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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- 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

- To ensure we reach the finish line, we can't afford to take our foot off the accelerator

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trachoma</strong></td>
<td>Elimination of trachoma&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Cataract</strong></td>
<td>Sight restoration for ~4,000 Indigenous Australians with cataract each year</td>
</tr>
<tr>
<td><strong>Diabetic retinopathy</strong></td>
<td>Blindness prevention in ~23,000 Indigenous Australians with diabetic retinopathy each year</td>
</tr>
<tr>
<td><strong>Refractive error</strong></td>
<td>Sight enablement for ~42,500 Indigenous Australians each year by giving them glasses</td>
</tr>
</tbody>
</table>

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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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
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

<table>
<thead>
<tr>
<th>Year</th>
<th>Indigenous Australians</th>
<th>non-Indigenous Australians</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>6x</td>
<td>3x</td>
</tr>
<tr>
<td>2016</td>
<td>3x</td>
<td>1x</td>
</tr>
</tbody>
</table>

Trachoma

- The prevalence of trachoma in Indigenous children has gone from 21% (2008) to 4.6% (2015) after implementation of WHO’s SAFE Strategy

<table>
<thead>
<tr>
<th>Year</th>
<th>Prevalence of trachoma</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>21%</td>
</tr>
<tr>
<td>2015</td>
<td>4.6%</td>
</tr>
</tbody>
</table>

1. World Health Organisation
2. Strategy to eliminate trachoma encapsulated by the acronym “SAFE”: Surgery for advanced disease, Antibiotics to clear C. trachomatis infection, and Facial cleanliness and Environmental improvement to reduce transmission

... 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 2020

**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

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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.

**Progress in Indigenous Eye Health**

- **1980**: National Trachoma & Eye Health program; recommended ongoing specialist visits to rural areas.
- **1990**: The National Aboriginal Health Strategy recommended community control and participation, focus on public health, integration of primary & specialist programs.
- **2000**: National Aboriginal and Torres Strait Islander Eye Health (NATSIEH) Program set up to implement IEH Review recommendations by increasing workforce capacity & infrastructure, establishing REHC positions, and providing ophthalmic equipment.
- **2010**: The Roadmap to Close the Gap for Vision launched.
- **2011**: ATSIC was founded and decentralised decision-making & funding.

**Key Events**

- **2008**: National Aboriginal and Torres Strait Islander Eye Health Survey 2008.

**Notes**

1. Aboriginal and Torres Strait Islander Commission
2. Aboriginal Health Services
3. Regional Eye Health Coordinator
4. Aboriginal Community Controlled Health Services

**Source**

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 AIHW\(^1\) from 2016 (e.g., cataract surgery rate)
   - National Eye Health Survey 2016, performed by CERA\(^2\) and Vision 2020 Australia to report on prevalence of blindness and low vision in Indigenous and non-Indigenous Australians

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

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

<table>
<thead>
<tr>
<th>Development and implementation</th>
<th>Ongoing engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous communities</td>
<td>Hospital staff</td>
</tr>
<tr>
<td>Aboriginal Health Services (AMS(^1)) – Board, CEO, Managers, Aboriginal Healthcare Workers</td>
<td>Community health centres</td>
</tr>
<tr>
<td>Eye care service providers</td>
<td>Local Divisions of General Practice</td>
</tr>
<tr>
<td>NACCHO(^2), State ACCHOs(^3)</td>
<td>Medicare Locals</td>
</tr>
<tr>
<td>Regional eye health coordinators</td>
<td>Primary Health Networks</td>
</tr>
<tr>
<td>Visiting Ophthalmologists</td>
<td>NGOs(^4) – Fred Hollows Foundation, Brien Holden Vision Institute, Vision 2020 Australia</td>
</tr>
<tr>
<td>Visiting Optometrists</td>
<td>Commonwealth and State Governments</td>
</tr>
</tbody>
</table>

In the year to October 2016:
- 10 Ministerial meetings
- 50 government department meetings
- 480 stakeholder meetings
- 3 national forums


1, Aboriginal Medical Service
2, National Aboriginal Community Controlled Health Organisation
3, Aboriginal Community Controlled Health Organisations
4, Non-governmental organisation
…including leading peak bodies and philanthropic organisations

- and many State, regional and local service providers

- and several anonymous foundations and donors
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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
While progress has been made, the recommendations need to be fully implemented to close the remaining gaps

<table>
<thead>
<tr>
<th>Condition</th>
<th>What is at stake</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trachoma</td>
<td>Australia is the only high income country to still have trachoma</td>
<td>In 2015, of 233 communities identified to be at risk in 2008:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 169 are trachoma free</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 16 have a prevalence of 0-5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>However, 40 communities still have trachoma:</td>
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<tr>
<td></td>
<td></td>
<td>- 24 have a prevalence of 5 to 20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 16 have a prevalence &gt;20% (“hotspots”)</td>
</tr>
<tr>
<td>Cataract</td>
<td>While rates of developing cataract are the same, in 2008 the risk of blindness</td>
<td>The number of people with blindness from cataract has been reduced</td>
</tr>
<tr>
<td></td>
<td>was 12x that of the non-Indigenous population and the cataract surgery rate was</td>
<td>However, the 2016 National Eye Health Survey shows cataract remains the</td>
</tr>
<tr>
<td></td>
<td>7x less than the national rate</td>
<td>leading cause of blindness and surgery rates are still lower than for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>non-Indigenous Australians</td>
</tr>
<tr>
<td>Diabetic retinopathy</td>
<td>Diabetic retinopathy is an irreversible cause of blindness</td>
<td>MBS(^1) item 12325 will start to bridge this gap by providing funding</td>
</tr>
<tr>
<td></td>
<td>Yet, only 20% of Indigenous Australians with diabetes received screening in 2008</td>
<td>for local providers to perform eye examinations commencing November 2016</td>
</tr>
<tr>
<td></td>
<td></td>
<td>In addition, funding has been provided for screening equipment and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>training</td>
</tr>
<tr>
<td>Refractive error</td>
<td>Only 20% of Indigenous adults were wearing glasses for distance vision compared</td>
<td>VOS(^2) funding has increased and a national subsidised spectacle</td>
</tr>
<tr>
<td></td>
<td>to 56% of non-Indigenous adults (2008)</td>
<td>scheme is being investigated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The subsidised spectacle scheme in Victoria has provided over 7,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>spectacles since 2013</td>
</tr>
</tbody>
</table>

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

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**

<table>
<thead>
<tr>
<th>Year</th>
<th>Children aged 1-9 years</th>
<th>Children aged 5-9 years</th>
<th>Projected rate 5-9 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008</td>
<td>25%</td>
<td>20%</td>
<td>15%</td>
</tr>
<tr>
<td>2009</td>
<td>20%</td>
<td>15%</td>
<td>10%</td>
</tr>
<tr>
<td>2010</td>
<td>15%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td>2011</td>
<td>10%</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>2012</td>
<td>5%</td>
<td>0%</td>
<td></td>
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<tr>
<td>2013</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Trachoma program funding ran out in June 2013 and resolution of this funding was delayed until 2014.
- This correlated with a ‘bounce back’ in the prevalence rates of trachoma.

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.

SOURCE: National Trachoma Surveillance and Reporting Unit (NTSRU) reports 2008-2015
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~$20m in funding is needed each year for four years
~$10m is a continuation of current funding and ~$10m is a new commitment

$m, 2017

<table>
<thead>
<tr>
<th>Service</th>
<th>Continuation of current funding</th>
<th>Additional funding required</th>
<th>Total funding per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trachoma</td>
<td>5.0</td>
<td>0.8</td>
<td>5.8</td>
</tr>
<tr>
<td>National oversight</td>
<td>0.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical advice/support</td>
<td>0.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes equipment/training</td>
<td>1.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jurisdictional coordination</td>
<td>2.4</td>
<td>1.0</td>
<td>3.4</td>
</tr>
<tr>
<td>Regional coordination</td>
<td>6.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local coordination</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>19.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- $4.6m for screening and treatment
- $1.2m for health promotion
- AIHW\(^1\) Annual reports
  - To be reviewed by COAG\(^2\)
- Technical advice and support - IEH\(^3\)
  - Focus on activity to Close the Gap for Vision
- Provision of equipment and training in retinal photography to support MBS\(^4\) item 12325
- $2.2m RHOF\(^5\)/VOS\(^6\) program funding
  - $1.2m State fundholder (coordinating outreach services with the regions)
- Coordination within 31 Primary Health Networks
- Collection and monitoring of outcome data
- Local coordination and case management

SOURCE: Predicted funding based on estimates from Vision 2020 Australia and IEH, University of Melbourne

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 RHOF\(^1\) and VOS\(^2\)
- 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 RHOF\(^1\) and VOS\(^2\)
- 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 COAG\(^3\) of AIHW\(^4\) 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
\(^2\) Visiting Optometrists Scheme
\(^3\) Council of Australian Governments
\(^4\) Australian Institute of Health and Welfare

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

<table>
<thead>
<tr>
<th>Lesson</th>
<th>Implications for other Indigenous health settings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Template for integration</strong></td>
<td>The Roadmap provides a template for coordination and integration of health care for other conditions to meet population-based need including:</td>
</tr>
<tr>
<td></td>
<td>▪ Local planning and coordination of visiting specialists</td>
</tr>
<tr>
<td></td>
<td>▪ Integration of primary care and secondary specialist care</td>
</tr>
<tr>
<td><strong>Widespread collaboration</strong></td>
<td>The Roadmap exemplifies the importance of establishing widespread collaboration and support:</td>
</tr>
<tr>
<td></td>
<td>▪ &gt;80 local Indigenous communities and &gt;550 people involved in its development</td>
</tr>
<tr>
<td></td>
<td>▪ Sector collaboration with 8 peak bodies and NGOs¹/philanthropic organisations</td>
</tr>
<tr>
<td></td>
<td>▪ Federal and jurisdictional government, and regional support</td>
</tr>
<tr>
<td><strong>Monitoring &amp; reporting</strong></td>
<td>Monitoring and reporting of performance is pivotal to ensure progress is maintained throughout program roll-out:</td>
</tr>
<tr>
<td></td>
<td>▪ Critical importance of national reporting, in this case by the AIHW², and national oversight</td>
</tr>
<tr>
<td></td>
<td>▪ Transparency of progress, through publication of annual reports</td>
</tr>
</tbody>
</table>

¹ Non-governmental organisations  
² Australian Institute of Health and Welfare
Contact

Professor Hugh R Taylor AC
Indigenous Eye Health
Melbourne School of Population and Global Health
The University of Melbourne
Level 5, 207 Bouverie St Carlton, Victoria 3010
Phone: 03 8344 9320
Email: h.taylor@unimelb.edu.au
Website: www.iehu.unimelb.edu.au