

We are nearly there



Close the Gap for Vision

Executive summary

- Australia is on the verge of closing the gap in Indigenous eye health
 - Elimination of **trachoma**
 - Sight restoration for ~4,000 Indigenous Australians with **cataract** each year
 - Blindness prevention in ~23,000 Indigenous Australians with **diabetic retinopathy** each year
 - Sight enablement for ~42,500 Indigenous Australians each year by giving them **glasses**

- The Roadmap to Close the Gap for Vision is a standout example of a program that has been successful in its progress towards closing the Indigenous health gap
 - Remarkable results have been achieved in only a few years and the Roadmap recommendations are well on the way to being fully implemented
 - Progress in Indigenous eye health has long been a challenge, making the success of this collaborative work even more remarkable
 - This work has undergone rigorous scientific process and has a strong evidence base
 - It has been strongly supported by local communities and organisations, including leading peak bodies and philanthropic organisations

- To ensure we reach the finish line, we can't afford to take our foot off the accelerator
 - While progress has been made, the recommendations need to be fully implemented to close the remaining gaps
 - We are at risk of a 'bounce back' in progress if funding is not continued – we have seen this happen before

- Continuing the program for four years, with adequate funding, will close the gap in the four areas of eye health that account for 94% of vision loss in Indigenous Australians
 - ~\$20m in funding is needed each year for four years; ~\$10m is a continuation of current funding and ~\$10m is a new commitment
 - The additional ~\$10m in funding will ensure the remaining recommendations are fully implemented, with ongoing separate funding not required after 2020
 - Lessons from Indigenous eye health offer guidance on success for other Indigenous health settings

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Australia is on the verge of closing the gap in Indigenous eye health

Condition	2020 Goal
Trachoma	Elimination of trachoma ¹
Cataract	Sight restoration for ~4,000 Indigenous Australians with cataract each year
Diabetic retinopathy	Blindness prevention in ~23,000 Indigenous Australians with diabetic retinopathy each year
Refractive error	Sight enablement for ~42,500 Indigenous Australians each year by giving them glasses



1, Defined as: (i) a prevalence of trachomatous trichiasis “unknown to the health system” of less than 1 case per 1000 total population; and
(ii) a prevalence of trachomatous inflammation-follicular in children aged between 1–9 years of less than 5%, in each formerly endemic district (WHO)

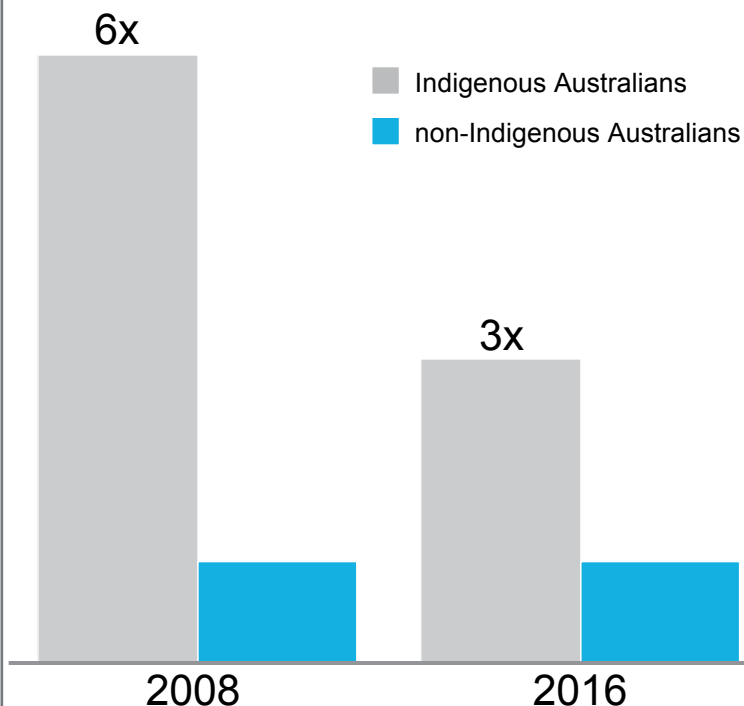
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Remarkable results have been achieved in only a few years...

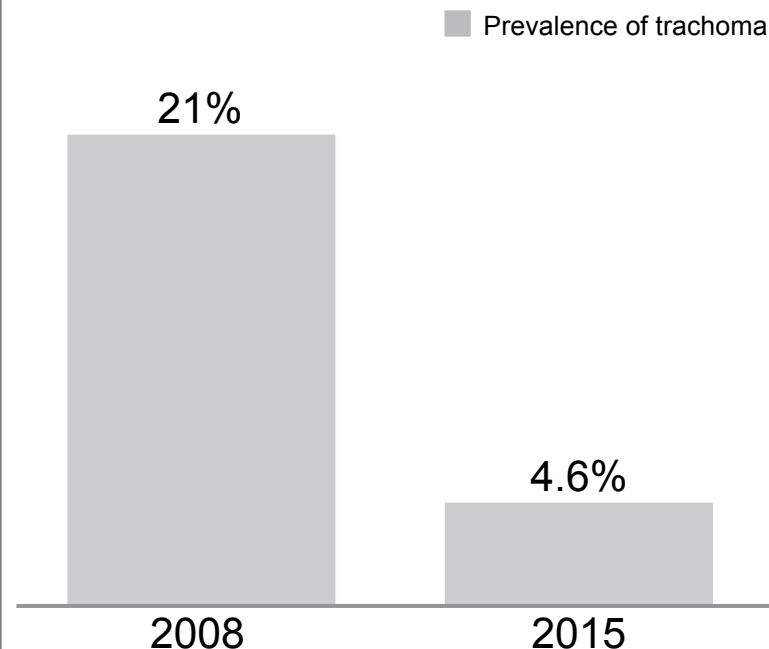
Blindness rates

- The rate of blindness in Indigenous Australians has gone from 6x (2008) to 3x (2016) the rate seen in non-Indigenous Australians



Trachoma

- The prevalence of trachoma in Indigenous children has gone from 21% (2008) to 4.6% (2015) after implementation of WHO's¹ SAFE Strategy²



1, World Health Organisation

2, Strategy to eliminate trachoma encapsulated by the acronym "SAFE": **S**urgery for advanced disease, **A**ntibiotics to clear *C. trachomatis* infection, and **F**acial cleanliness and **E**nvironmental improvement to reduce transmission

SOURCE: National Indigenous Eye Health Survey 2008, National Eye Health Survey 2016, National Trachoma Surveillance and Reporting Unit (NTSRU) reports 2008 and 2015

... and the Roadmap recommendations are well on the way to being fully implemented

Roadmap rollout

- 11 of 42 recommendations have been fully implemented
- All are on track to be implemented by 2020¹

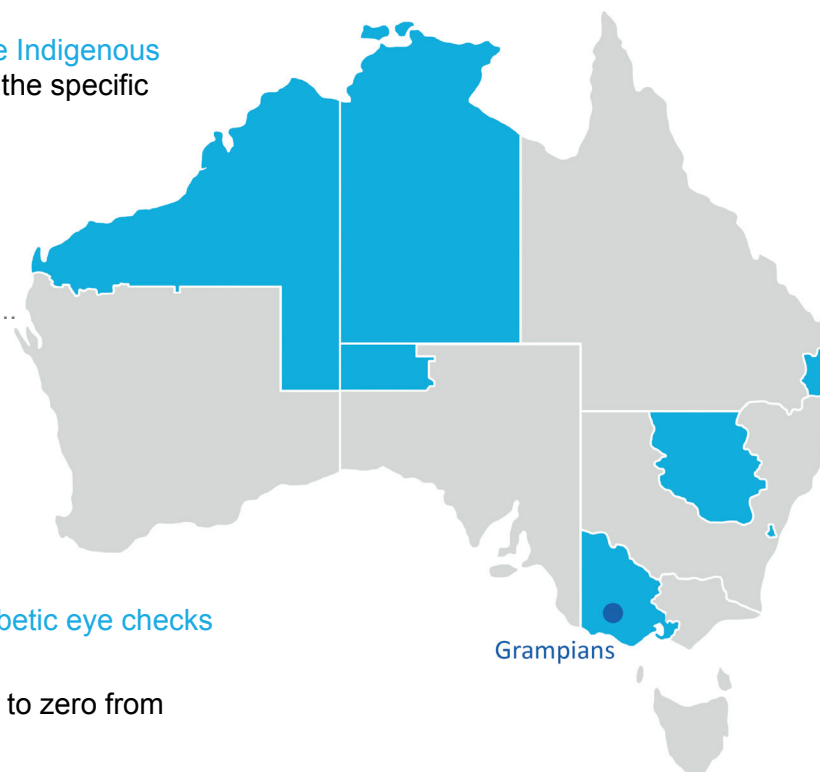
Reach

- 18 regions, making up over 40% of the Indigenous population, have begun implementing the specific Roadmap recommendations
- In addition, progress has been made and planning is underway in every state and territory

Example

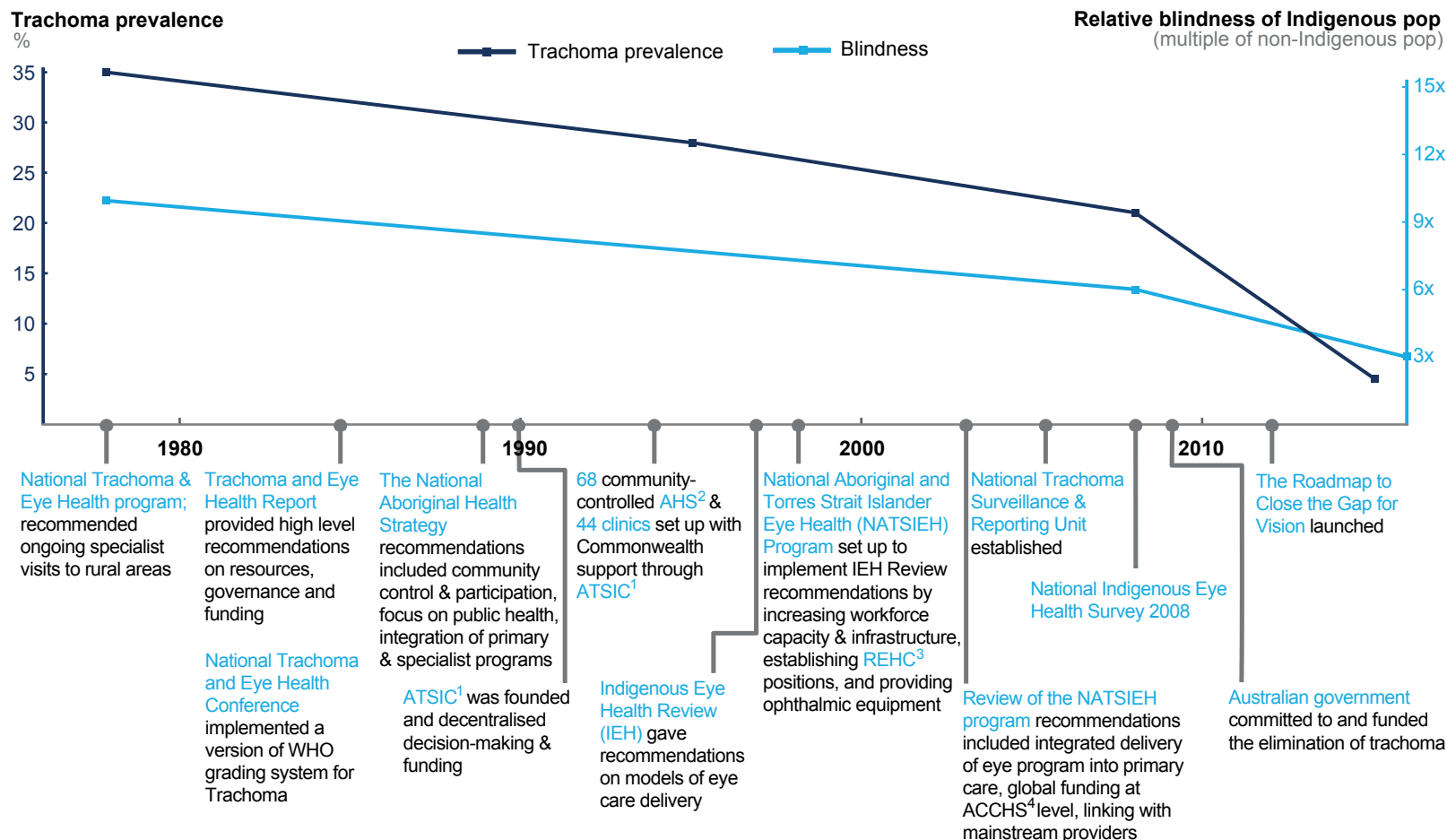
- The Grampians in Victoria is an example of a region that has been successful in improving eye health outcomes:
 - 5-fold increase in optometrist services from February 2015
 - 10% absolute increase in annual diabetic eye checks from March to August 2016
 - Cataract surgery waiting list reduced to zero from March to June 2016
 - 58% increase in subsidised spectacles

Specific regional activities



¹, with appropriate funding commitment

Progress in Indigenous eye health has long been a challenge, making the success of this collaborative work even more remarkable



1, Aboriginal and Torres Strait Islander Commission

2, Aboriginal Health Services

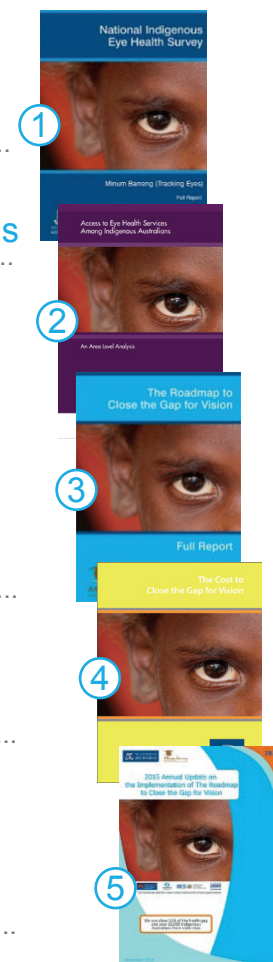
3, Regional Eye Health Coordinator

4, Aboriginal Community Controlled Health Services

SOURCE: The Roadmap to Close the Gap for Vision Full Report 2012, Eye Health in Aboriginal and Torres Strait Islander Communities 1997, National Indigenous Eye Health Survey 2008, National Eye Health Survey 2016, NTSRU Report (2010), NTSRU Report (2015)

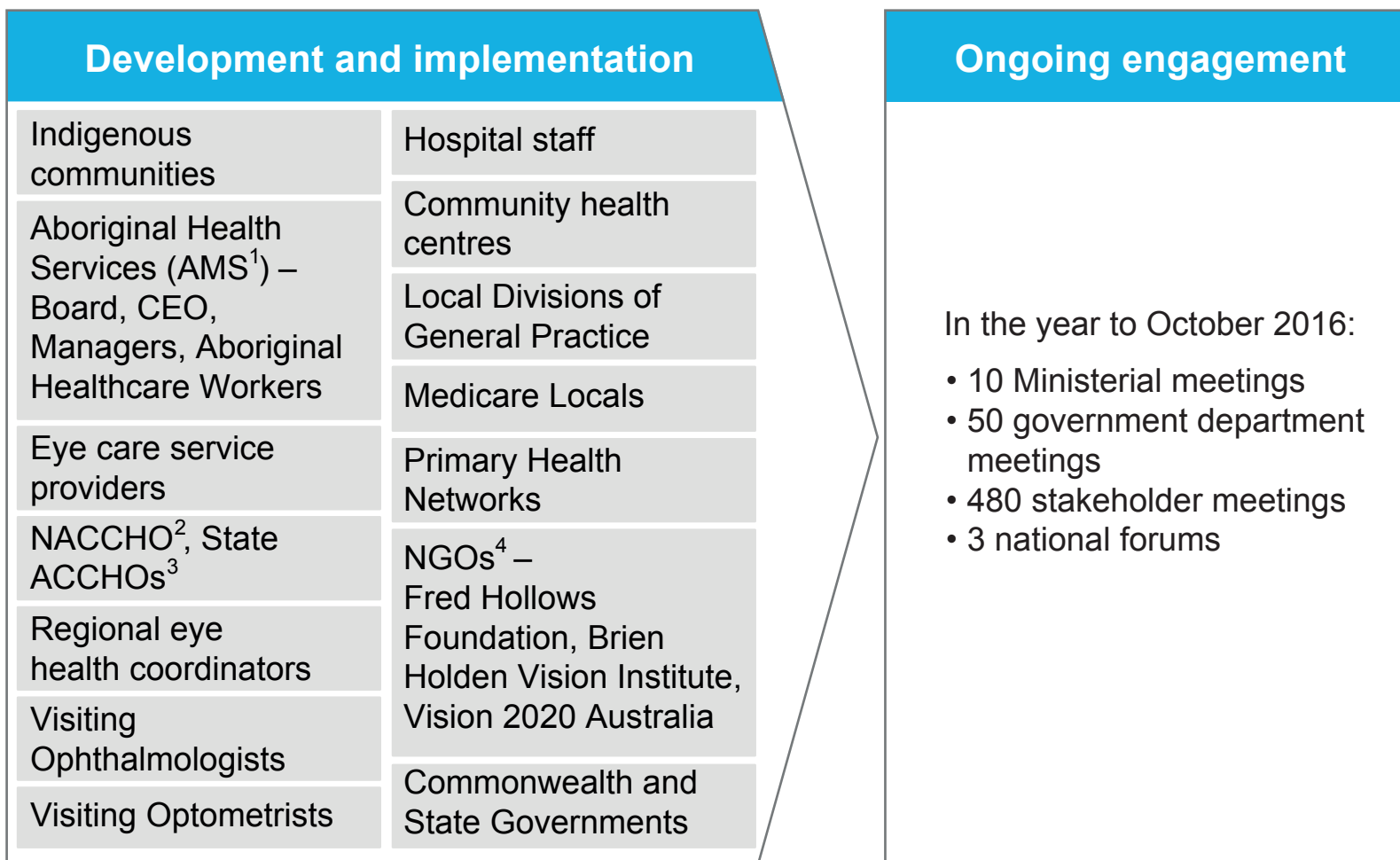
This work has undergone rigorous scientific process and has a strong evidence base

- ① **National Indigenous Eye Health Survey 2008** defined the size of the problem
 - 2,883 people, randomised sample, stratified by remoteness area (urban to remote)
- ② The extent of existing eye services and remaining gaps were published in four documents, including **Access to Eye Health Services Among Indigenous Australians**
- ③ **The Roadmap to Close the Gap for Vision** identified barriers to accessing care
 - Published in 2012 with 42 recommendations across 9 domains
 - Used focus groups and field visits to identify barriers and assist in development of recommendations:
 - 10 focus groups with 81 Indigenous community members
 - 289 staff in field interviews across 21 sites
 - 86 people provided input through 3 stakeholder workshops
 - 38 meetings with 75 people representing 56 stakeholder organisations
- ④ **The Cost to Close the Gap for Vision** defined costs to implement evidence-based policy
 - Comprehensive costing model captured all direct medical and non-medical costs
- ⑤ **Annual Updates on the Implementation of The Roadmap** highlight progress on regional implementation
 - 5 Annual Updates have been published that illustrate context, track process and health indicators, and track extent of implementation of the recommendations
- ⑥ **Monitoring and reporting by external bodies:**
 - Process indicators to be reported annually by AIHW¹ from 2016 (e.g., cataract surgery rate)
 - National Eye Health Survey 2016, performed by CERA² and Vision 2020 Australia to report on prevalence of blindness and low vision in Indigenous and non-Indigenous Australians



1, Australian Institute of Health and Welfare 2, Centre for Eye Research Australia

It has been strongly supported by local communities and organisations...



1, Aboriginal Medical Service

3, Aboriginal Community Controlled Health Organisations

2, National Aboriginal Community Controlled Health Organisation

4, Non-governmental organisation

...including leading peak bodies and philanthropic organisations

Endorsement



The Royal Australian
and New Zealand
College of Ophthalmologists



Collaborators



Australian College of
Rural & Remote Medicine
WORLD LEADERS IN RURAL PRACTICE



Brien Holden Vision Institute



The Fred Hollows
Foundation
www.hollows.org



RACGP
Royal Australian College of General Practitioners

- and many State, regional and local service providers

Supporters



HAROLD MITCHELL
FOUNDATION



The Ian Potter
Foundation



PHILANTHROPY

BB & A Miller
Foundation



Australian Government
Department of Health

aspenfoundation

The Cybec Foundation



POCHE
INDIGENOUS HEALTH NETWORK

- and several anonymous foundations and donors

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Condition	What is at stake	Progress
Trachoma	Australia is the only high income country to still have trachoma	- In 2015, of 233 communities identified to be at risk in 2008: 169 are trachoma free 16 have a prevalence of 0-5% - However, 40 communities still have trachoma: 24 have a prevalence of 5 to 20% 16 have a prevalence >20% ("hotspots")
Cataract	While rates of developing cataract are the same, in 2008 the risk of blindness was 12x that of the non-Indigenous population and the cataract surgery rate was 7x less than the national rate	- The number of people with blindness from cataract has been reduced - However, the 2016 National Eye Health Survey shows cataract remains the leading cause of blindness and surgery rates are still lower than for non-Indigenous Australians
Diabetic retinopathy	- Diabetic retinopathy is an irreversible cause of blindness - Yet, only 20% of Indigenous Australians with diabetes received screening in 2008	- MBS¹ item 12325 will start to bridge this gap by providing funding for local providers to perform eye examinations commencing November 2016 - In addition, funding has been provided for screening equipment and training
Refractive error	Only 20% of Indigenous adults were wearing glasses for distance vision compared to 56% of non-Indigenous adults (2008)	- VOS² funding has increased and a national subsidised spectacle scheme is being investigated - The subsidised spectacle scheme in Victoria has provided over 7,000 spectacles since 2013

**Currently, for every \$1 spent on eye care, the return to the Australian economy is \$0.90
Implementation of the Roadmap has been calculated to return \$2.50 for every additional \$1 spent**

1, Medicare Benefits Schedule

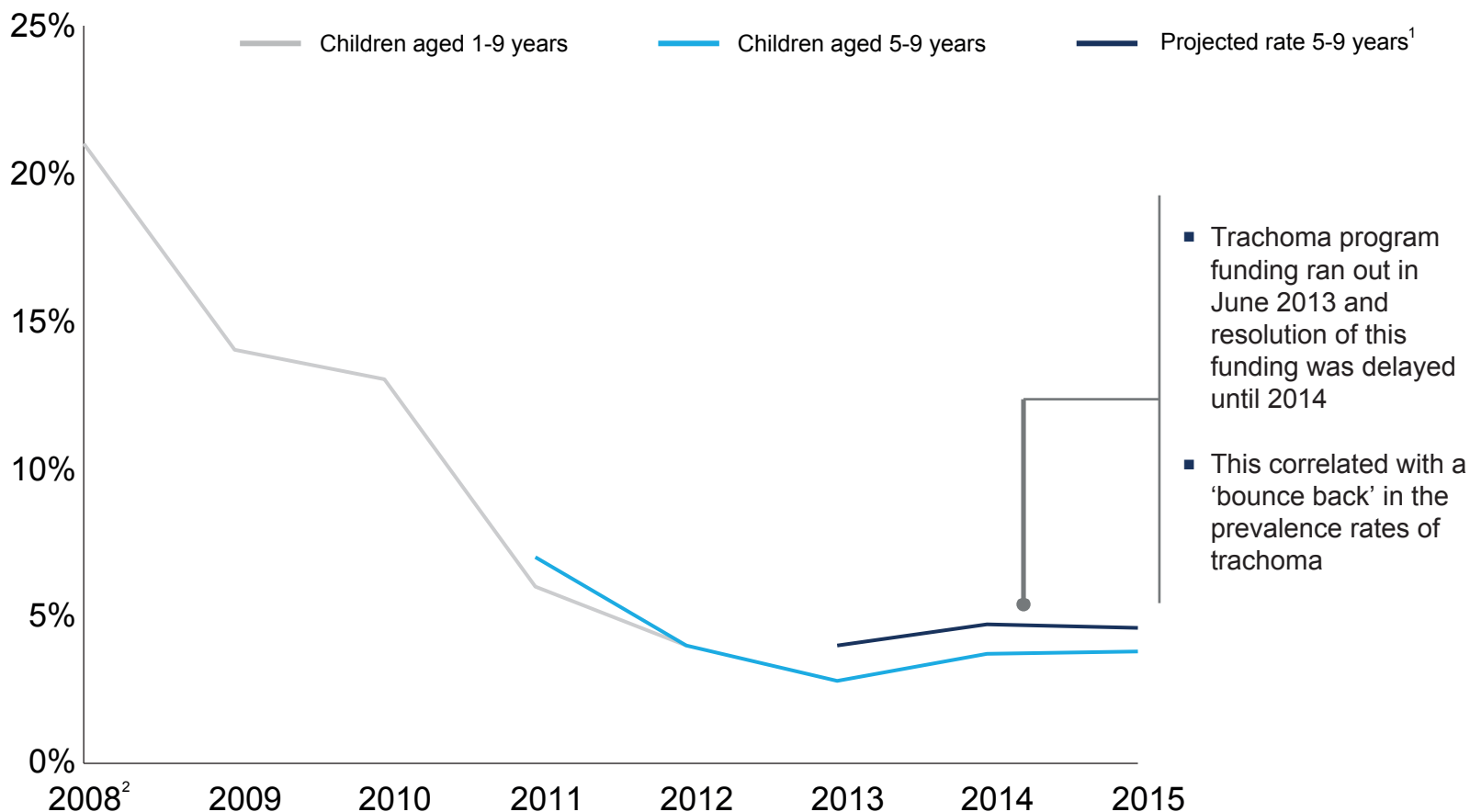
2, Visiting Optometrists Scheme

SOURCE: The Roadmap to Close the Gap for Vision Full Report 2012, National Indigenous Eye Health Survey 2008, National Eye Health Survey 2016, Victorian

14 Aboriginal Spectacles Subsidy Scheme Report September 2016 (Australian College of Optometry), National Trachoma Surveillance and Reporting Unit (NTSRU) 2016

We are at risk of a 'bounce back' in progress if funding is not continued – we have seen this happen before

Reported Prevalence of Trachoma in Children



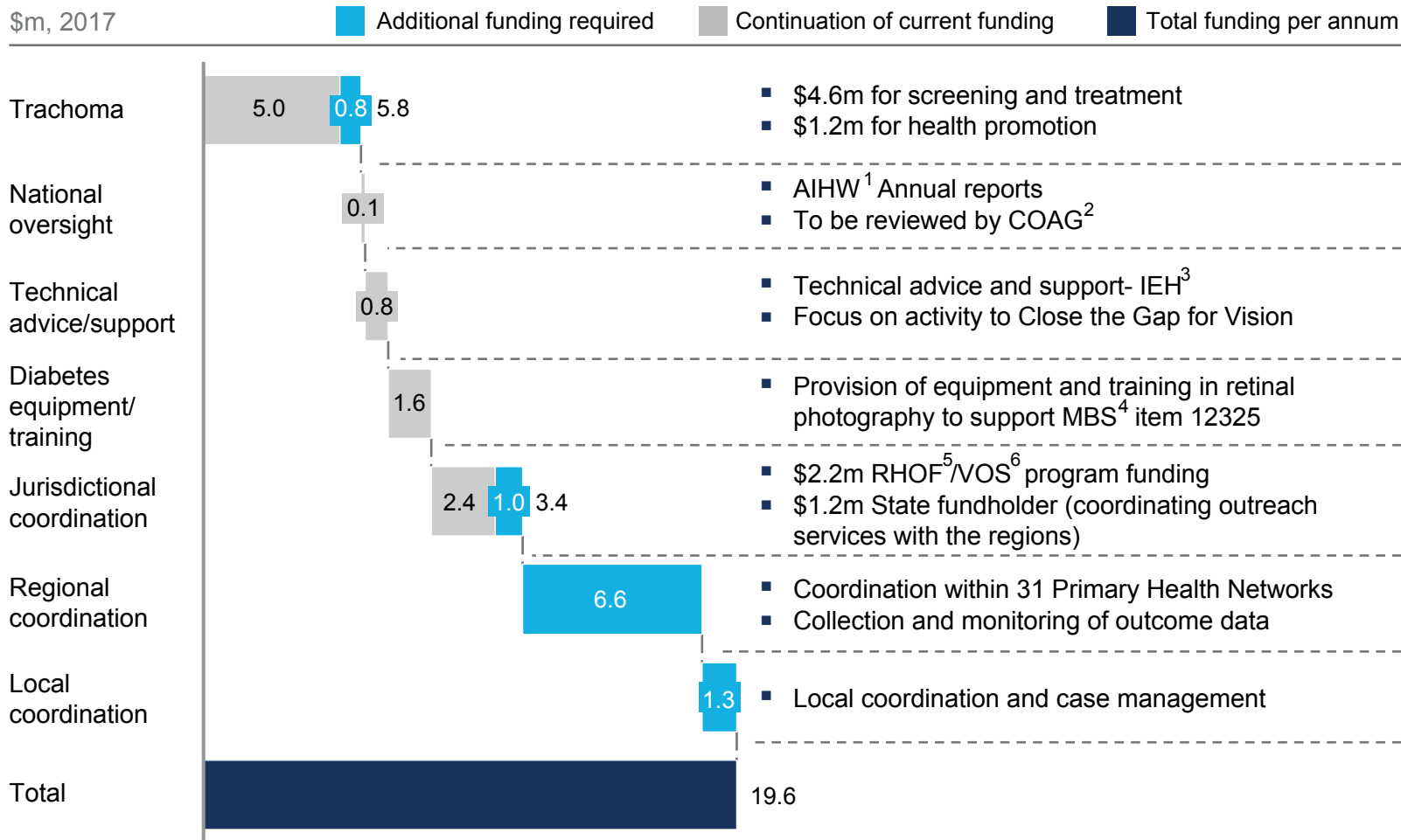
1, Projected prevalence rates adjust the measured prevalence rate for the underestimation that occurs by adhering to the revised 2014 CDNA National guidelines for the public health management of trachoma in Australia. These revised guidelines for surveillance advise not to measure all communities that have high screening coverage and stability of prevalence rates for up to 3 years

2, 2008 chosen as the start date due to reliable methods of data collection from this time forwards

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1, Australian Institute of Health and Welfare
 3, Indigenous Eye Health, University of Melbourne
 5, Rural Health Outreach Fund

2, Council of Australian Governments
 4, Medicare Benefits Schedule
 6, Visiting Optometrists Scheme

The additional ~\$10m in funding will ensure the remaining recommendations are fully implemented, with ongoing separate funding not required after 2020

Regional

- Establish regional [collaborative network](#) of stakeholders
- Identify and support regional project officers to [facilitate regional planning](#) and reporting
- Undertake [needs analysis](#) comparing current eye care services with population-based needs
- Eye care [support workforce](#) needs identified to set up support staff roles
- Need for additional [visiting eye care providers](#) identified and funded through RHOF¹ and VOS²
- Identify [patient support staff roles](#) required to support the patient through the pathway of care
- Support [chronic disease coordinators](#) to coordinate surgery and the management of those with diabetes
- Develop regional [service directory](#) and [referral protocols](#)
- Introduce regional [health promotion](#) and awareness
- Establish regional [data collection](#) and monitoring systems
- Ensure [local accountability](#) and oversight

State

- Implementation of effective and nationally consistent [subsidised spectacle scheme](#)
- Prioritisation of [cataract surgery](#) for Indigenous Australians
- [Support regional planning](#) and implementation
- State and national health outcomes and process [indicators adopted and reported](#)

Commonwealth

- Establishment of [bulk billing agreements](#) for services funded by RHOF¹ and VOS²
- Funding of ophthalmology and optometry [trainee visits](#)
- Establish diabetic eye screening rates as a [key performance indicator](#) for Primary Health Networks
- Provide [national oversight](#) with review by COAG³ of AIHW⁴ reports on Indigenous eye health performance
- Security of [funding](#) for elimination of trachoma and adequate capped funding for implementation of the Roadmap

1, Rural Health Outreach Fund

3, Council of Australian Governments

2, Visiting Optometrists Scheme

4, Australian Institute of Health and Welfare

Lessons from Indigenous Eye Health offer guidance on success for other Indigenous health settings

Lesson

Implications for other Indigenous health settings

Template for integration

The Roadmap provides a [template for coordination and integration of health care](#) for other conditions to meet population-based need including:

- Local planning and coordination of visiting specialists
 - Integration of primary care and secondary specialist care
-

Widespread collaboration

The Roadmap exemplifies the [importance of establishing widespread collaboration and support](#):

- >80 local Indigenous communities and >550 people involved in its development
 - Sector collaboration with 8 peak bodies and NGOs¹/philanthropic organisations
 - Federal and jurisdictional government, and regional support
-

Monitoring & reporting

[Monitoring and reporting of performance is pivotal](#) to ensure progress is maintained throughout program roll-out:

- Critical importance of national reporting, in this case by the AIHW², and national oversight
- Transparency of progress, through publication of annual reports

1, Non-governmental organisations

2, Australian Institute of Health and Welfare

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