Sharing our Findings

Evaluating Regional Implementation of The Roadmap to Close the Gap for Vision

Summary Report

THE UNIVERSITY OF MELBOURNE

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

Summary Report
4 November 2021

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Evaluating the progress and effectiveness of regional implementation of the Roadmap to Close the Gap for Vision

This report provides a summary of key findings from an evaluation undertaken by the Indigenous Eye Health Unit (IEHU) at The University of Melbourne between October 2019 and September 2021. The project evaluated the progress and effectiveness of regional approaches to addressing eyecare needs for First Nations Australians since the launch of the Roadmap to Close the Gap for Vision in 2012, as well as the role and effectiveness of the IEHU as an intermediary organisation.

Two external evaluation consultancies, ARTD consultants and Clear Horizon, were contracted by IEHU to undertake the evaluation - providing independence and expertise. First Nations researchers were involved in project development, data collection and analysis. In addition, a scoping review was prepared by the IEHU. Funding to support the evaluation was provided by the Paul Ramsay Foundation.

The evaluation was supported by a co-design process with stakeholders from across the Aboriginal and Torres Strait Islander eye health sector and guidance provided by an the Aboriginal and Torres Strait Islander Reference Group and an expert Project Advisory Group.

This document presents a summary of the key findings from the three evaluation reports, mapped against the Key Evaluation Questions (KEQs). The full reports can be accessed on the IEHU website www.iehu.unimelb.edu.au

Methods and participation in the evaluation

Existing literature and documents

50 sources (scoping review)

+ multiple key documents

Regional focus groups & interviews

13 group and individual interviews

(54 people across 8 regions)

Co-design workshops for evaluation project

53 + people across 4 workshops

National survey of people working in the sector

98 complete responses from across Australia

(25% Indigenous)

Stakeholder interviews on the role of IEH

28 people from 13 organisations

Aboriginal and Torres Strait Islander Reference Group guidance – informing project development, implementation and analysis (8 members)

Ethics approvals received from Human Research Ethics Committees (HRECs):

- Aboriginal Health & Research Committee of NSW
- Aboriginal Health Research Ethics Committee SA
- Australian Institute of Aboriginal and Torres Strait Islander Studies HREC
- Central Australia HREC
- Northern Territory HREC
- The University of Melbourne
- Townsville Health and Hospital Service HREC
- Western Australian Aboriginal Health Ethics Committee (WAAHEC)

In addition, approvals were sought and provided from multiple Research Governance Offices (RGO)

Summary of evaluation findings against KEQs

KEQ. 1 How is regional activity to improve eye care services for Indigenous Australians being implemented across Australia?

The evaluation found evidence of regional activity across many parts of the country and a wide range of stakeholders are working together, in regions, to improve eye care services provided to Aboriginal and Torres Strait Islander people. Aboriginal Community Controlled Organisations are central to this work.

Much of the identified regional activity aligns well to elements of the Roadmap, and, in particular, there is a clear emphasis on collaboration and partnership to improve eye care. Stakeholders are identifying local gaps and issues and collaboratively developing local solutions to address these.

However, the availability of evidence varies across regions, and improved documenting, sharing and reflecting on activity could add further benefit. The perspective of the people who receive the services (the community) was not sought in this evaluation and is considered critical.

KEQ. 2 What changes are happening as a result of this activity, including to systems (awareness, knowledge, practice, processes, pathways) and to outcomes (service user access, experiences and outcomes)?

The evaluation found evidence of change at a regional level across the country most notably to:

- the way stakeholders work together to plan and deliver eye care services;
- levels of awareness and knowledge of both providers and community members;
- how, when and where services are provided; and
- how eye care services are accessed by Aboriginal and Torres Strait Islander people.

There was, however, limited information about services-user experience and outcomes.

Clear Horizon also found changes to knowledge, networks and access to resources at national levels.

KEQ. 3 What are the key enablers and barriers to implementing regional eye health activity?

A range of key enablers were identified in the evaluation, including:

- Indigenous engagement, participation and leadership;
- collaboration and partnerships;
- building a strong evidence base;
- engaging with community;
- regional coordinators;
- flexible funding; and
- having a range of tools, resources and supports

Key challenges/barriers:

- resource constraints (including need for greater resources and limits of existing resources);
- lack of cultural safety;
- lack of Indigenous leadership and ownership;
- competing priorities;
- fragmentation within the service-system and with how policies that support outreach and programming work together

KEQ. 4 What else is needed to improve eye care systems and eye health outcomes for Aboriginal and Torres Strait Islander people – locally and at jurisdictional and national level (recommendations)?

The evaluation identified areas for future focus including:

- strengthening Indigenous leadership - within regions and across the sector and within IEHU;
- building on and sustaining collaborative networks;
- addressing cultural safety;
- growing and supporting resources and the Indigenous workforce; and
- building the evidence-base and sharing learning with others

KEQ. 5 What is the role and effectiveness of IEHU in supporting regional implementation of the Roadmap and more broadly?

The evaluation found that IEHU is seen by stakeholders as:

- effective in engagement and facilitation
- supporting the creation of a focus and agenda for the Aboriginal and Torres Strait Islander eye health sector;
- providing evidence about eye health needs and ways to address issues;
- providing tools and resources to support the sector; and
- driving advocacy that has led to policy and funding changes

The evaluation also found that IEHU should work to increase Indigenous leadership and ownership of the work and promote Indigenous workforce and self-determination.

While the role of IEH is not quantifiable and population-level changes require multiple actors, the evaluation findings are that IEH has contributed to population-level change through a range of activities and supports for the wider sector.

KEQ. 6 Are there learnings that are transferrable beyond Indigenous eye care?

ARTD found that "The regional approach of working collaboratively through local networks and partnerships to strengthen Indigenous eye care services is potentially applicable across a range of health conditions that affect Aboriginal and Torres Strait Islander people. Principles of a regional approach that could be applicable to other contexts included community ownership and empowerment, capacity building, cultural safety and appropriateness and improvements to coordination of services at a system level."

Findings from the Clear Horizon evaluation on role of IEH as an 'intermediary' have relevance for others working in similar roles. The factors contributing to IEH effectiveness are transferable beyond Indigenous eye care and the learning about the importance of Indigenous leadership and self-determination are crucial across sectors. The importance of and need for strengthening capacity for leadership across all sectors was highlighted in discussions of the co-design group.

Strengths and limitations of the methodology

Element	Strengths	Limitations
Scoping review of publicly available literature	Provided overview of publicly available information on implementation and impact of regional groups, identifying factors that fostered or hindered implementation.	Limited research and evidence base available on regional approaches to Indigenous eye care.
Co-design workshops	Provided opportunity for input from range of stakeholders across the country and the sector. Facilitated by independent consultant. Allowed for sharing of lessons across evaluation elements and stages.	Shift to online delivery due to COVID-19 may have affected engagement and attendance rates.
National survey	Provided breadth of perspectives from across Australia on what has worked well to support regional implementation, challenges and changes over time.	Limited responses to survey and possibility of self-selection and non-response bias. IEHU staff included to allow sharing of their individual views and perspectives. Timing due to COVID-19 and ethics.
Focus Groups and supplementary interviews	Provided local insight at the regional level around the process, enablers and barriers and outcomes of regional group activities.	Mainly delivered online and low attendance rates for some groups. Low uptake of interviews.
Semi-structured interviews on role of IEH	Provided opportunity for more in-depth input from range of stakeholders across country and sector.	Limited number of people interviewed and possibility of self-selection and agenda bias.

While Aboriginal and Torres Strait Islander people's perspectives were included in the evaluation design and implementation, including through the Aboriginal and Torres Strait islander Reference Group, the voices of 'end users' of eye care services were not captured.

Evaluation of regional implementation of the Roadmap to Close the Gap for Vision (for details see the full report)

A key element included in Roadmap implementation is a recommendation to establish regional collaborative networks to facilitate implementation of Roadmap priorities and activities.

The focus of this part of the evaluation was to understand how regional activities have been implemented, key enablers and barriers, changes that have occurred across the eye care pathway and learnings for the future.

The regional approach to supporting implementation of the Roadmap has played an important role in raising awareness and catalysing efforts to address Indigenous eye health inequity and close the gap for vision (ARTD report page 38)

KEQ 1: How is regional activity being implemented?

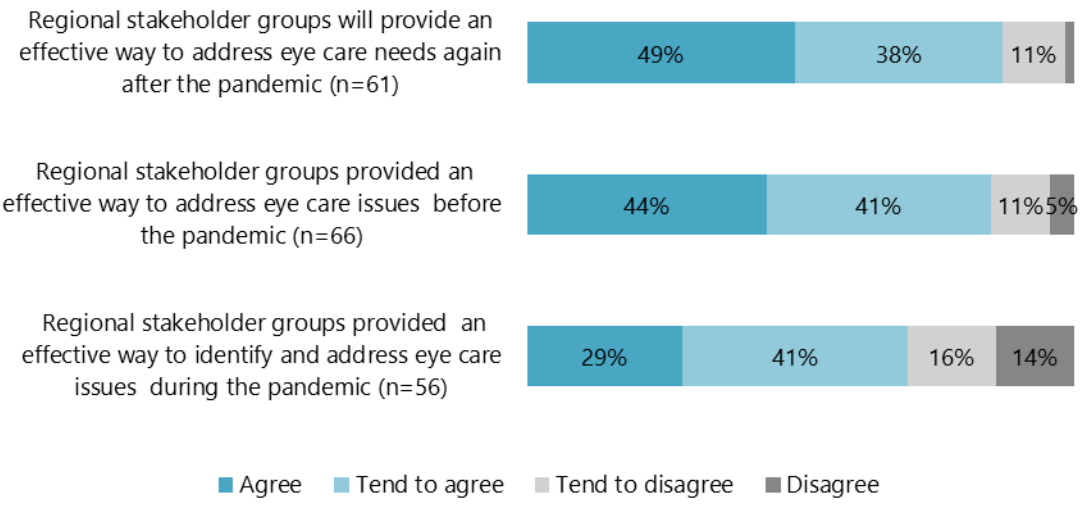
At the end of June 2021, there were 63 regions across Australia identified by IEHU as having 'active' collaborations. ARTD confirmed that different approaches to implementation were taken across regions, and the evidence of activity and outcomes varied across the country.

Effectiveness of regional groups (pages 21-22)

- There was a high level of agreement amongst survey respondents with most of the statements regarding group effectiveness
- Respondents agreed most strongly (90% overall agreement) with the statement that they felt their voice and perspective was valued by the group.
- Lowest levels of agreement were whether the groups had opportunities to learn from each other (60% overall agreement, 39% disagreement) and whether the groups had appropriate representation from Aboriginal and Torres Strait Islander people (62% overall agreement, 38% disagreement).

Pre and post COVID-19 (pages 23-24)

- Regional groups were seen to provide an effective way to address eye care needs both before and after the pandemic, but less effective during the pandemic



KEQ 2: Changes seen **(pages ii-iii, 24-25, 31-34)**

- Survey respondents agreed (89% overall agreement) that there have been positive changes to Indigenous eye care since 2013, particularly in relation to **improved access to eye health services and treatment** for Aboriginal and Torres Strait Islander people, however there is still further work to be done. Factors improving access have included having greater numbers of Aboriginal and Torres Strait Islander health workers, improvements in referral pathways and increased availability to culturally safe services.

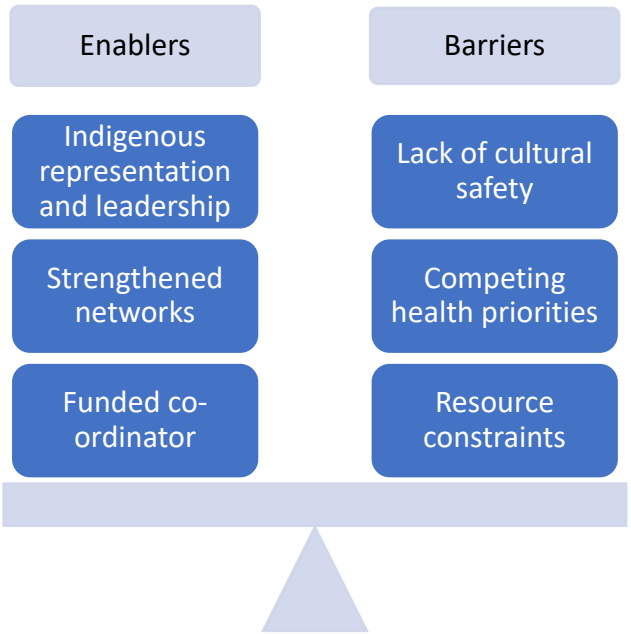
90 per cent of respondents agreed or tended to agree that access to eye care has improved for Aboriginal and Torres Strait Islander people, but were less positive about changes in funding and rural workforce levels

- Service providers have improved provision of eye care programs and services for Aboriginal and Torres Strait Islander people (89% overall agreement) including **communication and coordination of eye care** across providers. Stakeholders also noted that through regional groups they have developed a **better understanding of the data** gaps and challenges in monitoring and data collection of Aboriginal and Torres Strait Islander patients across services.
- Stakeholders identified a **strong increase in awareness of Aboriginal and Torres Strait Islander eye health** because of regional implementation at all levels of the system with IEHU having a significant role raising the profile and increasing awareness at a national level. At a service provider level, awareness has been increased through eye health education in communities and targeted funding for Aboriginal and Torres Strait Islander eye health care.
- Stakeholders reported regional groups have **improved use of local resources** by facilitating opportunities for local key eye health partners to map access and referral pathways of patients through the eye health system and identify areas of duplication, gaps and look for opportunities to create efficiencies. Although the sector is still facing challenges in relation to funding and adequate regional eye care workforce

KEQ 3: Enablers and barriers (pages 28-31)

Factors that support regional implementation:

- having Aboriginal and Torres Strait Islander representation and leadership in regional groups to ensure group priorities are reflecting those of the communities being served;
- having ongoing dialogue and connections across communities and sectors to determine solutions that work for individual regions, including supporting health system planning and development;
- dedicated funded coordinator for regional groups to support progress of regional groups and provide a mechanism for accountability;
- Close the Gap for Vision IEHU conferences/ roundtables and annual Roadmap reports and updates.



Barriers affecting implementation included:

- a lack of reported cultural safety within some regional groups;
- competing health priorities for community and health professionals as health disparities have increased in other areas of care;
- funding challenges experienced by many in the health sector including short-term funding, the impact of which is higher staff turnover and transitions, with many staff covering multiple roles which creates additional burden on regional group members.

Activities supporting people working in the sector (p19)

When asked about activities that had been key supports in their role, stakeholders responded positively to all activities listed in the survey. Respondents most strongly agreed that attending a Close the Gap for Vision Indigenous eye health conference / roundtable had been a key support.

Indigenous eye health sector workers know what to do, but are less certain they have the resources and support needed to carry out their work (p17)

% Agreement				% Agreement				% Agreement				% Agreement				% Agreement			
61	26	6	8	57	27	8	8	56	32	9	3	49	39	10	2	48	35	16	1
87%		14%		84%		16%		88%		12%		88%		12%		83%		17%	

IEHU tools and resources supporting people working in the sector (p20)

Responses to the tools and resources were positive across the board with low levels of disagreement. The most positive responses were to the Roadmap to Close the Gap for Vision reports and Annual Roadmap updates. Respondents were less likely to agree that the Indigenous Eye Services Calculator, website, newsletters/ e-bulletins and social media were key supports. A high proportion of people selected 'Don't know' for many of the tools and resources, indicating that there was a lack of awareness among some (see page 20 for full details of all the resources listed and responses).

% Agreement					% Agreement					% Agreement					% Agreement					% Agreement				
47	31	4	6	11	47	36	2	4	11	40	27	5	3	25	37	29	9	7	18	36	29	9	7	18
78%		10%		11%	83%		6%		11%	67%		8%		25%	66%		16%		18%	65%		16%		18%

KEY	Agree	Tend to agree	Tend to disagree	Disagree	Don't know

Other tools and resources supporting people in the sector (page 21)

The Australian Institute of Health and Welfare Indigenous eye health measures reports were reported as supporting people (80% overall agreement), along with online training and health professional educational resources (also 80% overall agreement but with a smaller proportion agreeing more strongly

KEQ 4 – what else is needed? (page 34-36)

Looking ahead - ways things could be further improved at a regional level:

- **Providing community with opportunities to feedback** about implementation of the Roadmap and the broader objectives of the Roadmap. This would help to support vertical system integration, ensuring that community and regional level decisions are heard at the national level.
- **Increasing the Aboriginal and Torres Strait Islander health workforce** including supporting school transition career pathways into health positions; ensuring there are more identified Aboriginal and Torres Strait Islander eye health roles in clinics - this is particularly crucial for ensuring better engagement from community; and increasing cultural safety in the existing eye health workforce.
- **Increasing education and funding** support for ACCHOs to produce their own eye care resources for communities. This could involve posters, brochures, good news stories, interpreters and cultural safety training for other providers. The objective of this would be to increase cultural safety for staff and community, reduce language and cultural barriers to access and increasing awareness of eye health in communities.
- **Increasing Aboriginal and Torres Strait Islander representation** in regional groups. Stakeholders suggested inviting elders, ACCHOs and potentially guest speakers such as consumers who have utilised the pathways. Critically work to improve the cultural safety of regional groups needs to precede this.
- **Providing secretariat support** for regional groups, as discussed previously, was identified as a key enabler to successful implementation of a regional approach. This is something we mentioned in the key enablers for implementation. There was strong agreement that this needs to be a paid position rather than relying on volunteers and/or organisational champions.
- **Exploring further options for networking** including bringing regional groups together at regular time points to facilitate communication across regions.

The ARTD evaluation identified four key lessons to further support and embed regional approaches. The lessons outlined below are designed to support the IEHU and Indigenous eye care stakeholders to build on the work achieved to date through the Roadmap and plan for the future.

1	2	3	4
Strengthen Indigenous leadership and ownership	Sustain regional partnerships and networks	Enhance cultural competence of eye health workforce	Continue to build the evidence base
▪ Explore opportunities for ATSIRG expansion ▪ Embed eye health in ACCHOs and Aboriginal primary care	▪ Additional funding for coordinators across Australia to embed regional approach ▪ More flexible funding to support local solutions ▪ Increase outreach funding and flexibility	▪ Improve competence within mainstream services ▪ Increase capacity for Indigenous eye health workforce ▪ Increase Indigenous representation on regional groups ▪ Strengthen connections with ACCHOs	▪ Improve local data collection to monitor impact ▪ National Eye Health Survey data ▪ Increase evidence on regional approaches

KEQ 5: the role of IEHU

As shown above, a range of tools and resources provided by IEHU were rated highly as supports for people working in the sector (such as the annual conference, reports and resources). In addition, support provided by the IEHU team was also seen as a support by 84% of survey respondents (page 21).

Support provided by IEHU team members	Agree	Tend to agree	Tend to disagree	Disagree
	57%	27%	6%	10%

The role of IEHU in supporting regional implementation (p34-35)

ARTD analysed data from the Clear Horizon interviews and found that IEHU has contributed to:

Creation of evidence-base, shared vision and plan	Created a range of technical products that contribute to an improved evidence base and to the establishment of a sector with a shared vision and plan for improving Indigenous eye health
Regional network support	Supported regional networks to assess, understanded and identify solutions to gaps in the eyecare pathway. Improved collaboration among providers and improved eyecare pathways for Indigenous people have been found as a result – however, this is not seen across all regions, only a small sample were interviewed for the evaluation and there is a lack of access to information for many others
Sharing of information across the sector	Supported sharing of information and evidence across regional, state and national levels and been an effective facilitator of stakeholder groups. Improved collaboration has occurred within and across networks and from regional to national level.
Changes in policy and funding	Directly contributed to changes in policy and funding at Commonwealth level, which has led to improvements in the way services are delivered and numbers of services provided.

KEQ 6: Relevance beyond Indigenous eye health (piii, p35-36)

ARTD found that

"The regional approach of working collaboratively through local networks and partnerships to strengthen Indigenous eye care services is potentially applicable across a range of health conditions that affect Aboriginal and Torres Strait Islander people. Principles of a regional approach that could be applicable to other contexts included community ownership and empowerment, capacity building, cultural safety and appropriateness and improvements to coordination of services at a system level." piii

Clear Horizon

Indigenous Eye Health – intermediary evaluation

KEQ 5: What is the role and effectiveness of IEH in supporting regional implementation of the Roadmap and more broadly?

Clear Horizon evaluated the role and effectiveness of IEHU as an intermediary organisation, both in supporting implementation of the Roadmap, and more broadly in the Indigenous eye health sector. This is also described using a river analogy in the report (pages 5-6).

Impact

Changes for people who interacted with IEH

Changes in knowledge → Changes in access to networks → Changes in access to resources

Changes in knowledge (page 25-29)

Improved access to knowlege and research across pathway

- Provided evidence-base through publications, products and events
- Improved knowledge and understanding of eye health and how to improve
- National conference seen as key event

Bridging geographical knowledge gaps across levels

- Effective disseminator of information across stakeholders
- Synthesised and shared knowledge across national, state and regional levels
- Tailored information to audiences

Facilitating knowledge exchange in regions

- Facilitate – support regions to understand eye sector
- Varies across regions
- Disseminate good practice between regions
- Looking at data, mapping pathways

Changes in access to networks (p 30-32)

Increased collaboration & creation of networks through annual conferences and roundtables

- IEH roundtables and conferences creating multidisciplinary networks across sector
- Increase collaboration across networks across country

IEH an important facilitator across eye health pathway

- Effective facilitator of stakeholders across pathway
- Provide opportunities to collaborate
- Contributed to unity of purpose, advanced a shared advocacy agenda

IEH effective facilitators of networks at regional level

- IEH effective advocates at regional level
- Invaluable background support, informal connectors, provide tools and resources, facilitate
- Varies across regions

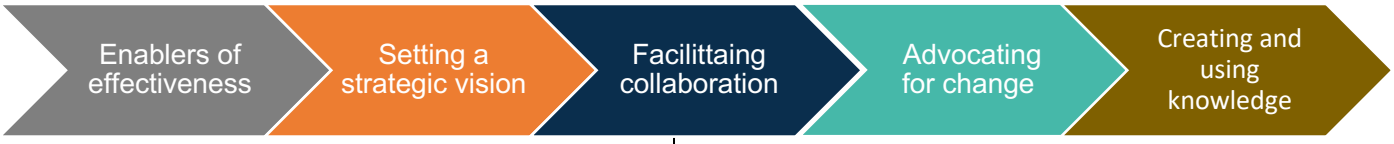
Changes in access to resources (through policy and advocacy) (page 32-33)

- Effective advocates
- Effective in leading changes in policy and resourcing for delivering services to support Indigenous eye health
- IEHU efforts have had far-reaching consequences for improving resourcing for delivering eye care services for Indigenous populations across the nation
- Wide range of policy and funding changes since 2015 - extent of IEH role cannot be quantified but consensus among respondents that IEH advocacy was a key reason for improved Commonwealth funding over past 10 years

Population level changes (p34)

- Changes seen eye health assessments, screening for diabetic retinopathy and services provided through Visiting Optometrists Scheme (in AIHW reports).
- Role of IEH in this not quantifiable and population change requires multiple actors, however, stakeholder view that IEH has contributed to population-level change through:
    - Influencing national policy and funding changes leading to better resourcing of Indigenous eye health services
    - Roadmap provided evidence and catalyst for coordinated action
    - Creation of networks through national conference and regional groups created collaborative groups working to address Indigenous eye health needs

Effectiveness (page 36-44)



Factors contributing to the effectiveness of IEH:

- Distinguished leader with significant influence within academic, Government, and eye care fields
- IEH unit has drawn on, facilitated, or generated credible evidence
- Secured flexible resources to commit to implementation of long-term goals
- Focused on developing research to describe issue AND how to resolve it. Remained committed to implementing over time
- IEH staff identified as effective collaborators and facilitators. Built a team with range of skills and backgrounds. This facilitated effectiveness in building collaborations, engaging in effective research transfer, and being practical implementers
- IEH staff committed to advocating for change, and willing to engage with and address discomfort

Tensions, barriers to effectiveness:

- Roadmap based on extensive consultation to inform development of recommendations but not enough ongoing consultation to ensure priorities updated to respond to cultural, social, and political changes
- The unwavering commitment of IEH mission results in stakeholders frustrated with communication style of some IEHU staff
- Unlike IEHU, regions do not have access to equally flexible funds to support regional implementation
- Ongoing tension of being behind the scenes vs front and centre as advocates. Further thinking needed about implications of this tension and how it enables and hinders effectiveness
- Most significant challenge involves how IEH will respond to desire of stakeholders to have future priorities and activities determined by Indigenous communities and led by Indigenous organisations

Building Indigenous Leadership

Tensions over the priorities of the Roadmap	Stakeholders want to prioritise self-determination	The way IEH engages with these issues is improving
 Tensions between IEH and Indigenous organisations when priorities do not align	 Greater Indigenous self-determination over Indigenous eye health, including ownership over Roadmap	 IEH improving promotion of Indigenous leadership and addressing self-determination
▪ Indigenous organisations have limited resources and have to prioritise where funds and time is allocated ▪ Can lead to tension with IEHU who focus on eye health	▪ Desire for greater self-determination for eye health ▪ Consultation does not equate to leadership and ownership ▪ Roadmap to be redeveloped to prioritise self-determination, Indigenous led activity and community ownership ▪ Opportunity for IEH to support and assist establishing structures ▪ Potential role for ATSIRG as sector-wide reference group	▪ IEH improving way of working ▪ IEH advocate for Indigenous representation and voices ▪ National conference seen as culturally safe and appropriate ▪ Improve effectiveness with focus on Indigenous ownership and leadership ▪ Eg through workforce development, increased Indigenous staffing, strengthened relationships, cultural safety

Sustainability

Re-develop Roadmap with Indigenous leadership and self-determination	Investigate people and organisations to continue work of IEH - support Indigenous-led groups	Appropriate resourcing and fnding for Indigenous-led eye health collaboration
		

- The context has changed since Roadmap launched in 2012
- Sustainability now directly linked to supporting Indigenous leadership and self-determination over eye health.
- IEH and Indigenous organisations who might want to lead the future coordination of eye health activities should consider what kinds of funding mechanisms would promote Indigenous ownership over the delivery of eye health activities.

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Scoping Review

This part of the evaluation was undertaken by IEH and looked at publicly available literature on regional approaches to improving eye care and eye health outcomes for First Nations people in Australia.

The scoping review found 50 sources and assessed how stakeholders were working together, the kinds of changes described, the barriers and enablers to implementation, the role of IEH in this work and what more is needed to improve eye care in the future. The review highlights some of the excellent, inspirational work happening across Australia, demonstrating the power of collaboration towards improved patient pathways and outcomes. At the same time, the available sources are limited, and report from only a small number of the regions in which eye care collaborations have occurred since the launch of the Roadmap. Increased documentation and publication of the collective work of the regions would help form a better picture of the regional efforts and allow stakeholders to build on the shared experiences of success and challenges.

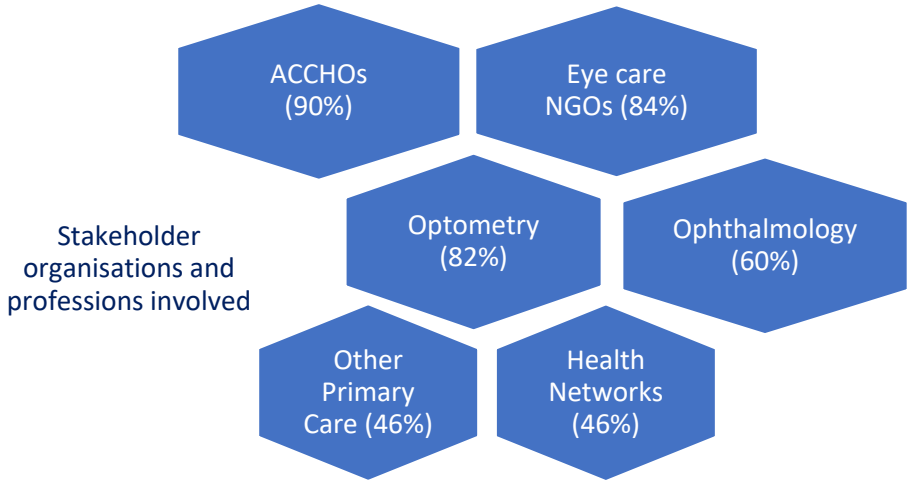
KEQ 1: HOW people are working together

There is evidence of regional activity occurring in each jurisdiction across the country, with larger numbers of sources from Victoria, New South Wales, Northern Territory and Queensland. Sources describe activity taking place across different areas, suggesting the approach is applicable across different geographical settings. Six regional networks were reported on by multiple sources, with the Central Australia and Barkly regions in the Northern Territory being the most documented.

State/Territory sources (n)	
Victoria (14)*	Western Australia (2)
News South Wales and ACT[1] (14)*	Tasmania (1)
Northern Territory (13)*	South Australia (1)
Queensland (7)	**NSW and NT combined (2), Vic and Queensland combined (1)*

The literature shows that there are a range of stakeholders working collaboratively to improve eye care, with most sources describing involvement of ACCHOs (90%) at an organisational level. This highlights the centrality of ACCHOs in regional approaches aimed at improving eye care for their communities. Eye care NGOs, optometry, and ophthalmology were other profession types most frequently represented in the literature.

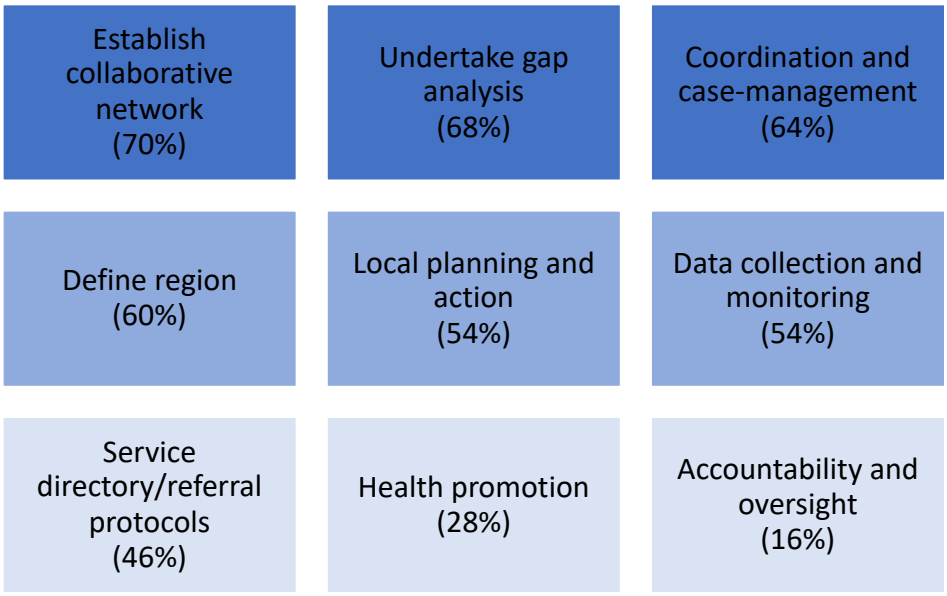
Stakeholders involved in regional approaches



[1] NSW and ACT are a combined jurisdiction in the context of coordination of outreach eye care. While there were sources describing NSW/ ACT combined, no sources focus specifically on regional work in ACT

Regional Implementation steps/elements identified in the literature

Many regional stakeholders appear to be implementing activity that aligns with the Regional Implementation (RI) steps outlined by IEH. We assessed that a high proportion of the activity reported within sources aligns with the IEH recommended RI steps. The formation of a collaborative network and undertaking a gap analysis to identify eye health needs were the RI elements most frequently identified in the literature.

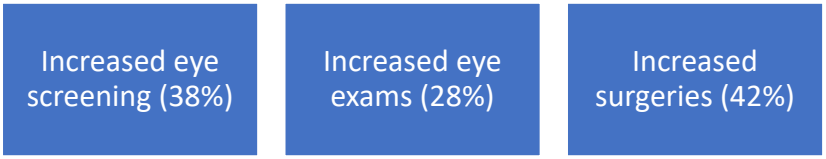


KEQ 2: CHANGES seen

A range of changes were observed within the literature, with the majority being changes to the eye care system. System-level changes reported in more than half the sources included: strengthened partnerships and collaboration between eye care stakeholders; increased and improved eye care services; and improved coordination and communication between services.

Other changes, reported in less than 50% of the sources, **included development of tools and resources to support eye care**, **increasing workforce availability**, **improving staff skills and knowledge**, **sourcing of funding and equipment**, **improved cultural safety/awareness**, and **better integration of eye care into other services**.

A smaller number of sources described changes to **outcomes**, or what we have identified as the 'impacts' of these system changes. The top three outcomes were increased numbers of surgeries provided to Indigenous patients, rates of eye screening, and eye examinations by an eye care professional.



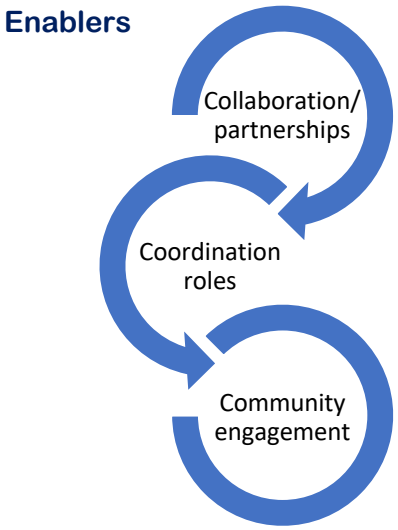
The literature highlights the importance of collaboration and partnerships in improving eye care services and outcomes for Aboriginal and Torres Strait Islander people, with this being described both as an outcome of regional activity (improving how stakeholders work together) and an enabler to making system and service changes.

KEQ 3: ENABLERS and BARRIERS

The key enablers identified within the literature related to collaboration/partnership/relationships, identified in 60% of the sources. This was followed by having a program/coordinator role (36%) and community relationships/engagement (30%).

The key barriers most frequently identified were staffing/workforce issues (20%) followed by system/process issues, community-related barriers and remoteness/distance (all of which were reported by 14% of sources).

The other two parts of the broader evaluation identified a need for Indigenous leadership and ownership of eye health activity and it is notable that both within the enablers and barriers the importance of relationships and engagement with communities were identified.



KEQ 4: FUTURE - what else is needed?

Many of the papers described what they thought the next steps to improving eye care were, and these mostly related to the activities of the specific regional group but also flagged broader activity needed at jurisdictional and national levels. Future activities included:

- sourcing additional funding/infrastructure for eye care services
- working with others to improve eye care services
- documenting and sharing learning
- improving services
- completing existing plans
- providing training and education in eye care
- collecting / sharing /utilising data
- [addressing] workforce/ staffing changes (eg additional workforce needed), appointing a dedicated eye care coordination role
- embedding eye care into primary care
- undertaking further modelling/additional information
- advocacy and
- formalising of agreements

KEQ 5: Role of IEH

IEH were identified as being involved in different ways within the sources, including through:

- presentations given at IEH-organised conferences
- acting as members of regional stakeholder groups
- IEH tools and resources being utilised and referenced by the sources
- IEH publication of a number of the sources.

This indicates that IEH has been effective in engagement with and/or supporting regional implementation and this is further documented in the other parts of the evaluation project. This review highlights the varied role of IEH in the sector, either as a stakeholder-collaborator, advisor, technical supporter and/or an enabler, creating spaces for the work of the sector and facilitating knowledge exchange.