Close the Gap for Vision by 2020
National Conference 2017

Report

Indigenous Eye Health

16-17 March 2017

THE UNIVERSITY OF MELBOURNE

Minum Barreng
Indigenous Eye Health
Melbourne School of Population and Global Health

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Acknowledgements

Indigenous Eye Health at The University of Melbourne would like to thank all attendees and speakers for contributing to and participating in the conference. Many organisations and communities from across the country were represented by delegates and we also acknowledge this interest and support.

Thank you to our supporting partners National Aboriginal Community Controlled Health Organisation, Optometry Australia, Royal Australian and New Zealand College of Ophthalmologists and Vision 2020 Australia.

Funding support from the Australian Government Department of Health is acknowledged and appreciated.

This report and supplementary materials can be accessed at IEH website: www.iehu.unimelb.edu.au

Acronyms

ACCO	Aboriginal Community Controlled Organisation
ACCHO	Aboriginal Community Controlled Health Organisation
AHW	Aboriginal Health Worker
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
CABIEHS	Central Australia and Barkly Integrated Eye Health Strategy
COAG	Council of Australian Governments
EESSSP	Ear and Eye Surgical Support Services Program
IDEAS Van	Indigenous Diabetes Eyes and Screening Van
IEH	Indigenous Eye Health, The University of Melbourne
IUIH	Institute of Urban Indigenous Health
MOICDP	Medical Outreach Indigenous Chronic Disease Program
NACCHO	National Aboriginal Community Controlled Health Organisation
OCT	Optical Coherence Tomography
PHN	Primary Health Network
RHOF	Rural Health Outreach Fund
RVEEH	Royal Victorian Eye and Ear Hospital
SAFE	Surgery, Antibiotics, Facial cleanliness and Environmental improvement (WHO strategy to eliminate trachoma)
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAHS	Victorian Aboriginal Health Service
VES	Victoria Eyecare Service
VOS	Visiting Optometrists Scheme

A message from the Minister for Indigenous Health and Aged Care

I wish your conference well and my apologies for not being able to be with you today.

We are all working together to achieve health outcomes for Aboriginal and Torres Strait Islander people that are equal to those of non-Indigenous people. Until that happens we cannot claim to have a truly universal health system that meets the needs of all Australians.

This year's Closing the Gap Report had mixed results and provides us with an opportunity to consider our course and reinvigorate our commitment to this fundamental task.

It is important that we acknowledge the good work of stakeholders in addressing the areas where there has been real improvement and continue to build on our efforts.

Eye health is one of those areas.

Your commitment to reducing the preventable impact of trachoma in Aboriginal and Torres Strait Islander communities has helped to reduce the prevalence of trachoma by over half, from 14 per cent in 2009 to 4.6 per cent in 2015.

This has ensured that Australia remains on track to eliminate trachoma by 2020.

Another program which has been life changing for Indigenous patients is the eye and ear surgical support program.

This program expedites access to eye surgery for Indigenous Australians.

In its first year, around 300 patients received sight saving eye procedures (mainly cataract). On completion of cataract surgery, many patients resumed healthy productive lives - now able to drive, work and participate in home and community life for the first time in many years.

A 60-year-old man was brought to a visiting optometrist in a remote Kimberley community, with clinic staff indicating the man was mourning his wife and ready to be placed in an aged-care facility because he could not look after himself.

Optometric assessment indicated he was legally blind and had advanced cataracts. Post-surgery, the optometrist reported that he was a "new man" - driving his car and certainly not in need of any aged care facility. He is now the proud owner of a new car!

The Australian Government is investing $45 million over the next four years to continue improving the eye health of Indigenous Australians.

Thank you for your commitment and efforts in this important health area.

Ken Wyatt MP
Minister for Indigenous Health and Aged Care

Executive Summary

The Close the Gap for Vision by 2020 National Conference 2017 was held in Melbourne on 16 and 17 March 2017. 107 attendees from all jurisdictions and representing national, state and territory, regional and local organisations and interests across Australia gathered to share learnings and experiences to improve Indigenous eye health. It was also a time to discuss and plan what needs to be done to close the gap for vision by 2020.

Successful initiatives, collaborations and reforms were reported from urban, regional and remote settings broadly applying regional approaches to Indigenous eye care.

Regions discussed the importance of collaborative partnerships and networks, engagement of a dedicated project officers, at least for a period of time, jurisdictional oversight and support and promoting eye health messages to facilitate Indigenous eye health improvements. Short length funding cycles and data access and sharing were identified as key challenges that impede regional progress.

Data from the National Eye Health Survey (2016) and National Trachoma Surveillance Report (2016) indicates that the inequity gap for vision between Indigenous and non-Indigenous Australians is closing. Further work is required to improve performance monitoring at the national, state/territory and regional levels. Regions confirmed difficulty with existing data systems and the consequent problems this creates to measure and monitor service needs. Jurisdictional coordination projects and regions are contributing simplified data collection and monitoring approaches.

Nationwide, a number of Indigenous eye care initiatives were identified that have introduced innovation and improvement. The Australian Government has provided specific additional funds to support much of this work. Some initiatives target specific eye conditions such as cataract, diabetes, refractive error and trachoma, whilst others focus on providing clinical care to remote settings by use of technology or improving access to, pathways for and capacity of services. Improved engagement with state health departments was considered critical to further outcome improvement.

The collective attending the conference confirmed their commitment to close the gap for vision by 2020. Some additional funding will be required and improved coordination and connectivity to cleverly use existing programs and resources were considered key. 2020 is only three years away and delegates expressed interest in additional national meetings to support work towards the 2020 goal.

Participants evaluated the conference very positively, and identified the opportunity to network, share experiences and lessons as well as hear from other groups and state/territories on the current progress they are making towards improving Indigenous eye health as important and valuable.

Introduction

The Roadmap to Close the Gap for Vision (2012) is a sector-endorsed, evidence-based, whole-of-system policy framework with 42 recommendations to reduce the eye health inequity between Indigenous and mainstream Australians. To November 2016, 11 of the 42 recommendations are fully implemented and good progress is being made on many others. Across Australia, at least 18 regions are conducting Roadmap activity, which encompasses some 40% of the Indigenous population.

Regional and jurisdictional activity consistent with the Roadmap has contributed to reducing the inequity gap for vision. Findings from the recent National Eye Health Survey (NEHS; 2016) showed that blindness between Indigenous and mainstream Australians has halved from six times to three times compared to the last survey in 2008. The National Trachoma Surveillance and Reporting Unit (2016), reported trachoma rates have fallen from 21% (2008) to 4.6% in 2015.

A two-day national conference was held in March 2017 so those working in Indigenous eye care could share learnings and lessons learnt from the work done to date and to discuss the next steps and actions to close the gap for vision by 2020. A previous Roadmap national regional implementation roundtable was held in 2014 (report available at www.iehu.edu.au).

This report provides an overview summary of the conference, capturing key themes and messages.

Participants

One hundred and seven (107) delegates from across all states and territories of Australia attended the conference, including representatives from national peak organisations, federal and state governments, NGOs and local and regional services (Appendix A).

1. Regional approaches to eye care

The key learnings from the regional implementation presentations were:

- Eye care programs should be integrated with primary health care
- Strong collaboration between community, stakeholders and other organisations in necessary to build sustainable eye care programs
- Priorities and indicators of success should be shared and agreed by all regional stakeholders
- Successful outreach services depend on having good coordination at all service levels
- Sharing of data helps determine gaps and needs

Outstanding examples from South East Queensland, Grampians VIC, Central Australia/Barkly NT and Western NSW illustrated some successes. A number of jurisdictions have established

jurisdictional committees, which provide support and advice on Indigenous eye care needs. Victoria's Statewide Aboriginal Eye Health Advisory Group is an example. The committee members share information and data, provide updates of regional progress and identify culturally appropriate ways in addressing eye health programs.

The subsequent group discussion identified the following issues.

What is working well?

Partnerships and a united voice: Collaboration with other stakeholders is key to improving eye care services. Different stakeholders may have access to additional resources or expertise that can assist in this process. Such partnerships contribute to making the patient pathway smoother, reducing duplication and improving linkages, thus allowing more people to stay within the system, and delivering more patients a better outcome.

Jurisdictional fund holder arrangements of outreach services: Fundholders now manage VOS, RHOF and MOICDP. This places Fundholders in a better position to coordinate and deliver effective eye care services.

Regional project officer: Regions with a dedicated regional project officer reported positive outcomes in delivering eye care services. The role of the officer should be agreed by the stakeholders and include; building relationships, sharing data, promote eye care services and improve patient access. All of which lead to establishing improved and more efficient patient pathways.

Increased awareness and health promotion around eye health: Educating patients about the implications of untreated eye conditions and the eye care services that are available, creates community change around eye health. More patients access services and communities are better equipped in delivering appropriate services to the patient.

Patient pathways: Some regions felt good patient pathways were in place. In South East Queensland a regional redesign of the cataract surgery pathway was ensuring more patients received surgery sooner.

What can be improved?

Nationally consistent subsidised spectacle scheme: Each state has its own low cost spectacle scheme in which there is either a low or no cost for glasses. There is still considerable variation between jurisdictional schemes. Having a nationally consistent scheme in which there is cost-certainty, high-quality and acceptable spectacles with a consistent and sufficient service to meet population needs would ensure more Indigenous patients access care and reduce the impact of refractive error vision loss.

Increase length of funding cycles: Short funding cycles are inefficient and problematic for service providers. In the EESSSP for example much time at the start of the program was taken locating wait lists, seeking patients requiring surgery and building relationships with key stakeholders. This greatly reduced the time available to carry out the service and meet

outcomes. Planning for effective systems change and reform, that would include increased efficiency requires longer funding periods than one year.

Data: It was noted that service providers and other stakeholders were generally not good at sharing data. Access to good current eye data is a challenge and is essential to monitor performance and progress and identify areas of need. This must be matched with population-based needs as can be determined by the eye care services calculator (at www.unimelb.edu.au).

Follow-up and continuity of care: Patients entering any eye health pathway need support through the journey to ensure they stay within the system. Follow-up of a patient post-surgery or for other consultations is crucial. This is especially important with cataract surgery where there are a number of post-op consults to assess the eye for possible infection and prescription of glasses.

2. Planning and Performance monitoring

The NEHS 2016 showed the gap of blindness between Indigenous and non-Indigenous Australians halved from six times to three times in the survey carried out in 2008.

Coordination at all levels is the key in delivering efficient eye care and improves the patient, community and service providers experience. It makes the system run more smoothly as the linkages between the services are created and easy to manoeuvre. Engaging with local partnerships by means of an advisory forum helps to create a regional profile, which can be used to identify gaps and solutions to address the issues raised.

IEH has updated the Regional Calculator (Calculator 2) to include data from the recent NEHS (2016), AIHW and National Trachoma Surveillance Report (2016). The additional inputs include percentage of population 40 years and over with diabetes and presence or absence of trachoma/trichiasis.

The subsequent group discussion focused on improving performance reporting.

Performance reporting occurs at three levels:

1. **National:** The Australian Government advised that the AIHW report on eye health is expected to be released in April 2017. It will provide data at a jurisdictional level and the PHN level, which will facilitate regional implementation. It is anticipated that the AIHW report will go to the COAG Health Council.

2. **State/Territory:** Performance reporting at the state level seems to be developing slowly. State eye health committees should develop strategies to collect jurisdictional data and seek input from regional eye health stakeholder groups. The AIHW report may provide important additional input to that process.

3. **Regional:** The perennial problem of collecting data and the challenges of data sharing were widespread. Institute of Urban Indigenous Health (IUIH) has had

success in generating data using their existing systems with support from dedicated data specialists in their organization. Ballarat and District Aboriginal Co-operative (BADAC) identified a project they were working on through their practice management system that may simplify their data collection. The Northern Territory CABIEHS project successfully used the IEH performance indicators in the Barkly region.

A single, simple performance indicator for the whole eye care system could be the percentage of people with diabetes who have had an annual eye check or exam. While some participants expressed concern that this measure excluded other common eye conditions (i.e. refractive error and cataracts), those with diabetes from over 70% of those over 40 years needing an eye exam each year.

The meeting clarified that the MBS 715 health check includes an eye check as a mandatory component.

The need for improved systems or some form of add-on to generate the required data from electronic health records was recognised by most participants. Some AMS were already working on a pilot project that may provide an appropriate add-on to existing systems to generate the required data.

3. State and Territory meetings

Progress of Indigenous eye health was reported by each state and territory. A summary of achievements and next steps is documented below.

New South Wales

- Transition of VOS programme to fundholders has gone well
- Increased optometry services in rural locations as more optometrists are moving to these locations
- Improved access to subsidised spectacles scheme
- Hospitals are in discussions to prioritise Indigenous patients. Further work is required.
- Resolving transport issues for patients travelling from remote to urban areas for eye care

Three next key steps for New South Wales:

1. Increase EESSSP funding to address long cataract waiting lists
2. Expand subsidised spectacles scheme to ensure access to all Aboriginal people with no co-payment
3. Establish and work with stakeholders in regional forums

Northern Territory

- Although access of eye care services has increased, uptake is slow due to specialist and visitor fatigue. Better coordination would address this problem

- Retinal screening rates have improved with work carried out with chronic diabetes nurses
- Access to retinal cameras and OCT equipment is needed
- Recruit ophthalmology and support staff

Three next key steps for Northern Territory:

1. Increase coordination and support staff
2. Increase patient uptake of services by means of health promotion activities and other approaches
3. Establish a good functioning eye unit in which ophthalmologists conduct ophthalmology work

Queensland

- Redirection of funds to Indigenous people on the ground has increased access and awareness
- IUIH and IDEAS Van have improved access to eye health services, uptake of services and has multi-skilled teams
- Improved working relationship between optometrists and eye health coordinators
- Cataract surgery rates and care coordination has improved by means of Eye and Ear Surgical Support Service Program (EESSSP)
- Access to OCT equipment

Three next key steps for Queensland:

1. Develop stronger pathways by improving Indigenous identification status and eligibility for EESSSP
2. Improve workforce (coordinators) on the ground
3. Sustainable funding for coordination

South Australia

- Trachoma prevalence rate has decreased. Further improvements can be made by focusing on environmental improvements (E of SAFE strategy)
- A revamped subsidised spectacle scheme
- Increased training of clinical staff (i.e. AHWs and nurses) in basic eye examinations by eye health coordinators
- Establish long term funding cycles for eye health coordinators
- Develop a better way to share data (i.e. cataract surgery waiting lists) to ensure the correct information gets fed back to coordinators and fundholder

Three next key steps for South Australia

1. Set up a statewide forum with key stakeholders
2. Improve telemedicine for ophthalmology consults in remote communities
3. Access to eye care equipment (i.e. OCT)

Tasmania

- Mapping and scoping work was conducted with consultations with stakeholders to identify barriers and service gaps
- Created key linkages across outreach programs to improve patient pathways
- Eye health is on people's radar and is becoming a priority
- Strengthen stakeholder relationships
- Improved data collection, data access and data sharing

Three next key steps for Tasmania:

1. Establish a stakeholder forum
2. Deliver eye health promotion 'days' at community Aboriginal organisations using providers from outreach programs
3. Collate the information collected from outreach programs to create a snapshot of eye health in Tasmania

Victoria

- The barriers patients encounter through the pathway are now better understood. Work has commenced on addressing the issues that cause patients to drop out of the system
- Regions in west of the state are progressing well. The next steps are to turn these regions into self-sustainable ones and commence activity in the east part of the state
- The state has raised the profile of eye health by means of the development of a state action plan and the release of Feltman eye kits
- Improved collaboration and partnerships with key players has resulted in much better outcomes

Three next key steps for Victoria:

1. Fund and appoint project officers in the four remaining regions
2. Appropriate facilities and eye examination equipment placed in AMS
3. Effective education and training to increase confidence and skill in both ACCO and mainstream sector

Western Australia

- Raised the profile of eye health needs and delivery of services
- Established a statewide Aboriginal eye health committee
- Launched the Vision Van in 2016
- Improved data sharing and service delivery
- Train and educate more health professionals
- Continued to progress work on integrating services, including VOS, RHOF, telehealth and Indigenous patient coordination

Three next key steps for Western Australia:

1. Consistent and coordinated subsidized spectacle scheme
2. Improve retinal screening rates and follow-up pathways
3. Continue work on streamlining and coordinating services

4. Eye care initiatives and system reforms

An independent evaluation was conducted by Ninti One to assess the effect of the Trachoma Health Promotion Program (THPP) in NT, SA and WA. The evaluation was based on recognition of Milpa (Trachoma goanna) and his messages. Conclusions from this survey support the impact of appropriate health promotion and include:

- Over 80% of participants recognised Milpa and the message of 'Clean Face, Strong Eyes'
- The platforms of broadcast, health promotion materials and appearances of Milpa at community events were all effective in promoting the messages
- Adults and parents should be engaged and educated on ways to support facial cleanliness

Key messages from eye care initiatives and system reforms presentations include:

- VASSS (Victorian Aboriginal Subsidised Spectacles Scheme): A one single service delivery model doesn't exist that works across the state
- Room for selective targeting of patients (i.e. Indigenous patients at risk of vision impairment)
- The support of ACCOs is important in improving eye care access especially of complex clients
- IDEAS Van has a multi-skilled team that provides continuity of care and bulkbills all patients
- Patients using telehealth do not need to leave their community to engage with a specialist. This can give the patient ownership of the process and saves time, money and resources
- Telehealth referrals can speed up the patient journey and referral pathway and reduce the chances for the patient to drop out of the system
- The audit of National Eye Care Equipment is almost completed
- Eye treatment is preventative medicine
- Eye care service delivery is the most cost-effective way to make health gains

How do we solve cataract for the long term?

Local hospital prioritisation and pathway models:

- New planning occurring locally at the Royal Victorian Eye and Ear Hospital (RVEEH) around the future prioritisation / categorisation of Indigenous eye patients and streamlining the patient pathway in partnership with the Victorian Aboriginal Health Service (VAHS). This is still in the early planning stages. Current barriers that will need to be worked in include the identification of Indigenous patients referred into RVEEH who are currently on the waiting list. Also the need for appropriate equipment at VAHS to simplify pre- and post-operative assessments

- Barwon Health, Geelong also working toward an improved pathway into cataract surgery for Indigenous patients, as a result of the newly established regional eye health forum planning. The local ACCHO is key to the planning for this

AMS led model:

- IUIH in SEQ, moved from 1 cataract surgery occurring in the 7 months before establishing their eye health program to 223 in the following 15 months. A well supported and coordinated program with a private hospital was developed. A key to the success of this has also been the patient transport support provided through IUIH and the partnership with the 2 ophthalmologists under the program

Eye and Ear Surgical Support Service Program (EESSSP):

- CheckUP / QAIHC program has supported some key surgical initiatives into areas of high need to date and more being planned. Initial issues of identifying Indigenous patients on public waiting lists, so CheckUP worked with AMSs to identify where referrals had been made to support those clients. To date the EESSSP has been short-term funded and so issues of sustainability arise but the partnerships and work to support the pathway to date create the potential for ongoing activity. The Commonwealth DoH expressed hope of building on the EESSSP to enable longer term support

Intensives:

- NT – Central Australia model limited by resource allocation, both in terms of surgical time, space and staffing. In many ways it has inhibited sustainable service delivery. However, the surgery weeks are a consistent and ongoing program that is well supported by the AMSs

Other comments:

- Far North Qld – the interaction between optometry and ophthalmology has been vital in terms of establishing a successful program and in supporting the patient through cataract surgery
- Whilst the IUIH model has had great success, its lessons are most relevant to urban environments and there is still a lot of work to be done to improve remote area cataract surgery
- Sustainable access to surgery resides within the public hospital system, which is increasingly under pressure from a lack of resourcing.

Factors key to the success of cataract surgery

- Adequate equipment and local partnerships: ACCHO and provider
- Coordinated referral pathways focus – supported by local stakeholders including community health services, ACCHO, optometry and ophthalmology
- Engagement and involvement of jurisdictional health departments
- EESSSP - developed own waitlist in liaison with AMS. The program is flexible and can fund theatre time, patient support (including travel and carer).

Factors key to the sustainability of cataract surgery models

- Public system focus is a key to sustainability but needs the capacity
- Long term funding (Commonwealth) - e.g. EESSSP
- Long term planning and investment at all levels

- Cape York model an example of a consistent, well coordinated and supported surgical program.

Challenges faced in closing the gap for cataract

1. Lack of sustainable alternatives in more remote settings
2. Poor availability of data, including surgical wait list – this makes it very difficult to identify where Indigenous patients are in the system so that programs are able to help coordinate support
3. Cost: when not bulk billed pre/post surgery consultation costs are a major barrier to access
4. Public hospital funding issue – lack of adequate theatre time and staffing to address population need
5. EESSSP worked well and was flexible but only 12 month funding period (short term)
6. Competing resources with increased diabetic retinopathy focus.

5. Eye health workforce and cultural safety

A brief exchange about health worker, optometry and ophthalmology workforce needs and preparation was followed by an informative session discussing approaches to embedding cultural safety in individual and organisations.

Soapbox and gnarley eye issues raised by delegates included:

- The importance of eye care coordination for local services
- Medicare rebates
- Children's eye screening
- Low vision services

Conference Evaluation

Conference participants were asked to complete an evaluation form to provide feedback on the meeting and their experience. A total of 49 surveys were completed.

Overall the feedback was positive. Nearly all participants (98%) felt the information discussed at the conference was of value and interest to their work and most (88%) established new or additional connections with other delegates. The majority of participants (96%) felt the conference met their expectations, with 63% indicating they could better advance the work to close the gap for vision after attending this conference.

Networking, facilitated group discussions and state/territory meetings were highlights for most participants. Some participants felt that more time to network with other attendees would be advantageous. Participants enjoyed hearing the approaches and experiences from individuals, groups and organisations across Australia. It was also reported that there was a good mix of topics, presentation styles and speakers. Low vision support services and input from Aboriginal Health Workers were noted as additional topics to be included at a future conference. The cultural safety session was appreciated by the audience. Many participants

identified ways that IEH could support their efforts to close the gap for vision. To be available for support and to be involved as required was commonly expressed as an IEH role as well as continued engagement and advocacy with regional, state and national stakeholders.

The conference was well received and provided a great opportunity to share learnings, experiences, network with others and plan the next steps to achieve the goal of closing the gap for vision by 2020. There was strong support for further national conferences in the lead up to 2020.

Presentations from the day and report can be accessed at Indigenous Eye Health website: www.iehu.unimelb.edu.au.

Appendix A: List of Attendees

Surname	First Name	Organisation
Adam	Paula	Australian Government Department of Health VIC
Anderton	Phil	Rural Optometry Group, Optometry Australia NSW
Anjou	Mitchell	Indigenous Eye Health, The University of Melbourne VIC
Banfield	Anne-Marie	Winda-Mara Aboriginal Corporation VIC
Becker	Penelope	Winda-Mara Aboriginal Corporation VIC
Bamblett	Sharon	Winda-Mara Aboriginal Corporation VIC
Bell	Bridget	Australian Government Department of Health VIC
Belling	Kylie	Department of Health and Human Services VIC
Bentley	Sharon	Australian College of Optometry VIC
Berryman	Laurie	Ninti One NT
Boffa	John	Central Australian Aboriginal Congress NT
Boys	Jasmin	Indigenous Eye Health, The University of Melbourne VIC
Brake	Stephanie	Department of Health and Human Services, Tazreach TAS
Brand	Tracey	Central Australian Aboriginal Congress NT
Brand	Chelsea	Department of Health and Human Services VIC
Browne	Samantha	Australian Government Department of Health ACT
Casey	Dawn	National Aboriginal Community Controlled Organisation ACT
Cheah	Karen	The Fred Hollows Foundation NT
Chew	Bonnie	Western Victoria Primary Health Network VIC
Churchill	Rowan	Rowan Churchill Optometry QLD
Clark	Ben	Barwon Health VIC
Clarke	Faye	Ballarat and District Aboriginal Co-operative VIC
Clements	Nadia	Malabam Health Board Aboriginal Corporation NT
Cole	Phillipa	Queensland Aboriginal and Islander Health Council QLD
Cooper	Robyn	Aboriginal Health Council of South Australia SA
Copeland	Rosemary	Top End Health Service NT
Cowling	Carleigh	Kirby Institute, University of New South Wales NSW
Cutter	Jess	Vision 2020 Australia VIC
Davies	Sarah	Vision 2020 Australia VIC
Dawkins	Rosie	Royal Victorian Eye and Ear Hospital VIC
De Marco	Lyndall	IDEAS Van QLD
Drury	Eliza	NSW Rural Doctors Network NSW
Edwards	Chris	Vision Australia VIC
Elarde	Patricia	Diabetes Queensland QLD
Feiss	Anna	Murray Primary Health Network VIC
Ferguson	Rachael	Indigenous Eye Health, The University of Melbourne VIC

Flagg	Simon	Department of Health and Human Services VIC
Foreman	Joshua	Centre for Eye Research Australia VIC
Fricke	Tim	Minne-Merri Consultants VIC
Gilden	Rosamond	Indigenous Eye Health, The University of Melbourne VIC
Goguen	Brenda	Vision Australia QLD
Gorrie	Ben	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives VIC
Guest	Daryl	Department of Optometry and Vision Sciences, The University of Melbourne VI
Gunst	Kim	Top End Health Service NT
Hager	Jane	NSW Rural Doctors Network NSW
Hale-Robertson	Karen	CheckUP QLD
Hamlyn	Ben	Flinders University – Optometry SA
Harradine	Gail	Western Victoria Primary Health Network VIC
Harrison	Donna	Rural Doctors Workforce Agency SA
Hawgood	Jacqui	CheckUP QLD
Henderson	Tim	Alice Springs Hospital NT
Henderson	Paulina	Australian Government Department of Health VIC
Henry	Sarah	Vision Australia QLD
Jatkar	Uma	Indigenous Eye Health, The University of Melbourne VIC
Jeffs	Lauren	Indigenous Eye Health, The University of Melbourne VIC
Johnson	Greg	Diabetes Australia VIC
Kaishik	Deepika	Victorian Aboriginal Health Service VIC
Keech	Wendy	South Australian Health and Medical Research Institute SA
Keel	Stuart	Centre for Eye Research Australia VIC
Kiernan	Adam	Royal Australian and New Zealand College of Ophthalmologists NSW
Lange	Fiona	Indigenous Eye Health, The University of Melbourne VIC
Le	Ric	Institute for Urban Indigenous Health QLD
Lesock	Libby	Barwon Health VIC
Lovett	Levi	Victorian Aboriginal Community Controlled Health Organisations VIC
Machon	Kirsten	Optometry Australia VIC
Manhire	Sharon	The Fred Hollows Foundation NT
McGuirk	Robyn	Rotary Australia VIC
Mitchell	Colin	Diabetes Victoria VIC
Moore	Elizabeth	Aboriginal Medical Services Alliance Northern Territory NT
Morse	Anna	Brien Holden Vision Institute NT
Murphy	Peter	OneSight NSW
Napper	Genevieve	Australian College of Optometry VIC
Nguyen	Tin	Optometry Australia VIC
Northam	Carla	Vision 2020 Australia VIC

O'Neill	Claire	NSW Rural Doctors Network NSW
OConnor	Barbara	Vision Australia QLD
Osuagwu	Levi	Queensland University of Technology QLD
Owen	Renee	Barwon Health VIC
Penrose	Lisa	Institute for Urban Indigenous Health QLD
Pertev	April	Australian Government Department of Health VIC
Phillips	Georgina	Indigenous Eye Health, The University of Melbourne NT
Pollard	Michelle	Brien Holden Vision Institute NT
Porter	Rowan	Royal Australian and New Zealand College of Ophthalmologists QLD
Rektsinis	Chris	Aboriginal Health Council of South Australia SA
Riessen	Josh	Aboriginal Health Council of South Australia SA
Roberts	Philip	Indigenous Eye Health, The University of Melbourne VIC
Rogan	John	Royal Victorian Eye and Ear Hospital VIC
Rye	Liz	Queensland Aboriginal and Islander Health Council QLD
Schroder	Jennelle	Vision Australia VIC
Schubert	Nicholas	Indigenous Eye Health, The University of Melbourne VIC
Stacey	Kathleen	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives SA
Stanford	Emma	Indigenous Eye Health, The University of Melbourne VIC
Stewart	Don	Inner North West Primary Care Partnership VIC
Stilling	Rhonda	Australian Government Department of Health ACT
Stott	Christine	Lions Eye Institute WA
Summers	Helen	Helen Summers Optometrist NT
Susuico	Lola	The Fred Hollows Foundation NT
Tatipata	Shaun	The Fred Hollows Foundation NT
Taylor	Hugh	Indigenous Eye Health, The University of Melbourne VIC
Theodoridis	Silvia	Vision 2020 Australia VIC
Trinh	Lien	Rotary Australia VIC
Ugle	Alice	Western Victoria Primary Health Network VIC
Verra	Laree	Vision Australia QLD
Waddell	Colina	Brien Holden Vision Institute NSW
Wallis	Meg	Western Victoria Primary Health Network VIC
Whitehead	Joan	Bendigo and District Aboriginal Cooperation VIC
Williams	Worrin	Victorian Aboriginal Community Controlled Health Organisations VIC
Wilson	Heather	Central Australian Aboriginal Congress NT
Wissell	Shae	Rural Workforce Agency Victoria VIC
Woods	Kerry	Lions Outback Vision WA
Wright	Helen	Lions Outback Vision WA
Wright	Paul	Close the Gap Campaign NSW

Yu	Mitasha	Brien Holden Vision Institute Foundation NSW
Zesers	Cathy	Rural Doctors Workforce Agency SA

Close the Gap for Vision by 2020
National Conference 2017

Agenda

Day 1: Thursday 16 March, 2017	
9.00 - 9.30am	Registration
9.30 - 10.00am	Welcome to Country Aunty Joy Wandin, Senior Wurundjeri Elder Introduction to National Conference 2017 Professor Hugh Taylor, Indigenous Eye Health, The University of Melbourne Department of Health welcome and introduction Rhonda Stilling, Australian Government Department of Health
Session 1: Regional approaches to eye care	
10.00 - 11.15am	• Regional implementation progress – a quick overview Mitchell Anjou, Indigenous Eye Health, The University of Melbourne • Regional approaches to eye care – urban setting (South East Queensland) Lisa Penrose, Institute for Urban Indigenous Eye Health • Regional approaches to eye care – regional setting (Grampians) Faye Clarke, Ballarat and District Aboriginal Co-operative • Regional approaches to eye care – remote setting (Central Australia/Barkly) Shaun Tatipata, The Fred Hollows Foundation • Empowering regional stakeholder groups (Western NSW) Jane Hager, NSW Rural Doctors Network • Importance of jurisdictional committees (Victoria) Levi Lovett, Victorian Aboriginal Community Controlled Health Organisation
11.15 - 11.45am	**Close the Gap Day celebration morning tea**
11.45am - 12.45pm	Group discussion – What's working and what can be improved?
12.45 - 1.45pm	**Lunch**
Session 2: Planning and performance monitoring	
1.45 - 3.00pm	• National Eye Health Survey 2016 Joshua Foreman, Centre for Eye Research Australia • Improving the coordination of eye care Anna Morse, Brien Holden Vision Institute • QAIHC planning and performance monitoring in eye care Liz Rye, Queensland Aboriginal and Islander Health Council • Fundholder needs assessment and planning – NSW approaches Claire O'Neill, NSW Rural Doctors Network • Funding needs for Indigenous eye care Sarah Davies, Vision 2020 Australia • Calculator 2 and other tools Philip Roberts, Indigenous Eye Health, The University of Melbourne
3.00 - 3.40pm	Group discussion – What is needed for improved performance monitoring?
3.40 - 3.55pm	**Afternoon tea**
3.55 - 5.00pm	Table discussions – State and Territory meetings
5.00 - 6.00pm	**Conference drinks and nibbles**

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Indigenous Eye Health
Melbourne School of Population and Global Health

Woodward Conference Centre
Melbourne Law School
Level 10, 185 Pelham Street, Carlton 3053 VIC

Close the Gap for Vision by 2020
National Conference 2017

Agenda

Day 2: Friday 17 March, 2017	
Session 3: Eye care initiatives and system reforms	
9.00 - 9.30am	• Evaluating health promotion – trachoma Laurie Berryman, NintiOne • Trachoma update Carleigh Cowling, The Kirby Institute, UNSW
9.30 - 10.30am	Statewide presentations • VIC, TAS, QLD, NSW/ACT, WA, SA, NT
10.30 - 10.45am	**Morning tea**
10.45 - 11.45am	• Lessons from the first 7 years of Victoria's Aboriginal spectacles scheme Tim Fricke, Minne-Merri Consultants • Diabetic retinopathy screening and treatment Rowan Porter, ophthalmologist, Brisbane • Telemedicine in eye care – the Western Australian experience Helen Wright, Lions Outback Vision, Lions Eye Institute • National Eye Care Equipment Inventory Project update Shaun Tatipata, The Fred Hollows Foundation • Cataract surgery in Central Australia – challenges and solutions Tim Henderson, ophthalmologist, Alice Springs Hospital
11.45am - 12.45pm	Group discussion – How do we solve cataract for the long term?
12.45 - 1.45pm	**Lunch**
Session 4: Eye health workforce and cultural safety	
1.45 - 2.45pm	• Workforce education and training – a facilitated discussion • Approaches to embedding cultural safety in individual and organisations practice Kathleen Stacey and Ben Gorrie, CATSINaM
2.45 - 3.15pm	Group discussion – Soapbox and gnarley eye issues
3.15 - 3.30pm	**Afternoon tea**
3.30 - 4.20pm	Panel discussion – What we need to do to Close the Gap for Vision by 2020 Hugh Taylor, Dawn Casey, Paul Wright, Simon Flagg and Rhonda Stilling
4.20 - 4.30pm	Final comments

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