'Share Your Story'

Success Stories and Personal Reflections in Aboriginal and Torres Strait Islander Eye Health

2020

SHARE YOUR STORY

SUCCESS STORIES

SHARE YOUR STORY

PERSONAL REFLECTIONS

THE UNIVERSITY OF MELBOURNE

Minum Barreng
Indigenous Eye Health
Melbourne School of Population and Global Health

Acknowledgements

Indigenous Eye Health (IEH) acknowledges the Traditional Custodians of the lands, waters and communities throughout Australia. We pay our respects to their culture and their Elders past, present and emerging.

We would also like to acknowledge and thank the many contributors who generously provided their success stories and personal reflections in Aboriginal and Torres Strait Islander eye health.

About this publication

This publication shares a selection of success stories and personal reflections on a variety of topics that are of interest and relevant to Aboriginal and Torres Strait Islander eye health and efforts to close the gap for vision, including;

- eye stakeholder collaborations;
- community engagement approaches and initiatives;
- workforce development;
- challenges in coordination and case management;
- improving outcomes and access to services and;
- health system changes and patient journey experiences.

The success stories and personal reflections provide us all with an opportunity to learn of and from experiences of others. We can then encourage and support the good ideas and successful activities to be taken up by others.

Contact details at the end of each story allow others to reach out and connect and discuss the initiative in more detail.

We do not need to 'reinvent the wheel'. Let's use the power of collective and shared efforts to advance Aboriginal and Torres Strait Islander eye health. Please consider sharing your story and let others benefit from your experience.

Inspire others! We would love to hear 'your story', share your success, and also your challenges in Aboriginal and Torres Strait Islander eye health.

Your personal reflections and thoughts are also highly valued. If you would like to write or be interviewed for a personal reflection story, please contact Indigenous Eye Health as below.

If you, your organisation, regional eye stakeholder group or another collaboration are interested in sharing your story in Aboriginal and Torres Strait Islander eye health, visit www.iehu.unimelb.edu.au for more information or contact IEH, Indigenous-EyeHealth@unimelb.edu.au | ph (03) 834 49320

Produced by Indigenous Eye Health, The University of Melbourne. March 2021

Contact:
Indigenous Eye Health
Level 5, 207 Bouverie Street, Carlton VIC 3053
e: Indigenous-EyeHealth@unimelb.edu.au | ph: (03) 8344 9320

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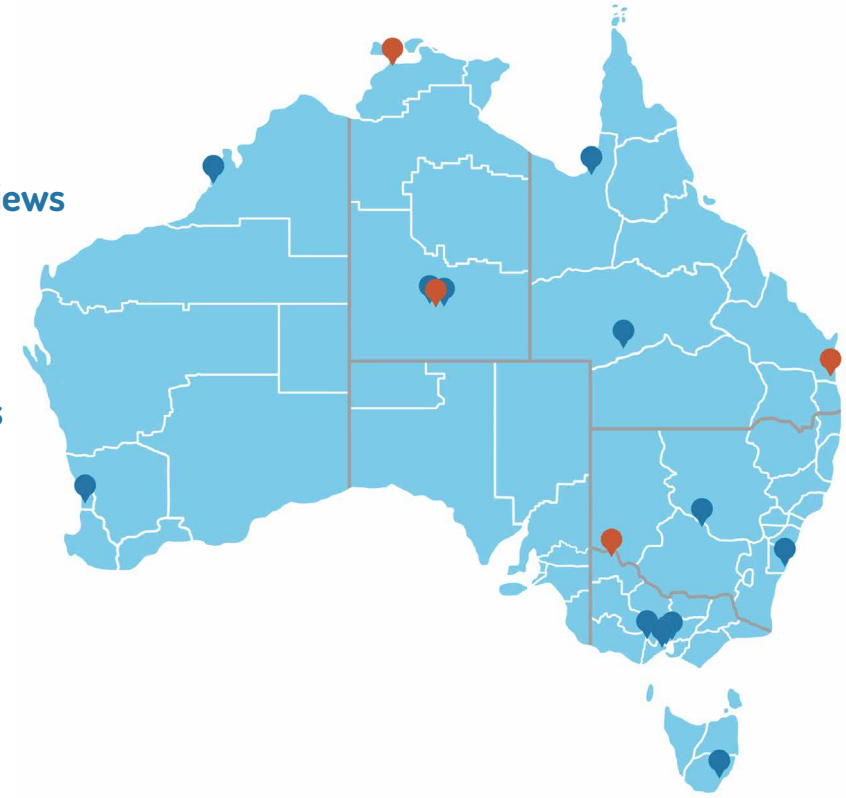
Since the SYS initiative launched in October 2019...

2200 website page views

17 stories and reflections



Culturally Safe Eye Care at Karadi

This 'Share Your Story' was written by Emma Robertson, Care Coordinator, Integrated Team Care, Karadi Aboriginal Corporation.

BACKGROUND

Indigenous Eye Health (IEH) have been working with Aboriginal health services, TAZREACH (the organisation responsible for visiting optometry and ophthalmology services in Tasmania) and a range of other stakeholders across Tasmania to identify opportunities for improving access and pathways of care for Aboriginal people.

Karadi Aboriginal Corporation have been actively participating in this important work and the story they have shared is a great example of how delivering optometry services within Aboriginal community-controlled settings has led to improved outcomes for community members.

"We are proud, we are Karadi"

Karadi employ three care coordinators in their Integrated Team Care (ITC) program who provide intensive one-to-one support for Aboriginal people who have been diagnosed with a chronic condition or disease. Care coordinators provide culturally sensitive care, advocate on behalf of Aboriginal clients and have a good understanding of the local health system. They also assist patients to attend appointments and coordinate health care, liaise with all providers involved in the care of the patient, provide links to other community services that may be of benefit and help the client to develop self-management skills.

The Karadi's integrated team care program is supported by Primary Health Tasmania under the Australian Government's PHN Program.

Image: Karadi Aboriginal Corporation care coordinators; Marc Hicks and Emma Robertson

A client of Karadi, an Aboriginal woman in her 60's, never had her eyes tested before due to her lower literacy levels.
She had a lot of shame associated with the eye test component and always had a fear that she would be unable to complete an eye test because she would be asked to read the letters on the eye chart due to her illiteracy.
Due to fear of shame and embarrassment this client avoided having her eyes tested her entire life.

To support this client through this barrier to accessing eye services, the ITC staff worked with the visiting optometrist (part of the Visiting Optometrist scheme - VOS) to adjust the testing to meet the needs of the client and save her embarrassment. The client's deteriorated vision has since been corrected with glasses and is doing better than ever.

"Her life has had a dramatic change, with her vision being better than it has been in years. She now feels less stigma about her low literacy levels."

From this experience, the ITC team have been able to build support around this client and others with low literacy levels. One example includes delivering written materials through verbal presentations to clients to increase their knowledge and understanding of health issues affecting them, their families and their communities.

"It was assumed that with so many mainstream eye care providers, clients would access them. It was an assumption that was way off."

The VOS was initially refused at Karadi as they are a regional Aboriginal Community Controlled Health Organisation with 5 to 6 optometrists within a 2km radius of their site. It was assumed that with so many providers, that clients would access them. It was an assumption that was way off. The first VOS clinic was fully booked within 20 minutes, with a 100% attendance rate and a wait list for further clinics.

Clients were surveyed to understand reasons for the successful VOS clinics, here are some of the reasons:

- That staff that know clients can help facilitate and explain medical issues to VOS staff or act as an advocate if needed
- That it is at "their" service", they already feel safe and comfortable there
- Clients can be assisted with transport or by removing barriers to access
- That Karadi staff can explain or be present during the eye test.

Cultural safety can be a key barrier for Aboriginal and Torres Strait Islander people accessing health services. By having the VOS team onsite at Karadi, can help clients feel culturally safe and be familiar with their surroundings.

"This is their place and there is a sense of comfort in that."

For further details on this 'story' please contact Emma Robertson, Care Coordinator, Integrated Team Care at Karadi Aboriginal Corporation via email erobertson@karadi.org.au or by telephone (03) 62723511.

SHARE YOUR STORY

SUCCESS STORIES

Eye Health the Focus at State Carnival

This 'Share Your Story' was written by Faye Clarke and Tony Lovett Grampian's Regional Eye Stakeholder group.

BACKGROUND

The Victorian Senior Aboriginal Football and Netball Carnival provides a great opportunity to strengthen community engagement and participation, as well as encourage collaboration for locally appropriate eye health awareness as part of its targeted healthy lifestyle messages for Aboriginal and Torres Strait Islander people.

The state-wide Carnival hosted by the Victorian Aboriginal Community Services Association VACSAL, is a three day event held in October each year, that celebrates culture and pride and promotes healthy lifestyles. It brings together a large number of Aboriginal and Torres Strait Islander people from across Victoria and interstate to take part in round-robin tournaments, workshops, children's activities, food stalls and cultural activities.

In 2018, the Carnival organising committee declared the event sugar-free for the first time.

"The decision to make the Carnival sugar-free is due to the high rate of diabetes and heart conditions in the Aboriginal community."

Karen Heap, Chief Executive Officer, Ballarat and District Aboriginal Co-operative (BADAC)

Diabetes is one of the leading causes of blindness among Aboriginal communities, and up to 98 per cent of vision loss and blindness is preventable with early detection and treatment. It's so important for Aboriginal and Torres Strait Islander people who are living with diabetes to have their eyes checked yearly.

The Grampian's Regional Eye Stakeholder group, established in 2014, who work under the guidance Roadmap to Close the Gap for Vision to improve eye health outcomes for Aboriginal and Torres Strait Islander people used the Carnival as an opportunity to collaborate, support and build on existing work in Indigenous eye health to help close the gap for vision.

"It's a wonderful opportunity to encourage our community members to have their eyes checked, especially those with diabetes."

Faye Clarke, Chair of Grampian's Regional Eye Stakeholder group & Diabetes Educator, BADAC

Stakeholders from this regional collaboration and other state-wide stakeholders, including BADAC, Indigenous Eye Health (IEH), Diabetes Victoria, Victorian Aboriginal Community Controlled (VACCHO), the Vision Initiative, Vision Australia, Central Highlands Primary Care Partnership, and Melbourne Football Club (MFC) came together to promote diabetes and eye health awareness through a number of engaging promotional activities in the lead up to, and during the event.

IEH's MFC Indigenous eye health ambassadors, Neville Jetta and Aliesha Newman have supported the Victorian Carnival each year since 2016. A short promotional video and supporting posters from the ambassadors aim to promote key messages from IEH's 'Check Today, See Tomorrow' diabetes eye care campaign as well as other consistent healthy lifestyle messages from VACCHO's healthy eating and 'Drink Water U Mob' campaigns and Diabetes Victoria's messaging around diabetes.

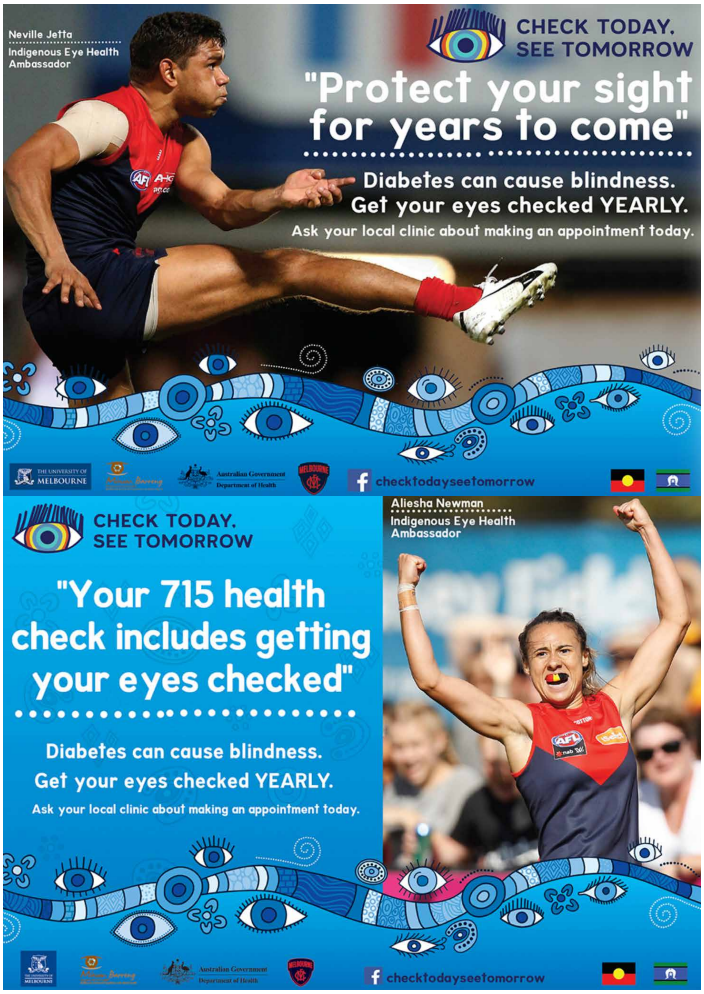
The Carnival's umpires have played a central role in these promotional activities with a number of umpires donning the 'Check Today, See Tomorrow' branded umpire t-shirts to encourage YEARLY eye checks for Aboriginal and Torres Strait Islander people living with diabetes.

Watch Carnival promotional video's from MFC below:

2019 VACSAL Senior Aboriginal Football and Netball Carnival promotional video

2018 VACSAL Senior Aboriginal Football and Netball Carnival promotional video

2016 Victorian NAIDOC Football and Netball Carnival promotional video



"Community-controlled events such as the Carnival provide wonderful opportunities to reach Indigenous communities in a positive and healthy environment that has an emphasis on healthy lifestyle messages."

Tony Lovett, VACSAL Carnival Lead Organiser & Aboriginal Community Services Officer

Top event: Stan Kickett, Leah Keegan, Belinda Hayden, Andrew Weiss and Tony Lovett celebrated The Carnival's Community Sporting Event of the Year win last week. Photo: SUPPLIED

Carnival wins Sporting Event of the Year

BY EDWINA WILLIAMS

BALLARAT'S Victorian Senior Aboriginal Football and Netball Carnival was honoured with the My Sport Live Victorian Community Sporting Event of the Year award at last week's Victorian Sport Awards.

The presentation at Marvel Stadium on Wednesday, 20 February saw the room of 500 people celebrate the achievements of the state's sports people and all those behind the scenes supporting them.

The Carnival's Tony Lovett said the event was about bringing the community together, more than anything, and its success was a testament to great collaboration.

"It was a community... the thousands of people that descend on Ballarat to get involved with the sport that we all love playing," he said.

"The great thing about it is just keeping our mob fit, active and healthy, and getting everyone involved."

Nominees were put forward by associations, assemblies, teams and clubs, coaches and local communities, recognising their outstanding contributions to sport.

The umpires were very happy and proud of their umpire shirts as they recognised their role in promoting this important eye health message. I think this (these diabetes eye health shirts) should be set for all Carnivals to promote eye health awareness, it is so important."

Belinda Hayden, BADAC & Netball Coordinator

It is hoped that through strong leadership and local commitment that the promotion of health lifestyles, including messages on eye health and diabetes, continues to take a strong focus at future state-wide community events, not only in Victoria, but also within other states and territories across Australia, as we collectively work together to improve health outcomes for Aboriginal and Torres Strait Islander people, and close the gap for vision.

For further details on this 'story' please contact Carol Wynne, Translation Research Scholar at Indigenous Eye Health via email carol.wynne@unimelb.edu.au

If you have any questions relating to the VACSAL Senior Aboriginal Football and Netball Carnival please contact Tony Lovett, Aboriginal Community Services Officer at VACSAL via email tony.lovett@vacsal.org.au

For further details on the Grampian's Regional Eye Stakeholder group please contact Faye Clarke, Chair via email FClarke@badac.net.au

SHARE YOUR STORY

SUCCESS STORIES

Integrating Retinal Camera Screening at Gidgee Healing Normanton

This 'Share Your Story' was written by Patricia Taylor, Practice Manager, Gidgee Healing Normanton.

BACKGROUND

The Gidgee Healing Primary Health Service is an Aboriginal Community Controlled Health Organisation (ACCHO) in North West Queensland that provides a range of medical and clinical services to Aboriginal and Torres Strait Islander people living in Mt Isa and the surrounding region including a clinic at Normanton.

Health services are provided by a team of General Practitioners (GP), Indigenous health professionals, nurses, allied health professionals, administration and transport staff.

Gidgee Healing Normanton was first funded under the Commonwealth Government Provision of Eye Health Equipment and Training (PEHET) for a retinal camera in 2018 and their staff were trained through PEHET in November 2018. Since then, Gidgee Healing Normanton have been active in their use of the camera. They have 222 patients with diabetes on their client list and have successfully screened approximately 70 per cent of their patients with diabetes.

This includes a visiting optometrist, who attends the clinic bi-monthly for a full week each visit.

"Most Aboriginal and Torres Strait Islander people will receive an eye health check with the use of the retinal camera that we have in our clinic."

Josephine Bond, Senior Aboriginal Health Worker, Gidgee Healing Normanton

Since acquiring the camera and undertaking training in its use, Gidgee Healing Normanton staff have successfully integrated retinal camera screening into their practice.

Their clients with diabetes are screened through a variety of different approaches, the photos are assessed by their GP or other ACCHO staff who have undertaken online grading training to assess photos (www.drgrading.iehu.unimelb.edu.au, www.learningforvision.com.au), the MBS item 12325 benefit is claimed, and referrals are made to their visiting optometrist or regional ophthalmology service.

Key Elements of the Gidgee Normanton DR Screening Program

Client Identification
- List of patients with diabetes reviewed by the Senior Health Worker to identify those needing screening
- Recall system for patients with diabetes

Screening
- Local promotion of DR screening
- Opportunistic + Dedicated Appointments
- Recall system for patients with diabetes
- ACCHO staff (AHWs and practice manager) trained to take photo and visual acuity (VA)

Assessment
- Roles for assessing photos are clearly defined within the clinic
- ACCHO staff (including GP) undertake free online training to assess photos (www.drgrading.iehu.unimelb.edu.au, www.learningforvision.com.au)

Referral
- No DR and no visual acuity issues - 12 month recall
- Mild to Moderate DR or ungradable- refer to optometrist
- More severe DR- refer and book in with Ophthalmologist
- Visual acuity issues and other eye complaints - refer to optometrist

Claiming
- MBS Item 12325 is signed off by the GP and is claimed by the service
- Eligibility
  - Aboriginal or Torres Strait Islander clients
  - With diabetes
  - No previous DR diagnosis
  - VA 6/12 or better
  - VA difference no greater than 2 lines
  - Not claimed in past 12 months (or MBS item 12326)
  - Check MBS online for details (www.mbsonline.gov.au)

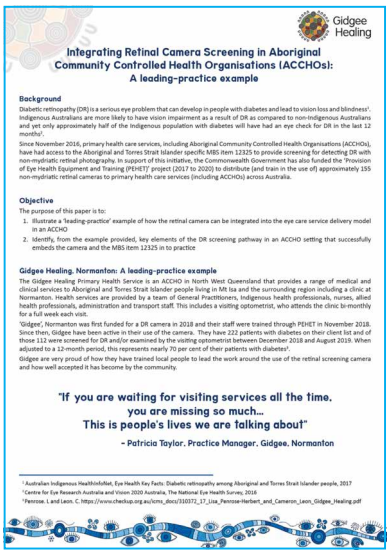
Sustainability
- Patient records updated for ongoing support and monitoring
- Ongoing training and support for staff to ensure this program is successful

Gidgee Healing Normanton are very proud of how they have trained local people to lead the work around the use of the retinal screening camera and how well accepted it has become by the community.

Gidgee Healing Normanton will continue to build on this service and look at ways to improve access to ophthalmology as close to home as possible and ensure that the training and support related to the use of the retinal camera is ongoing and sustainable. The employment of the North West Queensland Indigenous Eye Health Coordinator through Gidgee Healing is a key initiative to the continuing support of this activity.

For full details on how Gidgee Healing Normanton successfully integrated retinal camera screening into their practice, download the 'Integrating Retinal Camera Screening in Aboriginal Community Controlled Health Organisations (ACCHOs): A leading-practice example' handout (pictured right)

[Download Gidgee Healing Normanton: A 'leading-practice' Example]



Gidgee Healing

Integrating Retinal Camera Screening in Aboriginal Community Controlled Health Organisations (ACCHOs): A leading-practice example

Background

Diabetic retinopathy (DR) is a serious eye problem that can develop in people with diabetes and lead to vision loss and blindness[1]. Indigenous Australians are more likely to have vision impairment as a result of DR as compared to non-Indigenous Australians and yet only approximately half of the Indigenous population with diabetes will have had an eye check for DR in the last 12 months[2].

Since November 2016, primary health care services, including Aboriginal Community Controlled Health Organisations (ACCHOs), have had access to the Aboriginal and Torres Strait Islander specific MBS item 12325 to provide screening for detecting DR with non-mydriatic retinal photography. In support of this initiative, the Commonwealth Government has also funded the 'Provision of Eye Health Equipment and Training (PEHET)' project (2017 to 2020) to distribute (and train in the use of) approximately 155 non-mydriatic retinal cameras to primary health care services (including ACCHOs) across Australia.

Objective

The purpose of this paper is to:

1. Illustrate a 'leading-practice' example of how the retinal camera can be integrated into the eye care service delivery model in an ACCHO
2. Identify, from the example provided, key elements of the DR screening pathway in an ACCHO setting that successfully embeds the camera and the MBS item 12325 in to practice

Gidgee Healing, Normanton: A leading-practice example

The Gidgee Healing Primary Health Service is an ACCHO in North West Queensland that provides a range of medical and clinical services to Aboriginal and Torres Strait Islander people living in Mt Isa and the surrounding region including a clinic at Normanton. Health services are provided by a team of General Practitioners, Indigenous health professionals, nurses, allied health professionals, administration and transport staff. This includes a visiting optometrist, who attends the clinic bi-monthly for a full week each visit.

'Gidgee', Normanton was first funded for a DR camera in 2018 and their staff were trained through PEHET in November 2018. Since then, Gidgee have been active in their use of the camera. They have 222 patients with diabetes on their client list and of those 112 were screened for DR and/or examined by the visiting optometrist between December 2018 and August 2019. When adjusted to a 12-month period, this represents nearly 70 per cent of their patients with diabetes[3].

Gidgee are very proud of how they have trained local people to lead the work around the use of the retinal screening camera and how well accepted it has become by the community.

"If you are waiting for visiting services all the time, you are missing so much... This is people's lives we are talking about"

- Patricia Taylor, Practice Manager, Gidgee, Normanton

[1] Australian Indigenous HealthInfoNet, Eye Health Key Facts: Diabetic retinopathy among Aboriginal and Torres Strait Islander people, 2017

[2] Centre for Eye Research Australia and Vision 2020 Australia, The National Eye Health Survey, 2016

[3] Penrose, L and Leon, C. https://www.chechup.org.au/icms_docs/310372_17_Lisa_Penrose-Herbert_and_Cameron_Leon_Gidgee_Healing.pdf

For further details on this 'story' please contact Patricia Taylor, Practice Manager at Gidgee Healing Normanton via telephone (07) 4744 0400.

SHARE YOUR STORY

SUCCESS STORIES

Gidgee Healing

The Strength of Partnership for Outreach Optometry in Central Australia

This 'Share Your Story' was written by Heather Wilson, Eye Health Coordinator, Central Australian Aboriginal Congress.

BACKGROUND

Central Australian Aboriginal Congress Aboriginal Corporation (Congress) is an Aboriginal community controlled health organisation, a member of the peak body NACCHO, the National Aboriginal Community Controlled Health Organisation and the largest Aboriginal community controlled health organisation in the Northern Territory.

Congress provides comprehensive primary health care to Aboriginal people in and nearby Alice Springs including five remote health clinics in Central Australia.

Aboriginal people represent just over 3% of the Australian and 30% of the Northern Territory (NT) population. Prevalence of eye and vision problems is far greater among Aboriginal Australians, who experience blindness and vision loss 3 times more commonly than the wider Australian population. Almost all (>90%) of that vision loss is preventable or treatable, yet nearly 40% of the Indigenous needs for eye exams is not provided.

Access to eye care practitioners is infrequent and limited for Aboriginal Australian living in remote areas, due in part to insufficient availability of both optometrists and ophthalmologists. In fact, the relative number of, and therefore, rates of eye exams, by ophthalmologists and optometrists are generally lower in areas where there are more Indigenous people.

"Congress was established in 1973 to support and advocate for Aboriginal people in the struggle for justice and equity."

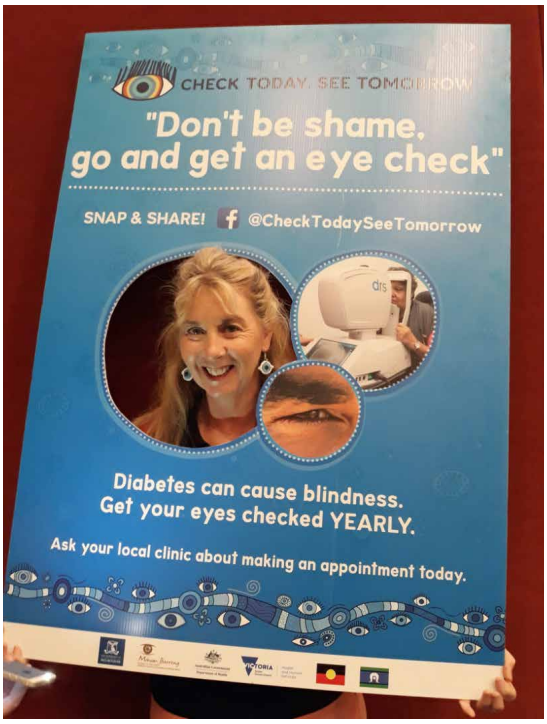


Image: Heather Wilson, Eye Health Coordinator, Congress

Map of Central Australia:
https://ocpe.nt.gov.au/__data/assets/pdf_file/0005/243887/nt_ps_remote_localities_as_at_March_2

"These access barriers clearly contribute to the 'gap in vision."

Heather Wilson, Eye Health Coordinator, Congress

The current inequality in eye health outcomes for Australia's Indigenous population can be attributed to issues such as the challenges of service delivery in remote areas; difficulties accessing public cataract surgery; real and perceived cost of services (e.g. of spectacles) and care; affordability; cultural barriers to accessing mainstream care; transport issues; community eye health awareness; and health literacy.

The Congress Regional Eye Health Program, supported by a dedicated eye health coordinator, grew from servicing 8 remote communities in 2004 to servicing 27 remote communities twice a year, up to 2015.

The program now serves the Congress clinics of Alice Springs and five remote communities and is still able to support the other 21 remote communities who now receive optometry services without Congress staff.

From 2009, Congress and Brien Holden Vision Institute (BHVI), a non-government, not for profit organisation, worked in partnership to increase access to eye care for Central Australian region over 27 remote communities through enhanced optometry service delivery.

Congress and BHVI from 2015 then worked together providing optometry for the five Congress auspice communities and through the Congress Gap Clinic, where 12 weeks per year was being provided to meet demand.

There has been an increased number of optometry visits since the establishment of this service and an improvement in eye health services for patients seen.

In 2009 approximately 208 clients were seen in 11 communities over 6 weeks from the Visiting Optometrists Scheme (VOS), resulting in 31 referrals to ophthalmology.

In comparison, by 2017 there were over 1,700 clients seen in 27 communities with over 40 weeks of VOS, and over 400 referrals.

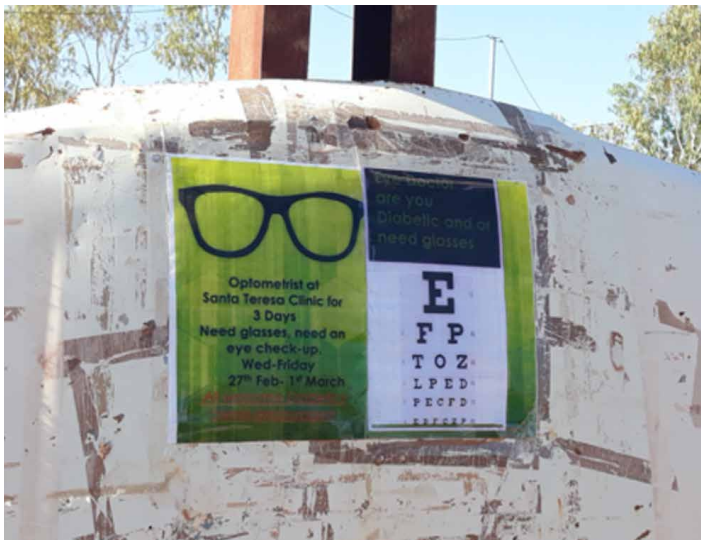
In recent years, Congress communities alone through the VOS provided with BHVI was reaching over 1000 clients (60% with diabetes, nearly 20% requiring ophthalmology referral and glasses being provided for over 70% of patients). Days of optometry service provided for Congress reached nearly two days per week on average.

This significant improvement, is highlighted by improved eye health service practice to Aboriginal people in their own communities.

The program's success, evidenced by the data, demonstrates the 'strength of partnership' where two organisations have played complementary roles in program development and delivery.

The approach of working together in partnership is particularly useful where eye care services might be limited and infrequent, such as in rural and remote areas, and when maximising effectiveness is critical for greatest community care.

Future models of service delivery will emerge and be developed over time and this story reminds us and illustrates the 'strength of partnership'.



"The highlight of my trip to Central Australia was working effectively with the eye health coordinator to provide eye health care efficiently."

For further details on this 'story' please contact Heather Wilson, Eye Health Coordinator at Central Australian Aboriginal Congress via email heather.wilson@caac.org.au or by telephone 08 89528589.

SHARE YOUR STORY

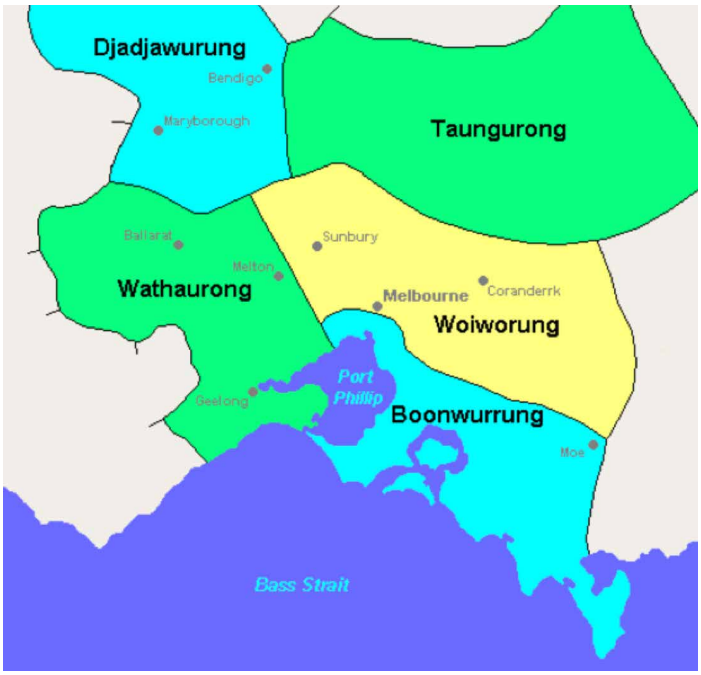
SUCCESS STORIES

Regional Collaboration Enables Aboriginal Access Eye Clinic for Ophthalmology

This 'Share Your Story' was written by Libby Lesock, Aboriginal Health Policy and Projects, Barwon Health.

BACKGROUND

Geelong is derived from the local Wathaurong/ Wadawurrung Aboriginal name Djillong, when translated means, 'tongue of land' or 'peninsula'. Geelong has the largest population of Aboriginal people in Victoria outside metropolitan Melbourne, with more than 3000 Aboriginal people living in the region. The region comprises of suburban, coastal and country areas, it is situated 75km south west of Melbourne.



The National Eye Health Survey published in 2016, investigated the rates of vision impairment and blindness for Indigenous and other Australians. It showed that Aboriginal and Torres Strait Islander Australians have three times more blindness and three times more vision loss than other Australians. Although up to 94% vision loss among Indigenous people is preventable or treatable, not all Indigenous people are accessing the eye care services that they need.

"For the region of Geelong, it was unclear whether Aboriginal people were accessing eye care services."

The Roadmap to Close the Gap for Vision (2012), refers to this journey as a 'leaky pipe', in which there are many points along the pathway of care that patients can drop out of the system. It calls for all elements of the system to work collaboratively to successfully stop the leakage.

To determine whether there were any gaps or barriers in accessing eye care services, the Geelong Region Aboriginal Eye Health Project Advisory group was established in 2016. The group comprised of a number of organisations and stakeholders*, who had influence over the eye care journey and worked in partnership with the local Aboriginal Community Controlled organisation within a framework of self-determination and Indigenous control.

"Aboriginal self-determination has been crucial to our achievements in eye health developments within the Geelong region. Aboriginal participation from Wathaurong, the Aboriginal Health team at Barwon Health and the Deakin School of Optometry, have driven our plans, and led the way. Without their guidance and support our work would not have hit the mark so profoundly nor have been so well embraced by the local Aboriginal community."

The group used the Indigenous Eye Health calculator to measure gaps and monitor progress at various points on this eye care journey (from eye exams through to treatment, service access and receiving glasses) and established that there was a significant shortfall in Aboriginal eye health services and outcomes in Geelong.

Collectively, the group decided to focus its initial efforts on improving access of Aboriginal patients into Ophthalmology – specifically focusing on cataract surgery. Barwon Health set out to increase attendance to appointments and reduce wait times for cataract surgery as a starting point.

This work was championed by Barwon Health ophthalmologist, Dr Ben Clark, Nurse Unit Manager of Outpatients, Dianne Day and the Aboriginal health team at Barwon Health.

In 2017, the arwon Health Aboriginal Access Eye Clinic was established where two dedicated appointments (new patients and review patients) were allocated each month for Aboriginal patients.

To date, the clinic development has resulted in a significant increase in numbers of Aboriginal patients receiving care. The wait time between booking and surgery has also dramatically reduced, with Aboriginal patients waiting equal or less than non-Indigenous patients, of 90 days. Substantial work has gone into ensuring the success of this clinic and improving pathways to care.

"The establishment of the fast track pathway was fairly straight forward. The bigger issues is probably around identification and trying to ensure that patients are identified on their referral as Aboriginal or Torres Strait Islander."

Ben Clark, Ophthalmologist, Barwon Health

Many road blocks were addressed along the way to improve access to the clinic, including improving identification of Aboriginal patients by making changes to referral templates and by developing cultural resources.

There has been real commitment from Barwon Health to address the identification of Aboriginal patients across the health system to improve access to eye care services and support health system change.

No additional funding was required for this work, and the initiatives were funded through existing resources. The appointment times were existing, and when not being used by Aboriginal patients they can be allocated to non-Indigenous patients.

Since its first meeting, more than three years ago, the Geelong Region Aboriginal Eye Health Project Advisory group continues to meet regularly to work on solutions to address the other inequities identified.

Other areas of work include:

- engagement of local optometrists and ophthalmologists
- involvement of student optometry
- exploring outreach service options
- community art competition for regional eye care

This is a partnership built on trust and integrity with sincere efforts to address health system reform through a shared understanding of the local Indigenous community needs, and by stakeholders investing time and resources to bring sustainable results and strong partnerships. By working collaboratively, the region is well on its way to close the gap for vision.

This work of the group is replicable and provides a great example of health system reform that can be used in other regions across Australia.

*Aboriginal Health Barwon Health, Wathaurong Aboriginal Cooperative, Barwon Health Ophthalmology Clinic, Indigenous Health Deakin University, Victorian Aboriginal Community Controlled Health Organisation, Indigenous Eye Health University of Melbourne, Western Victoria Primary Health Network, School of Optometry Deakin University, Australian College of Optometry, local optometrists including OPSM Waurn Ponds, Colac Area Health

Images: Barwon Health Ophthalmology recognised during NAIDOC Week 2019 as they receive an award for 'Innovation and Change in Aboriginal Health' for their work in improving Indigenous access to cataract surgery in the Geelong region.

For further details on this 'story' please contact Libby Lesock, Aboriginal Health Policy and Projects, at Barwon Health via email llesock@barwonhealth.org.au or by telephone (03) 4215 0765.

SHARE YOUR STORY

SUCCESS STORIES

Indigenous Eye Care Pathway Mapping in Central West Queensland

This 'Share Your Story' was written by Lachlan Rich, Central West Regional and Eye Health Coordinator, Check Up Australia.

BACKGROUND

Wednesday 17 October was a special day in Windorah.

The need to assess Indigenous eye care pathways and access to services in Central (and North) West Queensland was initially raised with Indigenous Eye Health (IEH), The University of Melbourne by both the Western Queensland Primary Health Network (WQPHN) and CheckUP Australia in early 2017.

CheckUP is the jurisdictional fund holder for the Rural Health Outreach Fund (RHOF), Medical Outreach Indigenous Chronic Disease Program (MOICDP) and the Visiting Optometry Scheme (VOS).

As a result of this identified need, a jointly funded eye health coordinator was employed in 2018 through CheckUP to support the mapping of services matched to the level of need across the region.

See a more detailed map of 'Hospital and Health Services by Queensland Health by Recommended Public Hospitals and Primary Health Centres' here

Windorah was one of eighteen Central Western Queensland communities surveyed as part of this Central West Eye Health Mapping Project.

Windorah has approximately 20.5% of the population identifying as Indigenous. It has not had a visiting optometrist since 2005 and a twice weekly air service to Brisbane or Mt Isa was the only public transport option to access optometry services.

Image: Central West Queensland region.

"Windorah" is a Birria word meaning "Big Fish". The town is located 35km south of where the Thomson and Barcoo Rivers join to form the multi-channelled Cooper's Creek."

With no easily accessible optometrist, the Primary Health Centre (PHC) was not aware whether people were having their eye health needs met.

For those travelling away to optometry appointments, there was no reporting back to the clinic, including any requirement for a lens prescription.

Even if a prescription was filled, it was not clear to the clinic whether there was also any referral to an ophthalmologist or other health professional requiring coordination support and follow-up.

Inputs on the need for a service were received from members of the community, the Primary Health Centre Directors of Nursing, and by using data sources such as the Optometry Australia published service ratios and the IEH Eye Care Service Calculator.

Image: Cooper Creek, Windorah.

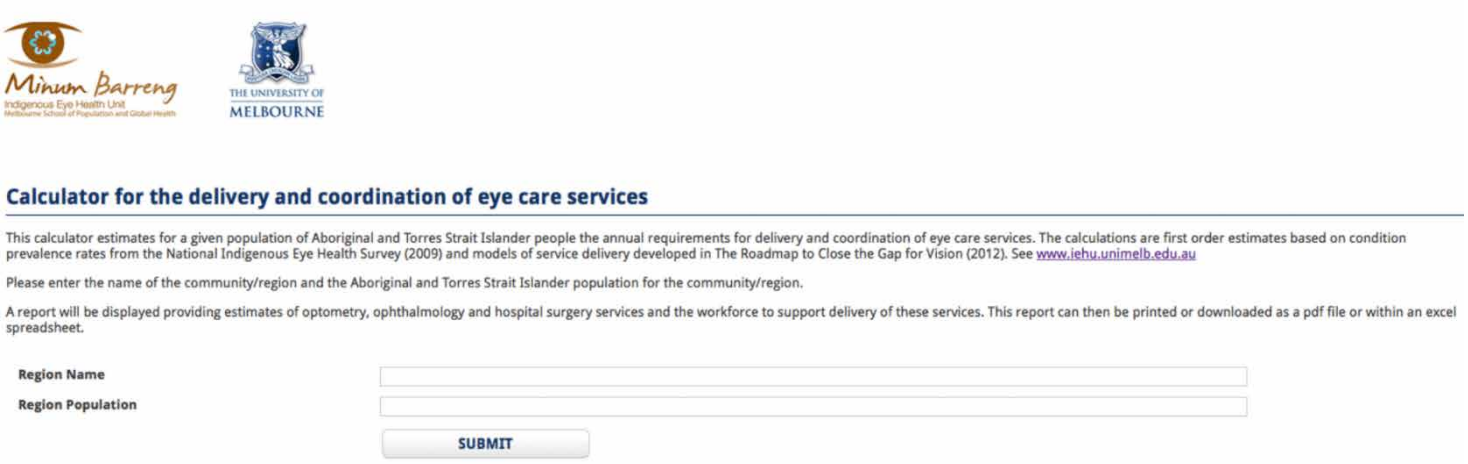


Image: Eye care services calculator

At the same time, the retirement of the long term visiting ophthalmologist who had previously serviced Windorah led to the involvement of the Central West Hospital and Health Service's (CWHHS) Integrated Care Innovation Fund (ICIF) project.

As an outcome of the mapping project, CheckUP's Statewide Indigenous Eye Heath Coordinator worked with stakeholders to support the delivery of a visiting optometry service. Some members of the Windorah community had previously been driving the 492 km round trip to see the optometrist in Quilpie.

The visiting optometrist's first Windorah clinic saw patients from 8am in the morning until 6pm that night, so this is proving to be a very welcome service.

The new optometry service also compliments the CWHHS "Connected Care through Connecting with Communities" Better Health Project.

CheckUP also expects the service to provide improvements in chronic disease prevention and management for community members living with diabetes.

Image: Visiting optometrist Michael Young is now servicing Windorah. He is seen here with happy patient Colin Simpson and Director of Nursing Shelley Watts. Photograph provided by Amanda Simpson.

CHECKUP

For further details on this 'story' please contact Lachlan Rich, Central West Regional and Eye Health Coordinator, Check Up Australia via email lrich@checkup.org.au or by telephone 0498 801 004.

SHARE YOUR STORY

SUCCESS STORIES

Community Adapted Health Promotion Supports Local Ownership

This 'Share Your Story' was written by Carol Wynne, Indigenous Eye Health, The University of Melbourne.

BACKGROUND

In 2015 Indigenous Eye Health (IEH) took an iterative, engaging, community-driven process to develop eye health promotion branding, messages and resources focusing on promoting awareness on diabetes eye care for Aboriginal and Torres Strait Islander peoples. Community consultations were undertaken in selected regions, partly because of their progress in implementing the Roadmap to Close the Gap for Vision ('Roadmap') where eye care service improvements were being implemented.

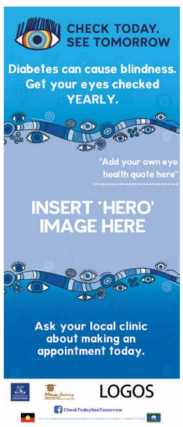
'Check Today, See Tomorrow' diabetes eye care resources were developed with three regions across Australia. This 'behind the scenes' video helps to capture the creative process used in the three regions involved in the development of the powerful 'by community, for community' strengths-based approach.

When developing the 'Check Today, See Tomorrow' branding, the design was considered to allow local and regional adaptations. IEH encourages the widespread use of, and local community adaptations of the 'Check Today, See Tomorrow' resources, messages and related illustrations to raise awareness on diabetes eye care.

For example the 'Check Today, See Tomorrow' 'sightline' and 'eye-con' logo can be applied to t-shirts, wristbands, newsletters, posters, and other promotional resources to promote diabetes eye care at community events and activities.

'Sightline'

'Eye-con'



Banner

'Check Today, See Tomorrow' templates are available for organisations to adapt and use with images and messages from local community 'heroes' or champions.

Hero poster

Standard poster

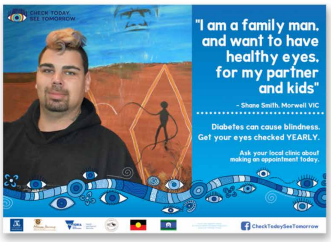
A range of creative community adaptations of the messages and images have been developed since 2015.

During 2018 and 2019 IEH supported a number of Aboriginal Community Controlled Health Organisations in regions in Victoria working under the guidance of their regional eye stakeholder groups to locally adapt the 'Check Today, See Tomorrow' posters with their community heroes to promote YEARLY eye checks for people with diabetes. Funding was provided by the Victorian Department of Health to cover printing costs of the locally adapted versions of health promotional materials.

Ramahyuck District Aboriginal Corporation worked with one of their local diabetes clients, Shane Smith, to be the community hero in the East Gippsland region of Victoria.

They also printed a number of smaller flyers to use as their handouts for clients to promote awareness around diabetes eye care.

Photos of community heroes from the regions were replaced within the poster templates with a personal quote to support the diabetes eye care message.



"The power of local control and ownership is important and known to have a positive impact on behavioural change."

Gippsland and East Gippsland Aboriginal Corporation (GEGAC) ran a diabetes health day at their clinic and invited community members to a session that included eye examinations.

At the community event, GEGAC worked with one of their local clients with diabetes and Aboriginal Health Worker, Joshua Tuiono, in developing their locally adapted posters for their clinic based in East Gippsland in Victoria.

Joshua also presented this work at the Close the Gap for Vision by 2020: Strengthen and Sustain National Conference held in Alice Springs in March 2019.

"I never thought it would happen to me. Control your diabetes and have regular eye checks."

Joshua Tuiono, Gippsland, Victoria

Rumbalara Aboriginal Co-operative worked with some of their diabetes clients from Shepparton to develop their posters and pull up banners, including elders June Murray and David Atkinson.

Rumbalara launched their locally adapted resources at a community event in Shepparton, Victoria for National Close the Gap Day.

"Without it I couldn't drive or work."

David Atkinson, Shepparton, Victoria

Wathaurong Aboriginal Co-operative held a Diabetes Day to conduct retinal screening and work with their local diabetes clients and staff to develop their posters for the Geelong region in Victoria.

The new locally adapted posters were launched via their social media platforms during National Diabetes Week.

Community support from different regions has been overwhelmingly positive to incorporate local champions to help deliver relevant and culturally appropriate messages at a local level, despite a national focus for the initial roll-out of the 'Check Today, See Tomorrow' resources.

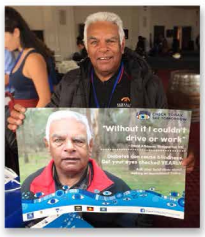
"Keeping on top of my health checks and eye checks means I can keep my sight and my job."

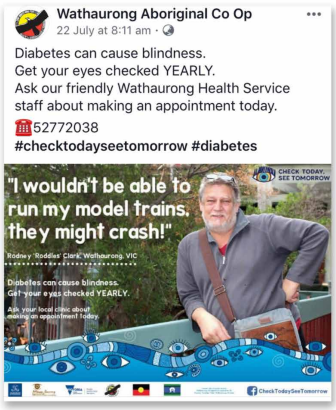
Deborah Leon, Sale, Victoria

The 'Check Today, See Tomorrow' branding is one of the most recognised health promotion resources for diabetes eye care for Aboriginal and Torres Strait Islander people across Australia. It's important that we continue to look for opportunities to share and embed these diabetes eye care messages, resources and branding across a range of channels, such as social media, health events, awareness days, and existing diabetes education programs for Aboriginal and Torres Strait Islander peoples.

"Get your deadly yearly eye check for Balert Meer."

Jasmine-Skye Marions, Wathaurong, Victoria





For further details on this 'story' please contact Carol Wynne, Translation Research Scholar at Indigenous Eye Health via email carol.wynne@unimelb.edu.au or by telephone (03) 83443984.

SHARE YOUR STORY

SUCCESS STORIES

Housing Maintenance Officers play an Important Role in Trachoma Elimination

This 'Share Your Story' was written by Yash Srivastava and Emma Stanford, Indigenous Eye Health, The University of Melbourne.

BACKGROUND

Housing and environmental health are a state and territory responsibility and function differently in each jurisdiction.

In the Northern Territory (NT), on most communities that are signed up to housing leases, houses are owned, managed and maintained by the Department of Local Government, Housing and Community Development (DLGHCD).

It is known that prompt repair and maintenance of washing facilities (health hardware) contributes to better health.

Ideally, housing maintenance should be undertaken by community-based skilled workers who can respond to housing breakdowns swiftly and cost-effectively.

In the NT, housing repairs and maintenance is contracted out to Indigenous construction contractors.

Included in the contract is that each of these contractors will maintain a community-based Housing Maintenance Officer (HMO) with handyperson skills for a cluster of 3-4 communities with the proviso that the HMO visits every community weekly to assess or respond to repair call outs immediately and in keeping with their level of skill.

Where the job involves plumbing or electrical works that are beyond a handyperson's skill set, the HMO reports it back to DLGHCD for further action.

Late in 2018, Centre for Disease Control (CDC) and Indigenous Eye Health (IEH) jointly provided training to the frontline housing maintenance crew of the two main Indigenous construction companies, Tangentyere Construction and Ingkerreke Commercial, contracted by the NT's DLGHCD for maintaining roughly 60 per cent of houses in remote Central Australia.

The aim of the training was to teach the staff (mainly the community-based HMOs) about trachoma and the importance of functioning health hardware in preventing trachoma and other infectious diseases. It included discussion about the 'Clean Faces, Strong Eyes' trachoma resources, Safe Bathroom Checklists, and mirrors at child height that would assist with eliminating trachoma sustainably in the communities that they work in.

"The training took a strengths-based approach in highlighting the importance of the work that the HMOs were already doing by keeping the houses in good nick, and reminding them of the positive health benefits that their work resulted in for their communities."

Yash Srivastava, Trachoma Environmental Improvement Manager (December 2019)

Image: (left/right)Training on trachoma and importance of functioning hardware with community-based HMOs

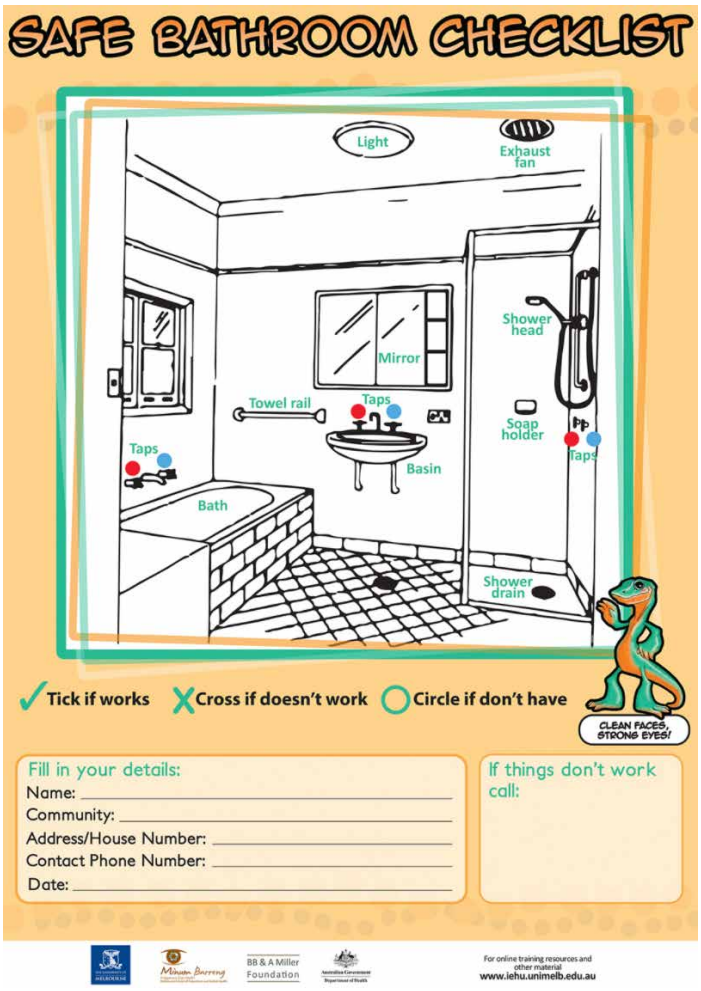


Image: Safe Bathroom Checklist

The training was provided to approximately 50 staff from both organisations including men and women, Indigenous and non-Indigenous staff and followed up with a more detailed discussion with approximately 20 HMOs and apprentices.

The HMOs requested 150 acrylic mirrors to install at child height in bathrooms in accordance with installation guidelines prepared by IEH and Rotary (as part of their 'End Trachoma by 2020' program).

It was also agreed that the HMOs would utilise the Safe Bathroom Checklist to engage tenants to report problems with their bathrooms.

"I don't have a glamorous job, I'm only a plumber, but I am passionate about what I do because a working tap not only prevents trachoma but other diseases like rheumatic heart disease and scabies in the communities that I work in."

Housing Maintenance Officer

Health promotion activities are like sowing seeds in people's minds. We can never be certain how they will germinate, nor can we be certain what shape or form they might take.

This work was supported by DLGHCD, Tangentyere Construction and Ingkerreke Commercial.

Image: Acrylic mirror being used in a community store

Image: Working taps and newly installed acrylic mirror at a school

For further details on this 'story' please contact Emma Stanford, Senior Research Fellow, Deputy Director at Indigenous Eye Health via email esta@unimelb.edu.au or by telephone (03) 9035 8255.

SHARE YOUR STORY

SUCCESS STORIES

Cultural Safety in Eye Care – Lions Outback Vision

This 'Share Your Story' was written by Kerry Woods, Aboriginal Eye Health Coordinator at Lions Outback Vision.

BACKGROUND

Lions Outback Vision travels the State of Western Australia from Albany through to Wyndham stopping in rural and remote towns to address the effects of vision loss and blindness. Outreach services are coordinated visits by ophthalmologists to regional communities primarily in locations which host a regional hospital or medical centre where surgical procedures can be performed. Lions Outback Vision works closely with WA Country Health Services, Population Health Networks, Aboriginal Medical Services, local health organisations and community groups.

My name is Kerry Woods (Everett) and I am an Aboriginal woman from the clan Plangermairreenner of the Ben Lomond people a clan of the Cape Portland nation in North-East Tasmania. I have been living in Noongar country (Perth) for the past 20 years and I currently work with the Lions Outback Vision team.

Image: Outreach service locations

"My role as the Aboriginal Eye Health Coordinator is to help assist Aboriginal patients across the state to attend ophthalmology appointments on the vision van and if needed, coordinate the patients coming from country to Perth for eye surgery."

During the Kimberley Vision Van circuit an Aboriginal patient from a remote community attended for an eye appointment. The community is located 2 ½ hours away and requires transport to be organised well in advance for patients to attend. This is a small bus which, if it is full, means the patient can miss out on their appointments. This patient previously had cataract surgery 6 weeks prior to this appointment. The day 2 post-operative review identified an intraocular pressure (IOP) rise which settled, followed by another review by a visiting optometrist with the IOP dropping even further but still within the accepted range. The patient attended his appointment on the Vision Van with his partner. I was the first person to greet the patient after which he started to explain to me he was suffering severe pain in his eye that had recently been operated on, so much so that he was holding his hand over his eye and struggled to open it.

I immediately proceeded to check his vision and eye pressure. The IOP registered at 53, well above the range expected. The patient was struggling with the pain, and I felt it was important to interrupt the doctor to inform him of the abnormally high readings. The doctor re-checked the patients IOP readings and the result was the same. The patient was provided with a script for oral medication to reduce his IOP which was to be reviewed in 2 days. This was made possible by the Vision Van being in town for the week, which allowed the patient to be monitored and follow up care provided in an appropriate timeframe. Without this service available in town at the time, the patient would have been flown to Perth.

The patient was seen 4 days later, informing us he had been unable to take the medication due to nausea. His IOP level was at 35 and he was still in severe pain. Alternative treatment was explained to the patient, to which he agreed. I was asked to accompany the patient in preparation for the treatment, so I could counsel the patient and comfort him. I assisted the doctor during the procedure to help keep the patient still by holding his hands at first, and then continually talking to him for reassurance and calmness. This was a difficult situation as the treatment being provided was necessary but also painful even with the anaesthetic. Once the treatment was provided the pain subsided for a short while and then rose again, making it difficult for the patient to manage which made him quite vocal. The ophthalmologist requested I take the patient to the emergency department to have his pain treated while he organised for the patient to be transferred to Perth for surgery.

I rushed the patient and his partner to the hospital and had him admitted within moments of arriving and after a short time he was given pain relief. Once the patient's pain subsided, I was able to explain in detail the procedure he had received on the Vision Van and what he had experienced from that treatment. I discussed the next steps for his transfer to Perth for surgery and let him know I was available to talk to them anytime. After the patient felt comfortable, I organised food and then assisted his partner in accessing accommodation through the Patient Assisted Travel Scheme (PATS). I made sure the PATS paperwork was completed and informed PATS that the patient would be transferred to Perth and he would need his partner to attend.

The patient and his partner travelled to Perth, and he underwent an urgent Molteno tube surgery a drainage device to reduce his IOP levels. I kept in contact with the patient during his stay in Perth and once he returned home. The first few weeks post-surgery he was still experiencing pain and so I liaised with the ophthalmologist to make sure his eye was healing as expected. Due to the patient's experience with severe pain and emergency surgery he relied on me to be available when he had questions or was unsure about something. This included after hours and weekends. Once he returned home, he continued with the calls to discuss upcoming appointments, medication and his general wellbeing. I reschedule his appointments with us if it clashes with his community obligations and I make sure transport is available. The patient has slowly recovered and is following his treatment plan.

After the Vision Van left town, the patient still needed to have regular eye checks to make sure the drainage tube was working. I contacted an optometry in Broome and scheduled an appointment for the patient to have a quick IOP check done. I was informed that this would cost the patient as it wasn't covered by Medicare. Fortunately, I was able to discuss the patient's situation and he was offered an appointment with no cost.

"During the time spent with the patient and his partner I was able to build a trusting relationship where we discussed family, country and connections through people we know. The patient had previously visited my country and remarked how beautiful it is, he had met some of my countrymen and wanted to return to Tasmania to reconnect with them."

From the first meeting on the Vision Van this patient and his partner recognised me as another Aboriginal person and immediately had a connection. His partner would whisper sensitive information to me while waiting to be seen. They gave me honest answers regarding their past lifestyles knowing that I wasn't about to judge them. I felt privileged as he was entrusting me with facts about his life, and with consent I was able to pass on information to the doctor for the benefit of his medical treatment. In this situation this patient felt culturally safe and secure which ultimately led to the success of his health outcome. During one of our many conversations he invited me to visit One Arm Point to meet with the community and talk about eye health. He feels he has learnt a lot from his experiences and wants that information passed onto the community.

This was a unique case where a patient had an acute pressure rise in his eye secondary to diabetic eye disease, which had been difficult to manage despite the oral medication. It was a traumatic experience for the patient, his partner and for me seeing and hearing a person in extreme pain and not being able to immediately relieve it. I feel that in this unusual situation, I was able to build up trust with the patient and his partner and felt that my knowledge and experience with eyes helped the patient to understand his eye condition and the importance of the treatment.

Image: (above) Kerry embracing a patient.

(below) Kerry on the road

For further details on this 'story' please contact Kerry Woods, Aboriginal Eye Health Coordinator at Lions Outback Vision via email KerryWoods@lei.org.au or telephone (08) 9381 0802.

SHARE YOUR STORY

SUCCESS STORIES

Feltman – now with eyes!

This 'Share Your Story' was written by Natalie Arambasic, Aboriginal and Cultural Diversity Program, Diabetes Victoria.

BACKGROUND

Feltman is a diabetes teaching tool made by the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Diabetes Victoria.

It is designed to help health professionals explain diabetes in a way that is easy to understand and can be used with individuals and community groups, as a one-way demonstration or as a two-way interactive workshop.

Feltman has traditionally featured a printed fabric human body mat with anatomically correct organs:

- Stick-on attachments (including insulin keys, locks, glucose discs, ketone discs, fat discs, LDL cholesterol triangles, retinas and kidney cross sections)
- Stick-on organ labels
- Prompt cards (including risk factors, symptoms, prevention, complications, management, foods and eyes)
- USB stick loaded with the Feltman manual and instructional video
- Storage bag

Image: New Feltman design with eyes added

Image: New Feltman design with eyes added

In 2015 Diabetes Victoria and the Victorian Aboriginal Controlled Health Organisation received a funding grant from the Inner North West Primary Care Partnership to support the development of a new diabetes-related eye health add-on for the Feltman Aboriginal diabetes education resource.

The development of this resource was a priority as diabetic retinopathy is the third leading cause of vision loss amongst Indigenous Australians.

Diabetes Victoria also received feedback that some organisations were creating their own eyes to put on Feltman and so they instigated a project to support this need by developing the eye health add-on.

The Feltman eye health add-on is used by Aboriginal Health Workers to discuss the prevention and management of diabetes-related eye health conditions in the Victorian Aboriginal community.

The kit was developed by a team of diabetes educators, eye health experts and Aboriginal Health Workers from Diabetes Victoria, VACCHO, Mercy Hospital, the Indigenous Eye Health Unit at the University of Melbourne, the Australian College of Optometry and Vision 2020 Australia.

Image: Technical Advisory group. L-R: Carol Wynne, Genevieve Napper, Mitchell Anjou, Dee Tumino.

Their expertise guided the development of Feltman eyes by providing feedback on:

- Design and appearance of the Feltman eye add on
- Key messages relating to eye health and diabetes
- What topic cards and images were going to be included

The new kit included:

- Specially designed felt 'eyes' to go with the existing Feltman kit
- New prompt cards to help talk about diabetes-related eye conditions
- An eye health key messages booklet

Image: Colin Mitchell, Craig Bennett, Emily White, Christine Couzens MP, Jennifer Browne, Keith Morgan at the Feltman Eye kit launch.

The Feltman Eye Health add-on was launched on World Diabetes Day 2016 (Monday 14 November 2016).

The kit was offered free of charge to all Victorian Aboriginal Health Organisations that had a Feltman and was also available to purchase.

In addition to this, Feltman eye health key messages were also included into the Feltman training package and Feltman eyes were made a permanent attachment in the 2018 update.

Feltman eyes was a successful project as it involved collaboration with key knowledge experts that work with diabetes related eye conditions.

The process of developing the add-on also involved working closely with Aboriginal Health Workers to develop a culturally-tailored resource that would help them talk about the prevention and management of diabetes-related eye health conditions in the Victorian Aboriginal community.

Image: New Feltman design with eyes added

For further details on this 'story' please contact Natalie Arambasic, Health Promotion Officer – Aboriginal and Cultural Diversity Program, Diabetes Victoria via email culturaldiversity@diabetesvic.org.au or by telephone (03) 8648 1836.

SHARE YOUR STORY

SUCCESS STORIES

Tackling Trachoma in Remote Communities

This 'Share Your Story' was written by Dr Mel Stoneham and Scott MacKenzie, #endingtrachoma project team, Curtin University.

BACKGROUND

Australia is the only developed country to have endemic trachoma. This is alarming. But it gets worse - almost all the cases of trachoma are detected in remote Aboriginal communities.

Figure 1 indicates the prevalence of trachoma in Australia.

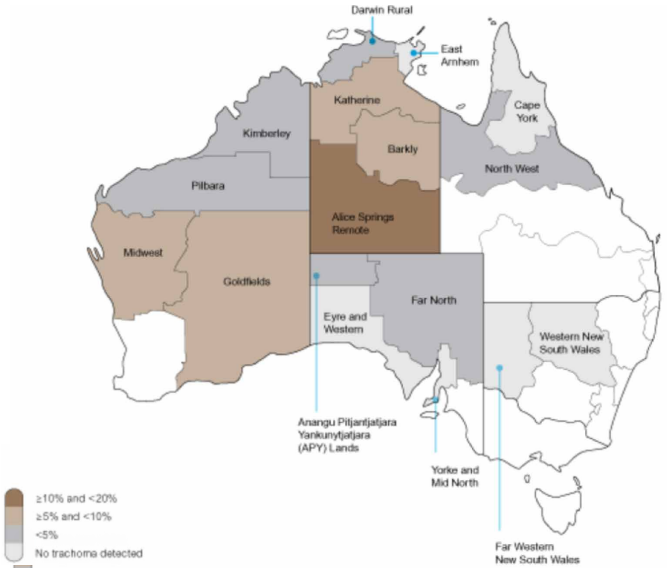


Image: Figure 1 - Overall trachoma prevalence in children aged 5-9 years in all at-risk communities by region, Australia 2018 (Kirby Institute 2019)

The Environmental Health Trachoma Project (#endingtrachoma) aims to reduce the incidence of trachoma and skin infections in 'trachoma at risk' Aboriginal communities in remote WA through environmental health strategies by December 2021. We do this through a combination of long term planning with communities and hands on service provision and our key partners are the Aboriginal Environmental Health Workers who are employed within remote communities.

Why Trachoma?

Trachoma easily spreads from one person to another through infected eye and nose secretions. It can be prevented by reducing risk factors such as poor hygiene and overcrowding.

The World Health Organisation (WHO) has set the goal of eliminating trachoma by 2020. In 2018, the national committee for trachoma control recommended that the current screening and treatment programs need to be complemented by enhanced activity in the areas of health hygiene promotion and environmental improvements to achieve trachoma elimination. Our project is funded under this remit.

About #endingtrachoma

The #endingtrachoma project is run out or the Public Health Advocacy Institute of WA (PHAIWA) which is affiliated with Curtin University. It aligns with the WHO SAFE strategy, consisting of the following control measures: Surgery; Antibiotics; Facial cleanliness; and Environmental improvements (WHO).

The #endingtrachoma project primarily focuses on the E and F strategies. Trachoma is a community disease clustered by individual families rather than a series of isolated cases. We know that poor hygiene, overcrowding and a lack of functional bathrooms and laundries contribute to trachoma. It seems sensible to address these issues through an environmental health lens. The #endingtrachoma project is doing just that.

Nationally, 120 remote Aboriginal and Torres Strait Islander communities were identified as at risk of endemic trachoma, and 40 of these are located in WA (Kirby Institute 2019). Our team aims to visit each of these WA communities at least once a year over the four years.

The project partners with the Environmental Health Directorate (WA Health), regional Public Health Units and the community based Aboriginal Environmental Health Workers (AEHWs). We also link with the Indigenous Eye Health at the University of Melbourne, the Squeaky Clean Kids project, the Fred Hollows Foundation, Rotary Australia, #ENDRHD and PHAIWA.

The long term goal is to support the development of Community led Environmental Health Action Plans (CEHAP) which will identify and plan for sustainable and realistic trachoma prevention strategies, housed within a broader environmental health context. To do this we are collecting baseline data on infrastructure, existing programs, partnerships and gaps. Once developed or amended, the CEHAP will guide the environmental health initiatives and actions delivered in remote communities, many of which focus on hygiene and environmental health infrastructure.

Image: Mel and Scott from #endingtrachoma

We also work with our partners to identify any "hot spot" communities which may correlate with criteria such as high trachoma screening results or motivation to act. We collaborate and consult with all the partners and the communities to identify any key F and E strategies that could assist in reducing trachoma and other hygiene related illnesses. The strategies vary and are linked with the findings from the baseline data. Key messages within the #endingtrachoma project focus on prevention, hygiene and the importance of functional health hardware.

An important part of our project is working with community. A recent example was in a Goldfields community where audits of people's private bathrooms conducted by the AEHWs revealed many plumbing issues which were preventing families from practising good hygiene. The #endingtrachoma team worked with the plumbing contractors employed by Housing to coordinate a community visit while we were in community. As people's bathrooms and drainage were being fixed by the contractors, our team together with the AEHWs, installed mirrors at the height of a child, towel hooks, provided free soap and installed hand and face washing stickers. We also took the opportunity to have a chat about the importance of hygiene and hand and face washing and checked out whether there was a working washing machine and clothes line. This was all achieved within people's homes and as we provided culturally appropriate services, led by the local Aboriginal Environmental Health Worker, we were not denied access into any homes. At the end of that week, we had rectified 88 plumbing issues for the 46 houses checked. It was a great outcome not only for community members but also for Housing, as the consolidation of identifying issues and providing remediation services together with healthy messages, saved money, ensured consistent messaging and highlighted the importance of prevention.

Although the team collect some data to assist with the CEHAP when we visit communities, we also want to give back. When the team visits each communities to gather the information needed for the CEHAP, we provide a community event where we can engage with the community and in the interests of reciprocity, thank them for hosting the #endingtrachoma team. It is not the aim of this engagement event to change behaviour but to thank the community and provide an opportunity to build the capacity of the Aboriginal Environmental Health Workers on how to organise and run a community event. The events include a community BBQ, a movie night and child focused activities. We use these activities to thank communities for hosting us. As part of this event, we ask children to wash their face before going on the jumping castle. We also ask community members to wash their hands with soap before they enjoy a burger. These are great opportunities to increase awareness and skills around hand and face washing and reinforces the key messages of other trachoma and hygiene programs.

The #endingtrachoma project has also developed two trachoma advertisements which have been designed to run before and after the community movie night… just as a reminder about what we are trying to achieve in communities. We used our own AEHWs as many of the actors.

Capacity building of the AEHWs is another important component of the project. We conducted a training needs analysis and have begun to develop and deliver a range of skills based training packages to the workforce.

During the last year of the project, the team will do a final visit to all communities to collect post-intervention data using the same form as the pre-intervention to enable comparison. We will also compare trachoma screening data over the project timeframe, evaluate the CEHAP successes and challenges and collate the data from the community projects.

You can read more about the project here: https://www.phaiwa.org.au/endingtrachoma/

References:

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For further details on this 'story' please contact Dr Mel Stoneham and Scott MacKenzie – #endingtrachoma project team Curtin University via email M.Stoneham@curtin.edu.au or by telephone 0421 113 580.

SHARE YOUR STORY

SUCCESS STORIES

Ngurrampaa – Tjukurpa by Colin Moore

This 'Personal Reflection' from Colin Moore, Indigenous Eye Health, The University of Melbourne was interviewed by Tessa Saunders, Indigenous Eye Health, The University of Melbourne

Ngurrampaa – Tjukurpa

Colin Moore, a Wandandian – Wadi Wadi man from the Yuin Nation of NSW was part of Indigenous Eye Health's trachoma team from July 2019 until May 2020. His Aboriginal family are from the Wreck Bay Village community in Jervis Bay Territories, 25 kilometres from Nowra on the NSW South Coast. His cultural connections reach across NSW where his Ngurrampaa teachings further connect him to his culture and country. Colin praises his Tjamu, Mr Paul Gordon for his cultural teachings, and his parents Tom and Pam Moore for his adventurous life.

In this interview for Share Your Story, Colin shares his journey from NSW to Central Australia and the importance of culture to his work in Indigenous eye health. Central to this are relationships and respect, including between people and place.

The story of Colin offers insight into the experience of Aboriginal and Torres Strait Islander Australians in the professional health workforce, working across the two worlds to deliver better health outcomes. These stories are important to document and share, so we can better support and strengthen Aboriginal and Torres Strait Islander people currently working in various health related roles, as well as to improve cultural safety of non-Aboriginal or Torres Strait Islander organisations in the eye health sector, and the health sector more broadly.

The title of your story is Ngurrampaa to Tjukurpa, what do these words mean, why are they so important?

The meaning of the word Ngurrampaa and its origins are from the language of the Ngemba people (Western NSW) which translates to 'my place, and how I relate to everything in it'. It is the Central Australian equivalent to the word Tjukurpa, which is described as follows:

Tjukurpa has many complex but complementary meanings and refers to the creation period when ancestral beings created the world as we now know it. Tjukurpa also refers to the present and future.

Tjukurpa encompasses religion, law and moral systems, it defines the relationship between people, plants, animals and the physical features of the land.

Tjukurpa contains the knowledge of how these relationships came to be, what they mean and how they must be maintained.

Tell us about your early years Colin, where did you grow up and how important was culture in your life?

From the age of 8 to 17, I lived in a fairly quiet and private home in an urban area. Before and after these years I spent some time living in regional locations on and near my community and cultural homelands. My hunger to connect with Aboriginal people and culture grew stronger in my teenage years. I remember my early schooling years, growing up with cousins and family on the south coast, and how fun it was to be where I felt a sense of belonging. Later, I began to travel south with friends on trains, and hitch-hike from place to place to visit family and spend time with cousins. I started to see the world was not one, and for me and my people, they had been learning how to operate in these two worlds simultaneously.

Then comes the years of going 'bush'… I was invited to consider learning more about my cultural practices, and how to begin to walk a sacred journey. This was not easy after going through mainstream schooling and grappling with urban ways of thinking and living. Learning about sociology and anthropology was extremely fascinating, particularly anthropology. The study of peoples and their ideological make up, and how this evolved over time helped me see the world through a different lens. This knowledge and understanding can be a barrier when thinking from a cultural way. Understanding the Ngurrampaa becomes possible when all is stripped away from one (or temporarily set aside), and the only thing between you and the Mother Earth is clothes and your mind or ego.

Image: Blackstone Mural Project

What attracted you to working for Indigenous Eye Health, and what life experience helped you in the role?

I'd lived in Alice Springs for a few years before but during that time I had few opportunities to make deep connection in community through my work, which was government based and had limited flexibility to engage 'right way'. I was in Melbourne waiting to undergo a medical procedure and noticed a job advertised as Community Engagement Officer with Indigenous Eye Health – Melbourne University. This was appealing originally because of the location of the work, in the Central Australia, NT-SA-WA tri-state border region.

Around 5 months before sitting in the interview for the position, I had travelled to some communities in the Anangu Pitjantjatjara Yankunytjatjara Lands in Central Australia. Seeing the job for the first time, I felt my whole life had led me to be able to contribute with purpose to this position. The red dust of central Australia was already in my bones, and I felt I had unfinished business to fulfil.

I didn't know anything about Indigenous eye health before seeing the advertisement for the position. As I began to do some research about what trachoma is, and what Indigenous Eye Health were on a mission to achieve, I started to see the enormity and purpose of the role. That excited me.

I didn't yet know how my cultural teaching would complement the role, however, I trusted I could learn a lot if I listened and observed what was happening around me, and if I went about my business in a respectful manner. My adventurous traveling life to date, had me building relationships with First Nations peoples in the USA and Canada, as well as in many Aboriginal communities throughout Australia. I felt confident I could be of some use in the role.

Have your cultural teachings helped you connect with your peers and people you engage with in communities?

Ha ha, you'll have to ask them…

The Ngurrampaa consists of past, present and future as one. That is, it has no ending, it does not cease to exist at my physical life's ending or start at a particular point in time – my birth date for example.

As I listen to the stories being shared with me through my cultural teachings, a series of learnings about life, community, country, and purpose begins to unfold. It teaches me about how I can live in harmony with all people while doing my part to look after the Mother, wherever I am in and on country. My teachings help me to think about my motives and reasons for doing things, and evaluate if this is about self, or about sharing in good spirit.

As Trachoma Community Engagement Officer, I've had the privilege of meeting beautiful people in many communities. I've ran trachoma specific information sharing sessions with wadi's (men) behind closed doors, which have created opportunities for us to share on a deeper cultural level.

My cultural teachings help me in community by knowing when to talk, when to listen, how to 'see' what's going when others may view situations as nothing is happening and being able to navigate risky a situation or culturally inappropriate engagement back to a safe space. I hope I've been able to do this in a good a way…

What have been your standout moments in the job and can you share with us any important things you learned through these experiences?

There have been many standout moments but I'll tell you a bit about three of them.

In the later months of 2019, in partnership with Indigenous Hip Hop Projects we engaged with the Papulankutja community to develop a community mural.

The Mural was to help raise awareness about trachoma and was designed with the community. During my third visit to Papulankutja, I was out with community and our project partners visiting significant sites. During this time the local people asked if we would like to meet in the evening to cook some bush tucker and share stories about the Tjukurpa.

We accepted and packed three carloads and went out when planned. We had senior Lore women present, we helped community members prepare the fire and food, and we sat in the red dirt while the tucker was cooking in the fire.

It was truly a surreal moment in time.

Image: (left) Papulankutja Cook Up – Blackstone Mural Project

Thinking for a minute of all the times in my younger days dreaming about being in the furthest communities of Australia with my people, cooking bush tucker, and now I had finally arrived…. Wow, I thought, as the childish adventurer sat in awe of the moment.

On the other hand, my cultural teachings and instincts were on alert, seeing and feeling the dynamics at play, noticing who was who, engaging with caution and in a respectful manner.

My colleagues and our partners began to try to capture project related information from our hosts. Unknowingly, they started to seek information which was culturally inappropriate based on the gender and kinship cultural dynamics.

Part of the Mural included male specific Tjukurpa, and another part related to a lineage of totem and kinship belonging to other people not present at the cook up.

I was able to encourage us to take a different approach by accepting what is shared and given freely rather than seeking what we think we need. From this place, we can be open to learning something new. This helps to enjoy and share the moment, and allows what needs to unfold, do so naturally or organically.

We did that and watched the storm dance around from the west as the night fall drew near.

When visiting Kintore for an initial meet and greet, my colleague Lesley and I were invited by elders to visit some of the surrounding sites and travel on country.

We gladly accepted and, with two local senior Lore men, travelled on the sandy roads out of town. We passed many significant places on our journey, and the whole country began to come alive in every direction.

The Tjukurpa stories being shared transformed what could be described from a western urban view as desolate, dry sandy roads in the middle of nowhere, to spiritually energetic pathways full of abundance, mysteries and information of life and living.

Image: Kintore Country Comes Alive – Community Engagement Visit

On a deeper level, the Ngurrampaa teaching from my Elders became more relevant, more real, more important because I see further beyond my limited thinking. The songlines, sometimes described as an invisible spider web spanning across Australia, full of Ngurrampaa and Tjukurpa are one. Six hours away west of Alice Springs, whether sitting in a car or standing on the country, I am home again in my Spirit.

When travelling anywhere in the world in Indigenous communities, there are always cultural aspects barriers which impact on the community engagement process.

When preparing for community visits, non-Indigenous stakeholders will often say we don't need specific gender split workshops. Some of their work is able to be done with co-gender groups and while I take it on board, I like to remain flexible knowing what I know about culture and gender.

On recent community engagement trips to 4 communities, 3 of us (2 female and 1 male staff member) engaged with multiple stakeholders facilitating information sharing sessions on trachoma in schools, councils, clinics, CDP programs etc.

Image: Wadi's in Lock Down – CDP Trachoma Information workshops

Wadi's in lock down I like to refer to it as, because we were led by the men present who preferred to have the discussion privately, without Koonga's (women) in the room.

From this place we were able to share on a deeper level, which dropped into a deeper connection the more we shared.

We started with introductions about who we are and where we are from. We then discussed what trachoma is, where the germ lives, and how it gets transmitted. We then talked about how to we get rid of it and how we avoid getting trachoma.

When arriving at our 2nd community, we were ready to deliver co-gender information sessions, but this ended up with me talking with men only.

For statistical reporting and box ticking work achievements, my job was done and that would be enough to please the powers that be and fulfil the integrity of our visit's purpose.

However, from an Aboriginal perspective we were able to connect on a deeper level through the small exchanges sharing of our Ngurrampaa – Tjukurpa. Our stories and songlines connected, words in language were exchanged, our spirit and relationship with the Mother aligned, and again I feel at home in my Spirit, and with my people.

The next morning Spirit was at work again, and this time I found myself meeting a group of staff at the local council offices, which happened to be all men. As I trusted the process, we again found ourselves in a room, Wadi's in lock down with the door closed, sharing the important health.

You described before the experience of living in 2 worlds when you were growing up, has Walking in 2 worlds been something you've also experienced in your work?

Ngurrampaa, as mentioned above, means 'my place, and how I relate to everything in it'. It consists of the past, present and the future. Also, of kinship, land, songs, dance, stories etc.

When I am given cultural teachings by cultural teachers and knowledge holders, I have a responsibility to take these lessons on board and to practice these principles in my life. I am also given these gifts to pass on this knowledge in right way to others.

"Walking in 2 worlds is a privilege..."

Image: Colin meeting a group of staff at the local council office

Knowing this and accepting this, I am often conflicted in my working world on a number of levels. Finding a balance of doing what is right for myself, my people now, and my people who come later was once a real challenge.

However, the more I accept culture, connect to country and continue to practice and share my teachings, the pathways become stronger and clearer.

No longer can I settle for getting what is right for me immediately or in the near future. It would be easier if I could just worry about myself. It would also go against all my cultural teachings of sharing, caring and giving.

If I don't speak up when I see something is not aligning culturally in a good way, I am also neglecting my responsibility to carry forward the importance of Aboriginal Lore, the preservation of our way of thinking, and our ever evolving Ngurrampaa and Tjukurpa.

For further details on this 'story' please contact Colin Moore via email huckding@gmail.com

SHARE YOUR STORY

PERSONAL REFLECTIONS

The benefit of collaboration: Improving Indigenous access to eye care in a metropolitan community

This 'Share Your Story' was written by Liz Senior and Vanessa Murdoch, EACH.

BACKGROUND

EACH historically stood for Eastern Access Community Health. Over the years, EACH has expanded to become national community health service, known simply as EACH. In partnership with the Australian College of Optometry (ACO), EACH offers free eye testing for the Aboriginal and Torres Strait Islander community in the Eastern suburbs of Melbourne. Uptake of these appointments has traditionally been low.

EACH was invited to join the Eastern Metropolitan Melbourne Aboriginal Eye Health Regional Stakeholder Group. This group includes representatives from a range of health services in the Eastern metro region, is co-chaired by Oonah Health & Community Services Aboriginal Corporation and Mullum Mullum Indigenous Gathering Place and supported by the Eastern Melbourne Primary Health Network. A senior health promotion officer from EACH was appointed to the group to assist in implementing the group objective of improving access to, and use of, eye health services in the region.

To increase the number of Aboriginal and Torres Strait Islander community members receiving eye screening in the eastern suburbs of Melbourne, EACH with the ACO created the Bunjils Mirring Nganga-djak project. The aims of the project are:

- To increase the number of Aboriginal and Torres Strait Islander peoples in the Eastern suburbs of Melbourne who have had an eye examination and successfully obtained follow up appointments, whether that be glasses or other treatment.
- To increase the knowledge in the metropolitan Aboriginal and Torres Strait Islander community that eye tests are important for everyone.

To increase the number of eye examinations two health promotion officers have worked on this initiative. Vanessa Murdoch (Aboriginal Health Promotion Officer), runs a program for Aboriginal and Torres Strait Islander students in local schools, called 'Journey Tracks Cultural Health and Wellbeing Program for schools' ('Journey Tracks School Program'). The Bunjils Mirring Nganga-djak project was added to this highly successful program.

Image: Students creating posters as part fo the Journey Tracks Cultural Health and Wellbeing Program

This involves bringing an ACO optometrist to the school to examine the eyes of the Aboriginal and Torres Strait Islander students, and providing glasses through the Victorian Aboriginal Subsidised Spectacle Scheme (VASSS).

The two health promotion officers and the optometrist also provide eye health information before the eye tests, and the students have been engaged in designing culturally specific posters to promote eye testing for Aboriginal and Torres Strait Islander children and youth.

A set of 5 posters were created by the students participating in the Journey Tracks Cultural Health and Wellbeing Program.

Image: (left) Vanessa Murdoch and Karen Trinh with students from Eastwood School participating in the Journey Tracks Cultural Health and Wellbeing Program

A grant was also obtained from the Knox Council Community Development Fund to have the posters printed. Ten sets of 5 posters have been printed for distribution to the schools participating in the program.

PDF versions of the posters are also available to download print out here

Image: Sample of 4 posters of the posters created by the Journey Tracks Cultural Health and Wellbeing Program.

To reach out to adults in the Aboriginal and Torres Strait Islander community, and to increase the number of optometry appointments at the EACH Optometry clinic (staffed by an ACO optometrist), we also developed a short film featuring local Aboriginal and Torres Strait Islander community members, promoting eye testing.

This film was launched at the 'Healthy Mob Day', a health promotion day organised by Mullum Mullum Indigenous Gathering Place. After the film was shown, 10 people signed up for eye testing. The ACO optometrist visits EACH twice a month.

At every visit at least one appointment is reserved specifically for members of the Aboriginal and Torres Strait Islander community, to ensure that if they phone for an appointment, there is one available for them.

You can view our video here.

Ngarrang Gulinj-al Boordup Team (Aboriginal Health & Wellbeing) at EACH, who provide care coordination to Aboriginal and Torres Strait Islander clients, have also been part of the Eastern eye health group and are actively involved in both promoting the importance of eye health and supporting their clients to access eyecare services

By creating the Bunjils Mirring Nganga-djak project, EACH and the ACO have seen the profile of optometry screening for Aboriginal and Torres Strait Islander community members raised considerably.

The health practitioners at EACH are now more aware of the importance of eye screening for Aboriginal and Torres Strait Islander people.

The Diabetes Educators at EACH have also played an important part in disseminating messages through the organisation, particularly to the other clinicians about the importance of regular eye checks for Aboriginal and Torres Strait Islander people.

Thirty-one Aboriginal students in four schools have been screened. Twelve of those students (39%) required glasses and have received them through the VASSS.

Anecdotally there has been an increase in the amount of Aboriginal and Torres Strait Islander peoples getting their eyes tested at the EACH Optometry clinic. We are still waiting on confirmation of these figures.

There have been some challenges along the way. Due to Journey Tracks Cultural Health and Wellbeing Program, EACH already had access to a number of schools.

However getting optometry screening permission forms returned from parents and guardians has been a challenge for many schools.

Due to the fullness of school calendars, it can be difficult to find a day when all of the students are available for screening.

Some schools have also found it difficult to allocate an appropriate darkened room for the optometrist.

Despite 10 people signing up at the 'Healthy Mob Day' to have eye screening, only two of these people have attended the EACH eye screening clinic at the time of writing. For future health days, we need to have a mobile optometry clinic on site to be able to offer screening when the people are available. Some students who received glasses through the program also need follow up care.

However, as they are not clients of EACH, the process for follow up is more complicated. In future the parents or guardians of these students need to be phoned and encouraged to register through EACH intake. They can then be supported by the Aboriginal Health Team.

Being part of the Eastern Metropolitan Melbourne Aboriginal Eye Health Regional Stakeholder Group has provided impetus and direction for this project.

Working in collaboration with the ACO has made this project possible. They have provided the optometrists to go to the schools and technical support for the two health promotion officers.

Working with an Aboriginal Health Promotion officer, who already has a presence in schools, has provided wide acceptance of the program. Utilising the VASSS program means that all of the students who need glasses receive them.

The glasses are sent to the EACH health promotion officers who then go to the schools and give the glasses to the students.

Future plans include continuing to work with schools in the eastern suburbs to expand the number of students receiving eye screening; distributing the eye health posters designed by the students; attending the Close the Gap for Vision national conference; and obtaining up to date data from the ACO on the number of Aboriginal and Torres Strait Islander peoples attending the EACH Optometry clinic to get a clearer idea of the increase of people using the clinic.

Image: Sample of a posters of the posters created by the Journey Tracks Cultural Health and Wellbeing Program.

For further details on this 'story' please contact Liz Senior and Vanessa Murdoch from EACH. Liz Senior via email lsenior@each.com.au or by telephone (03) 9757 6206. Vanessa Murdoch vie email Vanessa.Murdoch@each.com.au or by telephone (03) 9757 6254.

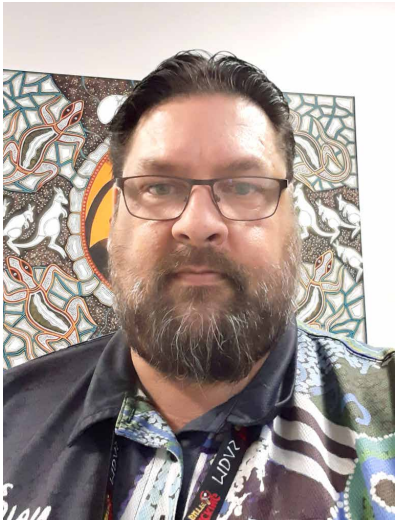
SHARE YOUR STORY

SUCCESS STORIES

A True Survivor and Champion of Indigenous Eye Health by James 'Jock' Peterson

This 'Personal Reflection' from Jock Peterson, Aboriginal Health Promotion and Chronic Disease Worker, Mallee District Aboriginal Services was interviewed by Nick Schubert, Indigenous Eye Health, The University of Melbourne

Tell me about your early years Jock. Where did you grow up?



I grew up in a place called Brewarrina, in northeastern New South Wales. A couple of hundred Kms from Bourke. Everyone has heard of Bourke but no-one has heard of Brewarrina.

How long did you spend there and how did the Mildura move happen?

We've got uncles and aunties, cousins and my Nan and Pop living here in Mildura and we sort of travelled back and forth over the years when I was a child. We moved here just after my 10th birthday so that my parents could chase work. They decided to change the education system for us four children by moving here to Mildura and I've been in Mildura ever since.

Can you tell us about how important culture has been in your upbringing.

It's very important. When we were small kids, we got to go out on country because we lived so close to the bush. We got to go out on country every single day. And that's how we know we grew up. We got a lot smarter and stronger about how to protect ourselves and how to help our families and be with our elders. So that's really important to us as it keeps us linked to our culture and to our elders and all of our communities and our country. I come from the Ngemba people. That's my home country in Brewarrina. That's my mum's people. My dad's people are the Kamilaroi from Queensland.

You've had an interesting life with lots of lots of twists and turns. Did you want to talk a little bit about that?

I'm happy to talk about it. I've told the story many times. Just over 20 years ago, my dad contracted acute leukaemia. He suffered with that cancer and the treatments for six months before it claimed his life. My brother and I had to come to the party and help out with mum and my sisters and uncles and aunties. It took us a long time to get over his passing.

And then in 2010, I was diagnosed with a really aggressive cancer on my left thyroid. So I didn't think too much of it because there wasn't a whole lot of pain. But I ended up with, a really hoarse voice, which then started to make me really sick. And after about nine months of investigations, we realised that I have had a cancer in my left thyroid. It was a carcinoma. It was 18 centimetres in diameter. So that had to be removed and then I had to start my treatments - radiation, surgeries and all that. So that was a pretty rough few years. And then I started to come good.

In about 2012, I started getting sick once again with the same sort of problems that I had in 2010. I went back and found out that I have cancer in my right thyroid, that was even more aggressive than the first one. It leaked into my right side during all my surgeries and all my treatments. The only problem with the second cancer was there was a chance it was going to become terminal. Which then put me back to square one to where my father was.

But then I had a bit of a stroke of luck. There was a radio-iodine treatment that I could trial from Canada. So I opted to take that treatment. I mean, I was going to try anything at that point. So I took that treatment and the first one didn't go so well with the chemotherapy. So they had to stop all other treatments and just do the radio-iodine treatment. A few courses of that and it seemed to work, but it took probably four years for me to get back on my feet after the last treatment.

Everything was going really good for another few years and then one morning I got up and I had blurry vision in my left eye. So I went and got tested and ended up having a tumour behind my left eye. So it felt like back to square one again. I went in and had the surgery and they cut it out and did some more treatment. Everything seemed to be pretty good after all that but then I started getting sick again probably 12 months later.

I had another check up with the cancer specialist from the city and it turned out I had a few tumours in my bowel. So once again, I went back in for more surgery and had the tumours cut out and it was a success. Everything seemed to be really well. No treatment needed after that surgery. I've just had to change my life. I've given up drinking and smoking and all that sort of stuff. I haven't done that for probably about eight or nine months now. So everything seems to be going along really, really well.

You're a survivor Jock.

I couldn't handle any more treatment. I'm getting old now. But I'm happy, healthy and I'm doing really well. After I finished my last battle, I had to then go through an aggressive cancer diagnosis with my little brother. He had a really rare lung cancer. But he's all good now. He ended up doing a lot of chemotherapy and that ended up working really well for him. So, we were very lucky. Cancer is right through my dad's family. He lost the couple of sisters and there's another sister that has been fighting cancer for about 12 years. But hopefully I have had my little run and I'm over it. I just couldn't be bothered doing it again.

Thanks for that Jock. It's a really amazing story.

You've been involved in eye health for a long time. How did you get interested in that? Can you give us a bit of a history?

Well I started at the Mildura Aboriginal Corporation Health Services as a receptionist. And one day the health manager came in and said, we need to employ a new eye health coordinator for Victoria. They were looking for someone to fill the role of the Victorian Aboriginal eye health coordinator position. That entailed taking a retinal camera around the state, taking retinal screens and bringing the images back to Mildura and speaking with the optometrist. And sending the referrals to their services and getting patients linked in with local optometrists or the GP.

At that point my wife also had some vision problems, so I wanted to learn more about it. So that's why I had applied for that role. About a week after applying I got the role and then about another week later I hit the road. I travelled all around the place in my little Subaru Forester with this retinal camera. So we initially visited Robinvale, Swan Hill, Kerang, Bendigo.... those sort of places. I spent a week at a time at each place, which I absolutely loved. And then after a while it came back to me to coordinate the programme across the state. So I helped to link services from different areas in with the optometrists and the ophthalmologists - also using services from the Royal Eye and Ear Hospital in Melbourne and the hospital in Adelaide

"Eye health has been a passion of mine for a long, long time. It's been about 14 years now since I started doing this... That is a long time isn't it?"

It sure is. Didn't you have a family member that had also met Fred Hollows?

My father used to work with a lot of youth and he went to a youth summit where he met Fred Hollows and his team. He came back and he said he's an absolute champion in his field. Also Fred Hollows did a bit of work out the back of Bourke. There he met my grandfather, Thomas Martin Winters. He came home talking about Fred Hollows and how he's helping all the Koori kids from around the area.

What do you think works well in terms of getting community members to understand eye health and get their eyes tested and get any treatment? What needs to happen to make that work well?

Well, we start off with health assessments. The health checks. We ask questions about vision, hearing and all sorts of stuff. We test visual acuity. We have reading charts. We offer the retinal screen. We've also got a visiting optometrist that comes to the MDAS health service every four weeks, from Bluestar Eye Care and we've normally got a pretty full book when he comes. Which is absolutely amazing. And also we utilise a lot of optometry appointments locally over at Eyecare Sunraysia, which is Stephen Jones and his associates.

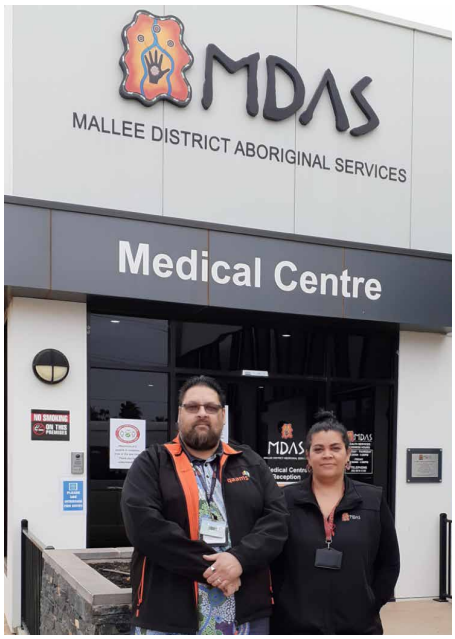


Image: James 'Jock' Peterson with Allied Health Coordinator Crystal Kirby outside the Mallee District Aboriginal Service (MDAS)

It's very, very important that we offer services from within the Aboriginal medical service. We've got some clients that don't like to leave their homes. So what I do is I go and pick them up and I'll bring them in and I'll sit with them and have a bit of a yarn until they have to go in and speak to the optometrists or any of the other specialists that we have here. But also the relationship between our community and the local service at Eycare Sunraysia is really, really strong. They make it really easy to want to go to the appointments. Their staff are beautiful people.

Well, any good news stories you could share with us?

Yeah I've got two I can think of straight away. I had a client of mine that I was helping out with issues with eye care over the last couple of years. She went on to the local public waiting list for ophthalmology. But the wait list was really long and we had problems trying to find funding to get it done privately.

I took it upon myself to organise another referral through the local optometrist and I sent the referral through to Melbourne. That lady that I'm speaking of, she's actually a full time carer for three of her grandchildren and she had to have her eyes fixed in order to get full custody of her grandkids. She went back and forth to Melbourne, probably four or five times to the Royal Eye and Ear Hospital for cataract surgery.

I saw her a couple weeks ago and she was about probably 200 metres away and she recognised me. She called my name and she waved to me and she said, look, I can see you mate. That was that was absolutely awesome. She's back to walking down the street without aids and she doesn't have to have any family members with her. And she's looking after all the kids and doing absolutely fantastically now. And now that she's had the cataract surgery, she doesn't even need many of the MDAS services. She can catch public transport by herself, go shopping by herself. She does everything now. She reckons her vision is 100 percent fixed.

"She called my name and she waved to me and she said, look, 'I can see you mate'. That was absolutely awesome."

So she went through the Indigenous support program at the Royal Eye and Ear Hospital?

Yes and she's just one. We've had about five. And we have another lady, she's not originally from Mildura and she wanted to go home to spend the rest of her life with her young family. But she couldn't. She had to stay here because she had been waiting for ophthalmologist treatment. So I actually transported her to Melbourne for cataract surgery. When we came back, I didn't see her for a couple weeks. And when she walked in the door, she walked up to me and looked me straight in the eye and said I can actually see now. She had a majority of her vision come back over time and now she's just looking forward. I remember before the surgery she was sitting across the table from me and she couldn't even see me. But now she's got vision in both eyes and she's even driving again. She's out getting fit again. She's not drinking and smoking. She bought a little car and she drove all the way home and has now moved back closer to her home and is trying to get a job in the medical service.

Also, we've been doing this 'second bite' programme. It's a food parcel programme and during the COVID-19 we've been doing between 5 and 10 food parcel deliveries, five days a week. We've been catching up with everyone that we don't get to see much because of the actual COVID-19 pandemic. Through that programme, we've been checking on their medications and having a conversation about everything. And that seems to be helping clients stay on top of the services they need.

Outside of work, what makes you tick? What gets you up in the morning?

I suppose with what I've had to go through over the last, probably ten or so years, that gives me a bit of a shunt to get out of bed every morning. I've got my kids, my missus, my mum and my brothers and sisters. They like to give me a bit of a kick in the bum if I stumble. But I'd have to say the chance to come into work and help people. I think that's sort of gives me a smile. I've been here a long time now and I still enjoy coming to work. So I'm hoping for my job to change in the next few months to work more around outreach so I can be more involved in my community and be in the homes. That way I can keep an eye on them.

Thanks so much for sharing your story with us Jock.

Image: Jock performing a retinal camera scan on Paul Roberts.

For further details on this 'story' please contact James Peterson via email: jpeterson@mdas.org.au

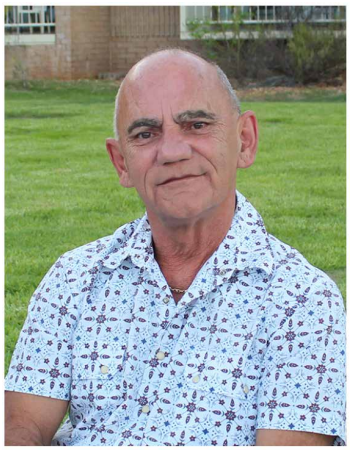
SHARE YOUR STORY

PERSONAL REFLECTIONS

Queensland Indigenous Eye Health Coordinator – A Personal Reflection by Tony Coburn

This 'Personal Reflection' from Tony Coburn, Indigenous Eye Health Coordinator, CheckUP was interviewed by Nick Schubert, Indigenous Eye Health, The University of Melbourne

G'day Tony. Thanks for taking the time to have a chat with me. My first question is – where did you grow up? Can you tell me a little bit about your background?



I was born in Brisbane and grew up in Salisbury. I have spent 99% of my life in Brisbane. I lived in Melbourne for a couple of years. My mother was Aboriginal, and my father Anglo Saxon. My mum was Gubbi Gubbi Butchella. The Fraser Coast. That is my mob.

What has the link to your culture been like for you? How important has that been through your life?

When I was growing up, I had a big representation of Indigenous culture with my great grandmother and other Aboriginal family members. But then my parents divorced, and my mother moved to Perth. I lost contact with the Aboriginal side of my extended family, the culture was removed, and I grew up with the non-Indigenous culture.

Can you talk to us about the link between your professional journey and the reconnection with your culture?

At first, I did nursing and I went off and worked in operating theatres, before nursing profoundly and intellectually disabled children for about 2 years. I then went to Queensland Aids Council and ran their two medical centres for 15 years. I wanted to reconnect back to my Aboriginal cultural heritage, so I became one of the Indigenous HIV / STI coordinator's for Queensland through the 2 Spirits program within the Queensland Aids Council (QuAC) for 10 years. I was then approached by the Queensland Aboriginal and Islander Health Council (QAIHC), the State's peak Indigenous health body to be the Indigenous Drug and Alcohol Coordinator for Queensland, which was the program we delivered in partnership with the West Australian Drug and Alcohol Office.

You've worked in a lot of roles, but I guess they've all had a similar connection around health and wellbeing.

Yep! There was one year where I gave up health and went to property management and real estate and couldn't stand that. So, I went back to health.

That's quite a shift!

Yeah it was. I just got to that stage in my life where I needed a change. But the change wasn't what I thought it was going to be. So, I went back to health, to the profession I knew and I love.

How and when did you first get involved in eye health?

I got involved in eye health probably three years ago. I was working for QAIHC as one of the CheckUP Regional Coordinators but sitting under QAIHC as the peak body. But QAIHC decided they didn't want to have that eye coordinator position anymore. So they gave it back to CheckUP. And that's when I got moved into eyes, I had never done anything with eyes previously.

And what's the official title of your role?

I'm the Statewide Indigenous Eye Health Coordinator.

So, you'd never worked with eyes before and three years ago, you moved across into CheckUP as the statewide Indigenous eye health coordinator.

Yes. And that's why I fumbled my way through. I had to do a lot of research and ask a lot of questions.

"I love doing what I'm doing, working with Indigenous communities and getting better health outcomes for people."

You've done way better than that Tony! OK, so you've had three years of experience. What do you think works well for community in terms of getting the message out there around eye health? And a second part to that is what works well for services, for getting the correct and appropriate treatment out to the community?

A lot of it's around coordination. For the service providers going in. Having people on the ground, whether health workers or receptionists in the different facilities, putting up the flyers with the optometrist visiting. Then getting out into communities and saying the optometrist is coming because in some of our locations, the optometrist only comes twice a year or three times a year. So, it's getting the word out, through pamphlets, through word of mouth. In the Torres Strait, we've suggested using the local radio to get the word out when the actual optometrist is going to be on the Island.

Have you seen a shift in in community understanding around the importance of eye health at all over the years of your experience?

A slight increase. There needs to be a lot more community education done about it. When providers go to community, they need to try to work the visit around when the other linked services like the dietician and podiatrist are going to be there. Or at least be there for the same week. Because a lot of community members don't want to be travelling backwards and forwards. So, they need to do it as a hub and spoke sort of thing, where they see the dietician and then in the next room they go to the optometrist and the next room they see the podiatrist. If we could get it working that way, it would be really good. But a lot of the facilities don't have the capacity or the space to do that. Or even the equipment necessary. You could be using up three rooms in some of the smaller Aboriginal Medical Services (AMSs) or Primary Health Centres (PHCs), and there's still the general practitioners who need room for their work and then the nurse needs a room. So, there's a space issue with a lot of it.

So that can be a bit of a catch 22.

Yeah. But the coordination is key for when an optometrist is there for four or five days in one community, like we have in the north west. It's really imperative that the coordinator is working alongside the optometrist to do the support work; organising glasses for example, with the Medical Aid Subsidy Scheme (MASS) or the Indigenous Spectacle Supply Scheme (ISSS) glasses. So, the optometrist can keep the patients flowing through.

What's the ISSS? Is that a component of the MASS glasses?

It is. The Indigenous Spectacle Supply Scheme has been rolled out through Vision 2020 Australia. So that Indigenous people don't miss out on free glasses. If they haven't got a Medicare card or if they're working, they can stay still get free glasses.

"Hey, Auntie you need to see the optometrist'. Or 'you haven't had a review done in 12 months and you need to get your eyes checked."

So just going back to what you were talking about before, one of the things that you've done really well over your time is you worked at regional levels and you have got a lot of collaboration happening between services. Can you tell us a little bit about how you've gone about that and what you think the benefit of that has been?

The people looking after eyes need to get out and talk to community members face-to-face, but also talk to the people in the facility and have roundtable meetings with all the providers like we've done in Queensland. Doing the mapping, getting everyone in the room and sharing information because a lot of them do not know what the other services are coming to the community. They're working in silos. And you've got to break that down, so they're referring to each other and supporting each other.

And have you got a particular good example of what's happened as a result of that work?

If you look at the Palm Island coordinator position, it's working brilliantly. There's an eye coordinator on Palm. She looks after the bookings and works with the drivers to get the patient to their appointments as a lot of them that don't have transport. Most of the patients will show up to their appointments. You'll always get one or two did not attends (DNAs). But it's having someone there supporting the optometrist and getting the word out into community.

It's having someone that can get into the actual practice systems and look at the recalls and not just sitting there wondering what's going on and hoping that the clinic books up. There's a lot of work behind the scenes that needs to be done to make those clinics viable.

And that all came about because of the roundtable type planning that you talked about to start with?

Yes, it did. Which Indigenous Eye Health (IEH) facilitated. I organised the meeting and getting the people around the table and then IEH actually facilitated the first meeting. That's how we eventually got the eye coordinator positions in remote communities identified as a required position. The person in that role accompanies community members from Palm Island to Townsville Hospital and Health Service (HHS) and then back again. It's about having that person there supporting the patient's journey. It's the same when people have cataract surgery. A lot of people are really scared, what if they need to go and have injections in their eyes? People don't know what to expect or what's going to happen.

CheckUP is currently working on making cataract bags. So, when someone's going to be sent off for cataract surgery, there's actually information on what they need to do before and afterwards. Then once they've had their surgery, they're given a bag with sunglasses, tissues, face wipes and some different things. Because a lot of patients come away from their community or from home and they've got to stay away overnight. Having little things like those bags can help them along. All those things that we don't generally think of when we're packing to go away overnight. We have had the artwork for the bags done by an elder too.

Before I leave the eyes topic, Tony, last year in March you were a 'leaky pipe' award recipient a the National Close the Gap for Vision conference. Tell us a bit about how you felt when that happened.

I was very surprised. I knew nothing about it. And I didn't expect it. I didn't have a clue that was happening. I didn't really know a great deal about the leaky pipe awards. So, I was a bit gob smacked and overwhelmed when they actually said it was me!

I remember! Outside of work Tony, what gets you up in the morning? What makes you tick besides your work?

I plan on travelling when COVID-19 is over. Travelling is one thing I love and antiques, I love my cuckoo clocks. And catching up with my friends. I like going out to breakfast on the weekend or going over for dinner and just interacting with people.

And how have you found the whole COVID-19 lock-down in that regard?

Challenging. When you live alone. It's a little bit more difficult.

What's next for you in your life plans?

Retirement and travel.

Overseas travel?

I'd love to do a lot of overseas travel, but it depends when the travel bubble is open and how it all pans out I suppose. But I'll probably do quite a few trips up to Bundaberg where a lot of my mates have now moved to.

So, you're not that far off from your retirement plans. Is that right?

I have probably extended that by about 12 months.

Okay. Have you got anything else you wanted to add Tony?

I suppose I've been lucky because I've had full support of CheckUP with everything I've wanted to do working with eyes. And that's about it!

That's great. Thank you so much Tony.

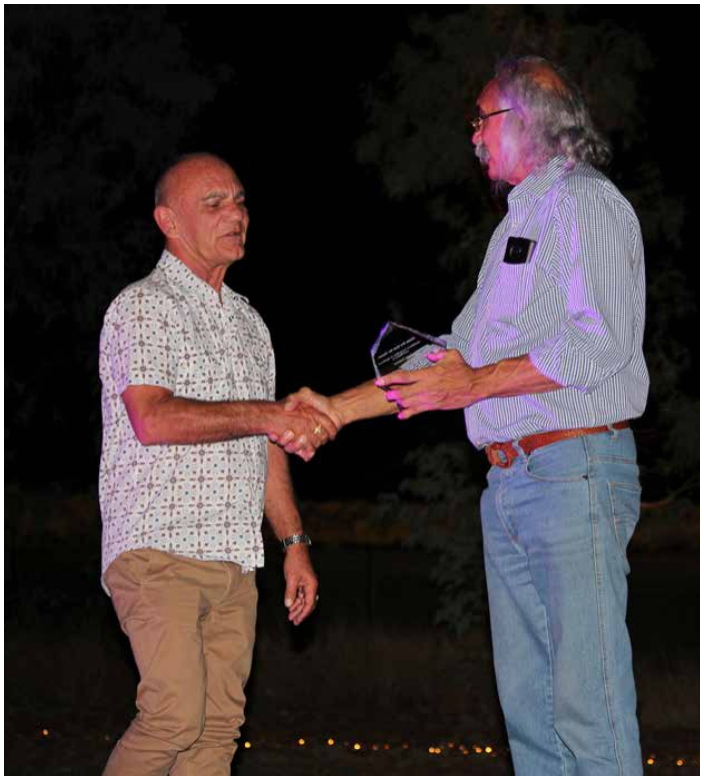


Image: Tony receiving a Leaky Pipe Award, 2019

For further details on this 'story' please contact Tony Coburn via email: tcoburn@checkup.org.au

SHARE YOUR STORY

PERSONAL REFLECTIONS

A Personal Reflection by Tania McLeod

This 'Personal Reflection' from Tania McLeod, Senior Program Officer, Fred Hollows Foundation was interviewed by Nick Wilson, Indigenous Eye Health, The University of Melbourne

Tania, thanks so much for taking the time to talk with me today. Would you mind telling us a little bit about yourself? Where are you from? Where's home?

Of course, I love sharing this sort of thing. I was born and bred in Darwin. My mother was born in Darwin, and her father was born in Darwin, and his mother was born in Katherine - so we are from the Jawoyn peoples.

My great grandmother was brought up to Darwin from Elsey Station, she worked as a house girl for various families in Darwin before she married and had my grandfather. So, we have a long and very rich history here in Darwin and I'm very lucky to have been brought up in a very multicultural place. I also have Torres Strait Islander heritage running through me, which is from my grandmother, my mum's mum. And then there's my father's side, the Scottish side. They came to Darwin in the 60s. So born and raised on Larrakia country - in my little bubble of love, protection and security.

We grew up in a small town urban/regional environment. Whilst we know where we are from, and we know some language, we were brought up in Darwin. My grandfather was brought up in a segregated town, and my great grandmother was also brought up in a segregated town, so she wasn't allowed to go home to country. But she already had her culture, she learnt and did ceremony before she was taken.

Dance is a big part of Torres Strait Islander culture. My little sister had the opportunity to get taught in some cultural dance. She was very lucky. We were too old - we should have done it, but we were busy doing our study and other things. But little sister girl did it.

So, we have our Aboriginal and Torres Strait Island connections, but also Malay and Chinese heritage, so very diverse! My mother's, mother's, father was a Malay man and a practising Muslim. He was involved in opening the first mosque in Darwin. We were brought up to appreciate, love and respect all cultures. I'm so lucky. I thought everyone was brought up like that.

"We were brought up to appreciate, love and respect all cultures. I'm so lucky. I thought everyone was brought up like that."

I was reading that you helped establish the Human Rights Network of Australia and went on to become the Chair. Can you tell me a little bit about that experience?

Yeah sure. I had a life changing experience through the Diplomacy Training program in 2007, which is run out of the Law Department at UNSW.

Through my work with the Fred Hollows Foundation, we were encouraged and supported to attend the two-week human rights and Indigenous rights training course. I learnt a lot about how parliament works, how policy is created and how legislation is passed.

This happened around the same time as the NT intervention, so it was interesting to look at this through the lens of human and Indigenous rights.

The network was established to share information, connect people facing situations in their family and community, and to be able to discuss it in a way that doesn't cause arguments - learning to be diplomatic. Which is hard! I'm no longer the chair of that network, but it is still running I believe.

Can you give us a bit of an overview of your career, Tania?

Sure. I'm very lucky as I've had a mixture of experience with both state/territory and commonwealth governments. After I finished school, I started working in customer service work, which was great, I gained skills in communicating with a broad range of people, building my skills and confidence.

I spent 15 years in government roles. After that I got a job with 'FORWAARD (Foundation of Rehabilitation With Aboriginal Alcohol Related Difficulties), who provide rehabilitation programs for Aboriginal and Torres Strait Islander people who want to address alcohol and/or drug use. My time with 'FORWAARD' was really grounding. I learnt a lot about the social determinants of health. FORWAARD are a great organisation.

Then I went to work for the Larrakia Nation, traditional owners of Darwin, who are still not officially recognised by governments. I was employed as a coordinator, so my job was to support the Community Harmony program, which was an initiative of the NT Government and the Larrakia Nation. My role was to provide community services and support for people from other country (remote/regional areas) who are coming into Larrakia country and supporting them whilst they were here.

We established a photographic ID office, which also provided return to country and crisis accommodation services. It was such a great experience working with the Larrakia. I should also say, I'm married to a Larrakia man, so my children are Larrakia.

Whilst I was working there, we would do lots of stuff together as a family, with my husband and kids, which was great. And my kids now work for the Larrakia Nation.

Then I got a job at the Fred Hollows Foundation (FHF) - and this is my 14th year with them.

Can you tell me about your time with the Fred Hollows Foundation (FHF)?

I'm a Senior Project Officer. When I joined FHF, I worked in the nutrition program, and at that stage we did not do eye health. I worked a lot with community stores around nutrition and governance. We also did some housing work in regards to food storage.

2006 was the first time I stood on my Great Grandmothers country, I'm lucky to work on country. It's like the universe has led me on this deadly journey, I'm learning so much and meeting so many people, getting back to country, it's great.

When I introduced myself I was accepted. That's how lovely our people are. It doesn't matter what colour you are. It's what's inside.

"2006 was the first time I stood on my Great Grandmothers country, I'm lucky to work on country. It's like the universe has led me on this deadly journey, I'm learning so much and meeting so many people."

Then I got into eye health. I didn't know anything about eyes! It was a really steep learning curve at first, but I've been working in eyes for 6 years now.

When I started, I had to learn all the players, what an Ophthalmologist was, what an optometrist is etc. I'm pretty good now, I reckon I could do cataract surgery (laughs).

I do love my job. It was really hard at the start, but I worked really hard and got there. I love working for FHF and love working for Fred's memory. He is more than eyes to us.

Who are some of the people you look up to? Who are your role models?

So, most of my role models are in my family. I have my grandfathers and grandmothers - they all have very hard stories, I can't believe that they made it.

So yeah, they are my role models. And also my mum and dad – they're a great team, my aunties and uncles and cousins.

Then I have Aunty Pat Anderson and Uncle Jack Ah Kit, Marion Scrymgour, Aunty Josie Crawshaw. Work hard, learning for life is the message I get from the people I look up to. AND - you're not always right, and you don't have to be (laughs).

I've been so privileged and lucky with the things people have told and taught me over the years. These are the things I hold close. Yeah, those are my role models.

How do you think we can encourage more young Aboriginal people to consider a career in eye health?

We need to get out there and show people we are here. People might not know that this could be a career for them. We need to have a look at other programs that successfully recruit young people into their sector. We also need to make it attractive. We need to support proper training. We can't expect our mob to be out of pocket, it's too hard.

Some try, but it's hard. We need more traineeships, more internships. We need to go to schools and start them thinking about eye health.

We need to look at eye health champions, people our mob know, like the Gordon Briscoe's and Trevor Buzzacott's. People need to hear the stories from when a lot of this work started.

My grandson is 5 and I have high hopes he will be an Ophthalmologist one day (laughs). I will also be encouraging my granddaughters when they can understand me!

You're a member of the Aboriginal and Torres Strait Islander Reference Group for the evaluation of regional implementation of the Roadmap to Close the Gap for Vision. Why do you think it was important for this group to be established?

I'm really proud and happy that Indigenous Eye Health (The University of Melbourne) has supported the establishment of the group.

The group is the product of listening to people's worries and concerns about the evaluation process. The members of the group have a diverse range of experience, skills and knowledge.

Having this group ensures that things will be carried out in a culturally safe and responsive way. We need to make sure the group continues to be supported and driven by Indigenous people. I can see the group sticking around for a while because there is a lot of stuff happening in the sector where the group could be utilised.

I agree. Tania, thank you so much for your time, it was great to speak with you!

Thank you! You know I love talking - especially love talking about my family. Thank you for the opportunity.

For further details on this 'story' please contact Tania McLeod via email: tmcleod@hollows.org

SHARE YOUR STORY

PERSONAL REFLECTIONS

Telehealth support of trained Aboriginal Health Practitioners: The way forward in regional and remote eye care

Emma Dargin, Elizabeth Barrett, Jane Hager, Dian Rahardjo and Colina Waddell all contributed to this instalment of 'Share Your Story: Success Story'.

Emma Dargin an Aboriginal Health Practitioner (AHP), at Condobolin's Aboriginal Health Service helped to save the sight of a patient with diabetic eye disease using her skills in retinal photography triaging and primary care eye health, during recent COVID-19 restrictions.

Condobolin Aboriginal Health Service (AHS) is 460 km (6.5 hours drive) north-west of Sydney in outer regional New South Wales. Condobolin has a population of approximately 3,500 people, with about 770 residents identifying as Aboriginal and/or Torres Strait Islander. COVID-19 restrictions resulted in a period of two months without optometry outreach clinics at most regional and remote NSW ACCHSs - including Condobolin AHS.

A new patient, with Type 2 diabetes, presented to Condobolin AHS in April 2020. The patient had a history of uncontrolled blood sugar levels over the eight years since the diagnosis of diabetes and had not had an eye examination in five years. The patient complained about seeing black lines with both eyes. Emma took photos of the back of the patient's eye using a digital retinal camera.

Image: Example of a retinal photo.

The photos showed significant internal haemorrhaging in both eyes. Diabetic eye disease (diabetic retinopathy) is a leading cause of blindness in adults. It damages the blood vessels of the retina (light-sensitive tissue). Emma recognised that an urgent referral might be needed and flagged the images for priority review by Condobolin AHS's General Practitioner.

The images were also assessed via telehealth by Condobolin AHS's Visiting Optometry Service Provider, Brien Holden Foundation, based in Sydney, and the Centre for Eye Health Retinal Photo Grading Service. All these practitioners recommended urgent assessment and treatment by an ophthalmologist.

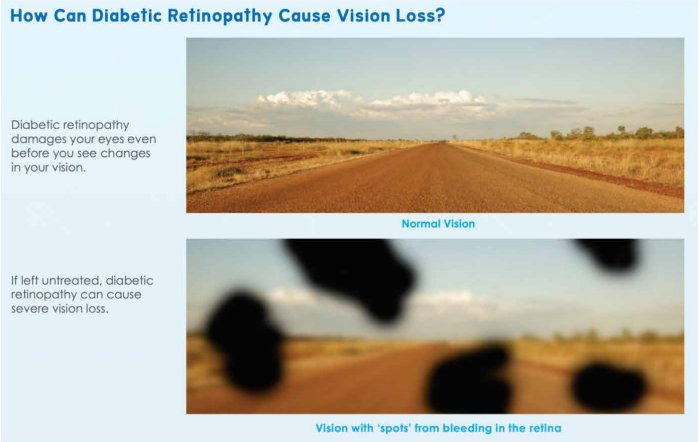


Image from 'Check Today, See Tomorrow' flipchart resource- How can diabetic retinopathy cause vision loss?

Emma quickly arranged an appointment for the patient at an ophthalmology practice in Orange, a large regional centre 2 hours' drive east of Condobolin.

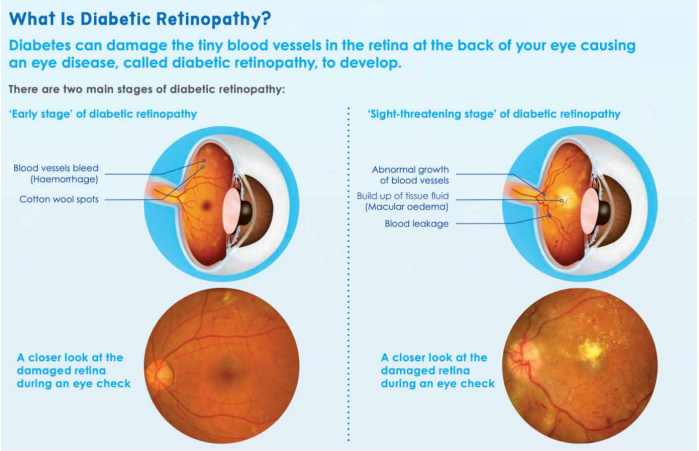


Image from 'Check Today, See Tomorrow' flipchart resource- What is diabetic retinopathy?

Emma collaborated with the Brien Holden Foundation optometrist and the Western NSW Eye Health Partnership to access this urgent appointment. The patient received several sessions of laser treatment.

The need for a quick diagnosis and urgent referral of advanced diabetic retinopathy poses a challenge in an outer regional and remote settings with limited immediate access to eye care services.

Emma developed her skills in triaging diabetic retinal photographs through the Australian Government 'Provision of Eye Health Equipment and Training Project'.

This project provides equipment including retinal cameras, primary health care training, mentoring and access to the Centre for Eye Health Retinal Photo Grading Service at Primary Health Care Services with a significant Aboriginal and Torres Strait Islander patient base.

The tele-optometry consultation Emma accessed was funded by the NSW Rural Doctors via the Visiting Optometry Scheme (VOS). The Australian Government funded VOS payment for tele-optometry in NSW was a short term measure in the COVID-19 period to ensure continued access to outreach services where Medicare was not able to support this.

"Emma's quick action helped saved this patient's sight, highlighting both the importance of primary health care involvement in diabetic eye screening and telehealth support for regional and remote health services.."

Regional and remote AHPs trained and equipped to screen for urgent eye conditions and supported via tele-optometry can save patient sight.

For further details on this 'story' please contact Jane Hager, Senior Project Officer - Western NSW Eye Health Partnership via email: jhager@nswrdn.com.au

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SUCCESS STORIES

‘Share Your Story’

Success Stories & Personal Reflections

Inspire others! We would love to hear ‘your story’, share your success and reflections in Indigenous eye health.

‘Share Your Story’ and let others benefit from your experience.

If you, your organisation, regional eye stakeholder group or another collaboration are interested in ‘sharing your story’ in Indigenous eye health, visit ‘Share Your Story’ on the IEH website here

e: Indigenous-EyeHealth@unimelb.edu.au | ph: (03) 834 49320.

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