



**2021 National  
Aboriginal and Torres Strait Islander  
Eye Health Conference**  
**The Gap & Beyond**

## Program Outline

<b>AEST</b>	<b>Tuesday 20 April 2021</b>			
<b>11 - 12.30pm</b>	<b>Welcome, Opening Session &amp; Professor Alex Brown  </b> Welcome to Country – Jack Buckskin Kurna language session – Jack Buckskin Welcome words from Prof Hugh Taylor (Indigenous Eye Health, University of Melbourne) and Shane Mohor (Aboriginal Health Council of South Australia) Prof Alex Brown (South Australian Health and Medical Research Institute)			
<b>1 - 2.25pm</b>	<b>Plenary Presentation - ‘The Gap...’</b> 1. Prof Nitin Verma (President, The Royal Australian and New Zealand College of Ophthalmologists) 2. Kim Moffitt, Fiona Bradbury (Albury Wodonga Aboriginal Health Service): Improving Screening for Diabetic Retinopathy in an Aboriginal Medical Service 3. Dr John Kaldor (Kirby Institute, University of NSW) Elimination of trachoma in Australia: How are we tracking? 4. Ben Hamlyn (Optometry Australia): ‘A South Australian optometrist’s perspective on closing the gap for vision...much done and much to do. 5. Celia McCarthy and Dennis Conlon (IUIH): The IUIH Cataract Surgery Pathway successfully providing clinical and social support 6. A/Prof Angus Turner (Lions Eye Institute): The evolution of the northwest hub – establishing a new regional base for eye health			
<b>2.30 - 3pm</b>	<b>Keynote Speaker</b> Prof Marcia Langton			
<b>3.30 - 5pm</b>	<b>Workshop 1</b> Eye Care 101 Facilitators: Nathan Wong (The Royal Victorian Eye and Ear Hospital), A/Prof Mitchell Anjou (Indigenous Eye Health, University of Melbourne)	<b>Workshop 2</b> A Focus on the Young Mob Facilitators: Dr Shelley Hopkins (Queensland University of Technology) and Lisa Penrose	<b>Workshop 3</b> Focusing on Strengths-Based Health Promotion Facilitators: Cheryl Davis (Curtin University). Supported by Carol Wynne and Emma Stanford (Indigenous Eye Health, University of Melbourne)	<b>Workshop 4</b> Maximising Optometry and Ophthalmology Services in ACCHOs Facilitators: Sarah Davies (Optometry Australia) and Legend Lee (The Royal Australian and New Zealand College of Ophthalmologists)
<b>5pm - onwards</b>	<b>External Networking Event (more information to be announced)</b>			

AEST	Wednesday 21 April 2021			
11am - 12.30pm	<p align="center"><b>Tabletop Presentations Room 1</b></p> <p>1. The Role of Accreditation in Improving Indigenous Eye Health Outcomes. Sian Lewis, Kelley Baldwin, Tamara McKenzie and A/Prof Mitchell Anjou (The Optometry Council of Australia and New Zealand)</p> <p>2. Lookout Project Evaluation: Service coordination success with Aboriginal Community Controlled Health Organisations in the lead. Penelope Smith (Indigenous Australia Program, The Fred Hollows Foundation), Emily Cheesman (University of Melbourne), Shaun Tatipata (Deadly Enterprises / Indigenous Eye Health, University of Melbourne)</p> <p>3. Reversing SAFE - Working with Remote Communities to promote environments that prevent trachoma. Dr Melissa Stoneham, Scott McKenzie (Curtin University)</p> <p>4. Online education for ACCO staff. Anne-Marie Banfield (Hearing Australia) and Dr Noela Prasad (Victorian Aboriginal Community Controlled Health Organisation)</p>	<p align="center"><b>Tabletop Presentations Room 2</b></p> <p>5. 'Check Today, See Tomorrow': a journey into diabetes eye health promotion. Carol Wynne (Indigenous Eye Health, University of Melbourne)</p> <p>6. Early Detection of Diabetic Retinopathy made easy with retinal photography in Primary health care. Dorcas Musyimi and Annika Honeysett (Riverina Medical &amp; Dental Aboriginal Corporation)</p> <p>7. Recruiting, Engaging and Retaining Participants for Health Research Studies within Aboriginal Communities: Learnings from a Population-Based Study on Type 2 Diabetes and its Eye Complications. Jose Estevez, Jayden Nguyen, Dr Natasha Howard, Prof Jamie Craig, Prof Alex Brown (South Australian Health and Medical Research Institute)</p> <p>8. A Community-Led Diabetic Retinopathy Prevention Initiative for Aboriginal and Torres Strait Islander Australians: Co-design protocol. Rosamond Gildea, Courtney Hammond, Jose Estevez, Dr Kootsy Canuto, Dr Natasha Howard, Prof Jamie Craig on behalf of the Investigator Team (South Australian Health and Medical Research Institute)</p>	<p align="center"><b>Tabletop Presentations Room 3</b></p> <p>9. Updating the model of eye care for Aboriginal populations in remote central Australia. Dr William Mitchell (Harvard University), Dr Mark Hassall, Dr Tim Henderson (Alice Springs Hospital)</p> <p>10. Strengthening Eye Care Partnerships in NSW and the NT. Dian Rahardjo and Sarah Nicholls (Brien Holden Foundation)</p> <p>11. Western NSW Eye Health Services Cultural Responsiveness Project. Jane Hager (Rural Doctors Network), Amanda Sheppard, David Aanundsen, Penelope Smith (Indigenous Australia Program, The Fred Hollows Foundation)</p> <p>12. Intravitreal dexamethasone versus bevacizumab in Aboriginal and Torres Strait Islander patients with Diabetic Macular Edema. (The OASIS Study). Joos Meyer (Fremantle hospital) Carly Fry, Angus Turner, Hessom Razavi (Lions Eye Institute)</p>	
1 - 1.25pm	<p align="center"><b>Keynote Speaker</b></p> <p align="center">Ricky Miller-Segura</p>			
1.30 - 3pm	<p align="center"><b>Workshop 5</b></p> <p>The challenge and imperative of evaluation</p> <p>Facilitators: Shaun Tatipata and Dr Tessa Saunders (Indigenous Eye Health, University of Melbourne) Supported by ARTD Consultants and Clear Horizon</p>	<p align="center"><b>Workshop 6</b></p> <p>Diabetic retinopathy screening, assessment and treatment</p> <p>Facilitators: Neville Turner (Australian College of Optometry) and Dr Kristin Bell, (Royal Hobart Hospital)</p>	<p align="center"><b>Workshop 7</b></p> <p>"Deadly Sights" &amp; CQI – Enhancing eye care in Aboriginal primary health</p> <p>Facilitator: Chris Reksinis (Aboriginal Health Council of South Australia)</p>	<p align="center"><b>Workshop 8</b></p> <p>Closing the Gap for Vision: the approach to regional collaboration</p> <p>Facilitators: Nick Schubert (Indigenous Eye Health, University of Melbourne), Rosamond Gildea (South Australia Health and Medical Research Institute)</p>
3.30 - 5pm	<p align="center"><b>Concurrent Presentations Room 1</b></p> <p>1. Novel Telehealth Outreach Model: Why travel to see the ophthalmologists? Authors: Dr Katie Wang, Dr Nicholas Dunstan, Dr Vaibhav Shah, Dr Yachana Shah, Stephen Copeland, A/Prof Angus Turner (Lions Eye Institute)</p> <p>2. Telehealth Eye Care Delivery in Remote South Australia: Protocol, Implementation and Lessons Learnt. Authors: Cathy Starr (Nganampa Health Council) and Jose Estevez (South Australia Health and Medical Research Institute)</p> <p>3. Exploring some different views on Diabetic Retinopathy Screening from Queensland. Lisa Penrose, May Valu and Dr Rajendra (AWAL Medical Centre)</p>	<p align="center"><b>Concurrent Presentations Room 2</b></p> <p>1. Optometry in ACCHOs, Pathways, Partnerships and Opportunities for Education. Authors: Genevieve Napper, Gary Cerie, Shannon Davies, Jose Estevez, Christopher Law, Sarah Nicholls, Lisa Penrose, Vicki Sheehan (Optometrist)</p> <p>2. Bunjils Mirring Nganga-djak Project: Community driven eyecare – 'pathways and partnerships'. Authors: Vanessa Murdoch (EACH), Nilmini John (Australian College of Optometry), Liz Senior (EACH)</p> <p>3. Establishing a 'Leaders in Indigenous Optometry Education Network'. Authors: Prof Sharon Bentley, Prof Nicola Anstice, Prof James Armitage, Dr Joanna Black, A/Prof Jason Booth, Prof Steven Dakin, Prof Garry Fitzpatrick, Prof Lisa Keay, Prof Allison McKendrick</p>	<p align="center"><b>Concurrent Presentations Room 3</b></p> <p>1. COVID-19 and the gap for vision. Authors: Dr Guy Gillor, A/Prof Mitchell Anjou, Regional Implementation Team (Indigenous Eye Health, University of Melbourne)</p> <p>2. Helping our patients to see: An Urban pathway for improving the vision of Aboriginal and Torres Strait Islander Peoples. Authors: Matt Watson, Dr Richelle Douglas, Kerry Woods, A/Prof Angus Turner</p> <p>3. Australian Eye Health Survey. Author: Prof Paul Mitchell (University of Sydney)</p>	
5.15 - 6.15pm	<p align="center"><b>Social Networking Event &amp; Awards</b></p>			

AEST	Thursday 22 April 2021
11am - 12.45pm	<p style="text-align: center;"><b>Plenary Presentation - ‘...and Beyond’</b></p> <ol style="list-style-type: none"> <li>1. Dr Kris Rallah-Baker (Chair, Vision 2020 Australia Aboriginal and Torres Strait Islander Committee)</li> <li>2. Community lead eye care – 2020 and beyond. Authors: Anne-Marie Banfield (Hearing Australia)</li> <li>3. Karadi Aboriginal Corporation, our journey into Indigenous Eye Health, a good news story. Authors: Emma Robertson and Marc Hicks (Karadi Aboriginal Corporation)</li> <li>4. Shaun Tatipata (Deadly Enterprises / Indigenous Eye Health, University of Melbourne)</li> <li>5. Leadership in Aboriginal and Torres Strait Islander Eye Health - Panel discussion <ol style="list-style-type: none"> <li>a. Nicole Turner (Chair, Indigenous Allied Health Australia)</li> <li>b. Simone Kenmore (Country Manager, Indigenous Australia: The Fred Hollows Foundation)</li> <li>c. Anne-Marie Banfield</li> <li>d. Kris Rallah-Baker</li> <li>e. Shaun Tatipata</li> <li>f. Lauren Hutchinson</li> </ol> </li> </ol>
1.30 - 2pm	<p style="text-align: center;"><b>Keynote Speaker</b> Mark Yettica-Paulson</p>
2.05 - 3pm	<p style="text-align: center;"><b>Campfire &amp; Networking Session</b> Rooms with open discussion on key issues</p>
3.05 - 3.45pm	<p style="text-align: center;"><b>Closing Session</b></p>



**2021 National  
Aboriginal and Torres Strait Islander  
Eye Health Conference**  
**The Gap & Beyond**

## **Abstracts**

### **Tabletop presentations (Wednesday 11-12.30)**

#### **The Role of Accreditation in Improving Indigenous Eye Health Outcomes**

Authors: Sian Lewis, Kelley Baldwin, Tamara McKenzie and A/Prof Mitchell Anjou (The Optometry Council of Australia and New Zealand)

Abstract: Accreditation authorities are able influence improvements in Indigenous health outcomes through setting accreditation standards which challenge education providers to produce future health practitioners who are culturally safe and reviewing how programs attract and support students who identify as Indigenous.

The Optometry Council of Australia and New Zealand (OCANZ) formed an Indigenous Strategy Taskforce in 2018 which includes Indigenous optometrists and experts in Indigenous health and eye health. The Taskforce has overseen development and/or implementation of a range of initiatives including:

- Implementing the Optometry Aboriginal and Torres Strait Islander Health Curriculum Framework. The Framework guides training of cultural safety in reflective practice, through appropriately addressing the history, health needs and practices of Aboriginal and/or Torres Strait Islander Peoples and in partnership with communities.
- Conducting activities to support implementation of the Framework; train teachers to teach cultural safety to students; and showcase learnings.
- Funding bursaries Aboriginal and Torres Strait Islanders people working with optometry programs to attend conferences for professional development.
- Developing a Optometry Māori Health Curriculum Framework.
- Influencing other optometry actors (regulators, professional bodies etc) to work collaboratively to lead positive change.

This presentation will provide an overview and update of OCANZ activities supporting initiatives to close the gap for vision.

#### **Lookout Project Evaluation: Service coordination success with Aboriginal Community Controlled Health Organisations in the lead**

Authors: Penelope Smith (Indigenous Australia Program, The Fred Hollows Foundation), Emily Cheesman (University of Melbourne), Shaun Tatipata (Deadly Enterprises / Indigenous Eye Health, University of Melbourne)

Abstract: Evidence shows that Aboriginal communities self-determination in health is strengthened by having Aboriginal Community Controlled Health Organisations (ACCHOs) lead service coordination. This presentation will use data from the evaluation of the Look Out Project to trace the ACCHO-led coordination and expansion of Aboriginal community access to eye health services and the required resourcing and support.

Commencing in 2019, the Rural Workforce Agency Victoria (RWAV) worked with four ACCHOs and the IDEAS Van Partnership to resource and increase Aboriginal client access to access to outreach diabetic eye care services in regional Victoria (the Look Out Project). The Indigenous Australia Program of The Fred Hollows Foundation evaluated the project. The evaluation design combined semi-structured interviews and focus groups with document analysis. This presentation will explore the findings from the evaluation.

## **Reversing SAFE - Working with Remote Communities to promote environments that prevent trachoma**

Authors: Dr Melissa Stoneham, Scott McKenzie (Curtin University)

Abstract: As the WHO deadline to eliminate trachoma draws closer, the #endingtrachoma project has decided to invest and focus on the E within the WHO SAFE strategy. Our project works with Aboriginal Organisations who employ Aboriginal Environmental Health Workers (EHWs), regional Public Health Units and the WA Health Environmental Health Directorate to develop a sustainable approach to reducing trachoma – through environmental health change in community. We work with remote communities to develop a community driven Community Environmental Health Action Plan which identifies and plans for sustainable and realistic trachoma prevention strategies. Through this, we support locally identified projects in community such as the environmental health clinical referrals and the safe bathrooms project. The safe bathrooms is highly co-ordinated. We train EHWs to conduct bathroom and laundry assessments in homes. These assessments identify structural issues requiring maintenance to ensure a functional bathroom. The EHWs provide free soap, mirrors at child height, coloured towels and towel hooks and have a conversation with the householder about the importance of hand and face washing. We have developed a number of tools to facilitate this conversation. Within 24 hours of the assessment, Housing contractors visit the homes to rectify the plumbing issues identified in the audit. The EHWs who work and live in community, continue to follow up over time.

## **Online education for ACCO staff**

Authors: Anne-Marie Banfield (Hearing Australia) and Dr Noela Prasad (Victorian Aboriginal Community Controlled Health Organisation)

Abstract: ACCHO staff are often in remote locations and are stretched with the demands placed on them as first the port-of-call for holistic healthcare needs of the community. This leaves little opportunity for upskilling, updating or refreshing of the knowledge and skills they might have learnt during initial training for their qualification. The development and maintenance of skills that are not used as regular parts of their clinical duties are also adversely affected by the lack of access to resources and training materials.

Online courses are a potential solution, but must be up-to-date, comprehensive and engaging to meet the needs of learners. Additionally, the format and structure of the course must be compliant with Vocational Training regulations, if a course is to be accredited.

Through creative instructional design, gamification and interactive resources the art of storytelling can be harnessed to provide Aboriginal and Torres Strait Islander health workers access to learning material that allow them to upskill and remain current in their professional skills.

Through this presentation, the strength of collaboration to deliver a novel product - Looking Deadly - will be described, to demonstrate the value of using technology to deliver online training for ACCHO staff.

## **‘Check Today, See Tomorrow’: a journey into diabetes eye health promotion**

Author: Carol Wynne (Indigenous Eye Health, University of Melbourne)

Abstract: In 2015, as part of the Roadmap to Close the Gap for Vision recommendations, Indigenous Eye Health at the University of Melbourne responded to regional needs for culturally appropriate diabetes eye care health promotion and awareness to improve eye health outcomes.

Health promotion resources, branded ‘Check Today, See Tomorrow’, were developed using a by community, for community, strength-based approach, and included music, art and sharing of personal stories as the backbone for community engagement.

More than five years on, the resources continue to support Roadmap regional activities and have been ordered by Aboriginal Community Controlled Health Organisations and other stakeholders in all states and territories in Australia. They have been effectively used and integrated into a variety of settings and platforms to support improvements in eye health outcomes. The flexible, adaptable design of the resources has also allowed a number of community adaptations and has contributed to increased participation in services.

This journey into diabetes eye health promotion will be shared and reflected on as we continue to consider how we support local needs and control within national programs or frameworks that allows collective innovation to genuinely advance Aboriginal and Strait Islander eye health.

## **Early Detection of Diabetic Retinopathy made easy with retinal photography in Primary health care**

Authors: Dorcas Musyimi, Annika Honeysett (Riverina Medical & Dental Aboriginal Corporation)

Abstract: Riverina Medical and Dental Aboriginal Corporation is one of the 155 sites selected to receive a retinal camera through the Federal Government funded Provision of Eye Health Equipment and Training (PEHET) project. The PEHET project is delivered by consortium of five organisations co-led by BHVI and Australian College of Optometry (ACO).

In this presentation, Riverina Medical and Dental Aboriginal Corporation will share their journey of embedding the use of the retinal camera into every day clinical practice – including identifying patients and creating a pathway into eye care – and the positive impact the retinal camera has had. As well as creating an increase in diabetic retinopathy screening and testing, retinal photography has created an avenue for education dialogue; it has highlighted the importance of keeping blood sugar, cholesterol and blood pressure at healthy levels to patients. Furthermore, it has provided a convincing justification of the importance regular eye testing for those who stayed away from Optometry services.

Dorcas Musyimi: Dorcas is a practice nurse at Riverina Medical & Dental Corporation. In addition to triaging and assisting doctors with procedure, her roles include Nurse Immuniser, Women’s Health Cervical Screening Nurse and she is the main retinal camera photographer in the Diabetes clinic. Annika Honeysett: I’m a proud Ngiyampaa woman born and bred in Wagga Wagga. I am an Aboriginal Health Practitioner at Riverina Medical & Dental Aboriginal Corporation. My roles include Immunisation Coordinator; Mums and Bubs Coordinator, working with the midwife and GPs to care for expectant and postpartum mothers; and retinal camera photographer.

## **Recruiting, Engaging and Retaining Participants for Health Research Studies within Aboriginal Communities: Learnings from a Population-Based Study on Type 2 Diabetes and its Eye Complications**

Authors: Jose Estevez, Jayden Nguyen, Dr Natasha Howard, Prof Jamie Craig, Prof Alex Brown (South Australian Health and Medical Research Institute)

Abstract: Engagement and relationship building for recruitment and retention of study participants from hard-to-reach populations require tailored approaches that consider the contextual factors of local communities. This presentation outlines the multi-targeted approach applied to support participation, community engagement, clinical integration of eye health outcomes and knowledge translation for a population-based cohort study.

The Predicting Renal, Ophthalmic and Heart Events in the Aboriginal Community (PROPHECY) study seeks to gain an understanding of the social, clinical and biological predictors of type 2 diabetes and its complications, including vision loss. The cohort recruits Aboriginal and Torres Strait Islander people living within South Australia (SA) and is known to the community as the Aboriginal Diabetes Study. A multi-targeted approach to participant recruitment and engagement is co-designed with the research team, partners and community leaders across diverse SA Aboriginal communities. Clinical integration is achieved through the detection and triaging of eye diseases, and delivery of vision correction and aggregated study findings are translated to service and community partners.

Insights into the importance of relationships, reciprocity and partnerships built around trust for mutually successful research and community outcomes are highlighted, with relevant findings on the eye health needs of the SA Aboriginal community to be explored.

## **A Community-Led Diabetic Retinopathy Prevention Initiative for Aboriginal and Torres Strait Islander Australians: Co-design protocol**

Authors: Rosamond Gilden, Jose Estevez, Dr Karla Canuto, Dr Natasha Howard, Prof Jamie Craig on behalf of the Investigator Team (South Australian Health and Medical Research Institute)

Abstract: Screening and treatment coverage rates for diabetic retinopathy (DR) remain low within many Aboriginal and Torres Strait Islander communities. Despite investments in DR screening there is an existing demand for initiatives to be responsive to the multi-dimensional social, clinical and cultural eye care needs of Aboriginal and Torres Strait Islander people. This presentation will outline the co-design protocol for the development of an eye healthcare action plan for implementation within urban, regional and remote Aboriginal primary health care services.

Using a multi-staged, mixed-methods approach the SA Aboriginal Eye Health Project will co-design, implement and evaluate a community-led DR prevention initiative that is evidence-based, built around strong community ties and leadership, and will strengthen and facilitate community stewardship and long-term sustainability. Stage 1A co-design includes understanding local eye healthcare needs through; 1) eye health data; 2) auditing local equipment/services; and 3) interviewing key stakeholders. Stage 1B will synthesise local evidence to inform a stakeholder workshop and develop holistic eye healthcare strategies for implementation within the Aboriginal primary health care services.

Incorporating co-design principles will increase the utility of DR initiatives to be aligned with community and service needs. Ultimately working towards an eye healthcare intervention that promotes positive eye health outcomes.

## **Updating the model of eye care for Aboriginal populations in remote central Australia**

Authors: Dr William Mitchell (Harvard University), Dr Mark Hassall, Dr Tim Henderson (Alice Springs Hospital)

Objectives: In central Australia, the number of full-time ophthalmologists per-capita is 19-times lower than the national average. Eye disease is the third-largest contributor toward the health-inequality gap for Aboriginal Australians, and despite the 6-fold greater prevalence of blindness, they're 10-times less likely to receive surgery. This paper studies how the central Australian ophthalmology service addresses remote eye-care complexities, and how to update current services to meet future needs.

Methods: MEDLINE and governmental reports were analysed collaboratively with specialists from central Australia and the Australian Department of Health.

Results. Central Australian eye-care can be understood at 3 levels. At the healthcare service level, Aboriginal primary-care services manage common eye diseases, and bridge to either optometry; crucial in reducing refractive error; or ophthalmology; which has doubled outreach services since 2000. At the community level, eye "champions" and mutual community support is crucial in motivating reluctant, fearful patients toward healthcare engagement. Sadly, Australia remains the only developed country with blinding endemic trachoma, despite regimented screening and >50% reduction since 2006. At the healthcare system level, whilst crucial initiatives rely on private-funding, government-funded models have enabled sustainable service expansion; with more needed to address anticipated disease-burden growth.

Conclusions: Eye disease remains an enormous public health issue. Understanding effective central Australian models will help direct ongoing efforts to reduce persisting disparity for Aboriginal Australians.

## **Strengthening Eye Care Partnerships in NSW and the NT**

Author: Dian Rahardjo, Sarah Nicholls (Brien Holden Foundation)

Abstract: BHVI has been providing sustainable eye care services through its Aboriginal Vision Program since 1999 (NSW) and 2000 (NT). The Program aims to create Aboriginal and Torres Strait Islander peoples' agency while strengthening eye care services in a culturally safe manner.

In this presentation, various approaches to close gaps identified by the local community will be discussed:

- Partnerships with local and regional stakeholders
- Partnerships with other local and national organisations
- Working with various state and territory fundholders
- Taking part in advisory groups
- Providing primary care training
- Taking part in federal funded projects (PEHET)
- Increasing access to spectacles

Each community in NSW and NT present unique barriers and enablers; which will also be discussed in the presentation.

Sarah Nicholls is a therapeutically endorsed optometrist who grew up in country NSW. She has experience in urban, rural and remote optometry as well as being involved in surgical ophthalmology care. She has a passion for providing patients with culturally appropriate ocular care.

Dian Rahardjo is a therapeutically endorsed public health optometrist with a keen interest in community development and health promotion to tackle health and social disparities. She has experience in urban, rural and remote optometry settings, surgical ophthalmology care, teaching, research and professional body administration.

## **Western NSW Eye Health Services Cultural Responsiveness Project**

Authors: Jane Hager (Rural Doctors Network), Amanda Sheppard, David Aanundsen, Penelope Smith (Indigenous Australia Program, The Fred Hollows Foundation)

Abstract: The Indigenous Australia Program (IAP) of the Fred Hollows Foundation (The Foundation) funds a Senior Project Officer to facilitate the Western NSW Eye Health Partnership (WNEHP), which supports improvements in the WNSW public eye health care model. The WNEHP and the IAP are undertaking a collaborative project in 2021 to produce locally specific guidance on improving the cultural responsiveness of WNEHP members' eye health services.

Culturally responsive, people-centered eye care plays a role in reducing fail to attend (FTA) rates. Aboriginal and Torres Strait Islander patients and non-Indigenous patients share similar reasons for not attending appointments (including lack of reminder mechanisms, understanding the importance of attendance, etc.), but culturally responsive services are specific to Aboriginal and Torres Strait Islander populations.

This project's components are:

1. Non systematic literature review of research on (FTA) rates and Indigenous populations;
2. A desktop assessment of cultural competency of the organisations within the WNEHP;
3. Digital yarning circles with Aboriginal and Torres Strait Islander patients conducted by IAP Aboriginal staff; and
4. Email survey of Clinicians involved with eye care within the WNEHP.

Thematic analysis will be applied to the data to uncover themes. Alongside this, we will collect key published literature to inform the project and use this alongside the desktop assessment findings to produce place-based recommendations for improving the cultural responsiveness of the services within the WNEHP.

## **Intravitreal dexamethasone versus bevacizumab in Aboriginal and Torres Strait Islander patients with Diabetic Macular Edema. (The OASIS Study)**

Authors: Joos Meyer (Freemantle Hospital), Carly Fry, Angus Turner, Hessom Razavi (Lions Eye Institute)

Abstract: In this study, we conducted the world's first ophthalmic RCT for Aboriginal-only patients, to investigate the non-inferiority of the intravitreal dexamethasone implant (DEX-implant) versus conventional anti-VEGF therapy with intravitreal bevacizumab, for the treatment of DME among Aboriginal adults in Western Australia. We found that, when combined with cataract surgery, the DEX-implant was non-inferior to bevacizumab for the treatment of DME in Aboriginal participants, despite requiring fewer clinic attendances and less frequent injections. In remote communities, the DEX-implant surpassed non-inferiority to achieve superior visual outcomes when compared to bevacizumab. This is the first study to establish the DEX-implant as a safe, effective and pragmatic alternative to anti-VEGF injections for the management of DME in Aboriginal patients. The judicious use of the DEX-implant could substantially reduce the burden of vision loss from DME in Aboriginal communities. We provide guidelines for the use of the DEX-implant in Aboriginal patients, with appropriate follow up to screen for side effects.



## **Concurrent presentations (Wednesday 3.30-5pm) - Telehealth and digital health**

### **Novel Telehealth Outreach Model: Why travel to see the ophthalmologists?**

Authors; Dr Katie Wang, Dr Nicholas Dunstan, Dr Vaibhav Shah, Dr Yachana Shah, Stephen Copeland, A/Prof Angus Turner (Lions Eye Institute)

Background: A gap remains in eye health for patients in rural and remote regions of Australia compared to their counterparts in urban areas. Rural residents suffer higher rates of blinding eye disease and are three times less likely to see an eye specialist. In response to the COVID-19 pandemic, an intraregional lockdown was imposed in Western Australia (WA), preventing travel between March 23rd and June 5th, 2020. This extended to visiting health services, including Lions Outback Vision (LOV), which provides specialist ophthalmic care to rural communities in WA.

Objective: The purpose of this study was to augment existing LOV community-based teleophthalmology services with two novel modalities in order to maintain the outreach of eye care to regional areas throughout the pandemic.

Methods: During the lockdown, all telehealth was audited. Modalities included (1) community-based optometry videoconferencing services (COS) as per existing telehealth systems. Two novel modalities were included for the first time; hospital-based teleophthalmology utilising dormant equipment (HBT) in two locations where an optometrist was resident regionally - Karratha and Kununurra; AND telephone consultations at home (TEL). The outcome of each appointment was audited, and the total number of consultations compared to the same period in 2019.

Results: A substantially higher number of teleophthalmology consultations occurred during the 2020 lockdown (n=432) compared to the same period in 2019 (n=236). All three modalities were well utilised (COS=160, HBT=107, TEL=165). Furthermore, patient outcomes were similar regardless of the modality used, including rates of discharge, face-to-face or telehealth follow-up and surgery bookings.

Conclusion: Teleophthalmology is an efficient method of service delivery, which handles high patient volume whilst being adaptable to minimise contact with health facilities, travel requirements and provide continuity of care in areas of unmet need.

### **Telehealth Eye Care Delivery in Remote South Australia: Protocol, Implementation and Lessons Learnt**

Authors: Cathy Starr (Nganampa Health Council) and Jose Estevez (South Australia Health and Medical Research Institute)

Background: Due to travel restrictions imposed as a result of the COVID-19 pandemic, a teleoptometry service was required to deliver eye health care to the population of the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands in South Australia. A broad scope hybrid teleoptometry model of care was co-developed, implemented and evaluated for immediate and ongoing use in servicing remote Aboriginal communities.

Methods: A hybrid teleoptometry consultation (HTC) model of eye care delivery, which includes both asynchronous and synchronous methodologies, was implemented within remote South Australia. The HTC model was initiated after the delivery of training to a local health care worker (in this case a nurse). The HTC model was reliant on three-way interactions using a videoconference platform between patient, healthcare worker and eye care provider. A series of tests occurred prior to optometrist-consultation and include vision assessments (distance and near visual acuities), autorefraction, intraocular pressure, pupil and motility functions, trachoma screening, retinal photography. Using a patient-centred framework the results were summarised and discussed with the patient and on-site health care worker, with clinical management and referrals made with local coordination support as needed.

Results: A total of 80 patients were examined using the HTC model during this initial stage, with an average age of 48.2 years and the majority being female (74%). The two most common presentations were in relation to diabetes and poor vision. The predominant ethnicity was Aboriginal Australian, with all patients who attended being from a very remote area. The overall prevalence of diabetic retinopathy in the study group was 11.25%. Of the 80 patients presenting to the clinic, 17.5% required additional triaging to ophthalmology following their teleoptometry examination. Autorefraction results were shown to have a high level of accuracy in comparison to their final or previous spectacle prescription.

Conclusion: The implementation of the hybrid teleoptometry model allowed for timely access to eye health services for a remote Aboriginal population. Although further evaluation and improvements are needed, this model of teleoptometry shows promising signs for future implementation in rural Australian communities as an adjunct to face-to-face consultations.

## **Exploring some different views on Diabetic Retinopathy Screening from Queensland**

Authors: Lisa Penrose, May Valu and Dr Rajendra (AWAL Medical Centre)

Abstract: One size does not fit all! Primary Health Care Clinics use different processes and systems of care depending upon their population base, location, size and available services, amongst other factors. Diabetic retinopathy screening (DRS) is no different. We will discuss 2 different models in place in Queensland for DRS; Sarina in North Queensland, and Normanton in The Lower Gulf region. DRS offers a terrific opportunity for both patient education and engagement with the Primary Health Care Clinic. Flexible referral pathways and processes are important when designing DRS models of care, to enhance patient health outcomes and ensure maximum engagement of Primary Health Care staff. Care models and referral pathways need to enhance diabetic care systems already in place. As these 2 examples will demonstrate, when designed well, DRS can integrate into clinical processes already in place, and enhance patient compliance.

## **Concurrent presentations (Wednesday 3.30-5pm) - Optometry Optometry in ACCHOs , Pathways, Partnerships and Opportunities for Education**

Authors: Genevieve Napper, Gary Cerie, Shannon Davies, Jose Estevez, Christopher Law, Sarah Nicholls, Lisa Penrose, Vicki Sheehan (Optometrist)

Abstract: Optometrists deliver comprehensive eyecare services in many ACCHOs across Australia at the primary and secondary care level enabling early detection, timely treatment, triaging and referrals for major eye conditions. Recent national epidemiological surveys still highlight that the eyecare sector is not meeting the needs of a large proportion of First Nations Australians and demonstrates there is room for improvement. Preventing avoidable vision loss requires optometrists to; (1) engage in close partnerships with community members and primary health care staff to enable uptake of eye and health services (2) development of effective referral pathways and sustainable service systems (3) participate in advocacy roles with other Aboriginal organisations and (4) co-design policy and systems with Aboriginal communities. Additionally, optometry within ACCHOs provides several opportunities for capacity building with primary health care staff and supporting clinical placements for health care students. Optometry students and recent graduates are encouraged to participate in eye care programs within ACCHOs, but further work is needed to enhance educational opportunities and strengthen the workforce into the future. This presentation will discuss examples of success, the importance of effective partnerships and integration of optometry into holistic multidisciplinary primary health care in ACCHOs.

## **Bunjils Mirring Nganga-djak Project: Community driven eyecare – ‘pathways and partnerships’**

Authors: Vanessa Murdoch (EACH), Nilmini John (Australian College of Optometry), Liz Senior (EACH)

Background/Purpose: EACH is a national community health service. In partnership with the Australian College of Optometry (ACO), EACH offers free eye testing for the Aboriginal community in the Eastern suburbs of Melbourne. Uptake of these appointments has traditionally been low.

Aim/Objective: The aim of the project is to:

- Increase the number of Aboriginal people who have had an eye examination.
- Increase the knowledge of metropolitan Aboriginal community that eye tests are important for everyone.

Methods: To increase the numbers of eye testing, two health promotion officers, one who is Aboriginal have worked on the project. Strategies have included:

- Joining the Eastern Metropolitan Melbourne Aboriginal Eye Health Regional Stakeholder Group and partnering with the Australian College of Optometry.
- Used the Aboriginal Journey Tracks School Cultural Program, to bring optometry visits from the ACO into schools
- Working with Aboriginal students to produce posters promoting eye testing for the Aboriginal community
- Developed a short film promoting eye testing, launched at the ‘Healthy Mob Day’

Results: Forty-five Aboriginal students in five schools screened. Eighteen students, 40 % required glasses. Ten people signed up for eye checks at the launch of the Optometry film. Increase in amount of Aboriginal people using the EACH optometry clinic.

## **Establishing a ‘Leaders in Indigenous Optometry Education Network’**

Authors: Prof Sharon Bentley, Prof Nicola Anstice, Prof James Armitage, Dr Joanna Black, A/Prof Jason Booth, Prof Steven Dakin, Prof Garry Fitzpatrick, Prof Lisa Keay, Prof Allison McKendrick

Abstract: The leaders of optometry programs in Australia and Aotearoa/New Zealand are committed to improving Indigenous eye health through the establishment of a ‘Leaders in Indigenous Optometry Education Network’ (LIOEN), in partnership with Indigenous leaders (and headed by Indigenous optometrists as soon as possible). The purpose of LIOEN will be to:

- Embed cultural safety and Indigenous perspectives across optometry curricula;
- Develop, source, share and deliver high quality learning and teaching on cultural safety and Indigenous perspectives;
- Support a community of practice and professional development for optometry educators;
- Promote and nurture a culturally safe learning environment for optometry students; and
- Grow the number of Indigenous optometrists entering the workforce.

Such a proposal cannot be successful without partnering with Indigenous Peoples and requires critical individual and institutional reflection. Membership, governance and a work plan for the activities and evaluation of LIOEN also require deliberation. Given limited resources and the enormous workload placed upon Indigenous leaders and educators, consideration should be given to working collaboratively with other healthcare professions in the future. This might increase the effectiveness of Indigenous health education networks and the likelihood of sustainability, resulting in a health care system free of racism and better health outcomes for all.

## **Concurrent presentations (Wednesday 3.30-5pm) - Data and pathways**

### **COVID-19 and the gap for vision**

Authors: Dr Guy Gillor, A/Prof Mitchell Anjou, Regional Implementation Team (Indigenous Eye Health, University of Melbourne)

Abstract: Among the many impacts of COVID-19 on the health system and broader daily life is the interruptions in access to eye health services, from screening and examination to treatment and surgery. After over a decade of gradual improvements in access to services and outcomes (as documented by AIHW 2020), the impact of COVID-19 on access to eye health services for Indigenous Australians has yet to be comprehensively estimated. This paper explores emerging data on the impact of COVID-19 on access to screening, surgery, and treatment for key eye conditions that contribute to vision loss and blindness of Indigenous Australians, and estimates the possible impact on the gap for vision. This analysis is informed by data from AIHW, MBS, State Health and other publicly available sources, as well as a policy analysis of the caps on surgical loads. Finally, the paper explores some regional and jurisdictional strategies to improve equity of outcomes, and ways that these strategies can be used to refocus advocacy efforts on implementing proven successful strategies to improve eye health equity.

### **Helping our patients to see: An Urban pathway for improving the vision of Aboriginal and Torres Strait Islander Peoples**

Authors: Matt Watson, Dr Richelle Douglas, Kerry Woods, A/Prof Angus Turner

Background: Aboriginal Medical Service clinic staff appear to be the enablers of Indigenous patient attendance at ophthalmology outreach appointments.<sup>1</sup> In most areas of Australia, Indigenous patients are three times more likely than non-Indigenous patients not to attend a scheduled medical appointment. The Lions Eye Institute (LEI) and Derbarl Yerrigan Health Service (DYHS) have trialled an “urban pathway” providing the services of retinal photography, optometrists, ophthalmologists and Aboriginal Health Workers in a culturally appropriate environment.

Method: Audit data from 2019 was collected demonstrating the number of patients seen, attendance and waiting times for surgery or intravitreal injection.

Results: 249 patients were seen at the eye clinic located at DYHS in 2019 and half of these were “walk-ins”. The surgical attendance rate of 88%, and the average wait time was 54 days.

Conclusion: Collaboration of specialist eye-services with a culturally appropriate Aboriginal Health Service is a successful model to improve surgical attendances and wait times. Similar models have the potential to result in programs which can begin to ‘close the gap’ in visual outcomes for Aboriginal Peoples.

## **Australian Eye Health Survey**

Author: Prof Paul Mitchell (University of Sydney)

Abstract: The Centre for Vision Research at the Westmead Institute for Medical Research, University of Sydney and partners, the School of Optometry and Vision Science, UNSW Sydney, Brien Holden Foundation, and The George Institute for Global Health, were awarded the tender by the Commonwealth Department of Health to conduct the Second National Eye Health Survey (NEHS). The Survey aims to document the prevalence of vision impairment among 1,750 Indigenous and 3,250 non-Indigenous Australians across 30 sites in urban, outer and inner regional and remote areas, and to build on the seminal NEHS1 to determine the current burden of eye disease in Australia and establish a time series for the purposes of trend analysis. The Survey will expand on the NEHS1 methods as well as use new ocular imaging technology, and longer examination time per person using methods previously developed for similar large-scale population eye health surveys. The rollout of the Survey is anticipated for the fourth quarter of 2021, starting in New South Wales.

## Poster presentations

### Community driven eyecare – ‘pathways and partnerships’

Authors: Nilmini John, Colette Davis, Piers Carozzi, Neville Turner, Maureen O’Keefe (Australian College of Optometry)

Abstract: The ACO have been working in partnership with Aboriginal community controlled health services for over 20 years. Partnerships, flexibility and community driven eye care has been fundamental to our approach in developing our programs and service delivery models. We aim to demonstrate the different co-designed models of care and referral pathways developed to meet the eye health needs of the communities we work with.

### Evaluating the impact of regional implementation: a desktop review

Authors: Dr Tessa Saunders, Dr Guy Gillor, Regional Implementation team (Indigenous Eye Health, University of Melbourne)

Abstract: This desktop review forms part of a national evaluation on the progress and effectiveness of regional implementation of The Roadmap to Close the Gap for Vision currently being conducted by IEH. This poster presents early findings from the desktop review including key themes around how regional stakeholders are working together, the kinds of changes being seen, the key enablers and barriers to regional implementation and some of the limitations of the available evidence.

### Eye Operations: Do patients remember them?

Author: Stephen Copeland (Lions Eye Institute)

Introduction: Taking a case history is routine in optometric consultations. For this author, the number of people denying past ophthalmologist-performed procedures seemed conspicuous prompting a formal survey.

Results: Table 1: Patient memory of past ophthalmic procedures

Total number of confirmed ophthalmic procedures	Number who remembered	Number who did not remember
165	110 (67%)	55 (33%)

Table 2: Ophthalmic procedures that were not remembered by people

Cataract surgery	Pterygium Surgery	Retinal Laser	Intra-ocular Injection
41 (74.5%)	7 (13%)	5 (9%)	2 (3.5%)

Method: Optometry patients presenting for an eye examination were asked about their past ocular history including if operations or treatments had been performed. A tally of who did and did not remember such procedures was recorded. Confirmation of a past ophthalmic procedure was identified by clinical examination and by reviewing historical case notes.

Conclusion: One in three patients who have had an ophthalmologist-performed procedure did not remember the event. This is despite such procedures being multi-stepped, invasive, often involving a hospital theatre visit and with a sight-retention or sight-restoration sequelae. Relying on self-reporting in case history taking or survey research can underestimate the true situation. Physical examination of patients and or retrospective clinical record evaluation yields a more accurate result or better available data.

### Gap analysis for cataract surgery in the Kimberley and Pilbara regions of Western Australia

Authors: Dr Rachael Heath Jeffery, Dr Vaibhav Shah, A/Prof Angus Turner (Lions Eye Institute)

Purpose: The proportion of vision loss attributed to cataract in the Indigenous population in very remote coastal and inland areas, was approximately 3.8% and 5.3% respectively. This compares with 1.8% for inner regions. Our aim was to conduct a gap analysis of cataract surgery in Indigenous Australians in the Kimberley and Pilbara regions.

Methods: Rates of vision loss for cataract can be estimated from the National Indigenous Eye Health Survey (NIEHS). The online eye care service calculator provides estimates of the number of Indigenous people requiring cataract surgery annually.<sup>2</sup> This data was compared to the actual number of cataract surgeries performed by Lions Outback Vision from 1 January 2020 to 31 December 2020.

Results: The total Indigenous Kimberley and Pilbara population in 2016 was 14,299 and 7,289 and the estimated 2020 population was 15,030 and 7,660 respectively based on the national average population increase from 2016 to 2020.<sup>3,4</sup> The online calculator estimated the number of Indigenous people requiring cataract surgery to be 143 and 73 respectively. A total of 98 and 37 Indigenous people underwent cataract surgery in the Kimberley and Pilbara regions respectively in 2020. This represents 68.5% and 50.7% of the total demand. The total ophthalmological workforce requirement for cataract surgery was 0.8 EFT per year.

Since the proportion of vision loss attributed to cataracts was 2.9 times higher in very remote inland regions, this requirement is estimated to be closer to 2.3 EFT per year.

Conclusions: Approximately 68.5% and 50.7% of the total requirement for cataract surgeries was met in 2020. However, due to Australian Covid-19 restrictions, limitations were placed on elective surgeries from March 2020 to April 2020. The Lions Outback Vision Broome HUB extension is expected to reduce the gap in demand for critical eye care needs in this region.

Dr Rachael Heath Jeffery is an ophthalmology service registrar for Associate Professor Angus Turner with Lions Outback Vision. Rachael is based in Broome and provides eye care services to Kununurra, Derby, Port Hedland, Karratha and Hall Creek. Rachael was a previous fellow for Dr Fred Chen at the Lions Eye Institute and Royal Perth Hospital, Perth, WA. She has an interest in clinical education, Indigenous eye care and inherited retinal diseases.

## **National Eye Care and Equipment Inventory Project**

Authors: Leah Ergos and Tania McLeod (Indigenous Australia Program, The Fred Hollows Foundation)

Abstract: The Fred Hollows Foundation's Indigenous Australia Program (IAP) together with support provided by Indigenous Eye Health, the University of Melbourne and Vision 2020 Australia, were commissioned by the Australian Government to undertake the National Eye Care Equipment Inventory Project (NECEIP) an audit of eye health testing equipment at primary health care services across Australia with a high proportion of Aboriginal and Torres Strait Islander patients. The audit was conducted in preparation for the Medicare item number 12325 for diabetic retinopathy screening that came into effect on 1 November 2016 and to capture information about the accessibility and availability of eye care equipment across Australia. The information collected was used to identify and prioritise health facilities that were eligible to receive a new retinal camera and training. As a result, 155 primary health care sites across Australia have received retinal cameras through an Australian Government funded project.

Data and information collected from NECEIP has also been used to inform Vision 2020s Strong Eyes, Strong Communities: A five-year plan for Aboriginal and Torres Strait Islander eye health and vision which makes recommendations to the Australian Government to enhance service delivery and support equipment needs for primary and secondary health care services as a priority.

## **Optometry in ACCHOs , Pathways, Partnerships and Opportunities for Education**

Authors: Genevieve Napper, Gary Crierie, Shannon Davies, Jose Estevez, Christopher Law, Sarah Nicholls, Lisa Penrose, Vicki Sheehan (Optometrist)

Abstract: Optometrists deliver comprehensive eyecare services in many ACCHOs across Australia at the primary and secondary care level enabling early detection, timely treatment, triaging and referrals for major eye conditions. Recent national epidemiological surveys still highlight that the eyecare sector is not meeting the needs of a large proportion of First Nations Australians and demonstrates there is room for improvement. Preventing avoidable vision loss requires optometrists to; (1) engage in close partnerships with community members and primary health care staff to enable uptake of eye and health services (2) development of effective referral pathways and sustainable service systems (3) participate in advocacy roles with other Aboriginal organisations and (4) co-design policy and systems with Aboriginal communities. Additionally, optometry within ACCHOs provides several opportunities for capacity building with primary health care staff and supporting clinical placements for health care students. Optometry students and recent graduates are encouraged to participate in eye care programs within ACCHOs, but further work is needed to enhance educational opportunities and strengthen the workforce into the future. This presentation will discuss examples of success, the importance of effective partnerships and integration of optometry into holistic multidisciplinary primary health care in ACCHOs.

## **The Victorian Aboriginal Spectacle Scheme – ‘Strengthening and Sustaining Access’**

Authors: Piers Carozzi, Nilmini John, Colette Davis, Neville Turner, Maureen O’Keefe (Australian College of Optometry)

Abstract: The Victorian Aboriginal Spectacles Subsidy Scheme (VASSS) is a Victorian initiative that aims to improve access to high quality visual aids (eg; glasses/spectacles) for Aboriginal Victorians, and in doing so, contribute to closing the gap in eye health between Aboriginal and non- Aboriginal Victorians. The VASSS has been in operation for over 10 years and has provided almost 20,000 visual aids over this time. The VASSS has played a key role in increasing uptake of eyecare services in Victoria and assisted in closing the gap in eyecare across the state. The ACO aims to demonstrate the impact that the VASSS has in contributing to a holistic model of eyecare, and showcase their best practice, culturally appropriate model.

## **Plenary session: ‘The Gap...’ (Tuesday 1-2:30pm)**

### **Improving Screening for Diabetic Retinopathy in an Aboriginal Medical Service**

Authors: Kim Moffitt and Fiona Bradbury (Albury Wodonga Aboriginal Health Service)

Abstract: Albury Wodonga Aboriginal Health Service (AWAHS) is located in the border town of Albury; servicing Aboriginal and Torres Strait Islander communities in both Victoria and New South Wales. In this presentation, they will share their experience in using the retinal camera to increase diabetic retina screening and their unique approach of utilising different services to strengthen eye care pathways.

AWAHS is one of the 155 sites selected to receive a retinal camera through the Federal Government funded Provision of Eye Health Equipment and Training (PEHET) project. They have created a collaborative eye care environment by engaging in the services provided by the IDEAS van, Visiting Optometry Services and the local optometrist and ophthalmologist. Through these collaborations, they have overcome many barriers, such as establishing a sustainable pathway to previously inaccessible local ophthalmology practices and a local optometry grading service.

As all diabetic patients are now routinely screened for diabetic retinopathy, they have moved on to a new aim of embedding retinal photography as part of the Aboriginal Health Check (MBS item 715). This will ensure all patients receive retinal screening and a pathway into eye care, whether or not they are diabetic.

Kim Moffitt: I am a Traditional Bidjigal/Salt Water woman from Botany Bay La Perouse, my family are the traditional sovereign custodians of the land and are still there living today looking after country. I am a Registered Aboriginal Health Practitioner with 29yrs experience in multiple disciplinary health roles; currently working for AWAHS.

Fiona Bradbury: I am a Registered Nurse with 26 years’ experience. Currently I am working as a Chronic Disease Coordinator for the Integrated Team Care Program at Albury Wodonga Aboriginal Health Service. I have worked in this role for nearly 7 years.

### **The UIIH Cataract Surgery Pathway successfully providing clinical and social support**

Authors: Dennis Conlon and Celia McCarthy

Abstract: A void exists between primary and tertiary public eye care, creating barriers for Aboriginal and Torres Strait Islander clients. In response to this void, the Institute for Urban Indigenous Health (UIIH) provides a 360 degree clinical and social support loop for patients undergoing cataract surgery, with clients remaining connected to primary care throughout the process. This pathway hinges on its cultural competency and the fact that it is a timely and efficient path to cataract surgery for elders in the SEQ urban setting. Within this process, a symbiotic relationship exists between the teams of the UIIH, the surgeon and Hospital and Health Services (HHS). The pathway is targeted to ensure clients are informed and supported not only during their treatment, but also during their pre and post-operative requirements. Results show an ever-increasing number of Aboriginal and Torres Strait Island Clients are currently able to access this UIIH Cataract Surgical Pathway.

## **Plenary session: ‘...and Beyond’ (Thursday 11-12:30pm)**

### **Community lead eye care – 2020 and beyond**

Authors: Anne-Marie Banfield (Hearing Australia)

Abstract: Community leadership is an essential factor to enable elimination of avoidable vision loss in Aboriginal Torres Strait Islander communities across Australia. This presentation will discuss progress in Indigenous lead policy and practice in eye care. Leadership occurs from the primary care/community level through innovative and holistic practice, effective partnerships with all members of the eye care team, ACCHO leadership of regional stakeholder groups. ACCHO staff have interlinked relationships with community, and are part of community, community is broader than ACCHOs with many people choosing to access mainstream services. Community leadership works through a range of mechanisms to guide and lead regional, state and national groups. Aboriginal reference groups and community consultations are essential to ensure community needs drive policy and service system development. Challenges include ensuring community voice continues to be heard, increasingly drives and leads change and policy. Workforce education and development requires ongoing support and work to increase the Aboriginal and Torres Strait Islander workforce in eye care including primary care workers, nurses, ophthalmologists and optometrists. The presentation will provide an opportunity for discussion and integration of work in community leadership.

## **Karadi Aboriginal Corporation, our journey into Indigenous Eye Health, a good news story**

Authors: Emma Robertson and Marc Hicks (Karadi Aboriginal Corporation)

Abstract: Karadi Aboriginal Corporation is an ACCHO in Southern Tasmania working in primary health care to provide services to their local community. This service is part of a collaboration of five organisations state-wide inclusive of Karadi Aboriginal Corporation, South East Aboriginal Corporation, Circular Head Aboriginal Corporation, Flinders Island Aboriginal Association and Cape Barren. The service implements the use of preventative eye health care measures and a retinal camera. Karadi is one of the 155 sites selected to receive a retinal camera through the Federal Government funded Provision of Eye Health Equipment and Training (PEHET) project. The PEHET project is delivered by consortium of five organisations co-led by BHVI and Australian College of Optometry (ACO).

The presentation will detail:

- Pathway of establishing eye health into services – A short video
- Detection of undiagnosed conditions, patient stories
- Benefits include staff up skill, patient education and monitoring
- Networking and ongoing key support

Emma Robertson is a proud Palawa woman from southern Tasmania where she has lived all of her life. She is an Aboriginal Health Worker, part of the Integrated Team Care Program at Karadi Aboriginal Corporation servicing clients in the greater Hobart area. She has a keen interest in Indigenous Eye Health.

Marc Hicks is a Tasmanian man from the far south. He's worked in Aboriginal Health for over 15 years beginning at ACCHO then traversing the slippery slope of transition from General Practice Network to Primary Health Network. Marc has now worked for Karadi Aboriginal Corporation ITC team, for nearly 4 years.



## **Workshops (Tuesday 3:30-5pm)**

### **Eye Care 101**

Facilitators: Dr Rosie Dawkins (Royal Victorian Eye and Ear Hospital), A/Prof Mitchell Anjou (Indigenous Eye Health, University of Melbourne)

Abstract: Yes, we are back again... Are you interested in learning a little bit more about eyes and eye care? This workshop will provide an overview of eyes and vision and the eye care system including the key causes of vision loss for Aboriginal and Torres Strait Islander peoples and the current initiatives and resources available to support provision and coordination of Indigenous eye care. Learn how the inclusion of simple eye assessments and understanding where and how to get assistance can help reduce unnecessary vision loss from trachoma, refractive error, cataract and diabetes and help close the gap for vision. Please think about your eye care questions – we will be pleased to try to answer as many as we can.

### **A focus on the young mob**

Facilitators: Dr Shelley Hopkins (Queensland University of Technology) and Lisa Penrose

Abstract: Previous population-level reports suggest Aboriginal and Torres Strait Islander children have fewer vision problems than non-Indigenous children; but a recent Queensland University of Technology study has found similar levels of vision problems. Furthermore, those Aboriginal and Torres Strait Islander children with correctable refractive error were found to be largely uncorrected. The workshop will present this data and then consider appropriate approaches to vision screening and how this can be integrated into children's health care, particularly child health checks. Children's eye screening with primary health care staff requires community leadership and should include eye screening method, including visual acuity (VA) and referral protocols. The importance of cultural safety in screening process design, the role of the REHC in children's eye health, children's eye screening as part of an integrated care model, and the role of screening in maximising the visiting optometrist's effective service delivery, will also be explored.

### **Focusing on Strengths-Based Health Promotion**

Facilitator: Cheryl Davis (Curtin University). Supported by Carol Wynne and Emma Stanford (Indigenous Eye Health, University of Melbourne)

Abstract: Health promotion provides a framework to engage and create community orientated health approaches. This interactive workshop will yarn about health promotion to share knowledge, skills and ideas that will support holistic, strengths-based health promotion within Aboriginal and Torres Strait Islander communities. Are you developing health promotion resources or planning an activity in your work? Are wanting to know more about health promotion principles or approaches to support your work? Please come and join us for a yarn!

Facilitator: Cheryl Davis, BHSc, MPH, Yuat Baladong Noongar woman, Director of Indigenous Engagement, Faculty of Health Science, Curtin University

### **Maximising optometry and ophthalmology services in ACCHOs**

Facilitators: Sarah Davies (Optometry Australia) and Legend Lee (The Royal Australian and New Zealand College of Ophthalmologists)

Abstract: This workshop, jointly convened by the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and Optometry Australia, will seek to support participants to identify and unpack the immediate barriers impacting the uptake of available optometry and ophthalmology services in Aboriginal Community Controlled Health services.

Workshop background: Eye health care professionals provide services in partnership with many ACCHOs across Australia however both the 2016 National Eye Health Survey and recent updates to the AIHW Indigenous eye health measures reporting highlight that the sector is not meeting the estimated population-based needs of First Nations Australians. While we appreciate that workforce maldistribution issues are a key concern of the eye care sector and require a response, Optometry Australia and the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) are committed to working in partnership with the Aboriginal Community Controlled Health sector to ensure that the services that are available are fully utilised.

This may include the identification of innovative ways to co-design systems to ensure effective patient awareness of and engagement with eye care services. This workshop will focus on seeking the perspectives of primary health care and ACCHO staff, and patients, to determine the barriers to accessing eye care services and then seek to work collaboratively and innovatively to set an action plan in place to address these. The perspectives of other key stakeholders, including local, regional or state indigenous eye health coordinators are also welcomed.

Optometry Australia and RANZCO will seek to ensure that both local and visiting optometrists and ophthalmologists who deliver on-the-ground services are available to listen to, work with and support the workshop discussions, enabling action plans to be implementable following the conference. Furthermore, national level policy and advocacy team members of both organisations will be present to assist in identifying patterns or linkages that we could support to be addressed nationally.

Depending on the number of registered participants, the workshop will be broken into either state or regional groupings to enable targeted, practical and relevant conversations.

## **Workshops (Wednesday 1.30- 3pm)**

### **The challenge and imperative of evaluation**

Facilitators: Shaun Tatipata and Dr Tessa Saunders (Indigenous Eye Health, University of Melbourne). Supported by ARTD Consultants and Clear Horizon

Abstract: This workshop will provide the opportunity to share best-practice principles for evaluating programs and services for Aboriginal and Torres Strait Islander people's eye health - including practical tips, tools and resources to assist those who are planning to evaluate their own work. Experienced evaluators from both ARTD Consultants and Clear Horizon Consultants will share their knowledge in a conversation lead by First Nations evaluators.

Members of the Aboriginal and Torres Strait Islander Reference Group, which is guiding the national evaluation of regional implementation of the Roadmap to Close the Gap for Vision, will share their journey of being involved in this national evaluation including key learnings to promote the practice of evaluation. We will also share an update on how this national evaluation is progressing.

Participants will have the opportunity to ask questions of the speakers and share their own ideas about evaluation principles.

### **Diabetic retinopathy screening, assessment and treatment**

Facilitators: Neville Turner (Australian College of Optometry) and Dr Kristin Bell (Royal Hobart Hospital)

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

### **“Deadly Sights” & CQI – Enhancing eye care in Aboriginal primary health**

Facilitator: Chris Reksinis (Aboriginal Health Council of South Australia)

Abstract: AHCSA's “Deadly Sights” guide is a broad-based set of recommendations combining clinical, practical and technical information relating to screening, referrals and principals for management of non-acute visual impairment in Aboriginal primary health care settings. This dedicated resource, published in 2019, guides healthcare professionals on how best to use practice management software (Communicare), along with relevant eye care pathways and corresponding Medicare items. AHCSA complemented Deadly Sights with the development of an off-site quality improvement webinar series to support embedding use of non-mydratic retinal cameras into clinical practice, optimise MBS billing per patient encounter, and enhance effectiveness of visiting specialist services. This workshop will present the key elements of the resource and learnings that are applicable in all primary care settings.

### **Closing the Gap for Vision: the approach to regional collaboration**

Facilitators: Nick Schubert (Indigenous Eye Health, University of Melbourne), Rosamond Gilden (South Australia Health and Medical Research Institute)

Abstract: This workshop explores in depth key domains for the regional approaches to collaboration in working to close the gap for vision. The workshop includes presentations on key domains such as convening and maintaining a regional group, pathway mapping, and the use of local data. This will also include an example of collaboration and codesign at the project level when supporting improved Indigenous access to eye care. These will be followed by group discussions building on the participants' experiences with regional work to improve local access and outcomes, and sharing the knowledge gained. This workshop is aimed at participants that work across the eye care pathways, whether active in a regional eye health group or not. Participants will gain an understanding of key elements in the regional approach of the Roadmap to Close the Gap for Vision and will be able to discuss with members of other regional groups about different approaches to advance and sustain the group's work and achievements.