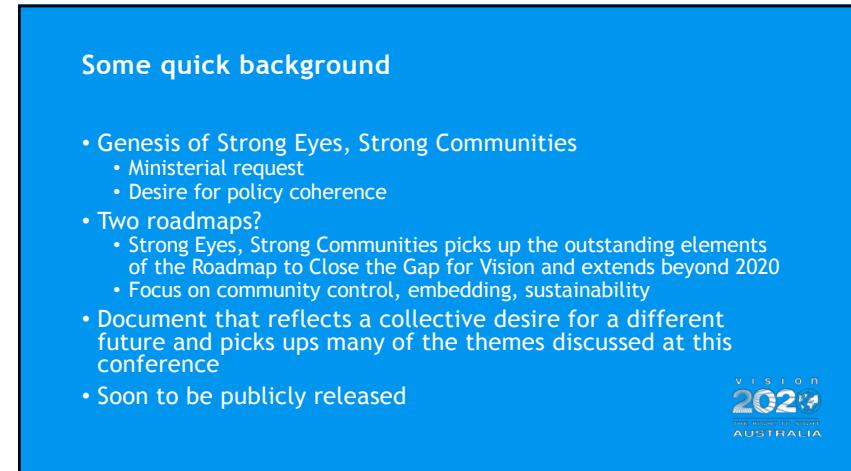
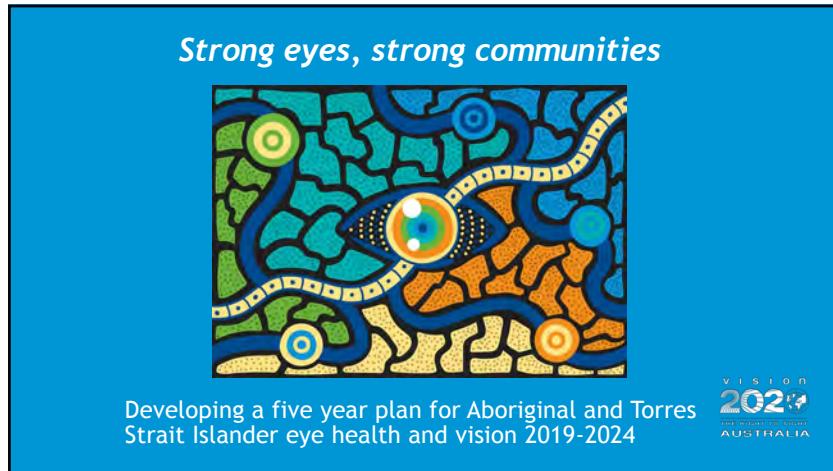


Judith Abbott



<h3>Enhance service delivery</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #E6004A; color: white; padding: 5px;">Priority activities</th> <th style="background-color: #E6004A; color: white; padding: 5px;">What will be different?</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">           Sustain &amp; expand outreach, ↑ flexibility            Expand ACCHO led eye care            ↑ Affordable glasses            ↑ Equipment            ↑ Access to cataract surgery, diagnosis &amp; treatment of diabetic eye disease            Children's vision            Enhance access to low vision services         </td> <td style="padding: 5px;">           Eye care delivered = population based need              ↑ Community control            ↓ Uncorrected refractive error            ↓ Untreated cataract, diabetic eye disease         </td> </tr> </tbody> </table> <p style="text-align: center;"><b>VISION 2020</b> THE RIGHT TO SIGHT <b>AUSTRALIA</b></p>	Priority activities	What will be different?	Sustain & expand outreach, ↑ flexibility Expand ACCHO led eye care ↑ Affordable glasses ↑ Equipment ↑ Access to cataract surgery, diagnosis & treatment of diabetic eye disease Children's vision Enhance access to low vision services	Eye care delivered = population based need  ↑ Community control ↓ Uncorrected refractive error ↓ Untreated cataract, diabetic eye disease	<h3>Strengthen partnerships &amp; local support</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #E6004A; color: white; padding: 5px;">Priority activities</th> <th style="background-color: #E6004A; color: white; padding: 5px;">What will be different?</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">           More local support for people            Embed regional approaches to planning &amp; service enhancement            Renewed jurisdictional engagement         </td> <td style="padding: 5px;">             People consistently supported to connect &amp; remain engaged w/ care            ↑ &amp; better access to services when needed            ↑ opportunities for ACCHO staff            Enhanced local pathways         </td> </tr> </tbody> </table> <p style="text-align: center;"><b>VISION 2020</b> THE RIGHT TO SIGHT <b>AUSTRALIA</b></p>	Priority activities	What will be different?	More local support for people Embed regional approaches to planning & service enhancement Renewed jurisdictional engagement	 People consistently supported to connect & remain engaged w/ care ↑ & better access to services when needed ↑ opportunities for ACCHO staff Enhanced local pathways
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## Recommendations for implementation

- Embed and enhance existing initiatives, programs and policies
  - Sustain funding, increase flexibility
  - Support strategies embedding eye health in primary care
  - Continue AIHW data analysis and reporting
- Enhance state and territory engagement/action
  - Improved access to timely diagnosis and treatment (cataracts, DR)
  - Increase engagement
  - Trachoma: housing, environmental health, etc
- New funding needed in some areas
  - Additional outreach, equipment, subsidised glasses
  - ACCHO led eye care models
  - Local support
  - Regional partnerships
  - ACCHO staff training and peer networks
  - National data collection (national eye health survey)



Dr Andrew Rowan



## Preparing GP's to participate in Indigenous Eye care.

Andrew Rowan  
GP –CAAC- Alice Springs

Close the Gap for Vision by 2020 – National Conference 2019

**the moment he realized he  
was now the middle child**



## Do GP's even participate in eye care??

Any GP'S in the room?

YES!

- On a daily basis I have patients that come to see me about eye related problems!
  - Infections, allergy, minor injuries, Foreign bodies, eyelid infection, change in vision, "funny vision", "can you tell me what they said at the eye clinic"
- And on a daily basis I test
  - VA, peripheral vision, eye movements, flip eyelids and puts drops of fluorescence, and take retinal photos.

However -

- For the most part I am not dealing with sight threatening problems
- I do not have the tools/training to definitively treat the 3 major causes of vision loss in Indigenous Australians
- Despite working in an AMS , and working almost exclusively with Indigenous Australians who have eyes and vision loss.

A little tangent

- The training most doctors get on eyes is inadequate!!
- The training GP's get on eyes is inadequate
  - Looked through the reading/course material on eyes – much of it was irrelevant to GP
  - So despite the frequency of eye presentations many GP just feel nervous with eyes.
- Disappointingly most of what I have learnt , I have learnt on the job and not in formal teaching

## So, Where do GP's fit in with "Closing the Gap for Vision"

- When the biggest 3 contributors to poor vision are
  1. Refractive error – 63%
  2. Cataracts – 20%
  3. Diabetic – Retinopathy – 5.5%

From Indigenous Eye Health Measures 2017

I think that GP could have an important role.!!

- Often GP's are in places where optom's and ophthal's are not!
- We understand our populations/people – often the first point of call – and we are around most of the time.
- We are not perfectionistsa - we seek to solve problems with what we have!!

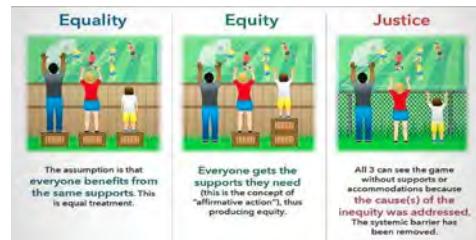


## My question today to the optom's

- What equipment/skills would it take for a GP to do basic refraction – good enough to estimate a pair of ready made glasses.
- If the optom clinic left last week and will not be back for 6 months –
- And I have identified with pin hole testing that refractive error is part of the vision problem and I have a box of ready mades –
- What would it take.???
- Would anyone be prepared to train me and my nurse/AHP/receptionist/driver??

## My question to Ophthal's

- What would it take to get GP's doing cataracts??



## How to prepare GP's for indigenous eye care

- Training needs to focus on common problems and solid practical skills
- We need simple triage /knowledge of sight threatening problems and clear referral guideline.
- We need to know how/when to use DR cameras
- We need to know how to do refraction ??
- Could we embed GP's into AMS's doing cataracts?
- And clearly increased skills in slit lamp use /emergency /trachoma skills for remote GP's

## Tasks

- Can you teach me basic refraction skills??
- Do you want to have a “blue Sky” discussion about who can do cataracts?
- Do you want to have a discussion about the GP eye training ?? \_ can we make it more relevant to GP and confidence building?
- Catch me today – or email - andrew.rowan@caac.org.au

## Sian Lewis

**Optometry Council of Australia and New Zealand & Deakin University**

Close the Gap for Vision by 2020:  
Strengthen & Sustain  
National Conference 2019  
Alice Springs Convention Centre

Friday 15 March 2019

Ms Sian Lewis and Ms Joleen Ryan

Deakin University CRICOS Provider Code: 00113B

**Acknowledgement of Country**

We respectfully acknowledge and pay respect to the Arrernte people, Traditional Owners of the land on which we are meeting.

We pay respect to their Elders both past, present and emerging, and also pay respects to past, present and emerging Elders of other traditional owners attending this conference.

2

**Who are we?**

**OCANZ**

- OCANZ promotes the eye health of the public by assuring the quality of optometry programs in Australia and New Zealand, and assessing overseas trained optometrists seeking to work in Australia or New Zealand.
- We require optometry programs to develop the cultural capabilities of graduates.

**Deakin University**

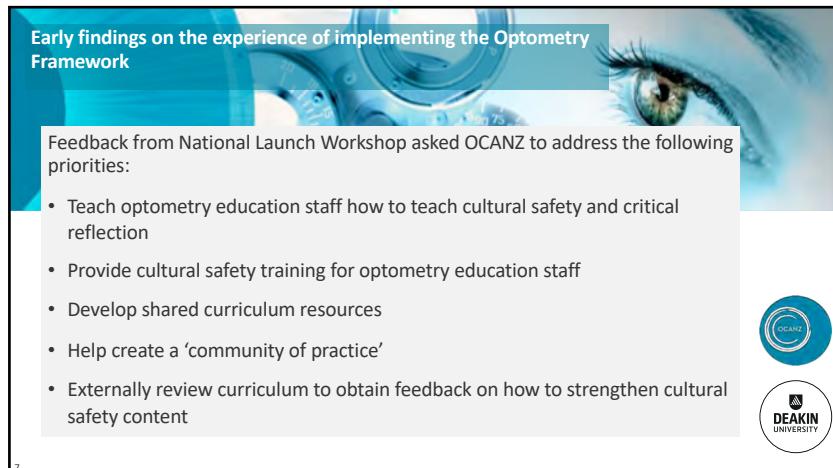
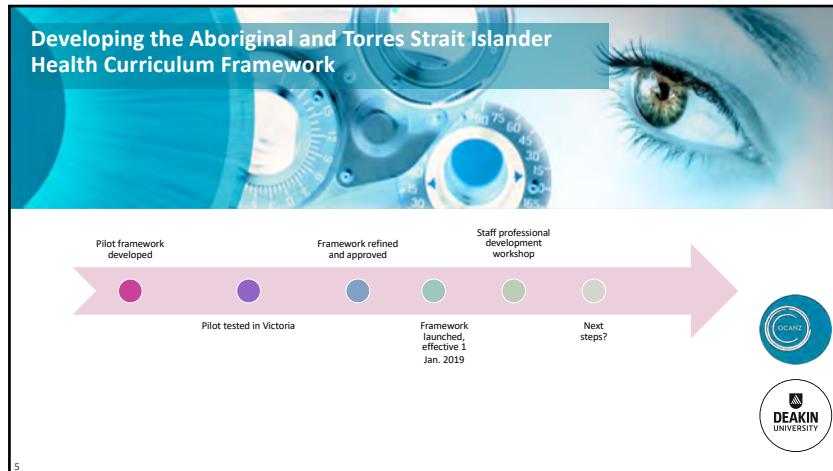
- Deakin University's School of Medicine delivers the Bachelor of Vision Science and Master of Optometry (BVSMO) which produces graduates with knowledge of the biological and physical bases of vision and with entry level skills in the practice of optometry.
- Deakin University are leading the way through the Indigenous Health Program within the School of Medicine in developing the cultural capabilities of BVSMO graduates through implementing the OCANZ Aboriginal and Torres Strait Islander Health Curriculum Framework.

3

**Why are we here?**

- To present the Optometry Framework and early findings on the experience of implementing the Optometry Framework
- To seek delegates feedback on the best ways to deliver culturally safe eye health care in partnership with Aboriginal and/or Torres Strait Islander health professionals, organisations and communities.

4



- Requirements of Successful Implementation**
- 
- Leadership and strategy
  - Embedding community partnerships in governance and practice
  - Staff capacity
  - Aboriginal and/or Torres Strait Islander student support needs
  - Ensuring the allocation of sufficient resources
  - Integrated and discrete curriculum content
  - Continuous quality improvement
- 8

The Deakin Experience

9

What is my role at Deakin?

My role as Lecturer in Indigenous Health for Optometry and Medical Imaging is to:

- develop and contribute to Indigenous Medical Education teaching programs that are consistent with the Universities Indigenous Higher Education action plan in the School of Medicine's Optometry and Medical Imaging courses;
- contribute to research and scholarly publication in Aboriginal and Torres Strait Islander Health;
- develop and support Indigenous student recruitment and retention strategies;
- develop, engage, participate and maintain partnerships with the community and relevant community and professional bodies; and
- deliver cultural awareness training across the School of Medicine.

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What is happening at Deakin?

- Indigenous Entry Stream 2020
- Indigenous Cultural Immersion Program for students
- Lecture planning and delivery
- Case studies (problem-based learning)
- Assessments and exams
- Cultural Awareness Training for staff
- Student support
- Guidance and advice to staff
- Community engagement

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Learnings

- Ensuring Optometry programs are supported to deliver the Optometry Framework in partnership with the Aboriginal and Torres Strait Islander communities
- Sustaining key staff to be supported in effectively delivering Optometry program (to avoid burnout)
- Strengthening curriculum resources within the Optometry program to successfully deliver the Optometry Framework
- Embedding cultural safety training within higher education learning and teaching courses and professional development
- Decolonising teaching to become culturally safe and critically reflective

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How can you be involved?

Case studies

Clinical Placements

Resources

Advocacy

Teaching & Assessment

CONTACT US:

Ms Sian Lewis  
[s.lewis@ocanz.org](mailto:s.lewis@ocanz.org)

Ms Joleen Ryan  
[joleen.ryan@deakin.edu.au](mailto:joleen.ryan@deakin.edu.au)

OCANZ

DEAKIN UNIVERSITY

13

Sue Beynon

## Sustaining Partnerships in the Elimination of Trachoma

Sue Beynon  
General Manager  
Student Wellbeing and Inclusion  
Education Policy and Programs  
NT Department of Education

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### Trachoma in the Northern Territory

The Education Department NT is committed to playing their part in the shared goal to eliminate trachoma in the NT.

Trachoma prevalence in children aged 5-9 years in all at risk communities by region, NT 2016

Region	Prevalence Range (%)
Arnhem Land	>10% and <20%
Kimberley	>5% and <10%
Top End	<5%
All Regions	No trachoma detected

Active Trachoma prevalence among children aged 5-9 years in all at risk communities by region, Northern Territory 2007-2016

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### Partnerships

- Department of Education
- Department of Health
- Indigenous Eye Health

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### Clean Faces Strong Eyes Initiative

Aim:

- All Schools to implement a regular appropriate Clean Faces/Strong Eyes routine (hygiene routine)

Leading to...

- Contribution to the elimination of trachoma in the NT by 2020
- Prevention of blindness caused by trachoma in adults in remote communities
- Prevention of other infection/diseases caused by poor hygiene

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**The Department of Education's Role**

**THE CLEAN FACES, STRONG EYES! TRACHOMA STORY KIT**



**Northern Territory Department of Education**

Classification Support	Stage 1 (Year 1)	Stage 2 (Year 2)	Stage 3 (Year 3)	Stage 4 (Year 4)
<b>Eye Health</b>	<ul style="list-style-type: none"> <li>• Staff have a basic knowledge of Trachoma and its prevention.</li> <li>• Some staff are aware of the "Trachoma Story Kit" and its use in the classroom.</li> <li>• Staff are aware of the importance of using clean faces and strong eyes to prevent Trachoma.</li> <li>• Staff do not incorporate face washing and those who do, do so in a limited and sporadic manner.</li> </ul>	<ul style="list-style-type: none"> <li>• Some staff have a basic knowledge of Trachoma and its prevention.</li> <li>• Some staff are aware of the "Trachoma Story Kit" and its use in the classroom.</li> <li>• Some staff are using some prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• Some staff have a basic awareness of the need to wash faces and strong eyes to prevent Trachoma, and are using some prevention strategies in the classroom.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff have a sound knowledge of Trachoma and its prevention.</li> <li>• Some staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• Some staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• All staff have a sound knowledge of Trachoma and its prevention.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff have a sound knowledge of Trachoma and its prevention.</li> <li>• All staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• All staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• All staff have a sound knowledge of Trachoma and its prevention.</li> </ul>
<b>Program Sustainability</b>	<ul style="list-style-type: none"> <li>• Some staff are aware of the outcomes as a result of the Clean Faces Strong Eyes program.</li> <li>• Students who have Clean Faces Strong Eyes are generally healthy.</li> <li>• There is a positive relationship between children and staff.</li> <li>• There is a positive relationship between children and parents.</li> <li>• Parents are aware of the Annual Clean Faces Strong Eyes Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Some staff are aware of the outcomes as a result of the Clean Faces Strong Eyes program.</li> <li>• Students who have Clean Faces Strong Eyes are generally healthy.</li> <li>• There is a positive relationship between children and staff.</li> <li>• There is a positive relationship between children and parents.</li> <li>• Parents are aware of the Annual Clean Faces Strong Eyes Program.</li> </ul>	<ul style="list-style-type: none"> <li>• Some staff are aware of the outcomes as a result of the Clean Faces Strong Eyes program.</li> <li>• Students who have Clean Faces Strong Eyes are generally healthy.</li> <li>• There is a positive relationship between children and staff.</li> <li>• There is a positive relationship between children and parents.</li> <li>• Parents are aware of the Annual Clean Faces Strong Eyes Program.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff are aware of the outcomes as a result of the Clean Faces Strong Eyes program.</li> <li>• Students who have Clean Faces Strong Eyes are generally healthy.</li> <li>• There is a positive relationship between children and staff.</li> <li>• There is a positive relationship between children and parents.</li> <li>• Parents are aware of the Annual Clean Faces Strong Eyes Program.</li> </ul>
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<b>Signature of Principals</b>				

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**Trachoma Story Kit**

**THE CLEAN FACES, STRONG EYES! TRACHOMA STORY KIT**

**Aligned with the Australian Curriculum Health and Physical Education and the Northern Health Education for Primary School Children Resource**

Australian Curriculum Health and Physical Education - Indigenous Content			
Strand	Assessment	Teacher Note	Student Note
Health	Indigenous health	Indigenous health	Indigenous health
Physical Education	Indigenous physical activity	Indigenous physical activity	Indigenous physical activity
Health	Indigenous health	Indigenous health	Indigenous health
Physical Education	Indigenous physical activity	Indigenous physical activity	Indigenous physical activity
Health	Indigenous health	Indigenous health	Indigenous health
Physical Education	Indigenous physical activity	Indigenous physical activity	Indigenous physical activity

**Trachoma Health Education for Primary School Children Student Workbook**

**Trachoma Health Education for Primary School Children Teacher Book and Lesson Plans**

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**NORTHERN TERRITORY GOVERNMENT**

**The Clean Faces Strong Eyes Continuum**

**Northen Territory Department of Education**

Classification Support	Stage 1 (Year 1)	Stage 2 (Year 2)	Stage 3 (Year 3)	Stage 4 (Year 4)
<b>Eye Health</b>	<ul style="list-style-type: none"> <li>• The school has a regular daily hygiene routine.</li> <li>• Eye health is understood by all.</li> <li>• Collaboration and responsive medical pathways are in place.</li> <li>• There is a positive relationship between children and staff.</li> <li>• There is a positive relationship between children and parents.</li> <li>• Parents are aware of what clean faces and strong eyes mean.</li> <li>• Water supply is available.</li> </ul>	<ul style="list-style-type: none"> <li>• Eye health is understood by all.</li> <li>• Eye health is understood by all.</li> <li>• Some education in community medical staff is provided.</li> <li>• Some education in community medical staff is provided.</li> <li>• Some education in community medical staff is provided.</li> <li>• Some education in community medical staff is provided.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff have a sound knowledge of Trachoma and its prevention.</li> <li>• Some staff are aware of the importance of clean water to prevent Trachoma.</li> <li>• Some staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• Some staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• Some staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> </ul>	<ul style="list-style-type: none"> <li>• All staff have a sound knowledge of Trachoma and its prevention.</li> <li>• All staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• All staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> <li>• All staff are using prevention strategies to assist students to keep their faces clean and eyes strong.</li> </ul>
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**NORTHERN TERRITORY GOVERNMENT**

**Planning and Infrastructure**



**EDUCATION NT ENGAGE GROW ACHIEVE**

**NORTHERN TERRITORY GOVERNMENT**

## Challenges

- Staff turnover and vacancies
- Obtaining sub contractors in remote settings
- The amount of running water available in communities
- The immediate impact of trachoma isn't felt until much later in life
- Managing the elimination of trachoma in communities with high mobility
- Maintaining the hygiene practices once trachoma has been eliminated in a particular community



## Successes

- Aligning trachoma to the Australian Curriculum – no extra work for teachers.
- Working across agencies sharing information
- Travel together to present joint messages
- Although the Hearing and Vision Teams are part of the Trachoma Team, all Education Advisors are informed and updated on developments – presenting consistent message
- Evidence based influence on future planning for building schools
- Schools have the resources to understand the message and implement strategies
- Ongoing Journey



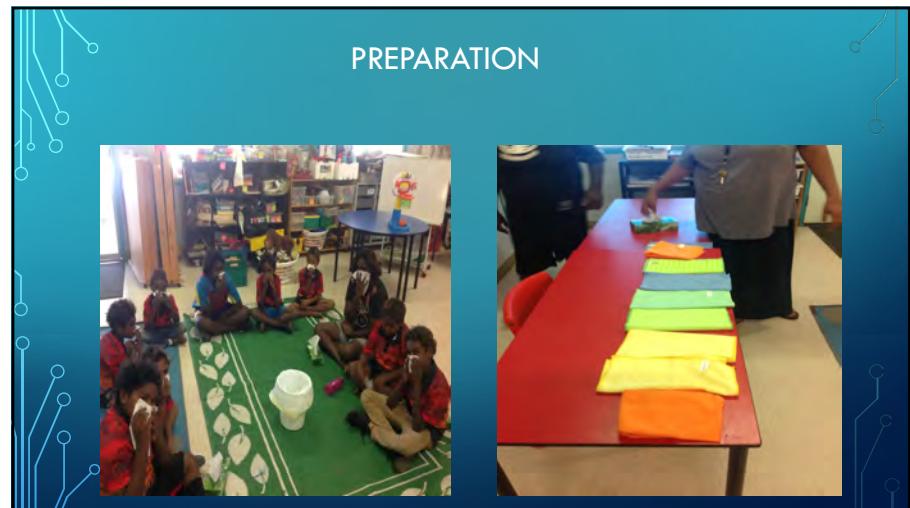
## Where to now?

- Departmental Focus on further increasing importance of the shared Hygiene Messages in supporting the awareness and decrease in the incidence of trachoma and otitis media within communities and schools e.g. Hygiene posters
- Continuation and expansion of common hygiene messages within Teacher Orientation programs
- A more coordinated approach of teams to deliver consistent common hygiene messages e.g. keeping track of where communities are up to in their elimination of trachoma journey.





## PREPARATION

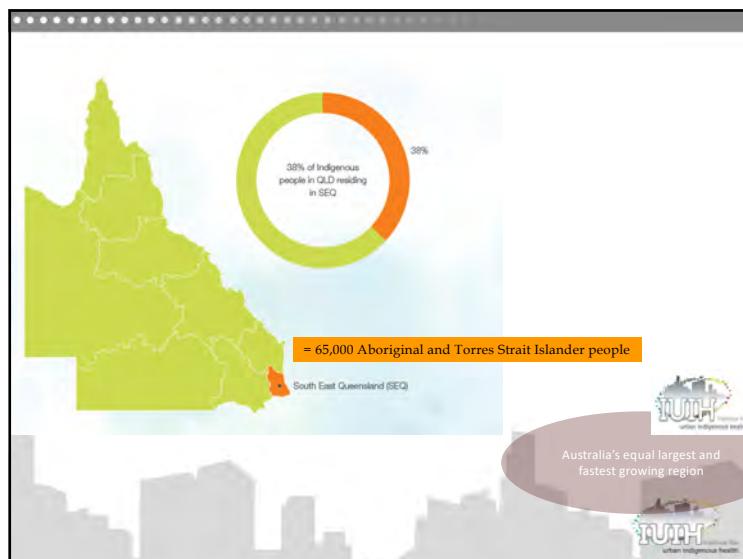
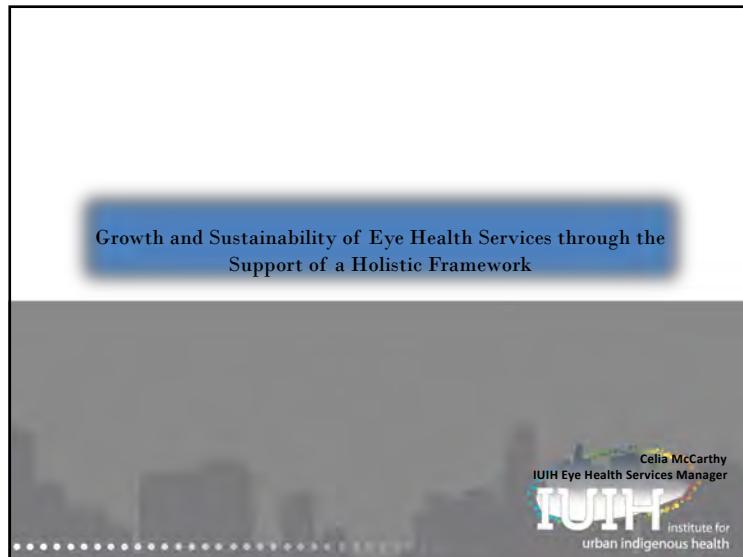


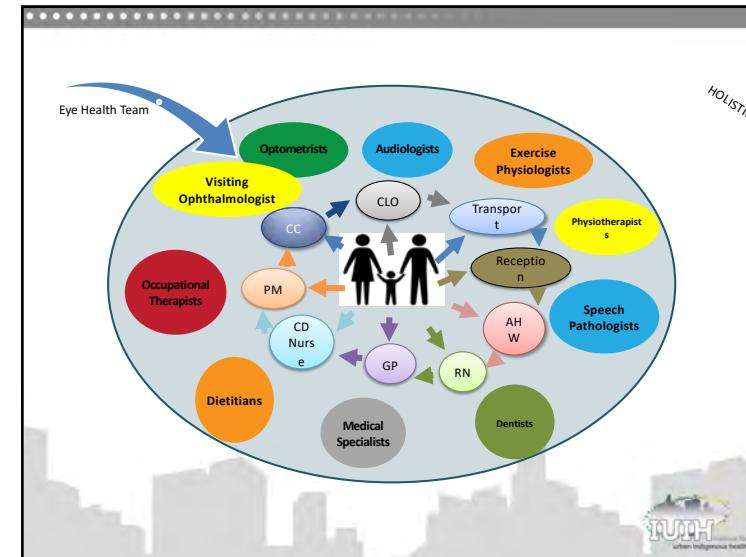
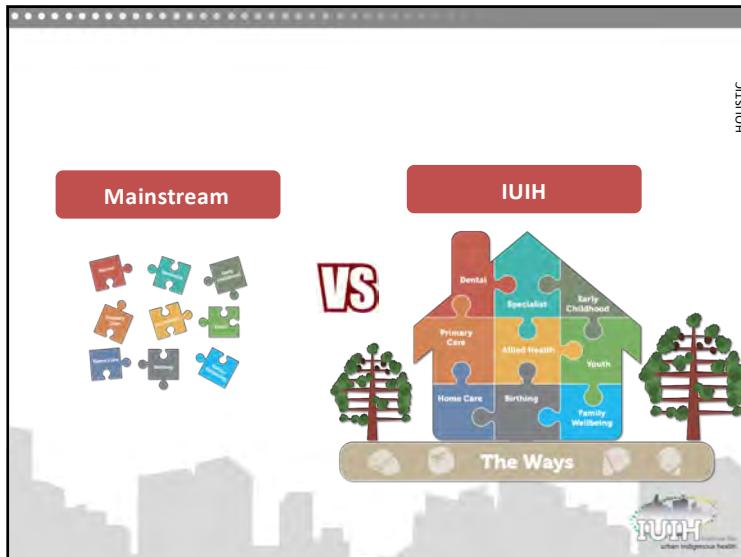
## ALL READY FOR SCHOOL



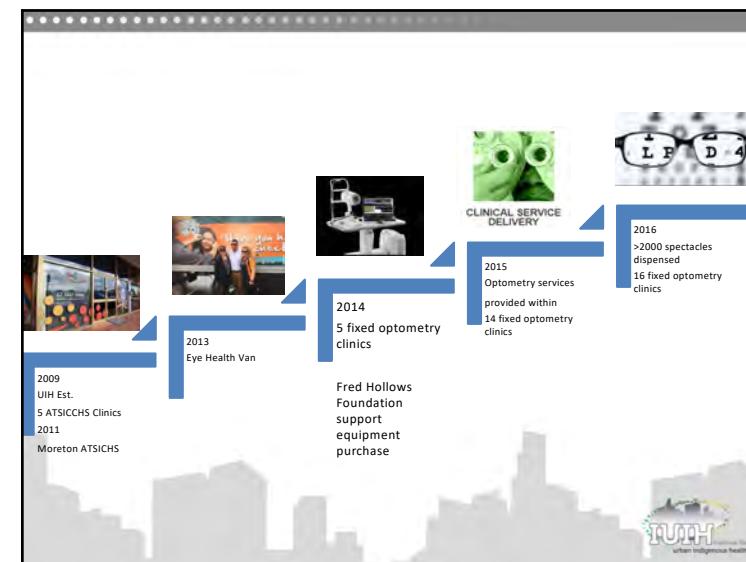


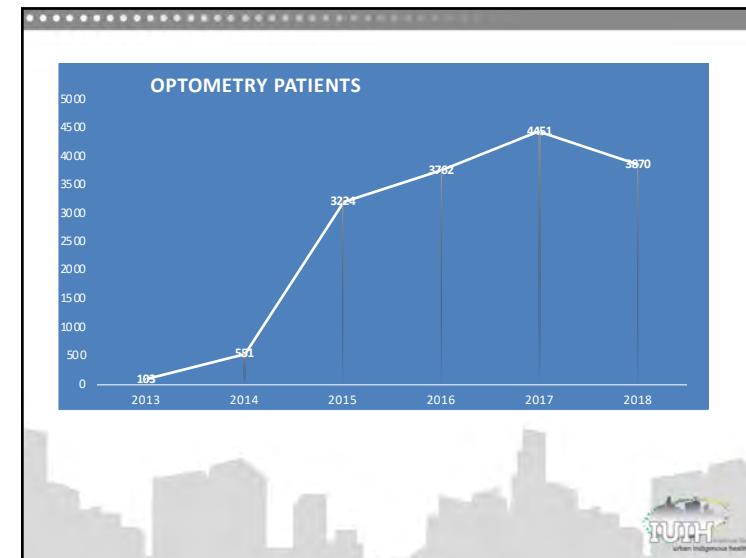
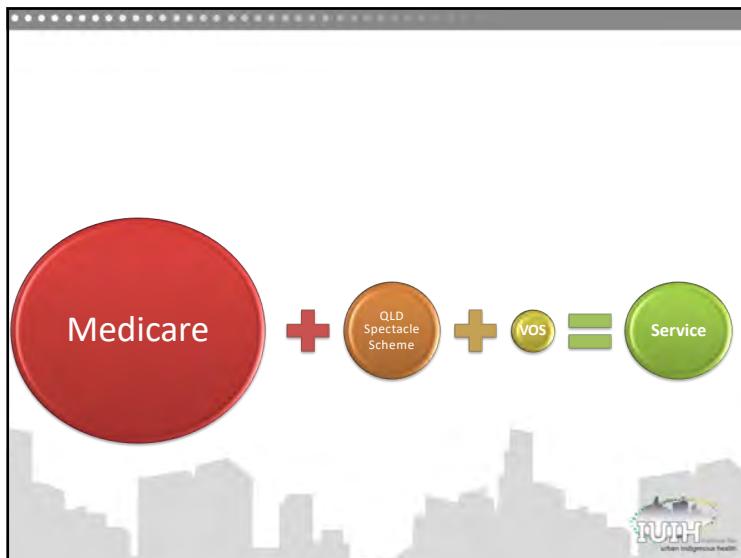
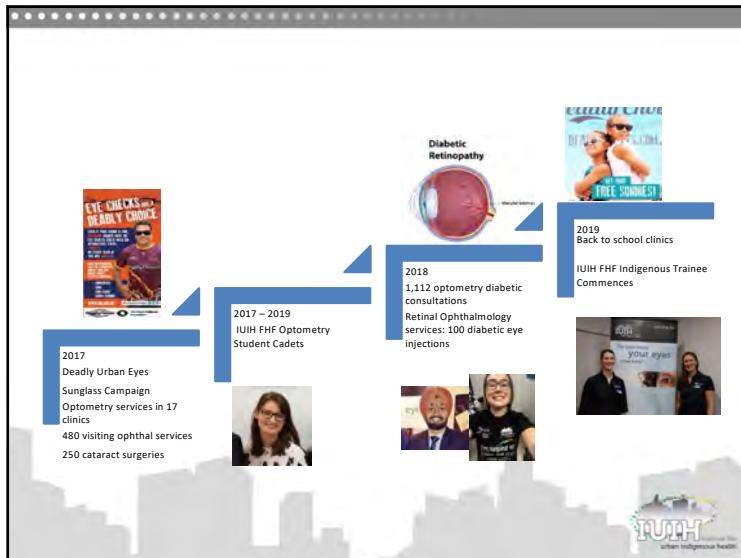
## Celia McCarthy





A screenshot of the mmeX patient management system. The top bar shows the patient details: \*TEST, Female Senior\*\*\*, TEST. The main screen displays the patient's clinical summary, medications, medical history, observations, care plan, immunizations, diagnostics/reports, documents, and referrals/visits. A progress note section is open, showing fields for presenting complaint and reason for contact. The IUIH logo is at the bottom right.







*Thank you*



Anna Morse

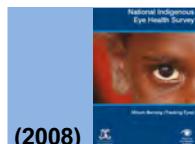


## outline

- the need
- existing spectacle schemes
- Optometry Australia principles
- clinical perspectives
- current work in this space
- stay focused

## the need

- leading cause, yet often overlooked
- crucial



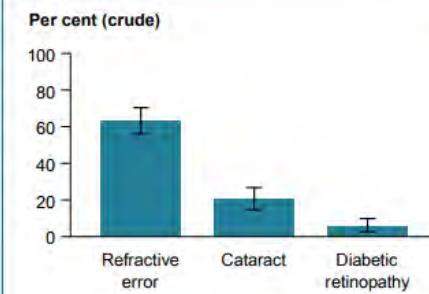
- VI 54% [blindness 14%]
- ~40% unable to see normal print (near vision)



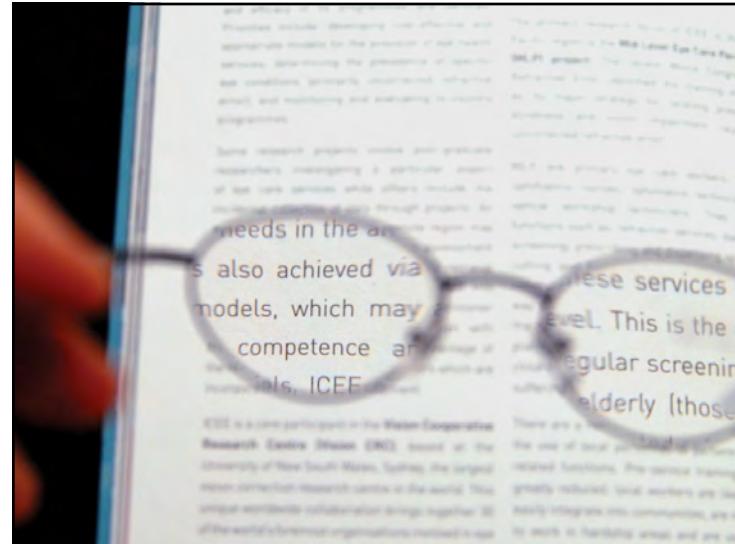
- VI 63%
- treatment coverage 83% [94% non-Indig]

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## the need



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## the need

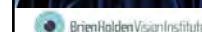
- Correcting refractive error is:
  - simple
  - effective
  - affordable
- NIEHS:<sup>2</sup> results suggest that Indigenous adults are **20 times more likely to be 'essentially blind'** from URE, than non-Indigenous Australians



2. Taylor HR, Keeffe JE, Arnold AJ, Dunn RA, Fox SS, Gough N, et al. National Indigenous Eye Health Survey, Minjung Barrang (Tracking Eyes). Melbourne, Australia: Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne, 2009.

## spectacle schemes

- fantastic that they exist ☺
- operated by states / territories
- significant variation
- not entirely accessible > “under-utilised”



# spectacle schemes

- significant variation

NSW	NSW Spectacles Program
VIC	Victorian Aboriginal Subsidised Spectacles Scheme
QLD	Medical Aids Subsidy Scheme
WA	Spectacle Subsidy Scheme
SA	Glasses SA
TAS	Statewide Spectacle & Intra Ocular Assistance Scheme
ACT	ACT Subsidised Spectacles Scheme
NT	NT Concession Scheme



# OA Principle

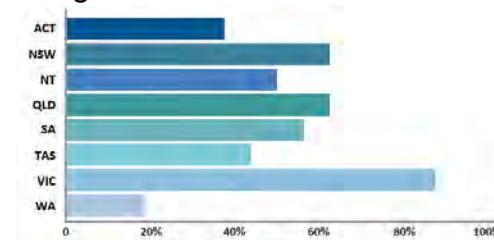


*Principles for a subsidised spectacle scheme for Aboriginal and Torres Strait Islander Australians [2013]:*

1. **Aligned** for national consistency
2. Enable better access for all **Aboriginal and Torres Strait Islander** Australians
3. Are implemented through an ongoing process of **consultation** with Aboriginal and Torres Strait Islander Communities
4. Address **financial barriers** to accessing clinically-required optical appliances
5. Minimise **practical barriers** to patient and provider participation
6. Are provided offering **choice** and within a **quality** framework

# spectacle schemes

- significant variation

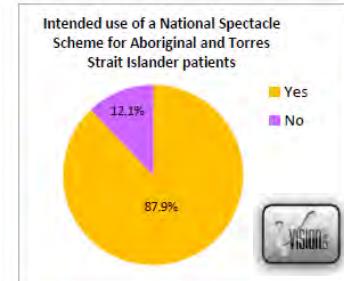
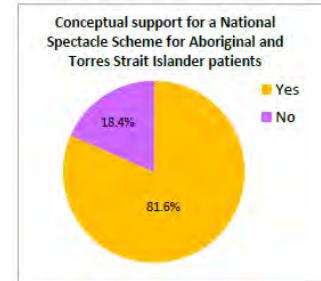


- Each scheme rated against 7 criteria: low cost, cost certainty, quality, cosmetic acceptability, timely supply, reliable supply, replacement.



# OA Principles

- Optometrist Survey [2012]



- Considerations: eligibility, administration, logistics, financial, adequacy / promotion of existing schemes

**Recommendation**

- **Financial support:** Establishing a single, 'National Indigenous Subsidized Spectacle Scheme' co-funded by the Australian and State/Territory Governments.
- **Knowledge sharing:** Supporting State and Territory Governments to establish their own individual and nationally-consistent Indigenous Spectacle Schemes through an inter-governmental partnership arrangement.
- **Joint advocacy:** Advocacy by NACCHO

**Option 1:** Establishing a single, 'National Indigenous Subsidized Spectacle Scheme' co-funded by the Australian and State/Territory Governments.

**Option 2:** Supporting State and Territory Governments to establish their own individual and nationally-consistent Indigenous Spectacle Schemes through an inter-governmental partnership arrangement.

Joint advocacy by NACCHO

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# OAcost Principles modelling

- **Costs:** simple (based on VASSS model) for 50% coverage rate over 3 years: **\$7,044,090.00**

- **Cost per QALY (Quality Adjusted Life Year) gain:** **\$1025 - \$1939:** compare with:

- "highly cost-effective" ~ \$20,000;<sup>1</sup>
- "cost-effective" ~\$62,000;<sup>2</sup>
- cataract surgery \$6,566.<sup>3</sup>



1. Laupacis A, F.D., Detsky AS, Tugwell P. How attractive does a new technology have to be to warrant adoption and utilization? Tentative guidelines for using clinical and economic evaluations. Canadian Medical Association Journal 1992. 146 (4): p. 473-81.

2. Shiroiwa T, S.Y.-K., Fukuda T, Lang H-C, Bae S-C, Tsutani K. International survey on willingness-to-pay (WTP) for one additional QALY gained: what is the threshold of cost effectiveness?. Health Economics, 2010. 19(4): p. 422-37.

3. Lansingh, V.C., Carter, M.J., Martens, M., Global costeffectiveness of cataract surgery. Ophthalmology 2007. 114: p. 1670-8.

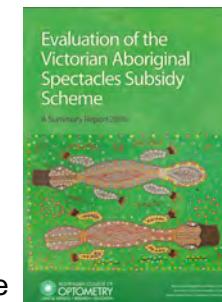
**clinical perspectives**

- Impact of accessible spectacles:
  - tangible & immediate
  - reliable service
  - attracts patients
- Key frustrations and issues:
  - administrative barriers
  - patients who are ineligible

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# when it works

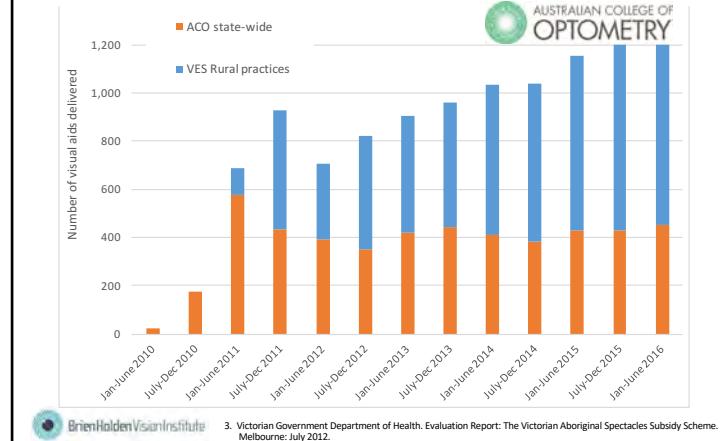
- Evidence from successful programs (VASSS) - when spectacles are:<sup>3</sup>
  - more affordable, and
  - accessible through ACCHOs
- This leads to:
  - ↑ use / collection of glasses
  - ↑ attendance for eye exams
  - ↑ reliability / trust in the service



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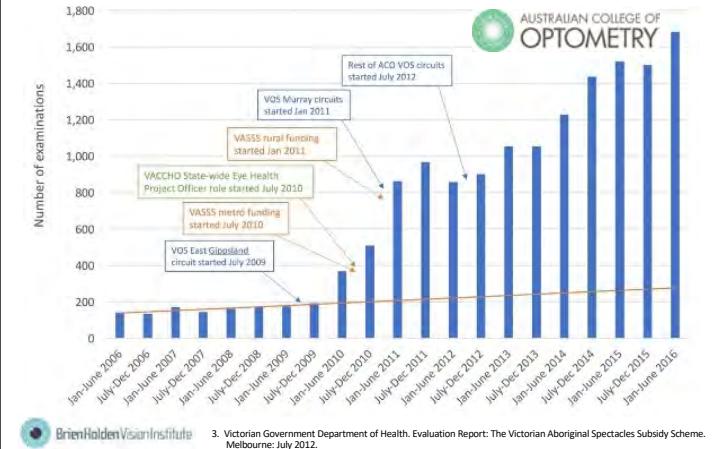
3. Victorian Government Department of Health. Evaluation Report: The Victorian Aboriginal Spectacles Subsidy Scheme. Melbourne: July 2012.

## when it works



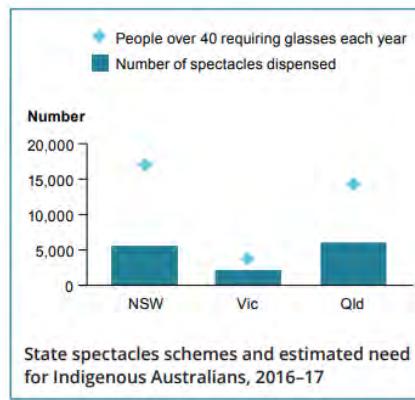
3. Victorian Government Department of Health. Evaluation Report: The Victorian Aboriginal Spectacles Subsidy Scheme. Melbourne: July 2012.

## when it works



3. Victorian Government Department of Health. Evaluation Report: The Victorian Aboriginal Spectacles Subsidy Scheme. Melbourne: July 2012.

## when it works



State spectacles schemes and estimated need for Indigenous Australians, 2016-17

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## current work

- Great news: **Aboriginal & Torres Strait Islander National Subsidised Spectacles Scheme Initiative**
  - 2 year, \$2M project (2018-2020)
  - led by Vision 2020 Australia
  - two aspects:
    - encourage states and territories to implement ongoing, **nationally consistent schemes** for the provision of subsidised spectacles;
    - allocate available funds to **increase short term access** to subsidised spectacles (~10,000).



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## current work

### • Great news: *Aboriginal & Torres Strait Islander National Subsidised Spectacles Scheme Initiative*

- Project Officer contacts:

- **Janine Sherrard** | Program Manager
- **Lisa Penrose** | Project Officer



- Steering Group:

- FHF – Shaun Tatipata
- IEH – Mitchell Anjou
- OA – Skye Cappuccio
- **Vision 2020 Australia** – Judith Abbott & Danielle Williams

Janine Sherrard: [jsherrard@vision2020australia.org.au](mailto:jsherrard@vision2020australia.org.au)

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## stay focused

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.

- So achievable!

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Torres Strait Islander eye health and vision  
2019-2024

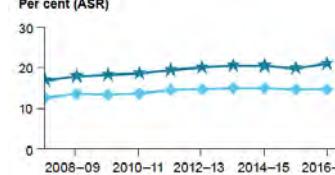


## stay focused

- Access to **Optometry** also required.

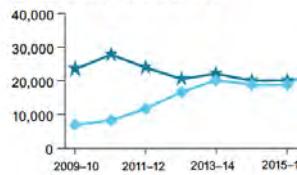
Indigenous Non-Indigenous

Per cent (ASR)



Indigenous Other

Number of occasions of service

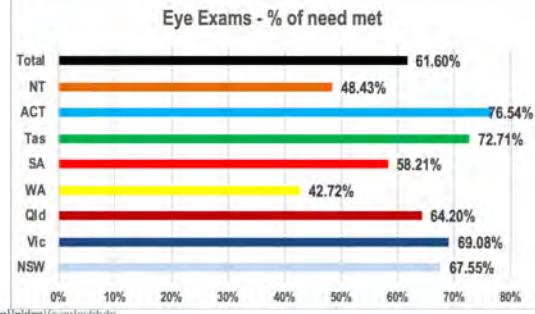


Proportion of the population that had had an eye examination in the preceding 12 months, 2005-06 to 2016-17

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# stay focused

- Access to **Optometry** also required.
- Guestimated eye exams shortfall: 50,000 (~37%)

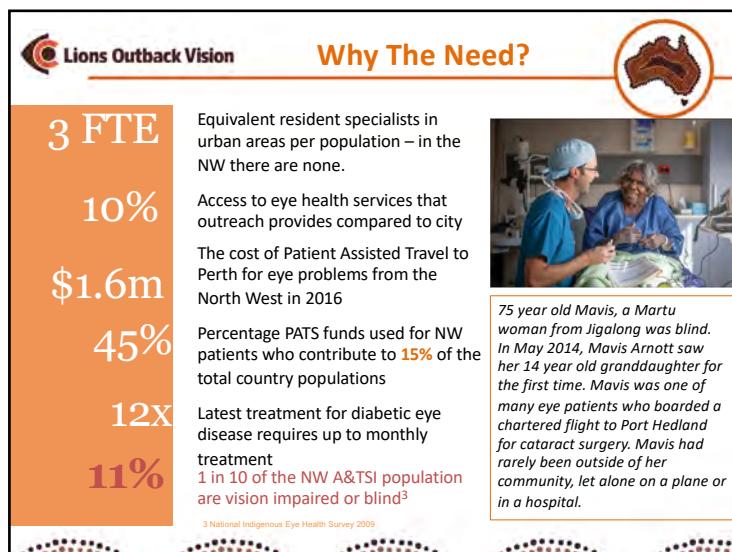
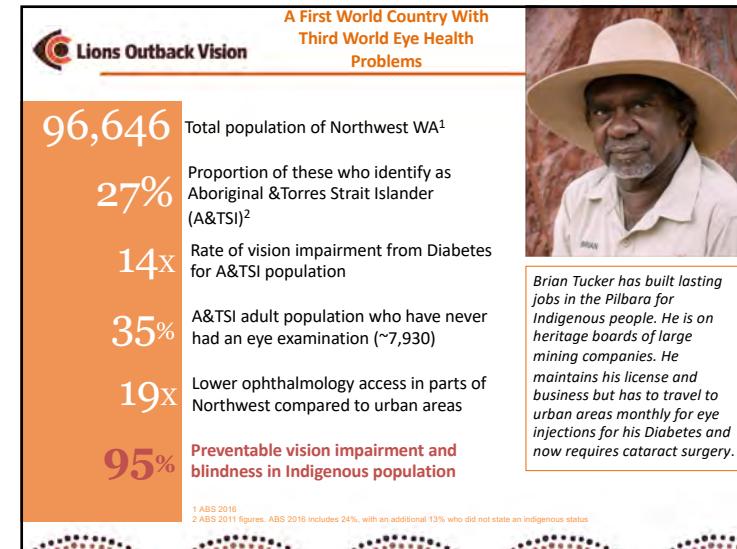


Questions?



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# Angus Turner



**Lions Outback Vision** **The Annual Outcomes**



Service	Total Days	Total Patients	Comments
Broome Hub	132	2250	Provided through the <b>Hub facility</b> closing the equity gap in accessing eye health services in the Kimberley and Pilbara regions of WA
Specialist Day Trips Spokes	168	2850	<b>Increased frequency and reach</b> due to Hub proximity, also allowing <b>more effective treatments</b> (injections vs. laser)
Intensive Surgical Trips	40	500	Provided monthly from the <b>Hub to Spokes</b> . Closes the Gap for A&SI eye health by 2020 with <b>reduced patient logistical burdens</b>
Telehealth	182	2000	Continues to <b>build on telehealth uptake</b> by providing <b>training</b> to local health workers and insourcing the administrative burden
Community Optometry	180	2500	<b>Upskill</b> the greater <b>Optometry</b> community, with synergies provided from screening and referrals, <b>earlier treatment</b> and <b>integrated patient files</b>
<b>Total</b>	<b>702</b>	<b>10100</b>	<b>Uplift of 3x</b> the current <b>consulting days</b> <b>Uplift of 3x</b> the current <b>surgeries</b>

**Lions Outback Vision** **At What Cost?**



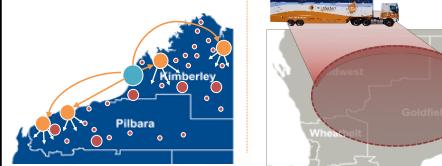
- **\$4.5 million** – Phase 1: Open the Clinic Doors by early 2020.
- **\$5 million** – Phase 2: Increase surgical capacity with a full new theatre build by 2021

➤ Already Pledged Funding:

- Land and current buildings (**\$5 million** from Wen Giving)
- Equipment (**\$1 million** donated new)
- Workforce (**\$1.8 million annually** from State govt at Executive level endorsement)



**Lions Outback Vision** **How it Will Work**



Establishing a hub in the NW delivers against all identified gaps...

- Increased access and **reduced distance** to patients allowing more effective treatment
- Increased **consulting and surgery days** and frequencies
- Increased integration with the local optometry and patient community

...and allows the Vision Van to refocus on the Mid-West, improving its effectiveness

- Reduced travel distance and improved roads allow
  - Improved frequency**
  - Lower costs**
  - Lower risk to equipment**
- Increased **reach** will be enabled to communities not previously touched

Additional benefits also exist...

- Increased regional coordination **reduces the burden on overloaded local centres**
- The hub will 'formalise' a specialist network, **improving outcomes across multiple disciplines** e.g., cardiology, ENT, dental, plastic surgery
- Reduced distances opens up **additional locations**
- A dedicated presence and continuity of staff will establish **regularity and familiarity** with the community which builds trust

