



2023 National Aboriginal and Torres Strait Islander Eye Health Conference

24 - 26 May 2023 | Dharug Country, Western Sydney NSW

Conference Program

OUR VISION IN **OUR** HANDS
Finding Our Voice



NEGATSIEH
National Expert Group for
Aboriginal and Torres Strait Islander
Eye Health

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Disclaimer

Aboriginal and Torres Strait Islander people are advised that this booklet and resources utilised in the conference may contain images and voices of deceased persons.

Welcome

The Indigenous Eye Health Unit (IEHU) at The University of Melbourne and our co-hosts Aboriginal Health and Medical Research Council of NSW (AH&MRC) are delighted to welcome you to the 2023 National Aboriginal and Torres Strait Islander Eye Health Conference (NATSIEHC23).

The 2023 Conference is led by the National Experts Group for Aboriginal and Torres Strait Islander Eye Health (NEGATSIEH), which forms the Conference Leadership Group, and IEHU have been pleased to work with NEGATSIEH and AH&MRC in preparing for and delivering NATSIEHC23.

We are excited in 2023 to welcome over to 240 delegates from all states and territories of Australia- and even internationally! Our registrants include people from local communities, Aboriginal Community Controlled Health Organisations, non-government organisations, professional bodies, and government departments and agencies. We appreciate your time and effort in traveling to join us on Dharug Country in Western Sydney for NATSIEHC23.

National Conferences for the Aboriginal and Torres Strait Islander eye health sector have been held since 2017, making 2023 the seventh event. In 2022, over 220 delegates gathered on Larrakia land in Darwin over three days in May confirming the national Conferences as the key annual gathering of the Aboriginal and Torres Strait Islander eye health sector. The annual Conference provides a wonderful opportunity for the sector to come together and the wide variety of voices presented supports discussion and sharing of success stories and challenges in eye health from across Australia.

Thank you in anticipation to all our presenters – we appreciate your efforts and willingness to share your stories, learnings and wisdom. We encourage all delegates to meet some new people, create some new connections, ask some questions and share what you know.

I would like to especially thank our silver sponsor The Fred Hollows Foundation and bronze sponsor The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) for their foresight, commitment to and support of the Conference. The national Conference is being built to be an independent, community owned and controlled event and this sector support is critical. A number of other partner organisations have supported the event in other ways and this support is also acknowledged.

And so, welcome and thank you for joining us – please enjoy NATSIEHC23.

Best wishes



A/Prof Mitchell Anjou AM

Director, Indigenous Eye Health Unit



Mitchell Anjou
Director, Indigenous Eye Health Unit

Acknowledgment of Country

We acknowledge the Traditional Custodians of the lands, skies and waterways throughout Australia. We acknowledge the continuing connection of Aboriginal and Torres Strait Islander peoples to the land and affirm that sovereignty was never ceded.

We pay our respects to Elders past and present. We extend that respect to all Aboriginal and Torres Strait Islander Australians, particularly those who have lived experience of and have made and/or continue to make, contributions to the work to close the gap for vision and end avoidable vision loss and blindness in Aboriginal and Torres Strait Islander communities.



Shaun Tatipata (Wuthathi/Ngarrindjeri)
Co-Chair, NEGATSIEH

Hey You Mob

This year's Conference theme, Our Vision in Our Hands: Finding Our Voice, highlights our efforts as a sector to promote Aboriginal and Torres Strait Islander leadership and ownership of eye health. It aligns with the broader movements for self-determination and centring of First Nations voices which is a fundamental step in eliminating avoidable vision loss and blindness in our communities.

The 2023 National Aboriginal and Torres Strait Islander Eye Health Conference brings together the sector to showcase all the deadly work occurring to advance eye health outcomes in our communities and to celebrate the success of our collaborative efforts to date.

There is much we can learn from each other and so on behalf of NEGATSIEH, we welcome you and we thank you for contributing to another rich exchange of ideas, lessons, and strategies to accelerate the changes we are all seeking.

Thank you to our allies and sponsors; The Fred Hollows Foundation, RANZCO, Optometry Australia and the many agencies that have supported mob to attend. Your allyship is appreciated and most welcomed.

Thank you also to my brothers and sisters on NEGATSIEH for your leadership and guidance, and to the incredible team at the Indigenous Eye Health Unit for helping to execute our vision.

Enjoy NATSIEHC23 and I look forward to us all learning and growing together.

Shaun Tatipata
Wuthathi / Ngarrindjeri
Co-Chair, NEGATSIEH

Conference Leadership



Conference Co-Host



Conference Co-Convenor



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Trade Table Display and Other Supporters (please visit the trade tables during session break times)



Welcome Reception

The Welcome Reception will take place on Wednesday 24 May from 12-1pm in Prince Alfred Square. The reception will include a Welcome to Country, Smoking Ceremony and dance performance by Jannawi Dance Clan.

After the Welcome you will make your way back to the Novotel to enjoy lunch, before the afternoon First Nations and non-First Nations workshops commence at 2pm.

Welcome to Country

The Welcome to Country will be performed by Peta Strachan. Peta is a proud Dharug woman and representative of the clans of the Dharug nations from the mountains to the sea.

Peta works as a cultural leader and artist of ceremony, dance and song.

Peta's values are to tread softly in the footsteps of those that have gone before her and as she follows in the footsteps of her Elders and to follow and share the creation stories embedded in Dharug Lore/Law and share the cultural values of her people, educating the wider community. To walk/go with good spirit, "Yanama budyari Gumadawi."



Jannawi Dance Clan



From the rich story telling traditions of Aboriginal NSW Jannawi dance clan shines a light on strength, resilience and artistry of Aboriginal women, men, youth and dance culture today.

Jannawi dance clan is an Indigenous dance company encompassing modern urban and traditional Aboriginal dance styles with traditional music by song man Matthew Doyle singing in the Sydney languages.

The name Jannawi means 'with me, with you' in the Darug language of NSW Jannawi has a passion and are dedicated to continue and revitalise Sydney's language culture and stories.

The Dance clan members come from diverse Aboriginal and/or Torres Strait Islander communities from around the Country and consists of world class professionally trained multi skilled performing artists, whilst engaging with and mentoring community performers to be a part of and perform with Jannawi.

Jannawi is committed to nurturing a strong cultural and contemporary identity following the traces of our ancestors footprints. This is achieved by remaining strongly connected to the roots of its tradition and creating a cultural pathway of dance, song and stories from both past and present.

Conference Dinner & Awards

The Conference Dinner will be held at the CommBank Stadium, Cumberland Lounge on the evening of **Thursday 25 May**.

Pre-dinner drinks starting at 6.15pm, where drinks will be served on the football grounds and people will get the opportunity to see the player change rooms. The remainder of the event will be held in the Cumberland lounge. Also note that alcohol will be available for purchase from the bar from 7pm.

The dinner provides an opportunity for delegates to meet some new colleagues in a social setting and share the company of their eye health friends.

The 2023 National Aboriginal and Torres Strait Islander Eye Health Awards winners will be announced during the dinner, along with performances by Eric Avery (Kabi Marrawuy Mumbulla), a violinist, vocalist, dancer and composer from the Ngayampaa, Yuin and Gumbangirr people of NSW, as well as a performance by Torres Strait Islander traditional dance team KEBI KUB and an acoustic performance by First Nation Wiradjuri musician Blanche.

CommBank Stadium

Cumberland Lounge, Level 1

11-13 O'Connell St, Parramatta NSW 2150

Thursday 25 May 2023, 6.15pm - 9.30pm

Dress: smart casual

Eric Avery

Eric is a musician and dance artist whose work has encompassed many styles and forms. Beginning piano at age seven and then continuing on to learn classical music by ear, Eric progressed on to play violin and classical music by ear at eleven years of age, which continued to stun people at Kogarah High School. He then began to learn to craft artistry, music/dance/acting at Newtown High School of the Performing Arts. Eric is a contemporary violinist, beginning to learn by ear when he was twelve and then he undertook formal studies on violin since he was fourteen.

Eric's work has consisted of creating music to exist in Indigenous contemporary dance worlds as graduating NAISDA Dance College thrust him into an independent dance career. Creating music, dance and video for his pieces has enabled Eric to work interdisciplinary for the last 10 years utilising skills to push his music and culture ahead.

Finding his language was a task that enabled Eric to traverse generational trauma and created ways that Eric could be expressive within his own cultural paradigm. Learning how to listen to Aboriginal language acutely was a task that also took Eric many years.



KEBI KUB



Baring roots from the Eastern Islands of the Torres Strait, Darnley Island (Erub Ailan) and Murray Island (Mer Ailan). Our core is grounded by family and the passion of gifting cultural knowledge to our next generations and the world through storytelling, art, song and dance.

Based in Sydney NSW we are few and far from home, so we teach our future to stand strong and proud in what is now and forever will be when passed down OURS.

Always keeping in mind we are just a small part of something greater.

Blanche

Blanche is a highly talented First Nation Wiradjuri musician from Sydney.

With his impressive range of musical styles, from alternative rock to RnB, Blanche is a singer/songwriter with a unique voice and a fresh perspective.

He uses music as a tool to explore and understand the world around him, as well as to delve into his own psyche.



Keynote Speakers



Donna Murray, Chief Executive Officer, Indigenous Allied Health Australia (IAHA)

Donna Murray is a proud Wiradjuri and Wonnarua nation citizen. Donna is the Chief Executive Officer at Indigenous Allied Health Australia, holds an Adjunct Associate Professor role at the University of Technology Sydney and has formal qualifications in Community Development, Management, and Indigenous Governance. She is a 2021 Impact 25 Award winner with Pro Bono Australia, the Chair of PwC's Indigenous Consulting, Chair of Thirrili Ltd and Board Director of Gayaa Dhuwi (Proud Spirit) Australia.

She is a committed Indigenous Community Development Practitioner working to support and assert the rights of Aboriginal and Torres Strait Islander people by recognising and reigniting cultural governance and leadership that embed Indigenous nation-building principles to shape a future of our own design now and for generations to come.

Thursday | Time: 11:30 - 12:00 | Location: Lennox ballroom



Lauren Hutchinson, Optometrist, The Fred Hollows Foundation

Lauren Hutchinson is a Murrawarri woman and optometrist. Lauren was born and raised on Wiradjuri country in the central west of NSW. She graduated from her Bachelor of Vision Science/Master of Optometry from QUT in 2017, following which, she returned to the central west, now residing back on the beautiful lands of the Wiradjuri people once again. Lauren has worked as an optometrist both in private practice and within the community controlled sector. She is a current director of both the Indigenous Allied Health Australia national and Northern Territory Workforce Development Boards.

Lauren's passions are in Aboriginal and Torres Strait Islander, rural and remote and paediatric health and is committed to advocating for improving outcomes for her people in these spaces.

Thursday | Time: 1.00–1.30 | Location: Lennox ballroom



Karl Briscoe, Chief Executive Officer, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)

Karl Briscoe is a proud Kuku Yalanji man from Mossman – Daintree area of Far North Queensland.

Karl is the Chief Executive Officer of the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners. Karl has worked for over 20 years in the health sector at various levels of government and non-government including local, state and national levels which has enabled him to form a vast strategic network across Australia.

NAATSIHWP is the peak body for Aboriginal and Torres Strait Islander Health Workers and Aboriginal and Torres Strait Islander Health Practitioners in Australia.

Thursday | Time: 3:30 - 4:00 | Location: Lennox ballroom



Renata Watene, Director, Occhiali Optometrist

Renata Watene is one of only a few Māori Optometrists in Aotearoa. She has whakapapa (lineage) to Ngā Puhi and Tainui (tribes). As an emerging Indigenous Eye Health Leader, Renata holds several positions in Governance as a healthcare practitioner, professional teaching fellow, researcher, business owner and health advocate.

With a twenty-three-year career in Optics, she has worked in private practice, corporate and franchise models in New Zealand and Australia. Currently, she is the senior Optometrist and director of her own two clinics- Occhiali Optometrist, the only 100% Indigenous-owned and operated clinics in the Auckland/Northern region amongst the highest population of Indigenous people in NZ.

Her Governance experience includes being the current Chair of the Strategic Indigenous Taskforce for Optometry Council of Australia and New Zealand, an elected member of the NZ Association of Optometry, a selected NIB Iwi Partnership Board member, and a past Ministerial Appointment to the Waitemata District Health Board.

She has a deep passion for improving equity for populations through Indigenous models of care that are accessible and focus on intergenerational gains.

She is a strong advocate for promoting Optometry and Health careers for Rangatahi Māori (Māori youth), supporting Te Whaka Piki Ake and Hikitia te Ora (a former student of the programme). In 2019 she was appointed a Kaiāwhina at the University of Auckland School of Vision Science. Some of her research projects include a multidisciplinary approach to Diabetes, the Aotearoa Vision Bus and the WHO Eyecare Situational Analysis Tool.

Renata is eager to share her whakaaro (thoughts) on Indigenous Health and how it can help us all and highlight prevention as a critical health strategy.

Friday | Time: 1:30 - 2:00 | Location: Lennox Room

Jilpia Nappaljari Jones Memorial Oration

The 2023 National Aboriginal and Torres Strait Islander Eye Health Conference is proud to host the annual Jilpia Nappaljari Jones Memorial Oration.

The Jilpia Nappaljara Jones Memorial Oration celebrates the contributions of Aboriginal and Torres Strait Islander women to eye care. The Oration acknowledges the significant contribution Jilpia 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 was presented by Jaki Adams as part of the National Aboriginal and Torres Strait Islander Eye Health Conference 2022, held on Larrakia land in Darwin, May 2022. This year Lauren Hutchinson will present the Oration.

Jilpia Nappaljari Jones

Jilpia Nappaljari Jones AM, Walmajarri woman, pioneering nurse, 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, Jilpia was taken away from her family at the age of 5 and raised in Queensland. At age 15, Jilpia chose to study nursing, and eventually became one of the first Aboriginal registered nurses after graduating in General Nursing (Midwifery and Ophthalmology).

Jilpia 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, Jilpia 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, Jilpia 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. Jilpia 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, Jilpia's team worked in Fitzroy Crossing on Walmadjari land, and was reunited with her birth mother.

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

Jilpia 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.

Jilpia'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. Jilpia 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.

Jilpia'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. Jilpia also served as a Director of Black Women's Action in Education (which later became the Roberta Sykes Foundation).

In 2007, Jilpia 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 presenting the inaugural Jilpia Nappaljari Jones Memorial Oration. NATSIEHC22 Larrakia country, NT, 2022



HISTORY IS CALLING

The Fred Hollows Foundation recognises that eye health inequity sits within the context of broader social and economic inequity that Aboriginal and Torres Strait Islander Peoples face.

The Uluru Statement from the Heart offers fair and practical reform to address ongoing marginalisation of Aboriginal and Torres Strait Islander Peoples.

We co-convene the Allies for Uluru Coalition - to educate and advocate for support for the Uluru Statement from the Heart and an Aboriginal and Torres Strait Islander Voice to Parliament.

For more information and to join our network of organisations in support of the Uluru Statement from the Heart visit alliesforuluru.org.au



Conference Program Quickview

Day 1 – Wednesday 24 May 2023

First Nations Delegates Only

9.00 - 10.00 First Nations Set Up Board Meeting
By invitation only

9.30 - 10.00 Conference Registration *First Nations delegates*

10.00 - 10.30 Morning Tea

10.30 - 11.30 First Nations Eye Health Alliance Meeting
First Nations delegates only

12.00 - 1.00 Welcome Reception (for all Delegates) Location Prince Alfred Square (Park opposite Conference venue)

1.00 - 2.00 Lunch (for all Delegates)

2.00 - 3.30 Workshop *First Nations delegates only*

Day 1 – Wednesday 24 May 2023

Non-First Nations Delegates

11.15 - 11.45 Registration *Non-First Nations delegates*

2.00 - 3.30 Workshop *Non-First Nations delegates*

3.30 - 4.00 Afternoon Tea (for all Delegates)

4.00 - 5.00 Workshop (continued) *First Nations delegates only*

4.00 - 5.00 Workshop (continued) *Non-First Nations delegates*

Day 2 – Thursday 25 May 2023

8.30 - 9.00 Conference Registration

9.00 - 10.00 Conference Opening Day 2

10.00 - 10.30 Morning Tea

10.30 - 11.30 Plenary Session

11.30 - 12.00 Keynote Presentation

12.00 - 1.00 Lunch

1.00 - 1.30 Keynote Presentation

1.30 - 3.00 Tabletop Presentations

3.00 - 3.30 Afternoon Tea

3.30 - 4.00 Keynote Presentation

4.00 - 5.00 Concurrent Oral Presentations

6.15 - onwards Conference Dinner and Awards

Day 3 – Friday 26 May 2022

8.45 - 9.00 Conference Registration

9.00 - 9.30 Conference Opening Day 3

9.30 - 9.45 Group Photo

9.45 - 10.15 Morning Tea

10.15 - 11.00 Plenary Session

11.00 - 12.30 Workshops

12.30 - 1.30 Lunch

1.30 - 2.00 Keynote Presentation

2.00 - 3.00 Oral Presentations and Panel Conversation

3.00 - 3.30 Afternoon Tea

3.30 - 4.00 Closing Session

Day One, Wednesday 24 May - Overview

Day 1 – Wednesday 24 May 2023 First Nations Delegates Only

9.00 - 10.00
Lennox Ballroom
First Nations Meeting By invitation only
Chair: Lose (Rose) Fonua and Shaun Tatipata
First Nations Eye Health Alliance (FNEHA) Set Up Board Meeting

9.30 - 10.00
Conference Registration Location: Atrium

10.00 - 10.30
Morning Tea Location: Atrium

10.30 - 11.30
Lennox Ballroom
First Nations Eye Health Alliance Meeting
First Nations delegates only
Facilitator: Lose (Rose) Fonua and Shaun Tatipata
First Nations Eye Health Alliance (FNEHA) Meeting

Day 1 – Wednesday 24 May 2023 Non-First Nations Delegates

11.15 - 11.45
Registration Location: Atrium

12.00 - 1.00
Welcome Reception (for all Delegates) Prince Alfred Square (Park opposite Conference venue)

Alfred Square
(Park opposite
Conference venue)
Facilitator: Shaun Tatipata and Anne-Marie Banfield
Welcome to Country - Peta Strachan (Dharug woman)
Smoking Ceremony
Cultural Performance - Jannawi Dance Clan

1.00 - 2.00
Lunch (for all Delegates) Location: Atrium

2.00 - 3.30
Lennox Ballroom
Workshop First Nations delegates only
Facilitator: Nikita Ridgeway, Lose Fonua, Shaun Tatipata and Nick Wilson
First Nations Eye Health Alliance Workshop (FNEHA):
Vision 2030: from Voice to Action

2.00 - 3.30
Linden Room
Workshop Non-First Nations delegates
Facilitator: Mitchell Anjou and Guy Gillor
Allyship Towards Vision 2030: Understanding,
responding, and supporting the First Nations call to eye
care action

3.30 - 4.00
Afternoon Tea (for all Delegates) Location: Atrium

4.00 - 5.00
Lennox Ballroom
Workshop (continued) First Nations delegates only
Facilitator: Nikita Ridgeway, Lose Fonua, Shaun Tatipata and Nick Wilson
First Nations Eye Health Alliance Workshop (FNEHA):
Vision 2030: from Voice to Action

4.00 - 5.00
Linden Room
Workshop (continued) Non-First Nations delegates
Facilitator: Mitchell Anjou and Guy Gillor
Allyship Towards Vision 2030: Understanding,
responding, and supporting the First Nations call to eye
care action

Day Two, Thursday 25 May - Overview

Day 2 – Thursday 25 May 2023

8.30 - 9.30		Conference Registration Location: Atrium	
9.00 - 10.00	Lennox Ballroom	Opening Session Conference Greetings - Kane Ellis, Illawarra Aboriginal Medical Service Conference Co-Host - David Roberts, Aboriginal Health and Medical Research Council of NSW (AH&MRC) Allies for eYES - Jaki Adams, The Fred Hollows Foundation	Chair: Shaun Tatipata
10.00 - 10.30		Morning Tea Poster Presentations & Trade Table Displays Location: Atrium	
10.30 - 11.30	Lennox Ballroom	Plenary Session and Keynote Presentation Plenary Session - Our Common Cause 1. Roadmap to Close the Gap for Vision Reflections - Hugh Taylor 2. Vision 2030 - Shaun Tatipata 3. First Nations Eye Health Alliance Panel - Anne-Marie Banfield	Chair: Lose (Rose) Fonua
11.30 - 12.00	Lennox Ballroom	Keynote Presentation - Donna Murray, Indigenous Allied Health Australia (IAHA)	Chair: Anne-Marie Banfield
12.00 - 1.00		Lunch Poster Presentations & Trade Table Displays Location: Atrium	
1.00 - 1.30	Lennox Ballroom	Keynote Session & Tabletop Presentations Keynote Presentation - The Jilpia Nappaljari Jones Memorial Oration, Lauren Hutchinson	Chair: Emma Robertson
1.30 - 3.00	Lennox Ballroom	Tabletop Presentations - full details pages 14-16	Chair: Nick Wilson
		<div>1. Vision in the Hands of More Aboriginal and Torres Strait Islander Ophthalmologists</div> <div>2. Stakeholder driven solutions at the local level - Regional Eye Health Stakeholder Working Group meetings across NSW</div> <div>3. RANZCO Outreach Training Pilot</div> <div>4. Taking Eyecare to Community-how Budja Budja Co-operative overcame challenges posed by the pandemic</div> <div>5. Lions Inreach Vision — Improving Access to Culturally Informed Eye Care in Perth, Western Australia</div> <div>6. NT Trachoma Program</div> <div>7. Getting on the same (web) page: conceptualising an online hub for careers in eye health</div> <div>8. Preventing trachoma through making homes healthier places — the WA story training the environmental health workforce</div> <div>9. Using evaluation results to increase access to culturally safe eye surgery</div> <div>10. Community Feedback on Top End Outreach Model</div> <div>11. The Cost of Diabetic Retinopathy Treatment in Private Practice: new IEHU Information Sheet</div> <div>12. Mapping the Australian First Nations Eye Health Ecosystem</div> <div>13. Trachoma elimination and the role of the social determinants of health</div> <div>14. Best practice modes of communication in healthcare settings: Conversations about eye health with Aboriginal people in the remote health context</div>	
3.00 - 3.30		Afternoon Tea Poster Presentations & Trade Table Displays Location: Atrium	
3.30 - 4.00	Lennox Ballroom	Keynote Session & Oral Presentations Keynote Presentation - Karl Briscoe, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP)	Chair: Lesley Martin
4.00 - 5.00	Maddison Room	Concurrent Oral Presentations Stream 1 - Promotion and Participation 1. Designing a turtle symbol for a children's vision chart 2. Strengthening community voices through the development of eye health promotion 3. Life after vision loss: the experience of accessing a vision loss specialist in Alice Springs	Chair: Walter Bathern and Mitchell Anjou
	Avalon Room	Stream 2 - Research and Evaluation 1. Cataracts in Indigenous Australians — Where Are We Now? Findings From a Systematic Review and Meta-Analysis 2. Exploring the Prevalence of Refractive Error in Indigenous Children and Adults: A Systematic Review and Meta-Analysis 3. Prevalence and trends of avoidable blindness over 5 years in remote Northern Territory	Chair: Anne-Marie Banfield
	Lennox Ballroom	Stream 3 - Eye Health Workforce 1. The workforce we have and the workforce we need to end avoidable blindness for First Nations Australians 2. Growing and Supporting Aboriginal and Torres Strait Islander Ophthalmology Workforce 3. We can't be what we can't see: Growing Our Own Eye Health Workforce Through Partnership	Chair: Nicki Turner
	Linden Room	Stream 4 - Advocacy and Self-determination 1. Kapo Maori Aotearoa Declaration on Engagement and Exchange — an example of Indigenous self-determination 2. Enabling eye health advocacy through research-practice partnerships: The Aboriginal Eye Health Project 3. Kuru Ngukintguku	Chair: Makkaillah Ridgeway and Carol Wynne
6.15 - 9.30		Conference Gala Dinner and Awards Location CommBank Stadium 6.15 Pre Dinner Drinks 7.00 - 9.30 Dinner and Entertainment	

Day Three, Friday 26 May - Overview

Day 3 – Friday 26 May 2023

8.45 - 9.00	Conference Registration Location: Atrium	
9.00 - 9.30 Lennox Ballroom	Opening Session National Sorry Day - Dean Bayliss, Healing Works	Chair: Anne-Marie Banfield
9.30 - 9.45	Group Photo	
9.45 - 10.15	Morning Tea Poster Presentations & Trade Table Displays Location: Atrium	
10.15 - 11.00 Lennox Ballroom	Plenary Session and Workshops Plenary Session - A Focus on NSW 1. The Western NSW Eye Health Partnership- Collaboration 2. Providing Optometry to the Aboriginal Urban communities within the South Eastern Sydney Local Health District 3. Healthy Eyes in Rural Areas	Chair: Nicole Turner
11.00 - 12.30	Workshops Maddison Room Eye Care 101 - Tim Henderson and Mitchell Anjou Avalon Room Retinal Screening in Primary Care - Neville Turner and Kristin Bell Lennox Ballroom Health Promotion In Action - Nick Wilson, Carol Wynne, Fiona Lange, Walter Bathern, Lesley Martin, Digby Mercer Linden Room Leadership Weaving - Kate Kelleher	
12.30 - 1.30	Lunch Poster Presentations & Trade Table Displays Location: Atrium	
1.30 - 2.00 Lennox Ballroom	Keynote Session & Concurrent Oral Presentations and Panel Conversation Keynote Presentation - Renata Watene, Occhiali Optometrist	Chair: Lauren Hutchinson
2.00 - 3.00 Maddison Room	Concurrent Oral Presentations and Panel Conversation Oral Presentations Stream 5 - Diabetes, Diabetic Retinopathy and Beyond 1. A 5-year audit of diabetic retinopathy screening across three urban Aboriginal medical services in Perth, Western Australia 2. KeepSight – diabetes eye health screening in Aboriginal and Torres Strait Islander communities 3. The Aboriginal and Torres Strait Islander Diabetes-related Foot Complications Program Overview	Chair: Lesley Martin and Emma Stanford
Linden Room	Oral Presentations Stream 6 - From Metro to Remote 1. Brien Holden Foundation - Providing optometry services in primary eye health across urban, rural, and remote New South Wales (NSW) and Northern Territory (NT) 2. The intersection of Environmental Health & Trachoma and what it has meant for WA 3. Linking Community to Blindness and Low Vision Services	Chair: Nick Wilson
Lennox Ballroom	Panel Conversation Reconciliation in Eye Care: Where Are We At? Panel members: Carly Iles (Vision 2020 Australia), Gerhard Schlenther (RANZCO), Ben Hamlyn (Optometry Australia), Mitchell Anjou (IEHU), Nicola Stewart (The Fred Hollows Foundation), Amanda French (Orthoptics Australia)	Chair: Kris Rallah-Baker
3.00 - 3.30	Afternoon Tea Poster Presentations & Trade Table Displays Location: Atrium	
3.30 - 4.00 Lennox Ballroom	Closing Session and Reflections NATSIEHC24 Location to be Announced	Chair: Shaun Tatipata

Day One, Wednesday 24 May - Full Agenda

First Nations Eye Health Alliance Set Up Board Meeting (by invitation only)

Time: 9.00 – 10.00 | Location: Lennox Ballroom

Chair: Lose (Rose) Fonua and Shaun Tatipata

This is a closed session for the FNEHA setup board.

First Nations Eye Health Alliance (FNEHA) Meeting (First Nations delegates only)

Time: 10:30 - 11.30 | Location: Lennox Ballroom

Facilitators: Lose (Rose) Fonua, Shaun Tatipata

FNEHA is multidisciplinary Aboriginal and Torres Strait Islander collaborative made up of members working in communities at a local, state and national level. This collective knowledge and experience contribute to building equitable changes to eye health care nationally for Aboriginal and Torres Strait Islander people. This session is open to all Aboriginal and Torres Strait Islander delegates.

First Nations Eye Health Alliance Workshop, Vision 2030: From Voice to Action (First Nations delegates only)

Time: 2.00 - 5.00 | Location: Lennox Ballroom

Facilitators: Nikita Ridgeway, Lose Fonua, Shaun Tatipata and Nick Wilson

Building on the aspirations of the Vision 2030 report (2023), this session will examine the next steps actions needed to bring the Vision 2030 report to life. Taking a prevention focused, whole of life course perspective, participants will map out key actions that can strengthen eye health in Aboriginal and Torres Strait Islander Communities into 2030.

Allyship Towards Vision 2030: Understanding, responding, and supporting the First Nations call to eye care action

Time: 2.00 - 5.00 | Location: Linden Room

Facilitators: Mitchell Anjou and Guy Gillor

In this workshop, delegates will explore allyship, shifting power, and related concepts, and workshop practical applications of these ideas in the eye health context. The workshop will refer to the recently released Vision 2030 workshop report from the First Nations delegates attending last year's conference, and the input gathered in the workshop will be a valuable contribution to FNEHA's work.

Conference delegates during the Welcome Reception and Gala Dinner. NATSIEHC22 Larrakia country, NT, 2022



Day Two, Thursday 25 May - Full Agenda

Conference Opening Session: Day 2

Time: 9.00 – 10.00 | Location: Lennox Ballroom

Chair: Shaun Tatipata

Speakers: Kane Ellis, David Robert, Jaki Adams

The opening session will provide delegates with an overview of the two days ahead, grounding delegates in contexts, conversations, and ideas which will be explored and developed throughout the event. The session includes Conference greetings from Kane Ellis, CEO of the Illawarra Aboriginal Medical Service and member of the Indigenous Eye Health Unit Advisory Board; David Roberts, representing the Conference Co-Host, the Aboriginal Health and Medical Research Council of NSW (AH&MRC); Jaki Adams providing an activity for delegates to actively support the Yes campaign for the referendum on an Aboriginal and Torres Strait Islander voice.

Plenary Session 1: Our Common Cause

Time: 10.30 - 11.30 | Location: Lennox Ballroom

Chair: Lose (Rose) Fonua

Speakers: Hugh Taylor; Shaun Tatipata discussing Vision 2030; First Nations Eye Health Alliance panel led by Anne-Marie Banfield

In this plenary session, we look at our collective efforts to end avoidable vision loss and blindness for First Nations Australians. The session will start with a presentation from Prof Hugh Taylor, reflecting on the experience and achievements of the Roadmap to Close the Gap for Vision, with its final implementation report to be shortly released; Vision 2030 report update, summarising the outcomes of the initial Vision 2030 Workshop from Shaun Tatipata; and a First Nations Eye Health Alliance panel discussion led by Anne-Marie Banfield (NACCHO, NEGATSIEH Co-Chair) about the future for First Nations leadership in eye care.

Keynote Presentation: Donna Murray

Time: 11.30 - 12.00 | Location: Lennox Ballroom

Chair: Anne-Marie Banfield

Donna Murray is a proud Wiradjuri and Wonnarua nation citizen. Donna is the Chief Executive Officer at Indigenous Allied Health Australia, holds an Adjunct Associate Professor role at the University of Technology Sydney and has formal qualifications in Community Development, Management, and Indigenous Governance. She is a 2021 Impact 25 Award winner with Pro Bono Australia, the Chair of PwC's Indigenous Consulting, Chair of Thirrili Ltd and Board Director of Gayaa Dhuwi (Proud Spirit) Australia.

She is a committed Indigenous Community Development Practitioner working to support and assert the rights of Aboriginal and Torres Strait Islander people by recognising and reigniting cultural governance and leadership that embed Indigenous nation-building principles to shape a future of our own design now and for generations to come.

The Jilpia Nappaljari Jones Memorial Oration: Lauren Hutchinson

Time: 1.00–1.30 | Location: Lennox Ballroom

Chair: Emma Robertson

The Jilpia Nappaljari Jones Memorial Oration was first introduced in the 2022 Conference. The Oration celebrates the contributions of Aboriginal and Torres Strait Islander women to eye care. The Oration acknowledges the significant contribution Jilpia made to Aboriginal and Torres Strait Islander eye health and acknowledges her inspiration for a whole generation of amazing women leaders in eye health.

The 2023 Jilpia Nappaljari Jones Memorial Oration will be presented at the 2023 National Aboriginal and Torres Strait Islander Eye Health Conference by Lauren Hutchinson.

Lauren Hutchinson is a Murrawarri woman and optometrist. Lauren was born and raised on Wiradjuri country in the central west of NSW. She graduated from her Bachelor of Vision Science/Master of Optometry from QUT in 2017, following which, she returned to the central west, now residing back on the beautiful lands of the Wiradjuri people once again. Lauren has worked as an optometrist both in private practice and within the community controlled sector. She is a current director of both the Indigenous Allied Health Australia national and Northern Territory Workforce Development Boards.

Lauren's passions are in Aboriginal and Torres Strait Islander, rural and remote and paediatric health and she is committed to advocating for improving outcomes for her people in these spaces.

In her spare time you can find Lauren spending time with her beautiful nieces and nephews, on a hockey field or fishing on the Galari (Lachlan River).

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Table Top Presentations

Time: 1.30 - 3:00 | Location: Lennox Ballroom

Chair: Nick Wilson

TT1. Vision in the Hands of More Aboriginal and Torres Strait Islander Ophthalmologists

Authors: (presenters in bold) **Lili Chen, Christine Carriage**

Abstract: Australia has one Aboriginal Ophthalmology Fellow. At least 30 Aboriginal and Torres Strait Islander ophthalmologists are required to achieve population parity of 3%. More Indigenous Australian ophthalmologists are crucial in ensuring Aboriginal and Torres Strait Islander communities have access to care that is culturally responsive, safe, and that facilitates improved eye health outcomes. With the support of the Fred Hollows Foundation (FHF), the Australian Indigenous Doctors' Association's (AIDA) Eye Health Project (the Project) aims to 'Find Our Voice' by attracting, supporting, and retaining more Indigenous Australian ophthalmologists.

The Project is multipronged and implements top-down and bottom-up strategies. AIDA provides tailored assistance to the three Aboriginal and Torres Strait Islander trainees currently undertaking ophthalmology training. AIDA engages with Aboriginal and Torres Strait Islander doctors along the medical continuum to raise the profile of ophthalmology, address barriers, and support those interested in ophthalmology towards success.

The Project engages key stakeholders in ophthalmology to advocate for culturally safe workplaces and training. By working alongside AIDA's Specialist Trainee Support Program (STSP), the Project supports the development of resources and policies in recruitment and retention. Creating systemic reform ensures our system is culturally safe for our current and future ophthalmologists to thrive in.

TT2. Stakeholder driven solutions at the local level - Regional Eye Health Stakeholder Working Group meetings across NSW

Authors: (presenters in bold) **Naomi Freuden, Fareeya Sakur**

Abstract: Eye health services throughout NSW are often varied and fragmented resulting in infrequent communication and limited collaboration between stakeholders. The Indigenous Eye Health Coordination Program (IEHCP) aims to improve access to eye health services for Aboriginal people through the coordination and facilitation of Aboriginal Eye Health Regional Stakeholder meetings coordinated and facilitated by NSW Rural Doctors Network (RDN). The meetings bring stakeholders together to develop solutions to overcome access and service gaps, and improve the transition into services through more streamlined referral pathways – eg: fast-tracking Aboriginal patients referred through the local AMS to eye clinics in Local Health Districts. These meetings provide a space to discuss local issues, map existing services and develop solutions through service/access planning. RDN, through its Indigenous Eye Health Coordination Program coordinates and facilitates these meetings and provides secretariat support, along with support to deliver and implement actions. Local services can be further supported through RDN's Ear and Eye Surgical Support program (EESS) and Visiting Optometry Scheme (VOS). These meetings can provide support to accessing the funding to deliver these services. The proposed Tabletop presentation aims to provide further information to conference attendees about the IEHCP and AEHRs meetings.

TT3. RANZCO Outreach Training Pilot

Authors: (presenters in bold) **Kris Rallah-Baker, Kristin Bell**, Legend Lee

Abstract: RANZCO is very keen to get trainees systemic exposure to servicing Aboriginal and Torres Strait Islander communities but up until now there has been limited opportunities and resources to support trainees in getting these experiences.

In late 2022, RANZCO managed to secure funding support from Department of Health and Ageing to develop and pilot different outreach training models in WA, NT and VIC, which aims to support our trainees to get comprehensive experience at ACCHO/AMS or other clinics looking after Aboriginal and Torres Strait Islander patients with appropriate consultant supervision.

RANZCO is keen to hear from communities what advice they have to give our trainees as to what they should and should not do while they are at ACCHO/AMS or other clinics looking after Aboriginal and Torres Strait Islander patients, and how the trainees should interact with the patients and the communities to get the most out of these opportunities.

TT4. Taking Eyecare to Community, how Budja Budja Co-operative overcame challenges posed by the pandemic

Authors: (presenters in bold) **Nilmini John**, Roman Zwolak

Abstract: The COVID 19 pandemic brought new challenges to those in rural communities such as Halls Gap, who rely heavily on visiting services for much of their health care needs. Protecting community from COVID 19 whilst still delivering much-needed health care services including visiting optometry services, was vital. Budja Budja, like many ACCHOs, pivoted to telehealth consultations for the bulk of their medical services. As most of Budja Budja Cooperation's community live outside of Halls Gap, the Budja Budja Van enabled Budja to bring eye care and other essential health services directly to community so they could be seen in a safe manner on board the van.

Having Budja staff such as Abbie Lovett, a trainee Aboriginal Health worker, involved with running these clinics helped with community engagement as well as attendance. Many clients would have missed out on important diabetic eye examinations, paediatric eye care and follow up appointments, without this innovative approach.

TT5. Lions Inreach Vision – Improving Access to Culturally Informed Eye Care in Perth, Western Australia

Authors: (presenters in bold) Hessom Razavi, Khyber Alam, **Marcel Nejatian**, Kiri Gates, Harry Hohnen, Maria Galleta

Abstract: The four public ophthalmology services available in Perth have among the longest wait times across all medical specialties. For Indigenous people, there may be additional cultural, linguistic, and geographical barriers when accessing these services. Consequently, it may reasonably be expected that there is a substantial unmet need for eye care services among Indigenous people in Perth.

Lions Inreach Vision (LIV) is a service that seeks to address this unmet need by providing high-quality, pro-bono eye care to Indigenous people in Perth's eastern corridor. The service offers a collaborative care model, whereby a consultant ophthalmologist and an optometrist work concurrently to offer a 'one-stop shop' for people with eye problems. This includes clinic consultations, outpatient laser and intravitreal treatments, access to cataract and other ophthalmic surgeries, and expedited referral to tertiary hospital services where needed. LIV seeks to provide a culturally informed service, through: an Aboriginal Health Worker to help with service coordination and delivery; patient transportation through the Moorditj Koort Aboriginal Corporation; and provision of subsidised spectacles. The design and delivery of LIV is guided through collaboration with local Aboriginal Medical Services and Indigenous community members. The accessibility and effectiveness of LIV is currently being evaluated, in both qualitative and quantitative terms, through research supported by the University of Western Australia and the Lions Eye Institute. These evaluations will form an evidence-base to further improve access for patients living in metropolitan Perth and surrounding regions.

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TT6. NT Trachoma Program

Authors: (presenters in bold) **Sharon Troncoso, Morris Ndwiga**

Abstract: Though the CDC's primary focus is on the 'A' of the SAFE strategy comprising screening and treatment of trachoma cases in remote Central Australian communities our presentation focusses on the 'F' and occasionally 'E' activities that are team gets involved in whilst visiting communities.

These stories are critical to the elimination of trachoma as CDC takes SAFE strategy to be an integrated multifactorial strategy encompassing all roles. Our health promotion activities not only lighten our jobs but give it real human meaning. . The presentation highlights the importance of integrating community engagement and health promotion into our screening and treatment activities., trips and. The presentation will demonstrates why fundamental human connection of care across cultures in a harsh environment goes to the heart of the purpose of why we do our work. The presentation shows an alternative aspect of the work we do whilst screening, treating and collecting surveillance data.

The presentation will rely on videos and photographs to show to the audience what it is like being in the community and the importance of building people connections whilst performing clinical duties We will be happy to discuss the 2022 overall trachoma data from the NT.

TT7. Getting on the same (web) page: conceptualising an online hub for careers in eye health

Authors: (presenters in bold) **Zoe Hallwright, Tanya Morris**

Abstract: The Fred Hollows Foundation has a renewed focus on growing a strong eye health workforce to improve outcomes in the Aboriginal and Torres Strait Islander population.

Navigating pathways into eye health careers can be extremely complex, creating a barrier to growing the workforce across all areas of the health system. Opportunities to enter this space at varying education levels change quickly, demonstrating the need for a dynamic platform where this information can be found for anyone interested in working in eye health.

Good quality training and career information for eye health can be found online already, including through the Brien Holden Foundation and HealthInfoNet. The IAP foresees that an online eye health careers hub would complement these existing platforms by linking in with existing resources to provide a central point of information and access.

In conceptualising this hub, IAP sees the potential for not only career pathway information but in future could facilitate delivery of accredited online training.

The intention of the tabletop presentation is to share the concept and have discussions with attendees to understand their perspective on whether or not developing an online hub would be of value and how to design it to achieve the best outcomes.

TT8. Preventing trachoma through making homes healthier places – the WA story training the environmental health workforce

Authors: (presenters in bold) Mel Stoneham, **Robert Bonney**

Abstract: "As part of the environmental health program run by WA Health, Bega Garnbirringu Health Service and many other Environmental Health Workers across WA have been working alongside the #endingtrachoma team to identify and where possible, reduce risk factors for trachoma within homes located in remote communities. As WA's trachoma screening results indicated endemic and hyperendemic communities across WA, we were keen to ensure the remote environmental health workforce were trained on how to prevent trachoma.

As the risk factors for trachoma are generally associated with the bathroom and laundry, over the past few years, the #endingtrachoma team has mentored and trained EHWs in many areas around trachoma prevention. Examples include how to conduct healthy home audits and collect data using an App, how to fix minor plumbing issues, how to provide resources such as soap, towels, mirrors, towel hooks, light bulbs and shower heads as part of that service, and more recently how to yarn with tenants about the importance of washing their face and hands to promote the six steps to stop germs message. These interventions all increase the ability for people to wash in their own homes.

This paper, presented by one of the local EHW from Bega Garnbirringu Health Service in Kalgoorlie and the #endingtrachoma team, will showcase predominantly through film, how this program has grown, will highlight the skills learnt and show how they have been embedded within the remote environmental health programs.

TT9. Using evaluation results to increase access to culturally safe eye surgery

Authors: (presenters in bold) **Philippa Hawke, Kylie Rixon, Lynette Anderson**

Abstract: Since late 2021 the not-for-profit health organisation CheckUP Australia, has been collecting feedback using a co-designed Patient Reported Experience Measure (PREM) to understand levels of cultural safety experienced by Aboriginal and Torres Strait Islander people undergoing eye surgery under the Federal Government Eye and Ear Surgery Support Service (EESS) funded model. Resulting data has been analysed and returned to stakeholders in the form of a range of reports, including formal brief summaries to surgical and hospital staff containing quantitative and qualitative feedback, plus recommendations for improvements arising from patients' voices.

In addition, results and recommendations have been provided to patients' community health clinics who frequently play a role in supporting the patient along their surgical pathway.

A critical step in this improvement loop has been to develop innovative methods for also returning this cultural safety feedback directly to patient communities, with the objective of increasing access by community members who may be hesitant to engage in surgical pathways.

This presentation will provide a brief overview of the challenges the CheckUP evaluation team has found in collecting data in rural/ remote health service locations and the strategies they and their advisors have developed to return that information to those who need it most.

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TT10. Community Feedback on Top End Outreach Model

Authors: (presenters in bold) Madelaine Moore, **Nishantha Wijesinghe**

Abstract: Over the last 3 years the Royal Darwin Hospital, Ophthalmology Department has remodelled their service delivery of Outreach Services across the Top End.

With the support of the Visiting Optometrists Scheme they have implemented a hub and spoke model. This model relies on the optometrists providing screening services in remote and very remote locations where there is limited equipment including a Slit Lamp and a retinal camera. The optometrists then refer to the ophthalmology team who will often meet the clients at their regional hospital Darwin, Katherine or Nhulunbuy where they have the full range of ophthalmology equipment, and they can diagnose, manage and treat within the one patient episode. We understand this model optimises specialist resources, but we are seeking feedback whether this truly meets the needs of our remote patients?

TT11. The Cost of Diabetic Retinopathy Treatment in Private Practice: new IEHU Information Sheet

Authors: (presenters in bold) **Guy Gillor**

Abstract: A new Information Sheet developed by Indigenous Eye Health Unit highlights the high cost of essential sight saving treatment for diabetic retinopathy. These costs, coupled with the unacceptable lack of access to key treatment through public hospitals in most of Australia, mean unnecessary vision loss or blindness for some patients, and a heavy financial burden to avoid it for others. The new resource aims to support better understanding of the common course of treatment by highlighting common out-of-pocket costs when accessing treatment in private settings.

The resource is of relevance to Aboriginal Health Workers and Practitioners, Integrated Team Care coordinators, policymakers, and others who work to establish and sustain pathways for Diabetic Retinopathy treatment for Aboriginal and Torres Strait Islander patients. The resource may also be of interest to patients themselves and their carers, who may also need to negotiate access to sight-saving Diabetic Retinopathy treatment with private providers.

TT12. Mapping the Australian First Nations Eye Health Ecosystem

Authors: (presenters in bold) **Kelley Baldwin**, Susan Kelly, **Sarah Davies**, Guy Gillor, Mitchell Anjou

Abstract: This project aims to create visual representations of the complex and multi-layered Australian First Nations (Aboriginal and Torres Strait Islander) eye health sector, in an effort to increase stakeholders' knowledge and understanding of the sector, enable better collaborative work, and thus contribute to improved access and outcomes.

Ongoing efforts to improve eye health for First Nations Australians involve individuals and organisations working across multiple parts of the health care system to address the many parts of the eye care journey. Efforts to increase collaboration rely on knowledge of the various stakeholders and their sometimes changing roles. This however proves an ongoing challenge, given the complexity of the sector and system and that it involves stakeholders that operate in multiple other health ecosystems.

The challenge of observing the various stakeholders and visualising their relationships requires multiple expertise and inputs from those working across the vaguely defined sector. This poster therefore represents an ongoing work, rather than a finalised project output.

The presentation will invite further input from delegates to better understand the complexity of the stakeholder networks and their relationships.

TT13. Trachoma elimination and the role of the social determinants of health

Authors: (presenters in bold) **Fiona Lange**, **Emma Stanford**, Walter Bathern, Lesley Martin

Abstract: Trachoma is the leading infectious cause of blindness worldwide. Globally it is most common in poor rural communities. In Australia active trachoma is only found in some remote Aboriginal communities and the later stage of trichiasis can be found across Australia. The target for global elimination is 2030.

Trachoma is a discrete eye health disorder, yet the approach to its elimination through clean faces has more in common with other diseases related to poverty, lack of functioning health hardware and overcrowded housing. These include otitis media, skin sores, respiratory and gastric infections, some of which lead to life threatening kidney and heart disease.

This session presents an update on Australia's path to elimination, the importance of Aboriginal and Torres Strait Islander leadership and the essential intersectoral approaches underway to reach sustainable elimination of trachoma as a public health problem.

Facilitators will share challenges and accomplishments to date and illustrate that trachoma elimination provides an opportunity to advocate for and to urge change in the challenging structural determinants of health equity.

TT14. Best practice modes of communication in healthcare settings: Conversations about eye health with Aboriginal people in the remote health context

Authors: (presenters in bold) **Ellie Hudson**, **Andrew Jolly**, Liz Duus

Abstract: Vision Australia has undertaken community insight sessions with local Aboriginal people and eye health professionals in the Alice Springs area. We will share some of the insights coming out of this work and encourage attendees to engage in discovery conversations together, to share what they think has worked, and what hasn't, in terms of effective communication with Aboriginal clients in remote healthcare settings.

Keynote Presentation: Karl Briscoe

Time: 3:30 - 4:00 | Location: Lennox Ballroom

Chair: Lesley Martin

Karl Briscoe is a proud Kuku Yalanji man from Mossman – Daintree area of Far North Queensland.

Karl is the CEO of the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners (NAATSIHWP). Karl has worked for over 20 years in the health sector at various levels of government and non-government including local, state and national levels which has enabled him to form a vast strategic network across Australia.

NAATSIHWP is the peak body for Aboriginal and/or Torres Strait Islander Health Workers and Aboriginal and/or Torres Strait Islander Health Practitioners in Australia.

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Concurrent Oral Presentations, Streams 1 - 4

Oral Presentations Stream 1: Promotion and Participation

Time: 4:00 - 5:00 | Location: Maddison Room

Chair: Walter Bathern and Mitchell Anjou

OP1.1 Designing a turtle symbol for a children's vision chart

Authors: Shelley Hopkins, Ashleigh Hawkins, Tony Coburn, Emily Banks, Sharon Bentley, Joanne Wood.

Abstract: Good vision is important for a child's development and therefore, vision conditions should be detected and corrected as early as possible. However, testing children's vision can be difficult. Testing charts need to be easy to understand and engaging to maintain their attention. Following requests from community health services (through the Queensland Statewide Indigenous eye health coordinator), the children's vision team at Queensland University of Technology has been working with community to redesign a vision chart developed for First Nations children using a turtle symbol. The first phase of the project was to co-design a modified turtle symbol for the chart and the second phase was to complete a technical evaluation. A key element was the collaboration with a high school art class, led by First Nations artist and teacher. Art students created designs for the turtle symbol that have been used in the final chart and in stickers to promote children's vision testing. Designs have been shared with key personnel across several ACCHOs, and all feedback and discussions are positive. This presentation will describe work completed to date, which includes the upgraded turtle symbol.

OP1.2 Strengthening community voices through the development of eye health promotion

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

Abstract: Health promotion approaches that build from community engagement and support local community control provide opportunity to strengthen community voices. Accommodating local needs within national programs or frameworks allows collective innovation and can genuinely advance Aboriginal and Strait Islander health.

The Roadmap to Close the Gap for Vision (2012) is a national policy framework that provides a sector endorsed plan to eliminate inequities in eye health outcomes for Aboriginal and Torres Strait Islander people. This evidence-based approach, whilst outlining common methodology and elements, allows communities to find a 'voice' to self-determine their eye care needs, priorities and actions to close the gap for vision.

In 2022, as part of the Roadmap recommendations, the Indigenous Eye Health Unit (IEHU) at the University of Melbourne responded to the community need for culturally appropriate health promotion resources to promote regular eye checks, particularly through the annual 715 health check pathway, and awareness of cataract and refractive error.

Health promotion resources, branded 'Eyecare Now, Eyecare Always' were developed with a community-led approach centred around self-determination, voice, and connections. Community participation was integral to understanding the motivation, ability and triggers for behavioural change from Aboriginal and Torres Strait Islander peoples. All aspects of the resources were codesigned, including objectives, key messages, and the look and feel, and execution.

In addition, a selection of well-known community members or 'eye health heroes' from a diverse range of disciplines and communities feature in the resources. The resources showcase the way in which each of these community members use their eyesight, highlight the importance of keeping up with regular eye checks, and amplify their amazing leadership and voices to a wider audience.

The new 'Eyecare Now, Eyecare Always' resources will build on IEHU's existing health promotion resources and tools to support the improvements in eye health system reform activities in regional collaborations across Australia. The flexible, adaptable design of the resources supports community adaptations and local ownership. The codesign process has important implications for strengthening and sustaining community voice to close the gap for vision.

OP1.3 Life after vision loss: the experience of accessing a vision loss specialist in Alice Springs

Authors: Ellie Hudson, Andrew Jolly, Liz Duus

Abstract: Life after Vision Loss: An integrated service model for people with vision loss in Alice Springs Closing the gap in avoidable blindness is core to the work of the eye health sector. Equally important is support services for those who have lost vision to live the lives they wish to lead.

Vision Australia provide services to Australians who are blind or have low vision that is uncorrectable with glasses/surgery. To address the gap in service provision to Aboriginal and Torres Strait Islanders in Central Australia we established our partnership between Congress in Alice Springs and Vision Australia to begin building an integrated model of care.

We will share how we have made great progress towards an integrated service; the successes we have had and the challenges. Discussion will include: mind set shifts necessary at the individual and organisational levels; adapting service approaches to be more culturally appropriate and responsive; The philosophy and practice of Community Controlled Health Organisations, and why it is important to partner with them; Why vision rehabilitation should be embedded into primary health care. How to scale this new approach across national networks of vision loss support services? Ways to drive awareness of vision loss support services across the national eye health sector and at a local level.

The experience of accessing a vision loss specialist in Alice Springs.

Oral Presentations Stream 2: Research and Evaluation

Time: 4:00 - 5:00 | Location: Avalon Room

Chair: Anne-Marie Banfield

OP2.1 Cataracts in Indigenous Australians – Where Are We Now? Findings From a Systematic Review and Meta-Analysis

Authors: Marcel M Nejatian, Saiuj Bhat, Amy Kalantary, Joshua R Taylor, Mark A Chia, Angus W Turner, Hessom Razavi

Abstract: Background: Our study aimed to provide the highest-quality and most up-to-date data on the prevalence of cataract to help further guide priorities in addressing this treatable condition.

Methods: A systematic search of Medline, Embase, and Web of Science was performed to identify eligible studies. The prevalence of cataract reported in included studies were combined to obtain pooled prevalence estimates.

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Results: Nine studies enrolling 36,293 participants were included. In the 1970s, 1 in 30 Indigenous adults were blind in both eyes from cataract, compared to the current rate of 1 in 260. This is still substantially higher than the current non-Indigenous rate of 1 in 100,000 ($p=0.002$). Pooled prevalence of bilateral vision loss from cataract is also 3.3 times higher in Indigenous compared to non-Indigenous adults ($p=0.011$). Despite this, the percentage of Indigenous adults who have access to cataract surgery is 23% lower than non-Indigenous adults ($p=0.004$).

Conclusions: While the prevalence of cataract in Indigenous populations have reduced, visually impairing and blinding cataract remain significantly more common compared to non-Indigenous populations. Surgery rates for Indigenous people may be improved through proven strategies such as the integration of the surgical pathway within local Aboriginal Medical Services. Furthermore, increased consultation and collaboration with Indigenous community members is recommended to help detect cases of severe cataract causing blindness which are likely going undiagnosed at present.

OP2.2 Exploring the Prevalence of Refractive Error in Indigenous Children and Adults: A Systematic Review and Meta-Analysis

Authors: Marcel M Nejatian, Saiju Bhat, Amy Kalantary, Joshua R Taylor, Mark A Chia, Angus W Turner, Hessom Razavi

Abstract: Background: This is the first study to provide pooled estimates of the prevalence of refractive error in Indigenous children and adults and how they compare to non-Indigenous Australians. This can guide efforts to treat this condition, the most common cause of avoidable vision loss in Australia.

Methods: A systematic search of Medline, Embase, and Web of Science was performed. We included all studies reporting a prevalence of refractive error subtypes or vision loss from refractive error. Individual study prevalence values were combined to obtain pooled prevalence estimates.

Results: Sixteen studies of 35,750 participants were included. Pooled prevalence of bilateral vision loss and blindness from refractive error was 7.5% and 0.19% in Indigenous adults and 4.5% and 0.01% in non-Indigenous adults ($p=0.126$ and 0.265 , respectively). Myopia, hyperopia, and astigmatism occurred in 3.3%, 4.4%, and 5.4% of Indigenous children and 5.3%, 11.1%, and 5.6% of non-Indigenous children, respectively. Unilateral vision loss and hyperopia were less common in Indigenous adults ($p=0.047$) and children ($p=0.031$), respectively, compared to non-Indigenous participants. Qualitative comparisons suggested there were lower rates of spectacle ownership and overall use of spectacles, and higher rates of owning spectacles with an incorrect prescription among Indigenous participants compared to non-Indigenous participants.

Conclusions: Refractive error is less common in Indigenous children but causes avoidable vision loss in up to one in ten Indigenous and non-Indigenous adults. Increased community-led initiatives, such as Aboriginal Medical Service based optometry practices, are needed to improve the supply and consistent use of correct spectacles.

OP2.3 Prevalence and trends of avoidable blindness over 5 years in remote Northern Territory

Authors: Madelaine Moore, Nishantha Wijesinghe

Abstract: This presentation explores the prevalence of avoidable eye disease across remote Northern Territory from 2017 – 2022 and highlights significant trends and possible causes. The study analysed routinely collected data through the Visiting Optometrist Scheme with the exclusion of locations with less than 90% Aboriginal & Torres Strait Islander representation. It assists in identifying systemic, social and environmental factors that contribute to eye disease prevalence.

Oral Presentations Stream 3: Eye Health Workforce

Time: 4:00 - 5:00 | **Location:** Lennox Ballroom

Chair: Nicki Turner

OP3.1 The workforce we have and the workforce we need to end avoidable blindness for First Nations Australians

Authors: Guy Gillor, Lose (Rose) Fonua and Shaun Tatipata

Abstract: In 2019, the Australian Government made a commitment through Australia's Long Term National Health Plan to "end avoidable blindness in Indigenous communities by 2025". Ending avoidable blindness requires culturally safe and appropriate workforce to support the entire eye health pathway, across the varying jurisdictions, remoteness levels, and differing local systems. Work is advancing in different rates across key workforce area to increase recruitment and retention of First Nations professionals to support these endeavours. In this presentation, authors will review current workforce statistics for all key roles related to the eye care pathways and identify key themes and gaps emerging from the data. Population-based needs, current access levels, rates of First Nations professionals, and key population projections will all be utilised to form a picture of where we stand, and where we need to go, to develop support and sustain a workforce able to deliver on the commitment to end avoidable blindness for First Nations Australians.

OP3.2 Growing and Supporting Aboriginal and Torres Strait Islander Ophthalmology Workforce

Authors: Kris Rallah-Baker, Kristin Bell, Legend Lee

Abstract: RANZCO is committed to growing the number of ophthalmologists who identify as Aboriginal and/or Torres Strait Islander towards population parity, through:

- Actively promoting ophthalmology as a career to Aboriginal and Torres Strait Islander junior doctors and medical students.
- Special measures to facilitate the recruitment and selection of Aboriginal and Torres Strait Islander trainees into the Vocational Training Program (VTP).
- Facilitating robust, culturally safe mentoring throughout the training journey, in collaboration with Australian Indigenous Doctors' Association (AIDA).
- Enhancing cultural competence and safety for RANZCO Fellows and trainees
- Recognising the additional challenges these individuals face and providing additional flexibility and support as appropriate, whilst continuing to maintain standards.
- Various scholarships, study awards and financial supports for Aboriginal and Torres Strait Islander junior doctors, medical students and trainees to access relevant work and research experience.

RANZCO has successfully recruited 3 Aboriginal and Torres Strait Islander trainees into our VTP. The RANZCO Regionally Enhanced Training Network (RETN) may be a preferred option by some Aboriginal and Torres Strait Islander trainees who want to stay closer to home during their training.

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OP3.3 We can't be what we can't see: Growing Our Own Eye Health Workforce Through Partnership

Authors: Lauren Hutchinson, Celia McCarthy, Tracy Hill

Abstract: Developing a culturally responsive workforce requires authentic and meaningful collaborations across multiple sectors. Since 2013, The Institute for Urban Indigenous Health (UIIH) and the Fred Hollows Foundation (FHF) have partnered on developing and growing UIIH's Aboriginal and Torres Strait Islander eye health workforce.

Today, 20% of UIIH's workforce has come from its workforce development initiatives. Staff are encouraged to mentor and support the next generation of Aboriginal and Torres Strait Islander allied health professionals through ongoing mentoring and clinical supervision.

FHF has been supporting eye health workforce initiatives since 2007 through working in partnership with the Aboriginal Community Controlled sector as well as primary, secondary and tertiary health services.

Through the interlocking values of both organisations we see success not only in growing and supporting an Indigenous eye health workforce, but through this, creating a culturally safe eye health space that encourages and enables community to access these services. Through continuing wrap around support of trainees, educational and leadership journeys are encouraged and nurtured, not only impacting on the individual but the community as a whole.

Oral Presentations Stream 4: Advocacy and Self-determination

Time: 4:00 - 5:00 | Location: Linden Room

Chair: Makkaillah Ridgeway and Carol Wynne

OP4.1 Kāpō Māori Aotearoa Declaration on Engagement and Exchange – an example of Indigenous self-determination

Authors: Chrissie Cowan, Bridgette Masters-Awatere, Rebekah Graham

Abstract: Over the past two years, representatives from Kāpō Māori Aotearoa and Parents of Vision Impaired NZ, and Indigenous research experts have engaged in a series of five wānanga (yarning sessions) with tāngata kāpō Māori (Māori who are blind, deafblind, low vision or visually impaired) and their whānau (family members) regarding their experiences as Māori in the eye health sector. The conversations that occurred across these wānanga highlighted a disconnect between stated interests of tāngata kāpō Māori and medical research interests/directions. In particular, tāngata kāpō Māori expressed a value for reciprocal and relational approaches. However, this was often absent from eye health research and service delivery. Subsequently, we recognised that there was a need for a formal document that clearly stated to non-Māori how to respectfully engage with tāngata kāpō Māori. This presentation from Chrissie Cowan (Ngāti Kahungunu, Ngāti Porou), Bridgette Masters-Awatere (Te Rarawa, Tūwharetoa ki Kawerau), and Rebekah Graham (Pākehā) will describe the process undertaken in creating the Kāpō Māori Aotearoa Declaration on Engagement and Exchange. We will present the draft declaration and invite responses from attendees regarding its relevance beyond Aotearoa New Zealand. This declaration represents an example of Indigenous persons enacting self-determination in the eye health sector and is directly relevant to the conference theme of “finding our voice”.

OP4.2 Enabling eye health advocacy through research-practice partnerships: The Aboriginal Eye Health Project

Authors: Katherine Zamora-Alejo, Courtney Hammond, Jose Estevez, Kurt Towers, Toni Shearing, Kim Morey, Odette Pearson, Natasha Howard, Jamie Craig on behalf of the Research Investigator Group

Abstract: Understanding the local community needs is the first step in influencing health outcomes for the benefit of Aboriginal and Torres Strait Islander communities. The co-design phase of the Aboriginal Eye Health (AEH) Project identified several critical areas for improvement regarding eye health in a metropolitan Adelaide Aboriginal Primary Health Care (PHC) Service. These include addressing: (1) barriers to seeking eye care; (2) lengthy wait times for Ophthalmology public hospital appointments; and (3) potential delays for diabetic retinopathy and cataract treatments due to ineffective referral pathways.

We outline the approach taken for advocacy efforts to improve referral pathways, building on the evidence generated in the co-design phase, coupled with research-practice partnerships and external linkages. Through this, the AEH Project established Optometry and Ophthalmology clinics at an Aboriginal PHC Service, created pathways to bulk-billed tertiary care with a private ophthalmologist for eye consultations and treatments, fast-tracked cataract surgery and continue to represent community needs in formal working groups and committees. A developmental evaluation approach allows for new learnings to emerge from the advocacy efforts and embedding assessments of program impact.

The project is funded by an MRFF grant awarded to Flinders University and operationalised through Wardliparingga Aboriginal Health Equity, SAHMRI.

OP4.3 Kuru Ngukintguku

Authors: Trevor Buzzacott, Harry Harun

Abstract: The Trachoma Journey 1976/77. In May 1976 at Cave Hill in the APY Lands permission was given by Anangu Custodians to commence the first Trachoma studies on their land. This being the most important meeting resulting in today's continual Trachoma work for the elimination of Trachoma blindness in Australia. There has been so many committed people and organisations through their contributions resulting in today's findings, that we are not far off ridding the blindness of trachoma here in Australia. The NTEHP on the ground *modus vivendi* has been an absolute pleasureable opportunity to walk amongst our own people and in total unity, we are on the way to assuring we will be in that position of eliminating blindness of trachoma.

Day Three, Friday 26 May - Full Agenda

Conference Opening Session: Day 3

Time: 9.00 – 9.30 | Location: Lennox Ballroom

Chair: Anne-Marie Banfield

Speakers: Dean Bayliss

A special session commemorating National Sorry Day.

Plenary Session 2: A Focus on NSW

Time: 10:15 - 11:00 | Location: Lennox Ballroom

Chair: Nicole Turner

This session highlights three presentation with a focus on work to improve eye care by and for Aboriginal and Torres Strait Islander People in NSW.

PP2.1 The Western NSW Eye Health Partnership- Collaboration

Authors: (presenters in bold) **Naomi Freuden, Lauren Hutchinson, Erica Honeysett, Chloe Thompson** On behalf of the Western NSW Eye Health Partnership.

Abstract: Eye health services throughout NSW are often varied and fragmented resulting in infrequent communication and limited collaboration between stakeholders. The Indigenous Eye Health Coordination Program (IEHCP) aims to improve access to eye health services for Aboriginal people through the coordination and facilitation of Aboriginal Eye Health Regional Stakeholder meetings coordinated and facilitated by NSW Rural Doctors Network (RDN). The meetings bring stakeholders together to develop solutions to overcome access and service gaps, and improve the transition into services through more streamlined referral pathways – eg: fast-tracking Aboriginal patients referred through the local AMS to eye clinics in Local Health Districts. These meetings provide a space to discuss local issues, map existing services and develop solutions through service/access planning. RDN, through its Indigenous Eye Health Coordination Program coordinates and facilitates these meetings and provides secretariat support, along with support to deliver and implement actions. Local services can be further supported through RDN's Ear and Eye Surgical Support program (EESS) and Visiting Optometry Scheme (VOS). These meetings can provide support to accessing the funding to deliver these services. The proposed Tabletop presentation aims to provide further information to conference attendees about the IEHCP and AEHRS meetings.

PP2.2 Providing Optometry to the Aboriginal Urban communities within the South Eastern Sydney Local Health District

Authors: (presenters in bold) **Marion Smith**, Karen Silva, **Beverley Davison**, Patricia Comerford, **Lauren Phillips**, Sharon Greentree, Mohan Paudel, Sharon Bolton, Colina Waddell.

Abstract: The 3 main causes of this vision loss for Aboriginal Australians are uncorrected refractive error (63.39%), cataract (20.22%) and diabetic retinopathy (5.46%).

Despite higher rates of vision loss, research consistently shows that Aboriginal Australians use eye health services at lower rates than non-Aboriginal Australians. This data highlights the importance of providing access to eye care in locations where people feel culturally safe and close to where people live.

10-year snapshot (2012-2023) of services provided to Aboriginal people living in SESLHD who access culturally safe eye health services at the locations listed below, each of our presenters today will showcase case studies where eye conditions if detected early enough vision loss is preventable for their patients and especially uncorrected refractive error which through prescription glasses improves quality of life and reduces the risk of misadventure. Some 3968 patients seen,

Aboriginal Medical Service, Redfern (3,178 patients official opened 18 July 2000)

La Perouse (477 patients commenced in 2015)

SESLHD Integrated Care Unit including students from Endeavour and Matraville high schools (commenced in 2019 – 313 patients)

Clinics are co-designed in partnership with the Brien Holden Foundation, their optometrists have extensive experience working with Aboriginal clients and are accepted in community.

PP2.3 Healthy Eyes in Rural Areas

Author: **Ann-Marie Thomas**

Abstract: Toomelah is a small Aboriginal Community on the QLD and NSW border , a population of 250 people, 100 percent Aboriginal population.

Brien Holden Vision have been working in partnership for many years with Pius X Aboriginal Health Service providing a much needed service to the community.

The community has no public transport, no shop and is 30kms form the nearest town, having this service come to the people is imperative.

Brien Holden have also trained the Aboriginal Nurse and since her training she is doing screening in schools and have referred children to the optometrist clinic and we now have quite a few children wearing glasses and can now see the boards at school. We are dedicated to closing the gap in numeracy and literacy by ensuring the children have good vision.

This screening process also seen a young 15 year old boy at risk of glaucoma.

We are dedicated and proud of the partnership to improve vision in rural and remote communities.

Day Three, Friday 26 May - Full Agenda

Workshops

Time: 11:00 - 12:30 | **Locations:** see below

WS1 Eye Care 101

Location: Avalon Room

Facilitators: Tim Henderson, Mitchell Anjou

Abstract: 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 touch on some of 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.

WS2 Retinal Screening in Primary Care

Location: Linden Room

Facilitators: Neville Turner, Kristin Bell

Abstract: 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.

WS3 Health Promotion In Action

Location: Lennox Ballroom

Facilitators: Nick Wilson, Carol Wynne, Fiona Lange, Walter Bathern, Lesley Martin, Digby Mercer

Abstract: Health promotion provides a framework to engage and create community orientated health approaches. This interactive workshop will yarn about health promotion, to share knowledge, skills and ideas that will support holistic, strengths-based health promotion within Aboriginal and Torres Strait Islander communities.

Facilitators will share challenges, accomplishments and lessons learnt from the development of three key eye health promotion campaigns:

- 'Clean Faces, Strong Eyes'
- 'Check Today, See Tomorrow' and
- 'Eyecare Now, Eyecare Always'

Are you developing health promotion resources or planning an activity in your work? How do you get real community input and ownership? Are you wanting to know more about health promotion principles or approaches to support your work? Please come and join us for a yarn!

WS4 Leadership weaving

Location: Maddison Room

Facilitators: Kate Kelleher

Explore weaving Aboriginal and Torres Strait Islander worldview with the dominant culture to both 'create and hold space' for emerging leaders. Consider how to provide a holistic ecosystem that promotes both professional and personal vitality and life.

Aboriginal and Torres Strait Islander leadership is a key enabler for improving health and wellbeing, including eye health, and we know that strengthening leadership and ownership throughout the eye care system will help drive the elimination of avoidable vision loss and blindness.

In this workshop, you are invited to contribute, to explore, and to reflect on leadership and capacity development, the pathways to lead and the importance of leading and creating opportunities for leading.

Keynote Presentation: Renata Watene

Time: 1:30 - 2:00 | **Location:** Lennox Ballroom

Chair: Lauren Hutchinson

Renata Watene is one of only a few Māori Optometrists in Aotearoa. She has whakapapa (lineage) to Ngā Puhi and Tainui (tribes). As an emerging Indigenous Eye Health Leader, Renata holds several positions in Governance as a Healthcare Practitioner, Professional Teaching Fellow, Researcher, Business Owner and Health advocate.

With a twenty-three-year career in Optics, Renata has worked in private practice, corporate and franchise models in New Zealand and Australia. Currently, she is the Senior Optometrist and Director of her own two clinics- Occhiali Optometrist, the only 100% Indigenous-owned and operated clinics in the Auckland/Northern region amongst the highest population of Indigenous people in NZ.

Renata's governance experience includes being the current Chair of the Strategic Indigenous Taskforce for Optometry Council of Australia and New Zealand, an elected member of the NZ Association of Optometry, a selected NIB Iwi Partnership Board member, and a past Ministerial Appointment to the Waitemata District Health Board.

Renata has a deep passion for improving equity for populations through Indigenous models of care that are accessible and focus on intergenerational gains.

Renata is also strong advocate for promoting Optometry and Health careers for Rangatahi Māori (Māori youth), supporting Te Whaka Piki Ake and Hikitia te Ora (a former student of the programme). In 2019 she was appointed a Kaiāwhina at the University of Auckland School of Vision Science. Some of her research projects include a multidisciplinary approach to Diabetes, the Aotearoa Vision Bus and the WHO Eyecare Situational Analysis Tool.

Renata is eager to share her whakaaro (thoughts) on Indigenous Health and how it can help us all, as well as highlight prevention as a critical health strategy.

Day Three, Friday 26 May - Full Agenda

Concurrent Oral Presentations and Panel Conversation

Oral Presentations Stream 5: Diabetes, Diabetic Retinopathy and Beyond

Time: 2.00 - 3.00 | Location: Maddison Room

Chairs: Lesley Martin and Emma Stanford

OP5.1 A 5-year audit of diabetic retinopathy screening across three urban Aboriginal medical services in Perth, Western Australia

Authors: Harry Hohnen, Angus Turner, Kerry Woods, Vaibhav Shah.

Abstract: Background: Diabetic retinopathy (DR) disproportionately impacts Aboriginal and Torres Strait Islander communities, who also face greater disadvantage when accessing specialist health services in Australia. In Perth, Western Australia, the Lions Eye Institute (LEI) collaborates with Derbarl Yerrigan Health Service (DYHS) to provide a culturally appropriate model to screen for diabetic retinopathy in a primary health setting by reviewing fundus images of diabetic patients, and managing or referring where appropriate.

Methods: Audit data was collected assessing diabetic retinal screening and telehealth ophthalmic review embedded in three Aboriginal Health Services in Perth, Western Australia between January 2019 and March 2023.

Results: Between January 2019 and March 2023, 502 retinal screenings performed at East Perth Aboriginal Medical Service (AMS). Of these 74% were of adequate quality for diagnosis of DR. 17% of patients had diabetic retinopathy (DR) (89% had non-proliferative diabetic retinopathy (NPDR), 8% had proliferative diabetic retinopathy (PDR), and 3% had maculopathy).

77 fundus screenings were performed at Mirrabooka AMS. 84% were adequate. 25% had DR (90% had NPDR, 5% PDR, 5% had maculopathy). In the Maddington AMS, 165 fundus screenings were performed. 79% were adequate. 18% had DR (87% had NPDR, 10% had PDR, and 3% had maculopathy).

Conclusion: In Western Australia, retinal screening in collaboration between the Lions Eye Institute and Derbarl Yerrigan Health Service successfully detects cases of DR and refers on to appropriate services. Further training can be provided to primary health care workers taking fundus images to ensure consistent fundus image quality. Long-term data should be collected to ensure DR patients remain linked into ophthalmology services.

OP5.2 KeepSight – diabetes eye health screening in Aboriginal and Torres Strait Islander communities

Authors: Tonya Stock, Grace Ward, Linda Karlsson

Abstract: KeepSight is an eye screening reminder program delivered by Diabetes Australia. It reminds people with diabetes when they are due for an eye check. It also provides information and resources on how to look after your eyes if you are living with diabetes. In 2021, DA delivered a co-designed eye health promotion campaign with Carbal Medical Services (CMS) in Queensland. The pilot involved targeted communications to existing CMS patients with diabetes, encouraging them to attend for an eye check (MSB item 12325, retinal photography), with the incentive of receiving a KeepSight branded polo shirt and some other merchandise. The campaign was supported by local community champion Roger Knox. CMS was able to track and report to DA on uptake via the MBS billing items across their two services.

Reason for presenting: To identify additional communities/AMS who may be interested in partnering with KeepSight to deliver eye health information and education to their community with a view to increasing the number of people have diabetes eye checks.

Problem or challenge: The pilot was developed to build awareness of KeepSight among communities where residents may not be visiting mainstream optometry services currently integrated with KeepSight. It is important that Diabetes Australia continues to promote diabetes eye checks to people who access health care (inc. eye checks) outside mainstream optometry or primary health care. We are seeking organisations/communities who are interested in partnering with DA to deliver important diabetes eye health messaging to their community and encouraging regular eye checks. We recognise there is no 'one size fits all' solution that can be replicated and it's important to work collaboratively with communities to determine the best approach in their region.

OP5.3 The Aboriginal and Torres Strait Islander Diabetes-related Foot Complications Program Overview

Authors: Kim Morey, Astrid Melchers, Rosamond Gilden on behalf of the regional coordinators of the Aboriginal and Torres Strait Islander Diabetes-related Foot Complications Program

Abstract: Diabetes-related foot complications are higher among Aboriginal and Torres Strait Islander communities, and population health data shows that people in northern, central and South Australia are particularly affected. The Aboriginal and Torres Strait Islander Diabetes-related Foot Complications Program aims to improve outcomes in the Kimberley region, Central Australia, Top End, Far North Queensland and South Australia through increasing access to multi-disciplinary care in primary, secondary and tertiary settings.

Primarily led by Aboriginal Community Controlled Health Organisations (ACHCOs), and with input from national peak bodies and local stakeholders, the regions formed local partnerships to plan and implement the program, including developing baseline reports, identifying system gaps and levers, and implementing more integrated, culturally appropriate services and best practice models of care.

The program has many synergies with the work in eye health, including the multi-agency partnership approach and co-design principles to improve health outcomes for Aboriginal people. However, as the ACCHO sector calls for a holistic approach to care, sectors need to consider how they shift from working in silos to working together.

This presentation provides an opportunity for these two sectors to begin to collaborate and lead strategies that foster an integrated, patient-centred approach to diabetes care and secondary prevention.

Day Three, Friday 26 May - Full Agenda

Oral Presentations Stream 6: From Metro to Remote

Time: 2.00 - 3.00 | Location: Linden Room

Chairs: Nick Wilson

OP6.1 Brien Holden Foundation - Providing optometry services in primary eye health across urban, rural, and remote New South Wales (NSW) and Northern Territory (NT)

Authors: Rebecca Hodges, Sandra Bailey, and the BHF Australia Team

Abstract: The primary causes of vision loss for Aboriginal Australians are refractive error (61%), cataract (20%) and diabetic retinopathy (5.2%). Despite higher rates of vision loss, Aboriginal Australians use eye health services at lower rates than non-Aboriginal Australians. Accessible eye care, provided in communities, is essential.

BHF's Australia program provides optometric services to 95 communities throughout urban and regional NSW and 55 communities in regional and remote NT. This year, the program should deliver 1,082 days of clinical services. Since July 2022, we have provided primary eyecare to 4,937 indigenous patients. 68% are diagnosed diabetics; 19% are referred on for specialist treatment. From July 2022 to February 2023 BHF dispensed 4,496 pairs of glasses.

BHF continues to build deep relationships with Aboriginal community-controlled organisations and health services. Actively working with ACCHOs, we focus on patient-centred care as part of multi-disciplinary health teams.

This model prioritises a culturally safe environment and access to ongoing eye care, using specialist practitioners to manage complex eye health conditions.

Closing the Gap provides our strategic platform. We employ Aboriginal eye health co-ordinators to assist optometrists to support Aboriginal patients navigate health care systems and processes.

OP6.2 The intersection of Environmental Health & Trachoma and what it has meant for WA

Authors: Robert Mullane, Troy Hill

Abstract: The elimination of Trachoma in WA and provision of commonwealth funding for the 'E' component occurred when WA was starting to reform/change the focus of their AEH Program to focus more on EH conditions in and around the home – most notably commencing Safe Bathroom Assessments in remote communities including the Trachoma at-risk communities

WA Health's Environmental Health Directorate (EHD) engaged Curtin University's Public Health Advocacy Institute (now PHAI) to roll out an AEH support service which would add value to and come alongside the existing WA AEH Program in the trachoma affected communities and regions as part of WA's overall strategy.

The outcomes achieved jointly by the EHD, PHAI and WACHS have not been without challenges but much has been achieved in a relatively short period of time including:

- Better equipping AEH Practitioners to respond to "clinical" referrals
- Professional/staff development and training of AEHs and other workforces (eg housing officers etc) on a range of related skills and knowledge
- Development of smart phone or tablet/PC based App for Healthy Homes Assessments
- New and improved relationships that have realised additional resources – Rotary International, The Salvation Army, Spider Waste Management, Housing & other donors
- Demonstrating what can be achieved with limited resources and funding e.g. innovation, coordination and supports not otherwise available.

The successes of the WA AEH Program have resulted in a recent approach by Dept of Communities (Housing) to the EHD for assistance in bringing a health lens to the planning and implementation of the recently announced \$350m Remote Communities Fund- \$140m of which is being allocated to new and refurbishment of existing Aboriginal community homes.

The presentation will also address what the future looks like for the next 3-5 years and how it fits in with the national scene including the enHealth/ERPATSIEH Action plan.

OP6.3 Linking Community to Blindness and Low Vision Services

Authors: James Griffiths, Angela Hall, Jonathan Craig, Carly Iles

Abstract: Blindness and vision loss is three times more prevalent among Aboriginal and Torres Strait Islander People relative to other Australians. Blindness and visual impairment is known to impact independence, community connection and quality of life. Aboriginal and Torres Strait Islander Peoples living with vision loss could benefit from stronger links to blindness and low vision services.

In the absence of appropriate referral James Griffiths, an Aboriginal man with adult onset vision loss, only accessed blindness and low vision services after seeing a television campaign. James has a valuable and insightful story to tell about his personal journey with vision loss and accessing support services.

To help improve access to blindness and low vision services for all Australians, Vision 2020 has developed the Adult Referral Pathway for Blindness and Low Vision Services. This referral pathway aims to:

- Improve patient outcomes by connecting people to supports and services,
- Enable a parallel care structure to increase patient support,
- Provide clear referring guidelines for eye health professionals,
- Link eye health professionals with service delivery organisations, and
- Empower patients to make informed decisions about supports and services.

Everyone working in Aboriginal and Torres Strait Islander eye health has a role to play in supporting community members to access blindness and low vision services when needed.

Day Three, Friday 26 May - Full Agenda

Panel Conversation: Reconciliation in Eye Care: Where Are We At?

Time: 2.00 - 3.00 | Location: Lennox Ballroom

Chair: Kris Rallah-Baker

Panel members: Carly Iles (Vision 2020 Australia), Gerhard Schlenther (RANZCO), Ben Hamlyn (Optometry Australia), Mitchell Anjou (IEHU), Nicola Stewart (The Fred Hollows Foundation), Amanda French (Orthoptics Australia)

This panel brings together representatives from peak bodies and NGOs in the eye care sector to report and discuss reconciliation efforts in their organisations and across the sector. The panel will discuss their reconciliation and Reconciliation Action Plan journeys: what does reconciliation mean for agencies in the eye sector; how are reconciliation efforts changing their organisations; and how the sector can collectively support each other in our ongoing journey of reconciliation.

Conference closing session

Time: 3.30 - 4.00 | Location: Lennox Ballroom

Chair: Shaun Tatipata

In this closing session of the Conference, delegates will reflect on the past three days, key learnings, inspirations, and take-home messages. Finally, an exciting announcement will be shared about the location next year's Conference!

NEGATSIH Conference Leadership Group. NATSIEHC22 Larrakia country, NT, 2022



Poster Presentations

Poster are presented in the Foyer throughout the Conference 3 days.

PP.1 Improving awareness and accessibility of ophthalmic care to Aboriginal and Torres Strait Islanders in East Melbourne.

Authors: Edward Saxton, Aaron Yeung.

Abstract: It is known that eye health is worse in Aboriginal and Torres Strait Islander people with refractive error, cataracts, diabetic retinopathy, glaucoma and trachoma accounting for six times the rate of blindness compared to other Australians.[1]

Initiatives introduced the Eastern Health Ophthalmic Department include a dedicated 'Fast Track' pathway for Aboriginal and Torres Strait Islander people. Ophthalmic care is prioritised for this demographic which includes quicker waiting times for cataract surgery and outpatient clinic visits. An optometrist who assesses Aboriginal and Torres Strait Islander people also liaises with the department, identifying if anyone needs further workup beyond an initial eye check. Eastern Health also offers Aboriginal liaison officers ensuring a holistic approach in keeping with cultural best-practice is maintained as well as helping with the logistics of accessing care.

Although this service exists, it has been noted that not as many referrals for cataract or clinic referrals are received as hoped. This is something we plan to ameliorate by promoting our services via local organisations like Oonah to ensure that Aboriginal and Torres Strait Islander people are accessing the care that is readily available to improve eye health outcomes.

PP.2 Analysis of trachoma screening data from remote Aboriginal communities in Central Australia and the Barkly.

Authors: Eleanor Woodward, Belinda Greenwood-Smith.

Abstract: Trachoma is a vision-threatening eye disease caused by infection with *Chlamydia trachomatis*. Despite trachoma being treatable, preventable and largely eradicated from most of Australia, many communities across northern and central Australia continue to experience the disease at endemic levels. The Alice Springs CDC Trachoma program aims to eliminate trachoma via annual screening and treatment within endemic communities. As part of this program, members of identified communities are screened for trachoma and treated as appropriate—including through mass drug administration, where prevalence is found to be >5%. Here, the authors present an analysis of the Trachoma program data from 2018-2021, focusing on 5-9 year olds in communities across Central Australian/the Barkly. Screening data have been collated and analysed to determine whether odds of developing trachoma is higher amongst children who have had trachoma in preceding years. Where odds of trachoma is significantly influenced by previous positivity, support is added for a targeted screening/treatment program moving forwards, focusing on specific individuals/families rather than screening/treating the entire community. This provides an alternative approach for ongoing trachoma control strategies—one that is less resource intensive, less onerous on community members, and which may ultimately reduce the impacts of mass antibiotic administration (including antimicrobial resistance).

Conference attendees. NATSIEHC22 Larrakia country, NT, 2022

