

**Vision 2020 Australia Submission to the  
Closing the Gap Refresh  
Discussion Paper**

**April 2018**

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# Vision 2020 Australia Submission to the Closing the Gap Refresh Discussion Paper

## Executive Summary

### Introduction

Vision 2020 Australia's submission was informed by our Aboriginal and Torres Strait Islander eye health policy committee. The Committee is made up of representatives providing health services to Aboriginal and Torres Strait Islander people and professional peaks, policy experts and academics.

Our members call on the government to recommit to the Close the Gap Statement of Intent and undertake a process of true consultation with Aboriginal and Torres Strait Islander people to co-design the refreshed Closing the Gap strategy.

### Factors impacting on Aboriginal and Torres Strait Islander people's health

Aboriginal and Torres Strait Islander people experience greater health disadvantage than non-Indigenous people. Investment in Aboriginal and Torres Strait Islander health does not match greater health needs.

There is a strong relationship between health outcomes and living and working conditions. For Aboriginal and Torres Strait Islander people, health outcomes are negatively impacted by differences in social determinants.

### Collaboration between Aboriginal and Torres Strait Islander People, community-led organisations, government and business

Aboriginal and Torres Strait Islander community-led organisations must be at the forefront of health planning through co-design. The voices of Aboriginal and Torres Strait Islander people must be elevated to promote self-determination.

Political cycles and short-term funding models inhibit the growth of effective work in Aboriginal and Torres Strait Islander communities.

### Measuring targets

Expenditure on primary health services and investment in the health workforce and health enabling infrastructure should be measured, alongside less tangible measures like institutional racism, "felt" safety or cultural safety when accessing a service.

There are a number of tangible indicators related to eye health and vision care that can be adopted in the Closing the Gap refresh. These are in the Roadmap to Close the Gap for Vision and include an increase in the number of adult health checks and retinal examinations for Aboriginal and Torres Strait Islander people with diabetes, cataract surgery, visiting specialist days, treatment for trachoma and diabetic retinopathy and access to subsidised spectacles.

## Aboriginal and Torres Strait Islander people with disability

Aboriginal and Torres Strait Islander people with disability experience higher levels of disadvantage. The Closing the Gap refresh must acknowledge the intersectional experience for Aboriginal and Torres Strait Islander people who are blind or have low vision, and the impact of additional barriers.

Health can be impacted by connection and access to culture, traditional lands and spiritual practice.

## Recommendations

1. Ensure the refreshed Closing the Gap strategy addresses the social determinants of health, in particular those that impact on eye health and vision care in Aboriginal and Torres Strait Islander communities.
2. Ensure Aboriginal and Torres Strait Islander people and organisations lead the design of the refreshed Closing the Gap strategy.
3. Commit to long term funding based on the needs of communities, rather than political cycles.
4. Work towards establishing unified Commonwealth, state and territory approaches to Aboriginal and Torres Strait Islander eye health.
5. Measure inputs to Aboriginal and Torres Strait Islander health as well as outputs and outcomes.
6. Develop mechanisms for identifying and measuring barriers to Aboriginal and Torres Strait Islander access to eye health services.
7. Develop mechanisms to define and monitor improvements in access to eye health services.
8. Consider the indicators for Aboriginal and Torres Strait Islander eye health and vision care as detailed in the Roadmap to Close the Gap for Vision 2017 in the refreshed Closing the Gap strategy.
9. Include Aboriginal and Torres Strait Islander health leadership in the development of indicators for the refreshed Closing the Gap strategy.
10. Invest in data collection and analysis about eye health to support the refreshed Closing the Gap strategy.
11. Recognise the intersectional nature of disadvantage experienced by Aboriginal and Torres Strait Islander people with disability and the health impacts of disconnection from land, culture and spiritual practices, and include this in the refreshed Closing the Gap strategy.

## Introduction

Vision 2020 Australia (V2020A) was established in October 2000. We are part of VISION 2020: The Right to Sight, a global initiative of the World Health Organization and the International Agency for the Prevention of Blindness.

As the national peak body for the eye health and vision care sector, Vision 2020 Australia's role is to ensure that eye health and vision care remains high on the health, ageing, disability and international development agendas of Australian governments.

Vision 2020 Australia represents 50 member organisations involved in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support. A core V2020A priority is equitable access to quality eye health and vision care services for Aboriginal and Torres Strait Islander people, who are three times more likely to experience blindness than non-Indigenous Australians.<sup>1</sup>

This submission was informed by V2020A's Aboriginal and Torres Strait Islander Committee. The Committee is made up of representatives providing health services to Aboriginal and Torres Strait Islander people and professional peaks, policy experts and academics.

Vision 2020 Australia supports the recommendations of the Close the Gap Campaign Steering Committee (CTG CSC), in *Close the Gap: A ten-year review: the Closing the Gap Strategy and Recommendations for Reset*.<sup>2</sup> The government must recommit to the Close the Gap Statement of Intent, which outlines a number of principles that continue to be relevant and integral to the success of the Close the Gap Strategy, including comprehensive, long term planning, Aboriginal Community controlled health care services and health infrastructure. In our view, the government must undertake a process of true consultation with Aboriginal and Torres Strait Islander people, giving sufficient time to the process. The government must also ensure the full participation of Aboriginal and Torres Strait Islander people in all aspects of health planning and service delivery.

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<sup>1</sup> Foreman, J., Keel, S., Xie, J., van Wijngaarden, P., Crowston, J., Taylor, H. and Dirani, M., *The National Eye Health Survey 2016*, Vision 2020 Australia, Melbourne, p. 12

<sup>2</sup> Close the Gap Campaign Steering Committee, *Close the Gap: A ten-year review: the Closing the Gap Strategy and Recommendations for Reset* 2018

[https://www.humanrights.gov.au/sites/default/files/document/publication/CTG%202018\\_FINAL-WEB.pdf](https://www.humanrights.gov.au/sites/default/files/document/publication/CTG%202018_FINAL-WEB.pdf)  
(Accessed 27/2/18)

# Factors impacting on Aboriginal and Torres Strait Islander people's health

## Recommendation:

- Ensure the refreshed Closing the Gap strategy addresses the social determinants of health, in particular those that impact on eye health and vision care in Aboriginal and Torres Strait Islander communities.

In 2016, the Australian Institute of Health and Welfare (AIHW) reported that Aboriginal and Torres Strait Islander people, as a population group, continue to experience greater health disadvantage than non-Indigenous Australians.<sup>3</sup> For example:

- Around 36% of Aboriginal and Torres Strait Islander people have some form of disability, around 1.5 times the rate experienced by non-Indigenous Australians.<sup>4</sup>
- Aboriginal and Torres Strait Islander people experience diabetes prevalence, hospitalisation and death at 3-4 times the rate of non-Indigenous Australians.<sup>5</sup>
- Aboriginal and Torres Strait Islander people aged 50-59 experience almost twice the prevalence of vision impairment as non-Indigenous Australians. It is four times higher for those aged 60-69.<sup>6</sup>
- Australia remains the only high-income country where trachoma is endemic. It occurs in remote Aboriginal communities and in 2016 was identified in Northern Territory, South Australia and Western Australia.<sup>7</sup>
- Aboriginal and Torres Strait Islander people are three times as likely to be blind as non-Indigenous people.<sup>8</sup>
- Ninety-four per cent of vision impairment or blindness is preventable or treatable for Aboriginal and Torres Strait Islander people; however, 35 per cent have never had an eye exam.<sup>9</sup>

Aboriginal and Torres Strait Islander people experience 2.3 times the disease burden of non-Indigenous people. Health expenditure is estimated at \$1.38 per Aboriginal and Torres Strait

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<sup>3</sup> Australian Institute of Health and Welfare, *Australia's Health 2016*, <https://www.aihw.gov.au/getmedia/9844cefb-7745-4dd8-9ee2-f4d1c3d6a727/19787-AH16.pdf.aspx?inline=true> (Accessed 27/2/18) p. 14

<sup>4</sup> AIHW 2016 p. 15

<sup>5</sup> AIHW 2016 p. 15

<sup>6</sup> Foreman et al, 2016 p. 15

<sup>7</sup> *Australian Trachoma Surveillance Report 2016*. The Kirby Institute, UNSW Australia, Sydney NSW 2052.

<sup>8</sup> Foreman et al, 2016

<sup>9</sup> Taylor, H., Jatkar, U and Anjou, M, *The Roadmap to Close the Gap for Vision*, 2015, Indigenous Eye Health, Melbourne School of Population and Global Health, The University of Melbourne

Islander person for every \$1 spent per non-Indigenous person in 2013-14.<sup>10</sup> Investment does not meet the health needs of Aboriginal and Torres Strait Islander people. Analysis undertaken for Indigenous Eye Health, Melbourne School of Population and Global Health indicated proper investment could result in a return of \$2.50 for each additional \$1.00 spent.<sup>11</sup>

A refreshed Closing the Gap Strategy must: provide a platform that enables the development of solutions by Aboriginal and Torres Strait Islander people; acknowledges the inequitable disease burden; and allocates funding accordingly.

There is a strong relationship between health outcomes and living and working conditions. The AIHW reported “factors such as income, education, conditions of employment, power and social support act to strengthen or undermine the health of individuals and communities.”<sup>12</sup>

For Aboriginal and Torres Strait Islander people, health outcomes are negatively impacted by differences in social determinants. Aboriginal and Torres Strait Islander people are more likely to have low income, low educational attainment,<sup>13</sup> experience housing instability<sup>14</sup> or live in inadequate housing.<sup>15</sup>

In 2016 Aboriginal and Torres Strait Islander peak representative organisations developed the Redfern Statement, calling for a better understanding of the social determinants of health and wellbeing, to guide initiatives to close the gap in health. They argued that a siloed approach to addressing Aboriginal and Torres Strait Islander disadvantage would prevent progress. The Redfern Statement said it is impossible to close the gap without addressing the social determinants of health and wellbeing, including housing, education, employment and community support.<sup>16</sup>

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<sup>10</sup> Close The Gap Campaign Steering Committee 2018 p. 5

<sup>11</sup> University of Melbourne, Indigenous Eye Health, *The value of Indigenous sight: An economic analysis. Final Report*, PricewaterhouseCoopers Australia, Melbourne, p. 20

<sup>12</sup> AIHW 2016 p. 129

<sup>13</sup> AIHW 2016 p. 142

<sup>14</sup> Homelessness Australia, *Homelessness and Aboriginal and Torres Strait Islanders 2016*

[https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-](https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_ATSIv3.pdf)

[07/Homelessness\\_and\\_ATSIv3.pdf](https://www.homelessnessaustralia.org.au/sites/homelessnessaus/files/2017-07/Homelessness_and_ATSIv3.pdf) (Accessed 27/2/18)

<sup>15</sup> Grant, E., Zillante, G., Tually, S., Chong, A., Srivastava, A., Lester, L., Beilby J., and Beer, A., “Housing and Indigenous people living with a disability: lived experiences of housing and community infrastructure” *Positioning Paper for the Australian Housing and Urban Research Institute*,

[https://www.ahuri.edu.au/\\_data/assets/pdf\\_file/0010/7012/AHURI\\_Positioning\\_Paper\\_No168\\_Housing-and-Indigenous-people-living-with-a-disability-lived-experiences-of-housing-and-community-infrastructure.pdf](https://www.ahuri.edu.au/_data/assets/pdf_file/0010/7012/AHURI_Positioning_Paper_No168_Housing-and-Indigenous-people-living-with-a-disability-lived-experiences-of-housing-and-community-infrastructure.pdf) (Accessed 27/2/18)

<sup>16</sup> Aboriginal and Torres Strait Islander Peak Organisations, *The Redfern Statement 2017*

[https://nationalcongress.com.au/wp-content/uploads/2017/02/The-Redfern-Statement-9-June-\\_Final.pdf](https://nationalcongress.com.au/wp-content/uploads/2017/02/The-Redfern-Statement-9-June-_Final.pdf) (Accessed 27/2/18) p. 10

Vision 2020 Australia supports a greater focus on the social determinants of health. Our members gave examples of the direct impact of social factors on eye health, for example, incidence of trachoma and diabetic retinopathy.<sup>17</sup>

***Connecting the social determinants of health with eye health in Aboriginal and Torres Strait Islander communities***

**Trachoma**

High rates of trachoma in remote communities are closely connected to poor access to clean water, poor access to medical services and overcrowded housing.

**Diabetic retinopathy**

Historical, social and cultural and health-factors combine resulting in Aboriginal and Torres Strait Islander adults being 3.4 times more likely to have diabetes as non-Indigenous adults. Furthermore, the 2016 *National Eye Health Survey* identified 53% of Indigenous Australians with diabetes (compared with 78% of non-Indigenous Australians) had the recommended retinal examination, resulting in higher rates of diabetic retinopathy.

Vision 2020 Australia supports the position of the CTG CSC in calling for social determinants of health inequality to be addressed to inform future directions to close the gap.<sup>18</sup>

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<sup>17</sup> Also see, Warren, J. and Birrell, A., “Trachoma in remote Indigenous Australia: a review and public health perspective”, *Australian and New Zealand Journal of Public Health* Vol 40, Suppl 1 2016; Burrow S, Ride K *Review of diabetes among Aboriginal and Torres Strait Islander people. Australian Indigenous HealthInfoNet* 2016 <http://www.healthinfonet.ecu.edu.au/chronic-conditions/diabetes/reviews/our-review> (Accessed 10/4/18); Australian Institute of Health and Welfare “Cardiovascular disease, diabetes and chronic kidney disease—Australian facts: Aboriginal and Torres Strait Islander people” 2015 <https://www.aihw.gov.au/getmedia/e640a6ba-615c-46aa-86d3-097d0dc1d0c3/19548.pdf.aspx?inline=true> (Accessed 13/3/18); and Foreman et al., 2016, p. 18

<sup>18</sup> See, for example, Recommendation 3 in The Close the Gap Campaign Steering Committee for Indigenous Health Equality, *A ten year review: the Closing the Gap Strategy and Recommendations for Reset* [https://www.humanrights.gov.au/sites/default/files/document/publication/CTG%202018\\_FINAL-WEB.pdf](https://www.humanrights.gov.au/sites/default/files/document/publication/CTG%202018_FINAL-WEB.pdf) (Accessed 27/2/18). This proposal is supported by the original Close the Gap Statement of Intent, which commits to ‘working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples’.



# Collaboration between Aboriginal and Torres Strait Islander People, community-led organisations, government and business

## Collaborate with Aboriginal and Torres Strait Islander people and organisations

### **Recommendation:**

- Ensure Aboriginal and Torres Strait Islander people and organisations lead the design of the refreshed Closing the Gap strategy.

Aboriginal and Torres Strait Islander community-led organisations must be at the forefront of health planning through co-design. The voices of Aboriginal and Torres Strait Islander people must be elevated to promote self-determination. Aboriginal and Torres Strait Islander people, government and business can work better together when all parties approach the work in a spirit of genuine partnership and collaboration.

Vision 2020 Australia members acknowledged the importance of Aboriginal and Torres Strait Islander people and organisations leading the design of the refreshed Closing the Gap strategy and Commonwealth, state and territory health planning. To effectively participate in collaborative processes and health planning, Aboriginal Controlled Health Organisations (ACCHOs) must be resourced to support their active participation in planning and consultation processes.

Vision 2020 Australia members pointed to the collaborative working style adopted by the V2020A policy committees, that bring together business, community members, peak bodies, professional associations and health service providers to deal with eye health and vision care policy and advocacy. This is a model that the Closing the Gap initiative could consider for bringing together the multi-sectoral expertise needed to deliver initiatives to improve Aboriginal and Torres Strait Islander health outcomes.

## Funding should be based on Aboriginal and Torres Strait Islander health needs, not political cycles

### Recommendation:

- Commit to long term funding based on the needs of communities, rather than political cycles.

The CTG CSC called for a five-year national plan to identify and fill health service gaps (see Recommendation 5). Vision 2020 Australia supports this recommendation. The government can foster more effective working relationships if it acknowledges that the political cycle inhibits the growth of good work. Short funding cycles and bureaucratic funding structures are damaging to effective partnership building between governments, Aboriginal and Torres Strait Islander people and business. The uncertainty created by short term funding cycles is also a de-motivator for business and creative partnerships.

Short term funding is also ineffective at addressing long-term health inequalities that require long term solutions. This issue was examined by the Senate inquiry into the impact on service quality, efficiency and sustainability of recent Commonwealth Indigenous Advancement Strategy tendering processes by the Department of Prime Minister and Cabinet. Changes to funding mechanisms under the Indigenous Advancement Strategy led to confusion for organisations and a refocus of resources onto resource intensive funding applications ahead of direct service delivery.<sup>19</sup>

The government must align service provision with an assessment of population-based needs. This will help to determine the gap between current service provision and the real needs of the population. This is particularly the case for rural and remote service provision, including the Rural Health Outreach Fund, the Visiting Optometrists Scheme and the regional coordination and patient case management services provided under Integrated Team Care.

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<sup>19</sup> Finance and Public Administration References Committee, *Commonwealth Indigenous Advancement Strategy tendering process*  
[https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Finance\\_and\\_Public\\_Administratio n/Commonwealth\\_Indigenous/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administratio n/Commonwealth_Indigenous/Report) (Accessed 11/4/18)

## Achieve consistency across Commonwealth, State and Territory approaches

### Recommendation:

- Work towards establishing unified Commonwealth, state and territory approaches to Aboriginal and Torres Strait Islander eye health.

Vision 2020 Australia members also identified the need for better collaboration between governments. We are of the view better relationships can be achieved between community and Commonwealth and state and territory governments if they adopt a unified approach to Aboriginal and Torres Strait Islander health. National health “architecture”,<sup>20</sup> including national partnerships, funding agreements, jurisdictional implementation plans, and reporting on national and state/territory targets is required. Costing and funding the Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan is an integral part of this national architecture.

### ***Good practice example***

In 2016, Optometry Australia and the National Aboriginal Community Controlled Health Organisation (NACCHO) developed the *Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people: Recommended implementation standards*. In recognition that a nationally consistent approach to providing subsidised spectacles to Aboriginal and Torres Strait Islander people would have a dramatic impact on eye health, these Principles and standards were subsequently endorsed by Vision 2020 Australia. The Principles detail the key elements of subsidised spectacle schemes which would meet the needs of Aboriginal and Torres Strait Islander people regardless of their location.

The need for a nationally consistent approach to Aboriginal and Torres Strait Islander eye care is also supported in *the Roadmap to Close the Gap for Vision*.<sup>21</sup>

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<sup>20</sup> Close the Gap Campaign Steering Committee 2018 p. 6

<sup>21</sup> Taylor, H., Jatkar, U and Anjou, M, *The Roadmap to Close the Gap for Vision*, 2015, Indigenous Eye Health, Melbourne School of Population and Global Health, The University of Melbourne

## Measuring targets

### Recommendations:

- Measure inputs to Aboriginal and Torres Strait Islander health as well as outputs and outcomes.
- Develop mechanisms for identifying and measuring barriers to Aboriginal and Torres Strait Islander access to eye health services.
- Develop mechanisms to define and monitor improvements in access to eye health services.

## Measuring and targets: Are we measuring the right things?

Vision 2020 Australia members support the recommendation from the CTC CSC that there should be closer examination and tracking of inputs to health including expenditure of primary health care services, health workforce and health enabling infrastructure. The CTC CSC notes “two major inputs to achieve sustainable improvements to the health of any population are health goods and services (and particularly primary health care) and health infrastructure (including housing).”<sup>22</sup>

## Indicators that are hard to measure

Vision 2020 Australia members noted that measuring health outcomes through access to health services is difficult because it is hard to measure factors like institutional racism.<sup>23</sup> A broader framework is required to examine issues that contribute to unequal health outcomes.

Access to health services can be hard to quantify when services are not culturally safe.<sup>24</sup> While there might be a number of services in a particular area, they are effectively inaccessible if people do not feel safe using them. A member gave an example of a regional area that was well serviced with hospitals and health services. However, these services had a reputation for engaging ineffectively with Aboriginal community members and, as a result, Aboriginal people did not access the services.

While some of these problems are well known by those working in Aboriginal health, reaction to NSW Health’s announcement that they would create culturally appropriate waiting rooms in

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<sup>22</sup> Close the Gap Campaign Steering Committee 2018 p. 30

<sup>23</sup> Institutional racism refers to racial discrimination that exists within institutional structures. Individuals within the institution may not be racist but the operation of the institution is covertly and/or overtly racist. For more information see “Racism No Way” teaching resources available from <http://www.racismnoway.com.au/teaching-resources/anti-racism-activities/lesson-ideas/institutional-racism/> (Accessed 20/3/18).

<sup>24</sup> Cultural safety in a health context relates to providing health care that fits within familiar cultural values and norms of the person accessing the service. This is usually different to the dominant culture. For further information, see the Victorian Aboriginal Community Controlled Health Organisation <http://www.vaccho.org.au/consultancy/cs/> (Accessed 20/3/18).

hospitals indicated that problems like institutional racism and culturally safety are not widely understood or accepted.<sup>25</sup>

In line with Recommendation 3 made by the CTG SCS, the government needs to measure equality of access to health goods and services and health infrastructure. The mechanisms for measuring equality of access should be determined in partnership with Aboriginal and Torres Strait Islander health leaders and organisations. In relation to equity in eye health, this includes sufficiently funded and resourced culturally safe services and workforce to meet regionally identified needs.

### ***Good practice examples***

Service delivery that overcomes systemic access issues include the IDEAS (Indigenous diabetes eyes and screening) Van in Queensland, the Lions Outback Vision outreach service in Western Australia and the Eye Health and Chronic Disease Specialist Support Program in South Australia. While each of these services operate differently in scale and practice, they say their success is based on providing services that link closely with and are supported by local ACCHOs. This includes logistics and coordination support, as well as advice from the local ACCHO to the visiting service on local community issues and cultural sensitivity.

## **Measuring prosperity and aspirations**

The Sustainable Development Goal on Health and Wellbeing captures the connection between health and prosperity in this way:

*Ensuring healthy lives and promoting well-being for all at all ages is important to building prosperous societies.<sup>26</sup>*

Vision 2020 Australia members noted the complexity of measuring prosperity and aspirations as part of Close the Gap, when there is still so much to be done around equality of access to health services and health infrastructure, and culturally safe eye care services for Aboriginal and Torres Strait Islander people. While prosperity is important, in the view of Vision 2020 Australia members, there are a number of steps that need to be taken to ensure that Aboriginal and Torres Strait Islander communities have access to basic health infrastructure to build prosperity.

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<sup>25</sup> See, for example, “Indigenous patients to get culturally appropriate waiting rooms in hospitals”, <https://www.sbs.com.au/news/indigenous-patients-to-get-culturally-appropriate-waiting-rooms-in-hospitals> (Accessed 10/4/18)

<sup>26</sup> United Nations Sustainable Development Goals, “Good Health and Wellbeing: Why it matters” [http://www.un.org/sustainabledevelopment/wp-content/uploads/2017/03/ENGLISH\\_Why\\_it\\_Matters\\_Goal\\_3\\_Health.pdf](http://www.un.org/sustainabledevelopment/wp-content/uploads/2017/03/ENGLISH_Why_it_Matters_Goal_3_Health.pdf) (Accessed 1/3/18)

## Tangible Indicators

### Recommendations:

- Consider the indicators for Aboriginal and Torres Strait Islander eye health and vision care as detailed in the Roadmap to Close the Gap for Vision 2017 in the refreshed Closing the Gap strategy.
- Include Aboriginal and Torres Strait Islander health leadership in the development of indicators for the refreshed Closing the Gap strategy.
- Invest in data collection and analysis about eye health to support the refreshed Closing the Gap strategy.

Vision 2020 Australia support the following indicators in relation to measuring eye health and vision care as part of the Close the Gap initiative:

- Increase in the number adult health checks (Medicare Benefits Scheme 715)
- Increase in retinal examinations for Aboriginal and Torres Strait Islander people with diabetes
- Cataract surgery rate for Aboriginal and Torres Strait Islander people compared with the rate for non-Indigenous people
- Cataract surgery occurring within 90 days of booking
- Visiting optometry days in rural and remote communities
- Visiting ophthalmology days in rural and remote communities
- Trachoma prevalence rates and treatment coverage
- Treatment rate for diabetic retinopathy
- Subsidised spectacles.<sup>27</sup>

Vision 2020 Australia members support further investment in data collection and analysis to support Closing the Gap. This includes an ongoing commitment to the collection of national eye health and vision care data, through a second national eye health survey and through the work of the Australian Institute of Health and Welfare's Indigenous Eye Health Measures.<sup>28</sup> Aboriginal and Torres Strait Islander leaders and health organisations should determine, in partnership with government, the final health indicators included in the refreshed Closing the Gap strategy.

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<sup>27</sup> 2017 Annual Update on the Implementation of The Roadmap to Close the Gap for Vision [http://mspgh.unimelb.edu.au/\\_data/assets/pdf\\_file/0005/2546402/2017-AnnualUpdate.pdf](http://mspgh.unimelb.edu.au/_data/assets/pdf_file/0005/2546402/2017-AnnualUpdate.pdf) (Accessed 1/3/18)

<sup>28</sup> See <https://www.aihw.gov.au/getmedia/53cc66dd-d215-44d8-b7b0-d3e903f3aa42/20635.pdf.aspx?inline=true> (Accessed 21/3/18)

# Aboriginal and Torres Strait Islander people with disability

## Intersectionality

### Recommendation:

- Recognise the intersectional nature of disadvantage experienced by Aboriginal and Torres Strait Islander people with disability and the health impacts of disconnection from land, culture and spiritual practices, and include this in the refreshed Closing the Gap strategy.

In consultations for the development of the Redfern Statement, disability service providers said:

*The disadvantage experienced by Aboriginal and Torres Strait Islanders with disability and their families is intersectional. It arises because of the systemic barriers they face as a person who is both Aboriginal and Torres Strait Islander AND a person with disability. Intersectionality compounds the disadvantage, in that the systemic barriers accumulate across a person's life. Aboriginal and Torres Strait Islanders with disability are, for example, many times more likely than other Indigenous persons, and many more times likely than non-Indigenous persons to experience family violence, removal from families, and to be in contact with and incarcerated in the criminal justice system.<sup>29</sup>*

The Redfern Statement called on the government to work to address intersectional discrimination by addressing the unique disadvantage experienced by Aboriginal and Torres Strait Islander people with disability, through equitable access to the National Disability Insurance Scheme and disability access targets within the Closing the Gap framework.

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<sup>29</sup> The Redfern Statement Disability Workshop Communique <http://fpdn.org.au/the-redfern-statement-disability-workshop-communique/> (Accessed 13/3/18)

## Conclusion

The United Nations Declaration of the Rights of Indigenous Peoples affirms the connection between health, culture and access to traditional lands. In consultations, Vision 2020 Australia members discussed Australian society's obligation to acknowledge the connection between removal from traditional lands and social and health outcomes for Aboriginal and Torres Strait Islander people.

The refreshed Closing the Gap strategy must acknowledge the multiple layers of disadvantage experienced by Aboriginal and Torres Strait Islander people who need health services, including eye health and vision care services. Additionally, the refreshed Closing the Gap strategy must take into account the experiences of Aboriginal and Torres Strait Islander people with disability in planning to close the gap.

The refreshed Closing the Gap strategy must be led and implemented by Aboriginal and Torres Strait Islander people, communities, and community-led organisations, with the support of the Australian government.