

Day 1 – Tuesday 24 May 2022 First Nations Delegates Only

8.30 - 9.00 Conference Registration

9.00 - 11.00 Workshop

Litchfield Room Facilitator: Sohail Inayatulla Chair: Shaun Tatipata
Visions for Aboriginal and Torres Strait Islander
Eye Health in 2030 (Part 1)

11.00 - 11.30 Morning Tea

11.30 - 1.00 Workshop

Litchfield Room Facilitator: Sohail Inayatulla Chair: Shaun Tatipata
Visions for Aboriginal and Torres Strait Islander
Eye Health in 2030 (Part 2)

1.00 - 1.30 Lunch

1.30 - 4.30 Workshop

Litchfield Room Facilitator: Sohail Inayatulla Chair: Shaun Tatipata
Visions for Aboriginal and Torres Strait Islander
Eye Health in 2030 (Part 3)

5.00 - 5.30 Travel to Welcome Reception

Optional: Walk (2km) or Buses Departing: 5pm and 5.15pm from conference venue
George Brown Darwin Botanic Gardens, Gilruth Ave & Gardens Rd, The Gardens NT 0820

5.30 - 7.30 Welcome Reception

Includes:

- Opening
- Welcome to Country, Edwin Fejo
- Cultural Performances
- Canapés & Drinks

7.30 - 8.00 Travel from Welcome Reception

Optional: Walk (2km) or Buses Departing: 7.30pm from reception venue to conference venue

Day 1 – Tuesday 24 May 2022 Non-First Nations Delegates

12.30 - 1.00 Registration

1.00 - 1.30 Lunch

1.30 - 4.30 Workshop

Arafura Ballroom Facilitator: Richard Fejo Chair: Mitchell Anjou
Kinship Systems



**2022 National
Aboriginal and Torres Strait Islander
Eye Health Conference**

24 - 26 May 2022 | Darwin, NT

OUR VISION IN OUR HANDS

Day 2 – Wednesday 25 May 2022

8.15 - 8.45	Conference Registration	
8.45 - 10.00	Conference Opening Day 2	Chair: Shaun Tatipata and Anne-Marie Banfield
Arafura Ballroom	Includes: <ul style="list-style-type: none"> • Welcome to Country performed by Aunty Bilawara Lee • Introduction and Conference Overview • Gemina Corpus, Aboriginal Medical Services Alliance Northern Territory, Conference co-host • Hugh Taylor, Indigenous Eye Health Unit, Conference co-host 	
10.00 - 10.30	Keynote Presentation	Chair: Jaki Adams
Arafura Ballroom	Keynote Speaker, Thomas Mayor	
10.30 - 11.00	Morning Tea	
11.00 - 12.00	Plenary Session - "Empowerment"	Chair: Tanya Morris
Arafura Ballroom	<ol style="list-style-type: none"> 1. Co-production of a Primary Eye Health Care Plan: Perspectives on Partnerships, Governance and Leadership. Courtney Hammond, Kurt Towers, Toni Shearing, Katherine Zamora-Alejo, Rosamond Gildden, Jose Estevez, Natasha Howard, Jamie Craig on behalf of the Investigator Team 2. Addressing the Impact of Housing on Health: An Overview of the Healthy Housing Project in Central Australia. Acacia Lewis, Nick Wilson 3. Eye Care Collaboration in an Urban Setting. Gavin Brown, Rosie Dawkins 4. The Good, the Bad, and the Deadly. Shaun Tatipata 	
12.00 - 12.30	Keynote Presentation	Chair: Tanya Morris
Arafura Ballroom	Keynote Speaker, Nicole Turner	
12.30 - 1.00	Lunch	
1.00 - 1.30	Keynote Presentation	Chair: Tania McLeod
Arafura Ballroom	Keynote Speaker, Summer May Finlay	
1.30 - 3.00	Tabletop Presentations	Chair: Nick Schubert
Arafura Ballroom	<ol style="list-style-type: none"> 1. Eye Health on Palm Island - The Last 20 Years. Martin Hodgson, Jeriah Coutts 2. Diabetic Retinopathy Screening in the Top End Health Service. Danny Lam, Madelaine Moore, Nishantha Wijesinghe 3. What Can Children Be, When They Can See? Lien Trin (this is unavailable) 4. Establishment of an Eyecare Service at Nunkuwarrin Yunti - 12 Months on. Tristan Glover, Nilmini John, Neville Turner, Johnanna Kropinyeri 5. Aboriginal and Torres Strait Islander Ocular Dispensing Traineeship Pilot. Joe Waterman, Griffin Banfield, Nilmini John, Neville Turner 6. The SA Aboriginal Eye Health Working Group (SAAEHWG). Chris Reksinis, Nick Schubert 7. Our Vision in Our Hands; Challenges, Access, Outcomes – Mount Isa & Lower Gulf. Lachlan Smith, Nicole Byrne, Louise Gilbert 8. Eye Care Data: How Can We Use It for Monitoring and Advocacy? Guy Gillor 9. Retinopathy in Patients Currently on Renal Dialysis (RiPCORD study). Tim Henderson, Tania Roulston, Ebony Liu, Jose Estevez 10. Measuring Effectiveness of Culturally Safe Practices in Indigenous Eye Health Surgery. Philippa Hawke, Edie Stevens 11. RANZCO Consultation on Vision 2030 and Beyond. Kristin Bell 12. Using Augmented-reality to Promote ‘Milpa’s Six Steps to Stop Germs’. Lesley Martin, Walter Bathern 13. Aboriginal Eye Health Stakeholder Group of Victoria, the Journey towards Aboriginal and Torres Strait Islander Leadership and Ownership. Angee Ross 14. Eyes We Have Seen. Vicki Sheehan, Lisa Penrose 15. Sustaining Partnerships in the Elimination of Trachoma. Inge Carter, Yash Srivastava, Imogen McLean 16. Factors Influencing 0-4-year-old Children’s Facial Cleanliness to Prevent Trachoma. Fiona Lange, Nick Wilson 	
3.00 - 3.30	Afternoon Tea (includes Vision 2020 Australia RAP Launch, Arafura Ballroom)	
3.30 - 5.00	Workshop Session	
Litchfield Room	Workshop 1: Eye Care 101. Mitchell Anjou, Tim Henderson	
Kakadu Room	Workshop 2: Retinal Cameras in Primary Care. Neville Turner, Kristin Bell	
Reflections Room	Workshop 3: Improved Collaboration to Enhance Ophthalmic Service Delivery to Indigenous Community. Angus Turner, Kerry Woods, Janet Puertolano, Helen Wright	
Arafura Ballroom	Workshop 4: Sharing Your Learning- Building the Evidence About First Nations’ Eyecare Activities and Outcomes. Karla Canuto, Tessa Saunders	
6.30 - onwards	Conference Dinner and Awards Char Restaurant, 70 Esplanade, Darwin City NT 0800	

Day 3 – Thursday 26 May 2022

9.00 - 9.30 Arafura Ballroom	Conference Opening Day 3 <i>Includes:</i> <ul style="list-style-type: none">Opening Remarks, Sorry DayAunty Maisie Austin - CEO, NT Stolen Generation Aboriginal Corporation	Chair: Karla Canuto
9.30 - 10.15 Arafura Ballroom	Plenary Session - "Guidance" <ol style="list-style-type: none">Are We Doing Enough to Amplify the Voices of Aboriginal and Torres Strait Islander People? Anne Marie BanfieldA Collaborative Approach to Improving Aboriginal and Torres Strait Islander Eye Health in North Queensland. Tanya MorrisEvaluation Outcomes and Recommendations. Tessa Saunders, Shaun Tatipata, Mitchell Anjou, Nick Wilson	Chair: Karla Canuto
10.15 - 10.30	Conference Delegate Group Photo 📷	
10.30 - 11.00	Morning Tea	
11.00 - 12.30	Concurrent Workshop and Oral Presentation Session	
Kakadu Room	Workshop 1: Mapping the Eye Care Pathways at the Regional Level: A Knowledge Exchange. Nick Schubert	
Reflections Room	Workshop 2: Telehealth and Primary Eyecare, Is It Right For Your Clinic? Ben Hamlyn	
Arafura Ballroom	Oral Presentations 1: North Australian focus Retinopathy of Prematurity in Indigenous Populations from the Top End: A 10-Year Review. Ario Wilson-Pogmore, Sweetha Sukumaran, Nishantha Wijesinghe A Snapshot of the Triumphs and Challenges of Delivering Vision Care in Laynhapuy Homelands NT. Helen Summers The Fred Hollows Foundation's Indigenous Principles of Engagement. Tania McLeod, David Aanundsen Goondir, Doing Good Work in South West Queensland. Debra Robinson, Lisa Penrose	Chair: Lesley Martin and Walter Bathern
Litchfield Room	Oral Presentations 2: System Reforms Across the Eye Care Pathway Provision of Eye Health Equipment and Training - Outcomes and Reflections. Neville Turner, Colina Waddell, Chris Reksinis, Sarah Davies, Michael Yap, Skye Cappuccio, Gary Crerie, Sarah Nicholls Update on the National Subsidised Spectacles Scheme Project. Roman Serebrianik A Journey of Connections and Creativity in Developing Community-Led Eye Health Promotion Resources. Kerry Woods, Digby Mercer, Vanessa Murdoch, Kylie Clarke, Nick Wilson, Carol Wynne Working Alongside Remote Communities to Prevent Trachoma. Melissa Stoneham, Scott MacKenzie	Chair: Emma Robertson
12.30 - 1.00	Lunch	
1.00 - 1.30 Arafura Ballroom	Keynote Presentation Keynote Speaker, Jaki Adams, Jilpia Nappaljari Jones Memorial Oration	Chair: Lauren Hutchinson
1.30 - 3.00 Arafura Ballroom	Campfire Session	Chair: Guy Gillor
3.00 - 3.30	Afternoon Tea	
3.30 - 4.30 Arafura Ballroom	Closing Session <i>Includes:</i> <ul style="list-style-type: none">A Presentation from Kristopher Rallah-BakerReport back from Visions 2030Report back from Campfire SessionsClosing	Chairs: Shaun Tatipata and Anne-Marie Banfield

The Jilpa Nappaljari Jones Memorial Oration

The National Aboriginal and Torres Strait Islander Eye Health Conference 2022 is proud to host the first annual Jilpa Nappaljari Jones Memorial Oration.

The Oration

The Jilpa Nappaljari Jones Memorial Oration aims to celebrate the contributions of Aboriginal and Torres Strait Islander Peoples to eye care. The Oration acknowledges the significant contribution Jilpa made to Aboriginal and Torres Strait Islander eye health and her inspiration for a whole generation of amazing women leaders in eye health.

The inaugural oration will be presented by Jaki Adams Barton as part of the National Aboriginal and Torres Strait Islander Eye Health Conference 2022, on Larrakia land in Darwin, 24- 26 May 2022.

Jilpa Nappaljari Jones

Jilpa Nappaljari Jones AM, Walmajarri woman, pioneering nurse, has dedicated her life to the improvement of health of Aboriginal and Torres Strait Islander Australians. Her life's journey is intertwined with the journey for self-determination in health, and the struggle to improve health and vision.

Born on Walmajarri land in the Great Sandy Desert, Jilpa was taken away from her family at the age of 5 and raised in Queensland. At age 15, Jilpa chose to study nursing, and eventually became one of the first Aboriginal registered nurses after graduating in General Nursing (Midwifery and Ophthalmology).

Jilpa obtained a Churchill Trust Scholarship to study and work at Moorfields Eye Hospital in London, before returning to Australia and working in Cairns.

In 1971, Jilpa moved to Sydney and was one of the first nurses to work in the Redfern Aboriginal Medical Service after its establishment that same year. The Redfern Aboriginal Medical Service was the first Aboriginal Community Controlled Health Service in Australia, and its pioneering work inspired others to establish Aboriginal Community Controlled Health Services all across the country.

In 1975, Jilpa joined the National Trachoma and Eye Health Program. The much-celebrated program, championed by ophthalmologist Prof Fred Hollows, included large teams travelling across Australia to screen, diagnose, and treat trachoma and other eye conditions among Aboriginal and Torres Strait Islander communities. Jilpa worked in one of those teams, travelling across Queensland and Western Australia in the duration of the program. In one of the Western Australia trips, Jilpa's team worked in Fitzroy Crossing on Walmadjari land, and was reunited with her birth mother.

In addition to eye health, Jilpa made significant contributions to midwifery, including work in Far North Queensland to study birthing choices, and to asthma treatment.

Jilpa was appointed to the council of the Australian Institute of Aboriginal and Torres Strait Islander Studies in 1994. She also was a lifelong member of the Fred Hollows Foundation and friend of Fred's dating back to their joint work at the Redfern Aboriginal Medical Service and on the National Trachoma and Eye Health Program.

Jilpa's interest in improving Aboriginal and Torres Strait Islander eye care continued. She was the lead author of A Critical History of Indigenous Eye Health Policy-Making: Towards Effective System Reform (2011). This comprehensive policy review was key in informing the policy recommendations of the Roadmap to Close the Gap for Vision the following year. Jilpa continued to provide her expertise and leadership in eye health as a member of the Indigenous Eye Health Advisory Board of the Indigenous Eye Health Unit at the University of Melbourne.

Jilpa's passion for knowledge shined through her life, and in 2003 completed a further degree at the Australian National University in Political Science and History. Jilpa also served as a Director of Black Women's Action in Education (which later became the Roberta Sykes Foundation).

In 2007, Jilpa was part of a successful native title claim for her native Walmajarri land, as part of the Great Sandy Desert land claim project.



Jaki Adams

Jaki was born and raised in Garramilla (Darwin), on Larrakia Country, and is of both Aboriginal and Torres Strait Islander descent, with ancestral links to the Yadhagana and Wuthathi people of Cape York Peninsula, traditional family ties with the Gurindji people, and extended family relationships with the people of the Torres Straits and Warlpiri (Yuendumu).

Jaki has over 25 years' experience in the government and international development sectors.

Jaki has held many leadership roles in Australia, including Chair of Vision 2020 Australia's Aboriginal and Torres Strait Islander Committee; and currently is a Vision 2020 Australia Board Member; The Fred Hollows Foundation's lead representative on the national Close the Gap Steering Committee (Health Equity and Social Justice); an Australians for Native Title and Reconciliation (ANTaR) Board Member; and more recently, becoming a Board Director of Thirilli Ltd (Indigenous Suicide Postvention Service).

Jaki has been at The Fred Hollows Foundation for close to 10 years. Her current role as Director of Social Justice and Regional Engagement within the Office of the CEO sees her continuing to champion her drive and passion for health equity, elevating the voices of Aboriginal and Torres Strait Islander Peoples and progressing true allyship; supporting strategic eye care relationships across the Pacific; and progressing a global network to improve eye care access for Indigenous and Tribal Peoples (including recently establishing a First Nations Special Interest Group through the International Agency for the Prevention of Blindness (IAPB)).

In previous roles at The Foundation, Jaki has overseen the Indigenous Australia Program and eye care programming across the Pacific, Timor Leste, the Philippines and Indonesia.

Further readings:

<https://aiatsis.gov.au/whats-new/news/jilpa-nappaljari-jones-marjorie-baldwin-jones-am>

<https://www.abc.net.au/radio/programs/speakingout/jilpa-jones/13618584>

<https://www.hollows.org/au/latest/vale-jilpa-jones-am>

<https://www.sbs.com.au/nitv/article/2021/11/05/darling-friend-eye-health-pioneer-jilpa-nappaljari-jones-remembered>

https://aiatsis.gov.au/sites/default/files/research_pub/jones-buzzacott-briscoe-murray-2008-beyond-sandy-blight_0_2.pdf

<https://ranzco.edu/blog/because-of-her-we-can-celebrating-the-role-of-women-in-the-national-trachoma-and-eye-health-program-by-guy-gillor/>

https://mspgh.unimelb.edu.au/data/assets/pdf_file/0011/1984133/critical_history_full_report.pdf

Keynote Speakers



Thomas Mayor

Thomas is a lead campaigner for the Uluru Statement from the Heart proposal for a constitutionally enshrined First Nations Voice and the author of *Dear Son – Letters and Reflections from First Nations Fathers and Sons*.

Thomas is a Kaurareg Aboriginal and Kalkagal, Erubamle Torres Strait Islander man.

He was a wharf labourer for sixteen years and is an official of the Maritime Union of Australia, working as the National Indigenous Officer of the union. He is the author of four books as well as essays and articles published in the Griffith Review, the Sydney Morning Herald and The Guardian. His present works cover both historical and contemporary First Nations struggles including his extensive work campaigning for the Uluru Statement from the Heart, biographical narratives, fatherhood, masculinity, love and race.

Thomas continues to passionately advocate for workers rights and for a constitutionally enshrined Voice – the key proposal in the Uluru Statement. He is the Chairperson of the Northern Territory Indigenous Labor Network, advises the Diversity Council of Australia and the From the Heart campaign, and is an executive member of the Northern Territory Trades and Labour Council. His writing journey continues also, with several other books in development with release dates planned for 2023 and 2024.



Nicole Turner

Nicole Turner is a Kamilaroi woman who currently lives in the Hunter area of NSW. She is one of very few qualified Aboriginal community nutritionists in Australia, chairperson of Indigenous Allied Health Australia (IAHA), and an adjunct Professor of Nutrition and Dietetics at University of Canberra. Nicole is the Aboriginal Workforce Engagement Manager at Rural Doctors Network NSW and has worked in the health sector for over 25 years.

Nicole has published numerous papers in international journals and presented at several conferences around Australia and overseas on a variety of topics, especially Indigenous health.

Nicole's passion is nutrition and living a healthy lifestyle. She believes we need to give knowledge to our people about the importance of maintaining a healthy lifestyle and preventing chronic diseases. She is involved with many national, state and local committees and many organisations around the country.



Dr Summer May Finlay

Dr Summer May Finlay (CSCA, TAE, BSocSC MPHA, and PhD) is a Yorta Yorta woman who grew up on Awabakal country (West Lake Macquarie) and is a passionate advocate for Aboriginal and Torres Strait Islander People.

Her passion is what has driven her to work in a number of public health fields including social marketing, communications research and policy.

Summer has worked for a range of organisations in the Aboriginal Community Controlled Health, not-for-profit, university and for profit sectors. She is currently employed at the University of Wollongong as a Postdoctoral Fellow on a National Health and Medical Research Council funded project and as a lecturer.

In addition to working as an academic, she also works as a freelancer for organisations such as Croakey Health Media and the Commonwealth Department of Health. She is Co-Chair of the Aboriginal Health and Medical Research Council of NSW Ethics Committee, Co-Vice Chair of the World Federation of Public Health Associations Indigenous Working Group and Deputy Chair of Thirrili, Australia's only Indigenous suicide prevention organisation. Summer was previously Aboriginal and Torres Strait Islander Vice President for the Public Health Association of Australia and was the Aboriginal Torres Strait Islander Special Interest Group Co-Convener.

She has received three awards from the Public Health Association of Australia for her work in public health and Indigenous health (Presidents Award 2017, Fellowship 2020 and Presidents Award 2021).

You can follow her on twitter via her handle @SummerMayFinlay.

Plenary: Empowerment

1. Co-production of a Primary Eye Health Care Plan: Perspectives on Partnerships, Governance and Leadership

Authors: Courtney Hammond, Kurt Towers, Toni Shearing, Katherine Zamora-Alejo, Rosamond Gildea, Jose Estevez, Natasha Howard, Jamie Craig on behalf of the Investigator Team

Presenters: Courtney Hammond, Toni Shearing

Research-practice partnerships are critical in improving health outcomes in Aboriginal and Torres Strait Islander communities. Integrating the perspectives of Aboriginal community members, clinicians, and service providers to better understand the local eye healthcare needs will enable such partnerships. In this presentation, we reflect on the approaches to partnership, governance, and leadership within the co-production of an eye health plan for Aboriginal and Torres Strait Islander people in an urban South Australian primary health care setting.

The Aboriginal Eye Health Project was developed after discussions with Aboriginal community members and stakeholders who identified a need for increased diabetic retinopathy screening. The project utilises a multi-staged, mixed-methods approach that is responsive to the multi-dimensional social, clinical, and cultural needs of the community. The research focuses on building and maintaining strong community ties, with continual engagement with service provider leadership to ensure the sustainability of the eye health implementation initiatives overtime within the health service. Diverse stakeholders identified priority areas including: (1) database management systems; (2) primary-tertiary care referral pathways; and (3) follow-up care processes. A community-led eye health plan in primary health care settings can contribute to closing the research-practice gap in eye care services for Aboriginal and Torres Strait Islander peoples.

2. Addressing the Impact of Housing on Health: An Overview of the Healthy Housing Project in Central Australia

Authors: Acacia Lewis, Nick Wilson

Presenters: Acacia Lewis, Nick Wilson

Inadequate housing is having a critical impact on the health of Aboriginal Australians, which has been further highlighted during the COVID-19 pandemic.

'The Healthy Housing Project' is co-funded by Rotary, The Fred Hollows Foundation, and Indigenous Eye Health.

The project is led by the 'Healthy Housing Officer' position, which is based at Central Australian Aboriginal Congress – an Aboriginal community-controlled health service in Central Australia.

The project aims to highlight the important link between housing and health for the prevention of infectious diseases such as trachoma. The HHO position is working with communities, households, and community members to undertake an audit of their bathroom and washing facilities (what's working, what's not working and what is missing) and to report things that need addressing to the organisation who is responsible for repair and maintenance in that community. A part of the project is also about monitoring how long it takes things to be fixed in households.

The position will aim to identify the real impact poor health hardware is having on the health of those living in those homes. In addition, the project will also explore the development of a referral pathway for clients with infectious conditions who are presenting at Congress clinics.

This project involves working with government departments to identify ways that the 'system' can be improved to provide better health outcomes for remote Aboriginal communities in Central Australia through the prompt repair and maintenance of health hardware.

This presentation will provide an overview of the need for the project, community engagement approaches, the development of tools, resources, and processes and will provide an update on progress made so far.

3. Eye Care Collaboration in an Urban Setting

Authors: Gavin Brown, Rosie Dawkins

Presenter: Gavin Brown

The Victorian Aboriginal Health Service was established in 1973, from its humble beginnings it has now grown to serve 1 in 4 Aboriginal people in Melbourne. 250 committed staff serve the full range of health needs, in a holistic fashion across four locations in urban Melbourne.

Eye health has been a focus of the service for over twenty of the fifty years of its existence. Initially starting with optometry and glasses, VAHS now has a comprehensive ophthalmology clinic with state-of-the-art equipment, and all services to the point of surgery – including laser and injections.

This presentation will talk about the essential ingredients for the successful collaboration of an ACCO and a tertiary hospital.

Gavin Brown is Gunditjmara man born and bred in Fitzroy, who has been a CEO for over 30 years in various sectors. After initially starting at VAHS at 15 years old in the dental service, Gavin returned five years ago into the executive management team in operations.

Rosie Dawkins is an ophthalmologist working at the Royal Victorian Eye and Ear Hospital and Royal Children's Hospital. She worked as a GP at VAHS before training in eyes, and now works fortnightly in the comprehensive ophthalmology clinic.

4. The Good, the Bad, and the Deadly

Author: Shaun Tatipata

Presenter: Shaun Tatipata

The presentation will share the journey of Deadly Enterprises and the organisation's efforts to address vision loss in the Aboriginal and Torres Strait Islander community. Founding Director, Shaun Tatipata, will reflect on the progress to date, the Deadly initiatives implemented, and the next phase of its journey to Deadly-ness.

Plenary: Guidance

1. Are We Doing Enough to Amplify the Voices of Aboriginal and Torres Strait Islander People?

A presentation from Anne-Marie Banfield

2. A Collaborative Approach to Improving Aboriginal and Torres Strait Islander Eye Health in North Queensland

Author: Tanya Morris

Presenter: Tanya Morris

In June 2019 the North Queensland Primary Health Network (NQPHN) commissioned CheckUP to undertake service mapping and evaluate a range of eye health services within a comprehensive primary health care framework for the North and Far North Communities of Queensland. The selected regions being Cairns and Hinterland, Mackay and surrounds and the Torres and NPA regions within a 12-month period.

Within these regions there was no regional plan or coordination of Eye Health services involving the patient journey to Optometry and referral to Ophthalmology services. This project aimed to encourage building relationships, sharing data, promoting eye care services, and improving patient access. All of which lead to establishing improved and more efficient patient pathways.

The University of Melbourne's Indigenous Eye Health Program and the Roadmap to Close the Gap for Vision have been a key component of working collaboratively with all stakeholders to identify and address gaps in Indigenous eye health care interventions for Aboriginal and Torres Strait Islanders in North Queensland.

3. Evaluation Outcomes and Recommendations

Authors: Tessa Saunders, Shaun Tatipata, Mitchell Anjou, Nick Wilson

Presenters: Tessa Saunders, Nick Wilson

The Roadmap to Close the Gap for Vision (2012) recommended policy and practice changes at national, jurisdictional and local levels including implementation of reform at a regional level to improve eyecare for Indigenous Australians. Regional approaches have been implemented across Australia, with over 60 regional groups in all states and territories. Activity is implemented differently across different regions, reflecting the diversity of communities, systems and structures, and different needs across regional, remote and urban settings. This presentation will report a comprehensive evaluation of regional implementation of the Roadmap.

A formative, mixed-methods evaluation included a national survey, regional case studies, key informant interviews, administrative data and a literature review. The evaluation was codesigned with Indigenous and sector stakeholders to ensure community benefit, priorities and aspirations were addressed and Indigenous leadership supported. An Aboriginal and Torres Strait Islander Reference Group provided guidance and support for the project.

The evaluation established the critical value and need for Aboriginal and Torres Strait Islander leadership and empowerment in eyecare and the development of capacity to support this. Regional approaches were supported by the evaluation outcomes as was the need to improve cultural safety in eyecare and the importance of data and an evidence base.

Closing Session Presentation

A presentation from Kristopher Rallah-Baker

Workshops

Workshops Day 1:

1. Visions for Aboriginal and Torres Strait Islander Eye Health in 2030 – full day workshop

(First Nations delegates only)

Facilitator: Sohail Inayatulla

The workshop will be facilitated by Professor Sohail Inayatulla and invites First Nations delegates to reimagine what the future of eye health for our communities could and should look like. Delegates will have the opportunity to learn about what the likely eye health scenario is in 2030 for our communities, and then discuss and determine what our preferred futures are based on our collective aspirations for the future.

This is an opportunity to workshop what First Nations markers for success in eye health for our communities are for the future and to express what we as Aboriginal and Torres Strait Islander people working in eye health and vision care would like to see in place for 2030. The workshop will help to shape recommendations for governments and the eye health and vision care sector and seek to inform the future direction for Aboriginal and Torres Strait Islander eye care.

2. Kinship Systems - half-day workshop

Facilitator: Richard Fejo

A workshop facilitated by Richard Fejo

Workshops Day 2:

1. Eye care 101

Facilitators: Mitchell Anjou, Tim Henderson

Are you interested in learning a little bit more about eyes and eye care? This workshop will provide an overview of eyes and vision and the eye care system including the key causes of vision loss for Aboriginal and Torres Strait Islander peoples and the current initiatives and resources available to support provision and coordination of Aboriginal and Torres Strait Islander eye care. Learn how the inclusion of simple eye assessments and understanding where and how to get assistance can help reduce unnecessary vision loss from trachoma, refractive error, cataract, and diabetes and help close the gap for vision. We will spend time exploring eye charts and measuring vision and the effects of vision loss on every-day activities with simulators. Please think about your eye care questions – we will be delighted to try to answer as many as we can.

2. Retinal Cameras in Primary Care

Facilitators: Neville Turner, Kristin Bell

In this workshop, participants will enhance their skills and knowledge of diabetic retinopathy screening in primary health care and extend this to the assessment, management and treatment provided when retinopathy is detected. The workshop will cover capturing images and the MBS 12325 item; triaging retinal photos and referral decisions; embedding retinal photography as a part the work of a clinic; what happens when you refer your patient with retinopathy; diabetic retinopathy treatment options and delivery.

3. Improved Collaboration to Enhance Ophthalmic Service Delivery to Indigenous Community

Facilitators: Angus Turner, Kerry Woods, Janet Puertolano, Helen Wright

Over the years, many ophthalmologists have developed practical ways to provide services to Aboriginal and Torres Strait Islander peoples- in their practices, through collaboration with local Aboriginal Medical Services (AMSs), in public hospitals and by undertaking outreach services. RANZCO commends their commitment to and efforts in Closing the Gap.

RANZCO has developed a resource for ophthalmologists to outline a few established and effective models of ophthalmic eye service delivery for Aboriginal and Torres Strait Islander Peoples, and to encourage other interested Fellows in touch with those that are currently using these models. The resource may also be useful to other healthcare workers involved in the eye health sector.

RANZCO would like to facilitate a workshop at the NATSIEHC, where a few ophthalmologists will discuss the overarching principles of those models and share their experience in implementing the models in their workplace. Through the storytelling and the interactive session, we are hoping to encourage conference participants to consider how they may be able to set up the model in their local workplace, to improve collaboration amongst various health practitioners, and to enhance service delivery.

4. Sharing Your Learning - Building the Evidence About First Nations' Eyecare Activities and Outcomes

Facilitators: Karla Canuto, Tessa Saunders

A key finding from a recent national evaluation conducted by the Indigenous Eye Health Unit at The University of Melbourne was a need to further build the evidence-base about activities and outcomes in Aboriginal and Torres Strait Islander eye health. A recommendation was made to support people working in the sector to capture and share their learning and knowledge, to contribute to this evidence base and to help others working in the sector.

This workshop will provide participants with information and resources to assist in capturing and sharing their learning and knowledge about eye care programs, services, and activities.

Concurrent Workshops and Oral Presentations Day 3:

Workshops

1. Mapping the Eye Care Pathways at the Regional Level: A Knowledge Exchange

Facilitator: Nick Schubert

Nick Schubert has been with IEH working on regional implementation of the Roadmap since 2016. In that time, he has worked with regions in Victoria, Queensland, South Australia, the ACT and Western Australia. In this session Nick will draw out some of the key learnings from his work in mapping pathways to Indigenous eye care with local stakeholders, using local data to build the narrative and implementing local and regional level reforms to improve care models. The goal of this session is to enable a knowledge transfer to support sustainable collaboration and coordination of regional approaches into the future.

2. Telehealth and Primary Eyecare, Is It Right For Your Clinic?

Facilitator: Ben Hamlyn

This workshop will explore different remote delivery ('telehealth') elements of eye care. The workshop will review existing models that implement telehealth, discuss needed equipment and capacity, and consider how different telehealth service delivery models can be used to better enhance eye care service delivery for Aboriginal and Torres Strait Islander Australians.

Oral Presentations: North Australian focus

1. Retinopathy of Prematurity in Indigenous Populations from the Top End: a 10-Year Review

Authors: Ario Wilson-Pogmore, Sweetha Sukumaran, Nishantha Wijesinghe

Presenter: Nishantha Wijesinghe

The Top End Health Service (TEHS) provides health care to a unique population in Australia. A distinct characteristic of the Northern Territory population is the high proportion of Aboriginal and Torres Strait Islander people. As of June 2017, there was estimated to be 75,640 Aboriginal residents representing 31% of the total Northern Territory population and around 10% of the total Australian Aboriginal population.

The incidence of retinopathy of prematurity (ROP) continues to evolve as a greater proportion of preterm infants survive to discharge in the setting of advancing neonatal care. There are very few studies describing ROP in Indigenous Australian populations and those that do are limited by small sample sizes. The aim of this study is to describe the incidence of ROP in Indigenous populations. We report on a 10-year retrospective study to ascertain the incidence, outcomes, risk factors, and the prognosis of Indigenous and non-Indigenous infants screened by the ROP in the TEHS.

2. A Snapshot of the Triumphs and Challenges of Delivering Vision Care in Laynhapuy Homelands NT

Author: Helen Summers

Presenter: Helen Summers

A typical clinic includes driving 1000km and visiting 6 homelands in 3 and a half days, seeing 33 people, the majority of whom are being managed for chronic health issues, have English as 5th language, and have difficulty of accessing glasses. In this region, in 2020, of adults between 35-55years, 70% had not had a vision assessment in the past 2years, and 55% had no record of a vision assessment. With adults over 55years, 55% had no vision assessment in the past 12 months; and 32% had no record of a vision assessment. There are 113 people in Homelands diagnosed with diabetes, and with the recent use of portable retinal camera, monitoring of diabetic retinopathy and education has been enhanced. Indigenous Australian have 3 times the rate of vision loss than non-Indigenous Australians, and the main causes of vision loss are uncorrected refractive error (>60%), cataract and diabetic retinopathy, which is reflected clearly in Homelands. Regular delivery of culturally effective vision assessments, education, collaboration and engagement initiatives with compassionate health workers and primary health care providers contribute to the commitment to close the gap for vision, and triumphing over the challenges of delivering vision care in remote areas.

3. The Fred Hollows Foundation's Indigenous Principles of Engagement

Author: Tania McLeod

Presenters: Tania McLeod, David Aanundsen

Professor Fred Hollows campaigned for social justice and a passionate advocate for the rights of Aboriginal Peoples to good health and self-determination. The Fred Hollows Foundation has continued this legacy in Australia since 1999.

Our work complements the self-determination movement in Australia aligning with the eye care sector's broader vision and approach. The Foundation's strong presence and reputation in the Aboriginal eye care sector, together with our strong partnerships has allowed us to scale up activities and explore new and innovative solutions. As a non-Indigenous Eye Health NGO, we want to share how we work with First Nations Peoples and showcasing our principles and values to the sector.

The Foundation's principles are informed by the United Nations Declaration on the Rights of Indigenous Peoples, the National Aboriginal and Torres Strait Islander Health Plan, and the Aboriginal Peak Organisations Northern Territory principles. Taking a rights-based approach to Health, we are committed to working with communities, non-government organisations and Governments, to ensure equity in the accessibility and responsiveness of eye health services.

Through our principles, we recognise and believe Aboriginal Peoples and organisations are best placed to deliver services to their own communities. We seek to strengthen Aboriginal Community Controlled Health services and promote the active engagement of Aboriginal Peoples in health decisions that affect their lives.

4. Goondir "Doing good work in South West Queensland"

Authors: Debra Robinson, Lisa Penrose

Presenters: Debra Robinson, Lisa Penrose

Through effective co-ordination and Community support, over the last 18 months Goondir Health Services have built a strong eye health care model across their 160,000sq Kms regional footprint. With primary health care clinics in Dalby, Oakey, St George, and Chinchilla, Goondir services over 5,000 local Aboriginal and Torres Strait Peoples. This presentation will explore the lessons learnt so far, and the challenges encountered when setting up a comprehensive, integrated eye health model across a large outer urban and rural/remote area. Goondir is renowned for innovative programs, including a food distribution system utilising partnerships with private, government and charitable organisations. Through integrating healthy dietary programs into the food distribution system, chronic disease is being tackled in a preventative model of care. The presentation will also examine the role of the Allied Health and Visiting Specialists Co-ordinator, which has been an integral element in Goondir's success with integrating eye health across the region- the role provides a familiar face to enable the Community to trust visiting healthcare providers including the visiting optometrist. She also provides support and education to bridge the gap between individuals and healthcare professionals.

Concurrent Workshops and Oral Presentations Day 3, continued

Oral Presentations: System Reforms Across the Eye Care Pathway

1. Provision of Eye Health Equipment and Training - Outcomes and Reflections

Authors: Neville Turner, Colina Waddell, Chris Rektisinis, Sarah Davies, Michael Yap, Skye Cappucio, Gary Crierie, Sarah Nicholls

Presenter: Neville Turner

The Provision of Eye Health Equipment and Training (PEHET) program commenced in 2018 with 166 retinal camera and 133 slit lamps provided to 244 locations, supported through the training of 1,043 staff. This is an opportunity to reflect on the initial aim of the program and identify the outcomes and how well the project performed.

This reflection also plays an important role for future programs. What can we learn for the equipment and training roll out? What worked well and what were the challenges? What could have been done differently? As with any project, we look at what next steps can be identified beyond the PEHET program and if there are other projects and activities that may have started to complement and support the program as it finishes, with the ultimate aim to improve eye health outcomes for Aboriginal and Torres Strait Islander people and communities.

2. Update on the National Subsidised Spectacles Scheme Project

Author: Roman Serebrianik

Presenter: Roman Serebrianik

An update on the National Subsidised Spectacles Schemes Project from Vision 2020 Australia.

3. A Journey of Connections and Creativity in Developing Community-Led Eye Health Promotion Resources

Authors: Kerry Woods, Digby Mercer, Vanessa Murdoch, Kylie Clarke, Nick Wilson, Carol Wynne

Presenters: Digby Mercer, Carol Wynne

Health promotion messaging that speaks to community, needs to be determined by community. This strengthens the messaging and key themes of resources to be culturally appropriate for Aboriginal and Torres Strait Islander Peoples, whilst creating space that's centred around self-determination, connections and voices.

By building on Indigenous Eye Health (IEH)'s existing health promotion resources 'Clean Faces, Strong Eyes' & 'Check Today, See Tomorrow', there is a welcomed journey of reflection in how communities' voices can lead the development of new resources to promote refractive error, cataract, and regular eye checks.

A series of online creative workshops will underpin the journey to create the 'look, feel and messaging' of culturally appropriate health promotion resources that aims to reach/support Aboriginal and Torres Strait Islander Peoples, communities and primary health care providers, including Aboriginal Health Workers and Practitioners.

Approaches to the development of eye health promotion resources that are centred in community engagement, amplifies mobs' voices, allows for shared innovation and strengthens the advancement of Aboriginal and Torres Strait Islander health. By having a multi-level structure which prioritises communities' voices IEH aims to develop a more holistic and complete suite of eye health promotion resources.

4. Working Alongside Remote Communities to Prevent Trachoma

Authors: Melissa Stoneham, Scott MacKenzie

Presenter: Melissa Stoneham

Trachoma is a completely preventable eye disease. Almost every case occurs in Aboriginal and Torres Strait Islander communities. Australia has committed to eradicating trachoma but until recently had not invested in primary prevention strategies. Australia has successfully screened and reported on trachoma prevalence for many years, yet trachoma persists. This paper will discuss a WA project that works alongside Aboriginal organisations who employ Aboriginal Environmental Health Workers (EHWs) to develop a sustainable approach to reducing trachoma – through environmental health change in community. Our project trains and mentors EHWs, based in remote communities, to enter people's houses to identify risk factors for trachoma, and where possible fix minor plumbing, provide soap, towels and other hygiene resources and have a yarn with the tenants about what they can do to prevent trachoma. We work closely with Aboriginal corporations, AMSS, housing providers and the Health Department. This paper will provide an overview of the project which has been running for 3 years and provide examples, through film, of community-based outcomes.

Tabletop Presentations

1. Eye Health on Palm Island - The Last 20 Years

Authors: Martin Hodgson, Jeriah Coutts

Presenters: Martin Hodgson, Jeriah Coutts

Palm Island in Tropical North Queensland is home to over 3000 residents, the majority of whom identify as the modern Bwgcolman community of Aboriginal and Torres Strait Islander people. The island's original inhabitants and their descendants are known as the Manbarra people.

The eye health needs of the local population have long been served by visiting clinicians, primarily from Townsville, a 20-minute flight away. Martin Hodgson has been a visiting optometrist to Palm Island for over 20 years and has experienced a number of changes in primary healthcare delivery on the island. Eye health services have certainly changed with the times and one of the most important features of today's service is the increased role of dedicated local indigenous health workers. Feedback suggests that the eye health service on Palm Island is regarded as a successful model of care.

Jeriah Coutts, Palm Island Eye Health Coordinator and Martin Hodgson, Optometrist share their experiences of running a successful primary eye health service in a remote location.

2. Diabetic Retinopathy Screening in the Top End Health Service

Authors: Danny Lam, Madelaine Moore, Nishantha Wijesinghe

Presenters: Danny Lam, Nishantha Wijesinghe

Diabetic retinopathy is one of the three leading causes of bilateral vision loss in Indigenous Australians. The Northern Territory has the largest proportion of Indigenous Australians. National diabetic retinopathy screening is performed mainly by general practitioners, optometrists, and ophthalmologists. The trend of eligible patients screened, retinal photos taken, and number of optometry visits per year across each Top End health centre has been analysed. While the diabetic retinopathy screening rates are overall increasing annually in the Top End over the past five years, it can still be improved further to meet the recommended rates of annual testing. Some barriers to screening identified include the need for health coordination, and insufficient patient health education and healthcare staff training.

3. What Can Children Be, When They Can See? (this tabletop is now unable to be presented)

Author: Lien Trinh

Presenter: Lien Trinh

"Indigenous children have better eyesight than non-Indigenous children". Because of this, primary eye care services in the Northern Territory, and possibly across Australia, have been guided to address the significant rates of adult-related forms of preventable vision impairment – cataract, diabetic retinopathy, and uncorrected refractive error- to close the gap, for vision. Unfortunately, this in turn has limited the availability of and access pathways for primary eye care services for children, particularly in rural and remote communities.

Our tabletop presentation reconsiders what good eyesight means, examines our current assessment methods for children, what we are probably missing, and how we can do better.

There may be no gap to close for vision in children, but we have an obligation to ensure that all children reach their full visual potential, so that they can in turn, can unlock their human potential.

4. Establishment of an Eyecare Service at Nunkuwarrin Yunti - 12 Months on

Authors: Tristan Glover, Nilmini John, Neville Turner

Presenter: Tristan Glover

This presentation is evaluating the services provided by Elizabeth Eye Care after 1 year of clinics at the Nunkuwarrin Yunti Aboriginal health service. The Australian College of Optometry and Nunkuwarrin Yunti have created a mutually beneficial optometric clinic providing comprehensive ophthalmic assessments and no cost or low-cost spectacles to the Adelaide community in the culturally safe place of the Wakefield Street Clinic. This is the first permanent clinic in metropolitan Adelaide at an Aboriginal Community Controlled Health service. The Clinic started in early 2021 after being delayed by COVID-19, initially with half a day a month but was increased to 2 days a month by the end of the year on an as needs basis. In 2021 a total of 78 consultations were provided, 44 were a diabetic eye examination and 52 pairs of glasses dispensed. The clinic is now in a place to be able to offer 288 consultations in 2022.

5. Aboriginal and Torres Strait Islander Ocular Dispensing Traineeship Pilot

Authors: Joe Waterman, Griffin Banfield, Nilmini John, Neville Turner

Presenters: Joe Waterman, Griffin Banfield

The Australian College of Optometry (ACO) established a pathway to provide a traineeship for a young Aboriginal and Torres Strait Islander person during the Innovate phase of their Reconciliation Action Plan (RAP) in 2020. Initially a work experience program was developed, and after completing this, Griffin Banfield became the first person to take up the traineeship early in 2022.

Griffin is supported by the ACO with employment whilst completing the Certificate IV in Ocular Dispensing through the Australasian College of Optical Dispensing (ACOD).

The aim of the pilot is to establish a sustainable pathway for young Aboriginal and Torres Strait Islander people to be employed in the Ocular Dispensing/Optomety field. This may improve ocular health in Australia, particularly amongst Aboriginal and Torres Strait Islander people.

Tabletop Presentations, continued

6. The SA Aboriginal Eye Health Working Group (SAAEHWG)

Authors: Chris Reksinis, Nick Schubert

Presenters: Chris Reksinis, Nick Schubert

The SA Aboriginal Eye Health Working Group (SAAEHWG) is an open, inclusive, and transparent group of relevant stakeholders with a shared focus of objectively and proactively addressing key issues around improving eye health and vision for all Aboriginal people in South Australia.

This Working Group is chaired and facilitated through the Aboriginal Health Council of South Australia (AHCSA) as the SA peak body for Aboriginal community-controlled health, together with strong support from the Indigenous Eye Health Unit (IEHU) at the University of Melbourne.

Although some degree of advocacy is within its purpose, the SAAEHWG is not another advocacy-based advisory committee as such, but rather an actions-driven working group, with a collaborative and consultative hands-on approach to creating solutions for key issues affecting Aboriginal eye health outcomes across the state (many of which have strong parallels nationwide) and bring about systemic change.

The SAAEHWG identified six key issues/areas for address and decided that for each of those areas it would form a Sub-Group consisting of a sub-set of the full SAAEHWG membership through self-nomination. Each Sub-Group meets independently to discuss and breakdown the sub-group topic at hand and start problem-solving toward a list of actions. The progress is then fed back to the full SAAEHWG for feedback and further input.

At the request of the Group, the SAAEHWG Coordinator created a Strategic Framework document to encapsulate all the work and progressions of the SAAEHWG and its Sub-Groups thus far. It is an interactive, co-owned, living document which all Members can view via an online platform at any time to ensure they are accessing the most updated version.

This presentation provides a brief overview of the SAAEHWG, its various Sub-Groups and their respective discussion topics and actions, the successes of our chosen approach, and the results of the SAAEHWG journey thus far. There will be a short time for questions at the end.

7. Our Vision in Our Hands; Challenges, Access, Outcomes - Mount Isa & Lower Gulf

Author: Lachlan Smith

Presenter: Lachlan Smith

The presentation will cover where our service region is located and will cover topics such as Eye care in the primary health care setting processes, we utilise to improve outcomes and access to services. Overall, we will touch on how we as an organisation work with community to ultimately improve Aboriginal & Torres Strait Islander Eye Health.

8. Eye Care Data: How Can We Use It for Monitoring and Advocacy?

Author: Guy Gillor

Presenter: Guy Gillor

Keeping on top of relevant data about service delivery and outcomes can support both understanding areas of need and forming the evidence base for related advocacy. Relevant data is available through different agencies and platforms, and the challenge of collating data in a sustainable way remains an ongoing challenge to service providers and local stakeholders.

Publicly available data and information about eye care access and outcomes for Aboriginal and Torres Strait Islander Australians exists in a number of formats, covering a large number of indicators and geographies. Local and regional data is usually owned by local stakeholders. In a collaborative framework, these can be collated and combined into a shared evidence basis to inform local advocacy for system improvements.

This presentation aims to share existing resources and tools and discuss how these can be utilised to drive local system improvements and advocacy. Existing data sources discussed include AIHW ABS and State Health, and existing tools include the Indigenous eye health services needs calculator and eye care data templates, which can help maintain and sustain data collation. The presentation will also touch on incorporating Indigenous data sovereignty elements into collaborative data work.

9. Retinopathy in Patients Currently on Renal Dialysis (RiPCORD study)

Authors: Tim Henderson, Tania Roulston, Ebony Liu, Jose Estevez

Presenter: Tim Henderson

Diabetes causes renal and eye complications in parallel. Vision threatening Diabetic retinopathy (VTDR) may require vitreoretinal (VR) surgery to save sight. This happens disproportionately for Aboriginal people on dialysis. Community stakeholders drove this study to see if diabetic eye problems existed in an Aboriginal cohort on dialysis.

Method: Patients attended two Alice Springs dialysis centres. History and findings were documented, eyes examined, and retinal photographs taken. Images were reviewed for retinopathy and participants requiring treatment were referred to Alice Springs Hospital.

Results: 103 Renal patients chose to be included. Most had been dialysing in Alice Springs for 2 to 3 years. Two thirds retained driving standard vision in one eye. 27% had one eye with very poor or blind-level vision (<6/60). Twice as many had VTDR compared to non-dialysis patients. Many had had an eye review in the preceding year 12 months and some treatment or cataract surgery to preserve vision.

Conclusions: Community engagement was critical to participation. Our study supports the paralleled relationship of eye and kidney problems in diabetes. DR really needs to be detected earlier. Effective screening should target this at-risk population to reduce the rate of visual morbidity and preserve quality of life.

10. Measuring Effectiveness of Culturally Safe Practices in Indigenous Eye Health Surgery

Authors: Philippa Hawke, Edie Stevens

Presenters: Philippa Hawke, Edie Stevens

Measuring the cultural safety of Aboriginal and Torres Strait Islander eye health patient journeys in rural and remote areas is multi-faceted. While treatment outcomes are important to patients, it is critical to improve the sum of all service provider interactions influencing patient satisfaction and perception of service and care received. This includes and is not limited to communication, decision-making, respect, and family support as well as the practical barriers of travel and accommodation. By measuring and increasing the cultural capability of service providers and working to ensure healthcare provision is culturally safe for patients, Aboriginal and Torres Strait Islander patients are more likely to engage with, access, and recommend treatment to others.

The work that CheckUP is undertaking has involved:

1. Co-designing, developing, psychometrically testing, and trailing a new patient-reported experience measure (PREM) assessing cultural safety
 2. Investigating the feasibility of implementation of this cultural safety survey in routine healthcare through the Ear and Eye Surgical Support (EESS) program
- The presentation will provide an overview of the key elements of the PREM survey rationale and design, including a discussion of the challenges in attempting to quantify statistically significant feedback from cultural groups, of maintaining academic integrity and rigour whilst also undertaking a pragmatic and culturally appropriate implementation strategy.

Tabletop Presentations, continued

11. RANZCO Consultation on Vision 2030 and Beyond

Author: Kristin Bell

Presenter: Kristin Bell

RANZCO is committed to striving for equity in access to healthcare and health outcomes for Aboriginal and Torres Strait Islander peoples. RANZCO supports the fostering of genuine partnerships with communities, governments and other stakeholders to enhance service delivery, strengthen regional networks and support Aboriginal Community Controlled Health Organisations to further embed eye care in their service delivery models through shared decision making. As requested by Commonwealth Minister for Health in 2021, College is developing a plan- Vision 2030 and beyond- to close the eye health gap for Aboriginal and Torres Strait Islander peoples, to ensure equitable eye healthcare is available to all Australians, and to eliminate avoidable visual impairment and blindness for all Australians. Aboriginal and Torres Strait Islander Healthcare is one of the 6 key areas that Vision 2030 focuses on.

RANZCO would like to hear what stakeholders think the unmet needs are, the reasons for these gaps, and any possible solutions stakeholders would like to put forward. We would also like to hear suggestions as to how we can increase the Aboriginal and Torres Strait Islander workforce. Your input/contribution will be considered in the Vision 2030 Plan.

12. Using Augmented-reality to Promote 'Milpa's Six Steps to Stop Germs'

Authors: Lesley Martin, Walter Bathern

Presenter: Lesley Martin, Walter Bathern

'Milpa's Six Steps to Stop Germs' encourages kids to stay healthy and strong and eliminate trachoma and other infectious diseases through following six daily hygiene actions:

Blow nose until empty

Wash hands with soap and water

Wash face to clean snot and yucky eyes

Brush teeth with toothpaste morning and night

Have a shower with soap every day

Don't share towels.

In 2020, IEH worked with company 'QuiverVision' to develop an augmented-reality app based on 'Milpa's Six Steps to Stop Germs'. The App brings the six steps to life in an engaging and immersive experience for children, teachers, and families.

A set of colouring-in sheets featuring each of Milpa's Six Steps to Stop Germs has been developed to be used with the app. Each colouring-in sheet has a QRcode that is scanned with the App on smart phone or tablet. It activates the video image of characters on the colouring-in sheet to complete the specific hygiene action. The video animations appear in the unique colours used on the colouring in sheet. Buttons can activate a voiceover explaining how to do that hygiene step, why it's important and which sicknesses the hygiene actions will prevent. Other buttons bring up facts about each hygiene step and play sound effects.

This presentation will discuss the background to the project, the consultation and engagement approaches used during development and will provide attendees the opportunity to have some fun and explore the many features of the augmented-reality app.

13. Aboriginal Eye health Stakeholder Group of Victoria, the Journey towards Aboriginal and Torres Strait Islander Leadership and Ownership

Author: Angee Ross

Presenters: Angee Ross, Noela Prasad

The 'State Committee' as it was commonly referred to, has been known by different names and operated mostly as a 'members only' committee for over 10 years. In 2018, Chelsea Brand (DHHS), as Chair and Secretariat proposed a formal Terms of Reference for what was then known as the Victorian Aboriginal Eye Health Strategic Governance Committee (VAEHSGC). The team at DHHS ceased by the end of 2021, so VACCHO was tasked with hosting the Group, and a member organisation volunteered to provide Secretariat support until such time that DHHS (now DH) can resume operating as Secretariat.

Almost in parallel, twelve Regional Eye health Stakeholder Groups were convened as a part of the Regional Implementation of the University of Melbourne (IEH) The Roadmap to Close the Gap for Vision project (2010 – 2020). By 2019, only a few regional groups had active participation from Aboriginal Community members or Community Controlled Organisations, there was little or no sharing of approaches or achievements between regional groups, and no elevation of issues to the VAEHSGC. So, the VAEHSGC organised a very well received online Regional Stakeholder Forum in November 2020 to share successful approaches and troubleshoot problem areas.

Simultaneously, following a stock-take of areas of stakeholder interest and capacity, the VAEHSGC was also undergoing a transition to an action-oriented network of 'working groups' to achieve specific outcomes, and the Terms of Reference were replaced by a Group Charter. One such working group is of the 'Regional Stakeholders', to arrive at place-based solutions to improving local access to culturally safe services.

The purpose of the 'state group' is to bring together all entities affected by the outcome of eye-health activities and/or able to influence outcomes (stakeholders) so that acting together, we can maintain and improve health and well-being of Aboriginal and Torres Strait Islander people in Victoria. Critically, to ensure a balance of participation from Aboriginal Consumer Representatives relative to fundholders and service providers, participation at the quarterly meetings was limited to one representative from each of the 12 participating organisations, and an open invitation to all First Nations people with lived-experience, interest, or expertise in eye-health and those who work at Community-Controlled Organisations in Victoria.

This presentation describes the journey so far, including challenges faced and how we are trying to address them.

Tabletop Presentations, continued

14. Eyes We Have Seen

Authors: Lisa Penrose, Vicki Sheehan

Presenter: Lisa Penrose

The focus of this presentation will be photographs and background history and treatment of patients that we have seen in the last 10 years of optometry work within the Indigenous communities of Queensland.

We feel it is important to show real cases and how treatment that closes the gap can really make a difference in people's lives.

A single or series of photos will be shown and the treatment and resulting vision change will be discussed – happy to answer question of course!

We hope this presentation will bring a display of how actions can Close the Gap for remote communities by effectively working within ACCHO as optometrists as primary eyecare with support from local passionate Ophthalmology partners.

15. Sustaining Partnerships in the Elimination of Trachoma

Authors: Inge Carter, Yash Srivastava, Imogen McLean

Presenters: Inge Carter, Yash Srivastava, Imogen McLean

Trachoma elimination requires intricate, multi-level, sustained partnerships. Presenters from the NT Department of Education and the Centre for Disease Control will be discussing the various approaches employed to sustain partnerships in the efforts to eliminate trachoma in central Australia.

16. Factors Influencing 0-4-year-old Children's Facial Cleanliness to Prevent Trachoma

Authors: Fiona Lange, Nick Wilson

Presenters: Fiona Lange, Nick Wilson

Age Differences in Facial Cleanliness Among Children in Remote Communities in Central Australia. Ninti One and Indigenous Eye Health University of Melbourne Research 2021.

Poster Presentations

1. Closing the Gap in Corneal Scarring for Remote Indigenous Communities

Authors: Gink Yang, Greg Dusting and Mark Daniell

Corneal scarring remains a distressing issue for Australian indigenous communities, especially in children and the elderly with trichiasis. Some remote communities have reported blindness as high as 33% in these sufferers. The prolonged use of current clinical treatments such as corticosteroids delays wound healing and may contribute to poor visual outcomes resulting from endothelial cell loss or secondary glaucoma. In severe cases, corneal transplantation is to the only option to restore sight, but it is inaccessible and unaffordable for disadvantaged communities. Pharmaceutical agents in development have solely focused on their anti-inflammatory, anti-microbial or anti-angiogenic properties, while none possesses the ability to improve wound healing while suppressing scarring. We have identified a naturally produced human protein as a positive regulator of wound repair and an anti-scarring factor in skin. We aim to develop the recombinant protein as eyedrops to improve visual outcome following corneal scarring. This pilot study aims to validate the wound repair and anti-scarring properties of the recombinant protein in the laboratory using primary corneal cells isolated from donor human cornea. We will further validate the effectiveness of our therapy in preclinical studies and develop the eyedrop to be an effective and easily accessible treatment for remote indigenous communities.

2. Intravitreal Injection Visual Acuity Outcomes in the Top End

Authors: Danny Lam, Tharmalingam Mahendrarajah, Susith Kulasekara

Purpose: To explore the barriers and risk factors for poor visual outcomes in intravitreal injection patients by assessing whether visual acuity outcomes are affected by Indigenous status, rural status, and compliance.

Patients: A total of 289 eyes of 222 patients had an intravitreal injection at the Royal Darwin Hospital Eye Clinic between 2014 and 2020.

Methods: Retrospective study with data collected from the clinic intravitreal injection database. The primary outcome measure was initial and final visual acuity.

Secondary outcome measures included Indigenous status, rural status, compliance, type of injection and condition.

Results: There was a significantly worse initial and final visual acuity ($P < 0.001$) in the Indigenous group and also a higher rate of non-compliance (51%) compared to the non-Indigenous group (37%). The overall improvement in visual acuity following intravitreal injection was similar in both groups.

Remoteness did not impact on the visual acuity outcomes with no significant difference in visual acuity outcomes. Patients who missed at least one intravitreal injection demonstrated a significantly worse visual acuity outcome ($P < 0.001$).

Conclusions: It is important to be aware of the barriers and risk factors for poor visual acuity outcomes in intravitreal injection patients and address these issues with focused patient education in a culturally appropriate manner through the involvement of Aboriginal Liaison Officers and Nursing Educators. This will empower patients with knowledge regarding their condition and promote early presentation and compliance.

3. Koori MIST

Authors: Noela Prasad, Margaret Murray

Aboriginal Community Controlled Organisations (ACCHO) are sustainable, grassroots organisations that assist in building community capacity for self-determination. Given the understanding that Health, in a broad holistic sense refers to the social, emotional, and cultural well-being of the whole Community, some ACCOs have a GP-clinic type 'health service' - the ACCHO (Aboriginal Community Controlled Health Organisations) part of the entity.

Despite not being an ACCHO, Mungabareena Aboriginal Corporation facilitates health and well-being of the community through preventative eye-health, and a visiting optical service. This presentation describes how a specific eye-health need of the community was addressed, despite operating in a community-controlled organisation that does not have a GP clinic.

The Melbourne Initial Screening Test is a familiar tool for most Maternal and Child Health Nurses. It was designed by the School of Orthoptics, La Trobe University, Victoria, and in 2017 was copyrighted by State Government of Victoria. However, no Aboriginal or Torres Strait Islander pre-schoolers reported having a sight-check alongside the ear-health check, especially across the many ACCOs and Koori Kinders. Working with the Mungabareena Aboriginal Corporation's early learning educators, the MIST was culturally adapted, so that kids could be referred to the visiting outreach optometrists if indicated and would receive appropriate care to give them the best start at school. This inspired the artwork that is now featured on the Koori MIST.