

This paper focuses on mechanisms to facilitate communication and action between different levels of government and external stakeholders with those in the eye health sector to lead to an improvement in the delivery of eye services to Indigenous Australians.

Stakeholders

There are a number of stakeholders who contribute to Indigenous eye health through services, technical knowledge and other support. They include:

- Federal and jurisdictional governments
- Aboriginal health services
- NACCHO and state affiliates
- Regional hospital networks and districts
- Primary Health Networks
- Service providers and their professional bodies such as RANZCO and OA
- Umbrella organisations such as Vision 2020 Australia
- NGOs such as the Fred Hollows Foundation and Brien Holden Vision Institute

Essential elements

The interlocking recommendations of the Roadmap to Close the Gap for Vision call for the coordinated action of the various stakeholders to fully implement changes in service delivery to provide equity of eye care and reduce the unnecessary levels of vision loss seen in Indigenous Australians.

Successful relationships and linkages involve a number of factors and the recognition of the following elements:

- The importance of the shared goal in improving Indigenous eye health outcomes.
- The importance of good communication and information exchange between the Commonwealth, state, territories and other stakeholders, including community.
- The development of regular meetings, fora, committees and mechanisms between sectors to facilitate a common approach to Close the Gap for Vision, involving appropriate stakeholder representation.
- The avoidance of duplication of effort and use of resources between stakeholders.
- The development of effective monitoring and oversight of activities impacting on Indigenous eye health. This should allow all major stakeholders to have input and maintain awareness of improvements in eye health outcomes, and importantly to take action to ensure continual improvement.

Sector responsibilities

Developing strong and effective linkages requires recognition of the distinct role of each stakeholder. The following summary outlines the various roles and responsibilities of each stakeholder, and provides examples where mechanisms could be used to develop or strengthen links on eye health.

1. What the Commonwealth can do:

The Commonwealth government has an over-arching leadership role, and is responsible for national policy and agenda setting, funding and facilitating jurisdictional and regional involvement in Indigenous eye health. It is appropriate for the Commonwealth to:

- Take responsibility for national leadership and oversight of Indigenous eye care
- Establish national policies and mechanisms, for example the national oversight framework for Indigenous eye health
- Develop mechanisms to link sector stakeholders and differing levels of government
- Provide regular reporting on national data to track improvements in Indigenous eye health

There are several actions the Commonwealth government can undertake:

- Allocate responsibility for oversight for Indigenous eye health to a group that reports to AHMAC
- Consider funding the items included in the Vision 2020 Australia budget submission
- Give Indigenous eye care as a priority to Primary Health Networks

2. What jurisdictions can do:

The states and territories also have an important role to play in creating stronger linkages in Indigenous eye health. These include:

- Establish a jurisdictional stakeholder committee to provide oversight on Indigenous eye health activities including qualitative reports
- Establish regional networks within a state/ territory
- Collect and collate quality jurisdictional level data that is reported to the Commonwealth and regional stakeholders
- Develop nationally consistent subsidised spectacle schemes, and the review of cataract surgery waiting times to improve equity

Mechanisms that could be put in place at jurisdictional level include:

- Formation of a statewide eye committee to engage major eye health stakeholders to oversee Indigenous eye health. This could be done through existing state health planning fora mechanisms. For example, the Koolin Balit eye health advisory group in Victoria comprises a range of stakeholders that guide state and regional work on Indigenous eye health.
- Promotion of programs such as the subsidised spectacle scheme.

3. What regions can do:

Regions have a critical role in strengthening Indigenous eye health. Regions can be classified as state government areas, as PHN catchments or as other distinct areas.

Regions should undertake the following roles:

- Develop regional networks that link eye health stakeholders, particularly Aboriginal health services and, through them, the community
- Develop service provider tools including service directories, referral pathways/ protocols, for use in the region
- Develop data collection and sharing mechanisms
- Appoint regional implementation managers or eye health project officers to focus on strengthening service provision and linkages in a region

There are several ways to promote information sharing at the regional level, including:

- A regional advisory committee structure that brings together key stakeholders which are situated closer to service delivery
- Shared tools such as service directories for use by local stakeholders, including service providers
- Eye project officers/ workers that may be based within Aboriginal health services, and systems to support such workers

4. Additional stakeholder/sector linkages:

There are additional mechanisms that can be used to promote and strengthen sector linkages and improve Indigenous eye health outcomes. These include:

- Umbrella organisations such as Vision 2020 Australia have a diverse range of members with interests in eye care, including Indigenous eye health. Shared approaches and positions can be discussed and endorsed through such representative bodies.
- Regular collaborative work that is undertaken by stakeholders. This may be externally funded by government in relation to particular outcomes or programs, and include collaboration between key stakeholders such as the Brien Holden Vision Institute and Fred Hollows Foundation.
- Regular scheduled meetings and informal exchanges between shareholders and the Commonwealth Department of Health, in addition to jurisdictional governments.
- Key sector committees, such as the RANZCO Indigenous Committee and OA Indigenous Committee, that develop policy and position statements, and advocate to government.
- Resources that are developed and shared through participation in workshops, roundtables and meetings run by stakeholders. These may cover specific topics (such as Indigenous eye health promotion) and helps ensure similar messages are being agreed and developed.