



National Diabetes Eye Care

Health Promotion Workshop Report, June 2015

Indigenous Eye Health

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Summary

This report outlines the background, activities, and outcomes of the Health Promotion Workshop held at the Woodward Conference Centre on the 23 June 2015 hosted by Indigenous Eye Health (IEH) at the University of Melbourne. The purpose of the workshop was to obtain feedback, about and for, the development of a suite of diabetes eye care health promotion resources. The workshop was a follow up to the Health Promotion Roundtable, also held in Melbourne in 2014.

Indigenous Eye Health

“94% of vision loss among Indigenous adults is preventable or treatable, and most of it can be corrected overnight. Of those people needing annual eye care, three quarters have diabetes but only 20% are seen. We’ve had good progress on trachoma and the Roadmap; it’s now time to focus on health promotion, eye health and diabetes.”

(Prof. Hugh Taylor 2014, Indigenous Eye Health)

The National Indigenous Eye Health Survey report (2009) provides the evidence base describing the burden of eye disease among Indigenous people in Australia. Four conditions were found to cause 94% of unnecessary vision loss: refractive error, cataract, diabetes and trachoma. Each condition is amenable to effective treatment that potentially can prevent blindness or improve vision drastically, and immediately. An estimated 76 % of people who require an annual eye examination have diabetes. However, the survey found that a significant number of Indigenous people who need eye care do not actually receive it.

The Roadmap to Close the Gap for Vision (2012) developed by Indigenous Eye Health contains 42 recommendations that collectively seek to identify and address the systemic challenges to the access and use of eye care services by Indigenous Australians. The Roadmap broadly aims to:

- Improve primary eye care as part of primary health care
- Enhance Indigenous people access to eye health services
- Improve the coordination, distribution and availability of eye health services
- Eliminate blinding trachoma
- Monitor and evaluate progress and outcomes in Indigenous eye health
- Ensure governance and adequate funding for the national delivery of Close the Gap for Vision, and drive health promotion and awareness of eye health

The recommendations from the Roadmap and further research informed the development of the health promotion resources for addressing diabetes eye care. Health promotion of Indigenous eye care aims to improve the awareness and knowledge of eye health in Indigenous communities to support self-empowerment. It is intended that through health promotion, Indigenous community members and general health service staff will become aware of:

- the importance of eye health and recognize the need for eye care
- the availability of eye health services, and deliver or use eye care services when needed.

Increasing awareness among Indigenous people with diabetes and their carers will capture a large proportion of those needing annual eye examinations.

Background to the Workshop

The 2014 Health Promotion Roundtable brought together leaders in the health and communications field from Indigenous and non-Indigenous government and nongovernment health organizations, social marketing, and media. The Roundtable was a day of presentations and discussions about best practice in delivering health promotion to Indigenous and Torres Strait Islander. It consolidated a diverse range of perspectives about encouraging behavioral change for better Indigenous eye health.

The extensive experiences and expertise shared at the Health Promotion Roundtable, in conjunction with other Indigenous eye health research, identified key facilitating factors and broader challenges to the successful delivery of diabetes health promotion. The key recommendations from the 2014 Roundtable underpinned the Indigenous Eye Health approach to building a National Diabetes eye-health campaign and the diabetes eye care health promotion resources. These were:

1. To focus on engaging, empowering and integrating community strengths in all health promotion approaches
2. Don't reinvent the wheel; piggy-back on existing networks, practices, media and campaigns to disseminate information and capture data to provide more effective, holistic health care.
3. Adopt a national strategy made relevant locally by using strong community input to ensure culturally appropriateness and acceptability.
4. Achieve better chances of good reach and impact in the digital sphere by integrating messages into existing popular, social virtual networks such as Facebook and YouTube, rather than creating apps or external websites that need to attract new audiences.
5. It is more feasible to collect data for monitoring and evaluation of health promotion by defining indicators from existing data sets.

Informed by these recommendations a two-staged approach was adopted for the development of the diabetes eye care health promotion resources. A review of the literature was conducted in early 2015 and suitable health promotion approaches were identified to enable the development of the content, scope and delivery of the resources. The resources are aimed to reach those with diabetes and their carers, and those who provide health care to Indigenous people across the diversity of Indigenous Australia.

The first stage involved regional engagement and the development of pilot resources. The second stage, a national workshop, aimed to obtain feedback from stakeholders and make decisions about the design and content of the diabetic retinopathy health promotion resource materials. Both stages aimed to respectfully engage with a diversity of Indigenous people and health providers and to be reflective and inclusive of strong and diverse Indigenous cultures.

Regional Engagement and Pilot Resources

This first stage aimed to engage local community members from different geographic location with the project. Local community consultations were conducted with a remote, a regional and urban Indigenous community sites during the first half of 2015. Indigenous Hip Hop Projects were contracted to work at three sites to each develop a music video and the Indigenous creative agency Gilimbaa were contracted to develop posters, brochures and diabetes flip charts reflecting regional diversity across the nation. The back-story to the creation of the music videos and photo stills were also collected for use in posters and other health promotion resources.

Resource material from two of the three planned regional community consultations – Looma in Western Australia and the Grampians in Victoria -were developed and used as the basis for discussions for the national workshop.

The next section of this report summarizes the purpose, process and outcomes of the national stakeholder workshop held in Melbourne in June 2015.

National Workshop June 2015:

The National Workshop aimed to facilitate discussion and elicit specific feedback about the health promotion resources targeting community and health care providers, and gather ideas about the use of digital media. Suggestions were also sought for future monitoring and evaluation of these health promotion initiatives. The workshop was facilitated by Dr Dot West, Director at Goolari Media.

The Workshop aimed to capture the feedback of a diverse range of stakeholders to ensure the provision of appropriate and acceptable health promotion materials for Indigenous eye health. The engagement of stakeholders in this mid- stage of the development of the diabetes eye care resources was central to a collaborative approach for the development of a national health promotion strategy for Indigenous eye care.

The Workshop was a method to engage stakeholders from across the country with the issue of diabetes eye care and to refine the diabetes eye care health promotion resources. Representatives from Indigenous communities, Aboriginal Community Controlled Health Services, health service providers, Indigenous health researchers, diabetes educators, eye health coordinators and knowledge translation researchers attended the workshop.

The structure of the workshop provided an opportunity for the diverse range of stakeholders to provide feedback to both IEH at the University of Melbourne and the contracted design agency Gilimbaa. Feedback was sought about the look and potential utilization of the resources under construction. The issues and perspectives raised at the workshop directly contributed to informing the national health promotion resources and strategy for diabetes eye care.

WORKSHOP CONTENT:

The draft resource materials discussed at the workshop consisted of:

- Two digital music videos- one from Looma and one from the Grampians
- Two behind the scenes /personal stories digital videos about the process of developing the digital music videos at Looma and the Grampians
- Draft poster and brochure designs incorporating artwork from participants at the community consultations in Looma and the Grampians region

The resources were designed to meet the main criteria as recommended from the Roundtable, literature review and preliminary community engagement with stakeholders in the Indigenous diabetic eye care area.

WORKSHOP PROCESS AND QUESTIONS:

Participants at the national workshop were allocated to smaller working groups to ensure a range of skills experience and background were represented at each group. The following questions were presented to stimulate discussion about the draft health promotion resources presented:

- Q1. What elements of the resources presented might be adapted to utilise social & other media and human resources to more effectively reach our regionally diverse target audience?
- Q.2 What additional resources could be developed in the future to affect behaviour and the perception of social norms amongst people with diabetes?
- Q3. How can we ensure the acceptability of the resources under construction across the regions given the diversity of Indigenous Australia?
- Q4. How do we ensure that a local/regional flavour is maintained when translating to a national approach without key messages getting lost?
- Q5. How might health service providers/community use the health promotion resources?
- Q 6. What are some limitations to engagement with the resources that might anticipate?

WORKSHOP FEEDBACK:

Responses to each question were recorded and consolidated into a collaboratively agreed format at each working group and verbally shared with the combined workshop group. The full feedback from the workshop is reported in the Appendix. The main messages and outcomes of the national workshop are summarized below:

1. Get an Eye check – See tomorrow- is the main message to include across all health promotion resources.
2. One size doesn't fit all and there needs to be flexibility for the resources to be potentially adapted to local and regional community conditions.
3. A logo would assist to create a national profile for the resources.
4. Use of local role models and audio voice over assists to localize the resources.
5. Health service providers need technically accurate resources
6. Resources should offer information about service options for patients.
7. Ongoing community engagement will strengthen the usability and reach of the resources.
8. Explore a broad range of social media and Indigenous media and develop Community Services Announcements
9. Local involvement and community engagement leads to pride and ownership.
10. Create the framework with themes and ideas but allow for local 'tweaking'.
11. Use existing networks and stakeholder newsletters/information systems.
12. Ensure there is an 'urban community'.
13. Innovate ways to engage kids and teenagers
14. Engage elders, community leaders and service administrators.

OUTCOMES FOLLOWING THE WORKSHOP

THE FEEDBACK WAS USED TO REFINE THE POSTERS, BROCHURES AUDIO AND DR CAMPAIGN STRATEGY

The discussion about a consistent colour scheme led to agreement that Diabetes Blue is the preferred colour because this reflects the international diabetes colour.

It was intended to include a music engagement audio and images from an urban area. Preliminary discussions with the AMS at West Sydney may need to be put on hold due to de-funding of the service. It was suggested that UIH in Brisbane or VAHS in Victoria could be alternative urban sites. As there is already a site form Victoria, Brisbane would be the first choice.

The images from the site visits, along with other clinical and technical images have been used in the posters, brochures and flip charts developed about diabetic retinopathy.

The drawings made by site participants have been adapted and a sight line created as part of the branding for the diabetes eye care campaign.

The technical and clinical information used in flip charts and brochures is being checked with relevant clinicians.

A intended launch of the diabetes eye care health promotion resources will kick off the media campaign.

The diabetes eye care resources will in the first instance be made available to all of the 12 Roadmap Regions IEH are working with across Australia.

SUMMARY:

Further work will be undertaken to explore the possibility of IEH making a `Creative Commons' of photos to be used in local regions and IEH is creating an online resource order processes. Evaluation processes are being developed for each of the resources and the overall diabetes eye care health promotion campaign.

APPENDIX: FEEDBACK ABOUT RESOURCE CONTENT AND PROCESSES OF DEVELOPMENT

Content:

Get an eye check is the main message: use consistent images and messages in all resources. i.e. flip charts, posters, music videos.- no more than 3 messages.

Use patient stories and target the whole family-include support stories.

Remind people that their own eye health care is good investment- see tomorrow a good phrase!

Use a Logo to link all resources to a National campaign.

Voice overs- audio are great as they give a flavour of different places/country.

River imagery resonates across the whole country-connection to country/place/people are important cultural messages of connection and belonging.

Behind the scenes DVD is informative.

Posters need to be tweaked- link between diabetes and eyes not strong enough; include guidelines, charts and local service options- AMS/GP/Clinics/Optometrists.

Ensure resources are localised- use local role models.

Grampians DVD relevant to broader audience- SE QLD said it could be used as is.

Tell the whole eye health story- eye check, laser treatment, glasses, access to services.

Can the resources be translated in other regions? Would a creative commons and bank of photos be available to all regions? RAHC online

Create framework with themes and ideas but don't do formats

Link between eye health and diabetes could be stronger.

Consider other products: a talking 'eyeball' like the talking kidney; the no-smokes flipchart T-shirt – "I've got my eye check"; Fishing lines; use artwork for t-shirts to screen print at youth centre use with teens.

YouTube and Facebook reach wider audiences

Community pitch at different ages and stages - youth, elders etc.

Music videos have catchy tunes and great messages One size does not fit all

Familiar places, faces in resources for each region (urban clinics for bush medicine. Local people into posters

Kids/create message to kids from kids

Creative commons approach but how to manage quality

- Ownership of resources by region (use of own logos etc.) * quality

- Templates

Processes:

Release the patient/personal stories over time to build the interest and engagement.

Ask Everyone – Have you had an eye check?

Convenience advertising such as gatherings in social spots eg: pub/sports clubs. Tap into local events such as local carnivals (sporting/ culture/health) eg: Koori Knockout competitions for NSW, AFL games in Vic and footy and netball in remote to spread the message.

Target existing networks and utilise stakeholder newsletters to spread resources/messages i.e.

Indigenous Nurses, Australian Diabetes educators

Advocate to government about maintaining Primary Health Care services– NACCHO 151 members and affiliates and other eye health providers such as BHVI in NT.

Show resources in waiting room screen/booth in local services.

DVD, CD, USB and upload resources on tablet to show

Share with local health groups to incorporate and nutrition cooking – health camps

Funding – Who's paying? Funds and Diabetes branding

Attach to existing campaigns to allow for exposure eg; world diabetes week

Targeting regions to ensure consistent and thorough health promotion education/awareness

Define HP activities – HP blog idea (Ottawa charter)

Changing organisations and health policy are also health promotion activities.

Community development approach – invest in community development programs

Referral process/service demand.

Local ownership and are central to effectiveness- this involves including local Indigenous leadership/local images/opportunities for peer support & encouragement are relational and support pride and community ownership

Making the posters usable – can there be a write on section.

MUSIC VIDEOS: Catchy songs, lyrics have increased meaning when repeatedly hears; great to have Grampians and Looma they were different

Use material & audio for other campaigns- modalities

Willingness to engage with health services (CCH)

Community Investment

Great consultation with communities:

- Field testing
- Process as educational intervention
- Connection
- Belonging

Local community involvement creates energy b/c an inside story, has substance + ownership.

- Target audience
- Service coordination
- Urban consultation
- Where to evaluate?
- Ensure local branding + messaging

National could get lost in translation

Will there be local HP products in every community?

Can't convey all the technical details for people with DR

Do we know if it (HP/Product) would result in a change in behaviour?

Leadership to use resources needed from management?

Is there technology access in remote areas?

Are the resources a bit limited for Health care providers?

FEEDBACK ABOUT WHO TO TARGET WITH RESOURCES

Patients & carers

Encourage discussion in the community with;

- Elders and community leaders
- Special days
- Promote adult health checks
- Practitioners
- Clients
- Practitioners
- Clients

Encourage discussion in the community with;

- Elders
- Special days
- Senior people
- Target networks
- Utilise stakeholder newsletters to spread resources/messages eg; Indigenous Nurses, Australian Diabetic educator
- Push 'whole community' image. Family business – represented Grandkids involved
- Young, women/urban not identify

Clinic AHW – use with 1-1/ groups

Diabetes educator

Optometrist

- Regional H.S
- Eye Health coordinators use across region

Including teenagers

Need urban– metro

Everyone ask – Have you had an eye check? And/or an eye exam

Staff more educated

Usable in mainstream

FEEDBACK ABOUT CHALLENGES

If there are too many DVD's there may be too many messages/variations + confusion

How to measure local level of eye health knowledge?

Deficit in knowledge

What is in an eye test?

Fear – in touch/near eye services within community setting/support structure

Is there access to services to respond to the messages

Services- Safety Perception of the impact of diabetic eye disease

Patients get mixed messages from different health professionals

Health literacy – young people as drivers of change

Shame about illness

Stock photography - Image bank available to be used –quality imagery

Assuming 'eye health' is an old people's problem Presumption that eye degeneration is inevitable?

Need a place and local plans for HP resources so they do not get lost – or collect dust (make sure it gets used)

Consider the difficulties in home context - barriers such as no fridge/nutrition

Get the balance right- UoM branding is currently too prominent – need to see relevance of local community.

Ensure you include eyes in diabetes care MBS715 it must become a routine part of adult health check and ongoing care

There is currently low awareness among health providers- Not part of training/practice

Passion and drive from management/leadership in health is required

Capacity = staffing turnover=time and funding

Can health promotion lead service reform? Health Promotion alone wont work- service delivery is needed.

Theoretical framework is complex – need a holistic approach, shift away from disease/ clinic focus, ensure eyes fit with other training about DR complications

SUGGESTIONS ABOUT MEDIA

Community Service Announcements (30/40 secs)

Print media eg; adverts regional/urban

Radio shows – broader programs about diabetes and eyes with a diabetes health educator

Utilise Indigenous TV eg: NITV

Target administration of community services

TV ads

Mobile phones

NITV

ICTV

Goolarri

Packham/radio

3KND – CAAMA

Indigitube Facebook

Social media

Is technology accessible in remote areas?

What has happened to developing additional apps, fb etc?

Digital with integrity