

## Evaluation Summary May 2020

<b>Project title</b>	<i>Evaluating progress of regional implementation of the Roadmap to Close the Gap for Vision</i>
<b>Background</b>	<p>The Roadmap to Close the Gap for Vision (The Roadmap) was published by the Indigenous Eye Health (IEH) Unit at The University of Melbourne and launched with sector support, including from NACCHO and from peak eye care bodies in 2012.</p> <p>The Roadmap made a number of recommendations about what is needed to close the eye care and eye health gap between Aboriginal and Torres Strait Islander people and other Australians. It was developed after extensive national consultation with Aboriginal and Torres Strait Islander communities and organisations and people working in the Aboriginal health and the eye care sectors. One of the key recommendations was that activities to improve eye care for Indigenous Australians should be organised and considered locally, and subsequently, implementation of the Roadmap has supported a regional approach to these issues.</p> <p>IEH is now evaluating the progress of regional implementation of the Roadmap to consider if it has been effective, including what sorts of changes are happening at a local and regional level, what has supported these changes and what successes and challenges people working in the area have experienced.</p>
<b>Evaluation purpose/s</b>	<p>The aim is to gather information from regional stakeholders involved in Aboriginal and Torres Strait Islander eye health in 'Roadmap' regions across Australia to evaluate the progress and successes of implementation to date.</p> <p>The evaluation will inform future activities, support the sharing of learnings across regions about sustainable and transferable approaches to improving eye care for Indigenous Australians, as well as information about important lessons that are transferrable beyond eye health.</p> <p>The evaluation will also specifically consider the role and effectiveness of IEH in supporting Roadmap implementation and more broadly.</p>
<b>Rationale</b>	<p>This will be the first comprehensive evaluation of regional implementation of the Roadmap, adding a level of transparency and context to the information available through national and jurisdictional reports.</p> <p>The evaluation will add to the evidence-base by examining how regional activity is impacting on the eye health system at a local level and identifying the factors that contribute to success, as well as challenges associated with this way of working. It will also provide valuable contextual information to feed into jurisdictional and national plans and strategies as well as key learning to share with others across Australia.</p> <p>IEH at UOM has been acting in a 'backbone' or 'intermediary' role to support implementation of Roadmap activity. There is limited evidence in Australia of the impact of roles such as this and a formal evaluation of IEH's role will also provide better understanding of how</p>

	organisations operating as ‘intermediaries’ can support collaborative, multi-site efforts to improve complex systems and outcomes both within and outside the eye health sector.									
<b>Key evaluation questions</b>	<ol style="list-style-type: none"> <li>1. How is regional activity to improve eye-care services for Indigenous Australians being implemented across Australia?</li> <li>2. What changes are happening as a result of this activity, including to: <ol style="list-style-type: none"> <li>a. awareness, knowledge, practice</li> <li>b. systems, processes, pathways</li> <li>c. service user access and outcomes</li> </ol> </li> <li>3. What are the enablers and barriers to implementing regional eye health activity?</li> <li>4. What else is needed to improve eye care systems and eye health outcomes for Indigenous Australians?</li> <li>5. What is the role and effectiveness of the UOM IEH in supporting Roadmap implementation?</li> <li>6. Are there learnings that are transferrable beyond Indigenous eye-care?</li> </ol>									
<b>Co-design approach and Aboriginal Reference Group</b>	<p>To make sure we are asking the right questions and using appropriate methods, this evaluation is being co-designed with Aboriginal and Torres Strait Islander people and organisations and others working across the pathway of care. This process includes both formal co-design workshops and seeking stakeholder input as the project progresses.</p> <p>An Aboriginal and Torres Strait Islander Reference Group has been established to further support input and prioritise the knowledges and voices of Aboriginal and Torres Strait Islander people in the evaluation.</p>									
<b>Evaluation design</b>	<p>This will be a formative evaluation using a mixed-methods approach with data to be captured in four parts. Some evaluation elements will be carried out by external consultants, with overall project management by IEH.</p> <p><b>Table 1</b> summary of evaluation elements and lead responsibility for each element</p> <table border="1"> <thead> <tr> <th><b>Evaluation Element</b></th> <th><b>Activity</b></th> <th><b>Lead responsibility</b></th> </tr> </thead> <tbody> <tr> <td><b>Part 1</b></td> <td><b>Desktop review of publicly available documentation</b> to provide a description of regional models, stakeholders, ways of working, results and key learnings</td> <td>IEH</td> </tr> <tr> <td><b>Part 2</b></td> <td><b>Key informant interviews/Focus Groups for IEH ‘intermediary’ evaluation</b> – to understand what contributes to the success of organisations in supporting health system change across multiple settings</td> <td>External Consultant – Clear Horizon and ARTD Consultants</td> </tr> </tbody> </table>	<b>Evaluation Element</b>	<b>Activity</b>	<b>Lead responsibility</b>	<b>Part 1</b>	<b>Desktop review of publicly available documentation</b> to provide a description of regional models, stakeholders, ways of working, results and key learnings	IEH	<b>Part 2</b>	<b>Key informant interviews/Focus Groups for IEH ‘intermediary’ evaluation</b> – to understand what contributes to the success of organisations in supporting health system change across multiple settings	External Consultant – Clear Horizon and ARTD Consultants
<b>Evaluation Element</b>	<b>Activity</b>	<b>Lead responsibility</b>								
<b>Part 1</b>	<b>Desktop review of publicly available documentation</b> to provide a description of regional models, stakeholders, ways of working, results and key learnings	IEH								
<b>Part 2</b>	<b>Key informant interviews/Focus Groups for IEH ‘intermediary’ evaluation</b> – to understand what contributes to the success of organisations in supporting health system change across multiple settings	External Consultant – Clear Horizon and ARTD Consultants								

	<p><b>Part 3</b></p>	<p><b>Short stakeholder survey (electronic and hard copy/option for telephone interview)</b> of regional stakeholders to identify key activities, progress, barriers, enablers and changes across regions</p>	<p>External Consultant – ARTD Consultants</p>
	<p><b>Part 4</b></p>	<p><b>In-depth Case Studies of 5-6 selected sites</b> through Focus Groups and Key Informant Interviews, to examine in more detail the factors that support regional implementation</p>	<p>External Consultant – ARTD Consultants</p>
<p><b>Ethics requirements</b></p>	<p>The project received low risk ethics approval from The Melbourne School of Population and Global Health (University of Melbourne) Human Ethics Advisory Group in June 2019.</p> <p>Given the national focus of the evaluation, and involvement of a range of organisations including ACCHOs across multiple jurisdictions, there is a requirement for ethics consideration through a number of jurisdictional bodies. A phased approach to seeking ethics approval is being undertaken for those elements that will require this.</p> <p>Case-study sites will be selected through an Expression of Interest (EOI) process and following this, ethics approvals will be sought from any additional regional committees or bodies as required and consent sought from all Aboriginal health services participating.</p>		
<p><b>Target Group</b></p>	<p>The intended participants are clinical and non-clinical staff (over the age of 18 years) from organisations involved in regional eye health activity, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Indigenous Eye Health group (UOM)</li> <li>• Aboriginal Medical Services /Aboriginal Community Controlled Organisations</li> <li>• Specialists and allied health practitioners (including optometrists and ophthalmologists working privately, publicly and in Government-funded programs)</li> <li>• Local Hospitals/Health Services (including Government clinics providing Indigenous health care)</li> <li>• ‘Mainstream’ primary care services</li> <li>• Local hospital districts/authorities</li> <li>• Jurisdictional fund-holders contracted by the Australian Government to fund eye-care services and systems for Indigenous Australians</li> <li>• Primary Health Networks / Primary Care Partnerships</li> <li>• Community Health Services</li> <li>• Not for profit/non-Government organisations</li> <li>• Jurisdictional Departments of Health/Human Services</li> <li>• Australian Government Department of Health</li> </ul> <p>Participation will be sought from staff who have been involved in regional eye-care activity, including provision of clinical care, administrative roles, eye health promotion activity, management and coordination roles and policy and planning. Jurisdictional and national</p>		

	<p>organisation staff will also be invited to participate to provide a broader overview perspective. Participants in case study sites will be surveyed/consulted from the perspective of their roles as members of regional eye care networks.</p> <p>Part 2 of the evaluation will include participants listed above but will adopt a broader frame of Roadmap implementation, in addition to regional implementation.</p> <p>Given the time and resources available for the evaluation it is not the intent of the project to include consumer groups as participants. However, the Aboriginal Reference Group will consider how consumer or 'service-user' input and perspectives may be sought in future, through an additional or complementary evaluation.</p>
<b>Consent</b>	<p>Individual informed consent to participate in the project will be obtained from all participants in the evaluation and plain language statements will be provided.</p> <p>Organisational consent to participate in case-study sites will be sought once case-study regions have been selected through the EOI process.</p>
<b>Data</b>	<p>A mix of qualitative and quantitative data will be collected from participants through the evaluation, as well as a desk-top analysis of publicly available peer-reviewed and grey literature in order to answer the key evaluation questions.</p> <p>Participants are professionals involved in eye health/eye care and Aboriginal health and the information sought through the evaluation relates to their professional work and their views of how this work is being implemented regionally. Participants in case study sites will be surveyed/consulted from the perspective of their roles as members of regional eye care networks.</p>
<b>Evaluation resources</b>	<p>Additional funding has been provided to IEH by the Paul Ramsay Foundation for the evaluation over an 18-month period. Some elements of the evaluation will be undertaken by external consultants and IEH will manage the project.</p>
<b>Timeframe</b>	<p><b>Surveys:</b> Following receipt of required ethics approvals and finalization of survey tools through the co-design and Aboriginal Reference Groups, survey data will be collected between <b>June and August 2020</b>.</p> <p><b>Key informant interviews:</b> Interviews with external stakeholders for the 'intermediary' evaluation will take place between <b>May and August 2020</b>.</p> <p><b>Case study sites:</b> Focus groups and key informant interviews for case study sites will occur later in 2020, once an EOI process has been undertaken and appropriate ethics approvals received. It is likely these will be via video due to social-distancing measures.</p> <p><b>Final evaluation report:</b> A final report is due from the evaluators by June 2021.</p>

**For further information about the evaluation project contact:**

Dr Tessa Saunders, Indigenous Eye Health Unit, The University of Melbourne

E: [Tessa.Saunders@unimelb.edu.au](mailto:Tessa.Saunders@unimelb.edu.au)

M: 0400 054 852