

Close the Gap for Vision by 2020

Striving Together

National Conference 2018

Table of Contents

Acknowledgments	1
Indigenous Eye Health - <i>Minum Barreng</i>	1
Executive Summary	2
Introduction	4
1. Sector Panel Discussion: Close the Gap for Vision by 2020: <i>Striving Together</i>	6
2. Building on What Works: Examples of Emerging Initiatives and Successful Approaches	7
3. What Gets Measured Gets Done: Monitoring Eye Care Data	11
4. Overcoming Common Issues	13
5. Collaborating and Leveraging Partnerships	15
6. State and Territory Achievements and Plans	16
Conference Feedback	19
Social Media Engagement	20
2018 Leaky Pipe Awards	21
Trachoma Community Art Mural Display	22
Trade Displays, Suppliers and Sponsors	24

Appendices

A. List of Delegates	25
B. Conference Program	28
C. Acronyms	30



Acknowledgements

Indigenous Eye Health at The University of Melbourne acknowledges the Wurundjeri people, the traditional owners of the land on which this conference was held. We offer our respect to Elders, past and present, and acknowledge all individuals and organisations working in their communities to improve Indigenous eye health.

We would like to thank all attendees and speakers for contributing to and participating in the conference. Many organisations and communities from across Australia 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. All these organisations, and others, have supported the Roadmap to Close the Gap for Vision and this conference and are key to our collective success.

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



Indigenous Eye Health - *Minum Barreng*

Indigenous Eye Health (IEH) at The University of Melbourne was established in 2008 and is led by Melbourne Laureate Professor Hugh R. Taylor AC, internationally renowned ophthalmologist, and inaugural Harold Mitchell Chair of Indigenous Eye Health.

IEH aims to Close the Gap for Vision for Aboriginal and Torres Strait Islander people through world-leading research, policy formation, advocacy and implementation.

Research has established the state of Indigenous eye health in Australia and current service availability and explored barriers and enablers to the delivery of eye health services for Indigenous peoples. The evidence gathered guided the development of a comprehensive policy framework, The Roadmap to Close the Gap for Vision (2012) that recommends whole-of-system reform and is supported by the Indigenous and mainstream health sectors and government. The Roadmap is being progressively implemented and the sector adopted a Close the Gap for Vision target of 2020 in 2017.

IEH is currently actively engaged across Australia on national, jurisdictional, regional and community levels and provides advocacy and technical support to those working to Close the Gap for Vision.

The work of IEH is generously supported by a number of private donors, philanthropic trusts, and the Australian Government Department of Health.

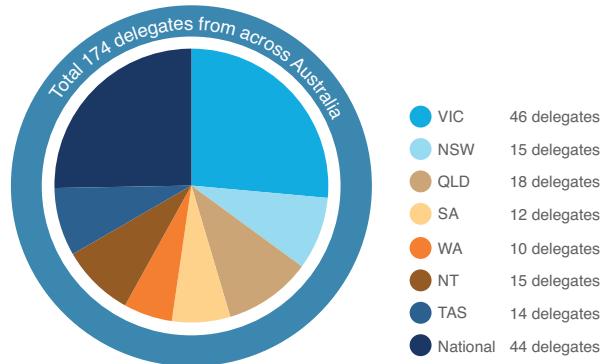
Executive Summary

The Close the Gap for Vision by 2020 National Conference 2018 was held in Melbourne on 15 and 16 March 2018 at the Arts Centre Melbourne. This is the second national conference held by Indigenous Eye Health at The University of Melbourne to support efforts to close the gap for vision by 2020.

The 2018 conference theme '*striving together*' provided a framework which enabled delegates to come together to showcase, celebrate and share successes and achievements and also to work together to identify the challenges and solutions in order to close the gap for vision by 2020.

More than 170 delegates, including 43 speakers, attended the conference from all state and territories with representation from community, local and regional services, state organisations, national peak agencies and government.

Conference attendance was significantly boosted from 2017 and reflects the growing interest in '*striving together*' and the many regions across Australia that are engaged (now over 40 regions, covering over 60% of the Indigenous population) in activities to close the gap for vision by 2020.



"It is inspiring to see a wide range of organisations working towards this important common goal guided by The Roadmap to Close the Gap for Vision. This conference shows the progress that can be achieved when you work together" - Hon Greg Hunt MP, Minister for Health

16 of the 42 recommendations within the Roadmap are fully implemented and there is increasing activity on the remaining 26. The National Eye Health Survey 2016 shows the gap for blindness between Indigenous and non-Indigenous Australians halved from six times in 2008 to three times and trachoma rates in endemic areas fell from over 20% (2008) to less than 5% in 2016.

"This purposeful collaboration of health service providers and integration of all the steps on the patient's pathway has worked to reduce blindness among Aboriginal and Torres Strait Islander peoples" - Professor Marcia Langton, University of Melbourne.

Across the country, local, regional and jurisdictional efforts provide examples of people and organisations working together to close the gap for vision. Initiatives and successes from many organisations were shared. Long standing collectives were continuing to develop their systems of operation and newer groups were finding success advancing locally determined priorities. Health promotion, delivery innovations and whole-of-system initiatives were improving outcomes. The approaches, successes and resources are largely adaptable and available for others to use.

Powerful Aboriginal leadership and community involvement was evident at the conference through key note presentations and participation in conference activities. Aboriginal and Torres Strait Islander community leadership, involvement and determination in eye care were considered critical as we progress efforts to 2020.

"We can close the gap for vision by 2020 with Aboriginal led responses, if approaches are embedded properly in the Aboriginal Community Controlled sector and the solutions adopted are sustainable" - Dr Dawn Casey, NACCHO

Timely access to consistent and reliable data was identified as a key challenge for efforts to close the gap for vision. Presentations illustrated importance of national, jurisdictional, regional and local data and for these systems to be consistent and integrated. Close the gap for vision initiatives are based in primary care and the importance of developing solutions through the Aboriginal community-controlled health sector was highlighted. Important themes also included finding efficiencies, adequate resourcing and building towards sustainable system reforms.

Delegates provided input to a number of other issues that remains as challenges for the sector to solve, including cultural safety in eye care and in all health care, sustaining regional achievements, improvement of subsidised spectacle schemes and treatment options for diabetic retinopathy.

The meeting provided further evidence of the importance and criticality of collaboration and working together - efforts and achievements are empowered and enhanced when the collective pursues a commonly agreed goal.

The inaugural Leaky Pipe Awards 2018 were announced at the conference dinner. The awards recognise achievements and contributions to progress activities to close the gap for vision and were presented to Faye Clarke from Victoria for Community Leadership, Angus Turner from Western Australia for Service Delivery, the Great South Coast Eye Health Project, Victoria for Regional Engagement and Colina Waddell in NSW as the Unsung Hero.

The evaluation feedback regarding the conference was overwhelmingly positive, with delegates reporting they had opportunity to learn, appreciated the diversity of speakers, especially the strong Aboriginal voices, and made some very useful connections. Delegates confirmed that opportunities like the conference were very important and valuable in order to maintain the momentum, support and focus towards 2020 and to close the gap for vision.

"This is very encouraging improvement, but more needs to be done. With ongoing work from all stakeholders, we are determined to close the gap for Indigenous vision by 2020" - Professor Hugh Taylor, Indigenous Eye Health

The 2019 Close the Gap for Vision by 2020 National Conference is planned for March 2019.

Introduction

The National Eye Health Survey 2008 established rates of blindness and vision impairment in between Indigenous and other Australians. The findings from this survey drove over two years of consultations which resulted in the development of The Roadmap to Close the Gap for Vision (2012) which is a sector-endorsed, evidence-based, whole-of-system policy framework with 42 recommendations to reduce the eye health inequity between Indigenous and non-Indigenous Australians.

To November 2017, the following progress has been reported:

- 16 of the 42 Roadmap recommendations are fully implemented and work has started on the remaining 26. Over 67% of the intermediate activities are completed
- Many regions, now over 40, across Australia are engaged in Roadmap activities, covering over 60% of the Indigenous population. Jurisdictional eye health committees are operating in 5 of 7 jurisdictions
- National Eye Health Survey 2016 shows the gap between Indigenous and non-Indigenous Australians rates of blindness halved from six times in 2008 to three times
- Trachoma rates in endemic areas fell from over 20% (2008) to less than 5% in 2016
- AIHW Indigenous Eye Health Measures 2016 report was released in 2017 and a 2018 update is to be released soon online with additional and updated information
- A sector funding proposal, through Vision 2020 Australia, submitted in 2017 received a Ministerial response including a sector roundtable in December 2017. Minister Wyatt is encouraging the sector to work together and with fundholders on how best to use the finite resources that are available. This remains an important piece of work for 2018

The progress to date has been remarkable and a very positive story to tell – but the work is not done, equity has not been achieved, coverage of service improvements needs to embrace all jurisdictions and regions – so our collective efforts need to be to strive together and continue the work.

A two-day national conference for those involved in Close the Gap for Vision was held in March 2018. This is the second national conference to close the gap for vision by 2020. Those working in Indigenous health and eye care could come together to share stories, successes and lessons from their work and discuss the challenges and solutions for next steps to close the gap for vision by 2020.

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

Participants

One hundred and seventy four (174) delegates from all states and territories of Australia attended the conference, including community members, local and regional services and representatives from national peak organisations, federal and state governments and NGOs (Appendix A).

Conference Opening

Indigenous Eye Health is grateful of Aunty Jo Wandin, Wurundjeri Elder, who sent her apologies and wished the two-day conference every success.

Levi Lovett from VACCHO provided an Acknowledgement of Country at the opening of the conference.

Kiernan Ironfield, a Darung man, provided inspirational welcome remarks and yidaki performance which helped create a wonderful start to the conference.



Professor Marcia Langton, Foundation Chair of Australian Indigenous Studies, University of Melbourne addressed the conference by acknowledging the efforts of the eye sector as ‘an example of extraordinary progress’ that is ‘backed by good science and a policy framework (Roadmap) and is being implemented in over 40 regions’.

“This purposeful collaboration of health service providers and integration of all the steps on the patient’s pathway has worked to reduce blindness among Aboriginal and Torres Strait Islander peoples” - Marcia Langton

Marcia concluded that with this systematic approach, that the gap in eye health could be closed by 2020.



Romlie Mokak @RMokak · Mar 15

. @marcialangton contrasts Mulan Shared Resp Agreement in 05 with #CTGV2018 “proven evidence based approaches succeed; ill thought out experiments fail”. @Lowitjalnstitut #closethegap



The Hon Greg Hunt MP, Minister for Health opened the conference.

“We are making the commitment today to work to achieve the end of avoidable Indigenous blindness, on our watch” - Minister Hunt

Minister Hunt noted the commitment, very good work and progress made to close the gap for vision. ‘While blindness rates have been halved, Indigenous blindness is still three times greater than for other Australians. This shows progress and also illustrates the challenge. The task now is to keep pushing forward’.



Murray PHN @MurrayPHN · Mar 15

.@GregHuntMP is pictured giving the opening address as the key note speaker at today's Vision 2020 conference - giving his commitment to end avoidable blindness for Indigenous people on his watch #CTGV2018 #ClosetheGap

The Minister announced the investment of \$6m for the Central Australia Academic Health Science Centre based in Alice Springs where ear and eye health will be considered as a research area. He also announced that Indigenous Eye and Ear Health will be one of the national missions under the Medical Research Future Funds (MRFF), but plans were yet to be developed.

The Minister made particular mention of the inequity of screening rates for diabetic retinopathy and cataract surgery waiting times and a need to focus on trachoma hotspots. These outcomes were considered not acceptable and the Australian Government continues to invest in solutions in these areas. The Minister invited consideration and planning of the next steps to end avoidable blindness.

1. Sector Panel Discussion: Close the Gap for Vision by 2020 – ‘Striving together’

The session was facilitated by **Professor Hugh Taylor**, from Indigenous Eye Health, and perspectives were provided from national peak, partner organisations on progress and what is needed ahead to Close the Gap for Vision by 2020.

Caroline Edwards, Department of Health
Dr Dawn Casey, NACCHO
Lyn Brodie, Optometry Australia
Carla Northam, Vision 2020 Australia
Guy Gillor, RANZCO



Caroline Edwards Deputy Secretary of the Australian Department of Health opened this session by providing the Department’s perspective on sustaining progress in eye health for Aboriginal and Torres Strait Islander peoples. Caroline suggests there are still gaps in data “better data, better delivery is our mantra”.



Optometry Australia @OptometryAus · Mar 15

Caroline Edwards, Dep. Secretary of Health Systems Policy & Primary Care Group, reiterates [@healthgovau](#) commitment to supporting nationally consistent subsidised spectacle schemes in each state & territory - a key priority in addressing avoidable vision impairment #CTGV2018

Dr Dawn Casey Chief Operating Officer and Deputy Chief Executive Officer from NACCHO stressed the need for community led eye care. Cultural safety is a key to success in delivering health outcomes for Aboriginal and Torres Strait Islander peoples and it is cost effective as well. “[We must improve our strategies to ensure that Aboriginal people are centre stage in developing and leading solutions. ACCHSs provide value for money](#)”.



Aboriginal Health @NACCHOAustralia · Mar 15

Dr Dawn Casey is the Chief Operating Officer of [@NACCHOAustralia](#) Today she is providing a perspective on Community Lead eye care and the key role that ACCHOs play in meeting the primary health needs of [#indigenous](#) people #CTGV2018 #ClosetheGap



Key points:

- Closing the gap for vision by 2020 goal is possible if its embedded properly so its sustainable. We need to deliver on simple solutions
- Access parity is required in spectacles for Indigenous and non-Indigenous Australians with affordable glasses and nationally consistent guidelines
- It is important to ensure that the Visiting Optometrists Scheme remains viable and sustainable and that VOS guidelines are consistently applied
- ACHHOs should ensure eye checks are undertaken within the MBS 715 health assessment
- Data is still fragmented. We need to move rapidly to get data, share it and progress from it
- Need for workforce development to address the disease burden rather than the budget envelope. The sector should work to reduce the burden on Aboriginal Health Workers and Practitioners through better systems and education
- Eye sector needs to advocate effectively. We need to strive together and improve our communication within the sector and more broadly with Aboriginal and Torres Strait Islander communities

2. Building on What Works: Emerging Initiatives and Successful Approaches

A number of outstanding examples of emerging initiatives and successful approaches in eye care from grassroots to a national level were presented. Some of the key points from the table top presentations are listed below:

Success Story 1:

Environmental Health & the SAFE Bathrooms Check

*Matthew Lester, WA Health & Chicky Clements.
Nirrumbuk, WA*

The presenters gave an overview of the WA SAFE bathroom project:

- The project followed after a study “Fixing Houses for Better Health” in Beagle Bay 2010 which found that most house repairs needed were minor and could be completed by someone with certificate level training. This resulted in a legislation change in WA which allowed certificate 2 trained Environmental Health Officers to do minor household maintenance.
- Environmental Health Officers work for local councils or health services and are based in remote communities in WA
- The benefits of the local Environmental Health staff include
 - They are local people who are respected and trusted in their communities
 - They are welcomed into houses and can break down language and cultural barriers
 - Community members report house problems directly to EHOs
 - Saves the cost and time of having a tradie come from Kalgoorlie, Perth or Alice Springs

Success Story 2:

Trachoma and the NT Department of Education

Emma Stanford, Indigenous Eye Health, University of Melbourne, VIC

This presentation focussed on the NT Department of Education project ‘Clean Faces, Strong Eyes’. It is a joint project between CDC, IEH and NT Department of Education. The aim is to raise awareness of good hygiene to assist with the elimination of trachoma. Improvements in hygiene will also address other health issues. The project focuses on the F (facial cleanliness) and E (environmental improvements) of the SAFE strategy and for service providers the message has become ‘Clean Faces, Safe Bathrooms’.

The F component focuses on schools having a hygiene routine and the promotion of trachoma health promotion messages to students and staff. The E component focuses on schools having adequate hygiene infrastructure. The Department is funding 9 schools to improve hygiene infrastructure. A trachoma continuum has been developed for schools to assess their progress in meeting the SAFE strategy.

Success Story 4:

Churchill Fellowship: Integrated models in primary care to improve Indigenous eye health- Canada and USA

Lisa Penrose, IUIH, QLD

This presentation highlighted the integration of diabetes (including eye care) in Canada. Eye screening is integrated into diabetes screening and telehealth is supported for triaging and medicines. In Edmonton 200 sites supported telehealth assessment and treatment processes and only those who needed it were referred to the ophthalmologist. In the remote communities of Yellowknife, tele-ophthalmology was also being used successfully. It was suggested that increased international collaboration would support the improvement of eye care services.

Success Story 3:

Feltman with Eyes Health Promotion Resource

Colin Mitchell, Diabetes Victoria, VIC

Colin presented on using Feltman in diabetes education. Feltman is a visualisation of the body that includes attachments to help explain how diabetes impacts the body. The resource helps to bridge the barriers of low health literacy and language. New updates to the resources include:

- Feltman now features eyes to help educate on diabetic retinopathy
- There is a pregnant female version to help with educate on gestational diabetes

The resources include a booklet with the key messages.

Success Story 5: **Supporting and delivering eye health equipment and training in Indigenous health services**

Christina Ly, Brien Holden Vision Institute, NSW

The Provision of Eye Health Equipment and Training project, funded by the Australian Government Department of Health, aims to increase uptake of the Medicare item numbers 12325 and 12326 for non-mydriatic retinal photography for people with diabetes. Working in a consortium of five organisations, the project involves delivery and training on the use of 105 non-mydriatic retinal cameras in primary health care services across Australia from April 2017 to June 2019. Training consists of two courses on Retinal Camera Training for Primary Health Care Workers and Diabetic Retinopathy Assessment for GPs.

To date, 152 primary health care workers across 29 sites have received training. Evaluation of 2017 data showed an overwhelmingly positive response to the training. Work will continue with the health services to ensure successful implementation of the retinal cameras into their workflow.

Success Story 7: **The IDEAS Van: Don't be blinded by diabetes**

Lyndall DeMarco and Rowen Porter, IDEAS Van and Inala Indigenous Health, QLD

IDEAS Van is an ophthalmic mobile centre (\$2 million worth of equipment). The Van is only part of the picture – how people get to the Van is equally important.

Distributed cameras across Qld with QAIHC

- Included training program and help centre
- 5-6 people trained per centre
- Full time coach working in call centre to provide support to those trained
- Images sent to ophthalmologist in Sydney who grades and provides the GP and AMS with results
- For patients who need treatment these are seen on the IDEAS Van
- Eye checks are conducted at the AMS and sent to ophthalmologist with full patient details
- Coach also works with centres (AMS) to get diabetes patients screened (eg recall and reminders)

The IDEAS Van enables a hub and spoke model located outside AMS:

- Injections every 1-2 months for DR, Van has 3 rooms, 2 for injections and 1 for diagnosis
- Prefer to engage local providers if possible
- Have screened 5,500 people
- All bulk billed
- Service also includes weekly telehealth with an endocrinologist for diabetes management

Success Story 6: **Using regional collaboration to support patient coordination**

Tony Coburn, CheckUp, QLD

As part of the statewide Indigenous Eye Health coordination project CheckUp undertook a mapping exercise in the SW Qld region to identify any service gaps. After the initial mapping with the support of the 2 ACCHS in the region, CheckUp pulled together the key stakeholders - including ACCHS representatives, visiting Optometrist, visiting Ophthalmology service, PHN, CheckUp staff and the local HHS. With the support of IEH, University of Melbourne, the initial gathering:

- Identified service data targets (using the IEH calculator)
- Mapped the local patient pathway with everyone around the table

Key outcomes focused on the need for the AMS to be provided with information on patient care outcomes at every step in the journey, from initial examination through to hospital discharge after treatment. Issues such as high rates of non-attendance and poor follow-up care could not be attended to by the AMS staff if this communication loop was not closed. Subsequent meetings have indicated a much clearer understanding and process in place to improve the coordination of services.

Success Story 8: **Success stories from WNSW Regional Group**

Jane Hager, NSW Rural Doctors Network, NSW

The WNSW Regional group was established May 26th 2014 and is facilitated by the Regional Implementation Officer (NSWRDN). Many organisations and stakeholders involved in the partnership.

Achievements to date include:

- Dubbo Public Eye Clinic – with equipment
- Annual Primary Care Eye Health Training
- Public Retinal Surgery
- Transport Map Resource
- Data Collection and sharing

Priorities for 2018 include:

- Data leading to local planning recommendations
- Integration of eye health into primary care and chronic care
- Improve transport services
- Increase access to public ophthalmology
- Improving access to Vision Australia Spectacle Program
- CQI – facilitate improvement

Success Story 9:

VASSS: Supporting access to affordable spectacles and uptake of eye examinations

Neville Turner, Australian College of Optometry, VIC

Outline of VASSS (Victorian Aboriginal Spectacles Subsidy Scheme)

- Fixed and known price for visual aids
- Range of frames approved by Elders
- Available to all Aboriginal and Torres Strait Islanders
- Based on access to Victorian Eyecare Services, with reduced patient contribution to \$10

The presenter also provided an overview of the history of the VASSS, which now distributes on average 171 pairs of spectacles per month. Access includes through ACO fixed clinics; outreach to metro AMSs; through rural private practices and through VOS visits (ACO and others). Evaluations have been undertaken in 2012 and 2016 with positive outcomes. Future challenges include securing ongoing funding, maintaining the low cost and updating frames with community input.

Success Story 11:

VOS expansion and focus to Indigenous eye care

Gary Crerie, Optometry Australia, WA

- Delivery models vary in each state
- Issues with short term contracts make it hard for continuity of practitioner (and care)
- Long term issue in NT impacts on ability to lock in bookings for next 6 months
- Access to records an issue – different system to Department of Health and private practitioners. Creates difficulties for communication between providers and for getting feedback into AMS
- There is a need for local/regional coordinators to support administration
- Optometry is a much lower cost to run circuits (than ophthalmology) and optometrist doing VOS almost always bulk bill
- Need consistent, quality glasses at known cost with a national uniform specs program or at least have consistent guidelines/model between jurisdictions

Success Story 13:

'Check Today, See Tomorrow' Diabetes Eye Care health promotion and DR screening in primary care

Rosamond Gilden, Indigenous Eye Health, University of Melbourne, VIC

- Check Today, See Tomorrow resources were developed (with community) to promote key messages on diabetes eye care
- The MBS Items 715/12325 Eye Check Card, which includes eye charts to assess near and distance vision, were used to demonstrate how GPs and other health professionals can participate in vision screening at a primary care level

Success Story 10:

Murray PHN and MBS Item 715 Health Assessment uptake

Anna Feiss, Murray PHN, VIC

The Murray PHN have multiple strategies for increasing 715 uptake.

- Includes "ask the question project"
 - Target practices and give data on figures for Aboriginal people/patients for MBS items 715 and follow on items
 - Training for practices on how to ask the question and ways to answer questions from patients
 - Training on how to flag patients for GP to follow up and provide list to GP of the different items that can be claimed
 - List re MBS claims and gap in potential income
- When practices refer to Integrated Team Care (ITC) program they must include a copy of 715 Health Assessment
- MPH have Indigenous Advisory Council and Aboriginal people on both their Clinical and Community Councils
- Focus on trying to bring GPs and ACCHOs together as there is cohort that don't access AMS
- The RWAV supported eye health pathways (and other HealthPathways) have flag for Aboriginal pages
- Provide practices with templates for all 3 MBS 715 health assessments
- MPH also working with ACCHOs on data sharing

Success Story 12:

Hospitals supporting Indigenous eye care and cataract surgery outcomes

Renee Chmielewski and Robyn Bradley, Royal Victorian Eye and Ear Hospital, VIC

The RVEEH is a state-wide specialist hospital:

- Committed to cultural safety for clients, family and staff
- St Vincent's Aboriginal Liaison Team provide RVEEH team with mentoring role
- RVEEH Primary Care and Population Health Committee oversees Aboriginal health
- 2017 the RVEEH committed to wait time reduction for Aboriginal patients
- Patients are now seen within 30 days, procedure within 30-90 days
- Were unable to triage as Category 1 (which was initial plan) but have developed a policy to see within 30-90 days (as soon as possible)
- RVEEH can prioritise Aboriginal patients – flag and prioritise
- Work continuing to ensure patients are identified within the service (includes staff training)
- Setting up ophthalmology clinic within Victorian Aboriginal Health Service (VAHS) with 2 ophthalmologists sessions per month from the RVEEH with an evaluation next year
- This VAHS clinic in future will see patients prior to admission to RVEEH
- RVEEH ensures discharge summary goes back to referrer

Success Story 14:

History and Successes of the Victorian State Committee *Levi Lovett, Victorian Aboriginal Community Controlled Health Organisation, VIC*

- The Victorian state committee for Indigenous eye health began meeting in 2010. It was originally part of Victorian Advisory Council for Koori Health, the group was then carried by the Victorian Department of Health and is now chaired by Victorian Aboriginal Community Controlled Health Organisation
- The group comprises representatives from over 10 organisations involved in Indigenous eye care and meets 4 times per year
- The committee has had successes in supporting and maintaining a state-wide project officer for Indigenous eye health at VACCHO, the successful Victorian Aboriginal Subsidised Spectacles Scheme, initiating an Aboriginal Health Liaison Officer position at RVEEH and some regional implementation activity
- The real success is breaking down the silos of information and activity with various eye care groups through regular meeting and exchange. While there has been improvement in the way agencies and operators work together, we still have not achieved the goal of a seamless interlocked system or the processes and infrastructure to support this

Success Story 15:

Coordinating Regional Eye Care Activity through the Fundholder and Statewide Committee *Claire O'Neill, NSW Rural Doctors Network, NSW*

- The NSW Rural Doctors Network is the Australian Government Department of Health outreach fundholder in NSW and established a state-wide committee for Aboriginal eye health in 2016
- The group comprises representatives from over 13 organisations involved in Indigenous eye care and meets two times per year
- RDN has approached outreach planning and coordination through regional partnerships and has now established 15 groups across the state that generally comprise Aboriginal Community Controlled Health Services, eye care service providers, Local Health Districts and Primary Health Networks
- At a regional level, local needs can be identified, as can access and barriers to existing services. Equity of access to public cataract surgery and bulk-billing ophthalmology consultations have been identified as key issues

Success Story 16:

Telemedicine's success in Progressing Eye Care Outcomes *Associate Professor Angus Turner, Lions Outback Vision, WA*

- Lions Outback Vision in Western Australia supports a model of telehealth that has achieved great savings of time and money for patients and the health system
- The use of telehealth, teleophthalmology, involves video-conferencing from a remote location to the eye specialist in Perth without the patient leaving their home town
- The teleophthalmology consultation can save the need for face to face visit between the patient and ophthalmologist, as clinical decisions regarding surgery and consent for surgery can be established through the teleophthalmology consultation

Success Story 17:

Melbourne Football Club Supporting Trachoma Elimination *Aliesha Newman, Ashleigh Guest, Neville Jetta and Frances Lockhart, Melbourne Football Club, VIC*

- Melbourne Football Club has been involved in trachoma elimination programs particularly in Central Australia for 8 years, through its partnership with the IEH:
 - Supporting messages getting to remote communities through Community Service Announcements (video, radio and print ads)
 - Players visiting remote communities each year, supporting messages of "Clean Faces, Strong Eyes"
 - Using footballers role model as to influence and encourage kids to understand importance of good eye sight

Conference Opening Day 2

Dr Jackie Huggins is the Co-Chair of the National Congress of Australia's First Peoples.

"We have the solutions, 65,000 years...we understand what works and what doesn't"

Dr Huggins presented an update and overview of the Close the Gap Refresh initiative and the importance and continuing commitment to the Uluru Statement.

Dr Huggins encouraged the meeting to harness the expertise and knowledge of community. She reminded the audience that solutions take time and must be achieved with proper consultation and an appropriate respect for diversity.

Dr Huggins stressed the importance of self-determination and the proper and secure funding and resourcing of community organisations. She concluded that funding mainstream services will not close the gap.



Galina Laurie @GalinaLaurie · Mar 16

#ctgv2018 - about to hear one of my heroes, Dr Jackie Huggins talk about closing the gap refresh - excited!



RANZCO @RANZCOeyedoc · Mar 16

Day two of the #CTGV2018 Conference, Keynote speaker Dr Jackie Huggins from the National Congress of Australia's First Peoples opened with a message of achieving self determination and that decision makers should "do things with us not to us". #redfernstatement #closethegap

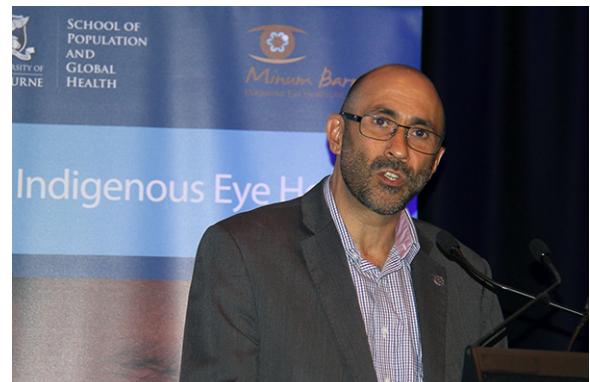
3. What Gets Measured Gets Done: Monitoring Eye Care Data

Ian Hamm, CEO Victorian Aboriginal and Community Controlled Health Organisation, presented on the importance of data and VACCHO advocated self-determination.

Ian asked the question - "how do we build up the eye health picture and improve the quality of data?" And suggested we need to engage not just consult.

There are many data gaps including optometry private practices and ophthalmology public hospitals.

Community knowledge and opinions are important and the lived experience should be backed up by the data.



Vision2020Australia @Vision2020Aus · Mar 16

Ian Hamm @VACCHO_CEO says transparency in data collection is key. Talk about why you want info/data & what you'll do with it. #CTGV2018

Ian concluded with "we want better eye health than everyone else, not just to close the gap".

National Picture for Indigenous Eye Care
Professor Hugh Taylor, Indigenous Eye Health, VIC

Professor Taylor's presentation was based on the Australian Institute of Health and Welfare (AIHW) perspective on national data.

AIHW Indigenous eye health measures report 2016 was released in May 2017. AIHW is currently developing an online data update to be released in before mid-year 2018.

These reports show that fixing Indigenous eye health is:

- clearly feasible
- evidence based
- cost effective

Good national data are critical for monitoring national progress and are needed beyond 2019. Regional data monitoring is an essential step in the regional model. The next national eye health survey is needed for 2020-21.

Indigenous Eye Care Data from a Fundholder Perspective

Ms Karen Hale- Robertson, Check UP, QLD

Check UP uses a regional outreach structure to identify and tailor local solutions to address challenges and opportunities in the coordination of outreach health services.

Check UP undertakes gap analysis using the Indigenous Eye Health Calculator to establish a standardised measure for identifying and prioritizing optimal service levels required to close the gap in eye health care.

Community service mapping is then to systematically and comprehensively map existing eye health services/ programs in a location and describe gaps in optimal coordination and delivery of the service. Check UP's Outreach Management System (OMS) performs service performance monitoring and control and provides a consistent approach to contracting and management of outreach health providers. They also use an online Outreach Diary to share eye health service information.

The CABIEHS Regional Data Story: Illustrating the Process and Outcomes of Regional Data Collection

Ms Lola Susuico, Central Australia and Barkly Integrated Eye Health Strategy (CABIEHS) with the Fred Hollows Foundation, NT

CABIEHS sought to address a lack of sharing of routine data collected by Clinic, Hospitals, Visiting Optometrists and Outreach Eye Health teams.

The absence of collated aggregated data limited the ability of CABIEHS to assess trends in eye health status and service delivery in Central Australia and Barkly Regions.

After a concerted effort the DIS Working Groups have established a process to capture routine data that feeds into the Regional minimum data set and have developed time series data covering 2015 – 17 for both regions. This data will be published in an appropriate form to aid CABIEHS service improvement and advocacy efforts.

Importance of Regional Data to Support Delivery of Services and Care

Anne-Marie Banfield, Winda-Mara Aboriginal Corporation, VIC

Effective, clean and reliable data collection is time consuming and the value of data is often misunderstood. However, effective and timely data collection ensures that we remain on track into the future and will help us to establish new goals moving forward.

Quality data does not only drive funding decisions and opportunities it also helps to identify:

- Service gaps
- Training needs
- Health promotion opportunities
- Referral and service outcomes
- Community needs Community participation in services

Quality Data allows us to strengthen our client-centred care. Client-centred care is focused and organised around the health needs and expectations of people and communities, rather than on diseases.

The Great South Coast regional eye health project worked on collecting quality, clear and concise data to help improve the eye health outcomes for the local Koori community.

Surveillance Data to Support Trachoma Elimination

Professor John Kaldor, Kirby Institute, The University of NSW, NSW

Global elimination of trachoma (GET) by 2020 is based on the SAFE strategy. Elimination requires the following:

- Trachoma prevalence under 5% in 1-9 year-olds
- Trichiasis prevalence under 0.1%
- Environmental factors sustainably addressed

Trachoma control in Australia was funded in 2006 and applies a national approach based on Communicable Diseases Network Australia (CDNA) guidelines. We have a commitment to GET 2020 and implementation occurs at a jurisdictional level through the community-controlled and government sectors with support from multiple NGOs.

Data is key to that control process to plan, evaluate, advocate.

4. Overcoming Common Issues

Richard Frankland, Head of Wilin Centre For Indigenous Arts and Culture at The University of Melbourne provided a “stark, informative, powerful and entertaining” presentation on ‘a matter of cultural safety’.

PaulRamsay Fdn @prfoundation1 · Mar 16

Thrilled to be at #CTGV2018 to hear an important discussion on cultural safety with Richard Frankland @IEHU_UniMelb eyehealth

- “this is forever business”
- Lateral violence is a by-product of invasion
- Colonisation echoes through homelessness, powerlessness, poverty, disorientation/confusion and racism
- Cultural safety can be achieved with re-membering, re-sourcing, empowering voice and re-creation
- Cultural safety provides opportunity to move from being a victim to being a survivor and from there to being an achiever and contributor



Common issues and challenges in eye care were identified in short presentations and delegates provided solutions and thoughts through post-it note feedback, as below:

Challenge 1: Subsidised Spectacle Schemes

Gary Crerie, Optometry Australia, WA

The issue:

- Subsidised spectacle schemes vary from jurisdiction to jurisdiction and in many cases do not meet community needs for accessible supply. Despite sector national guidelines describing leading practice, it is proving difficult to achieve modification of existing schemes that will be support Indigenous eye care

Suggested Solutions:

- Free spectacle supply
- Adopt Victoria’s scheme nationally – national consistency
- Adopt DVA spectacle scheme model
- ACCO to run program

Challenge 2: Sustaining Regional Stakeholder Eye Care Activities

Faye Clarke, Ballarat and District Aboriginal Cooperative, VIC

The issue:

- The Grampians region in Victoria ran a very successful regional eye care project from 2014 to 2016 with state government support for a regional eye health coordinator. The regional group has continued to meet, albeit less frequently, since funding for the coordinator finished and there are some real challenges maintaining the ongoing interest and commitment of stakeholders. Ongoing mechanisms are required to sustain the work and continue to build on successes achieved

Suggested Solutions:

- Ensure ongoing funding for coordination
- Authentic engagement with community
- Eye health promotion and embedding 715 eye checks
- Information sharing platform to support eye care



Challenge 3: Cultural Safety in Eye Care

Derek Harris and Edward Jones, Ngaayatjarra Council, WA

The issue:

- Cultural safety is critical to the engagement of community members with health services and the delivery of quality health outcomes. This is a challenge in urban, regional and remote areas, in community controlled settings with visiting services and in mainstream services. Community members need access to education and employment without losing culture, law or language

Suggested Solutions:

- Locally developed resources
- Resources in language
- Cultural training in mainstream conferences



Challenge 4: Local Service Level Coordination

Jennifer Merryweather, Fred Hollows Foundation, VIC

The issue:

- Local service level coordination is required to deliver efficient and effective eye care services. The need for local service level coordination varies from location to location and can be funded through a complex mix of mechanisms from outreach funds, to chronic disease coordination funds and Medicare. The challenge is to determine the quantum of additional funds to support local service level coordination across the country when existing mechanisms may not be fully utilised or may be deficient or insufficient

Suggested Solutions:

- Establish clear pathways
- Determine needs at a regional level
- Need data to support local coordination needs

Challenge 6: Diabetic Retinopathy Treatment

Dr Rowan Porter, Inala Indigenous Health and IDEAS Van, QLD

The issue:

- Treatment for diabetic retinopathy now includes the use of regular intravitreal injections that are challenging to deliver through an outreach model of care, given the frequency of visits and equipment that is required

Suggested Solutions:

- Sector to make evidence based case for outreach injection treatment of DR
- Ensure services are bulkbilled
- OCTs available to support regional and remote work

Challenge 5: Community Engagement and Leadership for Trachoma Elimination

Trevor Buzzacott, Aboriginal Community Services, SA

The issue:

- Significant progress has been made in reducing prevalence rates for trachoma across the country, but there remains a number of regions where rates are higher and additional efforts and support is required for trachoma elimination. Community engagement and leadership is considered critical

Suggested Solutions:

- Develop and support local community trachoma champions
- Support upskilling in local communities
- Look outside 'clinics' to engage whole community

Challenge 7: Identifying and Treating Trichiasis

Dr Andrew Rowan, Central Australia Aboriginal Congress, NT

The issue:

- Trichiasis is a poorly measured and managed outcome in adults who have lived in and suffered repeated trachomatous infections as children. The pathway from identification in primary care to treatment through specialist referral and surgery is considered weak, there is patchy knowledge and high turnover in staff responsible for identification and limited data

Suggested Solutions:

- Ensure adequate health practitioner knowledge and training
- Improve data collection and timeliness of information analysis
- Community health promotion

5. Collaborating and Leveraging Partnerships

Jenny Riley, Director of Navigating Outcomes, facilitated a workshop on collaborating and leveraging partnerships. The aim of the session was to introduce participants to Collective Impact and consider how some of the tools and learning from this approach might be useful for our work.

Jenny provided background on Collective Impact theory and some specific case studies and considered how this relates to the work happening at national, regional and local levels to Close the Gap for Vision. Examples of work Jenny has supported in shared measurement were discussed – including using interactive dashboards to present data in real time to measure impact and allow collaborative groups to respond quickly to what the data is showing them.



Key points:

- Collaboration can be hard but working collectively has great potential for making significant change to complex problems
- The five key elements of collective impact i) a common agenda, ii) mutually reinforcing activities, iii) continuous communication, iv) shared measurement and v) backbone support have been shown to support such change internationally and in Australia
- Collaboration is dynamic and happens at multiple levels (national, regional, local) with common agendas and collective impact at each level and with the regional and local work feeding up to the national and vice versa

Key themes:

- more work is needed to ensure a common agenda at regional/local level - including better communication from national to local and vice versa
- competing priorities can make it challenging for people to participate
- questions on how we can get community more involved in closing the gap for vision (conversations and solutions)
- a holistic approach with a focus on patient journey and outcomes is needed

Links:

- Navigating Outcomes <https://navigatingoutcomes.com.au/about-us/>
- Collaboration for Impact Australia <http://www.collaborationforimpact.com/>
- Lost conversations <http://leadership.benevolent.org.au/publications/lost-conversations-finding-new-ways-black-and-white-australians-lead-together>



Murray PHN @MurrayPHN · Mar 16

Jenny Riley, Navigating Outcomes, sharing insights into collaboration & partnerships & the importance of these in healthcare. The collective impact which comes from collaboration outweighs what we can achieve on our own - this underpins Indigenous health work at Murray PHN #CTGV2018

6. State and Territory Achievements and Plans

Achievements in Indigenous eye health were reported in state, territory and national groups. A summary of achievements and goals for the next 12 months is documented below:

National

Achievements

- Both Ministers have eye health in their sight
- Outreach funding secured for 3 years
- Better evidence: National eye health survey; AIHW eye health measures report
- Australian Government started to support nationally consistent Low Cost Specs
- Additional investment: Sector funding proposal to Australian Government with 12 recommendations; Funding for retinal cameras; Additional funding to eye health from Australian Government

Next key steps:

1. Capitalise on Ministerial commitment – need a collaborative plan
2. Updated Low Cost Spectacles Programs in each jurisdiction
3. Ongoing data reporting and review
4. COAG commitment for public hospital resources
5. Population-based eye care needs identified
6. ITC funded to meet population-based needs
7. Up to date trachoma data
8. Investing in ACCHOs to deliver services
9. National health promotion campaign
10. Service delivery coordination

Northern Territory

Achievements

- Top End
 - Katherine has increased ophthalmology with more visits and more cataract surgery
 - There is a full time optometrist in Katherine
 - OCT machine in Gove has decreased amount of travel required
- Central Australian and Barkly
 - Data now shared
 - BHVI Conference – identified top regional solutions and increased resources: eyecharts and glasses

- NT Education Department have committed to trachoma elimination and health improvement goals

Next key steps for Northern Territory:

1. Another BHVI/NT eye health conference to keep strong networks
2. VOS services: needs clarity, certainty and transparency with sustainable funding
3. Trachoma intersectoral collaboration

Queensland

Achievements

- Improvements in Medical Aids Subsidy Scheme (MASS): can now receive new glasses inside 2 years if there is a significant change to prescription
- Helicopter outreach service into two islands in Torres Strait (Dauan and Ugar)
- Regional eye health coordinator in Central North West (CNW)
- Qld AMSs - 100% success on equipment audit survey
- Regional mapping exercises completed by CheckUp
- Cataract surgery program in IUIH

Next key steps for Queensland:

1. Would still like to improve coordination across services in all regions
2. Improvements needed in MASS: better access to spectacles for people who don't qualify; better quality frames; less complex paperwork
3. Cataract surgery wait list in many areas still needs to be addressed

Tasmania

Achievements

- Introduction of VOS into AMSs
- 1 x statewide meeting and 3 x regional meetings
- Improved coordination of cataract pathway

Next key steps for Northern Tasmania:

1. Improving subsidised spectacles scheme
2. Increase VOS visits
3. In 2018/19 – increase efforts on improving health literacy in eye health (Eyelines [VOS provider] happy to deliver sessions)
4. Optometry Tasmania conference in August with AMS input into cultural safety session
5. VOS delivery into all AMS

Victoria

Achievements

- VASSS refunded
- Three year statewide eye role at VACCHO
- DR camera roll-out
- VOS funded for 3 years
- VOS in all ACCHOs across the state
- VACCHO Chair of state Indigenous eye committee
- PHN Health Pathways for eye health across all regions
- RVEEH streamlining cataract surgery pathway through VAHS
- Regional projects – some still running without funding
- Feltman with Eyes Module

Next key steps for Victoria:

1. Service coordination funding needs for eye health
2. Improve data collection and sharing to monitor progress– eg 715s
3. DR camera – systems and workflow improvements, more support needed to ACCHO sector to integrate into pathway
4. Improved diabetes screening data – including those not seen at AMS
5. Need for data system upgrade for Communicare to change to 12 months for diabetes eye checks
6. Building relationships with hospitals: coordination to / access to hospital wait lists
7. Services closer to the patient: eg telehealth
8. Client centred / ACCO centred surgical pathway
9. ITC funding needs to be secured
10. RWAV children's eye health: VOS for 4-8 year olds
11. Public laser / injections services in Victoria

New South Wales and Australian Capital Territory

Achievements

- Statewide partnerships – meet every 6 months
- 15 regional groups feeding into the Statewide committee
- Continuation of the VOS funding for 3 years

Next key steps for New South Wales and Australian Capital Territory:

1. Achieve consistent access to spectacle scheme for all Indigenous people
2. Increase access to public ophthalmology
3. Policy directive for surgery within 90 days
4. Increased local coordination for community-controlled sector
5. Eye health collaborative committee (to include membership from AMS)

South Australia

Achievements

- Moorundi ACCHS in Murray Bridge established
- SAMHRI consortium has released its diabetes plan which includes eye health but eye health plan yet to be developed
- Diabetes study including eye check
- AHCSA and RDWA MoU with increased financial support and intention to form state wide eye health group
- New spectacles scheme – redesigned with some improvements but still limited

Next key steps for South Australia:

1. Implement state wide eye health group with RDWA to develop broader strategy / approach and achieve outcomes
2. Trachoma - map hotspots and ensure relevant players involved in each region

Western Australia

- The Western Australian delegates included community representatives from Ngaayatjarra Lands, Nirrumbuk in Broome, WA Health and Lions Outback Vision. The group decided to use this meeting time to discuss provision of eye care services in the NG Lands including trachoma initiatives. Discussions included the eye care pathways in NG lands, ensuring safe and functional bathrooms in houses, roll out of the retinal cameras, health promotion, school screening, and the engagement of local people to support eye care.

Closing Address: Indigenous Leadership and the Reform Agenda

Romlie Mokak, CEO of The Lowitja Institute provided his insight and knowledge into Indigenous Leadership and the Reform Agenda. He opened by examining the conference theme of *striving together*. We must strive for self-determination as the first people of Australia but does this mean side by side, or with Aboriginal and Torres Strait Islander people leading?

"We, Aboriginal and Torres Strait Islander people, must define what is of value to us, beyond the quantum, beyond deficit and dysfunction. We must articulate what success means to us, all underpinned by our cultures, knowledges and practices".

Romlie mentioned that there are a number of Indigenous leaders and initiatives shaping the current Reform Agenda.



He concluded that the most serious challenge to CTG Refresh being how do we respond to the rejected Uluru Statement from the Heart? This must be addressed and in doing so it is a chance to reset the power balance.



Lowitja Institute @LowitjaInstitut · Mar 16

We, Aboriginal & Torres Strait Islander people, must define what is of value to us beyond the quantum, beyond deficit & dysfunction. We must articulate what success means to us, all underpinned by our cultures, knowledges & practices.

@RMokak #ctgv2018 @NACCHOAustralia

Conference Conclusion

Professor Taylor thanked everyone for attending and contributing to the conference.

"The event has been very productive and interactive and great two days of sharing and learning. Our special thanks to all presenters, both key note and others for their insight and contributions to the exchange. Congratulations to the Leaky Pipe Award winners in 2018 and thank you also to our supporters and sponsors. We hope to see everyone again in March 2019 for the next conference and in the meantime please note that there are only 33 months to go to 2020 and our goal to close the gap for vision".



Conference Feedback

Conference delegates provided feedback through an evaluation form distributed at the conference. 73 completed evaluation forms were received - 42% of attendees.

Overall, survey respondents expressed high degrees of satisfaction with the conference.

- Nearly all respondents (97%) felt the information discussed at the conference was of value and interest to their work
- Most (89%) established new or additional connections with other delegates
- The majority of participants (96%) felt the conference met their expectations
- 79% indicated they could better advance the work to close the gap for vision after attending this conference

Networking, high quality keynote speakers and the tabletop presentations were highlights for most participants. Delegates found the use of different session formats, mix of topics and presentations were very well received.

Other feedback suggested conference improvements by, for example, more focus on practical aspects of eye health rather than theoretical. Positive comments about the wrap up process were made, however most notably people felt that there was not enough time for discussion about a number of issues that had been raised. It was suggested that participants needed to be provided with an opportunity to contribute to 'next steps' at the end of each session. Time restraints especially on day two, impacted on the ability to allow delegates more time to fully discuss what were the outcomes of the conference and how to progress those outcomes. Conference materials should be prepared so that they are suitable for vision impaired delegates.

Some of the wrap up comments, reflections and suggestions from delegates are captured in the quotes below:

"Great to hear from wonderful Aboriginal leaders"

"Commitment and enthusiasm is needed to maintain the vision of Close the Gap for Vision"

"There is good science and policy established to Close the Gap for Vision. One area to improve on is working to obtain better data"

"Importance of sharing information and stories to build on progress made"

"The two practical levers of a subsidised spectacle scheme and equitable access to DR treatment options for all Aboriginal people will make a big difference in improving eye health"

"All in attendance are on the same page as we focus on best outcomes for patients"

"Inspired and empowered by the presentations and great work being done by the sector: a sense of collegiality and encouragement in our work"

"Aboriginal leadership is critical to what we do. To achieve health equality, it's fundamental that Aboriginal and Torres Strait Islander leadership is at the forefront (placing Aboriginal health in Aboriginal hands)"

"Need for an evidence-based approach beyond 2020. Focus on building quality, long-term sustainable solutions"

"Success demands coordination and integration of culturally safe approaches"

"It's not just about consulting, it's really about community engagement"

Delegates identified ways that IEH could support their efforts to close the gap for vision including to continue to engage, support and advocate at a regional, state and national levels.

A number of topics or areas of interest areas were identified and suggested for the Close the Gap for Vision by 2020 - National Conference 2019 including:

- Aboriginal leadership in eye care
- Sustaining efforts, activities and achievements
- Effective service delivery models – coordination across jurisdictions
- Data and data sharing
- Rational approaches to affordable, prioritised surgery
- Additional community or patient journey perspectives
- Upskilling opportunities

Social Media Engagement

Thank you to all of the conference Tweeters for keeping us informed and involved in the buzz of the program and event
Search #CTGV2018 on Twitter (<https://twitter.com/search?q=%23CTGV2018>)

IEH @IEHU_UniMelb · Mar 15
Colin Mitchell from @DiabetesVic gives a Tabletop presentation on Feltman with eyes #ctgv2018



3 3 11

Romlie Mokak @RMokak · Mar 15
. @marcialangton contrasts Mulan Shared Resp Agreement in 05 with #CTGV2018 "proven evidence based approaches succeed; ill thought out experiments fail". @LowitjaInstitut #closethegap



10 18 11



#CTGV2018 Indigenous Eye Health Conference



@melbournefc and the trachoma team at the Close the Gap for Vision Conference #CTGV2018 @ashleighguest @alieshanewman @jetts39

Emma Robertson (@emmaandjason) · 26 days ago

Murray PHN @MurrayPHN · Mar 16
Trevor Buzzacott is representing Aboriginal Community Services from South Australia and is highlighting the importance of community engagement and leadership. He is reminding us that engaging with our communities must be the first step in all of our work #CTGV2018



3 1 11

Indigenous Eyehealth (@cleanfaces_strongeyes) · 25 days ago

RANZCO @RANZCOeyedoctor · Mar 15
Greg Hunt made the opening address this morning at the Close the Gap for Vision by 2020 Conference announcing his commitment to a long term solution. Mark Daniell RANZCO President and A/Prof Angus Turner asked the Health Minister about his plans. #CTGV2018 #CloseTheGapDay



4 12 11

Aboriginal Health @NACCHOAustralia · Mar 15
#CTGV2018

IEH @IEHU_UniMelb
Congratulations Anne-Marie and team! Great work being done in Great South Coast region #CTGV2018 Conference Leaky Pipe Awards

1 2 11

Simon Hanna and 3 others liked

Sarah Davies @sarahjdavies91 · Mar 15
Dawn Casey @NACCHOAustralia says we can't forget who we are, where we've come from or how far we've made it.... but we must move forward. #CTGV2018

2 4 11

 502
POSTS

 153
USERS

 445,438
REACH

 1,839,708
IMPRESSIONS

2018 Leaky Pipe Awards



The inaugural Leaky Pipe Award recipients were announced at the Close the Gap for Vision national conference dinner at the Arts Centre Melbourne on 15 March 2018. The dinner included a special performance by one of Australia's most experienced Aboriginal singer-songwriters, authors and film makers, and proud Gunditjmara man, Richard Frankland.

The Leaky Pipe Awards are an opportunity to recognise and celebrate achievements of individuals and groups in progressing activities to close the gap for vision.



The awards were presented by Angee Ross from IEH, with support from Derek Harris and EJ from the Ngaanyatjarra Lands in WA.

2018 Leaky Pipe Award Winners:

- **Community Leadership:** Faye Clarke, Ballarat and District Aboriginal Cooperative, Victoria
- **Service Delivery:** Associate Professor Angus Turner, Lions Outback Vision, Western Australia
- **Regional Engagement:** Great South Coast Eye Health Project, represented by Anne-Marie Banfield Winda Mara Aboriginal Corporation, Victoria
- **Unsung Hero:** Colina Waddell, Brien Holden Vision Institute, New South Wales



Trachoma Community Art Mural Display

A number of trachoma community art murals were on display during the Close the Gap for Vision by 2020 National Conference 2018. Photos of nine art murals were displayed for conference attendees to enjoy and discover the dreaming story and meaning behind each mural.

The ‘clean faces, strong eyes’ exhibition featured photos of art murals from remote communities across Northern Territory and Western Australia including Warburton, Nturiya, Pmara Jutunta, Titjikala, Arlparra, Nyirripi, Willowra, Papunya and Areyonga.

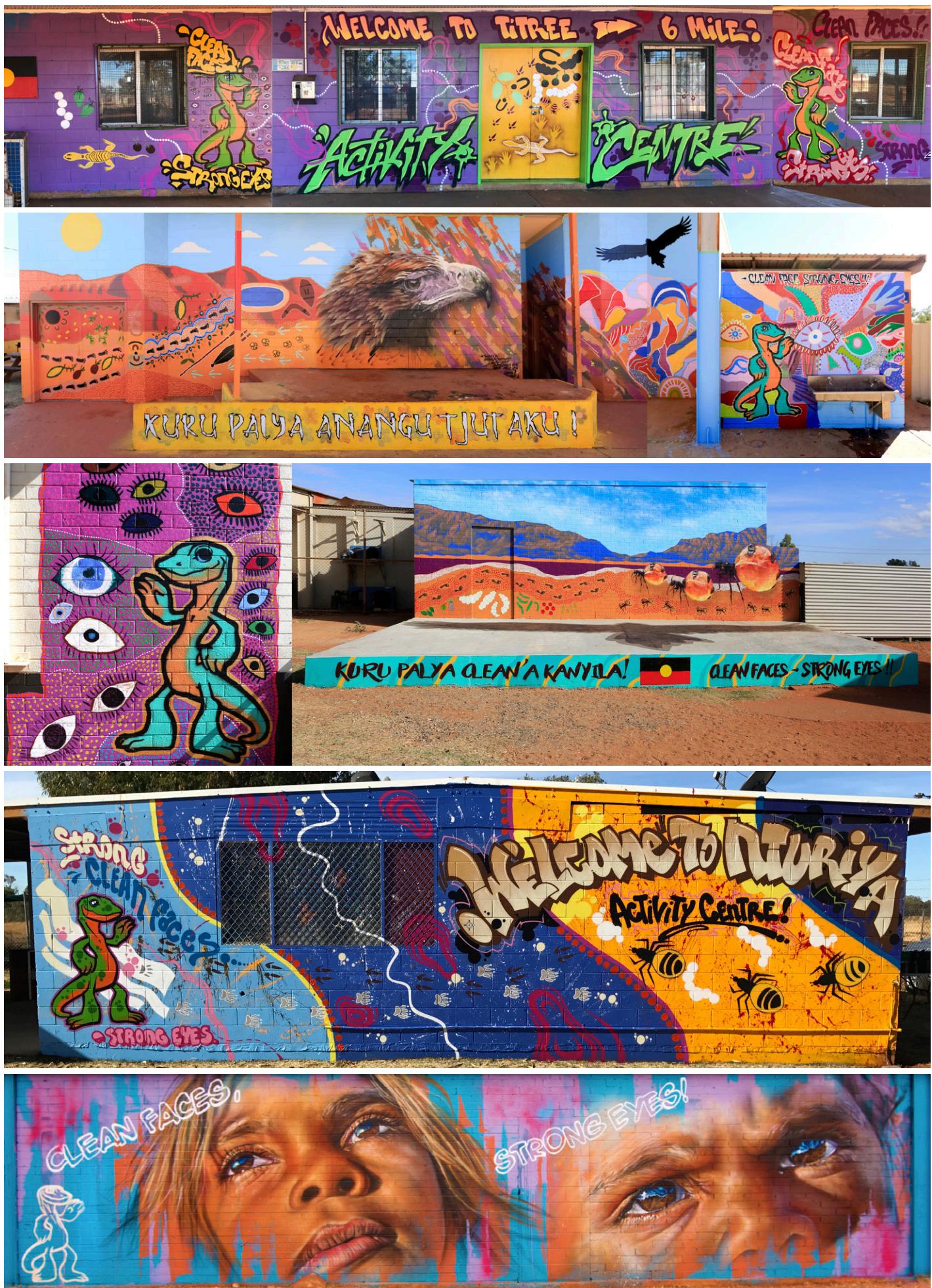
The art murals were the result of a week-long community trachoma education programs delivered in communities through 2016 and 2017. World class artists Adnate, Andrew J Bourke, Leecee Carmichael, Kali and Indigenous Hip Hop Projects worked closely with community members to paint the stunning art murals.

The aim of the art mural project was to engage and work with remote communities to design and produce a ‘clean faces, strong eyes’ art mural that incorporated Milpa the trachoma goanna, key hygiene messages to prevent trachoma and local imagery important to the identity of each community. The art murals are located in a prominent position in each community such as a store or youth centre and provide a daily reminder of the trachoma health messages.

Further details on each of the trachoma community art murals can be found on IEH website: www.iehu.unimelb.edu.au



Murals top - bottom: Nyirripi, Arlparra, Areyonga and Willowra



Murals top - bottom: Ti Tree, Titjikala, Pupunya, Nturiya and Warburton

Trade Displays, Suppliers and Sponsors

We thank the following organisations for their trade displays during the conference:

- Australian College of Optometry
- Australian Indigenous HealthInfoNet
- Brien Holden Vision Institute
- Diabetes Victoria
- Indigenous Eye Health
- Institute for Urban Indigenous Health
- Lions Outback Vision
- Optometry Australia
- Royal Australian and New Zealand College of Ophthalmologists
- Vision Australia

Thank you to Yarn Strong Sisters for designing and hand-making the bush posies for the conference. Gum nuts and gum leaves from flowering gums and sheoaks were used in the creation of these unique table dressings.



Thank you also to our 2018 conference sponsors including Aspen Medical, PricewaterhouseCoopers, the Arts Centre Melbourne and Professor John Funder.

aspenmedical

 **pwc**

 **Arts
Centre
Melbourne**

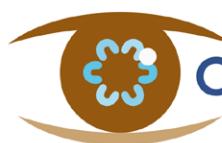
Appendix A - List of Delegates

First Name	Surname	Organisation
Paula	Adam	Commonwealth Department of Health VIC
Lauren	Aitken	Aboriginal Community Services
Graham	Aitken	Aboriginal Community Services
Mitchell	Anjou	Indigenous Eye Health, The University of Melbourne
Natalie	Arambasic	Diabetes Victoria
Peter	Arnaudo	Department Prime Minister and Cabinet
Kelley	Baldwin	Institute for Urban Indigenous Health
Anne-Marie	Banfield	Winda-Mara Aboriginal Corporation
Darryle	Barnes	Riverland Division of General Practice (RDGP)
Glenys	Beauchamp	Australian Government
Mary	Belfrage	RACGP
Kylie	Bockman	Department for Health and Ageing SA
Karen	Bond	Rumbalara Aboriginal Co-operative
Jasmin	Boys	Indigenous Eye Health, The University of Melbourne
Robyn	Bradley	The Royal Victorian Eye and Ear Hospital
Stephanie	Brake	Department of Health and Human Services TAS
Tracey	Brand	Central Australian Aboriginal Congress
Chelsea	Brand	Department of Health and Human Services VIC
Lynette	Briggs	Victorian Aboriginal Health Service
Keryn	Brockman	Circular Head Aboriginal Corporation
Lynette	Brodie	Optometry Australia
Samantha	Burrow	Australian Indigenous HealthInfoNet, Edith Cowan University
Trevor	Buzzacott	Aboriginal Community Services
Elissa	Campbell	Audiology Australia
Skye	Cappuccio	Optometry Australia
Piers	Carozzi	Australian College of Optometry
Dawn	Casey	National Aboriginal Community Controlled Health Organisation (NACCHO)
Karen	Cheah	The Fred Hollows Foundation
Renee	Chmielewski	The Royal Victorian Eye and Ear Hospital
Ben	Clark	Barwon Health
Faye	Clarke	Ballarat and District Aboriginal Co-operative
Chicky	Clements	Nirrumbuk Environmental Health
Tony	Coburn	CheckUP
Gillian	Cochrane	Gillian Cochrane Consulting
Robyn	Cooper	Aboriginal Health Council of South Australia (AHCSA)
Rosemary	Copeland	Royal Darwin Hospital
Dianne	Crawford	Victorian Aboriginal Health Service
Gary	Crerie	Optometry Australia- Aboriginal and Torres Strait Islander eye health advisory group
Patricia	Crossin	Indigenous Eye Health Board
Anna	Dal	Vision Australia
Mark	Daniell	RANZCO
Sarah	Davies	Optometry Australia
Rosie	Dawkins	The Royal Victorian Eye and Ear Hospital
Lyndall	De Marco	IDEAS
Anne	Delaney	Vision Australia
Sinead	Denny	Lions Outback Vision
Lucy	Dryden	The Fred Hollows Foundation
Glenda	Duncan	Indigicare Connect
Lorraine	Edwards	Indigicare Connect
Caroline	Edwards	Australian Government, Department of Health
Rose	Ellis	NSW Rural Doctors Network
Josie	Faunce	RANZCO
Anna	Feiss	Murray PHN
Rachael	Ferguson	Indigenous Eye Health, The University of Melbourne
Jane	Fitzgerald	Institute for Urban Indigenous Health
Garry	Fitzpatrick	Optometrist

Richard	Frankland	Wilin Centre - Faculty of Fine Arts and Music
Rodolfo	Garcia	Aboriginal Health and Medical Research Council of NSW
Rosamond	Gilden	Indigenous Eye Health, The University of Melbourne
Guy	Gillor	RANZCO
Jim	Golden-Brown	NATSIC
Jane	Hager	NSW Rural Doctors Network
Karen	Hale-Robertson	CheckUP
Ian	Hamm	Victorian Aboriginal Community Controlled Health Organisation
Jenny	Harnett	OneSight
Derek	Harris	Ngaanyatjarra Council
Harry	Harun	Aboriginal Community Services
Jacqui	Hawgood	CheckUP
Paulina	Henderson	Commonwealth Department of Health VIC
Sarah	Henry	Vision Australia - NSW Spectacles Program
Marc	Hicks	Karadi Aboriginal Corporation
Tessa	Hillgrove	The Fred Hollows Foundation
Dino	Hodge	The University of Melbourne - Ear Health
Jackie	Huggins	National Congress of Australia's First Peoples
Greg	Hunt	Minister for Health
Christine	Ingram	Victorian Aboriginal Health Service
Kiernan	Ironfield	Didgeridoo Performer
Lauren	Jeffs	Indigenous Eye Health, The University of Melbourne
Edward	Jones	Ngaanyatjarra Health
Denise	Jones	No 34 Aboriginal Health Service
John	Kaldor	Kirby Institute, UNSW
Anne	Kanaris	Vision Australia
Jill	Keefe	Jill Keefe
Simone	Kenmore	Country Health SA
Rebecca	Kraft	Department of the Prime Minister and Cabinet
Gina	Kuras	Department of Health and Human Services VIC
Fiona	Lange	Indigenous Eye Health, The University of Melbourne
Marcia	Langton	The University of Melbourne
Galina	Laurie	Paul Ramsay Foundation
Ian	Leong	The Royal Victorian Eye and Ear Hospital
Sarah	Leslie	The Fred Hollows Foundation
Matthew	Lester	Department of Health WA
Elise	Lim	Department of Health and Human Services VIC
Elizabeth	Louwdyk	Brien Holden Vision Institute
Levi	Lovett	VACCHO
Christina	Ly	Brien Holden Vision Institute
Celia	McCarthy	Institute for Urban Indigenous Health
Tanya	McGregor	Department for Health and Ageing SA
Robert	McGuirk	Rotary
Jennifer	Merryweather	The Fred Hollows Foundation
Dean	Milner	Wurli AMS
Ish Pratap Singh	Minhas	Optometry Student
Colin	Mitchell	Diabetes Victoria
Romlie	Mokak	Lowitja Institute
Nicole	Monti	BDAC
Amy	Moreland	Brien Holden Vision Institute
David	Morgan	Ramahyuck District Aboriginal Corporation
Cassandra	Morrell	GPHN
Anna	Morse	Brien Holden Vision Institute
Genevieve	Napper	Australian College of Optometry
Amber	Neilley	Rural Workforce Agency Victoria
Susan	Nelson	Institute for Urban Indigenous Health
Daina	Neverauskas	Guide Dogs NSW/ACT
Josie	Newton	NSW Rural Doctors Network
Carla	Northam	Vision 2020 Australia
Maureen	O'Keefe	Australian College of Optometry

Edith	Olivares	Rural Workforce Agency Victoria
Claire	O'Neill	NSW Rural Doctors Network
Henry	Parham	The Fred Hollows Foundation
Kate	Pecar	Optometry Student
Lisa	Penrose	Institute for Urban Indigenous Health
Kellie	Pope	Department of the Prime Minister & Cabinet
Rowan	Porter	Inala Indigenous Health and IDEAS Van
Eamonn	Quinn	Aspen Medical
Beverley	Rawson	Flinders Island Aboriginal Association
Chris	Rektsinis	Aboriginal Health Council of South Australia (AHCSA)
Debbie	Ricardi	Institute for Urban Indigenous Health
Lachlan	Rich	CheckUP
Damian	Rigney	Moorundi Aboriginal Community Controlled Health Service Inc
Jenny	Riley	Navigating Outcomes
Philip	Roberts	Indigenous Eye Health, The University of Melbourne
Emma	Robertson	Karadi Aboriginal Corporation
Alexsandra (Alex)	Rojas	IPC Health
Angela	Ross	Indigenous Eye Health, The University of Melbourne
Andrew	rowan	Central Australian Aboriginal Congress
Tessa	Saunders	Indigenous Eye Health, The University of Melbourne
Jennelle	Schroder	Vision Australia - NSW Spectacles Program
Nicholas	Schubert	Indigenous Eye Health, The University of Melbourne
Vicki	Sheehan	Wuchopperen Health Service
Yash	Srivastava	Indigenous Eye Health, The University of Melbourne
DHHS	Staff Member	Department of Health and Human Services VIC
Emma	Stanford	Indigenous Eye Health, The University of Melbourne
Rhonda	Stilling	Commonwealth Department of Health
Che	Stockley	Vision 2020 Australia
Christine	Stott	Lions Eye Institute (Lions Outback Vision)
Helen	Summers	Helen Summers Optometrist
Lola	Susuico	The Fred Hollows Foundation
Merina	Tagaloa	Rural Workforce Agency Victoria
Moana	Tane	Ngaanyatjarru Health
Shaun	Tatipata	The Fred Hollows Foundation
Hugh	Taylor	Indigenous Eye Health, The University of Melbourne
Kate	Taylor	Oculo
Jan	Thomas	Indigenous Eye Health Board
Angus	Thornton	Australian Trachoma Alliance
Lien	Trinh	Rotary
Neville	Turner	Australian College of Optometry
Angus	Turner	Lions Eye Institute (Lions Outback Vision)
Rosealie	Vallance	North Western Melbourne Primary Health Network
James	van Smeerdijk	PricewaterhouseCoopers (PwC)
Colina	Waddell	Brien Holden Vision Institute
Jack	Walker	Ballarat Community Member
Peter	Walsh	Victorian Aboriginal Health Service
Jennie	Waters	Indigicare Connect
Jacinta	Waters	Vision Australia
Nishantha	Wijesinghe	Royal Darwin Hospital
Danielle	Williams	Vision 2020 Australia
Heather	Wilson	Central Australian Aboriginal Congress
Shae	Wissell	Rural Workforce Agency Victoria
Paul	Wright	Close the Gap Campaign
John	Wright	Karadi Aboriginal Corporation
Carol	Wynne	Indigenous Eye Health, The University of Melbourne
Mitasha	Yu	Brien Holden Vision Institute

Appendix B - Conference Program



Close the Gap for Vision by 2020

Striving Together

National Conference 2018

2018 Conference Day One, Thursday 15 March



Close the Gap for Vision by 2020

Striving Together

National Conference 2018

2018 Conference Day Two, Friday 16 March

Emerging Challenges, Identifying Solutions		
9.00 - 9.05	Welcome Day Two	Professor Hugh Taylor, Indigenous Eye Health
9.05 - 9.25	Keynote: Uluru Statement & Close the Gap Refresh	Dr Jackie Huggins, National Congress of Australia's First Peoples
Session 3: What Gets Measured Gets Done: Monitoring Eye Care Data		Philip Roberts, Indigenous Eye Health
9.25 - 9.45	Keynote: The Importance of Indigenous Data Governance and Empowerment	
	Ian Hamm, Victorian Aboriginal Community Controlled Health Organisation	
9.45 - 10.50	<i>Presentations 10 minutes followed by a Q&A session</i> <ul style="list-style-type: none"> - The National Picture for Indigenous Eye Care – 2018 Update - Indigenous Eye Care Data from a Fundholder Perspective - The CABIEHS Regional Data Story: Illustrating the Process and Outcomes of Regional Data Collection - Importance of Regional Data to Support Delivery of Services and Care - Surveillance Data to Support Trachoma Elimination 	Professor Hugh Taylor, Indigenous Eye Health, Vic Karen Hale-Robertson, CheckUP, Qld Lola Susuico, FHF, NT Anne-Marie Banfield, Windmara, Vic Professor John Kaldor, Kirby Institute, NSW
10.50 - 11.20	Morning Tea - Trachoma Community Art Mural Exhibition, Multimedia & Trade Table Displays	
Session 4: Overcoming Common Issues		Mitchell Anjou, Indigenous Eye Health
11.20 - 11.40	Keynote: A Matter of Cultural Safety	Richard Frankland, The Wilin Centre for Indigenous Arts & Cultural Development
11.40 - 12.45	<i>Common issues and challenges in eye care will be presented in a short 5-7 minute presentation, with further input from delegates on possible solutions</i> <ul style="list-style-type: none"> Challenge 1: Subsidised Spectacle Schemes Gary Crerie, Optometry Australia, WA Challenge 2: Sustaining Regional Stakeholder Eye Care Activities Faye Clarke, Ballarat and District Aboriginal Cooperative, Vic Challenge 3: Cultural Safety in Eye Care Derek Harris, Ngaayatjarra Council, WA Challenge 4: Local Service Level Coordination Jennifer Merryweather, Fred Hollows Foundation, Vic Challenge 5: Community Engagement and Leadership for Trachoma Elimination Trevor Buzzacott, Aboriginal Community Services, SA Challenge 6: Diabetic Retinopathy Treatment Dr Rowan Porter, Inala Indigenous Health and IDEAS Van, Qld Challenge 7: Identifying and Treating Trichiasis Dr Andrew Rowan, Central Australia Aboriginal Congress, NT 	
12.45 - 13.45	Lunch - Trachoma Community Art Mural Exhibition, Multimedia & Trade Table Displays	
Session 5: Collaborating and Leveraging Partnerships		Dr Tessa Saunders, Indigenous Eye Health
13.45 - 15.00	Facilitated Workshop	Jenny Riley, Navigating Outcomes
	<i>In line with this year's conference theme, 'Striving Together', this session will focus on strategies for working collaboratively to achieve lasting change. Based on the key elements of the collective impact approach, attendees will have an opportunity to work through some of the challenges of working to Close the Gap for Vision</i>	
15.00 - 15.15	Afternoon Tea - Trachoma Community Art Mural Exhibition, Multimedia & Trade Table Displays	
15.15 - 15.35	Keynote: Indigenous Leadership & the Reform Agenda	Romlie Mokak, The Lowitja Institute
15.35 - 15.50	Soapbox: Gnarly Eye issues	Fiona Lange, Indigenous Eye Health
	<i>Gnarly eye issues are good, bad, bumpy and twisted! If you have something to share, speak up during this session</i>	
15.50 - 16.15	Close the Gap for Vision by 2020 - Next Steps	Philip Roberts, Indigenous Eye Health
16.15 - 16.30	Day 2 - Wrap Up and Close	Professor Hugh Taylor, Indigenous Eye Health

Appendix C - Acronyms

ACCO	Aboriginal Community Controlled Organisation
ACCHO	Aboriginal Community Controlled Health Organisation
ACCHS	Aboriginal Community Controlled Health Service
AHW	Aboriginal Health Worker
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
BHVI	Brien Holden Vision Institute
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
LOV	Lions Outback Vision
MBS	Medicare Benefits Schedule
MOICDP	Medical Outreach Indigenous Chronic Disease Program
NACCHO	National Aboriginal Community Controlled Health Organisation
OCT	Optical Coherence Tomography
PHN	Primary Health Network
RANZCO	Royal Australian and New Zealand Council of Ophthalmology
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 Victorian Aboriginal Health Service
VAHS	Victorian Aboriginal Health Service
VES	Victoria Eyecare Service
VOS	Visiting Optometrists Scheme

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: Indigenous-EyeHealth@unimelb.edu.au



www.iehu.unimelb.edu.au



@iehu.unimelb



@IEHU_UniMelb

