

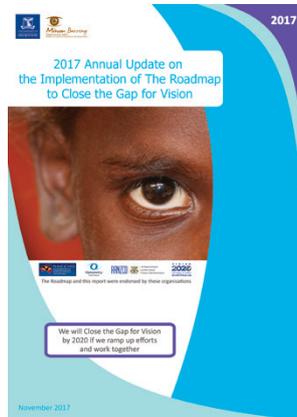
Indigenous Eye Health Newsletter November 2017

Welcome to the IEH end of year newsletter. There has been a lot of activity over 2017 and progress to Close the Gap for Vision by 2020. We wish you a happy end of year and all the best for 2018.

2017 Annual Update

The 2017 Annual Update on the Implementation of The Roadmap to Close the Gap for Vision was launched at a special event during the RANZCO Annual Congress in Perth at the end of October.

This event marked the sixth progress report of the Roadmap and provided an opportunity to acknowledge the great work being undertaken by all the organisations operating in Indigenous eye health including RANZCO.



The president of RANZCO, A/Prof Mark Daniell opened proceedings and introduced the Hon. Fred Chaney AO to formally launch the Annual Update, which highlights key achievements and progress made over the last 12 months on activities to close the gap for vision between Indigenous and non-Indigenous Australians.

Melbourne Laureate Professor Hugh R Taylor AC of Indigenous Eye Health at the University of Melbourne, also spoke of the need to maintain progress to reach parity in eye health outcomes with the rest of the Australian population by 2020.



Prof Hugh Taylor, Hon Fred Chaney, A/Prof Mark Daniell

Progress

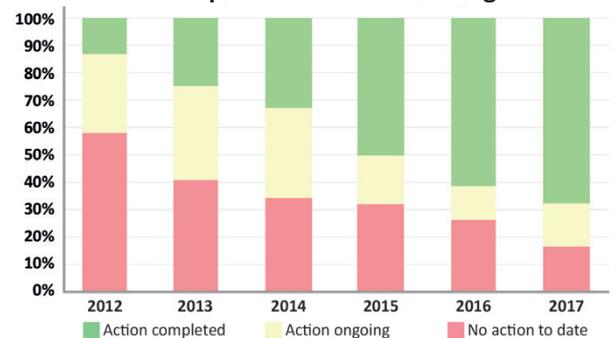
A number of significant milestones have been reached through the collective efforts of the many stakeholders working in Indigenous eye health. Sixty-seven per cent of 138 intermediate steps outlined in the Roadmap recommendations have now been completed and 16 out of 42 recommendations have been fully implemented.

The Annual Update notes the findings of the National Indigenous Eye Health Survey 2016, where blindness rates have been reduced from 6 times to 3 times as common for Indigenous adults as compared with non-Indigenous.

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- The Australian Institute of Health and Welfare delivered the inaugural report on key indicators to monitor progress on Indigenous eye health outcomes in 2017. This report will also be presented in 2018 & 2019.
- The introduction of new Medicare item numbers for diabetic retinopathy screening in November last year shows an increasing uptake of the item for both Indigenous people and other Australians.
- Another important achievement is the establishment of jurisdictional Indigenous eye health committees to provide oversight on regional and statewide eye health activities with 6 out of 8 jurisdictions commencing work to improve eye health outcomes in their state or territory.

Roadmap Recommendation Progress



Although several key initiatives have been implemented, there still remains important work to be done. Many policy recommendations require ongoing implementation.

The Australian government has provided longer term funding to the eye health sector for a range of activities including oversight, jurisdictional coordination, eye surgery support initiatives and the provision of additional equipment within Aboriginal Medical Services. However, new funding is still required for the regional and local coordination of services.

The prevalence of trachoma has reduced but may be plateauing and more work is urgently required to deliver safe bathrooms to facilitate face washing and clean faces.

“We are the only developed nation with endemic trachoma. It is only found in Indigenous communities. We need more timely reporting of data to allow more intense targeted intervention in hot spots,” Professor Taylor says “There is also a need for cross-portfolio activity orchestrated by the Department of Prime Minister and Cabinet to ensure functional and safe bathrooms in these communities.”

The Annual Update demonstrates that real progress is being made to improve Indigenous eye health outcomes across Australia, and all stakeholders in the eye health sector have a contribution to make to close the gap for vision by 2020.

<http://go.unimelb.edu.au/h7p6>



Tony Martella Optometry WA, Lynne Brodie Optometry Australia, Mitchell Anjou IEH, Hon. Fred Chaney AO, Carla Northam Vision 2020, A/Prof Mark Daniell RANZCO, Prof Hugh Taylor AC IEH

TRACHOMA

Community Art Murals

IEH and Indigenous Hip Hop Projects travelled to Willowra, Nyirripi, Papunya, Areyonga, Titjikala, Arlparra and Ti Tree as part of the Trachoma 'Clean Faces, Strong Eyes' Art Mural Project.

Each community worked with artists to determine the theme of the mural, often incorporating their dreaming into the painting, while the Hip Hop dancers and Milpa ran dance workshops with the schools.

We appreciate the support of our many partners including the Centre for Disease Control (CDC), CDP, Local Stores, MacDonnell Council, Central Desert Council, Youth Centres, Sport and Rec, Urapuntja Aboriginal Corporation, Primary Health Care and the Australian Trachoma Alliance.



Two new art murals in Nyirripi (top) and Willowra (bottom)

PY Media

PY Media recently ran a trachoma media project through the APY Lands in South Australia. The project included a series of outside broadcasts, the recording of locally produced community service announcements and two short films.

PY Media delivered simple face washing and hygiene messages to the APY Land communities in Pitjantjatjara and used radio and film to raise awareness of Milpa the Goanna and the 'Clean Faces, Strong Eyes' message.



Barkly Desert Culture

UJTU and Barkly Desert Culture at Barkly Regional Council, worked with hip hop bands Etown Boyz, Hill Boyz, Desert Sevenz and Karda Jala Kirridarra to produce "Eye Know", a Barkly trachoma education song.



<https://vimeo.com/225341943>

The bands later toured the Barkly to finish off their three year music mentoring project by Barkly Desert Culture. Over 10 days they performed to more than 1000 people and included Clean Face Strong Eyes education with Milpa.



Training

We are pleased to report a big increase in users for the various eLearning resources developed with Remote Area Health Corps (RAHC).

The eLearning modules cover trachoma, diabetes eye care and primary eye health care. We are currently updating the Centre for Eye Research Australia (CERA) trachoma grading course to join this suite of eLearning modules.

The modules are free and earn CPD points.

<https://www.rahc.com.au/elearning>



New Trachoma Positions

Trachoma Environmental Improvements Manager

IEH are soon to appoint the new position of Trachoma Environmental Improvements Manager based in Alice Springs. This position is supported by the BB & A Miller Foundation. The position will advocate for safe and functional washing facilities (bathrooms) and work to enhance coordination, collaboration and cooperation between key players at the State and Territory, regional and local levels in health. These areas include environmental health, housing, infrastructure and education in targeted regions and remote communities in the tri-state border region of NT, SA, and WA.

Trachoma Education and Engagement Manager

IEH is currently advertising for a Trachoma Education and Engagement Manager also located in Alice Springs. This position is supported by the Australian Government Department of Health. The role will build on existing partnerships and activities to date and focus on the "Facial cleanliness" of the SAFE strategy. This will involve education and engagement across the NT, SA and WA to raise awareness about the importance of clean faces and good hygiene and pursue strategies to increase knowledge that result in behaviour change.

Diabetes Eye Care



Partners - Congress and Lions Outback Vision

The Trachoma and Eye Health team at Central Australian Aboriginal Congress and the team on the Lions Outback Vision van have been spreading the 'Check Today, See Tomorrow' message by wearing the distinctive blue shirts and distributing health promotion resources as they visit clinics throughout WA and NT.



Eye Check Card

The MBS Item 715/12325 Eye Check Card is designed to support vision screening for Aboriginal and Torres Strait Islander people for MBS Item 715 and 12325.

CHECK TODAY. SEE TOMORROW
MBS Item 12325
Non-mydratric Retinal Photography for Detection of Diabetic Retinopathy
 Key steps for GPs and others providing diabetic retinopathy screening for people with diabetes

STEP 1: History
 - Ask about problems or difficulties with vision or eyes:
 - Consider 'blurred vision' (or near or distant?) 'floaters' 'visual distortion'
 - Ask about problems with glasses or contact lenses
 - Ask "Can you see clearly and comfortably?"
 - When looking at things or close up, when held in your hands?
 - When looking at things for easy?
 - Ask/Check whether the person has diabetes

STEP 2: Vision Test/Visual Acuity
 (See reverse side)
 - Test near vision:
 - Test both eyes together, with glasses if normally worn, using near test
 - Test distance vision:
 - Test one eye at a time, with glasses if normally worn, using distance chart

STEP 3: Capture retinal photos and grade for signs of diabetic retinopathy
 (See diabetic retinopathy Screening Card)
 - Normal or Minimal Non Proliferative
 - Non-retinal neovascularisation
 - Abnormal or Moderate Non Proliferative/Diabetic Macular Oedema*
 - Severe Non Proliferative/Diabetic Macular Oedema*
 - Urgent referral (to be seen within 30 days)

STEP 4: Refer
 - Refer to an optometrist or ophthalmologist if:
 - Vision is worse than 6/22 of distance
 - Visual acuity is less than 20/200 between the eyes
 - Patients with a previous medical diagnosis of diabetic retinopathy not under the care of an optometrist or ophthalmologist
 - Patient shows signs of diabetic retinopathy
 - Poor image quality
 *Diabetic Macular Oedema (DMO) is defined as the macula full with posterior pole fluid
 *Diabetic Macular Oedema (DMO) is not the macula

MBS Item 715
Aboriginal and Torres Strait Islander Health Assessment
 Key steps for GPs and others providing eye and vision screening in health assessments

STEP 1: History
 - Ask about problems or difficulties with vision or eyes:
 - Consider 'blurred or wavy eye' as a possible symptom of trichiasis
 - Ask about problems with glasses or contact lenses
 - Ask "Can you see clearly and comfortably?"
 - When looking at things or close up, when held in your hands?
 - When looking at things for easy?
 - Ask/Check whether the person has diabetes

STEP 2: Vision Test/Visual Acuity
 (See reverse side)
 - Test near vision:
 - Test both eyes together, with glasses if normally worn, using near test
 - Test distance vision:
 - Test one eye at a time, with glasses if normally worn, using distance chart

STEP 3: Eye Examination
 - Check eye movements
 - Check pupils
 - Check the front of the eye:
 - Look, feel, test, measure, correct
 - Consider trichiasis (from trachoma). Remember the 3 F's - Flare, Flap, Fluff
 - For people with diabetes, check the retina each year:
 - Non-mydratric retinal photography (Medicare item 12325) or dilated ophthalmology or refer

STEP 4: Refer
 - Refer to an optometrist or ophthalmologist if:
 - Vision or eye problems including a change in vision
 - Retinal signs of near vision then 6/22 or distance (worse than 6/22)
 - Retinal photography shows signs of diabetic retinopathy
 - Retinal examination is needed for person with diabetes

The Online Self-Directed Diabetic Retinopathy Screening Card is available online website: www.sbu.unimelb.edu.au

<http://go.unimelb.edu.au/87p6>

This resource was developed to outline the four key steps that are required for GPs and other health professionals providing:

- Eye and vision screening for MBS Item 715 (Health Assessment for Aboriginal and Torres Strait Islander people) including a visual acuity chart and;
- Diabetic retinopathy screening for MBS Item 12325 (Non-Mydratric Retinal Photography for Detection of Diabetic Retinopathy for Aboriginal and Torres Strait Islander people).

Diabetic Retinopathy MBS Item

The Department of Health has provided some clarification about the claiming arrangements for MBS Item numbers 12325 and 12326 (retinal photography) from November 2017. This item is intended for retinal photography for people with diabetes with a non-mydratric retinal camera.

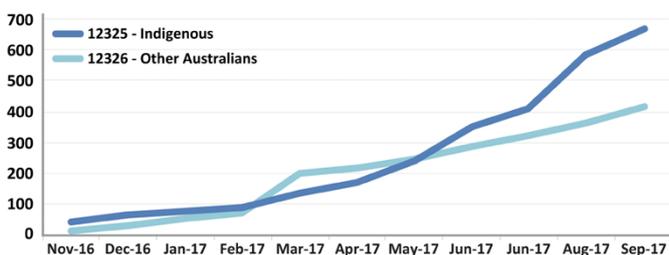
The explanatory note makes it clear that any element(s) of the service may be performed by appropriately trained or qualified personnel under the direction of the medical practitioner co-ordinating the patient's care. The medical practitioner retains overall responsibility for claiming of the service.

<http://go.unimelb.edu.au/p7p6>

Diabetic Retinopathy MBS Item Performance

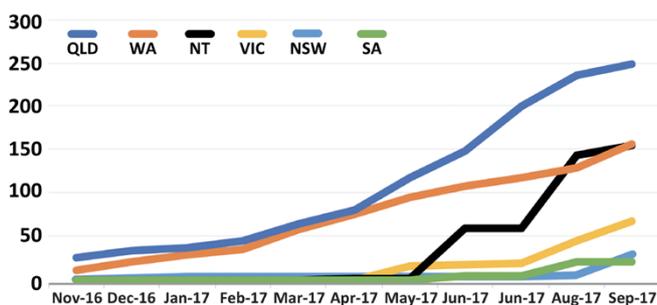
The new Medicare item for diabetic retinopathy screening shows an increasing uptake for both Indigenous people and other Australians.

MBS Item Claims - Cumulative Total



There has been continued uptake of the DR MBS item with Queensland, WA and NT leading the way.

MBS Item 12325 - Cumulative Total by State



<https://vimeo.com/242162563>

Roadmap Implementation



National Conference in 2018- Save the date

The second national Close the Gap conference will be held on 15-16 March 2018 in Melbourne. More information will follow about the venue and the agenda.

The inaugural conference in March of this year brought together more than 100 participants who committed to work to Close the Gap in Vision by 2020.

RANZCO Recommendation on Cost Certainty

IEH welcomes the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) Position Statement on recommended billing practices for Indigenous patients.

In summary, RANZCO encourages, in order to promote cost certainty for Indigenous patients, ophthalmologists providing ophthalmology services supported by the Rural Health Outreach Fund (RHOF) to charge the Medicare rebate for Indigenous consultations.

<http://go.unimelb.edu.au/f7p6>

RANZCO Symposium

IEH hosted two symposium sessions at the RANZCO 2017 Congress in Perth in October. The first symposium focused on Closing the Gap for Cataract Surgery in the Long Term. It was chaired by Prof Hugh Taylor, A/Prof Angus Turner, Dr Ashish Agar and covered topics including data, access and barriers to surgery, regional partnerships, building sustainable services, rural and remote area surgery and funding and theatre time (private and public) to support cataract surgery.

Open discussion with the speakers was sought and the high level of audience participation reflects the importance of cataract surgery systems and reform to Close the Gap for Vision.

IEH also ran a symposium on Indigenous Eye Health at the Orthoptics Australia Annual Scientific Conference that ran during the RANZCO Congress. Once again, Prof Taylor and A/Prof Angus Turner along with IEH Team members Mitchell Anjou and Rosamond Gildea, who is an Orthoptist, provided an overview of the current state of Indigenous eye health and suggestions for the role orthoptists can play to improve Indigenous eye care and facilitate efforts to Close the Gap for Vision were presented.

NSW

Significant progress has been made in the Roadmap approach and regional coverage to Close the Gap for Vision across NSW. Regional stakeholder activity has occurred across the state in 2017 largely attributable to the great work of the fundholder, NSW Rural Doctors Network (RDN) in coordinating and monitoring regional forums. IEH is pleased to participate on the NSW statewide Indigenous Eye Health committee, which is also coordinated by RDN.

Tasmania

Tasmania had its first statewide Aboriginal Eye Health Stakeholder Forum in June. Following the success of this meeting consultation took place in the north of the state and a northern region Indigenous eye health stakeholder group has been established. TAZREACH, the fundholder for Tasmania, has provided support and assistance for this group culminating in its first meeting in November in Launceston. Future regional meetings are planned for the north-west and southern regions of Tasmania early next year.

Top End Integrated Eye Health Strategy (TOPIEHS)

IEH has participated in the initial meetings convened for a regional eye health committee in the Top End of the Northern Territory. The formation of TOPIEHS has been driven by the Fred Hollows Foundation informed by the work of the Central Australia and Barkly Integrated Eye Health Strategy (CABIEHS) which has been operating for ten years.

Minderoo Foundation

IEH welcomed funding from the Minderoo Foundation over four years to assist with our Roadmap implementation and activities.



In the News

Annual Update Launch Coverage

- Indigenous eye health: Blindness, trachoma rates improve dramatically, but more work needed. <http://go.unimelb.edu.au/m7p6>

Indigenous eye health: Blindness, trachoma rates improve dramatically, but more work needed

By David Sparkes
Updated 30 Oct 2017, 12:37pm

The rate of blindness among Indigenous Australians is falling fast, but remains three times worse than the national average, experts say.

Eye health experts say further commitment is needed to entirely close the gap with the rest of the population.

Professor Hugh Taylor, from the University of Melbourne's School of Population and Global Health, has been running a program to close the gap on Indigenous eye health.

When the program was launched in 2008, the rate



- Optometry on road to close vision gap. <http://go.unimelb.edu.au/t7p6>
- Closing the Gap for vision <https://pursuit.unimelb.edu.au/articles/closing-the-gap-for-vision>

Conference Attendance

The latter part of the year has provided a range of opportunities to attend conferences and meetings and spread the word around Close the Gap for Vision and trachoma and diabetes eye care. IEH has attended, presented, operated trade booths or provided posters at a range of conferences convened by:

- National Aboriginal Community Controlled Health Organisations (NACCHO)
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)
- National Aboriginal and Torres Strait Islander Environmental Health Conference (NATSIEH)
- Royal Australian and New Zealand College of Ophthalmologists (RANZCO)
- Communicable Diseases Control Conference (CDC)
- Rural Medicine Australia (ACRRM)
- Lowitja Institute/ National Health and Medical Research Council (NHMRC)
- Australian College of Optometry (ACO)



Milpa on stage at the NATSIEH conference

Equipment Roll-out

The Australian Government project to provide retinal cameras under the Provision of Eye Health Equipment and Training program to increase access to eye health and vision care services for Aboriginal Australians has been launched.

Cameras, along with relevant training and support, has started to roll-out to health services across Australia. The first tranche of 35 sites is being implemented and the second tranche of 35 sites have been advised of their selection.

Brien Holden Vision Institute and The Australian College of Optometry are co-leading the national program, working with the Aboriginal Health Council of South Australia, the Centre for Eye Health and Optometry Australia.

<http://go.unimelb.edu.au/57p6>

Staff Update

We welcome Tessa Saunders who started with the Roadmap team in November based in Melbourne.

We farewell Jessie Motlik with thanks for her contribution and wish her all the best for the future.

Thank You

Indigenous Eye Health would like to take this opportunity to thank the many community members, colleagues and stakeholders who are part of and support our work.

We would like to acknowledge our generous donors and funders including: The Minderoo Foundation, The Paul Ramsay Foundation, The Harold Mitchell Foundation, the Ian Potter Foundation, the BB & A Miller Foundation, CBM Australia, the Cybec Foundation, the Aspen Foundation, MML, the Australian Government Department of Health and private donors.

We would also like to thank our Advisory Board and the University of Melbourne for their leadership and guidance.

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