Vision Initiative end of program evaluation report 2012-15

November 2015

Contents

1 Main Messages

- A three-tiered approach to health promotion is an effective way of empowering people who are at risk of eye disease to take personal control of their eye health and seek out an eye examination without referral. The approach must target three powerful messengers: community groups, primary health providers and local media. All three messengers must deliver consistent messages on eye health and vision care and the importance of regular eye tests to the community.

- When implementation is focused at a local government area level, resources can be directed to specific health promotion interventions. Such concentrated efforts lead to the education of health professionals and the start of system change. System change and education provide long-term sustainability in the community well after the project has been completed. However, with limited resources, it is not possible to maintain this level of concentrated activity over a large geographic area over time. State-wide interventions can reinforce results in the long term and support sustainability.

- The large scale engagement of primary health providers and community workers is successful when the program is supported by Medicare Locals (recently replaced with Primary Health Networks), Primary Care Partnerships and Local Councils. Without it, interventions are often driven by an individual and fail to provide sufficient saturation of the health promotion program required for population-level change.

- Collaboration and active participation from state-level partners, including representative professional bodies and service providers, is critical to ensure the implementation of eye health promotion programs to have an impact at a population level. The involvement of eye health and vision care providers, such as low vision and rehabilitation services, in the training of health professionals is important to link theory to practice and services available.

- When eye health information is integrated into primary practice the identification of people who are at risk of eye disease improves. As a consequence, education and

referral (formal and informal) of these patients to see primary eye health providers (optometrists) for an eye examination increases. When Practice Managers and/or Practice Nurses are engaged, system change in GP practices is maximised. Eye health can be effectively integrated into patient care plans (including chronic disease and diabetes) and periodic patient review points to ensure the early detection of people who are at risk of eye disease. Subsequent referrals to an eye health provider can prevent unnecessary vision loss.

- Resource intensive, face-to-face meetings and training with primary health providers (GP and Pharmacy practices) during program implementation yield more engaged practices, leading to enhanced receptiveness in integrating eye health into practice.

- Optometrists need to continually build strong relationships with primary health care practices in their area, even when relationships are perceived as strong. Through building and maintaining these relationships, local professional networks can be developed and be used to ensure continuous professional education. With staff turnover, new personnel not familiar with the scope of practice provided by optometry and services available in the area may benefit from this support, ensuring continuity of care provision.

- Overseas trained GPs are often unaware of the scope of practice offered by optometry due to in country variations. Educating foreign trained GPs is critical for improved referrals from this health provider group.

2   Executive Summary

In 2012-15, the Vision Initiative successfully tested a novel three-tiered approach to reduce avoidable blindness and vision loss in four local government areas (LGAs) where populations were considered at increased risk of eye disease. This three-tiered approach was delivered via pilot projects in the four LGAs of Darebin, Greater Geelong, Greater Shepparton and Latrobe.

This report evaluates if Vision Initiative state-wide and pilot project interventions were successful in achieving the Vision Initiative strategic objectives. It also identifies which of the four pilot projects was most effective.

Evaluation approaches, key findings and recommendations are presented in this report and will inform future implementation of the Vision Initiative.

Differing interventions were implemented in each pilot project to determine the effectiveness of differing engagement strategies with health professionals and community. Key informant interviews with health professionals and population-based telephone interviews per LGA were used to draw findings.

Pilot project interventions were complemented by state-level activity that included online education of health professionals and the distribution of a freshly designed diabetes and eye health brochure to over 27,000 Victorians newly diagnosed with type 2 diabetes.

Results indicate that state-wide interventions and the three-tiered approach have been successful in achieving the Vision Initiative strategic objectives.

Results indicate the most effective pilot project was delivered in Greater Shepparton. Health professionals (GPs, practice nurses and pharmacists) increased referrals (formal and informal) of patients to optometry services for an eye examination and community were more proactive in having an eye examination. Key success factors included:

- Strong relationship development with the Medicare Local (recently replaced with Primary Health Networks (PHNs)), Primary Care Partnership (PCP) and Local Council improved engagement with health professionals and community.

- Face-to-face activities (distribution of information and training) with health professionals yielded better engaged practices.

- Local media campaigns on TV, radio, poster distribution and billboards are supported by health professionals and community as effective means of communicating eye health messages to the public.

The three-tiered approach applied to Greater Shepparton has provided population-level change with health providers integrating eye health into their practices and community becoming more proactive about their eye health.

This success story provides clear direction to the Vision Initiative in how it should implement further activity across Victoria in areas most in need.

The report

3   Context

The Vision Initiative is an integrated health promotion program funded by the Victorian Government and managed by Vision 2020 Australia. It aims to prevent avoidable blindness and vision loss and address the impact of vision loss in the Victorian community through three strategic objectives:

1. increase the awareness and knowledge of at-risk , non-tested and under-tested groups about the importance of prevention, regular eye tests and low vision services

2. improve understanding and awareness among health professionals and eye health professionals of eye health and vision issues and referral pathways across the full continuum of care

3. ensure a platform for collaboration and sustainable partnerships between Victorian eye health and vision care providers, government and other organisations.

In Australia, 75 per cent of vision loss is preventable or treatable, if detected early. As many eye conditions are asymptomatic in their early stages regular eye examinations are essential for the early detection and treatment of many eye conditions.

People at increased risk of eye conditions include people aged over 40, people with a family history of eye disease, people with diabetes, smokers and Aboriginal and Torres Strait Islander people. In addition, culturally and linguistically diverse (CALD) groups are often under-represented in eye examination rates in Victoria.

4   Implications

This evaluation report has been developed to assess the effectiveness of the Vision Initiative in achieving its strategic objectives during 2012-15. While the evaluation report primarily provides a response to the Department of Health and Human Services (DHHS) and the Vision Initiative Steering Committee (VISC), additional audiences may find it useful. Audiences for this report and findings that each may find useful are outlined in Table 1 below.

The results of this evaluation play a key role in informing future Vision Initiative interventions. It may provide guidance for other health promotion programs looking to implement localised projects, in particular in the eye health sector.

Table 1 – Vision Initiative key areas of interest for audience groups

Vision Initiative key areas of interest for audience groups	DHHS	V2020A Board/ Members	VISC	LGAs	PCP	PHN	Primary health peak bodies	Pilot project health providers	Health promotion professionals
The Vision Initiative successfully tested a new three-tiered approach to delivering eye health and vision care messages to Victorians at increased risk of eye disease.	✓	✓	✓	✓	✓	✓	✓	✓	✓
The three-tiered approach is an effective way of empowering people who are at risk of eye disease to take personal control of their eye health and seek out an eye examination without referral. Consistent messages should be delivered through community groups, primary health providers and local media.	✓	✓	✓	✓	✓	✓	✓	✓	✓

Vision Initiative key areas of interest for audience groups	DHHS	V2020A Board/ Members	VISC	LGAs	PCP	PHN	Primary health peak bodies	Pilot project health providers	Health promotion professionals
The large scale engagement of primary health providers and community workers is successful when the program is supported by Medicare Locals, Primary Care Partnerships and Local Councils. Without it, interventions are often driven by an individual and fail to provide sufficient saturation required for population-level change. Greater Shepparton proved to be the most successful.	✓	✓	✓	✓	✓	✓	✓	✓	✓
LGA level interventions allow resources to be directed to specific health promotion interventions. Concentrated efforts lead to the education of health professionals and the start of system change. System change and education provide long-term sustainability in the community well after the project has been completed.	✓	✓	✓	✓	✓	✓	✓		✓
Community were more proactive in seeking assistance from an optometrist with a reduction in the reliance on primary health services for eye health information.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Resource intensive, face-to-face meetings and training with primary health providers (GP and pharmacy practices) during program implementation yields more engaged practices, leading to enhanced receptiveness in integrating eye health into practice.	✓	✓	✓	✓	✓	✓	✓		✓
Eye health can be effectively integrated into primary practice through education of patients and inclusion of optometry patient care plans (including chronic disease and diabetes) for sustainable change. Subsequent referrals to an eye health provider can prevent unnecessary vision loss.	✓	✓	✓			✓	✓	✓	✓
Practice nurses and practice managers are key to sustainable practice change.	✓	✓	✓			✓	✓	✓	✓

Vision Initiative key areas of interest for audience groups	DHHS	V2020A Board/ Members	VISC	LGAs	PCP	PHN	Primary health peak bodies	Pilot project health providers	Health promotion professionals
Optometrists need to continually build strong relationships with primary health care practices in their area even where strong relationships exist. New personnel are often not familiar with the scope of practice provided by optometry.	✓	✓	✓				✓	✓	✓
Foreign trained GPs are often unaware of service delivery by optometry due to in country variations. Educating foreign trained GPs is critical for improved referrals.	✓	✓	✓			✓	✓	✓	✓
Strong local media campaigns (TV, radio, posters etc) are supported by health professionals and community to effectively communicate eye health messages.	✓	✓	✓	✓		✓	✓	✓	✓
The success of the program is reliant on the collaboration with state and local partnerships established at all levels to assist with intervention development and implementation.	✓	✓	✓	✓	✓	✓	✓	✓	✓

5   Approach

Prior to 2012, the Vision Initiative delivered interventions on a state-wide level. This often meant that efforts were diluted given the large geographic area to cover with limited resources.

In 2012, the Vision Initiative set out to redesign the way in which the program delivered eye health messages to the Victorian community. Rather than continue with a state-wide effort, the Vision Initiative was redesigned to implement concentrated interventions to local government areas (LGAs) where residents were considered more at risk of eye disease.

Limiting implementation to LGA boundaries enabled the Vision Initiative team to focus the delivery of interventions to a confined area which aided in the evaluation of the program.

A desktop review identified that using more than one method of communicating health promotion information, such as using varying health promotion methods/tools and health professional training, yielded stronger results in behaviour change.

As such, the Vision Initiative designed a three-tiered approach using three powerful messengers, health professionals, community and general awareness campaigns, to deliver eye health and vision care messages to those at increased risk of eye disease (see Figure 1 – Vision Initiative Pilot Project three-tiered approach).

To ensure interventions were implemented in areas most in need, the Vision Initiative analysed unpublished eye health data from the *2008 Victorian Population Health Survey* noting the following: percentage of the population who had not had an eye examination; age demographics; smoking status; diabetes prevalence/weight status; and Aboriginality. Shortlisted LGAs were then assessed according to eye health services available locally. The four LGAs selected were Darebin, Greater Geelong, Greater Shepparton and Latrobe.

Figure 1: Vision Initiative Pilot Project three-tiered approach
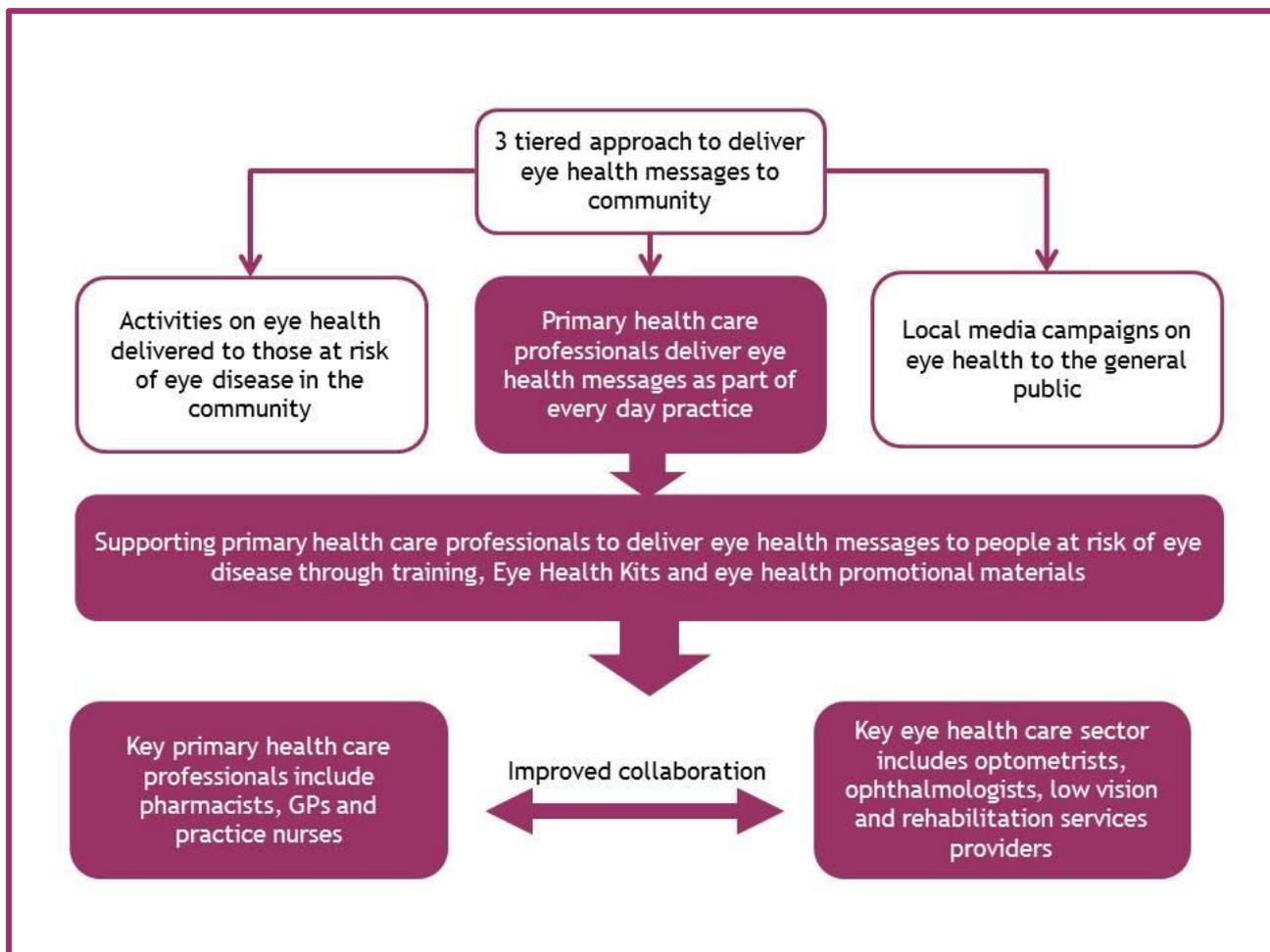
Interventions were delivered differently in the four LGAs to test which engagement strategy worked best to achieve the Vision Initiative strategic objectives.

To determine the effectiveness of the Vision Initiative program, evaluation methodologies looked to answer:

- If the Vision Initiative's state-wide activities addressed the Vision Initiative strategic objectives?

- If the three-tiered approach successfully addressed the Vision Initiative strategic objectives?

- Which pilot project was most effective at achieving the Vision Initiative strategic objectives?

This evaluation is drawn from several evaluation methodologies outlined in the Data Collection section of this report.

6 Data collection

This report is complementary to the preceding Vision Initiative Progress Reports (2012-13, 2013-14 and 2014-15 (see Appendices 1, 2 and 3 respectively) and should not be assessed in isolation. Key interventions have been included in this report. Refer to the Progress Reports for further detail on the effectiveness of the Vision Initiative using process level evaluation.

The report looks at impact-level evaluation for state-wide intervention, pilot project interventions and the overall three-tiered approach. The impact-level evaluation tools used for this report are indicated in Table 2 below.

In addition, many of the Vision Initiative interventions addressed multiple strategic objectives also indicated in Table 2 below.

Table 2 - Evaluation tools used to address the Vision Initiative strategic objectives

	Objective 1 - increase the awareness and knowledge of at-risk groups	Objective 2 - improve understanding and awareness among health professionals and eye health professionals	Objective 3 - ensure a platform for collaboration and sustainable partnerships
CATI at-risk survey – English	✓		
CATI at-risk survey – Arabic and Greek	✓		
Diabetes and Eye Health Project evaluation report	✓		✓
Referral tracking sheets		✓	✓
Key informant interviews		✓	✓
Online training evaluation		✓	
Vision Initiative Steering Committee evaluation			✓

6.1   CATI at-risk survey –English

EY Sweeney[1] was commissioned to conduct 2,000 (500 people per LGA) five minute computer assisted telephone interviews (CATI) to obtain a representative sample[2] of people aged over 40 years in each LGA. Baseline was collected in October 2014 and follow-up data collected in June 2015 (see Appendix 4 – CATI evaluation report).The telephone interview was designed to elicit changes in behaviour among at-risk groups in each LGA.

6.1.1   Data/method strengths

• Surveys were conducted over a short time frame (10 days).

• Staffing resources were flexed up or down to meet the surveys delivery deadline.

• Data was provided in an excel spreadsheet for easy analysis.

6.1.2   Data/method weaknesses

• A coding error by EY Sweeney was identified during the analysis of the follow-up data. To rectify this error, EY Sweeney re-surveyed a large proportion of respondents. Where respondents were unavailable or unwilling to answer the missing questions, new surveys were conducted.

• The sample size was too small to analyse sub-groups such as Aboriginal and Torres Strait Islander people and smokers.

• Data analysis was time consuming as the Vision Initiative team did not have access to software such as SPSS which would have significantly reduced analysis time.

6.2   CATI at-risk surveys – Arabic and Greek

Supplementary surveys at baseline and follow-up were conducted to measure changes in Greek and Arabic residents aged over 40 living in Darebin (see Appendix 5 – Greek evaluation report and Appendix 6 – Arabic evaluation report).

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[1] Previously known as Sweeney Research
[2] Survey monkey sample size tool was used to calculate the sample size to a 95% confidence (https://www.surveymonkey.com/mp/sample-size-calculator/). This was confirmed by EY Sweeney.

Etic Consulting was engaged to conduct 68 and 66 telephone interviews in Greek and Arabic, respectively, yielding an 80 per cent confidence interval.

Phone book sampling was used to identify 30 per cent of respondents. The remaining 70 per cent were sourced from referrals from the initial respondents using a cascading referral method as per recommendation by Etic Consulting.

6.2.1   Data/method strengths

- Surveys were translated by NATI accredited translators and conducted in language.

- The survey design provided the best possible evaluation within the Vision Initiative budget.

- Results were translated into English to enable analysis by the Vision Initiative team.

6.2.2   Data/method weaknesses

- The cascading method to obtain the sample may have created a bias in the results.

- A 95 per cent confidence interval would have been preferred, as opposed to an 80 per cent confidence interval. However the impact on the program's budget would have been considerable.

6.3   Diabetes and Eye Health Project evaluation report

The Diabetes and Eye Health Project was conducted from 2013 to 2015 with the evaluation completed on 30 June 2015 (see Appendix 7 – Diabetes and Eye Health Project evaluation report). Diabetes Victoria engaged the Australian Centre of Behavioural Research in Diabetes (ACBRD) to run the study.

The study was managed by PhD student Amelia Lake from ACBRD (part of Deakin University). The study investigated the barriers and enablers to eye examinations in young adults (18-39 years) with type 2 diabetes and adults (40 years and over) with type 2 diabetes living in rural Victoria and to develop and evaluate a psycho-educational resource. The study consisted of six consecutive phases including: a literature review; key informant interviews; an online survey; development of two eye health leaflets; evaluation of these leaflets using a randomised control trial design; and a large scale distribution of the leaflets to over 27,000 Victorians.

6.3.1   Data/method strengths

- Managed by ACBRD the scientific rigor of the study, including ethics, was achieved.

- Process of developing the materials is now seen as best practice by Deakin University. The methods can be applied to the development of health promotion materials into the future.

- Collaboration between the organisations was key to the success of the project.

- Large scale distribution of eye health material using the National Diabetes Service Scheme (NDSS) registrants living in Victoria including the four pilot project LGAs.

- A new process for developing evidence-based self-management resources for people living with diabetes was developed.

- Much-needed in-depth data on the under-researched group of young adults with type 2 diabetes was achieved.

6.3.2   Data/method weaknesses

- Unfortunately a smaller than expected sample size and higher than expected eye examination rate hindered statistical analysis. Data trends however can still be drawn from the evaluation.
- Aboriginal and Torres Strait Islander people were originally included as a sub-group, however were removed due to difficulties recruiting participants to the study.

6.4   Referral tracking sheets

Optometry practices participating in the Vision Initiative Pilot Projects in all four LGAs were asked to collect the number of referrals received and made by the practice for one working week, every two months, providing six data points over one year. Tracking looked at referrals made from primary care (GP and pharmacy) and to ophthalmology and low vision and rehabilitation services (see Appendix 8 - Evaluation of optometry referral tracking sheets).

6.4.1   Data/method strengths

- A one page tracking sheet using simple tick boxes was used to indicate referrals made and received, by whom they were referred and if the patient belonged to a specific risk group (see Appendix 9 – Tracking Sheet).

- A simple user guide to complete the tracking sheets was developed to aid optometrists in completing the tracking sheets (see Appendix 10 – Tracking sheet user guide).

6.4.2   Data/method weaknesses

- Data collection proved difficult with inconsistencies across the collection period, including timeframes and data quality, deeming the data unreliable. As a result, key informant interviews were used to supplement the data.

- Several optometrists withdrew from the program as they felt the request for data collection was too time consuming.

6.5   Key informant interviews

To supplement referral tracking data, Davidson Consulting was engaged to conduct 64 key informant interviews with GPs, practice nurses, pharmacists and optometrists (four of each profession in each LGA). A total of 44 interviews were conducted with data saturation achieved.

Davidson Consulting was instructed to divide interviewees with those practices more actively engaged in their local pilot project and those less actively engaged to identify what worked well and what did not. Interviews were arranged by Davidson Consulting and a $100 gift voucher was offered to interviewees participating in the 45 minute interview (see Appendix 11 - Key informant interview evaluation report).

6.5.1   Data/method strengths

- Professionals who were more actively engaged in the pilot projects were happier to participate in the interviews.

- Interviews were able to elicit what worked well, where improvements could be made and engagement levels of health provider engagement in the pilot projects.

- Rich data was obtained from practice nurses and practice managers in particular on how eye health has been integrated into practice.

6.5.2   Data/method weaknesses
- Despite the incentive payment, some health professionals did not want to participate in the interviews citing time or lack of engagement in the program.

- GPs were reluctant to be interviewed often re-directing interviews to the practice manager.

6.6   Online training evaluation

The Vision Initiative has five online modules targeting GPs, practice nurses, nurses, pharmacists and aged care workers. Due to the focus on primary health professionals in 2012-15, much of the Vision Initiative interventions at state and LGA level focused on training GPs (via ThinkGP), practice nurses (via APNA (Australian Primary Health Care Nurses Association)) and pharmacists (via PSA (Pharmaceutical Society of Australia – Victorian Branch)) and as such were prioritised. The usage statistics from these modules have been used to indicate the number of health professionals who engaged in online eye health training. These usage statistics were further supported by high rates of satisfaction of course content by participants (collected for APNA and ThinkGP only - see Appendices 1, 2, and 3 for Progress Reports).

6.6.1   Data/method strengths
- Online training modules provide a low cost means of delivering training to health professionals at a time that is convenient for them.

- CPD points are awarded to participants as an incentive to participate in training.

- Where face-to-face training was delivered, the equivalent online training module provided an opportunity to capture those who were unable to attend.

- Utilising the hosting organisations (ThinkGP, APNA and PSA) to actively promote the training to Medicare Locals and members helped drive completion rates.

6.6.2   Data/method weaknesses

- While online training provides a cost effective means of delivering training, it is difficult to ascertain to what degree a person has absorbed and applied the training without follow-up with the person completing the training.

6.7   Vision Initiative Steering Committee survey

The Vision Initiative team developed a survey based on the VicHealth Partnerships Analysis Tool to assess partnerships, collaboration and performance of the Vision Initiative Steering Committee (VISC). Results from 2013-14 and 2014-15 were compared to assess improvements (see Appendix 3 – Vision Initiative Progress Report 2014-15).

6.7.1   Data/method strengths

- Online surveys provide a cost effective and confidential means of eliciting feedback from the VISC members.

6.7.2   Data/method weaknesses

- Not all VISC members completed the online survey. Due to the low number of respondents the results may not be representative of the entire VISC.

- As VISC members have varying degrees of engagement with the program, responses can differ from each member.

7   Results

The primary purpose of the results is to answer the following questions.

- Did the Vision Initiative's state-wide interventions address the Vision Initiative strategic objectives?

- Did the three-tiered approach successfully address the Vision Initiative strategic objectives?

- Which pilot project was most effective at achieving the Vision Initiative strategic objectives?

7.1 State-wide interventions

State-wide interventions were delivered through two key projects, the Diabetes and Eye Health Project and the Vision Initiative online training modules.

7.1.1 Diabetes and Eye Health Project

The aim of the Diabetes and Eye Health Project was to develop, implement and evaluate a theoretically grounded eye health leaflet for two target groups with low eye examination rates and at risk of diabetic retinopathy. These included young adults with type 2 diabetes (aged 18-39 years) and adults with type 2 diabetes living in rural/regional locations of Victoria aged over 40.

The eye health leaflet was distributed to 27,367 Victorians (including all adults with type 2 diabetes in the four LGAs and those newly diagnosed (in the last 12 months) across the rest of the state) registered on the NDSS.

Data trends suggested the leaflet may be effective in improving knowledge and awareness of modifiable risk factors for diabetic retinopathy. It also appeared effective in improving intentions to engage in eye examinations (for those who had not already had one) and rates of new eye examinations (see Appendix 7 – Diabetes and Eye Health Project evaluation report).

> The value of inter-agency collaboration in achieving the project objectives cannot be underestimated. The professional contribution and cooperation of each of the agencies involved in the project partnership (Vision 2020 Australia, Diabetes Victoria, Centre for Eye Research Australia [as PhD candidate supervisor] and The Australian Centre for Behavioural Research in Diabetes) ensured the overall success of this project. This is particularly true when challenges were encountered over the 2.5 year life of the project, and the design adaptations required.
>
> *Extract from Diabetes and Eye Health Project evaluation report*

The CATI at-risk survey provided support to the findings of the Diabetes and Eye Health Project indicating an increase of 10 per cent of people with type 2 diabetes having

recalled receiving eye health information from a diabetes organisation via post within the last 12 months (5.9 per cent at baseline and 16 per cent at follow-up) (see Appendix 4 – CATI evaluation). While the sample size is small, these figures are promising and support the continuation of this project.

The planning, design, implementation and evaluation of this project would not have been achieved without the collaborative efforts of the project partners.

Accessing people with type 2 diabetes via the NDSS provided an easy access point to deliver eye health messages for the project and will continue to be used well into the future.

7.1.2 Online training modules for health professionals

The Vision Initiative focused on training for (via ThinkGP), practice nurses (via APNA) and pharmacists (via PSA) in 2012-15. Results indicate that improvements for online training and development were noted across the three year funding period.

Online education modules contribute towards enhancing the knowledge of health professionals on eye health, referral pathways and the important role they play in the early detection and prevention of vision loss.

As such, it can be concluded that training delivered to GPs, practice nurses and pharmacists successfully addressed the Vision Initiative objective two by increasing understanding and knowledge of eye health and vision care among primary healthcare providers.

In addition, as the three-tiered approach utilises primary healthcare providers to communicate the importance of regular eye examinations to patients, particularly those at risk, training also contributed to objective one of the Vision Initiative.

The development and delivery of the online training modules would not be possible without the collaborative efforts of the Vision Initiative partner and key stakeholder organisations thereby addressing objective three. The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and the Australian College of Optometry (ACO) contributed to the review of online modules while PSA and Optometry Victoria (OV) assisted in the development, registration and implementation of new modules.

Online modules provide a sustainable means of addressing capacity building on eye health and vision care for primary health professionals well into the future, however key informant interviews identified health professionals preferred to receive face-to-face training.

In the future, the Vision Initiative will look at hybrid models to deliver training online while still providing an element of engagement in the training. Interactive webinars using satellite hubs could be used to address this.

ThinkGP

From 2012-15, the number of GPs who completed the ThinkGP 'Common Eye Conditions' training module increased. This increase was substantial from 2013-14 where completions rose by 338 per cent (see Figure 2).

Figure 2 – ThinkGP 'Common Eye Conditions' completions from 2012-15

	2012-2013	2013-2014	2014-2015
ThinkGP Completions	137	95	321
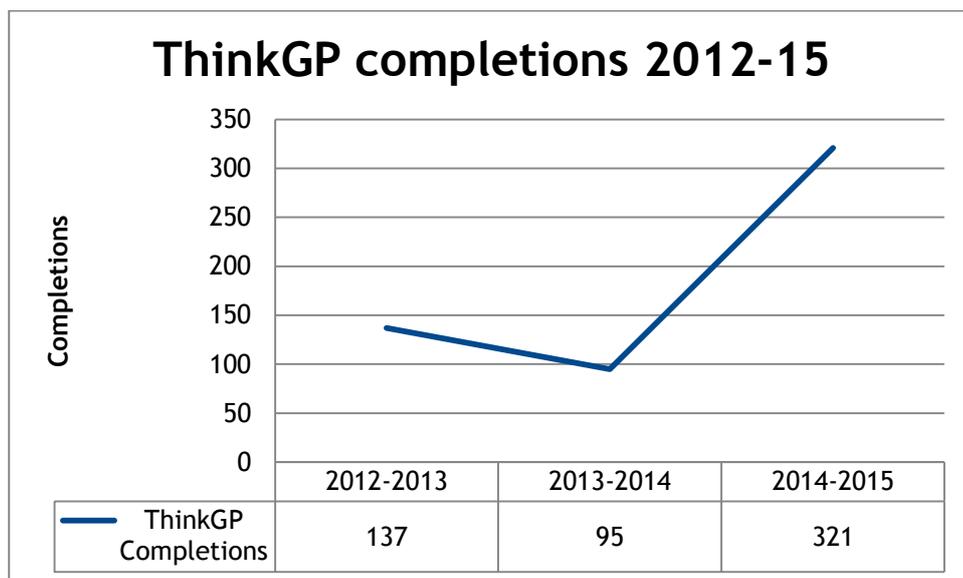
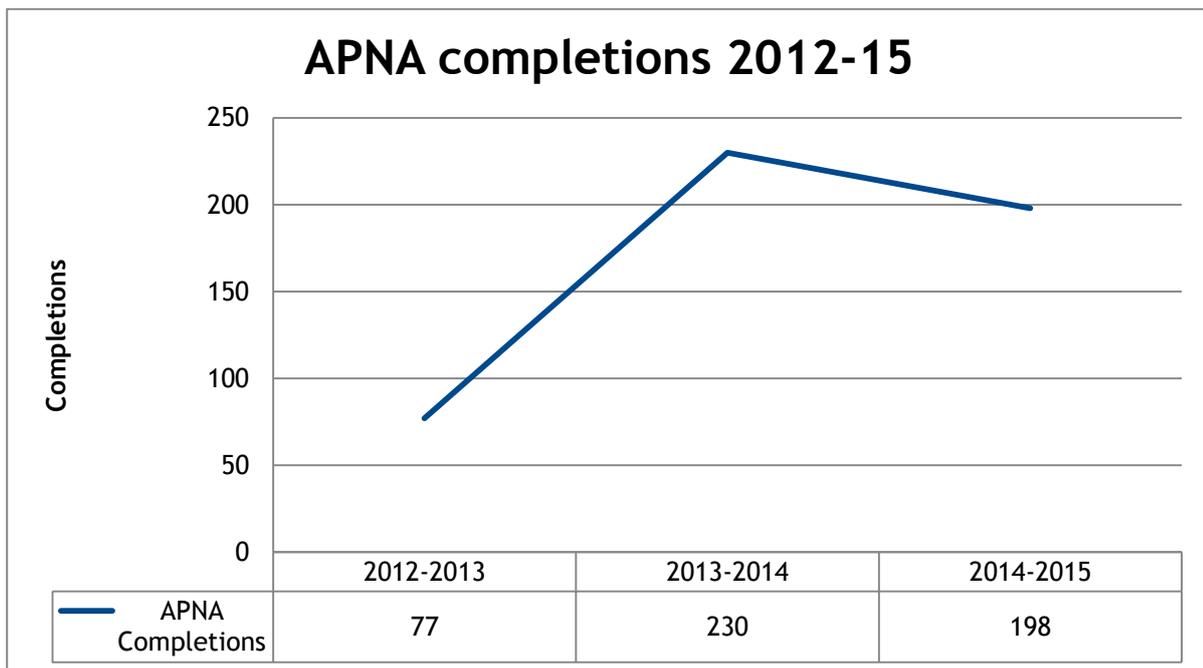Increases in completion rates can be attributed to several factors:

- content revision with the assistance from RANZCO and the ACO

- new online module technology sending reminder emails to users

- increased promotion of the module through ThinkGP members and Medicare Locals across the country

- increased promotion of the module to GPs in the Vision Initiative Pilot Project areas through:
  - inclusion in the Medical Local newsletters to GP practices
  - inclusion in the Vision Initiative Pilot Project User Guide
  - direct reminder mailings to GP practices.

Australian Primary Health Care Nurses Association (APNA)

From 2012-15, the number of practice nurses who completed the APNA 'Introduction to eye health' training module increased substantially. Figure 3 indicates the increase in practice nurse completions, particularly in 2012-13 to 2013-14, and remaining relatively steady in 2014-15.

Figure 3 – APNA 'Introduction to eye health' completions from 2012-15

APNA completions 2012-15

	2012-2013	2013-2014	2014-2015
APNA Completions	77	230	198

Increases in completion rates can be attributed to several factors:

- Vision Initiative sponsorship of the course enabling free access to APNA members practice nurses working in the four LGAs
- increased promotion of the training module to APNA members and Medicare Locals across the country

- increased promotion of the training module to practice nurses in the Vision Initiative Pilot Project areas through:

  - inclusion in the Medical Local newsletters to GP practices

  - inclusion in the Vision Initiative Pilot Project User Guide

  - direct reminder mailings to GP practices.

Pharmaceutical Society of Australia (PSA) - Victorian Branch

In October 2013, the Vision Initiative partnered with PSA and OV to develop and deliver a webinar and face-to-face training program for pharmacists working in the Vision Initiative Pilot Project areas. In January 2014, the webinar was made available to all PSA members. Since its 'Go Live' date, as at the 1 July 2014, the training had received 70 enrolments with 33 completions and 37 yet to complete the training. This training module has provided the first online opportunity to increase the awareness and knowledge of pharmacists about eye health, vision care and referral pathways.

Positive uptake of this new module can be attributed to several factors:

- availability to all Victorian PSA members

- promotion through PSA communications channels

- promotion among the four pilot project LGAs through the Vision Initiative Pilot Project User Guide

- direct reminder mailings to pharmacy stores in the four pilot project LGAs.

Pharmacists who had completed the Vision Initiative eye health training (whether online or face-to-face) were eligible for additional CPD points for behaviour change by recommending at-risk customers to see an optometrist or low vision service provider.

To assist in recommendations, the Vision Initiative developed a recommendation card to give to customers that contained a tear-off slip that could be provided to the Vision Initiative team as proof a recommendation had been made.

While key informant interviews identified that the recommendation cards were used, only four pharmacists returned their tear-off slips.

7.2   Three-tiered approach and pilot project interventions

The three-tiered approach was implemented through interventions delivered to the four pilot projects areas. The key aim of the interventions was to reduce avoidable blindness and vision loss by raising awareness and understanding of those at-risk of eye disease. Interventions were delivered through community, health providers and media.

7.2.1   Community interventions

A number of interventions targeting at-risk groups were implemented in the four pilot project areas. These were explored and evaluated in the Vision Initiative Progress Report 2014-15 (see Appendix 3 – Vision Initiative Progress Report 2014-15) using process evaluation. The effectiveness of the community interventions are further supported by outcome measure evaluation through the CATI at-risk surveys and the key informant interviews conducted with health professionals in each LGA. Overall results show that objective one was successfully addressed by these community interventions despite varying degrees of success.

Interventions included in-pharmacy campaigns, large scale (number of people targeted and geographic area covered) distribution of diabetes and eye health brochures through the NDSS, diabetes and eye health roadshows and community talks and events. All proved successful in increasing awareness and understanding of eye health for those at-risk of eye disease (see Appendices 1, 2 and 3 for Progress Reports).

The CATI surveys conducted in English identified improved population-based results particularly from the Diabetes and Eye Health Project where the large scale distribution of materials was implemented in each LGA to adults with type 2 diabetes (see Diabetes and Eye Health Project).

Some community interventions, such as community talks, are unlikely to have had significant population-level change due to small audience sizes. Process evaluation however indicated an increase in awareness and understanding of eye health for those who attended community talks. Community talks provide local optometrists an opportunity to link with hard to reach groups, encouraging those at-risk to have regular eye examinations.

In general, the CATI survey showed that respondents had a very good awareness level (approximately 80 per cent) of when someone over the age of 40 should have their eyes tested and the importance in having regular eye tests. These figures remained stable from baseline to follow-up.

The CATI survey identified increases in consulting health professionals regarding eye health matters/information from baseline to follow-up across all four LGAs.

Culturally and linguistically diverse (CALD) groups

Evaluation of CALD groups was conducted in Darebin for Arabic and Greek communities. While there was little difference in results for the Arabic community from baseline and follow-up, the Greek community had significant improvements overall (see Appendix 6 – Arabic evaluation report and Appendix 5 – Greek evaluation report).

The Vision Initiative was able to reach the Greek community (addressing objective one and three) through working with local organisations to distribute translated materials and organise community talks.

The Arabic community appeared less engaged which may stem from a less established formal local structure of the community in the LGA.

The Greek community follow-up results indicated:

- Improvements in respondents turning to medical/health and eye health professionals for guidance on eye health.

- Nearly all follow-up survey respondents had been for an eye test that complied with Medicare rebate guidelines[3].

- A 30 per cent increase at follow-up in the number of respondents having received information in the last 12 months on how to look after their eye sight. This increase can be explained by the distribution of translated materials through the Australian Greek Welfare Society and through eye health and primary health practices in the

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[3] Medicare rebates are provided for eye examinations for asymptomatic patients every three years for those under the age of 65 and annually for those aged over 65.

Darebin area and active engagement of the Australian College of Optometry, East Preston branch.

- Baseline and follow-up surveys both identified medical and eye health professionals as the most popular sources of information on how to look after eye sight. At follow-up, there was an increase of 50 per cent in respondents citing medical and eye health professionals as the most popular sources. This may have been influenced by Vision Initiative interventions.

Indirect communication with at-risk groups

Two indirect methods of communicating with at-risk groups were tested in the four LGAs: via health professionals and via local media campaigns (see Local Media Campaigns in this report).

The CATI survey results indicate an increase in persons receiving eye health information from baseline and follow-up across all four LGAs (see Figure 4 – Received eye health information over the last 12 months, baseline v follow-up).

Figure 4. Comparison of information on eye health received in the last 12 months (baseline v follow-up)
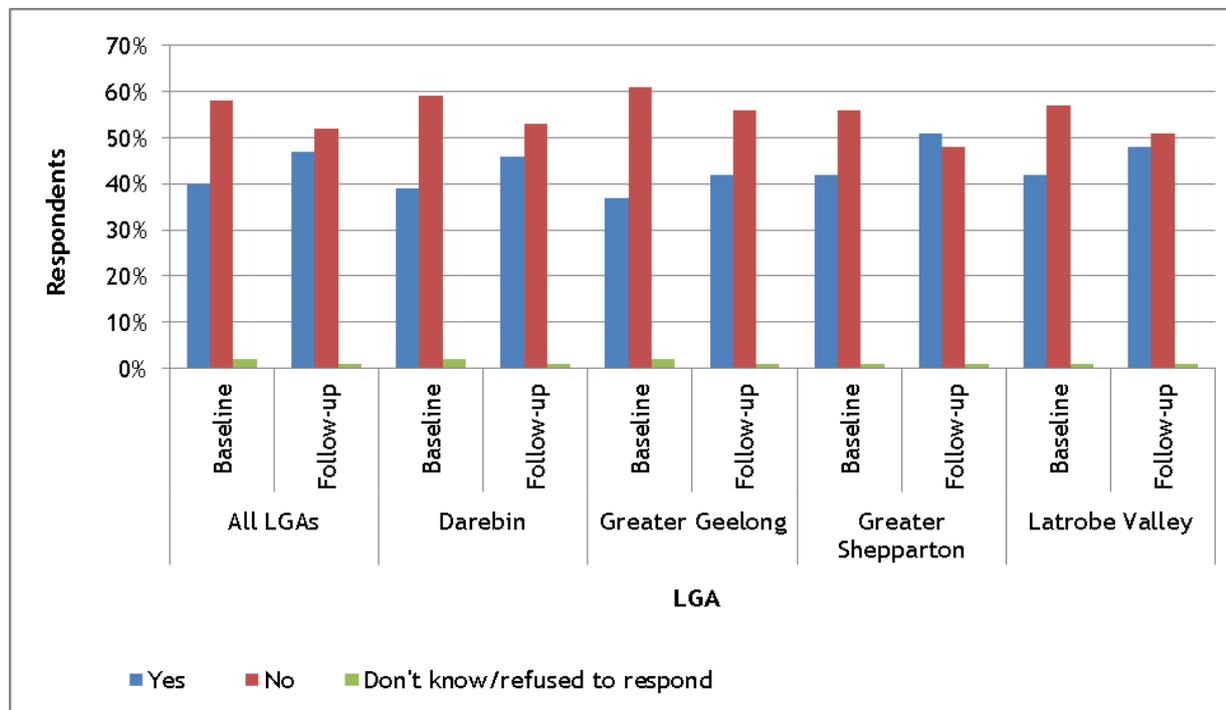
Baseline n = 2003 (All); 500 (Darebin); 501 (Greater Geelong); 501 (Greater Shepparton); 501 (Latrobe Valley)

Follow-up n = 1362 (All); 333 (Darebin); 319 (Greater Geelong); 367 (Grater Shepparton); 343 (Latrobe Valley)

Table 3 provides further detail on where respondents received information on how to look after their eyes.

Table 3. Comparison of information sources on how to look after eye sight at baseline and follow-up in the last 12 months (top five responses)

LGA	Time point	Local media (newspaper, magazine, TV, radio, newsletters)	Doctor (GP)/Practic e Nurse /GP Practice	Eye health professional *	Hospital/Roy al Victorian Eye and Ear Hospital	Other
All	Baseline	3%	8%	73%	2%	16%
	Follow-up	11%	5%	81%	2%	9%
Darebin	Baseline	4%	9%	68%^	6%	14%
	Follow-up	7%	5%	81%	3%	8%

LGA	Time point	Local media (newspaper, magazine, TV, radio, newsletters)	Doctor (GP)/Practice Nurse /GP Practice	Eye health professional *	Hospital/Royal Victorian Eye and Ear Hospital	Other
Greater Geelong	Baseline	4%	10%	72%	2%	19%
	Follow-up	10%	4%	82%	4%	9%
Greater Shepparton	Baseline	2%	7%	73%	1%	18%
	Follow-up	13%	5%	83%	1%	11%
Latrobe Valley	Baseline	2%	8%	77%	1%	14%
	Follow-up	12%	5%	86%	0%	9%

^ optometrist and ophthalmologist % values were summed to coincide with follow-up category (eye health professional)
Baseline: All LGAs n=804; Darebin n=197; Greater Geelong n=187; Greater Shepparton n=212; Latrobe Valley n=208
Follow-up: All LGAs n=643; Darebin=153; Greater Geelong n=135; Greater Shepparton n=189; Latrobe Valley n=166

The CATI surveys indicate a change in where people receive information about eye health. The reliance upon GPs decreased while eye health professionals appeared more often consulted. This change may be attributed to the increase in referrals to eye health providers from primary health providers.

These identified changes in behaviour (increase in number of people receiving information and change in information sources) indicate that these methods of communications were successful across all LGAs in addressing objectives one and two.

7.2.2   Health professional interventions

Health professional interventions looked to provide information, training and tools to primary healthcare professionals to help communicate the importance of eye health to those at risk of eye problems as part of everyday practice (addressing objectives one and two).

Primary health care professionals, such as pharmacists, GPs and practice nurses, are often the first point of contact a person has with the health system.

Primary health care professionals are perfectly positioned to help identify people at risk of eye conditions and encourage them to see an eye health professional, particularly an optometrist, for regular eye examinations.

As part of the Vision Initiative Pilot Projects, all primary health care professionals were encouraged to ask a simple question, *"When was the last time you had an eye examination with an eye health professional?"*

By this simple action, discussions on eye health could commence and health professionals could ascertain appropriate referral action from this point on.

In addition, primary health care professionals can also encourage people who are blind or vision impaired to link with services and supports that can help them adjust to vision loss and make sure they can continue to be independent and participate in their chosen community activities.

Engagement

To assess the most effective means of engaging health professionals, varying strategies were applied across the four LGAs. Table 4 indicates those strategies.

Table 4 - Engagement strategies applied to each LGA

Engagement strategies	Darebin	Greater Geelong	Greater Shepparton	Latrobe
Engagement				
Direct Medicare Local engagement (held events)			✓	
Indirect Medicare Local engagement (via newsletters)	✓	✓	✓	✓
Primary Care Partnership	✓		✓	
Local Council	✓		✓	
Training and development	✓			
Face-to-face pharmacy training (via PSA)		✓	✓	✓
Face-to-face GP training (via Medicare Local)			✓	
Online pharmacy training (via PSA)	✓	✓	✓	✓
Online GP training (via ThinkGP)	✓	✓	✓	✓
Online practice nurse training (via APNA)	✓	✓	✓	✓
Face-to-face Home and Community Care training (via local council)	✓		✓	
Kit distribution				
Face-to-face meetings			✓	✓

Engagement strategies	Darebin	Greater Geelong	Greater Shepparton	Latrobe
Via post with follow-up phone calls	✓	✓		
Through Optometrists		✓		

In Greater Shepparton, strong relationships were established with Medicare Locals, Primary Care Partnerships and Local Council from the beginning of project implementation. This made access to health professionals much easier than in other LGAs (addressing objective three).

The Key Informant Interview evaluation report (see Appendix 11 – Key Informant Interview evaluation report) indicates that, where engagement was achieved on a face-to-face basis with health providers, improved engagement was attained. This was notable in Greater Shepparton and Latrobe, where kits were hand delivered during a 30-45 minute meeting (addressing objectives two and three). Primary engagement in Greater Shepparton and Latrobe was used to distribute the Vision Initiative Eye Health Kits (see Table 5 for distribution figures and methods).

While kits focused on general practice and pharmacy, kits were also distributed to optometry practices participating in the pilot projects to ensure that they were aware of the communications with local primary health providers. Again, engagement with optometry in Greater Shepparton and Latrobe was similar to that of GP and pharmacy with face-to-face engagement driving engagement in the LGAs.

Table 5. Health professional eye health kit and multilingual kit distribution in the Vision Initiative Pilot Project areas

Kits	LGA	Optometry	Pharmacy	GP	TOTAL
Eye health kits	Darebin	9	Sent out: 38 + Visits: 15 = 53	Sent out: 57 + Visit: 1 = 58	
	Latrobe	7	Sent out: 14 + Visits: 8 = 22 (*57% re-distribution*)	Visits: 19 + Sent out: 2 = 21	
	Greater Geelong	11	Visits only: 40	Sent out: 32 + Visit: 1 (RP) + Posted to optometrists: 9 = 42	
	Greater Shepparton	3	Sent out: 15 + Visits: 9 = 24 (*60% re-distribution*)	Visits: 15 + Sent out: 3 = 18	

Kits	LGA	Optometry	Pharmacy	GP	TOTAL
TOTAL		30	139	139	
		Via post	Via post	Via post	
Multicultural kits	Darebin	29 - Participating optometrists	31	58	118
	Latrobe		n/a	n/a	
	Greater Geelong		n/a	n/a	
	Greater Shepparton		n/a	n/a	
Multicultural letters	Darebin	34 - Non-participating optometrists	n/a	n/a	185
	Latrobe		14	23	
	Greater Geelong		40	0 - info included in eye health kits sent out = 42	
	Greater Shepparton		15	17	

Key informant interviews found that the resources provided in the kit were useful and of high quality. While slight adjustments were recommended by health professionals (removal of referral pads), the referral diagram guidelines were well received as were the kits as a whole.

In Darebin and Geelong, kits were mostly distributed by post. Key informant interviews indicated that the use of the kit was not as widespread as in Greater Shepparton and Latrobe. This was as a direct result of differing engagement strategies being applied to these LGAs. Face to face distribution is effective in increasing the rate of use of resources.

Key informant interviews also identified that where engagement occurred with practice managers and/or practice nurses, the GP practice was more likely to have implemented systematic changes to continue addressing eye health as part of consults with patients. Examples of this included integrating eye health into chronic disease and diabetes management plans, key age related health checks and ongoing training and development.

Training and development

Differing strategies were applied in each LGA to train health professionals as indicated in Table 4 - Engagement strategies applied to each LGA. While online training is less resource intensive, key informant interviews identified health professionals preferred to receive face-to-face training. This often improved engagement with the pilot project.

GPs (in Greater Shepparton) and pharmacists (Greater Geelong, Greater Shepparton and Latrobe) received face-to-face training which was completed in 2013-14 (addressing objective two). CPD points were used to entice GPs and pharmacists to participate in face-to-face training. To be able to provide CPD points training was auspiced by the Medicare Local or PSA (addressing objective three).

Face-to-face training received positive feedback from participants (see Appendix 2 – Vision Initiative Progress Report 2013-14).

Online training modules for GPs, practice nurses and pharmacists were promoted across all four LGAs and promoted in 2013-15 and addressed objectives two and three (see State-wide training programs for health professionals).

> "I can't tell you how easy this kit has made my job around eye health. It's all there and it's been a great help in educating our doctors, particularly those who are new to the area".
> *Practice Nurse*

Home and Community Care worker training was conducted in Shepparton and Darebin and was well received by local council and participants (see Appendix 3 – Vision Initiative Progress Report 2014-15)(addressing objective two and three). While Vision Australia - Shepparton noted "An increase in referrals as a result of the training, which has remained steady ever since" the figures are too low to determine any significant change among Home and Community Care Worker's referrals to low vision services. Long term analysis would be required to determine if the training has achieved sustainable results in each of the LGAs.

7.2.3   Local media campaigns

Local media campaigns (TV, radio, print) were used to raise awareness about the importance of regular eye examinations to those at-risk of eye disease. These activities were explored and evaluated in the Vision Initiative Progress Report 2014-15 (see Appendix 3 – Vision Initiative Progress Report 2014-15).

CATI survey results further support the use of local media campaigns to reach people at-risk of eye disease, addressing objective one. A comparison between baseline and follow-up results indicated an increase in people receiving information about eye health through local media. This increased across all four LGAs however it was greater in LGAs

where the Vision Initiative John Clarke and Bryan Dawe TV commercials were aired (see Table 3 - Comparison of information sources on how to look after eye sight at baseline and follow-up in the last 12 months (top five responses)).

The key informant interviews highlighted that health professionals also placed great value on general awareness campaigns as an effective means of communicating messages to those at-risk of eye disease.

7.3 The most effective pilot project

According to the Key Informant Interview evaluation report, the most successful of the four Vision Initiative Pilot Projects was that implemented in Greater Shepparton, followed by Latrobe.

> There is no doubt that the comprehensive multifaceted approach employed in Greater Shepparton resulted in higher levels of engagement and a more coordinated approach between health professionals in the area. There was visible evidence of the project in action, and even the less active general practices knew about the project. There was a clear indication of local ownership of the project amongst key health professionals and the intention to keep working on eye health as a community and health issue.
>
> *Extract from Key Informant Interviews Evaluation Report*

Seeking eye health information from eye health professionals increased across all four LGAs, however the strongest results were seen in Darebin and Greater Shepparton with increases four to 14 per cent.

This was further supported by increases in people receiving eye health information from local media via TV commercials aired in the Shepparton and Latrobe regions (12 per cent and 11 per cent respectively).

There was an increase in awareness of where to seek information on low vision services across the LGAs except for Latrobe. Darebin saw an increase from seven to 17 per cent from baseline to follow-up. Darebin increases may be attributed to the training of Home and Community Care workers through Darebin City Council.

The most commonly cited resources used in GP waiting rooms and pharmacies were: pamphlets, eye condition information sheets and simulator cards. Where appropriate, the multilingual resources were appreciated and well used.

Key informant interviews identified an increase in referral activity, particularly in Greater Shepparton and Latrobe. In Greater Shepparton, evidence showed: an increase in referral activity amongst health professionals; an increased awareness thanks to information and education sessions; and widespread integration of eye health into practice systems and management of chronic conditions.

According to the key informant interviews, optometrists in Greater Shepparton and Latrobe reported involvement in public education sessions about diabetes getting actively involved with educating at-risk groups about the importance of eye health and vision care.

In addition, optometrists in the Greater Shepparton area in particular noted an increase in people being proactive about their eye health and booking eye examinations without referral, often referring to local media activity that reminded them of the importance of eye examinations.

In Greater Shepparton there was an existing high level of awareness and respect for low vision services operating locally. In addition, the Vision Initiative Eye Health Kits – and staff members – were deemed by many to be informative, accessible and high quality.

Strong relationships were developed with the Medicare Local, Primary Care Partnership and Local Council at the beginning of the project in Greater Shepparton. This engagement at such an early stage helped to drive recruitment of health professionals into the program. With their support, the Vision Initiative team were able to access health providers much more easily.

Due to the positive engagement with the Medicare Local and our partner organisations, face-to-face training was delivered to GPs, pharmacists and home and community care workers in the Greater Shepparton region. The Vision Initiative team also engaged with optometry practices, GP practices and pharmacies on a face-to-face basis, establishing relationships that yielded better engaged practices.

Engagement of practice nurses and practice managers cannot be underestimated. While much of the health sector activities rely on GP engagement, the practice nurse and/or practice manager are key to implementing sustainable change in their practices.

While long term relationships were often established with optometry practices in the region, overseas trained GPs were often unaware of the full scope of practice offered by optometry. Given optometry, as a profession, differs from country to country, many overseas trained GPs in the area had been referring patients to ophthalmology in situations where optometry was well positioned to service the patient. By engaging these practices, the Vision Initiative was able to demystify optometry for these GPs.

Integration of eye health into patient care plans (including chronic disease and diabetes) is important for sustainable change and this was often driven by the practice nurses or practice managers and was widespread in Greater Shepparton.

But most importantly, the success of the program was reliant on the collaboration and partnerships established at all levels in Greater Shepparton. This collaboration assisted in the development of long term sustainable change that will continue to work to reduce avoidable blindness and vision loss in the Greater Shepparton community.

The comprehensive approach used in Greater Shepparton shows signs of having a lasting impact. Contrastingly, interventions in other areas were more dependent on a particular individual involved and were not as widespread.

Success factors for Greater Shepparton, which could provide valuable guidance for future Vision Initiative activity include:

- engagement with Medicare Locals, Local Council and Primary Care Partnership which is key to engaging health professionals across the community
- face-to-face engagement with eye health and primary health providers to explain the program and provide ongoing support
- face-to-face training where available
- provision of eye health kits and targeted and general awareness campaigns to educate the public.

8   Additional Resources

Readers, particularly those with an interest in health promotion, may find the Vision Initiative Progress Reports (2012-15) useful to view health promotion material produced for the Vision Initiative Pilot Projects.

For more information on the Vision Initiative visit **www.visioninitiative.org.au**.

For more information on Vision 2020 Australia visit **www.vision2020australia.org.au**.

9   Further Research

The Vision Initiative developed an evaluation framework that was representative of the size of the health promotion program and received approval for its approach from the Victorian Department of Health and Human Services.

Researchers may choose to build on the results identified in this evaluation report to inform further research that looks at increased sample size, powered studies and randomised control trials.

Long-term impact of the Vision Initiative in Greater Shepparton could also provide further insight into the sustainability of the program beyond the three year project period.

10　Appendix

Appendices supporting this evaluation report can be provided upon request. Page numbers relating to the appendices document are listed in Table 5 below.

Table 5. Table of Appendices

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