety and the patients are comfortable to get in the car.

“When a patient comes to [capital city], she will meet them at the airport and take them to the Aboriginal hostel. She will pick them up on the day of the procedure and take them to the hospital and sit with them. After the procedure, she will take the person back to the hostel and tell the staff there what the person needs to do for follow up.

“We have some patients who have never left their land or community. Once we had someone fly into [capital city] who only had the address of the hostel, and no instructions on how to get there. Trying to navigate the airport and catch a taxi to an unknown destination left him stuck wandering the airport. Our worker was able to locate him and got him to hospital on time. Having an Aboriginal Health Worker doing this work makes so much difference to our ability to provide great patient care and help manage not only the health journey but also the physical one as well.”

WHAT NEEDS TO CHANGE?

A consistently resourced and systematic approach to planning and supporting the eye health and vision care needs of Aboriginal and Torres Strait Islander people is needed at local, regional and jurisdictional levels, with ACCHOs to play a central role.

WHAT NEXT?

Supporting people to access care

A wide range of contributors to *Strong Eyes, strong communities* have emphasised the importance of support for Aboriginal and Torres Strait Islander people in local communities to connect to, and remain engaged with, the eye care they need to achieve and sustain good vision.

Diagnosis, management and treatment of eye conditions often involves multiple visits to be as effective as possible, and a range of practical, emotional and other factors often need to be addressed for people to get the care they need. Local support addresses some of the barriers to care, providing a vital link between the eye service, the local primary health care service and the patient.

As outreach and other services expand to meet population based need, this kind of local support for individuals is crucial: it ensures that use is made of visiting and other treatment services.

Local support positions also strengthen local eye care capacity and drive sustainable approaches to care within local regions. These positions drive greater ownership of eye health care by ACCHOs and other primary care in communities, enhancing their capacity to control and determine when and how visiting services occur, best suited to local needs and offer the opportunity for local tailoring and innovation, so that the support provided best meets local needs and preferences.

With evidence suggesting more than 21,000 additional outreach eye examinations for Aboriginal and Torres Strait Islander people are needed per annum, phased growth in this funding is needed that aligns to population based needs and preferences. Wherever possible, these functions should be established in ACCHOs or other services delivering primary care to Aboriginal and Torres Strait Islander people.

Alongside this, there is a need to ensure that existing coordination programs include eye health as a core element of peoples' broader health and wellbeing needs. For example, the Integrated Team Care Program provides support to some 20,000 Australians with diabetes and other chronic disease but this does not include routine support for them to access eye care.

Adjusting current guidelines and practice to make this a core requirement could significantly contribute to improved outcomes for Aboriginal and Torres Strait Islander people. A review of other relevant programs to identify where there may be similar opportunities would also be beneficial.

Embed regional approaches

The mix of services, providers, infrastructure and community needs varies across Australia. A regional approach to identifying population based need, enhancing patient pathways, maximising existing capacity and developing solutions to locally identified service gaps is essential to improving services and inform broader system/service design and resourcing at a state/territory and national level.

Funding to support this regionally based approach across all current regional partnerships is required. In the short term, funding to support part-time regional implementation managers in 25 additional regions across the country is needed.

Renew jurisdictional oversight

A range of the major factors that influence access to eye care services are controlled at a state and territory level, including (but not limited to) public hospital services, patient transport and subsidised spectacles schemes. Maintaining state and territory oversight of how and where services are being delivered is a valuable way of identifying where there may be emerging issues or trends that require changes to jurisdictional policy or program settings.

A renewed commitment to regular meetings of jurisdictional eye committees involving senior staff from state and territory Affiliates and NACCHO, state/territory government departments, Jurisdictional Fundholders, state/territory branches of professional groups and Primary Health Networks is needed to ensure that any jurisdictional level barriers to care can be discussed and addressed, and support is provided to regional stakeholder groups.

What will be different?

Aboriginal and Torres Strait Islander people will be able to resolve their eye health and vision care needs through well-connected services, with strong and supported pathways.



For Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander people will be more consistently supported to engage with eye health and vision care services, and will experience streamlined, coordinated care, tailored to their local circumstances.

There will be increased and better access to diagnosis and treatment for Aboriginal and Torres Strait Islander people, and this will contribute to decreasing the number of people with avoidable blindness and vision loss.

Importantly, local support helps ensure that people are assisted through to an outcome. For example, for those people prescribed glasses, this involves ensuring that they receive and are able to use the glasses. For people who require surgery or other medical treatment, it will involve supporting them to receive that treatment and any follow up support required so they achieve and maintain the best vision possible.



For the health care system

Service planners, providers and communities will have a better understanding of population based needs for eye care and will have improved capacity to identify and address local service gaps and roadblocks to that care.

These changes will ensure the best use of eye health expertise and infrastructure, allow local service gaps and roadblocks to care to be addressed, and ultimately contribute to greater community involvement and control.

3 Embed eye health in ACCHOs and other primary care services

Aboriginal Community Controlled Health Organisations play a critical role in providing local, comprehensive primary health care to many Aboriginal and Torres Strait Islander people,¹³ including eye care.

WHAT'S CURRENTLY IN PLACE?

There have been concerted efforts to build strong relationships between eye health professionals and ACCHOs and other Aboriginal health services.

The majority (71%) of organisations providing Aboriginal and Torres Strait Islander primary health care services¹⁴ have access to optometry services on site, with 22% able to access services off-site and a further 6% reporting no optometry services.¹⁵ Some 33% of these services have on site access to ophthalmology services, 54% have off site access and 14% report no access.¹⁶

Availability of equipment for use by eye health professionals has been identified as an important component of increasing local access to optometry and ophthalmology care. The NECEIP is identifying equipment needs in ACCHOs to support visiting optometry and ophthalmology services while the Provision of Eye Health Equipment and Training Program will see the allocation of retinal cameras for diabetic screening, alongside workforce training, rolled out to around 150 Aboriginal health services across Australia.

Other Aboriginal health services and mainstream health services also play an important role, providing services to a significant portion of the Aboriginal and Torres Strait Islander population.

There have also been a range of initiatives established to increase the involvement of mainstream services in the delivery of eye care to Aboriginal and Torres Strait Islander people including new Medicare items, provision of information to general practitioners through various programs, a wide range of strategies to enhance cultural awareness and safety of these services and their staff and new initiatives such as the KeepSight program which will further engage general practitioners and others in preventing diabetic eye disease and vision loss.

Embedding eye health across all of these primary care settings is essential to building sustainable and local access to information, services and support for eye health and vision problems in Aboriginal and Torres Strait Islander communities across the nation.

WHAT NEEDS TO CHANGE?

Aboriginal and Torres Strait Islander people have told us that strengthening and embedding eye health within community controlled organisations is critical to sustaining good eye health and vision care, and will ensure it is delivered within the broader model of comprehensive primary health care. This will not only contribute to closing the gap in vision, but will lead to ongoing, quality eye health care models for Aboriginal and Torres Strait Islander people.

Strengthening the connections between Aboriginal and Torres Strait Islander primary health care services and optometry and ophthalmology to promote timely access to services also needs to occur, particularly in services where these do not currently exist.

¹³ Thirty-three per cent provide services in very remote areas, 22% in outer regional areas, 21% in inner regional areas, 13% in remote areas and 11% in major cities. Australian Institute of Health and Welfare, (2018) *Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2016-17*, page 21

¹⁴ This refers to both Aboriginal Community Controlled Health Organisations and other Aboriginal Medical Services.

¹⁵ Australian Institute of Health and Welfare, (2018) *Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2016-17*, page 32

¹⁶ Australian Institute of Health and Welfare, (2018) *Aboriginal and Torres Strait Islander health organisations: Online Services Report – key results 2016-17*, page 32

Figure 10: Strengthening the role of mainstream services in eye health

Existing programs and initiatives	Elements of <i>Strong eyes, strong communities</i> that will strengthen mainstream service capacity and local systems
<p>Initiatives to build the cultural competence of health professionals and mainstream services.</p> <p>The introduction of additional MBS items over recent years have created additional incentives for general practitioners to include eye tests in broader health checks and screen for diabetic eye disease.</p> <p>KeepSight the Australian Government funded diabetes blindness prevention initiative is creating a structured and strategic system of reminders and information for all people registered with the National Diabetes Services Scheme with diabetes to encourage them to have regular eye checks.</p> <p>Health promotion materials and resources are distributed locally to raise awareness amongst both patients and the people working in local health services, including mainstream services. Examples include the work of the Lions Eye Health Program and the Victorian Vision Initiative.</p> <p>The Stronger Rural Health – Workforce Incentive program will provide new opportunities for orthoptists to work with GPs in rural and remote areas, opening up new opportunities to embed eye health and vision care in mainstream services in these locations.</p> <p>The Practice Incentives Program Indigenous Health Incentive (alongside other Closing the Gap initiatives) that support both mainstream and Indigenous health services to provide better care for Aboriginal and Torres Strait Islander people.</p> <p>Work led through Primary Health Networks such as development of tailored health pathways that embed specific information regarding Aboriginal health care into mainstream practice.</p>	<p>Sustain and expand outreach services will see additional funding for Rural Health Outreach Funds, providing additional access to GPs, allied health practitioners and other health providers and increasing engagement with mainstream services.</p> <p>Supporting people to access care will strengthen connections between eye care and mainstream services in a local area, so that practitioners in mainstream services involved are more actively informed and engaged in that person’s eye health and vision care.</p> <p>Increase availability of treatment for diabetic eye disease and increase availability of cataract surgeries will see an increase in priority treatments delivered through public hospitals and other mainstream services where the necessary infrastructure exists.</p> <p>Improve awareness and knowledge of eye health in all primary care services will increase the knowledge and skills of people working in mainstream services around the identification and management of Aboriginal and Torres Strait Islander eye health and vision issues.</p> <p>Embed eye health information and pathways in practice and patient management systems will make eye health a routine part of broader healthcare, by embedding the necessary prompts and information in the clinical systems that health practitioners and their staff use in their everyday practice.</p>

A continued focus on progressing opportunities to expand the involvement of mainstream services is needed in this area. This will require a combination of leveraging existing initiatives and also delivering the additional priorities identified in this plan (Figure 10).

WHAT NEXT?

ACCHO eye health workforce development and peer networks

A strong focus on building eye health knowledge in the ACCHO workforce and that of other Aboriginal health services will build greater local capacity to respond to eye health and vision concerns. This is particularly important in locations where there is only periodic access to visiting eye health professionals.

Funding for accredited training is needed to support development of a network of ACCHO staff across the nation who can increase awareness of eye health and vision issues and help embed these in local services and systems. A range of stakeholders have flagged that alongside this, there needs to be strategies to sustain workforce knowledge and skills over time. Establishing peer networks for these staff that allow them share the knowledge gained both through training and practice will help build broader capacity and provide practical opportunities to maintain current knowledge as new treatment and management approaches develop.

The COAG Health Council commitment to developing a National Torres Strait Islander Health Workforce Plan may provide a potential opportunity to progress some of this work as part of a broader approach to workforce development.

Ensure all Aboriginal health services have access to eye health professionals

All organisations funded to provide primary health care services to Aboriginal and Torres Strait Islander people need access to optometry and ophthalmology services. Currently, 6% of these services do not have existing relationships with optometrists and 14% do not have relationships with ophthalmologists.

Supporting these services to connect with and access bulk billing optometry and ophthalmology services should be a particular focus at the regional level. Funding regional implementation managers will help drive those connections working with stakeholders to address any context specific barriers to access.

Improve awareness and knowledge of eye health in all primary care services

With around half of all Aboriginal and Torres Strait Islander people attending mainstream services, extending the awareness of staff in those services around eye health issues, risk factors and the importance of regular testing is required. There are already a significant number of initiatives underway to encourage more involvement of mainstream services in eye care to reduce preventable vision loss.

In the short term, development of an eye health promotion strategy is needed which complements existing programs (such as the training being rolled out as part of the Provision of Eye Health Equipment and Training program) and ensures all primary health services delivering care to Aboriginal and Torres Strait Islander people have access to key information and resources. Given the diverse range of activities underway, this will need to have capacity to be locally responsive, and will include connecting general practitioners, Aboriginal Health Workers and other key staff to existing resources and support.

Embed eye health information and pathways in practice and patient management systems

Eye health information must be included in practice and patient computer management systems to prompt primary health care staff to include eye health in their examinations. This will simplify uptake of evidence based care and referral. In a range of primary care areas, inclusion of eye health in clinical software has been shown to lead to changes in practitioner behaviour and increased use of evidence based approaches.

To achieve this, amendments to clinical software packages are required, so that eye health is consistently integrated into routine patient management and there is capacity for services to routinely review data to assess clinical performance and reach.

The development and embedding of agreed, evidence based clinical pathways that support appropriate management and referral of eye health and vision concerns is another way eye care can be embedded in broader primary care. With establishment of the Australia Primary Health Network Cooperative, there may also be opportunities to adopt a broader approach to this into the future.

What will be different?

More Aboriginal and Torres Strait Islander people will benefit from local eye care services and advice, delivered as part of a comprehensive, primary health model of care.



For Aboriginal and Torres Strait Islander people

Aboriginal and Torres Strait Islander communities will be empowered to shape and lead how they receive services, strengthening self-determination and associated health and social outcomes. Aboriginal and Torres Strait Islander people will also be better aware of the eye health services available to them, and eye health care services will be readily accessible through primary health care. This will provide a more integrated patient pathway, increasing the opportunity for patients to access the treatment they need.



For the health care system

Eye care will be embedded in ACCHOs, other Aboriginal health services and mainstream services so that eye health and vision problems are identified and managed earlier in Aboriginal and Torres Strait Islander people, regardless of where they choose to access their health care.

4 Eliminate trachoma

Australia is the only high-income country in the world with endemic trachoma. Substantial work has been progressed to eliminate trachoma in many communities across Australia, but the small number of areas where trachoma remains will be the toughest to eliminate and prevent re-emergence.

Concentrated efforts are required to eliminate trachoma by 2020, prevent re-emergence, and ensure adults with trichiasis are identified and receive treatment.

Importantly, a range of the interventions required to eliminate trachoma, such as continued promotion of hygiene practices and access to working and well maintained water hardware, also deliver other benefits including reducing scabies, otitis media, rheumatic fever and gastrointestinal infections, all of which share similar risk factors.

WHAT'S CURRENTLY IN PLACE?

The Australian Government has funded a range of activities that have seen trachoma rates decrease from 21% in 2008 to 3.8% in 2017, and has confirmed continued funding support for the Trachoma Program until 2021.¹⁷

Using the Communicable Diseases Network Australia's "National Guidelines for the Public Health Management of Trachoma", a range of organisations are working to eliminate trachoma in remaining hotspots and prevent its recurrence through full implementation of the World Health Organization's SAFE strategy: Surgery, Antibiotics, Facial cleanliness and Environmental improvement.

¹⁷ Budget Paper No. 3: Federal Financial Relations 2017-18 – Part 2: Payments for specific purposes, p15



WHAT NEEDS TO CHANGE?

In many Aboriginal and Torres Strait Islander communities, water hardware, that is, working taps, showers, sinks and washing machines, is poorly maintained and repairs take a long time. Well-maintained water hardware is essential to eliminating trachoma and preventing its re-emergence.

Full, systematic implementation of the SAFE strategy requires timely repair and maintenance of washing facilities in remote Aboriginal and Torres Strait Islander communities alongside strategies that promote facial cleanliness. A national tool to monitor environmental improvements will ensure continuing accountability.

Access to good quality housing plays an important role in promoting overall health and reducing the transmission of infectious diseases like trachoma and so a long term commitment from governments to fund and maintain safe and affordable housing for Aboriginal and Torres Strait Islander people is required.

WHAT NEXT?

Ongoing and sustained access to water hardware

All housing programs must include a sustained investment in the operation and maintenance of water hardware. This includes both prompt repair and maintenance to address urgent issues and fix small problems before they become critical, as well as a proactive program of preventative maintenance, to reduce the risk of problems occurring.

With some 90% of identified issues only requiring minor repairs, using models that draw upon the expertise of local people may offer a simple model for rapidly resolving many issues.

Programs based on Housing for Health principles should be adopted more widely and consistently. These programs focus on fixing water hardware, thereby reducing levels of infectious disease that result from poor living conditions. These programs consult with local communities and train local teams to fix as many issues as possible during initial work, and then supervise more specialised tradespeople as required. Incorporating this approach into housing and maintenance programs would contribute to the elimination of trachoma. Coupling this to continued strategies that promote facial cleanliness will continue to be important to achieve the elimination of trachoma.

A national tool based on the Healthy Communities Assessment Tool should be used to monitor these environment improvements and maintenance, and ensure accountability across all stakeholders.

Fund environmental health positions in community settings

In jurisdictions that have environmental health workers, they have proven to be invaluable in supporting the elimination of trachoma. Such programs should be expanded to:

- Train and empower environmental health workers to undertake checks of wet areas in houses and conduct minor repairs promptly
- Continue work to promote the importance of clean faces
- Get people to the table to talk about health promotion
- Engage schools and childcare centres to support clean faces and safe bathrooms
- Encourage continued support from state and territory education departments
- Support continued effort beyond 2021 to sustain the outcomes achieved through the trachoma program.

Embed ongoing trachoma and trichiasis care in ACCHOs and other primary health services

To eliminate trachoma, ensure it is prevented in future, and to ensure ongoing treatment of trichiasis, there needs to be an ongoing focus on prevention, identification and treatment within primary health care, and in particular, ACCHOs. Even in metropolitan areas, embedding this care in Aboriginal health services is needed, recognising that some people move between metropolitan, rural and remote areas.¹⁸

Key areas for focus to sustain the gains made towards elimination of trachoma and its impacts will need to include ongoing:

- Trachoma screening, beyond the point of elimination, to ensure any local outbreaks are identified and treated
- Trichiasis screening, given that the impacts of past trachoma infection have the potential to manifest after the age of 40 years.

To do so effectively, there will need to be a focus on ensuring workers in those services are trained and confident in identifying and responding to both conditions. State and territory governments should work with ACCHOs and other primary health care services to ensure that there is sufficient ongoing training of health care staff to continue to screen and treat trachoma, past the point of elimination to prevent its re-emergence. This should form part of the broader approach to strengthening and sustaining local workforce eye health knowledge and expertise.

What will be different?

Trachoma will be eliminated by 2020, with ongoing screening and treatment embedded in primary care.



For Aboriginal and Torres Strait Islander people

Trachoma will be eliminated, the environmental and community improvements that supported this will be sustained, and Aboriginal and Torres Strait Islander people will have ongoing access to trachoma and trichiasis screening and treatment through primary health care services.



For the health care system

Certification of elimination of trachoma by the World Health Organization will be achieved by 2020.

Responses to screening and treating trachoma and trichiasis will be embedded in primary health care to prevent its re-emergence.

¹⁸ This plan acknowledges that trachoma rates vary across Australian and there are some states and territories where trachoma no longer presents, and so approaches to screening and training in primary health care will differ.

Measuring our progress

Strong eyes, strong communities describes a range of investments that will drive down rates of preventable vision loss, improve eye health and expand community involvement and leadership in the planning, delivery and review of eye health services for Aboriginal and Torres Strait Islander people across the nation.

There is an ongoing need for strong data collection to monitor the impact of these investments on the eye health of Aboriginal and Torres Strait Islander people.

The Australian Institute of Health and Welfare's annual report on Aboriginal and Torres Strait Islander eye health including development of national eye health indicators is a valuable tool for national monitoring and oversight. It is essential that this continues, and that the reports be shared with the Council of Australian Governments via the COAG Health Council and its advisory bodies to help maintain a strong focus on both the gains made and the outstanding areas where improvement either nationally or in specific jurisdictions is required.

The first National Eye Health Survey conducted in 2015 provided important whole-of-population information regarding the prevalence and causes of vision impairment in the Aboriginal and Torres Strait Islander population nationwide, and how these compared to the non-Indigenous population.

A second data collection is required to provide updated information that will be an essential element of measuring progress.

This will be supplemented with information from key partners (such as ACCHOs and Jurisdictional Fundholders) to enrich the overall picture of progress over time, and exploring how data is collected in the longer term from primary care providers will also be important.

Figure 11 provides a summary of what implementation of *Strong eyes, strong communities* will deliver, and how progress will be monitored.

Figure 11: Measuring progress – overview

What will be different for Aboriginal and Torres Strait Islander people?

- With an increase in funding to outreach services, more Aboriginal and Torres Strait Islander people will have access to eye exams and treatment services;
- With access to low cost spectacles, 60 per cent of vision loss of Aboriginal and Torres Strait Islander people could potentially be addressed;
- Aboriginal and Torres Strait Islander people with vision loss due to cataract or diabetic eye disease will have increased access to treatment;
- Aboriginal and Torres Strait Islander people will be more consistently supported to engage with eye health and vision care services, and will experience more coordinated care, tailored to their local circumstances;
- Aboriginal and Torres Strait Islander communities will be empowered to shape and lead how they receive services, strengthening self-determination and associated health and social outcomes;
- Aboriginal and Torres Strait Islander people will have access to eye care through primary care services including ACCHOs, providing a more integrated and simple patient pathway that makes it easier for people to seek the treatment they need; and
- Trachoma will be eliminated and Aboriginal and Torres Strait Islander people will have ongoing access to trachoma and trichiasis screening and treatment through primary health care services

What will be different in the service system?

- Delivery of more local and cost effective eye health services;
- Service planners, providers and communities will have a better understanding of population based needs and will have improved capacity to identify local service gaps and address roadblocks to care;
- Regional partnerships will ensure that no areas or communities are without effective eye care services;
- Increase the effectiveness of eye health services and maximise the use of infrastructure through regional partnerships and local patient support;
- Eye health care services will be more strongly embedded in ACCHOs, who will have access to further training to strengthen their capacity to deliver eye health care as part of a comprehensive model of care;
- Eye care will be a routine part of health care for Aboriginal and Torres Strait Islander people, wherever they choose to access health services; and
- Certification of elimination of trachoma by the World Health Organization by 2020.

How will we monitor progress in improving eye health and vision outcomes?

Through a national eye health survey, we will monitor the change (compared to that of non-Indigenous Australians) in:

- Prevalence of vision impairment due to uncorrected refractive error;
- Prevalence of vision impairment due to cataract;
- Prevalence of vision impairment due to diabetic retinopathy.

Through the Australian Institute of Health and Welfare (AIHW) Indigenous Eye Health Measures report, we will monitor the increase in:

- The number of VOS occasions of service for Aboriginal and Torres Strait Islander people;
- The number of RHOF occasions of service for Aboriginal and Torres Strait Islander people;
- Cataract surgery coverage rate for Aboriginal and Torres Strait Islander people; and
- Cataract surgery wait times for Aboriginal and Torres Strait Islander people

Through MBS and PBS data, we will monitor:

- Use of MBS item 12325 (assessment of visual acuity and bilateral retinal photography with a non mydriatic retinal camera);
- Use of MBS item 42587 (trichiasis surgery for trachoma)
- Use of PBS for anti-VEGF medicines in Aboriginal health settings

Through the AIHW Aboriginal and Torres Strait Islander Health Organisation Online Services Report, we will monitor:

- The percentage of Aboriginal and Torres Strait Islander health organisations that have access to optometry and ophthalmology services
- Through the NTSRU, we will monitor the endemic rates of trachoma.

Appendix 1: Contributors to the Plan

Vision 2020 Australia has coordinated development of this Plan, with members of its Aboriginal and Torres Strait Islander Committee playing a key role in guiding its development and content.

In addition, the Plan has been informed by the expertise and perspectives of a wide range of other individuals and organisations including, but not limited to, Aboriginal and Torres Strait Islander health workers, community and sector leaders, Jurisdictional Fundholders and a range of other Vision 2020 Australia member organisation representatives.

This section lists those people involved in tailored meetings, workshops and roundtable discussions and other forms of consultation and engagement specifically convened to inform the Plan. In addition, the insights, expertise and advice from people working in local communities and others involved in the planning, development, delivery and review of eye health and vision services shared in other forums has informed the content and focus of the Plan.

Vision 2020 Australia Aboriginal and Torres Strait Islander Committee

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Jurisdictional Fundholders

CheckUp (Qld)

NSW Rural Doctors Network

Rural Doctors Workforce Agency Inc (SA)

Rural Health West (WA)

Rural Workforce Agency Victoria (Vic)

TAZREACH (Tas)

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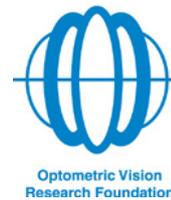
Appendix 2: Glossary

Acronym	Full title	Description
ACCHO ACCHS ACCO	Aboriginal Community Controlled Health Organisations or Services	ACCHOs are a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.
AHLO	Aboriginal Health Liaison Officers	AHLOs are Aboriginal and Torres Strait Islander health workers who improve healthcare services and maintain positive relationships by being a vital link between medical services and Aboriginal and Torres Strait Islander patients/families.
AHS	Aboriginal Health Service	An Aboriginal Health Service is a funded health service that provides health services to Aboriginal people. It may or may not provide access to doctors and may or may not be community controlled.
AHW	Aboriginal Health Worker	Aboriginal Health Workers' roles may include enhancing the amount and quality of clinical services provided to Aboriginal and Torres Strait Islander clients, facilitating communication with Aboriginal and Torres Strait Islander people and communities, and practice administration and management. Aboriginal and Torres Strait Islander Health Workers and Health Practitioners play an important role in reducing anxiety and improving the quality of communication for Aboriginal and Torres Strait Islander clients through cultural brokerage. They assist general practitioners (GPs) to better understand and respond to clients' concerns, and help clients to better understand the illness and treatment.
AMS	Aboriginal Medical Service	AMS is a health service funded principally to provide services to Aboriginal and Torres Strait Islander individuals. An AMS is not necessarily community controlled. If an AMS is not community controlled it will be a government health service run by a State or Territory government
Cataract		A medical condition in which the lens of the eye becomes clouded, which causes reduction in vision. Cataract vision loss is readily correctable by surgery.
CIEH	Coordination of Indigenous Eye Health	The aims of the Coordination of Indigenous Eye Health project are to improve access to eye health care for Aboriginal and Torres Strait Islander clients across the full spectrum of eye care, to ensure integration of services from referral, initial consultations, to treatment and back to community; therefore providing a continuum of care at each touch point along the client journey. CIEH is funded by the Australian Government and managed by Jurisdictional Fundholders.
COAG	Council of Australian Governments	COAG is the peak intergovernmental forum in Australia. COAG manages matters of national significance or matters that need co-ordinated action by all Australian governments.
	Diabetic retinopathy	Diabetic retinopathy is a complication of diabetes that affects the back of the eye in which the blood vessels at the back of the eye (the retina) can become irreversibly damaged resulting in vision loss. Vision loss from Diabetic retinopathy is largely preventable by regular screening of the retina and timely treatment.

Acronym	Full title	Description
EESSS	Eye and Ear Surgical Support Services	Eye and Ear Surgical Support Services (EESSS) is a Commonwealth Department of Health funded program designed to improve access to eye and ear surgical services for Aboriginal and Torres Strait Islander people, prioritising those living in rural and remote locations, for the treatment and management of their eye and hearing health conditions. The EESSS is funded by the Australian Government and managed by Jurisdictional Fundholders.
HCAT	Healthy Communities Assessment Tool	HCAT was designed by the Menzies School of Health to assist planning, service provision and promoting improvements in community social determinants of health. The tool is designed to be used to measure and address inequities in the social determinants of health in remote communities.
ITC	Integrated Team Care	ITC (and its predecessors the Care Coordination and Supplementary Services and Improving Indigenous Access to Mainstream Primary Care programs) aims to provide better access to coordinated and multidisciplinary care and improve access to culturally appropriate mainstream primary care for eligible Aboriginal and Torres Strait Islander people with chronic disease/s requiring coordinated care. ITC is provided by a team of Indigenous Health Project Officers, Aboriginal and Torres Strait Islander Outreach Workers and Care Coordinators.
Jurisdictional Fundholders		The Australian Government contracts Jurisdictional Fundholders to manage outreach funds, including but not limited to, the RHOF, VOS, EESSS, CIEH and MOICDP.
Macular Degeneration		Macular degeneration, also known as age-related macular degeneration (AMD) is the name given to a group of chronic, degenerative retinal eye diseases that cause progressive loss of central vision, leaving the peripheral or side vision intact.
MOICDP	Medical Outreach – Indigenous Chronic Disease Program	The MOICDP provides funding to support a broad range of multi-disciplinary team based health outreach services that focus on the prevention, detection and management of chronic disease (primary and secondary care) for Aboriginal and Torres Strait Islander people. The MOICDP improves access to culturally competent clinical services by addressing a range of financial disincentives experienced by health professionals when providing outreach services for people in rural, remote and some urban areas of Australia. The MOICDP supports a wide range of health services including those provided by medical specialist, general practice, Aboriginal Health Workers, allied health workers and other health professionals. The MOICDP is funded by the Australian Government and managed by Jurisdictional Fundholders.
NACCHO	National Aboriginal Community Controlled Health Organisation	NACCHO is the national peak body representing the Aboriginal Community Controlled Health Services (ACCHSs) across the country on Aboriginal health and wellbeing issues.

Acronym	Full title	Description
NECEIP	National Eye Care Equipment Inventory Project	The National Eye Care Equipment Inventory Project is identifying eye health testing equipment and training needs across Australia. The NECEIP is gathering information about existing eye care equipment, services, workforce and capacity-building in the Aboriginal and Torres Strait Islander health sector and identifying and prioritising eye care equipment gaps and needs in regions implementing the Roadmap to Close the Gap for Vision.
PHN	Primary Health Network	PHNs were established by the Australian Government with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. The Government has agreed to seven key priorities for targeted work by PHNs. These are mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, digital health, aged care, and alcohol and other drugs
Refractive error and uncorrected refractive error		Refractive error is a term used to capture a number of eye issues, including myopia, hyperopia, presbyopia and astigmatism. Spectacles or other vision aids can be used to correct refractive error. Uncorrected refractive error is the expression used when a person needs spectacles but does not have them.
RHOF	Rural Health Outreach Fund	The RHOF aims to improve access to medical specialists, GPs, allied and other health providers in rural, regional and remote areas of Australia. There are four priorities under the RHOF: chronic disease management, eye health, maternity and paediatric health and mental health. The RHOF is funded by the Australian Government and managed by Jurisdictional Fundholders.
RVEEH	Royal Victorian Eye and Ear Hospital	A Victorian hospital specialising in ophthalmology and otolaryngology.
SAFE Strategy	Surgery, Antibiotics, Facial Cleanliness and Environmental improvement strategy	SAFE is the World Health Organization developed strategy used internationally to work towards elimination of trachoma by 2020. The SAFE strategy addresses both the prevention and treatment of trachoma.
Trachoma		A contagious bacterial infection of the eye, causing inflamed granulation on the inner surface of the eye lids.
Trichiasis		An eyelid abnormality where the eyelashes are misdirected and grow inward towards the eye, caused by multiple trachoma infections.
VOS	Visiting Optometrists Scheme	The VOS provides funding to optometrists to deliver outreach eye care services to people living in regional, rural and remote locations, who do not have ready access to primary eye care. The VOS is funded by the Australian Government and managed by Jurisdictional Fundholders.

This submission has been endorsed by the following organisations, all of whom are members of Vision 2020 Australia's Aboriginal and Torres Strait Islander Committee:



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